AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 19 March 2020 commencing at 9.30am

	Private Board Only Time		9.30am
	Karakia		9.45am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 25 February 2020		
3.	Carried Forward / Action List Items		
4.	Patient Story		
Reports for Decision			
5.	CPH&DSAC – Terms of Reference Review	Justine White *Executive Director* *Finance & Corporate Services*	9.45-9.50am
6.	QFARC – Terms of Reference Review	Justine White	9.50-10.00am
Reports for Noting			
7.	Chair's Update (Oral)	Sir John Hansen *Chair*	10.00-10.10am
8.	Chief Executive's Update	David Meates *Chief Executive*	10.10-10.40am
9.	Finance Report	Justine White	10.40-10.50am
10.	Advice to Board: CPH&DSAC – 5 March 2020 – Draft Minutes	Jo Kane *Chair, CPH&DSAC*	10.50-10.55am
11.	Resolution to Exclude the Public		
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.55am**
MORNING TEA			**10.55-11.10am**

NEXT MEETING
Thursday, 16 April 2020 at 9.30am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

Sir John Hansen (Chair)
Gabrielle Huria (Deputy Chair)
Barry Bragg
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*

BOARD ATTENDANCE SCHEDULE – 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	25/02/20	19/03/20	16/04/20	21/05/20	18/06/20	16/07/20	20/08/20	17/09/20	15/10/20	19/11/20	17/12/20
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	√										

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Canterbury Clinical Network Alliance Leadership Team** - Chair **Canterbury Clinical Network Oxford and Surrounding Area Health Services Development Group** - Member **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Ministry Primary Industries, Costs Review Independent Panel** **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Deputy Chair CDHB**	**Emerge Aotearoa Housing Trust** – Chair **Emerge Aotearoa Limited** – Chair **Emerge Aotearoa Trust** – Chair Mental health, addiction and housing non-government organisation (*NGO*). **Nitrates in Drinking Water Working Group** – Member A discussion forum on nitrate contamination of drinking water. **Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Runanga o Ngai Tahu** – General Manager Tribal Entity. **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs.

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. **Farrell Construction Limited** - Shareholder Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Farming** – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions. **Quarry Capital Limited** – Director Property syndication company based in Christchurch **Stevenson Group Limited** – Deputy Chairman Property interests in Auckland and mining interests on the West Coast. **Verum Group Limited** – Director Verum Group Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.
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. **Sir John and Ann Hansen's Family Trust** – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. • I / Taylor Shaw have acted as solicitor for Bill Tate and family.

	The Youth Hub – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Tuesday 25 February 2020 commencing at 9.00am

BOARD MEMBERS
Sir John Hansen (Chair); Barry Bragg; Catherine Chu; Andrew Dickerson; James Gough; Gabrielle Huria; Jo Kane; Aaron Keown; Naomi Marshall; and Ingrid Taylor.

APOLOGIES
An apology was received and accepted from Sally Buck

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

Gabrielle Huria opened the meeting with a Karakia.

IN ATTENDANCE
Item 6: Evon Currie, General Manager, Community & Public Health; Dr Anna Stevenson, Public Health Physician.

Sir John Hansen, Chairman, asked that everyone turn off their mobile phones and added that he did not expect people to be answering e-mails during the meeting.

1. INTEREST REGISTER

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

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETING

(Resolution 1/20)
Moved: Sir John Hansen/seconded: Barry Bragg – carried

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace on 17 December 2019 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

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

4. PATIENT STORY

A video Midwifery Recruitment was viewed.

5. COMMITTEE MEMBERSHIP

There was no discussion on this paper which was self-explanatory.

(Resolution 2/20)
Moved: Sir John Hansen/seconded: Naomi Marshall – carried

"That the Board:

i. confirms the appointment of Board members to the Quality, Finance, Audit and Risk Committee; Hospital Advisory Committee; and Community and Public Health and Disability Support Advisory Committee; as shown in Appendix 1;
ii. confirms the appointment of Chair's and Deputy Chair's to the committees as shown in Appendix 1;
iii. confirms that the term of such appointments is for a three year term until December 2022 (while they remain members of the Board);
iv. confirms the continuation of the Appointments and Remuneration Committee and the appointment of the members of this Committee, as shown in Appendix 1;
v. notes that a further report will come to the Board regarding the external/community membership of the Quality, Finance Audit and Risk Committee; Hospital Advisory Committee; and Community and Public Health and Disability Support Advisory Committee before their membership expires on 31 May 2020."

6. SUBMISSION: URBAN DEVELOPMENT BILL

Evon Currie, General Manager, Community & Public Health presented this submission. She advised that the submission required Board sign off but the process undertaken via e-mail had not provided the majority agreement required to enable submission to take place. It was noted that an extension had been applied for to allow the submission to be presented at this meeting.

Barry Bragg joined the meeting at 9.30am

Discussion took place regarding paragraph 17 "subpart 3, clause 142 which states that Kāinga Ora may request that a reserve status or conservation interest be revoked for the purpose of a specified development project, is cause for concern. Access to green space and natural environments is an important determinant of health, and these features mitigate the potential for urban heat islands in more densely settled areas. The Canterbury DHB recommends that this clause is removed."

The Board agreed that the last sentence be deleted.

(Resolution 3/20)
Moved: Aaron Keown/seconded Barry Bragg
That the Board:

i. approves the submission on the Urban Development Bill subject to the deletion of the last sentence of paragraph 17.

7. CHAIR'S UPDATE

The Chair commented that one of our major issues continues to be the completion of the Hagley Building which is impacting the organisation in a very adverse way due to the uncertainty around when the project will be at an end.

He commented that the Master Plan for Hillmorton is a high point and also that car parking continues to be an issue.

8. CHIEF EXECUTIVE'S UPDATE

David Meates Chief Executive commented on the following:

- the consumer experience procedure which has been reviewed and published. He commented that overall feedback is complementary and where issues are highlighted these are referred to the area concerned;
- some of the good work being undertaken in Maori and Pacifika areas particularly around loneliness at home;
- the Acute Theatre growth with 16% more occurring than in 2018 (12,989 patients);
- Faster Cancer Treatment continues to meet the National targets on both indicators;
- Canterbury continues to have strong Childhood Immunisation Coverage, however Māori immunisation rates were slightly lower than other ethnicities with further work needed with this group;
- in Specialist Mental Health seclusion rates are up largely due to one individual for which there is no alternative and the pods within AT&R are on track to be completed by August this year. This was an important health & Safety issue solution.
- In the Laboratory Anatomical pathology almost doubled over the Christmas/new year period. He highlighted that the Canterbury Laboratory is one of the testing Labs for Coronavirus and considerable planning has taken place around this. Dr Sue Nightingale provided the Board with an overview of the Health Emergency Planning taking place;
- He advised that he had met with the Health Research Council last week and there are 5 research proposals going through the process;
- Mana Ake, Schools referrals to GPs, has gone live;
- pressure across Primary Care remains extensive, particularly the levels of referrals into the 24 hour surgery. We continue to work very closely with primary care to fine tune this;

A query was made regarding what is being done to raise cultural awareness. Michael Frampton, Chief People Office responded that work is being undertaken around recruitment at the front end and also work with leaders in the organisation. Ethnicity data has also been refreshed across the organisation so there is a multi-pronged approach to this. He added that whilst this is not built into agreements this is provided as part of upskilling and training.

The Chief Executive's Update was noted.

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 December 2019 was a net expense of $8.893M, which was $4.442M favourable against the draft annual plan net expense of $13.335M. YTD the result is $5.202M favourable variance to plan.

The report also noted that 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 announced adjustments to the capital charge regime (although announced in July 2019, the mechanics of this adjustment calculation are yet to be clarified), which will take effect upon transfer of the Hagley building.

It was noted that forecasting is still a challenge due to Hagley and it is still unknown whether there will be any revenue to cover the White Island costs.

The financial result and related matters for the period ended 31 December 2019 were noted.

10. ADVICE TO BOARD

Andrew Dickerson presented the draft minutes from the Hospital Advisory Committee meeting held on 30 January 2020 and provided the Board with an update from the meeting.

The draft minutes were noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (4/20)
(Moved: Gabrielle Huria/Seconded: Ingrid Thomas – carried)

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 17 December 2019	For the reasons set out in the previous Board agenda.	
2.	Chief Executive – Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	2020/21 Draft Annual Plan Approvals	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Passive Fire Protection Compliance	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Radiology – Additional Magnetic Resonance Imaging Scanner	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Selwyn Health Hub	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Deficit Reduction Monthly Taskforce Programmes – Live Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)

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 *30 January 2020* • QFARC Draft Minutes *28 January 2020*	For the reasons set out in the previous Committee agendas.	

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

The Public meeting concluded at 10.10am

_____ _____

Sir John Hansen, Chairman Date

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 19 MARCH 2020

DATE	ISSUE	REFERRED TO	STATUS
25/02/2020	Carparking	Chief Executive	Verbal update at today's meeting
25/02/2020	Selwyn Health Hub - Treasury Rules for fit-out	Justine White	Verbal update at today's meeting

CPH&DSAC - TERMS OF REFERENCE REVIEW

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Justine White, Executive Director, Finance & Corporate Services**

DATE: **19 March 2020**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek confirmation of the revised terms of reference (*TOR*) for the Community & Public Health & Disability Support Advisory Committee (*CPH&DSAC*).

2. RECOMMENDATION

That the Board:

i. adopts the draft Terms of Reference attached as Appendix 1.

3. SUMMARY

The current TOR for the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*) were adopted by the Board in April 2018, with an amendment in March 2019. They provide for a review to be undertaken early 2020.

Attached to this report is a copy of the draft amended TOR presented to the Committee at its 5 March 2020 meeting. Whilst there was not a quorum at that meeting any amendments requested at are incorporated. A review date of March 2023 is proposed in the revised TOR.

The draft amended TOR are placed before the Board for formal ratification.

4. APPENDICES

Appendix 1: Draft Amended TOR – CPH&DSAC (tracked)

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the Canterbury District Health Board (*CDHB*), established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the *Act*). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the CDHB, and will apply from ~~21~~19 March 202~~019~~.

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

FUNCTIONS

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

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

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

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

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

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

The Committee will effect these functions by:

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SUBMISSION PROCESS

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

KEY PROCESSES

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

ACCOUNTABILITY

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

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

WELLBEING HEALTH AND SAFETY

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

LIMITS ON AUTHORITY

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

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

RELATIONSHIPS

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

- The Board
- Consumer groups
- Management of the CDHB
- Clinical staff of the CDHB
- Manawhenua Ki Waitaha (*MKW*)
- The community of the CDHB
- Other Committees of the CDHB

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

TERM

These Terms of Reference shall apply until March 2023~~for the remainder of 2019~~, at which time they will be reviewed by the newly elected Board of the CDHB, who will also review membership of the Committee to ensure an appropriate skills-mix.

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

MEMBERSHIP OF THE COMMITTEE

The Chair of the Community and Public Health and Disability Support Advisory Committee will be a member of the Board and will be appointed by the Board. The Board may also appoint a Deputy Chair to the Committee. Other members of the Community and Public Health and Disability Support Advisory Committee will be appointed by the Board and may be both CDHB Board members and external members. In selecting members, the Board will have regard to the need for the Committee to comprise of an appropriate skill mix, including people with special interests in community and public health, disability, Maori and Pacific health issues. The Board will comply with the requirements of the Act and provide for Maori representation on the Committee by appointing a representative nominated by MKW in addition to other external appointments in accordance with policy adopted by the Board in December 2012.

The Chair and Deputy Chair of the Board will be ex-officio members of the Committee (if not appointed to the Committee by the Board), and will have full speaking and voting rights at all meetings of the Committee.

- Board members who are not members of the Committee will receive copies of agendas and minutes of all meetings ~~via Diligent~~ electronically, and may attend any meetings of the Committee with speaking rights for those meetings that they attend.
- The Board will not appoint to the Community and Public Health and Disability Support Advisory Committee any member who is likely to regularly advise on matters relating to transactions in which

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

that member is specifically interested. All members of the Community and Public Health and Disability Support Advisory Committee must make appropriate disclosures of interest.

- The Chair, Deputy Chair and members of the Community and Public Health and Disability Support Advisory Committee will continue in office for the period specified by the Board, or until such time as:
  - the Chair, Deputy Chair or member resigns; or
  - the Chair, Deputy Chair or member ceases to be a member of the Hospital Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
  - the Chair, Deputy Chair or member is removed from office by notice in writing from the Board.
- All Community and Public Health and Disability Support Advisory Committee members must comply with the provisions of Schedule 4 of the Act, relating in the main to:
  - the term of members not exceeding three years;
  - a conflict of interest statement being required prior to nomination;
  - remuneration; and
  - resignation, vacation and removal from office.

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

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

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

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

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

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

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

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

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

MEETINGS

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

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

REPORTING FROM MANAGEMENT

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

MANAGEMENT SUPPORT

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

REMUNERATION OF COMMITTEE MEMBERS

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

In accordance with Cabinet Guidelines~~Ministerial direction~~ and the CDHB's Fees and Expenses Policy, ~~Board resolutions,~~ members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of $250.00 per meeting up to a maximum of ten meetings per annum, total payment per annum $2,500.00. The Committee Chair~~(s)~~ will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings per annum, total payment per annum $3,125.00. Ex officio members are not remunerated. These payments may be reviewed by Ministerial direction from time to time and will be revised to comply with any Cabinet/Ministerial amendments.~~directive. Ex officio members (if appointed) are not remunerated.~~

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

Adopted by Board: 19 April 2018.

Amended by Board: 21 March 2019.
Amended by Board: [insert date]

QFARC - TERMS OF REFERENCE REVIEW

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Justine White, Executive Director, Finance & Corporate Services**

DATE: **19 March 2020**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek confirmation of the revised terms of reference (*TOR*) for the Quality, Finance, Audit and Risk Committee (*QFARC*), as recommended by that Committee and discussed at its meeting on 3 March 2020.

2. RECOMMENDATION

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

i. adopts the draft Terms of Reference attached as Appendix 1.

3. SUMMARY

The current TOR for QFARC were adopted by the Board in February 2011, with amendments in February 2012, March 2014, August 2015 and March 2017. They provide for a review to be undertaken in March 2020.

Attached to this report is a copy of the draft amended TOR presented to the Committee and supported by members at its 3 March 2020 meeting. Further amendments requested at that meeting have been incorporated. A review date of March 2023 is proposed in the revised TOR.

The draft amended TOR are placed before the Board for formal ratification.

4. APPENDICES

Appendix 1: Draft Amended TOR – QFARC (tracked)

TERMS OF REFERENCE QUALITY, FINANCE, AUDIT AND RISK COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

INTRODUCTION

The Quality, Finance, Audit and Risk Committee is a Committee of the Board of the Canterbury District Health Board (*CDHB*) established in terms of Section 38 of Schedule 3 of the New Zealand Public Health and Disability Act 2000 (the *Act*). These Terms of Reference are supplementary to the provisions of the Act and to the Standing Orders of the CDHB. These Terms of Reference will apply from 19 March 2020~~16 March 2017~~.

FUNCTIONS

The functions of the Quality, Finance, Audit and Risk Committee of the Board are to:

- Monitor the overall financial performance and financial position of the CDHB (which incorporates the funder, hospital and specialist service and associated subsidiaries);
- Review any budget requests above the Chief Executive's limit and make recommendations to the Board on these (for example on major IT projects and F&E purchases), but excluding those projects ~~delegated to the Facilities Committee or~~ under the control of the Hospital Redevelopment Partnership Group (*HRPG*);
- Monitor the financial appropriateness of the funder and hospital and specialist service of the CDHB;
- Monitor the financial and non-financial risks of the CDHB both as funder and provider, including Major Property Projects (*MPPs*); excluding ~~facilities~~ projects ~~and property matters delegated to the Facilities Committee, or~~ under the control of the HRPG;
- Monitor the effectiveness of the internal audit functions and review and approve the relevant audit plans and progress made by management in implementing recommendations that arise from both internal and external audits, including audits of non-government providers;
- Monitor and ensure that the clinical risks relative to the responsibilities of the CDHB funder and provider arms are appropriately monitored, addressed and mitigated;
- Support, promote and monitor the development and continuance of a quality and safety environment across the CDHB in order to ensure the sustainable provision of patient centred, quality and safety focused~~, evidence based and systems minded~~ health care to the population served by the CDHB;
- Responsible for the monitoring and delivery of the Investor Confidence Rating (*ICR*) Improvement Programme;
- Oversee the effectiveness of management control of CDHB assets (excluding those projects under the control of the HRPG~~that are overseen by the Facilities Committee and HRPG~~);
- Make recommendations on approval of MPPs (with budgets exceeding $1M);
- Monitor the planning and construction process for MPPs;
- Monitor the performance of MPPs against budget, programme and specifications and management's compliance with tendering, purchasing and probity policies;
- Make recommendations on the disposal of CDHB surplus land;
- Monitor and ensure appropriate policies are in place for staff wellbeing, health and safety in the workplace;
- Monitor major IT projects in respect to delivery, strategic direction and implementation;
- Monitor delivery of the deficit reduction monthly taskforce programmes; and
- Receive and if appropriate endorse decisions by the Chief Executive in respect to the appointment and remuneration of directors and chairpersons to CDHB subsidiary companies as outlined in the "Policy on the Appointment of Directors to CDHB Subsidiary Companies".

It will also be a function of the Quality, Finance, Audit and Risk Committee to make recommendations to the Board:

- On the robustness of the financial and risk components of the CDHB's Annual Plan, associated plans and Regional Health Services Plan;
- On the CDHB's financial statements and disclosures; and
- On those finance-related policies which require Board approval, including delegation of authority policies.

ACCOUNTABILITY

The Quality, Finance, Audit and Risk Committee is a Committee of the Board and as such its members are accountable to the Board and will report regularly to the Board.

- The Board may delegate to the Quality, Finance Audit and Risk Committee the authority to make decisions or take action on its behalf, or if it deems appropriate any of the functions, duties or powers of the Board (note: in the event of the Board delegating decisions to the Committee the requirements of Schedule 3, Clause 5 of the Act will apply to the Committee).
- Members of the Quality, Finance, Audit and Risk Committee are to carry out an assessment and monitoring role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Quality, Finance, Audit and Risk Committee members and members will abide by the CDHB's Media Policy; its Conflict of Interest and Disclosure of Interest Policy; Gift, Sponsorship, Donations and Corporate Hospitality Policy; ~~Probity and Gift Policy,~~ and with its Standing Orders.
- The Committee Chair will annually review the performance of the Quality, Finance, Audit and Risk Committee and members.

WELLBEING HEALTH AND SAFETY

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

LIMITS ON AUTHORITY

The Quality, Finance, Audit and Risk Committee must operate in accordance with directions from the Board and unless the Board delegates decision making power to the Committee it has no delegated authority except to make recommendations or provide advice to the Board.

- The Quality, Finance, Audit and Risk Committee provides advice to the Board by assessing and endorsing recommendations on the reports and material submitted to it.
- Requests by the Quality, Finance, Audit and Risk Committee for work to be done by management or external advisors should be made by the Chair and directed to the Chief Executive or their delegate (the Principal Administrative Officer).
- There will be no alternates or proxy voting of Committee members.
- All Quality, Finance, Audit and Risk Committee members must comply with the provisions of Clause 38, Schedule 3 and Clauses 38 and 39 of Schedule 4 of the Act.

RELATIONSHIPS

The Quality, Finance, Audit and Risk Committee is to be cognisant of the work being undertaken by the other committees of the CDHB to ensure a cohesive approach to health and disability planning and delivery, and as such will be required to develop relationships with:

- The Board
- Management of the CDHB
- Manawhenua Ki Waitaha (*MKW*)
- The Community of the CDHB
- Other Committees of the CDHB

TERM

These terms of reference shall apply until March 2023~~0~~, at which time they will be reviewed by the newly elected Board of the CDHB, who will also review membership of the Committee to ensure an appropriate skills-mix.

MEMBERSHIP OF THE COMMITTEE

The Chairperson of the Quality, Finance, Audit and Risk Committee will be a member of the Board and will be appointed by the Board. The Board may also appoint a Deputy Chairperson to the Committee. Other members of the Quality, Finance, Audit and Risk Committee will be appointed by the Board and may be both CDHB Board members and external members who will supplement the skills, knowledge and experience of Board members. The Board will comply with the requirements of the Act and endeavour, where appropriate, to ensure representation of Maori on the Committee.

The Chair and Deputy Chair of the Board will be ex-officio members of the Committee (if not appointed to the Committee by the Board), and will have full speaking and voting rights at all meetings of the Committee.

- Board members who are not members of the Committee will receive copies of agendas and minutes of all meetings electronically ~~via Diligent~~upon request, and may attend any meetings of the Committee with speaking rights for those meetings that they attend.
- The Board will not appoint to the Quality, Finance, Audit and Risk Committee any member who is likely to regularly advise on matters relating to transactions in which that member is specifically interested. All members of the Quality, Finance, Audit and Risk Committee must make appropriate disclosures of interest.
- The Chair, Deputy Chair and members of the Quality, Finance, Audit and Risk Committee will continue in office for the period specified by the Board, or until such time as:
  - the Chair, Deputy Chair or member resigns; or
  - the Chair, Deputy Chair or member ceases to be a member of the Quality, Finance, Audit and Risk Committee in accordance with clause 9 of Schedule 4 of the Act; or
  - the Chair, Deputy Chair or member is removed from office by notice in writing from the Board.
- All Quality, Finance, Audit and Risk Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:
  - the term of members not exceeding three years;
  - a conflict of interest statement being required prior to nomination;
  - remuneration; and
  - resignation, vacation and removal from office.

MEETINGS

The Quality, Finance, Audit and Risk Committee will meet monthly as determined by the Board with the frequency/timing taking into account the times and dates of the other committee meetings, and the Board meetings, but primarily the availability of relevant financial reports of the CDHB.

Meetings shall be held in accordance with Schedule 4 of the Act and the CDHB's Standing Orders.

It is not a requirement that these Quality, Finance, Audit and Risk Committee meetings are held as public meetings unless the requirements of Schedule 3, Clause 5 of the Act apply in respect to delegated authority to make decisions on behalf of the Board being delegated to the Committee. Reports of the Committee will, however, be recorded as appropriate within the public open and public excluded sections of the Board agenda in accordance with Section 32 of Schedule 3 of the Act.

In addition to formal meetings, Committee members may be required to attend workshops or forums for briefings and information sharing.

REPORTING FROM MANAGEMENT

Management will provide appropriate reporting to the Quality, Finance, Audit and Risk Committee to measure against financial performance, management controls, internal and external audits, contract performance, and both clinical and non-clinical risk and quality as required.

MANAGEMENT SUPPORT

In accordance with best practice and the delineation between governance and management, key support for the Quality, Finance, Audit and Risk Committee will be from staff designated by the Chief Executive Officer from time to time who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.

The Board may appoint advisors to the Quality, Finance, Audit and Risk Committee from time to time, for specific periods, to assist the work of the Committee. The Committee may also, through management, request input from advisors to assist with their work. Such advisors will not be members of the Committee and will not have voting rights.

REMUNERATION OF COMMITTEE MEMBERS

In accordance with Cabinet guidelines and the CDHB Fees and Expenses Policy, members of the Quality, Finance, Audit and Risk Committee will be remunerated for attendance at meetings at the rate of $250.00 per meeting, up to a maximum of ten meetings per annum, total payment per annum $2,500.00. The Committee Chair will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings, total payment per annum $3,125.00. Ex-officio members are not remunerated. These payments may be reviewed by Ministerial direction from time to time and will be revised to comply with any Cabinet/Ministerial amendments.

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

Adopted by Board: 18 February 2011.

Amended by Board: 16 February 2012.
Amended by Board: 13 March 2014.
Amended by Board: 20 August 2015.
Amended by Board: 16 March 2017.
Amended by Board: [insert date].

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**

PREPARED BY: **David Meates, Chief Executive**

DATE: **19 March 2020**

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. Content is also provided by the Operational General Managers and relevant Executive Management Team members.

2. RECOMMENDATION

That the Board:

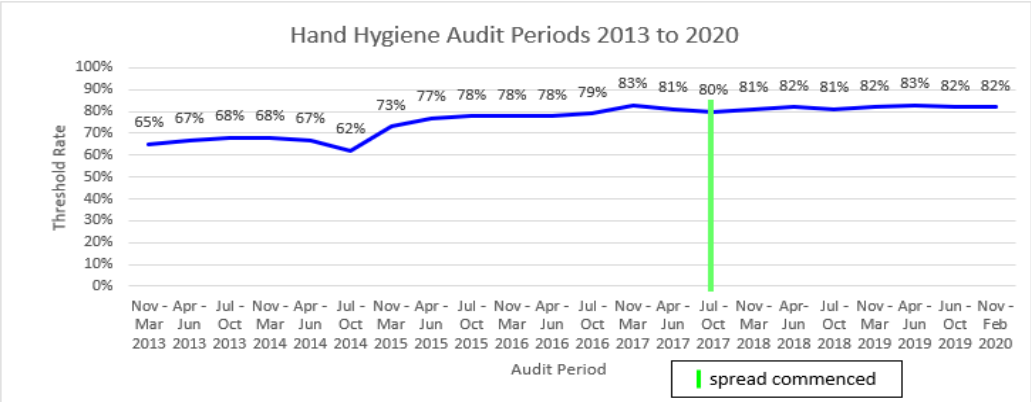
i. notes the Chief Executive's update.

3. DISCUSSION

PUTTING THE PERSON FIRST – PATIENT SAFETY, QUALITY AND IMPROVEMENT

Quality & Patient Safety

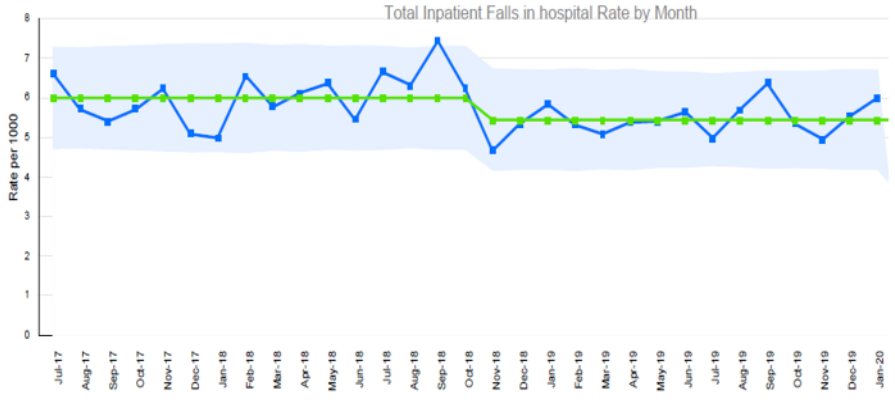
- **Hand Hygiene:** There is a continued focus on Hand Hygiene with raised awareness due to the Covid-19 (Coronavirus). The latest end of audit period 1 Nov – 29 February 2020 Canterbury DHB results are at 82.3%, Canterbury DHB achieving the 80 percent target for the tenth consecutive quarter while continuing the spread of the programme across divisions. Christchurch Women's Hospital have exceeded our CDHB December 2020 target of 90% and Burwood have exceeded the current target of >85%.



Hand Hygiene spread from 25 to all 44 inpatient areas included in HH programme

- **Falls Prevention:** The lower fall rate in hospitals continues. The focus of 2020 will be on safe toileting, the time and activity (driving mobility) when most falls occur. Staff guidance is being updated to replace non-slip socks, with appropriate footwear or bare feet (as per current evidence).

Outcome Indicator: **Inpatient Fall Rate per 1000 bed days *excluding Aged Care Tuarangi and Rural Hospitals***

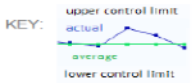


Target: *To reduce the rate to tbc per 1000 inpatient bed-days by the 30th of June 2019.*

Numerator: Number of inpatient[12] falls (excluding falls in Tuarangi Home and the Rural Hospitals), in the period.

Denominator: Total number of inpatient bed days (excluding borders and well babies, Tuarangi Home and the Rural Hospitals), in the period.

Calculated as a rate per 1,000 inpatient bed days



- Canterbury DHB has been invited to present the Canterbury DHB Falls Journey at the Health Round Table Innovation Conference in March.

MAORI AND PASIFIKA HEALTH

Pūrongorongorongo Hauwhā – Primary Health Quarterly Report: Oct - Dec 2019

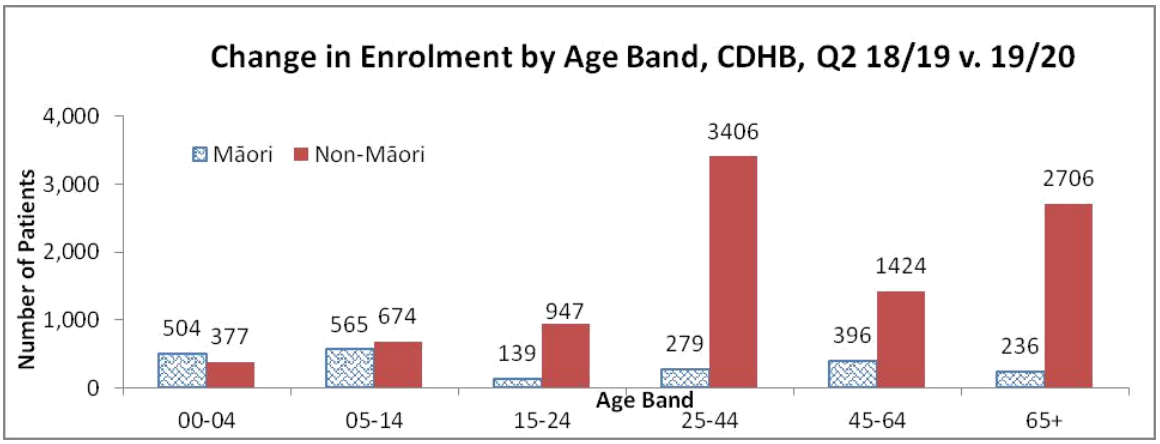
- **Tirohanga whānui - Overview**: Pūrongorongo hauwhā is a quarterly update from data and information from the PHOs on three key operational areas:
  - Raraunga whakauru – Enrolment data
  - Arai mate – Immunisation
  - Tamariki ora e waru – B4 School Checks
- **Raraunga whakauru - Enrolment data:** Patient enrolment data held within each PHO is instrumental in monitoring the Māori population in Canterbury. Trends across the PHOs and between Māori and non-Māori can be charted each quarter. This measurement is one metric used to monitor equity of access by working to ensure there are no differences in enrolment by ethnicity.
- A big positive increase in Māori enrolment (+1.9%) within the DHB region this quarter, along with increases in enrolments of non-Māori (+0.4%). The graphs that follow over page compare the changes in enrolment by age band from Q2 2018/19 to Q2 2019/20 between Māori and non-Māori.
- Note the enrolment data is based on the new National Enrolment Service (NES) which produces monthly snapshots. This report will use the data from the first month of each quarter to produce the year on year comparisons.

Pegasus Health PHO			
	Previous Quarter	Current Quarter	Increase
	NES July 2019	NES Oct 2019	
Māori	38,574	39,325	751
Non-Māori	411,988	413,846	1,858
Total Pop	450,562	453,171	2,609

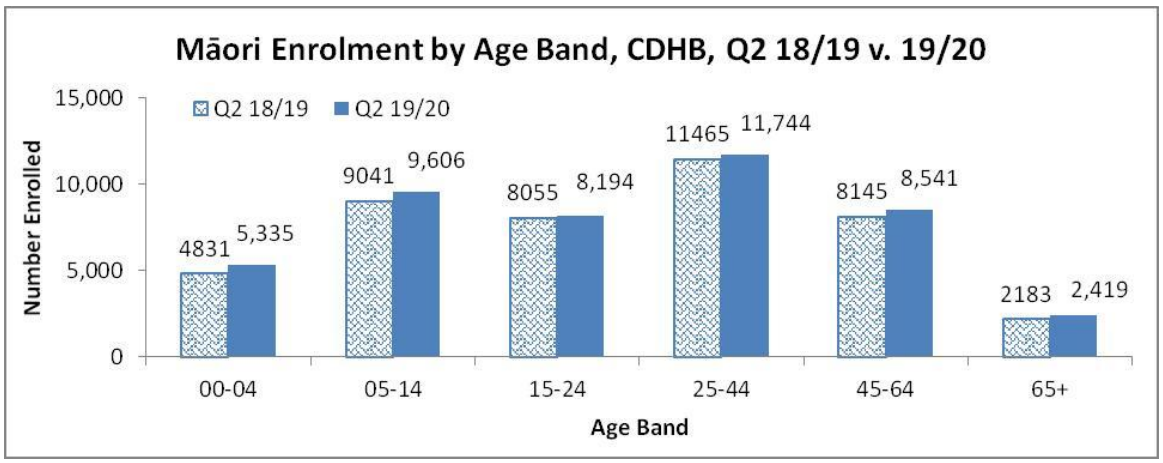
Waitaha PHO			
	Previous Quarter	Current Quarter	Increase
	NES July 2019	NES Oct 2019	
Māori	3,727	3,783	56
Non-Māori	43,220	43,428	208
Total Pop	46,947	47,211	264

Christchurch PHO			
	Previous Quarter	Current Quarter	Increase
	NES July 2019	NES Oct 2019	
Māori	2,698	2,731	33
Non-Māori	34,148	34,122	-26
Total Pop	36,846	36,853	7

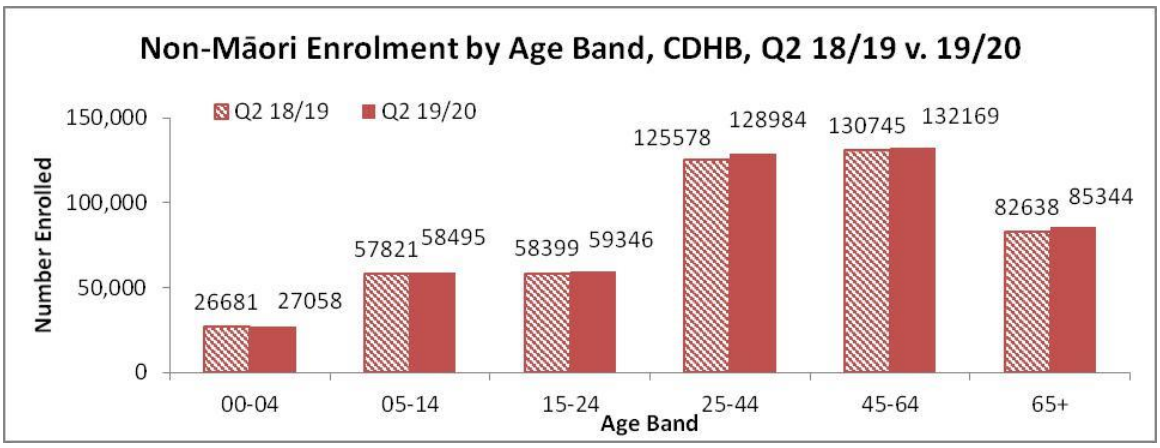
TOTAL MĀORI	**44,999**	**45,839**	**840**



Graph 1: Māori enrolments have risen in all age bands. Overall, Māori enrolment is up 4.8% YOY compared to +2.0% in non-Māori.



Graph 2: The highest increase for Māori enrolments in absolute numbers is the 05-14 age band (+565) and the biggest % change is the 65+ age band (+10.8%) whilst the lowest % increase is in the 15-24 age band (+ 1.7%).



Graph 3: Non-Māori enrolments do not show losses in any age band. The highest % growth is in the 65yrs+ group (+3.3%), but the biggest increase in absolute numbers is in the 25-44 band (+3,406).

- **Arai mate – Immunisations**: The immunisations for the National Childhood Schedule are shown. We continue to see positive increases at 8 months and 2 years of age. There has been a slight decrease in the 5-year-old rate. Out-reach and follow-up services continue.

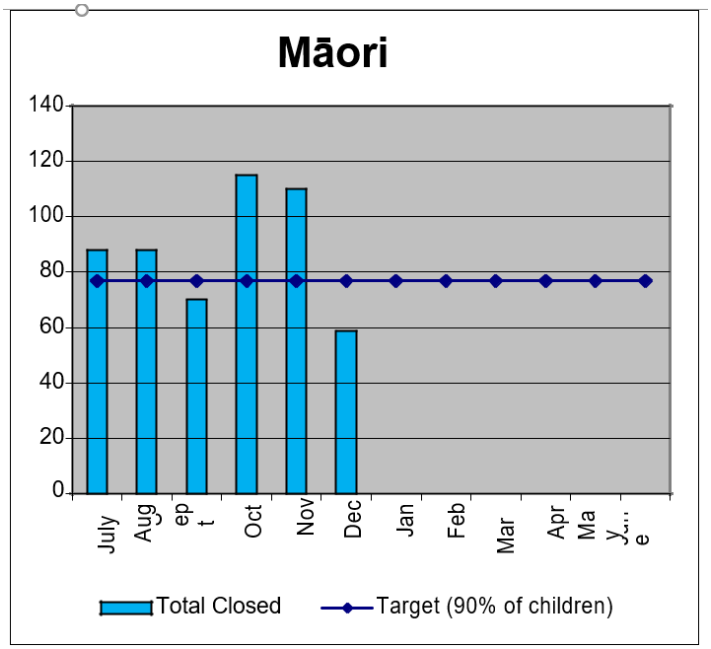
Measure	Quarter 1 Jul-Dec 19	Quarter 2 Oct-Dec 19		Target
	Coverage (Māori)	Coverage (Māori)	Coverage (Total)	Coverage (Māori)
8 months fully immunised	91%	92%	95%	95%
2 years fully immunised	93%	94%	95%	95%
5 years	93%	92%	94%	95%
12 years	68%	69%	67%	-

- **Tamariki ora e waru – Before Schools Check:** The Canterbury Before School Check (B4SC) programme comprises two parts; the nurse component, carried out by B4SC trained nurses in general practice and Public Health nursing and the vision and hearing testing component by the DHB. Against expected population rates Māori have high full (Nurse and VHT) Before School Check completion rates to date this year. The number of checks completed is above the expected population, reflecting the rapidly growing rates of child Māori enrolment.

Canterbury DHB Completed Checks (VHT & Nurse Component)

Month	Checks completed	Cumulative Target 90% (eligible population)	Cumulative Result (against 90% target)
July	88	77 (86)	114%
Aug	176	154 (171	114%
Sept	246	231 (257)	106%
Oct	361	308 (342)	117%
Nov	471	385 (428)	122%
Dec	530	462 (513)	115%
Jan		539 (599)	
Feb		616 (684)	

Mar		693 (770)	
Apr		770 (856)	
May		847 (941)	
June		923 (1,026)	



- **Nurse component Completed Checks by Provider Q2:** Christchurch PHO are no longer completing their own Before School checks, their children are either being checked by Waitaha PHO, the Public Health Nursing service or Pegasus mobile service.

Pegasus Health PHO

Month	Target (90%)	Nurse Closed
Oct	50	65
Nov	50	67
Dec	50	32

Waitaha PHO

Month	Target (90%)	Nurse Closed
Oct	6	11
Nov	6	8
Dec	6	4

Public Health Nursing Service

Month	Target (90%)	Nurse Closed
Oct	20	17
Nov	20	15
Dec	20	17

MEDICAL SURGICAL

- **New endoscope reprocessing system:** Most colonoscopy, gastroscopy and bronchoscopy procedures that are carried out in Christchurch Hospital are provided within the Gastrointestinal Endoscopy Unit. All endoscopes used for these procedures require specific cleaning, using high level disinfection and a certified drying process before being used for the next patient. These reprocessing steps are carried out within the unit to ensure smooth workflow and availability of scopes when required. A slick process is required to ensure that up to 50 procedures can be provided per day using a total fleet of 60 scopes. Close to 10,000 endoscopic procedures are currently provided each year, this will increase to around 12,000 per year following the implementation of the National Bowel Screening Programme.
- The existing automated endoscope reprocessing machines had reached end of life. Updated standards are mandatory for any unit wishing to be a part of the national bowel screening programme.
- Since December the reprocessing and store-room in the unit have been remodelled to enable modern pass through automated endoscope reprocessors and drying cabinets to be installed. The project budget is approximately $2.5million

- During April a similar system will be installed in Ashburton enabling consistent service provision in both Christchurch and Ashburton.

Internal Referrals

- A **key risk** being managed on the campus involves the management of **internal referrals**. Moving to an electronic solution that enables referrals between departments (creating appropriate data) will ensure all referrals are received and seen by the receiving department and that responses are provided that close the loop. Our approach to internal referrals will be integrated with the e-referrals and e-triage system, enabling operational monitoring and use of data for improved planning.
- Until our comprehensive system is rolled out widely departments continue to use a mixed set of approaches to ensure that referrals are sent, acknowledged and acted on.

Planning for winter in the context of COVID19

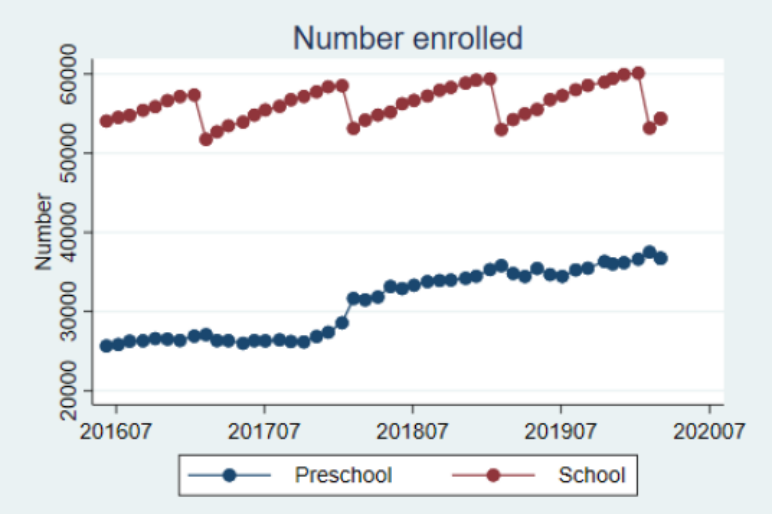
- Ensuring that Christchurch Hospital capacity matches the needs of the population requires continual modelling and planning but requires a specific focus prior to each winter. Occupancy forecasts are updated and used to plan how many beds will be resourced in Christchurch Hospital on a four-weekly basis.
- Current occupancy forecasts incorporate the effect of annual waves of influenza and other seasonal effects. They indicate that during the remainder of 2020 there will be 13 weeks when forecast adult occupancy exceeds the current physical bed capacity (542 beds) of Christchurch Hospital. The impact that will be created by COVID19 is additional to our existing forecasts.
- This is a rapidly developing area of work and further updates will be provided as it unfolds.

WOMENS AND CHILDRENS HEALTH

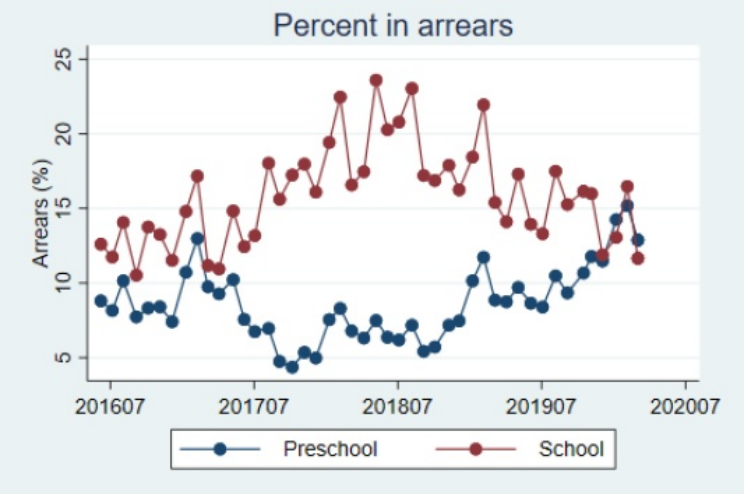
- **Provision of care for pregnant women over the festive period:** Over many years, both locally and nationally, it has become clear that lead maternity carer capacity is limited over the December January period. This places significant demand on DHB staff and facilities to provide antenatal, perinatal and postnatal care. This is at odds with our normal approach which is to ensure that women are provided with care for normal birth processes outside of Christchurch Women's hospital.
- During the past three years Canterbury DHB has worked with the Midwifery Resource Centre to put in place the "Festive Solution". The women phone a generic number which is answered by the Associate Clinical Nurse Manager in Birthing Suite. A large number of community midwives have agreed to be on an e-text list and they respond if available to any text that goes out for care in labour. This means that when such care is required the community-based workforce provides care – releasing Birthing Unit staff to carry out their normal duties. This is funded by the Ministry of Health through the standard Section 88 mechanism.
- Results to date show that in 2017 and 2018 there were approximately 150 enquiries from women unable to find an LMC and 120 of these were able to be cared for in the community by Lead Maternity Carer midwives either continuing care or responding to the call.
- During 2019/20 140 women sought care, by Sept 2019 only 50 of these women still did not have a named Lead Maternity Carer. However, by January 2020 this system had ensured that only 12 of these women actually birthed under core midwifery care during the festive period. The system also provided
  - 100% of antenatal care in the community – avoiding an increase in demand on core midwife clinics.
  - 100% of women had a named Lead Maternity Carer for their postnatal care.
  - 60% of women using the service self-identified as Indian, Nepalese, Māori, Asian, Middle Eastern or Pacifica and some of the most vulnerable women in our community were cared for under this system.
  - Communication between Lead Maternity Carers and the District Health Board has been improved.

OLDER PERSONS HEALTH & REHABILITATION | COMMUNITY DENTAL

- **Community Dental Services 18 Month Recall programme:** In 2019 the Community Dental Service started a project with the goal to free up resources to meet growing demand on services with the growth of 2,054 additional enrolments in 2020. This included a focus on ensuring enhanced access for vulnerable populations to address the clear inequity in dental health which is evidenced in our paediatric hospital admissions.
- Capacity has been managed and redirected by identifying children at low risk of developing dental problems and scheduling their routine dental check-ups for 18 months instead of the traditional 12-month interval.
- Since the project went service-wide last November approximately 600 children each month (which is about 16% of the school-aged children who have had check-ups) have been placed on 18-month recall.
- At current rates an 8% reduction in routine follow-ups is projected, and this should rise following further planned work on risk assessment and ongoing monitoring and feedback to clinicians.
- The time has been re-directed to ensuring at risk children are seen on time, decreasing delayed attendances (arrears) and allowing greater flexibility to provide more complex support to vulnerable families particularly Maori and Pasifika.
- **Enrolment growth:**



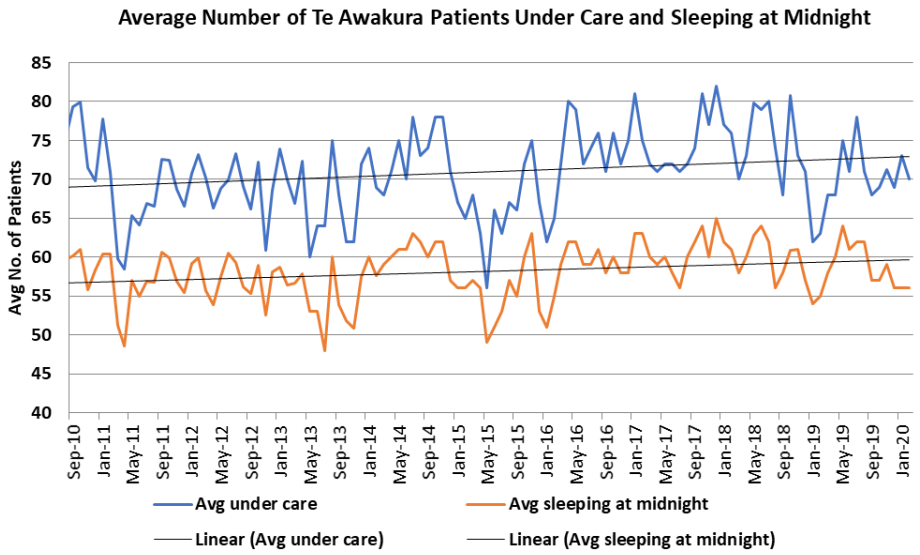
- **Reducing Arrears rates:** This will continue to support a reduction of arrears for children attending the service. In 2020 alone, we have seen a reduction of arrears of 13% for Preschool and 12% for school aged children.



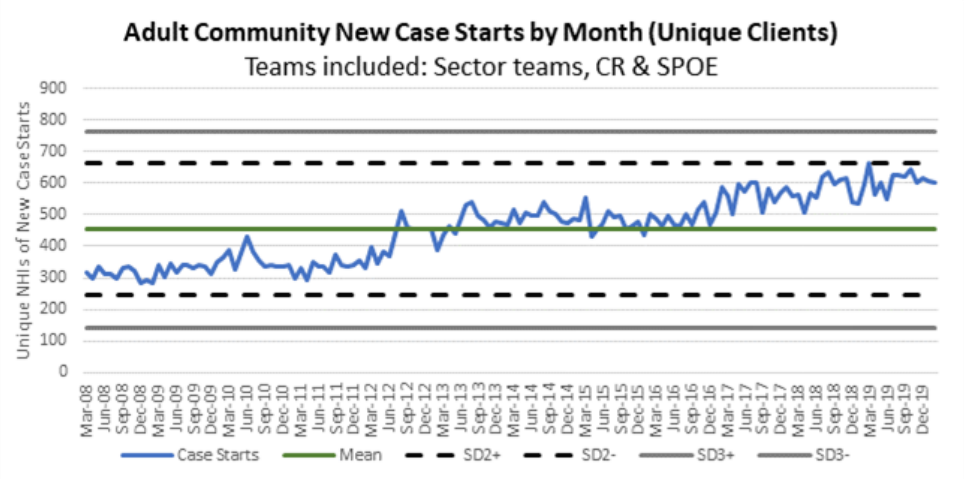
- **CREST**: The transition of case management to the three community-based providers has occurred. Development of the new pathway for Non-Weight Bearing (NWB) is underway with CREST managing the allied health input for this cohort of patients who will be supported in Aged Residential Care and funded by ACC.
- **Theatre planning**: Further work is being undertaken to reduce sick leave and work-related injuries within the theatre environment. A recent staff survey was undertaken to gain knowledge and seek engagement of staff to work towards reducing work related sick leave. The outcomes will form part of the ongoing action plan for theatres building on the work that identified that during 2019 only 2 theatre sessions at Burwood were unable to proceed due to nursing sickness over a 2-month period.
- Additional planning is being undertaken to maximise the nine theatre sessions not currently resourced. This will have an ongoing reduction in use of agency costs while achieving further throughput of elective surgery. Activity will see the increased use of surgical beds in ward FG in line with planning for growth of surgical service at Burwood campus by June.

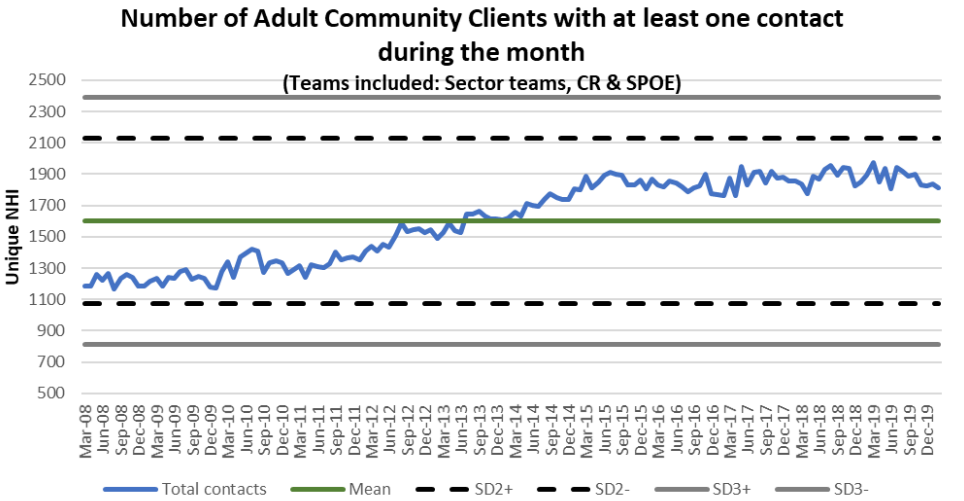
SPECIALIST MENTAL HEALTH SERVICES (SMHS)

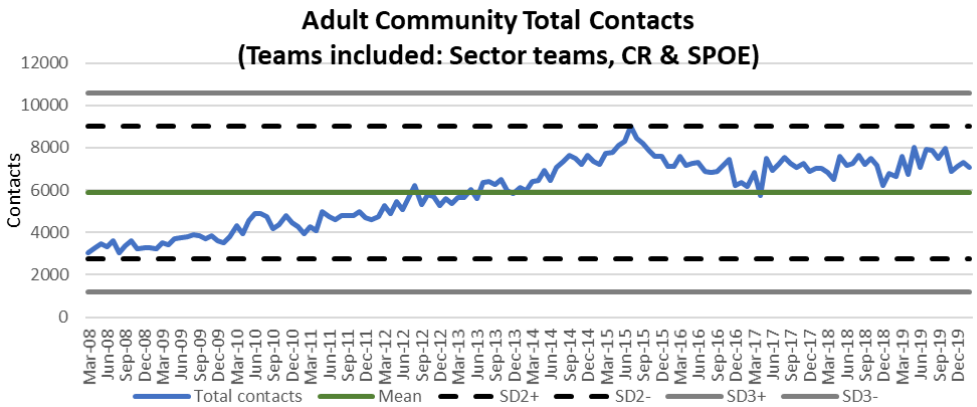
- **Adult Service Demand:** Demand across SMHS continues. Within adult services, this is impacting our inpatient and community service provision. Te Awakura, the 64-bed adult acute inpatient service, consistently has more consumers under care than capacity. This is managed using leave for consumers that are well enough, or sleepovers to other units within Specialist Mental Health Services.



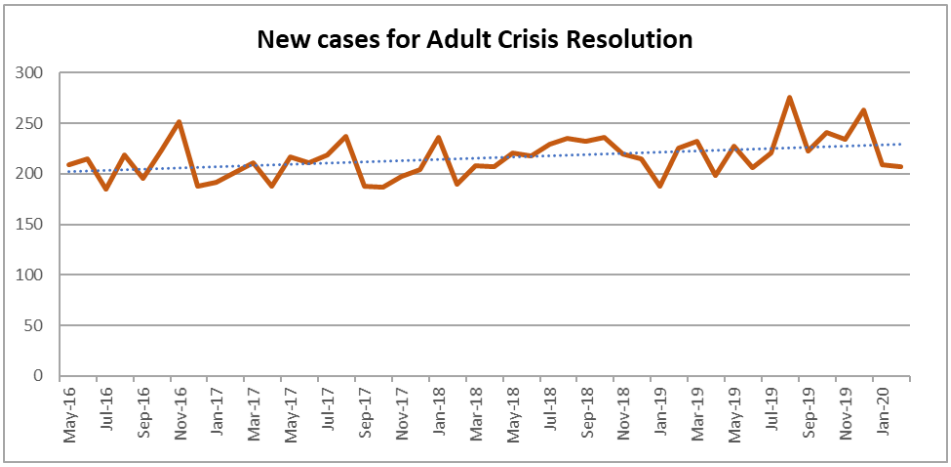
- Demand for community services continues to increase. Despite demand, we are sustaining service activity. The graphs below show the number new case starts, the number of people being seen and the number of total contacts.



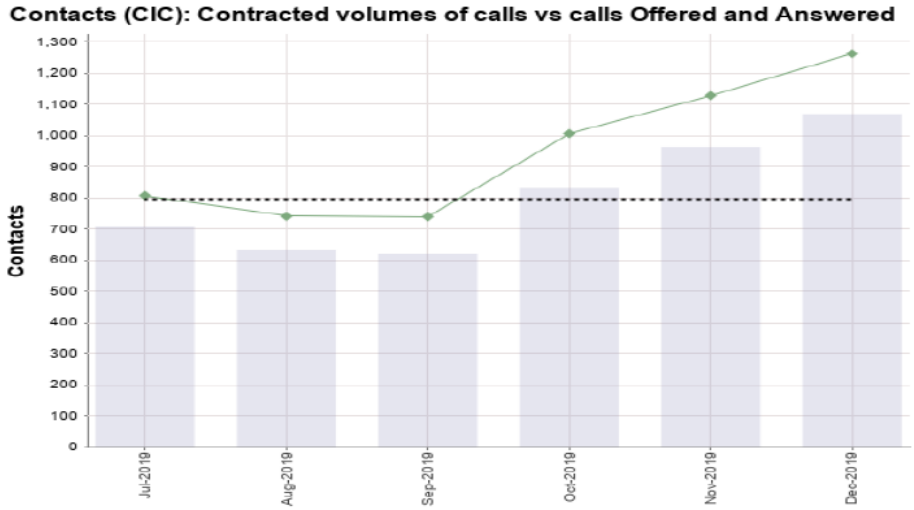




- Of note, new cases for adult crisis resolution services are gradually increasing.



- A key programme to manage demand for crisis response was the introduction of the HomeCare Medical after-hours triage service. The graph below shows the volumes of calls that HomeCare Medical received. 30% of the received calls required referral through to the SMHS.



(NB: In October 2019, the hours of service was extended to include the weekend)

- **Workforce**: The recently developed SMHS Purpose and Strategy clearly identifies, as a core pillar, the need for a workforce that can provide 'In-depth clinical / specialist expertise in the treatment of people with serious or acute mental disorders' and the need for a 'multi-disciplinary and integrated approach that places consumers and their families at the centre of all we do'.

- Key SMHS workforce issues currently include managing vacancy levels; managing the impacts of vacancy rates including overtime (23,707 hrs YTD at January 2020), outsourcing and sickness (48,082 hrs YTD

at January 2020); recruiting appropriate numbers and mix of staff; and providing the appropriate training, support and leadership to enable staff to deliver specialist assessment and treatment.

- There has been a recent decrease in vacancies from 84.83 FTE in January 2020 to 68.19 FTE in February 2020. Twenty-eight newly recruited nurses started in the new entry to specialist practice (NESP) programme and 15 allied health started in the Allied Health programme in February.

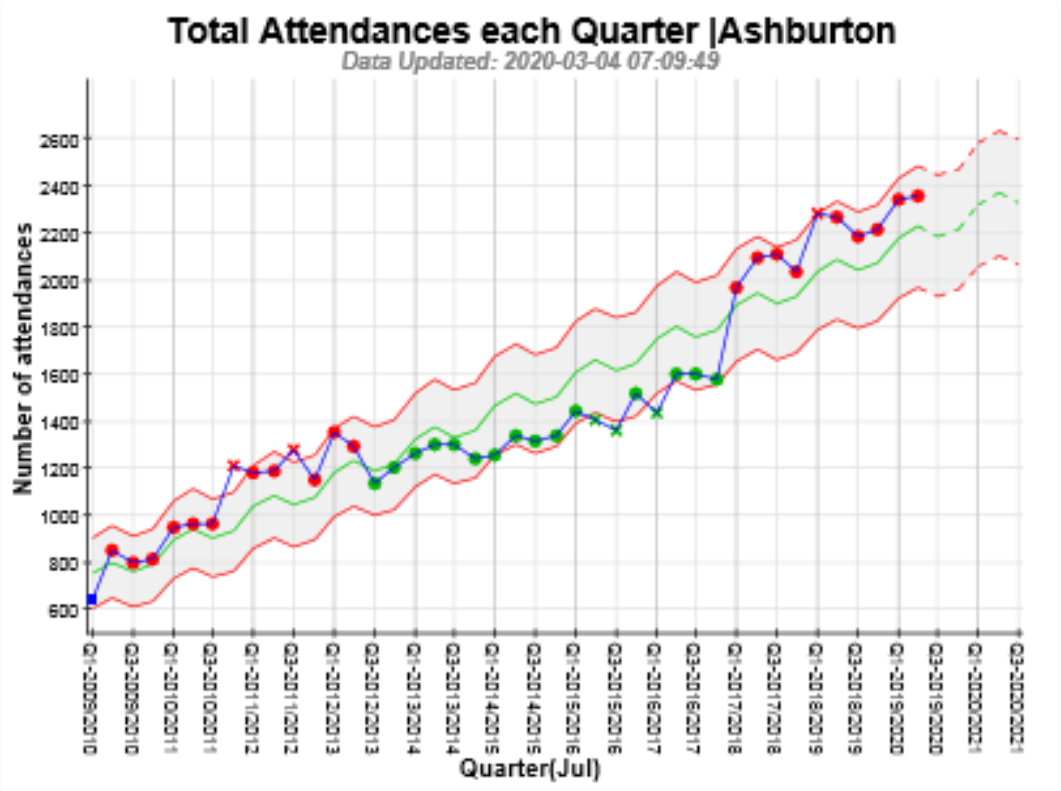
LABORATORY SERVICES

- **Novel Coronavirus (COVID-19):** The Microbiology and Virology teams remain heavily involved in the local and national response to the Coronavirus. Significant involvement in a multidisciplinary team response across Primary Care, Aged Care, Infection Prevention and Control (IPC) and hospital care.
- A significant step was the development of a Coronavirus test by 31 January 2020 and making this available to our referrers. CHL continues to work in partnership with Auckland and ESR laboratories to support pathology and laboratory readiness and response to Coronavirus throughout NZ.
- This response from the laboratory team builds on the continued vigilance in relation to Measles, for which CHL is the WHO and national reference laboratory in NZ for Measles and Rubella. As a tertiary diagnostic laboratory CHL remains well placed to run other respiratory virus diagnostic panels on suspected COVID-19 patient samples to identify or exclude other likely viral infections.
- **Winter planning:** In parallel with the planning for the impacts of COVID-19, CHL virology and phlebotomy teams have commenced planning for an extended seasonal influenza period.
- **Risks/challenges pathology and labs are managing:**
  - The ongoing and varied nature of industrial action across the laboratory requires close management and mitigations to minimise the patient impacts. The current round of industrial action has been ongoing for CHL since October 2019.
  - Microbiologist vacancy (1.0 FTE of 2.6 FTE) and current demands of emerging (Coronavirus) and remerging (Measles and seasonal Influenza) diseases whilst supporting a tertiary service. Lead time to fill clinical pathology positions can be 12 to 24 months due to international shortage and delays with gaining registration in NZ.
  - Ongoing resource commitments to the range of projects being undertaken across CHL including:
    - Laboratory Information System (LIS) – Testers and Trainers required from across the laboratory. Laboratory staff require training before go-live
    - Replacement of the high-volume automation track – procurement and programme planning

ASHBURTON RURAL HEALTH SERVICES

- Nursing and operational leadership have been working with support from the resource optimisation team to design a combined nursing roster for the three ward areas of acute and inpatient setting. Built on a standard schedule that defines a combined workforce that can flex across the service areas, the objective of this combined approach is to support the flow of resourcing across the wards, aligning with the patient demand. It is planned to be implemented 16 March.
- The current charge nurse management (CNM) resource (time) spent on rostering is up to 16 hours per week, multiplied by three charge nurse managers. Our goal by April is a reduction of time to two hours checking per week by one nursing lead with oversight of all areas. It should also be noted the schedules for rostering patterns have been future proofed, with models prepared for any significant reduction in occupancy.
- The current trend on presentation to the Ashburton Hospital acute assessment unit remains steady per the graph below. We continue to work with our primary care partners to explore further uptake of acute demand to mitigate this, however our primary care colleagues are also facing constraints with workforce.

As we mitigate our risk with increased medical workforce constraints and prepare for seasonal increase in presentations, we are exploring options to utilise technology and other models of service delivery.



PRIMARY CARE AND COMMUNITY SERVICES

Mental Health

- **Integrated Primary Mental Health and Addictions Service "Te Tumu Waiora":** Canterbury through the Canterbury Clinical Network led approach, has received the Ministry of Health contract for provision of the first two tranches of Integrated Primary Mental Health and Addictions Services. This will provide immediate mental health and wellbeing support for people attending General Practice. The service "Te Tumu Waiora" will provide 17 General Practices with clinical health improvement practitioners (HIPs), accompanied by 24 non-clinical health improvement coaches (HICs). Sponsor and implementation groups are in place, coordinated through the Canterbury Clinical Network to assist with the roll out of the service. Three pilot sites are already operating and four more have been identified. The Ministry of Health have indicated this model will be implemented in tranches over 4 years with one HIP and associated HICs per 10,000 population.

- **Anniversary of Mosque Attacks:** A cross-agency coordinated plan is in place for the first anniversary of the Christchurch mosque attacks on 15 March. To date responses have included engagement with Muslim communities, psychoeducation, community support work, counselling, treatment, and developing a local Muslim workforce. The anniversary is expected to trigger an increase in people requiring wellbeing assistance and media intrusion is a concern. Trauma-focused support for families involved in the attack, increased national and local communications and messaging and a cross-agency staffed wellbeing tent available at the anniversary event, are some of the many responses planned to support community wellbeing during the anniversary and subsequent trial.

- **Expansion of Existing Youth Primary Mental Health and Addiction Services:** The DHB has supported a collaborative NGO-led Canterbury proposal to the Ministry of Health request for proposal for the "Expansion of existing Youth Primary Mental Health and Addiction Services", which closed on 9 March 2020.

Primary Care

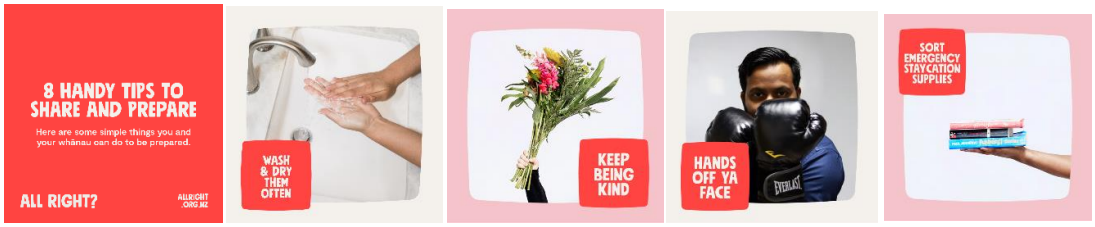
- **Community Diabetes Education:** As part of the recommendations in a 2018 system-wide review led by Canterbury Clinical Network's Integrated Diabetes Service Development Group, structured diabetes education sessions have now moved from a secondary care setting in the Diabetes Centre to the community. We have a contract in place with Sports Canterbury to coordinate the sessions and an agreement with Nurse Maude to deliver Type 2 community-based diabetes education. The first Introduction to Type 2 class is to be held at Diabetes Christchurch in March. Subsequent classes will also include Type 2 Starting Insulin. Nurse Maude are taking the lead on the clinical delivery and are currently reviewing the content to fit their own presentation styles. Work in this space will be used to inform the implementation of the next diabetes review to integrate the nursing workforce across secondary and community services.

COMMUNITY & PUBLIC HEALTH

- **Public Health update on work associated with COVID-19:** Community and Public Health's (CPH) Emergency Operations Centre has been operating since late January with staff informed by existing plans and processes for dealing with an emerging public health emergency of international concern. As part of the public health response, CPH staff have been meeting designated flights of interest arriving at Christchurch International Airport (CIAL) since 27 January. As of 28 February, Health Protection Officers (HPOs) and other public health staff have been meeting all incoming international flights and providing information about 'self-isolation' as appropriate. If someone is found to be unwell or self-identifies as unwell, on arrival, a Public Health Nurse (PHN) carries out a health assessment. Depending on the result, the PHN in conjunction with the HPOs, can initiate the standard 'Ill Traveller Protocol'. Public health staff continue to work closely with border agency staff and other airport staff to manage the practical issues and concerns associated with the COVID-19 outbreak. In addition, maritime concerns are also addressed by CPH staff, who can meet shipping arriving into Lyttleton and Timaru Ports if required.

- CPH staff are preparing for the point at which confirmed cases of COVID-19 emerge in the community. Staff will maintain daily contact with cases and contacts of cases who have been asked to remain in isolation or quarantine. Staff are currently refining the CPH Business Continuity Plan and preparing an Incident Action Plan for this emerging situation. Key activities involve ongoing liaison with the Ministry of Health and local border authorities, contributing to the wider Canterbury DHB-led COVID-19 response group, working with Canterbury DHB Comms regarding key public health messages, establishing clear reporting processes, and ensuring our community-based partners and communities are supported and prepared.

- **Risk Management:** CPH staff in our Greymouth and Timaru regional offices are supporting the Christchurch COVID-19 response through taking on Christchurch office 'business as usual' work and managing non-urgent but important activities. We remain concerned about the way the uncertainties associated with COVID-19 may affect our community particularly given the upcoming anniversary of the 15 March Mosque shootings. To that end, All Right? as a trusted community voice has developed a campaign to support the community understandings and preparation for COVID-19.



In addition, eight He Waka Eke Noa images, used by the *All Right?* campaign in the aftermath of the Mosque shootings, are being repurposed as bunting for the first anniversary. Members of the public are invited to add their messages of aroha and hope to the back of the bunting shapes, which will be joined together by members of the Student Army for display on 15 March.

EFFECTIVE INFORMATION SYSTEMS

- ISG are currently forecasted to complete the year under budget due to a series of savings activities.
- Operational spend year to date shows that:
  - Software license fees are under budget, driven by new platform hosting strategies and unrealized plans.
  - Non-budgeted revenues have contributed a benefit, driven by the Kotahi InterRAI and South Island Patient Information Care System projects.
  - Outsourced ITC services are under budget due to the use of renegotiated reserved incidences IaaS (Information as a Service) server hosting costs.
  - ITC Equipment Repairs and Maintenance are under budget as contingent budget has not been used.
- Revenue has increased by 52 per cent year on year driven by the new regional hosting platform.
- **FTE Count:** Year to date ISG has operated 6% below its budgeted FTE (this is due to vacant positions and staff working on projects external to the division).

Risks/Issues

- **Paging Replacement System:** Our paging system is end of life and requires replacement. We are currently assessing options at an architectural level, including a hybrid model approach to meet both critical and non-critical communication needs.
- **Hagley Migration:** Due to delays in handover we are re-planning the ICT equipment moves (budget, timelines and resourcing). Our staff are recalibrating their focus onto other facilities work.
- **South Island Patient Information Care System (SIPICS):** Following the migration of our outdated Patient Administration Systems to a new regional platform, we are working to improve our national extract reporting, which includes the reconciliation of all extracts currently submitted for Canterbury DHB.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- During February, the Communications Team worked with Selwyn District Council on communications to support the new Rolleston Health Hub which included working with directly affected staff, with the media to providing information to the public. This work is ongoing.

- Communication planning for Canterbury's inclusion in the National Bowel Screening Programme, scheduled for June, is ongoing. A communication plan has been agreed in principle by a multidisciplinary steering group and work is underway to ensure we are ready and resourced from a communications perspective to take part successfully in the programme.
- Planning is underway for the 2020 flu campaign, building on the existing flufree website and collateral. The planned vaccine release date is 1 April. Targeted communications to priority groups and the general public will begin in April.
- The Communications Team is providing advice and support to the Nursing Workforce Development and Midwifery teams to develop and provide regular communications and activities promoting the International Year of the Nurse and Midwife
- Work has begun on gathering and writing stories for the winter edition of our WellNow Canterbury magazine, which goes to every household in Canterbury and the Chatham Islands. The mailout is currently anticipated to begin on Monday 8 June.
- The emergence of COVID-19 has involved a number of team members providing communications advice and developing and distributing collateral. This remains a significant and ongoing priority workstream for the foreseeable future for the Communications team.
- Other work underway includes:
  - Developing strategy and messaging to support change work around supporting and growing Canterbury DHB-led research
  - Updating content and structure of Resilience Hub website to provide more targeted support for people affected by the March 15 Christchurch mosque attacks ahead of the anniversary
  - Supporting People and Capability drafting and distributing internal communications around support available for staff ahead of the anniversary of the mosque attacks
  - Continuing to support Care Capacity Demand Management programme with roll-out
  - Providing advice and support to the Talent, Leadership and Capability team on recruitment communications

Media

- February was a busy month for media, with us responding to more than 90 enquiries. We managed a significant number of queries about the DHB's preparedness and response to COVID-19. These ranged from how we would manage cases, public health measures in place in the region in the event of cases and the process of testing for the virus and the volumes of tests being carried out. Some of the other topics of media interest included:
  - The potential for a COVID-19 outbreak coinciding with the flu season
  - The provisions the Ministry/DHBs was making as an employer in the event of a COVID-19 outbreak in New Zealand
  - The DHB's digital maturity assessment
  - The number of contracts the DHB holds with pharmacies in the region
  - Heat health and heatwaves in Canterbury
  - Neonatal Intensive Care Unit (NICU) and transitional care following the Ministry of Health's review of NICU units
  - Delays to the handover of the Christchurch Hospital, Hagley building
  - Algal blooms and the resulting health warnings throughout Canterbury
  - The rollout of the National Bowel Screening Programme in Canterbury
  - The difference in demand for our mental health services pre and post-earthquakes
  - Statistics for the one year anniversary of the 15 March mosque terror attacks
  - A large number of interviews have been carried out with staff in relation to the mosque terror attacks – and how staff are faring one year on and the ongoing impact on the DHB's services

- The work the DHB is doing to ensure compliance with the Holidays Act
- Passive fire non-compliances discovered during the Burwood Spinal Unit works
- The death of a university student from meningococcal disease
- Eating disorders and the treatment available for eating disorders in the South Island
- The construction of a new Rolleston Health Hub
- Dr Ramon Pink, Medical Officer of Health and Dr Joshua Freeman, Clinical Director Microbiology, were interviewed by the The Press on the preparations DHB staff have been taking for COVID-19 and what would happen if a case was identified in Canterbury.
- David Meates sat down with The Press to take them through the Hillmorton Campus masterplan that was recently approved by the Board. David explained the complex nature of the master planning process and the next steps moving forward.
- Dr Tom Marshall, Lead Consultant Clinical Psychologist, was interviewed by Radio NZ for their upcoming coverage of the one year anniversary of the 15 March mosque attacks. The interview focussed on the continued mental health effects on the people directly involved in the attacks.
- David Meates was interviewed by Radio NZ for a piece on health infrastructure and hospital redevelopment projects in New Zealand. David spoke about the Christchurch Hospital Hagley project and spoke about the size and complexity of the facilities development process.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of January 2020 was a net operating expense of $8.761M, which was $5.634M favourable against the draft annual plan net operating expense of $14.395M. YTD the result is $10.832M favourable.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	(0.136)	(0.000)	**(0.136)**	(0.335)	(0.000)	(0.335)
Funder	(4.874)	(4.857)	**(0.017)**	(47.703)	(48.037)	0.333
DHB Provider	(3.751)	(9.537)	**5.786**	(28.092)	(38.928)	10.836
Canterbury DHB Group Result	**(8.761)**	**(14.395)**	**5.634**	**(76.130)**	**(86.962)**	**10.832**

4. APPENDICES

Appendix 1: Facilities Repair and Redevelopment
Appendix 2: Our People (CEO Update Stories)

FACILITIES REPAIR AND REDEVELOPMENT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

General EQ Repairs within Christchurch Campus

- **Parkside Panels:** North West corner panels nearing completion, minor works remain. Structural work is complete. North East corner ROI has been evaluated and RFP shortlist is being confirmed. South East corner business case pending approval.
- **Lab Stair 4:** RFP evaluation currently in progress.
- **Riverside L7 Water Tank Relocation:** Maintenance and Engineering (*M&E*) is managing this project. Management has approved the design for tanks to be relocated to the basement of Parkside. Design has commenced.
- **Riverside Full Height Panel Strengthening:** Design is complete. Business case to be submitted for construction with the intention to undertake this work in conjunction with the Parkside Panels project.
- **Parkside Canopies:** The business case for replacement of shrink wrap has been approved and work has commenced. ED and Ambulance complete. Parkside entrance to start week of 10 February 2020.

Christchurch Women's Hospital

- **Stair 2:** The team has identified several 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 completed 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 - Neonatal Intensive Care Unit (*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 the same time as stair strengthening to minimise disruption. Remaining 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:**
  - Proposal on the ongoing model for Passive Fire programme management, including a streamlined and controlled process for the release of funds to enable progressive remediation, has been submitted to the February 2020 Board meeting. Digitalisation 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 building currently is undergoing a complete review of passive fire installation to ensure compliance with code.

  - Risk analysis and recommendation is 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 MoH):** Developed design complete with detail design now underway. Some delays have occurred due to co-ordination of design elements.
- **235 Antigua St and Boiler House (Demolition):** No work to be undertaken until new energy centre constructed and commissioned. This work is being handed back to the CDHB.
- **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 management as to outcome of master planning process and funding.
- **Backup VIE Tank:** Tender being evaluated as separable portion to Labs stair 4 works and to be undertaken at the same time.
- **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 / Christchurch City Council (*CCC*) Coordination:** Coordination with CCC / CTOC ongoing with regards to traffic impact in the area.
- **Ensuite Door Replacement:** Designers currently being engaged with access to Hagley Christchurch required to undertake technical review and scoping. Clinical approval of proposed design received 17 February 2020.
- **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 lower ground floor (*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.
- **Seismic Monitoring System:** RFP stage is being progressed for an initial installation in the main campus buildings.
- **Avon Generator Building Demolition:** Business case for concept design has been approved. Building redundant once new Christchurch Hagley generators commissioned. The site will provide space for relocated loading docks.
- **Riverside Loading Docks:** Business case for concept design to relocate the docks has been approved. Contracts for consultants now issued for CDHB signoff. Relocation of docks necessary to allow for demolition of Riverside West.

Canterbury Health Labs (CHL)

- **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.

- **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

- **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. ALS 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:** Facility in defects liability period.
- **Burwood Birthing / Brain Injury Demolition**: All demolition work and backfilling has now been completed. Final claim received.

Hillmorton Hospital Campus

- **Hillmorton SMHS:** Developed design under review for sign off February 2020. Awaiting approval from Treasury of funds in relation to Green Star requirements. Resource Consent application underway. Site investigation underway for carpark site near community dental clinic.
- **Laundry Repurposing:** Funding required to progress to Concept Design to look at option of design lab relocation.
- **Earthquake Works:** No earthquake works currently taking place.
- **Fergusson Upgrade:** Admin relocation initial planning underway prior to business case submission.
- **Food Services Building:** M&E have provided information. Business case signed off. Starting to engage with M&E and consultants for design.
- **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 ongoing, new drainage connection completed, and new electrical supply to site installed. Ground floor slab pour completed. First lift of blockwork complete. Additional requirements for buildings 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. The business case for temporary works approved. Internal alterations have commenced and are progressing well.
- **Masterplan:** Approval by the Board and Chief Executive Officer (*CEO*) to present masterplan to staff 5 February 2020. Investigations underway on infrastructure to enable accurate costing.

The Princess Margaret Hospital Campus

- **Child, Adolescent and Family (*CAF*) Relocation:** Project is at early feasibility stage to identify an alternative location for CAF.

Ashburton Hospital & Rural Campus

- **New Boiler and Boiler House**: Project 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 process before handover to M&E.
- **Kaikoura Integrated Family Health Centre:** Minor repairs being undertaken by M&E.
- **Rangiora Health Hub:** The project is in the defect's liability period.
- **Endoscopy and Maternity Central City Fitout:** RFP being prepared to identify potential options from shortlisting ROI process completed in December 2019.
- **Chatham Island Accommodation:** Business case has been prepared and submitted. Prices based on estimates from potential suppliers.
- **Rangiora Demolition:** Feasibility planning to demolish the old building and widen the existing driveway for the new Community Health Centre project.

Project/Programme Key Issues

- Sign off on the direction of the Master Planning process is required to plan the next stage of the Programme of Works (*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 commenced, as instructed by CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. Work in these areas will not be possible until the Hagley Christchurch project is complete and space elsewhere on the campus becomes available.
- Passive fire wall repairs continue to be identified. Risk analysis progressing slowly.
- The passive fire quality assurance process identified non-compliances on newly installed elements in the Burwood Spinal Unit works. These have now been rectified. The contractor responsible for the initial install has been removed from site. Performance of the contractor has been elevated to Corporate Legal with claim for costs finalised.

OUR PEOPLE (CEO UPDATE STORIES)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

- A set of transgender care pathways have gone live on Canterbury Community HealthPathways, making available vital information on the medical and mental health and surgical care of transgender people. Canterbury Community HealthPathways gives clinicians locally agreed information to make the right decisions, together with patients, at the point of care. It is designed and written for use during a consultation. The section on Transgender Health contains information on gender affirming hormones, gender affirming surgery, transgender health in adults, children and youth, and transgender specialised assessment. It has involved a massive effort from everyone concerned and represents a huge leap forward in equity of health delivery for the transgender community in Canterbury, says Senior Clinical Editor, Canterbury Community HealthPathways, Caroline Ansley.

- Canterbury DHB's Menemene Mai (Smile) oral health toolkit is playing a vital part in teaching children and their families about tooth care. Menemene Mai is Canterbury's first online oral health education toolkit. It was developed by Canterbury DHB Health Promoters Jenni Marceau and Belinda Smith, with and for early childhood educators (kaiako) and launched in early childhood settings in the region in June last year. Kindercare Linwood Centre Director Lynnette Katene says staff were really concerned about the state of some of their children's oral health, with an increasing number with tooth decay and needing to have teeth removed. Supported by Menenene Mai, including the Teeth Tools toolkit, they began discussing with the children the importance of looking after their teeth and started a routine at the centre of all the children brushing their teeth after lunch.

- The Activity Room at Christchurch Hospital received a glowing report in its latest Education Review Office (ERO) audit. As a licenced early childhood hospital-based centre the Activity Room is audited by the ERO. The ERO audit, undertaken late last year, evaluated the Activity Room as very well placed at being able to contribute to children's learning and promote their wellbeing - the highest rating that can be given, says Team Leader Melinda White. The review findings state that children and their families are very well supported by the Hospital Play Specialists (HPS) who are highly effective in helping maintain their wellbeing while in hospital. The service's mission and core values are enacted and evident in daily practices. It said the HPS are highly skilled at developing trusting relationships with children and their families and take a holistic approach to supporting them.

- Two incubators that used to contain premature babies will soon have a different kind of precious life within their walls. The incubators, one from Christchurch Hospital's Neonatal Intensive Care Unit (NICU) and the other from St George's Hospital, will soon

be on their way to Australian shelters caring for animals injured or orphaned in the bushfires. The two incubators were no longer in use as they have been replaced with newer models. Newborn Hearing Screening Coordinator Angela Deken came up with the idea of donating an incubator after seeing heart-wrenching images of burnt koalas, kangaroos and other Australian wildlife. Incubators are a vital piece of equipment for newborn kangaroos, wallabies and koalas that don't yet have fur as the conditions mimic their mother's pouch. She contacted Air New Zealand's community organiser and located a vet in Australia treating the injured bushfire animals. Canterbury DHB Operations Manager Clinical Engineering Gareth Edmondson arranged for some IV pumps to be donated. They will be placed inside the incubator for transport and used to keep the larger animals sedated for longer periods of time for wound dressings and keeping the animals off their burnt feet so that healing can occur. Rangiora Community Maternity Unit have also provided small volume bottles, that animals can be fed with.

- Colleagues of the late Kenneth McCaul said thanks to Christchurch Hospital staff who helped them through the difficult time of losing their colleague. Kenneth, aged 64, a phlebotomist, was killed in October last year while driving to work by a car involved in a police pursuit. They also thanked staff for contributing towards framed prints they purchased to remember Kenneth by. They are hanging on the wall of the Blood Test Centre main waiting area at Canterbury Health Laboratories.

- Christchurch Hospital Māori haematology Nurse Maarie Hutana's weekly te reo Māori tips have "gone viral" since she began emailing them to the Haematology team two years ago. Now people from many areas of the hospital have asked to be included on the distribution list. Te Kupu o te Wiki (Word of the Week) is a Haematology service improvement initiative that aims to increase people's confidence when using te reo Māori, encouraging its use in everyday practice. The weekly emails help with pronunciation and encourage the use of simple kupu Māori (Māori words). Maarie uses images, YouTube clips, soundbites and posters to engage people and make the lessons accessible for everyone. She says it is heart-warming to see so many people eager to learn.

- Service Planner and Transition Leader Ruth Barclay retired in February after a 46 year career with Canterbury DHB. She started as a nurse at Princess Margaret Hospital and moved into leadership roles. Ruth was the Interim General Manager of Christchurch Hospital for 18 months and was in the process of moving into her latest role when the February earthquake struck. Since then she was involved in many projects including the Hagley Outpatients temporary building, the new Sexual Health clinic; refurbishment of the Fergusson building at Hillmorton Hospital; the Kaikoura, Rangiora and Akaroa

hospitals' new builds; Burwood Spinal Unit's refurbishment; the Nuclear Medicine department refurbishment, the Home Dialysis Unit, and Manawa.

- Canterbury DHB staff are taking part in the Aotearoa Bike Challenge, and so far Canterbury DHB is sitting in second place among Christchurch organisations taking part that have over 2000 staff. Nationally we are in third position. One of Canterbury DHB's team members from the Emergency Department, House Officer Vinesh Nair, won a Nostalgia Festival double pass for his efforts. The Aotearoa Bike Challenge is a free competition that's about encouraging people to increase their physical activity by challenging workplaces to get as many staff as possible to ride a bike for 10 minutes or more. Participants and their workplace team earn points for every kilometre they ride, every day they ride, and for every person they encourage to sign-up.
- Christchurch Hospital Registrar Rhys John won third place in the Coast to Coast men's Longest Day competition. He crossed the finish line in 11 hours, 17 minutes and 56 seconds to earn the final spot on the podium. Rhys says he only signed up for the event in October "on a whim". He achieved his dream of beating his father Steve's best time of 12 hours, one minute. Held annually in February, competitors bike, kayak and run from Kumara Beach on the West Coast of the South Island, across the main divide, to the finish line on the east coast at New Brighton.
- **Te Panui Runaka:** Canterbury DHB is hosting a careers expo at Manawa on 3 April to help raise awareness of the large range of careers available in health. The 'Explore your Career with us' expo will showcase job opportunities in the wider health system, including business, hospitality, trades, IT, corporate, and community, as well as clinical roles, such as nurses, doctors and midwives. Youth are our workforce of tomorrow and play a key role in our talent pipeline. The Canterbury DHB aims to have a workforce that reflects our community, so we have a focus on recruiting more Māori.
- **Facilities Redevelopment- Communication**
- **Christchurch Hospital Hagley**

Hīkina to Hagley
MIGRATING TO CHRISTCHURCH HOSPITAL HAGLEY

- While activity is in a lull ahead of achieving Practical Completion and handover of the building, communications are being shared fortnightly via the CEO update and dedicated newsletter distributed via email to all staff, wards and unions. There is good engagement on the closed Facebook Group and Instagram page.
- Staff noticeboards are being utilised to share information and engage with staff, featuring maps, floor plans, banners and weekly updates. These also feature the names and faces of the Hagley Operational Transition team representatives for each department.
- Videos are being produced to assist with orientation and familiarisation of the building while access is restricted. These videos feature video footage and photographs from inside Hagley along with 3D renders and floor plans to illustrate the location of wards and services within the building.

- Profile videos of key staff members, including team leads and Hagley Operational Transit team representatives will also be shared on screens around campus and on social channels and the intranet to encourage engagement with the project.
- **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.
- **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.
- **Terrace Fundraising:** A comprehensive communications plan is being drafted to identify opportunities and roadmap for fundraising and build activity on the Terrace on Level 3 of the Hagley building. There has been a lot of interest around what is happening with the space and promotion and fundraising activity is planned over the next few months.
- **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. A comprehensive communications plan is being developed to identify key dates and milestones and ensure communication around the build is timely, effective and relevant.
- **Website:** Below is some information in relation the Usage of Canterbury DHB OIA responses on the CDHB website
- **Overview**
- 330 responses to official information requests were published from November 2018 to February 2020.
- Topics of interest include:
    - wait lists/times and eligibility
    - funding, costs, wait lists, availability of surgery
    - car parking
    - staffing numbers and other staff issues
    - staff safety, security and assaults
    - facilities
- Most viewed content tags:
    - /waiting-times-for-public-health-services
    - /wait-list
    - /waiting-times
    - /elective-surgery
    - /suicide
    - /hip
    - /cataract
    - /car-parking
    - /fraud
    - /assaults

Top 50 OIA response pages (by page views in last 12 months)

	OIA response	Views
1	Waiting times for public health services	1,108
2	Hip, Knee, Cataract treatment waiting lists	584
3	Measles outbreak 2019	272
4	PET CT scanning machines and patient wait times	256
5	Patients waiting for Gastroscopy, Colonoscopy and Dermatology treatment	256
6	Bariatric surgery patients 2010-2018	227
7	Staff car parking	182
8	Canterbury DHB Strategic Plan	159
9	Correspondence with David Whale and Albi Whale	158
10	Fetal Medicine Specialists – Maternal Fetal Medicine	153
11	Information about psychologists employed by Canterbury DHB	150
12	Publicly funded fertility treatment	143
13	Food, nutrition, menus for hospital inpatients	136
14	Staff car parking building at Christchurch Hospital	135
15	Daily cost for a patient in ICU	130
16	Surgical Mesh removal	127
17	Amount spent on recruiting staff and staff salaries	119
18	Information regarding regarding ECT (Electroconvulsive Therapy)	114
19	Maternity staffing issues and complaints	110
20	Surgical waiting lists for various cancers	103
21	Wait time for patients referred with suspicion of cancer	103
22	Records of all suicides, attempted suicides, suspected suicides and deaths while in State Care	102
23	The organisational structure of Christchurch Hospital	95
24	Fraudulent expense and pay claims investigated for last five years	89
25	Correspondence between David Meates, Clinical Leaders Group, and Michelle Arrowsmith	87
26	Clozapine Treatment	84
27	Referrals to Child Youth Adolescent Mental Health Service	77
28	Wait times for elective procedures	75
29	Brief Intervention Counselling Funding	73
30	Canterbury Wellbeing and Mental Health Recovery Plan	72
31	Services to people who have a diagnosis of dementia or other age related cognitive impairments	68
32	Clinical drug trials	68
33	The Clinical Priority Assessment Criteria threshold level for the following elective procedures	66
34	Multiple Sclerosis – Neurology – appointment numbers	66
35	Ophthalmology clinics	61
36	Information about Caesarean sections	60
37	Multiple Sclerosis – Neurology – Waiting times for outpatient appointments	54
38	Presentations at ED for attempted suicide or suicidal thoughts	54
39	Complaints regarding bullying, sexual harassment, assault in the last 3 years	53
40	Cost of patients hospital meals	53
41	CDHB car parking costs and revenue	53
42	CREST	51
43	Passive Fire Protection Programme	49

44	Akaroa Community Health Trust	47
45	Hillmorton Assessment Treatment and Rehabilitation Unit	44
46	Psychologists employed by Canterbury DHB	41
47	MRI outsourcing, cost, staff numbers and machines available	41
48	Suicide in Canterbury since May 2018	41
49	Unfilled vacancies as at November 2018	39
50	Financial losses due to theft at Canterbury DHB Hospitals	39

FINANCE REPORT 31 JANUARY 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

ACCOUNTABILITY: **Justine White, Executive Director, Finance & Corporate Services**

DATE: **19 March 2020**

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 January 2020.

3. DISCUSSION

Overview of January 2020 Financial Result

The consolidated Canterbury DHB financial result for the month of January 2020 was a net expense of $8.761M, which was $5.634M favourable against the draft annual plan net expense of $14.395M. YTD the result is $10.382M favourable.

The net operating result for the month (ie before indirect revenue and expenses) was a favourable variance of $545k, reducing the YTD unfavourable variance to $2.176M.

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 calculation are yet to be clarified), which will take effect upon transfer of the Hagley building. The table below provides the breakdown of the January result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(3.780)	(9.369)	5.589	(28.272)	(38.796)	10.524
Community & Public Health	(0.025)	(0.073)	0.048	(0.225)	(0.119)	(0.106)
Total In-House Provider excl Subsidiaries	**(3.804)**	**(9.442)**	**5.637**	**(28.496)**	**(38.915)**	**10.419**
Add: Funder & Governance						
Funder Revenue	149.208	147.640	1.568	1,037.092	1,029.739	7.353
External Provider Expense	(65.275)	(63.722)	(1.553)	(463.299)	(456.351)	(6.949)
Internal Provider Expense	(88.806)	(88.775)	(0.031)	(621.495)	(621.425)	(0.070)
Total Funder	**(4.874)**	**(4.857)**	**(0.017)**	**(47.703)**	**(48.037)**	**0.333**
Governance & Funder Admin	(0.136)	0.000	(0.136)	(0.335)	0.000	(0.335)
Total Canterbury DHB (Parent)	**(8.814)**	**(14.299)**	**5.485**	**(76.534)**	**(86.951)**	**10.417**
Add: Subsidiaries						
Brackenridge Services Ltd	(0.011)	(0.047)	0.036	0.209	0.074	0.135
Canterbury Linen Services Ltd	0.064	(0.049)	0.114	0.195	(0.084)	0.279
Canterbury DHB Group Surplus / (Deficit)	**(8.761)**	**(14.395)**	**5.634**	**(76.130)**	**(86.962)**	**10.832**

The YTD result to January is favourable mainly due to a lower capital charge (relating to EQ insurance drawdowns excluded from CDHB's calculation of the payment due), and depreciation (due to the delay with the Hagley transfer).

Although the favourable depreciation variance is a non-operational expense, the anticipated delays in Hagley result in additional operational expense that offset this variance (e.g. outsourced elective surgery).

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. We continue to actively manage and mitigate the issue; however without an agreed and sustainable pathway, this issue will continue to deteriorate.

Ongoing industrial action will have an impact on our financial performance, as we will need to manage our volume delivery throughout any strikes; this is anticipated to worsen due to a number of MECAs scheduled for renegotiation in the coming six months.

At this point no funding has been made available to cover the costs of the Whakaari incident incurred to date. The Whakaari incident has also impacted on the delivery of electives and IDF volumes.

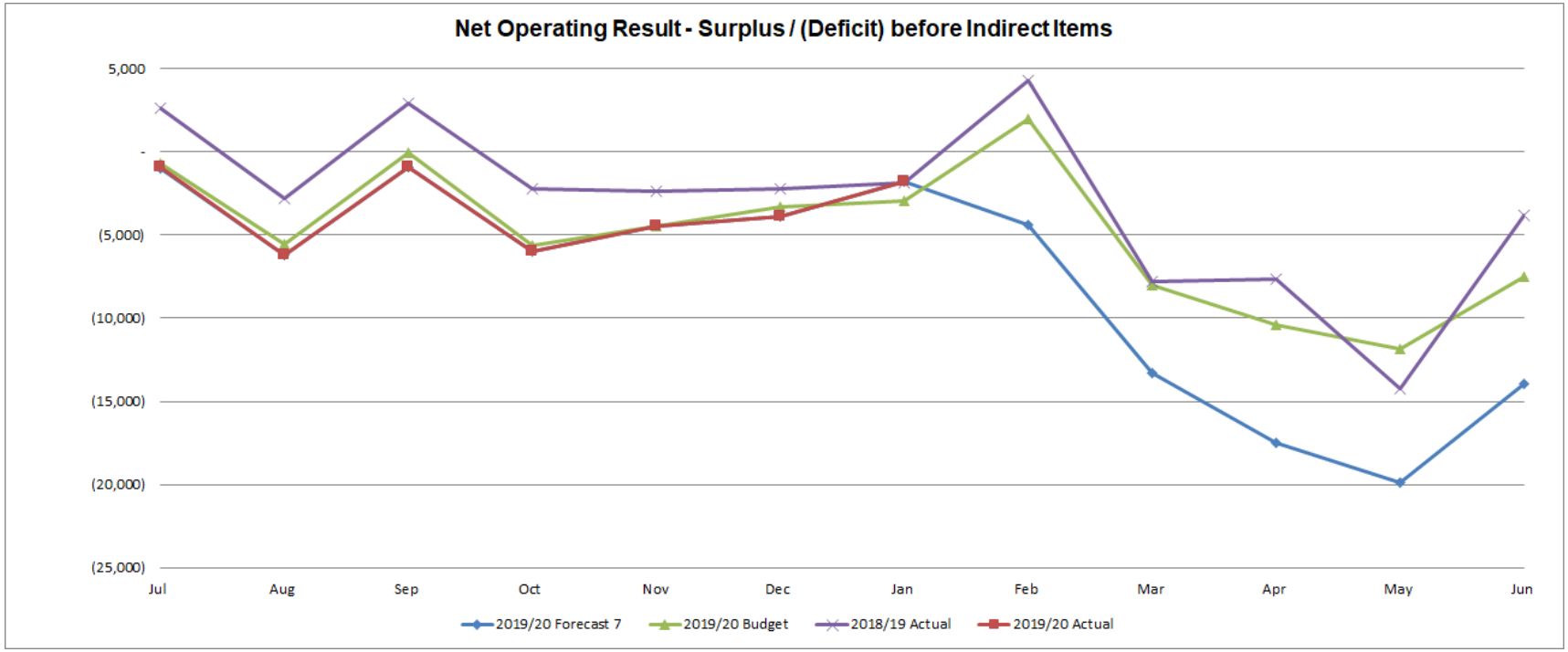
5. APPENDICES

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

APPENDIX 1: FINANCIAL RESULT (BEFORE INDIRECT ITEMS)

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 JANUARY 2020

	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	(1,776)	(2,321)	545	-23% ✓	(24,193)	(22,017)	(2,176)	10% ✗	(100,335)	(92,978)	(58,337)	(34,640)	59% ✗



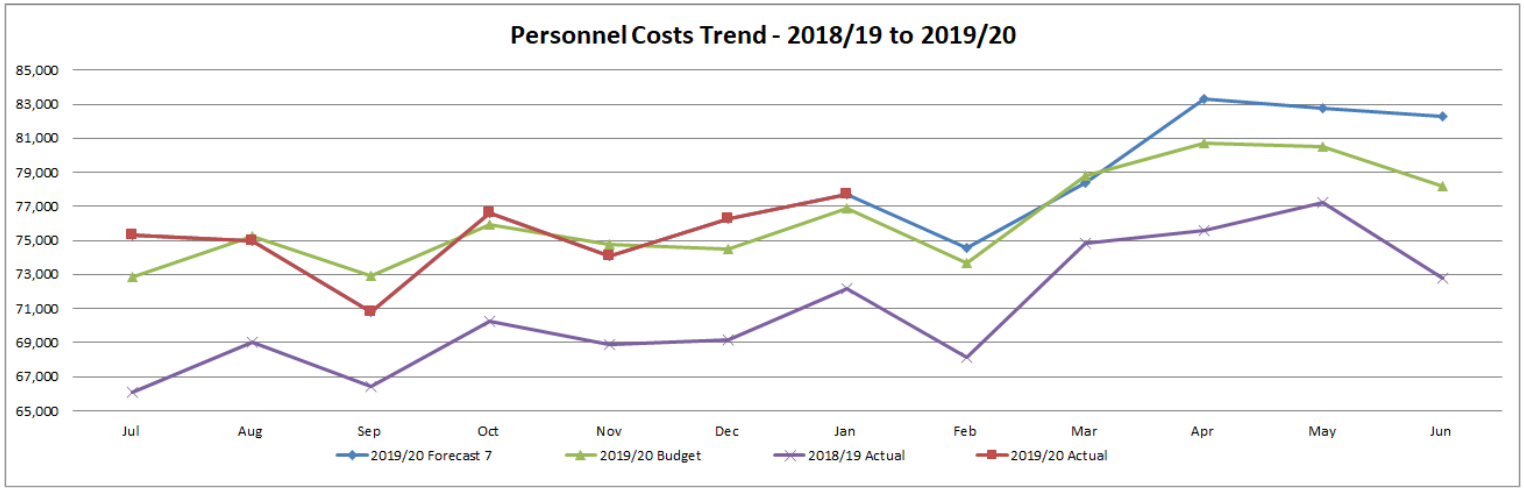
NB: The June 2019 result in the above graph excludes the one off Holiday Act compliance accrual for comparison purposes.

KEY RISKS AND ISSUES

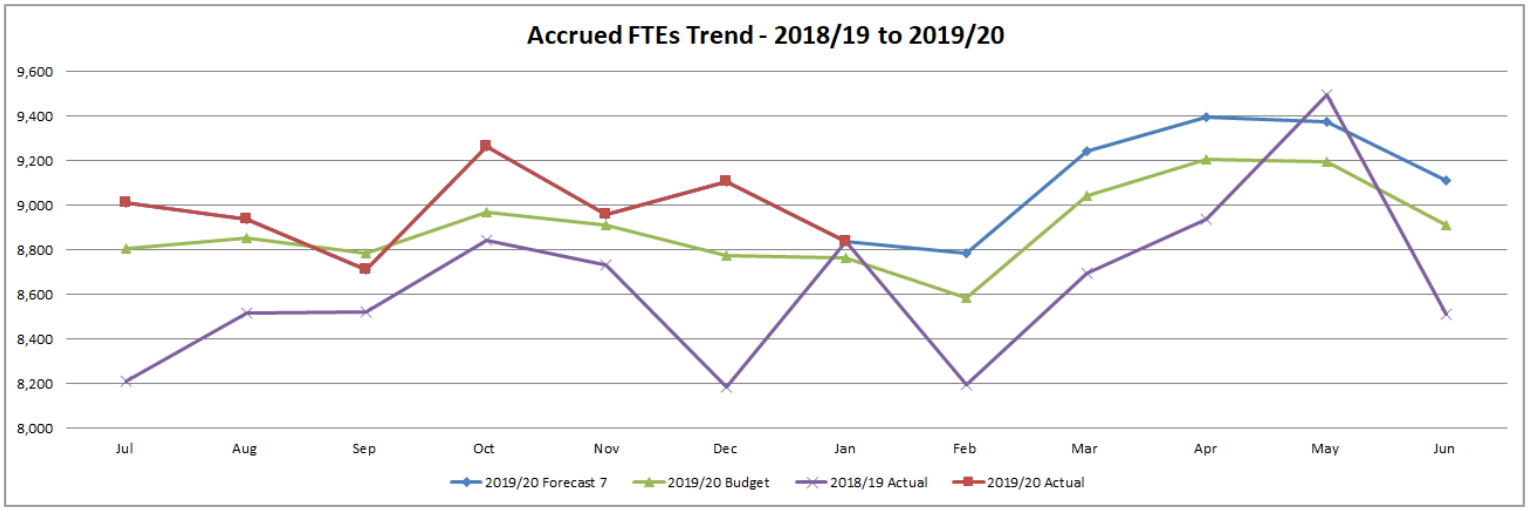
- This graph shows the operating result before indirect items such as depreciation, interest, donations, capital charge and the offsetting capital charge funding. Although we have a YTD favourable variance of $10.832M on the bottom line, our operating result has an unfavourable YTD variance of $2.176M.
- The tragic Whakaari/White Island incident has resulted in additional costs in excess of $1M attributable to this event, but this excludes electives, IDF and other ongoing impacts. The incident also resulted in some disruption to our annual leave management plans over the Christmas/New Year period. We are unclear at this point if and when we may receive compensation for these additional costs, so we have not accrued any additional revenue.

- Additional costs relating to delays in the Hagley facility are also adversely contributing to our operational result.
- Our revised forecast has factored in additional costs relating to the delays in the Hagley facility, which in terms of operating results accounts for $25.2m of the deterioration to budget.
- Our electives activity was phased down over the January period, although acute medical volumes were higher than projected, especially in General Medicine. ED volumes are similar to the prior year, but ICU volumes were lower than the prior year.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



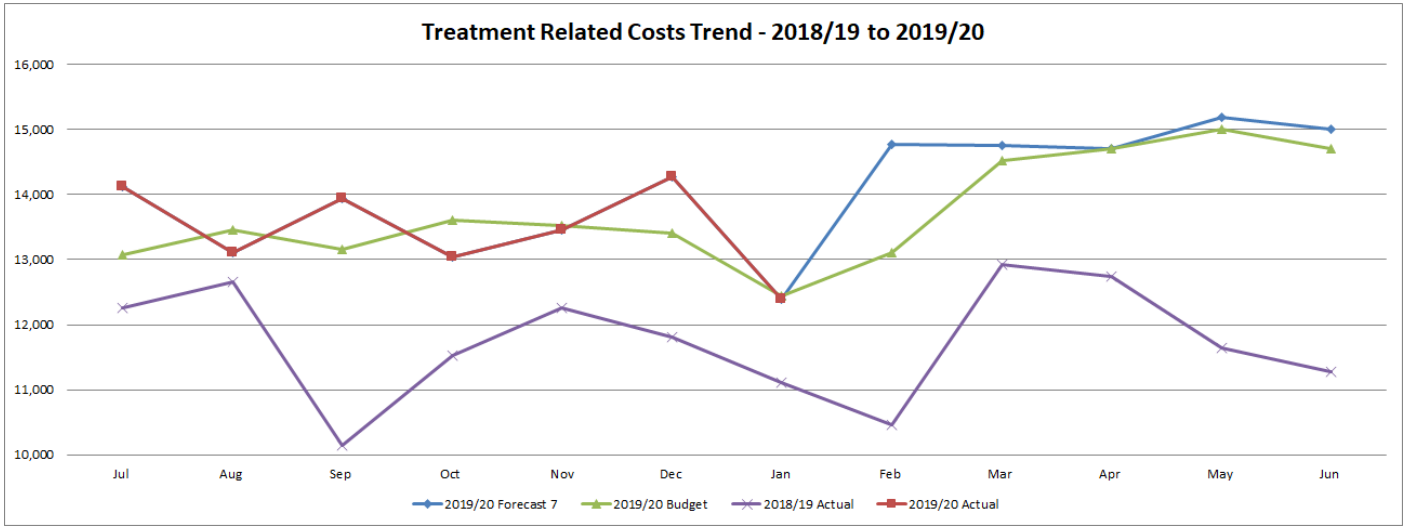
NB: June 2019 actual payroll costs in the Personnel Costs Trend graph <u>exclude</u> the one off Holiday Act compliance accrual of $65.260M for comparison purposes. December results reflect the first month of in-sourced cleaning services, a larger reduction in Non Treatment Related Costs has also been experienced

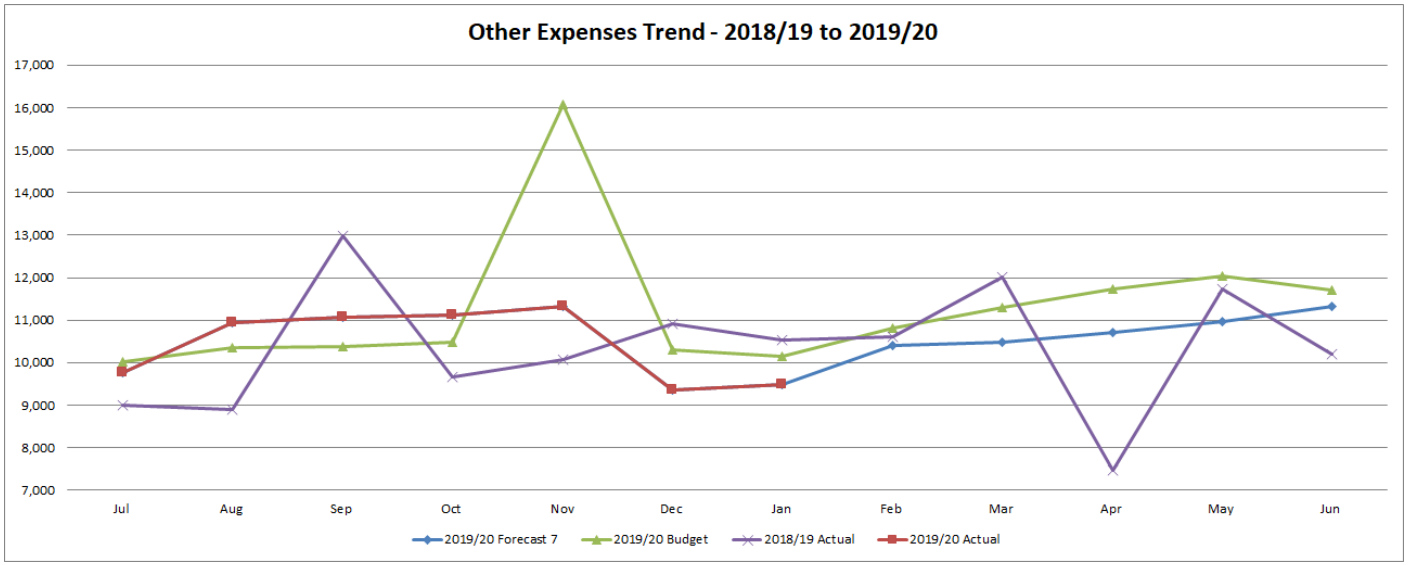


KEY RISKS AND ISSUES

- There has been a focus across the whole DHB on staff taking leave and reducing cover for some of the indirect roles within the organisation. The January result shows that overall personnel costs are on plan.
- We are still using significant additional casual and fixed term administration staff to embed the SIPICS system.
- We have transitioned cleaning services to an in-house model from 1 December; the payroll cost increase is estimated at $5M for the 7 months remaining to June 2020; this is offset by an estimated $6M reduction over the same period in cleaning costs reported in Other Expenses. Cleaning staff accounted for $0.6M of the unfavourable variance for January, and $1.1M of the YTD variance, this will continue for the remainder of the year.
- Our Specialist Mental Health Service continues to carry a high level of vacancies resulting in higher penal costs and outsourced costs (84 FTE vacancies at the end of January).

TREATMENT & OTHER EXPENSES RELATED COSTS



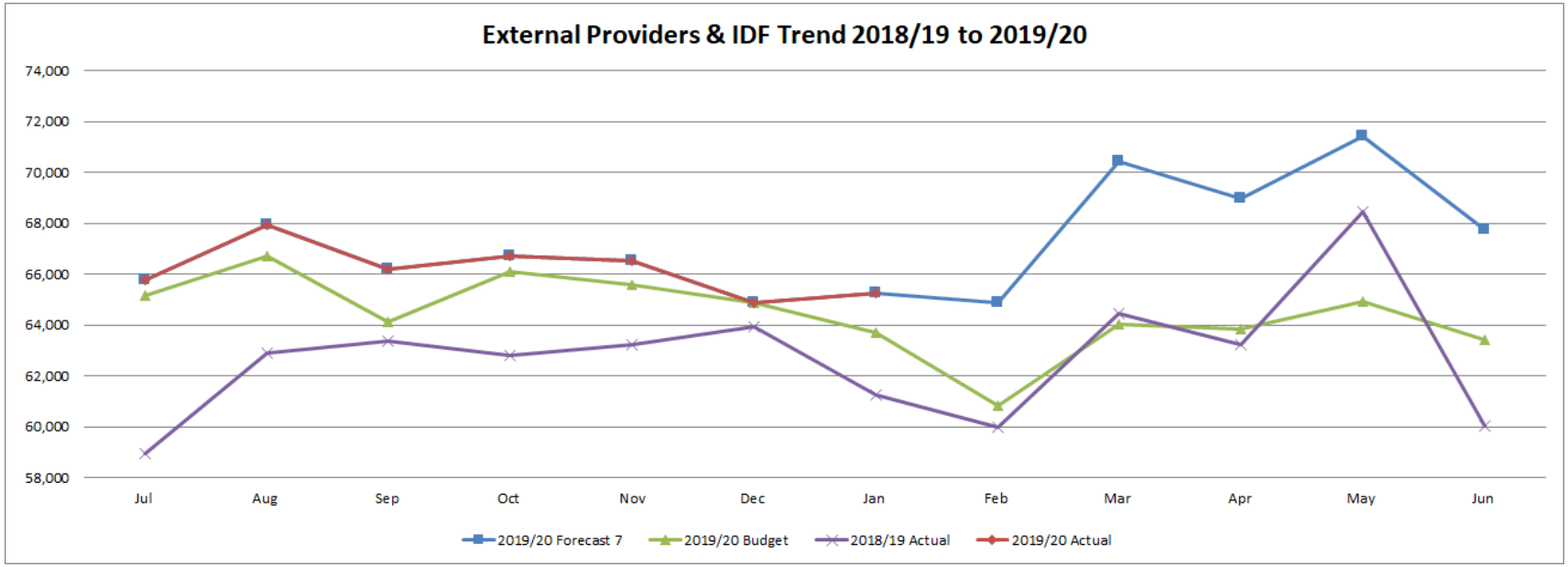


KEY RISKS AND ISSUES

- Growth in pharmaceutical spend YTD is higher than planned but is being masked by an adjustment to PCT recovery costs where the budget sits in the Provider but the costs are being incurred in External Providers (this has been corrected in the year end forecast above). Hospital pharmacy costs continue to increase, specifically immunosuppressants and cancer drugs.
- Implants are above budget due to high levels of activity in Cardiology for defibrillators and pacemakers (80 YTD with 16 implants in January). We had 115 implants in the prior year, and are forecasting 137 for this year.
- Treatment related costs are influenced by activity volume, as well as complexity of patients.
- Outsourced clinical services for lithotripsies and MRI scans continue to be over the budgeted level as demand drives capacity issues within the system.
- Note that the November budget for Other Expenses included $5M for the opex portion of the Tunnel handover (which would be offset by an equal earthquake programme of works drawdown). The forecast has been amended to reflect the delay in the Hagley handover to the 2020/21 financial year.
- The reduction in Other Expenses reflects the transition of cleaning services to an in-house model from 1 December; this estimated $6M reduction for the 7 months to June 2020 is offset by an additional estimated $5M in payroll costs
-
- Security costs in our Specialised Mental Health division continue to be higher than planned. 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	65,275	63,722	(1,553)	-2%	✗	463,299	456,351	(6,949)	-2%	✗	752,784	806,482	773,439	(33,043)	-4%	✗



KEY RISKS AND ISSUES

- External provider expenditure was in line with budget for the month. Even though PCT expenditure continues to run above plan, this has been offset by a successful reduction in aged residential care (ARC) activity and constraint on elective outsourcing. Although we are unfavourable on certain expenditure lines, much of this is directly related to additional revenue received such as Non-Devolved Capitated, Mana Ake, Pay Equity, Response to Extraordinary Event, and for the Combined Pharmaceutical Budget (CPB).
- Community pharmaceutical costs have been increasing in recent months, in line with the increase in the CPB. PCT continues to be impacted by the addition of the high cost non-PCT medicines which relate to conditions with a high prevalence in South Island populations.
- Outsourced Radiology continues to run over plan due to additional outsourcing in response to strike action by Medical Imaging Technologists, as well as to compensate for capacity challenges at Christchurch Hospital.

- Note that part of the year end forecast variance relates to PCT drugs where the budget was in the Provider arm, but expenditure was being recognised in External Providers.
- Additional outsourcing will be required due to the Hagley handover delay, as well as to meet electives targets. 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	527,241	1,136,182	608,940	54% ✔

	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	(32,466)	(72,195)	39,729	-55% ✔	(31,576)	(183,800)	(62,397)	(121,403)	194.6% ✘

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

KEY RISKS AND ISSUES

- The equity variance to budget is due to the Holidays Act compliance provision made in June 2019 that impacted retained earnings.
- We are experiencing higher cash outflows than predicted, partly due to higher capital spend on Hagley FF&E (reimbursed by the MoH, but there is a timing delay to this reimbursement), as well as on the Mental Health facilities redevelopment (we are working with the MoH to obtain equity drawdowns quarterly in advance to avoid timing issues with reimbursement).
- The MoH advanced $60M + GST of bulk funding from the 4 June 2020 payment to 29 November 2019. This has alleviated the problem in the short term but will need a permanent solution over the next few months.
- We have also factored in additional cash required for anticipated costs relating to the Hagley handover delay.
- 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.
- The liquidity issue that was forecast for early October was alleviated through an early PBFF funding payment, but issues with future months remain. We continue to actively manage and mitigate the issue; however without an agreed and sustainable pathway, this issue will continue to deteriorate.

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 seven months ended 31 January 2020

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	
154,727	153,031	144,945	1,696	✓	MoH Revenue	1,076,074	1,067,484	1,012,340	8,590	✓	1,841,319	1,829,389	1,740,486	11,930	✓
4,923	3,968	4,339	955	✓	Patient Related Revenue	30,506	28,589	27,322	1,917	✓	51,686	49,121	49,201	2,565	✓
3,435	3,861	3,839	(426)	✗	Other Revenue	25,565	31,856	22,833	(6,291)	✗	43,275	51,708	39,747	(8,432)	✗
163,085	**160,860**	**153,122**	**2,225**		**Total Operating Revenue**	**1,132,145**	**1,127,929**	**1,062,494**	**4,216**		**1,936,281**	**1,930,218**	**1,829,434**	**6,063**	
77,719	76,873	72,162	(846)	✗	Personnel Costs	525,743	523,131	482,082	(2,612)	✗	926,897	915,003	915,946	(11,894)	✗
12,386	12,445	11,113	59	✓	Treatment Related Costs	94,332	92,687	81,744	(1,645)	✗	168,763	164,745	140,795	(4,018)	✗
65,275	63,722	61,318	(1,553)	✗	External Service Providers	463,299	456,351	436,872	(6,949)	✗	806,482	773,439	752,784	(33,043)	✗
9,481	10,141	10,072	660	✓	Other Expenses	72,964	77,777	67,712	4,814	✓	127,117	135,369	120,244	8,251	✓
164,861	**163,181**	**154,664**	**(1,680)**	✗	**Total Operating Expenditure**	**1,156,338**	**1,149,946**	**1,068,410**	**(6,392)**	✗	**2,029,258**	**1,988,555**	**1,929,769**	**(40,704)**	✗
(1,776)	**(2,321)**	**(1,542)**	**545**	✓	**Total Surplus / (Deficit) Before Indirect Items**	**(24,193)**	**(22,017)**	**(5,915)**	**(2,176)**	✗	**(92,978)**	**(58,337)**	**(100,335)**	**(34,640)**	✗
72	79	126	(7)	✗	Interest Revenue	392	490	602	(98)	✗	671	939	627	(268)	✗
685	685	-	-	✓	MoH Revaluation Cap Charge funding	4,795	4,795	-	-	✓	8,220	8,220	-	-	
-	-	-	-	✓	MoH Debt Equity Swap funding	-	-	-	-	✓	-	3,740	-	(3,740)	
665	224	-	441	✓	Donations	2,139	1,565	3,136	574	✓	3,160	2,586	4,067	574	✓
2	1	-	1	✓	Profit on Sale of Assets	14	4	14	10	✓	18	8	133	10	✓
1,424	**989**	**126**	**435**	✓	**Total Indirect Revenue**	**7,340**	**6,854**	**3,752**	**486**	✓	**12,068**	**15,492**	**4,827**	**(3,424)**	✗
1,966	5,691	2,079	3,725	✓	Capital Charge	15,779	25,407	14,556	9,628	✓	25,611	53,864	24,241	28,253	✓
6,428	7,322	2,702	894	✓	Depreciation	43,253	46,042	30,695	2,789	✓	78,162	83,161	54,407	4,999	✓
15	50	92	35	✓	Interest Expense	192	350	168	158	✓	442	600	552	158	✓
-	-	-	-	✓	Loss on Sale of Assets	53	-	4	(53)	✗	53	-	23	(53)	✗
8,409	**13,063**	**4,874**	**4,654**	✓	**Total Indirect Expenses**	**59,277**	**71,799**	**45,424**	**12,522**	✓	**104,268**	**137,625**	**79,223**	**33,357**	✓
(8,761)	**(14,395)**	**(6,290)**	**5,634**	✓	**Total Surplus / (Deficit)**	**(76,130)**	**(86,962)**	**(47,588)**	**10,832**	✓	**(185,177)**	**(180,470)**	**(174,731)**	**(4,707)**	✗
-	-	-	-		Impairment	-	-	-	-		-	-	(3,108)	-	
3,068	-	-	-	✓	Gain on Revaluation of Land and Buildings	3,068	-	-	3,068	✓	3,068	-	137,346	3,068	✓
(5,693)	**(14,395)**	**(6,290)**	**5,634**	✓	**Total Comprehensive Revenue & Expense**	**(73,062)**	**(86,962)**	**(47,588)**	**13,900**	✓	**(182,109)**	**(180,470)**	**(40,493)**	**(1,639)**	✗

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 January 2020

Audited 30-Jun-19 $'000		Group Actual 31-Jan-20 $'000	Group Budget 31-Jan-20 $'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	641,693	650,781
137,345	Reserve Movement for Year	-	-	-
(177,839)	Operating Results for the Period	(76,130)	(86,965)	(180,470)
597,378	**TOTAL EQUITY**	527,241	1,217,367	1,132,950
	Represented By:			
	Current Assets			
4,999	Cash & Cash Equivalents	2,449	16,771	627
750	Short Term Investments	750	750	750
91,010	Trade and Other Receivables	79,391	91,010	91,010
5,838	Prepayments	13,100	5,838	5,838
13,209	Inventories	13,270	13,209	13,209
14,510	Restricted Assets	14,394	14,685	14,685
130,315	**Total Current Assets**	123,354	142,263	126,119
	Less Current Liabilities			
36,575	Overdraft	34,915	-	63,024
123,935	Trade and Other Payables	126,035	116,335	123,936
14,760	Restricted Funds	14,509	14,760	14,760
245,602	Employee Benefits	238,660	180,342	180,342
420,872	**Total Current Liabilities**	490,505	324,729	382,062
(290,557)	**Working Capital**	(367,151)	(182,466)	(255,943)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment in NZHPL	3,225	3,225	3,225
	Loan to Canterbury linen services	-		
890,595	Fixed Assets	897,395	1,402,494	1,391,554
893,837	**Term Assets**	900,636	1,405,735	1,394,795
	Non Current Liablilties			
5,902	Employee Benefits	6,244	5,902	5,902
5,902	**Term Liabilities**	6,244	5,902	5,902
597,378	**NET ASSETS**	527,241	1,217,367	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-Jan-20 $'000	YTD Budget 31-Jan-20 $'000	Budget 30-Jun-20 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(52,680)	**Net Cash from Operating Activities**	36,935	(35,229)	(97,305)
	CASHFLOW FROM INVESTING ACTIVITIES			
(43,992)	**Net Cash from Investing Activities**	(43,818)	(44,732)	(70,913)
	CASHFLOW FROM FINANCING ACTIVITIES			
80,794	**Net Cash from Financing Activities**	5,994	128,483	137,572
(15,878)	Overall Increase/(Decrease) in Cash Held	(890)	48,522	(30,646)
(15,698)	Add Opening Cash Balance	(31,576)	(31,751)	(31,751)
(31,576)	**Closing Cash Balance**	(32,466)	16,771	(62,397)

CPH&DSAC – 5 MARCH 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Kay Jenkins, Executive Assistant, Governance Support**

APPROVED BY: **Jo Kane, Chair, Community & Public Health and Disability Support Advisory Committee**

DATE: **19 March 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Community & Public Health and Disability Support Advisory Committee's (*CPH&DSAC*) meeting held on 5 March 2020.

2. RECOMMENDATION

That the Board:

i. notes the draft informal notes from CPH&DSAC's meeting on 5 March 2020 (Appendix 1).

3. APPENDICES

Appendix 1: CPH&DSAC Draft informal notes – 5 March 2020.

NOTES – INFORMAL MEETING

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
NOTES OF THE COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE INFORMAL MEETING held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch on Thursday, 5 March 2020 commencing at 9.00am

PRESENT
Jo Kane (Chair); Naomi Marshall; Tom Callanan; Wendy Dallas-Katoa; Dr Susan Foster-Cohen; and Sir John Hansen

APOLOGIES
Apologies for absence were received and accepted from: Sally Buck; Olive Webb, Hans Wouters, Rochelle Faimalo Aaron Keown Gabrielle Huria and Yvonne Palmer.

EXECUTIVE SUPPORT
David Meates (Chief Executive); Evon Currie (General Manager, Community & Public Health); Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support).

IN ATTENDANCE

Item 5
Dr Anna Stevenson, Public Health Physician, Community & Public Health.

Item 6
Dr Ramon Pink, Public Health Physician Medical Officer of Health

Item 11
Kathy O'Neill, Team Leader, Planning & Funding

Item 12
Tyler Brummer, Strategic HR Business Partner, People & Capability

Jo Kane, Chair, opened the meeting and welcomed those in attendance. Ms Kane noted that as the meeting did not have a quorum, today's meeting would be treated as an "informal meeting" of the Committee and decision papers would be either forwarded to the Board or deferred until the next meeting. She advised that all future meetings would commence at 1pm.

She advised that it is her intention to take this Committee out into the Community during the months when there is no formal meeting. She advised that these meetings would be held on Monday 15 June 2020, Thursday 13 August 2020 and Tuesday 20 October 2020 and it is intended for the first Community meeting to be held in Ashburton.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Wendy Dallas-Katoa asked that "Chair" be deleted from her Manawhenua ki Waitaha interest.

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. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 31 October 2019 were carried forward to the next meeting for confirmation.

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward action list was noted.

4. CPH&DSAC TERMS OF REFERENCE

Jo Kane, Chair, commented that as members will have read in the Terms of Reference it is intended to have one Committee as the Community & Public Health and Disability Support Advisory Committee.

In regard to the Terms of Reference it was agreed that a change on page 4 from "diligent" to "electronic' be made.

There were no other comments on the Terms of Reference

5. HEALTH IN ALL POLICIES (PRESENTATION)

Dr Anna Stevenson, Public Health Physician, provided a presentation to the Committee around Health in All Policies.

The presentation provided an overview of: Public Health; Addressing Determinants of Health; and Health in All Policies in Canterbury.

Discussion took place regarding Oral Health and fluoridation and it was noted that the DHB already has a position statement on fluoridation. The Chair asked for Oral Health to be added to the Committee work plan.

The Chair thanked Dr Stevenson for her presentation.

6. COVID 19 (PRESENTATION)

Dr Ramon Pink, Medical Officer of Health, provided the Committee with a presentation around COVID 19, including: what the virus is; timelines; the New Zealand response; and the Canterbury response.

Dr Pink commented that we will see more of these types of events due to human influence on animals and the environment. He advised that this has been a quickly evolving event and referred to the timeline in the presentation.

Dr Pink advised that WHO has not yet said that this is a global pandemic he added that in Canterbury we are following our pandemic plan as we believe that this is the framework that best meets our needs.

The Committee noted that New Zealand was the 48th country in the world to declare a case and there are now 77 nations so this is spreading quickly so we need to act quickly and manage our resources.

Discussion took place regarding screening at airports and it was noted that this is being done on a voluntary basis by the travellers.

Discussion also took place regarding Primary Health preparedness and the Committee noted that our preparedness is very inter-related and includes Primary Care, Aged Care, Pharmacies etc.

Dr Pink commented that most of this will be managed in the Community the same as during the flu season. Discussion took place regarding this virus arriving at the same time as the flu season with the possibility of 2 influenza seasons at the same time.

The importance of giving clear messages and keeping people informed was stressed, particularly where there are vulnerable communities. The impact of social media was discussed and there now appears to be a change for the better in the rhetoric on this.

The Chair thanked Dr Pink for his presentation.

7. COMMUNITY AND PUBLIC HEALTH UPDATE REPORT

Evon Currie, General Manager, Community & Public Health, presented this new style report which was taken as read. Ms Currie commented that this reporting is around 13 programme areas and what is taking place underneath these. She asked the Committee for feedback and any indications if any more information is required.

Discussion took place regarding research into LGBTQIA+ and it was noted that an Impact Assessment Tool is about to be completed in this area.

The Board Chair, Sir John Hansen, commented that the link to Primary Care and the Community is not always visible and should be more visible. He added that he would like to see targets and time lines included in the report. Ms Currie will look at appropriate time lines for inclusion in the report. Sir John also asked how success is seen and Ms Currie spoke about the Impact Assessment Tool.

Members are to feedback any further thoughts.

The Committee received the report.

The meeting adjourned for morning tea.

8. PLANNING & FUNDING UPDATE – QUARTER 2

Carolyn Gullery, Executive Director, Planning & Funding and Decision Support, presented this update. It was noted that this report is also provided to the Ministry of Health.

Discussion took place regarding the report and it was agreed that a summary table detailing the "at risk" (orange & red) items be inserted at the front of the paper with time lines where appropriate would be helpful.

Discussion took place regarding the number of women registered with an LMC by 12 weeks of pregnancy. A report will come back to the Committee around this.

Ms Gullery commented regarding the Breast Screening which was moved from the DHB to Breast Screen South.

The update was noted

9. INFLUENZA PLANS FOR 2020

Carolyn Gullery, Executive Director, Planning & Funding and Decision Support, also presented this report. She commented regarding the low uptake of free vaccinations for Maori and Pacific and it was noted that there is work taking place around how this can be improved. Ms Gullery also advised that the DHB has contracted with 65 Pharmacies to deliver vaccinations for measles and influenza for over 65's.

Discussion took place regarding access to bowel screening and it was agreed that this is about taking all of this range of services to the people. The need to ensure this is done in a culturally sensitive manner was also noted. It was noted that bowel screening comes with funding for high needs people.

The report was noted.

Sir John Hansen departed the meeting at 11.30am

10. TRANSALPINE STRATEGIC DISABILITY ACTION PLAN REFRESH

Jacqui Lunday-Johnstone, Director of Allied Health, Scientific & Technical, introduced this item. She advised that they have drawn on all the work that has been undertaken by Kathy O'Neill and have had some really good feedback on how the action plan should be delivered.

Kathy O'Neill, Team Leader, Planning & Funding, advised that as part of the refresh and commitment to the disability community it was decided to refresh the membership on the Disability Steering Group where the Maori and Pacific voices needed to be strengthened and it was exciting when nominations came in from many different disabled peoples organisations. It was noted that the Deaf Aotearoa put forward their Chief Executive paying a translator.

Discussion took place regarding having a larger group and Ms O'Neill commented that it worked well by breaking into smaller groups for discussion and it appeared to enable everyone to be heard.

Ms O'Neill advised that one of the big developments is that while Whanau Ora and Enabling Good Lives principles are not specifically included throughout the document she is receiving assistance to ensure that this takes place. It was acknowledged that the priority actions themselves do include these and that was acknowledged.

The update was noted.

11. STEP-UP PROGRAMME UPDATE

Kathy O'Neill, Team Leader, Planning & Funding, presented this update. She advised that the DHB is pleased that this service is continuing in Canterbury and also that it is now extending into Waimakariri and Ashburton. It was noted that moving to working directly with providers was signalled by MSD as a national approach.

It was noted that an update will be provided back to the Committee mid-year.

The update was noted.

12. CDHB WORKFORCE UPDATE

Tyler Brummer, People & Capability, presented the workforce update. He highlighted: the expanding programmes to enable people with disabilities to work in the DHB; the work undertaken around the collection of disability status and understanding the diversity of our people; a partnership with the University of Canterbury around researching our manager's attitudes towards employing people with disabilities; and the Accessibility Information working group which will inform some learning requirements.

Mr Brummer also spoke regarding Project Search and the learnings from that project. Discussion took place regarding the outcomes from this project and the importance of managing expectations.

The update was noted.

13. 2020 DRAFT WORKPLAN

The draft 2020 workplan was noted.

INFORMATION ITEMS

- Disability Steering Group Minutes
  - 25 October 2019
  - 22 November 2019
  - 24 January 2020

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

Confirmed as a true and correct record:

_____ _____

Jo Kane
Chair, CPH&DSAC

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**

PREPARED BY: **Kay Jenkins, Executive Assistant Governance Support**

APPROVED BY: **Justine White, Executive Director, Finance & Corporate Support**

DATE: **19 March 2020**

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

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 25 February 2020	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive - Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Rangiora IFHC Progress	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Equity Discussions	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Primary Health Discussions	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Burwood Spinal Unit	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	Chief Digital Officer Report	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). Protect the privacy of natural persons	s9(2)(j) S9(2)(a)
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.	2020\21 Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	s9(2)(j)
11.	Advice to Board: • QFARC Draft Minutes *3 March 2020*	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.