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, 15 April 2021 commencing at 9.30am

	Karakia		9.30am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 18 March 2021		
3.	Carried Forward / Action List Items		
Overview			
4.	Chair's Update (Oral)	Sir John Hansen *Chair*	9.35-9.40am
5.	Chief Executive's Update	Dr Peter Bramley *Chief Executive*	9.40-10.15am
Reports for Noting			
6.	Finance Report	David Green *Acting Executive Director, Finance & Corporate Services*	10.15-10.25am
7.	Advice to Board: • HAC – 1 April 2021 – Draft Minutes	Naomi Marshall *Deputy Chair, HAC*	10.25-10.30am
8.	Resolution to Exclude the Public		10.30am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.30am**

NEXT MEETING
Thursday, 20 May 2021 at 9.30am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

Dr Peter Bramley – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Savita Devi – *Acting Chief Digital Officer*
Dr Richard French – *Acting Chief Medical Officer*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Executive Director of Nursing*
Mary Johnston – *Chief People Officer*
Ralph La Salle – *Acting Executive Director, Planning Funding & Decision Support*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Hector Matthews – *Executive Director Maori & Pacific Health*
Dr Rob Ojala – *Executive Lead of Facilities*
Karalyn Van Deursen – *Executive Director of Communications*

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

BOARD ATTENDANCE SCHEDULE – 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **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**	**Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company. **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. **Upoko Rawiri Te Maire Tau of Ngai Tuahuriri** - Husband
Barry Bragg	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB.

	CMUA Project Delivery Limited - Director 100% owned by the Christchurch City Council and is responsible for the delivery of the Canterbury Multi-Use Arena project within agreed parameters. **Farrell Construction Limited** - Shareholder Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Farming** – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions. **Paenga Kupenga Limited** – Chair Commercial arm of Ngai Tuahuriri Runanga **Quarry Capital Limited** – Director Property syndication company based in Christchurch **Stevenson Group Limited** – Deputy Chairman Property interests in Auckland and mining interests on the West Coast. **Verum Group Limited** – Director Verum Group Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.
Catherine Chu	**Christchurch City Council** – Councillor Local Territorial Authority **Riccarton Rotary Club** – Member **The Canterbury Club** – Member
Andrew Dickerson	**Canterbury Health Care of the Elderly Education Trust** - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Canterbury Medical Research Foundation** - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Heritage NZ -** Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings.

	Maia Health Foundation - Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital. **NZ Association of Gerontology** - Member Professional association that promotes the interests of older people and an understanding of ageing.
James Gough	**Amyes Road Limited** – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating. **Christchurch City Council** – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/ Harewood Community Board **Christchurch City Holdings Limited (*CCHL*)** – Director Holds and manages the Council's commercial interest in subsidiary companies. **Civic Building Limited** – Chairman Council Property Interests, JV with Ngai Tahu Property Limited. **Gough Corporation Holdings Limited** – Director/Shareholder Holdings company. **Gough Property Corporation Limited** – Director/Shareholder Manages property interests. **Medical Kiwi Limited** – Independent Director Research and distribution company of medicinal cannabis and other health related products. In process of listing on NZX. **The Antony Gough Trust** – Trustee Trust for Antony Thomas Gough **The Russley Village Limited** – Shareholder Retirement Village. Via the Antony Gough Trust **The Terrace Car Park Limited** – (Alternate) Director Property company – manages The Terrace car park **The Terrace On Avon Limited** – (Alternate) Director Property company – manages The Terrace.
Jo Kane	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.

	NZ Royal Humane Society – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Christchurch City Council** – Chair of Disability Issues Group **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall	**College of Nurses Aotearoa NZ** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Ingrid Taylor	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB. **Manchester Unity Welfare Homes Trust Board (*MUWHTB*)** – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB. **Sir John and Ann Hansen's Family Trust** – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. • I / Taylor Shaw have acted as solicitor for Bill Tate and family. **The Youth Hub** – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 18 March 2021 commencing at 9.30am

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

CROWN MONITOR
Dr Lester Levy (via zoom).

APOLOGIES
There were no apologies.

EXECUTIVE SUPPORT
Dr Peter Bramley (Chief Executive); Savita Devi (Acting Chief Digital Officer); Evon Currie (General Manager, Community & Public Health); David Green (Acting Executive Director, Finance & Corporate Services); Becky Hickmott (Executive Director of Nursing); Mary Johnston (Chief People Officer); Ralph La Salle (Acting Executive Director, Planning Funding & Decision Support); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Hector Matthews (Executive Director, Maori & Pacific Health); Dr Rob Ojala (Executive Director of Facilities); Karalyn van Deursen (Executive Director Communications); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

APOLOGIES
An apology was received from Dr Richard French (Acting Chief Medical Officer).

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda
Barry Bragg – Carparking
Andrew Dickerson – Item 8, Waipapa L3 Terrace Garden

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

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

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Resolution (03/21)
(Moved: Aaron Keown/seconded: Ingrid Taylor – carried)

"That the minutes of the meeting of the Canterbury District Health Board held on 18 February 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward item was noted.

4. CHAIR'S UPDATE

Sir John Hansen, Chair, advised that there was one issue he wished to speak about and that is vaccinations and COVID-19, which is going to be an enormous task for the health system, particularly getting access to non-enrolled members of the community. He added that communications will be critical and while most of this is coming from the centre, there will also be local input. Sir John commented that this is probably one of the biggest things the DHB has faced.

The update was noted.

5. CHIEF EXECUTIVE'S UPDATE

Dr Peter Bramley, Chief Executive, took his report as read.

In regard to vaccine readiness, Dr Bramley agreed that this will be a whole of system response, with all of our partners and stakeholders playing a part if we are going to get to our whole community, particularly our most vulnerable. He added that there has to be an urgency about this. It is quite a task, with around 35,000 vaccinations per week, and we will need to mobilise a team with all of our partners and stakeholders active and engaged. Dr Bramley commented that we are still highly vulnerable as a community and he acknowledged the phenomenal work that Public Health teams and managed isolation teams are doing and the people who are keeping us prepared and ready in case of a resurgence should we get a community outbreak. He added that all of this work has to keep going at this time, it cannot be stopped. If we move to quarantine free travel, as indicated in the media, the reality is that this will put more work on our current teams in terms of keeping us all safe.

Dr Bramley advised that he had the privilege of attending the memorial service for those who were tragically killed and injured in the mosque shooting two years ago. He commented that this was an incredibly moving service and the courage shown by the Muslim community in that forum was amazing. He commented that he wished to acknowledge the phenomenal work that our teams undertook on that day and in the weeks and months following. You probably do not realise how significant the work is that is ongoing in terms of supporting that community and all of the networks that underpin that. These are enduring wounds with a generational impact.

Dr Bramley commented that he was pleased to introduce Mary Johnston to the Board. Mary, who brings phenomenal experience to the organisation, has accepted the role of Chief People Officer and started with us last week. He also advised that Becky Hickmott has been appointed Executive Director of Nursing and added that it is great to be in the position to get capability in leadership that reflects a core commitment to values. Dr Bramley acknowledged the contribution that people have made over a number of months supporting the organisation in interim roles.

Dr Bramley advised that he is in the midst of budget preparations, although we are behind in terms of process. He and David Green, Acting Executive Director, Finance & Corporate Services, are meeting with General Managers and teams individually to instil some consistent financial disciplines and rigour as part of that budget process and how we might live within our means and of course the savings and the investments that may be needed into 2021/22.

He commented that we have had good months financially in January and February. He added that a lot of our teams at the coal face are doing well with savings, however, as the Board is aware a fair chunk of the savings has been loaded to budget at the end of the financial year.

Dr Bramley advised that as he does not have the luxury of waiting for the new Executive Team to be in place, one of the things he has done to narrow the focus and has asked a firm called "Alma" to assist us to ensure we can identify significant savings. Most of the Accelerating our Future (*AoF*) staff have gone back into the business to sharpen the focus on identifying opportunities, doing the analytics and partnering with leads to ensure there is a sense of urgency and focus.

He advised that a Board Facilities Workshop will take place at the end of April and he is keen to have a discussion with the Board around where we are now in terms of our site planning as a whole and we are heading in the right direction. He commented that this is an evolving plan and we need to pause and reflect on this.

In regard to the valve defect at Waipapa, Dr Bramley advised that a solution has been found and we can now get on with some urgency to repair these before winter.

He went on to say that there are plenty of pressures in the health system and a number of us met with ED staff who are telling us that in the last six months about 50 additional patients per day are arriving at ED and this is also happing across the country. He advised that the challenge always in health is that the solution never sits in one place, the challenge sits in the system. As a result of this we will have a piece of work undertaken engaging with our Primary Care partners so we can work together to support less presentations coming through the door.

Dr Bramley commented that Waipapa is an amazing facility that we are still settling into and there are some patient and staff flow issues with some staff adding 30 minutes to an hour of additional walking time to their day. Dr Bramley advised that there are also some workforce challenges around anaesthetic technicians with a number of vacancies and three going on maternity leave, which makes us very vulnerable. This also highlights a national workforce shortage.

A query was made regarding Specialist Mental Health Services (*SMHS*) with the demand for Child & Adult Services seeming to ease in the latter half of 2020 which we are monitoring closely. This drop in demand coincides with our risk around staffing, so can we draw from this that we do not have the risk around staffing as we do not have the demand?

Dr Bramley commented that again this is a system picture. A lot of work has been undertaken around both resourcing and supporting staff and ensuring we are responsive in terms of delivering mostly outpatient care to those in that area. We should not underestimate that there is a significant investment going into the Primary Care space around Well Being Practitioners so hopefully we are getting resources closer to patients and families. He added that the challenge around assaults is largely in the intellectual disability area and we are ensuring that training is available there.

A query was made regarding pressures on the ED workforce and whether there has been an increase in sick leave and what morale is like. Dr Bramley commented that the team at certain times is certainly under pressure and this is why they came to speak with us to say that this is not sustainable and we need to get some system solutions and responses to try to support this. One of the things that this very much links to is our winter planning which is part of this. It was noted that there is some staff turnover taking place currently which does happen when an area is under pressure,

however, part of this is getting to know how the hospital works with a new layout in the midst of increased demand.

A query was made regarding a staff survey being undertaken. Dr Bramley agreed that it may be time for this, however, this needs to be part of a bigger picture which would go across the whole system. He added that he would like to have the permanent Executive Team in place before undertaking this.

A query was made regarding the COVID-19 vaccination roll out as to whether there is a down side around getting our staff to undertake this work. Dr Bramley advised that yes there is risk. Initially we are trying to get people who are dedicated to certain teams in the COVID response. He added that in the various pieces of the puzzle we have had to have a dedicated team and we also need to do this in the vaccination space as we cannot ask people to undertake multiple roles. In regard to risk for the broader health system, he commented that teams are doing really well but the population health space and some of the other prevention spaces are going to be one of our big challenges. In addition, we have an important school-based vaccination programme and also an MMR programme to close the gap for those that missed the measles piece. We also need to ensure that as we devote energy to the things that we have to do, that we do not create more inequity in those populations that are most vulnerable, so we are being very vigilant on this.

Dr Bramley added that we have been asked to track very carefully the costs around all of this work. The primary message is to get on and do it and then they will figure out how to get the funding to us.

The Board will be advised separately when the influenza vaccine will become available.

The Chief Executive's update was noted.

6. ALLIED HEALTH UPDATE – PRESENTATION

Dr Jacqui Lunday-Johnstone, Executive Director, Allied Health, Scientific & Technical, provided the Board with a presentation around the contribution of Allied Health to some of our system challenges and their values based, values driven approach.

Dr Lunday-Johnstone provided the Board with some data on Allied Health's shared context with the rest of New Zealand and then focused on some exciting opportunities for Allied Health in Canterbury around shifting our treatment of ill health to sustaining health and preventing ill health.

Dr Lunday-Johnstone introduced Charlene Tan-Smith, the specialist dietitian who has led the creation of the Ketogenic Dietary Therapy (*KDT*) Service in Canterbury and the extension of this programme to the rest of the South Island.

Ms Tan-Smith advised that they treat children in the South Island who have refractory epilepsy using medicalised Ketogenic Therapy. She explained that children with refractory epilepsy can have hundreds of seizures a day and do not respond to anti-epileptic drugs. This is a profoundly disabling condition as:

- it is life limiting and leads to considerable disability and in some cases death to the child;
- is destressing for both child and whanau;

- although the number of patients is relatively small - irrelevant of the outcome, the impact is significant; and
- when drugs do not work, the ketogenic therapy is the last resort. Before the South Island service, the only option was drugs in New Zealand.

Ms Tan-Smith provided the meeting with the history of Jake, a three year old boy who went from 100+ seizures a day to seizure free and enjoying life due to his KDT.

Sir John thanked Dr Lunday-Johnstone and Ms Tan-Smith for their presentation.

The meeting adjourned for morning tea between 11.15am and 11.30am.
Catherine Chu retired from the meeting at 11.15am.

7. COMMUNITY WATER FLUORIDATION POSITION STATEMENT

Evon Currie, General Manager, Community & Public Health, introduced Dr Martin Lee, Clinical Director, Community Dental, and Dr Daniel Williams, Public Health Physician, who were in attendance for this item.

Ms Currie advised that this Position Statement was first created in 2003 and has gone through a process with the Executive Management Team and also the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*) who have recommended it to the Board for approval.

Ms Currie advised that CPH&DSAC had made an addition to the statement: "CDHB believes fluoridation should be NZ wide".

A query was made regarding the negative side effects of having fluoride in the water. Dr Lee advised that these are continually revised internationally, with the latest published review being done in 2014 which covers all of the alleged side effects and also the known adverse effect. One of these is dental fluorosis, however, this has never been an issue of public health concern in New Zealand.

A query was also made regarding funding and it was noted that funding is a political decision. Currently, for the local authorities that do fluoridate their water, it is paid for by the rate payers in those areas. Initially the government had a subsidy scheme for this purpose. This scheme has been discontinued, however, we would expect that there would be some support for funding this. It was noted that the focus of this Position Statement is as a health issue from a public health point of view.

Sir John commented that today we are being asked to adopt the reviewed Position Statement, not looking at implementation.

Dr Lester Levy, Crown Monitor, commented that fluoride naturally occurs in water and New Zealand levels are relatively low. He added that one of the weaknesses is that there has not been a randomised control study around this and if people are serious about equity this is a no brainer with the science being pretty compelling.

A point was raised that the main cause of tooth decay in our community is not the low levels of fluoride in our water supply, it is the amount of sugar that people are consuming, and fluoridation does nothing to reduce the consumption of sugar and does nothing to address other pressing health

problems like obesity and diabetes. Discussion took place briefly around a sugar tax.

Resolution (04/21)
(Moved: Aaron Keown/seconded: Naomi Marshall – carried)
(James Gough abstained)

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

i. adopts the reviewed Position Statement on Community Water Fluoridation."

8. WAIPAPA L3 TERRACE GARDEN

Dr Rob Ojala, Executive Director for Facilities, presented the report, which was taken as read. He advised that this has come to the Board due to the use of "charitable funds". He added that the Māia Health Foundation is not looking for the DHB to underwrite the project.

Sir John asked that the Board's thanks be passed to the Māia Health Foundation.

Resolution (05/21)
(Moved: Aaron Keown/seconded: Ingrid Taylor – carried)

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

i. approves the use of up to $150,000 donated funds to commence Waipapa Level 3 Terrace Garden stage 1 works, including placement of privacy and tree planters, noting that Māia have already raised these funds;
ii. approves the use of a further $150,000 donated funds to commence Waipapa Level 3 Terrace Gardens stage 2 works, noting that stage 2 will only proceed when the funds are available from Maia;
iii. notes the funding source will be donations from Māia and of time and/or services; and
iv. notes that no work will commence until funding is confirmed and suitable contracts for pro bono services are in place."

9. FINANCE REPORT

David Green, Acting Executive Director, Finance & Corporate Services, presented the Finance Report for the month of January, which he advised had been discussed in detail at the last Quality, Finance, Audit and Risk Committee (*QFARC*) meeting. He advised that the business as usual (*BAU*) results, excluding Holidays Act compliance and COVID are favourable.

He highlighted Appendix 1, which is a report sent to the Ministry of Health (*MoH*) monthly by all DHBs. In regard to liquidity, Mr Green advised that we have sufficient funds in the bank at the moment and he does not expect to have to use our overdraft facility until at least Q2 of the next financial year.

Sir John commented that our efforts around financial sustainability will not be judged on Holidays Act or COVID expenses.

The comment was made that the other government policy that could impact on us is pay equity decisions and a query was made as to whether we should make the assumption that the government would fully reimburse us for those costs? Dr Bramley commented that in the management and admin space they are indeed funding this.

A member asked for a sense that the figure at the end of the financial year will be inclusive of COVID and Holidays Act or will this be deducted. Dr Bramley commented that between ourselves and the MoH we are very clear around what our current position is in terms of the budget that has been set and how we are tracking to that budget at a BAU level, as well as what the impacts in addition are around the Holidays Act and COVID. The total deficit position, if we meet our budget, will be greater than $145M plus the costs of COVID and Holidays Act. Our biggest challenge is that we are struggling to get to the $145M, because we are struggling to identify more savings and also because we have loaded our budget in the second half of the year with savings which we do not have plans to deliver. The good news is that we are communicating regularly with the MoH around this to ensure that everyone understands where we are.

A request was made for more information to be provided around the BAU financial risks.

Dr Levy commented that it would be really good if we could more clearly demonstrate our financial results separated from the COVID and Holiday Pay issue.

The Finance Report was noted.

10. ADVICE TO THE BOARD

Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*)
Aaron Keown, Chair, CPH&DSAC, provided an update to the Board on the Committee meeting held on 4 March 2021. He advised that there was quite a bit of discussion around the Fluoridation Position Statement that was approved by the Board earlier in today's meeting.

There was also a presentation by Debbie Sorensen, CEO, CCT, Pasifika Medical Association/ Pasifika Futures Ltd around CDHB's Pacific Health Strategy and Implementation Plan – targets and indicators.

The CPH&DSAC draft minutes were noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (06/21)
(Moved: Ingrid Taylor/seconded: Gabrielle Huria - 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 public excluded meetings – 18 February 2021	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)

3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	2021/22 First Draft Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Cardiac Cath Lab 2 Replacement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	CDHB Asbestos Management Survey & Remediation	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	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 • QFARC Draft Minutes *2 March 2021*	For the reasons set out in the previous Committee agendas.	

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

The Public meeting concluded at 12.10pm

_____ _____

Sir John Hansen, Chair Date of approval

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 15 APRIL 2021

DATE	ISSUE	REFERRED TO	STATUS
15 Oct 20	Review of CDHB/Manawhenua MOU	Dr Peter Bramley	Under action.
18 Mar 20	Leadership Programme – outcomes and financial implications	Mary Johnston	Today's Agenda – Item 8 PX
18 Mar 20	Sick leave growth	Mary Johnston	Today's Agenda – Item 8 PX

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

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

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

DATE: **15 April 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing the latest update and overview of key organisational activities and performance from the Chief Executive to the Board of the Canterbury DHB. Content is provided by Operational General Managers, Programme Leads, and the Executive Management Team.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

3. DISCUSSION

COVID UPDATE

Vaccination: Canterbury is behind on delivery when compared to MoH expectations, but we have developed a plan to meet the delivery timeframe by vaccinating the expected 92,000 people by the end of June. MoH has started publishing vaccination details – comparative to other DHBs we are mid-range and will be growing in coming weeks.

Cumulative vaccinations by DHB

DHB of vaccination site	First dose administered	Second dose administered
Auckland *	5362	820
Bay of Plenty	1436	272
Canterbury	3978	1422
Capital and Coast	4692	442
Counties Manukau *	24306	11240
Hawke's Bay	905	314
Hutt Valley	2386	0
Lakes	1031	416
MidCentral	161	0
Nelson Marlborough	4360	655
Northland	837	314
South Canterbury	1072	313
Southern	3733	425
Tairāwhiti	374	246
Taranaki	1087	228
Waikato	4628	1351
Wairarapa	0	0
Waitematā *	3294	0
West Coast	0	0
Whanganui	60	0
Unknown	0	0
Other sites	7311	815
Total	**71013**	**19273**

Some pertinent detail listed below on progress.

- **Leadership and oversight** - We are establishing a CIMS (Coordinated Incident Management Structure) structure to focus effort, increase pace and ensure we have system priority to direct resources and support to deliver on the plan. This includes clinical leadership across the system, Māori and Pasifika leadership, alongside dedicated programme and operational support. We are

increasing the capacity of this team and are currently focused on appointing a logistics lead and further dedicated project management.

- **Equity** – Our Waitaha COVID-19 vaccination leadership has strong Māori leadership that ensures connection with Te Ohu Urupare; our Māori leadership crisis response group that supports our Canterbury health system to give authentic effect to our Te Tiriti obligations. Te Ohu Urupare provides a collective Māori voice in an emergency response, with membership across manawhenua, Māori providers, Maata Waka, PHO, Te Puni Kōkiri, Te Rūnanga o Ngāi Tahu, Māori clinicians, Māori academics and DHB. We are working in partnership with Kaupapa Māori providers, Manawhenua, Māori community and other Māori organisations, to plan a distributed model of COVID-19 vaccination delivery that supports equity and gives effect to our Te Tiriti obligations across our whole health system. Pasifika leadership is also a part of the COVID-19 vaccination leadership and is establishing a collective of Pasifika leaders similar to Te Ohu Urupare.

- **Our plan April - end June 2021** scales from small and responsive service for border workers (completes 9 April) to:
    - Establishing three mass vaccination clinics (one in place at Burwood now with increased capacity from 12 April, second at Orchard Road starts 14 April and third at The Princess Margaret Hospital from 1 May). These clinics will continue to vaccinate household contacts (Tier 1b) and provide vaccination to primary care and community healthcare workforce (Tier 2a and b) as well as at risk populations in Tier 2c and 3 where it is appropriate for them to attend a clinic setting.
    - starting a community/primary care service of designated clinics (4x from 19 April, builds to 13 in total from 17 May)
    - DHB staff – vaccination starts from 14 April and will deliver two doses in six weeks across our Tier 2a) 2b workforce
    - Aged Residential Care – scheduled to start 17 May

We are investing and establishing the infrastructure that will allow scale in volume of delivery and utilisation of existing workforce, noting that we are likely to need to draw away from BAU in some places to deliver this programme across 7 days per week until 31 December. Work is in progress to understand what BAU impacts will be for this workforce.

Quarantine Free Travel (*QFT*): As announced QFT begins on 19 April. We are working to develop the workforce and procedures required to meet planes arriving from Australia. These, like other aspects of the COVID programme, are being developed at pace.

Managed Isolation and Quarantine (*MIQs*): MIQs have been operating at capacity with no incidents. MIQs will be looked at as part of the QFT system and we are anticipating that Canterbury will provide some of the contingency beds for this service.

Resurgence Planning: Our Emergency Management team is working with all departments and external areas to ensure that our resurgence plans are up to date in case any are needed.

CHIEF EXECUTIVE'S UPDATE

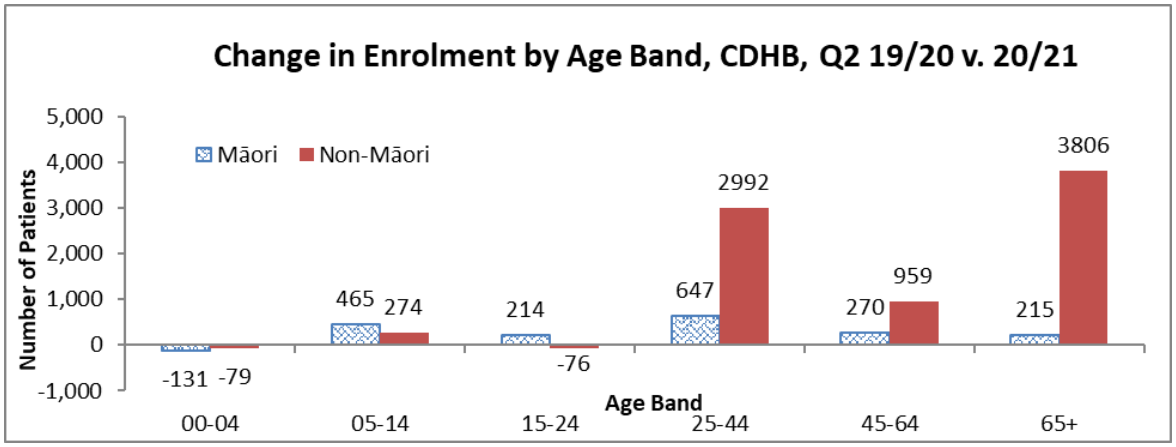
Canterbury District Health Board
Te Poari Hauora o Waitaha

MĀORI AND PACIFIC HEALTH

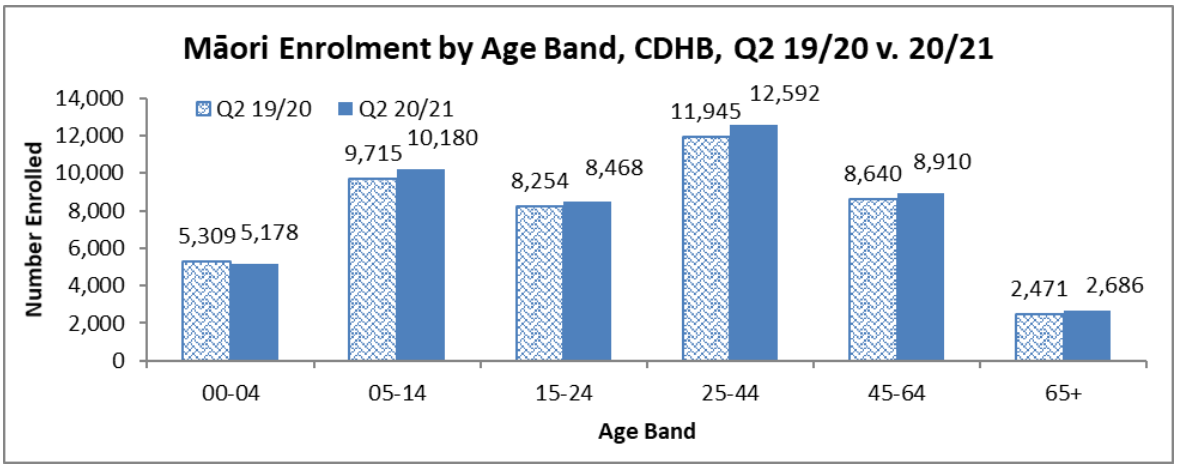
Performance Highlights

Raraunga Whakauru Enrolment Data: Patient enrolment data held within each Primary Health Organisation is instrumental in monitoring the Māori population in Canterbury. Trends across the PHOs and between Māori and non-Māori can be charted each quarter.

A positive increase in Māori enrolment (+0.5%) within the DHB this quarter, along with increases in enrolments of non-Māori (+0.3%).



Graph 1: Māori enrolments have risen in all age bands, except 00-04, whilst the non-Māori population has grown in all age bands, except 00-04 and 15 to 24. Overall, Māori enrolment is up 3.6% year on year compared to +1.6% in non-Māori.



Graph 2: The highest increase for Māori enrolments in absolute numbers is the 25-44 age band (+647) and the biggest % change is the 65+ age band (+8.7%) whilst the lowest % increase is in the 00-04 age band (- 2.5%).

Tamariki Ora Before School 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 and the vision & hearing testing component by the Canterbury DHB.

The second quarter of the 2020-2021 financial year shows good progress with 91% of eligible Māori tamariki having had their full (Nurse Assessment and Vision and Hearing) B4 School Check.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

PRIMARY AND COMMUNITY SERVICES

Performance Highlights

Increased Support for Kaupapa Maori Withdrawal Management: Planning and Funding has been working with the regional AOD leads to develop a model to increase the availability of detox services in local areas. The Ministry of Health is supporting this work and funding has been made available to each district according to the model developed. Canterbury is providing a regional clinical coordinator to support the work across the South Island and locally we have added to our current community capacity by creating a new position at He Waka Tapu, a Kaupapa Maori provider of local and regional Kaupapa Maori services. This new model will provide increased support for our Maori population and help to reduce the need for people to have to move out-of-district to access support.

Mental Wellbeing – Wait Times for young people: The team have supported the recent NGO bid for national community/primary mental health and addictions funding, which was successful. This will offer additional support to young people in our community which is expected to result in fewer referrals to the DHB's Child and Family Services and/or shorter stays because of increased access to community services. This is also expected to have a positive impact on AOD service wait times. The DHB also continues to support the rollout of Te Tumu Waiora and the provision of Brief Intervention Services in general practice to enable earlier intervention.

Primary Care - Smoking Cessation: Improving results are largely driven off the Pegasus PHO results (75% of our population). This performance measure has been dropping off for the last year and after collaborative discussions with the three PHOs, it is positive to see significant improvements in the last quarter, with the brief advice being given increasing by almost 5%. Several key actions have been agreed to improve the smoking cessation results in Canterbury including filling key vacancies, staff returning from COVID work, IT improvements, and education sessions.

Primary Care - Cervical Screening: Our current performance has highlighted the number of people accessing screening over the last two years and has been significantly impacted by the COVID-19 lockdown and higher alert levels when women were not coming to general practice. The national rate is similar. The team has requested advice from the Ministry to understand where there are pockets of improved performance around the country to identify opportunities to improve screening rates here – particularly for our Maori and Pacific women.

Equity

Supporting Equity Through HealthPathways: The HealthPathways team are working closely with the Planning & Funding's Clinical Lead for Māori Health to develop a toolkit to apply to all HealthPathways to ensure the content considers equity for Māori and encourages general practice to think about inequities when following the pathways. We are also developing a Maori Health Services pages that outlines all the different Hauora Māori services available in Canterbury to raise awareness amongst referrers by promoting these service option. An increasing number of our Māori service providers have also recently been set-up with ERMS so they can receive referrals directly from general practice, which has been a barrier in the past.

Areas of Focus

Supporting ED Radiology Request Tracking: The Decision Support team supported the development of an ED Radiology dashboard in February. This allows ED to monitor their Radiology ordering volumes and drill through to areas of interest to review rates of ordering and identify any areas of concern that need to be addressed. This information will support improved clinical processes but also the sustainability of the service by reducing unnecessary radiology ordering.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

Te Tumu Waiora Rollout: The Te Tumu Waiora rollout continues to gain momentum. The Health Improvement Practitioners and Health Coaches model is established with the service in place in 24 general practices in Canterbury at the end of February 2021.

PATIENT SAFETY, QUALITY & IMPROVEMENT

Performance Highlights

Certification Next Audit: The Canterbury DHB full Health and Disability Services Certification Audit is taking place in the week of the 28 June 2021. This is a full audit Certification Audit. Detail of timetable with the different tracers is expected.

Hand Hygiene: For the thirteenth consecutive audit period the HHNZ/HQSC 80% hand hygiene threshold has been exceeded with 84.7% (5263 moments) for the audit period 1 November 2020 – 28 February 2021.

MEDICAL / SURGICAL SERVICES

Performance Highlights

There has been a sharp uplift in presentations to the Emergency Department from October 2019, pre-dating the transition to Waipapa. Work is underway to address this through a range of approaches throughout the Canterbury health system.

A collaborative project, "Making Waipapa Flow", involving stakeholders from across the system is being developed to improve patient care and flow. One initial focus is on identifying cohorts of patients who are best managed outside the hospital and working with referrers (including Lead Maternity Carers, General Practitioners and others) to make them aware of Health Pathways and other management options. Other areas of activity focus on flow through and out of the ED.

Planned care: At the end of February CDHB was 7 planned surgical discharges behind the phased target, having provided 12,183 against a target of 12,190 after having been ahead of target at the end of December. Planning and Funding, Operational and Production Planning teams are working together to forecast capacity over the remainder of the year as a part of planning to ensure that we successfully deliver against these targets.

At the end of February CDHB is exceeding target for minor procedures in hospital settings having delivered 1,566 as inpatients (604 ahead of target) and 7,511 as outpatients (2,528 ahead of target).

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

Use of Theatre Capacity

Measure	Number Dec-19 to Feb-20	Number Dec-20 to Feb-21	Change (%)
Theatre events - whole of system			
In house planned (i.e. Christchurch and Burwood, arranged and elective)	3,725	4,102	10%
Outsourced/Outplaced planned (arranged /elective)	1,088	490	-55%
Subtotal planned	4,813	4,592	-5%
Christchurch and Burwood acute	2,250	2,291	2%
Total in house theatre events	**5,975**	**6,393**	7%
Total Theatre events	**7,063**	**6,883**	-3%

Outplaced operating ceased from 7th December (except for Dental which continued until 25th February).

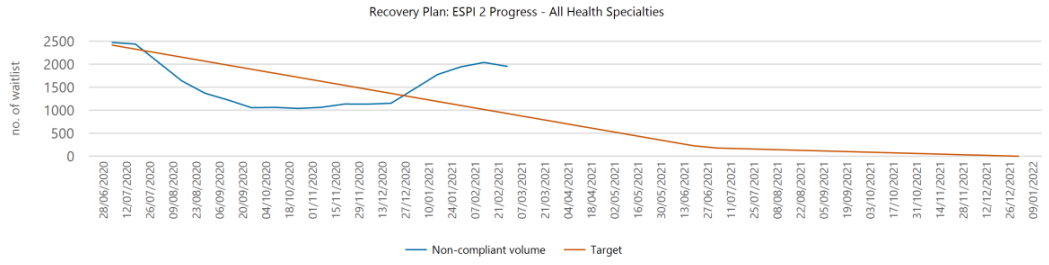
NICU Occupancy

Measure	Number Dec-19 to Feb-20	Number Dec-20 to Feb-21
Number of days NICU 10am occupancy >44	46	71
Number of days NICU 10am occupancy >50	5	23

During February 10am occupancy of neonatal intensive care was 50 or more against a resourced capacity of 44 for 50% of the month and was only less than 44 on one day. This occupancy does not include mothers and babies that are overflowed to maternity, paediatric beds or to other units around New Zealand. Women's and Children's leadership is assessing the care of this group of patients and the associated risks.

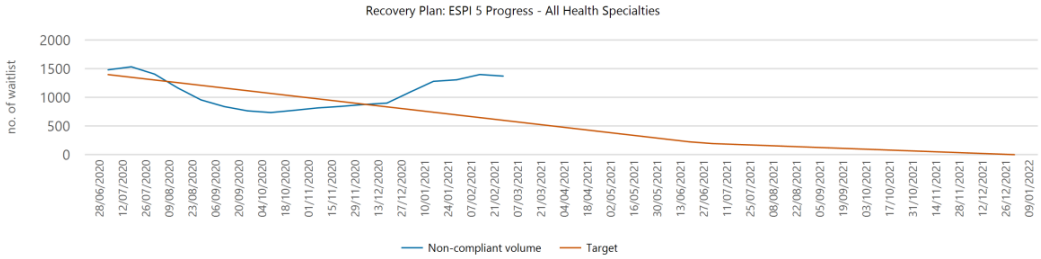
The CDHB Improvement Action Plan 20/21 provides a weekly target for the number of patients waiting longer than 120 days for First Specialist Assessment. There are 1,956 people waiting for longer than 120 days against an overall target of 930. Services are aware of and committed to meeting the plan's ultimate target and there are a multitude of actions now occurring. A similar pattern applies to ESPI 5 – which relates to waiting time for surgery or other treatment.

Reducing Our Longest Waits for Treatment: A piece of work is being undertaken to identify patients who have a long wait time (for elective surgery) and understand the underlying system issues which are leading to these wait times.



CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha



Electronic Delivery of Outpatient Clinic Letters: We are trialling the electronic delivery of outpatient clinic letters to GPs via General Surgery and over 1,000 letters have been sent so far.

Virtual PPE donning and doffing (Via Innovations): Indirect cost savings include Canterbury DHB being the first DHB to pilot virtual PPE donning and doffing in a training and education environment that has now attracted additional DHB and MIQ interest.

Quality and Safety
The Ministry of Health's response to the October-December 2020 Maternity Quality Safety Programme (*MQSP*) quarterly report was complimentary. It acknowledged that there are many projects on track or completed. Specific mention was made of the Misoprostol induction of labour protocol and a desire to follow the Canterbury experience of its ongoing impact on the primigravida caesarean section rate along with the engagement that is underway with Indian communities.

Equity
Bronchiectasis hospitalisations have increased by 45% over 15-years. Pasifika are six times and Māori three times more likely to be hospitalised compared with Pākehā. A re-designed bronchiectasis clinic has been in place for 12 months. This clinic is achieving its aim of improving the treatment of this group of patients, making the process more acceptable for patients and ensuring they are safe to return home sooner. Given its disproportionate impact on Māori and Pasifika it contributes to equity. Along with the patient centred improvement the reduced length of time spent in hospital is estimated to have released $60k of value.

Workforce
Leave Care: Within the Medical Surgical division, 650,387 hours of annual leave were taken between July 2020 and February 2021, an increase of over 60,000 hours on the same period year earlier. The number of people in the division with Annual Leave Balances >100 days has reduced to 16, it was 26 at the end of September and 22 at the end of November.

Within Women's and Children's, 125,615 hours of annual leave were taken between July 2020 and February 2021, 18,690 hours more than the same period in the previous year.

Emerging Priorities
National Bowel Screening Programme: Although the National Bowel Screening programme had a relatively soft launch in Canterbury and is still in its early stages, participation is nearing 56% - close to the target of 60%.

At the end of February 101 diagnostic procedures have been carried out as a result of positive screening tests leading to the diagnosis of eight cancers that would have otherwise not been identified until after they became symptomatic. This will contribute to reducing the mortality associated with bowel cancer in Canterbury and will also result in less complex surgery being required and reduce demand on other services including Oncology.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

Regional Impacts on Demand for Services at Christchurch Hospital: Canterbury DHB Radiology Services have received multiple approaches to assist with provision of support for services in other districts. These include:

- **SDHB Interventional Radiology** has been unable to recruit as planned and has significant gaps in its roster. CDHB will provide interventional radiologists to cover roster gaps in Southern DHB for two weeks during February.
- **The acute stroke clot retrieval pathway** requires significant diagnostic imaging review. The team of radiologists in Christchurch provides ongoing regional support for diagnostic imaging review, as well as being an integral part of the regional stroke clot retrieval interventional site.
- CDHB is covering rapid review and reporting of acute stroke pathway imaging for SCDHB and WCDHB.
- CDHB is covering rapid review and reporting of SDHB 24/7 acute stroke pathway imaging for sites outside of Dunedin.
- **CCDHB acute stroke clot retrieval** interventional service –has had ongoing cover issues and has for some time sought support from CDHB to take transfers.
- **Acute Spine surgery from NMDHB.** Is increasing demand for acute spinal radiology for CDHB Radiology.

Risk Management Update

Anaesthetic Technician Capacity: There is currently a shortfall of Anaesthetic Technician capacity against the requirements of the schedule for work within and outside of theatres. Recruitment attempts see two new employees are expected from the UK in April.

Patient Experience of the Waipapa Building: In the period December to February the adult patient experience survey feedback was reviewed in relation to the in-patient areas within Waipapa. The analysis focused on patient experience of the actual facilities. A total of 1,295 patients responded. The highest rating question overall was in relation to cleanliness with an overall rating of 95%. This compares to 65% for Christchurch Hospital in the period August to October 2020. Many patients commented on how clean and modern the building felt.

In house provision of Bariatric Surgery services: It has long been planned to repatriate this surgery and the associated dietetic care in house. The recent Planned Care additional funding package has provided an opportunity to begin the process of bringing this work in house and the opportunity to develop internal processes and competency in delivery services associated with bariatric surgery.

SPECIALIST MENTAL HEALTH SERVICES (SMHS)

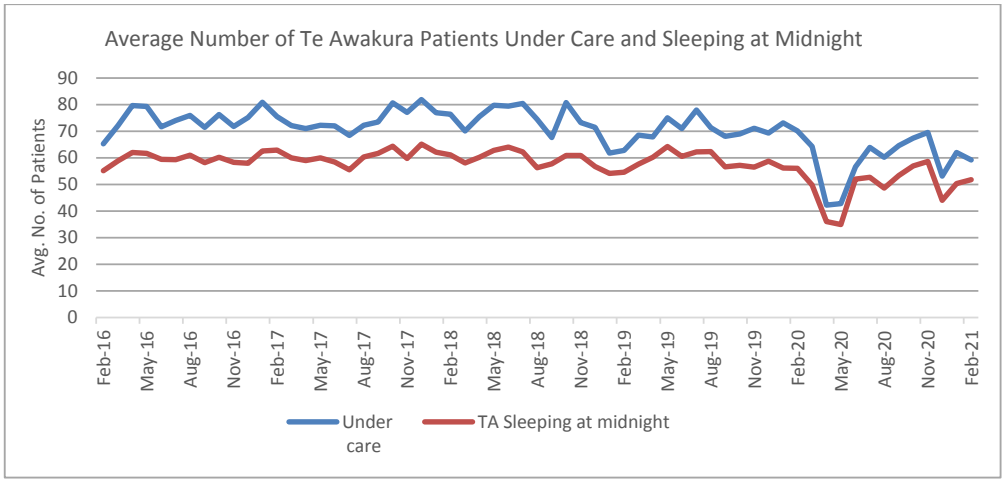
Performance Update

In February there were 171 admissions to Specialist Mental Health Services and 14,852 contacts with 4,269 individuals.

Adult Acute: Occupancy of adult services remains relatively high, however some Covid-related gains have been embedded with a decrease in occupancy due to better integration with community services, allowing greater therapeutic time with those on the wards.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha



NURSING

Performance Highlight

Care Capacity Demand Management team: This team has four key programme areas:

- Patient acuity tool (Trendcare),
- Variance response management,
- Core data set
- FTE calculations following 12 months of data.

We have now implemented Trendcare in 100% of our inpatient areas with the last day patient areas due to go live in April.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Equity

Growing our Māori and Pasifika Workforce: This year there has been a significant increase in the number of new graduate Māori and Pasifika nurses successfully applying to the Canterbury Health System's Nursing Entrance to Practice (NETP) programme.

NETP supports nursing graduates as they begin their careers in clinical practice. The NETP intake starting 21 February had a deliberate focus on recruiting Māori and Pasifika nurse graduates into the Canterbury Health System. The Directors of Nursing and NETP team guaranteed an interview for all Māori and Pasifika nurse graduates who applied. As a result, 13 Māori and five Pasifika nurses started working with us last month – the highest number for any single NETP intake.

FINANCE REPORT 28 FEBRUARY 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Dr Peter Bramley, Chief Executive**

DATE: **15 April 2021**

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 consolidated financial result for February **excluding** the impact of Covid-19, Holidays Act compliance, and loss on sale of the carpark is favourable to plan by $106k (YTD $2.458M favourable);
ii. notes that the YTD impact of Covid-19 is an additional $1.143M net cost;
iii. notes that the YTD impact of the Holidays Act compliance is an additional $11.801M expense, and the full year impact is estimated to be $18.470M; and
iv. notes the loss on sale of the carpark is $4.235M.

3. FINANCIAL RESULTS EXECUTIVE SUMMARY

Summary DHB Group Financial Result

The table below provides the breakdown of the net (revenue less expenditure) February result:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	(0.012)	(0.000)	(0.012)	0.129	(0.000)	0.129
Funder	5.317	2.092	3.225	(41.194)	(45.530)	4.336
DHB Provider	(10.883)	(7.776)	(3.107)	(49.837)	(47.831)	(2.006)
Canterbury DHB Group BAU Result	**(5.578)**	**(5.684)**	**0.106**	**(90.903)**	**(93.361)**	**2.458**
Covid-19 & Holidays Act & One-off	4.124	0.000	4.124	17.178	0.000	17.178
Canterbury DHB Group Result	**(9.702)**	**(5.684)**	**(4.018)**	**(108.081)**	**(93.361)**	**(14.720)**

4. KEY FINANCIAL RISKS

Savings plans – Although we are progressing well with our phased savings plans to date, it is unlikely that we will substantively achieve these savings as the savings plans were phased

to increase significantly from January 2021. Actual savings have not reached the level expected and it is likely that we will not substantively achieve these savings.

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

Covid-19 – the forecasted impact of Covid-19 on CDHB's performance is dependent on a number of uncertain parameters. The forecast is based on current available information and does not include provision for additional revenue and costs that could result from a community outbreak or the recent change in Covid Alert Levels.

CDHB is managing six Managed Isolation Quarantine Facilities (*MIQFs*) and also providing support for contact tracing and testing.

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

Certain new **Ministry of Health initiatives** have cost implications for CDHB (eg, the impact of the national bowel screening programme, as noted in previous months will crystallise this year).

5. APPENDICES

Appendix 1: Financial Results **including** the impact of Covid-19 and Holidays Act compliance
Appendix 2: Financial Result before indirect revenue & expenses **excluding** Covid-19 and Holidays Act compliance
Appendix 3: Group Income Statement
Appendix 4: Group Statement of Financial Position
Appendix 5: Group Statement of Cashflow

APPENDIX 1: FINANCIAL RESULTS INCLUDING THE IMPACT OF COVID-19 AND HOLIDAYS ACT COMPLIANCE

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

	Period to date								Year to date							
February 2021 Results	Month Actual $000	Month Budget $000	Month Variance F/(UF)	Covid-19 $000	Holidays Act $000	Other One Off	BAU Actual Result	Underlying Variance	YTD Actual $000	YTD Budget $000	YTD Variance F/(UF)	Covid-19 $000	Holidays Act $000	Other One Off	YTD BAU Actual Result	Underlying Variance
MOH Revenue	(163,466)	(162,732)	734	(139)			(163,326)	594	(1,315,733)	(1,301,860)	13,873	(9,071)			(1,306,662)	4,802
Patient related revenue	(6,015)	(4,546)	1,469	(1,139)			(4,876)	329	(47,091)	(36,711)	10,380	(9,140)			(37,951)	1,240
Other Revenue	(4,020)	(3,521)	499	(1,126)			(2,895)	(626)	(33,251)	(33,057)	194	(8,859)			(24,392)	(8,665)
Total Operating Revenue	(173,501)	(170,799)	2,701	(2,404)	-	-	(171,097)	297	(1,396,075)	(1,371,628)	24,447	(27,070)	-	-	(1,369,005)	(2,623)
Employee expenses	83,052	79,360	(3,691)	1,350	1,475		80,227	(866)	665,762	642,785	(22,976)	10,126	11,801		643,835	(1,050)
Treatment Related costs	14,337	13,705	(632)	495			13,842	(137)	117,422	109,970	(7,452)	5,656			111,765	(1,795)
External Provider costs	61,950	61,594	(356)	40			61,910	(316)	561,092	550,316	(10,776)	10,184			550,908	(592)
Other Expenses	10,135	10,447	312	185			9,950	497	82,617	86,050	3,433	2,246			80,371	5,680
Total Operating Expenditure	169,474	165,106	(4,368)	2,071	1,475	-	165,928	(822)	1,426,893	1,389,122	(37,771)	28,212	11,801	-	1,386,879	2,242
Operating result (Surplus) / Deficit	(4,027)	(5,693)	(1,666)	(334)	1,475	-	(5,168)	(525)	30,817	17,493	(13,324)	1,143	11,801	-	17,874	(380)
Total Indirect revenue and expenditure	13,728	11,377	(2,351)	-		2,982	10,746	631	77,264	75,867	(1,396)	-		4,235	73,029	2,839
Total - (Surplus) / Deficit	9,702	5,684	(4,018)	(334)	1,475	2,982	5,578	106	108,081	93,361	(14,720)	1,143	11,801	4,235	90,903	2,458

Covid-19

MoH revenue: In total, $13.6M of specific funding is available in 2020/21 for the Covid-19 response.

MOH revenue does not cover all of the external provider costs incurred to date, which relate mainly to community surveillance and testing. $9.1M has been recognised as revenue against expenditure of $11.4M YTD February. The shortfall of $2.7M is primarily driven by Covid-19 surveillance and testing. Expenditure incurred in January and February 2021 is currently unfunded, however we expect to receive further funding in 2021.

Patient related revenue includes revenue for MIQFs. This funding covers our incremental costs provided our occupancy remains high.

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

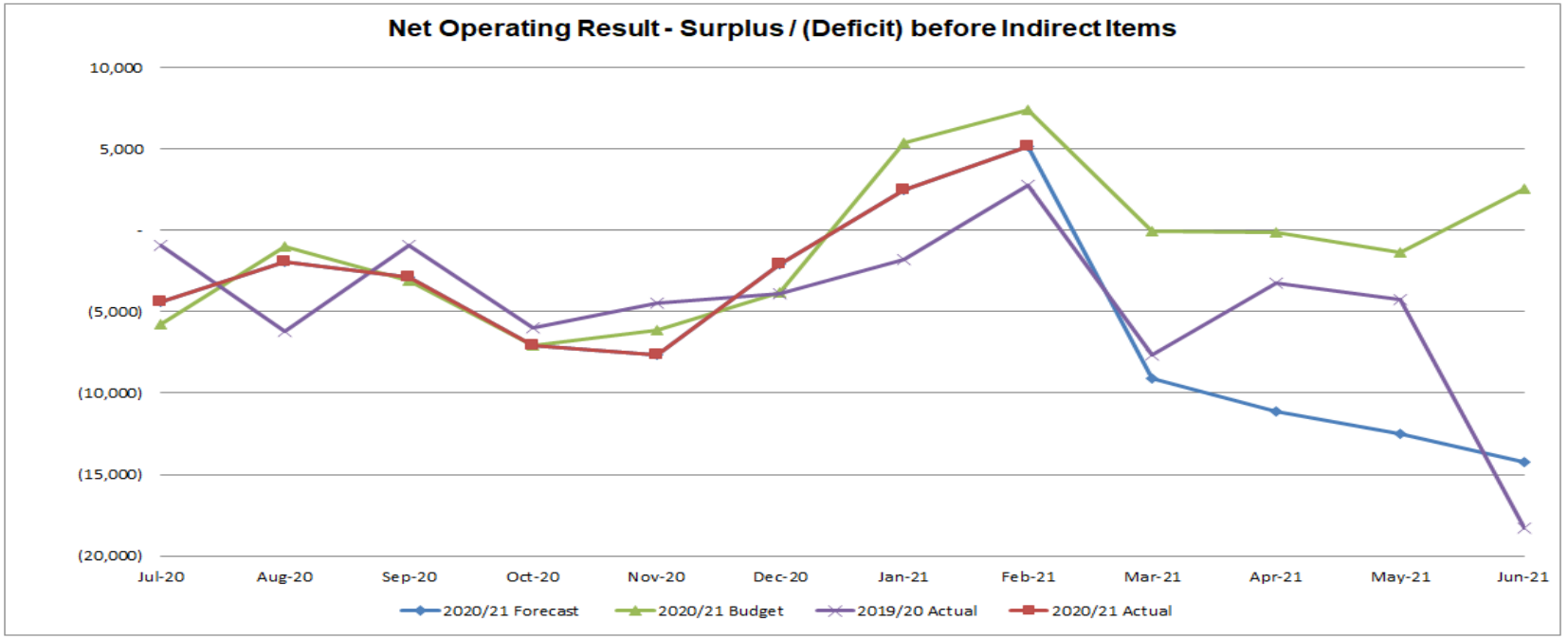
Personnel costs for Covid-19 mainly relate to the running of the MIQFs as well as lab testing.

Covid-19 vaccination programme: We have started to roll out the vaccination programme for border and MIQF staff in Canterbury. Work will continue as we move through to vaccination of all health workers and the general public. There is an assumption that these costs will be fully funded by the MoH.

APPENDIX 2: FINANCIAL RESULT BEFORE INDIRECT REVENUE & EXPENSES (excluding Covid-19, Holidays Act Compliance and loss on sale of the staff carpark)

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 28 FEBRUARY 2021

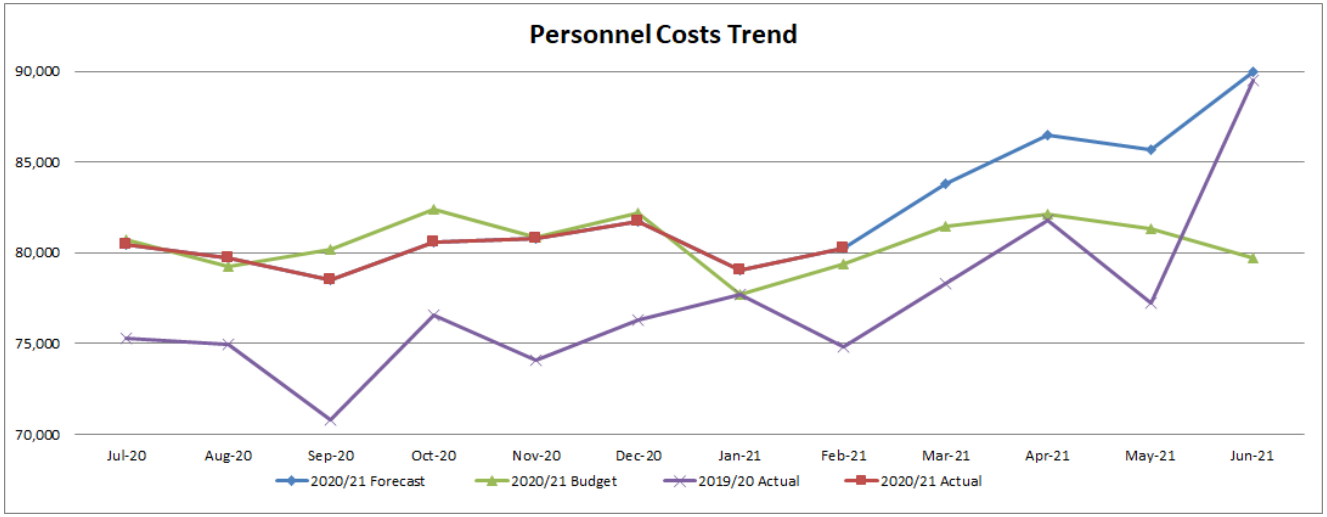
	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2019/20 Actual $'000	Yr End Budget $'000
Surplus/(Deficit) before Indirect items	5,168	5,693	(525)	-9% ✗	(17,874)	(17,493)	(380)	2% ✗	(51,601)	(23,257)

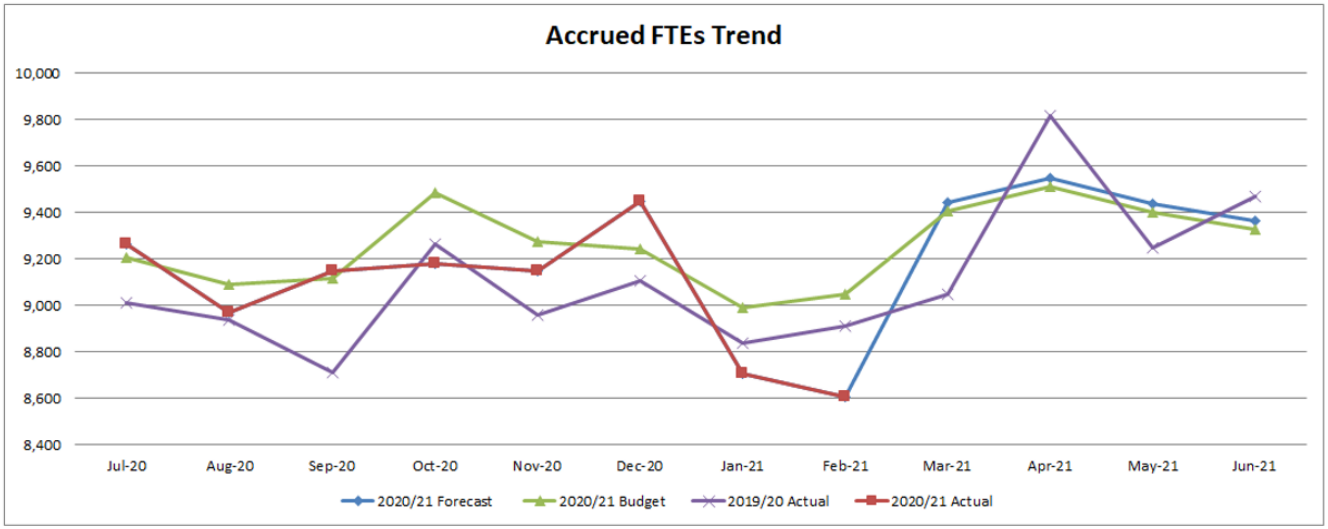


KEY RISKS AND ISSUES

Our YTD Business as Usual (BAU) result is slightly unfavourable to budget. The February budget includes savings that have not been fully realised; continuing this trend will see our YTD position deteriorate for the remainder of the year.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE





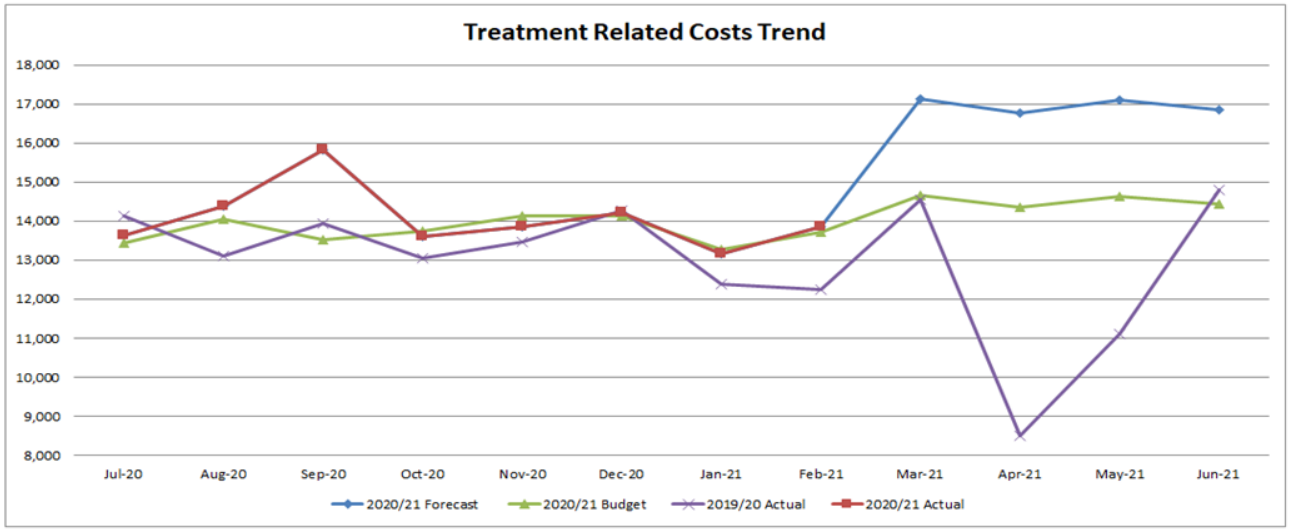
KEY RISKS AND ISSUES

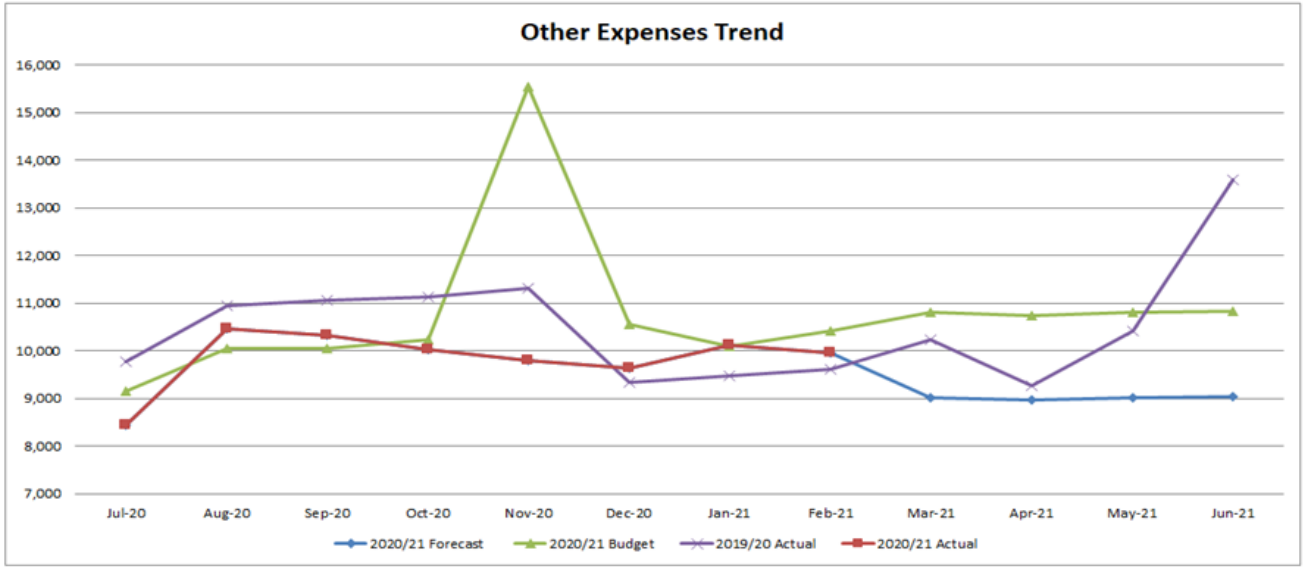
Personal Costs Trend – YTD BAU personnel costs are largely on track.

Savings from leave management initiatives and higher than expected annual leave taken is partially negated by payroll savings anticipated in the budget. Outsourced Personnel costs are higher than budget reflecting the need to cover some of the leave taken.

Accrued FTE is largely on track to plan.

TREATMENT & OTHER EXPENSES RELATED COSTS





KEY RISKS AND ISSUES

Treatment related costs:

YTD BAU treatment related costs are unfavourable to budget. The pressure on the Emergency Department continued in February and ED attendances were 9% higher compared to the same month last year (6% YTD).

Note the BAU treatment related costs decrease in April 2020 primarily related to lower patient activity during the Covid-19 pandemic lock-down period.

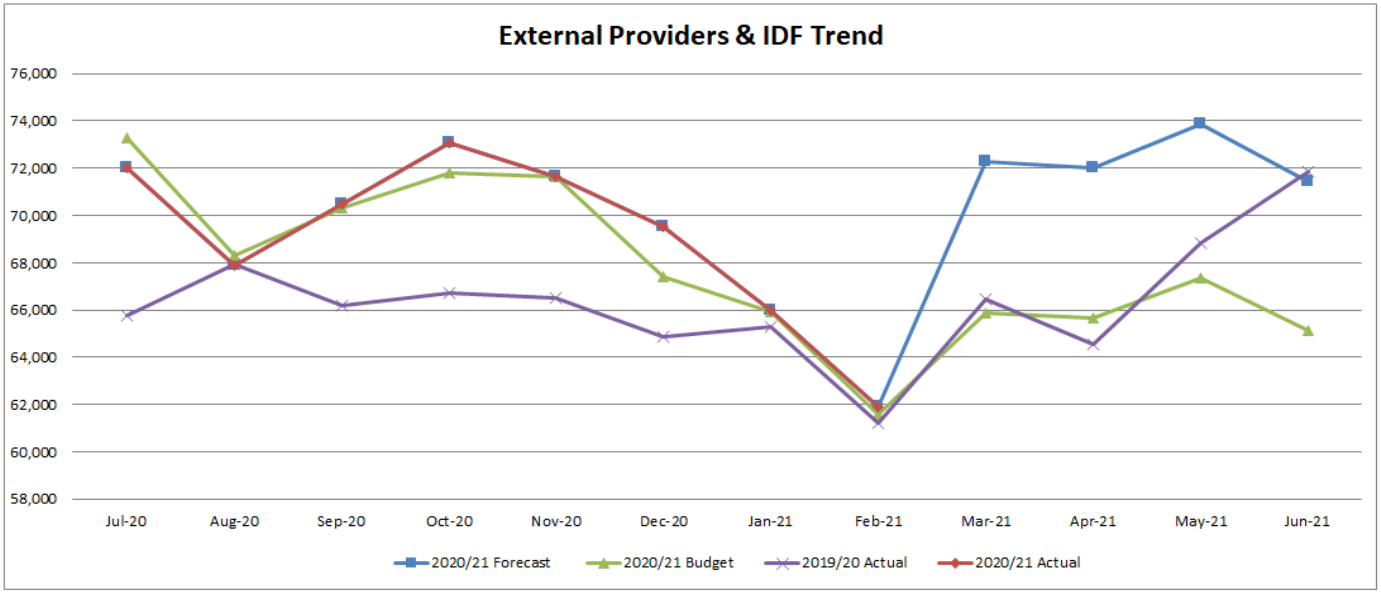
The budget increase in November relates to the tunnel project and is equally offset by revenue; this was accrued in June 2020 and is therefore not in our year end forecast for the current year.

Other expenses:

Earthquake repair expenditure is favourable to plan, and is equally offset by reduced revenue.

EXTERNAL PROVIDER COSTS EXCLUDING COVID-19

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2019/20 Actual $'000	Yr End Budget $'000
External Provider Costs	61,910	61,594	(316)	-1%	✗	550,908	550,316	(592)	0%	✗	790,838	814,341



Community pharmacy costs are unfavourable to plan but this is offset by additional revenue. ARRC expenditure growth trend is continuing to be higher than plan.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		YTD Actual $'000	YTD Budget $'000	Variance $'000	Year End 19/20 $'000
Equity	1,100,250	1,180,516	80,266	**Cash**	123,488	80,385	43,103	(6,966)

KEY RISKS AND ISSUES

Equity

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

This is offset by an opening unfavourable variance in July due to the additional Holidays Act compliance provision made at 30 June 2020.

We also had a large equity increase in November 2020 relating to the handover of the Waipapa facility.

Cash

Spend on the Mental Health facilities redevelopment continues and is expected to increase now construction has started. We are progressively drawing down equity from the Crown to cover the redevelopment costs.

APPENDIX 3: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the 8 months ending 28 February 2021

Month					Year to Date				Annual (Year End)		
20/21 Actual $000's	20/21 Budget $000's	19/20 Actual $000's	Variance to Budget $000's		20/21 Actual $000's	20/21 Budget $000's	19/20 Actual $000's	Variance to Budget $000's	20/21 Forecast $000's	20/21 Budget $000's	19/20 Actual $000's
163,466	162,732	153,607	734 ✓	MoH Revenue	1,315,733	1,301,860	1,234,476	13,873 ✓	1,984,836	1,952,782	1,864,766
6,015	4,546	4,455	1,469 ✓	Patient Related Revenue	47,091	36,711	34,961	10,380 ✓	69,518	55,498	53,364
4,020	3,521	3,275	499 ✓	Other Revenue	33,251	33,057	28,840	194 ✓	44,384	47,534	48,770
173,501	**170,799**	**161,337**	**2,701**	**Total Operating Revenue**	**1,396,075**	**1,371,628**	**1,298,277**	**24,447**	**2,098,738**	**2,055,814**	**1,966,900**
83,052	79,360	74,823	(3,691) ✗	Personnel Costs	665,762	642,785	600,566	(22,976) ✗	1,021,316	967,342	1,000,806
14,337	13,705	12,242	(632) ✗	Treatment Related Costs	117,422	109,970	106,574	(7,452) ✗	189,886	168,059	160,676
61,950	61,594	61,220	(356) ✗	External Service Providers	561,092	550,316	524,519	(10,776) ✗	859,504	814,341	810,046
10,135	10,447	9,612	312 ✓	Other Expenses	82,617	86,050	82,575	3,433 ✓	118,468	129,329	130,109
169,474	**165,106**	**157,897**	**(4,368)** ✗	**Total Operating Expenditure**	**1,426,893**	**1,389,122**	**1,314,234**	**(37,771)** ✗	**2,189,174**	**2,079,071**	**2,101,637**
4,027	**5,693**	**3,439**	**(1,666)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(30,817)**	**(17,493)**	**(15,958)**	**(13,324)** ✗	**(90,436)**	**(23,257)**	**(134,737)**
103	48	98	55 ✓	Interest Revenue	949	385	490	565 ✓	1,053	577	695
4,192	1,695	-	2,497 ✓	Capital Charge Relief / Debt Equity Swap Fund	3,993	3,390	-	603 ✓	11,150	10,170	8,220
128	243	80	(115) ✗	Donations	1,275	1,704	2,219	(429) ✗	2,674	2,674	3,674
-	-	-	- ✓	Profit on Sale of Assets	528	-	14	528 ✓	528	-	17
4,422	**1,986**	**178**	**2,436** ✓	**Total Indirect Revenue**	**6,745**	**5,479**	**2,723**	**1,267** ✓	**15,405**	**13,421**	**12,606**
6,485	5,690	1,966	(795) ✗	Capital Charge	21,400	26,002	17,746	4,602 ✓	40,146	48,762	38,136
8,246	7,565	6,881	(681) ✗	Depreciation	56,749	54,480	47,066	(2,269) ✗	89,902	85,108	79,829
290	-	-	(290)	Financing Component of Operating Leases	1,148	-	-	(1,148)	1,900	-	2,967
148	108	34	(40) ✗	Interest Expense & Forex Gains and Losses	439	864	225	425 ✓	600	1,300	315
2,982	-	-	(2,982) ✗	Loss on Sale of Assets	4,272	-	53	(4,272) ✗	4,290	-	57
18,151	**13,363**	**8,881**	**(4,788)** ✗	**Total Indirect Expenses**	**84,009**	**81,346**	**65,091**	**(2,663)** ✗	**136,838**	**135,170**	**121,304**
(9,702)	**(5,684)**	**(5,264)**	**(4,018)** ✗	**Total Surplus / (Deficit)**	**(108,081)**	**(93,361)**	**(78,325)**	**(14,720)** ✗	**(211,869)**	**(145,006)**	**(243,436)**

APPENDIX 4: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 28 February 2021

Audited 30-Jun-20 $'000		Group Actual 28-Feb-21 $'000	Group Budget 28-Feb-21 $'000	Annual Group Budget 30-Jun-21 $'000
597,378	Opening Equity	490,730	558,272	558,272
136,588	Net Equity Injections / (Repayments) During Year	182,901	14,650	26,139
200	Other Movements	534,700	700,955	719,355
-	Reserve Movement for Year	-	-	-
(243,436)	Operating Results for the Period	(108,081)	(93,361)	(145,006)
490,730	**TOTAL EQUITY**	1,100,250	1,180,516	1,158,760
	Represented By:			
	Current Assets			
4,066	Cash & Cash Equivalents	123,488	80,385	31,443
750	Short Term Investments	750	750	750
105,853	Trade and Other Receivables	88,596	103,253	103,253
5,649	Prepayments	10,984	5,649	5,649
14,549	Inventories	15,217	14,549	14,549
14,666	Restricted Assets	14,622	14,425	14,425
145,533	**Total Current Assets**	253,658	219,011	170,069
	Less Current Liabilities			
11,032	Overdraft	-	-	-
205	Borrowings	1,392	-	-
165,170	Trade and Other Payables	180,891	139,394	128,015
14,693	Restricted Funds	14,914	14,256	14,256
343,643	Employee Benefits	361,736	277,644	277,644
534,743	**Total Current Liabilities**	558,933	453,518	442,139
(389,209)	**Working Capital**	(305,276)	(234,507)	(272,070)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment in NZHPL	3,082	3,225	3,225
909,554	Fixed Assets	1,457,695	1,418,086	1,433,893
912,795	**Term Assets**	1,460,792	1,421,327	1,437,134
	Non Current Liablilties			
6,304	Employee Benefits	6,651	6,304	6,304
26,552	Borrowings	48,616	-	-
32,856	**Term Liabilities**	55,267	6,304	6,304
490,730	**NET ASSETS**	1,100,250	1,180,516	1,158,760

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

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

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

APPENDIX 5: CASHFLOW

Audited 30-Jun-20 $'000		Actual 28-Feb-21 $'000	YTD Budget 28-Feb-21 $'000	Budget 30-Jun-21 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(48,135)	**Net Cash from Operating Activities**	(9,370)	(40,028)	(72,459)
	CASHFLOW FROM INVESTING ACTIVITIES			
(63,551)	**Net Cash from Investing Activities**	(42,464)	(63,516)	(109,917)
	CASHFLOW FROM FINANCING ACTIVITIES			
136,529	**Net Cash from Financing Activities**	182,288	190,895	220,785
24,843	Overall Increase/(Decrease) in Cash Held	130,454	87,351	38,409
(31,809)	Add Opening Cash Balance	(6,966)	(6,966)	(6,966)
(6,966)	**Closing Cash Balance**	123,488	80,385	31,443

HAC – 1 APRIL 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

DATE: **15 April 2021**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Hospital Advisory Committee's (*HAC*) public meeting held on 1 April 2021.

2. RECOMMENDATION

That the Board:

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

3. APPENDICES

Appendix 1: HAC Draft Minutes – 1 April 2021.

MINUTES – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PRESENT

Andrew Dickerson (Chair), Jan Edwards; James Gough; Jo Kane; Naomi Marshall; and Dr Rochelle Phipps.

Attending via Zoom: Barry Bragg; and Catherine Chu.

APOLOGIES

Apologies for absence were received and accepted from Ingrid Taylor; and Sir John Hansen (ex-officio).
An apology for early departure was received and accepted from James Gough (9.55am).

EXECUTIVE SUPPORT

Dr Peter Bramley (Chief Executive); Becky Hickmott (Executive Director of Nursing); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

APOLOGIES

Apologies for absence: Kirsten Beynon (General Manager, Laboratories); Dr Richard French (Acting Chief Medical Officer); and Ralph La Salle (Acting Executive Director, Planning & Funding).

IN ATTENDANCE

Pauline Clark, General Manager, Medical/Surgical; Women's & Children's Health; & Orthopaedics
Dr Greg Hamilton, General Manager, Specialist Mental Health Services
Berni Marra, Manager, Ashburton Health Services
Win McDonald, Transition Programme Manager, Rural Health Services
Dr Helen Skinner, General Manager & Chief of Service, Older Persons Health & Rehabilitation

Item 4
Dr Sigi Schmidt, Chief of Psychiatry

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
James Gough – Terrace Carpark Ltd entry – remove "under construction".

There were no other additions/alterations.

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

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (03/21)
(Moved: Naomi Marshall/Seconded: Jan Edwards – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 28 January 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION ITEMS

A member noted a recent presentation by Dr Peter Bramley, Chief Executive, on his three month plan. The member suggested it would be useful for the Hospital Advisory Committee (*HAC*) to receive an overview of that presentation. Dr Bramley advised he could translate that as it is relevant to HAC.

The carried forward action items were noted.

4. MENTAL HEALTH: THE ACUTE ADULT PATHWAY (PRESENTATION)

Dr Greg Hamilton, General Manager, Specialist Mental Health Services (*SMHS*); and Dr Sigi Schmidt, Chief of Psychiatry, presented on the Acute Adult Pathway.

Dr Hamilton noted the complexity that sits within the responses provided. It is not a single pathway, it is a multi-factorial pathway which tries to best meet the needs of people that are having mental health problems or are in distress.

Barry Bragg joined the meeting at 9.15am.

The presentation highlighted the following in relation to the Acute Adult Pathway:

- Person centred response to people with acute mental health needs.
- Ministry of Health's Mental Wellbeing Framework.
- What happens when a person has a mental health problem.
- SMHS Purpose & Strategy:
  - Core Purpose: to provide safe compassionate & effective services that enable people with serious or acute mental disorders in their recovery.
  - Five strategic pillars.
- From a service provision perspective – Pillar 1 (a clearly defined focus on people with serious or acute mental disorders and who are unable to be treated elsewhere).
- Adult community services – in 2020: 122,000 contacts; 6,500 people. There is a significant over-representation of Māori to this service.
- Adult inpatient services – in 2020: 1,356 admissions. Again, an over-representation of Māori to the service.
- Key measures for inpatients.
- Impact of COVID-19.
- Challenges.

Dr Hamilton assured the Committee that the processes are about risk management. If the risks are high, the response is immediate.

Committee members had the opportunity to ask questions.

James Gough retired from the meeting at 9.55am.

5. H&SS MONITORING REPORT

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

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

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

- In Ashburton there is a cohesive response around mental health.
- At the moment, long-term planning is underway for the Ashburton District Council. Housing for older people is on the agenda. There have been efforts to bring together a work group to provide a cohesive response to this because housing is a core component and often for rural communities it can become a little isolated when Councils are working in a smaller context.
- Integration Hub. The integration cluster incorporating NASC, district nursing and clinical nurse specialists have been detailing the flow of referral management and service response to primary care, with an intent to create a more proactive responsive community service. The journey from health pathway information, ERMS referral management through to service response has identified a number of areas for improvement.
- Final ratification is being progressed for one national network, which will incorporate the existing national rural hospital, national rural general practice, and national rural nursing networks.

There was discussion around access to primary health care. Ms Marra advised there were two components. With respect to building and infrastructure there are two new big primary care practices in Ashburton. However, buildings are not the solution alone. It is about working differently. Along with the challenge of recruiting general practitioners nationally, there is also the journey before you need to go to the GP that needs to be addressed. Ms Marra advised this is why an integration team has been structured, to look at refocussing the team to be at that partnership end for primary care so they can manage the demand flow coming through.

A member noted, from previous experience, that practices that:

- look at it as an integrated model;
- look at triaging patients the minute they have the first contact with them to determine whether the patient needs to be seen that day or not;
- include not just a GP consultation, but also provide nurse, allied health input, and in many instances focus on social determinants (invest in having social workers in the premises, care coordinators in the premises);

have no trouble replacing GPs when it comes to retirement; they have patients waiting to enrol with them; and their consultation rates per head of population are lower because they do not need to see those patients so often. There are a lot of preventative services. It can be done. Approximately 15% of practices across Canterbury have done this and talk about it openly. Whilst it is quite a journey, taking approximately four to five years, those practices that have been through the process have increased their GP capacity on average by about 25%. It is possible to release capacity at the GP point with the right input supporting practices.

Catherine Chu retired from the meeting at 10.00am.

Rural Health Services – Win McDonald, Transition Programme Manager

- Significant issues with workforce. The RN workforce is ageing, with 47% being over the age of 60 years. This is putting pressure on the whole system. There will need to be a wider discussion around what is the best use of that limited RN resource. Will it be better

to potentially have this workforce in the community dealing with many more clients, rather than a limited number of inpatients?

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

- Rise in presentations to the Emergency department.
- Rise in presentations to the Medical Assessment Unit.
- Occupancy of medical inpatient beds is significantly higher than the modeling in place.
- Neonatal is experiencing a constant demand for beds, which is all cots.
- Keeping up a very proactive leave care program on the campus.
- Progress being made with Accelerating Our Future initiatives.
- Patient experience for Waipapa building. Feedback following the first three months has been very positive.
- Roll out of the national Bowel Screening Program. This had a 'soft' launch. Almost at the 60% target. There is some excellent equity data coming through. The "Did Not Attend" (*DNA*) rate for initial consultations has significantly dropped, as have late cancellations. Since the model has shifted to RNs having the conversation with people over the phone directly and people being able to ring directly if they have any additional questions, there have been no cancellations. A real positive.

There was a query about the fragility of the Christchurch Hospital Campus workforce and whether the turnover of nursing staff was accelerating. Becky Hickmott, Executive Director of Nursing, advised that there may be more turnover in certain areas (for example, ED), but that is not totally abnormal. Ms Hickmott commented that overall turnover is greatly reduced because of COVID-19.

There was discussion around the three month review with regards to ED Observations and ED Paediatrics. Dr Bramley advised that this is wrapped up in the consideration of acute demand pressure at the front door at the moment. A system wide look is being undertaken. There is a lot of work within the ED environment and the broader hospital environment. Teams have been asked to look at where things are in terms of the need for opening up the additional beds in the child emergency care space and to what extent that might be staged when it is needed and how that might be staged. In response to a query, Ms Clark advised no effect has been seen on hospital flow from the lack of an ED Observations space.

There was discussion around ESPI compliance. Ms Clark stressed that every service has a very detailed plan. Services meet with the Planning & Funding leads on a fortnightly basis and it is really important that data is aligned. Ms Clark has regular meetings with clinical directors and admin leads.

Dr Bramley advised there is exceptional work at every service level and people are very engaged. There is additional money to support a lot of the initiatives. A point of clarification is that CDHB reports against 100 days, which is kind of exemplary and often paints a picture of services not necessarily looking in as good a shape as they are, because national reporting requires reporting to 120 days. It provides an indication of where the pressure points are, but not necessary performance on the national stage in terms of levels of wait times. Dr Bramley provided assurance that teams will be triaging really tightly against guidelines, so are doing what is needed for safe care. This is not a discretionary piece of work, it is crucial to delivering safe care for people.

A member commented that is was important to keep going to the 100 days because the evidence is that this is where the most effective, productive turnaround is. What is key is adjusting the amount of patients put on the list at every point in the day, because capacity changes.

Older Persons Health & Rehabilitation (*OPH&R*) Service – Dr Helen Skinner, General Manager & Chief of Service

- Dementia-Friendly Hospital. Alzheimers NZ's Accreditation Committee has now completed its assessment of Burwood Hospital against their Dementia Friendly Recognition Programme standards and criteria. Based on this, Burwood Hospital has been recognised as NZ's first hospital to be 'Working to be Dementia Friendly.' As part of the journey towards being certified as being a 'dementia friendly' hospital OPH&R are promoting the online training available at: https://www.alzheimers.org.nz/get-involved/become-a-dementia-friend with the aim of engaging as many staff as possible from across all workforces to support dementia awareness, provide excellent services for people with dementia and become a recognised 'dementia friend.'
- Safe Medication Administration. The OPH&R senior clinical leadership team have commenced an interdisciplinary working group looking at safe medication administration practice aimed at reducing medication errors within the division. Initial work was focused around gaining a better understanding of current practice relating to administration of medication and the group are now seeking input from all nursing staff working in the hospital to better understand barriers to best practice and how the working environment can support safe medication administration. To ensure learnings across the DHB, this group is working alongside union partners and nursing leads across CDHB.

There was discussion around reasons contributing to increased medication errors.

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

- The report highlights the speciality services which operate with a more specific mandate in terms of detail – Anxiety; Eating Disorders; Mothers and Babies; and Addictions.
- The workforce in these groups is, in general, probably easier to recruit because people have a more specific role and you get passionate individuals that drive specific pathways. Also tend to have a higher clinical psychology workforce.

In response to a query, Dr Hamilton advised that January is normally a time that waiting times go up for a couple of reasons: staff are off on leave, but also because people's willingness to engage in services drops away over the summer period.

Dr Hamilton spoke about Eating Disorders, noting that waiting times had gone up significantly to unacceptable levels. This was partly contributable to a six week period without an SMO in the role. The new recruit has done a lot of work in terms of process and that waiting time has now halved. Very positive progress.

The H&SS Monitoring report was noted.

6. CLINICAL ADVISOR UPDATE (ORAL)

Dr Jacqui Lunday-Johnstone, Executive Director of Allied Health, Scientific & Technical, provided the following updates:

- Workforce enablers. The Scientific and Technical workforce contributes to around 85-90% of all diagnosis in this organisation. They are a very diverse group. One is particularly critical to the delivery of all of the theatre activity - anaesthetic technicians. By the end of May, CDHB will have lost 30% of that workforce. That has a disproportionate effect on the workforce who are already under pressure, but clearly has an organisational impact as well in terms of sustaining the level of activity in that environment. It is illustrative of dependency on groups of staff who are invisible to the public and are largely not well understood within the health context. It is illustrative of some of the inherent challenges there are in the Scientific and Technical Workforce,

which tend to be much smaller, very specialised, and really key to the delivery of a whole raft of speciality services. We are a training organisation, but are not necessarily on the front foot with some of this.

- Two successes in terms of what has been delivered around some of the workforce enablers:
  - There has been consultation on leadership infrastructure for the big professional groups in Allied Health. Looking forward to getting an outcome from this in the near future.
  - An important issue for expert and experienced clinicians within Allied Health is the implementation of the Career Framework. Scoping work is nearly complete and will mean being able to give appropriate recognition to some of these staff.
- Ability to utilise Allied Health expertise in the service for more sustainable models of care. Looking at roles for allied health practitioners as first point of contact – individuals running pathways within respiratory, gynaecology, gastroenterology. Two other areas to focus on are hospital acquired conditions and also flow.
- Pae ora – Healthy Futures. Problems around ill health and non-communicable diseases within New Zealand, particularly the rise in multi morbidities at a much younger age. Looking at the targeted space between fantastic public health messaging about what we all should do, and actually supporting people, particularly our hard to reach groups within the most vulnerable parts of the community, to do something different. Looking to develop and address low levels of cardio respiratory fitness and poor diet.

Barry Bragg retired from the meeting at 10.55am.

Due to the lack of a quorum, the meeting lapsed at 10.55am.

Approved and adopted as a true and correct record:

_____ _____

Andrew Dickerson
Chairperson

Date of approval

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

DATE: **15 April 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of public excluded meetings – 18 March 2021	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Insurance Renewal Strategy 2021/22	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Radiology Xray Machine Replacements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Burwood Spinal Hostel/ Transitional Rehabilitation Facility Strengthening	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	Holidays Act Remediation Approach	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 • QFARC Draft Minutes *30 March 2021*	For the reasons set out in the previous Committee agendas.	

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

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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