CANTERBURY DHB BOARD

Thursday, 15 February 2018
9:00am

Board Room
Level 1
32 Oxford Terrace
Christchurch

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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 February 2018 commencing at 9:00am

ADMINISTRATION			**9.00am**
	Apologies		
1.	**Conflict of Interest Register** *Update Board Conflict of Interest Register and Declaration of Interest on items to be covered during the meeting*		
2.	**Confirmation of the Minutes of Previous Meetings** *Public Meeting 14 December 2017*		
3.	**Carried Forward/Action List Items**		
4.	**Patient Story**		
REPORTS			**9.10am**
5.	**Chair's Update (Verbal)**	Dr John Wood *Chair, CDHB*	9.10-9.20am
6.	**Chief Executive's Update**	David Meates *Chief Executive*	9.20-10.00am
7.	**Finance Report**	Justine White *GM, Finance & Corporate Services*	10.00-10.15am
8.	**Special Purpose Audit Review**	Justine White	10.15-10.30am
MORNING TEA			**10.30-10.45am**
9.	**Alpine Fault Presentation**	Dr Sue Nightingale *Chief Medical Officer* Dr Caroline Orchiston *Science Lead, Project AF8* *University of Otago*	10.45-11.15am
10.	**Disposal of CDHB Land at 16 Amuri Avenue, Hanmer Springs**	Justine White	11.15-11.20am
11.	**Disposal of CDHB Land Fronting Hillmorton Hospital**	Justine White	11.20-11.25am
12.	**Amending the Name of Brackenridge Estate Limited**	Justine White	11.25-11.30am
13.	**Advice to Board** • **HAC – Draft Minutes** *1 Feb 2018*	Andrew Dickerson *Chair, HAC*	11.30-11.35am
14.	**Resolution to Exclude the Public**	Justine White	11.35am
INFORMATION ITEMS			
-	Nil		
ESTIMATED FINISH TIME – PUBLIC OPEN MEETING			**11.35am**
NEXT MEETING: Thursday, 15 March 2018			

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

David Meates *(Chief Executive)*
Mary Gordon *(Executive Director of Nursing)*
Sue Nightingale (*Chief Medical Officer)*
Stella Ward *(Executive Director – Allied Health Scientific & Technical)*
Carolyn Gullery (*General Manager – Planning & Funding)*
Hector Matthews *(Executive Director -Maori & Pacific Health)*
Michael Frampton (*General Manager – People & Capability)*
Justine White *(General Manager – Finance & Corporate Services)*
Kay Jenkins *(Executive Assistant - Governance Support)*
Anna Craw *(Board Secretary)*

CANTERBURY DISTRICT HEALTH BOARD MEMBERS' CONFLICTS OF INTERESTS REGISTER

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

DR JOHN WOOD (CHAIR)

Advisory Board NZ/US Council – Member
Chief Crown Treaty Negotiator for Ngai Tuhoe
Chief Crown Treaty Negotiator for Ngati Rangi
Chief Crown Treaty Negotiator, Tongariro National Park
Chief Crown Treaty Negotiator for the Whanganui River
College of Arts – External Advisory Committee Member
Governing Board, Economic Research Institute for ASEAN and East Asia (ERIA) – Member
Kaikoura Business Recovery Grants Programme Independent Panel – Member
Member of the Governing Board of the Office of Treaty Settlements, Ministry of Justice – Ex-officio (as Chief Crown Treaty of Waitangi Negotiator) – Ex-officio member.
School of Social and Political Sciences – Adjunct Professor
Te Urewera Governance Board – Inaugural Member
University of Canterbury - Chancellor
University of Canterbury Foundation – Ex-officio Trustee
Universities New Zealand – Chair, Chancellors' Group

SIR MARK SOLOMON (DEPUTY CHAIR)

Te Waka o Maui – Independent Representative
Oaro M Incorporation - Member
Ngāti Ruanui Holdings - Director
Pure Advantage - Trustee
He Toki ki te Rika / ki te Mahi - Patron
Te Ohu Kai Moana - Director
Deep South NSC Governance Board - Member
Sustainable Seas NSC Governance Board - Member
Canterbury Recovery Learning & Legacy Sponsors Group - Member
Liquid Media Operations Limited - Shareholder
Greater Christchurch Partnership Committee - Member
Police Commissioners Māori Focus Forum - Member
Post Settlement Advisory Group – Member
Royal NZ Police College – Patron of Wing 312
SEED NZ Charitable Trust – Chair and Trustee

BARRY BRAGG

Ngai Tahu Property Limited – Chairman
Potential for future property development work with the CDHB. Also, Ngai Tahu Property Limited manage first right of refusal applications from the CDHB on behalf of Te Runanga o Ngai Tahu.

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.

New Zealand Flying Doctor Service Trust – Chairman
The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB.

CRL Energy Limited – Managing Director
CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.

SALLY BUCK

Christchurch City Council (*CCC*) – Community Board Member
Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC.

Registered Resource Management Act Commissioner
From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time.

TRACEY CHAMBERS

Chambers Limited - Director
Arohanui Trust - Trustee
Rata Foundation - Trustee

Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise.

DR ANNA CRIGHTON

Christchurch Heritage Trust – Chair - Governance of Christchurch Heritage
Christchurch Heritage Limited - Chair - Governance of Christchurch Heritage
Heritage New Zealand – Honorary Life Member

ANDREW DICKERSON

Accuro (Health Service Welfare Society) - Director (from 9 December 2016)
Is a not-for-profit, member owned co-operative society providing health insurance services to employees in the health sector and (more recently) members of the public. Accuro has many members who are employees of the CDHB.

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.

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.

No Conflicts of Interest are envisaged for the following interest, but should a conflict arise this will be discussed at the time.

NZ Association of Gerontology - Member
Professional association that promotes the interests of older people and an understanding of ageing.

JO KANE

Latimer Community Housing Trust – Project Manager
Delivers social housing in Christchurch for the vulnerable and elderly in the community.

Registered Resource Management Act (*RMA*) Commissioner
From time to time sits on RMA panels throughout Canterbury. If any conflicts of interest arise from this they will be advised.

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.

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.

Key to Life Charitable Trust – Undertakes consultancy work for this trust.

AARON KEOWN

Christchurch City Council – Councillor and Community Board Member
Elected member and of the Fendalton/Waimairi/Harewood Community Board.

Grouse Entertainment Ltd – Director and Shareholder
Grouse Films Ltd – Director
O3 Productions – Writer/Director
Road Accident Trauma Trust – Deputy Chair

No conflicts of interest are anticipated from these roles but will be discussed at the appropriate time should they arise.

CHRIS MENE

Canterbury Clinical Network – Child & Youth Workstream Member

Core Education – Director
Has an interest in the interface between education and health.

Wayne Francis Charitable Trust - Board Member
The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.

Regenerate Christchurch – General Manager, Partnerships and Engagement
Regenerate Christchurch (*RC*) - established to lead regeneration activities across Christchurch. RC will work with strategic partners, including the Canterbury DHB, the community, iwi and other stakeholders to plan and drive development in key areas of the city.

DAVID MORRELL

British Honorary Consul
Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (*FCO*) may expect Honorary Consuls to become involved in trade initiatives from time to time.

Nurses Memorial Chapel Trust –Chair
(CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.

Heritage NZ – Subscribing 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.

Canon Emeritus - Christchurch Cathedral
The Cathedral congregation runs a food programme in association with CDHB staff.

Great Christchurch Buildings Trust – Trustee
The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing.

Hospital Lady Visitors Association - Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time.

Friends of the Chapel - Member

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday 14 December 2017 commencing at 9.00am

BOARD MEMBERS

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

APOLOGIES

An apology for absence was received and accepted from Tracey Chambers.
Apologies for early departure were received and accepted from Aaron Keown (10.50am) and David Morrell (12.10pm).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Carolyn Gullery (General Manager, Planning & Funding and Decision Support); Michael Frampton (General Manager, People & Capability); Dr Sue Nightingale (Chief Medical Officer); Stella Ward (Executive Director, Allied Health); Karalyn van Deursen (Strategic Communications Manager); Justine White (General Manager, Finance & Corporate Services); Anna Craw (Board Secretary); and Kay Jenkins (Executive Assistant, Governance Support).

IN ATTENDANCE

Item 10 – Wellbeing in Canterbury.
Evon Currie (General Manager, Population Health)
Dr Ramon Pink (Medical Officer of Health)
Dr Lucy D'Aeth, Public Health Specialist

Ta Mark Solomon opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
David Morrell advised regarding a change to his British Honorary Consul role.

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

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

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

Resolution (88/17)
(Moved: Barry Bragg/seconded Andrew Dickerson – carried)

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace on 16 November 2017 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. PATIENT STORY

The Patient Story was viewed.

5. 2017 QUALITY IMPROVEMENT & INNOVATION AWARDS SUPREME AWARD WINNER VIDEO CLIP

The video clip was viewed.

6. CHAIR'S UPDATE

The Chair advised that a lot is taking place under the new government and Minister of Health. The Director-General has stepped down. A report has been received with regards to Havelock drinking water and the Minister has asked Chairs to ensure that DHBs are doing everything they can to ensure safe drinking water for communities.

The Chair also advised that he continues to have direct contact with the Minister regarding health in Canterbury.

The Chair's update was noted.

7. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive took his report as read and highlighted the following:

- One of the few DHBs meeting the Faster Cancer Treatment Target is the Canterbury DHB.
- ESPI Compliance – ESPI 2 is yellow and ESPI 5 is red, however, the ESPI 5 is a data issue which underpins the challenges we will have over the next few months as we migrate off four mainframe systems to one in the South Island.
- The overall elective target remains broadly on track, however, there is a pressure point around spinal surgery.
- Acknowledged the incredible job being done in Mental Health. The CDHB is meeting targets in this area which is a testament to the positive and "can-do" approach. In addition, an increasing number of new graduates are choosing to work in this area. There are 150 graduate nurses employed in this area across the country and 50 of them are in Canterbury.
- The work being undertaken around seclusion, where Maori are now less secluded than the rest of the population.
- The work being undertaken in Labs around testing regimes.
- The reduction in Rest Home bed days in Older Persons Health.
- Consultation is underway in Hurunui with the Hurunui Health Service Development Group. Consultation around this has been extended to 15 January 2018.

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- The new People Strategy, which is one of the first steps of a major transformation enabling people to do the right thing.
- The nurses pay offer was rejected by members. The average of the last offer was 2.4%, which already placed significant pressure on the sector finances.

A query was made regarding the Chapel at Hillmorton Hospital, which has been demolished. It was noted that there is an alternative "quiet space" used for this purpose on site.

Resolution (89/17)
(Moved Jo Kane/seconded Aaron Keown – carried)

"That the Board:

i. notes the Chief Executive's Update."

8. FINANCE REPORT

Justine White, General Manager, Finance & Corporate Services, presented the Finance Report which was taken as read. The consolidated Canterbury DHB financial result for the month of October 2017 was a deficit of $4.823M, which was $0.005M favourable against the draft annual plan deficit of $4.828M. The year to date position is $0.079M unfavourable to the draft annual plan. The Board noted that the November result shows a 152K unfavourable result for the month.

The Board noted that we continue to see continuing pressures around Clinical Support and Pharmaceutical costs.

Resolution (90/17)
(Moved Ta Mark Solomon/seconded Barry Bragg – carried)

"That the Board:

i. notes the financial result and related matters for the period ended 31 October 2017."

9. WELLBEING HEALTH & SAFETY REPORT

Michael Frampton, General Manager, People & Capability, presented this report which was taken as read. Mr Frampton commented that going forward this report will be in a different format. He outlined the focus of the new reporting and commented that the direction of travel will be much broader going forward.

The Board noted that work is also taking place around leadership and from next week management essentials for 600 line managers will be rolled out.

Resolution (91/17)
(Moved Aaron Keown/seconded Barry Bragg – carried)

"That the Board:

i. notes the Wellbeing Health & Safety Update."

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10. WELLBEING IN CANTERBURY – PRESENTATION

Evon Currie, General Manager, Population Health, introduced this item. Dr Ramon Pink, Medical Officer of Health; and Lucy D'Aeth, Public Health Specialist, provided a presentation from Community & Public Health - "Keeping Canterbury Well".

The presentation included:

- Health in All Policies
- Greater Christchurch Partnership
- Healthy Christchurch
- All Right?
- Wellbeing Index & Survey
- IT Products Supporting Wellbeing Activities
- Education Settings
- Water
- Communicable Diseases

The Chair thanked the presenters.

11. STRATEGIC DIRECTION FOR MATERNAL HEALTH

Carolyn Gullery, General Manager, Planning & Funding, presented this report.

Ms Gullery advised that although the entire strategy has not been refreshed, a commitment has been made that the general strategy direction will increase in the Primary Birthing area.

The Board noted the importance to Christchurch Women's Hospital that we continue the trend of birthing in Primary Birthing Units.

It was also noted that papers will come to the Board over the next 12 months around this.

A request was made for a purpose built unit at Burwood Hospital to be considered as an option and the Chief Executive confirmed that management would come back with a range of options and this would include Burwood.

Resolution (92/17)
(Moved Aaron Keown/seconded Barry Bragg – carried)

"That the Board:

i. notes the strategic direction for maternal health."

12. ADVICE TO BOARD

Community & Public Health Advisory Committee (*CPHAC*)
Anna Crighton, Chair, CPHAC, spoke to the draft minutes from the Committee meeting held on 2 November 2017.

Resolution (93/17)
(Moved Anna Crighton/seconded: Ta Mark Solomon – carried)

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"That the Board:

i. notes the draft minutes from the CPHAC meeting on 2 November 2017."

Hospital Advisory Committee (*HAC*)
Andrew Dickerson, Chair, HAC, spoke to the draft minutes from the Committee meeting held on 30 November 2017.

Resolution (94/17)
(Moved Andrew Dickerson/seconded: Sally Buck – carried)

"That the Board:

i. notes the draft minutes from the HAC meeting on 30 November 2017."

13. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (95/17)
(Moved: Aaron Keown/seconded: Chris Mene – 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 and the information items contained in the report;

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 16 November 2017	For the reasons set out in the previous Board agenda.	
2.	Chief Executive's Update on Emerging Issues – Verbal 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)
3.	Radiology Equipment – ED X-Ray, IR Mono Plane	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Akaroa Revised Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	NZHP Quarter One Report 2017/18	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	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)

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7.	Proposed Alliance Wales, Scotland and Sydney	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Advice to Board: • Facilities Committee Draft Minutes *28 Nov 2017* • HAC PX Draft Minutes *30 Nov 2017* • QFARC Draft Minutes *28 Nov 2017*	For the reasons set out in the previous Committee agendas.	

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

The Public meeting concluded at 10.50am

_____ _____

Dr John Wood, Chairman Date

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CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 15 FEBRUARY 2018

DATE	ISSUE	REFERRED TO	STATUS
16 Nov 17	Presentation on status of organ transplant/donation programme		To 17 May 2018 meeting.
28 Nov 17 (QFARC)	Alpine Fault Presentation		Today's Agenda – Item 9.
14 Dec 17	Update on Gwaze case	Greg Brogden	Today's Agenda – Item 12 PX – Verbal Update

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Chief Executive**

DATE: **15 February 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

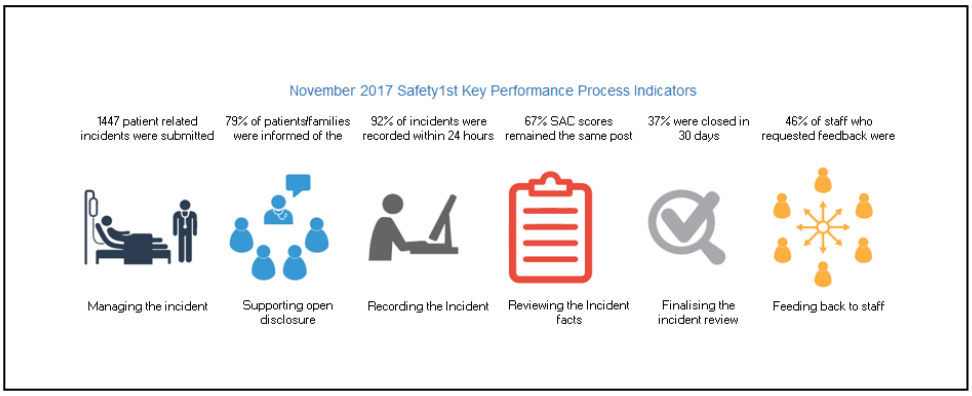
PUTTING THE PATIENT FIRST – PATIENT SAFETY

Patient Safety

- **Certification Audit.** Preparation is underway for the MOH audit against the Health and Disability Service Standards 2008 which is planned to commence in the week of the 18 June 2018.
- **Pressure Injuries Pressure Injury Prevention:** The contract for the improvement project with ACC is going through the final signing process. This project is to run for four years across the Canterbury and West Coast Districts with the aim to develop an evidence based, data driven Community of practices that is determined to significantly reduce pressure injuries.
- **Hospital Acquired Complications:** The Quality Team is working with Lightfoot to make it easier for clinical staff to review trends in hospital acquired complications (e.g. urinary tract infections) via sfn. It is in test at present.
- **Deteriorating Patient:**
  - Stage 1 – the New Zealand Early Warning scoring system is now well embedded. Ongoing work continues with oxygen management and establishing appropriate long term clinical governance.
  - Stage 2 - focusses on Family Escalation. A CDHB project group is working with the Commission's Kōrero Mai work stream (staff and consumers co-designing improvements together) to design a formal process for patients, family/wahanua to raise concerns regarding patient deterioration.
- **Always Event:** Canterbury DHB is participating in an Always Event Phase 2 pilot with the Health Safety and Quality Commission and Sapere to test the improvement identified by patients, families and staff in Ward 27 in late 2017. This relates to patients providing the details of the nominated contact person they want involved in their care, the person who will liaise

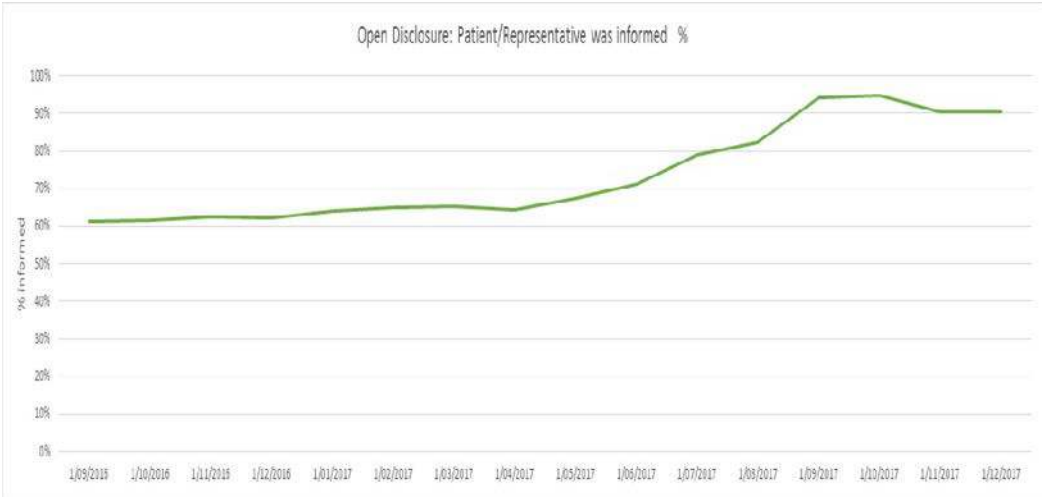
with the broader whanau. The focus is on getting patient contact right 100% of the time for eligible patients at first point of recording at Christchurch Hospital. Always Events are defined as "aspects of the patient experience that are so important to patients, care partners, and service users that health care providers must aim to perform them consistently for every individual, every time.." *Source: Picker Institute*

- **Incident Management**



Note; *KPI's are reported one month after months end to allow for complete data set*

- Work continues to understand the data collection issues with Open Disclosure with pleasing results.



- The reviewed SI Consumer Feedback Module was released on 1 December 2017. This is the repository for recording all the Canterbury DHB complaints, compliments and suggestions received.

- **Regionally**: The *likelihood* was removed from the SAC score matrix as part of the reviewed National Serious Event Policy released in July 2017. This change has been implemented in Safety 1st. Work continues on the paper for central support for application development in the South Island (SI).

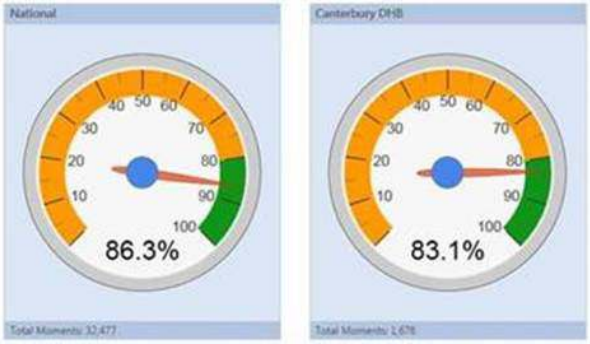
- **Releasing Time to Care (RT2C):** December to February was an opportunity for a period of consolation for all areas involved in RT2C.

- Maternity and the Primary Birthing Units have installed patient bedside boards and feedback from both staff and the women tell us they find the boards really useful. Formal survey of staff and consumers is undertaken regularly by the RT2C teams whenever there is a change to practice.

- Rural hospitals will receive patient bedside boards based on Ashburton versions in the next month. RT2C will support the introduction of the boards with staff education, which will include the concept of Bedside Handover (which goes hand in hand with the boards) and Intentional Rounding (a structured process whereby nurses in hospitals carry out regular checks, usually hourly, with individual patients using a standardised protocol to address issues of positioning, pain, personal needs and placement of items).

- Rangiora Hospital have introduced the patient's *Do Not Disturb* signs as a trial. Ashburton and the Rural hospitals are continuing to focus on standardisation, geographical/team nursing and bedside handover. Ashburton are currently looking at workflow with the RT2C crew following the afterhours team.

- **Hand Hygiene**: As per 23 January 2018, the interim result is 83% with 1676 audit moments of the minimum 2450 required to be completed by 31 March 2018. Services that are performing under the 80% target have an improvement action in place.



- A paper has been prepared on how best to meet the 1 July 2017 revised *HHNZ/HQSC* auditing standard across the CDHB, how best spread of hand hygiene monitoring across all inpatient areas.

- **Restraint:** The Restraint Approval and Monitoring Group (RAMG) continues to meet monthly. The annual approval of restraints was conducted at the November 2017 RAMG meeting. In line with minimising restraint use bean bags have been assessed and are no longer approved to be used in all settings except in the dementia unit at Turangi. Similarly, the Fall Out Chairs are now only approved for Older Persons Mental Health.

- One day face to face learning has been developed (Personal Centred Crisis Management) specifically for staff in areas of high need i.e. Brain Injury, Neuroscience and AMAU. This day is aligned to the online learning course and the one day Personal Safety for SMHS but tailored for non SMHS staff. The face to face day is to ensure staff are competent and confident in calming and de-escalation techniques and using breakaways in these specific higher risk areas.

- **Burwood Surgical Services: Enhanced Recovery After Surgery** is tracking within the expected length of stay for hip replacements but an increasing length of stay for knee replacement patients due to complexity and comorbidities of patients. We have seen a higher

number of Joints spike in the Readmissions to CHCH Hospital. These relate to nine patients of which:

- Post-operative infection requiring washout = 3 patients
- Cellulitis = 2 patients
- Painful knee – Haematoma = 1 patient
- Cardiac issues requiring CABG = 1 patient
- Abdomen pain and vomiting = 1 patient
- Chest Infection = 1 patient

- The Burwood surgical Services team audit readmissions and are able to identify trends and feedback into the quality meetings.

- **Supporting access to midwifery services:** Each year a number of women who are unable to secure the services of a Lead Maternity Carer midwife for births expected to happen during December or January because this is a period when more midwives are keen to take some time off than at other times during the year. This effect has been exacerbated nationally this year as contract discussions between the Ministry and the College of Midwives relating to pay equity and changes to a longstanding contracting model progress.

- The local Midwifery Resource Centre, based in Manchester Street, supports women to access midwives. Given the difficulties this year the Canterbury maternity system supported their efforts, including ensuring that the Midwifery Resource Centre had sufficient capacity and remained the first point of contact for women unable to find a midwife between November and February. The Centre was successful at allocating midwife capacity to over half of the group of more than 140 women who needed assistance to book with a midwife. Lead Maternity Carer Midwives responded by providing additional clinics antenatally and the maternity system facilitated clinics at Lincoln and St Georges primary units. North Canterbury has a group of midwives who are strongly attached to the community and so there was no difficulty in ensuring that all women in that area had a Lead Maternity Carer. One objective was to ensure women who are well and do not require the tertiary services at Christchurch Women's Hospital are provided with their care in an appropriate environment. In order to achieve this all midwives were invited to be part of an on call group messaging system for the women who have not been able to secure a Lead Maternity Carer for labour and birth along with a smaller number for postnatal care. A list was developed which enabled contact with midwives available to provide care for women that present at Christchurch Women's Hospital or the community units. As a result, while this group of 50 women did not have the continuity of care throughout their pregnancy the system was able to provide many with continuity either during labour, birth and postnatal periods or antenatal and postnatal periods with one of the on call midwives responding when they went into labour.

- These, and a series of other actions, served to ensure that wherever possible care was provided at primary care units for women who were expected to experience a normal, low risk labour and maintained capacity at Christchurch Women's Hospital for women that had complex needs. The arrangement has worked well with almost all of the identified women having had their babies by mid-January. The maternity services are very thankful that the Lead Maternity Carers responded so well to the call for assistance. The team is already thinking about how we can further improve our response for Christmas 2018

IMPROVING FLOW IN OUR HOSPITALS

- Acute Activity at Burwood Hospital has increased to maintain flow within Christchurch Campus and theatres. Total acute volume for Dec = 52 cases, of which MaxFac = 7 and spine = 3. Orthopaedic = 42, 14 of which were done on elective lists rather than on backfilled or dedicated acute lists. This is a significant increase from previous trends.

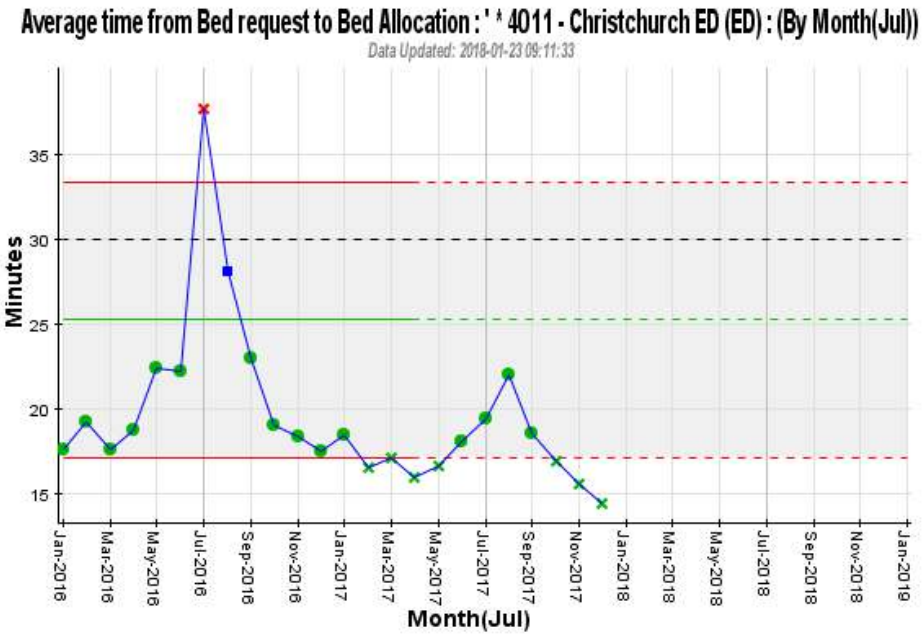
- During the 2017/2018 financial year we have undertaken and discharged 227 acute cases from Burwood hospital. In 2016/2017 we undertook 345 in total. We are trending to exceed this total which is continuing to have an impact on our elective targets.

Summary Period - Jul to Jun 2017/18	Total	Average	
Discharges	227.0	37.83	per month
Case weighted discharge (CWD)	437	1.93	per discharge
Length of stay	515.0	2.27	per discharge

Comparison Period: Jul - Jun 2016/17	Total	Average	
Discharges	345.0	28.75	per month
Case weighted discharge (CWD)	651	1.89	per discharge
Length of stay	680.0	1.97	per discharge

- **Improving the care of readmitted inpatients:** Late last year an update was provided about the work being done to identify people being re-admitted to hospital for care by General Medicine so that the multidisciplinary team was able to put arrangements in place to ensure the best chance of people remaining healthy without the need for further hospital admissions. One of the actions being taken to ensure this was the addition of an icon to FloView so that reasons for repeated admissions are considered at the daily Board Round. At the height of winter between 5 and 7 patients were being identified each day as requiring special attention. This approach has now been expanded across all other services in Christchurch hospital with the objective of starting conversations that will see teams to explore different support mechanisms to enable people to stay as healthy as possible on their return to the community.

- **Ensuring Effective Flow from the Emergency Department to Inpatient Wards:** It is generally important that patients who have presented to the Emergency Department and require inpatient care are transferred to the ward as soon as possible after a decision is made about which service will provide definitive care. Once a patient has been accepted by a service a bed is allocated in an appropriate ward and the patient is transferred to that ward. The time taken for these processes to occur is measured to help us understand how we are performing. Efforts have been made to reduce the time taken to complete the first of these two steps in recent years. This has included focussing on throughput so that inpatient beds are available for the patients that most require them, continually fine tuning where we target nursing resources, ensuring that the Acute Medical Assessment Unit and Surgical Assessment and Review Area begin each day with sufficient beds for incoming patients and that there are at least one or two beds available in all areas. Ensuring that Duty Nurse Managers have a standard way of choosing the next most appropriate placement for each cohort of patients and make use of mobile technology have been important contributors. This constant attention has led to a marked reduction in the time taken for this part of the journey over the long term. December 2017 saw us reach an all-time record for this measure with the average time from bed request to allocation sitting at just over 14 minutes.



- Over the coming year we aim to maintain this performance while working to reduce the time it takes between bed allocation to the patient leaving the Emergency Department.

- **Bedside Boards and Handover in Maternity:** As a part of implementing the tools provided as part of the Releasing Time to Care programme, maternity services at Christchurch Women's Hospital have implemented bedside boards and bedside handovers. These changes are improving communication between women and midwives and ensure that midwives are connecting with women earlier in the shift and have an understanding of things the woman wants to know about her stay. It also means women now can be reminded of the name of the midwife caring for them as it is written each shift on their board.

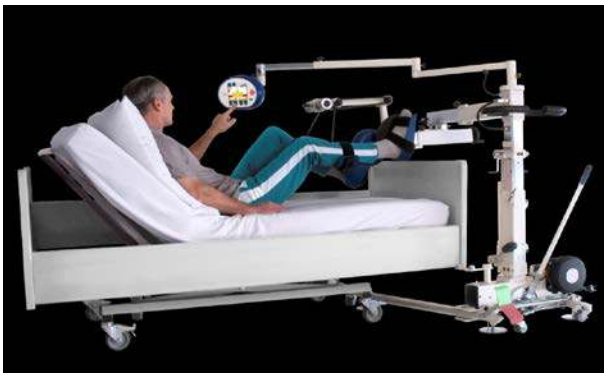
- Bedside Boards contain information about the woman and the team that is providing their care. Control of what is written on the board is given to the woman. It is a useful way of ensuring that midwives know how to contact women especially if their baby is in the neonatal unit, when each woman intends to leave hospital and continue their care at home with their LMC and any other specific requirements. The expected date of transfer home is used to inform the timing of when women need to see certain other members of the team prior to heading home. FloView was launched in maternity services on 7 February and will provide visual cues needed for each of the services about who needs to visit which woman before discharge so she can leave the unit when she plans to transfer.

- Bedside handover means that each midwife is introduced to all of their women at the start of shift by the outgoing midwife, rather than the whole team receiving a verbal handover covering all patients in the ward office. This often means that this introduction is made 30 to 60 minutes sooner than it may have otherwise have occurred. Midwives have been provided with a video providing advice on how to handle especially tricky situations. This process alone has released extra time from each midwife's shift to provide direct care to women and their babies. The Maternity Service is thankful to other teams that have shared their knowledge after implementing this change to handover in their areas.

- **New equipment to help maintain activity for bed-bound patients:** People who are bed or chair bound due to acute illness decondition quickly, this slows down their rehabilitation and makes it more difficult to regain the function required to successfully return home. The Physiotherapy service has been supported to purchase two pieces of equipment, via CDHB Trust Funds, that will support patients to engage in therapeutic exercise across the Christchurch Hospital Campus. The two MOTOmed devices are designed to increase physical activity and

reduce sedentary time for people who are bed or chair bound, through passive or active, arm and/or leg cycle exercises. This activity has been shown to decrease intensive care unit and hospital length of stay, improve functional outcomes at hospital discharge, and is safe and effective even for patients who are critically ill. A trial was carried out on the Christchurch Campus in the middle of 2017 where both machines were utilised for two and half months by Physiotherapy staff across the campus. 129 individual sessions were completed with the majority of use in ICU (59) and the Acute Stroke Unit on Ward 24 (45). 68 (53%) of these sessions were solely undertaken by Allied Health Assistants (AHA's) following prescribed delegation from Physiotherapists. In total, 2,381 mins of physical activity was provided through the use of MOTOmed machines and the majority of this activity was additional to what would normally have occurred for these patients. No negative incidents occurred and patient satisfaction was very high.

MOTOmed Letto



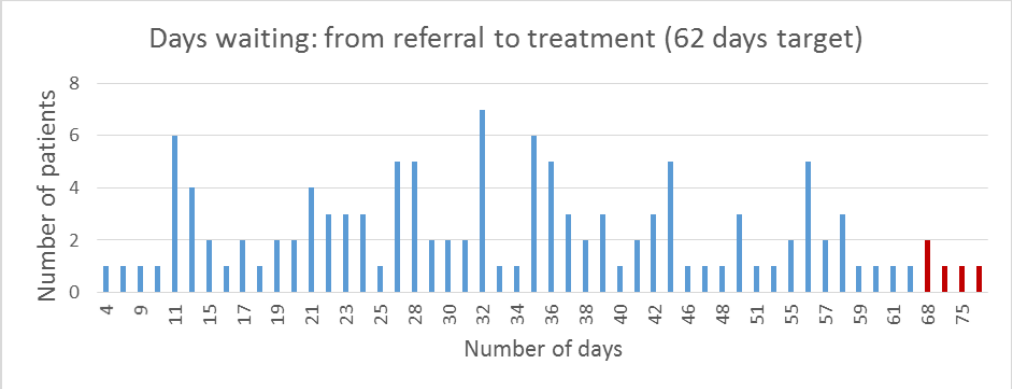
MOTOmed Viva

REDUCING THE TIME PEOPLE SPEND WAITING

Medical & Surgical and Women's & Children's Services

- **Faster Cancer Treatment: 62 Day Target:** For the months of September, October, November 2017 Canterbury DHB submitted 141 records to the Ministry of Health (MoH). 23 who were not treated within 62 days of their referral, 19 were because of patient choice or clinical considerations and so are excluded from the compliance calculation. Compliance was 96% against a target of 90%.
- **31 Day Performance Measure:** Canterbury DHB submitted 410 records in September, October, and November 2017. This figure includes patients also eligible for the 62 days target. In this period 87% of eligible patients met the 31 day measure against a threshold of 85%. To date the MoH has not applied the same changes to the 31 days measure as have been introduced for the 62 days target. This means that all patients who are not treated within 31 days of agreeing a treatment plan are included in the compliance calculation irrespective of whether the delay was through patient choice, clinical considerations or capacity issues.

- **Understanding the reasons for patients not receiving treatment within target times:** The MoH require DHBs to allocate a "delay code" to all patients who miss the 62 days target. There are three codes and only one can be used, even if the delay is due to a combination of circumstances. When this happens the reason that caused the most delay is the one chosen.
- The codes are:
    - **Patient choice:** e.g. the patient requested treatment to start after a vacation or wanted more time to consider options;
    - **Clinical considerations**: includes delays due to extra tests being required for a definitive diagnosis, or a patient has significant co-morbidities that delays the start of their cancer treatment
    - **Capacity**: this covers all other delays such as lack of theatre space, availability of key staff and process issues.
- Patients who missed the 62 days target due to patient choice or because of clinical considerations are not included so that the graph aligns with MoH reporting requirements.



- Who missed and by how much?

Tumour stream	Days waiting
Gynae	68
Lower GI	2 pts: 1 waited 75 days, the other 68 days
Respiratory (lung)	87
Haematology	72

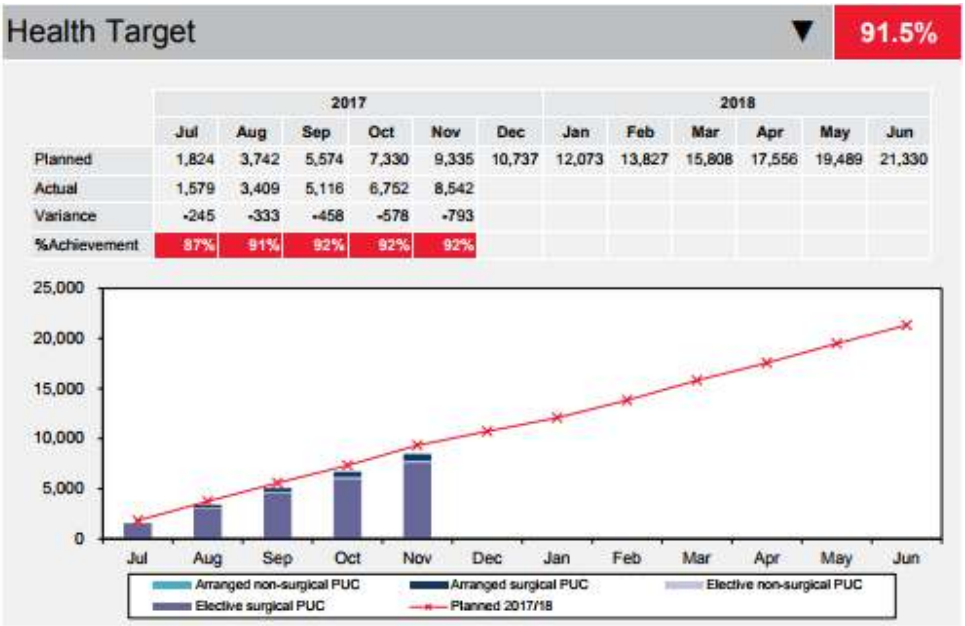
- The reason for delay is evaluated for each patient that does not meet the target. This will have happened in order to assign a delay code, but where the delay seems unduly long then a more in-depth check is performed. These cases are discussed with the Service Manager and Clinical Director to see if any corrective action is required.
- **Head and neck pathway:** This is a project jointly undertaken by Nelson Marlborough and Canterbury DHB. A workshop held in Christchurch at the end of August identified some improvements to be made to the pathway experienced by patients with head and neck cancer, especially where their care is provided by both of the two DHBs throughout the journey. Both DHB's have been using the outcomes to focus on ways to improve the patient pathway. Changes made so far include:
    - Booking coordinators now phone all patients who have a first specialist appointment within two weeks in order to reduce non-attendance;

- Dentists now have access to MOSAIQ, the oncology appointment system, in order to better coordinate tooth extractions;
- Information provided to new patients of the head and neck clinic has been shared with Nelson Marlborough District Health Board;
- Radiation Oncologists are now notified when a patient living greater than 50km from Christchurch is booked into their clinic in order to coordinate appointments with other specialties.

- These changes will be reviewed in six months to assess if they have achieved the desired outcome. Data presented to the workshop confirmed that the vast majority of patients have their first specialist appointment within two weeks and any imaging within two weeks.
- **Elective Services Performance Indicator Target Outcomes:** Latest final reporting from the Ministry of Health shows that Canterbury DHB achieved a yellow result for elective services performance indicator two (covering first specialist assessment) at the end of November. 22 of the 26 services that contribute to this measure had no patients waiting longer than 120 days at the end of August, one service had one patient, two services had four patients each and one had eight waiting longer than that time.
- The same report shows that Canterbury District Health Board achieved a red result for elective services performance indicator five (covering waiting time for surgery) for the third month in a row. However internal reporting indicates that a yellow result is expected during this period and work is underway to correct the data provided to the Ministry of Health. Data issues have been associated with the transition of data between patient management systems. An approach has been made to the Ministry of Health seeking a period where a notional buffer is used to calculate target achievement, in place of the usual method, and enable a realistic assessment of performance during transition between systems. Communication about this continues.
- The information reported via the Ministry of Health shows three of the 13 services contributing to this measure had no patients waiting for longer than 120 days for surgery. Eight services had five or fewer patients and one had 21 patients waiting longer than 120 days. One service is shown as having 60 patients waiting although internal reporting shows this service as having six patients waiting. Work is ongoing to ensure that correct data are provided and that services experiencing challenges in providing care to patients within the expected timeframes are supported to do so.
- **Continuity of service throughout multiple changes for the Hospital Dental Service:** Since the February 2011 earthquake, the Hospital Dental Service has relocated three times. Leaders from the service have now been actively involved in the planning and design for three new builds for the service and are looking forward to their final shift to the new outpatients' building in mid-2018. Through thorough planning and good co-ordination the service has rarely closed due to earthquakes or relocations and has prioritised the provision of consistent emergency dental care over elective outpatients work. Communication is supported by the production of a fortnightly newsletter by the Practice Manager to ensure that all staff are informed of upcoming changes and an "Extra Mile" award is given on a monthly basis to staff that are recognised for contributing above and beyond the routine requirements. The service has committed to ensuring that patients are not disadvantaged during relocations and has made extra efforts to communicate well with patients so that they know where their appointment is to be held. Staff have seen significant change since February 2011 and due to good communication and planning, have embraced the changes well. These changes include working from hot desks and focussing on working in paperlite ways.
- **Canterbury leader contributing to international standards for spirometry:** Spirometry is a test used to assess how well your lungs work by measuring how much air you inhale, how

much you exhale and how quickly you exhale. Spirometry is used to monitor respiratory disease and assist the diagnosis of asthma, chronic obstructive pulmonary disease (COPD) and other conditions that affect breathing. Patients in Canterbury have been benefitting from access to community based spirometry testing for many years. In order to support this activity, spirometry testing standards and a training programme have been developed and put in place in order to ensure that we are providing results that are of sufficient quality to guide diagnosis and treatment.

- The American Thoracic Society and European Respiratory Society have formed a taskforce that will update the international spirometry standards that are followed throughout the world by people carrying out this test. The increase in testing spirometry outside of respiratory laboratories has driven the requirement for many health professionals to be trained to provide high quality spirometry testing, this training relies on clear, useful standards.
- Dr Maureen Swanney, the Scientific Director of the Christchurch Hospital Respiratory Physiology Laboratory, has been appointed to this taskforce which aims to complete the guideline by the end of 2018. Dr Swanney is the first New Zealander to be appointed to such a taskforce, a move that recognises her expertise and provides a Canterbury System perspective on the panel.
- **Theatre Utilisation and Capacity:** Ministry of Health reporting for 2017/18 showed that following November 2017 CDHB was running behind target.



- All outsourcing arrangements were finalised and put in place during October 2017. Approximately half of the deficit at the end of November was associated with the planned volume of outsourced work. This cohort of discharges will quickly catch up to the planned volume.
- Internal reporting shows that at the end of December Canterbury DHB is on track to achieve the Elective Health Target with no deficit of in-house discharges. Once coding of discharges is completed this information will flow to the Ministry of Health and be reflected in its reports.
- **Effective use of freed capacity:** During the second half of 2017 Canterbury District Health Board experienced a short term challenge in providing sufficient registrar capacity in Cardiothoracic Surgery. This meant that some theatre sessions scheduled for cardiac operating were not able to be used for that purpose. This freed up anaesthetic capacity that was directed

towards enabling cardiology to carry out more trans-catheter aortic valve implantation procedures (TAVI). This procedure enables aortic valve implantation to be carried out through a catheter, rather than via the conventional operation and is able to be provided to people that are not clinically suitable for the conventional approach.

- This substitution enabled an additional six people to receive trans-catheter aortic valve implantation procedures during the second half of the year, eliminating the waitlist for this procedure. Patients are now receiving this procedure within 19 days of a decision to treat, this compares with a waiting time of 45 days earlier in the year. Because people receiving this operation typically present acutely this is saving significant time spent waiting in a hospital bed, enabling a quicker return home.

- **Updated model in Christchurch operating theatres – freeing nurses for clinical work:** Until recently operating theatre assistants have been used within the perioperative environment at Christchurch Hospital to carry out a range of support roles outside of operating theatres. Nursing staff have been responsible for the provisioning and setup of theatres as well as for a range of patient care tasks that occur in that setting. Work is underway to change the model so that operating theatre assistants will carry out a range of delegated tasks within operating theatres, supporting nursing staff to focus more on clinical tasks. This will see operating theatre assistant's roles expanded to include gathering the equipment, instruments and consumables required for operations and setting them up in theatres along with clean-up following operations. Implementation of this new model has begun in General Surgery. This initial phase has shown that operating theatre assistants can provide the most value when individuals are focussed on working in a single specialty so that they can develop expertise in that area. When this is the case they truly add value as part of an integrated team by supporting clinical staff to focus on clinical tasks. This programme is currently being expanded to cover neurosurgery.

- In February six operating theatre assistants will begin a Career Force course leading towards a New Zealand Certificate in Health and Wellbeing, Health Assistance Strand. This evolution in our way of working was prompted by the requirement to think about a standard model of care to be used in operating theatres across the Christchurch campus following the opening of the Acute Services Building's new theatres. Beginning to work this way now reduces the change load that will be faced at that time, and enables delivery of the expected benefits sooner.

- **Zero duplicate National Health Index Numbers:** The National Health Index number is a number that is assigned to each person using health and disability support services. This unique number allows people to be positively and correctly identified for the purposes of treatment and care, and for maintaining medical records. New National Health Index numbers are created when staff are unable to find an existing one for a patient. However, sometimes creation of a new number results in a duplication – with a person being provided with two of these unique identifiers. This causes a clinical risk because clinicians are unaware of all the information held under the other number. It is also time consuming to fix with duplicates taking between 30 minutes and six hours per patient to correct depending on the complexities of investigating and merging electronic and paper records into one.

- During November there were 8,342 patient attendances in the Emergency Department and 185 new National Health Index Numbers registered. The Ministry of Health's regular report showed that no duplicate numbers were created in the Emergency Department during the month. This is a great result requiring good systems and the dedication of Clerical Officers who are the first point of contact when patients arrive at hospital no matter the time of day. Getting it right first time saves significant re-work and is a fundamental part of providing a safe health system for people requiring care.

- **PICC line improvements:** In May 2017 an update was provided about improvements being put in place to prevent peripherally inserted central catheters (PICC) migrating in or out of the

vein at Christchurch Hospital. Successful securement protects the catheter from failure before the completion of therapy by stopping the catheter from moving within the patient's vein. It was expected that the use of SecurAcath® would reduce the number of reinsertions required, reduce the harm potentially caused by catheter migration (which can include death) and reduce the number of peripherally inserted central catheter related blood stream infection. An audit has been carried out to test whether these benefits were delivered.

- In the year to the end of July 2017, in Ward 15 and Ward 16 which incorporate the Surgical Progressive Care Unit and Surgical Acute Assessment and Review Area, seven catheter reinsertions were required compared with 38 in the previous 12 months – a reduction of 31 reinsertions despite an overall slight increase in the use of these catheters. In addition there was a reduction in the number of peripherally inserted central catheter related hospital acquired blood stream infections from 11 to five. This change has improved the care of patients by reducing the risk associated with migrating peripherally inserted central catheters and hospital acquired infections, discomfort and anxiety associated with catheter reinsertions while saving (in these wards alone) over $12,000 of resources associated with line reinsertion and $120,000 per year associated with additional care required by patients with hospital acquired infections.
- Use of this product had started earlier in Oncology Day Ward, Bone Marrow Transplant Unit and Ward 17 and results have been impressive in these areas too. There have been no catheter migrations in Ward 17 between 2015- 2017 and none in the oncology day ward during 2016 and 2017.

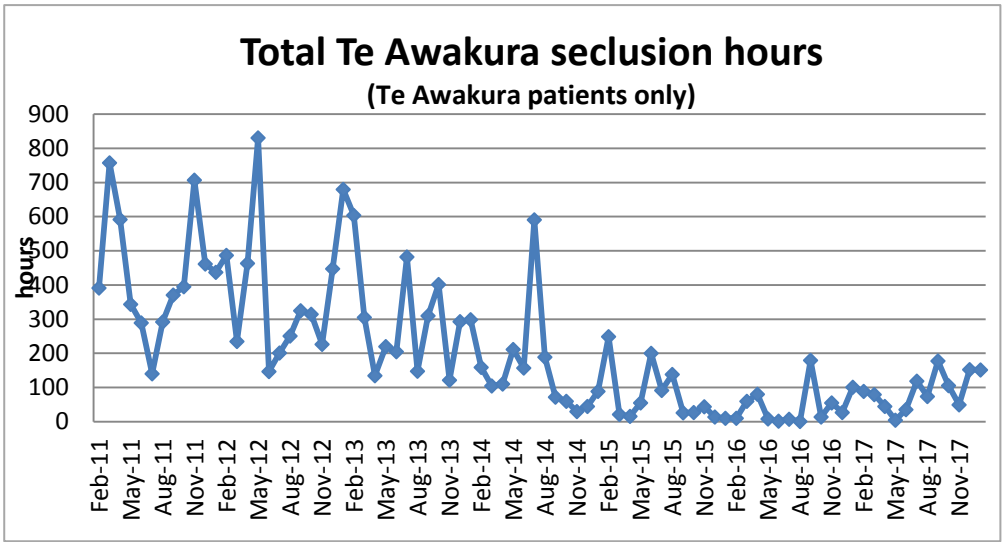
Specialist Mental Health Services (SMHS)

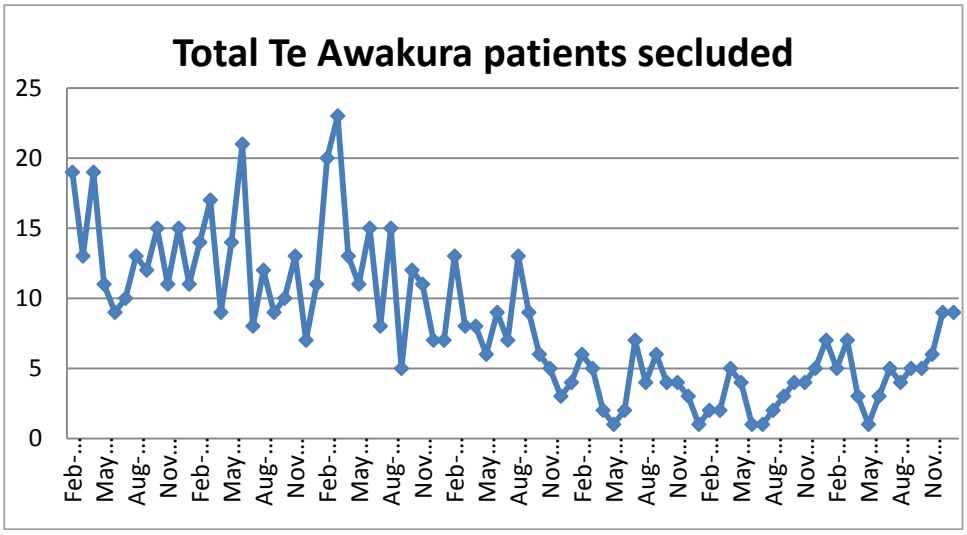
- Demand for Specialist Mental Health Services: The Specialist Mental Health Services divisional leadership team and Planning & Funding continue to closely monitor demand for Mental Health Services. Demand for both adult general and child and adolescent services is continuing to grow. Our staff work exceptionally hard, to provide the best care possible in some very challenging circumstances and we are continuously looking for ways to make the environment as safe as possible for consumers and staff. A range of initiatives are contributing to ongoing improvements. These include:
    - Plans are underway for a building modification designed to contain a high care area (HCA) to assist with addressing significant health and safety concerns that exist in the AT&R unit. This is the inpatient service for people with intellectual disability and challenging behaviour.
    - Nurse Coaches, the recently introduced senior nursing role established within Te Awakura (the adult acute inpatient service) have a focus on supporting practice for both registered and enrolled nurse's in their first year of Mental Health practice. The nurse coaches work afternoon shifts 7 days a week.
    - There are currently several AT&R staff on ACC due to serious work related injuries. Strategies have been put in place to maintain staffing levels for the unit through using pool staff familiar with the area and a short term staff secondment to assist in continuity of care. Maintaining this level of staffing is an ongoing challenge.
- We acknowledge the great work of inpatient staff is being complemented by the new entry to specialist practice (NESP) groups. These nurses, social workers and occupational therapists add much to the work that we do. Staff are committed to supporting and growing NESPs. Forty nine nurses (45 for SMHS, 1 for WCDHB and 3 NGO) and fourteen allied health new graduates commenced on Monday 29 January 2018.
- The nursing vacancy rate at end January 2018 is 12 FTE. We have a volunteer system across SMHS where staff can elect to work extra shifts, which is having a positive impact.

- Occupancy of the **adult acute inpatient service** has been high at 102% in December 2017 and 97% in January 2018. There were 41 sleepovers in December 2017 and 18 in January 2018. Such high occupancy is unsustainable and does not allow for increased demand over time. Planning and Funding are leading the development of community services that will provide an alternative to an acute inpatient admission.

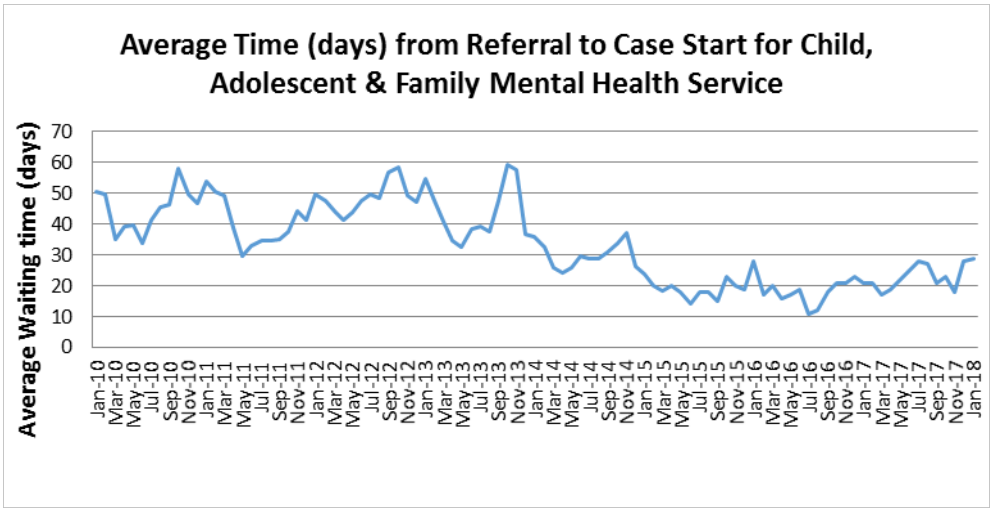
- **Demand for Crisis Resolution** increased slightly over the summer period. There were 204 new crisis case starts in December 2017 and 236 in January 2018. New crisis case starts require an assessment and response within a day of referral. The service is exceeding national targets with respect to wait times for adult Specialist Mental Health Services. The wait time targets are 80% of people seen within 21 days and 95% within 56 days. In December 2017, 97.4% of people referred to the Adult Community Service were seen within 21 days and 99.4% were seen within 56 days. The figures were 94.2% and 99.0% for January 2018. The percentages for December 2017 were 88.4% and 96.0% respectively when other adult services i.e. Specialty, Rehabilitation and Forensic were included. These figures increased slightly to 89.4% and 97.4% for January 2018.

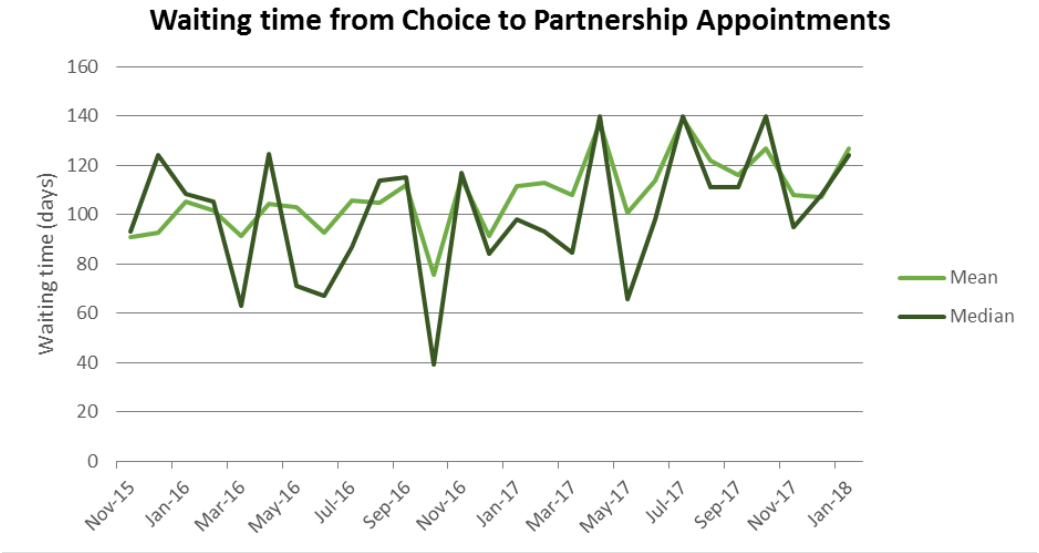
- Our focus on **least restrictive practice** continues to result in reduced seclusion. Within Te Awakura there were nine seclusion events for December 2017 for a total of 145.6 hours, and twelve in January 2018, for a total of 151.1 hours. The monthly average for the previous 12 months is currently 89.4 hours. Whilst there has been recent increases, SMHS is strongly committed to a least restrictive practice approach.





- **Child, Adolescent and Family (CAF):** Reducing wait times for Child, Adolescent and Family services remains a concern. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for December 2017 show that 65.0% of children and adolescents were seen within 21 days and 87.6% within 56 days. For January 2018 these figures were 63.3% and 85.9% respectively. Child, Adolescent and Family Services had 199 new case starts in both December 2017 and January 2018.





- The average waiting time between Choice and Partnership appointments is calculated retrospectively and has increased slightly over the December-January period.
- **Schools based Mental Health Team** has continued provide regular workshops and support to 145 schools across Canterbury. New workshops have been developed including on attachment; how teachers can foster greater security for their students, and sensory modulation; helping young people to self-regulate. The team also facilitates the bi-monthly ADHD parent support group and has recently formed a second support group in North Canterbury which has been well received.
- Currently members of the team are meeting with their schools in preparation for the upcoming term and identifying areas for work and support over the coming term and throughout the year, with many schools having wellbeing as their focus for the year.
- The "Sparklers" toolkit, launched in June 2017, continues to receive very positive feedback and is giving schools, children and parents more resources to enhance and build wellbeing. Greater liaison has been occurring with the Ministry of Education since Sparklers launched, promoting further collaboration.

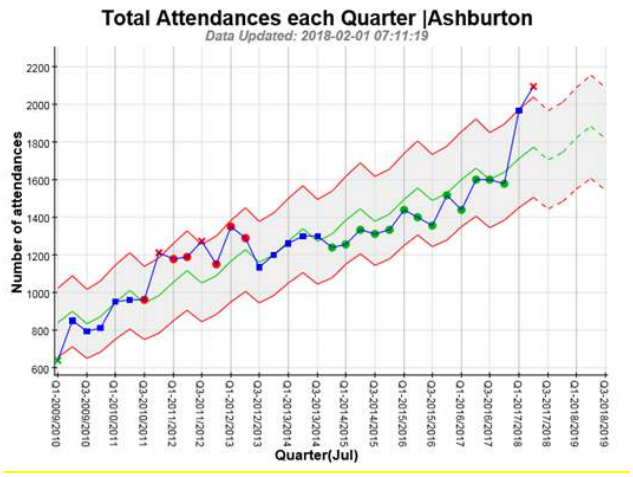
Older Persons Health & Rehabilitation (OPH&R)

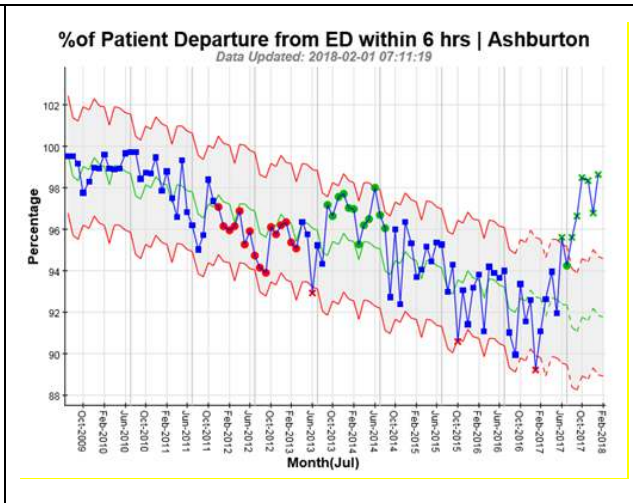
- **Outpatient activity moving to Burwood Campus:**
  - Christchurch Women's Obstetrics - "Preparing to Breastfeed" Group Education – commenced 18 January 2018 monthly sessions alternating between Thursdays and Saturdays utilising Education Room at Burwood Outpatients facility.
  - Canterbury Eye Service - Diabetic Retinal Screening – due to commence 7 February 2018, two full days weekly on Wednesday and Friday utilising two clinic rooms per session (this is a high volume group so a significant change to attendance at Burwood Outpatients.
  - Christchurch Women's Outpatients Department – Gestational Diabetes Education to commence on 5 March 2018, weekly session on Monday afternoons utilising two meeting rooms at Burwood. Thursday morning sessions have been requested also however current clinical education sessions are already utilising the outpatients spaces so working with Christchurch Women's service to see what other days they would be able to move to.
- **Community Dental Service:** To increase accessibility to our service we have been seeking volunteers within Community Dental service to work in the school holidays. Previously we

have opened Relief of Pain clinics (ROPs) at the Hillmorton site for five hours per day and parents have been able to ring the call centre with urgent issues and get an appointment for the next day. This was only for urgent care and only provided in one clinic and we were often overwhelmed and had to refer to private dentists to meet demands. We have had a positive response from staff and over the summer holidays we have been able to open chairs in various clinics across the city for business as usual. We have staff working the full normal day and hours providing treatments, follow ups, ROPs and pre-schoolers. We plan to continue this for the next school holiday using finance from vacancies while currently canvasing the staff to find out what went well, want could we do differently, what are the barriers especially for South and North Canterbury, and what would improve future holiday clinics. The call centre will canvas some of the parents whose children did attend these different sessions for their feedback. The outcome of opening these clinics has resulted in being able to reduce the wait time for appointments for the start of Term 1 and reduced the need to refer ROPS to the private sector, and offer appointments that are more patient and whanau friendly.

- **Elder Abuse Policy Review:** A working group was established in November 2017 to undertake a review of the Elder Abuse Policy for Canterbury DHB. OPH&R services have held responsibility for the Elder Abuse Policy that requires updating. The project covers the Canterbury and West Coast DHB health systems, and includes outlying representatives (Ashburton). The improvement includes standardising the Elder Abuse Policy for our Health System, in line with the National policies and ensuring maximum clarity and consistency in the provision of service to vulnerable elderly. This opportunity also enables the separation of governance and practice documentation and to ensure accountability to The Treaty and bi-cultural practice. Completion date scheduled for April 2018.
- **Orthopaedic Outpatients Confirmation Line:** Confirmation line for Orthopaedic Outpatients fully operational with 1400 calls during November. This line is for patients to phone and leave a message to confirm their appointment attendance, after hours staff confirm the appointment in the patient management system or arrange for rescheduling. This ensures that we are more efficiently utilising appointments with increased certainty that patients will attend, reducing DNA's (did not attend) and rescheduling available appointments to improve overall utilisation.

Ashburton Health Services





- The trend in presentations to the Ashburton Acute Assessment Unit continues to increase, the medical, nursing and administration team are consistently working towards maintaining patient

flow supporting patient treatment to be completed within six hours where clinically appropriate. There were some concerns that Christmas holiday period would experience a distinct increase in presentations, however the activity over this period was on par with the general flux in presentations. The challenge remains to roster an appropriate volume of nursing staff with appropriate clinical expertise to manage the high volume days in the unit. Whilst the pattern of peaks in presentation time during the day has a consistent trend, we are currently unable to confirm a distinct pattern in days of the week that consistently have a higher volume of presentations. The average volume per day is reporting at 22 patients, peak days are reporting 38 to 40 presentations, quiet days 15 to 17. We are undertaking a full exploration of rostering across the hospital to identify efficiencies in rostering practice and redeployment of nursing and hospital aid staff. Alongside this we are reviewing the implementation of our triage nurse role and responding to information identified in our three month trial.

- Work continues with the Ashburton Service Level Alliance to investigate the discussion of a consistent patient experience of afterhours care. This is critical work to progress as we undertake our planning to respond to the potential presentation and inpatient occupancy associated with winter.

- Building on this is the development of an Ashburton localised Frail Elderly Pathway in partnership with primary and community care providers. We have established the Ashburton Signal for Noise trend data as presented for Christchurch and Burwood currently. This provides the foundation for service improvement activity within the hospital, alongside which we can identify and progress integration opportunities to improve access for this cohort with our community partners.

- The Allied Health Team have confirmed their first local workshop exploring the Calderdale Framework and Service Accreditation in February. As we continue to explore our workforce planning to build a generalist Nursing and Allied Health workforce, the Calderdale Framework provides a foundation to build our planning on, in particular our focus is the integration with District Nursing and CNS where we are collectively delivering services in the community.

- District Nursing and Allied Health Leadership took the opportunity in January to visit our colleagues in the West Coast. This provided the opportunity to build on the relationships we have established and share service planning and improvement opportunities. One of the focus areas had been improving our utilisation of ACC through District Nursing, these learnings have already been implemented along with access to Christchurch Hospital FlowView. The West Coast model highlighted how we could be utilising this application to identify any Ashburton domiciled inpatient and actively plan towards their transfer to Ashburton Hospital where appropriate, our previous approach had been utilising a report base only.

Laboratory Services

- **Winter Planning**: Initial planning is underway in the Microbiology service at Canterbury Health Laboratories, with a focus on rapid diagnosis options for respiratory viruses, to support the triage of patients for hospitals.

- **Coronial Services**: The Canterbury DHB has been shorted list for delivery of Forensic and Coronial Support Services. Negotiations towards a contract are progressing well with the Ministry of Justice.

- **International Accreditation NZ (IANZ):** The laboratories are accredited by IANZ and are assessed against their standards on an annual basis by a team of professional assessors and peer reviewers. Their findings assist individual departments to maintain a high standard of competence and quality and are used to guide the laboratory's quality strategy. Findings from the assessment may take the form of Corrective Action Requests (CARs) which the laboratory is obliged to take action on to maintain its accreditation status. A total of nine CARs were

generated at the last laboratory assessment and all of them have been actioned and the responses have been accepted by IANZ.

- **Creutzfeldt-Jakob Disease (CJD) Guidelines:** Prion diseases such as CJD are rare in New Zealand but the hazards associated with these rapidly progressive, fatal neuropathies are such that some laboratory staff express concern about handling samples from these patients or those suspected of having a prion disease. Specific guidelines which clearly state the risks associated with various sample types and requirements for handling them have been drawn up in consultation with staff and unions and have been published in the CHL safety manual.

INTEGRATING THE CANTERBURY HEALTH SYSTEM

Acute Demand Management

- The service remains busy following the winter peak. The Acute Demand Management Service received 7,809 referrals for Quarter 2 (October to December). The Christmas holiday period saw a relatively high volume attending ED (with a high proportion of days over or close to 300 attendances). This increase has occurred since October 2017 and although the causes are likely to be complex it appears to be associated with decreased direct general practice referrals to AMAU. We will explore this further through the Urgent Care Service Level Alliance.
- Increasing pressure is being planned for in 2018. Despite a number of strategies to keep people well and manage them in the community. Our services will be very constrained as we attempt to manage expected volumes before transitioning to the Acute Services Building in 2019. Winter planning and new initiatives are underway to ameliorate growing demand which is underpinned by population growth.

SUPPORTING OUR VULNERABLE POPULATIONS

Older Persons' Health

- **Aged Residential Care:** There has been a significant decrease in the occupancy of rest home level care locally over the past few years. Hospital level care and dementia level of care bed numbers have been steadily increasing. There are now more occupied bed days at facilities providing hospital level care than rest home level care.
- There are a number of reasons for reductions in rest home level care occupancy including the post-quake rebuild of facilities despite our advice that demand would drop which has contributed to a further oversupply of available beds. A key Canterbury DHB strategic goal is that people stay well in their own homes and communities. It appears that an outcome of this strategy is that frail older adults now move into ARC later, when their needs are higher. Analysis of outcome measures utilised in both the InterRAI-LTCH (now used in all ARC facilities) and the interRAI-Homecare assessment tool, allow us to measure trends in acuity in both settings with greater clarity and certainty.
- **Pay Equity:** The Ministry of Health has agreed to fund a one off transitional funding payment for ARC facilities that have been experiencing financial difficulties, which are directly attributable to pay equity funding not matching increased wage costs. Eight ARC providers are receiving one-off transitional pay equity payments totalling $238k. The Ministry of Health has indicated Pay Equity revenue will remain separate for FY19 and will be incorporated into the population based funding formula in FY20. A process is underway to integrate pay equity into Home Based Support Care and Residential Care contracts.

Mental Health

- **Primary Mental Health:** Referrals from General Practice to Primary Mental Health Services continue to be high. Pegasus has recently introduced a triage process to help streamline access pathways and maintain phone contact with people who are waiting for a face-to-face appointment.
- **Addictions:** Alcohol and Drug Services are preparing for the new Substance Addiction Compulsory Assessment and Treatment (SACAT) implementation from 21 February. Canterbury will have the only SACAT facility nationally, although others may be developed if demand requires.
- **Child and Youth:** Work is ongoing to determine how best to support child and adolescent wellbeing. In collaboration with Education, Police, and other sectors, a framework is being developed to make best use of existing resources and apply new funding in a way that supports sustainability and consistency.

Primary Care

- **Pharmacist-supply of Nicotine-Replacement Therapy (NRT) and (emergency contraceptive pill) ECP:** Community pharmacists can now supply funded NRT and funded ECP to eligible patients without a prescription. In both cases, the pharmaceutical co-payment applies (normally $5). The pharmacist consultation necessary to assess patient need, optimal care including dosage is not funded. Pharmacists may charge patients a fee for this professional care, which they must disclose before providing it.
- **Primary Care Capability Service Level Alliance:** The Canterbury Clinical Network is currently calling for nominations from across the health system for the Primary Care Capability Service Level Alliance (SLA). The SLA will be established in March 2018 with the aim of giving increased focus to patient experience. The SLA will bring together a number of integration elements and enablers from across the Canterbury health system.
- The SLA will also provide leadership to activities that support coordination and integration across primary care. The SLAs primary focus will be on providing strategic system leadership to enhancing and supporting the capability and capacity of general practice, (and 'future' general practice - as opposed to the traditional models) to enable the delivery of a better patient experience.
- This SLA will be crucial in supporting and enabling General Practice to meet the need of our growing population.

Integrated Family Health Services and Community Health Hubs

- Closer integration of health services is being pursued in several rural areas.
- **Hurunui** – The Hurunui Health Services Development Group (HHSDG) has extended the opportunity for community feedback until 28 February on the proposed model of care for health services in the Hurunui. The model includes closer integration between the five general practices (particularly in the delivery of urgent care after-hours) and an overnight observation capability to reduce patient flow to Christchurch Hospital. The HHSDG will consider feedback received and finalise its recommendations over March/April.
- **Oxford** – The Oxford and Surrounding Area Health Services Development Group (OSHSDG) is continuing to develop a proposed model of care, community feedback is anticipated in mid-2018.

- **Akaroa** – Akaroa Health Centre has temporarily relocated from the former hospital site to 110 Rue Jolie, and in March ownership will transfer from Dr Knapp to Akaroa Health Ltd. Tenders to build the planned new facility are being evaluated.

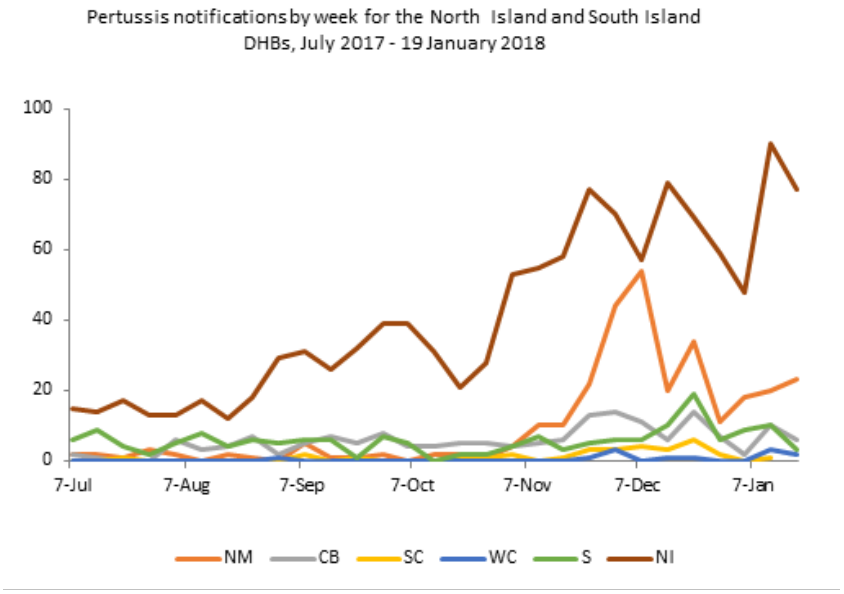
Maori and Pacific Health

- **Canterbury Māori Health Providers:** He Waka Tapu are working together on suicide prevention with Bros4change, who have recently premiered a documentary at the Piano room in Christchurch with around 350 attending. The kuapapa was "Tell me I can't" and was aimed at supporting rangatahi (youth) to make positive change. Bros4change is supported by a range of organisations including Te Puni Kōkiri, Te Pūtahitanga, Rātā Foundation and Ariki Creative. He Waka Tapu are working in suicide prevention and are campaigning together with Bros4change to provide four short sessions in supporting rangatahi on "finding their happy".
- A number of our providers are continuing to promote and support the kaupapa Pae Ora, City to Surf in 2018. To date they have received over 500 registrations from whānau members for the event on 18 March 2018. Their aim is to get 1000 registrations to support whānau to come together to celebrate wellness.
- **Canterbury Pacific Health Dashboard:** Similar to our Māori population, our analyst staff in Planning and Funding have been hard at work developing a Pacific Health Dashboard. The dashboard is attached (Appendix 2). The dashboard should be read in conjunction with the notes on the second page. As with the Māori dashboard there are some areas that our Pacific population are doing well and indeed very well in but others that need much more progress. For example, Pacific children are tracking very well in breastfeeding and immunisation (8 months) but as with Māori children the oral health target results are poor. The adult and child ASH rates are very poor and again, similar to Māori the cancer screening rates need improving.

Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update:** A workplace wellbeing toolkit is currently in the development phase. The *All Right?* resource will focus on the things that employees can do to look after their personal wellbeing at work. Although this will be accompanied by information about the creation of mentally healthy workplaces generally, this won't be the focus of the resource. The toolkit will feature videos of employees in a range of workplaces describing their top tips for maintaining personal wellbeing at work, and will be housed on the *All Right?* website along with links to key documents such as the Mental Health Foundation's Five Ways to Wellbeing workplace toolkit. The *All Right?* campaign is currently developing its next major campaign. The focus of the new campaign will be on the wellbeing benefits associated with 'downtime'. The main tool of the campaign is a 'downtime dice', an 11-sided dice featuring icons of different downtime activities. The intention is to distribute the dice through general practice, libraries, City Council Service Centres and workplaces. The campaign will be launched in April.
- **Pertussis – an update:** New Zealand is in the early stages of a national pertussis outbreak which was declared in November 2017 (refer to the Figure 1.). The last national outbreak spanned August 2011 to December 2013. In 2017 the highest numbers of pertussis cases were reported by Canterbury (240 cases), Southern (235 cases) and Nelson Marlborough (234 cases) DHBs. The DHB with the highest rate was Nelson Marlborough DHB (159.8 per 100,000), followed by Southern (73.7 per 100,000) and Hawke's Bay (62.6 per 100,000, 101 cases) DHBs. From 1 January–31 December 2017, the highest reported pertussis rates were among those less than 1 year old and those aged 5–9 years (214.4 and 90.3 per 100,000, respectively).

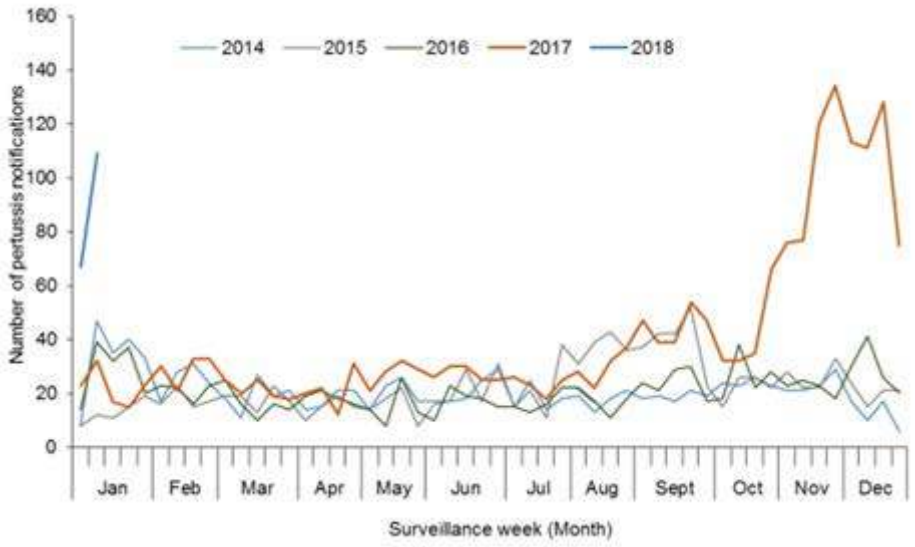
Figure 1. Pertussis notifications for North and South Islands DHBs (to 19 January 2018)



NM – Nelson Marlborough
CB – Canterbury
SC- South Canterbury
WC – West Coast
S – Southern
NI – North Island

- The national scene (in the context of previous years) is shown below providing a useful context for the current situation. Total pertussis notifications by week for 2014–2018 (to week ending 12 January 2018) are shown below in Figure 2.

Figure 2. Number of pertussis notifications by week reported, 2014–2018



- C&PH continue to give high priority to the following:
  - Cases known to have close contacts vulnerable to pertussis including those who work or attend a setting with such persons.
  - In consultation with the attending medical practitioner, ascertain pertussis immunisation status and determine whether there are close contacts for whom chemoprophylaxis is appropriate.

- Ensure exclusion from preschools etc. until the appropriate number of days of a suitable antibiotic have been completed.
- Ensure infants, pregnant women and people at high risk from severe or complicated illness are protected.

- Communications:
  - The levels in Canterbury have been elevated and constant but not as high as those in Nelson Marlborough (as illustrated in the graph above).
  - Both the Public Health Nursing Service Preschool Health newsletter due for release in February and the Health Promoting Schools newsletter due for release in February will contain information regarding pertussis.
- **Recommendations of the Havelock North Report:** On 19 December 2017 following the release of the Havelock North stage 2 Inquiry Report the Director-General of Health issued a statement under the Health Act 1956 and advised all drinking water suppliers and drinking water assessors that:
  - Protection of drinking-water sources is of paramount importance and a founding principle of drinking-water safety.
  - Every drinking-water supplier must contribute to the protection of drinking-water sources.
  - The risk to the public is increased if drinking-water is untreated.
  - To provide adequate protection to public health, suppliers providing drinking-water to untreated networked supplies should consider implementing appropriate and effective treatment without delay; and
  - They should reconsider their reliance on secure bore water status as a means of providing safe drinking-water.
- The Ministry advised that all drinking-water assessors should therefore contact networked water suppliers who supply secure bore water and ask them to reassess the security of their bore water. Additionally, drinking-water assessors should contact any networked water suppliers who supply non-disinfected drinking-water and ask them to reassess the treatment of their drinking-water supplies to ensure the provision of safe drinking-water. Ministry of Health officials required drinking-water assessors to urgently take action with regard to large and medium networked supplies in their regions which meet these criteria.
- In response to this request C&PH's drinking water assessors emailed the Director-General's statement to all drinking water suppliers and asked them to consider this request and advise by the 22 January what actions the drinking water supplier (generally this is the local council) was intending to take in response to the statement. The CDHB was required to respond to the Ministry of Health by 31 January.
- **Christchurch City Council – Drinking Water update:** In line with the Drinking Water Standards (DWS), a drinking water supplier supplying water from a source that is deemed secure bore water (i.e. water that is free from surface influence and free from contamination by harmful micro-organisms) has on-going requirements to meet, to ensure the water remains secure. One requirement is to provide five yearly reports confirming the condition of the bores. There are a total of 155 bores serving Christchurch city and in practice approximately 20% of these are inspected each year. Some bores inspected towards the end of 2017 were found not to meet the requirements for on-going security. In response to this information the Drinking Water Assessor removed the classification of 'Secure' for the Christchurch supplies. Without the secure designation Christchurch supplies do not meet the protozoa compliance requirements

of the DWS and there is an increased risk of bacterial contamination via the unsecure bore heads.

- The CCC Engineers Report recommended temporary chlorination for the protection of public health until secure status could be returned to the water supply and this was supported by the Medical Officer of Health and Drinking Water Assessor. The Christchurch City Council voted on 25 January 2018 to temporarily treat the City's water supply to provide an extra level of protection against waterborne illness. The temporary chlorination has been approved for up to 12 months while work is done to ensure all the city's below ground well heads are sealed at the surface to protect them from contamination

- **Christchurch International Airport and C&PH – emergency preparedness:** During attendance at the various Christchurch International Airport meetings, C&PH routinely offers Infection Control and Personal Protective Equipment (PPE) Training. Following a meeting in November the Airport Fire Service (AFS) and Aviation Security took up this offer. Training sessions were held with three of the four Watches in December with the fourth set for early 2018. The training also allowed for a wider discussion around the role of C&PH at the border including dealing with ill passengers and biosecurity. During one of the sessions the opportunity to review the contents of the AFS Pandemic Kit was taken and a number of recommendations were made for improvement. At the request of the Operations Manager of the Aviation Security (AvSec) a review of their pandemic kits was also undertaken with no recommendations required. A discussion was held regarding the provision of Infection Control and PPE training for approximately 150 AvSec staff. The model used for AFS would prove very resource intensive for C&PH so a proposal to run Train the Trainer sessions was suggested. The Operations Manager will take this recommendation to the next Health and Safety meeting for consideration.

- **Annual Canterbury Health in All Policies report 2017:** Attached as Appendix 1.

- **Southern Hemisphere Medical Camp – Malolo Island Fiji, December 2017:** C&PH's Pacific Health Promoter presented to medical students at the recent Medical Camp held in Fiji. The medical conference held over five days was attended by students from Australia, New Zealand, Fiji, Tonga, Papua New Guinea and the Philippines. The presentation provided an overview of Pacific peoples living in New Zealand and their health status. The main part of the presentation focused on the recovery of Pacific peoples in Canterbury and a number of the *All Right?* campaign projects implemented post-earthquakes. In addition to the presentation, students were involved in a wellbeing activity which allowed them to think about their own wellbeing.

- The objectives for presenting on Pacific Mental Health were threefold:

    - Firstly, raising awareness of the health status of Pacific peoples living in New Zealand so that the medical students were more informed – many may come to work in New Zealand in the future.

    - Secondly, providing the students with information of the psychosocial recovery of Pacific peoples in Canterbury after the earthquakes. The intention was for the students to see the difference in how different populations groups responded to the recovery and the importance of the *All Right?* campaign in providing the opportunity for the groups to come up with their own recovery plan.

    - Thirdly, through the wellbeing activity to encourage the medical students to look at their own wellbeing before treating others.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Acute Services Building**
  - Project Managers have defined responsibilities for themes to ensure effective knowledge transfer from Burwood.
  - Workshops with contractors to review the equipment, design and requirements for group 1 items are underway and ongoing.
  - Procurement activities are on track.
  - Risks are being highlighted, in particular around multiple facilities projects having a similar timeframe and competing for resources.
  - The budget is continuously tracked to ensure scope is adhered to, with a process to manage any escalations.
- **Amadeus (new patient data repository)**
  - Discussions started with Orion on using Amazon Web Services for hosting the data.
  - Privacy requirements with Ministry of Health are being worked through before we can start to receive data.
  - A business proposal has been written for the next stage to build the permanent Amadeus section which is currently with the Corporate and Finance team for review.
- **Christchurch Outpatients**
  - Key contacts in operations have been nominated and a plan of engagement to ensure the validation of IT requirements is underway.
  - Marked up plans detailing hardware and IT details are in production and a formal sign of process and template has been agreed.
  - The budget is on track and is regularly monitored to ensure compliance.
  - The programme team are working to ensure robust communication from the operational working groups to ensure effective planning.
- **Cardiac Test Repository**
  - Vendor Contract (FujiFilm) and Financial Plan process completed.
  - Regional delivery framework and Governance agreed and in place between all participating DHB's.
  - Network design, device audit and test plan development in progress.
- **Electronic Medicines**
  - Meetings are progressing with the vendor, DXC to work through what is required to upgrade the MedChart software.
  - A business case has been progressed for a larger software upgrade in 2018.
- **Health Connect South**
  - Independent report into service improvements completed, and a plan to implement recommendations is being prepared.

- A release to bring in new functionality is scheduled for February 2018.

- **South Island Patient Information Care System (SIPICS)**
  - Preparations continue for the rollout of the software into the main Christchurch Hospital. Work flows are being documented for each service that provide assistant for detailed planning.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- As a team we are mapping out known and predictable communications activities for 2018 and planning so that we can best support the projects that are most consistent with the organisation's stated priorities over the coming year. The eternal challenge that makes health communications a fascinating place to work – are the new and unknown issues that arise on a daily basis, including emergency response and public health issues which need to be managed immediately.

- A key piece of work underway is a communications plan for a restorative care initiative, essentially to encourage and facilitate people to be more active during their hospital stay to retain body conditioning and ensure they are well placed to return to living in the community with as great a degree of independence as possible. In its initial stages it will look at how hospital staff can promote and encourage appropriate restorative behaviours among patients and families while at the same time minimising the risk of harm.

- **Care Starts Here:** Work on the organisation-wide Care Starts Here programme continues with planning underway for staff engagement activities for the year. Initial work includes promoting a survey and feedback opportunities to help the organisation strengthen its Code of Conduct and core People and Capability policies. The first Care Starts Here initiative, the Big Shout Out, closed at the end of December and attracted 900 participants and over 700 Shout Outs with approximately a third of the organisation receiving a Shout Out (as many were to groups rather than individuals) in just three weeks. The campaign successfully promoted the idea of 'Valuing Everyone' and drove almost 500 to a closed staff-only Facebook group to support ongoing conversations around the Care Starts Here programme.

- **Influenza season/winter planning:** The team is currently investigating best approaches for public and staff communications to encourage as many as possible to avoid infection in the upcoming influenza season. The campaign will likely include immunisation promotion as well as messages about hand hygiene, covering coughs and sneezes, staying home if you're sick and we'll be refreshing our information on 'caring for someone with influenza at home'.

- **Media:** Media enquiries during December 2017 and January 2018 were numerous and varied and included questions relating to the nationwide whooping cough outbreak, keeping healthy in hot weather conditions, and water chlorination. The Christmas/New Year period was a busy time for on-call media advisors - amongst other queries regarding condition updates for people involved in motor vehicle accidents and other high profile incidents which resulted in someone being admitted to one of our hospitals, they fielded media calls on babies born on Christmas and New Year's Day.

- Considerable time was spent on communications for disease outbreaks and health warnings on algal blooms in our waterways. Media also enquired about Canterbury DHB's WellFood team preparations for patient meals on Christmas Day, and The Press featured an interview with an ED doctor, Jan Bone who worked on Christmas day.

- Other media enquiries included delays in discharge of patients from our mental health assessment, treatment and rehabilitation unit; pharmacist's salary bands; use of amalgam in our dental services, impact of ongoing road works near Christchurch Hospital; the cost of alcohol-related presentations to Christchurch Hospital's emergency department; and chlorination of Christchurch water.

- January's publication of the New Zealand Medical Journal resulted in a busy round of television, radio and print interviews for Canterbury DHB clinicians whose research was profiled in the journal. These included Dr Ruth Spearing on the subject of cancer treatment for young adults and adolescents, and Dr Scott Pearson on the number of indoor trampoline injuries presenting to ED since the introduction of indoor trampoline centres.

- We issued media releases on the appointment of Dean Rangihuna from Specialist Mental Health Services to the government's Mental Health Inquiry Review team, and advice from Community & Public Health on how to keep healthy and safe during hot weather conditions. Medical Officer of Health Dr Alistair Humphrey was interviewed extensively on this topic across media channels.

- We have a fortnightly live radio interview on Newstalk ZB's Canterbury Mornings with Chris Lynch. In recent weeks, Dr Ramon Pink spoke about whooping cough, David Meates reflected on the highlights for health in 2017 and provided an update on building works, and Dr Alistair Humphrey spoke about keeping healthy in hot weather, and the temporary chlorination of Christchurch's drinking water.

- **Facilities Redevelopment**: Ongoing work communicating site activity related to the Acute Services building and Outpatients builds, mostly via the daily global and weekly CEO updates. This work has included new time lapse videos of both building projects which was picked up by The Press and run on their website. Detailed planning is underway for the blessings, staff and public open day for the Health Research Education Facility, acute services building, and Christchurch Outpatients.

- Current roadworks around Hospital Corner have been communicated extensively to staff. As the situation changes almost daily, we aim to share as much information as we can so staff are informed.

- We are also working on the communications and event management for the blessing and other opening events for the Health Research Education Facility [HREF] building and site blessing and community meeting for the new Akaroa Health Centre to be held on Saturday 24 February.

- The communications team is involved in all of the workshops to help prepare staff for the move to new facilities, as well as working with the migration planner and project leads to ensure people are kept informed of what's happening and when, and what they need to do to prepare. High level planning is also underway for blessings and public and staff open days at our new facilities.

- **New public websites:** New public websites are currently being developed for both Canterbury and West Coast DHBs. The project is particularly focused on making useful health information more readily available on mobile devices, and delivering our public information in an accessible way that all people can use. The design and content development phase of the project is underway, with participation from staff across both health systems to provide accurate and helpful service information for people to use our health system. We are on track for a June 2018 completion.

- **CEO Update stories:**

  - Radiation Oncology at Christchurch Hospital is gradually implementing evidence based international guidelines across most of the cancer sites in line with the Choosing Wisely campaign which has been widely accepted worldwide and adopted by the Royal Australian and New Zealand College of Radiologists. The initiative aims to avoid wasteful or unnecessary medical tests, treatments and procedures. It encourages clinicians and patients to discuss which medical tests and procedures may be unnecessary for their condition, and in some instances, can cause harm. Radiation Oncologist Avtar Raina says Radiation Oncology is an `investment heavy' medical specialty with the cost of machines and planning equipment running into millions of dollars. Given that New Zealand is a small country with limited public health budgets, it is important to use resources appropriately and at the same time deliver international standard, evidence-based care for our patients, she says.

  - December marked the 20 year anniversary of Christchurch Hospital's Cardiothoracic Surgery Unit. Before it was established after a long political battle South Island patients needing life-saving heart surgery had to travel to Dunedin for treatment. The Cardiothoracic Surgery Unit performed its first operation on December 3, 1997. Today the unit is considered an Australasian leader in coronary bypass surgery on the beating heart; a method of coronary artery bypass, which has helped in early recuperation and made operations possible for high risk patients, with minimal complications.

  - After 12 years as the Coordinator of the Volunteers, Jan Danrell has retiring. A special Christmas lunch with the volunteers marked Jan's farewell and a staff morning tea was held to say goodbye.

  - Highly respected Enrolled Nurse Glennis Wightman retired in December after 53 years of outstanding service to Canterbury DHB. Much of her career was spent in the previous Christchurch Women's Hospital. She worked in the Oncology Service for 10 years then moved into facilitating and supporting Outpatient Clinics.

  - Social Worker Lorraine Sutherland left Canterbury DHB after 47 years' service. Lorraine started her social work career in 1970 at the Child and Family Guidance Service at Whakataka House. In the 1990s Lorraine was employed as a research assistant for the Health and Development Study attached to the University of Otago and lead by David Ferguson. In 1994 Lorraine joined the Social Work Service at Christchurch Hospital working alongside Doug Sexton to advance the provision of social work in the Oncology Service.

  - Purchasing Officer and Information Technology (IT) Hardware Specialist Geoff Prosser witnessed vast change in the IT industry in his 34 year career. Geoff, who retired in December, begin working in the Resource Management Services Unit at the then the North Canterbury Hospital Board (NCHB) in 1983. He was one of those lucky enough to be allowed to use one of four IBM XT PCs. The computer is one of the early models of PC.

  - Canterbury DHB's Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP) was congratulated by the Ministry of Health for the quality of its service. The latest quarterly and financial report was described as "very detailed" by Programme Leader Antenatal and Newborn Screening, National Screening Unit Ministry of Health Samantha Everitt. She said it is good to see all the networking, engagement and ongoing development that is happening.

  - At the back of The Princess Margaret Hospital (TPMH) campus, on the third floor of the Heathcote Building there is a small team of clinicians with a mission. They call themselves 'The Green Team' and formed at the beginning of 2017 by Clinical Assessors Miriam Shaw

and Jill Lee to focus on environmental sustainability and put in place easy ways to improve workplace wastage and recycling. The team meet once a month to discuss ways in which we can remind/educate the wider team about recycling opportunities both at home and work. They also try to bring attention workplace wastage such as needless use of printing when documents are online and easily accessible and cutting down the use of fax machines in favour of e-mail attachments.

- **Te Panui Runaka (TPR):** Second-year health science undergraduate Samara Hewlett is the first recipient of Canterbury DHB's Ngāi Tahu Health Protection Officer scholarship. The scholarship pays for her tuition fees and a paid internship with Community & Public Health. Canterbury Medical Officer of Health Dr Ramon Pink says the annual scholarship has been introduced to increase the number of Ngāi Tahu health protection officers. The job involves identifying and managing potential health risks to the public with a focus on stopping the spread of infectious diseases and improving the health of the environment.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- A business case to develop a design solution for EQ prone Parkside Panels has been approved. Design for the panels (adjacent to the new link corridor) has been provided to the ASB link contractor for pricing after which a business case for construction will be forwarded to the Board. This work has some urgency as some panels must be removed prior to opening of the ASB Western Link Bridge. Other urgent panel works will be programmed after this tranche of work.
- Clinical Service Block roof strengthening above Nuclear Medicine: The business case has been approved and a Project Manager has been identified. Current delivery dates for the equipment are forecast for the end of May 2018. The programme for construction is reliant on this date. Design consultants have been engaged. Detailed design to start shortly, followed by construction.
- Clinical Service Block: Ground floor fire protection to Bone Shop side of corridor work complete, tagging and As Built/Producer Statements are in final review. We are currently awaiting responses to final questions raised by the fire engineer after which we will close out this piece of work.
- Design and planning underway for Labs Stair 3 (south-west corner). Business case for remaining work to stair 3, stair 4 and panels has been approved. Exemption from Building Consent has been granted and work is underway.
- Concept Design for strengthening of Parkside link to CSB is complete and has been priced by the Quantity Surveyor. A decision will be required on whether to proceed with these works.

Christchurch Women's Hospital

- Stair 2: Awaiting review from fire engineer to enable planning.
- Level 4: Crack injection around core to be undertaken. Parent room, kitchen and toilet areas complete. Difficulties gaining access to area due to patient levels.
- Level 5: Small amount of work to corridor unable to commence due to operational constraints (NICU). Working with teams to identify a suitable time.
- Level 3: All areas complete except reception, which is to be done at same time as stair strengthening to minimise disruption.

- Inspection of the flooring structure has identified potential damage to the floor ribs. Building Consent signed off for inspection of the ribs. Programme to be confirmed. This will require a detail assessment to determine extent of damage and subsequent repair strategies.

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering**
  - Database designs complete and in use by Site Redevelopment on current passive work.
  - Test rig complete and installer testing has commenced. RFP for materials is currently active on GETs and due to close mid Feb.
  - Currently working with ISG/Developers for options to transfer database to a cloud base system complete with E form and onsite inspection capability via IPad/ Android phone apps.
  - Continue to identify more non-compliant areas as other projects open walls/ ceilings.
- **Christchurch Hospital Campus Energy Centre**: This is managed by the Ministry of Health (*MoH*)
  - Service Tunnel: Structurally complete. Services complete and await commissioning and 3rd party sign off.
  - Energy Centre: Concept report including cost plan received by CDHB and commented. Preliminary design to commence January.
- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until boiler requirements have been resolved for the new energy centre.
- **Parkside renovation project to accommodate clinical services, post ASB (managed by MoH):** Health planners appointed and planning underway. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on advice from MoH as to outcome of master planning process. The SRDU team are having regular meetings with the MoH project managers (Projex) to assist in their information gaps.
- **New Outpatient project (managed by MoH).** Façade 70% complete. Internal services and architectural fit out underway. MoH/Leighs still to agree on construction programme and dates of handover to CDHB.
- **Avon Generator Switch Gear and Transformer Relocation**. Design work underway. Due to the small size and engineering component this is now being managed by M&E.
- **Otakaro/CCC Coordination.** Otakaro ARP works Oxford Terrace commenced. Otakaro have confirmed that they cannot complete all their work around OPD by opening date of OPD. Antigua St (between Oxford Terrace and Tuam St) works underway. No programme dates for 'Oxford Gap' (Riccarton Ave to Antigua St). No confirmation on bus stop land/afternoon staff cark park land swap.

Burwood Hospital Campus

- **Burwood New Build**: Defects are being addressed as they come to hand.
- **Burwood Admin old main entrance block:** Requirements for a minimally invasive ground improvement is currently being investigated. Options for new build for Mini Health precinct also being developed, along with redevelopment of top floor of Old Surgical Block. Feasibility study complete and report currently being prepared for consideration by Facilities Committee.
- **Drainage repairs**: Work complete. In final stages of As Built review.
- **Spinal Unit:** Design and user group process continues. Detailed design due for completion by end of February with tenders to go to the market in late March post scheduling work being carried out.

- **Burwood Birthing/Brain Injury Demolition**: Methodology to be agreed. External Project managers commissioned to undertake work. Programme from commencement of demolition could take up to 12 months to complete due to the complex nature of asbestos removal and the proximity of other clinical facilities. Existing switch board servicing other parts of the campus will need to be relocated and or re-routed to allow demolition to commence. Price for switchboard works received from market and orders are about to be placed. Consultant agreements complete and with legal for sign off with design work planned to commence in early February.
- **2nd MRI Installation:** Design work and planning continues. MRI scanner temporarily relocated from Merivale to storage at Print Place. Faraday cage installation is being repriced by another provider. A new MRI has now been sourced with the original Merivale MRI traded in as part of the procurement process.
- **Decision making frame work**: Proofing to commence shortly.

Hillmorton Hospital Campus

- **Earthquake Works:** No earthquake works currently taking place. This will be reviewed once the outcome of the TPMH mental health business case has been advised.
- **Food Services Building**. On hold at present. Currently undertaking a structural review to determine options for repairs concurrently with full or partial occupation.
- **Cotter Trust** on-going occupation being resolved as part of overall site plan requirements.
- **Mental Health Services:** Review of all Forensic services including PSAID, AT&R, Roko being completed, including refurbishment verses rebuild cost and logistic process. Awaiting results of clinical review. Concept design for AT&R built at Design Lab has been reviewed by staff. All Design Lab work complete. Designs returned to Architect and Project Manager to work with Architect to complete concept design based on CDHB modifications made at the Design Lab. Program of works issued to Clinical team. EOI/ RFP for full design currently in development stage and due to be issued mid to late Feb 2018.
- **Decision making frame work**: Proofing to commence shortly.

The Princess Margaret Hospital Campus

- **Older Persons Health (*OPH*) Community Team Relocation:** Options still being investigated by the service to relocate the remaining community teams from TPMH.
- **Mental Health Services Relocation:** Indicative Business case approved by Ministers in Sept 2017. The next step is the development of Detailed Business Case which is planned for July 2018 for submission.

Ashburton Hospital & Rural Campus

- Stage 1 and 2 works are both complete. Final claims have been agreed with the contractor. Final defects resolution and retention release expected by June 2018.
- **Tuarangi Plant Room**: Upgrade of access and egress systems. Information with M&E for confirmation, then to consultants for design.
- **New Boiler and Boiler House**: Project process to commence shortly.

Other Sites/Work

- **Decision Making Frame Work:** This work is now being led by Planning and Funding. Workshops have been scheduled to occur Feb to April 2018 for both the Burwood and Hillmorton campuses. Resilient Organisation Ltd have been contracted by Planning and

Funding to assist with this process. SRDU will continue to be heavily involved to ensure a streamlined process is achieved.

- **Akaroa Health Hub**. Both Resource Consent and Building Consent have been received. Main Contractor Tenders have been received and are currently being assessed.
- **Kaikoura Integrated Family Health Centre**: Code compliance received. Scoping of cosmetic damage due to November's earthquake is complete. Estimates provided to Corporate Finance. Final design works for remedials to adjoining neighbours drives have now started. These had been stalled due to EQ issues in the area.
- **Rangiora Health Hub**: Developed design underway. RPF for contractor to go to the market in November. Current MoH provided dates to allow removal of Hagley Outpatient building to Rangiora is 24 May 2018.
- **Former Christchurch Women's Site**: Order issued for bi annual grass cutting and weed treatment following requests from neighbouring owners.
- **Home Dialysis**. Business case to be presented to 30 January 2018 Facilities Committee meeting, for recommendation to 15 February 2018 Board for approval.
- **SRDU**. Project Management Office manuals re-write and systems overview. Approximately 45% complete.
- **Seismic Monitoring**: Business Case approved. RFP documentation being developed.
- **Laundry Building**: Currently under review for options to fix based on a change of use possibly for CDHB store/warehouse and other facilities.

Project Programme Key Issues

- The lack of a detailed Master Plan for the Hillmorton campus is affecting our ability to provide a comprehensive EQ decision making assessment. As a result, we will be submitting a proposal for the CDHB to undertake this piece of work. We will continue with the framework assessment, but it will need a more rigorous assessment for individual buildings given the lack of detail around service provision, models of care and synergies with campus facilities going forward.
- Additional peer reviews of Parkside and Riverside structural assessments is being undertaken by the MoH. This continues to push out the already protracted master planning process. This is also having an effect on the sizing and future proofing of energy supply from the proposed boiler house.
- Delays to the programme of works continue to add risk outside the current agreed Board time frames. Key high risk areas of Panel replacement are starting, as instructed by the Facilities Committee and CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. The urgent works undertaken to facilitate the MoH run link corridor works has further affected this. Restricted access has been given to one area.
- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up but the budget for this has not been formalised. On-going repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames.
- Passive fire issues are now being raised in the labs building. Initial scope completed and in process of completing a basic design work review for the area prior to progressing to full review/works.

- Uncertainty of delivery of MoH projects is severely affecting our ability to programme projects and allocate resources efficiently. Rangiora is one example in this space. A firm date from the MoH is not able to be provided currently.
- Proposed ASB Western Link – a number of constraints and issues have been identified by CDHB and these are being worked through with assistance from SRU. The requirements of additional decant space, the responsibility for undertaking the work and payment of costs is still to be addressed by the MoH as they are an ASB related project work face. Additional passive fire noncompliance has been found in areas of the proposed new links during opening works. Site Redevelopment have provided support and design details to mitigate risks to service provision for the theatres. Due to the limited timeframe certain noncompliance areas will be temporary filled, photographed and recorded for future repair.
- Burwood 2nd MRI. Delays to the procurement of the faraday cage installation contractor and the change of procurement strategies continue to push this project out. This is currently being managed by procurement. The use of an alternative contractor will create additional budget pressure due to existing agreements.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of December 2017 was a deficit of $5.950M, which was $0.008M unfavourable against the draft annual plan deficit of $5.942M. The year to date position is $0.238M unfavourable to the draft annual plan. The table below provides the breakdown of the December result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	0.158	-	**0.158**	(0.968)	-	(0.968)
Funder	(2.638)	(2.595)	**(0.043)**	(10.938)	(12.986)	2.048
DHB Provider	(3.470)	(3.347)	**(0.123)**	(11.161)	(9.843)	(1.318)
Canterbury DHB Group Result	**(5.950)**	**(5.942)**	**(0.008)**	**(23.067)**	**(22.829)**	**(0.238)**

APPENDICES

Appendix 1: Annual Canterbury Health in All Policies Report, 2017
Appendix 2: Canterbury Pacific Health Dashboard, December 2017

Report prepared by: David Meates, Chief Executive

DELIVERING AGAINST THE NATIONAL HEALTH TARGETS – PRELIMINARY RESULTS		Q1	Q2	Q3	Q4	STATUS
 **Shorter Stays in ED** Patients admitted, discharged or transferred from an ED within 6 hours	The Shorter Stays in ED health target results have not yet been released by the Ministry. Internal data suggests Canterbury will achieve the Health target with 94.7%.	94%	-			-
 **Improved Access to Elective Surgery** Canterbury's volume of elective surgery	The Improved access to Elective Surgery health target results have not yet been released by the Ministry.	4,989 (90%)	-			-
 **Increased Immunisation** Eight-month-olds fully immunised	Canterbury DHB achieved the health target with 95% of eligible children fully vaccinated at eight months. Only 1.2% of children in Canterbury were not immunised on time (excluding declines and opt-offs). Coverage was high across all population groups, meeting the health target for most ethnicities (98% Asian, 97% Pacific, and 96% New Zealand European). We did not reach the target for Māori with 92% (18 children missed).	95%	95%			✓
 **Better Help for Smokers to Quit** Smokers enrolled in primary care receiving help and advice to quit	Canterbury DHB achieved the health target in quarter one with 90% of smokers enrolled with a PHO offered advice and help to quit smoking. Canterbury DHB's cessation support indicator is again the highest in the country at 55%. This indicator shows the percentage of current smokers who have taken the next step from brief advice and accepted an offer of cessation support services in the last 15 months.	91%	90%			✓
 **Faster Cancer Treatment** Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	Canterbury Met the Faster Cancer Treatment health target with 94% of patients receiving their first cancer treatment within 62 days (excluding patients whose treatment has been delayed for clinical or personal reasons).	95%	94%			✓
 **Raising Healthy Kids** Percent of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle intervention	Canterbury DHB achieved the health target in quarter two with 96% of eligible children referred for clinical assessment and healthy lifestyle intervention. 'Referrals declined' increased slightly from quarter one (21% to 30%). The Ministry has commended Canterbury for the improving equity between ethnicities this quarter.	93%	96%			✓

HEALTH IN ALL POLICIES

CANTERBURY

ANNUAL REPORT 2017

Representatives from the Accessibility Charter's foundation signatories: Chris Mene, Regenerate; Rob Hall, Development Canterbury; Albert Brantley, Ōtakaro Limited; Don Miskell, Barrier Free NZ Trust; Ross Butler, Ōtakaro Limited; Evon Currie, Canterbury DHB; Steve Lowndes, Environment Canterbury Regional Council; Dr Karleen Edwards, Christchurch City Council (Not pictured)

ACCESSIBILITY CHARTER LAUNCHED

Te Arataki Taero Kore ACCESSIBILITY CHARTER

The Accessibility Charter – Canterbury: Te Arataki Taero Kore, spearheaded by Barrier Free NZ Trust and the Earthquake Disability Leadership Group, gives organisations an opportunity to lead the implementation of best practice accessible design in our communities, with the goal of a fully inclusive Canterbury. Improved accessed is linked to improved wellbeing. Foundation signatories include the Canterbury District Health Board (DHB), Christchurch City Council (CCC), Development Christchurch Limited, Environment Canterbury Regional Council (ECan) and Ōtakaro Limited.

Launched in November, the Charter working group has used a number of approaches that fit in with Health in All Policies (HiAP):

- Identifying that action to improve access requires high level commitment from organisations that hold decision-making roles
- Gaining cross-sector support for the concept of a Charter
- Focusing on the benefits to be achieved by a network of like-minded organisations
- Determining that support comes in many forms – visible leadership, technical expertise, stakeholders
- Seeking establishment funding to help 'make the case'
- Framing the Charter to enable each signatory organisation to apply the principles in their own context

Further information at http://www.accessibilitycharter.org/

HIGHLIGHTS

CANTERBURY FEATURED IN GLOBAL HiAP BOOK

The Sustainable Development Goals challenge us to move towards whole-of-government and whole-of-society approaches that leave no one behind. HiAP is core to this agenda. While there is no single or simple model for HiAP, there is growing evidence of conditions that facilitate HiAP.

The World Health Organization (WHO) and the Government of South Australia has published *Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world* which describes HiAP experiences in the context of the 2030 Sustainable Development Agenda, including a case study of how a HiAP approach was applied to the development of the Greater Christchurch Urban Development Strategy.

The book is available as a **free download from the WHO website** .

CANTERBURY LOVES FRESH AIR

The Fresh Air Project, New Zealand's first pilot of smokefree outdoor dining, was an overwhelming success with 18 of the 20 participating venues in Christchurch and Selwyn continuing to make their outdoor dining areas totally smokefree.

A three-way partnership between the Cancer Society, Canterbury DHB and the Christchurch City Council, the pilot was not only a win for business and customers, but has strengthened the existing collaboration between partners.

Since the end of the pilot in April several additional venues have joined the movement, including four in Nelson. A list of participating hospitality venues can be found at **www.freshairproject.org.nz**

Also developed in collaboration, the CCC Smokefree Action Plan was approved by Council earlier in 2017 and will be jointly implemented by the three partners.

ECAN-CDHB JOINT WORK PLAN A SUCCESS

A recent evaluation has found strong agreement among Joint Work Plan (JWP) staff from Environment Canterbury (ECan) and Canterbury DHB that the success of the overall JWP lies in its ability to facilitate relationships, influence outcomes and present a united stance.

This relationship was recognised at a special meeting in December which highlighted how HiAP has influenced the work between the two organisations and contributed to many achievements over the year including work on contaminated land and the recognition of the Canterbury Drinking Water Reference Group as an example of best practice.

JOINT ACTION ON ALCOHOL

The Christchurch Alcohol Action Plan (CAAP) is a collaborative plan developed by the Christchurch City Council, Police and Community and Public Health at the Canterbury DHB. It identifies shared areas of concern and provides a collective vision, strategies and actions aimed at achieving sustained reduction in alcohol-related harm across Christchurch.

Championed by Safer Christchurch, the CAAP outlines a vision for Christchurch without alcohol-related harm. It will achieve this via strengthening partnerships and sharing resource capacity (collaborate, coordinate, and communicate). Building on the proactive and collaborative work already undertaken to reduce alcohol-related harms in Christchurch, the CAAP enables partner organisations and the community to work together to reduce alcohol-related harm, especially in unregulated spaces.

STATS

17%

INCREASE IN NEWSLETTER SUBSCRIBERS

The new look HiAP newsletter launched in October was widely shared and attracted a number of new readers

212

PEOPLE ATTENDED HEALTHY CHRISTCHURCH LUNCHTIME SEMINARS

The 12 different seminars throughout the year covered a wide variety of topics.

53

SUBMISSIONS

In consultation with the wider organisation, the HiAP team coordinated submissions on behalf of the Canterbury DHB.

WORKSHOPS

The HiAP team and many stakeholders have been involved in the first two **Integrated Assessment workshops for the Ōtākaro Avon River Corridor Regeneration Plan** that form part of the formal regeneration planning process by Regenerate Christchurch. The first workshop helped shape the priorities and the second helped groups of stakeholders assess how some of the proposed land uses compared to those priorities.

A third workshop is planned for 2018.

Photo courtesy of Regenerate Christchurch

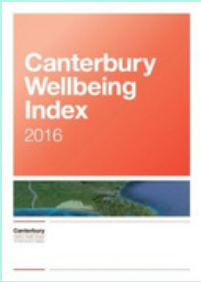
Long Term Plans are a statutory requirement for all local governments in New Zealand. Covering a period of 10 years, these plans have a huge impact on health and wellbeing outcomes depending on their focus and funding allocations. In May, local councils (Christchurch, Selwyn and Waimakariri), Environment Canterbury, Ngāi Tahu and the Canterbury DHB held a **joint workshop on their Long Term Plan priorities, challenges and next steps** to strengthen the inputs of a health and wellbeing perspective and identify areas of interest across the region that could be worked on together. There was strong support following the workshop for the value gained by everyone being in the same room hearing the messages at the same time as well as being able to workshop around specific issues.

A joint workshop on CCC-Canterbury DHB health-related initiatives held with the Christchurch City Council Social, Community Development and Housing Committee in October provided a great opportunity to highlight our mutual priorities and many ways we are working together for healthier communities.

NETWORKS

HEALTHY GREATER CHRISTCHURCH

2017 saw an expansion of Healthy Christchurch to include the additional regions covered by the Greater Christchurch Partnership (Selwyn and Waimakariri). This expansion was a natural progression for this network which has been strong in the region for over 15 years. Healthy Greater Christchurch is also recognised as the appropriate group to deliver on the Health and Community outcomes of the Urban Development Strategy.



REVIEW OF THE CANTERBURY WELLBEING INDEX

After a robust review process of research and stakeholder consultation led by Community and Public Health, the interagency Psychosocial Governance Group has approved producing a revised Canterbury Wellbeing Index next year. The new on-line tool will collate and curate high quality information about our region's wellbeing status and factors influencing wellbeing with a focus on strengths-based measures and analysis of equity. Look out for the new Canterbury Wellbeing Index later in 2018.

RESILIENT GREATER CHRISTCHURCH PLAN

The Resilient Greater Christchurch Plan (supported by the Rockefeller Foundation 100 Resilient Cities and the HiAP team, along with many other city stakeholders) was approved by the Greater Christchurch Partnership in October 2016. The Christchurch City Council, ChristchurchNZ and the Canterbury DHB between them, have completed one of the Plan's 58 discrete actions and another 22 are underway.

Highlights from 2017 include the 'Resilience Plan and Greater Christchurch Partnership network event' on 6 October, featuring Professor Paul Spoonley speaking about the role of immigration in regional growth and the Greater Christchurch partnership workshop in October that explored the value of collaboration when undertaking social/sustainable procurement.

BROADLY SPEAKING

In recognition that all planning, policies and action can potentially affect the health of a community, the HiAP team at Community and Public Health run free workshops over two morning sessions that focus on the determinants of health. The Broadly Speaking workshops allow attendees from across the health sector, local government and communities to work together to think about the complexities of wellbeing in our population. Four rounds of Broadly Speaking were held in 2017, including, for the first time, one in Dunedin. There have been increasing requests from across the country to deliver the training and we encourage everyone in Canterbury to register for one of the three sessions already planned for next year by contacting the HiAP team.

"This is a really stimulating and thought provoking course. It is relevant to any industry or sector that is involved in the delivery of services to individuals or community. I highly recommend it."

Mike Gillooly, Chief Resilience Officer, CCC

PLANS FOR 2018...

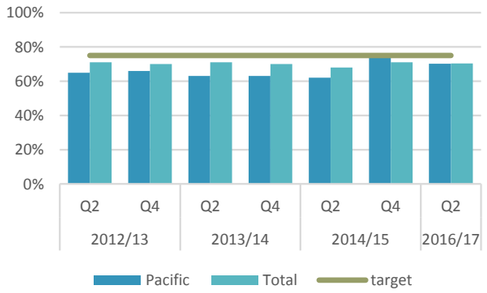
- Redevelopment of the Integrated Recovery Planning Guide to orientate away from a recovery focus. An initial review workshop was held in December with interested organisations.
- Progressing the Canterbury Health System Strategy to Reduce Alcohol-related Harm.
- Healthy Greater Christchurch will be networking across the regions with community driven hui planned in Selwyn and Waimakariri.
- Working with Environment Canterbury, Ngāi Tahu and others on submissions on new government policies.

Health in All Policies (HiAP) is a structured approach that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.
Canterbury's Health in All Policies Team is based at Community and Public Health *Te Mana Ora*, part of the Canterbury District Health Board.

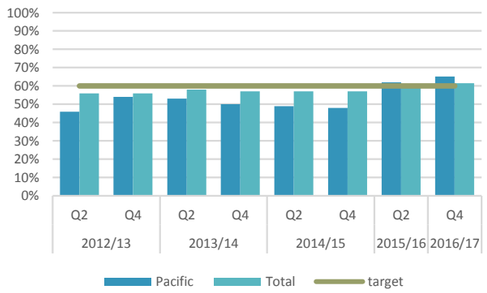
HTTPS://WWW.CPH.CO.NZ/YOUR-HEALTH/HEALTH-IN-ALL-POLICIES/

Pacific Health Dashboard
December 2017

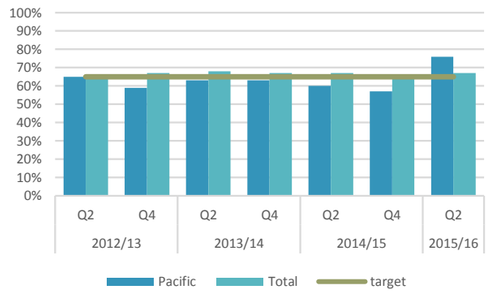
Babies exclusively and fully breastfed at LMC discharge



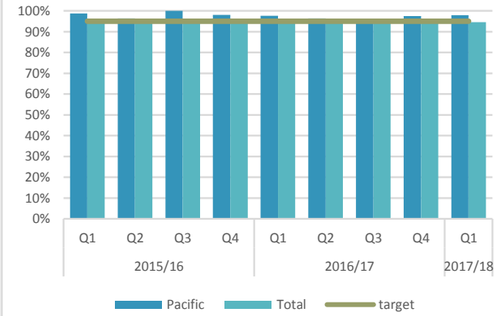
Babies exclusively and fully breastfed at 3 months (WCTO)



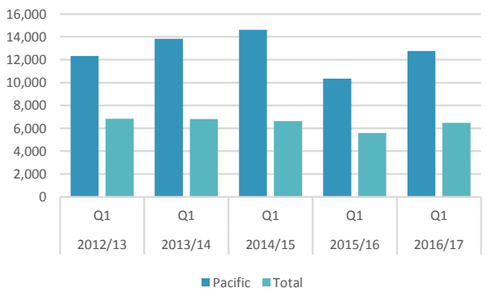
Babies receiving breast milk at 6 months (WCTO)



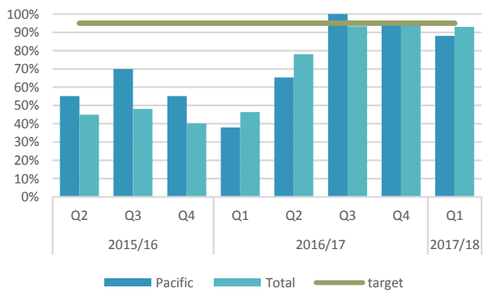
Infants fully immunised by eight months of age



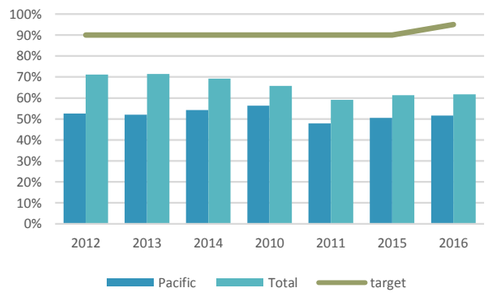
ASH rate for children 0-4 years old, per 100,000 population



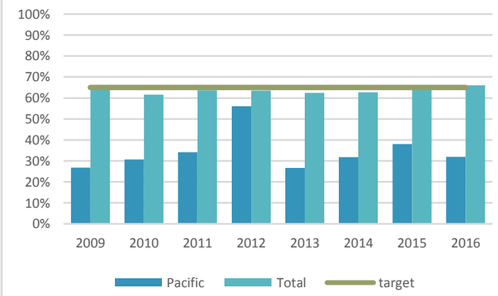
Children with a BMI >98th percentile are referred to a health specialist



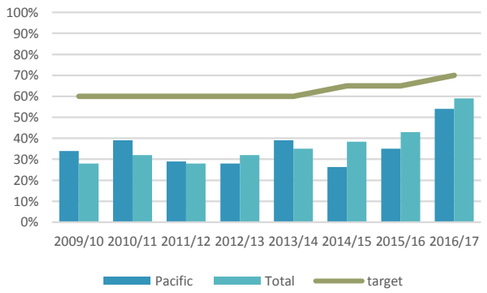
Children aged under 5 enrolled in DHB community oral health service



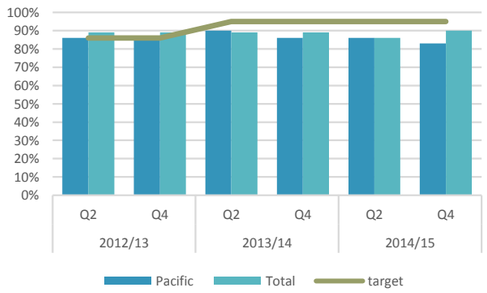
Children carries-free (no holes or fillings) at age 5



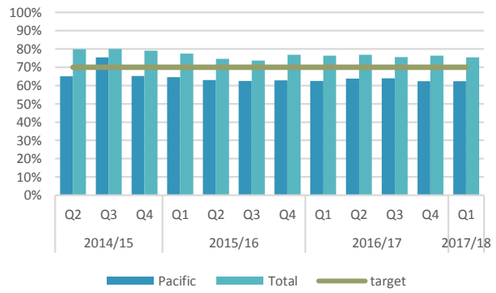
Eligible girls receiving final dose of the HPV vaccination



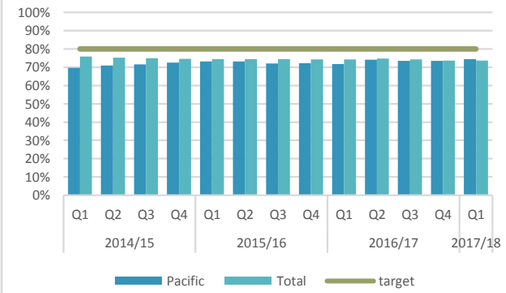
Women who are smokefree at two weeks postnatal



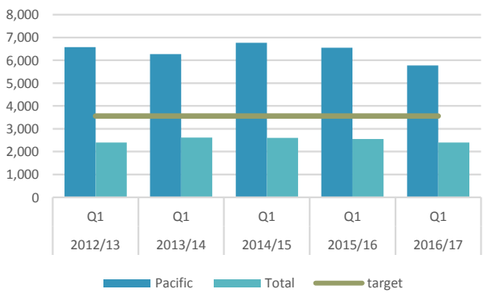
Women aged 50-69, who have had a breastscreen once in the last two years



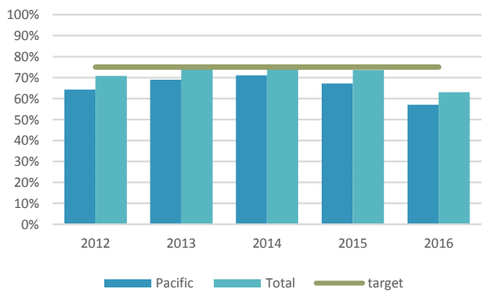
Women aged 25-69, who have had a cervical smear once in the last three years



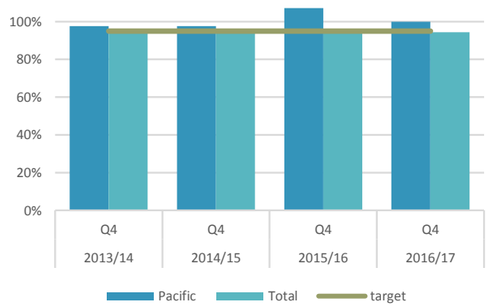
ASH rate for adults 45-64 years old, Standardised per 100,000 population



Eligible population (aged 65y+) who have had a seasonal influenza vaccination



Population enrolled with a PHO



Indicator Full Name	Data Source	Reporting Period	Data Release Date	Notes
Infants are exclusively or fully breastfed at discharge from LMC	National Maternity Collection (MAT)	Oct - Dec 2016	Oct 2017	Data is incomplete, excludes 43% of data where records have no status
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset	Apr - Jun 2017	Oct 2017	Data is inconsistent with previous years - the number of records analysed is approximately 15%-20% fewer than previous reporting periods
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)	Jul - Sep 2016	Sep 2017	
Children with a BMI >98th percentile are referred to a health specialist	B4 School Check	Jul - Sep 2017	Sep 2017	
Percentage of eligible girls receiving final dose of the HPV immunisation	National Immunisation Register	Jul 2016 - Jun 2017	Jun 2017	
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MAT)	Apr - Jun 2015	Mar 2016	MAT data can take up to two years to show all events which may explain deviation between reports
ASH rates per 100,000 Children 45-64 years old	National Minimum Dataset (NMDS)	Jul - Sep 2016	Sep 2017	
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	Jan - Dec 2016	Dec 2016	This meausre has changed from using PHO enrolled populaiton data to census population data. As such the results are not directly comparible between 2016 and previous years.
Percentage of babies receiving breast milk at six months	Plunket Operational National Database	Oct - Dec 2015	Mar 2016	Due to the time it takes for Plunket to gather information, data is available 2-3 months following the end of the year.
Percentage of Infants fully vaccinated at eight months	National Immunisation Register	Jul - Sep 2017	Sep 2017	
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2016	Oct 2017	Results are provided annually in line with the school year. The next release is expected in March 2018
Percentage of children caries-free for 5 years	Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2016	Oct 2017	Results are provided annually in line with the school year. The next release is expected in March 2018
B4SCs are started before children are 4½ years	B4 School Check	Jul 2016 - Jun 2017	Oct 2017	
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit	Jul - Sep 2017	Sep 2017	
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	Jul - Sep 2017	Sep 2017	
Percentage of the population enrolled with a PHO	Canterbury DHB data	Apr - Jun 2017	Jun 2017	

FINANCE REPORT – AS AT 31 DECEMBER 2017

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **15 February 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the financial result for the period ended 31 December 2017.

3. DISCUSSION

Overview of December 2017 Financial Result

The consolidated Canterbury DHB financial result for the month of December 2017 was a deficit of $5.950M, which was $0.008M unfavourable against the draft annual plan deficit of $5.942M. The year to date position is $0.238M unfavourable to the draft annual plan. The table below provides the breakdown of the December result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(3.452)	(3.313)	**(0.140)**	(10.890)	(9.831)	(1.059)
Community & Public Health	(0.002)	(0.023)	**0.021**	(0.320)	(0.092)	(0.228)
Total In-House Provider excl Subsidiaries	**(3.455)**	**(3.336)**	**(0.119)**	**(11.210)**	**(9.924)**	**(1.287)**
Add: Funder & Governance						
Funder Revenue	132.153	132.403	(0.249)	791.947	794.292	(2.344)
External Provider Expense	(57.410)	(57.768)	0.358	(338.987)	(343.891)	4.904
Internal Provider Expense	(77.381)	(77.229)	(0.152)	(463.899)	(463.387)	(0.512)
Total Funder	**(2.638)**	**(2.595)**	**(0.043)**	**(10.938)**	**(12.986)**	**2.048**
Governance & Funder Admin	0.158	-	0.158	(0.968)	-	(0.968)
Total Canterbury DHB (Parent)	**(5.935)**	**(5.931)**	**(0.004)**	**(23.117)**	**(22.910)**	**(0.207)**
Add: Subsidiaries						
Brackenridge Estate Ltd	0.002	(0.001)	**0.003**	(0.014)	(0.032)	0.017
Canterbury Linen Services Ltd	(0.017)	(0.010)	**(0.007)**	0.064	0.112	(0.048)
Canterbury DHB Group Surplus / (Deficit)	**(5.950)**	**(5.942)**	**(0.008)**	**(23.067)**	**(22.829)**	**(0.238)**

4. APPENDICES

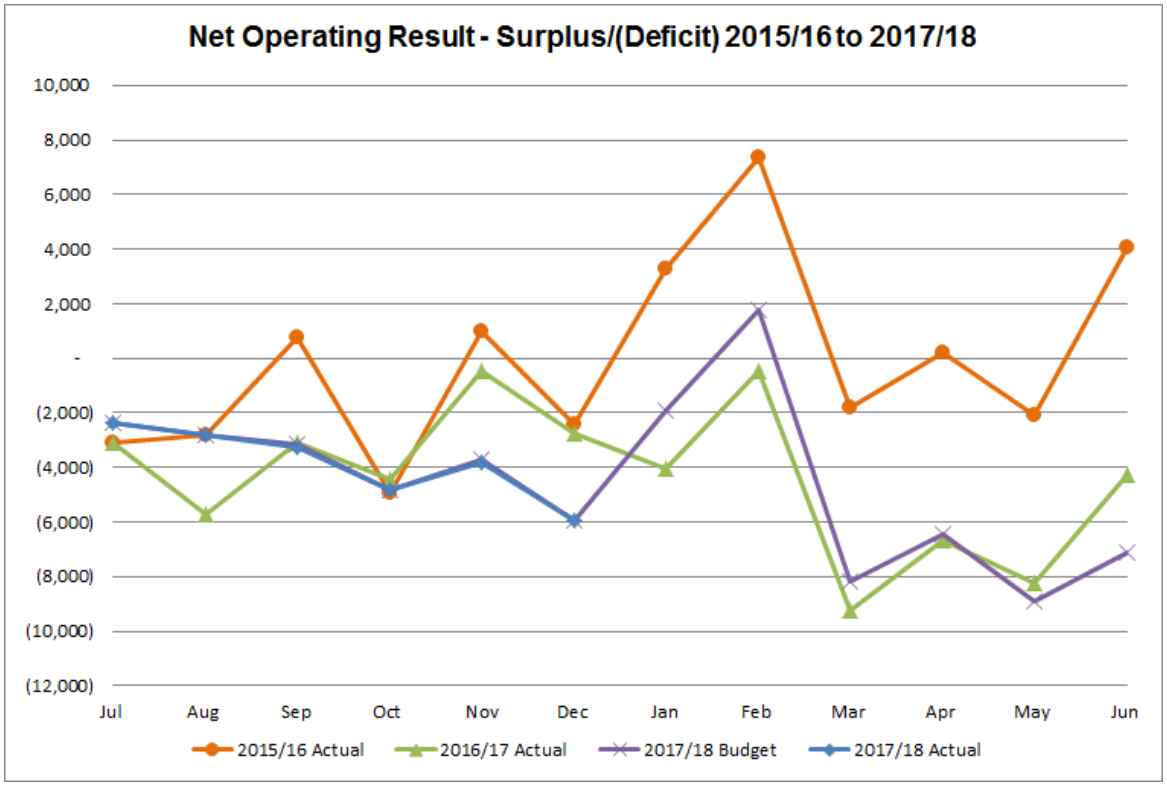
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

Report prepared by: Justine White, General Manager Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – YTD DECEMBER 2017

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(5,950)	(5,942)	(8)	0% ✗	(23,067)	(22,829)	(238)	1% ✗



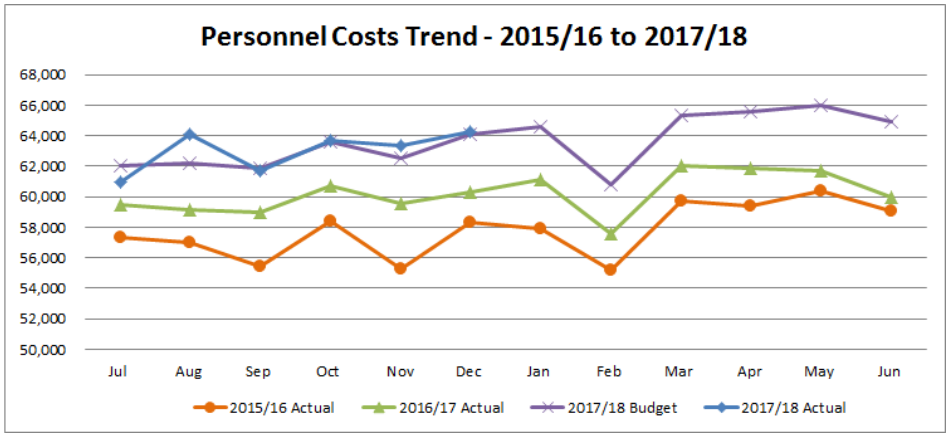
Our 2017/18 Annual Plan was submitted with a deficit of $53.644M - this is still going through the MoH approval process.

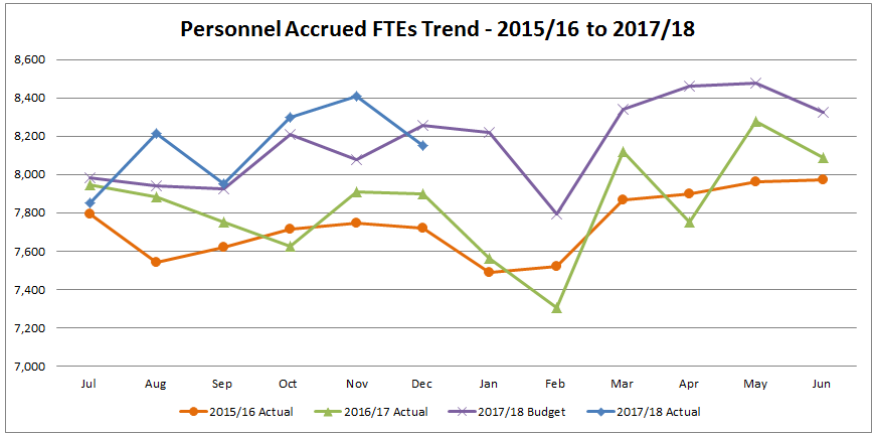
The year to date earthquake related costs (excluding the Kaikoura earthquake costs) are estimated at $7.312M, offset by insurance revenue drawdown from the MoH of $1.843M.

KEY RISKS AND ISSUES

We continue to actively monitor expenditure trends, including earthquake related costs, and expect to continue to incur earthquake related repair and maintenance expenditure and the depreciation impacts of quake related capital spend for a significant number of years into the future. There is expected to be variability between the expected and actual timing of these costs.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

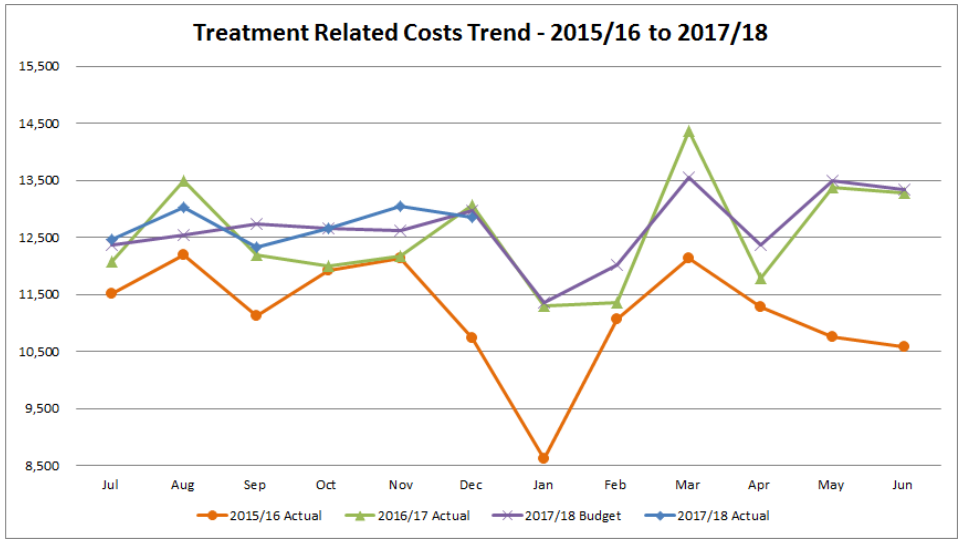


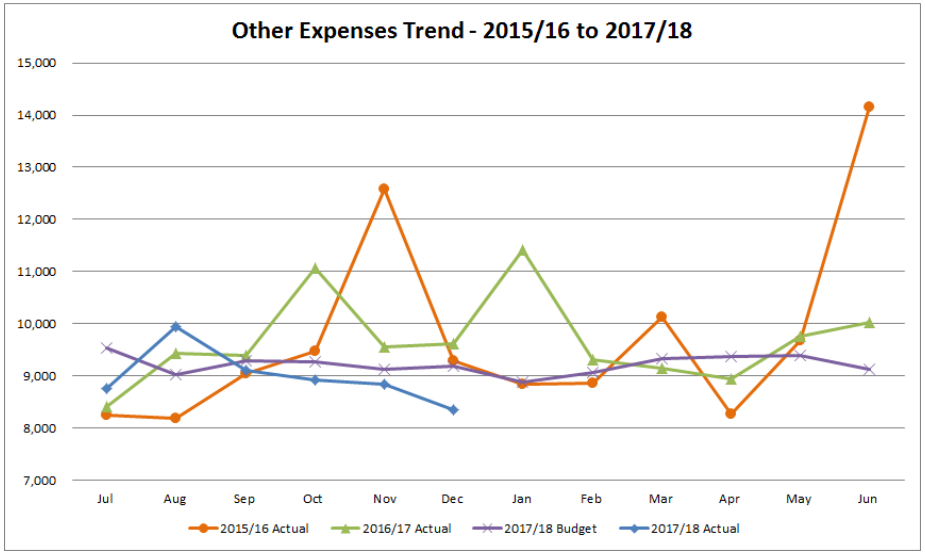


KEY RISKS AND ISSUES

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

TREATMENT & OTHER EXPENSES RELATED COSTS





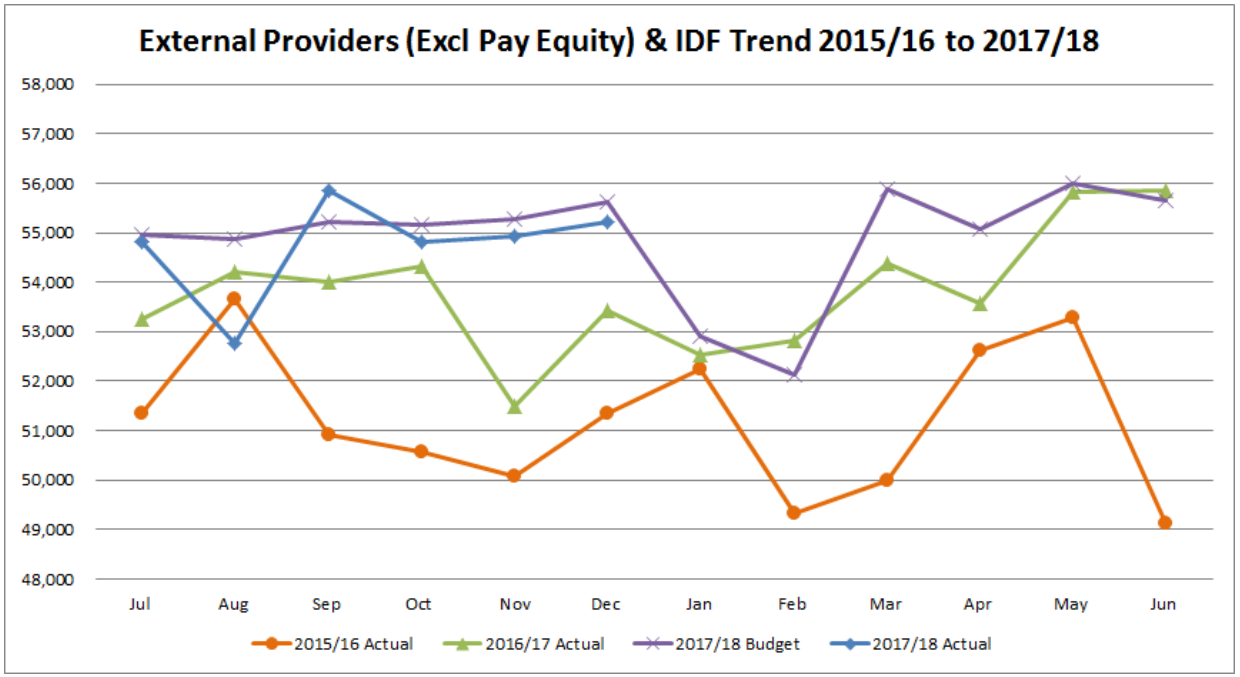
KEY RISKS AND ISSUES

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

Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital campus. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
External Provider Costs excl Pay Equity	55,221	55,626	405	1% ✔	328,347	331,119	2,772	1% ✔



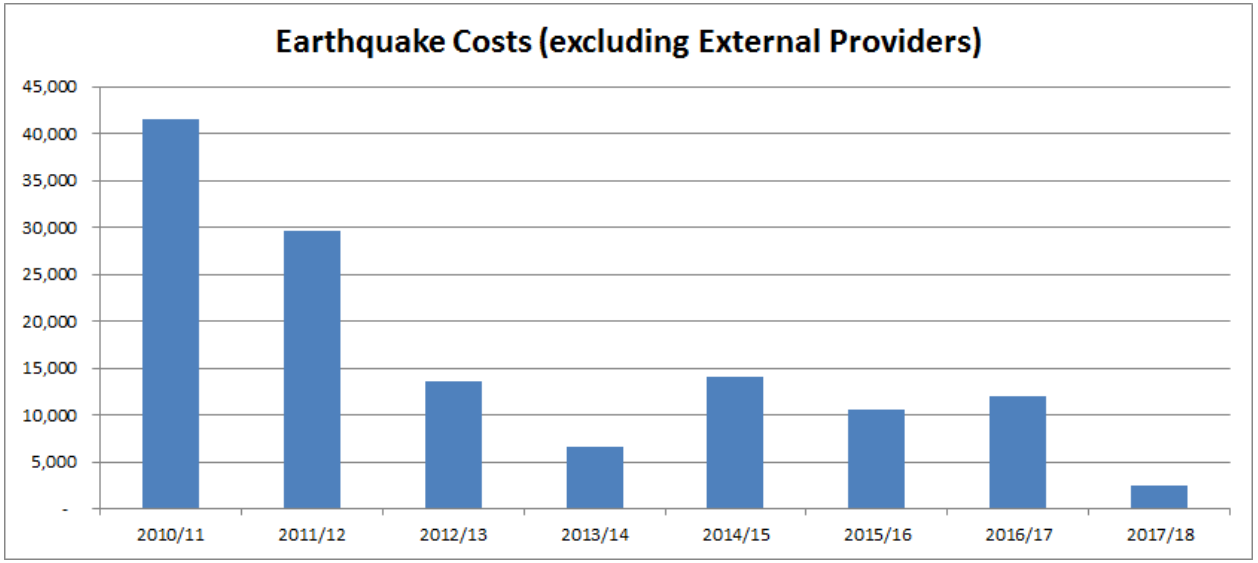
Refer to the Planning and Funding section of the report for further information on the total external provider costs.

KEY RISKS AND ISSUES

Our current consolidated YTD result is largely on target, with the external providers underspend offsetting unfavourable MoH revenue. Any catchup on external provider spend will need to be offset with favourable variances in other areas.

EARTHQUAKE

Data in this table excludes the Kaikoura earthquakes	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Total Earthquake Revenue (Draw Down)	**103**	**642**	**(539)**	**100%**	✗	**1,843**	**3,010**	**(1,167)**	**100%**	✗
Earthquake Costs - Repairs	69	642	573	100%	✓	1,790	3,010	1,220	100%	✓
Earthquake Costs - External Provider	809	809	-	100%	✓	4,853	4,853	-	100%	✓
Earthquake Costs - Non Repairs	127	114	(13)	100%	✗	669	617	(52)	100%	✗
Total Earthquake Costs	**1,005**	**1,565**	**561**	**100%**	✓	**7,312**	**8,480**	**1,169**	**100%**	✓



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

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

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

KEY RISKS AND ISSUES

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

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		
Equity	502,466	502,706	(240)	0%	✗
Cash	(5,102)	(34,625)	29,523	-85%	✓

The sweep account was overdrawn at the end of December with a balance of $6.987M. Our closing forecast for June 2018 is for a similar position, but is based on $52.833M 2016/17 deficit support being received before the end of March 2018. If 2016/17 deficit support is not received, we would expect an overdraft position of around $60M, rising to over $80M by calendar year end. This is close to the maximum facility that we have available to us under the OPF. As with any forecast, there is expected to be variability, including unexpected expenditure, so a small but reasonable buffer needs to be maintained.

Canterbury DHB is relying on deficit funding for future cash flows. This will be critical towards the end of the current financial year. A formal application to the MoH is still under review, and it is understood that we are unlikely to know whether deficit funding will be available, and the amount that may be available, until February/March 2018. This will leave little scope for unplanned costs, and if full deficit funding of 2016/17 is not provided, the DHB will have serious cash capacity issues for mid-term future operational needs.

(Note that the cash favourable variance is timing of payments only, such as payroll, PAYE, and GST, and is offset with an unfavourable variance in payables. We continue to ensure our liabilities are paid on time at this point.)

KEY RISKS AND ISSUES

2016/17 deficit funding will be dependent on our cash requirements over the 2017/18 year, and our application for deficit funding may not be fully approved – we are awaiting confirmation of the level that will be funded. Our month end forecast positive cash forecast will be impacted should the full amount of deficit funding not be received. Additionally, earthquake costs continue to be difficult to predict with certainty.

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

The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Estate Ltd
For the 6 Months Ended 31 December 2017

Month					Year to Date				Annual	Annual
17/18 Actual	17/18 Budget	16/17 Actual	Variance to Budget		17/18 Actual	17/18 Budget	16/17 Actual	Variance to Budget	17/18 Budget	17/18 Forecast
137,293	137,788	131,352	(495) ✗	MoH Revenue	822,078	826,723	782,405	(4,645) ✗	1,653,435	1,643,259
3,519	3,830	4,535	(311) ✗	Patient Related Revenue	24,241	22,780	20,745	1,461 ✓	45,765	45,765
2,621	3,183	3,717	(561) ✗	Other Revenue	17,240	18,245	22,654	(1,005) ✗	36,947	41,020
143,434	**144,801**	**139,604**	**(1,367)**	**Total Operating Revenue**	**863,559**	**867,748**	**825,804**	**(4,190)**	**1,736,147**	**1,730,044**
64,288	64,134	60,318	(154) ✗	Personnel Costs	378,046	376,371	358,239	(1,674) ✗	763,497	767,319
12,849	12,965	12,628	116 ✓	Treatment Related Costs	76,341	75,886	73,993	(456) ✗	155,428	152,135
57,410	57,768	57,768	358 ✓	External Service Providers	338,987	343,891	320,716	4,904 ✓	684,378	680,475
8,349	9,152	5,732	803 ✓	Other Expenses	53,911	55,411	58,453	1,500 ✓	107,225	101,813
142,896	**144,020**	**136,447**	**1,124** ✓	**Total Operating Expenditure**	**847,284**	**851,559**	**811,401**	**4,275** ✓	**1,710,528**	**1,701,742**
537	**781**	**3,157**	**(243)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**16,274**	**16,189**	**14,403**	**85** ✓	**25,619**	**28,302**
611	611	450	- ✓	Capital Charge Funding for Revaluation & Rate Change	3,668	3,668	2,700	- ✓	7,332	7,332
76	75	184	1 ✓	Interest	773	698	1,077	75 ✓	1,579	1,379
140	138	9	2 ✓	Donations	460	1,028	510	(569) ✗	1,860	1,360
(2)	-	(7)	(2) ✗	Profit / (Loss) on Sale of Assets	(24)	-	720	(24) ✗	-	-
825	**824**	**636**	**0** ✓	**Total Indirect Revenue**	**4,875**	**5,394**	**5,007**	**(518)** ✗	**10,771**	**10,071**
2,538	2,568	1,133	30 ✓	Capital Charge	15,378	15,408	6,800	30 ✓	30,330	33,677
4,776	4,939	4,797	163 ✓	Depreciation	28,791	28,904	28,381	113 ✓	59,704	59,704
(2)	40	617	42 ✓	Interest Expense	48	100	3,159	52 ✓	-	-
7,312	**7,547**	**6,548**	**235** ✓	**Total Indirect Expenses**	**44,217**	**44,412**	**38,340**	**195** ✓	**90,034**	**93,381**
(5,950)	**(5,942)**	**(2,755)**	**(8)** ✗	**Total Surplus / (Deficit)**	**(23,067)**	**(22,829)**	**(18,929)**	**(238)** ✗	**(53,644)**	**(55,008)**

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

As at 31 December 2017

Audited 30-Jun-17 $'000		Group Actual 31-Dec-17 $'000	YTD Group Budget 31-Dec-17 $'000	Annual Group Budget 30-Jun-18 $'000
199,933	Opening Equity	517,833	517,833	517,833
372,224	Net Equity Injections / (Repayments) During Year	7,700	7,702	114,618
(1,491)	Reserve Movement for Year	-	-	-
(52,833)	Operating Results for the Period	(23,067)	(22,829)	(53,644)
517,833	**TOTAL PUBLIC EQUITY**	502,466	502,706	578,807
	Represented By:			
	Current Assets			
1,985	Cash & Cash Equivalents	1,885	-	-
1,350	Short Term Investments	1,350	1,350	1,350
63,240	Trade and Other Receivables	61,686	63,238	116,882
9,629	Prepayments	9,070	9,411	9,411
9,119	Inventories	10,490	9,119	9,119
11,815	Restricted Assets	10,838	11,815	11,815
97,138	**Total Current Assets**	95,319	94,933	148,577
	Less Current Liabilities			
16,505	Overdraft	6,987	34,625	2,250
107,154	Trade and Other Payables	112,408	93,937	93,937
12,111	Restricted Funds	10,854	12,110	12,110
156,703	Employee Benefits	161,101	156,700	156,700
292,473	**Total Current Liabilities**	291,350	297,372	264,997
(195,335)	**Working Capital**	(196,030)	(202,439)	(116,420)
	Non Current Assets			
296	Restricted Funds	16	296	296
5,936	Investment in NZHPL	5,936	5,936	5,936
713,091	Fixed Assets	698,815	705,068	695,150
719,323	**Term Assets**	704,767	711,300	701,382
	Non Current Liablilties			
6,155	Employee Benefits	6,270	6,155	6,155
6,155	**Term Liabilities**	6,270	6,155	6,155
517,833	**NET ASSETS**	502,466	502,706	578,807

APPENDIX 4: CASHFLOW

Audited 30-Jun-17 $'000		Actual 31-Dec-17 $'000	YTD Budget 31-Dec-17 $'000	Budget 30-Jun-18 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
15,897	**Net Cash from Operating Activities**	18,975	(6,925)	(6,940)
	CASHFLOW FROM INVESTING ACTIVITIES			
(55,202)	**Net Cash from Investing Activities**	(17,257)	(20,880)	(41,762)
	CASHFLOW FROM FINANCING ACTIVITIES			
11,239	**Net Cash from Financing Activities**	7,700	7,700	60,972
(28,066)	Overall Increase/(Decrease) in Cash Held	9,418	(20,105)	12,270
13,546	Add Opening Cash Balance	(14,520)	(14,520)	(14,520)
(14,520)	**Closing Cash Balance**	(5,102)	(34,625)	(2,250)

SPECIAL PURPOSE AUDIT REVIEW EXECUTIVE SUMMARY

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Services**

DATE: **15 February 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to advise the outcome of two special purpose reviews completed by Risk and Assurance (R&A) at the request of the DHB Executive and QFARC. Due to the current sensitivity of expenditure in the health sector, this report is being released in the public section of the Board.

2. RECOMMENDATION

That the Board, as recommended by the Quality, Finance, Audit and Risk Committee, notes the completion of the following reviews:

i. Audit of Expense Reimbursement Claims for EMT; and
ii. Audit of Expense Reimbursement Claims for Board.

3. SUMMARY

Audit of Expense Reimbursement Claims for EMT

The CEO and GM, Finance and Corporate Services, requested for R&A to perform this specific ad-hoc audit (not originally scheduled in the current Internal Audit Plan) to provide independent assurance that inappropriate expense reimbursement claims have not been made by the CEO, EMT members and/or Divisional GMs, that may contravene the CDHB's existing policies and principles. The intention of this assurance work was to independently check and assess the nature and extent of the expense claims made by the CEO, EMT members and Divisional GMs, that they appear reasonable and appropriate, and that they do not have the potential to provide, or have the perceived potential to provide, a private benefit to the individual staff member that is additional to the business benefit of the expenditure to the CDHB. This includes expenditure that could be considered unusual and/or inappropriate for CDHB's purpose.

The R&A audit work involved checking, on a line by line basis, every claim made by the CEO, EMT members and Divisional GMs, through accounts for a two year period, from November 2015 to October 2017. The results indicated that not all the staff members encompassed by this audit made claims for expense reimbursement. The numbers and amounts claimed were relatively small. The Table below summarises the total claims made by the affected staff members over the audit period covered:

For the two year period November 2015 – October 2017		
Total Number of CEO, EMT and Divisional GMs	Total Number of Claims	Total Amount Claimed
14	156	$52,543.04

The audit results indicated a high degree of compliance with the laid down policy and procedures for reimbursement claims. The appropriate internal forms were used, attached with the supporting claim receipts. The forms were evidenced with claimant details, as well as processor/checker and approver notations.

Overall, the expense reimbursement claims that R&A audited, appeared to be appropriate and reasonable for CDHB purpose, and R&A are confident that there is nothing to suggest fraudulent or inappropriate claiming. The internal audit detected three minor exceptions within the two year period, which given their nature, small value and circumstance, R&A deemed as isolated inadvertent oversight errors that appeared to have slipped through the normal laid-down review and checking procedures, and as such were not considered material. These related to the following:

a) There were 10 (out of a total of 156) claims amounting to $1,417.26, that did not have evidence of approval/sign off by the Chief Executive. The claims themselves have been thoroughly examined and expenditure was entirely appropriate and had been signed off by the Divisional Finance Managers, but the forms had not been submitted for approval by the Chief Executive, as per normal procedure.
b) There were two claims for alcohol (embedded within meal receipts) amounting to $29.33 which appeared not to have been picked up during the checking process. These were amongst other meal receipts where alcohol was specifically not claimed, and therefore R&A deem the inclusion in the reimbursement claims as an oversight only. The full amount has been recovered from the claimant.
c) There was one claim of $100 made for Koha which did not follow the Koha policy as there was no "Acknowledgement of Koha" received note attached to this claim. Again, the expenditure was legitimate and approved by the Chief Executive.

The audit findings indicate a need to ensure the quality and effectiveness of the review and checking procedures by the Divisional and Corporate Finance Managers are consistently and continuously maintained before the claims are sent to Accounts for processing. The review and checking needs to ensure claims are correct, supported by appropriate documentation and in compliance with the relevant policies. It was highlighted that accounts will also need to be vigilant in ensuring that claims are not accepted for processing unless they indicate the necessary approvals by the approver and the Divisional and Corporate Finance Managers.

Audit of Expense Reimbursement Claims for Board

At the QFARC meeting on 28 November 2017, the Committee requested for R&A to perform an audit (not originally scheduled in the current Internal Audit Plan) to provide assurance that inappropriate expense reimbursement claims have not been made by Board members, that may contravene existing policies and principles.

The intention of this ad-hoc assurance work was to have the CDHB R&A (being the internal audit function), independently check and assess the nature and extent of the expense claims made by Board members over the last two year period, that they appear reasonable and appropriate, and that they do not have the potential to provide, or have the perceived potential to provide, a private benefit to the Board member that is additional to the business benefit of the expenditure to the CDHB. This includes expenditure that could be considered unusual and/or inappropriate for CDHB's purpose.

The R&A audit work involved checking on a line by line basis every claim made by Board Members from November 2015 to October 2017. Not all the Board members during the 2 year audit period made claims for expense reimbursement. The numbers and amounts claimed were small.

R&A checked claim documents provided to us for 45 claims amounting to a total of $2,656.55.

Overall, R&A noted compliance with the laid down policy and procedures for reimbursement claims. The appropriate forms were used, attached with the supporting claim receipts. The forms were evidenced with claimant details as well as processor/checker and approver notations.

For the expense reimbursement claims made by Board members over the period from November 2015 to October 2017, R&A did not identify any clearly noticeable claims that were deemed as potentially inappropriate.

4. APPENDICES

Appendix 1: Audit of Expense Reimbursement Claims for EMT
Appendix 2: Audit of Expense Reimbursement Claims for Board

Reports prepared by: Sai Choong Loo, Manager, Risk and Assurance

Reports approved for release by: Justine White, GM, Finance and Corporate Services

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Audit of Expense Reimbursement Claims for EMT

Issued
[January 2018]

Report no. 2018-X1

Table of Contents

1.0 Introduction

Staff making expense claims that are unreasonable and inappropriate remains a high audit risk area and remains a constant focus in the Risk and Assurance (R&A) Internal Audit Plan. The last audit (a CDHB wide data analytics exercise) in this area was carried out in 2015. The conclusion of that 2015 report was that based on the results of our data analytics work, we were able to provide a reasonable level of assurance that the expense claims made by staff appeared reasonable and appropriate.

The CEO and GM, Finance and Corporate Services, requested for R&A to perform this ad-hoc audit (not originally scheduled in the current Internal Audit Plan) to provide assurance that inappropriate expense reimbursement claims have not been made by the CEO, EMT members and Divisional GMs, that may contravene existing policies and principles. The intention of this assurance work is to independently check and assess the nature and extent of the expense claims made by the CEO, EMT members and Divisional GMs, that they appear reasonable and appropriate and that they do not have the potential to provide, or have the perceived potential to provide a private benefit to the individual staff member that is additional to the business benefit of the expenditure to the CDHB. This includes expenditure that could be considered unusual and/or inappropriate for CDHB's purpose and/or functions.

2.0 Audit Objectives

To provide assurance that the expense reimbursement claims made by the CEO, EMT members and Divisional GMs are reasonable and appropriate for CDHB purpose and or functions.

3.0 Audit Scope

This audit focussed on the expense reimbursement claims made by the CEO, EMT members and Divisional GMs over the last 2 years, from November 2015 to October 2017. The work involved examining the details of the expense claim transactions using direct visual sighting and verification of supporting documents.

4.0 Audit Work Done

We completed the following work:

a) Specified and confirmed with Accounts Payable for extraction of the necessary information and documents covering the CEO, EMT members and Divisional GM's from November 2015 to October 2017.
b) Confirmed with Accounts Payable, that reimbursement of expense claims to the CEO, EMT members and Divisional GMs were paid through them.
c) Requested from Accounts Payable, the relevant information and supporting documents of all expense claims made by the CEO, EMT members and Divisional GM's from November 2015 to October 2017.
d) Reviewed the relevant information and supporting documents of all the provided expense claims made for reasonableness and appropriateness.
e) Identified the nature and extent of any clearly noticeable claims that we deemed as potentially inappropriate expense reimbursements.
f) Assessed with management the potential causes and reasonableness of any potential exceptions identified.

g) Summarised and reported on the overall situation on the expense claims for the CEO, EMT members and Divisional GM's from November 2015 to October 2017.

5.0 Audit Summary and Conclusion

The R&A audit work involved checking on a line by line basis every claim made by the CEO, EMT members and Divisional GM's through Accounts from November 2015 to October 2017. The results indicated that not all the staff members affected by this audit made claims for expense reimbursement. The numbers and amounts claimed were relatively small.

The Table below summarises the total claims made by the affected staff members over the audit period covered:

Total Number of CEO, EMT and Divisional GMs	Total Number of Claims	Total Amount Claimed
14	156	$ 52,543.04

The audit results indicated a high degree of compliance with the laid down policy and procedures for reimbursement claims. The appropriate AP6 forms were used attached with the supporting claim receipts. The forms were evidenced with claimant details as well as processor/checker and approver notations.

Overall, the expense reimbursement claims we audited, appeared to be appropriate and reasonable for CDHB purpose and functions, and we are confident that there is nothing to suggest fraudulent or inappropriate claiming, We detected three minor exceptions in the two year period, which given their nature, small value and circumstance, R&A deems these as isolated inadvertent oversight errors that appear to have slipped through the normal laid-down review and checking procedures, and as such are not considered material.

These related to the following:

a) There were 10 (out of a total of 156) claims amounting to $1417.26, that did not have evidence of approval/sign off by the Chief Executive. The claims themselves have been thoroughly examined and expenditure was entirely appropriate and had been signed off by the Divisional Finance Managers, but the forms had not been submitted for approval by the Chief Executive, as per normal procedure.

b) There were 2 claims for alcohol (embedded within meal receipts) amounting to $29.33 which appeared not to have been picked up during the checking process. These were amongst other meal receipts where alcohol was specifically not claimed, and therefore R&A deem the inclusion in the reimbursement claims as an oversight only. The full amount has been recovered from the claimant.

c) There was 1 claim of $100 made for Koha which did not follow the Koha policy as there was no "Acknowledgement of Koha" received note attached to this claim, again the expenditure was legitimate and approved by the Chief Executive.

Conclusion

The audit findings indicate a need to ensure the quality and effectiveness of the review and checking procedures by the Divisional and Corporate Finance Managers are consistently and continuously maintained before the claims are sent to Accounts for processing. The review and checking needs to ensure claims are correct, supported

by appropriate documentation and in compliance with the relevant policies. Accounts will also need to be vigilant in ensuring that claims are not accepted for processing unless they indicate the necessary approvals by the approver and the Divisional and Corporate Finance Managers.

We wish to acknowledge and appreciate the access to the personnel, data and documents and the time set aside by staff to assist us in this Audit. The Action Step outlined in the following Action Plan has been responded to and the responsibilities taken up by:

David Green - Financial Controller

The comments in response to the finding is included in *blue italics* in the Responsibility column.

6.0 Action Plan

Priority	Finding & Risk / Implication	Agreed Actions	Responsibility	Due Date
	6.1 Consistency needed on the review and checking of claims We identified the following: i. 10 instances where claims were reimbursed without these being signed off by the appropriate 'one-up' manager (in this instance the CEO); ii. 3 instances where claims were reimbursed while not in compliance with current CDHB policies; **Risk / Implication** Claims could be reimbursed incorrectly, without proper approvals and not in compliance with CDHB policies.	a) Ensure that all reimbursement claims are properly checked by the Divisional and Corporate Finance Managers before the claims are sent to Accounts Payable for processing. The checking should be to ensure claims are correct, supported by appropriate documentation and in compliance with the relevant policies. b) Accounts will also need to be more vigilant in ensuring that claims are not accepted for processing unless they indicate the necessary approvals by the approver and the Divisional and Corporate Finance Managers.	David Green – Financial Controller *Finance Managers will be reminded to ensure all expense claims are signed by a person of higher authority than the claimant, especially for GM's and EMT. The responsibility for ensuring delegations are appropriately followed rests with the Finance Managers, not Accounts. Accounts responsibility is to ensure that a Finance Manager has approved the claim, but not to check whether correct delegation have been obtained.*	**Completed**

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Audit of Expense Reimbursement Claims for Board

Issued
[January 2018]

Report no. 2018 – X2

Table of Contents

1.0 Introduction

At the QFARC meeting on 28 November 2017, the Committee requested for R&A to perform an audit (not originally scheduled in the current Internal Audit Plan) to provide assurance that inappropriate expense reimbursement claims have not been made by Board members, that may contravene existing policies and principles.

The intention of this ad-hoc assurance work was to have the CDHB R&A (being the internal audit function) independently check and assess the nature and extent of the expense claims made by Board members over the last 2 year period, that they appear reasonable and appropriate and that they do not have the potential to provide, or have the perceived potential to provide a private benefit to the Board member that is additional to the business benefit of the expenditure to the CDHB. This includes expenditure that could be considered unusual and/or inappropriate for CDHB's purpose and/or functions.

2.0 Audit Objectives

To provide assurance that the expense reimbursement claims made by Board members are reasonable and appropriate for CDHB purpose and or functions.

3.0 Audit Scope

This audit focussed on the expense reimbursement claims made by Board members over the last 2 years, from November 2015 to October 2017. The work involved examining the details of the expense claim transactions using direct visual sighting and verification of supporting documents.

4.0 Audit Work Done

We completed the following work:

a) Specified and confirmed with Accounts Payable for extraction of the necessary information and documents covering all Board members from November 2015 to October 2017.
b) Confirmed with Accounts Payable, that reimbursement of expense claims to the all Board members from November 2015 to October 2017 was paid through them.
c) Requested from Accounts Payable the relevant information and supporting documents of all expense claims made by all Board members from November 2015 to October 2017.
d) Reviewed the relevant information and supporting documents of the expense claims made for reasonableness and appropriateness.
e) Identified the nature and extent of any clearly noticeable claims that we deemed as potentially inappropriate expense reimbursements.
f) Summarised and reported on the overall situation on the expense claims for all Board members from November 2015 to October 2017.

5.0 Audit Summary and Conclusion

The R&A audit work involved checking on a line by line basis every claim made by Board Members from November 2015 to October 2017.

Not all the Board members during the audit period made claims for expense reimbursement. The numbers and amounts claimed were small.

R&A checked claim documents provided to us for 45 claims amounting to a total of $2,656.55.

Overall, we noted compliance with the laid down policy and procedures for reimbursement claims. The appropriate forms were used attached with the supporting claim receipts. The forms were evidenced with claimant details as well as processor/checker and approver notations.

For the expense reimbursement claims made by Board members over the period from November 2015 to October 2017, R&A did not identify any clearly noticeable claims that we deemed as potentially inappropriate.

DISPOSAL OF CDHB LAND AT 16 AMURI AVENUE, HANMER SPRINGS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Legal**

DATE: **15 February 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

On 19 October 2017, the Board resolved:

"That the Board, as recommended by the Facilities Committee:

i. approves the recommendation to dispose of 16 Amuri Avenue, subject to:

a. statutory clearances;
b. Ministry approval; and

ii. notes that any submissions received following public consultation will be provided to the Board so that the views of the resident population are taken into account before the Board formally declares the property surplus to requirements and obtains Ministerial approval to the disposal."

Pursuant to *(ii)* above, CDHB has now concluded its public consultation. No submissions were received. The Board can now declare the property surplus to requirements to enable its sale.

2. RECOMMENDATION

That the Board:

i. declares 16 Amuri Avenue surplus to DHB requirements and, subject to Ministerial approval, disposes of it in accordance with the New Zealand Public Health and Disability Act.

3. SUMMARY

CDHB owns the residential property at 16 Amuri Avenue, Hanmer Springs. It is surplus to DHB requirements and the Board previously resolved to dispose of it in accordance with the statutory process. The process requires the views of the resident population to be taken into account. CDHB has publicly consulted on the proposed disposal and no submissions were received.

4. DISCUSSION

Public Consultation

Public Notices were published in The Press on 23 December 2017 and 30 December 2017. A submission booklet with detailed particulars was posted on the CDHB website. The notices provided that written and oral submissions could be made. Consultation closed on 3 February 2018.

Sale process

Once the property is declared surplus to requirements, CDHB will seek Ministerial approval to disposal. CDHB has offered the property to Ngai Tahu, pursuant to their right of first refusal under the Ngai Tahu Claims Settlement Act. That offer was rejected on the terms given. CDHB cannot

now dispose of the property on more favourable terms without first re-offering to Ngai Tahu. CDHB will now engage an estate agent to publicly advertise the property for deadline sale.

5. CONCLUSION

Taking into account the views of its resident population is a precursor to a DHB declaring Crown land surplus to requirements and obtaining Ministerial approval to disposal.

Report prepared by: Tim Lester, Corporate Solicitor

Report approved for release by: Justine White, GM Finance and Corporate Services

DISPOSAL OF CDHB LAND FRONTING HILLMORTON HOSPITAL

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Legal**

DATE: **15 February 2018**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

On 15 June 2017, the Board resolved:

"That the Board, as recommended by the Facilities Committee:

*i. "approves the sale of three parcels of DHB land at Hillmorton totalling 1,604m2 (as shown on the plan **attached**) to Council for legal road, subject to:*
(a) CDHB receiving market value for the land;
(b) CDHB obtaining all required statutory clearances and Ministerial approval;
(c) Council to be responsible for, and all costs of, effecting the acquisition; and
ii. notes that the proposal remains subject to formal Council approval."

The statutory disposal process requires CDHB to take into account the views of its resident population. CDHB has now concluded its public consultation. No submissions were received. The Board can now formally declare the property surplus to requirements to enable its sale.

2. RECOMMENDATION

That the Board:

i. declares the parcels surplus to DHB requirements and, subject to Ministerial approval, disposes of them to the Christchurch City Council for the purpose of road reserve.

3. SUMMARY

Christchurch City Council (*Council*) require the parcels for a shared four-laning and cycleway corridor forming part of the Lincoln Road widening project. The parcels are designated for such purpose under the City Plan.

CDHB and Council have entered into a conditional agreement for Council to purchase the following parcels at Lincoln Road fronting Hillmorton Hospital:

(a) 1,000m2 being the designated road reserve;
(b) 279m2 being the additional cycleway land; and
(c) 323m2 being the existing road encroachment area.

Since the last Board paper, the sale and purchase price has been determined by a registered valuer at $96,000 plus GST. Additional compensation of $9,600 (payable under the Public Works Act) will also be paid by Council. Any other direct costs of the acquisition are to be met by Council.

CDHB has publicly consulted on the proposed disposal and no submissions were received.

4. DISCUSSION

Public Consultation

Public Notices were published in The Press on 23 December 2017 and 30 December 2017. A submission booklet with detailed particulars was posted on the CDHB website. The notices provided that written and oral submissions could be made. Consultation closed on 3 February 2018.

Ministerial Approval

Once the Board formally declares the parcels as surplus to requirements, CDHB will seek Ministerial approval to the disposal of the parcels to Council on the terms agreed.

5. CONCLUSION

Taking into account the views of its resident population is a precursor to a DHB declaring Crown land surplus to requirements and obtaining Ministerial approval to disposal.

Report prepared by: Tim Lester, Corporate Solicitor

Report approved for release by: Justine White, GM Finance and Corporate Services

AMENDING THE NAME OF BRACKENRIDGE ESTATE LIMITED

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Brackenridge Estate Limited**

DATE: **15 February 2018**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

This report informs the CDHB Board of an amendment to the name of Brackenridge Estate Limited to Brackenridge Services Limited.

2. RECOMMENDATION

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

i. notes that Brackenridge Estate Limited has been renamed Brackenridge Services Limited.

3. EXECUTIVE SUMMARY

When Templeton Hospital was closed in 1999, the Company established by the then Crown Health Enterprise (*CHE*), Healthlink South, to support 90 residents on a site adjacent to the Hospital, was called Brackenridge Estate Limited. Brackenridge was a name drawn from the local community. It aligned with the residential facilities built on an estate in Maddisons Road.

Today's services for people with an intellectual disability focus on the person not their residential arrangements. Therefore, the Board of Brackenridge Estate Limited has sought to remove the word 'Estate' from its name.

A search of the names available at the Companies Office and review by the Board has resulted in the word 'Services' being identified to replace the word 'Estate'.

The name amendment will not impact on any branding by Brackenridge Estate Limited. The original Brackenridge Estate Limited logo incorporated a house. The logo was refreshed without the house in 2015 and for many years the name Brackenridge has been used solely on its own to refer to the organisation.

4. DISCUSSION

Disability Services have been and are transitioning to being person centred and people driven. Accommodation and residential support are no longer the major drive for support

and funding of people with an intellectual disability.

Brackenridge provides support to nearly 200 people, the majority of whom live in the community and most of whom are no longer supported on the 'Estate' at Maddisons Road.

The Board of Brackenridge strongly believe that their current strategy and focus on providing a range of services is not consistent with a title that has 'estate' in it. An amendment of the organisation's name to Brackenridge Services Limited aligns with the work undertaken and is seen as appropriate.

5. APPENDICES

There are no appendices.

Report prepared by: Jane Cartwright, Chair, Brackenridge Services Limited

Report approved for release: David Meates, Chief Executive

HAC – 1 FEBRUARY 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Hospital Advisory Committee**

DATE: **15 February 2018**

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 February 2018.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 1 February 2018 (Appendix 1).

3. APPENDICES

Appendix 1: HAC Draft Minutes – 1 February 2018

Report prepared by: Anna Craw, Board Secretary

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

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 February 2018, commencing at 9.00am

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

APOLOGIES
Apologies for absence were received and accepted from David Morrell; Ana Rolleston; and Sir Mark Solomon.
Apologies for lateness were received and accepted from Sally Buck (9.54am); and Rochelle Phipps (9.05am).
An apology for early departure was received and accepted from Jo Kane (11.40am).

EXECUTIVE SUPPORT
David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Dr Sue Nightingale (Chief Medical Officer); Stella Ward (Executive Director of Allied Health); Justine White (General Manager, Finance and Corporate Services); Jan van der Heyden (Business Manager); and Anna Craw (Board Secretary).

IN ATTENDANCE

Item 4
Hayley Beckman - Charge Nurse Manager
Dr David Gibbs - Clinical Director, Medical Oncology
Dr Avtar Rania - Clinical Director, Radiation Oncology
Jane Trolove - Oncology Service Manager

Item 5
Michael O'Dea - Team Leader, Older Persons Health, Planning & Funding
Dr Adrian Hopper - Geriatrician, Guy's and St Thomas NHS Foundation Trust, London
Professor Matthew Parsons - Gerontologist, Waikato DHB/The University of Auckland

Item 8
Dan Coward – General Manager, Older Persons, Orthopaedics & Rehabilitation
Toni Gutschlag – General Manager, Specialist Mental Health Services
Dr Peri Renison – Chief of Psychiatry, Specialist Mental Health Services
Kirsten Beynon – General Manager, Hospital Laboratories
Berni Marra – Manager, Ashburton Health Services
Win McDonald – Transition Programme Manager, Rural Health Services
Pauline Clark – General Manager, Medical/Surgical and Women's & Children's Health

1. INTEREST REGISTER

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

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

Draft

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (01/18)
(Moved: Anna Crighton/Seconded: Jan Edwards – carried)

"That the minutes of the meeting of the Hospital Advisory Committee held on 30 November 2017 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION ITEMS

The Committee noted the carried forward items.

4. MEDICAL & RADIATION ONCOLOGY - PRESENTATION

Rochelle Phipps joined the meeting at 9.05am.

Pauline Clark – General Manager, Medical/Surgical and Women's & Children's Health, introduced Dr David Gibbs, Clinical Director Medical Oncology; Dr Avtar Rania, Clinical Director Radiation Oncology; Hayley Beckman, Charge Nurse Manager; and Jane Trolove, Oncology Service Manager; who presented to the Committee on Medical and Radiation Oncology.

The presentation provided an overview of the Oncology service in terms of:

- Who they are, who they work with and what they do.
- Challenges faced, including increased age and numbers, increased complexity and expectations, along with environmental issues in which to provide services.
- Local and regional challenges, as well as global challenges.
- What the service is doing to overcome these challenges, as well as what it needs now and longterm to ensure demand for the service is met.

There was a query around the booking of appointments for rural patients and consideration being given to travel times. The Committee noted that whilst not perfect, such matters are taken into account when appointments are made, as well as booking other appointments on the same day where appropriate. However, it was noted that in some instances too many appointments on one day can result in information overload, so a balance is required in this area. It was further noted that the increased use of telemedicine is assisting in this area.

There was discussion around the importance of using resources wisely and appropriately, with it noted that as treatment evidence builds up, this has resulted in a reduction in treatments used. These advancements have significantly contributed to the service being able to manage increased demand to date.

There was a query around scheduled linear accelerator replacements and whether these have been budgeted for. The Committee noted that the capital components have been budgeted for. Issues will sit around disruption to services during the replacement programme, with each accelerator requiring a six month decommissioning and commission process. Operationally, in order to keep services running, well coordinated scheduling of patients will be required. In addition, it was noted that projected demand growth and MoH targets require the commissioning of a 5th linear accelerator within the South Island over the same time frame.

Draft

Andrew Dickerson, Chair, thanked those in attendance for the presentation, noting that achievements in the Medical and Radiation Oncology service over the past decade are commendable and should be regarded as an exemplar within Christchurch Hospital.

5. UK VISITING GERIATRICIAN - PRESENTATION

Michael O'Dea, Team Leader, Older Persons Health, introduced Dr Adrian Hopper, a Geriatrician at Guy's and St Thomas NHS Foundation Trust in London and also the Medical Patient Safety Lead for Guy's and St Thomas' NHS Trust and the South London Academic Health Science Network. Also in attendance was Professor Matthew Parsons, Gerontologist, who is jointly appointed to Waikato District Health Board/The University of Auckland.

Dr Hopper spoke of his close involvement in a number of programmes to link Comprehensive Geriatric Assessment to clinical services in Medicine (OPAL), Surgery (POPS) and Oncology (GOLD); developed the AMBERcarebundle to improve patient-centred decision making in patients with uncertain recovery, which has spread widely in the UK; and is running a catheter safety programme to reduce catheter urinary infections and gram negative sepsis. He also spoke about starting as the Geriatric Medicine lead for the "Getting it Right First Time" quality programme in NHS England.

Sally Buck joined the meeting at 9.54am.

The Chair thanked Dr Hopper and Professor Parsons for their attendance and wished them well for their continued visit with Canterbury DHB.

6. REVIEW OF WINTER PLAN 2017

Dan Coward, General Manager, Older Persons, Orthopaedics & Rehabilitation, presented the report which was taken as read. An overview was provided of the 2017 winter plan, achievements, lessons learnt and work underway for 2018 planning.

New Zealand's 2018 vaccine programme was discussed. Along with the flu vaccination, the importance of washing hands, staying home when unwell, and wearing a mask when unwell, was stressed.

It was noted that a further update will be provided to the Committee's 31 May 2018 meeting on 2018 winter planning.

Resolution (02/18)
(Moved: Andrew Dickson/Seconded: Barry Bragg - carried)

"That the Committee:

i. notes the Winter Review 2017 paper; and
ii. notes the ongoing work for planning in 2018 for winter."

7. CLINICAL ADVISOR UPDATE

Mary Gordon, Executive Director of Nursing, provided updates on the following:

- Nurse Entry to Practice (*NETP*) programme has been in place for 15 years this year. CDHB has just taken in its largest intake of new graduates.

Draft

- Nurse Entry to Specialty Practice (*NESP*) programme has been in place 21 years this year. CDHB has recently taken 50 graduates, three of which have gone to the NGO sector. This is the largest cohort in New Zealand history.
- Work continues in preparation for the shift to the new Outpatients building and ASB, and work on the releasing time to care model.
- Nurse structure is being consulted on to support the new ward configurations.
- Mindfulness meditation programme for nurses – six month pilot programme for ED and Acute Inpatient Services at Hillmorton Hospital is complete and has been positively received. There are plans to train further facilitators with a view to expand the programme to include Forensic, AT&R, and Oncology Services. This is planned for February 2018.
- Patientrack – electronic observations. Progressing well, with roll out in process for Paediatrics and West Coast DHB.

There was a query around the number of male new graduates. The Committee advised that this sat at approximately 6% of the intake. There was discussion around profiling male graduates/nurses as a way of encouraging male students to consider a career in nursing.

Stella Ward, Executive Director of Allied Health, provided updates on the following:

- Wendy Fulton has announced her retirement as Director of Allied Health.
- Canterbury Initiative is looking at the adult rehabilitation model and ways for it to support greater movement to outpatient/community care.
- Health Workforce NZ Funding – permission has been received to look at how funding is utilised across the South Island and prioritised.
- Vulnerabilities in the physiotherapy workforce.
- Social Workers Registration Bill, which CDHB submitted on.
- PSA and APEC currently in negotiation of MECAs.
- Social workers in ED – a co-design process is underway to support the ED workload.

There was a query around the Social Workers Registration Bill and whether consideration has been given to contract provisions moving forward. It was confirmed that passing of the Bill will have a big impact on NGOs. Discussions have been held with Planning & Funding around changes that will need to be made to future contracts.

The Committee wished to acknowledge the retirement of Wendy Fulton and extend to her appreciation for the significant and high level of leadership she has provided in her role at CDHB.

The meeting adjourned for morning tea at 10.44am, reconvening at 11.00am.

8. HOSPITAL AND SPECIALIST SERVICES (*H&SS*) MONITORING REPORT

The Committee considered the Hospital and Specialist Services Monitoring Report for January 2018. The report was taken as read.

General Managers spoke to their areas as follows:

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

- The months of May through to September saw the opening of an additional 20 beds across Burwood Hospital to assist with patient flow.

Draft

- There has been a focus on ensuring that patients who have longer stays are being clinically reviewed on day seven.
- Elder Abuse Policy – has been reviewed and work undertaken with stakeholders. This will cover both CDHB and West Coast DHB, and is due to go out for consultation shortly. The new policy is expected to be in place by approximately April 2018.

Specialist Mental Health Services – Toni Gutschlag, General Manager & Peri Renison, Chief of Psychiatry

- An additional resource from the People and Capability Team has been provided to SMHS, to assist with a programme of work to commence in February around recruitment to fill current vacancies.
- Te Awakura (the acute adult unit) continues to exceed capacity. With demand exceeding bed numbers, sleepovers are continuing to be utilised. This is not ideal for patients or staff.
- Along with increased occupancy rates, the level of acuity is very high. A high number of methamphetamine related presentations are being experienced. This increase is new, concerning and proving to be challenging.
- AT&R Unit – changes to space configuration have resulted in a dramatic reduction in staff assaults over the past two months. A very positive result.
- Services based at The Princess Margaret Hospital – work progressing on future facility options.
- School Based Mental Health Programme – workshop to take place tomorrow with the Ministry of Health to work through issues and progress planning. Attendees to include representatives from Health, Education, Police and the Council.

There was a query as to what is in place nationally to address growing methamphetamine issues. The Committee noted there is a National Addictions Board tasked with preventative measures/campaigns. It was noted that the Police spend an inordinate amount of time attempting to limit the supply of methamphetamine. In addition, Police hold education programmes in community probation centres.

Hospital Laboratories – Kirsten Beynon, General Manager

- Anatomical Pathologist Workforce – pinch point currently being experienced which could impact on surgical services, however, good monitoring systems are in place in order to assure prioritisation. Continue to look at options around future recruitment campaigns and how to speed up the process for overseas appointments entering New Zealand.
- Blood Centre Team – volume, testing and resource matching is continuously being assessed.

Ashburton Health Services – Berni Marra, Manager Ashburton Health Services

- Focus continues on the Frail Older Persons Pathway and the coordination of services.
- Primary care have agreed to meet in February to progress an agreement for the provision of consistent after hours care.

Rural Health Services - Win McDonald, Transition Programme Manager

- Akaroa Model of Care – is a living document, with ongoing development work to occur.
- Hurunui Model of Care – currently out for consultation, which has been extended through to 28 February 2018. A simplified version of the consultation document is to be distributed by mail drop.
- Oxford Model of Care – anticipated that the draft model of care will be ready to go out for consultation in April 2018.
- Workforce issues with regards to vacancies.
- South Island PICs rolling out to rural hospitals in February/March 2018.

Draft

There was discussion around fundraising by the Akaroa community, with it noted that $1M has been raised to date, with a number of fundraising activities planned for the forthcoming year. Very positive.

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

- Alan Pithie has stepped down as Chief of Medicine, with David Smyth having been appointed to the role.
- Xmas/New Year proved to be a busy period, with demand for acute surgery being high. A post Xmas/New Year review has been conducted which will assist with planning for the 2018/19 period.
- Link corridor work is two weeks behind which has resulted in rescheduling of surgeries.
- New Zealand Census in March – work underway with Census staff to ensure capture of information.
- Full certification is to take place in June 2018.
- South Island PICs roll out on Christchurch Campus scheduled for June 2018.
- MoH Faster Cancer Treatment Team is visiting on 26 February 2018. A full day's programme is scheduled.

In response to a query around access issues, the Committee was advised that this continues to prove challenging, but communication channels with relevant parties are open.

ESPIs

Pauline Clark advised that delays in the link corridor works have resulted in 20 half day theatre sessions having to be moved. In light of these delays, as well as preparatory work underway for the rollout of South Island PICs, CDHB has written to the MoH seeking dispensation for ESPI compliance for a period of time.

Discussion took place around ophthalmology and orthopaedic performance, issues faced, improvements made and ongoing work.

Resolution (03/18)
(Moved: Trevor Read/Seconded: Sally Buck - carried)

"That the Committee:

i. notes the Hospital Advisory Committee Activity Report."

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (04/18)
(Moved: Jan Edwards/Seconded: Trevor Read - carried)

"That the Committee:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)

Draft

1.	Confirmation of the minutes of the public excluded meeting of 30 November 2017.	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(If required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

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

INFORMATION ITEMS

- 2018 Workplan

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 11.40am.

Confirmed as a true and correct record.

_____ _____

Andrew Dickerson Date
Chairperson

Draft

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Services**

DATE: **15 February 2018**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 and the information items contained in the report;

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 14 December 2017	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive's Update on Emerging Issues – Verbal 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)
3.	People Report - Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	AT&R Risk Assessment Review	Protect the privacy of natural persons.	S9(2)(a)
5.	QFARC Meetings 2018	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Joint Venture With Precision Driven Health	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	NZ Health Innovation Hub – Update and Future Direction	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Replacement CT Purchase	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Home Dialysis Service Relocation from Diabetes Building	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Laboratory Services Strategy & Facilities	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	Investor Confidence Rating Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	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)
13.	Advice to Board: • Facilities Committee Draft Minutes *30 Jan 2018* • HAC PX Draft Minutes *1 Feb 2018* • QFARC Draft Minutes *30 Jan 2018*	For the reasons set out in the previous Committee agendas.	

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

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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

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