AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora o Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 15 July 2021 commencing at 9.30am

	Karakia		9.30am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes: • 17 June 2021 – Ordinary Meeting • 07 July 2021 – Emergency Meeting		
3.	Carried Forward / Action List Items		
Overview			
4.	Chair's Update (Oral)	Sir John Hansen *Chair*	9.35-9.40am
5.	Chief Executive's Update	Dr Peter Bramley *Chief Executive*	9.40-10.00am
Reports for Decision			
6.	Bad Debt Write-Offs	David Green *Acting Executive Director, Finance & Corporate Services*	10.00-10.05am
Reports for Noting			
7.	Finance Report	David Green	10.05-10.15am
8.	Care Capacity Demand Management	Becky Hickmott *Executive Director of Nursing*	10.15-10.25am
9.	Advice to Board: • CPH&DSAC – 1 July 2021 – Draft Minutes	Aaron Keown *Chair, CPH&DSAC*	10.25-10.30am
10.	Resolution to Exclude the Public		10.30am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.30am**

NEXT MEETING
Thursday, 19 August 2021 at 9.30am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

Dr Peter Bramley – *Chief Executive*
James Allison – *Chief Digital Officer*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Executive Director of Nursing*
Mary Johnston – *Chief People Officer*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Tracey Maisey – *Executive Director, Planning, Funding & Decision Support*
Hector Matthews – *Executive Director Maori & Pacific Health*
Tanya McCall – *Interim Executive Director, Community & Public Health*
Dr Rob Ojala – *Executive Lead of Facilities*
Dr Helen Skinner – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*

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

BOARD ATTENDANCE SCHEDULE – 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Deputy Chair CDHB**	**Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company. **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. **Upoko Rawiri Te Maire Tau of Ngai Tuahuriri** - Husband
Barry Bragg	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CMUA Project Delivery Limited** - Director 100% owned by the Christchurch City Council and is responsible for the delivery of the Canterbury Multi-Use Arena project within agreed parameters.

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

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

	anticipated any conflicts of interest will arise.
Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Christchurch City Council** – Chair of Disability Issues Group **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall	**College of Nurses Aotearoa NZ** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Fiona Pimm	**Careerforce Industry Training Organisation** – Chair Provides training to kaiawhina workforce in health and disability sector, social services sector and building contractors sector (cleaners). **Fiona Pimm Whānau Trustee Company Limited** – Director Private family trust. **Kia Tika Limited** – Director & Employee **NZ Blood and Organ Donation Services** – Board Member Statutory organisation responsible for national supply of all blood products and management of organ donation services. **NZ Council for Education Research** – Chair Statutory organisation responsible for independent research in the education sector. **NZ Parole Board** – Board Member Statutory organisation responsible for determining prisoners' readiness for release on Parole. **Restorative Elective Surgical Services** – Chair Joint venture project piloting ACC funded Escalated Care Pathways with a collective of clinicians and private hospitals. **Te Runanga o Arowhenua Incorporated Society** – Deputy Chair Governance entity for Arowhenua affiliated whānau. **Te Runanga o Ngāi Tahu** – Director Governance entity of Ngāi Tahu iwi. **Whai Rawa Fund Limited** – Chair Ngāi Tahu investment and savings scheme for tribal members.
Ingrid Taylor	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB.

	Manchester Unity Welfare Homes Trust Board (*MUWHTB*) – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB. **Sir John and Ann Hansen's Family Trust** – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. • I / Taylor Shaw have acted as solicitor for Bill Tate and family. **The Youth Hub** – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 17 June 2021 commencing at 9.30am

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

CROWN MONITOR
Dr Lester Levy

CLINICAL ADVISOR
Dr Andrew Brant

APOLOGIES
An apology for absence was received and accepted from Andrew Dickerson.
An apology for early departure was received and accepted from Catherine Chu (11.35am).

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

APOLOGIES
There were no Management apologies.

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda
Barry Bragg declared an interest regarding Item 8 in the Public Excluded part of the meeting.

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

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

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Resolution (16/21)
(Moved: Barry Bragg/seconded: Ingrid Taylor – carried)

"That the minutes of the meeting of the Canterbury District Health Board held on 20 May 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR'S UPDATE

Sir John Hansen, Chair, commented that the DHB is still experiencing significant challenges created by the COVID pandemic around vaccinations etc. He added that we have a very dedicated team that is doing a fantastic job. They are facing a significant ramp up and by mid July 37,000 shots per week are to be administered as the Prime Minister has advised that there will be one million doses delivered in July. He commented that he expects that advice to T3 people should go out very soon. Sir John commented that he thinks we underestimate the number of resources we have had to rely on throughout the wider health system to resource the vaccination programme and very little is unique to Canterbury.

The update was noted.

5. CHIEF EXECUTIVE'S UPDATE

Dr Peter Bramley, Chief Executive, welcomed Clinical Advisor, Dr Andrew Brant, to the meeting and also welcomed new Executive Team members Tracey Maisey, Executive Director, Planning Funding & Decision Support, and James Allison, Chief Digital Officer, to their first Board meeting. He commented that the Executive Team is almost complete now. Dr Bramley advised that he had attended a retirement function for Evon Currie, General Manager, Community & Public Health, who has made a phenomenal contribution to the health system over the last 24 – 25 years.

Dr Bramley highlighted the following:

- He acknowledged the ongoing impact of the floods and also the great work undertaken by the teams around this. He mentioned in particular the work undertaken by Becky Hickmott who was Acting Chief Executive at the time and commented how good the CDHB is at responding to a crisis.
- He thanked the volunteers who really did step up so we could deliver safe care during the nurses' strike and also thanked Jo Kane and Naomi Marshall from the Board who assisted. He commented that these matters are still in negotiation.
- He commented that his report highlights the demands at the front door across our health system. We have a key piece of work underway to make the system flow right across the whole health system.
- His visit to NICU where some creative thinking has taken place to deal with the increased demand. He emphasised that this is a very constrained environment and is very tough on teams in that area. It was noted that teams are providing him with a case for additional core resource in the area.
- He advised that the South Island Chair's & Chief Executive's met on Monday. Ahead of Health New Zealand there is willingness to work better and smarter regionally and also a willingness to make this work better and smarter across the South Island without the boundaries of DHB's. As a starting point there is a focus on five areas to try and improve our regional services.

- He advised that he and Sir John had spent some time with Manawhenua ki Waitaha and he commented that he is reminded everywhere of the issue of equity and the challenges around this. Their message to me was please involve us in consultation early and work in a partnership.
- He advised that he and Sir John had attended a luncheon which was part of a hui between Te Runanga and the Crown at Tuahiwi Marae which was a pretty special occasion. He added that the Prime Minister had been going to attend, however, due to the fog on the morning she was unable to be there.
- He would be attending a community meeting which is being held by MP Matt Doocey at Rangiora tonight around health issues in the area.

A query was made regarding NICU which is currently a high risk, and what is taking place in this area to deal with this. Dr Bramley advised that the clinical and management teams are working closely together to provide safe day to day care for these vulnerable babies. The first action is to increase the number of beds and plan how these will be resourced in a much more sustainable way. An allowance has been made in the budget process and even though we are trying to live within our means there will still be areas where we need to invest, just like we have had to invest in endoscopy to deal with the flow on effects of the Bowel Screening project.

A query was made regarding the colonoscopy wait times on page 9 of the report as to whether this includes the Bowel Screening Programme or whether they are as a result of the Bowel Screening Programme. It was noted that this is a combination of both of these things. Dr Bramley advised that there are three categories in this process: i) those that need to be scoped; ii) acute and positive tests from Bowel Screening Programme; and iii) surveillance going forward and these are all clinically prioritised. The good news is that we have new gastroenterologists commencing who are ready to scope and also two new endoscopy rooms to give us more capacity as we need to get this back within the national guidelines.

A query was made regarding the investigations into nurse led endoscopies and it was noted that there were some problems around this re credentialing. Further information will be provided via e-mail.

Discussion took place regarding the growth in NICU and it was noted that there are a number of things taking place in this area. It was noted that there is a marked increase nationally and some of this is due to an increase in caesareans, some of which are due to the increase in age of women giving birth and also more women giving birth earlier than expected.

Discussion also took place regarding Length of Stay (*LOS*) statistics and patient flow. It was noted that CDHB has one of the lower LOS stats nationally and the general increase for LOS is a national trend, possibly due to complexity. In regard to patient flow, the Chief Medical Officer spoke regarding the footprint for occupancy and a report on progress around this will come back to the next meeting which should include a primary care and CCN perspective, as well as timelines.

The Chief Executive's update was noted.

6. COMMITTEE MEMBERSHIP

In presenting this paper, Sir John reminded members that all Board members are welcome to attend any Committee meeting. There was no discussion on the paper.

Resolution (17/21)
(Moved: Sir John Hansen/seconded: Ingrid Taylor – carried)

"That the Board:

i. confirms the appointment of Board Member Fiona Pimm to the Community and Public Health and Disability Support Advisory Committee; and
ii. confirms that the term of this appointment is until December 2022 or until such time as the Board is replaced by a regional entity."

7. DELEGATIONS FOR ANNUAL ACCOUNTS

David Green, Acting Executive Director, Finance & Corporate Services, presented this paper which sought a delegation to approve the final audited accounts for the 2020/21 financial year if the timing of these does not fit within the required time frame and also approval for the letter of representation to be signed.

Resolution (18/21)
(Moved: Sir John Hansen/seconded: Ingrid Taylor – carried)

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

i. authorises either the Quality, Finance, Audit and Risk Committee Chair and the Board Chair or, if one of these should not be available, one of these two and a Board member, to approve the final audited accounts for 2020/21 on the Board's behalf if required, should the timetable not fit with a Board or Committee meeting;
ii. notes that if this delegated authority is exercised, the final accounts will be circulated to Committee and Board members; and
iii. notes that the Canterbury DHB Chair, Chief Executive and Acting Executive Director, Finance and Corporate Services, will sign the letter of representation required in respect to the 2020/21 Crown Financial Information System accounts which are required at the Ministry of Health in early August."

8. SUBMISSION ON THE INQUIRY INTO SUPPLEMENTARY ORDER PAPER NO 38 ON HEALTH (FLUORIDATION OF DRINKING WATER) AMENDMENT BILL

Before Evon Currie, General Manager, Community & Public Health, presented this report Sir John thanked her for her long and dedicated service to health and thanked her publicly for her contribution to the organisation and the health and welfare of all of Canterbury.

Ms Currie presented the paper regarding the submission and commented that this is about making it easier to have water fluoridated and proposes that the power to direct a local authority drinking water supplier to add or not add fluoride be conferred to the Director General of Health rather than DHBs.

Resolution (19/21)
(Moved: Jo Kane/seconded: Fiona Pimm – carried)

"That the Board:

i. approves the submission on the Inquiry into Supplementary Order Paper No. 38 on the Health (Fluoridation of Drinking Water) Amendment Bill."

9. FINANCE REPORT

Mr Green presented the Finance Report for the month of April which he advised had been discussed in detail at the last QFARC meeting. He advised that the consolidated financial result for April excluding the impact of Covid-19, Holidays Act compliance, and gain on sale of the Bus Super Stop was unfavourable to plan by $5.703M (YTD $6.339M unfavourable).

There was no discussion on the report.

Resolution (20/21)
(Moved: Sir John Hansen/seconded: Barry Bragg – carried)

"That the Board:

i. notes the consolidated financial result for April **excluding** the impact of Covid-19, Holidays Act compliance, and gain on sale of the Bus Super Stop is unfavourable to plan by $5.703M (YTD $6.339M unfavourable);
ii. notes that the YTD impact of Covid-19 is an additional $0.649M net cost;
iii. notes that the YTD impact of the Holidays Act compliance is an additional $14.852M expense, and the full year impact is estimated to be approximately $18M; and
iv. notes the one-offs comprise the $4.2M loss on sale relating to the carpark land, offset by a $1.2M gain on sale of land for the council's Bus Super Stop."

10. ADVICE TO THE BOARD

Hospital Advisory Committee (*HAC*)
Naomi Marshall, Deputy Chair, HAC, provided an update to the Board on the Committee meeting held on 3 June 2021. She highlighted the "Making our System Flow" presentation and also the presentation on "ESPI Performance".

The draft minutes were noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (21/21)
(Moved: Gabrielle Huria/seconded: Ingrid Taylor - carried)

"That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9,10, 11, 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 public excluded meetings – 20 May 2021	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	Protect the privacy of natural persons.	s9(2)(a) s9(2)(j)

		To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
4.	Our Ransomware Response	Avoid prejudice to measures protecting the health or safety of members of the public. Avoid prejudice to measures that prevent or mitigate material loss to members of the public. Prevent the disclosure or use of official information for improper gain or improper advantage.	s9(2)(c) s9(2)(e) s9(2)(k)
5.	2021/22 Draft Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Audit NZ – Audit Arrangements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Living Wage Introduction	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Central City Primary Birthing Unit	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Avon Generator Relocation Scope Change	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Biomass Fuel Supply Scope Change	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
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 • HAC PX Draft Minutes *3 June 2021* • QFARC Draft Minutes *1 June 2021*	For the reasons set out in the previous Committee agendas.	

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

The Public meeting concluded at 10.20am

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Sir John Hansen, Chair Date of approval

MINUTES – EMERGENCY MEETING

Canterbury District Health Board
Te Poari Hauora ō Waitaha

MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD EMERGENCY MEETING
held at 32 Oxford Terrace, Christchurch
on Wednesday 7 July 2021 commencing at 10.00am

BOARD MEMBERS

Sir John Hansen (Chair)

Via zoom: Barry Bragg; Catherine Chu; James Gough; Gabrielle Huria; Jo Kane; Aaron Keown; Naomi Marshall; Fiona Pimm; Ingrid Taylor; Dr Lester Levy (Crown Monitor); and Dr Andrew Brant (Clinical Advisor).

APOLOGIES

An apology for absence was received and accepted from Andrew Dickerson.
An apology for early departure was received and accepted from Barry Bragg (10.15am).

EXECUTIVE SUPPORT

Dr Peter Bramley (Chief Executive); James Allison (Chief Digital Officer); Becky Hickmott (Executive Director of Nursing); Mary Johnston (Chief People Officer); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Tracey Maisey (Executive Director, Planning Funding & Decision Support); Hector Matthews (Executive Director Maori & Pacific Health); Tanya McCall (Interim Executive Director Community & Public Health); Dr Rob Ojala (Executive Director, Infrastructure); Dr Helen Skinner (Chief Medical Officer); Karalyn van Deursen (Executive Director Communications); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

APOLOGIES

David Green (Executive Director, Finance & Corporate Services)

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER

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

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

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

2. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (22/21)
(Moved Ingrid Taylor/seconded Gabrielle Huria - carried)

"That the Board:

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

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.	Canterbury Southern Community Laboratories Alliance Service Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

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

There being no further business the public meeting closed at 10.02am.

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Sir John Hansen, Chairman Date

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

DATE	ISSUE	REFERRED TO	STATUS
15 Oct 20	Review of CDHB/Manawhenua MOU	Dr Peter Bramley	Under action.
17 Jun 21	Making the System Flow	Becky Hickmott Dr Jacqui Lunday-Johnstone Dr Helen Skinner	Today's Agenda – Item 4PX
17 Jun 21	Cyber Security Briefing	James Allison	Today's Agenda – Item 5PX

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

DATE: **15 July 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

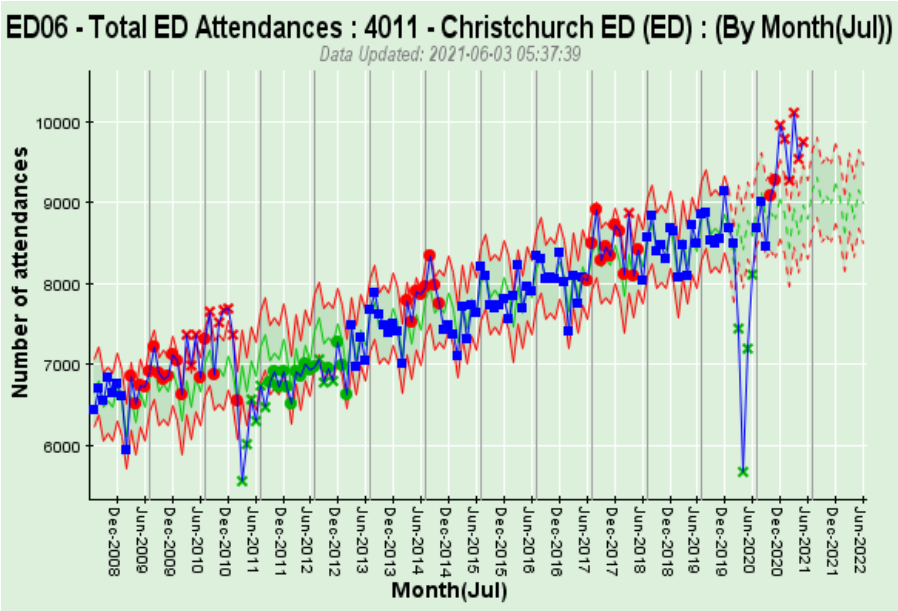
i. notes the Chief Executive's update.

3. DISCUSSION

MEDICAL / SURGICAL SERVICES

Service Delivery

- **The Hyperbaric Medicine Unit** has been accredited by Australian and New Zealand College of Anaesthetists as a training unit for hyperbaric medicine training.
- The increase in **Emergency Department** presentations that began in October 2020 continues with more than 9,700 presentations in May2021. There have been more presentations in each of the past seven months than ever before.
- A portion of this increase is due to changes in clinical models with initial orthopaedic care being provided within the department instead of a separate unit as it was in the past. Alongside this there is an increase in demand for emergency care.



- Patients spending an extended period in the department remains a challenge as this results in higher occupancy and increasing workload for nursing and medical teams.

Planned Care

- At the end of May Canterbury DHB was well ahead of total planned care targets.
- Within this it was exceeding target for minor procedures in hospital settings having delivered 2,245 as inpatients (914 ahead of target) and 10,773 as outpatients (3,924 ahead of target).
- Unexpectedly high hospital occupancy has led to the short notice cancellation of surgery for a number of patients (41 were deferred from the week commencing 10 May and 21 during the following week).

Use of Theatre Capacity

- Outplaced operating ceased from 7 December (except for Dental which continued until 25 February), however some outplacing has been restarted as a part of mitigating Anaesthetic Technician constraints.
- Outsourced operating has reduced, being repatriated when access to internal capacity was provided with the opening of the Waipapa theatres.
- The number of operations provided throughout the Canterbury District Health Board system is significantly higher during the past three months than the same period last year. This is significantly affected by the COVID-19 lockdown in 2020 that suppressed both elective and acute operating.
- Accordingly, May 2021 has been compared with May 2019. In-house operating, both acute and planned, was enough to make up for the reduction in outsourced and outplaced surgery with 156 fewer outsourced and outplaced operations in May 2021 and 69 more operations in total - with the total reaching 2,849.
- Anaesthetic Technician capacity continues to constrain operation of the theatre schedule. This has been one factor considered in planning towards achieving planned care targets for both 2020/21 and in 2021/22. The constraint is being addressed in many ways including the use of agencies to recruit international staff alongside our existing recruitment work in the domestic market. We are hopeful this work will improve the current situation.

The CDHB Improvement Action Plan 20/21

- The plan provides a weekly target for the number of patients waiting longer than 120 days for planned care. There were 1,871 people waiting for **First Specialist Assessment** longer than 120 days at the end of May.
- **ESPI 5** – which relates to **waiting time for surgery** or other treatment - shows 1,219 patients waiting longer than 120 days for surgery. This is reduced from 1,305 at the end of April.

NICU Occupancy

Measure	Number Mar-20 to May-20	Number Mar-21 to May-21
NICU 10am occupancy >44	19	90
NICU 10am occupancy >50	1	53

- During May, 10am occupancy of neonatal intensive care was 50 or more against a resourced capacity of 44 on 24 out of 31 days and never less than 44. This occupancy does not include mothers and babies that are overflowed to maternity, paediatric beds or to other units around New Zealand.

General Medicine Care Periods

- General Medicine has had a sustained period of occupancy that exceeds its footprint (135 beds), with overflow to both other medical sub-speciality and surgical ward spaces.

Allied Health

- Physiotherapy Intensive Care Unit staff are developing early mobilisation guidelines for spinal patients. These guidelines will ensure consistent, safe practice for staff new into the ICU area and for staff who are less familiar with spinal patients.
- Occupational therapy has instigated a breakfast group on the Acute Stroke Ward. Its purpose is to enable client participation in therapeutic assessment and rehabilitation following a stroke. The feedback from patients and staff alike is overwhelmingly positive. It has enabled patients to communicate with others experiencing a similar health journey and provides opportunities for meaningful activity.
- Pharmacy have been heavily involved in the COVID-19 vaccination programme roll out and have completed the recruitment of all new roles. The Pharmacy vaccine distribution team has been widely praised for their efficiency and organisation.

Cardiology

- An extra West Coast Cardiologist Teleclinic each month was discussed in May and will begin in June to help reduce the waitlist. The telehealth clinic will be for follow-up appointments following various cardiac procedures.

Dialysis

- Three patients due to travel to Christchurch from Ashburton were delayed with dialysis treatment due to the recent flood event. One patient required air transportation.

Gastroenterology

- The Service continues to monitor the utilisation and filling of endoscopy lists. Patient Did Not Attends and short notice cancellations have remained low since the introduction of Nurse pre-

assessment. Offering patients the choice of two different days and a weekend appointment slot has assisted attendance and rebooking.
- South Canterbury District Health Board continues to provide a colonoscopy list per week while the Ashburton service completes its recruitment and orientation of new nursing staff – anticipated completion is early August 2021.
- Colonoscopy Wait Time indicators remain a priority reporting area.
- High participation in the National Bowel Screening Programme has necessitated a rapid increase in the number of endoscopy lists dedicated to programme activity to seven per week. Significant pathology and cancers being identified daily.
- Outsourcing and outplacing of endoscopy patients to private providers continues.

ICU / Air Retrieval
- The CDHB air retrieval service is carrying significant load transporting patients from other districts to Christchurch for tertiary care given the inability of other District Health Boards to provide the transfer.
- Increasing demand from Southern DHB is impacting ability to provide an effective air retrieval service to the Canterbury and West Coast District Health Board populations. During one 12-hour period concurrent requests were received from Dunedin and Invercargill for medically escorted transfers in addition to a request to transfer a patient.

Medical Oncology
- Following the challenges of previous months, the service has made progress in reducing waiting times for First Specialist Assessment, with all patients now being seen within national guidelines.
- Considerable progress has been made in discharging patients not under active treatment and ensuring follow up appointments are booked in accordance with their clinical priority.

Ophthalmology
- A virtual glaucoma clinic pathway has been introduced, using the skills of the service's Optometrists, increasing capacity for this care from 17 patients per week to 35.

Outpatients
- Nursing teams have completed training to undertake Anaesthetist led, Nurse Facilitated Assessment which will enable greater capacity within the Anaesthetic Assessment Clinic and more comprehensive triage of patients.
- Māori Diabetes Registered Nurse role has now been made permanent within the Diabetes Centre, promoting greater links between specialist service and community supports for Māori patients.

Quality & Safety

Allied Health
- A priority for Allied health is to get an inpatient referral system set up on Cortex. The main goal is to be receiving inpatient referrals via single point of entry. Current system has multiple entry points (fax, phone, Cortex, Flo-view, and /or board rounds). This results in lack of information and makes it difficult for Allied Health staff to triage the referral appropriately, and patients may not be seen in a timely manner, or may be missed, as staff are not aware.
- The Speech Language Therapy department has started using Cortex to report video-fluoroscopic swallow study reporting and has reduced reporting time by two days on average which has improved the outcomes for patients with a quicker decision regarding feeding and commencement of nutrition.

- The Physiotherapy Emergency department rib fracture pathway has been put in place to ensure consistent coordination and provision of care. The pathway has been put in place to streamline patient journey, decrease length of stay in Emergency department and develop appropriate discharge criteria, patient education and follow-up for patients with blunt chest trauma.

Intensive Care Unit

- Approval has been given for the intensive care unit to use three non-invasive ventilators from the Ministry of Health COVID supplies. Use of non-invasive ventilation will reduce length of stay in the unit for a cohort of patients who do not need invasive ventilation but have previously received invasive ventilation because there was no alternative.

Orthopaedics

- Orthopaedics is partnering with the Emergency Department to take opportunities to improve service delivery and patient flow through the department. Three workstreams have been identified to support working through these opportunities. These are:
    - nurse see, treat and discharge
    - sedation for orthopaedic patients in the orthopaedic acute clinic.
    - escalation matrix to support early intervention to avoid orthopaedic acute clinic overload and handing over of multiple patients at shift finish

Our People

Allied Health

- Introduction of a seven-day roster in physiotherapy has resulted in a reduction in overtime requirements.
- The work on the short-term loan equipment budget and processes around managing the return of equipment is progressing well. The proportion of equipment overdue to be returned has halved from 34% in April 2021 to 17% in May 2021.

Surgery: Recognition of Canterbury District Health Board surgical excellence

- At the recent Royal Australasian College of Surgeon's virtual annual conference, the quality of services and departments contributing to surgical care at Canterbury DHB was recognised with an excellence award.
- This award is not given regularly, in this case it recognises the high standard of care provided following some significant events over the recent decade including the earthquakes, mosque shootings and White Island eruptions.
- This acknowledges the close teamwork between surgical services, Anaesthesia, Emergency Department, Intensive Care Unit, nursing and allied health teams.

Accelerating Our Future

Vascular

- Conversation has started for recovery of the high cost consumables stents and grafts that are beyond the intra district flow charges. Some complex cases for Endovascular surgery include the use of consumables costing between $50,000 and $80,000.

Emerging Priorities

Allied Health

- **Non-Weight Bearing Pathway**: Working with Planning and Funding and a Christchurch/Burwood and Ashburton inter-disciplinary team on the management of the transitional rehabilitation pathway from hospital care to the community.
- A funding application has been submitted to the Ministry of Health with the aim of reducing unnecessary admissions to hospital for older people and improve patient flow. This will involve addition of an interdisciplinary Allied Health resource to enhance geriatric assessments in the Emergency department and coordinate the Allied Health discharge of the general medicine patient.

SPECIALIST MENTAL HEALTH SERVICES

The ongoing **transformation of mental health and wellbeing services** will be supported by a new contract from the Ministry of Health. He Ara Oranga has guided the key focus areas of greater engagement with Māori, our consumers and community. Although Canterbury has strong engagement in designing our services, the new funding will provide greater ability to meaningfully engage and move to Tino Rangatiratanga in our design processes.

Manu Ka Rere, an expanded NGO-led Community Youth Mental Health Service funded from He Ara Oranga is in full swing to provide community-based access to young people (12-25 years). A successful sector-wide workshop involved people coming together from across our system to engage in how we can work together to provide the best possible access to mental health and wellbeing supports. Demand from the community has increased and both the new service and the DHB's Child Adolescent and Family (CAF) services risk being inundated with recent referrals of 90 per week to CAF and 60 to Manu Ka Rere. This burning platform meant everyone in the room worked to identify how we could manage inflows in a seamless way to ensure young people get the best possible support from the right resources. This continues the excellent work of our CAF team to make sure young people have reduced waiting in the system. Over the last 12 months 88% to 94% of young people referred to CAF are seen within the target 21 days, but more impressively 80% are seen within three days of their referral!

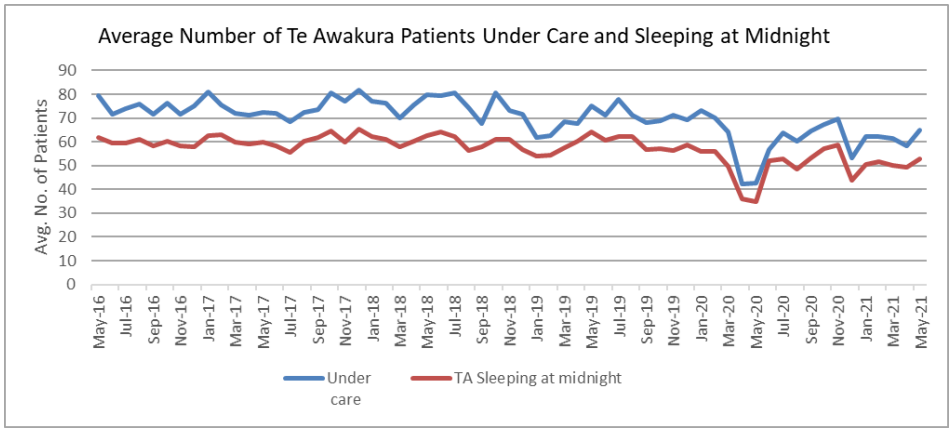
AT&R (Assessment Treatment and Rehabilitation) facility progress: The final issues with the new Whaikaha (AT&R) building and mobile Duress system are being worked through with commissioning of new systems allowing staff orientation to occur.

Service Delivery/Performance

In May there were 189 admissions to Specialist Mental Health Services and 17,151 contacts with 4,610 individuals.

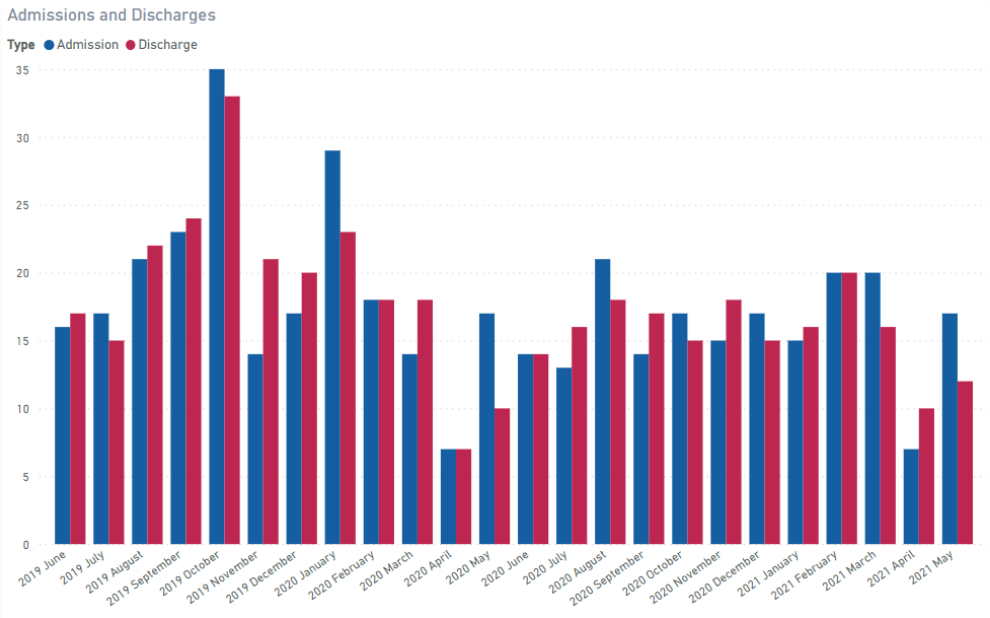
Adult Acute

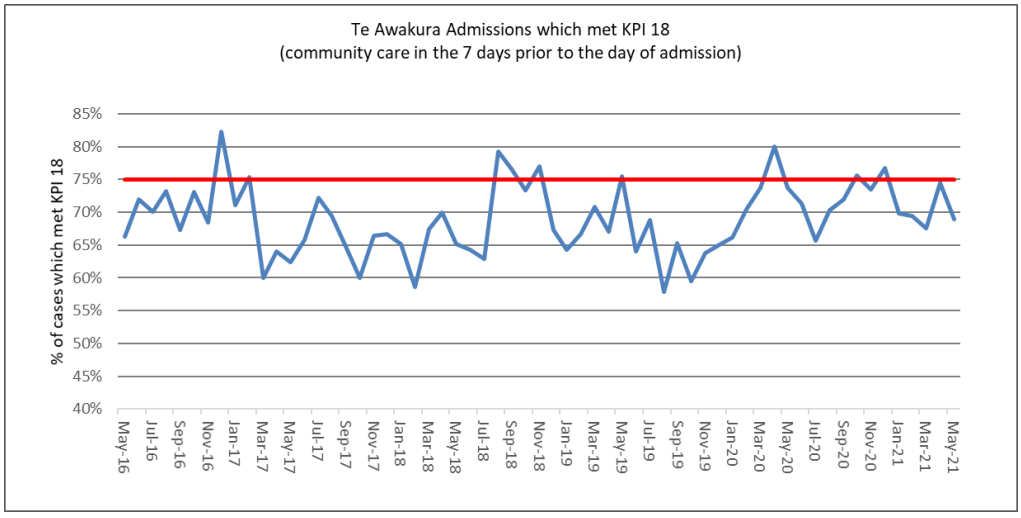
Optimal occupancy within adult acute inpatient services (Te Awakura, a 64 bed unit) is 85%. Efforts to reduce occupancy as part of managing COVID and creating a more therapeutic environment have been embedded, resulting in sustained decrease in occupancy. This is a significant success for an integrated response that relies on the NGO and community sector, specialist services community teams and inpatient teams to be working together to support people in the lease restrictive environment possible.



Child Adolescent and Family

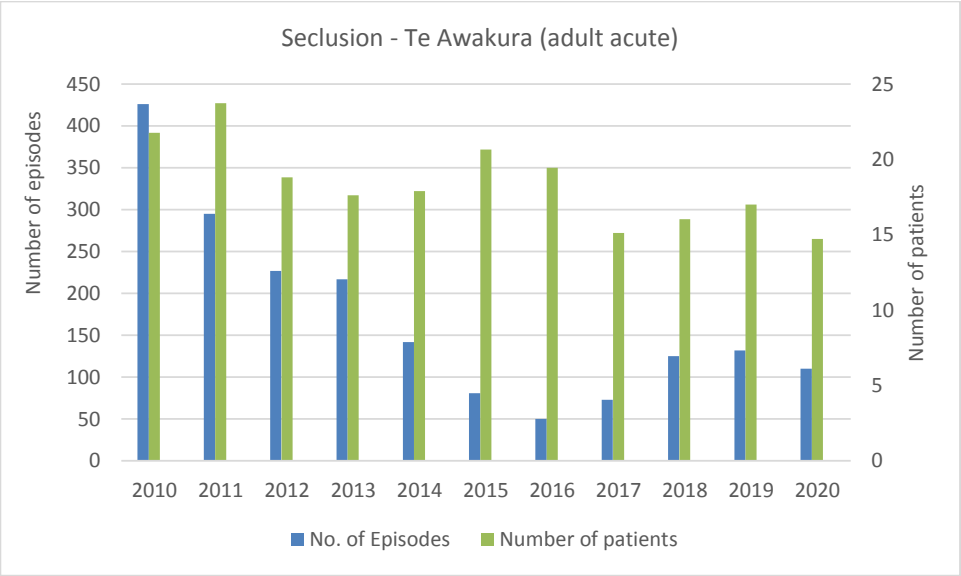
Admissions and discharges are represented in the below.





The number of serious assaults has decreased over the last three years, and we aim to further reduce these numbers.

There is a national campaign supported by the Health Quality and Safety Commission to reduce the amount of seclusion for inpatients. Our restraint minimisation committee is active in supporting each clinical inpatient area to develop system and culture that supports safe practice. While there have been significant reductions in seclusion, the nature of our facilities does not support best practice with lack of space and ability to provide physical separation and de-escalation.



Our People

Recruitment has become more difficult, exacerbated by difficulties in recruitment from overseas during the pandemic, perceived and real risk of working in mental health, other mental health and wellbeing opportunities (Mana Ake, Te Tumu Waiora, Manu Ka Rere funding streams resulting from He Ara Oranga) and Covid-related nursing opportunities. Recruitment in intellectual disability (especially AT&R) has been particularly difficult. Filling the roster is a constant issue with a number of staff contributing with extended overtime shifts.

Mental health staff continue to show dedication providing fantastic support to our consumers and help to cover staffing shortages and skill gaps.

PLANNING, FUNDING & DECISION SUPPORT

The Kahukura Kaumātua Project Update: The Kahukura Kaumātua project has been running since February 2020. The programme, designed by and for Kaumātua, has a kaupapa Māori focus, and regular input from a variety of health professionals from across the system, with a different head-to-toe health focus each session. Over the past year this has included: mental health, falls prevention, advance care planning and bowel screening. There are regularly up to 30 attendees at the monthly programme, which is held at the community centre at Birdlings Flat and provides a service for people who might otherwise not engage with general practice and have issues with isolation and complex care needs.

Sudden Unexpected Death in Infancy (SUDI) Prevention Programme Update: The sustainable (both environmental and& financial) distribution of safe sleep devices has been a key consideration for the local SUDI Governance Group. We have seen an increasing number of safe sleep devices being given to whānau over the past two years but generally for one-time usage only. As a result, the group has endorsed the introduction of the incentivised recycling programme for safe sleep devices, which will see up to 200 devices recycled and re distributed to our vulnerable whānau. As part of the sustainability work, we are also exploring more suitable and sustainable options to the plastic pēpi pods that we currently distribute.

Service Delivery/Performance

Breastfeeding Action Plan: Breastfeeding rates have been static for some time and to lift rates the P&F team are supporting the implementation of the Breastfeeding Action Plan which was endorsed by the CCN Alliance Leadership Team in quarter three. This plan prioritises the delivery of evidence-informed activity that has a proven impact on breastfeeding rates for women in Māori, Pacific and high deprivation populations and activity is tracking well against the milestones.

Childhood Immunisation Coverage: The DHB has historically had good coverage and regularly reached the 95% target for 8 month and 2-year-old children. However, in the past 12 months (like other DHBs) we have seen a decrease in coverage and the timeliness of immunisation delivery, initially associated with lockdown, and we are struggling to bring coverage rates back to previous levels.

HPV Immunisations: In 2020, HPV vaccinations were impacted by disruptions to the general practice and school-based programmes. To recover this gap, the Immunisation team is currently working on key reports that will identify all those overdue for their HPV and Tdap at aged 12 to share this information with general practice to enable active recall of those children who are behind. Overdue children will also be referred to the school-based programme as the end of the year to be picked up in the Year 8 programme to ensure young people are covered for both immunisations.

Utilisation of Adolescent Oral Health Services: Over the past two years, the national Oral Health Group (of which CDHB is a member) has been working with Central Technical Advisory Services to develop an Adolescent Oral Heath dashboard to improve access to oral health services data and support us to identify opportunities to improve engagement with young people. An Adolescent Oral Health Improvement Working Group has been established, with a strong Māori and Pacific voice, to provide perspectives on barriers to engaging with oral health services to ensure the strategies we develop have the best likelihood of successfully improving engagement and access rates for our priority populations.

Cervical Screening Coverage: Screening rates for priority group women have not picked up well after the COVID-19 lockdown period and funding from the National Screening Unit has been allocated to focus on initiatives to increase these rates. A collaborative initiative is being rolled out in Ashburton that involves cross checking the cervical screening register with PHO registers to and actively contact women who are not on the cervical screening register to invite them for a smear. We expect that this initiative will lift rates for our highest-need women.

Faster Cancer Treatment: The latest quarter three results show that Canterbury continues to meet the 62 days FCT target. The '62 days' refers to the time from receipt of referral to their first treatment for patients triaged as having a high suspicion of cancer and a need to be seen urgently. For the 3-month period February, March and April the Canterbury started treatment for nearly 94% of eligible patients within 62 days of their referral against a 90% target. During this time period, of the 51 people

who were not seen within 62 days only nine were due to capacity issues, two were because of patient choice and 40 were delayed for clinical reasons.

Designing National Surgical Mesh Assessment and Management Processes: The Canterbury Initiative Team in P&F has led the design of a new service for the Southern Region to deliver an assessment and management service for urogynaecological mesh complications and removals. A design specification has now been delivered to the Ministry of Health for their consideration. The service is likely to generate 300 referrals per year, with 150 of those directed to the Southern Region.

Equity

Etu Pasifika Premises Opened: The P&F team supported the opening of Etu Pasifika's new clinic in the health precinct at the end of May with attendance from dignitaries and Pacific communities. This is a major milestone in the shared commitment of the Canterbury DHB and Pasifika Futures to improving health outcomes for Pacific People. The facility, owned by the Pacific Medical Association, reflects the integrated approach of the Pacific team with engaging spaces for families and staff.

Emerging Priorities

Influenza Programme Underway: The 2021 Influenza programme started in April 2021, targeted at those 65 years old over. The vaccination programme for the rest of the eligible groups started in mid-May. In the first two months of the programme, general practice and pharmacy in Canterbury has vaccinated 65% of our residents 65 years and over. This is a positive result with 75% being reached by the whole programme last year.

Addressing Childhood Continence and Constipation: The P&F team are supporting the Child Health Alliance to restart a piece of work looking at ways to improve access to services for children who require support with continence and constipation. In 2019 a piece of work occurred to develop a patient pathway for children, however the implementation of this was stalled due to COIVD-19 priorities. The focus of this work will help to reduce avoidable hospital admissions and improve the quality of life for these children.

Agreement Reached for Mana Ake Services: The agreement with the Ministry of Health for continuing funding for the Mana Ake Service in Canterbury has been agreed for a further year at 80% of current funding. This provides an opportunity to consider a more targeted approach for the service that requires less infrastructure with a focus on retaining frontline services to children and whanau/families.

New Service Supporting Ashburton Refugee Resettlement: In 2020 Ashburton was identified as a new Quota Refugee resettlement region as part of the government's policy to expand the number refugees entering New Zealand to 1,500 per annum. The Ministry of Health has provided revenue to DHBs where these new locations are to enable good access to health services for the refugees. The P&F team supported an RFP process in Canterbury and Pegasus Health will provide the resettlement services, based in Ashburton with the operational and clinical leadership from the Pegasus Christchurch Resettlement service providing direct oversight of the development and delivery of the new service.

ALLIED HEALTH SCIENTIFIC AND TECHNICAL

Following a discussion with Planning and Funding and the Ministry of Health, Allied Health have approval to implement a programme of care that will implement sustainable strategies to support the

nutrition and hydration, early mobilisation, and meaningful cognitive engagement of older patients in general medicine. This project will aim to demonstrate that this programme will reduce length of stay and reduce falls, pressure injuries and delirium by using Allied Health assistants to implement the programme on the wards.

Speech Language Therapy: Video-fluoroscopic swallow study improved reporting times by two days and has now ensured that patients will have a timely return to appropriate nutrition and have a minimal time nil by mouth. Flexible Endoscopic Evaluation of Swallowing (FEES) report on Cortex has been streamlined which has reduced the reporting timeframes for patients requiring a swallowing assessment prior to feeding. This process has also reduced the time frame that patients are waiting on an outcome before appropriate nutrition can be started.

Gestational Dietitian Pathway: Further funding secured for six-months to continue with the Gestational Dietitian Pathway. This pathway is a Dietitian led diet for pregnant women with gestational diabetes. This pathway was trialled from April to December 2020; out of 341 women who started the trial the 71 women (21%) remaining had:

- A reduction in 3 to 4 specialist appointments from diagnosis (27-35 weeks) to delivery; a total reduction of 284 medical and 71 obstetric appointments.
- Less hospital visits
- Reduction in time off work
- De-medicalising the pathway reduced the stress on the mother but also assisted her to take charge of not only her diet but that of her family/ whanau.
- No delay in being seen post diagnosis.

COMMUNITY AND PUBLIC HEALTH (PUBLIC HEALTH DIVISION)

Supporting the wellbeing of MIQ facility workers in Canterbury: The Information Team at Community and Public Health was approached by the Canterbury Regional Isolation and Quarantine (C-RIQ) leadership who were concerned by incidents of stigma and discrimination being reported to them by staff working within the Canterbury Managed Isolation and Quarantine facilities (MIQF). In order to inform next steps by the C-RIQ leadership in supporting their workforce, a rapid literature review and a survey of Canterbury MIQF staff was undertaken in late 2020.

A report of the findings was prepared and shared with the C-RIQ leadership in February 2021. Consequently, the C-RIQ leadership has informed staff of the report findings and is in the process of implementing agreed next steps in support of all staff working Canterbury MIQFs.

Malie le Loto Project: This project is a CPH collaboration with the University of Otago through Pegasus Health with the aim of helping Pasifika families live healthier lives. CPH's Pasifika Health promoter is supporting and promoting the initiative in the community to increase wellbeing through healthy living. As part of the 12-week project, groups are given free health checks at the beginning and the end to measure change. They participate in four lifestyle education sessions to increase health literacy and understanding.

OLDER PERSONS HEALTH & REHABILITATION (OPH&R)

Service Delivery/Performance

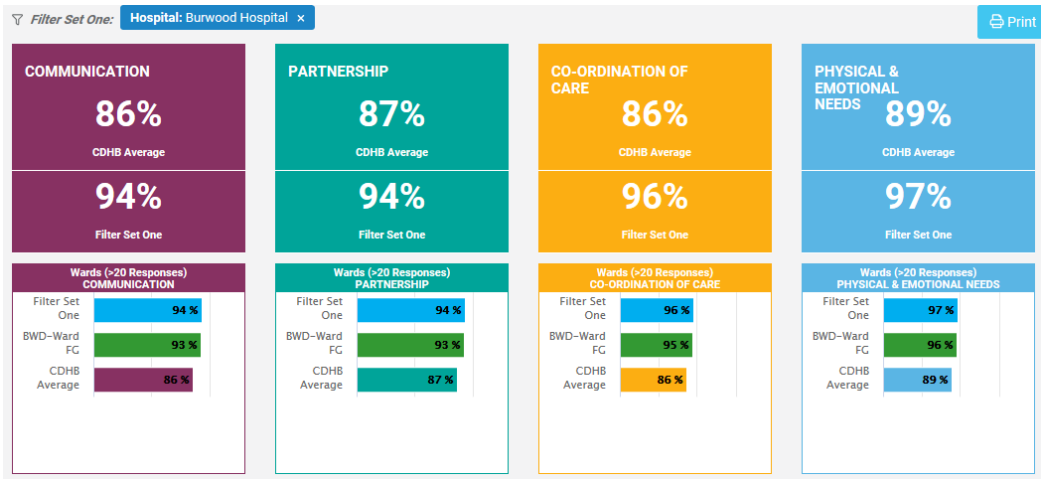
OPH&R continues to support increased levels of surgical activity, with a monthly average of 274 theatre events YTD July-June 20-21, compared with average 234/month for July-June 19-20. We are

continuing to collaborate with surgical specialties to ensure theatre capacity is utilised and the increased volumes are appropriately resourced. This includes planning and resourcing in areas such as pre-assessment, theatres and sterile services, post-operative ward-based care and post discharge rehabilitation follow up.

The recent appointment of a Service Manager Patient Flow (1 FTE, fixed term for 12 months) is expected to support and enhance activity to address barriers to discharge and improve patient flow. Key activities to date have included meeting with key stakeholders to identify existing pathways and barriers, and current sources of data and information regarding bed status, waiting list and referral management, to establish a single point of contact for clinicians and managers across campuses about bed state and patient flow.

Quality and Safety

OPH&R continues to evidence positive feedback from consumers, with responses for Burwood Hospital rated higher than the DHB average across all domains in the Inpatient Experience survey, as reported for May. From responses during the reporting period, an opportunity exists with respect to ensuring patients are offered access to religious and spiritual support.



HIGHEST RATED QUESTIONS

Survey Question	Filter Set One	Filter Set Two	Range (Low to High)
Did you feel the following staff listened to what you had to say? *Other members of your healthcare team*	100%	-	0% - 100%
Overall, did you feel staff treated you with kindness and understanding while you were in the hospital?	100%	-	50% - 100%
Before the operation did staff explain the risks and benefits in a way you could understand?	100%	-	91% - 100%

LOWEST RATED QUESTIONS

Survey Question	Filter Set One	Filter Set Two	Range (Low to High)
Was religious or spiritual support available when you needed it?	50%	-	50% - 75%
Did a member of staff tell you about medication **side effects** to watch for when you went home?	76%	-	0% - 100%
Did the hospital staff include your family/whānau or someone close to you in discussions about your care?	83%	-	25% - 100%

Burwood Hospital was presented with its certificate recognising our status as "Working to be Dementia Friendly" on 7 May. The certificate was presented in person by Alzheimers NZ Chief Executive Catherine Hall, who noted that as the first hospital in the country to be recognised with this level of dementia friendly status, this should be considered a major achievement. The efforts of the inter-disciplinary Dementia Friendly Hospital Working Group were applauded, noting the significant effort undertaken to compile evidence against the programme standards. Burwood is recognised with this status for two years until March 2023.

ASHBURTON HEALTH SERVICES

May ended with significant community disruption with a national state of emergency declared in Ashburton due to flooding across Mid-Canterbury. The local leadership established an Ashburton Health Services Emergency Operating Centre (EOC) bringing the services across the campus together to respond to the multiple challenges in moving patients, providing community-based care and staffing services as multiple roads and access points were closed. The team remained positive and stepped up to connect across their community in a time of significant pressure.

Primary care capacity is at risk with increasing challenges for appointments and locum recruitment. Most practices are not taking any new enrolments.

Service Delivery/Performance

Acute and Inpatient Care

Acute flow remained steady through the month of May, with Monday and Saturday continuing to represent the peak points of the week. We remain low in our admission rates and within our KPI targets for length of stay.

We continue to advocate for an updated approach and opportunity for clinically appropriate ACC Non-Weight Baring patients to access non-acute rehabilitation in the community setting, where ACC funding is available to facilities to provide both residential care and community-based physiotherapy and Allied Health support services. This would enable patients to return closer to their home and remove the pressure points of waiting for an Ashburton bed.

BAD DEBT WRITE-OFFS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Andrea Thompson, Accounts Department Supervisor, Corporate Finance**

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

DATE: **15 July 2021**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

This paper is to notify the Board of write-offs relating to non-New Zealand resident inpatient debt as per our delegations of authority. Under our delegation framework the Chief Executive Officer has approval to write-off debts up to $100,000.

2. RECOMMENDATION

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

i. approves the write-off of an ineligible patient debt of $121,000 (excluding GST);
ii. notes the write-off of an ineligible patient debt of $58,000 (excluding GST);
iii. notes that these debts have been fully provided for as doubtful in our accounts, so there is no further financial impact to our result; and
iv. notes that this request is made on the basis that Canterbury DHB has taken all reasonable steps to recover the debts and there is unlikely to be any payment on these accounts.

3. DISCUSSION

Details of the debts are:

Debt 1 - $121,000 (excluding GST)

This debt relates to a patient whose original debt was $234,000 (including GST of $30,522). We have received payments totalling $95,000 (including GST of $12,391) from the patient's second and third insurance companies, but their principal insurance company has declined cover as treatment was received outside their home country. The patient has completed a financial statement showing that they are not in a position to pay anything further on the account. Approval is sought to write-off this ineligible patient debt.

Debt 2 - $58,000 (excluding GST)

This debt relates to a patient who has returned to their home country and advised that due to their health they have not been able to work, so have requested financial aid from their government. Due to lock down in their home country they were not able to be assessed by a doctor until recently, and they have only been allowed a basic sickness benefit. We have requested details of their financial situation but, at this point, the patient has stopped engaging with us. This debt has been written off.

FINANCE REPORT 31 MAY 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

DATE: **15 July 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the consolidated financial result for May **excluding** the impact of Covid-19, Holidays Act compliance provision, and one-off transactions (gain and loss on land sales) is unfavourable to plan by $0.119M (YTD $6.457M unfavourable);
ii. notes that the YTD impact of Covid-19 is an additional $0.225M net cost;
iii. notes that the YTD impact of the Holidays Act compliance is an additional $16.430M expense, and the full year impact is estimated to be approximately $18M; and
iv. notes the one-offs comprise the $4.2M loss on sale relating to the carpark land, offset by a $1.2M gain on sale of land for the council's Bus Super Stop.

3. FINANCIAL RESULTS EXECUTIVE SUMMARY

Summary DHB Group Financial Result excluding Covid-19, Holidays Act Compliance and net loss on Land Sales:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	(0.180)	(0.000)	(0.180)	0.071	(0.000)	0.071
Funder	(0.226)	(3.719)	3.493	(47.001)	(53.552)	6.551
DHB Provider	(14.216)	(10.784)	(3.432)	(93.842)	(80.763)	(13.079)
Canterbury DHB Group BAU Result	**(14.622)**	**(14.503)**	**(0.119)**	**(140.772)**	**(134.315)**	**(6.457)**

The DHB result including Covid-19, Holidays Act Compliance and net loss on Land Sales is:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
Canterbury DHB Group BAU Result	**(14.622)**	**(14.503)**	**(0.119)**	**(140.772)**	**(134.315)**	**(6.457)**
Covid-19 & Holidays Act & One-off	1.152	0.000	1.152	19.666	0.000	19.666
Canterbury DHB Group Result	**(15.774)**	**(14.503)**	**(1.271)**	**(160.437)**	**(134.315)**	**(26.122)**

4. KEY FINANCIAL RISKS

Savings plans – The phased savings plans were budgeted to increase significantly from January 2021. Actual savings have not reached the level expected and it is likely that we will not substantially achieve these savings. Note also that the 2019/20 savings plan had a Year 2 component totalling $17.2M, largely phased evenly over the full year ($15.5M phased up to May 2021).

Liquidity - We are forecasting that we will not need to use our overdraft facility until the first quarter of the 2021/22 financial year, and not breach our overdraft limit until January 2022. As we will continue to incur deficits, we will require further equity support in the future.

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

CDHB is managing six Managed Isolation Quarantine Facilities (*MIQFs*) and is also providing support for contact tracing, laboratory testing, supporting the trans-Tasman travel bubble and managing the vaccination programme.

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

NZNO - Some surgeries, procedures and outpatients' appointments were deferred or cancelled as a result of the **NZNO eight hour strike** on 9 June. We expect the strike will have a significant impact on our June result. Other than the direct costs of the strike, there is disruption to services, i.e. elective throughput.

5. APPENDICES

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

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

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

	Period to date								Year to date							
May 2021 Results	Month Actual $000	Month Budget $000	Month Variance F/(UF)	Covid-19 $000	Holidays Act $000	Other One Off	BAU Actual Result	Underlying Variance	YTD Actual $000	YTD Budget $000	YTD Variance F/(UF)	Covid-19 $000	Holidays Act $000	Other One Off	YTD BAU Actual Result	Underlying Variance
MOH Revenue	(172,147)	(162,733)	9,414	(2,617)			(169,530)	6,797	(1,816,220)	(1,790,057)	26,163	(14,307)			(1,801,913)	11,856
Patient related revenue	(5,549)	(4,716)	833	(464)			(5,085)	369	(66,006)	(50,860)	15,147	(11,850)			(54,156)	3,297
Other Revenue	(3,791)	(3,616)	175	(881)			(2,910)	(706)	(43,635)	(43,905)	(270)	(11,960)			(31,675)	(12,230)
Total Operating Revenue	(181,487)	(171,065)	10,422	(3,962)	-	-	(177,525)	6,460	(1,925,861)	(1,884,822)	41,039	(38,117)	-	-	(1,887,744)	2,922
Employee expenses	88,780	81,294	(7,485)	1,754	1,576		85,450	(4,155)	929,740	887,612	(42,129)	14,887	16,429		898,425	(10,813)
Treatment Related costs	14,882	14,645	(237)	592			14,290	355	163,422	153,625	(9,797)	7,888			155,534	(1,909)
External Provider costs	72,296	67,335	(4,961)	923			71,373	(4,038)	767,812	749,214	(18,598)	13,379			754,433	(5,219)
Other Expenses	10,435	10,822	387	267			10,168	654	114,889	118,476	3,588	2,177			112,712	5,765
Total Operating Expenditure	186,393	174,096	(12,297)	3,536	1,576	-	181,281	(7,185)	1,975,862	1,908,927	(66,936)	38,331	16,429	-	1,921,103	(12,176)
Operating result (Surplus) / Deficit	4,906	3,031	(1,875)	(426)	1,576	-	3,756	(725)	50,002	24,105	(25,897)	214	16,429	-	33,359	(9,254)
Total Indirect revenue and expenditure	10,868	11,472	604	2			10,866	606	110,436	110,210	(226)	11		3,012	107,413	2,797
Total - (Surplus) / Deficit	15,774	14,503	(1,271)	(424)	1,576	-	14,622	(119)	160,437	134,315	(26,122)	225	16,429	3,012	140,772	(6,457)

CDHB's result **excluding** the impact of Covid-19, Holidays Act compliance, and net loss on land sales (one-offs) is unfavourable both for the month and YTD.

Covid-19:

YTD Covid-19 revenue and costs are close to offsetting completely. The expectation is that Covid-19 expenses will continue to be funded in full next year**.**

Patient related revenue includes revenue for MIQFs. The funding covers our incremental costs of providing our occupancy remains high. There is a risk with the trans-Tasman bubble that occupancy rates will reduce which will impact the funding.

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

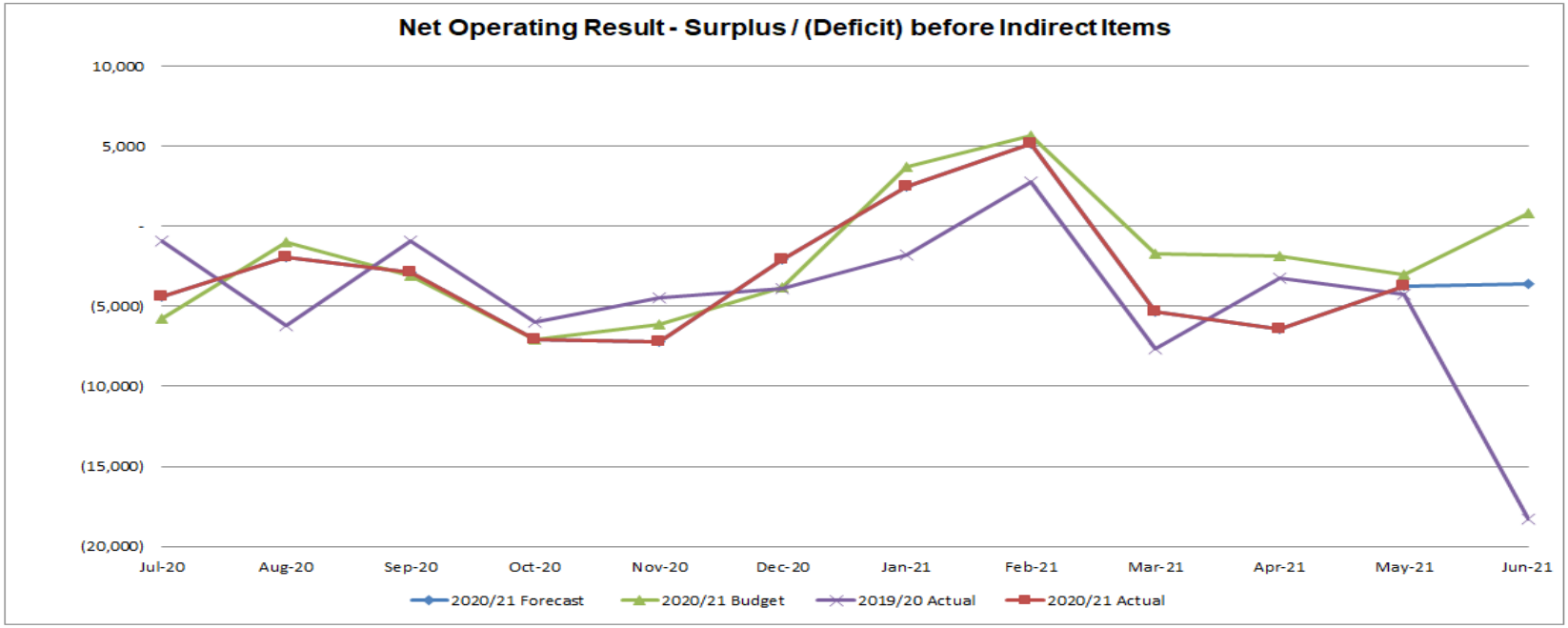
Personnel costs for Covid-19 mainly relate to the running of the MIQFs, vaccination facilities and lab testing.

Covid-19 vaccination programme: The assumption is we will be fully funded for the incremental costs of this programme.

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

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 MAY 2021

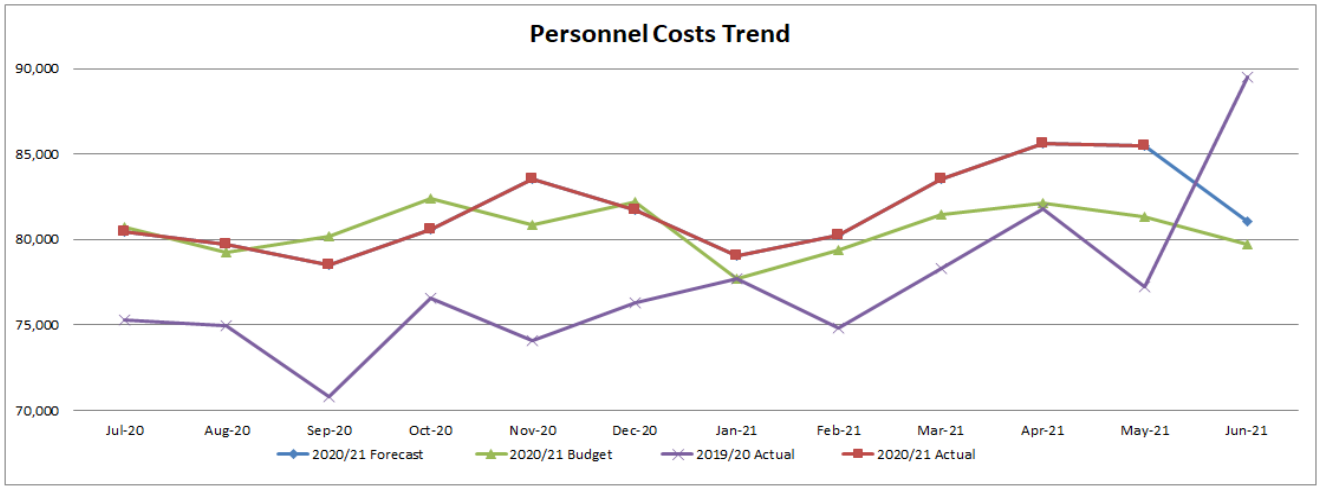
	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2019/20 Actual $'000	Yr End Budget $'000
Surplus/(Deficit) before Indirect items	(3,756)	(3,031)	(725)	24%	✗	(33,359)	(24,105)	(9,254)	38%	✗	(51,601)	(23,257)

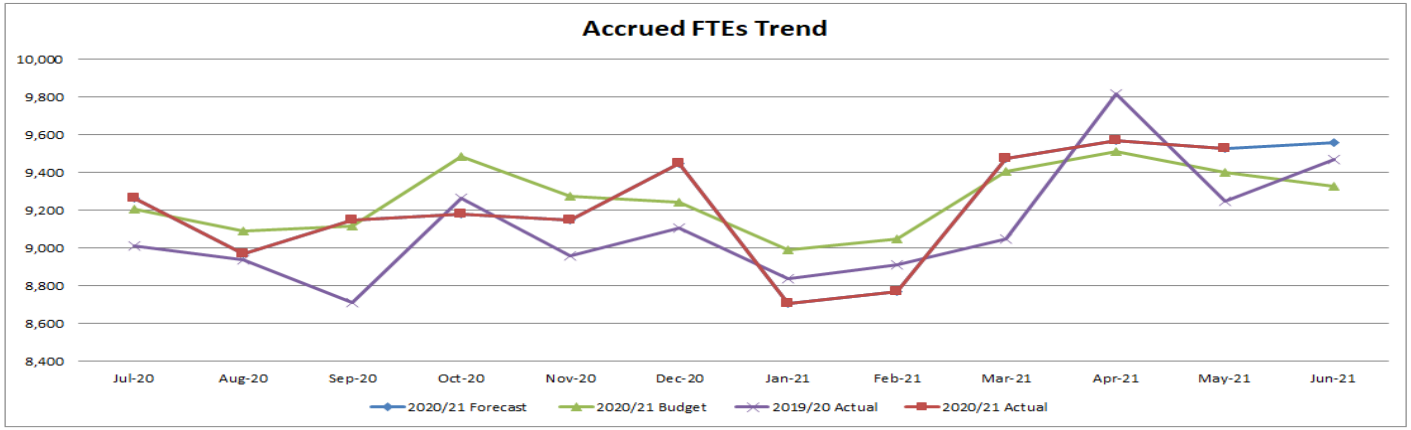


KEY RISKS AND ISSUES

Our YTD Business as Usual (BAU) result is $9.25M unfavourable to budget, and reflects savings that have not been fully realised.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



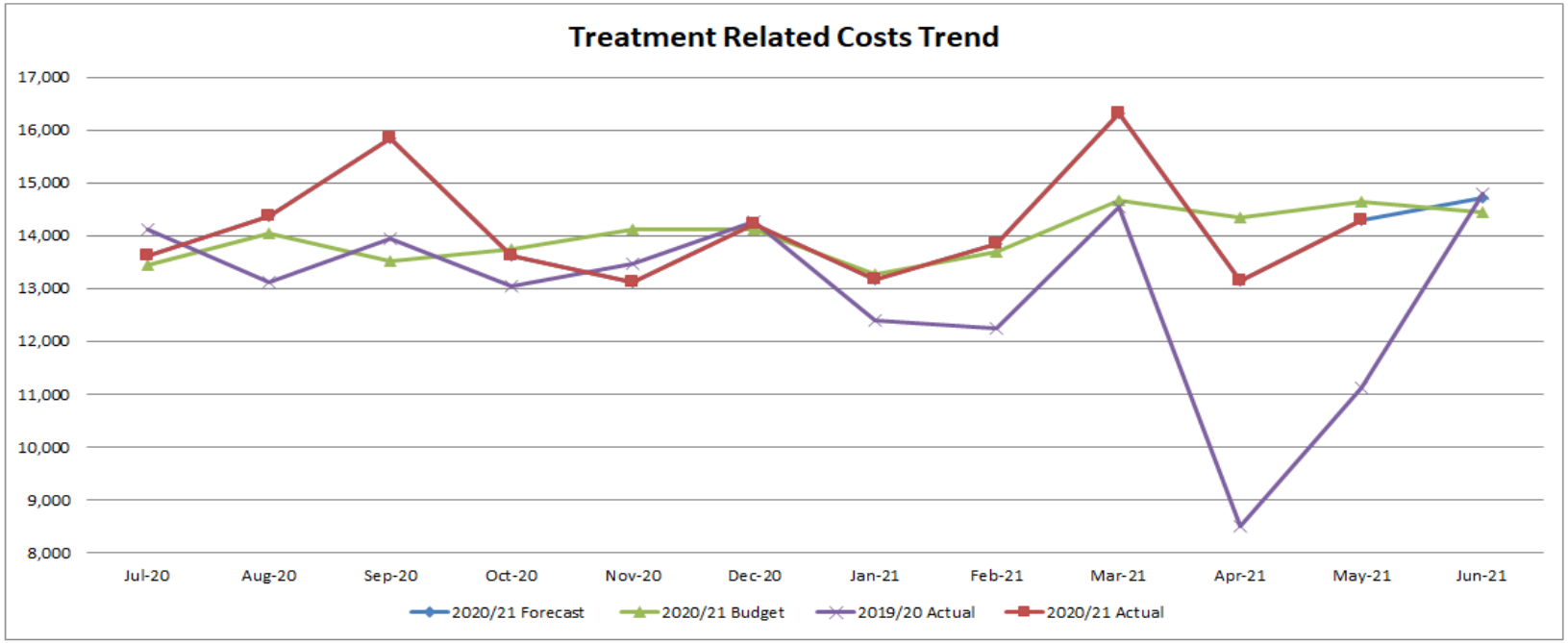


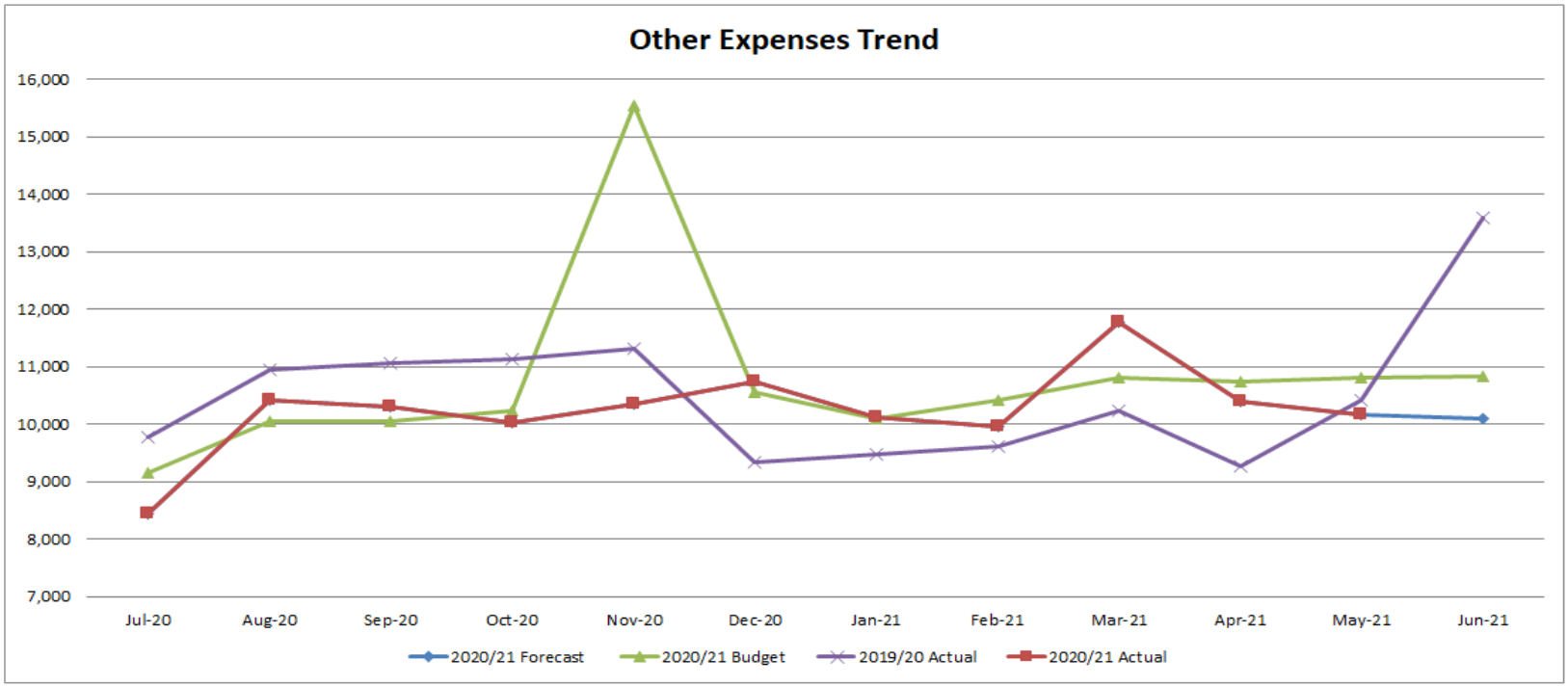
KEY RISKS AND ISSUES

Personal Costs Trend – YTD BAU personnel costs are unfavourable to budget partly due to not having reached our savings targets in this area.

Accrued FTE is largely on track to plan.

TREATMENT & OTHER EXPENSES RELATED COSTS





KEY RISKS AND ISSUES

Treatment related costs:

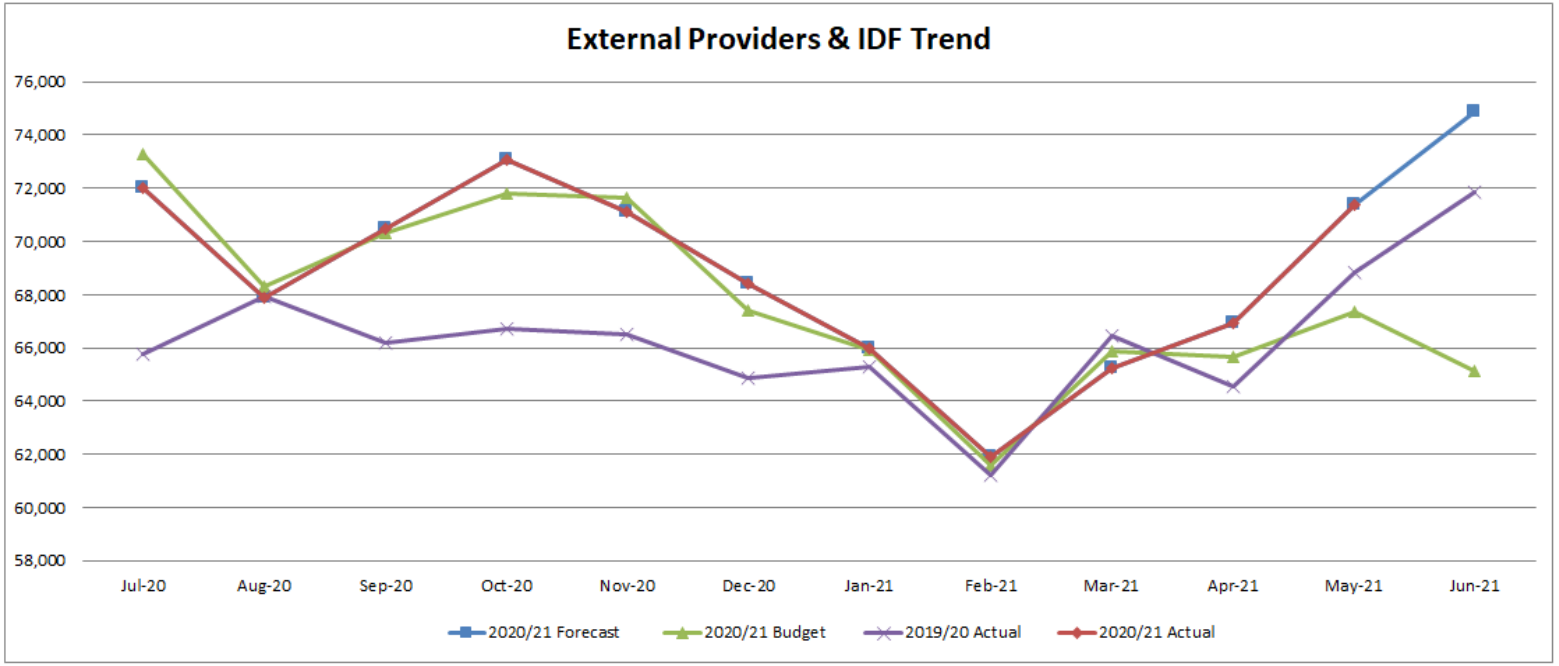
BAU treatment related costs are favourable to budget for May and unfavourable YTD. The pressure on the Emergency Department continues. The low BAU treatment related costs in April 2020 (last year) relate to lower patient activity during the Covid-19 pandemic lock-down period.

Other expenses:

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

EXTERNAL PROVIDER COSTS EXCLUDING COVID-19

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2019/20 Actual $'000	Yr End Budget $'000
External Provider Costs	71,373	67,335	(4,038)	-6%	✗	754,433	749,214	(5,219)	-1%	✗	790,838	814,341



KEY RISKS AND ISSUES

Community pharmacy costs are unfavourable to plan due to higher claims in May. ARRC expenditure growth trend continues to be higher than plan.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		YTD Actual $'000	YTD Budget $'000	Variance $'000	Year End 19/20 $'000
Equity	1,047,917	1,146,562	98,645	Cash	106,658	53,477	53,181	(6,966)

KEY RISKS AND ISSUES

Equity

We received equity support of $180M in October 2020 ($145M was budgeted in November and a further $41M in January 2021). This is offset by an opening unfavourable variance in July due to the additional Holidays Act compliance provision made at 30 June 2020. We also had a large equity increase in November 2020, relating to the handover of the Waipapa facility.

June will include the annual equity repayment of funding for additional costs relating to 2006 property revaluations totalling $1.861M.

Cash

June will include a $27.7M capital charge payment to the MoH, which is in line with expectations.

APPENDIX 3: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the 11 months ending 31 May 2021

Month					Year to Date				Annual (Year End)		
20/21 Actual $000's	20/21 Budget $000's	19/20 Actual $000's	Variance to Budget $000's		20/21 Actual $000's	20/21 Budget $000's	19/20 Actual $000's	Variance to Budget $000's	20/21 Forecast $000's	20/21 Budget $000's	19/20 Actual $000's
172,147	162,733	161,511	9,414 ✓	MoH Revenue	1,816,220	1,790,057	1,712,541	26,163 ✓	1,990,376	1,952,782	1,864,766
5,549	4,716	4,672	833 ✓	Patient Related Revenue	66,006	50,860	48,236	15,147 ✓	70,753	55,498	53,364
3,791	3,616	2,369	175 ✓	Other Revenue	43,635	43,905	37,865	(270) ✗	48,610	47,534	48,770
181,487	**171,065**	**168,553**	**10,422**	**Total Operating Revenue**	**1,925,861**	**1,884,822**	**1,798,642**	**41,039**	**2,109,739**	**2,055,814**	**1,966,900**
88,780	81,294	80,475	(7,485) ✗	Personnel Costs	929,740	887,612	844,928	(42,129) ✗	1,014,434	967,342	1,000,806
14,882	14,645	12,236	(237) ✗	Treatment Related Costs	163,422	153,625	143,895	(9,797) ✗	178,990	168,059	160,676
72,296	67,335	75,934	(4,961) ✗	External Service Providers	767,812	749,214	741,454	(18,598) ✗	846,020	814,341	810,046
10,435	10,822	11,047	387 ✓	Other Expenses	114,889	118,476	113,869	3,588 ✓	125,122	129,329	130,109
186,393	**174,096**	**179,693**	**(12,297)** ✗	**Total Operating Expenditure**	**1,975,862**	**1,908,927**	**1,844,146**	**(66,936)** ✗	**2,164,567**	**2,079,071**	**2,101,637**
(4,906)	**(3,031)**	**(11,140)**	**(1,875)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(50,002)**	**(24,105)**	**(45,504)**	**(25,897)** ✗	**(54,827)**	**(23,257)**	**(134,737)**
(155)	48	89	(203) ✗	Interest Revenue	1,059	529	663	530 ✓	1,159	577	695
2,192	1,695	-	497 ✓	Capital Charge Relief / Debt Equity Swap Funding	7,902	8,475	-	(573) ✗	8,940	10,170	8,220
210	243	48	(33) ✗	Donations	2,255	2,433	3,432	(178) ✗	2,674	2,674	3,674
(0)	-	2	(0) ✗	Profit on Sale of Assets	1,762	-	17	1,762 ✓	1,762	-	17
2,247	**1,986**	**138**	**261** ✓	**Total Indirect Revenue**	**12,977**	**11,437**	**4,112**	**1,540** ✓	**14,535**	**13,421**	**12,606**
4,627	5,690	13,802	1,063 ✓	Capital Charge	35,281	43,072	35,480	7,791 ✓	39,871	48,762	38,136
8,608	7,660	7,179	(948) ✗	Depreciation	81,883	77,387	67,752	(4,496) ✗	89,902	85,108	79,829
231	-	-	(231)	Financing Component of Operating Leases	1,848	-	-	(1,848)	1,900	-	2,967
(351)	108	(4)	459 ✓	Interest Expense & Forex Gains and Losses	129	1,188	267	1,059 ✓	150	1,300	315
-	-	13	- ✓	Loss on Sale of Assets	4,272	-	70	(4,272) ✗	4,290	-	57
13,115	**13,458**	**20,991**	**343** ✓	**Total Indirect Expenses**	**123,413**	**121,647**	**103,569**	**(1,766)** ✗	**136,113**	**135,170**	**121,304**
(15,774)	**(14,503)**	**(31,992)**	**(1,271)** ✗	**Total Surplus / (Deficit)**	**(160,437)**	**(134,315)**	**(144,961)**	**(26,122)** ✗	**(176,405)**	**(145,006)**	**(243,436)**

APPENDIX 4: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 May 2021

Audited 30-Jun-20 $'000		Group Actual 31-May-21 $'000	Group Budget 31-May-21 $'000	Annual Group Budget 30-Jun-21 $'000
597,378	Opening Equity	490,730	558,272	558,272
136,588	Net Equity Injections / (Repayments) During Year	182,924	16,650	26,139
200	Other Movements	534,700	705,955	719,355
(243,436)	Operating Results for the Period	(160,437)	(134,315)	(145,006)
490,730	**TOTAL EQUITY**	1,047,917	1,146,562	1,158,760
	Represented By:			
	Current Assets			
4,066	Cash & Cash Equivalents	106,658	53,477	31,443
750	Short Term Investments	750	750	750
105,853	Trade and Other Receivables	87,853	103,253	103,253
5,649	Prepayments	6,843	5,649	5,649
14,549	Inventories	14,561	14,549	14,549
14,666	Restricted Assets	14,526	14,425	14,425
145,533	**Total Current Assets**	231,191	192,103	170,069
	Less Current Liabilities			
11,032	Overdraft	-	-	-
205	Borrowings (Finance Leases Current)	1,657	-	-
165,170	Trade and Other Payables	178,875	178,688	150,239
14,693	Restricted Funds	14,820	14,256	14,256
343,643	Employee Benefits	384,119	277,644	277,644
534,743	**Total Current Liabilities**	579,471	470,588	442,139
(389,209)	**Working Capital**	(348,280)	(278,485)	(272,070)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment	4,663	3,225	3,225
909,554	Fixed Assets	1,445,114	1,428,110	1,433,893
912,795	**Term Assets**	1,449,793	1,431,351	1,437,134
	Non Current Liablilties			
6,304	Employee Benefits	7,644	6,304	6,304
26,552	Borrowings (Finance Leases Non Current)	45,952	-	-
32,856	**Term Liabilities**	53,596	6,304	6,304
490,730	**NET ASSETS**	1,047,917	1,146,562	1,158,760

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

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

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

APPENDIX 5: CASHFLOW

Audited 30-Jun-20 $'000		Actual 31-May-21 $'000	YTD Budget 31-May-21 $'000	Budget 30-Jun-21 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(48,135)	**Net Cash from Operating Activities**	(10,459)	(41,005)	(72,459)
	CASHFLOW FROM INVESTING ACTIVITIES			
(63,551)	**Net Cash from Investing Activities**	(58,127)	(96,447)	(109,917)
	CASHFLOW FROM FINANCING ACTIVITIES			
136,529	**Net Cash from Financing Activities**	182,210	197,895	220,785
24,843	Overall Increase/(Decrease) in Cash Held	113,624	60,443	38,409
(31,809)	Add Opening Cash Balance	(6,966)	(6,966)	(6,966)
(6,966)	**Closing Cash Balance**	106,658	53,477	31,443

CARE CAPACITY DEMAND MANAGEMENT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Janette Dallas, Nursing Director Care Capacity Demand Management**

APPROVED BY: **Becky Hickmott, Executive Director of Nursing**

DATE: **15 July 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report has been generated for the Board as a quarterly update on the Care Capacity Demand Management (*CCDM*) programme. The CCDM programme was approved by the Board for implementation in August 2019 to better match nursing and midwifery supply to patient care demand.

Part of the CCDM programme requirements is that "the Core Data Set is monitored, reported and actioned" and that the "DHB has a plan in place to advance reporting to EMT and to the Board on the Core Data Set measures and the improvements initiated as a result."

CCDM also requires that the "organisation annually reviews the relevance, frequency and effectiveness of the Core Data Set" and that the DHB provides a report to the Board that shows:

- examples of improvements to a patient care process/system;
- changes to workforce management/environment; and
- efficiencies across wards/units resulting from CCDM.

2. RECOMMENDATION

That the Board:

i. notes the Care Capacity Demand Management report.

3. SUMMARY

The CCDM programme is progressing well, however, as reported previously we will not fully meet our June 2021 deadline for the Ministry of Health (*MoH*). Full implementation is dependent on the completion of all the FTE calculations and these calculations have now commenced within the CDHB and will be phased throughout the coming year. This report focusses in on the Core Data Set as part of the yearly reporting mechanism for CCDM.

4. DISCUSSION

The CCDM programme is working to a set of standards set out by the Safe Staffing Healthy Workplaces office of TAS. It has four major standards and we are progressing well against these:

a. Governance: The governance group meets monthly and contains membership of the Executive Management Team, senior nursing and midwifery leads and members of each union. Working groups as a subset as part of the CCDM requirements are also working well and we have moved to a business as usual (*BAU*) model.

Trendcare has been implemented in all inpatient areas apart from the Dialysis Unit and the Oncology Day Unit. In addition, the perioperative area will be using trendcare to support nursing allocation. We are in the process of installing the latest version of Trendcare and have moved to a BAU model.

b. Core Data Set: The Core Data Set measures how each area within the DHB is doing. It is a balanced set of measures placing equal priority on "quality patient care", "quality work environment" and "best use of health resources". It helps each ward/area to focus in on improvement and is now displayed on the intranet within "Seeing our System". We are currently monitoring 18 of 23 Core Data Set measures. The remaining five measures will soon be reported with the implementation of the variance response management system which is underway now. We have local data councils in place at Burwood, Specialist Mental Health, Ashburton, Christchurch Hospital, and Maternity. The core data set is also monitored by the CCDM Council and examples have been provided on these reports (Appendix 1)

c. Variance Response Management: A safe staffing tool to provide early detection, rapid assessment and effective response to variance. We have completed escalation plans for each site and have an approved deployment policy. We are currently working to develop the Variance Indicator Scoring tool system which works as an early warning system to alert the organisation when there is a clear variance to ensure the coordination of resources to meet demand is visible and actions. Once this is developed we will have fully implemented this standard.

d. FTE Calculations: We have commenced the first round of FTE calculations for the first tranche ward. We aim to have completed all wards by September 2022. The FTE calculations are annual for each clinical area, so we will be commencing our second round in June 2022 for those first tranche wards.

The Safe Staffing Healthy Workplaces (*SSHW*) Governance Group will be evaluating the status of the implementation of the CCDM approach later in the year.

5. CONCLUSION

Our CCDM team are working at exceptional pace with the assistance of the team within the SSHW Unit during what can only be described as a challenging year. We are working very closely and in partnership with our unions and we are all deeply committed to ensuring safe patient care, a quality patient care environment and healthy workplaces are the outcome.

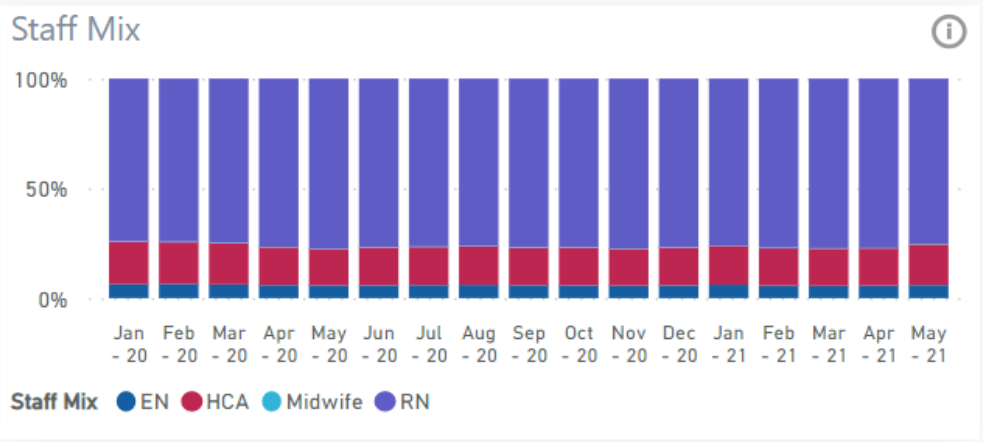
6. APPENDICES

Appendix 1: Core Data Set Tables

CARE CAPACITY DEMAND MANAGEMENT

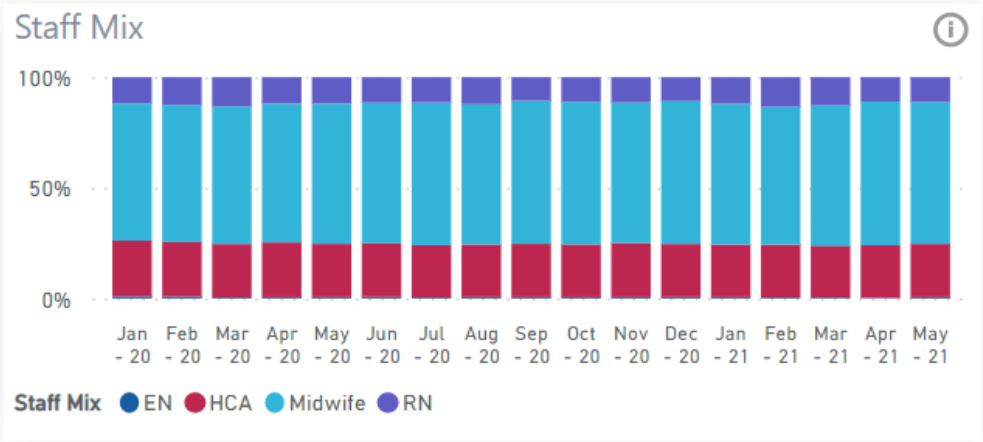
Canterbury District Health Board
Te Poari Hauora ō Waitaha

Appendix 1: Core Data Set Tables

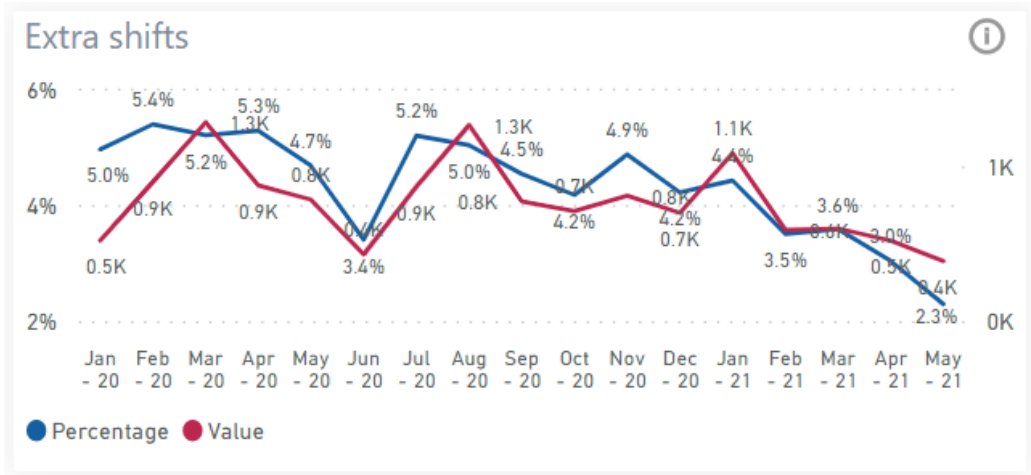


This graph displays the percentage of staff who are RN, EN or HCA in all inpatient areas (excluding maternity and day stay clinical areas) across the DHB. Each ward has this as a breakdown

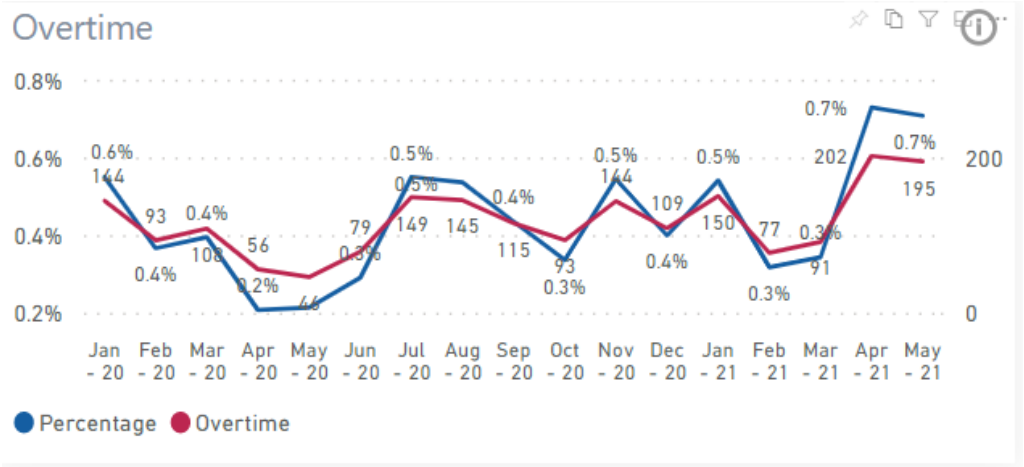
Showcasing Maternity:



This graph is for Maternity/Obstetrics areas and displays the percentage of staff who are RNs, Midwives, and HCAs in the wards across Christchurch and Ashburton as well as the primary birthing units. Though we have RNs in the maternity wards due to staffing issues, we still are doing very well compared to the rest of the nation where there are significant challenges with midwifery staffing.

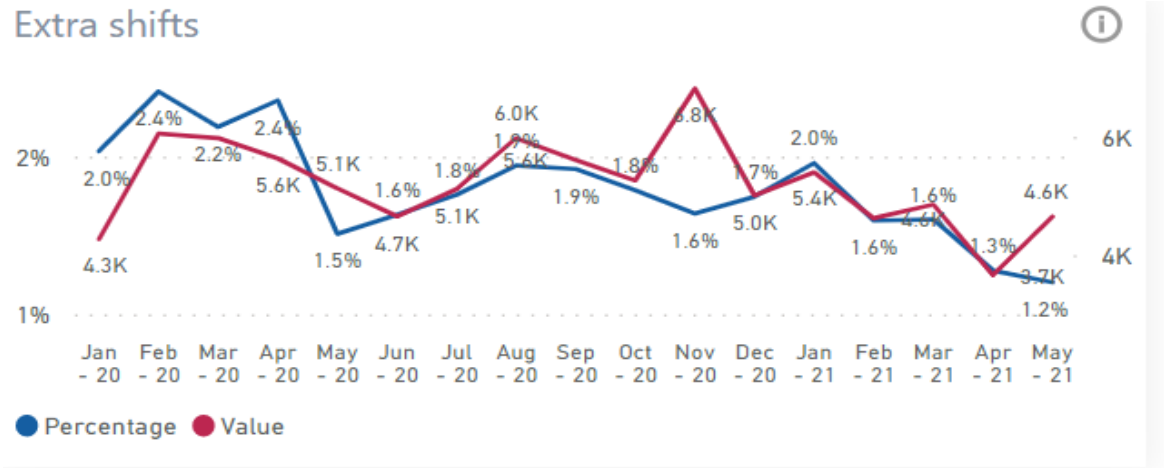


Extra Shifts: this graph represent actual hours of extra shifts worked (those who are employed at a contracted FTE but have worked over their contracted FTE each month to meet staffing needs). It also shows the extra shifts as a percentage (blue) of total hours worked (red) in the Maternity wards

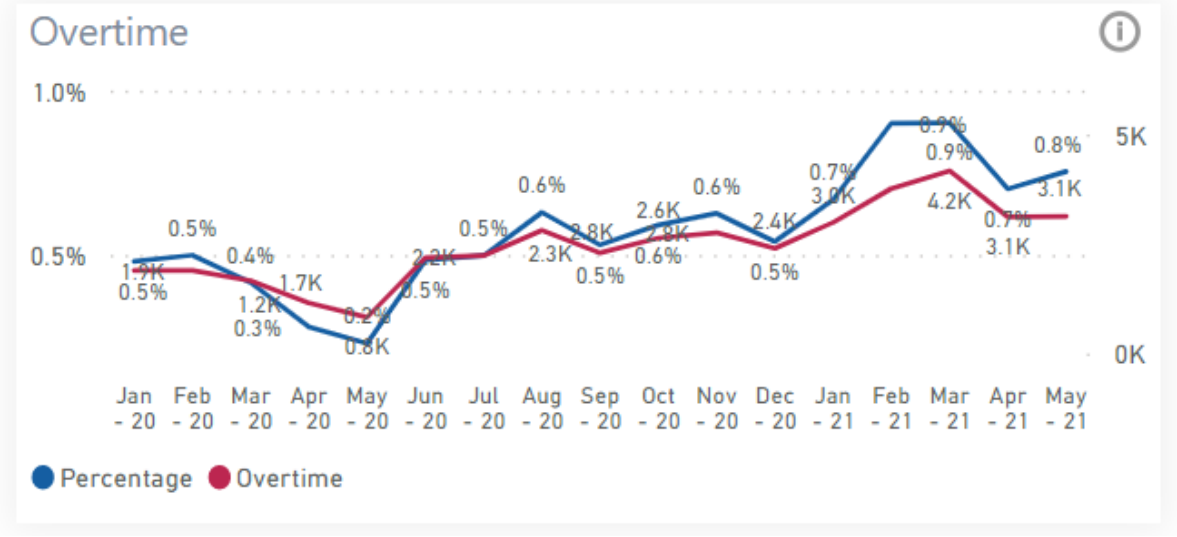


Overtime, any overtime paid (red) graphed as actual hours and as a percentage (blue) of worked hours for the Maternity wards. Significant staffing issues are ongoing for maternity areas.

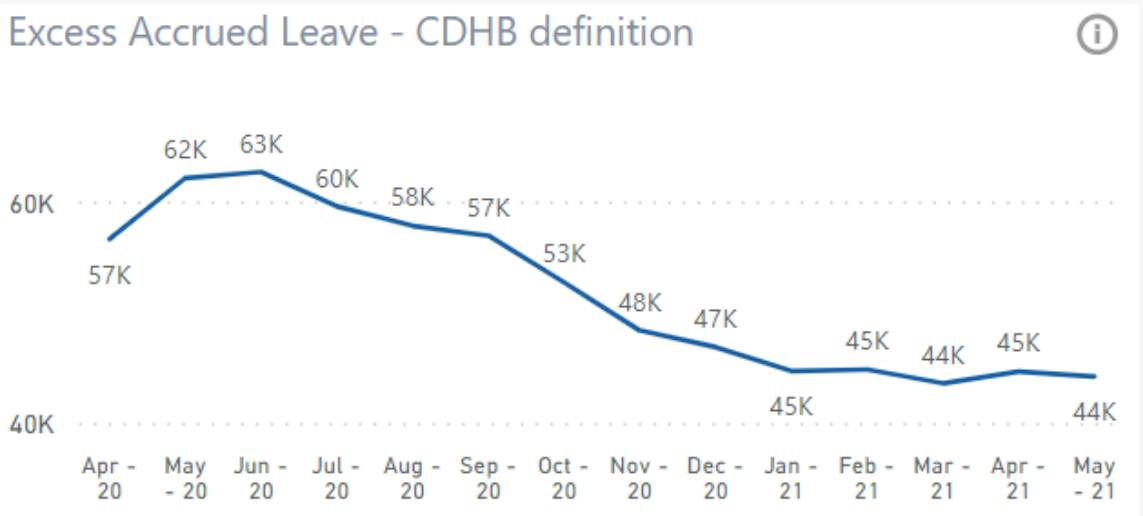
Graphs overall for the rest of the organisation:



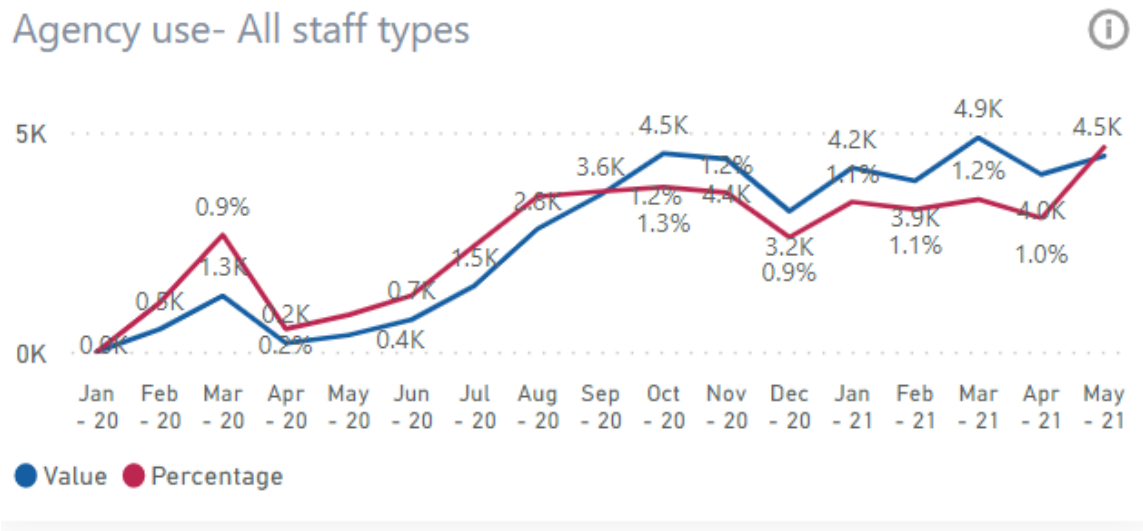
Extra Shifts: this graph represent actual hours (red) of extra shifts worked across the CDHB (those who are employed at a contracted FTE but have worked over their contracted FTE each month to meet staffing needs). It also shows the extra shifts as a percentage (blue) of total hours worked in all inpatient areas (**excluding** maternity and day stay clinical areas)



Overtime, any overtime paid is graphed as actual hours (red) and as a percentage (blue) of worked hours for all inpatient areas (**excluding** maternity and day stay clinical areas). This number is trending steadily up due to areas struggling to find the required staff to meet the demand (e.g. mental health). Most areas at Christchurch Hospital have roster gaps, e.g. 40 gaps with only 10 staff available to meet the gaps



Number of annual leave hours over 30 days accrued for all inpatient areas. This graph is excellent and shows all the good work done to meet the excess accrued leave as discussed in EY report.



Agency use all staff types including HCA, RN, EN and Midwives. Agency use is trending up as a result of the challenges experienced both locally and nationally with recruitment.

CPH&DSAC – 1 JULY 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Aaron Keown, Chair, Community & Public Health & Disability Support Advisory Committee**

DATE: **15 July 2021**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Community & Public Health and Disability Support Advisory Committee's (*CPH&DSAC*) meeting held on 1 July 2021.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from CPH&DSAC's meeting on 1 July 2021 (Appendix 1).

3. APPENDICES

Appendix 1: CPH&DSAC Draft Minutes – 1 July 2021.

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 1 July 2021 commencing at 1.00pm

PRESENT
Aaron Keown (Chair); Tom Callanan; Rochelle Faimalo; Yvonne Palmer; and Fiona Pimm.
Attending via Zoom: Gordon Boxall; Catherine Chu; Jo Kane; Rawa Karetai; and Naomi Marshall.

APOLOGIES
An apology for absence was received and accepted from Sir John Hansen.
Late apologies for absence were received from Michelle Turrall; and Olive Webb.
An apology for early departure was received and accepted from Jo Kane (1.50pm).

EXECUTIVE SUPPORT
Dr Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Tracey Maisey (Executive Director, Planning Funding & Decision Support); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES
Apologies for absence were received from Dr Peter Bramley (Chief Executive); and Tanya McCall (Interim Executive Director, Community & Public Health).

IN ATTENDANCE
Items 4 & 5
Dr Annabel Begg, Public Health Physician
Dr Lucy D'Aeth, Public Health Specialist

Item 6
Jo Domigan, Head of Equity, Recruitment & People Partnering

Aaron Keown, Chair, opened the meeting welcoming Board member Fiona Pimm as a newly appointed member to the Committee.

1. INTEREST REGISTER

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

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

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

2. CONFIRMATION OF MINUTES

Resolution (05/21)
(Moved: Yvonne Palmer/Seconded: Aaron Keown – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 6 May 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

Items 1 & 3: Dr Jacqui Lunday-Johnstone, Executive Director, Allied Health, Scientific & Technical, offered apologies to the Committee. This work has begun and was expected to be reported on at today's meeting, however, Alison Nichols-Dunsmuir, the lead for this work, has been seconded to COVID-19 vaccination work, supporting the disability community. These actions will be reported on to the September meeting.

The carried forward action list was noted.

4. HEALTH REFORMS AND PUBLIC HEALTH

Dr Annabel Begg, Public Health Physician; and Dr Lucy D'Aeth, Public Health Specialist, presented to the Committee on the Health Reforms and Public Health. The presentation covered:

- Core Public Health functions.
- The HDS Review – March 2020.
- The White Paper and Cabinet Minutes – April 2021.
- Future Structure.
- Community and Public Health.
- Contribution and Engagement.

Discussion took place around the following:

- Health promotion funding.
- Loneliness being a public health issue. Connection being a way to wellbeing.
- Engagement with Iwi; the Māori Health Authority, the face of Māori – being Treaty based.
- Māori Health Authority funding.
- A Public Health Clinical Network paper proposing a strong relationship between Public Health and the Māori Health Authority, with colocation making these relationships easier.
- Where the disability sector sits in the reforms.
- Living longer as opposed to not being kept alive longer.
- Emphasis in terms of codesign and partnering with consumers and communities. The strategy being based on community and locality as the key foundations.
- The education system.
- The Health Charter.

Tracey Maisey, Executive Director, Planning Funding & Decision Support, undertook to provide updates to the Committee on where the disability sector fits in the reforms – the current position and ongoing developments.

A member advised that there is consultation with the Disability Community about what will happen, but the decision from Cabinet will not be made until September.

A member commented that current focus is on the legislation. No decisions are being made about anything else at this time. There is a real focus on how to frame and word what goes into the legislation. Consultation is very much about getting input into what people's expectations are and how that is described, so that it gets into the legislation correctly. The rest of the work will come after that.

Mr Keown thanked Dr Begg and Dr D'Aeth for the presentation.

5. COMMUNITY & PUBLIC HEALTH UPDATE

Dr Begg and Dr D'Aeth presented the report, which was taken as read.

In response to a query about sustainability of MIQ staffing, Ms Maisey advised that there had been a patch where there was trouble recruiting, but this has improved a little over the last six weeks. It will remain a continual challenge, as it is a difficult area to recruit to.

Mr Keown queried whether the Government was looking to do any promotion/advertising around the treatment of MIQ workers by some members of the public. Whether it is appropriate for the Government to comment or not, Ms Maisey could not pass judgement, but as an employer of staff, CDHB takes any abuse of staff extremely seriously and will be acting accordingly to support them and to put measures in place through the appropriate authorities to reduce the incidents. Wellbeing practices within the team are constantly be reviewed. Mr Keown commented that it is the greater community that is the problem. Ms Maisey undertook to talk to CDHB's Executive Director of Communications, who is in daily contact with the COVID-19 communications team in Wellington, advising it has been raised at this forum and that the Committee would like to express concern about ensuring there is government support for community messaging.

There were bouquets from members who attended the Orchard Road vaccination centre, as well as having received positive feedback from others.

There was a query about saliva testing, how it is progressing and whether it will be rolled out to the general population. Dr Begg advised that there are logistical issues with saliva testing – takes longer to get a sample; the need to be careful about what is consumed prior to giving a sample; and it being more difficult to analyse in the lab. Dr D'Aeth commented that of the MIQ workforce that is tested weekly and who were offered saliva testing, only one preferred to take it. A member commented that internationally saliva testing is not as effective and has not been picked up. Saliva testing has to be done every two days, which is not considered practical.

A member expressed ongoing frustration that the COVID-19 communication strategy continues to be led nationally.

In response to a query about the AllRight? campaign, Dr D'Aeth commented that it is important to be clear that Canterbury funding has ended, and that national funding has continued for nine months, but at a reduced amount. This is a disappointment. Mental health promotion, particularly through the evaluation of AllRight?, has shown that it works. It is cheap and it works across a lot of populations. Dr D'Aeth commented that the preference would be for this to sit in the Public Health funding stream, rather than the Mental Health funding stream, which is already so sought after. There is no money for mental health promotion. The member commented that there are such significant challenges across the country and this messaging lands in the community and speaks to the people, so it is really hard to comprehend that it is not something that would be funded long-term.

The Committee noted the Community & Public Health Update report.

Jo Kane retired from the meeting at 1.50pm.

6. CDHB WORKFORCE UPDATE

Jo Domigan, Head of Equity, Recruitment & People Partnering, presented the report which was taken as read.

Ms Domigan noted that a new team has been stood up - the Equity, Diversity and Inclusion Team. There is the voice of disability within that team.

In response to a query about what success would look like in the future, Ms Domigan advised a better understanding of numbers across the workforce of people who identify as having a disability and a better understanding of the diversity makeup of the workforce. Data would be better and acquiring data in a way that people would want to engage. From there, creating a number of initiatives that could better attract people who identify with lived experience of different diversity groups, disability being one. Would also have opportunities for those people who do work here already to come forward and share their experiences, challenges, what is going well and is successful, so that we can grow more of that. Need to both hire more in terms of diversity and also take better care of who we have.

A member commented that it is fantastic to see this work happening, and that it is being taken forward and in such a comprehensive way. Although not there yet, it is good to get some measure of where we are currently and then we can move from there. The member noted that reluctance previously was a worry about numbers and committing to some sort of ambition. The member would still like to see a target that we employ more disabled people, even we if are finding it difficult to measure it at the moment. Just that explicit ambition will bear fruit for the organisation. This does not exclude other groups in terms of creating a workforce that represents the community in that diversity. The member commented not to be frightened in stating the obvious and working towards it, even though it is hard to count.

Ms Maisey commented that this was a very good point - making a statement as an employer that our workforce needs to represent the community that we are providing services to.

A member commented that it would be good to measure the statistics on applicants.

The CDHB Workforce Update report was noted.

INFORMATION ITEMS

The following information items were received:

- Māori & Pacific Health Report: Questions & Answers
- Disability Steering Group Minutes: 26 March 2021
- 2021 Workplan

There being no further business the meeting concluded at 2.12pm.

Confirmed as a true and correct record:

_____ _____

Aaron Keown Date of approval
Chair

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

DATE: **15 July 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 ,10, 11, 12, 13, 14, 15, 16, 17, 18 & 19 and the information items contained in the report;

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of public excluded meetings: • 17 June 2021 • 07 July 2021	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
4.	Making the System Flow	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)

5.	Cyber Security Briefing	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)
6.	Interim Endoscopy Expansion (Clinical Equipment)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	IT Device Replacements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Lease – Information Services Group	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	St John Ambulance Bay – Kaikoura IFHC	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Asbestos Remediation Ashburton Hospital	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	Portacoms for Canterbury Health Laboratories	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	Hillmorton Laundry Building Strengthening Level Change	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
13.	Proposal for Future of Two Healthy Lifestyle Services	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
14.	2021 / 22 Draft Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
15.	2021 / 22 CDHB Capital Intention	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
16.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
17.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
18.	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)
19.	Advice to Board • QFARC Draft Minutes *29 June 2021*	For the reasons set out in the previous Committee agendas.	

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

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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