# CANTERBURY DHB BOARD

**Thursday, 16 August 2018**
**9:00am**

**Board Room**
**Level 1**
**32 Oxford Terrace**
**Christchurch**

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

# AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

**CANTERBURY DISTRICT HEALTH BOARD MEETING**
**To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch**
**Thursday, 16 August 2018 commencing at 9:00am**

| | | | Approx. Times |
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| **ADMINISTRATION** | | | **9.00am** |
| | **Apologies** | | |
| 1. | **Conflict of Interest Register**<br>*Update Board Conflict of Interest Register and Declaration of Interest on items to be covered during the meeting* | | |
| 2. | **Confirmation of the Minutes of Previous Meetings**<br>• **Public Meeting**<br>*19 July 2018* | | |
| 3. | **Carried Forward/Action List Items** | | |
| 4. | **Patient Story** | | |
| **REPORTS** | | | **9.05am** |
| 5. | **Chair's Update (Oral)** | Dr John Wood<br>*Chair, CDHB* | 9.05-9.10am |
| 6. | **Chief Executive's Update** | David Meates<br>*Chief Executive* | 9.10-9.45am |
| 7. | **Finance Report** | Justine White<br>*Executive Director, Finance & Corporate Services* | 9.45-9.55am |
| 8. | **Maternity Strategy Update - Presentation** | Carolyn Gullery<br>*Executive Director, Planning Funding & Decision Support* | 9.55-10.15am |
| 9. | **NZHP – Reappointment of Independent Directors** | David Meates | 10.15-10.30am |
| **MORNING TEA** | | | **10.30-10.45am** |
| 10. | **Palliative Care Update - Presentation** | Dr Kate Grundy<br>*Clinical Director, Canterbury Integrated Palliative Care Services* | 10.45-11.05am |
| 11. | **Advice to Board**<br>• **HAC Draft Minutes**<br>*2 Aug 2018* | Andrew Dickerson<br>*Chair, HAC* | 11.05-11.10am |
| 12. | **Resolution to Exclude the Public** | Justine White | 11.10am |
| **INFORMATION ITEMS** | | | |
| • | Nil | | |
| **ESTIMATED FINISH TIME – PUBLIC OPEN MEETING** | | | **11.10am** |
| **NEXT MEETING: Thursday, 20 September at 11.00am** | | | |

# ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

## CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

## Executive Support

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

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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| **Dr John Wood**<br>**Chair CDHB** | **Advisory Board NZ/US Council** – Member<br>The New Zealand United States Council was established in 2001. It is a non-partisan organisation, funded by business and the Government, and committed to fostering and developing a strong and mutually beneficial relationship between New Zealand and the United States. The Advisory Board supports the day to day work of the Council by providing strategic and operational advice to both the Executive Board and the Executive Director.<br><br>**Member of the Governing Board of the Office of Treaty Settlements, Ministry of Justice (as Chief Crown Treaty of Waitangi Negotiator)** – Ex-Officio Member<br>The Office of Treaty Settlements, Ministry of Justice, are responsible for negotiating the settlement of historical Treaty of Waitangi claims, and the administration of the Marine and Coastal Area (Takutai Moana) Act 2011. They also advise and help claimant groups so they are ready to enter negotiations.<br><br>**Chief Crown Treaty Negotiator for Ngai Tuhoe**<br>Settlement negotiated. Deed signed and ratified. Legislation enacted.<br><br>**Chief Crown Treaty Negotiator for Ngati Rangi**<br>Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment.<br><br>**Chief Crown Treaty Negotiator, Tongariro National Park**<br>Engagement with Iwi collective begins July 2018.<br><br>**Chief Crown Treaty Negotiator for the Whanganui River**<br>Settlement negotiated. Deed signed and ratified. Legislation enacted.<br><br>**Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations**<br>High level agreement in principle reached. Aiming for deed of settlement end of 2018.<br><br>**Governing Board, Economic Research Institute for ASEAN and East Asia (ERIA)** – Member<br>ERIA is an international organisation that was established by an agreement of the leaders of 16 East Asia Summit member countries. Its main role is to conduct research and policy analysis to facilitate the ASEAN Economic Community building and to support wider regional community building. The governing board is the decision-making body of ERIA and consists of the Secretary General of ASEAN and representatives from each of the 16 member countries, all of whom have backgrounds in academia, business, and policymaking.<br><br>**Kaikoura Business Recovery Grants Programme Independent Panel** – Member<br>The Kaikoura Business Recovery Grants Programme was launched in May 2017 and is intended to support local businesses until State Highway One reopens by way of grants which can be applied for by eligible businesses. This programme is now closed. |

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| | **School of Social and Political Sciences, University of Canterbury** – Adjunct Professor<br>Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment.<br><br>**Te Urewera Governance Board** –Member<br>The Te Urewera Act replaces the Te Urewera National Parks Act for the governance and management of Te Urewera. The purpose of the Act is to establish and preserve in perpetuity a legal identity and protected status for Te Urewera for its intrinsic worth, its distinctive natural and cultural values, the integrity of those values, and for its national importance. Inaugural term as a Crown appointment, re-appointed as a Ngai Tuhoe nominee.<br><br>**University of Canterbury (*UC*)** – Chancellor<br>The University Council is responsible for the governance of UC and the appointment of the Vice-Chancellor. It sets UC's policies and approves degree, financial and capital matters, and monitors their implementation.<br><br>**University of Canterbury Foundation** – Ex-officio Trustee<br>The University of Canterbury Foundation, Te Tūāpapa Hononga o Te Whare Wānanga o Waitaha, is dedicated to ensuring that UC's tradition of excellence in higher education continues. From its earliest beginnings in 1873, philanthropic support and the generosity of donors and supporters has played a major part in making the university the respected institution it is today. The UC Foundation is dedicated to continuing that tradition.<br><br>**Universities New Zealand** – Elected Chair, Chancellors' Group<br>Universities New Zealand is the sector voice for all eight universities, representing their views nationally and internationally, championing the quality education they deliver, and the important contribution they make to New Zealand and New Zealanders. |
| **Ta Mark Solomon**<br>**Deputy Chair CDHB** | **Claims Resolution Consultation – Senior Maori Leaders Group** – Member<br>This is an Advisory Board to MSD looking at the claims process of those held under State care.<br><br>**Deep South NSC (National Science Challenge) Governance Board** – Member<br>The objective of Deep South NSC is set by Cabinet, and is to understand the role of the Antarctic and Southern Ocean in determining our climate and our future environment. Building on this objective, the mission was developed to guide our vision, research priorities and activities.<br><br>**Greater Christchurch Partnership Group** – Member<br>This is a central partnership set up to coordinate our city's approach to key issues. It provides a strong, joined up way of working and ensures agencies are travelling in the same direction (so they do not duplicate or negate each other's work).<br><br>**He Toki ki te Rika / ki te Mahi** – Patron<br>He Toki ki te Rika is the next evolution of Māori Trade Training re-established after the earthquakes to ensure Maori people can play a distinguished role in the Canterbury rebuild. The scheme aims to grow the next generation of Māori leadership in trades by building Māori capability in the building and infrastructure industries in Canterbury. |

**Liquid Media Operations Limited** – Shareholder
Liquid Media is a start-up company which has a water/sewage treatment technology.

**Maori Carbon Foundation Limited** – Chairman
The Maori Carbon Foundation has been established to deliver environmental, social and economic benefits through the planting of permanent carbon forestry, to Maori and New Zealand landowners throughout the country.

**Ngāti Ruanui Holdings** – Director
Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga directions in Taranaki.

**NZCF Carbon Planting Advisory Limited** – Director
NZCF Carbon Planting Advisory Limited is a company that carries out the obligations in respect of planting and upskilling relating to the Maori Carbon Foundation Limited.

**Oaro M Incorporation** – Member
'Oaro M' Incorporation was established in 1968. Over the past 46 years successive Boards have managed and maintained the whenua, located at 'Oaro M', Kaikōura, on behalf of its shareholders. Over time shareholders have requested the Board consider establishing an education grant in order to assist whānau with their educational aspirations.

**Police Commissioners Māori Focus Forum** – Member
The Commissioner of Police has a group of senior kaumatua and kuia who meet with him regularly to discuss issues of mutual interest and concern. Known as the Commissioner's Māori Focus Forum, the group helps guide policing strategy in regard to Māori and provides advice on issues of the moment. The Māori Focus Forum developed The Turning of the Tide with help from Police. The forum plays a governance role and helps oversee the strategy's implementation.

**Pure Advantage** – Trustee
Pure Advantage is comprised of business leaders who believe the private sector has an important role to play in creating a greener, wealthier New Zealand. It is a not-for-profit organisation that investigates and promotes opportunities for green growth.

**QuakeCoRE** – Board Member
QuakeCoRE is transforming the earthquake resilience of communities and societies through innovative world-class research, human capability development, and deep national and international collaborations. They are a Centre of Research Excellence (CoRE) funded by the New Zealand Tertiary Education Commission.

**Rangitane Holdings Limited & Rangitane Investments Limited** - Chair
The Rangitāne Group has these two commercial entities which serve to develop the commercial potential of Rangitāne's settlement assets. A Board of Directors oversee the governance of the commercial entities, and are responsible for managing Crown lease properties and exploring commercial development opportunities to support the delivery of benefits to Rangitāne members.

**SEED NZ Charitable Trust** – Chair and Trustee
SEED is a company that works with community groups developing strategic plans.

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| | **Sustainable Seas NSC (National Science Challenge) Governance Board** – Member<br>This is an independent Board that reports to the NIWA Board and operates under the Terms and Conditions specified in the Challenge Collaborative Agreement. The Board is responsible for appointing the Director, Science Leadership Team, Kāhui Māori, and Stakeholder Panel for projects within the Sustainable Seas NSC. The Board is also responsible for approving projects within the Research and Business Plan and for allocating funding.<br><br>**Te Ohu Kai Moana** – Director<br>Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community.<br><br>**Te Waka o Maui** – Independent Representative<br>Te Waka o Maui is a Post Settlement Governance Entity. |
| **Barry Bragg** | **Canterbury West Coast Air Rescue Trust** – Trustee<br>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.<br><br>**CRL Energy Limited** – Managing Director<br>CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.<br><br>**Farrell Construction Limited** - Chairman<br>Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch.<br><br>**New Zealand Flying Doctor Service Trust** – Chairman<br>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.<br><br>**Ngai Tahu Property Limited** – Chairman<br>Potential for future property development work with the CDHB. Also, Ngai Tahu Property Limited manage first right of refusal applications from the CDHB on behalf of Te Runanga o Ngai Tahu. |
| **Sally Buck** | **Christchurch City Council (*CCC*)** – Community Board Member<br>Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC.<br><br>**Registered Resource Management Act Commissioner**<br>From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time.<br><br>**Rose Historic Chapel Trust** – Member<br>Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility. |

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| **Tracey Chambers** | **Chambers Limited** – Director<br>Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise.<br><br>**Rata Foundation** – Trustee<br>Rātā Foundation, formerly The Canterbury Community Trust, was established in 1988 and is one of New Zealand's largest philanthropic organisations. The Foundation holds in trust for Canterbury, Nelson, Marlborough and the Chatham Islands an endowment, or putea, of over half a billion dollars. Investment returns on their capital base enables them to make millions of dollars in grants each year to community organisations across their funding region. |
| **Dr Anna Crighton** | **Christchurch Heritage Limited** - Chair - Governance of Christchurch Heritage<br>**Christchurch Heritage Trust** – Chair - Governance of Christchurch Heritage<br>**Heritage New Zealand –** Honorary Life Member<br><br>CDHB owns buildings that may be considered to have historical significance. |
| **Andrew Dickerson** | **Accuro (Health Service Welfare Society)** - Director<br>Is a not-for-profit, member owned co-operative society providing health insurance services to employees in the health sector and (more recently) members of the public. Accuro has many members who are employees of the CDHB.<br><br>**Canterbury Health Care of the Elderly Education Trust** - Chair<br>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.<br><br>**Canterbury Medical Research Foundation** - Member<br>Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB.<br><br>**Heritage NZ -** Member<br>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.<br><br>**Maia Health Foundation -** Trustee<br>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.<br><br>**NZ Association of Gerontology** - Member<br>Professional association that promotes the interests of older people and an understanding of ageing. |
| **Jo Kane** | **HurriKane Consulting** – Project Management Partner/Consultant<br>A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. |

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| | **Latimer Community Housing Trust** – Project Manager<br>Delivers social housing in Christchurch for the vulnerable and elderly in the community.<br><br>**NZ Royal Humane Society** – Director<br>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<br>Elected member and of the Fendalton/Waimairi/Harewood Community Board. |
| **Chris Mene** | **Canterbury Clinical Network** – Child & Youth Workstream Member<br><br>**Core Education** – Director<br>Has an interest in the interface between education and health.<br><br>**Wayne Francis Charitable Trust** - Board Member<br>The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many. |
| **David Morrell**<br>Board Member | **British Honorary Consul**<br>Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (*FCO*) may expect Honorary Consuls to become involved in trade initiatives from time to time.<br><br>**Canon Emeritus - Christchurch Cathedral**<br>The Cathedral congregation runs a food programme in association with CDHB staff.<br><br>**Friends of the Chapel** - Member<br><br>**Great Christchurch Buildings Trust** – Trustee<br>The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing.<br><br>**Heritage NZ –** Subscribing Member<br>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.<br><br>**Hospital Lady Visitors Association** - Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time.<br><br>**Nurses Memorial Chapel Trust** –Chair<br>(CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council. |

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

**DRAFT**
**MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING**
**held at 32 Oxford Terrace, Christchurch**
**on Thursday 19 July 2018 commencing at 11.00am**

## BOARD MEMBERS

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

## APOLOGIES

An apology was received and accepted from David Morrell.
An apology for lateness was received and accepted from Jo Kane (9.05am).

## EXECUTIVE SUPPORT

David Meates (Chief Executive); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Michael Frampton (Chief People Officer); Mary Gordon (Executive Director of Nursing); Hector Matthews (Executive Director, Maori & Pacific Health); Karalyn van Deursen (Executive Director of Communications); Stella Ward (Chief Digital Officer); Justine White (Executive Director, Finance & Corporate Services); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

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. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

**Resolution (49/18)**
(Moved: Aaron Keown/seconded: Ta Mark Solomon – carried)

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace on 21 June 2018 be confirmed as a true and correct record."

## 3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

*Jo Kane joined the meeting at 9.05am.*

## 4. PATIENT STORY

The Patient Story was viewed.

## 5. CHAIR'S UPDATE

Dr Wood advised that intensive engagement has been taking place with the Ministry of Health at senior levels with a further meeting to take place tomorrow.

The update was noted.

## 6. CHIEF EXECUTIVE'S UPDATE

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

- The last few weeks have been dominated by nursing industrial action and while this had been a complex process it is pleasing to see that safe and appropriate services will be provided during the strike. He advised that negotiations are continuing and there will not be a lot of comment in the meantime.
- The mental health inquiry team was in Christchurch for two days. They had a wide range of interactions across the community and were also exposed to Mana Ake, which was new to them and certainly resonated with the inquiry.
- Incident reporting is deeply embedded into the organisation and more importantly what we do with this reporting, which is important in transparency and leads to a safer service.
- There is ongoing development around the Donor Breastmilk Pick-up Service and the work of the human milk bank supports our most vulnerable babies to receive the nutrition they need to grow and stay as healthy as they possibly can.
- The DHB continues to deliver broadly on elective volumes.
- Occupancy of the adult acute inpatient service has been high at 100% in June 2018. Such high occupancy is unsustainable and does not allow for increased demand over time. Planning and Funding are leading the development of a community service that will provide an eight bed alternative to an acute inpatient admission.
- He noted the engagement with the West Coast DHB and advised that Dr Brendan Marshall, a general practitioner and rural hospital generalist working in Greymouth, has recently completed an Advanced Diploma in Obstetrics (Adv. DRANZCOG). This enables Brendan to participate in providing obstetric support to women, including the provision of Caesarean section, assisted deliveries and other procedures that have previously only been provided by specialists.
- Two weeks ago the Spinal Unit at Burwood was shifted to deal with the earthquake damage. This involved a significant amount of decanting and is a continual reminder that facilities have a continuing impact on our services.

Discussion took place regarding the moving of the Spinal Unit and the future of the space they are currently occupying.

A query was made regarding Health Targets and the league tables no longer being published by the Ministry of Health, and whether the DHB would continue to report on these. The Chief Executive advised that it was intended to continue the reporting, but some thought is going into some more comprehensive reporting to the Hospital Advisory Committee.

**Resolution (50/18)**
(Moved: Sally Buck/seconded: Ta Mark Solomon - carried)

"That the Board:

i. notes the Chief Executive's Update."

## 7. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read. The report showed that the consolidated Canterbury DHB financial result for the month of May 2018 was a deficit of $12.814M, which was $3.920M unfavourable against the annual plan deficit of $8.894M. The year to date position is $8.401M unfavourable to the annual plan.

It was noted that the June result is currently being finalised and appears to be largely on track for forecast.

A query was made regarding whether discussions had taken place with the Ministry around the DHB's deficit and it was noted that this will be discussed at tomorrow's meeting with the Ministry. The Chair commented that the Minister has raised the issue with him and that he is concerned about it.

**Resolution (51/18)**
(Moved: Aaron Keown/seconded: Barry Bragg – carried)

"That the Board:

i. notes the financial result and related matters for the period ended 31 May 2018."

## 8. AUDIT NEW ZEALAND FRAUD RISK ASSESSMENT

Justine White, Executive Director, Finance & Corporate Services, presented this report. There was no discussion as the paper was self-explanatory.

**Resolution (52/18)**
(Moved: Aaron Keown/seconded: Barry Bragg – carried)

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

i. notes the Client Fraud Questionnaire completed by management at the request of Audit New Zealand; and
ii. approves submission of the Client Fraud Questionnaire to Audit New Zealand."

## 9. HURUNUI HEALTH SERVICES

Carolyn Gullery, Executive Director, Planning Funding & Decision Support, presented this paper which was taken as read. Ms Gullery summarised the work undertaken by the Hurunui Health Services Development Group to improve healthcare for the communities of the Hurunui District.

Michael James, Planning & Funding, provided an update of recent meetings held with the community.

The Chief Executive advised that there have been a range of different views expressed that have been worked through and there have also been some views expressed by individuals that are not in agreement with the direction of travel. However, he commented that he is comfortable that we are heading in the right direction as the service was getting to the stage where it was falling over and not sustainable.

**Resolution (53/18)**
(Moved: Ta Mark Solomon/seconded: Chris Mene – carried)

"That the Board:

i. notes the key recommendations of the HHSDG and endorses work proceeding to implement these."

## 10. SCHEDULE OF MEETINGS – 2019

Justine White, Executive Director, Finance & Corporate Services, presented the schedule of meetings for 2019 for approval.

**Resolution (54/18)**
(Moved: Chris Mene/seconded: Sally Buck - carried)

"That the Board:

i. notes that Facilities Committee (*FAC*) meetings will take place at 8.30am on the day prior to HRPG meetings, with FAC dates to be added to the schedule once 2019 HRPG meeting dates have been advised;
ii. notes that for planning purposes, the assumption has been made that the Community and Public Health Advisory Committee (*CPHAC*) and Disability Support Advisory Committee (*DSAC*) will continue as one committee (the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*)) through 2019, however, should they revert back to two separate committees following review at the end of 2018, CPHAC and DSAC meetings will take place on the scheduled CPH&DSAC dates, with CPHAC meetings starting at 9:00am and DSAC meetings starting at 1.00pm;
iii. notes a proposed change to the start time of Quality, Finance, Audit and Risk Committee (*QFARC*) meetings, to 9.00am;
iv. confirms support for the proposed schedule of meetings for 2019 (Appendix 1); and
v. reconfirms the delegation of authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this."

## 11. RESOLUTION TO EXCLUDE THE PUBLIC

**Resolution (55/18)**
(Moved: Dr John Wood/Seconded: Ta Mark Solomon – carried)

"That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and the information items contained in the report;
ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

| | GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED | GROUND(S) FOR THE PASSING OF THIS RESOLUTION | REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9) |
|---|---|---|---|
| 1. | Confirmation of minutes of the public excluded meeting of 21 June 2018 | For the reasons set out in the previous Board agenda. | |

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| 2. | NZ Health Partnerships | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | s9(2)(j) |
| 3. | Microsoft Negotiations | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | s9(2)(j) |
| 4. | Chair & Chief Executive's Update on Emerging Issues – Oral Reports | Protect the privacy of natural persons.<br>To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | S9(2)(a)<br>s9(2)(j) |
| 5. | 2018/19 Draft Annual Plan | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | s9(2)(j) |
| 6. | Reprioritisation Framework for Earthquake Strengthening | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | s9(2)(j) |
| 7. | Wellfood – Presentation | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | s9(2)(j) |
| 8. | People Report | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | s9(2)(j) |
| 9. | Legal Report | Protect the privacy of natural persons.<br>To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).<br>Maintain legal professional privilege | S9(2)(a)<br>s9(2)(j)<br><br>s9(2)(h) |
| 10. | Advice to Board:<br>• QFARC Draft Minutes *3 Jul 2018* | For the reasons set out in the previous Committee agendas. | |

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

The Public meeting concluded at 10.05am.

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Dr John Wood, Chairman Date

# CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

**CANTERBURY DISTRICT HEALTH BOARD**
**CARRIED FORWARD ITEMS AS AT 16 AUGUST 2018**

| DATE | ISSUE | REFERRED TO | STATUS |
|---|---|---|---|
| 15 Mar 18 | Maternity Strategy Update | Carolyn Gullery | Today's Agenda – Item 8. |
| 21 Jun 18 | Future Planning for Palliative Care | Carolyn Gullery | Today's Agenda – Item 10. |

# CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

**SOURCE:** **Chief Executive**

**DATE:** **16 August 2018**

| Report Status – For: | Decision ☐ | Noting ☑ | Information ☐ |
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## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Board:

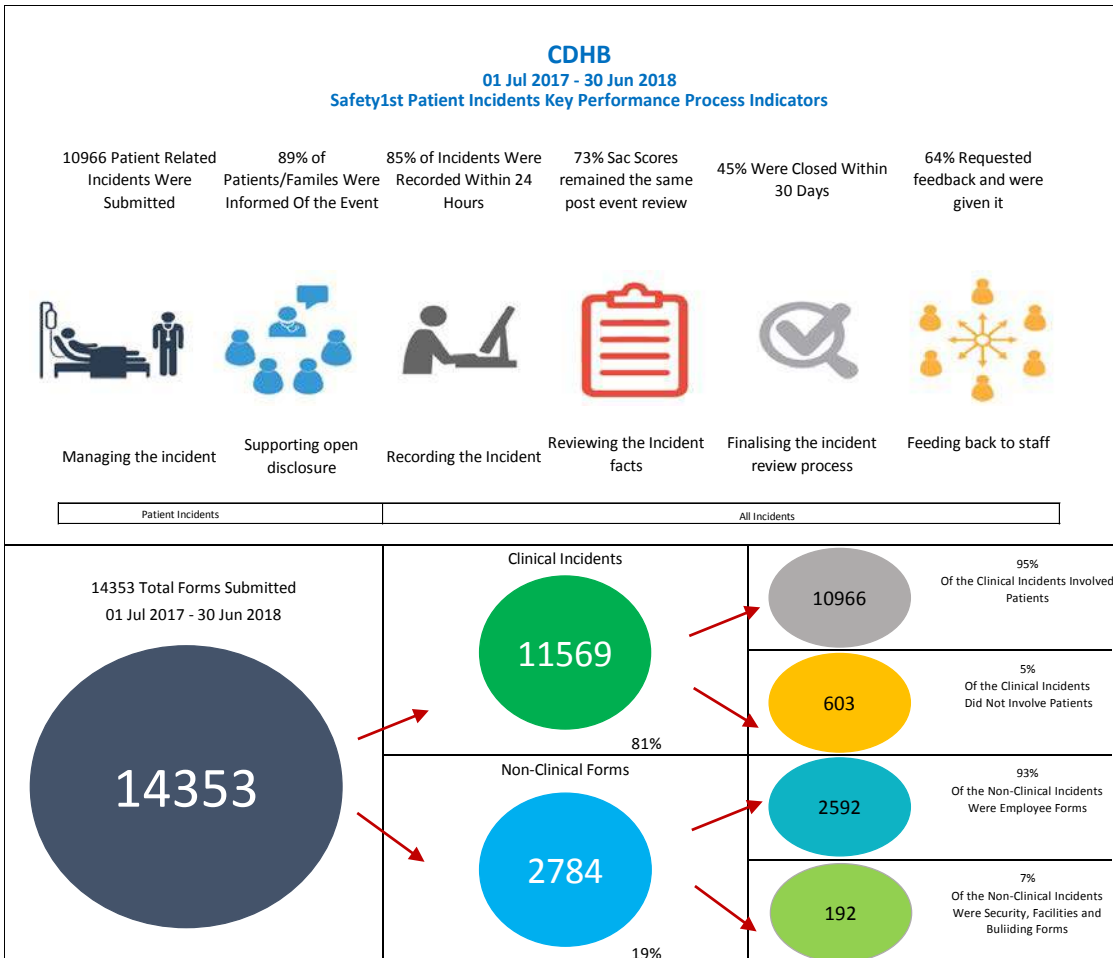
i. notes the Chief Executive's update.

## 3. DISCUSSION

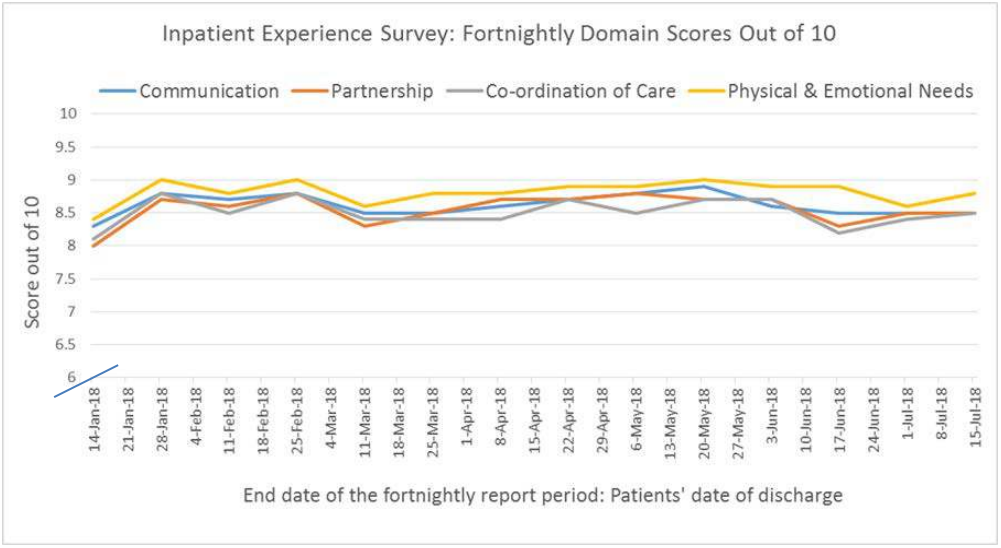
### PUTTING THE PATIENT FIRST – PATIENT SAFETY

#### Patient Safety

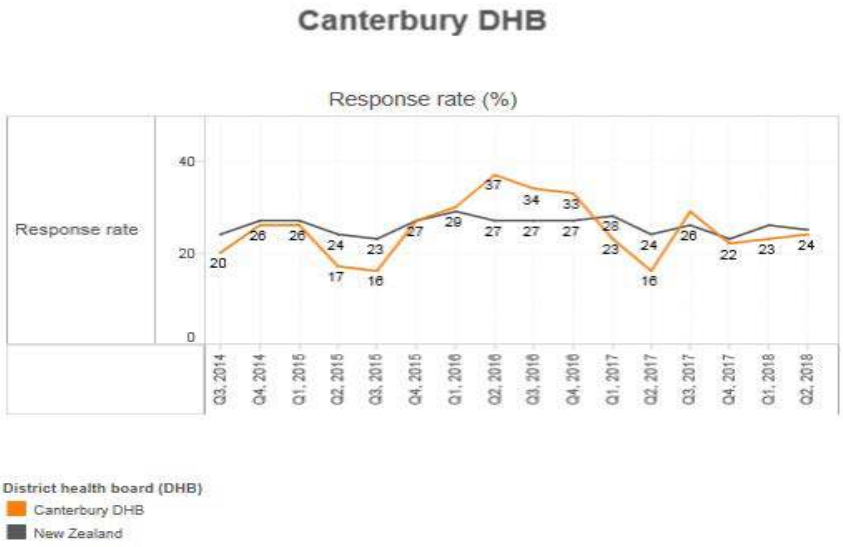
- **Incident Management Process Indicators:** For the 17/18 financial year; a total of 14,353 incident forms were submitted. 11,569 (80.6%) were clinic incidents; 10, 966 (76.4%) of these involved patients. Work to improve open disclosure has resulted in a 20% improvement in completion. Since only the harm has been rated using the Sac score (no likelihood) SAC score accuracy improved by 10%.



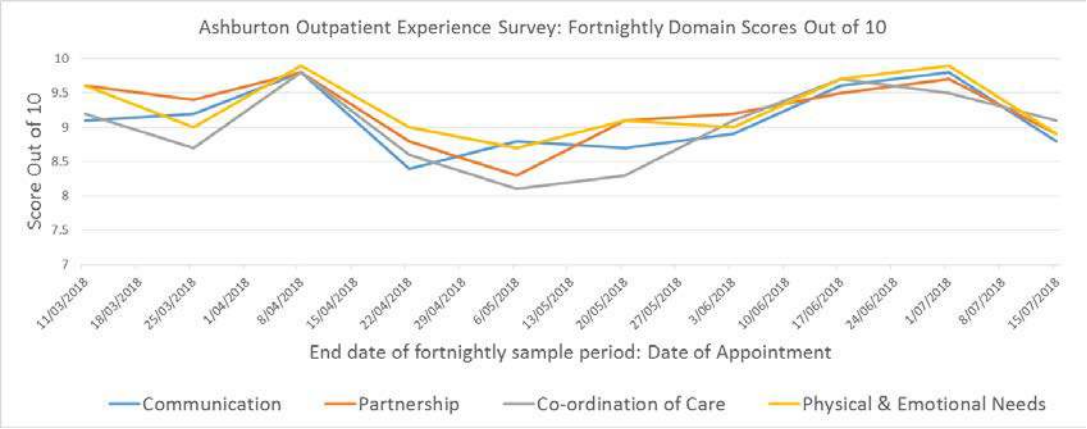

- **Patient experience:** Now that Patient Experience is being measured across the health system we are working on including it and relevant measures in the system's Outcomes Framework.
- The **inpatient experience** portal (adult; excludes mental health) provides a view of the two weekly survey data collected from recently discharged patients.
- There is one overarching question for each domain that patients rate their overall experience of the topic using a 10 point scale. The 4 domains are: Communication, Partnership, Co-ordination and Physical and Emotional needs being met.



- Since inception in January 2014 a total of 10,396 people have responded to the Inpatient Experience Survey. Individual questions do discriminate experience and provide areas of focus for improvement. For example, a question on assistance with toileting is rated at 85% and including family in discussions is rated at 55-60%. The full results are published nationally on the Health Quality and Safety Commission website. The response rate varies between 16 and 27% (30% is considered a high response rate). The response rate is an area target for improvement activity across the health system in the Systems Level Measures Plan.




- The Outpatient Patient Experience Survey pilot in Ashburton invites all patients who have attended an outpatient clinic in the previous two weeks to provide their feedback (adult; excludes Dental Services). The results below are for the period April to June 2018.

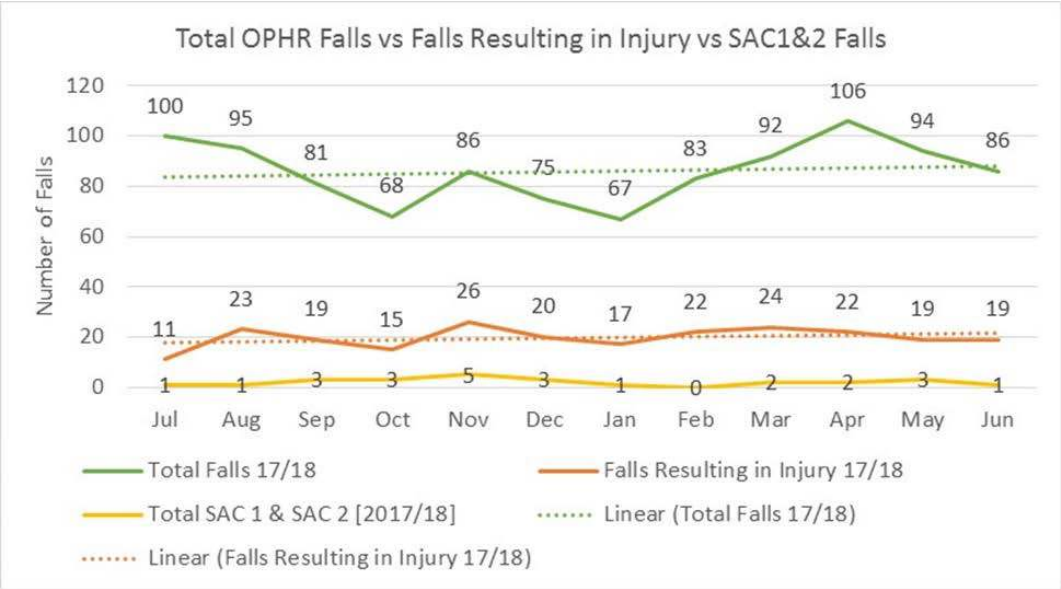



- The response rate is between 10 and 18%. The questions in both these surveys are consistent with the primary care survey conducted in the District.
- **Releasing Time to Care (RT2C):** *eHandover* - went 'live' across Christchurch, Burwood and Ashburton Hospitals on 24 July 2018. Christchurch Women's Hospital are looking to adapt the eHandover tool for transfers to the Primary units and discharges to LMCs.
- Following the Releasing Time to Care Admissions/Discharges/Transfers workshops held in 2017, it was identified that handover (in whatever form) was time consuming and did not always provide the information required.. The data collected via patient follows, staff and patient surveys indicated that Nurses, other health professionals and support staff spent a lot of their

time looking for information, and sorting out documentation around referrals/transfers and discharges.


- A CDHB eHandover working group (RT2C, Clinical, Quality and ISG reps) was formed in 2017 to explore the possibility of a standardised electronic nursing handover tool using the existing ED eHandover tool as a template to easily transfer important information, and save nursing time.
- *Restorative Care* – standardised patient information which is aligned to Med/Surg information is now complete at Burwood Hospital. A Pre and post implementation study is underway.

- The CDHB Restorative Care working group is currently standardising patient information and resources for restorative care models within Christchurch Hospital.
- *Medication safety* - continued focus remains on all stages of the medication administration process., Medication vests are being worn to help reduce interruptions that may lead to errors at Burwood and Ashburton with the 'Respect the Vest' campaign in full swing. Staff continue to work with Pharmacy around standardisation and imprest medications.
- **Older Persons Health & Rehabilitation (OPH&R):** Overall, reporting of incidents has increased across OPH&R. The graphs below illustrate an increase in reported falls and pressure injuries. Reporting limitations include absence of bed days comparative to falls, complexity of the patient's condition/care requirements on admission, communication at handover upon transfer, etc. These are also integral factors that impact upon the number of incidents pulled from Safety1st. In addition, the patient demographic within OPH&R has an increased risk of compromised skin integrity, deconditioning and mobility/balance/coordination challenges. We continue to work towards our programme of change and focus.
- Falls prevention
    - **Intentional rounding**: This is progressing in two of the OPH Inpatients Wards with a plan to roll out to the other OPH Wards in the coming weeks. The focus is on team work, communication and principles of working in a geographical environment.
    - **Falls strategy "Never Alone"** focusing on the first 48 hours of admission.
    - **"Safe Recovery" programme** based on recent Randomised Controlled Trial (RCT) evidence, two Safe Recovery Programme Educator positions have been appointed and commence in early August (one Nursing and one Allied Health fixed-term positions). The pilot will be focused on four OPH Inpatient Wards. The roles will utilise resources from the Ann Marie Hill framework which has been adapted to an OPH context. The team will collating data and working with BAIL (Burwood Academy of Independent Living) to evaluate this piece of work.




- Year to Date (Jul-17 to June-18) comparison to same YTD period last year (Jul-16 to June-17):
  - 1033 falls compared to 891 the previous year (increase of 16% (142))
  - 25 SAC 1 or 2 fall events compared to 16 the previous year (increase of 56% (9))
  - 10% (25/237) of falls resulting in injury were reported were SAC 2 events
  - 23% (237/1033) of falls resulted in injury compared to 25% (226/891) the previous year
  - 36% (373/1033) were repeat patient falls compared to 36% (321/891) the previous year
  - Falls accounted for 40% (1033/2572) of total OPH&R incidents compared to 45% (891/1993) the previous year
  - 59% (605) fall incidents occurred in the patient's bedroom and followed by 14% (148) in the bathroom. 5% (56) of fall locations were recorded as 'not stated'
- **Information about patients with viral infections being made visible:** A series of recent changes to the systems we use throughout the day to help us manage flow and resourcing within Christchurch Hospital are focussed on providing information about the impact of common infectious diseases in the hospital. New icons have been put in place within FloView that are used by nurses to identify patients suffering from influenza or norovirus like illnesses. Use of these icons enables teams involved in the care of these patients to understand some of the care implications. This information from FloView is reflected in our Hospital at a Glance dashboard, providing visibility about how many patients in the various wards throughout the hospital have influenza or norovirus like illness. This enables well informed staffing decisions to be made, recognising the increased complexity in caring for patients with these illnesses. Alongside this a new screen has been introduced on CapPlan showing information from the ICNET system detailing the number of people in each area with laboratory confirmed influenza or norovirus.
- **Diet information shifted from Homer to FloView:** Patients' dietary requirements often change throughout their time in hospital due to changes in their condition. Until the end of May this year Christchurch Hospital used the Homer Patient Management System to enter current information about patient's dietary requirements and allergies. This system is not easily available to clinical staff in the ward on a constant basis and so there was some inefficiency involved in ensuring that up-to date information was being passed to the kitchen team.

- Christchurch Hospital's transition out of Homer will occur this year which required us to put in place another system. This has been successfully done within FloView. The system developed in FloView has a number of drop down dietary options that enable staff to easily describe the current requirements for each patient. The system is constantly available to clinical staff and easy to use. These factors have led to a highly successful transition with no emerging issues. Reports are sent to the kitchen from each ward three times a day showing the requirements for each patient with any changes since the last report being highlighted. This enables the kitchen to successfully support the dietary requirements of each patient in Christchurch Hospital.

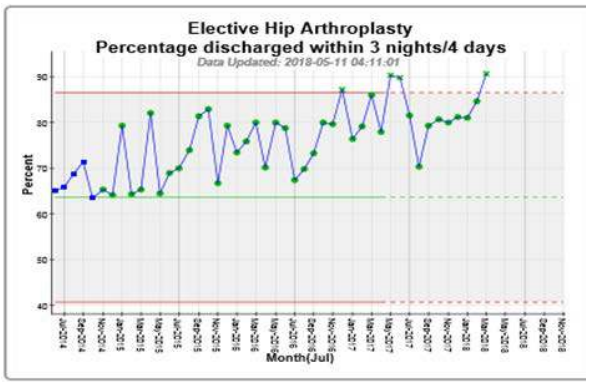
## IMPROVING FLOW IN OUR HOSPITALS

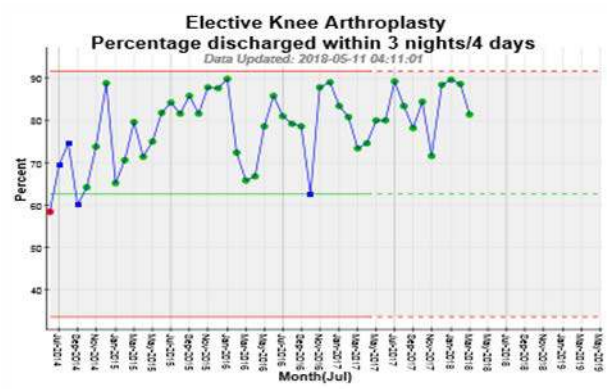
- **Maternity services – plenty of options:** Maternity services are provided from a number of facilities throughout Canterbury. Our aim is to reserve use of the Christchurch Women's facility for births that may require support from services that are only available in that setting and that uncomplicated births will generally occur elsewhere, including in our primary maternity facilities.
- A range of recent activity supports this strategy:
    - Information is provided to women and midwives describing the facilities available at Ashburton, Darfield, Kaikoura, Lincoln, Rangiora and St George's Maternity facilities.
    - This includes a recently produced video providing a virtual tour of the facilities available at Rangiora. Another video providing a tour of the Lincoln unit will also be available soon.
    - A second birthing pool has been installed at Lincoln Maternity Hospital. This is being promoted to women who are wanting to use water when the pool is in use elsewhere.
    - Education is provided by midwives for women with newly diagnosed gestational diabetes at our Burwood facility.
    - When birthing services are provided at Christchurch Women's the option of relocating to a primary birthing facility for post-natal care is promoted.
- **Spinal wedges to improve safety of patients and nurses in the Orthopaedic Trauma Unit:** Patients who are unable to move independently require regular turning or repositioning to prevent the development of pressure ulcers which can create significant pain, suffering and the risk of infection for patients. Pillows are typically used to position patients so that pressure on their sitting areas is reduced, however this system is far from perfect with patients often sliding, or migrating, towards the base of the bed over time. The regular re-positioning of patients creates risk for nurses with a high proportion of nurses experiencing back, shoulder or wrist injuries from regularly turning or moving patients. A range of solutions are in place to ensure the safety of both nurses and patients.
- These risks are particularly acute in the Orthopaedic Trauma Unit where many of our existing solutions are not suitable for some patients with multiple traumatic injuries. Nursing leadership in the unit is working with an expert from a medical technology company called Stryker to introduce a system that will be useful for a particularly high needs cohort within the unit. The system involves a glide sheet, incorporating handles and absorbent layers to keep the skin dry, and a pair of wedges. Unlike other systems, the glide sheet stays under the patient. It serves to keep the wedges in place, reduces the risk of patients' skin being torn while they are being positioned and the risk of injury to nurses by reducing the effort required to move patients. The wedges assist in positioning the patient naturally, reducing pressure on their sacrum, preventing migration down the bed and holding them in a stable, comfortable position. An audit in the Unit shows that turning and repositioning patients using the current practice required over 80%

more perceived effort by nurses than the Sage Turning and Positioning System. A patient with a dislocated shoulder, chest injuries and broken limbs following a car accident who had been refusing to be repositioned using conventional methods due to the pain caused noted that this system made great improvements to his care.

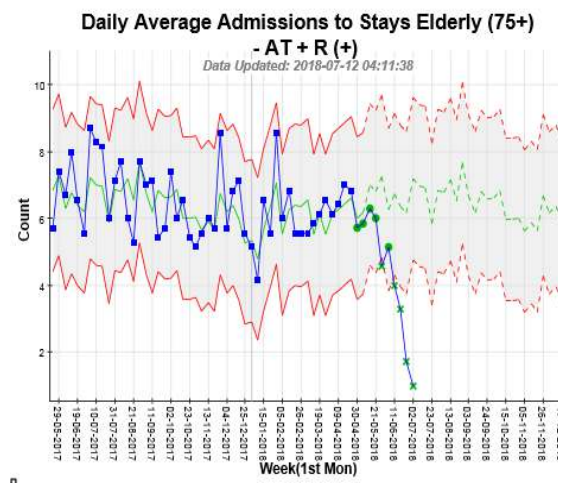
- It is expected that this system will be used for around three patients per month in the Orthopaedic Trauma unit. A regular audit will ensure that its use is limited to those for whom conventional methods are not useful and that the agreed criteria are being adhered to. Pressure injury, staff health and safety data and input from the patients in the ward will be considered throughout the trial which will be completed prior to October this year. The system's potential use in other high intensity areas of the hospital will be considered based on the findings of the trial.

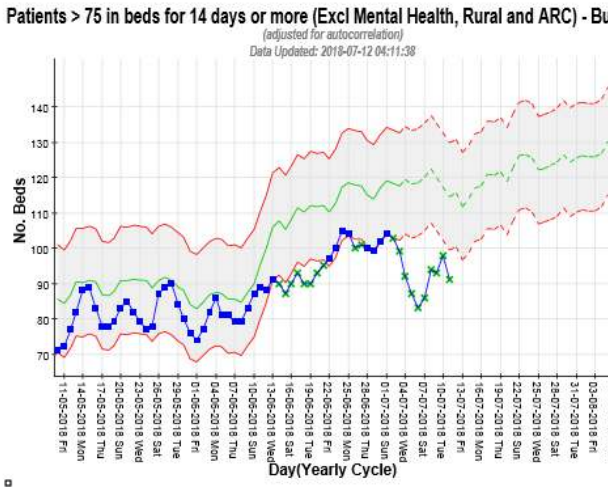
- **Older Persons Health & Rehabilitation (OPH&R)**




- **Enhanced Recovery After Surgery (ERAS**): Overall trend for both Elective Hips and Knees seeing improvement in the percentage of patients discharged within the target. While achieving a good consistency, we continue to audit outcomes as a balancing metric. Readmissions range has narrowed demonstrating further consistency in our approach.




- Current trend shows over 75 years population admission to stays has reduced in the last 5 months. This results in the reduced number of stays over 14 days.

## REDUCING THE TIME PEOPLE SPEND WAITING

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

- **Faster Cancer Treatment Targets: 62 Day Target:** For the 3 months of April, May and June 2018 Canterbury District Health Board submitted 168 records to the Ministry with 34 missing the 62 days target. Of these 25 missed the target through patient choice or clinical reasons leaving 143 patients included in the target cohort. Canterbury District Health Board once again met the target of having at least 90% of patients receive their first treatment within 62 days of referral with 93.7% of eligible patients being treated within 62 days.

- **31 Day Performance Measure:** CDHB submitted 365 records towards the 31 day measure in the same 3-month period. This figure includes patients also eligible for the 62 days target. 88.5% of eligible patients met the 31 day measure, meeting the 85% target.

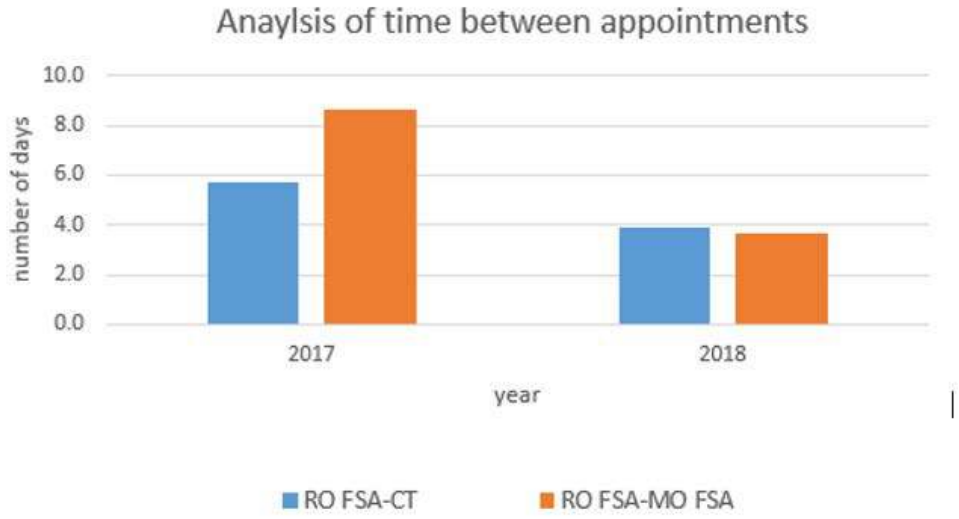
- **Referrals to Oncology from Surgical and Gastroenterology:** Many patients are referred to hospital based specialist services with a disease which requires that they receive care from a sequence of hospital based services. Internal or hospital sourced referrals between services are made in multiple different ways dependent on the context. We do not have a single, standardised method that provides a timely transmission of referrals or that provides a feedback loop showing that they have been received. This was clearly illustrated during the initiation of the project to improve the pathway for patients with colorectal cancer. In this setting it was found that half of referrals were dictated and typed. The average time from dictation in clinic to receipt by oncology was 5.6 days with outliers up to 12 days. The other half of the referrals were handwritten and/or faxed with associated issues of completeness, legibility and traceability.

- As a part of improving this pathway an interim electronic solution has been developed using SharePoint. This provides an easy way for surgeons to provide patient details to Oncology, the service that will provide the next phase of care to the patient. This system immediately provides the details required by Oncology's administrators to register the patient in a timely manner with the information being legible and complete. Because of this it supports timely treatment of patients and achievement of the faster cancer treatment targets. Patient safety is ensured because referrals are traceable and will not be lost. The most recent development to the system is that these referrals are now automatically uploaded into Health Connect South so that there is an enduring record of this activity in the patient's file. Clinician acceptance of the system is high. By the middle of June this system had been used to make over 728 referrals with 84% acknowledged by Oncology within 2 days, likely saving 2,200 days of waiting by patients with various forms of cancer. Referrals made between Monday and Wednesday are typically acknowledged by Oncology the same day that they are sent.

- This interim response is being expanded to other services that refer to Oncology. It has attracted a lot of attention with many other clinicians keen to adopt it in their area. This system is serving as a useful proof of concept, informing design of a fully integrated e-referrals system that is being developed.

- **Head and Neck cancer project update:** The project *'Valuing the patients time in complex cancer: Head and Neck'* is a joint project with NMDHB. The aim of the project was to review the patient pathway to identify and remove any barriers to timely treatment. The project also sought the views of patients and whanau to find out what they considered to be their priorities. The project has finished and the final report is being prepared and agreed by both District Health Boards and submitted for review by the Southern Cancer Network before being shared with the Ministry of Health. The report focusses on service improvements that have been implemented or are due for implementation based on the project's findings. Further detail will be provided in a subsequent update.

- **Improved booking of new head & neck cancer patient appointments**: We discovered that there was variation in waiting times between Radiation Oncologist First Specialist Assessments and booking for CT scans for patients living outside of Christchurch and referred to Christchurch for treatment for head and neck cancer. Referral letters are now scanned into MOSAIQ, the information system used within Oncology, notifying Radiation Oncologists that patients from out of town are booked into their clinics. Providing this information has improved coordination of radiotherapy simulation and other appointments that those patients have with other specialties. Following this change in practice the average time between the Radiation Oncologist First Specialist Assessment and CT scan decreased by 1.8 days and the average time between the Radiation Oncologist and Medical Oncologist First Specialist Assessments decreased by 5 days between 2017 and 2018.




- **Radiation Oncology - new Mosaiq electronic booking form:** A stand-alone system has been used to refer patients being seen by the Oncology Service for radiation treatment. This involved e-mailing the appointment booking forms to the booking coordinators who then manually entered this information into MOSAIQ, the system used to manage our radiation oncology processes. Human error such as incorrect transcription of information including patients' National Health Index number were an intermittent problem. Along with this the stand-alone system was not available in peripheral clinics and visibility of the referral information was relatively restricted within the department. In order to fix these problems, an electronic solution has been introduced where booking forms are generated within patients' MOSAIQ health records. This means that the process is more efficient, streamlined, with all bookings aligned with demographic data and the patient's clinical record. Referrals are visible to all staff and access to MOSAIQ is universal through Citrix. This is in line with our paperlite approach, ensuring that the right information is provided at the point that it is required.
- **Stereotactic Radiation Therapy for brain metastases**: In 2017 the standard of care at Christchurch Hospital for patients with brain metastases was to treat the whole brain with radiation. New research published showed better patient outcomes with similar disease control and survival rates could be achieved using stereotactic radiation therapy to focus radiation on the tumour and tumour bed only. A group to lead implementation of this approach was established involving all key stakeholders to assess the resource requirements, upskill teams, implement and evaluate this change in practice. The process has been evaluated and refined after each patient and is now fully implemented for single brain metastases. We are continuing to develop the technique, meaning we can now offer it to more complex patients.
- **New Chair of Cluster for Canterbury Regional Cancer & Haematology Service and Palliative Care**: Dr David Gibbs takes over from Dr Steve Gibbons as Chair of Cluster for

Canterbury Regional Cancer & Haematology Service and Palliative Care. David is well-known and highly regarded across the region having worked as a Medical Oncology Specialist in Christchurch since 2003. He has been actively involved in clinical trials and was the Medical Director of the Christchurch Oncology Research Unit. He was appointed Clinical Director of Medical Oncology in 2016 and will continue in this role in addition to his new duties. We would like to acknowledge and thank Dr Steve Gibbons for all the great work he has done over the past 10 years as Chair of the Department.

- **Elective Services Performance Indicator (ESPI) Outcomes**: Latest preliminary reporting from the Ministry of Health shows that Canterbury District Health Board achieved a red result for elective services performance indicator two (covering first specialist assessment) at the end of June. This is the fifth month that this indicator has shown as red. 16 of the 26 services that contribute to this measure had no patients waiting longer than 120 days, five services had three or fewer and five services had more than ten. The same report shows that Canterbury District Health Board achieved a red result for elective services performance indicator five (covering waiting time for surgery) for the eleventh month in a row. Two of the 13 services that contribute to this measure had no patients waiting longer than 120 days, eight services had less than ten patients and three services had eleven or more patients waiting for longer than this. The Ministry of Health has provided Canterbury District Health Board with dispensation from Elective Services Performance Indicator achievement between January 2018 and June 2019 to recognise the pressures associated with facility limitations and issues associated with data transition. Canterbury District Health Board remains committed to working towards its goal that patients will not wait longer than 100 days for elective services they have been offered.

- **Antenatal Physiotherapy group classes:** Women are provided with information teaching specific strengthening and stretching exercises by a physiotherapist during their antenatal period. However demand for these services often meant that there was a waitlist for this service that constrained other aspects of the care we provide during this time. In order to improve this we are now offering this information as part of a group session. Five sessions are provided every four weeks – with a combined capacity of 36 women. There is at least one physiotherapist or assistant for every three women. Midwives are encouraged to refer women to these classes as soon as possible. Information provided includes a short educational PowerPoint presentation that is followed by tuition on specific strengthening and stretching exercises. Women then receive an individual assessment and are provided with an opportunity to ask questions about strategies to self-manage for their personal situation. If necessary, women are provided with a one on one follow-up appointment and are supported to phone the physiotherapy department themselves if they require a follow-up until six weeks following childbirth without requiring a new referral. This has enabled us to improve patient flow and reduce our waitlist time. We aim to have each woman in a group within 3 weeks of receipt of referral.

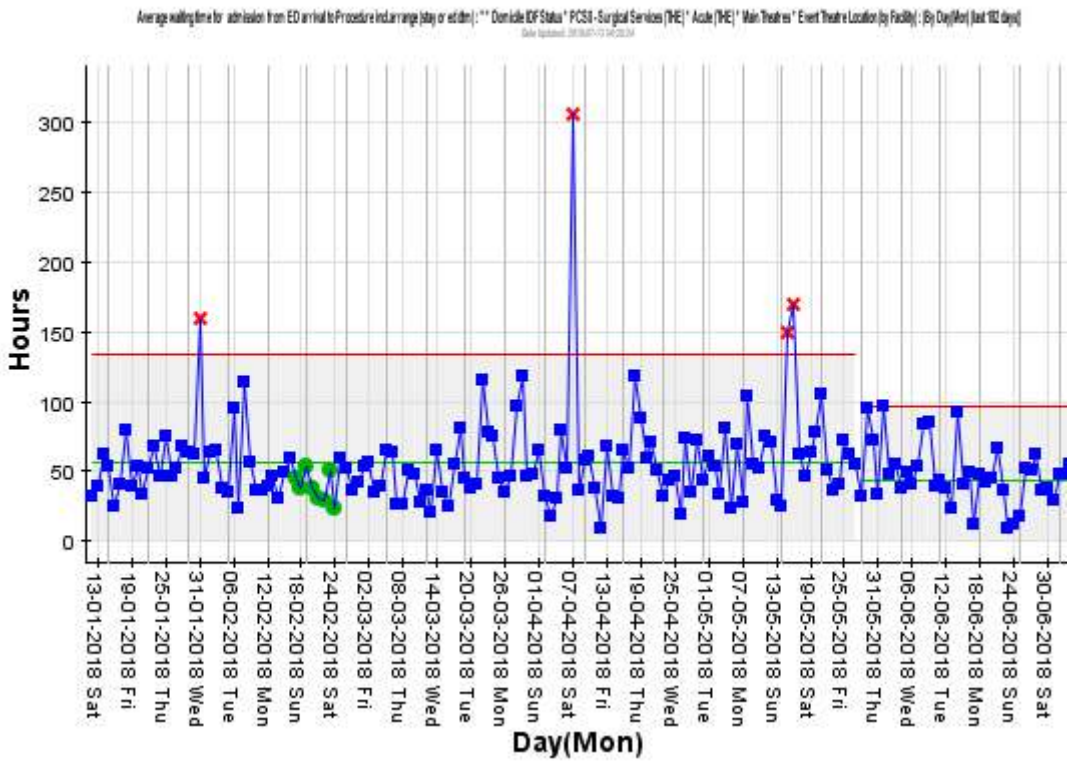
- **Changes in penicillin tolerance and allergy assessment:** Penicillin antibiotics are the most widely used antibiotics, however around 10% of the population is labelled as being allergic to these drugs. Doctors are reluctant to prescribe penicillin antibiotics to this group. The alternative antibiotic agents are often not as effective, cost more, and have more adverse effects. As a result this group can end up requiring more care to support their return to health which is disruptive for the patient and uses more health system resource. However of those labelled as having a penicillin allergy around 95% do not have a previous history that is compatible with an allergy. Of the remaining 5%, 80% can tolerate a penicillin challenge. As a result 99 out of 100 people labelled with penicillin allergy are likely to tolerate penicillin. The Immunology service at Christchurch hospital provides assessment for people who have been labelled as allergic to penicillin. Following referral from a general practitioner or hospital doctor a history of the person's reactions is discussed, followed by skin testing or laboratory testing, and ultimately a penicillin challenge. When this service was initially offered it was provided from the Medical Day Unit. However as we have developed our methods we have shifted the process entirely to

the outpatient clinic, freeing space in the medical day unit for tasks that can only occur there. Over the past three years more than 60 people have had their penicillin allergy status cleared, meaning that they are able to benefit from antibiotics in this group. Developments in the future are likely to include simplification of our processes including moving directly to a penicillin challenge without the requirement for skin testing, a streamlined single appointment process for penicillin assessment and consideration of providing this work through a nurse specialist led clinic.

- **Transferring immunoglobulin treatment from hospital to home:** Patients with antibody deficiency are susceptible to severe infections and require immunoglobulin replacement to stay healthy. For many people this means making a trip to hospital every three or four weeks for intravenous immunoglobulin therapy throughout their lives. Provision of subcutaneous immunoglobulins has emerged as a simple way of providing the treatment without requiring venous access. It is required on a weekly basis but with a small amount of training (two or three two hour sessions) and provision of the right equipment it can be self-administered at home. While it is required more frequently, the duration of each infusion is much shorter and the risk of significant reaction is much lower. Patients receive ongoing support through telephone and e-mail contact and technique is reviewed in nurse led clinics. Patients report that this option improves quality of life for them and their families and it is provided at a lower cost to both the hospital and patient. It frees up medical day unit capacity for other patients whose care can only occur in that setting. Since 2015, 11 of Canterbury's 26 patients requiring regular immunoglobulins have switched to sub-cutaneous infusion. Three out of Southern District Health Board's 14 patients and three patients from Nelson have also switched to this method.
- **Multiple teams working together to enable elective surgery:** Recently an eight year old boy with autism required an admission in order to have a gastrostomy tube inserted. Some children require gastronomy tubes to be inserted into their stomach through the abdomen to provide adequate nutrition. This young man becomes distressed when faced with unfamiliar situations and there was concern that this would prevent him from receiving the treatment he required. Staff including the anaesthetist, Children's Outreach Nursing service, Ward 21 Play Specialist worked together to ensure that this young man was able to receive his surgery with minimal distress.
    - The outreach nursing service provided education to the family about gastrostomy care and feeding regime prior to admission.
    - The Play specialist worked with the school, providing photographs of equipment that may be used in the hospital so that the child could become familiar with them.
    - The anaesthetist worked with the family, provided a pre-med prior to the patient entering the hospital, met the family at the entrance and assisted with the transfer to theatre.
    - Clonidine was charted as part of post op medication to help manage potential distress being in hospital.
    - Ward 21 assigned a single room that was as quiet as possible.
    - The night before admission the family decorated the room with familiar things and the young man's mother and other family members were present post op.
    - The child was able to be discharged the day after surgery with the Outreach Nurse visiting him in his home on a daily basis.
- Acknowledging the child's disability and working in a way that recognised his needs meant that the admission went smoothly and was reasonably stress free creating a positive experience for this eight year old. Due to the ability to do this we were able to provide treatment in a timely manner.

- **Elective Health Target Delivery:** Ministry of Health reporting shows that following May 2018 Canterbury District Health Board was running 381 discharges (around 2%) behind its Elective Health Target. Internal reporting, which is more up to date, shows that at the end of June we had provided more elective discharges than planned. Within this, it is clear that in house delivery is above planned levels and outsourced discharges are running shy of target, catching up on delayed data entry along with some corrections being put in place will increase the outsourced count. We will meet the Elective Health Target at the end of June. Note however that there is a mismatch between target and delivery in the various sub-categories (i.e. arranged versus elective and between specialties). For example we have provided 292 more arranged discharges than planned. This represents good practice, as it ensures that patients receive surgery soon after an acute event, without having to be waitlisted. Canterbury District Health Board is working through these mismatches with the Ministry of Health.

- **Timely acute surgery:** A recent update provided information that more capacity for acute surgery was being developed by increasing the outplacing of elective surgery. These changes began being introduced in May and all have recently been completed. Early indications are that this is proving effective and providing a much closer match between incoming acute surgery and the capacity available for it to occur each week. The average time that patients spend waiting for their first operation has reduced and is showing much less day-to day-variation.




- The number of patients waiting for acute surgery for more than two days was lower in June than it had been since September 2017. A range of measures will be monitored to assess whether the changes deliver the benefits we are seeking. The opening of Christchurch Hospital Hagley in 2019 will provide a significant increase in theatre capacity on the Christchurch Hospital campus, from 18 physical theatres to 28. This increase will enable us to repatriate all outplaced surgery and the majority of outsourced surgery. There is a particular focus on increasing scheduled acute operating capacity. This will enable us to much better manage the time that patients spend waiting between acute admission and their first operation. It will also enable us to eliminate the need to send patients to Burwood for operations for acute and arranged surgery, freeing up capacity at Burwood for elective operating. This increased acute theatre capacity during week days will enable us to reduce the growth in late and weekend theatre

capacity. It will support a reduction in length of stay for acute surgical patients due to a reduction in the time spent waiting in hospital for surgery along with reducing deconditioning that occurs while patients wait for surgery. Supporting this ongoing reduction in length of stay is essential to ensure that we remain within available bed capacity.

- **Professor Spencer Beasley awarded New Zealand Order of Merit for services to Paediatrics:** Professor Spencer Beasley, Paediatric Surgeon, Christchurch Hospital was awarded the New Zealand Order of Merit for services to paediatrics in the Queen's Birthday Honours List 2018. Spencer is also President of the New Zealand Association of Paediatric Surgeons and former President of the Australia and New Zealand Association of Paediatric Surgeons. More than 20 years ago Professor Beasley initiated the establishment of a specialist paediatric surgical service for the South Island, which is now a four surgeon unit based in Christchurch providing outreach clinics and operations in regional centres, with an emphasis on equity and access to quality services. He has been instrumental in developing audit processes to monitor trends and inform practice and management issues within the unit. He has contributed to surgical education in his specialty and across the nine Royal Australasian College of Surgeons (RACS) specialties. He has held several leadership roles with RACS, through which he has had an influence on the training of almost all paediatric surgeons in New Zealand and Australia who have qualified within the past 20 years. He is a former Trustee of the Rainbow Children's Trust, current Trustee of Children's Cancer Research Trust, and a member of the Pacific Association of Paediatric Surgeons Board of Governors. Professor Beasley is a member of the Male Champions of Change group, made up of senior leaders in science, technology, engineering, and mathematics committed to achieving gender equality in their organisations and fields. We would like to acknowledge and congratulate Professor Spencer-Beasley on receiving this prestigious honour.

- **Improved processes lead to increased capture of ACC funding:** It was noted that there were many instances where prior approval for surgery was not being sought from the Accident Compensation Corporation (ACC), depriving Canterbury District Health Board of income that it is entitled to. The Finance ACC team has worked with departments to change some internal processes, so that initiation of processes to collect ACC claim information now comes from the ACC team as well as from departments. Whether or not we successfully claim for these events from ACC they are excluded from our elective health target volumes. Campus Finance has put in place a campaign to increase awareness within those departments where we have traditionally had higher numbers of unfunded surgeries. This has included a series of meetings as well as e-mails providing updates to areas to help maintain knowledge about the processes and progress being made. The information provided to departmental teams includes contact numbers for the Campus Finance team to ensure that people know where to seek help on the new processes. Administration teams within services have embraced the process, taking ownership for the successful filing of the required information. During 2017 the Campus Finance team identified 12 missed claims totalling $157k. As at mid-June 2018 only two missed claims had occurred, totalling $12k, representing a significant reduction in lost income.

- **Roll-on, Roll-off trolleys improving linen management at Christchurch Hospital:** Traditional methods of linen management at Christchurch Hospital have involved a manual ordering process with linen room staff visiting each ward to order all items of linen that they could possibly need from the laundry and then storing them on the ward. This has used significant nurse and hospital aide time to decant items delivered to the ward, storing them in various places throughout the ward and in some instances "hoarding" linen within areas. Considerable storage space was dedicated in each ward to store these supplies and items that were not used commonly have been stored in each ward. To resolve this issue Canterbury Laundry Services and nursing teams at Christchurch Hospital have implemented a system utilising roll-on, roll-off trolleys to make the entire process much more efficient. Each ward receives one or more fresh trolleys, stocked with a pre-agreed number of each item that it

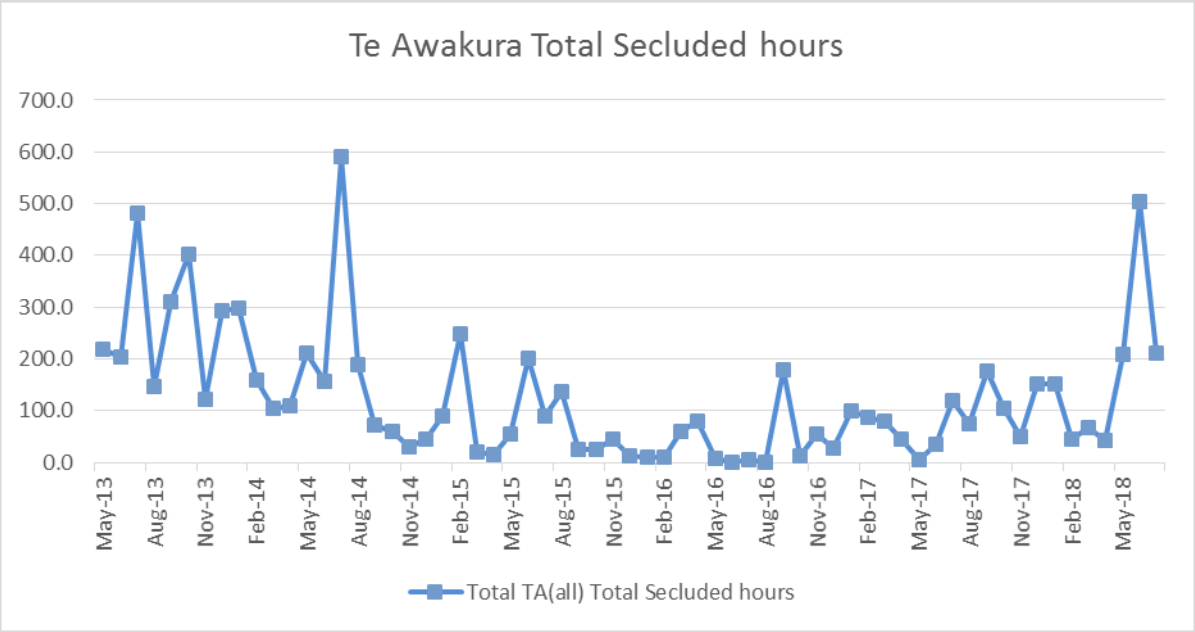
regularly uses. Linen is used directly from the trolley rather than being decanted into storage areas throughout each ward. Trolleys, along with any unused linen are returned to the laundry the next day after delivery of the next lot of fresh stock. Regular analysis of the number of used and returned items enables fine tuning of the stock levels that are provided to each ward, with the aim that >80% of items will be used from each trolley. Emergency linen supplies are available from a small stock room in the hospital to cater for uncommonly used items or for unexpected variation in use. This has delivered a number of benefits. It ensures that the right linen items are available in the right place at the right time. It has freed up time previously used each day for ordering and decanting linen supplies, processes and spaces are tidy and staff now know exactly where to find the supplies they need. Storage space has been released in the wards which has created advantages in our design of Christchurch Hospital Hagley and the new Outpatient building, as a space has been custom made for the trolleys with other linen storage space not being required. The large linen storage and decanting space previously required at Christchurch Hospital has been released, replaced with a small emergency stock room. There is clarity and transparency of information about the linen required in each area enabling us to continually improve the amount of stock provided to each area. As confidence is developed this will help us to ensure that we own and provide the right number of items of linen – helping us to avoid the cost associated with owning more linen than we need.

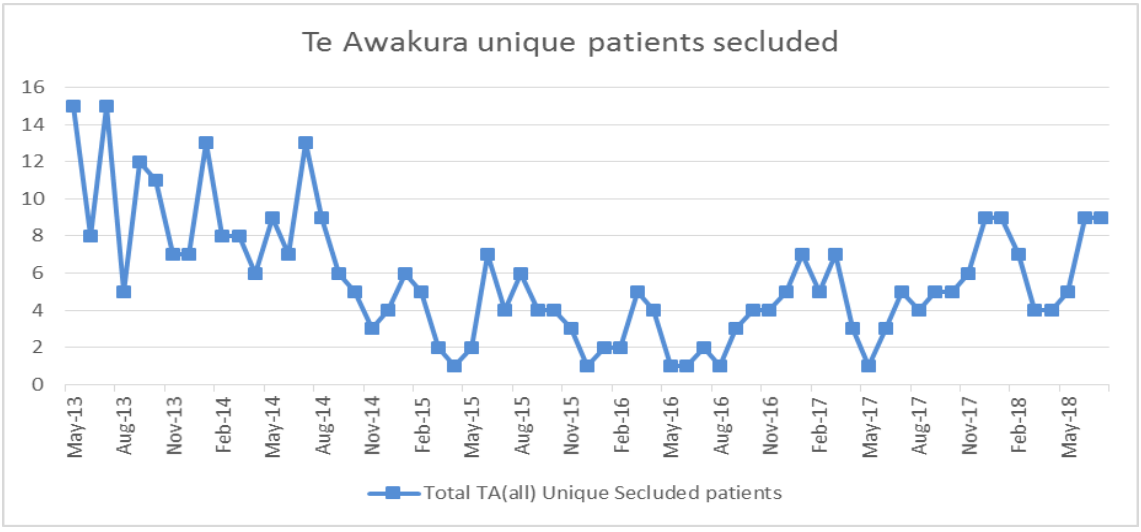
**Specialist Mental Health Services (SMHS)**

- **Demand for Specialist Mental Health Services**: The SMHS divisional leadership team and Planning & Funding continue to closely monitor use of Mental Health Services. Demand for adult general services continues to be high. Our staff are working exceptionally hard to provide the best care possible in some very challenging circumstances and we are continuously looking for ways to make the environment as safe as possible for consumers and staff. A range of initiatives are contributing to ongoing improvements. These include:
    - Plans are underway for a building modification designed to contain a high care area (HCA) to assist with addressing significant health and safety concerns that exist in the AT&R unit. This is the inpatient service for people with intellectual disability and challenging behaviour. An interim environmental modification has seen a significant improvement in incidents related to a specific individual cared for in this environment, however there continues to be significant incident rates overall within this unit.
    - Nurse Coaches were established within Te Awakura (the adult acute inpatient service) in late 2017. These roles support practice for both registered and enrolled nurses in their first year of Mental Health practice. Following a 3-stage evaluation of the impact of the role a recommendation to make these roles permanent has been accepted.
    - There are several AT&R staff currently on ACC due to serious work related injuries. Strategies have been put in place to maintain staffing levels for the unit through using pool staff familiar with the area and a short term staff secondment to assist in continuity of care. Maintaining this level of staffing is an ongoing challenge.
- Occupancy of the **adult acute inpatient service** has been high at 97% in July 2018. Such high occupancy is unsustainable and does not allow for increased demand over time. Planning and Funding are leading the development of a community service that will provide an 8 bed alternative to an acute inpatient admission.
- **Demand for Adult Services** continues to be high. There were 229 new crisis case starts in July 2018. New crisis case starts require an assessment and response within a day of referral. The adult general service is exceeding national targets with respect to wait times for adult Specialist Mental Health Services. The wait time targets are 80% of people seen within 21 days and 95% within 56 days. In July 2018, 95.83 of people referred to the Adult Community Service were

seen within 21 days and 99.5% were seen within 56 days. The percentages for July 2018 were 82.65% and 95.68 respectively when other adult services i.e. Specialty, Rehabilitation and Forensic were included.

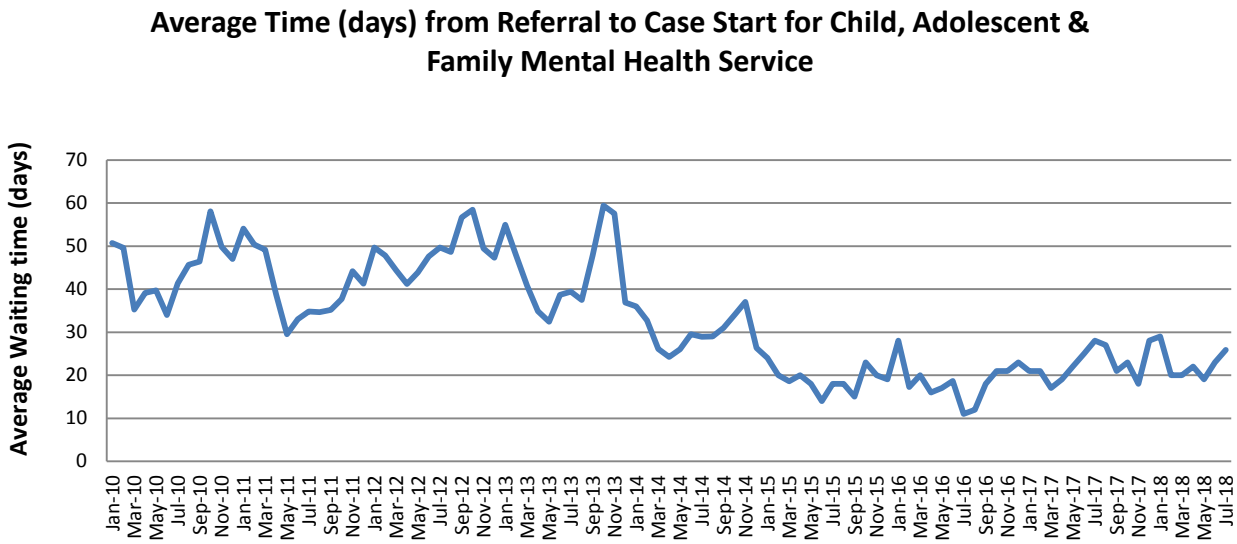
- Our focus on **least restrictive practice** continues. Staff are working extremely hard to continue providing care for people in a least restrictive manner. There has been an increase in our seclusion rates over the last 2 months which can be attributed to higher than usual numbers of acutely unwell consumers. For Te Awakura there were 13 seclusion events for July 2018 for a total of 212.4 hours. Seclusion was experienced by nine people. The monthly average for the previous 12 months is currently 149.3 hours.

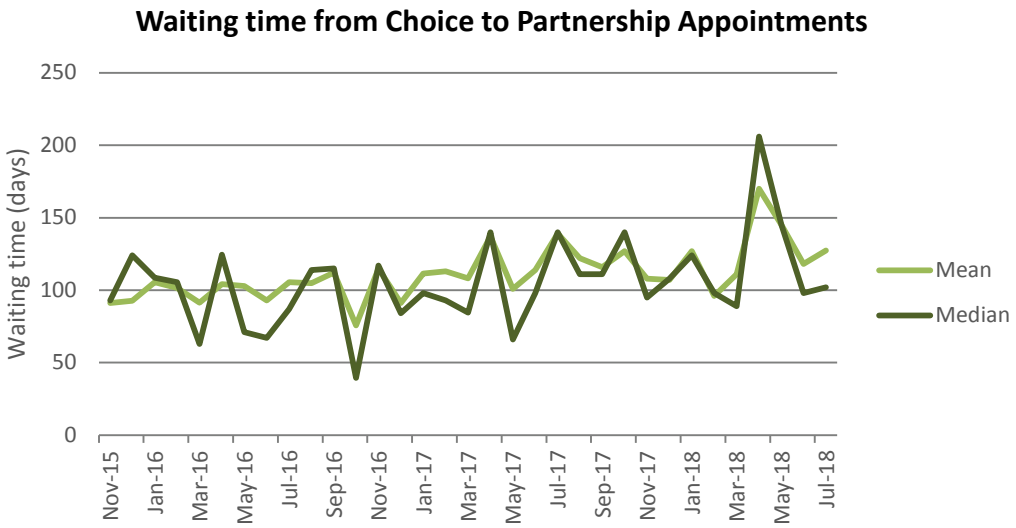



- **Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remains a concern. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for July 2018 show that 53.1% of children and adolescents were seen within 21 days and 87.7% within 56 days. Child, Adolescent and Family Services had 271 new case starts in July 2018. There are ongoing challenges with reducing the wait times while at the same time continuing to receive high numbers of referrals (averaging 70 per week).

We are working on improving health pathways and responsiveness to young people with Attention Deficit Hyperactivity Disorder (ADHD).




- Child, Adolescent and Family Services have applied a comprehensive approach to managing the waitlist. There have been multiple streams of clinician contact, with an increased capacity to take on new partnership appointments. This, combined with the provision of alternate treatment pathways for consumers has resulted in a marked increase in reported waiting time (as shown in the graph above).
- **Schools based Mental Health Team** continues to be approached by new schools across Canterbury requesting engagement. The team responds to each request and provides an individualised approach for each schools. Term two has been very busy across Canterbury. The school counsellor forum held in June focussed on working more collaboratively with school counsellors and improving communication. The team attends regular pastoral care meetings in many schools, and participates in Rock On meetings at which attendance issues are discussed. Networking and fostering strong relationships across schools and with the Ministry

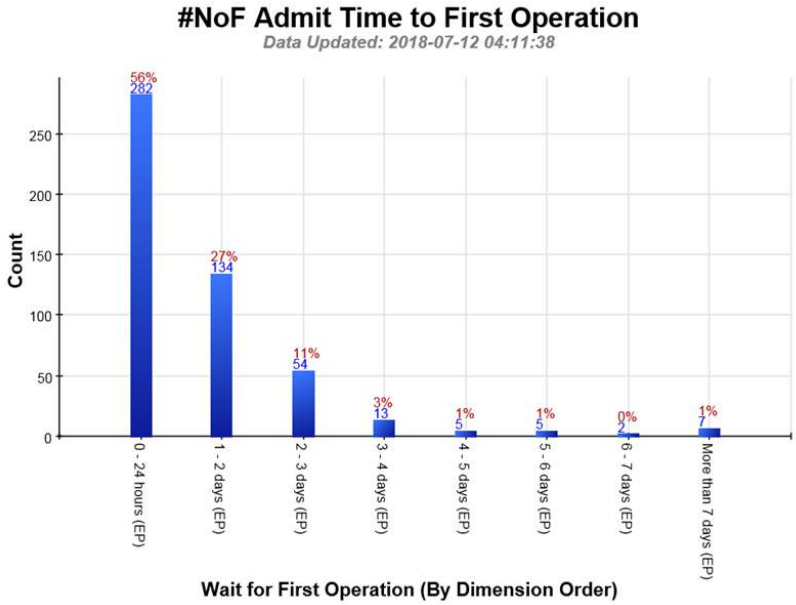
of Education remains a major function. We have engaged with the Mana Ake staff, and will continue to build on this as the roll out progresses.

**Older Persons Health & Rehabilitation (OPH&R)**

- **Brain Injury Service:** Across Slow Stream Rehabilitation there is a lack of capacity in the community for BIRS patients needing this following discharge. This is leading to delayed discharges. These are Disability Support Services funded patients, however are often unable to be discharged and they remain in the BIRS service as an inpatient. We are working closely with Planning and Funding to ensure that all options are explored for patients in a timely manner to minimise impacts on patient journeys as well as exploring options for increasing the capacity for this stream of Rehabilitation.
- **Older Persons Mental Health:** Older Persons Mental Health Service is in the process of appointing a Nurse Consultant and this appointment will bring the service into line with Specialist Mental Health who have had these roles now for a number of years. The Nurse Consultant role is to provide advanced professional nursing leadership and facilitate the ongoing development of mental health nursing practice. The Service has relied heavily on the Charge Nurse Managers and latterly the Clinical Nurse Specialists for nursing leadership and the Nurse Consultant will support this and give strategic direction by working closely with the Clinical Directors, Service Manager and AHP leads. While the service has been well supported in terms of older person's rehabilitative nursing expertise a specific focus on the core of the work will be a huge boost to nursing and to the wider service, enhancing the Interdisciplinary Team approach that is vital for successful patient care. The Nurse Consultant will work collaboratively with SMHS colleagues to ensure OPMH maintains best practice and importantly continues to be seen as a great place to work.
- **Adult Rehab Update:** The Steering Group have met to review progress with activities and ensuring that we have an understanding and connection to all the connected pieces of work, including CREST Review, ACC/Non Acute Rehab Project, Spinal Cord Impairment Action Plan, Traumatic Brain Injury ACC Contracts, Restorative Care framework development, Community re-design, Technology, Equipment Projects including short term loan and Bariatric, Disability Support Services Meetings. The comprehensive nature of aligning and supporting transformation for an enhanced journey across the system. Work streams have commenced in relation to:
    - Transition from child health to adult services – OPH&R continues to contribute to this work stream to support the transition process from paediatric care to adult services.
    - Point of Entry – explore option how referrals, especially complex ones, have a cross service assessment for appropriate care.
    - Transfer of Care – enhancing the transfer of care for patients between Christchurch and Burwood Hospitals. Trialling the use of Floview to improve the communication and information transfer. Also looking at the option of trialling Collaborative worklists.
    - Workforce – keeping visible the workforce issues across the adult rehab services, whilst we work through the future needs related to the project.
    - Funding Pathways for community placements – continuing progress on developing relationships across the stakeholder to understand, identify and address barriers to discharge.
    - Stroke patients – exploring options and opportunities in relation to early Supported Discharge opportunities to support patient flow and rehabilitation.

- **Tele-health:** The use of Tele-health within the Spinal Service continues to grow. We are developing a strategy for all telehealth opportunities in spinal. Recently as part of an outreach visit to the Hawkes Bay DHB we tested the devices to enable this ongoing. We have recently utilised this and continue to use this to connect for meeting with a patient, staff and family in Dunedin ICU.

- **Enhanced Recovery After Surgery (ERAS):** Overall trend for both Elective Hips and Knees seeing improvement in the percentage of patients discharged within the target. While achieving a good consistency, we continue to audit outcomes as a balancing metric. Readmissions range has narrowed demonstrating further consistency in our approach. We have made changes to theatre access for Orthopaedics which will make changes to fractured neck of femur (#NOF) surgery. An additional ten sessions have been made over the four week schedule. The changes will support flow to theatre with additional capacity. The flow on effect will be a reduction in elective sessions converted at Burwood Hospital to accommodate increased acute activity. During the 2017/2018 year over 350 acute cases were undertaken at Burwood.




- **Community Dental Service**

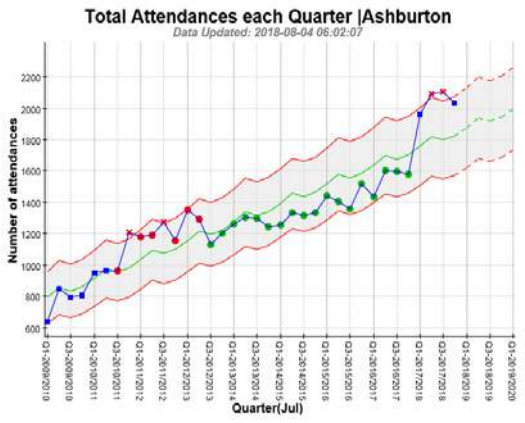
  - **Promoting Free Dental Care Pasifika Styles:** Community Dental Service are raising awareness about free dental care for Pacific Students. Students have developed a script which they plan to turn into a short video clip which can be shared on social media. Target group; their peers, parents and caregivers. We are involving Hillmorton High School staff, Partnership Community Workers and support from No Limits and Pacific Youth and Leadership Council. We are working towards having completed by 25 August before mock exams begin.

  - **Early Child Education Health Promoter** working closer with Community and Public Health who are developing an Oral Health Toolkit. Purpose of the toolkit is to create opportunities for teaching staff to educate tamariki and whanau on oral health practices and the Community Dental Service. Toolkit will align with Te Whariki and offer staff professional development.

  - **Linwood College partnership** with senior students has resulted in Community Dental supporting three prefects on Youth Health Council to promote free dental. Action plan developed, with students completed two actions to date. Next step is sustainability plan for 2019 and build on ongoing support from staff. Principal back from sabbatical next Term, who supports this topic.

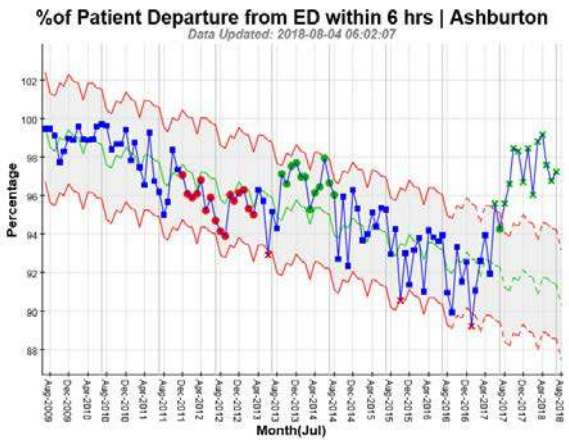
## Ashburton Health Services

- **Acute and Inpatient Care Delivered in Ashburton Hospital**

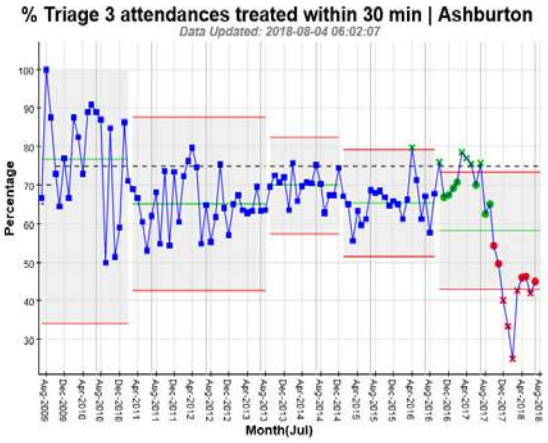



The above graph plots the volume of presentations to the Acute Assessment Unit. The trend has settled into the new pattern of approximately 2200 per month. We continue to align with Christchurch ED in the rate of admission to inpatient wards and those who are treated and discharge back to the community.

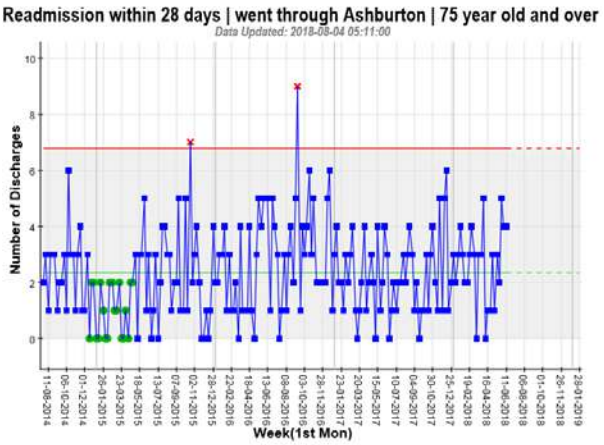
The daily average number of presentations in June 2017 is reported at 17, this is reported at 24 in June 2018




Challenges remain in managing timely care when there is any increase in the cohort of patients presenting after 3pm and when there is a concentrated spike of volume over the weekend, due to limitation of medical workforce during this period. However the AAU team continue to focus on systems to improve flow and consistently work towards the goal of patient's care being managed within six hours where possible.




Previously we reported the implementation of our Triage Nurse model and standardisation that occurred with this. This practice is well embedded now and the improved response to Triage 3 attendances is not fully attributable to changes in clinical care but the standardisation in reporting and flow practice. The average number of patient identified as Triage 3 presenting each day has increased from 7 to 9 compared to 2017.




The "operations group" supporting the implementation of the Ashburton Service Level Alliance (ASLA) work plan are exploring the opportunity to align with the voucher system implemented in Christchurch and Burwood Hospitals to reduce the risk of readmission during the Winter demand and occupancy management. We are currently within the expected parameters for patients over 75 but are following through any areas when there has been re-presentation/readmission risk.

- We continue to promote the key messages of "Call your General Practice first" and support opportunities to reconnect patients back to their primary care provider after we have provided treatment within the facility.

- During the nursing industrial action we "trialled" the utilisation of primary care vouchers held by St John. This is modelled on the same programme delivered in urban Christchurch, where St John triage the patient they are called to attend, and if clinically appropriate and the patient is agreeable they connect the patient with their primary care provider, along with a voucher to cover the cost of the consultation. This was very successful on the day of the strike and the operational group are looking to establish a sustainable model for this practice.

- **E-Handover and FloView implementation in Ashburton Hospital Campus:** E-handover (a nursing handover tool between wards and hospitals) has been implemented for patient transfers between Christchurch Hospital, Burwood Hospital and Ashburton Hospital. E-handover is a standardised electronic nursing handover tool. Ashburton was proudly the first site to go live, this was a soft local launch between Acute Assessment Unit, the wards and our District Nursing service.

Laura Ciora and Melanie Tanate have been our clinical support on the ground in Ashburton and have successfully implemented across the site. Work flow has been streamlined with the implementation of this tool. There has been a significant reduction in the phone calls back and forth from the Acute Assessment Unit and the wards. The picture to the left is registered nurse Laura Ciora looking through the laminated e-handover guide to support staff if any issues were to arise.

In addition to this, the implementation of FloView in Ward 1 & 6 will lean up our E-Hanover process even more. There will be no need to access Health Connect South (HCS) separately, as there will be the opportunity to click onto the patient's hyperlinked NHI number in FloView to go straight to the Patient Demographic page in Health Connect South (HCS), saving valuable time for the nursing teams. Ward 1 has been operating the daily "assertive board round" supporting a multi-disciplinary (MDT)approach to enable timely discharge. FloView will take this to the next with the electronic boards in both Ward 1 and Ward 6, ensuring we are equally focused with our MDT approach for our patients admitted for Assessment Treatment and Rehabilitation (AT&R).

- With the implementation of South Island Patient Information Care System (SI PICS) we will be implementing the practice of bed allocation at the time of admission. This will then be able to provide us a measure for a data set. This being, time taken from bed allocation to transfer to wards. This will support us getting patients where they need to be in an appropriate and timely manner when acutely able to.

- **Ward 6 final move:** The bathroom upgrade for Ward 6 is on track for completion early September 2018. As we plan the move of this ward into their final destination, we are exploring how we can improve the experience of our Non Weight Bearing Patients during their time in Ashburton, bringing a group of patients and Allied Health together to co-design a new model. Equally we are investigating the unmet demand from primary care looking for a more comprehensive assessment and treatment plan that will support patients to live longer in their own home.

- **One service – multiple sites, Outpatient, Medical Day Unit and Surgical Day Procedures:** The partnership with endoscopy services in Christchurch has strengthened over the past three months, with key activities including the nursing staff involved in endoscopy delivery in Ashburton rostered once a month to be part of the team working in Christchurch. This approach ensures our staff and linked into all the quality developments and best practice

of the endoscopy services. The Ashburton service delivery is represented in the Endoscopy Users Group (EUG) with the Ashburton Clinical Nurse Co-ordinator Surgical Services and a nominated general surgeon from Christchurch whom regularly delivers an outpatient and procedure clinic in Ashburton. The model of one service-multiple sites also guides all our service delivery within our specialist outpatient clinics. The impending implementation of SI PICs has enabled us to work through a number of local clinic booking practices and streamline activity, supporting the final goal of one single waitlist for all services once this SI PICs is implemented. As part of this practice we have also reviewed all the activity of oncology and chemotherapy service delivery through our Medical Day Unit (MDU). By focusing on the principle of one service –multiple sites we are able to quickly identify any local practice that has crept in overtime in our "administration of booking clinics" and streamline this back into a standard practice. This has recognised that our Clinical Nurse Specialist Oncology has spent significant time in administrative booking practice that we are looking to address in future through the admin team – again giving valuable time back to nursing care.

- **Care we provide in the community:** Connecting with our primary and community providers is a core focus of Ashburton Health Services and we are linked closely with the developments of Three Rivers Medical Centre who have a significant enrolment of a third of local population and the exciting developments of Eastfields Community Trust and the purpose built medical centre underway.

- **Clinical Governance and Safety First:** To support our patient care in the hospital and community we have continued our focus on clinical governance and the systems that will support us to respond timely and consistently to better practice. After much discussion we have put in place our Event Review Committee, bringing together and MDT review of both patient and unidentifiable employee events. We reviewed our performance against key performance indicators for Safety First which helped us focus our efforts. We quickly identified where we had 'constraint" in closing files, this has been remedied and we are back on track. The next focus is reviewing how we ensure staff are given feedback. In support of this work we are attempting to utilise safety system reporting more effectively, establishing information from the File Manager.

### Laboratory Services

- **Rapid Molecular Testing for Influenza Virus Diagnosis, TRIAL – 2018:** A three month trial for rapid molecular diagnosis of influenza (and other viruses) commenced on 30 July 2018, for requests from Children's Acute Assessment Unit (CAA), Neonatal Intensive Care Unit (NICU), Children's Haematology Oncology Centre (CHOC) and Bone Marrow Transplant Unit (BMTU) and on 3 August 2018, for requests from Emergency Department (ED) and Acute Medical Assessment Unit (AMAU). A specific laboratory request form was provided to these areas. The trial provided 24/7 testing for the stated areas significantly decreasing turn-around-times for results. All trial results are reported in Éclair and have a qualifying comment attached to them that outlines that the result is from a test under evaluation. The trial investigated whether a more rapid diagnosis of influenza and the provision of results 24/7 will improve patient flow and result in overall systems improvements, including earlier hospital discharge and more targeted antimicrobial therapy.

## INTEGRATING THE CANTERBURY HEALTH SYSTEM

### Acute Demand Management

- We are into the pressure of increased winter demand and developing strategies to alleviate the peaks. There has been significant bed pressure following the weekend of 28-29 July which have

resulted in escalation of strategies across the system. Acute Demand Management Services continue to be well utilised with over 8,100 referrals in quarter four and more than 32,000 referrals in 2017/18.

- An additional physiotherapy resource is now supporting the Frail Older Person's Pathway in ED. This role is to conduct function reviews which will enable people to return home where appropriate.
- ED volumes remain variable with some very busy days. The health target was not achieved with 94.3% being admitted or returning to their own homes within 6 hours. To date there have been relatively few influenza related admissions or influenza like illnesses identified in the community. We are now in the usual influenza window.

## SUPPORTING OUR VULNERABLE POPULATIONS

### Older Persons' Health

- **Age Related Residential Care:** While we have an excess of aged-related residential care beds in Canterbury, these are not always at the care level required by our population. We have recently experienced a lack of capacity in dementia level beds. With our ageing population and projected increase in people with dementia diagnoses, we expect this trend to continue in the future. We are working closely with community providers of dementia support, including Dementia Canterbury, our day support services and community activity programme providers, and our home-based support providers, to help people with dementia to live well at home as long as possible. We are continuing to monitor the number of dementia level beds available in Canterbury as aged-related residential care providers alter their service provision in response to the excess of capacity otherwise occurring in the sector.

### Mental Health

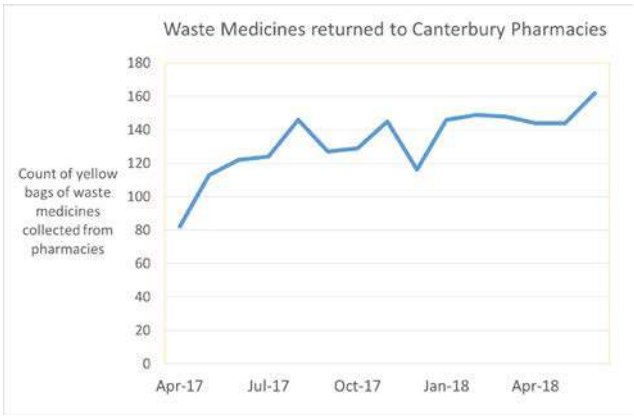
- **Mental Health Workforce:** High demand and workforce fatigue continue to be reported throughout primary, community, and specialist mental health services. Primary and community mental health service providers continue to develop innovative models to respond to the ongoing demand. Proposals for a peer-led alternative to patient care are being evaluated and the increased use of community and peer-led services to intervene with those presenting with mild to moderate distress continues.
- Pay Equity for mental health and addiction workers was confirmed by Cabinet and is currently being implemented by the Ministry of Health with input from DHBs and Providers.
- **Mana Ake – Stronger for Tomorrow (School Based Mental Health Services):** Mana Ake workers for phase two were welcomed to the role on 11 July in a Mihi Whakatau held at the Design Lab. They commenced in schools in three cluster areas: Katote (Kaiapoi), Te Ara Tuhuru (North East Christchurch) and Totaranui (Papanui/Redwood) on 23 July. There are now 20 full time equivalent Mana Ake workers in Canterbury schools.
- Times of when Mana Ake workers will be available to schools have been shared throughout Canterbury. The Mana Ake Service Level Alliance continues to provide key information to schools about how they can prepare for implementing Mana Ake.
- Thirteen providers were selected, through a registration of interest process, to form the Mana Ake provider network. The providers have attended three workshop sessions focused on alliancing and on what is required to support staff working in virtual teams. These workshops have contributed to the development of a collective charter and have helped define service specifications.

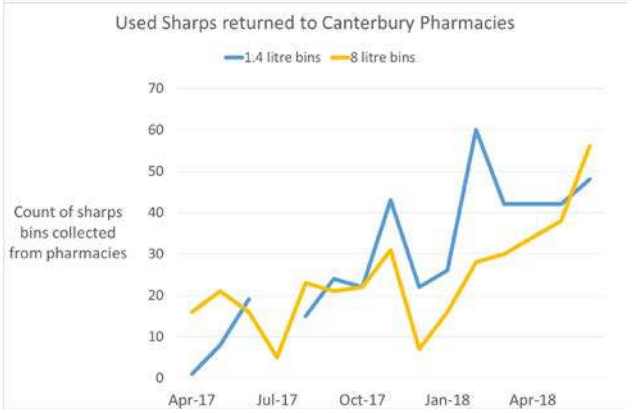
- We are currently advertising roles to support the Mana Ake project infrastructure. These include a Practice Leader to support programme development and Team Leader roles which will support both workers and school clusters to implement Mana Ake.

**Primary Care**

- **Pharmacy Agreement:** DHBs have released new service contracts to pharmacies to begin from 1 October 2018, when existing contracts end. These contracts have no fixed expiry date but include mechanisms for an annual review and for development of better services and funding models over time, both nationally and locally.

- **Sharps and waste disposal:** Pharmacies are helping consumers return increasing volumes of waste medicines and used medicine sharps for safe disposal, reducing harm in the community. This waste is collected from pharmacies at no cost to the Pharmacies by a DHB-contracted medical and sanitary waste firm. This is an area of interest nationally and DHBs have been asked by the Ministry of Health to undertake local stock takes on waste disposal in their regions.




- **Integrated Family Health Services and Community Health Hubs:** Closer integration of health services is being pursued in several rural areas.

- **Hurunui –** Work has begun on implementing the recommendations of the Hurunui Health Services Development Group to improve access to local health services, as endorsed by the Board at its meeting in July. A six month trial of new arrangements between local practices for delivering urgent care after-hours will get underway. Advice is also being sought on options to ensure the future sustainability of the community trust-owned practices.

- **Oxford –** The Oxford and Surrounding Area Health Services Development Group is continuing to develop a proposal for improved local access to health services. Key areas of focus are: transport for access to health services in Christchurch, telehealth for local access to specialist clinics, urgent care after-hours, and restorative care in the community for people

following hospital discharge. The Group is currently seeking feedback from local health service providers, and will seek feedback from the community in the coming months.

- **Akaroa –** Construction of the new Health Centre is underway and expected to be completed in time for services to begin on site in June 2019. In parallel, a building lease and a transition services contract with Akaroa Health Ltd are being developed

**Maori and Pacific Health**

- **He Waka Tapu:** Our kaupapa Māori provider, He Waka Tapu (located in Aranui) has launched a new pilot programme in Canterbury. 0800 HEYBRO (439 276) is a new pilot for the Canterbury area, Launched 5 June 2018. This number is a support line set up 24/7 to listen to and help men who feel they're going to harm a loved one or whānau member.

- **Canterbury Police and He Waka Tapu work together to combat family harm:** Canterbury Police are launching a six-month pilot in partnership with He Waka Tapu and Integrated Safety Response, focused on engagement with family harm perpetrators in the Christchurch Central Custody Unit. Under the pilot, Navigators from He Waka Tapu will work with family harm perpetrators both inside and outside of the custody environment, to address the causes of offending and reduce the incidence of family harm in our community. The initiative is being run as part of the Integrated Safety Response (ISR) pilot – a multi-agency initiative to ensure the immediate safety of victims and children, and to work with perpetrators to prevent further violence.

- ISR takes a family and whānau centred approach, with the aim of integrating services to ensure that not only is immediate safety ensured, but families and whānau also receive the long-term support they need to prevent further harm. Under the pilot partnership with He Waka Tapu, a Navigator will be available in the Christchurch Central Custody Unit as part of a perpetrator outreach service following a family harm episode. The Navigator will begin an engagement process with a view to developing an immediate safety plan as well as longer term engagement, intervention and planning. The use of Navigators in a police programme is unique to this initiative.

- He Waka Tapu has been active in the Canterbury community for more than 20 years, working with men to prevent family harm and build whānau wellbeing, alongside alcohol and drug education, harm reduction and health services. A Memorandum of Understanding has been established between NZ Police and He Waka Tapu to provide continued oversight and monitoring of the six-month pilot. Canterbury Police Custodial Manager, Inspector Peter Hegarty says, "This initiative is about taking every opportunity to improve the lives of our people, our communities and our loved ones." "It is targeted at the perpetrators of family harm and looks to initiate an intervention when the consequences of the harm are most apparent to the perpetrators - as they sit in the Police cell waiting for court but still clearly aware of what they have done to their partner, whānau, community."

- The pilot aims to enable people to take the first step to get help and solve the problem and will be made easier with the right people in the form of the He Waka Tapu Navigators there to guide them. Social Harm Manager, Acting Inspector Vicki Walker says the pilot will be instrumental in offering people a way out of the cycle of violence and building safer whānau. "The pilots priority is to address causation, thereby enabling safer whānau and for police to deliver on our business alongside our partners".

- **Te Puawaitanga:** Our kaupapa Māori provider, Te Puawaitanga (located in Hornby) provide the Rapuora Nursing Service (Māori Mobile Disease State Nursing Service) and Tamariki Ora Service.

- **Rapuora Nursing Service:** The Rapuara nursing service has met with the new Māori Whānau Nurse at Haematology, Christchurch Hospital and together they've created a referral pathway for whānau with co-morbidities. This has enabled vulnerable Māori and their whānau who have often had difficulty accessing these types of services a more accessible and Māori-friendly pathway to care. The Rapuora nursing service has also facilitated the programme Kia Ora e te Iwi; a kaupapa Māori adaptation of a Cancer Society Living Well Programme. It supports Māori whānau who have a journey with cancer. The programme aims to create a space where myths and education around cancer can be explored and connections with other whānau developed. Feedback received included, *"I attended the Kia ora e te Iwi hui on Saturday and was most impressed with the warmth, facilitation and ability to put complex health matters into plain English. A real asset to the Māori clinical workforce in Ōtautahi".*

- The service has also been working with Sport Canterbury/Be Active to help design a Green Prescription 8-week programme specifically for Rapuora clients. This weekly programme offers connection through activity, nutrition and education around Te Whare Tapawhā, the four cornerstones of health (tinana, wairua, hinengaro, whānau). Facilitation is led by Sport Canterbury and supported by the Rapuora nurses and Kaiwhakapuawai (Māori Health Workers).

- **Tamariki Ora:** The registered Tamariki Ora nurse, Melanie Morete has completed her Tamariki Ora post graduate diploma. This was made possible with the support of the CDHB Māori workforce development contribution.

- **Submissions:** The government and Ministry of Health are currently reviewing Whānau Ora and changes to the NHI (National Health Indicator). Both of these are significant for our Māori population and the CDHB is making great efforts to submit.

- **Pūrongorongo Hauwhā – PHO Quarterly Report (Appendisx 1):** Pūrongorongo Hauwhā is a quarterly update from data and information from the PHOs on three key operational areas:
  - Raraunga whakauru – Enrolment data
  - Arai mate – Immunisation
  - Tamariki ora e waru – B4 School Checks

- The report covers the quarter 1 April to 30 June 2018. The report has an extensive summary of data and shows an overall increase in Māori enrolment, greater than the rate of non-Māori. It also shows consistently high rates of childhood immunisation and good coverage in the B4 Schools checks for Māori too.

## Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update: Manly As 2.0** is to be launched on 1 August. The first Manly As campaign celebrated the caring side of men. The follow-up campaign takes this message a step further, using a strengths- based approach to validate a broader range of positive things men may be into, and showcasing many sides to masculinity. The core goal of Manly As 2.0 is to socialise a broader view of manliness and extend what constitutes 'Manly As'. This will be done by shining a spotlight on some of the main stereotypes that men may feel pressure to live up to, or to conform to, such as sport (particularly rugby, vacation, having a manly day job, appearance, the pressure to be the same, relationships, being heterosexual and pub culture, real men drink beer. The objectives of the campaign are threefold; to help Canterbury blokes be honest and confident in their own skin and to be themselves in whatever form that is, to encourage society to broaden its view of what it means to be a 'bloke', challenging the Kiwi stereotypes of manliness, and to socialise a broader view of manliness and spark a conversation around what is 'Manly As".

- **Drinking Water update:** The cabinet paper 'Government Response to the Havelock North Drinking Water Inquiry' was released on 4 July. The paper provides an update on the government actions in response to the recommendations made by the Havelock North Inquiry. Further work is needed on a number of the more significant recommendations. The paper sought policy approval for initial amendments to the drinking water provisions of the Health Act 1956, which was obviously granted, because the Bill to cover these initial amendments was introduced to the House on 5 July. (Note that although the cabinet paper was only released on 4 July, it had been written some months prior). Most of the changes introduced by the new Bill are relatively minor. Some will be of interest to water suppliers, such as the reduction in the mandatory five year consultation period for amendment to the Drinking Water Standards. In terms of CPH's work, the most significant change introduced by the Bill is removal of the requirement for international accreditation (IANZ) of the work undertaken by Drinking Water Assessors. Some strengthening around the duties for drinking water supplies in terms of implementation of their approved water safety plans will assist public health's leverage with drinking water suppliers that have been slow with completion of identified improvements. The cabinet paper also gives an update on the significant Inquiry recommendations that have not yet been implemented. These have been split into workstreams. Two of the major ones of particular relevance to public health and to Christchurch are:
    - A new regulatory regime and drinking water regulator. The paper signals that more work needs to be done to consider the potential functions, forms and costs of a drinking water regulator. The Minister of Health and Minister for Local Government propose to report back to cabinet in August 2018 with options for a new regulatory regime. This has become linked with the broader 3 Waters Review, which, amongst other things, is considering whether the role of a new regulator should also include wastewater and stormwater.
    - Residual treatment as a default requirement for all network drinking water systems – this is basically a decision as to whether mandatory chlorination is required or not. The paper signals the intention that mandatory residual treatment (currently only chlorine) is likely to be the default requirement. The paper indicates that by August 2018, officials will provide further advice about appropriate exceptions to mandatory treatment, how exemptions are to be determined and how this position is to be legally implemented.

- **Engaging the community in local alcohol license decisions:** Since October 2015, a unique project has been developed by Community and Public Health to increase community input into local alcohol licence decisions in Canterbury. This is in line with the intent of the Sale and Supply of Alcohol Act 2012. The project has three objectives:
    - To increase community knowledge of higher risk alcohol licence applications in local neighbourhoods;
    - To increase community knowledge of the processes involved and supports available to have a say in local licensing decisions; and
    - To increase community skills in preparation for District Licensing Committee hearings.

- The project reflects a collaborative approach between alcohol staff at Community and Public Health, with wider community organisations and networks. About 5% of new licence applications are identified as meeting higher risk criteria prompting a community engagement process:
    - neighbourhoods of higher socio-economic deprivation
    - nearby sensitive sites (like schools and alcohol treatment centres)
    - suitability of the applicant;
    - whether it is an on- or off-license;
    - within a residential or commercial area;
    - proposed hours of trade; and the
    - density of licensed outlets nearby.

- A letter, containing information about the particular license application, how to make a submission to the District Licensing Committee (DLC) and free legal support for community submitters available from Community Law Canterbury, is emailed from a CPH Community Alcohol Information address to neighbourhood networks, local social services, Council Community Boards, and some Council staff. In the weeks before the DLC hearing, community workshops are led by Community Law Canterbury to help prepare submitters to be cross examined, give evidence and ask questions in the hearing. To date, 23 off-license applications have engaged the local community since the project started. Of these 23:
  - 12 applications have been withdrawn prior to the DLC hearing;
  - 7 applications have been granted by the DLC; and
  - 4 applications declined by the DLC (including one which has now been appealed)

- It appears as though a stronger local community voice, through written and verbal submissions, may be having some influence on applicants withdrawing and on DLC decisions. Workshops have made an observable difference to community verbal submissions at DLC hearings this year. An evaluation is currently being conducted by the CPH Information Team which will provide valuable information. The Canterbury project has recently been recognised by the Health Promotion Agency (HPA) who have awarded multi-year funding to Community Law to undertake a similar pilot with six centres nationally.

- **Responsive Health Hui – hosted at Te Hapū O Ngāti Wheke (Rāpaki):** Members of the CPH Communities team worked closely with Te Hapū O Ngāti Wheke in planning a responsive health hui. The hui was held to share approaches for engaging with Māori with twenty plus service providers. Services included Elder Care, Nurse Maude, Te Ha – Waitaha, Community Energy Action, Presbyterian Support services, Māori Mobile Pharmacist, Mothers & Babies, Lyttelton Community House Trust and Positive Ageing Lyttelton, Rockers of Ages. A guided tour of the marae and surrounding area was included for those attending. The collaboration between Communities team members and the services who attended resulted in a very successful and engaging Hui for both whānau and the services.

- **Sex and Consequences – A New Zealand Update:** Sex and Consequences is an annual collaborative project between Community and Public Health, the Christchurch Sexual Health Centre, and The NZ AIDS Foundation. The Sex and Consequences Seminar was held this year on 6 June. David Miller, a local Public Health Specialist, was our facilitator. 70 people attended and the feedback has been excellent with many people commenting on the quality of the speakers and the relevance of the topics for their work. Numbers attending these seminars have grown steadily and on this occasion the venue had to be changed to accommodate all those who wished to attend. Attendees included CDHB staff, practice nurses, GPs, Pegasus Health staff, counsellors, and teachers. The speakers this year were:
  - Dr Jill Sherwood from Public Health Physician, ESR "Update on infectious syphilis in New Zealand– why we should be worried!"
  - Dr Heather Young, Sexual Health Physician from Christchurch Sexual Health Centre "Mycoplasma Genitalium: Guideline updates, testing and treatment in Canterbury.'
  - Dr Edward Coughlan, Clinical Director, Christchurch Sexual Health Centre "PrEP – The Rollout".
  - Jo Robertson, Training and Research Lead, The Light Project (based in Auckland) "The New Porn Landscape: A community wide approach for change"
  - Ari Nicholson, Education Co-ordinator, Q'topia Youth Group "Gender Diversity – An Update"

- Presentations will be posted on the NZ Sexual Health Society website and the link sent to all attendees. Recordings, both aural and video, will also be made available.

## SUPPORTING OUR TRANSFORMATION

### Effective Information Systems

- **Acute Services Building**
  - Resourcing and continuity has been a major issue this period with two Project Managers leaving the Facilities Programme, however new Project Manager now in place
  - Wireless Design close to resolution in current form (CDHB Wireless Simulation Report V0.5), although there is likely to be further adjustments as a result of post installation testing.
- **Christchurch Outpatients**
  - Floor plan mark ups complete. Gaps have been identified with PC and phone installations and this is being escalated. Guidance has been provided from Operations and Finance.
  - Wireless testing in progress. Looking good so far, but some further adjustment is likely.
  - Audio Visual (AV) for Meeting Room requirements reviewed and updated to eliminate the need for late modifications.
  - Kiosks are with procurement and integration will include the SIPICS team.
  - Outpatients Scheduling remains a risk given time remaining before building goes live.
- **Cardiac Test Repository**
  - Regional delivery framework and Governance agreed and in place between all participating DHB's.
  - Network design, device audit and test plan development in progress, but slow.
  - Discussions with Epiphany, Fuji and the Regional DHB's ongoing regarding next steps.
- **End of Bed Chart (Clinical Cockpit):**
  - Project to collate information from a number of systems on a hand-held device, including Medchart, Patientrack and Éclair results.
  - Preferred vendor selected, with negotiations to follow in conjunction with ISG Architects.
  - The solution design is in progress.
- **Health Connect South**
  - Sub -releases (not requiring outages) scheduled to continue to add functionality.
  - The South Island Strategic Partnership Agreement (SISPA) between Orion Health and the Regional DHB's, including CDHB, is currently going through a signoff process.
- **South Island Patient Information Care System (SIPICS)**
  - Preparations continue for the rollout of the software into the main Christchurch Hospital.
  - SIPICS was successfully upgraded to existing users in July. This is the release that will be deployed to Christchurch Campus and Ashburton Hospital.
  - Work ongoing at the Christchurch Campus and Ashburton with detailed planning and preparation for Phase Two of the programme at CDHB.
    - The Programme is in the final stages of developing the detailed project schedule for the business, which outlines all facets of the implementation plan for CDHB.
    - The current target date for implementation is 31 August.
  - A weekly Quality Review document for the Programme Board and other key stakeholders is being produced and is being used to monitor progress towards the target go-live date.
  - Staff training for the Christchurch Campus and Ashburton commenced in April and to date over 1000 staff have attended sessions. This training will continue up to and beyond go-live. There are several core modules offered, and these are based around staff roles and responsibilities.

- Work to install several hundred label and wristband printers has commenced.

- **Windows 10**
  - The Board approved the business case on 21 June and recruitment is underway for this project.

## COMMUNICATION AND STAKEHOLDER ENGAGEMENT

### Communications and Engagement

- **Public influenza vaccination campaign:** the paid advertising campaign has finished but promotion is continuing via media, the website www.flufree.co.nz, social media and targeted radio advertising for at-risk groups. Additional messages on what to do if you have the flu are planned for GPs and pharmacies. The 'Caring for someone with influenza at home' flyer is also being published and translated into the five most widely spoken languages in Canterbury (Chinese, Samoan, Korean, Tagalog and Hindi).

### Media

- Media queries for July centred mainly on the industrial action taken by nurses, midwives and healthcare assistants on 12 July. Canterbury DHB was asked about contingency planning and how the health system was coping during and immediately following the strike action.

- Parking was another topic widely discussed in the media, with the relocation of the Christchurch Hospital shuttle service from the Deans Avenue site to the Lichfield Street car park.

- Some of the other issues media enquired about were:
  - Presentations to the Emergency Department of people who had taken green 'party' pills
  - Staff car parking on the metro sports site
  - Staffing at the Assessment, Treatment & Rehabilitation Unit at Hillmorton Hospital
  - A joint study with Cancer Society which surveyed Christchurch dairy owners who sell tobacco

- Media releases were issued on the blessing of the Manawa (Health Research Education Facility) building, Head & Neck Cancer Day, and a joint media release with the Cancer Society and Community Public Health on a survey of dairy owners who sell tobacco. A health warning was issued about the consumption of shellfish from Akaroa Harbour after a marine biotoxin was detected in shellfish sampling.

- Live radio interviews – Canterbury Mornings with Chris Lynch – featured Medical Officer of Health Dr Ramon Pink on the influenza season, and Dr Robert Allison on head and neck cancer.

- **Facilities Communications:** We rolled out staff engagement and communications on detailed seismic assessments (DSA) and engineering evaluations for various sites to help break down jargon and mitigate confusion after media coverage on the Ministry of Health-commissioned 2017 report for Riverside Central, and further media interest in other sites with more historical reports. This work included coordinating a briefing from engineers for staff on Riverside Central.

- **Christchurch Hospital shuttle:** The CDHB's hospital shuttle service was relocated to the Christchurch City Council's Lichfield Street Car Park building on 2 July. Since the relocation we have continued to work with the Christchurch City Council car park operators and the transport team to communicate any issues, including the closure without notice of the privately run Deans Avenue park & ride scheme on 30 July.

- Our communications campaign to advise the public of the changed parking arrangements ran until mid-July, during which time we received over 10,000 visits to our website parking pages as click-throughs from our online ads alone.
- **Manawa (Health Research Education Facility) building:** CDHB facilities communications played a central role in managing the successful blessing service for the building, held on 6 July. Around 80 people attended the morning ceremony including representatives from CDHB, Ara and University of Canterbury. Outputs included a media release and a video of the event. We have also assisted in writing and formatting the building's staff handbook.
- **Christchurch Outpatients:** Communications planning is in full swing ahead of the opening of the building in late October. Staff communications activities will include weekly videos and news updates to assist staff in planning for their move, and staff open days. A staff handbook for the building is being developed, and communications are also assisting with the HealthLearn building orientation module.
- **Acute Services building:** Work is ongoing communicating site activity related to the Acute Services build, mostly via the daily global and weekly CEO updates.
- **CEO Update stories**
  - The 2018 Countdown Kids Hospital Appeal was launched in Christchurch and organisers are looking forward to another successful year. The Appeal runs annually from August to October raising money for unwell children across the country. Countdown and district health board staff host various fundraising activities, such as quiz nights, car rallies, cake stalls and raffles. Since its inception in 2007 $11.6 million has been raised for medical equipment in children's wards in 13 hospitals around the country. Of that sum over $1 million has gone to Christchurch Hospital's Child Health Division. Canterbury DHB has used funds from the appeal to buy a wide range of equipment.
  - The 'Equally Well' collaborative programme offers significant positive provision for mental health consumers in primary care. Overall, people using mental health services have more than twice the mortality rate of the general population. For people with a psychotic illness, it's more than three times the overall death rate. 'Equally Well' aims to reduce these physical health disparities. One way it does this is by providing free targeted general practice consultations for the physical health needs of people with a serious mental illness and/or an addiction, or young people newly diagnosed with a mental health condition. Targeted free Equally Well consultations will continue to be available across Canterbury for those with new and long-term mental health conditions. Uptake of these consultations is being reviewed quarterly as part of the System level Measures for Amenable Mortality with the aim that physical health outcomes for these people in Canterbury will be improved.
  - It's been just over a year since Canterbury DHB took the step of managing food services in-house, rather than sign up to the national food contract that the former provider, Compass Medirest operates under. We gave the service a brand new look and a name – WellFood, a Fresh Approach to Food. Our view was that the move could save a significant sum of money and that's proved correct. The service has been a remarkable success, having achieved cost savings of over 20 per cent compared to 2016/17. Importantly, staff and patients are loving WellFood too, with the service consistently receiving positive feedback for the friendliness of staff, quality of the food, excellent presentation and service.
  - Whether or not a mental health consumer receives face to face follow up within seven days of discharge from hospital is one of the national mental health Key Performance Indicators (KPIs) which services use to measure their performance. The KPI programme is a national quality improvement programme that has been developed and led by the mental health sector. General Manager Toni Gutschlag is one of the co-chairs of the programme. The KPI target is for 90 per cent of consumers discharged from acute mental health units to

have face to face follow up by community services within seven days. A quality 'alert' is set at 80 per cent. Canterbury DHB's Specialist Mental Health Service (SMHS) performance against this KPI has been continuously tracking upwards since 2013. The most recent data shows that during April and May the SMHS has been performing well above the 80 per cent alert threshold and at times exceeded 90 per cent.

- Colleagues of System Administrator Safety1st Jamie Clarke nominated her for an international award which recognises a special person who has made an impact on their organisation and healthcare community. The RL Trailblazer Award was presented by healthcare software company, RL Solutions, at their annual conference in Orlando. Over 40 people were nominated for the award. Jamie was the only person from New Zealand or Australia to receive a nomination. The vast majority were for staff who work in the United States (over 35), with one from Qatar and two from Canada. Although she didn't make the finals, her colleagues say Jamie deserves to be celebrated for her incredible contribution. They say Jamie is a leader in the South Island with her knowledge of RL6, locally known as Safety1st. She has been a positive influence on the Canterbury DHB and has shared her knowledge and experience with the four other DHBs in the area. This has contributed significantly, to her own organisation and others and to the wider healthcare community.
- Clinical Lead for Allied Health Informatics Rebecca George, Director of Allied Health Garth Munro and Information Analyst Holly Wang were finalists in the 2018 New Zealand Excellence in IT Awards, Excellence in Digital Health. The nomination was for their work on Care Capacity and Demand, Core Business and the Allied Health Dashboard which has underpinned the work relating to workforce development, resource allocation and safe staffing in the workplace. The awards are sector-wide and recognise individuals and teams who have excelled in the IT industry, with a focus on people rather than companies and vendors. The judges said the work and leadership demonstrated by Rebecca, Garth and Holly shows great commitment and expertise to deliver an innovative solution for the Allied Health workforce. They have achieved successful results and overcome significant challenges, making a significant impact in Canterbury.
- Christchurch Hospital's Respiratory Physiology Laboratory is celebrating a number of successes. Scientific Director of Canterbury DHB's Respiratory Physiology Laboratory Maureen Swanney has been made a fellow of the Thoracic Society of Australia and New Zealand (TSANZ). She is the first New Zealand scientist to receive this honour and was one of the first two recipients for New Zealand. Clinical Physiologist Laura Ploen won the 'New Investigator' award at the Australian and New Zealand Society of Respiratory Science (ANZSRS) conference. It is the second year in a row a staff member of the laboratory has won this prestigious award and reflects well on the calibre of the laboratory within Australasia. A further success for the laboratory is that two of its scientists, Canterbury DHB Clinical Respiratory Physiologists Sarah Jones and Carmen Brusseé-Roelofs have recently passed the Certified Respiratory Function Scientist (CRFS) examination, which has an 80 per cent pass mark. This means that all scientific staff in the laboratory are now certified for performing complex respiratory function testing.
- Three Canterbury DHB mental health clinicians have been certified by the Anna Freud National Centre for Children and Families in London as Mentalisation-Based Treatment (MBT) supervisors, joining a small number accredited internationally. They are: Registered Nurse and Senior Lecturer, Department of Psychological Medicine, University of Otago, Dave Carlyle, Registered Nurse Robin Farmar and Consultant Clinical Psychologist and MindSight Clinical Supervisor Robert Green. The trio are now on the list of internationally approved experts who can supervise trainee MBT Therapists. The only other accredited MBT supervisors in the southern hemisphere are four in Australia. Over the past decade, the Adult Community Service of the Mental Health Division has operated an innovative program to address the needs of people diagnosed with Borderline Personality Disorder.

Known as the MindSight Programme, it is the only Mentalisation-Based Treatment (MBT) programme outside of Europe operated within a public mental health service.

- Susan Wilford has been appointed to the new role of Transalpine Information Manager, reporting to Senior Corporate Solicitor Greg Brogden. Susan was a Web Administrator in the Information Services Group (ISG) for 21 years, supporting staff in Sharepoint. Susan says she welcomes the new challenge and is looking forward to continuing the relationships she has made over the years and making new contacts throughout the organisation. The new role that will help to unify and simplify the way we store, find and archive all types of information.
- Registered Nurse Tina Anngow swapped working in Christchurch Hospital's Ward 22 for four weeks volunteering as a nurse in Zanzibar earlier this year. She was placed in a children's medical ward at Mnazi Mmoja Hospital caring for babies and toddlers, up to three years of age with acute medical illnesses and says it was a life changing, eye-opening experience that she will never forget. She said her four years of experience working in in Ward 22 set her up well for the responsibilities and challenges she faced.
- WellFood ward-based staff are now kitted out in their new uniforms and proudly showcasing the WellFood brand to patients. Uniforms for back of house staff were progressively replaced last year. The catering assistants who service the wards at Christchurch, Christchurch Women's and Burwood hospitals changed to the new uniforms in July.
- Diane Whitehead of the New Zealand Blood Service has received an award from the New Zealand Organisation for Quality (NZOQ) for outstanding service to the organisation. She has been on the Canterbury NZOQ committee for 15 years. Diane is a Medical Laboratory Scientist for the NZBS Blood Bank and is based at Christchurch Hospital.
- New research carried out in partnership between the Canterbury District Health Board's Community and Public Health team and the Cancer Society, published in the New Zealand Medical Journal this month, interviewed 62 dairy owners to find out their views on the importance of selling tobacco to their business and if they were ready to stop selling tobacco. Understanding the role that the supply of tobacco has in the community is an important factor for achieving a Smokefree Aotearoa by 2025. The results are helpful to health advocates such as Canterbury DHB and the Cancer Society to inform local, regional and national tobacco control strategies to reduce the supply of tobacco.
- Specialist Mental Health Service Clinical Psychologist Jenny Jordan won the award for Best e-poster award at the 2018 European Psychiatry Association Congress in Nice, France. Her presentation was a 'walking e-poster' where the digital poster was projected onto a large poster-size screen and she had a three-minute slot to present the poster verbally to the audience who walked between poster stations.

- **Te Panui Runaka:** Our column in Ngai Tahu's June issue of Te Panui Runaka highlighted a set of mindful breathing exercises been developed by the All Right? campaign in partnership with Māori wellness leaders. Called Hikitia te Hā, they are simple breathing exercises. Following the success of the first video, three new Hikitia te Hā videos have now been developed, with the exercises extended into tai chi, taiaha, and yoga.

## FACILITIES REPAIR AND REDEVELOPMENT

### General Earthquake repairs within Christchurch campus

- **Parkside Panels:** Detailed planning is continuing for disconnecting the Chemo Day Ward for Parkside. Pricing negotiations are ongoing with the ASB link main contractor, which has been engaged under an early contractor involvement agreement to progress the temporary works design.

- **Clinical Service Block roof strengthening above Nuclear Medicine:** Current delivery dates for the equipment are forecast for 1 Sep 2018. The equipment will be stored at Print Place. Design consultants are reviewing detailed user requirements. Value Engineering has brought the design within budget and has CLG (Clinical Leaders Group) approval. Design Team working towards consent / tender documents issue early August..
- **Lab Stair 3:** Complete.
- **Lab Stair 4:** Initial / scoping work complete. Preliminary design commenced.

**Christchurch Women's Hospital**

- **Stair 2:** Draft review completed by fire engineer as part of the overall Women's risk analysis. Balance of analysis to be completed once process has been agreed by EMT and the Board. This continues to be delayed due to the release of the master plan which is required to determine available space for decanting of clinical spaces.
- **Level 4:** Crack injection around core to be undertaken. Parent room, kitchen and toilet areas complete. Difficulties gaining access to area due to patient levels, actively working with staff to look at options to commence the remedial and Passive Fire works..
- **Level 5:** Small amount of work to corridor unable to commence due to operational constraints (NICU). Working with teams to identify a suitable time, but will endeavour to pick this up during Women's Passive Fire works.
- **Level 3:** All areas complete except reception, which is to be done at same time as stair strengthening to minimise disruption.

**Other Christchurch Campus Works**

- **Passive Fire/Main Campus Fire Engineering**
    - Database designs complete and in use by Site Redevelopment on current passive work. Currently developing brief for digitalization of the passive fire system and database and within the digitalization programme the forms and documents will be updated to e-forms. Awaiting M&E and SRU senior management to approve / comment on draft policies.
    - Test rig complete and installer testing has commenced. RFP for materials complete, primary and secondary suppliers contract signed.
    - Continue to identify more non-compliant areas as other projects open walls/ ceilings.
    - Second Stage RFP for installer fixed costs is currently being prepared for review and approval.
- **Christchurch Hospital Campus Energy Centre**: This is managed by the Ministry of Health (MoH)
    - Service Tunnel: Complete. Steam provided by coal boilers to Outpatients and Hospital. Final connection for ASB still to be completed.
    - Energy Centre: ROI for boilers completed
- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until new energy centre and new energy centre commissioned.
- **Temporary Accommodations on Antigua / Tuam St.** Business case approved. Awaiting resource consent document completion, for lodgement in 1 weeks' time. All items have been costed.

- **Parkside renovation project to accommodate clinical services, post ASB (managed by MoH):** Planning ongoing. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on advice from MoH as to outcome of master planning process. Draft master plans have been provided for review.
- **Back up VIE tank:** Initial proposed strengthening scheme has been approval by BOC. Quantity Surveyor currently pricing proposed strengthening scheme to inform the business case. Primary VIE tank is operational.
- **Antigua St Exit widening:** Minor works remain for completion. These include line marking and signage. CDHB work completed in advance of Otakaro requirements.
- **New Outpatient project (managed by MoH**): Architectural / services fit out on all floors well underway. Completion programme issued. Certificate of Public Use (*CPU*) sometime in August. Practical completion currently planned for 27 Sept 2018.
- **Avon Switch Gear and Transformer Relocation**. Design complete. Business case to be submitted for approval. Project is being managed by M&E.
- **Otakaro/CCC Coordination.** Otakaro programme slipped – Antigua St open. Oxford Gap closed 7 Apr to Dec 2018. Land swap discussion still with LINZ. Regular Wednesday meetings are occurring.
- **Parkside Canopies:** Temporary repairs to plastic wrap have been made. Planning underway to replace the wrap at the main entry once the Oxford Terrance access reopens.
- **Hagley Outpatients 2 Storey demolition:** Business case approved. Negotiations commenced with demolition contractor.
- **New Outpatients Cafeteria:** Detail design completed. Business case approved. Contract negotiation with Leighs construction underway and subject to QS review and approval of pricing.
- **Diabetes Demolition**: Demolition to occur after Home Dialysis Training Centre has relocated to refurbished leased facility. Request for tender issued 16th July 2018 with a closing date of 24th August. 4 contractors have been selected following the registration of interest process. Following the tender, the costing will inform a revised business case.

**Burwood Hospital Campus**

- **Burwood New Build**: Defects are being addressed as they come to hand.
- **Burwood Admin old main entrance block:** Meeting to be organized with community team leadership group to assess requirements and then formalise repair design process. This will enable the repurposing of the building to accommodate community teams from TPMH.
- **Burwood Mini Health Precinct:** User groups have been engaged with to identify space needs and expectations. Project delivery options, funding options and lease agreements are currently being discussed and need to be resolved before the project can proceed any further.
- **Spinal Unit:** Construction main contract awarded to HRS Ltd. Work commenced on site 16 July 2018. The Spinal Ward (HG) has decanted into ward FG to enable construction process.
- **Burwood Birthing/Brain Injury Demolition**: Demolition work commenced 2 July 2018. No incidents to date.
- **Burwood Tunnel Repairs:** Work is now complete in all accessible areas.
- **2nd MRI Installation:** Work to faraday cage continues. MRI programmed to be on site 13 August 2018.

**Hillmorton Hospital Campus**

- **Earthquake Works:** No earthquake works currently taking place. This will be reviewed once the outcome of the TPMH mental health business case has been advised.
- **Food Services Building:** A high level building assessment has highlighted potential issues with the roof and the switchboard. This work is to be considered as part of structural upgrade and may form part of the proposed works.
- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements.
- **Mental Health Services:** Consultants engagement for on the new High Care Area at AT&R nearing completion. Preliminary design to commence shortly subject to final contract agreements and tags being cleared with consultants.

**The Princess Margaret Hospital Campus**

- **Older Persons Health (*OPH*) Community Team Relocation:** The Feasibility study is now complete and work is to commence shortly on the options for repurposing the old Burwood Administration building to accommodate community teams.
- **Mental Health Services Relocation:** Indicative Business case approved by Ministers in Sep 2017. The Detailed Business Case is awaiting Ministry of Health and Capital Investment Committee approval.

**Ashburton Hospital & Rural Campus**

- **Stage 1 and 2 works are complete.** Final claims have been agreed with the contractor. Final defects resolution and retention release is protracted and expected to require several more months to resolve.
- **Tuarangi Plant Room**: Concept drawing completed and safety consultant report received. Now looking to hand over to M&E to implement.
- **New Boiler and Boiler House**: Approval has been granted to proceed to consultants procurement. Pending outcome of the tender process. This is currently being managed by M&E.

**Other Sites/Work**

- **Akaroa Health Hub:** Foundation and slab setout complete. In slab services are being installed. Programme is still running behind due to adverse weather.
- **Kaikoura Integrated Family Health Centre:** Repair strategy received from Beca. SRU to meet with local Project Manager to discuss extent of repairs, confirm scope and resubmit pricing based on revised scope.
- **Rangiora Health Hub:** Main contractor RFP released on GETS 17th July. Availability of Hagley Outpatients building has been set as 12 Nov 2018.
- **Home Dialysis Relocation:** Business case approved by Board. Tender documents due out late July. Programme forecast completion February 2019.
- **SRU:** Project Management Office manuals re-write and systems overview. Approximately 75% complete. Aligning with P3M3 process and documentation where appropriate.
- **Seismic Monitoring:** At the June 2017 Board meeting, approval has been granted to proceed to procurement to better understand the capital required. The outcome of this will form part of the business case for board approval.
- **HREF:** SRU continues to be involved in providing construction and contract administration / interpretation advice to the HREF project. Building has been blessed and is partially occupied.

- **Annual Damage reviews:** Reports have now been completed.

**Project Programme Key Issues**

- The lack of a detailed Master Plan for the Hillmorton campus is still affecting our ability to provide a comprehensive EQ decision making assessment. We continue to use the framework adopting a more granular approach to determine outcomes.
- Additional peer reviews of Parkside and Riverside structural assessments, being undertaken by the MoH, are now complete. Clarity on the direction of the Master Planning process is required to plan the next stage of the POW.
- Delays to the POW continue to add risk outside the current agreed Board time frames. Key high risk areas of Panel replacement are starting, as instructed by the Facilities Committee and CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. SRDU is looking at options to decant teams to adjacent spaces to allow works to commence. This will however not be possible until ASB project is complete and space in Parkside becomes available.
- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up but the budget for this has not been formalised. On-going repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames.
- Potential passive fire issues around Comm floor 80 and use of all proof collars at outpatients, ASB and Burwood are currently under review and proposed solutions have been provided. We will work with contractors, designers and the MoH to ensure we get the appropriate systems installed.
- Impact of changes to the Building Act and Seismic assessment methodology continue to be assessed in relation to DHB buildings. Some buildings will be assessed at a higher % NBS than previously, but it is likely that more buildings will be deemed to be EQ prone than is currently the case. There are significant cost implications arising from these changes as strengthening schemes are likely to cost more and existing engineering reports are no longer valid as a basis for consentable strengthening work. The programme of works and business as usual projects are currently being reviewed in conjunction with the approved revised decision making framework in an attempt to identify tranches of work for commencement. This process is still largely dependent on master planning. Guidance from the board will be required as to the timing and suitability of any proposed projects to mitigate on going risks to the CDHB.

## LIVING WITHIN OUR FINANCIAL MEANS

**Live Within our Financial Means**

- The consolidated Canterbury DHB financial result for the month of June 2018 was a deficit of $9.044M, which was $1.914M unfavourable against the annual plan deficit of $7.130M. The draft full year position is $10.315M unfavourable to the annual plan. The table below provides the breakdown of the June result.

| | MONTH | | | YEAR TO DATE | | |
|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| | $M | $M | $M | $M | $M | $M |
| Governance | 0.194 | - | **0.194** | (1.383) | - | (1.383) |
| Funder | (7.432) | (2.565) | **(4.867)** | (26.050) | (22.369) | (3.681) |
| DHB Provider | (1.805) | (4.565) | **2.760** | (36.526) | (31.275) | (5.251) |
| **Canterbury DHB Group Result** | **(9.044)** | **(7.130)** | **(1.914)** | **(63.959)** | **(53.644)** | **(10.315)** |

## 4. APPENDICES

Appendix 1: Pūrongorongo Hauwhā PHO Quarterly Report Apr-Jun 2018

Report prepared by: David Meates, Chief Executive

| DELIVERING AGAINST THE NATIONAL HEALTH TARGETS – PRELIMINARY RESULTS ONLY | | Q1 | Q2 | Q3 | Q4 | Target | Status |
|---|---|---|---|---|---|---|---|
|  **Shorter Stays in ED**<br>Patients admitted, discharged or transferred from an ED within 6 hours | Preliminary results indicate Canterbury just missed the Shorter Stays in ED health target for quarter four with 94% of patients admitted, discharged or transferred from an ED within 6 hours. | 94% | 95% | 95% | 94% | 95% | ✘ |
|  **Improved Access to Elective Surgery**<br>Canterbury's volume of elective surgery | Canterbury met the Improved Access to Elective Surgery health target. | 4,989 (90%) | 10,344 (96%) | 15,341 (97%) | TBC | 21,330 | - |
|  **Increased Immunisation**<br>Eight-month-olds fully immunised | Preliminary results indicate Canterbury met the Increased Immunisation health target in quarter four. These early results show Canterbury was the only DHB to do so. As well as meeting the target for the total population, the Canterbury team has also met the target for Māori, Pacific, and Asian populations for the first time. | 95% | 95% | 95% | 95% | 95% | ✓ |
|  **Better Help for Smokers to Quit**<br>Smokers enrolled in primary care receiving help and advice to quit | Preliminary results indicate Canterbury has met the Better Help for Smokers primary care smoking health target again in quarter four. | 91% | 90% | 91% | 93% | 90% | ✓ |
|  **Faster Cancer Treatment**<br>Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer | Preliminary results indicate Canterbury has met the Faster Cancer Treatment health target again in quarter four. | 95% | 94% | 91% | 94% | 90% | ✓ |
|  **Raising Healthy Kids**<br>Percent of children identified as obesity at their B4SC offered a referral for clinical assessment and healthy lifestyle intervention | Preliminary results indicate Canterbury has met the Raising Healthy Kids' health target in quarter four with all identified children offered a referral for clinical assessment and healthy lifestyle intervention. | 93% | 96% | 98% | 100% | 95% | ✓ |

# Pūrongorongo hauwhā QUARTERLY REPORT Q4 APR TO JUN 2017-2018

## Tirohanga whānui OVERVIEW

Pūrongorongo hauwhā is a quarterly update from data and information from the PHOs on three key operational areas:

1. Raraunga whakauru – Enrolment data
2. Arai mate – Immunisation
3. Tamariki ora e waru – B4 School Checks

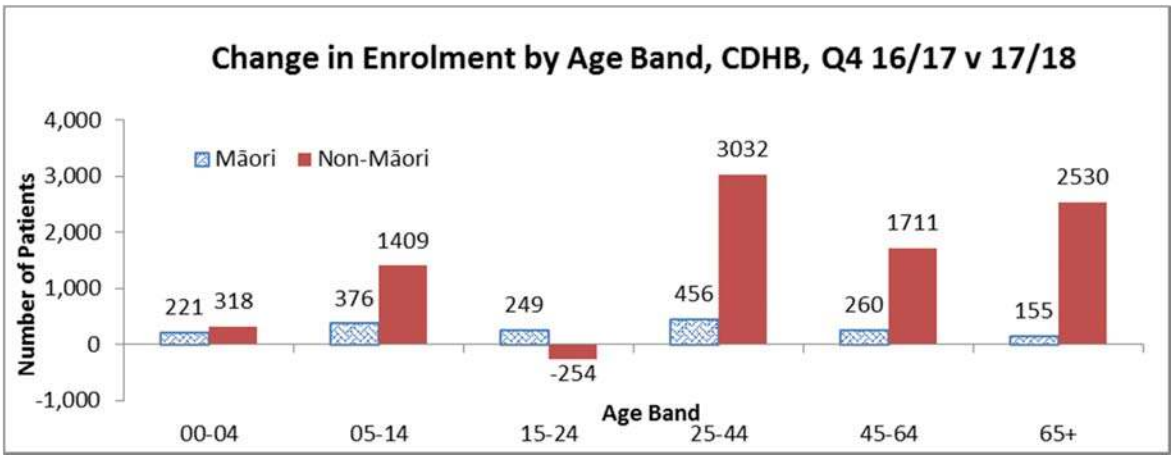
## Raraunga whakauru[1] ENROLMENT DATA

Patient enrolment data held within each PHO is instrumental in monitoring the Māori population in Canterbury. Trends across the PHOs and between Māori and non-Māori can be charted each quarter.

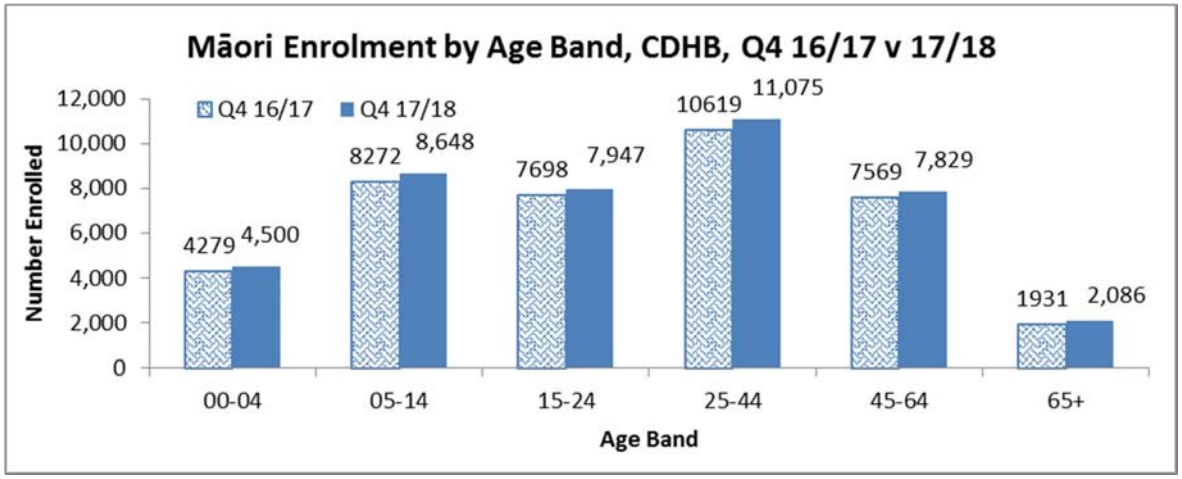
Another positive increase in Māori enrolment (+1.2%) within the DHB this quarter, along with increases in enrolments of non-Māori (+0.7%). The graphs that follow over page compare the changes in enrolment by age band from Q4 2016/17 to Q4 2017/18 between Māori and non-Māori.

| **Pegasus Health** | | | |
|---|---|---|---|
| | Previous Quarter Jan – Mar 2018 | Current Quarter Apr – Jun 2018 | Variance |
| **Māori** | **34,733** | **35,116** | **+ 383** |
| Non-Māori | 393,209 | 394,912 | + 1,703 |
| Total Pop | 427,942 | 430,028 | + 2,086 |
| **Rural Canterbury PHO** | | | |
| | Previous Quarter Jan – Mar 2018 | Current Quarter Apr – Jun 2018 | Variance |
| **Māori** | **4,217** | **4,202** | **- 15** |
| Non-Māori | 50,175 | 50,375 | + 200 |
| Total Pop | 54,392 | 54,577 | - 185 |
| **Christchurch PHO** | | | |
| | Previous Quarter Jan – Mar 2018 | Current Quarter Apr – Jun 2018 | Variance |
| **Māori** | **2,644** | **2,767** | **+ 123** |
| Non-Māori | 32,344 | 33,604 | + 1,260 |
| Total Pop | 34,988 | 36,371 | + 1,383 |
| **TOTAL MĀORI** | **41,594** | **42,085** | **+ 491** |

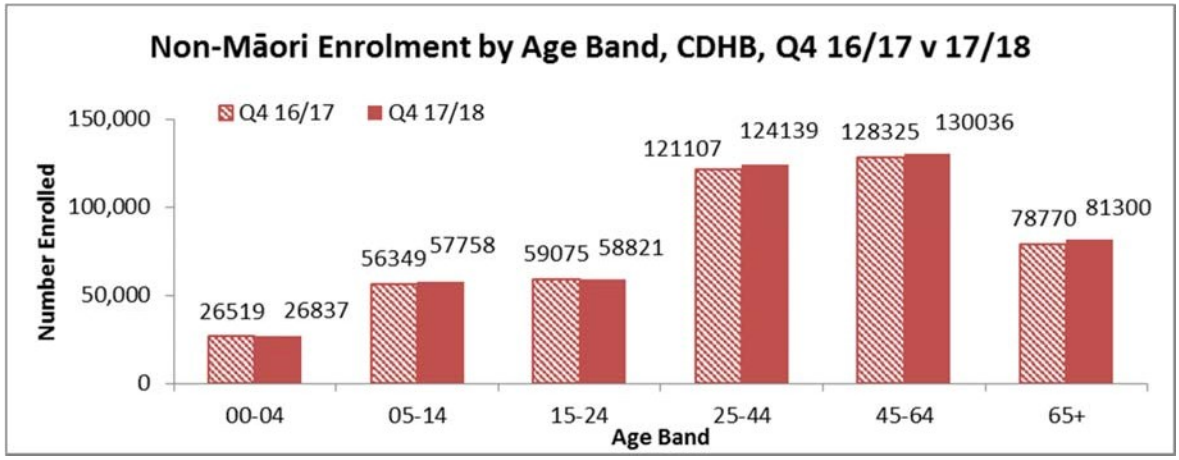
[1] MOH 2018 PHO Enrolment Demographics 2018 Q4 – Apr – Jun 2018




**GRAPH 1:** Māori enrolments have risen in all age bands, whilst the non-Māori population has seen another small fall in 15 to 24. Overall, Māori enrolment is up 4.3% compared to +1.9% in non-Māori.




**GRAPH 2:** The highest increase for Māori enrolments in absolute numbers is again the 25 to 44 age band (+456) whilst the biggest % change is again the 65+ age band (+8.0%) whilst the lowest % increase is in the 15-24 age band (+3.2%)




**GRAPH 3:** Non-Māori enrolments show slight losses in only the 15-24 age band (-254). The highest % growth is in the 65yrs+ group (+3.2%), but the biggest increase in absolute numbers is the 25-44 age band (+3,032).

## **Arai mate** IMMUNISATIONS

The immunisations for this report include the National Childhood Schedule, Human Papiloma Virus (HPV) and the influenza vaccine for over 65 years and people with long term conditions.

The 8 month fully immunised coverage has increased this quarter to 93%. While it is not back to target rates, postive increase continues towards the target. Coverage at 2 year old has dropped, however Maori coverage was higher than the DHB coverage which is postive. There however was a huge drop in the 5year old coverage from 93% to 88%, this was largely due to an increase in declines. This will be monitored during the next quarter to see if there is a pattern or if this is a one-off issue. HPV coverage remains consistent and Influenza coverage is not yet available.

| Measure | 12 months to 31 Dec 2017 | Previous Quarter (Oct–Dec2017) | Quarter: Jan – Mar 2018 | | 12 months to 31 Dec 2017 |
|---|---|---|---|---|---|
| | Coverage (Māori) | Coverage (Māori) | Coverage (Māori) | Coverage (Māori) | |
| 8 months fully immunised children | 92% | 92% | 93% | 92% | 95% |
| 2 years fully immunised children | 94% | 95% | 94% | 94% | 95% |
| 5 years | 91% | 93% | 88% | 91% | 95% |
| 12 years | 69% | 64% | 72% | 69% | |
| HPV total (Dose1) Cohort 2004 | | 59% | 59% | | 75% |
| HPV total (Dose2) Cohort 2004 | | 50% | 50% | | 75% |
| Influenza (>65 & LTC) | n/a | **n/a** | **n/a** | n/a | **75%** |

* this is new data shown in the datamart report and the parameters around this are not yet known.

* = girls born in 2003

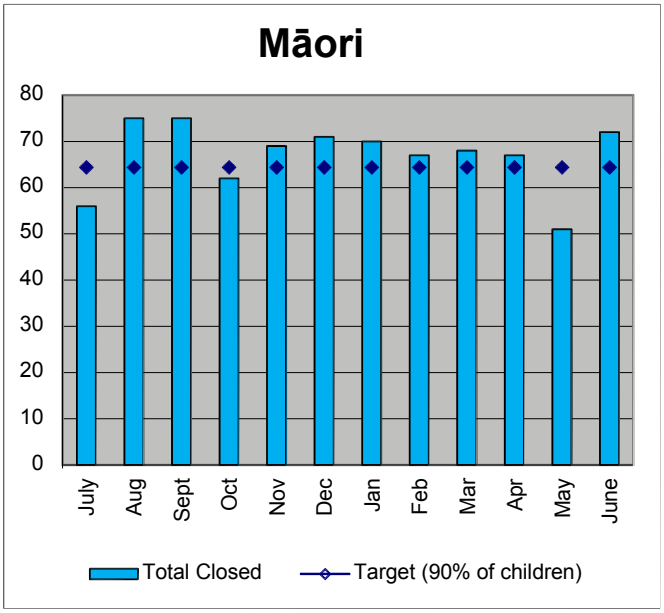
## **Tamariki ora e waru** BEFORE SCHOOL CHECK

The Canterbury Before School Check (B4SC) programme comprises two parts; the nurse component, carried out by B4SC trained nurses in general practice and Public Health and the vision & hearing testing component by the CDHB.

A good result for Māori this quarter. 98% of the target population had the full (Nurse and VHT) B4SC, which gives a total of 104% of the target population checked this financial year to date.

### *Canterbury DHB Completed Checks (VHT & Nurse Component)*

| **Māori** | | | |
|---|---|---|---|
| Month | No Children | Target (90% of children) | Total Closed |
| July | 72 | 64 | 56 |
| Aug | 72 | 64 | 75 |
| Sept | 72 | 64 | 75 |
| Oct | 72 | 64 | 62 |
| Nov | 72 | 64 | 69 |
| Dec | 72 | 64 | 71 |
| Jan | 72 | 64 | 70 |
| Feb | 72 | 64 | 67 |
| Mar | 72 | 64 | 68 |
| Apr | 72 | 64 | 67 |
| May | 72 | 64 | 51 |
| June | 72 | 64 | 72 |
| 2017/18 | 859 | 773 | **803** |




### *Nurse component Completed Checks by Provider Q4*

| Pegasus Health (Charitable) Ltd | | |
|---|---|---|
| Month | Target (90% of children) | Nurse Closed |
| Apr | 42 | 42 |
| May | 42 | 58 |
| June | 42 | 36 |

| Rural Canterbury PHO | | |
|---|---|---|
| Month | Target (90% of children) | Nurse Closed |
| Apr | 6 | 6 |
| May | 6 | 8 |
| June | 6 | 6 |

| Christchurch PHO | | |
|---|---|---|
| Month | Target (90% of children) | Nurse Closed |
| Apr | 2 | 1 |
| May | 2 | 1 |
| June | 2 | 0 |

| Public Health Nursing Service | | |
|---|---|---|
| Month | Target (90% of children) | Nurse Closed |
| Apr | 14 | 25 |
| May | 14 | 22 |
| June | 14 | 13 |

# FINANCE REPORT – AS AT 30 JUNE 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

**SOURCE:** **Finance**

**DATE:** **16 August 2018**

| Report Status – For: | Decision ☐ | Noting ☑ | Information ☐ |
|---|---|---|---|

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Board:

i. notes the financial result for the period ended 30 June 2018.

## 3. DISCUSSION

### Overview of June 2018 Financial Result

The consolidated Canterbury DHB financial result for the month of June 2018 was a deficit of $9.044M, which was $1.914M unfavourable against the annual plan deficit of $7.130M. The draft full year position is $10.315M unfavourable to the annual plan. The table below provides the breakdown of the June result.

| | MONTH | | | YEAR TO DATE | | |
|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| | $M | $M | $M | $M | $M | $M |
| Hospital & Specialist Service and Corporate | (1.890) | (4.507) | **2.617** | (36.401) | (31.190) | (5.210) |
| Community & Public Health | 0.089 | 0.003 | **0.085** | (0.372) | (0.097) | (0.275) |
| **Total In-House Provider excl Subsidiaries** | **(1.802)** | **(4.504)** | **2.702** | **(36.772)** | **(31.287)** | **(5.485)** |
| Add: Funder & Governance | | | | | | |
| Funder Revenue | 132.707 | 132.399 | 0.308 | 1,584.864 | 1,588.701 | (3.837) |
| External Provider Expense | (63.011) | (57.805) | (5.205) | (683.423) | (684.378) | 0.955 |
| Internal Provider Expense | (77.128) | (77.159) | 0.030 | (927.491) | (926.692) | (0.799) |
| **Total Funder** | **(7.432)** | **(2.565)** | **(4.867)** | **(26.050)** | **(22.369)** | **(3.681)** |
| Governance & Funder Admin | 0.194 | - | 0.194 | (1.383) | - | (1.383) |
| **Total Canterbury DHB (Parent)** | **(9.040)** | **(7.069)** | **(1.971)** | **(64.205)** | **(53.656)** | **(10.549)** |
| Add: Subsidiaries | | | | | | |
| Brackenridge Estate Ltd | 0.060 | 0.010 | **0.050** | 0.116 | 0.013 | 0.103 |
| Canterbury Linen Services Ltd | (0.063) | (0.071) | **0.008** | 0.130 | (0.000) | 0.131 |
| **Canterbury DHB Group Surplus / (Deficit)** | **(9.044)** | **(7.130)** | **(1.914)** | **(63.959)** | **(53.644)** | **(10.315)** |

## 4. APPENDICES

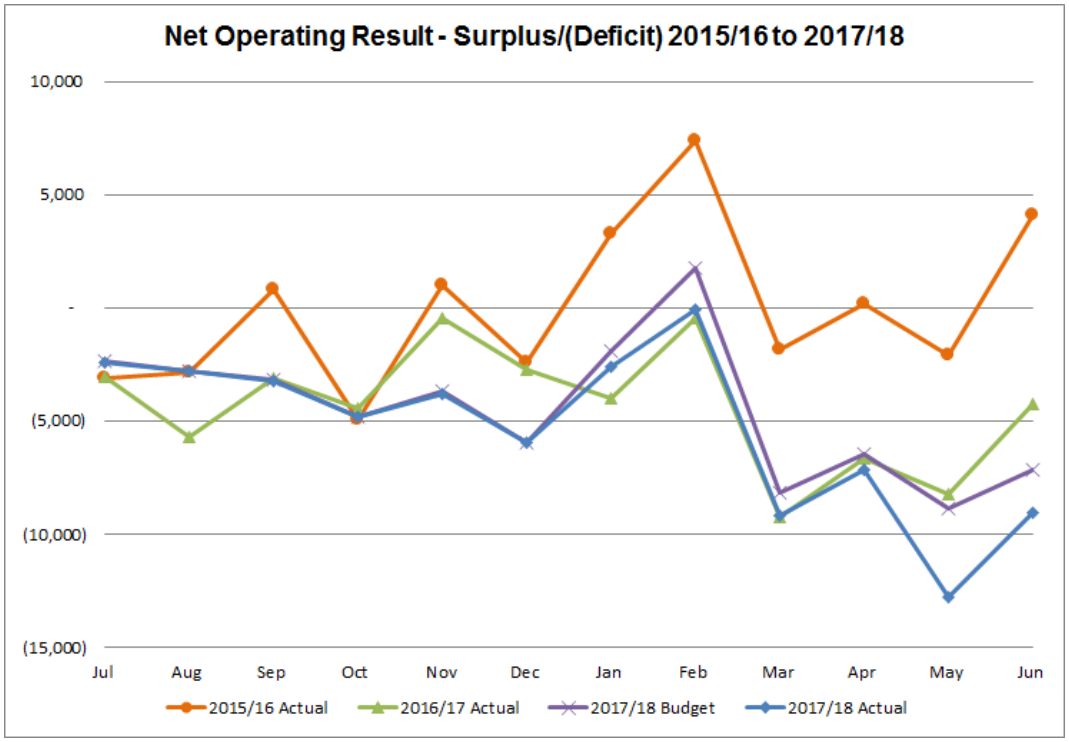
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

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

## APPENDIX 1: FINANCIAL RESULT

## FINANCIAL PERFORMANCE OVERVIEW – YTD JUNE 2018

| | Month Actual $'000 | Month Budget $'000 | Month Variance $'000 | | | YTD Actual $'000 | YTD Budget $'000 | YTD Variance $'000 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Surplus/(Deficit) | (9,044) | (7,130) | (1,914) | 27% | ✗ | (63,959) | (53,644) | (10,315) | 19% | ✗ |




Our approved 17/18 Annual Plan is a deficit of $53.644M.

Our May month end forecast was for a deficit of $63.881M, and our draft result is within $80k of this forecast (noting that the May forecast was $4.040M higher than previous forecasts due to additional MECA anticipated settlement costs over the amount budgeted).

Without the Nursing MECA additional amount, our draft full year result would be a deficit just under $60M.

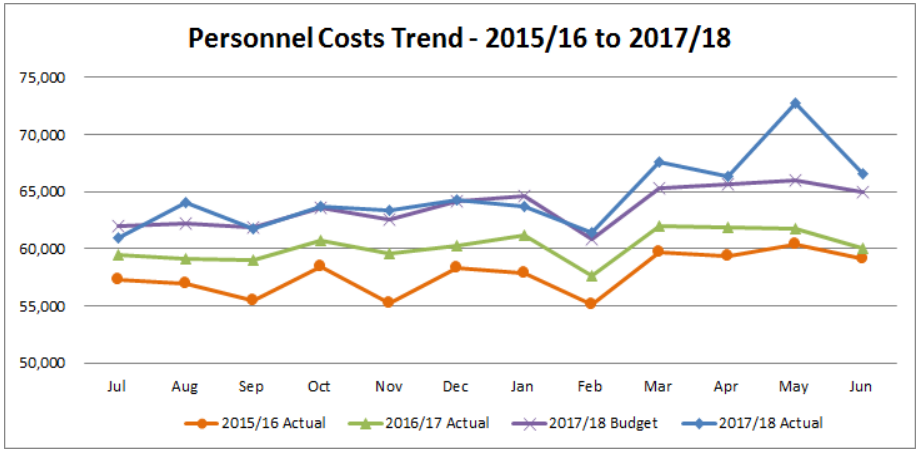
The other major contributors to the final result include additional outsourcing that has been required as a result of the facilities project delays and additional demand to that anticipated for aged residential care.

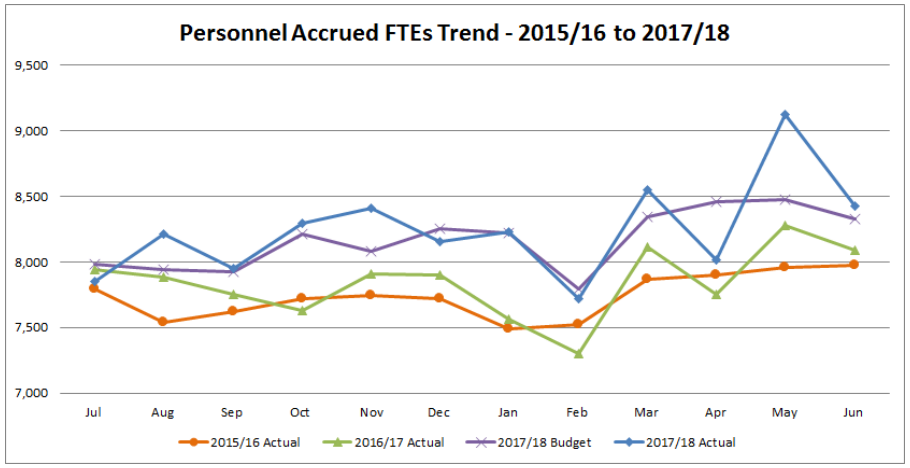
Note there are risks around wash-ups on some revenue streams such as electives funding, and IDF wash-ups that may alter the draft full year result. Additionally, audit adjustments may result in some changes to the result, with the first CFIS audit due for completion on 13 August, and the final audit to be completed prior to 31 October..

### KEY RISKS AND ISSUES

We expect to continue to incur earthquake related repair and maintenance expenditure and the depreciation impacts of quake related capital spend for a significant number of years into the future. There will be variability between the expected and actual timing of these costs. New facilities coming on stream will attract additional capital charge and depreciation expense.

## PERSONNEL COSTS/PERSONNEL ACCRUED FTE



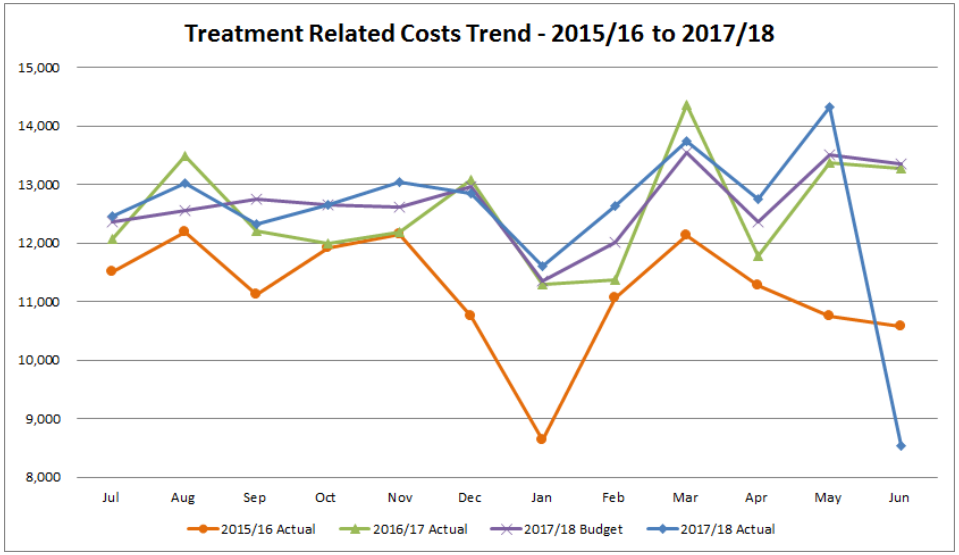



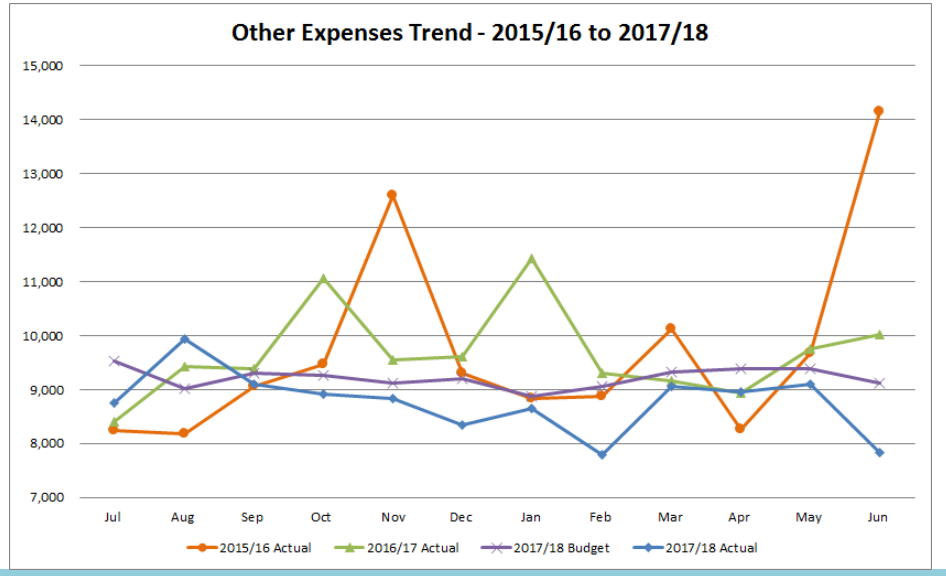

### KEY RISKS AND ISSUES

The primary contributing factor of the year's variance in nursing is the recognition of the impact of the latest Nursing MECA offer, which is approximately $4M higher than CDHB's budget allowance of net 2% for the settlement. There have been some comments made that additional Crown funding will be made available for the Nurses MECA settlement; however, there has been no formal notification of this, so we have not accrued any additional revenue at this stage.

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

## TREATMENT & OTHER EXPENSES RELATED COSTS



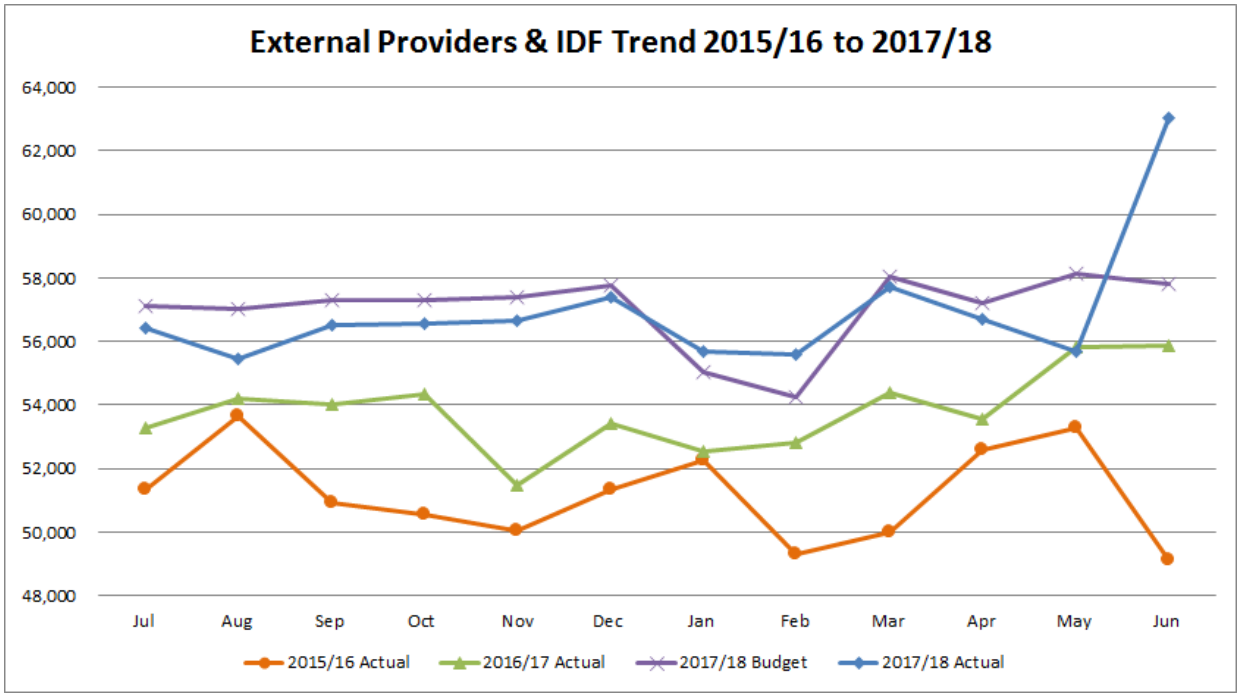

### KEY RISKS AND ISSUES

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

Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital campus. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site. Earthquake expenditure is lower than planned due to the timing of the repairs, and the split between capex and opex repairs.

## EXTERNAL PROVIDER COSTS

| | Month Actual $'000 | Month Budget $'000 | Month Variance $'000 | | | YTD Actual $'000 | YTD Budget $'000 | YTD Variance $'000 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| External Provider Costs | 63,011 | 57,805 | (5,205) | -9% | ✗ | 683,423 | 684,378 | 955 | 0% | ✓ |



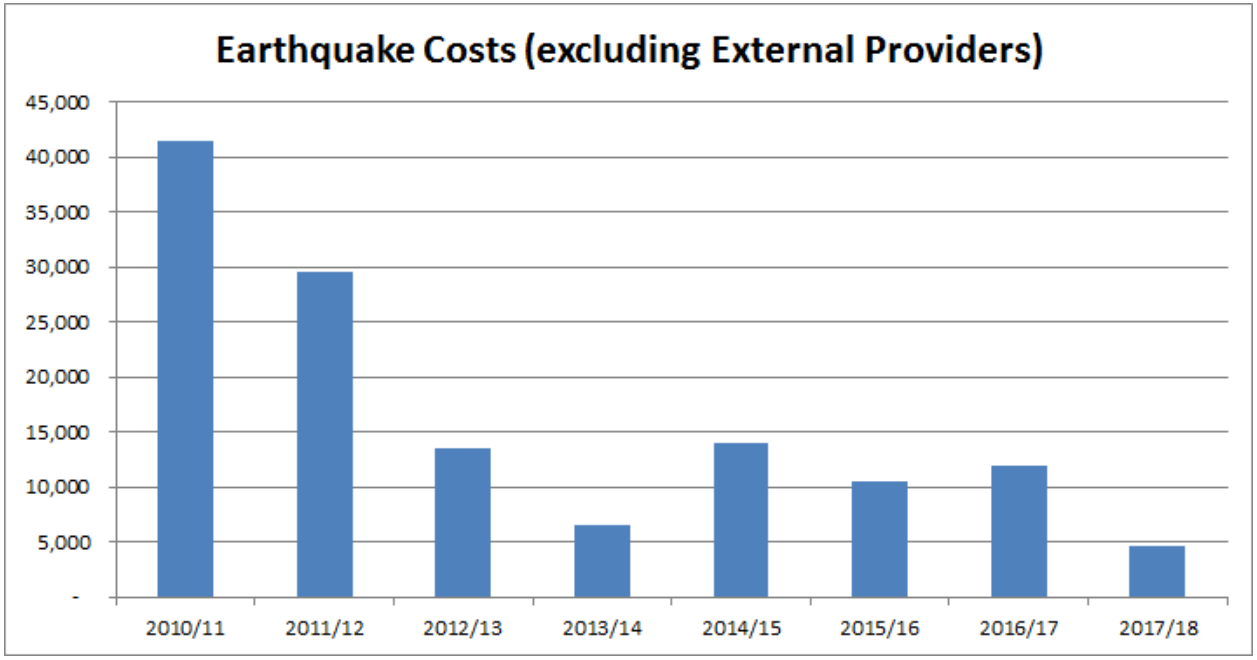

External provider expenditure is $0.955M favourable YTD.

## KEY RISKS AND ISSUES

Any catchup on favourable expenditure areas will impact unfavourably on our overall result. Additional outsourcing to meet electives targets, as well as the impact on community rebates as a result of recent PHARMAC changes may result in additional year end costs if these risks materialise.

## EARTHQUAKE

| Data in this table excludes the Kaikoura earthquakes | Month Actual | Month Budget | Month Variance | | | YTD Actual | YTD Budget | YTD Variance | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | $'000 | $'000 | $'000 | | | $'000 | $'000 | $'000 | | |
| **Total Earthquake Revenue (Draw Down)** | **236** | **842** | **(606)** | **100%** | ✗ | **3,240** | **6,962** | **(3,722)** | **100%** | ✗ |
| Earthquake Costs - Repairs | 417 | 842 | 425 | 100% | ✓ | 3,193 | 6,962 | 3,769 | 100% | ✓ |
| Earthquake Costs - External Provider | 1,617 | 1,617 | - | 100% | ✓ | 9,705 | 9,705 | - | 100% | ✓ |
| Earthquake Costs - Non Repairs | 246 | 114 | (132) | 100% | ✗ | 1,438 | 1,188 | (250) | 100% | ✗ |
| **Total Earthquake Costs** | **2,280** | **2,573** | **294** | **100%** | ✓ | **14,336** | **17,855** | **3,519** | **100%** | ✓ |




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

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

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

## KEY RISKS AND ISSUES

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

## FINANCIAL POSITION

| | YTD Actual $'000 | YTD Budget $'000 | Variance $'000 | | |
|---|---|---|---|---|---|
| Equity | 496,272 | 578,805 | (82,533) | -14% | ✗ |
| Cash | (15,699) | (2,250) | (13,449) | 598% | ✗ |

The sweep account was overdrawn at the end of June with a balance of $17.376M. Deficit funding received for the 16/17 year was $15.8M less than planned.

## KEY RISKS AND ISSUES

If future deficit funding is less than the expected amount, cash flows will be impacted, and the ability to service payments as and when they fall due will become a potential issue.

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

**The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Services Ltd**
**For the 12 months ended 30 June 2018**

| Month | | | | | Year to Date | | | | Annual |
|---|---|---|---|---|---|---|---|---|---|
| 17/18 Actual | 17/18 Budget | 16/17 Actual | Variance to Budget | | 17/18 Actual | 17/18 Budget | 16/17 Actual | Variance to Budget | 17/18 Budget |
| 136,570 | 137,772 | 130,572 | (1,202) ✗ | MoH Revenue | 1,643,877 | 1,653,433 | 1,571,025 | (9,556) ✗ | 1,653,432 |
| 4,349 | 3,835 | 4,576 | 514 ✓ | Patient Related Revenue | 49,570 | 45,765 | 42,474 | 3,805 ✓ | 45,765 |
| 4,047 | 3,285 | 1,229 | 762 ✓ | Other Revenue | 35,145 | 36,945 | 34,358 | (1,801) ✗ | 36,946 |
| **144,966** | **144,892** | **136,377** | **75** | **Total Operating Revenue** | **1,728,592** | **1,736,143** | **1,647,858** | **(7,552)** | **1,736,143** |
| 66,553 | 64,929 | 59,983 | (1,624) ✗ | Personnel Costs | 776,310 | 763,497 | 722,527 | (12,813) ✗ | 763,497 |
| 8,532 | 13,343 | 13,086 | 4,811 ✓ | Treatment Related Costs | 149,942 | 151,997 | 146,919 | 2,055 ✓ | 151,996 |
| 63,011 | 57,805 | 57,805 | (5,205) ✗ | External Service Providers | 683,423 | 684,378 | 645,682 | 955 ✓ | 684,378 |
| 7,842 | 9,108 | 6,292 | 1,265 ✓ | Other Expenses | 105,281 | 110,656 | 121,370 | 5,375 ✓ | 110,657 |
| **145,938** | **145,185** | **137,166** | **(753)** ✗ | **Total Operating Expenditure** | **1,714,955** | **1,710,528** | **1,636,498** | **(4,427)** ✗ | **1,710,528** |
| **(971)** | **(293)** | **(789)** | **(678)** ✗ | **Total Surplus / (Deficit) Before Indirect Items** | **13,636** | **25,615** | **11,360** | **(11,979)** ✗ | **25,615** |
| 611 | 611 | 450 | - ✓ | Capital Charge Funding for Revaluation & Rate Change | 7,335 | 7,335 | 2,700 | - ✓ | 7,335 |
| 167 | 206 | 255 | (39) ✗ | Interest | 1,413 | 1,579 | 2,113 | (166) ✗ | 1,579 |
| 446 | 142 | 215 | 304 ✓ | Donations | 3,028 | 1,861 | 2,710 | 1,167 ✓ | 1,861 |
| (93) | - | (0) | (93) ✗ | Profit / (Loss) on Sale of Assets | 389 | - | 728 | 389 ✓ | - |
| **1,131** | **959** | **921** | **172** ✓ | **Total Indirect Revenue** | **12,165** | **10,775** | **8,251** | **1,391** ✓ | **10,775** |
| 2,563 | 2,487 | 1,563 | (76) ✗ | Capital Charge | 30,293 | 30,330 | 16,177 | 37 ✓ | 30,330 |
| 6,640 | 5,309 | 4,143 | (1,331) ✗ | Depreciation | 59,408 | 59,704 | 56,268 | 296 ✓ | 59,704 |
| - | - | - | - ✓ | Interest Expense | 60 | - | 0 | (60) ✗ | - |
| **9,204** | **7,796** | **5,706** | **(1,408)** ✗ | **Total Indirect Expenses** | **89,761** | **90,034** | **72,445** | **273** ✓ | **90,034** |
| **(9,044)** | **(7,130)** | **(5,574)** | **(1,914)** ✗ | **Total Surplus / (Deficit)** | **(63,959)** | **(53,644)** | **(52,833)** | **(10,315)** ✗ | **(53,644)** |

# APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

**As at 30 June 2018**

| Audited 30-Jun-17 $'000 | | Group Actual 30-Jun-18 $'000 | YTD Group Budget 30-Jun-18 $'000 | Annual Group Budget 30-Jun-18 $'000 |
|---|---|---|---|---|
| 199,933 | Opening Equity | 517,833 | 517,833 | 517,833 |
| 372,224 | Net Equity Injections / (Repayments) During Year | 42,398 | 114,616 | 114,618 |
| (1,491) | Reserve Movement for Year | - | - | - |
| (52,833) | Operating Results for the Period | (63,959) | (53,644) | (53,644) |
| 517,833 | **TOTAL PUBLIC EQUITY** | 496,272 | 578,805 | 578,807 |
| | Represented By: | | | |
| | **Current Assets** | | | |
| 1,985 | Cash & Cash Equivalents | 1,677 | - | - |
| 1,350 | Short Term Investments | 750 | 1,350 | 1,350 |
| 63,240 | Trade and Other Receivables | 87,165 | 116,882 | 116,882 |
| 9,629 | Prepayments | 4,554 | 9,411 | 9,411 |
| 9,119 | Inventories | 11,171 | 9,119 | 9,119 |
| 11,815 | Restricted Assets | 10,254 | 11,815 | 11,815 |
| 97,138 | **Total Current Assets** | 115,571 | 148,577 | 148,577 |
| | **Less Current Liabilities** | | | |
| 16,505 | Overdraft | 17,376 | 2,250 | 2,250 |
| 107,154 | Trade and Other Payables | 111,190 | 93,939 | 93,937 |
| 12,111 | Restricted Funds | 10,270 | 12,110 | 12,110 |
| 156,703 | Employee Benefits | 172,699 | 156,700 | 156,700 |
| 292,473 | **Total Current Liabilities** | 311,535 | 264,999 | 264,997 |
| (195,335) | **Working Capital** | (195,964) | (116,422) | (116,420) |
| | **Non Current Assets** | | | |
| 296 | Restricted Funds | 16 | 296 | 296 |
| 5,936 | Investment in NZHPL | 5,186 | 5,936 | 5,186 |
| 713,091 | Fixed Assets | 693,197 | 695,150 | 695,900 |
| 719,323 | **Term Assets** | 698,400 | 701,382 | 701,382 |
| | **Non Current Liablilties** | | | |
| 6,155 | Employee Benefits | 6,164 | 6,155 | 6,155 |
| 6,155 | **Term Liabilities** | 6,164 | 6,155 | 6,155 |
| 517,833 | **NET ASSETS** | 496,272 | 578,805 | 578,807 |

## APPENDIX 4: CASHFLOW

| Audited 30-Jun-17 $'000 | | Actual 30-Jun-18 $'000 | YTD Budget 30-Jun-18 $'000 | Budget 30-Jun-18 $'000 |
|---|---|---|---|---|
| | CASHFLOW FROM OPERATING ACTIVITIES | | | |
| 15,897 | **Net Cash from Operating Activities** | (5,123) | (6,940) | (6,940) |
| | CASHFLOW FROM INVESTING ACTIVITIES | | | |
| (55,202) | **Net Cash from Investing Activities** | (38,453) | (41,762) | (41,762) |
| | CASHFLOW FROM FINANCING ACTIVITIES | | | |
| 11,239 | **Net Cash from Financing Activities** | 42,398 | 60,972 | 60,972 |
| (28,066) | Overall Increase/(Decrease) in Cash Held | (1,179) | 12,270 | 12,270 |
| 13,546 | Add Opening Cash Balance | (14,520) | (14,520) | (14,520) |
| (14,520) | **Closing Cash Balance** | (15,699) | (2,250) | (2,250) |

# NZHP – REAPPOINTMENT OF INDEPENDENT DIRECTORS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

**SOURCE:** **Chair & Chief Executive**

**DATE:** **16 August 2018**

| Report Status – For: | Decision ☑ | Noting ☐ | Information ☐ |
|---|---|---|---|

## 1. ORIGIN OF THE REPORT

This paper is to seek approval from the Board for the reappointment of NZ Health Partnerships' Independent Directors for a further term.

## 2. RECOMMENDATION

That the Board:

i. approves the reappointment of NZ Health Partnerships' Independent Directors for the term outlined in the attached letter; and
ii. notes that the Chair will vote on this at the NZ Health Partnerships' Annual General Meeting in September 2018.

## 3. APPENDICES

Appendix 1: NZ Health Partnerships' Letter – dated 16 May 2018.

Report approved for release by: Chair & Chief Executive

**16 May 2018**

**Reappointment of NZ Health Partnerships' Independent Directors**

Dear Shareholders,

As your regional representatives on NZ Health Partnerships' Board we are writing to all DHB Chairs about two key governance-related recommendations:

1. Reappointment of NZ Health Partnerships' Independent Directors
2. Process for appointing Independent Directors moving forward.

## 1. Reappointment of Independent Directors

At the DHB Chairs' Forum in Wellington on 8 March it was decided that the Independent Directors of NZ Health Partnerships would be re-appointed only until the full Shareholders' Meeting in September 2018.

Those that remained at the meeting indicated that there are a number of new DHB Chairs that would not know the Independent Directors well enough to support their reappointment for the recommended terms.

The matter was discussed at the NZ Health Partnerships Board meeting in late-March. It was agreed that we would provide you with further information about our Independent Directors, as well as the skills mapping and Director evaluation processes that were undertaken prior to making the re-appointment recommendations.

Reappointment Terms

The unanimous recommendation of your four regional Directors is that the current Independent Directors should be reappointed beyond September 2018 for terms as follows:

| Director | Appointment type | Director since | Reappointment Recommendation |
|---|---|---|---|
| Peter Anderson (Chair) | Independent | 1 October 2015 | 30 September 2020 |
| Jo Hogan | Independent | 31 March 2016 | 30 September 2022 |
| Terry McLaughlin | Independent | 1 October 2015 | 30 September 2021 |
| Rabin Rabindran* | Northern Region | 22 March 2017 | 21 March 2020 |
| Kevin Atkinson | Central Region | 22 March 2017 | 21 March 2020 |
| Ron Luxton | Southern Region | 1 August 2017 | 31 July 2020 |
| Deryck Shaw** | Midlands Region | 1 July 2015 | Retiring 30 June 2018 |

* Recently stood down as Counties Manukau DHB Chair. Northern Region to appoint replacement Director.
** Pauline Lockett is Director-Elect for the Midlands Region

These recommendations are made with our collective knowledge of the experience they bring to the Board. Specifically, we feel Peter's leadership experience with co-operatives; Terry's strong finance, risk and audit knowledge; and Jo's practical project director's skillset and broader public sector knowledge are the ideal mix for effective governance of NZ Health Partnerships for the next few years. This skill set complements the health sector governance knowledge we bring as DHB Chairs.

Their individual contributions to the Board have also been assessed through peer review. In each case the three Independent Directors received very positive reports. Common phrases used to describe all three, which we endorse, include: extremely professional, astute, adds a lot of value, committed, focused, insightful, respectful, not afraid to challenge, knowledgeable and thoughtful leader.

More information on Directors' experience and capabilities are included in **Appendices 1** and **2**.

We also feel strongly that there is a need for both certainty and continuity on the Board, beyond the next round of triennial DHB elections and Chair appointments in late-2019.

This is of particular importance as the only current foundation Director, Midlands-regional representative Deryck Shaw, will step down and be replaced by Pauline Lockett in July 2018. We will also shortly lose Rabin Rabindran as he has stood down from Counties Manukau DHB.

2. **Recommendations on the process for appointing Independent Directors moving forward**

NZ Health Partnerships' Constitution provides for the Board to make recommendations to its shareholders on the appointment and reappointment of its Independent Directors. This is in line well-accepted governance principles and recognises that your Directors are best placed to provide an accurate view of the value, or otherwise, that the Independent Directors add to the governance of the organisation.

However, we acknowledge that there are improvements to be made to the reappointment process, particularly in ensuring all of our shareholders have the appropriate information on which to base their decisions. Moving forward we recommend the process as follows:

I. Independent Director recommendations are considered by a Board subcommittee, comprising of the Board Chair (where his reappointment is not involved) and the four DHB regionally appointed Directors.

II. That at least six months prior to an Independent Director's term expiring the other Directors conduct a structured peer-review of their performance and of their skills compatibility against the strategic needs of the organisation.

III. That the subcommittee makes a recommendation to the full Board and then Shareholders **at least four months prior** to expiry of the Director's term.

IV. In the event that the retiring Director is not to be reappointed this leaves sufficient time for the Board subcommittee to identify and recommend a new Independent Director candidate to be voted on by shareholders at the annual meeting.

V. A spokesperson for the Board subcommittee will introduce the new Independent Director candidates to shareholders at the annual meeting, along with their CV and reasons for their appointment.

If you wish to discuss any of these matters, please call your regional Director. Otherwise, please indicate your acceptance of these recommendations by signing the Resolution in **Appendix 3** and returning it to NZ Health Partnerships' Chief Executive Megan Main (megan.main@nzhealthpartnerships.co.nz) by 31 July 2018.

Yours Sincerely

| **Kevin Atkinson** | **Deryck Shaw** | **Ron Luxton** | **Rabin Rabindran** |
|---|---|---|---|
| Director | Director | Director | Director |

**List of Appendices:**

- **Appendix 1**: Directors' Biographies (short-form)
- **Appendix 2**: Directors' Skills Map
- **Appendix 3:** Resolution

**Appendix 1 – Directors' Biographies**

## Independent Directors

| | |
|---|---|
|  <br>**Peter Anderson**<br>Chair; Chair Remuneration Committee | Peter's skills as a Chair are well honed in a co-op environment where shareholding Directors are closely engaged in the business on a day-to-day basis.<br>Peter has over 20 years' experience at Foodstuffs in a customer and consumer focused environment. Prior to that he had nearly 30-years in the primary sector with Wrightsons, where he worked in a variety of sales and executive roles.<br>After six years as a Director he was appointed Chair of Foodstuffs Wellington in 2012 and then led a successful merger with Foodstuffs Auckland to create Foodstuffs North Island, one of NZ's largest companies. He worked with all stakeholders to ensure member support culminating in a 100% vote in favour of the merger and was appointed Board Chair of Foodstuffs North Island and Foodstuffs New Zealand in 2013. He retired from both roles in 2017.<br>Peter is known for developing strong and trusted relationships with his down to earth leadership style. |
|  <br>**Terry McLaughlin**<br>Director; Chair of Finance, Risk, Audit Committee | Terry is an experienced finance executive with particular strengths in Audit and evaluation of contracts and performance (value for money).<br>Originally qualified as an accountant he started in public practice with EY; then joined the office of the Auditor General rising to Assistant AG working across all of Government, in particular Treasury and SSC. His work involved a number of in depth investigations and performance audits of major transactions and contracts which involved both the public and private sector.<br>As CEO of the NZ Institute of Chartered Accountants (NZICA) he led major reforms to the governance and structure of NZICA which culminated in their merger with Australia to form CAANZ.<br>Terry is currently CEO of a national law firm, Duncan Cotterill. |
|  <br>**Jo Hogan**<br>Director; Remuneration Committee | Jo is an experienced executive who has lead major transformational change in large organisations across a range of industry sectors and countries.<br>Starting her career in Technology, Jo's career progressed to large enterprise-wide change projects that impacted on all aspects of large companies in the Health, Manufacturing, Property and Waste processing industries. Jo has built a reputation for managing end to end change and delivering on business improvements with significant financial and operational improvements.<br>Prior to her appoint to the Board, Jo was the interim Chief Executive of NZ Health Partnerships in its first seven months of operations.<br>Jo is now Director, New Zealand Business Number at MBIE. |

## DHB Directors

| | |
|---|---|
|  <br>**Rabin Rabindran**<br>Former Chair Counties Manukau DHB<br>Northern Region Director | Alongside his roles in health, Rabin has been a Director of Auckland Transport, a Director of Solid Energy New Zealand and is Chair of Bank of India (NZ) Limited.<br>Rabin is a commercial barrister specialising in major project negotiation and documentation. He has worked on projects throughout New Zealand and in Asia, Africa, the West Indies and the Pacific acting for Governments, international companies and the World Bank. |
|  <br>**Kevin Atkinson**<br>Chair Hawkes Bay DHB<br>Central Region Director | Kevin has been a director of Hawkes Bay DHB since 1998. He is also the Chair of Unison Network, which owns the electricity distribution networks in Hawke's Bay, Taupo and Rotorua, and Director of the Hawke's Bay Rugby Union.<br>Kevin's professional life has centred on the technology sector. He founded the software company Information Management Services Ltd (IMS) in 1983, which provided payroll software to a large number of New Zealand and Pacific Islands customers. IMS was sold to MYOB in October 2015.<br>In the 2010 Queens Birthday honours list Kevin received the New Zealand Order of Merit (MNZM), for services to Business and the Community. |
|  <br>**Ron Luxton**<br>Chair South Canterbury DHB<br>Southern Region Director | Ron is a pharmacist by profession and has more than 40-years of experience as a frontline primary healthcare worker.<br>Ron is currently Chair of the Aoraki MRI Charitable Trust and his previous Directorship includes as International Director at Lions Clubs International and over three years as Chair of the South Canterbury Endowment Fund. |
|  <br>**Deryck Shaw**<br>Chair Lakes DHB<br>Midlands Region Director | Alongside Deryck's health role which include Board membership of TAS (shared services health organisation, he is President of New Zealand Football and Deputy Chair of Te Puia (New Zealand Maori Arts and Crafts Institute).<br>Deryck is currently the Owner and Director of APR Consultants Ltd, a Chartered Director of NZ Institute of Directors, Associate Fellow of the New Zealand Institute of Management, and Foundation Member of the Royal Society of New Zealand. He is also a Member of the NZ Research Association, New Zealand Association of Economists and New Zealand Planning Institute. |

| | |
|---|---|
|  <br>**Pauline Lockett**<br>Chair Taranaki DHB<br>Midland Region Director Elect | Pauline was a partner with PwC for twenty years. She has had seven years on the Board of the Taranaki District Health Board with four of these as the Chair. Her commercial directorship experience has been as a Director of Landcorp Farming Limited (LFL), a State-Owned Enterprise, for six years.<br>Pauline received a recent appointment from the Maori Land Court (MLC) to Ngati Te Whiti Whenua Topu Trust. She was advised that this appointment was made after the MLC had satisfied themselves as to Pauline having integrity, commercial acumen and professionalism from the local hapu members' perspective. |

**Appendix 2 – Directors' Skills Map**

**Background**

In November 2017 the Board undertook a strategic Directors' skills mapping exercise. It was agreed that there were 39 qualities, skills and competencies required around the Board table to maximise its effectiveness and ability to meet the strategic objectives of NZ Health Partnerships and its shareholders. These were broken into four broad categories: Behavioural Qualities (10), Directorial and Governance Skills (12), Technical Skills and Experience (11) and Health Sector Knowledge (6).

The minimum level of competency and the desired or aspirational number of Directors holding this competency was determined for each of the 39 qualities, skills and competencies. The ratings of each Director were determined by a mixture of self and peer assessment, added to by the Chief Executive's assessment of all Directors.

In the behavioural qualities and governance skills areas a full peer and self-assessment was undertaken by all Directors, added to by a CE assessment of all Directors. Director self-rating was excluded from these sections and each director was rated as:

**Expert:** If five or more of their seven peers, including the CE, rated a director as expert and the other two rated them as competent.

**Competent:** If five or more of their seven peers rated a director as competent or higher.

**Limited:** If three or more of their seven peers rated a director as limited or below.

**None:** If three or more of their seven peers rated a director as none.

In the technical skills and industry knowledge areas it was decided that a self-rating, and no peer-rating, would be conducted as directors considered they were unable to provide meaningful, accurate peer assessments in all areas.

**Skills Map Summary**

The Board has a very strong competency profile versus its desired or aspirational state as highlighted in the Overall Competency Profile attached below.

This shows that it has sufficient, and in many cases a surplus, in 36 of the 39 identified qualities, skills and competencies. The collective competency mix across the four broad categories was assessed as:

**Behavioural Qualities:** Directors were peer-assessed as having strong competency in this area where 9 of the 10 competencies were at the desired level. All directors were peer-rated as competent or expert in every

category. Listening skills was the only category that did not meet the required standard where only one director was peer-rated as expert against a desired level of 5.

**Directorial and Governance Skills:** Directors were peer-assessed as having good competency in this area with all directors rated as expert or competent in every category. The desired competency level was met in 10 of the 12 categories and in most categories the Board has a much stronger overall competency than is required. There were however gaps apparent in Strategic and Governance Leadership and Effective Decision Making (including risk). All directors were peer-rated as competent or expert.

**Technical Skills and Experience:** The self-assessments undertaken indicates that the Board has an abundance of skill and experience in nine of the eleven categories and a minor shortfall in the Finance and Legal categories, where we have one expert in each category versus a desired number of two.

**Health Sector Knowledge:** The Board has an abundance of skill in this area with all six categories being self-assessed as having substantially more knowledge that the minimum required levels.

While it is not appropriate to disclose individual Director's assessments, the overall Board Competency Assessment is copied below.

# NEW ZEALAND HEALTH PARTNERSHIPS LTD

## Director Competency Assessment

## Board View of Desired v Current State

| | Competency | Importance | Minimum Strength Required | Breakdown of Ratings | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Desired | Current | E | C | L | N |
| Behavioural Qualities | Team player / Collaborative | Extreme | Competent | 5 | 7 | 3 | 4 | 0 | 0 |
| | Integrity and High Ethical Standards | Extreme | Expert | 5 | 7 | 7 | 0 | 0 | 0 |
| | Common Sense and Sound Judgement | Extreme | Competent | 5 | 7 | 4 | 3 | 0 | 0 |
| | Interpersonal Relations | Extreme | Competent | 5 | 7 | 4 | 3 | 0 | 0 |
| | Verbal Communications | Extreme | Competent | 5 | 7 | 2 | 5 | 0 | 0 |
| | Listening Skills | Extreme | Expert | 5 | 1 | 1 | 6 | 0 | 0 |
| | Courage Willing / Able To Challenge And Probe | Extreme | Competent | 5 | 7 | 2 | 5 | 0 | 0 |
| | Energy /Time for the Role and Reliability | Extreme | Competent | 5 | 7 | 2 | 5 | 0 | 0 |
| | Emotional Agility And Resilience | Important | Competent | 5 | 7 | 3 | 4 | 0 | 0 |
| | Capacity to learn and grow | Important | Competent | 5 | 7 | 0 | 7 | 0 | 0 |
| Director/ Governance Skills | Strategic and Governance Leadership | Extreme | Expert | 5 | 1 | 1 | 6 | 0 | 0 |
| | Effective Decision Making Including Risk | Extreme | Expert | 5 | 2 | 2 | 5 | 0 | 0 |
| | Stakeholder Communication | Extreme | Expert | 2 | 2 | 2 | 5 | 0 | 0 |
| | Finance | Extreme | Expert | 2 | 1 | 1 | 6 | 0 | 0 |
| | CEO Selection / Monitor / Evaluation | Extreme | Expert | 2 | 1 | 1 | 6 | 0 | 0 |
| | Project Governance | Extreme | Expert | 2 | 2 | 2 | 5 | 0 | 0 |
| | Focus On Delivering Value | Extreme | Expert | 2 | 1 | 1 | 6 | 0 | 0 |
| | Mentoring Skills | Important | Competent | 2 | 7 | 0 | 7 | 0 | 0 |
| | Monitoring | Important | Competent | 2 | 7 | 2 | 5 | 0 | 0 |
| | Compliance | Important | Competent | 2 | 7 | 1 | 6 | 0 | 0 |
| | Policy Frameworks | Important | Competent | 2 | 7 | 0 | 7 | 0 | 0 |
| | Networking | Important | Competent | 2 | 7 | 1 | 6 | 0 | 0 |
| Technical Skills & Experience | Commercial / Business Experience And Acumen | Extreme | Expert | 3 | 6 | 6 | 1 | 0 | 0 |
| | Strategic Development And Implementation | Important | Expert | 2 | 2 | 4 | 3 | 0 | 0 |
| | Finance | Important | Expert | 2 | 1 | 1 | 4 | 1 | 0 |
| | Law | Important | Expert | 2 | 1 | 1 | 3 | 3 | 0 |
| | Information Technology | Important | Expert | 2 | 2 | 2 | 4 | 1 | 0 |
| | Risk Management | Important | Competent | 2 | 7 | 3 | 4 | 0 | 0 |
| | Human Resource Management | Important | Competent | 2 | 7 | 2 | 5 | 0 | 0 |
| | Management Experience In Substantial Orgs | Important | Competent | 2 | 4 | 3 | 1 | 3 | 0 |
| | Contemporary Corporate Governance | Important | Expert | 2 | 3 | 3 | 4 | 0 | 0 |
| | Procurement And Supply Chain | Moderate | Competent | 2 | 4 | 1 | 3 | 3 | 0 |
| | Data Analytics | Important | Competent | 2 | 5 | 2 | 3 | 3 | 0 |
| Industry | Health Management / Administration | Important | Limited | 1 | 7 | 2 | 2 | 3 | 0 |
| | Consumer Advocacy / Stakeholder Engagement | Important | Competent | 1 | 6 | 3 | 3 | 1 | 0 |
| | Outsourcing And Shared Services | Important | Competent | 1 | 6 | 2 | 4 | 1 | 0 |
| | Government & Stakeholder Management Lobbying | Important | Expert | 1 | 3 | 3 | 2 | 2 | 0 |
| | Financial Services Industry | Moderate | Competent | 1 | 4 | 0 | 4 | 3 | 0 |
| | Electronic Commerce | Moderate | Competent | 1 | 3 | 1 | 2 | 4 | 0 |

**Key:**

(Expert - of 7 peers, 5 rated expert and 2 as competent
(Competent - of 7 peers, 5 rated competent or above
((Limited - of 7 peers, 3 rated as limited or below
(None - not applicable
Each Director self-rated, no peer-assessment was conducted

**Appendix 3 – Resolution:**

On behalf of my DHB, I approve the reappointment of NZ Health Partnerships' Independent Directors for the terms outlined in the attached letter.

Signed for and on behalf of:

**AUCKLAND District Health Board by:**

Gwen Tepania-Palmer

**OR**

_____

**Signature**
**Position: Director**

Signed for and on behalf of:

**AUCKLAND District Health Board by:**

Patrick Snedden

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**BAY OF PLENTY District Health Board by:**

Sally Webb

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**CANTERBURY District Health Board by:**

John Wood

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**CAPITAL & COAST District Health Board by:**

Andrew Blair

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**COUNTIES-MANUKAU District Health Board by:**

Hon Vui Mark Gosche

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**HAWKE'S BAY District Health Board by:**

Kevin Atkinson

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**HUTT VALLEY District Health Board by:**

Andrew Blair

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**LAKES District Health Board by:**

Deryck Shaw

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**MIDCENTRAL District Health Board by:**

Dorothy McKinnon

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**NELSON MARLBOROUGH District Health Board by**:

Jenny Black

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**NORTHLAND District Health Board by**:

Sally Macauley

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**SOUTH CANTERBURY District Health Board by:**

Ronal Luxton

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**SOUTHERN District Health Board by**:

Kathy Grant

_____

**Signature**
**Position: Commissioner**

Signed for and on behalf of:

**TAIRAWHITI District Health Board by**:

David Scott

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**TARANAKI District Health Board by**:

Pauline Lockett

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**WAIKATO District Health Board by**:

Sally Webb

_____

**Signature**
**Position: Acting Chair**

Signed for and on behalf of:

**WAIRARAPA District Health Board by**:

Sir Paul Collins

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**WAITEMATA District Health Board by:**

Kylie Clegg

_____

**OR**

**Signature**
**Position: Deputy Chair**

Signed for and on behalf of:

**WAITEMATA District Health Board by:**

Professor Judy McGregor

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**WEST COAST District Health Board by:**

Jenny Black

_____

**Signature**
**Position: Chair**

Signed for and on behalf of:

**WHANGANUI District Health Board by:**

Dorothy McKinnon

_____

**Signature**
**Position: Chair**

# HAC – 2 AUGUST 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

**SOURCE:** **Hospital Advisory Committee**

**DATE:** **16 August 2018**

| Report Status – For: | Decision | ☐ | Noting | ☑ | Information | ☐ |
|---|---|---|---|---|---|---|

## 1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Hospital Advisory Committee's (*HAC*) public meeting held on 2 August 2018.

## 2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 2 August 2018 (Appendix 1).

## 3. APPENDICES

Appendix 1: HAC Draft Minutes – 2 August 2018

Report prepared by: Anna Craw, Board Secretary

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

**MINUTES – PUBLIC**

Canterbury District Health Board
Te Poari Hauora ō Waitaha

**DRAFT**
**MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING**
**held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch,**
**on Thursday, 2 August 2018, commencing at 9.00am**

## PRESENT
Andrew Dickerson (Chair); Jo Kane (Deputy Chair); Barry Bragg; Sally Buck; Dr Anna Crighton; Dr Rochelle Phipps; Trevor Read; and Ta Mark Solomon.

## APOLOGIES
Apologies for absence were received and accepted from Jan Edwards; David Morrell; Ana Rolleston; and Dr John Wood.

## EXECUTIVE SUPPORT
David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Dr Sue Nightingale (Chief Medical Officer); Anna Craw (Board Secretariat); and Charlotte Evers (Assistant Board Secretariat).

## IN ATTENDANCE

### Item 4
Norma Campbell – Director of Midwifery
Nicola Austin – Neonatal Paediatrician
Jen Coster – Maternity Consumer Representative
Nicky Smithies – Project Specialist, Planning & Funding
Wayne Turp – Project Specialist, Planning & Funding

### Item 5
Justine White – Executive Director – Finance & Corporate Services

### Item 6
Kirsten Beynon – General Manager, Laboratories
Sally Nicholas – Group Operations Manager, Burwood Hospital
Toni Gutschlag – General Manager, Specialist Mental Health Services
Berni Marra – Manager, Ashburton Health Services
Win McDonald – Transition Programme Manager, Rural Health Services
Heather Gray – Director of Nursing, Christchurch Campus

### Item 7
Linda Wensley – CCN Programme Manager
Lynley Cook – Continuous Improvement Lead, Population Health Specialist, Pegasus Health Ltd
Nicky Smithies

## 1. INTEREST REGISTER

**Additions/Alterations to the Interest Register**
Sally Buck – Addition
Member, Rose Historic Chapel Trust – Charitable voluntary body managing the operation of the Rose Historic Chapel, a Christchurch City Council owned facility.

There were no other 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 PREVIOUS MEETING MINUTES

**Resolution (12/18)**
(Moved: Trevor Read/Seconded: Sally Buck – carried)

"That the minutes of the meeting of the Hospital Advisory Committee held on 31 May 2018 be confirmed as a true and correct record."

It was noted that the spelling of Colin Peebles was incorrect. This will be corrected.

## 3. CARRIED FORWARD/ACTION ITEMS

The Committee noted the carried forward items.

*Rochelle Phipps arrived at 9.04am.*

## 4. UPDATE ON DEVELOPMENT OF MATERNITY STRATEGY – PRESENTATION

Norma Campbell, Director of Midwifery; Nicola Austin, Neonatal Paediatrician; and Jen Coster, Maternity Consumer Representative presented an update on the development of CDHB's Maternity Strategy. Also in attendance were Nicky Smithies, Project Specialist, Planning & Funding; and Wayne Turp, Project Specialist, Planning & Funding.

The presentation provided an overview of the service, which focuses on women taking greater responsibility for their health whilst pregnant; staying well in their own homes and communities; ensuring women and/or babies receive timely and appropriate care when they are unwell; and that there is equity of access to maternity services for all Canterbury women.

*Jo Kane arrived at 9.11am.*

There was a query on what is being done to improve a woman's health once they are pregnant, particularly around obesity, diabetes etc. It was noted that once a woman is pregnant it is too late to actively reduce their weight, and this is something that should start at the GP level and managed in the maternity setting.

A Committee member asked for the number of stillbirths and neonatal deaths (mother and/or baby) in 2017 for both Christchurch and the Canterbury region. These numbers will be provided by the team.

It was noted that occupancy rates of primary facilities have increased, but not to a large extent. Midwives are the conduit for this change and it is important to educate women away from going to tertiary facilities unless it is medically required.

A Committee member questioned whether any work had been done to source a location for a primary birthing facility. It was noted that there is work underway in this area, with a range of options being considered.

There was discussion around whether the protocols for induction of labour are being adhered to and if maternity providers are reminded of it. It was noted that there is work being done with clinical leaders to maintain consistency in following protocols.

The Chair thanked the team for their attendance and presentation.

*The meeting moved to Item 6.*

## 6. H&SS MONITORING REPORT

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

General Managers spoke to their areas as follows:

**Medical/Surgical & Women's & Children's Health – Heather Gray (for Pauline Clark, General Manager, Christchurch Hospital)**

- Ms Gray provided an update on winter planning, stating that many facilities are now operating at capacity. There is a high rate of operational input and this is expected to continue for the next six weeks.
- Christchurch Hospital is busy, with a high rate of admissions in the midnight-6am period, currently sitting at three times the standard.
- High rate of flow from mental health and GPs, as well as referrals via ambulance, to ED.
- Plans are in place for all contingencies.

There was a query around whether there was a rise in cases of pneumonia this year. It was noted that the rate is not higher than normal, but more people are presenting in ED, particularly the elderly and/or frail.

**ESPIs**

- Currently still red for both counts, and is not expected to recover for several months, due to complex issues.

**Hospital Laboratories –Kirsten Beynon, General Manager**

- There has been a flow on effect in activity due to demand on the Christchurch Campus, with a significant shift in the last week of July.
- A pilot was implemented to provide rapid influenza/respiratory test results, which is anticipated to have an impact on patient flow and decision making. Previously, tests were batched with results only being provided once or twice a day. Data will be available at the end of the season.

There was a query around progress of the lab building. It was noted that currently this is tied up in the strategic assessment with the Capital Investment Committee. Labs are working with the Site Redevelopment Unit and the School of Medicine on a range of contingencies.

**Older Persons, Orthopaedics & Rehabilitation Service – Sally Nicholas (for Dan Coward, General Manager)**

- Work around falls and pressure injuries continues, including looking at environment and communication at handover.
- A Safe Recovery programme will be implemented and a programme educator position has been advertised in order to roll it out to OPH. The pilot will run until the end of September, with data and analysis available after that.
- Burwood is close to capacity, but the teams are working well and coping.

There was a query around the definitions of SAC 1 and SAC 2.

There was a comment from the Committee around limitations on reporting frailty scores and whether there is a way to identify those at greater risk of falls. Cases are looked at on an individu al basis. The Safe Programme being piloted is an evidence based programme, and will work closely with patients to identify their individual risks and needs.

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

- Highlighted the work the Child, Adolescent and Family (*CAF*) Unit has been doing around the ADHD pathway.
- Six auditors from the office of the Ombudsman conducted an unplanned five day audit last week, visiting AT&R, PSAID, Te Whari Manaaki and one ward of Te Awakura. Their verbal feedback was positive, with comments that the staff engage well with consumers and their families. However, there was concern around the adequacy of buildings and the pathway for people with intellectual disabilities and challenging behaviour in the service. The final report will be available in around eight weeks' time.
- AT&R is continuing to work closely with the Ministry of Health (*MoH*) on managing capacity and the number of secure beds. There are currently four consumers in the unit, which is low, but these consumers are challenging.
- Te Awakura is at 100% occupancy, but are currently under 60 consumers, which makes a big difference to staff morale. There is work being done with frontline staff and the clinical leaders in reducing violence and verbal abuse in the unit. Early reports are that this change is positive and it is making things better.
- Staff are having ongoing discussions with Corrections in regards to increasing prison populations and the demand on mental health services.

The Committee discussed the Christchurch City Council's (*CCC*) indication to begin taking refugees and what impact this will have on mental health services. There has been extensive engagement with CCC and the challenges this presents. It is crucial that refugees taken into Christchurch have networks/structures in place, rather than those with no existing framework. Any changes will be staged over a period of time so as not to create a burden on SMHS.

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

- Ward 6 is moving in September, with discussions being held around non-weight bearing and AT&R patients, re-defining the workforce required to support their needs.
- Ward 1 medical occupancy is fluctuating, with the average stay sitting around 2.6 days.
- A successful workshop was held with community providers at the end of June, looking at challenges and opportunities in improving the older patient journey. Five GPs attended, and they expressed their interest in doing things differently. Work to provide a Service Level Agreement (*SLA*) is underway.

**Resolution (13/18)**
(Moved: Ta Mark Solomon/Seconded: Sally Buck – carried)

"That the Committee:

i. notes the Hospital Advisory Committee Activity Report."

*The meeting moved to Item 5.*

## 5. HOSPITAL AND SPECIALIST SERVICES (*H&SS*) 2017/18 YEAR RESULTS - PRESENTATION

Justine White, Executive Director, Finance & Corporate Services, presented an update on the H&SS 2017/18 financial year results.

There was a query from a Committee member around the nurses MECA and whether any can be clawed back from central funding. It was noted that any adjustment will be made in the 2018/19 financial year, as there is no agreed settlement at this stage.

Discussion was held around the running costs of The Princess Margaret Hospital (*TPMH*) and if they are included in the figures for mental health. It was confirmed that they are not included, as the operational costs are kept separate.

*The meeting adjourned for morning tea at 10.30am, reconvening at 10.45am.*
*The meeting moved to Item 7.*

## 7. SYSTEM LEVEL MEASURES FRAMEWORK

Linda Wensley, CCN Programme Manager; Lynley Cook, Continuous Improvement Lead, Population Health Specialist, Pegasus Health Ltd; and Nicky Smithies presented on the implementation of the System Level Measures (*SLM*) framework.

There was a question from a Committee member around whether the smokefree household data is just people that live in the household or whether it includes other members of the family. It was confirmed that it only includes people that live in the same house as the baby.

There was a query around the ethnic disparity in preschool dental enrolments, and whether these ethnicities are targeted to enrol and attend appointments. It was noted that the SLM adds impetus, and also that there is work being done behind the scenes to ensure people who do not attend appointments are re-contacted. The LinKIDS process also works to ensure enrolment in Community Dental Services.

The Committee asked if the SLM data can be viewed. It can be accessed via the SLM viewer, and information on how to access the viewer will be distributed to the Committee. The team was congratulated on the progress made, and how Canterbury is used as an exemplar to other DHBs.

**Resolution (14/18)**
(Moved: Sally Buck/Seconded: Trevor Read – carried)

"That the Committee:

i. notes Canterbury's Implementation of the System Level Measures Framework;
ii. notes Canterbury continues to trend favourably against the System Level Measures;
iii. notes the work underway to finalise Canterbury's 2018-19 System Level Measures Improvement Plan; and
iv. notes Canterbury's 2018-19 focus on wider health provider engagement in actions to progress Canterbury's performance."

## 8. RURAL HOSPITALS - PRESENTATION

Win McDonald – Transition Programme Manager, Rural Health Services, presented on rural hospitals.

There was a query around the Hurunui catchment area. It was confirmed that the population base is identified depending on GP services in the area.

A question was asked about the new Hurunui Model of Care. Carolyn Gullery, Executive Director, Planning, Funding & Decision Support, confirmed that GPs, staff and the community are all on board with the model and it will be cost effective in the long run.

There was further discussion around changing the mindset of identifying rural facilities as hospitals, and looking at changing the language and communication around this.

A Committee member asked if there was a lack of GPs in Amberley, as there is some evidence of long wait times in the town. Further detail will be provided to Ms Gullery, who undertook to look into this.

## 9. CLINICAL ADVISOR UPDATE

Dr Sue Nightingale, Chief Medical Officer, provided updates on the following:

- David Gibbs, Oncologist, has been confirmed as the Haematology/Oncology Chair.
- Anja Werno has been confirmed as the Chief of Labs.
- There is a vacancy in Obstetrics and Gynaecology.
- SMO credentialing is ongoing, with highly engaged teams. There is some pressure on the service due to high demand.
- A guidance document has been produced looking at how SMO non-clinical time is spent in order to add value to the organisation.
- There is a new Resident Doctors Association (*RDA*) contract for RMOs, in order to make rosters compliant. CDHB is further ahead with compliance compared to other DHBs, but there are ongoing issues with continuity.
- A senior clinical leadership team has been set up to look at the Medical Education Training Unit (*METU*) and the Resident Doctors Support Team (*RDST*): how things can be done differently.
- Richard French, Clinical Director, is working to reduce non-sign off of lab and radiology results.
- There has been a lot of work around quality and clearing the backlog of Serious Event Reviews (*SERs*).
- A stocktake has been undertaken to improve quality processes and how staff can work smarter. A Clinical Governance Committee for the provider arm has been set up to assist in this process.
- A governance group has been set up to work on infection prevention and control, with review recommendations available soon.
- A review of the Research Committee and office has been held, with new Terms of Reference approved. The Committee will meet at the end of September.
- A Canterbury initiative around discharge summaries has begun, looking at what they contain and how these are sent to GPs.
- There is now a three tier process for introduction of new technologies, with the need for evidence based reviews for complex cases.
- Work is being done around the health emergency portfolio and business continuity planning, looking at how the work can be divided between the Executive Management Team.

A Committee member queried the gaps in the dermatology workforce. Ms Nightingale confirmed extended training has been offered to GPs to offer dermatology services, as well as expanding the nurse input in this field.

## 10. RESOLUTION TO EXCLUDE THE PUBLIC

**Resolution (15/18)**
(Moved: Trevor Read/Seconded: Ta Mark Solomon – carried)

"That the Committee:

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

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

| | GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED | GROUND(S) FOR THE PASSING OF THIS RESOLUTION | REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9) |
|---|---|---|---|
| 1. | Confirmation of the minutes of the public excluded meeting of 31 May 2018. | For the reasons set out in the previous Committee agenda. | |
| 2. | CEO Update *(If required)* | Protect information which is subject to an obligation of confidence.<br>To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).<br>Maintain legal professional privilege | s 9(2)(ba)(i)<br>s 9(2)(j)<br>s 9(2)(h) |

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

## INFORMATION ITEMS

- 2019 Meeting Schedule
- 2018 Workplan

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 11.51am.

Confirmed as a true and correct record.

_____ _____

Andrew Dickerson
Chairperson

Date

# RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

**SOURCE:** **Corporate Services**

**DATE:** **16 August 2018**

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

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATIONS

That the Board:

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

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

| | GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED | GROUND(S) FOR THE PASSING OF THIS RESOLUTION | REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9) |
|---|---|---|---|
| 1. | Confirmation of minutes of the public excluded meeting of 19 July 2018 | For the reasons set out in the previous Board agenda. | |
| 2. | Chair & Chief Executive's Update on Emerging Issues – Oral Reports | Protect the privacy of natural persons.<br>To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | S9(2)(a)<br>s9(2)(j) |
| 3. | Energy Centre – Boiler Configuration | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | s9(2)(j) |
| 4. | People Report | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | s9(2)(j) |
| 5. | Legal Report | Protect the privacy of natural persons.<br>To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).<br>Maintain legal professional privilege. | S9(2)(a)<br>s9(2)(j)<br><br>s9(2)(h) |

| | | | |
|---|---|---|---|
| 6. | Advice to Board:<br>• Facilities Committee - Verbal *14 Aug 2018*<br>• HAC PX Draft Minutes *02 Aug 2018*<br>• QFARC Draft Minutes *31 Jul 2018* | For the reasons set out in the previous Committee agendas. | |

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

## 3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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

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