AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora o Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 21 November 2019 commencing at 9.00am

	Karakia		9.00am
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes 17 October 2019 (Ordinary Meeting) 29 October 2019 (Special Meeting)		
3.	Carried Forward / Action List Items		
4.	Patient Story		
6.	Canterbury Maternity Strategy	Norma Campbell	9.25-9.40am
7.	Maori & Pacific Health Progress Report	Ngaire Button Matthew Reid	9.40-9.50am
8.	Chair's Update (Oral)	Dr John Wood	9.50-9.55am
9.	Chief Executive's Update	David Meates	9.55-10.30am
MORNING TEA			**10.30-10.45am**
10.	Finance Report	Justine White	10.45-10.55am
11.	Annual Plan Progress Report – Quarter 1	Dr Greg Hamilton	10.55-11.05am
12.	Hospital Advisory Committee Membership	Dr John Wood	11.05-11.10am
13.	Advice to Board: CPH&DSAC – 31 October 2019 - Draft Minutes	Dr John Wood	11.10-11.15am
14.	Resolution to Exclude the Public		11.15am
ESTIMATED FINISH TIME – PUBLIC MEETING			**11.15am**

NEXT MEETING
Tuesday, 17 December 2019 at 9:00am

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*
Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Hector Matthews – *Executive Director Maori & Pacific Health*
Sue Nightingale – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*
Stella Ward – *Chief Digital Officer*
Justine White – *Executive Director Finance & Corporate Services*

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

BOARD ATTENDANCE SCHEDULE – 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	21/02/19	21/03/19	18/04/19	16/05/19	20/06/19	18/07/19	15/08/19	19/09/19	17/10/19	29/10/19 SM	21/11/19
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	√	#	√	√	√	√	^	√	√	#	

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Dr John Wood **Chair CDHB**	**Advisory Board NZ/US Council** – Member 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. **Chief Crown Treaty Negotiator for Ngai Tuhoe** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Treaty Negotiator for Ngati Rangi** Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment. **Chief Crown Treaty Negotiator, Tongariro National Park** Engagement with Iwi collective begins July 2018. **Chief Crown Treaty Negotiator for the Whanganui River** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations** High level agreement in principle reached. Aiming for deed of settlement end of 2019. **School of Social and Political Sciences, University of Canterbury** – Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment. **Te Arawhiti, Office for Maori Crown Relations** **Member Chief Crown Negotiators Forum** Te Arawhiti, are responsible for monitoring and enhancing relations between Maori and the Crown, 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. **Te Urewera Governance Board** –Member 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.
Ta Mark Solomon **Deputy Chair CDHB**	**Claims Resolution Consultation – Senior Maori Leaders Group** – Member This is an Advisory Board to MSD looking at the claims process of those held under State care.

	Deep South NSC (National Science Challenge) Governance Board – Member 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. **Governance Board (General Partnership Limited) Te Putahitanga o Te Waipounamu** – Chair Te Putahitanga o Te Waipounamu is a commissioning entity that works on behalf of the iwi in the South Island to support and enable whanau to create sustained social impact by developing and investing in ideas and initiatives to improve outcomes for Māori, underpinned by whānau-centred principles and strategies, these include emergency preparedness and disaster recovery. Te Pūtahitanga o Te Waipounamu also invests in Navigator roles to support and build whānau capability. **Greater Christchurch Partnership Group** – Member 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). **He Toki ki te Rika / ki te Mahi** – Patron 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. **Interim Te Ropu** – Member An Interim Ropu has been established to work in partnership with the Crown, Ministers, and the joint venture to help develop and shape initial work on a national strategy to prevent and reduce family violence, sexual violence and violence within whānau. The interim Te Rōpū has been appointed by the Minister of Māori Development and the Lead Minister in consultation with the Minister of Māori/Crown Relations. It comprises up to ten members who bring appropriate skills and expertise and who can reflect communities, rangatahi and whānau, urban and regional Māori and wāhine Māori. The group will help inform the terms of reference of the permanent Te Rōpū, with advice due by April 2019. **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 Corporation Limited** – 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. **SEED NZ Charitable Trust** – Chair and Trustee SEED is a company that works with community groups developing strategic plans. **Sustainable Seas NSC (National Science Challenge) Governance Board** – Member 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. **Taranaki Capital Partners Limited** – Director Not for profit company looking after share portfolios for Nga Rauru & Ngati Ruanui. **Te Ohu Kai Moana** – Director 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. **Te Ohu Kai Moana Portfolio Management Services Limited** – Director Sub-committee of Te Ohu Kai Moana **Te Ohu Kai Moana Trustee Limited** – Director & Trustee Charitable Trust of Te Ohu Kai Moana. **Te Putea Whakatupu Trustee Limited** – Shareholder Standalone Trust affiliated to Te Ohu Kai Moana.

	Te Wai Maori Trustee Limited – Shareholder Standalone Trust affiliated to Te Ohu Kai Moana. **Te Waka o Maui** – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity.
Barry Bragg	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CRL Energy Limited** – Director CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB. **Farrell Construction Limited** - Chairman Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Farming** – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions. **Stevenson Group Limited** – Deputy Chairman Property interests in Auckland and mining interests on the West Coast. **Taurus Management Limited** – Director Property syndication company based in Christchurch
Sally Buck	**Christchurch City Council (*CCC*)** – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC. **Registered Resource Management Act Commissioner** From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time. **Rose Historic Chapel Trust** – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.
Tracey Chambers	**Chambers Public Relations Limited** – Director/Shareholder 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. (NB: in resignation process)

Dr Anna Crighton	**Christchurch Heritage Limited** - Chair - Governance of Christchurch Heritage **Christchurch Heritage Trust** – Chair - Governance of Christchurch Heritage **Heritage New Zealand –** Honorary Life Member CDHB owns buildings that may be considered to have historical significance. **The Art Registry Company Limited** - Shareholder **Theatre Royal Charitable Foundation** – Director
Andrew Dickerson	**Canterbury Health Care of the Elderly Education Trust** - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Canterbury Medical Research Foundation** - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Heritage NZ -** Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings. **Maia Health Foundation -** Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital. **NZ Association of Gerontology** - Member Professional association that promotes the interests of older people and an understanding of ageing.
Jo Kane	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Grouse Entertainment Limited** – Director/Shareholder

Chris Mene	**Canterbury Clinical Network** – Child & Youth Workstream Member **Cholmondeley Children's Home** – Contracted Consultant Care standards implementation support. Work with residential care providers in Canterbury for children and young people. These providers are funded by CDHB. **Core Education** – Director Has an interest in the interface between education and health. **Muslim Community Reference Group** – Independent Facilitator Advising Royal Commission of Inquiry into the Attack on Christchurch Mosques on 15 March 2019 (the Royal Commission). **Wayne Francis Charitable Trust** - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.
David Morrell	**British Honorary Consul** Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (*FCO*) may expect Honorary Consuls to become involved in trade initiatives from time to time. **Canon Emeritus - Christchurch Cathedral** The Cathedral congregation runs a food programme in association with CDHB staff. **Earthquake Commission** Niece is a Policy Advisor on the public inquiry into the Earthquake Commission. **Friends of the Chapel** - Member **Great Christchurch Buildings Trust** – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing. **Heritage NZ –** Subscribing Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the 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 heritage significance. **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. **Nurses Memorial Chapel Trust** – Member (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 o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday 17 October 2019 commencing at 9.00am

BOARD MEMBERS

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

APOLOGIES

Apologies were received and accepted from: Sally Buck; Tracey Chambers; and Dr Anna Crighton.

EXECUTIVE SUPPORT

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

APOLOGIES

There were no management apologies.

Hector Matthews opened the meeting with Karakia.

Dr John Wood, Chair, passed the Boards sympathy and condolences to Mary Gordon on her recent bereavement.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Ta Mark Solomon advised that Rangitane Holdings Limited & Rangitane Investments Limited should be deleted from his interests.

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 MINUTES OF THE PREVIOUS MEETINGS

Board member, Jo Kane, raised the issue of the conflict of interest of Aaron Keown at the last meeting and asked that this be further detailed in the minutes.

Ms Kane also raised the matter of the article on the front page of the Press on Wednesday 16 October where Board member Aaron Keown, future Board members Jamie Gough and Catherine Chu were quoted regarding car parking. Ms Kane said that she believed this to be a slight on staff

and could not understand why Mr Keown was not aware of what is being undertaken around car parking as the Board have been kept fully briefed.

Resolution (58/19)
(Moved: Jo Kane/seconded: David Morrell – carried)

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace, Christchurch, on 19 September 2019 be approved and adopted as a true and correct record with the addition: "Aaron Keown accepted that there was a feeling within the Board that he had a conflict of interest in this matter due to his role at the Christchurch City Council".

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. PATIENT STORY

A clip from "Amplify 2025 NHS Experience Day" was viewed.

5. CHAIR'S UPDATE

Dr John Wood, Chair, advised that he had attended a welcome for the Cardiff delegation who are visiting Christchurch at the Design Lab on Monday morning.

Dr Wood acknowledged the results so far of the election process and congratulated everyone who looks like they will be elected and commiserated with anyone who was wanting to become a member of the Board and was unsuccessful.

A query was made as to whether the CDHB had made a submission on the New Zealand Cancer Action Plan 2019-2029. A response will be provided to the member concerned once this was confirmed.

The update was noted.

6. CHIEF EXECUTIVE'S UPDATE

David Meates Chief Executive, took this report as read. He highlighted that it has been an incredibly challenging year with: flooding in Outpatients; the mosque attacks; measles outbreak; the heaviest load over winter including influenza; and the ongoing impacts of the delays around new facilities.

Mr Meates commented that remaining less visible is the level of industrial action currently taking place, with 26 strike notices and 21 of these going ahead. It was noted that the DHB has endured 135 days so far this year of service disruptions resulting from industrial action taken by one Union. It was also noted that this Union is seeking specific patient information where life preserving services are being used. They have been informed that this is inappropriate as these decisions are clinical decisions. It was also noted that this is creating a significant amount of pressure amongst clinicians at the expense of patient care and wellbeing of staff.

Resolution (59/19)
(Moved: Aaron Keown/seconded: Jo Kane – 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 consolidated Canterbury DHB financial result for the month of August 2019 was a net operating expense of $14.043M, which was $0.009M favourable against the draft annual plan net operating expense of $14.052M.

It was noted that the September result shows an unfavourable result for the month of $45k against budget.

It was noted that there are continued stress points within the DHB that we will need to keep very close control over, particularly with the new Hagley facility coming on stream in the near future, and the managed transition of outsourced surgery. In addition to this, we are continuing to see cost pressures as a result of the industrial landscape and around pharmaceuticals.

Discussion took place regarding outsourcing and it was noted that there has been close liaison between the DHB, St Georges, Southern Cross, and Forte Health in this regard.

Discussion also took place regarding liquidity and it was noted that we are requesting an equity drawdown to alleviate this risk.

Resolution (60/19)
(Moved: Ta Mark Solomon /seconded: Jo Kane - carried)

"That the Board:

i. notes the financial result and related matters for the period ended 31August 2019."

8. ADVICE TO BOARD

Andrew Dickerson, Chair, Hospital Advisory Committee (*HAC*), provided an update from the Committee's meeting held on 3 October 2019. Mr Dickerson highlighted the Perioperative Nursing presentation and also the presentation on Ashburton Rural Health Services.

Resolution (61/19)
(Moved: Andrew Dickerson/seconded: David Morrell – carried)

"That the Board:

i. notes the draft minutes from HAC's public meeting on 3 October 2019."

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (62/19)
(Moved: Andrew Dickerson/seconded: David Morrell – carried)

"That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and the information items contained in the report;
ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 19 September 2019	For the reasons set out in the previous Board agenda.	
2.	Annual Report Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	CHL Stairs & Associated Wall Panels Scope Change Request	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Nuclear Medicine SPEC CT Project Scope Change Request	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Surgical Instruments for Hagley Theatre Expansion	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Christchurch Campus Options (Presentation)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Chair & Chief Executive - Update on Emerging Issues (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
8.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
11.	Advice to Board: • HAC Draft Minutes *3 October 2019* • QFARC Draft Minutes *1 October 2019*	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 9.55am.

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Dr John Wood, Chair Date of approval

MINUTES – SPECIAL MEETING

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD SPECIAL MEETING
held at 32 Oxford Terrace, Christchurch
on Tuesday 29 October 2019 commencing at 11.20am

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

CROWN MONITOR
Dr Lester Levy.

APOLOGIES
Apologies for absence were received and accepted from Aaron Keown; Chris Mene; and David Morrell.

EXECUTIVE SUPPORT
David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Ralph La Salle (Acting Executive Director, Planning Funding & Decision Support); Michael Frampton (Chief People Officer); Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Sue Nightingale (Chief Medical Officer); Karalyn van Deursen (Executive Director of Communications); Justine White (Executive Director, Finance & Corporate Services); Rob Ojala (Chair, CDHB Clinical Leader's Group); Richard French (Clinical Leader's Group); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

APOLOGIES
Hector Matthews (Executive Director, Maori & Pacific Health); and Stella Ward (Chief Digital Officer).

Dr John Wood, Chair, thanked Board members who had made special arrangements to be present at today's meeting, as well as attending the detailed presentation provided at the Quality, Finance, Audit & Risk Committee meeting earlier in the day.

The Board acknowledged the passing of former City Councillor and Deputy Mayor, Lesley Keast.

1. INTEREST REGISTER

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

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

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

2. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (63/19)
(Moved Jo Kane/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 item 1;

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Christchurch Campus: Draft DBC / PBC	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

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

There being no further business the public meeting closed at 11.25pm.

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Dr John Wood, Chair Date of approval

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 21 NOVEMBER 2019

DATE	ISSUE	REFERRED TO	STATUS
29 Oct 19	Programme for Christchurch Campus enabling, minimum compliance & demolition works.	Mary Gordon	Today's Agenda – Item 3 (PX).

CANTERBURY MATERNITY STRATEGY

Canterbury District Health Board
Te Poari Hauora o Waitaha

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

SOURCE: **Maternity**

DATE: **21 November 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The first draft of the Canterbury Maternity Strategy Framework was supported by the CDHB Board in April 2019 and along with a workplan was sent out for wider consultation in May 2019. Whilst much of the feedback received was positive, we also received feedback that the draft strategy did not adequately meet principles and values of Tangata Whenua and as a result would not address sufficiently the equity issues facing our population.

Three hui were then held with an increasing group of interested parties to bring into the strategy contributions and perspectives from Māori Health, NGOs, Te Pūtahitanga o Te Waipounamu, Whānau Ora, public health, primary care, Pacific peoples and CALD. The agreed intention was to realign the discussions to reflect how we describe and what we need to do strategically to ensure our maternity strategy meets the needs for Māori, Pacific peoples and the wider Canterbury community.

Through the three hui a maternity strategy framework which has six values that underpin the strategy and a supporting document for these was drafted. At the end of this process it was concluded by the group that the draft framework reflected the views of the wider community to the extent that they would want to be engaged in this work for their community. They also stated that they felt the strategy as it was rewritten would now encourage our wider community to feel comfortable that the Canterbury Maternity System wants to work towards meeting their maternity needs in a culturally competent way.

The second draft of the Canterbury Maternity Strategy Framework was endorsed by the Executive Management Team on 9 October 2019.

2. RECOMMENDATION

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

i. approves the Canterbury Maternity System Strategic Framework, 2019-2024.

3. SUMMARY

The Maternity Strategy:

- Places māmā and pēpi at the centre and they are supported by whānau.
- Is built upon six values: whanaungatanga (everyone belongs), manaakitanga (respect for all), tino rangatiratanga (empowering whanau), aroha (love and empathy), oranga tonutanga (health and wellbeing), and ōritetanga (equity).
- Has three pillars: Preparing for Pregnancy, Giving Birth, and Early Parenting of Pepi. Our work programme supports these three pillars.
- Supports further development of a diverse and culturally competent workforce to meet the needs of Māori, Pacific people and all within our community.

- Places importance on knowing who the population are through accurate data collection and how well we meet their needs.

4. DISCUSSION

The Canterbury Maternity Strategy is ambitious, as it needs to be, to continue to make the changes desired within the Maternity System. Delivering on the strategy requires support from across the system, and building upon existing partnerships and developing new ones with stakeholders from both within and outside of health. A draft workplan, which contains current work that is occurring, has been prepared to indicate how we plan to further achieve what has been set by the strategy.

An important part of the Canterbury Maternity Strategy is to deliver services that meet the needs of Māori, Pacific people and others in our community, and ensure we start to see equity of outcomes as well as service provision. We envisage doing this not only through our work programme but also through improving the cultural competency of our existing workforce and working to grow an increasingly diverse workforce that reflects our community.

5. CONCLUSION

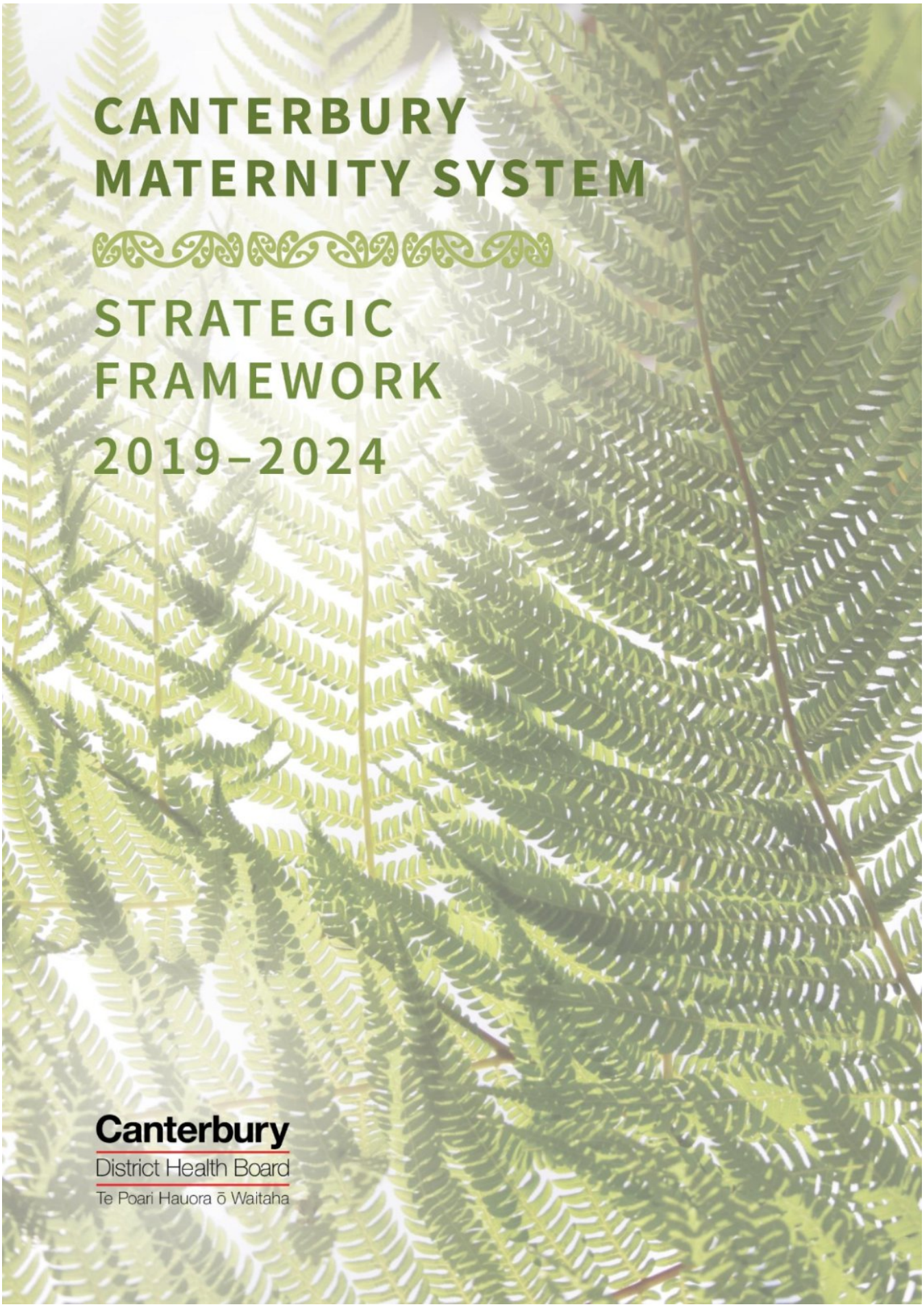
The Canterbury Maternity Strategy has been developed through wide consultation, in particular with Tangata Whenua to develop a strategy that endeavours to deliver changes within the maternity system in order to improve outcomes for all of Canterbury's māmā and pēpi. The strategy has already received the endorsement and support of the Executive Management Team.

A draft workplan has been developed, and once the strategy has been approved by the Board, further work in addition to that which has already commenced with stakeholders will begin to deliver services that improve equitable access and outcomes. This strategy provides us with the ability to further realign our maternity system to better meet the needs of our whole community

6. APPENDICES

Appendix 1:	Canterbury Maternity System Strategic Framework, 2019-2024.
Appendix 2:	Canterbury Maternity System Workplan, 2019-2024.

Report prepared by:	Norma Campbell, Director of Midwifery Ngaire Button, Planning & Funding Finau Leveni, Planning & Funding Nicky Smithies, Planning & Funding
Report approved for release by:	Carolyn Gullery, Executive Director, Planning Funding & Decision Support


CANTERBURY
MATERNITY SYSTEM
STRATEGIC
FRAMEWORK
2019–2024
Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Terms Used in This Strategy

Pēpi
Baby

Wāhine
Women

Whānau
Family group, extended family, can be used to include friends who may not have any kinship ties to other members. In this strategy when we refer to whānau we are letting individuals decide themselves who forms their whānau for their maternity journey.

Hapū
Pregnant

Māmā
Mother, mum

Pāpā
Father, dad

Mana
Prestige, authority, control, power, influence, status, spiritual power, charisma – mana is a supernatural force in a person, place or object.

The use of māmā/mother/wāhine/woman/women/her/she
We recognise that not all people who become pregnant identify with the female gender. However terms specific to female identity are often used in this document for ease of understanding by a wide audience, while acknowledging that this is cis and heteronormative. Where the words māmā/mother/wāhine/woman/women/her/she are used, this is not intended to exclude people of diverse gender identity, gender expression, sex characteristics and/or sexual orientation who are going through their pregnancy journey, in particular trans men or non-binary people who have a uterus.

The use of the word culture
When we use the word culture we are referring to the customary beliefs and indigenous expression of diverse ethnicities and religions. We do not support the culture of gangs, criminal organisations, sexual grooming, violence, drugs and other ways of life that are considered to be negative or detrimental to the wellbeing of whānau.

Contents

Foundation

Te Tiriti o Waitangi. Ko ia tonu te tumu here i ngā iwi katoa i pai ai te noho i Aotearoa. Ko te pokapū ia, arā, te atinga o ngā mahi oranga katoa.

The Treaty of Waitangi is the foundation that binds the peoples of New Zealand. It is at the centre and it is the starting point for all our work in health and wellbeing.

The Treaty provided a basis for all agencies to ensure Māori live long healthy lives; health, education, justice and social services all trace their legitimacy from Te Tiriti o Waitangi.

People from Britain arrived in Aotearoa to be met by iwi Māori who had been thriving for many centuries prior to their arrival. The Crown promised to recognise and protect tino rangatiratanga, Māori authority, over their own affairs; Māori promised to recognise the Crown's authority. The Crown also guaranteed equality for all Māori.

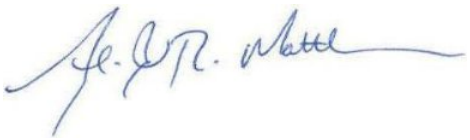
The spirit and intent of the treaty was magnanimous and enlightened. Our ongoing challenge is to enact the intent of the Treaty. In our maternity strategy, as with any strategy, we start with Te Tiriti:

- Our recognition of tino rangatiratanga – the right of Māori to choose and lead what they want and how they want that delivered.
- Our guarantee to partner with Māori at every level of service.
- Our obligation to protect the wellbeing of Māori – this protection must not be passive; we must act to ensure wellbeing is protected.
- Our duty to ensure equity – to actively ensure that inequity is eliminated.
- Our commitment to full Māori participation in all aspects of service.

These obligations to Māori, fall upon the Canterbury District Health Board as agents of the Crown. The process of colonisation has failed Māori while providing advantage and privilege for the colonisers. This must be acknowledged if we are to authentically implement our Te Tiriti obligations in any meaningful way. This must permeate and underpin our entire strategy.

We will ensure Māori aspirations for a healthy life, realising their full potential are enabled in the way services support Māori as tangata whenua.

He manako te kōura i kore ai. Heoi, whakamanawanui tonu.



Hector Matthews
Executive Director of Māori & Pacific Health
Canterbury District Health Board

Background

A diverse population

Canterbury is a diverse society with a large and growing indigenous Māori population. There are a range of other cultures, including significant Pacific and Asian populations. Around 23% of Canterbury residents identify with at least one of these ethnic groups. The proportion of New Zealand European/Pākehā living in Canterbury is reducing.

Our community is diverse

Our population is becoming more diverse. In Canterbury, one person out of every five was born overseas.

9.2 % are Māori

2.5 % are Pasifika

10.8 % are Asian

Second fastest growing Māori population in NZ

New Zealand officially recognises three languages (English, te reo Māori and New Zealand Sign Language). Almost one-fifth of the population is multilingual (with one in five multilingual speakers having te reo as one of their languages). After English, the most common languages spoken in Canterbury (in order) are Māori, French, German, Samoan and Sinitic[1] (not further defined).

The indigenous iwi in Canterbury is Ngāi Tahu. Māori are highly connected through whakapapa (kinship ties), and the wellbeing of individuals is strongly associated with the wellbeing of the wider whānau (family). In Canterbury there are also a large number of Māori who whakapapa (ancestry) to iwi in other parts of Aotearoa. Irrespective of where they reside, most Māori hold strong connections and sense of belonging to their tūrangawaewae (ancestral lands) and marae, and their ability to access and participate in Te Ao Māori (Māori world view). These familial and cultural connections provide a strong and enduring sense of identity and are prerequisites to good health.

Pacific peoples in Canterbury are a youthful and diverse population, there are over 16 distinct Pacific ethnic groups with different languages and culture in New Zealand. The five largest groups of Pacific peoples in Canterbury are Samoan (52%), Tongan (14%), Cook Island Māori (12%), Fijian (12%), and Niuean (3%). One in four Pacific people (and 40% of Pacific children aged 0-4) identify with more than one ethnic group (compared with 7% of non-Pacific people).

The Asian population is very broad, comprising ethnic groups from Afghanistan to Japan. In Canterbury 10.8% of our population identify as Asian. The largest groups nationally are Chinese (35%), Indian (30%), Filipino (9%), and South Korean (6%).

There is a small but growing Middle Eastern, Latin American, and African (MELAA) population of nearly 1% within Canterbury's population.

European New Zealanders are people of European descent, including British and Irish, and people indirectly of European descent, including North Americans, South Africans, and Australians. In the 2013 census, at least 74% of the New Zealand population identified with one or more European ethnicity.

Canterbury also accepts refugees and asylum seekers from diverse backgrounds annually.

Our Maternity Strategy endeavours to resonate with all people in our community, but specifically recognise our bicultural relationship with Māori as Tangata Whenua. The use of two of our official languages is also deliberate, as we endeavour to address equity issues across our community.

[1] Many forms of Chinese (2013 Census data).

Our Vision

Canterbury maternity services provide for the maternity needs of all māmā and whānau as and when needed during their maternity journey in order to enable the best start to life for all pēpi and the ongoing wellbeing of mothers.

Our Values

Ōritetanga

Equity

Every person has the opportunity to access culturally appropriate services. Those who work across the maternity system reflect the community in which we live, and understand, value and support cultural practices that may be different to their own.

Whanaungatanga

Everyone belongs

The whole whānau is included and important, with each person feeling comfortable and as though they belong. Interaction with the maternity system is a mana enhancing experience.

Manaakitanga

Respect for all

The maternity system is hospitable through being welcoming, and respectful. We provide the utmost care for each other.

Tino rangatiratanga

Empowering whānau

Whānau are empowered and supported to make their own informed decisions.

Oranga tonutanga

Health and wellbeing

Whānau have optimal physical, mental, dental and sexual health before, during and after the birth of pēpi. People have the opportunity to enjoy clean smoke free air and clean water wherever they live, work and play (wai ora).

Aroha

Love and empathy

Without bias every person[2] is treated with love, compassion and empathy.

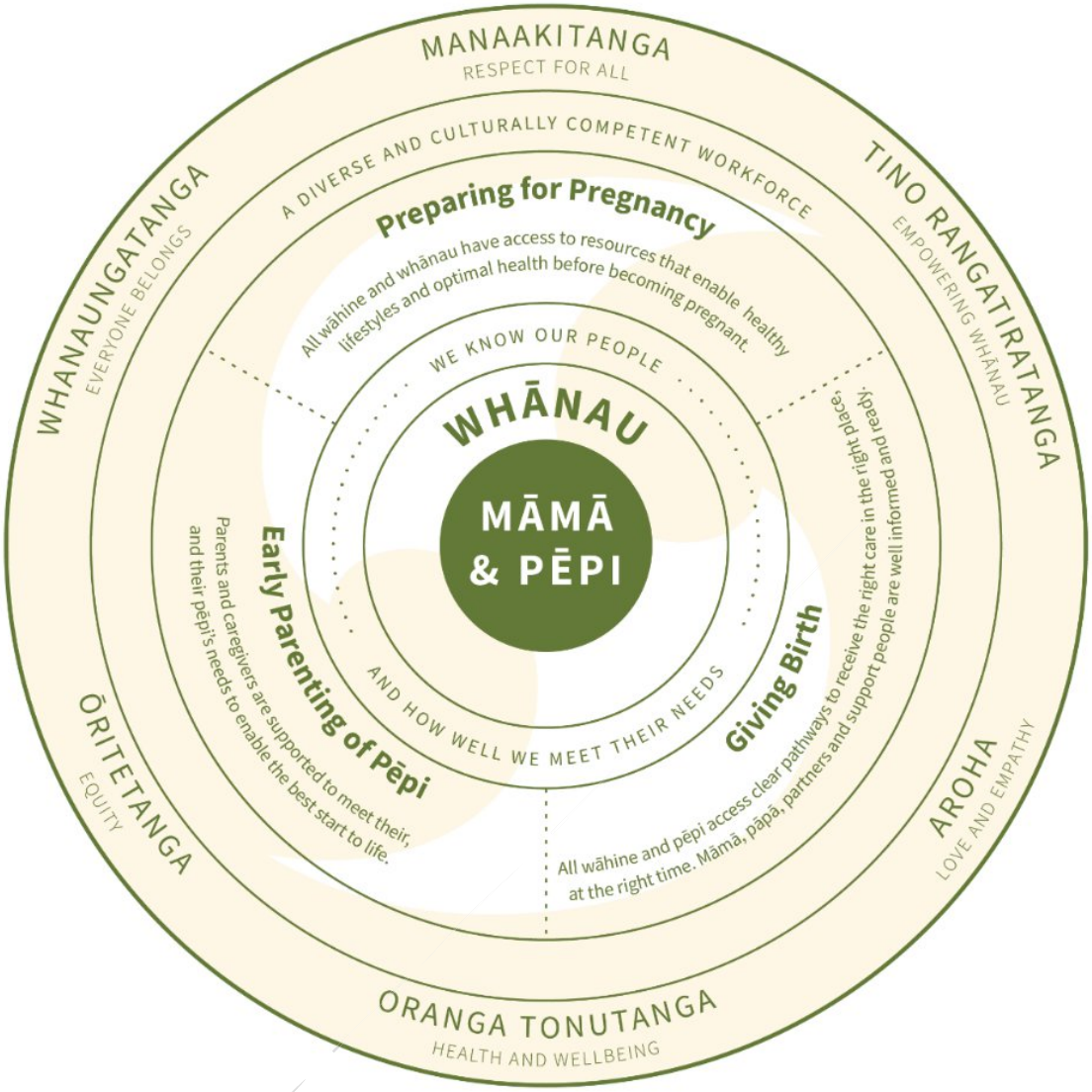
Our Partnerships

Our strategy is ambitious, as it needs to be, to make the changes desired within the Maternity System. For many of the improvements we will build upon existing, and create new partnerships with stakeholders from both within and outside of health. These partnerships will include[3] the organisations listed in Appendix 1.

[2] When we say 'every person' this is inclusive regardless of sexual orientation, gender identity/expression, sex characteristics, ethnicity, age, religion, culture.

[3] If you or an organisation you know isn't named but can add value, please contact us to let us know so that we can work together.

The Framework



The Maternity Strategy puts māmā and pēpi at the centre of what we do and what we want to achieve. Māmā and pēpi are supported by whānau, who are the people the māmā identifies as her support network.

We know our people and how well we meet their needs will be achieved through accurate data collection, storage and analysis. This will enable us to:

- Understand if all whānau are accessing the healthcare they need (Ōritetanga / equity)
- Plan well to meet the needs of our changing population
- Allocate resources appropriately
- Maximise populations based funding opportunities

The Framework has three pillars to align work planning with, these are:

- Preparing for Pregnancy.
- Giving Birth.
- Early Parenting of Pēpi.

Preparing for Pregnancy starts before most will even be thinking about pregnancy. Our system aims to enable all people to make informed choices about becoming parents through access to education, improved health literacy, and culturally appropriate resources.

The Canterbury Maternity Strategy recognises and supports the broader determinants of whānau wellbeing, whānau will thrive when they have access to:

- Healthy kai, healthy housing and necessary resources.
- Healthy relationships and strong community connections.

Giving Birth focusses on the time from when a māmā becomes pregnant, up to and including the birth. The Canterbury Maternity Strategy commits to supporting māmā and their whānau to create an environment that will enable their pēpi to have the best start to life by:

- Providing adequate guidance to enable māmā, pāpā/partner and support people to feel confident in making informed decisions.
- Enabling māmā to confidently access the right care, in the right place and at the right time, for themselves and their unborn pēpi.
- Support the use of rongoā and other traditional practices within whānau as part of acknowledging the cultural diversity within our community.
- Providing community pregnancy support and birthing options that meet the needs of māmā and pēpi to receive care in the right place and at the right time.
- Implement a hub and spoke model for secondary and tertiary level services to improve accessibility across Canterbury and enable timely access when this is needed, locally supported by the secondary/tertiary service.

Early Parenting of Pēpi continues with the foundations set in Preparing for Pregnancy and Giving Birth. Whether new parents or having had a pēpi before, whānau are supported to meet their and their pēpi's needs to enable the best start to life within our community.

The Maternity Workforce

The Canterbury Maternity Strategy is supported by a workforce who support whānau through their maternity journey. We will develop a workforce that is diverse and culturally competent to reflect the culturally diverse community in which we live. Building upon existing relationships and developing new ones with stakeholders that can influence improvement for whānau through the different phases of the maternity journey will enable us to achieve a system that is appropriate for all. Through doing this we can better understand, value and support whānau through this important time in their lives.

Appendix 1

Our Partnerships

- Te Rūnanga o Ngāi Tahu
- Manawhenua ki Waitaha
- Te Rūnanga o Ngā Maata Waka
- Te Pūtahitanga o Te Waipounamu
- New Zealand College of Midwives
- Whānau Ora
- Lead Maternity Carers
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG - New Zealand Committee)
- New Zealand Society of Anaesthetists
- Paediatric Society of New Zealand
- Neonatal Network
- Migrant Services
- Well Child Tamariki Ora
- Pregnancy & Parenting Educators
- Te Kōhanga Reo National Trust
- High Schools/Education/Kura Kaupapa Māori
- Tertiary Education providers – Ara Institute of Canterbury, University of Canterbury
- Family Planning
- Community & Public Health
- Te Hā - Waitaha
- Specialist Mental Health Services
- Primary Health Organisations/Primary Care
- Non-Government Organisation providers
- Early Start Project
- Post-natal depression groups
- Oranga Tamariki
- Work & Income New Zealand
- Housing New Zealand
- NZ Police
- Integrated Safety Response
- Councils (city and regional)
- Consumer organisations – Canterbury Breastfeeding, Post Natal Depression Group, NZ Chinese Association, La Leche League, Home Birth Canterbury, Canterbury Home Birth Association, remote rural and rural hapū and wāhine, Nepalese community, St John of God Waipuna, Pregnancy Help
- Māori providers
- Pacific providers
- Refugee and migrant communities
- Primary Health Organisations
- Te Kāhui o Papaki Kā Tai
- Agencies involved in delivering the Government's Child and Youth Wellbeing Strategy

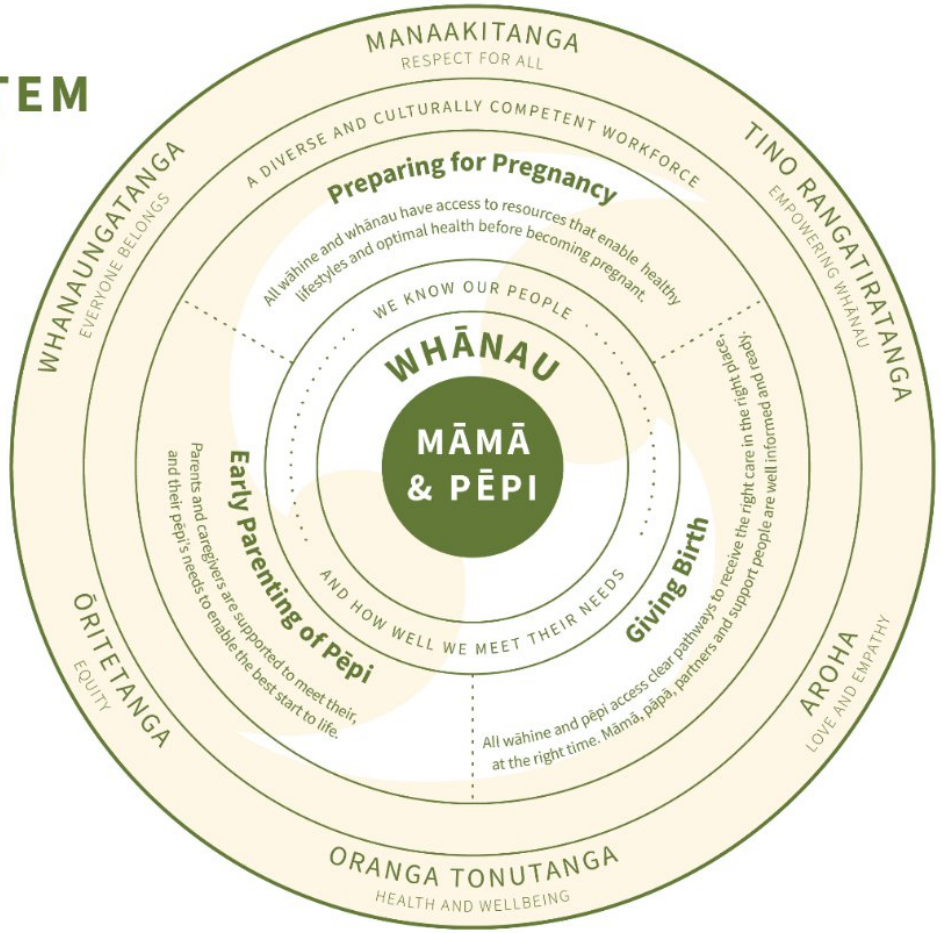

CANTERBURY
MATERNITY SYSTEM
WORKPLAN
2019–2024
Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

CANTERBURY MATERNITY SYSTEM

STRATEGIC FRAMEWORK 2019–2024



Canterbury District Health Board
Te Poari Hauora o Waitaha

Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

OBJECTIVE	ACTIONS	TIMEFRAME	MEASURE OF SUCCESS	ACCOUNTABILITY	
			TARGET	PARTNERS	PROJECT LEAD
Preparing for Pregnancy The concepts within Preparing for Pregnancy start before most will even be thinking about pregnancy. Our system aims to enable all people to make informed choices about becoming parents through access to education, improved health literacy, and culturally appropriate resources.					
Whānau have access to resources that enable healthy lifestyles, live and work in healthy environments and have strong healthy relationships and community connections.	Support whānau to understand health literacy relating to Contraception, STD's, Mental wellbeing, relationship support, primary care. Optimise wāhine health before pregnancy by improving access to dental health, smoking cessation and primary care.		• Reduce the number of regular smokers (SLM). • Higher number of pregnant women are receiving dentistry check-ups. • Women and children receive immunisations as scheduled (CCN). • Increased utilisation of dental health services by adolescents Year 9 to 17 years (SLM). • No babies are born with congenital syphilis. • All women have access to contraception that meets their needs at the right time for them. • Pathway exists to support women who are trying to conceive to cease alcohol consumption.	• Community & Public Health • Canterbury Clinical Network • Community pharmacy • General Practice • Mental Health services • LMC midwives • Dental services • Sexual health services • Te Hā - Waitaha • Addiction services • Integrated Safety Response	
	Strengthen partnerships to support whānau to access healthy housing, healthy food security, employment and education.		• Wāhine state their whānau is supporting them as they start their pregnancy journey. • Women in violent and/or psychologically harmful relationships increasingly feel able to disclose this and work towards safety. • Women have access to healthy kai and are aware of healthy weight before pregnancy and weight gain during pregnancy.	• Community & Public Health • Canterbury Clinical Network • Sport Canterbury • City & Regional Councils • Community gatherings • Education sector • Iwi	

Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

			• Schools incorporate pregnancy and parenting in their health curriculum. • Reduced gestational diabetes mellitus (GDM) rates in Canterbury. • Fewer babies are admitted to the Neonatal Unit. • Fewer adults and infants are admitted with ambulatory sensitive hospital (ASH) conditions (SLM).	• Ngāi Tahu • Marae • Pacific communities • Refugee and migrant communities • Work & Income New Zealand • Housing New Zealand	
Giving Birth Giving Birth focusses on the time from when a māmā becomes pregnant, up to and including the birth. The Canterbury Maternity Strategy commits to supporting whānau to create an environment that will enable their pēpi to have the best start to life.					
Māmā and pēpi access clear pathways to receive the right care in the right place, at the right time.	Realign maternity services to provide care closer to home when clinically indicated. Review tertiary maternity services to better meet the needs of high acuity māmā and pēpi. Enable māmā and whānau to be well informed and confident around birth and caring for pēpi. Support for women to access midwifery led birthing units that are desirable and meet the needs of our population.		• Satellite antenatal clinics are available for women to attend if needed. • Navigation of the maternity system in Canterbury makes sense to our communities. • Women in rural areas have improved access to maternity services closer to home. • Fetal Maternal Medicine and High Risk Obstetrics have telehealth capacity at Christchurch Women's Hospital. • More women commence their labours at midwifery led units, or at home. • More births in midwifery led birthing units improving capacity at CWH tertiary unit. • Increased capacity for community birthing, including a CDHB-led central city primary birthing unit. • Intervention in pregnancy and labour is closely measured and reflects evidence practice.	• LMCs • Christchurch Women's Hospital Maternity team • Midwifery Led Units • Christchurch Hospital campus management team • Telemedicine • Canterbury Clinical Network • LMCs • Consumer network • Kaikōura, Hurunui and Ashburton communities • West Coast women who need to access Tertiary services	

Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

			• Clarity of access for obstetric services at Christchurch Women's by a realignment of service provision. • Establishment of a combined neonatal and maternity transitional care unit for babies and their māmā at Christchurch Women's Hospital. • Data dashboards encourage practitioners to monitor their outcomes. • The community are aware of the maternity outcomes for our system by ethnicity. • Women experience equitable outcomes with improved outcomes for Māori Pacific, Indian and mothers under 20 years. • Lack of accessibility, whether due to social, cultural, disability or cost reasons, to maternity services no longer occurs.		
Māmā, pāpā, partners and whanau/ support people are well informed and ready, and have the confidence and skills to provide their pēpi the best start to life.	The DHB advocates for the development of support structures for hapu wāhine which may not have been present or visible in the past and encourages linkages with the wider health team to meet their needs.		• In Canterbury everyone understands that it takes all of us to support new māmā with their pēpi.	• Maternity team led by midwives • Well Child Tamariki Ora • Primary Care • Pregnancy & Parenting Educators • Community support groups • Community	
Early Parenting of Pēpi Early Parenting of Pēpi supports parents, whether new, or having had a pēpi before to meet their and their pēpi's needs to enable the best start to life.					
Pēpi have the best start to life with the support of māmā and whānau.	Improved supports are established for māmā as they learn how to breastfeed and whilst this is establishing.		• Increased proportion of pēpi exclusively or fully breastfed at 3 months,	• Canterbury Clinical Network	

Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

	PPE programme reviewed to ensure it effectively covers what new parents need to know, and is culturally appropriate for Māori and others within the community. Support work within the SUDI Prevention Plan. Work with the Child & Youth Workstream to deliver on its workplan (CCN).		particularly for Māori, Pacific and Quintile 5 (CWO6). • The whole community understand that babies sleep on their backs, in their own sleep space, Smokefree, drug free and face clear. • All staff understand and advocate for SUDI prevention. • Reduced SUDI in Canterbury. • Increased proportion of pēpi live in smokefree homes (SLM). • The number of Māori and Pasifika pēpi living in smokefree homes is increasingly equitable (SLM). • A minimum of 95% of Canterbury pēpi are immunised as per the immunisation schedule (CCN). • More whānau access Well Child Tamariki Ora to enable their pēpi to continue with regular health and wellbeing checks.	• Maternity team led by midwives • Well Child Tamariki Ora • Primary Care • Community support groups • Community	
	Mental and emotional wellbeing for māmā is openly discussed and whānau understand post-natal wellbeing. Promotion of available and accessible services that meet the needs of our community for māmā and their whānau who are concerned about mild to moderate perinatal mental illness.		• Women know where to seek help and it is available to them. • Mental health support is discussed openly and mothers access services for support. • Whānau access mental health services for children showing signs of, or have, mental illness.	• Whānau • Mental Health Services • Mother and babies unit • Post-natal depression groups • Midwives • Primary Care • Well Child Tamariki Ora • PPE Providers	

Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

A diverse and culturally competent workforce The Canterbury Maternity Strategy is supported by a workforce that is diverse and culturally competent to support whānau through their maternity journey.					
Everyone feels welcome and comfortable receiving care from those who make up the Canterbury maternity workforce.	Develop a diverse and culturally competent workforce. Implement recruitment strategies that enable the growth of all our maternity workforces to meet demand and fill vacancies. Work to achieve safe staffing levels in all CDHB units. Implement Trendcare and CCDM. Build upon close working arrangements with all tertiary education sectors plus our internal education for administration and Hospital aid workers to promote midwifery as a career. Closely work across the South Island to ensure we maximise our clinical workforces		• Increased proportion of Māori are employed into maternity roles. • The maternity workforce reflects the community we work in. Staff have increased confidence and competence in greeting people and communicating across Canterbury's diverse community. • All staff receive education about the Canterbury population and how to care for them. • All wāhine and whānau entering the maternity system are respected and valued for who they are. • We Care About Your Care feedback reflects that our community feel comfortable in our maternity spaces. • No person faces discrimination or stigma on the grounds of ethnicity, disability, or other reason. • Institutional racism is recognised and improvement processes are in place.	• Ministry of Education • Tertiary education providers including Ara and Otago University. • Diversity and Inclusion Strategy team. • People and Capability • Healthlearn • SIAPO	
We know our people and how well we meet their needs Accurate data collection, storage and evaluation will enable us to support actions to address inequities so that we can provide appropriate services and have a maternity system that meets the needs of all.					
We know Canterbury people and how well we meet their needs.	Collection of accurate and complete data with the SIPICS and HCS launch. Establish dashboards that provide responsive data reports. Electronic use and sharing of data including with community lead maternity carers is established.		• Audits demonstrate collection quality. • Demand forecasting is possible. • We meet data standards, eg Snowmed. • All our data is accurate but specifically our ethnicity data. • Data is available in a central warehouse.	• Midwives - LMC and core • Medical teams • Administration • ISG • Vendors of the tools we own • Decision Support	

MĀORI AND PACIFIC HEALTH PROGRESS REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Executive Director, Māori and Pacific Health**

DATE: **21 November 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report provides an update on progress and activities pertaining to Māori and Pacific Health.

2. RECOMMENDATION

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

i. notes the Māori and Pacific Health Progress Report.

3. DISCUSSION

Canterbury Māori Health Dashboard Report

Attached (Appendix 1) to this report is the latest Canterbury Māori Health Dashboard Report. The Māori Health Dashboard Report is primarily a monitoring document and we measure our performance across a range of targets, although it represents a small part of the actual targeted activity for our Māori population in Canterbury.

The Canterbury DHB focuses on priority areas that show how the system is working towards Pae Ora. We seek to reduce and eliminate the health inequities that have long persisted in the Māori population as a step towards pae ora for Māori in our community.

Although we have much more work to do, it is pleasing that the improvement that was observed in the last report to CPH&DSAC has continued. The dashboard shows we are maintaining our earlier improvement trending in areas that have been a struggle for our DHB:

- Children's oral health. For the first time ever we have crossed the 50% mark for both indicators that we monitor and have now had slow, steady improvement each year for three consecutive years.
- Māori women cervical screening. We have now had improvement in screening rates for Māori women for each of the past four quarters and are now a full 10% higher than 2016/17.

In the areas of child health, the before School Checks have also shown strong improvement in the targets that we monitor. Given that the Māori population is much younger than general population, this is a particularly important metric to demonstrate improvement.

Despite the inequity that is still present, it is also pleasing to see the steady improvement in woman who are smokefree two weeks postnatal.

Canterbury Pacific Health Dashboard Report

Also attached (Appendix 2) to this report is the latest Canterbury Pacific Health Dashboard Report. The Pacific Health Dashboard Report, like its Māori sibling, is primarily a monitoring document and we measure our performance across a range of targets, although it represents a small part of the actual targeted activity for our Pacific population in Canterbury.

The Canterbury DHB focuses on priority areas that show how the system is working towards reducing and eliminating the health inequities that have also long persisted in the Pacific population.

Again, although we have much more work to do, the dashboard continues to show successive improvement trending in children's oral health enrolment, which is encouraging. There are also encouraging signs in the continuing improvement of HPV immunisation.

Similar to our Māori population, in the areas of child health, the before School Checks have also shown strong improvement in the targets that we monitor. Given that the Pacific population, like the Māori population, is also much younger than general population, this is a particularly important metric to demonstrate improvement.

Despite the inequity that is still present, it is also pleasing to see the steady improvement in woman who are smokefree two weeks postnatal.

Please note the tables below both the Māori and Pacific dashboards which describe the measure, data source and period of latest results for each indicator. There is a lag time between some of the data being received and the Ministry of Health (*MoH*) publishing the data. These dashboards represent the latest data.

National Māori Health Indicators Dashboard Report

Also attached (Appendix 3) to this report is the latest National Māori Health Indicators Report, (sourced from http://trendly.co.nz), which enables us to compare performance by ethnicity (Māori vs non-Māori), and by DHB.

The target field is blank where there is no target, or the indicator assigned by the MoH is a specific target tailored for each DHB. Rheumatic fever is not displayed in the dashboard table because the MoH reports total population and South Island data is aggregated.

The report demonstrates that although Canterbury is one of the better performing DHBs for our Māori population, there are still stark differences between Māori and non-Māori across all DHBs, but we are making progress towards improving. Such comparisons provide compelling data as to why we should be targeting Māori to reduce inequity in our system.

Action Points from February 2019

<u>Māori Health Strategy</u>

Manawhenua Ki Waitaha along with other key Māori groups such as The Māui Provider Collective and Te Kāhui Papaki o Kā Tai (*TKOP*) have been involved and engaged with the development of the CDHB Maternity Strategy. Because it has taken several months and gone through many changes, the Maternity Strategy has many elements that these groups favour in a Māori Strategy.

These groups have been instrumental in developing an explicit commitment to Te Tiriti, our obligations to Māori under Te Tiriti and explicitly stating the importance of equity within the Maternity Strategy which also overtly states the importance of foundational values in te reo:

- Ōritetanga
- Whānaungatanga
- Manaakitanga

- Tino rangatiratanga
- Oranga tonutanga
- Aroha

This is testament to the input of Manawhenua, TKOP, the Māui Provider Collective and others. Manawhenua Ki Waitaha will have their AGM in October and we will begin the process of developing our CDHB Māori Health Strategy, however, the development of the Maternity Strategy has been a great forerunner to the next step of developing a Māori Health Strategy and we can shamelessly borrow much from it with respect to both process and content. The document is simple and easy to follow too, which means people will generally find it easier to engage with.

Whānau Ora

Whānau Ora Primary Health Research. Canterbury base research company, Ihi research has teamed up with Moana Research and Pasifika Futures (Whānau Ora commissioning agency) to undertake a Whānau Ora Primary Health Research Project.

The project is supported with funding from Treasury who want more empirical evidence on a Whānau Ora approach to primary health services as a first step of improving whānau health.

This initiative seeks to identify the merits for increased investment in whānau centred primary health provision drawing on the strengths of Whānau Ora at the interface of Primary Health in community-based settings. The primary objective is to leverage from the achievements of Whānau Ora to improve the efficacy of health services and care to Māori and Pacific whānau. A key focus is demonstrating the merits of whānau centred health models in achieving Whānau Ora outcomes in contribution to the State Sector's Wellbeing policy framework.

Te Pūtahitanga o Te Waipounamu (Whānau Ora commissioning agency) is currently in the process of assessing their ORA funding applications.

ORA is an acronym for the Opportunity to Realise your Aspirations. Te Pūtahitanga o Te Waipounamu supports whānau to realise their aspirations through this fund.

Initiatives must demonstrate a kaupapa Māori approach, e.g. whānau centred, use of te reo Māori, incorporation of mātauranga Māori, inclusion of te ao Māori values, collaboration with other Te Pūtahitanga initiatives.

Initiatives must be aligned with Seven Pou, designed to achieve specific Whānau Ora outcomes. They must support whānau to be:

- self-managing;
- living healthy lifestyles;
- participating fully in society;
- confidently participating in te ao Māori;
- economically secure;
- successfully involved in wealth creation; and
- cohesive, resilient and nurturing and responsible stewards of their living and natural environments.

4. APPENDICES

Appendix 1: Canterbury Māori Health Dashboard Report, September 2019
Appendix 2: Canterbury Pacific Health Dashboard Report, September 2019
Appendix 3: National Māori Health Indicators Dashboard Report, October 2019

Report prepared by: Hector Matthews, Executive Director, Māori and Pacific Health

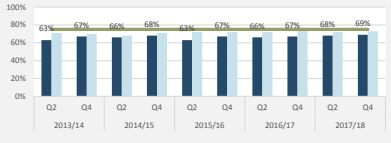
Canterbury DHB Māori Health Action Dashboard Report
September 2019

Kia whakakotahi te hoe o te waka
WE PADDLE OUR WAKA AS ONE

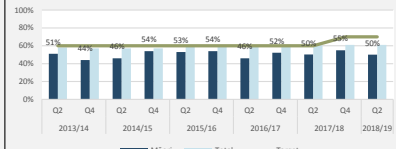
- The target is met for Māori
- The target is not met or the difference between Māori and non Māori is between 5% and 10%
- The difference between Māori and non Māori is greater than 10%

Tamariki Health and Wellbeing

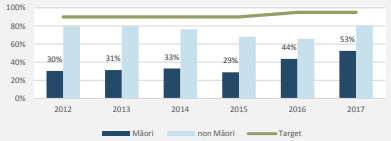
BREASTFEEDING
Babies exclusively / fully breastfed at LMC discharge



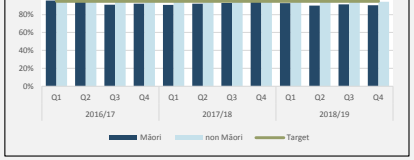
BREASTFEEDING
Babies exclusively / fully breastfed at 3 months old



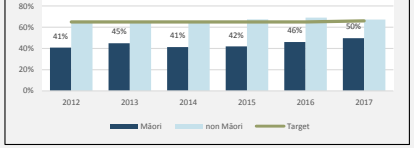
ORAL HEALTH
Pre-school children (aged 0-4 years) enrolled with school and community dental services



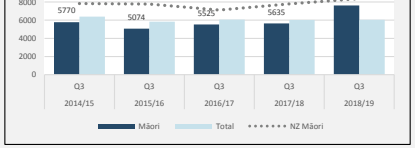
IMMUNISATION
Eight month old children fully vaccinated



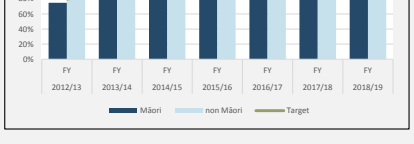
ORAL HEALTH
Children caries free (no holes or fillings) at age 5 years



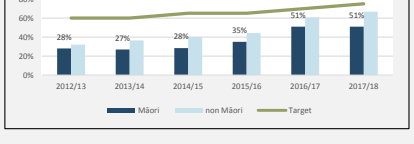
EARLY INTERVENTION
ASH children (aged 0-4), rate per 100 000 people



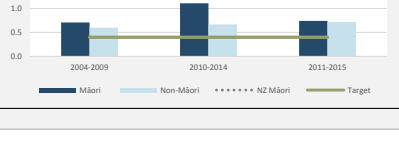
B4SCHOOL CHECK
Children receiving a B4SC by age 4 years



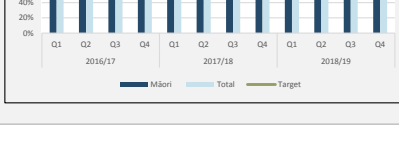
IMMUNISATON
Eligible girls receiving final dose of the HPV vaccination



EARLY INTERVENTION
Sudden Unexpected Death in Infancy (SUDI)

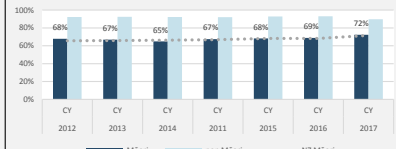


B4 SCHOOL CHECK
Children with a BMI >98th percentile are referred to a health specialist

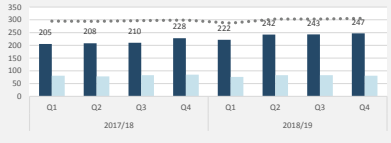


Adult Health and Wellbeing

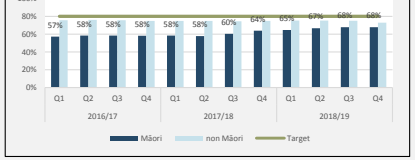
SMOKING
Women smokefree at two weeks postnatal



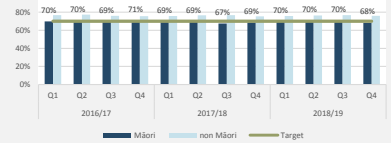
MENTAL HEALTH
Rate of Community Treatment Orders



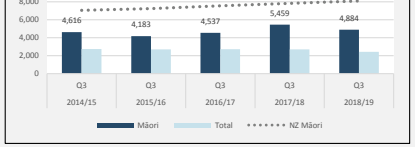
CANCER
Women aged 25-69 years who had a cervical screen in the previous three years



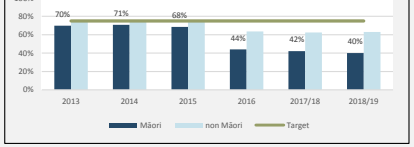
CANCER
Women aged 50-69 years who had a breast screen in the previous two years



EARLY INTERVENTION
ASH adults (aged 45-64), rate per 100 000 people

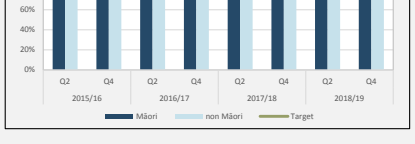


IMMUNISATION - INFLUENZA
People aged over 65 who have had a seasonal influenza vaccination



Enablers to support Improved Health and Wellbeing

ENGAGEMENT
Population enrolled with a PHO

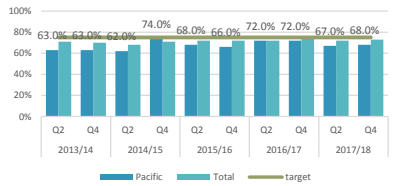


Indicator Full Name	Data Source	Data Notes
Infants are exclusively or fully breastfed at discharge from LMC	National Maternity Collection (MAT)	Data may be incomplete, excluding data where records have no status
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset	
Percentage of Infants fully vaccinated at eight months	National Immunisation Register	
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"	Results are provided annually in line with the school year. The next release is expected in March 2020
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)	
B4SCs are started before children are 4½ years	B4 School Check	
Percentage of children caries-free for 5 years	Canterbury DHB Community Oral Health Service database "Titanium"	Results are provided annually in line with the school year. The next release is expected in March 2020
Percentage of eligible girls receiving final dose of the HPV immunisation	National Immunisation Register	
Rate of SUDI per 100,00 live births	The Mortality Collection (MORT)	
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MAT)	MAT data can take up to two years to show all events which may explain deviation between reports
Population under Mental Health Act: section 29 Community Treatment Orders, rate per 100 000 population	Project for the Integration of Mental Health Data (PRIMHD)	Data is provided 3 months in arrears for each reporting quarter
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit	
ASH rates per 100,000 Adults 45-64 years old	National Minimum Dataset (NMDS)	
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	This measure has changed from using PHO enrolled population data to census population data. The reporting dates have changed from 2016, the reporting period now covers Mar- Sep where previously this was Jan-Dec. Results are not directly comparable between 2017 and previous years.
Percentage of the population enrolled with a PHO	Canterbury DHB data Q2 onwards PHO Enrolment Collection	
Children with a BMI >98th percentile are referred to a health specialist	B4 School Check	

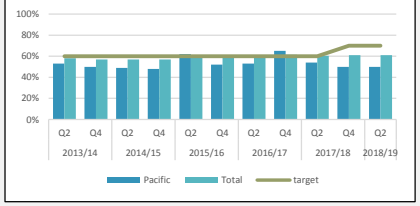
Pacific Health Dashboard
September 2019

- The target is met for Pacific
- The target is not met and the difference between Pacific and Total is less than 10%
- The difference between Pacific and Total is greater than 10%

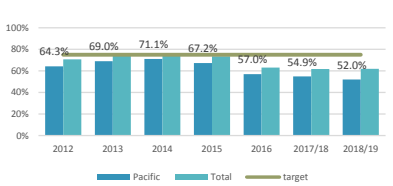
BREASTFEEDING
Babies exclusively / fully breastfed at LMC discharge



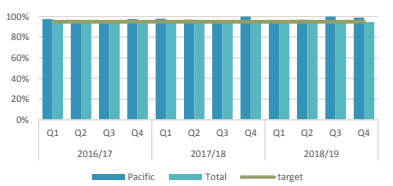
BREASTFEEDING
Babies exclusively and fully breastfed at 3 months



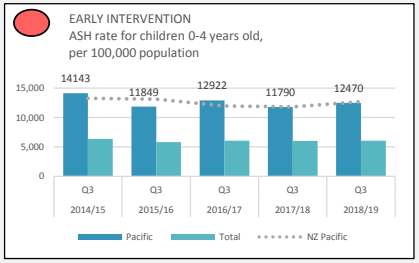
IMMUNISATION
People aged over 65 years who have had a seasonal influenza vaccination



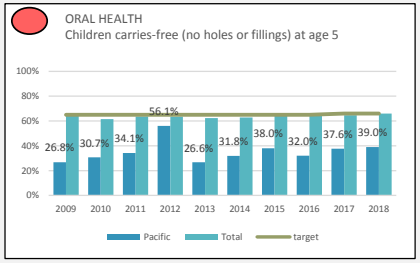
IMMUNISATION
Infants fully immunised by eight months of age



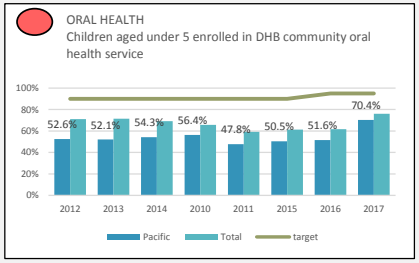
EARLY INTERVENTION
ASH rate for children 0-4 years old, per 100,000 population



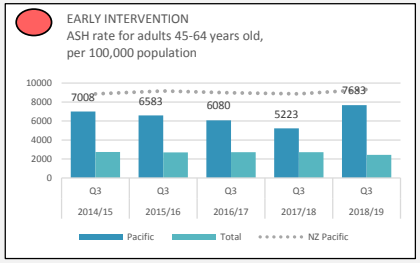
ORAL HEALTH
Children carries-free (no holes or fillings) at age 5



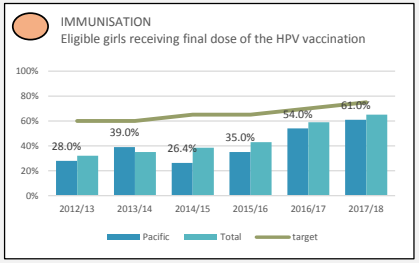
ORAL HEALTH
Children aged under 5 enrolled in DHB community oral health service



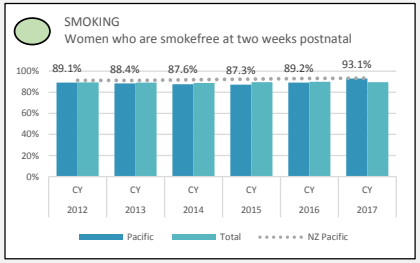
EARLY INTERVENTION
ASH rate for adults 45-64 years old, per 100,000 population



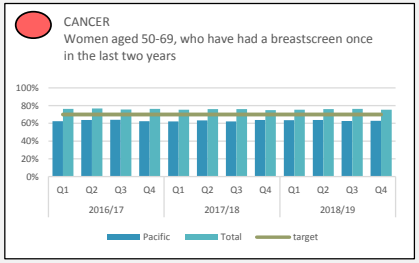
IMMUNISATION
Eligible girls receiving final dose of the HPV vaccination



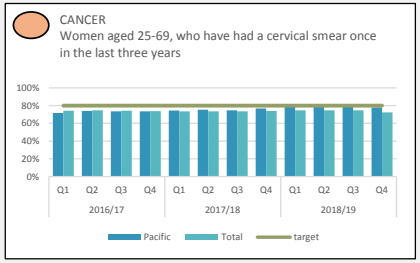
SMOKING
Women who are smokefree at two weeks postnatal



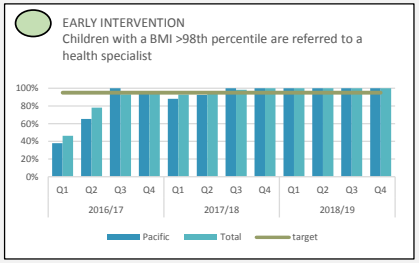
CANCER
Women aged 50-69, who have had a breastscreen once in the last two years



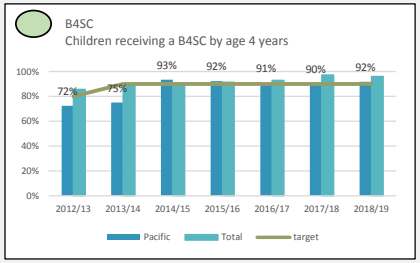
CANCER
Women aged 25-69, who have had a cervical smear once in the last three years



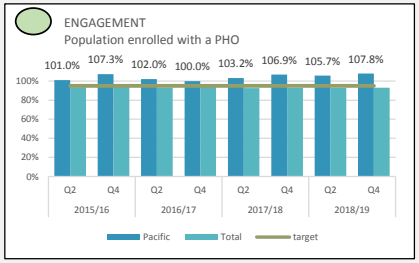
EARLY INTERVENTION
Children with a BMI >98th percentile are referred to a health specialist



B4SC
Children receiving a B4SC by age 4 years



ENGAGEMENT
Population enrolled with a PHO



Indicator Full Name	Data Source	Latest Reporting Period	Data Release Date	Data Notes	Additional Notes
Infants are exclusively or fully breastfed at discharge from LMC	National Maternity Collection (MAT)	Oct - Dec 2017	Nov 2018	Data may be incomplete, excluding data where records have no status	
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset	Apr - Jun 2018	Jun 2018		
Percentage of Infants fully vaccinated at eight months	National Immunisation Register	Oct - Dec 2018	Dec 2018		
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2017	Mar 2018	Results are provided annually in line with the school year. The next release is expected in March 2020	Due a change in calculation method Pacific Oral health results are not available for the 2018 year. Results will be updated in a future release.
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)	Dec 2014 -Dec 2018	Jan 2019		
B4SCs are started before children are 4½ years	B4 School Check	Jul 2017 - Jun 2018	Jul 2018		
Percentage of children caries-free for 5 years	Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2017	Apr 2018	Results are provided annually in line with the school year. The next release is expected in March 2020	Due a change in calculation method, Pacific Oral health results are not available for the 2018 year. Results will be updated in a future release.
Percentage of eligible girls receiving final dose of the HPV immunisation	National Immunisation Register	Apr - Jun 2018	Jul 2018		Finalised HPV rates for 2018/19 are not yet available from the Ministry of Health
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MAT)	Jan - Dec 2016	Apr 2018	MAT data can take up to two years to show all events which may explain deviation between reports	
Population under Mental Health Act: section 29 Community Treatment Orders, rate per 100 000 population	Project for the Integration of Mental Health Data (PRIMHD)	Jul 2017- Dec 2018	Dec 2018	Data is provided 3 months in arrears for each reporting quarter	
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	Oct - Dec 2018	Jan 2019		
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit	Jul - Sep 2018	Nov 2018		
ASH rates per 100,000 Adults 45-64 years old	National Minimum Dataset (NMDS)	Jun 2014 -Jun 2018	Oct 2018		
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	Mar - Sep 2018	Oct 2018	This measure has changed from using PHO enrolled population data to census population data. The reporting dates have changed from 2016, the reporting period now covers Mar- Sep where previously this was Jan-Dec. Results are not directly comparable between 2017 and previous years.	
Percentage of the population enrolled with a PHO	Canterbury DHB data Q2 onwards PHO Enrolment Collection	Apr - Jun 2018	Jul 2018		
Children with a BMI >98th percentile are referred to a health specialist	B4 School Check	Jul - Sep 2018	Oct 2018		

National Māori Health Indicators Māori Dashboard Report - October 2019

Indicator	Data Period	Target	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	South Canterbury	Southern	Tairawhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui
PHO Enrolment	Jul-Sep 2019	90%	74.0%	98.0%	85.0%	81.0%	92.0%	99.0%	91.0%	97.0%	81.0%	89.0%	103.0%	84.0%	86.0%	98.0%	86.0%	90.0%	96.0%	81.0%	86.0%	97.0%
ASH (0-4 yrs)	Mar 19	-	6489	8519	7614	7880	6398	8710	10379	10475	6617	5667	9167	4839	7611	7647	8863	12150	7955	6415	10732	9796
ASH (45-64 yrs)	Mar 19	-	7102	7899	4884	5873	9536	9833	7907	9219	8037	5215	9125	5172	5004	6528	9920	9508	6721	8124	5942	11587
Breastfeeding (3 mths)	Jan-Jun 2018	70%	50.0%	49.0%	54.0%	50.0%	46.0%	36.0%	40.0%	40.0%	43.0%	50.0%	55.0%	52.0%	44.0%	45.0%	53.0%	43.0%	41.0%	52.0%	52.0%	41.0%
Breast Screening (50-69 yrs)	Apr-Jun 2019	70%	58.3%	66.1%	68.2%	66.9%	65.2%	70.4%	69.2%	64.8%	66.0%	74.1%	73.5%	62.6%	68.7%	67.0%	60.8%	58.8%	66.4%	66.0%	70.0%	74.8%
Cervical Screening (25-69 yrs)	Jan-Mar 2019	80%	52.5%	73.5%	67.6%	62.7%	63.8%	75.9%	68.4%	76.0%	64.6%	73.3%	73.3%	63.5%	70.4%	73.7%	76.0%	69.7%	68.1%	61.2%	70.5%	72.3%
Immunisation (8 mths)	Apr-Jun 2019	95%	82.1%	75.3%	90.4%	87.0%	83.5%	87.9%	86.9%	79.0%	83.6%	83.0%	80.6%	100.0%	85.3%	83.9%	89.1%	82.8%	86.4%	84.6%	84.6%	77.3%
Immunisation (Influenza)	Mar-Sep 2018	75%	35.0%	51.0%	39.0%	44.0%	46.0%	53.0%	47.0%	31.0%	42.0%	49.0%	44.0%	37.0%	45.0%	51.0%	43.0%	49.0%	50.0%	37.0%	50.0%	70.0%
Mental Health	Year to Mar 2019	-	483	209	247	494	334	407	269	285	297	132	484	171	272	260	233	462	367	326	206	307
Oral Health	Jan-Dec 2018	95%	67.2%	95.5%	41.5%	68.0%	67.7%	78.0%	81.6%	89.4%	51.7%	70.4%	82.3%	34.5%	0.0%	101.1%	78.1%	85.0%	87.4%	71.4%	90.0%	121.9%
SUDI	2012-2016 combined	-	0.73	0.61	0.92	1.92	2.15	1.54	1.36	1.18	1.49	-	1.03	-	1.96	2.37	1.55	1.75	-	-	-	2.97

National Māori Health Indicators non-Māori Dashboard Report - October 2019

Indicator	Data Period	Target	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	South Canterbury	Southern	Tairawhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui
PHO Enrolment	Jul-Sep 2019	90%	82.0%	100.0%	93.0%	94.0%	92.0%	98.0%	100.0%	98.0%	97.0%	100.0%	97.0%	99.0%	95.0%	98.0%	97.0%	97.0%	101.0%	93.0%	95.0%	99.0%
ASH (0-4 yrs)	Mar 19	-	5223	5794	5427	5567	4637	5722	6882	6742	5177	3612	5858	3722	5447	5126	6860	8149	4330	4626	5986	5031
ASH (45-64 yrs)	Mar 19	-	2671	2942	2277	2649	2739	3491	3992	3383	3901	2412	3304	3251	2799	2818	4686	3298	3361	3421	3272	5108
Breastfeeding (3 mths)	Jan-Jun 2018	70%	65.0%	65.0%	62.0%	68.0%	53.0%	61.0%	60.0%	60.0%	58.0%	64.0%	73.0%	66.0%	61.0%	71.0%	59.0%	60.0%	66.0%	66.0%	63.0%	57.0%
Breast Screening (50-69 yrs)	Apr-Jun 2019	70%	64.6%	75.0%	75.9%	71.9%	72.7%	74.0%	75.2%	72.2%	78.2%	79.7%	70.4%	76.4%	75.3%	72.5%	75.3%	70.1%	78.3%	65.5%	77.3%	81.1%
Cervical Screening (25-69 yrs)	Jan-Mar 2019	80%	64.2%	83.6%	75.1%	78.0%	68.9%	76.6%	76.8%	78.3%	78.3%	81.7%	76.7%	77.3%	79.0%	79.8%	82.8%	78.2%	78.5%	71.4%	75.0%	77.4%
Immunisation (8 mths)	Apr-Jun 2019	95%	93.4%	83.7%	96.7%	95.2%	93.4%	92.6%	91.9%	91.4%	92.6%	91.4%	82.5%	96.2%	94.6%	83.3%	91.9%	91.0%	93.7%	91.5%	84.9%	94.0%
Immunisation (Influenza)	Mar-Sep 2018	75%	52.0%	61.0%	64.0%	58.0%	52.0%	60.0%	55.0%	41.0%	55.0%	62.0%	51.0%	61.0%	57.0%	54.0%	59.0%	59.0%	66.0%	49.0%	55.0%	69.0%
Mental Health	Year to Mar 2019	-	134	51	81	142	94	123	105	67	100	71	154	86	93	97	94	114	95	93	119	121
Oral Health	Jan-Dec 2018	95%	94.2%	105.8%	92.7%	98.3%	84.6%	114.9%	100.2%	112.0%	125.4%	99.4%	82.2%	78.0%	0.0%	111.8%	116.7%	97.2%	94.6%	101.8%	104.6%	129.7%
SUDI	2012-2016 combined	-	-	-	0.63	-	-	-	0.51	-	-	-	-	-	0.3	-	0.6	0.46	-	0.11	-	-

Target attained	Within 10% of target
10-20% away from target	More than 20% away from target

- Target field is blank where there is either no target for the indicator assigned by the Ministry of Health or where there are specific targets tailored to each DHB.
- Rheumatic fever is displayed as the Ministry of Health reports total population data and data for South Island DHBs is aggregated.

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Chief Executive**

DATE: **21 November 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

3. DISCUSSION

PUTTING THE PERSON FIRST – PATIENT SAFETY, QUALITY AND IMPROVEMENT

Quality & Patient Safety

- **Quality Accounts:** The WellNow Quality Account edition has been distributed to every mailbox in Canterbury, meeting the national requirement for Quality Accounts involving health care providers demonstrating their commitment to quantifiable continuous quality improvement. The online-only version on the Canterbury DHB website has an additional section that charts our performance against national health targets, quality and safety markers as set by the Health Quality & Safety Commission (HQSC) and other key measures.

- **Patient Safety Week**: Canterbury DHB's approach to Patient Safety Week has been to promote a broad understanding of implicit bias in healthcare. The neurosciences are discovering how our unconscious brain manages so much information at any one time. The fast brain that keeps you safe; but the brain also may be too fast - making assumptions, seeing what it is familiar with and expecting to see. With this automatic functioning comes risk and this year we wanted to start to introduce some of these concepts, build on them over time by highlighting the safety features we build into our practice to mitigate the risks that our fast brain runs. Resources have been made available to staff to consider how they can reduce the impact of the brains automatic processing. An HQSC funded expert on bias, Anton Blank, will also present two sessions.

Implicit Bias
What we don't think we think

- **Patient Experience Portal:** We get feedback from around 200 people who have been inpatients or outpatients in our services each fortnight and the Patient Experience Survey results are made available to our staff through the Seeing Our System portal. Patients are generous in their feedback, with many gems of great practice as well as areas for improvement. The portal allows services to view recent consumer feedback and to use that information in their clinical governance and quality monitoring. The public reports highlighting DHB results from the inpatient and outpatient surveys have now been published by the Health Quality & Safety Commission. These include a filter for newly introduced

disability questions that Canterbury DHB was keen to see included. A report on results and trends will be made to the Disability Action Group in early 2020.

- **Quality Improvement Showcase:** Planning for the Showcase is in full swing, with poster submissions already received. A number of fun activities are planned to encourage staff engagement, with some lightning talks, exhibition and networking opportunities. The Pressure Injury Prevention Community of Practice Programme will showcase on 4 December followed by the Canterbury Health Quality Improvement Showcase on 5 December. ACC and community partners will be attending this celebration of bottom up change.

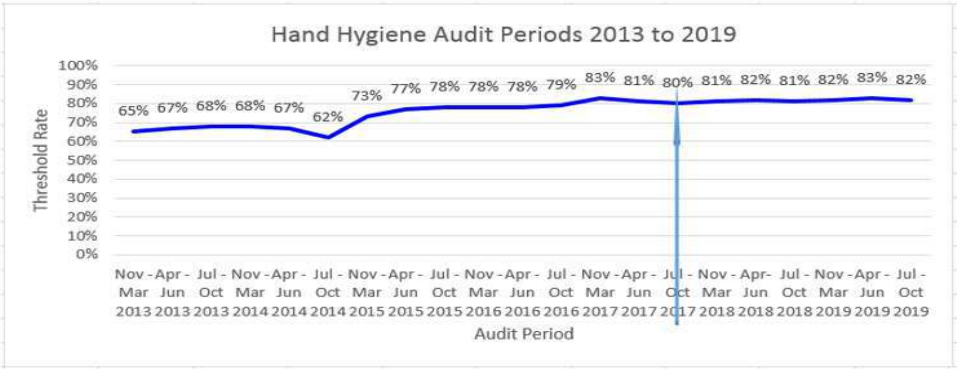
- **Releasing Time to Care (RT2C) is Integrating with CCDM:** The RT2C programme is in the final stages of transition, with the evaluation report due in December 2019. The RT2C framework will provide a solid foundation to the Care Capacity Demand Management programme which is currently being introduced across Canterbury DHB. The Care Capacity Demand Management programme, developed by the national Safe Staffing Healthy Workplaces Unit, focuses on achieving quality patient care through the best use of health resources - using a set of tools and processes that help match the capacity to care with patient demand. The two programmes share the same principles of supporting staff to spend more time with patients and engaging with staff to build skills and capabilities. Other similarities include the emphasis on improvement activities, measures to monitor the effect of work, quality and patient safety, and a review structure for sustainability.

- **Always Event Project Consumer Family/Whanau Involvement:** The response from people who have been inpatients with Canterbury DHB to the national adult inpatient experience survey question. *'Where possible did staff include your family/whānau or someone close to you in discussions about your care?'* was moderate and one of our lower results. A focus group was held with consumers to explore how we could improve family/whanau involvement in care processes.

  Some of the themes coming through were: to strengthen the information available for the *nominated contact person* with the aim of mitigate the cognitive burden on the inpatient to retain information; a plea for simple and consistent messaging and language; and a consistent organisational approach to family/whanau involvement. *The nominated contact person is the person the patient has identified that clinical staff should contact in emergencies as well as ensuring patient has a planned discharge support when they leave hospital.*

  A second workshop was held to seek feedback from both consumers and Ward 27 staff on some practical solutions such as the Family/whānau information and checklist, a 'business card' concept for clinical staff contact details, different modes of patient information and ways to have the patients nominated contact person join ward rounds. Feedback from this sessions indicated family members felt a journal would be useful to track the journey and record questions and answers as their loved one traverses what can be a complex health system.

- **Hand Hygiene:** Canterbury DHB maintained 82% compliance (against a target of 80%) for the 9th consecutive period (July to October 2019). In the 5 moments of hand hygiene our challenge remains moments 2 (before a procedure), 3 (after a procedure) and 5 (after touching patient environment). The DHB's improvement work related to Hand Hygiene will be on display at the December 2019 Quality Improvement Showcase.



Hand Hygiene spread
From 25 to now all 43 inpatient areas included in HH programme.

- **'How we do things are here: Knowledge at your finger tips':** The PRISM Policy and Procedure Library is up and running and the search and has been well received. The workspace for developing, consulting and reviewing policy is being used and removes the need for large volumes of email traffic and manual collating and filing.
- **Data Intelligence for Infection Prevention - ICNet Expansion:** Lakes DHB will come on to the Canterbury instance of the ICNet application (the infection prevention software used for case monitoring and surveillance of equipment and facilities) this month. They join West Coast, Taranaki and Canterbury DHBs. Canterbury has also been contracted by the ACC Treatment Injury Team to provide clinical and application support to DHBs to enable rapid adoption of this functionality by Infection Control Nurses and earlier realisation of benefits for Infection Prevention. The seven New Zealand Laboratories will also be connected, withMedLab, PathLab and Canterbury Health Laboratories already in place.

Christchurch Campus

- **Continuing focus on reducing falls in medical wards:** The number of falls in Canterbury DHB hospitals has reduced overall, but the number and rate increased slightly over recent years at Christchurch Hospital. While there is a strong and ongoing focus on reducing the incidence of falls, during 2018/19 there were around 76 falls per month or 9.2 per 1,000 admission at Christchurch Hospital.

  It is thought that without this focus the number would have been higher, as the hospital is busier with more complex patients over recent years and the implementation of restorative care encourages patients to spend less time in bed. The number and rate of falls resulting in harm has reduced, indicating that some aspects of the risk assessment and falls management are working as designed. There are also some good signs with performance against the Health Quality & Safety Commission's process measures showing more than 95% of patients receiving a falls risk assessment within 24 hours of admission and more than 90% of patients with a high-risk score have prevention strategies in place within 48 hours.

  Further work is occurring to develop a more customised set of prevention strategies for more complex patient cohort and increasing the involvement of the patient and family in managing fall risks. This will be enhanced by the proposed introduction of upgraded bedside boards.

Older Persons Health & Rehabilitation (OPH&R)

- Reducing medication errors is key focus of our strategy to providing a quality service that does no harm. The OPH&R Serious Event Review Group have implemented a Medication Safety: *Wrong Drug, Wrong Dose, Wrong Patient* initiative to change how we think and talk about events. Managers follow-up with staff involved in serious events using a guiding investigation form that prompts questions leading up to the error, checks the wellbeing of the those involved and provides an opportunity for staff to offer solutions to improve how we work. The Serious Event Review Group then work with the managers and staff to identify opportunities to improve systems, processes, environments and ways of working. The process involved medical, nursing and allied health and conversations have been positive. Interruptions while carrying out a process appears to be the major catalyst to non-adherence to policy and procedures at this early stage.

MAORI AND PASIFIKA HEALTH

- **Māori and Pasifika Health Providers:** Our community provider Purapura Whetu welcomed five new kaimahi (Muslim Community Support Workers) to the Purapura Whetu whānau in October. Rehua Marae in St Albans was the venue of a pōwhiri to welcome the new Kaimahi who have come on board to help support the health and social needs of the Muslim community in Christchurch.

  Canterbury DHB and Pegasus Health has been working with Auckland-based mental health provider Kāhui Tū Kaha to support the Muslim community since the tragic events in March with the new local Muslim Wellbeing Team responding to families affected by the tragedy of Mosque shootings on 15 March.

  All parties have worked with the Muslim community to identify people best suited for this work and we are fortunate to have a diverse and vibrant group who will enable us to deepen our relationship with the

Muslim community and offer greater and more integrated support. The team will provide links to housing, welfare, health needs and other support to help navigate health and social service, through home visits and support through the mosque with supervision provided by two Muslim psychologists based in Wellington.

Muslim counselling staff along with families were welcomed on to the Rehua Marae at the launch of new mental health and wellbeing service for people affected by the attack on 15 March.

- **Mothers and Babies:** Kaupapa Māori provider, Te Puawaitanga held its 13th Annual Breastfeeding Hui on 1 November at Te Puna Wānaka (Ara). A day bringing together breastfeeding knowledge and wisdom from all over the country, to support mothers and whānau. Te Puawaitanga are also running Whānau Mai in November, a kaupapa Māori antenatal programme, attended by women when they are around 24 weeks pregnant with a follow up programme around 28 weeks of pregnancy.
- **Wai 2575 Māori Health Trends Report:** The Ministry of Health's Māori Health Insights team has produced a Māori Health Trends Report, including several subject-specific modules, to inform the Wai 2575 Health Services and Outcomes Kaupapa Inquiry (Wai 2575). The report shows changes of Māori health over the years 1990–2015.

  There have been improvements in Māori health over time, and the inequity between Māori and non-Māori in some areas has narrowed. These areas include:

  - lung cancer registration and mortality rates
  - low birthweight rates
  - infant and child mortality rates, including both Sudden Unexpected Death in Infancy (SUDI) and Sudden Infant Death Syndrome (SIDS) mortality rates
  - tuberculosis disease notification rates, with Māori having a lower rate of infection than non-Māori from 2013.

  There have also been areas where improvements have been more marked for non-Māori than Māori. This means that even though improvements for Māori may have occurred, there is now increased disparity between Māori and non-Māori outcomes. These areas include:

  - smoking rates
  - hospitalisation and mortality rates for adults aged 35 years and over in all types of cardiovascular disease
  - assault and homicide mortality rates for females aged 15 years and over
  - asthma hospitalisation rates for those aged 5–34 years.

  This work will help support national and local planning going forward.

MAKING IT BETTER - SYSTEM IMPROVEMENT

Older Persons Health & Rehabilitation (OPH&R)

- **CREST:** The proposal for change decision document is being released and socialised with staff and unions and the wider Canterbury Health System in relation to agreed changes to the DHB funded CREST

service. The changes proposed are primarily focused on reducing the number of assessments patients experience through their journey and increasing the timeliness of processes. There is a focus on working with our community-based district nursing providers to lead case management with the OPH&R CREST team focusing on the liaison functions ensuring the right bundle of care is identified, with greater support from Allied Health. These changes will be implemented over January- March 2020.

- **Making processing of laparoscopic operating equipment more efficient:** Surgeons from General Surgery, Gynaecology, Paediatric Surgery and Urology use laparoscopic techniques in about 47 operations per week. Laparoscopic instruments are packed and sterilised in standardised sets or individually with addition add-on set also being used. The use of multiple sets, sometimes with only one or two pieces from some sets being used added to complexity and cost.

  A review of the use of the different sets and equipment being used identified that the purchase of eleven atraumatic graspers, costing $1,000 each, was needed and these have been added to our standard sets. Rarely used instruments will now only be packed individually. Theatre setup will be simpler and slightly faster, instruments will receive less wear and tear and wasted cleaning and sterilising time has been eliminated. At least $2,000 in processing costs will be saved per week covering the $11,000 investment inside six weeks. More than $85,000 is anticipated to be saved in the first year.

IMPROVING FLOW IN OUR HOSPITALS

Christchurch Campus

- **Update on the new Maternity Assessment Unit:** An earlier report provided an update about the opening of a new Maternity Assessment Unit within Christchurch Hospital. Women who require urgent care are being triaged sooner in their journey and are receiving the care they require faster. The changes value women's time and reducing anxiety quickly. During its first two months of its operation 470 women attended the Unit.
  - 114 of these (28%) went to the Birthing Suite for further consultation and 19 directly to the Maternity Ward. Around half of the women directed to the Birthing Suite stayed there either for birthing or further investigation and treatment, the other half returned home following an obstetric review and plan.
  - The remaining 337 women that attended the unit were able to return home directly.
  - Average length of stay in the Unit was 1:44 hours. It was regularly between four and six hours in the old model.

  All investigations carried out in the Unit are led by midwives working at the top of their scope. This has provided a variety of practice to these staff and those who have worked in this environment are reporting great job satisfaction. Lead Maternity Carers also report that the new Unit has made a difference and they value having direct access to an experienced midwife who can spend time reviewing clinical dilemmas, which is building positive collegiate relationships with our community colleagues.

- **Improving waiting times for Otorhinolaryngology specialist assessment:** For some time, the Otorhinolaryngology (Ear, Nose and Throat) service has had a very large waiting list for First Specialist Assessments grown over several years with a variety of capacity challenges reducing the ability of the service to provide the care it wishes. Capacity is such that access for some cohorts of patients has been restricted. At its peak in March 2019 the waitlist held over 2,000 referrals.

  The service has made several changes to reduce waiting list so that people are seen within 120 days of referral. The introduction of e-triage has assisted the team, making it easy for the triaging clinician to communicate with the referrer and seek more information before seeing a patient. A super clinic was run on a Saturday with 120 patients seen on one day.

  As at mid-October, the waitlist has been reduced to 1,464 referrals. Promising steps are being made towards attaining compliance with the national wait time target. Once these targets are met it is envisaged that access will be restored for children with mild to moderate conditions.

REDUCING THE TIME PEOPLE SPEND WAITING

Christchurch Campus

- **Faster Cancer Treatment Targets:** In the three months of July, August and September 2019, of the 156 patients seen the Canterbury DHB missed the 62-day target (time from referral to treatment) for 22 patients, 17 were because of patient choice or additional clinical reasons and are therefore excluded from national target consideration. Our compliance rate was therefore 96%, meeting the 90% national target for this quarter. Over the same period 91% of eligible patients received their first treatment within 31 days of the decision to treat, exceeding the 85% target. Of the 30 patients for whom we missed the 31 day-target, 18 exceed the target by five days or less and 11 related to patient choice or clinical considerations.

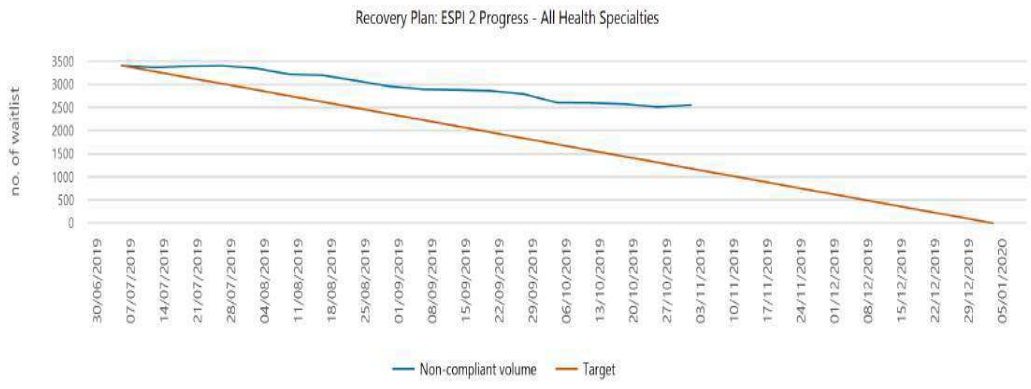
- **Elective Services Performance Indicators:** The introduction of our new Patient Management Service has been a massive undertaking and we are still working through correcting a number of data anomalies some of which are impacting on our elective service performance indicators. Summary reports provided by the Ministry now reflect our internal reporting for the number of people waiting for their First Specialist Assessment, however reports regarding waiting time for surgery require further work. Internal reports show 2,548 patients (23% of the total) waiting longer than 120 days for a First Specialist Appointment and 1,031 patients (almost 19% of the total waitlist) waiting longer than 120 days for Surgery.

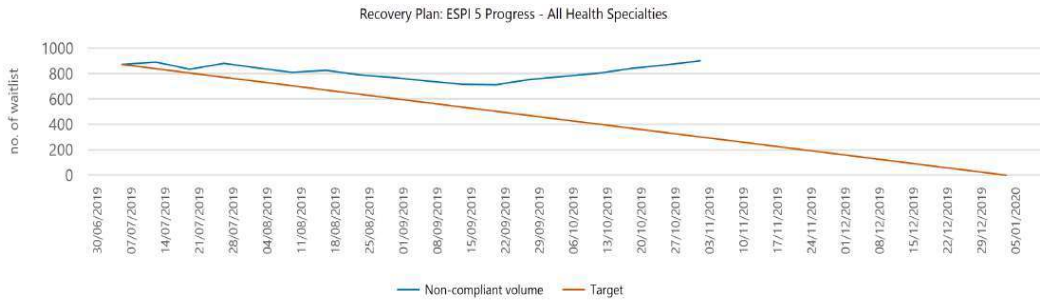
  Capacity in our services is stretched as our population grows and we wait for the completion of new facilities. These waitlists have been further impacted by a series of events over the past year, including the rescheduling of elective surgeries and outpatient appointments following the March 15 Mosque attack, the flooding of the new outpatient building and ongoing industrial action.

  A recovery plan has been agreed with the Ministry that would see both measures in green or yellow status by the end of 2019. There is confidence that this will be achieved for ESPI 2 (First Specialist Appointments) in many service areas. However, ongoing industrial action is impacting on our ability to achieve the planned reduction. The number of patients waiting for an appointment for longer than 120 days was reducing on a weekly basis, however progress has plateaued over the past four weeks.

  It will be a bigger challenge to meet our recovery plan for ESPI 5 (surgery waiting times). As we make progress in reducing the number of patients waiting for their first specialist appointment it inevitably increases the number waiting for an elective surgical solution.

  The ongoing delays in the completion of Hagley Hospital continues to restrict our ability to provide elective surgery. While we can outsource a significant percentage of our elective surgeries to other providers there are many patients who are unsuitable for treatment anywhere other than in the public hospital where theatre time is at a premium.





- **Supporting enhanced recovery of people following colorectal surgery:** Traditional length of stay for major colorectal surgery, including bowel resection procedures has been 12-14 days. An Enhanced Recovery After Surgery (ERAS) pathway was introduced in Christchurch Hospital over ten years ago with the aim of improving patients' recovery profile allowing earlier discharge. The pathway includes pre-operative education and early eating drinking and mobilising. While the length of stay has reduced to 8-10 days use of this pathway has been compromised due to the mix of acute and elective patients on the wards, changes in key staff members and overly complicated paperwork.

  A reinvigorated approach has been implemented from September. Patients' expectations are addressed with early provision of a booklet and advice about smoking cessation, exercise and diet prior to their operation, what they can expect during their time in hospital and how long this is likely to be. The pathway has been simplified with a more goal orientated approach focusing on mobilisation - periods out of bed and walking several times every day - so that most patients will be ready for discharge after four and five days. Explanations are given to the patients about how recovery is improved with activity rather than traditional bed rest which is now thought to be detrimental.

  Further developments are anticipated with the pathway becoming electronic to facilitate the capture of outcome measures and patient progress, so problems can be identified and addressed in a timelier way. The service is also looking at lessons from successful ERAS pathways to target further improvements and sustained success.

- **A new nutritional pathway to support recovery following hip fracture:** Patients undergoing surgery due to a hip fracture are at risk of malnutrition with oral intake in the postoperative phase lower than needed. Malnutrition has been linked to longer hospital stays, poor wound healing and increased risk of pressure injuries, all of which lead to recovery taking longer and a prolonged period of rehabilitation.

  In conjunction with Well Food a new diet code has been created that ensures that patients receive a high energy protein diet along with two oral nutrition supplement drinks (1.5kcal/ml) per day bringing us in line with the most up to date evidence-based practice for these patients. Catering assistants have participated in education sessions and staff on the orthopaedics wards have provided positive feedback following the first two weeks of this process. We expect these changes will have a positive impact on minimising the nutrient deficit and risk of malnutrition contributing to improved recovery for this group of people.

- **Planned Care Interventions:** Planned care targets have been agreed with the Ministry of Health and incorporate 'planned' inpatient surgeries as well as range of minor procedures and non-surgical interventions provided to hospital outpatients and patients in community settings. The target for inpatient volumes is set at the same level as last year's target. At 1 November we have provided 6,514 planned inpatient surgical discharges, just 169 discharges less than the phased target of 6,683. There is confidence that in the absence of a further extraordinary circumstances the end of year target will be met.

  Our phased target for minor procedures is 3,869 (to November) with a plan that 3,055 of these would be carried out in a hospital setting (either inpatient or outpatient). This is a new component in the planned care approach and reporting and work practices to ensure all relevant procedures are counted are being established. To date, 2,808 minor procedures have been shown as being provided in a hospital setting.

  The final component added to this year's planned care target is the provision of publicly funded procedures in community settings. This is an area in which Canterbury has led the country. Provision of

data from primary care to the Ministry of Health's National Minimum Dataset collection is being worked on so that these volumes can be counted.

- **Understanding barriers to health equity:** Significant inequities in health outcomes for Māori are well documented. The most profound health disparities occur in cancer outcomes where Māori are 20% more likely to get cancer than non-Māori New Zealanders and are 80% more likely to die from Cancer. While this inequality is widely recognised our Haematology Service has little information that could be used directly to improve the situation.

  A registered Nurse, has been employed over a fixed term to monitor and evaluate service provision in Haematology through an equity lens, working with colleagues across the DHB and the University of Otago to create an improvement plan and help to improve our responsiveness as an organisation to the needs of Maori in an inpatient environment.

  A statistical portrait based on patient flow dynamics for patients being treated for myeloma has been developed and early results show there are significant gaps in data collection and a need to access additional databases to enable progress to be made. As this develops it will enable improvements within the myeloma pathway and will show us how to make similar improvements in other pathways for Maori with Cancer.

- **Enhancing cultural responsiveness in the Haematology Service:** Recognising that poor health outcomes and lower rates of clinic attendance are related to impressions of cultural fit and safety and people's involvement in their own care, the Haematology Service has developed a health assessment care plan that enables the patient and their whānau to communicate their needs and aspirations to the team involved in their care. The assessment is written in collaboration with the patient and whānau, describing both their cultural and health aspirations. Each patient and whānau were advised of the aims of this initiative and their feedback has been invaluable in determining the content included moving forward.

  The implementation of the Māori health assessment has already shown improved patient outcomes through sharing of information such as potential barriers to treatment compliance, actions required to protect patient and whānau mana, and specific health education needs. Health professionals have reported increased knowledge, change of attitudes and improved skills when working with Māori.

- **Children's Outreach Nursing Service Nurse Prescribing:** In early 2019 two very experienced Canterbury DHB Child Health Outreach Nurses working in the areas of Respiratory and Allergy and Eczema, were authorised by the Nursing Council to prescribe in their specialty scopes of practice. This has already improved the continuity of care for children and their whanau, with caregivers able to make contact for early advice, enabling quicker treatment, reducing complications and hospital admissions or visits. Often prescriptions are completed by the nurse as part of a home visit and both nurses work closely with senior doctors who are readily available for consultation and advice.

  Parents and caregivers are pleased with savings in both their time and money. Families no longer need to visit a doctor for a script. The nurses have also noted time savings, as they no longer spend time trying to find a doctor to write the prescription, and it frees-up doctor's time to do other activities. There are some limitations with the current authorised list of medications, as some of medications used by patients on a daily basis are not included on the current prescribing list. It is expected that over time the list will be altered to more fully reflect the breadth of the nurse specialty scope of practice.

Older Persons Health & Rehabilitation | Community Dental

- The table below shows Community Dental Service referrals to the Hospital Dental Service and sedation rates at the end of September each year. The drop in the total number of referrals and the rate of referrals per 1,000 children enrolled is indicative of new ways of working.

  Looking ahead, our increase use of fluoridation, education in early child care and stainless steel caps on teeth, will help to reduce poor outcomes while the use of distraction therapy to will further reduce referrals resulting in sedation.

Referrals - YTD (January-September)					
Year	**HDS**	**SED**	**Total**	**Enrolled (Sept)**	**Total referrals/1,000**
2017	356	1427	1783	83319*	21.4
2018	260	1417	1677	92283	18.2
2019	277	1377	1654	95306	17.4

** Electronic enrolment of pre-schoolers occurred hence large jump from 2017 to 2018*

Figs 1 & 2 below show the cumulative number of referrals in each year for the two referral types. There has been a substantial drop in the number of Hospital Dental Service referrals without an increase in sedation referrals.

See **Figs 3 and 4** below show for the 61 children who had a general anaesthetic (GA) for dental treatment in September: 59% waited >120 days from referral to first specialist assessment (FSA); 74% waited >120 days from FSA to GA.

- Mean waiting time – referral accepted to GA: 9.7 months
- 75% waiting >7.8 months

Fig 1. Hospital Dental Service referrals

Fig 2. Sedation referrals

Fig 3 Waiting time referral accepted to FSA: children (2 – 12 years old) who had GA for dental treatment September 2019

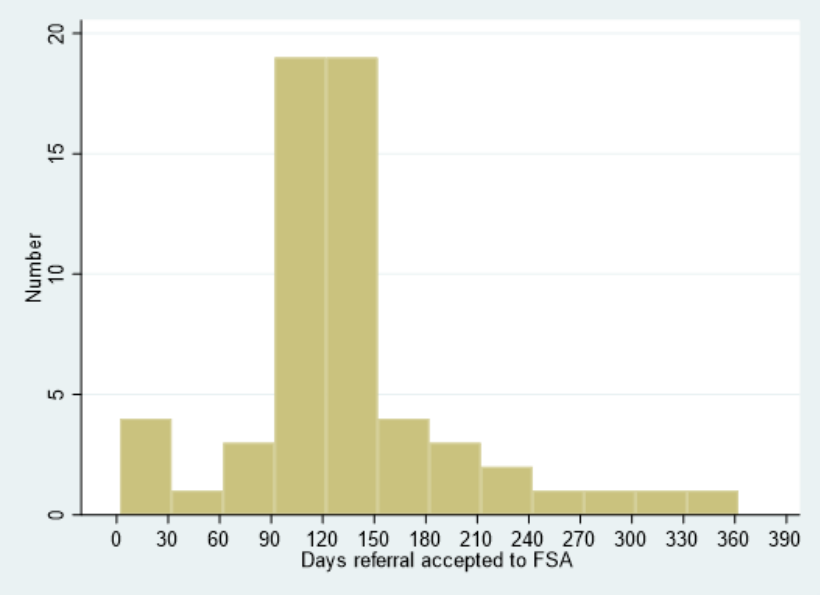
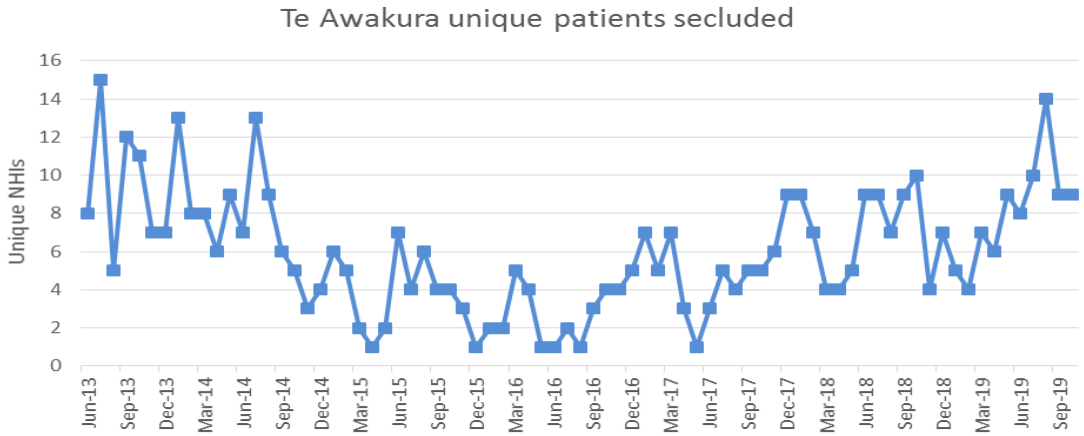


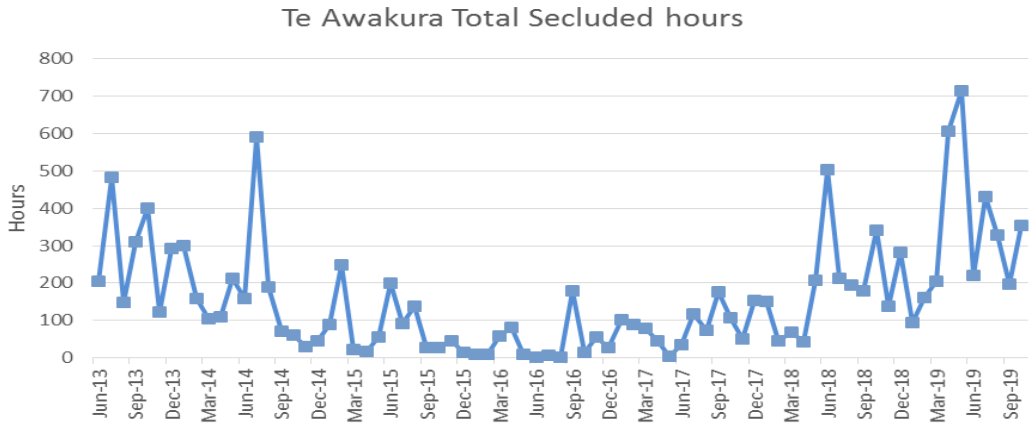
Fig 4 Waiting time FSA to GA: children (2 – 12 years old) who had GA for dental treatment September 2019

Specialist Mental Health Services (SMHS)

The Divisional Leadership Team is working closely with the Service Leadership Teams to embed the **divisional purpose and strategy** into practice. In recognition of the ongoing demand for services and awareness of the outcomes of the mental health inquiry, our leadership groups are focusing on the clarification of our core purpose, to enable people with serious or acute mental disorders in their recovery and to ensure service delivery is safe, compassionate and effective.

- **Adult Services: Safer for All:** Staff remain committed to least restrictive practice and continue to engage in the Health Quality & Safety Commissions Safer for All improvement programme. In October, 9 people experienced seclusion within Te Awakura, for a total of 354 hours.

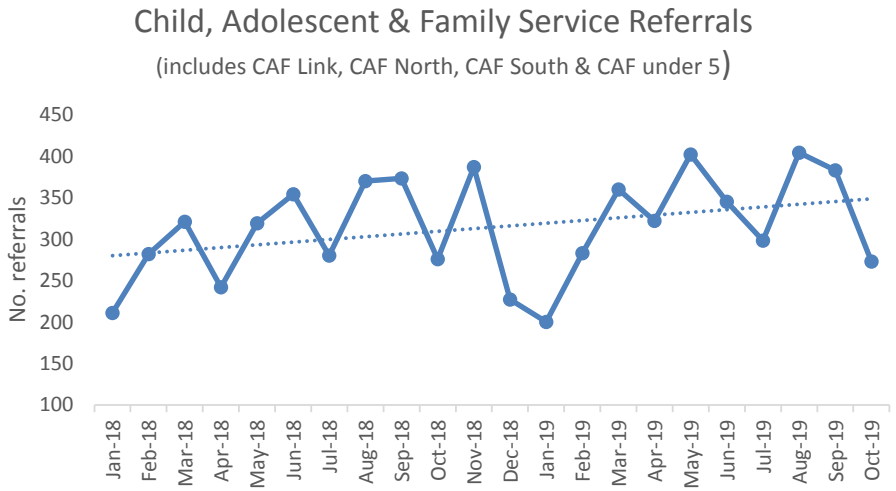


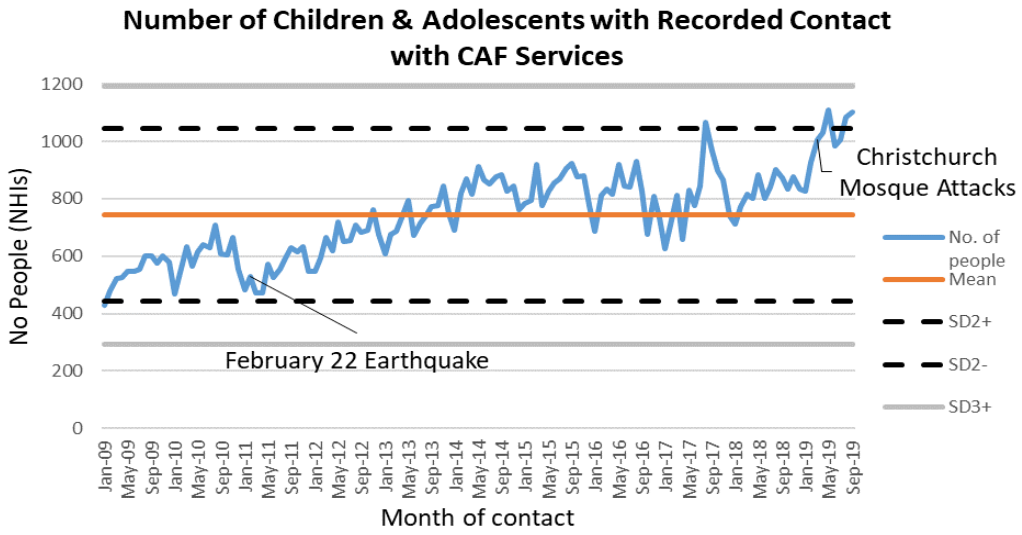


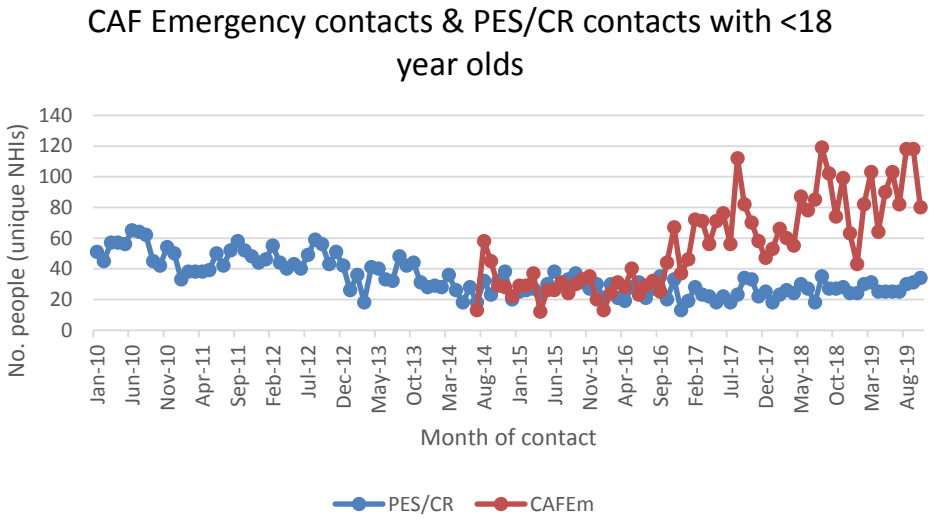
To support the work of the Safer for All programme, a range of activities have been undertaken to improve safety within the inpatient environment. Systems, processes, culture, practice and resourcing issues have been addressed and key changes have included increased security presence under clinical direction, increased clinical leadership, practice guidelines for the low stimulus and high care areas, review of the rapid tranquilisation policy and implementation, increased development of safety plans for consumers at higher risk of aggression, consistency of practice across shifts and across wards, and the introduction of a rolling programme of in-service education, supported by nurse coaches.

Data from Safety 1st over the last three years gives an indication of a general downward trend in the number of incidents reported in our clinical areas. We know that incident data should not be viewed in isolation as a universal measure of safety, particularly given the significant variation in context and severity of individual events and settings, however, this downward trend is encouraging, given it is evident across the various incident types; from assaults to threats to verbal abuse.

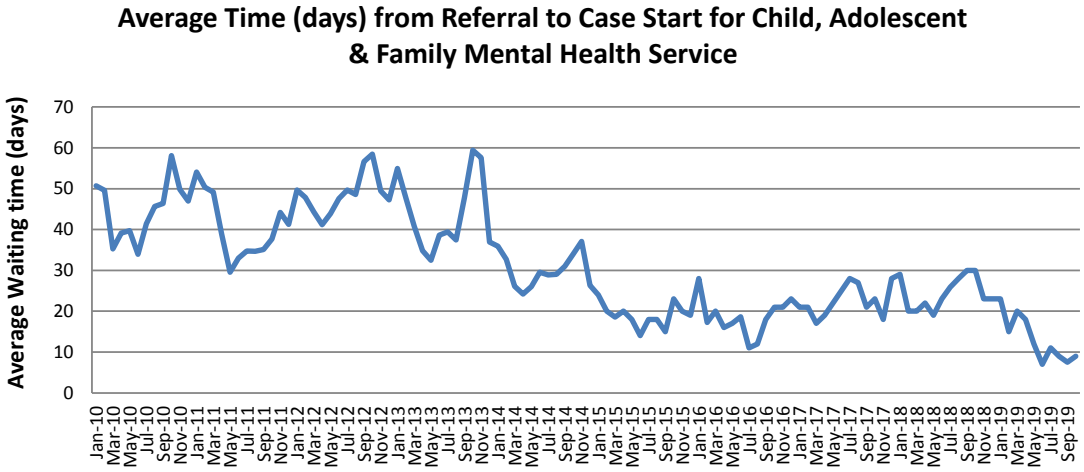
- **Child, Adolescent and Family (CAF) Services:** Demand remain a concern. There is an increasing referral rate which averaged 75 per week in October 2019, and an ongoing increase in the number of young people engaged with CAF services which is aligned with significant events in Christchurch. There has also been a notable increase in young people accessing the CAF crisis service, CAF Emergency in hours.



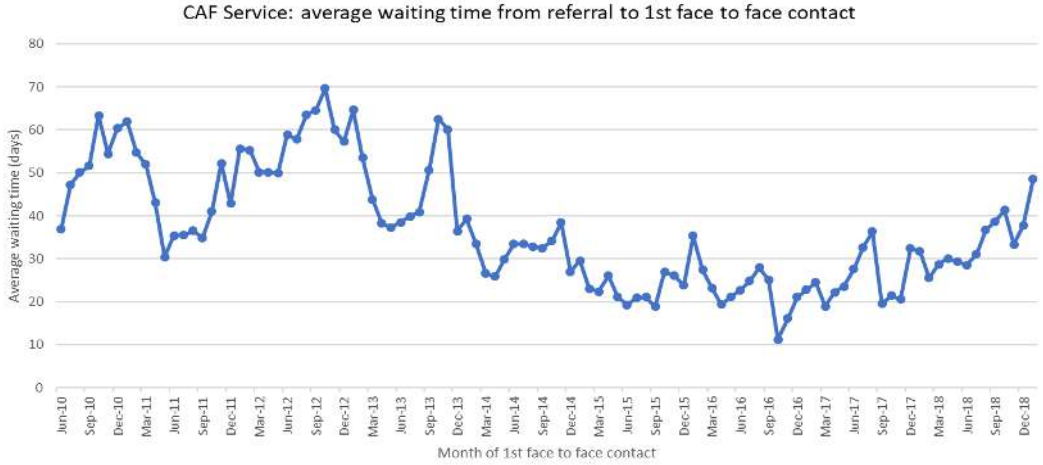


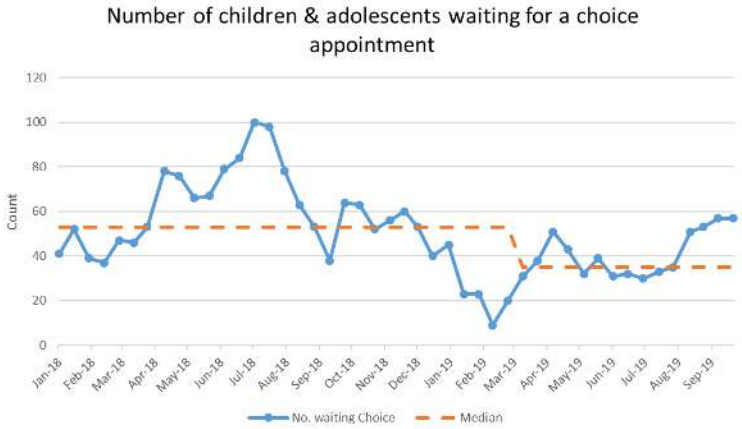


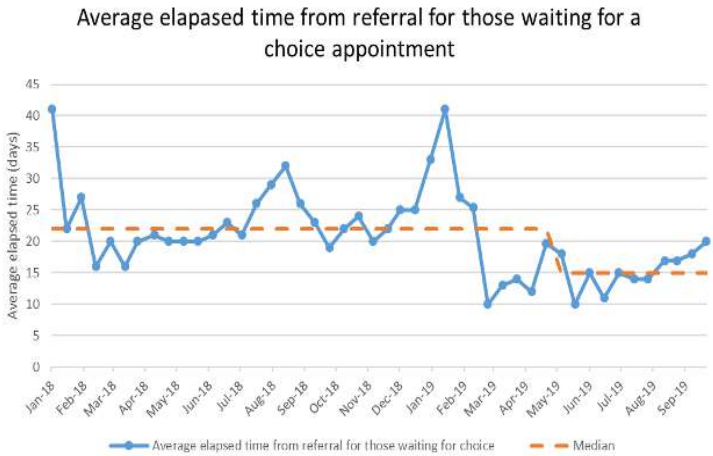
Because of the increasing demand, we continue to see an impact on the number of young people waiting and the wait-times for treatment. To safely manage demand, the service's redesigned Access Team has decreased waiting time to first contact which was 9 days in October 2019. Where appropriate, the team provides short term assessment and treatment for crisis presentations, supported by comprehensive information gathering, phone triage, and timely re-direction of children and young people to other services that may better meet needs.



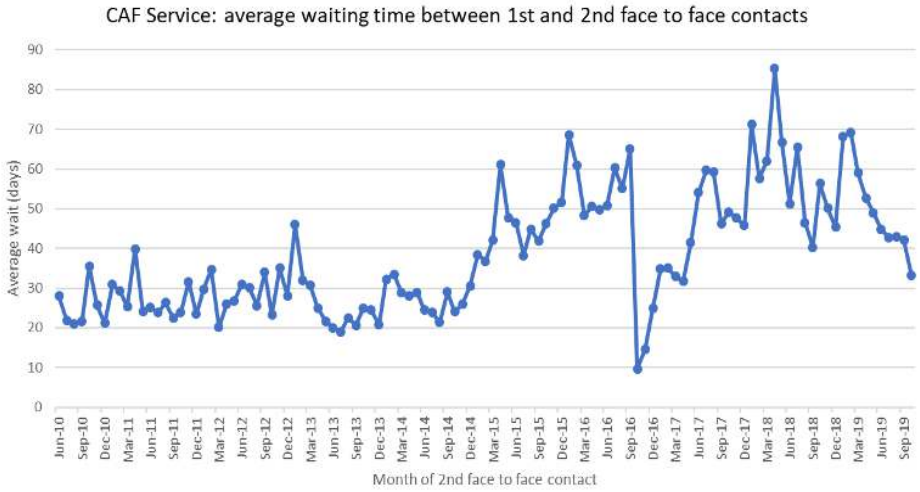
National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for October 2019 show 45.63% of children and adolescents were seen within 21 days and 77.50% within 56 days. The CAF service began using the Choice & Partnership approach widely in 2014, resulting in a reduction in the average waiting time to first face to face contact, although this is gradually increasing due to demand.

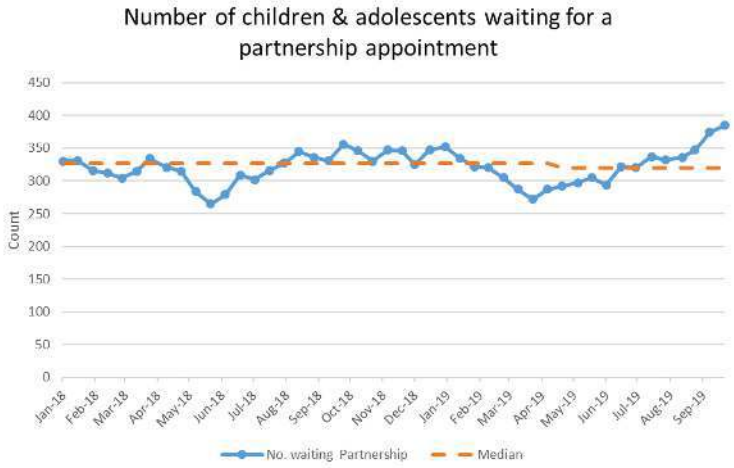


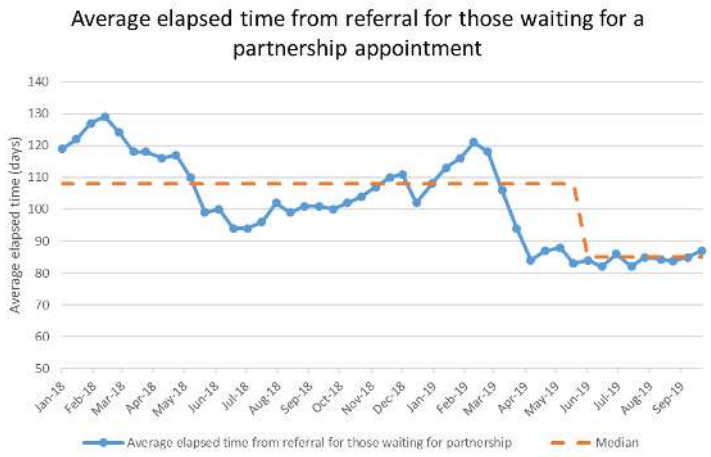




The waiting time between first and second (usually Partnership) contacts began to rise in late 2014/early 2015. Between September 2016 and mid-2017, the data in the graph below has been distorted due to CAF system changes. The anomaly is caused by consumers having a referral and first appointment in a Youth Specialty, CAF Rural or Child & Family Specialty Service case, and a second appointment in a CAF North or South case.







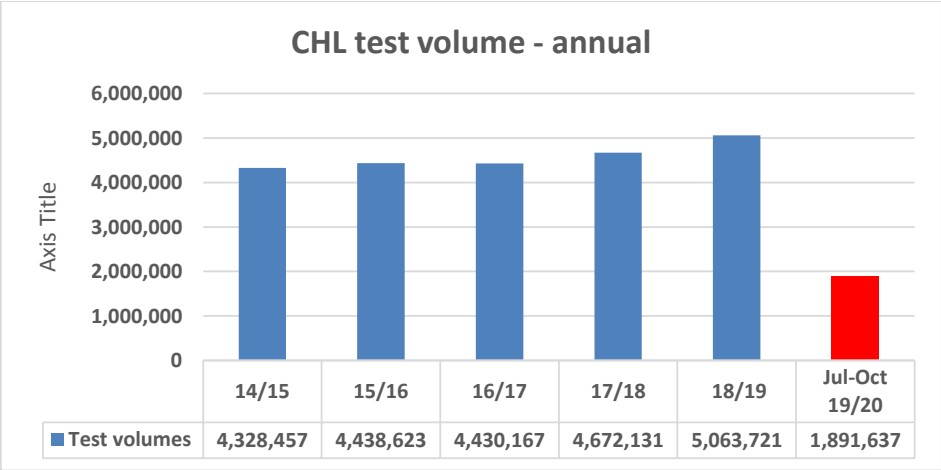
An average is not always the best measure for waiting times because the data frequently doesn't show a normal distribution. The information below is obtained from the CAF KPI webpage. It looks at the median waiting time to first and third face to face contacts, and includes all young people aged to 19 years who access SMHS services (note: it isn't only limited to CAF service access).

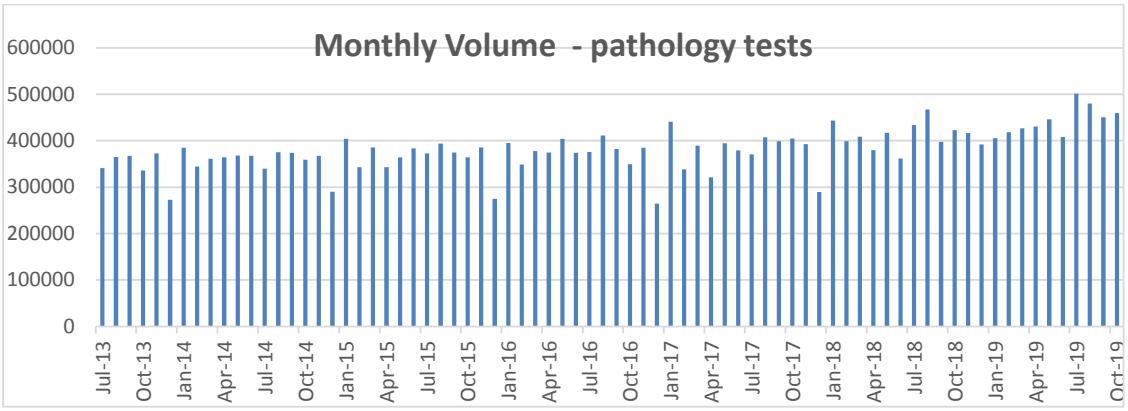
- **The School Based Mental Health Team (SBMHT)**: The team remains involved with 176 schools across Canterbury. They are working in a number of secondary schools and continue to consult and work with Kaimahi from the Mana Ake programme and other services to provide ongoing support for Canterbury schools (and the An Nur preschool) affected by the 15 March 2019 attacks. They continue to be involved in a number working groups that have helped develop content for the Leading Lights website.

Laboratory Services

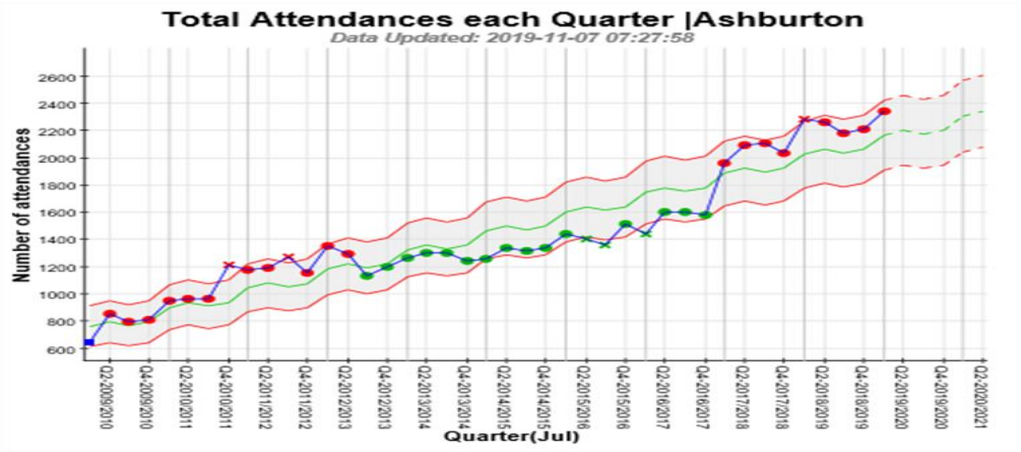
- **Laboratory activity volumes:** October saw an overall 10% increase in testing volumes for same period in the previous year (17/18). Canterbury Health Laboratories continues to identify opportunities to ensure test requests are clinically appropriate. This covers Canterbury DHB and other referring DHBs and as well as being business as usual practice for the labs, forms part of the Laboratory Services response to the Task Force initiatives.

	Annual volumes					
F/Y	**14/15**	**15/16**	**16/17**	**17/18**	**18/19**	**Jul-Oct 19/20**
Test volumes	4,328,457	4,438,623	4,430,167	4,672,131	5,063,721	1,891,637
Percent change		2.55%	-0.19%	5.46%	8.38%	
Overall increase 10% on a volume over the same period last year						

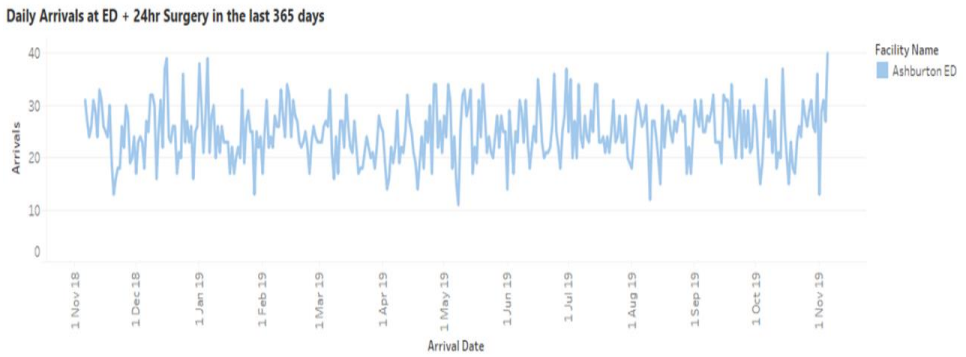




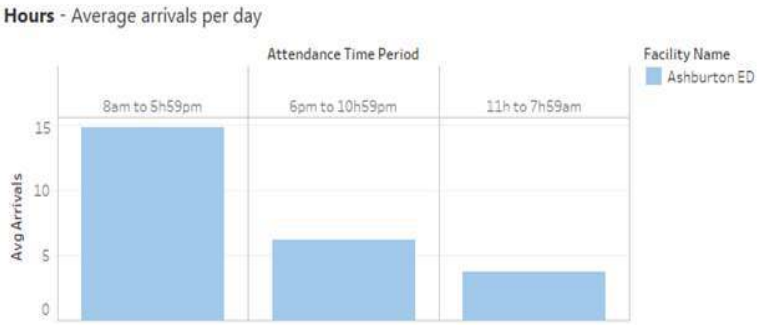
Ashburton Health Services



- **Acute flow** with Ashburton continues to be influenced by the demand through the Acute Assessment Unit. The above graph demonstrates our demand by quarter.



The graph above demonstrates the variability of total patients presenting per day, which is starting to trend towards 40 patients per day, a number that puts significant strain on the medical model, where there is one RMO on duty and one SMO on call for all acute and inpatient cover over the weekend period. The medical team are clear that patients presenting with primary care level health issues would benefit more from treatment from a primary care provider rather than a hospital team and we continue to explore options to improve this flow.



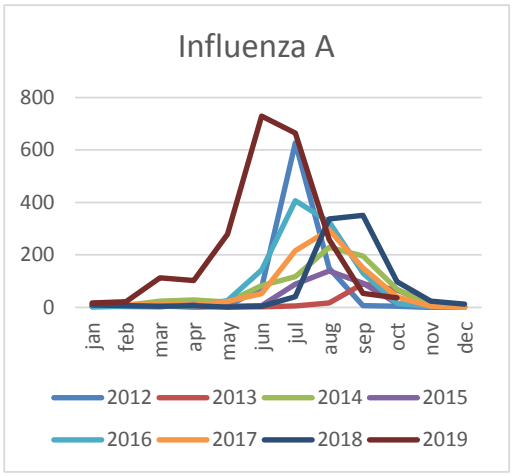
In monitoring the dispersion of arrivals over the 24-hour period, whilst a significant number are attending during the day, the volume attending from 6.00pm is increasing. The model for diagnostics support is largely designed around attendance before 5.00 pm, recent increase has resulted in lab staff being called back to provide diagnostics and support patient flow through to discharge or admission.

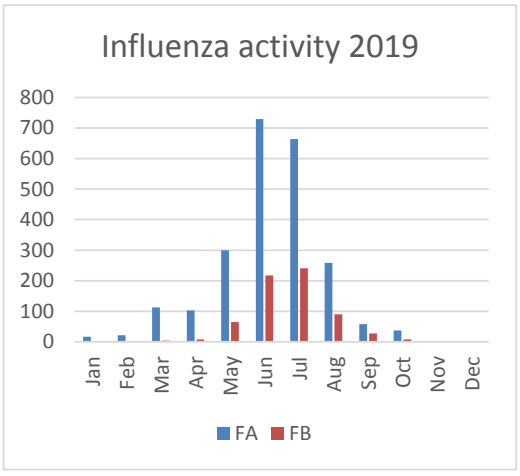
Work continues with our primary care partners through the Ashburton Service Level Alliance including the promoting of Acute Demand Options and other opportunities to mitigate the growing presentation volume.

IMPACT OF INFLUENZA

Laboratory Services

- **Respiratory virus testing**: The incidence of influenza and the number of influenza test requests has now plateaued with 37 cases of Flu A (down from 54 in September) and 8 cases of Flu B identified for the month of October. Respiratory requesting has however remained higher than expected for this time of year and we will be continuing to further look at demand management tools to identify any areas of inappropriate requesting.
- **Influenza in Canterbury:** Influenza A activity shows a clear plateau. H3N2 remains the predominant subtype. Influenza B activity has similarly dropped from 28 identified cases in September to 8 cases in October. RSV activity continues to fall with a further sharp decline to 23 identified cases, 58% positivity (down from 76 cases in September).





- **Measles in Canterbury:** Measles activity has remained high for the month of October maintaining the pressure on the department and impacting on weekend service delivery with ongoing requirements for urgent identifications from a Public Health interest. This has been exacerbated by significant case numbers referred from Southern and South Canterbury DHBs. October data shows 280 individual measles PCR requests performed with 49 requests returning positive wild strain measles results and a

further 35 nationally referred genotyping requests received identifying 34 vaccine A strain measles cases. A further 47 genotype sequencing tests were also performed this month as part of our work involved under the MOH/ WHO umbrella.

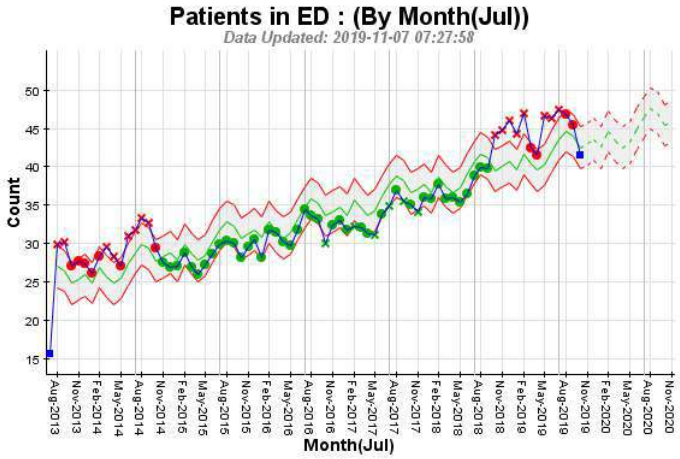
One individual case was identified measles positive from the Canterbury DHB region (Non NZ resident, visiting tourist) with a further individual testing positive for vaccine A strain.

The total number of confirmed measles cases for 2019, has now reached more than 1969 cases nationally, as of 31 October. The National Measles and Rubella Lab at CHL continues to work under pressure due to the significant National measles outbreak with unprecedented reporting requirements to the WHO.

Acute Demand Management

- **ED Volumes:** Spring conditions have slightly reduced the volumes seeking care in our Christchurch and Ashburton ED Departments. This has resulted in a reduction in the number of patients in ED but with the demand through winter still evident reaching a daily average of 47-48 people from June to August and average occupancy in September at 41. While this decrease provides some relief, the peaks still exceed the capacity of the facility creating higher risk; the move to the new ED in Hagley is much anticipated.

ED occupancy (hourly average)



- **Community Urgent Care:** Currently Acute Demand Management Service utilisation and 24 Hour Surgery costs are higher than expected. We are working through processes to ensure we maximise the high value provided to the system by both services, but at the same time ensure these services remain affordable. We are reviewing the impact of winter initiatives in general practice in the context of implementing additional approaches for winter in 2020. The ED front of house initiative has been successful and we are building elements of this into the operating model for the new Hagley facility.

INTEGRATING THE CANTERBURY HEALTH SYSTEM

Older Person's Health

- **Respite Care:** Respite Service Specifications for Aged Residential Care (ARC) have been simplified and the HealthInfo page for Respite reviewed so there is clear and consistent messaging and expectations around these short stays in ARC. Respite is designed to give a person's main carer a break from caring responsibilities for a short time to encourage wellbeing and help reduce fatigue and support both the person and their carer(s) to continue to be well and healthy in their own homes.

Mental Health

- **Primary and Community Response to national Direction:** A collaborative proposal for the development of primary mental health and addiction services in Canterbury has been submitted in response to the Ministry of Health request for proposal, with the outcome anticipated by the end of November. This will expand current approaches in primary care ensuring improved access for people

with mild to moderate mental health issues. If the proposal is successfully, development is expected to occur over the next 18 months. Requests for Proposals from Māori and Pacific providers have also been released, with the initial phase focussed on expanding existing services and models. We are working with the local providers to support aspirations for their populations and ensure alignment with the overall direction.

Primary Care

- **Community Pharmacy:** Canterbury Community Pharmacy Group and Specialist Mental Health Services (SMHS) are developing a new model for the shared care of people in the community who receive Opioid Substitution Treatment. This will use a secure digital medicines charting system and allow patients with their pharmacists more discretion to optimise treatment, while easing the prescribing burden on SMHS staff. A trial with three pharmacies is intended to start in early 2020 subject to clearance from the Ministry.
- **Rangiora Health Hub IFHC Opportunity:** South Link Health Services has been selected to build and operate a new family health centre at the Rangiora Health Hub, subject to the Minister of Health approving a ground lease. Two general practices in Rangiora owned by South Link will merge and relocate to the Hub, alongside other primary and community services, and will expand their hours. Lease term discussions are now getting underway.
- **Free General Practice Visit for Eligible Canterbury DHB staff:** In August 2019, 465 DHB food services staff and orderlies who earn under the living wage were issued with a voucher which entitled them to a free visit with their General Practice. The staff member can determine, in consultation with their General Practice team, what the focus of the visit is but it is expected to be more than a standard consultation. This provision is part of the wider People and Capability benefits and opportunities programme for these staff. At the time of writing this report 34 claims had been received for staff having used their voucher to access a free visit with their General Practitioner.

Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update: Maramataka project, using the Maori Lunar calendar** - As part of the Te Waioratanga stream of the *All Right?* campaign, work is progressing on the Maramataka project. There are two aspects to this piece of work which has the overarching aim of encouraging people to get to know the key phases of the Māori lunar calendar, and to understand how tipuna incorporated this knowledge into their lives to support wellbeing. The first phase of the project consisted of workshops about how to use this knowledge in the workplace with the second phase being the design of an online and hard copy lunar calendar. This is currently being designed by the *All Right?* creative team and will be ready for distribution in November.
- **Green Connection Pod - The Green Lab** (formerly Greening the Rubble) has established a 'green connection pod' in Tūranga as a way to encourage Cantabrians to connect with nature and each other. The aim is to provide a relaxing space where people who don't necessarily know each other try and have a chat. There are conversation starters in the pod to help kick start the chat. The *All Right?* campaign has provided communications support for this project and during Mental Health Awareness week hosted conversations in the pod itself.

- **National Wellbeing Governance Group** - The *All Right?* campaign team was invited by the Ministry of Health to participate in the National Wellbeing Governance Group that was established after the Mosque attacks to implement action 3.3 of the "Supporting People Affected by the Mosque Attacks; National response and recovery plan to March 2020" which is about promoting wellbeing, coping and recovery. The other groups represented on the governance group are the Mental Health Foundation of NZ, the Health Promotion Agency, the National Telehealth Service, the Ministry of Health, Le Vaa, Ngai Tahu, the Muslim Psychologists collective, and the Ministry of Education.
- **He Waka Eke Noa** – we are all in this together: Following requests from members of a range of Muslim communities, the He Waka Eke Noa resources (posters and postcards) have been translated into eight languages, Te Reo Maori, Arabic, Somali, Dari, Urdu, Hindi, Nepali and Tigrinya. The *All Right?*

campaign has been asked by the Ministry of Health, to facilitate the distribution of these posters and postcards to Muslim groups around the country.

- **Research with Rainbow Communities** - The intent of this research is to collect the views of the Rainbow community of Otautahi in order to better understand the strengths of the community, increase visibility and education and reduce discrimination and enhance self-esteem. Overall the research pointed to a mostly optimistic community with the key areas of education, health and workplace wellbeing having made changes in their practice. In general, respondents noted that progress has been made but a large proportion (72%) reported that they had experienced negative or offensive comments in public over the past three years.

  A summary of the research was presented back to members of the Rainbow community at Qtopia on 5 September. Information sheets on the key themes from the research were used as discussion starters in small groups. When attendees were asked what the *All Right?* Campaign could do to support the community some of the suggestions were: beautiful messages and images of positivity, promote rainbow mental health providers, introduce the 'rainbow tick' to more providers, support the further development of rainbow community allies and make this more visible, establish opportunities for more intergenerational connection, work with community leaders to promote Otautahi as a rainbow friendly city and share the information sheets with key people associated with each of these areas.

- **Sparklers update** - The free Sparklers wellbeing kit was produced to make it easy and fun for tamariki to learn about mental health and ways to improve it. Late in October, TVNZ's Seven Sharp featured an item about Sparklers in action at Riccarton Primary School and discussions are taking place between the Ministries of Health and Education about plans to extend Sparklers nationally.

  Sparklers is an accessible online wellbeing toolkit for year 1–8 students, made up of over 70 wellbeing activities that help young people manage worries and big emotions, feel good and be at their best. The activities take between 10 minutes and one hour, are aligned with the school curriculum, and cover a wide range of wellbeing topics, including managing emotions, living in the moment, being grateful and showing kindness. Sparklers is designed around a pick-and-mix approach – teachers can choose the activities that best meet the needs of their tamariki, goals and school culture. Used 'a little and often' the activities help tamariki live brighter.

- **HSNO Act and Health Act – notifications to Community and Public Health:** Health professionals are required to notify disease and injury related to hazardous substances under the HSNO Act and the Health Act. Community & Public Health investigate notifications and provide health advice where necessary. In order for Community & Public Health to follow up effectively, it is important that notifications are made by health professionals in a timely manner. A focus on this has led to an ongoing programme which supports health professionals to remain up to date with this requirement. Key information has been provided on HealthPathways and through targeting information sessions to both the Emergency Department and general practitioners. This education approach has led to an increase in notifications which has allowed Community & Public Health to fully investigate complaints of chemical or hazardous substance injury, and notifications of poisoning arising from chemical contamination of the environment. Previously elevated blood levels were mainly notified, however education regarding the requirements to report, have seen an increase in notifications. For example, in the last month a number of carbon monoxide and sulphur dioxide poisonings have been notified.

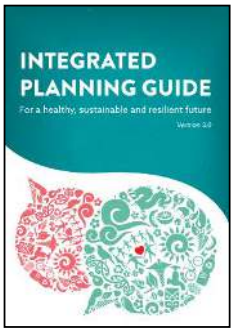
- **Three Waters Review: Arrangements for a new Drinking Water Regulator:** Cabinet has agreed to establish the drinking water regulator as a new Crown agent in legislation. The regulator's statutory objectives relate to:
  - Protecting and promoting public health outcomes and drinking water safety
  - Administering the drinking water regulatory system
  - Building capability among drinking water suppliers, and across the wider water industry, including by promoting collaboration, education and training
  - Recognising and providing for Te Mana o te Wai, with regard to drinking water

  The new regulator will also include the delivery of some centralised wastewater and storm-water regulatory functions.

It has been agreed by Cabinet that an Establishment Unit will be set up in the Department of Internal Affairs. Two pieces of legislation will be referred to select committee in 2019. The first is the Water Services Bill which will cover the drinking water regulatory system (transferring drinking water regulatory legislation from the Health Act 1956), and the second will be the Crown Entity (Water Services) Establishment Bill which will set up the new Drinking Water Regulator.

Currently drinking water regulation involves multiple pieces of legislation, and responsibilities are shared across multiple central government agencies, Public Health Units within DHB and Regional Councils. The cabinet paper indicates that Drinking Water Assessors, currently employed by DHB are likely to transfer to the new agency once it is established. Community & Public Health will continue to work closely with the Ministry and the Establishment Unit to ensure that public health understandings in relation to drinking water regulation are maintained. We anticipate working closely in partnership with the new regulator especially in work areas such as the identification and investigation of water-borne disease.

- **Integrated Planning Guide (Version 3.0) – an update:** The Health in All Policies (HiAP) team at Community and Public Health has launched the updated Integrated Planning Guide for a healthy, sustainable and resilient future.



Formally endorsed by the Greater Christchurch Partnership Committee, the guide was redeveloped with input from local agencies including the Christchurch City Council, Environment Canterbury, Regenerate Christchurch, and the Greater Christchurch Partnership.

On 30 October, staff from Community & Public Health led a training session to upskill Christchurch City Council (CCC) staff on the Integrated Planning Guide for a healthy, sustainable and resilient future. During the hands-on workshop staff from several CCC teams were able to apply the Guide to a current plan or project and learn more about how integrated planning can support them in their work.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Digital Transformation**
  - **Windows 10 / PC Replacement Programme:** *Deployment to future proof our computer environment, including enhancements in security, speed and performance*. Approximately 2,300 devices have been upgraded across the Christchurch Campus, Rural Hospitals and Corporate. We are also planning for the implementation of Virtual Desktops in some sites which will mean we need to review the scale of our PC replacement programme.
  - **Outpatients Scheduling Tool:** *ServiceNow based tool for scheduling patient, clinicians, clinics and rooms. Initial focus on Christchurch Outpatients, but subsequent deployments planned for Burwood and Ashburton Outpatients.* Christchurch Outpatients is now live and all development is complete. Implementation is underway for Burwood and Ashburton Hospitals.
  - **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.* Integration development work is continuing and the next step is a pilot with General Medicine.
  - **Cortex:** *Digital progress notes across Nursing, Allied Health and Doctors which will be accessible from point-of-care devices (iPads) so that the care team has immediate access to accurate information about our patients.* Most services planned to transition to Cortex are now live, with Urology, Nephrology, General Medicine, and ICU to roll out in November. ED is currently in the planning phase, and is the last remaining service in scope.
  - **South Island Patient Information Care System (SIPICS):** We are continuing to work with Orion Health to strengthen our National Data Reporting requirements. Release 19.2 is currently in testing and we are targeting deployment for 20 November 2019. This release will improve follow-up workflow and work-flow validation between patient administration events, and enhance coding

and printing. Work has also begun to complete the integration of the Clinical Referrals/Electronic Records Management System into SIPICS for the automated registration of referrals.

- **Health Connect South (HCS):** Daily monitoring is showing that there is improved use of GP information in HCS following the bulk upload of GP information into SI PICS. New Ophthalmology forms are in use and have been well received. Due to strike action by the laboratory staff, HCS Release 54 has been rescheduled. This will impact remaining release dates for 2019.
- **Hybrid Cloud Transformation Programme:** *Canterbury DHB is embarking on a cloud transformation program to better take advantage of emerging technologies to drive innovation and deliver greater value.* We are now working to migrate the clinical applications Éclair and ICNet into the Cloud environment. ICNet is currently being built in the cloud development environment and Eclair is in the user acceptance testing phase.

IMPROVING AND INTEGRATING RURAL HEALTH SERVICES

Canterbury DHB is working through the Canterbury Clinical Network with communities and local providers in several rural areas to improve and integrate rural health services:

- **Akaroa**: All Akaroa Health services are now operating from the new Akaroa Health Centre following the official opening in early September.
- **Hurunui:** Amberley Medical Centre and Hanmer Springs Health Centre continue to lead delivery of emergency and urgent medical care after-hours for the Hurunui, with the support of the DHB, Waitaha Primary Health and St John. Access to this care remains more limited in Cheviot, Hawarden and Waikari and we are looking at options to improve access with local providers. The Hurunui Health Service Development Group is shortly to review its progress on implementing the service improvement recommendations endorsed by the Board last year.

  Amuri Health Care in Rotherham is currently providing limited care on some days as it has recently lost several GPs. Access to care is expected to improve from mid-November with the recruitment of a new GP as well as the use of locums. This episode has reinforced the vulnerability of small rural practices – with Waitaha Primary Health we will continue to work with these practices to improve their sustainability.
- **Oxford:** The Oxford and Surrounding Area Health Services Development Group is continuing to oversee service improvements endorsed by the Board earlier this year, such as installing telehealth at Oxford Hospital and improving access to restorative care for people following hospital treatment.
- **Observation:** The Canterbury Clinical Network is also facilitating development of a protocol to better enable short-term observation of unwell local people in rural DHB and private residential care facilities, helping to avoid transfer to Christchurch Hospital.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- Communications to let staff and public know about further industrial action was again a major focus for the communications team during October. There were five days of strike action by Medical Imaging Technologists who are in the APEX Union during late October and November, and a partial strike Hospital Psychologists in October. Medical Laboratory staff also had a 24 hour strike on 11 October which involved a full withdrawal of labour.
- In October 2019 the Communications Team also worked to:
  - Support distribution of the spring 2019 edition of WellNow Canterbury: *A snapshot of how we're doing started* at the end of October.
  - Provide communications advice and support to the Canterbury Syphilis Working Group for the Canterbury/West Coast DHB Syphilis Reduction Action Plan, including reviewing collateral and preparing messaging for target audiences and the general public.

- Assist the Quality and Patient Safety team to raise awareness of Pressure Injury Prevention among health professionals and high-risk groups, including in the lead-up to Stop Pressure Injury Day in November.
- Promote the launch of cleaning services coming in-house – new brand is Environmental Services.
- Develop communications to promote free and low-cost contraception to target groups to help prevent unplanned pregnancies.
- Communications materials were also prepared for use during Patient Safety Week in November. A range of communications were created to ensure staff were aware of the theme: Implicit Bias in health care. There were stories, videos and presentations.

- **Matatiki launch:** The Team is assisting Child Health with the launch of the new branding, Matatiki, which will be widely adopted when the acute services move to Christchurch Hospital Hagley early next year including communications that will be distributed to patients and families, stakeholders, and the wider public via media and digital platforms. A newsletter is also in development to assist in migration to Christchurch Hospital Hagley, outlining new processes, procedures and ways of working. Some of the images adopted by Matatiki feature below:

- **Media:** October was a busy month for media, with more than 100 enquiries. We managed a significant number of queries about parking for staff and patients and visitors accessing the Christchurch Hospital campus. We also responded to multiple requests for information on the effects of various strikes by APEX union-affiliated staff, including our Medical Imaging Technologists (MITs) and Psychologists. Some of the other topics of media interest included:
  - Measles in Canterbury and a Burwood hospital worker being confirmed as a new case
  - Hospital workers who were confirmed as having measles in the original outbreak
  - The DHB's policy on staff vaccination
  - Wait times for common elective surgeries
  - The roll out of the national bowel screening programme in Canterbury
  - Muslim mental health workers working in the community following events of 15 March
  - The South Island Eating Disorders service
  - Diagnosis wait times for autism spectrum disorder
  - Compliance with the Holidays Act following a release by the Minister of Health
  - Details on the 'colonoscopy workforce' in Canterbury
  - Skin protection during radiation treatment
  - The benefits and test landings on the rooftop helipad at Christchurch Hospital, Hagley.
  - CREST (Community Rehabilitation Enablement Support Team)
  - Multi-drug resistant organisms detected in patients at ChCh Hospital and resulting deaths
  - The hospital worker who died as a result of a fatal fleeing driver incident
  - ACC leave taken by staff on the Hillmorton campus due to assaults by patients
  - The relocation of some Specialist Mental Health Services to the Hillmorton campus
  - Local commissioning of community pharmacy services
  - The new Integrated Family Health Centre facility in Rangiora
  - Healthcare care provided by the DHB in the community

- Chief Medical Officer Dr Sue Nightingale was interviewed by Newstalk ZB, Newshub radio and Radio NZ about the MIT strikes. Dr Nightingale spoke of the impact the strike would have and gave details of the number of patients affected daily and the delays to appointments some people may experience.
- Newstalk ZB, Radio NZ, TVNZ and The Press interviewed Medical Officer of Health, Dr Cheryl Brunton about the measles situation in Canterbury following the notification of a Burwood staff member being confirmed as a measles case.
- Dr Cheryl Brunton, Medical Officer of Health, was also interviewed by Newsroom about the recent measles case in Canterbury of a Burwood Hospital worker and the processes the community and public health unit follows once they are notified of a suspected case and how the unit manages the case in terms of limiting further spread.
- Tracey Hawkes, Dementia Educator, was interviewed by NZ Doctor about the knitted sensory sleeves being used as part of the care for dementia patients and how the Burwood Hospital dementia and delirium group have rolled out a trial of the sleeves.
- Carolyn Gullery, Executive Director Planning, Funding and Decision Support, gave an interview to NZ Doctor on the upcoming shift for some non-acute services no longer being provided as electives - to being provided as 'planned care' in a primary care setting.
- Hector Matthews, Executive Director Māori and Pacific Health, was interviewed by a student journalist about Māori Health in Canterbury, the Māori population of Canterbury and the services they can access.

Our People (CEO Update Stories)

- Amberley couple Paul and Diane Gibbs are very grateful to Canterbury DHB's Occupational Therapy (OT) Acute Home Visiting Team who stepped in when Diane wanted Paul to recuperate at home after a serious motorcycle accident that left him with a broken right elbow, broken left knee and two broken ankles. Paul was to go to Ashburton Hospital or a rest home with hospital facilities to recuperate until he was mobile. However, Diane was concerned about commuting from their home in Amberley to Ashburton - a 256km round trip - and didn't think Paul would cope mentally being away from her for weeks and maybe months. OTs taught Diane how to transfer Paul from bed to chair, visited the couple's home before he was discharged to consider every detail, including measuring areas such as the hallway and bathroom to establish accessibility, education about pressure injury prevention and organising a ramp to the front entrance. They assessed for and arranged the set-up of essential equipment, paid for initial hospital bed hire and organised an alternating air mattress. Paul is just one example of people who have sustained multiple trauma injuries who are getting safe and timely discharge to their own homes thanks to the work of this team of experts. The couple spoke out to mark Occupational Therapy Week in October.
- A specialised observation monitor that can also assess electrocardiograms (ECGs) has been donated to Christchurch Hospital's cardiology ward by a former patient. The man made the donation to Ward 12 as he was very grateful for the care he received when he underwent replacement of his aortic valve in April 2018 by a procedure called TAVI, says Clinical Nurse Specialist Murray Hart. TAVI refers to Transcatheter Aortic Valve Implantation which involves implanting a new aortic valve by going through the artery in the groin. This avoids the need for open heart surgery and in this patient's case he was able to return home the day after the procedure. The observation monitor replaces an outdated one and is used for monitoring the vital signs (heart rate, blood pressure, oxygen levels, and temperature) of patients on the cardiology ward.
- Te Whare Whetu (House of Stars) programme is bringing hope, comfort and confidence to consumers in the Specialist Mental Health Services forensic service. The programme helps consumers build a connection with their kaupapa (Māori ideology), developing their Mihi (speech of greeting) and making connection with their community. It runs for six weeks, two hours a week, involving consumers from across Hillmorton's three forensic inpatient wards as well as community forensic outpatients. It is run in a cultural environment based at Te Korowai Atawhai and those taking part practised Karakia (blessing), Te Waiata (song), and looked further into whakapapa

(genealogy) and learning the basics around Mihi. Organisers say consumers excelled and their growth from week one to week six was evident and inspiring.

- Patients and their families are appreciating the bright new surroundings of the revamped Patient Day Lounge on Ward 14 at Christchurch Hospital. The $20,000-plus refurbishment was paid for by funds raised by Christchurch Hospital's volunteers, mainly the income from the hospital's gift shop which is run by volunteers. The space has been transformed from drab to fab with a teal and tan colour palette, replacement of 26 year old drapes and new carpet and furniture. Volunteers Manager Louise Hoban-Watson says it is only through the hard work and commitment of Christchurch Hospital's volunteers that such improvements are possible.
- The Chair of Canterbury DHB's Consumer Council Zhiyan Basharati has been named NEXT magazine's Woman of the Year in the Community Category for the role she played in the response to the Christchurch mosque attacks. Many of those killed were friends or acquaintances of hers. Zhiyan was presented with the award at the 10th anniversary NEXT Woman of the Year awards in Auckland for being an inspirational role model. Zhiyan quickly gathered a team of volunteers who speak Arabic, Farsi, Urdu, Somali and Kurdish to return calls to worried relatives. Zhiyan who has a doctorate in forensic psychology, co-ordinated the welfare centre which worked alongside hospital staff, Police, Civil Defence and Red Cross. She arranged for a Facebook page, Christchurch Victims Organising Committee to be set up to keep people up informed.
- Michael O'Dea who works in Planning and Funding is encouraging more staff to sign up to the GoodSAM app after an off-duty anaesthetic technician came to his mother's rescue when she had a cardiac arrest. The GoodSAM app is a free app that alerts people that a patient suspected to be in cardiac arrest is nearby, allowing them to possibly save a life by providing CPR and using a defibrillator (if available) prior to emergency services arriving. Michael was visiting his mother Linda O'Dea in Nelson when the arrest occurred. He immediately called 111 and got instructions on CPR over the phone. He'd only learnt CPR 30 years ago on a course and was "freaking out". A few minutes later Jacquie Raikes knocked on the door. She has the GoodSAM app on her phone and had been alerted to the emergency. Primary Care Service Development Manager, Rachel Thomas says she signed up to the app after hearing Michael's story. Rachel, who works at Canterbury DHB's Corporate office on 32 Oxford Tce, says she is surprised at the low number of subscribers which show on the app and hopes more people will sign up.

Facilities Redevelopment - Communication

- **Christchurch Hospital Hagley:** The "Let's Get Ready To Move" communications for the migration/operational transition to the building continues with:
  - Monthly videos for staff that are also shared on café TV screens. Weekly briefings in the CEO update that are also shared via ward communications books, and the Hagley Operational Transition team and its networks. These are also distributed through wider networks, including unions and medical officers.
  - Facebook updates and a new email address for staff queries.
  - Posters and banners for staff noticeboards, screensavers and email signatures for staff.
  - Planning is complete and on hold for a series of significant events in relation to the opening of Christchurch Hospital, Hagley.
  - Updates sent to Unions.
- The team is undertaking ongoing work with SMO/RMO representatives to ensure regular updates and information is widely dispersed. This includes a new healthLearn orientation package specifically for RMO/SMOs to complete in preparedness for the move to Christchurch Hospital Hagley.
- Regular meetings are ongoing with the Hagley Operational Transition team, including service specific meetings to find out communication needs for particular services.
- Standard and 360-degree photography of near-completed wards in Hagley is ongoing. This will be used for staff orientation, enabling staff to see their new workspaces without having to visit during the construction phase. A Virtual Reality tour is in development. A 360 degree tour complete with building map so staff can identify photos with ward areas is being updated as more images become available.

- The online healthLearn orientation module for the new building is live and being well attended by staff migrating to Hagley. It is a key tool for orienting staff to the new building and new ways of working.
- The Communications Team is helping produce maps for transit routes for patient and staff migration and assisting with wayfinding strategies for patients, staff and visitors. Posters, bifold brochures and DLE handouts for the lead-up to the move are in development. These will be updated and refreshed for the day of the move and will be available in old wards following the move.
- **Videos:** The team has been creating short videos for social media to promote the work happening to prepare for migration to Hagley. Over the past month, videos have been created showing the helipad testing (both single and double craft access); Fire and Emergency NZ activity orientating to the site; the installation of a new MRI into Hagley, and snippets of the scenario testing, checking timings for movements of patients for migration.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- **Parkside Panels:** Contractor is on site for removal/restraint of North West corner panels and consenting strategy discussions with Christchurch City Council have commenced in relation to remaining panels. Intrusive investigations are underway to inform the detail design.
- **Clinical Service Block Roof Strengthening Above Nuclear Medicine:** Completion achieved on 22 July 2019. Final defects completed 9th August.
- **Lab Stair 4:** RFP documentation being readied for issue. Programme start date to be in 3rd quarter 2019 following completion of Diabetes building demolition. Relocation of Labs staff and other associated planning continues.
- **Riverside Full Height Panel Strengthening:** Design and review complete. Budget pricing received from the quantity surveyor. Business case currently being formulated.
- **Parkside Canopies:** Business case for replacement of shrink wrap has been approved.

Christchurch Women's Hospital

- **Stair 2:** Team have identified a number of targets for improvement and are currently working through design and engineering prior to formal submission of a business case. The balance of fire analysis work is awaiting master plan before works can be programmed to complete strengthening works. Main focus for the last few months has been acceptance of building warrant of fitness with Christchurch City Council and Maintenance and Engineering.
- **Level 4:** Crack injection around core to be undertaken. Parent room, kitchen and toilet areas complete. Difficulties gaining access to area due to patient levels, actively working with staff to look at options to commence the remedial and passive fire protection works.
- **Level 5:** Small amount of work to corridor unable to commence due to operational constraints (NICU). Working with teams to identify a suitable time but will pick this up during Women's Passive fire protection works and post Hagley Christchurch occupation.
- **Level 3:** All areas complete except reception, which is to be done at same time as stair strengthening to minimise disruption.

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering:**
  - Passive fire program has been selected as finalist in NZIOB Innovation Awards 2019.
  - Materials database is currently in use and is 99% through annual review.
  - Digitalization of inspection and maintenance programme system is completed. This will allow for onsite recording of all works and integration to M&E management software.

  - MBIE visited the test lab and have pledged support for the project and working on a suitable ways to assist the programme moving forward to a wider audience.
  - Risk analysis and recommendation progressing slowly due to delay in releasing the master plan details. Approval to proceed to issue the fire engineering brief to Council and Fire Emergency NZ for comment now received. Quantative Fire Assessment can now continue.

- **Christchurch Hospital Campus Energy Centre (managed by Ministry of Health):** Preferred Boiler supplier identified and preliminary design work has been completed. The Budget assessment has necessitated a value engineering exercise to be undertaken.
- **235 Antigua St and Boiler House (Demolition):** No work to be undertaken until new energy centre constructed and commissioned.
- **Parkside Renovation Project to Accommodate Clinical Services, Post ASB (managed by MoH):** Planning ongoing. Waiting on formal advice from MoH as to outcome of master planning process.
- **Backup VIE Tank:** Primary VIE tank is operational. Consent documentation being prepared. Work to be undertaken in conjunction with Labs stair 4 works.
- **Antigua St Exit Widening:** Camera traffic count to be undertaken.
- **Avon Switch Gear and Transformer Relocation:** Design complete.
- **Otakaro/CCC Coordination.** Liaison with contractor for Bus Super Stop works on Tuam St ongoing.
- **Diabetes Demolition:** Demolition complete. Currently reviewing options for bitumen sealing of site.
- **Co-ordinated Campus Program:** Work is well advanced on a co-ordinated programme to tie together the demolition of Riverside West, the relocation of clean and dirty loading docks, demolition of the Avon generator building, Parkside Panel replacement / repairs, relocation of food services building and clinical support staff requirements in the LGF of The Hagley Building. This will provide insight into timing, relocation requirements and potential sequencing issues. It is still subject to confirmation of who goes where, and subsequent endorsement, in relation to the Ministry led campus master plan.

Canterbury Health Labs

- **Anatomical Pathology (*AP*):** Initial planning on options for repatriating AP from School of Medicine has commenced. Design team has been engaged and briefed, and initial bulk and location options have been developed. This process is linked to the overall master plan for this service. SRU project manager resources will be allocated once there is more clarity on time frames for delivery of this work.
- **Core Lab (High Volume Automation) Upgrade:** Design team has been engaged and briefed. Initial advice provided to the Labs team in support of the equipment RFP process. This work has now been transferred to M&E due to its size and straight forward process.

Burwood Hospital Campus

- **Burwood New Build**: Defects are being addressed as they come to hand. Still awaiting outcome of passive fire elements external testing and revised fire engineering judgement.
- **Burwood Admin Old Main Entrance Block - 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. A decision on the Artificial Limb Service proposal is required before progressing this work any further.
- **Burwood Mini Health Precinct:** Project delivery options, funding options and lease agreements are currently being detailed. Agreement of scope and financials as well as key stakeholder requirements are currently underway. Quantity Surveyor figures being reviewed. The way forward for this is on hold until a decision on Mini Health / Artificial Limbs facility has been made.
- **Spinal Unit:** Main contractor works expected to finish on 28th August. Passive Frie works delays have added 54 days to the programme. Clinical teams are planning relocation back for the 12th September.

- **Burwood Birthing/Brain Injury Demolition**: Main demolition completed. Additional site scrapes have been undertaken to mitigate soil contamination. Backfilling has commenced to level the site.

Hillmorton Hospital Campus

- **Hillmorton SMHS:** Preliminary design progressing and ground condition testing underway.
- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements. Meeting on site with Cotter Trust representatives undertaken, with proposed new location to be presented after review and sign off by senior management.
- **AT&R:** New High Care Area for AT&R construction contract complete with works commenced on site. Resource consent received and building consent currently with Council. Working on additional requirements for building 1 and 2 and temporary High Care Area for building 3. These include options for additional space in the PSAID area and opportunities for a low stimulus area retrofitted into existing spaces. Internal alteration has commenced and is progressing well.
- **Master Planning:** Architect/Health Planners have commenced work with initial meetings being held. Programme of deliverables has been provided with a planned completion currently forecast for the end of October 2019. Currently working with the Mental Health Service and Planning and Funding to understand the metrics and clinical service requirements going forward.

Other Sites/Work

- **Akaroa Health Hub:** Building is complete and tenants have moved in.
- **Rangiora Health Hub:** Construction work on building is compete. Defect inspection and resolution is underway. Grounds and carpark work nearing completion and on occupation set for 21 August 2019.
- **Home Dialysis Training Centre Relocation:** Completed.
- **Seismic Monitoring:** Business case approved for stage 1 Design & Procurement. Case study building assessment underway.
- **Manawa (formerly HREF):** Building has been blessed and is occupied. In defect liability stage.

Project/Programme Key Issues

- Sign off on the direction of the Master Planning process is required to plan the next stage of the Programme of Works (POW). 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 CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. Work in these areas will not be possible until the Hagley Christchurch project is complete and space elsewhere on the campus becomes available.
- Passive fire wall repairs continue to be identified. 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. Risk analysis progressing slowly due to delay in releasing the master plan details.
- The passive fire QA process has identified non compliances on newly installed elements in the Burwood Spinal Unit works. These are now being rectified. The contractor responsible for the initial install has been removed from site and a new contractor has been engaged so as to mitigate delivery dates and resolve quality issues for this work.
- Uncertainty of delivery of Ministry of Health led projects continues to affect our ability to programme projects and allocate resources efficiently.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of September 2019 was a net operating expense of $8.681M, which was $0.050M unfavourable against the draft annual plan net operating expense of $8.631M.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	(0.229)	-	**(0.229)**	(0.273)	-	(0.273)
Funder	(7.429)	(5.891)	**(1.538)**	(21.914)	(21.279)	(0.635)
DHB Provider	(1.024)	(2.740)	**1.716**	(9.581)	(10.560)	0.979
Canterbury DHB Group Result	**(8.681)**	**(8.631)**	**(0.050)**	**(31.768)**	**(31.839)**	**0.071**

Report prepared by: David Meates, Chief Executive

FINANCE REPORT 30 SEPTEMBER 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **21 November 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the financial result and related matters for the period ended 30 September 2019.

3. DISCUSSION

Overview of September 2019 Financial Result

The consolidated Canterbury DHB financial result for the month of September 2019 was a net operating expense of $8.681M, which was $0.050M unfavourable against the draft annual plan net operating expense of $8.631M.

The current draft annual plan is for a full year deficit result of $180.470M, however, it does not take into account recently announced adjustments to the capital charge regime (the mechanics of which have yet to filter through to DHBs) which will take effect upon transfer of the Hagley facility. The table below provides the breakdown of the September result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(1.061)	(2.806)	**1.745**	(9.760)	(10.689)	0.929
Community & Public Health	(0.002)	0.030	**(0.032)**	(0.029)	0.014	(0.043)
Total In-House Provider excl Subsidiaries	**(1.063)**	**(2.776)**	**1.713**	**(9.789)**	**(10.675)**	**0.886**
Add: Funder & Governance						
Funder Revenue	147.554	147.017	0.537	444.321	441.052	3.269
External Provider Expense	(66.198)	(64.132)	(2.066)	(199.858)	(196.005)	(3.853)
Internal Provider Expense	(88.784)	(88.776)	(0.008)	(266.377)	(266.326)	(0.051)
Total Funder	**(7.429)**	**(5.891)**	**(1.538)**	**(21.914)**	**(21.279)**	**(0.635)**
Governance & Funder Admin	(0.229)	-	(0.229)	(0.273)	-	(0.273)
Total Canterbury DHB (Parent)	**(8.720)**	**(8.667)**	**(0.053)**	**(31.976)**	**(31.954)**	**(0.022)**
Add: Subsidiaries						
Brackenridge Estate Ltd	0.071	0.052	**0.019**	0.145	0.162	(0.017)
Canterbury Linen Services Ltd	(0.032)	(0.016)	**(0.016)**	0.063	(0.047)	0.110
Canterbury DHB Group Surplus / (Deficit)	**(8.681)**	**(8.631)**	**(0.050)**	**(31.768)**	**(31.839)**	**0.071**

Although the result for the first three months of the financial year is on target, there are continued stress points within the DHB that we will need to keep very close control over, particularly with the new Hagley facility coming on stream in the near future, and the managed transition of outsourced surgery.

In addition to this, we are continuing to see cost pressure as a result of the industrial landscape.

4. KEY FINANCIAL RISKS

The liquidity issue that was forecast for early October was alleviated through an early PBFF funding payment, but issues with future months remain.

Ongoing industrial action will have an impact on our financial performance, as we will need to manage our volume delivery throughout any strikes.

5. APPENDICES

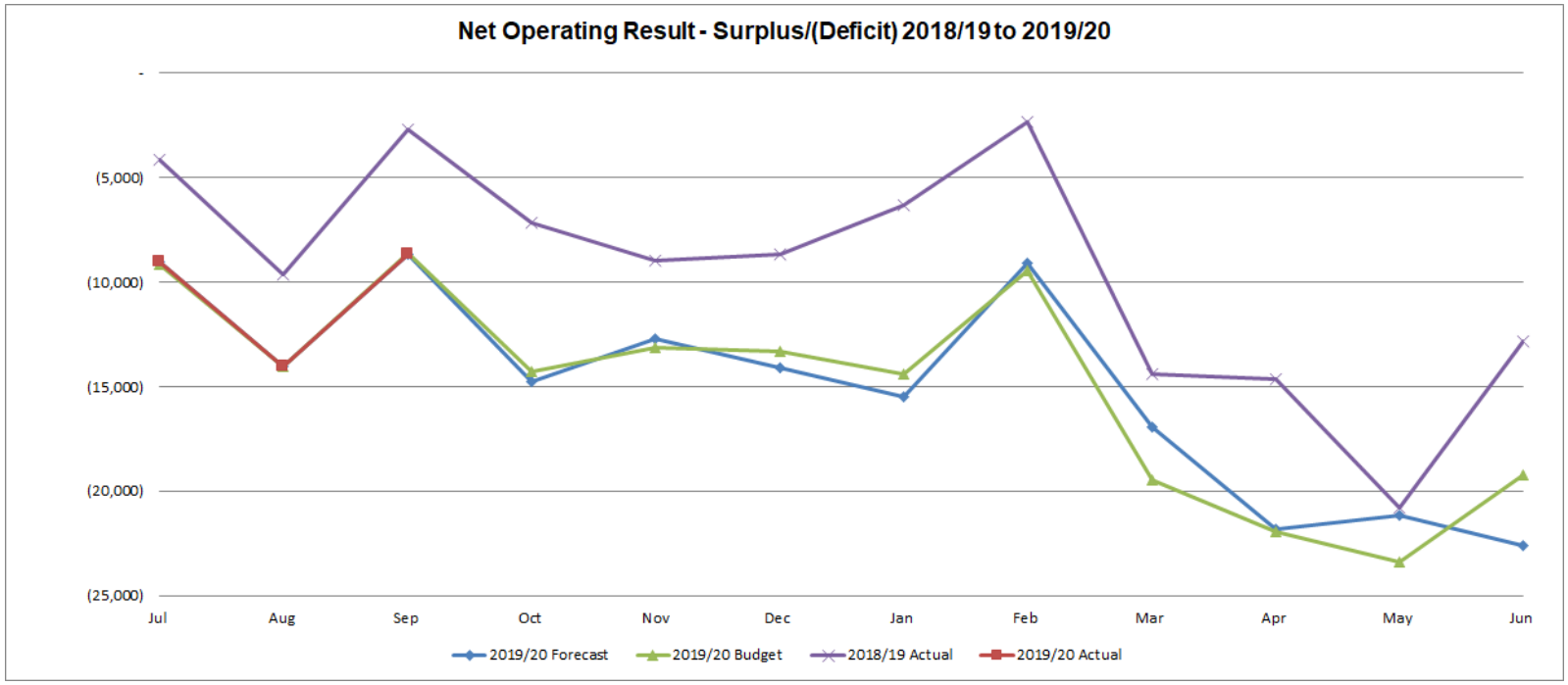
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 30 SEPTEMBER 2019

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
Surplus/(Deficit)	(8,681)	(8,631)	(50)	1% ✗	(31,768)	(31,839)	71	0% ✓	(177,839)	(180,470)	(180,470)	(0)	0% ✗



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

Our 2019/20 Annual Plan submitted is a net operating expense of $180.470M.

Our September result was on plan for the month, although there are offsetting variances between expenditure lines.

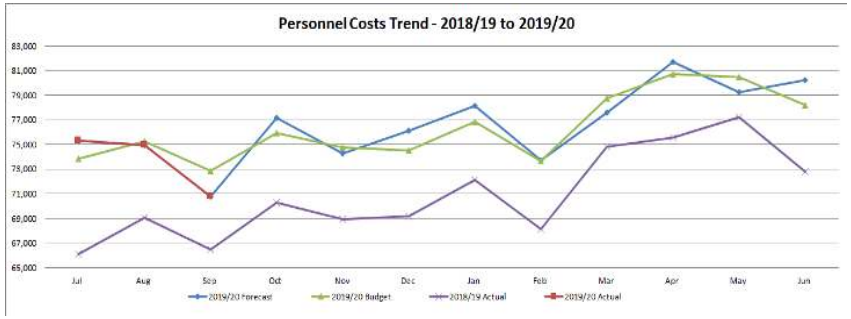
Revenue is favourable to plan due to new funding for Canterbury DHB's share of the increased pharmaceutical budget and the 2018/19 IDF washup being $1.2M less than we were expecting to pay.

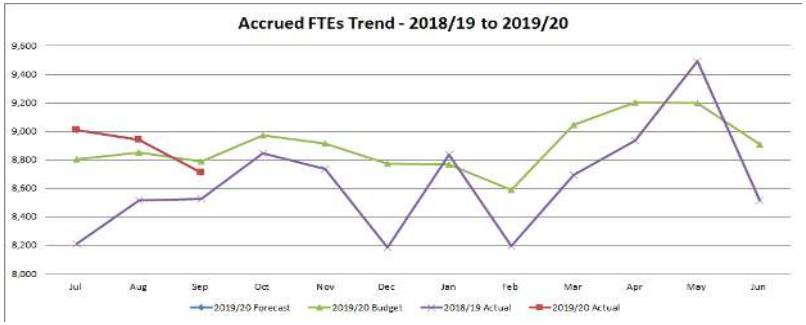
We have included a year end forecast to the above table as well as the graph. At this point we are expecting to hold the year end result on budget.

KEY RISKS AND ISSUES

Variances on expenditure lines may not continue to offset, leading to unfavourable net results in future months. We will need to maintain tight fiscal control over all expenditure items to ensure we do not exceed our planned result. Activity on the Christchurch campus was high, and is driving higher than planned costs, and this high activity has continued through into September.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



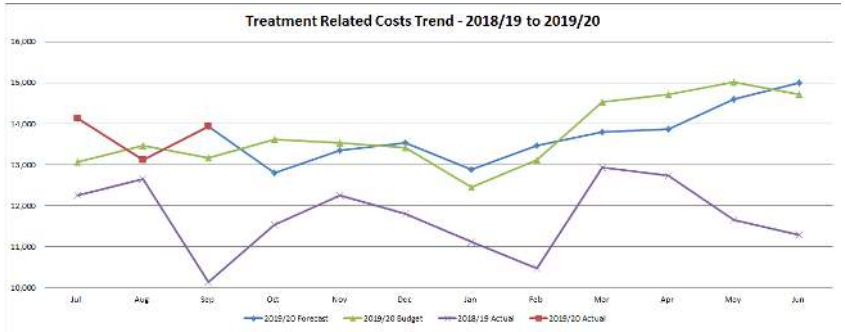


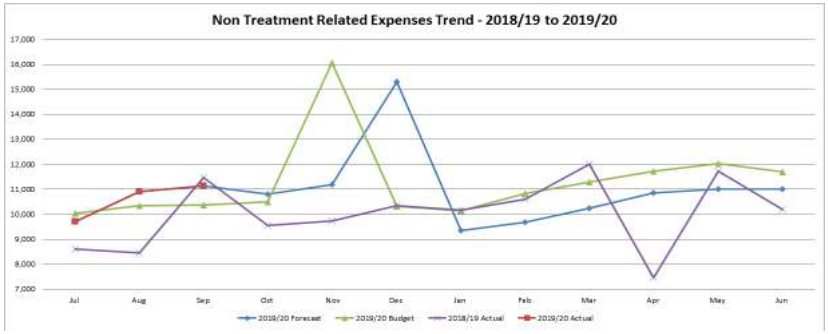
KEY RISKS AND ISSUES

Higher costs associated with higher activity, along with the resourcing required for the new Hagley facility, result in unfavourable variances. Strike action and MECA settlements result in unfavourable variances, from both strike costs and recovery plan costs.

Growth will occur in future periods as a result of additional resource required for the new Hagley facility and other significant projects.

TREATMENT & OTHER EXPENSES RELATED COSTS





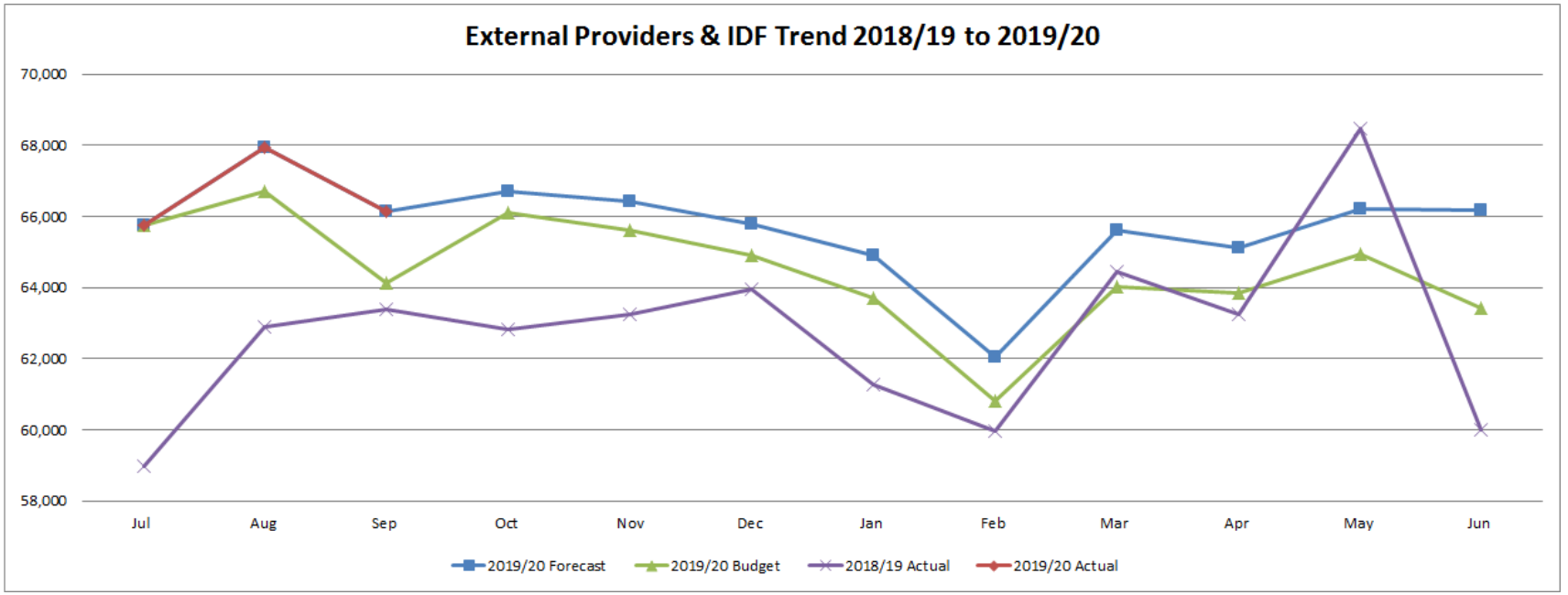
KEY RISKS AND ISSUES

Treatment related costs are influenced by activity volume, as well as complexity of patients. Pharmaceutical costs, particularly PCT and related drugs, continue to increase.

Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital (TPMH) campus, including security, basic maintenance etc. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site. Although we have Ministerial approval to progress a shift of services to Hillmorton, TPMH is still unlikely to be fully vacated until the 2022/23 financial year.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
External Provider Costs	66,131	64,132	(1,998)	-3% ✗	199,738	196,005	(3,732)	-2% ✗	752,784	788,780	773,439	(15,341)	-2% ✗



KEY RISKS AND ISSUES

Additional outsourcing to meet electives targets may be required. The use of additional clinics at penal rates, outplacing, and/or outsourcing may be used to reduce this impact.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000	
Equity	571,604	638,704	67,100	11% ✓

	YTD Actual $'000	YTD Budget $'000	Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
Cash	(58,529)	(42,954)	(15,575)	36% ✗	(31,576)	(203,825)	(62,397)	(141,428)	226.7% ✗

KEY RISKS AND ISSUES

If future equity support is less than the expected amount or not received on a timely basis, cash flows will be impacted, and the ability to service payments as and when they fall due will become an issue. Note that the above cash forecast assumes no equity support is received.

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 three months ending September 2019

Month					Year to Date				Annual (Year End)			
19/20 Actual	19/20 Budget	18/19 Actual	Variance to Budget		19/20 Actual	19/20 Budget	18/19 Actual	Variance to Budget	19/20 Forecast	19/20 Budget	18/19 Actual	Variance to Budget
153,480	152,998	146,997	482 ✓	MoH Revenue	463,135	458,803	432,131	4,332 ✓	1,849,002	1,838,857	1,740,486	10,145 ✓
4,366	4,287	3,625	79 ✓	Patient Related Revenue	12,877	12,953	11,614	(76) ✗	50,904	51,613	49,201	(708) ✗
3,882	3,909	3,439	(27) ✗	Other Revenue	11,800	11,493	9,162	307 ✓	51,321	51,708	39,747	(387) ✗
161,728	**161,194**	**154,062**	**534**	**Total Operating Revenue**	**487,812**	**483,249**	**452,907**	**4,563**	**1,951,227**	**1,942,178**	**1,829,434**	**9,050**
70,786	72,894	66,407	2,108 ✓	Personnel Costs	221,027	221,003	201,592	(24) ✗	919,353	915,003	915,946	(4,351) ✗
13,932	13,160	10,134	(772) ✗	Treatment Related Costs	41,173	39,689	35,041	(1,484) ✗	164,432	164,745	140,795	313 ✓
66,198	64,132	63,447	(2,066) ✗	External Service Providers	199,858	196,005	185,407	(3,852) ✗	788,780	773,439	752,784	(15,341) ✗
11,072	10,375	11,158	(697) ✗	Other Expenses	31,845	30,756	28,142	(1,090) ✗	131,421	135,369	120,267	3,948 ✓
161,988	**160,561**	**151,145**	**(1,427)** ✗	**Total Operating Expenditure**	**493,903**	**487,453**	**450,182**	**(6,450)** ✗	**2,003,986**	**1,988,555**	**1,929,792**	**(15,431)** ✗
(260)	**633**	**2,917**	**(893)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(6,091)**	**(4,204)**	**2,725**	**(1,887)** ✗	**(52,759)**	**(46,377)**	**(100,358)**	**(6,381)** ✗
31	58	106	(27) ✗	Interest	159	176	292	(17) ✗	923	939	627	(16) ✗
492	224	1,401	268 ✓	Donations	1,020	671	2,044	349 ✓	2,935	2,586	4,067	349 ✓
6	1	1	5 ✓	Profit / (Loss) on Sale of Assets	13	2	5	11 ✓	18	8	133	11 ✓
529	**283**	**1,508**	**246** ✓	**Total Indirect Revenue**	**1,192**	**849**	**2,341**	**343** ✓	**3,876**	**3,532**	**4,827**	**344** ✓
2,961	3,286	2,455	325 ✓	Capital Charge	8,883	9,858	7,364	975 ✓	50,024	53,864	24,241	3,840 ✓
5,914	6,211	4,636	297 ✓	Depreciation	17,896	18,476	14,166	580 ✓	81,023	83,161	54,407	2,138 ✓
75	50	25	(25) ✗	Interest Expense	90	150	25	60 ✓	540	600	552	60 ✓
8,950	**9,547**	**7,116**	**597** ✓	**Total Indirect Expenses**	**26,869**	**28,484**	**21,556**	**1,615** ✓	**131,587**	**137,625**	**79,200**	**6,038** ✓
(8,681)	**(8,631)**	**(2,691)**	**(50)** ✗	**Total Surplus / (Deficit)**	**(31,768)**	**(31,839)**	**(16,490)**	**71** ✓	**(180,470)**	**(180,470)**	**(174,731)**	**(0)** ✗
-	-	-	-	Impairment	-	-	-	-	-	-	(3,108)	-
-	-	-	- ✓	Gain on Revaluation of Land and Buildings	-	-	-	- ✓	-	-	137,346	- ✓
(8,681)	**(8,631)**	**(2,691)**	**(50)** ✗	**Total Comprehensive Revenue & Expense**	**(31,768)**	**(31,839)**	**(16,490)**	**71** ✓	**(180,470)**	**(180,470)**	**(40,493)**	**(0)** ✗

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 30 September 2019

Unaudited 30-Jun-19 $'000		Group Actual 30-Sep-19 $'000	Group Budget 30-Sep-19 $'000	Annual Group Budget 30-Jun-20 $'000
496,272	Opening Equity	597,378	662,639	662,639
141,600	Net Equity Injections / (Repayments) During Year	5,994	7,904	650,781
137,345	Reserve Movement for Year	-	-	-
(177,839)	Operating Results for the Period	(31,768)	(31,839)	(180,470)
597,378	**TOTAL EQUITY**	571,604	638,704	1,132,950
	Represented By:			
	Current Assets			
4,999	Cash & Cash Equivalents	2,429	627	627
750	Short Term Investments	750	750	750
91,010	Trade and Other Receivables	102,976	91,010	91,010
5,838	Prepayments	14,652	5,838	5,838
13,209	Inventories	13,435	13,209	13,209
14,510	Restricted Assets	14,394	14,685	14,685
130,315	**Total Current Assets**	148,635	126,119	126,119
	Less Current Liabilities			
36,575	Overdraft	60,958	43,581	63,024
123,935	Trade and Other Payables	148,148	133,794	123,936
14,760	Restricted Funds	14,358	14,760	14,760
245,602	Employee Benefits	246,840	180,342	180,342
420,872	**Total Current Liabilities**	470,304	372,477	382,062
(290,557)	**Working Capital**	(321,669)	(246,358)	(255,943)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment in NZHPL	3,225	3,225	3,225
890,595	Fixed Assets	896,138	887,723	1,391,554
893,837	**Term Assets**	899,379	890,964	1,394,795
	Non Current Liablilties			
5,902	Employee Benefits	6,106	5,902	5,902
5,902	**Term Liabilities**	6,106	5,902	5,902
597,378	**NET ASSETS**	571,604	638,704	1,132,950

Restricted Assets and Restricted Liabilities include funds held by Maia on behalf of CDHB.

APPENDIX 4: CASHFLOW

Unaudited 30-Jun-19 $'000		Actual 30-Sep-19 $'000	YTD Budget 30-Sep-19 $'000	Budget 30-Jun-20 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(52,680)	**Net Cash from Operating Activities**	(17,249)	(3,503)	(97,305)
	CASHFLOW FROM INVESTING ACTIVITIES			
(43,992)	**Net Cash from Investing Activities**	(15,699)	(15,604)	(70,913)
	CASHFLOW FROM FINANCING ACTIVITIES			
80,794	**Net Cash from Financing Activities**	5,994	7,904	137,572
(15,878)	Overall Increase/(Decrease) in Cash Held	(26,953)	(11,203)	(30,646)
(15,698)	Add Opening Cash Balance	(31,576)	(31,576)	(31,576)
(31,576)	**Closing Cash Balance**	(58,530)	(42,779)	(62,222)

ANNUAL PLAN PROGRESS REPORT - QUARTER 1

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Planning and Funding**

DATE: **21 November 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The attached report has been prepared to provide the Board with an update on progress against the initiatives, actions and targets highlighted in the DHB's Annual Plan for 2019/20.

2. RECOMMENDATION

That the Board:

i. notes the update on progress to the end of quarter one (July - September) 2019/20.

3. SUMMARY

The attached quarterly report has been prepared to highlight progress being made against the commitments set out in Canterbury DHB's Annual Plan for 2019/20.

The quarter one report reflects progress to the end of September and this is the first report against Canterbury's new annual plan with many of the new programmes just getting established. A good start appears to have been made across most project areas with more progress expected in quarters two and three as new programmes and initiatives get underway.

Key Points to Note

- Canterbury immunisation results for children remain high with 95% of eight month and two year old children fully immunised. Results are lower for Maori but still above 90% and Pacific results are particularly high this quarter at 96% and 97% respectively.
- Canterbury has received funding to roll-out School Based Health Services to our decile 5 secondary schools and this will commence in the coming year.
- Three hui were held to bring in contributions and perspectives from Māori, NGOs, Whānau Ora, public health, primary care, Pasifika, and culturally and linguistically diverse (*CALD*) groups for the development of the DHB's Maternity Strategy which will be presented at the meeting.
- The new community-based acute residential mental health service is fully functional with all seven beds being utilised.
- There are now 220 schools engaged in Mana Ake with more than 4,100 children and whānau accessing services. Survey ratings show positive results and satisfaction with the service.
- Automatic referrals to the Falls Prevention Programme following either a fractured neck-of-femur or humerus have been successfully piloted and the pathway has now been implemented.
- Key drivers of longer wait times for InterRAI assessment have been identified and improvements to triage have enabled the wait time for an assessment to be reduced over the last quarter.

- The DHB continues to meet national targets for Faster Cancer Treatment with 96% of patients receiving their first cancer treatment within 62 days of being referred.
- A joint DHB/PHO Cardiovascular Disease Improvement Plan has been approved by the Ministry of Health and will be implemented over the coming year. There is a strong focus on improving outcomes for Maori and Pacific populations.

4. APPENDICES

Appendix 1: 2019/20 Annual Plan Progress Report – Quarter One

Report prepared by: Ross Meade, Accountability Coordinator, Planning & Funding

Report approved for release by: Melissa Macfarlane, Acting Executive Director, Planning Funding & Decision Support

Canterbury DHB

Annual Plan 2019/20

Delivery of National Priorities & Targets

Status Report Quarter 1

July - September 2019

Something New: The following are the national system outcomes and government priority outcomes. We have been asked to signal how the actions and activity in our Annual Plan align with these and so the following symbols appear in the report.

System Outcome	Government Priority Outcome
E We have health Equity for Māori and other groups	W Make New Zealand the best place in the world to be a child
L We live longer in good health	E Ensure everyone who is able to, is earning, learning, caring, or volunteering
Q We have improved quality of life	G Transition to a Clean, Green, and Carbon Neutral New Zealand
	C Support healthier, safer and more connected communities

Status Key:

✓	Completed As Planned
↺	Underway (but not yet completed)
×	Delayed / At Risk

Improving Child Wellbeing

Immunisation

E L W

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Focus on increasing the uptake of vaccinations during pregnancy, as an opportunity to build relationships with mothers and provide early protection for babies.	Q2: Survey of new parents, to understand the reasons for declines and improve messaging.	✖	Following work undertaken to develop a survey it was determined that there was a requirement to apply for ethics approval in order to identify and target respondents. We are now looking at alternatives which may coincide with national work happening in this space.
	Q2: Education Programme developed, to support vaccination conversations with pregnant women.		
	Q3: Opportunity to provide additional pregnancy vaccinations through community pharmacy investigated nationally.		
Continue to monitor and evaluate immunisation coverage to identify opportunities to maintain high immunisation coverage across all ages, with a particular focus on coverage at age five and equity across population groups. (EOA)	Ongoing: Provision of NIR, Missed Event and Outreach Service support to general practice to reduce declines for childhood vaccinations.	✓	NIR services continue to support general practice teams Evaluation of vaccination coverage rates is ongoing each quarter. The Immunisation SLA recently held a Hui with Māori and Pacific representatives to look at ways to improve coverage and reduce declines.
	Quarterly: Evaluation of vaccination coverage rates by the Immunisation SLA to identify opportunities to further improve coverage and respond to emerging issues.	✓	
Further strengthen the school-based Human Papillomaviruses (HPV) immunisation programme and identify innovative solutions to reduce the equity gaps in coverage rates for young Māori and Pacific students. (EOA)	Ongoing: Provision of support to general practice to enable the co-delivery of HPV and TdaP at age 11, including development of resources.	✓	These action areas will be a focus for quarter two and quarter three.
	Q2: Undertake analysis on coverage data to identify opportunities to target high need populations.		
	Q2: Consult with Māori groups to better understand barriers to adolescent vaccinations.		
	Q2: Trial of an online consenting process for the school-based HPV programme launched.		

Key Performance Measures	**Maori Result**	**Pacific Result**	**Total Result**	**Comments**
60% of pregnant women vaccinated for Pertussis.	Q3	Q3	Q3	
95% of 8 month olds fully immunised.	91%	96%	95%	
95% of 2 year olds fully immunised.	93%	97%	95%	
95% of 5 year olds fully immunised.	93%	95%	93%	
75% of young people (year 8) complete the HPV programme.	Q4	Q4	Q4	

School-Based Health Services (SBHS)

L W

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to support the delivery of SBHS in all decile one to four secondary schools, teen parent units and alternative education facilities across Canterbury.	Quarterly: Provision of quantitative reports on the delivery of SBHS to the Ministry of Health.	✓	SBHS has been rolled out to all decile four schools in Canterbury. This will include Canterbury's decile 5 school in 2020.
	Q1: Rollout to decile 5 schools confirmed with the Ministry.	✓	
Continue to promote the use of the Youth Health Care in Secondary Schools Framework	Q2: Framework promoted at the Health & Education Steering Group, to raise awareness across providers.		

tool, to support continuous quality improvement across SBHS schools.	Q3: Best practise examples shared, to increase engagement and use of the Framework tool.		
Maintain an integrated approach to responding to the needs of young people in Canterbury, with active oversight from the cross-sector Child & Youth Health Alliance Work Stream (Canterbury's SLAT equivalent). (EOA)	Quarterly: Provision of qualitative reports on delivery against the Youth Health work plan.	✓	The Youth Health work plan is monitored by the Child and Youth Alliance Workstream and actions are progressing on track.
	Q2: Development of a Gender Affirming Care pathway, to address barriers to support for young people, scoped.		
	Q2: Development of a pathway to support young people with complex health care needs, transition between child and adult services scoped.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
95% of year nine children (decile 1-4 schools) receive a HEEADSSS Assessment.	Q2	Q2	Q2	

Midwifery Workforce – Hospital and LMC

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Identify key stakeholders to support the development of a Regional Maternity Workforce Plan to support improved undergraduate training and future workforce planning.	Q1: Regional Workshop Held.	✓	The South Island Alliance Programme Office (SIAPO) led a regional workshop looking at the development of a Maternity Workforce plan, during quarter one.
	Q4: Regional Maternity Workforce Plan drafted.		
Establish regular meetings with ARA and Otago Polytechnic Schools of Midwifery to further develop the graduate workforce pipeline, with a particular focus on increased enrolment of Māori and Pacific midwifery students. (EOA)	Quarterly: Joint meetings with Ara and Otago.	✓	Meeting are being held to support a collaborative approach to the pipeline for new graduates.
	Q3: Ten new graduate midwives appointed.		
Stocktake planned retirements across the maternity workforce, to identify opportunities to phase retirements, minimise system impacts and plan for recruitment.	Q2: Stocktake of planned retirements complete.		
Work with Māori and Pacific leads to identify initiatives to support and retain midwives and improve the cultural awareness of our maternity team, to enhance the experience for Māori and Pacific women within our service. (EOA)	Q2: Maternity Hui held to build awareness and support within and across the team.		
Progress implementation of a proposal for change for antenatal assessment, to support the development of a sustainable service delivery model that meets the future needs of our population and better supports our clinical workforce. (EOA)	Q2: Maternity Assessment Unit established, to improve service delivery, patient flow and support for clinical teams and LMCs.		
	Q3: Rural-based Antenatal Outpatient Clinic Hubs established, to support care closer to home.		
Support the implementation of Care Capacity Demand Management (CCDM) for midwifery by June 2021, working with other DHBs to ensure a consistent approach to implementation of CCDM for maternity services.	Q1: Director of Midwifery engaged as a member of the CCDM Council to support implementation.	✓	Membership and Terms of Reference for the CCDM Council have been established and includes the Director of Midwifery.
	Q2: Active participation in national CCDM forums.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
80% of women registered with an LMC by 12 weeks of pregnancy.	68%	57%	80%	These results show an improvement on the previous year with a 4%

				increase for Māori and a 5% improvement in Pacific rates.
>13% of babies are delivered in Primary Birthing Units.	Q4	Q4	Q4	
Baseline for proportion of midwives identifying as Māori/Pacific.	Q4	Q4	Q4	

First 1000 days (conception to around 2 years of age)

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Complete the development of a comprehensive, system-wide Maternity Strategy, to support an integrated approach to improving the health and wellbeing of pregnant women, babies, children and whānau. (EOA)	Q1: Consultation on the Maternity Strategy complete and feedback incorporated in final document.	✓★	While much of the feedback received was positive, concerns were raised that the draft strategy did not adequately meet principles and values of Tangata Whenua. Three hui were held with a group of interested parties to bring in contributions and perspectives from Māori, Health, NGOs, Whānau Ora, public health, primary care, Pasifika, and culturally and linguistically diverse (CALD) groups. This work generated a framework with six underlying values and a supporting document was drafted. This will be tabled with the DHBs EMT in October and the Board in November.
	Q2: Maternity Strategy approved by the Board - focus areas clearly identified.	↺	
	Q3: Implementation underway.		
Continue to invest in key programmes of work that support the most important focus areas across the first 1,000 days of a child's life.	Ongoing: Actions to address risk factors for SUDI (page 7).	✓	See relevant action tables.
	Ongoing: Actions to increase smokefree households (page 7).	-	
	Ongoing: Actions to maintain childhood immunisation (page 3).	✓	
Refocus actions to promote breastfeeding, as an important component, alongside other nutrition interventions, in reducing the risk of obesity in children – and as an area of ongoing inequity for Māori and Pacific children. (EOA	Q1: Cross-sector Breastfeeding Steering Group established.	↺	A call for nominations for membership of the Canterbury Breastfeeding Steering group was sent out in Aug/Sept. Six members were selected, however it was felt that there is a need to engage further with Māori and Pacific groups to ensure strong Māori and Pacific participation. This will take place through October.
	Q2: Priority actions identified for focus.		
Prioritise health promotion initiatives in early childhood settings with a focus on good oral health – as an area of ongoing inequity for Māori and Pacific children. (EOA)	Q1: Menemene Mai (Smile) Early Childhood Oral health promotion resources pro-tested.	✓	Resources have been released and are being used. Feedback is now being received.
Continue to invest in the All Right? Initiative to promote population wellbeing, with a focus on supporting parents of children under five through the review and relaunch of the 'Tiny Adventures' app.	Q1: Tiny Adventures App relaunched.	✓	In response to community feedback, the All Right? Team has decided to continue the Tiny Adventures app (aimed at pre-schoolers), but to focus promotion on a new app, "Chitter chatter", aimed at 5-10 year-olds. This is also now complete.
Participate in the regional Hauora Alliance, to support South Island collective initiatives to address barriers to achieving a well-integrated women and children's service.	Q2: Regional priorities, actions and implementation plan agreed.	↺	The Hauora Alliance-commissioned First 1000 Days report is being utilised across multiple initiatives. The Hauora Alliance is connecting with the Senior Regional Lead on new Public Service "Boundary" approaches to ensure strong

				linkages as a new operating environment for community plans develops.

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
85% of new-borns enrolled with general practice by 3 months.	86%	94%	96%	
70% of babies are fully/exclusively breastfed at 3 months of age.	Q2	Q2	Q2	
95% of eight-month old babies are fully immunised.	91%	96%	95%	
95% of children (0-4) enrolled with Oral Health Services.	Q3	Q3	Q3	
90% of four-year-olds are provided with a B4 School Check.	24%	25%	24%	Canterbury is on track to achieve the year-end target of 90%.
95% of four-year-olds (identified as obese) are offered a referral for clinical assessment and family-based nutrition, activity and lifestyle intervention.	100%	100%	100%	

Family Violence and Sexual Violence (FVSV)

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in the Violence Intervention Programme (VIP) in line with the agreed Strategic Services Plan.	Ongoing: Staff in core areas are provided with core, refresher or advanced VIP training.	✓	Fourteen, 8-hour training sessions are scheduled this year for ongoing development of staff. Classes are evaluated and changes to the course reflect participants learning goals. Ongoing Refresher classes are normally held on staff wards or as part of other core training sessions.
	Q4: Staff participation in training reviewed and gaps addressed.		
Continue to participate in the Police-led Integrated Safety Response (ISR) Pilot, to support a rapid response from government and social agencies to the needs of people and families affected by family violence. (EOA)	Ongoing: All cases allocated for a health response are undertaken successfully.	✓	Our service actively works ISR cases seven days a week. We action our health tasks the same day. We include ISR in our staff core training and have several speakers from ISR attend our training.
	Ongoing: Continued development of data and information sharing between agencies to support rapid implementation of safety plans.	↺	
Support the development of a Trauma Informed Care Pathway to support young people 0-18, exhibiting a change in behaviour following March 15, to access additional appropriate care and support. (EOA)	Q1: Co-design of Trauma Pathway underway.	✓	The Trauma pathway co-design has been completed and the pathway is now live on the Leading Lights website. Training is due to be completed earlier than anticipated in quarter two.
	Q2: Pathway developed.	✓	
	Q3: Training programme delivered.	↺	
	Q4: Expansion of the programme considered.		
Develop a transalpine Canterbury/West Coast DHB Elder Abuse & Neglect Policy, to support our growing older population from harm.	Q1: Elder Abuse and Neglect Policy in place.	↺	We currently have a small elder abuse section in our core training and are in the process of adopting the 4-hour West Coast Elder Abuse training package. We plan to roll this out in 2020.
	Q2: Elder Abuse Training programme developed.	↺	
	Q4: Compliance review completed.		

Key Performance Measures	Result	Comments
Increased number of staff attending VIP Training sessions – 458 2018/19 baseline.	104	
Violence Intervention Programme audit results >80/100.	Q4	

SUDI

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
In delivering against the DHB's SUDI Prevention Plan, finalise the SUDI HealthPathway, to ensure general practice have current information and update SUDI information in HealthInfo to support parents and families.	Q1: Health Info reviewed and updated.	✓	Safe sleeping for babies and SUDI Health Info pages have been completed and are live. https://www.healthinfo.org.nz/
	Q2: HealthPathway completed and promoted.		
Invest in an enhanced and sustainable model for the distribution of safe sleep devises, including education and advice to support families to reduce SUDI risk. Develop criteria to identify high risk infants who would benefit from receiving a safe sleep space. (EOA)	Q1: Safe sleep devices available in all inpatient settings where babies are inpatients or borders.	✓	First days pēpi pods are available in all Canterbury DHB maternity facilities as well as St Georges for newborns. Regular sized pēpi pods are available for at risk whānau to take home from maternity units, Paediatrics and St Georges. Infant cots are available hospital wide.
	Q2: Key community-bases established for the distribution of safe sleep spaces.		
	Q3: High risk response in place.		
Enhance links with the Young Parents Support Services, provided by Mother and Pēpi, Whānau Ora and Early Start services, to support young parents. (EOA)	Q3: Process in place to ensure all young parents birthing in DHB maternity facilities, are offered referral to family support.		
Strengthen the delivery of a wrap-around stop smoking service for pregnant women (and their partners) who want to stop smoking, to increase the number of babies living in smokefree homes with a strong focus on Māori and Pacific families who have higher smoking rates. (EOA)	Q3: Results from the 2019 evaluation of the Incentivised Stop Smoking Programme used to identify/implement quality improvement.		
	Q4: Insights from analysis of patient level smoking data used to develop actions to increase the number of Canterbury babies in smokefree homes.		
Invest in the development of coordinated services for Whānau who have experienced the death of a baby due to SUDI.	Q4: Access to appropriate psycho-social support is available for bereaved Whānau.		
	Q4: Partnership is developed with Police and MSD, to enable agencies to work more collaboratively when SUDI occurs.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
Increased percentage of babies living in smokefree homes – baseline 61% (WCTO data June 2018).	-	-	-	National data not available in quarter one.
Reduction in the equity gap for Māori and Pacific homes to 0.85 and 0.75 respectively.	Q2	Q2	Q2	
A minimum of 710 safe sleep devices provided to whānau identified at risk.			243	We are on track to deliver 710 devices to Whanau in 2019/20.

Improving mental wellbeing

Inquiry into mental health and addiction

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
In partnership with Pasifika Futures, invest in the design and development of an innovative Whānau Ora service model to improve the health and wellbeing of our Pacific population. (EOA)	Q2: Whānau Ora, wellbeing focused, contract in place with Etu Pasifika.		
	Q3: Mental health incorporated into wellbeing screening for Etu Pasifika's enrolled population.		

Trial a new model of mental health service delivery in primary care, with a dedicated mental health and wellbeing resource working in general practice, to build the continuum of care and support an immediate response to people's mental health needs. Initial trial across two urban-based practices, a rural-based practice and a pacific health practice.(EOA)	Q1: Additional mental health and wellbeing resource in place in a rural-based practice.	✓	A health improvement practitioner is now in place in an Ashburton General Practice.
	Q2: Additional resources in place across remaining identified practices.		
	Q4: Trial complete and model implemented with outcome based monitoring framework in place.		
Implement agreed Pay Equity uplift to support the sustainability of local NGO service providers.	Ongoing: Pay Equity uplift applied to contracts as renewed.	✓	All contracts have had Pay Equity applied.
Through the Mental Health Education & Resource Centre (MHERC), support peer support workers and cross-sector agencies to gain the knowledge and skills to better support people with mental health needs.	Q1: AOD training delivered to Housing First workforce.	✓	
	Q2: Psychological first aid training delivered to people working with Muslim communities.		
Work with the Ministry to improve and expand the capacity of forensic services in line with Budget 2019 investment, including participating in how best to allocate increased FTE capacity across regions. Collaborate with CHCH Women's Prison, to pilot an alternative (Single Point of Entry) triage function, to better meet service demands and improve outcomes for this high need population group. (EOA) Provide input into the national Forensic Framework Project as this work commences.	Q1: Additional FTE capacity confirmed to support community and inpatient teams.	×	The DHB is waiting on the Ministry for confirmation as to the additional resource that may be available to confirm additional FTE. The Risk assessment is conditional on the additional resources being made available by the Ministry. A stocktake is currently underway, in Forensic services and expected to be complete in quarter two.
	Q1: Stocktake of existing workforce development plans and programmes provided to the Ministry.	↺	
	Q1: Risk assessment of increasing forensic roles on other essential services, including mitigation provided to the Ministry.	×	
	Q2: Audio Visual Link suite upgraded to enable AVL prison assessments at Hillmorton, to reduce wait times and clinical time spent on travel.		
	Q3: Single Point of Entry Pilot commenced.		
	Q3: Consumer rehabilitation programme expanded to provide occupational therapy 7 days a week (dependant on additional resources).		
	Q4: Establishment of new roles confirmed.		
Work collaboratively with any new Mental Health and Wellbeing Commission, to support He Ara Oranga actions.	Ongoing.		New mental health and wellbeing commission yet to be established.

Key Performance Measures	**Maori Result**	**Pacific Result**	**Total Result**	**Comments**
>500 young people (0-19) access brief intervention counselling in primary care.			127	
>4,500 adults (20+) access brief intervention counselling in primary care.			1,732	
>3.1% of the population (0-19) access specialist MH services.	Q2	Q2	Q2	
>3.1% of the population (20-64) access specialist MH services.	Q2	Q2	Q2	

Population mental health

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Complete implementation of the new model of mental health service delivery in the Kaikoura and Hurunui districts to help ensure early intervention and continuity of care. (EOA)	Q2: Model fully implemented		
	Q4: Impact of new model reviewed.		
Complete implementation of the new community-based acute residential service, to provide alternative options for people experiencing acute episodes of mental illness.	Q1: Seven beds available in the community.	✓★	The new community- based residential service is fully functional with all seven beds being utilised.
Maintain an integrated approach to suicide prevention and postvention, with active oversight from the cross-sector Suicide Prevention Governance Committee. (EOA)	Q2: Canterbury Suicide Prevention Website launched.		
	Q3: Cross-agency Suicide Prevention Action Plan released, in line with the national Plan.		
Collaborate with primary care partners to agree a more targeted approach to the utilisation of Equally Well consultations by Māori and Pacific populations. (EOA)	Q3: Future focus agreed.		
Continue to monitor local service utilisation data, and report (using PRIMHD) to national systems, to support improved decision-making and planning.	Ongoing: Balancing metrics/data captured and reported through PRIMHD.	✓	Mental Health data is being monitored through PRIMHD and through the national KPI project. Work is ongoing to refine a Canterbury MH data dashboard.
Invest in the provision of group treatment programmes for people with moderate to severe anxiety, through a partnership between primary care and specialist services to improve service access and integration.	Q4: A minimum of four group treatment programmes provided.		
Work closely with other agencies and organisations to provide a locally-led and integrated wellbeing and resilience response to the March 2019 mosque attacks, to ensure people get the help they need when they need it.	Q1: Muslim Community Team established.	✓	A local Kaupapa Maori agency has recruited five people for this team. Agreed pathways are now in place for immediate access. Workshops are being held fortnightly with a more targeted approach for smaller groups.
	Q1: SMHS access pathways streamlined for people with PTSD.	✓	
	Q2: Psychoeducation workshops provided.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
80% of youth (0-19) referred to SMHS are seen within 3 weeks.	60%	76%	59%	A coding issue has been identified. This issue appears to be impacting the Canterbury results. We are investigating this further and working with providers to resolve the problem.
95% of youth (0-19) referred to SMHS are seen within 8 weeks.	80%	90%	80%	

Mental health and addictions improvement activities

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Participate in regionally-based learning opportunities and co-design workshops related to seclusion reduction, to support shared learning and change.	Quarterly: Balancing metrics/data captured and reported to HQSC – including: use of seclusion, use of restraint, use of sedatives.	↺	Seclusion and restraint data is regularly captured, monitored, and reported. Use of sedatives data is delayed.
Develop a programme of change ideas, based on feedback and thematic analysis, to support a reduction in incidents and a focus on minimising restrictive care.	Q1: Programme of change ideas developed.	↺	A number of change ideas have been developed and tested however a programme has not yet been completed.
Support a strong focus on ensuring culturally safe approaches to improve the experience and support for Māori and Pacific mental health consumers and their whānau. (EOA)	Q1: Collaboration across acute adult inpatient Safer for All working groups to ensure shared learnings and collective change.	✓	Collaborative work completed on Rapid Tranquilisation Policy, development of guidelines for the Low Stimulus Environment and the engagement of additional leadership support roles (Associate Charge Nurse Managers).
	Q2: Change ideas evaluated in terms of impact on incidents, restraint and seclusion.	↺	Early evidence is showing a reduction in incidents and assaults
	Q3: Effective changes implemented, with focus on sustainability and spread.		
Develop an effective treatment plan platform to further support improved discharge and transition planning, including the use of exemplars to improve consistency of documentation.	Q1: Exemplars in place.	✗	Decision made to align exemplars with new platform so delayed until platform developed.
	Q2: Treatment plan platform developed.		
	Q2: Audit tool implemented.		
Develop and implement a programme of improvement for youth to adult transitions, focused on improving the experience of transition, collaborative service delivery and effective preparation for transition, to support this vulnerable population group. (EOA)	Q1: Change ideas developed through co-design and model for improvement process.	✓	Change ideas have been identified and prioritised.
	Q2-Q4: Testing and implementing effective change ideas including transition indicators.		
	Q3: Improved preparation for transition processes embedded.		
	Q4: Balancing metrics/data defined, captured and reported to HQSC.		

Key Performance Measures	**Result**	**Comments**
95% of clients discharged have a transition or wellness plan in place.	89%	The service is focused on ensuring an accurate and accessible record of completed wellness and transition plans is available within our patient management system. A review has identified development work required to standardise and better capture these plans. The auditing of wellness and transition plans will begin once standardisation work as well as capture and storage work has been completed.
95% of audited files meet accepted good practice.	-	
90% of clients (17+), identified as requiring ongoing care/treatment, have a co-produced 'youth to adult' transition plan in place.	Q4	
80% of acute inpatients access community services within 7 days of discharge.	66%	

Addiction

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Pilot an integrated approach to the provision of Opioid Substitution Treatment that enhances the role of pharmacists, to improve the management of treatment and refocus clinical time on recovery orientated treatment.	Q2: Pilot underway in three pharmacies.	↺	This this trial may be delayed as we are awaiting approval processes for administering drugs.
	Q4: Pilot evaluation report completed.		
Embed an innovative programme of peer support for people engaged in Opioid Substitution Treatment, to enhance people's independence and quality of life.	Q2: Peer support programme operational.		
	Q4: Review of programme uptake.		
Strengthen the monitoring and governance of the AOD pathway for offenders, to identify opportunities to improved engagement with treatment services. (EOA)	Q2: AOD Offenders process reviewed and opportunities for improvement identified.		
	Q3: Process changes implemented.		
Complete a review of existing and planned AOD services, to support a sustainable response to increasing service demand and address inequities for Māori as a high-need population group. (EOA)	Q1: Outline of existing and planned AOD services provided to the Ministry.	✓	This stocktake was completed in quarter one and has been provided to the Ministry.
	Q2: Review informs 2019/20 contracting round.		
Facilitate a stocktake of AOD services across the South Island, to identify and address gaps and inequities in terms of access and outcomes between regions. (EOA)	Q2: Regional stocktake complete.	↺	A regional meeting was held in September which included Ministry of Health representatives. This meeting included discussion of regional AOD services. A formal stocktake was not completed however the outcomes and actions from this meeting are with the attendees for review and comment.
	Q3: Recommendations from stocktake reviewed by regional stakeholders.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
80% of people (0-19) referred to specialist addiction services are seen within 3 weeks	73%	100%	73%	A coding issue has been identified. This issue appears to be impacting the Canterbury results. We are investigating this further and working with providers to resolve the problem.
95% of people (0-19) referred to specialist addiction services are seen within 8 weeks.	83%	100%	90%	

Maternal mental health services

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in current community-based services to support women, and their partners in need of additional support before and after the birth of a child. (EOA)	Ongoing: Provide free brief intervention counselling for people needing mild-moderate mental health support.	✓	Brief intervention counselling continues to be offered with 3,338 sessions delivered in quarter one.
	Ongoing: Provide free Plunket-led individual and group programmes for people needing higher-level post-natal mental health and parenting support.	✓	Plunket-led programmes also continue to support mothers and families.
Engage with maternal mental health service providers, consumers and stakeholders from across the system to	Q1: Continuum of maternity services mapped and Maternal Mental Health Service gaps identified.	✓	Mapping and gap analysis completed

inform a refresh of Canterbury's maternal mental health pathway. (EOA).	Q2: Key stakeholders identified and engaged in Maternal Mental Health service development.		
	Q3: Service recommendations presented.		
	Q4: Refreshed maternal mental health pathway agreed and socialised across the system.		

Mental health support in earthquake affected schools

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to embed the Mana Ake initiative, supporting implementation across all school clusters, undertaking regular monitoring to enable schools to flex resources to match identified need and working with stakeholders to clarify and enhance pathways for support. (EOA)	Quarterly: Forums held for school clusters to share progress and identify opportunities for improvement.	✓	There are now 220 schools engaged in Mana Ake. Forums with school clusters continue.
	Q1: 219 Schools engaged in Mana Ake.	✓	
	Q2: 95 topics covered on Leading Lights.		
	Q4: 110 topics covered on Leading Lights.		
Continue to work with the provider network to identify, appoint and support Kaimahi with appropriate skills, knowledge and experience to support the success of the initiative.	Quarterly: Provider Network forums held, to identify and respond to emerging issues.	✓	There are 80 FTE engaged as well as eight kaiarahi in place.
	Q1: 80 Mana Ake Kaimahi (workers) engaged.	✓	
	Q2: Kaimahi workforce plan agreed across the Provider Network.		
	Q4: Full range of group programme offered by Mana Ake is accessible across clusters.		
Implement an agreed Outcome and Evaluation Framework, to support continuous improvement and understand the longer-term impact of the initiative.	Q1: Outcome and Evaluation Framework agreed and in place.	✓	
	Q2/Q4: Programme impact report provided to the Mana Ake SLA.		

Key Performance Measures	**Result**	**Comments**
Number of children and whānau accessing services.	✓	4,100 children and whānau are accessing services.
Improved ratings for children surveyed - across Presence, Engagement & Wellbeing, Learning & Achievement domains.	✓	There are 775 clients with completed Tu Tauira ratings. • 70% made a positive change in Presence • 84% made a positive change in Engagement and Wellbeing • 62% made a positive change in Learning and Achievement
Positive student/ parent/whānau/ teacher voice survey reports on impact of support.	✓	• 81.6% parents report they are very satisfied, 14.3% report they are satisfied. • 64.2% teachers report they are very satisfied and 31.3% report they are satisfied with the Mana Ake service.
Number of pathways available on the Leading Lights website.	↺	Currently there are: • 48 pathways • 32 support pages; and • 13 resource pages

Increasing numbers of returning Visitors to Leading Lights.	↺	In the last month, 40.2% of views are returning visitors.

Improving wellbeing through prevention

Cross-sectoral collaboration

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to take a lead in Healthy Greater Christchurch, to foster collaboration between agencies, respond to emergent health issues and ensure policy incorporates a health perspective.	Q1: Expansion of Healthy Christchurch to Healthy Greater Christchurch to include the Waimakariri and Selwyn districts.	✓	Healthy Christchurch renamed Te Waka Ora reflecting growth of initiative to incorporate additional territorial entities.
	Q4: Annual Hui identifies cross sector priorities and provides for information sharing and learning.		
Take the lead in supporting the Greater Christchurch Psychosocial Committee transition from a psychosocial recovery focus to supporting broader population wellbeing. Maintain the Canterbury Wellbeing Index to inform local collaboration, planning and focus.	Q1: Tiny Adventures 'All Right' app relaunched.	✓★	In response to community feedback, the All Right? Team decided to continue the Tiny Adventures app (aimed at pre-schoolers), but to also focus promotion on a new app, "Chitter chatter", aimed at 5-10 year-olds. This is also now complete.
	Q4: Canterbury Wellbeing Index updated.		
Continue to work in partnership with the Ministry of Social Development and Pegasus Health, to expand the primary care service 'Step Up' to support people with health conditions or disabilities back into the workforce. (EOA)	Q1: Eligibility criteria widened to increase access to the service.	✓	
	Q4: Increased participation in the programme.		
Work in partnership with the Department of Corrections to identify and implement initiatives that will improve access to primary care for people on release from prison, to support this high need group to improve their physical and mental health and wellbeing. (EOA)	Q1: Low cost access pathway to general practice enabled for people on release from a corrections facility or deported from Australia.	✓	This pathway has been updated to include deportees.
	Q2: Current processes mapped and areas for improvement and integration identified.		

Key Performance Measures	Result	Comments
Improved population wellbeing results across the Canterbury Wellbeing Index metrics.	✓	Currently, eight out of ten respondents (81%) to the Canterbury Wellbeing Survey rate their overall quality of life as good or extremely good. This represents an overall upward trend.
Number of people participating in the Step-Up programme.	157	The target was to engage 180 people by 31 October. This was on track, however the number of referrals fell in March to May following the Mosque attacks and the measles outbreak.
25% of total clients engaged in the Step-Up service achieve an 'off benefit' outcome.	Q4	

Climate Change

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain CEMARS certification and Energy Mark certification by identifying further opportunities to reduce energy use, costs and emission.	Q2: Stocktake of current actions completed.		
Through the Sustainability Governance Group, agree a regional position statement to guide future action.	Q2: Regional Environmental Sustainability Position Statement developed.	↺	Canterbury approved the draft regional Environmentally Sustainable Health Care position statement in September. We are waiting on other South Island Boards to complete their processes before finalising the statement.
Increase emphasis on sustainability requirements in DHB procurement policies and practices to positively mitigate environmental impacts on health.	Q1: Sustainability questions included in tenders.	✓	Canterbury is also adding broader sustainability outcomes into the procurement policy in line with MBIE guidance.
	Q4: Procurement policy updated, in line with MBIE guidance (once released).	↺	
Replace the Christchurch Hospital coal boiler with carbon neutral biomass boiler to reduce emissions.	Q2: Biomass Boiler detailed design completed.		
	Q4: Biomass Boiler installed and operational.		

Key Performance Measures	**Result**	**Comments**
CEMARS certification and Energy Mark certification maintained.	Q4	
Reduction in energy consumption per square kilometre – baseline (402.7 kWh/m^2).	Q4	
Reduction of DHB carbon emissions.	Q4	

Waste Disposal

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to promote clear messages to the public that people should return their surplus/expired medicines and used medicine sharps to pharmacies for safe disposal.	Q1: Educational materials distributed to local pharmacies.	↺	This work was delayed while the new waste disposal contract has been signed. Completion expected in quarter two.
Work with the local disposal agent and product suppliers to identify solutions for improving mixed, plastic and eco recycling opportunities.	Q2: Options for mixed and plastic recycling reviewed with disposal agent.	↺	Discussion have been had but options are limited. Changes in the recycling market has left fewer options to recycle plastics 3-7 with no disposal agent in the South Island. Compostable coffee cups are available, however are no commercial agents able to compost these in the South Island.
	Ongoing: Options for supplier-reduction/removal, of waste and packaging material considered as part of procurement and service contracts.	↺	
Partner with Medsalv to pilot an innovative single use device reprocessing, cost and waste reduction solution.	Q1: Pilot underway.	✓	The pilot has been completed with an evaluation process well underway. Contracting arrangements are being worked through.
	Q2 Pilot evaluation completed and future direction confirmed.		
Utilise existing staff engagement mechanisms to promote participation of staff in identifying actions which could contribute to reducing waste.	Quarterly: Promotion and recognition of positive initiatives and change.	✓	Several promotional messages have gone out in quarter one targeting waste reduction and promoting positive, sustainable change. These messages have included messaging around switching to reusable

			cups and promoting staff sharing their sustainability ideas. Messaging has been through the CEO update via email and online.

Drinking Water

E L G C

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain an accredited Drinking Water Unit and accredited Assessors to support the role of the DHB's Public Health Unit in ensuring drinking water safety and support the Public Health Unit in their role in managing and mitigating public health risks.	Q2: IANZ accreditation of Unit.	✖	Recent amendments to the 1956 Health Act mean that there is now no legislative requirement to maintain IANZ accreditation for the South Island Drinking Water Unit (SIDWAU). Community and Public Health is currently considering exiting from IANZ accreditation and is in discussions with the Ministry of Health and the other Public Health Units who are part of SIDWAU to look at alternative quality assurance systems. The South Island Public Health Units are committed to continuing to work together as a South Island Drinking Water Unit.
	Ongoing: IANZ accreditation of Drinking Water Assessors.	✖	
	Ongoing: Management and mitigation of public health risks from drinking water discussed with Council and elected officials	✓	
Conduct an annual review of network drinking-water supplies, serving more than 100 people, and provide a report to water suppliers on their compliance.	Q1: Annual review completed.	✓	Annual Survey completed. Compliance reports being prepared.
	Q2: Compliance reports completed.		
Undertake assessments of water suppliers' Water Safety Plans, as required, and provide a timely report to suppliers to support effective management of any risks to supplies.	Ongoing: Water Safety Plans assessed as required.	↺	The DHB continues to meet legislative requirements.
	Quarterly: Monitoring of assessments.	↺	
Conduct inspections of drinking water supplies with approved Water Safety Plans, to certify implementation of the Safety Plans.	Ongoing: All drinking water supplies with a Water Safety Plan inspected every 3 years.	↺	The DHB continues to meet legislative requirements.
	Quarterly: Monitoring of inspections.	↺	
Contribute to Māori health and wellbeing through the ongoing provision of technical advice on drinking water to local Rūnanga and Marae, to improve access to potable (safe to drink) water. (EOA)	Ongoing: Participation in the ECan/ Ngāi Tahu Tuia partnership initiative.	✓	
	Q3: Q4: Training on the Iwi Management Plan provided to Protection and Policy staff involved in resource management work.		

Key Performance Measures	Result	Comments
100% of network suppliers (serving 100+ people) receive compliance reports.	Q2	
100% of Water Safety Plans assessed and reported on within 20 working days.	Q4	
100% of drinking water suppliers have had a Water Safety Plan inspection in the last 3 years	Q4	
Percentage of networked drinking water supplies compliant with the Health Act.	97%	Results are reported a year in arrears, this result relates to the 2017/18 year.

Healthy Food and Drink

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Review the DHB's Healthy Food Policy against the National Policy to identify opportunities for improvement. Socialise and implement the Canterbury DHB's Healthy Food and Drink Policy.	Q1: Re-engagement on the DHB's Policy.	↺	Plans are currently underway to commence our re-engagement process with key stakeholders in Canterbury drawing on the successful implementation of the policy on the West Coast. Delays to the work have been impacted by the more than 130 days of industrial action among Allied Health staff this year.
	Q2: Communication of the DHB Policy.		
	Q4: Policy implemented across DHB sites.		
Update food and drink provider contracts, to ensure compliance with the DHB's Healthy Food and Drink Policy.	Q2: Food and drink provider contracts updated.		
Work regionally to agree a consistent approach to health service provider contracts that stipulates the expectation they will develop and implement a Healthy Food and Drink Policy, in line with the national policy for organisations. Engage with providers to provide support and advice in developing their Policies, with a focus on Māori and Pacific providers to target higher need populations. (EOA) Track the number of provider contracts with a Healthy Food and Drink Policy.	Q2: Service provider contract clause agreed.		
	Q3: Forum held to support development of provider policies.		
	Q4: Service provider contracts include Healthy Food and Drink Policy expectations.		
	Q2:Q4: Monitoring report on progress.		
Work with education providers in early learning settings, primary, intermediate and secondary schools to support the adoption of water-only and healthy food policies in line with the Healthy Active Learning Initiative.	Q2:Q4: Monitoring report on progress and adoption of policies.		

Key Performance Measures	**Result**	**Comments**
Healthy Food and Drink Policy implemented across all DHB sites.	Q4	
Healthy Food and Drink Policies implemented by health provider organisations.	Q4	
Water-only and Healthy Food Policies implemented by education providers.	Q4	

Smokefree 2025

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain an integrated approach to achieving Smokefree Aotearoa 2025, with active oversight of smokefree activity and the Canterbury Health Tobacco Control plan from the CCN Alliance and Smokefree Canterbury.	Q1: Tobacco Control Plan reviewed for 2019/20.	↺	The DHBs Draft Tobacco Control Plan for 2019-20 has been submitted to the Ministry. The draft is still going through CCN feedback and endorsement and is due for final submission in November. The Ministry have indicated this is acceptable due to the tight timeframe of initial submission.
	Q4: Implementation plan developed for the Smokefree Health Precinct and surrounding areas.		
Continue to provide smokefree advice across all settings and integrate the delivery of wrap-around cessation services through Canterbury's Te Hā – Waitaha service.	Quarterly: Monitoring (by ethnicity) of smokefree advice, cessation service referrals and quit rates.	✓	Ongoing quarterly monitoring and reporting of smokefree advice, cessation service referrals and quit rates is taking place.
	Q1: Pegasus Health PHO successfully integrated as a formal partner in the	✓	

Monitor Te Hā – Waitaha enrolments for opportunities to improve the service, particularly for Māori, Pacific, pregnant, CALD, and low-income clients. (EOA) Complete a process mapping exercise to understand client flow and improve consistency of data across the service.	Te Hā – Waitaha service, expanding capacity.		Pegasus Health PHO has established two Stop Smoking Practitioner roles and is actively supporting the Te Hā – Waitaha/Stop Smoking Canterbury Service.
	Q3: Stop Smoking Practitioners trained in "Vape to Quit" support.		
	Q3: Process mapping exercise complete.		
Complete the evaluation of the Pregnancy Incentive Programme to identify opportunities to further enhance the service and assess the viability of introducing another targeted incentive programme. (EOA)	Q2: Pregnancy Incentive Programme evaluation complete.		
	Q3: Second targeted programme identified.		
Provide training, support and resources to engage health professionals, community services and education providers and employers in creating smokefree environments and pathways for referrals to Te Hā – Waitaha. Build community awareness of Te Hā – Waitaha, by promoting and advertising the service and participating in local marae health hui and networking events. (EOA)	Q4: Stop smoking clinics arranged with six workplaces.		
	Q4: Referral pathway established for women on release from prison.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
90% of pregnant women, identifying as smokers on registration with an LMC, are offered brief advice and support to quit.	76%	-	86%	A strategic plan for 2019-2020 has been developed aiming to increase referrals into the Te Hā – Waitaha Pregnancy Incentive Programme.
90% of PHO enrolled patients who smoke are offered brief advice and support to quit.	73%	72%	75%	New strategies are being put in place to improve performance including recruitment of additional recall staff and increased contact with practice smoking champions.
95% of hospitalised patients who smoke are offered brief advice and support to quit.	87%	91%	87%	Changes to the electronic discharge summary have made reporting of this measure more difficult, work continues to resolve this issue.
90% of households with a newborn have their smoking status recorded at the first WCTO core check.	-	-	-	National data not available in quarter one.
Increased rate of conversion of Te Hā - Waitaha referrals into service enrolments – baseline established.	Q2	Q2	Q2	

Breast Screening

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Work closely with ScreenSouth to facilitate the alignment of the Breast and Cervical Screening Programmes, to capture opportunities for joint promotion and delivery of screening, support the recall of women for both programmes and provide process education to general practices. (EOA)	Monthly: Monitoring of screening appointment targets to ensure continuous improvement.	✓	Screening performance is monitored as part of an ongoing process undertaken in coordination with the DHB and ScreenSouth.
	Q2: Pasifika Health Promotor engaged to work alongside Pacific community groups and support providers to reach Pacific women.		
	Q2:Q4: Provision of 'Top and Tail' screening clinics, in locations targeted to support priority women.		
Coordinate and facilitate bi-enniel screening appointments for women living in the Chatham Islands, who	Q3: Upcoming screening appointment promoted through local news and Medical Centre.		
	Q4: Screening appointment held in Christchurch		

have to travel to Christchurch for mammograms. (EOA)				

Key Performance Measures	Group	Baseline	Result	Comments
70% of all women (45-69) have has a breast screen in the last two years with a reduction in the equity gap for priority women (baseline to March 2019).	Total	76.3%	Q3	
	Māori	70.4%	Q3	
	Pacific	62.6%	Q3	
	Other	75.5%	Q3	
	Non-Māori	76.6%	Q3	

Cervical Screening

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Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Facilitate the alignment of the Breast and Cervical Screening Programmes, to capture opportunities for joint promotion and delivery of screening, and support the recall of women for both programmes.	Ongoing: Primary Care Liaison visits practices to discuss issues and support practices with recall.	✓	
Provide administrative assistance to practices (with high numbers of priority women) to ensure women are recalled for cervical screens every three years.	Quarterly: Performance report on number of practices supported, data match reports provided, clinics run and women screened.	✓	
Provide monthly data match reports to the PHOs/practices to support planned recalls of priority group women. (EOA)	Q1:Q4: >40 practices provided with recall support.	✓	
Provide free cervical smears to eligible, unscreened and under-unscreened, women. (EOA)	Q1:Q4: >6 'Top and Tail' clinics held.	✓	
Deliver 'Top and Tail' and community-based screening clinics in target locations, to support priority women. (EOA)	Q1:Q4: >4 targeted community-based clinics held.	✓	
	Q1:Q4: >560 free smears provided.	✓	
Collaborate with the Maui Collective (of Māori and Pacific service providers) to identify opportunities for promoting cervical screening to priority women. (EOA)	Quarterly: Cervical screening results reviewed by the Population Health & Access SLA.	✓	
Deliver an annual cervical screening clinic on the Chatham Islands to ensure access for these women. (EOA)	Q2: Presentation at service providers Hui and opportunities explored with screening providers.		
Undertake a stocktake to establish where there is a shortage of smear takers with a focus on low-cost providers. (EOA)	Q3: Chathams' screening clinic delivered.		
Identify opportunities for employers to support cervical screening, to increase access to free screening tests for priority women. (EOA)	Q3: Gaps in availability of smear takers identified and opportunities to address this explored providers.		
	Q4: Opportunities for additional employer funded cervical smear tests identified.		

Key Performance Measures	Group	Baseline	Result	Comments
80% of all women (25-69) have had a cervical smear in the last three years with a reduction in the equity gap for priority women (baseline to March 2019).	Total	72.6%	Q3	
	Māori	67.6%	Q3	
	Pacific	79.5%	Q3	
	Asian	69.0%	Q3	
	Other	75.9%	Q3	

A strong and equitable public health and disability system

Engagement and obligations as a Treaty partner

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain a Memorandum of Understanding with Manawhenua Ki Waitaha to actively engage Māori leaders in the planning and design of services and strategies to improve Māori health outcomes. (EOA)	Q2: Attendance of rural leads at Manawhenua Ki Waitaha Board hui, to enrich planning around support for rural-based Māori.		
Develop a longer-term collective strategy for improving Māori health, supported by regular monitoring of equity outcomes across the Canterbury health system, to support open discussion and identify further areas for improvement. (EOA)	Q2: Co-design process launched to support development of long-term Māori health strategy.		
	Q3: Equity reporting framework developed and implemented.		
Continue to invest in initiatives to build Māori provider capability and capacity through the Maui Collective to influence and shape practice and promote Whānau Ora approaches to improve the experience of Māori presenting to our services. (EOA)	Q2: Maui action plan and key priorities developed to support future investment.		
	Q4: Ten Health Hui held on Rehua Marae.		
Strengthen Māori engagement in the CCN Alliance work streams and service level alliances to bring a strong Māori perspective to the redesign of local services. (EOA)	Q1: Targeted equity actions agreed in Canterbury's SLM Improvement Plan.	✓	Equity actions are evident throughout the 2019/20 SLM Improvement Plan which has been approved by the Ministry and is available on the DHB's website.
	Q2: Learnings, where equity focus has been successful, documented/shared.		

Delivery of Whānau Ora

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in programmes of work that enable Whānau Ora approaches and support improved service delivery and engagement with health services. (EOA) Promote the use of patient and whānau stories and data driven evidence to highlight the success of Whānau Ora models.	Q1: Feedback from co-design workshop with Māori and Pacific women guides the framework for the Maternity Strategy. (page 5)	✓	While much of the feedback received was positive, concerns were raised that the draft strategy did not adequately meet principles and values of Tangata Whenua. Three hui were held with a group of interested parties to bring in contributions and perspectives from Māori, Health, NGOs, Whānau Ora, public health, primary care, Pasifika, and culturally and linguistically diverse (CALD) groups. This work generated a framework with six underlying values and a supporting document was drafted. This will be tabled with the DHBs EMT in October and the Board in November.
	Ongoing: Continued investment in the Mana Ake initiative. (page 12)	✓	See relevant section.
	Ongoing: Continued participation in the cross-agency Safety Response Pilot. (page 6)	✓	Our service actively works ISR cases seven days a week. We action our health tasks the same day. We include ISR in our staff core training

			and have several speakers from ISR attend our training.
Continue to invest in initiatives to build Māori provider capability and capacity through the Maui Collective (of Māori and Pacific Providers) to influence and shape practice and promote Whānau Ora approaches across the region to improve the experience of Māori and Pacific people presenting to services. (EOA) Reach agreement on a strategic approach to: workforce development and cultural competency development for kaimahi and providers. Develop an evaluation framework for tracking the impact being made on the health and wellbeing of whānau that includes story-telling opportunities for providers, kaimahi and whānau.	Q2: Maui action plan and key priorities developed to support future investment.		
	Q4: Workforce development plan in place across Maui Collective providers.		
	Q4: Evaluation framework agreed and implemented.		
In partnership with Pasifika Futures, invest in the design and development of an innovative Whānau Ora service model to improve the health and wellbeing of our Pacific population. (EOA)	Q2: Whānau Ora, wellbeing focused, contract in place with Etu Pasifika.		
	Q3: Mental health incorporated into wellbeing screening for Etu Pasifika's enrolled population.		
	Q4: Provision of low-cost dental services at Etu Pasifika scoped and options presented.		
Collaborate with Te Pūtahitanga to identify opportunities for alignment between DHB-funded kaimahi and Te Pūtahitanga Whānau Ora Navigators to increase support to whānau. (EOA)	Q4: Opportunities for collaboration identified.		

Care Capacity Demand Management (CCDM)

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a CCDM Governance Council to provide leadership and oversight of the care capacity demand management programme to ensure it is planned, coordinated and appropriate for staff and patients. (EOA)	Q1: CCDM Council established.	✓	Three meetings have been held this year Stocktake completed with final report signed by Chair of the CCDM Council. Implementation plan drafted and approved
	Q1: Approved terms of reference and meeting plan in place for the year (including regular meetings with health unions).	✓	
	Q1: Stocktake on CCDM standards commenced with Safe Staffing healthy workplaces Unit.	✓	
	Q1: High level implementation plan drafted.	✓	
Implement the validated patient acuity tool (TrendCare) in all inpatient areas, to underpin the delivery of the CCDM programme.	Q1: CCDM Business Case approved.	✓	Delays to the approval of the business case have pushed out the roll out date of the patient acuity tool.
	Q1: Rollout Plan agreed.	✓	
	Q2: Roll out of the patient acuity tool underway, beginning in general medicine.		
Establish a balanced set of CCDM measures (core data set) to inform improvements and evaluate the effectiveness of CCDM overtime. Agree a systematic process to establish and budget for staffing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services. Establish a variance response management system, to provide the	Q2:Q3: Working groups established to support each stream of work.		
	Q2:Q3: Stocktake on current data measures complete.		
	Q2:Q3: Stocktake of current systems and processes completed, to inform development of processed to support CCDM.		

right staff numbers, mix and skills to support effective patient care. (EOA)			

Key Performance Measures	Result	Comments
80% attendance at Council meetings by all listed parties.	Q2	
All inpatient areas have a patient acuity tool in place by June 2020.	Q4	
100% attainment of the vendor standards by August 2020.	Q4	
CCDM staffing methodology used to establish staff and skill mix for each ward/unit.	↺	Work to commence in first wards in February 2021 as per work plan.
Core data set is used to evaluate the effectiveness of CCDM.	↺	Once trendcare is rolled out then we can commence the Core data set work plan.
Variance response management system demonstrates staffing resource is consistently matched with patient demand.	↺	

Disability

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Implement the first stage of the Health Learn (learning management system) upgrade, to support delivery of learning modules and enable reporting on uptake.	Q1: First stage system upgrade complete.	×	Health Learn system upgrade has been pushed out to quarter three, due to resource capacity issues. Work is underway developing the foundation to our Diversity, Inclusion, and Belonging (Care Starts Here) stream of work, which make both the Disability Awareness and the Cultural Competency (Māori and Pacific) work more appropriate.
Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2017/18. (EOA) Engage with the DHB Disability Steering Group and Māori and Pacific leads to ensure content is consumer focused and culturally appropriate. (EOA) Track uptake and feedback on modules as a means of evaluation and to identify improvements.	Q2: Development of training modules complete. Q2: Disability training modules launched. Q3: Report on uptake of training modules by staff commenced.		
Continue to use Bedside Boards to identify and display information about a patient's impairment close to all hospital beds (excluding Specialist Mental Health) so that staff interacting with patients are informed of their needs.	Q3: Expand the use of Bedside Boards into the new Acute Services Building.		

Key Performance Measures	Result	Comments
Increase in the number of modules dedicated to, or inclusive of, content targeted at raising disability awareness.	Q4	
Percentage of staff completing disability training modules.	Q4	
Percentage of staff rating disability content positively.	Q4	

Planned Care

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Increase clinical capacity to reduce current ESPI 2 non-compliance in General Surgery, ensuring all general surgery patients accepted for a first	Q2: Internal clinical outpatient capacity increased by 372		

specialist assessment are seen within four months of referral.	appointments to meet end of year deadline for compliance.		
Develop and implement operational plans to reduce any loss of planned care capacity during the migration of services to the new Hagley Building.	Q2: Migration plan developed.		
	Q3: Hospital move initiated.		
	Q4: Hospital move completed.		
Monitor planned care referral and access rates by ethnicity to identify equity gaps for population groups. Investigate and address the barriers and behaviours driving these equity gaps. (EOA)	Q1: Processes and reporting required to determine gaps developed.	↺	This work is ongoing with progress expected in quarter two and quarter three.
	Q3: Three focus areas identified, using Q1-Q2 data.		
	Q4: Improvement plans implemented for the three focus areas, with targets set to reduce equity gaps.		
Work with primary and secondary partners to design a three year plan for the delivery of Planned Care services in Canterbury. Engage in analysis of service demand and consultation with stakeholders to identify local health needs, priorities and preferences as part of the development of the plan. Use service referral/access data to determine where opportunities exist to improve equity of access across population groups. (EOA) Incorporating updates to HealthPathways and HealthInfo to reflect the plan and support people to navigate their health journey. Take the first steps in implementing the agreed approach to the delivery of Planned Care.	Q1: Outline of the proposed approach to development the three-year plan provided to the Ministry of Health, including engagement, analysis and development activities.	↺	This work is ongoing as Canterbury awaits confirmation of its planned care plan from the Ministry.
	Q2: Analysis of changes that can be made to Planned Care services undertaken.		
	Q3: Canterbury's three year plan to improve Planned Care services submitted to the Ministry.		
	Q4: First update on actions taken to improve Planned Care provided to the Ministry.		
Key Performance Measures		**Result**	**Comments**
Reduction of identified equity gaps in access to planned care.		Q4	

Acute Demand

QECC

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue implementing SNOMED coding in the Emergency Department (ED) through the new ED At A Glance (EDaaG) Patient Management System implementation. Focus on reviewing data quality, creating logic and making visible meaningful information derived from SNOMED for clinical teams, to supplement the near-real-time viewers already in place.	Ongoing: Monitoring of SNOMED data to identify opportunities to improve data capture and quality.	✓	SNOMED has been utilised in Christchurch Hospital ED since October 2018. The DHB monitors the completion of SNOMED coding by both non-admitted patients and admitted patients by ward. In the past 12 months there has been a SNOMED diagnosis recorded for 82% on non-admitted patients and 74% of admitted patients. Planning for the training of SNOMED data entry is ongoing within ED teams. Decisions are still to be made around will be responsible for the coding and how training will be rolled out.
	Ongoing: Training for clinical teams using SNOMED within EDaaG.	↺	
	Q2: SNOMED reports live on internal system.		
	Q3: Links into near-real-time viewers and current ED system reports established.		
Review the scope and utilisation of the Acute Demand Management Service, at a general practice and population level, to ensure the Service is appropriately	Q2:Q4: Monitoring (by ethnicity and locality) of ADMS performance metrics by Urgent Care SLA.		
	Q2: Data Deep Dive used to inform areas of focus and continuous improvement.		

targeting Māori and Pacific as populations of high need. (EOA). Review the rural stabilisation package, to support rural practices to manage patient flows closer to home. (EOA)	Q3: Rural stabilisation package reviewed and opportunities for further improvement identified.		
Decant and shift services into the Hagley facility (acute services building) as the new facility becomes operational. Chiefs and Chairs use data to identify opportunities to improve the interface between receiving specialties and ED, to reduce delays in accepting admissions and support improved patient flow.	Q2: Decant to the Hagley building complete.		
	Q2:Q4: Review of ED waits and acute bed days to identify opportunities to reduce the lengths of people's hospital stay.		
	Q3: Alternative pathways and/or interventions introduced to support improved patient flow.		
Maintain the mental health crisis resolution service response in ED, to streamline access to mental health services, particularly for Māori and Pacific people as high need populations. (EOA)	Q2:Q4: ED length of Stay for mental health patients reviewed by ethnicity, to inform continuous improvement.		

Key Performance Measures	Result	Comments
>30,000 acute demand packages of care provided in the community.	10,576	
95% of patients are admitted, discharged, or transferred from the ED within six hours.	88.5%	Changes have been made to the ED discharge process which more accurately capture clinical process and ED transfer time stamps. These changes should result in ED target improvement from quarter two.
<15% of patients admitted from ED observation to inpatient wards.	13%	
ED attendances maintained at <185 per 1,000 people – baseline at June 2018.	Q4	

Rural Health

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Through the Rural Service Level Alliance, continue to support the Rural Sustainability Programme, to identify challenges, develop resilient rural primary care services and support equitable access to services for our rural communities. (EOA)	Q2:Q4: Monitoring of activity underway to strengthen rural workforce including the role of Nurse and PRIME practitioners.		
	Ongoing: Progress the agreed recommendations to support the implementation of the Hurunui and Oxford Models of Care.	↺	
Complete a stocktake of current demand and service performance, with regards to the emergency response pathway in rural localities	Q4: Stocktake report identifies opportunities for improvement.		
Trial a new patient observation protocol, to avoid transfer to hospital of rural patients who could be safely treated and observed close to home. (EOA)	Q1: Protocols established for the Rural Observation Service in the Hurunui and Oxford.	↺	This work is underway with completion expected in quarter two.
Invest in the development of rural-based restorative model of care for rural people following hospital-discharge, to support care closer to home. (EOA)	Q4: Rural-based restorative supported discharge model implemented in two rural localities.		
Upgrade telehealth facilities in rural localities, as the national broadband rolls-out, facilitating easier access for rural communities to specialist consultations, clinical education and peer support. (EOA)	Q4: Telehealth expanded in two rural localities.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
Acute hospital bed day rate maintained below the national average.	435	547	382	The national average for June is 398.
Readmission rates (at 28 days) maintained below the national average.	12.8%	11.3%	11.5%	The national average for June is 12.4%.

Healthy Ageing

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Engage with Sport Canterbury to accredit community Strength & Balance (S&B) classes designed for and targeted towards Māori and Pacific people. (EOA) Embed the fracture pathway to ensure people with a fractured Neck-of-Femur (hip) or Humerus (arm) are referred to the in-home Falls Prevention Programme, to reduce future harm. Implement the Fracture Liaison Service pathway in primary care, to ensure people with a frailty fracture receive appropriate support and follow-up.	Q2: 3 Māori and Pacific S&B classes accredited.		Automatic referrals to the Falls Prevention Programme following either a fractured neck-of-femur or humerus have been successfully piloted and the pathway has now been implemented.
	Q2: Fracture referral pathway finalised.	✓	
	Q2: Automatic referrals to the Falls Prevention Programme piloted.	✓	
	Q4: Fracture Liaison Service pathway implemented.		
	Q4: 150 places available at targeted (Māori and Pacific) community-based S&B class.		
Pilot the new home and community support services (HCSS) referral process and introduce electronic forms to support streamlined referrals. Work with community older persons health teams to identify barriers to equitable and timely assessment of people's needs, using the InterRAI assessment tool. (EOA) Complete the development of an Ethical Framework to support decision-making around HCSS resources allocation.	Quarterly: Monitoring (by ethnicity) of InteRAI assessment rates.	✓	InterRAI assessment rates by Ethnicity are monitored quarterly.
	Q2: HCSS referral process piloted.	↺	The HCSS electronic referral form design has been finalised and is currently being built. The first pilot of the form for referrals from GP to HCSS is anticipated to go live from the end of November2019.
	Q2: Key drivers of longer wait times for InterRAI assessments identified and addressed.	✓★	Key drivers of longer wait times have been identified. The Service Allocation Tool, used to determine the complexity of a person requiring assessment, has been amended in order to ensure that those requiring an assessment are appropriately triaged. This has enabled the wait time for a full Homecare InterRAI Assessment to be reduced over the last quarter.
	Q3: Ethical Framework completed and agreed.		
Trial the provision of rural kahukura day programmes in one rural area, with a view to planning a further programme at a second rural location. (EOA)	Q2: Day programme trial underway.		
	Q4: Second locality identified.		
Promote the use of Personalised Care Plans, Acute Care Plans and Advance Care Plans to enable the delivery of consistent, patient-driven care and reduce unnecessary ED presentations for more vulnerable population groups. (EOA)	Quarterly: Monitoring (by ethnicity) of completed care plans.	↺	We have had a total of 3,127 Advance Care Plans in place. We are currently working with the data around ethnicity breakdown for these plans and anticipate that this should be visible by Quarter two.
	Q3 Advance Care Plan flyers provided with all new InterRAI assessments.		

Key Performance Measures	Result	Comments
12,000 places available at accredited community Strength & Balance classes.	3,846	
1,200 people seen by the Falls Prevention Service.	599	
2,100 people seen by the Fracture Liaison Service.	243	

95% of long-term HCSS clients have an InterRAI assessment and a completed care plan.	Q2	Quarter one data not available from national dataset.
Increasing number of people with Advance Care Plans in place.	3,127	While the number will fluctuate it has increased every six months since January 2018.
Proportion of people (75+) presenting to ED maintained below the national average.	Q4	

Improving Quality

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
In response to the higher rates of hospital admission for children due to asthma or wheeze, highlighted in the Atlas of Healthcare Variation, work with general practices and LMCs to identify key actions that will reduce asthma and respiratory related hospital admissions. (EOA)	Q1: Targeted cessation smoking related actions agreed in the SLM Improvement Plan (to reduce ambulatory sensitive admissions for children 0-4).	✓	Actions to reduce adult smoking rates are identified in the 2019/20 SLM Improvement Plan. Progress against SLM actions in on track.
	Quarterly: Progress against SLM actions.	✓	Monitoring of 0-4 year old ASH rates occurs as data is published. We are currently on track to meet our milestone.
	Quarterly: Monitoring of Atlas Variation and O-4 ASH rates to gauge improvement.	✓	
Complete implementation of the 'nominated' contact person process, to improve results against the DHB's lowest scoring Patient Experience Survey question: "Did hospital staff include your whānau or someone close to you in discussion about your care?" (Partnership). Undertake a co-design process with consumers and whānau to develop education material that reinforces the role of a nominated person in the early stages of admission. Focus on engagement with Maori and Pacific groups to ensure processes are culturally appropriate. (EOA) Provide staff training to reinforce the need to establish and engage with the patient's nominated person.	Q2: Co-design focus groups run.		
	Q2: information system changes made to include nominated contact person and draft procedure for contact details collection finalised.		
	Q2: Education material and tools agreed.		
	Q3: New process launched in Ward 27 as a pilot site, to test processes and information.		
	Q3: Staff training underway, incorporating lessons being learnt from the pilot Ward.		
	Q4: Full rollout underway across remaining 40 sites.		
Take the lead in the expansion of ICNET to support real-time notification of organisms requiring infection prevention and control input. Establish links to ensure information flows to Public Health Teams and Aged Residential Care to support and advise on the management of infectious outbreaks including antibiotic resistant organisms.	Q2: Interface between PatientTrack and ICNet explored.	✓	A specification for the interface has been drafted and costed with ACC agreeing to cover development costs.
	Q3: Workflow process documented and agreed between DHB IPC service, Public Health and ARC.		
	Q4: Real-time interface initiated between ICNET and DHB information data warehouse.		
Establish an overarching Strategic Antimicrobial Stewardship (AMS) Group to oversee AMS activities in Canterbury, via alignment of two existing groups – the CDHB Antimicrobial Stewardship Committee (hospital-focused) and the Canterbury Community Antibiotic Response Steering Group (primary-care focused).	Q2: Strategic Antimicrobial Stewardship Group in place and first meeting held.		
	Q3:Q4: Regular Strategic Antimicrobial Stewardship Group Meetings held, to support a collaborative approach to Antimicrobial Stewardship across the Canterbury health system.		
Through the DHB's Antimicrobial Stewardship Committee, maintain an ongoing focus on reducing the inappropriate use of quinolone	Q1: Empiric intra-abdominal infection and pyelonephritis guidelines updated.	✓	Canterbury DHB's Pink Book antimicrobial guidelines have been updated online, and via a poster. Moxifloxacin audit completed, engagement with relevant
	Q2: Review of pyelonephritis management in ED and Christchurch Women's Hospital completed.		

antimicrobial agents to protect their effectiveness and minimise their toxicity.	Q2: Audit on moxifloxacin use completed.	✓	departments is now underway, and a bulletin has been shared with clinical staff on the findings. A further bulletin on quinolone safety concerns was distributed to hospital staff and shared with the chair of the Community Antibiotic Resistance Response Group.
	Q3: Bulletins communicated to DHB clinical staff about appropriate quinolone use, shared with primary care colleagues.	✓	
Participate in development of the ACC-funded national antimicrobial guidelines to assist with improving antimicrobial prescribing. (EOA) Support regional meetings to establish South Island Hospital Antimicrobial Guidelines for key indications. (EOA)	Q1:Q4: Attend national meetings to progress antimicrobial guideline planning.	✓	Two DHB staff attended the national meetings, the last was held in July. All DHBs now have access to Canterbury's "Pink Book" guidelines. West Coast DHB have been offered the ability to have visible endorsement of our guidelines, as South Canterbury DHB has done.
	Q1: Share access to Canterbury's Pink Book (antimicrobial guidelines) with West Coast DHB.	✓	
	Q2:Q4: Meet with five South Island DHBs to seek agreement on regional hospital prescribing guidelines.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
Reduction the rate of childhood admissions due to asthma or wheeze – base 5.2 per 1,000 2016.	Q2	Q2	Q2	
Improved result for the Patient Experience survey question "Did hospital staff include your whānau or someone close to you in discussion about your care?" baseline 57%.			77%	Result is for the Q1 of 2019/20
Quinolone usage sustained at ≤25 defined daily doses per 1,000 bed-days.			Q4	
Regional agreement reached on hospital antimicrobial guidelines for key indications.			Q4	
Adoption of national antimicrobial guidelines.			Q4	

Cancer Services

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Building on the Cancer Kōrero developed by other South Island DHBs, produce an informative Cancer booklet for Māori, to raise awareness of how to reduce risk, warning signs, screening and treatment options and where to get help and support. (EOA)	Q2: Draft Kōrero reviewed and accepted.		
	Q3: Kōrero launched.		
Continue to use data/intelligence systems to monitor the 62-day and 31-day wait times for access to treatment. Participate in the clinically-led regional Lung Cancer Pathway review to identify opportunities to reduce process delays, ensure equity of access, and improve the experience of people in our Respiratory service. (EOA)	Quarterly: Monitoring (by ethnicity) of cancer wait times, analysis of any cases outside of time frames and action to address emergent issues.	✓	Monitoring and analysis of cancer wait time breaches occurs for all patients. Specific ethnicity based analysis occurs for specific projects such as urology wait times.
	Q4: Identified opportunities from the Regional Lung Cancer Pathway review shared across services.		
Support the Haematology Department to take a lead on improving cultural awareness across cancer services, as part of the DHB's commitment to improving equity and the experience of Māori in our services. (EOA)	Q1: Review of the integration of cultural competency standards into DHB policy around the return or disposal of tissue complete.	↺	The implementation date for reviewing the integration of cultural competency standards into DHB policy around the return or disposal of tissue was delayed to the end of November as resources were directed towards other projects.
	Q4: Initiatives to support increased use of Te Reo Māori implemented across Haematology.		

Informed by the 2018 national Bowel Cancer Quality Improvement Report, appoint a Project Manager to lead the DHB's preparation for initiating the bowel cancer screening programme.	Q1: Bowel Cancer Project Manager in place.	✓	A bowel cancer project manager has been appointed and is in place.
	Ongoing: Development of an implementation and improvement plan for bowel cancer care.	↺	Development of a bowel cancer improvement plan is ongoing.
Work with the Ministry to develop a national Cancer Plan and deliver on the local actions identify within the Plan.	Ongoing: Development of a local action plan once the national Cancer Plan is developed.	↺	The national cancer development plan has been reviewed and feedback provided to the Ministry.

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.			96%	
85% of patients receive their first cancer treatment (or other management) within 31 days of the decision-to-treat.			90%	

Bowel Screening

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Create capacity across colonoscopy services to reduce current wait times (in preparation for the rollout of the national Bowel Screening Programme) by developing a production plan, using trend and service forecasts to establish current and future demand and identifying opportunities for service enhancement. Monitor colonoscopy wait times to identify and respond to capacity issues.	Q1. Service utilisation data and forecasts reviewed.	✓	Service utilisation and forecast work has been completed and fed into screening production plan. This plan has been reviewed but remains a working document.
	Q1: Production plan completed.	✓	
	Q2-Q4: Progress against production plan and waiting times tracked to mitigate risk.		
Assess current outsourced/outplaced colonoscopy procedures against the service forecasts and production plan, to identify if further outsourcing is required and to understand capacity available if required.	Q2: Stocktake of outsourcing completed.		
Seek support from the Southern Regional Network and Population Health & Access SLA to raise awareness across general practice and support GP teams to provide information and support to patients. Engage with the Māori and Pacific Health Provider Collective (Maui) to raise awareness of the start of the National Bowel Screening Programme in Canterbury and connect with hard to reach populations. (EOA) Work regionally with South Island DHB colleagues to capture Bowel Screening rollout lessons learned and successful implementation strategies that can be implemented in Canterbury in 2020.	Q3: Further strategies for supporting the rollout of the screening programme identified.		
	Q2:Q4: Regional input is captured to support development of a successful Bowel Screening implementation plan.		
Progressively work toward increasing capacity to support delivery of the National Bowel Screening Programme - beginning screening in May 2020. Review the colonoscopy production plan to prepare for increased demand as the screening goes live.	Q2: Draft production plan distributed.		
	Q4: Increased SMO capacity in place to meet procedural requirements.		

Key Performance Measures	Result	Comments
90% of people accepted for an urgent diagnostic colonoscopy wait no more than 14 calendar days, 100% wait no more than 30 days.	90%	In August two people have waited more than 30 days.
National Bowel Screening Programme commenced.	Q4	

Workforce – Workforce Diversity

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish the Tō Tātou Ora (Our Health) Programme to deliver on the vision outlined in the Occupational Health Service Review and support the improved health and wellbeing of our people. Develop pathways and resources to create a better understanding of what people can do to stay and get well and key roles and responsibilities regarding fitness to work, return to work, or transition from work.	Q1: Sick Leave Task Force established.	✓	
	Q2:Q4: New service established to effectively manage illness-related absences.		
Establish and develop the Diversity, Inclusion & Belonging programme (aligned with the People Strategy: Care Starts Here) to build a culture that encourages and welcomes diverse groups of all cultures, genders and race, enrich the organisation with different viewpoints and attract and retain the best talent available. (EOA)	Q1: Programme implementation plan created and key stakeholder groups agreed.	✓	Programme established with key focus on raising awareness on why diversity matters, improving diversity data collection, and increasing representation of Maori, Pasifika, and people who live with disabilities.
	Q2: Rainbow Tick accreditation programme launched.		
Work in tandem with the West Coast DHB to support and encourage greater participation of Māori in our health workforce and build on the learnings from the joint workshops held in 2018/19. (EOA)	Q3: Targeted attraction and recruitment programme for Māori workforce developed.		
	Q4: Targeted attraction and recruitment programme for Māori workforce launched.		
Continue to develop the rural nursing workforce with investment in a Rural Nurse Specialist development pathway and ongoing recruitment, training and development of nurse practitioners. Review Canterbury's current allocation for Nurse Practitioner professional development to identify opportunities to ensure resources offered are consistent with continuing competence requirements and enable access to forums that promote professional contributions to quality care and ongoing improvement.	Q1: Regional discussions instigated to explore opportunities for standardisation of a professional development package.	✓	Transalpine (CDHB & WCDHB) review currently in progress relating to allocation for Nurse Practitioner professional development hours and funding across the regions. The next phase will include the formulation of a South Island regional working group to review the current professional development allocation for Nurse Practitioners across the region. The group will subsequently provide regional recommendations for a standardised Nurse Practitioner Professional development package.
	Q3: Review of current allocation complete with recommendations for improvements made to executive team.		
	Q4: New Nurse Practitioner professional development package finalised and implemented.		
Expand and promote the Essentials of Leadership and Management programme (aligned with the People Strategy: Everyone Enabled to Lead) to lift the capability of clinical and operational leaders through anytime, anywhere learning.	Q1: Our Learning Pathways launched in conjunction with a refreshed user experience via online resources.	✓	We've launched a refreshed website (helmleaders.org) and are committed to updating and expanding on the content to align with the User Stories as they're deployed. We're on-track to deliver all User Stories before quarter's end and are in the process of developing a refined evaluation process to better monitor the success of each deployment.
	Q2: Delivery of 12 'User Stories' to the organisation, which include feedback and evaluation processes for learners.		
	Q3: A reviewed roadmap document for 2020 published for stakeholder engagement.		
	Q4: Delivery of a further 12 'User Stories'.		

Key Performance Measures	Result	Comments
Decrease in absenteeism - number of sick days taken / people on long term sick leave.	Q2	
Māori workforce closer aligned to the proportion of Māori in the population – base 2.8%.	Q2	
An increase in engagement through the electronic direct mail channel measuring the number of opens vs. 'clicks/taps' from 68% and 17%.	Q2	
>12% completion rate for learning modules.	Q2	

Rainbow Tick accreditation achieved.	Q4	

Workforce - Health Literacy

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Conduct a collaborative health literacy review to assist in the formulation of a formal Health Literacy Action Plan, with the intent that health literacy improvements and resources are developed in collaboration with the people/communities for whom the improvement or resource is aimed to benefit. (EOA)	Q2: Health Literacy Review scoped, and team is formed to undertake the Review.		
	Q4: Health Literacy Review complete and recommendations made to inform a Health Literacy Action Plan.		
Review the accessibility of Interpreter Services across the Canterbury health system, to address gaps and implement best practice guidelines. (EOA)	Q3: Best practice guidelines developed.		
	Q4: Review complete and used to guide development and improvement of services.		

Delivery of Regional Service Plan (RSP) Priorities

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Capture the range of Dementia Services available and build a map of services to support people with dementia, their partners and families. Using the stocktake and in line with the national NZ Framework for Dementia Care, identify priorities to address service gaps and improve the experience of people with dementia and their families. Engage with primary, community and aged care partners to develop strategic and service responses that support earlier diagnosis and referral to services and improve access to support for those caring for people with dementia.	Q1: Stocktake of Dementia services in Canterbury complete.	↺	The Ministry of Health and Regional Alliances have designed a Stocktake Survey which has been distributed to relevant groups. This survey closes on Friday 1 November 2019.
	Q2: Dementia Map for service users developed.		
	Q2: Priority focus areas identified and response underway.		
	Q2: Dementia education session delivered to primary care.		
	Q3:Q4: Report on progress implementing the NZ Framework.		
Take the lead in the regional Hepatitis C work stream to support implementation of an integrated approach to the screening, treatment and management of Hepatitis C. Develop/deliver against a local action plan, aligned with Regional Plan, which ensures at-risk and 'treatment naïve' populations are reached. (EOA) Engage with primary care partners to support them to provide the majority of treatment services for individuals with Hepatitis C.	Q1: Regional Hepatitis C work plan is agreed.	✓	A regional Hep C work plan has been agreed between the five South Island DHBs and the next step will be the development of a local action plan.
	Q2: Local Action Plan is developed.		
	Q2: Local HealthPathway aligned to national guidelines.		
	Q3:Q4: Report on progress against the regional Hepatitis C work plan.		

Key Performance Measures	**Result**	**Comments**
Q4: Each GP practice with known Hep C+ patients has active engagement with a secondary care community clinic nurse.	Q4	

Better population health outcomes supported by primary care

Primary Health Care Integration

LEEC

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in the CCN District Alliance as a mechanism for leading service and system improvements in Canterbury and support increase connectively between the CCN and other local and regional alliances to capture learnings and enhance programme development.	Quarterly: Monitoring of system performance (against Canterbury's Outcome Framework) and progress against the CCN Alliance work plans.	✓	Progress against work plans is monitored by the CCN Alliance Leadership Team and progress is on track against key actions.
	Q3: Options for increased consumer engagement identified and trialled.		
	Q4: Opportunity for increased connectivity and alignment between the Health Precinct Advisory Council and the CCN formalised.		
Refresh and refine the SLM Improvement Plan, agreeing collective activity to improve performance in 2019/20 with a deliberate focus on closing health equity gaps. (EOA)	Q1: Refreshed SLM Improvement Plan agreed and available on the DHB and CCN website.	✓	2019/20 SLM Improvement Plan completed has been approved by the Ministry and available on the DHB website.
Through the Rural Service Level Alliance, continue to support the Rural Sustainability Programme, to develop resilient rural primary care services and support equitable access to services for our rural communities. (EOA)	Refer to Rural Health Action Table – page 24.	↺	Refer to relevant section.
Trial a new model of mental health service delivery, with a dedicated resource working in general practice, to support an immediate response to people's mental health needs. (EOA)	Refer to Population Mental Health Action Table – page 9.	✓	A health improvement practitioner is now in place in an Ashburton General Practice.
Invest in initiatives that support improved access to primary care services for high needs patients, to support improved health and wellbeing. (EOA)	Q1: Low cost access to general practice enabled for people on release from a corrections facility or deported from Australia.	✓★	This pathway has been updated to include deportees.

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
>95% of the population are enrolled with general practice.	86%	108%	93%	The result may be more than 100% as the total population is based on projections provided by Stats NZ.
Reduction in the equity gap that exists for ASH (avoidable hospital admission) rates between Canterbury's Pacific and Total 0-4-year-old populations.	7,843	13,274	5,900	The equity gap between Pacific and Total populations increased, between June 2018 and June 2019, by 1,130 per 100,000 population. This reflect an increase of 19 events between the two periods.
Reduction in the equity gap that exists in the Acute Hospital Bed Day rate for Canterbury's Māori, Pacific and Total populations.	435	547	382	The equity gap between the Māori and total population remained unchanged, between June 2018 and June 2019. The gap between Pacific and total population decreased by 151 per 1,000 bed days.

Pharmacy

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Participate in the national review of the Integrated Community Pharmacy Services Agreement (ICPSA), to better support the role of pharmacists in the integrated health care team.	Q4: Offer and explain the revised national ICPSA agreement to pharmacies, including the opportunity to improve integration of local services.		
Continue to invest in pharmacist-led services and improve access to pharmacist advice and support, to reduce harm from medications use, with a focus on people with chronic conditions and on multiple or high- risk medications. (EOA) *Māori and Pacific populations suffer from chronic conditions more than other groups and prevalence increases with age.*	Quarterly: Monitoring of the delivery of Medicines Use Review (MUR) and Medicines Therapy Assessments (MTA) by community pharmacists.	↺	MUR and MTA data is available on the 20th of the month following the end of the quarter so has not yet been reviewed for quarter 1.
	Q4: Guides released to pharmacists and general practice, to support medicines reconciliation.		
	Q4: Patient feedback on delivery of medication reviews on Marae used to inform service review.		
Pilot a new integrated approach to the provision of Opioid Substitution Treatment that enhances the role of pharmacy as part of the health care team, to improve the management of treatment. (EOA)	Q1: Pilot underway in three pharmacies.	↺	This trial may be delayed as we are awaiting approval processes for administering drugs.
	Q4: Pilot evaluation report completed.		
Work with PHO and pharmacy leads to identify local strategies to support an integrated approach to improving influenza vaccination rates, with a focus on older people and Māori and Pacific, as high need groups. (EOA)	Q1: Current influenza vaccination rates reviewed for equity gaps and areas of improvement.	✓	Māori and Pacific have again been identified as an area of focus of the 2020 Flu season. The Immunisation Advisory Group will led the planning around this and includes representation from Maori and Primary Care.
	Q3: Plan for 2019/20 season developed.		
	Q4: Promotion of free flu vaccinations from general practice and community pharmacies.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
>1,000 people receive a Medicines Use Review (MUR).	12	6	276	On track to meet target
>200 people receive a Medicines Therapy Assessments (MTA).	5	0	63	
Fewer people (65+) dispensed 11+ long term medications. Baseline set. Baseline 2017, 4.0%.	Q2	Q2	Q2	
75% of the population 65+ receive a free influenza vaccination.	42%	52%	64%	There has been a slight improvement in both total and Maori rates this year with Pacific, remaining the same. Overall there were 2,909 more immunisations in 2019 compared with the previous year however this has been offset by an increase in 65+ population of more than 3000 people.

Diabetes and other long term conditions

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to promote and support healthy food and 'water only' policies and messaging in priority settings (schools, sports clubs, and marae), to strengthen awareness around risk factors for diabetes, cardiovascular disease and other long-term conditions.	Ongoing: Professional development sessions provided in school settings to support messaging.	↺	Schools who have identified nutrition and 'water-only' as priorities are being supported to have professional development.
	Q4: Increased number of priority settings engaged in 'water only' promotion.		
Continue to invest in Motivating Conversation Training, to support general practice to engage people in difficult conversations about risk behaviours and taking greater responsibility for their own health and wellbeing.	Quarterly: Monitoring (by ethnicity) of access to Green Prescriptions.	↺	Green Prescription access reporting is not currently available for monitoring purposes. This is expected to be released October.
	Q3: Motivating Conversation Training extended to incorporate alcohol.		
Maintain an integrated approach to the prevention of diabetes, with active oversight from the CCN Alliance Integrated Diabetes Services Development Group.	Six Monthly: Monitoring of diabetes service performance data to improve equitable service provision and inform quality improvement.		
Progress the redesign of the diabetes patient education model, to improve engagement with services and increase health literacy of high-need Pacific populations. (EOA)	Q1: Diabetes Education Quality & Monitoring Working Group in place.	✓	The Diabetes Governance Group is made up of representatives from the CCN Alliance Integrated Diabetes Services Development Group. The proposed new model of community education is currently being reviewed before being presented at the next IDSDG.
	Q2: Revised education model agreed.		
Further integrate the diabetes nursing workforce, to support service delivery closer to communities of need, and establish pathways to improve equity of access (regardless of the complexity of people's diabetes).(EOA)	Q2: Workshop held to develop roadmap.		
	Q4: Implementation plan for the reorientation of diabetes services completed and approved.		
Pursue opportunities to increase access to dietetic and nutrition services in the community and seek to align the workforce to the location of service delivery.	Q3: Opportunities identified to reduce barriers to access, particularly for high need population groups.		
Establish an integrated approach to the prevention and management of cardiovascular disease (CVD) and the introduction of the new national guidelines for CVD Risk Assessment and Management in Primary Care. (EOA)	Ongoing: Monitoring of CVD risk assessment rates and targeted support to practices with lower rates.	↺	CVD Risk assessment reporting not due until January 2020. Joint DHB/PHO CVD Improvement Plan for Canterbury was approved by the Ministry of Health and is being implemented.
	Q1: Joint Improvement Plan approved.	✓	
	Q2: Education/training provided on new algorithm.		
	Q3: Joint messaging delivered on the importance of delivering and taking up CVD Risk Assessments.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
>100 people engage in Motivational Conversations training.			43	
>3,000 people provided with a Green Prescription (for support with additional physical activity).	203	49	1,432	
90% of the population identified with diabetes have an annual HbA1c test.	Q2	Q2	Q2	
>75% of the population identified with diabetes (having an HbA1c test) have good or acceptable glycaemic control (HbA1c <64 mmol/mol).	Q2	Q2	Q2	

HOSPITAL ADVISORY COMMITTEE MEMBERSHIP

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Remuneration & Appointments Committee**

DATE: **21 November 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The term for the Manawhenua ki Waitaha representative on the Hospital Advisory Committee expired on 20 September 2018 and since that time this position on the Committee has been vacant.

Manawhenua ki Waitaha have now provided a recommendation for their representative on this Committee.

2. RECOMMENDATION

That the Board, as recommended by the Remuneration & Appointments Committee:

i. appoints Wendy Dallas-Katoa to the Hospital Advisory Committee as the Manawhenua ki Waitaha representative until 31 May 2020.

3. SUMMARY

In December 2012 the Canterbury DHB Board adopted a policy for the appointment of Maori members to Advisory Committees of the Board. The policy states that:

"*A representative/s will be sought from Manawhenua ki Waitaha who will provide nominations to the Remunerations and Appointments Committee of the Canterbury DHB who will then make a recommendation to the Canterbury DHB Board.*"

This appointment procedure is part of the agreed process.

The Chair of the Hospital Advisory Committee has advised that he is fully supportive of this appointment.

Report prepared by: Kay Jenkins, Executive Assistant, Governance

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

CPH&DSAC – 31 OCTOBER 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Community & Public Health and Disability Support Advisory Committee**

DATE: **21 November 2019**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Community & Public Health and Disability Support Advisory Committee's (*CPH&DSAC*) meeting held on 31 October 2019.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from CPH&DSAC's meeting on 31 October 2019 (Appendix 1).

3. APPENDICES

Appendix 1: CPH&DSAC Draft Minutes – 31 October 2019.

Report prepared by: Anna Craw, Board Secretariat

Report approved by: Dr Anna Crighton, Chair, Community & Public Health Advisory Committee

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 31 October 2019 commencing at 9.00am

PRESENT
Dr Anna Crighton (Chair, CPHAC); Sally Buck; Tom Callanan; Wendy Dallas-Katoa; Rochelle Faimalo; Dr Susan Foster-Cohen; Jo Kane; Ta Mark Solomon (Ex-officio); Olive Webb; Dr John Wood (Ex-officio); and Hans Wouters.

APOLOGIES
Apologies for absence were received and accepted from Tracey Chambers (Chair, DSAC); Chris Mene; David Morrell; and Yvonne Palmer.

EXECUTIVE SUPPORT
David Meates (Chief Executive); Melissa Macfarlane (Team Lead, Planning & Performance); Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Hector Matthews (Executive Director, Maori & Pacific Health); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES
Carolyn Gullery

IN ATTENDANCE
Item 4
Norma Campbell, Director of Midwifery
Ngaire Button, Planning & Funding
Nicky Smithies, Planning & Funding

Items 5&6
Vivien Daley, CDHB Smokefree Manager, Community & Public Health.

Item 9
Gordon Boxall, Chair, Disability Steering Group

Item 10
Allison Nichols-Dunsmuir, Health in All Policies Advisor, Community & Public Health

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

Item 12
Maureen Love, Strategic HR Business Partner, People & Capability

The meeting was Chaired by Dr Anna Crighton, CPHAC Chair.

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda

- Ta Mark Solomon – Items 6 & 8 – in terms of his role as Chair of the Te Putahitanga o Te Waipounamu Governance Board.
- Susan Foster-Cohen – Item 13 – in terms of her role as a Director of the Champion Centre.

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

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

2. MINUTES OF THE PREVIOUS MEETING

Resolution (22/19)
(Moved: Wendy Dallas-Katoa/Seconded: Hans Wouters – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 29 August 2019 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

Item 5: 2020 Influenza Vaccine
Whilst noted as on today's agenda, this item has been deferred to the Committee's first meeting in 2020 (tentatively scheduled for 5 March 2020).

The carried forward action list was noted.

4. CANTERBURY MATERNITY STRATEGY

Norma Campbell, Director of Midwifery, presented the Canterbury Maternity Strategy. Also in attendance were Ngaire Button, Planning & Funding; and Nicky Smithies, Planning & Funding.

Dr Olive Webb joined the meeting at 9.08am.

It was noted that feedback on the first draft of the strategy indicated it did not adequately meet principles and values of Tangata Whenua and as a result, would not address sufficiently equity issues facing the CDHB's population. Three hui were subsequently held with the agreed intention to realign discussions to reflect how to describe and what is needed to be done strategically to ensure the maternity strategy meets the needs for Māori, Pacific peoples and the wider Canterbury community.

Ms Campbell noted an important lesson for the DHB had been learning to listen more carefully to what it was being told.

Wendy Dallas-Katoa confirmed the draft strategy has been recommended to Manawhenua ki Waitaha for endorsement.

The Committee commended Ms Campbell on the draft strategy and the process which had been undertaken to reach this point.

Resolution (23/19)
(Moved: Jo Kane/Seconded: Sally Buck – carried)

"The Committee recommends that the Board:

i. approves the Canterbury Maternity System Strategic Framework, 2019-2024."

The meeting moved to Item 13.

13. CHILD DEVELOPMENT FUNDING UPDATE

Jacqui Lunday-Johnstone, Executive Director, Allied Health, Scientific & Technical, presented the report highlighting that in response to the 2014 Child Development Services (*CDS*) Stocktake, the Ministry of Health developed a CDS future operating model, with the ambition being that children and young people accessing CDS experience simple and effective services that are well connected to other agencies and supports. The Ministry has approved additional funding for CDS, which they wish to align with the CDS future operating model.

There was discussion around the phenomenal opportunity this provides to "get things right". There was also discussion around reporting mechanisms to ensure the effectiveness of additional funding.

Resolution (24/19)
(Moved: Ta Mark Solomon/Seconded: Sally Buck – carried)

"That the Committee:

i. notes the Child Development funding Update report."

The meeting moved to Item 5.

5. VAPING UPDATE (PRESENTATION)

Vivien Daley, CDHB Smokefree Manager, provided a further update to the Committee on Vaping, following on from her earlier presentation in March 2019. The presentation covered:

- The Health Promotion Agency's new "Vaping Facts" website.
- Regulations under development.
- "Liberal" versus "Cautious" approach – two distinct perspectives.
- CDHB's position.

The Committee was given the opportunity to ask questions.

The following reading material is to be circulated to Committee members for information:

- Surge Report, ASH, Phillip Morris.
- Cancer Society, ASPIRE research.

Resolution (25/19)
(Moved: Dr Anna Crighton/Seconded: Sally Buck – carried)

"The Committee:

i. recommends that the Board meet with the Christchurch City Council at its earliest convenience to discuss vaping positions and policies.

6. COMMUNITY AND PUBLIC HEALTH UPDATE REPORT

The Committee received the report. There was no discussion.

Resolution (26/19)
(Moved: Dr Olive Webb/Seconded: Tom Callanan – carried)

"That the Committee:

i. notes the Community and Public Health Update Report."

7. 2020 INFLUENZA VACCINE CAMPAIGN

This item was deferred to the Committee's first meeting in 2020 (tentatively scheduled for 5 March 2020).

8. MAORI & PACIFIC HEALTH PROGRESS REPORT

Hector Matthews, Executive Director, Maori & Pacific Health presented the report, highlighting the following:

- Ongoing improvements in "children's oral health" and "Maori women cervical screening" – areas that have previously been a struggle for the DHB.
- Canterbury Maori are doing reasonably well when compared nationally, however, inequities still exist.
- A Whanau Ora Primary Health Research Project is to be undertaken, supported with funding from Treasury who want more empirical evidence on a Whānau Ora approach to primary health services as a first step of improving whānau health.

Mr Matthews acknowledged the approach adopted by Ms Campbell and her team in the development of the draft Canterbury Maternity Strategy, noting that learnings will be taken from this in the development of the Maori Health Strategy.

There was discussion on the importance of the interrelationship between the suite of dashboard targets in addressing inequity.

Resolution (27/19)
(Moved: Hans Wouters/Seconded: Jo Kane – carried)

"The Committee recommends that the Board:

i. notes the Māori and Pacific Health Progress Report."

Dr Crighton advised those in attendance that today's meeting was her last as Chair of the Community and Public Health Advisory Committee. She thanked members for their attendance and contributions, noting that she had greatly enjoyed Chairing the Committee and was proud of the work it had achieved.

Ms Dallas-Katoa and Mr Matthews led a waiata in Dr Crighton's honour.

The meeting adjourned for morning tea from 10.40 to 11.00am.

9. DISABILITY STEERING GROUP UPDATE

Dr Crighton welcomed Gordon Boxall to the table. It was noted this was Mr Boxall's last update to the Committee as Chair of the Disability Steering Group (the *Group*) and Dr Crighton thanked him for his outstanding contribution during his term as Chair.

Mr Boxall reflected on the past three years since the establishment of the Group, noting progress and achievements during that period. He thanked staff for their ongoing support and wished the DHB well for its continued work in this area. Membership of the new Group is in the process of being finalised, and will come into effect in January 2020.

Discussion took place on the Group's ability to hear the voice of people too young to have their own voice. It was acknowledged that whilst family representatives have been represented previously, this is not the same as the actual voice of a young person. It will become important to address this moving forward.

The Committee thanked Mr Boxall for his update and wished him well with his future endeavours.

10. CANTERBURY ACCESSIBILITY CHARTER – ACCESSIBILITY WORKING GROUP UPDATE (PRESENTATION)

Allison Nichols-Dunsmuir, Health in all Policies Advisor, Community & Public Health, presented an update on what has been happening with the Accessibility Charter.

Discussion took place around:

- Compliance with standards, rather than functionality – which is proving frustrating.
- Being "proactive" as opposed to "reactive".
- Inviting people with subject matter expertise to discuss opportunities.
- The importance of accessibility being forefront in the design phase.
- Learning from previous lessons.

11. DEVELOPING AN APPROACH FOR ACCESSIBLE INFORMATION

Kathy O'Neill, Team Leader, Planning & Funding, provided an update on the additional area of focus on accessible information, which is to be progressed by a working group under the governance of the Disability Steering Group. It was noted there had been a real push for this work in recent forums.

A member queried how we would know whether the work being undertaken is working. Ms O'Neill acknowledged that an evaluation process will need to be part of the plan going forward.

A link to the "Mana Whaikaha Baseline Study" is to be forwarded to Committee members for information.

Resolution (28/19)
(Moved: Sally Buck/Seconded: Wendy Dalla-Katoa – carried)

"That the Committee:

i. notes the plan to identify and implement the structure and processes to promote and provide accessible information and communication methods."

12. CDHB WORKFORCE UPDATE

Maureen Love, Strategic HR Business Partner, People & Capability, presented the report noting there is real momentum in work underway to remove barriers for employment of people with disabilities. People & Capability have a number of initiatives in play, with more to follow.

Discussion took place around the success to date of Project Search. Funding is and will continue to be a real challenge. It is for this reason the specific decision has been taken to continue with interns in their final year of school, as opposed to a cohort of school leaves. Nine interns have been selected for the 2020 programme, all students from Riccarton High School with associated funding provided by the Ministry of Education.

Resolution (29/19)
(Moved: Dr Anna Crighton/Seconded: Ta Mark Solomon – carried)

"That the Committee:

i. notes the Canterbury Workforce Update."

INFORMATION ITEMS

- All Right? Evaluation Summary 2019
- CCN Q4 2018 / 19
- Disability Steering Group Minutes
- 2019 Workplan

On behalf of the Committee, Jo Kane thanked Dr Crighton for her significant contribution, not only as Chair of the Community and Public Health Advisory Committee, but also in her role as a CDHB Board member over several terms.

There being no further business the meeting concluded at 12.00pm.

Confirmed as a true and correct record:

_____	_____
Dr Anna Crighton Chair, CPHAC	Date of approval
_____	_____
Tracey Chambers Chair, DSAC	Date of approval

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Services**

DATE: **21 November 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meetings on 17 and 29 October 2019	For the reasons set out in the previous Board agenda.	
2.	SMHS End of Preliminary Design Phase (Presentation)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3.	Christchurch Hospital Development 2020	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	CAF Outpatients Project Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Investor Confidence Rating – Assessment 2019 Status	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Chair & Chief Executive - Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)

7.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
9.	Advice to Board: • QFARC Draft Minutes *29 October 2019*	For the reasons set out in the previous Committee agendas.	
10.	Board Only Time	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)

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.

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