AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora o Waitaha

HOSPITAL ADVISORY COMMITTEE MEETING
to be held via Zoom
Thursday, 3 February 2022 commencing at 9:00am

Administration			
	Apologies		9.00am
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 7 October 2021		
3.	Carried Forward / Action List Items		
Reports for Noting			
4.	Hospital Service Monitoring Report: • Medical/Surgical; Women's & Children's Health; & Orthopaedics ESPIs • Specialist Mental Health Service • Older Persons Health & Rehabilitation • Hospital Laboratories • Rural Health Services	Pauline Clark *General Manager, Medical/ Surgical; Women's & Children's Health; & Orthopaedics* Dr Greg Hamilton *General Manager, Specialist Mental Health Services* Kate Lopez *Acting General Manager, Older Persons Health & Rehabilitation* Gloria Crossley *Interim General Manager, Laboratories* Berni Marra *General Manager, Rural Health Services*	9.10-10.15am
5.	Office of the Clinical Executive Update	Norma Campbell Becky Hickmott Dr Jacqui Lunday-Johnstone Dr Helen Skinner *Clinical Executive Leads*	10.15-10.30am
6.	Resolution to Exclude the Public		10.30am
ESTIMATED FINISH TIME			**10.30am**

	Information Items: • 2022 Workplan		

NEXT MEETING: Thursday, 7 April 2022 at 9:00am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

HOSPITAL ADVISORY COMMITTEE MEMBERS

Andrew Dickerson (Chair)
Naomi Marshall (Deputy Chair)
Barry Bragg
Catherine Chu
James Gough
Jo Kane
Ingrid Taylor
Jan Edwards
Dr Rochelle Phipps
Michelle Turrall
Sir John Hansen (Ex-officio)
Gabrielle Huria (Ex-officio)

Executive Support

(as required as per agenda)

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

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

COMMITTEE ATTENDANCE SCHEDULE 2022

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	03/02/22	07/04/22	02/06/22
Andrew Dickerson (Chair)			
Naomi Marshall (Deputy Chair)			
Barry Bragg			
Catherine Chu			
James Gough			
Jo Kane			
Ingrid Taylor			
Jan Edwards			
Dr Rochelle Phipps			
Michelle Turrall			
Sir John Hansen (ex-officio)			
Gabrielle Huria (ex-officio)			

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

CONFLICTS OF INTEREST REGISTER HOSPITAL ADVISORY COMMITTEE (*HAC*)

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)

Andrew Dickerson **Chair – HAC** Board Member	**Canterbury Education and Research Trust for the Health of Older Persons** - Trustee 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.
Naomi Marshall **Deputy Chair - HAC** Board Member	**College of Nurses Aotearoa NZ** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Barry Bragg Board Member	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CMUA Project Delivery Limited** - Chair 100% owned by the Christchurch City Council and is responsible for the delivery of the Canterbury Multi-Use Arena project within agreed parameters. **Farrell Construction Limited** - Shareholder Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch.

	New Zealand Flying Doctor Service Trust – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Farming** – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions. **Paenga Kupenga Limited** – Chair Commercial arm of Ngai Tuahuriri Runanga **Quarry Capital Limited** – Director Property syndication company based in Christchurch **Stevenson Group Limited** – Deputy Chairman Property interests in Auckland and mining interests on the West Coast. **Three Waters Governance Working Party** - Member **Venues Ōtautahi** - Advisor **Verum Group Limited** – Director Verum Group Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.
Catherine Chu Board Member	**Christchurch City Council** – Councillor Local Territorial Authority **Riccarton Rotary Club** – Member **The Canterbury Club** – Member
Jan Edwards	**Age Concern Canterbury** – Member **Anglican Care** – Volunteer **Neurological Foundation of NZ** - Member
James Gough Board Member	**Amyes Road Limited** – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating. **Christchurch City Council** – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/ Harewood Community Board **Christchurch City Holdings Limited (*CCHL*)** – Director Holds and manages the Council's commercial interest in subsidiary companies. **Civic Building Limited** – Chairman Council Property Interests, JV with Ngai Tahu Property Limited. **Gough Corporation Holdings Limited** – Director/Shareholder Holdings company.

	Gough Property Corporation Limited – Director/Shareholder Manages property interests. **Medical Kiwi Limited** – Independent Director Research and distribution company of medicinal cannabis and other health related products. **The Antony Gough Trust** – Trustee Trust for Antony Thomas Gough **The Russley Village Limited** – Shareholder Retirement Village. Via the Antony Gough Trust **The Terrace Car Park Limited** – (Alternate) Director Property company – manages The Terrace car park **The Terrace Christchurch Limited** – Director Property company – manages The Terrace **The Terrace On Avon Limited** – (Alternate) Director Property company – manages The Terrace on Avon
Jo Kane Board Member	**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.
Dr Rochelle Phipps	**Accident Compensation Corporation** – Medical Advisor ACC is a Crown entity responsible for administering NZ's universal no-fault accidental injury scheme. As a Medical Advisor, I analyse and interpret medical information and make recommendations to improve rehabilitation outcomes for ACC customers. **OraTaiao: New Zealand Climate & Health Council** – Founding Executive Board Member (no longer on executive) The Council is a not-for-profit, politically non-partisan incorporated society and comprises health professionals in Aotearoa/New Zealand concerned with: • the negative impacts of climate change on health; • the health gains possible through strong, health-centred climate action; • highlighting the impacts of climate change on those who already experience disadvantage or ill health (equity impacts); and • reducing the health sector's contribution to climate change.

	Royal New Zealand College of General Practitioners – Christchurch Fellow and Former Board Member The RNZCGP is the professional body and postgraduate educational institute for general practitioners.
Ingrid Taylor Board Member	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB. **Manchester Unity Welfare Homes Trust Board (*MUWHTB*)** – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB. **Sir John and Ann Hansen's Family Trust** – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. • I / Taylor Shaw have acted as solicitor for Bill Tate and family. **The Youth Hub** – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.
Michelle Turrall Manawhenua	**Canterbury Clinical Network (CCN) Maori Caucus** - Member **Canterbury District Health Board** - Daughter employed as registered nurse. **Christchurch PHO Ltd** – Director **Christchurch PHO Trust** - Trustee **Manawhenua ki Waitaha** – Board Member and Chair **Oranga Tamariki – Iwi and Maori** – Senior Advisor **Papakainga Hauora Komiti – Te Ngai Tuahuriri** – Co-Chair
Sir John Hansen **Ex-Officio – HAC** Chair CDHB	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent

	and cost effective manner. **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Ex-Officio – HAC** Deputy Chair, CDHB	**Pegasus Health Limited** – Sister and Daughter are Directors Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. **Upoko Rawiri Te Maire Tau of Ngai Tuahuriri** - Husband

MINUTES – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held via Zoom
on Thursday, 7 October 2021, commencing at 9.00am

PRESENT
Andrew Dickerson (Chair); Barry Bragg; Catherine Chu; Jan Edwards; James Gough; Naomi Marshall; Dr Rochelle Phipps; Ingrid Taylor; and Sir John Hansen (Ex-Officio).

APOLOGIES
An apology for early departure was received and accepted from Catherine Chu (10.10am).

EXECUTIVE SUPPORT
Becky Hickmott (Executive Director of Nursing); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Dr Helen Skinner (Chief Medical Officer); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat – Minute Taker).

APOLOGIES
Dr Peter Bramley, Chief Executive – for absence.

IN ATTENDANCE
Kirsten Beynon, General Manager, Laboratories
Pauline Clark, General Manager, Medical/Surgical; Women's & Children's Health; & Orthopaedics
Dr Greg Hamilton, General Manager, Specialist Mental Health Services
Ralph La Salle, Team Leader & Operational Lead for Overall COVID Response, Planning & Funding
Kate Lopez, Acting General Manager, Older Persons Health & Rehabilitation
Berni Marra, Manager, Ashburton Health Services
Win McDonald, Transition Programme Manager

Item 4
David Green, Acting Executive Director, Finance & Corporate Services

1. INTEREST REGISTER

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

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

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (08/21)
(Moved: Barry Bragg/Seconded: James Gough – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 5 August 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION ITEMS

The carried forward action items were noted.

4. H&SS 2020 / 21 YEAR RESULTS

David Green, Acting Executive Director, Finance & Corporate Services, presented a financial update to the Committee. The presentation included:

- Last 12 months main financial impacts.
- Draft 2020/21 CDHB result.
- Examples of productivity movement. For example, Surgery – Christchurch Campus pre vs post Waipapa.
- Last three years actuals and 2021/22 plan.
- Achievements to date.
- Next 12 months – key challenges.

In response to queries, Mr Green advised:

- Audit NZ is currently undertaking it audit of CDHB for the 2020/21 financial year. This continues. There is normally a statutory deadline of 31 October for those signoffs, but unfortunately COVID is having an impact on the resourcing of some audit teams. Across the country, that deadline has been extended to 31 December. CDHB's audit will be delayed for these reasons, and finalisation is not expected until November/December 2021. This is not unique to CDHB.
- CDHB's 2021/22 budget is with the MoH at present. It is understood that this is supported and will be put through to the Minsters for signoff. Confirmation is awaited.

5. H&SS MONITORING REPORT

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

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

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

Planned Admissions Provided During Lockdown

- The need to defer surgery was driven by community isolation settings not by hospital capacity.
- CDHB continued to provide acute, non-deferrable and urgent elective surgery.
- Decisions about which cases met the criteria to proceed during the lockdown period were made according to an agreed prioritisation schedule based on acuity, and the likelihood of deterioration or loss of function associated with delays to surgery.
- The process has been closely overseen by the Chief of Surgery, consistent with local, regional and national guidelines including the National Hospital COVID-19 Escalation Framework.

Based on this way of working, during the period between 18 August and 7 September 2021:

- 713 planned operations were provided at Christchurch Hospital – this is 40 fewer operations than during matched days in 2020.
- 101 operations were provided at Burwood Hospital, this is approximately half of the normal volume.
- Operations for CDHB at the city's private hospitals was significantly curtailed with 29 discharges during this period.

Replacement Of Deferred Admissions – As At 6 October

456 inpatient admissions were deferred with "Pandemic" entered as the reason for deferral:

- 333 or 73% have been subsequently provided.
- Of the 123 still waiting care, 74 have replacement admissions booked. Mostly in October with 17 in November.
- 49 or 11% are yet to be booked.
- We are counting on bed capacity not being constrained due to COVID or other extraordinary demand and expect that all deferred planned inpatient admissions will be completed before the end of 2021.

5,150 outpatient appointments were deferred due to the COVID-19 pandemic since 18 August:

- 3,704 or 72% have already received their appointment or otherwise had the requirement for an appointment closed.
- Of the 1,446 appointments still to be replaced 1,000 are booked, with 873 booked in October, 112 in November and 15 in December.
- Bookings into November's clinics are gathering pace.
- People whose appointments were deferred will receive priority over those with similar clinical urgency who have been more recently referred.

Radiology

- With IPC Support Radiology resumed outpatient operations within 24 hours and continued to scan as much as it safely could during alert levels 3 & 4.
- 351 people had outpatient MRIs and 928 had outpatient CT scans at levels 3 & 4.
- 139 outpatient MRIs and 407 CT scans were deferred or patients did not attend during levels 3 & 4.
- CT has completed its catch-up.
- MRI has completed its catch up.
- Interventional Radiology has one patient to go.
- Ultrasound, X Ray and Nuclear Medicine have caught up. Waiting times are back to pre-COVID baselines.

Further Radiology Notes

- CT has completed its catch-up and in fact used the drop in demand coupled with the drop in MIT leave to reduce the CT waiting list to compliance with MoH targets. CT outpatient waiting times had been non-compliant and growing due to demand exceeding capacity. We have a request in to increase the resourced machine hours to address growth in ED, inpatient and outpatient volumes.
- MRI has completed its catch-up of cancelled patients, however, there has been an increase in its waiting times due to a combination of unplanned staff illness, leave and service days. Options are being looked at to address this.

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

- It has been well documented that the events in Canterbury have meant we have a different mental health profile than perhaps some of the other, particularly larger, DHBs. In terms of the model we provide, it is a very integrated model, with a lot more of our consumers having contact with both NGO and DHB to manage their care over time than occurs elsewhere in the country. One of the results of this is that there are more people per capita in Canterbury receiving mental health care, compared with the larger DHBs, but at a hospital level, in terms of those who actually get admitted or come into Specialist Services, we are probably quite similar to the other DHBs. In other words, there is a greater proportion being looked after in a community setting, rather than a hospital setting. That means that those entering the hospital have higher acuity. This is a

measured phenomenon - we have a higher acuity on entry to inpatient services than other DHBs.

- Some key services have grown rapidly – the COVID effect is being seen. CAF, Eating Disorders, and Alcohol and Other Drug, have all seen large pieces of growth over time. The significant change in demand for these services is creating higher risk.
- Mental Health has always struggled with staffing. The position is significantly worse now with regards to under recruitment. For example, there are 21 gaps trying to be filled today due to staff absence and staff sickness. It is a major concern. August was a particularly bad month, where there were around 31 FTE of gaps and we filled up about 28FTE of that with overtime. That overtime rate is around four times higher than the rest of the DHB and is not sustainable for the workforce. The process in terms of recruiting is very difficult. We continue to view the makeup of staff – having gone largely from a registered nurse workforce to one that is registered nurse/enrolled nurse/health care assistant. An experienced registered nurse is gold, as they are responsible for running the system. We continue to look at the Allied Health workforce, which is really important for the therapeutic services provided.

Barry Bragg and Catherine Chu retired from the meeting at 10.10am.

Older Persons Health & Rehabilitation (*OPH&R*) Service – Kate Lopez, Acting General Manager

- Progress is being made with the flow between facilities piece of work. There are continued opportunities.
- To further support system flow and improving the patient journey, a Long Length of Stay Panel has been established, which met for the first time in August. This has been paying dividends in terms of bringing clinical leaders together, providing an escalation pathway, as well as building capability and confidence in the teams in the ward area.
- Community Dental Service. With respect to longitudinal data, particularly for school age children, we are now at a point of less children in arrears than pre-COVID last year.

Hospital Laboratories – Kirsten Beynon, General Manager, Laboratories

- Latest and Ongoing Surge Response. Canterbury Labs (CHL and CSCL) responded to local demands and played a support to the Auckland region as they built capacity and surged up. We did a split - with CSCL supporting labtests and CHL ADHB LabPlus - this worked well. CHL experienced a seven-day uplift in volumes and did not reach its capacity. Introduction of e-swab orders has made a difference in the distribution of swabs and processing, samples both referred directly for CHL and also between laboratories in NZ. CHL put in place a critical, fast-track, and routine testing stream for COVID testing pathway. This was based on a need to support the flow of patients and also supporting health care workers to return to work. The NZ laboratory network works well together and supports each other, there are some supplies that are prioritised to the greatest need regions as required.
- Resurgence. CHL continues to build on capacity and capability, and adaptability of test options for COVID testing as we move towards suppression phases and endemic in the future. We have a full complement of Microbiologists, with another SMO joining the team this week. Planning includes modelling of test options for other pathogens as well as COVID, particularly for flow and IP&C management in our hospitals and care facilities. We are conscious that we need to prioritise staffing requirements, ensure we do not run a service on adrenaline alone, and are modelling staffing requirements within our acute testing areas and the COVID team in preparation for patients in our hospitals and the community. Blood sciences and acute testing support will be essential when we have COVID and other patients who have high care needs.
- CHL commenced the removal of aged high-volume chemistry (testing and automated track analysers) only days before lock down. The lab is currently working off track with standalone instruments. The ongoing disruptions of COVID since commencement of

this project last year and the timing of the latest lock down and surge has added extra challenges for a busy team. Working on building extra business continuity and staff contingency due to potential further COVID impacts.

- CHL acknowledges the support of the CDHB and Board to invest in technology (robotics, staffing and automation, and e-swabs for COVID) and the difference the systems put in place have made. Colleagues around NZ are looking into automation and robotics and CHL will help them wherever they can with their learnings.

Rural Health Services – Win McDonald, Transition Programme Manager

- There has been a decrease in numbers coming through as a result of COVID.
- No cases of COVID on Chatham Islands. Currently at a 75% vaccination rate. Everyone on island has been telephoned.
- Had great support with putting a new x-ray machine onto the Chatham Islands. Infrastructure work around diesel generators, water and power are due to get underway later this month. Also doing work with ISG with regards to internet connections on the Chatham Islands.
- Staffing issues have settled down.

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

- A more recent focus has been partnering with primary care teams around the vaccine.
- Looking to have a "Vax for Life" on 16 October 2021.
- The Social Research Report from the Caring for Communities Partnership with the District Council has been released. Food, poverty, housing and considerable support for the Pasifika community has emerged as top of focus, which is of no surprise.

Committee members had the opportunity to discuss and ask questions.

The H&SS Monitoring report was noted.

6. CLINICAL ADVISOR UPDATE (ORAL)

Dr Jacqui Lunday-Johnstone, Executive Director of Allied Health, Scientific & Technical, provided the following updates on the implementation of the Allied Health Strategic Plan, and the shift into implementation and improvement: There is a focus on the following four priority areas: Flow, COVID Resurgence, Pae Ora, and Equity.

Flow

Have put in place an Associate Director of Allied Health whose focus is specifically on supporting the flow work. At the moment this is very much a focus on what can be done within the hospital setting, both in terms of supporting people to either avoid an avoidable admission, supporting people to have a shorter length of stay, to transit to another facility, or to support safe and early discharge. This includes some funding from the MoH to support an Allied Health flow coordinator.

COVID Resurgence

Issues for Allied Health are about how to support the community response, as well as BAU, patient flow, facilitating safe and early discharge, as well as avoidable admissions. A key priority is around prioritising community referrals and looking at how to instigate more of a rapid response approach that supports urgent care and acute demand, as well as patients in the community.

Pae Ora

Making good progress, despite challenges around lockdown. Have three tests of change within Mental Health, Older Persons Health & Rehabilitation, and the Community setting. Have established a governance group, working in partnership with our strategic partners Age Concern, Christchurch City Council, Sport Canterbury, some of our Māori and Pasifika providers,

Community and Public Health, Nurse Maude and University partners. This is very good foundational work and it is hoped to mainstream this in supporting us to reduce avoidable age related decline or frailty. It is very much about empowering people to stay well, stay active, and stay connected in the community.

Equity
Some exciting work in this space, including a dietitian led gestational diabetes pathway, working closely with LMCs and the team within maternity services. This approach has led to a dietitian led digitally enabled pathway, which avoids multiple attendances at hospital for these women. This is a condition that is very prevalent around our Asian, Indian, Māori and Pasifika communities and often it is very difficult for them to have multiple attendances. This new model, in a few months, has saved around 130 physician and obstetrician appointments (around 500 appointments per year) and with a savings of around $185K.

The Clinical Advisor Update was noted.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (09/21)
(Moved: Jan Edwards/Seconded: Ingrid Taylor – carried)

"That the Committee:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of the minutes of the public excluded meeting of 5 August 2021	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(if required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

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

INFORMATION ITEMS

- 2022 Meeting Schedule
- 2021 Workplan

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 10.45am.

Approved and adopted as a true and correct record:

_____	_____
Andrew Dickerson Chairperson	Date of approval

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

HOSPITAL ADVISORY COMMITTEE
CARRIED FORWARD ITEMS AS AT 3 FEBRUARY 2022

DATE RAISED	ACTION	REFERRED TO	STATUS

No carried forward / action items

H&SS MONITORING REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Hospital Advisory Committee**

PREPARED BY: **General Managers, Hospital Specialist Services**

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

DATE: **3 February 2022**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the Hospital Specialist Services activity on the improvement themes and priorities.

2. RECOMMENDATION

That the Committee:

i. notes the Hospital Advisory Committee Activity Report.

3. APPENDICES

Appendix 1: Hospital Advisory Committee Activity Report –January 2022

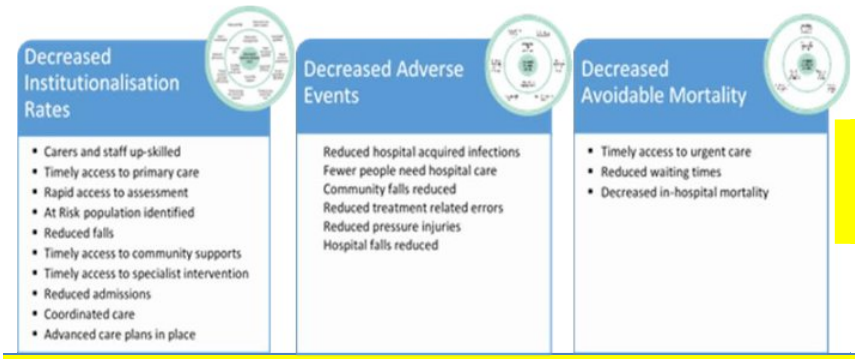
Hospital Advisory Committee

Hospital Activity Report

January 2022

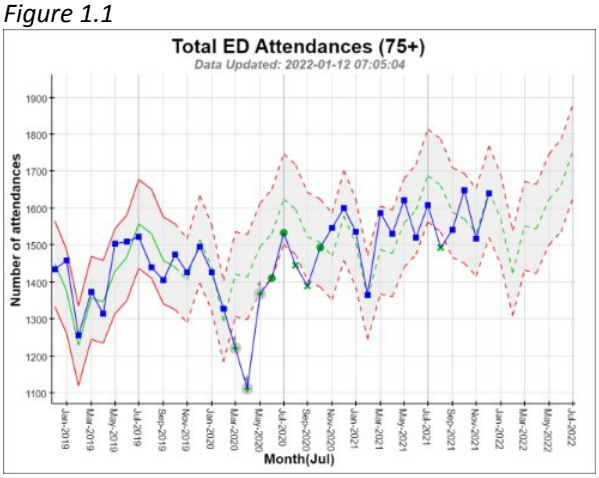
Based on the CDHB Outcomes Framework and Five Focus areas plus Specialist Mental Health

INDEX



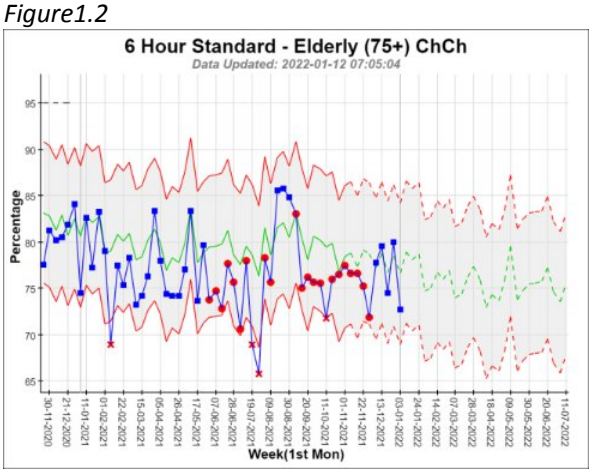
Outcome and Strategy Indicators

Figure 1.1



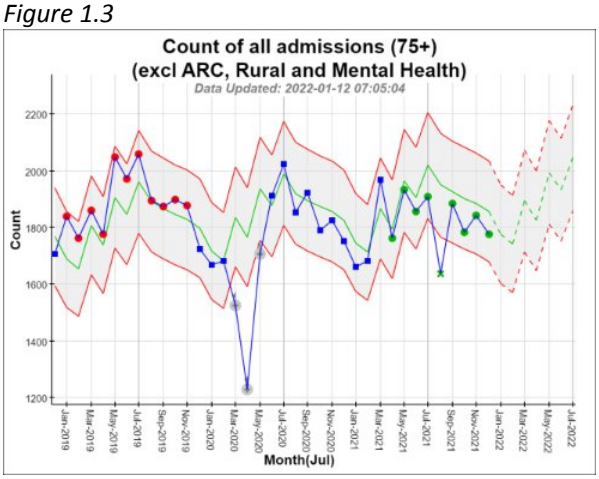
Covid 19 Alert Level restrictions led to a reduced number of ED attendances by people over 75 years in March and April 2020 and August 2021 Number of attendances has otherwise been increasing and within the forecast range.

Figure1.2



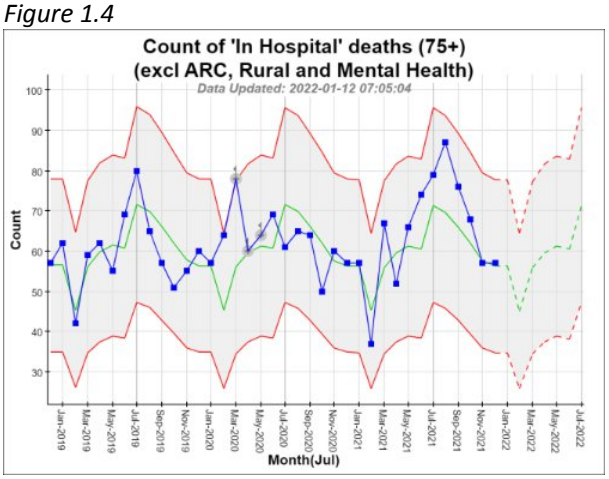
The number of people spending >6 hours in the department reduced during the August/September 2021 lockdown periods due to lower volumes and has subsequently returned to the baseline that developed following transition to Waipapa.

Figure 1.3



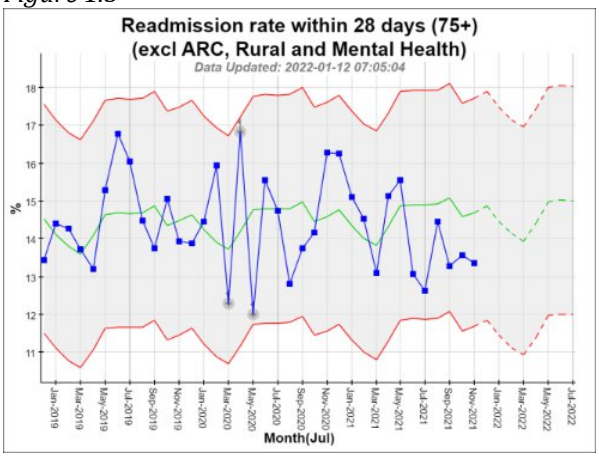
The number of older people admitted has reduced compared with the forecast values. All months since March 2021 have had less admissions less than the mid-point of the trend.

Figure 1.4



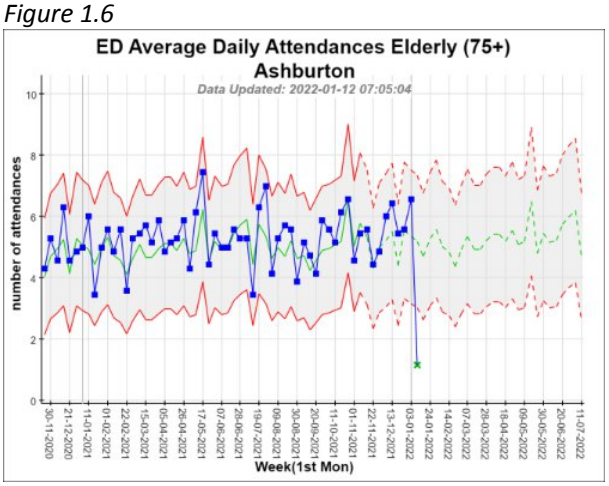
The number of in hospital deaths and mortality ratio by day of admission are within forecast levels.

Figure 1.5



Readmissions remain within the expected range.

Figure 1.6



Ashburton rate of attendances, 75+ age group, are within the expected range of forecast attendances.

Achievements/Issues of Note

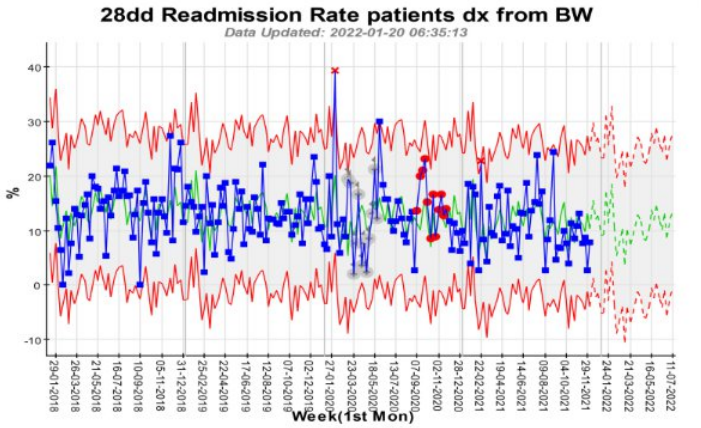
Older Persons Health and Rehabilitation (OPH&R)

Making our System Flow

Optimising the patient journey and supporting flow across the system continues to be a key focus. The weekly OPH&R Long Length of Stay panel continues to provide a collaborative leadership, operational and clinical forum for discussion, problem solving and where required, escalation pathways. Recent informal review of this panel has found that this is a useful forum where barriers to discharge are being addressed. 224 patients have been presented to the panel from August to end of December; the panel includes clinical and operational leadership from OPH&R as well as Planning and Funding as a key partner to support address barriers that are identified, and this has been a key contributor to the panel's effectiveness.

Key issues that have been identified as contributing to long length of stay have included access to Dementia Hospital Level Care facilities, with a lack of beds available in the community increasingly impacting flow; the impact of the mandatory health order on community providers ability to support complex discharges; and high psycho-social acuity. Visibility of these barriers has enabled several key collaborative pieces of work to be actioned including Planning and Funding liaising with a private ARC provider regarding standing up additional dementia hospital level care beds, now expected to be open late January.

A key balancing metric for consideration in efforts to optimise the patient journey and support flow is readmissions within 28 days. OPH&R is pleased to report a decrease over recent months in readmissions within 28 days of patients discharged from Burwood (see below). Ensuring discharge is timely, safe and durable remains a key focus.



Kōwhai Programme

As previously reported, Older Persons Health and Rehabilitation were successful in applying for Ministry of Health DHB Sustainability Funding in late 2020, to support development and implementation of the Kōwhai Programme within OPH&R. The Kōwhai Programme is based on the 'Dementia and Delirium Care with Volunteers Programme', developed by the New South Wales Institute of Clinical Innovation, and aims to address the challenge of providing safe and compassionate support for patients with cognitive impairment in the inpatient environment, through implementation of a trained volunteer programme to provide meaningful engagement through a person-centred approach. The overall aim of the programme is to maintain or improve physical and cognitive functioning and wellbeing of the older adult in a hospital setting.

The Kōwhai Programme is the first iteration of the programme for Aotearoa, and the MOH's DHB Sustainability Funding has enabled the appointment of a Kairuruku Hōtaka - Kōwhai (Kōwhai Programme Coordinator) to lead implementation and evaluation of programme, with the expectation that it might be sustained and implemented more widely across the CDHB and wider region.

The first recruitment campaign through October and November was hugely successful, with the inaugural group of 18 Kōwhai Companions training in December. The group is diverse comprising of both male and female, age range from 22 – post retirement, multi-cultural with some speaking more than one language. The group bring with them many different skill sets including diversional therapy, music therapy, artists; some have experience in dementia care and some have had volunteer roles in the past. We have some tertiary students: medical students, health science students and social work students, who are hoping that the valuable experience will complement their learning whilst providing them with an insight into a hospital environment and understanding the roles of the wider inter professional team. What they all have in common is a desire to make a difference, their compassion and enthusiasm is way beyond expectations. Training consisted of four 3 hour sessions presented by members of the OPH&R inter-disciplinary team.

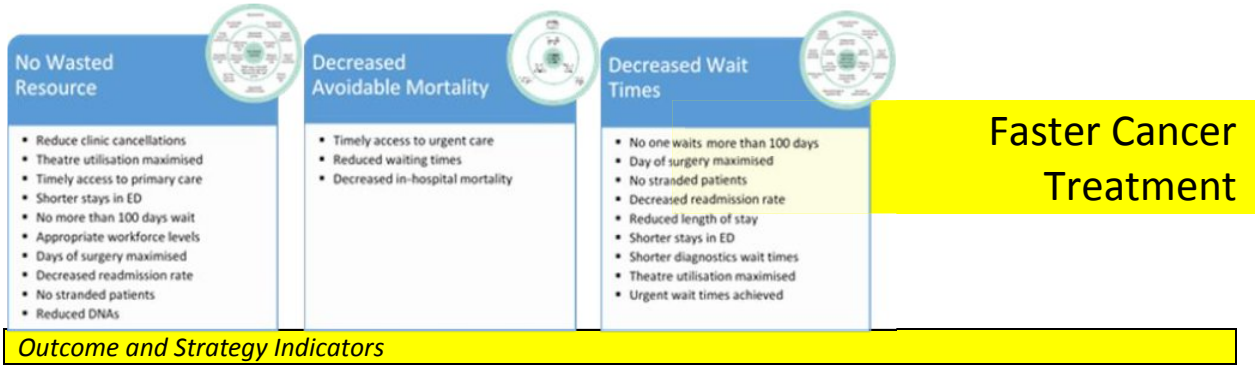
Recruitment is ongoing with the expectation that once we have an experienced cohort in place who can act as mentors, we will recruit senior high school students to the programme as an opportunity to gain exposure to health as a potential career pathway. Engagement is underway with local high school principals, and the Kairuruku Hōtaka attended the Māori and Pasifika school leavers fair in December to promote the programme. We are also liaising with the University of Canterbury for Speech Language Therapy Masters students to participate in the programme as part of their programme requirements, 15 will commence in March with a further 15 commencing in semester 2.

The Kowhai Companions have been active in the wards since the week beginning 10 January and in the first two weeks contributed a total of 49 hours of one on one patient companionship to 11 different patients. Feedback so far has been overwhelmingly positive; with anecdotal reports already demonstrating the value of the programme. Of the 18 companions trained so far, 10 have done at least 2 duties each. Some

are still on leave with the students in other locations until they return to Christchurch for their studies so we expect the volume of hours contributed to continue to grow.

Allied Health: Expert Occupational Therapy role in the Emergency department

- A new fixed term role leading the introduction of a seven-day occupational therapy service in the Emergency Department has commenced. The appointee comes with experience of a working in in emergency care at a hospital in Oxford, England and her experience will be critical in establishing these roles.
- This service will assist with improving the assessment of the frail elderly patient and prevent unnecessary admissions.
- Assessment of hospitalised patients will commence earlier in their hospital journey, this will assist with streamlining the discharge planning process.



Key Outcomes - Faster Cancer Treatment Targets (FCT)

Criteria for inclusion in the FCT measures include that the patient must be eligible for treatment in New Zealand for a new primary cancer i.e. not a recurrence or metastasis from a previously reported cancer, be 16 or older and have started their treatment in the public system.

Approximately two thirds of patients have surgery as their first treatment with approximately a quarter having radiation therapy and/or chemotherapy as their first treatment.

62 Days Target. This target measures the proportion of people who are referred with a high suspicion of cancer that receive their first treatment within 62 days.

In the three months to the end of November 2021 there were 195 records submitted by Canterbury District Health Board – slightly increased on the 181 submitted for the three months to the end of October.

Records of all patients whose treatment did not start within 62 days are reviewed and given a code reflecting the dominant reason for treatment delay. Canterbury District Health Board also does this for patients whose treatment did not meet the 31 days measure, although this is not required by the Ministry. The codes are:

1. Patient choice: e.g. the patient requested a delay until after a vacation or to have more time to consider options.
2. Clinical considerations: includes delays due to extra tests being required for a definitive diagnosis, or where a patient has significant co-morbidities that need to be addressed before the start of their treatment. The delay, in these cases, is considered to be in the patient's best clinical interests.
3. Capacity: this covers all other delays such as lack of theatre space, unavailability of key staff or process issues.

When calculating performance against this measure patient data where the 62 days target was missed through patient choice or for clinical considerations are excluded. Patients whose treatment was delayed through capacity, process issues or any other reason *are* included in compliance calculations.

Of the 47 patients whose treatment wasn't started within 62 days, 38 were due to patient choice or for clinical reasons and are therefore excluded by the Ministry in compliance calculations.

The remaining nine patients where Canterbury District Health Board did not meet the 62 days target are included in compliance calculations. 148 out of 157 eligible patients started their treatment within 62 days of referral - the compliance rate was 94.3%. Canterbury District Health Board met the 90% target.

31 Days Performance Measure

The 31 days measure refers to the time from when a decision to treat is agreed between the patient and their clinician to provision of the first treatment.

Canterbury District Health Board submitted 392 records in this three month period, up from 385 reported for the three months to the end of October. All patients whose treatment missed the 31 days target are included in the compliance calculation, there are no exceptions made for patient choice or clinical considerations. The threshold applied is 85%.

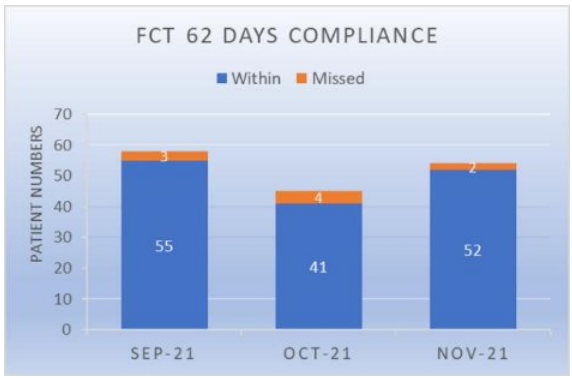
Canterbury District Health Board did not start treatment within 31 days for 34 patients out of the total of 392. For seven of the 34 patients the target was missed by five days or less, three for clinical reasons and one because the patient requested a delay.

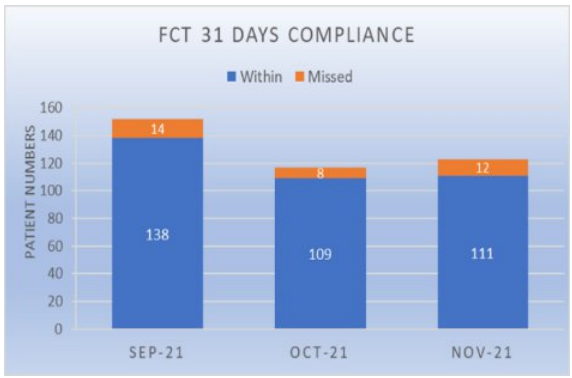
With 358 of the 392 (91.3%) eligible patients receiving their first treatment within 31 days from a decision to treat Canterbury District Health Board met the 85% target.

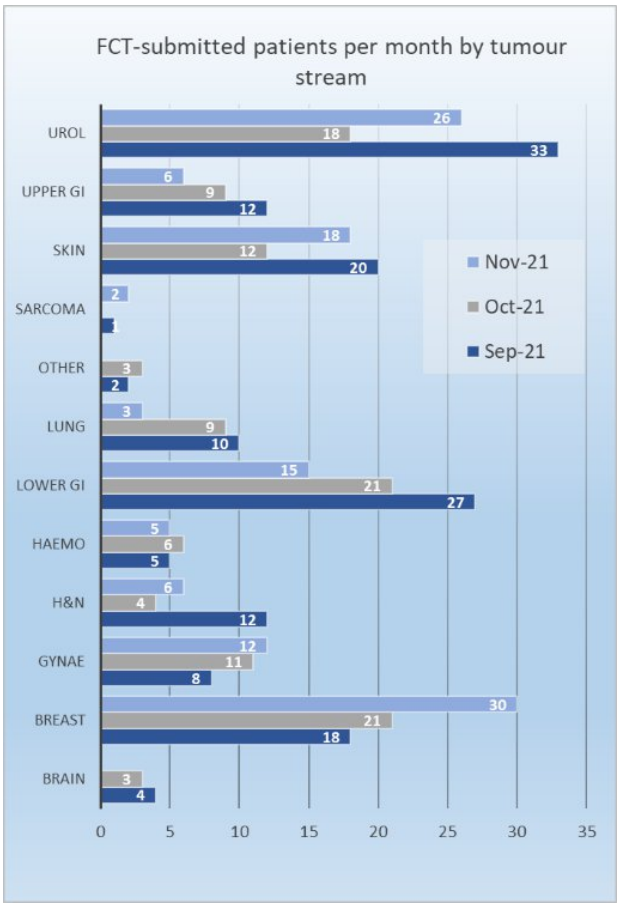
FCT performance in CDHB

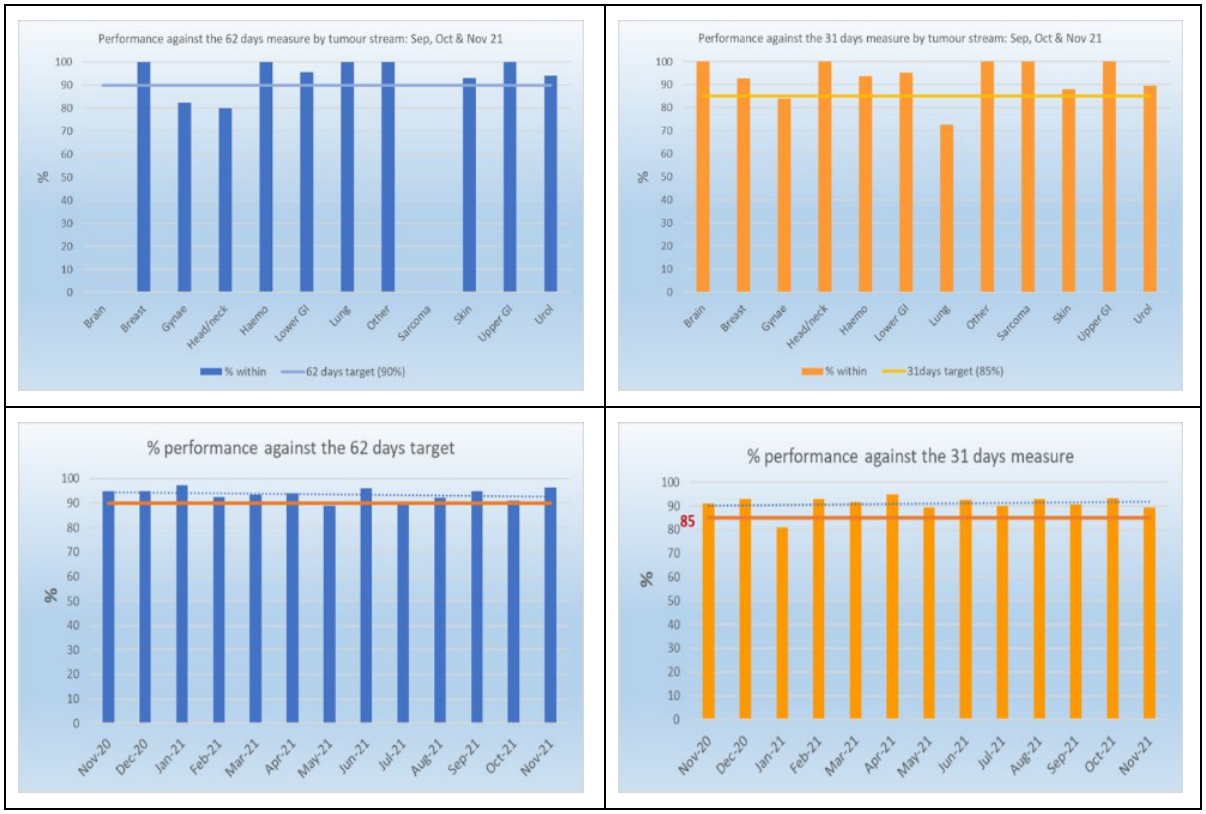
There is usually a dip in numbers in the last month reported which reflects the timing of when the report is compiled: this is governed by the reporting requirements of the Ministry. A significant number of the patients who have a first treatment date in the period each report covers will be awaiting coding and will be picked up in the following month's data extract.

At the time this report was compiled the CDHB was compliant in each of the 3 months.


FCT 62 DAYS COMPLIANCE
Within
Missed
PATIENT NUMBERS
70
60
50
40
30
20
10
0
3
55
4
41
2
52
SEP-21
OCT-21
NOV-21

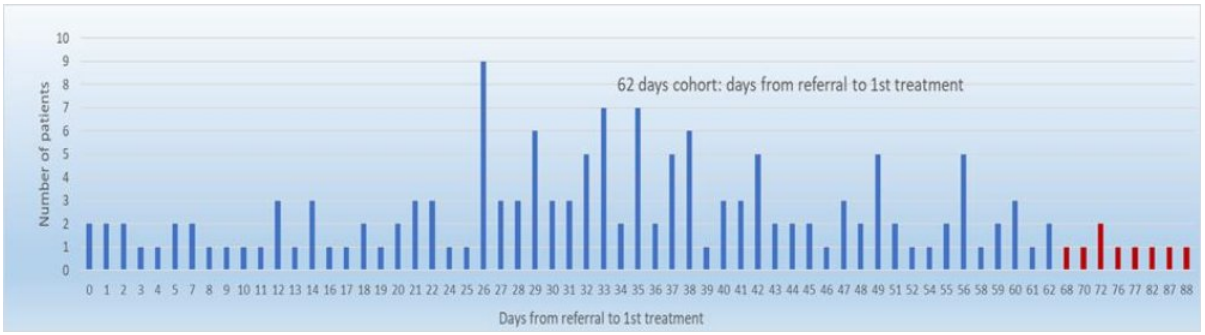

FCT 31 DAYS COMPLIANCE
Within
Missed
PATIENT NUMBERS
160
140
120
100
80
60
40
20
0
14
138
8
109
12
111
SEP-21
OCT-21
NOV-21


FCT-submitted patients per month by tumour stream
UROL
26
18
33
UPPER GI
6
9
12
SKIN
18
12
20
SARCOMA
2
1
OTHER
3
2
LUNG
3
9
10
LOWER GI
15
21
27
HAEMO
5
6
5
H&N
6
4
12
GYNAE
12
11
8
BREAST
30
21
18
BRAIN
3
4
Nov-21
Oct-21
Sep-21
0
5
10
15
20
25
30
35



Reviewing FCT performance

Each patient whose treatment did not meet either of both the 62 or 31 days targets is reviewed to see why. This is necessary in order to determine and assign a delay code, but where the delay seems unduly long a more in-depth check is performed. These cases are usually discussed with the relevant tumour stream Service Manager(s) to check whether any corrective action is required. The following graph shows the days waiting for each patient who met the 62 days criteria.



Achievements/Issues of Note

Hysteroscopy Clinics at Burwood

- Using funding provided through the Service Improvement fund from the Ministry of Health, the Gynaecology Service is providing 50 additional Hysteroscopy Clinics at Burwood Hospital between 1 July 2021 and 30 June 2022.
- This is an extension of the 2020/21 Improvement Action Plan, where the service trialled "See and Treat' clinics at Burwood Hospital. Feedback from women and staff was very favourable. The women appreciated the accessibility of Burwood Hospital and felt it was 'less intimidating' than the Christchurch

Hospital Campus. Staff have enjoyed the Burwood Hospital environment and are pleased to be able to deliver care closer to the women's home.

- Approximately 100 women have attended a Hysteroscopy Clinic at Burwood since 1 July 2021 and provision of these clinics continues during the second half of the year. This increase in volume along with the 'See and Treat' model, where only one appointment is required, has resulted in a positive impact on time, cost and compliance.

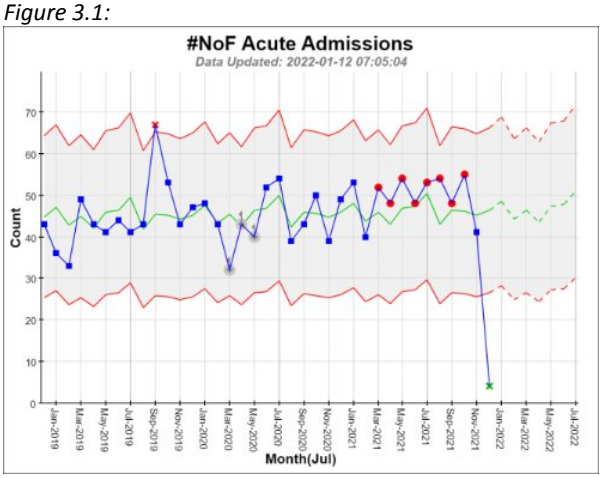
Gastroenterology and National Bowel Screening Programme

- An additional two procedure rooms were opened in the old Parkside Radiology space in October 2021. The service is currently staffing these rooms three days a week with further use of the capacity contingent on Senior Medical Officer and nursing recruitment.
- Canterbury has completed its first year in the National Bowel Screening Programme. During 2021 there were:
  - 908 screening programme colonoscopies
  - 56 computerised tomography colonographies
  - 63% participation rate
  - 81 new cancers detected
  - >260 advanced adenomas removed
  - >55 high grade dysplasias removed
- South Canterbury DHB has agreed to deliver colonoscopy lists for Canterbury District Health Board patients to ensure provision of services for Ashburton patients while capacity is limited in Ashburton.

Enhanced Recovery After Surgery (ERAS)

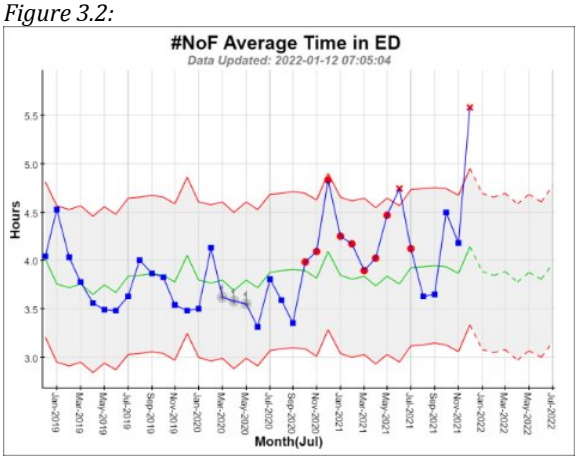
Outcome and Strategy Indicators – Fractured Neck of Femur (#NoF)

Figure 3.1:



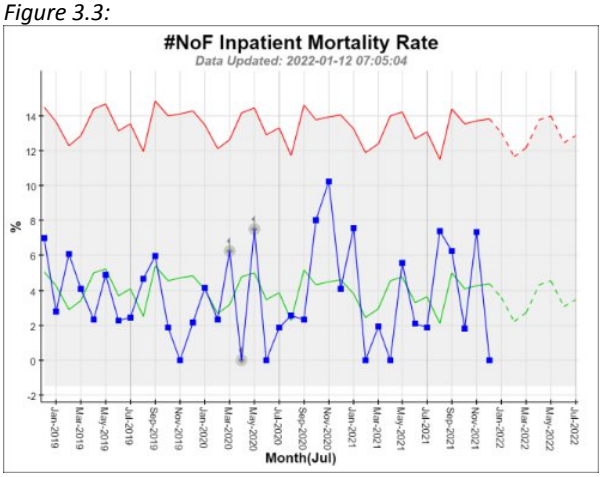
The number of admissions has been higher than the mid-point of the forecast for eight months in a row, indicating variation from the established process. The time taken to code discharges impacts the latest data points.

Figure 3.2:



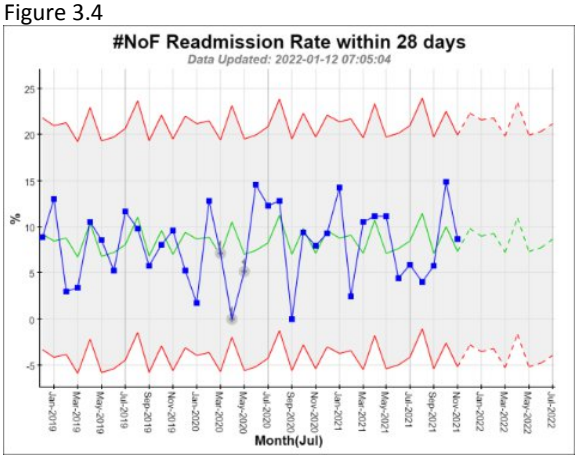
Following the most recent lockdown period, the time spent in the Emergency Department has returned to the higher levels see since October 2021. The last point does not reflect all cases seen during December – and is expected to improve as coding is completed.

Figure 3.3:

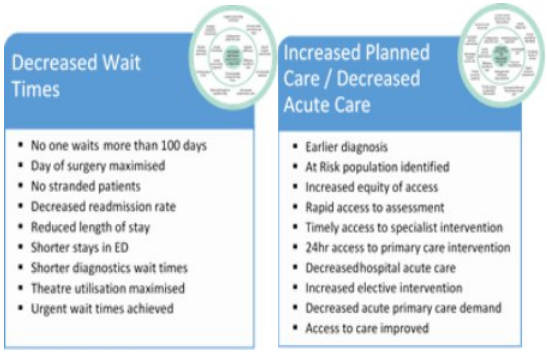


The #NoF inpatient mortality rate while variable is within the forecast range.

Figure 3.4



Readmissions continue to remain within the expected range.



Elective Surgery Performance Indicators 100 Days

Elective Services Performance Indicators

Summary of Patient Flow Indicator (ESPI) results
DHB: Canterbury

	Dec		Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	27 of 27	100.0 %	27 of 27	100.0 %	27 of 27	100.0 %	27 of 27	100.0 %	27 of 27	100.0 %	27 of 27	100.0 %	27 of 27	100.0 %	27 of 27	100.0 %	26 of 26	100.0 %	27 of 27	100.0 %	27 of 27	100.0 %	27 of 27	100.0 %
2. Patients waiting longer than four months for their first specialist assessment (FSA).	1313	11.6%	1877	15.7%	1864	15.5%	1815	15.2%	1952	15.9%	1694	14.1%	1499	13.1%	1578	13.6%	1934	16.5%	2304	20.5%	2525	22.3%	2463	22.3%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
5. Patients given a commitment to treatment but not treated within four months.	935	19.2%	1211	23.2%	1222	23.1%	1108	20.2%	1123	19.9%	1014	18.5%	1034	18.7%	1301	22.3%	1461	24.4%	1593	27.8%	1792	31.3%	1831	30.9%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	1	99.9%	1	99.9%	1	99.9%	0	100.0 %	0	100.0 %	0	100.0 %

Summary of ESPI 2 Performance - From MoH Final Summary Nov 2021 (published on 10 January 2022)

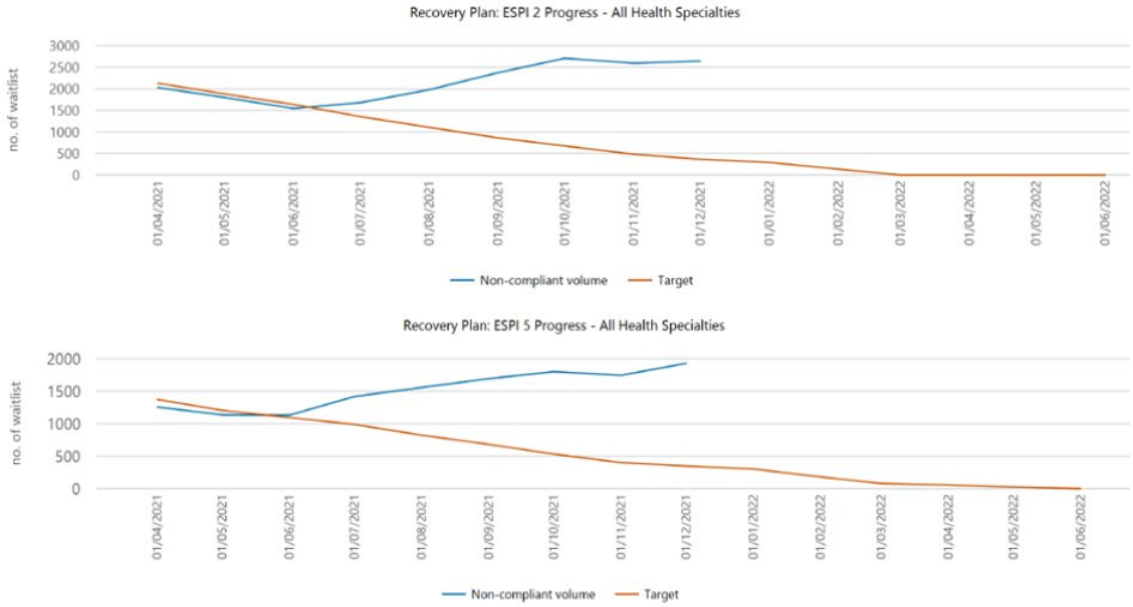
	Sep-21		Oct-21		Nov-21	
ESPI 2 (FSA)	Improvement required	Status%	Improvement required	Status%	Improvement required	Status%
Cardiothoracic Surgery	0	0.0%	0	0.0%	1	5.0%
Ear, Nose and Throat	298	24.8%	311	25.3%	311	26.2%
General Surgery	60	7.1%	93	9.7%	100	11.5%
Gynaecology	225	34.1%	277	42.0%	274	44.1%
Neurosurgery	5	3.7%	5	3.7%	0	0.0%
Ophthalmology	357	29.2%	400	35.1%	369	35.0%
Orthopaedics	85	9.3%	89	9.4%	78	7.8%
Paediatric Surgery	6	4.7%	4	2.9%	6	5.0%
Plastics	78	28.0%	65	25.7%	55	21.4%
Thoracic	0	0.0%	0	0.0%	0	0.0%
Urology	22	3.6%	29	4.3%	9	1.5%
Vascular	6	8.8%	7	7.0%	5	5.9%
Cardiology	36	8.7%	27	7.0%	11	2.7%

Dermatology	1	1.1%	1	1.6%	0	0.0%
Diabetes	3	2.5%	4	3.0%	5	3.9%
Endocrinology	6	3.9%	6	4.0%	6	3.8%
Endoscopy	761	41.9%	816	44.9%	811	44.3%
Gastroenterology	15	5.9%	17	5.8%	20	6.7%
General Medicine	19	12.6%	23	13.3%	27	14.0%
Haematology	0	0.0%	1	1.9%	2	2.9%
Infectious Diseases	1	14.3%	2	33.3%	0	0.0%
Neurology	158	34.1%	190	40.2%	202	41.1%
Oncology	10	2.2%	9	2.5%	3	1.1%
Paediatric Medicine	122	24.4%	119	23.8%	115	22.1%
Pain	1	14.3%	1	25.0%	2	50.0%
Renal Medicine	6	10.7%	8	10.4%	20	21.7%
Respiratory	20	6.6%	19	5.6%	15	5.0%
Rheumatology	3	1.1%	2	80.0%	16	5.1%
Total	**2304**	**20.5%**	**2525**	**22.3%**	**2463**	**22.3%**
ESPI 5 (Treatment)						
Cardiothoracic Surgery	14	27.5%	17	29.8%	16	26.7%
Dental	241	53.2%	252	56.1%	240	63.0%
Ear, Nose and Throat	283	38.1%	287	40.3%	302	40.4%
General Surgery	355	40.1%	391	42.9%	414	44.3%
Gynaecology	23	8.2%	22	7.7%	51	16.9%
Neurosurgery	0	0.0%	0	0.0%	0	0.0%
Ophthalmology	217	31.4%	279	39.0%	276	38.5%
Orthopaedics	94	14.1%	115	17.9%	143	21.2%
Paediatric Surgery	26	22.2%	23	23.2%	19	14.4%
Plastics	167	17.6%	188	19.3%	131	13.0%
Urology	27	9.5%	32	13.0%	20	6.5%
Vascular	13	6.7%	44	23.0%	63	32.8%
Cardiology	133	34.0%	142	34.1%	156	35.5%
Total	**1593**	**27.8%**	**1792**	**31.3%**	**1831**	**30.9%**

Note - ESPI 5 figures and ESPI2 figures are taken from the MoH ESPI Finals report for November 2021, published 10 Jan 2022.

The CDHB Improvement Action Plan is in place and focusses on CDHB achieving ESPI/Planned Care compliance in the majority of services. At the 31st of December the overall target is not being met with 2,685 people waiting longer than 120 days for their First Specialist Assessment. Three specialty areas have no patients waiting for First Specialist Assessment for longer than 120 days and 24 are not meeting their recovery plan targets.

When considering patient waiting times for admission and treatment, as at 31st December CDHB is not meeting the plan's targets. 1,931 people have waited longer than 120 days. One specialty area is meeting its recovery plan target and 12 are not.



Campus clinicians supported by operational teams are optimising the provision of clinic and theatre activity, rigorously managing acceptance of referrals against HealthPathways criteria.

Achievements/Issues of Note

Replacement of care cancelled by COVID-19 lockdown

- The COVID-19 lockdown starting 18th August resulted in cancellation of inpatient and outpatient events that had already been booked, largely as a result of a requirement that people limit their movement to that required for essential purposes only. Replacement of appointments cancelled between 18 August and 28 October because of the pandemic is being closely monitored and managed. As at 5th January:
- There were 466 admitting events cancelled during the defined period with pandemic coded as the reason
- 449 (95%) have had their referral or waitlist entry closed.
- Of the 17 with active waitlist entries 4 have bookings for a new admission.
- 13 (3%) are yet to be rebooked.
- There were 5,155 non-admitting events recorded as cancelled.
- 5,015 (97%) of these have had their referral or waitlist entry closed or the data otherwise provides confidence that their care is continuing.
- A further 48 have a booking made for a future replacement appointment.
- There are 92 appointments (2%) left to rebook.

Dermatology

- Despite an extremely constrained workforce within Dermatology, the Service assessed 2,500 new patients during the last financial year, with over 5,300 Follow Up appointments.
- 218 transplant patients were seen for surveillance checks, to identify any risk of skin cancer arising as a consequence of their immunosuppression.
- Over 1,700 consultations were managed virtually by the medical team.
- The Dermatology nursing team continued to provide patch testing, phototherapy and nurse led assessments, which has allowed the department to manage the volume of referrals from Primary Care, without an extensive waiting list.

Neurosurgery

- There is a worldwide shortage of neurosurgeons and this has been sharply experienced in New Zealand with hospitals throughout the country struggling to fill vacancies. Two qualified candidates have expressed their interest in working in Christchurch and they will be on boarded over the next two years.

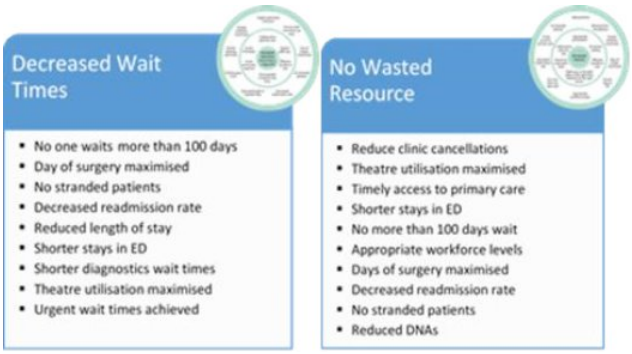
- Neurosurgical units in Dunedin and Christchurch have agreed to have the same threshold for surgical intervention to maintain equity of access across the South Island.
- The two units now have a combined morbidity and mortality meeting where both units present their cases.
- Because of constrained neurosurgical capacity in Dunedin, Canterbury District Health Board has agreed to support Southern District Health Board Neurosurgery elective cases while covering all its costs.
- A Nurse co-ordinator and a project manager have been appointed to help facilitate the Christchurch and Dunedin units to operate as one unit over two sites. The first project for the team will be development of a single point of entry for neurosurgical referrals from throughout the South Island. All referrals will be received in Christchurch with all the surgeons from both units receiving an even number of referrals. The number of referrals accepted, and the threshold will be altered depending on the capacity available between both units.

Improving Urogynaecology Services for Women

- Physiotherapy started a one-year pilot project in May 2021 to improve the patient pathway and reduce waiting times for Senior Medical Officer appointments.
- Alongside this work is underway to raise awareness of treatment options for Māori and Pasifika women who are under-represented in the service.
- An experienced gynaecology physiotherapist triages referrals on the urogynaecology waiting list for women referred by their General Practitioner with prolapse or incontinence to either see a physiotherapist, consultant or telephone appointment
- 40% of patients have been redirected to physiotherapy assessment and treatment and discharged without needing Senior Medical Officer input
- As a result some women now avoid surgical intervention
- Patient feedback collected anonymously has been very positive
- Waiting lists for Senior Medical Officer appointments are reducing
- Estimated value of released capacity over one year is $200,000
- The service is exploring options to extend the role and widen the scope to include urology in the future

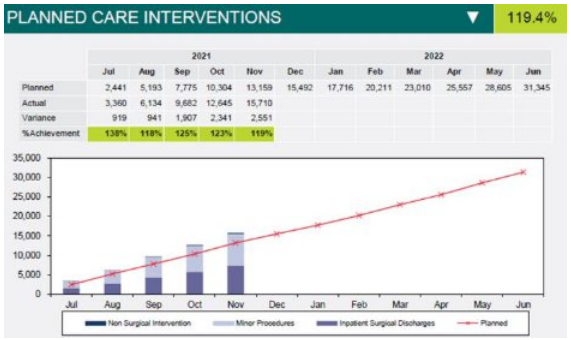
Vascular Surgery

- The claudication pilot project with a community-based physiotherapy service has kicked off. This has been funded by the Ministry of Health and involves referral to a group community physiotherapy walking programme for three months, rather than directly to the Vascular Service.
- It is anticipated that this programme will reduce the amount of surgery required for this condition.



Theatre Capacity and Theatre Utilisation

- Planned care targets have been provided to the Ministry of Health. As per last year, they incorporate planned inpatient operations as well as range of procedures provided to hospital inpatients, outpatients and patients in community settings.
- As at year end Canterbury District Health Board's target is to deliver a total of 31,359 planned care interventions: made up of 19,614 surgical discharges, 11,409 minor procedures and 336 non-surgical interventions.
- Reporting from the Ministry of Health to the end of November shows that Canterbury District Health Board was exceeding its overall planned care targets by 19% however, within this, inpatient surgical discharges are behind target.



	Interventions		
	Plan	Actual	%
Non Surgical PUC with Surgical DRG	335	319	95.2%
Surgical PUC	7,948	7,004	88.1%
Inpatient Surgical Discharges	**8,283**	**7,323**	**88.4%**
Inpatient Minor Procedures	630	1,009	160.2%
Outpatient Minor Procedures Hospital	3,123	5,473	175.2%
Outpatient Minor Procedures Community	988	1,702	172.3%
Minor Procedures	**4,741**	**8,184**	**172.6%**
Non Surgical Interventions	135	203	150.4%
Total	**13,159**	**15,710**	**119.4%**

- Internal reporting to the week ending 31 December shows that 18,418 planned care events have been provided – this is 2,415 ahead of the target of 16,003.
- Within this, 8,764 planned inpatient surgical discharges were provided – 1,070 less than the phased target of 9,834.
- Neither internal nor outsourced elective volumes have been delivered at the rates shown as planned in the planned care dashboard. Arranged delivery is ahead of the phased plan but does not bridge the whole gap.
- Updated forecasts are being developed for internal delivery from February when new Anaesthetist and Anaesthetic Technician capacity arrives. Priority for this capacity has been discussed with the interim perioperative manager and allocation of resources will be determined
- At the end of December 2021 CDHB is exceeding target for minor procedures in hospital settings having delivered 1,133 as inpatients (384 ahead of target) and 6,633 as outpatients (2,745ahead of target). Provision of minor procedures in community settings is also exceeding target with provision of 1,696 procedures, 362 more than the target of 1,334

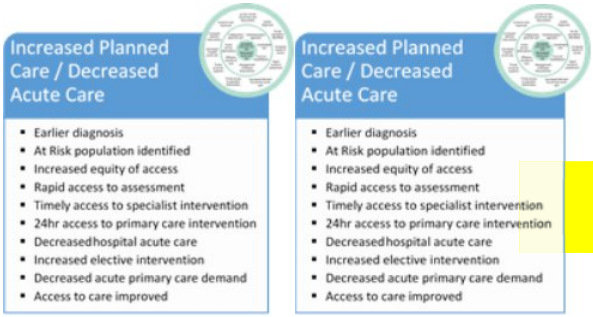
Current theatre volumes

- More acute and planned operations were provided at Christchurch Hospital in December 2021 than December 2020, with a total of 2,125 theatre events – this is 8% higher than in December 2020.
- The volume of operating at Burwood was 12% lower than in December 2020, with 214 operations provided during December 2021 and 243 in December 2020.
- A small volume of outplacing was carried out during November in mitigation of constraints across the campus. These constraints were Anaesthetic Technician shortages, nursing and bed constraints. Outsourced operating has been lower than planned.
- When all operations provided by or for Canterbury District Health Board (including in house, outsourced and outplaced) 2,513 operations were provided during December 2021 – 2 % more than was provided during December 2020. Within this there were 94 more acute operations (9%) and 55 less elective operations (4%).
- Anaesthetic Technician vacancy continues to constrain theatre capacity and therefore delivery to below the scheduled level. This has been one of the factor's considered in planning towards achieving internal production capacity for 2021/22. The constraint is being managed in many ways including use of agencies to recruit national and international staff alongside work within the domestic market and outplacing operating sessions to the private hospital settings.
- The Patient Information Care Systems shows that 16 booked surgical admissions were cancelled during December due to beds being unavailable and six due to theatre staffing.

Achievements/Issues of Note

Allied Health: The physiotherapy pre-operative assessment clinic has reduced post-operative complications

- A pre-operative assessment and education clinic for patients undergoing upper abdominal surgery commenced late in 2020 has gone from seeing two or three patients per clinic to seeing an average of 19 patients each month. Post-operative pulmonary complications reduced from 11.5% to 5.7% over 12 months.
- The average length of stay for high-risk patients undergoing upper abdominal surgery was 8.5 days in 2020, reducing to 8 days in November 2021.



Mental Health Services

Specialist Mental Health Services

This report highlights some of successes and challenges for Specialist Mental Health Services including demand growth and staffing pressures.

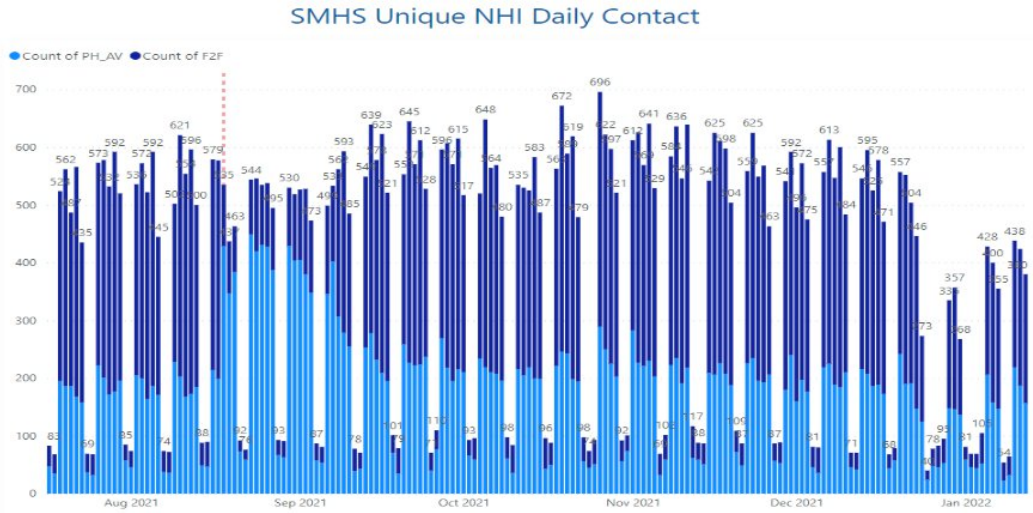
COVID-19 continues to impact on the mental health of our population with variability in inpatient admission numbers and higher acuity since lockdown last year. To cope with periods of high demand our teams have increased the use of sleepovers and people placed on leave. This results in increased complexity or people being supported in the community and involves integrated responses from our community and inpatient teams. However, this report highlights the growing demand in community-based services as these services are not artificially constrained by bed capacity.

Ongoing staffing shortages are challenging Specialist Mental Health Services. Gaps in rostering are being managed by use of pool staff, some agency staff and high levels of amounts of overtime. This is evident in, but not limited to, nursing with gaps in allied health also. We continue to explore and implement a range of options that minimise other risks associated with changes and staff wellbeing. While we have been successful across the system in increasing integration (more so than in other DHBs) and innovation, mental health services remain under pressure.

Demand – Community Services

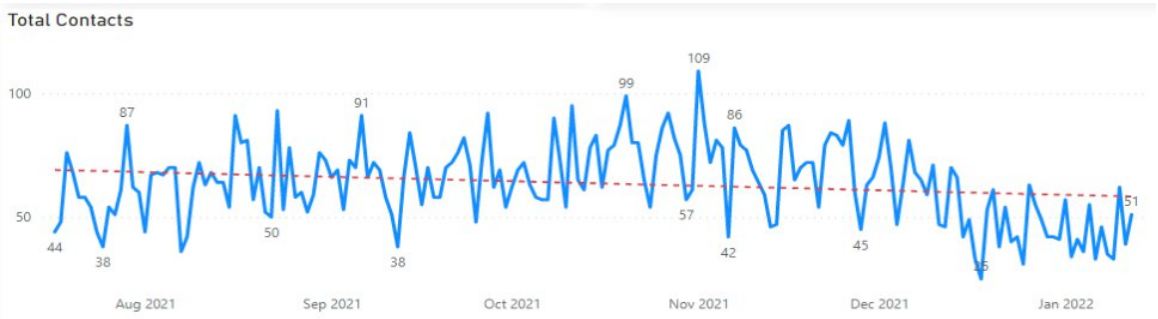
Specialist Mental Health Services continues to see an increase in demand for services, particularly in the Child, Adolescent and Family (CAF) Service, the Eating Disorders Service, and the Community Alcohol and Drug (CADS) Service.

Daily contacts across our community outpatient services have risen with the impact of lockdown evident with transfer of face-to-face appointments to telehealth contacts to reduce the risk of COVID transmission. Reduced demand and capacity over the holiday period are evident in the figure below which shows contacts across all community services with the start of lockdown marked with the dotted red line.



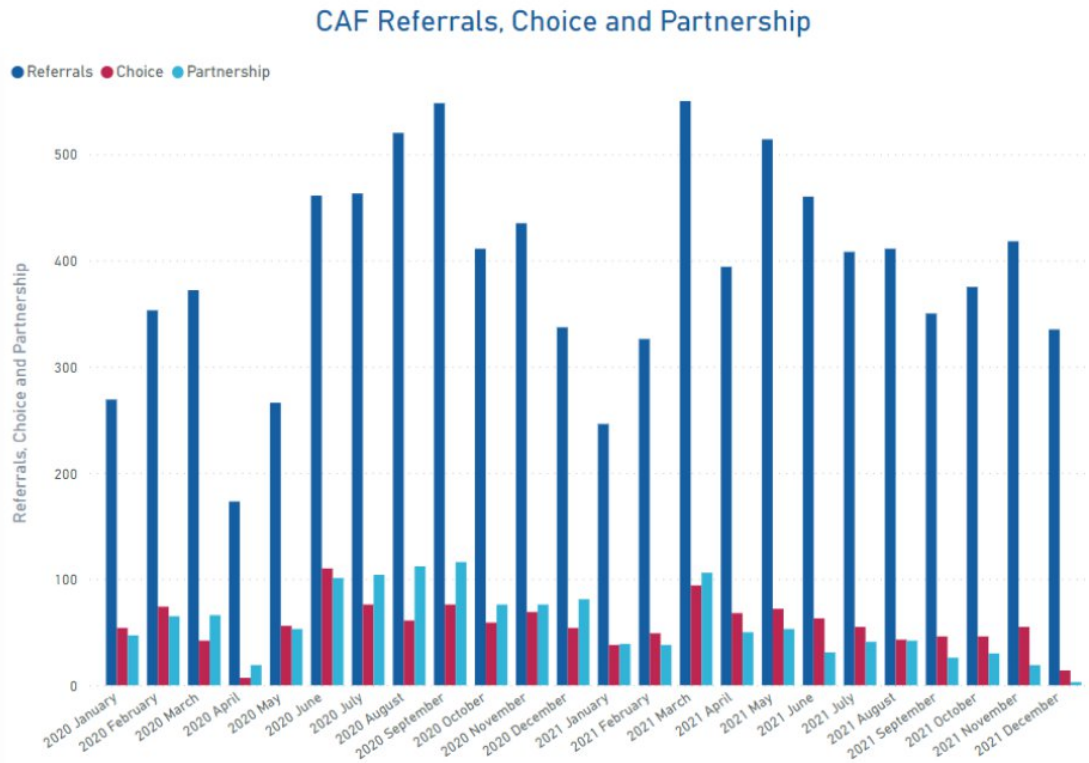
The number of people presenting to Crisis Resolution services rose following lockdown in 2021 then eased with the usual seasonal drop over the holiday period (Figure below). The impact of COVID-19 has been reported across New Zealand and around the world. We are working to understand the nature of referrals and presentations to this service; there may be better community options for some people with less acute needs. We are working with staff to realign how teams will work together to address issues in this area of challenging mental health practice while we prepare for the arrival of Omicron.

Crisis Contacts – daily

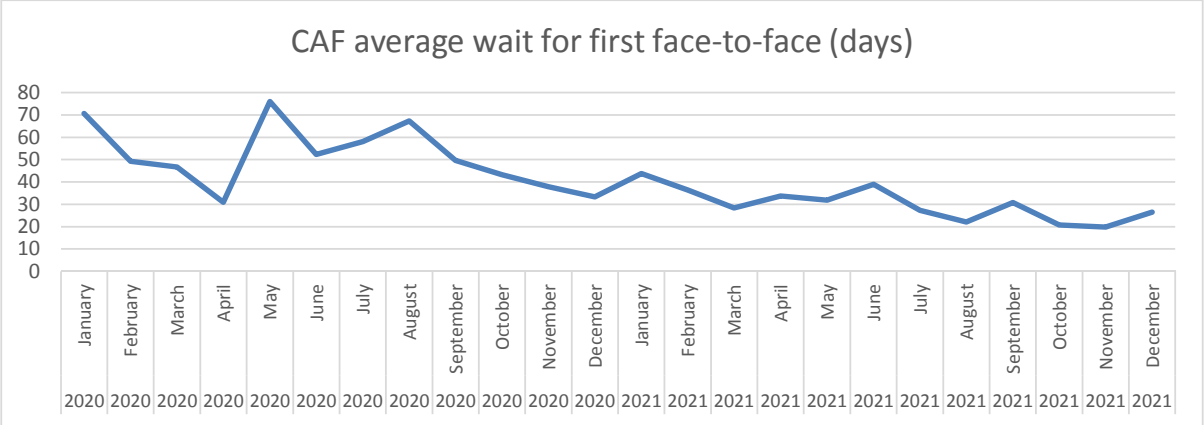


Child, Adolescent & Family Service

Referrals to the Child, Adolescent and Family Service have increased by 82% over the last two years.



There are initiatives underway to address the demand and waiting times for the Child, Adolescent and Family Service which have reduced the average wait time for first face-to-face appointment (see below). These include: one-on-one time slots devoted for General Practitioners to engage with a Psychiatrist to consider options for specific cases; information encouraging general practice to 'break' the privacy seal on HealthOne where appropriate to obtain relevant mental health information about a young person that can help general practice teams to manage that person; and ongoing engagement with School Guidance Counsellors to raise capacity and confidence and clarify referral pathways, including a hui with 65 School Guidance Counsellors.



This work has led to an initiative to capture expert voices to support people in the community to manage conditions. A webinar on ADHD by Dr Matt Eggleston presented on 18 August has had 441 views by teachers, School Guidance Counsellors and community health providers. Under the banner of 'Listening to Families' further expert online webinars are being developed with sponsorship by the Maia Foundation. These will provide the above audiences as well as family-whanau directly with information on emotional regulation, anxiety, suicide and refugee and migrant health.

Eating Disorders Service

Referrals to the Eating Disorders Service have increased by 96% over the last two years. This problem has been nationally and internationally as an expanding area. The national development of supporting education materials by the Werry Centre is underway which our teams will utilise in their education work.

Staffing

Specialist Mental Health Services has a large number of vacancies, particularly inpatient nursing. The table below shows the Division was 29 FTE under budget with a shortage of 21 nurses compared budgeted in December. This was lower than previous months but under-represents the shortfall as it includes overtime (paid at 1.5 and double time).

	YTD FTE	YTD Budget	Variance
Allied Health	224.03	231.02	7
Medical	99.61	102.35	2.74
Management and Admin	96.45	95.21	-1.24
Nursing	605.84	626.62	20.78
Support	3.36	3	-0.36
Grand Total	1,029.28	1,058.2	28.92

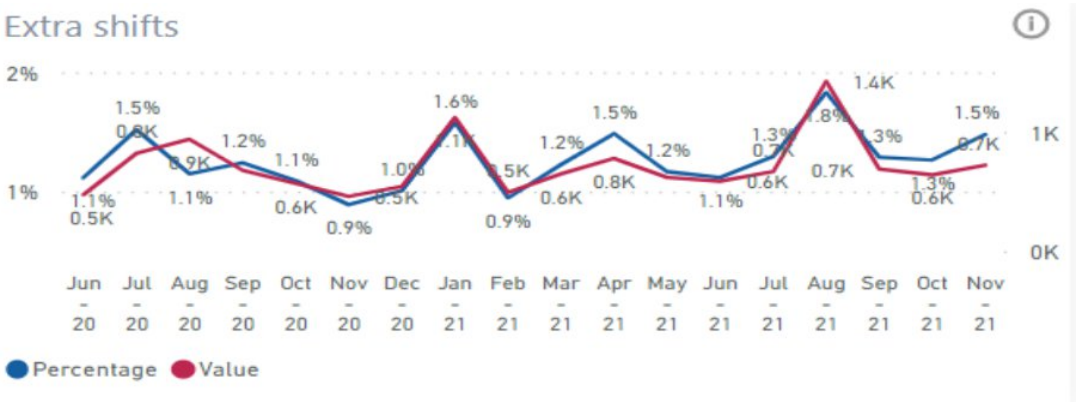
Each day there are about 25-40 roster gaps. While some staffing gaps can be filled with casual pool or agency staff, allied health providing cross cover and leadership working on the floor, in many instances existing staff are committing to our consumers by working additional shifts to ensure basic care needs are met. We have now received complaints from consumers that short staffing is affecting the activities they are able to do.

Overtime:

Total Overtime FTE is 26.99 YTD. Highest areas are:

- Forensic - 6.2 FTE
- Adult Community Teams which include Crisis Resolution – 4.3 FTE
- IDPH - 5.2 FTE
- Adult Acute – 7.0 FTE across all Adult Acute Inpatients (4 units in Te Awakura are 5.2 FTE)

The graph below shows the value and percentage of extra shifts and overtime undertaken at Hillmorton and Princess Margaret Hospitals.



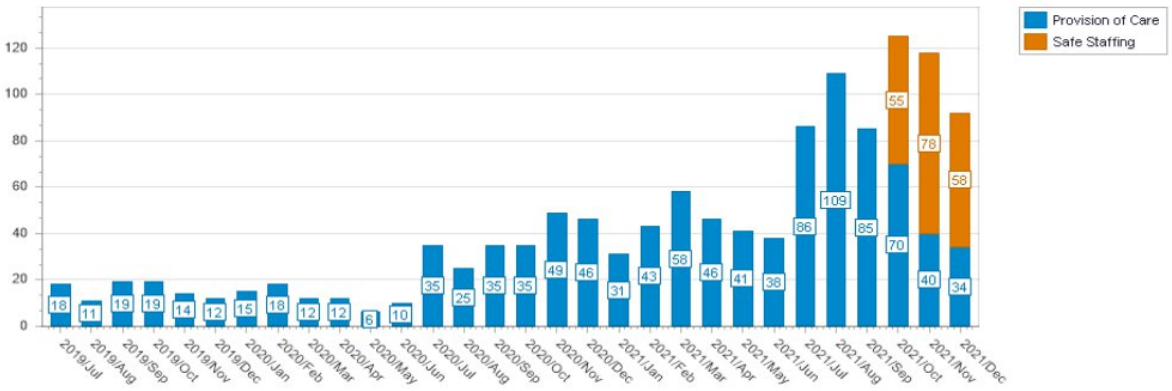
Longer working hours is not sustainable and puts our staff under pressure and can often flow on to increased sick leave.

We continue to explore and implement further steps such as reducing non-critical functions to free-up staff and temporarily capping bed numbers to ensure safe environments for our staff.

Provision of Care

Safety 1st is Canterbury DHB's incident management system. Provision of Care forms are completed in Safety 1st by staff when a person's plan of care has not been followed as planned. The number of provision of care forms completed by staff increased markedly over 2021. Eighty six percent of provision of care forms completed by staff in Quarter 1 2021/22 related to insufficient staffing. In October 2021 'safe staffing' Safety 1st forms became available, and staff have been encouraged to use them to report staffing issues.

Number of Safety 1st Provision of Care forms completed



Living within our means

The CDHB Statement of Financial Performance covers the following Hospital Services:

Canterbury District Health Board

Statement of Financial Performance

Hospital & Specialist Service Statement of Comprehensive Revenue and Expense For the 6 Months Ended 31 December 2021

MONTH $'000				YEAR TO DATE $'000		
21/22 Actual $'000	21/22 Budget $'000	21/22 Variance $'000		21/22 Actual $'000	21/22 Budget $'000	21/22 Variance $'000
			Operating Revenue			
176	275	(99)	From Funder Arm	1,099	1,748	(649)
1,748	1,810	(62)	MOH Revenue	10,144	9,932	212
4,548	4,686	(138)	Patient Related Revenue	29,395	29,021	374
4,068	1,919	2,149	Other Revenue	20,336	11,401	8,935
10,540	8,690	1,850	**TOTAL OPERATING REVENUE**	60,974	52,102	8,872
			Operating Expenditure			
			Personnel Costs			
101,627	75,890	(25,737)	Personnel Costs - CDHB Staff	457,242	428,561	(28,681)
1,768	1,808	40	Personnel Costs - Bureau & Contractors	11,235	10,840	(395)
103,395	77,698	(25,697)	**Total Personnel Costs**	468,477	439,401	(29,076)
15,767	14,275	(1,492)	Treatment Related Costs	90,610	85,827	(4,783)
5,666	4,712	(954)	Non Treatment Related Costs	31,771	28,592	(3,179)
124,828	96,685	(28,143)	**TOTAL OPERATING EXPENDITURE**	590,858	553,820	(37,038)
(114,288)	**(87,995)**	**(26,293)**	**OPERATING RESULTS BEFORE INTEREST AND DEPRECIATION**	**(529,884)**	**(501,718)**	**(28,166)**
			Indirect Income			
-	1	(1)	Donations & Trust Funds	30	6	24
-	**1**	**(1)**	**TOTAL INDIRECT INCOME**	**30**	**6**	**24**
			Indirect Expenses			
6,382	6,696	314	Depreciation	38,602	38,994	392
(15)	-	15	Net (Gain) Loss on Disposal of Fixed assets	23	-	(23)
6,367	**6,696**	**329**	**TOTAL INDIRECT EXPENSES**	**38,625**	**38,994**	**369**
(120,655)	**(94,690)**	**(25,965)**	**TOTAL SURPLUS / (DEFICIT)**	**(568,479)**	**(540,706)**	**(27,773)**

Nurses & Midwives Pay Equity Interim Settlement

Note that additional costs of $28M in relation to the Nurses & Midwives pay equity interim settlement was recognised in December, accounting for the variance in personnel costs. Additional revenue was received from the MoH to cover these costs, but this is recognised in the Corporate cost centre which is not shown in the above Statement of Comprehensive Revenue & Expense.

Achievements/Issues of Note

Neurosurgery

- The CDHB has been providing high-cost surgeries for other centres from across New Zealand. Some of the high-cost consumables are above the agreed national pricing. The CDHB has been able to recover the cost of those high cost consumables.

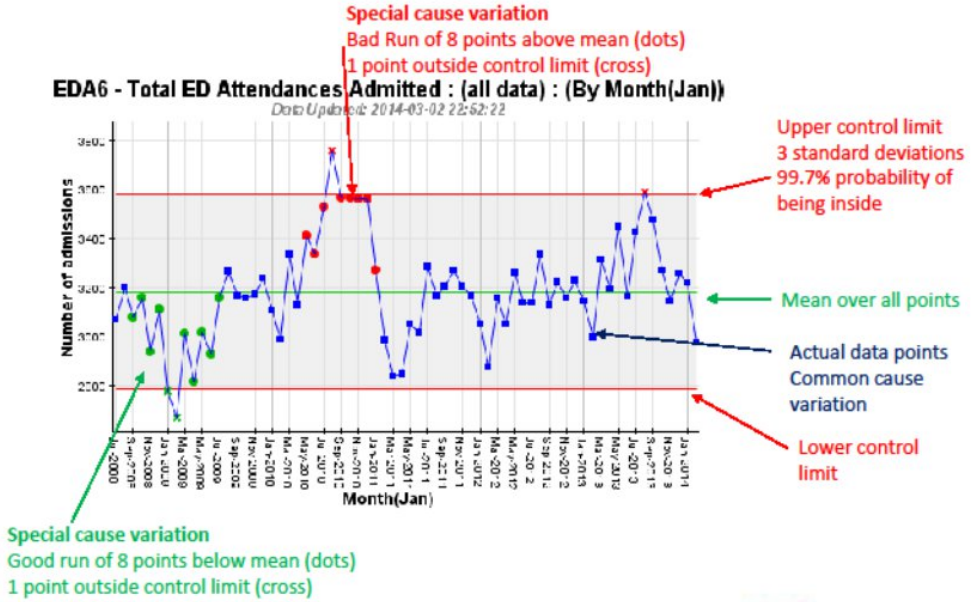
Clinical Coding to better identify cases with sepsis.

- Clinical coding has worked with a clinical leader and Decision Support to develop an algorithm based on data in Cortex, alerting coders when there are indicators of sepsis being present in an admission.
- Sepsis during an admission adds to the complexity and cost of treatment, however it is not always evident to coders in the information they usually review.
- Evaluating the clinical indicators picked up by the algorithm and recoding admissions of patients from other districts that were identified resulted in an increase of $118k in inter-district income.
- Other diagnoses are being evaluated.

Allied Health - Social work

- Social work has made significant savings in employee costs in the current year. This includes saving $60,000 in nine months by holding over two vacancies which have yet to be recruited to. There are further projected savings of $58,000 over 12 months due to replacement of three experienced staff members with new staff.

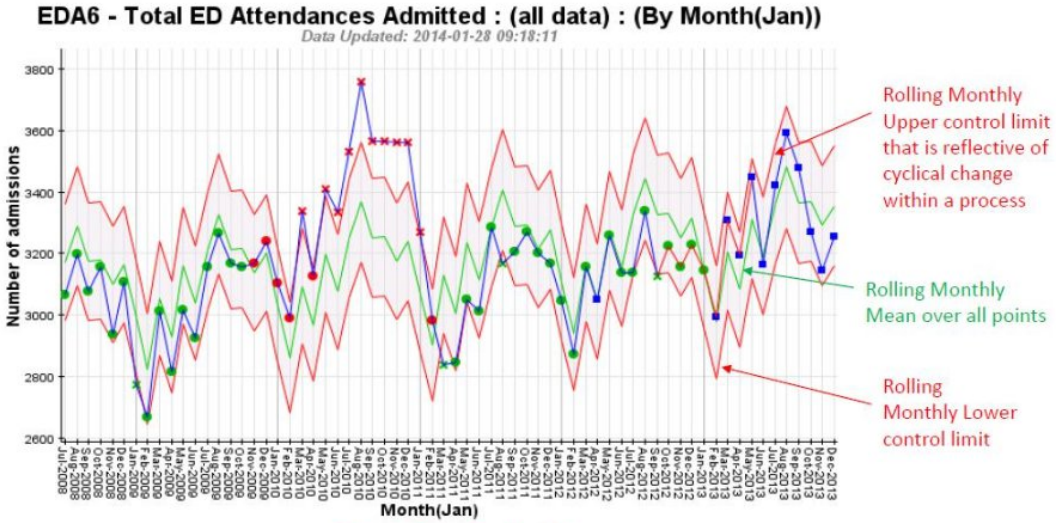
SPC: How to Interpret a Control Chart



sfn signals from noise

make it better

SPC: How to Interpret Cyclical and Trended Data



Criteria for a Cyclical Process:

- There are two or more complete cycles
- There are peaks and troughs at the same points in each cycle
- You know why there is a cyclic pattern

sfn signals from noise

make it better

OFFICE OF THE CLINICAL EXECUTIVE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Hospital Advisory Committee**

PREPARED BY: **Office of the Clinical Executive**

APPROVED BY: **Norma Campbell, Executive Director, Midwifery & Maternity Services**
Becky Hickmott, Executive Director, Nursing
Dr Jacqui Lunday-Johnstone, Executive Director, Allied Health, Scientific & Technical
Dr Helen Skinner, Chief Medical Officer

DATE: **3 February 2022**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide a summary of activity within the Office of the Clinical Executive.

2. RECOMMENDATION

That the Committee:

i. notes the update from the Office of the Clinical Executive.

3. OFFICE OF THE CLINICAL EXECUTIVE

Standing Items

COVID 19 Readiness & Resilience

System Flow

- Very busy start to the year in all parts of the system.
- Ongoing staffing shortages specifically in Mental Health, Maternity and ARC.
- Levels of sick leave continued to be high in January.
- Preparation commenced for Omicron in all campuses.
- Level 3 will be essential covers only, with anticipated up to 20% of staff off sick at any one time at the peak.
- Staff redeployment discussion has been had with staff and unions as we prepare, and to ensure system flow with discharge transition into community and primary care workforce.

Clinical Governance, Quality & Safety

- Review of Clinical Governance framework to future proof and address equity issues.
- Omicron Clinical Governance essential care for quality framework designed to ensure and capture safety risks, incidents reviewed and mitigated.
- Serious adverse events reviewed.
- Daily Incident Management Group:
  - Whole of system as we prepare.
  - Commenced January 17, 2022.
  - Vaccination for Booster and S-12 going well. Maternity equity focus.

Workforce Priorities

- Maintaining morale and confidence of staff in all parts of the system.
- Webinars to inform staff and community providers of Omicron and the bulk of people caring for themselves.

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Hospital Advisory Committee**

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

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

DATE: **3 February 2022**

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, Clause 32 and 33, and the Canterbury District Health Board (*CDHB*) Standing Orders (which replicate the Act) set out the requirements for excluding the public.

2. RECOMMENDATION

That the Committee:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of the minutes of the public excluded meeting of 7 October 2021	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(if required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

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

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"

WORKPLAN FOR HAC 2022 *(WORKING DOCUMENT)*

	03 Feb 22	07 Apr 22	02 Jun 22
Standing Items	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes
Standing Monitoring Reports	H&SS Monitoring Report	H&SS Monitoring Report	H&SS Monitoring Report
Planned Items	Office of the Clinical Executive Update	Office of the Clinical Executive Update	Office of the Clinical Executive Update
Presentations			
Governance & Secretariat Issues			
Information Items	2022 Workplan	2022 Workplan	Quality & Patient Safety Indicators - Level of Complaints 2022 Workplan
Public Excluded Items	Confirmation of Minutes CEO Update (as required)	Confirmation of Minutes CEO Update (as required)	Confirmation of Minutes CEO Update (as required)