

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
Ralph.lasalle@cdhb.health.nz

10 November 2020

9(2)(a)

RE Official information request CDHB 10402

I refer to your email dated 28 August 2020 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

1. All correspondence, including by text messages and email external and internal and involving the people leaving themselves, between executives relating to Canterbury District Health Board's deficit from January 1, 2020 to date.
2. All correspondence relating to resignations of executives, including by text messages and email external and internal and involving the people leaving themselves, between executives from January 1, 2020 to date.

Please refer to **Appendix 1** (attached).

Note: we have redacted or withheld information pursuant to the following sections of the Official Information Act.

Section 9(2)(a) *"i.e. ... to protect the privacy of natural persons, including those deceased"*

Section 9(2)(g)(i)(ii) i.e. *"...to maintain the effective conduct of public affairs through the free and frank expression of opinions"*.

Section 9(2)(h) i.e. *"...to maintain legal professional privilege"*.

Section 9(2)(i)(j) i.e. *"...to enable a Minister, department or organisation holding information to carry out commercial activities or negotiations"*.

3. The minutes from Canterbury DHB board meeting on Thursday August 20.
4. The minutes from Canterbury DHB emergency meeting on Wednesday August 12.
5. The minutes from Canterbury DHB emergency meeting on Tuesday August 4.
6. The minutes from Canterbury DHB Hospital Advisory Committee (HAC) meeting on Monday August 3rd.

Please refer to the following appendices:

Appendix 2 - Minutes including Public Excluded Minutes from Board meeting 4/8/2020

Appendix 3 - Minutes including Public Excluded Minutes from Board meeting 12/8/2020
Appendix 4 - Minutes including Public Excluded Minutes from Board meeting 20/08/2020
Appendix 5 - Minutes Including Public Excluded Minutes from Hospital Advisory Committee (HAC) meeting 6/8/2020.

Please note: we have redacted information within Appendix 5 pursuant to the following sections of the Official Information Act.

9(2)(a) i.e. *"...to protect the privacy of natural persons, including those deceased"*.

9(2)(g)(i) i.e. *"....to maintain the effective conduct of public affairs through the free and frank expression of opinions"*.

I trust this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'R La Salle'.

Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support

Kathleen Smitheram

From: Sue Nightingale
Sent: Wednesday, 26 February 2020 4:30 PM
To: Karalyn van Deursen; Carolyn Gullery; David Meates; Debra Parker; Dee McCarthy; Evon Currie; Hector Matthews; Jacqui Lunday Johnstone; Jayne Stephenson; Jenna Manahi; Julie Jones; Justine White; Kay Jenkins; Mary Gordon (Executive Director of Nursing); Mary Howell; Michael Frampton; Regan Nolan; Rochelle Audeau; Sarah Connell; Stella Ward; Susan Fitzmaurice
Subject: RE: Living within our means - draft 1

Hi KVD

This is premature to say this for SMOs – their CME is a contractual arrangement and we cannot stop it – I have it on the agenda to discuss at Chiefs and Chairs how we should be handling the ‘no insurance’ issue.

- *Some staff such as Senior Medical Officers, Nurse Practitioners and others have a requirement to travel for continuing medical education. These applications will be reviewed and approved on a case by case basis by your General Manager/Executive Team member.*

Thanks.

Sue

From: Karalyn van Deursen
Sent: Wednesday, 26 February 2020 2:57 p.m.
To: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>; Debra Parker <Debra.Parker@cdhb.health.nz>; Dee McCarthy <Dee.Mccarthy@cdhb.health.nz>; Evon Currie <Evon.Currie@cdhb.health.nz>; Hector Matthews <Hector.Matthews@cdhb.health.nz>; Jacqui Lunday Johnstone <Jacqui.LundayJohnstone@cdhb.health.nz>; Jayne Stephenson <Jayne.Stephenson@cdhb.health.nz>; Jenna Manahi <Jenna.Manahi@cdhb.health.nz>; Julie Jones <Julie.Jones@cdhb.health.nz>; Justine White <Justine.White@cdhb.health.nz>; Kay Jenkins <Kay.Jenkins@cdhb.health.nz>; Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Mary Howell <Mary.Howell@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>; Regan Nolan <Regan.Nolan@cdhb.health.nz>; Rochelle Audeau <Rochelle.Audeau@cdhb.health.nz>; Sarah Connell <Sarah.Connell@cdhb.health.nz>; Stella Ward <Stella.Ward@cdhb.health.nz>; Sue Nightingale <Sue.Nightingale@cdhb.health.nz>; Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>
Subject: RE: Living within our means - draft 1

Just added unions to stakeholder list to have a ‘heads up’

From: Karalyn van Deursen
Sent: Wednesday, 26 February 2020 2:55 p.m.
To: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>; Debra Parker <Debra.Parker@cdhb.health.nz>; Dee McCarthy <dee.mccarthy@cdhb.health.nz>; Evon Currie <Evon.Currie@cdhb.health.nz>; Hector Matthews <Hector.Matthews@cdhb.health.nz>; Jacqui Lunday Johnstone <jacqui.lundayjohnstone@cdhb.health.nz>; Jayne Stephenson <jayne.stephenson@cdhb.health.nz>; Jenna Manahi <jenna.manahi@cdhb.health.nz>; Julie Jones <Julie.Jones@cdhb.health.nz>; Justine White <Justine.White@cdhb.health.nz>; Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>; Kay Jenkins <kay.jenkins@cdhb.health.nz>; Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Mary Howell <Mary.Howell@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>; Regan Nolan <Regan.Nolan@cdhb.health.nz>; Rochelle Audeau <rochelle.audeau@cdhb.health.nz>; Sarah Connell <sarah.connell@cdhb.health.nz>; Stella Ward <Stella.Ward@cdhb.health.nz>; Sue Nightingale <Sue.Nightingale@cdhb.health.nz>; Susan Fitzmaurice

<Susan.Fitzmaurice@cdhb.health.nz>

Subject: Living within our means - draft 1

Kia ora koutou – please see first draft below. Once wording finalised we can send this out as a stand-alone global email to all staff once we've had a chance to brief:

- Orbit
- WellFood catering team
- GMs
- Clinical Leaders
- ISG service desk
- Unions

Happy to receive your comments – either via email or track on the attached.

Living within our means

Last year when faced with a planned \$170 million deficit for the year ending 30 June 2020 we set up a number of Taskforces to look at how we could significantly reduce our costs to improve our financial position.

The Taskforces include: Continuous Quality Improvement, Leave Care, reviewing all Planning and Funding contracts, Resource Optimisation, and Revenue Optimisation. To date we have saved \$11.94 million, of a \$15.5 million target for this financial year. Much of this has been achieved without significant disruption on how we carry out our day to day work.

Unfortunately there is very little low hanging fruit and our latest financial forecasts show a deteriorating position largely due to having to continue to outsource surgery because of the delay moving into Hagley; additional staff costs to meet increased payments as a result of MECA (Multi Employer Collective Agreement) settlements and higher than budgeted pharmaceutical costs – these can be attributed to more medications being used overall and higher priced medications being made available for certain conditions. – CG – is this crct?

We need to take immediate action today or we risk an even bigger deficit.

Tightened focus on reducing expenditure

Effective from next week Monday 2 March there will be restrictions on two areas where we can reduce costs: travel and catering.

Catering – from next week all catering must be ordered through WellFood, the DHB's in-house catering company. If you're organising an event or all-day workshop that requires catering, please order via WellFood. The form is on the [intranet](#) or email functions@cdhb.health.nz

Air travel - Last week our insurers advised that our travel insurance policy will not cover any claims in relation to COVID-19 (coronavirus) for international travel booked after 30 January 2020. Staff who have work-related travel booked after this time will not be covered and may be personally liable for costs (if you were to be hospitalised overseas for example).

Until further notice staff should not book any international or local (within NZ) air travel.

There are, however, some exceptions:

- Some staff such as Senior Medical Officers, Nurse Practitioners and others have a requirement to travel for continuing medical education. These applications will be reviewed and approved on a case by case basis by your General Manager/Executive Team member.
- Clinical staff travelling to the West Coast or another South Island DHB to provide outpatient clinics or surgical services will have their travel approved.
- If you are speaking at a conference in NZ or overseas and someone else is paying all of your expenses, this is allowable – as long as the organiser will arrange and cover your medical/health insurance costs (if the event is overseas).
- If you believe planned travel is essential, please discuss this with your General Manager.

Alternatives to travel to meetings and events include: Zoom, Skype, Microsoft teams, or via videoconference or teleconference. If you need assistance setting this up, please contact the ISG service desk on xt. 80999.

???To avoid people driving and putting in big mileage claims and taking a day off work to get to Dunedin for example do we need to say something about car travel? eg *Staff are reminded that you should not use your own vehicle for work travel as your personal insurance will not cover any damage to your private vehicle when using it for work purposes.*

Orbit, our travel providers have been advised of these restrictions.

**Note these catering and travel restrictions apply to all Canterbury DHB staff and affiliated organisations including Canterbury Clinical Network and the South Island Alliance Project Office.*

Ngā mihi

Karalyn van Deursen

Executive Director Communications

Canterbury and West Coast District Health Boards

Corporate Office, 32 Oxford Terrace, Christchurch

T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – *A matou uara*

Care and respect for others – *Manaaki me te kotua i etahi*

Integrity in all we do – *Hapai i a matou mahi*

Responsibility for outcomes – *Kaiwhakarite i ka hua*

NEED TO TALK?

1737

**free call or text
any time**

Mon, 10 Aug, 07:58

Hello Ashley. I would be grateful for the opportunity to talk to you about the situation at CDHB. Would you be able to phone me when free? Or let me know a suitable time. Thankyou. Sue Nightingale

Hi Sue will do. About to take off for Napier. A

Fri, 21 Aug, 10:12

Hi Sue. Just checking in and rest assured I've been in daily discussions with the minister re Cdhb since we last spoke. Planning to come down next Thursday. Rgds. A

Fri, 21 Aug, 14:57

Thank you

Kathleen Smitheram

From: David Meates
Sent: Wednesday, 6 May 2020 5:49 PM
To: Carolyn Gullery; Evon Currie; Hector Matthews; Jacqui Lunday Johnstone; Justine White; Karalyn van Deursen; Mary Gordon (Executive Director of Nursing); Michael Frampton; Stella Ward; Sue Nightingale
Cc: Susan Fitzmaurice
Subject: Accelerating Our Future

As we focus on the future it is important that we leverage off our existing infrastructure to accelerate and imbed changes due to "COVID" but also to continue to accelerate our future. This is going to require us to think and act differently as we will not be going back to what we once described as "Business as Usual".

The response to COVID has again highlighted many of the underlying strengths of the Canterbury Health system and as also brought with it a number of challenges. It has enabled us to leverage off some of our existing platforms and relationships. It has also highlighted that when we are focussed on a common goal we can effect change very quickly. It has also highlighted the importance of relationships and the need to be gracious and generous to others as well as reflecting on what we need to do change as a leadership team.

It is hard to imagine that we are now 15 weeks on from when our COVID response started to take shape and be implemented. We have had teams across our health system do some remarkable things and I would also like to thank you all for the long hours and contributions that you have all made both locally and nationally.

I have detailed below an outline of some thoughts that I would like us to discuss on Friday. While this not an exhaustive list I hope that it captures the intent:

As we now start to re-set our health system there are a number of things that we to re-focus the organisation / health system on:

- We will now be focussing on Accelerating our Future - an opportunity to take our integration journey to a new level
- A transition framework based on our COVID response which will highlight the opportunities / learnings that we will need to bring to life as we move forward. The ECC has captured many of the opportunities and learnings throughout that period as part of a "transition framework". These opportunities / learnings will be grouped into together into workstreams eg "planned and acute care" ; "workforce" etc- which will then have an Executive Lead identified as being responsible for leading each of the workstreams. These workstreams will use existing resources and will require refocussing of activities to ensure delivery. They will also be the basis of future reporting requirements.
- We need to re-forecast our planned activity throughout the remainder of the year given that we are likely to see a very different winter patient profile due to the impact of COVID, influenza vaccination, community health seeking behaviour etc. This reforecast will be used as our planning framework throughout the rest of the year and re-set expectations- this will shape our planned capacity, resourcing and new patterns / cadence of work flow.
- We need to re- think our recruitment approach- hold on recruitment, targeted recruitment, optimisation of leave, compulsory leave - in context of a changed economy, wage restraint, increased unemployment
- We need to lock in new ways of working- greater virtual activity etc and be able to capture and reflect the new ways of working with evidence based on information. This will require a very disciplined approach to how changed activity is captured eg SIPICS
- Hagley will be migrated in 2020 (October/ November) - this is going to require us to be able to clearly reflect the benefits of new workflows, bringing outsourced / outplaced surgery back in house.
- Given the substantially changed environment we are needing to re- think what our future context will be and that previous norms / approvals are not a given. What does remote working, social distancing, surge

capacity for COVID response look like? How do we enable a system to move quickly without losing engagement?

- A Board that remains focussed on deficit reduction through improved / changed ways of working and clear and evidenced orchestrated action - this will involve some interaction with EY.
- What are the metrics for a citizen centric health system that captures / reflects the new ways of working.
- How do we leverage technology to support virtual, remote or supported care both locally and regionally.

Ngā mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz | www.westcoastdhd.org.nz



Values – Ā Mātou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono |

Responsibility for outcomes - Te Takohanga i ngā hua

Kathleen Smitheram

From: David Meates
Sent: Tuesday, 9 June 2020 8:45 AM
To: Carolyn Gullery; Evon Currie; Hector Matthews; Jacqui Lunday Johnstone; Justine White; Karalyn van Deursen; Mary Gordon (Executive Director of Nursing); Michael Frampton; Stella Ward; Sue Nightingale
Cc: Susan Fitzmaurice
Subject: FW: MoH | CDHB Operational Meeting - 5 June 2020
Attachments: ministry_of_health_Performance meeting-template - Canterbury 05 June 2020.pptx; EQ capex capital charge reduction Feb.pdf

Kia ora

Please find attached FYI the material that was discussed as part of the MOH / DHB / Board operational meeting last Friday

Ngā mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

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Responsibility for outcomes - Te Takohanga i ngā hua

From: Susan Fitzmaurice

Sent: Thursday, 4 June 2020 3:02 PM

To: 'Michelle.Arrowsmith@health.govt.nz' <Michelle.Arrowsmith@health.govt.nz>; Barry Bragg

^{9(2)(a)} David Meates <David.Meates@cdhb.health.nz>; Carolyn Gullery

<Carolyn.Gullery@cdhb.health.nz>; Justine White <Justine.White@cdhb.health.nz>;

'john.hazeldine@health.govt.nz' <john.hazeldine@health.govt.nz> ^{9(2)(a)}

Lester Levy ^{9(2)(a)} John Hansen <John.Hansen@cdhb.health.nz>

Cc: 'Paula.Steven@health.govt.nz' <Paula.Steven@health.govt.nz>

Subject: MoH | CDHB Operational Meeting - 5 June 2020

Please find attached completed Agenda template for the meeting tomorrow morning, together with background paper to assist with capital charge item.

Regards

Susan

Susan Fitzmaurice | EA to David Meates, Chief Executive

Canterbury District Health Board and West Coast District Health Board

☎ 03 364 4110 | susan.fitzmaurice@cdhb.health.nz

P O Box 1600, Christchurch

www.cdhb.health.nz | www.westcoastdhd.org.nz

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Responsibility for outcomes - Te Takohanga i ngā hua

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Kathleen Smitheram

From: Carolyn Gullery
Sent: Wednesday, 10 June 2020 3:27 PM
To: Maureen Love; Michael Frampton
Subject: RE: Keyed In Updates

Suggest fix and make sure Erin is briefed

From: Maureen Love
Sent: Wednesday, 10 June 2020 3:20 p.m.
To: Michael Frampton <Michael.Frampton@cdhb.health.nz>; Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>
Subject: Keyed In Updates

Hi

In the course of working through all the savings and expenses in the Resource Optimisation Taskforce I identified that \$577000 that had been identified as savings in February were identified as future savings in March and should have been reversed out. The figures are \$500k saving "for non clinical staff" and a \$77k saving related to non weight bearing patients moving in ARCs in Ashburton, and both under the Roster Optimisation initiative. There is also an error in one of the figures for the additional expenses for Hagley, which was input as -\$360k and should have been a positive \$360k and is a simple typo.

I've been advised by Shannon to check with you if I should now make corrections to the figures in Keyed In so that they accurately reflect the status of savings and expenses, noting that EY will have the current figures and Erin will not be able to explain the \$577k showing as a saving in Roster Optimisation if questioned.

Please let me know if I should make the corrections.

Kind regards

Maureen

Maureen Love

Strategic HR Business Partner

People and Capability

Canterbury District Health Board and West Coast District Health Board

9(2)(a)

E: maureen.love@cdhb.health.nz

32 Oxford Terrace | PO Box 8011 | Christchurch | New Zealand

www.cdhb.health.nz

Values – Ā Mātou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i ngā hua

Canterbury
 District Health Board
 Te Pōari Hauora o Waitaha

West Coast
 District Health Board
 Te Pōari Hauora o Rōhe o Tai Poutini



Kathleen Smitheram

From: Stella Ward
Sent: Tuesday, 16 June 2020 3:41 PM
To: Justine White
Subject: RE: potential savings.xlsx

Thanks – looks like what we discussed

By my read you have got \$1m for Digital which I can confidently deliver AND a 2% operational saving

I think the ^{9(2)(a)} contract re ICT does need a review

Stella

From: Justine White <Justine.White@cdhb.health.nz>
Sent: Tuesday, 16 June 2020 15:36
To: Stella Ward <Stella.Ward@cdhb.health.nz>
Subject: FW: potential savings.xlsx

Justine White

Executive Director Finance & Corporate Services

Canterbury District Health Board & West Coast District Health Board

^{9(2)(a)}

From: Justine White
Sent: Tuesday, 16 June 2020 1:48 p.m.
To: David Meates <David.Meates@cdhb.health.nz>
Subject: potential savings.xlsx

Did you want to send this or do you want me to?

Kathleen Smitheram

From: Sue Nightingale
Sent: Wednesday, 17 June 2020 5:01 PM
To: Justine White; Carolyn Gullery; Mary Gordon (Executive Director of Nursing); Jacqui Lunday Johnstone; Michael Frampton; Stella Ward; David Meates; Karalyn van Deursen
Cc: Susan Fitzmaurice
Subject: RE: T Plan Templates 1706_16.00.pptx

Hi Justine

I remain very concerned about putting a dollar figure on No 2 – I think it is unlikely that this will net us these savings – at present it takes us 5 years to review all 54 departments – even if we got through them all in 2 years we wouldn't see gains for some years. And we are also likely to identify some deficits in coverage as well as potential savings. If we are going to cut staff it is inevitable we will need to cut services. If we are going to be judged in a year's time by our performance on this one we will come up short on this dollar figure.

Similarly, the SMO engagement programme – I am down as EMT lead, think this is an important piece of work but am unhappy about committing to a figure on what it might save because really, I have no idea and I don't think anyone does. It may not save anything but simply even out inequities. I would prefer these two to be 'fuzzy' and the dollar figure put over the entire process.

Otherwise OK with the content.

Thanks.

Sue

From: Justine White

Sent: Wednesday, 17 June 2020 4:15 p.m.

To: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; Sue Nightingale <Sue.Nightingale@cdhb.health.nz>; Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Jacqui Lunday Johnstone <Jacqui.LundayJohnstone@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>; Stella Ward <Stella.Ward@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>; Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>

Cc: Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>

Subject: T Plan Templates 1706_16.00.pptx

Current versions - I need any wording changes asap so that it can be weaved in

Cheers

Michael Frampton

From: Michael Frampton
Sent: Tuesday, 23 June 2020 11:06 AM
To: Justine White
Cc: Sarah Connell; Paul Lamb; Kristina Wischnowsky; Tyler Brummer; Terezka Trotter
Subject: FW: Pay Rate to use in calculation of leave savings[EXTERNAL SENDER]

Hi Justine

Appreciate a steer here...

Thanks
 Michael

Michael Frampton
 Chief People Officer
 Canterbury District Health Board and West Coast District Health Board

9(2)(a) E: michael.frampton@cdhb.health.nz
 Level 1, Corporate Office, 32 Oxford Terrace | PO Box 1600 | Christchurch | New Zealand
www.cdhb.health.nz | www.wcdhb.health.nz | <https://www.linkedin.com/in/michaelframpton/>

From: Paul Lamb
Sent: Tuesday, 23 June 2020 06:54
To: Michael Frampton <Michael.Frampton@cdhb.health.nz>
Subject: FW: Pay Rate to use in calculation of leave savings[EXTERNAL SENDER]

Hi Michael – please see below. In completing their review 9(2)(a) have suggested we fix our savings calculation points relative to new financial years. The programme team disagree. Kristina suggested this was a decision for Natasha to make, however, as per my email below, and for the reasons stated, I think it is a decision for the executive governance group.
 I've asked Kristina to compile all the relevant info and present to you (the group) for a decision. I think it's ideal timing as I imagine you will be performing an end of FY1 review of results and re-establishing the approach for the coming FY.
 Thanks, Paul.

From: Paul Lamb
Sent: Monday, 22 June 2020 4:45 PM
To: Kristina Wischnowsky <Kristina.Wischnowsky@cdhb.health.nz>
Cc: Natasha Smith (People and Capability) <Natasha.Smith3@cdhb.health.nz>; Tyler Brummer <Tyler.Brummer@cdhb.health.nz>; Terezka Trotter <Terezka.Trotter@cdhb.health.nz>; Tania Beynon <Tania.Beynon@cdhb.health.nz>; Stephanie Manning <Stephanie.Manning@cdhb.health.nz>; Sarah Connell <Sarah.Connell@cdhb.health.nz>
Subject: RE: Pay Rate to use in calculation of leave savings[EXTERNAL SENDER]

Hi Kristina – reading through this I think the best way to proceed is for the Executive Governance Group to make the decision. The results are reported up through KeyedIn for discussion at QFARC by the governance group so this would make sense.

To that end can I please ask that, as the Programme Manager for Leave Care, you prepare a precis of the work that 9(2)(a) have completed and the two views on how we should calculate results. The two options should detail the benefits and disadvantages of each so that the executive are able to make a fully-informed decision.

Once you have the information please arrange to attend the regular Governance Group meeting to present and secure a decision. Alternatively one of the primary leads, Tyler or Terezka, may choose to do this. I believe the meetings are held weekly – Sarah Connell will be able to advise.

Please confirm back that this is the approach we will follow. LC steering group copied for information. Many thanks, Paul.

From: Kristina Wischnowsky <Kristina.Wischnowsky@cdhb.health.nz>

Sent: Monday, 22 June 2020 12:01 p.m.

To: Carl Stuart <Carl.Stuart@cdhb.health.nz>; Divya Sathyanarayanan <Divya.Sathyanarayanan@cdhb.health.nz>;

Natasha Smith (People and Capability) <Natasha.Smith3@cdhb.health.nz>

Subject: RE: Pay Rate to use in calculation of leave savings[EXTERNAL SENDER]

I'll leave this to Natasha to decide. I'm happy to participate in any conversations.

K

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From: [Justine White](#)
To: 9(2)(a) @nz.ey.com
Cc: [Carolyn Gullery](#); [David Meates](#)
Subject: Board Meeting - EY engagement
Date: Friday, 17 July 2020 5:38:43 PM
Attachments: [FW: CDHB 2019/20 to 2020/21 Movement ReconciliationEXTERNAL SENDER.msg](#)
 9(2)(i)(j)

Hi 9(2)(a)

At the Board meeting yesterday management outlined that we have reviewed the MOH analysis that CDHB specifically requested from Michelle Arrowsmith to support the Ministry's view of an achievable \$90m deficit including Hagley IDCC for 20/21 (**as embedded in attached "Fw:CDHB 2019/20 to 2020/21 Movement Reconciliation [EXTERNAL SENDER]" email from Brian Ko**) as we briefly showed you in the room on Wednesday of last week. We also worked through this with Brian and Michelle last Friday to understand both their assumptions and the differences between those and CDHBs underlying assumptions. In addition we have provided the Ministry with our analysis of the differences between the current draft plan of \$145m and their view of \$109m from the Ministry's spreadsheet (see attached "**CDHB 2019/20 to 2020/21 Movement Reconciliation**"). This includes a number of supporting sheets (a lot of which is already familiar to you).

We have suggested, and the Board has agreed, for them to seek an opinion from EY on the viability of the underpinning assumptions from the Ministry's analysis, and whether this analysis provides insights into substantive savings that we are missing, this assessment will assist to inform the Board's view of the annual plan for 2020/21

I understand that Barry Bragg has already reached out to 9(2)(a) on this. Please let me know if you need anything from me to assist.

regards

Justine White

Executive Director, Finance & Corporate Services
 Canterbury District Health Board & West Coast District Health Board
 PO Box 1600 Christchurch 8140

9(2)(a)

cdhblog



www.cdhb.health.nz

DHB Logo from Web Page



www.westcoastdhd.org.nz

From: [Justine White](#)
To: [Barry Bragg](#)
Cc: [David Meates](#)
Subject: FW: CDHB 2019/20 to 2020/21 Movement Reconciliation[EXTERNAL SENDER]
Date: Thursday, 9 July 2020 12:21:00 PM
Attachments: 9(2)(i)(j) [REDACTED]
Importance: High

Hi Barry

At the annual plan meeting on Tuesday with the MoH, Michelle indicated to John and Lester that the expectation from the Ministry is a \$90m deficit for 20/21 annual plan (*including* IDCC and Hagley delay impacts) and a break even in 21/22 *excluding* Cap charge on Hagley (which would then be a deficit or circa 16-25m).

David M requested that they share their workings on how this expectation (\$90m) has been derived. Brian Ko (Ministry Finance) has shared his file (**attached**) which he has offered to working though with Lester and I (Lester specifically requested that he be included in that discussion). Currently this is a zoom meeting scheduled for tomorrow at 2.30-3.30pm, I think it would be important as Chair of Qfarc for you to also attend this if you can make yourself available. May I also suggest that it would be worthwhile considering requesting EY analyse and form a view on this \$90m financial scenario and its viability (as they are doing for eth \$145m deficit scenario) to assist inform the Board as the decisions re planning submission will need to be made at next weeks Board meeting (as submission due next Friday)

Happy to discuss

Regards

Justine

Justine White

Executive Director Finance & Corporate Services
Canterbury District Health Board & West Coast District Health Board

9(2)(a) [REDACTED]

9(2)(i)(j) [REDACTED]

Kathleen Smitheram

From: David Meates
Sent: Sunday, 19 July 2020 8:27 PM
To: Michael Frampton
Cc: Susan Fitzmaurice
Subject: Re: DAVID, FOR EDITING BY YOU AND SENDING MONDAY AFTER 1000AM.....
 Resignation of Michael Frampton, Chief People Officer

Michael

Have made a couple of minor change below. I am happy with the note with those changes (just make sure that you are) and the email will come from me just after 10 am or when I receive a confirmation txt to push go Monday.

Sent from my iPad

On 19/07/2020, at 8:06 PM, Michael Frampton <Michael.Frampton@cdhb.health.nz> wrote:

Hey David

A final favour. Am after your help on the note **below**. It contains a small edit on the note I sent through to you on Friday afternoon.

I'd love it if you could make this note yours when it heads out from you tomorrow. I know there's lots that's filling you head right now, but I don't want a note to head out from you that's not what you think.

I'm meeting with 150 of the P&C team by Zoom at 10AM to let them know, and this note can go out shortly after that when you're ready.

Thanks David,
 M

Michael Frampton
 Chief People Officer
 Canterbury District Health Board and West Coast District Health Board

9(2)(a) [REDACTED] E: michael.frampton@cdhb.health.nz
 Level 1, Corporate Office, 32 Oxford Terrace | PO Box 1600 | Christchurch | New Zealand
www.cdhb.health.nz | www.wcdhb.health.nz | <https://www.linkedin.com/in/michaelframpton/>

From: Michael Frampton
Sent: Friday, 17 July 2020 15:17
To: David Meates <David.Meates@cdhb.health.nz>; Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>
Subject: DAVID, FOR EDITING BY YOU AND SENDING MONDAY AFTER 1000AM..... Resignation of Michael Frampton, Chief People Officer

It is with regret I advise that Michael Frampton has resigned from his role as Chief People Officer, Canterbury DHB and West Coast DHB.

Michael came to health eight years ago this month. He was responsible for leading change across the West Coast Health System, and driving the process to secure commitment for a new hospital in Greymouth. Poetically, from next week patients begin moving into the new Te Nikau Grey Hospital.

Subsequently, Michael moved to Canterbury to lead the transformation and reinvention of HR. Today, our People and Capability team has new strategy, new people with new and different talent, it delivers new services supported by new technology, and it's delivering a completely different kind of value. Michael has inspired and led this work, and established the foundations for the ongoing journey we're on to put our people at the centre of everything we do. Being at the leading edge of transformation in the HR space is both one of the most challenging endeavours in any health organisation but also one of the most rewarding. Michael, thank you for all that contributed and given to make our health system better- you have made a real and lasting difference.

Michael is returning home to Auckland and taking up the role of Chief People Officer with Sky.

On behalf of the Board and EMT, I acknowledge Michael's tremendous contribution to both the Canterbury and West Coast Health Systems and wish him every success for his new role.

Michael's last working day is Friday 28 August 2020.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Kathleen Smitheram

From: James Gough 9(2)(a)
Sent: Monday, 20 July 2020 10:50 AM
To: Michael Frampton
Subject: Fwd: Resignation of Michael Frampton, Chief People Officer[EXTERNAL SENDER]

Hi Michael,

Saddened to read this news as you are superstar in your role but delighted for you as you embark on your next chapter.

All the very best and a pleasure to work with you, albeit briefly, at the CDHB.

Best,
 JG

Sent via [Outlook](#) for iOS

From: Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>
Sent: Monday, July 20, 2020 10:39:37 AM
To: Aaron Keown 9(2)(a); Andy Dickerson 9(2)(a); Barry Bragg 9(2)(a); Catherine Chu 9(2)(a); Gabrielle Huria 9(2)(a); Ingrid Taylor 9(2)(a); Jamie Gough 9(2)(a); Jo Kane 9(2)(a); John Hansen <John.Hansen@cdhb.health.nz>; Naomi Marshall 9(2)(a)
Cc: Anna Craw <Anna.Craw@cdhb.health.nz>
Subject: Resignation of Michael Frampton, Chief People Officer

It is with regret I advise that Michael Frampton has resigned from his role as Chief People Officer, Canterbury DHB and West Coast DHB.

Michael came to health eight years ago this month. He was responsible for leading change across the West Coast Health System, and driving the process to secure commitment for a new hospital in Greymouth. (Coincidentally, from next week patients begin moving into the new Te Nikau Grey Hospital.)

Subsequently, Michael moved to Canterbury to lead the transformation and reinvention of HR. Today, our People and Capability team has new strategy, new people with new and different perspectives, experience and talent, it delivers new services supported by new technology, and it's realising a completely different kind of value. Michael has inspired and led this work, and established the foundations for the ongoing journey we are on to put our people at the centre of everything we do.

To Michael, I want to say this. Being at the leading edge of transformation in the HR space is both one of the most challenging endeavours in any health organisation but also one of the most rewarding. Thank you for all that you have contributed and given to make *Our Health System* better - you have made a real and lasting difference.

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Michael's last working day is Friday 28 August 2020.

Ngā mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz | www.westcoastdhd.org.nz



Values – Ā Mātou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono |

Responsibility for outcomes - Te Takohanga i ngā hua

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Kathleen Smitheram

From: David Meates
Sent: Monday, 20 July 2020 11:49 AM
To: Michael Frampton
Subject: FW: Resignation of Michael Frampton, Chief People Officer[EXTERNAL SENDER]

Ngā mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

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 Responsibility for outcomes - Te Takohanga i ngā hua

From: Anna.Clark@health.govt.nz <Anna.Clark@health.govt.nz>
Sent: Monday, 20 July 2020 11:28 AM
To: David Meates <David.Meates@cdhb.health.nz>
Subject: Re: Resignation of Michael Frampton, Chief People Officer[EXTERNAL SENDER]

Thanks David.

I just want to say how much I've enjoyed working with Michael over the COVID period and I will miss the contribution he makes in the workforce space.

Sent from my iPhone

On 20/07/2020, at 11:08 AM, David Meates <David.Meates@cdhb.health.nz> wrote:

FYI the announcement below was sent to all staff today

It is with regret I advise that Michael Frampton has resigned from his role as Chief People Officer, Canterbury DHB and West Coast DHB.

Michael came to health eight years ago this month. He was responsible for leading change across the West Coast Health System, and driving the process to secure commitment for a new hospital in Greymouth. (Coincidentally, from next week patients begin moving into the new Te Nikau Grey Hospital.)

Subsequently, Michael moved to Canterbury to lead the transformation and reinvention of HR. Today, our People and Capability team has new strategy, new people with new and different perspectives, experience and talent, it delivers new services supported by new technology, and it's

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To Michael, I want to say this. Being at the leading edge of transformation in the HR space is both one of the most challenging endeavours in any health organisation but also one of the most rewarding. Thank you for all that you have contributed and given to make *Our Health System* better - you have made a real and lasting difference.

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<image001.jpg>

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9(2)(h)



Kathleen Smitheram

From: Karalyn van Deursen
Sent: Monday, 3 August 2020 11:34 AM
To: Carolyn Gullery; David Meates; Michael Frampton
Subject: FW: Stuff: Carolyn Gullery resigning[EXTERNAL SENDER]

Hi all – David, how would you like to respond to this?

From: 9(2)(a)
Sent: Monday, 3 August 2020 11:31 a.m.
To: Communications <Communications@cdhb.health.nz>
Subject: Stuff: Carolyn Gullery resigning[EXTERNAL SENDER]

Hi all,

We know Carolyn Gullery has resigned today, and another member of the executive, Michael Frampton, resigned on July 20.

I understand Carolyn is leaving to join a UK firm, however we have heard there is discord between the CDHB board and the executive and disagreement about how the CDHB is being governed that may have led to the resignations.

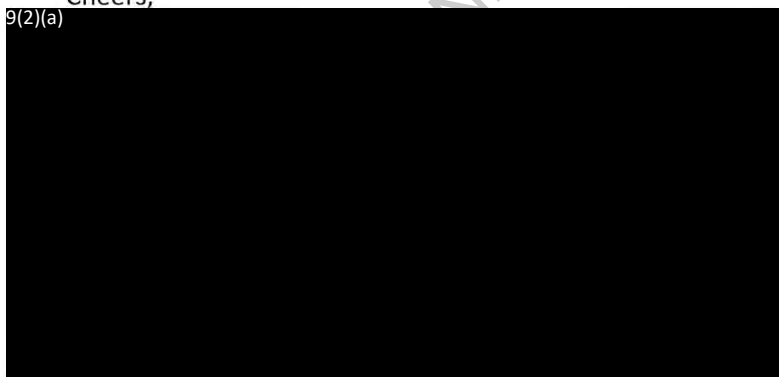
Questions below:

- 1) Why did Michael Frampton and Gullery resign?
- 2) Have any other members of the executive resigned?
- 3) Are their resignations at all due to the pressure on the CDHB to cut costs, and disagreements with the board on things such as the Christchurch Hospital redevelopment?

Thank you. Please let me know when you get this. We're running a story today.

Cheers,

9(2)(a)



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Kathleen Smitheram

From: Carolyn Gullery
Sent: Monday, 3 August 2020 12:17 PM
To: Karalyn van Deursen; David Meates; Michael Frampton
Subject: RE: Stuff: Carolyn Gullery resigning[EXTERNAL SENDER]

Think we just confirm the facts and maybe provide a copy of David's email to staff

From: Karalyn van Deursen
Sent: Monday, 3 August 2020 11:34 a.m.
To: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>
Subject: FW: Stuff: Carolyn Gullery resigning[EXTERNAL SENDER]

Hi all – David, how would you like to respond to this?

From: 9(2)(a)
Sent: Monday, 3 August 2020 11:31 a.m.
To: Communications <Communications@cdhb.health.nz>
Subject: Stuff: Carolyn Gullery resigning[EXTERNAL SENDER]

Hi all,

We know Carolyn Gullery has resigned today, and another member of the executive, Michael Frampton, resigned on July 20.

I understand Carolyn is leaving to join a UK firm, however we have heard there is discord between the CDHB board and the executive and disagreement about how the CDHB is being governed that may have led to the resignations.

Questions below:

- 1) Why did Michael Frampton and Gullery resign?
- 2) Have any other members of the executive resigned?
- 3) Are their resignations at all due to the pressure on the CDHB to cut costs, and disagreements with the board on things such as the Christchurch Hospital redevelopment?

Thank you. Please let me know when you get this. We're running a story today.

Cheers,

9(2)(a)



Kathleen Smitheram

From: Susan Fitzmaurice on behalf of David Meates
Sent: Monday, 3 August 2020 1:20 PM
To: Carolyn Gullery; Evon Currie; Hector Matthews; Jacqui Lunday Johnstone; Justine White; Karalyn van Deursen; Mary Gordon (Executive Director of Nursing); Michael Frampton; Stella Ward; Sue Nightingale; Greg Hamilton; Helen Skinner; Kirsten Beynon; Pauline Clark; Brittany Jenkins; Gary Coghlan; Graham Roper; Louise Mclean; Philip Wheble
Subject: Resignation of Carolyn Gullery - Executive Director Planning, Funding and Decision Support

It is with regret I advise that Carolyn Gullery resigned from her role as Executive Director Planning, Funding and Decision Support for both the Canterbury and West Coast Health Systems. Carolyn will be moving to the in September to work with Lightfoot Solutions supporting a number of NHS systems in Wales and England .

Since joining Canterbury District Health Board as Planning and Funding General Manager in 2007, Carolyn has played a significant part in reshaping the way health care is delivered in both Canterbury and the West Coast.

Carolyn has had more than thirty years of health system experience in a variety of strategic and leadership roles for both public and private sector. She has extensive experience in leading complex planning and change processes at a regional and national level together with a proven track record of successfully negotiating health and disability sector contracts at all levels.

Carolyn's career is littered with a number of 'firsts'. Her ability to 'see around corners' and identify solutions that others haven't considered has combined well with her extensive health policy and health alliancing and contracting experience to get a complex health system on track and keep it there.

Carolyn has worked for the CDHB for 13 years but her contribution to the health system in Canterbury, West Coast and New Zealand goes back much further than that. Carolyn came to Canterbury in 1993 to be part of the establishment of the Southern Regional Health Authority. In her time in the various versions of the Health Authorities amongst other things she designed and negotiated the first IPA contract with Pegasus , set up the first budget holding contracts for laboratory and pharmacy services in New Zealand, changed how we received medication to repeat dispensing saving the country \$60M in the first year, and led the development of key policies and strategies that impacted on pharmaceuticals, pharmacy and general practice including the development of BPAC and the PharmHouse. She was also the first female and first non-RHA Chief Executive to become a Director of PHARMAC in 1997.

As a contractor during the 2000s, she was on the negotiating team for the new PHO agreement (the general practice side) , wrote the policy and implemented CarePlus as an innovative approach for people with complex health and social challenges, operationalised restorative home support in the North Island and was the founding Chief Executive for the largest single PHO , Partnership health . What we have all benefited from though was her leadership with her clinical colleagues in developing the world - first general practice-led acute admission avoidance programme – 20 years ago and still seen as innovative today. That programme is still with us as the Acute Demand Management Service looking after 35,000 people per annum in a community-based setting and anchoring so much of what we do. That programme was built on trust which set the scene for the development of an integrated adaptive health system based on trust and the alliancing approach.

Carolyn has been instrumental in the development of platforms that support clinicians to do their work including ERMS, HealthPathways, Leading Lights, our Outcomes Framework, the earthquake recovery

plan, many hospital business cases , Vision 2020 and the elements to support a truly people-centered health system.

On behalf of the Board and EMT, I acknowledge Carolyn's tremendous contribution to both the Canterbury and West Coast Health Systems and wish her every success for her new role.

Ngā mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

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<image001.jpg>

Values – Ā Mātou Uara

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Responsibility for outcomes - Te Takohanga i ngā hua

Kathleen Smitheram

From: Karalyn van Deursen
Sent: Monday, 3 August 2020 1:56 PM
To: David Meates; Carolyn Gullery; Michael Frampton
Subject: 9(2)(a)

Hi 9(2)(a)

In response to your questions, both Carolyn and Michael's decisions to resign are based on opportunities that have arisen for both of them to continue to develop and grow their careers. The timing of both resignations is coincidental.

Included below are the emails issued to all staff announcing their respective resignations.

Carolyn Gullery – issued today

Sent on behalf of David Meates, Chief Executive

It is with regret I advise that Carolyn Gullery resigned from her role as Executive Director Planning, Funding and Decision Support for both the Canterbury and West Coast Health Systems. Carolyn will be moving to the UK in September to work with Lightfoot Solutions supporting a number of NHS systems in Wales and England .

Since joining Canterbury District Health Board as Planning and Funding General Manager in 2007, Carolyn has played a significant part in reshaping the way health care is delivered in both Canterbury and the West Coast.

Carolyn has had more than thirty years of health system experience in a variety of strategic and leadership roles for both public and private sector. She has extensive experience in leading complex planning and change processes at a regional and national level together with a proven track record of successfully negotiating health and disability sector contracts at all levels.

Carolyn's career is littered with a number of 'firsts'. Her ability to 'see around corners' and identify solutions that others haven't considered has combined well with her extensive health policy and health alliancing and contracting experience to get a complex health system on track and keep it there.

Carolyn has worked for Canterbury DHB for 13 years but her contribution to the health system in Canterbury, West Coast and New Zealand goes back much further than that. Carolyn came to Canterbury in 1993 to be part of the establishment of the Southern Regional Health Authority. In her time in the various versions of the Health Authorities amongst other things she designed and negotiated the first IPA contract with Pegasus , set up the first budget holding contracts for laboratory and pharmacy services in New Zealand, changed how we received medication to repeat dispensing saving the country \$60M in the first year, and led the development of key policies and strategies that impacted on pharmaceuticals, pharmacy and general practice including the development of BPAC and the PharmHouse. She was also the first female and first non-RHA Chief Executive to become a Director of PHARMAC in 1997.

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Carolyn has been instrumental in the development of platforms that support clinicians to do their work including ERMS, HealthPathways, Leading Lights, our Outcomes Framework, the earthquake recovery plan, many hospital business cases, Vision 2020 and the elements to support a truly people-centered health system.

On behalf of the Board and EMT, I acknowledge Carolyn's tremendous contribution to both the Canterbury and West Coast Health Systems and wish her every success for her new role.

Ngā mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz | www.westcoastdhub.org.nz

Michael Frampton – sent on 20 July 2020

Sent on behalf of David Meates, Chief Executive

It is with regret I advise that Michael Frampton has resigned from his role as Chief People Officer, Canterbury DHB and West Coast DHB.

Michael came to health eight years ago this month. He was responsible for leading change across the West Coast Health System, and driving the process to secure commitment for a new hospital in Greymouth. (Coincidentally, from next week patients begin moving into the new Te Nikau Grey Hospital.)

Subsequently, Michael moved to Canterbury to lead the transformation and reinvention of HR. Today, our People and Capability team has new strategy, new people with new and different perspectives, experience and talent, it delivers new services supported by new technology, and it's realising a completely different kind of value. Michael has inspired and led this work, and established the foundations for the ongoing journey we are on to put our people at the centre of everything we do.

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Responsibility for outcomes - Te Takohanga i ngā hua

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Kathleen Smitheram

From: Carolyn Gullery
Sent: Monday, 3 August 2020 6:14 PM
To: Michael Frampton
Cc: Karalyn van Deursen; David Meates
Subject: 9(2)(a)

Me too

Sent from my iPhone
 Carolyn.gullery@cdhb.health.nz

On 3/08/2020, at 5:01 PM, Michael Frampton <Michael.Frampton@cdhb.health.nz> wrote:

I prefer this approach.

Sent from my iPhone

On 3/08/2020, at 4:27 PM, Karalyn van Deursen
 <Karalyn.Vandeursen@cdhb.health.nz> wrote:

Hi all – have had a rethink – can we just send 9(2)(a) highlighted line below?
 kvd

From: Karalyn van Deursen
Sent: Monday, 3 August 2020 1:56 PM
To: David Meates <David.Meates@cdhb.health.nz>; Carolyn Gullery
 <Carolyn.Gullery@cdhb.health.nz>; Michael Frampton
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9(2)(a)

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It is with regret I advise that Michael Frampton has resigned from his role as Chief People Officer, Canterbury DHB and West Coast DHB.

Michael came to health eight years ago this month. He was responsible for leading change across the West Coast Health System, and driving the process to secure commitment for a new hospital in Greymouth. (Coincidentally, from next week patients begin moving into the new Te Nikau Grey Hospital.)

Subsequently, Michael moved to Canterbury to lead the transformation and reinvention of HR. Today, our People and Capability team has new strategy, new people with new and different perspectives, experience and talent, it delivers new services supported by new technology, and it's realising a completely different kind of value. Michael has inspired and led this work, and established the foundations for the ongoing journey we are on to put our people at the centre of everything we do.

To Michael, I want to say this. Being at the leading edge of transformation in the HR space is both one of the most challenging endeavours in any health organisation but also one of the most rewarding. Thank you for all that you have contributed and given to make *Our Health System* better - you have made a real and lasting difference.

Michael is returning home to Auckland and taking up the role of Chief People Officer with Sky. On behalf of the Board and EMT, I acknowledge Michael's tremendous contribution to both the Canterbury and West Coast Health Systems and wish him every success for his new role.

Michael's last working day is Friday 28 August 2020.

Ngā mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board
T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz
P O Box 1600, Christchurch 8140
www.cdhb.health.nz | www.westcoastdhb.org.nz

<image001.jpg>

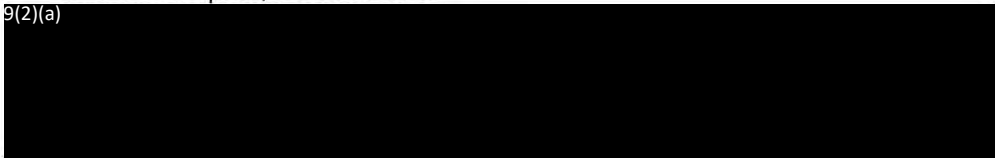
Values – Ā Mātou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā
mātou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i ngā hua

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Kathleen Smitheram

From: Karalyn van Deursen
Sent: Monday, 3 August 2020 7:29 PM
To: Carolyn Gullery
Cc: Michael Frampton; David Meates
Subject: 9(2)(a)



Ok - will send now

Nga mihi

Karalyn van Deursen
Executive Director Communications
Canterbury & West Coast District Health Boards
Oxford Terrace
Christchurch
e karalyn.vandeursen@cdhb.health.nz
p +64 27 531 4796 or +64 3 364 4103
@karalynvand @canterburydhd

Double Up



From: [Carolyn Gullery](#)
To: [Justine White](#)
Cc: [David Meates](#)
Subject: Re: EY CDHB final report for distribution to QFARC
Date: Monday, 3 August 2020 6:08:07 PM
Attachments: [image001.jpg](#)

Happy but would add to last point .” We deliberately organised rostering to avoid the use of agencies which is much more expensive . Our model ensures that on the day resourced beds tightly matches occupied beds . There would need to be a financial impact analysis of reversing this approach and increasing the use of agency staff. “

Sent from my iPhone
 Carolyn.gullery@cdhb.health.nz

On 3/08/2020, at 5:31 PM, Justine White <Justine.White@cdhb.health.nz> wrote:

Additions in yellow, strikethrough for suggested deletions

Justine White

Executive Director Finance & Corporate Services
 Canterbury District Health Board & West Coast District Health Board
 9(2)(a)

From: David Meates
Sent: Monday, 3 August 2020 4:27 p.m.
To: Justine White <Justine.White@cdhb.health.nz>; Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>
Subject: EY CDHB final report for distribution to QFARC

Can you add / delete below. I will then send to Andy later this evening

Hi Andy

I am not sure that there will be a lot of discussion re the EY report at QFARC. As I understand it, EY will present their report and it would seem to the most sensible thing for QFARC / Board to ask **management** for a formal response to the EY report – otherwise we run the risk of being all over the place and heading down lots of rabbit holes.

However a few comments below:

Exec summary could do with a dose of truth:

- The deficit emerged following the PBFF review with Canterbury funded at a lower rate due to earthquake related demographic changes.
- The **continued** delay of Hagley delivery allowing a mid-November transition has decreased the expected savings associated with in-housing surgery. The DHB should not be held responsible for alternate savings due to the Ministry

of Health's late delivery. The significant growth in fte over the two year period directly correlates with the delays in Hagley

The nursing FTE analysis is shallow:

- Picking one element of the workforce in isolation ignores the model of care and overall costs (ie including medical FTE) which by EY analysis demonstrates reasonable efficiency.

It is not clear that EY have clearly represented the difference between FTE – actual vs accrued.

- FTE movement seems problematic – EY describes the new or replacement FTE sign-off process as 'well considered'. This process has already signed off on the unfilled FTE – is the point of further review and presumably to not implement whatever some services that these positions would be being established to will provide?

Is FTE growth correctly represented for issues such as insourcing cleaning and food (net lower costs overall), similarly where we are recruiting to fill vacancies (e.g. mental health nursing) that are currently being covered by overtime or agency (a significantly more expensive option) should that cease?.

- There is a lack of recognition of the financial impacts of COVID. Comment fails to recognise the requirements for change in MOC.
- Comment on the bed plan is naïve. The plan uses a 6 week window for rostering rather than the actual day plan.
- Hard to provide too much comment as much of this is rhetoric rather than concrete.

Nga mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz | www.westcoastdhub.org.nz

<image001.jpg>

Values – A Matou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hapai i a matou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i nga hua

Out of Scope

Kathleen Smitheram

From: Karalyn van Deursen
Sent: Tuesday, 4 August 2020 3:26 PM
To: Carolyn Gullery; David Meates; Debra Parker; Dee McCarthy; Evon Currie; Hector Matthews; Jacqui Lunday Johnstone; Jayne Stephenson; Jenna Manahi; Julie Jones; Justine White; Karalyn van Deursen; Kay Jenkins; Mary Gordon (Executive Director of Nursing); Mary Howell; Michael Frampton; Regan Nolan; Rochelle Audeau; Sarah Connell; Stella Ward; Sue Nightingale; Susan Fitzmaurice; Bernice Marra; Dan Coward; Greg Hamilton; Helen Skinner; Kirsten Beynon; Pauline Clark; Win McDonald
Subject: FW: ASMS Media Release - Canterbury DHB Chief Executive put in untenable position
Attachments: Canterbury DHB Chief Executive put in untenable position (Aug)_173921.2.docx

fyi

From: [REDACTED]
Sent: Tuesday, 4 August 2020 2:43 PM
To: [REDACTED]
Subject: ASMS Media Release - Canterbury DHB Chief Executive put in untenable position

Kia ora

Please find attached and below a media release from the senior doctors' union – the Association of Salaried Medical Specialists – on the resignation of Canterbury and West Coast DHB chief executive David Meates.

MEDIA RELEASE

4 August 2020

Canterbury DHB Chief Executive put in untenable position

The Association of Salaried Medical Specialists says Canterbury DHB Chief Executive David Meates was put in an untenable position and the people of Canterbury should be angry and upset over his resignation.

Mr Meates' resignation from both the Canterbury and West Coast DHBs was announced at an emergency Canterbury Board meeting today. Two other members of his executive leadership team have recently resigned and ASMS understands others could follow.

ASMS Executive Director Sarah Dalton says David Meates has been a tremendous leader and his departure is hugely disappointing.

"He has overseen an enviable model of collaboration between management and clinicians which has produced one of the most efficient, productive and innovative DHB systems in the country. He has also provided strong leadership through the challenges of the earthquake rebuild and the Christchurch mosque attacks".

Canterbury DHB has been under immense pressure to reduce the size of its deficit, which is the largest in the country, primarily due to ongoing earthquake rebuild costs.

Sarah Dalton says David Meates and his executive leadership team have been put in an impossible position by the Board and the Crown Monitor Lester Levy.

"The Board and Crown Monitor have had an obsessive focus on balancing the books and are demanding the DHB implement a massive cost-cutting exercise, which would result in job losses and reduced services for the people of Canterbury. It's time we asked ourselves what the public health service is actually for".

She says putting numbers ahead of the people is not a responsible governance strategy for DHB.

"The Board has repeatedly failed to listen to the advice of its senior management and clinical leaders and in my view has acted unethically. The chair should have the courage to stand up to the Government and speak up for Cantabrians instead of asking DHB management to force cuts to healthcare and facilities that will ultimately leave the health system unfit for purpose – and potentially unsafe".

"The sorry result of this Board's failings is the loss of an effective DHB chief executive and a number of his team at a time when the health system can ill-afford to lose strong, experienced leadership," Sarah Dalton says.

For more information contact:

9(2)(a)

9(2)(a)

SENIOR COMMUNICATIONS ADVISOR

9(2)(a)



L 11 Bayleys Building, 36 Brandon Street | PO Box 10763, Wellington 6143



MEDIA RELEASE

4 August 2020

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"The sorry result of this Board's failings is the loss of an effective DHB chief executive and a number of his team at a time when the health system can ill-afford to lose strong, experienced leadership," Sarah Dalton says.

For more information contact:

9(2)(a)



9(2)(a)



RELEASED UNDER THE OFFICIAL INFORMATION ACT

Kathleen Smitheram

From: Barry Bragg [9(2)(a)]
Sent: Tuesday, 4 August 2020 8:18 PM
To: Mary Gordon (Executive Director of Nursing)
Subject: Acting CE[EXTERNAL SENDER]

Kia Ora Mary,

Apologies for the late email.

I have been asked by the Board to have a chat to you tomorrow about your availability and interest in an acting CE or similar role reporting to the Board. I would appreciate a chance to talk to you face to face.

FYI I let David know I would be reaching out to you. I understand the Board REM Committee will be discussing with David acting recommendations for Carolyn's and Michael's roles but I'm also interested in your thoughts too.

If I can see you tomorrow at HQ between 12 - 2pm would be helpful - if that doesn't fit can you suggest other times Thursday or Friday.

Ngā Mihi,

Barry

Sent from my iPhone

Kathleen Smitheram

From: Susan Fitzmaurice on behalf of David Meates
Sent: Wednesday, 5 August 2020 12:15 PM
To: Carolyn Gullery; Evon Currie; Hector Matthews; Jacqui Lunday Johnstone; Justine White; Karalyn van Deursen; Mary Gordon (Executive Director of Nursing); Michael Frampton; Stella Ward; Sue Nightingale; Greg Hamilton; Helen Skinner; Kirsten Beynon; Pauline Clark; Brittany Jenkins; Gary Coghlan; Graham Roper; Louise Mclean; Philip Wheble
Subject: Resignation of Justine White, Chief Financial Officer

Kia ora koutou

It is with regret I advise that Justine White has resigned from her role as Chief Financial Officer and Executive Director of Finance and Corporate Services, Canterbury DHB and West Coast DHB.

Justine came to health 9 years ago after a career in the private sector. She has been a central member of the Executive Team that has navigated the Canterbury Health System through its most challenging period, and a key leader in the transformation of health services on the West Coast.

Justine has led the implementation of new finance and procurement systems. She has successfully driven large scale change, including the in-sourcing of food and cleaning services that have driven millions of dollars of efficiencies and enabled more care within constrained resources. She led the settlement of one of New Zealand's largest ever insurance payments following the Canterbury earthquakes. She has also played an essential role in Canterbury's facility repair and construction programme, which is the largest ever capital development programme in the history of New Zealand's public health system.

Justine has also provided leadership nationally. Since 2012, she has chaired the 20 DHB Chief Financial Officers group, a role which she continues today. She has led the redesign of the insurance programme for all 20 DHBs, and she is currently a central contributor to the implementation of the national finance and procurement system across the sector.

I have worked with many Chief Financial Officers in my career. Justine is without doubt an absolutely gifted CFO and a talented strategist and leader. She has made a hugely positive difference to health services in Canterbury and on the West Coast, and I wish her every success for the future.

Justine is leaving to take up the role of Chief Financial Officer for the Auckland District Health Board. In a statement released in Auckland this morning by Ailsa Claire - CEO, she says "Auckland DHB is thrilled to have attracted a Chief Financial Officer of Justine's calibre, and we look forward to welcoming her soon."

Justine's last working day is Friday 28 August 2020.

Ngā mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz | www.westcoastdhb.org.nz



Values – Ā Mātou Uara

Kathleen Smitheram

From: David Meates
Sent: Wednesday, 5 August 2020 2:42 PM
To: Justine White; Michael Frampton
Subject: Fwd: Resignation of Justine White, Chief Financial Officer
Attachments: image001.jpg

How should I respond?

David Meates MNZM
 CEO Canterbury and West Coast DHBs

Begin forwarded message:

From: John Hansen <John.Hansen@cdhb.health.nz>
Date: 5 August 2020 at 2:33:34 PM NZST
To: David Meates <David.Meates@cdhb.health.nz>
Subject: Re: Resignation of Justine White, Chief Financial Officer

David when were you advised of this. She is only giving 3 and a half weeks notice.

Sent from my iPad

On 5/08/2020, at 12:17, David Meates <David.Meates@cdhb.health.nz> wrote:

Kia ora koutou

It is with regret I advise that Justine White has resigned from her role as Chief Financial Officer and Executive Director of Finance and Corporate Services, Canterbury DHB and West Coast DHB.

Justine came to health 9 years ago after a career in the private sector. She has been a central member of the Executive Team that has navigated the Canterbury Health System through its most challenging period, and a key leader in the transformation of health services on the West Coast.

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Justine's last working day is Friday 28 August 2020.

Ngā mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz | www.westcoastdhb.org.nz

<image001.jpg>

Values – Ā Mātou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i ngā hua

Kathleen Smitheram

From: Karalyn van Deursen
Sent: Wednesday, 5 August 2020 2:46 PM
To: Justine White; David Meates; Michael Frampton
Subject: FW: Justine White resignation [EXTERNAL SENDER]

Please see draft responses below. Feel free to edit. Deadline 3.30pm

From: 9(2)(a)
Sent: Wednesday, 5 August 2020 2:26 PM
To: Communications <Communications@cdhb.health.nz>
Subject: Justine White resignation [EXTERNAL SENDER]

Hi.

We're aware that Justine White has resigned from her role as chief financial officer and executive director of finance and corporate services for the Canterbury and West Coast DHBs.

I have some questions about this.

1. Who will replace her in her role? **tbc**
2. If no one has been selected for the role yet, what is the DHB's plan for ensuring things go smoothly until that happens? I.e. will someone step into the role in the short-term and if so, who? **An acting CFO will be appointed**
3. Given the news of Justine's resignation comes just a day after David Meates announced he is resigning as chief executive, and two other staff on the management team have also resigned recently, does this indicate the DHB is in turmoil? Why/ why not? **Timing is a coincidence and her new role presents a fantastic opportunity for Justine to utilise her many skills at NZ's biggest DHB. Please see the staff notice below.**
4. Was David's resignation the reason for Justine now resigning? Why/ why not? **See above.**

Can I please have a response to these questions by 3.30pm today (Wednesday) so we can make our Star print deadline for today and update our online story?

Sent on behalf of David Meates, Chief Executive Officer, Canterbury DHB

Kia ora koutou

It is with regret I advise that Justine White has resigned from her role as Chief Financial Officer and Executive Director of Finance and Corporate Services, Canterbury DHB and West Coast DHB.

Justine came to health 9 years ago after a career in the private sector. She has been a central member of the Executive Team that has navigated the Canterbury Health System through its most challenging period, and a key leader in the transformation of health services on the West Coast.

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facility repair and construction programme, which is the largest ever capital development programme in the history of New Zealand's public health system.

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Justine is leaving to take up the role of Chief Financial Officer for the Auckland District Health Board. In a statement released in Auckland this morning by Ailsa Claire - CEO, she says "Auckland DHB is thrilled to have attracted a Chief Financial Officer of Justine's calibre, and we look forward to welcoming her soon."

Justine's last working day is Friday 28 August 2020.

Ngā mihi
David

Kind regards.

Kathleen Smitheram

From: Karalyn van Deursen
Sent: Wednesday, 5 August 2020 3:11 PM
To: David Meates; Justine White; Michael Frampton; Carolyn Gullery
Subject: FW: Updated - draft statement

FYI – the statement below (a combo of two drafts sent through) is about to go to media who have asked the ‘what’s the plan?’ question.

From: Karalyn van Deursen
Sent: Wednesday, 5 August 2020 3:04 PM
To: John Hansen <John.Hansen@cdhb.health.nz>
Subject: Updated - draft statement

How’s this as a combo?

Please attribute comment to Sir John Hansen, Board Chair, Canterbury DHB

The Board is working with urgency to address the vacancies resulting from the recent resignations from the executive management team.

A recruitment programme has been initiated and interim solutions will be put in place to ensure Canterbury DHB continues to operate as normal and services are not affected.

Announcements regarding these matters will be made in due course.

The Board is concerned with the size of Canterbury’s deficit and has not made any final decisions on how to reduce the deficit.

Recommendations from the management team will be considered at the next Board meeting.

The Board is determined not to reduce services.

From: John Hansen
Sent: Wednesday, 5 August 2020 2:38 PM
To: Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>
Subject: Re: draft statement

How about :

The board is addressing the recent resignations from the senior urgently. A recruitment program has been initiated. Interim solutions will be put in place to ensure the CDHB continues to operate as normal and services will not be affected. Announcements regarding these matters will be made in due course.

Send it to Oli in particular and say I hope to speak to him next week.

Sent from my iPad

On 5/08/2020, at 13:49, Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz> wrote:

Hi John – how’s this?

Please attribute comment to Sir John Hansen, Chair, Canterbury District Health Board

The Board is concerned with the size of Canterbury's deficit and has not made any final decisions on how to reduce the deficit.
 Recommendations from the management team will be considered at the next Board meeting.
 The Board is determined not to reduce services.

ENDS

Plus have received this question from 9(2)(a)

Would it be possible to get a comment on why so many of the executive management team (four including David Meates since July) have resigned and whether the DHB can function in the short term with these losses?

Is the answer still: I have nothing further to add to yesterday's statement regarding David Meates' resignation.

Or something like:

The Board will be making an announcement regarding future arrangements in due course.

From: John Hansen

Sent: Wednesday, 5 August 2020 12:10 PM

To: Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>

Subject: Re: YESTERDAY'S QUESTIONS: Newsroom query - today's emergency board meeting[EXTERNAL SENDER]

Statement. You can draft something. Along the lives The board is of course concerned about the size of the deficit. The board has not yet made any decision on how to reduce the deficit yet. It will consider recommendations from management at the next meeting but the board is determined not to reduce services.

Sent from my iPad

On 5/08/2020, at 10:26, Karalyn van Deursen
 <Karalyn.Vandeursen@cdhb.health.nz> wrote:

From: Karalyn van Deursen **On Behalf Of** Communications

Sent: Tuesday, 4 August 2020 12:38 PM

To: John Hansen <John.Hansen@cdhb.health.nz>

Subject: 9(2)(a) today's emergency board meeting[EXTERNAL SENDER]

Hi John – can you advise how you'd like to respond to this query?
 The Ministry have received something similar.

To Whom It May Concern: I'm a reporter 9(2)(a) I hope you're well.

Can the DHB please state the effect of about \$50m in funding savings for: permanent staff, clinicians, and new hires?

We've been told it might lead to 200 admin jobs being cut, a reduction of about a third in the graduate nursing programme, NETP, and a hiring freeze.

9(2)(a) [REDACTED] has been told the Health Ministry and Lester Levy would like the DHB to essentially double those cuts. Would the DHB care to comment?

Tensions between the Ministry/monitor and the DHB have been described as nasty and ugly. How would the DHB describe them?

Please provide responses from a named person. My deadline is midday today.

Ngā mihi,

9(2)(a) [REDACTED]

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Kathleen Smitheram

From: Karalyn van Deursen
Sent: Thursday, 20 August 2020 8:19 PM
To: Hector Matthews
Subject: FW: URGENT REQUEST FOR CORRECTION

In case you start getting calls - for a while there was a [9(2)(a)] story on line which said you had resigned. Goodness knows where they got that from - you appear in a pic on stuff alongside Mary G and Sue N - perhaps someone just assumed....

Ngā mihi

Karalyn van Deursen
 Executive Director Communications
 Canterbury and West Coast District Health Boards Corporate Office, 32 Oxford Terrace, Christchurch
 T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – A matou uara

Care and respect for others – Manaaki me te kotua i etahi Integrity in all we do – Hapai i a matou mahi
 Responsibility for outcomes – Kaiwhakarite i ka hua

-----Original Message-----

From: Alex Taylor (Communications)
 Sent: Thursday, 20 August 2020 6:10 PM
 To: [9(2)(a)]
 Subject: URGENT REQUEST FOR CORRECTION

Hi [9(2)(a)]

I note in your reporting today you have cited that today's DHB executive management team resignations are Mary Gordon and Hector Matthews.

Hector has not resigned.

I'm not sure where you got this information from, but it is Chief Digital Officer Stella Ward who resigned as well as Mary today.

Can you please urgently correct this in all [9(2)(a)] reporting?

Cheers
 Alex

Alex Taylor
 Senior Media Advisor
 Canterbury District Health Board
 Mobile 027 567 5343

From: Sue Nightingale
Sent: Tuesday, 11 August 2020 11:47 AM
To: ashley_bloomfield@moh.govt.nz
Subject: FW: Interim CEO suggestions

Further discussions today – out of town suggestion

9(2)(a)

From: Sue Nightingale
Sent: Monday, 10 August 2020 6:25 PM
To: ashley_bloomfield@moh.govt.nz
Subject: Interim CEO suggestions

Hi Ashley

Thank you for listening. I find these sorts of conversations difficult and I am aware that this is perhaps the 4th time I have contacted you in a similar vein this year. This is not my modus operandi and, in fact, I have never done it before this year.

The names we came up with were:

9(2)(a)

What we need is someone who understands how to manage a complex healthcare system, understands that they do not have all the expertise and is relatively polite and respectful. Unfortunately, these are not the attributes that our board chair may be seeking.

And I think I need to add, which I didn't say, is that we, the clinicians, feel let down by the Ministry and the government. Because of the animosity to our exec or because of a lack of understanding we aren't sure we have been heard. Despite being told that we should be over it, we are not over the earthquake effects: we still have unfixed awful facilities; we get told about how much the government has spent on us when we are aware that a lot of it was reserves and EQ insurance; and we were seriously disadvantaged by the population based funding model post disaster. That is what has led us to this position. We are a very data-savvy organisation and many of us have examined the data. We struggle that the Ministry can have such a disparate view.

I know that we annoy people by saying that we are good – but this organisation has been exceptional, and we are very distressed at now watching its possible disintegration.

Kind Regards
Sue Nightingale

Kathleen Smitheram

From: Karalyn van Deursen
Sent: Friday, 14 August 2020 3:14 PM
To: David Meates; Michael Frampton
Cc: Alex Taylor (Communications)
Subject: FW: ASMS statement[EXTERNAL SENDER]

FYI –

Bad luck for us that we haven't announced it already – this is the 2nd media query.
 Will try to draft something now to announce to staff.

kvd

From: 9(2)(a)
Sent: Friday, 14 August 2020 3:12 PM
To: Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>
Subject: ASMS statement[EXTERNAL SENDER]

Hi Karalyn: The ASMS statement has just come out, including that Sue Nightingale has resigned. Can I get confirmation of that, please, and a response to the ASMS statement? They're calling it a leadership crisis.

I'm sure you have it, but here it is:

MEDIA RELEASE

14 August 2020

Doctors call for accountability and transparency from Canterbury DHB

Senior doctors at the Canterbury DHB are calling on the Board to front up to staff and to the people of Canterbury.

More than 100 members of the Association of Salaried Medical Specialists and the Canterbury Hospitals' Medical Staff Association met today to discuss a management leadership crisis.

It came as yet another senior executive resigned.

The resignation of the Chief Medical Officer follows that of Chief Executive David Meates and three other members of his executive team this month.

ASMS Executive Director Sarah Dalton says today's resignation will be particularly unsettling for clinical staff who are worried about the future direction and management of the DHB.

She echoed concerns expressed at the meeting about the Board doing much of its business behind closed doors, its singular focus on the deficit and cost-savings, and its failure to engage with or listen to clinical advice.

"Upmost in the minds of specialists is the best possible healthcare for Cantabrians and they feel that is being left out of the equation in the Board's decision-making.

"They need to have confidence that important decisions which will affect health care in the region for decades to come, are transparent, visible and are based on proper engagement with staff.

"Clearly that confidence has been shaken. It's something the Board needs to pay attention to," Sarah Dalton says.

Canterbury DHB is the largest employer in the South Island and the 12th largest in the country.

Sarah Dalton says what goes on at Canterbury DHB matters.

"Senior doctors and dentists are conscious that now more than ever, people need confidence in their health leadership. The focus should be on proper provision of services and safe care for patients, rather than decision-making based on politics and number-crunching".

9(2)(a)



RELEASED UNDER THE OIA

Kathleen Smitheram

From: David Meates
Sent: Friday, 14 August 2020 4:48 PM
To: Karalyn van Deursen; Michael Frampton; Susan Fitzmaurice
Subject: RE: Sue Nightingale - Resignation 14 08 2020.docx

Have made a few changes below. Happy for this to go

Ngā mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz | www.westcoastdhd.org.nz



Values – Ā Mātou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono |
 Responsibility for outcomes - Te Takohanga i ngā hua

From: Karalyn van Deursen

Sent: Friday, 14 August 2020 4:12 PM

To: Michael Frampton <Michael.Frampton@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>; Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>

Subject: Sue Nightingale - Resignation 14 08 2020.docx

Michael and Susan – can you pls fill in gaps and buff this up?

Sent on behalf of David Meates, Chief Executive Officer, Canterbury DHB

Kia ora koutou

It is with regret I advise that Sue Nightingale has resigned from her role as Chief Medical Officer at Canterbury DHB. Sue will continue to work through until the 20th December 2020 reflecting her critical role as the Executive lead for Service Continuity and lead for the COVID-19 response.

Sue joined the executive team in September 2016 after 6 years as Chief of Psychiatry at our Specialist Mental Health service.

In her time as Chief Medical Officer Sue has championed clinical ethics, equity, clinical governance, quality improvement and putting people receiving treatment and care at the heart of all we do.

Ensuring the consumer voice is heard and improving the consumer experience of health care are behind Sue's passion to continue to do the right thing and make it better for patients.

Under Sue's watch the Clinical Leaders Group has found its voice and had invaluable input into our facilities development programme and they have worked collaboratively across the system to develop and improve patient-centric models of care. Sue chairs the Clinical Board, is involved with the Canterbury Clinical Network and works closely with the Canterbury Primary Response Group.

Sustainability and ensuring decisions on medical supply purchasing are clinically-led and represent value for money are other areas of responsibility for Sue. She has also worked tirelessly to advocate for the interests of all medical staff.

Sue's leadership has seen her involved in a number of national programmes of work.

On behalf of the Board and EMT, I acknowledge Sue's tremendous contribution to the Canterbury Health System.

Ngā mihi
David

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Kathleen Smitheram

From: Karalyn van Deursen
Sent: Thursday, 20 August 2020 10:38 AM
To: Michael Frampton; David Meates; Susan Fitzmaurice
Subject: RE: Resignations of Mary Gordon, Executive Director of Nursing & Stella Ward, Chief Digital Officer

Thanks – it's not ideal having staff sending me the 9(2)(a) article. Did Sarah Dalton confirm or just hint at who was resigning?

Ngā mihi

Karalyn van Deursen
 Executive Director Communications
 Canterbury and West Coast District Health Boards
 Corporate Office, 32 Oxford Terrace, Christchurch
 T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – *A matou uara*
 Care and respect for others – *Manaaki me te kotua i etahi*
 Integrity in all we do – *Hapai i a matou mahi*
 Responsibility for outcomes – *Kaiwhakarite i ka hua*



From: Michael Frampton
Sent: Thursday, 20 August 2020 10:37 AM
To: Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>; Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>
Subject: RE: Resignations of Mary Gordon, Executive Director of Nursing & Stella Ward, Chief Digital Officer

My own sense is that this is important to get out. My small edits below.

Ngā mihi
 Michael

Michael Frampton
 Chief People Officer
 Canterbury District Health Board and West Coast District Health Board

9(2)(a) E: michael.frampton@cdhb.health.nz
 Level 1, Corporate Office, 32 Oxford Terrace | PO Box 1600 | Christchurch | New Zealand
www.cdhb.health.nz | www.wcdhb.health.nz | <https://www.linkedin.com/in/michaelframpton/>

From: Karalyn van Deursen
Sent: Thursday, 20 August 2020 10:33

To: David Meates <David.Meates@cdhb.health.nz>; Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>

Subject: Resignations of Mary Gordon, Executive Director of Nursing & Stella Ward, Chief Digital Officer

Can I send this out to all staff now that it's all in the media?

Sent on behalf of David Meates, Chief Executive

News of [the resignations this morning](#) of Mary [Gordon - Executive Director of Nursing](#) and Stella [Ward - Chief Digital Officer](#) just prior to today's Board meeting has been made public.

We will circulate further details later on, but in the meantime, I can confirm - with regret - that both Mary and Stella have resigned today.

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

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Responsibility for outcomes - Te Takohanga i ngā hua

Kathleen Smitheram

From: David Meates
Sent: Thursday, 20 August 2020 2:36 PM
To: Karalyn van Deursen; Carolyn Gullery; Justine White; Stella Ward; Michael Frampton; Mary Gordon (Executive Director of Nursing); Sue Nightingale
Subject: draft joint statement re resignations
Attachments: draft joint statement re resignations.docx

Please find attached a draft copy of a statement that the Chair is keen to go out today.

I would appreciate any thoughts / comments etc

RELEASED UNDER THE OFFICIAL INFORMATION ACT

A message on behalf of Sir John Hansen, Board Chair and David Meates, Chief Executive

We advise with regret, that today we received the resignations of Mary Gordon - Executive Director of Nursing and Stella Ward - Chief Digital Officer just prior to today's Board meeting.

We know that news of today's resignations on top of the recent resignations of some of their executive team colleagues is unsettling for everyone. It is so important that as a health system we continue to focus on providing the best possible care to our community.

Thank you in advance to those who have agreed to step into acting roles to cover their leaders who are departing. We have every confidence in your abilities and appreciate it will be challenging. Further details on acting arrangement given the announcements today will be confirmed on Monday.

We are aware that there has been real concerns being expressed about the level of savings being required to be delivered by the CDHB and the impact that would have on the level of services provided across the Canterbury Health system. Figures of \$90m plus have been circulating which has also increased the level of uncertainty and disquiet right across the organisation. With this in mind the Board today have endorsed an Annual Plan to be submitted to the MOH which is underpinned by a \$56m savings plan. While this will be a challenge it is something that this organisation has demonstrated over and over again, its ability to deliver. It also gives certainty as to what we are all aiming to achieve.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Kathleen Smitheram

From: Carolyn Gullery
Sent: Thursday, 20 August 2020 2:39 PM
To: David Meates
Cc: Karalyn van Deursen; Justine White; Stella Ward; Michael Frampton; Mary Gordon (Executive Director of Nursing); Sue Nightingale
Subject: Re: draft joint statement re resignations

Think it is good

Sent from my iPhone
Carolyn.gullery@cdhb.health.nz

On 20/08/2020, at 2:35 PM, David Meates <David.Meates@cdhb.health.nz> wrote:

Please find attached a draft copy of a statement that the Chair is keen to go out today.

I would appreciate any thoughts / comments etc
<draft joint statement re resignations.docx>

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Kathleen Smitheram

From: Sue Nightingale
Sent: Thursday, 20 August 2020 3:17 PM
To: David Meates
Cc: Karalyn van Deursen; Carolyn Gullery; Justine White; Stella Ward; Michael Frampton; Mary Gordon (Executive Director of Nursing)
Subject: Re: draft joint statement re resignations

There seems to be a bit missing about how wonderful they are and what a sad loss they will be?

Sent from my iPad

On 20/08/2020, at 2:35 PM, David Meates <David.Meates@cdhb.health.nz> wrote:

Please find attached a draft copy of a statement that the Chair is keen to go out today.

I would appreciate any thoughts / comments etc
<draft joint statement re resignations.docx>

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Kathleen Smitheram

From: Justine White
Sent: Friday, 21 August 2020 7:55 AM
To: Karalyn van Deursen
Cc: Mary Gordon (Executive Director of Nursing); Sue Nightingale
Subject: Re: final draft - note to staff - is this now good to go.

Only one change - the board and crown monitor wanted this level of saving, they need to own it - 9(2)(g)(i)

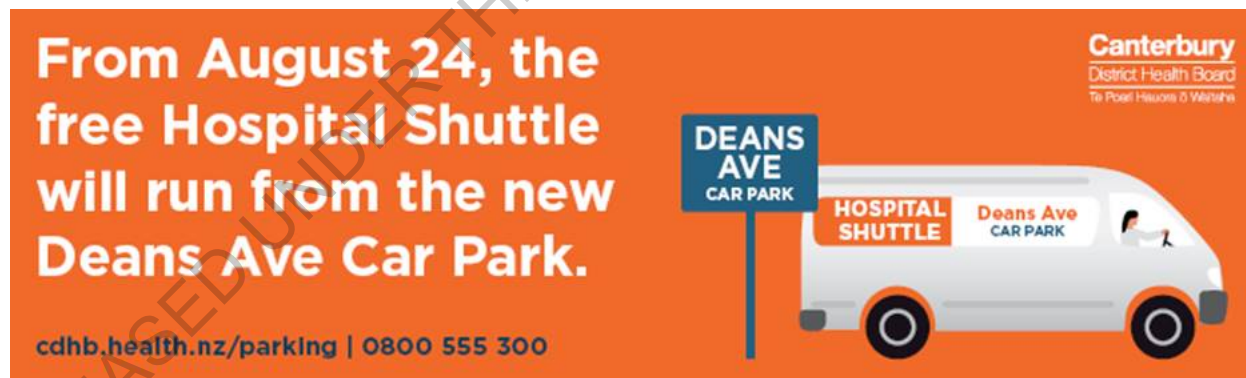
On 20/08/2020, at 6:03 PM, Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz> wrote:

Hi all – can you pls review the final final version (I hope) of this note to staff.
 Justine, is the \$145m for next year's planned deficit crct?

Ngā mihi

Karalyn van Deursen
 Executive Director Communications
 Canterbury and West Coast District Health Boards
 Corporate Office, 32 Oxford Terrace, Christchurch
 T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – *A matou uara*
 Care and respect for others – *Manaaki me te kotua i etahi*
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 Responsibility for outcomes – *Kaiwhakarite i ka hua*



From: Karalyn van Deursen
Sent: Thursday, 20 August 2020 6:01 PM
To: David Meates <David.Meates@cdhb.health.nz>; John Hansen <John.Hansen@cdhb.health.nz>
Subject: final draft - note to staff - is this now good to go.

Here's the updated draft with tweaks from both of you.
 Can you confirm that the \$145 is crct?

A message on behalf of Sir John Hansen, Board Chair and David Meates, Chief Executive

We advise with regret, that today we received the resignations of Mary Gordon - Executive Director of Nursing and Stella Ward - Chief Digital Officer just prior to today's Board meeting.

We know that news of today's resignations on top of the recent resignations of some of their executive team colleagues is unsettling for everyone. It is so important that as a health system we continue to focus on providing the best possible care to our community.

Thank you in advance to those who have agreed to step into acting roles to cover their leaders who are departing. We have every confidence in your abilities and appreciate it will be challenging. Further details on acting arrangements given the announcements today will be confirmed on Monday.

We are aware that there have been real concerns expressed about the level of savings being required to be delivered by Canterbury DHB and the impact that would have on the level of services provided across the Canterbury Health system. Figures of \$90m plus have been circulating which has also increased the level of uncertainty and disquiet across the organisation.

With this in mind, today the Board **considered and endorsed the plan** to save \$56.9 million. This sum is now included the Annual Plan to be submitted to the Ministry of Health which **shows a planned deficit for the 20/21 year of \$145 million (after the planned savings are taken into account)**.

While this will be challenging, we believe this is achievable and as we've seen time and time again this organisation has demonstrated its ability to deliver. We now know what we are all aiming to achieve.

David Meates
Chief Executive

John Hansen
Board Chair

Kathleen Smitheram

From: Karalyn van Deursen
Sent: Monday, 24 August 2020 7:37 PM
To: David Meates; Michael Frampton; Carolyn Gullery
Subject: Fwd: Unravelling Truths In Canterbury District Health Board Leadership Meltdown Scandal

Nga mihi

Karalyn van Deursen
 Executive Director Communications
 Canterbury & West Coast District Health Boards
 Oxford Terrace
 Christchurch
 e karalyn.vandeursen@cdhb.health.nz
 p +64 27 531 4796 or +64 3 364 4103
 @karalynvand @canterburydhhb

Begin forwarded message:

From: Scoop Outgoing News <outgoing-news@scoop.co.nz>
Date: 24 August 2020 at 7:02:14 PM NZST
Subject: Unravelling Truths In Canterbury District Health Board Leadership Meltdown Scandal
Reply-To: The Scoop Editor <editor@scoop.co.nz>

Newsagent

Unravelling Truths In Canterbury District Health Board Leadership Meltdown Scandal

Monday, 24 August 2020 6:56 pm | Ian Powell Opinion

Tags: Top Scoops, Healthcare Industry, Newsworthy, Health Policy, General Politics, Local Government.

The more debate continues over a scandal, the more inconvenient truths unravel. The meltdown of the executive leadership (senior management) team at Canterbury District Health Board (CDHB) is no exception to this truism.

It is now clear that a decision in June 2019 was made in Wellington by then Minister of Health David Clark, almost certainly on the advice of his Director-General Ashley Bloomfield which set what was to follow in train. He appointed Lester Levy crown monitor for CDHB. It was an incompetent decision based on highly questionable advice with an objective of bringing CDHB's leadership into line over a dispute involving the DHB's deficit without regard to its prime cause.

Crown Monitor role

Crown monitors are rarely used in DHBs. They monitor, advise and report to the Minister and Ministry on the performance of DHBs that are considered to be struggling financially. They are not Board members.

It was extraordinary that Clark would reach out to a National Party favourite to deal to those he had previously praised when in opposition. Levy's track record in the 3 previous DHBs where he had been Chair of their Boards soon led to the resignations of all 3 chief executives (1 was justified and the other 2 scapegoated).

From June 2019 it was clear that Canterbury Chief Executive David Meates would be the fourth. There was a consistent narrative in the first 3 DHBs that continued with Canterbury – the DHB was in a state of crisis (none were) and Levy was the solution (modesty wasn't a consideration).

There were 3 other reasons why this was a surprise Ministerial appointment. It was common knowledge that following Levy's appointment as Chair of the third DHB (Counties Manukau) its workforce morale plummeted.

Second, CDHB's leadership was from the school of low transaction cost relational decision-making whereas Levy was from the opposite school of high transaction cost contractualism and managerialism; a clear cultural clash.

Third, Levy had been the deputy chair of Health Benefits Ltd, a crown entity charged with developing shared support services between DHBs. He had pushed strongly for the Compass catering company to extend its coverage of DHBs. Many DHBs such as Canterbury resisted this pressure. Shortly before controversy over the contracting process and patient food quality became public he quietly resigned. Curiously his HBL involvement doesn't appear on his Wikipedia profile.

Deficit dispute

The dispute between Minister Clark (and the Health Ministry) and CDHB over the approved deficit as part of the 2019-20 annual plan continued with the Minister refusing to sign the plan by the end of the financial year on 30 June. This was highly unusual indicating strong political and bureaucratic antipathy from Wellington.

In December, the Minister chose not to reappoint the CDHB Board Chair John Wood and his deputy Maui Solomon, both of whom recognised the effectiveness of the relational leadership culture. They were inconvenient. New Chair John Hansen turned out to be more responsive to the central government position and much less inclined to fight for the needs of the Canterbury population on matters where his political masters took a different view, which is presumably why he was appointed.

As has been previously discussed, despite these difficulties, the executive management team managed to submit to the Health Ministry a draft annual plan for the 2020-21 financial year with a \$145 million deficit (including a savings plan for \$56 million on estimated total costs) and a pathway to breakeven within 3 years. The Ministry, supported by Lester Levy, rejected it and said the deficit must be \$90 million.

To my surprise the Board supported the \$145 million deficit at its meeting on 20 August although not unanimously (neither did Levy). This was unquestionably due to

the public outcry of Canterbury senior doctors, nurses and other staff and the continued advocacy of the largely outgoing executive management team. This throws the ball firmly back in the court of the Health Ministry and Health Minister Chris Hipkins where it belongs.

This morning Lester Levy was interviewed on Radio New Zealand's 'Nine to Noon' programme. He made a number of assertions that I considered to be disingenuous. One was that ordinary operational expenses (rather than structural ones linked to earthquake driven rebuilding) were a significant driver of the current deficit.

The main drivers are the intertwined deadly combination of capital charges, depreciation and big delays to the new Hagley building (acute services block). The refutation of Levy's claim is that in CDHB's proposed plan for the current financial year the continued Hagley delay accounts for \$18 million additional outsourcing to the private sector. Without that delay CDHB would have a \$9 million surplus on operational expenses (excluding those driven by structural rebuild drivers).

The executive management team has for some years advised that CDHB would be able to breakeven 2 years after Hagley was opened (it still isn't). The enormous irony is that the Health Ministry is responsible for the Hagley building, not CDHB, and consequently responsible for the high deficit.

An inevitable but avoidable consequence of all this turmoil is not so much the deficit argument as important as this is. It is a clash of leadership cultures and the principles upon which a modern public health system should function including that what makes good clinical sense also makes good financial sense. It has led to a well-performing DHB relative to other DHBs spiralling downwards and out-of-control.

This clash of cultures has inevitably led to a toxic environment between the Board and the senior staff that report to it and a loss of trust and confidence from the wider health professional workforce upon whom it depends.

Minister must step up

Minister Hipkins must intervene. He must require that the Board Chair be replaced with someone in tune with a relational leadership culture that has done so well for Canterbury during over a decade of natural disasters and mass murder. The crown monitor similarly must be replaced. Finally he needs to require a change of direction from his Health Ministry away from this adversarial relationship.

It's time to step up Chris. The Board and Crown Monitor are accountable, but the Minister is responsible.

<https://www.scoop.co.nz/stories/HL2008/S00183.htm>

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Kathleen Smitheram

From: Michael Frampton
Sent: Tuesday, 25 August 2020 8:54 AM
To: Mary Gordon (Executive Director of Nursing)
Cc: Alex Taylor (Communications); David Meates; Becky Hickmott; Karalyn van Deursen; Jenna Manahi
Subject: Re: INPUT NEEDED - MEDIA ENQUIRY FW: New grad nurse positions[EXTERNAL SENDER]

Agree

Sent from my iPhone

On 25/08/2020, at 8:53 AM, Mary Gordon (Executive Director of Nursing)
 <Mary.Gordon@cdhb.health.nz> wrote:

Yep its called a \$56M savings plan.
 Mary

Mary Gordon
 Executive Director of Nursing
 Canterbury District Health Board
 Level 1 Corporate Office
 32 Oxford Terrace
 Christchurch

9(2)(a)



<image002.png>

From: Alex Taylor (Communications)
Sent: Tuesday, 25 August 2020 8:53 a.m.
To: Michael Frampton <Michael.Frampton@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>
Cc: Becky Hickmott <Rebecca.Hickmott@cdhb.health.nz>; Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>; Jenna Manahi <Jenna.Manahi@cdhb.health.nz>
Subject: RE: INPUT NEEDED - MEDIA ENQUIRY FW: New grad nurse positions[EXTERNAL SENDER]

Hi all,

Just following up re this one. Is there something we can say re why we are having to take less nursing graduates on this year?

Cheers

Alex

From: Alex Taylor (Communications)
Sent: Monday, 24 August 2020 4:13 p.m.
To: Michael Frampton <Michael.Frampton@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>
Cc: Becky Hickmott <Rebecca.Hickmott@cdhb.health.nz>; Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>
Subject: INPUT NEEDED - MEDIA ENQUIRY FW: New grad nurse positions[EXTERNAL SENDER]

Hi Michael and David,

Please see below an enquiry regarding the number of nursing graduates we are employing this year and an updated response.

There is one outstanding question: **If this is correct, could you please tell me why this is happening?**

Can you please advise on how you think we should address this/answer why there has been a reduction?

To be attributed to Mary Gordon, Executive Director of Nursing, Canterbury DHB:

In the last [ACE](#) round of recruitment we received 105 applications for the wider Canterbury region. Of these 95 applicants were from Ara Institute of Canterbury.

ACE (Advanced Choice of Employment) is the centralised organisation where new graduate nurses can apply for their first role as a Registered Nurse anywhere in New Zealand.

Canterbury DHB has offered a total of 45 graduate positions in the current round:

- 34 for *NETP in the initial round, 32 of these NETP positions were Ara graduates*
- 11 positions were offered NESP, 9 of these NESP positions were Ara graduates*

**NETP - Nursing Entry to Practice*

**NESP - New Entry to Specialist Practice, Mental Health & Addiction Nursing*

As vacancies become available we will be prioritising, where appropriate, new graduates to take on these positions.

We have appointed a further 10 graduates into fixed-term positions working in the Managed Isolation and Quarantine facilities in Canterbury and we are currently working to appoint more to these facilities.

These are important roles as part of our border measures to keep COVID-19 out of New Zealand.

Ensuring the safety and wellbeing of our citizens and permanent residents in managed isolation and quarantine in Canterbury is a high priority.

We believe new graduate nurses will be ideal to undertake this role as part of a small team, as their training in holistic assessment, attention to detail, and understanding of the importance of adherence to policy and following escalation processes will add significant value to the health response in the Managed Isolation and Quarantine facilities.

A robust supervision and support process will be provided to these new graduates with staff assigned to coordinate, develop and oversee new graduates working within these facilities who will be working alongside an associate manager and a senior registered nurse.

For many years we have been fortunate to be one of the nation's leaders in consistently employing large cohorts of graduates. This is because of our strong collaboration with our local schools of nursing. For instance, our local graduates topped the country for employment rates, with more than 90 percent finding work after graduation. These graduates are our future nursing workforce; they will be the nurse educators and leaders who will be shaping the health system. We will continue to work closely with our local institutions and their graduates to ensure they are placed into roles as they become available.

We appreciate that the availability of positions may be upsetting for some graduates and encourage them to stay in touch both with their training institution as well as the Canterbury DHB Nursing team via email at netp@cdhb.health.nz

Please see below for a breakdown of the intakes from the past two years:

2019:

NETP:

71 graduates who were eligible for funding by Health Workforce Directorate
2 graduates unfunded or not eligible for funding by Health Workforce Directorate but funded instead by their hiring managers
Total = 73

NESP (Mental Health grads): 1

Total for September 2019 intake = 74

2018:

NETP:

78 graduates who were eligible for funding by Health Workforce Directorate
6 graduates unfunded or not eligible for funding by Health Workforce Directorate but funded instead by their hiring managers
Total = 84

NESP (Mental Health grads): 14 graduates

Total for September 2018 intake = 98

Ngā mihi

Alex

Alex Taylor

Senior Media Advisor

Canterbury and West Coast District Health Boards

T: 03 364 4122 or ext: 62122 | M: 027 567 5343

Level 1, Corporate Office, 32 Oxford Terrace, Christchurch

<image003.jpg>

From: 9(2)(a)

Sent: Monday, 24 August 2020 9:17 a.m.

To: Alex Taylor (Communications) <Alex.Taylor2@cdhb.health.nz>

Subject: New grad nurse positions[EXTERNAL SENDER]

Hi Alex,

I heard the DHB has only 35 new graduate nurse positions for 120 graduating nurses. Could you please check whether this is correct, and if not please tell me how many graduating nurses there are and how many new nurse positions there are for them this year?

If this is correct, could you please tell me why this is happening? How many positions are normally available - eg last year and the previous 3 years? Where will the extra graduating nurses who can't get a job go?

I would be grateful for a response before 4pm today.

Kind regards,

9(2)(a)



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Kathleen Smitheram

From: Karalyn van Deursen
Sent: Tuesday, 25 August 2020 2:51 PM
To: Carolyn Gullery; David Green; David Meates; Debra Parker; Dee Mccarthy; Evon Currie; Hector Matthews; Jacqui Lunday Johnstone; Jayne Stephenson; Jenna Manahi; Julie Jones; Justine White; Karalyn van Deursen; Kay Jenkins; Mary Gordon (Executive Director of Nursing); Mary Howell; Melissa Macfarlane; Michael Frampton; Paul Lamb; Ralph La salle; Regan Nolan; Rochelle Audeau; Sarah Connell; Stella Ward; Sue Nightingale; Susan Fitzmaurice
Subject: FW: Government Needs To Front Up On Canterbury DHB Crisis

fyi

Ngā mihi

Karalyn van Deursen
 Executive Director Communications
 Canterbury and West Coast District Health Boards
 Corporate Office, 32 Oxford Terrace, Christchurch
 T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

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From: Scoop Outgoing News <outgoing-news@scoop.co.nz>
Sent: Tuesday, 25 August 2020 1:15 PM
Subject: Government Needs To Front Up On Canterbury DHB Crisis

Newsagent

Government Needs To Front Up On Canterbury DHB Crisis

Tuesday, 25 August 2020 1:14 pm | Association of Salaried Medical Specialists Press Release
 Tags: Politics, Healthcare Industry, Medical, General Politics.

The Association of Salaried Medical Specialists says it's time for the Government to front up to the people of Canterbury about the governance crisis at the District Health Board.

The DHB is facing an unprecedented crisis after the resignation of 7 of the 11-strong executive management team, including the Chief Executive David Meates.

The string of resignations is the result of an adversarial approach by the new Board and Crown Monitor Lester Levy over the DHB's deficit and a savings plan which is expected to include cost-cutting of services and staff.

ASMS understands that the draft annual plan includes proposals that would cut approximately \$13 million dollars in nursing staffing, and more than \$2 million dollars in unspecified "job sizing" which is a term used to manage the number of senior doctors employed at the DHB. Another \$3.5 million in savings would be achieved by reducing jobs for newly qualified nurses – with only a third of the usual number of nursing graduates being offered jobs at CDHB in 2021.

"This flies in the face of recent statements by the Crown Monitor and Board Chair," says ASMS Executive Director Sarah Dalton. "We also understand the Ministry of Health has signed off on it. We find it astonishing that this attack on safe staffing would be sought by any Board in this Covid environment".

She says in less than a year the new Canterbury Board and Monitor has caused a well-run DHB, modelling innovation and good relationships between clinical staff and management, to implode. There are also deep divisions within the Board between the elected and appointed members.

"DHB staff and the public deserve some answers. We have yet to hear anything from the Government, the Ministry of Health or any of the Government MPs in Canterbury. They need to show us that they are listening to concerns and are willing to take action".

ASMS members firmly believe the Board and the Crown Monitor are not acting in the interests of staff or patients in Canterbury and their decision-making is not transparent.

"The focus needs to be on proper provision of services and safe care for patients. The Government needs to intervene and show the people of Canterbury that their health matters," Sarah Dalton says.

<https://www.scoop.co.nz/stories/PO2008/S00291.htm>

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From: [Carolyn Gullery](#)
To: [David Meates](#)
Cc: carolyn.gullery@gmail.com
Subject: FW: Equity movements CDHB since 2012/13
Date: Tuesday, 25 August 2020 11:37:40 AM
Attachments: 9(2)(i)(j) [REDACTED]
Importance: High

From: Justine White
Sent: Tuesday, 25 August 2020 10:39 a.m.
To: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>
Subject: FW: Equity movements CDHB since 2012/13
Importance: High

Justine White
 Executive Director Finance & Corporate Services
 Canterbury District Health Board & West Coast District Health Board
 9(2)(a) [REDACTED]

From: Justine White
Sent: Tuesday, 2 June 2020 1:01 p.m.
To: john.hazeldine@health.govt.nz; john_hazeldine@moh.govt.nz
Cc: Michelle.Arrowsmith@health.govt.nz
Subject: RE: Equity movements CDHB since 2012/13
Importance: High

Hi John

It would be appreciated if you could provide a response in regard to my query below?

Thanks

Justine White
 Executive Director Finance & Corporate Services
 Canterbury District Health Board & West Coast District Health Board
 9(2)(a) [REDACTED]

From: Justine White
Sent: Thursday, 21 May 2020 11:50 a.m.
To: john.hazeldine@health.govt.nz; john_hazeldine@moh.govt.nz
Subject: Equity movements CDHB since 2012/13

Hi John

Wonder if you can assist me with this please, appreciate that this may not be within your

normal realm these days but given you have had a continued involvement with the CDHB over this time, your recollection of events would be great.

Recently Lester indicated that he had information from the Ministry that CDHB had received '\$700m in equity from the Ministry over the last few years.

In an attempt to understand how this number has been derived, I have had the team reconcile movements since 2012/13 (**see attached**).

As far as I can see in order to get to the \$700m it would appear that the Debt:Equity swap (which as you know was essentially neutral to DHBs) has been included, it would also appear to have included the EQPOW drawdowns, yet has not factored in that the EQPOW and the Burwood equity drawdowns were precipitated by a return of equity by the CDHB.

As I see it, if we are looking at a net equity movement over this time period it would appear that the total net equity received by the CDHB is circa \$23m – can you review the attached and confirm if you would agree with this, or if you disagree, what we have omitted?

Regards

Justine White

Executive Director, Finance & Corporate Services
Canterbury District Health Board & West Coast District Health Board
PO Box 1600 Christchurch 8140

9(2)(a)

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www.cdhb.health.nz

DHB Logo from Web Page



www.westcoastdhb.org.nz

Please consider the environment before printing this email

Kathleen Smitheram

From: Karalyn van Deursen
Sent: Wednesday, 26 August 2020 7:15 PM
To: Becky Hickmott; Carolyn Gullery; David Green; David Meates; Debra Parker; Dee McCarthy; Evon Currie; Hector Matthews; Jacqui Lunday Johnstone; Jayne Stephenson; Jenna Manahi; Julie Jones; Justine White; Karalyn van Deursen; Kay Jenkins; Mary Gordon (Executive Director of Nursing); Mary Howell; Melissa Macfarlane; Michael Frampton; Paul Lamb; Ralph La salle; Regan Nolan; Rochelle Audeau; Sarah Connell; Stella Ward; Sue Nightingale; Susan Fitzmaurice
Cc: Dan Coward; Renee Parsons
Subject: PMO draft managers pack - Accelerating our future
Attachments: 9(2)(i)(j)

Hi all

Please find attached a draft comms pack for managers comprising an introductory email from Dan and key messages and FAQs on the six themes.

Note: this draft incorporates feedback from ER, nursing (quality) and Sue.

There are still a couple of gaps to fill – Carolyn – think you might be able to help to flesh out the External Contract Savings Programme section (on the last page).

*It's only 5 and bit pages – we would appreciate any feedback/suggestions – and definitely corrections.

TIA
 kvd

Ngā mihi

Karalyn van Deursen

Executive Director Communications
 Canterbury and West Coast District Health Boards
 Corporate Office, 32 Oxford Terrace, Christchurch
 T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – *A matou uara*


Care and respect for others – *Manaaki me te kotua i etahi*

Integrity in all we do – *Hapai i a matou mahi*

Responsibility for outcomes – *Kaiwhakarite i ka hua*

From August 24, the free Hospital Shuttle will run from the new Deans Ave Car Park.

cdhb.health.nz/parking | 0800 555 300



Canterbury District Health Board
 Te Pōwhiri Hauora o Wairarapa

From: [Carolyn Gullery](#)
To: [David Meates](#)
Subject: FW: Updated Executive Management Team Response to the Canterbury DHB Task Force Review Phase 1 Version 2
Date: Thursday, 3 September 2020 4:52:06 PM
Attachments: 9(2)(i)(j) [REDACTED]

From: Carolyn Gullery
Sent: Saturday, 29 August 2020 1:15 p.m.
To: Anna Craw <Anna.Craw@cdhb.health.nz>
Subject: Updated Executive Management Team Response to the Canterbury DHB Task Force Review Phase 1 Version 2

Please forward to 9(2)(a) [REDACTED] . It has some errors corrected

RELEASED UNDER THE OFFICIAL INFORMATION ACT

From: [Carolyn Gullery](#)
To: [Karalyn van Deursen](#)
Cc: carolyn.gullery@gmail.com
Bcc: [Carolyn Gullery](#)
Subject: Re: Feedback on the deficit article
Date: Tuesday, 1 September 2020 3:38:09 PM
Attachments: [image001.jpg](#)

Nice work - can I have a word copy too ? I am sure that I will need it

Sent from my iPhone
 Carolyn.gullery@cdhb.health.nz

On 1/09/2020, at 2:00 PM, Karalyn van Deursen
 <Karalyn.Vandeursen@cdhb.health.nz> wrote:

Here you go – take a bow team.
 Have had a number of requests for the word version of this as well.

From: Amy Kay
Sent: Tuesday, 1 September 2020 9:07 a.m.
To: Communications <Communications@cdhb.health.nz>
Subject: Feedback on the deficit article

Kia ora,

I feel compelled to take a moment to feed back on the deficit article in this week's CEO Update.

There's been so much information around the current situation at CDHB that it's hard for those not directly involved to piece it together into a coherent big picture – this article did exactly that and demystified a complicated situation for readers. Well done for an excellent piece; everyone around me is reading it and everyone's reaction seems to mirror my own.

I'd like to be able to say that understanding the root causes of the deficit issue would alleviate some of the frustrations and concern around the recent MoH and Board decisions, however, sadly it does not. Instead, it increases the incredulity of those people proud to be employed by this organisation.

Nga mihi
 Amy

Amy Kay

Programme Manager, Holidays Act Compliance Programme
 Employment Relations, Compensation and Benefits - People and Capability

Email: amy.kay@cdhb.health.nz | 9(2)(a)

32 Oxford Terrace | PO Box 1600 | Christchurch | New Zealand

www.cdhb.health.nz | www.westcoastdhb.org.nz

[<image001.jpg>](#)

Values – A Matou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hapai i a matou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i nga hua..

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CEO UPDATE

31 August 2020 | 31 Here-turi-kōkā 2020

Canterbury

District Health Board

Te Poari Hauora o Waitaha



Thank you

As I prepare to head out the door on Friday for the last time, I want to say thank you and farewell.

It is almost 12 years since I started at Canterbury DHB. I couldn't possibly have known how rewarding, challenging, exciting and enriching the experience would be. It's been an absolute privilege to work alongside you all, and I'm so grateful to have been part of such a talented, passionate and committed health system team here in Canterbury and on the West Coast.

Together we created an integrated health system that was underpinned by three strategic goals centred around people and aimed not to waste their time:

- › People take greater responsibility for their own health – the development of services that support people/whānau to stay well and take increased responsibility for their own health and wellbeing.
- › People stay well in their own homes and communities – the development of primary care and community services to support people/whānau in a community-based setting and provide a point of ongoing continuity, which for most people will be general practice.
- › People receive timely and appropriate complex care – the freeing up of hospital-based specialist resources to be responsive to episodic events and the provision of complex care and support and specialist advice to primary care.

This has enabled us to manage some of New Zealand's largest disasters in a way that has ensured our community has had, and continues to have, access to health services.

We have come a long way over the past 12 years: whether it be models of care and changes to service delivery; the creation of Community HealthPathways (now in 47 health

systems) and Hospital HealthPathways; use of electronic systems ERMS, Cortex, Patient Track, HealthOne/Health Connect South, SIPICS and max.; the acute demand programme that now supports 34,000 people in a community setting instead of a hospital; mental health services (both specialist and non-governmental organisation/primary and community care); ongoing earthquake repairs; the inclusion of the Chathams in our system; the TransAlpine Services with the West Coast and lots of new facilities including Kaikōura, Rangiora, Akaroa, Ashburton, Burwood Hospital, Christchurch Outpatients, Christchurch Hospital Hagley, Mothers and Babies, Eating Disorders and Child and Youth facilities; and on the Coast: Te Nikau Hospital & Health Centre and Buller Health Centre.

We now operate a system in Canterbury that has a single source of data truth and is run with real time data and information that enables active 24/7 patient flow. Every discussion and decision about services is immersed in data and how to 'make it better.'

The focus and orientation of the Canterbury Health system is on 'how to make it happen' as opposed to 'why it can't happen.'

The Canterbury Health System is curious, comfortable with innovation and rapid change (as long as they have been part of designing it) and most importantly every part of the Canterbury Health System 'gives a damn' about community, citizens and patients.

Most of all, I want to thank every one of you for the part that you have played in creating the Canterbury Health System.

In this issue

- › Regulars – Kōrero ai... pg 7-9
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- › World-first study on blood hormone could help reduce cardiovascular deaths... pg 13
- › Expert dialysis nurse retires... pg 14
- › Introducing Stand Up September... pg 15
- › Support of many creates barbecue area for spinal patients and their families... pg 16
- › One minute with... Mary Win... pg 18
- › Notices – Pānu... pg 19-20

31 August 2020

Thank you for your courage, your willingness to make a difference, the remarkable way that you have responded to every possible challenge by making the Canterbury Health System one of the most integrated health systems in the world.

Not once has the Canterbury Health System lost its focus on delivering the best possible care to its community. Despite every challenge that has been thrown its way Canterbury has steadily remained one of the best performing health systems anywhere in the world. This is something that you can all feel rightly proud of. Your effort has been simply extraordinary, time and time again.

Thank you all for being wonderful leaders and serving the people of Canterbury. You have all committed to making a real and tangible difference to our people. I have been privileged to have worked with you all as we collectively faced some incredibly daunting challenges.

The real strength that you have all demonstrated over and over is that we are so much stronger together. Thank you for all the support that you have provided over the years.

I wish you all the very best for the coming challenges and opportunities in the knowledge that our community has a health system in Canterbury committed to doing whatever it takes to "make it better."

Ehara taku toa i te toa takitahi, engari he toa takitini. Success is not the work of one, but the work of many.

As I'm about to leave I thought this whakataukī, 'Haere whakamua, titiro whakamuri' seemed very apt. It encourages us to walk into the future, with our eyes open to the past.

Take a moment to look back and reflect so you can move forward.

Canterbury and West Coast has been through a lot over the past ten years and the Canterbury and West Coast Health Systems have had to respond in extraordinary ways

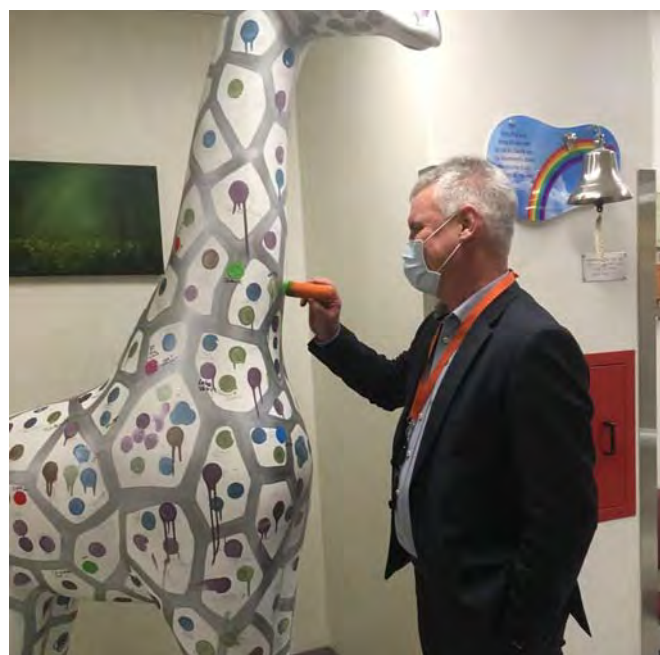
4 September, 2010	Mag 7.1 earthquake
19 November 2010	Pike River Mining Disaster
22 February 2011	Mag 6.3 earthquake
13 June 2011	Mag 6.4 earthquake
23 December 2011	Mag 6.0 earthquake
2013 and 2014	Several serious floods
14 February 2016	Mag 5.7 earthquake
14 November 2016	Mag 7.8 earthquake
13 February 2017	Port Hills fire
15 March 2019	Terrorist attack on mosques
29 March 2019	New Outpatient facility flooded with 15,000 outpatient appointments cancelled & rescheduled
11 December 2019	Whakaari/White Island
February 2020 onwards	COVID-19

David's farewell tour

I have spent some time over the past few weeks visiting clinical and admin teams to thank them for all of their work, especially throughout this year, which has been particularly trying for our health system.

When I stopped in to see the team at the Child Haematology Oncology Centre (CHOC), I was honoured to be invited to leave my name on Dot the Giraffe (pictured right), a special permanent member of the team. Dot was gifted to CHOC in 2015 as part of the "Stand Tall" project that saw 52 giraffes decorated and displayed around Christchurch as a symbol of hope. Dot is now part of the fabric of CHOC with every child having the opportunity to place their own special coloured spot as a symbolic form of memory making of their time on CHOC.

Staff who have formed part of CHOC Unit are similarly remembered and acknowledged.



31 August 2020

My dot was in recognition of my support for the Paediatric Oncology Service in 2010 when it took on patients from the Wellington region and its move to the current purpose-built facility in 2015.

I was so impressed by the team at Canterbury Health Laboratories (CHL) who have been working above and beyond supporting New Zealand's COVID response. Despite the facility constraints they are an awesome team doing superb work.

When in Ashburton, there was time for a cuppa and a chat with Sue Hopkins (pictured right), the coordinator of the DHB's Elizabeth Street Day Care Centre. The Centre is open weekdays and provides a range of services and opportunities for social activities for locals with age-related disabilities.

CHL visit: David with Pathologist Assistant, Anatomical Pathology Ron Laforteza



Why does Canterbury DHB have a deficit?

There have been a large number of requests for clarity about Canterbury DHB's deficit position in response to some poorly informed comments made in recent weeks.

For the sake of clarity, and to remove any ambiguity, I hope that the following summary will help all staff understand why we have a deficit.

The aftermath of the earthquakes and subsequent decisions from central agencies has continued to have a significant impact on our DHB. While our collective focus over this past decade has been on efficient and effective provision of services we have continued to grapple with a number of factors outside our control. These factors that contribute to the DHB deficit can be best summarised as follows:

1. Earthquake-related depreciation costs (>\$35m per annum (pa))
2. Earthquake/insurance-related capital costs (\$23m pa)
3. The decline in Canterbury's funding share (>\$60m pa)
4. Delays in the delivery of Hagley and other facility-related inefficiencies as a result of the earthquakes (>\$60m pa)

The combined total of these four drivers alone is \$178 million per annum, and each year Hagley is delayed we have to pay for another year's worth of outsourced/outplaced surgery.

Capital charges are the funds we pay to the government – much like a tax on our assets. And when we invest in new facilities, we are liable to pay more capital charges.

Depreciation is a way of spreading the cost of replacing big assets, such as buildings or expensive equipment, over the life of that asset. Depreciation rates are based on the value and useful life of an asset. With the repair of damaged buildings post-quakes, we have had to invest significant money to be able to continue to use these facilities.

This increases the value of the assets and therefore, the funds we pay the Crown. However, their life has not been extended and this results in a higher depreciation level than would be expected, which impacts our financial results. We pay \$50m more each year in depreciation charges than a similar sized DHB, which directly impacts on the resources we have to allocate to services.

Recent Statistics NZ work verified that Canterbury's population has grown at a higher rate than the New Zealand average (1.35% vs 1.26% annually) and growth has remained steady over the past three financial years. We have approximately 11.5% of the country's population, but our share of population-based funding has declined markedly, particularly since 2014/15 (from 11.11% to 10.73%).

Our share of population-based funding has not matched funding increases of similar sized DHBs who have recently had significant drops in their populations according to recent Statistics NZ estimates.

From 2014/15 to 20/21 our funding per capita of population increased by 18.6%. Over that same time period the average increase across large DHBs was 26.9% and the national average increase for all DHBs was 24.7%. If Canterbury continued to be funded at 2014/15 rates, it would have over \$70m more revenue this year.

FACT: Every year Hagley has been delayed we have had to pay millions to outsource and outplate surgery in the private sector. Delays to Hagley & other facility-related inefficiencies cost us more than \$60 million each year.

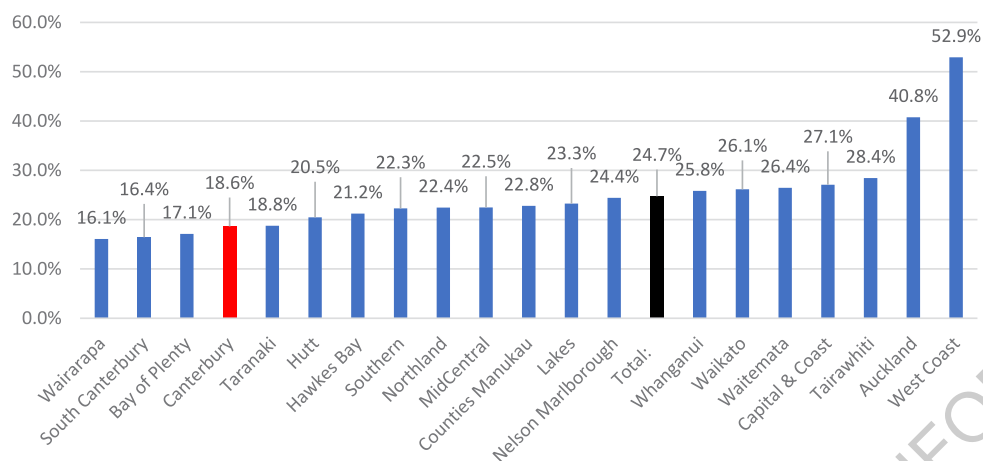
FACT: If Hagley, the Acute Services Building, had been delivered on time in 2018, we would be in a break even position now.

FACT: Canterbury's lower funding share which declined sharply in 2014/15, impacts further than our base funding. It is applied to new funding and PHARMAC uses it for allocating additional funding for pharmaceuticals irrespective of the specific population need. This year alone the gap between our PHARMAC- forecasted pharmaceutical spend and the population-based funding allocation is \$14m.

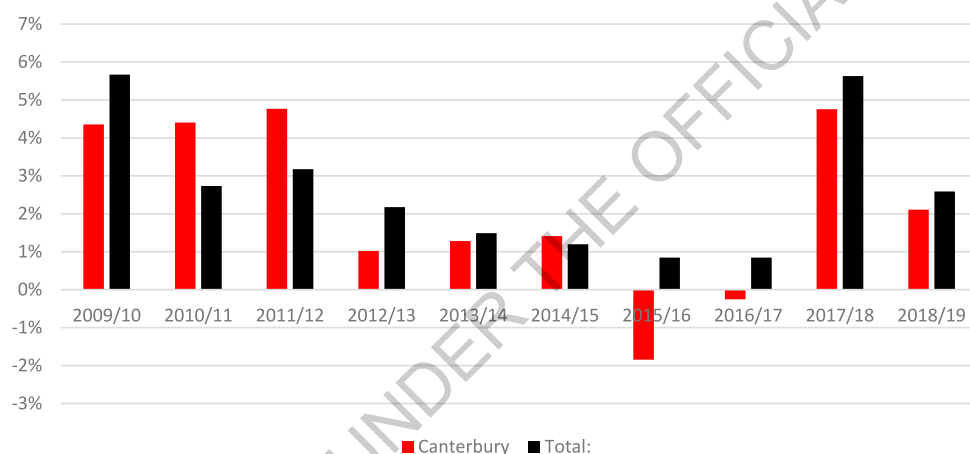
FACT: Between 2012-2020 Canterbury DHB received \$723,901,000 in equity (funding) from the Ministry of Health. However, during that same period Canterbury DHB paid back \$700,985,000. Therefore, the net additional equity (cash/funding) injection from the Ministry of Health during that period was \$22,916,000.

31 August 2020

Increase in per capita funding 2014/15 to 2020/21

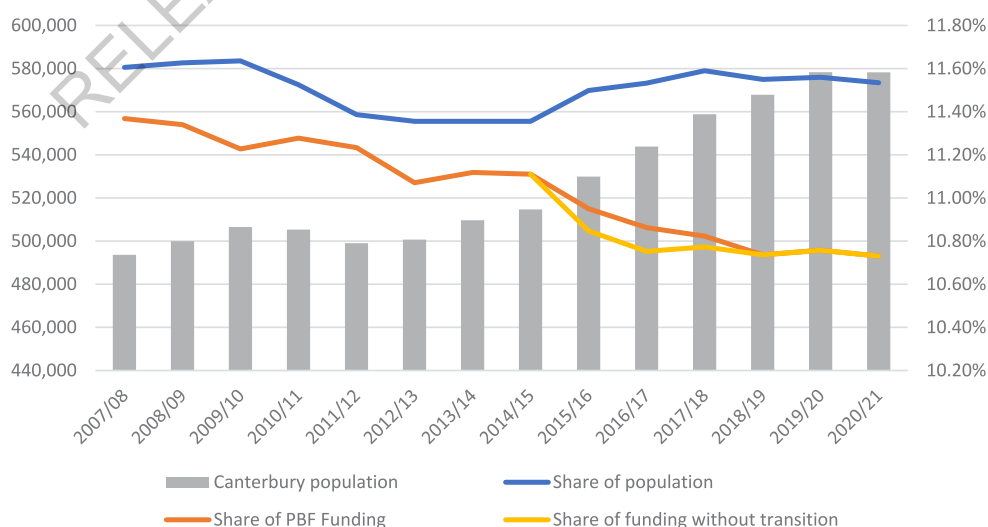


PBFF annual increase on a per capita basis



The above table refers to population-based funding formula increases 2009/10 – 2018/19

Population, share of population and share of funding



31 August 2020

How do our financial controls rate?

As stewards of public assets we are proud of our achievements in these areas.

The Treasury oversees a process to determine an organisation's capability and maturity in managing investments and assets. The assessment draws on international best practice and encompasses nine elements to determine a score and rating.

Canterbury's Investor Confidence Rating (ICR) is a three-yearly evidence-based assessment of our performance in managing investments and assets critical to the delivery of services.

Our latest assessment was a B, with the highest score across the DHBs in the tranche undertaken in 2019. We have been one of only a few DHBs that have improved our rating over the two assessments done to date, as each assessment is tougher than the last.

Our internal audit process works to a three-year cycle of reviews where our Board and Quality Audit Risk and Finance Committee determine the areas that they wish to be focused on. These audit reports are then provided back to the Board for their scrutiny.

We have received consistently good ratings on our robust financial controls. Financial controls include things like Delegations and Approval processes and policies, and we are subject to regular audits of these, from both internal and external auditors.

It's worth noting that our deficit situation has absolutely nothing to do with our financial controls.

It's worth noting that our deficit situation has absolutely nothing to do with our financial controls.

FACT: In recent years, four external reviews of our finances have concluded that when compared with other DHBs we are operationally efficient.

Canterbury DHB's Statement of Service Performance, a key accountability document, proves that we have delivered to our population what we were supposed to, and our Statement of Service Performance has consistently received the highest possible rating from Audit NZ, proving that we do what we say we do.

Together we have created a system built on trust.

Change happens at the speed of trust.

Haere ora, haere pai
Go with wellness, go with care



David Meates
CEO Canterbury District Health Board

If you have a story idea or want to provide feedback on *CEO Update* we would love to hear from you! Please email us at communications@cdhb.health.nz. Please note the deadline for story submissions is midday Thursday.

If you're not a staff member and you want to subscribe to receive this newsletter every week please [subscribe here](#).

**HE TIROHANGA
ANAMATA**

**REIMAGINE
WELLBEING
TOGETHER**



**Mental Health
Awareness Week**

21-27 September
www.mhaw.nz



Bouquets

Deans Ave carpark and Outpatients

I had an appointment today at Outpatients so I parked in the Deans Ave new parking area. I have lots of complimentary feedback – it was easy to find and use the carpark; great staff, very helpful at the site for paying/exiting; the shuttle was free/running/helpful driver/timely; cheap parking fee when compared to the same time on my last visit when I parked on the street for about the same length of time; and it was good to be able to have my blood test at the Outpatients building so I didn't have to go elsewhere and retrieve or return to my car in between. I will be needing to use the Deans Ave carpark again in the future and will happily! Thank you very much.

Nursing team, Ward 24, Christchurch Hospital

Two weeks ago, I came to visit you under circumstances that I didn't know much about. I was very lucky to be in the hands of capable young people. I wish you all a great future. I will remember my stay in Ward 24 for the rest of my life, thank you.

Radiology, Christchurch Hospital

I would like to pass on a huge bouquet to John Crichton and his team in Radiology. I had a steroid injection into my lower back which has worked. For me, this is such a relief and I can't thank John enough for obviously using a steroid

Urology Outpatients, Christchurch Hospital

The staff were amazing. From the staff at the desk, through to the registered nurses and Dr Jane MacDonald. Thank you for putting me at rest. Wonderful team.

Adam Gartner, Surgical Assessment Review Team (SARA), Christchurch Hospital

Dr Adam Gartner was excellent, very professional, clear and empathetic. Thank you.

Medical Day Unit, Christchurch Hospital

I have been looked after very well here. The medical staff are great and have big hearts towards patients. Thanks to everyone.

Oncology Department, Christchurch Hospital

I appreciate the way that we never have to wait long. The staff keep to a timetable very well, which is helpful since the rest home where my friend resides books the wheelchair taxi in advance for the return journey.

Ward 18, Christchurch Hospital

Massive thanks to all the staff. From the nurses and cleaners to WellFood services, there is a perfect mix of relaxed friendliness and professionalism. An especially big thanks to Simon, who was always willing to go the extra mile and make my stay really comfortable. A massive shout

31 August 2020

out to the WellFood staff for the best hospital food I've ever had – I could eat that Spanish rice every day.

Ward 20, Christchurch Hospital

You have done a great job of taking care of my wife. You are well-staffed, and things happen promptly.

Wards 19 and 20, Christchurch Hospital

I have had such great care during my stay. The nursing staff, doctors, WellFood staff and orderlies are such a great support. All my needs and care were well catered for. I have been nurtured back to a state that I can go home and continue my recovery. Thank you to all the team.

Bone Shop, Christchurch Hospital

Thank you to all the nurses and doctors for looking after my nine-year-old and his broken leg. You are all amazing.

Ward 11, Christchurch Hospital

I would like to thank everyone for making my son's stay in hospital an enjoyable one. From Dr Erasmus and the surgical staff to the nurses in Ward 11, thank you so much. I would like to give praise to Nurse Roy from Ward 11 who was an amazing nurse for my son, also to WellFood staff member Kumi, you are a treasure. Thank you again Christchurch Hospital.

Ward 21, Christchurch Hospital

Please could you pass on my thanks to the following people who looked after me during my recent hospital stay. Hazel, Kong, and Chris in the Bone Shop, Jane the pharmacist, doctors Jess, Nikki, Robyn and Lisa, the orderly who took me to theatre, and Leanne from WellFood who brought food to my room at meal times. Thank you all so much for taking care of me when I broke my arm. Thank you for helping in that painful, difficult time. I and my family are very grateful.

Big Shout Out

To: Clinical Engineering Biomedical Services Technicians Geoff Chisholm and Glenn Clarke

Thank you both for the tremendous job you do for the Community Dental Service. No job seems too big. The dedication and enthusiasm you both bring to your work is very much appreciated.

From: Community Dental Service management team

#carestartshere

TE WĀ
TUKU REO
MĀORI
Monday
14 September
12pm

MĀORI
LANGUAGE
MOMENT

31 August 2020

Hikina to Hagley

MIGRATING TO CHRISTCHURCH HOSPITAL HAGLEY

healthLearn is live

The new and improved Hagley Hospital Online Orientation healthLearn package is now live, and ready for you to jump in and have a look around. It's split into five sections and the main Hagley section is the only compulsory one for all staff moving to Hagley to complete. As promised, it's shorter and more interactive. There are a few videos included, and if you click on every single option in the section, it will take just under an hour to complete. However, we anticipate most staff will want to simply check out the sections that apply specifically to them and so the package can be completed in around half that time.

The other sections include detailed training information about ceiling hoists, sanitisers, the Lamson tube system and the heliport. While not all staff will be required to complete these, there will be a number of staff who will need to be familiar with the material contained in these sections to be able to carry out their work in their new spaces.

It's essential that all staff complete the Hagley section before onsite orientation tours. Area managers will advise staff if they must complete other sections in addition to this.

To access the new module, either follow this [link](#) or search for "Hagley" in healthLearn. The module has also been made available for external agencies and suppliers like St John, unions, and Nurse Maude.

The module is best completed on Firefox or Chrome - there have been some issues identified when completing the module in older versions of Explorer. It can also be completed on most mobile devices.

The old module has been archived and so evidence of completion has been retained. Information from the old module will be combined with the additional information that can be found on the [Hikina Prism site](#) to create a master resource for all areas that can be printed and bound as a permanent orientation booklet for new staff.

Orientation preparation

The orientation schedule is now loaded into healthLearn. Areas that are orientating to new spaces will have all times available showing in healthLearn, however staff must be booked through managers or educators. Please note the healthLearn module must be completed before attending an orientation tour.

Wayfinding tours

Wayfinding tours will take place in the two weeks prior to migration. These tours will be available to staff who will not be based in Hagley but need to find their way through the building as part of their normal duties. Staff will be able to book their own time on the tours, but it's important that you don't book more than one time as this will block other users from booking. If the time you wish to attend isn't available, please put yourself on the waiting list and a second session may be allocated.



Canterbury
District Health Board
Te Pouni Hauora o Waitangi

To begin this module (which will take you about 10-15 mins) either select 'Start Learning' or scroll down to select a section you'd like to start with.

Electronic ordering of echocardiograms now possible

Our Cardiology, Radiology and ISG teams have been working together on enabling an electronic process for ordering, triaging and signing off echocardiograms (ECGs).

Instead of depending on an unreliable and outdated fax-based system, clinicians can now order an ECG electronically from wherever they are and know the request will be received and actioned according to priority.

For those who like the techie detail, Echocardiology Electronic Referral Workflow links the existing COMRAD and Éclair platforms to Fuji's Synapse Cardiology Image Management System.

The purpose of this collaboration has been to improve workflows and eliminate yet another paper-based system. There are multiple advantages of the new system including:

- Aligning the process for requesting echocardiograms with radiology orders
- Electronic requests reach the cardiology team in real time
- Triage can be shared by multiple clinicians and from multiple locations
- Making a request or referral electronically means we no longer depend on ageing technology such as fax machines that are prone to breakdowns, expensive to maintain, are tied to a specific location and due to be retired at the end of this year
- A more efficient process saves everyone time and frustration, and dramatically reduces the potential for duplication or human error
- Ordering clinicians can track the progress of their order in Éclair and are required to sign off the examination in Éclair, giving confidence that reports are seen and actioned.

This move has been very positively received by both teams following a localised 'soft launch' in mid-July, initially in the Cardiology department only, then later after a wider launch across Christchurch Hospital on 18 August.

Cardiology Clinical Director John Lainchbury says the move to electronic ordering of echocardiograms is a



Back row, from left, Cardiology Day Unit Manager Maria Jackson, Booking Coordinator Christine Burton, COMRAD Application Specialist Hayley Stewart, Medical Secretary/Booking Coordinator Georgina MacAulay, PACS Technical Administrator Edwin Gin and Radiology Project Facilitator Brendan Tracey
Front row, from left, Cardiac Ultrasonographer Danny Armstrong and Acting Cardiology Administration Team Leader Holly Poole

"It increases our visibility of inpatient and outpatient referrals, streamlines triaging and ensures that reports will be viewed by the requesting clinician. The reduction in clinical risk is significant."

Cardiology Service Manager Rob Hallinan says this complex project has required the best of staff from across Canterbury DHB.

"The project team of clinicians, administrators, radiology technical staff, ISG and industry partners have had to juggle a myriad of technical and workflow issues, as well as implement the project against a backdrop of multiple competing priorities and organisational challenges."

The project has been successful because it was a great team effort. Quality facilitator for Radiology Brendan Tracey deserves special recognition due to his project management expertise, meticulous attention to detail and dogged determination, says Rob.

For cardiology, this advance will streamline the management process for 11,000 examinations a year. It is expected to go a long way towards eliminating missed referrals altogether and ensuring completed reports are

31 August 2020

Shuttle's new location on Deans Ave a hit with passengers

Last week the free Hospital Shuttle moved from Lichfield Street to its new home on Deans Avenue and has been busy shuttling people to and from the Christchurch Hospital campus and Outpatients.

The new location appears to be a hit with passengers, with 703 passengers on Tuesday compared to an average of 540 on a Tuesday last month.

Patients and visitors who use the park and ride service to access the Christchurch Hospital campus reported finding the new location convenient and the shuttle an excellent service. If the first week is anything to go by, it looks like our team of drivers are going to be busier than ever!



The Hospital Shuttle has seen an increase in passengers since it started running from Deans Avenue

Heading to Christchurch Hospital?

The Hospital Shuttle has moved

Park at the new Deans Ave Car Park

The free Hospital Shuttle runs seven days a week to Christchurch Hospital and Outpatients

cdhb.health.nz/parking



31 August 2020

Big paper savings

The Patient Information Office at Christchurch Hospital has saved about 50,000 sheets of paper since a decision in February 2020 to change their systems to reduce paper usage.

Their efforts are outlined in a Collabor8 project by Patient Information Officer Minal Lamghare.

The Patient Information Office releases medical records to requesters such as lawyers, police, insurance companies, coroners, and to patients themselves, says Minal.

"After confirming consent for release we'd print the notes on paper marked 'confidential' and post/ courier to the respective requester. We were using and wasting a lot of paper"

With the help of the Quality team and ISG, the team switched from printing to an online system, using PDFs, scanning of medical notes to a shared folder, and online secure portal Sharefile for sending larger notes.

"We installed a new version of Adobe to each machine and these tools meant we could directly save the notes in PDF format with the confidential watermark, saving a lot of printing."

Radiology used to transfer requested images on to CDs and USBs.

"Now we are using IntelViewer software to get the radiology images so that has saved money on those items, as well as on domestic and international postage," Minal says.

The team still sends hard copy notes to a few patients who do not have access to electronic media or just prefer to have hard copies, however, the vast majority are happy with the change.

"It is a win-win situation for patients and for us."

The team has been happy to learn the new system and enjoyed the challenge of learning something new each day.

"We are proud that we have saved 50,000 sheets of paper, that's almost five trees, and there will be many more in the future. That feels so awesome."

"As well as saving paper we are also saving on printing and postage and have introduced a more efficient working process. In the first eight months of this year, it's reduced costs by \$3,564 compared to last year, an annualised saving of over \$5,300 a year.



Patient Information Officer Minal Lamghare

"This process is now part of our everyday working style and will stay that way and we would love to keep exploring any new ways to minimise the use of paper," she says.

The change was all about team work, with everyone helping each other. Without this, it wouldn't have been possible to achieve this remarkable result. It also recognises that while, over time, we have a growing workload, projects like this enable us to identify and remove needless waste and serve our community even better.

"I am so proud to be part of this organisation and this team who is always willing to help each other. Also, thanks to the Collabor8 Course for giving us such good clarity, vision and learning."

Day one of the next Collabor8 course will be on 4 November 2020 and you can register on [healthLearn](https://healthLearn.org.nz) or contact Collabor8@cdhb.health.nz or contact Director of Service Improvement Brian Dolan on brian.dolan@cdhb.health.nz for more details.

31 August 2020

University of Otago
Research Radar
 Christchurch

World-first study on blood hormone could help reduce cardiovascular deaths

A simple blood test could identify seemingly healthy people with a high hidden risk of heart disease, thanks to a world-first discovery by University of Otago, Christchurch researchers.

Researchers from the University's Christchurch Heart Institute studied the blood samples and cardiology scans of 665 healthy young and middle-aged people with no previous heart conditions. They found people with high levels of a hormone in the blood, called C-type Natriuretic Peptide (CNP), were significantly more likely to have stiffening of the arteries, reduced pumping action of the heart, higher fat levels in the blood and liver, and reduced kidney function – all signs of increased risk of heart disease.

The discovery could one day enable doctors to identify those people whose lives could be saved from a future heart attack by interventions such as drugs or lifestyle changes.

The study is the first to describe a link between the blood hormone CNP and inflammation across a range of tissues including arteries and the heart. The results were recently published in the prestigious *Peptides* journal.

Lead researcher Tim Prickett says CNP seems to protect arteries from hardening and blocking. This means it is working hard and present in higher levels in those with potentially poor, and undetected, cardiovascular health.

"We examined two quite different groups of healthy people – one group age 28 years, the other age 50 years – both without history of heart or kidney disease. High levels of CNP in both age groups were found in people who had stiffer arteries, reduced pumping action of the heart, higher fat levels in the blood and liver, and reduced kidney function."

Inflamed and blocked arteries can cause numerous physical problems including scarring and stiffness and damage to organs such as the heart, liver and kidneys.

"We found that CNP in the blood stream reflects an increased production of CNP in these tissues, as part of a protective response to inflammation," he says.

The finding that CNP acts to protect the body is key to helping save lives through early detection of serious conditions such as atherosclerosis, which can lead to heart attack or stroke.

This is one of a number of discoveries by the Christchurch Heart Institute over the past 25 years. The research group has discovered and developed blood tests for heart disease diagnosis and treatment, some of which are used in hospitals and emergency departments in New Zealand and around the globe.

Expert dialysis nurse retires

Penny Coffey, one of the longest serving nurses in the Dialysis Service, retires on Friday after a 30-year nursing career – 25 of those in Dialysis.

Penny is known for her wealth of knowledge of all things dialysis, says Charge Nurse Manager, Dialysis, Wendy Cuthill.

"Her area of expertise is peritoneal dialysis (PD), and she has trained countless patients to undertake their own dialysis at home. Through her expert teaching and problem solving, Penny has enabled many patients and their family members to learn to manage PD at home, lessening the need for hospital visits and allowing them more quality time doing things they enjoy.

"Penny has been the 'go to' person in the department for any PD-related matter. She knows all the patients past and present, and can remember many patients from years ago, plus their family. Penny has attended dialysis outreach clinics in Timaru and manages to fit in a number of home visits while she is away."

She has also taught PD to many nurses working both in the Dialysis Service and the community, which includes rest homes and regional hospitals.

"Penny has continued to provide support and advice to these nurses, so they can care for our patients in their facility and has also trained a great many of our dialysis nurses. Her professionalism and expertise are things all nurses should aspire to," Wendy says.

Penny was a medical secretary when she began travelling overseas. Whilst in London she decided to change career and trained in Melbourne as a nurse. She returned to Christchurch and worked in the Intensive Care Unit and the Acute Admitting Ward before settling on the Dialysis Service.

In 2014 Penny won a 2014 Via Innovations Award for a PD assist device that helps patients with poor dexterity or vision to safely undertake a peritoneal dialysis bag exchange, helping them to remain independent in their home.



Dialysis Nurse Penny Coffey

It was developed with the expertise of Christchurch Hospital's Medical Physics and Bioengineering department on a 3D printer and has been successfully used on several patients, making a real difference to their independence and quality of life.

The Dialysis Service has been a great place to work and I will miss my colleagues and patients, Penny says.

"I have patients now who have been on dialysis since I started, so you get close to them. It's very rewarding and patients benefit from that continuity of care."

Penny has recently taken up golf with gusto, so will now have plenty of time to get out on the course. She is a keen tramper and scales up mountains with ease. She has always enjoyed travelling and once the borders reopen for travel, Penny will sure to be off on a new adventure.

We wish Penny all the best for her retirement and thank her for her dedicated service to our dialysis patients and staff over the years. She will be missed.

Introducing Stand Up September – What Serious Adverse Events data tells us about reducing harm from falls

Firstly, about Stand Up September: we were a little distracted in April by a global pandemic and so our usual April Falls awareness campaign just didn't take off.

Falls, however, are no less important and we'd like to look at falls from a much more positive preventive perspective – one that takes a stand rather than a tumble.

Though there are still too many, it's especially pleasing to be able to report a sustained reduction in the number of inpatient falls and in the number of injuries caused by those falls since November 2018.

The reasons for this are complex but are largely due to our ability as a health system to learn from experience and reinforce the importance of healthcare decisions driven by good data.

There are two standout strategies that have perhaps contributed most to this reduction. The first is the use of bedside boards as a key tool in making the patient's safe mobility needs clear 'at a glance.' Patients, whānau and staff can see the boards and take a team approach to preventing falls.

The other is an initiative that has been around for some time, and continues to contribute to harm prevention and patient safety: 'visual cues.'

These take advantage of the established traffic light colour-coding that we all understand (red for danger, green for 'go' etc.) to create labels that indicate the patient's degree of independence when moving around. Making sure our patients are keeping active and moving around safely is key to preventing falls.

Wording on the labels – 'keep an eye on me' decided by the Consumer Council, also makes them meaningful to patients and families. Labels are placed on walking aids, for example, which match patient mobility bracelets – green says the patient has a high degree of independence, yellow

Stand up September
Get up often and
move safely



alerts the care team to 'keep an eye on them,' red means that for the person to be safe they always need assistance with mobility.

As well as having informed strategies that have helped reduce harm, analysis of Serious Adverse Events also helps us identify areas where we still have work to do.

Patientrack already provides critical data and an ability to pick up early signs of deterioration and respond more quickly and appropriately, but there are indications in that same data that might signal an increased risk of a fall.

Hypotension, for example, could be an indication of dehydration or of a need to adjust medication that might otherwise cause dizziness or disorientation. Dehydration is common in older people or those who find it difficult or painful to move. If you don't drink, then you don't need to get up to pee – but complications from dehydration such as hypotension, delirium and urinary tract infections can create a risk in themselves and impede patient recovery.

Looking at Patientrack data and the new interRAI assessment more closely and increasing focus during intentional rounding will also enable us to identify that a patient is delirious, which again influences their ability to mobilise safely.

Having a well targeted care plan in Cortex and writing up an exception-based progress note when something changes – a flag – helps others see how the patient journey is progressing and what they may need to do differently.

Look out for more stories and information during Stand Up September – take a stand and be part of a team that prevents a fall.

Support of many creates barbecue area for spinal patients and their families

A mural featuring native birds and flowers is a colourful part of a newly created communal barbecue area next to the Milner Units by the Burwood Spinal Unit.

The area was developed through the generous support of the Papanui Rotary Club and HRS Construction Ltd and by utilising smaller donations from bequests or family/friends wishing to support patients and family in the Spinal Unit, says Service Manager Liz Oliver.

"It evolved from the Papanui Rotary Club looking for a project to support through their annual raffle. We had seen there was an opportunity to develop an area where families of spinal patients at Burwood could meet and socialise with each other off the ward, so we pitched our idea at their meeting and they were on board."

Nick Lowry, an art director/set designer for film and theatre, painted the mural which features a tui and silver eye (tauhou) birds.

"I use muralism to flex my creativity and create little worlds amongst the community for the viewer to fall into. I focus on use of colour, its richness and our emotional response to form and shape."

The Burwood Spinal Unit takes patients from New Plymouth across to Hastings and everything south so family are often a long way from home and here for long periods, so it is important that they are able to support each other over this time, Liz says.



The barbecue area and mural

"The area has a lovely commercial-grade barbecue and covered sheltered area with outdoor furniture surrounded by low-level planting, which provides some privacy for the accommodation units while also keeping it open and sunny.

"It is close enough to the ward for patients to enjoy time off the ward with their family and friends, and we often see groups enjoying the area in the sunshine."

The area is a great example of people pulling together to make sure the project was completed over about 18 months. An enthusiastic group of staff from the Spinal Unit, New Zealand Spinal Trust and volunteers helped sell raffles, dig and cart soil, and plant and water the gardens to finish the project.

"We are absolutely delighted with the final outcome and it is lovely to see it being used and enjoyed by patients and their family and friends," Liz says.



HELM and the Assessment Framework



The Leadership Koru outlined last week sets out 16 key behaviours. These are grouped into three levels: 'Leading Self'; 'Leading Others'; and 'Leading Health'. You can review the [leadership koru behaviours](#) or view the [leadership koru video](#) here to find out more.

Over the coming weeks the People and Capability (P&C) team will be delving deeper into the support they have available for each of the leadership koru sections. This week, however, they are shining the spotlight on the development tools available to support you on your leadership journey. There are a range of tools and assessments available, which support you to gain insight into your own strengths and development areas. These tools help to measure your development with the Leadership Koru capabilities.

Examples of these assessments include self-assessments, personality questionnaires, 360-degree feedback processes and team assessments. You can read more about how to access and use these tools on our [development tools page](#) on HELM.

Please keep in mind there are considerations to make before determining if a tool is right for you. Use of these tools should be captured in your Success and Development Plan as one of the ways you are looking to grow and develop. Costs are associated with some tools, so it is important to discuss options with your manager first. To request an assessment, please click on the "Request Assessment" link on the Development Tools page, or "Send a Question" on max. P&C will then be in touch with further details and an assessment request form for you to complete.



One minute with... Mary Win, Gardener, Christchurch Hospital

What does your job involve?

Pruning, weeding, raking the masses of leaves in autumn, tidying the site, rubbish collection, and planting plants – my favourite task!

Why did you choose to work in this field?

I love being outside in the fresh air, and I love plants. The physical aspect of the work is better than going to the gym! I was absolutely thrilled to get this job and I love it.

What do you like about it?

Seeing the smile on people's faces when they see the work I've done, and I get huge job satisfaction from making the site look as good as I can – if only I had more time and budget!

Memorable moments such as one dark, early morning when I spotted a bellbird singing its heart out from a kowhai bush I had recently planted and sharing that experience with a gentleman who had just finished his nightshift.

What are the challenging bits

The frustration of people walking on my gardens, and litterbugs!

Who inspires you?

My father. His favourite quotes were "If a job's worth doing, it's worth doing well" and "You can please some of the people some of the time, all of the people some of the time, some of the people all of the time, but you can never please all of the people all of the time".

What do Canterbury DHB's values (Care and respect for others, Integrity in all we do and Responsibility for outcomes) mean to you in your role?

They are important in all aspects of life. First impressions are vital, and if the site is clean and tidy, and my interactions with visitors put a smile on their face, then I'm playing my part in the Canterbury DHB team.

Something you won't find on my LinkedIn profile is...

Linked-what?

If I could be anywhere in the world right now it would be...

Sitting at Lake Hawea with my fishing rod – you couldn't get anywhere better.

What do you do on a typical Sunday?

Gardening, either at my place or my daughter's, then a good bit of relaxing with a book and a glass of wine.

What's your favourite food?

Fish, particularly sea-run salmon, which is sadly both hard to get and expensive.

And your favourite music?

Music from the 50s to the 70s. The music played on the Magic radio station really appeals to me.



Something For You

Something For You is the Canterbury DHB employee benefits programme. The deals offered are from the Canterbury business community to say thank you for all that you do.



Leisure Tours

Book in for either of the two half-day tours visiting four local Waipara Wineries with tastings at each and receive special pricing. See more information under the 'Lifestyle and Entertainment' section. Valid until 30 September 2020.



Holistic Health and Wellness

275 Fifeild Terrace, Opawa

Get 25 percent off all naturopathic consultations.



A1 Auto 4 Services

142 Fitzgerald Ave, Christchurch Central

Pay \$150 for 18 different services (worth \$1040) which you can redeem over a 12-month period (can be used on multiple cars).

B A I L E Y
N E L S O N

Bailey Nelson

Christchurch Central and Riccarton

Get 10 percent off all prescription eyewear and free comprehensive eye examinations (worth \$60).

We also have plenty of **brand new deals** from local businesses – check them out [here](#)!

Latest Community Health Information Centre newsletter out now

The Community Health Information Centre (CHIC) provides free health resources to any person or organisation in Canterbury, South Canterbury, West Coast and Chatham Islands.

The resources are developed by Community and Public Health staff, and other health agencies.

The [August 2020 edition of CHIC's newsletter](#) is out now and highlights new and revised free resources available from your local CHIC office, as well as recently deleted resources.

This month's featured new and updated resources from the Ministry of Health/Health Promotion Agency about immunisation, including:

› Protect your child poster (HE122)

For more information about CHIC and to order resources online visit the

[Community and Public Health website](#).



31 August 2020



COVID-19: Challenges and opportunities for the simulation community

Webinar and AGM

Thursday 5 November 2020 (1–5pm)

and

Friday 6 November 2020 (9am – 1pm)

Keynote speaker

Dr Victoria Brazil

Director of Clinical Simulation,
Bond University, Queensland



Expressions of interest to present are now open. Potential topics include:

- The use of simulation in healthcare in response to COVID-19
- The use of simulation in education programmes during COVID-19
- Inter-professional education (IPE) during COVID-19
- The human face of COVID-19
- Opportunities during COVID-19

Template for expressions of interest

- Title
- What were your challenges and/or opportunities?
- What was your response?
- Key learning points
- Future directions

Presentations: 15 minutes with 5 minutes for discussion.

Combined presentations at a regional level are also encouraged.

RSVP by Monday 7 September 2020 to raewyn.lesa@otago.ac.nz

Kathleen Smitheram

From: Jacqui Lunday Johnstone
Sent: Thursday, 3 September 2020 10:06 AM
To: 'Jo Kane'
Subject: RE: Today's agenda [EXTERNAL SENDER]

9(2)(g)(i) re David's farewell



AGENDA – PUBLIC

**CANTERBURY DISTRICT HEALTH BOARD
EMERGENCY MEETING**

**to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Tuesday, 4 August 2020 commencing at 12.30pm**

	Apologies		12.30pm
1.	Conflict of Interest Register		
2.	Resolution to Exclude the Public		
ESTIMATED FINISH TIME – PUBLIC MEETING			12.35pm

NEXT MEETING
Thursday, 20 August 2020 at 9.30am

ATTENDANCE

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

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 Crow – *Board Secretariat*
Kay Jenkins – *Executive Assistant, Governance Support*

BOARD ATTENDANCE SCHEDULE – 2020

Canterbury
District Health Board
Te Roari Hauora o Waitaha

NAME	25/02/20	19/03/20	16/04/20	01/05/20 SM	21/05/20	18/06/20	16/07/20	20/08/20	17/09/20	15/10/20	19/11/20	17/12/20
Sir John Hansen (Chair)	√	√	√	√	√	√	√					
Gabrielle Huria (Deputy Chair)	√	√	√	√	√	√	^					
Barry Bragg	^	√	√	√	√	√	√					
Sally Buck	#	^	~	~	~	~	** 08/07/2020					
Catherine Chu	^	√	√	√	√	√	^					
Andrew Dickerson	√	√	√	√	√	√	√					
James Gough	√	√	√	√	√	√	√					
Jo Kane	√	√	√	√	√	√	√					
Aaron Keown	√	√	√	√	√	√	√					
Naomi Marshall	√	√	√	√	√	√	√					
Ingrid Taylor	√	√	√	√	√	√	√					

√ 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 o Waitaha

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

<p>Sir John Hansen Chair CDHB</p>	<p>Bone Marrow Cancer Trust – Trustee</p> <p>Canterbury Clinical Network Alliance Leadership Team - Chair</p> <p>Canterbury Clinical Network Oxford and Surrounding Area Health Services Development Group - Member</p> <p>Canterbury Cricket Trust - Member</p> <p>Christchurch Casino Charitable Trust - Trustee</p> <p>Court of Appeal, Solomon Islands, Samoa and Vanuatu</p> <p>Dot Kiwi – Director and Shareholder</p> <p>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.</p> <p>Ministry Primary Industries, Costs Review Independent Panel</p> <p>Rulings Panel Gas Industry Co Ltd</p> <p>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.</p>
<p>Gabrielle Huria Deputy Chair CDHB</p>	<p>Nitrates in Drinking Water Working Group – Member A discussion forum on nitrate contamination of drinking water.</p> <p>Pegasus Health Limited – Sister is a Director Primary Health Organisation (PHO).</p> <p>Rawa Hohepa Limited – Director Family property company.</p> <p>Sumner Health Centre – Daughter is a General Practitioner (GP) Doctor’s clinic.</p> <p>Te Runanga o Ngai Tahu – General Manager Tribal Entity.</p> <p>The Royal New Zealand College of GPs – Sister is an “appointed independent Director” College of GPs.</p>

<p>Barry Bragg</p>	<p>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.</p> <p>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.</p> <p>Farrell Construction Limited - Shareholder Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch.</p> <p>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.</p> <p>Ngai Tahu Farming – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions.</p> <p>Paenga Kupenga Limited – Chair Commercial arm of Ngai Tuahuriri Runanga</p> <p>Quarry Capital Limited – Director Property syndication company based in Christchurch</p> <p>Stevenson Group Limited – Deputy Chairman Property interests in Auckland and mining interests on the West Coast.</p> <p>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.</p>
<p>Catherine Chu</p>	<p>Christchurch City Council – Councillor Local Territorial Authority</p> <p>Riccarton Rotary Club – Member</p> <p>The Canterbury Club – Member</p>
<p>Andrew Dickerson</p>	<p>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.</p> <p>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.</p> <p>Heritage NZ - Member</p>

	<p>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.</p> <p>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.</p> <p>NZ Association of Gerontology - Member Professional association that promotes the interests of older people and an understanding of ageing.</p>
James Gough	<p>Amyes Road Limited – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating.</p> <p>Christchurch City Council – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/Harewood Community Board</p> <p>Christchurch City Holdings Limited (CCHL) – Director Holds and manages the Council's commercial interest in subsidiary companies.</p> <p>Civic Building Limited – Chairman Council Property Interests, JV with Ngai Tahu Property Limited.</p> <p>Countrywide Residential (2018) Limited – Director/Shareholder Residential Property Development</p> <p>Gough Corporation Holdings Limited – Director/Shareholder Holdings company.</p> <p>Gough Property Corporation Limited – Director/Shareholder Manages property interests.</p> <p>The Antony Gough Trust – Trustee Trust for Antony Thomas Gough</p> <p>The McLean Institute Trust – Trustee Trust for the McLean Institute</p> <p>The Russley Village Limited – Shareholder Retirement Village. Via the Antony Gough Trust</p> <p>The Terrace Car Park Limited – (Alternate) Director Property company – manages The Terrace car park (under construction)</p> <p>The Terrace On Avon Limited – (Alternate) Director Property company – manages The Terrace.</p>
Jo Kane	<p>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.</p>

	<p>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.</p> <p>Latimer Community Housing Trust – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.</p> <p>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.</p>
Aaron Keown	<p>Christchurch City Council – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board.</p> <p>Christchurch City Council – Chair of Disability Issues Group</p> <p>Grouse Entertainment Limited – Director/Shareholder</p>
Naomi Marshall	<p>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.</p>
Ingrid Taylor	<p>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.</p> <p>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.</p> <p>Sir John and Ann Hansen's Family Trust – Independent Trustee.</p> <p>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.</p> <ul style="list-style-type: none"> I / Taylor Shaw have acted as solicitor for Bill Tate and family. <p>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.</p>

RESOLUTION TO EXCLUDE THE PUBLIC
TO: Chair and Members, Canterbury District Health Board

PREPARED BY: Anna Crow, Board Secretariat

APPROVE BY: Justine White, Executive Director, Finance & Corporate Services

DATE: 4 August 2020

 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 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.	Staffing Numbers	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.*

MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD EMERGENCY MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Tuesday, 4 August 2020 commencing at 12.40pm

BOARD MEMBERS

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

EXECUTIVE SUPPORT

Kay Jenkins (Executive Assistant, Governance Support).

APOLOGIES

There were no apologies.

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 (28/20)**

(Moved Sir John Hansen/seconded Ingrid Taylor - carried)

“That the Board:

- i resolves that the public be excluded from the following part of the proceedings of this meeting, namely 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.	Staffing Numbers (as amended at 20 August 2020 meeting – confirmation of minutes)	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.”

There being no further business the public meeting closed at 12.45pm.

Sir John Hansen, Chair

Date of approval

RELEASED UNDER THE OFFICIAL INFORMATION ACT



**CANTERBURY DISTRICT HEALTH BOARD
EMERGENCY MEETING - PUBLIC EXCLUDED**
to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Tuesday, 4 August 2020

1.	Staffing Numbers		12.35pm
ESTIMATED MEETING FINISH TIME			TBA

NEXT MEETING
Thursday, 20 August 2020 at 9.30am

RELEASED UNDER THE OFFICIAL INFORMATION ACT

STAFFING NUMBERS

Canterbury
District Health Board
Te Poari Hauora o Waitaha

NOTES ONLY PAGE

RELEASED UNDER THE OFFICIAL INFORMATION ACT

**MINUTES – PUBLIC EXCLUDED EMERGENCY MEETING
CANTERBURY DISTRICT HEALTH BOARD
held on Tuesday 4 August 2020**

BOARD MEMBERS

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

EXECUTIVE SUPPORT

There was no executive support as this was a “Board Only” meeting.

1. STAFFING NUMBERS

Discussion took place regarding staffing numbers and also the resignation of the Chief Executive and members of the Executive team.

Resolution (PE52/20)

“That the Board:

(Moved: Sir John Hansen/Seconded: Barry Bragg - carried)

(Jo Kane and Andrew Dickerson voted against)

- i. agrees, through the Chair, to accept the Chief Executive’s resignation;

(Moved: Sir John Hansen/Seconded: Gabrielle Huria - carried)

(Jo Kane and Andrew Dickerson voted against)

- ii. agrees that the Remuneration & Appointments Committee source a number of recruitment firms and request proposals from them to recruit for a new Chief Executive with the proviso that there was to be a discussion with the Chief Executive; and
- iii. agrees that the Chair initiates a discussion with Ashley Bloomfield regarding the possibility of an interim or acting role and bring back to the Board for discussion.”

The meeting concluded at 2.15pm

Sir John Hansen, Chair

Date of approval

MINUTES – EMERGENCY MEETING

**MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD EMERGENCY MEETING
held via zoom on Wednesday 12 August 2020 commencing at 4.00pm**

BOARD MEMBERS

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

EXECUTIVE SUPPORT

David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Tim Lester (Corporate Solicitor); and Kay Jenkins (Executive Assistant, Governance Support).

APOLOGIES

Barry Bragg and Gabrielle Huria were apologies for lateness due to conflict of interest for Item 1.

1. INTEREST REGISTER**Additions/Alterations to the Interest Register**

There were no additions or alterations to the Interest Register.

Declarations of Interest for Items on Today's Agenda

Barry Bragg and Gabrielle Huria were apologies for lateness due to conflict of interest for Item 1.

Perceived Conflicts of Interest

Board member Jo Kane stated that she believed that the two Board members conflict of interest should have been raised earlier in the process around car parking and she believed this left the Board exposed.

Considerable discussion took place around this.

2. RESOLUTION TO EXCLUDE THE PUBLIC**Resolution (29/20)**

(Moved Ingrid Taylor/seconded Catherine Chu - carried)

“That the Board:

- i. adds the item “Appointment of Interim Chief Executive” to the Public Excluded Agenda”.
(Note this item was added when the Board reverted to a public meeting later in the Public Excluded section of the meeting).

Resolution (30/20)

(Moved Ingrid Taylor/seconded Catherine Chu - 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;
- 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.	Carparking Proposal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
2.	Appointment of Interim Chief Executive	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.”

There being no further business the public meeting closed at 4.20pm.

Sir John Hansen, Chair

Date of approval

**MINUTES – PUBLIC EXCLUDED EMERGENCY MEETING
CANTERBURY DISTRICT HEALTH BOARD
held via zoom on Wednesday 12 August 2020**

BOARD MEMBERS

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

Barry Bragg and Gabrielle Huria were not present for the Carparking item due to a conflict of interest in relation to Ngai Tahu.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Tim Lester (Corporate Solicitor); and Kay Jenkins (Executive Assistant, Governance Support).

Barry Bragg and Gabrielle Huria joined the meeting at 4.25pm and the Chair asked that they disconnect as the Carparking proposal had not yet been discussed.

Naomi Marshall joined the meeting at 4.25pm.

Further discussion took place regarding conflict of interest. The Chair summarised the discussion held in Public stating that a substantive matter was raised by Jo Kane in that Barry Bragg and Gabrielle Huria should have declared their conflict of interest sooner and taken no part in the meetings when reports were received both at QFARC and Board meetings regarding Carparking matters.

1. CARPARKING PROPOSAL

The Chair opened discussions regarding the proposal as circulated.

A query was made regarding what kind of legal risk assessment and analysis has occurred in terms of the resource consent application. Appreciating the risk for the DHB in signing the agreement based on the Minister's timeframe when the Heads of Agreement is not confirmed and just want to understand what risks we are exposed to in relation to the resource consent.

Mr Lester advised that we basically have as much comfort as we possibly can from the Council. There have been a series of meetings with them with regard to the new development and because of the zoning of the site it is discretionary non-notified and they can turn this around within a 20 day window. Also, they prefer this option over previous options put forward as it takes traffic away from some of the congested areas around Antigua St. The outstanding issue was around traffic management and Council have come back and given us as much comfort as we can hope for. Also, they do not want to stand in the way of progress around carparking.

The two floor extension is slightly more complicated because of the proximity of cars and the cycleway. We have had more traffic modelling done and there will be additional safety precautions to be put in place.

The Chair asked the Chief Executive to update the Board on the funding for the staff carpark. Mr Meates advised that in relation to the two floors, the Ministry has a process working through with Ministers around the additional \$4.2m for this addition which is coming out of a separate capital basis.

Mr Lester advised that this money is already held by Vote Health (\$4.25m) which is the Crown's contribution to this project and this morning Otakaro have confirmed that this funding has been confirmed.

The Chair advised that this meeting had been called at very short notice due to a proposed visit by the Prime Minister to Christchurch tomorrow at which she could make an announcement. Due to the COVID situation in Auckland overnight that visit is probably unlikely. This was the reason for the emergency meeting being called.

A query was made regarding the size of the Carparking and that this would not be a one stop solution. The Chief Executive confirmed that this is correct; this is just part of getting a long term solution in place. You will also note that the Park-N-Ride component adds a further 350 parks; this is for five years and will be dependent on other developments. One of the things that Ngai Tahu will be looking at is the potential to add a further two or three levels, but this will be part of the commercials still being worked through so the potential for the number of parks to increase is there.

It was noted that pre-earthquake there were 1400 parks plus on street parking and this will bring us back to 1000 parks.

Board member Andrew Dickerson raised the direct instruction received in 2015 from the shareholding Ministers stating that HRPG was responsible for carparking and he was not aware that this direction had been rescinded.

Mr Lester advised that this proposal is about the requirement for the CDHB to vacate the former afternoon staff carpark and this is about us needing to accommodate these lost carparks.

Mr Meates commented that technically this does not remove the requirement for the Ministry to provide the final car parking solution. This sits outside that.

The comment was made that the Crown are part of the Heads of Agreement so it is unlikely they would raise any issues.

The Chair commented that as part of this we request management to write to the Shareholding Ministers and bring this letter to their attention and say we assume that with what has occurred that this letter has been rescinded. It was agreed that this would be done as part of the Ministerial approval.

This is not a full and final parking solution and there will still be a requirement to find further parking solutions over the coming years.

Resolution (PE53/20)

(Moved: Aaron Keown/Seconded: Ingrid Taylor - carried)

Jo Kane abstained

“That the Board:

- i. approves entry into the Heads of Agreement as provided in Appendix 1;
- ii. approves entry into the Agreement to Design, Build and Lease as provided in Appendix 2;
- iii. approves confirmation of the Board approval conditions of the Agreements; and
- iv. notes that the Agreements remains conditional on Ministerial Approval.”

Discussion took place regarding the recalling of the papers from the two Board members who have declared a conflict of interest.

Resolution (PE54/20)

(Moved: Aaron Keown/seconded: James Gough – carried)

“That the Board:

- i. moves back into public session.”

Resolution (29/20 – see public session)

(Moved: Ingrid Taylor/seconded: Catherine Chu – carried)

“That the Board:

- i. adds the item “Appointment of Interim Chief Executive” to the Public Excluded Agenda.”

Resolution (PE55/20)

(Moved: Sir John Hansen/seconded: Aaron Keown - carried)

“That the Board:

- i. moves back into public excluded session.”

2. APPOINTMENT OF INTERIM CHIEF EXECUTIVE

The Chair, Sir John Hansen, provided an update on Remuneration and Appointments Committee discussions in relation to the Chief Executive and Management roles that now need to be filled. He advised that five recruitment firms had been approached and some proposals will be presented at the next Board meeting.

Sir John advised that the Committee had discussed with the Chief Executive the people to act into the management positions being vacated – Paul Lamb for People and Capability; and David Green for Finance; and that they be appointed for 4-6 months into the interim roles during the permanent recruitment process. For Planning & Funding, he recommended Ralph La Salle with a wider scope role for Melissa Macfarlane. This has now been announced by the Chief Executive.

Sir John outlined the process undertaken and people approached to step up into the Interim CEO position for around six months. I would like to advise that Andrew Brant has approval from his Chair & CEO to take up the interim role for 4–6 months. He cannot commence until 1 October as he is the acting CEO at Waitemata DHB at the moment. I have spoken to the other DHB Chairs and Jenny Black has agreed to release Peter Bramley from Nelson Marlborough and he would be available to come about 10 days before David’s last day and cover a period up to about a fortnight after Andrew Brant commences. This has only just been finalised a couple of hours ago. I believe it is important for us to make an announcement around this as soon as possible, however, I understand that Board members may feel they have not had enough time to consider this proposal.

The Board discussed this scenario and provided feedback.

A query was made regarding the timing of the announcement and the Chair commented that he would like to do this around lunch time on Friday. He added that he and Barry Bragg have a meeting with those acting into positions and the remaining EMT members and General Managers and Dan Coward tomorrow afternoon. We also have the special QFARC meeting on

Friday. Also, Ashley Bloomfield and I were to meet with the Clinicians on Friday afternoon, however, with the COVID situation he is now unlikely to be coming to Christchurch. I may still meet with them.

A point was raised regarding the Terms of Reference for the Remuneration & Appointments Committee which do not cover the current situation and the comment was made that the Committee is not delegated to undertake some of this work.

The Chair commented that if Board members are uncomfortable with making a decision today it can be carried over to next week's Board meeting.

The comment was made that this is a very time sensitive necessity to let staff know that there is management in place to deal with DHB business going forward.

A point was raised regarding the COVID community transmission in Auckland which may mean that Dr Brant may have to remain in Canterbury and not commute and he may also have to go into self-isolation.

The Board provided further feedback on the proposal.

Barry Bragg, Remuneration & Appointments Committee member, commented that a safe team was required to keep things moving forward and we also need to get a process in place as it is the biggest decision facing this DHB in the last 12 years.

The Chair commented that he did not want to railroad the Board into making a decision, however, it is important that we secure someone with a wide range of experience.

The consensus of the Board was that a decision should be made today and it is important to act swiftly and show leadership.

The Chair advised that there will be a need for the Board to approve the recruitment process and hopefully this can be done at the next Board meeting.

Resolution (PE56/20)

(Moved: Sir John Hansen/Seconded: Ingrid Taylor - carried)

“That the Board:

- i. appoints Dr Andrew Brant as interim Chief Executive for a period of 4–6 months or until a permanent Chief Executive has been appointed from 1 October 2020.”

Resolution (PE57/20)

(Moved: Sir John Hansen/Seconded: Ingrid Taylor - carried)

Jo Kane abstained

“That the Board:

- i. appoints Dr Peter Bramley as interim Chief Executive from 5 September 2020 until 30 September 2020 and as interim Deputy Chief Executive for a period of 10 days prior to the departure of the current Chief Executive and for two weeks after Dr Brant commences.”

The meeting concluded at 5.55pm.

Sir John Hansen, Chair

Date of approval

RELEASED UNDER THE OFFICIAL INFORMATION ACT

MINUTES

MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 20 August 2020 commencing at 9.30am

BOARD MEMBERS

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

CROWN MONITOR

Dr Lester Levy (via zoom).

BOARD CLINICAL ADVISOR

Dr Andrew Brant (via zoom).

EXECUTIVE SUPPORT

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

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER**Additions/Alterations to the Interest Register**

There were no changes or alterations to the Interest Register.

Declarations of Interest for Items on Today's Agenda

Barry Bragg and Gabrielle Huria declared a conflict of interest in relation to the Legal Report in the public excluded part of the meeting.

Perceived Conflicts of Interest

There were no perceived conflicts of interest raised.

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS**Resolution (31/20)**

(Moved: James Gough/seconded: Naomi Marshall – carried)

“That the minutes of the meeting of the Canterbury District Health Board held on 16 July 2020 be approved and adopted as a true and correct record.”

Resolution (32/20)

(Moved: Barry Bragg/seconded: Ingrid Taylor – carried)
(Jo Kane abstained from voting)

“That the minutes of the Emergency meeting of the Canterbury District Health Board held on 4 August 2020 be approved and adopted as a true and correct record, subject to the agenda item in the resolution to exclude the public being re-named “Staffing”.

Resolution (33/20)

(Moved: Ingrid Taylor/seconded: James Gough – carried)

“That the minutes of the Emergency meeting of the Canterbury District Health Board held on 12 August 2020 be approved and adopted as a true and correct record.”

3. CARRIED FORWARD / ACTION LIST ITEMS

There were no carried forward/action items.

4. CDHB PACIFIC HEALTH STRATEGY

Hector Matthews, Executive Director, Maori & Pacific Health introduced the guests for this item:

- Dr Kiki Maoate ONZM, FRACS Chairperson Pasifika Medical Association/Pasifika Futures Whanau Ora Commissioning Agency;
- Mrs Debbie Sorensen, CEO, CCT. Pasifika Medical Association/Pasifika Futures Ltd;
- Mr Amanaki Misa, General Manager, MBA. ETU Pasifika Ltd;
- Dr Greg Hamilton, General Manager, Mental Health, CDHB;
- Ms Sandy McLean, Team Lead, Mental Health, Planning and Funding, CDHB; and
- Mrs Finau Heuifanga Leveni, Pacific Portfolio Manager, Planning and Funding, CDHB.

Mr Matthews took the report as read. He commented that our Pacifica population is small compared to the rest of the population, however, this is growing and they share inequities with Maori. He added that the plan presented is the draft Pacific Plan 2020-2030 and a lot of Pacifica groups have been around the table to get to this point.

Dr Maoate thanked the Board for the opportunity to present to them today and maintaining the partnership to get to where we are. He commented that there were three things he wanted to outline:

- Firstly, the journey for the last 30 years to get us where we are with this document in front of us.
- Secondly, is that I would like to pass our gratefulness to your Executive team members David Meates, Carolyn Gullery, Greg Hamilton, Sandy McLean, Hector Matthews and Finau Leveni to name a few who have actually contributed to the document as it has flowed over the last 12 months. He also commented that he would like to commend the Board for retaining the focus around families as this is how adversities are overcome and we think this is a good plan that will be complimentary to our Board and systems, and we as the Commissioning Agency and as Pasifika Futures are happy to provide advice or stand by you should you ever need our assistance in anything Pacific.
- The third, is maintaining that relationship as we go forward as strategic partners.

The Chair opened the floor to questions.

A query was made regarding Oral Health not being included in the service priorities. Mr Matthews commented that much of reducing inequities around oral health is out of our control (ie fluoridation). Child Health is still a priority and oral health is part of the strategic work to improve the health of our children.

A query was made regarding whether inequities in rural areas would be reflected in this document. It was noted that thought has been given to this and is certainly uppermost in people's minds. The Chief Executive added that the Canterbury DHB is one of five DHBs with significant Pacific populations and with that comes the responsibility for a number of the regional components as well.

Debbie Sorenson provided the Board with a presentation which provided information around:

- Population Statistics – the issue in the Canterbury region is the increase in population and the speed of that. Canterbury has one of the quickest growing Pacific populations which is driven by the rebuild and people moving out of the urban areas and moving further South. In addition, we have a very young population with half being under 30 which makes us quite different from the rest of the Canterbury population which is more highly rated to older people.
- Vision – this is the result of a co-designed process over many meetings. The two key outcomes here are about making sure that our community members live longer, better and healthy lives, and can manage their own wellbeing and also have equitable health outcomes.
- Values - families; shared responsibility; integrity; relationships; and strength based.
- Strategic Priorities – several strategic priorities have been developed to achieve the two outcomes.
- Focus Areas - service priorities; workforce development; Pacific leadership; innovation; partnerships; and research - data and evidence.
- Progress so Far.
- Whanau Ora COVID support packages.
- Investment.

It was suggested that because the populations are small it would be really good to build into the plan a reference to working with the Treaty partner as it is time now for us all to collaborate a lot more closely.

The Chair commented that it is magnificent we have got to this stage and want to thank everyone who has been involved in this process. He asked regarding the NGOs across the communities involved and how these will be utilised and whether they will still be in the mix.

Ms Sorenson commented that it is really important that we use all partners and willing hands as there is more than enough work for everyone. She added that as a Commissioning Agency they have a number of contracts with Pacific partners across the region, which means there is also a more formal way that between us and the District Health Board that we have a connected approach to supporting our partners. It is important that we continue to build that capability & capacity and have everyone working together.

Resolution (34/20)

“That the Board:

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

- i. endorse the Pacific Health Strategy - Canterbury District Health Board Pacific Plan 2020-2030.

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

- ii. endorses the ongoing strategic partnership with Pasifika Futures Ltd to improve health outcomes of Pacific people in Canterbury; and

(Moved: Jo Kane/seconded: Sir John Hansen – carried)

- iii. requests management to provide targets and indicators to be presented to respective committees once developed.”

5. SCHEDULE OF MEETINGS 2021

Justine White, Executive Director, Finance & Corporate Services, presented the proposed schedule of meetings for 2021 as per the Health & Disability Act.

The Chair of QFARC advised that he would like to discuss the dates with his Committee before committing to the schedule.

Ms Kane commented that she believed that HAC & CPH&DSAC should revert to monthly meetings and requested that the paper lie on the table until the next meeting so that discussions could be held around this.

Resolution (35/20)

(Moved: Jo Kane/seconded: Barry Bragg – carried)

“Procedural motion that the Board:

- i. agrees that this paper lie on the table until the next meeting.”

6. CHAIR'S UPDATE

Sir John Hansen, Chair, paid tribute to staff members who have been involved in assisting with the COVID outbreak in Auckland, particularly Laboratory staff undertaking testing. The Chief Executive commented that the Labs have been operating 24/7. It was noted that Community & Public Health also have a huge increase in requirements around surveillance testing.

Dr Sue Nightingale, Chief Medical Officer, advised that an Airport warehouse has also been set up in addition to the usual CBAC's for health sector staff.

Dr Andrew Brant, Clinical Monitor, thanked Canterbury DHB for their support and noted that CDHB had also provided Auckland with a supply of batch testing capability.

Sir John acknowledged the resignations from Executive Team members that were accepted with considerable regret and thanked David Green, Ralph La Salle, Melissa Macfarlane and Paul Lamb who were stepping up to act in those positions. He added that the Board looks forward to working with them as we go forward.

The Chair's update was noted.

7. **CHIEF EXECUTIVE'S UPDATE**

David Meates, Chief Executive, presented his report which was taken as read. Mr Meates highlighted the following:

- Planned Care – 1,158 admitting events have been cancelled or deferred during COVID and as at 5 August all but 107 of these have been dealt with which is a real testament for the teams focussing on care that had been deferred. As at 30 June, CDHB has met its overall planned care targets with 31,013 interventions against a plan of 30,675. It is great that in spite of COVID we have been able to deliver against planned care targets.

Underpinning this are some of the other areas of concern we need to focus on, particularly cancer registrations which will remain a challenge both locally and nationally which is about access to both primary care and diagnoses of cancers. We are also seeing quite a significant winter profile with influenza circulating in the community which raises some further conversations and discussions around different strategies for managing winter.

- Migration Planning for the new Hagley facility remains on track and from 5 October there will be the orientation process for over 3,000 staff before the first patient is admitted on the week commencing 16 November. Two weeks prior to that there will be a range of “go live” dry tests around different scenarios and a range of limited operations and interventions.

Mid October we have the certification process which is the final validation for a “go live” decision (regulatory compliance issue), which is effectively a hospital ready to start operating.

He added that en-suite doors are well underway and will be completed in the first part of the process.

- Ongoing COVID Response - it has been a bit of a surprise for many people at Christchurch Hospital and Burwood where masks are to be worn if social distancing guidelines cannot be met.
- Mental Health – one of the challenges we are starting to see is around the child CAF referrals post COVID and is an area of focus for mental health and NGO's.
- Labs – as the Chair touched on earlier, Labs remains under significant pressure right through this period of time. Its requirement to continue to function and being able to respond to enable large places like Christchurch Hospital to continue to function is very important.
- Bowel Screening Readiness Audit – this has been a significant journey and is one of the areas impacted by COVID. The Readiness Assessment process has gone remarkably well which is a real testament to staff working on this. We are on track with the revised time lines around this for a November “go live”.

A query was made regarding the change to the Emergency Department model of care. The Chief Executive commented that one of the big significant changes is that all of the acute services will come together into a single floor. This also covers the 24hr access to CTs etc actually taking place within the Emergency Department itself. He added that the other core component is that the facility has been designed with the ability to be able to support growth over time.

He added that day 1 will see the model of care continue to evolve overtime particularly around paediatrics which is driven by the population profile around Maori & Pacifica.

A query was made regarding the report from the Cancer Control Agency and the reduction in cancer diagnoses. The Chief Executive commented that there are a couple of components around this.

Throughout COVID lockdown those already in the system progressed as usual with the big concern being the fall off of new diagnoses. We remain concerned about this and it also a concern in primary care. It is important for us to get the message across that it is important for people to keep in contact with primary care. It was noted that there will likely be a bow wave in this area and that there is a capacity issue across the country. The Chief Medical Officer commented that our Oncology Service is under extreme pressure at the moment and work is taking place around how this can be managed. This is a capacity constraint and we are using the public and private sectors to manage that capacity.

A query was made regarding Whakamaui: Maori Health Action Plan 2020-2025. The plan that is currently with Manawhenua ki Waitaha – how does this dovetail into this more national umbrella about Maori Health. It was noted that the Ministry signalled that they would be putting out a Maori Health Action Plan late last year and we have been waiting for that to occur. The discussions we have had with Manawhenua were around whether we were heading in the same direction. The Ministry of Health document is quite a strategic document and broadly speaking we are heading the right way.

The Chief Executive's update was noted.

8. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read.

Ms White advised that at the end of June the deficit for the year sat at \$175m compared to a budget of \$180M which is favourable by \$4.5M, however, this also included some net COVID costs that are unfunded of \$17m. This means that if we exclude the COVID related costs that are not funded the deficit was \$158M compared to \$180M budget which is favourable by \$21M.

In terms of the operating component, excluding COVID, we are still favourable by \$3.5M. This is subject to audit and further adjustments to the Holidays Act which we are expecting to put in but need to go through audit beforehand.

Ms White advised that the July result (51 days into the financial year without a signed annual plan) was a deficit of \$13.9M resulting in a small favourable variance for the month. This also includes some unfunded COVID costs of \$1.2M. A query was made regarding why we have positive variances for July. Ms White commented that she did not have the detailed analysis at the moment.

A query was made as to whether other DHBs have been reimbursed for COVID costs as they had been told by other DHBs that all of their COVID costs had been reimbursed by the Ministry of Health. The Chief Executive advised that the difference in variation is consistent across all District Health Boards in terms of what COVID elements are funded or not and there is an element where all DHBs have been requested to both highlight and report and there are some different both appropriations and other mechanisms that are still being worked through. The assumption is there that the costs will be covered and it be treated the same right across the country.

It was noted that there is also some confusion around what is actual cost. For instance, where we have staff rostered, but there are no tests required to be undertaken – this is still a cost to us. This is part of what is to be resolved around the country. It was also noted that funding for CBACs and primary care was allocated on a population basis, so if your population tended to use it more you would overspend that money and there is no more. Canterbury, with an airport, has spent a lot more money than was actually allocated for the primary and community response around testing.

The Chief Executive commented that it is important for QFARC to concentrate on the COVID tracker. The difference between “tolerated variances” and/or “funded” is a really important debate

and dialogue taking place right around the country, particularly around some of the overhead elements.

A query was made regarding the DHBs liquidity risk and whether this has been canvassed in the meetings with the Ministry of Health, Director General and Minister. The Chair of QFARC advised that there are monthly meetings with the Ministry and management, and a discussion was held at the last meeting around the timing of the equity injection and we have been advised that subject to us putting up the information they require they would advise us regarding the equity injection which we are supposed to get in September. There is another meeting coming up soon and we will cover this again.

Discussion took place regarding encouraging people to take a break and the millions of dollars of leave cancelled due to COVID and the significant impact around casual staff who were not at work but we were required to pay according to a directive of the State Services Commission.

Resolution (36/20)

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

“That the Board:

- i. notes the consolidated financial result (before comprehensive income and further Holidays Act remediation provision) for the month of June 2020 is a net expense of \$27.864M, being \$8.657M unfavourable to plan, and year to date \$4.576M favourable to plan;
- ii. notes the operating result (before indirect items) for the month is unfavourable to plan by \$11.444M, year to date \$13.542M unfavourable to plan;
- iii. notes that net costs associated with COVID-19 pandemic as included in the month of June results are \$0.666M, and year to date \$17.136M;
- iv. notes the operating result (before indirect items) excluding COVID-19 costs, is unfavourable to plan by \$10.778M for the month, and favourable to plan YTD \$3.594M;
- v. notes liquidity (cashflow) risk continues to be a significant concern without any sustainable long term resolution; and
- vi. notes that a further \$66M accrual will be made for the Holidays Act compliance provision at 30 June 2020 for the Crown consolidation (CFIS) submission, and that the agreement with the Ministry has been that any remediation and rectification will be funded by the centre, although this has not been accrued, as it is likely to be equity support.”

The meeting adjourned for morning tea from 11.35am to 11.50am.

9. ACCELERATING OUR FUTURE – PRESENTATION

Michael Frampton, Chief People Officer, and Stella Ward, Chief Digital Officer, provided the Board with a presentation on “Accelerating our Future”.

The presentation highlighted the collaboration and partnership between People and Digital alongside the rest of the Executive and demonstrated how they are making work, work better and the investment from the Board in the Technology which is a great platform for accelerating the future. Some of the components of the plan that the Board is currently debating are contingent on some of the innovation about to be described.

Mr Frampton outlined the statistics around the size, scale and complexity of what the team is delivering. He presented a video giving a sense of what has been achieved over the last two years. He commented that our people challenged us with a kind of prescription around the kind of experience they wanted at work. There were six things: value and appreciate me; make it easy for me – take the bureaucracy away; design the future with me; give me the technology to do what I signed up for; invest in those who lead me; and communicate with me.

He provided an overview of the People Strategy which responds to the call from our people to make work, work better and the five key Pillars of the People Strategy.

Ms Ward provided an overview of our ISG strategic areas: digital transformation and paper-lite; single backlog; application and portfolio management; ISG support for our people; and robotics automation.

The presentation ended with the ISG People Plan 2020/21.

The Chair thanked Ms Ward and Mr Frampton for their presentation.

9A. SUB COMMITTEE FOR COMPANY TO RECRUIT A CHIEF EXECUTIVE

The Chair advised that the Board has received a number of proposals from recruitment companies to recruit for a new Chief Executive and they have decided to appoint a sub-committee to look at these and make a recommendation to the Board.

Resolution (37/20)

(Moved: Sir John Hansen/seconded: James Gough)

“That the Board:

- i. appoints a sub-committee comprised of: Barry Bragg (Chair); Ingrid Taylor; and Jo Kane, assisted by Paul Lamb, Acting Chief People Officer, to look at the recruitment proposals submitted and make a recommendation to the Board.”

10. ADVICE TO BOARD

Hospital Advisory Committee (HAC)

Jo Kane, Deputy Chair, HAC, provided the Board with an update on the Committee’s public meeting held on 6 August 2020. Ms Kane advised that the new Chair of Manawhenua ki Waitaha Michelle Turrall, was now their representative on this Committee. She highlighted the Maternity Assessment Unit update; the Labs bowel screening readiness audit and rural health challenges around this; faster cancer treatment; and bariatric surgery.

Resolution (38/20)

(Moved: Jo Kane/Seconded: Ingrid Taylor - carried)

“That the Board:

- i. notes the draft minutes from HAC’s public meeting held on 6 August 2020 (Appendix 1).”

The Chair acknowledged that this would be the last Board meeting for Michael Frampton; Justine White, Carolyn Gullery and David Meates.

Michael – know you will not be forgotten particularly in light of the presentation we have just seen in conjunction with Stella. This is leading work, not just in the NZ context, but in the world context.

Justine – you have wrestled with the finances of this organisation for some considerable time. It has been a heavy burden and one you have never shied away from. We are grateful for all of the work you have done for this organisation.

Carolyn – I have had more to do with you than anybody through the Canterbury Clinical Network. It was the empowerment that you and David and this organisation gave to Primary Care to form a group to really

re-look at the whole of Primary Care. To see what this has achieved and is continuing to be achieved is quite amazing and it has had an impact right across the whole organisation as it has enabled us to keep functioning in secondary care in circumstances we would otherwise have struggled with. You have been a brilliant innovator in that space Carolyn.

David – nobody could have made a greater contribution than you. Leading a DHB would be an enormous job in any circumstances and I doubt when you took it on you thought you would be facing firstly the earthquakes, the mosque attack, White Island and the pressures around deficits and financial matters. Through those times you have been a sterling leader of this organisation, you have been the face of the organisation and without you I doubt very much that this organisation could have coped through those times.

I am grateful to you all and wish you well in your future endeavours and I am sure I speak for the whole of the Board.

Board member Aaron Keown echoed the Chair's comments. All of the team departing this organisation have left an incredible mark on Canterbury and the people of this city. The region will be forever thankful to you for leading us, from a health perspective, through some of the darkest parts of our region's history. A deep felt thankyou to you all.

11. **RESOLUTION TO EXCLUDE THE PUBLIC**

Resolution (39/20)

(Moved: Sir John Hansen/seconded: Barry Bragg - carried)

“That the Board:

- i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, & 15 and the information items contained in the report;
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of public excluded meetings: <ul style="list-style-type: none"> • 16 July 2020 – Ordinary • 04 August 2020 – Emergency • 12 August 2020 - Emergency 	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Executive Management Team Response to EY Taskforce Review – Phase 1	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

5.	Programme Business Case - Hillmorton	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	NZHP Statement of Performance Expectations 2020/21	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	NZHP Health System Catalogue Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Audit NZ Fraud Risk Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Insurance Premium Approval	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Community & Public Health and Disability Support Advisory Committee Membership	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)
11.	2020/21 Planning Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	Going Concern Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
13.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
14.	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)
15.	Advice to Board: <ul style="list-style-type: none"> HAC Draft Minutes 06 August 2020 QFARC Draft Minutes 04 August 2020 14 August 2020 	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 12.50pm.

Sir John Hansen, Chairman

Date of approval

**MINUTES - PUBLIC EXCLUDED MEETING
CANTERBURY DISTRICT HEALTH BOARD MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 20 August 2020**

BOARD MEMBERS

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

CROWN MONITOR

Dr Lester Levy (via zoom).

BOARD CLINICAL ADVISOR

Dr Andrew Brant (via zoom).

APOLOGIES

There were no apologies.

EXECUTIVE SUPPORT

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

1. CONFIRMATION OF MINUTES OF PREVIOUS MEETING

Resolution (PE58/20)

(Moved: Barry Bragg/seconded: Naomi Marshall – carried)

“That the minutes of the meeting of the Canterbury District Health Board held on 16 July 2020 be approved and adopted as a true and correct record.”

Resolution (PE59/20)

“That the minutes of the Emergency meeting of the Canterbury District Health Board held on 4 August 2020 be approved and adopted as a true and correct record, subject to the following:

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

(Jo Kane and Andrew Dickerson voted against)

- i. agrees, through the Chair, to accept the Chief Executive’s resignation;

(Moved: Sir John Hansen/seconded: Gabrielle Huria – carried)

(Jo Kane and Andrew Dickerson voted against)

- ii. agrees that the Remuneration & Appointments Committee source a number of recruitment firms and request proposals from them to recruit for a new Chief Executive with the proviso that there was to be a discussion with the Chief Executive; and
- iii. agrees that the Chair initiates a discussion with Ashley Bloomfield regarding the possibility of an interim or acting role and bring back to the Board for discussion.”

Resolution (PE60/20)

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

“That the minutes of the Emergency meeting of the Canterbury District Health Board held on 12 August 2020 be approved and adopted as a true and correct record.”

2. CHAIR’S REPORT

Sir John Hansen, Chair, did not have a further update.

3. CHIEF EXECUTIVE – EMERGING ISSUES

Mr Meates, Chief Executive, provided updates on the following topics which he stated should be kept at the forefront of the Board’s thinking.

Laboratories

A considerable amount of testing is taking place in support of Auckland around COVID. Going forward the workforce in this area is fragile particularly around stepping up to 24/7 testing. This is a broader issue for Labs across the country at the moment. This vulnerability will remain for a prolonged period of time.

Proposed Catch-Up Funding

There are two major risks sitting with this at this stage:

- There are no payments until the service is delivered.
- The gap between the funding and the cost of delivery is a significant risk for the Board and you will need to make some choices and decisions around that. Given the divergence with funding and cost relative to that, it is probably something we would recommend to the Board not to take in its current format as the gap is multi millions. This will place a significant set of additional pressures on the Board relative to its total cost profile.

Bowel Screening

While this is the right thing to do, this will be funded at a marginal rate as opposed to the true cost. The true cost in Canterbury is the component of constrained capacity and in that context a lot of the screening will need to be done externally.

T3 and Compliance Component

Mr Meates advised that he and the Chair received a communication relative to Tower 3 and compliance works which was curious and have gone back seeking some clarification around this as what was being requested does not match with what actually needs to happen. This should be a relatively simple straight forward element given all of the work and activity that has been done already. If this is taken the way the letter was written it is a significant issue – one that needs to be resolved, as the risk profile for the organisation is increasing in terms of the opportunity to get a number of the compliance works done. As we migrate to Hagley there is a window of opportunity for a range of things to occur that will have limited disruption on services. If that window is missed you are going to have a really complex and disruptive environment that will impact on services. This may be something where the Board may need to approve some of the works while it is waiting for capital approval and undertaking this out of free cash flow.

The Chair commented that we were told by the Minister that we just had to provide an update, but this letter requested a new Business Case. The Chief Executive added that he does not believe that this is what was intended.

Intellectual Disability Pods

Migration into these is scheduled for November. This is the really important part of where our significant ACC workplace related issues sit. The new environment there will allow the opportunity to deal with these.

Mothers & Babies & Eating Disorders

The tender process around this will commence shortly and there is significant interest. It looks like there will be some really competitive bids.

Energy Centre

The in-ground works look like they are on track for the end of September early October which will be an important part of the risk mitigation processes for this site. RFP's delayed for two weeks to enable tenders and at the moment there are a good range of contractors and competitive bids.

Labs Facilities

The risk profile around Labs facilities is high and there is still an issue to resolve around Anatomical Pathology, with the University of Otago giving us notice about 14-15 months ago to move out by 2022.

Cancer Centre

We have had no further response around progressing the Cancer Centre component. The Board will recall that there was a condition on this needing support from the Ministry to support the \$1.2M of consultant fees for the next stage. The clock is ticking as we will be in the process of replacing the third and fourth LINACs starting from early 2022.

A query was made regarding whether any outstanding compliance issues at the Christchurch Campus were being held up. It was agreed that a schedule of these would be provided to the next QFARC meeting on 1 September 2020.

Resolution (PE61/20)

(Moved: Barry Bragg/seconded: Naomi Marshall - carried)

“That the Board:

- i. notes the Chief Executive's update.”

There was Board only time with the Chief Executive between 1.25pm and 1.50pm.

The meeting adjourned for lunch from 1.50pm to 2.05pm.

The meeting moved to item 6.

6. NZHPL STATEMENT OF PERFORMANCE EXPECTATIONS

Ms White, Executive Director, Finance & Corporate Services, presented this report which was taken as read. She advised that this had been through the Quality, Finance, Audit & Risk Committee (QFARC) who had added parts (ii) and (iii) to the recommendation.

Resolution (PE62/20)

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

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

(Jo Kane was absent for the vote)

- i. approves the NZ Health Partnerships Statement of Performance Expectations 2020/21 and authorises management to provide written approval of this to Steve Fisher, Chief Executive, NZ Health Partnerships, no later than 30 September 2020;

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

(Jo Kane was absent for the vote)

- ii. advises NZHP of the requirement to fix the financial reporting with Oracle and for this to be prioritised and implemented prior to delivery of the national catalogue initiative; and

(Moved: Sir John Hansen/seconded: Naomi Marshall – carried)

(Jo Kane was absent for the vote)

- iii. seeks to have input into proposed governance changes for NZHP post the election.”

7. **NZHPL HEALTH SYSTEM CATALOGUE BUSINESS CASE**

Ms White also presented this item which was recommended to the Board by QFARC. Ms White provided some background around the Business Case. She commented that it was intended by the Director General of Health that the other 16 DHBs would join onto this system, and in fact at the point which their own systems were up for refresh or renewal this would take place. This appears to have gone by the wayside, so there are 11 DHBs intending to join the FPIM system with the other nine staying outside of the FPIM system. What this means in terms of the catalogue is that now that nine are not in this system, we have investigated the possibility of these nine DHBs using the catalogue but this is not possible. This paper is seeking funding from the sector again to build another national catalogue.

The Chair of QFARC commented that this was well traversed at the QFARC meeting and the advice from the CEO was that with everything else that is taking place this is not one to take a stand on. Based on this advice, QFARC was happy to recommend this to the Board.

Resolution (PE63/20)

(Moved: Barry Bragg/seconded: Naomi Marshall – carried)

(Jo Kane was absent for the vote)

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

- i. notes a business case for the Finance and Procurement Information System (FPIM) programme was approved by DHBs during May and June 2019 and by Cabinet in June 2019. The recommendations in the FPIM business case included:
 - a phased approach to enable 10 DHBs with end-of-life systems, representing 73% of the country by PBF (and approximately 80% of procurement spending), to mitigate their financial management and procurement system risk by moving to a single instance of the FPIM software solution on a shared infrastructure platform (the FPIM infrastructure). The remaining DHBs would remain on their existing systems; and
 - in parallel, development of a single national product and services catalogue and compliance regime, common chart of accounts, data standards and data repository. These would be used by all 20 DHBs, regardless of the financial management and procurement system they use. All DHBs have committed to this approach;
- ii. notes that approval of the FPIM business case included the release of \$600,000 for the high-level design phase of a national product catalogue;
- iii. notes the high-level design for a single national product and services catalogue has been completed and is encapsulated in the Health System Catalogue business case (Appendix 2);
- iv. notes it will cost an estimated \$23.3m (excluding contingency), being \$19.1m CAPEX and \$4.2m OPEX to implement the Health System Catalogue, upgrade the current data repository and undertake work necessary to undertake the data, systems and change management work for local DHB systems. An additional \$5.5m contingency has been allowed for. Incremental operating costs are \$0.3m per annum once completed;
- v. notes the FPIM business case identified estimated benefits of \$32m p.a. and that these are predicated on the investment in a national product catalogue interfaced to DHBs systems and compliance to PHARMAC medical device contracts. The Health System Catalogue business case confirms these savings and further \$5m p.a in procurement related savings. The business case outlines a range of additional and potentially significant benefits enabled by the catalogue including supply chain optimisation and efficiencies, improved inventory management and cost control, e-commerce, patient safety, traceability and recall, improved crisis management and advanced analytics;
- vi. notes a stage-gated approach to implementation is proposed. The enables DHBs the opportunity to derive value earlier, ensure confidence in programme delivery and is a sensible risk mitigation step. The current FPIM catalogue will be the starting point;
- vii. notes that the “pre-paid service” model means that in FY20/21 and 21/22, while the Foundation Phase is completed, the financial impact is primarily on DHB cashflows. Costs

will be expensed through DHB profit and loss accounts over 10 years from anticipated completion in late FY21/22. The stage-gated approach will enable DHBs to start to derive benefits to offset the costs being expensed. In this context annual benefits are expected to exceed the costs been expensed in future years;

- viii. endorses the Health System Catalogue business case and Canterbury DHB's participation in the programme of work, including the provision of its resources to support improvements to its data and processes, to enable implementation of the recommended solution; and
- ix. approves the investment of the unbudgeted amount of \$2,108,872 (including contingency) (\$682k in OPEX and \$1.2M in CAPEX) by Canterbury DHB as outlined in the Health System Catalogue business case.

Further noting:

- the Health System Catalogue business case has incorporated feedback from DHBs, the Health System Catalogue Design Authority, relevant Central Agencies;
- the FPIM Governance Board has approved the business case and its release to the Minister of Health and Minister of Finance for final approval, subject to its endorsement by DHBs;
- the business case is fully costed and includes central programme costs and those expected to be incurred at a local DHB level;
- the business case costings have been subject to an independent Quantitative Risk Assessment conducted by Broadleaf Capital; and
- the FPIM Governance Board will oversee the implementation of the Health System Catalogue programme, monitor the realisation of expected benefits and ensure DHBs are kept well informed of progress."

8. AUDIT NEW ZEALAND FRAUD RISK ASSESSMENT

Ms White presented the Audit New Zealand Fraud Risk Assessment. This is requested by Audit New Zealand every year. This is for the 2019/20 reporting period. It was noted that where there has been a fraud Audit New Zealand have always been involved.

Resolution (PE64/20)

(Moved: Barry Bragg/seconded: Aaron Keown – carried)

(Jo Kane was absent for the vote)

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

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

9. INSURANCE PREMIUM APPROVAL

Ms White also presented this paper which was taken as read. Ms White advised that this is with the Board due to its size. There is special dispensation in the Chief Executive's delegations for insurance up to \$3M. The premium this year is \$6.3M which is for the total insurance package. For Canterbury DHB the total sum insured is sitting at \$3B which is a 6% increase in the premium against a 10% uplift in the MDBI values.

A query was made in regard to a worst case scenario (eg, the Alpine Fault) and if other DHBs are involved what will happen? Ms White advised that when we secure insurance we look at the lower North Island 1 in 10,000 year event and also the middle of the North Island. A 1 in 10,000 year event across the five DHBs to be affected (Canterbury, South Canterbury, West Coast, Nelson Marlborough and Capital & Coast) is sitting at a predicted level of \$1.025M damage. We insure to \$1.250M at each renewal with an automatic re-instatement.

Jo Kane re-joined the meeting at 2.20pm.

Ms White added that as a DHB we still have the risk around where we have not repaired buildings we are still effectively at indemnity level insurance because we have already been paid out for this.

Resolution (PE65/20)

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

“That the Board:

- i. approves payment of insurance premiums for 2020/21 for Canterbury DHB totalling \$6.3M (plus GST).”

10. COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERSHIP

Sir John Hansen presented this paper which was taken as read.

Resolution (PE66/20)

(Moved: Sir John Hansen/seconded: Jo Kane – carried)

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

- i. re-appoints Yvonne Palmer to the Community & Public Health and Disability Support Advisory Committee until 31 May 2023.”

The meeting moved to item 12.

12. GOING CONCERN ASSESSMENT

Ms White presented this report which was taken as read. Ms White advised there had been some discussion at QFARC around this as in a normal commercial environment you would not necessarily consider this was a going concern, as one of the key parts to this is to be able to pay your debts as they fall due and we know we cannot do this due to liquidity issues. We are relying on the fact that we do not believe the Centre would let a DHB fail and we are also reliant on the fact that we have continued new facilities in the form of Burwood, Manawa and Hagley that suggests that the Centre is looking at us as a continuing entity.

Resolution (PE67/20)

(Moved: Barry Bragg/seconded: Naomi Marshall – carried)

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

- i. notes that Canterbury DHB is a going concern as detailed in the assessment in Appendix 1; and
- ii. notes that a letter of comfort has been requested from Joint Ministers.”

13. PEOPLE REPORT

Michael Frampton, Chief People Officer, presented this report which was taken as read. Mr Frampton drew the Board’s attention to the following:

- Because of the shift of the date for the General Election some of the things that we thought were not a risk, now become a risk. The NZNO MECA become riskier from a public relations perspective because there is now a greater window of opportunity for industrial action. We have received advice that NZNO has confirmed with its members an intention to strike (this is the Primary Care Nursing MECA) on 3 September 2020, which we think is pretty poor form as most of the response to COVID is taking place in Primary Care.
- There will be a paper to the next Board meeting around IEA remuneration which will recommend an approach consistent with other DHBs of 0% increase for those over \$100k and a pool of 1.5% for those earning less than \$100k.

- The other big area of focus which is key to realising a number of the things that are contained for the year ahead is our Occupational Health response, which is being stepped up again in relation to COVID.

A query was made as to why there is not a wage freeze. Mr Frampton advised we are following advice around pay restraint matters issued by the State Services Commission. They, in conjunction with Treasury and DPMC, are responsible for the parameters that are agreed for the collectives.

A query was made that in the current climate of mass resignations and protests outside our offices here, what is staff morale like and where do people go to get confidence regarding stability and the ability to get on and do their job. Mr Frampton commented there are some very talented people in this organisation and they are not limited to the people who sit around this table. While there are some people that are leaving, there is an extraordinary amount of talent remaining behind. Mr Frampton further commented that a range of supports are provided, noting the changes in leadership are stressful for staff, as is COVID-19 and pressures around the Hagley migration. He added that it is right to raise this issue and it is something important going forward for you as a Board to remain vigilant around.

The People Report was noted.

14. **LEGAL REPORT**

Greg Brogden and Tim Lester, Corporate Solicitors, presented the Legal report which was taken as read.

Mr Brogden advised there are two new items – one under HDC and the other which he spoke to briefly at QFARC last week.

A query was made regarding privacy, with a member of Parliament leaking information to the media and in recent days a security guard putting personal information on social media. It was noted that the DHB is not aware of any of those patients being from CDHB. There is a new Privacy Act coming into effect later this year which has a wider range of penalties for organisations and individuals. Where we have had privacy breaches within this organisation where people's health information has been accessed without a mandate, we have always notified the individual and advised them of the process, their rights and provided support.

Discussion took place regarding the concerning incidents involving the two patients detailed in the report.

Barry Bragg and Gabrielle Huria declared their interest regarding Carparking.

Mr Lester provided updates as follows:

- Still currently publicly consulting on the aspects around the land disposal items (the Bus Super Stop and the Afternoon Staff Car Park).
- The car parking proposal has been signed and we are awaiting an announcement regarding this which has been delayed due to the COVID situation.
- The Park N Ride service from Deans Ave commences on Monday.
- Manawa rent relief – we have verbal agreement that the CDHB's offer of 50% rental and 100% outgoings has been agreed.

The Legal Report was noted.

The meeting moved to Items 4 & 11 which were taken together.

4. EXECUTIVE MANAGEMENT TEAM RESPONSE TO EY TASKFORCE REVIEW – PHASE 1
11. 2020/21 PLANNING UPDATE

Carolyn Gullery, Executive Director, Planning Funding & Decision Support, advised that QFARC had requested management respond to the EY Taskforce Review and this is material to the next conversation regarding the Annual Plan.

In regard to the planning update, it was noted that the DHB has approval across all of the sections except for the savings plan and the service change sections. We now need to work with the Board around what we are doing around the savings plan and service change sections.

Recommendations were provided as follows:

That the Board

- *notes that analysis using national data indicates that as a DHB of service Canterbury FTE/activity ratio is not out of line with its peers and better than most;*
- *notes that nationally mandated CCDM processes indicate that nursing is very tight so reduction in nursing numbers will be contingent on reduction in activity;*
- *notes that the main drivers of the increasing deficit over time are increases in earthquake related depreciation, earthquake related capital charge and Hagley delay;*
- *notes that achieving the proposed savings will involve reduction in workforce and service delivery which will be minimised where practical through innovative design;*
- *notes that the plan is proposing to be operationally break-even next year and break-even including IDCC in 22/23 provided Hagley is not further delayed;*
- *notes that this performance markedly exceeds the “Way Forward” break-even pre IDCC over four years agreed with the Ministry in February 2019;*
- *notes reporting will be provided via QFARC based on QFARC financial reporting supplemented with detail from the PMO;*
- *notes that specific service changes will be provided to the Board for approval before being advised to the Ministry for approval;*
- *agrees to remove the detail of the anticipated staff reductions from the Annual Plan submission; and*
- *approves the proposed Deficit Reduction Savings Plan of \$56.9M.*

Ms Gullery advised the reason management has provided a response to the EY Taskforce Review is that they believe this is material to the Board making a decision about the savings plan.

Ms Gullery then provided a presentation and talked the Board through this.

Resolution (PE68/20)

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

“That the Board:

- i. approves today’s meeting lasting longer than six hours.”

The Chair thanked Ms Gullery for the presentation. He commented that he wished to avoid going backwards and forwards between the EY report and Management’s response. He added that this is a plan initiated by management and work has started on it already. There is a Programme Office in place and there is buy in from the organisation. He commented that this is a challenging plan to achieve and the correct way forward is to approve this plan, to include the numbers from this plan in the Annual Plan and if the Minister’s do not sign it off we will deal with that then. He added that he has every confidence in the teams in place to deliver this huge target.

Discussion took place regarding the differing views between the EY Report and management’s response, and the challenges around how people can get different figures from the same data. Dr Lester Levy, Crown Monitor, commented he was very keen for these numbers to be sorted out – to

resolve the issues of differences in numbers and comparisons around benchmarks in a way that is totally transparent. He noted this may mean that he and the Chair need to sit down and talk with the Government.

The Chief Executive commented that having had five external reviews, all with the same outcome, has been part of getting to a common understanding. He added he found it concerning that any consultancy firm would put something up to a Board without having an agreed set of numbers and/or an agreed set of points of difference and what these are. It is so important for this Board to have confidence that what it is seeing is consistent and shared and this is what we have expected in the past.

The Chair commented that the best way of getting listened to in Wellington is proving that we can make these savings and what I want to ensure is that we have a very quick response to anything going off the rails so the reporting of this must give us a clue very early on that something is not working. He added that if we are in a position by Christmas of meeting our targets we are in a much stronger position to have these conversations with Ministers. He commented that as long as the numbers remain unresolved, which cannot be done today, the response will not be positive.

The Chair commented that the only decision the Board would be making today is to adopt management's plan, but we will be watching it like a hawk as you would expect.

The Chief Executive assured the Board that although everyone saw the \$56M savings plan as very challenging, the organisation as a whole have bought into it and believe it to be credible and are committed to it.

Discussion took place regarding the plan, the unresolved issues, the achievability of the plan and service changes. In regard to service changes, the Chief Executive commented that the Board would have to sign off on any service changes, which would be provided with impact statements, which would then have to get Ministerial sign off.

It was noted that the differing views between the EY Report and Management's response will need to be revisited and resolved.

Resolution (69/20)

"That the Board:

(Moved: Sir John Hansen/seconded: Ingrid Taylor - carried)

(Jo Kane, Andrew Dickerson, Naomi Marshall opposed)

- i. approves the \$56.9M savings plan recommended by management, noting that any service changes or changes in FTE numbers be brought back to the Board for specific approval; and

(Moved: Sir John Hansen/seconded: Barry Bragg - carried)

(Jo Kane opposed)

- ii. agrees to remove the detail of the anticipated staff reductions from the plan."

The meeting moved to Item 5.

5. PROGRAMME BUSINESS CASE – HILLMORTON

Mr Meates presented the Hillmorton Programme Business Case, which he advised is substantially the same as presented at the QFARC meeting. He commented that there were some updated whole of life costs completed and this document includes them and some changes to the staging.

Mr Meates added that this is a Programme Business Case which has a very clear set of recommendations in terms of a range of detailed Business Cases that sit underneath. He added that

as with any good campus plan, an enormous amount of money goes into infrastructure and in ground infrastructure to enable this to happen, and in this case it is close to \$100M.

This has been approved by QFARC and was fast tracked to come to the Board.

Resolution (PE70/20)

(Moved: Andrew Dickerson/seconded: Jo Kane – carried)

“That the Board:

- i. endorses the Programme Business Case for Hillmorton Campus – Te Hurahai Hau - A new journey;
- ii. endorses the identified programme of work in the programme business case:
 - a. tender for and appoint design consultants for Stages 1a and 1b of the programme of work (subject to the cost being further identified);
 - b. approve enabling site infrastructure works (\$100m) for the programme business case including stages 1a and 1b;
 - c. approve construction of a ‘campus heart’ building (1,737 sqm; \$23m) in stage 1a;
 - d. proceed directly to developing a detailed business case for the Forensic Rehabilitation and Outpatients building (2,220 sqm; \$38m) in stage 1a;
 - e. proceed directly to developing a detailed business case for the Adult Acute Inpatient Services building (10,442 sqm; \$154m) in stage 1b; and
- iii. approves the submission of the Programme Business Case to the Capital Investment Committee.”

The meeting moved to Item 15.

15. ADVICE TO BOARD

Hospital Advisory Committee (HAC)

Jo Kane, Deputy Chair, Hospital Advisory Committee provided the Board with an update from the public excluded section of the Committee’s meeting held on 6 August 2020.

Resolution (PE71/20)

(Moved: Jo Kane /seconded: Ingrid Taylor – carried)

“That the Board:

- i. notes the draft minutes from the Hospital Advisory Committee meeting held on 6 August 2020.”

Quality, Finance, Audit & Risk Committee (QFARC)

Barry Bragg, Chair, QFARC, provided the Board with an update on the Committee’s meetings held on 4 August 2020 and 14 August 2020.

Resolution (PE72/20)

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

“That the Board:

- i. notes the draft minutes from QFARC’s meetings on 4 August and 14 August 2020.”

INFORMATION

- Chair's Correspondence

The Chair thanked David Meates, Justine White, Carolyn Gullery and Michael Frampton for their contribution to the DHB and wished them all the best for the future.

There being no further business, the meeting concluded at 5.00pm.

Sir John Hansen, Chairman

Date of approval

RELEASED UNDER THE OFFICIAL INFORMATION ACT

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 6 August 2020, commencing at 9.00am

PRESENT

Jo Kane (Deputy Chair); Dr Rochelle Phipps; Ingrid Taylor; and Michelle Turrall.

Via Zoom – Andrew Dickerson (Chair); Catherine Chu; James Gough; and Naomi Marshall.

APOLOGIES

Apologies for absence were received and accepted from Barry Bragg, Jan Edwards; and Sir John Hansen (Ex-officio).

An apology for lateness was received and accepted from Ingrid Taylor (9.10am).

EXECUTIVE SUPPORT

Mary Gordan (Executive Director of Nursing); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Jacqui Lunday-Johnston (Executive Director, Allied Health, Scientific & Technical); Sue Nightingale (Chief Medical Officer); Kay Jenkins (Executive Assistant, Governance Support); and Anna Crow (Board Secretariat).

EXECUTIVE APOLOGIES

David Meates for absence.

IN ATTENDANCE

Pauline Clark, General Manager, Medical/Surgical; Women's & Children's Health; & Orthopaedics
Helen Skinner, General Manager, Older Persons Health & Rehabilitation
Greg Hamilton, General Manager, Specialist Mental Health Services
Kirsten Beynon, General Manager, Laboratories
Win McDonald, Transition Programme Manager Rural Health Services
Berni Marra, Manager, Ashburton Health Services

Item 4

Norma Campbell, Director of Midwifery CDHB & WCDHB
Sonya Matthews, Charge Midwife Manager of Birthing Suite
Laura Aileone, Project Manager

The meeting was Chaired by Jo Kane, Deputy Chair of the Hospital Advisory Committee (HAC).

Hector Matthews opened the meeting with a Karakia and mihi to Michelle Turrall.

Andrew Dickerson, Chair of HAC, acknowledged the recent resignation of Sally Buck from the Board of the CDHB, thanking her for her valued contribution to HAC over several terms.

1. INTEREST REGISTER**Additions/Alterations to the Interest Register**

Michelle Turrall is to provide her interests to the Board Secretariat.

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 (06/20)

(Moved: Dr Rochelle Phipps/Seconded: Andrew Dickerson – carried)

“That the minutes of the Hospital Advisory Committee meeting held on 4 June 2020 be approved and adopted as a true and correct record.”

Ingrid Taylor joined the meeting at 9.10am.

3. CARRIED FORWARD / ACTION ITEMS

The carried forward action items were noted.

4. MATERNITY ASSESSMENT UNIT – 9 MONTH UPDATE

Pauline Clark, General Manager, Medical & Surgical; Women's & Children's Health, & Orthopaedics, introduced Norma Campbell, Director of Midwifery CDHB & WCDHB; Sonya Matthews, Charge Midwife Manager of Birthing Suite; and Laura Aileone, Project Manager. Louise McKinney, Clinical Lead, and Emma Jackson, Clinical Director, were both apologies for today's meeting.

The paper provided a nine month overview of the newly established Maternity Assessment Unit (MAU), the first of a number of really positive changes to be reported. It was noted that it is positive for women and whanau, and it is positive for staff.

Ms Campbell noted the MAU was established in August 2019 with the purpose of being able to redirect as clinically appropriate antenatal activity to a dedicated assessment space. The initial goal being able to improve flow and redirect a quantum of antenatal attendances per month from the Birthing Suite environment, thus creating more capacity within Birthing Suite to deal with intrapartum care and acute presentations. This also brought Christchurch Women's Hospital (CWH) into a more nationally and internationally consistent model with a clearer pathway for presentation, assessment and treatment as required.

The MAU has seen positive results within the last nine months since establishment, including the following:

- Approximately 206 antenatal assessments per month have been taken off Birthing Suite.
- There are approximately 152 less women attending Birthing Suite for assessment per month – so antenatal assessment workload decreases for staff in this area.
- The average wait time for women having antenatal assessments has reduced by 47% (three hours 30 minutes to one hour 52 minutes). Previously, some women were waiting on Birthing Suite for up to seven hours for assessment.
- The MAU is costing less to run with fewer staff rostered than had previously been forecasted prior to implementation. Staffing numbers have been continually refined throughout the last nine months.
- There has been no additional cost to Birthing Suite for consumables (MAU consumables come from Birthing Suite).

- Overall, Lead Maternity Carers (*LMCs*) are more satisfied with the MAU than the previous Birthing Suite process.
- Consumer feedback has highlighted that women are happy with the care they receive through the MAU.
- The MAU is completely midwifery led.
- Medical staff feedback is highly supportive of this unit and the positive impact this has on the birthing suite workload.

Next steps for development include:

- Maintain the MAU as a unit.
- Expand the functionality to include Day Assessment Unit (*DAU*) activity and essentially have both planned and unplanned antenatal assessments in one space. This to be renamed Antenatal Assessment.
- Note the potential changes to greater primary assessments within the community (clinics now established at Lincoln and Rangiora, during COVID-19) with the Women's Outpatient Clinic realignment work, including greater use of telehealth from rural units (ie. Ashburton, Kaikoura and West Coast).
- Review what component of women could potentially have planned care (i.e. twice daily CTGs) through the MAU, rather than be admitted onto the Maternity Ward as an inpatient admission.
- Review what space may be required to be occupied to maintain MAU functionality, if the current Parkside location requires vacating.
- Note the current Misoprostol for Induction of Labour Project and the potential for a cohort of women to start their induction of labour (*IOL*) on MAU with the new regime. The MAU must be within the CWH footprint for this to occur.

The ethnicity of MAU attendees was noted as follows: 15% Asian, 62% European, 16% Maori, 2% Middle Eastern/Latin American/African; and 4% Pacific Peoples.

There was discussion on the Induction of Labour Project and the intention to shift away from the current drug used to a new drug, which will save around \$120K a year, as well as meaning women will mostly go into labour within 24 hours resulting in better outcomes. It is a priority to do this piece of work for our population of women and their babies.

There was a query around the reduction in wait times for some significant presentations and whether there was data on reduction in harm. Ms Matthews advised there is anecdotal data. There have been no SAC 1s. This is a reflection of the more rapid assessments.

Ms Clark also noted the close working relationship with Dr Nicola Austin and the Neonatal Unit.

Ms Kane noted it was a very people centric initiative and encapsulates necessary partnerships and relationships – a very valuable piece of work. The Committee thanked those in attendance for the update and asked that the Committee's appreciation be passed to the rest of the team for the very positive start to this piece of work on the Maternity Strategy.

Resolution (07/20)

(Moved: Naomi Marshall/Seconded: Ingrid Taylor – carried)

“That the Committee:

- i. notes the paper and outcome update of MAU; and
- ii. notes the need to progress combining unplanned and planned antenatal activity in the same physical space.”

5. H&SS MONITORING REPORT

Ms Kane congratulated Greg Hamilton on his recent appointment as General Manager of Specialist Mental Health Services.

The Committee considered the Hospital and Specialist Services Monitoring Report for July 2020. The report was taken as read.

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

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

- Had a very warm welcome from Mental Health and has found a division that is in very good heart, even better than hoped.
- Have continued growth particularly in Child, Adolescent and Family. That will remain an ongoing area where the increased volume has caused waiting times that are not acceptable. There is a lot of energy going on to make sure the right people are seen in a timely way. We are triaging and re-triaging that list of referrals coming onto the list, so that although the average wait time is not good, there has been quite a change in the active process to ensure that those who need early access are getting it. Have brought in a second tier of clinical support, some of whom have made it their life passion to get the wait lists down. A lot of effort and passion going into this, as the team recognises the risk factors.

There was a query around data for under 12s and over 12s being separated out, volumes continuing to rise and barriers associated with this. Mr Hamilton noted that the problem we have is a multi-sectorial problem, that is being referred to Mental Health to solve. There are a lot of children in the under 12s who have problem behaviours in a school environment that we are asking Mental Health teams to do an assessment of in order to access education support. A paper was requested providing further detail and analysis on CAF presentations, and in particular under 12s.

There was a query around an article relating to an increase in eating disorders in teenagers. Mr Hamilton advised this is a very specialised service. The increase in volume that has been reported is not what CDHB's clinical leader in that area is seeing.

Hospital Laboratories – Kirsten Beynon, General Manager, Laboratories

- Bowel Screen Readiness Audit: the DHB has had its audit from the MoH and peer review of Bowel Screening Readiness. Verbal feedback from the Clinical Director of Anatomical Pathology (AP) is that this has gone extremely well, with positive comments made on the preparedness of the overall project across the DHB and commitment to ensure its success.

The assessors commented on our cramped facility and that in their opinion the only reason we cope with our workload in these circumstances is due to our high quality processes. They would like to see a timeline documented for facilities improvement.

- Equity of Access and Outcomes: A small team making visible lab testing information from across the system with business intelligence software. We have targeted some key conditions (eg. Diabetes) of which there are specific tests we can use as indicators of how well we are doing. We have been able to look at this information by ethnicity, including testing rates, abnormality rates and drug therapies. The prototype report was completed this week and we will now work with primary and secondary care clinicians, as well as our Executive Director of Maori and Pacific Health, to review our prototype and assumptions.
- COVID-19 remains front and centre for pathology and laboratories. CHL has taken an integrated approach to our COVID-19 diagnostic strategy and are playing a key role in supporting the system response in partnership with primary and secondary care. CHL is also focussed on ensuring we have robust business continuity plans for when we have another wave of COVID-19 to ensure we maintain essential services to support the health and wellbeing of our population, including cancer diagnostics and acute non-COVID-19 as well as COVID-19 testing services.

There was a query around supply and demand challenges with regard to COVID-19. Ms Beynon advised that everyone learnt a lot from the first wave. All laboratories around the country are working together, as well as closely with the MoH. Teams have done a lot of work around maximising the use of consumables and reagents. There is a Plan A,B,C & D.

There was discussion around the Bowel Screening Programme roll out. Carolyn Gullery, Executive Director, Planning Funding & Decision Support advised we are working towards a November 2020 rollout, but this is dependent on being able to demonstrate we can pull back the people who are long waits on the list (both diagnostic and surveillance). We need to provide a plan that shows that we are meeting our step down to reduce that.

There was a query whether COVID-19 had moved point of care testing initiatives forward. Ms Beynon advised there is point of care testing in Canterbury in support of our hospital and acute setting, and within specific criteria. This is an area where there is still a shortage in supply.

There was a query about the randomness of pop-up testing, as well as the testing of various staff working in quarantine facilities. Sue Nightingale, Chief Medical Officer, advised there is very good Infection Prevention and Control (IP&C) processes and rules about PPE. The IP&C team is circulating through the hotels regularly checking on people to make sure that things do not slip. There is surveillance testing being done at the hotels with staff. It was noted that mixed messages are being received from the MoH as to what they are requiring with regards to pop-ups. Most of the surveillance targets are directed by the MoH; we then work as a team (Labs, Primary Care, Emergency Management Team) to get these set up within 24 hours.

In response to a query about people who missed their cervical screening appointments during the lockdown period, Ms Gullery confirmed that these are all being picked up and are being managed through primary care.

Rural Health Services – Win McDonald, Transition Programme Manager

- Continuing to see an increase in end of life care across rural facilities.
- Working well with primary providers and tertiary facilities.
- Increased challenges with Chatham Islands, with a team (whole of stakeholders group) in place to provide assistance. It was noted a Chatham Islands update report is scheduled for the Committee's 1 October 2020 meeting.
- Services in rural facilities are being maintained at a high level and community need is being met.
- Working with Statistics NZ and the information coming from Decision Support on the equity of access across primary care in rural.

There was discussion around Ellesmere and Waikari hospitals, future capacity and sustainability of facilities to cope with the demand for end of life care given the aging population, as well as growing dementia rates. Ms Gullery noted it has always been the strategy to maintain access to end of life care in the rural communities. A paper was requested on initiatives to support the rural older population to remain in their own homes/communities into the future.

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

- Presentations of persons over 75 years to Acute Assessment Unit (AAU). Information presented is a watching brief – not tracking or seeing an increase post COVID-19 of presentations or admissions of people over 75 years into the Ashburton Area.
- The community remains concerned about access to primary care.
- Primary care is not necessarily understanding the restorative model of care being talked about. An opportunity for Allied Health, District Nursing and Clinical Nurse Specialist workforce to go into the primary care practice environment in order to build and sustain the level of community service delivery.
- Working closely with ^{9(2)(a)} [REDACTED], a doctor from ^{9(2)(a)} [REDACTED] who is also partnered with the Otago of University, on determining a rural generalist model. A collaborative piece of work to design what is sustainable generalist delivery and how to partner with other rural hospitals. The intent is to keep people away from the tertiary centre by maintaining strong, stable and cost effective care in the local community.

There was discussion around presentations coming through to AAU, with it noted that triage 3 is where the growth level is.

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

- Whilst do not have influenza presentations, a number of other presentations are being experienced across Medicine and General Surgery.
- Contributing staff to quarantine and isolation facilities, and also contributed to the successful move on the West Coast into their new facility.
- National Bowel Screening Programme Rollout Readiness Assessment. The team was down from Wellington on 5 August 2020.
- Migration planning is well underway, with confirmation that the move into Hagley will commence on Monday, 16 November 2020.
- Strong focus on planned care ESPIs, with most services scheduled to meet compliance by the end of this calendar year. Coupled with this, is picking up on those people who were not seen during COVID-19.
- Focused on the Leave Care Programme.
- Experiencing a number of random requests from the MoH. All valid questions, but no coordination.

There was a query around staff being made available for the quarantine facilities. Ms Nightingale advised that five were working in other places, but that has now stopped – 76 others were not. Ms Nightingale noted that CDHB did not think this was necessary, given the IP&C structures CDHB has in place. CDHB sees people with infectious diseases in hospital all the time and nurses are not stood down after care has been provided to them. So whilst we are complying, we do not agree that it is necessary.

Older Persons Health & Rehabilitation Service – Helen Skinner, General Manager

Ms Kane welcomed Helen Skinner as the new General Manager of Older Persons Health & Rehabilitation Service, as well as maintaining her role as Chief of Service.

- Ongoing demand for older persons health beds. During COVID-19, were at high levels of occupancy and also providing increased numbers of community contacts, both virtually and at home. That demand in terms of need in the community has continued.
- Inpatient demand, particularly for older persons health beds has been driven predominantly around surgical and orthopaedic flow.
- Highlighted the floor line beds trial, one part of a piece of work being done around clinical governance, which has been a high priority for the division. An ongoing programme of work to reduce falls, has reduced falls, but in particular has reduced significant harm. Year to date has seen a reduction of more than 40% in significant harm in terms of SAC 2 events compared to the year prior.

The floor line beds trial looks at falls and the ongoing reduction in significant harm for patients who fall, but also how from a cost point of view we continue to work on that. One of the challenges has continued to be around how safety is maintained as well as looking at things fiscally. Close observation in terms of hospital aides has been high as we continue to keep patients safe.

The fall line beds trial initiative, led by one of the Nursing Directors in conjunction with the Clinical Director for Older Persons Health, started last month. It has been running for 2½ weeks. There have been no falls in terms of patients who have been using the floor line beds. There has been an estimated saving on two wards in two weeks of \$1,700 on reduction in close observation. The trial will run for three months, with a potential roll-out dependent on the outcome.

Discussion took place on the floor line beds trial. It was noted that the driver behind the initiative is reducing patient harm, keeping patients safe. It is only one part of a piece of work to reduce harm. There is also a big project on pressure injury prevention; a lot of work on falls prevention; and work on medication instances.

There was a query around voice activated alarms, as opposed to call bells, and whether CDHB has trialled these. Ms Skinner advised that this has been trialled in an Older Persons Health ward, as well as the Spinal Unit. Unfortunately, for a number of reasons it was not well used by the patients. It was noted that a further trial is to be conducted in maternity services.

Resolution (08/20)

(Moved: Dr Rochelle Phipps/Seconded: Naomi Marshall – carried)

“That the Committee:

- i. notes the Hospital Advisory Committee Activity Report.”

6. CLINICAL ADVISOR UPDATE - NURSING

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

- CDHB would normally be taking 95 NETP graduates, but this intake has been reduced to 46, with only 34 on permanent contracts. This has sent shockwaves through the sector. A phone call had been received from the Chief Nursing Officer from the MoH saying that Minister Hipkins was wanting to know what was happening following media interest in Canterbury not taking new graduates. Ms Gordon advised that her response to the Chief Nursing Officer was that Canterbury was doing the same as Auckland – the Minister has sent very clear messages that the deficit was unacceptable. The Chief Nursing Officer noted the Minister has been very clear that there is to be no denigration in quality or

clinical outcomes, and that he is committed to the Care Capacity Demand Management (CCDM) programme and the nursing accord which was that all new nursing graduates got employment, to which Ms Gordon responded she could not do that at this particular point in time.

- 34 new NETP graduates have been hired within the DHB, 4 outside in community, ARC settings.
- 12 NETP graduates have been hired for the isolation / quarantine facilities with a wrap around process to support them on the programme being developed up.
- 11 NESP graduates for SMHS have been hired.
- All other graduates will be appointed into vacancy, or offered roles within the isolation / quarantine facilities if further staffing required.
- The Enrolled Nurse programme that the government is funding – our supporter programme has started. CDHB has not taken any graduates from the first round because our graduates have not graduated as yet.
- Postgraduate Nursing – we usually have a waitlist that cannot be met, however, this year have managed to fund all of the waitlist.
- Internationally, this is the year of the Nurse and Midwife. There is a nursing leadership development programme running across a number of countries. The programme is for nurses under 35 years and developing leadership capability for the future.

Ms Gordon provided a presentation on the Care Capacity Demand Management (CCDM) programme, which was mandated from the last MECA. The presentation highlighted the following:

- One aspect of the CCDM programme is the implementation of a nursing acuity system called Trendcare. It was noted that acuity is a measure of the severity of the hospitalised patient's illness and the level of nursing care they will require.
- CDHB has had its first phase, with the programme rolled out in medical and some surgical wards at Christchurch Hospital, as well as Burwood and Mental Health. A little behind implementation timeline, due to COVID-19, but expecting full rollout by the end of this calendar year. Have to do 12 months of collection of data, so full implementation is another 12 months away.
- Physical utilisation versus productivity index by ward.
- Ward daily hours graph detailing bed utilisation; and hours worked vs hours required.
- Nursing agency hours logged at Christchurch Hospital.
- Canterbury has the lowest actual cost per FTE nurse, \$5K below the national average.
- Only one DHB has a lower overall cost per FTE (Hawkes Bay at \$97K). CDHB is \$98k versus a national average of \$104k.
- CDHB has less beds, shorter length of stay and low readmission rates.
- The current inadequate hospital wards are very challenging to care within. For instance, frail elderly patients' access to appropriate ablutions, which further impacts on nursing time. This issue is not taken into account when entering the Trendcare data, yet we are still fully utilising all patient time allocated.
- The impact of high churn of full capacity wards is not being accounted for in the simple analysis. Becomes apparent in TrendCare.
- Nursing works at top of scope allowing for less medical workforce.
- Nursing does out-patient activity on wards, including own appointments.

There was discussion around CDHB's in-house nursing pool and its advantages. It allows CDHB to cover its own sick leave, which is not only good use of dollars, but ensures better care is being provided to the patient. CDHB staff know the system, whereas agency staff are not so familiar. This continuity of care reduces harm. If you get care right the first time, it is the cheapest you will ever get that care delivered for, because if you have to rework and have a lot of variation it costs you money.

Discussion took place around safari ward rounds and the impacts of these on staff, patients, and whanau. It was noted that today, as an example, General Medicine has 39 patients outside the General Medicine wards. This impacts the discharge process as well, significantly slowing it down. This highlights that when a hospital gets too tight it becomes inefficient. Ms Gordon noted that this is the reason why we need the next phase of the facility development on the Christchurch Campus site. Ms Gullery also reminded the Committee that CDHB has 30% lower acute admissions because of the way our primary care system works. If the primary care system stopped working in the way that it does and you had another 30% of patients in Christchurch Hospital, that would be another 15,000 to 20,000 patients per year. In addition, the Committee was reminded that CDHB is a tertiary centre, so needs to be in a state of readiness.

There was a query whether there is a point from a clinical basis that risk is too high and how that is assessed. Ms Gordon spoke of a “response variation”, where if the number of nurses available is not sufficient to meet patient care needs on a ward, care given to each patient is prioritised. However, if this is happening on a day to day basis, this indicates that base staffing is wrong and needs to be readjusted. If advised that there are to be no more staff, then in this situation beds would have to be closed.

Ms Kane thanked Ms Gordon for the presentation, noting this was a critical piece of work. Ms Kane requested the presentation material be included as an appendix to the meeting minutes, as well as be provided to the Quality, Finance, Audit & Risk Committee for information. In addition, Ms Gullery, noted that its content would be addressed in Management’s formal response to the EY report, which will be presented to the Board at its meeting on 20 August 2020.

A joint presentation from the Nursing Director of CCDM and Decision Support staff is to be scheduled for a future meeting.

The Nursing Clinical Advisor’s Update was noted.

7. ED PRESENTATIONS – OVER 75 YEARS OLD – ANALYSIS PAPER

Carolyn Gullery presented the report which was taken as read, noting that an increase in over 75 years olds is being seen in presentations to the Emergency Department (ED) and inevitably the chance of being admitted is quite high – 65 to 75%.

Analysis has been undertaken. This is one of the initiatives that has been put up for the savings plan, because we do think that a number of the issues driving this can be mitigated.

Ms Gullery highlighted the ED presentation rates by practice, noting there are approximately 16 of the 117 general practices that have a rate above the average, but there are about 10 notable outliers – one being an extraordinary outlier which has one of the biggest populations of over 75 year olds enrolled and is managing to send 50% of that population to hospital in a year. Those practices will be invited to a meeting and asked how the DHB can help and what can be done differently to support them not having this number of people arriving in our hospitals.

We understand the issue, know we have a problem, and have a plan to start addressing the problem. This will have flow on benefits not only to our hospitals, but we also know from previous work that this triggers a cascade into aged residential care (ARC).

Mr Gullery noted that 73% of these patients arrive by ambulance, and 81% of these presentations are triage levels 1 to 3, so we are talking about people who are arriving unwell.

Resolution (09/20)

(Moved: Jo Kane/Seconded: Dr Rochelle Phipps – carried)

“That the Committee:

- i. notes the ED Presentations – Over 75 Years Old – Analysis paper.”

8. FASTER CANCER TREATMENT

Ms Gullery presented the report, noting it had been requested so people better understood how we measure Faster Cancer and how it flows through. The other question was whether Maori were being specifically disadvantaged in this process. Ms Gullery noted there is some risk around this, which is why some intentional interventions are being put in place. One of the risks we are seeing around particularly Maori in planned care generally, is that because quite often Maori have co-morbidities and that complicates their path, people end up navigating a winding path through the system instead of a straight path.

There are also less Maori going through the pathway than what might be expected. Ms Gullery noted that this is partly because cancer is directly related to age and the age profile for the Maori population is different to the age profile for the non-Maori population. When you look at the national registrations, Maori has a big cohort in the 40 to 55 age bracket. You do not see that same representation in non-Maori.

There was discussion around the Bowel Screening Programme and the issue that it starts at too late an age for the Maori population. Ms Gullery advised that what is planned for this cohort are some joined up plans to work with kaumatua to run an awareness programme to find people earlier and prompt symptom related referrals as opposed to screening related referrals. Working with Manawhenua on that to increase our chances of identifying people with symptoms earlier.

Resolution (10/20)

(Moved: James Gough/Seconded: Catherine Chu – carried)

“That the Committee:

- i. notes the Faster Cancer Treatment report.”

9. SOUTH ISLAND BARIATRIC SURGERY SERVICE – SUMMARY 2019/20

Ms Gullery presented this report, which was taken as read. For background purposes, Ms Gullery noted that there was some money put out by the MoH a few years back for Bariatric Surgery. It was allocated per DHB. The South Island in its alliance type process decided to do it differently, pulling all the money into one bucket and allocated access to bariatric surgery by clinical need of the patient irrespective from which DHB they came from.

Whilst acknowledging that we operate in a restrained environment, there was considerable discussion around the issue that there was not enough money being spent on this and it is currently falling behind. Ms Gullery noted that if you were making good decisions based on ability to benefit and outcomes you would be providing a lot more bariatric surgery through the public system.

Ms Gullery noted that although Maori and Pacifica are getting higher access than their population share, and it is being done on clinical priority and ability to benefit, she reiterated there are an awful lot more people who would benefit.

There was discussion around this being an investment, as an intervention at a point in time can avert health dollars spent later on. A very good investment strategy, but not enough focus being given to it from a national perspective. It is an equity of access issue, but also an investment return business case that stacks up. We continually talk about the aging population and implications on the health system, but we do not talk about the unmet need for bariatric surgery and the future impact of this on the system.

There was comment that the issue for the Board to consider in terms of a strategic plan for the future is how we shift a really constrained environment where there is a lot of pressure to reduce cost, to focus on preventative strategies which are an investment in the future.

Resolution (11/20)

(Moved: Michelle Turrall/Seconded: Ingrid Taylor – carried)

“That the Committee:

- i. notes the South Island Bariatric Surgery Service – Summary 2019/20 paper.”

Naomi Marshall retired from the meeting at 12.22pm.

Ms Kane noted this was Ms Gullery’s last HAC meeting and offered the opportunity to members to speak. Members wished Ms Gullery all the best for the future, noting she would be a huge loss to the CDHB, as would the other members of the Executive team who were leaving. The opinion was voiced that this is “obviously shocking, concerning and a massive crisis for our community”.

There was further comment that Ms Gullery’s input has always been appreciated and she has done a lot to reform the health system. She will be missed.

As Chair of HAC, Mr Dickerson noted that Ms Gullery’s input into CDHB and to HAC has been huge, and thanked her for her significant contributions.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (12/20)

(Moved: Dr Rochelle Phipps/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, 2 and 3;
- 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 4 June 2020	For the reasons set out in the previous Committee agenda.	

2.	CEO Update <i>(if required)</i>	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)
3.	CDHB Planned Care Plan 2020/21 and CDHB Improvement Action Plan 2020/21	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s 9(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.”

INFORMATION ITEMS

- Quality & Patient Safety Indicators – Level of Complaints
- 2020 Workplan

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 12.27pm.

Approved and adopted as a true and correct record:

Andrew Dickerson
Chairperson

Date of approval

**PUBLIC EXCLUDED MINUTES
of the HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 6 August 2020**

PRESENT

Jo Kane (Deputy Chair); Dr Rochelle Phipps; Ingrid Taylor; and Michelle Turrall.

Via Zoom – Andrew Dickerson (Chair); Catherine Chu; James Gough; and Naomi Marshall.

APOLOGIES

Apologies for absence were received and accepted from Barry Bragg, Jan Edwards, and Sir John Hansen (Ex-officio).

An apology for lateness was received and accepted from Ingrid Taylor (9.10am).

EXECUTIVE SUPPORT

Mary Gordan (Executive Director of Nursing); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Jacqui Lunday-Johnston (Executive Director, Allied Health, Scientific & Technical); Sue Nightingale (Chief Medical Officer); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES

David Meates for absence.

IN ATTENDANCE

Pauline Clark, General Manager, Medical/Surgical; Women's & Children's Health; & Orthopaedics
Helen Skinner, General Manager, Older Persons Health & Rehabilitation
Greg Hamilton, General Manager, Specialist Mental Health Services
Kirsten Beynon, General Manager, Laboratories
Win McDonald, Transition Programme Manager Rural Health Services
Berni Marra, Manager, Ashburton Health Services

Ms Kane spoke about reports that the Board receives in confidence, that not all HAC members are privy to, but involves matters that are directly related to HAC and its role. Ms Kane requested that Mr Dickerson give consideration to this and how the two can come together, so that the Board receives analysis and advice from all relevant committees.

1. MINUTES OF THE PREVIOUS MEETING

Resolution (PE03/20)

(Moved: Dr Rochelle Phipps/Seconded: Andrew Dickerson – carried)

“That the minutes of the Hospital Advisory Committee’s public excluded meeting on 4 June 2020 be approved and adopted as a true and correct record.”

2. **CEO UPDATE**

Mary Gordon, Executive Director of Nursing, provided the following update on Hagley in the absence of David Meates, Chief Executive:

- Practical completion has been achieved and compliance for public use has been obtained.
- The generator acoustic noise at the boundary still does not meet the specifications in the contract. This will be listed as a defect to remediate.
- Building management system is progressing well. Biggest issue at the moment is medical gases.
- Water leak remedial work is progressing well, slightly ahead of schedule.
- Operational teams are ramping up their migration work.
- MoH hands over the building to CDHB control on Monday, 10 August 2020, with a blessing confirmed for Tuesday, 11 August 2020.

Discussion took place around the blessing process for Hagley.

Ingrid Taylor retired from the meeting at 12.36pm.

3. **CDHB PLANNED CARE PLAN 2020/21 AND CDHB IMPROVEMENT ACTION PLAN 2020/21**

Carolyn Gullery, Executive Director of Planning Funding & Decision Support presented the report which was taken as read. It is CDHB's plan to catch itself back up post COVID-19 and get everything back on track in terms of ESPI compliance and flow through the system. Currently in conversation with the MoH around this. Await a signal as to what kind of additional funding will be received. The only way for CDHB to catch-up is by using the private sector. The timing works in the sense we have run out of the ability to outsource because we are running out of patients who can safely be done in the private sector. Once we get Hagley and can repatriate patients back into our facility, that will create more capacity in the private sector to pick up the backlog.

The Committee acknowledged the great piece of work detailed in the Plans.

Ms Gullery wished to thank the Committee, noting it had been a genuine pleasure working with everyone and to keep up the good work.

Resolution (PE04/20)

(Moved: Dr Rochelle Phipps/Seconded: Andrew Dickerson – carried)

“That the Committee:

- i. notes the Draft CDHB Planned Care Plan and the CDHB Planned Care Improvement Action Plan for 20/21.”

Ms Kane noted that the DHB is in a difficult and challenging time. She invited Committee members to raise any questions or concerns they may have in light of recent developments.

Members expressed the following:

- Concerns in terms of leadership, the loss of knowledge from the organisation in one period of time. It is going to be very hard to fill those positions, and very hard to carry on without that level of experience.
- CDHB has always impressed as being an incredible team. Everyone collaborates so well and there is a lot of respect among the players. When you lose a third of your Executive Team, that is a crisis and is very difficult to fix for many reasons, including that the team has been pulled apart.
- Happy for those going onto greener pastures and happier times. However, it is obviously leaving the organisation very vulnerable in the middle of a global pandemic, as well as the stress the DHB is currently under financially.
- Assuming that the Board has some sort of solution for this. How do you employ people to fit these kind of positions, where do you find the skill set that you need.?
- Having worked in the health system for numerous years (decades), this is the most scary the member has ever felt about consequences for patients.
- Have lost so much institutional and system knowledge. We have obviously asked people who have built up a world renowned performing system to break it and they are not going to do that – and good on them for their integrity around that.
- Worry that big leaders have been lost. Worry how much governance understands health. Worry about the level of health expertise in the governance. They say you do not need that in governance, but actually when you lose all of those executive leaders you are uninformed somehow. These people have huge reputations, so what is the Board going to do to fix the damage control? You are not going to be able to get a high performing Chief Executive in four weeks, or other Executive members. Their commitment and dedication to the health system is huge. These people have given their lives. ^{9(2)(g)(i)}

- This is a crisis. The Minister should be down here now addressing it, feet on the ground. This is really big. Is going to impact the health of our population – it can't not. The DHB, although high performing, has been under enormous stress for some time now, with earthquakes, mosque shootings and everything else, on top of a hospital that was already running at capacity. Everybody is always just adapting to the new norm – it has been tough, and tough for a long time. There has been a lot of talk about staff mental health and trying to look at the safety aspect of that, so when you take away the people you rely on the most, you would certainly reconsider your position in the organisation. Worry that this is the start of the “house of cards” collapsing. It is a matter of urgency that this is stopped. There needs to be some confidence in the leadership of this organisation.

• ^{9(2)(g)(i)}

Very concerned over the media's reporting of the hostility within the current Board, that it is a hostile Board to the Executive Management. This is what is being read in the media. Do not know if this is true, but if it is true this is very concerning because the member sees the purpose of the Board is to support the Management of CDHB who are doing a fantastic job under a really difficult situation. That is the view of the member, as a member of the public and what is being read in the community.

- Does the Board understand that Nurses and Doctors hold practicing certificates? They are personally liable for their practice and we do not want to put them in the situation in CDHB hospitals where they are being taken to their practicing Board for a practice that is not okay given systemic issues. Staff will be thinking how am I going to retain my practicing certificate

and not be disciplined in a system that is slashing and burning, and is compromising my ability to look after clients.

Ms Kane thanked members for their honesty at the table, noting commentary would be reflected in the minutes which would go through to the Board. She noted that honesty at the table is expected at all times and if you cannot feel free to say it here, we should not be here.

Ms Kane thanked everyone for their attendance.

There being no further business, the public excluded section of the Hospital Advisory Committee meeting concluded at 12.51pm.

Approved and adopted as a true and correct record:

Andrew Dickerson
Chair

Date of approval

RELEASED UNDER THE OFFICIAL INFORMATION ACT