AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora o Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 18 February 2021 commencing at 9.30am

	Karakia		9.30am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 17 December 2020		
3.	Carried Forward / Action List Items		
Reports for Noting			
4.	Chair's Update (Oral)	Sir John Hansen *Chair*	9.35-9.40am
5.	Chief Executive's Update	Dr Peter Bramley *Chief Executive*	9.40-10.00am
6.	Finance Report	David Green *Acting Executive Director, Finance & Corporate Services*	10.00-10.10am
7.	Advice to Board: • HAC – 28 January 2021 – Draft Minutes	Naomi Marshall *Deputy Chair, HAC*	10.10-10.15am
8.	Resolution to Exclude the Public		10.15am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.15am**

NEXT MEETING
Thursday, 18 March 2021 at 9.30am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

Dr Peter Bramley – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Savita Devi – *Acting Chief Digital Officer*
Dr Richard French – *Acting Chief Medical Officer*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Acting Executive Director of Nursing*
Ralph La Salle – *Acting Executive Director, Planning Funding & Decision Support*
Paul Lamb – *Acting Chief People Officer*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Hector Matthews – *Executive Director Maori & Pacific Health*
Dr Rob Ojala – *Executive Lead of Facilities*
Karalyn Van Deursen – *Executive Director of Communications*

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

BOARD ATTENDANCE SCHEDULE – 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	18/02/21	18/03/21	15/04/21	20/05/21	17/06/21	15/07/21	19/08/21	16/09/21	21/10/21	18/11/21	16/12/21
Sir John Hansen (Chair)											
Gabrielle Huria (Deputy Chair)											
Barry Bragg											
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 ō Waitaha

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

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

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

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

	Grouse Entertainment Limited – Director/Shareholder
Naomi Marshall	**NZ Nurses College, Aotearoa** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Ingrid Taylor	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB. **Manchester Unity Welfare Homes Trust Board (*MUWHTB*)** – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB. **Sir John and Ann Hansen's Family Trust** – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. • I / Taylor Shaw have acted as solicitor for Bill Tate and family. **The Youth Hub** – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 17 December 2020 commencing at 8.00am

BOARD MEMBERS

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

BOARD CROWN MONITOR

Dr Lester Levy (via Zoom)

APOLOGIES

An apology for lateness was received and accepted from Gabrielle Huria (8.20am).

EXECUTIVE SUPPORT

Dr Andrew Brant (Acting Chief Executive); Savita Devi (Acting Chief Digital Officer); David Green (Acting Executive Director, Finance & Corporate Services); Becky Hickmott (Acting Executive Director of Nursing); Ralph La Salle (Acting Executive Director, Planning Funding & Decision Support); Paul Lamb (Acting Chief People Officer); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Hector Matthews (Executive Director, Maori & Pacific Health); Dr Sue Nightingale (Chief Medical Officer); Dr Rob Ojala (Executive Director of Facilities); Karalyn van Deursen (Executive Director Communications); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

APOLOGIES

An apology was received and accepted from Evon Currie, General Manager, Community & Public Health.

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 regarding car parking.

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

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

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Resolution (58/20)
(Moved: Sir John Hansen/seconded: Aaron Keown – carried)

"That the minutes of the meeting of the Canterbury District Health Board held on 19 November 2020 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward/action items were noted.

4. CHAIR'S UPDATE

Sir John Hansen, Chair, commented that while we dodged COVID-19 the organisation is moving forward.

He advised that as already reported in the media, the recruitment process for a new Chief Executive continues today with interviews of shortlisted candidates.

The update was noted.

5. FINANCE REPORT

David Green, Acting Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read.

There was no discussion on the report which was noted.

6. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (59/20)
(Moved: Ingrid Taylor/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 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 – 19 November 2020	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.	Laboratory Solutions Pre-Analytical Handling and High Volume Analysers Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

5.	Collective Insurance MDBI Risk Sharing Agreement 2020/21	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Service Changes	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Health One Limited Partnership Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Parkside Enhancements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Riverside Full Height Panel Strengthening	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Carparking	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	Ashburton Boiler Replacement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	CDHB Capital Intention - Updated	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
13.	Budget Reforecasting	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

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

INFORMATION ITEMS

- Chief Executive's Update
- HAC – 3 December 2020 – Draft Minutes

The Public meeting concluded at 8.05am.

_____ _____

Sir John Hansen, Chair Date of approval

BOARD MEETING 17 DECEMBER 2020 – MEETING NOTES

Clause No	Item	Action Points	Staff
	Apologies	Gabrielle Huria – lateness (8.20am)	Kay Jenkins
1.	Interest Register	Barry Bragg & Gabrielle Huria – Carparking	Kay Jenkins
2.	Confirmation of Minutes – 19 November 2020	Adopted: Sir John Hansen/Aaron Keown	Kay Jenkins/Anna Craw
3.	Carried Forward/Action Items	Nil	
4.	Chair's Update	Nil	
5.	Finance Report	Nil	
6.	Resolution to Exclude the Public	Adopted: Ingrid Taylor/Barry Bragg	Kay Jenkins
	Information	Nil Meeting closed: 8.05am.	

Distribution List:
Kay Jenkins

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 18 FEBRUARY 2021

DATE	ISSUE	REFERRED TO	STATUS
15 Oct 20	Review of CDHB/Manawhenua MOU	Kay Jenkins	Under action.

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

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

PREPARED BY: **Dr Andrew Brant, Acting Chief Executive**

DATE: **18 February 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

3. DISCUSSION

MAKING A DIFFERENCE FOR OUR POPULATION

Managed Isolation Quarantine (MIQ) – Smoking Cessation Initiative: Thirty-five Russian and Ukranian mariners who were in managed isolation quarantine (MIQ) in Christchurch are on a smoking cessation programme thanks to the efforts of a registered nurse working in the facilities, Amber Rex. The men had been smoking 40-50 cigarettes a day for decades. Twenty have now completely stopped and haven't smoked since starting the programme two weeks earlier, the other fifteen have significantly cut down. Nurses working in MIQ have the opportunity to provide Quit cards to those they do daily health checks on. With the men stuck in their rooms and bored Amber wasn't sure how quit smoking advice would be received but was surprised with the positive response. The men left MIQ with nicotine replacement therapy lozenges, gum, and patches and prescriptions for these items. Feedback from the men was that she had "changed their life" and they are "so thankful".

COVID UPDATE

Our Community & Public Health team continues to manage cases identified in Canterbury managed isolation and quarantine facilities, and provide assistance at a national level as required. Increasing the number of case investigators remains a key focus and staff from Southern and Nelson Marlborough DHBs recently attended case investigation training with Community & Public Health. We continue to focus on managing entry of passengers at the border. Testing workloads at the borders has increased substantially with the new COVID-19 testing requirements. Our Laboratory team is carrying a significant testing load and is ensuring resilience is in place in case they need to upscale testing at any point. We also continue to work closely with our primary care partners to support the community testing stations.

The rollout of COVID vaccinations is a strong focus for us and will consume significant resource over the coming months. With the approval of the first vaccines the Government is looking to DHBs to roll-out the first tier of vaccinations to people working at the borders and in managed isolation and quarantine facilities and their close contacts. The DHB is working closely with our partner organisations, other DHBs and the Ministry of Health to support this work, identify all those who will be offered the vaccinations in the first tier and ensure our implementation plan is robust.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

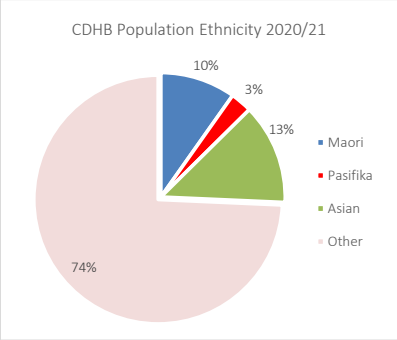
MĀORI AND PACIFIC HEALTH

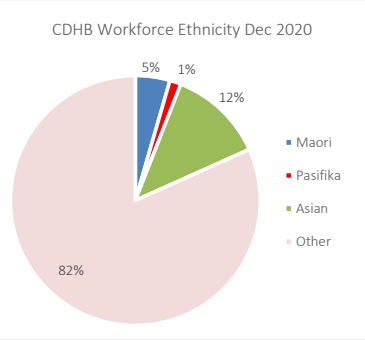
Performance Highlights

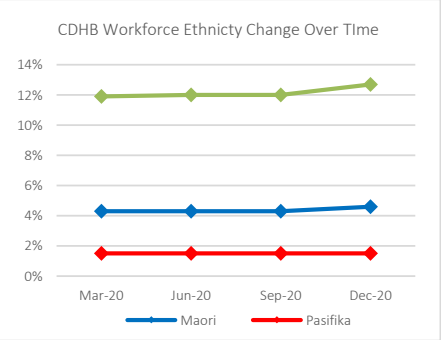
Nursing Entry to Practice – Growing our Māori and Pacific Workforce: The NETP intake starting 21 February had a deliberate focus on recruiting Māori and Pacific nurse graduates into our health system. The Directors of Nursing and our NETP team guaranteed an interview for all Māori and Pacific nurse graduates that applied. As a result, thirteen Māori and five Pacific nurses will start in February – the highest number of new Māori and Pacific nurse graduates we've had in any single NETP intake.

Development Scholarships: Pegasus Health is advertising its Workforce Development Scholarships for 2021. These scholarships are available for Christchurch-based tertiary students who are studying a health-related NZQA accredited course, are from a Māori, Pacific or Culturally and Linguistically Diverse background (CALD) and are planning to work in the Canterbury region. These scholarships sit alongside the DHB funded Māori and Pasifika scholarships, administrated by Mana Whenua Ki Waitaha and help to support students to pursue careers in health.

Māori Workforce Development: The DHB's Planning & Funding team is working with Mana Whenua Ki Waitaha to support the creation of an overview of workforce development opportunities for Māori staff across the wider Canterbury Health System, this work will enable us to identify opportunities to further support the growth of our Māori workforce and the increased representation of Māori in leadership roles across our health system.







PUBLIC HEALTH SERVICES

Performance Highlights

Getting Through Together: The Getting Through Together Campaign, a partnership with the Mental Health Foundation of NZ and Te Hiringa Hauora (the national Health Promotion Agency), launched its summer campaign in mid-December. The purpose of the campaign is to remind people that even when times are tough, simple things can bring us joy and see us through – ahakoa he iti, he pounamu. The campaign is designed to respond to COVID-related stressors as well as seasonal financial and social pressures. Campaign research shows that 1 in 4 New Zealanders are aware of Getting Through Together campaign and have done something about their wellbeing as a result.

Love Kai Health Promotion in Education Settings: 2020 was our first year involved in the Healthy Active Learning initiative, with our Community & Public Health team supporting Early Childhood Education (ECE) settings and Schools to develop and implement policies that align with the Ministry of Health's 'Healthy food and drink guidance'. We identified most schools in Canterbury as having a food and drink policy but aligning this with the national guidelines and then putting it into practice is a challenge. While waiting for the Ministry to release a toolkit to support this work we developed 'Love Kai' - a strength-and values-based programme for promoting a positive kai environment in schools. We have already engaged with ten schools interested in doing the Love Kai programme in 2021 with a further nine schools having also expressed an interest. Together with Sport Canterbury we are supporting healthy food and drink policy development and the physical activity component of Healthy Active Learning with these schools. We have also started the complex work of scoping the food and drink policy status in ECE settings in Canterbury with the status of over 150 ECEs identified so far. This work will support behaviour changes and learnings that will have a life-long impact of the health of our younger generation and help to influence healthier choices throughout their lives.

Risk Management Update

COVID Demands on Our Workforce: Our Community & Public Health and DHB teams continue to support the significant demands related to the management of COVID, including working with partner agencies to manage arrivals/departures at the border (both air and maritime ports), managing quarantine and isolation for incoming international passengers, and responding to cases in local managed isolation and quarantine facilities and at borders. There are concerns about peoples' ongoing resilience for this work and the challenges of maintaining non-COVID priority work. There are also concerns with the growing complacency related to scanning and dairying of locations visited and with pockets of hesitancy related to COVID-19 vaccination uptake. The key strategy for managing these significant risks continues to be ensuring our workforce is as well-equipped and supported as possible, working with our partner organisations to share the load and ensure they are also able to support the wellbeing of their workforce. We continue to encourage use of the NZ COVID Tracer App and align local vaccination messaging with national approaches, ensuring best-evidence is highlighted to our front-line workers and their whanau.

PRIMARY AND COMMUNITY SERVICES

Performance Highlights

Sustainable and Effective Healthy Lifestyle Services: The Population Health and Access Service Level Alliance have come together to commence a project that aims to engage with the community to understand their views of what is required for the health system to deliver on Strategic Objective: *"The development of services that support people/whanau to stay well and take greater responsibility for their own health and wellbeing"*. Stage one of this work will involve consultation with Māori and Pacific communities, and other targeted communities with demonstrable poorer health outcomes to understand their view of a healthy lifestyle and what barriers and challenges are being experienced. Stage two of this project will establish a set of principles that the DHB can use to develop, monitor and commission healthy lifestyle services as we consider future funding pathways and models of care into 2021/22.

Increasing Access to Child Health Services: The Canterbury DHB continues to exceed national targets for newborn enrolment with general practice, achieving the highest rate in the country over the last quarter with 95% of all newborn babies enrolled with general practice by 3 months. Contributing to this success is the support provided by our LinKIDS team who have created an effective newborn enrolment process that helps to ensure newborns are connected not only into general practise but also with Well Child, oral health and immunisation health services to ensure families are engaged with services and children are provided with any support they need as early as possible.

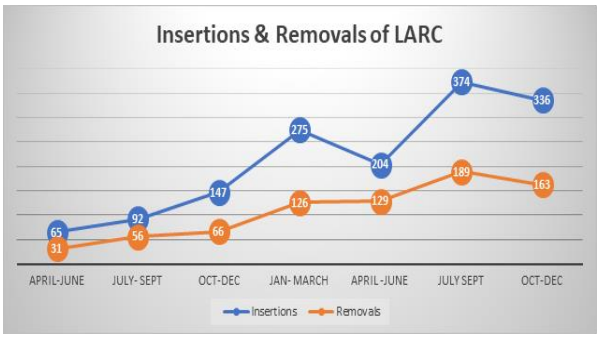
CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

Providing Community Mental Health Support: A series of community engagement meetings were held for Muslim people to meet with government regarding the Royal Commissions findings on the terrorist attacks at the Christchurch Mosques. Teams from Purapura Whetu, Christchurch Resettlement Services and Specialist Mental Health Services were on site to provide support through this process alongside Victim Support and Ministry and Social Development.

Building Pharmacy Resilience: Community pharmacies play an essential role for our community in the medicines supply chain. In the event of a pandemic pharmacists and pharmacy staff, as frontline health workers, place their own health at risk, but without them we risk the loss of continuity of care for their regular customers/patients. In 2020 pharmacy teams adopted various measures to mitigate this risk including: counter screens, limiting customer access in-store, and split-shifting teams. Many also stepped-up medicine deliveries to vulnerable people staying home. This year we are surveying pharmacies about the resilience of their services and clarifying what other measures are necessary to assure continuity of care from our network of critical pharmacies.

Measles Catch Up: The Measles Catch-Up Campaign continues to be a large focus for the DHB. Uptake in Canterbury has been slow, although nationally our DHB has given the most MMR vaccinations to date. Canterbury has provided about 1,200 measles vaccinations against an estimated 20,000-30,000 eligible population. We are planning for this campaign to be highly visible over February and March, ahead of the Flu and COVID-19 vaccination programmes. A targeted local advertising campaign utilising radio, print, online and on-street promotion has started and the team is working closely with leaders in our Pacific, Māori and Asian communities to reach the 15-30 year old age group. Planning is underway to run pop up clinics in and out of general practice, as well as to incorporate promotion into local events and community days.



Increased Access to Contraception: In 2019 the Government a new initiative offering eligible women access to free or very low cost contraception, including long acting reversible contraceptives. Long-acting reversible contraception is the most reliable method of contraception available and makes it much easier for women to manage their fertility and reduce unintended pregnancies. Over the past year general practice in Canterbury completed 1,189 insertions and 607 removals of Long Acting Reversible Contraception (LARC). This exceeded the Ministry of Health target of 672 insertions per year. Māori received 12% of insertions and 17% of removals and 60% of insertions were for the 25-year-old and over cohort. The increased volume is positive, however the access data showed that 48% of LARC insertions were not claimed under high risk eligibility criteria suggesting we could be doing more to reach our vulnerable and high risk populations. To ensure we are reaching the priority populations a clinical lead has been employed to work with general practices and offer this service at other locations such as the premises of non-government organisations and Marae based clinics.

Equity Initiatives

Pregnancy and Parenting Partnership: The Canterbury DHB is currently working with Pasifika providers to develop Pacific specific Pregnancy and Parenting Education courses. These are intended to improve service options for Pasifika parents and will add to the suite of DHB-funded Pregnancy and Parenting Education options that are already available in Canterbury for first time parents, young parents, Māori, Chinese and Rural based parents.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

Risk Management Update

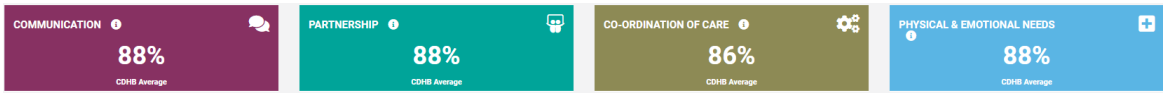
Future Pathways for Mana Ake: Mana Ake is an initiative which provides Mental Health and Wellbeing support in school communities. The revenue agreement held with the Ministry of Health for this programme ends on 30 June 2021 and, as yet, there is no certainty of ongoing funding. We are working with Ministries of Health and Education to explore options for continuation of the programme as the evaluation to date is positive and the programme is well supported locally.

PATIENT SAFETY, QUALITY & IMPROVEMENT

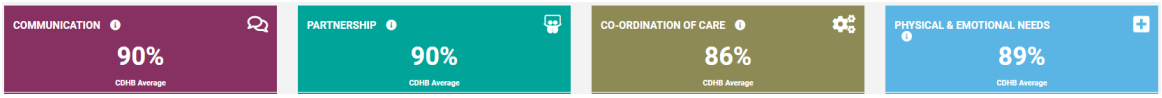
Performance Highlights

Patient Experience Results for December 2020: Patient experience is monitored with continuous feedback received on an ongoing basis. Staff can filter feedback under Seeing Your System by question by age, gender, ethnicity, disability, facility, service, clinic, and method of clinical delivery to understand the results, trends and patterns. Over 4,000 comments are published monthly giving teams and services a rich understanding of the patient experience and valuable insights into how to improve the way we work. On average, December survey scores were a little lower for inpatients than in previous months and more positive across all domains for outpatients.

Inpatient domain scores for December 2020 (n=521 surveys returned)



Outpatient domain scores for December 2020 (n= 51 surveys returned) < *clinics during Christmas period*



A more in-depth analysis is being undertaken with regards to Waipapa related comments to understand the patient experience of the new facility, but here are a few comments from December:

- *The new hospital was a breath of fresh air. Clean, comfortable and promoted health and healing. As well as providing a positive mental aspect which contributes greatly to healing and health.*
- *I was in Waipapa, the new part of Chch hospital, and it was SO much cleaner and fresher than the old part I was in when I had surgery last year. The staff seemed 'refreshed' too, maybe the new surroundings have lifted their spirits?*
- *Wonderful staff and beautiful new hospital.*

LIVING WITHIN OUR MEANS

Performance Highlights

The consolidated financial result for the month of December, including the impacts of Covid-19 and Holidays Act compliance, is a net expense of $15.821M, being $2.206M unfavourable to the Annual Plan agreed by the Board on 20 August 2020. The YTD result is $8.721M unfavourable to the Annual Plan.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

The following table provides the breakdown of the December result:

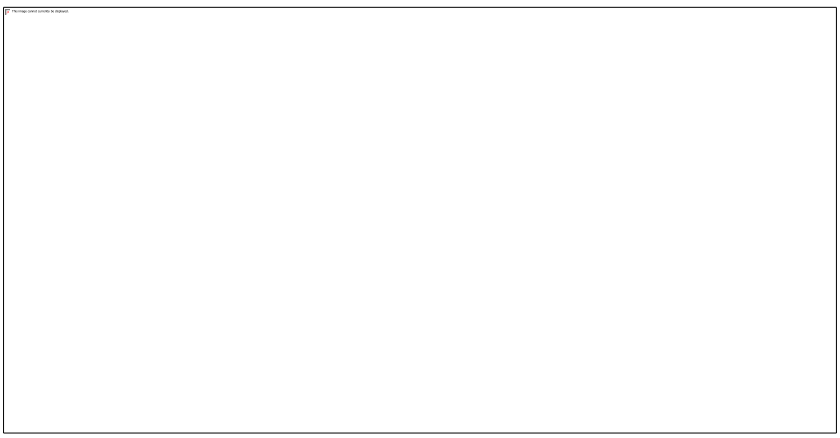
		MONTH			YEAR TO DATE		
		Actual	Budget	Variance	Actual	Budget	Variance
		$M	$M	$M	$M	$M	$M
Governance		0.124	(0.000)	0.124	(0.034)	(0.000)	(0.034)
Funder		(4.646)	(5.107)	0.461	(46.342)	(45.824)	(0.518)
DHB Provider		(11.299)	(8.508)	(2.791)	(42.366)	(34.197)	(8.169)
Canterbury DHB Group Result		**(15.821)**	**(13.615)**	**(2.206)**	**(88.742)**	**(80.021)**	**(8.721)**

MEDICAL / SURGICAL SERVICES

Performance Highlights

Sustained Increase in Urgent Care Demand: The Emergency Departments have sustained a 13% increase in presentations from mid-October. Across Ashburton and Christchurch there has been an average of 2,386 presentations per week compared to 2,123 for the same period last year. It is noted that Healthline has experienced an increase in calls between October and December 2020, and other DHBs have also reported a sharp increase in ED presentations around the same time. Key analysis shows the increase in demand incorporates an increase in self-referrals to the ED, an increase in young people under 14 years, and an increase in non-ACC presentations, mostly triage 4 and 5 indicating they could be appropriately seen in a primary care setting.

The Urgent Care Service Level Alliance is working across the system to understand the multitude of factors involved in the step change from October 2020. Just looking at the data for under 14s who are attending ED (below), we would expect people to been seen at Riccarton, Moorhouse and the 24hrs Surgery, however attendances of 14's continues to be higher than previous years for this time of the year, with no real population growth for this age group population. While cost may be a factor in pushing up attendance in ED for some cohorts, under 14 years olds receive free general practice care in and out of hours. Possible drivers may be general practice capacity, Homecare Medical messaging which is not localised to Canterbury directing people to ED instead of urgent care centres and increased populations of people who are replicating overseas behaviours which is to attend ED after hours. The Christchurch ED team is working with the Production Planning team to ensure staffing matches demand and are starting an internal improvement project to test process changes to better manage internal patient flow in response to the increased demand. Messaging has been provided to the community about keeping the ED for emergencies only and using Canterbury's three Urgent Care clinics, general practice have been informed about the challenges being faced in the department and an approach is being made to Healthline to support appropriate messaging for our region. The urgent care deep drive will support identification of further targeted responses.

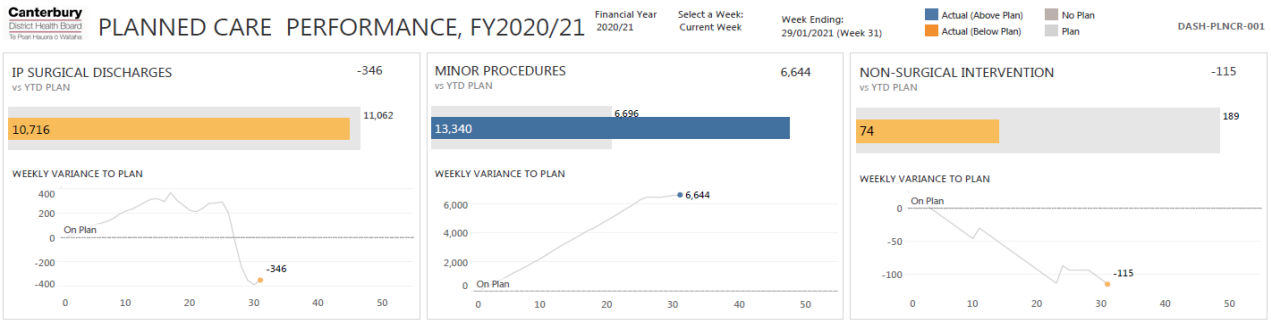


CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

Faster Cancer Treatment for Our Population: The Canterbury DHB continues to consistently deliver on the national Faster Cancer Treatment targets. In the three months to the end of December 2020, 95% of eligible patients received their 1st treatment within 62-days of receipt of referral (against a 90% target) and 94% of eligible patients received their 1st treatment within 31-days of agreeing on treatment – well above the 85% national target. This service is under pressure as we replace the oldest of our four linear accelerators with staff operating longer hours with two of the machines while the replacement takes place. The first replacement machine went live on 1 February 2021, and the team is now working on replacement of the next oldest machine.

Access to Planned Care: As at 29 January (end of week 31), we have delivered 24,130 Planned Care interventions, 6,183 over plan. This is largely driven by exceeding our planned targets for minor procedures delivered in the hospital and community by 6,644 procedures. Inpatient surgical discharges are behind schedule by 346 discharges, largely driven by decreased activity over the Christmas and New Year holiday period with delivery expected to get back on track in the coming months.



COVID-19 Catch-up Almost Complete: The work to book and close events cancelled from the first COVID-19 lockdown period is complete. Only nine of the 219 cancelled outpatient events linked with the second COVID-19 lockdown (in Auckland) still require rebooking, with all inpatient events already booked and closed.

Theatre Events Coming Back In-House: Except for dental theatre events (which will continue to 1 March) outplaced operating ceased from 7 December with events returning in-house. The amount of planned surgery provided by or for Canterbury DHB was 2.7% higher in December 2020 than December 2019 with 2,441 operations delivered in 2020. Of these theatre events 1,966 operations were provided at Christchurch Hospital, 200 (11%) more than forecast.

Accelerating Our Future Update

Stock Management Improves Efficiency and Reduces Waste: Significant effort is being put into recording stock transferred to Waipapa to ensure the stock levels maintained are informed by the requirements of activity, rather than stock holdings being falsely elevated due to stock being left behind or duplicated when practice does not require it. Outpatient levels 3 and 4 have also combined consumable stock and rationalised to reduce duplication and wastage, with excess stock returned to supply available to redirect to other areas.

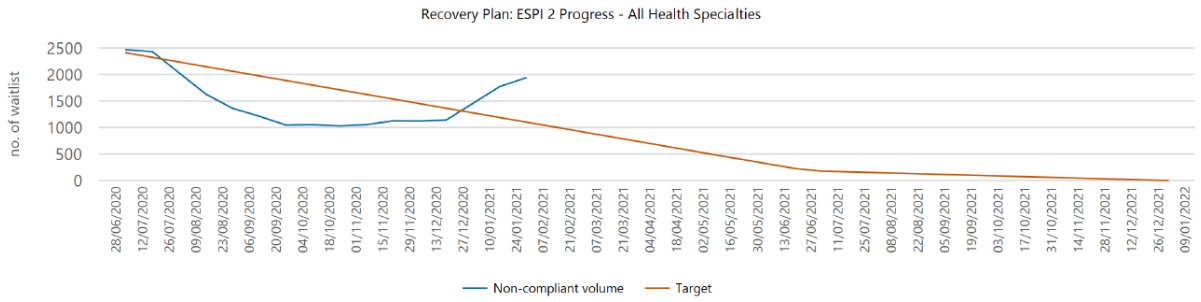
Paper-lite Process Begins to Make Savings: Implementing paper-lite processes in Oncology has reduced the cost of printing and stationary by $27k year to date. This work has evidenced the operating cost savings that can be made by optimising our digital solutions, with no impact on patient services.

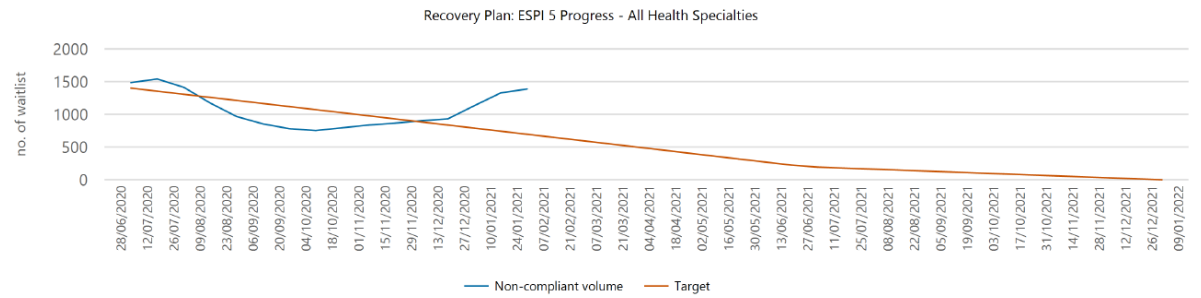
Risk Management

Medical Oncology Update: The service is continuing to work hard to minimise the impact staffing shortages are having on patients and to keep waiting time as low as possible. In mid-January 2021, 78

patients were waiting for a First Specialist Assessment, compared with 94 in mid-December 2020. Prioritisation of new patient referrals, treatment reviews and follow up appointments continue to help manage demand. Recruitment of new SMO capacity is going well with two new SMOs and an additional fixed-term registrar in place since the beginning of December 2020. It is anticipated a third SMO will commence in May 2021. New models of care and a change in clinic structure is increasing the multi-disciplinary work being carried out between nurses and doctors and will improve the sustainability of the service longer-term. There are six workstreams either commenced or ready to start this month to support improved demand management, capacity utilisation, service organisation and team development.

Elective Services Patient Flow Indicators (ESPIs) Performance: In December, the Ministry of Health approved Canterbury DHB's Improvement Action Plan which will provide access to $8,020,226 in additional funding to support services to reduce the number of patients waiting over 120 days and achieve their ESPI recovery plans. This is the first year of funding over the three-year initiative. Services have all submitted their plans as to how they expect to deliver the additional volumes by June 2021. Unfortunately, performance has deteriorated for ESPI 2 (wait time to first specialist appointment) and ESPI 5 (wait time to treatment) over the Christmas break. The gap caused from a reduction in activity over the Christmas period poses a significant challenge to return to ESPI compliance for some of the larger, high volume specialties. Not achieving the ESPI recovery plans poses a financial risk for the DHB with 20% of the additional Improvement Action Plan funding at risk if any specialty does not achieve their ESPI recovery targets. To support a return to compliance, services such as Plastics and Medical Oncology have established specific groups focused on waitlist reduction and understanding capacity. A core principle of the Improvement Action Plan funding, to be adapted across all specialties, is to prioritise booking patients who have been waiting the longest. A focus on understanding capacity and prioritising by longest wait will be embedded by the 100-days working group.





Inpatient Facilities Preparation of COVID Outbreak: The recent transition of acute services to Waipapa has required a rethink of the cascade of options for providing care to people presenting in the event of a community based COVID-19 outbreak. Admission pathways and Infection Protection and Control triage pathways are being fine-tuned in response to the change in facilities and new evidence on managing infection risk in facilities that are not designed for this purpose. This includes evaluation of the use of portable air cleaning devices, identification of ante-rooms to enable donning and doffing of PPE and areas of separation of patients with suspected COVID.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

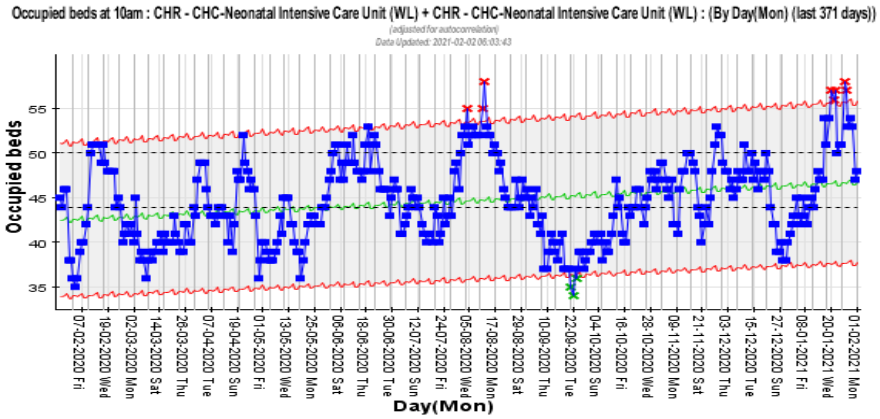
WOMEN'S AND CHILDREN'S HEALTH SERVICES

Performance Highlights

Improving Inductions Management: A high proportion of women (40%) supported at Christchurch Women's Hospital receive an induction of labour. In October 2020 the DHB shifted from the use of Cerdavil pessaries to induce labour to using oral Misoprostal as it was show in use by other DHBs to lower the rate of emergency caesarean section. This changes was expected to have a huge impact on the quality of life for women and their babies, have a positive impact on the service and provide cost savings for the DHB. Use of the new process is going well. Consumer and staff satisfaction is positive and cost savings are higher than estimated with $50k saved on drug costs alone between October and December.

Risk Management Update

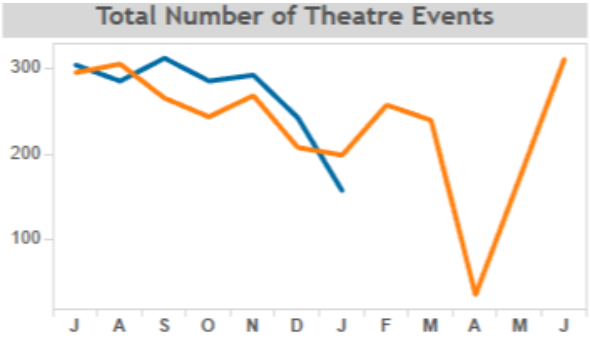
High Demand for Neonatal Care**:** During January occupancy of neonatal intensive care was 50 or more against a resourced capacity of 44, almost 50% of the month.



OLDER PERSONS HEALTH & REHABILITATION | COMMUNITY DENTAL

Performance Highlights

Increased Surgical Activity at Burwood Hospital: Our Older Person Health & Rehabilitation (OPH&R) team have supported and sustained a significant increase in theatre activity at Burwood Hospital to reduce the impact of delays over the COVID lockdown, ensure patients receive timely care and to optimise the use of theatres. The graph right displays July 2019 – June 2020 theatre activity (in orange) compared with July 2020 – YTD activity (in blue). The slight dip over January reflect the holiday break and late coding.



Equity Initiative

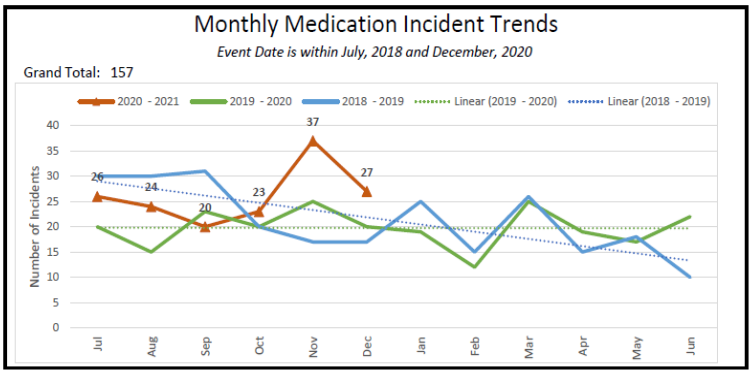
Diversifying Our Workforce: In discussions with our HR business partner and Pou Whirinaki, OPH&R have considered the way in which we might diversify our workforce by using Te Reo in our advertising. Lessons are being considered from other workforce groups and being applied to vacancies across the division to encourage applications from Māori. Changes will be implemented over the coming month.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

Risk Management Update

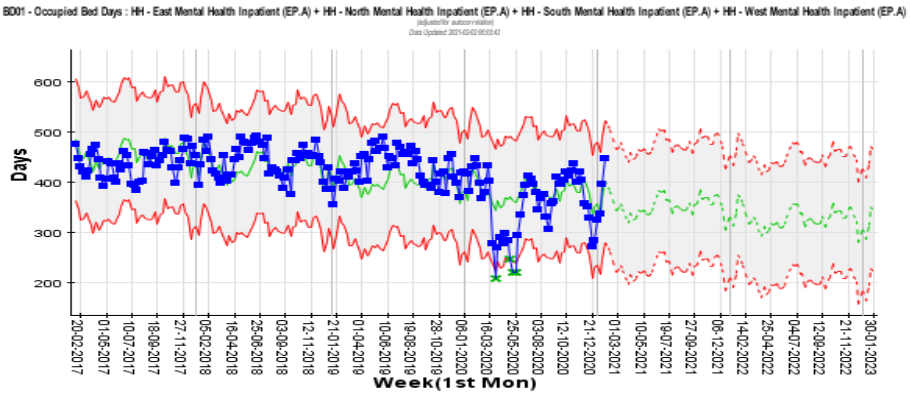
Reducing Medication Errors: The OPH&R clinical governance team has identified a recent increase in medication administration errors. A safe medication administration working group, has been initiated, chaired by the Director of Nursing to respond to this issue. This group undertook a workshop to understand the themes of errors and establish learnings from appreciative enquiries where errors had occurred. A programme of work is underway to reduce these errors with improvements including: double independent checking of medication, highlighting the 'seven rights' of medication administration and actions to ensure adherence to CDHB policy.



SPECIALIST MENTAL HEALTH SERVICES (SMHS)

Performance Update

Occupancy Returning to Pre-COVID Levels: Specialist Mental Health Services have been closely monitoring the occupancy rates within Te Awakura (the adult acute inpatient unit). Following the drop-in occupancy during the COVID lockdown and high alert levels, to support effective COVID management practices, there has been a gradual increase to a more sustainable level. While we are still over the preferred average occupancy of 85%, the number of days over 100% (requiring sleepovers) has reduced over recent months. The slight surge in demand following Christmas is being monitored closely.



Workforce Highlight

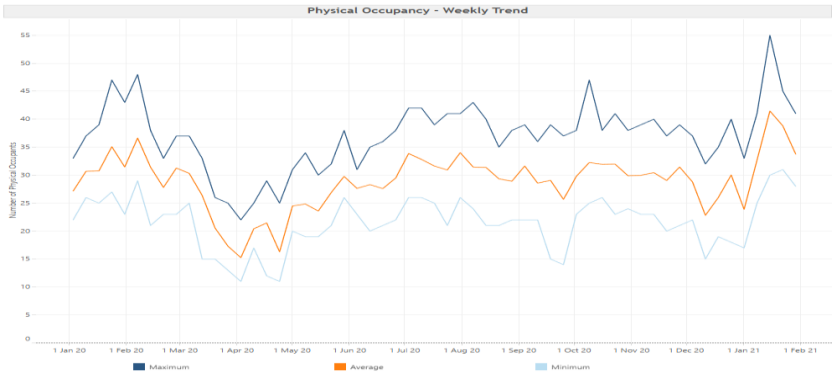
Creating a Sustainable Workforce - New Entry to Speciality Practice: Specialist Mental Health Services welcomed 12 nurses who are commencing the New Entry to Specialty Practice (NESP) Programme with a mihi whakatau on 1 February 2021. A small number of these nurses have come into mental health after some years of working in other areas of nursing, but most are new graduate nurses. Many are employed through the Advanced Choice of Employment (ACE) Nursing Recruitment process (a collaborative

graduate recruitment process that assists graduate nurses in finding their first job in a NETP or NESP programme across New Zealand) and all are funded by Te Pou to study in their first year of practice in mental health nursing. They will be joined by the 11 nurses who commenced their employment in August last year following a mid-year graduation. The NESP programme supports the nurses to complete post-graduate study through Otago University with a Post-Graduate Certificate endorsed in Specialty Mental Health Nursing.

ASHBURTON RURAL HEALTH SERVICES

Performance Highlights

Managing Acute Flow: The last reporting period has seen an increase in capacity demand for Ashburton Health Services. The graphs below identify surge capacity demand across all acute and inpatient service areas. This pattern creates challenges in service responsiveness due to our staffing capacity and variability continues to be a core challenge. Throughout this period, staff have maintained a professional and compassionate approach to service delivery supporting patients and ensuring care delivery is not compromised. Admission rates over the same period saw a minor increase with movement from 29.01% in January 2020 to 31.74% in January 2021, however the admission percentage remains materially in line with Ashburton's average admission rate of 30%, demonstrating no change in admission behaviours.



Workforce Highlight

Implementing a New Leadership Structure: The Ashburton and Rural Health Services Nursing Leadership Structure change is entering its implementation phase. We have successfully recruited to the three Nurse Manager roles: Acute and Inpatient Services, Integration and Quality, Safety and Workforce. Recruitment is underway for the Associate Clinical Nurse Managers. It is expected that these positions will be recruited to by the end of February 2021 and the new leadership team will be stood up by the middle of March 2021. This new team will work across service areas to facilitate an integrated approach to service development and delivery and improve the patient experience across rural services.

Accelerating our Future Update

Improving the Way We Work: Single roster work remains the focus of the Rural Health management team. With the new Acute and Impatient Nurse Manager on board the team is working collectively to progress this piece of work. During January the team refined the proposal and are liaising with ER regarding next steps and consultation with NZNO.

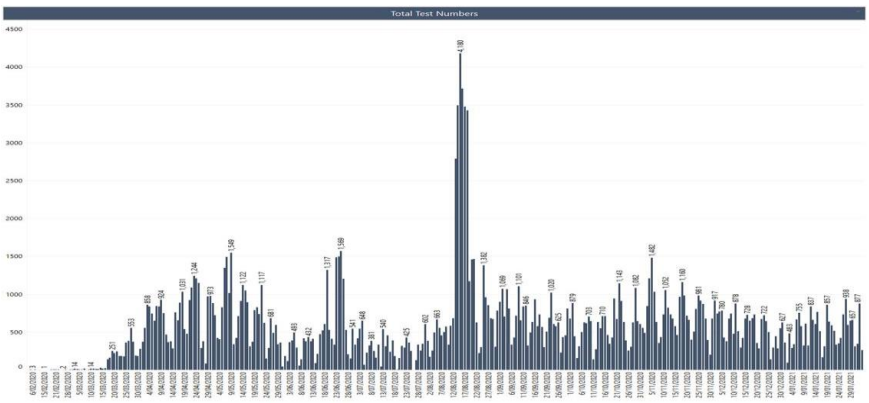
CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

LABORATORY SERVICES

Performance Highlights

Sustained COVID Response: Canterbury Health Laboratories (CHL) in partnership with Infection, Prevention and Control and Community & Public Health have designed a sustainable, reliable COVID testing response for Canterbury. During Sept-Dec 2020, a targeted recruitment drive was successful in establishing a COVID response team (fixed term and casual medical laboratory scientists, medical laboratory technicians and medical laboratory assistants). This team works alongside the Virology team and will provide us with the capacity and the flexibility to respond to changes in COVID testing volumes, while still maintaining our other critical laboratory services. We anticipate a 60% increase in COVID testing workloads with the introduction of day zero testing of managed isolation quarantine (MIQ) facilities in January and the launch of daily saliva testing of MIQ staff in February. The CHL team have also incorporated a number of different COVID testing platforms to ensure that the COVID response is resilient and does not rely on a single chain of supply. The graph shows sustained weekly COVID test volume activity since February 2020.



EFFECTIVE INFORMATION SYSTEMS

Performance Highlight

Deployment of Citrix Workspace Devices: Canterbury DHB currently runs a virtual desktop environment that has reached its capacity limits and is hosted on legacy infrastructure which needs to be refreshed. During 2020 the decision was made to progress to a new Cloud hosted virtual environment as it has no infrastructure capacity limitations and can be modernised as DHB business continuity and clinical needs adapt. This virtual environment has been designed to have reduced log in timeframes and keep aligned with the latest Microsoft 365, Security and application updates. So far, the Information Services Group (ISG) have deployed 96 new Citrix Workspace Devices in our Emergency Department. ISG worked with the ED team to plan and implement Citrix Workspace focusing on piloting the environment first to ensure we could adapt to feedback as it was received. The Citrix Workspace will be progressively rolled out across all DHB sites, with Waipapa and Burwood the next areas for deployment.

Accelerating our Future

Electronic Delivery of Outpatient Clinic Letters to GPs: We are continuing to send clinical letters from general surgery to general practice electronically. This new process is currently running in parallel with the manual process, so we can thoroughly test, investigate and address any issues. Once we are confident with the electronic delivery process we can stop sending general surgery letters by post and begin

working with another specialty to introduce this new process into their workflows. This electronic solution will have a positive impact on workflow and offer considerable operational costs savings.

Risk Management

Cyber Security: Canterbury DHB continues to make inroads to increase our maturity to mitigate the risk of cybersecurity threats. This includes updating policies, delivering security awareness and phishing training, penetration testing and remediation and improving security solutions such as email, web and end point security. We have recently installed an improved End Point Protection solution onto our VMWare and Citrix VDI environments, and the majority of our servers and desktops. Endpoint protection focuses on providing security at the points where DHB users access information services and is therefore one of the critical components of the DHB security framework. This software reduces the risk of cyber intrusion and enhances incident response. We are also examining our resourcing needs, so we have the capacity to monitor and respond to current and emerging threats.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Performance Highlights

Measles Catch-up Campaign: Regional promotion of the national measles catch-up campaign is underway, with the aim of encouraging 15-30-year olds, in particular Māori and Pasifika, to be immunised against measles. The 2019 measles outbreak showed that this age group is less likely to be immunised, which makes them more at risk of catching and spreading measles in future measles outbreaks. Building on the promotion which started at the end of 2020, a multichannel advertising campaign – utilising print, radio and social media – is planned to run from the end of January throughout February and March, ahead of the flu and COVID-19 immunisation roll-outs. This will be supported by additional targeted communications to key stakeholders and ongoing support to assist primary care with promoting the catch-up programme.

Waipapa Move: The final ward shift into Waipapa happened on 20 January. One of the groups most excited about the opening of Waipapa is the Radio Lollipop team. For the past seven years, the Lollipop Team have parked a campervan outside Christchurch Hospital to broadcast a live radio show to the patients in the children's ward. Radio Lollipop is now broadcasting from a stunning radio studio, located in the Matatiki Hub in the new children's ward on the seventh floor of Waipapa. The live radio show broadcasts four nights a week and children can interact with radio hosts in the studio or listen from their rooms. Radio Lollipop was first launched in England in 1978, with the aim of providing smiles and laughter to children at a time when they need it most.

National Bowel Screening Programme (NBSP): Communications to promote the National Bowel screening Programme in Canterbury continue through a combination of bought media (online, in print, on the radio and prominently-placed posters), unpaid media opportunities and community engagement at educational or high foot traffic events. We have also produced a range of promotional materials to assist in getting the message across such as T-shirts, pens, fliers and business cards, and badges as well as flags, pull-ups and other display material for use with the gazebo and inflatable bowel.

Campaign Launched to Help Reduce Demand in ED: A short campaign on "Keeping ED for Emergencies" was launched to help spread demand around urgent care providers, including a video showcasing Moorhouse and Riccarton urgent care clinics, social media advertising and direct communications to health stakeholders.

FINANCE REPORT 31 DECEMBER 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Dr Andrew Brant, Acting Chief Executive**

DATE: **18 February 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the consolidated financial result for the month of December 2020 including the impacts of Covid-19 and Holidays Act compliance is a net expense of $15.821M, being $2.206M unfavourable to the annual plan agreed by the Board on 20 August 2020. The YTD result is now $8.721M unfavourable to the annual plan;
ii. notes the consolidated financial result for the month excluding the impact of Covid-19 and the Holidays Act compliance provision is favourable to plan by $0.260M (YTD $0.826M favourable);
iii. notes that the full year impact of the Holidays Act compliance is estimated to be $17.701M; and
iv. notes that in the month of December, the land on St Asaph St used by CDHB as a carpark was sold to the Crown for the use of the new Christchurch Sports Facility. The compensation for this will be by way of an equity contribution for the extension of the CDHB staff carpark on Antigua St. The impact of this transaction in December is a loss on sale of the asset of $1.253M. The final accounting treatment for this transaction has not yet been determined and may change at a later date.

3. FINANCIAL RESULTS EXECUTIVE SUMMARY

Summary DHB Group Financial Result

The table below shows the net December result excluding Covid-19 and Holidays Act Compliance:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	0.124	(0.000)	0.124	(0.034)	(0.000)	(0.034)
Funder	(5.112)	(5.107)	(0.005)	(45.195)	(45.824)	0.629
DHB Provider	(8.367)	(8.508)	0.141	(33.965)	(34.197)	0.232
Canterbury DHB Group Result	**(13.355)**	**(13.615)**	**0.260**	**(79.195)**	**(80.021)**	**0.826**

4. KEY FINANCIAL RISKS

Savings Plans – Although we are progressing well with our phased savings plans to date, it is likely that we will not substantively achieve these savings, as the savings plans are heavily phased in the later part of the financial year.

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

Covid-19 – The forecasted impact of Covid-19 on CDHB's performance is dependent on a number of uncertain parameters. Our assumption is that Canterbury will remain at Level One.

CDHB is managing six Managed Isolation Quarantine Facilities (*MIQFs*) and also providing support for contract tracing and testing.

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

Certain new **Ministry of Health initiatives** have cost implications for CDHB (eg, the impact of the national bowel screening programme, as noted in previous months will crystallise this year).

5. APPENDICES

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

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

The following table shows the impact of Covid-19 and the Holidays Act compliance for the month and year to date:

	Period to date							Year to date						
October 2020 Result	Month Actual $000	Month Budget $000	Month Variance F/(UF)	Covid-19 $000	Holidays Act $000	Excl Covid-19 & Hols Act $000	Underlying Variance	YTD Actual $000	YTD Budget $000	YTD Variance F/(UF)	Covid-19 $000	Holidays Act $000	Excl Covid-19 & Hols Act $000	Underlying Variance
MOH Revenue	(166,579)	(162,732)	3,847	(1,765)		(164,814)	2,082	(988,269)	(976,395)	11,874	(8,187)		(980,082)	3,687
Patient related revenue	(4,069)	(4,221)	(153)	253		(4,322)	101	(35,339)	(27,693)	7,646	(6,947)		(28,392)	699
Other Revenue	(4,645)	(3,491)	1,154	(739)		(3,906)	415	(26,063)	(26,046)	18	(7,487)		(18,576)	(7,470)
Total Operating Revenue	(175,292)	(170,444)	4,848	(2,250)	-	(173,042)	2,598	(1,049,671)	(1,030,134)	19,538	(22,622)	-	(1,027,050)	(3,084)
Employee expenses	84,435	82,162	(2,272)	1,232	1,475	81,728	435	500,479	485,741	(14,738)	7,078	8,849	484,552	1,189
Treatment Related costs	14,720	14,125	(595)	507		14,213	(88)	89,358	82,990	(6,368)	4,596		84,762	(1,772)
External Provider costs	69,733	67,402	(2,331)	204		69,529	(2,127)	432,330	422,801	(9,529)	2,312		430,018	(7,217)
Other Expenses	10,934	10,587	(347)	1,298		9,636	951	61,300	65,486	4,186	9,334		51,966	13,520
Total Operating Expenditure	179,822	174,276	(5,546)	3,241	1,475	175,106	(830)	1,083,467	1,057,018	(26,449)	23,320	8,849	1,051,298	5,720
Operating result - (Surplus) - Deficit	4,530	3,832	(698)	991	1,475	2,064	1,768	33,795	26,884	(6,911)	698	8,849	24,248	2,636
Total Indirect revenue and expenditure	11,291	9,783	(1,508)	-		11,291	(1,508)	54,947	53,137	(1,810)	-		54,947	(1,810)
Total - (Surplus) / Deficit	15,821	13,615	(2,206)	991	1,475	13,355	260	88,742	80,021	(8,721)	698	8,849	79,195	826

MoH revenue covers most of the external provider costs incurred to date, which relate mainly to community surveillance and testing. In total, $12.9M of specific funding is available in 2020/21 for the Covid-19 response. This includes $8.1M of funding for External Provider expenditure, and $4.8M for the Public Health Unit (PHU) and the Primary Mental Health Response. YTD December, $8.2M of this funding has been recognised as revenue.

There is risk that there will be insufficient funding to cover Covid-19 additional costs.

Patient related revenue includes revenue for MIQFs. The testing requirements have recently changed from two tests per guest to three tests over the two week stay.

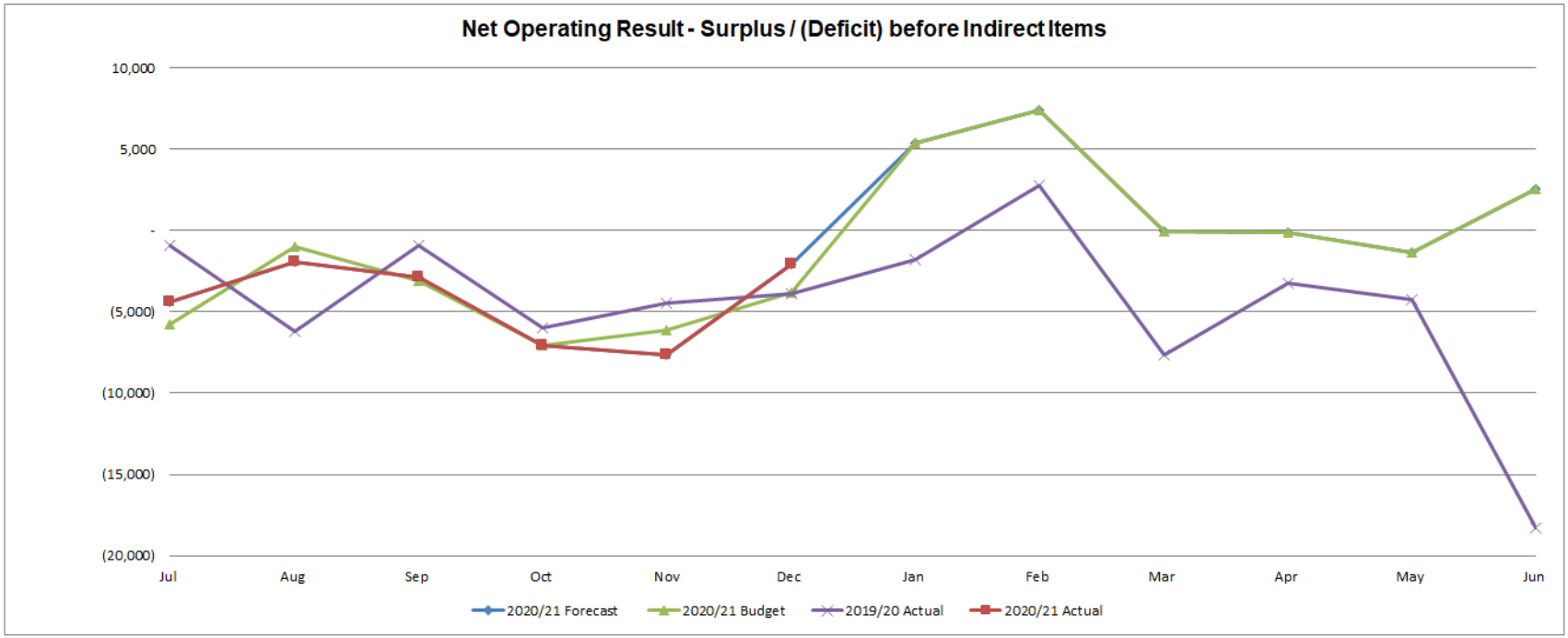
Other revenue is from Covid-19 pathology tests processed by Canterbury Health Laboratories (CHL) for Canterbury and other regions.

Personnel costs for Covid-19 mainly relate to the running of the MIQFs as well as lab testing.

APPENDIX 2: FINANCIAL RESULT BEFORE INDIRECT REVENUE & EXPENSES (EXCLUDING COVID-19 / HOLIDAYS ACT COMPLIANCE)

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 DECEMBER 2020

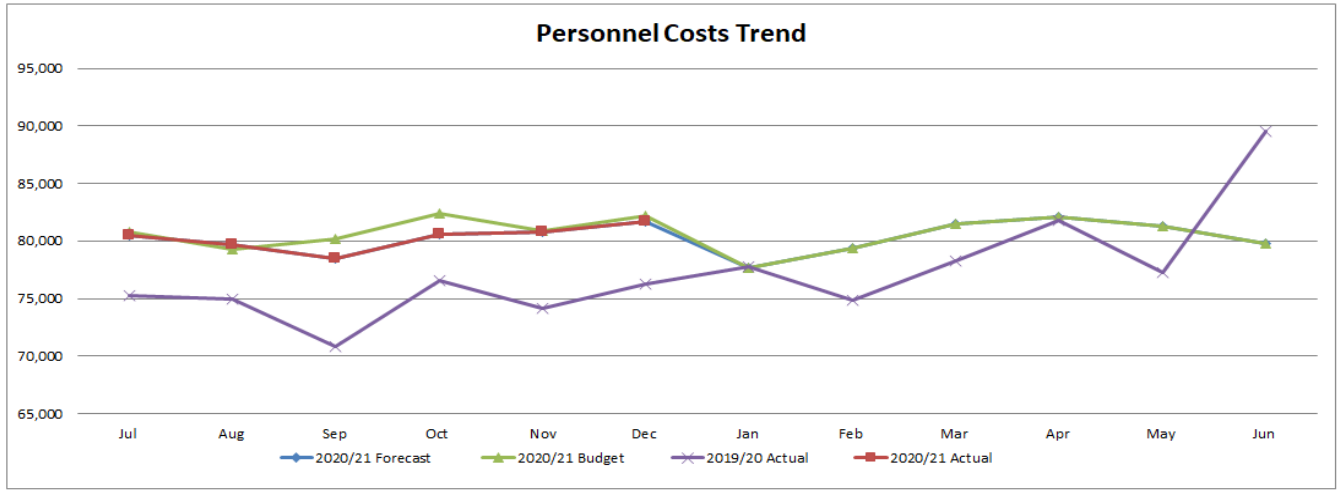
	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2019/20 Actual $'000	Yr End Budget $'000
Surplus/(Deficit) before Indirect items	(2,064)	(3,832)	1,768	-46% ✔	(24,248)	(26,884)	2,636	-10% ✔	(51,601)	(23,257)

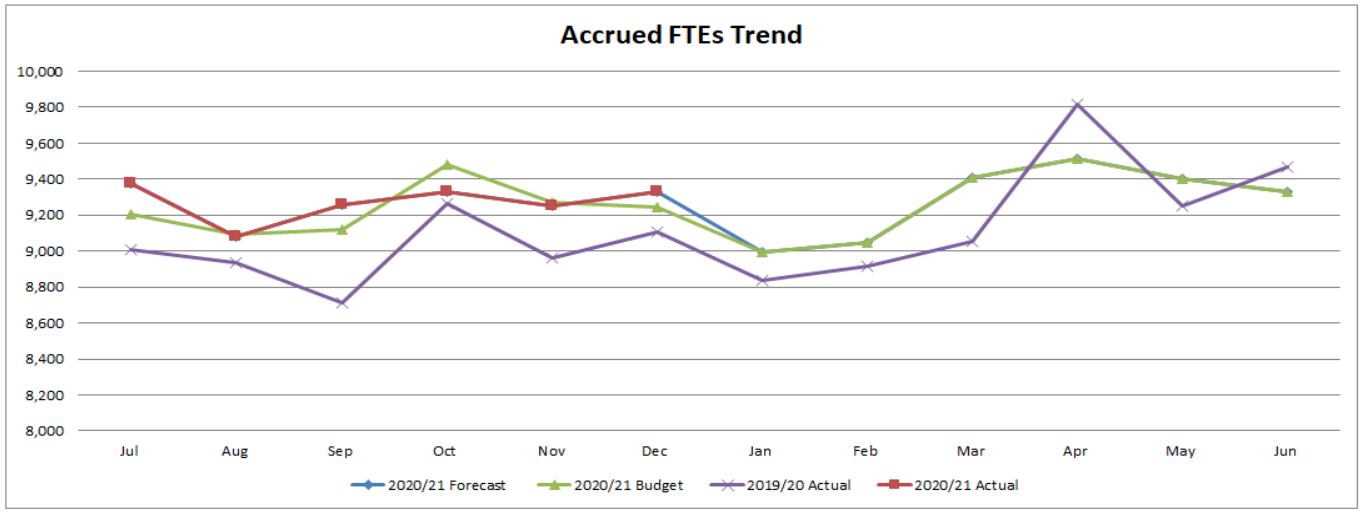


KEY RISKS AND ISSUES

Our YTD Business as Usual (BAU) result is favourable to budget, however the full year savings plan is heavily weighted in the last two quarters of the year.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



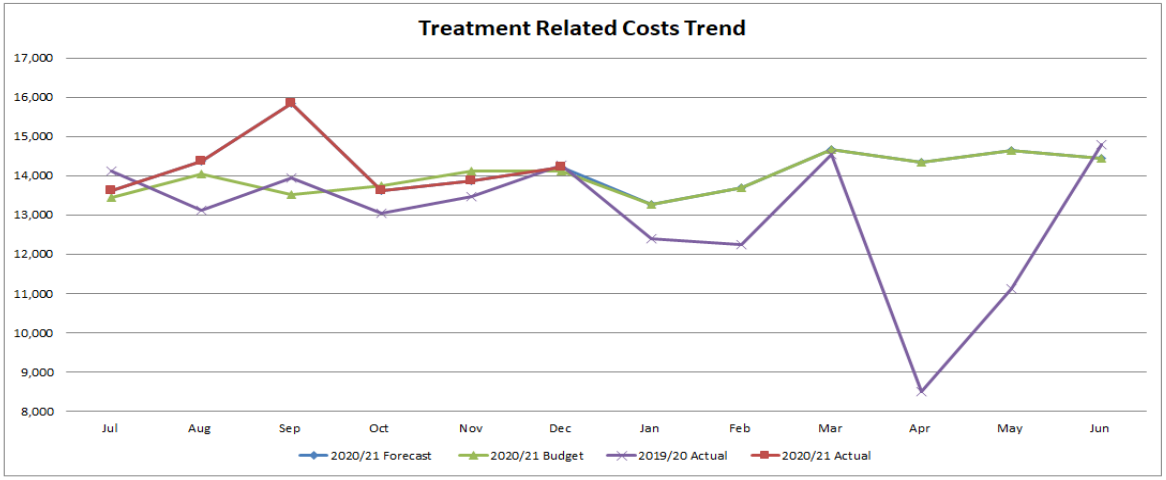


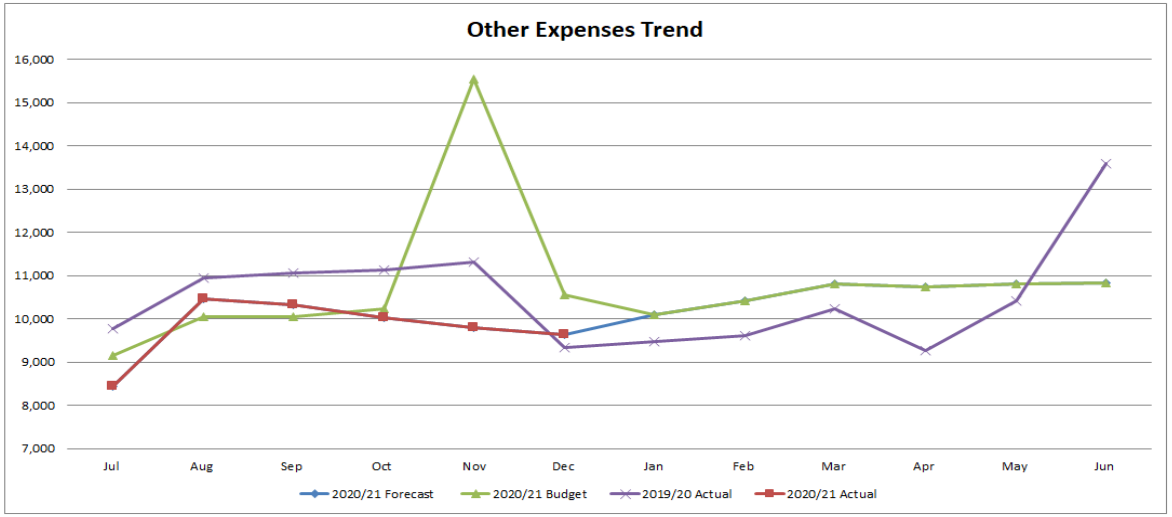
KEY RISKS AND ISSUES

YTD BAU personnel costs continue to be favourable to plan. YTD FTEs are slightly unfavourable to plan due to leave cover and statutory holidays cover. Savings from leave management initiatives have resumed after disruption from the Covid-19 pandemic.

Note the FTE shown in this graph is an "accrued" FTE, and differs from contracted FTE. The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days (the range is 21-23 across the year), the accrual proportions, annual leave impacts (particularly school holidays and Easter, Christmas and New Year periods), etc. The accrued FTE largely correlates with the trend in contracted FTE.

TREATMENT & OTHER EXPENSES RELATED COSTS





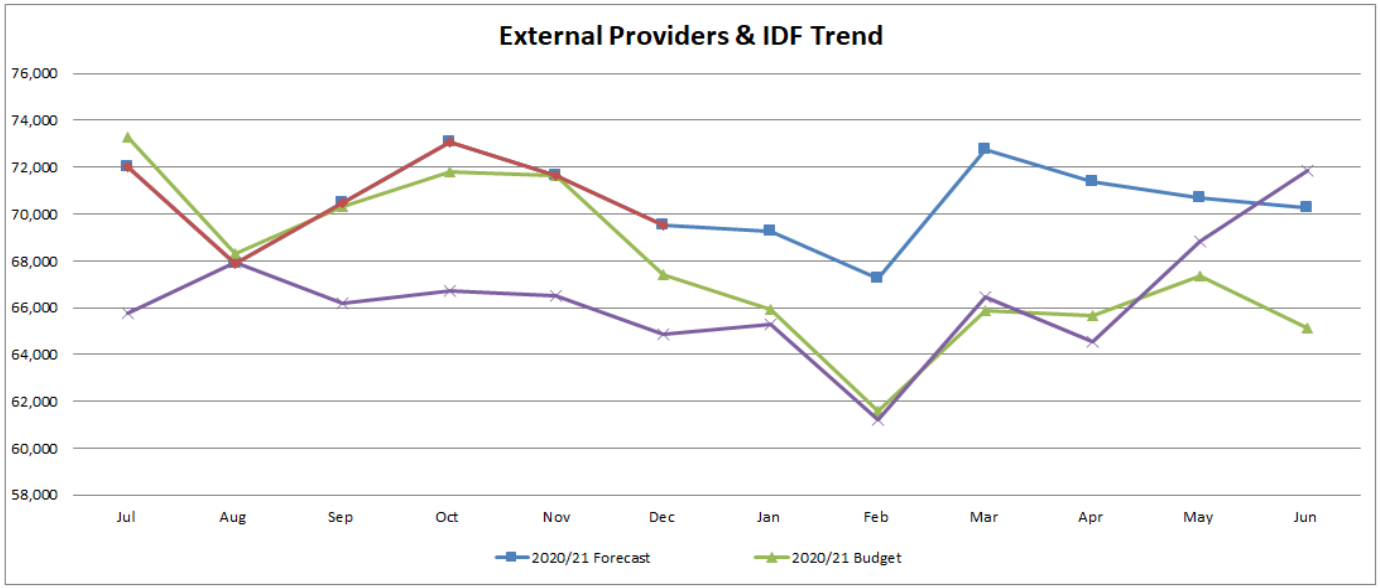
KEY RISKS AND ISSUES

YTD we have had a higher than expected number of acute patients and higher ED attendances. Although treatment related costs are largely on plan for the month, a catch up on pharmacy reimbursement from the Funder masks an overspend in treatment disposables and radiology supplies. Since April 2020, there have been more NACA (New Aseptic and Cytotoxic Area) products that can only be dispensed from the hospital pharmacy and the cost of these medicines is claimed against the Funder. The BAU treatment related costs decrease in April 20 primarily related to lower patient activity during the Covid-19 pandemic lock-down period.

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

EXTERNAL PROVIDER COSTS EXCLUDING COVID-19

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2019/20 Actual $'000	Yr End Budget $'000
External Provider Costs	69,529	67,402	(2,127)	-3%	✕	430,018	422,801	(7,217)	-2%	✕	790,838	814,341



Community pharmacy costs are unfavourable to plan but this is offset by additional revenue. Some MoH contract spend has been delayed, which is a timing issue only.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		YTD Actual $'000	YTD Budget $'000	Variance $'000	Year End 19/20 $'000
Equity	1,116,607	1,142,961	26,354	Cash	286,342	36,297	250,045	(6,966)

KEY RISKS AND ISSUES

Equity –

We received equity support of $180M in October 2020 ($145M was budgeted in November and a further $41M in January 2021).

This is offset by an opening unfavourable variance in July due to the additional Holidays Act compliance provision made at 30 June 2020.

We also had a large equity increase in November 2020 relating to the Waipapa handover.

Cash -

The December cash position is high due to the 4 January 2021 PBFF payment being received early (received on 31 December).

Spend on the Mental Health facilities redevelopment continues and is expected to increase as construction starts in January 2021 (we have received an initial equity drawdown for the Mental Health project and a further drawdown of $1.434M was received on 8 October, with a further drawdown to be requested in February 2021).

APPENDIX 3: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the 6 months ending 31 December 2020

Month					Year to Date				Annual (Year End)	
20/21 Actual $000's	20/21 Budget $000's	19/20 Actual $000's	Variance to Budget $000's		20/21 Actual $000's	20/21 Budget $000's	19/20 Actual $000's	Variance to Budget $000's	20/21 Budget $000's	19/20 Actual $000's
166,579	162,732	153,726	3,847 ✓	MoH Revenue	988,269	976,395	925,457	11,874 ✓	1,952,782	1,864,766
4,069	4,221	4,269	(153) ✗	Patient Related Revenue	35,339	27,693	25,583	7,646 ✓	55,498	53,364
4,645	3,491	3,584	1,154 ✓	Other Revenue	26,063	26,046	22,130	18 ✓	47,534	48,770
175,292	**170,444**	**161,579**	**4,848**	**Total Operating Revenue**	**1,049,671**	**1,030,134**	**973,170**	**19,538**	**2,055,814**	**1,966,900**
84,435	82,162	76,303	(2,272) ✗	Personnel Costs	500,479	485,741	448,024	(14,738) ✗	967,342	1,000,806
14,720	14,125	14,274	(595) ✗	Treatment Related Costs	89,358	82,990	81,946	(6,368) ✗	168,059	160,676
69,733	67,402	64,877	(2,331) ✗	External Service Providers	432,330	422,801	398,025	(9,529) ✗	814,341	810,046
10,934	10,587	9,345	(347) ✗	Other Expenses	61,300	65,486	63,482	4,186 ✓	129,329	129,850.73
179,822	**174,276**	**164,799**	**(5,546)** ✗	**Total Operating Expenditure**	**1,083,467**	**1,057,018**	**991,476**	**(26,449)** ✗	**2,079,071**	**2,101,379**
(4,530)	**(3,832)**	**(3,220)**	**(698)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(33,795)**	**(26,884)**	**(18,306)**	**(6,911)** ✗	**(23,257)**	**(134,479)**
164	48	78	116 ✓	Interest Revenue	669	288	320	380 ✓	577	695
(674)	-	-	(674) ✗	Capital Charge Relief / Debt Equity Swap Fund	(674)	-	-	(674) ✗	10,170	8,220
477	243	294	234 ✓	Donations	1,015	1,218	1,474	(203) ✗	2,674	3,674
5	-	(10)	5 ✓	Profit on Sale of Assets	413	-	13	413 ✓	-	17
(28)	**291**	**362**	**(319)** ✗	**Total Indirect Revenue**	**1,422**	**1,506**	**1,807**	**(84)** ✗	**13,421**	**12,606**
2,024	2,437	992	413 ✓	Capital Charge	12,147	14,622	13,813	2,475 ✓	48,762	38,136
7,799	7,529	7,023	(270) ✗	Depreciation	41,865	39,373	36,826	(2,492) ✗	85,108	79,773
123	-	-	(123)	Financing Component of Operating Leases	736	-	-	(736)	-	3,282
64	108	4	44 ✓	Interest Expense & Forex Gains and Losses	332	648	177	316 ✓	1,300	315
1,253	-	-	(1,253) ✗	Loss on Sale of Assets	1,290	-	53	(1,290) ✗	-	57
11,263	**10,074**	**6,035**	**(1,189)** ✗	**Total Indirect Expenses**	**56,369**	**54,643**	**50,869**	**(1,726)** ✗	**135,170**	**121,563**
(15,821)	**(13,615)**	**(8,892)**	**(2,206)** ✗	**Total Surplus / (Deficit)**	**(88,742)**	**(80,021)**	**(67,369)**	**(8,721)** ✗	**(145,006)**	**(243,436)**

APPENDIX 4: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 December 2020

Audited 30-Jun-20 $'000		Group Actual 31-Dec-20 $'000	Group Budget 31-Dec-20 $'000	Annual Group Budget 30-Jun-21 $'000
597,378	Opening Equity	490,730	558,272	558,272
136,588	Net Equity Injections / (Repayments) During Year	182,901	9,650	26,139
200	Other Movements	534,700	655,060	719,355
(3,068)	Reserve Movement for Year	(2,982)	-	-
(243,436)	Operating Results for the Period	(88,742)	(80,021)	(145,006)
490,730	**TOTAL EQUITY**	1,116,607	1,142,961	1,158,760
	Represented By:			
	Current Assets			
4,066	Cash & Cash Equivalents	286,342	36,297	31,443
750	Short Term Investments	750	750	750
105,853	Trade and Other Receivables	74,093	103,253	103,253
5,649	Prepayments	12,871	5,649	5,649
14,549	Inventories	16,459	14,549	14,549
14,666	Restricted Assets	14,575	14,425	14,425
145,533	**Total Current Assets**	405,090	174,923	170,069
	Less Current Liabilities			
11,032	Overdraft	-	-	-
205	Borrowings	205	-	-
165,172	Trade and Other Payables	156,223	128,014	128,015
21,974	Income in advance	189,020	22,224	22,224
14,691	Restricted Funds	14,867	14,256	14,256
343,643	Employee Benefits	355,306	277,644	277,644
534,743	**Total Current Liabilities**	715,622	442,138	442,139
(389,209)	**Working Capital**	(310,531)	(267,215)	(272,070)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment in NZHPL	3,117	3,225	3,225
909,554	Fixed Assets	1,456,866	1,413,239	1,433,893
912,795	**Term Assets**	1,460,000	1,416,480	1,437,134
	Non Current Liablilties			
6,304	Employee Benefits	6,411	6,304	6,304
26,552	Borrowings	26,450	-	-
32,856	**Term Liabilities**	32,861	6,304	6,304
490,730	**NET ASSETS**	1,116,607	1,142,961	1,158,760

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

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

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

Income in advance is high due to the PBFF funding normally received on 4 January 2021 received on 31 December 2020.

APPENDIX 5: CASHFLOW

Audited 30-Jun-20 $'000		Actual 31-Dec-20 $'000	YTD Budget 31-Dec-20 $'000	Budget 30-Jun-21 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(48,394)	**Net Cash from Operating Activities**	166,279	(53,175)	(72,459)
	CASHFLOW FROM INVESTING ACTIVITIES			
(63,551)	**Net Cash from Investing Activities**	(590,571)	(43,562)	(109,917)
	CASHFLOW FROM FINANCING ACTIVITIES			
136,788	**Net Cash from Financing Activities**	717,601	140,000	220,785
24,843	Overall Increase/(Decrease) in Cash Held	293,308	43,263	38,409
(31,809)	Add Opening Cash Balance	(6,966)	(6,966)	(6,966)
(6,966)	**Closing Cash Balance**	286,342	36,297	31,443

HAC – 28 JANUARY 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Andrew Dickerson, Chair, Hospital Advisory Committee**

DATE: **18 February 2021**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Hospital Advisory Committee's (*HAC*) public meeting held on 28 January 2021.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 28 January 2021 (Appendix 1).

3. APPENDICES

Appendix 1: HAC Draft Minutes – 28 January 2021

MINUTES – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 28 January 2021, commencing at 9.00am

PRESENT
Andrew Dickerson (Chair), Jan Edwards; James Gough; Jo Kane (via Zoom); Naomi Marshall; Ingrid Taylor; and Sir John Hansen (Ex-Officio).

APOLOGIES
Apologies for absence were received and accepted from Barry Bragg; and Dr Rochelle Phipps.
An apology for early departure was received and accepted from James Gough (10.10am).

EXECUTIVE SUPPORT
Dr Andrew Brant (Acting Chief Executive); Becky Hickmott (Acting Executive Director of Nursing); Ralph La Salle (Acting Executive Director, Planning Funding & Decision Support); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

APOLOGIES
Kirsten Beynon (General Manager, Laboratories); Dr Richard French (Acting Chief Medical Officer); Berni Marra (Manager, Ashburton Health Services); and Win McDonald (Transition Programme Manager Rural Health Services).

IN ATTENDANCE

Full Meeting
Pauline Clark, General Manager, Medical/Surgical; Women's & Children's Health; & Orthopaedics
Dr Helen Skinner, General Manager & Chief of Service, Older Persons Health & Rehabilitation
Dr Greg Hamilton, General Manager, Specialist Mental Health Services

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Naomi Marshall – Addition – NZ Nurses College, Aotearoa - Member

There were no other 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 (01/21)
(Moved: Ingrid Taylor/Seconded: Jan Edwards – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 3 December 2020 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION ITEMS

The carried forward action items were noted.

4. H&SS MONITORING REPORT

The Committee considered the Hospital and Specialist Services Monitoring Report for December 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*) – Dr Greg Hamilton, General Manager

- Report focuses on SMHS Intellectual Disability Services to provide a greater depth of understanding. Services are provided to inpatients in two different units:
  - PSAID Unit. This falls under our population-based funding and is for those people with an intellectual disability and a mental health diagnosis.
  - Whaikaha (AT&R – Assessment, Treatment and Rehabilitation). This is funded by Ministry of Health Disability Support Services, with whom we have two contracts, and is for people who are under Court order under two different Acts. It is a secure unit. Generally, this cohort of people have relatively poor health, both physical and mental health. Some people have been there for a long period, with the longest standing consumer having been there since 2003. This is an institutional type approach for a group of people who are highly vulnerable.
- There are a lot of incidents, some of which are assaults – injury to staff and assaults between consumers.
- Staff are amazing in their commitment to this cohort of people. People who work here are values driven and come to work to make a difference for this vulnerable population, which includes taking on some of that risk we are trying to mitigate.
- Considerable frustration for AT&R with Disability Support Services in terms of how they fund that and the ability to provide a really good service.

  Dr Hamilton thanked the Board for its investment. The four new pods on the new facility are hoped to be occupied by the end of March 2021. He noted that this will significantly change the living standards and lives of some of the more complex, long-term consumers.

Older Persons Health & Rehabilitation (*OPH&R*) Service – Dr Helen Skinner, General Manager & Chief of Service

- Pressure Injury Prevention Project update. The validated figures for the last four months of the 2020 year show 48 patients with pressure injuries versus 73 for the year prior, so a reduction of 25 in terms of pressure injuries. Staff are now very enthusiastic at looking at skin and ensuring they are picking up every possible blemish. There is still further work to be done to get down to the aim of 95% avoidable pressure injuries, knowing that 5% are unavoidable in terms of international best practice.
- Vestibular Screening Tool Pilot. There is evidence for using vestibular screening, which involves a series of four questions when patients come in to assess whether they have a risk of vestibular problems and what to do about it.. This is a piece of work the Allied Health Team is leading on and is being rolled out across the Older Persons Health & Rehabilitation Service, and will be rolled out into the community as well. ED is interested also. There is good evidence in terms of the validation of the tool in ED and the Acute setting, so is something that could be used across the DHB in terms or reducing the risk of falls and identifying what the risks are.
- ERAS. Highlighted OPH&R's 2020 results from the national hip fracture registry database.

There was discussion around needs assessments for patients, particularly at Burwood, for Aged Residential Care (*ARC*). Dr Skinner advised that times are monitored and data is kept to ensure there are no delays. In terms of initial assessments, there has been no delay. There has been some delay in terms of community re-assessments. Timeframes for assessment take anywhere between one to two working days.

Queried whether there was too much demand versus supply with regards to ARC, Dr Skinner advised we are running high occupancy levels in terms of dementia hospital elder care. This is the one area where we run high compared to the rest of the country in terms of the capacity we have.

There was discussion around the number of over 75s coming from rest homes and being admitted through ED, and what is or could be done to address this. Dr Skinner spoke of Advance Care Planning and Shared Goals of Care, as well as what can be done differently in the community. Becky Hickmott, Acting Executive Director of Nursing, noted that Ashburton has its own unique challenges in this space, part of which is the primary health sector understanding its role. She advised of a lot of changes and turnover in staff in Ashburton, and this impacting the flow through to ED. There is a significant piece of work underway to address this, but it is not quite at the implementation stage.

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

- Increase in acute presentations to Christchurch Hospital. It is not just ED experiencing this, but also the Acute Medical Assessment Unit, the "Bone Shop", the Surgical Assessment Unit, and the Children's Acute Assessment.
    - ED experienced a sharp uplift in presentations that occurred in late September, prior to the transition to Waipapa. Between January and the end of September 2020, there were an average 1,830 presentations to ED per week. Since then, this has risen to an average of 2,163 per week – an increase of 48 per day or 18%.
    - This cannot be explained by population pressures – the rate of ED attendances per 10,000 population increases sharply at the same time.
    - Within this we have seen an increase in self-referrals to the ED of around 2% - or 250 presentations per week.
    - Conversely, there has been a slight decrease in GP referrals. People are presenting directly, but their reasons for being there are in alignment with their health needs. Overall, people presenting need to be assessed in an ED environment, in a tertiary centre.
    - 24 hour medical centres, both Riccarton and Moorhouse, are also experiencing increased presentations, so not just the ED.
- Medical Oncology. As previously advised, additional project support has been invested in to assist with a revision to the model of care. This is in place and work is starting to pay dividends. Two new medical oncologists have been appointed and discussions continue around a third appointment.
- High neo-natal occupancy. This is a phenomenon being seen around New Zealand, possibly not helped by the MoH lead in the space, Andrew Simpson, having left his role. So again, work in the neo-natal cot space has stalled. CDHB's neo-natal service is designed to take 40 to 45. Currently it is sitting at 54. Another four are being cared for as part of the paediatric ward, which is putting additional pressure on paediatrics who are already experiencing demand issues. We also have some women and babies out in other parts of NZ. Very tight nationally when it comes to neo-natal beds/cots.
- Return of surgery and progress against plan. The opening of Waipapa provided a significant increase in acute theater capacity on the Christchurch Campus. Will be in a position to report on this in more detail at the Committee's next meeting.
- Have seen significant gains in terms of the pre-operative stay in inpatients.

- Planned on having outplaced surgery back by Christmas, with the exception of paediatric dental (which is planned for March due to availability of workforce and appropriate facilities). Outplacing has ceased.
- The plan around returning outsourced surgery is currently being tweaked to accommodate some unexpected sickness which will result in key people being away for a period of time.
- Recruitment of Anesthetic Technicians is an issue. Have two staff coming from the UK in the next quarter and the search continues.
- Been working very closely with Sterile Supply. They are a keen enabler.
- ESPIs. CDHB and MoH have agreed an ESPI improvement plan, which sees the DHB achieve compliance in ESPI 2 and 5 by 30 June 2021. A wobble was experienced in late December/early January, but are now on track to achieve this. Specific actions that services are undertaking to enable us to deliver include:
    - Orthopaedics have taken 64 long waiting elective/planned patients requiring hand surgery from the Plastic Service waitlist and put it into their own waitlist. They are able to do this without needing to use anesthesia and are utilising theatre space at Burwood for this.
    - Vascular Surgery have been able to utilise funding that the MoH provided for additional clinics. Have repatriated ambulatory treatment of varicose veins to the Outpatient Department.
    - Ear, Nose and Throat. Parental leave has affected capacity in the rhinology subspecialty, however, the full team is now back on board.
    - General Surgery: A number of SMO staff have recently returned from extended sick and annual leave, and a new fellow has started this week.
    - Some services are already green and will remain there.

Discussion took place around:

- Issues with neo-natal cot capacity, from both a regional and national perspective.
- Clinical safety in light of increased acute presentations.
- Fee structure for afterhours care.

The H&SS Monitoring report was noted.

5. CLINICAL ADVISOR UPDATE (ORAL)

Becky Hickmott, Acting Executive Director of Nursing, provided the following updates:

- Acknowledged NICU's capacity issues, noting there have been a large number of extreme preterm, as well as preterm births with babies who have high need and long stay. The long stay has an ongoing impact. Many came spontaneously in labour or with membranes ruptured. Across the nation similar things are happening.
- Maternity is under pressure from a staffing point of view. From a safety angle, we are working to divert some of our nursing teams to help support.
- Christchurch and Burwood Hospitals were very full over the Christmas period. What would normally be a quieter period was not. Staff have been under significant pressure, but have done a stellar job.
- Recently visited the SMHS site at Hillmorton to see the built environment and the constraints impacting on patients and staff. Acknowledged the challenges that staff are working under. They are dealing with complex patients in very challenging conditions, yet the professionalism in care was clearly evident, with constant reassessing, triaging and attention to safety. Progress with new facilities cannot come quick enough for staff.
- Burwood has a key quality focus on medication administration at the moment. This involves a cross disciplinary approach.

- Looking across the board at how to mobilise and utilise nursing resources. A current focus is on outpatient services – how we use that workforce in a different way and also advancing working at top of scope.
- Trendcare implementation and CCDM is progressing well, in spite of some hiccups within the system. These have largely been rectified. ICU goes live with Trendcare mid-February and Surgery will be underway soon as well. CCDM teams have been described as "bull doggish" in their approach, which will continue to ensure accurate and reliable data.
- COVID readiness planning is well underway, working closely with Allied Health to ensure we are taking a cross disciplinary approach.
- MIQ nursing staff and the welfare teams have been under significant pressure during the holiday period, but have delivered a high standard of care and support. They perform a vital role in keeping NZ safe. Mindful that staff have times where they feel stigmatised in the community and their wider family are impacted on by the role that they hold.
- Commend primary health, who keep mobilising to support. Whole system approach is working well.
- In spite of the pressure on staff across the system, we continue to receive numerous letters and emails on the care provided and the willingness of nurses to go the extra mile.

6. SERVICES SUPPORTING OLDER PEOPLE LIVING IN RURAL COMMUNITIES

Ralph La Salle, Acting Executive Director, Planning Funding & Decision Support introduced the report, noting it was in response to a request from the Committee last year to better understand initiatives/services in place currently and those that are planned to support our rural older population to remain in their own homes/communities and into the future. Greta Bond, Service Development Manager, Older Persons Health (*OPH*); and Andrea Davidson, OPH Portfolio Manager, were in attendance.

The report was taken as read.

Discussion took place around the following:

- Strengths of the rural community, as well as challenges presented by distance.
- Ageing population – in terms of this community it is not only about the clients of the services, but also the people who are delivering the services. Rurally, we have an ageing workforce and in addition, particularly with nursing, a workforce where this is not their only job.
- The increase in demand for dementia care. Rurally this can be difficult to deliver, so new models of care are being looked at.
- Resources being deployed to rural areas and ensuring they are being utilised in the best possible way. Working with the community to make sure that services are developing to meet the current needs of people as opposed to the traditional way that services have always been delivered.
- Falls prevention referral programme and uptake in the rural community.
- The availability of consumables, particularly in terms of those which are meant to be provided on discharge from hospital, and the impact this has on providing nursing rurally.
- An electronic referral form is being implemented within secondary care, so someone referring for services in the community will be able to do this electronically. This will be a big benefit to providing rural services.

The Services Supporting Older People Living in Rural Communities report was noted.

7. 2021 WORKPLAN

The Committee received the 2021 Workplan, noting that this is a working document.

8. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (02/21)
(Moved: Naomi Marshall/Seconded: Jan Edwards – carried)

"That the Committee:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of the minutes of the public excluded meeting of 3 December 2020	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(if required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

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

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 10.30am.

Approved and adopted as a true and correct record:

_____ _____

Andrew Dickerson
Chairperson

Date of approval

HAC MEETING 28 JANUARY 2021 – MEETING ACTION NOTES

Item No	Item	Action Points	Staff
	Apologies	Barry Bragg and Dr Rochelle Phipps – absence James Gough – early departure (10.10am)	Anna Craw
1.	Interest Register	Naomi Marshall – addition – NZ Nurses College, Aotearoa – Member	Anna Craw
2.	Minutes – 3 December 2021	Adopted: Ingrid Taylor / Jan Edwards	Anna Craw
3.	Carried Forward Items	Nil	
4.	H&SS Monitoring Report	Nil	
5.	Clinical Advisor Update – Nursing	Nil	
6.	Services Supporting Older People Living in Rural Communities	Nil	
7.	2021 Workplan	Nil	
8.	Resolution PX	Adopted: Naomi Marshall / Jan Edwards	Anna Craw

Distribution List:

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

DATE: **18 February 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of public excluded meetings – 17 December 2020	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.	2021/22 Planning Expectations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Central City Primary Birthing Unit	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

6.	Ministry of Health Quarterly Financial Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	CT (Computed Tomography) Scanner Replacement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Greenstar Requirements for SMHS Relocation to Hillmorton	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Biomass Fuel Supply Tender	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Carparking	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	CDHB Controlled Coordinated Campus Planning Works Approvals & Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	CDHB Capital Intention - Updated	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 • HAC Draft Minutes *28 January 2021* • QFARC Draft Minutes *26 January 2021*	For the reasons set out in the previous Committee agendas.	

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

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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