

**MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING  
Held in the Board Room, 3<sup>rd</sup> Floor, H Block, Princess Margaret Hospital  
on Friday 11 December 2009 commencing at 9.00am**

**AGENDA ITEMS**

- Interest Register
- Deputation – 198 Youth Health
- Confirmation of Minutes of the Previous Meeting
- Carried Forward/Action Points
- Chair's Update
- Chief Executive's Update
- Finance Report
- SAR (12 Months) Update
- Tuarangi Home Rebuild
- Presentation – Health Innovation Hub
- DAP and SOI Timelines
- District Strategic Plan Timing
- Advisory Committee Updates
  - Finance Audit and Risk Committee
  - Hospital Advisory Committee
  - Community & Public Health & Disability Support Advisory Committee
- Resolution to Exclude the Public
- Information Items
  - Advisory Committee confirmed Public Minutes
    - Hospital Advisory Committee – 29 October 2009
    - Community and Public Health & Disability Support Advisory Committee – 15 October 2009

The Chair asked Matea Gillies to open the meeting with a Karakia.

**BOARD MEMBERS**

Alister James (Chair); Dr Olive Webb (Deputy Chair); Peter Ballantyne; Eleanor Carter; Elizabeth Cunningham; Andrew Dickerson; Dr Matea Gillies; Jo Kane; David Morrell; Dr Chris Ryan.

**APOLOGIES**

Apologies for absence were received and accepted from Anna Crighton  
An apology for lateness was received for David Morrell (9.10am).

**EXECUTIVE SUPPORT**

David Meates (Chief Executive); Eng Chew (General Manager - Finance); Murray Dickson (General Manager – Corporate Services); Mary Gordon (Executive Director of Nursing); Carolyn Gullery (General Manager, Planning and Funding); Hector Matthews (Executive Director, Maori & Pacific Health); Dr Nigel Millar (Chief Medical Officer); Kevin Roche (Assistant Board Secretary); and Kay Jenkins (Executive Assistant, Governance Support).

The Chair congratulated Mary Gordon, Executive Director of Nursing on her appointment to the National Health Board. He reminded Board members that Mary Gordon is not on the Board as a representative of Canterbury but in a personal capacity.

## **1. INTEREST REGISTER**

### **Additions/Alterations to the Interest Register**

There were no additions or alterations to the Interest Register.

### **Declarations of Interest for Items on Today's Agenda**

Jo Kane declared a possible interest regarding the Chief Executive's Update where mention was made of the Health Impact Assessment which involves ECAN and also the Hospital Advisory Committee Update which mentioned the resource consent for the boilers at Christchurch Hospital. It was advised that the resource consents had already been granted.

### **Perceived Conflicts of Interest**

There were no perceived conflicts of interest raised.

## **2. DEPUTATION – YOUTH HEALTH 198**

The Board received a deputation from Dr Sue Bagshaw, staff member at 198 Youth Health Trust, who spoke of the funding difficulties the Centre was facing. She tabled a paper outlining the history of the Youth Health Trust and expressed her serious concern regarding the future for their clients should the service not continue. Dr Bagshaw introduced a previous client of the service who outlined the excellent service she had received, which had assisted her in turning her life around.

The Chair advised the Board that discussions are taking place with the Board and management of 198 Youth Health.

Board members will be provided with an update as soon as practicable.

Carolyn Gullery, General Manager, Planning and Funding, confirmed that the Canterbury DHB staff had met with the Chair of the Trust that morning and we have given them an assurance that we would assist them to get to a sustainable situation.

## **3. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS**

### **Resolution (95/09)**

(Moved Chris Ryan/seconded Alister James - carried)

“That the minutes of the meeting of the Canterbury District Health Board held at the Princess Margaret Hospital on 20 November 2009 be confirmed as a true and correct record with the amendment page 5 at the top of page 5 where “dependent” should replace “independent”.”

## **4. CARRIED FORWARD/ACTION POINTS**

1. Car Parking – to be removed
6. Christchurch Hospital Boiler – The Chair advised that he had written to the Minister regarding this approval.
8. Low Cost Clinic – The Chief Executive advised that as we went through Clinical Service Planning as part of the Facilities Master Planning this will be considered. The comment was made that this would be an ideal service for nurse led clinics.
16. Devolution of Disability services to DHB's – The Chair advised that this was raised at the National Chairs meeting and the National Health Board will be giving consideration to the devolution of this together with Under 65, Maternity Services and Public Health Functions. He commented that we need to await the process around this

The Carried Forward/Action Points list and matters arising were noted.

## 5. CHAIRS UPDATE

Alister James took his report as read.

He advised that the previous Friday he had attended the Pacific Health Trust Quality Awards where a staff member received an award for her role in the B4 School Checks project where there had been a 98% uptake rate. This was also a celebration for Pacific Health Trust's 10 year anniversary. He added that Elizabeth Cunningham was recognised for her involvement in the Establishment of this organisation.

Mr James updated the Board on the National Chairs Meeting held on 7 December 2009 and commented on discussions held, relating to:

- The National Health Board (NHB)
- The Chairs had noted that it will be the intention of the National Health Board (NHB) to focus on:
  - PHO's working together;
  - Hospital productivity
  - Regional Service Plans
  - Workforce future capabilities
  - National Capital Committee (now under the NHB which Murray Horn will Chair)
  - HISAC now comes under the NHB and is Chaired by Graeme Osborne. Dr Nigel Millar from the Canterbury DHB is on this Committee
  - In terms of future performance DHB's will need to have "head room" to absorb any shocks and prevent going into deficit
  - PHARMAC
  - EOI process and business cases
- National Shared Services Agency  
Shared Services have yet to have a Board meeting but it is expected that this will be a commercial model that sits outside the Ministry and will have multiple sites.
- Statements of Intent  
The problem of conflicting views of the Ministry of Health and the Office of the Auditor General was discussed and the Director General gave an undertaking to resolve this.
- District Annual Plans and District Strategic Plans  
These were discussed (covered under Item 11).
- There will be legislative changes in the New Year giving legitimacy to the Shared Services Agency and the National Health Board and also to allow for regional decision making. The Chair commented that it seems there will be quite a move to regional decision making and planning.

Mr James advised that the Christchurch City Council have passed a number of resolutions around consultation and a joint process for the land swap with the Canterbury DHB.

Discussion took place regarding ACC changes and implications for boards. The Chief Executive advised that the implications are small at this point and this is being picked up nationally.

The Chair also advised that agreement has been reached with Rural Health PHO that they will be part of the Better, Sooner, More Convenient Business Case.

**Resolution (96/09)**

(Moved Alister James/seconded Olive Webb - carried)

That the Board:

- i. notes the Chair's Update.

**6. CHIEF EXECUTIVE'S UPDATE**

The Chief Executive took his report as read.

He commented that it would be useful to reflect on what has occurred over the last year which has been very remarkable and put into context a whole range of things influenced by the Board:

- The Canterbury DHB had achieved accreditation (EQUIP4). We were the first DHB to achieve this and the highest rating across Australasia which highlights the strong quality focus of this organisation.
- Elective targets are on track.
- Oncology services – there has been a request from this service for the Business Development Unit (BDU) to reshape the service. This reflects that the BDU is now seen to be part of the clinical teams.
- General Medicine and the additions to Christchurch Women's Hospital is the beginning of a major transformation in how medical services are delivered.
- There have been changes in ways of working in the Emergency Department in the last few months leading to significant improvements in this area.
- The fourth Linac machine has been installed following a rapid construction programme and is going through its calibration.
- Progress is being made with models of care in Kaikoura and Darfield.
- The Health Showcase has been very successful and there will have been 1700 people through by the end of next week.
- Some 220 SMO's attended an engagement process with Clinical Leaders.
- The Older Persons Health Service review had bedded down well and the Canterbury DHB has identified people who require additional support and also some who have been receiving services inappropriately.
- There is a Canterbury presence on National Committees.
- Clinical Networks with the West Coast are progressing well.
- The Board had been initially looking at a \$50m deficit and we are now tracking on budget for achieving a \$9 million deficit.
- We have a really skilled and competent Executive Management Team and together with our outstanding clinicians, Canterbury is working as one system and is seen as different around the country.

Discussion took place regarding the Work Assessment and Rehabilitation Services Proposal for Change and a request was made that once the contract is let that there is a process for monitoring and feedback.

The matter of safe drinking water was raised and the application for dairy farming in the McKenzie Basin for 18,000 cows. This will be highlighted to Community and Public Health.

The Acute Demand budget was raised and the Chief Executive commented that the Acute Demand framework is a very important part of how we address care across the community. Presentations to the Emergency Department are the lowest across Australasia and over the next

12 months we will see a significant change in this as chronic obstructive pulmonary disease (COPD) is managed outside the hospital.

*Jo Kane then left the room and Elizabeth Cunningham left the table* for the discussion regarding the proposed Preston's Road housing development and the impact this might have on both Burwood Hospital and our Facilities Master Planning. The Chief Executive commented that what has been proposed at Burwood does not preclude this and the Canterbury DHB is working with the Council in this regard. It will also be highlighted to Community and Public Health.

The Cataract Initiative was discussed and the Chief Executive advised the Board that a lot of work is being undertaken in this area and the Canterbury DHB is having some complex conversations to ensure that this funding is not lost. There is no effect on patients.

The matter of specific communication with Maori and Pacific Island radio stations was raised and the Chief Executive undertook to follow this up for the next Board meeting.

Discussion took place regarding the classification by the Ministry of Health of an Emergency Department at Ashburton Hospital. The Chief Executive advised that this is because of the "Role Delineation Model" used to assess all hospitals across New Zealand and provided some information about this.

Alliance contracting was raised and the Chief Executive commented that he would look at providing more information regarding this at a future time.

Discussion took place regarding the H1N1 audit and the Chief Executive advised that information was being pulled together. He also advised that a national review is being undertaken by the University of Otago and the Wellington Clinical School but this was likely to take about 12 – 18 months and would be a significant piece of independent analysis.

### **Resolution (97/09)**

(Moved Jo Kane/seconded Chris Ryan – carried)

That the Board:

- i. notes the Chief Executive's update.

## **7. FINANCE REPORT**

Eng Chew, General Manager, Finance, spoke to this report which showed that the consolidated Canterbury DHB financial result for the month of October 2009 was a deficit of \$0.480M, which was \$0.242M favourable against the budgeted deficit of \$0.722M. The October result included H1N1 pandemic costs of \$0.1M bringing the total to \$2.6M for this financial year and \$3.5M for this pandemic event.

The report went on to say that whilst the October result was favourable, we need to recognise that there are still significant challenges ahead, e.g. a possible further recurrence of H1N1 towards the end of this financial year. Accordingly, the Canterbury DHB must continue to ensure that it reduces waste and seeks further efficiencies. With indications of minimal funding increases for 2010/11, the Canterbury DHB will face increased costs from step movements and demand driven expenditure. It is therefore critical that the Canterbury DHB ends the year as close as possible to break-even thereby reducing the amount of efficiencies/savings needed to enable the Board to live within its means in 2010/11.

Eng Chew added that the results for November 2009 are also in line with budget but that we face a period of constraint over the next five years and it is important that we get operational areas to reduce waste and duplication.

Eng Chew also provided a presentation regarding capital charges.

**Resolution (98/09)**

(Moved Peter Ballantyne/seconded Eleanor Carter – carried)

That the Board:

- i. notes the financial result for the period ended 31 October 2009; and
- ii. supports and endorses management and clinicians in their expected result for the year.

**8. STRATEGIC ACTIVITY REPORT (12 MONTHS) UPDATE**

Carolyn Gullery, General Manager, Planning and Funding, presented this paper. She commented that this had been discussed at length at the Community and Public Health and Disability Support Advisory Committee meeting and they had taken account of feedback received there which will lead to this report looking different in the future.

The Chair of the Community and Public Health and Disability Support Advisory Committee, Dr Olive Webb, commented that her Committee had provided a list of items they would like to see carried on and clarified that this no longer picks up what the Canterbury DHB is doing so there probably needs to be an alternative way of doing this.

**Resolution (99/09)**

(Moved Olive Webb/seconded Elizabeth Cunningham – carried)

That the Board:

- i. notes the content of the Strategic Activity Report.
- ii. notes that any areas of concern will be forwarded to the appropriate Statutory Committee for follow up.

**9. TUARANGI HOME REBUILD**

Murray Dickson, General Manager, Corporate Services, presented this report. He commented that following the original approval and design process it had become evident that for a small amount of additional cost this project could be a complete rebuild with a significant advantages for residents, and efficiencies associated with a modern building. The Trustees had agreed with this direction and the additional funding.

**Resolution(100/09)**

(Moved Chris Ryan/seconded Eleanor Carter – carried)

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

- i. notes the recommendation to rebuild the Twigger wing as opposed to upgrading.
- ii. notes the increased cost over and above the original estimates.
- iii. notes the funding support from the trustees of the Moule Estate to enable the total rebuild of the Twigger Wing and the new 10 bed wing.
- iv. notes that a further recommendation in respect to the additional financial cost is included in the report in the public excluded section of the agenda.

## **10. PRESENTATION – HEALTH INNOVATION HUB**

Jan Nicholson, Corporate Quality and Risk Manager, Gerard Quinn and Larry Podmore, Canterbury Development Corporation and Jane Hill, Powerhouse Ventures, provided a presentation to the Board regarding the Health Innovation Hub.

The presentation provided background to the project; what the Canterbury Health Innovation Hub actually was; the strategic fit; what the regional innovation system is; viability; what we will achieve; and the next steps.

### **Resolution (101/09)**

(Moved Olive Webb/seconded Alister James – carried)

That the Board endorse the next steps in the Health Innovation Process as outlined in the presentation.

## **11. a) DAP AND SOI TIMEFRAMES**

Carolyn Gullery, General Manager, Planning & Funding, presented the timelines for the District Annual Plan and Statement of Intent. The Board noted that the time lines are relatively short and also overlap with the Better, Sooner, More Convenient Business Case.

The comment was made that if there is any significant changes resulting the DAP there would need to be consultation under Section 40 of the Public Health & Disability Act.

The Chief Executive clarified that relative to the preparation of the DAP itself this is not the case but any major change itself would be consulted.

The Chair commented that when the Board discuss the final draft at its special meeting on 1 March 2010 we should discuss consultation.

### **Resolution (102/09)**

(Moved Olive Webb/seconded Andrew Dickerson – carried)

That the Board:

- i. notes the timeframes as outlined at the Board forum on 30 November 2009;
- ii. confirms approval for the use of three output classes proposed at the forum;
- iii. recognises the statutory need for consultation with the resident population on significant changes; and
- iv. recognises the fluid nature of the health environment in the context of the Canterbury DHB planning process.

## **b) DISTRICT STRATEGIC PLAN TIMING**

The Chair spoke about the Ministry's advice which appeared to be not inline with the requirements of the Act. The Director General has sought a legal opinion and as advised earlier has given an undertaking to have this resolved.

### **Resolution (103/09)**

(Moved Alister James/seconded David Morrell – carried)

That the Board:

- i. notes the current timeframes and the work underway.

## 12. ADVISORY COMMITTEE UPDATES

- (a) Peter Ballantyne, Chair, Quality, Finance, Audit & Risk Committee, spoke to the update from the Quality Finance Audit & Risk Committee meeting held on 24 November 2009.

The update was noted.

- (b) David Morrell, Chair, Hospital Advisory Committee, spoke to the update from the Hospital Advisory Committee held on 26 November 2009.

The Board noted the following key points from the Hospital Advisory Committee:

- The urgency to progress the Canterbury DHB Maternity Strategy.
- The extremely high standard of the projects submitted to the Canterbury DHB's Quality Improvement and Innovation Awards and the success of the Active Life Programme developed by Comcare Charitable Trust.
- The Committee's concerns at the delays in the Christchurch Hospital Boiler Project.
- The good results in the EQUiP4 Accreditation survey.
- The introduction of Maternity Services for Kaikoura.
- The efforts of the Orthopaedic rehabilitation Unit at Burwood Hospital in respect to the MT4C Programme.
- The presentation by the Emergency Department staff and the work being done in understanding the increased level of presentations to the ED and in meeting targets.

The update was noted.

- (c) Olive Webb, Chair, Community & Public Health & Disability Support Advisory Committee, spoke to the update from the Community & Public Health & Disability Support Advisory Committee meeting held on 3 December 2009.

She made particular mention of the presentation regarding family violence intervention and the New Zealand Disability Strategy for which a further update has been sought.

The update was noted.

## 13. RESOLUTION TO EXCLUDE THE PUBLIC

### Resolution (104/09)

(Moved Alister James/seconded Peter Ballantyne – carried)

That the Board, with the exception of Rex Williams, Chair of West Coast DHB for items 6 & 8:

- i. resolve 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 and the Information Items contained in the Public Excluded section of the agenda.
- 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 New Zealand Public Health and Disability Act 2000 (the "Act") in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of Minutes of the public excluded meeting of 20 November 2009	For the reasons set out in the previous Board agenda.	
2.	Carried Forward /Action Point Items	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s 9(2)(j)
3.	CEO Update	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)
4.	Tuarangi Home Upgrade	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Legal Report-Legally Privileged	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)
6.	West Coast DHB MoH Sustainability Project	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Advisory Committee Public Excluded Updates	For the reasons set out in the previous Committee agendas.	s9(2)(a) s9(2)(b) s9(2)(j) s9(2)(h)
8.	Chairman's report – CEO Confidential	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 New Zealand Public Health and Disability Act 2000 (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

- Advisory Committee confirmed Public Minutes
  - Hospital Advisory Committee – 29 October 2009
  - Community and Public Health & Disability Support Advisory Committee – 15 October 2009

There being no further business the public open section of the meeting closed at 2.50pm

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Alister James, Chair

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Date