AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
to be held via Zoom
Thursday, 16 April 2020 commencing at 9.30am

	Karakia		9.30am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 19 March 2020		
3.	Carried Forward / Action List Items		
Reports for Decision			
4.	Committee Membership	Sir John Hansen *Chair*	9.35-9.45am
5.	HAC – Terms of Reference Review	Justine White *Executive Director, Finance & Corporate Services*	9.45-9.55am
Reports for Noting			
6.	Chair's Update (Oral)	Sir John Hansen	9.55-10.05am
7.	Chief Executive's Update (Oral)	David Meates *Chief Executive*	10.05-10.40am
8.	Finance Report	Justine White	10.40-10.50am
9.	Resolution to Exclude the Public		
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.50am**

NEXT MEETING
Thursday, 21 May 2020 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
Sally Buck
Catherine Chu
Andrew Dickerson
James Gough
Jo Kane
Aaron Keown
Naomi Marshall
Ingrid Taylor

Executive Support

David Meates – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Michael Frampton – *Chief People Officer*
Mary Gordon – *Executive Director of Nursing*
Carolyn Gullery – *Executive Director Planning, Funding & Decision Support*
Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Hector Matthews – *Executive Director Maori & Pacific Health*
Sue Nightingale – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*
Stella Ward – *Chief Digital Officer*
Justine White – *Executive Director Finance & Corporate Services*

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

BOARD ATTENDANCE SCHEDULE – 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	25/02/20	19/03/20	16/04/20	21/05/20	18/06/20	16/07/20	20/08/20	17/09/20	15/10/20	19/11/20	17/12/20
Sir John Hansen (Chair)	√	√									
Gabrielle Huria (Deputy Chair)	√	√									
Barry Bragg	^	√									
Sally Buck	#	^									
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 Clinical Network Alliance Leadership Team** - Chair **Canterbury Clinical Network Oxford and Surrounding Area Health Services Development Group** - Member **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**	**Emerge Aotearoa Housing Trust** – Chair **Emerge Aotearoa Limited** – Chair **Emerge Aotearoa Trust** – Chair Mental health, addiction and housing non-government organisation (*NGO*). **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*). **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Runanga o Ngai Tahu** – General Manager Tribal Entity. **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs.

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. **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.
Sally Buck	**Christchurch City Council (*CCC*)** – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC. **Registered Resource Management Act Commissioner** From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time. **Rose Historic Chapel Trust** – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.
Catherine Chu	**Bank of New Zealand** – Private Banking Manager Christchurch Partners Centre **Christchurch City Council** – Councillor Local Territorial Authority **Keep Christchurch Beautiful** – Executive Member **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. **Countrywide Residential (2018) Limited** – Director/Shareholder Residential Property Development **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 McLean Institute Trust** – Trustee Trust for the McLean Institute **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. **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall	**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 at 32 Oxford Terrace, Christchurch
on Thursday 19 March 2020 commencing at 9.30am

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

CROWN MONITOR
Dr Lester Levy (via teleconference).

APOLOGIES
An apology for early departure was received and accepted from Sally Buck (12.40pm).

EXECUTIVE SUPPORT
David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Michael Frampton (Chief People Officer); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Hector Matthews (Executive Director, Maori & Pacific Health); Sue Nightingale (Chief Medical Officer); Karalyn van Deursen (Executive Director, Communications); Stella Ward (Chief Digital Officer); David Green (Financial Controller); and Kay Jenkins (Executive Assistant, Governance Support).

EXECUTIVE APOLOGIES
Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); and Justine White (Executive Director, Finance & Corporate Services).

Private Board only time 9.30am – 10.15am.

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

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

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETING

Resolution (05/20)
(Moved: Gabrielle Huria/seconded: Barry Bragg – carried)

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace on 25 February 2020 be approved and adopted as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

It was noted that car parking would be discussed later on the agenda and treasury rules for fit out would be carried forward to the next meeting.

4. PATIENT STORY

A video "Feeling at Home as Maori – Burwood Hospital" was viewed.

5. CPH&DSAC – TERMS OF REFERENCE

Jo Kane, Chair, CPH&DSAC, presented these Terms of Reference.

Resolution (06/20)
(Moved: Catherine Chu/seconded: Sally Buck – carried)

"That the Board:

i. adopts the draft Terms of Reference attached as Appendix 1."

6. QFARC TERMS OF REFERENCE

Barry Bragg, Chair, QFARC, presented these Terms of Reference for the Board's approval. Mr Bragg commented that the changes in the document take into consideration: the dis-establishment of the Facilities Committee - meaning that their key terms now sit with this Committee; oversight around staff health and wellbeing; IT; and the difference between remuneration for attending actual meetings and workshops. He added that they also cover the monitoring of the deficit reduction monthly taskforce programme.

Resolution (07/20)
(Moved: Barry Bragg/seconded: Gabrielle Huria)

"That the Board:

i. adopts the draft Terms of Reference attached as Appendix 1."

7. CHAIR'S UPDATE

The Chair commented that Corona virus is consuming an awful lot of time for everyone in the health sector, however, we still need to keep an eye on the rest of the business as the Letter of Expectations remains, as does an unsigned Annual Plan. He added that we may need to consider the regularity of meetings by continuing with Board & QFARC and putting the other Committees on hold.

8. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, advised that the focus is very much on Corona virus and its emerging impacts. Canterbury Health Labs has been one of the Labs testing and is now moving to 24 hour testing. In addition, there is a nationwide move for testing amongst the community as those undertaking widespread testing appear to have better control over the virus.

He advised that the DHB has had its Emergency Response system in place for over a month. There are also plans in place around Community Based Assessment Centres (*CBACs*) and also mobile assessment centres.

He advised that work is taking place around capacity, with the biggest restraint being workforce and the impact of closing schools.

Mr Meates advised that many of our Senior Leaders have been asked to be part of national groups due to our experience in handling crises situations. This also ensures a coordinated and national approach. He added that Health Pathways is being picked up across the country. Locally, Dr Sue Nightingale is leading the Clinical teams, including rosters and sustainable operations, with most non-urgent meetings on hold. There is a focus on delivery and the sustainability of clinical services. He added that a lot of follow up outpatient appointments are being undertaken by telephone or video conference.

Discussion took place regarding whether additional staff would be required and Mr Meates commented that this is more about how we use the existing staff and how we utilise and redeploy them.

A query was made as to whether there is a possibility that part of the Hagley building could be used and it was noted that this is being explored with the focus being on floors 4 & 7, the intensive care pods and the ED & Radiology suites.

Discussion also took place around the mental health aspects of this current situation and Mr Meates confirmed that planning was also taking place around this.

Mr Meates advised the Board that they would be kept up to date; he would continue to highlight issues to the Chair; and any decisions made under urgency would be brought back to the Board with information around how the decisions have been made.

The Chief Executive's Update was noted.

9. FINANCE REPORT

David Green, Financial Controller, presented the Finance Report which was taken as read. The report showed that the consolidated Canterbury DHB financial result for the month of January 2020 was a net expense of $8.761M, which was $5.634M favourable against the draft annual plan net expense of $14.395M. YTD the result is $10.382M favourable.

It also showed that the net operating result for the month (ie before indirect revenue and expenses) was a favourable variance of $545k, reducing the YTD unfavourable variance to $2.176M.

In addition, the report stated that the current draft annual plan is for a full year deficit result of $180.470M. This includes savings initiatives from our five key taskforces. However, it does not take into account recently announced adjustments to the capital charge regime (although announced in July 2019, the mechanics of this adjustment calculation are yet to be clarified), which will take effect upon transfer of the Hagley building.

Mr Green highlighted key risks: the treatment of capital charge on earthquake proceeds; the importance of the tracking of COVID-19 costs; and insurance premiums starting to increase.

Discussion took place regarding some modelling around the impact of COVID-19 and it was noted that this would be provided at the next QFARC meeting.

10. ADVICE TO BOARD

Jo Kane provided an update from the CPH&DSAC meeting held on 5 March 2020. Ms Kane provided an overview of the meeting. She commented that the visit to Ashburton was now unlikely to take place at this time.

The draft minutes were noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (08/20)
(Moved: Barry Bragg/Seconded: Gabrielle Huria – carried)

"That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 25 February 2020	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive - Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Rangiora IFHC Progress	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.	Equity Discussions	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Primary Health Discussions	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Burwood Spinal Unit	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	s9(2)(j) S9(2)(a)
9.	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)
10.	2020\21 Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	s9(2)(j)

11.	Advice to Board: • QFARC Draft Minutes *3 March 2020*	For the reasons set out in the previous Committee agendas.	

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

The Public meeting concluded at 11.15am.

_____ _____

Sir John Hansen, Chairman Date of approval

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 16 APRIL 2020

DATE	ISSUE	REFERRED TO	STATUS
25/02/2020	Selwyn Health Hub – Treasury rules for fit-out	Justine White	Verbal update to today's meeting.
19/03/2020	Equity Report	Hector Matthews	Report to 21 May 2020 meeting.
19/03/2020	Primary Care Report	Carolyn Gullery	Report to 21 May 2020 meeting.

COMMITTEE MEMBERSHIP

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Kay Jenkins, Executive Assistant, Governance Support**

APPROVED BY: **Sir John Hansen, Chair**

DATE: **16 April 2020**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

Further to the Committee Membership paper approved at the 25 February 2020 Board meeting, and discussions with the Board Members concerned, this paper seeks approval for James Gough and Catherine Chu to be added to the Canterbury DHB Advisory Committee membership.

2. RECOMMENDATION

That the Board:

i. confirms the appointment of Board member James Gough to the Quality, Finance, Audit and Risk Committee, and Hospital Advisory Committee;
ii. confirms the appointment of Board member Catherine Chu to the Hospital Advisory Committee, and Community and Public Health and Disability Support Advisory Committee; and
iii. confirms that the term of such appointments is until December 2022 (while they remain members of the Board).

3. SUMMARY

The Canterbury DHB is required by the Health & Disability Act to have three Statutory Advisory Committees – the Hospital Advisory Committee, the Community and Public Health Advisory Committee, and the Disability Support Advisory Committee. Canterbury DHB has combined the Community and Public Health Committee and Disability Support Advisory Committee into one Committee.

Final approval for committee membership rests with the Board.

The amended committee membership, which has been discussed with members, is attached as Appendix 1.

4. APPENDICES

Appendix 1: Board & Committee Membership – 2020

BOARD & COMMITTEE MEMBERSHIP

April 2020

Canterbury District Health Board CDHB (Governance) Up to 11 members	Sir John Hansen (Chair) Gabrielle Huria (Deputy Chair) Barry Bragg Sally Buck Catherine Chu Andrew Dickerson James Gough Jo Kane Aaron Keown Naomi Marshalll Ingrid Taylor
Hospital Advisory Committee HAC (Governance) Up to 12 members	Andrew Dickerson (Chair) Jo Kane (Deputy Chair) Barry Bragg Sally Buck Catherine Chu James Gough Naomi Marshall Ingrid Taylor <u>External Members</u> Wendy Dallas-Katoa (Manawhenua) Jan Edwards Dr Rochelle Phipps Trevor Read Sir John Hansen (ex-officio) Gabrielle Huria (ex-officio)
Community and Public Health and Disability Support Advisory Committee CPH&DSAC (Governance) Up to 12 members	Jo Kane (Chair) Aaron Keown (Deputy Chair) Sally Buck Catherine Chu Naomi Marshall <u>External Members</u> Tom Callanan Wendy Dallas-Katoa (Manawhenua) Rochelle Faimalo Susan Foster-Cohen Yvonne Palmer Dr Olive Webb Hans Wouters Sir John Hansen (ex-officio) Gabrielle Huria (ex-officio)
Quality, Finance, Audit and Risk Committee QFARC (Governance) Up to 10 members	Barry Bragg (Chair) Jo Kane (Deputy Chair) Andrew Dickerson James Gough Sir John Hansen Gabrielle Huria Ingrid Taylor <u>External Members</u> Peter Ballantyne Bill Tate Steve Wakefield

BOARD & COMMITTEE MEMBERSHIP

April 2020

Remuneration & Appointments Committee R&A (Governance) 3 members	Sir John Hansen (Chair) Gabrielle Huria (Deputy Chair) Barry Bragg (Chair, QFARC)

HAC - TERMS OF REFERENCE REVIEW

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Justine White, Executive Director, Finance & Corporate Services**

DATE: **16 April 2020**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek confirmation of the revised terms of reference (*TOR*) for the Hospital Advisory Committee (*HAC*).

2. RECOMMENDATION

That the Board:

i. adopts the draft Terms of Reference attached as Appendix 1.

3. SUMMARY

The current TOR for HAC were adopted by the Board in February 2011, with amendments in February 2012, April 2014 and April 2017. They provide for a review to be undertaken in April 2020.

Attached to this report is a copy of the draft amended TOR. A review date of April 2023 is proposed in the revised TOR.

The draft amended TOR are placed before the Board for formal ratification.

4. APPENDICES

Appendix 1: Draft Amended TOR – HAC (tracked)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TERMS OF REFERENCE
HOSPITAL ADVISORY COMMITTEE

INTRODUCTION

The Hospital Advisory Committee is a Statutory Committee of the Board of the Canterbury District Health Board (*CDHB*) established in terms of Section 36 of the New Zealand Public Health and Disability Act 2000 (the *Act*). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the CDHB. These Terms of Reference will apply from 16 April 20202017.

FUNCTIONS

The functions of the Hospital Advisory Committee (as per Schedule 4 of the NZ Health & Disability Act 2000) are to:

- *"monitor the financial and operational performance of the hospital and specialist services of the Canterbury DHB; and*
- *assess strategic issues relating to the provision of hospital and specialist services by the Canterbury DHB; and*
- *give the Board advice and recommendations on that monitoring and that assessment."*

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Sstrategic direction and objectives Plan of the CDHB.

ACCOUNTABILITY

The Hospital Advisory Committee is a Statutory Committee of the Board and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Hospital Advisory Committee are to carry out an assessment role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Hospital Advisory Committee members and members will abide by the CDHB's Media Policy; its Conflict of Interest and Disclosure of Interest Policy; Gift, Sponsorship, Donations and Corporate Hospitality Policy, Probity and Gift Policy; and with its Standing Orders.
- The Committee Chair will annually review the performance of the Hospital Advisory Committee and members.

WELLBEING HEALTH AND SAFETY

Support, promote and monitor the continuance of a culture of wellbeing health and safety at the CDHB and ensure that the wellbeing health and safety risks faced by the Board are appropriately understood, mitigated and monitored, and ensure that the Board receives regular reports in regard to meeting its wellbeing health and safety obligations.

LIMITS ON AUTHORITY

The Hospital Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TERMS OF REFERENCE
HOSPITAL ADVISORY COMMITTEE

- The Hospital Advisory Committee provides advice to the Board by assessing and endorsing recommendations on the reports and material submitted to it.
- Requests by the Hospital Advisory Committee for work to be done by management or external advisors should be made by the Chair and directed to the Chief Executive or their delegate (the Principal Administrative Officer).
- There will be no alternates or proxy voting of Committee members.

RELATIONSHIPS

The Hospital Advisory Committee is to be cognisant of the work being undertaken by the other committees of the CDHB to ensure a cohesive approach to health and disability planning and delivery, and as such will be required to develop relationships with:

- The Board
- Consumer groups
- Management of the CDHB
- Clinical staff of the CDHB
- Manawhenua Ki Waitaha *(MKW)*
- The community of the CDHB
- Other Committees of the CDHB

TERM

These Terms of Reference shall apply until April 2023~~0~~, at which time they will be reviewed by the newly elected Board of the CDHB who will also review the membership of the Committee to ensure an appropriate skills-mix.

- ~~The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for reappointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills mix of the committee and allow for a diverse and representative cross section of the community to have input into decision making.~~

MEMBERSHIP OF THE COMMITTEE

The Chair of the Hospital Advisory Committee will be a member of the Board and will be appointed by the Board. The Board may also appoint a Deputy Chair to the Committee. Other members of the Hospital Advisory Committee will be appointed by the Board and may be both CDHB Board members and external members who will supplement the skills, knowledge and experience of Board members. The Board will comply with the requirements of the Act and provide for Maori representation on the Committee by appointing a representative nominated by MKW in addition to other external appointments in accordance with policy adopted by the Board in December 2012.

The Chair and Deputy Chair of the Board will be ex-officio members of the Committee (if not appointed to the Committee by the Board), and will have full speaking and voting rights at all meetings of the Committee.

- Board members who are not members of the Committee will receive copies of agendas and minutes of all meetings electronically~~upon request~~, and may attend any meetings of the Committee with speaking rights for those meetings that they attend.

- The Board will not appoint to the Hospital Advisory Committee any member who is likely to regularly advise on matters relating to transactions in which that member is specifically interested. All members of the Hospital Advisory Committee must make appropriate disclosures of interest.
- The Chair, Deputy Chair and members of the Hospital Advisory Committee will continue in office for the period specified by the Board, or until such time as:
  - the Chair, Deputy Chair or member resigns; or
  - the Chair, Deputy Chair or member ceases to be a member of the Hospital Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
  - the Chair, Deputy Chair or member is removed from office by notice in writing from the Board.
- All Hospital Advisory Committee members must comply with the provisions of Schedule 4 of the Act, relating in the main to:
  - the term of members not exceeding three years;
  - a conflict of interest statement being required prior to nomination;
  - remuneration; and
  - resignation, vacation and removal from office.

MEETINGS

The Hospital Advisory Committee will meet as determined by the Board in accordance with the Act, with the frequency/timing taking into account the times and dates of the other committee meetings and the Board meetings.

- Subject to the exceptions outlined in the Act, the date and time of the Committee meetings shall be publicly notified and be open to the public~~the public are allowed to attend~~. The agenda, any reports to be considered by the Committee, and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with CDHB's Standing Orders.
- In addition to formal meetings, Committee members may be required to attend workshops or forums for briefings and information sharing.

REPORTING FROM MANAGEMENT

Management will provide exception reporting to the Hospital Advisory Committee to allow measurement against the financial and operational performance indicators of the Hospital and Specialist Service of the CDHB.

MANAGEMENT SUPPORT

In accordance with best practice and the delineation between governance and management, key support for the Hospital Advisory Committee will be from staff designated by the Chief Executive Officer from time to time who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.

- The Hospital Advisory Committee will also be supported by clinical staff and other staff as required.
- The Board may appoint advisors to the Hospital Advisory Committee from time to time, for specific periods, to assist the work of that Committee. The Committee may also, through management, request input from advisors to assist with their work.

REMUNERATION OF COMMITTEE MEMBERS

In accordance with Cabinet Guidelines and the CDHB's Fees and Expenses Policy, members of the Hospital Advisory Committee will be remunerated for attendance at meetings at the rate of $250.00 per meeting, up to a maximum of ten meetings per annum, total payment per annum $2,500.00. The Committee Chair will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings per annum, total payment per annum of $3,125.00. Ex officio members are not remunerated. These payments may be reviewed by Ministerial direction from time to time and will be revised to comply with any Cabinet/Ministerial amendments.

- These payments are made for attendance at public meetings and do not include workshops.
- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (ie., reasonable travel-related costs) for Committee members may be paid. Members should adhere to the CDHB's travel and reimbursement policies.

Adopted by Board: 18 February 2011.

Amended by Board: 16 February 2012.
Amended by Board: 17 April 2014.
Amended by Board: 20 April 2017.
Amended by Board: [insert date]

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

FINANCE REPORT 29 FEBRUARY 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **David Green, Financial Controller, Corporate Finance**

APPROVED BY: **Justine White, Executive Director Finance & Corporate Services**

DATE: **16 April 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the financial result and related matters for the period ended 29 February 2020.

3. DISCUSSION

Overview of February 2020 Financial Result

The consolidated Canterbury DHB financial result for the month of February 2020 was a net expense of $5.264M, which was $4.199M favourable against the draft annual plan net expense of $9.463M. YTD the result is $15.034M favourable.

The net operating result for the month (ie before indirect revenue and expenses) was a favourable variance of $882k, reducing the YTD unfavourable variance to $1.183M. Noting that we have costs associated with Whakaari in excess of $1M (excluding the impacts on IDF outflows), and that we have not recorded any additional revenue at this point in relation to this event, our YTD operating result would have been breakeven.

The current draft annual plan is for a full year deficit result of $180.470M. This includes savings initiatives from our five key taskforces. The following table provides the breakdown of the February result:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(2.980)	(7.550)	4.569	(31.251)	(46.348)	15.097
Community & Public Health	0.012	0.039	(0.027)	(0.213)	(0.080)	(0.133)
Total In-House Provider excl Subsidiaries	**(2.969)**	**(7.511)**	**4.542**	**(31.464)**	**(46.428)**	**14.964**
Add: Funder & Governance						
Funder Revenue	147.582	147.639	(0.057)	1,184.673	1,177.378	7.295
External Provider Expense	(61.220)	(60.827)	(0.393)	(524.519)	(517.178)	(7.342)
Internal Provider Expense	(89.043)	(88.774)	(0.269)	(710.538)	(710.199)	(0.339)
Total Funder	**(2.681)**	**(1.962)**	**(0.719)**	**(50.384)**	**(49.999)**	**(0.386)**
Governance & Funder Admin	0.310	0.000	0.310	(0.025)	0.000	(0.025)
Total Canterbury DHB (Parent)	**(5.340)**	**(9.473)**	**4.133**	**(81.873)**	**(96.427)**	**14.553**
Add: Subsidiaries						
Brackenridge Services Ltd	0.023	(0.004)	0.028	0.232	0.069	0.163
Canterbury Linen Services Ltd	0.053	0.014	0.039	0.248	(0.070)	0.318
Canterbury DHB Group Surplus / (Deficit)	**(5.264)**	**(9.463)**	**4.199**	**(81.393)**	**(96.428)**	**15.034**

The YTD result to February is favourable mainly due to a lower capital charge (relating to EQ insurance drawdowns excluded from CDHB's calculation of the payment due), as well as the June 2019 Holidays Act accrual and depreciation (due to the delay with the Hagley transfer).

Although the favourable depreciation variance is a non-operational expense, the anticipated delays in Hagley result in additional operational expense that offset this variance (e.g. outsourced elective surgery).

4. KEY FINANCIAL RISKS

The liquidity issue that was forecast for early October was alleviated through an early PBFF funding payment, but issues with future months remain. We continue to actively manage and mitigate the issue; however, without an agreed and sustainable pathway, this issue will continue to deteriorate.

With the $60M + GST advance on our June 2020 PBFF funding received in November, the current forecasted inability to clear our financial obligations as they fall due moves to late May 2020. This cashflow forecast includes the estimated increased costs related to the Hagley delay, but does not include any cashflow/expenditure impacts of COVID-19.

The MoH has indicated that $130M will be made available as equity support this financial year. We are waiting for formal confirmation of this.

Note that an increase in equity prior to 30 June 2020 (compared to an increase in funding or advance funding), will result in additional capital charge expense over that currently forecast for the 2020/21 financial year.

COVID-19 – the impact of this remains uncertain at this point. There will be additional costs of both capital and operational spend, and some of this will depend on the extent of the infection rate and the success of attempts to moderate the transmission rate of the virus. Operational spend increases will be in both community providers and our own inhouse provider. Other areas will be increased payroll costs for additional duties etc, as

well as cancelled leave and/or special leave incurred in relation to staff unable to work. There will be a reduction in revenue – both ACC and non-eligible patients – with reduction in the variable cost components of providing care to these groups of patients. All impact modelling, including fiscal, will largely be based on assumptions which are underpinned by transmission rate scenario modelling, and although may give some guidance on potential impacts, the evolving nature of this as a worldwide pandemic will impact on the certainty levels of any forecasts.

Ongoing industrial action, which has had a considerable impact year to date on our financial performance, has at this stage reduced as a result of Covid-19. It is unclear whether this disruption will return to past levels once we are past Covid-19 impacts. If this returns to pre pandemic levels, we will need to manage our volume delivery throughout any strikes; this is anticipated to worsen due to a number of MECAs scheduled for renegotiation in the coming six to twelve months.

Certain new MoH initiatives have cost implications for CDHB (eg, the national bowel screening programme, as noted in previous months).

The new Hagley facility becoming operational in 2020 will add stress points to the operating result of CDHB; this includes the continued delays and uncertainty in its scheduled handover which has both performance and financial downsides.

Continued catch ups on approximately 20,000 lost outpatient clinics and operations that were disrupted as a result of the Outpatients flooding incident, as well as ongoing impacts of the terrorist attack earlier in the year, are adding to the overall impact in terms of costs.

At this point no funding has been made available to cover the costs of the Whakaari incident incurred to date. The Whakaari incident has also impacted on the delivery of electives and IDF volumes.

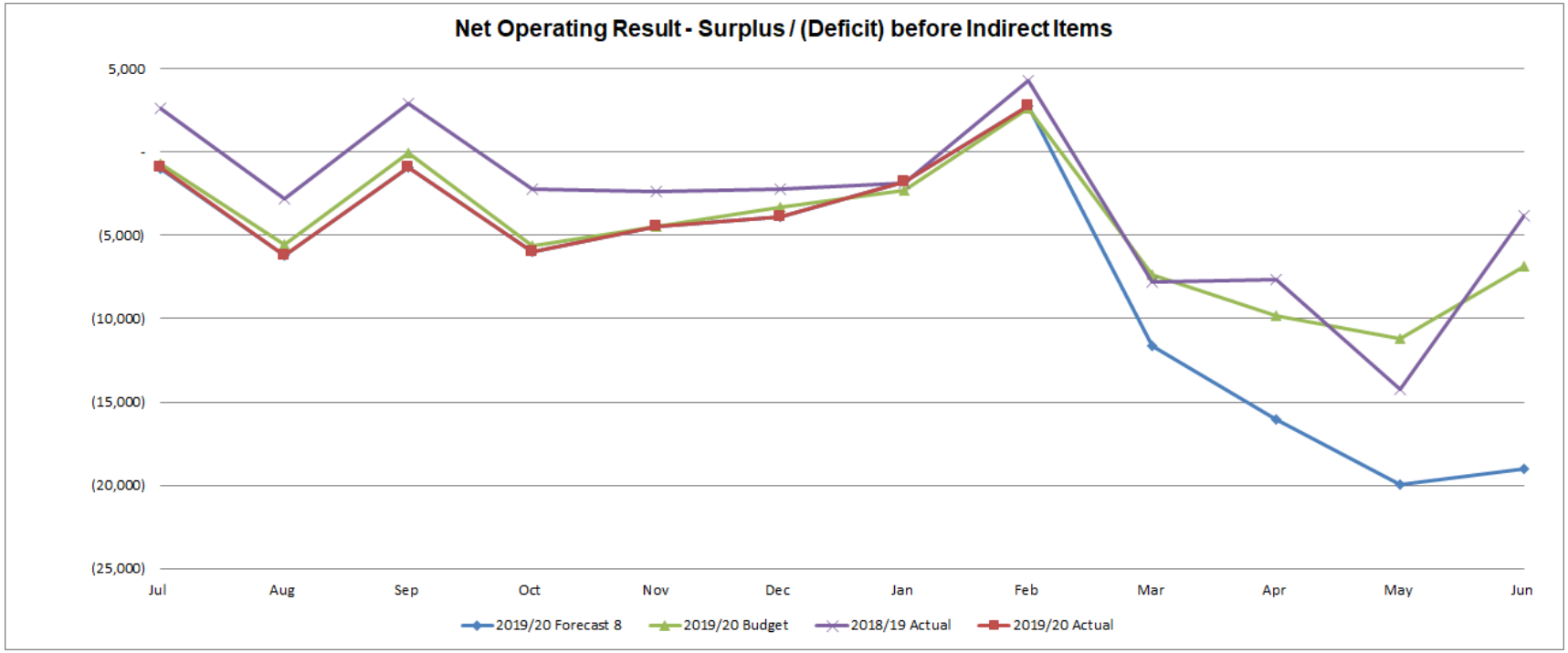
5. APPENDICES

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

APPENDIX 1: FINANCIAL RESULT (BEFORE INDIRECT ITEMS)

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 29 FEBRUARY 2020

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
Surplus/(Deficit) before Indirect items	2,754	1,872	882	47% ✓	(21,331)	(20,148)	(1,183)	6% ✗	(100,335)	(88,166)	(58,337)	(29,828)	51% ✗



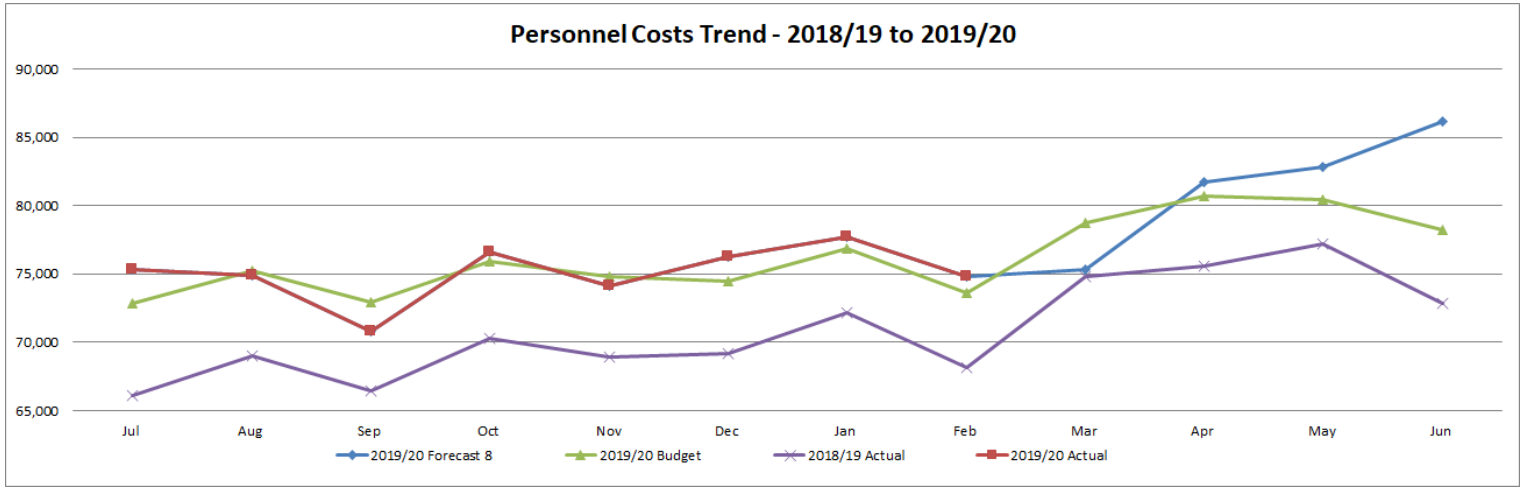
NB: The June 2019 result in the above graph excludes the one off Holiday Act compliance accrual for comparison purposes.

KEY RISKS AND ISSUES

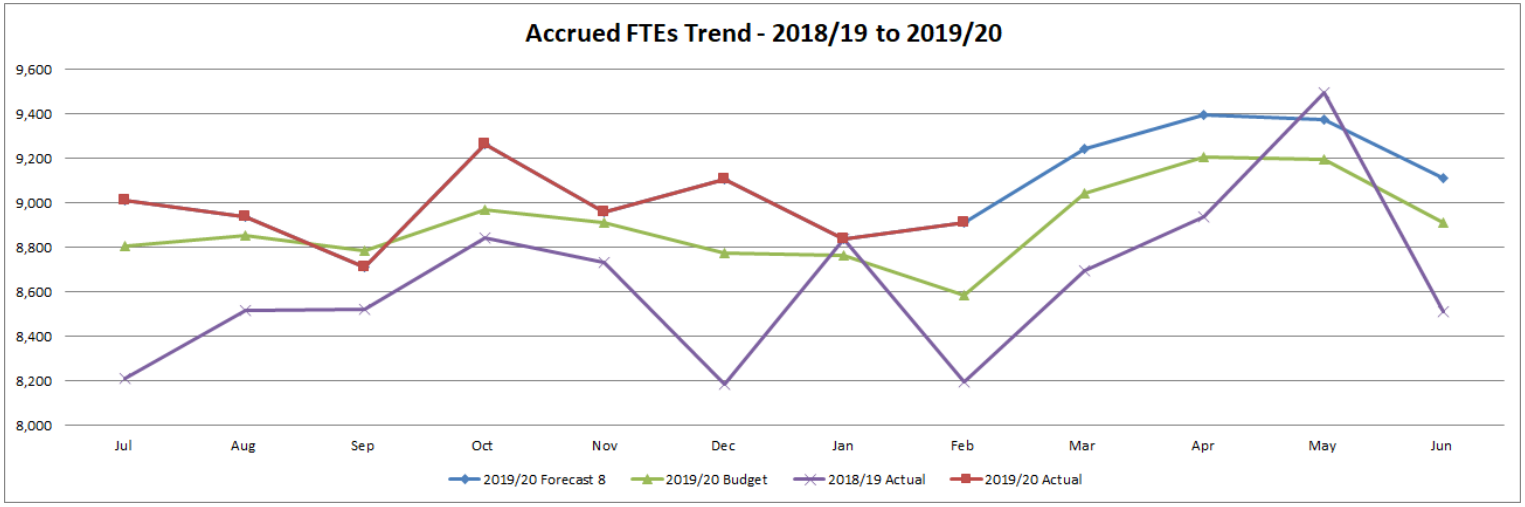
- This graph shows the operating result before indirect items such as depreciation, interest, donations, capital charge and the offsetting capital charge funding. Although we have a YTD favourable variance of $15.034M on the bottom line, our operating result has an unfavourable YTD variance of $1.183M.
- The tragic Whakaari incident has resulted in additional costs in excess of $1M attributable to this event, but this excludes electives, IDF and other ongoing impacts. We have not accrued any additional revenue for this incident – which means that our YTD operating result would be breakeven if these costs were not incurred.
- Additional costs relating to delays in the Hagley facility are also adversely contributing to our operational result.

- Our revised forecast has factored in additional costs relating to the delays in the Hagley facility as reported last month, but they do not include any impact of COVID-19. We have reviewed our year end forecast and have improved the operating result by $4.8M.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



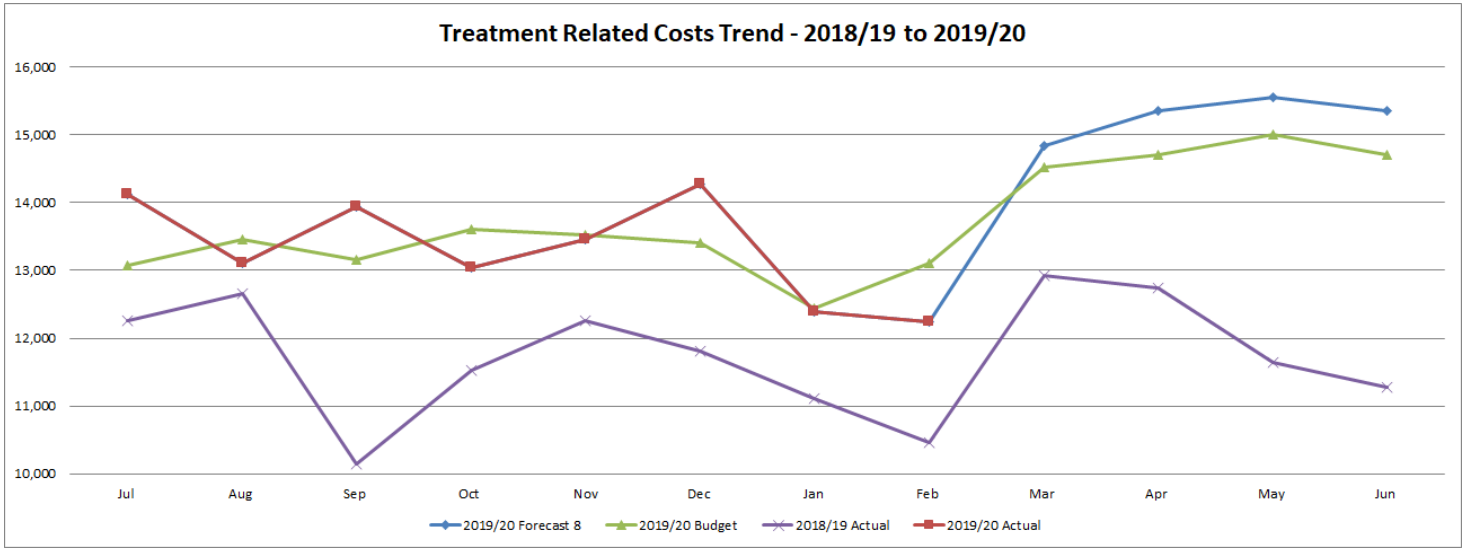
NB: June 2019 actual payroll costs in the Personnel Costs Trend graph exclude the one off Holiday Act compliance accrual of $65.260M for comparison purposes. December results reflect the first month of in-sourced cleaning services, a larger reduction in Non Treatment Related Costs has also been experienced

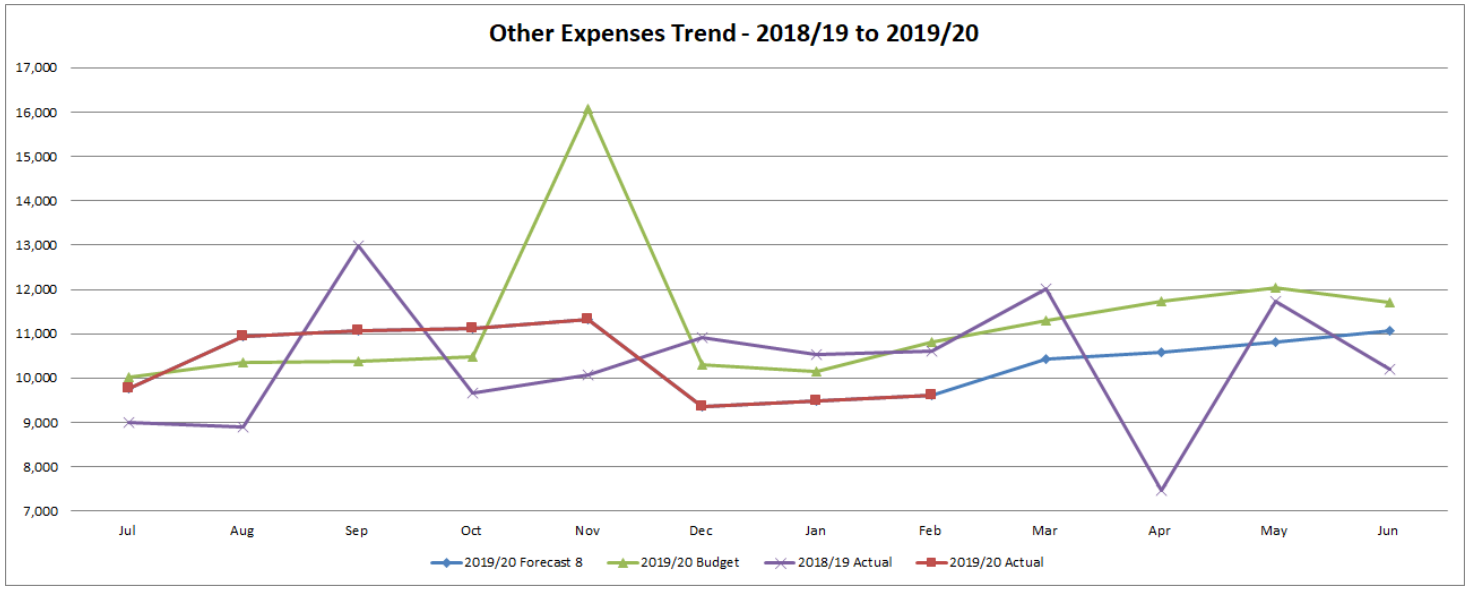


KEY RISKS AND ISSUES

- There has been a focus across the whole DHB on staff taking leave to ensure personnel costs remain on budget. Leave management initiatives will be severely disrupted with the COVID-19 issue. Senior Doctor CME leave has seen significant cancellations from the last week of February.
- We have transitioned cleaning services to an in-house model from 1 December; the payroll cost increase is estimated at $5M for the 7 months remaining to June 2020; this is offset by an estimated $6M reduction over the same period in cleaning costs reported in Other Expenses. Cleaning staff accounted for $0.6M of the unfavourable variance for February, and $1.9M of the YTD variance, this will continue for the remainder of the year.

TREATMENT & OTHER EXPENSES RELATED COSTS



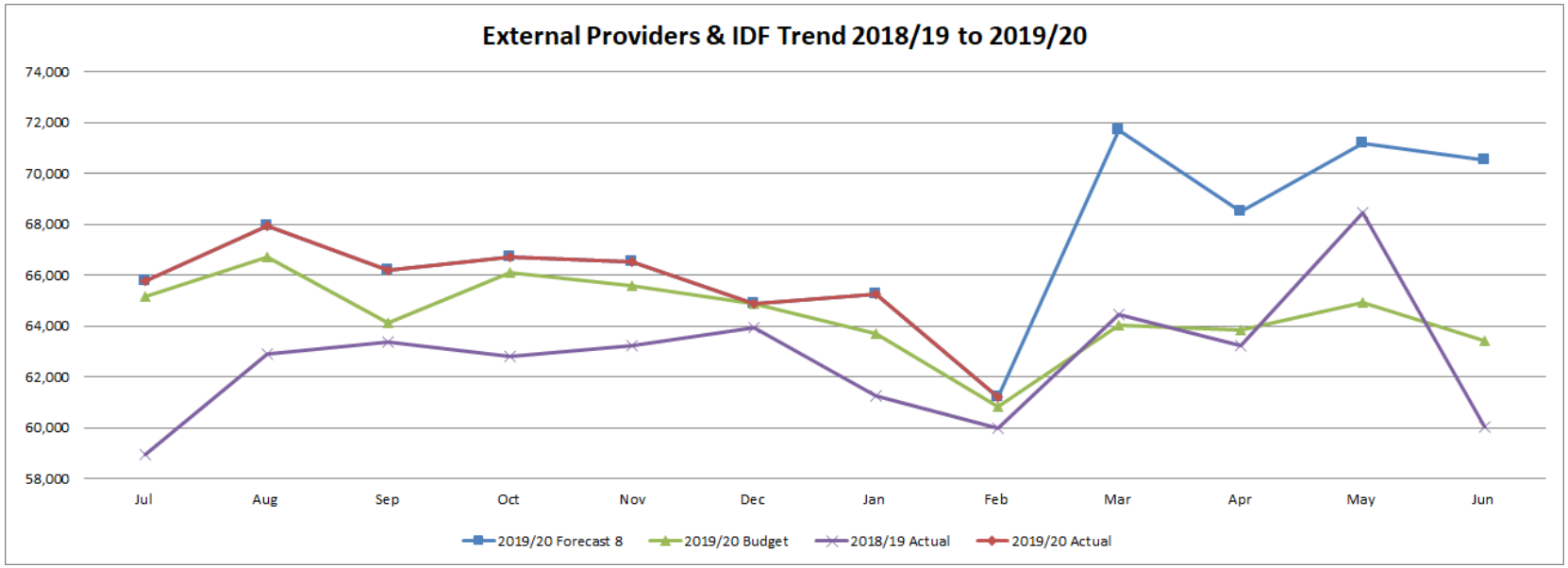


KEY RISKS AND ISSUES

- Growth in pharmaceutical spend YTD is higher than planned but is being masked by an adjustment to PCT recovery costs where the budget sits in the Provider but the costs are being incurred in External Providers (this has been corrected in the year end forecast above). Hospital pharmacy costs continue to increase, specifically immunosuppressants and cancer drugs.
- Treatment related costs are influenced by activity volume, as well as complexity of patients.
- Note that the November budget for Other Expenses included $5M for the opex portion of the Tunnel handover (which will be offset by an equal earthquake programme of works drawdown). The forecast has been amended to reflect the delay in the Hagley handover to the 2020/21 financial year. YTD expenditure is $7.0M favourable due to earthquake expenditure – this is matched with an unfavourable variance in Operating Revenue.
- We have transitioned cleaning services to an in-house model from 1 December. The reduction in Other Expenses is $0.8M for February, and $2.3M YTD, offset by increased payroll costs.
- Security costs in our Specialised Mental Health division continue to be higher than planned. Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital (TPMH) campus, including security, basic maintenance etc. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site. Although we have Ministerial approval to progress a shift of services to Hillmorton, TPMH is still unlikely to be fully vacated until the 2022/23 financial year.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000		
External Provider Costs	61,220	60,827	(393)	-1%	✗	524,519	517,178	(7,342)	-1%	✗	752,784	806,159	773,439	(32,721)	-4%	✗



KEY RISKS AND ISSUES

- External provider expenditure continues to be in line with budget for the month. Even though PCT expenditure continues to run above plan, this has been offset by a successful reduction in aged residential care (ARC) activity and constraint on elective outsourcing. Although we are unfavourable on certain expenditure lines, much of this is directly related to additional revenue received such as Non-Devolved Capitated, Mana Ake, Pay Equity, Response to Extraordinary Event, and for the Combined Pharmaceutical Budget (CPB).
- Community pharmaceutical costs have been increasing in recent months, in line with the increase in the CPB. PCT continues to be impacted by the addition of the high cost non-PCT medicines which relate to conditions with a high prevalence in South Island populations.
- Note that part of the year end forecast variance relates to PCT drugs where the budget was in the Provider arm, but expenditure was being recognised in External Providers.
- Additional outsourcing will be required due to the Hagley handover delay, as well as to meet electives targets. The use of additional clinics at penal rates, outplacing, and/or outsourcing may be used to reduce this impact. However, COVID-19 will disrupt these plans.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000	
Equity	521,978	1,207,904	685,925	57% ✓

	YTD Actual $'000	YTD Budget $'000	Variance $'000		2018/19 Actual $'000	Yr End Forecast $'000	Yr End Budget $'000	Yr End Forecast to Budget Variance $'000	
Cash	(40,591)	15,102	(55,693)	-369% ✗	(31,576)	(175,459)	(62,397)	(113,062)	181.2% ✗

Note that the above cash forecast assumes no equity support is received

KEY RISKS AND ISSUES

- The equity variance to budget is due to the Holidays Act compliance provision made in June 2019 that impacted retained earnings.
- We are experiencing higher cash outflows than predicted, partly due to higher capital spend on Hagley FF&E (reimbursed by the MoH, but there is a timing delay to this reimbursement), as well as on the Mental Health facilities redevelopment (we are working with the MoH to obtain equity drawdowns quarterly in advance to avoid timing issues with reimbursement).
- The MoH advanced $60M + GST of bulk funding from the 4 June 2020 payment to 29 November 2019. This has alleviated the problem in the short term but will need a permanent solution over the next few months.
- We have factored in additional cash required for anticipated costs relating to the Hagley handover delay, but the impact of COVID-19 has not been factored in.
- If future equity support is less than the expected amount or not received on a timely basis, cash flows will be impacted, and the ability to service payments as and when they fall due will become an issue.
- The liquidity issue that was forecast for early October was alleviated through an early PBFF funding payment, but issues with future months remain. We continue to actively manage and mitigate the issue; however without an agreed and sustainable pathway, this issue will continue to deteriorate.

APPENDIX 2: CANTERBURY DHB GROUP STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSE

The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Services Ltd
For the eight months ended 29 February 2020

Month					Year to Date					Annual (Year End)				
19/20 Actual 000's	19/20 Budget 000's	18/19 Actual 000's	Variance to Budget 000's		19/20 Actual 000's	19/20 Budget 000's	18/19 Actual 000's	Variance to Budget 000's		19/20 Forecast 000's	19/20 Budget 000's	18/19 Actual 000's	Variance to Budget 000's	
152,922	152,445	145,533	477	✓	MoH Revenue	1,228,996	1,219,929	1,157,873	9,067	✓	1,842,694	1,829,389	1,740,486	13,305	✓
4,455	4,034	4,121	421	✓	Patient Related Revenue	34,961	32,623	31,442	2,338	✓	52,193	49,121	49,201	3,072	✓
3,275	3,813	4,015	(538)	✗	Other Revenue	28,839	35,668	26,624	(6,828)	✗	43,193	51,708	39,747	(8,515)	✗
160,652	**160,292**	**153,669**	**360**		**Total Operating Revenue**	**1,292,796**	**1,288,220**	**1,215,939**	**4,577**		**1,938,080**	**1,930,218**	**1,829,434**	**7,863**	
74,823	73,657	68,130	(1,166)	✗	Personnel Costs	600,566	596,789	550,212	(3,777)	✗	926,653	915,003	915,946	(11,650)	✗
12,242	13,114	10,461	872	✓	Treatment Related Costs	106,574	105,801	92,206	(773)	✗	167,686	164,745	140,795	(2,942)	✗
61,220	60,827	60,037	(393)	✗	External Service Providers	524,519	517,178	496,909	(7,342)	✗	806,159	773,439	752,784	(32,721)	✗
9,613	10,822	10,542	1,209	✓	Other Expenses	82,468	88,599	78,254	6,132	✓	125,747	135,369	120,244	9,621	✓
157,898	**158,420**	**149,170**	**522**	✓	**Total Operating Expenditure**	**1,314,127**	**1,308,367**	**1,217,580**	**(5,760)**	✗	**2,026,246**	**1,988,555**	**1,929,769**	**(37,691)**	✗
2,754	**1,872**	**4,498**	**882**	✓	**Total Surplus / (Deficit) Before Indirect Items**	**(21,331)**	**(20,148)**	**(1,641)**	**(1,183)**	✗	**(88,166)**	**(58,337)**	**(100,335)**	**(29,828)**	✗
98	83	59	15	✓	Interest Revenue	490	573	661	(83)	✗	720	939	627	(219)	✗
685	685	-	-	✓	MoH Revaluation Cap Charge funding	5,480	5,480	-	-	✓	8,220	8,220	-	-	
-	748	-	(748)	✗	MoH Debt Equity Swap funding	-	748	-	(748)	✗	-	3,740	-	(3,740)	
80	224	-	(144)	✗	Donations	2,219	1,789	3,360	430	✓	3,016	2,586	4,067	430	✓
-	1	114	(1)	✗	Profit on Sale of Assets	14	5	129	9	✓	17	8	133	9	✓
863	**1,741**	**174**	**(878)**	✗	**Total Indirect Revenue**	**8,203**	**8,595**	**4,150**	**(392)**	✗	**11,973**	**15,492**	**4,827**	**(3,519)**	✗
1,966	5,691	2,079	3,725	✓	Capital Charge	17,746	31,098	16,636	13,352	✓	25,611	53,864	24,241	28,253	✓
6,881	7,335	4,864	454	✓	Depreciation	50,134	53,377	35,559	3,243	✓	78,166	83,161	54,407	4,995	✓
34	50	59	16	✓	Interest Expense	332	400	228	68	✓	425	600	552	175	✓
-	-	-	-	✓	Loss on Sale of Assets	53	-	4	(53)	✗	53	-	23	(53)	✗
8,881	**13,076**	**7,003**	**4,195**	✓	**Total Indirect Expenses**	**68,265**	**84,875**	**52,427**	**16,610**	✓	**104,255**	**137,625**	**79,223**	**33,370**	✓
(5,264)	**(9,463)**	**(2,331)**	**4,199**	✓	**Total Surplus / (Deficit)**	**(81,393)**	**(96,428)**	**(49,919)**	**15,034**	✓	**(180,448)**	**(180,470)**	**(174,731)**	**22**	✓

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 29 February 2020

Audited 30-Jun-19 $'000		Group Actual 29-Feb-20 $'000	Group Budget 29-Feb-20 $'000	Annual Group Budget 30-Jun-20 $'000
496,272	Opening Equity	597,378	662,639	662,639
141,600	Net Equity Injections / (Repayments) During Year	5,994	641,693	650,781
137,345	Reserve Movement for Year	(3,068)	-	-
(177,839)	Operating Results for the Period	(78,325)	(96,428)	(180,470)
597,378	**TOTAL EQUITY**	521,978	1,207,904	1,132,950
	Represented By:			
	Current Assets			
4,999	Cash & Cash Equivalents	2,237	15,102	627
750	Short Term Investments	750	750	750
91,010	Trade and Other Receivables	91,745	91,010	91,010
5,838	Prepayments	11,812	5,838	5,838
13,209	Inventories	13,619	13,209	13,209
14,510	Restricted Assets	14,411	14,685	14,685
130,315	**Total Current Assets**	134,574	140,594	126,119
	Less Current Liabilities			
36,575	Overdraft	42,828	-	63,024
123,935	Trade and Other Payables	123,634	122,026	123,936
14,760	Restricted Funds	14,607	14,760	14,760
245,602	Employee Benefits	240,629	180,342	180,342
420,872	**Total Current Liabilities**	499,402	330,420	382,062
(290,557)	**Working Capital**	(364,828)	(189,826)	(255,943)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment in NZHPL	3,225	3,225	3,225
890,595	Fixed Assets	889,770	1,400,391	1,391,554
893,837	**Term Assets**	893,011	1,403,632	1,394,795
	Non Current Liablilties			
5,902	Employee Benefits	6,205	5,902	5,902
5,902	**Term Liabilities**	6,205	5,902	5,902
597,378	**NET ASSETS**	521,978	1,207,904	1,132,950

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

APPENDIX 4: CASHFLOW

Audited 30-Jun-19 $'000		Actual 29-Feb-20 $'000	YTD Budget 29-Feb-20 $'000	Budget 30-Jun-20 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(52,680)	**Net Cash from Operating Activities**	32,249	(31,666)	(97,305)
	CASHFLOW FROM INVESTING ACTIVITIES			
(43,992)	**Net Cash from Investing Activities**	(47,257)	(49,964)	(70,913)
	CASHFLOW FROM FINANCING ACTIVITIES			
80,794	**Net Cash from Financing Activities**	5,994	128,483	137,572
(15,878)	Overall Increase/(Decrease) in Cash Held	(9,014)	46,853	(30,646)
(15,698)	Add Opening Cash Balance	(31,576)	(31,751)	(31,751)
(31,576)	**Closing Cash Balance**	(40,591)	15,102	(62,397)

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Justine White, Executive Director, Finance & Corporate Support**

DATE: **16 April 2020**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 19 March 2020	For the reasons set out in the previous Board agenda.	
2.	Chief Executive - Emerging Issues (Oral 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)
3.	Predictive Dynamic Demand Modelling – Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Christchurch Hospital Campus Master Plan – Tower 3 and Compliance Costs	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Parkside South-East External Concrete Wall Panels	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Canterbury Health Laboratories High Volume Automated Laboratory	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	2020/21 Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	New High Care Area for SMHS AT&R – Scope Change	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	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)
10.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
11.	Advice to Board: • QFARC Draft Minutes *31 March 2020*	For the reasons set out in the previous Committee agendas.	

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

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.