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, 16 December 2021 commencing at 9.30am

	Karakia		9.30am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 18 November 2021		
3.	Carried Forward / Action List Items		
Overview			
4.	Chair's Update (Oral)	Sir John Hansen *Chair*	9.35-9.40am
5.	Chief Executive's Update	Tracey Maisey *Acting Chief Executive*	9.40-10.15am
Reports for Decision			
6.	Submission – Pae Ora (Healthy Futures) Bill	Tanya McCall *Interim Executive Director, Community & Public Health*	10.15-10.25am
Reports for Noting			
7.	Finance Report	David Green *Executive Director, Finance & Corporate Services*	10.25-10.35am
8.	Resolution to Exclude the Public		10.35am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.35am**

NEXT MEETING
Thursday, 17 February 2022 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
Fiona Pimm
Ingrid Taylor

Executive Support

Dr Peter Bramley – *Chief Executive*
James Allison – *Chief Digital Officer*
Norma Campbell – *Executive Director Midwifery & Maternity Services*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Executive Director of Nursing*
Mary Johnston – *Chief People Officer*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Tracey Maisey – *Executive Director, Planning, Funding & Decision Support*
Hector Matthews – *Executive Director Maori & Pacific Health*
Tanya McCall – *Interim Executive Director, Community & Public Health*
Dr Rob Ojala – *Executive Lead of Facilities*
Dr Helen Skinner – *Chief Medical Officer*
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	07/07/21 EM	15/07/21	19/08/21 Z	16/09/21 Z	21/10/21 Z	18/11/21 Z	16/12/21
Sir John Hansen (Chair)	√	√	√	√	√	√	√	√ (Zoom)	√ (Zoom)	√ (Zoom)	√ (Zoom)	
Gabrielle Huria (Deputy Chair)	#	√	√	√	√	√ (Zoom)	^	√ (Zoom)	√ (Zoom)	√ (Zoom)	√ (Zoom)	
Barry Bragg	√	√	√	√	√	^ (Zoom)	√	√ (Zoom)	√ (Zoom)	^ (Zoom)	√ (Zoom)	
Catherine Chu	√ (Zoom)	^ (Zoom)	#	^ (Zoom)	^ (Zoom)	√ (Zoom)	√ (Zoom)	√ (Zoom)	√ (Zoom)	√ (Zoom)	^ (Zoom)	
Andrew Dickerson	#	√	#	√ (Zoom)	#	#	√ (Zoom)	√ (Zoom)	√ (Zoom)	^ (Zoom)	^ (Zoom)	
James Gough	√ (Zoom)	√ (Zoom)	√	√	√	√ (Zoom)	#	√ (Zoom)	√ (Zoom)	√ (Zoom)	√ (Zoom)	
Jo Kane	^	√	√ (Zoom)	√	√ (Zoom)	√ (Zoom)	#	√ (Zoom)	√ (Zoom)	√ (Zoom)	^ (Zoom)	
Aaron Keown	√	√	√	√	√ (Zoom)	√ (Zoom)	√	√ (Zoom)	√ (Zoom)	√ (Zoom)	√ (Zoom)	
Naomi Marshall	√ (Zoom)	√	√	√	√	√ (Zoom)	√	√ (Zoom)	√ (Zoom)	√ (Zoom)	√ (Zoom)	
Fiona Pimm			* (16/04/21)	√	√	√ (Zoom)	√	√ (Zoom)	√ (Zoom)	^ (Zoom)	√ (Zoom)	
Ingrid Taylor	√ (Zoom)	√	√	√	√	√ (Zoom)	^	√ (Zoom)	√ (Zoom)	#	√ (Zoom)	

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

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. **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**	**Pegasus Health Limited** – Sister and Daughter are Directors Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company. **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. **Upoko Rawiri Te Maire Tau of Ngai Tuahuriri** - Husband
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. **CMUA Project Delivery Limited** - Chair 100% owned by the Christchurch City Council and is responsible for the delivery of the Canterbury Multi-Use Arena project within agreed parameters.

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

	Maia Health Foundation - Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital. **NZ Association of Gerontology** - Member Professional association that promotes the interests of older people and an understanding of ageing.
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. **Medical Kiwi Limited** – Independent Director Research and distribution company of medicinal cannabis and other health related products. **The Antony Gough Trust** – Trustee Trust for Antony Thomas Gough **The Russley Village Limited** – Shareholder Retirement Village. Via the Antony Gough Trust **The Terrace Car Park Limited** – (Alternate) Director Property company – manages The Terrace car park **The Terrace Christchurch Limited** – Director Property company – manages The Terrace **The Terrace On Avon Limited** – (Alternate) Director Property company – manages The Terrace on Avon
Jo Kane	**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	**College of Nurses Aotearoa NZ** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Fiona Pimm	**Careerforce Industry Training Organisation** – Chair Provides training to kaiawhina workforce in health and disability sector, social services sector and building contractors sector (cleaners). **Fiona Pimm Whānau Trustee Company Limited** – Director Private family trust. **Interim Māori Health Authority** – Board Member **Kia Tika Limited** – Director & Employee **NZ Blood and Organ Donation Services** – Board Member Statutory organisation responsible for national supply of all blood products and management of organ donation services. **NZ Parole Board** – Board Member Statutory organisation responsible for determining prisoners' readiness for release on Parole. **Restorative Elective Surgical Services** – Chair Joint venture project piloting ACC funded Escalated Care Pathways with a collective of clinicians and private hospitals. **Te Runanga o Arowhenua Incorporated Society** – Chair Governance entity for Arowhenua affiliated whānau. **Te Runanga o Ngāi Tahu** – Director Governance entity of Ngāi Tahu iwi. **Whai Rawa Fund Limited** – Chair Ngāi Tahu investment and savings scheme for tribal members.

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 via zoom
on Thursday, 18 November 2021 commencing at 9.30am

BOARD MEMBERS
Sir John Hansen (Chair); Barry Bragg; Catherine Chu; James Gough: Gabrielle Huria; Jo Kane; Aaron Keown; Naomi Marshall; Fiona Pimm; and Ingrid Taylor.

CROWN MONITOR
Dr Lester Levy

CLINICAL ADVISOR
Dr Andrew Brant

APOLOGIES
An apology for absence was received from Andrew Dickerson due to a major power outage.
Apologies for short absences were received from: Catherine Chu (between 10.30am & 11.20am); Lester Levy (between 11am & 12.35pm); and Andrew Brant (between 10am & 10.25am).
An apology for early departure was received from Jo Kane (11.35am).

EXECUTIVE SUPPORT
Dr Peter Bramley (Chief Executive); James Allison (Chief Digital Officer); Norma Campbell (Executive Director, Midwifery & Maternity Services); David Green (Acting Executive Director, Finance & Corporate Services); Becky Hickmott (Executive Director of Nursing); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Tanya McCall (Interim Executive Director, Community & Public Health); Tracey Maisey (Executive Director, Planning Funding & Decision Support); Hector Matthews (Executive Director Maori & Pacific Health); Dr Rob Ojala, Executive Director, Infrastructure); Dr Helen Skinner (Chief Medical Officer)Karalyn van Deursen (Executive Director, Communications); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support – Minute Taker).

APOLOGIES
An apology for absence was received from Mary Johnston.
Apologies for intermittent absences during the meeting were accepted for members of the Executive Management Team who were dealing with issues around COVID.

IN ATTENDANCE
Hon Amy Adams, Board Member, Health New Zealand.

Gabrielle Huria opened the meeting with a Karakia.

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
Sir John asked if there were any declarations of interest apart from Ngai Tahu and Car Parking in respect of Barry Bragg and Gabrielle Huria and Christchurch City Council in respect of Catherine Chu, James Gough and Aaron Keown.
Aaron Keown advised that Naomi Marshall, Deputy Chair, would report on the Public Excluded

part of the CPH&DSAC meeting due to his conflict around holding a Liquor License and Bar Manager's License.

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

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Resolution (40/21)
(Moved: Barry Bragg/seconded: Aaron Keown – carried)

"That the minutes of the meeting of the Canterbury District Health Board held on 21 October 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

It was noted that the carried forward/action item was included on today's agenda.

4. CHAIR'S UPDATE

Sir John Hansen, Chair, welcomed Hon Amy Adams to the meeting and commented that he had invited her to the CDHB meetings as part of ensuring a smooth transition to Health New Zealand. He commented that if we thought we had a large task doing our best for the Canterbury community we should spare a thought for the Board of Health New Zealand and Amy who have to do this, along with the Maori Health Authority Board for the whole of New Zealand.

In regard to the Government's Mandatory Vaccination Health Order requiring all health workers to be double vaccinated, Sir John commented that its purpose is obvious and sadly some of our staff have chosen not to be vaccinated. He added that in his weekly update the Chief Executive thanked these people for their service and on behalf of the Board I would also like to thank those people for the contribution they made during their time working for the DHB and also their contribution to the public of Canterbury.

Sir John advised that unfortunately we now have a community case of COVID and our Community & Pubic Health officials have acted swiftly and well however this does highlight the need for us to continue to vigilant and we must work hard with our Maori & Pacific providers to ensure we achieve equity. He commented that he had thanked the vaccination and testing staff previously for their sterling work but today he would like to particularly acknowledge the work of our Maori & Pacifica providers for the outstanding work that they are doing along with community efforts which are helping us reach the equity targets.

Sir John advised that there was one other matter he would like to advise the Board of. Late yesterday he received a letter from the Minister of Health and Minister of Finance approving the Canterbury DHB Annual Plan for 2021/22. He commented that he believed that this approval is a signal from the Ministers that this organisation is moving in the right direction. He paid particular tribute publicly in the approval of the plan to the Chief Executive and Management and everyone within the organisation who have undertaken this difficult task. He added that it is very important for the CDHB to have this approval and he believes that this signals a "turnaround" in the financial sphere. He also paid particular tribute to Dan Coward and the Accelerating our Future team. He also thanked the Crown Monitor who has been a very significant support for him as Chair and also for the Chief Executive.

The Chair's update was noted.

5. CHIEF EXECUTIVE'S UPDATE

Dr Peter Bramley, Chief Executive, took his report as read and highlighted as follows

- He is please to confirm last week that Norma Campbell has been appointed as Executive Director - Midwifery and Maternity Services and will join Becky, Helen & Jacqui as part of the office of the Clinical Executive.

- He highlighted the 3 priorities going forward:
  - Supporting our community around COVID response and all of its elements and responding to COVID in a way that we can continue to deliver the appropriate care that our community needs and all of the other spheres of health spheres that a Health System provides. He added that one of the successes of these next months is not only providing safe care as COVID arrives into our community it is also about keeping care going around these other elements.

  - Over the next month ensuring we are prepared and supported in the transition to Health New Zealand;

  - Delivering/moving us to financial sustainability and finding savings that allow us to invest in the right places.

- He briefed the Board regarding a positive COVID case in the community where a woman returned from Auckland. She lives with a family of 6 and we are supporting them in their health and welfare. He added that the person concerned did all of the right things and continued to isolate noting that there is a vulnerability for the family and that Community & Public Health are ensuring all appropriate actions are being taken.

- Preparedness – he advised that the hospital is in pretty good shape:
  - The facilities team have handed over the refitted Parkside area which will be a dedicated COVID ward;
  - We are resourcing up ICU beds;
  - All of the modelling says that our hospital system should be able to cope especially if COVID spreads in a relatively controlled way in our community;
  - The main focus at the moment is to ensure we are working with our community providers to ensure we are setting up processes so that people can self-isolate in their homes and we will partner with other agencies to ensure we have capacity and appropriate care.

- We have delivered over 827,000 vaccinations – 94% first doses and 82% fully vaccinated. Maori are still a concern with 82% first doses and 64% fully dosed. He added that the next 3 weeks are critical to get ourselves to 90% and we should have 90% overall by the first week in December.

- We have had to enact the health order and the numbers, thankfully, have come down significantly but nevertheless we are feeling the loss of a number of our staff. We have seen to date 80 terminations, with 79 stood down while we work through a process with them and we hope that some of them will still choose to get vaccinated. We have another 40 odd who are seeking a medical exemption, however this criteria is very tight.

- The regulation around water has now moved from the public health team to the new agency Taumata Arowai. Obviously our Pubic Health team will continue to interface with that agency.

- The End of Life care Act came into force on 7 November so that option is now available to people. This process is very much being led by the Ministry of Health.

- The passing of the Bill around fluoridation will have an impact with the decision making moving to the Director General of Health around the fluoridation of water supplies.

- The signing of a Partnership Agreement between the Runanga of Ngai Tahu with CDHB really establishing that Partnership relationship where moving forward we will actively co-design and prioritise health services.

Discussion took place regarding the current positive COVID case in Christchurch and also the processes around exemptions.

The Chief Executive's update was noted.

6. DELEGATIONS REVIEW

David Green, Executive Director, Finance & Corporate Services presented this papers which was recommended to the Board for approval by the Quality, Finance, Audit & Risk Committee.

Mr Green advised that the delegations were reviewed last year with some benchmarking against some other DHBS and as a result of this the Chief Executive's delegation for Capital Expenditure was reduced from $1m to $500k. We have had another review and we are requesting a change to the delegation from Trust Funds which has been at $50k for many years, to increase this to $100k.

Barry Bragg commented that the reduction of the Capital Expenditure delegation has given the Board really good visibility and it is worthwhile to continue at that level.

Resolution (41/21)
(Moved: Barry Bragg/seconded: Fiona Pimm – carried)

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

i. approves the existing delegation for the Chief Executive for capital expenditure approval that was reduced from $1M to $500K to remain in place;
ii. approves the change in delegation for the Chief Executive to approve capital expenditure from Trust funds to be increased from $50K to $100K;
iii. notes that delegations below the Chief Executive are also currently under review and changes being implemented as part of the Accelerating Our Future programme; and
iv. approves the revised Instrument of Delegation to the Chief Executive (Appendix 1).

7. FINANCE REPORT

David Green, Acting Executive Director, Finance & Corporate Services, presented the Finance Report for the month of September 2021. Mr Green advised that tables and graphs include both COVID and Holidays Act and noting that the Ministry had requested us not to budget for vaccination revenues and costs so this explains a large part of the variances in the income statement.

Largely our result year to date, excluding COVID is about $1.6m unfavourable largely as a result of our hospital chattels being greater than our funding received and also the RSV costs incurred earlier in the year.

Dr Lester Levy commented that with the Annual Plan being approved it is timely for David to remind Board members that this is not just a symbolic thing but there are financial implications around not having a plan approved. Mr Green commented that yes this is much more than symbolic with one of the major points being that our ability to draw down an overdraft facility, which is managed by NZNPL, is linked to our latest signed Annual Plan and not having a signed plan for the last 3 years this has limited the amount we have available.

A query was made regarding the Chatham Islands funding and it was noted whilst the Ministry are saying there is no more available for this that is not our viewpoint and there is still some discussion taking place around this. Tracey Maisey advised that the Ministry has been very clear that they are not prepared to fund us any additional amount for the Chatham Islands as this is included in the rural adjustor. She added that we have looked at this and an amendment was made back in 2015/16 however since then it has been more difficult to trace the funding year to year with the combination of demographic increase, technical changes and the way the funding envelope is compiled. It was noted that there is still some work being undertaken in this area.

In regard to equity Mr Green advised that he is not expecting to have to draw down anything for some months however there are some dynamics floating around with some MECA settlements. In regard to the Annual Audit he advised that this is still progressing and at this point in time the auditors have largely completed their work and he is not aware of any issues however they are still awaiting some performance data from the Ministry and there will be no sign off prior to the end of November. He will provide an update to QFARC at their next meeting.

A request was made to have the personnel costs without the COVID related FTE. Mr Green advised he could provide this at QFARC also.

Resolution (42/21)
(Moved: Sir John Hansen/seconded: Barry Bragg – carried)

That the Board:

i. notes the consolidated financial result for the month **excluding** the impact of Covid-19 and Holidays Act compliance provision is unfavourable to plan by $0.594M (YTD $1.396M unfavourable);
ii. notes that the YTD impact of Covid-19 is an additional $1.598M net revenue which is favourable to budget; and
iii. notes that the YTD impact of the Holidays Act Compliance is an additional $2.695M expense which is in line with budget.

8. ADVICE TO BOARD

Community & Public Health & Disability Support Advisory Committee
Aaron Keown, Chair, Community & Public Health & Disability Support Advisory Committee, provided an update from the Committee meeting held on 4 November 2021.

The draft minutes were noted.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (43/21)
(Moved: Sir John Hansen/seconded: James Gough - carried)

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 & 17 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 – 21 October 2021	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.	Service Change Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Contract Extension – Security Services	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Bad Debt Write-Off	Protect the privacy of natural persons.	s9(2)(a)
7.	Hillmorton Cook Chill Equipment Replacement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Older Persons Health & Rehabilitation Community Teams Relocation to Burwood Campus	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	CHL Stair 4 Earthquake Remediation Scope Change	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Electricity Supply Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	Microsoft Negotiations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	Draft 2020/21 Annual Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
13.	Updated 2021/22 CDHB Capital Intention	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
14.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

15.	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)
16.	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)
17.	Advice to Board • CPH&DSAC Draft Minutes *4 November 2021* • QFARC Draft Minutes *2 November 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.

The Public meeting concluded at 10.40am

_____ _____

Sir John Hansen, Chair 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 DECEMBER 2021

DATE	ISSUE	REFERRED TO	STATUS
18 Nov 2021	Capability & Capacity – Pressure Points & Mitigation	Office of Clinical Executive	Today's Agenda – Item 3PX

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

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

PREPARED BY: **Dr Peter Bramley, Chief Executive**

DATE: **16 December 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:

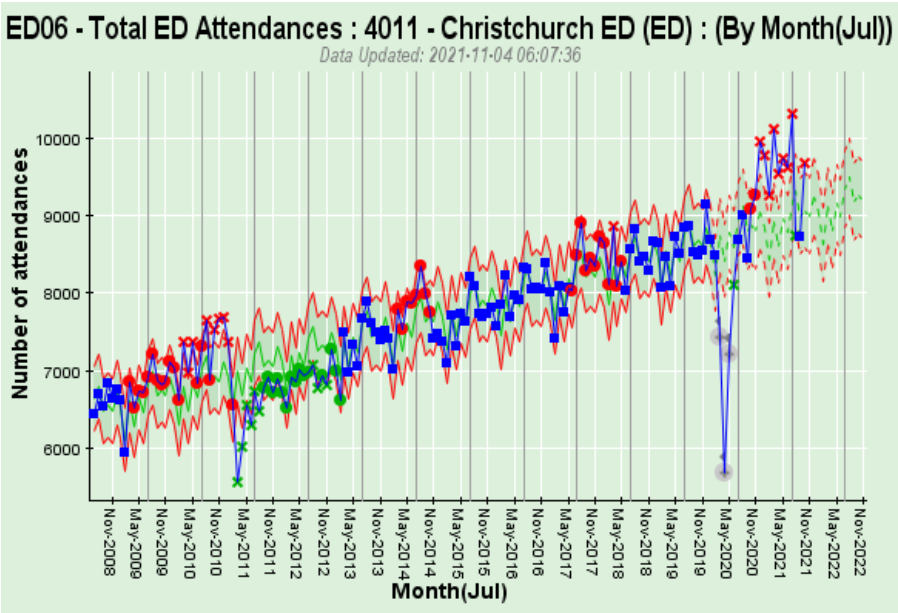
i. notes the Chief Executive's update.

3. DISCUSSION

MEDICAL / SURGICAL SERVICES

Emergency Department

- There were 9,689 attendances at the Christchurch Hospital Emergency Department during October 2021 – around 700 more than the number of attendances in October 2020. It has returned to the range experienced since shifting to Waipapa following the reduced volumes experienced in August and September.
- The increase is between 5% and 7% for all triage groupings.



- 3,054 people were admitted to hospital from the Emergency Department, marginally below the forecast volume.
- The number of people spending <6 hours in the department has decreased back to the values consistently seen since the shift into Waipapa. It falls short of the 95% target and the rates achieved prior to November 2020.

Planned Care

- Canterbury District Health Board has agreed a phased schedule with the Ministry of Health for planned care delivery that will provide the target of 19,614 discharges (the same target as for 2020/21).
- At the end of October 5,751 planned care discharges have been provided – 1,072 less than the phased target. There are several events that have contributed to this deficit:
    - 100 cases were deferred because the response to respiratory syncytial virus constrained bed and nursing capacity.
    - 56 cases were deferred during the week ending 6 July due to bed constraints at Christchurch Hospital.
    - During the four weeks including COVID-19 lockdown (to 10/9/2021) 984 planned care discharges were provided against a target of 1,622 a deficit of 638
    - 49 cases were lost during September, following lockdown, due to constraints in resourced beds.
    - 45 cases were lost during October, due to constraints in resourced beds
- At the end of 29 October 2021 CDHB is exceeding target for minor procedures in hospital settings having delivered 741 as inpatients (250 ahead of target) and 4,346 as outpatients (1,784 ahead of target).
- **Anaesthetic Technician** resourcing continues to constrain theatre capacity to below the scheduled level. The constraint is being addressed in many ways including use of agencies to recruit international staff alongside work within the domestic market, use of casual capacity, restricting out of theatre duties and outplacing operating sessions to private hospital settings.
- Latest projections of Anaesthetic Technician capacity show that there will be a significant improvement in capacity at the start of 2022 when eight first year trainees enter the second year of their training and are able to contribute to the provision of service.
- 2,774 people were waiting for longer than 120 days for **first specialist assessment** at the end of October. This is an increase of approximately 200 people from the start of the month.
- Cancellations have contributed to the increase in patients **waiting for surgery**, from 1,717 to 1,742 over the month of October 2021.

Allied Health – Nutrition and Dietetics

- There is an increase of prevalence of **gestational diabetes** in Canterbury. It affected 17% of pregnancies managed at Christchurch Women's Hospital in 2019 to 2020. Māori women account for 8.6% of gestational diabetes management referrals at Christchurch Women's Hospital. Nationally 6.9% of pregnant women develop gestational diabetes.
- We have developed a dietitian led pathway for the management of gestational diabetes.
- The pathway has had great successes including:
    - A cost saving of $125,000 over eight months.
    - No specialist appointments required for women on the diet alone arm of the pathway.
    - Reduction in number of Obstetric clinics from 1 to 2 per week to 1 at 36 weeks.
    - Change from hospital-based appointments to telehealth dietitian led consultations.

SPECIALIST MENTAL HEALTH SERVICES

- Staffing and Recruitment remain the most pressing issues facing Specialist Mental Health Services. Our staff continue to provide large amounts of overtime work to address the daily roster gaps (25 to 40) to ensure our consumers receive appropriate care and therapy. Recruitment to address our staffing deficits remains the most important focus through the next year.
- Demand on services remains high in both inpatient and community-based outpatient services. We are managing demand in inpatient settings by providing high levels of sleepovers (average 11 people) which means the teams are caring higher risks in the community. While our adult community services continue to cope well with the demands, Child Adolescent and Family services and Eating Disorders have seen very high growth in referrals and are considering new approaches to manage this demand to ensure the most unwell receive timely services.

Service Delivery/Performance

- In November there were 124 admissions to Specialist Mental Health Services and 10,575 contacts with 2,587 individuals.
- The adult community service had 797 case starts in November with over 85% seen on the day of referral.
- A weekly COVID vaccination clinic is being conducted for all inpatients as well as people who may be on site for. There is a strong engagement with consumers to support COVID vaccination through a range of approaches. Among people in Canterbury who have received either specialist to community (eg NGO) services, 83% have received at least one vaccination and 72% have been double vaccinated. This work will continue to ensure this cohort are not exposed to further inequity.
- We continue to focus on people who have extended length of stays in an inpatient setting. There are usually 15 to 20 people with a stay over 30 days with barriers to accessing appropriate community placements due to the clinical and social complexity of this cohort.

Child Adolescent and Family

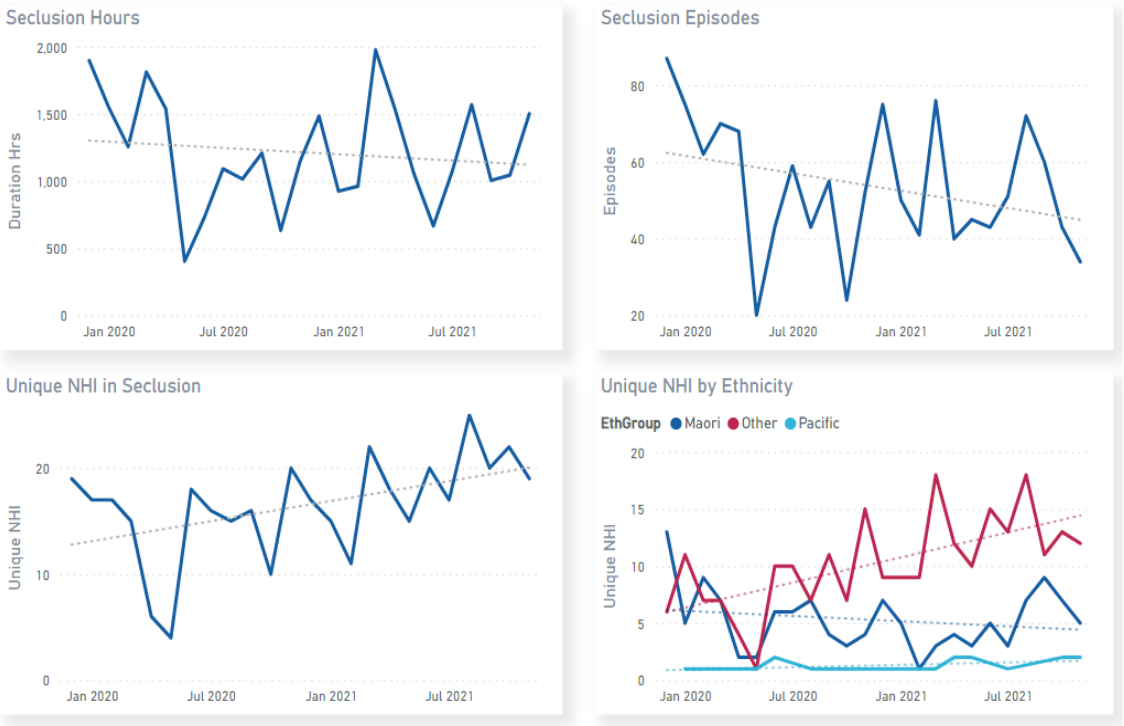
- Young people have been disproportionately affected by COVID. In Canterbury this has resulted in increases in referral activity and higher acuity. While the development of new facilities is progressing well, The Princess Margaret Hospital remains challenging with the inability to separate groups with different requirements.
- Wait times remain longer than preferred as a result of an 82% increase in referrals over the past two years. This has increasing visibility with the Government's new Health System Indicators framework. The improving mental wellbeing indicator measures the percentage of child and youth accessing specialist mental health services within three weeks of referral for under 25s. Currently Canterbury sits slightly below the national rate of 69%.

Forensic

- Our Forensic units continue to operate at near full occupancy. This has become worse with Disability Support Services facilitating the admission from the courts of a number of forensic intellectual disability individuals into our acute forensic unit. This makes caring for groups with significantly different needs in the same space very difficult.

Quality and Safety

- Reducing seclusion is of national importance with the Health Quality and Safety Commission leading this work. We have recently implemented new forms to improve documentation of the clinical rationale for seclusion, monitoring progress and ensuring we actively ensure our systems and culture to supports safe practice. This addresses a corrective action identified in the recent Certification audit.



PLANNING, FUNDING & DECISION SUPPORT

- **Covid-19 Testing Volumes Capacity Increasing**: Canterbury experienced an exponential increase in the demand for COVID-19 testing immediately following the announcement of two people testing positive for COVID-19 in Christchurch. This was consistent with previous patterns when known transmission has been announced in the community. While there were initially long-waits at testing sites, the testing team has quickly adjusted its delivery model with additional staff being called on, and through the introduction of e -ordering. For example, Orchard Road was able to test 1,150 people on a busy day in October- completing this volume by 7pm, in comparison, during Auckland's August outbreak Orchard Road Testing Centre tested 800 people on their busiest day- taking the team until 9pm.
- The testing teams were also more successful in reaching priority populations. In part this was due to immediate engagement with Tongan Church elders when the two October cases were identified, resulting in Church elders encouraging their communities to get tested. A pop-up testing station was also located at New Brighton for two days, testing a total of 147 in that community. The testing team and the Canterbury Community Response Group will review the ethnicity data of these pop ups and incorporate these learnings into future responses.

Table 1: Comparison of COVID-19 Testing Volumes

Week	Sept 28 -Oct 4	Oct 28 – Nov 4
Total Tests	5,405	18,918
Total Tests Māori	381 (7%)	2,005 (10.5%)
Total tests Pacific	56 (1%)	1%)

- **Impact of the COVID-19 Vaccinations Order on Home Based Support Services:** The Planning & Funding Older Person's Health team is working closely with providers to assess the impact of the implementation of the Vaccination Order. First indications are that our Home-Based Support

Service providers may need to stand down up to 10% of their workforce. It has been a big challenge for providers to validate their staff's vaccination status and we continue to liaise with MoH and TAS to identify solutions at a national level to support the providers in this task. Two of our providers have exemptions for seven days to support them to do this and the final impact will become clearer over the next week.

- We have been working with providers to explore mitigation strategies to remedy any staff shortfall. Depending on how high the stand-down rates are some of the following strategies may need to be implemented. This is part of a nationally agreed response and we will not be the only region impacted.

    - Stop or defer non-essential services, with regular phone monitoring to check on client wellbeing.
    - Household and light touch services to move from weekly to fortnightly.
    - For complex populations, requiring assistance with personal care, providers will arrange less frequent visits for a short period whilst partnering with whānau/natural supports and requesting that they take over some aspect of the support where possible e.g. Medication Management.

Service Delivery/Performance

- **Smoking**: Primary Care ABC smoking rates are slowly moving with performance up 7%. over the past quarter. Two Summer Students have been engaged to evaluate the uptake of the Te Hā - Waitaha's Pregnancy Incentive Programme to identify barriers and strategies to further engage young Māori women in the programme which will in turn support improvement in the number of babies living in smokefree homes in Canterbury.
- **Cervical Screening**: An equity focused initiative is being implemented in Ashburton to lift participation in the screening programme. In partnership with ScreenSouth, Waitaha PHO and He Waka Tapu, data-matching is being used to identify Māori and Pacific women on the PHO register who are not on the screening register to enable local health navigators to follow-up with women and encourage them to engage in the programme. It is hoped that this initiative will lift rates for our priority populations.
- **Youth Mental Health Wait Times**: Planning & Funding continue to collaborate with our community-based youth mental health and addiction providers, through the Manu Ka Rere Network, to develop an integrated response to addressing the rapid growth in demand for Child and Adolescent Mental Health Services. An additional two FTE have been supported into the Network during Q1 to lift community provider capacity. Good progress is also being made with Te Tumu Waiora. A further 4.6 Health Improvement Practitioners and 4.4 Health Coaches are now in place and additional practices are implementing the model.

Accelerating Our Future

- **Contracts Management**: The new paperlite contract management solutions (ERNI) is now live and the increased visibility will promote an increased focus on ensuring contracts are reviewed and renewed prior to expiry.
- In October, the system shows 852 individual contracts in the system, including 120 expired contracts. The majority of these are in progress, with just 26 expired contracts yet to be presented for review.
- **IDF Revenue Flow Project**: A view is being developed to enable monitoring of planned IDF service delivery and revenue flow to support service planning. This work has identified that around 90% of IDF revenue is coming from four South Island DHBs and gives a pattern of where the flow of patients is coming from. The information is now able to be updated weekly and will allow teams to strike the right balance between local need and regional services delivery, track IDF delivery to ensure we are meeting expectations and identify where we might be undercounting or mis-coding services that we should be claiming IDF revenue for. Further work is also being carried out to ensure that Cost Weight Discharges are accurately reported.

Areas Where Support is Needed

- **District Nursing Services**: District Nursing Services are under also under pressure in Canterbury. This is not directly related to the Vaccination Order, but to workforce pressures that have been building for some time with shortages of registered nurses, fewer people coming in from overseas, and completion from other service providers who can offer higher rates (including the COVID vaccination programme and DHB services). We have provided additional funding to our District Nursing providers over the past month to help relieve some of the pressure.

SUBMISSION – PAE ORA (HEALTHY FUTURES) BILL

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Cassie Welch, Policy Advisor, Community & Public Health**

APPROVED BY: **Tanya McCall, Interim Executive Director, Community & Public Health**

DATE: **16 December 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

Approval is sought for the attached submission on the Pae Ora (Healthy Futures) Bill (Appendix 1). EMT supported the submission at its meeting on 1 December 2021.

As per the CDHB Submissions Procedure, any submissions to a Select Committee must be approved by EMT, the Board and the Minister's Office.

2. RECOMMENDATION

That the Board:

i. approves the submission on the Pae Ora (Healthy Futures) Bill.

3. SUMMARY

The Pae Ora (Healthy Futures) Bill (the *Bill*) provides a new structure and new accountability arrangements for the publicly-funded health system.

The CDHB supports the proposal in part and makes several recommendations for consideration which would further promote and protect health outcomes for communities in Aotearoa New Zealand.

4. DISCUSSION

The Bill is seeking to address the significant challenges identified in the Health and Disability System Review and enacts many of the recommendations put forward by the Review.

The Bill will result in significant changes to the current health system, including disestablishing the district health boards, and the establishment of several new health entities including the Māori Health Authority and Health New Zealand.

The Bill aims to address inequities in health, particularly for Māori, and to protect, promote, and improve the health of all New Zealanders.

The submission supports the establishment of the Public Health Agency within the Ministry of Health and the emphasis on public health, however, recommends that further consideration be given to the key functions of public health to ensure that the new health system reflects a comprehensive understanding of public health.

Additionally, the submission recommends that the Bill clarify the role and functions of the Ministry of Health, which are currently not specified. Equally, that the functions of Health New Zealand and the Māori Health Authority be expanded in several key ways outlined in the submission.

The submission recommends that the Bill provides further clarity to the regional structures within the new health system, which are currently not mentioned.

The submission also recommends that the Bill engage with a broader understanding of health, responding to the wider social and environmental determinants of health, including the issues of climate change, transport, housing, and poverty.

5. APPENDICES

Appendix 1: Draft CDHB Submission on Pae Ora (Healthy Futures) Bill

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Submission on Pae Ora (Healthy Futures) Bill

To:	Health Select Committee
Submitter:	Canterbury District Health Board Attn: Cassie Welch Community and Public Health C/- Canterbury District Health Board PO Box 1475 Christchurch 8140
Proposal:	The Pae Ora Bill provides a new structure and new accountability arrangements for the publicly-funded health system.

SUBMISSION ON PAE ORA (HEALTHY FUTURES) BILL

Details of submitter

1. Canterbury District Health Board (CDHB).

2. The submitter is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956. These statutory obligations are the responsibility of the Ministry of Health and, in the Canterbury District, are carried out under contract by Community and Public Health under Crown funding agreements on behalf of the Canterbury District Health Board.

3. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

Details of submission

4. We welcome the opportunity to comment on the Pae Ora (Healthy Futures) Bill. We also appreciate that the Bill is seeking to address the significant challenges identified in the Health and Disability System Review and enacts many of the recommendations put forward by the Review.

5. The CDHB commends the overall purpose and intent of the Bill in addressing inequities in health, particularly for Māori, and seeking to protect, promote, and improve the health of all New Zealanders.

General Comments

6. The CDHB supports the proposal in part and makes several recommendations for consideration which would further promote and protect health outcomes for communities in Aotearoa New Zealand.

7. The CDHB supports a whole of Government approach to health, as this is necessary to achieve the equitable health outcomes sought by this Bill. Health needs to be a consideration in all relevant Aotearoa New Zealand legislation. As noted in the *Health and Disability System Review: Interim Report*, addressing health inequities requires working across sectors, and being aware of the forces that shape health outcomes at a global, national, regional, and local level.[1] Equally, as noted by the *Health and Disability System Review*, improving health outcomes requires a health system that works collaboratively and in partnership. The CDHB recommends a Health in All Policies approach, to ensure that well-being and health outcomes are actively considered in all planning and policy decisions.[2]

8. The CDHB recommends that the new health system works collaboratively and across sectors to influence the wider social and environmental determinants of health including the issues of climate change, transport, housing, and poverty. The new health system needs to be empowered to take action on the wider social and environmental determinants of health in order to achieve equitable outcomes and to ensure that the understandings and actions to support health are wider than health services provision.

9. The CDHB also recommends that alongside the proposed health reforms, the Health Act 1956 be reformed and updated to ensure the scope and mechanisms of public health legislation are better matched to current key population health issues and concerns.

10. The CDHB notes that the Bill defines public health services within the interpretation as: *means goods, services, and facilities provided for the purpose of improving, promoting, or protecting public health or preventing population-wide disease, disability, or injury, and includes—(a) regulatory functions relating to health or*

[1] Health and Disability System Review. 2019. Health and Disability System Review - Interim Report. Hauora Manaaki ki Aotearoa Whānui – Pūrongo mō Tēnei Wā.Wellington: HDSR.
[2] Health and Disability System Review. 2020. Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR.

disability matters; and (b) health protection and health promotion services; and (c) goods, services, and facilities provided for related or incidental functions or purposes. The CDHB recommends that this definition be expanded to include the five core functions of public health. The five core functions of public health are: health assessment and surveillance, public health capacity development, health promotion, health protection, and preventive interventions.[3] These functions were highlighted in the Health and Disability Review[4] and are important to include to ensure that the planning and implementation of the new health system reflects a comprehensive understanding of public health.

11. The CDHB supports the establishment of the Public Health Agency within the Ministry of Health, the strengthened position of the Director of Public Health, and the establishment of an expert Public Health Advisory Committee.

12. The CDHB recommends that the role and functions of the Ministry of Health be specifically outlined within the Bill to provide further clarity of the structure, roles and functions within the new health system. As highlighted in the Health and Disability Review, the health system requires clearer leadership and more focussed roles of the different health structures.[5] The Ministry of Health is mentioned within the Bill but without detail of its key functions. Clarifying the key functions of the Ministry would help support the implementation of the new health system.

13. The CDHB recommends the establishment of a National Public Health Service, encompassing the 12 Public Health Units. The CDHB also recommends that greater clarity is provided around the role and relationships of the National Public Health Service. Public health is stated to be a key component of the new health system, being led by the Public Health Agency. Therefore, the CDHB recommends that a National Public Health Service is mentioned within the Bill, as part of Health New Zealand, which would undertake the public health functions specified by the Public Health Agency. Additionally, the National Public Health Service would work

[3] Williams, D., Garbutt, B., & Peters, J. (2015). Core public health functions for new zealand. New Zealand Medical Journal, 128(1418), 16-26

[4] Health and Disability System Review. 2020. Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR.

[5] Health and Disability System Review. 2019. Health and Disability System Review - Interim Report. Hauora Manaaki ki Aotearoa Whānui – Pūrongo mō Tēnei Wā.Wellington: HDSR.

with the Māori Health Authority and iwi-Māori Partnership Boards to improve health outcomes for Māori at national, regional, and local levels.

14. The CDHB is concerned about the lack of clarity and mention of structures and leadership at a regional level. The Bill discusses leadership structures and key documents nationally and describes determination of localities and locality plans. The CDHB recommends that the Bill note regional structures to support streamlined decision-making and also to recognize existing regional collaborations and partnerships.

    The South Island Public Health Partnership (SIPHP) is a good example of regional public health service collaboration and delivery that illustrates the importance of regional relationships and collaboration. The SIPHP is led by a Steering Group of clinical and management leads from the three South Island Public Health Units, Ministry of Health public health leaders, a representative from Te Herenga Hauora, and a representative from the South Island Alliance Programme Office. The Partnership was formally established in 2017 with the aim of improving the health and well-being of the South Island population, particularly focussing on improving Māori health outcomes. The Partnership also supports the relationships and connections between the South Island Public Health Units and other parts of the health system, as well as supporting more effective regional and local delivery of services.

    The primary areas of work that are currently the focus of the Partnership are: Hauora Māori, Health Protection Workforce Development, Healthy Eating and Active Lifestyles, transition to the new structures, Hauora Alliance (the cross-sector initiative focussing on the first 1000 days of a child's life), and Environmental Sustainability in DHBs. The Partnership also facilitates several regional sub-groups and communities of practice, which have developed and collaborated on specific areas of work including: alcohol harm reduction, smokefree, healthy eating and active lifestyles, and environmental sustainability. The Partnership has also facilitated regional dialogue, peer support, and shared learning throughout the pandemic.

15. The CDHB notes that climate change and the health impacts of climate change are not mentioned in the Bill, despite environmental health and sustainability being

critical to the health and well-being of all New Zealanders in Aotearoa New Zealand. As the Bill is seeking to create a healthy future for Aotearoa New Zealand, the CDHB recommends that the significance of the health of the environment is noted and considered within the Bill. Additionally, the heath sector's own environmental impact and emissions need to be addressed. The CDHB notes that the National Health Service (NHS) in the UK has recently set a goal for a net zero health service.[6] Prioritising and including environmental sustainability within our new health system ensures that we are planning a health system for the future.

Specific comments

Section/ heading	Comments
Part 1 Clause 7 Section 1(e) Health system principles	17. The CDHB notes the principle that *the health system should protect and promote people's health and wellbeing, including by – (a) adopting population health approaches that prevent, reduce, or delay the onset of health needs.* The *Health and Disability System Review* discussed how the terms 'population health' and 'public health' were often used interchangeably. The Review chose to use the term 'population health', noting that it included the understandings of public health within its definition of population health.[7] However, the CDHB would like to ensure that the concept and functions of 'public health' are clearly understood, within the Bill's framing of adopting a population health approach. As already noted, expanding the definition of public health to include the five core functions of public health (health assessment and surveillance, public health capacity development, health promotion, health protection, and preventative interventions[8]) will ensure that the new system reflects a comprehensive understanding of public health.

[6] NHS England, NHS Improvement. Delivering a "net zero" National Health Service. 2020. https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf.

[7] Health and Disability System Review. 2020. Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR.

Part 1 Clause 7 Section 1(e) Health system principles	18. The CDHB recommends including a further subclause regarding the health system principles. The health system should protect and promote people's health and well-being including by: collaborating and working with non-health sector services and organisations to influence the social and environmental determinants of health.
Part 1 Clause 12 Section 3 Board of Health New Zealand	19. The CDHB agrees that the health system should be equitable. However, as highlighted in a recent study,[9] equity is subjective and often interpreted differently in practice within health settings. Due to this reason, the CDHB recommends that the Board of Health New Zealand also collectively has knowledge of, experience and expertise in health equity.
Part 2 Clause 14 Section 1 Functions of Health New Zealand	20. The CDHB recommends that Health New Zealand be responsible for workforce development, supply and retention, and this point be included as a key function of Health New Zealand. The Health and Disability Review highlighted the issues of clinical workforce shortages and the need for centralised and strategic planning regarding the health workforce.[10]
Part 2 Clause 19 Functions of Māori Health Authority	21. The functions of Health New Zealand include evaluating the delivery and performance of services, however, this function is not included in the functions of the Māori Health Authority. The CDHB recommends that evaluation of services be the responsibility of both entities. Māori engaging in and leading evaluation of services (kaupapa Māori evaluation) supports Māori decision making, self-determination, and ensures that Māori understandings and data lead health service change towards equity.[11]

[9] Lee, S., Collins, F. L., & Simon-Kumar, R. (2021;2020;). Blurred in translation: The influence of subjectivities and positionalities on the translation of health equity and inclusion policy initiatives in aotearoa new zealand. Social Science & Medicine (1982), 288, 113248-113248. https://doi.org/10.1016/j.socscimed.2020.113248

[10] Health and Disability System Review. 2020. Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR.

[11] Gifford, H., Boulton, A., Cvitanovic, L., Neuwelt, P., & Tenbensel, T. (2020). Making Health Data Work for Maori: attitudes and current challenges. Policy Quarterly, 16(2).

Part 2 Clause 19 Functions of Māori Health Authority	22. The CDHB notes that the Māori Health Authority functions include *to provide policy and strategy advice to the Minister on matters relevant to hauora Māori.* The CDHB recommends that the functions of the Māori Health Authority be expanded to include: to work with the Ministry on developing policy and strategies relevant to hauora Māori. To ensure that the Māori Health Authority can effectively improve service delivery and outcomes for Māori within the health system, it is critical for the Māori Health Authority to also be engaged in developing relevant health policies in partnership with the Ministry.
Part 2 Clause 14 Section 1(g) Functions of Health New Zealand	23. The CDHB recommends the inclusion of the National Public Health Service (NPHS) within section 1(g), as the unit within Health New Zealand that is responsible for delivering public health programmes specified by the Public Health Agency and working with the Māori Health Authority on matters related to public health on national, regional, and a local level.
Part 2 Clause 14 Section 1 (g) Functions of Health New Zealand	24. The CDHB recommends the inclusion of an Environmental Sustainability Unit within Health New Zealand which is accountable for the health sector's response and planning for climate change, and is responsible for developing clear goals and strategies to reduce the health sector's emissions and environmental footprint.
Part 2 Clause 49 Section 3 In developing a locality plan for a locality.	25. The CDHB recommends that the consultation process for the development of locality plans includes a requirement that Health New Zealand must consult with a local Medical Officer of Health or local public health service in the development of locality plans. This will ensure that locality plans adequately consider the local population's health and equity needs and ensure that public health services working within localities are well aligned with other goals within the locality plan, and the other local organisations contributing to the plan.

Part 2 Section 45 Content of the New Zealand Health Plan	26. The CDHB recommends that the New Zealand Health Plan includes a section within it that discusses the plan for workforce development and training across services, and how concerns regarding workforce retention and supply will be addressed, as suggested by the Health and Disability Review.[12]
Part 3 Clause 86 Section 2	27. The expert advisory committee on public health is tasked with providing independent advice to the Minister, the Public Health Agency, and Health New Zealand. The CDHB recommends that the advisory committee also provides advice to the Māori Health Authority on public health issues, health promotion, and other matters. Ensuring that both Health New Zealand and the Māori Health Authority have expert advice on public health will support the development of a more equitable health system, and one that reflects the and incorporates the core functions of public health.

Conclusion

28. The CDHB does not wish to be heard in support of this submission.

29. Thank you for the opportunity to submit on the Pae Ora (Healthy Futures) Bill.

[12] Health and Disability System Review. 2020. Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR.

Person making the submission

Signature

Name Date: Click here to enter a date

Position

Contact details

Cassie Welch

For and on behalf of
Community and Public Health
C/- Canterbury District Health Board
PO Box 1475
Christchurch 8140

P +64 3 364 1777
F +64 3 379 6488

Cassie.welch@cdhb.health.nz

FINANCE REPORT FOR THE PERIOD ENDED 16 DECEMBER 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Gabrielle Gaynor, Corporate Finance Manager**

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

DATE: **16 December 2021**

Report Status – For: Decision ☐ Noting ☑ Information ☐

1. ORIGIN OF THE REPORT

The purpose of this paper is to provide a regular monthly report of the financial results of Canterbury DHB and other financial related matters.

2. RECOMMENDATION

That the Board:

i. notes the consolidated financial result YTD is unfavourable to plan by $0.823M;
ii. notes that the YTD impact of Covid-19 is $0.206M favourable to budget;
iii. notes that the YTD impact of the Holidays Act Compliance is an additional $5.391M expense which is in line with budget; and
iv. notes that excluding HAP and Covid-19, the YTD result is $1.037M unfavourable to budget.

3. FINANCIAL RESULTS EXECUTIVE SUMMARY

Summary DHB Group Financial Result – October 2021:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(6.765)	(6.057)	(0.708)	(22.026)	(23.149)	1.123
Community & Public Health	(0.001)	0.001	(0.001)	0.347	(0.001)	0.348
Total In-House Provider excl Subsidiaries	**(6.766)**	**(6.056)**	**(0.709)**	**(21.679)**	**(23.150)**	**1.471**
Add: Funder & Governance						
Funder Revenue	174.698	168.046	6.652	697.035	672.087	24.948
External Provider Expense	(79.487)	(71.524)	(7.963)	(312.777)	(286.157)	(26.619)
Internal Provider Expense	(104.094)	(103.883)	(0.212)	(416.617)	(415.528)	(1.089)
Total Funder	**(8.883)**	**(7.361)**	**(1.523)**	**(32.359)**	**(29.599)**	**(2.761)**
Governance & Funder Admin	(0.037)	0.000	(0.037)	0.514	0.000	0.514
Total Canterbury DHB (Parent)	**(15.685)**	**(13.417)**	**(2.269)**	**(53.524)**	**(52.748)**	**(0.776)**
Add: Subsidiaries						
NZ Health Innovation Hub	0.004	0.044	(0.040)	0.052	(0.017)	0.069
Brackenridge Services Ltd	0.214	0.008	0.206	0.184	0.200	(0.016)
Canterbury Linen Services Ltd	0.020	(0.030)	0.050	(0.192)	(0.091)	(0.101)
Canterbury DHB Group Surplus / (Deficit)	**(15.448)**	**(13.395)**	**(2.053)**	**(53.480)**	**(52.657)**	**(0.823)**

4. KEY FINANCIAL RISKS & EMERGING ISSUES

Liquidity - We are currently forecasting that we will not breach our overdraft limit until the third quarter of the 2022 calendar year. We will continue to require further equity support whilst we are

incurring deficits and we continue with our capital expenditure program. Our forecast assumes that we are appropriately funded for the pay equity element of the recent NZNO settlement.

Covid-19 continues to have both a direct and indirect impact on our financial result. YTD Covid costs have been reviewed and updated to reflect the full cost of the Lab's work; the forecast for the end of the year now includes the vaccination programme revenue and expenses.

Holidays Act Compliance - the workstream to determine CDHB's liability under the Holidays Act is continuing. We have accrued a liability based on an assessment from EY; there is risk that the final amount differs significantly from this accrued amount.

MECA Settlements - We continue to accrue for the anticipated one-off payments as part of the NZNO MECA settlement along with other MECA settlement accruals.

Staffing - The transition to Health NZ as well as ongoing Covid-19 restrictions on international travel is creating some disruption to recruitment. The pool of potential employees that we can recruit from is currently very limited, and some positions are very hard to recruit to. This is adversely impacting on personnel costs as it increases overtime, additional duty payments, and locum costs. Additionally, the transition to Health NZ has created a level of uncertainty around the future of individuals and services, and there is risk we will lose staff until there is more certainty of the environment post 30 June 2022.

Savings Initiatives – Focus continues on savings initiatives across the health system, but there is a likelihood that planned savings initiatives are not achieved in this financial year – in part because of the impact of Covid preparedness, and because a number of the initiatives underway will not realise savings until the following financial year.

5. APPENDICES

Appendix 1	Financial Results
Appendix 2	Financial Result Before Indirect Revenue & Expenses
Appendix 3	Group Income Statement
Appendix 4	Group Statement of Financial Position
Appendix 5	Group Statement of Cashflow

APPENDIX 1: FINANCIAL RESULTS

The following table shows the financial results, the impact of Covid-19 and Holidays Act Provision (HAP) accrued:

	Period to date									Year to date								
October 2021 Results	Month Actual $000	Actual Covid-19 $000	Actual Holidays Act $000	BAU Actual $000	Month Budget $000	Budget Covid-19 $000	Budget Holidays Act	BAU Budget	BAU Variance	YTD Actual $000	Actual Covid-19 $000	Actual Holidays Act $000	YTD BAU Actual $000	YTD Budget $000	Budget Covid-19 $000	Budget Holidays Act $000	YTD BAU Budget	Underlying Variance
MOH Revenue	185,911	12,780		173,131	173,741	1,182		172,559	573	731,906	42,052		689,854	694,947	4,737		690,210	(356)
Patient related revenue	6,205	1,429		4,776	6,466	1,289		5,177	(402)	25,067	5,172		19,895	25,643	4,949		20,694	(798)
Other Revenue	4,231	107		4,124	4,344	1,025		3,319	804	19,691	6,141		13,550	17,057	4,100		12,957	593
Total Operating Revenue	196,347	14,316	-	182,031	184,552	3,496	-	181,056	975	776,665	53,365	-	723,300	737,647	13,786	-	723,861	(561)
Employee expenses	88,719	3,627	1,347	83,745	86,411	1,541	1,351	83,519	(226)	351,943	13,991	5,391	332,561	342,451	5,952	5,399	331,100	(1,462)
Treatment Related costs	19,396	2,474		16,922	17,843	699		17,144	222	73,544	4,562		68,982	72,582	2,795		69,787	805
External Provider costs	79,487	7,505		71,982	71,524	1,101		70,423	(1,559)	312,777	28,833		283,944	286,157	4,405		281,752	(2,191)
Other Expenses	12,674	2,837		9,837	10,517	151		10,366	529	45,840	5,302		40,538	42,553	608		41,945	1,408
Total Operating Expenditure	200,275	16,443	1,347	182,485	186,294	3,492	1,351	181,451	(1,034)	784,103	52,688	5,391	726,024	743,743	13,760	5,399	724,584	(1,440)
Operating result Surplus / (Deficit)	(3,929)	(2,127)	(1,347)	(455)	(1,742)	4	(1,351)	(395)	(59)	(7,438)	677	(5,391)	(2,724)	(6,096)	26	(5,399)	(723)	(2,001)
Total Indirect revenue and expenditure	(11,519)	(451)		(11,068)	(11,652)	(8)		(11,644)	577	(46,042)	(467)		(45,575)	(46,561)	(22)		(46,539)	964
Total - Surplus / (Deficit)	(15,448)	(2,578)	(1,347)	(11,523)	(13,395)	(4)	(1,351)	(12,040)	517	(53,480)	210	(5,391)	(48,299)	(52,657)	4	(5,399)	(47,262)	(1,037)

Covid-19 - Canterbury DHB's net result in relation to Covid-19 is a YTD surplus of $0.210M.

MoH revenue includes community surveillance and testing, Maori health support and vaccinations, offset by external provider expenses, internal staffing and other costs.

Patient related revenue includes revenue for MIQFs. We are invoicing MoH based on the actual costs of services provided.

Pathology (Other) revenue is generated by Canterbury Health Laboratories (CHL). Due to the continued lockdowns in the North Island and the recent positive cases in Canterbury, the volume of tests processed has been very high.

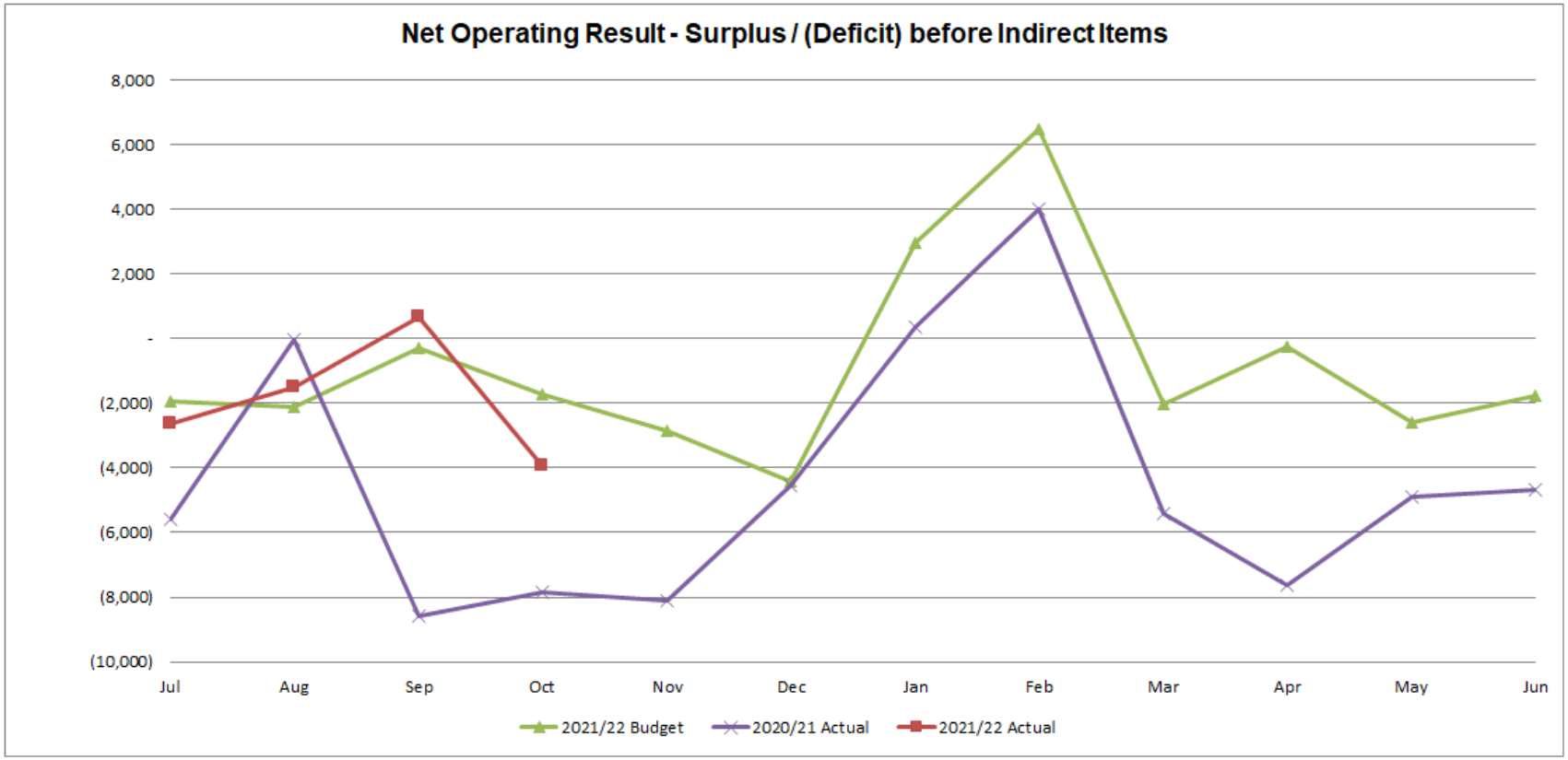
Variances to budget are generally related to vaccination activity as this programme is not included in the budget as per MoH instruction.

Our **Savings initiatives** for the full year total $42.2M, with $3.5M phased October YTD, noting that our result excluding Covid-19 and HAP is a deficit of $1.037M, explainable by Chathams funding, RSV, and subsidiaries' results. Our savings targets to date can be assumed to be achieved.

APPENDIX 2: FINANCIAL RESULT BEFORE INDIRECT REVENUE & EXPENSES

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED SEPTEMBER 2021

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2020/21 Actual $'000	Yr End Budget $'000
Surplus/(Deficit) before Indirect items	(3,929)	(1,742)	(2,186)	125%	✗	(7,438)	(6,096)	(1,342)	22%	✗	(50,211)	(10,568)

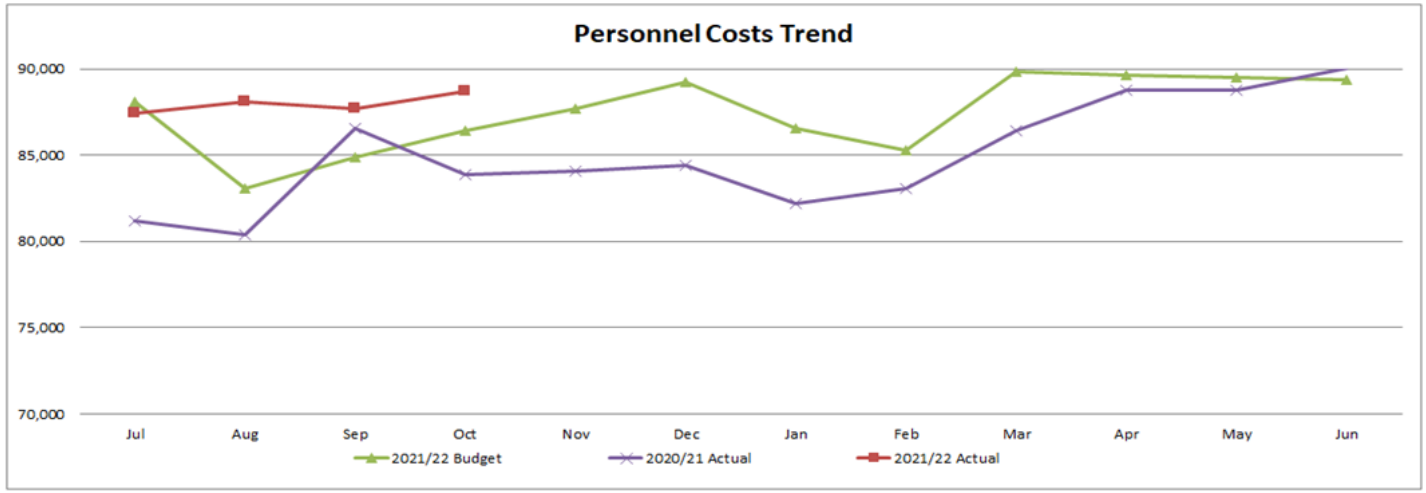


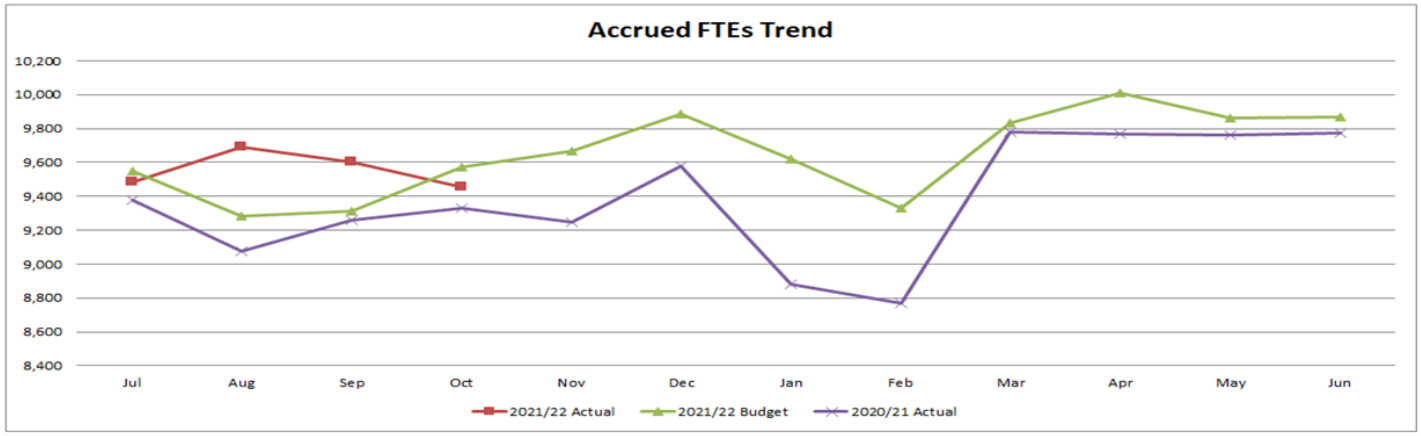
KEY POINTS

Our YTD result before indirect items is $1.342M unfavourable to budget. The main variances are:

- Additional costs for the Chatham Islands over and above the funding received ($0.673M YTD).
- RSV treatment costs estimated ($0.5M in July).
- Revenue from subsidiaries below budget – Brackenridge ($0.152M) due to difficulty finding appropriately skilled staff; and Canterbury Linen ($0.271M) due to reduced hotel and motel revenue impacted by Covid-19.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



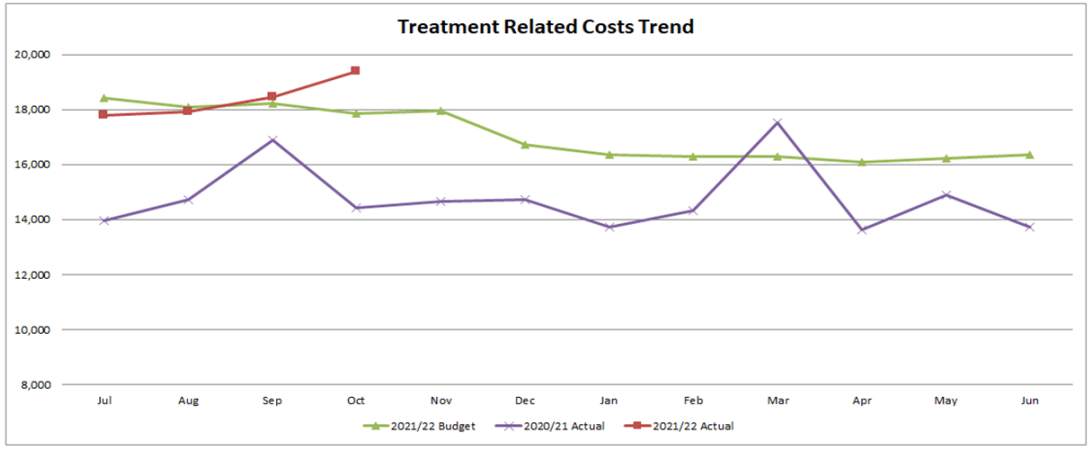


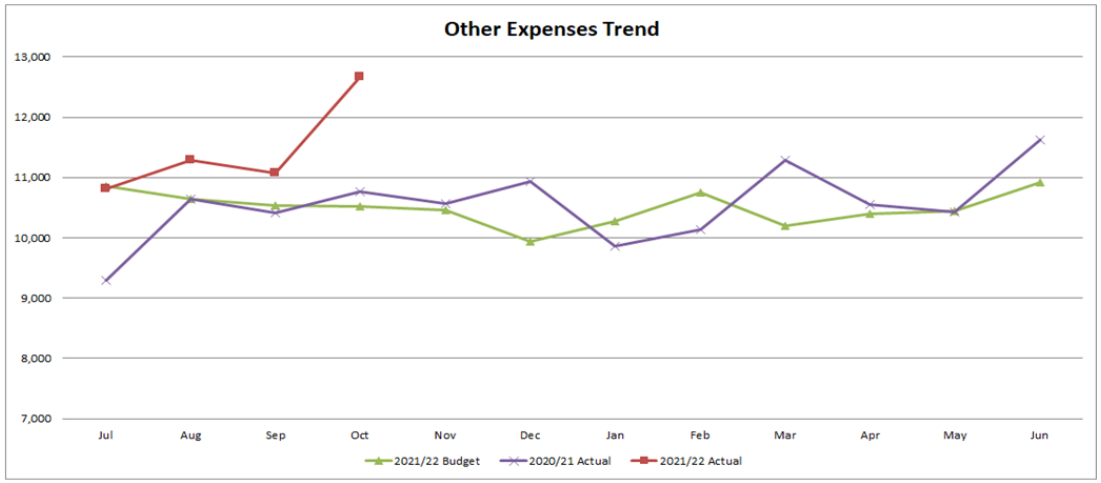
KEY POINTS

Personnel Costs are unfavourable to plan, mainly due to Covid-19 ($8.039M unfavourable YTD mainly due to vaccination costs); however, Covid costs are offset by additional revenue. We are accruing for MECAs yet to settle. There is a risk that actual settlements may be higher than our accrual. The assumption is that the pay equity element of the recent NZNO settlement is fully Crown funded.

Accrued FTE are unfavourable to plan, primarily due to vaccination FTEs that are not included in the budget.

TREATMENT RELATED & OTHER COSTS (excluding Covid-19)





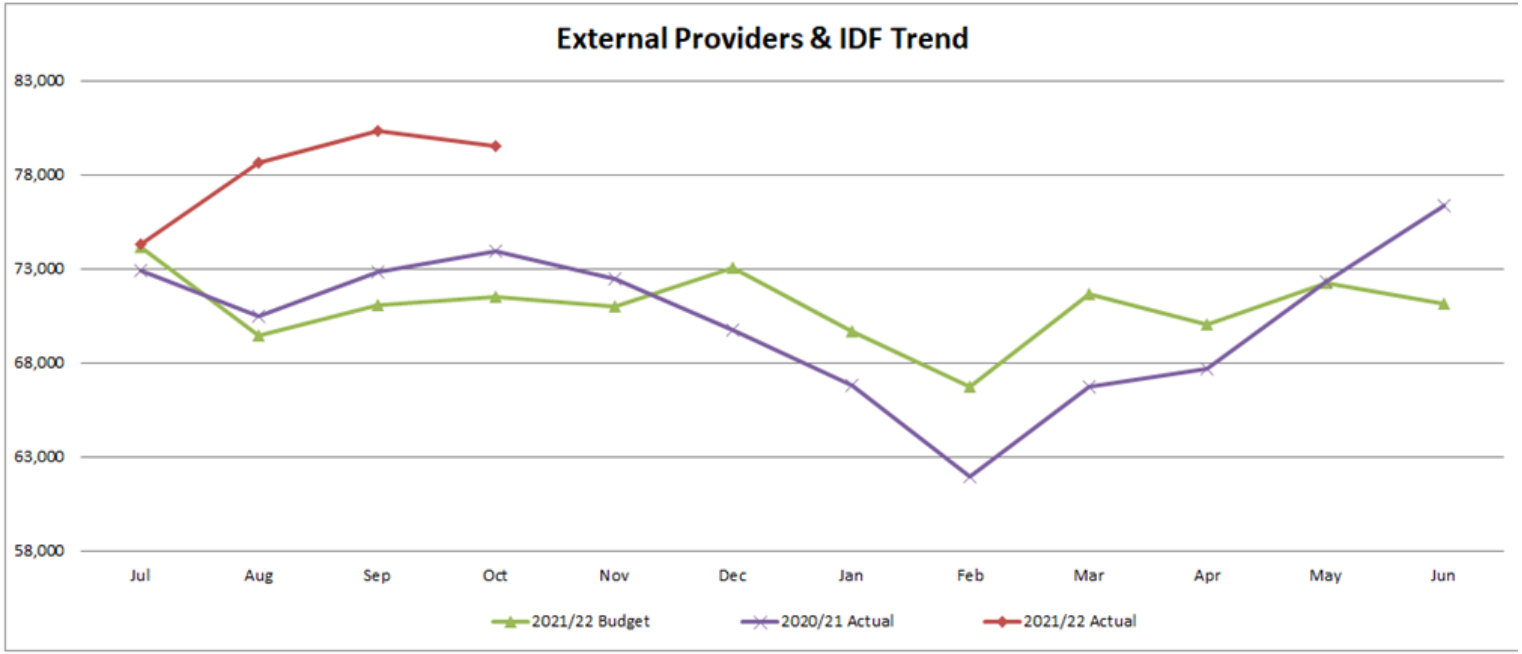
KEY POINTS

Treatment related costs are unfavourable to plan YTD ; of this $1.767M is Covid-19 related and offset by Covid revenue. Outsourced clinical services have a favourable variance of $0.717M due in part to a focused effort on delivering more clinical services in-house as part of the cost saving initiatives.

Other Expenses are unfavourable to budget YTD. Maintenance and outsourced costs are tracking lower than expected. Covid-19 expenses are $4.705M unfavourable; this includes unbudgeted vaccination costs and additional organisational costs for Covid-19 lab testing recognised in the October month.

EXTERNAL PROVIDER COSTS (excluding Covid-19)

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2020/21 Actual $'000	Yr End Budget $'000
External Provider Costs	79,487	71,524	(7,963)	-11%	✕	312,777	286,157	(26,619)	-9%	✕	844,188	851,785



KEY POINTS

The unfavourable variance is largely offset by additional MoH revenue relating to Covid-19.

FINANCIAL POSITION – EQUITY & CASH

	YTD Actual $'000	YTD Budget $'000	Variance $'000		YTD Actual $'000	YTD Budget $'000	Variance $'000	Year End 20/21 $'000
Equity	1,081,838	1,082,667	829	Cash	23,533	22,110	1,423	50,775

KEY POINTS

Our cash position is in line with budget as at 31 October.

APPENDIX 3: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the 4 months ending 31 October 2021

Month					Year to Date					
21/22 Actual $000's	21/22 Budget $000's	20/21 Actual $000's	Variance to Budget $000's		21/22 Actual $000's	21/22 Budget $000's	20/21 Actual $000's	Variance to Budget $000's	21/22 Budget $000's	20/21 Actual $000's
185,911	173,741	165,488.21	12,171 ✓	MoH Revenue	731,906	694,947	659,142	36,959 ✓	2,086,388	1,991,657
6,205	6,466	5,668	(262) ✗	Patient Related Revenue	25,067	25,643	24,858	(575) ✗	76,994	73,244
4,231	4,344	3,940	(114) ✗	Other Revenue	19,691	17,057	17,128	2,634 ✓	58,295	48,140
196,347	**184,552**	**175,097**	**11,795**	**Total Operating Revenue**	**776,665**	**737,647**	**701,128**	**39,018**	**2,221,677**	**2,113,041**
88,719	86,411	83,850	(2,308) ✗	Personnel Costs	351,943	342,451	331,996	(9,493) ✗	1,049,643	1,019,771
19,396	17,843	14,415	(1,553) ✗	Treatment Related Costs	73,544	72,582	59,968	(962) ✗	204,873	177,141
79,487	71,524	73,915	(7,963) ✗	External Service Providers	312,777	286,157	290,139	(26,619) ✗	851,785	844,188
12,674	10,517	10,769	(2,157) ✗	Other Expenses	45,840	42,553	41,119	(3,286) ✗	125,943	122,152
200,275	**186,294**	**182,950**	**(13,981)** ✗	**Total Operating Expenditure**	**784,103**	**743,743**	**723,222**	**(40,360)** ✗	**2,232,245**	**2,163,252**
(3,929)	**(1,742)**	**(7,853)**	**(2,186)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(7,438)**	**(6,096)**	**(22,094)**	**(1,342)** ✗	**(10,568)**	**(50,211)**
56	61	167	(5) ✗	Interest Revenue	210	201	343	8 ✓	700	1,075
398	418	-	(20) ✗	Capital Charge Relief / Debt Equity Swap Funding	1,593	1,673	-	(80) ✗	5,020	8,940
699	430	261	269 ✓	Donations	1,814	1,554	487	260 ✓	5,010	2,384
-	-	2	- ✓	Profit on Sale of Assets	-	-	34	- ✓	-	1,653
-	-	-	-	Joint Venture Income	-	-	-	- ✓	-	25
1,153	**909**	**430**	**244** ✓	**Total Indirect Revenue**	**3,617**	**3,429**	**864**	**188** ✓	**10,730**	**14,078**
4,644	4,656	2,437	12 ✓	Capital Charge	18,576	18,644	9,748	68 ✓	53,949	39,871
7,763	7,617	6,300	(146) ✗	Depreciation	30,128	30,246	24,772	118 ✓	92,104	94,651
246	284	-	38	Financing Component of Operating Leases	940	1,043	-	103	3,015	2,079
12	5	42	(7) ✗	Interest Expense & Forex Gains and Losses	7	57	199	50 ✓	100	60
8	-	-	(8) ✗	Loss on Sale of Assets	8	-	2	(8) ✗	-	4,336
12,672	**12,561**	**8,779**	**(111)** ✗	**Total Indirect Expenses**	**49,659**	**49,990**	**34,721**	**331** ✓	**149,168**	**140,998**
(15,448)	**(13,395)**	**(16,202)**	**(2,053)** ✗	**Total Surplus / (Deficit)**	**(53,480)**	**(52,657)**	**(55,952)**	**(823)** ✗	**(149,006)**	**(177,131)**

As instructed by the MoH, we have not budgeted for the vaccination programme.

Overall the vaccination revenue and expenses net off to zero.

APPENDIX 4: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 October 2021

Un-audited 30-Jun-21 $'000		Group Actual 31-Oct-21 $'000	Group Budget 31-Oct-21 $'000	Annual Group Budget 30-Jun-22 $'000
490,730	Opening Equity	1,125,761	1,125,761	1,125,761
178,139	Net Equity Injections / (Repayments) During Year	9,557	9,557	151,139
537,624	Other Movements	-	-	97,357
95,481	Reserve Movement for Year	-	-	-
(176,213)	Operating Results for the Period	(53,480)	(52,652)	(149,006)
1,125,761	**TOTAL EQUITY**	1,081,838	1,082,666	1,225,251
	Represented By:			
	Current Assets			
50,775	Cash & Cash Equivalents	23,533	22,110	120,487
750	Short Term Investments	750	750	750
107,157	Trade and Other Receivables	156,363	107,157	107,157
6,278	Prepayments	13,542	6,278	6,278
13,811	Inventories	14,384	13,811	13,811
15,095	Restricted Assets	14,768	15,094	15,094
193,866	**Total Current Assets**	223,339	165,200	263,577
	Less Current Liabilities			
-	Overdraft	-	-	-
1,682	Borrowings (Finance Leases Current)	1,686	1,682	1,682
158,379	Trade and Other Payables	204,786	173,864	155,219
15,111	Restricted Funds	14,774	15,111	15,111
381,697	Employee Benefits	404,968	381,696	381,696
556,869	**Total Current Liabilities**	626,214	572,353	553,708
(363,003)	**Working Capital**	(402,875)	(407,153)	(290,131)
	Non Current Assets			
16	Restricted Funds	16	16	16
4,253	Investment	4,133	4,253	4,253
1,541,081	Fixed Assets	1,536,239	1,542,136	1,567,699
1,545,350	**Term Assets**	1,540,388	1,546,405	1,571,968
	Non Current Liablilties			
7,544	Employee Benefits	7,271	7,544	7,544
49,042	Borrowings (Finance Leases Non Current)	48,404	49,042	49,042
56,586	**Term Liabilities**	55,675	56,586	56,586
1,125,761	**NET ASSETS**	1,081,838	1,082,666	1,225,251

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

Investment in the Non Current Assets includes investment in NZHPL and Health One .

Borrowings in Current and Term Liabilities is the finance lease liability for the Manawa building, the CLS building and equipment. The lease costs of the buildings are also included in Fixed Assets.

Trade debtors are high due to Covid-19 invoices being raised to the MoH.

APPENDIX 7: CANTERBURY DHB GROUP STATEMENT OF CASHFLOW

Un-audited 30-Jun-21 $'000		Actual 31-Oct-21 $'000	YTD Budget 31-Oct-21 $'000	Budget 30-Jun-22 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(46,875)	**Net Cash from Operating Activities**	(9,985)	(3,762)	(56,903)
	CASHFLOW FROM INVESTING ACTIVITIES			
(78,847)	**Net Cash from Investing Activities**	(27,181)	(34,460)	(121,881)
	CASHFLOW FROM FINANCING ACTIVITIES			
183,463	**Net Cash from Financing Activities**	9,924	9,557	248,496
57,741	Overall Increase/(Decrease) in Cash Held	(27,242)	(28,665)	69,712
(6,966)	Add Opening Cash Balance	50,775	50,775	50,775
50,775	**Closing Cash Balance**	23,533	22,110	120,487

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: **16 December 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 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 – 18 November 2021	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.	IEA Remunerations Strategy 2021/22	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	DHBs and the Smokefree Aotearoa 2025 Goal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

6.	National DHB Position Statement on the Sale and Supply of Alcohol. Act	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Antigua Street Carpark Extension	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Hillmorton Laundry Building Strengthening and Fit Out Scope Changes	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Old Rangiora Building Demolition Scope Change	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Cardiac Catheter Laboratory 2 Replacement Scope Change	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	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)
12.	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)
13.	Advice to Board • QFARC Draft Minutes *30 November 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.