

## CORPORATE OFFICE

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14 October 2020

9(2)(a)

### RE Official information request CDHB 10400

I refer to your email dated 23 August 2020 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

- 1. What is the amount paid by the CDHB in depreciation costs for its building in the financial year 2019-20 and how does this compare to the average depreciation costs of the other 19 DHBs?**

2019-20 depreciation on all Canterbury DHB-owned buildings was \$54.2M, subject to final audit. Canterbury DHB does not have information of other DHBs as their 2019/20 accounts have not been published. We are therefore declining to provide a comparison pursuant to section 18(g) of the Official Information Act.

**Note** that comparing depreciation cost between DHBs will be impacted by factors such as varying age and structure of buildings, depreciation policies, and when buildings were last revalued.

- 2. What is the estimated figure for 2020-21?**

Estimated 2020-2021 depreciation for Canterbury DHB-owned buildings is \$61.1M, which includes part year depreciation of the new Hagley facility.

- 3. How much of this relates to building paid for by insurance money?**

We are unable to answer this as depreciation is calculated on the total value of a particular asset and does not differentiate between specific source of funding.

**4. A copy of the minutes of the CDHB Board Meeting for 6.8.20 and when available for 20.8.20 under the Official Information Act.**

There wasn't a Canterbury DHB Board meeting held on 6 August 2020. **Please note** The Agenda and Minutes from the Canterbury DHB Emergency Board meeting held on 4 August 2020 are available on our website (CDHB 10387). Please refer to link below.

<https://www.cdhb.health.nz/wp-content/uploads/88a02d6b-cdhd-10387-agenda-minutes-board-mtg-4-8-2020.pdf>

Please find attached as **Appendix 1**, the Minutes of the Canterbury DHB Board Meeting held on 20 August 2020. This includes the Public Excluded Minutes.

I trust this satisfies your interest in this matter.

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

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

Yours sincerely



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

**MINUTES**

**MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING  
 held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch  
 on Thursday, 20 August 2020 commencing at 9.30am**

**BOARD MEMBERS**

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

**CROWN MONITOR**

Dr Lester Levy (via zoom).

**BOARD CLINICAL ADVISOR**

Dr Andrew Brant (via zoom).

**EXECUTIVE SUPPORT**

David Meates (Chief Executive); Michael Frampton (Chief People Officer); Mary Gordon (Executive Director of Nursing); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Hector Matthews (Executive Director, Maori & Pacific Health); Dr Sue Nightingale (Chief Medical Officer); Stella Ward (Chief Digital Officer); Justine White (Executive Director, Finance & Corporate Services); Karalyn van Deursen (Executive Director Communications); Evon Currie (General Manager, Population & Public Health); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

Hector Matthews opened the meeting with a Karakia.

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

There were no changes or alterations to the Interest Register.

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

Barry Bragg and Gabrielle Huria declared a conflict of interest in relation to the Legal Report in the public excluded part of the meeting.

**Perceived Conflicts of Interest**

There were no perceived conflicts of interest raised.

**2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS****Resolution (31/20)**

(Moved: James Gough/seconded: Naomi Marshall – carried)

“That the minutes of the meeting of the Canterbury District Health Board held on 16 July 2020 be approved and adopted as a true and correct record.”

### **Resolution (32/20)**

(Moved: Barry Bragg/seconded: Ingrid Taylor – carried)  
(Jo Kane abstained from voting)

“That the minutes of the Emergency meeting of the Canterbury District Health Board held on 4 August 2020 be approved and adopted as a true and correct record, subject to the agenda item in the resolution to exclude the public being re-named “Staffing”.

### **Resolution (33/20)**

(Moved: Ingrid Taylor/seconded: James Gough – carried)

“That the minutes of the Emergency meeting of the Canterbury District Health Board held on 12 August 2020 be approved and adopted as a true and correct record.”

## **3. CARRIED FORWARD / ACTION LIST ITEMS**

There were no carried forward/action items.

## **4. CDHB PACIFIC HEALTH STRATEGY**

Hector Matthews, Executive Director, Maori & Pacific Health introduced the guests for this item:

- Dr Kiki Maoate ONZM, FRACS Chairperson Pasifika Medical Association/Pasifika Futures Whanau Ora Commissioning Agency;
- Mrs Debbie Sorensen, CEO, CCT. Pasifika Medical Association/Pasifika Futures Ltd;
- Mr Amanaki Misa, General Manager, MBA. ETU Pasifika Ltd;
- Dr Greg Hamilton, General Manager, Mental Health, CDHB;
- Ms Sandy McLean, Team Lead, Mental Health, Planning and Funding, CDHB; and
- Mrs Finau Heuifanga Leveni, Pacific Portfolio Manager, Planning and Funding, CDHB.

Mr Matthews took the report as read. He commented that our Pacifica population is small compared to the rest of the population, however, this is growing and they share inequities with Maori. He added that the plan presented is the draft Pacific Plan 2020-2030 and a lot of Pacifica groups have been around the table to get to this point.

Dr Maoate thanked the Board for the opportunity to present to them today and maintaining the partnership to get to where we are. He commented that there were three things he wanted to outline:

- Firstly, the journey for the last 30 years to get us where we are with this document in front of us.
- Secondly, is that I would like to pass our gratefulness to your Executive team members David Meates, Carolyn Gullery, Greg Hamilton, Sandy McLean, Hector Matthews and Finau Leveni to name a few who have actually contributed to the document as it has flowed over the last 12 months. He also commented that he would like to commend the Board for retaining the focus around families as this is how adversities are overcome and we think this is a good plan that will be complimentary to our Board and systems, and we as the Commissioning Agency and as Pasifika Futures are happy to provide advice or stand by you should you ever need our assistance in anything Pacific.
- The third, is maintaining that relationship as we go forward as strategic partners.

The Chair opened the floor to questions.

A query was made regarding Oral Health not being included in the service priorities. Mr Matthews commented that much of reducing inequities around oral health is out of our control (ie fluoridation). Child Health is still a priority and oral health is part of the strategic work to improve the health of our children.

A query was made regarding whether inequities in rural areas would be reflected in this document. It was noted that thought has been given to this and is certainly uppermost in people's minds. The Chief Executive added that the Canterbury DHB is one of five DHBs with significant Pacific populations and with that comes the responsibility for a number of the regional components as well.

Debbie Sorenson provided the Board with a presentation which provided information around:

- Population Statistics – the issue in the Canterbury region is the increase in population and the speed of that. Canterbury has one of the quickest growing Pacific populations which is driven by the rebuild and people moving out of the urban areas and moving further South. In addition, we have a very young population with half being under 30 which makes us quite different from the rest of the Canterbury population which is more highly rated to older people.
- Vision – this is the result of a co-designed process over many meetings. The two key outcomes here are about making sure that our community members live longer, better and healthy lives, and can manage their own wellbeing and also have equitable health outcomes.
- Values - families; shared responsibility; integrity; relationships; and strength based.
- Strategic Priorities – several strategic priorities have been developed to achieve the two outcomes.
- Focus Areas - service priorities; workforce development; Pacific leadership; innovation; partnerships; and research - data and evidence.
- Progress so Far.
- Whanau Ora COVID support packages.
- Investment.

It was suggested that because the populations are small it would be really good to build into the plan a reference to working with the Treaty partner as it is time now for us all to collaborate a lot more closely.

The Chair commented that it is magnificent we have got to this stage and want to thank everyone who has been involved in this process. He asked regarding the NGOs across the communities involved and how these will be utilised and whether they will still be in the mix.

Ms Sorenson commented that it is really important that we use all partners and willing hands as there is more than enough work for everyone. She added that as a Commissioning Agency they have a number of contracts with Pacific partners across the region, which means there is also a more formal way that between us and the District Health Board that we have a connected approach to supporting our partners. It is important that we continue to build that capability & capacity and have everyone working together.

### **Resolution (34/20)**

“That the Board:

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

- i. endorse the Pacific Health Strategy - Canterbury District Health Board Pacific Plan 2020-2030.

(Moved: Sir John Hansen/seconded: Ingrid Taylor – carried)

- ii. endorses the ongoing strategic partnership with Pasifika Futures Ltd to improve health outcomes of Pacific people in Canterbury; and

(Moved: Jo Kane/seconded: Sir John Hansen – carried)

- iii. requests management to provide targets and indicators to be presented to respective committees once developed.”

## **5. SCHEDULE OF MEETINGS 2021**

Justine White, Executive Director, Finance & Corporate Services, presented the proposed schedule of meetings for 2021 as per the Health & Disability Act.

The Chair of QFARC advised that he would like to discuss the dates with his Committee before committing to the schedule.

Ms Kane commented that she believed that HAC & CPH&DSAC should revert to monthly meetings and requested that the paper lie on the table until the next meeting so that discussions could be held around this.

### **Resolution (35/20)**

(Moved: Jo Kane/seconded: Barry Bragg – carried)

“Procedural motion that the Board:

- i. agrees that this paper lie on the table until the next meeting.”

## **6. CHAIR'S UPDATE**

Sir John Hansen, Chair, paid tribute to staff members who have been involved in assisting with the COVID outbreak in Auckland, particularly Laboratory staff undertaking testing. The Chief Executive commented that the Labs have been operating 24/7. It was noted that Community & Public Health also have a huge increase in requirements around surveillance testing.

Dr Sue Nightingale, Chief Medical Officer, advised that an Airport warehouse has also been set up in addition to the usual CBAC's for health sector staff.

Dr Andrew Brant, Clinical Monitor, thanked Canterbury DHB for their support and noted that CDHB had also provided Auckland with a supply of batch testing capability.

Sir John acknowledged the resignations from Executive Team members that were accepted with considerable regret and thanked David Green, Ralph La Salle, Melissa Macfarlane and Paul Lamb who were stepping up to act in those positions. He added that the Board looks forward to working with them as we go forward.

The Chair's update was noted.

## 7. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, presented his report which was taken as read. Mr Meates highlighted the following:

- Planned Care – 1,158 admitting events have been cancelled or deferred during COVID and as at 5 August all but 107 of these have been dealt with which is a real testament for the teams focussing on care that had been deferred. As at 30 June, CDHB has met its overall planned care targets with 31,013 interventions against a plan of 30,675. It is great that in spite of COVID we have been able to deliver against planned care targets.

Underpinning this are some of the other areas of concern we need to focus on, particularly cancer registrations which will remain a challenge both locally and nationally which is about access to both primary care and diagnoses of cancers. We are also seeing quite a significant winter profile with influenza circulating in the community which raises some further conversations and discussions around different strategies for managing winter.

- Migration Planning for the new Hagley facility remains on track and from 5 October there will be the orientation process for over 3,000 staff before the first patient is admitted on the week commencing 16 November. Two weeks prior to that there will be a range of “go live” dry tests around different scenarios and a range of limited operations and interventions.

Mid October we have the certification process which is the final validation for a “go live” decision (regulatory compliance issue), which is effectively a hospital ready to start operating.

He added that en-suite doors are well underway and will be completed in the first part of the process.

- Ongoing COVID Response - it has been a bit of a surprise for many people at Christchurch Hospital and Burwood where masks are to be worn if social distancing guidelines cannot be met.
- Mental Health – one of the challenges we are starting to see is around the child CAF referrals post COVID and is an area of focus for mental health and NGO's.
- Labs – as the Chair touched on earlier, Labs remains under significant pressure right through this period of time. Its requirement to continue to function and being able to respond to enable large places like Christchurch Hospital to continue to function is very important.
- Bowel Screening Readiness Audit – this has been a significant journey and is one of the areas impacted by COVID. The Readiness Assessment process has gone remarkably well which is a real testament to staff working on this. We are on track with the revised time lines around this for a November “go live”.

A query was made regarding the change to the Emergency Department model of care. The Chief Executive commented that one of the big significant changes is that all of the acute services will come together into a single floor. This also covers the 24hr access to CTs etc actually taking place within the Emergency Department itself. He added that the other core component is that the facility has been designed with the ability to be able to support growth over time.

He added that day 1 will see the model of care continue to evolve overtime particularly around paediatrics which is driven by the population profile around Maori & Pacifica.

A query was made regarding the report from the Cancer Control Agency and the reduction in cancer diagnoses. The Chief Executive commented that there are a couple of components around this.

Throughout COVID lockdown those already in the system progressed as usual with the big concern being the fall off of new diagnoses. We remain concerned about this and it also a concern in primary care. It is important for us to get the message across that it is important for people to keep in contact with primary care. It was noted that there will likely be a bow wave in this area and that there is a capacity issue across the country. The Chief Medical Officer commented that our Oncology Service is under extreme pressure at the moment and work is taking place around how this can be managed. This is a capacity constraint and we are using the public and private sectors to manage that capacity.

A query was made regarding Whakamaau: Maori Health Action Plan 2020-2025. The plan that is currently with Manawhenua ki Waitaha – how does this dovetail into this more national umbrella about Maori Health. It was noted that the Ministry signalled that they would be putting out a Maori Health Action Plan late last year and we have been waiting for that to occur. The discussions we have had with Manawhenua were around whether we were heading in the same direction. The Ministry of Health document is quite a strategic document and broadly speaking we are heading the right way.

The Chief Executive's update was noted.

## **8. FINANCE REPORT**

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read.

Ms White advised that at the end of June the deficit for the year sat at \$175m compared to a budget of \$180M which is favourable by \$4.5M, however, this also included some net COVID costs that are unfunded of \$17m. This means that if we exclude the COVID related costs that are not funded the deficit was \$158M compared to \$180M budget which is favourable by \$21M.

In terms of the operating component, excluding COVID, we are still favourable by \$3.5M. This is subject to audit and further adjustments to the Holidays Act which we are expecting to put in but need to go through audit beforehand.

Ms White advised that the July result (51 days into the financial year without a signed annual plan) was a deficit of \$13.9M resulting in a small favourable variance for the month. This also includes some unfunded COVID costs of \$1.2M. A query was made regarding why we have positive variances for July. Ms White commented that she did not have the detailed analysis at the moment.

A query was made as to whether other DHBs have been reimbursed for COVID costs as they had been told by other DHBs that all of their COVID costs had been reimbursed by the Ministry of Health. The Chief Executive advised that the difference in variation is consistent across all District Health Boards in terms of what COVID elements are funded or not and there is an element where all DHBs have been requested to both highlight and report and there are some different both appropriations and other mechanisms that are still being worked through. The assumption is there that the costs will be covered and it be treated the same right across the country.

It was noted that there is also some confusion around what is actual cost. For instance, where we have staff rostered, but there are no tests required to be undertaken – this is still a cost to us. This is part of what is to be resolved around the country. It was also noted that funding for CBACs and primary care was allocated on a population basis, so if your population tended to use it more you would overspend that money and there is no more. Canterbury, with an airport, has spent a lot more money than was actually allocated for the primary and community response around testing.

The Chief Executive commented that it is important for QFARC to concentrate on the COVID tracker. The difference between “tolerated variances” and/or “funded” is a really important debate



and dialogue taking place right around the country, particularly around some of the overhead elements.

A query was made regarding the DHBs liquidity risk and whether this has been canvassed in the meetings with the Ministry of Health, Director General and Minister. The Chair of QFARC advised that there are monthly meetings with the Ministry and management, and a discussion was held at the last meeting around the timing of the equity injection and we have been advised that subject to us putting up the information they require they would advise us regarding the equity injection which we are supposed to get in September. There is another meeting coming up soon and we will cover this again.

Discussion took place regarding encouraging people to take a break and the millions of dollars of leave cancelled due to COVID and the significant impact around casual staff who were not at work but we were required to pay according to a directive of the State Services Commission.

### **Resolution (36/20)**

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

“That the Board:

- i. notes the consolidated financial result (before comprehensive income and further Holidays Act remediation provision) for the month of June 2020 is a net expense of \$27.864M, being \$8.657M unfavourable to plan, and year to date \$4.576M favourable to plan;
- ii. notes the operating result (before indirect items) for the month is unfavourable to plan by \$11.444M, year to date \$13.542M unfavourable to plan;
- iii. notes that net costs associated with COVID-19 pandemic as included in the month of June results are \$0.666M, and year to date \$17.136M;
- iv. notes the operating result (before indirect items) excluding COVID-19 costs, is unfavourable to plan by \$10.778M for the month, and favourable to plan YTD \$3.594M;
- v. notes liquidity (cashflow) risk continues to be a significant concern without any sustainable long term resolution; and
- vi. notes that a further \$66M accrual will be made for the Holidays Act compliance provision at 30 June 2020 for the Crown consolidation (CFIS) submission, and that the agreement with the Ministry has been that any remediation and rectification will be funded by the centre, although this has not been accrued, as it is likely to be equity support.”

*The meeting adjourned for morning tea from 11.35am to 11.50am.*

## **9. ACCELERATING OUR FUTURE – PRESENTATION**

Michael Frampton, Chief People Officer, and Stella Ward, Chief Digital Officer, provided the Board with a presentation on “Accelerating our Future”.

The presentation highlighted the collaboration and partnership between People and Digital alongside the rest of the Executive and demonstrated how they are making work, work better and the investment from the Board in the Technology which is a great platform for accelerating the future. Some of the components of the plan that the Board is currently debating are contingent on some of the innovation about to be described.

Mr Frampton outlined the statistics around the size, scale and complexity of what the team is delivering. He presented a video giving a sense of what has been achieved over the last two years. He commented that our people challenged us with a kind of prescription around the kind of experience they wanted at work. There were six things: value and appreciate me; make it easy for me – take the bureaucracy away; design the future with me; give me the technology to do what I signed up for; invest in those who lead me; and communicate with me.

He provided an overview of the People Strategy which responds to the call from our people to make work, work better and the five key Pillars of the People Strategy.

Ms Ward provided an overview of our ISG strategic areas: digital transformation and paper-lite; single backlog; application and portfolio management; ISG support for our people; and robotics automation.

The presentation ended with the ISG People Plan 2020/21.

The Chair thanked Ms Ward and Mr Frampton for their presentation.

## **9A. SUB COMMITTEE FOR COMPANY TO RECRUIT A CHIEF EXECUTIVE**

The Chair advised that the Board has received a number of proposals from recruitment companies to recruit for a new Chief Executive and they have decided to appoint a sub-committee to look at these and make a recommendation to the Board.

### **Resolution (37/20)**

(Moved: Sir John Hansen/seconded: James Gough)

“That the Board:

- i. appoints a sub-committee comprised of: Barry Bragg (Chair); Ingrid Taylor; and Jo Kane, assisted by Paul Lamb, Acting Chief People Officer, to look at the recruitment proposals submitted and make a recommendation to the Board.”

## **10. ADVICE TO BOARD**

### **Hospital Advisory Committee (HAC)**

Jo Kane, Deputy Chair, HAC, provided the Board with an update on the Committee’s public meeting held on 6 August 2020. Ms Kane advised that the new Chair of Manawhenua ki Waitaha Michelle Turrall, was now their representative on this Committee. She highlighted the Maternity Assessment Unit update; the Labs bowel screening readiness audit and rural health challenges around this; faster cancer treatment; and bariatric surgery.

### **Resolution (38/20)**

(Moved: Jo Kane/Seconded: Ingrid Taylor - carried)

“That the Board:

- i. notes the draft minutes from HAC’s public meeting held on 6 August 2020 (Appendix 1).”

The Chair acknowledged that this would be the last Board meeting for Michael Frampton; Justine White, Carolyn Gullery and David Meates.

Michael – know you will not be forgotten particularly in light of the presentation we have just seen in conjunction with Stella. This is leading work, not just in the NZ context, but in the world context.

Justine – you have wrestled with the finances of this organisation for some considerable time. It has been a heavy burden and one you have never shied away from. We are grateful for all of the work you have done for this organisation.

Carolyn – I have had more to do with you than anybody through the Canterbury Clinical Network. It was the empowerment that you and David and this organisation gave to Primary Care to form a group to really

re-look at the whole of Primary Care. To see what this has achieved and is continuing to be achieved is quite amazing and it has had an impact right across the whole organisation as it has enabled us to keep functioning in secondary care in circumstances we would otherwise have struggled with. You have been a brilliant innovator in that space Carolyn.

David – nobody could have made a greater contribution than you. Leading a DHB would be an enormous job in any circumstances and I doubt when you took it on you thought you would be facing firstly the earthquakes, the mosque attack, White Island and the pressures around deficits and financial matters. Through those times you have been a sterling leader of this organisation, you have been the face of the organisation and without you I doubt very much that this organisation could have coped through those times.

I am grateful to you all and wish you well in your future endeavours and I am sure I speak for the whole of the Board.

Board member Aaron Keown echoed the Chair’s comments. All of the team departing this organisation have left an incredible mark on Canterbury and the people of this city. The region will be forever thankful to you for leading us, from a health perspective, through some of the darkest parts of our region’s history. A deep felt thankyou to you all.

## 11. **RESOLUTION TO EXCLUDE THE PUBLIC**

### **Resolution (39/20)**

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

“That the Board:

- i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, & 15 and the information items contained in the report;
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	<b>GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED</b>	<b>GROUND(S) FOR THE PASSING OF THIS RESOLUTION</b>	<b>REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)</b>
1.	Confirmation of minutes of public excluded meetings: <ul style="list-style-type: none"> <li>● 16 July 2020 – Ordinary</li> <li>● 04 August 2020 – Emergency</li> <li>● 12 August 2020 - Emergency</li> </ul>	For the reasons set out in the previous Board agenda.	
2.	Chair’s Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Executive Management Team Response to EY Taskforce Review – Phase 1	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

5.	Programme Business Case - Hillmorton	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	NZHP Statement of Performance Expectations 2020/21	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	NZHP Health System Catalogue Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Audit NZ Fraud Risk Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Insurance Premium Approval	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Community & Public Health and Disability Support Advisory Committee Membership	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
11.	2020/21 Planning Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	Going Concern Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
13.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
14.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
15.	Advice to Board: <ul style="list-style-type: none"> <li>• HAC Draft Minutes <i>06 August 2020</i></li> <li>• QFARC Draft Minutes <i>04 August 2020</i> <i>14 August 2020</i></li> </ul>	For the reasons set out in the previous Committee agendas.	

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

The Public meeting concluded at 12.50pm.

\_\_\_\_\_  
Sir John Hansen, Chairman

\_\_\_\_\_  
Date of approval

**MINUTES - PUBLIC EXCLUDED MEETING**  
**CANTERBURY DISTRICT HEALTH BOARD MEETING**  
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch  
on Thursday, 20 August 2020

**BOARD MEMBERS**

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

**CROWN MONITOR**

Dr Lester Levy (via zoom).

**BOARD CLINICAL ADVISOR**

Dr Andrew Brant (via zoom).

**APOLOGIES**

There were no apologies.

**EXECUTIVE SUPPORT**

David Meates (Chief Executive); Michael Frampton (Chief People Officer); Mary Gordon (Executive Director of Nursing); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Hector Matthews (Executive Director, Maori & Pacific Health); Dr Sue Nightingale (Chief Medical Officer); Stella Ward (Chief Digital Officer); Justine White (Executive Director, Finance & Corporate Services); Karalyn van Deursen (Executive Director Communications); Evon Currie (General Manager, Population & Public Health); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

**1. CONFIRMATION OF MINUTES OF PREVIOUS MEETING****Resolution (PE58/20)**

(Moved: Barry Bragg/seconded: Naomi Marshall – carried)

“That the minutes of the meeting of the Canterbury District Health Board held on 16 July 2020 be approved and adopted as a true and correct record.”

**Resolution (PE59/20)**

“That the minutes of the Emergency meeting of the Canterbury District Health Board held on 4 August 2020 be approved and adopted as a true and correct record, subject to the following:

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

(Jo Kane and Andrew Dickerson voted against)

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

(Moved: Sir John Hansen/seconded: Gabrielle Huria – carried)

(Jo Kane and Andrew Dickerson voted against)

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

## **Resolution (PE60/20)**

(Moved: Sir John Hansen/seconded: Ingrid Taylor – carried)

“That the minutes of the Emergency meeting of the Canterbury District Health Board held on 12 August 2020 be approved and adopted as a true and correct record.”

## **2. CHAIR’S REPORT**

Sir John Hansen, Chair, did not have a further update.

## **3. CHIEF EXECUTIVE – EMERGING ISSUES**

Mr Meates, Chief Executive, provided updates on the following topics which he stated should be kept at the forefront of the Board’s thinking.

### **Laboratories**

A considerable amount of testing is taking place in support of Auckland around COVID. Going forward the workforce in this area is fragile particularly around stepping up to 24/7 testing. This is a broader issue for Labs across the country at the moment. This vulnerability will remain for a prolonged period of time.

### **Proposed Catch-Up Funding**

There are two major risks sitting with this at this stage:

- There are no payments until the service is delivered.
- The gap between the funding and the cost of delivery is a significant risk for the Board and you will need to make some choices and decisions around that. Given the divergence with funding and cost relative to that, it is probably something we would recommend to the Board not to take in its current format as the gap is multi millions. This will place a significant set of additional pressures on the Board relative to its total cost profile.

### **Bowel Screening**

While this is the right thing to do, this will be funded at a marginal rate as opposed to the true cost. The true cost in Canterbury is the component of constrained capacity and in that context a lot of the screening will need to be done externally.

### **T3 and Compliance Component**

Mr Meates advised that he and the Chair received a communication relative to Tower 3 and compliance works which was curious and have gone back seeking some clarification around this as what was being requested does not match with what actually needs to happen. This should be a relatively simple straight forward element given all of the work and activity that has been done already. If this is taken the way the letter was written it is a significant issue – one that needs to be resolved, as the risk profile for the organisation is increasing in terms of the opportunity to get a number of the compliance works done. As we migrate to Hagley there is a window of opportunity for a range of things to occur that will have limited disruption on services. If that window is missed you are going to have a really complex and disruptive environment that will impact on services. This may be something where the Board may need to approve some of the works while it is waiting for capital approval and undertaking this out of free cash flow.

The Chair commented that we were told by the Minister that we just had to provide an update, but this letter requested a new Business Case. The Chief Executive added that he does not believe that this is what was intended.

### **Intellectual Disability Pods**

Migration into these is scheduled for November. This is the really important part of where our significant ACC workplace related issues sit. The new environment there will allow the opportunity to deal with these.

### **Mothers & Babies & Eating Disorders**

The tender process around this will commence shortly and there is significant interest. It looks like there will be some really competitive bids.

### **Energy Centre**

The in-ground works look like they are on track for the end of September early October which will be an important part of the risk mitigation processes for this site. RFP's delayed for two weeks to enable tenders and at the moment there are a good range of contractors and competitive bids.

### **Labs Facilities**

The risk profile around Labs facilities is high and there is still an issue to resolve around Anatomical Pathology, with the University of Otago giving us notice about 14-15 months ago to move out by 2022.

### **Cancer Centre**

We have had no further response around progressing the Cancer Centre component. The Board will recall that there was a condition on this needing support from the Ministry to support the \$1.2M of consultant fees for the next stage. The clock is ticking as we will be in the process of replacing the third and fourth LINACs starting from early 2022.

A query was made regarding whether any outstanding compliance issues at the Christchurch Campus were being held up. It was agreed that a schedule of these would be provided to the next QFARC meeting on 1 September 2020.

### **Resolution (PE61/20)**

(Moved: Barry Bragg/seconded: Naomi Marshall - carried)

“That the Board:

- i. notes the Chief Executive’s update.”

*There was Board only time with the Chief Executive between 1.25pm and 1.50pm.*

*The meeting adjourned for lunch from 1.50pm to 2.05pm.*

*The meeting moved to item 6.*

## **6. NZHPL STATEMENT OF PERFORMANCE EXPECTATIONS**

Ms White, Executive Director, Finance & Corporate Services, presented this report which was taken as read. She advised that this had been through the Quality, Finance, Audit & Risk Committee (QFARC) who had added parts (ii) and (iii) to the recommendation.

### **Resolution (PE62/20)**

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

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

(Jo Kane was absent for the vote)

- i. approves the NZ Health Partnerships Statement of Performance Expectations 2020/21 and authorises management to provide written approval of this to Steve Fisher, Chief Executive, NZ Health Partnerships, no later than 30 September 2020;

(Moved: Barry Bragg/seconded: Ingrid Taylor – carried)

(Jo Kane was absent for the vote)

- ii. advises NZHP of the requirement to fix the financial reporting with Oracle and for this to be prioritised and implemented prior to delivery of the national catalogue initiative; and

(Moved: Sir John Hansen/seconded: Naomi Marshall – carried)

(Jo Kane was absent for the vote)

- iii. seeks to have input into proposed governance changes for NZHP post the election.”

## 7. NZHPL HEALTH SYSTEM CATALOGUE BUSINESS CASE

Ms White also presented this item which was recommended to the Board by QFARC. Ms White provided some background around the Business Case. She commented that it was intended by the Director General of Health that the other 16 DHBs would join onto this system, and in fact at the point which their own systems were up for refresh or renewal this would take place. This appears to have gone by the wayside, so there are 11 DHBs intending to join the FPIM system with the other nine staying outside of the FPIM system. What this means in terms of the catalogue is that now that nine are not in this system, we have investigated the possibility of these nine DHBs using the catalogue but this is not possible. This paper is seeking funding from the sector again to build another national catalogue.

The Chair of QFARC commented that this was well traversed at the QFARC meeting and the advice from the CEO was that with everything else that is taking place this is not one to take a stand on. Based on this advice, QFARC was happy to recommend this to the Board.

### **Resolution (PE63/20)**

(Moved: Barry Bragg/seconded: Naomi Marshall – carried)

(Jo Kane was absent for the vote)

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

- i. notes a business case for the Finance and Procurement Information System (FPIM) programme was approved by DHBs during May and June 2019 and by Cabinet in June 2019. The recommendations in the FPIM business case included:
  - a phased approach to enable 10 DHBs with end-of-life systems, representing 73% of the country by PBF (and approximately 80% of procurement spending), to mitigate their financial management and procurement system risk by moving to a single instance of the FPIM software solution on a shared infrastructure platform (the FPIM infrastructure). The remaining DHBs would remain on their existing systems; and
  - in parallel, development of a single national product and services catalogue and compliance regime, common chart of accounts, data standards and data repository. These would be used by all 20 DHBs, regardless of the financial management and procurement system they use. All DHBs have committed to this approach;
- ii. notes that approval of the FPIM business case included the release of \$600,000 for the high-level design phase of a national product catalogue;
- iii. notes the high-level design for a single national product and services catalogue has been completed and is encapsulated in the Health System Catalogue business case (Appendix 2);
- iv. notes it will cost an estimated \$23.3m (excluding contingency), being \$19.1m CAPEX and \$4.2m OPEX to implement the Health System Catalogue, upgrade the current data repository and undertake work necessary to undertake the data, systems and change management work for local DHB systems. An additional \$5.5m contingency has been allowed for. Incremental operating costs are \$0.3m per annum once completed;
- v. notes the FPIM business case identified estimated benefits of \$32m p.a. and that these are predicated on the investment in a national product catalogue interfaced to DHBs systems and compliance to PHARMAC medical device contracts. The Health System Catalogue business case confirms these savings and further \$5m p.a. in procurement related savings. The business case outlines a range of additional and potentially significant benefits enabled by the catalogue including supply chain optimisation and efficiencies, improved inventory management and cost control, e-commerce, patient safety, traceability and recall, improved crisis management and advanced analytics;
- vi. notes a stage-gated approach to implementation is proposed. The enables DHBs the opportunity to derive value earlier, ensure confidence in programme delivery and is a sensible risk mitigation step. The current FPIM catalogue will be the starting point;
- vii. notes that the “pre-paid service” model means that in FY20/21 and 21/22, while the Foundation Phase is completed, the financial impact is primarily on DHB cashflows. Costs



will be expensed through DHB profit and loss accounts over 10 years from anticipated completion in late FY21/22. The stage-gated approach will enable DHBs to start to derive benefits to offset the costs being expensed. In this context annual benefits are expected to exceed the costs been expensed in future years;

- viii. endorses the Health System Catalogue business case and Canterbury DHB's participation in the programme of work, including the provision of its resources to support improvements to its data and processes, to enable implementation of the recommended solution; and
- ix. approves the investment of the unbudgeted amount of \$2,108,872 (including contingency) (\$682k in OPEX and \$1.2M in CAPEX) by Canterbury DHB as outlined in the Health System Catalogue business case.

Further noting:

- the Health System Catalogue business case has incorporated feedback from DHBs, the Health System Catalogue Design Authority, relevant Central Agencies;
- the FPIM Governance Board has approved the business case and its release to the Minister of Health and Minister of Finance for final approval, subject to its endorsement by DHBs;
- the business case is fully costed and includes central programme costs and those expected to be incurred at a local DHB level;
- the business case costings have been subject to an independent Quantitative Risk Assessment conducted by Broadleaf Capital; and
- the FPIM Governance Board will oversee the implementation of the Health System Catalogue programme, monitor the realisation of expected benefits and ensure DHBs are kept well informed of progress.”

## **8. AUDIT NEW ZEALAND FRAUD RISK ASSESSMENT**

Ms White presented the Audit New Zealand Fraud Risk Assessment. This is requested by Audit New Zealand every year. This is for the 2019/20 reporting period. It was noted that where there has been a fraud Audit New Zealand have always been involved.

### **Resolution (PE64/20)**

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

(Jo Kane was absent for the vote)

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

- i. notes and approves the Client Fraud Questionnaire completed at the request of Audit New Zealand; and
- ii. approves submission of the Client Fraud Questionnaire to Audit New Zealand.”

## **9. INSURANCE PREMIUM APPROVAL**

Ms White also presented this paper which was taken as read. Ms White advised that this is with the Board due to its size. There is special dispensation in the Chief Executive's delegations for insurance up to \$3M. The premium this year is \$6.3M which is for the total insurance package. For Canterbury DHB the total sum insured is sitting at \$3B which is a 6% increase in the premium against a 10% uplift in the MDBI values.

A query was made in regard to a worst case scenario (eg, the Alpine Fault) and if other DHBs are involved what will happen? Ms White advised that when we secure insurance we look at the lower North Island 1 in 10,000 year event and also the middle of the North Island. A 1 in 10,000 year event across the five DHBs to be affected (Canterbury, South Canterbury, West Coast, Nelson Marlborough and Capital & Coast) is sitting at a predicted level of \$1.025M damage. We insure to \$1.250M at each renewal with an automatic re-instatement.

*Jo Kane re-joined the meeting at 2.20pm.*

Ms White added that as a DHB we still have the risk around where we have not repaired buildings we are still effectively at indemnity level insurance because we have already been paid out for this.

**Resolution (PE65/20)**

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

“That the Board:

- i. approves payment of insurance premiums for 2020/21 for Canterbury DHB totalling \$6.3M (plus GST).”

**10. COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERSHIP**

Sir John Hansen presented this paper which was taken as read.

**Resolution (PE66/20)**

(Moved: Sir John Hansen/seconded: Jo Kane – carried)

“That the Board, as recommended by the Remuneration & Appointments Committee:

- i. re-appoints Yvonne Palmer to the Community & Public Health and Disability Support Advisory Committee until 31 May 2023.”

*The meeting moved to item 12.*

**12. GOING CONCERN ASSESSMENT**

Ms White presented this report which was taken as read. Ms White advised there had been some discussion at QFARC around this as in a normal commercial environment you would not necessarily consider this was a going concern, as one of the key parts to this is to be able to pay your debts as they fall due and we know we cannot do this due to liquidity issues. We are relying on the fact that we do not believe the Centre would let a DHB fail and we are also reliant on the fact that we have continued new facilities in the form of Burwood, Manawa and Hagley that suggests that the Centre is looking at us as a continuing entity.

**Resolution (PE67/20)**

(Moved: Barry Bragg/seconded: Naomi Marshall – carried)

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

- i. notes that Canterbury DHB is a going concern as detailed in the assessment in Appendix 1; and
- ii. notes that a letter of comfort has been requested from Joint Ministers.”

**13. PEOPLE REPORT**

Michael Frampton, Chief People Officer, presented this report which was taken as read. Mr Frampton drew the Board’s attention to the following:

- Because of the shift of the date for the General Election some of the things that we thought were not a risk, now become a risk. The NZNO MECA become riskier from a public relations perspective because there is now a greater window of opportunity for industrial action. We have received advice that NZNO has confirmed with its members an intention to strike (this is the Primary Care Nursing MECA) on 3 September 2020, which we think is pretty poor form as most of the response to COVID is taking place in Primary Care.
- There will be a paper to the next Board meeting around IEA remuneration which will recommend an approach consistent with other DHBs of 0% increase for those over \$100k and a pool of 1.5% for those earning less than \$100k.

- The other big area of focus which is key to realising a number of the things that are contained for the year ahead is our Occupational Health response, which is being stepped up again in relation to COVID.

A query was made as to why there is not a wage freeze. Mr Frampton advised we are following advice around pay restraint matters issued by the State Services Commission. They, in conjunction with Treasury and DPMC, are responsible for the parameters that are agreed for the collectives.

A query was made that in the current climate of mass resignations and protests outside our offices here, what is staff morale like and where do people go to get confidence regarding stability and the ability to get on and do their job. Mr Frampton commented there are some very talented people in this organisation and they are not limited to the people who sit around this table. While there are some people that are leaving, there is an extraordinary amount of talent remaining behind. Mr Frampton further commented that a range of supports are provided, noting the changes in leadership are stressful for staff, as is COVID-19 and pressures around the Hagley migration. He added that it is right to raise this issue and it is something important going forward for you as a Board to remain vigilant around.

The People Report was noted.

#### **14. LEGAL REPORT**

Greg Brogden and Tim Lester, Corporate Solicitors, presented the Legal report which was taken as read.

Mr Brogden advised there are two new items – one under HDC and the other which he spoke to briefly at QFARC last week.

A query was made regarding privacy, with a member of Parliament leaking information to the media and in recent days a security guard putting personal information on social media. It was noted that the DHB is not aware of any of those patients being from CDHB. There is a new Privacy Act coming into effect later this year which has a wider range of penalties for organisations and individuals. Where we have had privacy breaches within this organisation where people's health information has been accessed without a mandate, we have always notified the individual and advised them of the process, their rights and provided support.

Discussion took place regarding the concerning incidents involving the two patients detailed in the report.

Barry Bragg and Gabrielle Huria declared their interest regarding Carparking.

Mr Lester provided updates as follows:

- Still currently publicly consulting on the aspects around the land disposal items (the Bus Super Stop and the Afternoon Staff Car Park).
- The car parking proposal has been signed and we are awaiting an announcement regarding this which has been delayed due to the COVID situation.
- The Park N Ride service from Deans Ave commences on Monday.
- Manawa rent relief – we have verbal agreement that the CDHB's offer of 50% rental and 100% outgoings has been agreed.

The Legal Report was noted.

*The meeting moved to Items 4 & 11 which were taken together.*

**4. EXECUTIVE MANAGEMENT TEAM RESPONSE TO EY TASKFORCE REVIEW – PHASE 1**  
**11. 2020/21 PLANNING UPDATE**

Carolyn Gullery, Executive Director, Planning Funding & Decision Support, advised that QFARC had requested management respond to the EY Taskforce Review and this is material to the next conversation regarding the Annual Plan.

In regard to the planning update, it was noted that the DHB has approval across all of the sections except for the savings plan and the service change sections. We now need to work with the Board around what we are doing around the savings plan and service change sections.

Recommendations were provided as follows:

*That the Board*

- *notes that analysis using national data indicates that as a DHB of service Canterbury FTE/activity ratio is not out of line with its peers and better than most;*
- *notes that nationally mandated CCDM processes indicate that nursing is very tight so reduction in nursing numbers will be contingent on reduction in activity;*
- *notes that the main drivers of the increasing deficit over time are increases in earthquake related depreciation, earthquake related capital charge and Hagley delay;*
- *notes that achieving the proposed savings will involve reduction in workforce and service delivery which will be minimised where practical through innovative design;*
- *notes that the plan is proposing to be operationally break-even next year and break-even including IDCC in 22/23 provided Hagley is not further delayed;*
- *notes that this performance markedly exceeds the “Way Forward” break-even pre IDCC over four years agreed with the Ministry in February 2019;*
- *notes reporting will be provided via QFARC based on QFARC financial reporting supplemented with detail from the PMO;*
- *notes that specific service changes will be provided to the Board for approval before being advised to the Ministry for approval;*
- *agrees to remove the detail of the anticipated staff reductions from the Annual Plan submission; and*
- *approves the proposed Deficit Reduction Savings Plan of \$56.9M.*

Ms Gullery advised the reason management has provided a response to the EY Taskforce Review is that they believe this is material to the Board making a decision about the savings plan.

Ms Gullery then provided a presentation and talked the Board through this.

**Resolution (PE68/20)**

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

“That the Board:

- i. approves today’s meeting lasting longer than six hours.”

The Chair thanked Ms Gullery for the presentation. He commented that he wished to avoid going backwards and forwards between the EY report and Management’s response. He added that this is a plan initiated by management and work has started on it already. There is a Programme Office in place and there is buy in from the organisation. He commented that this is a challenging plan to achieve and the correct way forward is to approve this plan, to include the numbers from this plan in the Annual Plan and if the Minister’s do not sign it off we will deal with that then. He added that he has every confidence in the teams in place to deliver this huge target.

Discussion took place regarding the differing views between the EY Report and management’s response, and the challenges around how people can get different figures from the same data. Dr Lester Levy, Crown Monitor, commented he was very keen for these numbers to be sorted out – to

resolve the issues of differences in numbers and comparisons around benchmarks in a way that is totally transparent. He noted this may mean that he and the Chair need to sit down and talk with the Government.

The Chief Executive commented that having had five external reviews, all with the same outcome, has been part of getting to a common understanding. He added he found it concerning that any consultancy firm would put something up to a Board without having an agreed set of numbers and/or an agreed set of points of difference and what these are. It is so important for this Board to have confidence that what it is seeing is consistent and shared and this is what we have expected in the past.

The Chair commented that the best way of getting listened to in Wellington is proving that we can make these savings and what I want to ensure is that we have a very quick response to anything going off the rails so the reporting of this must give us a clue very early on that something is not working. He added that if we are in a position by Christmas of meeting our targets we are in a much stronger position to have these conversations with Ministers. He commented that as long as the numbers remain unresolved, which cannot be done today, the response will not be positive.

The Chair commented that the only decision the Board would be making today is to adopt management's plan, but we will be watching it like a hawk as you would expect.

The Chief Executive assured the Board that although everyone saw the \$56M savings plan as very challenging, the organisation as a whole have bought into it and believe it to be credible and are committed to it.

Discussion took place regarding the plan, the unresolved issues, the achievability of the plan and service changes. In regard to service changes, the Chief Executive commented that the Board would have to sign off on any service changes, which would be provided with impact statements, which would then have to get Ministerial sign off.

It was noted that the differing views between the EY Report and Management's response will need to be revisited and resolved.

#### **Resolution (69/20)**

“That the Board:

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

(Jo Kane, Andrew Dickerson, Naomi Marshall opposed)

- i. approves the \$56.9M savings plan recommended by management, noting that any service changes or changes in FTE numbers be brought back to the Board for specific approval; and

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

(Jo Kane opposed)

- ii. agrees to remove the detail of the anticipated staff reductions from the plan.”

*The meeting moved to Item 5.*

## **5. PROGRAMME BUSINESS CASE – HILLMORTON**

Mr Meates presented the Hillmorton Programme Business Case, which he advised is substantially the same as presented at the QFARC meeting. He commented that there were some updated whole of life costs completed and this document includes them and some changes to the staging.

Mr Meates added that this is a Programme Business Case which has a very clear set of recommendations in terms of a range of detailed Business Cases that sit underneath. He added that

as with any good campus plan, an enormous amount of money goes into infrastructure and in ground infrastructure to enable this to happen, and in this case it is close to \$100M.

This has been approved by QFARC and was fast tracked to come to the Board.

**Resolution (PE70/20)**

(Moved: Andrew Dickerson/seconded: Jo Kane – carried)

“That the Board:

- i. endorses the Programme Business Case for Hillmorton Campus – Te Hurahai Hau - A new journey;
- ii. endorses the identified programme of work in the programme business case:
  - a. tender for and appoint design consultants for Stages 1a and 1b of the programme of work (subject to the cost being further identified);
  - b. approve enabling site infrastructure works (\$100m) for the programme business case including stages 1a and 1b;
  - c. approve construction of a ‘campus heart’ building (1,737 sqm; \$23m) in stage 1a;
  - d. proceed directly to developing a detailed business case for the Forensic Rehabilitation and Outpatients building (2,220 sqm; \$38m) in stage 1a;
  - e. proceed directly to developing a detailed business case for the Adult Acute Inpatient Services building (10,442 sqm; \$154m) in stage 1b; and
- iii. approves the submission of the Programme Business Case to the Capital Investment Committee.”

*The meeting moved to Item 15.*

**15. ADVICE TO BOARD**

**Hospital Advisory Committee (HAC)**

Jo Kane, Deputy Chair, Hospital Advisory Committee provided the Board with an update from the public excluded section of the Committee’s meeting held on 6 August 2020.

**Resolution (PE71/20)**

(Moved: Jo Kane /seconded: Ingrid Taylor – carried)

“That the Board:

- i. notes the draft minutes from the Hospital Advisory Committee meeting held on 6 August 2020.”

**Quality, Finance, Audit & Risk Committee (QFARC)**

Barry Bragg, Chair, QFARC, provided the Board with an update on the Committee’s meetings held on 4 August 2020 and 14 August 2020.

**Resolution (PE72/20)**

(Moved: Barry Bragg/seconded: Ingrid Taylor – carried)

“That the Board:

- i. notes the draft minutes from QFARC’s meetings on 4 August and 14 August 2020.”

**INFORMATION**

- Chair's Correspondence

The Chair thanked David Meates, Justine White, Carolyn Gullery and Michael Frampton for their contribution to the DHB and wished them all the best for the future.

There being no further business, the meeting concluded at 5.00pm.

\_\_\_\_\_  
Sir John Hansen, Chairman

\_\_\_\_\_  
Date of approval

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