AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
to be held via Zoom
Thursday, 17 March 2022 commencing at 9.30am

	Karakia		9.30am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 17 February 2022		
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	Dr Peter Bramley *Chief Executive*	9.40-10.10am
Reports for Noting			
6.	Finance Report	David Green *Acting Executive Director, Finance & Corporate Services*	10.10-10.20am
7.	Resolution to Exclude the Public		10.20am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.20am**

NEXT MEETING
Thursday, 21 April 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*
Jo Domigan – *Interim Chief People Officer*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Executive Director of Nursing*
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 – 2022

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	17/02/22 (Zoom)	17/03/22 (Zoom)	21/04/22	19/05/22	16/06/22
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	√				

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

CONFLICTS OF INTEREST REGISTER CANTERBURY DISTRICT HEALTH BOARD (*CDHB*)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **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. **Three Waters Governance Working Party** – Member A Crown appointed taskforce of Mayors and iwi representatives to recommend a governance framework for the four proposed new Water Services Entities. **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 A Crown appointed taskforce of Mayors and iwi representatives to recommend a governance framework for the four proposed new Water Services Entities. **Venues Ōtautahi** - Advisor A Christchurch City Council controlled organisation. Venues Ōtautahi is responsible for attracting, planning and delivering events for the Christchurch venues it owns, operates and manages. **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, 17 February 2022 commencing at 9.30am

BOARD MEMBERS
Gabrielle Huria, (Deputy Chair); Barry Bragg; Catherine Chu; Andrew Dickerson; James Gough; Jo Kane; Aaron Keown; Naomi Marshall; Fiona Pimm; and Ingrid Taylor.

CROWN MONITOR
Dr Lester Levy

CLINICAL ADVISOR
Dr Andrew Brant

OBSERVER
Amy Adams (Health New Zealand)

APOLOGIES
An apology for absence were received from Sir John Hansen.
An apology for intermittent attendance was received from Jo Kane.
An apology for lateness was received from Aaron Keown (9.45am)
An apology for absence during the meeting was received from Dr Lester Levy (11.45am – 12.15pm)
An apology for early departure was received from James Gough (11.55am)

EXECUTIVE SUPPORT
Tracey Maisey (Acting Chief Executive); Norma Campbell (Executive Director, Midwifery & Maternity Services); Julia Goode (Communications); Becky Hickmott (Executive Director of Nursing); Mary Johnston (Chief People Officer) Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Tanya McCall (Interim Executive Director, Community & Public Health); Hector Matthews (Executive Director Maori & Pacific Health); Dr Rob Ojala (Executive Director, Facilities & Infrastructure); and Kay Jenkins (Executive Assistant, Governance Support – Minute Taker).

Item 6 - Alison Sarginson (Deputy Chief Financial Officer).

APOLOGIES
Apologies for absence were received from Dr Peter Bramley (Chief Executive); James Allison (Chief Digital Officer); David Green (Acting Executive Director, Finance & Corporate Services); Dr Helen Skinner (Chief Medical Officer) Karalyn van Deursen (Executive Director, Communications); and Anna Craw (Board Secretariat)

Apologies were received from the Executive Management Team who would attend intermittently as time permits.

Hector Matthews 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
There were no declarations of interest for today's meeting

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

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Resolution (01/22)
(Moved: Ingrid Taylor/seconded: James Gough – carried)

"That the minutes of the meeting of the Canterbury District Health Board held on 16 December 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward/actions item were noted.

4. CHAIR'S UPDATE

Gabrielle Huria, Acting Chair, advised that Sir John had asked her to make the following comments: He wished to thank staff for their brilliant vaccination and omicron response. Out in the community the DHB has been tremendous and he would like to send the Board's message to them that they are doing an amazing job and we are very grateful for this.

The Chair's update was noted.

5. CHIEF EXECUTIVE'S UPDATE

Tracey Maisey, Acting Chief Executive, thanked the Chair for the acknowledgement of staff and commented that the teams are doing a phenomenal job and we are very blessed to have such dedicated workers across our whole health system in Canterbury. She confirmed that she would pass this on to the appropriate groups of people.

She took the report as read and commented that not only are we busy across the hospital but also in Primary Care and our Aged Residential Care facilities are struggling with workforce but are continuing to provide a high level of care. We are continuing to staff MIQ and are also running extended vaccination programmes and our testing sites are also very busy as the number of cases increases in our community. What underpins all of this is that we are monitoring our health care standards and the Office of the Clinical Executive have enhanced clinical governance processes that have been tailored to those various responses.

She added that at times like this we value even more the level of integration and support that we have from our partners in other organisations. She advised that she has been attending on Peter's behalf the Regional Leadership Group meetings with the Mayors and our major Public Sector partners, MSD, Justice, Corrections etc and would like to extend our thanks to them for their support. In addition, our Primary Care and Community partners, where the Omicron response will occur mostly in the community, where those teams of people are continuing to do a phenomenal job.

A query was made regarding the fiscal implications around planned care in December with 1069 less than the phased target and no indication in the paper about the financial impact that this will leave us with and similarly with the additional overtime and extra shifts as a result of staffing issues we still do have an analysis of what the fiscal impact if these is.

Ms Maisey advised that in terms of planned care if we focus on the current rule of 95% compliance,

if we don't catch up the thousand cases and given our Omicron impact this is probably unlikely, although our elective service providers in private are not intending to substantially reduce their services but there will absolutely be an impact on public care and as the rules stand at the moment there will be a fiscal impact but she couldn't advise the number at this point. In terms of overtime she commented that, as you will have seen in the finance report, where the overtime is related to a COVID matter it is charged to COVID and overtime due to staff absences it is BAU so we are still working out what the impact of this will be on our BAU budget.

A query was made regarding the 12% increase in Triage 1 & 2 attendances in the Emergency Department and whether we have any sense what is behind this as it is quite significant. It was noted that an explanation around these types of statements would be helpful.

In regard to planned care we are doing a lot more minor procedures than we target and we are behind in our planned discharges. A query was made as to whether any of our minor procedures are contributing in a way that means we have less complex care required later? It was noted that a lot of our minor procedure variance is around intraocular injections and the plan was probably too low for this. It was also noted that the main reason for the reduction in planned care appears to be due to resourced bed access.

In regard to staff shortages in mental health the comment was made that there is no easy solution to this recruitment challenge so are there other strategies to slow down the demand. Becky Hickmott, Executive Director of Nursing commented that we do have quite a lot of processes that we are putting in place and we are working in partnership with Allied Health who are essentially providing an alternative model. She added that we had met with the Ministry of Health team around this and they commented that we have developed one of the most innovative processes they have seen in health however it is also about how we sustain this going forward. It was noted that this is not just a local issue it is both a national and international issue and there is a campaign we are working with the Ministry to help promote this project and other opportunities.

Aaron Keown joined the meeting at 9.45am

Tracey Maisey commented that yes there is an increase in demand in Mental Health & Addictions, and internationally we have seen that this happens around the COVID outbreak with people getting stressed so we are very aware of this. Our Specialist Mental Health Service and P&F have quite a comprehensive network of mental health providers working together in terms of trying to keep people in the community and we are investing quite a bit of time, energy and resources into those providers. We also have a strong mental health presence at the hub in terms of community providers being able to escalate requests for support through that process, however there is no easy answer to this.

The comment was made that the supply line for workforce is many years in the making and the problem is just going to get worse and we need to think about what else we can try.

It was noted that there was a comprehensive update by Greg Hamilton at the HAC meeting highlighting all of these issues however we are yet to find a solution.

A request was made for management to take another look at the outcomes from the National Mental Health Taskforce to see if there are any alternative strategies that could be implemented here.

A query was made regarding Aged Residential Care – was the District Nurse settlement completed and did we get the funding for it and how concerned are we about pay equity in this area. Ms Maisey advised that we are still in negotiations with the Ministry of Health regarding getting the District Nurse first tranche money. Other DHBs have received funding but because we contract these people we still have not received it. In regard to pay equity Becky Hickmott advised that there will be an even greater deficit for ARC and a number of other providers as there is up to a 20% pay differential. There is a national strategy hui called to try to resolve this issue but there was no

solution other than what we have already discussed before and there is a request from the Aged Care Association and other groups for an immediate injection of money for the next 6 months to help stabilise this area.

A query was made as to whether we are disadvantage as we contract these people and Barry Bragg advised that this will be raised at the next Ministry of Health monthly meeting.

A query was made as to whether any discussions are taking place around MIQ staff and whether they will come back into the hospital system. Becky Hickmott advised that we have immediately issued a Memorandum of Approval (MOA) and have gone out with an expression of interest to all the nurses to offer them a permanent full-time position. The challenge right now is that we are still required to facilitate staffing in those areas. Some of the immediate things we are doing is changing the model of care which will take some doing. The most recent changes that have come out due to phase 2 is that we have been able to begin to release some of these staff.

A query was made regarding pressure on GP practices, not just with COVID, but the lack of people turning up for normal services and also First Specialist Appointments and unintended consequences. It was noted that the DHB is equally concerned re GPs and FSAs and there is absolutely no question that our planned care will be affected as we shift staff to critical areas. It was also noted that the Ministry of Health have extensive tracking systems around unintended consequences with the key thing being access to workforce which is our biggest constraint.

A query was made regarding recruitment in ED and it was noted that although we have some pretty big challenges here we have processes underway and we are putting a lot of resource into this. It was also noted that the children's emergency centre are planning to open up and we are preparing for this pretty rapidly which will take a bit of pressure from that ED space.

A query was made regarding the piece of work to make Waipapa flow to reduce the pressure on ED so how much of this is progressing with COVID in the mix and when would this work come to fruition. It was noted that staff availability has affected this however Jacqui Lunday-Johnston advised that we have undertaken a programme of work within ED to develop a multi-disciplinary response so we are supporting our nursing and medical colleagues in making some decisions around admission avoidance to support patient flow. She advised that we have some skilled decision makers around strengthening our rapid response within the community as well and changing the way our community older persons health and rehab services work so there is more continuity of care and connecting also with our acute demand services and also providing some out of hours support.

Tracey Maisey added that we are using the opportunity that Omicron presents us to rapidly implement some new models of care.

Dr Lester Levy commented the he would like to create a bit of context around planned care. He said that we should not interpret minor procedures as being trivial or irrelevant as they are really important as they prevent people going blind, removing skin cancers, so they are not trivial they are just a different kind of procedure. In a COVID environment where we cannot operate in the normal way it is important to really accelerate these as it works well with the pressure on the system. He added that in a National context Canterbury is actually performing at the highest level amongst DHBs in terms of planned interventions and what is interesting is that our case weighted discharges are above budget whilst our discharges are below budget and this is concerning as he does not believe that discharges are the best way of looking at anything as caseweights are a much better way. He added that Canterbury has actually done a really good job through this COVID process. ESPI2 & ESPI5 are a concern right across the country and these are deteriorating quite quickly month on month and we are in a position where it could take a very long time realistically to catch up so we need a different approach and this is why he was pleased to hear about the different models being developed.

The Acting Chief Executive's update was noted.

6. FINANCE REPORT

Ali Sarginson, Acting Executive Director, Finance & Corporate Services, presented the Finance Report for the month of January 2022. She advised that year to date we were $2m favourable to plan and excluding COVID and Holidays Act with the BAU result being $2.106m unfavourable to budget year to date. This is mainly due to treatment related costs around blood, implants and protheses, and also capitation with enrolled patients being higher than budget. She added that our savings targets year to date to December are on track.

A query was made in regard to personnel costs and Ms Sarginson advised that firstly we had the pay equity settlement which meant that our costs were a lot higher than budget for which we have received additional funding. We also have the cost of the nursing settlement where we were instructed to assume a 1.5% increase but the actual increase has been higher than that and on the nursing side, yes we have got higher overtime as we have had to replace nurses but there are also a lot of vacancies which is offsetting this.

A request was made for some one-pagers to be provided to QFARC around these actual costs. Barry Bragg, Chair of QFARC commented that we should note that due to the work management are doing in relation to Omicron we have pulled back our QFARC agendas and are trying to focus on the most important issues and this may not be able to be provided immediately.

In regard to the nursing settlement there is mention of the "interim" settlement. It was noted that this is due to the Ministry agreeing to pay a proportion of what was estimated might be the equity settlement (paid out last year) and the whole equity settlement is still to be settled as the degree of the inequity has not been agreed.

Resolution (02/22)
(Moved: Fiona Pimm/seconded: Andrew Dickerson – carried)

That the Board:

i. notes the consolidated financial result YTD is favourable to plan by $1.978M;
ii. notes that the YTD impact of Covid-19 is $4.068M favourable to budget;
iii. notes that the YTD impact of the Holidays Act Provision (*HAP*) is an additional $8.085M expense which is in line with budget; and
iv. notes that excluding HAP and Covid-19, the YTD result is $2.106M unfavourable to budget.

7. LOCALITIES UPDATE

Gabrielle Huria, Deputy Chair, commented as follows. She commented that before we start on this paper there is some incorrect information in here that we have to get right as a DHB because it will make processes working with Tanga te Whenua much easier if we get the right procedural aspects right around who talks to whom. Last year the Papitipa Runanga signed a Partnership Agreement with the DHB and that set out the details of the relationship moving forward. It also set out the boundaries of each Runanga which are part of the Te Runanga o Ngai Tahu Act Schedule 1 so there is not a boundary issue for Ngai Tahu as Shedule 1 from 1996 states what the boundaries are. She advised that last night she had been on a call with all of the Canterbury Runanga Chairs and they wanted her to convey this message to the Governors and the Executive Management of the DHB that para 7 in the paper around boundaries is not correct as Ngai Tahu is very clear on its boundaries and has been since 1996 and it adheres to this in its act. She added that the treaty partnership for the DHB are the Runanga and Manawhenua ki Waitaha is the implementation arm and they work at an operational level. She commented that it seems that people have not grasped how the Ngai Tahu

authority organises itself and it is important to get this right. She suggested that the Board notes the paper and ask CCN to get in contact with the appropriate people.

It was noted that last year the DHB signed a Partnership Agreement with the Papatipu Runanga within our catchment area and there doesn't seem to be a reference to this in this paper and with this new relationship established there should be regular engagement with this group.

Tracey Maisey thanked Gabrielle for the advice and guidance and commented that the locality process is a way of enabling these conversations to take place. She added that we are co-leading this with our partners and sought the assistance of the Canterbury Clinical Network to facilitate some discussions. She commented that she believed that the locality development that has been proposed from Health NZ is very positive and will be an enabler for some really good community driven co-design work with our treaty partners and communities.

Michelle Turrell apologised for the confusing message that came across, she added that boundary conversations are taking place at a government level around the Southern Region and what the Southern Region boundaries will be. Our Korero was that nobody, Manawhenua in particular, could take part of any of these discussions given that the Iwi had not finished negotiating with the government on their boundaries. She added that they are fully aware that the relationship fits with the Papitipu Runanga and it is great that the Chairs had a meeting last night and made this decision and great that there is a group for the DHB to liaise with. She also added that Manawhenua were discussing their exit and what that would look like at their last Board meeting and all that they really ask is that they be given the opportunity to hand over the work we have recently put on the table that we would like to see go through when they leave.

Linda Wensley, Canterbury Clinical Network thanked Gabrielle for her guidance and commented that whilst Canterbury will not be participating in this tranche 1 of the locality process the work we have been doing, particularly in our rural areas over the last five years is very aligned to the approach being taken and we have learned a lot from this. She added that he conversations that did take place across the system with partners show great enthusiasm for taking the time to consider the future direction and an absolute commitment to trying to get this right and work in partnership with Manawhenua and the Runanga as directed.

Fiona Pimm advised that the locality work is being led by the transition unit and its really clear in the documentation that has been released that localities cannot overlap – there will be defined localities – and they will not be DHB size they will be smaller as they are focused on what are the needs of the local communities. Ngai Tahu and Manawhenua can have formal relationships with more than one locality. At the end of the day it is up to the Runaka Chairs and their elected committees to carry the Manawhenua role and therefore need to be the partner with that locality. She added that this does not stop operational work but is what needs to happen at that partnership level.

The update was noted and arrangements will be made for the Chair and Chief Executive to meet with the Runanga Chairs as soon as this can be arranged.

8. CARE CAPACITY DEMAND MANAGEMENT

Becky Hickmott, Executive Director of Nursing, presented this paper which was taken as read. Ms Hickmott advised that there was a release of national findings around CCDM las night and there will be some changes in this space. The findings will go to Unions and DHBs today.

Discussion took place around FTEs and it was noted that our challenge around this is a continued issue with recruitment. Applications from our ARC is also a risk and we are looking at other alternatives such as use of Nurse Aids etc.

A query was made around the data which shows a system under huge pressure and how this

compares to other DHBs. It was noted that all DHBs are under enormous pressure for both large and small DHBs which is a very challenging situation.

A query was made regarding the morale and mood of the workforce and it was noted that national feedback shows a poor mental health state across the nation with people working in a tough space and feeling exhausted.

Tracey Maisey commented that to have a nationally consistent programme around our workforce is just so important and we are really keen on rolling out the Care Capacity & Demand Management Tool for Allied Health practitioners as well so we can get the same level of information and understanding.

Norma Campbell commented that this tool actually validates what nurses and midwives have been saying for a long time in that they are overstretched and the short notice sick leave is telling the story as well as they are tired. She added that it is important that this is acknowledged and we know it is not a quick fix.

A query was made about where this leaves us with an inevitable Omicron wave approaching. It was noted that management plans are in place preparing for this including requesting all staff to indicate their availability for redeployment and support and 1400 responses have been received.

The update was noted.

9. ADVICE TO BOARD

Hospital Advisory Committee

Naomi Marshall, Deputy Chair, Hospital Advisory Committee provided an update on the Committee meeting held on 3 February 2022. She highlighted discussions around the overall pressure on the health system, questions around the overtime spend being $2m for the 6 months July to December, and ESPI 2 & 5 getting worse which the Committee want to monitor.

The draft minutes were noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (03/22)
(Moved: Ingrid Taylor/seconded: Naomi Marshall - carried)

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)

1.	Confirmation of minutes of public excluded meetings – 16 December 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.	Stealth Navigations System	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Liquid Chromatography Mass Spectrometer Replacement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Christchurch Hospital Campus COVID ICU 4th POD	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Waipapa Lower Ground Floor Fit-Out for Clinical Teams	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Energy Centre Project	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	COVID-19 Response Hub Lease	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	2022/23 Budget Update + Forecast	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 • HAC Draft Minutes *3 February 2022* • QFARC Draft Minutes *1 February 2022*	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 10.55am

Gabrielle Huria, Deputy 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 17 MARCH 2022

DATE	ISSUE	REFERRED TO	STATUS
30 Nov 21 (QFARC)	Fee for Service Contracts – how many; what are they for; and assurance that good process has been followed.	Jo Domigan	Update to 21 April 2022 meeting.
16 Dec 21	CDHB Contractors Update – how many; in what services; and effectiveness of this form of employment.	Jo Domigan	Update to 21 April 2022 meeting.
03 Feb 22 (HAC)	System / Pressure Points & Planned Care Management	Dr Peter Bramley	Update to 21 April 2022 meeting
17 Feb 22	COVID-19 Community Hub Lease	Tracey Maisey	Today's Agenda – Item 4 PX

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: **17 March 2022**

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:

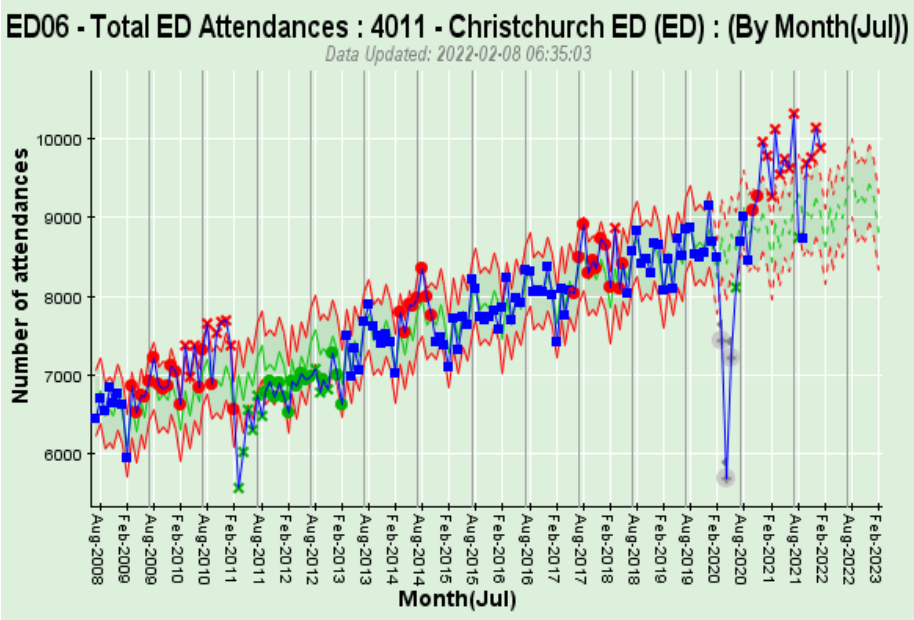
i. notes the Chief Executive's update.

3. DISCUSSION

MEDICAL / SURGICAL SERVICES

Emergency Department

- There were 9,873 attendances at the Christchurch Hospital Emergency Department during January 2022. This is around 800 more than forecast and 85 more than in January 2021. Attendances have returned to the high range seen since shifting to Waipapa following the reduced activity in August and September.
- When compared with January 2021 triage 1 and 2 attendances have increased by 185 (15%), triage 3 attendances by 407 (9%) and triage 4 and 5 attendances have reduced by 507 (-13%).



- 2,997 people were admitted to hospital from the Emergency Department, 166 less than in January 2021.
- 82% of people attending the Emergency Department left the department within six hours. This is the lowest value reported and is well short of the 95% target.

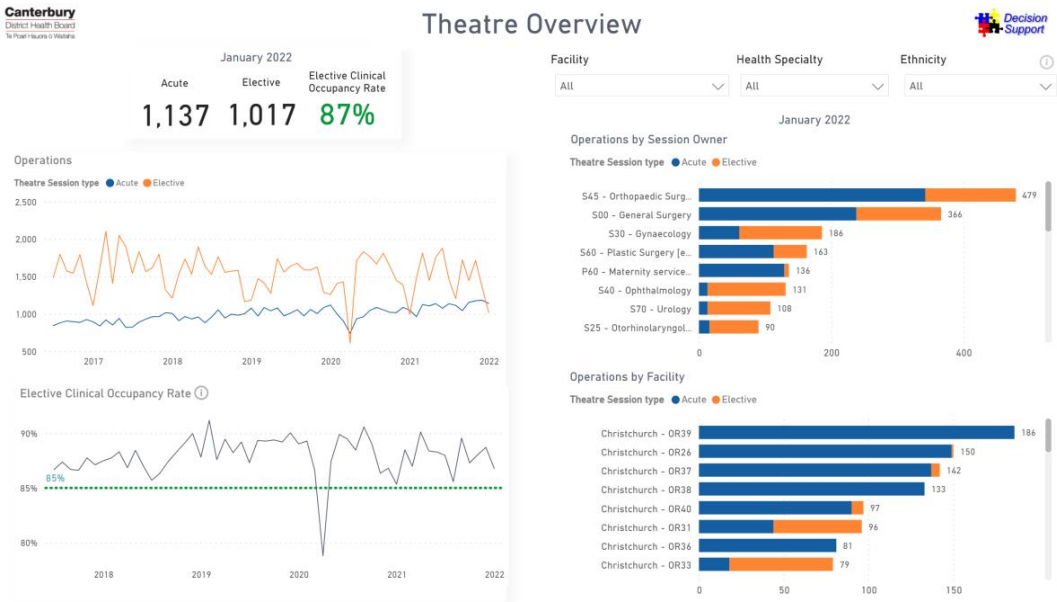
Outpatient attendances

- During December 2021 more than 6,175 non-face to face appointments were provided, a significant reduction compared with the lockdown months of August and September but 29% higher than the 4,799 delivered this way in December 2020.
- There were approximately 3,000 more outpatient visits provided in December 2021 than during the December 2020.
- However there was a 6% reduction in new patient attendances provided with 7,610 provided in December 2021 compared with 8,117 in December 2020.

Planned care

- Canterbury District Health Board has an agreed phased schedule with the Ministry of Health for planned care delivery that will provide the targeted volume of 19,614 discharges (the same target as for 2020/21).
- Total delivery versus phased target gives an indication of progress towards the phased target. At the end of January 9,852 planned care discharges have been provided – 1,055 less than the phased target.
- At the start of February CDHB is exceeding target for minor procedures in hospital settings having delivered 1,256 as inpatients (376 ahead of target) and 7,891as outpatients (3,301 ahead of target).

Use of Theatre Capacity



- More acute and planned operations were provided at **Christchurch Hospital** in January 2022 than January 2021, with a total of 1,898 theatre events – this is 8% higher than in January 2021.
- The volume of operating at **Burwood** was 6% higher than in January 2021, with 166 operations provided during January 2022 and 157 in January 2021.

- **Anaesthetic Technician** vacancy continues to constrain theatre capacity and therefore delivery to below the scheduled level.
- The Patient Information Care Systems shows that 11 booked surgical admissions were cancelled during December due to beds being unavailable and eight due to theatre staffing.

The CDHB Improvement Action Plan 20/21

- At the end of January 3,056 people were waiting for longer than 120 days for first specialist assessment. This is an increase of 371 from the end of December.
- The number of people waiting >120 days for surgery has also increased during January with 2,060 waiting at the end of month, an increase of 227 from 1,833 at the end of December.

ICU Occupancy

Measure	Number Nov-20 to Jan-21	Number Nov-21 to Jan-22
ICU 10am occupancy >21 (days)	6	17
ICU 10am occupancy >25 (days)	-	1

- ICU provided 541 bed days of care during January, this is in line with forecasts and past years' activity.

NICU Occupancy

Measure	Number Nov-20 to Jan-21	Number Nov-21 to Jan-22
Days NICU 10am occupancy >44	65	41
Days NICU 10am occupancy >50	18	18

- The resourced capacity of NICU is 44. During January, 10am occupancy of neonatal intensive care was never 50 or more and was greater than 44 on only one day.

OLDER PERSONS HEALTH & REHABILITATION (OPH&R)

- Older Persons Mental Health has been working with aged residential care providers in light of significant constraints around dementia hospital beds and impact on flow, and has recently completed a review of existing residents with a view to reassess any appropriate residents who may no longer require that level of care. This process, over several visits, has resulted in reassessment of 12 residents who no longer required that level of care and will be transferred.
- Kowhai programme continues in early stages of implementation with the first cohort of volunteers now active on the wards. We have received good feedback from staff and participants, with 100 hours contributed by volunteers in January.

ALLIED HEALTH

- **Social Work** are developing a Prioritisation Tool for consistency and visibility on how referrals are prioritised and triaged. Currently there is not a consistent clear and visible service delivery timeframe

expectation from all aspects of AH to the organisation. Each AH service is working on operationalising a standardised timeframe tool for their prioritisation guideline.

- The expanded OT service in the Emergency Department commenced on 6 December 2021. This expanded service covers 7 days a week and is focusing on the frail elderly as well as concussion assessment.

NURSING

- **West Coast – Flooding:** Temporary relocation of 56 ARC Residents from O'Conor Home in Buller to Christchurch.
- To date 20 RN 1 HCA and shifts and 11 RN shifts covered by RN's from Christchurch and Burwood hospitals respectively. Staggered repatriation of residents commenced 8 February.

PEOPLE & CAPABILITY

- 16 Māori and Pasifika rangatahi were inducted into the organisation on 17 January as part of the mana enhancing recruitment campaign.
- Recruitment commenced for two new part-time Welfare Advisor roles (SMHS and West Coast)
- A trial of the recruitment team managing the external offer letter process commenced end of January to accelerate the offer process and minimise the risk of candidates accepting offers elsewhere given competitive external market. This will continue for the next two months.
- Working in partnership with Mana Taurite (equity team) to support the Rangatahi Rōpu onboarding programme, with great feedback from attendees.
- Orientation – we've released the pilot for the new experience and welcome, and our focus will be in refining and getting it right for when we return to an environment that allows for face-to-face events.
- Employee Anniversary Milestones – employee anniversary notifications have been updated and include a link to a knowledge article in max. This article contains suggestions for managers as to how they can acknowledge and celebrate these.

FINANCE REPORT FOR THE PERIOD ENDED 31 JANUARY 2022

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Keri Page-Kreis, Acting Corporate Finance Manager**

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

DATE: **17 March 2022**

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 favourable to plan by $7.720M;
ii. notes that the YTD impact of Covid-19 is $3.085M favourable to budget;
iii. notes that the YTD impact of the Holidays Act Compliance is an additional $9.434M expense which is in line with budget; and
iv. notes that excluding HAP and Covid-19, the YTD result is $4.618M favourable to budget.

3. FINANCIAL RESULTS EXECUTIVE SUMMARY

Summary DHB Group Financial Result – January 2021:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	3.955	(4.237)	8.191	(28.533)	(42.215)	13.681
Community & Public Health	0.036	0.041	(0.004)	0.492	0.004	0.488
Total In-House Provider excl Subsidiaries	**3.991**	**(4.196)**	**8.187**	**(28.041)**	**(42.211)**	**14.170**
Add: Funder & Governance						
Funder Revenue	172.720	169.490	3.230	1,242.910	1,177.699	65.211
External Provider Expense	(73.934)	(69.693)	(4.241)	(536.790)	(499.923)	(36.866)
Internal Provider Expense	(105.813)	(103.883)	(1.931)	(763.483)	(727.176)	(36.307)
Total Funder	**(7.027)**	**(4.086)**	**(2.942)**	**(57.362)**	**(49.400)**	**(7.962)**
Governance & Funder Admin	0.191	(0.000)	0.191	1.286	0.000	1.286
Total Canterbury DHB (Parent)	**(2.846)**	**(8.282)**	**5.436**	**(84.118)**	**(91.611)**	**7.494**
Add: Subsidiaries						
NZ Health Innovation Hub	0.007	0.081	(0.074)	0.057	0.006	0.051
Brackenridge Services Ltd	(0.052)	(0.048)	(0.003)	0.193	0.107	0.085
Canterbury Linen Services Ltd	0.256	(0.126)	0.382	(0.138)	(0.228)	0.090
Canterbury DHB Group Surplus / (Deficit)	**(2.634)**	**(8.375)**	**5.741**	**(84.006)**	**(91.726)**	**7.720**

4. KEY FINANCIAL RISKS & EMERGING ISSUES

Covid-19 continues to have both a direct and indirect impact on our financial result and our ability to undertake business as usual activities.

The Readiness and Resilience programme has been setup and we are awaiting MoH advice on the funding process.

Holidays Act Compliance - the workstream to determine CDHB's liability under the Holidays Act is continuing. We are accruing a liability based on an assessment from EY prepared when the programme was started); there is risk that the final amount differs significantly from this accrued amount.

Staffing - The transition to Health NZ as well as ongoing Covid-19 restrictions on international travel are creating disruptions to recruitment. The pool of potential employees that we can recruit from is currently very limited, and some positions are 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.

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								
January 2022 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 $000	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	180,601	8,652		171,949	174,008	1,401		172,607	(658)	1,305,415	68,665		1,236,750	1,216,664	8,515		1,208,149	28,601
Patient related revenue	14,171	1,489		12,682	6,319	1,344		4,975	7,707	52,861	10,194		42,667	44,692	8,873		35,819	6,848
Other Revenue	4,387	2,102		2,285	5,529	1,025		4,504	(2,219)	37,262	15,015		22,247	31,006	7,174		23,832	(1,585)
Total Operating Revenue	199,159	12,243	-	186,916	185,856	3,770	-	182,086	4,830	1,395,538	93,874	-	1,301,664	1,292,362	24,562	-	1,267,800	33,864
Employee expenses	90,151	3,539	1,347	85,265	86,546	1,596	1,351	83,599	(1,667)	655,104	25,812	9,434	619,858	605,972	10,654	9,451	585,867	(33,991)
Treatment Related costs	14,851	1,454		13,397	16,363	699		15,664	2,268	125,698	7,644		118,054	123,626	4,889		118,737	684
External Provider costs	73,934	6,140		67,794	69,693	1,318		68,375	581	536,790	45,022		491,768	499,923	7,925		491,998	231
Other Expenses	11,395	1,978		9,417	10,277	151		10,126	709	80,275	10,769		69,506	73,232	1,062		72,170	2,663
Total Operating Expenditure	190,331	13,111	1,347	175,873	182,879	3,764	1,351	177,764	1,891	1,397,867	89,247	9,434	1,299,186	1,302,753	24,530	9,451	1,268,772	(30,414)
Operating result Surplus / (Deficit)	8,828	(868)	(1,347)	11,043	2,977	6	(1,351)	4,322	6,721	(2,329)	4,627	(9,434)	2,478	(10,392)	32	(9,451)	(973)	3,450
Total Indirect revenue and expenditure	(11,462)	(120)		(11,342)	(11,352)	(10)		(11,342)	(0)	(81,676)	(1,561)		(80,115)	(81,334)	(51)		(81,283)	1,167
Total - Surplus / (Deficit)	(2,634)	(988)	(1,347)	(299)	(8,375)	(4)	(1,351)	(7,020)	6,721	(84,006)	3,066	(9,434)	(77,638)	(91,726)	(19)	(9,451)	(82,256)	4,618

Covid-19 - Canterbury DHB's net result in relation to Covid-19 is a YTD surplus of $3.066M.

MoH revenue includes community surveillance and testing, Maori health support and vaccinations.

Patient related revenue includes revenue for MIQFs.

Other revenue is mainly generated by Canterbury Health Laboratories (CHL).

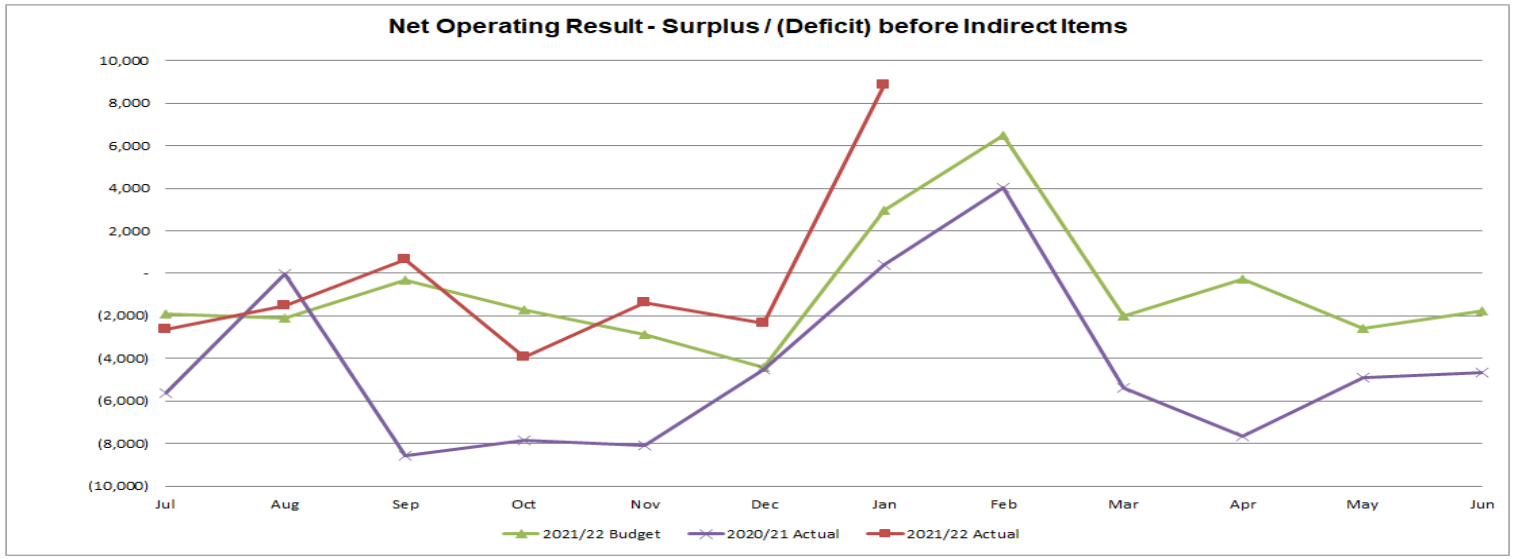
Variances to budget are generally related to vaccination activity as this programme is not included in the budget as per MoH instruction.

Our **Savings initiatives** for the full year total $42.2M, with $10.3M phased January YTD. Noting that our result excluding Covid-19 and HAP is a surplus of $4.618M, explainable by additional ACC revenue, offset by Chathams underfunding, RSV, etc., our savings targets to date can be assumed to be achieved.

APPENDIX 2: FINANCIAL RESULT BEFORE INDIRECT REVENUE & EXPENSES

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED JANUARY 2022

	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	8,828	2,977	5,851	197% ✔	(2,329)	(10,392)	8,062	-78% ✔	(50,211)	(10,568)

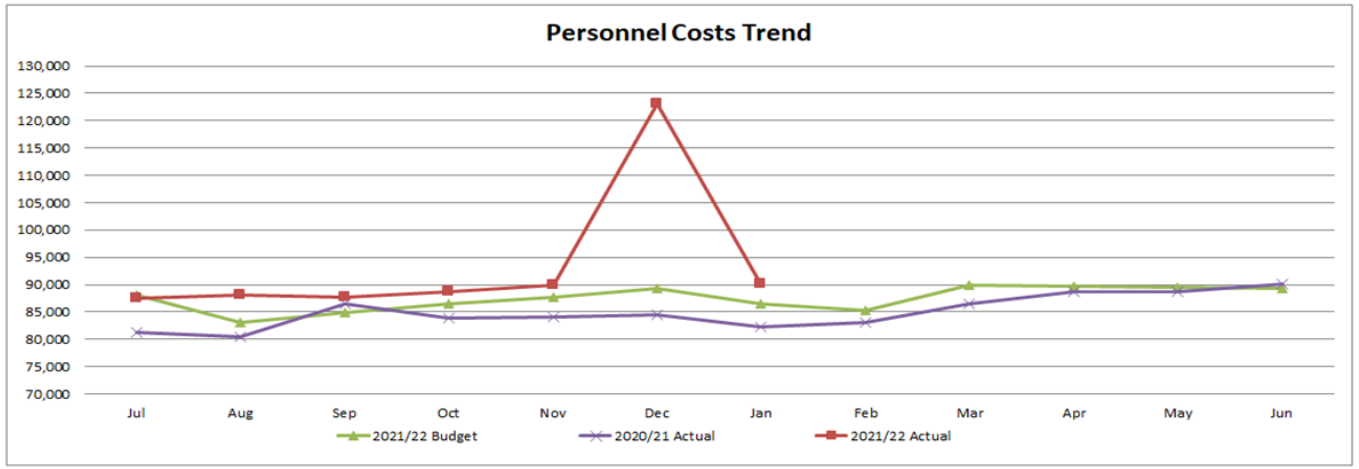


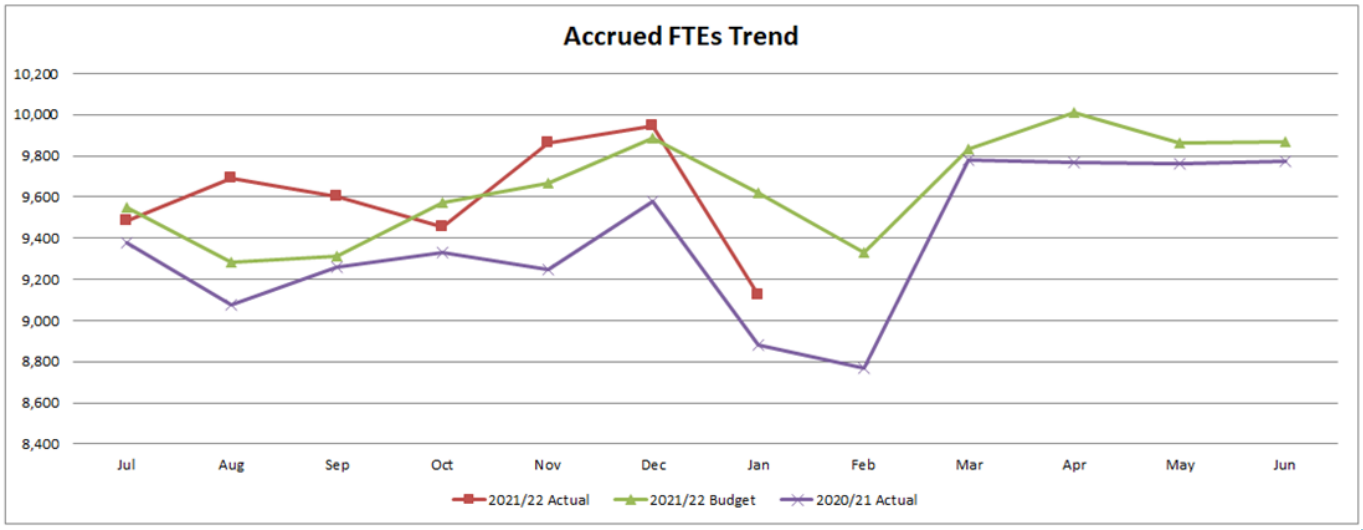
KEY POINTS

Our YTD result before indirect items is $8.062M favourable to budget, primarily as we have renegotiated a large ACC contract and have accrued additional revenue on the basis that we will receive a backdated increase. The main factors offsetting this favourable result include:

- Chatham Islands funding shortfall - $1.2M YTD, and $2.1M full year.
- RSV treatment costs ($0.5M in July), which increased staff costs including cleaning resources.
- Treatment related costs, both price and volume.
- Capitation and after hours additional costs.
- Savings activity disrupted by the impact of the Covid-19 outbreaks and lock-downs. For example, our expected improvement in IDF revenue has not materialised.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



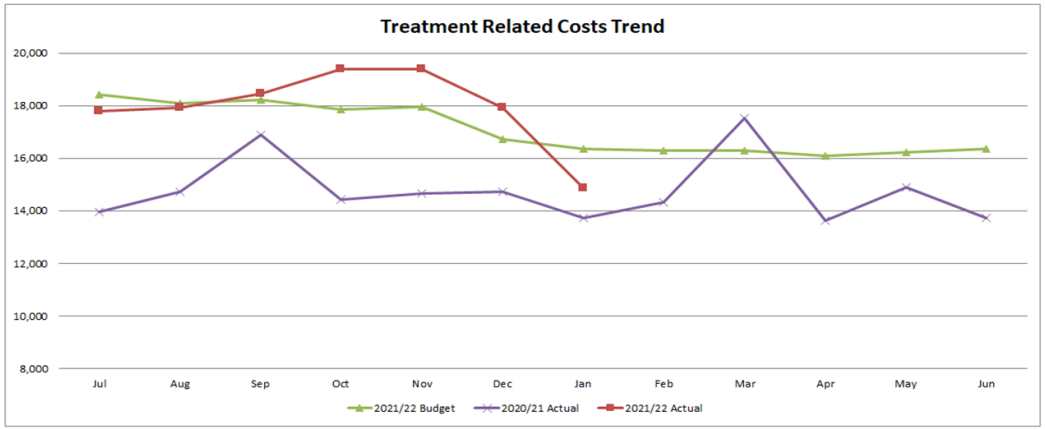


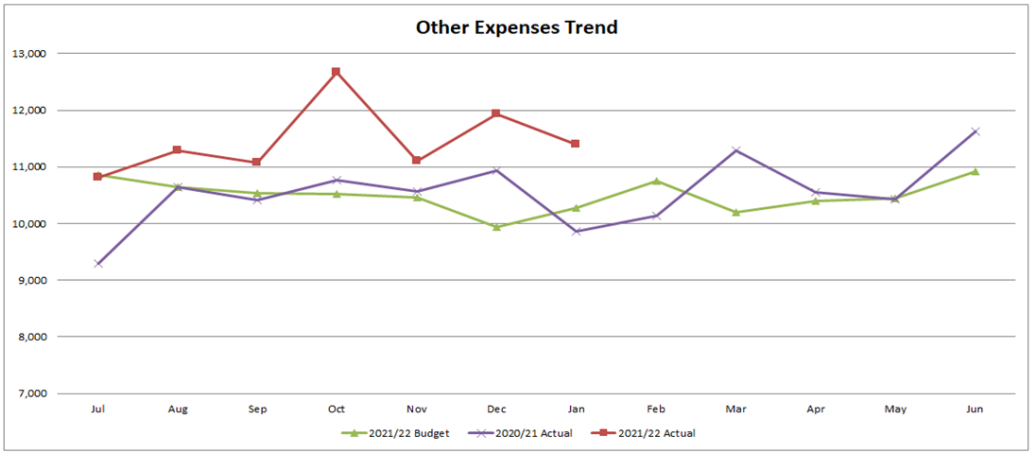
KEY POINTS

Personnel Costs are unfavourable to plan, $15.158M is related to Covid-19 however, Covid-19 costs are offset by additional revenue.

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 include $2.755M of Covid-19 related costs offset by Covid revenue; the YTD BAU variance is favourable.

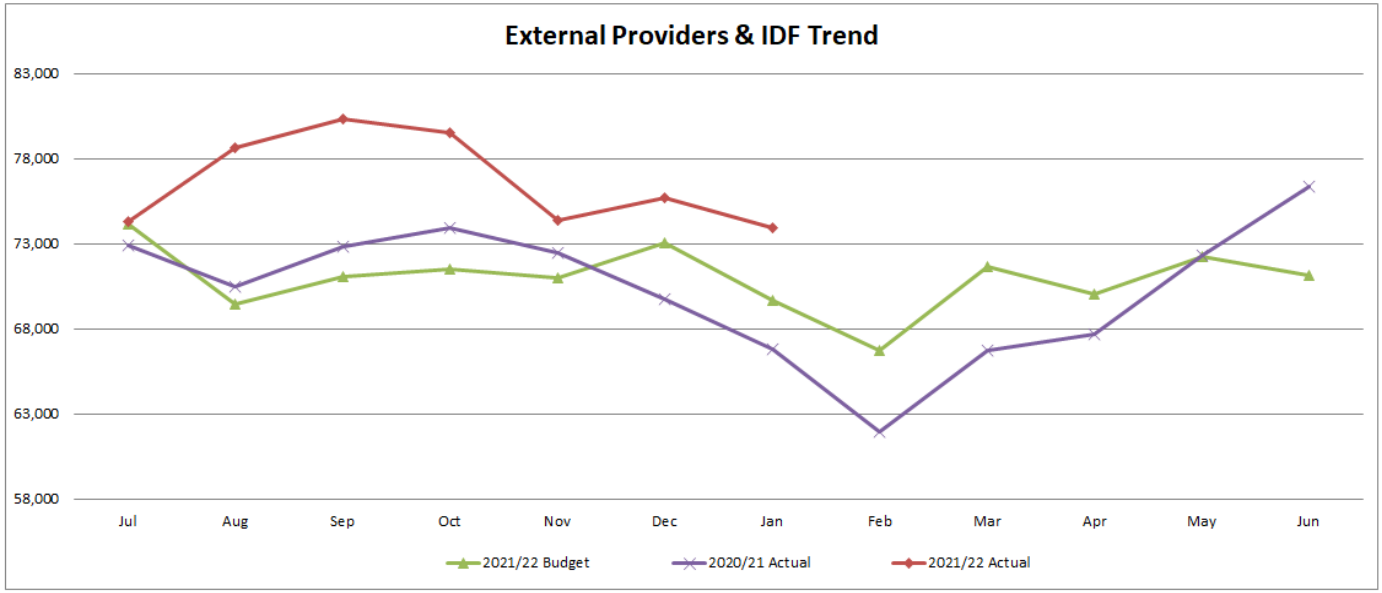
We are coming under continued pressure with supply and procurement cost increases in general.

Outsourced clinical services have a favourable variance of $2.722M 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; of this $9.719M relates to Covid-19 which is offset by additional revenue.

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	73,934	69,693	(4,241)	-6%	✗	536,790	499,923	(36,866)	-7%	✗	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	1,130,396	1,196,597	66,201	**Cash**	47,584	116,595	(69,011)	50,775

APPENDIX 3: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the 7 months ending 31 January 2022

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
180,601	174,008	164,949.23	6,593 ✓	MoH Revenue	1,305,415	1,216,664	1,152,069	88,751 ✓	2,086,388	1,991,657
14,171	6,319	5,737	7,852 ✓	Patient Related Revenue	52,861	44,692	41,076	8,169 ✓	76,994	73,244
4,387	5,529	3,168	(1,142) ✗	Other Revenue	37,262	31,006	29,231	6,256 ✓	58,295	48,140
199,159	**185,856**	**173,854**	**13,303**	**Total Operating Revenue**	**1,395,538**	**1,292,362**	**1,222,376**	**103,176**	**2,221,677**	**2,113,041**
90,151	86,546	82,231	(3,606) ✗	Personnel Costs	655,104	605,972	582,710	(49,132) ✗	1,049,643	1,019,771
14,851	16,363	13,727	1,513 ✓	Treatment Related Costs	125,698	123,626	103,085	(2,071) ✗	204,873	177,141
73,934	69,693	66,812	(4,241) ✗	External Service Providers	536,790	499,923	499,142	(36,866) ✗	851,785	844,188
11,395	10,277	9,866	(1,118) ✗	Other Expenses	80,275	73,232	71,192	(7,044) ✗	125,943	122,152
190,331	**182,879**	**172,636**	**(7,452)** ✗	**Total Operating Expenditure**	**1,397,867**	**1,302,753**	**1,256,129**	**(95,114)** ✗	**2,232,245**	**2,163,252**
8,828	**2,977**	**1,218**	**5,851** ✓	**Total Surplus / (Deficit) Before Indirect Items**	**(2,329)**	**(10,392)**	**(33,753)**	**8,062** ✓	**(10,568)**	**(50,211)**
69	61	178	8 ✓	Interest Revenue	479	381	847	98 ✓	700	1,075
398	418	(475)	(20) ✗	Capital Charge Relief / Debt Equity Swap Funding	2,788	2,928	-	(140) ✗	5,020	8,940
289	430	132	(141) ✗	Donations	2,914	2,844	1,147	70 ✓	5,010	2,384
6	-	115	6 ✓	Profit on Sale of Assets	8	-	528	8 ✓	-	1,653
-	-	-	-	Joint Venture Income	-	-	-	- ✓	-	25
763	**909**	**(50)**	**(146)** ✗	**Total Indirect Revenue**	**6,189**	**6,154**	**2,522**	**35** ✓	**10,730**	**14,078**
4,340	4,332	2,769	(8) ✗	Capital Charge	32,322	32,288	14,915	(34) ✗	53,949	39,871
7,644	7,644	7,928	(0) ✗	Depreciation	53,804	53,333	49,793	(471) ✗	92,104	94,651
244	280	123	36	Financing Component of Operating Leases	1,723	1,795	858	72	3,015	2,079
(3)	5	(14)	8 ✓	Interest Expense & Forex Gains and Losses	(8)	72	292	80 ✓	100	60
-	-	-	- ✓	Loss on Sale of Assets	24	-	1,290	(24) ✗	-	4,336
12,225	**12,261**	**10,805**	**36** ✓	**Total Indirect Expenses**	**87,865**	**87,487**	**67,148**	**(378)** ✗	**149,168**	**140,998**
(2,634)	**(8,375)**	**(9,638)**	**5,741** ✓	**Total Surplus / (Deficit)**	**(84,006)**	**(91,726)**	**(98,380)**	**7,720** ✓	**(149,006)**	**(177,131)**

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

Overall the vaccination revenue and expenses offset.

APPENDIX 4: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 January 2022

Audited 30-Jun-21 $'000		Group Actual 31-Jan-22 $'000	Group Budget 31-Jan-22 $'000	Annual Group Budget 30-Jun-22 $'000
490,730	Opening Equity	1,124,844	1,124,844	1,125,762
178,139	Net Equity Injections / (Repayments) During Year	89,557	162,557	151,139
537,624	Other Movements	-	-	97,357
95,482	Reserve Movement for Year	-	-	-
(177,131)	Operating Results for the Period	(84,006)	(91,722)	(149,006)
1,124,844	**TOTAL EQUITY**	1,130,396	1,195,679	1,225,252
	Represented By:			
	Current Assets			
50,775	Cash & Cash Equivalents	47,584	116,595	120,487
750	Short Term Investments	750	750	750
107,157	Trade and Other Receivables	151,847	107,157	107,157
6,278	Prepayments	15,861	6,278	6,278
13,811	Inventories	14,474	13,811	13,811
15,095	Restricted Assets	14,866	15,094	15,094
193,866	**Total Current Assets**	245,382	259,685	263,577
	Less Current Liabilities			
1,682	Borrowings (Finance Leases Current)	1,690	1,682	1,682
159,296	Trade and Other Payables	176,048	160,469	155,218
15,111	Restricted Funds	14,871	15,111	15,111
381,697	Employee Benefits	410,033	381,696	381,696
557,786	**Total Current Liabilities**	602,642	558,958	553,707
(363,920)	**Working Capital**	(357,260)	(299,273)	(290,130)
	Non Current Assets			
16	Restricted Funds	16	16	16
4,253	Investment	4,043	4,253	4,253
1,541,081	Fixed Assets	1,539,163	1,547,269	1,567,699
1,545,350	**Term Assets**	1,543,222	1,551,538	1,571,968
	Non Current Liablilties			
7,544	Employee Benefits	7,439	7,544	7,544
49,042	Borrowings (Finance Leases Non Current)	48,128	49,042	49,042
56,586	**Term Liabilities**	55,567	56,586	56,586
1,124,844	**NET ASSETS**	1,130,395	1,195,679	1,225,252

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 are 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.

APPENDIX 7: CANTERBURY DHB GROUP STATEMENT OF CASHFLOW

Audited 30-Jun-21 $'000		Actual 31-Jan-22 $'000	YTD Budget 31-Jan-22 $'000	Budget 30-Jun-22 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(46,875)	**Net Cash from Operating Activities**	(41,898)	(34,057)	(56,903)
	CASHFLOW FROM INVESTING ACTIVITIES			
(78,847)	**Net Cash from Investing Activities**	(50,944)	(62,680)	(121,881)
	CASHFLOW FROM FINANCING ACTIVITIES			
183,463	**Net Cash from Financing Activities**	89,650	162,557	248,496
57,741	Overall Increase/(Decrease) in Cash Held	(3,191)	65,820	69,712
(6,966)	Add Opening Cash Balance	50,775	50,775	50,775
50,775	**Closing Cash Balance**	47,584	116,595	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: **17 March 2022**

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 and the information items contained in the report;

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of public excluded meetings – 17 February 2022	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.	COVID-19 Community Hub Lease	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Additional Endoscopy Unit	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

6.	Single Stage Business Case for Tranche One of Hillmorton Hospital Masterplan Implementation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Diagnostic Ultrasound Machine Replacements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Motor Vehicle Pool Replacement, EV Charging Units & Infrastructure	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Trust Funds	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	2022/23 Budget Update	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.	Advice to Board • QFARC Draft Minutes *1 March 2022*	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.