AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora o Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 17 September 2020 commencing at 9.30am

	Karakia		9.30am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 20 August 2020		
3.	Carried Forward / Action List Items		
Presentation			
4.	CDHB Research	Dr Sue Nightingale *Chief Medical Officer*	9.35-10.05am
Reports for Decision			
5.	Schedule of Meetings 2021	David Green *Acting Executive Director, Finance & Corporate Services*	10.05-10.10am
6.	Bad Debt Write-Off	David Green	10.10-10.15am
7.	Committee Vacancies	Sir John Hansen *Chair*	10.15-10.20am
Reports for Noting			
8.	Chair's Update (Oral)	Sir John Hansen	10.20-10.25am
9.	Chief Executive's Update	Dr Peter Bramley *Acting Chief Executive*	10.25-10.50am
10.	Finance Report	David Green	10.50-11.00am
11.	Advice to Board: • CPH&DSAC – 3 September 2020 – Draft Minutes	Aaron Keown *Deputy Chair, CPH&DSAC*	11.00-11.05am
12.	Resolution to Exclude the Public		11.05am
ESTIMATED FINISH TIME – PUBLIC MEETING			**11.05am**

Morning tea will be held from 11.05 to 11.20am.
NEXT MEETING
Thursday, 15 October 2020 at 9.30am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

Dr Peter Bramley – *Acting Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Mary Gordon – *Executive Director of Nursing*
David Green – *Acting Executive Director, Finance & Corporate Services*
Ralph La Salle – *Acting Executive Director, Planning Funding & Decision Support*
Paul Lamb – *Acting Chief People Officer*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Hector Matthews – *Executive Director Maori & Pacific Health*
Dr Sue Nightingale – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*
Stella Ward – *Chief Digital Officer*

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

BOARD ATTENDANCE SCHEDULE – 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	25/02/20	19/03/20	16/04/20	01/05/20 SM	21/05/20	18/06/20	16/07/20	04/08/20	12/08/20	20/08/20	17/09/20	15/10/20	19/11/20	17/12/20
Sir John Hansen (Chair)	√	√	√	√	√	√	√	√	√	√				
Gabrielle Huria (Deputy Chair)	√	√	√	√	√	√	^	√	√	√				
Barry Bragg	^	√	√	√	√	√	√	√	√	√				
Sally Buck	#	^	~	~	~	~	** 08/07/2020							
Catherine Chu	^	√	√	√	√	√	^	√	√	√				
Andrew Dickerson	√	√	√	√	√	√	√	√	√	√				
James Gough	√	√	√	√	√	√	√	√	√	√				
Jo Kane	√	√	√	√	√	√	√	√	√	√				
Aaron Keown	√	√	√	√	√	√	√	√	√	√				
Naomi Marshall	√	√	√	√	√	√	√	√	√	√				
Ingrid Taylor	√	√	√	√	√	√	√	√	√	√				

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Canterbury Clinical Network Alliance Leadership Team** - Chair **Canterbury Clinical Network Oxford and Surrounding Area Health Services Development Group** - Member **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Ministry Primary Industries, Costs Review Independent Panel** **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Deputy Chair CDHB**	**Nitrates in Drinking Water Working Group** – Member A discussion forum on nitrate contamination of drinking water. **Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company. **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Runanga o Ngai Tahu** – General Manager Tribal Entity. **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs.

Barry Bragg	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Farrell Construction Limited** - Shareholder Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Farming** – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions. **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. **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 Health Care of the Elderly Education Trust** - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Canterbury Medical Research Foundation** - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Heritage NZ -** Member Heritage NZ's mission is to promote the identification, protection, preservation

	and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings. **Maia Health Foundation -** Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital. **NZ Association of Gerontology** - Member Professional association that promotes the interests of older people and an understanding of ageing.
James Gough	**Amyes Road Limited** – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating. **Christchurch City Council** – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/ Harewood Community Board **Christchurch City Holdings Limited (*CCHL*)** – Director Holds and manages the Council's commercial interest in subsidiary companies. **Civic Building Limited** – Chairman Council Property Interests, JV with Ngai Tahu Property Limited. **Gough Corporation Holdings Limited** – Director/Shareholder Holdings company. **Gough Property Corporation Limited** – Director/Shareholder Manages property interests. **The Antony Gough Trust** – Trustee Trust for Antony Thomas Gough **The Russley Village Limited** – Shareholder Retirement Village. Via the Antony Gough Trust **The Terrace Car Park Limited** – (Alternate) Director Property company – manages The Terrace car park (under construction) **The Terrace On Avon Limited** – (Alternate) Director Property company – manages The Terrace.
Jo Kane	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.

	NZ Royal Humane Society – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Christchurch City Council** – Chair of Disability Issues Group **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall	**Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Ingrid Taylor	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB. **Manchester Unity Welfare Homes Trust Board (*MUWHTB*)** – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB. **Sir John and Ann Hansen's Family Trust** – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. • I / Taylor Shaw have acted as solicitor for Bill Tate and family. **The Youth Hub** – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held 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 Pacifika 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 equities 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 Pacifica 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 Whakamaua: 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:

	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 July 2020 – Ordinary • 04 August 2020 – Emergency • 12 August 2020 - Emergency	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: • HAC Draft Minutes *06 August 2020* • QFARC Draft Minutes *04 August 2020* *14 August 2020*	For the reasons set out in the previous Committee agendas.	

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

The Public meeting concluded at 12.50pm.

Sir John Hansen, Chairman

Date of approval

BOARD MEETING 20 AUGUST 2020 – MEETING NOTES

Clause No	Item	Action Points	Staff
	Apologies	Nil Zoom attendees: Gabrielle Huria; Aaron Keown; Catherine Chu; Andrew Dickerson; James Gough; Dr Lester Levy; and Dr Andrew Brant.	Anna Craw / Kay Jenkins
1.	Interest Register	Barry Bragg & Gabrielle Huria – conflict re: carparking	
2.	Confirmation of Minutes • 16 July 2020 • 04 August 2020 • 12 August 2020	Adopted: *James Gough / Naomi Marshall* Adopted: *Barry Bragg / Ingrid Taylor (Jo Kane abstained)*, subject to agenda item in the resolution to exclude the public being renamed "Staffing". Adopted: *Ingrid Taylor / James Gough*	Anna Craw / Kay Jenkins
3.	Carried Forward/Action Items	Nil	
4.	CDHB Pacific Health Strategy	Adopted That the Board: i. *(Sir John Hansen / Ingrid Taylor)* endorses the Pacific Health Strategy - Canterbury District Health Board Pacific Plan 2020-2030; ii. *(Sir John Hansen / Ingrid Taylor)* endorses the ongoing strategic partnership with Pasifika Futures Ltd to improve health outcomes of Pacific people in Canterbury; and iii. *(Jo Kane / Sir John Hansen)* requests targets and indicators be presented to respective committees once developed.	Hector Matthews / Sandy McLean / Anna Craw
5.	Schedule of Meetings - 2021	Procedural motion: *Jo Kane / Barry Bragg* Paper to lie on table until next meeting. Seek input from external QFARC members, plus frequency of HAC & CPH&DSAC meetings.	Anna Craw
6.	Chairs Update	Nil	
7.	CEO Update	Nil	
8.	Finance Report	Nil Morning tea: 11.35 to 11.50am	

9.	Accelerating Our Future	Nil	
9A.	Recruitment of CEO	Adopted: *Sir John Hansen / James Gough* That the Board: i. appoints a subcommittee consisting of Barry Bragg, Ingrid Taylor, Jo Kane, with input from Paul Lamb, to consider applications and provide recommendations through to the Board on a recruitment agency to be engaged for the recruitment of Chief Executive.	Paul Lamb
10.	Advice to Board: • HAC – 6 Aug 2020 - Draft Minutes	Nil	
11.	Resolution to Exclude the Public	Adopted: *Sir John Hansen / Barry Bragg*	Anna Craw
	Information	Nil Meeting ended at 12.50pm	

Distribution List:
Paul Lamb
Hector Matthews
Sandy McLean
Kay Jenkins

CC: Sarah Connell, and Jenna Manahi

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 17 SEPTEMBER 2020

DATE	ISSUE	REFERRED TO	STATUS

There are no carried forward items.

Canterbury Health System Research

CDHB Research

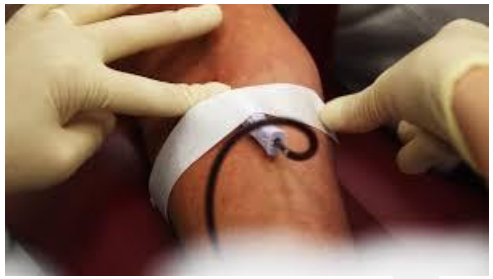
CDHB Board Meeting

Cameron Lacey, Lynn Davies – 17.09.2020
Martin Than, Teddy Wu, Gavin Harris

Why research matters

Canterbury Health System Research

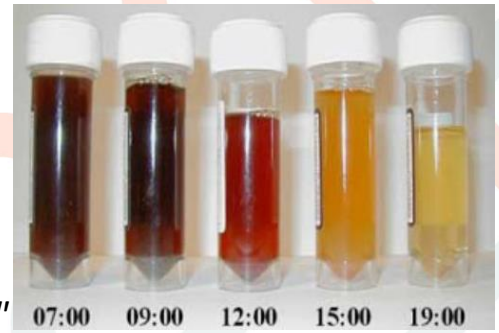
Case
20-year-old young man diagnosed with paroxysmal nocturnal haemoglobinuria – median survival 10 years without treatment



No PHARMAC funded treatment so received monthly blood transfusions in hospital.

Experienced extreme fatigue and was in danger at all times of catastrophic thrombosis

Participated in two research trials using community-based aka "at home" medication



Impact
No more blood transfusions and normal blood counts for patient - *"The feeling of additional energy can't be overstated as it's had a transformational effect on my life. "*

Reduced treatment costs for system

National Context

Canterbury Health System Research

NEW ZEALAND HEALTH RESEARCH STRATEGY

2017-2027

EXCELLENCE
COLLABORATION
TRANSLATION
IMPACT

CANTERBURY DISTRICT HEALTH BOARD

ANNUAL PLAN

Incorporating the 2019/20 Statement of Performance Expectations

2019/20

hrc nz
Health Research Council of New Zealand
Te Kaunihera Rangahau Hauora o Aotearoa

2020 Health Delivery Research Investment Round

Where are we at now?

- Research Review March 2019
- Implementation commenced February 2020
- Initial focus on Research support activities

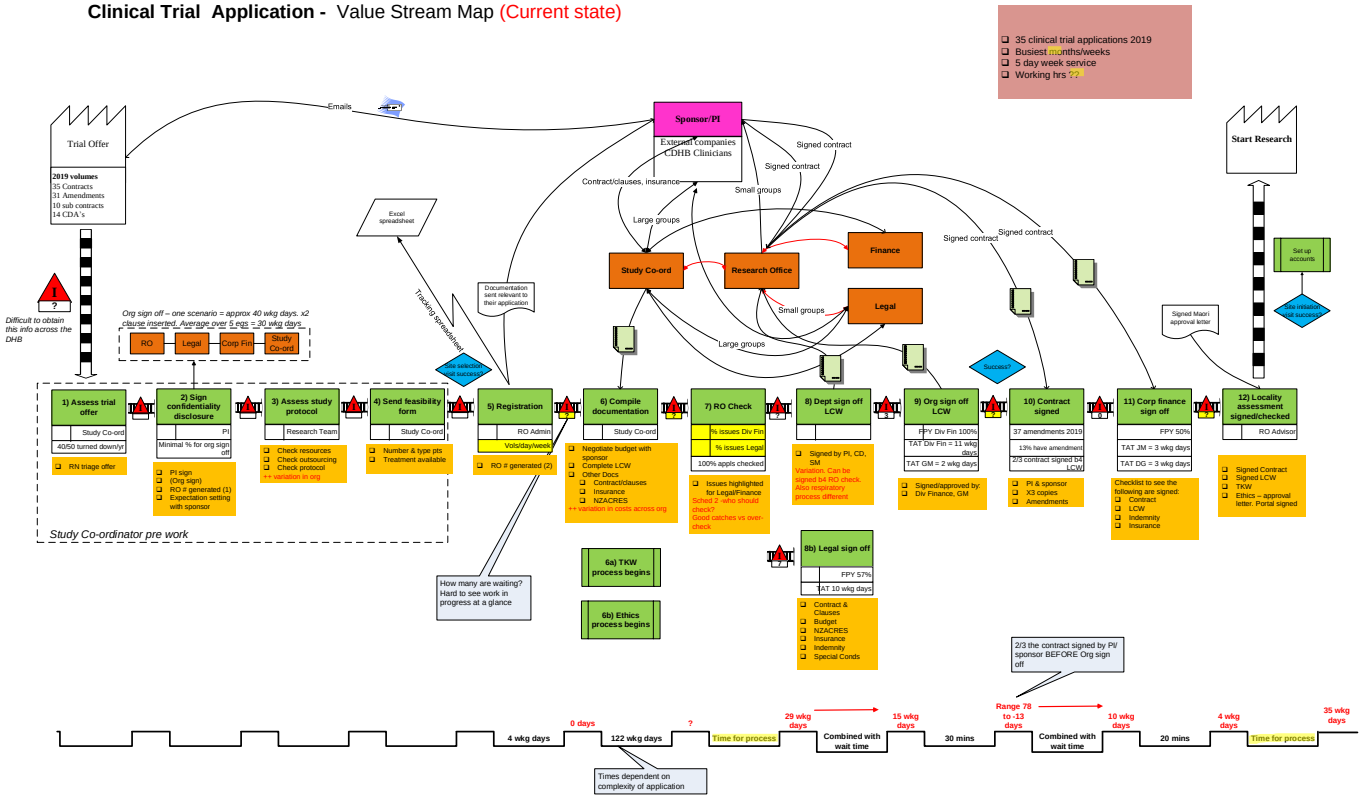
Level 2

Level 1

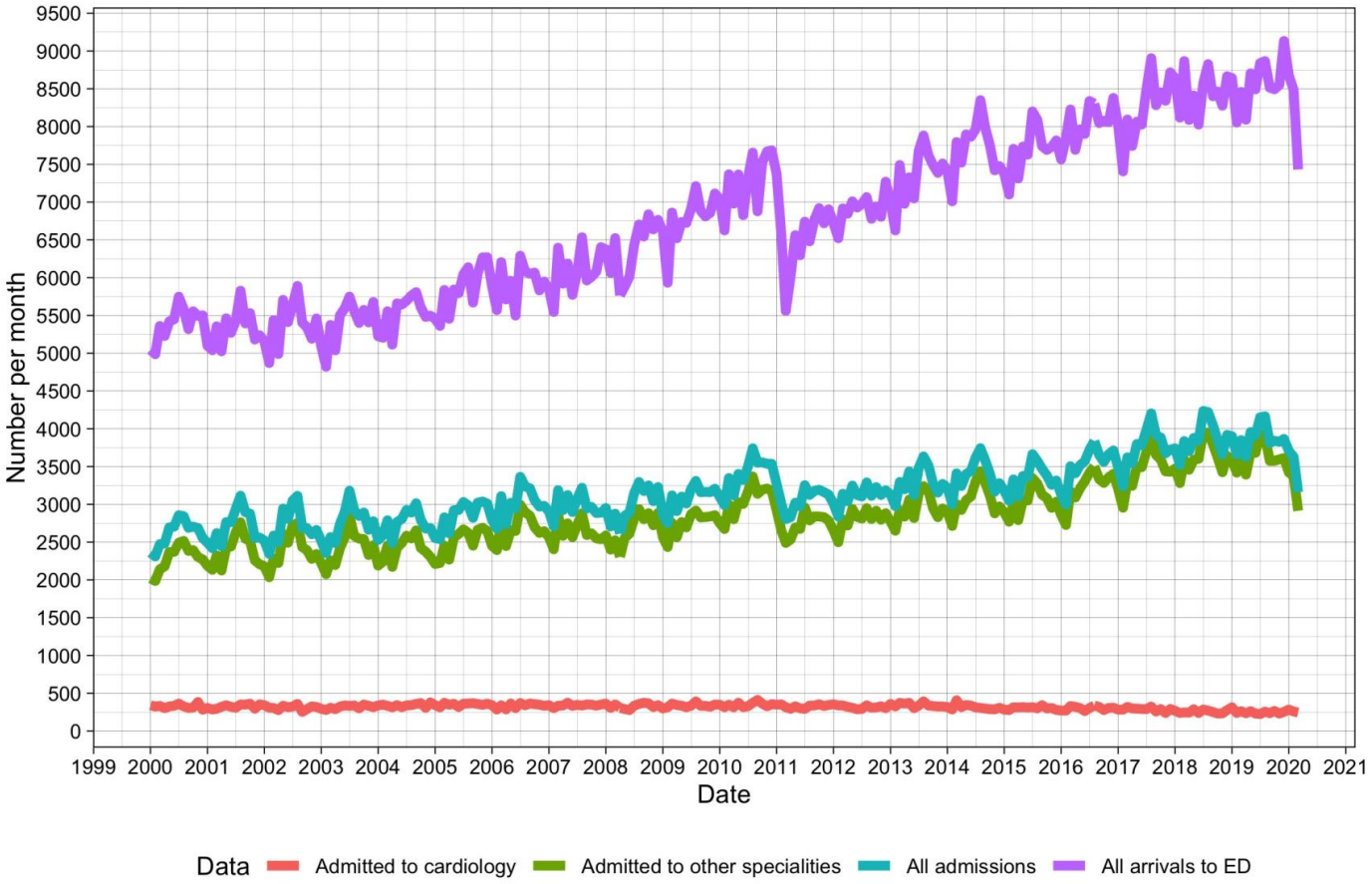
Maori consultation

Partnership, engagement, processes, structure, aligned to priorities

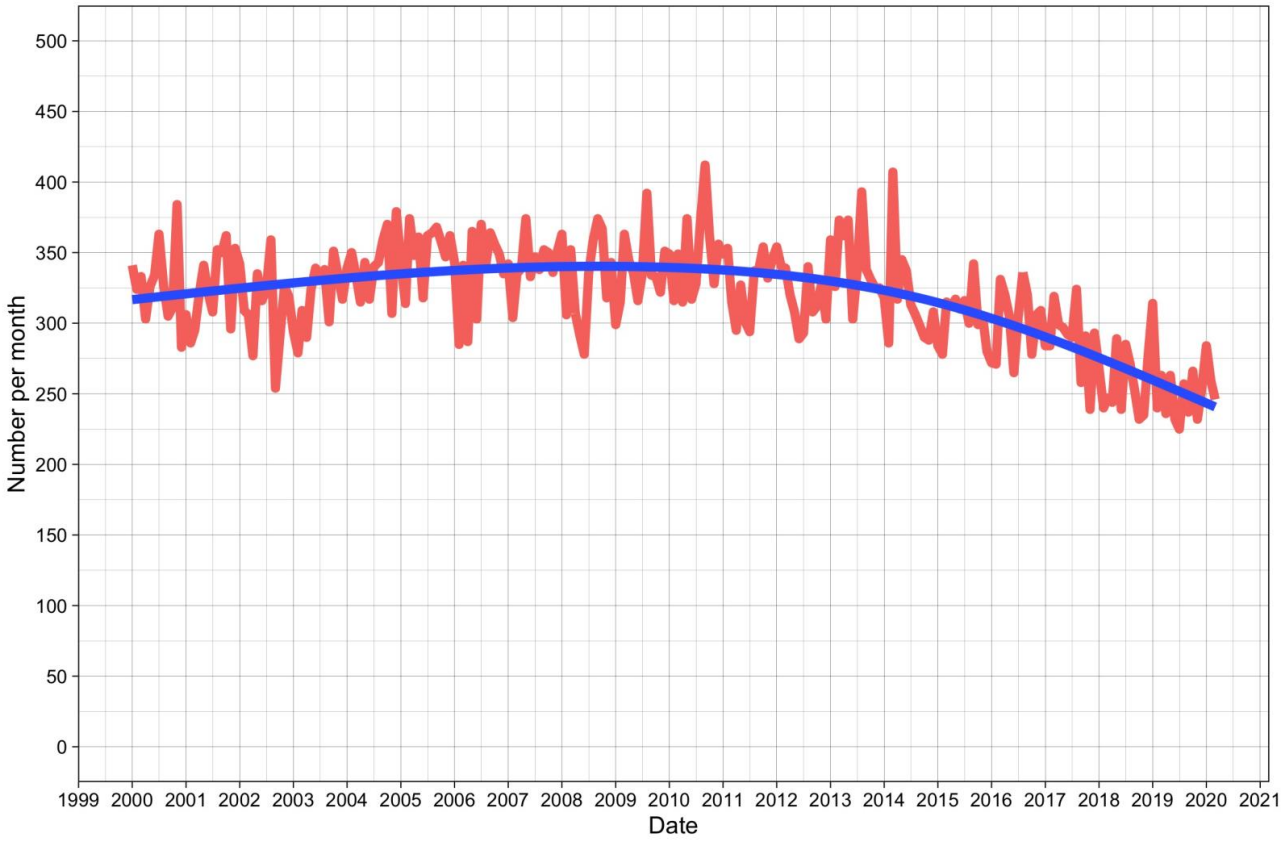
Clinical Trial VSM



Impact of research on the system
Dr Martin Than - ED

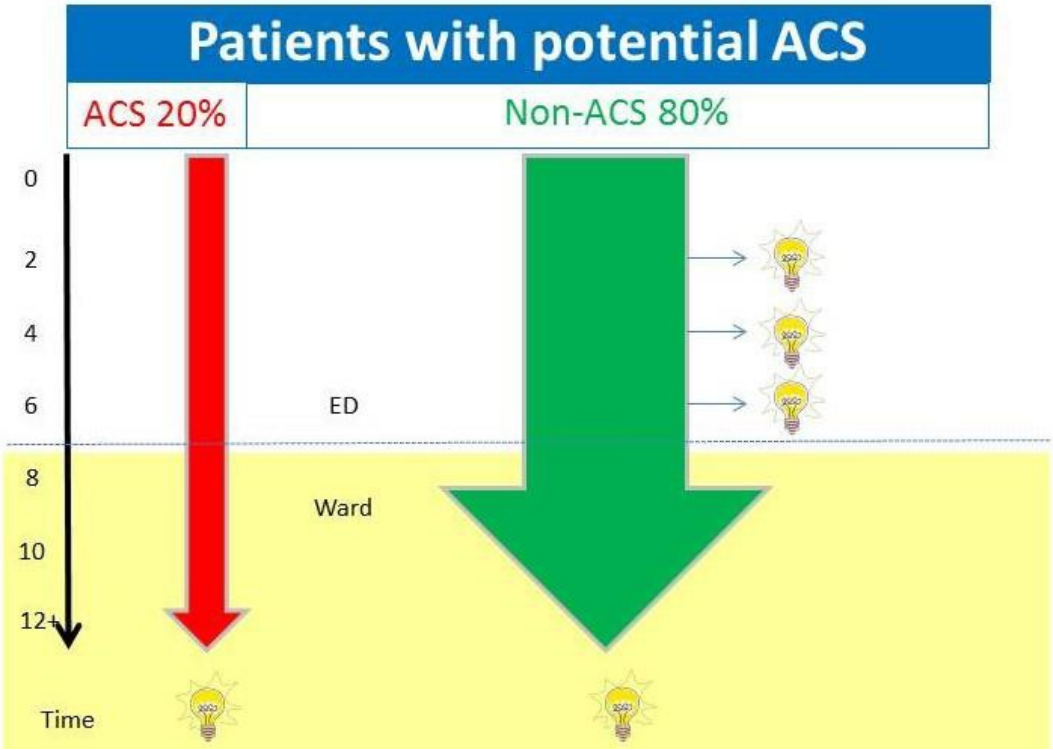


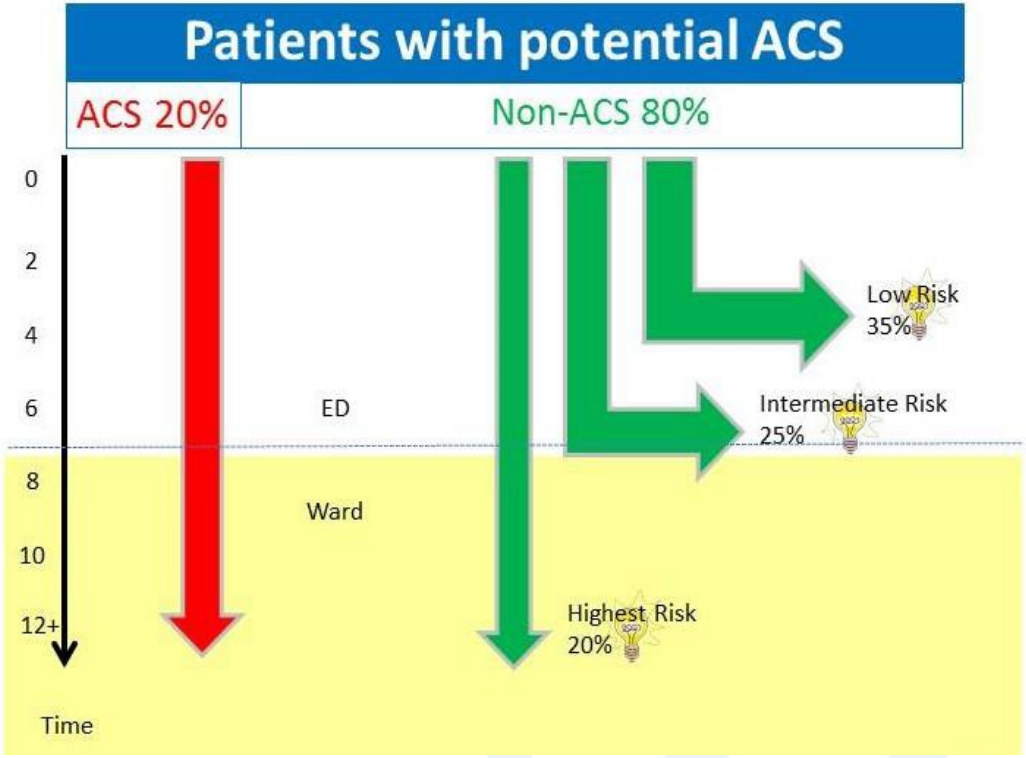
Emergency Dept Research



Emergency Dept Research

Canterbury Health System Research

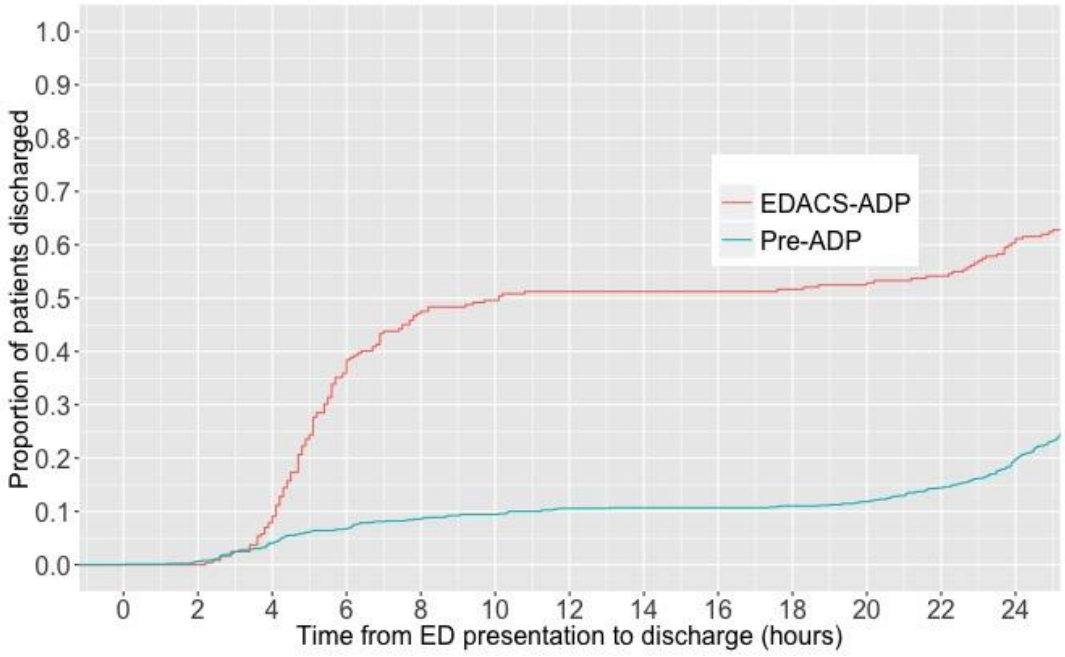


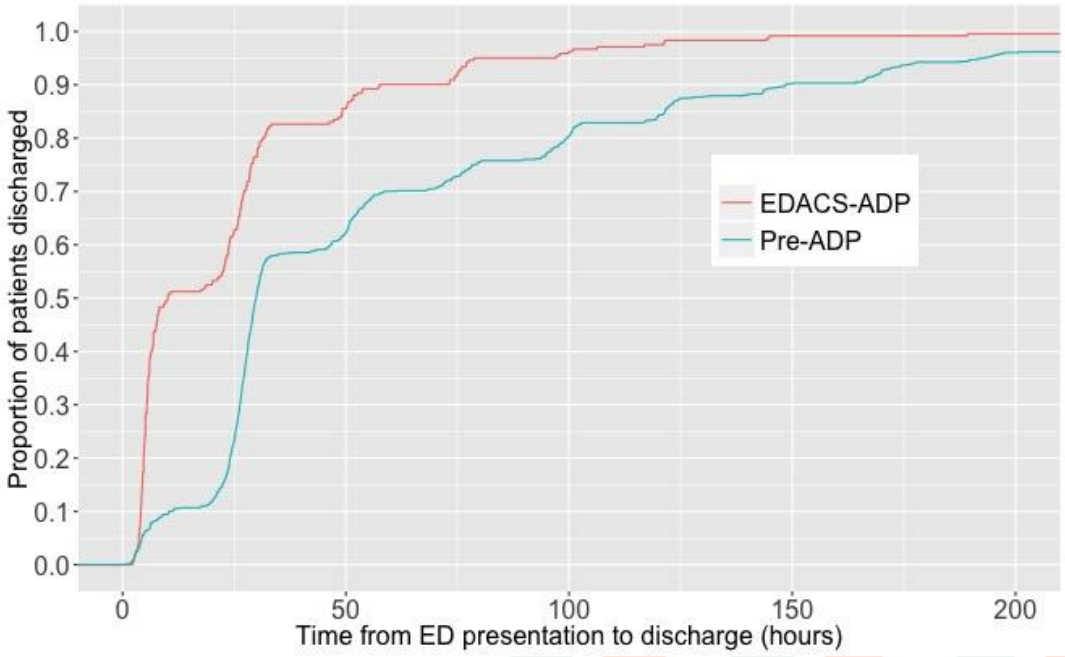


Traditional Management | **New pathway**

Emergency Dept Research

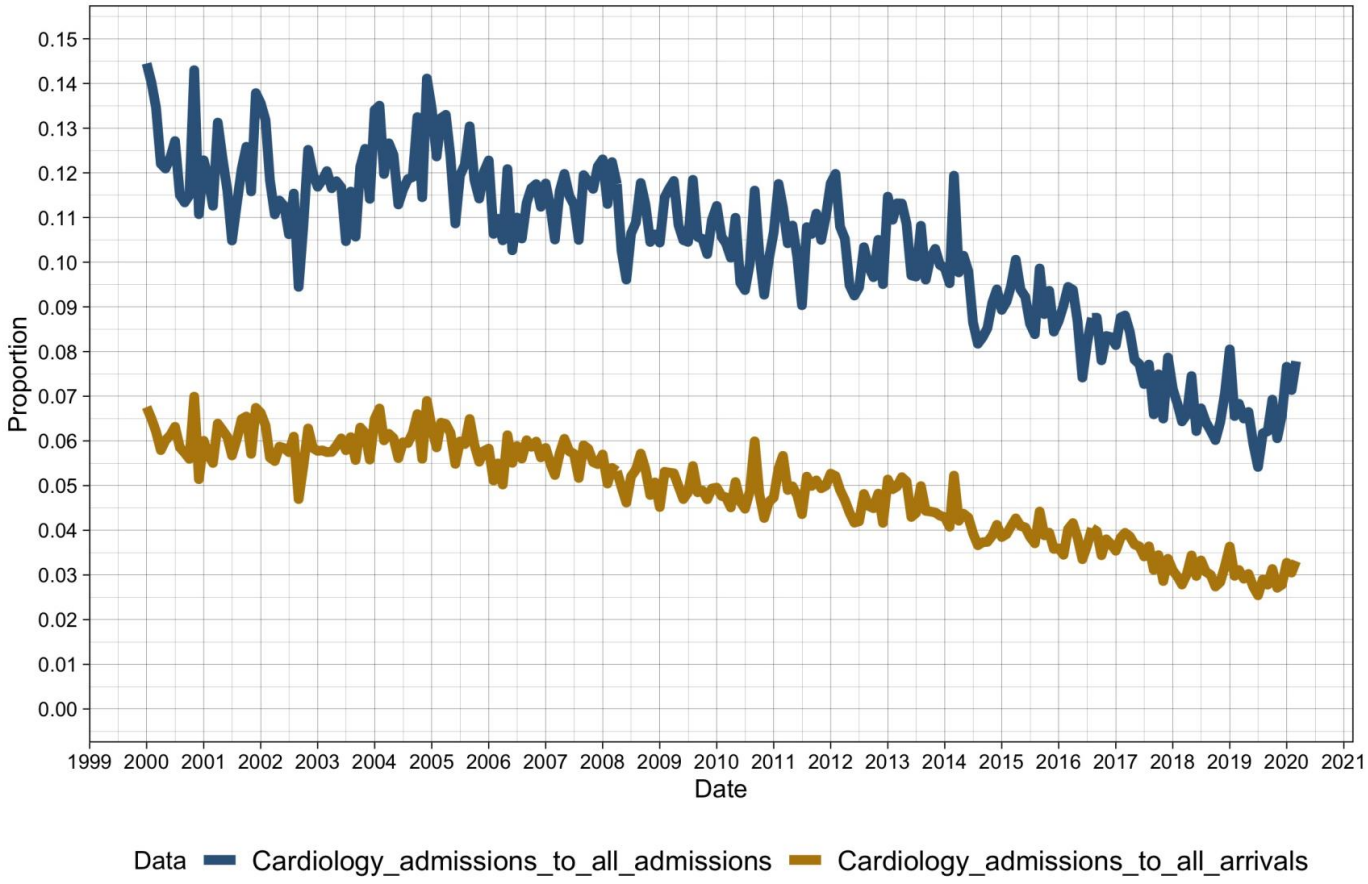
Canterbury Health System Research





How long patients without a major cardiac event stayed in hospital prior to research - compared to the current pathway (EDACS-ADP). Now 50% are discharged within 10 hours compared to 10% previously and 90% within 60h hours compared to 150 hours.

Emergency Dept Research



Attracting staff to our system
Dr Teddy Wu - Neurology

Canterbury Health System Research

- Stroke neurologist – FRACP 2014
- PhD 2018 – University of Melbourne
- Main interest in acute interventional therapies for ischaemic stroke
- Stroke trialist

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

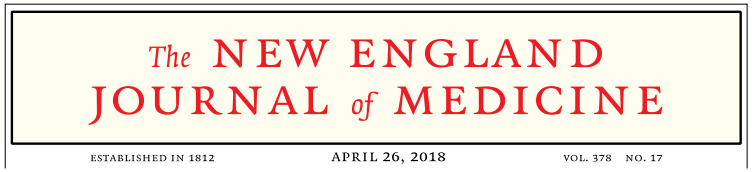
Endovascular Therapy for Ischemic Stroke with Perfusion-Imaging Selection

B.C.V. Campbell, P.J. Mitchell, T.J. Kleinig, H.M. Dewey, L. Churilov, N. Yassi, B. Yan, R.J. Dowling, M.W. Parsons, T.J. Oxley, T.Y. Wu, M. Brooks, M.A. Simpson, F. Miteff, C.R. Levi, M. Krause, T.J. Harrington, K.C. Faulder, B.S. Steinfort, M. Priglinger, T. Ang, R. Scroop, P.A. Barber, B. McGuinness, T. Wijeratne, T.G. Phan, W. Chong, R.V. Chandra, C.F. Bladin, M. Badve, H. Rice, L. de Villiers, H. Ma, P.M. Desmond, G.A. Donnan, and S.M. Davis, for the EXTEND-IA Investigators*

CDHB Neurology Research

Canterbury Health System Research

- Clinical neurologist since 2017
- Clinical research
- International Stroke trials
- 5 Multi-centre intervention trials
- International collaborations
- Registry based research
- EXTEND-IA TNK trial resulted in change to best practice guidelines



The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 APRIL 26, 2018 VOL. 378 NO. 17

Tenecteplase versus Alteplase before Thrombectomy for Ischemic Stroke

B.C.V. Campbell, P.J. Mitchell, L. Churilov, N. Yassi, T.J. Kleinig, R.J. Dowling, B. Yan, S.J. Bush, H.M. Dewey, V. Thijs, R. Scroop, M. Simpson, M. Brooks, H. Asadi, T.Y. Wu, D.G. Shah, T. Wijeratne, T. Ang, F. Miteff, C.R. Levi, E. Rodrigues, H. Zhao, P. Salvaris, C. Garcia-Esperon, P. Bailey, H. Rice, L. de Villiers, H. Brown, K. Redmond, D. Leggett, J.N. Fink, W. Collecutt, A.A. Wong, C. Muller, A. Coulthard, K. Mitchell, J. Clouston, K. Mahady, D. Field, H. Ma, T.G. Phan, W. Chong, R.V. Chandra, L.-A. Slater, M. Krause, T.J. Harrington, K.C. Faulder, B.S. Steinfort, C.F. Bladin, G. Sharma, P.M. Desmond, M.W. Parsons, G.A. Donnan, and S.M. Davis, for the EXTEND-IA TNK Investigators*

JAMA | Original Investigation

Effect of Intravenous Tenecteplase Dose on Cerebral Reperfusion Before Thrombectomy in Patients With Large Vessel Occlusion Ischemic Stroke
The EXTEND-IA TNK Part 2 Randomized Clinical Trial

Bruce C. V. Campbell, PhD; Peter J. Mitchell, MMed; Leonid Churilov, PhD; Nawaf Yassi, PhD; Timothy J. Kleinig, PhD; Richard J. Dowling, MBBS; Bernard Yan, DMedSci; Steven J. Bush, MBBS; Vincent Thijs, PhD; Rebecca Scroop, MBBS; Marion Simpson, MBBS; Mark Brooks, MBBS; Hamed Asadi, MBBS; Teddy Y. Wu, PhD; Darshan G. Shah, MBBS; Tissa Wijeratne, MD; Henry Zhao, MBBS; Fana Alemseged, MD; Felix Ng, MBBS; Peter Bailey, MD; Henry Rice, MBBS; Laetitia de Villiers, MBBS; Helen M. Dewey, PhD; Philip M. C. Choi, MBChB; Helen Brown, MB BCh BAO; Kendal Redmond, MBBS; David Leggett, MBBS; John N. Fink, MBChB; Wayne Collecutt, MBBS; Thomas Kraemer, MD; Martin Krause, MD; Dennis Cordato, PhD; Deborah Field, MBBS; Henry Ma, PhD; Bill O'Brien, MBBS; Benjamin Clissold, MBBS; Ferdinand Miteff, MBBS; Anna Clissold, MBBS; Geoffrey C. Cloud, MBBS; Leslie E. Bolitho, MBBS; Luke Bonavia, MBBS; Arup Bhattacharya, MBBS; Alistair Wright, MBBS; Abul Mamun, MBBS; Fintan O'Rourke, MBBS; John Worthington, MBBS; Andrew A. Wong, PhD; Christopher R. Levi, MBBS; Christopher F. Bladin, MD; Gagan Sharma, MCA; Patricia M. Desmond, MD; Mark W. Parsons, PhD; Geoffrey A. Donnan, MD; Stephen M. Davis, MD; for the EXTEND-IA TNK Part 2 investigators

CDHB Neurology Research

Canterbury Health System Research

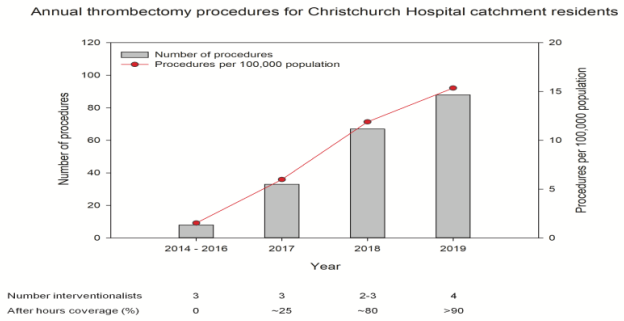
- Improving access to interventional therapy
- Imaging risk markers for recurrent stroke, and identifying stroke aetiology
- Increased severe stroke after terror attack

ORIGINAL RESEARCH
published: 30 April 2018
doi: 10.3389/fneur.2018.00290

Check for updates

Helsinki Stroke Model Is Transferrable With "Real-World" Resources and Reduced Stroke Thrombolysis Delay to 34 min in Christchurch

Teddy Y. Wu[1], Erin Coleman[1], Sarah L. Wright[1], Deborah F. Mason[1], Jon Reimers[1], Roderick Duncan[1], Mary Griffiths[1], Michael Hurrell[2], David Dixon[3], James Weaver[3], Atte Meretoja[4] and John N. Fink[1]*



Brief Report

Dabigatran Reversal Before Intravenous Tenecteplase in Acute Ischemic Stroke

James Beharry, MBChB; Michael J. Waters, BMBS; Roy Drew, BN; John N. Fink, FRACP; Duncan Wilson, MRCP, PhD; Bruce C.V. Campbell, FRACP, PhD; Mark W. Parsons, FRACP, PhD; Timothy J. Kleinig, FRACP, PhD; Teddy Y. Wu, FRACP, PhD

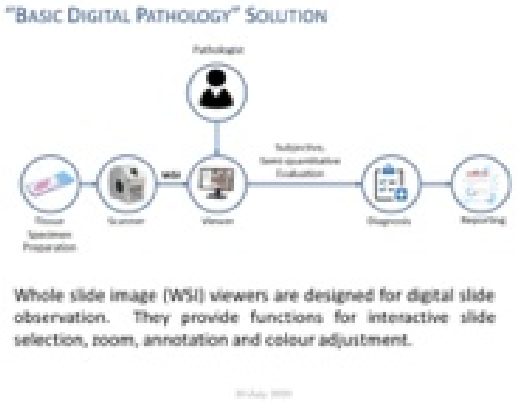
Accelerating our future through research

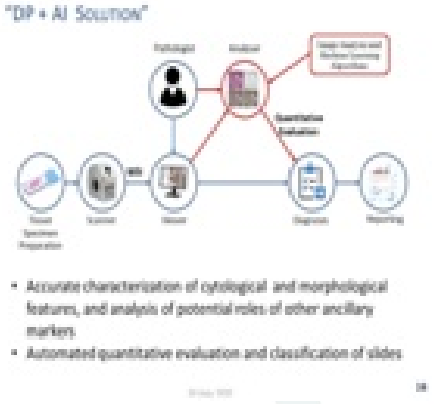
Dr Gavin Harris – Computational Pathology

Anatomical Pathology: Medical laboratory service that analyses organs, tissues and cells. Main focus is the assessment of cancer biopsies and resections providing information to surgeons and oncologists on the nature of the cancer and features that will predict how the cancer is likely to behave, impacts on how the patient is treated and patient survival. Highly manual – currently uses glass slides and microscopes.

Digital Pathology: The digitisation of glass slides allowing anatomical pathologists to view on a high definition monitor rather using a microscope.

Computational Pathology: The application of computer algorithms to the digitised glass slides. Anticipated to improve equity, accuracy, speed, objectivity, extract further information to support personalised medicine and gain system wide efficiencies. The transition believed to allow working better, faster and with best use of a scarce resource (i.e. pathologists) for anatomical pathology services.

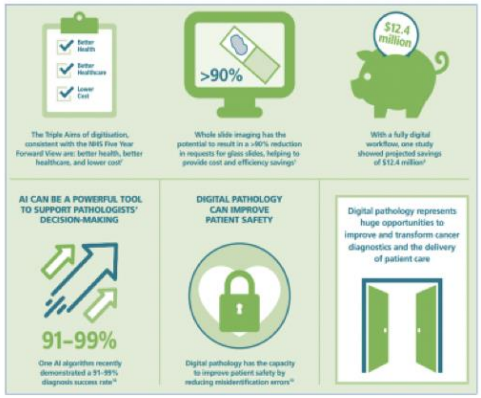




Canterbury Health Laboratories
www.chl.co.nz | 0800THELAB

Professor R Mukundan, Dept of Computer Science and Software Engineering, University of Canterbury

Computational Pathology – impact on cancer health service provision



Ref: Leica Biosystems, **The Future of Pathology Expert Report 2020**, pp 19-27. https://www.leicabiosystems.com/knowledge-pathway/future-of-pathology/the-future-of-pathology-report/ 30 July 2020

Cancer incidence:

According to Cancer Research UK "It is predicted there will be 27.5 million new cancer cases worldwide each year by 2040, if recent trends in incidence of major cancers and population growth are seen globally in the future. This is an increase of 61.7% from 2018 and is expected to be higher in males (67.6% increase) than in females (55.3% increase)" (https://www.cancerresearchuk.org/health-professional/cancer-statistics/worldwide-cancer/incidence).

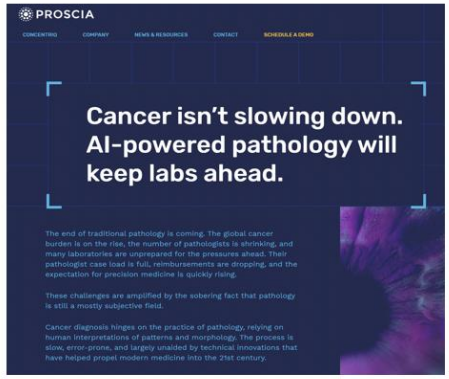
The National Cancer Institute (US) states:

"Cancer is among the leading causes of death worldwide. In 2012, there were 14.1 million new cases and 8.2 million cancer-related deaths worldwide. The number of new cancer cases per year is expected to rise to 23.6 million by 2030"

Work force provision:

17.53% decrease in US pathologists 2007-2017.
Metter, D. M., Colgan, T. J., Leung, S. T., Timmons, C. F., & Park, J. Y. (2019). Trends in the US and Canadian Pathologist Workforces From 2007 to 2017. *JAMA network open*, *2*(5), e194337. https://doi.org/10.1001/jamanetworkopen.2019.4337

"Over one third of the workforce is older than 55 years (37.5%), with one quarter of females in this age range (25.6%), and fifty percent of males (50.0%). This profile has significant implications for the retirement of a large proportion of the workforce in the next ten years. However, there are 21.7% of the workforce aged 65 years and older, so that 33 Anatomical Pathologists nationally in the New Zealand workforce will retire in a much shorter time frame." RCPA Pathologist and Senior Scientist Workforce Modelling. Final Report July 2018. https://www.rcpa.edu.au/Library/Fact-Sheets/Workforce-Resources/KBC-Australia-Workforce-Resources-Study.aspx



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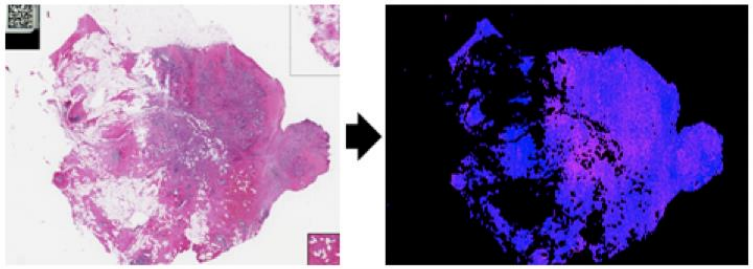
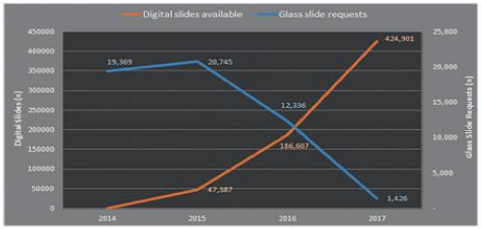
The unique situation in Canterbury is a significant opportunity for CDHB

Canterbury Health System Research

Progress to date:

- 2019 Breast Cancer Research in New Zealand partnership grant "Using deep learning and digital pathology to intrinsically subtype breast cancer" $249,650
- 2020 HRC Health Delivery Research Investment Round – Research Activation Grant "Correlating digital image features of breast cancer nuclei with molecular data $30,000





Department of Pathology, Memorial Sloan Kettering Cancer Center, New York.

Ref: Hanna, M.G., et.al. **Implementation of Digital Pathology Offers Clinical and Operational Increase in Efficiency and Cost Savings**, Archives of Pathology and Laboratory Medicine, Vol. 143, Dec 2019, pp. 1545-1555.

30 July 2020

7

My learnings as an 1.0FTE SMO in the DHB:

1) Digital pathology systems are being adopted by public laboratories overseas and WILL be implemented in New Zealand as part of service evolution (as per radiology) which will allow the adoption of computational pathology (i.e. When not if)

2) Progress has only been possible with significant levels of support and guidance from multiple CDHB agencies - Canterbury Health Laboratories, CDHB Research Office and Tech Transfer/Innovation team (Via Innovations).

3) Canterbury nationally has a unique combination of organisations and resources to allow national leadership in the development and implementation of computational pathology (CDHB, Canterbury Health Laboratories, University of Canterbury, Cancer Society Tissue Bank, CDHB Research Office, Via Innovations).

3) A potential model to benefit the people of Canterbury could be for:

- CDHB to be involved in the development of diagnostic algorithms
- to test drive on a digital pathology system in Canterbury Health Laboratories
- license Intellectual Property to commercial organisations

"AI and computational pathology will continue to mature as researchers, clinicians, industry, regulatory organizations and patient advocacy groups work together to innovate and deliver new technologies to health care providers: technologies which are better, faster, cheaper, more precise, and safe."

A. Sieng et.al. **Translational AI and Deep Learning in Diagnostic Pathology**; Frontiers in Medicine, Vol. 6, Oct 2019.

30 July 2020

41

Canterbury Health Laboratories
www.chl.co.nz | 0800THELAB

Where are we going

Canterbury Health System Research

1. Invest and prioritise in research that focusses on equity across peoples and geography
2. Accelerate development of pathways and policies that enable translation into practice
3. Create a vibrant research environment in Canterbury and the West Coast which attracts and retains staff
4. Build staff capability/competence for health service implementation research
5. Enhance collaborations with health system partners across our region
6. Embed research into organisational practice and culture
7. Advance innovative ideas into commercial opportunities

Transalpine Research Strategy 2020-2025

Canterbury Health System Research

Vision

To promote research which supports our service delivery to enhance the health and wellbeing of our community – by informing decisions and changes to policy, practice or systems. The transalpine Canterbury and West Coast partnership to be a leader in health system implementation research and knowledge transfer which improves the health and wellbeing of our population and which leads to equitable outcomes for our people and across our geography.

Linking our vision to the NZ Health Research Strategy 2017-27 principles

SCHEDULE OF MEETINGS - 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

DATE: **17 September 2020**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2021 calendar year as required by the NZ Public Health and Disability Act 2000.

2. RECOMMENDATION

That the Board:

i. confirms support for the proposed schedule of meetings for 2021 (Appendix 1);
ii. reconfirms the delegation of authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. SUMMARY

The purpose of this report is to seek the Board's support for a proposed schedule of meetings for the 2021 calendar year.

The dates for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information for the Quality, Finance, Audit and Risk Committee and the Hospital Advisory Committee in particular. The proposed meeting cycle for 2021 is:

- Board – monthly meetings on a Thursday, starting at 9:30am
- QFARC – monthly meetings on a Tuesday, starting at 9.00am.
- HAC – bi-monthly meetings on a Thursday, starting at 9:00am.
- CPH&DSAC – bi-monthly meetings on a Thursday, starting at 1.00pm.

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the *Act*) and in accordance with Standing Orders (Clause 1.14.1), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for more orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

The suggested meeting dates for 2021 are based on a similar cycle to 2020 meetings, with Committee meetings on Tuesdays and Thursdays, and Board meetings on the third Thursday of each month.

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members in each case prior to the meeting. In addition, where workshops are required, which are not part of the regular meeting cycle, notice of these meetings will also be given to members prior to the workshop.

On rare occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the Act.

4. APPENDICES

Appendix 1: 2021 Proposed Schedule of Meetings

	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed
January 2021						NEW YEARS DAY 1	2/3	BOXING DAY OBSERVED 4	5	6	7	8	9/10	11	12	13
February		1	2	3	4	5	6/7	WAITANGI DAY OBSERVED 8	9	10	11	12	13/14	15	16	17
March		1	QFARC 9AM 2	3	CPH&DSAC 1PM 4		6/7	8	9	10	11	12	13/14	15	16	17
April					HAC 9AM 1	GOOD FRIDAY 2	3/4	EASTER MONDAY 5	6	7	8	9	10/11	12	13	14
May		31					1/2	QFARC 9AM 3	4	5	CPH&DSAC 1PM 6	7	8/9	10	11	12
June			QFARC 9AM 1	2	HAC 9AM 3	4	5/6	QUEEN'S BIRTHDAY 7	8	9	10	11	12/13	14	15	16
July					CPH&DSAC 1PM 1	2	3/4	5	6	7	8	9	10/11	12	13	14
August	1	2	QFARC 9AM 3	4	HAC 9AM 5	6	7/8	9	10	11	12	13	14/15	16	17	18
September				1	CPH&DSAC 1PM 2	3	4/5	6	7	8	9	10	11/12	13	14	15
October						1	2/3	4	QFARC 9AM 5	6	HAC 9AM 7	8	9/10	11	12	13
November		1	QFARC 9AM 2	3	CPHAC/DSAC 1PM 4	5	6/7	8	9	10	11	CANTERBURY ANNIVERSARY DAY 12	13/14	15	16	17
December				1	HAC 9AM 2	3	4/5	6	7	8	9	10	11/12	13	14	15

Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	
14	15	16/17	18	19	20	21	22	23/24	25	QFARC 9AM 26	27	HAC 9AM 28	29	30/31	January 2021
CDHB BOARD 9.30AM 18	19	20/21	22	23	24	25	26	27/28							February
CDHB BOARD 9.30AM 18	19	20/21	22	23	24	25	26	27/28	29	QFARC 9AM 30	31				March
CDHB BOARD 9.30AM 15	16	17/18	19	20	21	22	23	24/25	ANZAC DAY OBSERVED 26	27	28	29	30		April
13	14	15/16	17	18	19	CDHB BOARD 9.30AM 20	21	22/23	24	25	26	27	28	29/30	May
CDHB BOARD 9.30AM 17	18	19/20	21	22	23	24	25	26/27	28	QFARC 9AM 29	30				June
CDHB BOARD 9.30AM 15	16	17/18	19	20	21	22	23	24/25	26	27	28	29	30	31	July
CDHB BOARD 9.30AM 19	20	21/22	23	24	25	26	27	28/29	30	QFARC 9AM 31					August
CDHB BOARD 9.30AM 16	17	18/19	20	21	22	23	24	25/26	27	28	29	30			September
14	15	16/17	18	19	20	CDHB BOARD 9.30AM 21	22	23/24	LABOUR DAY 25	26	27	28	29	30/31	October
CDHB BOARD 9.30AM 18	19	20/21	22	23	24	25	26	27/28	29	QFARC 9AM 30					November
CDHB BOARD 9.30AM 16	17	18/19	20	21	22	23	24	25/26	CHRISTMAS DAY OBSERVED 27	BOXING DAY OBSERVED 28	29	30	31		December

BAD DEBT WRITE-OFF

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

DATE: **17 September 2020**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this paper is to seek approval for a write off relating to a non-New Zealand resident inpatient debt.

Bad debt write-offs over $50,000 per item must be notified to the Quality, Finance, Audit and Risk Committee and write-offs over $100,000 require Board approval.

2. RECOMMENDATION

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

i. approves the write off of approximately $161k being an invoice raised to a non-New Zealand resident inpatient; and
ii. notes that this request is made on the basis that Canterbury DHB has taken all reasonable steps to recover the debt and there is unlikely to be any payment on this invoice.

3. DISCUSSION

An original debt had an agreed payment plan of $322 per month with approximately $26k currently outstanding. Subsequent to this, a further invoice of $161k has been raised to this ineligible patient (now deceased). Payments on the original payment plan continue to be paid by the estate, but the family of the estate are no longer communicating with us to address the latest invoice. At $322 per month, the entire debt would take 48 years to pay off. We are requesting approval to write off the latest invoice to enable $21k of GST to be reclaimed, and we will place the debt with our external debt collection agency to obtain a more favourable payment plan.

This debt has been fully provided for as doubtful in our accounts, so there is no financial impact to our results.

COMMITTEE VACANCIES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

DATE: **17 September 2020**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

Due to the resignation of Jo Kane as Chair of the Community & Public Health & Disability Support Advisory Committee, Deputy Chair of the Quality, Finance, Audit & Risk Committee, and Deputy Chair of the Hospital Advisory Committee, this paper seeks the Board's confirmation of replacements for these positions.

2. RECOMMENDATION

That the Board:

i. confirms the appointment of Aaron Keown as Chair of the Community & Public Health & Disability Support Advisory Committee;
ii. confirms the appointment of Naomi Marshall as Deputy Chair of the Community & Public Health & Disability Support Advisory Committee;
iii. confirms the appointment of Ingrid Taylor as Deputy Chair of the Quality, Finance, Audit & Risk Committee; and
iv. confirms the appointment of Naomi Marshall as Deputy Chair of the Hospital Advisory Committee.

3. SUMMARY

As Board members are aware, Jo Kane resigned her positions as Chair of the Community & Public Health & Disability Support Advisory Committee, and Deputy Chair of both the Quality, Finance, Audit & Risk Committee and Hospital Advisory Committee.

As Chairman, I am recommending to the Board that replacements be as per the recommendations above.

The current proposed committee membership is attached as Appendix 1.

4. APPENDICES

Appendix 1: Board & Committee Membership – 2020

PROPOSED
BOARD & COMMITTEE MEMBERSHIP
September 2020

Canterbury District Health Board CDHB (Governance) Up to 11 members	Sir John Hansen (Chair) Gabrielle Huria (Deputy Chair) Barry Bragg Catherine Chu Andrew Dickerson James Gough Jo Kane Aaron Keown Naomi Marshalll Ingrid Taylor

Hospital Advisory Committee HAC (Governance) Up to 10 members	Andrew Dickerson (Chair) Naomi Marshall (Deputy Chair) Barry Bragg Catherine Chu James Gough Jo Kane Ingrid Taylor <u>External Members</u> Jan Edwards Dr Rochelle Phipps Michelle Turrall (Manawhenua) Sir John Hansen (ex-officio) Gabrielle Huria (ex-officio)

Community and Public Health and Disability Support Advisory Committee CPH&DSAC (Governance) Up to 11 members	Aaron Keown (Chair) Naomi Marshall (Deputy Chair) Catherine Chu Jo Kane <u>External Members</u> Gordon Boxall Tom Callanan Rochelle Faimalo Rawa Mahu Karetai Yvonne Palmer Dr Olive Webb Michelle Turrall (Manawhenua) Sir John Hansen (ex-officio) Gabrielle Huria (ex-officio)

Quality, Finance, Audit and Risk Committee QFARC (Governance) Up to 10 members	Barry Bragg (Chair) Ingrid Taylor (Deputy Chair) Andrew Dickerson James Gough Sir John Hansen Gabrielle Huria Jo Kane <u>External Members</u> Peter Ballantyne Steve Wakefield Vacant

PROPOSED
BOARD & COMMITTEE MEMBERSHIP
September 2020

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

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, Acting Chief Executive**

DATE: **17 September 2020**

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 progress from the Chief Executive to the Board of the Canterbury DHB. Content is provided by Operational General Managers, Programme Leads, and relevant Executive Management Team members.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

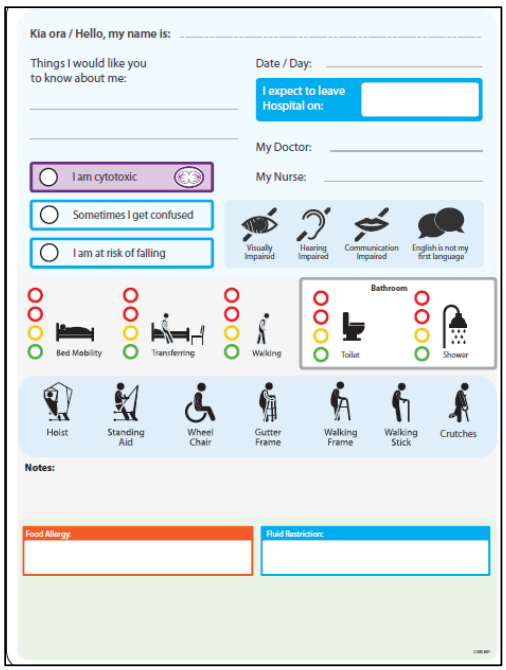
3. DISCUSSION

PUTTING THE PERSON FIRST – PATIENT SAFETY, QUALITY AND IMPROVEMENT

Quality & Patient Safety

- **Nominated Patient Contact:** It is important that clinical teams have access to accurate family/whānau contact details for patients, including a nominated contact person who is available to be contacted in case of an emergency or a change in condition. This is also an important element of patient care and patient experience and its importance is reflected in the adult inpatient experience survey question *'Where possible did staff include your family/whānau or someone close to you in discussions about your care?'*.

  A pilot, sponsored by the Health Quality and Safety Commission (HQSC), has been initiated in Christchurch Hospital to help to improve our performance in this area and focus groups with whanau and family members who had provided support during a recent admission of their loved ones has helped to identify consistent themes to work on. New resources **patient and family/whānau 'nominated contact' information** and a **nominated contact procedure** have been developed so far.



- **Patient Bedside Boards:** Patient bedside boards that provide key information at a glance for staff involved in caring for the patient as well as the patients and their family/whānau have been reviewed in preparation for the Hagley migration and will be used in the new facility. The bedside boards were first introduced at Burwood in 2017 with positive patient and family feedback.

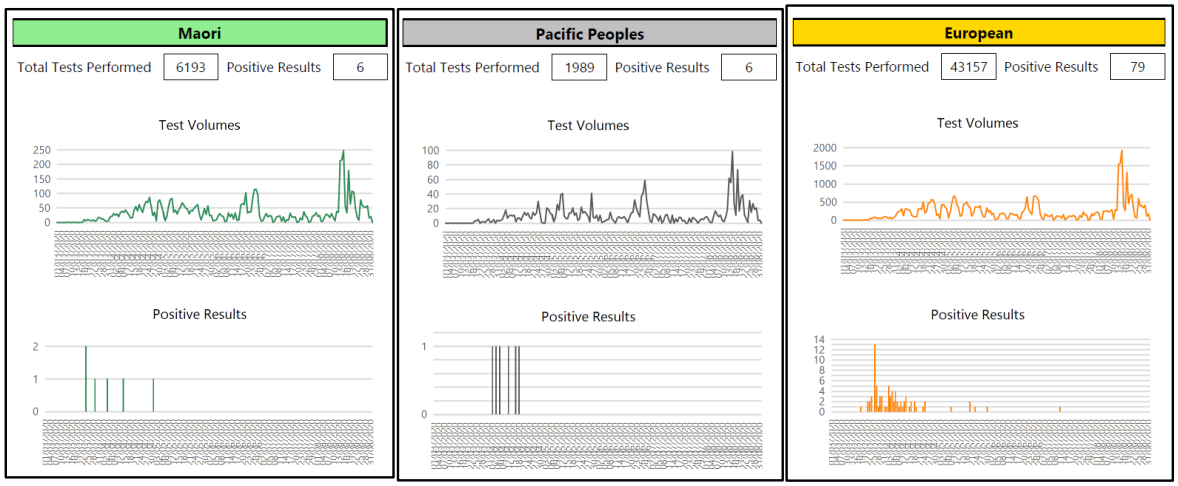
MĀORI AND PASIFIKA HEALTH

- **COVID-19 Update:** There are no known COVID cases in the Canterbury population. We continue to be vigilant to protect our vulnerable Māori and Pasifika populations and ensure pro-active approach to equity. Testing rates for Māori and Pasifika are the highest compared with other ethnicities. Below is the data for our population over the entire pandemic period.

COVID-19 Lab test volumes by Ethnicity as at 01/09/2020

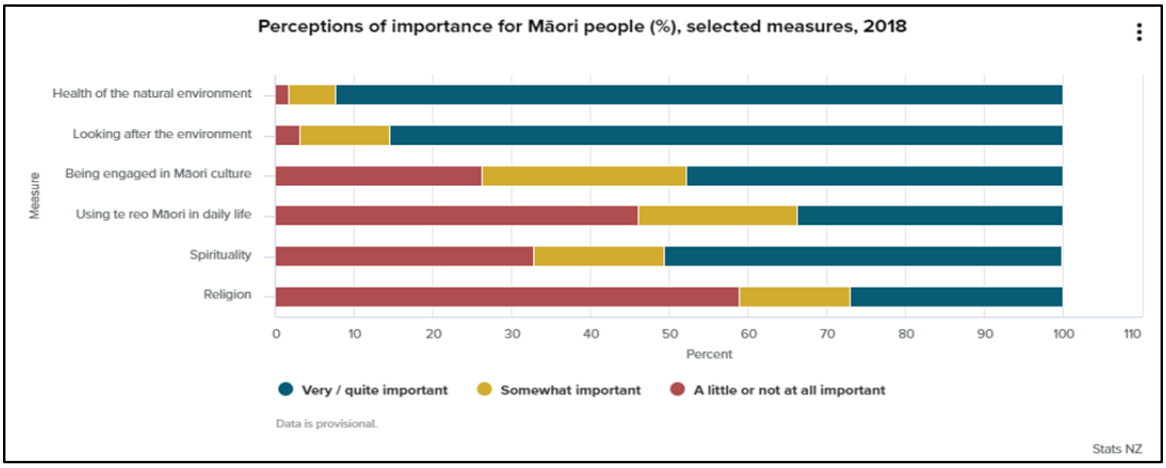
Summary against Population breakdown (population stats sourced from NES snapshot for Canterbury PHO enrolment as at 31st March 2020)

	Asian	European	Maori	MELAA	Pacific Peoples	Residual/Other	Not Stated	Total
Population	58427	409764	47066	7634	15824	4826	0	543541
% of Total Population	10.7%	75.4%	8.7%	1.4%	2.9%	0.9%	0.0%	100%
Ethnic Group Tested	4390	43157	6193	835	1989	590	8265	65419
Testing rate of ethnic group (per 10,000)	751	1053	1316	1094	1257	1223	N/A	1204
Positives	19	79	6	3	6	3	18	134
Positive rate of ethnic group tested (per 10,000 tested)	43	18	10	36	30	51	22	20
Positive rate of the ethnic population (per 10,000)	3.3	1.9	1.3	3.9	3.8	6.2	N/A	2.5

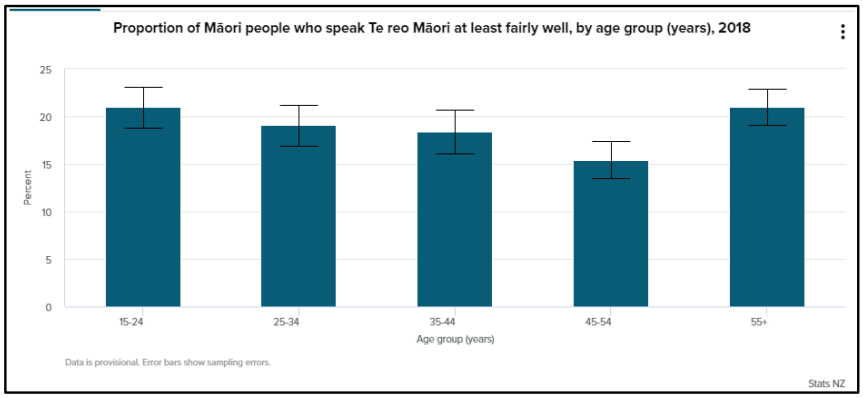


- **Te Kupenga Survey of Māori Wellbeing:** Te Kupenga (Statistics New Zealand's survey of Māori wellbeing) provides key statistics on four areas of Māori cultural wellbeing: wairuatanga (spirituality), tikanga (Māori customs and practices), te reo Māori (the Māori language), and whānaungatanga (social connectedness). The survey's content recognises practices and wellbeing outcomes that are specific to Māori culture: knowledge and use of the Māori language, connection to marae, and whānau wellbeing.

  Provision results were released in April 2020 and Tatauranga Aotearoa (Statistics New Zealand) staff met with Te Kāhui Papaki o Kā Tai (our Canterbury-wide Māori health reference group) in August to go over the provisional results and seek comment. The provisional results show up interesting data about Māori, particularly around perceptions of importance and te reo Māori.



We are witnessing for the first time in more than a century, a change in the age demography of te reo Māori speakers. The 15-24 age group is now on a par with the 55+ group, or possibly even overtaking them in speaking te reo Māori. This is an important issue for health services and other government agencies to understand into the future. The needs and demands of this younger group of Māori, particularly around their expectations of how we increase the use of te reo Māori throughout our system, will need to be considered in our future health service planning.



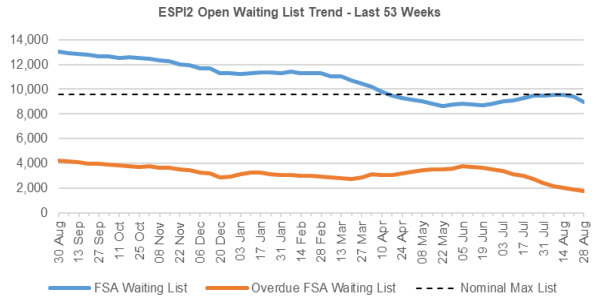
MEDICAL / SURGICAL SERVICES

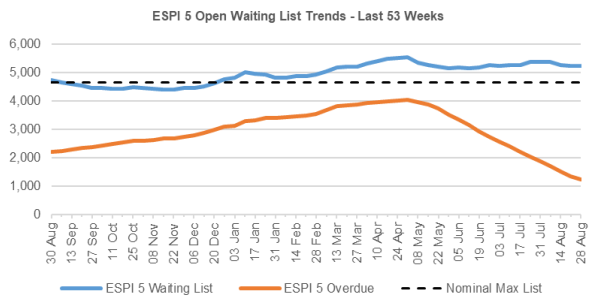
- **Elective Services Patient Flow Indicators (ESPIs):** More than 990 admitting events were cancelled due to the COVID lockdown. Services have been working to reschedule and provide the deferred events, which are being booked following clinical reprioritisation. As at 31 August all but **36** of these events have been closed and of those 21 have an admission rebooked.

- **Planned Care Improvement Action Plan:** Canterbury DHB's Improvement Action Plan for 2020/21 has been submitted to the Ministry of Health. The Plan focusses on how the DHB will achieve ESPI/Planned Care compliance across its services. Initial feedback from the Ministry is that DHBs should focus on developing realistic and sustainable targets for compliance rather than faster timeframes. Further feedback from the Ministry is expected.

  The Improvement Plan Action Plan provides a weekly target for the number of patients waiting no longer than 120 days for a first specialist assessment (ESPI 2) or 120 days for treatment from a commitment to treat date (ESPI 5). As at 31 August we are on track to meet the ESPI 2 target with four specialty areas who have no patients waiting for longer than 120 days, 15 areas are meeting their recovery plan target and eight are still to meet the target and have more work to do. A total of 1,149 people were waiting for longer than 120 days for their first specialist assessment.

  In relation to ESPI 5, significant progress has been made towards our improvement plan goals. As at 31 August there are 1,061 patients waiting for longer than 120 days. Within the Medical-Surgical division two specialty areas have nobody waiting longer than 120 days, seven are meeting their recovery plan target and just three have further work to do. Clinical and operational teams are optimising the provision of clinics and theatre activity and carefully managing acceptance of referrals against HealthPathways criteria.





- **Planned Care Targets**: Delivery targets for 2020/21 are yet to be agreed with the Ministry of Health. The Plans that were submitted incorporated the provision of 19,614 planned care discharges (elective surgeries), 432 more than the 2019/20 Plan. As at 31 August we have delivered 3,421 discharges. This is 93 ahead of year-to-date target and 84 more than the same period in 2019/20.

  Likewise, we are ahead of target for minor procedures in hospital settings at the end of week 9, having delivered 378 as inpatients (150 ahead of target) and 1,685 as outpatients (368 ahead of target).

  The number of operations at Christchurch Hospital following acute admission has increased from 705 in August 2019 to 746 in the 2020. Creating two additional acute theatres in Christchurch Hospital in February 2020 and outplacing or outsourcing further volumes has allowed us to provide the increase in acute surgery without cancellation of scheduled elective services.

- **Leave Care**: Managers, nursing and service leaders continue to promote leave care to reduce the DHB's liability and contribute to improved health and wellbeing amongst staff. This has contributed to an increase in leave taken across the organisation in July when compared to last year, along with a marginal reduction in sick leave being taken.

  Focussing on the Christchurch Campus, in July 2020 nearly 96,000 hours of leave were taken or cashed out, an increase of 16%, or more than 13,000 hours, in July 2019. An increase has been seen across every professional group ranging from 7% to 45%.

WOMEN'S AND CHILDREN'S HEALTH SERVICES

- **Planned Care Improvement Action Plan:** As at 31 August Women's and Children's specialty areas are meeting objectives with regards to people waiting longer than 120 days for First Specialist Assessment (ESPI 2) in six specialty areas with six still having work to do. Further work is occurring in relation to (ESPI 5) waiting times as neither of the two specialty areas are meeting their improvement plan targets.
- **Leave Care**: In the Women's and Children's division, the proportion of staff in the Sick Leave Green Zone has increased by 1% - reaching 78.7%. Current leave bookings will have 65 people move out of annual leave red status by the end of January (out of a total of 196 people).

OLDER PERSONS HEALTH & REHABILITATION | COMMUNITY DENTAL

- **COVID Preparation in Aged Residential Care Facilities:** A resurgence of COVID outbreaks in Aged Residential Care (ARC) remains a high risk for Canterbury and New Zealand as a whole. There has been some disagreement at a national level in terms of what Alert Level should apply to ARC facilities, with the NZ Aged Care Association advocating for a continuance of Alert Level 4 for aged care and the Ministry of Health recommending Alert Level 2. Canterbury ARCs are currently operating at Alert Level 2, but with several additional restrictions around visitors. We continue to work closely with facilities and clinical managers, to ensure that they have appropriate supplies of Personal Protective Equipment in reserve, and Infection Prevention & Control is pro-actively working with facilities to ensure preparations are in place.

  A document has been prepared by clinicians from Canterbury DHB working alongside the ARC sector that will be implemented nationwide entitled "Management of a COVID outbreak in Canterbury Aged Residential Care Facilities" providing an operational framework and guiding principles for managing any further outbreaks.

- **Community Activity Programmes for Older People in Level 2:** Local providers of community activity programmes for older people have responded in some creative ways to the constraints of Alert Level 2. Given that it is difficult or impossible to run these programmes in the usual way, with appropriate physical distancing, providers have come up with a range of solutions including running more frequent half-day sessions with half the usual number of attendees and providing in-home checks with phone calls and the delivery of activity and care packages.

  These programmes have the dual purpose of increasing social integration and relieving carer stress and are an important part of our suite of services helping to support older people living in their own homes. Providers are currently working as "eyes in the home" and are helping to identify people where COVID-

19 restrictions have caused people to be more vulnerable, providing supports in the form of social supports and meals, and referring people to specialist and mental health services where concerns have been raised.

- **National Home and Community Support Services Specification and Funding:** One of the priority actions in the New Zealand Healthy Ageing Strategy was to improve models of care for Home and Community Support Services (HCSS). In response to this, a national framework for HCSS has been developed in collaboration with key stakeholders, including older people and their whānau, service providers, and portfolio managers from multiple DHBs. This framework will support our efforts towards a Restorative Model of Care that helps people continue to live independently in their own home. The resulting service specification will become the nationally mandated service specification from July 2022. A nationally agreed case-mix methodology will be put in place to sit alongside the new specifications and better enable target resources according to need. This new funding model, based on the one developed and successfully implemented in Canterbury, will be implemented nationally by July 2022.

- **OPH&R continues to focus on reduction in patient harm, including ongoing focus on pressure injury prevention. Activities currently supported include:**

  New Zealand Early Warning Score (NZEWS): A rapid audit undertaken at Burwood Hospital in November 2019, highlighted issues around deterioration of patients, including delayed escalation, lack of understanding of the escalation pathways, poor documentation, and lack of a clear plan to address deterioration. Clinical leaders and quality representatives have collaborated to devise an action plan to address these issues and improve our recognition and response to patient deterioration.

  Policies and documentation have been updated to ensure consistency regarding who to escalate to and when and RMOs now have a session with the Burwood Hospital nurse educator during orientation to clarify the site-based response to deteriorating patients. Education sessions are encouraging staff to utilise the NZEWS tool to inform their clinical judgement and simulation training is due to commence on site in September 2020 with the focus on addressing subtle early signs of deterioration. Where appropriate each clinical emergency or rapid deterioration is also reviewed post-event to support further training.

- **Clinical Audit/NADIA:** NADIA is a web application designed by Webtools Health Ltd. The focus of the application is currently on auditing of clinical workflows and it has been trialled at Burwood over the last eight months, with the Phase II trial due to be complete in October 2020. The current scope includes: 17 distinct audits ongoing or completed, 11 wards plus the Progressive Care Unit and Admitting Unit using the application and over 200 individual users.

  The application manages the complete auditing process, from form creation, users and system setup, audit scheduling, and results and compliance. This is achieved through a combination of mobile and web apps in conjunction with cloud-based systems. Data is available instantaneously to governance via a web-based reporting tool and training methods are in place along with functioning steering and governance groups.

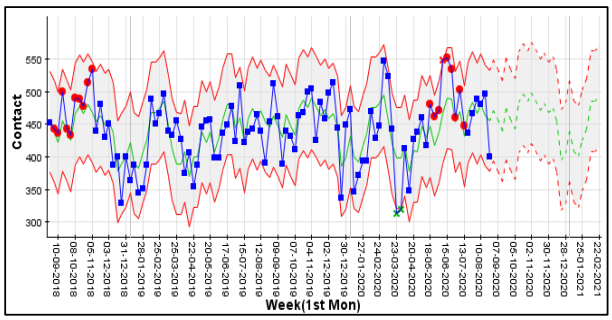
  The implementation has resulted in a significant increase in compliance with the regular mandatory audits at Burwood. Historical compliance with these regular audits had been approximately 20%. Following the implementation of NADIA compliance has increased to 72%. Median time to complete audits in the application is 01:16 minutes, consistent with the NADIA proof of concept which identified an 80% reduction in processing time for audits. User satisfaction surveys highlight improved usability, ease of access to resources, standardisation and access to data. This means we have a quicker way to audit our clinical practice giving us real time data that we use to inform quality improvement projects. Our use of the tool in rapid audits has increased the involvement of front-line clinicians both in performing audits and contributing to action plans, due to rapid results collated immediately after data collection.

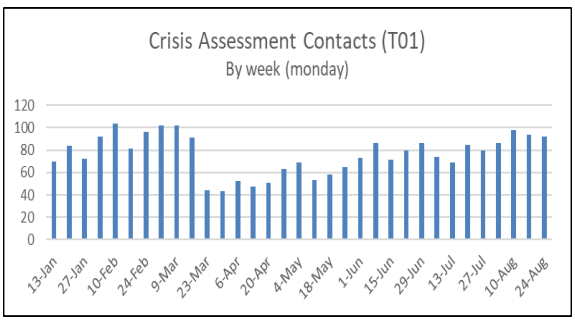
- **Leave Care:** As part of the Leave Care programme sick leave and work-related injury issues within the Perioperative services at Burwood Hospital were identified. The Burwood team have been working alongside the Wellbeing Health & Safety team to understand the issues and develop a plan to address these with the aim of increasing staff wellness and reducing sick leave, particularly around manual handling. There is a high level of staff engagement with this work and staff are appreciating the focus to improve their wellbeing evident through this project. It is anticipated that this work will demonstrate improved results in as we progress through the year.

SPECIALIST MENTAL HEALTH SERVICES (SMHS)

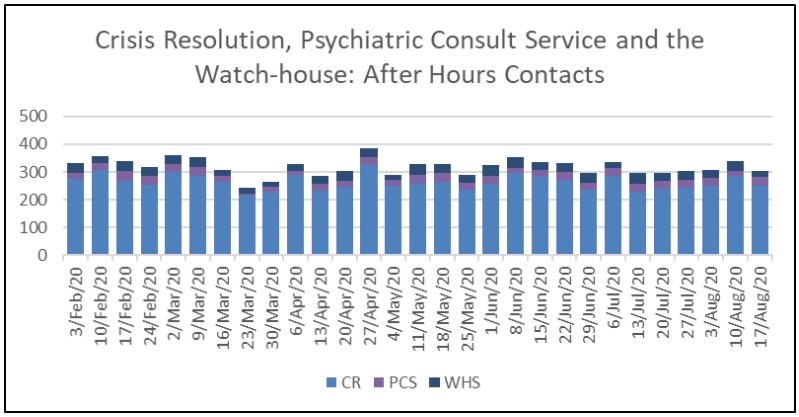
- **SMHS Facilities Update**:
  - Assessment, Treatment and Rehabilitation extension, due for completion by the end of October 2020.
  - New Builds (Integrated Family Services Centre and High & Complex Needs), underway with north carpark fencing erected, work due for completion December 2020. Construction of new buildings due to commence in January 2021.
  - The Mobile Duress (alarm) solution is awaiting business case sign off, and final contract. The aim is for installation into Building 3 (AT&R and Psychiatric Services for Adults with an Intellectual Disability (PSAID)) prior to occupation of new facility.
- **Crisis Response:** The Ministry of Health have provided funding for improving *'Outcomes for Tangata Whaiora and Whānau by ensuring a responsive, compassionate, and safe experience when engaging with Mental Health Crisis Services'*. As part of our capability planning, a workshop to review current activity and opportunities has been held. This focused on what we could use additional resources to support in terms of a cross-system response at point of acute crisis. The following access data demonstrates the current pressures.

  SMHS Adult and Child & Youth services provide crisis response and follow up services. The graph below shows the crisis response activity by week. This activity includes full assessments (T01), follow up and family contacts and consultations and liaison with GPs and external services. An initial reduction in crisis activity occurred following the level 4 lockdown.





After hours crisis response triage and consult services is offered via Crisis Resolution (CR), Psychiatric Consult Service (PCS) and the Watch-house WHS).



Homecare Medical are contracted to provide a mental health after hours triage service, providing tele-triage between the hours of 4.30pm and 12.00am Monday to Friday and between 10.30am and 12.00am on weekends and public holidays. Call volumes are increasing, with a total of 3,826 calls received during Quarter 4 (April-June 2020), which is significantly over contracted volumes. Of these, 2,927 were answered, 899 were abandoned. Homecare Medical identify that the abandonment rate is a likely result of high call wait times and volumes, typical of a service with higher than resourced volumes.

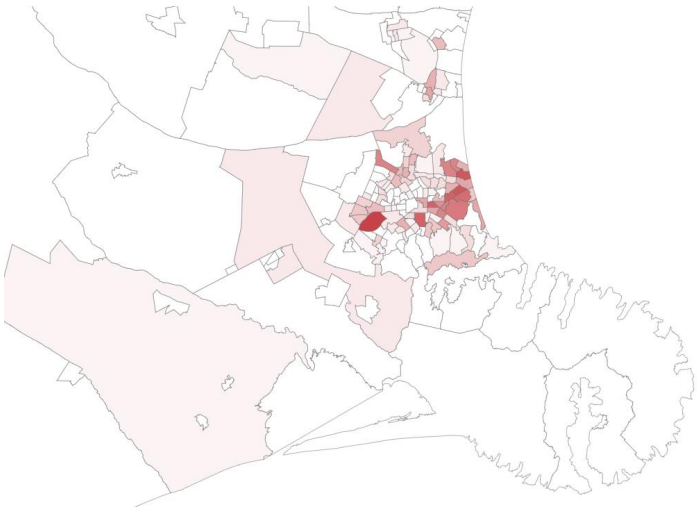
LABORATORY SERVICES

- **COVID-19 Response:** The DHB's laboratory has tested and reported a record number of tests within a 24-hour period, in support of the national response to COVID in September. Our Auckland DHB colleagues and the Ministry of Health have noted that they are extremely grateful for the support provided to other regions. Canterbury Health Laboratories has delivered this on top of maintaining all business as usual diagnostic services. Unlike the March increase in national alert levels, the laboratories routine hospital and referral workload has not declined. In some areas this has even increased in volume and complexity. As at 2 September 2020, CHL has completed over 100,000 COVID-19 tests since the start of the pandemic.

- **Electronic Request Management System Dashboard:** Since May 2020 the Electronic Request Management System (ERMS) has been used as a further mechanism to electronically request laboratory tests. Our laboratory has been able to add the order information from ERMS to its suite of dashboards, with a focus on reviewing equity of access to laboratory services. While the dashboard and data are a prototype (ERMS lab requests currently reflect 5-10% of all community laboratory requests) some elements including diabetes tests (see below) are more complete.

  Early information allows us to see the number of patients given electronic laboratory requests that never present to a laboratory collection room. This rate of non-presentation is higher in Asian, Māori and Pasifika population groups. The ERMS dashboard has a visual representation of geographic areas where patient have presented (or not) for a blood sample.

  Map 1: Location of patients identifying as Māori who have been provided a laboratory request by their GP but have not presented for the lab test. This is based on the ERMS data collected since May 2020.



- **HbA1C Equity Dashboard:** The Laboratory has developed several dashboards that present laboratory results and the frequency of abnormalities. The example below of HbA1c[1] data shows some ethnic groups being tested less frequently than other groups. It shows that those ethnic groups tested less frequently (e.g. Māori and Pasifika) are also more likely to have an abnormal result (as shown by the column labelled PR).

Table 1: Testing frequency and abnormality rates of HbA1c tests within CDHB

Ethnicity	CDHB Pop	% of Pop	Tests	Normal	Abnormal	PR	Patients	% of Pop Tested	Normal Patients	Abnormal Patients	% of Pop Abnormal	PR (Patient)
Asian	58,427	10.75%	63,931	41,434	22,497	35.2%	24,282	41.56%	18,931	5,351	9.16%	22.0%
European	409,764	75.39%	646,769	465,113	181,656	28.1%	246,703	60.21%	203,436	43,267	10.56%	17.5%
Māori	47,066	8.66%	63,141	42,209	20,932	33.2%	24,909	52.92%	19,710	5,199	11.05%	20.9%
Middle Eastern/Latin American/African	7,634	1.40%	9,381	6,860	2,521	26.9%	3,790	49.65%	3,191	599	7.85%	15.8%
Other Ethnicity	4,826	0.89%	5,984	4,458	1,526	25.5%	2,396	49.65%	2,011	385	7.98%	16.1%
Pacific Peoples	15,824	2.91%	23,671	11,718	11,953	50.5%	7,893	49.88%	5,234	2,659	16.80%	33.7%
Total	**543,541**	**100.00%**	**812,877**	**571,792**	**241,085**	**29.7%**	**309,973**	**57.03%**	**252,513**	**57,460**	**10.57%**	**18.5%**

Utilising this and other laboratory data through the ERMS system, will allow the DHB to better target focus areas and/or alternate models of care to improve the delivery of health care.

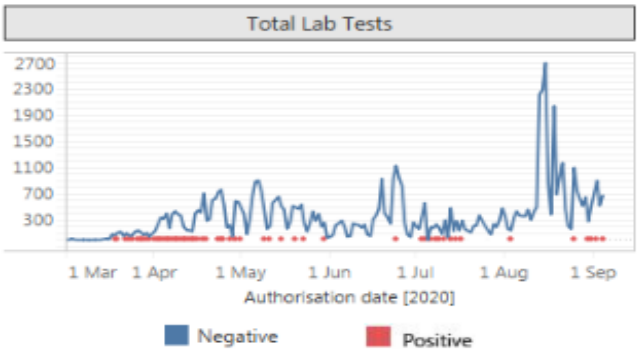
[1] *The HbA1c test measures your average blood glucose (sugar) over 2–3 months. It is used in 2 ways: to diagnose type 2 diabetes, and to check your blood sugar levels if you have been diagnosed with type 2 diabetes.*

PRIMARY CARE AND COMMUNITY SERVICES

- **Supported Access:** The Te Ara Whakapuāwai programme gives eligible people (on release from prison) access to three free general practice consultations, including an initial extended consult to allow time to treat the often-complex health needs of this population. The programme aims to reduce the barriers to accessing health care and increase enrolment into primary care and ongoing engagement with the general practice team. Since May 2018, 500 individuals (85% male, 40% Māori, 4% Pacific, and 54% young adults between 20 and 34 years) have utilised this service.

  Data shows that more than half (60%) of these individuals had not been enrolled with a primary health care organisation prior to their first consultation. While utilisation of the service was targeted at 60% of people being released per annum, actual uptake has been less than anticipated. Additional steps are currently being taken to improve awareness of the programme and engagement with people being released, with support services being put in place both in prison and the community. Messaging is being shared with general practices that stresses the importance of ensuring people feel welcomed and supported by the practice they connect with.

- **COVID Testing in Primary Care:** The table (right) highlights the total number of laboratory tests completed for COVID until the 4th September 2020. The spike in testing from mid-August is attributed to community anxiety in response to the re-emergence of community transmission in the Auckland district and the directive from the Ministry of Health and the Minister to increase testing for both symptomatic and asymptomatic people as part of the national Testing and Surveillance strategy.



  Testing sites were all extremely busy mid-August with general practices delivering 4,956 tests in the week to the 16th August out of a total of 9,320 tests taken that week. Community Based Assessment Centres (CBAC), and surveillance testing at the border and in Managed Isolation & Quarantine facilities make up the remainder of the testing activities. Testing rates have since dropped back to a total of 4,103 tests taken in the week to 30 August.

  Surveillance testing at the Port of Lyttleton has captured 100% of staff with the plan to commence re-testing. There is also to be mandatory testing of foreign ships crew expected to commence with a Border Order making this a compulsory requirement. Testing of the airport staff at the Christchurch International Airport has been undertaken at the Orchard Road CBAC (there is the separate process for international flight crew and passengers into Managed Isolation Facilities). Negotiation with airport management to establish a testing site within the airport terminal is ongoing as it will be a more efficient and effective way of reaching staff going forward.

- **Pharmacy Funding:** Nationally DHBs have offered community pharmacies a 2.84% increase in service funding from October (3.51% increase for immunisations), in line with that for general practice. This is in addition to volume growth which is expected to be around 2.5% per annum. DHBs have also extended funding for pharmacy-delivered measles-mumps-rubella immunisations, which was committed only until December 2020.

- **Opioid Trial:** A trial between the DHB's Community Opioid Recovery Service (CORS) and two pharmacies providing opioid substitution treatment tested the feasibility of using an electronic medicines management system to improve coordination of care for people on this treatment. The system allows pharmacists more scope to help people to better self-manage and saves time for patients, CORS staff and pharmacists. The trial confirmed the feasibility of using this system and it is likely to be expanded to further pharmacies.

- **Wellbeing on the Chatham Islands:** The Chatham's community has been significantly impacted by the pandemic with income from the fishing, farming and tourism industries substantially reduced. This will

have ongoing impacts on the health and well-being of the population, with an increase in mental health presentations across both children and adult cohorts.

The whole of government stakeholders' group has mobilised to support the community with Te Arawhiti (the national office for Crown Relations) leading the Caring for Communities COVID-19 All-of-Government Response. The Chatham Islands Regional Leadership Group includes representatives from the Chatham Islands Council, Ngāti Mutunga ki Wharekauri and the Hokotehi Moriori Trust. Canterbury DHB is supporting the development of a Wellbeing Recovery Programme to help build local capability. This work is being led by the Pegasus Health Mental Health Team, with the community and in consultation with existing health and wellbeing providers. The approach is to strengthen the existing supports and upskill the community through mentoring and ongoing education.

The community is concerned about the risk of introducing COVID to the Chatham Islands as tourism flights increase from Auckland and other centres. Local tourist operators are being encouraged to monitor the movement of all tourists when on Island and the medical centre is providing regular testing of airline crews and patients presenting with COVID symptoms and triaging appointments. A process is in place to support isolation if a case is identified, with approval of the DHB's Public Health Officer.

COMMUNITY & PUBLIC HEALTH SERVICES

- **COVID-19:** Our Community & Public Health division continues to focus on the management of COVID cases identified at the border and to ensure staff are fully trained in the necessary platforms for managing cases and contacts. Over the past few weeks Community & Public Health has been focused on supporting the Auckland community outbreak through accepting and managing delegated cases and contacts as required. Community & Public Health's alcohol team has developed a resource to encourage an alcohol harm minimisation approach in our local managed quarantine and isolation facilities. This document has been well received and has now been incorporated into the Ministry Managed Isolation Operations Framework (alcohol section).
- **Getting Through Together:** The 'Getting Through Together' Campaign, a partnership with the Mental Health Foundation of NZ and Te Hiringa Hauora (Health Promotion Agency), has just launched its latest campaign. Called Reimagine Wellbeing Together, He Tirohanga Anamata, and aligned with Mental Health Awareness week (21-27 September), the campaign is a response to the challenges of 2020 – a year where many of us have had to reconsider the experiences, actions and surroundings that make us feel good, help us stay well and uplift our wellbeing. He Tirohanga Anamata means 'a glance into our future'. It recognises Māori wellbeing principles and philosophies of past, present and future and welcomes the notion of progressing forward, together. The Getting Through Together Campaign has been officially funded until the end of September – a decision about an extension to funding until the end of December is awaited.

EFFECTIVE INFORMATION SYSTEMS

- **DHB Phone System Upgrade:** On 27 August the last of Canterbury DHB's phone systems was converted to operate across a fibre optic connection to the local exchange. The conversion was necessary as Chorus is removing support for the original copper circuits by the end of 2020.

  The project spanned two years and ten separate locations from Kaikoura to Timaru affecting close to 4,000 desk phones included in this upgrade. New PC based consoles for the telephone operators were also upgraded, replacing six old key based systems. These consoles provide a host of new features which improve the service provided to internal and external callers and increase operator productivity.

  The new fibre connections provide immediate cost savings of $23,000 per year. They also allow greater flexibility in the way that Canterbury DHB can connect and configure its voice network allowing more functionality with further opportunities to improve overall efficiency.
- **Paging System Replacement:** Our paging system is end of life and requires replacement. Capital expenditure has been approved in principle and we are planning to approach the market for solutions due to the potential cost and the number of options available.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

- **Measles Catch-Up Campaign:** Communications planning is underway to support the national measles catch up campaign which will target people aged between 15 and 30 years old, many of whom are under immunised. Communications will include local activities to complement and supplement the national campaign and will begin once the national branding is finalised, expected to be late September.
- **Promoting Changes to Recycling Rules:** Communications is providing ongoing support to help raise awareness of changes to recycling rules, encourage people to dispose of their waste thoughtfully, and why it's important to put the right thing in the right bin.
- **Improving Accessibility of Important Public Health Messages:** We are working on templates to easily produce EasyRead or plain English notices for the website, as part of a drive to make health and service information increasingly accessible to people with learning difficulties or cognitive or sensory impairment. Initially this might include advice such as water warnings (toxic algae or shellfish), or information about parking and changes to visitor rules according to COVID-19 Alert Levels – we already use many of the EasyRead principles for social media. This won't replace the information we already provide but will provide an alternative for people that we may have unintentionally excluded in the past.
- **Media Briefings:** August was a busy month for media, responding to more than 190 enquiries. The month was dominated by queries regarding COVID and the seven Executive Management Team resignations.
- **CEO Update Stories:**
  - Canterbury DHB is leading the way in New Zealand in extending the roles of registered nurses in the Interventional Radiology Department. Registered Nurses in Interventional Radiology are working at the top of their scope of practice, with nine of them now trained to insert peripherally inserted central catheters (PICC lines). Two of them being the first and only nurses in New Zealand to perform Chest Inserted Central Catheters tunnelling techniques and credentialed at this advanced specialist level. Having nurses trained in these advanced techniques benefits the patients and the system – meaning we are always improving the way we provide the right person with the right care at the right time.
  - Canterbury DHB is officially one of the top carbon reducers of 2020. Our organisation has achieved third place on the leaderboard of Top 10 Carbon Reducers, released by Toitū Envirocare. Representing a broad mix of public sector and commercial industries, this group have avoided the most carbon in their latest certified footprints across the Toitū carbon collective. In 2014/15 our emissions where 42,287 tCO2e and the latest certification based on the 2018/19 year shows emissions are at 35,815 tCO2e, which is 15 per cent lower. Further savings are in the pipeline at Canterbury DHB with new energy centres for Christchurch and Ashburton hospitals that will eliminate our coal use, which accounts for around 50 per cent of our emissions.

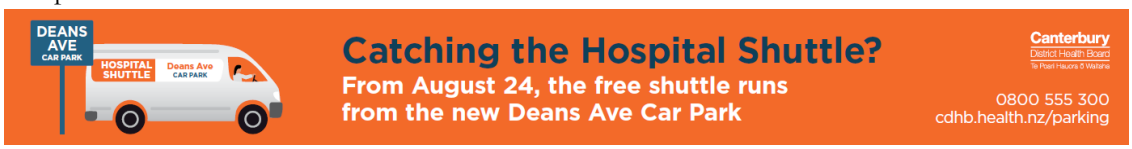
  - The Patient Information Office at Christchurch Hospital saved about 50,000 sheets of paper since a decision in February 2020 to change their systems to reduce paper usage. Their efforts are outlined in a Collabor8 project by Patient Information Officer Minal Lamghare. The Patient Information Office releases medical records to requesters such as lawyers, Police, insurance, coroners, and to patients. These used to be printed and posted. With the help of the Quality team and ISG, the team switched from printing, to an online system, using PDFs, scanning of medical notes to a shared folder, and online secure portal Sharefile for sending larger notes. In the first eight months of this year, it's reduced costs by $3,564 compared to last year, an annualised saving of over $5,300 a year.

Christchurch Hospital Hagley – Facilities Development:

- Blessing: A small but significant blessing and whakawātea was held for Hagley early in the month, carried out by Te Ngāi Tūāhuriri Rūnunga from Tuahiwi Marae. In attendance were representatives from the teams who are working to prepare Hagley for occupation, as specifically requested by Tuahiwi.

Deans Ave Car Park

- The Communications Team worked closely with Transport to coordinate the announcement of the new Deans Ave Car Park and arrange advertising, posters and other visual elements to alert the public and staff to the changes. These included posters at the existing Lichfield St car park until the Hospital Shuttle relocated, screen savers, pavement signs, new livery for the shuttles, and fence banners for Hospital Corner.



Mental Health Facilities

- The team is assisting with communications around facilities development for the Hillmorton campus through development the Te Huarahi Hou, a new journey. Branding has been developed and will be incorporated into static displays in and around campus, community discourse, and regular staff updates that incorporate the cultural narrative and provide useful and engaging information.

FINANCE REPORT 31 JULY 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Dr Peter Bramley, Acting Chief Executive**

DATE: **17 September 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the consolidated financial result for July 2020 is a net expense of $13.983M, being $0.086M favourable to the annual plan agreed by the Board on 20 August 2020;
ii. notes the operating result (before indirect items) for the month is favourable to plan by $0.156M;
iii. notes that net costs associated with the COVID-19 pandemic as included in the month of July results are $1.217M, therefore the underlying operating result (excl COVID) is $1.373 favourable;
iv. notes that budget phasing has not been finalised and adjustments may be required in August to the phasing for the remainder of the year; and
v. notes liquidity (cashflow) risk continues to be a significant concern without any sustainable long-term resolution.

3. DISCUSSION

Overview of July 2020 Financial Result

Summary DHB Group Financial Result

The following table provides the breakdown of the July result:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(4.573)	(3.047)	(1.526)	(4.573)	(3.047)	(1.526)
Community & Public Health	0.122	(0.093)	0.215	0.122	(0.093)	0.215
Total In-House Provider excl Subsidiaries	**(4.450)**	**(3.140)**	**(1.311)**	**(4.450)**	**(3.140)**	**(1.311)**
Add: Funder & Governance						
Funder Revenue	157.003	156.762	0.241	157.003	156.762	0.241
External Provider Expense	(72.901)	(73.196)	0.295	(72.901)	(73.196)	0.295
Internal Provider Expense	(94.122)	(94.327)	0.205	(94.122)	(94.327)	0.205
Total Funder	**(10.020)**	**(10.761)**	**0.742**	**(10.020)**	**(10.761)**	**0.742**
Governance & Funder Admin	0.038	(0.031)	0.069	0.038	(0.031)	0.069
Total Canterbury DHB (Parent)	**(14.432)**	**(13.932)**	**(0.500)**	**(14.432)**	**(13.932)**	**(0.500)**
Add: Subsidiaries						
NZ Health Innovation Hub	(0.012)	(0.033)	0.021	(0.012)	(0.033)	0.021
Brackenridge Services Ltd	0.080	0.053	0.027	0.080	0.053	0.027
Canterbury Linen Services Ltd	0.381	(0.157)	0.538	0.381	(0.157)	0.538
Canterbury DHB Group Surplus / (Deficit)	**(13.983)**	**(14.069)**	**0.086**	**(13.983)**	**(14.069)**	**0.086**

4. KEY FINANCIAL RISKS

Liquidity risk continues to be a key issue. Our liquidity risk has been brought forward by the request to move to 10 day payment terms. The impact of this move will not be fully known until we actually make the transition. The impact on our current cashflow forecast would move our current forecasted inability to clear our financial obligations as they fall due forward by approximately 4-5 weeks. Being a large organisation there are inevitably variations in the daily cashflow, so it is prudent to have a small buffer to allow for payments that cannot be withheld without significant detrimental impacts on CDHB. We continue to actively manage and mitigate the issue, and continue to send weekly cashflow forecasts to the MoH. We have also continued to raise the liquidity issue with the MoH; at this stage no long term solutions have been clearly identified.

COVID-19 – the forecasted impact of COVID-19 on CDHB's performance is dependent on a number of uncertain parameters, and the long term impact will take some time to determine, and will include factors such as elective revenue, IDF revenue, ACC revenue, and the costs associated with these (eg. what level of outsourcing is required to catch up on lost throughput). Refer Appendix 1 for estimated costs to date and forecasted full year costs.

Holidays Act Compliance – the workstream to determine CDHB's liability under the Holidays Act is continuing. We have accrued a liability based on the draft report from EY; there is risk the final amount differs significantly from this accrued amount. We are likely to have a qualified opinion on this issue in our annual report (as was done last year).

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

The new **Hagley facility** becoming operational in November 2020 has added stress points to the operating result of CDHB; this includes the delay in its handover which has both performance and financial downsides.

Land & Building valuation – every three years we revalue our land and buildings – these were last revalued 30 June 2019. Between these three yearly cycles we perform a "fair value" assessment – we engage our valuer to assist with this. This year there is uncertainty around market conditions due to COVID-19, and Audit NZ may not be able to confirm that our fair value assessment meets their audit requirements. Our audit report is likely to note this uncertainty. This issue is likely to be present with other DHBs (and other commercial entities) as well.

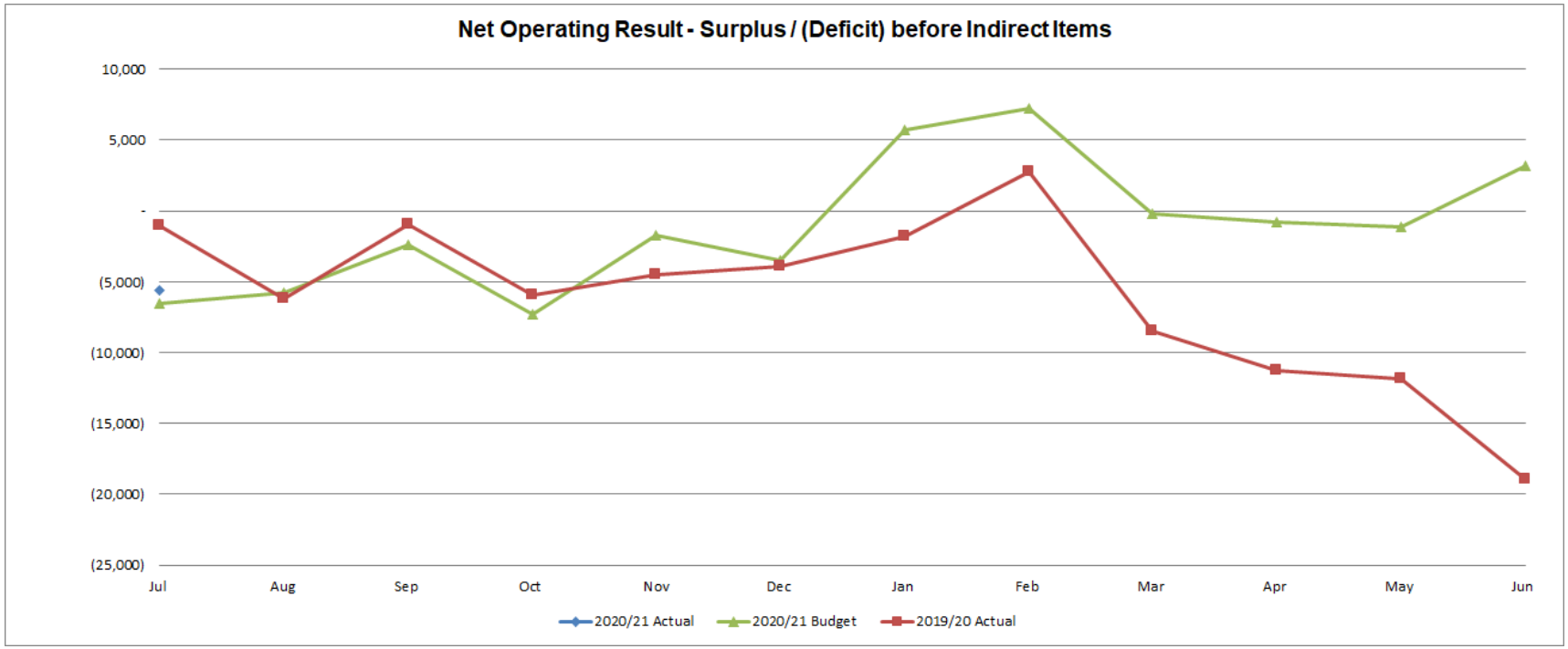
5. APPENDICES

Appendix 1: Financial Result
Appendix 2: CDHB Group Income Statement
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

APPENDIX 1: FINANCIAL RESULT (BEFORE INDIRECT ITEMS)

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 JULY 2020

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2019/20 Actual $'000
Surplus/(Deficit) before Indirect items	(5,616)	(5,772)	156	-3% ✔	(5,616)	(5,772)	156	-3% ✔	(966)



NB: The actual results in the above graph exclude the one off Holiday Act compliance accrual made in June 2020.

KEY RISKS AND ISSUES

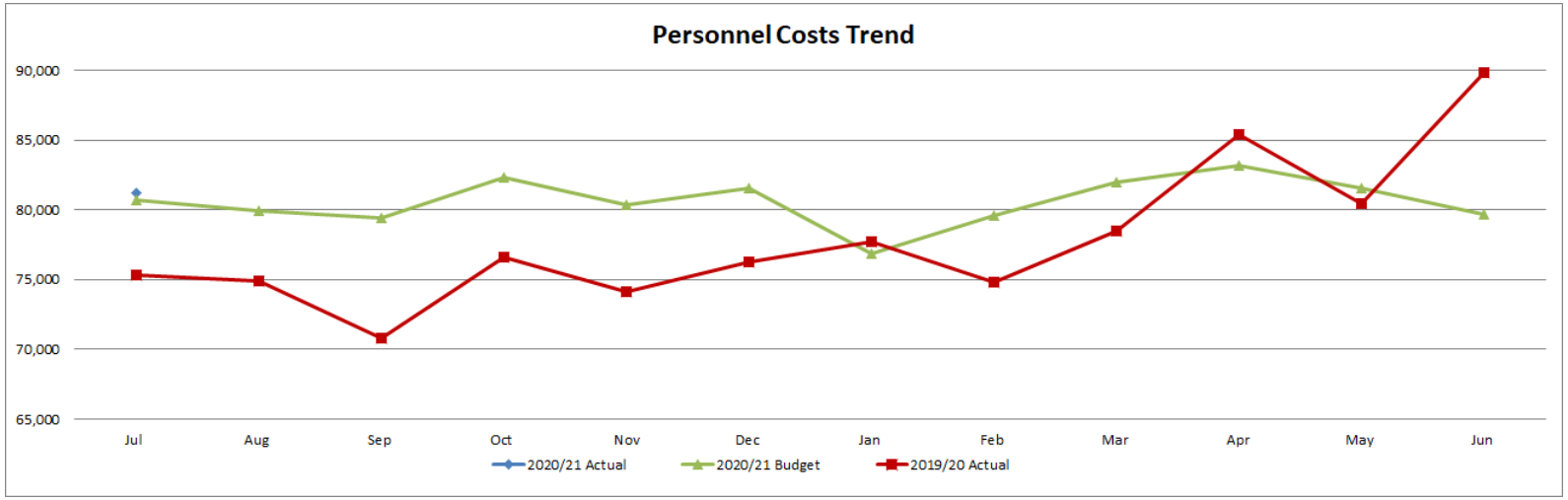
- This graph shows the operating result before indirect items such as depreciation, interest, donations, capital charge and the offsetting new capital charge funding.
- In July CDHB incurred a net $1.217M of COVID-19 pandemic related costs. Adjusting for these costs, our operating result would have been $1.373M favourable.

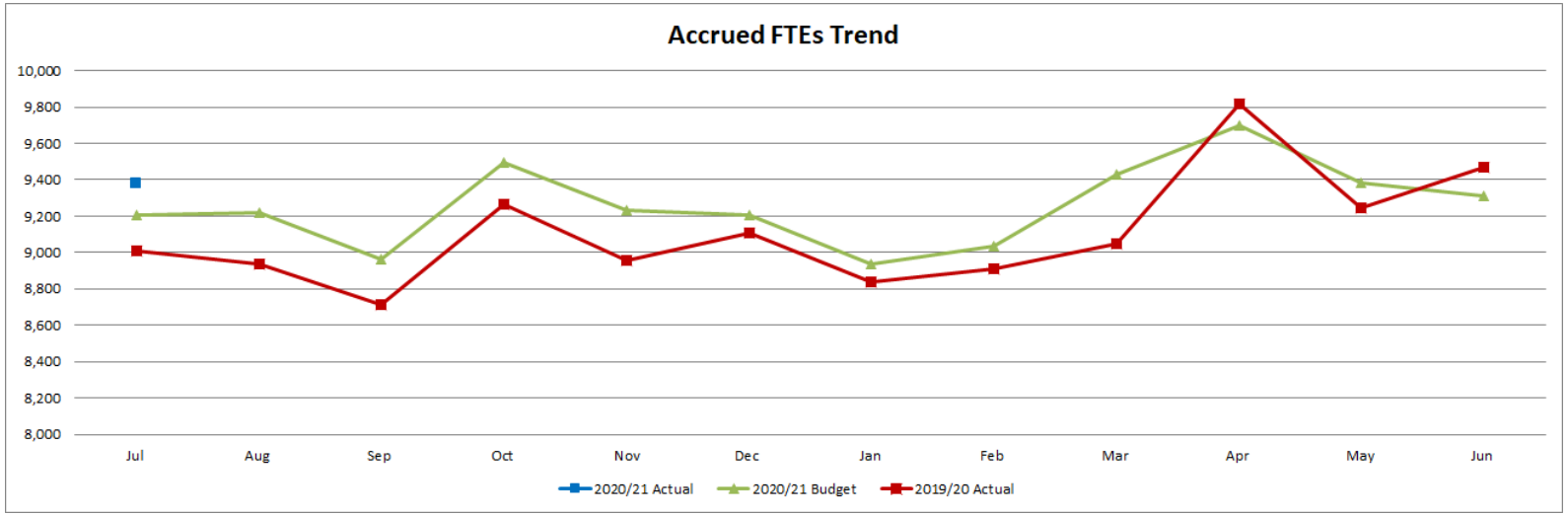
- The following table shows the impact of COVID-19 for the month:

July 2020 Result	Period to date					
	Month Actual $000	Month Budget $000	Month Variance F/(UF)	Covid-19 $000	Excl Covid-19 $000	Underlying Variance
MOH Revenue	(163,039)	(162,733)	306	(1,152)	(161,887)	(846)
Patient related revenue	(5,016)	(4,646)	370	-	(5,016)	370
Other Revenue	(3,676)	(3,491)	185	(477)	(3,199)	(292)
Revenue	(171,731)	(170,870)	861	(1,629)	(170,102)	(768)
Employee expenses	81,190	80,738	(452)	744	80,446	292
Treatment Related costs	13,959	13,450	(509)	340	13,619	(169)
Other expenses	9,296	9,156	(140)	865	8,431	725
External Provider costs	72,901	73,298	397	897	72,004	1,294
Total expenditure	177,346	176,642	(704)	2,846	174,500	2,142
Operating result	5,616	5,772	156	1,217	4,399	1,373
Total Indirect revenue and expenditure	8,367	8,297	(70)	-	8,367	(70)
Total Surplus/Deficit	13,983	14,069	86	1,217	12,766	1,303

- Much of the COVID costs in July relates to isolation hotels. These costs have increased significantly over the last two months as the MoH works out what level of support is necessary with regard to testing etc. Revenue for this expenditure was not accrued for in July as the contract with the MoH is still being worked through.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

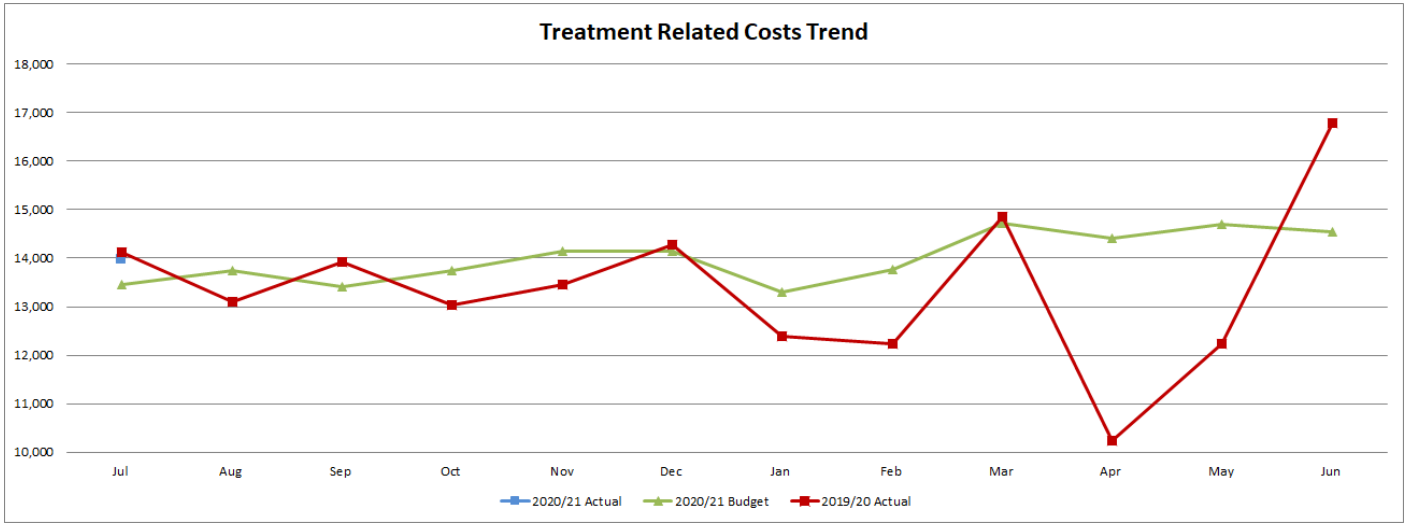


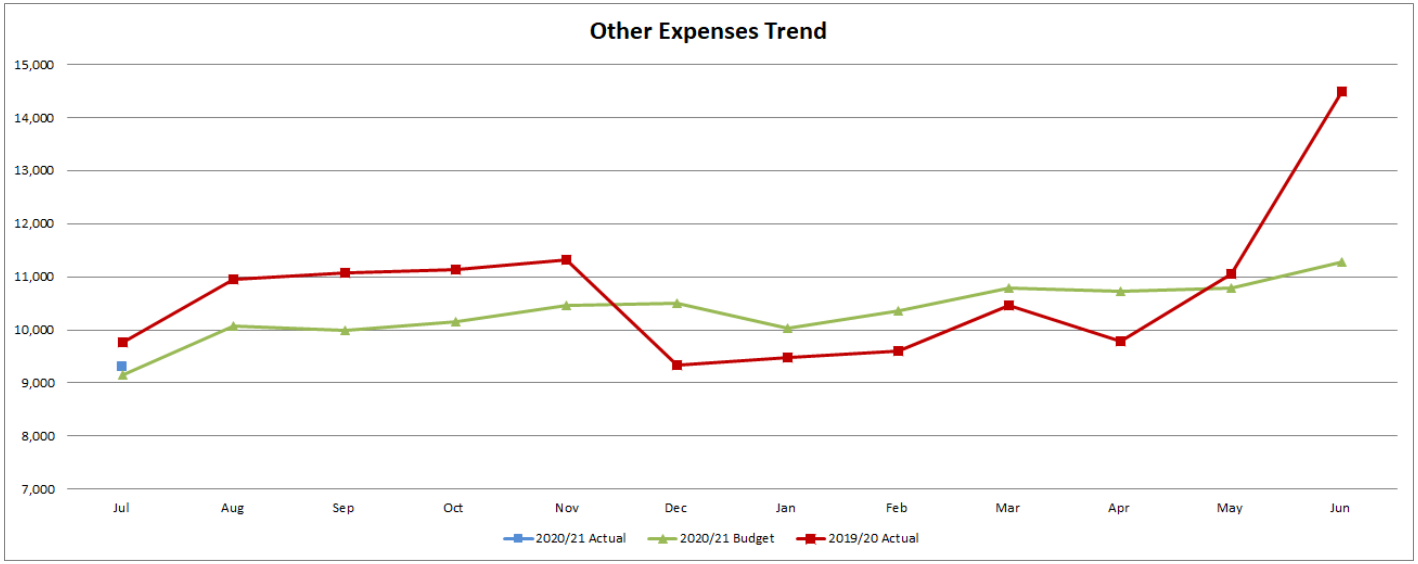


KEY RISKS AND ISSUES

- Covid-19 expenses are not budgeted in our annual plan, and these costs will create a variance each month whilst we have the pandemic. Excluding Covid-19 costs, we would have been $292k favourable for the month.
- FTE is higher than plan predominantly due to Covid-19 (estimated at circa 100 FTE).
- Note the FTE shown in this graph is an "accrued" FTE, and differs from contracted FTE. The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days (the range is 21-23 across the year), the accrual proportions, annual leave impacts (particularly school holidays, Easter, Christmas and New Year periods), etc. The accrued FTE largely correlates with the trend in contracted FTE.

TREATMENT & OTHER EXPENSES RELATED COSTS



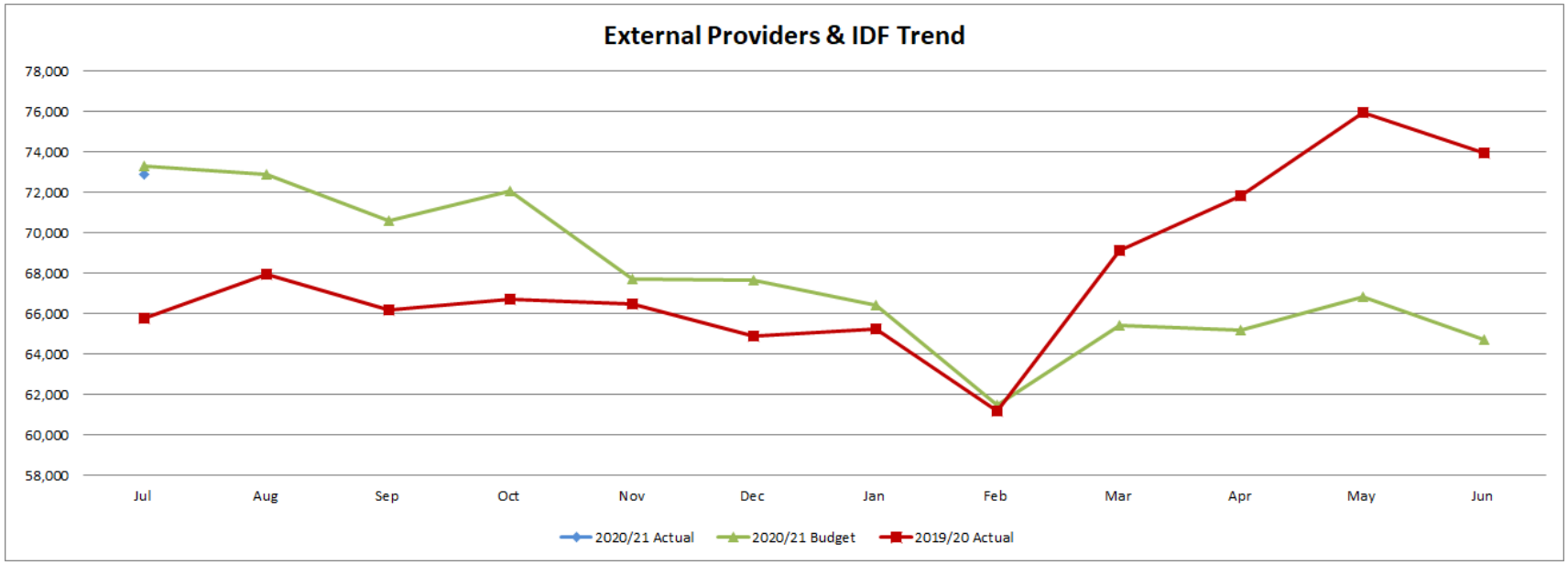


KEY RISKS AND ISSUES

- Covid-19 treatment related costs for July are $340k, reducing the underlying variance to $169k or 1.2% unfavourable due primarily to higher pharmaceutical spend. Covid-19 costs include lab consumables.
- Covid-19 non treatment related costs account for $865k for the month.
- Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital (TPMH) campus, including security, basic maintenance etc. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site. Although we have Ministerial approval to progress a shift of services to Hillmorton, TPMH is still unlikely to be fully vacated until the 2022/23 financial year.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2019/20 Actual $'000
External Provider Costs	72,901	73,298	397	1% ✔	72,901	73,298	397	1% ✔	65,306



FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000	
Equity	478,289	544,203	65,914	12% ✔

	YTD Actual $'000	YTD Budget $'000	Variance $'000	2019/20 Actual $'000
Cash	(21,559)	(33,579)	12,020 ✔	(33,516)

KEY RISKS AND ISSUES

- The equity variance to budget is due to the additional Holidays Act compliance provision made at 30 June 2020.
- Cash increases are anticipated in November 2020 and January 2021 relating to expected equity funding (to ensure CDHB has adequate liquidity to meet its obligations as well as not breaching its OPF cash position) - however there is no confirmation that this funding will be received.
- The sweep account was overdrawn at the end of July with a balance of $25M.
- We are currently working towards paying suppliers within 10 working days which will bring forward our liquidity risk.
- Over the next two months as we move into the Hagley building we will be incurring high capital spend on Hagley FF&E (reimbursed by the MoH, but there is a timing delay to this reimbursement).
- Spend on the Mental Health facilities redevelopment continues and is expected to increase as construction activity increases (we have received an initial equity drawdown for the Mental Health project, and have submitted a request for a further drawdown).
- A longer term resolution to our liquidity issue from the MoH and Treasury is urgently required to avoid CDHB defaulting on payments when they fall due.

APPENDIX 2: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the period ended 31 July 2020

Month					Year to Date				Annual (Year End)		
20/21 Actual 000's	20/21 Budget 000's	19/20 Actual 000's	Variance to Budget 000's		20/21 Actual 000's	20/21 Budget 000's	19/20 Actual 000's	Variance to Budget 000's	20/21 Forecast 000's	20/21 Budget 000's	19/20 Actual 000's
163,039	162,733	155,102	306 ✓	MoH Revenue	163,039	162,733	155,102	306 ✓	1,952,782	1,952,782	1,864,766
5,016	4,646	4,201	370 ✓	Patient Related Revenue	5,016	4,646	4,201	370 ✓	55,498	55,498	53,364
3,676	3,491	4,642	185 ✓	Other Revenue	3,676	3,491	4,642	185 ✓	47,534	47,534	48,770
171,731	**170,870**	**163,944**	**861**	**Total Operating Revenue**	**171,731**	**170,870**	**163,944**	**861**	**2,055,814**	**2,055,814**	**1,966,900**
81,190	80,738	75,300	(452) ✗	Personnel Costs	81,190	80,738	75,300	(452) ✗	967,342	967,342	1,000,806
13,959	13,450	14,129	(509) ✗	Treatment Related Costs	13,959	13,450	14,129	(509) ✗	168,059	168,059	160,676
72,901	73,298	65,306	397 ✓	External Service Providers	72,901	73,298	65,306	397 ✓	814,341	814,341	810,046
9,296	9,156	10,175	(140) ✗	Other Expenses	9,296	9,156	10,175	(140) ✗	129,306	129,306	133,305
177,346	**176,642**	**164,910**	**(704)** ✗	**Total Operating Expenditure**	**177,346**	**176,642**	**164,910**	**(704)** ✗	**2,079,048**	**2,079,048**	**2,104,834**
(5,616)	**(5,772)**	**(966)**	**156** ✓	**Total Surplus / (Deficit) Before Indirect Items**	**(5,616)**	**(5,772)**	**(966)**	**156** ✓	**(23,234)**	**(23,234)**	**(137,933)**
58	48	70	10 ✓	Interest Revenue	58	48	70	10 ✓	577	577	695
-	-	685	- ✓	Capital Charge Relief Funding	-	-	685	- ✓	10,170	10,170	8,220
18	223	219	(205) ✗	Donations	18	223	219	(205) ✗	2,674	2,674	3,674
7	-	3	7 ✓	Profit on Sale of Assets	7	-	3	7 ✓	-	-	17
83	**271**	**977**	**(188)** ✗	**Total Indirect Revenue**	**83**	**271**	**977**	**(188)** ✗	**13,421**	**13,421**	**12,606**
2,437	2,437	2,961	- ✓	Capital Charge	2,437	2,437	2,961	- ✓	48,762	48,762	38,136
5,998	6,023	6,060	25 ✓	Depreciation	5,998	6,023	6,060	25 ✓	85,108	85,108	74,904
15	108	34	93 ✓	Interest Expense	15	108	34	93 ✓	1,300	1,300	401
-	-	5	- ✓	Loss on Sale of Assets	-	-	5	- ✓	-	-	57
8,450	**8,568**	**9,061**	**118** ✓	**Total Indirect Expenses**	**8,450**	**8,568**	**9,061**	**118** ✓	**135,170**	**135,170**	**113,498**
(13,983)	**(14,069)**	**(9,049)**	**86** ✓	**Total Surplus / (Deficit)**	**(13,983)**	**(14,069)**	**(9,049)**	**86** ✓	**(144,983)**	**(144,983)**	**(238,826)**

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 July 2020

Unaudited 30-Jun-20 $'000		Group Actual 31-Jul-20 $'000	Group Budget 31-Jul-20 $'000	Annual Group Budget 30-Jun-21 $'000
597,378	Opening Equity	492,272	558,272	558,272
136,588	Net Equity Injections / (Repayments)	-	-	26,139
200	Other Movements	-	-	719,355
(3,068)	Reserve Movement for Year	-	-	
(238,826)	Operating Results for the Period	(13,983)	(14,069)	(144,983)
492,272	**TOTAL EQUITY**	478,289	544,203	1,158,783
	Represented By:			
	Current Assets			
4,066	Cash & Cash Equivalents	3,458	1,033	31,466
750	Short Term Investments	750	750	750
105,853	Trade and Other Receivables	88,661	103,253	103,253
5,649	Prepayments	5,541	5,649	5,649
14,549	Inventories	14,853	14,549	14,549
14,666	Restricted Assets	14,962	14,425	14,425
145,533	**Total Current Assets**	128,225	139,659	170,092
	Less Current Liabilities			
11,032	Overdraft	25,017	34,612	-
165,172	Trade and Other Payables	143,883	152,675	150,238
14,691	Restricted Funds	14,799	14,256	14,256
343,643	Employee Benefits	332,201	277,644	277,644
534,538	**Total Current Liabilities**	537,811	479,187	442,138
(389,005)	**Working Capital**	(409,586)	(339,528)	(272,046)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment in NZHPL	3,225	3,225	3,225
884,340	Fixed Assets	890,939	886,794	1,433,892
887,581	**Term Assets**	894,180	890,035	1,437,133
	Non Current Liablilties			
6,304	Employee Benefits	6,305	6,304	6,304
6,304	**Term Liabilities**	6,305	6,304	6,304
492,272	**NET ASSETS**	478,289	544,203	1,158,783

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

APPENDIX 4: CASHFLOW

Unaudited 30-Jun-20 $'000		Actual 31-Jul-20 $'000	Budget 30-Jun-21 $'000
	CASHFLOW FROM OPERATING ACTIVITIES		
	Cash was provided from:		
(48,393)	**Net Cash from Operating Activities**	(1,815)	(72,435)
	CASHFLOW FROM INVESTING ACTIVITIES		
	Cash was provided from:		
(63,785)	**Net Cash from Investing Activities**	(12,778)	(109,917)
	CASHFLOW FROM FINANCING ACTIVITIES		
	Cash was provided from:		
136,788	**Net Cash from Financing Activities**	-	220,784
24,610	Overall Increase/(Decrease) in Cash Held	(14,593)	38,432
(31,576)	Add Opening Cash Balance	(6,966)	(6,966)
(6,966)	**Closing Cash Balance**	(21,559)	31,466

CPH&DSAC – 3 SEPTEMBER 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Aaron Keown, Deputy Chair, Community & Public Health and Disability Support Advisory Committee**

DATE: **17 September 2020**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Community & Public Health and Disability Support Advisory Committee's (*CPH&DSAC*) meeting held on 3 September 2020.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from CPH&DSAC's meeting on 3 September 2020 (Appendix 1).

3. APPENDICES

Appendix 1: CPH&DSAC Draft Minutes – 3 September 2020.

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 3 September 2020 commencing at 1.00pm

PRESENT

Aaron Keown (Deputy Chair); Naomi Marshall; Gordon Boxall; Tom Callanan; Rochelle Faimalo; Yvonne Palmer; and Olive Webb.

Attending via Zoom: Catherine Chu; Jo Kane; and Rawa Karetai.

APOLOGIES

Apologies for absence were received and accepted from Michelle Turrall; Sir John Hansen (Ex-officio); and Gabrielle Huria (Ex-officio).

EXECUTIVE SUPPORT

Dr Peter Bramley (Acting Chief Executive); Evon Currie (General Manager, Community & Public Health); Dr Jacqui Lunday Johnstone (Director of Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES

David Meates

IN ATTENDANCE

Full Meeting

Melissa Macfarlane, Team Lead, Planning & Performance
Allison Nichols-Dunsmuir, Health In All Policies Advisor
Kathy O'Neill, Team Leader, Primary Care

Item 4

Sally Carlton, Community Languages Information Network Group
Tony McNeill, Community Languages Information Network Group

Item 7

Dr Anna Stevenson, Public Health Physician

Items 8

Paul Lamb, Acting Chief People Officer

Item 9

Rachel Thomas, Service Development Manager

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Yvonne Palmer - Age Concern Canterbury – delete.

There were no other additions/alterations to the interest register.

Declarations of Interest for Items on Today's Agenda
There were no declarations of interest for items on today's agenda.

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

2. CONFIRMATION OF MINUTES

Resolution (01/20)
(Moved: Aaron Keown/Seconded: Yvonne Palmer – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 2 July 2020 be approved and adopted as a true and correct record, subject to noting that Olive Webb was an apology for the meeting."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward action list was noted.

4. CALD (PRESENTATION)

Sally Carlton and Tony McNeill from the Community Languages Information Network Group (*CLING*) presented to the Committee. The presentation highlighted the following:

- CLING's work.
- Culturally and Linguistically Diverse (*CALD*) communities in Canterbury – data broken down into ethnicity, place of birth, language, and religion.
- What is working well to support CALD communities access services/information. Strengths in the communities.
- Barriers for CALD communities accessing services/information.
- COVID-19 issues for CALD communities.

There was discussion about the use of modern technology for translation purposes. It was noted that in areas such as health and law there is a strong preference to use professional interpreters. When trying to get important information across it is not just about the words – context and nuance are also important.

There was discussion around the engagement of CALD communities with GP services. Kathy O'Neill, Team Leader, Primary Care, noted from our Refugee Services we have offered free consultations for refugees right across all of our general practices. Used to have the free provision only in a small number of practices, but that disadvantaged access for a number of people in different geographical localities. Now people have choice and that is a much better provision.

The Chair thanked Ms Carlton and Mr McNeill for their attendance.

5. A PUBLIC HEALTH APPROACH TO DISABILITY (PRESENTATION)

Allison Nichols-Dunsmuir, Health In All Policies Advisor, presented on the Community and Public Health's approach to Disability. The presentation highlighted:

- A public health approach to disability.
- CDHB Transalpine Health Disability Action Plan.
- Different approaches and key documents.

- National opportunities to submit.
- Various relationships, initiatives and pieces of work with Christchurch City Council (*CCC*), Environment Canterbury, and the earthquake Disability Leadership Group.
- Research.

With regards to national opportunities to submit, there was discussion around MSD's Employment for Disabled People Draft Plan. It was noted the initial draft plan had a tone of blaming disabled people for not taking up opportunities. A member noted there is now an across government action plan around employment called "Working Matters", released a couple of weeks ago and available on MSD's website. It uses a different language and is a good example of how submissions from CDHB and others can assist in influencing future direction. There was a request to invite Anne Hawker from MSD to a future Committee meeting to present on the "Working Matters" plan.

There was discussion around Christchurch's conference facilities and accessibility issues for people with a disability. Mr Keown suggested this should be picked up by the CCC's Disability Issues Work Group (the *Group*), as half of the facilities are owned by CCC, with the other half privately owned. Mr Keown noted that one of the goals of the Group is for Christchurch to become the number one destination in the world for the access dollar – for conferences, for holidays, for lifestyle.

Dr Jacqui Lunday Johnstone, Executive Director, Allied Health, Scientific & Technical, noted there is great work underway in this space. Connectivity was stressed and it is hopeful that when people have thought about it once, they will think about it again - self perpetuating.

There was discussion around facilities. Ms Lunday Johnstone noted we should be an exemplar in this area and it is in our best interests to ensure that our buildings are accessible for an aging population, as well as the inclusive needs of the people who use our services.

Mr Keown thanked Ms Nichols-Dunsmuir for the update.

6. COMMUNITY & PUBLIC HEALTH UPDATE REPORT

Evon Currie, General Manager, Community & Public Health, presented the report which was taken as read. Ms Currie noted a lot of attention at the moment is focused on COVID-19.

There was a query whether CDHB had enough contact tracing people. Ms Currie noted it has been a very difficult process to genuinely identify our workforce. It has been agreed to look at the various parts of the DHB where operations will not be continuing in the way that they are should a COVID-19 outbreak occur. We have reached out to those areas and identified staff who are willing to undertake the up-surge capacity we would need and are in the process of ensuring that each one of those individuals is trained so as to meet the expectation of being able to respond to 67 cases a day occurring in Canterbury, or throughout New Zealand. The training programmes are very good and CDHB's trainers have been requested to go to Auckland because they believe that our involvement in the contact tracing process and training is exemplary. Ms Curried advised we are positioned well if needing to respond and believes that within three to four days CDHB would be able to surge up to required levels.

The Community & Public Health Update Report was noted.

7. COVID-19 UPDATE (ORAL)

Dr Anna Stevenson, Public Health Physician, presented a COVID-19 update. The presentation highlighted:

- COVID-19 in NZ.
- COVID-19 in Canterbury.
- Airports.
- Ports.
- Managed isolation and quarantine facilities.
- Community based assessment and testing.
- Laboratories.
- COVID-19 risk factors.
- A resilient future.

There was discussion about the testing of airport staff. Dr Stevenson said the main difficulty was with getting a suitable site for the testing. There is a testing centre on Orchard Road, but as it is not right on site we are reliant on airport staff coming to Orchard Road for testing. In addition, like any facility where there is shift work, it is sometimes difficult to remind shift workers of the times the testing centre is open. There is a strong desire to get a testing site based at the airport.

Ms O'Neill advised she has been working with the Pegasus testing team and a site is identified within the terminal of the building. CDHB has been working hard with airport management around that. The stumbling point is that the airport is wanting a lease and contract, however, Minister Hipkins has stepped in and advised that the revenue we receive is not for leasing. At the moment, we continue to work with airport management, Ministry of Health, and the Minister of Health, as to how we can get that site operational. We do not want to jeopardise our relationship with airport management by taking a more directive approach, because we are going to have to be there for months. This relationship is really critical for the long term. Ms O'Neill advised that the site identified in the terminal is clean and ready to go, we just await final agreement – very close and have been working very hard to secure this. Ms O'Neill undertook to discuss further with Dr Peter Bramley, Acting Chief Executive, with a view to facilitate and ensure a sensible outcome.

Dr Stevenson noted it is really easy to normalise things, but it is important to remember that COVID-19 is still extremely new. A huge operation has had to kick into action almost overnight and it really is phenomenal the work that has gone on by everyone involved.

There was discussion around the social determinants of health and high risk factors for any infectious disease, particularly COVID-19.

Mr Keown thanked Dr Stevenson for her attendance.

8. CDHB WORKFORCE UPDATE

Paul Lamb, Chief People Officer, presented the report which was taken as read. Mr Lamb highlighted CDHB's relationship with the University of Canterbury, noting a partnership is underway to research our manager's view towards employing people with disabilities. The survey will launch in August 2020 and will be open for two weeks. The data will inform a report produced by December 2020 which will inform our learning and development, as well as help us prioritise our initiatives.

There was discussion around the Project SEARCH programme and its success. A member noted it was disappointing that in the Health and Disability Review, whilst Heather Simpson picked up on Project SEARCH as an initiative and related it to other countries, she did not pick up that here in New Zealand, in Christchurch, there is such a successful example of it.

It was noted that last week the Project SEARCH programme had a skills session for prospective interns for 2021.

There was discussion that moving forward there is a need to start talking to organisations such as CCC to get them running Project SEARCH programmes as well, as there are real opportunities for people to fit in and excel.

The Committee noted the CDHB Workforce Update report.

9. END-OF-LIFE SERVICE UPDATE

Kathy O'Neill, Team Leader, Primary Care, presented the report. Rachel Thomas, Service Development Manager, was in attendance.

Ms O'Neill advised that in response to a query at a previous meeting, this paper has been provided to clarify changes to the service and the rationale behind them.

There was a query whether there were issues with different areas in Canterbury getting different levels of access. Ms O'Neill advised there is agreement with all three PHOs for this provision and believes it is a very equitable provision from both a geographic and cultural perspective.

There was a query whether this funding was available to all DHBs. Ms O'Neill advised this comes out of CDHB's discretionary funding – funding that we make a decision about where it can best be used. It was noted that the provision of end-of-life services by other DHBs is provided at varying levels.

The End-Of-Life Service Update report was noted.

INFORMATION ITEMS

- Disability Steering Group Minutes:
  - 22 May 2020
  - 26 June 2020
- Community & Public Health End of Year Report to MoH
- 2020 Workplan

GENERAL BUSINESS

In response to a query, Jo Kane confirmed she was staying on as a member of CPH&DSAC. Ms Kane's commitment to the work of the Committee was acknowledged, along with her passion for equity.

There being no further business the meeting concluded at 3.00pm.

Confirmed as a true and correct record:

_____	_____
Aaron Keown Deputy Chair	Date of approval

CPH&DSAC MEETING 3 SEPTEMBER 2020
ACTION NOTES

Clause No		Action Points	Staff
	Apologies	For absence – Michelle Turrall, Sir John Hansen, and Gabrielle Huria	Anna Craw
1.	Interest Register	Yvonne Palmer – Age Concern Canterbury – delete	Anna Craw
2.	Confirmation of Minutes – 2 July 2020	Adopted: *Aaron Keown / Yvonne Palmer*	Anna Craw
3.	Carried Forward Items	Nil	
4.	CALD- presentation	Nil	
5.	A Public Health Approach to Disability - presentation	• Invite Anne Hawker, MSD, to present to future meeting on "Working Matters" plan. • Christchurch's conference facilities and accessibility issues – raise this with CCC Disability Issues Work Group.	Kathy O'Neill / Anna Craw Allison Nichols-Dunsmuir
6.	Community & Public Health Update Report	Nil	
7.	COVID-19 Update	Securing airport terminal site for testing – discuss issues and way forward with Acting Chief Executive.	Kathy O'Neill
8.	CDHB Workforce Update	Nil	
9.	End-of-Life Service Update	Nil	
	Info Items	Nil	

Distribution List:
Kathy O'Neill
Allison Nichols-Dunsmuir

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 September 2020**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 & 16 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 – 20 August 2020	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.	Afternoon Staff Carpark – Public Consultation on Disposal of Land	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Bus Super Stop – Public Consultation on Disposal of Land	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

6.	Holidays Act Remediation Approach	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Selection of Recruitment Company	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Rangiora Health Hub – Family Health & Urgent Care Centre Lease	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Microsoft Licences Approval	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Equity Support for 2019/20 Deficit	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	Christchurch Campus Compliance Works Programme	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	Riverside Docks Relocation - Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
13.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
14.	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)
15.	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)
16.	Advice to Board: • QFARC Draft Minutes *01 September 2020*	For the reasons set out in the previous Committee agendas.	

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

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

"A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:

(a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982.

In addition Clauses (b) (c) (d) and (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

(1) Every resolution to exclude the public from any meeting of a Board must state:

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)

(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and form part of the minutes of the Board.