AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora o Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
to be held via Zoom
Thursday, 18 November 2021 commencing at 9.30am

	Karakia		9.30am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 21 October 2021		
3.	Carried Forward / Action List Items		
Overview			
4.	Chair's Update (Oral)	Sir John Hansen *Chair*	9.35-9.40am
5.	Chief Executive's Update	Dr Peter Bramley *Chief Executive*	9.40-10.15am
Reports for Decision			
6.	Delegations Review	David Green *Acting Executive Director, Finance & Corporate Services*	10.15-10.20am
Reports for Noting			
7.	Finance Report	David Green	10.20-10.25am
8.	Advice to Board: • CPH&DSAC – 4 November 2021 – Draft Minutes	Aaron Keown *Chair, CPH&DSAC*	10.25-10.30am
9.	Resolution to Exclude the Public		10.30am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.30am**

NEXT MEETING
Thursday, 16 December 2021 at 9.30am

ATTENDANCE

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

Dr Peter Bramley – *Chief Executive*
James Allison – *Chief Digital Officer*
Norma Campbell – *Executive Director Midwifery & Maternity Services*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Executive Director of Nursing*
Mary Johnston – *Chief People Officer*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Tracey Maisey – *Executive Director, Planning, Funding & Decision Support*
Hector Matthews – *Executive Director Maori & Pacific Health*
Tanya McCall – *Interim Executive Director, Community & Public Health*
Dr Rob Ojala – *Executive Lead of Facilities*
Dr Helen Skinner – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

BOARD ATTENDANCE SCHEDULE – 2021

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

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Deputy Chair CDHB**	**Pegasus Health Limited** – Sister and Daughter are Directors Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company. **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. **Upoko Rawiri Te Maire Tau of Ngai Tuahuriri** - Husband
Barry Bragg	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CMUA Project Delivery Limited** - Director 100% owned by the Christchurch City Council and is responsible for the delivery of the Canterbury Multi-Use Arena project within agreed parameters.

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

	NZ Association of Gerontology - Member Professional association that promotes the interests of older people and an understanding of ageing.
James Gough	**Amyes Road Limited** – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating. **Christchurch City Council** – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/ Harewood Community Board **Christchurch City Holdings Limited (*CCHL*)** – Director Holds and manages the Council's commercial interest in subsidiary companies. **Civic Building Limited** – Chairman Council Property Interests, JV with Ngai Tahu Property Limited. **Gough Corporation Holdings Limited** – Director/Shareholder Holdings company. **Gough Property Corporation Limited** – Director/Shareholder Manages property interests. **Medical Kiwi Limited** – Independent Director Research and distribution company of medicinal cannabis and other health related products. **The Antony Gough Trust** – Trustee Trust for Antony Thomas Gough **The Russley Village Limited** – Shareholder Retirement Village. Via the Antony Gough Trust **The Terrace Car Park Limited** – (Alternate) Director Property company – manages The Terrace car park **The Terrace 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	**College of Nurses Aotearoa NZ** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Fiona Pimm	**Careerforce Industry Training Organisation** – Chair Provides training to kaiawhina workforce in health and disability sector, social services sector and building contractors sector (cleaners). **Fiona Pimm Whānau Trustee Company Limited** – Director Private family trust. **Interim Māori Health Authority** – Board Member **Kia Tika Limited** – Director & Employee **NZ Blood and Organ Donation Services** – Board Member Statutory organisation responsible for national supply of all blood products and management of organ donation services. **NZ Council for Education Research** – Chair Statutory organisation responsible for independent research in the education sector. **NZ Parole Board** – Board Member Statutory organisation responsible for determining prisoners' readiness for release on Parole. **Restorative Elective Surgical Services** – Chair Joint venture project piloting ACC funded Escalated Care Pathways with a collective of clinicians and private hospitals. **Te Runanga o Arowhenua Incorporated Society** – Deputy Chair Governance entity for Arowhenua affiliated whānau. **Te Runanga o Ngāi Tahu** – Director Governance entity of Ngāi Tahu iwi. **Whai Rawa Fund Limited** – Chair Ngāi Tahu investment and savings scheme for tribal members.
Ingrid Taylor	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB.

	Manchester Unity Welfare Homes Trust Board (*MUWHTB*) – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB. **Sir John and Ann Hansen's Family Trust** – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. • I / Taylor Shaw have acted as solicitor for Bill Tate and family. **The Youth Hub** – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held via zoom
on Thursday, 21 October 2021 commencing at 9.30am

DRAFT

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

CROWN MONITOR
Dr Lester Levy

CLINICAL ADVISOR
Dr Andrew Brant

APOLOGIES
An apology for absence was received from Ingrid Taylor
Apologies for lateness were received from Barry Bragg (10.15am) and Andrew Dickerson (11.15am)
Apologies for early departure were received from Dr Andrew Brant (12.15pm) and Fiona Pimm (12.15pm)

EXECUTIVE SUPPORT
Dr Peter Bramley (Chief Executive); James Allison (Chief Digital Officer); David Green (Acting Executive Director, Finance & Corporate Services); Becky Hickmott (Executive Director of Nursing); Mary Johnston (Chief People Officer); Tracey Maisey (Executive Director, Planning Funding & Decision Support); Hector Matthews (Executive Director Maori & Pacific Health); Dr Rob Ojala, Executive Director, Infrastructure); Karalyn van Deursen (Executive Director, Communications); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support – Minute Taker).

APOLOGIES
Apologies were received from Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Tanya McCall (Interim Executive Director, Community & Public Health); and Dr Helen Skinner (Chief Medical Officer)

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no additions or alterations to the Interest Register

Declarations of Interest for Items on Today's Agenda
Sir John asked if there were any declarations of interest apart from Ngai Tahu and Car Parking in respect of Barry Bragg and Gabrielle Huria and Christchurch City Council in respect of Catherine Chu, James Gough and Aaron Keown.

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

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Resolution (35/21)
(Moved: Sir John Hansen/seconded: Gabrielle Huria – carried)

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

3. CARRIED FORWARD / ACTION LIST ITEMS

It was noted that all of the carried forward/actions items were included on today's agenda.

4. CHAIR'S UPDATE

Sir John Hansen, Chair, commented that last Saturday (Super Saturday) was the most amazing effort from a team that has already been working hard since the beginning of the pandemic and whilst it is not a competition we topped the country for the number of vaccinations provided. He commented on the continuing pressures around ED and the demand for facilities which has made it doubly hard coupling with the OVID vaccination programme and preparing for any outbreaks in our communities. He noted formally on behalf of the Board his gratitude to Kim & Jane and the whole of their team.

The Chair's update was noted.

5. CHIEF EXECUTIVE'S UPDATE

Dr Peter Bramley, Chief Executive, once again welcomed Dr Andrew Brant and Dr Lester Levy and commented that the hearts of everyone here go out to you in lockdown and facing COVID in the community and in your hospitals.

He took his report as read.

Dr Bramley advised that Kim Sinclair-Morris and Jane Cartwright and team will be joining us shortly to give an update on the vaccination progress and most particularly next steps to try and ensure we keep making the gains in terms of protecting our population with 95% being our internal goal and obviously closing that equity gap.

Dr Bramley highlighted the following:

- Minister Peeni Henare, Associate Minister of Health (Māori Health), and Tamati Shepherd-Wipiiti, General Manager Equity, COVID-19 Vaccination and Immunisation Programme, visited Canterbury last week and they spent quite a bit of time out amongst or Maori and Pacific providers. Feedback is that he was blown away by the passion, commitment, leadership and the amazing Mahi that is being done to try and persuade and convince some of the most vulnerable of our population to get vaccinated. Tamati Shepherd-Wipiiti and Minister Henare acknowledged the significant progress being made by Canterbury in closing the equity gap.
- The Executive team would be attending a strategic day on Tuesday primarily to help focus as a team on the important things we are currently facing and also to pause and take stock in the midst of the challenges of the current health system.
- There are currently three big strands supporting the Canterbury Health System and if this was all we were doing we could talk for many hours about how we could deliver better care and make progress however we also have a huge work programme in the COVID space.
- Increasingly the team is being asked to contribute to the change to Health New Zealand.

DRAFT

- He acknowledged our staff who have gone up to support the Auckland effort and we are doing all we can to support the public health effort across the country. Public Health is hugely involved in contact tracing and are effectively part of the virtual Auckland public health service and it is fair to say that we are learning heaps from our Auckland colleagues.
- As part of Leadership visibility which is one of the outcomes of Tangata Ora, Rob Ojala and I visited the sterile services unit. This team is doing really well and it is like a jewel in the crown with the move into Waipapa coinciding with phenomenal implementation of technology which I believe is leading edge for the country.

A query was made regarding staffing and recruitment and Dr Bramley commented that he had highlighted these as they are some of the most pressing issues for us as a health system. He added that the challenge is really critical with the shortage of nursing resource. He commented that the dedicated MIQ spaces will assist this.

Becky Hickmott, Executive Director of Nursing advised that People & Capability have been working very actively around this and it is an international issue. She added that we are currently in the process of looking at new graduates which will provide some immediate relief and our enrolled nurses have been pulled in to assist with vaccinations.

A query was made regarding mental health ring fence money. Dr Bramley advised ring fence represents a minimum investment into mental health and we probably then over invest in Mental Health and also in equity initiatives. He added that there are two roles he has been talking to the General Manager about. One is into child and family area which is an integration role and will support Maori connection to the child and adolescent service and the other we are looking to support is the eating disorders and acting early enough to support our primary and community providers. He added that new models of care and better way of working together as a health system.

A query was made in regard to ICU, neo natal and oncology and Dr Bramley advised that each of these areas is living in constrained environment and are really challenged. In the neo natal space they have embarked on a new way of identifying women who are at risk and possibly needing the support of a neonatal service and have made a shift in supporting women through this. He added that some work is also taking place in the facility space and we have also invested in more nursing resource. Dr Bramley advised that ICU are doing OK in terms of current demand and beds. In the oncology space he advised that he had met with Diana Safarti who has been supporting cancer services nationally and all three are under significant pressure. He added that Helen and Tracey are leading a service planning exercise in Haematology and Medical Oncology and Becky is looking at the introduction of a multi-disciplinary support service around additional charge nurse specialists and we are looking at effectively moving to a virtual 5th LINAC which will require additional hours.

A query was made in regard to managing Acute Demand and it was noted that there are a small number of practices that account for a large number of Maori & Pacific attendances. A query was made as to whether patients can get appointments at these clinics? And are these practices that patients cannot get into for appointments, or are costs so high that they are not attending? Sentence goes straight to "these patients must have something wrong that needs to be addressed", therefore, we need to do more in terms of preventative initiatives, when in fact we do not know what the environment is for these patients – could be an access issue. This is a systems issue. A response regarding this will be provided separately to Fiona Pimm.

Canterbury COVID-19 Vaccination Programme Update

Kim Sinclair-Morris, Jane Cartwright, Dr Kim Burgess and Cam Bradley provided the meeting with a presentation updating on the vaccination programme. The presentation showed: Progress & Performance; Priority Groups; Regional Differences; Super Saturday; Programme Focus; Events Held; and the High Level Programme Forecast.

DRAFT

Barry Bragg joined the meeting at 10.15am

The Chief Executive's update was noted.

6. DRUG & ALCOHOL POLICY

Mary Johnston, Chief People Officer, presented this paper which had also been presented to the QFARC meeting on 5 October and was taken as read. It was noted that QFARC had raised a number of questions and responses to these had been included in this paper as Appendix 4. Ms Johnston advised that they had polled half of the DHBs and a number do not have a Drug & Alcohol Policy. She added that we do not monitor people outside work but deal with the consequences. She commented that whilst this is not a zero harm policy there are consequences which involve reporting to regulatory bodies. She added that this is not about termination but more about support and rehabilitation.

Resolution (36/21)
(Moved: Sir John Hansen/seconded: Barry Bragg – carried)

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

i. approves the Drug & Alcohol Policy;
ii. notes the Drug and Alcohol Testing Procedure; and
iii. notes the Rehabilitative Approach to Drug and Alcohol Related Issues.

7. MAIA FUNDED CAPITAL EXPENDITURE

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

There was no discussion on the paper.

Resolution (37/21)
(Moved: Aaron Keown/seconded: Gabrielle Huria – carried)

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

i. notes that the Māia Health Foundation have fundraised $65,933 to purchase 29 sofa beds for Women's Health; and
ii. approves expenditure of trust/donated funds of $65,933.

8. FINANCE REPORT

David Green, Acting Executive Director, Finance & Corporate Services, presented the Finance Report for the month of August 2021. Mr Green advised that these August results were discussed in detail at the last QFARC meeting and showed an unfavourable variance to budget of $594k for the month excluding the impact of COVID-19 and Holiday's Act. Mr Green added that this unfavourable variance was due mainly to Chatham Islands funding and additional costs due to RSV.

Resolution (38/21)
(Moved: Sir John Hansen/seconded: Gabrielle Huria – carried)

That the Board:

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

9. CARE CAPACITY DEMAND MANAGEMENT

Becky Hickmott, Executive Director of Nursing, presented this paper which was taken as read.

A query was made regarding FTE calculations on page 2 of the report and a presentation will be made to the 30 November QFARC providing an understanding of these calculations.

The update was noted.

10. ADVICE TO BOARD

Hospital Advisory Committee
Naomi Marshall, Deputy Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 7 October 2021. She highlighted: the Planned Care and Catch-up Programme; issues around Specialist Mental Health; and the increase in demand in CAF and eating disorders.

The draft minutes were noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (39/21)
(Moved: Sir John Hansen/seconded: Gabrielle Huria - carried)

That the Board:

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

DRAFT

	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 September 2021	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
4.	Fit-Out of 12 ICU Beds in Shelled Space in Waipapa Building	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Christchurch Hospital Parkside Enhancement Tranche 2	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Contract Extension of Fire Maintenance Services	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Canterbury Linen Services – Loan to Repay Wage Subsidy	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Service Change Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
10.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s9(2)(a) s9(2)(j) s9(2)(h)
11.	Advice to Board • HAC Draft Minutes *7 October 2021* • QFARC Draft Minutes *5 October 2021*	For the reasons set out in the previous Committee agendas.	

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

The Public meeting concluded at 10.45am

_________________________________ _________________

Sir John Hansen, Chair Date of approval

DRAFT

CARRIED FORWARD/ACTION ITEMS

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 18 NOVEMBER 2021

DATE	ISSUE	REFERRED TO	STATUS
21 Oct 21	Confirmation from Employment Relations Team - policy and built into process, for all referees and recent relevant employers to be checked prior to engagement of an employee.	Tim Lester	Today's Agenda – Item 16 PX

CHAIR'S UPDATE

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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

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

DATE: **18 November 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing the latest update and overview of key organisational activities and performance from the Chief Executive to the Board of the Canterbury DHB. Content is provided by Operational General Managers, Programme Leads, and the Executive Management Team.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

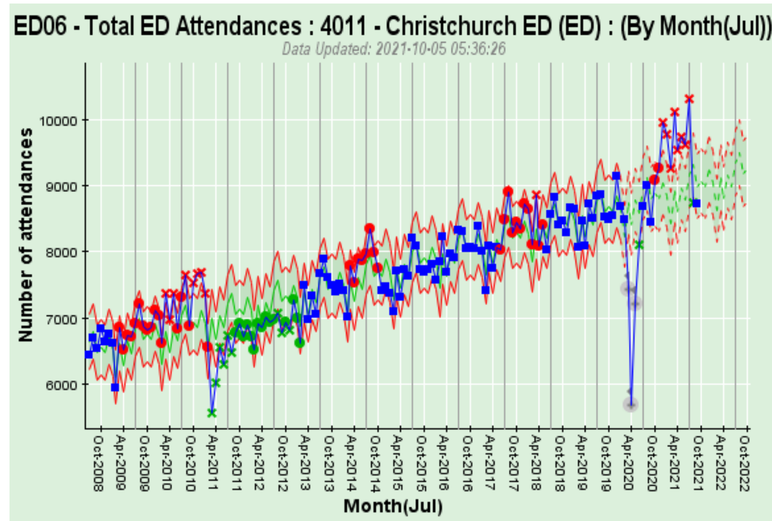
3. DISCUSSION

MEDICAL / SURGICAL SERVICES

- COVID-19 lockdown suppressed presentations to the Emergency Department through effects on activity undertaken in the community.
- Lockdown also resulted in cancellation of many inpatient and outpatient events because of a limitation on movement of patients. The vast majority of deferred appointments and admissions have now either been replaced or are booked to occur before the end of 2021.

Service Delivery

- The COVID-19 lockdown period running from 18 August to 7 September had a demonstrable effect on the number of presentations to the Emergency Department. There was an average of 321 presentations per day in the first months of the year to 17 August. This reduced to 257 during lockdown. Following lockdown it increased to 303 per day.



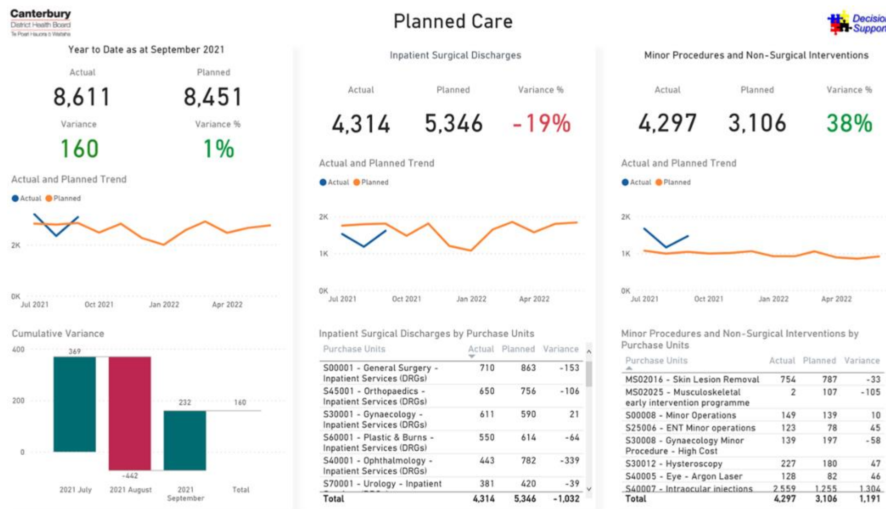
- The number of people being admitted to hospital from the Emergency Department has reduced during the period of lockdown with the proportion of presentations being admitted staying relatively stable.

Outpatient attendances

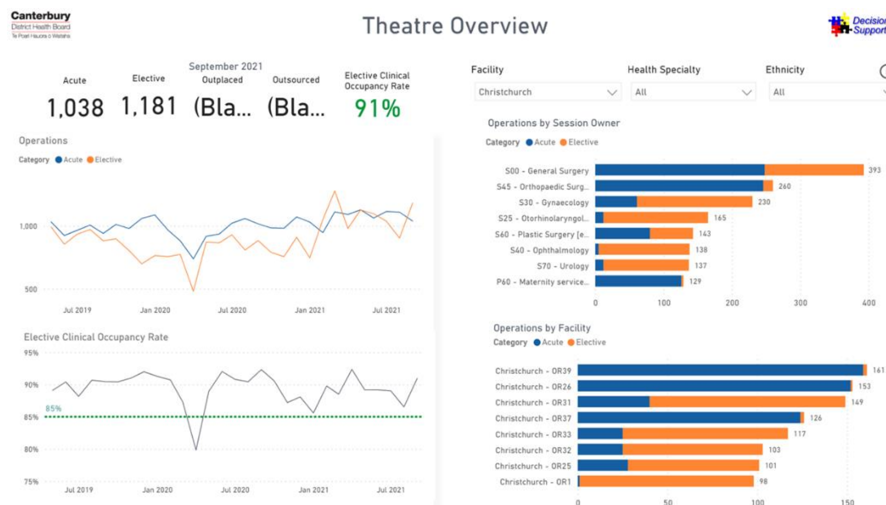
- During August 2021 more than 10,500 non-face to face appointments were provided, a significant uplift on August 2020 when there were nearly 6,000.
- This increase enabled provision of care to continue in lockdown conditions and was consistent with the direction provided within the National Hospital Framework.

Planned care

- Canterbury District Health Board has agreed a phased schedule with the Ministry of Health for planned care delivery that will provide the target of 19,614 discharges (the same target as for 2020/21).
- At the end of week 14 (up to 1 October) 4,836 planned care discharges have been provided – 1,027 less than the phased target. There are several events that have contributed to this deficit:
  - 100 cases were deferred because the response to respiratory syncytial virus constrained bed and nursing capacity.
  - 56 cases were deferred during the week ending 6 July due to bed constraints at Christchurch Hospital.
  - During the four weeks including COVID-19 lockdown (to 10/9/2021) 636 planned care discharges were provided against a target of 1,622 a deficit of 636
  - 49 cases were lost during September, following lockdown, due to constraints in resourced beds.
  - These together account for a deficit of 841 cases – 82% of the total deficit, some of the remaining unexplained losses may be due to wind-down in preparation for strike action that did not occur.
- At the end of 1 October 2021 CDHB is exceeding target for minor procedures in hospital settings having delivered 535 as inpatients (153 ahead of target) and 3,342 as outpatients (1,374 ahead of target).



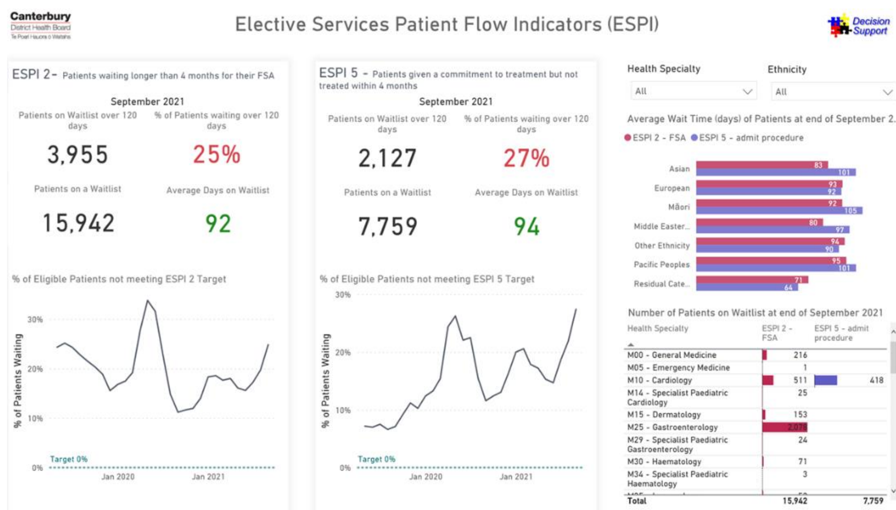
Use of theatre capacity



- Despite the first week of September being subject to COVID-19 lockdown, more operations were provided at Christchurch Hospital in September 2021 than September 2020, with a total of 2,191 theatre events – 16 % higher than in September 2020.
- Volume of operating at Burwood was similar to September 2020, with 306 operations provided during September 2021.
- Anaesthetic Technician capacity continues to constrain theatre capacity to below the scheduled level. Latest projections of Anaesthetic Technician capacity shows that there will be a significant improvement in capacity at the start of 2022 when eight first year trainees enter the second year of their training and thus are able to contribute to the provision of service.

The CDHB Improvement Action Plan

- 3,955 people were waiting for longer than 120 days for first specialist assessment at the end of September. This is an increase of 1,920 from the end of August. The limitations on practice in place due to the COVID-19 lockdown are the dominant contributor to this increase.
- COVID-19 lockdown is also a contributor to the increase in patients waiting for surgery, from 1,479 at the end of August to 2,127 at the end of September.

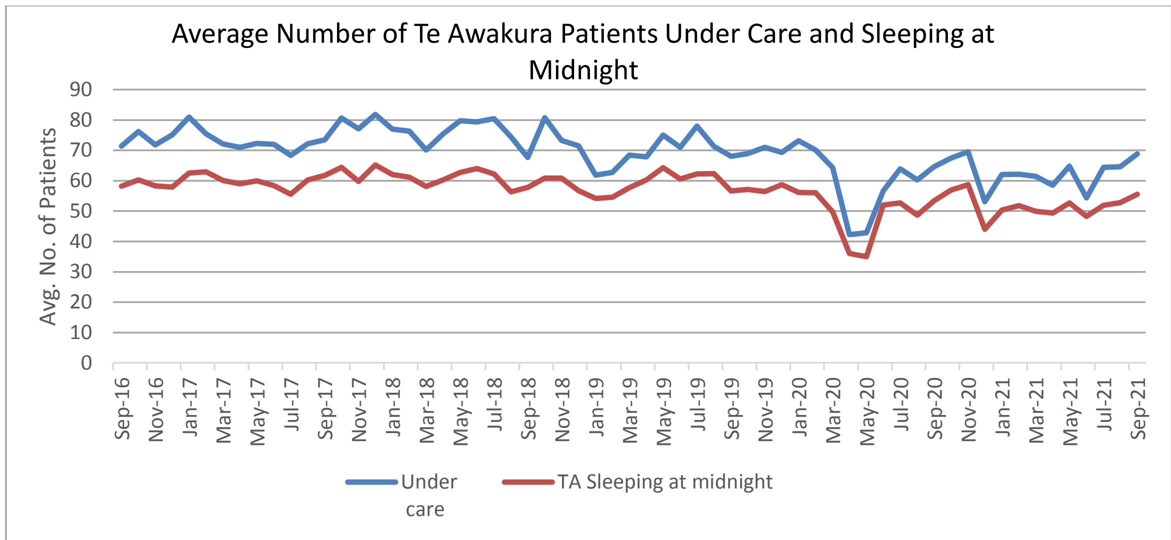


SPECIALIST MENTAL HEALTH SERVICES

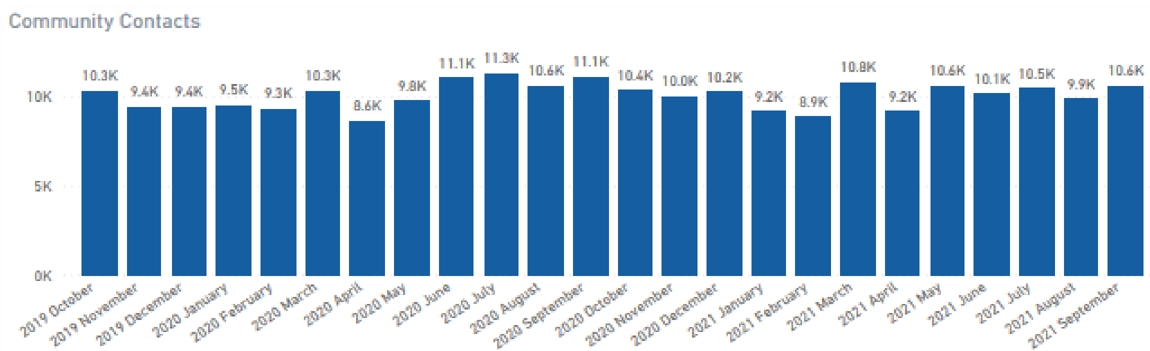
- Staffing and Recruitment remain the most pressing issues facing Specialist Mental Health Services. We are filling 25 to 40 roster gaps daily which is resulting in large amounts of overtime to ensure our consumers receive appropriate care and therapy. Addressing our deficits in staffing to ensure we have an experienced and skilled workforce remains a priority focus.
- Demand on services remains high following lockdown. September has seen an upturn occupancy of in Adult Acute and Child Adolescent and Family inpatient services. The 64-bed Te Awakura unit has had up to 82 people in care resulting in a significant increase in sleepovers away from the preferred therapeutic environment and an increased proportion of consumers on leave, increasing the risks being managed by the team.

Service Delivery/Performance

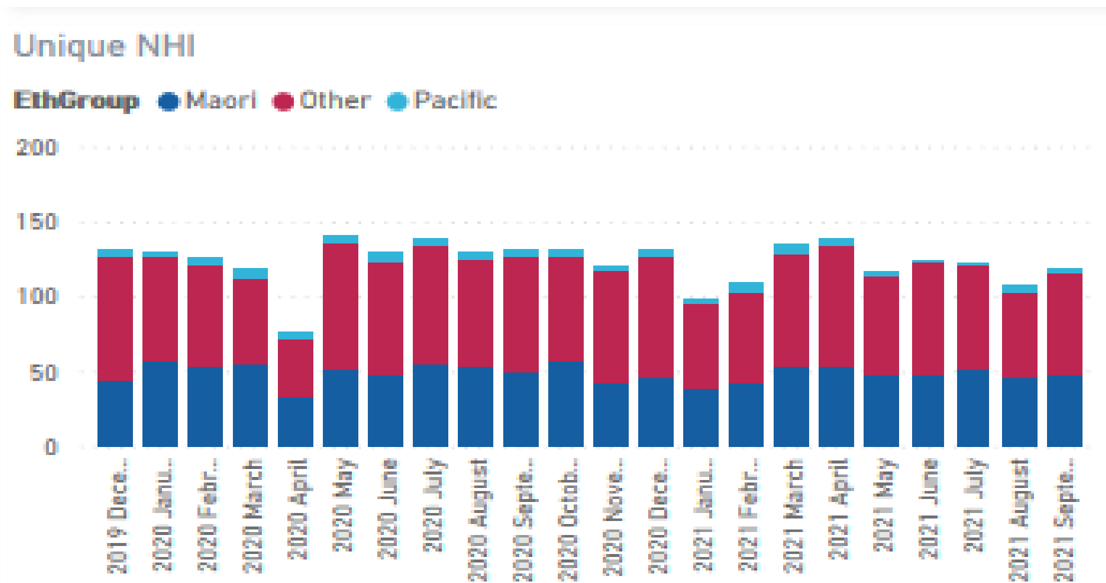
- In September there were 199 admissions to Specialist Mental Health Services and 17,838 contacts with 4,487 individuals.
- **Adult Acute:** The adult community and inpatient teams have worked hard to reduce the Covid-related increase in inpatient occupancy which occurred as Level 4 restrictions were reduced. Admissions increased in September by over 20% on the admissions from the previous three months. It has taken around five weeks to see the occupancy reduce to pre-lockdown levels.
- The adult community service had 996 case starts in September with over 85% seen on the day of referral.
- The teams are closely monitoring the impacts of the Covid outbreak and lockdown on the mental health burden of illness.



Adult Community Contacts

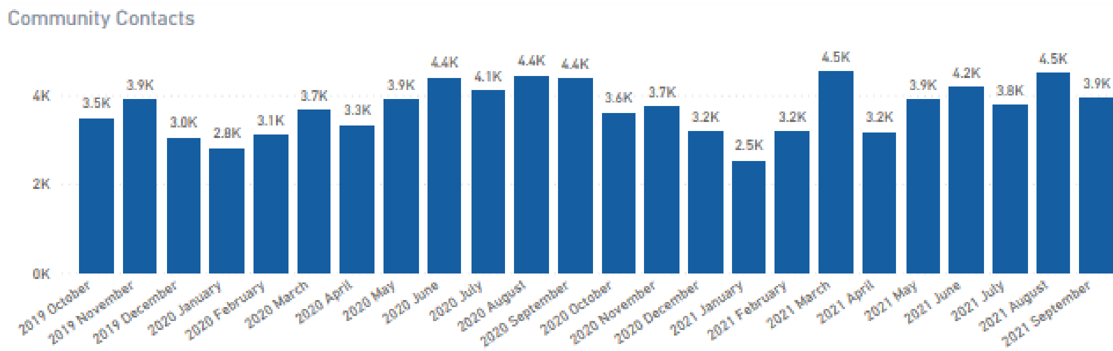


- The ethnicity of consumers in adult community services is shown in the figures below.



Child Adolescent and Family

- The Child Adolescent and Family inpatient cohort continues to have very high acuity. This coincides with a Covid lockdown surge of demand as we moved back to Alert Level 2.

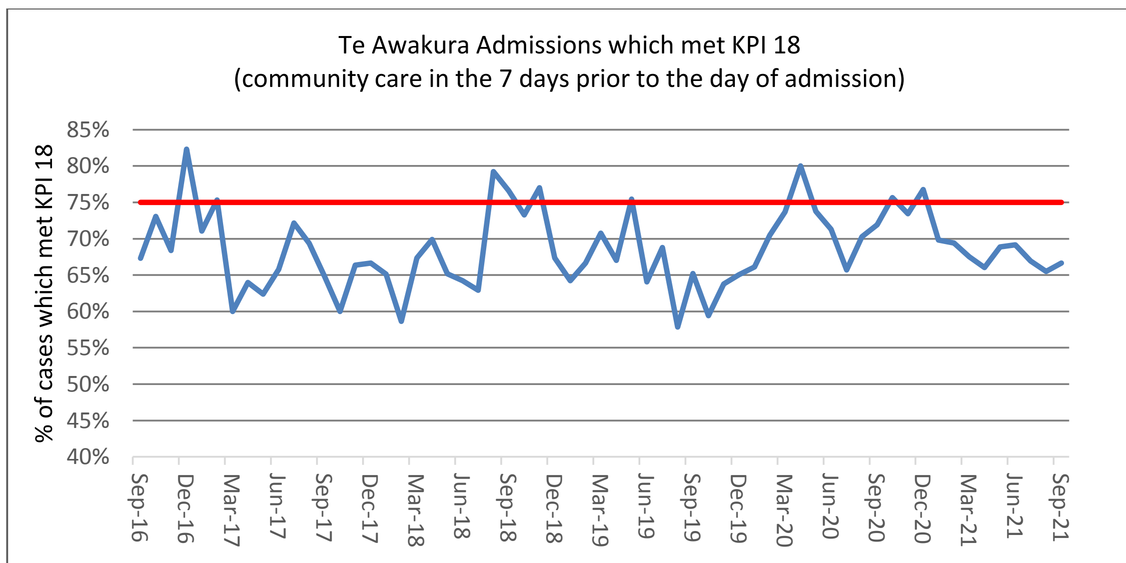


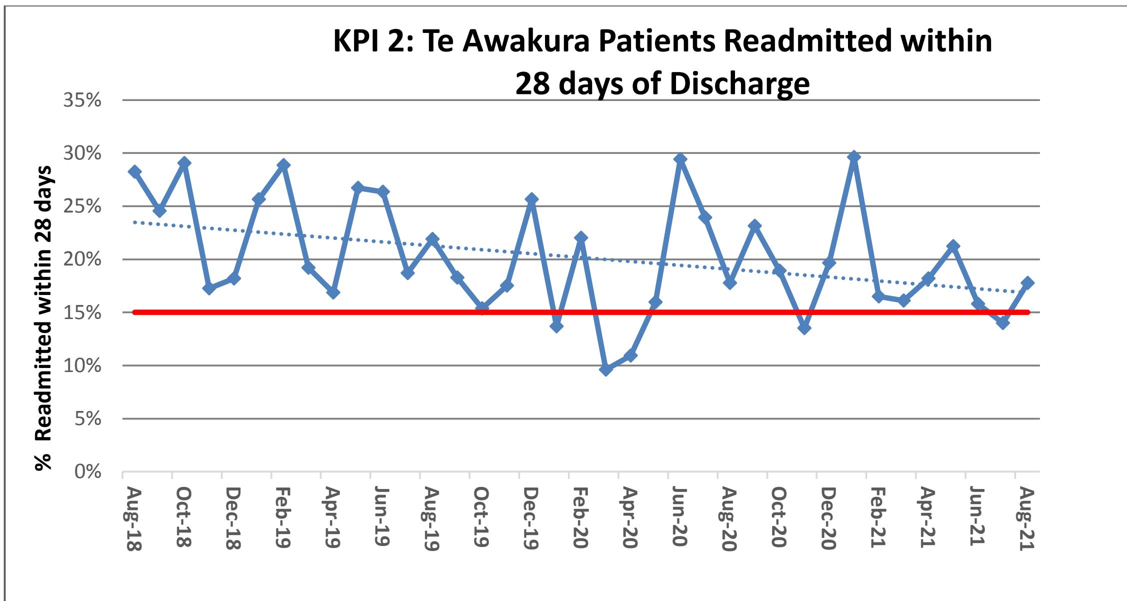
Forensic

- Our Forensic units continue to operate at full occupancy.

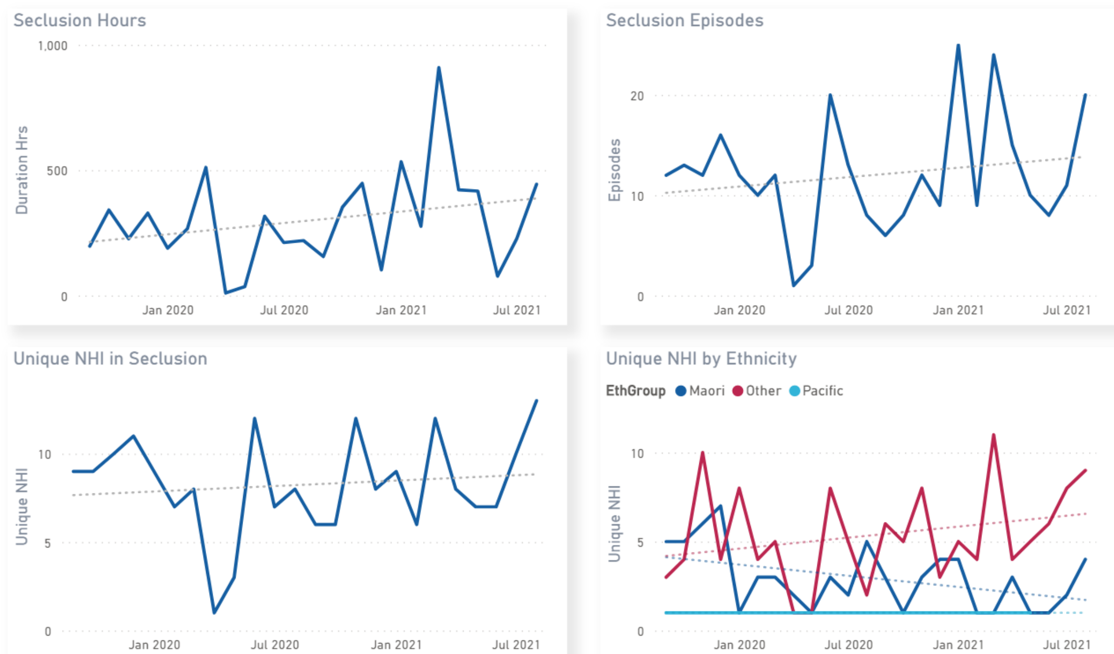
Quality and Safety

- The national Key Performance Indicator programme defines a number of measures of quality. Two key indicators are illustrated below. Community care in the seven days prior to admission has been negatively affected by increases in the number of people receiving their first admission to mental health services. This change is likely to be associated with COVID lockdowns. We are seeing an increase in the number of people hospitalised on first contact.





- Reducing seclusion is a key focus for our restraint minimisation committee which aligns to the national Health Quality and Safety Commission campaign to reduce seclusion for inpatients. Ongoing work to improve documentation of the clinical rationale for seclusion is addressing the corrective action identified in the recent Certification audit. The overall focus of the programme is on developing our systems and culture to supports safe practice. Our facilities remain a significant barrier to supporting best practice with lack of space and ability to provide physical separation and de-escalation.



PLANNING, FUNDING & DECISION SUPPORT

- **Statement of Service Performance**: As part of our annual Service Performance Review, the Planning & Performance team have completed the Statement of Service Performance for the 2020/21 year, which has demonstrated positive progress against key indicators across the Canterbury Health System. There are 89 indicators cover in the Annual Report and we delivered against target or improved performance against 62 of the indicators (70%). This was achieved despite the pressures at the beginning of that year, rescheduling appointments and restarting community programmes after the national lockdown, and the stretched system capacity with many of our staff and those of our primary and community providers redeployed to support the implementation of the COVID Vaccination programme. Measures missed relate to delivery against estimated volumes including higher than estimated lab tests and pharmaceuticals dispensed, and lower than expected (but improving) use of respite and day care services, and to missed targets related to increased acute demand including presentations to ED, people seen in ED in under six hours, and diagnostic wait times.

- **Assisted Dying**: A clinical advisory group has been established to advise and support the Canterbury and West Coast DHBs to meet our obligations for the delivery of assisted dying services from early November in accordance with the End of Life Care Act 2019. This group is focussed on support structures, communication, education, policies, and staffing requirements required across the DHBs as outlined in the recently published Ministry policy guidance.

- **NEW Health System Indicators Framework**: As highlighted last month a new Health System Indicators framework has been developed by the Ministry of Health and the Health Quality & Safety Commission (HQSC). It builds on the System Level Measures programme that was co-designed with the health and disability sector some year ago although does not replace the System Level Measures (SLM) at this point. DHBs have been advised that they need to continue to deliver on their agreed SLM Plan for 2021/22.

COMMUNITY AND PUBLIC HEALTH (PUBLIC HEALTH DIVISION)

- **Supporting the national response to the Auckland August 2021 Community Outbreak:** Since the first case in the Auckland Community outbreak was announced (17 August 2021) CPH's involvement in the outbreak has been significant. We are currently described as a 'virtual team' in the Auckland Regional Public Health Service structure which has, most recently, involved taking on Auckland-based community cases, as well as continuing to manage all border-related cases and their contacts in Auckland's MIQFs (in addition to managing our Christchurch-based MIQF cases).

- The complexity of the community cases and associated exposure events means that this work continues to be very challenging. Our rostered teams continue to offer full support to the outbreak. Two further Community and Public Health staff (a Health Protection Officer and a Medical Officer of Health) were recently deployed to Auckland with the National Outbreak Response Team (NORT). All those returning from Auckland have offered useful insights into the current outbreak which are being used to inform CPH's planning for any future locally-based outbreaks.

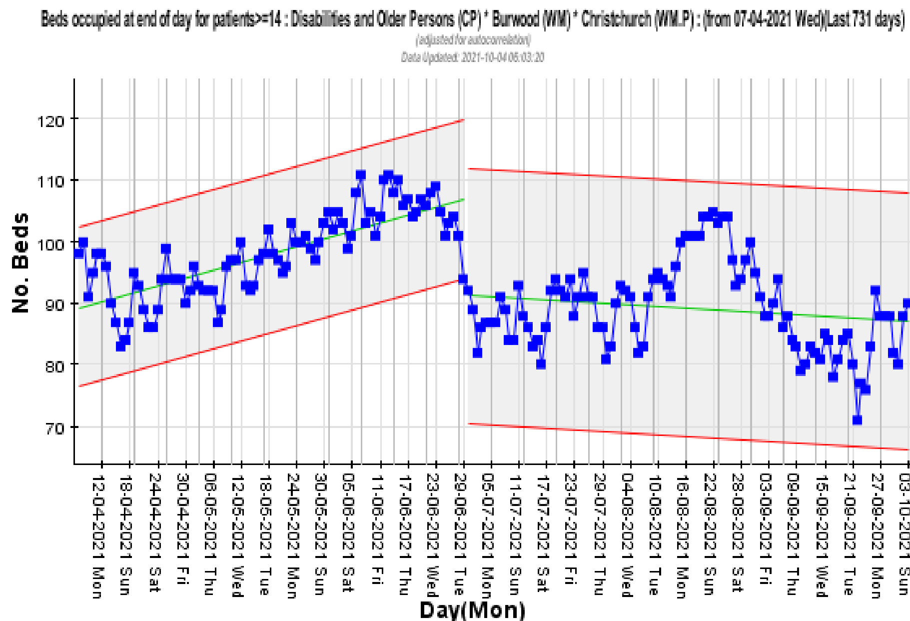
NURSING

- The Clinical Executive went out to meet with all of our Urgent Care providers, Moorhouse Medical, Riccarton Clinic and Pegasus, as well as Whakarongorau (Healthline) to follow up on the opportunity to visit their facilities after the RSV outbreak and to thank them for the way they supported and worked in partnership with the wider health system. We were really impressed with their state of readiness to respond to COVID resurgence and their planning and response to our population for urgent care but also how they were managing COVID streams, swabbing and vaccines. They shared with us their current constraints and challenges but also showed us around their facilities and enabled us to meet their staff. We very much value the partnership and collaboration we have with these vital services within our community.

OLDER PERSONS HEALTH & REHABILITATION (OPH&R)

- **Making our system flow:** We continue to be engaged with the Making Our System Flow programme of work. Regular discharge planning audits are now embedded with members of our leadership team supporting these discussions across clinical areas. Since August we have implemented the Long Length of Stay Panel to provide a collaborative leadership, operational and clinical forum for discussion, problem solving and where required, escalation pathways, for patients deemed to have a long length of stay. This is a weekly forum and is proving to offer a useful platform for building capability and confidence in our clinical teams in proactively identifying and responding to issues that might contribute to a prolonged stay.

- Recent review of the data has shown a reduction in occupied beds over 14 days for patents transferring form Chch Hosp to Burwood - average for Sept about 88 beds, compared to 104 beds during June. We are closely monitoring unplanned readmissions as a key balancing metric.



MAORI AND PASIFIKA HEALTH

- As has been the case for the past several weeks, the contribution of our kaupapa Māori services and teams in vaccinating Māori has been significant. However, as we see with most other services, our Māori population access vaccinations in many different places. All our Kaupapa Māori providers with clinical staff, He Waka Tapu, Te Puāwaitanga, Rehua Marae, Te Tai o Marokura (Kaikōura) and Purapura Whetū have all been hands on in the vaccination space and the support of MIHI (Māori Indigenous Health Institute) at Otago University have all been invaluable in vaccinating Māori. Nga Hau E Whā marae and Te Rūnanga o Ngā Maata Waka have been indispensable in both testing and vaccinating Māori and the wider Canterbury community.

- In addition to this, the support of Whānau Ora Navigators from Te Pūtahitanga o Te Waipounamu to support vulnerable whānau in lockdown has likely averted many crises at whānau level. The “Protect Our Whakapapa” communications is starting to make an impact.

- A similar picture appears for our Pasifika population. Tangata Atumotu has been very active in the mobile vaccination space working with Pasifika churches to support vaccination rollout.

- Etu Pasifika have been very dynamic in during both lockdown and in vaccinating.

DELEGATIONS REVIEW

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, Chief Executive Officer**

DATE: **18 November 2021**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

This report has been generated in relation to the paper submitted to the 19 November 2020 meeting regarding changes proposed for delegations and which was due for review 12 months following implementation.

2. RECOMMENDATION

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

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

3. DISCUSSION

In November 2020, a review of delegations to the Chief Executive was undertaken, with the Instrument of Delegation to the Acting Chief Executive at that time revised to decrease the delegation for approval of capital expenditure from $1M to $500K. This level has been retained in the Delegation of Authority to the Chief Executive on his appointment.

The delegation change impact was an increased number of capex requests requiring Board approval (approximately 10-12 additional approvals required this financial year). It is proposed the reduced level remains in place.

Historically, the delegation for capital expenditure from Trust funds was $50K and has remained at that level for a significant period with no change. In the current pricing environment for clinical equipment, this is considered to be an outdated level and therefore the recommendation is to increase the Chief Executive delegation to approve capital expenditure from Trust funds to up to $100K.

Expenditure from Trust funds will continue to be within the purposes of the source of the funds. We are also strongly encouraging areas that control respective funds to utilise these funds within a timely basis.

Further reviews of delegations are also underway by the Accelerating Our Future team in relation to levels of delegation for operational expenditure for levels delegated below the Chief Executive.

4. APPENDICES

Appendix 1: Instrument of Delegation to the CE.

CDHB Instrument of Delegation

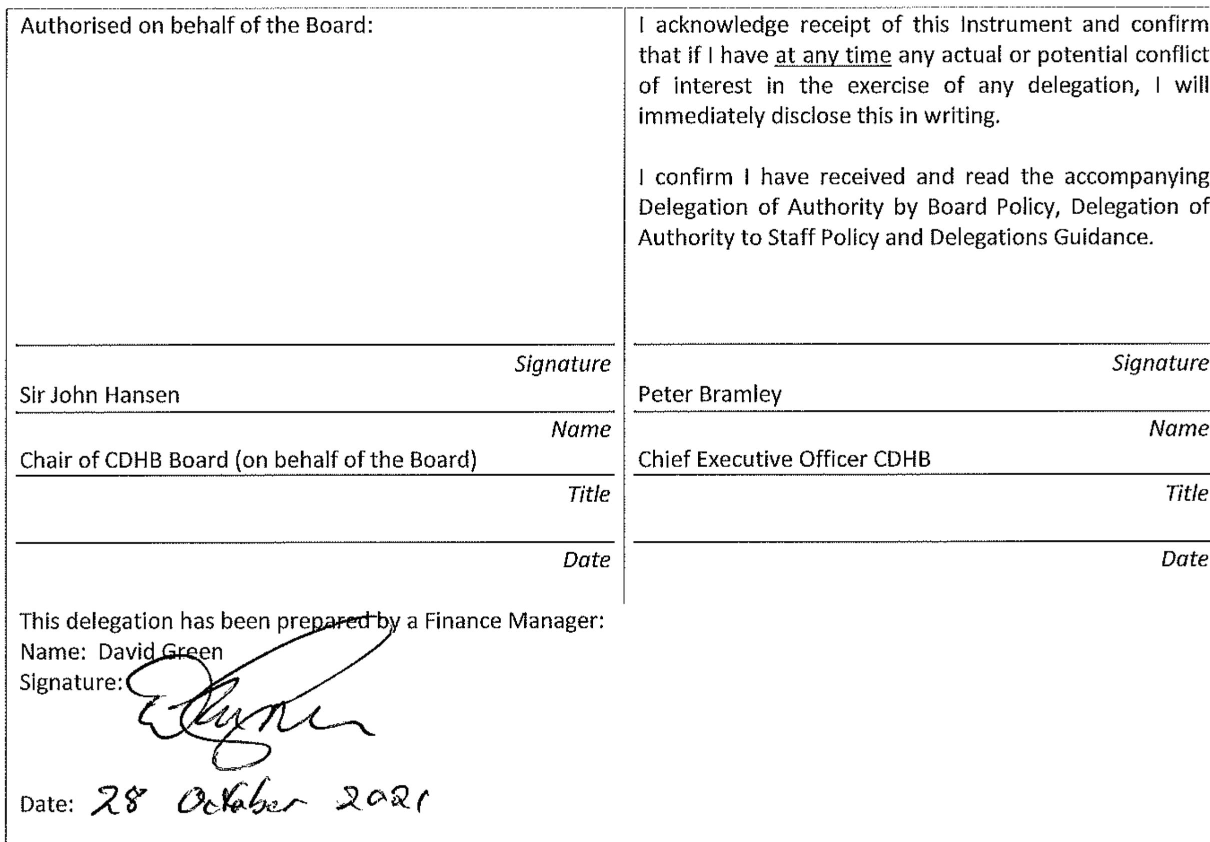
Canterbury
District Health Board
Te Poari Hauora ō Waitaha

From: Sir John Hansen
Name
Chair of CDHB Board (on behalf of the Board)
Title

To: Peter Bramley
Name
Chief Executive Officer CDHB
Title

This instrument establishes the authority you may exercise in your role, for the budgets under your control, and in accordance with CDHB policies and procedures. Any item outside the scope of your role or above the limits specified, must be approved by the Board.

Authority	**Authority Limit**	**Authority to sub-delegate**
Procurement		
Purchase of Goods and Services	Up to $3,000,000	Yes
Procurement Contract	No $ Limit, up to 7 years	Yes
Capital		
Approve Capital Expenditure	Up to $500,000 per asset/event	Yes
Approve Capital Expenditure from trust/donated funds	Up to $100,000 per asset/event	Yes
Approve Capital Disposals	Up to $1,000,000 per asset/event	Yes
Trusts		
Approve Operational Expenditure from Trust/Donated funds	Up to $100,000 per transaction	Yes
Human Resources		
Approve Payroll and Payroll Related Expenses	Full Authority	Yes
Sign Collective Employment Agreement	Full Authority	Yes
Sign Individual Employee Agreement	Up to $500,000, at any % of a grade	Yes
Approve Temporary Operational staff	Full Authority	Yes
Sign contracts for Consultants and Contractors	Up to $300,000 per event	Yes
Recruitment of Additional Staff	No $ limit	Yes
Proposal for Change	Up to $500,000 per event	Yes
Staff Management and Leave Approval	Full Authority	Yes
Revenue and Funding		
Revenue Contract	No $ limit, up to 7 years	Yes
Approve Research Agreements/Memorandum of Understanding	No $ limit, up to 10 year term	Yes
Funding Contract	No $ limit, up to 7 years	Yes
Finance		
Financial Write offs - Bad Debts	Up to $100,000	Yes
Financial Write offs - Stock	Up to $100,000	Yes
Financial Write offs - Lost Cash	Up to $5,000	Yes
Financial Write offs – Fixed Asset	Up to $100,000	Yes
Issue Credit Notes	No $ limit	Yes
Treasury		
Treasury Management	No $ limit	Yes



Authorised on behalf of the Board:	I acknowledge receipt of this Instrument and confirm that if I have <u>at any time</u> any actual or potential conflict of interest in the exercise of any delegation, I will immediately disclose this in writing. I confirm I have received and read the accompanying Delegation of Authority by Board Policy, Delegation of Authority to Staff Policy and Delegations Guidance.
Signature	*Signature*
Sir John Hansen	Peter Bramley
Name	*Name*
Chair of CDHB Board (on behalf of the Board)	Chief Executive Officer CDHB
Title	*Title*
Date	*Date*

This delegation has been prepared by a Finance Manager:
Name: David Green
Signature: [signature]
Date: 28 October 2021

- Dollar value limits are exclusive of GST and are a maximum.
- For any delegations not listed, assume no delegation has been granted.
- All other relevant CDHB policies and procedures must be adhered to.
- The delegator shall remain accountable for the exercise of the sub-delegated authority.

FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: Chair & Members, Canterbury District Health Board

PREPARED BY: Gabrielle Gaynor, Corporate Finance Manager

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

DATE: 18 November 2021

Report Status – For: Decision ☐ Noting ☑ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

i. notes the consolidated financial result YTD is favourable to plan by $1.230M;
ii. notes that the YTD impact of Covid-19 is $2.782M favourable to budget;
iii. notes that the YTD impact of the Holidays Act Compliance is an additional $4.043M expense which is in line with budget;
iv. notes that excluding HAP and Covid-19, the YTD result is $1.559M unfavourable to budget; and
v. notes that the tables and graphs below are no longer being presented as excluding Covid-19 or HAP impacts.

3. FINANCIAL RESULTS EXECUTIVE SUMMARY

Summary DHB Group Financial Result – September 2021:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(3.583)	(5.031)	1.448	(15.260)	(17.091)	1.831
Community & Public Health	(0.022)	(0.002)	(0.020)	0.347	(0.002)	0.349
Total In-House Provider excl Subsidiaries	**(3.605)**	**(5.033)**	**1.428**	**(14.913)**	**(17.093)**	**2.180**
Add: Funder & Governance						
Funder Revenue	176.978	168.077	8.900	522.337	504.041	18.296
External Provider Expense	(80.321)	(71.063)	(9.258)	(233.289)	(214.634)	(18.656)
Internal Provider Expense	(104.017)	(103.883)	(0.134)	(312.523)	(311.646)	(0.878)
Total Funder	**(7.360)**	**(6.868)**	**(0.492)**	**(23.476)**	**(22.238)**	**(1.238)**
Governance & Funder Admin	0.164	(0.000)	0.164	0.551	0.000	0.551
Total Canterbury DHB (Parent)	**(10.801)**	**(11.901)**	**1.100**	**(37.838)**	**(39.331)**	**1.493**
Add: Subsidiaries						
NZ Health Innovation Hub	0.000	(0.029)	0.029	0.048	(0.061)	0.109
Brackenridge Services Ltd	(0.006)	0.061	(0.067)	(0.030)	0.192	(0.222)
Canterbury Linen Services Ltd	(0.037)	(0.007)	(0.030)	(0.212)	(0.061)	(0.151)
Canterbury DHB Group Surplus / (Deficit)	**(10.844)**	**(11.876)**	**1.032**	**(38.032)**	**(39.262)**	**1.230**

4. KEY FINANCIAL RISKS & EMERGING ISSUES

Liquidity - We are currently forecasting that we will not breach our overdraft limit until the second quarter of the 2022 calendar year. We will continue to require further equity support whilst we are incurring deficits and we continue with our capital expenditure program. Our forecast assumes that we are appropriately funded for the pay equity element of the recent NZNO settlement.

Covid-19 continues to have both a direct and indirect impact on our financial result. The ability for our Lab to generate revenue from testing has assisted the overall Covid result. However, the impact of Covid-19 cannot be reasonably forecasted.

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

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

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

Savings initiatives – There is risk that our planned savings initiatives are not fully achieved.

5. APPENDICES

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

APPENDIX 1: FINANCIAL RESULTS

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

September 2021 Results	Period to date									Year to date								
	Month Actual $000	Actual Covid-19 $000	Actual Holidays Act $000	BAU Actual Result	Month Budget $000	Budget Covid-19 $000	Budget Holidays Act $000	BAU Budget Result	BAU Variance	YTD Actual $000	Actual Covid-19 $000	Actual Holidays Act $000	YTD BAU Actual Result	YTD Budget $000	Budget Covid-19 $000	Budget Holidays Act $000	YTD BAU Budget Result	Underlying Variance
MOH Revenue	185,167	13,727		171,440	173,836	1,185		172,651	(1,210)	545,995	29,271		516,724	521,206	3,555		517,651	(928)
Patient related revenue	6,397	1,133		5,264	6,374	1,191		5,183	81	18,863	3,743		15,120	19,176	3,660		15,516	(397)
Other Revenue	6,600	3,201		3,399	4,191	1,025		3,166	234	15,461	6,034		9,427	12,713	3,075		9,638	(211)
Total Operating Revenue	198,165	18,061	-	180,104	184,400	3,401	-	180,999	(895)	580,318	39,048	-	541,270	553,095	10,290	-	542,805	(1,535)
Employee expenses	87,666	4,217	1,347	82,102	84,898	1,446	1,351	82,101	(1)	263,224	10,363	4,043	248,818	256,040	4,413	4,050	247,577	(1,241)
Treatment Related costs	18,449	778		17,671	18,210	699		17,511	(160)	54,148	2,088		52,060	54,739	2,096		52,643	583
External Provider costs	80,321	11,377		68,944	71,063	1,101		69,962	1,018	233,289	21,328		211,961	214,634	3,304		211,330	(632)
Other Expenses	11,071	490		10,581	10,536	151		10,385	(196)	33,166	2,464		30,702	32,037	457		31,580	878
Total Operating Expenditure	197,507	16,862	1,347	179,298	184,708	3,397	1,351	179,960	662	583,828	36,243	4,043	543,542	557,449	10,270	4,050	543,129	(413)
Operating result Surplus / (Deficit)	658	1,199	(1,347)	806	(307)	4	(1,351)	1,040	(234)	(3,510)	2,805	(4,043)	(2,272)	(4,354)	20	(4,050)	(324)	(1,948)
Total Indirect revenue and expenditure	(11,502)	(7)		(11,495)	(11,569)	(4)		(11,565)	(70)	(34,523)	(16)		(34,507)	(34,909)	(13)		(34,896)	(389)
Total - Surplus / (Deficit)	(10,844)	1,192	(1,347)	(10,689)	(11,876)	-	(1,351)	(10,525)	(303)	(38,032)	2,789	(4,043)	(36,778)	(39,262)	7	(4,050)	(35,219)	(1,559)

Covid-19 - Canterbury DHB's net result in relation to Covid-19 is a YTD surplus of $2.789M as a result of timing of revenues and expenditures.

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

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

Other revenue is generated by Canterbury Health Laboratories (CHL). Due to the continued lockdowns in the North Island, the volume of tests processed has been very high; the costs have not yet been fully accrued for; this will be caught up before the end of October.

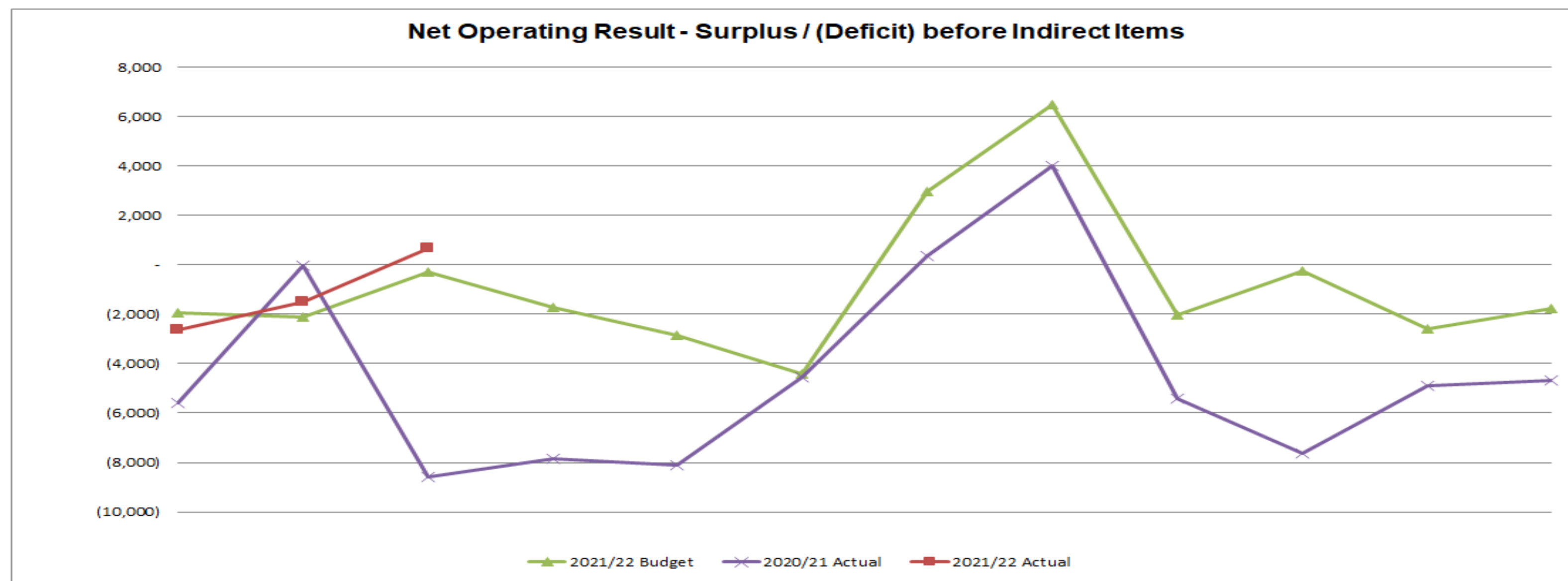
Variances to budget are generally related to vaccination activity as this programme is not included in the budget as per MoH instruction.

Our **Savings initiatives** for the full year total $42.2M, with $2.2M phased September YTD. Noting that our result excluding Covid-19 is a deficit of $1.559M, explainable by Chathams funding, RSV, and subsidiaries' results, our savings targets to date can be assumed to be achieved.

APPENDIX 2: FINANCIAL RESULT BEFORE INDIRECT REVENUE & EXPENSES

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED SEPTEMBER 2021

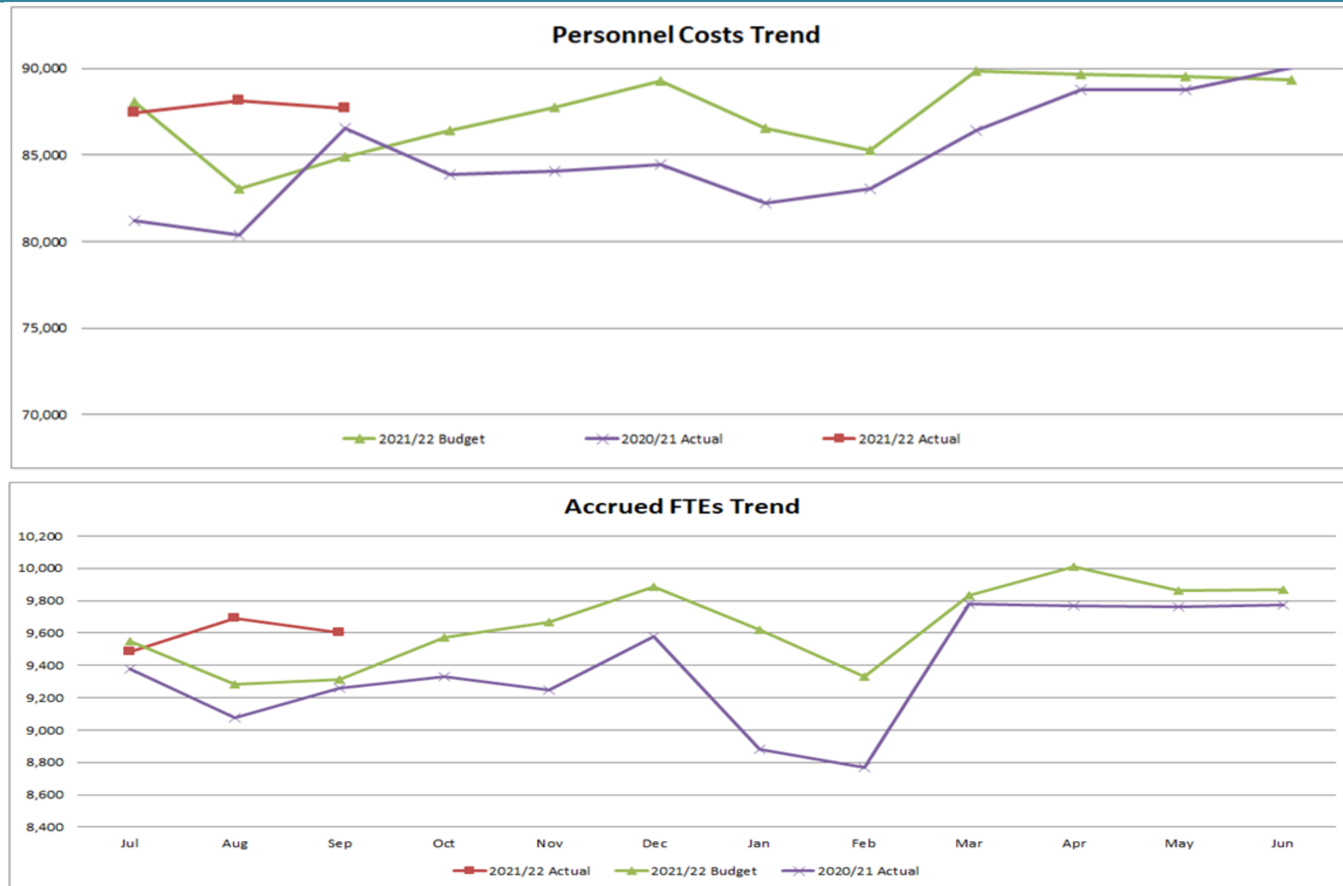
	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2020/21 Actual $'000	Yr End Budget $'000
Surplus/(Deficit) before Indirect items	658	(307)	965	-314%	✔	(3,510)	(4,354)	844	-19%	✔	(50,211)	(10,568)



KEY POINTS

Our YTD result before indirect items is $0.844M favourable to budget. The variance is driven by a net Covid-19 favourable result (which will reduce in October when additional lab costs are fully known).

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

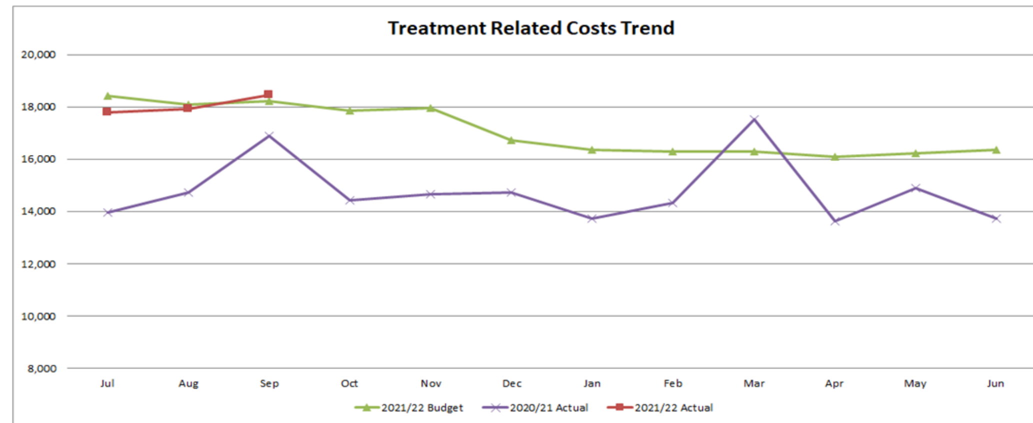


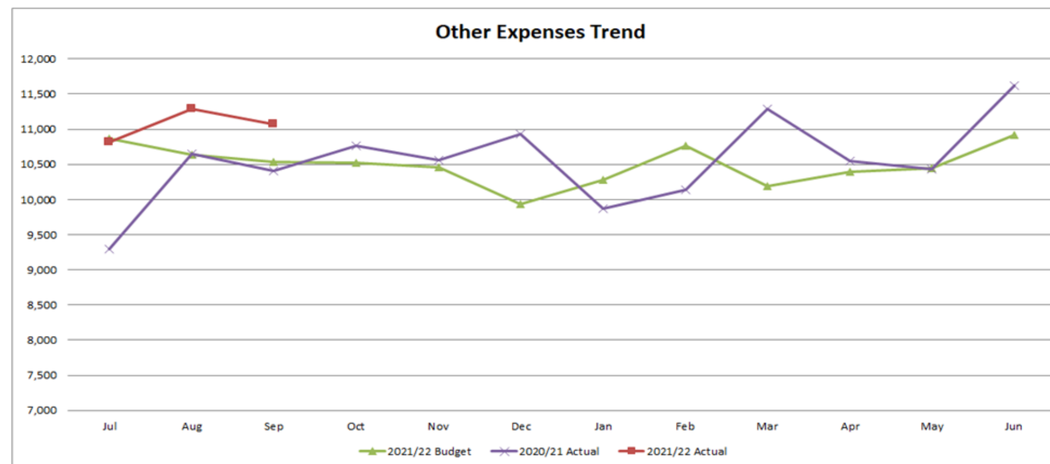
KEY POINTS

Personnel Costs are unfavourable to plan, mainly due to Covid-19 ($5.950M unfavourable YTD mainly due to vaccination costs); however, Covid costs are offset by additional revenue. Personnel cost variances were also impacted by the RSV outbreak at the beginning of this financial year, and higher levels of overtime and extra payments required to backfill vacancies.

Accrued FTE are unfavourable to plan, primarily due to 208 vaccination FTEs that are not included in the budget.

TREATMENT RELATED & OTHER COSTS





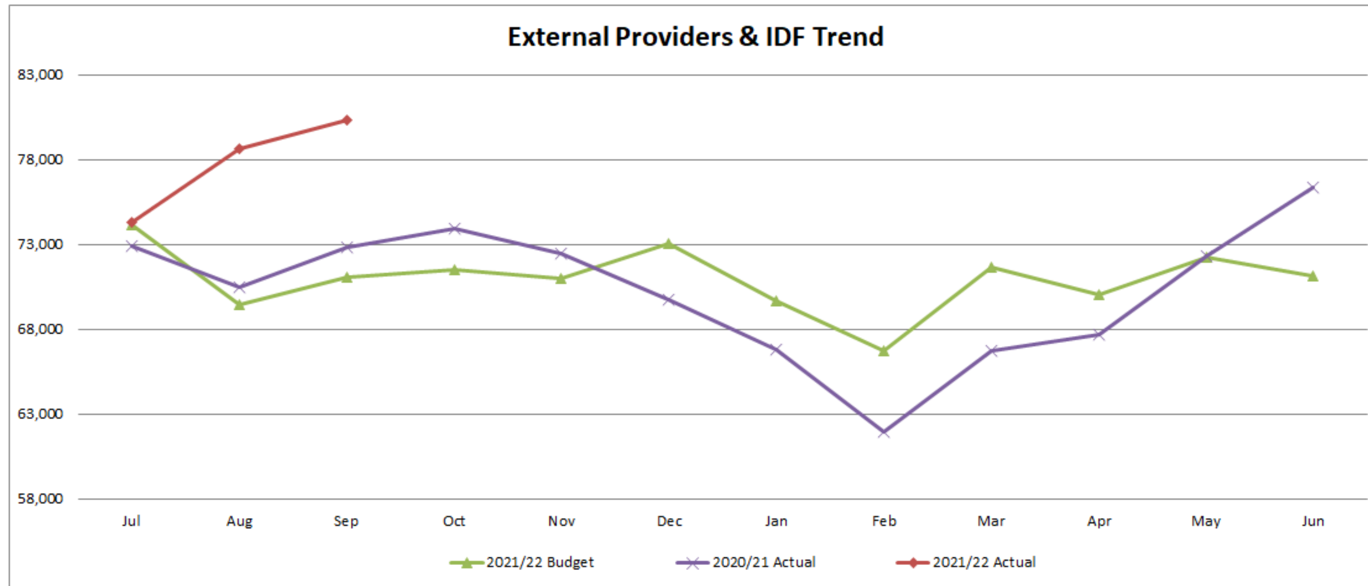
KEY POINTS

Treatment related costs are favourable to plan YTD ; this includes $0.4M favourable variance in outsourced clinical services due to a focused effort on delivering more clinical services in-house as part of the cost saving initiatives.

Other Expenses are unfavourable to budget YTD. Maintenance and outsourced costs are tracking lower than expected. Covid-19 expenses are $2M unfavourable; this includes unbudgeted vaccination costs.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2020/21 Actual $'000	Yr End Budget $'000
External Provider Costs	80,321	71,063	(9,258)	-13%	✗	233,289	214,634	(18,656)	-9%	✗	844,188	851,785



KEY POINTS

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

FINANCIAL POSITION – EQUITY & CASH

	YTD Actual $'000	YTD Budget $'000	Variance $'000		YTD Actual $'000	YTD Budget $'000	Variance $'000	Year End 20/21 $'000
Equity	1,097,286	1,096,068	(1,218)	**Cash**	(3,967)	32,478	(36,445)	50,775

KEY POINTS

Our cash position is lower than expected due to timing of receipts and payments.

APPENDIX 3: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the 3 months ending 30 September 2021

Month					Year to Date					
21/22 Actual $000's	**21/22 Budget** $000's	**20/21 Actual** $000's	Variance to Budget $000's		**21/22 Actual** $000's	**21/22 Budget** $000's	**20/21 Actual** $000's	Variance to Budget $000's	**21/22 Budget** $000's	**20/21 Actual** $000's
185,167	173,836	165,656.05	11,332 ✓	MoH Revenue	545,995	521,206	493,653	24,788 ✓	2,086,388	1,991,657
6,397	6,374	8,268	23 ✓	Patient Related Revenue	18,863	19,176	19,190	(314) ✗	76,994	73,244
6,600	4,191	4,171	2,410 ✓	Other Revenue	15,461	12,713	13,188	2,748 ✓	58,295	48,140
198,165	**184,400**	**178,095**	**13,765**	**Total Operating Revenue**	**580,318**	**553,095**	**526,031**	**27,223**	**2,221,677**	**2,113,041**
87,666	84,898	86,560	(2,768) ✗	Personnel Costs	263,224	256,040	248,146	(7,184) ✗	1,049,643	1,019,771
18,449	18,210	16,883	(239) ✗	Treatment Related Costs	54,148	54,739	45,553	591 ✓	204,873	177,141
80,321	71,063	72,837	(9,258) ✗	External Service Providers	233,289	214,634	216,224	(18,656) ✗	851,785	844,188
11,071	10,536	10,411	(535) ✗	Other Expenses	33,166	32,037	30,350	(1,129) ✗	125,943	122,152
197,507	**184,708**	**186,691**	**(12,799)** ✗	**Total Operating Expenditure**	**583,828**	**557,449**	**540,272**	**(26,379)** ✗	**2,232,245**	**2,163,252**
658	**(307)**	**(8,596)**	**965** ✓	**Total Surplus / (Deficit) Before Indirect Items**	**(3,510)**	**(4,354)**	**(14,241)**	**844** ✓	**(10,568)**	**(50,211)**
86	60	56	26 ✓	Interest Revenue	154	141	176	13 ✓	700	1,075
398	418	-	(20) ✗	Capital Charge Relief / Debt Equity Swap Funding	1,195	1,255	-	(60) ✗	5,020	8,940
283	430	192	(147) ✗	Donations	1,115	1,124	226	(9) ✗	5,010	2,384
-	-	22	- ✓	Profit on Sale of Assets	-	-	32	- ✓	-	1,653
-	-	-	-	Joint Venture Income	-	-	-	- ✓	-	25
767	**908**	**270**	**(141)** ✗	**Total Indirect Revenue**	**2,464**	**2,520**	**434**	**(56)** ✗	**10,730**	**14,078**
4,636	4,656	2,437	20 ✓	Capital Charge	13,932	13,988	7,311	56 ✓	53,949	39,871
7,349	7,580	6,321	231 ✓	Depreciation	22,366	22,629	18,472	263 ✓	92,104	94,651
231	236	-	5	Financing Component of Operating Leases	694	759	-	65	3,015	2,079
52	5	77	(48) ✗	Interest Expense & Forex Gains and Losses	(5)	52	157	57 ✓	100	60
-	-	-	- ✓	Loss on Sale of Assets	-	-	2	- ✓	-	4,336
12,269	**12,477**	**8,836**	**208** ✓	**Total Indirect Expenses**	**36,987**	**37,428**	**25,943**	**441** ✓	**149,168**	**140,998**
(10,844)	**(11,876)**	**(17,162)**	**1,032** ✓	**Total Surplus / (Deficit)**	**(38,032)**	**(39,262)**	**(39,750)**	**1,230** ✓	**(149,006)**	**(177,131)**

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

Overall the vaccination revenue and expenses net off to zero.

APPENDIX 4: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 30 September 2021

Un-audited 30-Jun-21 $'000		Group Actual 30-Sep-21 $'000	Group Budget 30-Sep-21 $'000	Annual Group Budget 30-Jun-22 $'000
490,730	Opening Equity	1,125,761	1,125,761	1,125,761
178,139	Net Equity Injections / (Repayments) During Year	9,557	9,557	151,139
537,624	Other Movements	-	-	97,357
95,481	Reserve Movement for Year	-	-	-
(176,213)	Operating Results for the Period	(38,032)	(39,251)	(149,006)
1,125,761	**TOTAL EQUITY**	1,097,286	1,096,067	1,225,251
-				
	Represented By:			
	Current Assets			
50,775	Cash & Cash Equivalents	6,072	32,478	120,487
750	Short Term Investments	750	750	750
107,157	Trade and Other Receivables	149,763	107,157	107,157
6,278	Prepayments	17,569	6,278	6,278
13,811	Inventories	14,253	13,811	13,811
15,095	Restricted Assets	14,920	15,094	15,094
193,866	**Total Current Assets**	203,327	175,568	263,577
	Less Current Liabilities			
-	Overdraft	10,039	-	-
1,682	Borrowings (Finance Leases Current)	1,682	1,682	1,682
158,379	Trade and Other Payables	166,604	169,208	155,219
15,111	Restricted Funds	14,924	15,111	15,111
381,697	Employee Benefits	392,939	381,696	381,696
556,869	**Total Current Liabilities**	586,188	567,697	553,708
(363,003)	**Working Capital**	(382,861)	(392,129)	(290,131)
	Non Current Assets			
16	Restricted Funds	16	16	16
4,253	Investment	4,163	4,253	4,253
1,541,081	Fixed Assets	1,532,032	1,540,513	1,567,699
1,545,350	**Term Assets**	1,536,211	1,544,782	1,571,968
	Non Current Liablilties			
7,544	Employee Benefits	7,375	7,544	7,544
49,042	Borrowings (Finance Leases Non Current)	48,689	49,042	49,042
56,586	**Term Liabilities**	56,064	56,586	56,586
1,125,761	**NET ASSETS**	1,097,286	1,096,067	1,225,251

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

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

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

Sundry debtors are high due to Covid-19 revenue accruals; invoices are being raised to the MoH in October.

APPENDIX 7: CANTERBURY DHB GROUP STATEMENT OF CASHFLOW

Un-audited 30-Jun-21 *$'000*		Actual 30-Sep-21 *$'000*	YTD Budget 30-Sep-21 *$'000*	Budget 30-Jun-22 *$'000*
	CASHFLOW FROM OPERATING ACTIVITIES			
(46,875)	**Net Cash from Operating Activities**	(48,505)	(2,634)	(56,903)
	CASHFLOW FROM INVESTING ACTIVITIES			
(78,847)	**Net Cash from Investing Activities**	(15,441)	(25,220)	(121,881)
	CASHFLOW FROM FINANCING ACTIVITIES			
183,463	**Net Cash from Financing Activities**	9,204	9,557	248,496
57,741	Overall Increase/(Decrease) in Cash Held	(54,742)	(18,297)	69,712
(6,966)	Add Opening Cash Balance	50,775	50,775	50,775
50,775	**Closing Cash Balance**	(3,967)	32,478	120,487

CPH&DSAC – 4 NOVEMBER 2021

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

TO: Chair & Members, Canterbury District Health Board

PREPARED BY: Anna Craw, Board Secretariat

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

DATE: 18 November 2021

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 4 November 2021.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from CPH&DSAC's meeting on 4 November 2021 (Appendix 1).

3. APPENDICES

Appendix 1: CPH&DSAC Draft Minutes – 4 November 2021.

MINUTES

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
held via Zoom
on Thursday, 4 November 2021 commencing at 1.00pm

PRESENT

Aaron Keown (Chair); Gordon Boxall; Catherine Chu; Rochelle Faimalo; Jo Kane; Rawa Karetai; Naomi Marshall; Yvonne Palmer; Fiona Pimm; Olive Webb; and Sir John Hansen (Ex-Officio).

APOLOGIES

An apology for absence was received and accepted from Tom Callanan.
An apology for intermittent attendance was received and accepted from Jo Kane(departed 2.30pm).
An apology for early departure was received and accepted from Sir John Hansen (2.30pm).

EXECUTIVE SUPPORT

Tanya McCall (Interim Executive Director, Community & Public Health); Dr Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat – Minute Taker).

EXECUTIVE APOLOGIES

Tracey Maisey (Executive Director, Planning & Funding).

IN ATTENDANCE

Kathy O'Neill, Team Leader, Primary Care, Planning & Funding

DRAFT

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no 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 (06/21)
(Moved: Aaron Keown/Seconded: Naomi Marshall – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 1 July 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

Item 2: Kathy O'Neill, Team Leader, Primary Care, Planning & Funding, provided a brief update on the recent announcement of the establishment of a Ministry for Disability. It was noted that when Ministers spoke of the Disability Directorate, they really praised the disability community for their advocacy over the past 10-15 years, in pushing for this and it is seen as a significant development for the Disability community. It is light on detail at this stage. They will develop their own strategic plan for disability and more engagement is expected as that establishes itself.

Ms O'Neill noted that another component to the announcement is the setting up of an Accessibility Governance Group. Issues of accessibility – around the built environment and things like accessible information – have been recognised nationally. The Accessibility Governance Group will look after these matters, with disabled people and their whānau engaged and part of the group. They will be establishing the Accessibility Framework for the country. This is an exciting initiative that will progress in coming months.

Ms O'Neill commented that we have been talking about Enabling Good Lives (*EGL*) and System Transformation for several years. We have had the School Leavers pilot of EGL here, which is no longer a pilot, but has been supported since 2013, and there are also pilots in Waikato and the Mid-Central. The Government have made a commitment to roll out System Transformation and EGL nationally across the sector. This is another huge commitment and radically changes the way that services and supports will be available and provided to disabled people and their whānau.

There was the suggestion that an invitation be extended to those establishing the new Ministry that if they wish to talk to one of the DHBs and a Disability Support Advisory Committee, that CDHB would be open to that.

It was suggested that it would be useful for an overview to be provided on the legislation relating to the new Ministry of Disability and its implications.

The carried forward action list was noted.

4. PLANNING & FUNDING UPDATE

Ms O'Neill presented the report, which was taken as ready.

A member observed that while the report advises whether things have been done, or not done, there is no sense of the outcome. For example, two FTE added to child and adolescent mental health services in terms of counselling, but it does not give any sense of whether that addresses waiting list needs, is a part solution, or just fills vacancies but the problem remains. Ms O'Neill undertook to provide this feedback to the team, so that when providing these reports in the future, authors will be mindful of identifying outcomes.

There was a request for additional information to be provided on Te Tumu Waiora – the rollout of the programme, who has access to it etc.

The Planning & Funding Update report was noted.

5. COMMUNITY & PUBLIC HEALTH UPDATE

Tanya McCall, Interim Executive Director, Community & Public Health, introduced the report, which was taken as read.

A member referred to commentary in the report advising that Minister Verrall "noted that since 40% of aggravated robberies in this country involve tobacco, we will have to navigate a difficult pathway where vaping remains part of the picture for the time being." The member commented that we need to recognise that a lot of those tobacco issues are not because of smokers, they are selling the tobacco to get money to get other drugs. The member believed you cannot map the need for vaping to the fact they are stealing tobacco.

There was a query whether the Getting Through Together programme is aimed also at people with disabilities who experience mental distress, particularly those with a learning disability or who are autistic? Ms McCall advised it has been used extensively across a range of the community. She undertook to come back with a response on whether it has been specifically targeted to the disability community.

The Community & Public Health Update report was noted.

6. FACILITIES AND ACCESSIBILITY ISSUES

Dr Jacqui Lunday-Johnstone, Executive Director, Allied Health, Scientific and Technical, advised that this is an important issue for the DHB because of the nature of the facilities development that is going on over a prolonged period of time. It is of great interest to the Disability Steering Group (*DSG*), and also the Accessibility Working Group.

Dr Lunday-Johnstone advised that we have a three pillars model, which is about trying to look at how we incorporate the experiences of users and also the subject matter expertise of people with accessibility training and skills, into the process that we engage in. This is to ensure that going forward we look at the issues around accessibility at the point of which a building/facility is being commissioned, whether it is a brand new build or whether it is the development of an existing building, to become a facility that we will use for patients in the delivery of service.

Dr Lunday-Johnstone introduced Dr Rob Ojala, Executive Director, Infrastructure. She noted that the Accessibility Group has a number of members of Dr Ojala's team on it, all contributing to the operationalisation of the three pillars model, looking at how we incorporate those elements at every stage of the facilities process.

Dr Ojala provided an overview of the current process, acknowledging it is dynamic and evolving. He noted the following:

- The internal health planning team is very experienced. For various projects we also engage with external consultant groups to provide design advice. That also involves consumers that have got a disability background, particularly in the design space.
- The Australasian Health Facility Guidelines updated their accessibility guidance in 2018 and this is used as a reference document as it is Ministry endorsed.
- Whilst we do not always end up with a package that meets all requirements, this is balanced as much as possible. Always up against budget issues as well.
- CCC requirements for accessibility fall well short of what we feel is needed. We are a health facility, so accessible toilets and accessible carparks, in terms of what the CCC require, are not what we would expect in terms of instructing our design group as to what we require.

Dr Lunday-Johnstone noted that as a follow up from the DSG, she raised the issue about the Australasian Health Facility Guidelines not being mandatory with the Director General for Disability at the Ministry of Health, to raise awareness that this puts DHBs in a challenging

position in not being able to create facilities that are fit for purpose and fit for the future, and that there is a consequence to that further down the track.

Discussion took place around the following:

- Whether conversations are being had with the CCC team.
- Accessible toilets in Waipapa.
- Standards being value managed out of projects. Getting in on the front foot with Wellington.
- Direction of opening for doors.
- Green Star and competing pressures for things to be environmentally sustainable going forward. Preference to get accessibility right over some of the spending going into Green Star ratings.
- Disability legal advocates who are not afraid to use litigation to advance human rights within the country. The cost of doing nothing and buying off values of accessibility is becoming an increasing risk.
- Accessibility for people with disabilities being something you can have as long as you can afford it. When you build buildings and create places, there are some things that are non-negotiable. Accessibility has to become non-negotiable. If we are going to have Government Departments take over our projects, who then make such basic errors, then we need to manage this risk.
- Speed bumps affecting ambulance rides.
- Staff members who know how to work with people with disability.
- Communication with hearing impaired patients.

The Facilities and Accessibility Issues update was noted.

7. CDHB COVID-19 VACCINATION PROGRAMME - DISABILITY

Allison Nichols-Dunsmuir, CDHB COVID-19 Lead, presented the paper which was taken as read. Discussion took place as follows:

- Trying to get disabled people vaccinated with urgency, but with dignity as well.
- Communication plans.
- Mental health vaccination rates.
- Working with primary care around people who are needle phobic.
- Impact of Health Order on the Disability Sector and the risk profile.

The CDHB COVID-19 Vaccination Programme – Disability report was noted.

8. DISAIBILITY STEERING GROUP UPDATE

Grant Cleland, Chair, Disability Steering Group (*DSG*), provided an oral update. He highlighted the following:

COVID Vaccination Roll-Out - Disability Community

- Thanked Ms Nichols-Dunsmuir and other DHB staff for the amazing job done with the roll-out of the vaccination programme with the disability community.
- Ms Nichols-Dunsmuir has been regularly reporting to the DSG and getting feedback, particularly from the community members, about the roll-out. Overall, people have been

really impressed and there has been a willingness to hear and also respond to feedback about any major issues that have been raised.
- Impressed with efficiency of the process and also the professionalism of staff in relation to meeting specific disability related needs.
- Things impacting on the roll-out to the disability community have included lack of data about disabled people in the health system, which in turn makes it difficult to find or contact people who are not particularly associated with services; people being able to receive information in a format that they can access; the fear about vaccine and how that will impact on someone's impairment or disability.
- Issues with accessing QR codes when entering premises.
- Concerns about the accessibility of vaccine passports in the blind and vision impaired community.
- Transport remains an issue for some.

<u>Progress on Implementation of Disability Action Plan</u>
- The COVID response has had an impact on progress with implementing the Disability Action Plan.
- Despite this, there has been progress with the following:
  - Developing a workplan for the Accessibility Charter.
  - Now have a point of contact with the Emergency Centre Control, which has helped to overcome the issue experienced in the first lockdown of there not being a single point to call if there was a need or an issue for disability people or the services working with the disability community.
  - West Coast Disability Steering Group.
  - Discussions with People and Capability around clinical staff training. There are very good resources around that from the Capital Coast DHB that have been shared. The DSG have agreed with staff to look at implementing that staff training as a way forward.
  - Regular monitoring continues. Starting to see people across the DHB taking more responsibility for actions within the Disability Action Plan.

Mr Cleland commented that as Chair of the DSG he has started to wonder whether it is time to have dedicated staff in relation to the implementation of the Disability Action Plan. It is difficult for staff at the moment to be doing this around their normal jobs. He noted that other DHBs (eg, Capital and Coast DHB) have a dedicated team that is working specifically on the response to the disability community.

Dr Lunday-Johnstone noted that whilst fully supporting Mr Cleland around building capacity, we are in financially constrained times in the DHB and FTE is under significant scrutiny. We have, however, been working with the People and Capability Team to include three new roles in the team around Diversity, Inclusion and Belonging. We have within that team someone with some lived experience of disability. While we are unable to create a role specifically for Disability, we are nevertheless looking at how we work collaboratively, which will give us opportunities to focus on things in terms of how our organisation more closely resembles the population it serves from a disability perspective, as well as from a diversity perspective and ethnicity perspective. Dr Lunday-Johnstone concluded progress is being made, even though it is not a specific appointment just about disability.

Sir John Hansen and Jo Kane departed the meeting at 2.30pm.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (07/21)
(Moved: Fiona Pimm/Seconded: Catherine Chu – carried)

"That the Committee:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1 and 2;

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.	DHBs and the Smokefree Aotearoa 2025 Goal	To enable a Minister of the Crown or any department or organisation holding the information to carry on, without prejudice or disadvantage, negotiations.	S 9(2)(j)
2.	National DHB Position Statement on the Sale and Supply of Alcohol Act	To enable a Minister of the Crown or any department or organisation holding the information to carry on, without prejudice or disadvantage, negotiations.	S 9(2)(j)

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."

INFORMATION ITEMS

The following information items were received:

- CDHB Public Health Report: Jan–Jun 2021
- CCN Q3-Q4: 2020/21
- Disability Steering Group Minutes:
  - 28 May 2021
  - 27 July 2021
- 2022 Meeting Schedule
- 2021 Workplan

There being no further business the meeting concluded at 2.35pm.

Confirmed as a true and correct record:

____________________ ____________________

Aaron Keown Date of approval
Chair

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: **18 November 2021**

Report Status – For: Decision ☑ Noting ☐ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 & 17 and the information items contained in the report;

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of public excluded meetings – 21 October 2021	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
4.	Service Change Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Contract Extension – Security Services	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Bad Debt Write-Off	Protect the privacy of natural persons.	s9(2)(a)

7.	Hillmorton Cook Chill Equipment Replacement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Older Persons Health & Rehabilitation Community Teams Relocation to Burwood Campus	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	CHL Stair 4 Earthquake Remediation Scope Change	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Electricity Supply Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	Microsoft Negotiations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	Draft 2020/21 Annual Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
13.	Updated 2021/22 CDHB Capital Intention	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
14.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
15.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
16.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s9(2)(a) s9(2)(j) s9(2)(h)
17.	Advice to Board • CPH&DSAC Draft Minutes *4 November 2021* • QFARC Draft Minutes *2 November 2021*	For the reasons set out in the previous Committee agendas.	

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

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.*