AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 17 June 2021 commencing at 9.30am

	Karakia		9.30am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 20 May 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*	9.40-10.00am
Reports for Decision			
6.	Committee Membership	Sir John Hansen	10.00-10.05am
7.	Delegations for Annual Accounts	David Green *Acting Executive Director, Finance & Corporate Services*	10.05-10.10am
8.	Submission on the Inquiry into Supplementary Order Paper No. 38 on the Health (Fluoridation of Drinking Water) Amendment Bill	Evon Currie *General Manager, Community & Public Health*	10.10-10.20am
Reports for Noting			
9.	Finance Report	David Green	10.20-10.30am
10.	Advice to Board: • HAC – 3 June 2021 – Draft Minutes	Naomi Marshall *Deputy Chair, HAC*	10.30-10.35am
11.	Resolution to Exclude the Public		10.35am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.35am**

NEXT MEETING
Thursday, 15 July 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*
Evon Currie – *General Manager, Community & Public Health*
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*
Dr Rob Ojala – *Executive Lead of Facilities*
Dr Helen Skinner – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*

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

BOARD ATTENDANCE SCHEDULE – 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	18/02/21	18/03/21	15/04/21	20/05/21	17/06/21	15/07/21	19/08/21	16/09/21	21/10/21	18/11/21	16/12/21
Sir John Hansen (Chair)	√	√	√	√							
Gabrielle Huria (Deputy Chair)	#	√	√	√							
Barry Bragg	√	√	√	√							
Catherine Chu	√ (Zoom)	^ (Zoom)	#	^ (Zoom)							
Andrew Dickerson	#	√	#	√ (Zoom)							
James Gough	√ (Zoom)	√ (Zoom)	√	√							
Jo Kane	^	√	√ (Zoom)	√							
Aaron Keown	√	√	√	√							
Naomi Marshall	√ (Zoom)	√	√	√							
Fiona Pimm			* (16/04/21)	√							
Ingrid Taylor	√ (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 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 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 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. **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. **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 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 May 2021 commencing at 9.30am

BOARD MEMBERS

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

APOLOGIES

Apologies for absence were received and accepted from Dr Lester Levy (Crown Monitor); and Dr Andrew Brant (Board Clinical Advisor).
An apology for early departure was received and accepted from Catherine Chu (10.50am).

EXECUTIVE SUPPORT

Dr Peter Bramley (Chief Executive); Savita Devi (Acting Chief Digital Officer); David Green (Acting Executive Director, Finance & Corporate Services); Becky Hickmott (Executive Director of Nursing); Mary Johnston (Chief People Officer); Ralph La Salle (Acting Executive Director, Planning Funding & Decision Support); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Karalyn van Deursen (Executive Director Communications); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

APOLOGIES

Apologies for absence were received from Dr Richard French (Acting Chief Medical Officer); Hector Matthews (Executive Director, Maori & Pacific Health); and Dr Rob Ojala (Executive Director of Facilities).

Gabrielle Huria opened the meeting with a Karakia.

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda
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 OF PREVIOUS MEETINGS

Resolution (10/21)
(Moved: Gabrielle Huria/seconded: Aaron Keown – carried)

"That the minutes of the meeting of the Canterbury District Health Board held on 15 April 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR'S UPDATE

Sir John Hansen, Chair, spoke regarding the current cyber-attack at Waikato DHB. He commented that this highlights the risks that DHBs are constantly under and this applies not only to health but also the whole of society around IT. He added that we will hear later in the meeting actions already underway in Canterbury.

He also spoke regarding the COVID vaccine. He commented that CDHB are delivering to figures agreed with the Ministry and in fact we have exceeded the agreed figure by 130%. He commented that there will be continuing work throughout June for our vulnerable people leading to a full rollout at the end of June/early July for Tier 3. Sir John added that this is a big piece of work with the electronic booking system falling into place and is performing as expected. There will be Marae based vaccinations taking place, not only for Tier 3 but later as we move forward. The scale of work is such that as we get into July/August the national figure is 50,000 vaccinations per day and in Canterbury our target will be approximately 37,000 per week. He noted the number of hours people are working and extended the Board's thanks to them.

In regard to the Health Reforms which have been announced, Sir John commented that there will be very dramatic changes over the next 12 months and it is quite clear from what we have been told that we should be working as much as we can to prepare the organisation for the transition to a South Island Region. He added that it is fair to say that we are still awaiting details around this.

The update was noted.

5. CHIEF EXECUTIVE'S UPDATE

Dr Peter Bramley, Chief Executive, advised as follows:

- With regard to the vaccine rollout, he added his huge thanks to those managing this. As of yesterday, they have delivered 41,850 doses throughout the community, which is the third highest in the country. He added that it should be noted that Canterbury has also had the challenge of significant vaccine doses required to support our managed isolation facilities as well as the international borders (including their close contacts) to ensure the safety of our community. In addition, we also have a very large health care worker community to keep safe in terms of the priorities we have been given. Dr Bramley advised that we have submitted a plan for the delivery of 92,000 vaccinations by the end of June and we are well ahead of this plan. He commented that the team is doing a really good job of getting the vaccine out to those who most need it and behind the scenes we are ramping up to achieve a rollout across the wider community into Tier 3 as Sir John has highlighted. From mid-June on we should be at 11,000 doses per week and by mid-July/early August we are looking to have on average 35,000 doses per week, so it is a very significant ramp up. All of the preparation is going on behind the scenes to ensure that Primary Care, GP Practices, Pharmacies, Marae etc are involved and we are working with Pacifica and all of our other key providers.

  The DHB is in the process of beginning to target some of the most vulnerable people in Tier 3. Aged Residential Care Facilities are beginning next week and in partnership with Iwi we are planning to run clinics on the Marae starting next weekend. This is a huge piece of work that the team is ahead of plan on and are doing a remarkable job of preparing us for the roll out across the community.

- There has been a significant increase in emergency presentations with more than 50 additional per day than six months ago. Dr Bramley added that we are not alone in this as the whole of

the country is experiencing significant increases in these presentations. In the last week this has translated through to significant additional admissions for acute care in our hospital settings as well as significant complexity that is seeing people staying longer or requiring a rehab bed, particularly in Burwood, for longer. He commented that both Christchurch and Burwood have been completely full in terms of bed availability and for that reason we have had to defer a limited number of elective cases to care for the acute cases in our community. He added that we absolutely dislike doing this and it should be noted that we only defer to ensure that we can provide the acute care our community needs.

Dr Bramley advised that since we have been alerted to the increased number of presentations in ED we have been doing a significant piece of work in a number of work streams, firstly to understand what is driving the increase in acute demand to help the system flow and also around how we support Primary Care to support our community and prevent hospital presentations. We are also working with ED on how they can manage the increase in presentations. Our lead for radiology is doing some work around access to diagnostics and we are working with Orderlies who are critical to the patient flow within the hospital. There are a lot of pieces of work and practical initiatives taking place. Dr Bramley commented that at this stage we are not entirely sure what is driving this, with all of the early indications being that it is multi-factorial. There is also pressure in Primary Care and challenges with complexity of care.

- NZNO have told us that they are intending to strike on Wednesday 9 June from 11am – 7pm. This will have a very significant impact in terms of our supporting care within the hospital world, so our teams led by Becky Hickmott are working to ensure we will cover those who choose to strike. Significant planning and conversations are taking place with our Union partners to ensure our community will be looked after safely and we will need to reduce the amount of planned care we can do.

- Following the cyber-attack on the Waikato DHB, awareness is heightened across DHBs. Savita Devi, Acting Chief Digital Officer, and her team, supported by the Ministry of Health and other DHBs, are ensuring we are picking up any learnings from up north. There has been a very thorough check of our systems and we are working with some of our providers also to make sure we are safe. This is not unusual as we are attacked about 1.5m times per week. The team has shown good preparation over the years and recently we have invested in "Crowd Strike" which provides us some additional protection for our system. Some months ago we asked PWC to undertake an external audit of our cyber security and fortuitously this is going to be presented to us on Friday.

- Close to completing our new Executive Management Team with Tracey Maisey commencing on 7 June and James Allison on 14 June. We now have three Executive Clinical Leads. Dr Bramley acknowledged those who have stepped up in the interim.

- A staff survey has been circulated for completion and closes on Sunday. Keen to understand from staff what is important to them, what we can do better and what the elements of culture are that we need to address.

Sir John apologised to Fiona Pimm for not acknowledging her attendance earlier and welcomed her to her first Board meeting.

A query was made regarding capacity that is not resourced. The Chief Executive advised that we manage our capacity around resourced beds as we cannot put someone in a bed that is not resourced. He added that there will also be a physical occupancy percentage as well. Burwood has been running at 100% capacity of resourced bed capacity. It was noted that teams are constantly reviewing this and where we can and where it is safe to do we try to add additional resource. He

added that we obviously have a plan from a planned care perspective and we try to resource our beds to match that plan.

A query was made regarding what is the piece of work being undertaken looking at Triage 4 & 5 presentations to ED? Dr Bramley advised that all of the triage levels relate to acute care presentations. Triage 4 & 5 are usually walk-ins. One thing we have found here in Canterbury is there is a significant rise in Triage 3 & 4 in the 18–50 year old age group which is somewhat surprising to us and we are working with Primary Care, After Hours and PHO's to try to understand why they feel the need to present at ED. He added that we have already put additional resource into ED to prevent this turning into bed demand, however, in the last couple of weeks we have had more demand for beds.

Sir John commented that some time ago there was some work done around reducing these numbers and increased the people being dealt with in General Practice and there appears to be some slippage around that. At the Chair's quarterly meeting last week no one can put their finger on why this is happening and the age group. It was noted that this is a concern for the whole system nationally.

A query was made around access to GPs and whether there is a national piece of work taking place around this. Sir John confirmed that there is national work being undertaken around this, but it is not a simple piece of work. Dr Jacqui Lunday-Johnstone, Executive Director of Allied Health, Scientific & Technical, advised that this is a whole of system challenge and there are lots of opportunities here.

A query was made regarding the roll out of a communication plan around COVID. Sir John commented that it is fair to say that there is a level of confusion in the messaging from the centre. There is now the ability for us to do some local communications. Dr Bramley added that we have been actively communicating with PHOs, GPs & Pharmacies, but there is definitely more work to do particularly around the clarity of things for our wider community around roll out etc.

It was raised that discussions had taken place previously around different strategies that could be used and this has not seemed to take place. Dr Bramley commented that we will be doing these things, but it is too early yet. In terms of the plan, this will kick in mid to late June and through August. He added that the piece Sir John is encouraging us to do is around communications particularly to our health care providers.

A query was made regarding NICU numbers and how sustainable this is. Dr Bramley commented that our neo natal service is a South Island and lower North Island service and also part of a national service. We are not alone in terms of demand across the country. This has been an unusually busy period for demand and we are working closely with our midwifery lead and maternity team to ensure we are providing a supported environment during this high demand period.

A query was made regarding the National Bowel Screening programme. With a 60% target we are doing really well at 58%, however, in terms of Maori participation at 49% what is the likelihood of pushing out the marketing to the Maori people and getting into tribal and marae Facebook pages?. Dr Bramley commented that we are particularly concerned regarding the equity lens across this. Ralph La Salle, Acting Executive Director, Planning Funding & Decision Support, provided the meeting with some information around details of the programme and discussion took place regarding the Board's move to lead a programme targeting Maori aged 50 and over. Dr Bramley commented that equity is certainly top of mind for us and we have raised this nationally. Our challenge is to get the programme launched and underway and make sure we get the coverage across that 60+ age group and also ensure we have the capacity to do the testing.

A query was made regarding the emergency presentations putting pressure on electives and post COVID the government putting some additional funding in to catch up elective numbers. We do not have the ability to catch up due to additional presentations, so is the Ministry considering additional funding or rolling over funding for next year also? Dr Bramley advised that additional

funding is quite targeted and this funded work has essentially been delivered. He added that the numbers of electives deferred are quite small with 41 last week and at this stage we should be able to manage the catch-up within our capacity. However, if rolling strikes start this will need to be planned and potentially funded additionally.

The Board noted that there is going to be a second tranche of catch-up funding in the coming year which has not been identified as yet.

A query was made regarding capacity and winter planning. Dr Bramley commented that it has been a confusing couple of years and all of the experts seem to be indicating that it is unlikely that there will be a flu season again this year. We have tried to build this into our planning and modelling, and making sure we are supporting this into the future.

A query was made regarding whether there has been an increase in charges at afterhours clinics. Dr Bramley commented that this is an element of the puzzle that we are exploring. There are always a number of patients that present for reasons of financial challenge, but we need some more investigations around this. We are working with Primary Care around whether we can do more proactively to support the delivery of acute care in primary care settings.

Sir John commented that he understood that the 24 hour clinic is close to capacity. Dr Bramley advised that this is also being looked at.

Discussion took place regarding the risk that people delayed in getting appointments could be presenting acutely.

A query was made as to whether the ED pressures are part of a circular problem due to the bed shortages etc. Dr Bramley commented that there is always the risk that those deferred could present acutely, however, evidence is not indicating this and we are deferring very few cases.

The Chief Executive's update was noted.

6. TRANSALPINE HEALTH DISABILITY ACTION PLAN 2020-2030

Dr Lunday-Johnstone presented this report which was taken as read. She commented that this is a very positive piece of work undertaken with the Disability Steering Group and people with disabilities and their whānau. It is value based and value driven and underpinned by the principles of Enabling Good Lives. She paid tribute to the people who have pulled this together across Canterbury and the West Coast.

There were many positive and complimentary comments regarding the action plan and the comment was made that it is important that this be carried forward with the new health reforms. Dr Lunday-Johnstone confirmed that she has already had some discussions with the Deputy Director General of Disability around this.

Resolution (11/21)
(Moved: Aaron Keown/seconded: Naomi Marshall – carried)

"That the Board, as recommended by the Community & Public Health & Disability Support Advisory Committee:

i. formally endorses the Transalpine Health Disability Action Plan 2020-2030; and
ii. notes the actions being undertaken in the Work Plan for 2020 – 2021."

7. CDHB SUBMISSION: MENTAL HEALTH (COMPULSORY ASSESSMENT AND TREATMENT) AMENDMENT BILL

Dr Bramley presented this submission, which was taken as read. Dr Bramley advised that this has been through our clinical teams who support it.

There was no discussion.

Resolution (12/21)
(Moved: Ingrid Taylor/seconded: James Gough – carried)

"That the Board:

i. approves CDHB's submission to the Health Committee on the Mental Health (Compulsory Assessment and Treatment) Amendment Bill."

8. FINANCE REPORT

David Green, Acting Executive Director, Finance & Corporate Services, presented the Finance Report for the month of March which he advised had been discussed in detail at the last QFARC meeting. He advised that the consolidated financial result for March, excluding the impact of Covid-19, Holidays Act compliance, and gain on sale of the Bus Super Stop, was slightly unfavourable to plan by $3.092M (YTD $0.636M unfavourable). He added that significant savings are budgeted for the rest of the year.

A query was made regarding "other revenue" and it was noted that this was a result of part of the tunnel expenses from last year.

A query was made as to where the point is to decide where overtime is used vs additional resource to protect our staff. Dr Bramley commented that obviously staff wellbeing is a key concern for us and obviously sustained demand places a lot of pressure on our teams. We are doing a lot of work at the moment with our Nursing and Allied Health Leads across clinical services to ensure our rosters are rightly resourced to support the demand in that work place. He also commented regarding the national programme under CCDM which is being rolled out across our Nursing areas and some of our Allied Health areas which is all about managing resource to the level of acuity. This will give us insights into where there might be sustained gaps we need to cover.

Resolution (13/21)
(Moved: Sir John Hansen/seconded: Ingrid Taylor – carried)

"That the Board:

i. notes the consolidated financial result for March excluding the impact of Covid-19, Holidays Act compliance, and gain on sale of the Bus Super Stop is unfavourable to plan by $3.092M (YTD $0.636M unfavourable);
ii. notes that the YTD impact of Covid-19 is an additional $0.976M net cost;
iii. notes that the YTD impact of the Holidays Act compliance is an additional $13.275M expense, and the full year impact is estimated to be approximately $18M; and
iv. notes the one-offs comprise the $4.2M loss on sale relating to the carpark land, offset by a $1.2M gain on sale of land for the council's Bus Super Stop."

9. MAORI & PACIFIC HEALTH PROGRESS REPORT

Janice Donaldson, Portfolio Manager, Maori Health, Planning & Funding, presented this report which was taken as read.

Board member Jo Kane had submitted some questions via e-mail and it was agreed that these be collated and provided to the next CPH&DSAC meeting.

A query was made regarding breast feeding and smoking rates for Maori women which is five times higher and the comment was made that there does not seem to be much change in the smoking statistics in 25 years and can this Board make a commitment to changing this.

Ms Donaldson commented that although smoking rates have dropped, this is not so much in pregnant women where Maori are still 12%. A lot of work has taken place to address this, but it is a very slow process.

Sir John commented that Manawhenua ki Waitaha are also looking closely at this and in the next 12 months we should look at ways we can turn this around as far as possible.

A query was made regarding the great improvement in breast screening and whether this was due to the influence of the national programme. It was noted that this was because of a strong focus locally and the matriarchs of families and the way the programme was rolled out. It was noted that it is important to note that there is still a gap in this area.

Discussion took place regarding the enrolment of Maori and Pacific people where the census figures state that 18% of Maori are not enrolled and whether the data gives us any age breakdown for this. It was noted that it is important to have hard data around this to improve it.

Ms Donaldson advised that there seems to be about an 8% gap between the projected Statistics NZ population and the registered and enrolled population of Maori in Primary Care, yet there are some possible reasons for this in that some people may have changed their ethnicity; their ethnicity has not been recorded, or they have not been asked the question.

Resolution (14/21)
(Moved: Sir John Hansen/seconded: Aaron Keown – carried)

"That the Board:

i. notes the Māori and Pacific Health Progress Report."

Catherine Chu departed the meeting at 10.50am.

10. ADVICE TO THE BOARD

Community & Public Health & Disability Support Advisory Committee (*CPH&DSAC*)
Aaron Keown, Chair, CPH&DSAC, provided an update to the Board on the Committee meeting held on 6 May 2021. He advised that a couple of the main items – (Maori Health and Disability) have already been covered earlier in the meeting and he would take the rest of the draft minutes as read. He gave special thanks to Evon Currie, General Manager, Community and Public Health, who is retiring in June and the work she had done over the years for this Committee.

Discussion took place regarding the importance of access for people with a disability and with the recent announcements around changes in the health sector it is important that the work done here is not lost.

It was agreed that a paper be prepared for Board endorsement to send to the Ministry of Health Infrastructure Team to address building code standards which are to the detriment of the disability community ("building prejudice").

The draft minutes were noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (15/21)
(Moved: Ingrid Taylor/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 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 – 15 April 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.	MoH Quarterly Financial Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	2021 / 22 Annual Planning Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	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)
8.	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)
9.	Advice to Board • QFARC Draft Minutes *3 May 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 10.55am.

_____ _____

Sir John Hansen, Chair Date of approval

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 17 JUNE 2021

DATE	ISSUE	REFERRED TO	STATUS
15 Oct 20	Review of CDHB/Manawhenua MOU	Dr Peter Bramley	Under action.
20 May 21	Update on the "Grow Programme" moving forward.	Mary Johnston	Today's agenda – Item 11PX
20 May 21	Collective Bargaining schedule.	Mary Johnston	Today's agenda – Item 11PX

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

DATE: **17 June 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.

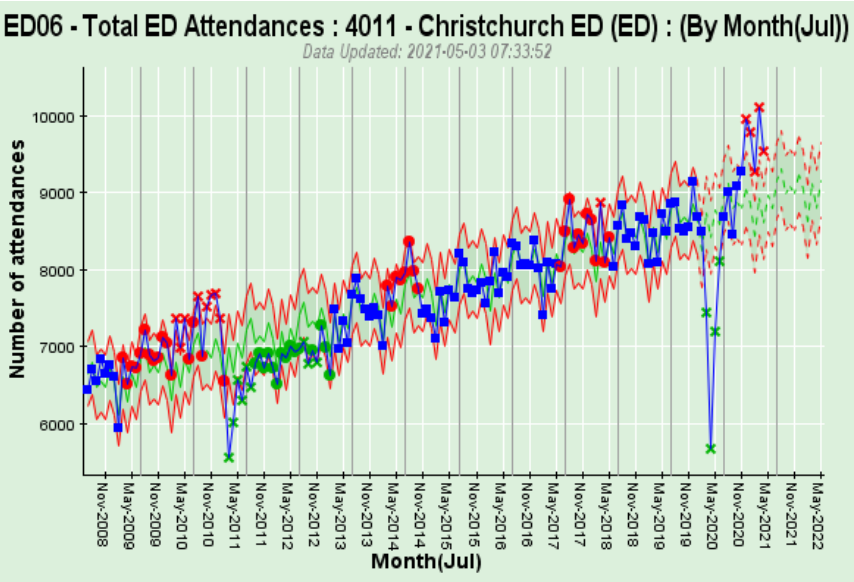
3. DISCUSSION

MEDICAL / SURGICAL SERVICES

Service Delivery/Performance

The **Emergency Department** is the front door of the Hospital System in Christchurch for most acute patients.

- The increase in Emergency Department presentations that began in October 2020 continues with more than 9,500 presentations in April 2021. There were more presentations in the first quarter of 2021 than any other previous quarter. The most significant uplift has been in triage 4 and 5 presentations.

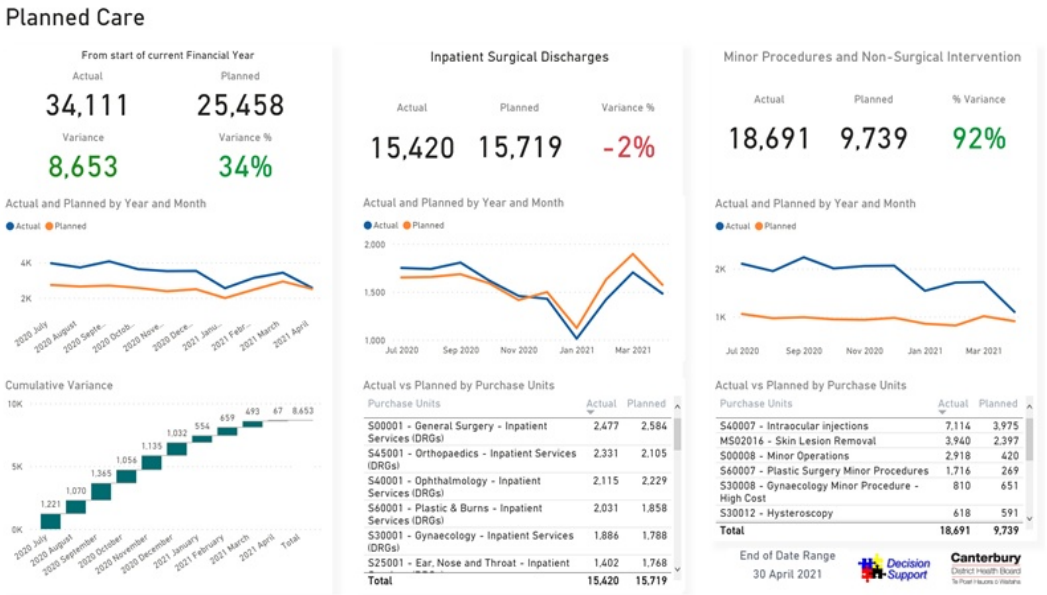


Outpatient Attendances

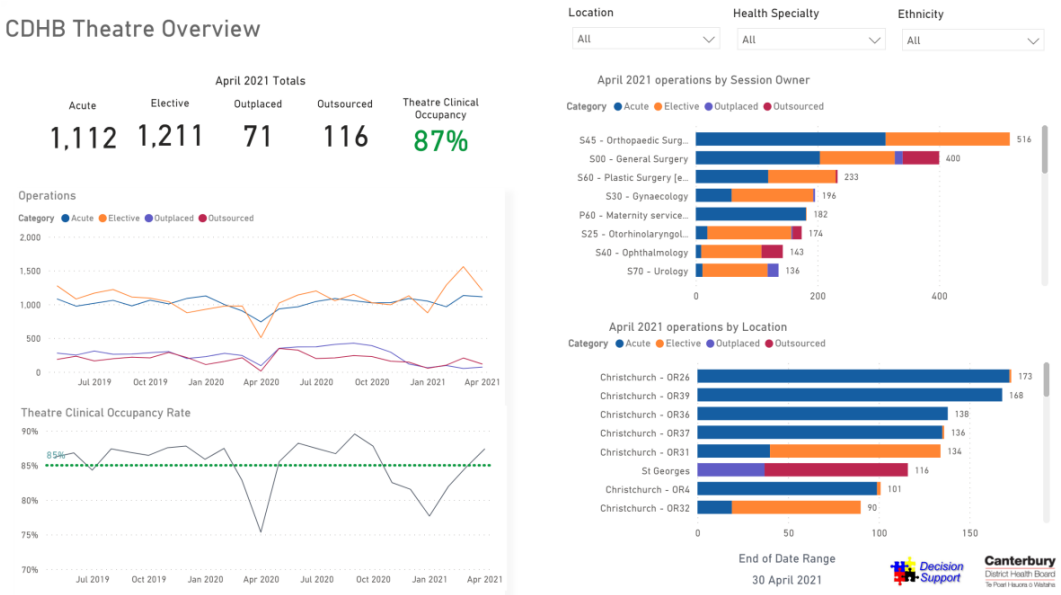
- COVID-19 lockdown was associated with a significant long-term reduction in the number of outpatient events at Christchurch Hospital.
- Focussing solely on the April 2021 results – there were 32,447 outpatient events, 8,600 more than in COVID-19 lockdown affected April 2020 – this number will grow slightly as records are processed.
- Looking at New Patient appointments alone, there were 7,525 events in April 2021, 3,379 more than in April 2020.

Planned Care

- At the end of April Canterbury District Health Board was 299 planned surgical discharges behind the phased target, having provided 15,420 surgical discharges against a target of 15,719 after having been 220 behind target at the end of March.
- While the first and last weeks of the month saw a fall-off in planned care volume associated with public and school holidays there was some catch up in the middle of the month.
- At the end of April CDHB is exceeding target for minor procedures in hospital settings having delivered 1,922 as inpatients (701 ahead of target) and 9,714 as outpatients (3,459 ahead of target).



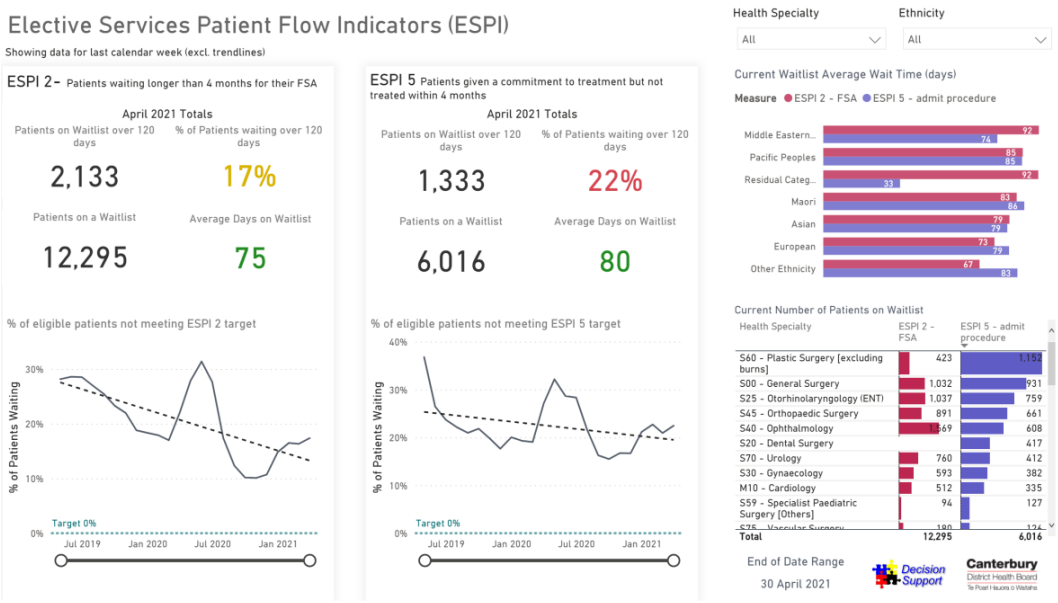
Use of theatre capacity



- Outplaced operating ceased from 7th December (except for Dental which continued until 25 February), however some outplacing is now occurring again in mitigation of Anaesthetic Technician constraints.
- Anaesthetic Technician capacity continues to constrain operation of the theatre schedule. This has been one factor considered in planning towards achieving planned care targets for both 2020/21 and in 2021/22. The constraint is being addressed in many ways including: use of agencies to recruit international staff alongside our work in the domestic market, closely managing leave allocations, use of casual capacity, restricting the closing time of those COS lists that usually run into the evening during June, restricting out of theatre duties, not automatically backfilling vacated lists and outplacing operating sessions to private hospital settings.

The CDHB Improvement Action Plan 2020/21

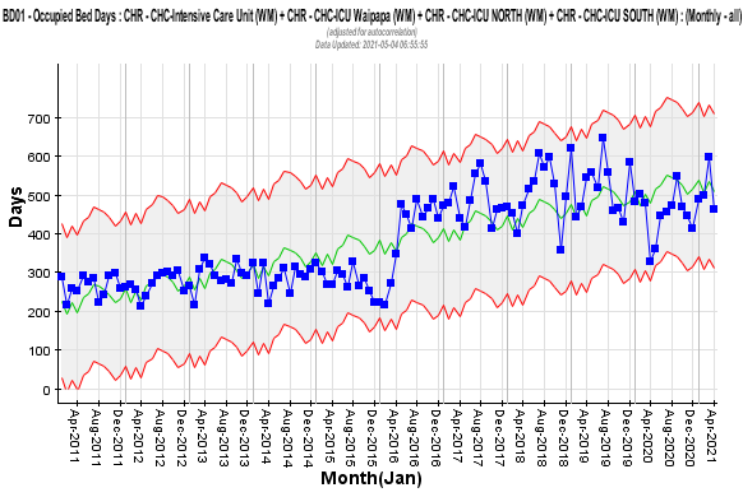
- Provides a weekly target for the number of patients waiting longer than 120 days. For **First Specialist Assessment** there were 2,133 people waiting longer than 120 days against an overall target of 536 at the end of April. This is an increase from 2,018 at the start of April. Services are aware of and committed to meeting the plan's ultimate target and there are a multitude of actions now occurring.
- A similar pattern applies to ESPI 5 – which relates to waiting time for surgery or other treatment.



ICU Occupancy

Measure	Number Feb-20 to Apr-20	Number Feb-21 to Apr-21
ICU 10am occupancy >21 (days)	5	15
ICU 10am occupancy >25 (days)	-	2

- ICU provided 462 bed days of care during April. This is in line with values over the past year – and generally lower than experienced in 2019 and early 2020.

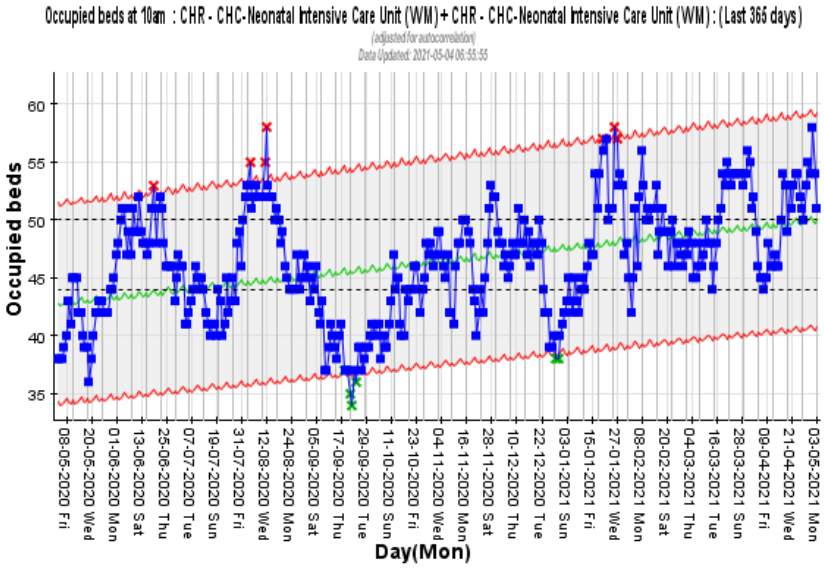


- There were only two days during April when ICU occupancy affected flow of elective surgical patients.

NICU Occupancy

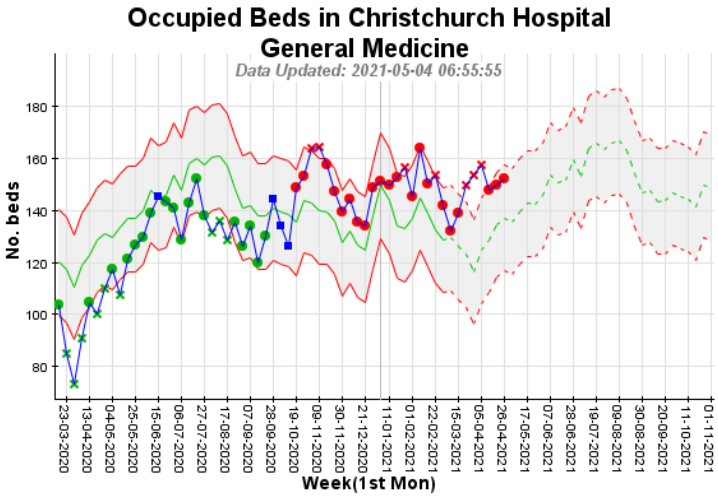
Measure	Number Feb-20 to Apr-20	Number Feb-21 to Apr-21
NICU 10am occupancy >44	28	86
NICU 10am occupancy >50	6	38

- During April, 10am occupancy of neonatal intensive care was 50 or more against a resourced capacity of 44 on 15 out of 30 days and never less than 44. This occupancy does not include mothers and babies that are overflowed to maternity, paediatric beds or to other units around New Zealand.



General Medicine Care Periods

- Occupancy has been higher than expected during the recent spring and summer months. This has contributed to patient flow issues for medicine, with many General Medical patients overflowing into non-medical wards.



- The comparator period in the table below is from 2019, due to the reduction in activity driven by the COVID-19 lockdown in 2020 making this period an unsuitable comparator.

Measure	Number Feb-19 to Apr-19	Number Feb-21 to Apr-21	Change (%)
General Medicine Care Periods	3,944	3,821	-3%
LOS for discharges from Gen Med (excl. daycases and leave)	3.70	4.19	+13%
Gen Med - number of days with occupancy >135	75	89	+19%
Gen Med - number of days with occupancy >150	59	86	+46%
Gen Med - number of days with occupancy >180	7	37	+429%

- General Medicine occupancy has regularly sat between 160 and 200 patients in hospital since the beginning of 2021, against a home ward footprint of 135. General Medical teams are rounding on patients distributed across many wards (typically seven wards distributed over three buildings), which is impacting on the time it takes to complete these rounds.

Dermatology

- Despite ongoing vacancies patients accepted for outpatient appointments are being seen within 100-days
- Two new Registrars have now completed their orientation and are seeing patients on their own in clinic.
- A retired Dermatologist has returned, to providing two clinics a fortnight.
- The general practitioner has settled into their role conducting a skin monitoring clinic for immunosuppressed patients. This frees the consultant Dermatologist to focus on the more complex first specialist assessments.
- Inpatient referrals to Dermatology are now provided electronically via Cortex.
- Representatives from the department are engaged with the Ministry of Health, highlighting workforce issues throughout the country.

Women's Health

- 135 inductions of labour through the month (including acute) in 84 schedule elective spaces. Use of oral misoprostol has continued to ensure women are going into labour quicker which is positive for them and the service with such large volumes.
- 472 Births in April as of 30th April at 10.00 am (average month is approx. 430). Mid-month there was a 12-hour period of close to gridlock across the maternity service including all community units at or near capacity.

Medical Surgical

- Preparation is well under way for the full Canterbury DHB certification audit at the end of June.

Equity

Allied Health

- **Child Development Service** Kaitautoko is engaging with whānau who do not attend; working well with home visiting to discuss barriers. Joining whānau with appointments to ensure attendance at Child Development Service and hospital appointments.

Diabetes

- Pilot of Māori Registered Nurse in a previously designated Māori Health Worker role, has been successful and transitioned into a permanent position.

Emergency Department

- A Māori Health Worker who is new to the Canterbury DHB is now fully orientated and part of the Emergency Department team.

Urology

- Urology is the pilot service in support of the development of the Canterbury District Health Board Hauora Māori Equity Toolkit. The project is currently focusing on four domains to better understand what the deliverables are and to start releasing value for Māori patients.
- The Outpatient wait list report now includes ethnicity data and this is really helping understand attendance rates and when appointments are booked.

Women's Health

- Review of access to the Gestational Diabetes Clinic in the pregnancy service has found noted 70% of women are Indian or Chinese and only 8% identified as Māori.

SPECIALIST MENTAL HEALTH SERVICES

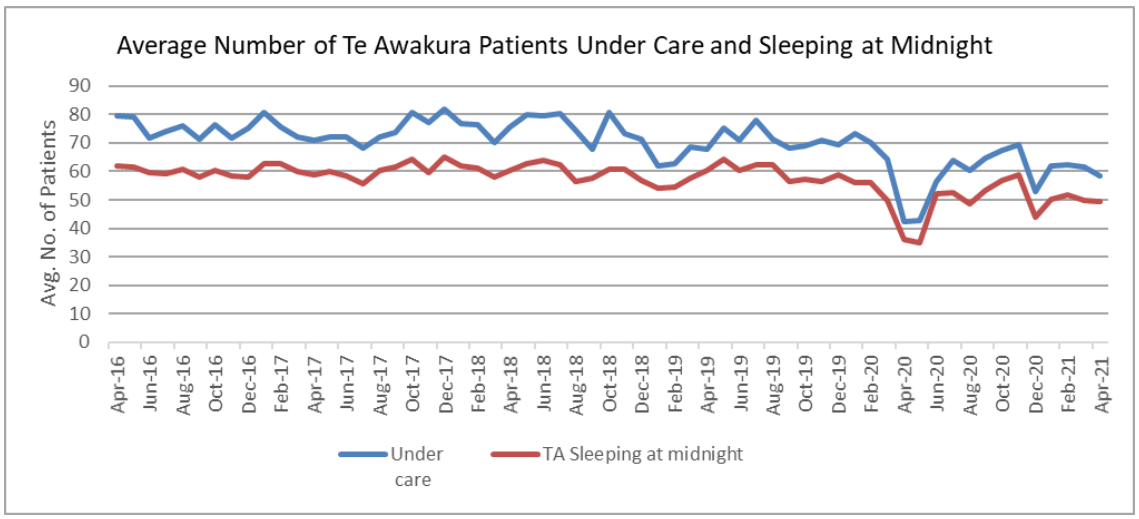
AT&R (Assessment Treatment and Rehabilitation) facility progress: The development of a facility for consumers under the Intellectual Disability Compulsory Care and Rehabilitation Act (IDCC&R) will soon be occupied. This new-build extends and significantly improves the current facility with the provision of 'living pods' for consumers. Each contains a bedroom, living area and ensuite with a small outdoor courtyard. A date for a phased transition into the unit is yet to be finalised.

Te Kahui Pou Hauora Māori: A focus on improving outcomes for tangata whai ora (our Māori consumers in search of wellbeing) has led to review and strengthening of Te Kahui Pou to create a broader cultural leadership role. The group was originally set up to govern Te Korowai Atawhai ('the cloak of loving care') which provides Māori cultural services via Pukenga Atawhai within Specialist Mental Health Services. The group has now expanded to play a wider role as a platform for cultural leadership in the Division. It has cross-health system representation and bringing in members from Christchurch Hospital and the community has provided greater depth.

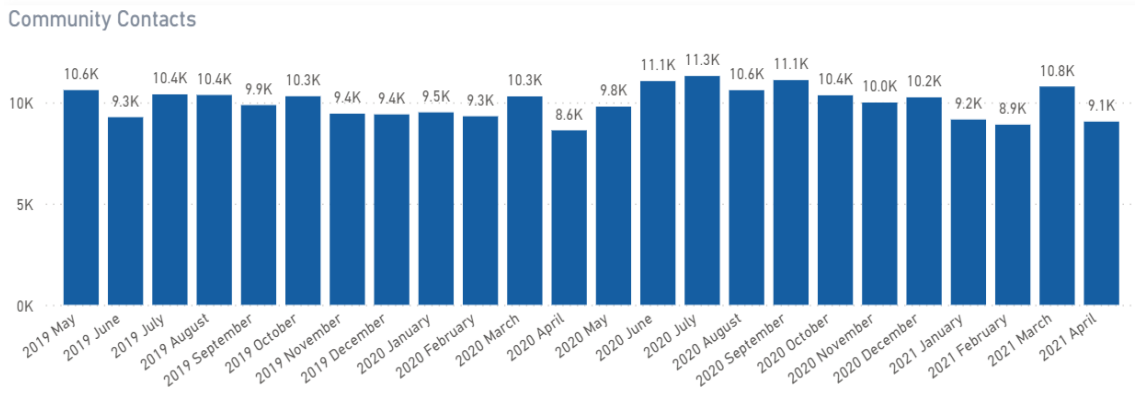
Service Delivery/Performance

In April there were 166 admissions to Specialist Mental Health Services and 14,963 contacts with 4,387 individuals.

Adult Acute: Optimal occupancy within adult acute inpatient services is 85%. Te Awakura, the adult acute inpatient unit is a 64 bedded unit. Efforts to reduce occupancy as part of managing COVID and creating a more therapeutic environment have been embedded, resulting in sustained decrease in occupancy.

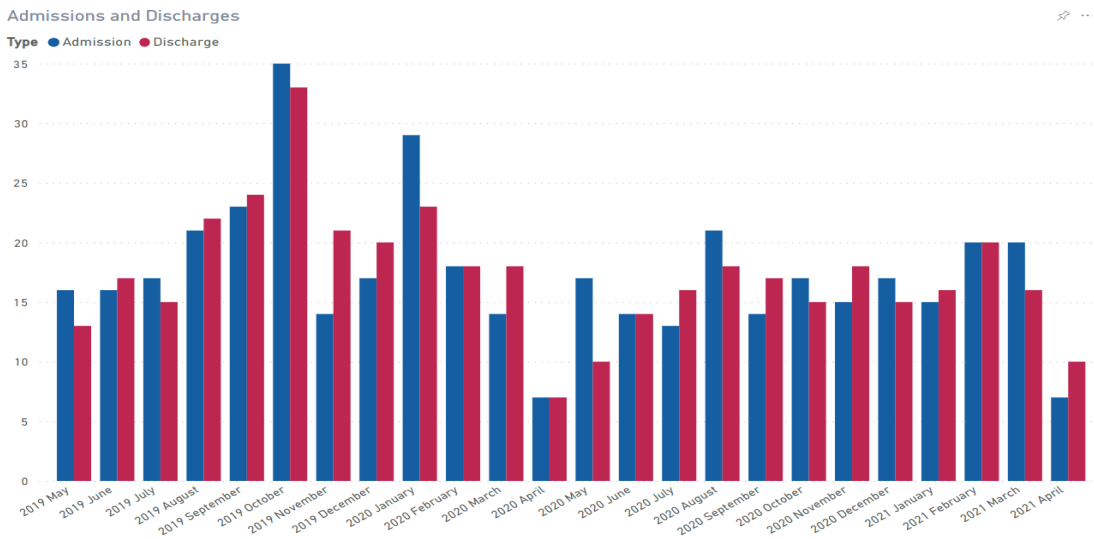


Adult community contacts

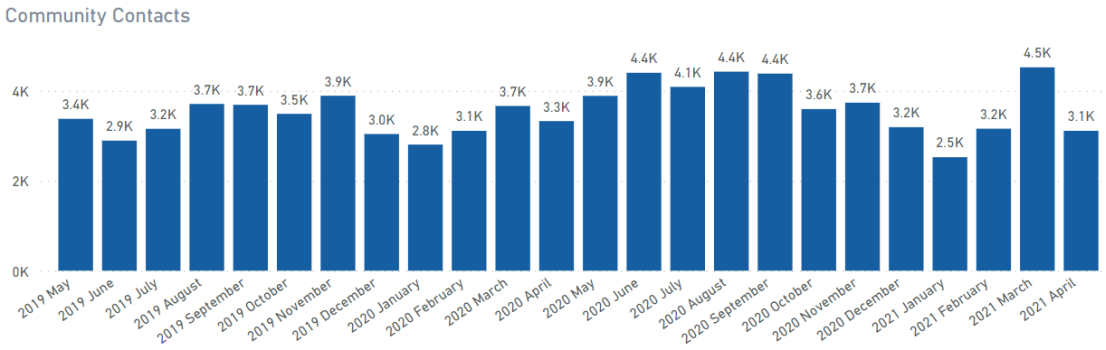


Child Adolescent and Family

Admissions and discharges are represented in the first figure and community contacts in the second figure below.



Community contacts



Quality & Safety

Adverse events: There is a national campaign supported by the Health Quality and Safety Commission to reduce the amount of seclusion for inpatients. While there have been significant reductions in seclusion, the nature of our facilities does not support best practice with lack of space and ability to provide physical separation and de-escalation.

PLANNING, FUNDING & DECISION SUPPORT

Service Delivery/Performance

Te Tumu Waiora Rollout Continues to Gain Momentum: We continue to support the rollout of the Te Tumu Waiora service across Canterbury. The national expectation for 2020/21 was 17 FTE Health Improvement Practitioners and 24.6 FTE Health Coach/Support Workers. As at the end of April we have recruited 17.7 FTE Health Improvement Practitioners, 12.4 FTE Health Coaches in practice. With new practices coming on board over the past two months, recruitment is underway for a further 4.1 FTE Health Coaches and are beginning to focus on the recruitment of Support Workers who we anticipate will be in place before the end of Quarter 4. Based on initial data for the first six months of service, approximately 13% of people seen by Health Improvement Practitioners were Māori, 3% Pasifika, and 6% Asian. For Health Coaches approximately 17% of those seen were Māori, 6% Pasifika and 3% Asian.

Breastfeeding Action Plan: The team are supporting the development and implementation of a Breastfeeding Action Plan which will prioritise evidence-informed activity that has a proven impact on breastfeeding rates for women in Māori, Pacific and high deprivation populations.

Oral Health Enrolments: While oral health enrolment rates have been improved over the past two years we still have work to do to reach national targets and lift engagement with our Maori and Pacific populations. A new process has been introduced to increase enrolment rates.

Colonoscopy Waiting Times: Our team continues to work hard to implement and drive several workstreams to reduce wait times for colonoscopies in Canterbury, supporting the gastroenterology service team and participating in fortnightly and monthly improvement meetings with the Ministry of Health. A business proposal was put forward to increase internal colonoscopy capacity which has been approved, securing two additional endoscopy procedural rooms that will be opened over the next 12 months (aligned with workforce capacity coming on stream) with the first in July 2021 and the second in January 2022. This new capacity will enable the team to undertake a further 2,500 colonoscopies/gastroscopies over the next 12 months, which will significantly reduce wait times.

There are currently 430 people waiting longer than the national wait time targets in Canterbury. We continue to closely monitor waitlists, encourage the service to focus on those with the longest waits and have outsourced additional colonoscopies to a private provider to make inroads where we can until the new capacity comes online. We are also pleased to have been able to agree an arrangement with the South Canterbury DHB to take some of the Ashburton demand to assist us during this challenging time.

Elective Services Patient Flow Indicators (ESPIs): ESPI and follow-up compliance continues to be a significant issue for the Ophthalmology Service which has lost 2.8 FTE of SMO resource over the last seven months. Improvement opportunities have been identified including running nurse-led follow-up clinics to free up SMOs, aligning the CPAC score for cataracts with other DHBs, and updating referral and service criteria information on HealthPathways to better guide community optometrists. It is likely the service will require some cataract surgery to continue to be outsourced due to the drop in SMOs capacity.

Emerging Priorities – Areas of Focus

MMR Vaccination Campaign: Due to the prioritisation of the COVID-19 vaccine roll out, the Ministry of Health have advised DHBs to place the national Measles catch-up programme on hold with the aim of refreshing this in October 2021. We are currently working though what this means for our DHBs programme and anticipate continuing our focus on our high-need and Maori and Pacific populations, working with general practice to support opportunistic vaccination to still occur. Initial data reviews identified around 35,000 people in Canterbury did not have an MMR recorded on the National Immunisation Register. Of this group around 2,800 young people have since been vaccinated.

Influenza and COVID-19 Vaccinations for Older People in Aged Residential Care (ARC): The team are working closely with the Aged Care Sector and ARC providers to support the planning for rolling out the COVID and Influenza vaccination programmes in ARC for both residents and staff.

ALLIED HEALTH SCIENTIFIC AND TECHNICAL

Secured funding from the Ministry of Health for additional Occupational Therapist resources in the Child Development Service has enabled the reduction in its waiting list from 190 children in January 2021 to 100 children by April 2021. By changing the model of care the service can now ensure all new referrals are now seen well before 100 days.

COMMUNITY AND PUBLIC HEALTH (PUBLIC HEALTH DIVISION)

Supporting returnees in Managed Isolation and Quarantine Facilities (MIQFs): Community and Public Health's day to day involvement with the Christchurch MIQFs took a somewhat different turn recently when we were advised of a group of 51 passengers from Apia who had been diverted to Christchurch due to a lack of space in Auckland's MIFQs. This meant that many in this group were feeling isolated from their family and community supports in Auckland.

Community and Public Health contacted Tangata Atumotu Trust, a Pasifika Health and Social Services provider in Christchurch. We have an excellent working relationship with the Trust and as a result were able to activate an immediate response.

The Trust worked with the support of the local community to provide winter essentials including warmer layers, and home-cooked Samoan meals for all ex-Apia passengers.

A number of other needs among this group of returnees were identified by staff which were also addressed, with the support of Tangata Atumotu Trust.

Programme to support wāhine Māori: Te Hā– Waitaha Smokefree Support has been working on an incentivised stop smoking programme with the purpose of reaching and retaining our young wāhine Māori (18-30 years). Smoking prevalence has been steadily declining across all populations over the past several years. However, prevalence among young wāhine Māori has not declined to the same degree as other groups. Current smokefree interventions have had limited effectiveness in reaching this priority group and so an innovative approach must be taken.

We have called our new 10-week programme He Puna Māreikura. The programme specifically targets young wāhine Māori in a way that is relatable, and acknowledges the many complexities and challenges faced by this group. The programme provides tailored smokefree support and monetary incentives for each enrolled young wāhine Māori who successfully reaches smokefree at 4 weeks (from the target quit date) and maintains smokefree status throughout the duration of the programme.
The concept was piloted end of 2020 with 100% success. The purpose of He Puna Māreikura is to address the disproportionate rate of smoking among this population in a setting that is run by Wāhine Māori for Wāhine Māori enhancing mana along the way.

Wāhine Māori have the highest smoking prevalence of any group in NZ with just under one third daily smokers. Lung cancer is the leading cause of mortality for Wāhine Māori, and they are more than four times as likely to die of lung cancer compared to non-Māori. 14 – 15-year-old kōhine have the largest inequity among daily smokers with kōhine smoking at 8.5 times the rate of non-Māori.

This inequity continues into pregnancy. In Canterbury in 2019, wāhine Māori were three times more likely to smoke at first registration with a Lead Maternity Carer than Pasifika women and almost 5 times more likely than Pākehā women. Smoking in pregnancy has significant negative impacts including an increased risk of preterm birth, low birth weight, underdevelopment of organs, birth defects, learning and behavioural difficulties and developmental delays. It is also the leading cause of Sudden Unexplained Death in Infancy.

Transfer of drinking water regulatory functions: The drinking water regulatory function currently sitting with Public Health Units will transfer to Taumata Arowai, the new drinking water regulator in November this year.

In September 2019, the government agreed to create a new water services regulator to administer and enforce the new drinking water regulatory system. The impending transfer of drinking water functions from PHUs to a stand-alone authority has meant that since September 2019, there has been no

training offered for new Drinking Water Assessors (DWAs). This has meant that as DWAs leave PHUs, they have been unable to be replaced.

Since the government's announcement, CPH's Christchurch office has had over half of its DWA workforce resign to take up positions with other entities. CPH has therefore been in discussions with the Ministry of Health about the impact of the resignations on drinking water service delivery. The outcome of these discussions is that the Ministry of Health has agreed that CPH will only carry out identified high priority drinking water activities. The prioritisation of drinking water activities is based on a public health risk assessment and includes responding to transgressions/incidents, registration activities, Annual compliance and Water Safety Plan activities.

COMMITTEE MEMBERSHIP

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 June 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

With the appointment of Fiona Pimm as a Canterbury DHB Board member this paper seeks approval for her to be added to the Canterbury DHB Advisory Committee membership.

2. RECOMMENDATION

That the Board:

i. confirms the appointment of Board Member Fiona Pimm to the Community and Public Health and Disability Support Advisory Committee; and
ii. confirms that the term of this appointment is until December 2022 or until such time as the Board is replaced by a regional entity.

3. SUMMARY

As Board members are aware, Ms Pimm was appointed to the Board from 16 April 2021. As Chairman, I am recommending to the Board that Ms Pimm be appointed to the Community and Public Health and Disability Support Advisory Committee.

Final approval for committee membership rests with the Board.

The amended committee membership, which has been discussed with the member, is attached as Appendix 1.

4. APPENDICES

Appendix 1: Board & Committee Membership – 2021

BOARD & COMMITTEE MEMBERSHIP

June 2021

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 12 members	Aaron Keown (Chair) Naomi Marshall (Deputy Chair) Catherine Chu Jo Kane Fiona Pimm <u>External Members</u> Gordon Boxall Tom Callanan Rochelle Faimalo Rawa Karetai Yvonne Palmer Michelle Turrall (Manawhenua) Dr Olive Webb 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

BOARD & COMMITTEE MEMBERSHIP

June 2021

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

DELEGATIONS FOR ANNUAL ACCOUNTS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Finance & Corporate Services**

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

DATE: **17 June 2021**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek a delegation to approve the final audited accounts for the 2020/21 financial year on the Board's behalf if the timing of these does not fit with Board or Committee meetings.

2. RECOMMENDATION

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

i. authorises either the Quality, Finance, Audit and Risk Committee Chair and the Board Chair or, if one of these should not be available, one of these two and a Board member, to approve the final audited accounts for 2020/21 on the Board's behalf if required, should the timetable not fit with a Board or Committee meeting;
ii. notes that if this delegated authority is exercised, the final accounts will be circulated to Committee and Board members; and
iii. notes that the Canterbury DHB Chair, Chief Executive and Acting Executive Director, Finance and Corporate Services, will sign the letter of representation required in respect to the 2020/21 Crown Financial Information System accounts which are required at the Ministry of Health in early August.

3. SUMMARY

The audited Crown Financial Information System (*CFIS*) accounts for the 2020/21 financial year are due with the Ministry of Health in early August to meet the Crown's financial reporting timetable. It should be noted that the Canterbury DHB Board's August meeting is on 19 August 2021.

The CFIS accounts for the 2020/21 financial year will be signed on behalf of the Board by the Canterbury DHB Chair, Chief Executive and Acting Executive Director Finance and Corporate Services, and their letter of representation will accompany the accounts. Any change to the 'bottom line' result as reported to this Committee will be discussed with the Chair of the Quality, Finance, Audit and Risk Committee and/or the Canterbury DHB Chair; with Committee members to be updated via email of any change.

The audit process will begin in late July 2021 and is expected to be finished by early October 2021, with the final full audited accounts expected to be completed by mid October 2021. In the event that the timing of the completion of these does not fit the Board meeting schedule it is recommended the Board be asked to delegate approval of the final 2020/21 audited accounts as per the recommendations contained in this report.

SUBMISSION ON THE INQUIRY INTO SUPPLEMENTARY ORDER PAPER NO. 38 ON THE HEALTH (FLUORIDATION OF DRINKING WATER) AMENDMENT BILL

Canterbury District Health Board
Te Poari Hauora o Waitaha

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

PREPARED BY: **Bronwyn Larsen, Community and Public Health**

APPROVED BY: **Executive Management Team**

DATE: **17 June 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

Approval is sought for the attached submission on the Inquiry into the Supplementary Order Paper No.38 on the Health (Fluoridation of Drinking Water) Amendment Bill.

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

2. RECOMMENDATION

That the Board:

i. approves the submission on the Inquiry into Supplementary Order Paper No. 38 on the Health (Fluoridation of Drinking Water) Amendment Bill.

3. SUMMARY

The supplementary order paper proposes amendments to the Bill. Namely, that the power to direct a local authority drinking water supplier to add or not add fluoride be conferred to the Director General of Health rather than DHBs as the Bill currently states.

Amendments are also made in relation to what matters the Director General must take into account when considering a direction, including that benefits outweigh the financial costs, and the state or likely state of the oral health of the population in question.

4. DISCUSSION

This Bill is not related to whether water supplies should or should not be fluoridated, it merely shifts the decision making in relation to fluoridation from local authorities who currently have this function.

These changes are welcomed by public health and oral health clinicians within the Canterbury DHB, as centralising the decision making function is more likely to result in national consistency and also ensures that fluoridation is treated as a public health matter.

Further recommendations have been made which include:

- A requirement is added that the Director General take advice from the Director of Public Health on their decision.
- The decision making process addresses the matter of legal challenge to the Director General's decision.
- An expectation that water supplies which service a sizable population be fluoridated.

- That a direction would improve oral health status and reduce disparities for the population in question.

5. APPENDICES

Appendix 1: Draft CDHB submission on Inquiry into the Supplementary Order Paper No.38 on the Health (Fluoridation of Drinking Water) Amendment Bill

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Submission on the Inquiry into the Supplementary Order Paper No.38 on the Health (Fluoridation of Drinking Water) Amendment Bill

To: Health Select Committee

Submitter:
Canterbury District health Board
Attn: Bronwyn Larsen
Community and Public Health
C/- Canterbury District Health Board
PO Box 1475
Christchurch 8140

Proposal: This Supplementary Order Paper amends the Bill to transfer responsibility for making decisions about fluoridation of local government water supplies to the Director General of Health rather than DHBs as the original Bill states.

SUBMISSION ON the Inquiry into the Supplementary Order Paper No.38 on the Health (Fluoridation of Drinking Water) Amendment Bill

Details of submitter

1. Canterbury District Health Board (CDHB).

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

3. The CDHB welcomes the opportunity to comment on the Inquiry into Supplementary Order Paper No. 38 on the Health (Fluoridation of Drinking Water) Amendment Bill (the Bill).

General Comments

4. The CDHB supports the proposal to move decision-making regarding fluoridation of water supplies away from District Health Boards to the Director General of Health. National consistency in decision making in relation to fluoridation of water supplies is important to ensure the benefits to oral health from fluoridation are distributed equitably across New Zealand.

5. This change is also supported on the grounds that fluoridation of water supplies is primarily a public health matter which requires health expertise in decision making. It has to date in New Zealand been politicised as an issue, often due to opponents of fluoridation being able to exert significant influence which has limited the effectiveness of decision makers to improve oral health outcomes for their communities. Removing such decision making from publicly elected officials mitigates this risk for them during decision making and future proofs the Bill in light of Health Reform changes.

6. The CDHB notes that the overwhelming advice of health professionals and health authorities is that community water fluoridation helps prevent tooth decay and reduces inequities in oral health[1]. This advice was reinforced by the 2014 report of the Prime Minister's Chief Science Advisor[2]. The CDHB supports the Bill's position that scientific evidence should be considered as a key part of decision making.

7. If the General Direction of Health were to assume the responsibility for decision making as proposed, then a number of considerations arise which are identified in the following table:

Specific comments

Item	Comment
Requirement for the Director General to take advice from the Director of Public Health during decision making.	The CDHB recommends that a requirement is added that requires the Director General to take advice from the Director of Public Health as part of the decision making process. Fluoridation of water supplies is a public health and regulatory issue and the above requirement is consistent with the advisory function of the Director of Public Health to the Director General in section 3B(2) of the Health Act.
Risk related to legal challenges	The CDHB recommends the decision making process addresses the matter of possible legal challenge relating to the Director General's decision. If decisions relating to fluoridation of water supplies are able to be challenged at great cost to government, then this legislation in unlikely to be effective in its intent. This also brings into question whether it is necessary for the Director-General's reasons for making a decision to be published on the Ministry of Health's website.
Proposed sections 116E(2)(b)(ii)	The CDHB recommends that this clause explicitly states that there is an expectation that water supplies which service a sizable population are fluoridated. It should also be noted however that not directing to

[1] New Zealand College of Public Health Medicine. Water Fluoridation Policy Statement. 2021. Wellington: NZCPHM.

[2] Royal Society of New Zealand and the Office of the Prime Minister's Chief Science Advisor. 2014. *Health effects of water fluoridation: A review of the scientific evidence.* Royal Society of New Zealand and the Office of the Prime

	fluoridate based upon the small size of a water supply could perpetuate oral health inequalities for smaller or rural populations who are already disadvantaged in relation to access to oral health services.
Additional criteria for decision making	The CDHB reinforces the recommendation made by the New Zealand College of Public Health Medicine that additional criteria are added under 116E(2)(b), namely that: • the direction would improve oral health status and reduce disparities for the population in question • reflect a robust and nationally consistent decision-taking process Tooth decay is strongly associated with social deprivation yet those who experience the greatest benefits of water fluoridation are low socioeconomic groups[3]. Ensuring this association is included in decision making criteria would further work to improve oral health equity for socially deprived areas.
Proposed sections 116E (2)(b)	The benefits of adding fluoride to drinking water will always outweigh the financial costs when costs to society from poor oral health are considered alongside infrastructure and maintenance costs for water suppliers. Recent local studies have associated community water fluoridation with both reduced prevalence of severe caries[4] and reduced dental hospital admissions[5] in children, the association for reduced admissions being the most marked for children living in the most socioeconomically deprived areas. Given the comparatively poor oral health status of children in Canterbury, fluoridation would contribute to significant savings for our health system. Costs are not only those directly borne by the health system for treating oral disease, but wider costs such as loss of income and productivity from time off work due to dental pain and disease and disrupted education for children with significant childhood caries which can have lifelong effects.

[3] Canterbury District Health Board. Community Water Position Statement. 2019.
[4] Schluter J, Hobbs M, Atkins H, Mattingly B, Lee M. Association between community water fluoridation and severe dental caries experience in 4-year-old New Zealand children. JAMA Pediatr. 2020. 174(10):969-76. (https://jamanetwork.com/journals/jamapediatrics/article-abstract/2768832)
[5] Hobbs M, Wade A, Jones P, Marek L, Tomintz M, et al. Area-level deprivation, childhood dental ambulatory sensitive hospitalizations and community water fluoridation: evidence from New Zealand. Int J Epidemiol. 2020;49(3):908-16. (https://academic.oup.com/ije/article-abstract/49/3/908/5826797)

Clause 116H	The CDHB supports this clause which clarifies that the affected Local Authority is not required to consult after receiving a direction or invitation.

Conclusion

8. The CDHB does wish to be heard in support of this submission.

9. Thank you for the opportunity to submit on the Inquiry into the Supplementary Order Paper No.38 on the Health (Fluoridation of Drinking Water) Amendment Bill.

Person making the submission

Signature

Evon Currie Date: Click here to enter a date

General Manager
Community & Public Health
Canterbury District Health Board

Contact details

Bronwyn Larsen
For and on behalf of
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FINANCE REPORT 30 APRIL 2021

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**

DATE: **17 June 2021**

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 April **excluding** the impact of Covid-19, Holidays Act compliance, and gain on sale of the Bus Super Stop is unfavourable to plan by $5.703M (YTD $6.339M unfavourable);
ii. notes that the YTD impact of Covid-19 is an additional $0.649M net cost;
iii. notes that the YTD impact of the Holidays Act compliance is an additional $14.852M expense, and the full year impact is estimated to be approximately $18M; and
iv. notes the one-offs comprise the $4.2M loss on sale relating to the carpark land, offset by a $1.2M gain on sale of land for the council's Bus Super Stop.

3. FINANCIAL RESULTS EXECUTIVE SUMMARY

Summary DHB Group Financial Result excluding Covid-19, Holidays Act Compliance and net loss on Land Sales:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	0.270	0.000	0.270	0.251	(0.000)	0.251
Funder	(5.505)	(1.887)	(3.618)	(46.773)	(49.833)	3.060
DHB Provider	(13.751)	(11.395)	(2.356)	(79.628)	(69.979)	(9.649)
Canterbury DHB Group BAU Result	**(18.985)**	**(13.282)**	**(5.703)**	**(126.151)**	**(119.812)**	**(6.339)**

The DHB result including Covid-19, Holidays Act Compliance and net loss on Land Sales is:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
Canterbury DHB Group BAU Result	**(18.985)**	**(13.282)**	**(5.703)**	**(126.151)**	**(119.812)**	**(6.339)**
Covid-19 & Holidays Act & One-off	1.249	0.000	1.249	18.513	0.000	18.513
Canterbury DHB Group Result	**(20.234)**	**(13.282)**	**(6.952)**	**(144.663)**	**(119.812)**	**(24.851)**

4. KEY FINANCIAL RISKS

Savings Plans – The phased savings plans were budgeted to increase significantly from January 2021. Actual savings have not reached the level expected and it is likely that we will not achieve this level of savings. Note also that the 2019/20 savings plan had a Year 2 component totalling $17.2M, largely phased evenly over the full year ($14.1M phased up to April 2021).

Liquidity - We are forecasting that we will not need to use our overdraft facility until the third quarter of the 2021/22 financial year. As we will continue to incur deficits, we will require further equity support in the future.

Covid-19 – the forecasted impact of Covid-19 on CDHB's performance is dependent on several uncertain parameters. The forecast is based on current available information and does not include provision for additional revenue and costs that could result from a community outbreak, changes in Covid Alert Levels or the vaccination programme.

CDHB is managing six Managed Isolation Quarantine Facilities (*MIQFs*) and is also providing support for contact tracing, laboratory testing, supporting the trans-Tasman travel bubble and managing the vaccination programme. The Covid-19 vaccination rollout is progressing. We have started vaccinating in Aged Residential Care.

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 the final amount differs significantly from this accrued amount.

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

5. APPENDICES

Appendix 1: Financial Results **including** the impact of Covid-19 and Holidays Act compliance
Appendix 2: Financial Result before indirect revenue & expenses **excluding** Covid-19 and Holidays Act compliance
Appendix 3: Group Income Statement
Appendix 4: Group Statement of Financial Position
Appendix 5: Group Statement of Cashflow

APPENDIX 1: FINANCIAL RESULTS INCLUDING THE IMPACT OF COVID-19 AND HOLIDAYS ACT COMPLIANCE

The following table shows the financial results, including the impact of Covid-19, Holidays Act compliance and other one off transactions for the month and year to date:

	Period to date								Year to date							
April 2021 Results	Month Actual $000	Month Budget $000	Month Variance F/(UF)	Covid-19 $000	Holidays Act $000	Other One Off	BAU Actual Result	Underlying Variance	YTD Actual $000	YTD Budget $000	YTD Variance F/(UF)	Covid-19 $000	Holidays Act $000	Other One Off	YTD BAU Actual Result	Underlying Variance
MOH Revenue	(163,339)	(162,732)	607	(1,194)			(162,145)	(587)	(1,644,073)	(1,627,324)	16,749	(11,690)			(1,632,383)	5,059
Patient related revenue	(7,822)	(4,716)	3,105	(1,103)			(6,719)	2,002	(60,457)	(46,143)	14,314	(11,386)			(49,071)	2,928
Other Revenue	(1,811)	(3,616)	(1,805)	(991)			(820)	(2,796)	(39,844)	(40,289)	(445)	(11,079)			(28,765)	(11,524)
Total Operating Revenue	(172,972)	(171,064)	1,908	(3,288)	-	-	(169,684)	(1,380)	(1,744,374)	(1,713,757)	30,617	(34,155)	-	-	(1,710,219)	(3,538)
Employee expenses	88,793	82,105	(6,687)	1,612	1,576		85,605	(3,499)	840,961	806,317	(34,644)	13,133	14,852		812,976	(6,659)
Treatment Related costs	13,611	14,345	734	460			13,151	1,194	148,540	138,980	(9,560)	7,296			141,244	(2,264)
External Provider costs	67,664	65,672	(1,992)	735			66,929	(1,257)	695,515	681,879	(13,636)	12,456			683,059	(1,180)
Other Expenses	10,550	10,772	222	152			10,398	374	104,454	107,654	3,200	1,910			102,544	5,110
Total Operating Expenditure	180,617	172,894	(7,723)	2,959	1,576	-	176,082	(3,188)	1,789,469	1,734,830	(54,639)	34,795	14,852	-	1,739,823	(4,992)
Operating result (Surplus) / Deficit	7,645	1,830	(5,815)	(329)	1,576	-	6,398	(4,568)	45,095	21,074	(24,022)	640	14,852	-	29,604	(8,530)
Total Indirect revenue and expenditure	12,589	11,452	(1,137)	2			12,587	(1,135)	99,568	98,738	(830)	9		3,012	96,547	2,191
Total - (Surplus) / Deficit	20,234	13,282	(6,952)	(327)	1,576	-	18,985	(5,703)	144,663	119,812	(24,851)	649	14,852	3,012	126,151	(6,339)

CDHB's result **excluding** the impact of Covid-19, Holidays Act compliance, and net loss on land sales (one-offs) is unfavourable both for the month and YTD.

Covid-19:

MoH revenue: does not cover all the external provider costs incurred to date, which relate mainly to community surveillance and testing. $11.7M has been recognised as revenue against expenditure of $14.5M YTD April. The shortfall of $2.8M is primarily driven by Covid-19 surveillance and testing. We expect to receive further funding and be close to cost neutral for Covid-19 by the end of the financial year. There is an assumption that there will be no community outbreaks or change in Covid-19 alert levels for the last 2 months of the year.

Patient related revenue includes revenue for MIQFs. This funding covers our incremental costs provided our occupancy remains high, although there is a risk with the trans-Tasman bubble that occupancy rates will reduce.

Other revenue is from Covid-19 pathology tests processed by Canterbury Health Laboratories (*CHL*) for Canterbury and other regions.

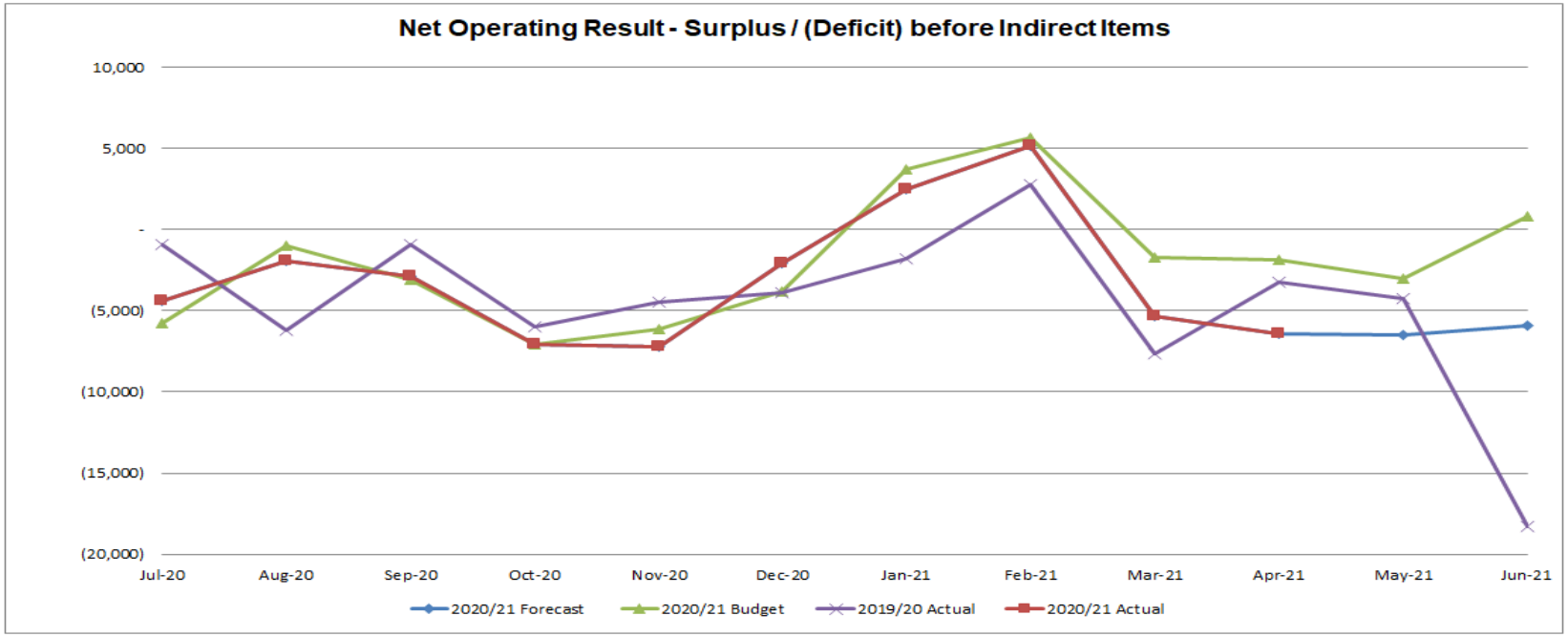
Personnel costs for Covid-19 mainly relate to the running of the MIQFs and lab testing.

Covid-19 vaccination programme: There is an assumption that these costs will be fully funded by the MoH.

APPENDIX 2: FINANCIAL RESULT BEFORE INDIRECT REVENUE & EXPENSES (excluding Covid-19, Holidays Act Compliance and net loss on sale of the staff carpark and Bus Super Stop land)

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 30 APRIL 2021

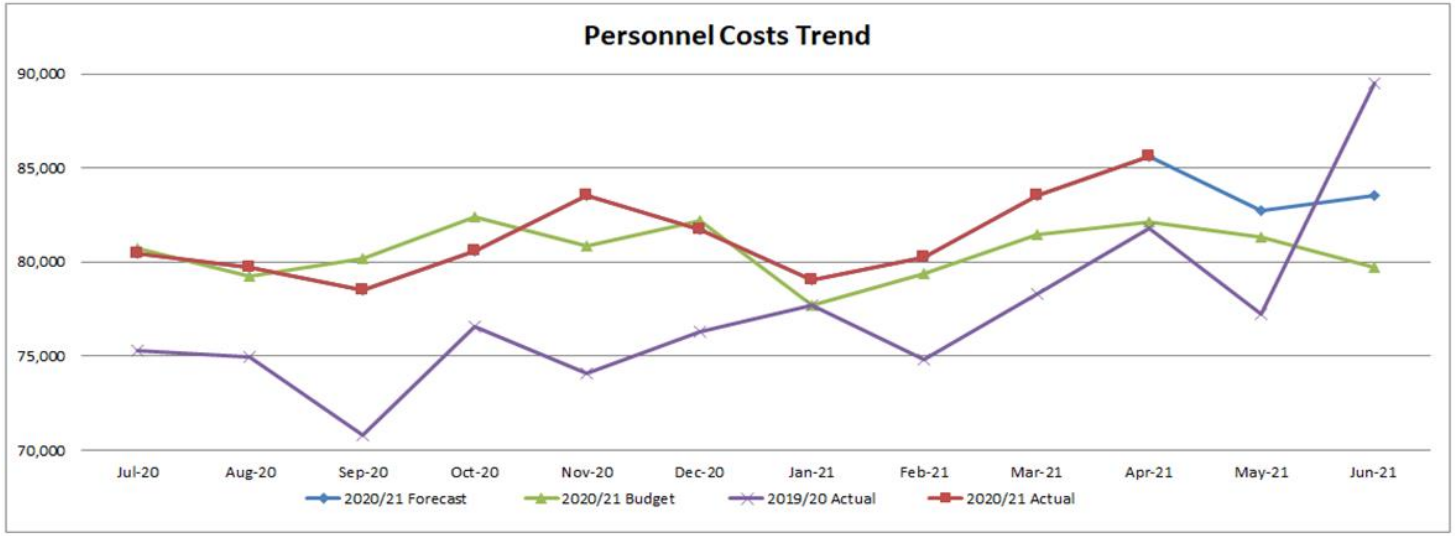
	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2019/20 Actual $'000	Yr End Budget $'000
Surplus/(Deficit) before Indirect items	(6,398)	(1,830)	(4,568)	250% ✗	(29,604)	(21,074)	(8,530)	40% ✗	(51,601)	(23,257)

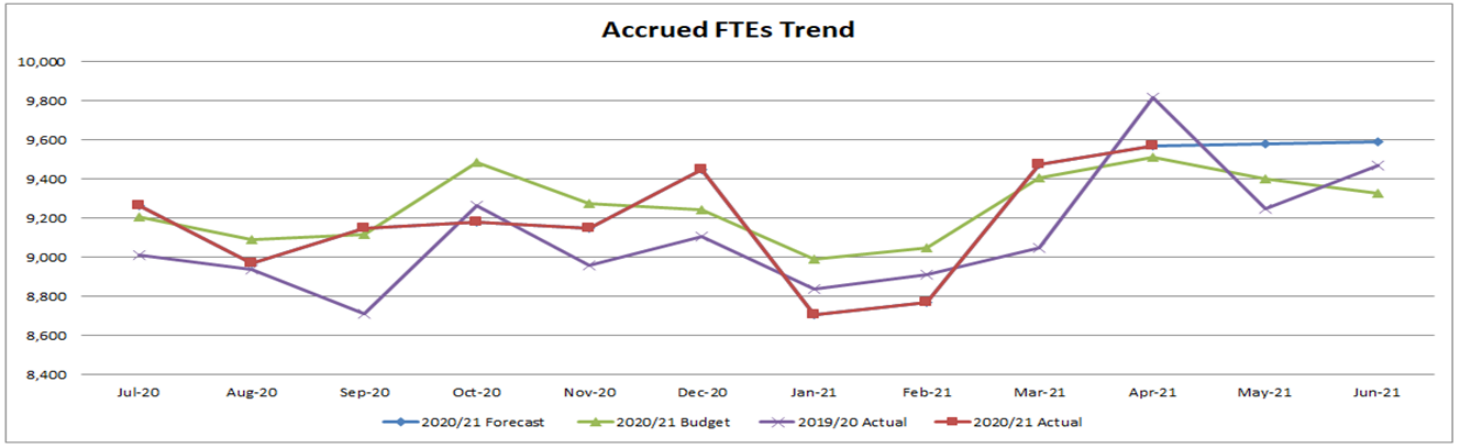


KEY RISKS AND ISSUES

Our YTD Business as Usual (BAU) result is $8.53M unfavourable to budget, and reflects savings that have not been fully realised. This trend is continuing and our YTD position will deteriorate for the remainder of the year.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

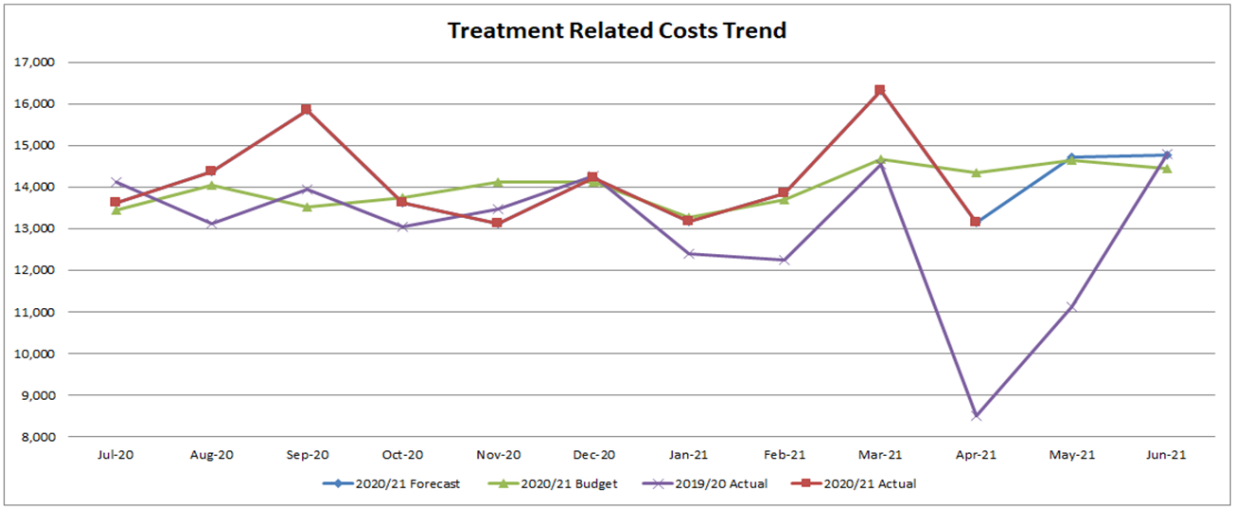


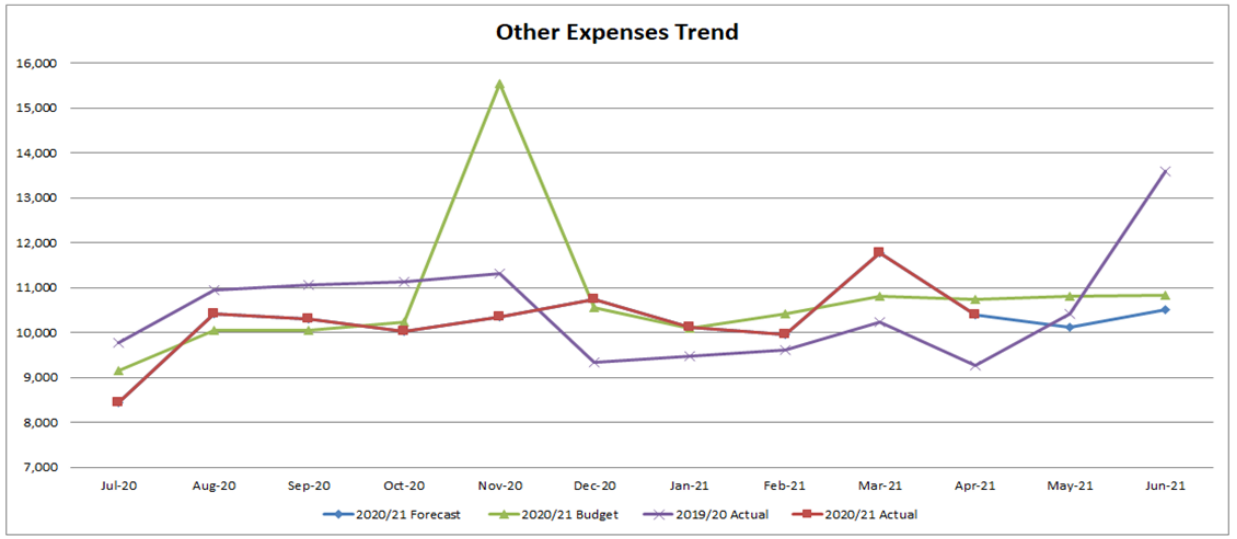


KEY RISKS AND ISSUES

Personal Costs Trend – YTD BAU personnel costs are unfavourable to budget partly due to not having reached our savings targets in this area. **Accrued FTE** is largely on track to plan.

TREATMENT & OTHER EXPENSES RELATED COSTS





KEY RISKS AND ISSUES

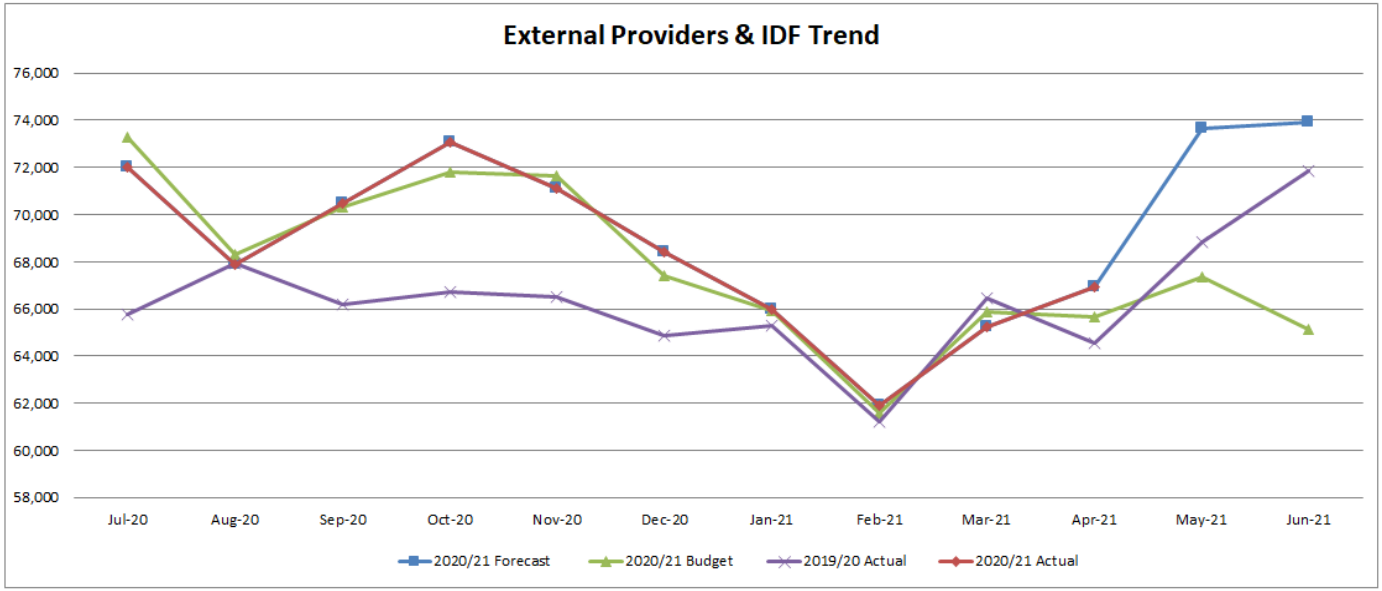
Treatment related costs:
YTD BAU treatment related costs are unfavourable to budget. The pressure on the Emergency Department continues. The lower April spend is primarily due to lower activity with Easter/ANZAC and school holidays.

Note the BAU treatment related costs decrease in April 2020 primarily related to lower patient activity during the Covid-19 pandemic lock-down period.

Other expenses:
Earthquake repair expenditure is favourable to plan, and is equally offset by reduced revenue. The budget increase in November relates to the tunnel project and is equally offset by revenue; this was accrued in June 2020 and is therefore not in our year end forecast for the current year.

EXTERNAL PROVIDER COSTS EXCLUDING COVID-19

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2019/20 Actual $'000	Yr End Budget $'000
External Provider Costs	66,929	65,672	(1,257)	-2%	✗	683,059	681,879	(1,180)	0%	✗	790,838	814,341



Community pharmacy costs are unfavourable to plan but this is offset by additional revenue. ARRC expenditure growth trend is continuing to be higher than plan.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		YTD Actual $'000	YTD Budget $'000	Variance $'000	Year End 19/20 $'000
Equity	1,063,691	1,161,065	97,374	Cash	107,181	65,607	41,574	(6,966)

KEY RISKS AND ISSUES

Equity

We received equity support of $180M in October 2020 ($145M was budgeted in November and a further $41M in January 2021). This is offset by an opening unfavourable variance in July due to the additional Holidays Act compliance provision made at 30 June 2020. We also had a large equity increase in November 2020, relating to the handover of the Waipapa facility.

Cash

Spend on the Mental Health facilities redevelopment continues and is expected to increase now construction has started. We are progressively drawing down equity from the Crown to cover the redevelopment costs.

APPENDIX 3: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the 10 months ending 30 April 2021

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
163,339	162,732	159,819	607 ✓	MoH Revenue	1,644,073	1,627,324	1,551,029	16,749 ✓	1,983,395	1,952,782	1,864,766
7,822	4,716	3,766	3,105 ✓	Patient Related Revenue	60,457	46,143	43,564	14,314 ✓	69,518	55,498	53,364
1,811	3,616	3,065	(1,805) ✗	Other Revenue	39,844	40,289	35,496	(445) ✗	52,583	47,534	48,770
172,972	**171,064**	**166,650**	**1,908**	**Total Operating Revenue**	**1,744,374**	**1,713,757**	**1,630,089**	**30,617**	**2,105,496**	**2,055,814**	**1,966,900**
88,793	82,105	85,386	(6,687) ✗	Personnel Costs	840,961	806,317	764,453	(34,644) ✗	1,014,465	967,342	1,000,806
13,611	14,345	10,234	734 ✓	Treatment Related Costs	148,540	138,980	131,659	(9,560) ✗	184,919	168,059	160,676
67,664	65,672	71,850	(1,992) ✗	External Service Providers	695,515	681,879	665,520	(13,636) ✗	847,054	814,341	810,046
10,550	10,772	9,780	222 ✓	Other Expenses	104,454	107,654	102,821	3,200 ✓	120,137	129,329	130,109
180,617	**172,894**	**177,250**	**(7,723)** ✗	**Total Operating Expenditure**	**1,789,469**	**1,734,830**	**1,664,453**	**(54,639)** ✗	**2,166,575**	**2,079,071**	**2,101,637**
(7,645)	**(1,830)**	**(10,600)**	**(5,815)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(45,095)**	**(21,074)**	**(34,365)**	**(24,022)** ✗	**(61,079)**	**(23,257)**	**(134,737)**
124	48	36	76 ✓	Interest Revenue	1,213	481	575	733 ✓	1,053	577	695
(502)	1,695	-	(2,197) ✗	Capital Charge Relief / Debt Equity Swap Funding	5,710	6,780	-	(1,070) ✗	8,940	10,170	8,220
532	243	153	289 ✓	Donations	2,044	2,190	3,385	(146) ✗	2,674	2,674	3,674
-	-	-	- ✓	Profit on Sale of Assets	1,762	-	15	1,762 ✓	1,762	-	17
155	**1,986**	**190**	**(1,832)** ✗	**Total Indirect Revenue**	**10,730**	**9,451**	**3,974**	**1,279** ✓	**14,429**	**13,421**	**12,606**
4,627	5,690	1,966	1,063 ✓	Capital Charge	30,654	37,382	21,678	6,728 ✓	40,146	48,762	38,136
7,828	7,640	6,493	(188) ✗	Depreciation	73,275	69,727	60,573	(3,548) ✗	89,902	85,108	79,829
235	-	-	(235)	Financing Component of Operating Leases	1,617	-	-	(1,617)	1,900	-	2,967
54	108	17	54 ✓	Interest Expense & Forex Gains and Losses	480	1,080	271	600 ✓	600	1,300	315
-	-	3	- ✓	Loss on Sale of Assets	4,272	-	56	(4,272) ✗	4,290	-	57
12,744	**13,438**	**8,478**	**694** ✓	**Total Indirect Expenses**	**110,298**	**108,189**	**82,579**	**(2,109)** ✗	**136,838**	**135,170**	**121,304**
(20,234)	**(13,282)**	**(18,889)**	**(6,952)** ✗	**Total Surplus / (Deficit)**	**(144,663)**	**(119,812)**	**(112,969)**	**(24,851)** ✗	**(183,488)**	**(145,006)**	**(243,436)**

APPENDIX 4: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 30 April 2021

Audited 30-Jun-20 $'000		Group Actual 30-Apr-21 $'000	Group Budget 30-Apr-21 $'000	Annual Group Budget 30-Jun-21 $'000
597,378	Opening Equity	490,730	558,272	558,272
136,588	Net Equity Injections / (Repayments) During Year	182,924	16,650	26,139
200	Other Movements	534,700	705,955	719,355
-	Reserve Movement for Year	(0)	-	-
(243,436)	Operating Results for the Period	(144,663)	(119,812)	(145,006)
490,730	**TOTAL EQUITY**	1,063,691	1,161,065	1,158,760
	Represented By:			
	Current Assets			
4,066	Cash & Cash Equivalents	107,181	65,607	31,443
750	Short Term Investments	750	750	750
105,853	Trade and Other Receivables	84,016	103,253	103,253
5,649	Prepayments	8,231	5,649	5,649
14,549	Inventories	14,913	14,549	14,549
14,666	Restricted Assets	14,542	14,425	14,425
145,533	**Total Current Assets**	229,632	204,233	170,069
	Less Current Liabilities			
11,032	Overdraft	-	-	-
205	Borrowings	1,657	-	-
165,170	Trade and Other Payables	179,902	172,998	150,239
14,693	Restricted Funds	14,834	14,256	14,256
343,643	Employee Benefits	371,525	277,644	277,644
534,743	**Total Current Liabilities**	567,919	464,898	442,139
(389,209)	**Working Capital**	(338,287)	(260,665)	(272,070)
	Non Current Assets			
16	Restricted Funds	16	16	16
3,225	Investment in NZHPL	3,046	3,225	3,225
909,554	Fixed Assets	1,452,768	1,424,793	1,433,893
912,795	**Term Assets**	1,455,830	1,428,034	1,437,134
	Non Current Liablilties			
6,304	Employee Benefits	7,873	6,304	6,304
26,552	Borrowings	45,979	-	-
32,856	**Term Liabilities**	53,853	6,304	6,304
490,730	**NET ASSETS**	1,063,691	1,161,065	1,158,760

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

The Holidays Act compliance provision is shown under Employee Benefits, and was not included in the budget.

Borrowings in current and term liabilities is the finance lease liability for the Manawa and CLS buildings. The lease cost of the buildings is also included in Fixed Assets.

APPENDIX 5: CASHFLOW

Audited 30-Jun-20 $'000		Actual 30-Apr-21 $'000	YTD Budget 30-Apr-21 $'000	Budget 30-Jun-21 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(48,135)	**Net Cash from Operating Activities**	(15,973)	(39,852)	(72,459)
	CASHFLOW FROM INVESTING ACTIVITIES			
(63,551)	**Net Cash from Investing Activities**	(52,117)	(85,470)	(109,917)
	CASHFLOW FROM FINANCING ACTIVITIES			
136,529	**Net Cash from Financing Activities**	182,236	197,895	220,785
24,843	Overall Increase/(Decrease) in Cash Held	114,147	72,573	38,409
(31,809)	Add Opening Cash Balance	(6,966)	(6,966)	(6,966)
(6,966)	**Closing Cash Balance**	107,181	65,607	31,443

HAC – 3 JUNE 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: **Naomi Marshall, Deputy Chair, Hospital Advisory Committee**

DATE: **17 June 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 Hospital Advisory Committee's (*HAC*) public meeting held on 3 June 2021.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from HAC's public meeting on 3 June 2021 (Appendix 1).

3. APPENDICES

Appendix 1: HAC Draft Minutes – 3 June 2021.

MINUTES – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 3 June 2021, commencing at 9.00am

PRESENT
Naomi Marshall (Deputy Chair), Barry Bragg; Jan Edwards; James Gough; Jo Kane; Dr Rochelle Phipps; Ingrid Taylor; and Sir John Hansen (ex-officio).

Attending via Zoom: Andrew Dickerson (Chair).

APOLOGIES
An apology for absence was received and accepted from Catherine Chu.
An apology for early departure was received and accepted from James Gough (10.20am).

EXECUTIVE SUPPORT
Becky Hickmott (Executive Director of Nursing); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Dr Helen Skinner (Chief Medical Officer); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

APOLOGIES
Dr Peter Bramley (Chief Executive); Kirsten Beynon (General Manager, Laboratories); Ralph La Salle (Acting Executive Director, Planning & Funding); and Berni Marra (Manager, Ashburton Health Services).

IN ATTENDANCE
Pauline Clark, General Manager, Medical/Surgical; Women's & Children's Health; & Orthopaedics
Dr Greg Hamilton, General Manager, Specialist Mental Health Services
Kate Lopez, Acting General Manager, Older Persons Health & Rehabilitation
Win McDonald, Transition Programme Manager, Rural Health Services

Item 5
Jacqui Summers, Portfolio Lead, Secondary Care, Planning & Funding

Naomi Marshall, Deputy Chair HAC, opened the meeting, welcoming Dr Helen Skinner as newly appointed Chief Medical Officer, as well as Kate Lopez, Acting General Manager, Older Persons Health & Rehabilitation.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
James Gough – Amendment - Medical Kiwi Limited – remove "in process of listing on NZX".

There were no other additions/alterations.

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 PREVIOUS MEETING MINUTES

Resolution (04/21)
(Moved: Naomi Marshall/Seconded: Jan Edwards – carried)

"That the minutes of the Hospital Advisory Committee meeting held on 1 April 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION ITEMS

The carried forward action items were noted.

The meeting moved to Item 8.

8. CLINICAL ADVISOR UPDATE (ORAL)

Dr Helen Skinner, Chief Medical Officer, provided the following updates:

- There are some challenges in terms of workforce. Some of this is around SMO recruitment, although we have managed to recruit into haematology and radiation oncology which have been pressure points for a while. Currently, we are recruiting in anatomical pathology which is another pressure area.
- We continue to support other DHBs, particularly in terms of surgery.
- Look forward to getting results from the Staff Survey and to see what things will come from that.
- Patient flow is on the minds of the medical workforce, particularly with the challenges of inflow into ED, but also the outflow and flow into the hospital. Work is being done to look at that.
- Demand continues to be challenging in terms of radiology.
- Facilities issues, particularly for those who have been left in the older wards, continue to be challenging.
- COVID-19. A state of readiness in term of the Labs. Continued challenges (if or when) in terms of community transmission particularly in the older wards.
- COVID-19 continues to impact on overseas recruitment, particularly in radiology.
- Continuing to innovate and do things differently. To manage compliance in terms of paediatrics we have been doing Saturday clinics which is working well.
- Older Persons Mental Health have started to review Dementia Hospital Level Care residents to look at whether they are in the right place.

The Clinical Advisor Update was noted.

The meeting moved to Item 4.

4. MAKING OUR SYSTEM FLOW (PRESENTATION)

Dr Jacqui Lunday-Johnston provided a presentation on "Making Our System Flow". It was noted that this is a system challenge and is not a quick fix in one place. The presentation highlighted:

- The establishment of an Acute Flow Governance Group
- Key operational constraints to plan:
  - ED volumes – increase in self-referred with non-emergency needs (50-80 additional patients a day); and

  - Christchurch Hospital bed capacity – it is not a volume problem but an increase in Length of Stay issue.
- Factors being focused on, including:
  - Better public understanding of accessing their GP 24x7 for all medical needs;
  - Enhanced access to multi-disciplinary support in the community for frail elderly (preventative actions before admission to hospital);
  - Flow within the CHCH campus to reduce delays of care;
  - Flow between our facilities to reduce delays in care;
  - Cohorting general medicine patients to improve doctor decision making time;
  - Delayed discharge drivers; and
  - Reasons for readmissions to hospital and reattendances to ED.

Members had the opportunity to discuss the presentation and ask questions.

Ms Marshall requested a further update on progress to the next meeting.

The Making Our System Flow update was noted.

5. ESPI PERFORMANCE (PRESENTATION)

Pauline Clark introduced Jacqui Summers, Portfolio Lead, Secondary Care, Planning & Funding. Ms Summers presented to the Committee providing an update on progress in terms of Elective Service Performance Indicators (*ESPI*) 2s & 5s. The presentation highlighted:

- When ESPI compliance is expected
- Current ESPI 2 performance - medical specialties
- Current ESPI 2 performance - surgical specialties
- Current ESPI 5 performance – surgical specialties
- Our current state
- What we are doing (business as usual)
- What we are looking to do differently

Members had the opportunity to discuss the presentation and ask questions.

James Gough retired from the meeting at 10.20am.

The ESPI Performance update was noted.

6. H&SS MONITORING REPORT

The Committee considered the Hospital and Specialist Services Monitoring Report for June 2021. The report was taken as read.

General Managers introduced their respective divisions and spoke to their areas as follows:

Medical/Surgical; & Women's & Children's Health; & Orthopaedics – Pauline Clark, General Manager

- This week is a challenging week. We have had to not go ahead with some planned surgery – surgery requiring overnight inpatient bed nights. Where possible, we have swapped to do day case surgery.
- Orthopaedics and General Surgery, who do large volumes of acute surgery, have perfect flow – which means people are not waiting unduly long before we are able to get to them.

- Industrial action by members of the NZNO is scheduled for Wednesday, 9 June 2021 from 11.00am to 7.00pm. Coming off the back of a long weekend, it is likely to be a big hospital on Tuesday. We currently have insufficient people to fulfil the Life Preserving Service (*LPS*) requirements in the hospital and we have insufficient numbers of volunteers. Staff are very tired.

Specialist Mental Health Services (*SMHS*) – Dr Greg Hamilton, General Manager

- The report rounds up the last of the speciality areas that have been highlighted to the Committee over recent months – Forensic Mental Health Services.
- A complex area, which is an interface between prison, courts and other mental health services. The people in our service are over 18 years, have a major mental health disorder, as well as serious offending – almost always of a violent nature.
- There are only five of these services nationally. They each are relatively small, apart from the Mason Clinic, in Auckland.

Older Persons Health & Rehabilitation (*OPH&R*) Service – Kate Lopez, Acting General Manager

- To provide patient choice, waitlist reduction and earlier intervention, outpatient clinics for OPH&R Speech Language Therapy are now being offered.
- Have recruited a Service Manager for Patient Flow on a 12 month fixed term contract. In line with the organisational priority of patient flow, this role will work with bed management teams at the Christchurch campus to support and enhance transfer of care to Burwood Hospital and discharge processes out of the hospital to ensure that barriers to discharge are identified early and escalated for resolution to avoid wasting patients' time and ensure good patient flow across the system.
- Continue to collaborate with surgical specialties to appropriately resource the increased surgical volumes occurring and planned for at Burwood Hospital.

There was a query with regards to the graph on page 2 of Appendix 1 with regards to the Frail Older Persons' Pathway and the significant drop in the "% of patients (75+) in ED within 6 hours". Management undertook to report back.

Rural Health Services – Win McDonald, Transition Programme Manager

- Ashburton Health Services:
  - Level of support which staff are needing in light of the recent weather event.
  - There is a level of GP stress that is starting to show through, with an increase in afterhour presentations and the impact this is having on Ashburton Hospital.
- Rural Health Services:
  - Biggest issue remains staffing.
  - Doing some great work in the Hurunui District, with community meetings coming up within the next two weeks to talk to the community around their models of care, particularly with their GPs.
  - Home services have been reinstated in both Cheviot and Waikari. Previously, they had been dependent on Amberley for this.
  - Chatham Islands. Had a stakeholders meeting two weeks ago. Key things that arose were: water, fuel, power, getting food onto the Island, and the effects of tourism on the Island. As a whole of stakeholders group, they are now working collectively to try to manage this better so that the basic necessities are available for the local community. There are currently three wellbeing surveys on the Chatham Islands and out of that will come a collective view of how best to respond to the needs of the community.

The H&SS Monitoring report was noted.

7. CARE CAPACITY DEMAND MANAGEMENT UPDATE

Ms Hickmott spoke to the report, which was taken as read.

Ms Hickmott stressed that when looking at a very high level aggregation of our workforce and making assumptions that potentially we may be looking like we are overstaffed, it is absolutely important to understand the narrative at the clinical interface. We need to continually be mindful that when making analysis of a situation, that we also understand at the ward and clinical interface what the risks are and why things are the way they are.

The Care Capacity Demand Management Update report was noted.

The meeting moved to Item 9.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (05/21)
(Moved: Dr Rochelle Phipps/Seconded: Ingrid Taylor – 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.	Confirmation of the minutes of the public excluded meeting of 28 January 2021	For the reasons set out in the previous Committee agenda.	
2.	CEO Update *(if required)*	Protect information which is subject to an obligation of confidence. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s 9(2)(ba)(i) s 9(2)(j) s 9(2)(h)

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

- Quality & Patient Safety Indicators – Level of Complaints
- 2021 Workplan

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 11.10am.

Approved and adopted as a true and correct record:

_____ _____

Andrew Dickerson
Chairperson

Date of approval

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 June 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of public excluded meetings – 20 May 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.	Our Ransomware Response	Avoid prejudice to measures protecting the health or safety of members of the public. Avoid prejudice to measures that prevent or mitigate material loss to members of the public.	s9(2)(c) s9(2)(e)

		Prevent the disclosure or use of official information for improper gain or improper advantage.	s9(2)(k)
5.	2021/22 Draft Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Audit NZ – Audit Arrangements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Living Wage Introduction	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Central City Primary Birthing Unit	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Avon Generator Relocation Scope Change	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Biomass Fuel Supply Scope Change	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
12.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s9(2)(a) s9(2)(j) s9(2)(h)
13.	Advice to Board • HAC PX Draft Minutes *3 June 2021* • QFARC Draft Minutes *1 June 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.