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4 November 2020

9(2)(a)

RE Official information request CDHB 10438

I refer to your email dated 1 October 2020 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

Could I please request hardcopies of the following documents;

1. **Agenda for 17 September Board meeting**

Please refer to **Appendix 1** (attached) for the Agenda and Minutes for the Board meeting held on 17th September 2020. (This includes public excluded agenda and minutes).

2. **Minutes for the previous meeting (20/8/2020)**

Please refer to **Appendix 2** (attached) for the Minutes for the Board meeting held 20 August 2020. (This includes public excluded minutes).

3. **Standing Orders**

Please refer to **Appendix 3** (attached) for a copy of 'Standing Orders' as requested.

4. **Canterbury DHB Annual Report 2018/19**

We are declining to provide the Canterbury DHB Annual Report 2018/2019 pursuant to section 18(d) of the Official Information Act. This information is publicly available on the following link.

<https://www.cdhb.health.nz/about-us/document-library/canterbury-dhb-annual-report-2018-2019/>

5. **Canterbury DHB Serious Adverse Events Report 2018/19**

Please refer to **Appendix 4** (attached) for the Canterbury DHB Serious Adverse Events Report 2018/2019. Please note that this is also available on our website.

<https://www.cdhb.health.nz/?s=serious+adverse+events>

I trust this satisfies your interest in this matter.

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

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

Yours sincerely

A handwritten signature in blue ink, appearing to read 'R La Salle'.

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

AGENDA – PUBLIC

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

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

Morning tea will be held from 11.05 to 11.20am.

NEXT MEETING
Thursday, 15 October 2020 at 9.30am

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

BOARD MEMBERS

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

CROWN MONITOR

Dr Lester Levy (via zoom).

BOARD CLINICAL ADVISOR

Dr Andrew Brant (via zoom).

EXECUTIVE SUPPORT

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

Hector Matthews opened the meeting with a Karakia.

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

There were no changes or alterations to the Interest Register.

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest raised.

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

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

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

Resolution (32/20)

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

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

Resolution (33/20)

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

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

3. CARRIED FORWARD / ACTION LIST ITEMS

There were no carried forward/action items.

4. CDHB PACIFIC HEALTH STRATEGY

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

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

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

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

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

The Chair opened the floor to questions.

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

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

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

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

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

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

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

Resolution (34/20)

“That the Board:

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

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

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

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

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

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

5. SCHEDULE OF MEETINGS 2021

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

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

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

Resolution (35/20)

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

“Procedural motion that the Board:

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

6. CHAIR'S UPDATE

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

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

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

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

The Chair's update was noted.

7. CHIEF EXECUTIVE'S UPDATE

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

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

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

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

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

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

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

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

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

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

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

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

The Chief Executive's update was noted.

8. FINANCE REPORT

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

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

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

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

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

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

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

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

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

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

Resolution (36/20)

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

“That the Board:

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

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

9. ACCELERATING OUR FUTURE – PRESENTATION

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

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

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

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

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

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

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

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

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

Resolution (37/20)

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

“That the Board:

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

10. ADVICE TO BOARD

Hospital Advisory Committee (HAC)

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

Resolution (38/20)

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

“That the Board:

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

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

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

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

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

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

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

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

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

11. **RESOLUTION TO EXCLUDE THE PUBLIC**

Resolution (39/20)

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

“That the Board:

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

	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: <ul style="list-style-type: none"> ● 16 July 2020 – Ordinary ● 04 August 2020 – Emergency ● 12 August 2020 - Emergency 	For the reasons set out in the previous Board agenda.	
2.	Chair’s Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Executive Management Team Response to EY Taskforce Review – Phase 1	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

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

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

The Public meeting concluded at 12.50pm.

Sir John Hansen, Chairman

Date of approval

CANTERBURY DISTRICT HEALTH BOARD MEETING - PUBLIC EXCLUDED
 to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
 Thursday, 17 September 2020

Administration			
1.	Confirmation of Minutes – 20 August 2020		11.20am
Overview			
2.	Chair's Update (Oral)	Sir John Hansen <i>Chair</i>	11.20-11.25am
3.	Chief Executive – Emerging Issues (Oral) (i) 96 Tuam Street – Deadline Sale	Dr Peter Bramley <i>Acting Chief Executive</i>	11.25-12.00pm
Reports for Decision			
4.	Afternoon Staff Carpark – Public Consultation on Disposal of Land	Tim Lester <i>Corporate Solicitor</i>	12.00-12.05pm
5.	Bus Super Stop – Public Consultation on Disposal of Land	Tim Lester	12.05-12.10pm
6.	Holidays Act Remediation Approach	Paul Lamb <i>Acting Chief People Officer</i>	12.10-12.20pm
Board Only			
7.	Selection of Recruitment Company (ratification of resolution)	Sir John Hansen	12.20-12.30pm
LUNCH			12.30-1.00pm
8.	Rangiora Health Hub – Family Health & Urgent Care Centre Lease	Ralph La Salle <i>Acting Executive Director, Planning Funding & Decision Support</i>	1.00-1.10pm
9.	Microsoft Licences Approval	David Green <i>Acting Executive Director, Finance & Corporate Services</i>	1.10-1.15pm
10.	Equity Support for 2019/20 Deficit	David Green	1.15-1.25pm
Reports for Noting			
11.	Christchurch Campus Compliance Works Programme	Mary Gordon <i>Executive Director of Nursing/Facilities</i>	1.25-1.35pm
12.	Riverside Docks Relocation – Update	Mary Gordon	1.35-1.45pm

AGENDA – PUBLIC EXCLUDED

13.	Chief Digital Officer Report	Stella Ward <i>Chief Digital Officer</i>	1.45-1.55pm
14.	People Report	Paul Lamb <i>Acting Chief People Officer</i>	1.55-2.05pm
15.	Legal Report	Greg Brogden Tim Lester <i>Corporate Solicitors</i>	2.05-2.15pm
16.	<u>Advice to Board:</u> <ul style="list-style-type: none">QFARC – 1 September 2020 – Draft Minutes	Barry Bragg <i>Chair, QFARC</i>	2.15-2.20pm
ESTIMATED FINISH TIME			2.20pm
	<u>Information Items:</u> <ul style="list-style-type: none">Chair's CorrespondenceQuarterly Facilities Earthquake POW Update (ex QFARC 1 Sep 20)		

NEXT MEETING**Thursday, 15 October 2020 at 9.30am**

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

BOARD MEMBERS

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

CROWN MONITOR

Dr Lester Levy (via zoom).

BOARD CLINICAL ADVISOR

Dr Andrew Brant (via zoom).

APOLOGIES

There were no apologies.

EXECUTIVE SUPPORT

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

1. CONFIRMATION OF MINUTES OF PREVIOUS MEETING

Resolution (PE58/20)

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

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

Resolution (PE59/20)

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

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

(Jo Kane and Andrew Dickerson voted against)

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

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

(Jo Kane and Andrew Dickerson voted against)

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

Resolution (PE60/20)

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

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

2. CHAIR’S REPORT

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

3. CHIEF EXECUTIVE – EMERGING ISSUES

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

Laboratories

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

Proposed Catch-Up Funding

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

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

Bowel Screening

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

T3 and Compliance Component

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

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

Intellectual Disability Pods

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

Mothers & Babies & Eating Disorders

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

Energy Centre

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

Labs Facilities

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

Cancer Centre

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

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

Resolution (PE61/20)

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

“That the Board:

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

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

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

The meeting moved to item 6.

6. NZHPL STATEMENT OF PERFORMANCE EXPECTATIONS

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

Resolution (PE62/20)

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

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

(Jo Kane was absent for the vote)

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

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

(Jo Kane was absent for the vote)

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

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

(Jo Kane was absent for the vote)

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

7. NZHPL HEALTH SYSTEM CATALOGUE BUSINESS CASE

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

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

Resolution (PE63/20)

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

(Jo Kane was absent for the vote)

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

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

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

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

Further noting:

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

8. AUDIT NEW ZEALAND FRAUD RISK ASSESSMENT

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

Resolution (PE64/20)

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

(Jo Kane was absent for the vote)

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

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

9. INSURANCE PREMIUM APPROVAL

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

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

Jo Kane re-joined the meeting at 2.20pm.

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

Resolution (PE65/20)

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

“That the Board:

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

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

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

Resolution (PE66/20)

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

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

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

The meeting moved to item 12.

12. GOING CONCERN ASSESSMENT

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

Resolution (PE67/20)

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

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

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

13. PEOPLE REPORT

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

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

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

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

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

The People Report was noted.

14. LEGAL REPORT

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

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

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

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

Barry Bragg and Gabrielle Huria declared their interest regarding Carparking.

Mr Lester provided updates as follows:

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

The Legal Report was noted.

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

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

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

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

Recommendations were provided as follows:

That the Board

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

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

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

Resolution (PE68/20)

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

“That the Board:

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

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

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

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

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

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

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

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

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

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

Resolution (69/20)

“That the Board:

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

(Jo Kane, Andrew Dickerson, Naomi Marshall opposed)

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

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

(Jo Kane opposed)

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

The meeting moved to Item 5.

5. PROGRAMME BUSINESS CASE – HILLMORTON

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

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

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

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

Resolution (PE70/20)

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

“That the Board:

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

The meeting moved to Item 15.

15. ADVICE TO BOARD

Hospital Advisory Committee (HAC)

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

Resolution (PE71/20)

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

“That the Board:

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

Quality, Finance, Audit & Risk Committee (QFARC)

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

Resolution (PE72/20)

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

“That the Board:

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

INFORMATION

- Chair's Correspondence

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

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

Sir John Hansen, Chairman

Date of approval

RELEASED UNDER THE OFFICIAL INFORMATION ACT

MINUTES

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

BOARD MEMBERS

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

CROWN MONITOR

Dr Lester Levy (via zoom).

BOARD CLINICAL ADVISOR

Dr Andrew Brant (via zoom).

EXECUTIVE SUPPORT

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

Hector Matthews opened the meeting with a Karakia.

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

There were no changes or alterations to the Interest Register.

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest raised.

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

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

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

Resolution (32/20)

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

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

Resolution (33/20)

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

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

3. CARRIED FORWARD / ACTION LIST ITEMS

There were no carried forward/action items.

4. CDHB PACIFIC HEALTH STRATEGY

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

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

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

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

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

The Chair opened the floor to questions.

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

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

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

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

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

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

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

Resolution (34/20)

“That the Board:

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

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

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

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

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

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

5. SCHEDULE OF MEETINGS 2021

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

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

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

Resolution (35/20)

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

“Procedural motion that the Board:

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

6. CHAIR'S UPDATE

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

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

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

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

The Chair's update was noted.

7. CHIEF EXECUTIVE'S UPDATE

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

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

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

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

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

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

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

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

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

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

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

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

The Chief Executive's update was noted.

8. FINANCE REPORT

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

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

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

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

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

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

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

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

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

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

Resolution (36/20)

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

“That the Board:

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

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

9. ACCELERATING OUR FUTURE – PRESENTATION

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

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

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

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

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

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

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

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

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

Resolution (37/20)

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

“That the Board:

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

10. ADVICE TO BOARD

Hospital Advisory Committee (HAC)

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

Resolution (38/20)

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

“That the Board:

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

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

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

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

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

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

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

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

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

11. **RESOLUTION TO EXCLUDE THE PUBLIC**

Resolution (39/20)

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

“That the Board:

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

	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: <ul style="list-style-type: none"> ● 16 July 2020 – Ordinary ● 04 August 2020 – Emergency ● 12 August 2020 - Emergency 	For the reasons set out in the previous Board agenda.	
2.	Chair’s Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Executive Management Team Response to EY Taskforce Review – Phase 1	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

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

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

The Public meeting concluded at 12.50pm.

Sir John Hansen, Chairman

Date of approval

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

BOARD MEMBERS

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

CROWN MONITOR

Dr Lester Levy (via zoom).

BOARD CLINICAL ADVISOR

Dr Andrew Brant (via zoom).

APOLOGIES

There were no apologies.

EXECUTIVE SUPPORT

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

1. CONFIRMATION OF MINUTES OF PREVIOUS MEETING

Resolution (PE58/20)

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

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

Resolution (PE59/20)

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

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

(Jo Kane and Andrew Dickerson voted against)

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

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

(Jo Kane and Andrew Dickerson voted against)

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

Resolution (PE60/20)

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

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

2. CHAIR’S REPORT

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

3. CHIEF EXECUTIVE – EMERGING ISSUES

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

Laboratories

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

Proposed Catch-Up Funding

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

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

Bowel Screening

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

T3 and Compliance Component

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

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

Intellectual Disability Pods

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

Mothers & Babies & Eating Disorders

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

Energy Centre

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

Labs Facilities

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

Cancer Centre

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

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

Resolution (PE61/20)

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

“That the Board:

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

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

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

The meeting moved to item 6.

6. NZHPL STATEMENT OF PERFORMANCE EXPECTATIONS

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

Resolution (PE62/20)

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

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

(Jo Kane was absent for the vote)

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

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

(Jo Kane was absent for the vote)

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

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

(Jo Kane was absent for the vote)

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

7. NZHPL HEALTH SYSTEM CATALOGUE BUSINESS CASE

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

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

Resolution (PE63/20)

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

(Jo Kane was absent for the vote)

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

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

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

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

Further noting:

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

8. AUDIT NEW ZEALAND FRAUD RISK ASSESSMENT

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

Resolution (PE64/20)

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

(Jo Kane was absent for the vote)

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

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

9. INSURANCE PREMIUM APPROVAL

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

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

Jo Kane re-joined the meeting at 2.20pm.

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

Resolution (PE65/20)

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

“That the Board:

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

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

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

Resolution (PE66/20)

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

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

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

The meeting moved to item 12.

12. GOING CONCERN ASSESSMENT

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

Resolution (PE67/20)

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

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

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

13. PEOPLE REPORT

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

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

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

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

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

The People Report was noted.

14. LEGAL REPORT

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

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

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

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

Barry Bragg and Gabrielle Huria declared their interest regarding Carparking.

Mr Lester provided updates as follows:

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

The Legal Report was noted.

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

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

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

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

Recommendations were provided as follows:

That the Board

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

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

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

Resolution (PE68/20)

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

“That the Board:

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

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

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

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

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

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

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

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

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

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

Resolution (69/20)

“That the Board:

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

(Jo Kane, Andrew Dickerson, Naomi Marshall opposed)

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

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

(Jo Kane opposed)

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

The meeting moved to Item 5.

5. PROGRAMME BUSINESS CASE – HILLMORTON

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

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

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

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

Resolution (PE70/20)

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

“That the Board:

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

The meeting moved to Item 15.

15. ADVICE TO BOARD

Hospital Advisory Committee (HAC)

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

Resolution (PE71/20)

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

“That the Board:

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

Quality, Finance, Audit & Risk Committee (QFARC)

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

Resolution (PE72/20)

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

“That the Board:

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

INFORMATION

- Chair's Correspondence

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

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

Sir John Hansen, Chairman

Date of approval

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Canterbury

District Health Board

Te Poari Hauora o Waitaha

CANTERBURY DISTRICT HEALTH BOARD

STANDING ORDERS

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Revised February 2011

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1 GENERAL

1.1 Introduction

Interpretation

1.1

In these standing orders, unless inconsistent with the context:

Act means the New Zealand Public Health and Disability Act 2000.

Chairperson means the Chairperson of the Canterbury DHB, as the case may be, and where appropriate also includes any person acting as the Chairperson of any committee or sub-committee of the Canterbury DHB.

Committee includes, in relation to the Canterbury DHB

- (a) A Community and Public Health Advisory Committee; and
- (b) A Disability Support Advisory Committee; and
- (c) A Hospital Advisory Committee; and
- (d) A Quality, Finance Audit and Risk Committee; and
- (e) A Remuneration and Appointments Committee
- (f) Any committee appointed under Clause 39 of Schedule 3
- (e) Any subcommittee of a committee described in paragraph (a), paragraph (b), paragraph (c) and paragraph (d) of this definition.

Deputation means a request from any interest group, or individual with an issue of public interest, in the community to make a presentation to the CDHB, statutory committee or any other committee.

CDHB means the Board of the Canterbury District Health Board.

Meeting means any first, ordinary, special or emergency meeting of the CDHB; and any meeting of any committee or standing committee or special committee or subcommittee of the CDHB.

At any meeting of the CDHB or of any committee or subcommittee of the CDHB, at which no resolutions or decisions are made, the provisions of section 3 Public Access of these standing orders need not apply.

Member means any person elected or appointed to the CDHB or to any committee or subcommittee of the CDHB.

Minister means Minister of Health.

Minutes means any minutes or other record of the proceedings of any meeting of the CDHB and its committees.

Ordinary meeting means any meeting publicly notified by the CDHB in accordance with Clause 16 of the Schedule 3 of the Act (see orders 3.2.1 and 3.2.2).

Principal administrative officer means the principal administrative officer of the Canterbury DHB and includes for the purposes of these standing orders any other officer authorised by the Canterbury DHB.

Public excluded information includes:

- (a) Information which:
 - (i) is currently before a public excluded session; or
 - (ii) is proposed to be considered at a public excluded session; or
 - (iii) had previously been considered at a public excluded session (other than information subsequently released by the CDHB as publicly available information); and
- (b) Any minutes (or portions of minutes thereof) of public excluded sessions (other than those subsequently released by the CDHB as publicly available information); and
- (c) Any other information which has not been released by the CDHB as publicly available information.

Public excluded session refers to those meetings or parts of meetings from which the public is excluded by the CDHB or any other committee as provided for in Clause 33 of the Schedule 3 of the Act.

Publicly notified means notified to members of the public by notice contained in some newspaper circulating in the district, or, where there is no such newspaper in general circulation, means notified on printed placards affixed to public places in the district.

Statutory Committee means the Community and Public Health Advisory Committee, Disability Support Advisory Committee and Hospital Advisory Committee.

Working day means any day of the week other than –

- (a) Saturday, Sunday, Good Friday, Easter Monday, Anzac Day, Labour Day, the Sovereign's Birthday, and Waitangi Day; and
- (b) A day in the period commencing with the 25th day of December in any year and ending with the 15th day of January in the following year.

1.2 Application of standing orders

1.2.1

These standing orders shall, so far as applicable, extend to the proceedings of all CDHB meetings and meetings of all committees of the CDHB, including public excluded sessions.

1.2.2

All members of the CDHB and its committees, all other persons present at those meetings, shall abide by the standing orders adopted by the CDHB.

1.3 Chairpersons ruling final

1.3.1

The Chairperson shall decide all questions where these standing orders make no provision or insufficient provision.

1.3.2

In regard to order 1.3.1 the Chairperson's ruling shall be final and not open to debate.

**1.4
Suspension of
standing orders**

1.4.1

The CDHB or any committee may temporarily suspend standing orders during a meeting by a vote of three-quarters of the members present and voting and the reason for the suspension shall be stated in the resolution of suspension.

1.4.2

Any motion to suspend one or more standing orders shall state the specific order or orders which it is proposed to be suspended.

**1.5
Alteration of
standing orders**

1.5.1

After the adoption of the first standing orders of the CDHB, the adoption or amendment of standing orders shall require, in every case, a vote of three-quarters of the members present.

**1.6
First meeting
of CDHB following
election**

1.6.1

"(1) The first meeting of the CDHB following a triennial general election shall be called by the principal administrative officer as soon as practicable after the elected members have taken office on the 58th day after polling day.

(2) The principal administrative officer shall give the persons elected to the CDHB not less than 10 working days notice of the meeting.

(3) The meeting shall be chaired by the Chairperson appointed by the Minister under Clause 10 of Schedule 3 of the Act. or if they are not available the provisions of Clause 2.1 of these standing orders shall apply

1.6.2

Members to give
notice of addresses

Every member of the CDHB and any CDHB committee shall give to the principal administrative officer a residential or business address (together with, if desired, facsimile, email, or other address) within the region or district of the CDHB at which notices and material relating to meetings and CDHB business may be sent or delivered.

**1.7
Voting systems
for certain
appointments**

1.7.1

(1) For the purposes of –

(a) The election or appointment of a representative of the CDHB for any purpose, –

the CDHB or (except where the CDHB has otherwise directed) the committee may, by resolution determine that the person be elected or appointed by a system of voting that requires that, except as provided in subsection (2) of this section, the person to be elected or appointed

receives the votes of a majority of the membership of the CDHB or committee present and voting, and that requires that, where more than one round of voting is required, the least successful candidate in a round of voting shall not be a candidate in the next round of voting.

- (2) Where the system of voting described in subsection (1) of this section is adopted, every equality of votes that is not to be determined by a further round of voting shall be determined by lot in such manner as the CDHB or the committee determines."

1.8 Appointment of committees

1.8.1

"(1) The CDHB may appoint such committees for a particular purpose or purposes as it considers appropriate. (Clause 38, schedule 3)

- (2) A committee may only appoint such subcommittees as it considers appropriate, with the prior approval of the Board of the CDHB.

Committees subject
to direction of CDHB

- (3) Every committee shall be subject in all things to the control of the CDHB, and shall carry out all directions, general or special given in relation to the committee or CDHB or its affairs.

- (4) Every subcommittee shall be subject in all things to the control of the committee that appointed it, and shall carry out all directions, general or special, of the committee given in relation to the subcommittee or its affairs.

- (5) Subject to any provision to the contrary in the Act or any other Act, the CDHB, and a committee with respect to a subcommittee appointed by that committee, may at any time and from time to time discharge or reconstitute any committee or subcommittee."

1.9 Powers of delegation

1.9.1

Except as otherwise provided in the Act or any other Act, the CDHB may delegate by written notice to any committee any of its functions, duties, or powers. (Clause 40 Schedule 3).

Committee use of
delegated powers

1.9.2

Every committee to which any powers or duties are delegated may, without confirmation by the CDHB, exercise or perform the same in like manner and with the same effect as the CDHB could itself have exercised or performed the same.

Delegation to
subcommittees

1.9.3

Any committee may delegate any of the functions duties or powers of the committee to any subcommittee appointed by the committee under subsection 1.8.2 with the prior approval of the Board.

1.10 Membership of committees and subcommittees

1.10.1

"(1) The CDHB may at any time and from time to time appoint or discharge any member of a committee (other than a subcommittee) except where

the committee is a statutory committee the Board must exercise the power of discharge only if it has first consulted the member and committee about the removal (Clause 9 Schedule 4).

- (2) Unless directed otherwise by the Board, a committee may at any time and from time to time appoint or discharge any member of a subcommittee appointed by the committee.
- (3) The CDHB or committee may appoint to any committee or subcommittee, as the case may be, any person who is not a member of the CDHB, or committee, if, in the opinion of the CDHB, that person has knowledge that will assist the work of the committee or subcommittee.
- (4) Notwithstanding subsection (4) of this section, no employee of the Canterbury DHB acting in the course of his or her employment may act as a member of any committee unless that committee is a subcommittee.
- (5) At least one member of every committee, other than a subcommittee, shall be an elected member of the CDHB.
- (6) The minimum number of members of a committee shall be three, and the minimum number of members of a subcommittee shall be two."
- (7) The Chairperson of the CDHB shall be, at the Chairperson's option, an ex-officio member of any committee. In addition the Chairperson and Deputy Chairperson will be ex officio members of the CDHBs advisory committee's as provided for in those Committee's terms of reference.

1.11 Joint committees

1.11.1

- "(1) The CDHB may unite with any one or more DHBs, or other statutory organisation to appoint a joint committee for any purpose in which the CDHB is jointly interested.
- (2) The CDHB may agree with the other DHBs, or statutory organisations, participating in the joint committee on the number of members to be appointed by each organisation.
- (3) Any committee appointed under this section shall be deemed to be both a committee of the CDHB and a committee of any other DHB or statutory organisation.
- (4) The power to discharge any individual member and appoint another in his or her stead shall be exercisable by the DHB, or statutory organisation, that made the appointment. "

1.12 Proceedings not invalidated by vacancies, irregularities

1.12.1

No act or proceedings of the CDHB or of any person acting as a member of the CDHB shall be invalidated in consequence of there being any vacancy in the membership of the CDHB or committee at the time of that act or proceeding, or of the subsequent discovery that there was some defect in the election or appointment of any person so acting, or that he or she was or is incapable of being a member.

1.13 General provisions as

to meetings

1.13.1

- "(1) The CDHB shall hold such meetings as are necessary for the carrying out of its functions and responsibilities under the Act.
- (2) Every member of the CDHB or of any committee of the CDHB shall, unless lawfully excluded, have the right to attend any meeting of the CDHB or committee.
- (3) Every meeting of a CDHB shall be called, publicly notified, and conducted in accordance with –
- (a) The Act; and
 - (b) The standing orders of the CDHB.

**Cancellation of
Scheduled meetings**

1.13.2

If it is necessary to cancel a scheduled meeting, all reasonable effort shall be taken to notify members and the public as soon as practicable of the cancellation and the reasons for the cancellation.

**1.14
Notification of
ordinary meetings
to members**

1.14.1

- "(1) The CDHB and its Committees may hold meetings at such times and at such places as it from time to time appoints and may adopt a schedule of meetings for any future period to be publically notified as appropriate in accordance with the Act.
- (2) The principal administrative officer shall give notice in writing to each of the members of the time and place of the meeting –
- (a) Not less than 10 working days before the meeting; or
 - (b) Where the CDHB has adopted a schedule of meetings, not less than 10 working days before the first meeting on the schedule.
- (3) Where the CDHB adopts a schedule of meetings,–
- (a) The schedule may cover such future period as the CDHB considers appropriate and may be amended from time to time; and
 - (b) Notification of the schedule or any amendment shall constitute notification of every meeting on the schedule or amendment."

**1.15
Special and
emergency meetings**

1.15.1

**Notification of
special meetings**

- "(1) The CDHB may hold special meetings.

to members

- (2) A 'special meeting' means a meeting called pursuant to –
- (a) A resolution of the CDHB; or
 - (b) A requisition in writing delivered to the principal administrative officer and signed by –
 - (i) The Chairperson; or
 - (ii) A majority of the total membership of the CDHB (including vacancies), –
- which resolution or requisition shall specify the time and place at which the meeting is to be held and the general nature of the business to be brought before the meeting.
- (3) Notice in writing of the time and place of the meeting, and of the general nature of business, shall be given by the principal administrative officer to every member of the CDHB –
- (a) At least 3 working days before the day appointed for the meeting; or
 - (b) Where the meeting is called pursuant to a resolution of the CDHB, within such lesser period of notice, being not less than 24 hours, as is specified in the resolution."

Notification of
emergency meetings
to members

1.15.2

- "(1) The CDHB may hold emergency meetings.
- (2) An 'emergency meeting' means a meeting called by –
- (a) The Chairperson; or
 - (b) If the Chairperson is unavailable, the Deputy Chair instead, –
- to deal with matters specified by the Chairperson or principal administrative officer, being matters that require a meeting to be held at shorter notice than can be given under clauses 1.14.1 or 1.15.1.
- (3) Notice of the time and place of the emergency meeting and of the matters in respect of which the meeting is being called shall be given, by whatever means is reasonable in the circumstances, to every member of the CDHB and to the principal administrative officer at least 24 hours before the time appointed for the meeting.
- (4) The person calling the emergency meeting shall give, or shall cause some other person to give, the notice required by subsection (3) of this clause."

1.15.3

Where any resolution is passed at an emergency meeting of the CDHB, the CDHB shall cause the resolution to be publicly notified as soon as practicable, unless the resolution was passed at a meeting or part of a meeting from which the public was excluded. (Clause 22 Schedule 3)

1.16
Notices to members
of meetings

1.16.1

The principal administrative officer shall give notice in writing (by delivery or electronic transmission) to members of the time and place appointed from time to time for holding each ordinary meeting already scheduled and any

special meetings, and the members shall attend such meetings without further notice.

Agenda and
agenda papers to
be sent to members

1.16.2

In the case of each meeting to which order 1.16.1 applies, an agenda detailing the business to be brought before that meeting, together with relevant agenda papers and associated reports, shall be sent to every member not less than two working days before the day appointed for the meeting (see 2.3.1 and 2.3.2).

1.17
**Meetings not
invalid because
notice not
received**

1.17.1

No ordinary meeting, special meeting, or emergency meeting of the CDHB shall be invalid because notice of that meeting was not received or was not received in due time by any member if the Chairperson made all reasonable efforts to ensure each member was given notice. (Clause 18 Schedule 3)

2
MEETINGS

2.1
**Chairperson to
preside at meetings**

2.1.1

- "(1) The Chairperson of the Board shall preside at every meeting of the CDHB at which he or she is present.
- (2) The Chairperson of any committee shall preside at every meeting of the committee at which he or she is present.
- (3) The CDHB may appoint a member of any committee to be the Chairperson of that committee, and that power may be exercised by the committee where the CDHB, on the appointment of the committee, does not appoint a Chairperson. Any committee may from time to time appoint a Deputy Chairperson to act in the absence of the Chairperson.
- (4) If the Chairperson of the CDHB or of any committee, as the case may be, is absent from any meeting, the Deputy Chairperson (if any) of the CDHB or committee, as the case may be, shall preside, but, if no Deputy Chairperson has been appointed or if the Chairperson and the Deputy Chairperson are both absent, the members of the CDHB, or, as the case may be, of the committee present shall elect one of their number to preside at that meeting, and that person shall have and may exercise at that meeting all the functions, duties, and powers of the Chairperson."

2.2
Order of business

2.2.1

The CDHB shall adopt an order of business which shall normally apply at ordinary meetings and may vary it from time to time.

**2.3
Agenda**

2.3.1

Agenda

The principal administrative officer shall prepare for each meeting an agenda setting forth the items of business to be brought before the meeting so far as is known. At the meeting the business shall be dealt with in the order in which it stands on the agenda unless the meeting determines otherwise (see 2.6.1). The principal administration officer shall place on a confidential agenda paper any matters which he/she reasonably expects the CDHB or committee to discuss with the public excluded.

2.3.2

Agenda may be embargoed

An agenda detailing the business to be considered by a meeting may be issued to members of the news media on the basis of being embargoed until the commencement of the relevant meeting, or such earlier time as is stated in the agenda.

**2.4
Chairpersons
report**

2.4.1

The Chairperson shall, by report, have the right to direct the attention of the CDHB to any matter or subject within the role or function of the CDHB.

**2.5
Extraordinary
business at
ordinary meetings**

2.5.1

Only business on the agenda shall be transacted at any meeting unless the Chairperson determines additional business to be extraordinary or urgent. The Chairperson's ruling in this regard shall be final and not open to debate. (See also 3.2.9, (5) and (6))

**2.6
Precedence of
business**

2.6.1

Notwithstanding anything to the contrary contained in these standing orders, and after the confirmation of the minutes of the previous meeting, the Chairperson as a matter of urgency, or the CDHB on a motion duly passed without debate, may accord precedence to any business set down on the agenda for consideration.

**2.7
Time limit at
meetings**

2.7.1

Unless pursuant to a resolution of the CDHB Board or any other committee to other effect, no meeting shall sit for more than six hours nor beyond 10.30 p.m. Any business on the order paper not dealt with shall be listed for attention at the next ordinary meeting or special meeting.

**2.8
Quorum at
meetings**

2.8.1

- "(1) A meeting shall be duly constituted if a quorum is present whether or not all of the members present are voting.
- (2) No business shall be transacted at any meeting unless at least a quorum of members is present during the whole of the time at which the business is transacted.
- Quorum at CDHB or Statutory Committee meeting (3) The quorum at any meeting of the CDHB or statutory committee and the Quality, Finance Audit and Risk Committee, shall consist of half the Committee members (including vacancies) if the number of members is even, and a majority if the number is odd. (Note ex-officio members are treated as full members of any Committee).
- (4) The Minister may, by written notice to all members of a board given before a certain meeting or meetings of the board, or before any meeting within a certain period set a quorum other than 2.8.1(3) if a member of the board gives the Minister a written statement of the reasons why the Minister should do so and the Minister considers that these reasons are good reasons and do exist in fact. (Clause 25 Schedule 3)
- Quorum at committee meetings (5) The quorum at any meeting of any other committee –
- (a) Shall be not less than two members of the committee, as determined by the CDHB or committee that appoints the committee; and
- (b) In the case of a committee (other than a subcommittee), shall include at least one member of the CDHB."
- (6) A CDHB member who has declared an interest in relation to a transaction must not be counted in the quorum, unless the Minister has waived or modified the application of the clause. (Clause 26 Schedule 3)
- (7) A statutory committee member who has declared an interest in relation to a transaction must not be counted in the quorum unless the Board has waived or modified the application of the clause. (Clause 27 Schedule 4)
- (8) The Board may, by written notice to all members of a statutory committee given before a certain meeting or meetings of the statutory committee, or before any meetings of the statutory committee within a certain time period set a quorum other than 2.8.1(3) if a member of the committee gives the Board a written statement of reasons why the Board should do so and the Board considers those reasons are good reasons and do exist in fact. (Clause 26 Schedule 4)

2.9

Failure of a quorum

- Meeting lapses if no quorum **2.9.1**
If a meeting is short of a quorum at its commencement, or falls short of a quorum, the business shall stand suspended and, if no quorum is present within ten minutes, the Chairperson shall vacate the chair and the meeting shall lapse.
- Lapsed business **2.9.2**
The business remaining to be disposed of following the lapsing of a meeting shall stand adjourned until the next ordinary meeting unless an earlier meeting is fixed by the Chairperson and notified by the principal administrative officer.

2.9.3

Minutes to record failure of quorum

If a meeting lapses by reason of failure of a quorum, the names of the members then in attendance, and the fact of the adjournment shall be recorded by the principal administrative officer (see 2.11.2).

2.10 Leave of absence and apologies

Granting leave of absence

2.10.1

The CDHB Board or any other committee may grant leave of absence to a member from an ordinary meeting or other meetings of the CDHB or its committees upon application by the member.

Apologies at meetings

2.10.2

If a member has not obtained leave of absence an apology may be tendered on behalf of the member and the apology may be accepted or declined by the CDHB or any other committee. Acceptance of the apology shall be deemed to be a granting of leave of absence for that meeting. (Refer also to Clause 9 of Schedule 3)

Recording of apologies

2.10.3

The Chairperson of each meeting shall invite apologies at the beginning of each meeting, including apologies for lateness and early departure, and these and subsequent apologies during the meeting shall be recorded in the minutes, including whether they were accepted or declined and also the time of arrival and departure of all members.

2.11 Minutes of proceedings

Minutes to be evidence of proceedings

2.11.1

"The CDHB and any other committee shall keep minutes of all its proceedings and minutes of proceedings duly entered and authenticated as prescribed by the CDHB shall be prima facie evidence of those proceedings." "

2.11.2

The principal administrative officer shall ensure the minutes of meetings are kept. The minutes shall record:

- (a) the date, time and venue of the meeting
- (b) the names of those members and officers present
- (c) identification of the Chairperson
- (d) apologies tendered, including arrival and departure times
- (e) any failures of a quorum
- (f) a list of speakers under public comment and topics they cover
- (g) a list of items considered
- (h) resolutions pertaining to those items
- (i) objections to words used
- (j) all divisions taken
- (k) declarations of interest
- (l) contempt, censure and removal of any members

(m) resolutions to exclude members of the public

(n) the time the meeting concludes or adjourns

2.11.3

Approval of minutes

The minutes and proceedings of every meeting shall be circulated to members and considered at the next meeting succeeding, and, if approved by that meeting, or when amended as directed by that meeting, shall be signed by the Chairperson of such succeeding meeting.

2.11.4

No discussion on minutes

No discussion shall arise on the substance of the minutes at the succeeding meeting, except as to their correctness.

2.12

Minute books

Inspection of minute books

2.12.1

The minute books of the CDHB and any other Committees shall be kept by the principal administrative officer and shall be open to public inspection unless such minutes are minutes of any meeting or part of any meeting from which the public has been excluded in terms of Clause 32 Schedule 3 and Clause 34 Schedule 4 (Clause 21 Schedule 3 and Clause 22 Schedule 4)

2.12.2

Minutes of last meeting before election

The Chairperson and the principal administrative officer shall be responsible for confirming the correctness of the minutes of the last meeting of the CDHB prior to the next election of members.

2.13

Deputations

Deputations where heard

2.13.1

Deputations may be received by the Board or any of its statutory committees provided an application for admission setting forth the subject has been lodged with the principal administrative officer not later than two working days before the relevant meeting and has been subsequently approved by the relevant Chairperson. The Chairperson may refuse requests for deputations which are repetitious or offensive. and may at their discretion defer any deputation to a subsequent meeting if they consider this to be more appropriate.

2.13.1.2

Notwithstanding 2.13.1, where in the opinion of the relevant Chairperson the matter which is subject of a deputation is one of urgency or major public interest, the Chairperson may determine that the deputation be received by the CDHB or committee.

2.13.3

Procedures re deputations

Except with the approval of the CDHB (or committee thereof) not more than two members of a deputation may address the meeting. After a deputation is received members may put to the deputation any question pertinent to the subject heard, but no member shall express an opinion upon, or discuss the subject, nor move a motion until the deputation has completed making its submissions and answering questions (see 2.23.1 and 2.23.2 regarding qualified privilege).

2.13.4

Termination of deputation if disrespectful

The Chairperson may terminate a deputation in progress which is disrespectful or offensive, or where the Chairperson has reason to believe that statements have been made predominantly motivated by ill will or are taking improper advantage of the occasion of publication.

Time limit on deputation **2.13.5**
Unless the meeting determines otherwise in any particular case, a limit of five minutes shall normally be placed on each of the two members of the deputation addressing the meeting. In the case of a single deputation a time limit of greater than five minutes (but not normally more than ten minutes) may be granted at the discretion of the Chairperson.

Use of Māori or NZ Sign Language **2.13.6**
Provided appropriate prior arrangements are made deputations may address a meeting in Māori or NZ Sign Language.

2.14 Petitions

2.14.1
Petitions may be received by the Board and its statutory Committees. Notification of the intention to submit a petition should be made to the principal administration officer not later than two working days before the relevant meeting and require subsequent approval by the relevant Chairperson. The Chairperson may refuse requests for petitions which are repetitious or offensive and may at their discretion defer the presentation of any petition to a subsequent meeting if they consider this to be more appropriate.

2.14.2
Notwithstanding 2.14.1, where in the opinion of the relevant Chairperson the matter which is the subject of a petition is one of urgency or major public interest, the Chairperson may determine that the petition be received by the CDHB or committee..

Form of petitions **2.14.3**
Every petition presented to the CDHB (or to any committee thereof) shall comprise less than 500 words and shall not be disrespectful, nor use offensive language or make statements predominantly motivated by ill will.

Petition where Presented by Petitioner **2.14.4**
Where a petition is presented by a petitioner, unless the CDHB determines otherwise, a limit of five minutes shall be placed on that person (see 2.23.1 and 2.23.2 regarding qualified privilege). If the Chairperson has reason to believe that the petitioner is disrespectful or offensive, or has made statements predominantly motivated by ill will or is taking improper advantage of the occasion of publication the Chairperson will terminate presentation of the petition.

2.15 Procedural motions to terminate or adjourn debate

Members who may move procedural motions to terminate or adjourn debate **2.15.1**
Any member who has not spoken during debate on any matter may move any one of the following procedural motions to terminate or adjourn debate, but not so as to interrupt a member speaking:

- (a) That the meeting be adjourned to the next ordinary meeting, unless an alternative time and place is stated; or
- (b) That the item of business being discussed be adjourned to a time and place to be stated; or
- (c) That the motion under debate be now put (a “closure motion”); or

- (d) That the meeting move directly to the next business, superseding the item under discussion; or
- (e) That the item of business being discussed does lie on the table, and not be further discussed at that meeting; or
- (f) That the item of business being discussed be referred (or referred back) to the relevant committee of the CDHB.

2.15.1.1

Chairperson may accept closure motion

The chairperson may accept a closure motion if there have been not less than two speakers for and two speakers against the motion, or, if there are no such speakers, in the Chairperson's opinion, it is reasonable to do so.

2.15.2

Procedural motions to terminate or adjourn debate to take precedence

Procedural motions to terminate or adjourn debate shall take precedence over other business (other than points of order), and shall, if seconded, be put to the vote immediately without discussion or debate.

2.15.3

Voting on procedural motions to terminate or adjourn debate

All procedural motions to terminate or adjourn debate shall be determined by a majority of those members present and voting. If lost, a further procedural motion to terminate or adjourn debate may not be moved by any member within the next 15 minutes.

2.15.4

Closure motion to be put if no further speaker

Notwithstanding order 2.15.3 a closure motion shall be put if there is no further speaker in the debate.

2.15.5

Closure motion on amendment

When an amendment to a motion is under debate, a closure motion relates to the amendment and not to the motion.

2.15.6

Right of reply following closure

If a closure motion is carried, the mover of the motion then under debate is entitled to the right of reply, and the motion or amendment under debate shall then be put.

2.15.7

Debate on items previously adjourned

The debate on adjourned items of business shall be resumed with the mover of such adjournment being entitled to speak first in the debate. Members who have already spoken in the debate may not speak again.

2.15.8

Adjourned items taken first

Adjourned items of business shall be taken first at the subsequent meeting in the class of business to which they belong.

2.15.9

Other business not superseded

The carrying of any motion to adjourn a meeting shall not supersede other business before the meeting remaining to be disposed of, and such other business shall be considered at the next meeting.

2.15.10

Referral or referred back to committee

Business referred, or referred back, to a specified committee shall be considered at the next ordinary meeting of that committee.

**2.16
Notices of motion**

2.16.1

Notices of motion

Notices of motion shall be in writing signed by the mover, stating the meeting

to be in writing at which it is proposed that the notice of motion be considered, and shall be delivered to the principal administrative officer at least five working days before such meeting (see 2.18.14).

2.16.2
Refusal of notice of motion The Chairperson may direct the principal administrative officer to refuse to accept any notice of motion which is:

- (a) Disrespectful or which contains offensive language or statements made with malice; or
- (b) Not related to the role or functions of the CDHB; or
- (c) Contains an ambiguity or a statement of fact or opinion which cannot properly form part of an effective resolution, and where the mover has declined to comply with such requirements as the principal administrative officer may make.
- (d) Is concerned with matters, which are already the subject of reports or recommendations from a committee to the meeting concerned.

2.16.3
Mover of notice of motion to be present Notice of motion shall not proceed in the absence of the mover, unless moved by another member authorised in writing by the mover to do so.

2.16.4
Alteration of notice of motion A notice of motion may only be altered by the mover with the consent of the meeting. No member other than the mover of the notice of motion may move an amended motion.

2.16.5
When notices of motion lapse Notices of motion not moved on being called for by the Chairperson shall lapse.

2.16.6
Referral of notices of motion to committees Any notice of motion referring to any matter ordinarily dealt with by a committee of the CDHB may be referred by the principal administrative officer to that committee.

2.17
Repeat notices of motion

2.17.1
First repeat where notice of motion rejected When a motion which is the subject of a notice of motion has been considered and rejected by the CDHB, no similar notice of motion which, in the opinion of the Chairperson, is substantially the same in purport and effect shall be accepted within the next six months unless signed by not less than one-third of the members of the CDHB (including vacancies).

2.17.2
Second repeat where notice of motion rejected If such a repeat notice of motion as provided for in order 2.17.1 is also rejected by the CDHB, any further notice prior to the expiration of the original period of six months shall need to be signed by a majority of the members of the CDHB (including vacancies).

2.17.3
No repeats Where a notice of motion has been considered and agreed by the CDHB, no notice of any other motion which is, in the opinion of the Chairperson, to the same effect shall be put again whilst such original motion stands.

2.18

Motions and amendments

Requirement for a seconder	2.18.1 All motions and amendments moved in debate (including notices of motion) must be seconded, following which the Chairperson shall state the matter raised and propose it for discussion (see 2.18.7).
Withdrawal of motions and amendments	2.18.2 Once motions or amendments have been seconded and put to the meeting by the Chairperson they cannot be withdrawn without the consent of a majority of the members present and voting. A motion to which an amendment has been moved and seconded cannot be withdrawn until the amendment is withdrawn or lost.
Substituted motion by amendment	2.18.3 The meeting may allow a motion which is subject to an amendment to be withdrawn and replaced by the amendment as the substituted motion, provided provided a majority of the members present vote for the withdrawal of the original motion. In such case, members who have spoken to the original motion may speak again to the substituted motion.
Motions in writing	2.18.4 The Chairperson may require the mover of any motion or amendment to submit it in writing signed by the mover.
Division of motions	2.18.5 The Chairperson or the meeting may require a complicated motion (whether an original motion, a substituted motion, or amendment) to be decided part by part.
Alteration once moved	2.18.6 When a motion has been seconded and proposed by the Chairperson for discussion, an amendment may be moved and seconded by any member who has not yet spoken to the motion (whether an original motion or substituted motion). The mover or seconder of a motion for the adoption of the report of a committee who desires to amend any item in the report may also propose or second an amendment.
Amendments not seconded	2.18.7 Amendments which are proposed but not seconded are not in order and are not entered in the minutes.
Further amendments	2.18.8 No further amendment shall be allowed until the first amendment is disposed of, although members may give notice to the chair of their intention to move further amendments and the tenor of their content.
Where amendment lost	2.18.9 Where an amendment is lost, another may be moved and seconded by any members who have not spoken to the motion (whether an original motion or substituted motion). Movers and seconders of previous amendments which were lost are regarded as having spoken to the motion only and shall be entitled to speak to the new amendment, but are not entitled to move or second the new amendment.
Where amendment carried	2.18.10 Where an amendment is carried, the motion as amended becomes the substantive motion, and any member, other than previous movers or seconders in the debate, may then propose a further amendment.
Amendments relevant	2.18.11 Every proposed amendment must be relevant to the motion under discussion and not be in similar terms to an amendment which has been lost.

Direct negatives not allowed	<p>2.18.12 No amendment which amounts to a direct negative shall be allowed which, if carried, would have the same effect as negating the motion.</p>
Same members not to move or second further amendments	<p>2.18.13 The procedure in order 2.18.9 and 2.18.10 shall be continued until a final resolution is adopted, subject to the rule that amendments may be moved and seconded only by members who have not spoken to the motion, or who have not moved or seconded previous amendments. Such members may however speak to amendments moved and seconded by other members.</p>
Revocation or alteration of resolutions	<p>2.18.14 All or part of a resolution agreed at a meeting of the CDHB may be revoked or altered as follows:</p> <p>(a) Notice of motion for the revocation or alteration of all or part of a previous resolution shall be given to the principal administrative officer by the member intending to move such a motion. Such notice shall set out:</p> <ul style="list-style-type: none"> (i) the resolution or part thereof which it is proposed to revoke; (ii) the meeting date when it was passed; (iii) and the motion, if any, that it is intended to move in substitution therefore; <p>(b) Such notice shall be given to the principal administrative officer at least five working days before the meeting at which it is proposed to consider such motion and shall be signed by not less than one third of the members of the CDHB (including vacancies);</p> <p>(c) At least two working days' notice in writing shall then be given by the principal administrative officer to the members of the intended motion and of the meeting at which it is proposed to move such motion (see (b) above and 2.18.17).</p>
Restriction on action to be taken on previous resolution	<p>2.18.15 Where a notice of motion has been given in terms of order 2.18.14 no action which is irreversible shall be taken under the resolution proposed to be revoked or altered until the proposed notice of motion has been dealt with by the CDHB. However, if in the opinion of the Chairperson, the practical effect of the delay so occasioned would be equivalent to a revocation of the resolution, or if, by reason of repetitive notices the effect of the notice is, in the opinion of the Chairperson, an attempt by a minority to frustrate the will of the CDHB then, in either case, action may be taken as though no such notice to the principal administrative officer had been given or signed.</p>
Revocation or alteration of resolution at same meeting	<p>2.18.16 If, during the course of a meeting of the CDHB, fresh facts or information are received concerning a matter already resolved at the meeting, then such previous resolution may be revoked or altered by the consent of three-quarters of the members present and voting.</p>
CDHB may revoke or alter any previous resolution	<p>2.18.17 Any CDHB meeting may, on a recommendation contained in a report by the Chairperson or principal administrative officer, or the report of any committee, revoke or alter all or part of any resolution previously passed by the CDHB or committee thereof, provided that notification of such recommendation shall have been given to the Chairperson and members at least two working days before the meeting at which such recommendation is to be considered.</p>
	<p>2.18.18</p>

Restating the motion before division
The Chairperson may, immediately prior to any division being taken, request the principal administrative officer to restate the motion upon which the division is to be taken. Once the Chairperson has put the motion, no member may speak to that motion after it has been put and voted upon.

Reflections on resolutions
2.18.19
In speaking in any debate no member shall cast reflection on any resolution of the CDHB except by a notice of motion to amend or revoke the same (see 2.18.14).

2.19
Rules of debate

Mode of address for Chairperson
2.19.1
The person in the chair shall be addressed in such terms as denotes the statutory office of that person - the choice of mode of address being as determined by that person.

Reserving speech
2.19.2
A member may second a motion or amendment without speaking to it, reserving the right to speak later in the debate.

Irrelevant matter and tedious repetition
2.19.3
In speaking to any motion or amendment, members shall confine their remarks strictly to such motion or amendment, and shall not introduce irrelevant matter or indulge in tedious repetition. In this matter, the Chairperson's ruling is final and not open to challenge.

Limitation on speakers
2.19.4
If three speakers have spoken consecutively in support of, or in opposition to, any motion the Chairperson may call for a speaker to the contrary. If no such speaker is forthcoming the Chairperson may then put the motion. Any member speaking shall, if called upon by the Chairperson to do so, announce whether they are speaking in support of or against the motion or amendment.

Time limits
2.19.5
The following time limits apply as a guide to members speaking at CDHB meetings, and may be applied at the discretion of the Chairperson:
(a) Movers of motions when speaking to the motion, 5 minutes;
(b) Other members, not more than 3 minutes;
(c) Movers of motions, when expressing their right of reply, 3 minutes.

Member speaking more than once
2.19.6
Except pursuant to orders 2.19.9, 2.19.11 and 2.19.12 a member may not speak more than once to a motion. (See 2.19.9 re right of reply, 2.19.11 re personal explanation and 2.19.12 re explanation of previous speech) save that this order does not apply to meetings of committees and subcommittees.

Restating of motion
2.19.7
Members may request the Chairperson to restate the motion for their information at any time during the debate, but not so as to interrupt.

Right of reply
2.19.8
The mover of an original motion shall have the right of reply. After the mover has commenced such reply, or has intimated the wish to forego this right, or having spoken to an amendment to the motion and the Chairperson has intimated his intention to put the motion, no other member of the CDHB shall speak on the motion. Movers in reply shall not introduce any new matter and shall confine themselves strictly to answering previous speakers.

When right of reply may be exercised

2.19.9
The right of reply shall be governed as follows:

(a) Where no amendment has been moved, the mover may reply at the conclusion of the discussion on the motion;

(b) If there is an amendment, the mover of the original motion may make such reply at the conclusion of the debate on such amendment, and this reply shall exhaust the right thereto as mover of the original motion (see 2.19.8). provided that the mover may reserve such right of reply. The mover may, however, take part in the discussion upon subsequent amendments.

Speaking only to relevant matters

2.19.10
Members may speak to any matter before the meeting or upon a motion or amendment to be proposed by themselves, or upon a point of order arising out of debate, but not otherwise.

Personal explanation

2.19.11
Notwithstanding order 2.19.10, members may make a personal explanation with the permission of the Chairperson, but such matters may not be debated.

Explanation of previous speech

2.19.12
With the permission of the Chairperson, explanation of some material part of a previous speech in the same debate may be given by a member who has already spoken, but new matter may not be introduced.

2.20 **Conduct of meetings**

Chairperson to decide

2.20.1
The Chairperson shall decide all questions where these Standing Orders make no provision, or insufficient provision, and all points of order and any member who refuses to obey any order or ruling of the Chairperson shall be held guilty of contempt (see 1.2.2, 1.3, and 2.21.6).

Chairperson rising

2.20.2
Whenever the Chairperson rises or raises a hand during a debate any member then speaking or offering to speak shall be seated, and members shall be silent so that the Chairperson may be heard without interruption.

Members to speak in places

2.20.3
Members desiring to speak shall rise in their place or raise a hand and address the Chairperson, and shall not leave their place while speaking without the leave of the Chairperson. Unless required to do so by the Chair, members may remain seated while speaking.

Priority of speakers

2.20.4
When two or more members rise to speak, or raise a hand the Chairperson shall name the member who has the right to speak first, provided that the following members shall have precedence, where in order, when they rise and state their intention to:

(a) Raise a point of order (2.21), including any request to obtain a time extension for the previous speaker;

(b) Move a motion to terminate or adjourn the debate (see 2.15); or

(c) Make a point of explanation or request an indulgence of the Chairperson (see 2.19.11 or 2.19.12).

Disorderly members to withdraw	<p>2.20.5 Members called to order by the Chairperson shall resume their seats and/or stop speaking, as the case may be. Should any member refuse to obey, such member may be directed by the Chairperson to withdraw from the meeting. Upon such direction, any such member shall withdraw and shall not be permitted to return during the meeting, or any period thereof of that meeting that the Chairperson may determine (see 2.20.9).</p>
Members not to be disrespectful	<p>2.20.6 (a) No member of the CDHB or any other committee shall at any meeting, be disrespectful in speech or use offensive or malicious language, including in reference to:</p> <ul style="list-style-type: none"> (i) the CDHB, or (ii) any other member, or (iii) any current or former officer or employee of the CDHB. <p>(b) In addition, no member shall impute improper motives, or make offensive remarks about the private affairs of any other member of the CDHB or its staff.</p>
Retraction of or apology for offensive or	<p>2.20.7 The Chairperson may call upon any member to withdraw any offensive or malicious expression and require the member to apologise for the expression. The Chairperson may require any member, who refuses malicious language to withdraw the expression and/or apologise, to withdraw from the meeting for a time specified by the Chairperson.</p>
Disorder in meeting	<p>2.20.8 The Chairperson may require a member to withdraw immediately, from the meeting if their conduct is, in the opinion of the Chairperson, disorderly or creating a nuisance.</p>
Disorderly members to be excluded by Chairperson	<p>2.20.9 If any member who is required, pursuant to a ruling under standing orders, to leave a meeting –</p> <ul style="list-style-type: none"> (a) Refuses or fails to leave the meeting; or (b) Having left the meeting, attempts to re-enter the meeting without the permission of the Chairperson, – <p>any officer or employee of the CDHB or member of the police, may, at the request of the Chairperson, remove or, as the case may require, exclude that member from the meeting.</p> <p>(See 2.20.5, 2.20.8 and 2.24.1).</p>
Adjournment of meeting following	<p>2.20.10 Should the disorder continue, the chairperson has the right to adjourn the meeting for a time specified by the Chairperson. At the end of that period the meeting shall resume and decide without debate the question as to whether the meeting shall proceed or be adjourned. The chairperson may also take such action in relation to disorder from other sources or in the event of an emergency.</p>
Contempt to be recorded in minutes	<p>2.20.11 Where the meeting resolves to find the member in contempt that resolution must be recorded in the minutes.</p>
Chairperson's Recommendation	<p>2.20.12</p>

The chairperson of any meeting may include on the agenda for that meeting a chairperson's recommendation regarding any item brought before the meeting.

Use of recording device

2.20.13

No member may use, or be associated with the use of, a recording device without the knowledge of the meeting and the consent of the Chairperson. (See also 4.4.1)

**2.21
Points of order**

Members rising to points of order

2.21.1

Any member may rise to speak to a point of order upon any breach of these standing orders and the member previously speaking shall be seated and stop speaking.

2.21.2

The member rising shall state without explanation precisely the subject matter of the point of order.

2.21.3

No point of order shall be raised during a division except by permission of the Chairperson.

Types of points of order

2.21.4

The following shall be recognised as substance for points of order:

- (a) Discussion of a question not before the CDHB, or any other committee open to the public, or
- (b) Use of offensive, disrespectful, or malicious language, or
- (c) The breach of any standing order, or
- (d) Misrepresentation of any statement made by a member or by an officer or employee of the CDHB, or
- (e) Request that words objected to be recorded in the minutes (see 2.11.2),
- (f) Where disorder is drawn to the attention of the Chairperson

Contradiction not point of order

2.21.5

Rising to express a difference of opinion or to contradict a statement of a speaker shall not be construed as rising to speak to a point of order.

Decision of Chairperson final

2.21.6

The Chairperson may decide on any point of order immediately after it has been raised by any member, or may first hear further argument before deciding. The ruling of the Chairperson upon any point of order shall not be open to any discussion and shall be final.

**2.22
Voting**

Decisions to be by majority of votes

2.22.1

All acts of the CDHB and any other Committee shall be done and all decided questions before the CDHB and any other committee shall be decided at a meeting by the majority of such members as are present and vote except as provided for by the Act or Standing Orders.

Voting by Chairperson	<p>2.22.2 If a vote is tied, the member presiding at the meeting has no second or casting vote and the motion is negated (Clause 29 Schedule 3, Clause 30 Schedule 4).</p>
Open voting	<p>2.22.3 Every question coming before the CDHB and any other committee shall be decided by open voting.</p>
Members may abstain	<p>2.22.4 Any member may abstain from voting and shall have their abstention recorded in the minutes where requested (see 2.11.2).</p>
Method of voting	<p>2.22.5 The method of voting at meetings of the CDHB Board, statutory or committee, other committee shall be as follows:</p> <ul style="list-style-type: none"> (a) The Chairperson in putting the motion shall call for an expression of opinion on the voices or take a show of hands, the result of either of which, as announced by the Chairperson, shall be conclusive unless such announcement is questioned immediately, in which event the Chairperson shall call a division; (b) The Chairperson may call for a division instead of, or after receiving opinion on the voices and taking a show of hands; (c) Any member may alternately call for a division immediately the Chairperson has declared the result of a vote on the voices or by a show of hands.
Division	<p>2.22.6 When a division is called for the principal administrative officer shall take down the names of the members voting for and against respectively, and shall hand the list to the Chairperson who shall declare the result.</p>
Second division	<p>2.22.7 In case of confusion or error in taking the division, unless the same can be otherwise corrected, a second division shall be taken.</p>
Members interests	<p>2.22.8 No member of the Board shall vote nor take part in the discussion of any matter at any meeting where they are interested in a transaction unless the Minister waives or modifies the application of Clause 36(2) Schedule 3 by written notice to the Board. No member of a statutory committee shall vote nor take part in a discussion of any matter at any meeting where they are interested in a transaction unless the Board waives or modifies the application in Clause 38 of Schedule 4.</p>
Declaration of interest	<p>2.22.9 Every member present when any matter is raised where they are interested in a transaction, shall be under a duty to fully declare any such interest to the meeting. Members who have declared an interest in matters to be discussed under order 2.22.8 should leave the meeting room for the full duration of discussion on such matters. This declaration and the subsequent withdrawal of such member from both discussion and voting on the item shall be recorded in the minutes (see 2.11.2).</p>
	<p>2.22.10 Notwithstanding orders 2.22.8 and 2.22.9, members who have declared an interest may be involved in a discussion on such matters if a motion to this effect including reasons is passed by a majority of the other members of the Board. If such a motion is passed the principal administrative officer shall record in the minutes what the member says in any discussion of the Board relating to the transaction.</p>

2.23
Qualified privilege

2.23.1

Qualified privilege relating to agenda minutes

Where a meeting of any CDHB or statutory committee or any other committee is open to the public during the proceedings or any part, and

- (a) There is supplied to a member of the public a copy of the agenda for the meeting with or without further statements or particulars for the purpose of indicating the nature of any item included in the agenda; or
- (b) The minutes of that meeting or part are produced for inspection by any member of the public or a copy of them is given to any member of the public, –

The publication in that way of any defamatory matter in the agenda or in the further statements or particulars, or in the minutes is privileged unless the plaintiff proves that in publishing the matter the defendant was predominantly motivated by ill will towards the plaintiff or otherwise takes advantage of the occasion of publication (Clause 23 Schedule 3, Clause 24 Schedule 4)."

2.23.2

Qualified privilege relating to oral statements

- (1) Any oral statement made at any meeting of the Board or statutory committee in accordance with the rules that have been adopted by that CDHB for the guidance and order of its proceedings shall be privileged, unless the statement is proved to be made predominantly motivated by ill will towards the plaintiff or improper advantage was taken of the occasion of publication (Clause 24 Schedule 3, Clause 25 Schedule 4).
- (2) The privilege conferred by subsection (1) of this section is in addition to and not in substitution for or derogation of any other privilege, whether absolute or qualified, that applies, by virtue of any other enactment or rule of law, to the proceedings of any Board."

2.24
Maintenance of public order at meetings

2.24.1

Chairperson may require members of the public to leave meeting

- "(1) The person presiding at any meeting of the CDHB or statutory committee may, if that person believes, on reasonable grounds, that the behaviour of any member of the public attending that meeting is likely to prejudice or to continue to prejudice the orderly conduct of that meeting if that member of the public is permitted to remain in that meeting, require that member of the public to leave the meeting.

Removal of members of public

- (2) If any member of the public who is required, pursuant to subsection (1) of this section, to leave a meeting and –
 - (a) Refuses or fails to leave the meeting; or
 - (b) Having left it, attempts to re-enter the meeting without the permission of the person presiding at the meeting, –

a member of the police, or any officer or employee of the CDHB, may, at the request of the person presiding at the meeting, remove or, as the case may require, exclude that member of the public from the meeting (Clause 37 Schedule 3)."

2.25

-
- Conflicts of Interest**
- (1) At any meeting of the CDHB and its statutory committees (and any other committees) the Chairperson of the meeting will ask members to declare any amendments or additions that they may have to the Register of Interests for the CDHB, or committee, at the commencement of the meeting and to also declare if they have any conflict of interest in regard to any items on the agenda for that meeting or if they have a perception that any other member may have a conflict of interest in respect to any items on the agenda for that meeting.
 - (2) In considering as to whether a conflict of interest may exist members will be guided by any guidelines which may be issued to DHBs by the Ministry of Health and or any guidelines which may be adopted by the CDHB.
 - (3) In the event that a member has declared a conflict of interest the member may at their discretion retire from the room for the duration of the discussion and voting on the issue, or issues, on which the have declared a conflict of interest. If the matter is, however, one being considered with the public excluded the member should retire from the room.

3 PUBLIC ACCESS

3.1 Public at meetings

Meetings normally to be open

3.1.1

All meetings of the CDHB and its statutory committees (and other committees which involve making decisions or resolutions on behalf of the Board) shall be open to the public and news media except where otherwise provided by Clause 34 Schedule 3 and Clause 35 Schedule 4 of the Act. (Clause 33 Schedule 3, Clause 39 Schedule 3 and Clause 34 Schedule 4)

3.2 Public notification about meetings and access to papers, agenda and minutes

3.2.1

The agenda and associated reports circulated to members of the Board or statutory committee shall be available to the public and news media within 2 working days before a meeting (unless the principal administrative officer excludes material from reports he/she reasonably expect the meeting to discuss with the public excluded) (see also 3.2.9). (Clause 19 Schedule 3, Clause 20 Schedule 4).

3.2.2

Public notification about ordinary meetings

All meetings scheduled for the following month except where provided for in order 3.2.3, shall be publicly notified not more than 14 days and not less than five days before the end of every month, together with the dates on which and the times and places at which those meetings are to be held. (Clause 16(1) Schedule 3, Clause 17(1) Schedule 4)

3.2.3

Where any meeting is to be held on or after the 21st day of the month, such meetings may, instead of being notified in accordance with order 3.2.2, be publicly notified not more than ten nor less than five working days before the day on which the meeting is to be held. (Clause 16(2) Schedule 3, Clause 17(2) Schedule 4)

3.2.4

Public notification

about special meetings Where any special meeting of the CDHB or statutory committee is called and notice of that meeting cannot be given in the manner required or meetings permitted by order 3.2.2-3.2.3 as appropriate, the CDHB and statutory committee shall cause that meeting and the general nature of business to be transacted at that meeting to be publicly notified or otherwise advertised as soon as practicable before the meeting is to be held.
(Clause 16(3) Schedule 3, Clause 17(3) Schedule 4)

3.2.5
Public notification about emergency meetings Where any emergency meeting of the CDHB or statutory committee is called and notice of that meeting cannot be given in the manner required or permitted by order 3.2.1 – 3.2.2 as appropriate for an ordinance or special meeting, the CDHB or person calling the meeting shall cause to be given such public notice of the meeting and the business to be transacted at the meeting as is reasonable in the circumstances.
(Clause 16(4) Schedule 3, Clause 17(4) Schedule 4)

3.2.6
Additional public notification The principal administrative officer shall make any other additional arrangement for the notification of meetings including special meetings as the CDHB may from time to time determine (see 1.16 for notification to members).

3.2.7
No meeting of the CDHB or committee shall be invalid merely because that meeting was not publicly notified in accordance with orders 3.2.2, 3.2.3, 3.2.4 or 3.2.5.
(Clause 17(1) Schedule 3, Clause 18(1) Schedule 4)

3.2.8
Where the CDHB or committee becomes aware that any meeting has not been publicly notified in accordance with orders 3.2.2, 3.2.3, 3.2.4 or 3.2.5, the CDHB or committee shall, as soon as practicable, give public notice that the meeting was not so notified, and shall in that notice, -

- (a) State the general nature of the business transacted at that meeting; and
- (b) Give the reasons why that meeting was not so notified.

(Clause 17(2) Schedule 3, Clause 18(2) Schedule 4)

3.2.9
Availability of agendas and reports Any member of the public may, without payment of a fee, inspect during normal office hours, within a period of at least two working days before every meeting, all agendas and associated reports circulated to members of the CDHB and any other committee open to the public and relating to that meeting.

(1) The agendas shall be available for inspection at the public offices of the CDHB and must be accompanied by either –

- (a) The associated reports; or
- (b) A notice specifying the places at which the associated reports may be inspected

(2) Any member of the public may take notes from any agenda or report inspected by that member of the public

(3) Every member of the public who inspects an agenda or report made available under subsection (1) of this section and who requests a copy of any part of any such agenda or report and tenders the prescribed amount (if any) shall be given such a copy as soon as practicable.

-
- (4) Where a meeting is an emergency meeting or a special meeting called pursuant to a resolution of the CDHB or statutory committee, the agenda and any associated reports shall be made available as soon as is reasonable in the circumstances (Clause 20 Schedule 3, Clause 2 Schedule 4).
- Item not on agenda may be dealt with at meeting (5) Where an item is not on the agenda for a CDHB or statutory committee meeting, that item may be dealt with at that meeting if the Board or statutory committee –
- (a) By resolution so decides; and
- (b) The presiding member explains at the meeting at a time when it is open to the public, –
- (i) The reason why the item is not on the agenda; and
- (ii) The reason why the discussion of the item cannot be delayed until a later meeting (Clause 28 Schedule 3, Clause 29 Schedule 4).
- (6) The Board or statutory committee may also deal with an item not on an agenda if the item is a minor matter relating to the general business of the Board or committee and the presiding member explains at the beginning of the meeting at a time when it is open to the public, that the item will be discussed at the meeting and no resolution, decision or recommendation may be made in respect to that item.. (clause 28 schedule 3)
- Exclusion of reports to be discussed with public excluded (7) The principal administrative officer may exclude from the reports made available reports or items from reports that he or she reasonably expects the meeting to discuss with the public excluded.
- (8) The principal administrative officer shall indicate on each agenda the items that he or she reasonably expects the meeting to discuss with the public excluded.
- 3.2.10**
- Agenda to be made available to public who are at meetings The public shall be entitled without charge to copies of the agenda (including copies of any documents deemed part of the agenda) to be considered at that part of the meeting which is to be open to them. The part of the agenda which relates to the resolution or motion to exclude the public (see 3.3) shall also be available to the public. The necessary quantity of copies shall be made available.
- 3.2.11**
- Public entitled to inspect minutes The public shall be entitled without charge to inspect, take notes from, or receive copies of, minutes of any meeting or part of any meeting from which the public was not excluded (see 2.12.1).
- 3.2.12**
- Requests for minutes of meetings in closed session Where a member of the public makes a request for the minutes of a meeting or part thereof from which the public were excluded, that request shall be considered by the principal administrative officer as follows:
- (a) if it is made by or on behalf of a natural person, and is for access to any personal information that is about that person, as if it were a request made under subclause (1)(b) of principle 6 of the Privacy Act 1993:
- (b) in any other case, as if it were a request for access to official information made under the Official Information Act 1982.

3.2.13

List of committee members publicly available

Lists of members on each committee shall be available at the office of the principal administrative officer and at all meetings of the CDHB at which members of the public are present.

**3.3
Reasons to
exclude public**

Lawful reasons to exclude public

3.3.1

The CDHB or any other committee open to the public may by resolution exclude the public from the whole or part of the proceedings of any meeting only on one or more of the following grounds:

- (a) that the public conduct of the whole or 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 9(2)(g)) of the Official Information Act 1982. clause 32 schedule 3
- (b) that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information the public disclosure of which would –
 - (i) be contrary to the provisions of a specified enactment; or
 - (ii) constitute contempt of court or of the House of Representatives:
- (c) that the purpose of the whole or the relevant part of the meeting is to consider a recommendation of an Ombudsman made under section 30(1) or section 35(2) of the Official information Act 1982 to the board:
- (d) that the purpose of the whole or the relevant part of the meeting is to consider a communication from the Privacy Commissioner arising out of an investigation under Part VIII of the Privacy Act 1993:
- (e) that the exclusion of the public from the whole or the relevant part of the meeting is necessary to enable the board to deliberate in private on a decision or recommendation as to whether any of the grounds in paragraphs (a) to (d) are established in relation to all or any part of any meeting of the board.

Form of resolutions to exclude public

3.3.2

Where so empowered, the meeting may by resolution exclude the public from the whole or any part of their proceedings. Any such resolution shall state the description of the item to be considered under public excluded and the reason it is being considered under public excluded and the reason for passing that resolution in relation to that matter, including the particular interests protected by Section 6, 7 or 9 of the Official Information Act 1982 which would be prejudiced by holding the whole or relevant part of the meeting in public or the other reasons as set out in Clause 34 Schedule 3 or Clause 35 Schedule 4.

3.3.3

Motion to exclude public to be put with the public present

"Every resolution or motion to exclude the public shall be put at a time when the meeting is open to the public, and the text of that resolution or motion (or copies thereof) -

- (a) Shall be available to any member of the public who is present; and
- (b) Shall form part of the minutes of the CDHB or that committee"

3.3.4

A resolution pursuant to order 3.3.2 may also provide for one or more specified persons to remain after the public has been excluded if that person, or persons, has or have in the opinion of the CDHB or other committee, knowledge that will assist the meeting (Clause 35.3 Schedule 3, Clause 36.3 Schedule 4).

3.3.5

Where the CDHB or statutory committee resolves that one or more persons may remain after the public has been excluded, the resolution must state the knowledge possessed by that person or those persons which will be of assistance in relation to the matter to be discussed and how it is relevant to the matter (Clause 35.4 Schedule 3, Clause 36.4 Schedule 4).

3.3.6

The person or persons that remain while the public are excluded must not disclose any information that the person or persons became aware of only at the meeting while the public was excluded (Clause 35.5 Schedule 3, Clause 36.5 Schedule 4).

Release of public excluded information

The CDHB may provide for the release to the public of information which has been considered during the public excluded part of any meeting.

**3.4
Application of standing orders to public excluded session**

3.4.1

These standing orders shall apply to meetings or parts of meetings from which the public has been excluded.

**3.5
Use of public excluded information**

Public excluded business not to be disclosed

3.5.1

Subject to the provisions of the Official Information Act, no member, officer or other person shall disclose to any person other than a member or officer, any information which has been presented to, or is to be presented to any meeting from which the public is properly excluded, or where it is proposed that the public be properly excluded, nor shall any discussion, deliberations or decisions be divulged following any such meeting except by way of release of information by the CDHB

**4
MISCELLANEOUS**

**4.1
Questions**

Question time at meeting

4.1.1

Any member of the CDHB may at any ordinary meeting of the CDHB at the appointed time, put a question to the Chairperson, or through the Chairperson of the CDHB to the Chairperson of any standing or special committee, or to any officer of the Canterbury DHB concerning any matter relevant to the role or functions of the Canterbury DHB concerning any matter that does not appear on the order paper, nor arises from any committee report or recommendation submitted to that meeting (see 2.23.1 and 2.23.2 regarding qualified privilege and also 4.1.2 and 4.1.3.

4.1.2

Members to try and

Before putting a question, a member shall, in the first instance, endeavour to

obtain information beforehand obtain the relevant information from the appropriate Canterbury DHB officer or the Chairperson of the committee concerned. In the event of the information sought not being forthcoming, or the member not being satisfied with the answer, the member then has the right to raise the matter by way of a question at an ordinary meeting of the CDHB provided that the Chairperson may refer a question to an appropriate committee. Notice of any such questions should normally be given to the Chief Executive prior to the meeting to ensure "no surprises" at that meeting.

Questions to be in writing **4.1.3** Wherever applicable, such questions shall be in writing and handed to the Chairperson prior to the commencement of the meeting at which they are to be asked.

Questions may be deferred **4.1.4** If an answer to the question cannot be given at that meeting it shall, at the discretion of the Chairperson, be placed on the order paper for the next CDHB Board meeting.

Questions to be Concise **4.1.5** Questions and answers shall be submitted as briefly and concisely as possible. No discussion shall be allowed upon any question or upon the answer.

4.2
Questions to officers during debate

4.2.1 In the course of any debate at any CDHB meeting, any members may, at the Chairperson's discretion, ask any question of the relevant officer on any matter under debate. Such questions shall be directed through the chair (see 2.23.1 and 2.23.2 regarding qualified privilege).

4.3
Obligation to provide members with information

Principal administrative officer to decide on supply of information **4.3.1** Public excluded information required by members in the performance of their particular duties as members shall be supplied to them by the principal administrative officer. Where the principal administrative officer is uncertain that public excluded information should be supplied in any particular case, the matter shall be referred to the Chairperson for direction (see 3.5.1).

Information to be used properly **4.3.2** No information obtained by any member, including pursuant to 4.3.1, shall be used for any purpose other than for the proper discharge of duties as a member.

Reporting of information misuse **4.3.3** Where the Chairperson of the CDHB has reasonable grounds for believing that public excluded information provided to any member has been misused the Chairperson should first discuss this with the member concerned and may report this and any proposed action to the CDHB.

Rights of members to request and use information **4.3.4** The requirements of 4.3.1 are in addition to the rights of members to make separate and individual requests for information in terms of the Official Information Act 1982. Such requests for information may include requests for information that had previously been supplied to that member as public excluded information to be released as publicly available information. Where

such information is made available to that member as publicly available information the member has the right to use such information in the same way as if that member were a member of the public.

**4.4
Broadcasting**

4.4.1

- (a) News media, including print, television and radio, shall be able to record and broadcast meetings which are not public excluded as they see fit.
- (b) Any recording by print, television and radio must be notified to the Chairperson at the commencement of the meeting as a courtesy.
- (c) Any broadcasting by radio and television must be carried out in an unobtrusive manner and must not be intrusive to the conduct of the meeting or distracting to members..

These revised Standing Orders were adopted by the Canterbury District Health Board at a meeting on 18 February 2011

Bruce Matheson

Chairperson

David Meates

Chief Executive

RELEASED UNDER THE OFFICIAL INFORMATION ACT

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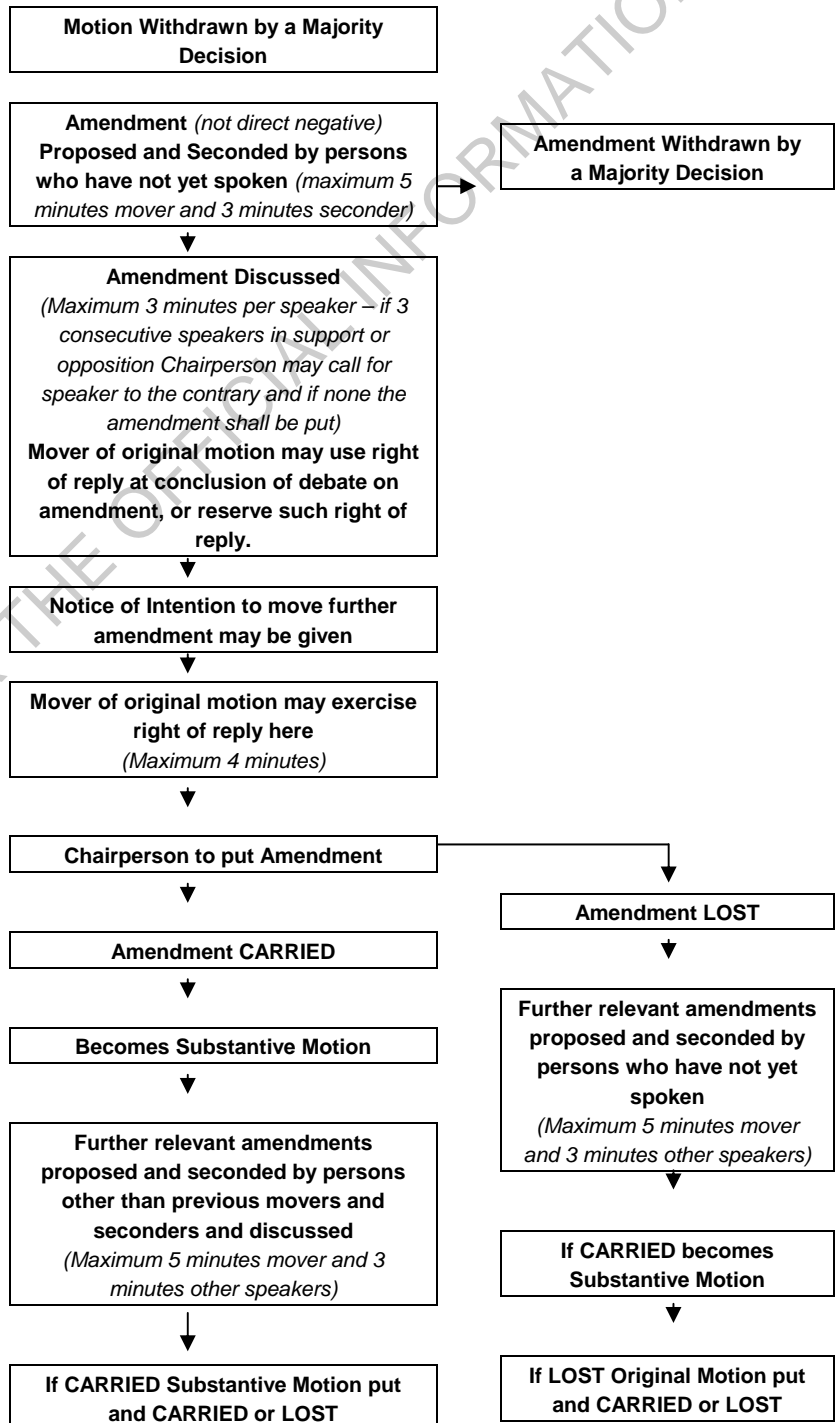
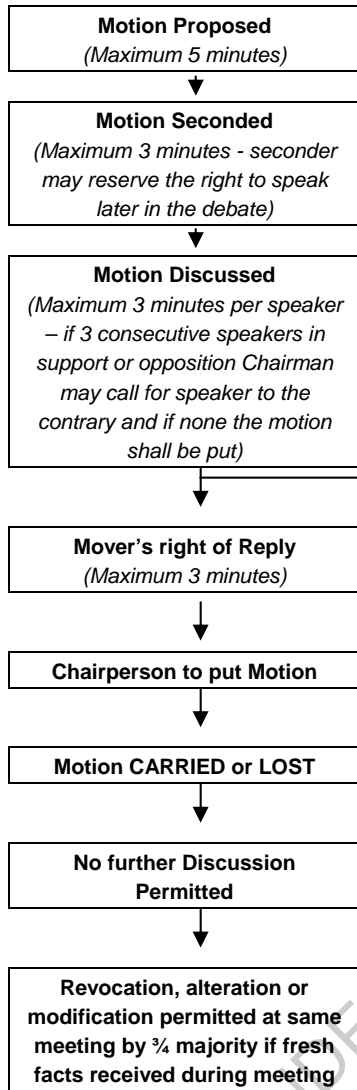
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APPENDIX 1 MOTIONS AND AMENDMENTS

Motions without Amendments

Motions with Amendments



APPENDIX 2 TABLE OF PROCEDURAL MOTIONS
(See Standing Orders 2.15)

	Motion	Has the Chair discretion to refuse this motion?	Is seconder required?	Is discussion in order?	Are amendments in order?	Is mover of procedural motion entitled to move this motion?	Are previous participants in debate entitled to move this motion?	Can a speaker be interrupted by the mover of this motion?	If lost, can motion be moved after an interval?	Position if an Amendment is already before the Chair?	Position if a procedural motion is already before the Chair?	Remarks
(a)	"That the meeting be adjourned to the next ordinary meeting, or to a stated time and place."	No	Yes	No	As to time and date only.	No	No	No	Yes – 15 minutes.	If carried, debate on the original motion and amendment are adjourned.	If carried, debate on the original motion and procedural motion are adjourned.	On resumption of debate, the mover of the adjournment speaks first. Members who have already spoken in the debate may not speak again.
(b)	"That the item of business being discussed be adjourned to a stated time and place."	No	Yes	No	As to time and date only.	No	No	No	Yes – 15 minutes.	If carried, debate on the original motion and amendment are adjourned.	If carried, debate on the original motion and procedural motion are adjourned.	On resumption of debate, the mover of the adjournment speaks first. Members who have already spoken in the debate may not speak again.
(c)	"That the motion under debate be now put (closure motion)."	Yes.	Yes	No	No	No	No	No	Yes – 15 minutes.	If carried, only the amendment is put.	If carried, only the procedural motion is put.	The mover of the motion under debate is entitled to exercise a right of reply before the motion or amendment under debate is put.

	Motion	Has the Chair discretion to refuse this motion?	Is seconder required?	Is discussion in order?	Are amendments in order?	Is mover of procedural motion entitled to move this motion?	Are previous participants in debate entitled to move this motion?	Can a speaker be interrupted by the mover of this motion?	If lost, can motion be moved after an interval?	Position if an Amendment is already before the Chair?	Position if a procedural motion is already before the Chair?	Remarks
(d)	"That the meeting move directly to the next business, superseding the item under discussion."	No	Yes	No	No	No	No	No	Yes – 15 minutes.	If carried, debate on the original motion and amendment are adjourned.	If carried, debate on the original motion and procedural motion are adjourned.	
(e)	"That the item of business being discussed does lie on the table and not be further discussed at the meeting."	No	Yes	No	No	No	No	No	Yes – 15 minutes.	If carried, the original motion and amendment are both laid on the table.	Motion not in order.	
(f)	"That the item of business being discussed be referred (or referred back) to the relevant committee."	No	Yes	No	As to committee, time for reporting back etc only.	No	No	No	Yes – 15 minutes.	If carried, the original motion and all amendments are referred to the committee.	If carried, the procedural motion is deemed disposed of.	
(g)	Point of order	No – but may rule against.	No	Yes – at discretion of Chair.	No	No	Yes	Yes	No	Point of order takes precedence.	Point of order takes precedence.	See Standing Orders 2.21.

Canterbury District Health Board Serious Adverse Events Report

1 July 2018 – 30 June 2019

At Canterbury DHB our patient-focused, clinically-led culture supports our commitment to 'zero harm' and continuous quality improvement.

Canterbury DHB has a strong incident reporting culture, as evidenced by 17,671 incidents reported in the last financial year. Of these 14,655 were clinical. With the ratio of reported clinical Severity Assessment Code (SAC) 3-4 rated clinical harm /no-harm incidents compared to SAC 1-2 serious-harm events 142.3:1.

All serious adverse events are reviewed through a formal process. The purpose of reviewing these is to provide sufficient feedback to patients and families so they are aware of contributing factors and causes of the event and how we intend to make our systems safer.

What is a serious adverse event?

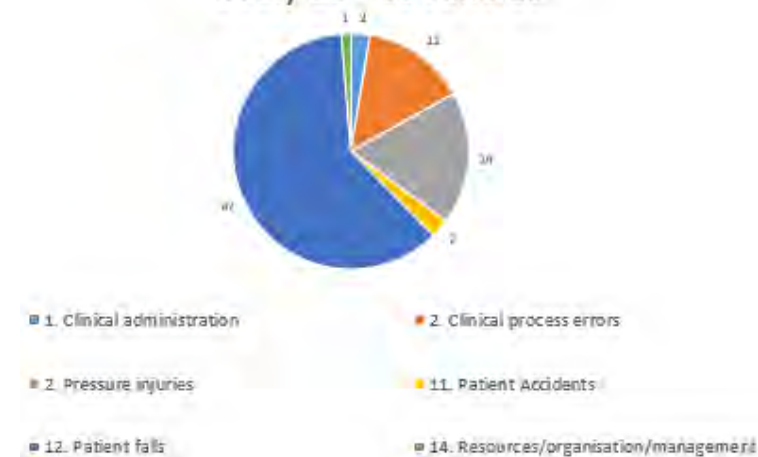
A serious adverse event is one which has resulted in significant additional treatment, major loss of function, is life threatening or has led to an unexpected death.

There were 77 serious adverse events reported out of the total of 14,373 incidents reported by the Canterbury District Health Board (CDHB) in the year from 1 July 2018 to 30 June 2019. Of the total serious adverse events reported, 47 were inpatient falls and 14 were Hospital-Acquired pressure injuries.

The events have been coded into six specific themes:

- Clinical administration – code 1
- Clinical process error – code 2
- Pressure Injury – code 2
- Patient Accidents (not falls) – code 11
- Patient Falls – code 12
- Resources/Organisation/Management – code 14

CDHB Serious Adverse Events
1 July 18 - 30 June 19



Canterbury District Health Board Serious Adverse Events Report: 2018-2019

The report below summarises the findings and recommendations of the events reported. The recommendations/actions are either in progress or completed.

Event	Review Findings	Recommendations/Actions
Delay in semi urgent CT colonography request being processed	Review underway.	
Delay in colonoscopy request being processed	Review underway.	
Event	Review Findings	Recommendations/Actions
Patient readmitted, septic and hypothermic, rapidly deteriorated.	Review underway.	
Patient with severe type 2 respiratory failure rapidly deteriorated.	Review underway.	
Baby born in poor condition and was unable to be resuscitated.	<p>A non-symptomatic infection caused extensive pneumonia in fetal lungs. A previously normal Cardiotocography developed abnormal features which led to an insertion of an epidural soon after a significant fetal heart rate deceleration.</p> <p>Further abnormal features of the Cardiotocography were attributed to the effect of the epidural. This led to a delay in determining the need for further assessment and resulted in a delay in delivery. It was found that there was insufficient guidance around administering epidural analgesia.</p> <p>The on-call rostering model and practice around when to call the second on call Specialist Obstetrician meant a Specialist Obstetrician was managing a steadily busy Birthing Suite during the day and overnight</p>	<p>The on-call Specialist Obstetrician roster has been reviewed.</p> <p>The epidural Analgesia in Labour Guideline has been amended.</p> <p>The details of this case have been shared with the midwifery and obstetric teams for learning purposes.</p>
Patient with misplaced long line, which delivered fluid to pericardial sac causing cardiac arrest.	Draft report completed	

Baby born in poor condition	Draft report completed	
Child with pneumonia collapsed	Draft report completed	
Baby born in poor condition	Draft report completed	
Baby stillborn.	<p>There was no formal admission process to prompt staff to ask if the patient had evidence of possible rupture of membranes.</p> <p>The relevant DHB clinical guideline did not contain information from the amniotic fluid testing product regarding appropriate use and potential for false negative results.</p> <p>Reliance was placed on the accuracy of the results of the amniotic fluid testing product and this overrode the history of ruptured membranes and meconium stained liquor provided by the patient.</p> <p>There was no process for producing a discharge letter following an antenatal admission to the birthing suite therefore creating a missed opportunity to ensure the presenting condition had been addressed.</p> <p>Incorrect information was entered onto the patient board that resulted in no further investigation of a possible diagnosis of ruptured membranes.</p> <p>A recognised framework for working through the two possible diagnoses was not in use which resulted in the patient being discharged with no diagnosis directly related to the presenting condition.</p>	<p>An 'admission assessment/triage record' is implemented.</p> <p>The Pre-labour Rupture of Membranes Guideline is amended.</p> <p>The amniotic fluid testing product has been immediately withdrawn from use from all of this DHB's facilities and a decision made whether to introduce an alternative product or cease using these tests.</p> <p>The documentation and communication process for patients being discharged from birthing suite is reviewed and revised as required.</p> <p>Staff are advised that clinical records remain the best source of information and not to rely on information on the patient board.</p> <p>Consideration is given to the implementation of the Clinical Excellence Commission 'Take 2 – Think, Do' framework.</p>
Patient suffered a cardiac arrest following anaesthetic	Draft report completed	

Patient injury, un-displaced left femoral shaft fracture, sustained while practicing with physiotherapist.	The physiotherapy care plan was found to be appropriate and safe for patient however due to cognitive impairment, the physically able patient did not remember which leg to use to ascend and stepped using the wrong (left) leg before physiotherapist could advise which leg to use.	No Recommendations.
Suspected seizure	Review underway	

Event	Review Findings	Recommendations/Actions
Left scapular (shoulder) fracture	Review not yet completed – team formed	
Resident in Rural Hospital under GP care. Seizure in wheelchair. Left peri-prosthetic fracture	Draft report	

Event	Review Findings	Recommendations/Actions
Patient deterioration while awaiting surgery	<p>The patient's neurological condition deteriorated whilst on the waiting list for spinal surgery.</p> <p>The patient sustained loss of function that could not be reversed with his subsequent surgery.</p> <p>There were no processes in place to inform patients waiting for spinal surgery of the possibility of serious complications that can occur and the need for urgent assessment.</p> <p>The service delivery model for patients waiting for Spinal Surgery was the same as for other Orthopaedic Surgery.</p> <p>Due to no agreed solution as to how to manage the increasing demand for acute spinal surgery without a corresponding plan to manage the elective surgery, surgeons were no longer being routinely informed when a patient made contact with the service. There was no alternative pathway for oversight of this group of patients.</p>	<p>That the pilot model (described below and currently underway) for managing access to acute and arranged surgery for spinal patients be continued until such a time as it becomes the new way of working, or an alternative model is put in place that manages the risks identified in this report.</p> <p>All patients who are placed on the waiting list for Spinal Surgery are informed verbally and in writing of the risks and signs and symptoms of developing cauda equina and the immediate action they are to take should this occur. This is to be documented in the patient's clinical record.</p> <p>The pilot model of service delivery for the acute spinal patient involves reallocation of the existing Orthopaedic theatre resources to allow for more to be allocated to spinal surgery. This has improved access to ensure that acute patients are accessing theatre in a timely manner and that operations are not having to be done out of hours. It was anticipated that these sessions would be used for the acutely</p>

		<p>injured spinal patient and for any of the elective patients that have been accepted onto the waitlist and posed a clinical risk of deterioration. This commenced on the 14th January 2019. To support coordination of this spinal patient activity, a spinal nurse coordination position was created for the pilot.</p> <p>A pathway is in place and known by staff to ensure that any information from a patient who has suspected symptoms of cauda equina is conveyed immediately to the responsible clinician.</p> <p>That the elective spinal service is closely monitored to ensure that planned additional resources are sufficient to match that of the demand.</p>
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RELEASED UNDER THE OFFICIAL INFORMATION ACT

FALLS**Falls Prevention**

The Canterbury Health System is working to reduce the incidence of falls in our hospitals and reduce in our communities.

Strategies

Canterbury DHB has a 'Whole of System approach to falls prevention'. The DHB is committed to achieving zero harm as falls can have both a detrimental physical and psychological effect. Older people who fall are more likely to lose confidence and independence, are at greater risk of falling again, and may stay in hospital longer.

The Canterbury District Health team take a fall in hospital very seriously and are focusing on the three key areas; (1) falls prevention in the wider community, (2) falls prevention in rest homes and (3) falls prevention receiving care in our hospitals.

In the community and rest homes

Falls Prevention is still a key focus for the health of older persons. In 2018/2019 1531 people over 75 years of age have benefited from the Canterbury Community Falls Prevention Programme. The Falls & Fracture Service Level Alliance was established in October 2017 as a time-limited (3 year) group to enhance and improve the falls and fragility fracture prevention work in Canterbury. It continues to work in partnership with ACC and Sports Canterbury. As at the end of April 2019 18,485 places have been filled in community based strength and balance classes aimed at further decreasing older person's falls. Sports Canterbury has also worked on developing accredited classes for the culturally and linguistically diverse community; this group currently includes Maori, Pacifica, Indian and Muslim groups. Other initiatives that are currently ongoing include piloting an automatic referral process to the Community Falls Prevention Programme for those that have been discharged from hospital with a fracture of the humerus or a fractured neck of femur.

In our Facilities

From a total of 2,315 patient falls across all our inpatient facilities, a quarter of patients are injured and 47 patient fall events were confirmed as resulting in a fracture or head injury (classified as serious harm) in the 2018/19 year. Each serious harm fall has an independent file review to determine contributory factors and identify if there were any care management problems. These reviews were moderated by a multidisciplinary Review Panel and recommendations were made.

There continues to be a focus on identifying risk factors and tailoring falls prevention strategies to meet the needs of individual patients while they are in hospital, and for at home. Partnering with the patient/whānau to keep them safe while in hospital continues to be an important part of our hospital falls prevention strategy. This includes discussions around the patient's potential falls risk and prevention strategies as well as providing them with educational material. Routine activities include standardising process and practice such as the use of visual cues to indicate falls risk and bedside safe mobility plans for all inpatients. Empowering patient family/whānau is a key focus. The introduction of Bedside handover and the use of Bedside Boards are examples of encouraging and enabling opportunities for patients and their whānau to be more involved and in the centre of care.

There has been a 5% reduction in Falls resulting in injury per 1000 inpatient bed days compared to the 2017/2018 year. As per 18 November 2019, 36 Falls reviews are completed out of the 47 reported.

HOSPITAL ACQUIRED PRESSURE INJURIES

Pressure injuries occurring during care (also known as pressure ulcers or bed sores) are considered preventable. These injuries usually effect 'bony' parts of the body due to sustained pressure, or pressure combined with shear, when there is a pulling of the skin across the bones which damages the skin and/or friction.

Strategies

Canterbury DHB is committed to ensure all steps are taken to prevent pressure injuries from developing while people are in our care. Canterbury DHB has been proactive in both the DHB and the community by implementing multifaceted strategies aimed at preventing pressure injuries.

Across the Canterbury Health System

The Canterbury Pressure Injury Advisory Group (CPIAG) aims to improve clinical outcomes and standardise clinical practice across the District. The Group has been proactive in developing and implementing Pressure Injury Prevention (PIP) strategies which range from, survey of staff knowledge and confidence in identifying and staging injuries, point prevalence surveys, and improving professional development through a staff pressure injury prevention e-learning package, updating the Canterbury DHB PI Policy and supporting documents, enhancing pressure injury prevention communication across Canterbury by including community providers on the committee, sourcing and distributing staging lanyards, SSKINS posters/information and by holding numerous pressure injury prevention activities for World Stop Day each November.

To further our 'whole of system' approach, we are working closely with ACC to strengthen practice across the health community through the implementation of a system wide PIP Community of Project which includes both Canterbury DHB and West Coast DHB.

Key initiatives aimed at reducing pressure injuries in the 2018/19 are inclusive but not limited to

- Completed stocktake of pressure injury resource requirements and activity for Canterbury DHB and community and Aged Residential Care on West Coast and Canterbury Community, with plans now to standardise resources, allocate central repositories and update distributions lists and channels.
- Pressure Injury Prevention Link Nurse programme has commenced which is frontline nurses in any setting being trained to teach, promote, monitor/undertake surveillance, and support improvement processes with colleagues to deliver best practices in the prevention, assessment and management of pressure injuries. The Link Nurse Programme is teaching quality improvement methods applied to pressure injury prevention. There are more than 40 nurses from both District systems participating.
- HealthLearn Community of Practice online forum to support and assist health professionals in all settings to share and develop knowledge and skills in pressure injury prevention and management.
- Consistent messaging by updating and improving online resources i.e. HealthInfo and HealthPathways Information, including consumer health information media, i.e. WellNow Canterbury DHB community magazine and other health consumer publications online i.e. Eldernet website, St John, Corrections Newsletters and developing ongoing prevention communication plan.
- National learning package for non-regulated and regulated workers, currently in final draft with technical writing to begin next
- Equity of Access to Pressure Reduction Equipment completing as stocktake hospital and community wide and a needs assessment with recommendations for improved practice.

HOSPITAL ACQUIRED PRESSURE INJURIES

- Mattress replacement programme is being rolled out.

In addition, in Canterbury DHB facilities

Routine activities to prevent pressure injuries include use of comprehensive assessment, including past history of a pressure injury, skin condition, to identify risk factors such as incontinence, nutrition issues, mobility problems, devices (e.g. catheter) pressing on skin, during care. The inclusion of prevention strategies into patient care plans such as the use of appropriate pressure relieving equipment, repositioning and appropriate mobilisation of the patients/clients, promoting safe patient handling practice, and optimal nutrition and continence management are helping reduce pressure injuries.

14 hospital acquired pressure injuries were confirmed in 2018/19 as a stage 3, 4, unstageable or deep tissue pressure injury. Each hospital acquired pressure injury stage 3 or greater has an independent file review to determine contributory factors and to identify if there were any care management problems. These reviews were moderated by a multidisciplinary Review Panel and recommendations were made.

As per 18 November 2019, 12 Pressure Injury reviews are completed out of the 14 reported.