

**CORPORATE OFFICE**

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4 November 2020

9(2)(a)

**RE Official information request CDHB 10440**

I refer to your email dated 2 October 2020 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

- **All the minutes of Canterbury DHB Board meetings held in August and September 2020.**

Please find attached Minutes of the Board Meetings held in August and September 2020.

<b>Appendix 1</b>	-	4/8/2020
<b>Appendix 2</b>	-	12/8/2020
<b>Appendix 3</b>	-	20/8/2020
<b>Appendix 4</b>	-	17/9/2020

I trust this satisfies your interest in this matter.

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



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

**AGENDA – PUBLIC**

**CANTERBURY DISTRICT HEALTH BOARD  
EMERGENCY MEETING**

**to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch  
Tuesday, 4 August 2020 commencing at 12.30pm**

	Apologies		12.30pm
1.	<a href="#">Conflict of Interest Register</a>		
2.	<a href="#">Resolution to Exclude the Public</a>		
<b>ESTIMATED FINISH TIME – PUBLIC MEETING</b>			<b>12.35pm</b>

**NEXT MEETING**  
**Thursday, 20 August 2020 at 9.30am**

## ATTENDANCE

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

### CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

### Executive Support

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

**BOARD ATTENDANCE SCHEDULE – 2020****Canterbury**

District Health Board

Te Roari Hauora o Waitaha

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

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

# CONFLICTS OF INTEREST REGISTER

## CANTERBURY DISTRICT HEALTH BOARD

### (CDHB)

**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

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

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

<p><b>Barry Bragg</b></p>	<p><b>Air Rescue Services Limited</b> - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services.</p> <p><b>Canterbury West Coast Air Rescue Trust</b> – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB.</p> <p><b>Farrell Construction Limited</b> - Shareholder Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch.</p> <p><b>New Zealand Flying Doctor Service Trust</b> – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB.</p> <p><b>Ngai Tahu Farming</b> – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions.</p> <p><b>Paenga Kupenga Limited</b> – Chair Commercial arm of Ngai Tuahuriri Runanga</p> <p><b>Quarry Capital Limited</b> – Director Property syndication company based in Christchurch</p> <p><b>Stevenson Group Limited</b> – Deputy Chairman Property interests in Auckland and mining interests on the West Coast.</p> <p><b>Verum Group Limited</b> – Director Verum Group Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.</p>
<p><b>Catherine Chu</b></p>	<p><b>Christchurch City Council</b> – Councillor Local Territorial Authority</p> <p><b>Riccarton Rotary Club</b> – Member</p> <p><b>The Canterbury Club</b> – Member</p>
<p><b>Andrew Dickerson</b></p>	<p><b>Canterbury Health Care of the Elderly Education Trust</b> - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB.</p> <p><b>Canterbury Medical Research Foundation</b> - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB.</p> <p><b>Heritage NZ</b> - Member</p>

	<p>Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings.</p> <p><b>Maia Health Foundation - Trustee</b> Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital.</p> <p><b>NZ Association of Gerontology - Member</b> Professional association that promotes the interests of older people and an understanding of ageing.</p>
<b>James Gough</b>	<p><b>Amyes Road Limited</b> – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating.</p> <p><b>Christchurch City Council</b> – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/Harewood Community Board</p> <p><b>Christchurch City Holdings Limited (CCHL)</b> – Director Holds and manages the Council's commercial interest in subsidiary companies.</p> <p><b>Civic Building Limited</b> – Chairman Council Property Interests, JV with Ngai Tahu Property Limited.</p> <p><b>Countrywide Residential (2018) Limited</b> – Director/Shareholder Residential Property Development</p> <p><b>Gough Corporation Holdings Limited</b> – Director/Shareholder Holdings company.</p> <p><b>Gough Property Corporation Limited</b> – Director/Shareholder Manages property interests.</p> <p><b>The Antony Gough Trust</b> – Trustee Trust for Antony Thomas Gough</p> <p><b>The McLean Institute Trust</b> – Trustee Trust for the McLean Institute</p> <p><b>The Russley Village Limited</b> – Shareholder Retirement Village. Via the Antony Gough Trust</p> <p><b>The Terrace Car Park Limited</b> – (Alternate) Director Property company – manages The Terrace car park (under construction)</p> <p><b>The Terrace On Avon Limited</b> – (Alternate) Director Property company – manages The Terrace.</p>
<b>Jo Kane</b>	<p><b>Christchurch Resettlement Services - Member</b> Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes.</p>

	<p><b>HurriKane Consulting</b> – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised.</p> <p><b>Latimer Community Housing Trust</b> – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.</p> <p><b>NZ Royal Humane Society</b> – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.</p>
<b>Aaron Keown</b>	<p><b>Christchurch City Council</b> – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board.</p> <p><b>Christchurch City Council</b> – Chair of Disability Issues Group</p> <p><b>Grouse Entertainment Limited</b> – Director/Shareholder</p>
<b>Naomi Marshall</b>	<p><b>Riccarton Clinic &amp; After Hours</b> – Employee Employed as a Nurse. Riccarton Clinic &amp; After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.</p>
<b>Ingrid Taylor</b>	<p><b>Loyal Canterbury Lodge (LCL) – Manchester Unity</b> – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB.</p> <p><b>Manchester Unity Welfare Homes Trust Board (MUWHTB)</b> – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB.</p> <p><b>Sir John and Ann Hansen's Family Trust</b> – Independent Trustee.</p> <p><b>Taylor Shaw</b> – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time.</p> <ul style="list-style-type: none"> <li>I / Taylor Shaw have acted as solicitor for Bill Tate and family.</li> </ul> <p><b>The Youth Hub</b> – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.</p>



**RESOLUTION TO EXCLUDE THE PUBLIC**
**TO:** Chair and Members, Canterbury District Health Board

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

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

**DATE:** 4 August 2020

 Report Status – For: Decision ☒ Noting ☐ Information ☐
**1. ORIGIN OF THE REPORT**

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

**2. RECOMMENDATIONS**

That the Board:

- i resolves that the public be excluded from the following part of the proceedings of this meeting, namely item 1;
- 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.	Staffing Numbers	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)

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

**3. SUMMARY**

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

- (1) *Every resolution to exclude the public from any meeting of a Board must state:*
  - (a) *the general subject of each matter to be considered while the public is excluded; and*
  - (b) *the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and*
  - (c) *the grounds on which that resolution is based (being one or more of the grounds stated in Clause 32)*
- (2) *Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and form part of the minutes of the Board.*

**MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD EMERGENCY MEETING**  
**held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch**  
**on Tuesday, 4 August 2020 commencing at 12.40pm**

**BOARD MEMBERS**

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

**EXECUTIVE SUPPORT**

Kay Jenkins (Executive Assistant, Governance Support).

**APOLOGIES**

There were no apologies.

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

There were no additions or alterations to the Interest Register.

**Declarations of Interest for Items on Today's Agenda**

There were no declarations of interest for items on today's agenda.

**Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

**2. RESOLUTION TO EXCLUDE THE PUBLIC****Resolution (28/20)**

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

“That the Board:

- i resolves that the public be excluded from the following part of the proceedings of this meeting, namely item 1;
- 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.	Staffing Numbers (as amended at 20 August 2020 meeting – confirmation of minutes)	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)

- 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.”

There being no further business the public meeting closed at 12.45pm.

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Sir John Hansen, Chair

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Date of approval

RELEASED UNDER THE OFFICIAL INFORMATION ACT

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

**CANTERBURY DISTRICT HEALTH BOARD  
EMERGENCY MEETING - PUBLIC EXCLUDED**  
to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch  
Tuesday, 4 August 2020

1.	Staffing Numbers		12.35pm
<b>ESTIMATED MEETING FINISH TIME</b>			<b>TBA</b>

**NEXT MEETING**  
Thursday, 20 August 2020 at 9.30am

RELEASED UNDER THE OFFICIAL INFORMATION ACT

## STAFFING NUMBERS

**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

### NOTES ONLY PAGE

RELEASED UNDER THE OFFICIAL INFORMATION ACT

**MINUTES – PUBLIC EXCLUDED EMERGENCY MEETING  
CANTERBURY DISTRICT HEALTH BOARD  
held on Tuesday 4 August 2020**

**BOARD MEMBERS**

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

**EXECUTIVE SUPPORT**

There was no executive support as this was a “Board Only” meeting.

**1. STAFFING NUMBERS**

Discussion took place regarding staffing numbers and also the resignation of the Chief Executive and members of the Executive team.

**Resolution (PE52/20)**

“That the Board:

(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.”

The meeting concluded at 2.15pm

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Sir John Hansen, Chair

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Date of approval

**MINUTES – EMERGENCY MEETING**
**MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD EMERGENCY MEETING**  
**held via zoom on Wednesday 12 August 2020 commencing at 4.00pm**
**BOARD MEMBERS**

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

**EXECUTIVE SUPPORT**

David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Tim Lester (Corporate Solicitor); and Kay Jenkins (Executive Assistant, Governance Support).

**APOLOGIES**

Barry Bragg and Gabrielle Huria were apologies for lateness due to conflict of interest for Item 1.

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

There were no additions or alterations to the Interest Register.

**Declarations of Interest for Items on Today's Agenda**

Barry Bragg and Gabrielle Huria were apologies for lateness due to conflict of interest for Item 1.

**Perceived Conflicts of Interest**

Board member Jo Kane stated that she believed that the two Board members conflict of interest should have been raised earlier in the process around car parking and she believed this left the Board exposed.

Considerable discussion took place around this.

**2. RESOLUTION TO EXCLUDE THE PUBLIC****Resolution (29/20)**

(Moved Ingrid Taylor/seconded Catherine Chu - carried)

“That the Board:

- i. adds the item “Appointment of Interim Chief Executive” to the Public Excluded Agenda”.  
(Note this item was added when the Board reverted to a public meeting later in the Public Excluded section of the meeting).

**Resolution (30/20)**

(Moved Ingrid Taylor/seconded Catherine Chu - 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;
- 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.	Carparking Proposal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
2.	Appointment of Interim Chief Executive	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)

- 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.”

There being no further business the public meeting closed at 4.20pm.

\_\_\_\_\_  
Sir John Hansen, Chair

\_\_\_\_\_  
Date of approval

**MINUTES – PUBLIC EXCLUDED EMERGENCY MEETING  
CANTERBURY DISTRICT HEALTH BOARD  
held via zoom on Wednesday 12 August 2020**

**BOARD MEMBERS**

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

Barry Bragg and Gabrielle Huria were not present for the Carparking item due to a conflict of interest in relation to Ngai Tahu.

**EXECUTIVE SUPPORT**

David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Tim Lester (Corporate Solicitor); and Kay Jenkins (Executive Assistant, Governance Support).

*Barry Bragg and Gabrielle Huria joined the meeting at 4.25pm and the Chair asked that they disconnect as the Carparking proposal had not yet been discussed.*

*Naomi Marshall joined the meeting at 4.25pm.*

Further discussion took place regarding conflict of interest. The Chair summarised the discussion held in Public stating that a substantive matter was raised by Jo Kane in that Barry Bragg and Gabrielle Huria should have declared their conflict of interest sooner and taken no part in the meetings when reports were received both at QFARC and Board meetings regarding Carparking matters.

**1. CARPARKING PROPOSAL**

The Chair opened discussions regarding the proposal as circulated.

A query was made regarding what kind of legal risk assessment and analysis has occurred in terms of the resource consent application. Appreciating the risk for the DHB in signing the agreement based on the Minister's timeframe when the Heads of Agreement is not confirmed and just want to understand what risks we are exposed to in relation to the resource consent.

Mr Lester advised that we basically have as much comfort as we possibly can from the Council. There have been a series of meetings with them with regard to the new development and because of the zoning of the site it is discretionary non-notified and they can turn this around within a 20 day window. Also, they prefer this option over previous options put forward as it takes traffic away from some of the congested areas around Antigua St. The outstanding issue was around traffic management and Council have come back and given us as much comfort as we can hope for. Also, they do not want to stand in the way of progress around carparking.

The two floor extension is slightly more complicated because of the proximity of cars and the cycleway. We have had more traffic modelling done and there will be additional safety precautions to be put in place.

The Chair asked the Chief Executive to update the Board on the funding for the staff carpark. Mr Meates advised that in relation to the two floors, the Ministry has a process working through with Ministers around the additional \$4.2m for this addition which is coming out of a separate capital basis.

Mr Lester advised that this money is already held by Vote Health (\$4.25m) which is the Crown's contribution to this project and this morning Otakaro have confirmed that this funding has been confirmed.

The Chair advised that this meeting had been called at very short notice due to a proposed visit by the Prime Minister to Christchurch tomorrow at which she could make an announcement. Due to the COVID situation in Auckland overnight that visit is probably unlikely. This was the reason for the emergency meeting being called.

A query was made regarding the size of the Carparking and that this would not be a one stop solution. The Chief Executive confirmed that this is correct; this is just part of getting a long term solution in place. You will also note that the Park-N-Ride component adds a further 350 parks; this is for five years and will be dependent on other developments. One of the things that Ngai Tahu will be looking at is the potential to add a further two or three levels, but this will be part of the commercials still being worked through so the potential for the number of parks to increase is there.

It was noted that pre-earthquake there were 1400 parks plus on street parking and this will bring us back to 1000 parks.

Board member Andrew Dickerson raised the direct instruction received in 2015 from the shareholding Ministers stating that HRPG was responsible for carparking and he was not aware that this direction had been rescinded.

Mr Lester advised that this proposal is about the requirement for the CDHB to vacate the former afternoon staff carpark and this is about us needing to accommodate these lost carparks.

Mr Meates commented that technically this does not remove the requirement for the Ministry to provide the final car parking solution. This sits outside that.

The comment was made that the Crown are part of the Heads of Agreement so it is unlikely they would raise any issues.

The Chair commented that as part of this we request management to write to the Shareholding Ministers and bring this letter to their attention and say we assume that with what has occurred that this letter has been rescinded. It was agreed that this would be done as part of the Ministerial approval.

This is not a full and final parking solution and there will still be a requirement to find further parking solutions over the coming years.

#### **Resolution (PE53/20)**

(Moved: Aaron Keown/Seconded: Ingrid Taylor - carried)

Jo Kane abstained

“That the Board:

- i. approves entry into the Heads of Agreement as provided in Appendix 1;
- ii. approves entry into the Agreement to Design, Build and Lease as provided in Appendix 2;
- iii. approves confirmation of the Board approval conditions of the Agreements; and
- iv. notes that the Agreements remains conditional on Ministerial Approval.”

Discussion took place regarding the recalling of the papers from the two Board members who have declared a conflict of interest.

**Resolution (PE54/20)**

(Moved: Aaron Keown/seconded: James Gough – carried)

“That the Board:

- i. moves back into public session.”

**Resolution (29/20 – see public session)**

(Moved: Ingrid Taylor/seconded: Catherine Chu – carried)

“That the Board:

- i. adds the item “Appointment of Interim Chief Executive” to the Public Excluded Agenda.”

**Resolution (PE55/20)**

(Moved: Sir John Hansen/seconded: Aaron Keown - carried)

“That the Board:

- i. moves back into public excluded session.”

**2. APPOINTMENT OF INTERIM CHIEF EXECUTIVE**

The Chair, Sir John Hansen, provided an update on Remuneration and Appointments Committee discussions in relation to the Chief Executive and Management roles that now need to be filled. He advised that five recruitment firms had been approached and some proposals will be presented at the next Board meeting.

Sir John advised that the Committee had discussed with the Chief Executive the people to act into the management positions being vacated – Paul Lamb for People and Capability; and David Green for Finance; and that they be appointed for 4-6 months into the interim roles during the permanent recruitment process. For Planning & Funding, he recommended Ralph La Salle with a wider scope role for Melissa Macfarlane. This has now been announced by the Chief Executive.

Sir John outlined the process undertaken and people approached to step up into the Interim CEO position for around six months. I would like to advise that Andrew Brant has approval from his Chair & CEO to take up the interim role for 4–6 months. He cannot commence until 1 October as he is the acting CEO at Waitemata DHB at the moment. I have spoken to the other DHB Chairs and Jenny Black has agreed to release Peter Bramley from Nelson Marlborough and he would be available to come about 10 days before David’s last day and cover a period up to about a fortnight after Andrew Brant commences. This has only just been finalised a couple of hours ago. I believe it is important for us to make an announcement around this as soon as possible, however, I understand that Board members may feel they have not had enough time to consider this proposal.

The Board discussed this scenario and provided feedback.

A query was made regarding the timing of the announcement and the Chair commented that he would like to do this around lunch time on Friday. He added that he and Barry Bragg have a meeting with those acting into positions and the remaining EMT members and General Managers and Dan Coward tomorrow afternoon. We also have the special QFARC meeting on

Friday. Also, Ashley Bloomfield and I were to meet with the Clinicians on Friday afternoon, however, with the COVID situation he is now unlikely to be coming to Christchurch. I may still meet with them.

A point was raised regarding the Terms of Reference for the Remuneration & Appointments Committee which do not cover the current situation and the comment was made that the Committee is not delegated to undertake some of this work.

The Chair commented that if Board members are uncomfortable with making a decision today it can be carried over to next week's Board meeting.

The comment was made that this is a very time sensitive necessity to let staff know that there is management in place to deal with DHB business going forward.

A point was raised regarding the COVID community transmission in Auckland which may mean that Dr Brant may have to remain in Canterbury and not commute and he may also have to go into self-isolation.

The Board provided further feedback on the proposal.

Barry Bragg, Remuneration & Appointments Committee member, commented that a safe team was required to keep things moving forward and we also need to get a process in place as it is the biggest decision facing this DHB in the last 12 years.

The Chair commented that he did not want to railroad the Board into making a decision, however, it is important that we secure someone with a wide range of experience.

The consensus of the Board was that a decision should be made today and it is important to act swiftly and show leadership.

The Chair advised that there will be a need for the Board to approve the recruitment process and hopefully this can be done at the next Board meeting.

#### **Resolution (PE56/20)**

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

“That the Board:

- i. appoints Dr Andrew Brant as interim Chief Executive for a period of 4–6 months or until a permanent Chief Executive has been appointed from 1 October 2020.”

#### **Resolution (PE57/20)**

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

Jo Kane abstained

“That the Board:

- i. appoints Dr Peter Bramley as interim Chief Executive from 5 September 2020 until 30 September 2020 and as interim Deputy Chief Executive for a period of 10 days prior to the departure of the current Chief Executive and for two weeks after Dr Brant commences.”

The meeting concluded at 5.55pm.

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Sir John Hansen, Chair

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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 Whakamaui: 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"> <li>• 16 July 2020 – Ordinary</li> <li>• 04 August 2020 – Emergency</li> <li>• 12 August 2020 - Emergency</li> </ul>	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"> <li>HAC Draft Minutes 06 August 2020</li> <li>QFARC Draft Minutes 04 August 2020 14 August 2020</li> </ul>	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 Craw (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.

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Sir John Hansen, Chairman

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Date of approval

RELEASED UNDER THE OFFICIAL INFORMATION ACT

**MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING**  
**held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch**  
**on Thursday, 17 September 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; Jo Kane; Aaron Keown; Naomi Marshall; and Ingrid Taylor.

**BOARD CLINICAL ADVISOR**

Dr Andrew Brant (via zoom).

**APOLOGIES**

An apology for absence was received and accepted from Dr Lester Levy.

An apology for early departure was received and accepted from Dr Andrew Brant (12.10pm).

**EXECUTIVE SUPPORT**

Dr Peter Bramley (Acting Chief Executive); Mary Gordon (Executive Director of Nursing); David Green (Acting Executive Director, Finance & Corporate Services); Ralph La Salle (Acting Executive Director, Planning Funding & Decision Support); Paul Lamb (Acting Chief People Officer); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Hector Matthews (Executive Director, Maori & Pacific Health); Dr Sue Nightingale (Chief Medical Officer); Karalyn van Deursen (Executive Director Communications); Stella Ward (Chief Digital Officer); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

**IN ATTENDANCE**

Matt Dean (Enterprise Architect, Information Services); Savita Devi (ICT Services Manager); Becky Hickmott (Nurse Manager, Nursing Workforce Development); and Melissa Macfarlane (Team Lead, Planning & Performance).

Hector Matthews, Executive Director, Maori & Pacific Health, opened the meeting with a special Karakia in acknowledgement of Maori Language week:

<i>“Korihī mai ngā manu tioriori I te ata pūkōhu e Te tōmairangi kī runga Te tōmairangi kī raro Ka ao, ka ao, ka awatea. Tihei mauri ora”</i>	<i>The birds sing In the morning mist The dew rises The dew falls It is dawn, it is daybreak, it is daylight Behold the breath of life</i>
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Mr Matthews also acknowledged the passing of Sally Buck.

Sir John Hansen, Chair, acknowledged the passing of Sally Buck and commented that she had made a significant contribution to the DHB. He asked the meeting to observe a moments silence in remembrance.

## **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 car parking.

### **Perceived Conflicts of Interest**

A perceived conflict of interest was raised regarding a conflict of interest for Catherine Chu; James Gough and Aaron Keown around the Bus Super Stop and Land Transfer. The members agreed that they would step back for that item.

## **2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS**

### **Resolution (40/20)**

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

“That the minutes of the meeting of the Canterbury District Health Board held on 20 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 RESEARCH (PRESENTATION)**

Dr Sue Nightingale, Chief Medical Officer, introduced Dr Cameron Lacey, Clinical Director of Research, to present to the meeting on CDHB Research.

Dr Lacey introduced Dr Teddy Wu, Neurologist; Dr Gavin Harris, Anatomical Pathologist; Dr Martin Than, Medical Specialist ED; and Lynn Davis, Quality Improvement & Information Lead, Research Office.

Dr Lacey spoke about the New Zealand Health Research Strategy 2017-2027 and the Health Research Council. He advised that the Health Research Council have revamped one of their funding streams which is now the 2020 Health Delivery Research Investment Round and later this year we will look at governance arrangements and how we collaborate and approach Maori consultation.

Dr Than spoke regarding the impact of research on the health system and presented some Emergency Department research.

Dr Wu advised that his main interest is around acute interventional therapies for ischaemic stroke and he has been involved in publications in the New England Journal of Medicine in this area. Dr Wu has also been involved in: clinical research; international stroke trials; five multi-centre intervention trials; international collaborations; and registry based research and EXTEND-IA TNK trial which resulted in change to best practice guidelines.

Dr Harris spoke regarding Accelerating our Future through Research and in particular Anatomical Pathology, Digital Pathology and Computational Pathology.

Dr Lacey provided information regarding where we are going now around research. This included:

- investing and prioritising in research that focusses on equity across people and geography.
- accelerating the development of pathways and policies that enable translation into practice.

- creating a vibrant research environment in Canterbury and the West Coast which attracts and retains staff.
- building staff capability/competence for health service implementation research.
- enhancing collaborations with health system partners across our region.
- embedding research into organisational practice and culture.
- advancing innovative ideas into commercial opportunities.

The Chair thanked the presenters for a fascinating and forward looking critical presentation.

Stella Ward, Chief Digital Officer, advised that there will be an update on our innovation activity at the next Board meeting.

The Board noted with interest the desire for a Clinical Trials Unit.

## **5. SCHEDULE OF MEETINGS 2021**

David Green, Acting Executive Director, Finance & Corporate Services, presented the proposed schedule of meetings for 2021 which lay on the table from the previous meeting.

Andrew Dickerson, Chair, Hospital Advisory Committee, commented that the opportunity should be taken at some stage to discuss the frequency of the Hospital Advisory Committee. A similar comment was made regarding the Community & Public Health & Disability Support Advisory Committee.

### **Resolution (41/20)**

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

“That the Board:

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

## **6. BAD DEBT WRITE-OFF**

Mr Green also presented this report which was taken as read and was recommended to the Board for approval by QFARC.

There was no discussion on the report which was self-explanatory.

### **Resolution (42/20)**

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

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

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

## **7. COMMITTEE VACANCIES**

Sir John Hansen, Chair, presented this paper which was to fill the vacant Chair & Deputy Chair positions on Advisory Committees.

There was no discussion on the paper which was self-explanatory.

### **Resolution (43/20)**

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

“That the Board:

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

## **8. CHAIR'S UPDATE**

Sir John advised that a number of farewells had been held in the previous couple of weeks and he fully understands that this can be upsetting for staff. He commented that he wanted to publicly acknowledge that Business as Usual is still being delivered to the highest standard across the health system. He added that he is also grateful to Dr Peter Bramley and the work he has been undertaking as Acting Chief Executive.

A query was made regarding the status of the EY report and it was agreed that this would be discussed later in the meeting.

The Chair's update was noted.

## **9. CHIEF EXECUTIVE'S UPDATE**

Dr Peter Bramley, Acting Chief Executive, presented his report which was taken as read. Dr Bramley commented that it is a pleasure to be here and he feels very privileged to support the Canterbury DHB. He acknowledged that it is quite a different time for the organisation with people leaving and also acknowledged the great work those departing have undertaken during their time with the DHB. Dr Bramley also commented as follows:

- It has been an absolute privilege to connect with the teams here in Canterbury. I am impressed with the passion and commitment to care for the people of Canterbury. Many, as you know, are still working in damaged facilities.
- I want to acknowledge those stepping up into interim roles as we proceed.
- We are now getting close to a phenomenal new facility and I would like to honour Mary Gordon, Dr Rob Ojala and the rest of the facilities team for all of their hard work to make this happen. I also want to reassure the Board that the build is almost ready to hand over key and we will be double checking that everything is safe to occupy. The amount of work going into the migration is impressive and there will be a presentation to the next Hospital Advisory Committee around this.
- I want to acknowledge that behind the scenes we should not underestimate the amount of work taking place around COVID. A complete shout out to Labs who have just clocked up over 100,000 COVID tests.



Dr Sue Nightingale, Chief Medical Officer, advised that there is still a phenomenal amount of work being undertaken in Primary Care and around surveillance, with meetings three times per week, and also around COVID streams in the new hospital.

Dr Bramley also gave a shout out to all of the teams supporting the recovery of the health system post the COVID lockdown.

- We are still awaiting clarity from the Ministry of Health around how the COVID related costs will be funded.
- He acknowledged that this being Maori language week that there are more Te Reo speakers in the 18-25 year group than in 55+.

Mr Matthews commented that for the first time in more than a century this data is available and we are seeing a shift in the demography of the Maori population and the speakers of Te Reo Maori which means the demands of these young people will be different and we need to be prepared as they come through.

- In regard to Oncology services, Dr Bramley advised that he had met with Dr David Gibbs, Clinical Chair for Oncology, and in reality they are 30 -40% down on staff due to personal leave, however, the team has rallied very well to deal with this.

A query was made regarding the risks around the Leave Care Plans. It was noted that it is a huge challenge and conflict for a lot of our senior staff to balance keeping the clinics full for catch up appointments and also to take leave. The Chair commented that there is more comprehensive reporting around this to QFARC.

Dr Bramley reassured the Board that the Executive Management Team and General Managers are making sure we are aligned and that the Programme Office is resourced and is capturing this information. Although there is not a lot of savings phased into the first two months, we are on track.

The Chief Executive's update was noted.

## **10. FINANCE REPORT**

Mr Green presented the Finance Report which was taken as read. He advised that the result for July was favourable both before and after COVID costs. He added that savings have been achieved in the first month and a better resolution is expected around liquidity.

A query was made as to whether the Holidays Act compliance is now in the bottom line and it was noted that this has been treated the same as the previous year. We have an operating result and as part of the year end process we have looked at what our potential liability is and made an adjustment for Holidays Act compliance which is now reflected in the draft 2019/20 final result.



### **Resolution (44/20)**

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

“That the Board:

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

## **11. ADVICE TO BOARD**

### **Community & Public Health & Disability Support Advisory Committee (CPH&DSAC)**

Aaron Keown, Deputy Chair (at the time), CPH&DSAC, provided the Board with an update on the Committee’s public meeting held on 3 September 2020. He advised that there had been some good presentations at the meeting: the Community Languages Information Network Group; a Public Health Approach to Disabilities; and a COVID 19 update.

### **Resolution (45/20)**

(Moved: Aaron Keown/Seconded: Naomi Marshall – carried)

“That the Board:

- i. notes the draft minutes from CPH&DSAC’s public meeting held on 3 September 2020.”

Sir John expressed his thanks to Mary Gordon as this is her last meeting. I want to recognise her many many years of service to this Board, to the patients of Canterbury and even more to the nurses of Canterbury and throughout New Zealand.

## **12. RESOLUTION TO EXCLUDE THE PUBLIC**

### **Resolution (46/20)**

(Moved: Gabrielle Huria/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 & 16 and the information items contained in the report;
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of public excluded meetings – 20 August 2020	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Afternoon Staff Carpark – Public Consultation on Disposal of Land	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Bus Super Stop – Public Consultation on Disposal of Land	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Holidays Act Remediation Approach	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Selection of Recruitment Company	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Rangiora Health Hub – Family Health & Urgent Care Centre Lease	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Microsoft Licences Approval	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Equity Support for 2019/20 Deficit	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	Christchurch Campus Compliance Works Programme	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	Riverside Docks Relocation - Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
13.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
14.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
15.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)

16.	Advice to Board: <ul style="list-style-type: none"> <li>QFARC Draft Minutes 01 September 2020</li> </ul>	For the reasons set out in the previous Committee agendas.	
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- 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 11.05am.

\_\_\_\_\_  
Gabrielle Huria, Deputy Chair

\_\_\_\_\_  
Date of approval

RELEASED UNDER THE OFFICIAL INFORMATION ACT

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

**BOARD MEMBERS**

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

**BOARD CLINICAL ADVISOR**

Dr Andrew Brant (via zoom).

**APOLOGIES**

An apology for absence was received and accepted from Dr Lester Levy.

An apology for early departure was received and accepted from Dr Andrew Brant (12.10pm).

**EXECUTIVE SUPPORT**

Dr Peter Bramley (Acting Chief Executive); Mary Gordon (Executive Director of Nursing); David Green (Acting Executive Director, Finance & Corporate Services); Ralph La Salle (Acting Executive Director, Planning Funding & Decision Support); Paul Lamb (Acting Chief People Officer); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Hector Matthews (Executive Director, Maori & Pacific Health); Dr Sue Nightingale (Chief Medical Officer); Karalyn van Deursen (Executive Director Communications); Stella Ward (Chief Digital Officer); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

**IN ATTENDANCE**

Matt Dean (Enterprise Architect, Information Services); Savita Devi (ICT Services Manager); Becky Hickmott (Nurse Manager, Nursing Workforce Development); and Melissa Macfarlane (Team Lead, Planning & Performance).

*The meeting adjourned for morning tea from 11.05am – 11.20am*

**1. CONFIRMATION OF MINUTES OF PREVIOUS MEETING**

**Resolution (PE73/20)**

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

“That the minutes of the meeting of the Canterbury District Health Board held on 20 August 2020 be approved and adopted as a true and correct record, subject to the addition of: “It was noted that the differing views between the EY report and Management’s response still needed to be revisited and resolved.” at the end of item 4 & 11 on page 9.

**2. CHAIR’S REPORT**

Sir John Hansen, Chair, advised that he and Dr Peter Bramley, Acting Chief Executive, had represented the DHB at the Capital Investment Committee (CIC) meeting held on Tuesday and had found it a constructive meeting. He advised that they had raised an issue around a Business Case being put forward that the DHB had not agreed to and that after the meeting Dr Bramley had written to CIC and stressed these concerns. It was noted that the DHB had not accepted that we could go ahead with Parkside without any work taking place.

Sir John advised that CIC had been very supportive of the T3 proposal and whilst it was important that the capacity issue be resolved it was not a condition of their approval. It was also recognised

that there is a need for compliance work to be completed to enable a WOF and we could find we may have clinicians who would not work in those facilities without remediation. In addition, Sir John advised that the Mayor and Councillors are very open to working with the DHB around this.

It was noted that the Hillmorton Business Case had missed this CIC meeting but would be presented at the next meeting and we would again request to speak at that meeting.

A concern was raised regarding a reworked Business Case being presented that this Board had not been privy to and also the ongoing operational costs to run Parkside with no sense of funding available.

Dr Bramley commented that what the Board has seen has not changed, but there is one new thing being the Destravis report with which we disagree and he has formally written informing CIC of this. He added that he also highlighted the interdependency of these buildings.

Discussion took place regarding the work required to bring Parkside up to standard and the Chair commented that the upgrading of Parkside was not included in our request to CIC and it will be necessary to find the funding to bring this up to standard. He added that the \$80m is for “legal” compliance and not “clinical” compliance.

The Chair’s update was noted.

### **3. CHIEF EXECUTIVE – EMERGING ISSUES**

Dr Peter Bramley, Acting Chief Executive, commented that a number of our services live on the edge of vulnerability and Medical Oncology is currently one of those services with unexpected personal leave.

He commented that he had heard a fair bit of concern around what is opening and not opening at Hagley. As we move there we are actually growing our capacity and quite a bit of capacity is for future need.

Mary Gordon, Executive Director of Nursing, advised that ED is a huge area and it was never intended to have this all open on day one, and it has been agreed that for a period of time we will stay with the current models of care and this should be reviewed on a regular basis. Discussion took place around the space available for various services and it was noted that these areas are our main future proofing.

#### **96 Tuam Street – Deadline Sale**

Dr Bramley presented this paper regarding the bare land property at 96 Tuam Street which has been marketed for deadline sale and could be of interest to the DHB considering its proximity to the Health Precinct.

Discussion took place regarding the proposal, but the recommendation lapsed due to there being no mover.

The Chief Executive’s update was noted.

*The meeting moved to Item 13.*

### **13. CHIEF DIGITAL OFFICER REPORT**

Stella Ward, Chief Digital Officer, introduced Matt Dean and Savita Devi who will be sharing the Acting Chief Digital Officer role when she departs.

Ms Ward advised that they were disappointed that the Laboratory upgrade had to be deferred and this will now take place next Wednesday.

Ms Ward also provided updates around: our Disaster Recovery capability with the cut over of our ICNET application to a Disaster Recovery site overseas which is performing well; the accelerating our future activity; and work around COVID 19.

The Chief Digital Officer’s Report was noted.

*The meeting moved back to Item 4.*

#### **4. AFTERNOON STAFF CAR PARK – PUBLIC CONSULTATION ON DISPOSAL OF LAND**

Tim Lester, Corporate Solicitor, presented this report which was taken as read. Mr Lester advised that the Board had previously approved the disposal of these parcels of land and now that consultation has taken place and the views of the community taken into consideration it is now appropriate to seek Ministerial approval.

##### **Resolution (PE74/20)**

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

(Gabrielle Huria and Barry Bragg abstained due to conflict)

“That the Board:

- i. notes that public consultations on the proposed disposal of the former Afternoon Staff Carpark land by Canterbury DHB has concluded and one submission was received;
- ii. approves, having considered the views of its resident population, proceeding with obtaining Ministerial approval and disposal of the Afternoon Staff Carpark land to the Crown;
- iii. notes that in consideration for disposing of its Afternoon Staff Carpark, Canterbury DHB receives a fixed \$4.25M contribution from the Crown representing 50% of the cost of the two-floor extension of Canterbury DHB’s Antigua Street Staff Car Parking building; and
- iv. notes that by resolution of 18 April 2019, Canterbury DHB’s Board approved capital towards the two-floor extension of its Antigua Street Staff Car Parking building and that this allocated capital will be used to fund Canterbury DHB’s balance contribution (in addition to the Crown’s fixed \$4.25M contribution) to meet the cost of the two-floor extension project.”

#### **5. BUS SUPER STOP - PUBLIC CONSULTATION ON DISPOSAL OF LAND**

Mr Lester also presented this paper which was taken as read.

##### **Resolution (PE75/20)**

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

(Catherine Chu, James Gough and Aaron Keown abstained due to conflict)

“That the Board:

- i. notes that public consultations on the proposed disposal of the Bus Super Stop land by Canterbury DHB has concluded and that one submission was received;
- ii. approves, having considered the views of its resident population, proceeding with obtaining Ministerial approval and disposal of the Bus Super Stop land to the Crown; and
- iii. notes that The New Zealand Public Health and Disability Act requires that the proceeds of disposal must be used for the *purchase, improvement or extension of publicly-owned facilities for health purposes*, unless the Minister approves a different use of the proceeds.”

#### **6. HOLIDAYS ACT REMEDIATION APPROACH**

Paul Lamb, Acting Chief People Officer, presented this paper which was recommended to the Board by QFARC. Mr Lamb introduced Amy Kay, Programme Manager, who was present to provide further information if required.

A query was made regarding the time frame for payment of this and Ms Kay advised that the team is working really hard to establish a time line and currently it is looking like not later than August 2021 for earliest completion. It was noted that 25,000 employees no longer work for the DHB which is very challenging.



**Resolution (PE76/20)**

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

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

- i. notes that analysis of remediation delivery options, alongside scrutiny of a formal tender process undertaken by MidCentral DHB, has concluded that the most robust and cost effective procurement approach to Holidays Act remediation for Canterbury DHB is to engage EY under the All of Government (AoG) agreement to lead and deliver remediation activity (retrospective calculations) and provide quality assurance across the locally led rectification work (forward facing ‘fixes’);
- ii. notes that the value of EY’s proposal is \$4,411,000 (based on AoG rates);
- iii. notes that \$5,000,000 has been provisioned for project delivery of the Holidays Act Compliance Programme; and
- iv. approves the engagement of EY as a partner for the Holidays Act Compliance Programme.”

**7. SELECTION OF RECRUITMENT COMPANY – BOARD ONLY**

The Chair presented this paper which had been circulated and agreed via e-mail subject to ratification at this meeting.

**Resolution (PE77/20)**

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

“That the Board, as recommended by the Board appointed subcommittee of Barry Bragg, Jo Kane and Ingrid Taylor:

- i. approves the appointment of Kerridge & Partners as the Executive Recruitment Company to facilitate the search for the vacant Management positions at the Canterbury DHB;
- ii. authorises Paul Lamb, Acting Chief People Officer, to complete the contract process with Kerridge & Partners;
- iii. notes the process and timeline as outlined in the Kerridge & Partners proposal circulated at the 20 August 2020 Board Meeting;
- iv. appoints a subcommittee of the Board at the next Board meeting (17 September 2020) and delegates to them, with the support and advice from the recruitment company, Kerridge & Partners, the undertaking of the recruitment process for the vacant management positions;
- v. notes that the subcommittee will ultimately provide to the Board a short list of candidates for the Chief Executive position for consideration, and that the Board will be ultimately responsible for the approval of the appointment of a new Chief Executive;
- vi. notes that it is essential that the newly appointed Chief Executive is engaged at the shortlisting stage for the Executive Management Team positions;
- vii. notes that regular updates will be provided to the Board by the subcommittee; and
- viii. notes the importance that the confidentiality of the process and non-disclosure pre and post the appointment of our next Chief Executive is of paramount importance and must not be breached.”

**Resolution (PE78/20)**

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

“That the Board:

- i. appoints the Remuneration & Appointments Committee to oversee the recruitment process for the Chief Executive with full reporting back to the Board.”

*The meeting adjourned for lunch from 12.45pm – 1.15pm.*

## **8. RANGIORA HEALTH HUB – FAMILY HEALTH & URGENT CARE CENTRE LEASE**

Ralph La Salle, Acting Executive Director, Planning Funding & Decision Support, presented this paper which was taken as read and was recommended to the Board for approval by QFARC.

A query was made as to how we are making this a binding agreement as there is nothing in the lease. It was noted that there is a service agreement in place and there is ground rental in the meantime.

### **Resolution (PE79/20)**

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

(Jo Kane was absent for this resolution)

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

- i. enters into the design, build and lease Agreement as provided in Appendix 2, granting a ground lease of DHB land to the South Link Health Services group to construct, own and operate a family health and urgent care centre at the Rangiora Health Hub site;
- ii. notes that the Agreement remains conditional on DHB Board and Ministerial Approval as required under the New Zealand Public Health and Disability Act (NZPHDA);
- iii. approves confirming the Board approval condition of the Agreement as satisfied; and
- iv. approves proceeding to obtain Ministerial approval as required under the NZPHDA.”

## **9. MICROSOFT LICENCES APPROVAL**

David Green, Acting Executive Director, Finance & Corporate Services, presented this report which was recommended to the Board for approval by QFARC.

### **Resolution (PE80/20)**

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

(Jo Kane was absent for this resolution)

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

- i. approves payment of Microsoft licences for Canterbury DHB totalling \$3.8M (plus GST).”

*Jo Kane rejoined the meeting at 1.20pm.*

## **10. EQUITY SUPPORT FOR 2019/20 DEFICIT**

Mr Green also presented this report. It was noted that there was not yet any clarity around Holidays Act funding.

### **Resolution (PE81/20)**

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

“That the Board:

- i. approves equity support for the 30 June 2020 financial year up to the value of the deficit.”

## **11. CHRISTCHURCH CAMPUS COMPLIANCE WORKS PROGRAMME**

Mary Gordon, Executive Director of Nursing and EMT Lead for Facilities, presented this paper which was taken as read.

Discussion took place regarding the compliance works programme and it was agreed that once we get the notes back from CIC we need to make sure that the compliance programme presented to us is still valid and whether there needs to be any modifications to that programme. It is important to get the formal feedback first. This will be included in the resolution. It was also important to note the interdependency of these pieces of work.



## **Resolution (PE82/20)**

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

“That the Board:

- i. notes that very disruptive compliance work is required throughout the Christchurch Campus buildings;
- ii. notes that the compliance work is part of the Building Warrant of Fitness certification and that compliance work must progress to meet with Council expectations in relation to ongoing Building Warrant of Fitness requirements;
- iii. notes that the multiple-year programme of work will require ongoing adjustments so that it is coordinated to minimise the impact on hospital operations and clinical services;
- iv. notes that these compliance works are initially part of the original 2019 Christchurch Hospital Campus Detailed Business Case (*DBC*) and Programme Business Case (*PBC*) submitted to the Ministry of Health, but has been excluded from the Christchurch Hospital Reduced Option Tranche 1 DBC, which is pending decision by the Capital Investment Committee;
- v. notes that the minimal compliance requirement option DBC has been submitted to the Ministry of Health for the 15 September 2020 CIC meeting, pending decision by the Capital Investment Committee and once this is confirmed we need to ensure that the compliance programme as presented to us is still valid;
- vi. notes the importance of the interdependency of these pieces of work; and
- vii. notes the urgency to commence the preparation activities such as the Building Consents, equipment procurement and contractor tendering; in order to ensure that the required works can commence in line with when the Parkside space will be vacated with the relocation of services to Hagley.”

## **12. RIVERSIDE DOCKS RELOCATION UPDATE**

Ms Gordon also presented this update which was recommended to the Board for noting by QFARC. It was noted that the funding for T3 includes this work.

## **Resolution (PE83/20)**

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

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

- i. notes that the relocation of the existing Riverside docks to the lower ground floor of Riverside East building is essential to enable continuous operation of the Christchurch Hospital campus loading docks, as the required demolition of the Riverside West building will prevent accessibility around the west end of the Riverside West building, therefore preventing access to the existing Riverside docks;
- ii. notes that Riverside West demolition is required to mitigate fall risk on the Hagley building, which has been part of the agreed Christchurch Hospital facility master plan and in addition, the demolition of Riverside West timing is dependent on the migration of services from Riverside to the new Hagley;
- iii. notes that the funding for the relocation of the existing Riverside docks (for the design, construction and relocation process) is included in the \$154m Reduced Option Tranche 1 Christchurch Hospital redevelopment Detailed Business Case (*DBC*), which has been submitted to the Ministry of Health /Capital Investment Committee (post approval by the Board at the 1 May 2020 special meeting), and that the business case is still pending ministerial decision;
- iv. notes that in order to ensure progress with planning of the enabling works to Riverside West building demolition, in February 2020 the CDHB Management approved \$89,000 to proceed to concept design and the concept design is now completed, therefore ready for the next stage of detailed design;
- v. notes that as at August 2020, CDHB Management has approved \$306,000 to proceed to the next stage of detailed design, so as to inform the contractor engagements and construction

- requirements and also to allow the construction works to be completed by about July 2021, enabling commencement of Riverside West demolition process;
- vi. notes that the high-level total cost estimate for the relocation of existing docks to Riverside East building is circa \$3.9m, of which \$395,010 has been approved to complete the concept design and to commence the detailed design;
  - vii. notes that as the Docks Relocation cost is part of the \$154m Reduced Tranche 1 Christchurch Hospital Option DBC, the plan is to seek reimbursement of the cost of the Concept Design and Detailed Design development from the \$154m funding in the DBC which is still pending ministerial decision; and
  - viii. notes it is anticipated that Board approval will be sought for construction following completion of the Detailed Design phase.”

#### **14. PEOPLE REPORT**

Mr Lamb presented this report which was taken as read. Mr Lamb commented that the leave care programme continues trending in the right direction with 2000 hours up against last year for booked and annual leave taken.

Dr Bramley commented that there are a number of pieces of work to go back to QFARC particularly the cost of moving into Hagley with some assurances around FTE and also outplaced/outsourced work coming back into the hospital.

The update was noted.

#### **15. LEGAL REPORT**

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

Mr Brogden provided the Board with updates around Coroner’s reports and HDC cases and Mr Lester provided updates around Commercial matters.

The Legal Report was noted.

#### **16. ADVICE TO BOARD**

##### **Quality, Finance, Audit & Risk Committee (QFARC)**

Barry Bragg, Chair, QFARC, provided the Board with an update on the Committee’s meeting held on 1 September 2020. He highlighted:

- HRPGs committee discussion around closing down.
- Financial Risks which needed to be agreed with the Ministry of Health.
- The risk around COVID funding.
- Cancer Centre.
- Cash flow going forward.
- Chatham Islands capital requirements going forward.
- The Programme Management Office and the need for more reporting around savings.

##### **Resolution (PE84/20)**

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

“That the Board:

- i. notes the draft minutes from QFARC’s meeting held on 1 September 2020.”

## **INFORMATION ITEMS**

- Chair's Correspondence
- Quarterly Facilities Earthquake POW Update (*ex QFARC 1 September 2020*)

There being no further business, the meeting concluded at 2.05pm.

\_\_\_\_\_  
Gabrielle Huria, Deputy Chair

\_\_\_\_\_  
Date of approval

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