



HB Clinical Council Monthly Meeting

Date: Wednesday, 5th August 2020

Meeting: 3.00 pm to 5:30 pm

Venue: Te Waiora Meeting Room (Boardroom), District Health Board Corporate Office, Cnr Omahu Road & McLeod Street, Hastings

Council Members:

Dr Robin Whyman (Co-Chair)

Jules Arthur (Co-Chair)

Dr Umang Patel

Dr Kevin Choy

Chris McKenna

Karyn Bousfield

Debs Higgins

Dr Andy Phillips

Dr Russell Wills

Dr Peter Culham

Dr Nicholas Jones

Dr Mike Park

Peta Rowden

Apologies:

In Attendance:

Chris Ash, Chief Operating Officer

Susan Barnes, Patient Safety & Quality Manager

Les Cunningham, Consumer Council Representative

Tracy Fricker, Executive Assistant – People & Quality (minutes)

MONTHLY MEETING**Public**

Item	Section 1 – Routine	Time (pm)
1.	Welcome and Apologies	3.00
2.	Interests Register	
3.	Minutes of Previous Meeting	
4.	Matters Arising – Review Actions	
5.	Clinical Council Work Plan	
6.	Clinical Council Annual Plan – Progress Review	
	Section 2 – Reporting Committees to Council	
7.	Clinical Council Representatives and Committee Reports	
8.	Section 3 - Recommendation to Exclude the Public	

Public Excluded

Item	Section 4 – Routine	
9.	Minutes of Previous Meeting (public excluded)	3.15
10.	Matters Arising - Review Actions (public excluded)	
11.	HB Clinical Council Board Report – June (public excluded) - <i>copy for information</i>	
12.	Mental Health & Addiction Directorate Presentation – David Warrington / Dr Anoek Dechering-Raes / Peta Rowden	3.20
13.	Clinical Governance at HBDHB - Discussion Paper – Robin Whyman / Jules Arthur	3.50
14.	Patient Safety Dashboard and HRT Data Presentation – Aaron Turpin	4.15
15.	Adverse Event Summary 2019-2020 - Sue Barnes	4.45
16.	Organisational Risk Register – Chris Ash	4.55
17.	Topics of Interest - Member Issues / Updates	5.10
18.	Meeting Close	5.30

Next Meeting:**Wednesday, 2 September 2020, 3.00-5.30 pm**

Te Waiora Meeting Room (Boardroom), HBDHB Corporate Office
Cnr Omaha Road & McLeod Street, Hastings

Our shared values and behaviours



1 HE KAUANUANU RESPECT *Showing respect for each other, our staff, patients and consumers*

Welcoming

- ✓ Is polite, welcoming, friendly, smiles, introduce self
- ✓ Acknowledges people, makes eye contact, smiles

- ✗ Is closed, cold, makes people feel a nuisance
- ✗ Ignore people, doesn't look up, rolls their eyes

Respectful

- ✓ Values people as individuals; is culturally aware / safe
- ✓ Respects and protects privacy and dignity

- ✗ Lacks respect or discriminates against people
- ✗ Lacks privacy, gossips, talks behind other people's backs

Kind

- ✓ Shows kindness, empathy and compassion for others
- ✓ Enhances people's mana

- ✗ Is rude, aggressive, shouts, snaps, intimidates, bullies
- ✗ Is abrupt, belittling, or creates stress and anxiety

Helpful

- ✓ Attentive to people's needs, will go the extra mile
- ✓ Reliable, keeps their promises; advocates for others

- ✗ Unhelpful, begrudging, lazy, 'not my job' attitude
- ✗ Doesn't keep promises, unresponsive

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

Positive

- ✓ Has a positive attitude, optimistic, happy
- ✓ Encourages and enables others; looks for solutions

- ✗ Grumpy, moaning, moody, has a negative attitude
- ✗ Complains but doesn't act to change things

Learning

- ✓ Always learning and developing themselves or others
- ✓ Seeks out training and development; 'growth mindset'

- ✗ Not interested in learning or development; apathy
- ✗ "Fixed mindset, 'that's just how I am', OK with just OK

Innovating

- ✓ Always looking for better ways to do things
- ✓ Is curious and courageous, embracing change

- ✗ Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done

Appreciative

- ✓ Shares and celebrates success and achievements
- ✓ Says 'thank you', recognises people's contributions

- ✗ Nit picks, criticises, undermines or passes blame
- ✗ Makes people feel undervalued or inadequate

1 RARANGATE TIRA PARTNERSHIP *Working together in partnership across the community*

Listens

- ✓ Listens to people, hears and values their views
- ✓ Takes time to answer questions and to clarify

- ✗ 'Tells', dictates to others and dismisses their views
- ✗ Judgmental, assumes, ignores people's views

Communicates

- ✓ Explains clearly in ways people can understand
- ✓ Shares information, is open, honest and transparent

- ✗ Uses language / jargon people don't understand
- ✗ Leaves people in the dark

Involves

- ✓ Involves colleagues, partners, patients and whanau
- ✓ Trusts people; helps people play an active part

- ✗ Excludes people, withholds info, micromanages
- ✗ Makes people feel excluded or isolated

Connects

- ✓ Pro-actively joins up services, teams, communities
- ✓ Builds understanding and teamwork

- ✗ Promotes or maintains silo-working
- ✗ 'Us and them' attitude, shows favouritism

1 TAUWHIRO CARE *Delivering high quality care to patients and consumers*

Professional

- ✓ Calm, patient, reassuring, makes people feel safe
- ✓ Has high standards, takes responsibility, is accountable

- ✗ Rushes, 'too busy', looks / sounds unprofessional
- ✗ Unrealistic expectations, takes on too much

Safe

- ✓ Consistently follows agreed safe practice
- ✓ Knows the safest care is supporting people to stay well

- ✗ Inconsistent practice, slow to follow latest evidence
- ✗ Not thinking about health of our whole community

Efficient

- ✓ Makes best use of resources and time
- ✓ Respects the value of other people's time, prompt

- ✗ Not interested in effective user of resources
- ✗ Keeps people waiting unnecessarily, often late

Speaks up

- ✓ Seeks out, welcomes and give feedback to others
- ✓ Speaks up whenever they have a concern

- ✗ Rejects feedback from others, give a 'telling off'
- ✗ 'Walks past' safety concerns or poor behaviour

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Interests Register
 Jul-20

Hawke's Bay Clinical Council

Name Clinical Council Member	Interest e.g. Organisation / Close Family Member	Nature of Interest e.g. Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of interest to
Chris McKenna (Director of Nursing)	Hawke's Bay DHB - Susan Brown	Sister	Registered Nurse	Yes	Low - Personal - family member
	Hawke's Bay DHB - Lauren McKenna	Daughter	Registered Nurse	Yes	Low - Personal - family member
	Health Hawke's Bay (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
Jules Arthur (Midwifery Director)	National Midwifery Leaders Group	Chair	Forum for national midwifery and maternity issues	No	
	Current part secondment to TAS SSHW team Programme Consultant for CCDM	Team member	Implementation of CCDM programme	No	
	NZ College of Midwives	Member	A professional body for the midwifery workforce	No	
Dr Andy Phillips (Chief Allied Health Professions Officer)	Health Systems Performance Insights Programme	Chair	Improving Health System Performance	No	
	The Health Foundation (UK)	Member of College of Assessors	Improving Health System Performance	No	
	Hastings Environment Centre	Board member	Sustainable Living	No	
	Ora Taiao	Executive Board Member	Health and Climate	No	
Debs Higgins (Senior Nurse)	The NZ Nurses Society	Member of the Society	Provision of indemnity insurance and professional support.	No	
	Health HB	Employee	Role: Clinical Performance Support Lead	Yes	Low
Anne McLeod (Senior Allied Health Professional)	Aotearoa NZ Association of Social Workers	Member		Yes	Low
	HB DHB Employee Heather Charteris	Sister-in-law	Registered Nurse Diabetic Educator	Yes	Low
	Directions Coaching	Coach and Trainer	Private Business	Yes	Low: Contracts in the past with HBDHB and Hauora Tairāwhiti.
Dr Robin Whyman (Clinical Director Oral Health)	NZ Institute of Directors	Member	Continuing professional development for company directors	No	
	Australian - NZ Society of Paediatric Dentists	Member	Continuing professional development for dentists providing care to children and advocacy for child oral health.	No	
Dr Russell Wills (Community Paediatrician)	HBDHB Community, Women and Children and Quality Improvement & Patient Safety Directorates	Employee	Employee	Yes	Potential, pecuniary
	Wife, Mary Wills employed as General Manager of Presbyterian Support East Coast	Employee	Presbyterian Support East Coast provide services within the HB and are a contractor to HBDHB	Yes	Potential, pecuniary
	Paediatric Society of New Zealand	Member	Professional network	No	
	Association of Salaried Medical Specialists	Member	Trade Union	Yes	Potential, pecuniary
	New Zealand Medical Association	Member	Professional network	No	
	Royal Australasian College of Physicians	Fellow	Continuing Medical Education	No	
	Neurodevelopmental and Behavioural Society of Australia and New Zealand	Member	Professional network	No	
	NZ Institute of Directors	Member	Professional network	No	
Dr Nicholas Jones (Clinical Director - Population Health)	NZ College of Public Health Medicine	Fellow	Professional network	No	
	Association of Salaried Medical Specialists	Member	Professional network	No	
	HBDHB Strategy & Health Improvement Directorate	Employee	Employee	No	
Dr Peter Culham (GP)	Havelock North Properties Limited	Shareholder	Medical Centre owner	Yes	Low, pecuniary, hold leases with healthcare providers
	Te Mata Peak Practice	GP and Director	General Practice	Yes	Low, pecuniary, provides primary care services
	C&G Healthcare	Director	Private business	No	No further exposure beyond mentioned above
	Royal NZ College of General Practitioners	Fellow		No	
Karyn Bousfield	Jonathan Black Farsight Global	Partner is Director	Organisational Psychologist/ Contractor	No	Potential perceived - no connection on a professional level
Mike Park	College of Intensive Care Medicine (CICM)	Fellow	CPO and accreditation	No	
	ASMS	Member	Trade Union	No	
	ANZICS	Member	Professional society	No	
	Central region IHT DHB Committee HBDHB Medical Director Acute & Medical	Chair Medical Director	DHB network for IHT	No Yes	Potential Pecuniary - Low level
Dr Kevin Choy	The Doctors, Hastings	GP & Director	GP	Yes	Provision of Primary Care - business
Dr Umang Patel	City Medical Ltd, Napier	GP & Medical Director	GP		
	HBDHB	ED SMO/Consultant Locum	Consultant	Yes	Provision of Primary Care - business
	TAS	Wife works for TAS	Services to HBDHB & MoH	No	
Peta Rowden				Yes	Perceived personal
	Hawke's Bay DHB – Shanelle Rowden-Read National Directors of Mental Health Nursing (DOMHNs)	Daughter Member	Health Care Assistant Collective strategic group to positively influence nursing priorities for mental health and addiction nurses in New Zealand.	Yes No	Low - family member

HB Clinical Council 5 August 2020 - Interest Register

Name Clinical Council Member	Interest e.g. Organisation / Close Family Member	Nature of Interest e.g. Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
	Hawke's Bay DHB Mental Health & Addictions Services – Nurse Director Te Ao Maramatanga - College of Mental Health Nursing	Employee Member	Employee Professional body for practising mental health nurses in New Zealand	No No	

**MINUTES OF THE MONTHLY HAWKE'S BAY CLINICAL COUNCIL MEETING
HELD IN THE TE WAIORA MEETING ROOM, CORPORATE OFFICE
ON WEDNESDAY, 1 JULY 2020 at 3.00pm**

PUBLIC

Present:	Dr Russell Wills (Acting Co-Chair) Jules Arthur (Co-Chair) Dr Andy Phillips Dr Umang Patel Peta Rowden Karyn Bousfield Debs Higgins Dr Kevin Choy Dr Peter Culham
Apologies:	Chris McKenna, Dr Nicholas Jones, Dr Mike Park
In Attendance:	Les Cunningham, HB Health Consumer Council Representative Susan Barnes, Patient Safety & Quality Manager Chris Ash, Chief Operating Officer Tracy Fricker, Executive Assistant – People Service (Minutes)

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Dr Russell Wills (Acting Co-Chair) welcomed everyone to the first full Clinical Council meeting since COVID lockdown and provided a karakia to open the meeting.

The apologies were noted as above. Dr Robin Whyman will be attending the meeting today but will be late.

Dr Wills also acknowledged the appointment of Chris Ash to the Chief Operating Officer role.

It was noted that the agenda has had some changes made to it since being issued. The Medical and Mental Health & Addiction Service Directorates are unable to present at today's meeting due to pressure of work and key people being on leave. These presentations will be re-scheduled.

Clinical governance was suspended under CIMS. A limited group of Council members met in June. CTAG was a technical advisory group under the CIMS structure and did not replace clinical governance. It was **agreed** that is important to ensure that clinical governance continues under CIMS. CTAG will be re-established to provide advice to the Executive Lead for COVID, and Clinical Council will retain its clinical governance overview.

Chris Ash advised de-brief meetings are being held with the key teams from the COVID-19 response on how things went, what worked well and lessons learnt etc.

2. INTEREST REGISTER

No conflicts of interest were noted for the meeting.

3. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Hawke's Bay Clinical Council meeting held on 3 June 2020 were confirmed as a correct record of the meeting.

Moved: Andy Phillips

Seconded: Kevin Choy

Carried.

4. MATTERS ARISING, ACTIONS AND PROGRESS

Item 1: New Clinical Governance Structure/Terms of References

The new clinical governance terms of reference have been signed-off by the Co-Chairs. *Item can be closed.*

Item 2: Clinical Council Appointments

The appointment of the pharmacist and allied health positions on council are being progressed.

Item 3: IPC Advisory Group

The terms of reference have been signed off by the Co-Chairs. *Item can be closed.*

Item 4: Data and Post-COVID-19 Recovery

On today's agenda under item #12 in public excluded section. *Item can be closed.*

Item 5: Data Post-COVID-19 and Recovery in Primary Care

Gathering screening and other planned care data in primary care has been a challenge. Discussion needs to be had off-line. *Item can be closed.*

Item 6: Develop Framework to Identify Risks and Priorities in Directorates and Specialties

To be discussed at August meeting under risk management framework in public excluded section.

Item 7: Clinical Council Monthly Work Plan

The work plan needs to be revised and will be discussed on today's agenda under item #5. *Item can be closed.*

Item 8: Re-establishment of Full Clinical Council and Advisory Groups

A communication has been sent out to all Chairs to re-establish meetings. *Item can be closed.*

5. CLINICAL COUNCIL MONTHLY WORK PLAN

A copy of the current work plan was included in the meeting papers.

The plan is to continue to bring directorate colleagues to Council to share their challenges and risks, how they are mitigating them and what support they would like from Council. Older Persons & Allied Health and Health Care Hawke's Bay are on the agenda to present today. The Medical and Mental Health & Addiction Directorates will be re-scheduled.

Health Round Table (HRT) data was interrupted due to COVID. A quarterly review of HRT dashboard will be provided in August.

The new CEO, Keriana Brooking has been invited to attend the September Council meeting. Clinical Council will provide a briefing paper on its current role, function, achievements and challenges etc.

The AGM has been moved to October.

Actions: Co-Chairs to discuss dates for presentations with the Medical and Mental Health & Addiction Service Directors.

Co-chairs and Executive Clinical Leads to draft a briefing paper for the CEO re: clinical governance in Hawke's Bay for discussion at the August meeting.

6. CLINICAL COUNCIL ANNUAL PLAN 2019/20 – Objectives Update

To be carried over to the August meeting as part of the discussion to be had regarding the briefing paper for the CEO.

SECTION 2: REPORTING COMMITTEES TO COUNCIL

7. CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS

Advisory Group Reports received in June were provided in a separate email to Council members for their information:

- Clinical Risk and Event Advisory Group
- Maternity Clinical Governance Group
- Infection Prevention and Control Advisory Group
 - Council **agreed** that the Infection Prevention and Control Advisors' lack of capacity to support primary and community care significantly compromised the effectiveness of the community response to COVID in Hawke's Bay and caused considerable anxiety for the workforce. Council agreed that the high rate of infection of staff seen in Waitemata would have been seen in Hawke's Bay had the infection rate been similar, and the lessons reported in the Waitemata Report were relevant to Hawke's Bay. This is of concern should a second wave occur here, and for our capacity to respond to other epidemics
 - Council **agreed** that there is a need for more resourcing for IPC in particular. Would support new IPC personnel being more focused on the community, including aged residential care and primary care
 - Council noted that the Public Health Unit team provided considerable support to Gladys Mary as did others
 - Note that IPC Advisory Group agendas still tend to be quite focused on the hospital which doesn't fully align with the Committee's objectives.

Council **agreed** that it needs to proactively assess the adverse impacts of lock down rather than rely on SAC1 and SAC2 event reporting. We look forward to receiving the reports from post-COVID de-briefings from the Chief Operating Officer.

A communication has been sent out to the Chairs of all the Committees and Advisory Groups advising of the re-commencement of meetings post-COVID. Currently the focus is on the advisory groups under the Patient Safety & Risk Management Committee and the Clinical Effectiveness & Audit Committee.

Action: The schedule of meetings and quarterly reporting programme for the Committees and Advisory Groups to align with the Clinical Council meeting dates to be included in the discussion between Clinical Council co-chairs and executive Clinical Leads.

8. SECTION 3: RECOMMENDATION TO EXCLUDE

The Chair moved that the public be excluded from the following parts of the meeting:

9. Minutes of Previous Meetings (public excluded)
10. Matters Arising – Review Actions (public excluded)
11. Board Report – Update from Co-Chairs
12. Recovery Plan Update
13. Skin Cancer Pathway in Primary Care
14. Presentation: Older Persons Directorate
15. Presentation: Primary Care Clinical Governance Update
16. Topics of Interest – Member Issues/Updates
17. Key Messages from our meeting.

The meeting closed at 3.40 pm

Confirmed:

Co-Chair

Date:

**HB CLINICAL COUNCIL - MATTERS ARISING
(Public)**

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1.	03/06/20	<i>Clinical Council Appointments</i> Appointment of a Senior Allied Health Professional on Council to be confirmed. Appointment of a Pharmaceutical position on Council to be confirmed.	Co-Chairs/ Andy Phillips Co-Chairs		In progress
2.	01/07/20	<i>Directorate Presentations</i> Discussion to be had with Service Directors to re-schedule presentations for: <ul style="list-style-type: none"> • Medical • Mental Health & Addictions 	Co-Chairs	Sep-20 Aug-20	Actioned
3.	01/07/20	<i>CEO Briefing Paper</i> Strawman paper for Clinical Council to be prepared for member feedback at next meeting. Paper to include current role; function; achievements in 2019-20 and challenges, schedule for Advisory Groups reporting to Clinical Committees reporting to Clinical Council.	Co-Chairs and Executive Clinical Leads	Aug-20	

Clinical Council Workplan revised 2019/20

Meeting	Clinical Council	Current Clinical Council Workplan	FRAC	BOARD
October	HRT Dashboard Workshop – HRT	Clinical Committees Update	Dashboard (Sept) + Short report (including narrative from CC & HRT Workshop)	Summary of conversations/key topics discussed
November	Communities, Women & Children Directorate (4)	Clinical Committees Updates Collaborative pathways After Hours Urgent Care update		Summary of conversations/key topics discussed
December	HRT Dashboard	Clinical Committees Updates IS Update	Report (2) plus summary of Clinical Council dashboard	Summary of conversations/key topics discussed
January		NO MEETINGS		
February		Clinical Committees Updates	Dashboard (from December CC) + Short Report (including narrative from CC)	Summary of conversations/key topics discussed
March	Surgical Directorate HRT Dashboard Risk Register (FRAC) Screening on Harms - removed Corporate Performance Report	Clinical Committees Updates	Report (2)	Summary of conversations/key topics discussed
April Postponed meeting due to COVID-19	Medical Directorate (4) Primary Care Digital Enablement – Outpatient Data Clean up Risk Register (FRAC) POSTPONED MEETING DUE TO COVID-19	<ul style="list-style-type: none"> - Clinical Committees Updates - Have a say in planned care - Significant Service Changes - Skin Cancer Pathway - Health Pathways 	Dashboard (March) + Short Report (including narrative from CC)	Summary of conversations/key topics discussed

Meeting	Clinical Council	Current Clinical Council Workplan	FRAC	BOARD
May Streamlined Clinical Council Governance meeting	Mental Health Directorate (4) – postponed presentation	Clinical Committees Updates - postponed		Summary of conversations/key topics discussed
June Streamlined Clinical Council Governance meeting	Summary of CWC and Surgical Directorate themes Operational risks	Clinical Committees Updates – including Recovery steering group report Clinical Workforce Development Governance Revised work plan	Report (2)	Summary of conversations/key topics discussed
July	Primary Care (4) Older Persons Directorate (4) Recovery plan update Primary care quality plan	Clinical Committees Updates		Summary of conversations/key topics discussed
August	Mental Health Directorate (4) Clinical Governance – review of year	HRT Dashboard	Report (2) Dashboard (June) + Short Report (including narrative from CC)	Summary of conversations/key topics discussed
September	Medical Directorate (4) Operations Directorate (4) HIE			
October	AGM	Clinical Council – Objectives & Work plan 2020-21		

HAWKE'S BAY CLINICAL COUNCIL ANNUAL PLAN 2019/20

ACTION/PROGRESS REPORT – updated monthly

OBJECTIVE	Coordination lead	PROGRESS TO 31 JULY 2020
1. Provide a clinical perspective on the Implementation Plan for Whanau Ora Hapori Ora (the new 5 Year Strategic Plan for the HB health sector) and the Annual Plan for 2020/21 by 31 March 2020	Co-Chairs	Draft report to be provided for Clinical Council input following Health Sector Leadership Meeting – 4 March. ? Council Meeting March or April (TBC)
2. Co-design with Consumer Council and support the initial implementation of a detailed plan for Person and Whanau Centred Care in HB by 30 Jun 2020	Debs Higgins & Russell Wills	Re-set – with Emma Foster
3. Ensure the Clinical Governance Structure is fully implemented and integrated, with appropriate reporting, management and administration processes in place, by 31 March 2020	Robin Whyman & Jules Arthur	Ongoing management and administration Reporting underway
4. Ensure the development and implementation of a sector wide process for monitoring, reporting and effectively managing clinical risk, clinical quality and patient safety by 30 Jun 2020	Co-Chairs	
5. Ensure the development of a HB Clinical Workforce Plan to support Whanau Ora Hapori Ora (the new 5 Year Strategic Plan), by 30 Jun 20		Oh hold – ED P&Q leaving / new CEO



CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS



Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

That the public now be excluded from the following parts of the meeting, namely:

9. Minutes of Previous Meeting (public excluded)
10. Matters Arising – Review Actions (public excluded)
11. HB Clinical Council Board Report – June (public excluded)
12. Mental Health & Addiction Directorate Presentation
13. Clinical Governance at HBDHB - Discussion Paper
14. Patient Safety Dashboard and HRT Data Presentation
15. Adverse Event Summary 2019-2020
16. Organisational Risk Register
17. Topics of Interest - Member Issues/Updates

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.
- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.
- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).