

**MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD – PART I**

HELD ON MONDAY 25 JANUARY 2016

**TANGIHUA ROOM, TOHORA HOUSE,
WHANGAREI HOSPITAL**

COMMENCING AT 11.45AM

PRESENT

Tony Norman (Chair)
Craig Brown
Colin Kitchen
June McCabe
Bill Sanderson

John Bain
Debbie Evans
Sally Macauley
Chris Reid
Sharon Shea

IN ATTENDANCE

Nick Chamberlain (CEO), Sam Bartrum, Neil Beney, Margaret Broodkoorn, Meng Cheong, Liz Inch, Kathryn Leydon, Andrew Potts, Mike Roberts, Kim Tito, Jeanette Wedding, Julie Shepherd (notes)

FIRE PROCEDURES

The fire exits were noted

APOLOGIES

There were no apologies

REGISTER OF INTERESTS

The Register of Interests was noted

1. BOARD MINUTES

1.1 Confirmation of Minutes 16 November 2015

IT WAS MOVED THAT the minutes of the meeting held on 16 November 2015 be accepted

MOVED Sally Macauley : SECONDED John Bain

CARRIED

1.2 Matters/Actions Arising

Hospital Signage

- New signage for Maternity and Car Parking being implemented
- Additional work and consultation with staff and consumers regarding wayfinding at the front entrance and ED
- Noted that Waitemata DHB has allocated \$1.9m for improvements to hospital wayfinding. NDHB will look for “lessons learnt” from the Waitemata DHB experience.

Net Promoter Score in Patient Survey

- There are concerns about the value of the Net Promoter Score in a public health setting. It is used in industry to reflect to popularity of organisations in contrast to their competitors. Asking patients if they would recommend the hospital services to friends and family is of limited use as they probably would answer yes if you needed health services however there is some value in asking the question
- Letters are regularly published in the local newspapers complimenting the hospital services
- The CEO, Board and staff receive many complimentary letters for the services which

patients have received

Quality marker

- These will be updated for the March Board report. Unfortunately they could not be done this month due to the Christmas shut down and staff were away

2. QUALITY & SAFETY GOVERNANCE

Patient Story

- The first and second stories were reflective of the good service patients receive
- The third story highlighted the difficulties which can arise when patients transfer between areas.

Quality Accounts and Markers

- Hand hygiene compliance – NDHB is one of the top 5-6 DHBs in the country. We made steady progress to 83% for the four months to 31 October 2015. It is hoped this will rise significantly in the foreseeable future. While we originally proposed encouraging patients to ask medical and nursing staff if they have washed hands we realised this was probably unrealistic for patients. Instead NDHB have developed stickers for patients to wear with the statement 'Please tell me if you have washed your hands' printed on them. It is proposed to pilot this initiative in the next couple of weeks

NDHB Quality Accounts were distributed to Board members. The Accounts will be discussed at the March meeting. As a DHB we choose areas of real need to concentrate on and report the progress made over the last year

3. CHAIR'S REPORT

The Chair spoke to his report, which was taken as read

Key Issues and Discussion Points:

- healthAlliance (Northern) has appointed a new CEO – Myles Ward

It was moved that the Board receive the Chair's report

MOVED Tony Norman : SECONDED Sally Macauley CARRIED:

4. CEO'S REPORT

The CEO spoke to his report, which was taken as read

Key Issues and Discussion Points:

- Neighbourhood Healthcare Homes - Business Case will be presented to the Board at the March meeting. It will provide an ongoing plan to develop networks and needs support from primary care and NGOs. The proposal is currently before the two PHO boards.
- Integrated Urgent Health Care Project – the 'Timeliness of Access to Primary Care' report provides a lot of information on utilisation of services to each GP practice. The GP survey ran over five weeks and asked if the practice could provide an urgent same day appointment as well as looking for the third next available appointment at 12pm each day to establish genuine availability of non-urgent appointments. There will be follow-up visits to GP practices to discuss the results by a DHB team including a public health physician. There are concerns that those really needing an urgent appointment are not always getting one. The results of the survey, including auditing at ED and Whitecross will be presented to the Board in March. Patients at after-hours facilities have not been surveyed as to why they did not go to their GP during the day as an urgent appointment
- Immunisation – last month NDHB achieved 90% for the quarter, and 94% for the 8 months to December which is a steady improvement. Our decline rate is the highest in the country. The team challenges every decline which is very time intensive and this is on top of the GP's efforts

- Treaty of Waitangi policy update – Board members requested a copy
- Director of Allied Health – Pip Zammit will report to the Chief Executive and give allied health a voice at ELT representing the 45 allied health professions which NDHB employ. The Allied Health Advisors Group will sit under the Director of Allied Health
- Elective Surgery – NDHB has grown elective surgery greatly over the years. The focus on the government's reduced waiting times from 6 months to 4 months has seen patients waiting less time for FSAs and surgery. NDHB is still providing more elective services than those required by MoH. Where the DHB is unable to provide surgery the patient is provided with an explanation and alternatives e.g. orthopaedics - how to reduce their pain.

It was moved that the Board receive the CEO's report

MOVED Sharon Shea : SECONDED Debbie Evans CARRIED

5. DECISION PAPERS

5.1 District Health Board Election 2016

It was moved that the Board resolves for its 2016 triennial election, to adopt alphabetical order of candidate names

MOVED Sally Macaulay : SECONDED Sharon Shea CARRIED
Craig Brown abstained from voting

5.2 Bad Debts for Write Off

The CFO advised the Board that NDHB recently received \$127k from an insurance company for a claim which had previously been written off

It was moved that the Board agrees to write off up to \$28,959.00 as bad debts noting that these fall well within the provision for doubtful debts.

MOVED Bill Sanderson : SECONDED John Bain CARRIED

SYSTEMS PERFORMANCE

6.1 Health Targets

The Health Target Report for November 2015 was noted.

- Shorter Stays in Emergency Department – ED has been very busy over the last couple of months and the holiday period has seen an increase in patient flow The busiest day in ED is Monday, however Friday/Saturday evenings are also demanding
- More Heart and Diabetes Checks – Heart and Diabetes checks will no longer be reported due to the new obesity target

6.2 Finance Report

The Chief Financial Officer spoke to the Financial Report. The report was taken as read

Key Issues and Discussion Points:

- YTD to December 2015 NDHB is in deficit by \$2m The partial shutdown meant an annual leave saving of \$2.2m compared to \$1m in other months and more is expected in January as only three days of the shutdown were in December
- The adverse run rate has dropped to \$400k per month which is pleasing compared to previous months
- Management/Admin FTE – NDHB is not over the admin cap. The figure reflects accrued FTE over the holiday period and three pay periods in a month. Admin has grown due to the renal transport contract which was taken in house resulting in a \$200-300k saving.

- Nursing –Care Capacity Demand Management programme (CCDM) looks at the acuity of the patient and relates that back to how many nurses are needed to staff the wards or area. This gives us the science and safe staffing level as a baseline of competency. NDHB has recently increased medical beds by 12 and additional nurses were also employed. We now have the ability with CCDM to move nurses to areas with higher acuity as they are needed on a short term basis and all areas of the hospital has access to this information. 'Hospital at a Glance' is updated on a real time basis to inform managers and nurses how areas of the hospital are coping and where assistance is needed

6.3 NGO Dashboard

The information paper was noted

Key Issues and Discussion Points:

- The overspend in PHOs has additional funding from the Crown to support it
- NGO Contract Reviews –the review may be interesting to the Board when it is received from MoH

It was moved the Board receive the CEO's and Financial report

MOVED Chris Reid : SECONDED June McCabe

CARRIED

7. INFORMATION PAPERS

7.1 Draft Minutes CPHAC/DiSAC meeting 7 December 2015

The minutes were noted

8. NEXT MEETING DETAILS

The next meeting will be held at 11.00am, Monday 7 March 2016, in the Tangihua Meeting Room, Tohora House, Whangarei Hospital

9. RESOLUTION TO EXCLUDE THE PUBLIC

Recommendation:

"That the public be excluded from the following part of this meeting, under Schedule 3, Clause 32 of the NZ Public Health & Disability Act 2000 and in accordance with the Official Information Act 1982 as detailed in the table below;

IT WAS MOVED THAT the Board move into Public Excluded meeting

MOVED June McCabe : SECONDED Craig Brown

CARRIED

Agenda item and general subject of the matter to be discussed		Reason	Reference
10.	Confirmation of minutes for meeting held on – Public excluded session 16 November 2015	For reasons given in the previous meeting	
11.	Decision Papers 11.1 Rural Primary Health Centre, Whangaroa Health Services Trust	Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9 (2)(j)
12.	Information Updates 12.1 Project Office Report 12.2 Draft Audit, Finance & Risk Management	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities	9 (2)(i)

	Committee Minutes – Meeting 7 December 2015	Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9 (2)(j)
13.	Risk Management/Initiatives	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9 (2)(i) 9 (2)(j)

10. PUBLIC EXCLUDED MINUTES

The minutes were confirmed

11. DECISION PAPERS

The submission was approved

12. INFORMATION UPDATES

The updates were discussed

13. RISK MANAGEMENT/INITIATIVES

The issues were discussed

The meeting closed at 3.15pm

Confirmed that these minutes constitute a true and correct record of the proceedings of the meeting

CHAIR

DATE