

**MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD**

**HELD ON MONDAY 7 MARCH 2016
TANGIHUA ROOM, TOHORA HOUSE, WHANGAREI HOSPITAL**

COMMENCING AT 11.00AM

PRESENT

Tony Norman (Chair)
Craig Brown
Denise Jensen
Colin Kitchen
Sally Macauley
Bill Sanderson

John Bain
Debbie Evans
June McCabe
Chris Reid
Sharon Shea

IN ATTENDANCE

Nick Chamberlain (CEO), Sam Bartrum, Neil Beney, Margareth Broodkoorn, Meng Cheong, Kathryn Leydon, Andrew Potts, Mike Roberts, Jeanette Wedding, Liz Inch, Sarah Hunt (notes), John Wansbone (part), Member of the public

APOLOGIES

Lateness from Sharon Shea and June McCabe due to flight delays.

FIRE PROCEDURES

The fire exits were noted

REGISTER OF INTERESTS

The Register of Interests was noted

1. BOARD MINUTES

1.1. Confirmation of Minutes 25 January 2016

It was moved that the minutes of the meeting held on 25 January 2016 be accepted.

MOVED Sally Macauley: SECONDED Colin Kitchen

CARRIED

1.2. Matters/ Actions Arising

Health & Safety

Broadening of event types for reporting. Actioned.

Treaty of Waitangi policy update

- Noted that this was an operational policy, not a board policy.
- Margareth Broodkoorn is acting GM Maori Health; however this piece of work completed while Kim Tito was still in post.
- Highlighted the need to link this policy with the Values work. There will be a requirement for all staff over next 2 years to have undergone a 3 hour training programme, adapted from Hawkes Bay DHB. Intend to have all 2800 staff through, starting with ELT.
- About informing staff of practical ways to engage with Maori patients. Recognised as an important approach to equity.
- This training will be separate to orientation and other initiatives.
- Focus for Grand Rounds this year is on equity. Have had good attendance and interest so far.

2. QUALITY & SAFETY GOVERNANCE REPORT

Report taken as read

Patient Story

- The third story – a clear reminder for staff. Something that happens often each day for staff happens only once for patients. A good opportunity to remind staff about thinking of the patient perspective.

Patient Experience

Safety boards are on each of the wards.

Quality Accounts and Markers

- The report has been sent back to Health Quality and Safety Commission.
- NDHB's reporting approach has been commended and it is being used as a teaching tool for others.
- As of October 2015, recommendations from serious adverse events are being followed up by the Patient Safety and Quality Improvement Directorate. This had previously been the responsibility of the service involved.
- Reportable events committee decided to make this change to ensure any work is completed and loops are closed. They are also responsible for ensuring that change actually does occur.
- CRAB – Copeland's Risk Adjusted Barometer. Presentation to Board at the next meeting on use of this tool.
- Data from HDC doesn't come out every month; the report is issued quarterly with a summary annual report.
- CMO has recently met with HDC and they didn't have any significant issues.
- An observation is that there has been a change in NDHB over last few years – that we are doing more in terms of acknowledging and working on culture.
- Complaints have reduced as a result, particularly around Mental Health Inpatient Unit.
- Northland DHB is in the Top 5 DHB's in terms of fewest complaints for a number of years now. No breaches for a long time.
- Any breaches of the Code of Rights would be reported back to the Board. Events that are the subject of any reports may have occurred some time ago.

3. CHAIR'S REPORT

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

Key Issues and Discussion Points

- Welcome of the Pukawakawa students. There are currently 24 Year 5 Students per year from Auckland University.
- There are 4th year and 6th year medical students placements in primary care as well.
- Students in Kaitia get very involved in the community.
- healthAlliance and NZ Health Partnerships activities.
- Nurse practitioners – Currently 9 across Northland. Four possible entrants to programme and three on the pathways to becoming qualified.
- Financial Pressures continue.

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

MOVED Chris Reid: SECONDED Colin Kitchen

CARRIED

4. CEO'S REPORT

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

Key Issues and Discussion Points

- Patient & whanau centred care project – moving this to Business as Usual within the Quality Improvement Directorate

- It will still be reported through NHSP as one of the 5 projects.
- NDHB Way – acronym for us to interact with patients in a more structured manner. Important to engage with patients in a consistent manner. Being implemented soon, testing currently with some teams.
- Same day access to primary care project – trying to achieve improved responsiveness in primary care. Reports are currently being produced and will be gradually rolled out to GPs.
- Health Targets – big challenge at present is ED length of stay. Area of change focus is better help for smokers to quit which now also has a focus on pregnant women.
- There is a new target at of 1 January 2016; childhood obesity health target. Target is that 95% of children identified as obese in the B4 School Check is offered a referral for clinical assessment and family based nutrition, activity and lifestyle interventions by December 2017
- Focus is around some of the school based interventions already being offered. Fit for life obesity project also has a big focus on children. These children will be identified by frontline staff as part of the B4 school checks, currently done by well child providers. 92% of all children do have this check done, it is a successful programme.
- NIR team are now co-located at Manaia PHO. Some good work across the sector.
- Good work done with stroke, have increased stroke beds from 4-6 with a steady improvement in the use of the stroke unit.
- Current Initiative just underway is Northland HealthPathways. This is an initiative based on Canterbury Pathways. This tool helps to improve quality, reduce clinical variation and improve care for patients. It is about encouraging evidenced based care while being easy for GPs to use.
- Nursing new entry to practice programme. Significant improvement in number of Maori new grad nurses. Have to aim to have the nursing workforce represent the population. Current rate of overall staff at NDHB that are Maori is 14%.
- Dargaville Hospital 60th Birthday. Good celebration.
- Chris Farrelly being appointed as CEO of Auckland City Mission. Chris has had 13 years as CEO of Manaia PHO. Don't envisage this will affect the integration work with primary care currently occurring.
- **Letter of thanks and acknowledgement from Board to be sent.**

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

MOVED Chris Reid: SECONDED Colin Kitchen

CARRIED

5. DECISION PAPERS

There are no papers for consideration

6. SYSTEMS PERFORMANCE

6.1. Health & Safety

6.1.1. Health & Safety Report

John Wansbone, Organisational Development Manager, spoke to the report, which was taken as read.

- Moderately performing quarter.
- The number of near misses being reported is increasing which is good.
- Not so good is Lost Time Injuries.
- Learning is shared through H&S committees.
- No systemic issues in the previous quarter so no key themes to be alerted to.
- Wanting to drill down below that see how many are serious or systemic – want to see this data.
- Looking to improve the format of this report to show peer benchmark, targets, and drill down data moving forward.

Sharon Shea and June McCabe attended at 12:50.

6.1.2. Health & Safety Governance Programme

Key Issues and Discussion Points

- New responsibilities under the Act (personal responsibility).
- Proposing a programme of activity with the intent that the Board gains better understanding of systems, plans and resourcing to see whether they are fit for purpose.
- 6 weekly paper issued with evidence that due diligence is adhered to.
- First paper to present at Audit Finance & Risk Management Committee looking at readiness plan for organisation. Go live date of 4th April.
- Every Board meeting will have papers.
- Certain milestones will be cascaded into this meeting.
- 2013 document is definitely still current and applicable to today.
- **Updated information and Board member responsibilities to be sent to members.**

It was moved that the Board receive the Briefing Paper and approve the proposed Northland DHB Health & Safety Governance Programme (2016).

MOVED Tony Norman: SECONDED Sally Macauley

CARRIED

6.2. Health Targets

January month result. Reporting on the 6 health targets, although heart and diabetes checks has been replaced by obesity target.

Key Issues and Discussion Points

Shorter stays in Emergency Department

- Static result for shorter stays in ED – volume and facility driven though programme around improvement.
- No lift in performance after work done on ED.
- Overwhelming demand at the moment, which has continued into February.

Improved access to elective surgery

- Over performing against target for electives.
- Measure of the number of cases, not measuring work.
- Can't change what is counted or not.
- Target is quite low.

Faster cancer treatment

- Good performance. Not up to target but sitting 4th or 5th at the moment for NZ, and top of Northern region.

Increased immunisation

- Overall very good system improvements and still believe will be sitting over 90% for next quarter.
- Making progress, but hampered by decline rates.
- Better help for smokers to quit, hospitalised smokers, primary care smokers
- Target is 96%. Can control that and need to maintain it.
- More heart & diabetes checks, completed cardiovascular risk assessment & diabetes

6.3. Finance Report

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

Key Issues and Discussion Points

- January was a good month, surplus result, however accumulation of many initiatives has seen surplus of \$870k. YTD is net deficit of \$1.1M. In next 5 months target is to make that up.
- Many initiatives have contributed to this result, however continue with high activity levels and will increase over the next few months.
- Revenue growth in some areas, however adverse issues as well.
- Continue to forecast that will end 'in the black'. Budget is \$1.2M in surplus. Now will just break even.
- Different process this coming year where receive more clarity on savings initiative plan.

It was moved that the Board receive the Financial report.

MOVED Sally Macauley: SECONDED Bill Sanderson

CARRIED

6.4. NGO Dashboard

The report was taken as read.

Key Issues and Discussion Points

- This report summarises spend in non-provider arm of our organisation.
- Travelling reasonably well in Health of Older People but no so in some of the other segments. Most of those segments are funded, positive IDF is being used to absorb expenditure in provider arm.
- Use DHB Funded Services from here in.

7. INFORMATION PAPERS

There are no papers for consideration

8. NEXT MEETING DETAILS

The next meeting will be held at 11.00am, Monday 18 April 2016, in Te Waka Hauora, Kaitaia Hospital

Date may change as Health Symposium which will include an update on the draft NZ Health Strategy is set to be held on 18 & 19 April.

Any change to date will be circulated to members in mid March.

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;

Agenda item and general subject of the matter to be discussed	Reason	Reference
10.	Confirmation of minutes for meeting held on – Public excluded session 25 January 2016	For reasons given in the previous meeting

11.	Decision Papers 11.1 Neighbourhood Healthcare Homes Business Case 11.2 Cancellation of HBL shares 11.3 Draft Annual Plan 2016/17 11.4 Draft Northern Region Health Plan 2016/17 11.5 Dargaville Medical Centre Lease 11.6 Appointment of Agent 11.7 Whangarei Community Mental Health Services	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities	9 (2)(i)
		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 NEHR Project 12.2 Project Office Report 12.3 Financial Forecast 12.4 Mental Health Services Review	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities	9 (2)(i)
		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	9 (2)(i)
		Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9 (2)(j)

It was moved that the Board move into Public Excluded meeting.

MOVED John Bain: SECONDED Chris Reid

CARRIED

Board members visited the Laundry.

10. PUBLIC EXCLUDED MINUTES

The minutes were confirmed

11. DECISION PAPERS

The submissions were approved

12. INFORMATION UPDATES

The updates were discussed

13. RISK MANAGEMENT/ INITIATIVES

The issues were discussed

The meeting closed at 15.45pm

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

CHAIR _____

DATE _____