

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

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**HELD ON MONDAY 22 AUGUST 2016  
TANGIHUA MEETING ROOM, TOHORĀ HOUSE, WHANGAREI HOSPITAL**

**COMMENCING AT 11.00AM**

**PRESENT**

Tony Norman (Chair)  
Denise Jensen (part)  
June McCabe  
Chris Reid  
Sharon Shea

John Bain  
Colin Kitchen  
Sally Macauley

**IN ATTENDANCE**

Nick Chamberlain, Kathryn Leydon, Meng Cheong, Mike Roberts, Harold Wereta, Sarah Hunt (notes)

**APOLOGIES**

Bill Sanderson, Debbie Evans

**FIRE PROCEDURES**

The fire exits were noted

**REGISTER OF INTERESTS**

The Register of Interests was noted

**ATTENDANCE REGISTER**

Register was noted.

**1. BOARD MINUTES**

**1.1. Confirmation of Minutes 11 July 2016**

**IT WAS MOVED THAT the minutes of the meeting held on 11 July 2016 be accepted.**

**MOVED John Bain: SECONDED Chris Reid**

**CARRIED**

**1.2. Matters/ Actions Arising**

**Untaken Leave Strategy**

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

- Leave provision is approximately \$35M per annum. Cost of period of leave can be charged against provision so doesn't affect bottom line in profit & loss. A/L provisions reduced by \$1.1m in 15/16 year.
- National benchmarking shows that NDHB are comparatively good at managing leave
- For current year will be taking a structured approach, including providing leave plan templates to allow the conversation to occur at annual performance appraisal time.
- Monthly reports will be sent to GM's to show staff leave balances .
- Focus will be on staff with a balance of 3+ years. Those staff will be able to consider buy out options.
- Cannot buy out current leave year provision. Don't allow staff to buy out leave unless there is also a leave plan in effect.
- Will be shutting down non-essential services over Christmas.
- Detailed audit to look at rosters and leave balance recording arranged.

- Recognise this as a sensitive area. Not trying to force staff to take leave, about having a conversation to ensure there is a plan.

## 2. QUALITY & SAFETY GOVERNANCE REPORT

The report was taken as read.

- The Chief Medical Officer offered an explanation for the rate of adverse events being high during May, as reported at the last meeting. May had a big drive in Tumanako Inpatient Unit to improve auditing of medication management and reporting of medication errors. Noted the rate came down again shortly after this time.
- NDHB remain low compared with other DHBs when it comes to HDC complaints.
- Confirmed that there have been no HDC breaches for a number of years now.

### Clinical Audit

- Currently 53 registered projects. The report shows the clinical audit projects completed in Q2.
- People in clinical areas propose that area be audited. The proposal is vetted by that area Clinical Director, then goes to Clinical Audit Committee to ensure audit is worth doing and is carried out well. The outcome report of the audit is also returned to this committee.
- Noted that this is the most rigorous clinical audit process in the country. Last year won a supreme award at the APAC conference.
- At the completion of a clinical audit a plan is put in place, including a responsible lead, to ensure actions are closed out in a timely manner and a date for follow up audit is set.
- Responsibility remains with the Clinical Director and General Manager of the service.
- Haven't previously discussed specific audits at Clinical Governance Board, however this is a natural place for this conversation to occur and Chief Medical Officer will ensure this is included as a standing item on the agenda moving forward.
- Whistle blower policy at NDHB is a very robust one. Expect that any concerns would be brought to the Chief Medical Officer directly, not addressed through the audit process.
- Chief Medical Officer can ensure that a junior staff member raising a concern is supported so they are not harmed as a result.

### CRAB report

- Mortality – fewer deaths than what would have been expected, with complications as expected.
- Readmission data benchmarked against other organisations in NZ and Australia. Showing that medical and surgical readmissions are as expected.
- Keep a track of people going to ICU when they should, and those who are in ICU should be there.
- Have not identified any particular concerns looking at this data
- High level data suggests that the Board can be reassured that NDHB performance is at least as good as, if not better, than can be expected.

## 3. CHAIR'S REPORT

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

Key Issues and Discussion Points

- Balancing 2016/17 budget forecast was discussed.
- NDHBs expected financial performance for 2016/17 has been discussed with the Minister.

**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

- Biggest change initiative and strategically significant is the Neighbourhood Healthcare Homes project. Not only funding General Practice to make the change but providing them with Change Facilitators, a Financial Analyst and other support.
- Have approved Under 5 Energise project. Working at Kohanga Reo and preschool level Focussing particularly on Maori. Working with other partners or reprioritising funds.
- Progressing Mason Durie hui, including plan being developed.
- Immunisations – slight drop in results this month, which was the expected result for this quarter. Continue to be challenged by 8-9% decline rate. Declines are in non-maori population.
- Service development – area of investment is in Mental Health, where significant FTE growth will be. Working through review.
- Whangarei community and primary nursing model of care – working with district nursing on developing a more cohesive approach to community nursing. Focussing on at risk populations and challenging the way things are done. Adamant that if nurses are working differently doesn't mean job will change – everyone can work together with different employers – ensuring information sharing is strong. Good feedback around this model so far. Rural areas are to a large extent already working this way.
- HPV – will result in requirement for 2 more public health nurses. PHARMAC will be funding the vaccine but won't provide any contribution to staffing costs.
- Northland DHB have been successful in a number of significant projects recently. Also being offered a number of projects to be involved with. Broad projects but come with new funding which is sustainable.
- New Chief Executive, Donovan Clark, has been appointed to Manaia Health PHO.
- CEO of Te Tai Tokerau retires in October. Recruitment process has yet to begin.
- Highlight recently was attending the workshop on engaging effectively with Maori. Exceptional. Workshop was to show clinicians how to engage with Maori to develop relationships with patients. Everyone was impacted and indicated they would change clinical practice as a result. As a result of this, there are now 400 people waiting to attend the next workshop. Hone Hurihanga has been retained to do this training over the next 2 years for the entire NDHB organisation.

##### Liquor Licensing

- Liquor licensing issue discussed.
- Advised that the Medical Officer of Health is employed by, but independent to, the DHB.
- Local Alcohol Plan has now been signed off by the District Council.
- Harm reduction strategy, and good evidence around harm that alcohol causes.
- **Chief Executive will report on NDHB activity on liquor licensing at next meeting.**

**IT WAS MOVED THAT the Board receive the CEO's report.**

**MOVED Sharon Shea: SECONDED Craig Brown**

**CARRIED**

#### 5. DECISION PAPERS

##### 5.1 Draft 2017 Board and Advisory Committee Meeting Schedule

##### Key Issues and Discussion Points

- Notice that Easter Break and ANZAC are within a week of each other next year.
- Have suggested that the meeting schedule is altered slightly to accommodate that.
- Last Board meeting before new elected Board is 21 November. New Board takes office on 5 December.
- Advise Chief Executive's office of any clashes.

**IT WAS MOVED THAT the Board approves the draft 2017 Board and advisory committee meeting schedule.**

**MOVED Colin Kitchen: SECONDED Chris Reid**

**CARRIED**

## **6. SYSTEMS PERFORMANCE**

### **6.1. Health Targets**

The Report was taken as read.

### **6.2. Finance Report**

The report was taken as read

### **6.3. NDHB Funded Services Dashboard**

The report was taken as read

## **7. INFORMATION PAPERS**

### **7.1. Timeliness of Access to Primary Care**

- Carry over to the next meeting

### **7.2. I Have A Dream Charitable Trust**

Ant Backhouse CEO, Ngaio (student), JC (navigator staff) Jobe (engagement relationship manager) attended.

#### Key Issues and Discussion Points

- Inspiring dreams and enabling futures for students in low decile schools.
- Started this year, 4 schools in Whangarei, years 1-8.
- Have put a Navigator with every year level – they grow up with those student to 2nd year out of high school – to ensure transition to tertiary and employment.
- Increase equity in the system to ensure children from lower socio economic areas can reach their dreams.
- Programme creates wrap around support system around a child over period of time
- Has aspirational foundation – “I have a dream”.
- Longitudinal nature of the programme with a “whatever it takes for the child to succeed” outlook. Be there and over a long period of time. Frontloading the system, not stepping in once kids are at risk or in the court system.
- Research done around the initial cohort – both qualitative and quantitative data over a long period of time. Final result was that 80% of the children in the programme went on to tertiary study vs 30% in year above them.
- Initial cohort was only 53 children. Wanted to focus on an entire geographic community and all the kids in that area. 600 kids in Whangarei. All incoming and new entrants moving forward will get a Navigator. Big scale up to get this going, only 6 months into 15 year journey.
- About supporting what is already happening with our (Whangarei) community. Recognise that NDHB are a part of this community.
- Prevent the kids from falling through the gaps, rather than catching them when they do. Working with the community, not just the individual.
- Providing kids the opportunities that are outside of their communities, mentors, business opportunities.
- Bi-cultural blending together from doing this.

- Opportunity for NDHB staff via Payroll Giving. Look at how to extend this to staff and ELT and see how to get involved.
- Consider NDHB initiatives that they can partner with.

## 8. NEXT MEETING DETAILS

The next meeting will be held at 11.00am, Monday 3 October 2016, in the St John Ambulance Hall, Kawakawa.

## 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 11 July 2016 – Public excluded session	For reasons given in the previous meeting	
11.	Decision Papers 11.1 National Haemophilia Management Group Contribution 11.2 healthAlliance Board Appointment	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)
12.	Information Updates 12.1 NEHR Programme 12.2 Project Office Report 12.3 Bay of Islands Hospital Redevelopment 12.4 Mobile Operating Theatre 12.5 Financial Forecast 12.6 Health & Safety Report	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)
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)
15.	Northland Foundation	Negotiations. To enable the Board to carry out,	9 (2)(j)

		without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	
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**IT WAS MOVED THAT THE Board move into Public Excluded meeting**

**MOVED June McCabe: SECONDED Denise Jensen**

**CARRIED**

**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 4.38pm

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

CHAIR \_\_\_\_\_

DATE \_\_\_\_\_