

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

**HELD ON MONDAY 3 OCTOBER 2016
ST JOHN AMBULANCE HALL, KAWAKAWA**

COMMENCING AT 11.00AM

PRESENT

Tony Norman (Chair)
Craig Brown
Denise Jensen
Chris Reid

John Bain
Debbie Evans
Colin Kitchen
Sally Macauley
Bill Sanderson

IN ATTENDANCE

Nick Chamberlain, Meng Cheong, Jeanette Wedding, Sam Bartrum, Liz Inch, Mike Roberts, Kathryn Leydon, Sarah Hunt (notes)

Member of the public

APOLOGIES

Sharon Shea, June McCabe

FIRE PROCEDURES

The fire exits were noted

REGISTER OF INTERESTS

The Register of Interests was noted

Chris Reid asked that Russell Medical Trust and Practices Steering Group, Royal NZ College of General Practitioners be removed from his interests

ATTENDANCE REGISTER

Register was noted.

1. BOARD MINUTES

1.1. Confirmation of Minutes 22 August 2016

IT WAS MOVED THAT the minutes of the meeting held on 22 August 2016 be accepted.

MOVED Chris Reid: SECONDED John Bain

CARRIED

1.2. Matters/ Actions Arising

Report on NDHB activity on liquor licensing

Paper was prepared, however due to expected apologies this item to be carried over to the meeting in November.

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1. Summary Report – September 2016

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

Patient Story

- The first story – implemented improved service for acute dental in Kaitaia in ED over weekends and out of hours.
- The third story – communication breakdown. Person didn't feel valued or treated with respect and dignity. Resolved this particular case, noted opportunity for improvement going forward.

Communication issue

- A piece of work to be done to improve the support given to people with communication difficulties.
- A complaint arose over long weekend where a deaf member of the community required treatment and the challenges this presented.
- The person will be presenting to the Consumer Council and will be part of the next 15 step challenge.
- Will be providing some insight and advice for the organisation.

Patient Experience

- Have added some questions to the patient survey information for Maori.
- Acknowledge that we have become better at introducing ourselves.
- Respect & dignity – this year significantly improved.
- Highlighted instances of smoking outside the main entrance of the hospital with security sitting in the office and not addressing the issue. Acknowledge that it can be difficult to address this. Need another reminder to staff. Chief Financial Officer to remind security.

CRAB Report

- Reassuring. Complication rate around expected levels. Mortality ratio is persistently less than 1.
- Possum – acronym for post-operative scoring system – database of 23 million patients and operations.

Clinical Audit Annual Report 2015/2016

- Best clinical audit programme in the country.
- Would like a primary care entry in the audit report. Chief Medical Officer to arrange.

3. CHAIR'S REPORT

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

IT WAS MOVED THAT the Board receive the Chair's report.

MOVED Craig Brown: SECONDED Colin Kitchen

CARRIED

4. CEO'S REPORT

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

Key Issues and Discussion Points

- Mindful that NHSP plan coming to an end. Next year will be looking at this with internal resource. Would like to do another health needs assessment and use that to develop the plan. Will be using the NZ Health Strategy with 5 key themes, but also have triple aim included. Looking at 2018-2023 for the next plan.

- Biggest change programme being undertaken currently is Neighbourhood Healthcare Homes (NHH). Investment over 3 years is likely to be \$6m into primary care. Clear need to have a strong partnership with PHOs.
- Very competent, skilled people assisting with that project.
- Challenge is to do the same thing in hospitals next. Will be included as part of the next plan, but will also be a focus for the next year.
- Issue of lowlight around Kaitaia youth suicides.
- Highlight is that NDHB have achieved 80% vaccination rate for staff.
- Have not seen the significant flu season that has been over last flu years. Primary care have also done well with vaccinating high risk in community.
- Obese children. Target is number of referrals that are acknowledged by GPs, doesn't say what happens after that.
- Two major initiatives – Project Energize and Under 5 Energize which are starting now. Recognise that by 5 years of age patterns are established so need to address early.
- Exercise Tangaroa – tsunami emergency practice. Simulation was a category 9 earthquake with tsunami. NDHB did very well, successful experience for our team. Chair of CDM group advised that overall went well in Northland. Demonstrated good mapping and community response plans, agencies working well together. Acknowledged very good person employed by NDHB as emergency planner. Consider doing a 'live' practice and have mock casualties involved as well.

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

MOVED Craig Brown: SECONDED Colin Kitchen

CARRIED

5. DECISION PAPERS

There were no papers for consideration.

6. SYSTEMS PERFORMANCE

6.1. Health Targets

The Report was taken as read.

Key Issues and Discussion Points

- Immunisation over the last year has had steady improvement since implementation of 1 team approach. 92% for this period.
- ED will remain challenging until Acute Assessment Unit is completed.
- Site Master Plan will be discussed in detail at the next meeting. Look to have this finalised shortly and then work towards it over the next few years. Will require significant treasury support. Part of a long term investment plan and will be asked to provide a programme building case. Will not be looking to resubmit for investor ratings – will only be doing that every 2 years. Need to strengthen P3 – documentation, extra programme and project managers required to achieve this. Challenging for smaller DHBs. Rating will not affect cost of funds that are borrowed, will be as equity which is currently 8%.
- All decisions over \$1M will come back to the Board for ratification. Business case will have full strategic and options analyses included.
- Faster cancer treatment 74.2%. Above average for the country. Timely access to Auckland based treatments hard. Clinicians working through various pathways to streamline. Savings from IDF due to Jim Carney Cancer Treatment Centre services however increased spending as a result. Doing much better for our population.

6.2. Finance Report

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

Key Issues and Discussion Points

- Monthly result for Board was deficit of \$910k an unfavourable variance of \$323k. This was in DHB owned services arm.
- DHB funded services are favourable in community pharmacy, offset by increased capitation spent.
- Hospital activity remains high. Continue with year on year growth.
- Remain more comfortable than at this time last year.

6.3. NDHB Funded Services Dashboard

Key Issues and Discussion Points

- Increased capitation is genuine evidence that population is growing fast.
- Pharmacy is looking good. Budgeted to current formula but with offset for cost savings in community pharmacy. Different way of funding pharmacists coming through.
- Should be able to show first draft of analysis from Community Pharmacy Facilitator for consideration. Some good results from similar roles out of Hawkes Bay and Southland.
- Guidance to GPs on volumes policy for drugs would be helpful.
- Risk is health of older people budgets. At the moment OK, budgeted significant growth, but need to monitor.

7. INFORMATION PAPERS

7.1. Draft CPHAC/ DiSAC Minutes – Meeting 19 September 2016

Key Issues and Discussion Points

- Received donation of \$10k to sponsor dental therapist scholarship.
- Final meeting of the year. Acknowledge everyone's contribution.
- Chair of consumer council attended and gave good overview of activity.

8. NEXT MEETING DETAILS

The next meeting will be held at 11.00am, Monday 21 November 2016, in the Tangihua Meeting Room, Tohorā 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;

Agenda item and general subject of the matter to be discussed	Reason	Reference
10. Confirmation of minutes for meeting held on 22 August 2016 – Public excluded session	For reasons given in the previous meeting	
11. Decision Papers 11.1 Draft Annual Financial Statements 2015/16 11.2 Provision of Blood Products – NZ Blood Service 11.3 Draft NZ Health Partnerships Ltd Annual Plan 2016/17, Statement of Intent 2016 – 20, Statement of Performance	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	9(2)(i) 9(2)(j)

	Expectations 2016/17, and Head Agreement	(including commercial and industrial negotiations)	
12.	Information Updates	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities	9(2)(i)
	12.1 Indigenous Health Care System 12.2 Drinking Water – Northland 12.3 Project Office Report 12.4 Bay of Islands Redevelopment Update 12.5 Draft Audit, Finance & Risk Management Committee Minutes – Meeting 19 September 2016	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 Bill Sanderson: SECONDED Chris Reid

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 4.30pm

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

CHAIR _____

DATE _____