MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD

HELD ON MONDAY 21 NOVEMBER 2016
TANGIHUA MEETING ROOM, TOHORA HOUSE, WHANGAREI HOSPITAL

COMMENCING AT 11.10AM

PRESENT

Tony Norman (Chair)
Craig Brown
Denise Jensen
June McCabe arrived 11:25
Chris Reid
Sharon Shea arrived 11:15
John Bain
Debbie Evans
Colin Kitchen
Sally Macauley
Bill Sanderson

IN ATTENDANCE

Nick Chamberlain, Meng Cheong, Jeanette Wedding, Margareth Broodkoorn, Sam Bartrum, Liz Inch, Mike Roberts, Kathryn Leydon, Dr Clair Mills (part) John Wansbone (part) Sarah Hunt (notes)

Libby Jones

Beryl Wilkinson (member of the public)

APOLOGIES

FIRE PROCEDURES

The fire exits were noted

REGISTER OF INTERESTS

The Register of Interests was noted
John Bain advised he was no longer a member of Sport Northland Board.
Colin Craig advised he was no longer a member of the Northland Regional Council.

ATTENDANCE REGISTER

Register was noted.

1. BOARD MINUTES

1.1. Confirmation of Minutes 3 October 2016

IT WAS MOVED THAT the minutes of the meeting held on 3 October 2016 be accepted.

MOVED Sally Macauley: SECONDED Denise Jensen **CARRIED**

1.2. Matters/ Actions Arising

1.2.1 Preventing Alcohol Harm in Northland

- Dr Clair Mills, Medical Officer of Health, attend the meeting. The paper was taken as read.

- Alcohol and other drug harm prevention. Trying to move population curve, population based interventions
- New Act about minimising harm. Opportunity for public health to have a larger role.
- Individuals and community groups can object to licence applications.
- Position statement agreed by NDHB Board in 2013.
- Medical Officers of Health have taken national strategy to not have alcohol available at events when minors present.
- Over time a better understanding of the Act and role of the Medical Officer of Health within that has been developed.
- NDHB currently supporting Councils with Local Alcohol Plans.
- Two cases heard in November set precedents in Alcohol Regulatory Licencing Authority (ARLA). Cases discussed.
- Concern is lack of restrictions on type of alcohol available in stores in coastal areas (spirits and RTDs). Similar to grocery stores so should have same restrictions imposed.
- Some challenges with consistency in rulings by District Licencing Committee (DLC).
- Kaipara doesn't have a Local Alcohol Plan (LAP).
- Good relationships with police.
- Expect to see LAP appeals next year.
- Discussion around perception of Medical Officer of Health appealing stores where evidence could not prove that they were doing harm.
- When a case has gone to ARLA they will consider the facts and make a decision.
- Chief Medical Officer noted that a number of senior clinicians that have supported Dr Mill's approach.
- If Board wants further detail on legal actions undertaken Chief Executive with respond.
- Must take consideration to the majority of people who will treat wine and beer sales with respect. Careful to not restrict the way we live in NZ.
- Opposing 25-30% of off license applications. Is this in line with colleagues in other DHBs? Varied around the country depending on capacity. NDHB considered similar to Otago and Southland, Auckland, Rotorua/ BOP. NDHB is not sitting outside the extremes of the activity in the country.
- An annual update on activity to be provided for the Board by the Medical Officer of Health.

IT WAS MOVED THAT the Board

- **Notes the high levels of alcohol-related harm in Northland, the impact and costs this has on communities, health outcomes and health services;**
- **Notes the Northland DHB Alcohol Harm Reduction Position Statement 2013 (Annex 1) endorsed by the Board in 2013, and the proposal to update this statement in 2017 in light of national policy progress**
- **Endorses the approach by the Medical Officer of Health and Public Health team (as outlined in this paper) to alcohol licensing under the Sale and Supply of Alcohol Act 2012;**
- **Endorses Medical Officer of Health (MOH) and DHB support for TLAs in defending their provisional Local Alcohol Policies against the appeals by supermarkets and the alcohol/hospitality sector;**
- **Endorses development and implementation of the intersectoral Northland Alcohol Harm Reduction Strategy.**

MOVED Sally Macauley: SECONDED Tony Norman **CARRIED**

9 members for
Craig Brown agreed with the resolution but wished his opposition to the actions taken by the Medical Officer of Health to be recorded.
John Bain abstained

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1. Summary Report – November 2016

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

Patient Story

- **The first story**
  - Mental Health & Addiction Services. Good story

- **The second story**
  - Will have a significant effect on the organisation.
  - Complaint from someone who has been very vocal in the past and a member of the deaf and hard of hearing community. Met with the Chief Medical Officer with interpreter and was happy to talk about problems in a constructive way.
  - As a result have made a lot of progress to support those people who are deaf and hard of hearing, but also for other groups with communication problems (speak a different language) and the visually impaired.
  - The person has been to talk to the Consumer Council and will be going on one of the 15 steps walk arounds.
  - Chief Medical Officer will continue to work with him – some challenging questions have raised: teletext on TVs and speaking lifts.
  - Issue is not yet resolved however a significant piece of work is being done to improve this as much as possible.

HDC complaints
- Complaints for this year at the end of October are 14.
- Will be the best year since at least 2009. Almost 6 years since NDHB found in breach of code of patient rights.

Electronic Survey
- Patient experience electronic survey has changed significantly.
- General feeling that questions were not as useful as they might be, and that they could be more NZ centric and Northlandised.
- Slightly fewer questions, simplified. Tested on 473 patients, including significant input from Maori health directorate. Nothing to highlight, generally results are quite encouraging.
- Have now moved to a position where instead of an aggregate for the whole hospital, each clinical area gets their own information, benchmarked against rest of the organisation.
- **Chief Medical Officer to review Q10 and 11 of the Patient Experience Electronic Survey.**

Quality & safety governance report
- Hand hygiene compliance now at 89.3%. Doing more work to improve that further, however have already come a significant way since this started.
- Surgical site infection rate has fallen significantly since Aug 2015.

CRAB report.
- Complication rate is around 1 which is expected. Mortality rate is well below.
-

2.2. CRAB NDHB Annual Review

- Provides more detail aggregated over a year.
- Maxillo-facial has small number of patients – only 45 operations for the year and the one patient death in this context provides an unreliable mortality rate. For this reason it is not of concern.
- All other specialities are doing well in terms of mortality.
- No specialty where number of complications is more than what would be expected.
- Trigger rates are all within normal or lower than normal rates. CRAB reflected that this was an exceptionally good result for any hospital anywhere in the world.
- Francis report into tragedy at Mid Staffordshire Health Service in UK. Clear need for Boards to understand quality and safety in organisations. Evidence that this Board receives shows that the care is delivered in an agreeable manner and is of a high standard -- at least as good as or higher than expected.
- What can we do to enable more success based on this information? One of the things not in the report is individual surgeon's performance. Chief Medical Officer is doing that on a regular basis. The Benchmarking Group looks at data in high detail. Uniformly good quality across department of surgery.

2.3. Open4Results – Report November 2016

- The report was taken as read.

2.4. Complaints to HDC involving District Health Boards 1 January to 30 June 2016

- Shows number of complaints to the Commissioner. Average is at 81.45.
- Northland has 4th lowest rate of complaints in the country. Particularly good, as often it is the big organisations who do well and smaller DHBs do poorly.
- Is the Board able to see a list of type of complaint? Chief Medical Officer advised that with such small numbers that data becomes less meaningful. Aggregate shows the issues are around misdiagnosis and inadequate treatment and type of communication.
- Referred Commissioner's comments around communication and that this was a dominant feature. Analysis shows 57% care treatment and only 10% around communication. Within care treatment complaints will have more than 1 thing in them. The table only looks at the primary issue.

3. CHAIR'S REPORT

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

Deputy Chair acknowledged the work the Chair has done during his term of office.

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

MOVED Chris Reid: SECONDED Sharon Shea **CARRIED**

4. CEO'S REPORT

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

Key Issues and Discussion Points

- Work with Fit for Life and obesity is a highlight. Working hard on a number of significant initiatives. Will present these to the Board as a whole, rather than singularly, at a future date.
- Tobacco control going well.
- Indigenous health system progressing from initial meeting with Sir Mason Durie. Causing some disquiet amongst some Maori Health Providers, not the intention. Doesn't automatically mean single provider.

- Have done extraordinarily well targeting Maori and high needs paitents – rheumatic fever is an example where we have gone from 15-20 cases per year to 1 this year. Similar results with SUDI programme.
- Generally doing well with health targets.
- Immunisation doing very well. Due to system improvement now at 91%.
- Doing well with raising healthy kids.
- Better help for smokers to quit has dropped a bit. Significant difference in performance between two PHOs. Work with them to improve overall outcome.
- Healthy families. Very engaged with this, don't lead it, but engaging with Far North around this programme.
- Working to increase new grad nursing maori numbers and seeing some improvement in intake.
- Executive team is working to progress mobility.
- Engaging effectively with Maori – high engagement, 800 staff through the programme by the end of the year.
- Cut in courses by Polytech, concerned how that will effect nursing. Nursing is a very profitable course for them so expected that there will be no changes to the programme.
- Engagement with Maori Health Providers – NDHB Chief Executive meets 3 monthly with health provider Chief Executives, also meets monthly with Alliance Leadership team. Appropriate that connecting more with Iwi as well – need to be in that space. Will be another Indigenous Health System workshop shortly – 30 November. How to communicate so that those who are feeling concerned are addressed? Some uncertainty, but prospect of change is a good thing. Balance and maintenance of integrity of the process.
- **CE to confirm all Board members have been invited to the hui.**

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

MOVED June McCabe: SECONDED Colin Kitchen **CARRIED**

5. DECISION PAPERS

There were no papers for consideration.

6. SYSTEMS PERFORMANCE

6.1. Health & Safety Report

The Organisational Development Manager spoke to his report, which was taken as read

Key Issues and Discussion Points

- Pleasing last quarter. Reduction in Lost Time Injuries (LTIs) – only 3. Significant improvement in LTIs from last quarter. Consistently below other DHBs
- Accreditation in ACC partnership progress – successfully maintained. Done by PWC. Represents very strong, fit for purpose system. Save $500k in premiums to ACC.
- Performance of Board and Exec Team and their participation.
- Manager participation in training. Were sitting at 78%, further training done in last few weeks, now 90%. Managers have refresher training every 2 years.
- Area of challenge is employee perception around risk and changing the belief 'she'll be right'. Cultural change.
- Aggressive behaviour of staff by staff. Wide range of behaviours included in this, not physically violent. Exact details unknown at this time. **Organisational Development Manager to prepare a report for the next meeting.**

6.1.1.Manual Handling Procedures

Key Issues and Discussion Points

- Board members were given a demonstration by Leona Murray, Manager Occupational Health & Safety, and Wendy Smith, Occupational Health Physiotherapist on manual handling.
- Moving & Handling Risk Assessment tool
- Formal Scoring & LITE (Load, Individual, Task, Environment) methods discussed
- Most risky manoeuvre is moving a patient in bed. Demonstration showed use of slide sheets. Also consider equipment (hoists) if required.
- Training is 2 hours, covers techniques, transfers, lifting off the floor
- Refresher for staff every 2 years.

6.2. Health Targets

Key Issues and Discussion Points

- Congratulations to management on the rheumatic fever target. Extraordinary result and wants to recognise it as such. Achieved by drop-in clinics, greater access, public awareness, free under 13s, school swabbing programme, number of different initiatives.

6.3. Finance Report

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

Key Issues and Discussion Points

- DHB has recorded deficit of $1.1 m against a budget of $975k. $173k adverse.
- Significant cost of industrial action. $180-200k SMOs to cover RMO duties and additional weekend lists to regain ESPI compliance.
- Year to date October Inpatient activity is approximately 7.8% over budget, pressure points in services include weekend lists, locums, watches and specials, new drugs that have been approved by PHARMAC.
- Mental Health Services is travelling under budget, change in trend to previous years. New GM Mental Health Services has reviewed operating practices and rosters in IPU.
- Tracking better than last year. Still tight control around discretionary spending.
- Revenue table is down $683k. Washup of IDFs for last financial year, corresponding credit IDF expenditure below.
- Cancer drugs expenditure the significant factor of over expenditure in clinical expenses.

6.4. NDHB Funded Services Dashboard

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

Key Issues and Discussion Points

- Tracking close to budget overall
- Pressure in PHO expenditure, offset by variable community pharmacy year to date.

7. INFORMATION PAPERS & Updates

There were no papers for consideration.

8. NEXT MEETING DETAILS

The next meeting will be held at 1.00pm, Tuesday 31 January 2017, 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 3 October 2016 – Public excluded session	For reasons given in the previous meeting	
11.	Decision Papers 11.1 Draft Annual Plan 2016/17 11.2 Provision of Blood Products – NZ Blood Service 11.3 National Infrastructure Platform Business Case 11.4 Finance, Procurement and Supply Chain National Oracle Solution Implementation Business Case 11.5 Draft Primary Care Configuration Policy	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 Project Office 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)
14.	Board Performance Review	Privacy To protect the privacy of natural persons, including that of deceased natural persons	9(2)(a)

IT WAS MOVED THAT the Board move into Public Excluded meeting

MOVED Bill Sanderson: SECONDED Craig Brown **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

14. BOARD PERFORMANCE REVIEW

The review was conducted.

The meeting closed at 4.00pm

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

CHAIR _____ DATE 31/1/17