

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

**HELD ON TUESDAY 31 JANUARY 2017
TANGIHUA MEETING ROOM, TOHORA HOUSE, WHANGAREI HOSPITAL**

COMMENCING AT 1.15PM

PRESENT

Sally Macauley (Chair)
John Bain
Craig Brown
Sue Brown
Debbie Evans
Denise Jensen

Libby Jones
Colin Kitchen
June McCabe
Gary Payinda
Sharon Shea

IN ATTENDANCE

Nick Chamberlain, Meng Cheong, Jeanette Wedding, Sam Bartrum, Margareth Broodkorn, Kathryn Leydon, Andrew Potts, Neil Beney, Ian McKenzie, Harold Wereta, Pip Zammit, John Wansbone (part) Sarah Hunt (notes)

APOLOGIES

There were no apologies

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 21 November 2016

IT WAS MOVED THAT the minutes of the meeting held on 21 November 2016 be accepted.

MOVED John Bain: SECONDED Sharon Shea

CARRIED

1.2. Matters/ Actions Arising

1.2.1 Review of Q10 and 11 of Patient Experience Electronic survey

- Recognising these were new questions included in October 2016. Outcome from working with Maori health directorate.
- Engaging effectively with Maori training implemented from November 2016.
- Questions are appropriate, was about data and knowing what it meant.

1.2.2 Further detail of staff vs. staff aggressive behaviour

- Concern about number of inappropriate behaviour by staff to staff.
- None of these were significant events, weren't threats or acts of violence.
- Quarrels – "raised their voice at me", "talked over me"

- Keep the threshold in the report.
- Reporting in Datix will focus on reporting on bullying behaviour.

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1. Summary Report – January 2017

Director of Nursing & Midwifery spoke to the report, which was taken as read.

- Compliments and complaints reduced over December period
- Response to complaints within 20 days is improving
- Falls data is improving

Patient Story

- Both congratulatory stories.
- Raised the importance of ensuring everyone is aware that there is a health shuttle service available.

Patient experience

- Q13 and 15 – some good improvements around patient and whanau centred care.
- Setting and being part of the conversations about discharge and dates of discharge.
- Q18 – communication, information and how patients are treated are the top 3 things. In the context of each patient

Patient Safety and Quality Improvement Plan 2016 - 2018

- Key messages about accountability and shared responsibility within the organisation.
- As a Plan it aligns with Northland Health Services Plan, HQSC and Regional work being done with Auckland Metro DHBs.
- Any comments back to Director of Nursing & Midwifery
- Survey only conducted at Whangarei Hospital currently.
- Will be a formal signoff by the Board together with formal reporting.

3. CHAIR'S REPORT

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

Key Issues and Discussion Points

- DHB Executive which meets in Wellington four times per year representing the Northern Region.
- DHB Chairs with CEO's meeting very good. Attending that meeting with questions regarding funding and requesting more information.
- Minister spoke to the Chairs on 8 December regarding Annual Plans.

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

MOVED Sally Macauley: SECONDED Colin Kitchen

CARRIED

4. CEO'S REPORT

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

Key Issues and Discussion Points

- **Neighbourhood Healthcare Homes** and progressing work with the 6 practices. Looking at April for some more EOs, possibly have them as sequential rather than another block of 6.
- **Tai Tokerau Indigenous Health system** – challenging but good progress being made. Some uncertainty and risk involved.

- The Board has requested early notice of engagement requirements to free up diaries accordingly.
- Will request that GM Maori Health determine format for regular reporting to the Board.
- Expectation of the Indigenous Health System model is to have all agencies working together rather than pieces of work being done in silo's.
- Minister Parata's expectation is that Education, Health, Police, Corrections, MSD are aligned.
- **Social Investment Board** – valuable children, not vulnerable children. Indigenous health system only has a focus on health. Broader social agencies need to be included in these conversations.
- **Useful to have longer strategic session about Indigenous Health system and social investment later in the year.**
- Work to improve the results around Health Target **Raising Healthy Kids**.
- Obesity strategy target about referring 4 year olds that hit a certain BMI at their Before School Check (B4SC). Referral to GP or other health professional to engage in assessment. Target is how fast that referral is acknowledged. B4SC contracts Manaia PHO provide that service for all of Northland. **GM Child, Youth, Maternity to work on this and report back at the next meeting.**
- Ministry have allocated funding to do something with the 'next steps'. Submissions currently being prepared. Will be working to support GPs but this still to be determined. Some opportunities around dieticians and working with the whole family.
- ProCare doing a pilot in Auckland. How to help GP as they don't have time and resources. Additional support to be provided via phone. MSD funding initiative. **June McCabe to report back on that as it progresses.**
- Submission Community Water Fluoridation Bill. Previous Board supported implementation of Fluoridation. DHB not required to consult with community – being done at a national level.
- Two new **additional funded projects**: Methamphetamine pilot \$2m and \$1m for Pregnancy and Preventing service. No indication of on-going funding, funding currently coming from Proceeds of Crimes Act.
- **Waitangi Tribunal Claim**. Received supplementary questions. Hearing went well.
- **RMO strikes**. Particularly challenging. Support for the action taken by Chief Executive. Not insignificant disruption. Ethics and governance of RDA discussed.
- Challenges with flights to and from Whangarei. Being addressed.
- Ministry of Education own **The Pulse**. Gave The Pulse 15 year lease which expired in 2017. Chief Executive to send a letter on behalf of DHB with support from other agencies. Discussion occurred regarding the history of the formation of the Pulse. There is some time before final decision is made. Copies of the letters to be sent to the Board members for their information.

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

MOVED Sharon Shea : SECONDED Craig Brown

CARRIED

5. DECISION PAPERS

5.1. Bad Debts for Write off

Key Issues and Discussion Points

- Error highlighted in papers – should be 38 debtors, not 35
- Largest was \$8400 from overseas debtor who passed away.

IT WAS MOVED THAT the Board writes off up to \$26,564.87 as bad debts noting that these fall well within the provision for doubtful debts.

MOVED June McCabe: SECONDED Sue Brown

CARRIED

5.2. Board Committee Appointments

Key Issues and Discussion Points

- Note that Sue Brown should be included in CPHAC/ DiSAC
- Gary Payinda requested to just be a member of HAC and Board due to scheduling difficulties.
- Board members are invited to attend all meetings. Only advisory.
- Board updated last meeting on process that GM Maori Health was undertaking to work with iwi chairs as technical advisory group to determine maori partnership/ governance going forward. Maori Health Gains Council in abeyance until that's finalised.

IT WAS MOVED THAT the Board approves the following appointments for CPHAC/ DiSAC, HAC and Audit, Finance & Risk Management committees for a term 1 March 2017 to 30 November 2019. Appointment of external members is subject to the recommended external appointees completing a conflict of interest statement.

CPHAC/ DiSAC: Libby Jones (Chair), Craig Brown, Sally Macauley, Colin Kitchen, Sharon Shea, Beth Cooper (external member), Beryl Wilkinson (external member), Jonny Wilkinson (external member), Sue Brown

HAC: John Bain (Chair), Sue Brown, Debbie Evans, Denise Jensen, Libby Jones, Sally Macauley, Gary Payinda

Audit, Finance & Risk Management Committee: June McCabe (Chair), Craig Brown, Sue Brown, Denise Jensen, Sally Macauley

MOVED Colin Kitchen: SECONDED Craig Brown

CARRIED

5.3. Board Governance Policies and Committee Terms of Reference

Taken as read.

IT WAS MOVED THAT the Board

Approves the following the governance policies:

- **Code of Conduct; Conflict of Interest; Board Members Fees and Expenses; Board Standing Orders**

Approves the following advisory committee terms of reference:

- **Hospital Advisory Committee (HAC); Community & Public Health and Disability Support Advisory Committee (CPHAC/ DiSAC); Audit, Finance & Risk Management Committee (AFRMC)**

MOVED Craig Brown: SECONDED John Bain

CARRIED

6. SYSTEMS PERFORMANCE

6.1. Health Targets

Key Issues and Discussion Points

- Disappointing month for immunisation. Next quarter will have substantial number of declines. Have families who have started vaccinations and then don't complete. Process for DHB now ensures no family is missed, however declines in Northland is the highest in the country.
- Faster cancer treatment. Last month (Dec) was over 85%. Expecting to be over 85% this month. Small subset of cancer patients. Clinically lead with pathway development.

- Patients in ED less than 6 hours – has remained the same as Nov 2015. This report provides the Board with month by month and YTD by quarter data. Challenging given there is no AAU. No space until new hospital is built.
- Will bring site master plan to the Board at the next meeting.

6.2. Finance Report

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

Key Issues and Discussion Points

- Overall hospital activity continues to be 9% greater than budget, year on year.
- Retrospective adjustment reducing capital charge from 8% to 7%.
- Include debt equity conversion, intro of disciplines long term investment plan, investor confidence ratings, and proposed new Capital fund.
- Salary costs variable to budget – offset by weekend surgeries, locum cover.
- Clinical expenses unfavourable to budget
- PHARMAC and NZ HealthPartnerships slow national procurement activity. Northern region has initiated a regional procurement exercise on renal fluids.
- Local tenders underway include food services, cleaning services, staff air transport services. Negotiations with St John on hospital to hospital transfers.
- Expect a favourable January result due to annual leave taken by non-clinical staff over Christmas.
- Significant additional work to meet ESPI compliance due to 2 strikes
- Still forecasting a better than breakeven result, however have reservations that DHB will meet the \$2.0M surplus.
- Food services contract – locally supplied food. In the tender documentation regarding local culture, sustainability, have asked each tender respondent how they will deal with local product. Position statement. Preference for cook fresh, not cook freeze or cook chill. Will not be going into national contract with Compass.
- Savings initiatives. \$10M was embedded into bottom up budgets, results are based on that \$10M savings. Detail is reviewed monthly with GM's but will include detail in reports moving forward.
- John Bain didn't take part in discussion on patient transport due to membership of St John.

6.3. NDHB Funded Services Dashboard

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

Key Issues and Discussion Points

- Health of Older People – has seen significant growth year on year in ARRC volumes and price. This year has tapered off. \$234k unfavourable is for in between travel costs for HBSS.
- IDFs favourable variance is release of money to support provider arm activity
- Community pharmacy is an anomaly – additional PHARMAC funding for oncology drugs. Provider arm has unfavourable. Just about balance but keeping close watch.
- This dashboard requires improvement. Gives some information but doesn't show whether what is being invested in is making a difference. Chief Financial Officer to make improvements to show this.

7. INFORMATION PAPERS & Updates

There were no papers for consideration.

8. NEXT MEETING DETAILS

The next meeting will be held at 11am, Monday 6 March 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 21 November 2016 – Public excluded session	For reasons given in the previous meeting	
11.	Decision Papers 11.1 Change in Capital Finance Policy 11.2 Primary Care Configuration 11.3 Boiler Conversion Kaitaia Hospital	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 Reports & Updates 12.1 Project Office Report 12.2 Draft Minutes Audit, Finance & Risk Management Committee Meeting 28 November 2016	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)

IT WAS MOVED THAT the Board move into Public Excluded meeting

MOVED June McCabe: SECONDED Debbie Evans

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 4.11pm

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

CHAIR _____

DATE _____