MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD

HELD ON MONDAY 6 MARCH 2017
TANGIHUA MEETING ROOM, TOHORA HOUSE, WHANGAREI HOSPITAL

COMMENCING AT 11.00 AM

PRESENT

Sally Macauley (Chair)
John Bain
Craig Brown
Sue Brown
Debbie Evans
Denise Jensen
Colin Kitchen
June McCabe
Gary Payinda
Sharon Shea

IN ATTENDANCE
Nick Chamberlain, Meng Cheong, Jeanette Wedding, Kathryn Leydon, Harold Wereta, Mike Roberts, Beryl Wilkinson, Liz Inch, John Wansbone (part) Sarah Hunt (notes)

APOLOGIES
Libby Jones

FIRE PROCEDURES
The fire exits were noted

REGISTER OF INTERESTS
Sharon Shea advised she is a consultant with Auckland and Waitemata DHB Maori Workforce Development project and is involved with the Integrated Maori Health Contracts. Her husband is a Shareholder and Director of Healthcare Applications Ltd.
Gary Payinda advised he is the Medical Director for Surf Lifesaving New Zealand.
The Register of Interests was noted.

ATTENDANCE REGISTER
Register was noted.

At lunch will commence a tour of the laboratory.

1. BOARD MINUTES

1.1. Confirmation of Minutes 31 January 2017

IT WAS MOVED THAT the minutes of the meeting held on 31 January 2017 be accepted.
Wording Pregnancy and Parenting service.

MOVED John Bain : SECONDED Colin Kitchen **CARRIED**

1.2. Matters/ Actions Arising

1.2.1 Report on activities to support Health Target Raising Health Kids.

- Waitemata and Auckland DHBs have just 1 provider who provides the B4SC. Have a monitoring tool – track every child that is due and how far away they are. Have requested that tool from Auckland.
- Northland currently has 9 providers so possible learnings to apply already exist.
- Looking at the model here in Northland.

- Discussions to occur with local Plunket, Well-Child Tamariki providers.
- $125k from Ministry to develop programme that health professionals can refer kids with high BMI. Have submitted proposals and waiting to hear whether accepted or not.

1.2.2 NGO dashboard redevelopment

- Work in progress.
- Noted that current report is very figures and output focussed as opposed to outcomes focussed.
- Redevelop dashboard to take into account RBA.
- Until then current format will hold place in Board papers.

1.2.3 The Pulse

- No response received to date on letter sent regarding The Pulse.
- Louise Upston will be Associate Minister of Education in charge of place based initiative.
- Board requested that Chair write to Prime Minister.
- 2000 children and families attended Children's Day on the weekend. Best attendance in its history.

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1. Summary Report – February 2017

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

- Chief Medical Officer advised he is happy to take suggestions as to how to improve report and happy to be contacted outside of meetings if required.

Patient Story

- Reminder of real patients we deal with.

Patient experience

- Patient Experience Survey is done while patients are still in hospital as opposed to HQSC survey which is done when patients have been discharged.
- Approximately 250 patients per month that are surveyed.
- This report to assist with understanding of how things are changing overtime. Graphs show lower and upper control limits. Statistically relevant.
- HDC complaints show number of complaints made to Commissioner. NDHB has been in top half of group in terms of doing well for last 5 years. For the last 6 months of 2016 NDHB was number of 2 on the list for number of complaints taken (one other DHB had fewer complaints in that time).
- Significant lag in time taken to investigate complaints, however confident that NDHB have not been found in breach since 2010.
- Adverse behaviour events have increased. Mostly in mental health services.
- Increase in restraint events as well. Believe this is due to better reporting rather than increase in events.
- Increase in unavailability of staff. Shows high level of pressure/ workload staff are currently under, struggle to deliver level of care they would like to with the level of staff available.
- Haven't listed individual cases for SAC 1 & 2. Successful suicides are scored as SAC2. Most recent SAC1 discussed.
- Patient experience report in new format. Now divided into Wards to encourage competition.

- Charts are displayed on the wards and in an area that patients, family/ whanau and visitors can clearly see.
- Partner in Care programme fairly new so progressing this
- Show data by ethnicity per quarter.
- These surveys show that the vast majority of patients report receiving care with respect and dignity and are having their needs met.

HQSC Patient Experience report

- Return rate of these surveys is under 20%.

CRAB Report

- Being confident that clinical care that is being provided is of good standard.
- Complication rate is slightly higher than 1. Risk adjusted mortality is significantly below what would be expected. Consider these two graphs together. Would seem that for the surgery we're doing there is a low mortality rate and only a slightly raised complication rate.
- Not every death after surgery is a SAC 1.
- 12 month trend for triggers – some aspect of patients care are considered a trigger (e.g. moved from ward to ICU). The number of patients who have more than 4 'triggers' during their stay is a reflection of the number who deteriorate after their admission. Nothing in this data suggests patients at NDHB are deteriorating more than elsewhere.
- Triggers are picked by CRAB as are 4 most common and useful markers.
- Data reported to the Board from CRAB is only a summary of more detailed data. Chief Medical Officer sees breakdown for every surgery, every month for every speciality. Would be very obvious straight away if there was an issue.
- Analyses by socio economic or ethnicity of the patient – is there a difference? Economic status is not included in CRAB data. Chief Medical Officer to confirm whether there is anything on ethnicity on CRAB.
- CRAB is not just surgical, includes medical patients as well. Is less specific in terms of medicine concerned with surgery. This area (medical) being developed.
- The Board requested quarterly snapshot by ethnicity.

3. CHAIR'S REPORT

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

Key Issues and Discussion Points

- Induction day was good for members to be together however felt could be done in Whangarei, via video conference if Minister or Director General wished to speak to the Board.
- Members requested that they receive media releases. Chair confirmed she has been doing that.
- Chair and the Board wished to acknowledge the Chief Executive and his team and ED/ surgical staff with handing of recent event in ED. Exceptional work from staff.
- Confirmed that the next Board meeting will be in Kaitaia.
- Discussed schedule and order of meetings given challenges with flights from Auckland. Request that for meetings held in Whangarei the day be run to start with Board and then have HAC after. Audit committee is similar – looking to commence that at 8:30am and then CPHAC/ DiSAC after. General agreement.
- Discussed the High Performance High Engagement workshop programme which Unions are keen on. Methodology around this is expensive. Has been very successful in Air NZ and Kiwi Rail. Some national push for this, if starting operational excellence programme then let them new Director of Operational Excellence can lead it. Committing to this in some form but investigating options around this. Having unions and delegates on board is powerful.
- Exec meeting – budget, all concerned that no DHB has their financial package while drafting Annual Plan. Expect to hear May.
- Regional Governance meeting discussed the Long Term Investment Plan. Recognised that regional governance in Auckland are separated from NDHB. Meeting attended by Chief Medical Officers, Chief Executives and Board Chairs.

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

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

4. CEO'S REPORT

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

Key Issues and Discussion Points

- Bay of Islands redevelopment going well. Expecting to sign construction contract with preferred team shortly.
- Neighbourhood Healthcare Homes project going well. What is the evaluation of doing well and is it delivering what was expected? Evaluation of the results won't be for about a year. Chair requested report to show where we are and follow through what the components are, details of the model of care.
- Health Targets – worst quarter for some time. Disappointingly immunisations dropped under 90%. Significant challenges here.
- ED and length of stay challenging.
- Written to both PHOs requesting significant improved focus.
- Service Development Update – WebPAS going live 19 March. Largest IT project for many years. Will be period of 5 hours where current system will not be working while change over occurs. Significant risk, however have done what we can to ensure smooth transition. Number of contingencies in place. Understand that IT system will be vastly more stable than it is as a result. $6.3M investment.
- HPV immunisation has the same, if not higher, decline rates. Now being provided for boys as well.
- Discussion around active declines and choice of Northland population.
- Satellite chemotherapy service in Kaitaia. Very good initiative.
- KMMS evaluation was done internally, report to be sent to CEO from GM Maori Health with final status on 3 reports, including what the future might look like. Providers have been engaged through the process.
- Methamphetamine pilot - $3M from proceeds of crime. Have no confirmation of on-going funding, but an indication that this will continue to be funded. A risk. Will be joint venture, joint governance.
- 22% smoking quit rate at 4 weeks. Tracking to what was agreed in the contract.

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

MOVED Sally Macauley: SECONDED Colin Kitchen **CARRIED**

5. DECISION PAPERS

There were no papers for consideration.

6. SYSTEMS PERFORMANCE

6.1. Health & Safety Report

Key Issues and Discussion Points

- Uneventful month, No LTIs.
- Sharing of responsibility – what does that mean in terms of reporting? Good discussion with local inspector from Worksafe. Burden of proof – if an event happened, could we have done anything more?
- Don't have any assurance that we are doing everything we can in NGO space in the report. Request that this is added to the report to provide that.

- Most NGO's have good systems in place. Working closely with them and providing them with information.
- Worksafe will be doing inspections moving forward.
- If an NGO Board is voluntary then the Board doesn't have personal liability, office falls on first paid officer. This only applies to schools. To check.
- SAC3 – first aid case/ medical treatment case. There is a large number, more than last year, suspect this is because of increase rate of reporting. Would be helpful to see TRI trended.
- Participation on H&S committee is very low. Poor attendance from staff. Getting good engagement in the meetings themselves, have a large number of staff who have elected to be involved but can't always turn up (rosters).
- How are targets set and are they right? Don't think they are, however had to start somewhere. Annual Management Review, held in April, tying in with financial year and will happen in June. Ability to benchmark against other DHBs very limited.
- H&S action plan – should be signed off by the Board.

6.2. Maori Health Directorate Update

Key Issues and Discussion Points

- Two areas – indigenous health system and maori partnership.
- Maori Partnership – technical advisers are clear around what their expectation is to agree the model. Will prepare a Board paper to seek clarity on direction. Their timeframe is June.
- Indigenous Health System. Technical advisors have given boundaries – strong engagement from iwi perspective on what a commissioning for outcomes framework may look like. Pathway emerging as part of a commission framework. Will prepare a Board paper to seek clarification and direction.
- Working protocol to combine two views by June.
- Possible timeframe is 2 years to get this completed. In-depth modelling, research, possible options. Paper to come in June. Looking at resource allocation.
- Review of Maori health directorate currently.
- Managing expectations around what we can deliver – would like to set that earlier rather than later. Don't know what that is yet.

6.3. Health Targets

Key Issues and Discussion Points

- Discussed above.

6.4. Finance Report

Key Issues and Discussion Points

- 7 months to Jan 17 currently sitting on deficit of $410k against budget of $252k, unfavourable $158k.
- DHB owned services largely responsible for this variance because of RMO strike. Penals and additional staff approximates $500k
- Acute services significantly above budget.
- Elective activity done via outsourcing.
- Growing number of patient watches in medicine and Older People services. Maintaining good disciplines around these.
- Challenges associated with discharging older patients suffering dementia discussed. Need to develop an agreed plan for the person ahead of time. Consider Needs Assessment and process incorporated. Need to have a further discussion/ presentation around this at the next meeting/ one after.

6.5. NDHB Funded Services Dashboard

- Report noted.

7. INFORMATION PAPERS & Updates

There were no papers for consideration.

8. NEXT MEETING DETAILS

The next meeting will be held at 11am, Monday 10 April 2017, in Te Waka Hauora, Kaitaia 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 31 January 2017 – Public excluded session	For reasons given in the previous meeting	
11.	Decision Papers 11.1 Draft Annual Plan 2017/18 11.2 Bay of Island Development Construction Contract 11.3 Whangarei Hospital Site Master Plan	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 Northern Region Long Term Investment Plan 12.2 Northland Place-Based Initiative Kainga Ora – Progress Report 12.3 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)

IT WAS MOVED THAT the Board move into Public Excluded meeting

MOVED June McCabe : SECONDED Sharon Shea **CARRIED**

Board went for a walk-around to view Whangarei Hospital Laboratory services.

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 _____