

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

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**HELD ON MONDAY 21 AUGUST 2017**

**TANGIHUA ROOM, TOHORA HOUSE,  
WHANGAREI HOSPITAL**

**COMMENCING AT 9.00AM**

**PRESENT**

Sally Macauley (Chair)

John Bain

Craig Brown

Sue Brown (Deputy Chair)

Debbie Evans

Denise Jensen

Libby Jones

Colin Kitchen

June McCabe

Gary Payinda

Sharon Shea

**IN ATTENDANCE**

Nick Chamberlain, Neil Beney, Meng Cheong, Mike Roberts, John Wansbone, Kathryn Leydon, , Sarah Hunt (notes)

**Members of the Public**

Beryl Wilkinson, Laura Kateley-Cullen

**APOLOGIES**

Nil

**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 10 July 2017**

**IT WAS MOVED THAT the minutes of the meeting held on 10 July 2017 be accepted.**

**MOVED Libby Jones: SECONDED Craig Brown**

**CARRIED**

**1.2. Matters/ Actions Arising**

**1.2.1 Letter to Ngunguru Medical Centre**

- Actioned

**1.2.2 Distribution of Professor Boyd Swinburn's Presentation**

- Actioned

### **1.2.3 Staff Survey results**

- Overall a good result.
- Ideally do the survey every 2-3 years. Delay this time due to debate around timing and which survey tool to use. Had a number of other surveys going on at the same time too so decided to wait.
- Need to put a greater emphasis on our staff wellbeing. Recognise that Health is a stressful environment in which to work.
- Response rate discussed with agreement that would like to see this improve. Didn't feel that mandating the survey would be the correct approach, suggested that people would engage if they felt their voice was being heard.
- Engagement of people and correlation explained
- Considering change of questions and provider for next time.
- Similar themes across all teams.

### **1.2.4 Rest Home audits**

- Paper taken as read.

## **2. QUALITY & SAFETY GOVERNANCE REPORT**

### **2.1. Summary Report – June-July 2017**

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

#### Key Issues and Discussion Points

- Noted the frequency with which ED was operating at capacity (code red), very stressful time for staff when that occurs. Occurring a few times a week rather than a few times a year.
- Important to bring to attention requirement for a Medical Assessment Unit. Will allow patients to be treated more efficiently, take pressure from staff and work in a more appropriate environment.
- Addressing this is a priority and is being attended to where possible. Extra medical positions have been approved, however still require facility availability
- Physical restraints of the hospital noted, together with 7% growth in ED year on year. Urgency of new hospital noted.
- Budget constraints discussed.
- Initiatives to support people with long term conditions so they could appropriately stay in the community and not need to come to hospital. Trying to address this cohort of people through Neighbourhood Healthcare Homes.
- Also discussed acute care and after hours providers. Ambulances often don't go to WhiteCross with a patient as get turned away. Not how other regions operate.
- Good evidence base to show that patients who are treated in a busy ED have worse outcomes. Affects length of stay, complications they develop, and mortality rate.
- Discussed video campaign running in ED waiting areas currently. Agreed domestic violence is a huge problem in NZ, and Northland. "Enough is enough" video – suggested that a disclaimer be added at the start "has disturbing content". Agree to continue showing it.

## **3. CHAIR'S REPORT**

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

#### Key Issues and Discussion Points

- Welcomed members of the public to the meeting.

- Tabled the document “Insight of the NZ Health System Performance”.
- Received a letter from the Ministry regarding the Pulse advising they would be responding shortly with a decision. NDHB is not a Crown entity which means the Ministry of Education can't transfer land they have subdivided. Have asked the Ministry to be our agent for this moving forward. A number of opportunities exist for the community with this.
- Discussed correspondence from member of the public regarding fluoridation. Acknowledge receipt of the detail, and noted request that this be added to a future Board agenda. Board agreed to consider this request once the detail comes from the Government, however will not commit at this time. Note the papers that have already come to the Board and the decision made by the Board that they are in favour of fluoride in the water system.
- Debrief after Long Term Investment Plan workshop held in Auckland on 7 August. Large amount of work being done; heartened to see that the needs of Northland are being considered equally with other Boards. Informative, not working in isolation, working big picture for Northern Region.
- Population growth in Auckland and Northland discussed, and future projections considered. Not enough focus on upstream and what can be done there. Northland doesn't know whether the initiatives we're putting in place will make the difference that is required.
- Work done over a number of years regarding teaching/ theatre space.
- Traffic Lights on Maunu Road officially opened in August.
- 31 August there is a Methamphetamine Programme opening. NDHB are leading the programme. Funded from proceeds of crime - \$3M project. Challenge is sustainable funding after 2 years. Comprehensive programme has been developed, from prevention, community work and policing to detoxing.

#### 4. CEO'S REPORT

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

##### Key Issues and Discussion Points

- Update given on the Neighbourhood Healthcare Homes programme. Considered the future of general practice and primary care.
- Some discussion about the Health Services Plan. Planning to commence shortly. ELT Planning day will be focussed on looking at *how* we plan – how we go forward and how we work as an organisation.
- The Board will be the governance of the Plan, will have input, signoff. Will be reported on regularly at meetings. Very clear that this is a sector wide plan, have had buy in from the sector on that, however need to ensure we have staff engagement with this plan.
- Having a road map for 5 years is not a modern way to innovatively plan. Will have a more agile approach this time, with each year having a sub-plan. Outcomes will be articulated clearly as part of the plan. Challenge will be aligning contracts/ funding with those outcomes.
- Board agreed that aspirational goals are fine.
- The Board has asked to better understand the margins within each service. Recognised that often the cost gets lost in the detail of the services, realise that some services are actually losing money. Consider information sent via Nuffield Trust, return on investments.
- Looking to align the work around Primary Care Collaboration with the Indigenous Health System. Recent meeting went well.
- Doing well with attendance at “Engaging effectively with Maori” training. Have until July 2018 to have all staff through the training. It is compulsory for all to attend.
- Good initial indications around audit results.
- Outlined Health Targets. National Publicised results out tomorrow and to be sent to all Board members. Immunisation figures continue to be troublesome. Most disappointing is Primary Care smoking. Pleasing result around raising healthy children.

- Service development updates and Te Ara Oranga highlighted. Outlined other initiatives underway.
- HQSC Leadership Award presented to Gemma Watts.
- Good Health & Safety marker results. Chair recognised Kathryn Leydon's work with Official Information Act requests. **Board have asked for 6 monthly list of OIA requests.**
- Noted good outcomes with Air NZ and SMO Meca being resolved.

## 5. DECISION PAPERS

### 5.1. Draft 2018 Board Meeting Schedule

#### Key Issues and Discussion Points

- Question put to the committee regarding holiday weekends, and meeting on the Tuesday following these. Request that these be moved forward or back a week to allow preparation for the meetings. School holidays also a bit of a challenge. **Chief Executive agreed to look at this and bring it to the next meeting for ratification.**

## 6. Information Reports & Updates

### 6.1. Quarterly Health and Safety Report

#### Key Issues and Discussion Points

- Overall a good result. Had 5 lost time injuries this quarter, with 3 of those in Mental Health.
- Graphs are kept up to date and often retrospectively updated, due to delay in receiving treatment or an aggravation of an old injury, so may look slightly different between reports.
- Offsite contractor, NGO's conversation around liability. Noted it was a shared responsibility, and that it varies because of nature of the work being done. Topic for discussion at GMs Planning and Funding meeting on Monday 28 August, important to be consistent across DHBs. **GM Planning, Integration, People & Performance to feedback next meeting.**
- Workplace Violence. Note H&S staff participation rates continues to be low in reporting. Seeking assurance we have the right culture. Will look to see that members who aren't active participants of a H&S committee aren't part of the denominator and will provide survey results from those who do participate.
- Board requested walkaround at the next meeting.
- Further discussed what the Board does for staff who have been affected by workplace violence. Currently chief executive writes an email/ phones them to see if there is anything further that can be done. All part of us being more caring towards our staff. Agreed that the Board would write to staff who have been affected by violence.

## 7. SYSTEM PERFORMANCE

### 7.1. Health Targets

- Discussed as part of CEO report.

### 7.2. Finance Report

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

#### Key Issues and Discussion Points

- Reporting year end was deficit close to \$2.5m, against budget surplus of \$2m
- Result has been extensively reviewed by auditors who completed field work on Friday. They have given clearance to submit the result to the Ministry. 16/17 now closed.

- Audit went well and quickly. Verbal discussion indicated satisfied with work to date. Hoping to see improved ESCO rating and hopeful that qualifications against non-financial information will be lifted.
- FY 17/18 July results recorded a small deficit of \$25k. Anticipate expenditure run rate will grow during the year. Elective activity low in July, this will change as enter into ESPI compliance.
- Received new money for cancer drugs but regimes for those haven't been announced.
- Cashflow very variable so decided not to renew \$10m term deposit investment. Interest differential was minimal at 0.5%.

### 7.3. NDHB Funded Services Dashboard

- Report was noted.

## 8. NEXT MEETING DETAILS

The next meeting will be held at 9am on Monday 2 October 2017 at 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 10 July 2017 – Public excluded session	For reasons given in the previous meeting	
11.	Decision Papers	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities	9(2)(i)
	11.1 Draft Annual Plan 2017/18 and NRHP 2017/18		
	11.2 Contribution to National Haemophilia Management Group	Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(j)
	11.3 Bay of Islands Hospital Redevelopment		
	11.4 Whangarei Community Mental Health Services Site		
12.	Information Updates	Privacy: To protect the privacy of natural persons	9(2)(a)
	12.1 Project Office Report		
	12.2 Quality Improvement Directorate Briefings	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities	9(2)(j)
		Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	

<b>13.</b>	Risk Management/Initiatives	<p>Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities</p> <p>Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)</p>	<p>9(2)(i)</p> <p>9(2)(j)</p>
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**IT WAS MOVED THAT the Board move into Public Excluded meeting**

**MOVED Sally Macauley: SECONDED Debbie Evans**

**CARRIED**

**10. CONFIRMATION OF 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 2.41pm

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

CHAIR \_\_\_\_\_

DATE \_\_\_\_\_