

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

HELD ON MONDAY 2 OCTOBER 2017

**ST JOHN AMBULANCE HALL
KAWAKAWA**

COMMENCING AT 10.05AM

PRESENT

Sally Macauley (Chair)
John Bain
Debbie Evans
Denise Jensen

Colin Kitchen
June McCabe
Gary Payinda
Sharon Shea

IN ATTENDANCE

Nick Chamberlain, Meng Cheong, Mike Cummins (part), Liz Inch, Kathryn Leydon, Ian McKenzie (part), Andrew Potts (part), Mike Roberts (part), Jeanette Wedding, Harold Wereta (part), Jodie Moselen (part), Sarah Hunt (notes)

APOLOGIES

Craig Brown, Sue Brown (Deputy Chair), Libby Jones

FIRE PROCEDURES

The fire exits were noted

REGISTER OF INTERESTS

The Register of Interests was noted

Sharon Shea – remove Te Runanga o Te Rarawa outcomes project, Plunket outcomes implementation framework. Add Alliance Health Plus PHO Board member, Social Investment Agency challenger group.

Gary Payinda – Add Expert Advisor for the Health and Disability Commissioner.

ATTENDANCE REGISTER

Register was noted.

Harold Wereta opened the meeting with a karakia.

Prior to the meeting a Health & Safety walkaround of Bay of Islands Hospital redevelopment was conducted by Board Members.

1. BOARD MINUTES

1.1. Confirmation of Minutes 21 August 2017

IT WAS MOVED THAT the minutes of the meeting held on 21 August 2017 be accepted.

MOVED Colin Kitchen: SECONDED John Bain

CARRIED

1.2. Matters/ Actions Arising

1.2.1 Letter acknowledging and congratulating the Nurse Practitioners of Northland on their achievement

- Actioned

1.2.2 OIA requests

- Information noted.
- Most requests go to all DHBs, not usually specific to Northland DHB

1.2.3 Review Draft 2018 meeting dates

- Agreed.

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1. Summary Report – August 2017

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

Key Issues and Discussion Points

- Issue of signposting around the hospital is a significant one. Have been able to improve this.
- Patient experience survey as usual. Nothing of concern.
- Medical council visit occurs every 3 years to renew accreditation for first year doctor training. Rigorous inspection, NDHB report was very good. No corrective actions this year.
- Quality markers for surgical check list – HQSC require 50 audits of each question, numbers that are provided are actual numbers we have completed – many more audits than required.
- Patient experience survey – question checking whether patient's family had been involved in care related decisions. 2 outliers due to a technical issue. Of 3 potential answers one was unavailable on the survey tool for 3 months and this skewed the data.

3. CHAIR'S REPORT

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

Key Issues and Discussion Points

- Farewell for Pukawakawa students on 16 October.
- Colin Kitchen attended Te Ara Oranga official launch. Held at the theatre in Whangarei, stunning and very powerful. Details have been uploaded to DHB Facebook page.
- Chief Executive met with Minister Bennett to discuss funding for the Methamphetamine Project.

4. CEO'S REPORT

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

Key Issues and Discussion Points

- Discussed Neighbourhood Healthcare Homes and activity in that space.
- Significant programme "pole vault". Looking to advance technological mobility applications, use of mobile devices. Challenge is Wi-Fi capability currently. Senior doctor leadership and involvement has shown a significant shift in pace.
- Te Tai Tokerau Indigenous Health System conversations are blending with the Collaboration Kaupapa work. Going well.
- Auditors have removed the qualification and NDHB have regained previous rating of 'good'. In audit planning ensure focus remains on WebPAS and controls in this area. Have sent a letter to all involved in lifting qualifications, including PHOs responsiveness to audit process, as this result would not have been possible without the effort and collaboration across the sector.

- Shorter stays in ED show significant deterioration in July – a reflection of how busy hospital is. Length of Stay has crept up too. A factor around acuity of patients. Volume is greater, ED seeing record numbers through. Have opened extra beds to address the winter peak, however no longer have peaks, just busy all the time. Issue remains ED being cramped, isolated. Measure of patient flow.
- Achievement of targets takes its toll on people and money. Careful view always taken around how to respond to targets. Evaluation of improvements of mortality in ED has been completed during period of health target and it has shown significant improvements – hundreds of lives saved. Can continually tweak things with processes and operational flows. Targets are points in the healthcare continuum.
- Permission recently received to no longer include eye injections in electives target, so will see a decline in the reported volume. Electives do impact significantly on acute care. 20-25% of beds are taken up by electives, the others are acute patients.
- Auckland DHB has an app called 'script' which is free to download from the app store – evidence based prescribing tool. Need to communicate this to others as required.
- Need for a model of expedited care is bigger than just ED, includes High Dependency Unit and Intermediate Level Care beds.
- Hip and knee target is now 510, down from 590 last year. This target does have a penalty if not met and is around the waiting time, penalty of \$1.5M per month.
- Biggest challenge with immunisations is decline rate - 11% this month. Noted mumps and whooping cough outbreak in Auckland. Experts saying that low rates of vaccinations are starting to be harmful. High decline rates but also starting to see people delaying when the vaccinations are given. Decline rate is higher in non-Maori. Maori are often late in getting immunisations.
- Raising Healthy Kids target. Discussed two different programmes that are included in this and brief interventions for obese children. Project Energize reaches 84 schools, together with Under 5 Energize. Healthy lifestyles programme for very obese children in collaboration with Sport Northland – whole whanau needs to be engaged.
- Challenge continues for Te Tai Tokerau PHO Quit Smoking rate, however this is starting to improve.
- Doing well with SUDI. Funding and support now available for provision of Pepi pods.
- Whanau Tahi noted. Update to next meeting.
- Good work has occurred in the primary healthcare collaboration kaupapa. Relationship has strengthened during this process.
- **Business case for a Cath Lab for cardiac patients will be presented to the Board at the next meeting.**

5. DECISION PAPERS

- There were no papers for consideration.

6. SYSTEM PERFORMANCE

6.1. Health Targets

- Discussed above.

6.2. Finance Report

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

Key Issues and Discussion Points

- Two months into financial year tracking very close to the unapproved budget of \$5.2M deficit.
- Savings plan of \$8M has been embedded and distributed amongst GMs.
- Actuals to date include accrual for wage settlements recently agreed and under negotiation e.g. SMOs and nursing Meca.
- Interest cover is good. Only debt currently is 2x EECA loans.
- Savings initiative has already made significant progress around procurement gains.
- IDF reporting from last financial year may have an impact on savings required for FY17/18, expect this could be up to \$1M. Not able to accrue for the wash-up. **Review this in the November meeting.**
- **Request that latest estimates on current position, with most up-to-date figures, is presented to the Board at each meeting going forward to allow closer monitoring of position.**

6.3. NDHB Funded Services Dashboard

- Report was noted.
- \$1.5M adverse variance in the Health of Older People portfolio is due to the pay equity settlement for aged residential care and home based services.

7. INFORMATION REPORTS & UPDATES

7.1. CPHAC/ DiSAC Chair's Report – Meeting 25 September 2017

Key Issues and Discussion Points

- NZ Disability Strategy. Jonny Wilkinson and Lyn Rostern supporting this. Written in FY16/17, consultation occurring through 2017, expect the action plan to begin in 2018. This strategy has a commitment and process to implementation of their plan.
- No recommendations to the Board from the meeting.

8. NEXT MEETING DETAILS

The next meeting will be held at 11am on Monday 13 November 2017 at Tangihua 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 August 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 Bay of Islands Redevelopment and National Capital Committee Submission		
	11.2 Northland Primary Health Collaboration Kaupapa Advisory Group	Negotiations. To enable the Board to carry out, without prejudice or disadvantage,	9(2)(j)

	11.3 Draft Financial Statements 2016/17 11.4 Whanau Ora Contract 11.5 Food Services Contract 11.6 National Oracle Solution Programme	negotiations (including commercial and industrial negotiations)	
12.	Information Updates 12.1 Staff Survey Update 12.2 Former Raumanga School Site 12.3 Audit Finance & Risk Management Chair's Report – Meeting 25 September 2017 12.3.1 2017/18 Budget Update and Savings Plan 12.4 Draft Annual Plan 2017/18; Draft Northern Region Health Plan 2017/18	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

10. CONFIRMATION OF MINUTES

The minutes were confirmed

11. DECISION PAPERS

The submissions were discussed

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 _____