

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

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**HELD ON MONDAY 13 NOVEMBER 2017**

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

**COMMENCING AT 11.00AM**

**PRESENT**

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

Libby Jones  
Colin Kitchen  
June McCabe (via teleconference)  
Gary Payinda  
Sharon Shea

**IN ATTENDANCE**

Nick Chamberlain, Margareth Broodkoorn, Meng Cheong, Liz Inch, Kathryn Leydon, John Wansbone, Jeanette Wedding, Pip Zammit, Sarah Hunt (notes)

**Members of the Public**

Beryl Wilkinson

**APOLOGIES**

Sally Macauley (Chair)

**FIRE PROCEDURES**

The fire exits were noted

**REGISTER OF INTERESTS**

The Register of Interests was noted

**ATTENDANCE REGISTER**

Register was noted.

Sharon Shea – Add Le Va National Suicide prevention programme design of outcomes framework, Northland DHB Strategic Planning.

Gary Payinda – Add NZ Medical Assistance team member

Craig Brown – Remove Serene Developments.

Director of Nursing & Midwifery opened the meeting with a karakia.

**1. BOARD MINUTES**

**1.1. Confirmation of Minutes 2 October 2017**

**IT WAS MOVED THAT the minutes of the meeting held on 2 October 2017 be accepted.**

**MOVED Debbie Evans : SECONDED John Bain**

**CARRIED**

**1.2. Matters/ Actions Arising**

**1.2.1 Business case for cardiac catheterisation laboratory**

- Agenda item 12.6.

**1.2.2 Review IDF reporting wash-up impact on savings required for FY17/18**

- Chief Financial Officer to provide verbal update as part of Agenda item 6.2.

### 1.2.3 Finance report to include latest estimates on current position, with most up-to-date figures.

- Chief Financial Officer to provide verbal update as part of Agenda item 6.2.

## 2. QUALITY & SAFETY GOVERNANCE REPORT

### 2.1. Summary Report – October 2017

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

#### Key Issues and Discussion Points

- Overview of patient stories.
- Adverse events have increased. Recorded a SAC2 fall in August/ September, however overall falls with major harm have reduced. A number of falls do still occur, averaging approximately 3 per month.
- Documentation rates for falls have declined as at last audit. A number of activities are underway to ensure documentation is as concise as possible. Need to review how to enable staff to complete this. Despite assessment, planning and intervention falls will continue to occur.
- Mental Health Survey – noted reduction in graphs for September. Have requested detail on this from the Service. **Review detail and provide a response at the next meeting.**
- Reviewed Patient Survey questions. Questions around culture and religion have been unpacked further to get more detail. Additional questions now included.
- Denominator for the Patient Survey is significant – approximately 300 people per month. A small percentage of total patients but statistically relevant. Respondents are a random sample, however volunteers ensure high numbers of Maori.
- Noted some questions in the Mental Health Patient Survey should actually be a number of separate questions.
- Queried rate of complaints from HDC in Jan-Jun 17. Discussed rates of complaints as an indicator. Note lack of breaches for a long time.
- Constant theme from Patient Experience survey is the conflicting information that patients have received. Discussed ward rounds and including the MDT, bedside manner, and discrepancy between nursing and medical teams – different levels of knowledge between different staff. Agreed that handover would be an area for improvement, and **requested that a further report is prepared on this.** Agreed logistically challenging.
- Estimated date of discharge is shown on the whiteboard for most patients. Counterargument for this is unintended consequences.

## 3. CHAIR'S REPORT

The Acting Chair spoke to the Chair's report, which was received and taken as read

#### Key Issues and Discussion Points

- The new Minister and the Chair have had a telephone conversation.
- Chair is attending the meeting in Wellington today with all DHB Chairs and the Minister.
- Note that the Minister appoints the Chair to the Board, and can dismiss them.
- Board agreed to continue with its action taken to date with the Ministry.

## 4. CEO'S REPORT

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

#### Key Issues and Discussion Points

- Discussed the current Northland Health Services Plan and the need for a new strategic framework.
- Discussed learnings from the framework that has been in place. Seeking a more permissive framework in the next Plan.
- The Board are the owners of this plan, and are responsible for the governance. CPHAC/ DiSAC have an on-going monitoring function.
- Final evaluation report will come to the Board.
- Progress continues with Neighbourhood Healthcare Homes (NHH), with good results around doctor triage - one of the 15 components of care being addressed. Nationally, practices that are more established than those in Northland are starting to see results. The focus of NHH is on access and improving equity, however results are showing there may be downstream savings and gains. This is a long term strategic initiative.
- Mobility and improving use of mobile devices, telehealth applications.
- Good work in progress with the Iwi DHB partnership. A Memorandum of Understanding has been signed, with minor changes to what was presented. There is a clear desire to have more Iwi Chairs and more Board members involved. There is a dedicated team of support to ensure meaningful discussions occur when people meet. Commitment from Iwi to meet and attend.
- Overall health target performance has declined. Still challenging to meet demand for elective surgery, changes in thresholds and demands from our population.
- Immunisation levels continue to be disappointing. Reassurance that DHB are constantly considering new and different ways of engaging people. Have seen a significant increase in number of anti-vaccinators this year. Discussed incentives and Ministry policies. The way in which children are counted towards the target also discussed.
- Staff employment and immunisation. Discussed making vaccinations mandatory for all staff.
- Smoking cessation and information from Te Tai Tokerau PHO show they are still struggling, however working to increase their results and starting to see some movement. Noted the difference between two PHOs. New Collaboration may see a single primary health result being reported for Northland in the future. Northland DHB is currently reviewing its smoke-free policy.
- Healthy kids target doing well.
- Methamphetamine Pilot – Te Ara Oranga – is having spectacularly good results. Funding for 2<sup>nd</sup> year is still unknown.
- Annual Report was well received, shorter more concise report.
- A programme around smoking cessation to better monitor quits. Currently provide 1300 people with cessation support per year. This has shown a 43% success rate, validated by CO2 monitoring. **Full report on Smoking Cessation initiatives to be provided for the March 2018 meeting.**

## 5. DECISION PAPERS

### 5.1. Development of the New Northland Health Services Plan

- Proposing to make changes to the way we undertake strategic planning.
- This is Northland wide, not just Northland DHB.
- Would follow a thorough consultation process, which would include the community, similar to the engagement done last time.
- Further discussion to occur in relation to some of the detail in Auckland DHB's plan, particularly regarding revenue.

**IT WAS MOVED that the Board:**

- 1. Approve the concept of a strategic planning framework with interconnected plans across the Northland Region.**
- 2. Discuss the proposed format and purpose of the next Northland Health Services Plan (NHSP)**  
*Note the development of the new NHSP (or equivalent) will commence in early 2018 and will be implemented by July 2018. A project implementation plan will be provided early in 2018 along with regular progress reports. There is no discussion required at this stage on strategy direction, content or objectives.*
- 3. Discuss the development of a new Northland DHB annual strategic planning and review process**

**MOVED Libby Jones: SECONDED Craig Brown**

**CARRIED**

## **6. SYSTEM PERFORMANCE**

### **6.1. Health Targets**

- Report taken as read.
- Breaches for faster cancer treatment. Change whereby if a patient initiates a cancellation/lengthening to the process these will no longer be counted in either numerator or denominator. Discussed caution that this could disadvantage Maori more. While these were being counted we could manage them, as they were visible. Reassurance given that there are very good process around cancer treatment in place, any changes are embedded and done well.
- Concern around better help for smokers to quit in hospital. There has been a drop off in performance, due in part to the busyness of the hospital. Good piece of work now occurring to try and increase brief advice and cessation support in the hospital. This health target is the best opportunity to make the biggest difference.
- Minister is able to take action if health targets aren't met. Overall they improve system performance, however need to ensure there are no unintended consequences as a result.

### **6.2. Finance Report**

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

Key Issues and Discussion Points

- YTD result is a deficit of \$609k against budget of \$534k
- DHB owned services are favourable \$1.2m, offset against funded services.
- Result of 16/17 IDF wash up and overspend of \$1.2m has had to be absorbed into this year.
- Mental Health Services are reporting a favourable result due to a number of vacancies. This comes with a corresponding risk, which the service is managing at the moment.
- Have done the forecast to the end of October for IDFs – have accrued an additional \$500k into the October result as run rate looks like an additional \$1.6m for the year. This is compared with the earlier request from ADHB for \$2.4m.
- Run rate has continued into October, currently a deficit of \$1.3m, compared with budget of \$500k. Includes accrual for IDFs and overruns for previous year.
- Very concerned that after only 3 months there is already a deficit, and against the unapproved budget showing a deficit of \$5.2m. Reconfirmed that the GMs do have a savings plan in place, however cannot forecast that this will bring us back inline.
- Two major issues – IDFs and ESPIs.
- Acute medical staffing issues continue, seeking to address these during the year.
- Board requested future reports have latest estimate, recognising inherent limitations, to see how we're tracking, against savings targets. Would like a monthly cashflow report to be able to identify cashflow issues before they arise.

### 6.3. NDHB Funded Services Dashboard

- Report was taken as read

## 7. INFORMATION REPORTS & UPDATES

### 7.1. Health & Safety Management System – 2016/17 Annual Review

#### Key Issues and Discussion Points

- Reduction in LTI's – 23 total – less than 1% of staff
- Lost Time Injury Frequency Rate (LTFIR) puts NDHB in the top tier when compared with other DHBs
- Retained ACC partnership process
- Overall a good year. Certainly some things to work on around personal risk management, emergence of workplace violence, lone worker.
- Primary causes of injury are patient & manual handling.
- Survey to occur with NGO partners allow benchmarking to occur. **GM Planning, Integration, People & Performance to arrange.**
- Definition of patient moving & handling vs workplace violence to be clarified and separated out in future reports. The Board would like to see the amount of inflicted injury staff are suffering.
- Contractor's compliance onsite. There is an extensive programme of orientating contractors before they are allowed onsite. This is specific to individuals, not companies. Compliance figures to be added to this report moving forward.
- Safety training compliance – 41%. New metric for Northland DHB. A large proportion of staff have been in their roles for some time so partly addressing that. Part of the induction process for new staff. Catching up. This does not include de-escalation training.
- Workplace Safety currently reviewing whether the right courses are being completed for the right levels. Need this to be targeted based on risk. Moving & Handling and Violence are the two main areas for concern.
- Total Reportable Cases had last year vs LTIs. Started the year with low reporting, as the year progressed so has the strength of the reporting.
- Not sure the appetite for driving this down is sufficient. Structural change to drive and improve performance should be focussing at a different level. Still lagging indicators but enables you to get on top of trends more quickly to identify those that could lead to bigger events. Challenging whether targets are at the right level.

### 7.2. Workplace Health & Safety Culture and Employee Participation

#### Key Issues and Discussion Points

- This was a satisfactory result. Doesn't highlight any major areas of concern.
- Response was generally favourable.
- Queried whether surveying just H&S committee members would be indicative of workforce as a whole. Agreed that this group is best placed to answer these questions, however noted the possible bias due to them reflecting on their own work. Overall satisfied that this is reflective of the organisation.
- Will continue to sustain focus on workplace violence, personal risk awareness.
- This data will become the baseline for us to start moving forward.
- Forming a group to look at employee wellbeing. Staff survey results showed this was one of the biggest themes – importance of staff wellbeing. Developing a strategy – not starting with blank piece of paper – document will be in place by end of calendar year and will share with the Board in the new year.

## 8. NEXT MEETING DETAILS

The next meeting will be held at 11am on Monday 30 January 2018 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.	New Zealand Health Partnerships Ltd	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)
11.	Confirmation of minutes for meeting held on 2 October 2017 – Public excluded session	For reasons given in the previous meeting	
12.	Decision Papers  12.1 Whanau Ora Contract 12.2 Cleaning Services Contract 12.3 Whangarei Hospital Cardiac Catheterisation Laboratory 12.4 Bay of Islands Redevelopment 12.5 Jade System Replacement Options	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.	Information Updates  13.1 Project Office Report 13.2 Workplace Health & Safety in NGOs 13.3 NGO Community Contracting	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.	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 Sue Brown : SECONDED John Bain**

**CARRIED**

**10. NEW ZEALAND HEALTH PARTNERSHIPS LTD**

The matters were discussed.

**11. CONFIRMATION OF MINUTES**

The minutes were confirmed

**12. DECISION PAPERS**

The submissions were approved

**13. INFORMATION UPDATES**

The updates were discussed

**14. RISK MANAGEMENT/ INITIATIVES**

The issues were discussed

The meeting closed at 4.18pm

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

CHAIR \_\_\_\_\_

DATE \_\_\_\_\_