



Minutes of Meeting Northland District Health Board Board Meeting

11.30am, Monday, 16 November 2020
Tangihua Room, Tohora House, Whangarei Hospital

Present

Harry Burkhardt – (Chair)
Ngairae Rae (Deputy Chair)
Nicole Anderson
Vince Cocurullo
Libby Jones (via Zoom)
Sally Macauley

Kyle Eggleton
Debbie Evans (via Zoom)
Carol Peters
Mataroria Lyndon
John Bain

In Attendance

Nick Chamberlain, John Wansbone, Marty Rogers, Kathryn Leydon, Paula Douglas (minutes), Liz Inch, Dee Telfer (part), Ian McKenzie (part), Mark McGinley, Lynne Tucker (part), Michelle Ball (part), Jason Haitana (part), Lyn Rostern (part) Sarah Hoyle (part), Rachel Te Toko (part)

Apologies

None noted.

1. CONFIRMATION OF OPEN MINUTES

1.1 Confirmation of Minutes 5 October 2020

IT WAS MOVED THAT the minutes of the meeting held on 5 October 2020 be accepted

*Vince Cocurullo/Libby Jones
Carried*

1.2 Matters/ Actions Arising

None noted.

2. QUALITY & SAFETY GOVERNANCE

2.1 Summary Report – October 2020

- Report was taken as read.
- Patients' stories were acknowledged by the Board.
- Adverse events show a move outside of the control level on the bed days chart; this is reflective of increased trend of reporting into Datix.
- The staff at Northland DHB were acknowledged for their excellent work and the absence of equity gaps.

- A theme of poor communication was noted within the Patient Experience Survey, an indication from patients that they did not feel that they were communicated with sufficiently. Request for further information on methodology and purpose of questions in Patient Experience Survey
- Request for clearer indication of possible red flags or areas of concern to be included in the reports' Executive Summary

2.2 Presentation – Northland DHB Consumer Council

Dee Telfer, Acting Director of Nursing and Lynne Tucker, Chair, Consumer Council

- Northland DHB Consumer Council is a voluntary organisation that has Māori and Pacifica representation.
- The Council is involved in many areas including discharge planning and Telehealth and is driven by the requests that come from here.
- A greater presence is being established within the Northland DHB.
- Advanced Care Planning – involved with the project team to provide oversight of the documentation that goes out to the community.
- Wish to enhance patient experience and integration; going to hospital is a big thing for patients and would like to improve the experiences of these people.
- In the aftermath of COVID-19 the Council compiled a report summarising feedback of the experiences of patients noted throughout the hospitals.
- There is a huge amount of discretionary effort put in by the Consumer Council.

3. CHAIR'S REPORT

- Report was taken as read.
- Chair noted a lot of valuable work that is taking place in the community in the post COVID-19 environment.
- The DHB chairs met with the new Minister, Andrew Little and Stephen McKernan who is leading the transition path for implementation of the Health & Disability System Review recommendations.
- Minister Little has a clear view that he wants to go fast; caution was given about the need to bring people on the journey and the importance of trust being built along the way.
- Mr McKernan reports to the DPMC.
- Both Minister Little and Mr McKernan are aware that the future for Northland is challenging
- There is an opportunity to bring the DHB chairs together with the Iwi Chairs and believe the right space to do this is at Waitangi in 2021.
- Deputy Chair circulated to the Board information on 'A Seat at the Table' DHB Governance Leadership and Succession Planning. Deputy Chair will continue to support introduction of this programme to NDHB
- Deputy Chair has discussed her formal appointment to the Equity in Hospital Committee and the Equity with Resources Committee with the Board Chair. The Board supported Ms Rae's request.

IT WAS MOVED THAT Ngaire Rae be appointed to the Equity in Hospitals Committee and Equity with Resources Committee

Nicole Anderson/Vince Cocurullo
CARRIED

4. CEO'S REPORT

The CEO spoke to his report

Key Issues and Discussion Points

- The report was taken as read.
- An update on the Northland Health Strategy Workshop that took place last week was given.

- The feedback has been synthesized and collated and will be circulated in the next 2 weeks. Following that there will be a report back to the January Board meeting for formal input and agreement.
- There is a further meeting scheduled with the GPs as they were not able to attend the workshop.
- Libby Jones asked that the 'Compelling Case for Change' be circulated to the Board.
- Encouraging to note that the B4 school checks are on target.
- Immunisation remains a challenge; there is a huge amount of work that goes into the people who decline immunisation. The decliners are adamant and are not able to be swayed.
- Social media is a major influencer of people and their choice to immunise.
- The End of Life Choice referendum – there is a lot of work going on at a national level around the processes. Suggest a paper come to a further meeting to outline what is happening with this. Implementation of this will require substantial consultation and information.

5. DECISION ITEMS

No items for consideration

6. SYSTEM PERFORMANCE

6.1 Finance Report – September 2020

- Paper was taken as read.
- Things are tracking well financially.
- There is a small surplus of \$195k but this is down on the budgeted surplus of \$651k for the month.
- DHB owned services had an unfavourable result in the month of \$1.2m.
- Year to date total NDHB deficit of \$266k. This includes \$471k of extra cost for the Holidays Act provision and \$1.2m in COVID-19 expenses.

6.2 NDHB Funded Services Dashboard

- Paper was taken as read.
- A number of theatre cases need to be cancelled due to occupancy rates.

6.2.1 NGO Dashboard Deep Dive – Palliative Care Services

- Lyn Rostern, Population Health Strategist spoke to the paper.
- Northland has the highest number of hospices in the country.
- Advantaged in that there are strong relationships held with the Hospices
- Northland DHB does not fund the total expenses of the hospice; only clinical care and the palliative care are funded. The hospices choose to provide other services outside of their DHB Contracted services in response to their communities of interest. This includes post bereavement/grief and loss support, alternative therapies, support groups, retail stores, fundraising.
- This is funded through their own marketing and fundraising efforts, donations and bequests etc
- In terms of clinical care, Hospices add value and respond to the requirements of the community.
- There is a component of funding for grief and loss care.
- Participating in a rapid stock stake to address the sustainability concern and the increase in aging and progressive illness in the community. This will not be sustainable in the current trajectory.

7. INFORMATION REPORTS AND UPDATES

7.1 Northland Health & Safety Report – Quarter 1

- Report was taken as read.
- Presenting on Health and Safety Governance in the Public Excluded section of the meeting.

7.2 Northland DHB Workplace Violence Prevention Framework

- Report was taken as read.
- A number of DHB's around the country have a Workplace Violence Prevention (WVP) role and an understanding of the frameworks and the requirements around this.
- This has now become a business as usual role and is focused on continual improvement
- Report does not reflect a lot of information on the level of engagement of staff and how staff interact with each other and levels of staff satisfaction. Staff were surveyed for this framework; there is also a WVP prevention group which serve in an advisory role.
- For each WVP course that is run, feedback is collected.
- For areas at higher risk of violence, a heightened level of training is offered and assessment forms are completed to give a greater understanding of that is happening at this area.
- Update reports are regularly given to the Unions and their delegates.

7.3 Northland Te Tumu Waiora – Integrated Primary Mental Health & Addiction Service

- Report was taken as read.
- Presentation was given on the Primary Mental Health and Addictions Initiative by Michelle Ball, Project Manager and Jason Haitana, Family/Consumer Leader.
- Presentation 'The Story of Te Tumu Waiora Northland – an integrated primary mental health and addictions approach' covered:
 - Where we are and where we have been
 - Primary mental health and addiction continuum of care
 - Service expansion in Northland: what does it look like?
 - Te Tumu Waiora Northland governance structure
 - Data 1 April to 30 September 2020
 - Data outlining people and contacts
 - Patient stories and learnings

8. NEXT MEETING DETAILS

The next meeting will be held at 11.15am on Monday 25 January 2021 in the Tangihua Room, Tohora 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
10.0	Confirmation of Public Excluded Minutes 10.1 Confirmation of Minutes 5 October 2020 10.2 Matters/Action Arising	For reasons previously given	
11.0	Risk Management/Initiatives	Privacy: To protect the privacy of natural persons, including that of deceased natural persons 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)(a) 9(2)(i) 9 (2)(j)

12.0	Decision Items 12.1 Northern Region COVID-19 Response 12.2 Whangarei Hospital Capacity & Compliance Work Change Request 12.3 Kaitaia Hospital Remediation 12.4 Power Tool Fleet Agreement 12.5 Northland Medical Museum Trust	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)
13.0	Information Updates 13.1 Capital Programme 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)

IT WAS MOVED THAT the public be excluded.

**Vince Cocurullo /John Bain
CARRIED**

10. CONFIRMATION OF MINUTES

The minutes were confirmed

11. RISK MANAGEMENT / INITIATIVES

The updates were discussed

12. DECISION ITEMS

The submissions were approved

13. INFORMATION UPDATES

The updates were discussed

The meeting closed at 4.00pm

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

CHAIR _____

DATE _____