



**Minutes of Meeting  
Northland District Health Board  
Board Meeting**

**11.15am, Monday, 8 March 2021  
Tangihua Room, Tohora House, Whangarei Hospital**

**Present**

Harry Burkhardt – (Chair)	Kyle Eggleton (part)
Ngaire Rae (Deputy Chair)	Debbie Evans (via Zoom) (part)
Nicole Anderson	Carol Peters (part)
Vince Cucurullo	Mataroria Lyndon
Libby Jones	John Bain (part)
Sally Macauley	

**In Attendance**

Nick Chamberlain, Mike Roberts, Maree Sheard, Ian McKenzie, John Wansbone, Kathryn Leydon, Jeanette Wedding, Paula Douglas (minutes) Ian McKenzie, Tracey Schiebli, Joyce Donaldson, Shannon Campbell (minutes), Shameer Sathar (part)

Lynette Stewart, Geoff Milner, Mahitahi Board

Nick Swain: Kensington Health, Ruth Redfern: Central Family Health, Della-Maree Trask: Bush Road Medical Centre

Meeting was opened with a karakia.

**Register of interests**

Kyle Eggleton advised an update to the register - Member National COVID-19 Vaccination Safety Board

**Apologies**

None noted.

*Prior to the meeting Board members undertook a health and safety walkabout of the hospital campus visiting the new theatres and Cardiac Cath Lab.*

Chair opened the meeting by welcoming our guests to the meeting and spoke to the desire of the NDHB Board to work together with our external stakeholders. Trust and confidence needs to be rebuilt and there are opportunities before us to do this.

**1. CONFIRMATION OF OPEN MINUTES**

**1.1 Confirmation of Minutes 25 January 2021**

***IT WAS MOVED THAT the minutes of the meeting held on 25 January 2021 be accepted***

## **1.2 Matters/ Actions Arising**

- 1.2.1 Patient experience survey – Further information ‘teased out’ - information to be provided.
  - Included in agenda item 2.1
- 1.2.2 Criteria in Quality and Governance report to be broken down into Māori and non-Māori to ensure that all ethnicities are included going forward
  - Included in the report
- 1.2.3 Confirm accuracy of hand hygiene data in Quality and Governance report.
  - Data in Health Round Table Report checked and confirmed as accurate
- 1.2.4 Highlights and low lights to be included in the executive summary of Quality and Governance report.

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

### **2.1 Summary Report – January 2021**

- Report was taken as read.
- Patients’ stories were acknowledged by the Board.
- Presentation on the health intelligence portal.
- Unless our community’s health issues are identified it is impossible to have these dealt with.
- Work to be undertaken on how the information can be shared and what is appropriate.
- Consideration to be given to the issue of data sovereignty.
- Chief Medical Officer will investigate a mechanism for disseminating the information.
- There were no areas of particular concern this meeting.
- Q12 Patient Experience Survey re cultural needs; need to look at the percentages and the individual numbers.
- Confident that hospital services are delivering a level of care that leaves patients satisfied that their cultural needs are being met

### **2.2 Health Needs Assessment – Presentation Dr Mike Roberts, Chief Medical Officer**

- This is to provide background information as to how the Health Roundtable works.

## **3. CHAIR’S REPORT**

- Report was taken as read

## **4. CEO’S REPORT**

- The CEO spoke to his report
- Key Issues and Discussion Points
- Northland Health Strategy is aiming for a May completion but are seeking 2 opportunities to bring back to the Board for their review prior to finalisation.
- Mahitahi Board feel they have had adequate opportunity to contribute.
- GPs confirmed that they have had the opportunity to contribute to the strategy.
- Increased numbers sought COVID testing following the positive case in Northland. Areas for process improvements have been identified.
- Discussion around Cancer Treatment System and faster cancer treatment outcomes. Noted that there was a similar discussion in the Equity in Hospitals meeting. The Committee has asked for a report outlining issues and strategies to improve performance.
- Discussion regarding nursing training groups and potential for using NDHB onsite facilities. CEO has held previous discussion with Auckland University, AUT and Northtec but these have stalled due to COVID-19, however discussions will be undertaken again. Currently have restrictions based on numbers allowed on site that need to be factored in.

- Te Kaupapa Whakaruruha audit headed by Māori Health Directorate will be rolled out across NDHB.
- Note on establishment of Whangarei Hospital ED AAU has required us to move services to accommodate but will be great facility for care of our acute patients.
- Discussion around issues and visibility of social and housing shortages. Mahitahi has commented around transiency.
- A briefing on the role of the Social Wellbeing Governance Group will be presented to EiCC

Debbie Evans left the meeting 12.33pm

## 5. DECISION ITEMS

- None noted

## 6. SYSTEM PERFORMANCE

### 6.1 Finance report

- Taken as read
- Tracking to plan as at end of January 2021 – currently reporting a \$1.4m operating surplus against a planned surplus of \$1.6m.
- With continued costs of COVID-19 and Holidays Act provision our consolidated result is a deficit of \$1.7m. Expect COVID-19 costs to be lower in February 2021. We are forecasting a near break even to end of June 2021.
- Accrued leave attributed to COVID-19 will be investigated further.
- Discussion regarding overspend for COVID-19 and Holidays Act. COVID-19 costs are starting to be reimbursed however government has signalled that it won't be funding up accrued leave.
- On-going Holidays Act Provision costs have been built into the first budget submission for 2021/22. We will receive rectification funding.
- Discussion regarding leave buy outs. Currently only one week of leave is eligible for buy out. Staff need to be encouraged to take leave however this can be challenging due to demands on services and providing cover.
- Acknowledgement of Joyce Donaldson for her mahi and guidance during her Acting CFO role.

### 6.2 NDHB Funded Services Dashboard

- Taken as read

#### 6.2.1 NGO Deep Dive – Mental Health and Addictions Service

- Flexifunds discussed – contracts that provide focused service tend to get utilised consistently. Flexifunds usage tend to rise and fall and there are stages where it is not utilised.
- RFP contracts have been prescribed by Funder over last five years since GM Mental Health and Addiction Services has been in the position. NGO groups are well attended so are currently on a journey for the development of Kaupapa Maori initiatives within contracts. Co-designing will be a continuing focus. Getting guidance from Maori Health Directorate to make sure systems are aligned.
- Discussion around NDHB providing advocacy to the MoH for mental health Kaupapa Māori Streams in Te Taitokerau GM Mental Health and Addiction Services to advocate nationally.

## 7. INFORMATION REPORTS AND UPDATES

### 7.1 COVID-19 Vaccination Update

- Vaccine information coming through daily. 180 local border staff vaccinations now completed – next sequencing for staff in March. This is directed from MoH.
- More vaccinators needed for Northern Region DHBs. Need to increase number of Māori vaccinators and locations around Northland.
- Challenges faced around vaccine hesitancy and anti-vaxers.
- Logistics of Pfizer Vaccine cold chain must be managed carefully as it is very fragile vaccine.
- Functionality of the COVID-19 Immunisation Register (CIR) system is not operating as it should be until May. Currently having to do both manual and register entries
- Māori providers, Primary Care and Medical and Nursing students, as well as NDHB frontline staff are prioritised for vaccine for NDHB listing.
- Policy will be in place for those frontline clinical staff that decline a COVID-19 vaccine.

- Currently reviewing at Northern Region DHB level to provide high rotation positive communications around receiving vaccine from trusted voices.

## **8. NEXT MEETING DETAILS**

The next meeting will be held at 11.15am on Monday 19 April 2021 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;

<b>Agenda item and general subject of the matter to be discussed</b>	<b>Reason</b>	<b>Reference</b>
10.0 Quality & Safety Commission Dashboard Programme	Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(j)
11.0 Confirmation of Public Excluded Minutes 11.1 Confirmation of Minutes 25 January 2021 11.2 Matters/Action Arising	For reasons previously given	
12.0 <b>Risk Management/Initiatives</b>	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 <b>Decision Items</b>  13.1 General Practice in Te Tai Tokerau 13.2 Draft Annual Plan 2021/22 13.3 Land Optimisation 13.4 Fleet Decarbonisation Business Case 13.5 Asset Management, Policy Strategy and Plan 13.6 Public Café Whangarei Hospital 13.7 Kamo Dental Extension Project 13.8 Director Appointment to the healthAlliance N.Z. Limited Board	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)
14.0 <b>Information Updates</b>  14.1 Capital Programme Report 14.2 Board Performance Review1	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 considered

**13. INFORMATION UPDATES**

The updates were discussed

**The meeting closed at 4.36 pm**

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

CHAIR \_\_\_\_\_

DATE \_\_\_\_\_

**ACTIONS ARISING FROM THE MINUTES OF NORTHLAND DHB BOARD  
MEETING MONDAY 8 MARCH 2021**

	<b>ACTION</b>	<b>BY</b>	<b>WHEN</b>	<b>COMMENTS</b>
1	Chief Medical Officer will investigate a mechanism for disseminating the information regarding Health Intelligence Portal	Chief Medical Officer	April 2021	Feedback to be provided at the meeting.
2	Information paper Youth Forensic Services and the support offered to patients to come to Board	GM Mental Health and Addictions	2021	All young people who end up in court have a basic mental health screen (Indicative assessment) completed by court liaison clinicians and if they require court ordered MH reports, the young person is almost always not held in a prison facility for the purpose of this report. If the young person is unwell they may be placed in an inpatient facility. It takes some time (approximately 6-8 weeks without delays) to complete the report as the information gathering process is a far more complex process than for adults. We rely on other services for gathering information in preparation of the reports.
3	Community Pharmacy – An update on how the prescription initiative has been progressing will be reported back to the Board early 2021.	GM PIPP	July 2021	
4	Further information relating to support provided for disabilities to future meeting.	Chief Medical Officer	May 2021	
5	Electronic patient notes - A further update on viability of moving to an electronic system to be provided.	Chief Medical Officer	May 2021	CMO to raise issue with Chief Information Officer and other involved parties and advise the Board of the outcome of that discussion.
6	Health Roundtable benchmarking summary - Funnel Plot - October/September data to be provided for comparison.	Chief Medical Officer	April 2021	See Quality & Safety Governance Report