



## Minutes of Meeting Northland District Health Board Board Meeting

11.30am, Monday, 19 April 2021  
Te Waka Hauora, Kaitia Hospital

### Present

Harry Burkhardt – (Chair)  
Ngaire Rae (Deputy Chair)  
Vince Cocurullo  
Libby Jones  
Sally Macauley

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

### In Attendance

Nick Chamberlain, Mike Roberts (part via Zoom), Michael Kelly, Maree Sheard, Ian McKenzie, John Wansbone, Jeanette Wedding, Tracey Schiebli, Marty Rogers (part), Paula Douglas (minutes), Kathryn Leydon, Susanne Scanlen (part), Sarah Hoyle (part), Jacque Bell (part, Alan Davis (part)

The Board noted the earlier karaka offered during the Mihi Whākatau

### Register of interests

The register of interests was updated as required.

### Apologies

Kyle Eggleton, Nicole Anderson

## 1. CONFIRMATION OF OPEN MINUTES

### 1.1 Confirmation of Minutes 8 March 2021

*IT WAS MOVED THAT the minutes of the meeting held on 8 March 2021 be accepted*

**Vince Cocurullo / Carol Peters  
Carried**

### 1.2 Matters/ Actions Arising

#### 1.2.1 Health Intelligence Portal

- All Board members have NDHB email addresses albeit with restrictions applied. The IS Help desk has been asked to give access to all Board Members to the HIPPO tool.
- Several questions have been added to the patient experience survey as previously requested to the Board.
- 2-3 months of data will be collected from the HIPPO tool and the presented to the Board at an upcoming meeting.

#### 1.2.2 Youth Forensic Services

- Feedback that there are a lot of patients waiting a long time for the reports from the hospital.
- There is significant resource coming in for forensics in the near future.

### 1.2.3 Health Roundtable benchmarking summary - Funnel Plot

- A hand-out was given to all members explaining funnel plots.
- The funnel plot shows where Northland DHB is placed within the funnel indicating our performance is stable and within the expected limits.

## 2. QUALITY & SAFETY GOVERNANCE

### 2.1 Summary Report – April 2021

- Report was taken as read.
- Patients' stories were acknowledged by the Board.
- High level exceptions have been captured in the executive summary of the report.
- The format of information reported from the patient experience survey has been changed to make it easier to understand.
- Notable exception – the number of adverse events have increased abruptly of late.
- There is a significant change to the number of adverse events over the past two months. The abrupt increase has occurred because adverse events within the laboratory are now included, where previously they were not. Acknowledged that laboratory staff are more aware of issues as a result of the laboratory review and actions introduced as a consequence of recommendations in the review.
- The Health Roundtable benchmarking data is broadly unchanged. Of the 21 indicators, there are only three for which NDHB's performance is in the lowest 25%. Northland DHB's performance is aligned with the rest of NZ.

## 3. CHAIR'S REPORT

- Report was taken as read
- Thanks were given to GM Rural, Family & Community Health for the work that has gone into rolling out the vaccination programme.

## 4. CEO'S REPORT

- The CEO spoke to his report
- Northland Health Strategy – really trying to frame this as a legacy document for Northland that continues to develop.
- Engaging PriceWaterhouse Coopers (PWC) in the next stage of the writing of the report.
- Planned care – until the new Whangarei Hospital theatres are available we are hoping to match our budgeted amount which was based on a gradual recovery.
- Next year with the 2 additional theatres, we will be requesting extra funding for the planned care.
- Met with the Mahitahi interim CEO, Jensen Webber which went well.
- Query on why central Government is not focused on reducing the availability of sugary drinks that have a major effect on tooth decay?
- The Government has promised there will be no sugar tax/sugar levy.
- CE leads a small public health advocacy group who are working hard on the issues around the sugar/obesogenic environment and also the issues around alcohol.
- This group is working closely with politicians and are gaining traction.
- Fluoridation has a significant positive impact on oral health yet 50% of Northland does not have reticulated water supply.
- Food labelling is also an important strategy.
- Dental problems are significantly worse in the North in areas where there is no reticulated water supply. CE is to have further discussions with the Mayors about this.
- Vaccine rollout – the Ministry released targets last week – we are working with Māori and Health providers with a view to expanding access.

- Trying to encourage general practice to come on board with the delivery of vaccinations to the community.
- Acute Assessment Unit – are starting with just the medical stream – the goal is to extend that to the specialities but this will be dependent on funding – opening on 10 May 2021.

## 5. DECISION ITEMS

### 5.1 Northland DHB Board Code of Conduct

- Asking the Board to approve the code of conduct with the Public Service Commission (PSC) Code of Conduct appended. The Board noted that the PSC Code of Conduct has been issued by the Commissioner and came into effect on 19 April 2021
- Noted that partnership with Māori is not included in the NDHB draft Code of Conduct The ability to be willing to partner is a key component.
- The following wording was suggested for consideration for inclusion in the NDHB Code of Conduct 'The Board is ready and willing to be good partners with Hapu and Iwi'. For consideration and brought back to the next Board meeting for further discussion

## 6. SYSTEM PERFORMANCE

### 6.1 Finance report

- Paper was taken as read
- To 31 March 2021 Northland DHB is reporting an operating surplus of \$1,334k against a budget of \$1,303k, favourable to budget by \$31k YTD.
- Additional extraordinary costs of \$1,372k in respect of COVID and \$1,413k in respect of Holidays Act remediation bring the reported result to a deficit of \$1,451k YTD, \$2,754k unfavourable to budget.
- Operating results are surplus and are indication to be unfunded. COVID-19 will be funded to an extent
- YTD the DHB owned services is unfavourable compared to the budget.
- Operating position will reverse at year end from a surplus to a deficit.
- Some of the COVID-19 deficit will be offset by additional funding.
- Receiving \$26m for COVID-19 immunisation

### 6.2 NDHB Funded Services Dashboard

- Paper was taken as read

## 7. INFORMATION REPORTS AND UPDATES

### 7.1 COVID-19 Vaccination Update

- Bringing forward the 16+ Māori vaccinations that also included the 65+ age group as well.
- Focus on 3 providers to begin vaccinating to try to get those moving as fast as possible
- Written to GPs in Northland asking if they would like to offer vaccinations - only 1 response received to date.
- The storage of the vaccine is still an issue – awaiting arrival of 2 freezers, this will make the cold chain process easier
- Hoping that this will ratchet up in the next month.
- Tranche 3 of the vaccinations will be opening to the community – not due until July of this year and will continue until December 2021.
- The national booking system is meant to be on stream in mid-May – it will be piloted this month.
- The Northern region developed its own demand system to get around the booking issues experienced with the national booking system – still a major risk for Northland due to functionality issues.
- Will need to increase the vaccinator workforce to cope with the demand.
- There will be increased comms this week around vaccination.
- Aged care vaccinating has started.

## **7.2 NDHB Workforce Profile – Biannual Report**

- Paper was taken as read and noted by the Board
- Annual leave data in relation to leave liability and are staff getting enough time off have been included in the report.
- There are a number of impacting situations on leave balances including the time frame the office is closed over the Christmas period.
- Happy to make this a 6 monthly recurring report.
- Exit survey data may be available for the next report.
- It was requested that high level management level of Māori data be added to the report.
- Be useful to look at clinical nurse specialists as a resource to alleviate workload for SMO's
- Query on the dietician Māori workforce (0%) – have had conversations with AUT.
- More thought to be given to recruitment of Dieticians and how we can encourage more to Northland.

## **7.3 “A Seat at the Table” Programme Update**

- Progressing at present
- Asked for nominations for the above initiative to be sent to Kathryn Leydon by the end of April 2021.
- Following receipt of nominations a committee will be formed and a recommendation brought to the May Board meeting for consideration.
- The initiative will also be publically advertised, local councils will be spoken to, to see if there are any recommendations from there.
- Youth councils will also be approached to get the best reach as possible.
- Looking between 16-25 age group.
- This is about growing governance opportunities .
- The Board has noted that it is committed to the invitation being inclusive to people of all cultural backgrounds and not just those noted in the briefing paper.

## **7.4 Equity in the Community Committee Chair’s Report Meeting – 29 March 2021**

- Chair gave an overview of the last meeting.
- Possibility of a new Disability Manager position being created.

## **8. NEXT MEETING DETAILS**

The next meeting will be held at 11.15am on Monday 31 May 2021 Community Services Conference Room, Dargaville 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	<b>Confirmation of Public Excluded Minutes</b> 10.1 Confirmation of Minutes 8 March 2021 10.2 Matters/Action Arising	For reasons previously given	
11.0	<b>Risk Management/Initiatives</b> 11.1 Risk Report 11.2 Chief Executive's Risk Report 11.3 Health and Disability System Review	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)
12.0	<b>Decision Items</b> 12.1 Neighbourhood Healthcare Homes Funding 12.2 Hokianga Health Enterprise Trust Agreements 12.3 Te Mana Oranga Trust 12.4 Palliative Care 12.5 Home Haemodialysis Contract 12.6 Acute Stroke Unit 12.7 BOI Stage 2	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>Information Updates</b> 13.1 Capital Programme Report 13.2 Detailed Business Case Update 13.3 NHSS Update 13.4 Equity with Resources Committee Chair's Report Meeting – 29 March 2021 13.5 Board Performance Review	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.

**John Bain /Carol Peters**  
**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 3.32pm**

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

CHAIR \_\_\_\_\_

DATE \_\_\_\_\_