

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

**HELD ON MONDAY 11 MARCH 2019
TANGIHUA ROOM, TOHORA HOUSE, NORTHLAND DHB
COMMENCING AT 10.45AM**

PRESENT

Sally Macauley (Chair)
Debbie Evans
Colin Kitchen
Sharon Shea
Sue Brown (Deputy Chair)
Denise Jensen

Libby Jones
John Bain
Gary Payinda
Craig Brown

IN ATTENDANCE

Nick Chamberlain, John Wansbone, Mike Roberts (Part), Meng Cheong, Harold Wereta (Part), Mark McGinley, Paul Welford, Ian McKenzie, Kathryn Leydon, Paula Douglas (minutes), Liz Inch (Part) Sheryll Beveridge (Part)

APOLOGIES

June McCabe

CEO opened with a karakia

***IT WAS MOVED THAT** the apologies be accepted*

**Colin Kitchen / Denise Jensen
Carried**

REGISTER OF INTERESTS

The Register of Interests was noted.

ATTENDANCE REGISTER

Register was noted

1. BOARD MINUTES

1.1 Confirmation of Minutes 29 January 2019

***IT WAS MOVED THAT** the minutes of the meeting held on 29 January 2019 be accepted*

**John Bain /Sharon Shea
Carried**

1.2 Matters/ Actions Arising

1.2.1 Update on Patient Flow

- Chief Operating Officer delivered a presentation on Patient Flow.
- All services are required to add to the journey of patient flow.
- Because all admissions come through ED it creates a bottleneck effect and impacts on the ED length of stay and overall patient flow.
- A group has been formed including managers and clinicians to come up with ideas that help manage demand, how ED capacity can be flexed, looking at the admin and

discharge process, times of discharge and length of stay. Prioritisation of all ideas is underway.

- A new admission prioritisation process was trialled prior to the Christmas break initially experienced some difficulties but is now proving effective in reducing demand on ED.
- Using a surgical admission unit for admission instead of ED is being considered as an option.
- Admission and discharge process in ED – Bed ordering process is proving to be insufficient; a new format has been trialled with an immediate positive impact.
- ICU discharge – ICU has a high threshold for admission; the current process is under review to allow changes to the interface.
- Ward mapping process is being reviewed to streamline the process of admission/discharge across the hospital.
- Inpatient area – SAFER* process is being implemented, ensuring that each patient has an expected date of discharge and working every day to ensure that this date is achieved.
- Hospital response – Hospital At A Glance (HAAG) screens are in place around the hospital; these screens give 'at a glance information' to staff, however bed meetings are still taking place; there are still inefficiencies in some areas.
- The 1-up bed policy has been implemented and ran successfully.

***SAFER**

S - Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an Expected Discharge Date (EDD) and Clinical Criteria for Discharge (CCD), set by assuming ideal recovery and assuming no unnecessary waiting. **F - Flow** of patients to commence at the earliest opportunity from assessment units to inpatient wards. Wards routinely receiving patients from assessment units will ensure the first patient arrives on the ward by 10am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay (>7 days – also known as 'stranded patients') with a clear 'home first' mind set.

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1 Summary Report – February 2019

- Report was taken as read.
- The patient experience surveys are showing satisfaction from patients on the most part.
- Expected date of discharge – various reports indicate that discussions are already taking place in the main hospitals with patients in relation to their expected date of discharge; this also needs to be reflected in the rural hospitals.
- Maori are over represented in mental health; this is going to be closely monitored by Chief Medical Officer in relation to equity.
- A new Clinical Director for Mental Health has been appointed and will start in April 2019.

3. CHAIR'S REPORT

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

Key Issues and Discussion Points

- A meeting is taking place with Minister David Clark; Chair will report back on this at the April meeting.
- Chair attended the signing of the Te Hiku accord.
- The regional governance meeting had a zoom meeting to discuss the \$100m which was granted to the 3 Metros of which \$2m has been allocated to Northland; this is currently sitting with the Minister for approval.

4. CEO'S REPORT

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

Key Issues and Discussion Points

- Good progress is being made with the Iwi strategic relationships.
- Tranche 3 of Neighbourhood Healthcare Homes (NHH) is dependent on the capacity of the PHOs; looking forward to the 1 July commencement of the new Primary Healthcare Entity. There is a lot of good work being undertaken in this space.
- Equity has been strengthened in the implementation of the NHH initiative.
- Good work being undertaken with the Calderdale Framework which enables staff to work at their top of scope. Facilitator training workshops have commenced, with a second tranche taking place in 6 months' time.
- Access to elective surgery has been impacted significantly by the industrial action that has been ongoing in different areas.
- Maori Health Services review is due to commence. This is causing some angst within the providers however the review is to achieve better equity, services and outcomes for patients.
- Regional transgender service, a small number of high need patients. Support services are being put in place.
- District Hospitals, in particular Dargaville Hospital wish to expand their capacity to take on more patients.

5. DECISION PAPERS

5.1 2019 Triennial Election

- The paper was taken as read.
- The Board have been asked to advise their preferred order for the list of names of candidates.
- The last 3 elections Board chose to adopt an alphabetical order of candidate names.

IT WAS MOVED THAT the Board resolves for the 2019 triennial election:

- *To adopt an alphabetical order of candidate names as permitted under regulation 31 of the Local Electoral Regulations 2001.*

**Sally McCauley / Craig Brown
CARRIED**

6. SYSTEM PERFORMANCE

6.1 Health & Safety Report

- The report was taken as read.
- Northland DHB were issued with an improvement notice from WorkSafe in relation to chemical handling and storage; this has now been remedied and resolved.

- The number of lost time injuries has continued to reduce and significantly ahead of national and regional benchmarks.

6.2 Health Measures

- The report was taken as read.
- There has been a significant increase in ED admissions since 2017. There are a number of initiatives which are being developed to address this issue.
- There are a number of St John pick up's that don't go to hospital; COO to provide a report on numbers at next meeting.
- Faster cancer treatment for patients has been impacted by the ongoing industrial action.
- Improvement in the 'smokers to quit' targets.

6.3 Financial Report January 2019

- The report was taken as read.
- Received funding indication on 1 March 2019; this will be covered in public excused section of the meeting.
- Financial result for the month is an operating deficit of \$567k against a budgeted deficit of \$1,340k.
- Consolidated revenue was \$567k favourable to budget in the month and \$5,015k favourable year to date.
- Northland DHB have maintained position to the end of February 2019.
- Significant usage of locum staff has impacted on the bottom line. Mental Health & Addictions have posted favourable variances for the past 2 months. The MenW campaign has accrued approx \$800k in total costs. Ministry has been approached to ask what, if any, relief can be offered.
- MECA settlements are causing an impact on financial pressures.
- Tracking close to the \$8m deficit forecast.
- Northland DHB continues to operate within the Operating Policy Framework.

7. INFORMATION REPORTS & UPDATES

- No reports noted.

8. NEXT MEETING DETAILS

The next meeting will be held at 10.45am on Monday 15 April 2019 at 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;

Agenda item and general subject of the matter to be discussed		Reason	Reference
10.0	Confirmation of minutes for meeting held 29 January 2019 - public excluded session	For reasons given in the previous meeting	
11.0	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)
12.0	Decision Papers 12.1 Health Finance, Procurement and Information Management (FPIM) Business Case 12.2 High Acuity monitoring Equipment Agreement 12.3 Whangarei Hospital Critical Capacity and Compliance Business Case 12.4 Whangarei Hospital Endoscopy Unit Contract 12.5 Draft Annual Plan 2019/20	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 Funding Envelope 2019/20 13.2 Asset Condition Report 13.3 Project Office 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.

Sharon Shea / Craig Brown
CARRIED

****Board went on a Health and Safety walk-about to the Child Health Centre****

10. CONFIRMATION OF MINUTES

The minutes were confirmed

11. RISK MANAGEMENT/ INITIATIVES

The updates were discussed

12. DECISION PAPERS

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 _____