



Minutes of Meeting Northland District Health Board Board Meeting

1.30pm, Tuesday, 28 January 2020
Tangihua Meeting Room, Tohora House, Whangarei Hospital

Present

| | |
|---------------------------|----------------|
| Harry Burkhardt – (Chair) | Kyle Eggleton |
| Ngaire Rae (Deputy Chair) | Libby Jones |
| Nicole Anderson | Sally Macauley |
| Vince Cocurullo | Carol Peters |
| Debbie Evans | |

In Attendance

Nick Chamberlain, John Wansbone, Meng Cheong, Pip Zammit (part), Harold Wereta (part), Paul Welford, Jeanette Wedding (part), Ian McKenzie, Kathryn Leydon, Paula Douglas (minutes)

Apologies

Mataroria Lyndon
John Bain

IT WAS MOVED THAT the apologies be accepted

**Kyle Eggleton / Libby Jones
Carried**

IT WAS MOVED THAT when there is a conflict of interest, or when there is any benefit from the outcome of any discussion/decision for any member of the Board, they are to be removed from the room while that topic is open for discussion. An option for maintaining presence where appropriate will be considered on a case by case basis.

**Vince Cocurullo / Sally Macauley
Carried**

1. CONFIRMATION OF OPEN MINUTES

1.1 Confirmation of Minutes 18 November 2019

IT WAS MOVED THAT the minutes of the meeting held on 18 November 2019 be accepted

**Sally Macauley / Libby Jones
Carried**

1.2 Matters/ Actions Arising

1.2.1 B4 School Checks

- Plunket exited the B4 School Check programme; there was an attempt to renew the contract with Plunket however there was resistance to the updated model.
- It was a financial decision made by the CE of Plunket.
- There is confidence that the end of year targets will be achieved.
- A briefing on the situation surrounding the exit of Plunket from this contract will be prepared for the next Board meeting.

1.2.2 Communication to Staff

- This communication was sent 2 December 2019.

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1 Summary Report – December 2019

- Report was taken as read.
- Patients' stories were acknowledged by the Board.
- It was requested that a paper or presentation is included in the next report to describe the NDHB conventions on run/control charts so that board members can gain clarity and correctly interpret the control charts.
- Queried the possibility of having an ethnicity breakdown for the Patient Experience Survey respondents to highlight how many complaints/compliments are received from Māori vs. other cultures.
- An executive summary at the beginning of the report is requested that highlights any significant issues in the charts.

3. CHAIR'S DISCUSSION AND BOARD CODE OF CONDUCT

The Chair tabled his report, which was received and taken as read.

Key Issues and Discussion Points

- There are expectations from the Ministry and the community on the behaviour and conduct of the Board members.
- There must be trust and collaboration to ensure a safe space for all involved to discuss the hard issues.
- Chair summarised the meeting that was held with Dr Ashley Bloomfield and Minister David Clark.
- Northland DHB needs new narratives, new voices and new leadership on the Board to work out how to recalibrate the system.
- In healthcare there is an infinite demand yet only finite resources available.
- Chair asked to be kept informed on what people are thinking, in particular what the community is thinking to ensure that Northland DHB can respond appropriately to the needs of its people.

4. CEO'S REPORT

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

Key Issues and Discussion Points

- The Public Health Team are on alert re the Coronavirus and are currently receiving advice from the Ministry of Health.

- A number of information reports have already been provided to the Chief Executive on the Coronavirus.
- ED length of stay – there was a dramatic drop in the performance reported when the way this data is counted was changed. The change was initiated to ensure that reporting complied with clinical use of the Short Stay Unit within ED.
- Pay equity for Māori nurses – The pay equity issue is broader than just Māori nurses, it also all primary care and NGO nurses as well. There is a pay equity claim in process and if there is a demonstrated pay equity case then this will go through Government for consideration. For clarity, this relates to any nurse that works with an NGO, not just Māori nurses.
- The pay parity issue has been halted and has not flowed down to NGO and primary care nurses; it only affects nursing staff employed by a DHB.

5. DECISION PAPERS

5.1 Governance Policies and Advisory Committee Terms of Reference

- Paper was taken as read
- There have been amendments made and these are noted as tracked changes.

IT WAS MOVED THAT the Board:

- ***Approves the following governance policies:***
 1. *Conflict of Interest Policy*
 2. *Standing Orders*
 3. *Board Members Fees and Expenses Policy*
- ***Approves the terms of reference for the following advisory committees:***
 1. *Hospital Advisory Committee*
 2. *Community and Public Health & Disability Support Advisory Committee*
- ***Notes that the Board's Code of Conduct will be reviewed on receipt of the State Services Commission decision regarding a Code of Professional Conduct for Crown Entity Board Members***

Vince Cocurullo / Carol Peters

CARRIED

5.2 Bad Debts for Write Off

- Doubtful debts are booked monthly and written off every 6 months. Bad debts are initially reviewed by the Finance, Risk & Audit Committee (FRAC) before presentation to the Board. There was no FRAC meeting held in December 19 hence why this report has come directly to the Board.

IT WAS MOVED THAT the Board:

- ***Approves the write off of up to \$51,506.67 as bad debts noting that these fall within the provision for doubtful debts.***

Carol Peters / Vince Cocurullo

CARRIED

6. SYSTEM PERFORMANCE

6.1 Health Measures

- The report was taken as read.
- Immunisation rates are up slightly although there is still a 10% decline rate.

- Tracking well with pregnant women and the raising healthy kids target sits at 100%. The data % reports only children who have been referred and is not an indication of their overall health.
- Query re the availability of data on hapu mama who are smoking at the time of delivery? Data to be obtained and reported back to Board.
- There are a number of initiatives that can be hard to measure within primary care and therefore these measures are noted in other areas.
- Concern was noted around the Government policy on vaping; it is a harm minimisation strategy.
- The Ministry of Health have come out in support of vaping as a means of assisting people to quit smoking.
- It is felt that there needs to be stronger regulation of the vaping industry.
- Northland DHB's smokefree policy is being tabled at the Operational Management Group meeting next month and this will confirm an existing ban on both smoking and vaping at all Northland hospital campuses for at least the next 12 months until evidence on the potential harm of vaping is available.

6.2 Finance Report – December 2019

- The report was taken as read
- 6 month result to the end of December 2019 is a deficit \$6.4m against the approved budget of \$5.1m. This is an unfavourable variance of \$1.2m.
- Salaries are overspent by \$3.7m, mainly due to medical locum costs to cover vacancies and annual leave over the holiday period and nursing cover including watches and specials.
- Outsourced supplies are overspent by \$2.1m, mainly outsourced services including radiology and pathology tests.
- These costs have been partially offset by increased revenue mainly ACC and MoH funding.
- Cashflow remains positive, avoiding overdraft, and there was a \$6.7m cash reserve at the end of December 19.
- January/February 2020 will be relatively favourable months by past experience but anticipate the winter months of March/June 2020 to again be less favourable.
- There are some projects due to commence in February 2020 that will have an adverse cost impact and there could also be additional costs incurred due to the Coronavirus and also the drought currently being experienced in the Far North. If last year's MenzW epidemic is used as an example, there is a possible \$2m cost if the Coronavirus is realised in NZ.
- Anticipate that the forecast budget of \$12.8m deficit can be met if the focus remains on the savings plan and target of \$10.2m.
- There is a programme of work in place to address the locum outsourcing costs.

6.3 NDHB Funded Services Dashboard

- The report was noted and taken as read.
- The Chief Financial Officer gave an overview to the Board on the report.
- There were no significant issues noted on the reports for the month.

The Board acknowledged Meng Cheong, Chief Financial Officer for his service and contribution to Northland DHB's Executive Leadership Team and wished him well in his new role.

7. INFORMATION REPORTS & UPDATES

7.1 Hospital Services Activity

- Report was noted and taken as read.

8. NEXT MEETING DETAILS

The next meeting will be held at 10.45am on Monday 9 March 2020 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 minutes for meeting held 18 November 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 | Annual Plan Guidance and Draft 2020/21 Budget | 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 | Decision Papers 13.1 healthAlliance Board Appointment 13.2 Expansion of Te Kotuku Building 13.3 Bank Account Signatories | 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 | Information Updates 14.1 Capital Projects 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.*

Debbie Evans / Vince Cocurullo

CARRIED

10. CONFIRMATION OF MINUTES

The minutes were confirmed

11. RISK MANAGEMENT / INITIATIVES

The updates were discussed

12. ANNUAL PLAN GUIDANCE AND DRAFT 2020/21 BUDGET

The paper was discussed

13. DECISION PAPERS

The submissions were approved

14. INFORMATION UPDATES

The updates were discussed

The meeting closed at 5.45 pm

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

CHAIR _____

DATE _____