



Minutes of Meeting Northland District Health Board Zoom Board Meeting

10.45am, Monday, 25 May 2020
Tangihua Meeting Room, Tohora House, Whangarei Hospital
Via Zoom Link

Present

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

In Attendance

Nick Chamberlain, John Wansbone, Joyce Donaldson, John Wansbone, Dee Telfer, Ian McKenzie, Mike Roberts, Marty Roberts, Sarah Hoyle (part), Neil Beney (part), Tania Papali'i, Rhys Manukau (part), Mark McGinley (part), Kathryn Leydon, Paula Douglas (minutes)

Susan Botting, Reporter, Northern Advocate

Apologies

None noted

1. CONFIRMATION OF OPEN MINUTES

1.1 Confirmation of Minutes 29 April 2020

IT WAS MOVED THAT the minutes of the meeting held on 29 April 2020 be accepted

**Vince Cocurullo / Carol Peters
Carried**

1.2 Matters/ Actions Arising

None noted

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1 Summary Report – May 2020

- Report was taken as read.
- Patients' stories were acknowledged by the Board.

- Shorter report covering the last couple of months; most of the time has been spent addressing the COVID-19 pandemic followed by the recent return to business as usual.
- Difficult to quantify in a report the fantastic response from all staff to the enormous challenge that was the pandemic.
- The staff in the IMT worked over and above to ensure that work continued as best as possible.
- There was good feedback from staff that were visited on the wards. An ongoing concern was the high number of patients that didn't visit the hospital due to fear of contracting COVID-19.
- Significant effort was put into staff wellbeing and ensuring that staff were cared for. A number of initiatives were put in place including, accommodation, meals, care etc.
- The Wellbeing Index was also rolled out in the middle of the COVID-19 response which allows measurement of staff wellbeing.
- The Chair thanked the Management team for their efforts in minimising risk during the COVID-19 period.

3. CHAIR'S REPORT

- No report was given.

4. CEO'S REPORT

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

Key Issues and Discussion Points

- Hospital in a recovery phase while still keeping COVID-19 out and everyone safe
- Trying to return to business as usual (BAU) where possible to meet unmet need. Taking the lessons learnt and locking these in.
- Meeting frequently with short sharp meetings and rapid decision making is proving very effective.
- If BAU is not returned to as soon as possible there will be more harm from that than from COVID-19.
- One initiative undertaken during the COVID-19 pandemic was the construction of an adult assessment unit which has commandeered most of the old outpatients unit. This allows delivery of a model of care that is much more contemporary.
- Continuing with the large amount of virtual care, video consults telephone conversations etc.
- Working in different ways means you don't always need an outpatient clinic.
- Increased the bed stock in the acute assessment unit; the COVID-19 pandemic gave us the opportunity to implement this.
- The Northland Health Strategy has been on hold and is now starting up again following the return to BAU for the team.
- Release date of the Health and Disability System review is not yet known.
- Some other broader work on initiatives is underway once again.
- At the beginning of the COVID-19 pandemic, primary care was required to change the delivery of their care overnight and this brought with it the requirement to undertake consults via teleconference, video, portals etc.
- There are real concerns around access for the more vulnerable population. The changes that have been put in place will assist in addressing these issues.
- Across NZ there is reflection on how telehealth and virtual consults can be supported going forward which will allow a more efficient use of resources in general practice. This may require further investment and Board approval
- Planned care was the 'big loser' during the COVID-19 pandemic; this was reflected nationally.
- Flu vaccine numbers are tracking ok. Still facing the normal challenges in the North with childhood immunisations. There have been some positives over this period namely the work happened within COVID-19 space.
- The Incident Management Team has now been stood down and is running in a virtual capacity.
- The focus on COVID-19 has not stopped and the work around testing will continue. The guidelines have change somewhat but testing will still continue.

- The stand down of the IMT has been planned so NDHB are able to stand the IMT up again at short notice if required.

5. DECISION ITEMS

5.1 Health and Safety Board Charter

- Paper was taken as read and was included following a request from the March meeting.

IT WAS MOVED THAT the Board:

- ***Adopt the proposed Health and Safety Board Charter.***

Vince Cocurullo / Ngarie Rae

CARRIED

6. SYSTEM PERFORMANCE

6.1 Quarterly Health and Safety Report

- The report was taken as read.
- Report focuses on a maturity assessment; this data cannot be compared to other DHBs.
- Key metrics are around lost time injury reporting.
- H & S report to sit at the front of the Board pack.
- Board would like a regular snapshot narrative of aggression/inappropriate behaviour towards staff.
- There will be a Health and Safety item for each meeting with a substantial report being provided to the Board each quarter that reports lag data.
- Request for additional benchmarking by ethnicity.

6.2 Finance Report

- The report was taken as read.
- This is the regular finance report.
- For the 10 months to end April 2020 deficit of just over \$14m, an unfavourable variance YTD of just under \$5m.
- There is \$800k of Holidays Act accrual. There has been a jump in the reporting of these costs; there has been reporting on annual leave not taken to the end of April 2020.
- COVID-19 costs are reported weekly to the MoH.
- Unfunded costs are sitting at approx \$4.5 m. Savings are to be counted against these costs.
- Continuing to review service results to ensure all COVID-19 costs are captured and reported where possible.
- Indicative forecast to year end is just under \$20m deficit for the year based on NDHB meeting budget for May and June 2020.

6.3 NDHB Funded Services Dashboard

- The report was noted and taken as read.
- Attention drawn to the community pharmacy dispensing costs as they are showing as significantly unfavourable due to significant spend prior to the COVID-19 Level 4 lockdown.
- No deep dive presented this month due to key staff being involved in the COVID-19 response.
- CE to come back to Board with the national response to the issue around charges for prescriptions in particular accessibility and affordability.

7. INFORMATION REPORTS & UPDATES

7.1 COVID-19 (Coronavirus) Update

- There have not been any Northland cases for 37 days and nationally the country is also tracking well.
- Cabinet are meeting today to discuss church gatherings, tangihanga etc.
- The EOC is running virtually and meetings will be held on Mondays and Friday to cycle through Level 2 particularly with children going back to school; following that the team will be reviewed and lightened once again.
- Mobile testing stations have been phenomenal and have also been undertaking immunisation checks.
- There is a lot of unmet care that is now requiring attention.
- Comms are assisting with the transition plan by assuring staff that they are safe and that the team are prepared to stand things back up should the need arise.
- CE has led things very well.
- A paper on the support being provided to older people was distributed to Board.
- Calls that came in during the COVID-19 lockdown were triaged to the appropriate agency and/or Civil Defence in cases where older people required alternate assistance.
- There was a management team focused solely on the health of older people.

7.2 Mental Health & Addiction Services and Psychosocial Initiatives in Te Tai Tokerau

- Paper was taken as read.
- Business continuity was biggest challenge during through the COVID-19 pandemic.
- A lot of work was undertaken early on to ensure that engagement could continue with positive and suspected cases that also required mental health assistance.
- During April/May demand has increased in addiction services particularly in the Far North.
- Mental Health Line numbers are high currently with people concerned with food, rent and other psychosocial needs.
- The Mental Health team were tasked with the psychosocial plan in relation to the drought. MSD provide support for whanau for both Whangarei and Kaitiaki
- Starting to look at Education and work with the Ministry of Education with what can be done in the community following some incidents in Maungaturoto.
- There is a community fund about to be released; \$12m through the Suicide Prevention Office. Communities and whanau will have access to the fund.

7.3 Increasing Planned Care

- Paper was taken as read.
- Paper constructed to address the dashboard that the MoH publish. The integrity of the report will improve over time; this report serves to show where we are at in relation to those metrics.
- In the process of surveying all necessary parties to obtain appropriate feedback on the use of telehealth.
- General feedback is that people have appreciated the use of telehealth and not having to come to the hospital was well received from patients.
- It is now at a stage where a simulation can be run on changing priority levels of patients and the service delivery implications of this.
- There have been a number of areas chosen to focus on namely breast screening, colonoscopy, respiratory and cardiology.
- Simulation will be run within the next week. This was discussed, understood and agreed at the last MELT meeting, to putting it through the trial of a small number of specialties.
- Capacity – from a medical and surgical patient perspective this is nearly back to normal. The aim is to be at 100% capacity as of next week.
- Six surgical theatres are operating as of this week. There have also been theatres run on Sundays.
- Next step is to run theatres on a Saturday also to clear back logs.

Twilights lists will be looked at after the weekend surgeries are underway.

7.4 Community Response Framework

- Community response for COVID-19; plans being made around services that could be continued.
- Community Based Assessment Centres (CBACS) were not required to be implemented within Northland.
- Mobile testing will stop at the end of June and asymptomatic testing ceased last week.
- There is still a lot of contact tracing work being undertaken.

7.5 Budget 2020 Briefing

- Paper was taken as read.
- Budget 2020 announcement was distributed late last week.

8. NEXT MEETING DETAILS

The next meeting will be held at 10.45am on Monday 13 July 2020 in Tohora House, Northland DHB.

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 April 2020 - 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 Items 12.1 Contribution to National Haemophilia Management Group 12.2 healthAlliance C Class Shares 12.3 Aged Residential Care Service Contracts 12.4 Renewal of NGO Contracts 12.5 Te Tumu Waiora – Health Improvement Practitioners Contract Variation 12.6 Ngati Hine Health Trust – Services to Promote Resilience, Recovery and Connectedness 12.7 Health and Safety Governance Maturity and Capability	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)

	Assessment 12.8 Business Case Whangarei Hospital Power Upgrade Projects		
13.0	Information Updates 13.1 Capital Projects Report 13.2 Regional ISSP – Infrastructure as a Service Update 13.3 Equity with Resources Committee Chair’s Report Meeting - 25 May 2020	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 / Sally Macauley

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 4.10pm

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

CHAIR _____

DATE _____