MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD
HOSPITAL ADVISORY COMMITTEE

HELD ON MONDAY 18 APRIL 2016
TE WAKA HAUORA, KAITAIA HOSPITAL

COMMENCING AT 9.00 AM

PRESENT

Sally Macauley (Acting Chair)	John Bain
Win Bennett	Libby Jones
Chris Reid	Colin Kitchen
Denise Jensen	Craig Brown (9.41)

IN ATTENDANCE
Meng Cheong, Kathryn Leydon, Andrew Potts, Neil Beney, Sarah Hunt (minutes), Neta Smith, Mark Goodman, Sarah Clarke (part), Liz Inch

FIRE PROCEDURES
The fire exits were noted

APOLOGIES
Bill Sanderson, Tony Norman, Nick Chamberlain, Sam Bartrum, Mike Roberts, Margareth Broodkoorn, Jeanette Wedding

MOVED Chris Reid, SECONDED John Bain CARRIED

CONFLICTS OF INTEREST
The Chair reminded Board members that in keeping with agreed protocol, conflicts of interest should be declared on a meeting-by-meeting basis as issues arise

1. COMMITTEE MINUTES

1.1 Confirmation of Minutes

It was moved that the minutes of the meeting held on 7 March 2016 be approved

MOVED Libby Jones, SECONDED John Bain CARRIED

1.2 Matters/Actions Arising

Bay Of Islands Presentations

- Andrew Potts presented on behalf of Sam Bartrum
- Localities are recorded differently between DHB and GP so not directly comparable.
- Discussed St John to co-ordinate a non front line ambulance service. Patient transfer vehicle would still be expensive for a 24 hour service.
- Discussion on difference in data. Balance between offering good services during the day so don't have to be done after hours. Mindful of Kerikeri population growing.
- GPs decision as to whether to have a Kerikeri based after-hours service. The risk is that this may compromise the BOI after hours roster.
- Queried domiciled elsewhere – tourists and visitors.

Question and Answers on access to oncology medications not funded through PHARMAC

- Well received by the Board.
- Useful, worthwhile paper.

Average Length of Stay

- General activity over Xmas period with question raised on how much of this activity was due to Out of Area and overseas visitors
- Over that period have used Dec 2012 as baseline, 17% up on that figure
- Average Length of Stay is up slightly. Graph shows readmission rate is within normal expected change.
- Acknowledge that busier, no readmission rate change but some change in Average Length of Stay
- Age group shows increase in 65-79 age group. Demographic that will continue to impact.

2. CHAIR'S REPORT

- No formal report from Chair
- Co-Chair wanted to acknowledge the service and care received by patients, shown in letters to editors recently.

MOVED Sally Macauley, SECONDED Chris Reid CARRIED

3. GENERAL BUSINESS

3.1 Emergency Management – Presentation: Neta Smith, Operations Manager Kaitaia Hospital and Mark Goodman, Integrated Operations and Emergency Manager

- Sarah Clarke and Rachel Thompson joined the meeting. Mark Goodman spoke to the presentation
- Recent Changes – 2014 Independent Review. 2015 Review Primary Care and Aged Residential Care sector – regional review.
- 4 R's – Reduction (Business continuity plans, Partnerships), Risks (Flooding, IT disruption, mass casualty, telecommunication failure, utilities failure, tsunami), Readiness, Recovery
- Plans – National Health Emergency Plan; Northland Health Emergency Plan; District Hospital Plans; Emerging Viral Diseases; Pandemic (Public Health Unit); Mass Casualty Incident; Business Continuity Plan; Civil Defence Emergency Management (CDEM) Psychosocial Plan
- DHB emergency responsibilities – local and regional planning for Mass Casualty Incident, pandemic or utilities failure
- Recent events – 2014 floods, 2015 loss IT network, 2015 Vodafone outage
- Exercise Tangaroa – Near source Tsunami 31st August test, with 2 further days of exercises. NDHB Incident Management Team partnering with Northland CDEM.
- Kaitaia major incidents – 2005 Explosion at Kaitaia College, 2014 Flooding, 2007 Tornado, State Highway 1 Closure
- Major Incident Response Plan now in place. Have Major Incident Emergency Box.
- Have 6 staff trained in SIMS 4 and 1 staff in SIMS 2.
- Noted that layout of Emergency Boxes are quite standardised between the hospitals.
- Queried whether fixed wing contractors for emergencies were known. Use Life Flight and if they are not available then they recommend someone else.
- Recognise how vital the airport is to Kaitaia.
- Northland mass casualty – number is defined as more than 10 people. Lists of all available assets in Northland in existence with CDEM.
- How many satellite phones are available – one at each hospital site and backup plan is ST John radio.

3.2 Clinical Integration Report

- Clinic Letter project. On-going work on timeliness of those letters. Aiming for 95% of letters out within 5 days. Still significant variability between departments.
- With patient portals patients can read their own notes. Patients can't see reports until GP has signed it off. Queried whether specialist could assist. Process for histology results are actioned.
- Clinical Pathways – HealthPathways – now available. Currently localising pathways to

Northland. Expect 2-3 years.

- Transfer of Care documentation (previously discharge summary) – has been electronic for a long time. Focus is on info to patients and GPs as quickly as possible. Quality criteria are no abbreviations, management plan and med changes documented. Work to improve content underway. Recognised skill involved with writing good document so continuing to work with those involved.
- Mobility Action Programme (new project). RFP has been issued by MoH. DHB and PHO put in proposal that was accepted (1 of 7). Based on Packages of Care, with 3 different sizes depending on complexity, would be multi-disciplinary and integrated. Delivery would be via Neighbourhood Healthcare Homes. Contracts would be for 2.5 years with review after that time.
- Want to acknowledge work that Dr Win Bennett and Dr Aniva Lawrence have done for Mobility Action Programme. About keeping people out of hospital and mobile, primary and secondary integration.

4. SYSTEMS PERFORMANCE

4.1 Operational Report

Overview

External Mental Health Services review completed and report issued. 39 recommendations.

Safety & Quality

- Indicators continue to track well.

Health Targets

- Performance against Emergency Department Length of Stay is correlated with acute admissions. Continues to be challenging.

Service Delivery

- DHB ESPI non-compliant for 2nd consecutive month.
- Around numbers of patients waiting longer than 4 months for 1st specialist assessment.
- Financial implications if non-compliant for 4 consecutive months.

Population Health Status

- Adolescent oral health enrolments have increased

Financial Sustainability

- Extra Acute workload

Engaged Workforce

- Sick leave rates are low, expected over summer, peak in winter

Surgical

- High acute surgical demand, 7% over performance.
- Colonoscopy performance has decreased, working to clear backlog. April, May and June will focus on this with extra funding. Procedures performed in Kaitaia.
- Possibility of being able to appoint medical gastroenterologist.

Outpatients/Cancer and Blood Services

- Noting that waiting list problems continue. Target of 85% from July to September quarter. Still some way off.

Radiology

- Number of scans within 6 weeks has gone up for MRI. New scanner is faster than old one.
- CT scanning has improved as well but still less than what it was. Reflects continuing growth in demand.
- There was a discussion regarding the volume of CT scanning and subsequent reports. Clinical protocols to manage demand was suggested.
- Limiting factor is reporting by radiologist. This increases due to complexity of scans. Overnight scans are read from Australia but at a cost.

Older People and Clinical Support

- High demand and acuity through Feb. Service is running well within budget.

Medical

- Very busy, looking at case weights, significantly up.

- Opened 8 new beds this year and have used all of those.

Renal

- Using last vacant chair for renal dialysis this week. Reaching limit. Operating 3 sessions per day. Limited by staffing capacity.

Emergency

- Well short of target. Major correlation is around number of admissions, particularly acute med admissions. Complexity is increasing. Moving patients through medical wards and discharging in a timely fashion.
- Have identified 42 work streams that may assist but part of a composite solution.
- Acute Assessment Unit would significantly impact this.
- Overspent. Key problem is getting RMOs and covering them with SMOs when not available.

Mental Health

- Continuing high demand for access to Older Persons beds is increasing.
- Looking at increasing size of unit by 4-8 beds through reconfiguration. Discussing with clinical staff. Working to improve clinical engagement.
- New GM starting 13 June. Ian McKenzie, who is currently GM Mental Health and Addiction Services, Waitemata DHB.
- Need to address recommendations raised in report. Not sure that Board has received copy of report.

School based, Community and Oral Health

- Proposed changes to fluoridation in public water supplies.
- Board will discuss further.

General Discussion

- With high acuity and volumes increasing, keen to know how staff are coping.
- Recognise the pressure with high contact and acuity, pressure with finances can cause. Is this something that a staff wellbeing survey would highlight? To take back and note.
- Staff surveys are done on a biennial basis, one scheduled for this year. These issues to be raised in that.
- Other indicators include access to support services (is monitored, no increase seen).
- Once completed survey will be released to HAC and Board.
- Still some outstanding leave, working on ensuring staff can have access to leave.
- Survey is externally run, standard questions and bench marked against other DHB's.

4.2 Financial Report

The Chief Financial Officer spoke to the financial report for February 2016

- YTD adverse performance is due to acute activity across all areas of the hospital
- March results for provider arm is adverse $1M. Financial initiatives are having an effect, but also some adverse results.
- Provider arm will report an adverse result for the year. Balanced somewhat by Funder arm (Board) and what we're doing to address other issues.
- DHB is not exposed by recent payroll issues highlighted in the media (calculation of annual leave).
- Locums and outsourced services are high. Reliance on SMO staff remains very high. GMs are recruiting and replacing short term locums with longer term locums. Concerned with amount being spent on Locums.
- Appointments to SMO positions have been made but start dates have been delayed for various reasons.
- Concerned about leave that is building up once again and the liability this poses. Need a system to address this. Something that is being closely scrutinised, with AL reporting to the Board quarterly. Continuous work being done.

5. NEXT MEETING DETAILS

The next meeting will be held at 9.00am, Monday 30 May 2016, in the Community Services Conference Room, Dargaville Hospital

There being no further business the meeting closed at 10.47

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

CHAIR **DATE**