

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

**HELD ON MONDAY 11 JULY 2016
TANGIHUA MEETING ROOM, TOHORA HOUSE, WHANGAREI HOSPITAL**

COMMENCING AT 9.00 AM

PRESENT

Bill Sanderson (Chair)
Sally Macauley
Chris Reid
Denise Jensen

John Bain
Libby Jones
Win Bennett

IN ATTENDANCE

Nick Chamberlain, Meng Cheong, Andrew Potts, Neil Beney, Ian McKenzie, Harold Wereta, Kathryn Leydon, Jodie Moselen (notes)

FIRE PROCEDURES

The fire exits were noted

KARAKIA

Led by Harold Wereta

CEO introduced Harold Wereta – General Manager Maori Health and Ian McKenzie – General Manager Mental Health and Addiction Services to the Committee.

The Chair noted it was Win Bennett's last meeting as part of the Hospital Advisory Committee and he thanked him for his service.

APOLOGIES

Tony Norman, Sam Bartrum, Jeanette Wedding, Margareth Broodkoorn, Mike Roberts

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 30 May 2016 be approved

MOVED Libby Jones **SECONDED** Sally Macauley **CARRIED**

1.2 Matters/Actions Arising

Presentation from Head of Oncology

- Dr Lisa Dawson, Oncologist presented on the Northland District Health Board cancer service
- There are many different treatment methods for cancer that are provided within the Oncology service including: radical/curative intent, adjuvant, neo-adjuvant, palliative chemotherapy, palliative care, chemotherapy, targeted therapy and immunotherapy
- Oncology and Haematology treatments are guideline driven
- PHARMAC manages DHB hospital expenditure on pharmaceutical cancer treatments (PCT) through the pharmaceutical schedule
- Faster cancer treatments policies are set by the Ministry of Health
- There has been an increase in the number of patients being treated in the Jim Carney Cancer Treatment Centre including an increase in the uptake of therapy due to local availability, increase in survivorship rates and an increase in available therapies for cancers that were not previously treatable
- Ongoing increases are also reflected in the growing and aging population of Northland
- Increased therapies being implemented have increased life span meaning more costs are associated to patients because they are living longer
- Northland DHB had 912 visits to the Jim Carney Cancer Treatment Centre for targeted therapies last year
- There has been an increase in resources to Oncology services which included two Clinical Nurse Specialists and a Maori and Pacific Island Cancer Coordinator
- Due to the higher demand on the Centre they have gained efficiency by re-designing the way patients are scheduled, discharging patients not on active treatments and making use of a rural specialist in Kaitaia with plans to expand this role
- A training programme has been developed by a NDHB staff member to train pharmacists on how to dispense more complex therapies in the community
- There are over 600 treatments estimated for July 2016
- There is an increased need for staff, more consultations on the wards and a more holistic approach to treating patients
- Noted that rural patients have the same access to oncology services as urban patients

Presentation on obesity and diabetes

- To be discussed at the next meeting

Presentation on the new Mental Health model of care

- To be discussed at the next meeting

2. CHAIR'S REPORT

- There was no report from the Committee Chair

3. GENERAL BUSINESS

3.1 Clinical Integration Report

- The clinical integration report was prepared to raise awareness of the importance of clinical integration in the community
- The report was taken as read
- It was noted the integration provided by the Governance Group for Healthy Homes Tai Tokerau has done a lot of good for our patients
- There is a significant effort being made by Maori providers in Te Tai Tokerau with an increased emphasis on Rheumatic Fever and tobacco control services to help with smoking cessation services provided to the wider community

4. SYSTEMS PERFORMANCE

4.1 Operational Report

Overview

It was noted that acute services remain busy across all areas of Northland DHB. Acute medical caseweight activity is approximately 13% above plan while acute surgical activity is approximately 11% above plan

Surgical

- NDHB was ESPI compliant (amber) in June
- Colonoscopy waiting times performance is improving as increased colonoscopies have been performed in May and June using locums and outsourcing to reach the Ministry of Health target
- Site planners Kleins are currently undertaking a feasibility exercise to determine whether the now vacated former maternity ward provides sufficient space for an elective operation theatre and endoscopy suite
- There is currently work being done on a plan regarding the need to deliver around 300 additional elective surgical caseweights in 2016/17. This includes looking at weekend lists and designated high productivity sessions

Outpatients/Cancer and Blood Services

- Performance against the faster cancer treatment target remained high in May at 76% which is above the average for other DHBs, but still well below the target of 85%.
- There is currently some pathway redesign work being completed for lung cancer area to help reduce wait times for patients

Radiology

- Increased output is being achieved for the new MRI scanner which will help with wait times
- Guidelines regarding who can refer to the DEXA scanner are being reviewed to prevent an overflow of referrals when the service is brought in-house

Pathology Services

- Plans for an interim laboratory upgrade have been agreed upon. The upgrade will enable IANZ accreditation to be maintained

Older People and Clinical Support

- A higher than usual number of falls has been reported for the past month. Part of this can be attributed to the number of patients being seen with dementia or cognitive impairments. There is a pathway being created to manage this risk in the future
- The reduction in out-patient contacts is due to reduction in physiotherapists employed at NDHB
- Retinal and Breast screening has increased resulting in both services exceeding targets this month
- This service was financially underspent for May
- A Geriatrician has been appointed and will be starting in September leaving only one remaining Geriatrician

Medical

- Average Length of Stay (ALOS) and acute admission are trending favourably
- Work underway on into patients flow projects
- Work is being done on a national level regarding hospital falls
- This service was overspent in May largely due to an increase in case-loads

Mental Health

- The upcoming challenge for the Mental Health review is building and endorsing clinical leadership
- Recommendations from the Mental Health review will be implemented over the next six months
- While the occupancy for the Inpatient Unit (IPU) was again below 100% the ALOS is in the normal range nationally
- The number of client's using the IPU is slightly higher for Northland but this can be partly attributed to Northlands higher rate of deprivation

Maternal and Child Health

- There has been pressure in SCBU due to a greater number of births resulting in a higher than normal rate of babies being born who are sicker and smaller
- Currently looking at interim solutions for SCBU as they are running out of space. This will be a temporary solution until a permanent solution can be completed under the Site Master Plan project
- The current Paediatric ward has space constraints

4.2 Financial Report

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

- Significant activity in acute services has resulted in a deficit for May
- Personnel costs feature highly, including the cost for locums and additional beds
- Sufficient reduction in sending patients to Auckland has had a positive reduction in spend and patient transport overall
- Overall the CFO has indicated that NDHB will come in with a small surplus at the end of this financial year

It was moved that the reports be taken as read

MOVED John Bain **SECONDED** Chris Reid **CARRIED**

5. NEXT MEETING DETAILS

The next meeting will be held at 9.00am, Monday 22 August 2016, Tohora House, Whangarei Hospital

There being no further business the meeting closed at 10.46 AM

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

CHAIR

DATE