

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

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**HELD ON MONDAY 21 NOVEMBER 2016  
TANGIHUA MEETING ROOM, TOHORA HOUSE, WHANGAREI HOSPITAL**

**COMMENCING AT 9.00 AM**

**PRESENT**

Bill Sanderson (Chair)  
Tony Norman  
Sally Macauley  
Chris Reid

John Bain  
Libby Jones  
Denise Jensen

**IN ATTENDANCE**

Nick Chamberlain, Meng Cheong, Andrew Potts, Neil Beney, Ian McKenzie, Sam Bartrum, Margareth Broodkoorn, Jeanette Wedding, Mike Roberts, Kathryn Leydon, Delwyn Flower (minutes)

**FIRE PROCEDURES**

The fire exits were noted

**KARAKIA**

Margareth Broodkoorn

**APOLOGIES**

Harold Wereta

**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 03 October 2016 be approved

**MOVED Libby Jones    SECONDED Chris Reid    CARRIED**

**1.2 Matters/Actions Arising**

**Request for target information on falls within the hospital to be included in the report narrative**

- Director of Nursing and Midwifery gave a presentation on this report and discussed the updated targets.

**Request for data from Dargaville Hospital on number of patients transfers, admission numbers and length of stay.**

- General Manager of Planning, Outcomes, Integrated Care & District Hospitals gave a report and discussed Dargaville Hospital Transfers in from Whangarei Hospital.

## 2. CHAIR'S REPORT

- Chair noted that this was the last HAC meeting of his term and thanked the committee members and Margaret for their input during his time on the board.

## 3. GENERAL BUSINESS

### 3.1 Service Delivery During Junior Doctors Strike – Presentation Mark Goodman, Integrated Operations and Emergency Manager.

- As to date Resident Doctors Association has issued notification of two strike dates – 18<sup>th</sup> October 2016 and the 23<sup>rd</sup>-25<sup>th</sup> November 2016, which have now been cancelled. Strike two dates would have coincided with New House Officers orientation but due to the country's earthquakes and flooding it was withdrawn.
- National planning involved a National Strike Coordinator, National Strike plan template, daily conferences and a National Communications strategy.
- Templates and plans are in place and all timely and communication is strategized nationally.
- Locally, daily planning meetings HR and junior doctors were involved. Rosters were also discussed.
- 78% RDA membership highest in the country (NZ).
- Strike coordinators onsite 24/7
- 21 junior doctors continued to work through (non-members and members)
- The first strike (24hrs) 5 specialities were asked to provide cover, including a flight doctor. Also cover for Mass casualty / Civil emergency
- Rosters were covered by Whangarei SMO's, 11x Non- union employees, 11x non- striking members, 1x District hospital SMO, 1x GP volunteered but not required and additional rostered nurses for ICU outreach and IV insertion.
- 21 Surgeries didn't go ahead
- 9 Outpatient sessions not utilised
- 58 Total outpatient appointments affected
- 83 Appointments postponed
- These figures were across northland – SMO cover for RMO's \$183,000, RMO pay savings \$41,000. Cost of recovering lost elective Theatre Time – unknown.  
Cost of strike... \$183,000

## 4. SYSTEMS PERFORMANCE

### 4.1 Operational Report

#### Overview

September was a busy month in Adults Acute Services with Elective Surgery numbers catching up, Maternity and SCBU extremely busy, and Mental Health Services 100% bed occupancy. Health targets performance in cancer treatment May/April quarter better result than the following quarter. The end of financial year there was only 1 acute Rheumatic fever reported. In Ward two smoking support is given now to caregivers. An increased elective surgery output was achieved in September and October despite the two-day strike by Junior doctors in October; the DHB was able to regain ESPI compliance in October. Also an Interim laboratory scheme is underway

#### Safety & Quality

- There was a relatively high number of falls with harm reported in September

#### Health Targets

- Improved performance in September which resulted with achieving faster cancer treatment targets
- Performances with elective surgery discharges and smoking cessation advice targets remain strong.

#### Service Delivery

- Northland achieved the Better Public Service target in respect to the previous year with only one confirmed case acute rheumatic fever.

#### Population Health Status

- Ward 2 at Whangarei Hospital is now offering smoking cessation support to caregivers.

#### Financial Stability

- Acute workload pressures and under-funded cancer drugs continue to present financial challenges though the overall financial position is much improved compared to the previous year

#### Engaged Workforce

- Sick leave levels in most areas are below or close to the target level

#### Surgical

- An increase in elective surgeries in September and October. Despite the two day strike by junior doctors in October the DHB was able to regain ESPI compliance in October
- Decrease in acute admissions
- An Arthroplasty fellow post is being established in Orthopaedics, which will provide an excellent opportunity for a new qualified specialist to consolidate his or her training. This should lead to enhancing the maximum operating output in the department

#### Outpatients/Cancer and Blood Services

- New treatments recently approved by PHARMAC for advanced melanoma and hepatitis C
- The recruitment process is underway for a second clinical haematologist post

#### Radiology

- DEXA has been in stored starting next week. This will stop us outsourcing and own reporting
- A trainee sonographer is about to graduate which will reduce the number of vacancies within the team
- An initiative involving remote reporting of CT and MRI scans by a Northland DHB radiologist temporarily resident in the USA is proving successful. Great output of reports from there

#### Pathology Services

- The number of laboratory tests ordered continues to increase
- The interim Laboratory upgrade scheme is underway

#### Older People and Clinical Support

- A stroke “hospital to home” stakeholder meeting has been arranged for October to work out what a good hospital-to-home pathway looks like
- There were an increase number of patients receiving smoking cessation advice

#### Medical

- Medical centres are busy
- Another busy month with some pressure on beds due to high acuity and a slight increase in length of stay. Capacity – turning over a ward a day 340 people a day. Services are over spent.
- Longer term strategies are being looked at.

#### Renal

- Growing service, level of dialysis running efficiently
- Patient demand continues to be consistent.

#### Emergency

- Hitting 93% against Health Target still YTD managing to hold this, some days have high numbers but the Ministry of Health is ok with 93% as they are doing all they can.
- Increased in 1 spot with National Performance Targets
- Constantly looking at processes – The new ED whiteboard project is underway.

#### Mental Health

- Recruitment of Dr Murray Patton, Clinical Director MHS. He commences work early December.  
Dr Patton will be looking at working also on the IPU to reduce risk.
- There are a high number of vacancies, trouble spots and staff movements. A publicity drive is in place at present.
- Currently working on a Model of Care, which covers two stages:  
Phase One: the development of an “Executive Summary” integrated Model of Care for Mental Health Addiction Services (MHAS) and for a non-MHAS audience. Completion due late November.  
Phase Two: Is a full Model of Care, developed and designed through engagement with clinical leaders and front line staff, with completion expected late March 2017.

- A joint venture between NDHB and NZ police has been announced with funding of two million for one year from 2017 to try and reduce the high methamphetamine demand. We will be working closer with police to limit crisis and patients will be introduced to a health pathway instead of a criminal pathway. Full implementation is expected by 1 July 2017.
- Work is continuing on a community location for Whangarei Community Mental Health teams.

#### District Hospitals

- Change in ED presentation in Kaitaia – BOI. The last three months BOI have been extremely busy and at full capacity.
- Kaitaia and Dargaville have better access to flights but BOI don't at present

#### Paediatric

- High utilisation in the SCBU and the Paediatric ward – ward2
- Risk strategies have been put in place
- Looking at numbers for future planning
- Ward 2 was at 96% capacity during the month
- Sick leave with staff, locums helping in next few months.
- The Autism Spectrum Disorder coordinator has been approached to look at the development of an autism pathway to assist in the assessment of children.
- Outpatient clinics have increased due to Paediatricians rescheduling clinics to cover on call.
- The speech language therapist at Child Health Centre is working on establishing feeding clinics based at Te Pua Wai Ora

#### Maternal

- It was the busiest September in 4yrs
- Utilised the response plan and used the all of the HDU rooms
- Looking at increasing demand with beds and space

#### School Based, Community and Oral Health

- The community water fluoridation steering and fluoride champion groups continue to present throughout Northland DHB to employees to increase awareness and to educate everyone about water fluoridation.
- The Oranga Kata initiative at Whangarei DHB continues. All children who are admitted daily on the children's ward are enrolled with the oral health services and referred to an oral health clinic if needed
- The rheumatic fever school throat swabbing programme continues in deciles 1-3 schools and selected pharmacies throughout northland.
- We have an increase of issues to meet additional public health demands such as drinking water, food, alcohol legislation, boarder surveillance and other legislative requirements. A business case is being put together for the Ministry of Health for additional resourcing.

#### Human Resources and Corporate Support

- The bargaining to renew the national MECAs is on-going
- It is agreed to develop the capacity of the DATIX system to report and manage incidents/allegations of unacceptable behaviour.
- Engaging with Maori programme has been a success
- Seeking nominations for the 2017 'Team Leadership in High Velocity Environment' programme
- The Clerical Relief Temp Pool Coordinator is working with the WebPAS project team to plan to cover and facilitate training for the clerical staff. Training starts February 2017.

#### Facilities and Hotel Management

- Facility services have been busy due to hospitals being at capacity.
- Site Preparation continues at BOI Hospital.
- Site master plan – We are engaging Klein's to undertake this piece of work for NDHB and this is planned to be completed by November 2016 which we are on track.
- Positive feedback from Cleaning and Food Services
- Laundry staffs are undertaking the NZ laundry certificate qualification with the NZ facilitator from Completenz finishing 16 November 2016.
- Decrease in complaints.

#### NDHB Wide Patient Transport

- Planning for NZRDA negotiations are underway
- Decrease in

#### **4.2 Financial Report**

- The report was taken as read by the Committee
- Industrial action, additional allowances, and elective surgeries were additional costs.
- Clinical supplies monitoring cancer drugs could create a deficit of over 1million by end of the year.
- Administration staffs are taking leave over the summer, closing Tohora House to help with expenses.
- Hospital expecting ED to be busy over this period.

It was moved that the above reports be received by the Committee

**MOVED John Bain SECONDED Tony Norman**

#### **5. NEXT MEETING DETAILS**

The next meeting will be held at 9.00am, Monday 06 March 2017, Tangihua Meeting Room, Tohora House, Whangarei Hospital

There being no further business the meeting closed at 10.54am

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

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**CHAIR**

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**DATE**