

# Chief Executive Report

## January 2018

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### STRATEGIC INITIATIVES

#### ***Northland Health Services Plan Reporting and Planning for the next Northland Health Strategic Framework 2018 -2023***

An infographic reporting on NHSP outcomes over the 2012 to 2017 period is in final draft form. This will be available for a public audience once approved by the Board early in 2018.

#### ***Neighbourhood Healthcare Homes (NHH)*** **- Auckland University Evaluation**

Practice interviews have taken place for two NHH Practices which will contribute toward the formative evaluation. A number of interviews have also been held with key Northland DHB and PHO stakeholders.

A Practice workshop for Tranche 1 and Tranche 2 Practices has been scheduled which will provide NHH Practices with an opportunity to share their learnings and experiences with colleagues.

The National Healthcare Home Collaborative Leads are finalising the certification process for Healthcare Home Practices. The first moderation session is scheduled in March, enabling Healthcare Home Practices across the country to apply for certification.

#### ***- In-Practice Change Facilitation***

The Change Facilitators continue to support Tranche 1 Practices to embed workplace standardisation, daily huddles, improved call handling processes and phone triage.

The first two Tranche 2 Practices, Dargaville Medical Centre and Te Whareora o Tikipunga have completed the Establishment Phase and had their Change Plans approved by the Steering Group. Work is commencing with Broadway Medical Centre and Raumanga Medical Centre.

#### ***- Care Coordination***

The establishment of a single point of referral for DHB community services with streamlined, interdisciplinary referral, triage and assessment processes has been approved by the NHH Steering Group.

This focus will release time for DHB community nursing and allied health clinicians to provide care and enable a smoother process for primary care services wanting to access the full range of DHB community nursing and allied health services.

The project will trial processes in the Mid-North in the first phase to enable lessons to be learnt before rolling out across Northland. A project initiation document will be developed over January and February with approval processes to be completed by end of March.

## - **GP Information Reports**

Work continues to progress the development of time series data to enable outcome evaluation of the NHH model of care. Work is in progress to add St John data to the primary/secondary data warehouse to complete the picture of primary care service utilisation.

### **Primary Care**

A workshop was held in Auckland in collaboration with the Ministry of Health and Tairāwhiti DHB to review our projects that increased mental health support to individuals with 'poorly controlled' diabetes.

This has been a short term pilot project with the Ministry approaching Northland DHB to establish short term service delivery which is going to be independently reviewed by Malatest International.

Three projects have been trialled in Northland:

- (1) For Adults in primary care
- (2) Young people with Type 1 diabetes
- (3) Newly diagnosed or poorly controlled children with Type 1.

All three projects have provided significant learning – both in terms of outcomes being achieved, but also in process and approach. Most excitingly there has been some significant improvement in mental wellbeing scores across all projects. The sample sizes are very small given the nature of the projects, but have already led to some discussions around how some sustainable delivery can be made.

The national pharmacy contract negotiation is on-going. At the time of writing, no clear decision has been made nationally on the contract implementation approach, although this is likely to be commenced in February.

### **Health Intelligence Hub**

The concept of the Health Intelligence Hub was approved in late 2017, to be operational in 2018. The first year focus is 'Laying the Foundation: improving access to data and evidence'.

This is a cross-organisational entity, designed to facilitate the use of data and evidence in strategic and clinical decision-making. The Hub consists of three teams (Translational, Informational and Technical), connected by a single strategy. Its goals for the coming year include the development of a living population wellbeing dashboard, and an executive level DHB performance scorecard.

### **Iwi/DHB Partnership Review**

There was a meeting with two representatives from Te Amokura/Iwi CEs forum. The Hui focused on the relationship connections between the NDHB, Strategic Advisors, and Te Amokura. The conversation also talked about the indigenous health system project and how Iwi were interested in this from a commissioning for outcomes perspective. Further meetings are planned for 2018.

The Iwi Technical Advisors met in November 2017. The focus was to review developments to date and consider the steps to advance the signed commitments in the Terms of Reference.

A further meeting occurred on 17 January 2018 that focused on the work plan, meeting dates for 2018 (four in total), appointment to the Strategic Advisors forum and costs associated to supporting the partnership.

### ***Iwi involvement in the Primary Health Collaboration***

Iwi and Māori health provider representation, a key principle from the July and November 2016 Indigenous Health System workshops, has been acknowledged and now forms part of the Primary Healthcare Collaboration advisory group.

Further conversations are needed to decide whether commissioning for outcomes should become part of the new Primary Healthcare entity which now moves into the establishment phase or it becomes part of the discussion the DHB would have with Te Kahu O Taonui.

## **SYSTEM PERFORMANCE**

### **Finance, Funding and Commercial Services**

The YTD November financial result for Finance, Funding and Commercial Services is \$16.022m against the unapproved budget of \$16.797m. This is a favourable result of \$448k.

Strategic Projects workload remains high. We have made another offer on Manaia House based on the official valuation we received. We have provided the vendor with a copy of the valuation and await a formal response. We continue to work with Ngāti Hine Health Trust on options for the Bay of Islands Hospital and Primary Care Centre. The Whangarei Hospital kitchen floor has been successfully repainted and normal operations have recommenced. The Whangarei site master plan interim works are progressing.

The healthAlliance work plan for 17/18 is underway and the national procurement work plan is yet to be finalised.

The Kaitaia fixed wing staff transport has been reinstated as of 15 January 2018 with an interim aircraft pending final CAA clearance of Sunair. St John Patient Transport Service contract discussion continues, with an interim rollover of current arrangements to March 18.

Regional activity is ongoing - ISSP, Supply Chain transformation work, Shared Banking and Insurance, DTaaS (cloud computing) and regional long term investment planning.

### **Health Targets**

#### ***Shorter stays in emergency department.***

The ED length of stay target result was 92 percent in October and November. This reflects the busy winter period. Despite opening four additional beds for this period the acuity of patients within the hospital caused issues with the flow of patients through the system.

For the holiday period 22 December 2017 until midnight Wednesday, 03 January 2018 there were 1,746 presentations to Whangarei ED (up 141 from 2016-17), 275 presentations to Bay of Islands Hospital Accident and Medical department (up 45 from 2016-17) and 210 presentations to Kaitaia Hospital Accident and Medical department (up 34 from 2016-17).

The busiest day during the holiday period at Whangarei Hospital ED was New Year's Day with 176 presentations up from 141 presentations the previous year.

### ***Improved access to elective surgery:***

During November, 843 elective surgery discharges were performed compared with the target of 730 discharges. For the five months to November, 3,950 discharges were performed against the target of 3,633 discharges. This represents over performance of 9 percent. Minor skin surgery, typically undertaken in outpatient clinics, accounted for 409 of the 3,950 discharges.

### ***Faster cancer treatment:***

During October, 87 percent of patients referred with a high suspicion of cancer commenced treatment within 62 days compared with the target of 90 percent. For the 12 months ending October 2017, our performance was 89 percent. Provisional figures for November suggest performance improved to around 90 percent for the month.

### ***Immunisation:***

#### **Target definition**

Percentage of eligible children fully immunised at eight months of age for total DHB population, Māori and Pacific – 95 percent.

The second quarter result (October-December 2017) saw 88 percent of children immunised at 8 months (up from 87% for the first quarter), 86 percent being Māori with a decline rate for the quarter of 8.3 percent.

In December 2017 our 8 month result was 87 percent with a decline rate of 10.2 percent. As previously stated we are still challenged with declines, despite many strategies being put into place. System reviews are ongoing as this was a key recommendation when Northland DHB engaged external reviewers to assist Northland in lifting immunisation levels.

### ***Smoking Cessation:***

The Ministry of Health (MOH)<sup>1</sup> have updated the DHB reporting templates for the primary care and maternity health target indicators, and the hospital performance measure. The templates now have a greater focus on DHB activities with emphasis on Māori and Pacific achievement of the health target.

#### ***Better Help for Smokers to Quit: Hospitals***

*95% of hospitalised smokers to be provided with advice and help to quit smoking*

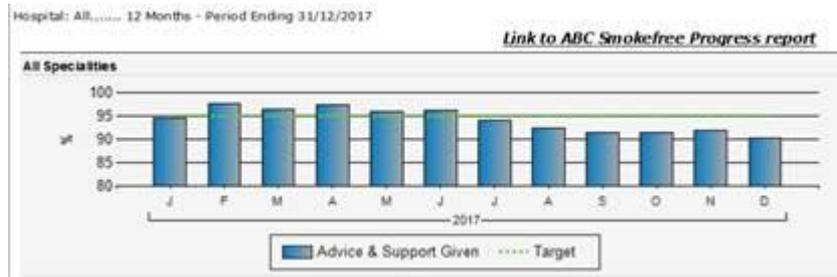
The results for December 2017 indicate only 33 percent of the events have been coded so we will report this data next month.

The results for November 2017 with 99 percent events coded is 92 percent. While this is fairly consistent for the past six months (see below graph) it is still disappointing that the results are below the expected 95 percent target.

The Hospital Smokefree Coordinator continues to work with all services to improve the outcome. It is reassuring to note that in November 95 percent of Māori patients were offered advice and help to quit smoking.

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<sup>1</sup> MOH clarification: The primary care target counts all smokers given brief advice in primary care. The target shifted from a clinical to a population target so that we could ensure smokers received ABC in all primary settings, and any smoker given brief advice in a primary care setting can be counted. Primary care settings include any service where the brief advice is linked to a primary care follow up option, and includes advice given in Stop Smoking, after-hours clinics, and outreach services. It excludes smokers given advice in secondary care by employees of secondary care services.



### **Maternity Target**

The result for September is just under the target of 95 percent at 94.9 percent. Education sessions are booked to update staff on the ABC of smoking cessation and referring patients for stop smoking support. Surgical Admission Unit have been auditing their own records and have identified some patient groups who are being missed and they are working with the respective services to complete the ABC for their patients.

### **Primary Health Target – PHOs**

Northland has seen a 3.5 percent decline in the target that measures patients who smoke and are seen by a health practitioner in General Practice that should be offered brief advice and support to quit. This drop happened in quarter four.

Northland PHO results, when compared to the previous year (2015/16) have seen our district become ranked 17 out of 20 DHBs. Manaia Health PHO has had a decrease in performance going from 91.8 percent (2015/16) to 88.5 percent. Comparably, Te Taitokerau PHO has had a similar decline in performance going from 82 percent (2015/16) to 78.4 percent.

Northland DHB working with the PHO Leads have made presentations to PHOs Practice Managers to discuss possible new models for the delivery of stop smoking services and to improve results. E-referrals are being utilised by GPs to community based stop smoking services to assist in supporting Māori whānau to quit smoking. The Northland DHB Public Health Unit is delivering key messages to PHOs on the new configuration of community based stop smoking services.

The Northland DHB CEO has written to our PHOs expressing concern and requesting a recovery plan within a month. This will be jointly developed with a number of DHB executives.

### **Raising Healthy Kids Target:**

By December 2017, 95 percent of obese children identified in the B4 School Check programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions. Northland has reached **100 percent** at the present time.

New monitoring systems to ensure timely referral acknowledgement have been introduced by Manaia Health PHO, who hold the Northland contract for the delivery of this service. Northland DHB continues to monitor compliance.

Health Target – (Recent six months) – checks between 8/4/17 and 7/10/2017.

## Health Target - Growth (Recent Six Months)

Checks completed between 8 April 2017 and 7 October 2017, in line with version 1.23 of the Health Target

Note: Health target information on progress is expected to be treated as confidential and under embargo until signed off by the Minister and the results are publicly released each quarter.

DHB	Growth Checks Completed	Children Obese and Over		Children Obese and Over by Referral Outcome - Volumes					Children Obese and Over by Referral Outcome - Percent					Health Target Rate	Referral Decline Rate		
		Number	Percent	Referral Acknowledged	Referral Sent and Not Acknowledged	Under Care	Referral Declined	Not Referred (No referral made)	Not Referred (Referral refused by service provider)	Referral Acknowledged	Referral Sent and Not Acknowledged	Under Care	Referral Declined			Not Referred (No referral made)	Not Referred (Referral refused by service provider)
Auckland	2,701	193	7.1%	140	0	5	48	0	0	73%	0%	3%	25%	0%	0%	100%	26%
Bay of Plenty	1,519	99	6.5%	56	1	3	39	0	0	57%	1%	3%	39%	0%	0%	99%	41%
Canterbury	2,860	198	6.9%	122	6	11	50	9	0	62%	3%	6%	25%	5%	0%	92%	28%
Capital and Coast	1,809	107	5.9%	51	9	13	31	3	0	48%	8%	12%	29%	3%	0%	89%	34%
Counties Manukau	3,871	392	10.1%	265	0	12	115	0	0	68%	0%	3%	29%	0%	0%	100%	30%
Hawkes Bay	1,380	104	7.5%	73	0	2	26	2	1	70%	0%	2%	25%	2%	1%	97%	26%
Hutt	905	46	5.1%	25	3	0	13	5	0	54%	7%	0%	28%	11%	0%	83%	32%
Lakes	777	80	10.3%	60	0	2	18	0	0	75%	0%	3%	23%	0%	0%	100%	23%
Midcentral	1,061	101	9.5%	66	0	7	27	1	0	65%	0%	7%	27%	1%	0%	99%	29%
Nelson Marlborough	722	43	6.0%	26	9	1	5	1	1	60%	21%	2%	12%	2%	2%	74%	12%
Northland	1,216	101	8.3%	65	0	5	31	0	0	64%	0%	5%	31%	0%	0%	100%	32%
South Canterbury	344	39	11.3%	11	1	5	15	7	0	28%	3%	13%	38%	18%	0%	79%	56%
Southern	1,758	128	7.3%	58	3	8	56	3	0	45%	2%	6%	44%	2%	0%	95%	48%
Tairāwhiti	340	37	10.9%	15	2	0	16	4	0	41%	5%	0%	43%	11%	0%	84%	48%
Taranaki	949	68	7.2%	44	0	1	18	5	0	65%	0%	1%	26%	7%	0%	93%	29%
Waikato	2,805	222	7.9%	142	0	39	41	0	0	64%	0%	18%	18%	0%	0%	100%	22%
Wairarapa	253	32	12.6%	26	0	0	4	2	0	81%	0%	0%	13%	6%	0%	94%	13%
Waitemata	3,705	239	6.5%	187	0	19	33	0	0	78%	0%	8%	14%	0%	0%	100%	15%
West Coast	201	27	13.4%	11	1	0	14	1	0	41%	4%	0%	52%	4%	0%	93%	54%
Whanganui	437	33	7.6%	18	1	2	12	0	0	55%	3%	6%	36%	0%	0%	97%	39%
All DHBs	29,613	2,289	7.7%	1,461	36	135	612	43	2	64%	2%	6%	27%	2%	0%	96%	29%

## SERVICE DEVELOPMENTS AND SECTOR UPDATES

### Report of the Havelock North Drinking Water Inquiry – Stage 2

In late December 2017 a communication was received from the Ministry of Health pertaining to the release of a Government Enquiry report (Stage Two) into the outbreak of campylobacteriosis arising from contamination of the Havelock North drinking-water supply which affected around 5,500 people in August 2016.

The Inquiry identified that the outbreak was caused by contamination of ground water that was provided to consumers as untreated drinking-water. The Inquiry identified that several parties with responsibility for the water supply system failed to adhere to the high levels of care and diligence necessary to avoid this occurring and to protect public health.

Improvements to the drinking-water framework have been identified and many of these recommendations have been accepted by the Government for early implementation.

One of these recommendations was for all DHBs to write to all council and private networked drinking-water suppliers in their districts, and to encourage them to disinfect any drinking-water supply that is currently not being treated.

To enable the above to occur, the Director General of Health issued a statement under section 69ZZZC of the Health Act 1956 on 20 December 2017 advising all drinking-water suppliers and drinking-water assessors that:

- Protection of drinking-water sources is of paramount importance and a founding principle of drinking-water safety
- Every drinking-water supplier must contribute to the protection of drinking-water sources
- The risk to the public is increased if drinking-water is untreated  
To provide adequate protection to public health, suppliers providing drinking-water to untreated networked supplies should consider implementing appropriate and effective treatment without delay; and

- They should reconsider their reliance on secure bore water status as a means of providing safe drinking-water.

All suppliers (which included all Councils in Northland where they have responsibility for specific water supplies) were forwarded a letter, signed by the Chief Executive, on 22 December 2017 requesting compliance with the above action.

The Board has also been forwarded a briefing paper on this matter for their information and it will be discussed at the board meeting.

### ***Operating Theatres***

The business case for the interim expansion of the operating theatre complex at Whangarei Hospital is being progressed and is expected to be finalised in January 2018. The proposed development involves two additional operating theatres and associated support space. The expansion in operating theatre capacity will enable the continued growth in acute and elective surgery demand to be accommodated over the next five years. A separate business case involves the relocation of the endoscopy room into a new two procedure room endoscopy suite in the former delivery suite.

### ***Bowel Cancer Screening***

Following a recent review by the Ministry of Health, the timescales for the implementation of the bowel cancer screening programme across New Zealand have been extended. This reflects workforce shortages in some critical areas including gastroenterologists and anatomical pathologists. As a consequence, the indicative timescale for implementation in Northland has changed from the April – June 2019 quarter to the 2020/21 financial year. Subject to the appointment of a second medical gastroenterologist, the introduction of an endoscopy information system, and the commissioning of a two room endoscopy suite, it is expected that Northland will be in a state of readiness to implement bowel screening by July 2020.

### ***Cardiology Catheter Laboratory***

Capacity and workforce planning is underway regionally for the interim period before a Cardiology Catheter Laboratory is available in Northland. Planning is based around using weekends and other opportunities to maintain the national targets across all four DHBs. The business case is being developed under the Better Business Case methodology as part of the first stage for the Whangarei Hospital site redevelopment.

### ***Whangarei Community Mental Health and Addictions facility***

Following Board approval a conditional offer was made, with negotiation continuing to close the gap between the registered valuation and the owner's price. The lease of part of the property expired on 31 December 2017, and the reduction in revenue for the owner may make Northland DHB's offer more palatable. The Single Stage Business Case is progressed as far as possible pending a conditional agreement for sale and purchase, to enable a prompt response and engagement with the Ministry of Health.

### ***ERCP***

Northland DHB has commenced ERCP (Endoscopic Retrograde Cholangiopancreatography) to meet the increasing prevalence of bile duct stone diseases (Gall stones). This involves the use of an endoscope to retrieve stones from the Common Bile duct. The development and implementation of an ERCP service within Whangarei Hospital is part of the overall planning for gastroenterology services to meet the needs of the population. The absence of a ERCP Service has been a significant issue and patients have needed to travel to Auckland. Auckland DHB will remain the tertiary provider for complex cases.

### ***Methamphetamine Pilot – Te Ara Oranga***

Northland DHB recruitment is complete with the exception of the Alcohol and Other Drugs Psychiatrist specialty role which is at the interview stage. The first four months of the Whangarei Waste Water Testing results were released, showing that Northland has double the level of Methamphetamine in Auckland and four times the level in Christchurch. The brief interventions in Whangarei Emergency Department have started, covering late afternoon to mid evening each day.

The joint bid for a second year of funding was presented to Ministries in late July, requesting an additional \$1.1M for Northland DHB and \$0.5M for NZ Police. With the election and formation of the new coalition government occurring since the bid presentation, the outcome of the joint second year bid is currently still unknown. Both Police and Northland DHB are actively lobbying for the funding.

### ***Maori Health Services Review***

The scoping for this project started in December. The review process will take six months to complete. The project is focused towards understanding whether current services are fit for purpose, identify what changes (if any) should be made to current services and also consider service gaps to guide future investment. The initial steps will see all Māori health providers being invited to a meeting in February. The workshop will set out the reason for the review and design the Terms of Reference to guide the project deliverables. We will also agree to the scope of the project and what things it will and will not cover. Regular updates will be provided to the Board.

### ***Primary Mental Health***

The DHB is working with Manaia and Te Tai Tokerau PHOs to prepare for funding opportunities that may arise to enhance primary mental health. The policy positions of the Government coalition members are consistent in their support for improved primary mental health services.

### ***Suicide Prevention***

Northland DHB continues to work in youth related suicide prevention, with a growing focus now also with adults. The broadening of focus is in line with data regarding suicide trends in Northland and includes working with rural and farming communities. Year to date there have been 42 suspected self-inflicted deaths (SSIDs) in Northland during 2017.

Fusion - the multi-sector suicide prevention and response team were meeting daily during the peak postvention phase in response to two youth suicides in Whangarei.

Intervention and monitoring was the priority by identifying those who were at increased risk. They met on 14 December 2017 with counsellors of the three schools most affected – Tikipunga High School, Whangarei Boys High School and Kamo High School to develop monitoring and safety plans over the summer break for their students they are most concerned about.

Northland DHB developed a media campaign with Rebecca Hooker and Heemi Kapa-Kingi for the summer, 20 December 2017 – 20 January 2018. The radio commercials promote connection between parents and their children, provide tangible advice such as eating together and point people to 1737 if concerned. 1737 is the national helpline with trained counsellors.

The development of an action plan with guiding principles to promote a youth suicide prevention approach across Tai Tokerau in 2018 is proposed. The plan will be based on a combination of upstream, intervention, and postvention suicide reduction strategies – with a predominant focus on upstream prevention. A joint bid for funding will be made to the Ministries of Health and Education for the following:

- Two year supply of Primary Health Care ‘packages of care’ to respond to all families directly bereaved by suicide in Te Taitokerau ki Muriwhenua
- Additional support from the ‘Grief Centre’ in the Taitokerau region
- Development of a ‘SWOT’ team response to high levels of suicidal behavior in Te Taitokerau ki Muriwhenua as was initiated in Whangarei in recent months
- Development of a joint media strategy that is underpinned by a Code of Practice and the Strategic Action Plan described above to reinforce an ‘upstream’ approach and messages across Te Taitokerau ki Muriwhenua community.

### **Maori NGO Stop Smoking Services**

Nationally, Maori NGO providers received less referrals. The Ministry of Health is reviewing its strategies to improve this area of performance. Northland DHB did not reach the 5% target threshold for enrolments. This was largely due to changes in reporting format when providers were switched to a new Information System, Ara Whanui CMS. We expect the change will deliver improved results.

### **Official Information Act Requests Received between 1 July 2017 – 31 December 2017**

<b>Requestor</b>	<b>Requests</b>
<b>Media</b>	
Fairfax Media	<ol style="list-style-type: none"> <li>1. Circumcision rates</li> <li>2. Mental Health CATT performance and complaints</li> <li>3. Essure birth control implant insertion and removal data</li> <li>4. Cost and numbers of dropped, broken and mishandled surgical and medical equipment</li> <li>5. On-site use and consumption of illicit drugs</li> <li>6. Internal and external reviews of maternity services</li> <li>7. Maternity staffing</li> <li>8. Maternal and foetal deaths</li> <li>9. Patient did not attend data</li> <li>10. Neonatal transfers to Level 3 maternity units</li> <li>11. Mental health and intellectual disability services</li> </ol>
NZME	<ol style="list-style-type: none"> <li>1. Smoking cessation programme expenditure</li> <li>2. Waiting times cardiology, O&amp;G, oncology</li> <li>3. Correspondence regarding changes to Faster Cancer Treatment target</li> <li>4. Ineligible patient bad debt</li> <li>5. Child &amp; Youth mental health patients in adult mental health ward</li> <li>6. Teen birth numbers</li> <li>7. Penile fractures and injuries</li> <li>8. Fluroquinolone antibiotic use, reactions and</li> </ol>

	<ul style="list-style-type: none"> <li>reports</li> <li>9. Quarantined/isolated patient numbers</li> <li>10. Board expenses</li> <li>11. Remuneration of Board members and ELT</li> <li>12. ELT expense</li> </ul>
Radio NZ	<ul style="list-style-type: none"> <li>1. Prostate cancer waitlists</li> <li>2. Mental health respite self-harm incidents and staffing</li> <li>3. Maternity staffing, occupancy and sentinel events</li> </ul>
Newsroom	Cost of treating injuries in acute setting (submitted twice)
Mediaworks	Ineligible patient bad debt
<b>Political Parties/Parliament</b>	
Green Party of Aotearoa	<ul style="list-style-type: none"> <li>1. Drinking Water Assistance Programme</li> <li>2. Water compliance breaches</li> </ul>
Labour Party	<ul style="list-style-type: none"> <li>1. Child &amp; Youth mental health inpatient beds</li> <li>2. Ophthalmology services</li> <li>3. Mental Health briefing reports and updates</li> <li>4. Withheld Board papers April 2017 meeting</li> <li>5. FSA outcomes</li> </ul>
New Zealand First	Information relating to constituent's employment
<b>Other</b>	
Arthritis New Zealand	Rheumatologist numbers
Funeral Directors Association of New Zealand	Coronial autopsy services
Mesh Down Under	Supply of surgical mesh
NZ Aged Care Association	InterRai and NASC assessments
NZ Taxpayers Union	Redundancy numbers and costs
Northland Regional Council	Ground water bore result
Prostate Cancer Foundation of New Zealand	Prostate cancer management and clinical training
Resident Doctors' Association	<ul style="list-style-type: none"> <li>1. RMO Cross cover payments 2015 – 2017</li> <li>2. Orthopaedic registrar numbers, orthopaedic FSAs, discharges and fracture clinic presentations</li> </ul>
Tamaki Legal	Policies for dialysis and kidney transplants
University of Victoria	Record keeping processes of government agencies
Individual	Security cameras in mental health units
Individual	Staffing and remuneration of Māori staff

Individual	Mental health outpatient suspected suicides
Individual	Mumps numbers
Individual	Staff terminations as a result of incidents in 2016/17 adverse event report
Individual	Central line infections
Individual	Full term infant admissions in first 6 weeks of life and consent process for use of formula feeding
Individual	Hospital stay duration for ACC orthopaedic patients

## ISSUES

### **Whangarei Hospital Blood Bank**

Following the suspension of IANZ accreditation in November 2017, improvements continue to be made to the Whangarei Hospital Blood Bank including appointment to the vacant charge scientist post, recruitment to the two new blood bank specialist scientist posts, implementation of a training programme for shift scientists, and updated standard operating procedures.

An interim upgrade of the Blood Bank facility in early 2018 will contribute to improved workflow and fewer interruptions for Blood Bank scientists. The New Zealand Blood Service continues to provide support and oversight. It is expected that IANZ accreditation will be regained by March 2018.

### **Substance Addiction Compulsory Assessment and Treatment Act 2017**

In February 2018, the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 comes into effect.

People with a severe substance addiction and severely impaired capacity to make decisions about engaging in treatment for that addiction will be assessed and treated by order of the Act.

The Act outlines the processes to be followed, and the rights of anyone placed under the Act. The intention is to protect them from serious harm, stabilise their health, protect and enhance their mana and dignity, and restore their capacity to make informed decisions about further treatment and substance use. The Act replaces the Alcoholism and Drug Addiction Act 1966.

There are significant concerns about the implementation of the SACAT legislation in terms of the practical, logistical and financial implications and the speed at which this Bill will come into effect. And, in the context of an already overburdened and chronically under-funded Alcohol and Drugs (AOD) sector; the absence of appropriate funding leaves DHBs in the unenviable position of holding substantial clinical and reputational risks.

This legislation is highly anticipated by family/whanau, the general public and the Police and the expectation is that this legislation may reduce the incidence of repeat ED presentations, homelessness and the repetitive incidence of drunk and disorderly related crime. Without adequate resourcing this legislation will not only fail to meet these expectations but will also further exacerbate the demand on the already stretched AOD service continuum.

The Northern region DHB's have written to the Minister requesting an urgent meeting to discuss the concerns in full detail.

# HIGHLIGHTS

## ***Countdown Kids Hospital Annual Appeal***

The 2017 Countdown Kids Hospital annual appeal in Northland raised \$112,158 for child health services. Over the past 11 years the appeal has raised over \$677,043 in Northland. More than 7500 children and babies are admitted to one of the four Northland hospitals each year and the funds donated from the appeal go towards equipment such as ECG machines, neonatal respiration monitors, nebulisers, ultrasounds, incubator cots and blood sampling machines. The huge amount of effort from Countdown and Northland DHB staff who undertook new and successful promotions for the fundraising is gratefully acknowledged.

## ***Health Care Assistant NZQA Level 3 Certificate***

In December 2017 40 Health Care Assistants completed and graduated with an NZQA Level 3 Certificate in Health & Wellbeing (Health Assistance) qualification. This was an inaugural/pilot training programme delivered in partnership with Careerforce. An evaluation of the programme demonstrated the benefits for the organisation, the ward/units and the individual health care assistant. For some of these staff this was the first qualification that they have ever achieved, with all of the graduates demonstrating increased knowledge, confidence and value from completing the programme. The Executive team is supportive of continuing this programme for all Health Care Assistants across the organisation.

## ***Early Warning Score Tool***

The new national early warning score tool continues to be piloted on Ward 4 at Whangarei Hospital, supported by staff from the Patient At Risk Team and the Quality Improvement Directorate. The tool is intended to ensure early medical intervention when a patient's condition deteriorates to reduce the risk of the patient becoming critically unwell. As Ward 4 cares for many of the sickest patients at Whangarei Hospital it is a good location to assess the new tool, which is expected to be rolled out to other wards over the next year. The early experience has been favourable with ward nurses particularly appreciating the clear mandate they are given by the tool to request intervention by medical staff.

## ***Comprehensive Falls Programme***

A Request for Proposal has been completed for the provision of a comprehensive falls programme across Northland. Northland DHB has established a collaborative partnership with Sport Northland - ACC's lead agency contracted to coordinate accessible, accredited, locality based and community led, Northland-wide community exercise classes for all those over 65 years. This provides a wider proactive population health response. Sport Northland is represented on the Local Falls Working Group and future Clinical Governance Group. Northland DHB has entered into a contract with Accident Compensation Corporation (ACC) to be the lead agency for the whole programme.

## ***Maternity Quality and Safety Programme (MQSP) Annual Report***

The Ministry of Health acknowledged and congratulated Northland DHB on the production of an excellent MQSP Annual Report, citing evidence that there had been a lot of work put into the programme in Northland. Highlights noted by the Ministry were:

- Positive coverage of the DHBs activities including consumer engagement and quality improvement activities incorporating the recommendations from the Perinatal and Maternity Mortality Review Committee and National Maternity monitoring group
- Excellent progress against the 16/17 programme plan citing examples: maternity standards, introduction of He Tapua Waiora for drug and alcohol perinatal health and the Hapu Wananga aligned to SUDI prevention programme
- Excellent work investigating perinatal mortality.

The Ministry concluded that Northland DHB had a well embedded programme with consistent regular and renewed activities appropriate to its population. The annual report is published on the DHB website.

### **Nurse Prescribing**

As of January 2018 Northland DHB now has eight nurse prescribers – one authorised prescriber (Nurse Practitioner employed in ED) and seven designated RN prescribers (four of which may prescribe in diabetes). This is a significant achievement for all concerned.