

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

HELD ON MONDAY 23 APRIL 2018

TE WAKA HAUORA, KAITAIA HOSPITAL

COMMENCING AT 9.06 AM

PRESENT

John Bain (Chair)
Sally Macauley
Sue Brown

Libby Jones
Gary Payinda

IN ATTENDANCE

Nick Chamberlain, Meng Cheong, Jeanette Wedding, Neil Beney, Andrew Potts, Mike Roberts, Ian McKenzie, Kathryn Leydon, Neta Smith (Part), Sarah Clarke (Part) Carol Green (Part) Jodie Moselen (minutes)

FIRE PROCEDURES

The fire exits were noted

APOLOGIES

Denise Jensen
Debbie Evans

IT WAS MOVED THAT that the apologies be received by the Committee

MOVED Libby Jones SECONDED John Bain CARRIED

CONFLICTS OF INTEREST

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

1.0 COMMITTEE MINUTES

1.1 Confirmation of Minutes 12 March 2018

IT WAS MOVED THAT the minutes of the meeting held on 12 March 2018 be approved

MOVED Libby Jones SECONDED John Bain CARRIED

1.2 Matters/Actions Arising

- There were no matters arising for this meeting

2.0 CHAIR'S REPORT

- The Chair had no matters to bring to the Committee's attention

3.0 GENERAL BUSINESS

3.1 Powered Up District Hospitals – Presentation Neta Smith, Operational Manager, Kaitaia Hospital, Sarah Clarke, Clinical Lead, Consultant Rural Hospital Medicine and Urgent Care, Kaitaia Hospital and Carol Green, Charge Physiotherapist, Kaitaia Hospital

- The Medical Rural Pipeline initiative has been developed and implemented over the past few years with success
- There has been an overall increase in the number of medical students applying showing an increased desire to work in rural medicine
- Students applying for the programme are in their fourth, fifth and sixth years of study
- 43% of current house officers were trained in Northland
- Currently ten registrars and two GP trainees in Whangarei were trained in rural Northland
- There are four community placement House Officer opportunities, this year there were ten applications for this positions
- A placement within the rural community is now becoming compulsory for House Officers
- In 2008 the College of General Practitioners set up a fellowship for vocational training in becoming a specialist in rural hospital medicine
- Currently there is a Northland DHB Rural Programme allowing for four Rural Registrar trainee positions within Northland. The positions to date have included three at Kaitaia, one located at Bat of Islands and one in Dargaville
- The programme includes general medicine, emergency medicine a rural hospital placement, paediatrics, anaesthetics/ICU, rural general practice and an elective element
- The anticipated exits for the programme include one SMO for 2018, one fellowship for 2019 and two fellowships for 2021
- More work is needed in connecting participants with vacancies at the time of exiting the programme
- Constant contact with participants is maintained throughout the process
- It is noted that of all staff trained in rural areas 50% will choose to continue to work rurally once their training has been completed with only a 20% chance of staff choosing to work rurally if trained in a urban area
- While it is not in the contract to house the trainees completing the rural pipeline programme both Kaitaia and Bay of Islands allow participants to stay in staff housing at no cost to the participant
- It is a challenge to recruit physiotherapists for rural work and retention rates are low. This is hard to balance with the need to maintain continuous quality service for a large high needs population
- Key areas of focus for rural physiotherapy include; recruitment and retention, improve efficiency of the service and succession planning
- The difference between the skill levels required of a physiotherapist in an urban vs. a rural population is vast. In urban areas physiotherapist can have a specific area of work where a rural physiotherapist needs to have a wide physiotherapy scope of practice
- The short term goal is to improve the probability of recruitment with the longer term goal to improve staff retention
- Northland DHB is present in local school career days to help support local recruitment
- Succession planning is key
- The aim to employ local people is high with it proven that staff are more likely to stay in a community where they have pre-established links
- A financial incentive could also be used to remove some barriers for those looking to work for a rural hospital. These can include such incentives as a physiotherapy scholarship and rural financial incentives for improving recruitment at times of critical staff shortage
- It is important to support the current staff on board as this will support staff retention
- Kaitaia Hospital works with the local private physiotherapist to support one another and make sure the patients' needs are always the top priority
- The need to keep staff up skilled and educated will also help with staff retention. This is currently being done over two sites for the physiotherapy staff with education being led by Kaitaia and Bay of Islands staff
- Currently there is a physiotherapy student scholarship which has its first participant. The scholarship pays for course fees and provides work during the school holiday period
- All physiotherapists are rotated through all service areas of the hospital to develop generalist skills and to share the workload

- There is a proposed Allied Health Pipeline which would look at extending scholarships to other Allied Health services to encourage working in a rural hospital and would include working three months at each Northland DHB hospital campus
- A proposed 'Districts Bureau' would employ staff to cover all rural hospitals in times of staff shortages and leave
- Contracts for these staff would include measures for travel, maximum shifts and maximum on calls
- It is suggest the roles in the District Bureau start with physiotherapy, occupational therapy, medical radiation technologist, speech language therapist and social workers with the aim for the scope to extend to doctors and nurses
- **Request for update on the possible incentivisation for staff and trainees working in rural hospitals**

4.0 SYSTEM PERFORMANCE

4.1 Operational Report

- Acute workload levels remain high at Bay of Islands and Whangarei hospitals
- Inpatient occupancy is high at the Tumanako unit
- The additional twelve bed medical ward has now opened
- Bargaining continues with the New Zealand Nurses Organisation. There is a possibility of strike action later in the year
- Falls with harm increased in January but has lowered again for February
- The faster cancer treatment and elective surgery discharge targets were achieved for February
- The target for mothers discharged from the maternity unit exclusively breastfeeding was high at 97%. It was noted that this does drop slightly once mothers are back in the community
- A newly appointed working group has been established in Northland to oversee drinking water
- Sick leave rates were low in most areas
- Work continues on the plans to extend the operating theatre complex at Whangarei Hospital
- Two acute operating theatres are running three days a week
- A locum gastroenterologist commenced employment with Northland DHB in March. This appointment along with some continued outsourcing will enable a rapid reduction in the colonoscopy wait list
- A medical oncologist employed by Auckland DHB, with a particular interest in Maori health, has been appointed to a part-time post at Northland DHB working two days per fortnight
- A joint plan between Northland DHB and PHOs to rationalise the orthopaedic referral practice is currently underway
- Some weekend surgery lists are being completed but is on a voluntary basis as this differs from normal working hours. A change process is currently underway so that after-hours elective lists are rostered as normal duties
- The outsourcing budget for theatres is being increased as the expansion in acute theatre hours has resulted in a reduction in elective capacity
- The audiology/ENT service has seen a reduction in clinic non-attendance. This is due to the introduction of a patient centred booking system in which patients are given the choice of appointment dates. **Update on the outpatient Did Not Attend (DNA) project requested**
- Discussions with radiologists regarding overnight reporting have begun. Currently this is outsourced but this may change due to increased staffing levels
- A new PACSs electronic imaging contract has started with Philips as the supplier
- The Health of Older People service is running well under budget
- A strategic initiative is being developed to support Allied Health services working over a seven day per week roster
- The medical service remains under pressure with the average length of stay higher than previous months. Key indicators for the rise include patients who are older presenting with more complex needs as well as patient flow
- Intermediate Level Care (ILC) beds in Ward 16 have now opened
- The Medical Assessment Unit (MAU) is scheduled to open in July 2018
- Work is being completed on the electronic ED whiteboard system
- The renal service has seen a drop in home dialysis due to multiple factors including water quality at patient homes as well as the increase in electricity costs for the patient
- The Substance Abuse Compulsory Assessment and Treatment Bill (SACAT) is now in place

- The procurement phase to replace JADE will begin in May
- The Oral Health service has gained an extra thirteen schools to their patient group. The Oral Health leadership team were assigned to this group of patients. While there are on-going issues with recruitment into this service there are strategies in place to mitigate this including recruiting new graduates
- Acknowledgement of the positive work being done by those contributing towards the breastfeeding target

4.2 Financial Report

- Paper taken as read
- It was noted the finance report reflects data for March where the operational report reflects data for February
- DHB owned services were at a deficit of \$1.7m unfavourable by \$315k
- Year to date the operating deficit is \$2.1m which is a favourable variance of \$1.7m
- Work in strategic projects is now impacting the budget including work for the second acute theatre and increased bed numbers
- The improvement team is completing a deep dive into the cost of locum spend with a report to come to management once completed
- IDFs wash-ups continue to affect the unfavourable balance
- Wage sector negotiations continue
- **Request for a report on the funding of Northland DHB patients at Counties Manukau DHB rehabilitation ward**

5.0 NEXT MEETING DETAILS

The next meeting will be held at 9.00am, Tuesday 5 June 2018, Community Services Conference Room, Dargaville Hospital

There being no further business the meeting closed at 10.44am

CHAIR

DATE