

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

**HELD ON MONDAY 27 AUGUST 2018
TANGIHUA MEETING ROOM, TOHORA HOUSE, WHANGAREI HOSPITAL
COMMENCING AT 9.00 AM**

PRESENT

John Bain (Chair)
Sally Macauley
Sue Brown
Denise Jensen

Libby Jones
Gary Payinda
Debbie Evans

IN ATTENDANCE

Craig Brown

Nick Chamberlain, Meng Cheong, Andrew Potts, Jeanette Wedding, Pip Zammit, Neil Beney,
Mike Roberts, Kathryn Leydon, Jodie Moselen (minutes)

Member of the Public - Beryl Wilkinson

FIRE PROCEDURES

The fire exits were noted

APOLOGIES

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 16 July 2018

It was moved that the minutes of the meeting held on 16 July 2018 be approved

MOVED Libby Jones SECONDED Denise Jensen CARRIED

1.2 Matters/Actions Arising

1.2.1 Emergency Department average length of stay past 24 hours

- February 2018 had 12 patients that were in ED for 24 hours or more. Factors that contributed to this included; bed availability, the average length of stay in medical wards, number of ED presentations, number of admissions from ED to medical wards, total medical bed days, beds utilised, medical outliers on surgical wards, review of duty manager reports and the time of day when patients presented to ED
- Total presentations in February 2018 were seven percent higher than February 2017
- The number of triage one patients during this period had increased by 20 percent on February 2017 numbers
- The total number of beds increased part-way through February with the opening of Ward 12. During this time Wards 14 and 16 were also open
- **Request for timing of Whangarei Hospital discharges**

1.2.2 Feasibility of undertaking primary joint surgery for low risk patients at Kaitaia Hospital

- The Clinical Directors for Anaesthesia and Orthopaedics met with the Kaitaia Hospital Clinical Lead. They assessed the feasibility of undertaking primary joint surgery for low risk patients at Kaitaia Hospital as safe
- It is proposed that procedures commence from mid-November
- Some minor capital equipment is needed which will follow the normal capital expenditure process
- The theatre list will begin as three procedures per month. This will be reviewed in the future to look at any changes that may be required
- Patients will come primarily from the mid and far north but would not necessarily be limited to these areas

1.2.3 Replacement flight rig for transporting sick babies

- The Civil Aviation Authority will require all helicopter rigs used to carry neo-natal patients be updated to meet new regulations from November 2018
- The upgrades required to each rig are quoted as costing approximately \$150k - \$230k
- Northland DHB has approached the Northland Foundation to help with funding for these upgrades
- Discussions are being held with Auckland DHB regarding availability to borrow a rig until a new rig is sourced

2.0 CHAIR'S REPORT

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

3.0 SYSTEM PERFORMANCE

3.1 Operational Report

- There was only one fall with major harm in June across all hospital wards
- Recruitment is currently underway for additional staff to support the new Medical Assessment Unit
- The Mental Health Inquiry Panel visited Northland in June
- ESPI compliance was maintained with regard to first specialist assessments
- Sick leave rates increased in June but are within normal range for the winter period
- Work is almost complete on the developed design scheme to extend the operating theatre complex at Whangarei Hospital
- Formal consultation is underway regarding the introduction of scheduled evening and weekend elective operating sessions at Whangarei Hospital. This is pending the extension of the operating theatre complex expected in late 2019
- 74 percent of staff have had the influenza vaccine with the availability of staff to still obtain one free of charge if requested
- Contract documentation has been issued by the Ministry of Justice for the provision of coronial autopsies from September 2018
- There has been a slight reduction in outpatient contact for the month of June. This can be partly attributed to higher than usual sick leave rates for this seasonal period
- Recruitment has commenced for an additional geriatrician
- Increased financial pressure in the medical service is due to increased watches required as the number of open beds has increased
- Currently there is a project underway to look at more effective ways to support patient discharges including better patient flow and supported discharges. This project is clinically led with a patient focus
- A strong focus continues to promote in-home dialysis as an option with discussions being held with other DHBs to look at their processes
- There has been a reduction in locum usage for ED
- Bed numbers in Tumanako have increased to 29
- Recruitment is still underway in Mental Health for multiple positions
- Overspend in district hospitals can be partly attributed to locum overspend and increased nursing costs
- Previously open vacancies at Bay of Islands and Dargaville hospitals have been filled with Kaitaia hospital still advertising for a small number of positions
- There was higher than usual utilisation of paediatric services for June
- Discussions with the public, DHB and the Far North District Council continue regarding the drinking water in Kaeo

- Negotiations continue with unions regarding possible changes to weekend rosters

3.2 Financial Report

- July has recorded an operating surplus of \$315k against a budgeted surplus of \$98k, a favourable variance of \$217k
- The detailed budget process is progressing as expected
- Cash flow remains a focus over the coming month

4.0 GENERAL BUSINESS

4.1 Palliative Care Services: Presentation by Dr Vince Newton, Clinical Director, Cancer and Blood Services

- It is noted that chemotherapy drugs are less than one quarter of the total regular spend of Pharmaceutical Cancer Treatment (PCT) drug costs from Pharmac
- Over 50 percent of the total budget within the cancer and blood service is pharmaceutical costs
- Two thirds of patients receiving systemic drug treatment for cancer have metastatic (non-curative) disease
- The total spent on PCT drugs for 2017 based on Pharmac data was \$209,002,030. Northland DHB spend was 3.15 percent of the total in keeping with its population size
- Northland DHB had an increase in PCT spend when it took over the haematology services from Auckland DHB which resulted in a reduction of IDFs in this area
- Northland DHBs spend on cancer treatment is in line with the population numbers for the area
- The most expensive drugs for cancer treatment currently include new immunotherapy drugs
- Cancer treatments are working effectively with most patients are recorded as living longer
- Currently there is work underway to streamline the treatment process for patients so that they receive the same treatment (drug protocol) no matter which DHB they are engaged with
- Challenges facing the cancer treatment service include increased survivorship with cancer care becoming chronic disease management and increasing costs of drugs as therapeutic innovation continues resulting in increasing costs
- More work is required in the area of preventative measures including better diet and exercise as well as a reduction in the intake of smoking and alcohol as one third of cancer is potentially preventable
- Numbers of patients diagnosed with cancer treatment is growing in Northland, this can be partly attributed to our ageing population and a higher number of obese patients in the region

5.0 NEXT MEETING DETAILS

The next meeting will be held at 9.00am, Monday 08 October, Tangihua Meeting Room, Tohora House, Whangarei Hospital

There being no further business the meeting closed at 10.45am

CHAIR

DATE