

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

**HELD ON TUESDAY 05 JUNE 2018
COMMUNITY SERVICES CONFERENCE ROOM, DARGAVILLE HOSPITAL**

COMMENCING AT 9.00 AM

PRESENT

Sally Macauley (Acting Chair)
Sue Brown
Denise Jensen

Gary Payinda
Debbie Evans
Libby Jones

IN ATTENDANCE

Craig Brown
Nick Chamberlain, Meng Cheong, Neil Beney, Pip Zammit, Kathryn Leydon, Jodie Moselen (minutes)

FIRE PROCEDURES

The fire exits were noted

KARAKIA

APOLOGIES

John Bain

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 23 April 2018

It was moved that the minutes of the meeting held on 23 April 2018 be approved

MOVED Libby Jones SECONDED Denise Jensen CARRIED

1.2 Matters/Actions Arising

1.2.1 Update on discussion with St John regarding the communication with ED for incoming patients

- Northland DHB have met with St John to discuss the communication between the two parties with the aim of finding a more suitable way of communicating while en route
- There are generally only two staff in the ambulance at one time with the person attending to the patient also having to communicate with the hospital
- St John will investigate other possible options and a more formal audit may take place if required

1.2.2 Update on the implementation of the Substance Abuse Compulsory Assessment and Treatment Act – Presentation Jenny Freedman-Hauge, Clinical Psychologist – Mental Health and Addiction Services

- The new Act came into effect on 21 February 2018. Its purpose is to enable patients to receive compulsory treatment if they have a severe substance addiction and their capacity to make decisions about treatment for that addiction is severely impaired
- The Ministry of Health requested the Northern Region to develop a model of care with Waitemata DHB as a lead. The process involved consultation and the development of a SACAT Technical Advisory Committee on which Northland DHB was represented
- A proposed model of care was developed which included a multi-disciplinary approach with oversight by the Area Director Addictions in Auckland
- The Ministry of Health did not accept the proposal and advised that SACAT services would need to be absorbed into business as usual
- In regards to the Act a person lacks capacity if they are unable to complete one of the following; Understand the decision, retain information, weigh up information, communicate their decisions
- If someone is placed under the Act they may undertake a mandated assessment and detoxification, eight weeks of treatment followed by another eight weeks if they are cognitively impaired. Treatment under the Act is lifted if capacity is restored during any part of this process
- The Ministry of Health has agreed that currently only nine beds nationally will be available for those under the Act. These beds are located in Nova Star in Christchurch
- Identified risks of implementing the Act include; The cost of the new roles for staff related to the Act to come from within existing resources, potential impact on the detox unit and hospital beds, managing the expectations of the community and medical professionals and only having nine beds available nationally located in the Christchurch
- In preparation for the Act presentations were held within the community and the wider health sector to provide accurate information
- New roles have been appointed under the Act include adding the SACAT Act Administration role to the Mental Health Act Administrator's position, Authorised Officer, Approved Specialist and Responsible Clinician. Yet to be filled is the role of a Peer Whanau Cultural Support
- Relevant staff have received the required training for their role
- It was noted the Act also applies to youth patients
- The demand since February has included eight inquires to the service with two formals referrals however no one from Northland has been placed under the Act as yet

1.2.3 Funding of Northland DHB patients at Counties Manukau DHB rehabilitation ward

- Patients staying within the spinal unit are partially funded by ACC with a top-up from IDF funds
- For the current financial year the IDF funding has been suspended with Counties Manukau DHB seeking to reinstate this
- On-going discussion regarding IDF funding continues with the Ministry of Health

2.0 CHAIR'S REPORT

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

3.0 GENERAL BUSINESS

No new items were raised by the Committee

4.0 SYSTEM PERFORMANCE

4.1 Operational Report

- Acute demand pressure continues to be experienced in the Whangarei Hospital Emergency Department with an increase of 9.7% more patients seen in March 2018 compared to March 2017
- There was one major fall with harm in March
- Performance against the average length of stay and faster cancer treatment targets remain below targeted levels
- Acute activity continues to result in financial pressures
- Sick leave rates increased in a number of services for March
- There was a positive trend in March for acute readmissions
- Work continues on plans to extend the operating theatre complex at Whangarei Hospital which should reduce outsourcing costs
- ESPI compliance is expected in October
- The Committee raised the possibility of nurses and allied health staff taking on specialist roles, for example nurse endoscopists and nurses inserting PICC lines. **Report requested on nursing and allied health staff's ability to work at the top of their scope of practice**
- The percentage of patients referred with high suspicion of cancer commencing treatment within 62 days is at 71% creating an impact on acute services
- A predictive analytical tool is being developed to identify patients at high risk of not attending clinic appointments. **A report on how Northland DHB could incorporate community networks to support this on-going project was requested by the Committee**
- Due to on-going growth demand for MRI scans continues to exceed the recommended level
- Work is currently being completed on the Radiology department workflow and productivity. The intention is to determine the most cost effective way to meet the required demands for the service
- There has been a decrease in the number of patients wanting in-home dialysis. **Request for a report on interventions currently in place to better support patients to undertake in-home dialysis and increase numbers**
- IANZ accreditation of the laboratory at Whangarei Hospital was retained following an audit in May
- Recruitment for some roles within Pathology continues
- Wage negotiations for nurses continues
- Work continues within Dental to better engage with patients under five years old

4.2 Financial Report

- Report taken as read
- The result for the month of April was an operating deficit of \$1,088k which is a favourable variance of \$583k
- Hospital owned services were favourable for the month
- Accrual IDF's were greater than the volumes budgeted for April
- Surgical Services and Bay of Islands Hospital continues to add pressure to the year to date forecast
- Board approved initiatives are underway and continue to gain momentum
- The Central Stores relocation will have an impact to the 2017/18 financial results
- Sector wage negotiations continue

5.0 NEXT MEETING DETAILS

The next meeting will be held at 9.00am, Monday 16 July, Tangihua Meeting Room, Tohora House, Whangarei Hospital

There being no further business the meeting closed at 10.34am

CHAIR

DATE

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