

**Northland District Health Board
HOSPITAL ADVISORY COMMITTEE (HAC)
Monday 18 November 2019, 9.00 - 10.30
Whangārei Hospital**

MINUTES

Present

John Bain (Chair)	Gary Payinda	Debbie Evans	Libby Jones
Sally Macauley	Sue Brown	Denise Jensen	

In Attendance

Paul Welford	Pip Zammit	Ian McKenzie	Kathryn Leydon
Mike Roberts	Nick Chamberlain	Liz Inch	Sarah Fox (minutes)

Craig Brown - Board Member

Vince Cocurullo - Incoming Board Member for 2019 - 2022

1.0 General Business

1.1 Presentation

Catherine Parker, Workforce Development & Wellbeing Manager gave a presentation on the Northland DHB Wellbeing Programme.

Northland was in the process of becoming the first New Zealand DHB to join the Australasian 'Mayo Wellbeing Index', facilitated by Health Roundtable, which would enable staff to monitor and benchmark their wellbeing and provides access to resources and support.

Paul Welford, Chief Operating Officer (COO), agreed to report back on how seriously operational managers took the topic.

2.0 Committee Minutes

2.1 Confirmation of Minutes 26 August 2019

It was moved that the minutes of the meeting held on 26 August 2019 be approved.
MOVED Sally McCauley SECONDED Denise Jensen CARRIED

2.2 Matters/Actions Arising

2.2.1 Report on formal implementation of domestic violence leave provisions

- The Domestic Violence Leave policy had been developed and would be implemented following final approval by the Operational Management Group on 20 December.

2.2.2 Report on compliance with mandatory training targets

- Statistics had not been compiled comprehensively to-date in the way that had been requested. A review was being undertaken on which courses were required to be mandatory including comparing the number Northland categorises as mandatory compared to other DHBs. Reporting would commence once that exercise had been completed.

2.2.3 Dispensing full courses of medications on discharge

- It was confirmed that this had been implemented across the hospital, including in ED and child health, for at-risk patients.

2.2.4 Name of Dargaville out-of-hours service

- The service had been referred to as an 'ED' although it did not perform this function. A more appropriate name was yet to be decided.

3.0 Chair's Report

The Chair had no report for this meeting.

4.0 System Performance

4.1 Operational Report

The COO highlighted the following points from the operational report:

- Implementation of phase one of the Managerial Structure Review had commenced, including the redistribution of services across directorates reporting to the COO.
- The ongoing problem of ED being delayed in admitting patients to wards was noted for discussion at the Board meeting.
- Work had been continuing to find opportunities to improve contracting, for example a significant saving had been achieved by outsourcing of anatomical pathology. Various ACC initiatives were also being investigated, including increasing revenue from surgery, treatment injuries and MRI. A business case was being developed to move rehabilitation to rural hospitals.
- Many wards had noted a lull in activity with beds being available and had been able to stand staff down.
- Union actions had been continuing with some withdrawal of services.

Ian McKenzie, GM Mental health & Addiction Services, gave an overview of the work of Mental Health and Addiction Services in relation to the recent national Mental Health review.

- The outcome of the Mental Health review had seen a shift in emphasis from focussing on specialist services to providing increased primary care mental health support in the community. Northland DHB had been running a successful pilot for improved community mental health for some time and the Ministry of Health *Integrated Primary Mental Health and Addiction Services* request for proposal (RFP) response had been developed in conjunction with Mahitahi Hauora. The outcome of the RFP had not yet been determined.
- The review had identified the need for health improvement practitioners and health coaches who would be embedded in practices. The Northland bid had included nearly 80 new FTE and training the workforce was noted as being a key priority to roll out the service across all practices.
- Another RFP was being developed for youth services and Northland had been trialling working with a Health Improvement Practitioner based in schools.
- There was discussion on the difficulty faced by DHBs across the country in filling vacancies in mental health services.

There was discussion on the following points:

- Child Development Services Visiting Neurodevelopmental Therapy (VNT) waiting lists were being addressed through national funding via the Northern Regional Alliance.
- It was suggested that places on Northland DHB Learning and Development courses be offered to other organisations at the appropriate cost. This was already taking place to some extent but opportunities for expansion to other agencies would be investigated.
- There was a report of a perceived disparity between transport provided for Renal patients compared to others, eg Oncology patients. It was noted that support was available through National Travel Assistance (NTA) if the eligibility criteria were met. The criteria for accessing NTA would be reported to the next meeting.
- The possible reasons for and measures to address the continued increase in leave balances were discussed. A report including leave hours per head and buy-back options would be included in the papers for the next meeting.

- The DHB was in negotiation with Ngati Hine to offer dental services in Kaikohe and Kawakawa in a public/private partnership. A report on progress would be provided to the next meeting.
- The high level of approved overtime for the Payroll team was noted as a consequence of the work required for the Holidays Act remediation project.

5.0 Next Meeting Details

Monday 9 March 2020, 9.00am, Tangihua Meeting Room, Tohora House, Whangārei Hospital

There being no further business, the meeting closed at 10.25 am.

CHAIR

DATE