AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 4 March 2009 at Sorrento in the Park One Tree Hill Domain Auckland commencing at 12:00 noon

1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Committee Members

Dr Chris Chambers (Chair)
Susan Buckland
Rob Cooper
Pat Snedden
Seiuli Dr Juliet Walker
Assoc Prof Anne Kolbe
Jo Agnew
Harry Burkhardt
Dr Brian Fergus
Rt Hon Bob Tizard
Ian Ward
Farida Sultana

Management in Attendance

Garry Smith – Chief Executive
Greg Balla – Director Performance and Provider Development
Clive Bensemann – Clinical Director, Mental Health
Margaret Dotchin – Nurse Director
Fionnagh Dougan – General Manager Mental Health, Ambulatory, Cancer & Blood Services
Dr Rick Franklin – Clinical Leader Ambulatory Services
Kay Hyman – General Manager Woman's and Children's Services
Dr Denis Jury – Chief Funding & Planning Officer
Janice Mueller – Director Allied Health
Vivienne Rawlings – General Manager Human Resources Operations
Dr Margaret Wilsher – Medical Director Adult Services
Brent Wiseman – Chief Financial Officer
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 12:12pm.

Apologies had been received from Dr Ian Scott, Professor Iain Martin, Dr Rees Tapsell, Lynda Williams and Ngaire Buchanan, Taima Campbell and Dr David Sage.

2. CONFLICTS OF INTEREST

Chris Chambers advised that he was now on the Credentialing Committee for private hospitals. There were no declarations of interest for any items on the agenda.

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

3. CONFIRMATION OF MINUTES 4 FEBRUARY 2009

Moved Jo Agnew, seconded Seiuli Juliet Walker

That the minutes of the Hospital Advisory Committee meeting held on 4 February 2009 be confirmed as a true and correct record.

Carried

Procurement Update

Julian Inch, CEO of DHBNZ was in attendance and after being introduced by Chris Morgan presented to the Committee on health procurement. The presentation covered the strategic priority to achieve demonstrable value from collective activity on procurement, to produce sustainable cost saving, involve clinicians, manage risk and use high performing DHB supplying chains to seek a 5% saving stream over 3 years on the $900m per annum spend. There are variable practices across DHBs so there needs to be connectivity using common systems, collective projects and role specialisation in line with government guidelines. Savings to date were outlined as were new projects. ADHB is ahead of others with capable procurement with larger volumes, clinical leadership and a status with suppliers that creates opportunities to lead best practice and standardisation and to host information systems. Stage 1 of the national strategy is to do fact finding through quick scans, best practice internationally and literary reviews with a report by the end of March. Stage 2 will be consideration, review and adoption of the plan, and Stage 3 implementation of the strategy.

It was noted that while Pharmac did some procurement as an agent for DHBs and they are good at commodity purchasing, they are not set up for other procurement. The strategy is to pick the best agent to get achievements. Sometimes clinical agreement is difficult.

5. OPERATIONAL PERFORMANCE

5.1 Operational Summary Report

Kay Hyman presented on inpatient volumes. There is no wash up agreement with Counties Manukau although there is with other DHBs.

The year end forecast was presented with the major risk being winter pressure on beds which created backup in ED and APU as well as pressure on elective volumes. The proposal for an Elective Services Centre is to separate and protect the elective production.

There has been a regional meeting with the Minister about the proposal that Greenlane be developed as the Elective Services Centre, not to deliver to ADHB's population but to meet unmet demand for people on the threshold. Primary care will be encouraged into the governance and referral processes. The proposal is for 12 theatres for the region, four for each DHB. This proposal would be funded outside present funding. There are implications for the design of elective services, how ADHB developed the Greenlane site and how services were developed regionally. Other plans for Greenlane were being reviewed and may take a couple of months.

The Committee supported doing the business case but emphasised the need for it to be part of the development plans for delivery of services ADHB needs to deliver in the future and the considered development of the Greenlane Clinical Centre. This may provide the critical mass for the development of Greenlane.

ADHB's priorities of Maori and Pacific need to be included.

Occupancy over 650 occurred on two nights in the past month. Planning and Funding are reviewing admission practices with a report expected within two months.

5.2 Capacity Planning

The elective contract second six months capacity plan was noted.

5.3 Operational Indicators Exception Report

The range of report limits are defined based on history and current practice, and the targets are set clinically. To change the range would require a change in processes through quality improvement practices. Indicators and targets are very much part of clinical responsibility.

Regional Eating Disorders Services

A Regional Eating Disorders Services report was tabled. The Committee was updated that in the last 10 days the provider in Sydney had changed their capacity and there was now a requirement to negotiate to move to new providers. The GM Mental Health will travel to Sydney to assess the new providers specifications and standards. There needs to be a spectrum of care to cover a range of age groups with the immediate requirement to meet the needs of under 15s.

The interim arrangement for under 15s was in Starship and for older people teaming with NGOs to deliver 24 hour care. NGOs have not yet been identified. It was understood that families were happy with the engagement on the transition.

6. IMPROVEMENT ACTIVITIES

6.1 DAP Projects Report

The report was noted.

7. HOSPITAL ADVISORY COMMITTEE FINANCIAL REPORT

The treatment costs as a percentage of revenue should increase in 2008/2009 however there needed to be further analysis in relation to the cost of cancer drugs showing the income stream on the other side.

NEXT MEETING

The meeting closed at 1:28pm

The next meeting is scheduled for:
12:00 noon, Wednesday, 1 April 2009
A+ Trust Room
Clinical Education Centre
Auckland City Hospital
Grafton

CONFIRMED

CHAIR: ………………………………………………… **DATE:**……………………..