

| MEETING DETAILS | | | | | | | | | | | | | |
|---------------------------|--|---------------------------|----------|----------------|------------|-----------------|--------------|-------------|-------------------|-------------------------|----------|-----------------------|----------------|
| Time and Date | 10:45am, Wednesday, 1 September 2010 | | | | | | | | | | | | |
| Venue | A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton | | | | | | | | | | | | |
| 1 | ATTENDANCE AND APOLOGIES | | | | | | | | | | | | |
| | <p>The Chair declared the meeting open at 10:50 am.</p> <p>Committee Members</p> <table> <tr> <td>Dr Chris Chambers (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Rob Cooper</td> </tr> <tr> <td>Dr Brian Fergus</td> <td>Dr Ian Scott</td> </tr> <tr> <td>Pat Snedden</td> <td>Rt Hon Bob Tizard</td> </tr> <tr> <td>Seiuli Dr Juliet Walker</td> <td>Ian Ward</td> </tr> <tr> <td>Professor Iain Martin</td> <td>Lynda Williams</td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith - Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Dr Margaret Wilsher – Chief Medical Officer Brent Wiseman – Chief Financial Officer Dr Richard Aickin – Director Child Health Greg Balla – Director Performance & Innovation Ngairie Buchanan – General Manager Operations Fionnagh Dougan - GM Mental Health, Ambulatory, Cancer & Blood Services Kay Hyman – General Manager Women’s and Children’s Services’ Paul Green – Manager Materials Management Janice Mueller – Director Allied Health Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Harry Burkhardt, Anne Kolbe, Taima Campbell and Vivienne Rawlings.</p> | Dr Chris Chambers (Chair) | Jo Agnew | Susan Buckland | Rob Cooper | Dr Brian Fergus | Dr Ian Scott | Pat Snedden | Rt Hon Bob Tizard | Seiuli Dr Juliet Walker | Ian Ward | Professor Iain Martin | Lynda Williams |
| Dr Chris Chambers (Chair) | Jo Agnew | | | | | | | | | | | | |
| Susan Buckland | Rob Cooper | | | | | | | | | | | | |
| Dr Brian Fergus | Dr Ian Scott | | | | | | | | | | | | |
| Pat Snedden | Rt Hon Bob Tizard | | | | | | | | | | | | |
| Seiuli Dr Juliet Walker | Ian Ward | | | | | | | | | | | | |
| Professor Iain Martin | Lynda Williams | | | | | | | | | | | | |
| 2 | CONFLICTS OF INTEREST | | | | | | | | | | | | |
| | <p>There were no declarations of conflicts of interest for any item on the agenda. Juliet Walker advised that she was programme facilitator for Pacific General Practice and Ian Scott advised some amendments to his register.</p> | | | | | | | | | | | | |
| 3 | CONFIRMATION OF MINUTES 4 AUGUST 2010 | | | | | | | | | | | | |
| | <p><u>Moved Juliet Walker, seconded Lynda Williams</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 4 August 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>The annual National Women’s Clinical Report day had been excellent with very good feedback from the Ministry of Health and should be a model that other DHBs should follow.</p> <p>The ongoing industrial action had been raised at the Quality, Risk and Audit Committee and</p> | | | | | | | | | | | | |

| | |
|------------|--|
| | would be discussed at the Board. |
| 4 | ACTION POINTS 4 AUGUST 2010 |
| | <p>The Chair welcomed Dr Teh, a guest from Penang in Malaysia.</p> <p>Elective Services Performance Indicators (ESPI) Reports</p> <p>Cathy Lewis of the Business Intelligence Team was in attendance and presented on the ESPI reports which were a relationship tool with DHBs showing contract volumes for acute and elective, waiting times for electives and out-patients and the reports could be run for each DHB and for specialities i.e., elective inpatient WEIS volumes, WEIS volumes by speciality, FSA out-patients volumes, out-patient volumes by speciality, surgical waiting lists and out-patient waiting time distributions. The reports were rich with information and meetings had been held with Northland and Waitemata and one arranged with Counties Manukau showing the previous twelve months data and the first month of this financial year seeking feedback. The reports would be reviewed in six months time. The information fed through to capacity planning and in December contract volumes for the ensuing year would be discussed. While the regional principle was equity of access to services this may not happen with different clinical thresholds. FSAs can be compared to contract and provide an alert if they were to exceed the contract.</p> |
| 5.1 | Operational Summary Report and Financials |
| | <p>The reporting had been changed with revenue reported collectively so that there was a concentration on operational costs and volumes to minimise costs and maximise volumes. While WEIS were 500 below the contract July was a slow month for coding due to the end of year.</p> <p>General Medicine was the most affected by the SMO/RMO shortage as was Children's. Training for RMOs was being improved as that was a reason they came to ADHB but there was a national shortage so there was more Consultant lead services. It was a balancing act to try and achieve 30% non-clinical time. The Committee was advised that while there was a glut in PGY1 overall there was a shortage with not enough graduates to fill all the positions in Australasia so the key solution would be to look at other roles. While 25 years ago General Medicine was aspired to there were now more sub specialities. SMO lead services with senior staff at the front door with patients was effective. Employment relations were a substantial barrier to changing the models.</p> <p>The variation to budget on blood products was a result of changes in case mix with more cardiac and more transplants with this being a volume variance. There was a table showing ethnicity of throughput which was a beginning to collect ethnicity data.</p> |
| 7.1 | Organisation Acute Flow |
| | <p>Ngairé Buchanan presented on the AED presentation trends with the increase being at a greater rate each year with, in 2010, a 10.2% increase while the population growth projection was 1.75%. While the number of admitted patients continued to rise the percentage of patients admitted had remained relatively constant. Weekend presentations had grown at a faster rate than week days with eight weekends in 2010 averaging over 160 presentations per day. There had been no changes in After Hours services in the community but there were significant cost barriers. Projections were being made to look at what resources will be needed with AED now looking for more resources as they became a bottleneck. CED had experienced a 7% increase with this year the usual peak in August and while Waitakere had opened, growth was still being experienced. There was a need for regional planning for CEDs. It was noted that children do get sick at night and also present late in primary care.</p> <p>Iain Martin left the meeting at 11:56am.</p> |
| 7.2 | Rugby World Cup (RWC) |
| | <p>Justin Rawiri, Manager, Emergency Management Services presented to the Committee advising that the Police were the lead agency but they were considering a broad spectrum of scenarios. While at national level there was scarcity of information there were well established emergency management relationships regionally and a RWC steering group had been established with good</p> |

| | |
|------------------|--|
| | <p>representation inclusive of St Johns and primary care. Events were being considered in categories of highly likely i.e., drugs, minor injuries etc. and of high consequence i.e. stadium collapse. There was an Emergotrain Exercise to be held in December which will be a challenging real time exercise. Controllers were Kay Hyman, Ngaire Buchanan and Margaret Dotchin with the Incidence Management Team (IMT) taking control with the Chair and CE notified. In reference to funding there were reciprocal agreements with UK and Australia and some overseas visitors would have insurance. In emergencies 0.1% of funding, if reach, gave avenues to access central funding.</p> |
| 5.2 | Operational Indicators Exception Report |
| | <p>The proportion of patients treated prioritised using the national recognised process had increased which was an improvement.</p> |
| 6.1 | DAP Projects Report |
| | <p>The Starship Theatres business case was in final draft and there would be a meeting held to determine the path forward to get the necessary approvals. The new model of care at Greenlane would be lead first by Ophthalmology. Industrial relations needed to be settled within terms of the major settlements and the Chair would talk to the Minister.</p> |
| 9 | General Business |
| | <p>Scott Macfarlane - Ronald McDonald House</p> <p>Scott Macfarlane, Paediatric Oncologist, had for 13 years been representative on the Ronald McDonald Trust. The Trust had started in 1994 and not only provided a roof but pastoral care for people with sick children. The Ronald McDonald House was built on the world wide organisation with ADHB generously supplying a site and initially \$1m was raised. Five years ago a further \$7m was raised for Stage III with now Ronald McDonald House having 48 rooms in-house, a family room at Starship at Level 3 and 13 rooms for people with a child in PICU. Demand continues to grow and in the last year 16 apartments in close proximity were leased and this year with the release of funding from the Alexandra Trust new premises acquired at 52-54 Grafton Road. Running costs are approximately \$3m with \$325k coming from Ronald McDonald charities, a substantial amount from transport subsidies and the rest donors. It is an effective and active trust with ADHB being active partners with their Trustees being John Paterson and Liz Segedin. There was strong support and patronage by ADHB management.</p> <p>Scott was congratulated for his leadership and dedication to the Trust and the tohunga on ADHBs premises was acknowledged. Scott was thanked for his contribution.</p> |
| | NEXT MEETING |
| | <p>The meeting closed at 12:52pm</p> <p>The next meeting is scheduled for 10:45am, Wednesday, 6 October 2010 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton</p> |
| CONFIRMED | |
| CHAIR: | DATE: |