

Hospital Advisory Committee Minutes

| MEETING DETAILS | | | | | | | | | | | | | | | |
|--------------------------------|--|----------------------|----------|----------------|-----------------|------------|-----------------|--------------|-------------------|-------------------------|----------|--------------------------------|-----------------------|----------------|----------------|
| Time and Date | 10:45am, Wednesday, 5 May 2010 | | | | | | | | | | | | | | |
| Venue | A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton | | | | | | | | | | | | | | |
| 1 | ATTENDANCE AND APOLOGIES | | | | | | | | | | | | | | |
| | <p>Committee Members</p> <table> <tr> <td>Pat Snedden (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Harry Burkhardt</td> </tr> <tr> <td>Rob Cooper</td> <td>Dr Brian Fergus</td> </tr> <tr> <td>Dr Ian Scott</td> <td>Rt Hon Bob Tizard</td> </tr> <tr> <td>Seiuli Dr Juliet Walker</td> <td>Ian Ward</td> </tr> <tr> <td>Associate Professor Anne Kolbe</td> <td>Professor Iain Martin</td> </tr> <tr> <td>Farida Sultana</td> <td>Lynda Williams</td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith - Chief Executive Dr David Sage – Chief Medical Officer Dr Margaret Wilsher – Deputy Chief Medical Officer Brent Wiseman - Chief Financial Officer Dr Richard Aickin – Director Child Health Greg Balla – Director of Performance & Innovation Ngairie Buchanan – General Manager Operations Margaret Dotchin - Nurse Director Fionnagh Dougan – GM Mental Health, Ambulatory, Cancer & Blood Services Dr Rick Franklin – Clinical Director Ambulatory Services Aroha Haggie – Maori Health Gain Manager Chris Morgan - Manager Materials Management Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>The Chair declared the meeting open at 10:48am.</p> <p>Apologies had been received from Chris Chambers, Clive Bensemman, Kay Hyman and Janice Mueller.</p> <p><u>Moved Pat Snedden; seconded Harry Burkhardt</u></p> <p><i>That the apologies be sustained.</i></p> <p><u>Carried</u></p> | Pat Snedden (Chair) | Jo Agnew | Susan Buckland | Harry Burkhardt | Rob Cooper | Dr Brian Fergus | Dr Ian Scott | Rt Hon Bob Tizard | Seiuli Dr Juliet Walker | Ian Ward | Associate Professor Anne Kolbe | Professor Iain Martin | Farida Sultana | Lynda Williams |
| Pat Snedden (Chair) | Jo Agnew | | | | | | | | | | | | | | |
| Susan Buckland | Harry Burkhardt | | | | | | | | | | | | | | |
| Rob Cooper | Dr Brian Fergus | | | | | | | | | | | | | | |
| Dr Ian Scott | Rt Hon Bob Tizard | | | | | | | | | | | | | | |
| Seiuli Dr Juliet Walker | Ian Ward | | | | | | | | | | | | | | |
| Associate Professor Anne Kolbe | Professor Iain Martin | | | | | | | | | | | | | | |
| Farida Sultana | 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 a panel member of the Medical Appeal Board for Work and Income and Iain Martin advised that he was Chair of the Peri-Operative Mortality Review Committee.</p> <p><u>Moved Pat Snedden; seconded Bob Tizard</u></p> <p><i>That the changes in interests register be noted.</i></p> <p><u>Carried</u></p> | | | | | | | | | | | | | | |

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| 3 | CONFIRMATION OF MINUTES 7 APRIL 2010 |
| | <p><u>Moved Ian Ward; seconded Ian Scott</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 7 April 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> |
| 4 | ACTION POINTS 7 APRIL 2010 |
| | The discussion as a teach hospital was scheduled for the Strategic Planning Day. |
| 5.1 | Operational Summary Report and Financials |
| | <p>March had been difficult with an adverse variance of \$5.7m. The adverse variance in Adult Health was a mismatch of ACC codings which were double counted and had been corrected. Work was focused to break even. There was an issue of volumes from Waitemata and there is a monthly report issued to the major customer regional DHBs showing acute, non DRG and elective volumes. In a letter from Waitemata there were concerns at exposure to wash-ups and incorrect statements made so the CEO would be attending a Waitemata meeting to address who owns referrals, manages volumes and waiting lists. Concern was expressed that Waitemata management was not correctly advising their Board and there was a need to get cohesion between the DHBs District Annual Plans which was proving difficult.</p> <p>The MRI building consent and resource consent had been obtained so the donation was expected as budgeted. With FTE the main variance to budgeted savings were in Women's, Children's, Cardiology, ORA. Graduate nurses are used on workload sharing for a period of time. With lower turnover there may be a struggle to place the September graduates and those next January. It was noted that New Zealand tended to over train the number of nurses due to historic migration and staff turnover but as this reduces there would be an over supply although there was still needs in some areas i.e., Mental Health.</p> <p>The number of transplants was an anomaly for the first quarter of 2010 but was close to contract year to date. Transplants did bring Intensive Care Unit to a halt and with Cardiac holidays and conferences back to back, there had been a magnitude of work which had put strain on the system. While it was critical to have MoH understand the impacts however the achievements need to be celebrated as a service to New Zealand. Revenue is bulk funded however if someone donates they had to be acted on. As noted year end transplants should be close to contract as there had been a low June to December however if donation campaigns were successful there may be a need to change the level of service.</p> <p>The Chair noted the fantastic response by staff, the focus on the Minister's targets and performance to target with the reduced Cardiac waiting list from over 200 to delivering on contract getting the list down to 80 and now having to have lower to manage variability. There could be mixed messages with the demand to reach targets and contract as well as breakeven.</p> <p><u>Moved Pat Snedden; seconded Iain Martin</u></p> <p><i>That the Operational Summary Report be noted.</i></p> <p><u>Carried</u></p> |
| 5.2 | Operational Indicators Exception Report |
| | The non DRG revenue reflected the ACC funding double-up. The portion of patients treated prioritised using the national recognised processes and tools showed compliance with a high percentage. |

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| 6.1 | DAP Projects Report |
| | <p>Projects were on target. The improved performance in ED had shown recognition that it was a whole hospital issue and how patients worked through the whole system including referrals to specialists, beds etc with a more visible collaborative approach and sharing problems. Cancer waits were down to 3.9 weeks with outsourcing capacity agreed and in place and although it was not being used at that moment. ADHB would still do the FSA and manage the patients. While the national working group had accepted the target of 4 weeks there was some queries as for some types of cancers 4 weeks has less clinical efficacy for that cancer which was a clinical concern.</p> <p>A regional radiation plan was going to the CEOs and signoff for the purchase of the replacement linear accelerator was on the Board's agenda. With extra capacity in primary the next piece of work would be where the next linear accelerators should be based. Referring physicians needed to understand their part of the whole system as extreme variability in referrals from each DHB was being seen. ADHB uses a central referral process to try and smooth the patient's journey and protect demand. There was increased demand and incidences of cancers particularly lymphoma and bone marrow. Looking at the whole treatment with radiation part of the cancer continuum raised the question of whether waiting times were a good proxy or there could be better measures. It was understood this was being discussed at the National Health Board level.</p> |
| 9 | GENERAL BUSINESS |
| | <p>The Committee members were to visit Wards 81 and 83 which included looking at Releasing Time to Care and would then join the Hand Hygiene presentation.</p> |
| | NEXT MEETING |
| | <p>The meeting closed at 11:40am.</p> <p>The next meeting is scheduled for 10:45am, Wednesday, 2 June 2010 A+ Trust Room Clinical Education Centre Level 5 Auckland City Hospital Grafton</p> |
| <p>CONFIRMED</p> <p>CHAIR: DATE:</p> | |