

<b>MEETING DETAILS</b>											
Time and Date	10:45am, Wednesday, 6 October 2010										
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton										
<b>1</b>	<b>ATTENDANCE AND APOLOGIES</b>										
	<p>The Chair declared the meeting open at 10:45am.</p> <p><b>Committee Members</b></p> <table> <tr> <td>Dr Chris Chambers (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Harry Burkhardt</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>Ian Ward</td> <td>Lynda Williams</td> </tr> </table> <p><b>Management in Attendance</b></p> <p>Johan Vendrig – Acting Chief Executive  Dr Denis Jury – Chief Planning &amp; Funding Officer  Brent Wiseman – Chief Financial Officer  Ngairé Buchanan – General Manager Operations  Taima Campbell – Executive Director of Nursing  Fionnagh Dougan – GM Mental Health, Ambulatory, Cancer &amp; Blood Services  Dr Scott Macfarlane – (for Richard Aickin – Director Child Health)  Kay Hyman – General Manager Women’s and Children’s Services  Paul Green – Manager Materials Management  Janice Mueller – Director Allied Health  Vivienne Rawlings – General Manager Human Resources  Anna Schofield – Nurse Leader Mental Health  Ian Bell - Board Administrator</p> <p><b>Apologies</b></p> <p>Apologies had been received from Susan Buckland, Juliet Walker, Iain Martin, Anne Kolbe, Garry Smith, Richard Aickin, Greg Balla, Margaret Dotchin, Hilda Fa’asalele and Margaret Wilsher.</p> <p><u>Moved Chris Chamber; seconded Bob Tizard</u></p> <p><i>That the apologies be sustained.</i></p> <p><u>Carried</u></p>	Dr Chris Chambers (Chair)	Jo Agnew	Harry Burkhardt	Rob Cooper	Dr Brian Fergus	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Ian Ward	Lynda Williams
Dr Chris Chambers (Chair)	Jo Agnew										
Harry Burkhardt	Rob Cooper										
Dr Brian Fergus	Dr Ian Scott										
Pat Snedden	Rt Hon Bob Tizard										
Ian Ward	Lynda Williams										
<b>2</b>	<b>CONFLICTS OF INTEREST</b>										
	There were no declarations of conflicts of interest for any item on the agenda.										
<b>3</b>	<b>CONFIRMATION OF MINUTES 1 SEPTEMBER 2010</b>										
	<p><u>Moved Ian Ward, seconded Lynda Williams</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 1 September 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>The Chief Executive had made presentations to Counties Manukau and Waitemata on the new</p>										

	<p>IDF reporting and feedback was awaited. Further information was being sent out now. A follow up letter had been sent last Friday.</p> <p>It was suggested the cost barriers to After Hours services could be a reason for increased attendance at AED which was up 16% over the last 3 months.</p> <p>The processes for the Starship theatres business case were being resolved.</p>
<b>4</b>	<b>ACTION POINTS 1 SEPTEMBER 2010</b>
	There were no action points.
<b>7.1</b>	<b>Surgical Performance</b>
	<p>The Productive Operating Room project was related to other projects such as the Greenlane Surgical Unit and Acute Surgical Patient Flow projects.</p> <p>Justin Kennedy—Good presented on the Productive Operating Room with one of the reasons for the focus being the considerable investment in ORs and the impact it has on patients, families and staff. The NHS programme was being introduced as it was a good fit with the organisation's goals and there had been positive experiences with the Releasing Time to Care project. The patients' experience and outcomes were central. The first actions were to collect data to see where ORs were at, looking at the baseline data and understanding what it means, reviewing consistency in what is done and assessing what is going to make a difference by using that data. A DVD from the National Health Service was shown. The project would commence on Level 4.</p>
	<b>Deputation</b>
	<p>Nicola Grace on behalf of the Health Freedom Trust which advocated freedom of choice in treatment, spoke to the Committee asking for the intravenous use of vitamin C be a treatment available publicly. The CMO had issued a press release advising there was no evidence of efficacy having been reviewed by the Clinical Practice Committee. The Trust asked that this be revisited and advised that the cost in private was between \$120 - \$180 for 60 mg.</p>
<b>5.1</b>	<b>Operational Summary Report and Financials</b>
	<p>The operational results were unfavourable for the month and year to date showing the impact of Lab staff and MRTs industrial action which was estimated to contribute a negative \$1.5m. The significant unfavourable variances in Women's Children's Cardiac ORA were employee costs and direct treatment costs. Medical variances are driven by Cardiac SMO for additional payments for high workloads and outsourcing. Theatre minutes were 13% above budget with increase cost in the implant area with more presentations than expected which should correct over the year. It has been an unusual cluster. No changes in clinical practice had been seen through the monthly review cycle although these may not be picked up if there are subliminal changes due to the complexity of interrelationships. Red Alerts had been lower than last year with the additional 50 beds and the 6 Hour rule improvements. Starship had been operating at 103% over the last 3 months with all paediatric services around the country full. This meant that at times they could not transfer back patients from other DHBs.</p> <p>There was a graph on the top 5 presenting ethnic groups at AED in the 19 - 49 age group. What was being seen in ED was appropriate and evidence was lacking that primary care will alleviate the volumes. Triage is not a measure of what are appropriate presentations.</p> <p>Audits are undertaken in services, but not organisationally to get a total picture, and there are differences in definitions of audits. They are required, however, to understand where a service was and the culture expressed in the National Women's Annual Report process should be applied to other services. It was noted that interns are required to do an audit which could be a useful resource. The changes to HSGs, with clear accountabilities, will make it easier to adopt the National Women's approach and culture. This also follows the Auditor General's push on service performance and transparency disclosing what is done well and not so well. Changes in attitudes and culture can be made as evidenced by the Time to Care and Operating Room projects. It was noted that Audit had commented to the Finance Committee on the morale of the organisation</p>

	<p>noting the positive impact of the improvement projects.</p> <p>Electives were below contract impacted by the strike action so the aim was to get the Greenlane Surgical Unit operating as soon as possible with the first paediatric operation at Greenlane to be done in December. There is contingency planning to get back to contract, as the target was at risk, including Saturday lists.</p> <p>With the formation of the HSGs level 2s would be in place in October/November and level 3s in the new year.</p>
<b>5.2</b>	<b>Operational Indicators Exception Report</b>
	Part of the increase in the acute WIES volumes related to the seasonal trend in obstetrics.
<b>6.1</b>	<b>DAP Projects Report</b>
	<p>Access to diagnostics was being implemented through Procure with an issue being to get to practices with this being expensive with a licensing issue. A regional meeting was being held on how to overcome this issue and how to rollout to the rest of the region. The “Eden” initiative relates to resthomes which is an exciting project which involves and empowers residents in the governance of the resthome. There had been an increase in referrals for oncology with 90 people now eligible for treatment and throughput was being maximised with outsourcing. To get from the 6 weeks to 4 weeks target would require more outsourcing. The new linear accelerator was due to come online 1 November and the Board had approved \$600k for outsourcing that, with the 10 patients due next week, would be exceeded. This would be raised at the Board in the afternoon, however it was noted that to get step changes, these are large and could not be done incrementally.</p> <p>The decrease in the numbers receiving smoking advice could be due to the large numbers presenting to AED or be a coding issue. Work was being done to establish a Consumer council forum online with the steering committee meeting, but it is early days.</p>
<b>9</b>	<b>General Business</b>
	<p><b>Deputation</b></p> <p>The Health Freedom Trust held a different view from the CPC on vitamin C intensive treatment. The CPC report had been subject to an Official Information Request and this is to be provided to the Trust. It was felt the Deputation had not been handled well.</p>
	<b>NEXT MEETING</b>
	<p>The meeting closed at 12:38pm</p> <p>The next meeting is scheduled for 10:45am, Wednesday, 3 November 2010 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton</p>
<b>CONFIRMED</b>	
<b>CHAIR:</b>	<b>DATE:</b>