

MEETING DETAILS													
Time and Date	10:45am, Wednesday, 7 July 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 10:40am.</p> <p>Committee Members</p> <table> <tr> <td>Dr Chris Chambers (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>Pat Snedden</td> </tr> <tr> <td>Rt Hon Bob Tizard</td> <td>Ian Ward</td> </tr> <tr> <td>Associate Professor Anne Kolbe</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 Dr Richard Aickin – Director Child Health Greg Balla – Director Performance & Innovation Ngaire Buchanan – General Manager, Operations Taima Campbell – Executive Director Nursing Margaret Dotchin - Nurse Director Kay Hyman – General Manager Women’s and Children’s Services’ Janice Mueller – Director Allied Health Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Juliet Walker, Iain Martin and Fionnagh Dougan.</p> <p><u>Moved Chris Chambers; 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	Susan Buckland	Harry Burkhardt	Rob Cooper	Dr Brian Fergus	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Ian Ward	Associate Professor Anne Kolbe	Lynda Williams
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2	CONFLICTS OF INTEREST												
	<p>There were no declarations of conflicts of interest for any item on the agenda. Pat Snedden had advised a temporary change to the interest register with him providing assistance to Maori PHO to choose a Chair, Chris Chambers advised that he was no longer on the Credentialing Committee for Ormston Private Hospital and Anne Kolbe advised that she had been appointed to the Board of Pharmac.</p>												

3	CONFIRMATION OF MINUTES 2 JUNE 2010
	<p>The ongoing relationship with the University was an item for the Strategic Planning Day. Waitemata was a key relationship with the purchasing agreement and referrals an issue. A new reporting regime was being established and there would be a meeting with Waitemata Board to give visibility to the reporting. The Board Chair expressed an interest in also attending that meeting.</p> <p>One of the reasons some paediatric services were losing money was that more care was given to children that previously would not have survived and survival rates are longer. The Starship building was approximately half way through its life span and there was pressure on capacity with operating theatres proposed at Level 2. The building was difficult to modify. Specialist national services are provided, and in both adult and paediatric there is a trend to specialisation. Paediatrics was providing secondary care to ADHB's population and presently Waitemata and some to Counties Manukau and outpatient clinics are held at other DHBs. As their services develop there is potential to relieve pressure on Starship. A presentation had been made to the National Health Board on specialities. Specialist service need not necessarily be at Starship. Considerable time was spent on advising and reviewing cases for other DHBs that did not have WIES attached.</p> <p><u>Moved Lynda Williams; seconded Susan Buckland</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 2 June 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
4	ACTION POINTS 2 JUNE 2010
	<p>As noted previously the relationship with the University was on the programme for discussion at the Strategic Planning Day.</p>
5.1	Operational Summary Report and Financials
	<p>The results for the months were unfavourable by \$1.75m giving the year to date unfavourable variance of \$2.4m. The concentration for the new financial year was on cost and volume management. Revenue is received in a lump sum and if volumes are greater there is no new money to allocate therefore there was the need to manage volumes and costs within the lump sum. The Trust donation for the MRI had been received with the MRI scheduled to open on 30 July.</p> <p>FTEs had improved by 30 in the month and the cost per FTE was lower than budget and means that they are well placed going into 2010-2011. There is a planned increase of FTE with less outsourcing and the new Greenlane Surgical Unit. AED has a reduced length of stay as a result of the 6 Hour Project and two liaison officers had reviewed the appropriateness of attendance with a report awaited. Volumes had increased from February/March which was impacting on the improvement to six hours but the gains made had been maintained. Information is reviewed including case notes on referrals from rest homes which showed that half of the referrals could be handled in a different way. CED had sustained increases in volumes with an annual 7% increase.</p> <p>Christchurch's after hour's services had specialists placed in the services to reduce admissions. The impact of the after hours in Christchurch on CED had been very low. There is the premise that after hour's services would be expensive and encouragement was to go to GPs.</p> <p>Obstetrics was being paid for the first time based on WIES. Stroke services had been moved from General Medicine to now be with Neurology.</p>
5.2	Operational Indicators and Exception Reports
	<p>There were no exceptions.</p>

6.1	DAP Projects Report
	<p>At the end of June Cardiac surgery waiting list was 61 and production would exceed the 918 target. The service was well placed for 2010-2011 to do operations in house rather than outsourcing and this should be sustainable. The Committee congratulated the team on achieving a great result and sustainability. The work undertaken would now be extended to the cardiology referral process.</p> <p>On the Strategic Planning Day long term service planning and the Health Excellence programme would be discussed. Work was being done with services to map the patient journey and look at pressure points on that service to position it going forward with a plan for the future defined by that service. Eight services had been identified to go through the programme the initial being Orthopaedics and Radiology.</p> <p>There had been 42 nurse facilitated discharges in General Medicine being six per week. The Radiolotherapy option of going to Waikato did not have a large take-up as it is not an option for all patients and transport is a deterrent. The regional long term service planning had been overtaken by the Northern Regional Networks. The process was being led by Chris Morgan who had presented to the Senior Leadership Team.</p> <p>The DAP reporting process was working very well as a tool from a Management's point of view although there maybe some concern that with the consolidated reports not enough time is devoted to issues as the Board only sees the higher level. It was suggested that there were a number of key projects and these could be progressively presented to the Board. One area of reporting improvement was to look more at the post implementation benefits. Internal Audit is not involved in reviewing the system or projects but from a governance point of view perhaps they should review critical projects. The present reporting had helped to get visibility on what was going on as improvement was a continuous process.</p> <p>DAP reporting sat between the Board the Management and there was the establishment of the 6 Health Services Groups going forward and other components such as National Health Board, national and regional planning. The Committee asked for a page on where health plans sat with the 6 HSGs and where there were gaps.</p> <p>The National Health Board was employing clinical expertise to provide advice on the right directions to take.</p> <p>It was noted that the less full agenda had allowed the time for strategic discussion and arising issues and that reporting only focused on exceptions.</p>
	NEXT MEETING
	<p>The meeting closed at 12:22pm</p> <p>The next meeting is scheduled for 10:45am, Wednesday, 4 August 2010 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton</p>
<p>CONFIRMED</p> <p>CHAIR: DATE:</p>	