

# Hospital Advisory Committee Minutes

<b>MEETING DETAILS</b>															
Time and Date	10:45am, Wednesday, 3 February 2010														
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton														
<b>1</b>	<b>ATTENDANCE AND APOLOGIES</b>														
	<p><b>Committee Members</b></p> <table border="0"> <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>Seiuli Dr Juliet Walker</td> </tr> <tr> <td>Ian Ward</td> <td>Associate Professor Anne Kolbe</td> </tr> <tr> <td>Professor Iain Martin</td> <td>Lynda Williams</td> </tr> </table> <p><b>Management in Attendance</b></p> <p>Garry Smith - Chief Executive  Dr David Sage –Chief Medical Officer  Dr Margaret Wilsher – Deputy Chief Medical Officer  Brent Wiseman - Chief Financial Officer  Greg Balla – Director Performance and Innovation  Ngaire Buchanan - General Manager Operations  Margaret Dotchin - Nurse Director  Dr Rick Franklin – Clinical Leader Ambulatory Services  Kay Hyman - General Manager Women’s and Children’s Services  Janice Mueller - Director Allied Health  Ian Bell - Board Administrator</p> <p><b>Apologies</b></p> <p>The Chair declared the meeting open at 11:00am.  Apologies had been received from Farida Sultana, Clive Bensemman and Fionnagh Dougan.</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	Seiuli Dr Juliet Walker	Ian Ward	Associate Professor Anne Kolbe	Professor Iain Martin	Lynda Williams
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<b>2</b>	<b>CONFLICTS OF INTEREST</b>														
	<p>Chris Chambers advised of some changes to the interest register.  There were no declarations of conflicts of interest for any items on the agenda.</p>														
<b>3</b>	<b>CONFIRMATION OF MINUTES 2 DECEMBER 2009</b>														
	<p>The question of publishing the advanced care planning was raised to ensure older people can express their wishes. ADHB was introducing the Counties Manukau’s process initially in renal and then through the hospital which may take some number of years. In the cases of strokes the person may not be able to express their wishes so there needed to be that community discussion and a need to make wishes known to family. It was noted that if it was medically futile there would not be resuscitation.</p> <p>The CMO gave an update on plastics services advising that up to 2 years ago there was a work stream at NDSA with a project manager on regional service planning. This had been abandoned and now it was a matter of negotiation service by service between the DHBs in the absence of a regional service plan. There is no regional service process or strategic plan for Plastics but had</p>														

	<p>developed at Middlemore in conjunction with the National Burns Unit. This provided services for ADHB. Services for breast reconstruction needed to be improved in 2010. Orthopaedics did receive a good service for adults. Payment was by way of IDF outflows and volumes were monitored and services monitored quality of service.</p> <p><u>Moved Pat Snedden; seconded Brian Fergus</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 2 December be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
7	<p><b>CANCER WAITING TARGETS</b></p>
	<p>Andrew Macann, Richard Sullivan and Robyn Dunningham were in attendance. The Cancer Control Programme is run through four regional networks overseen by a Cancer Steering Group. The aim is to cover the continuum from prevention through treatment to palliative care for example with lung cancer it included quit smoking, treatment and palliative care. The MoH target was for a maximum four week wait for radiotherapy. The Northern Region Network consists of the four DHBs, NGO and primary care.</p> <p>ADHB provided a regional service and was applying a lean thinking approach including lung and bowel cancer work streams. It was a patient focus model to give appropriate equitable access to care. The Maori Leadership Group is one of the successes and sat across all services with very good engagement. In terms of equity, data was now being collected to measure the gap so there could be a focus on access. The four weeks target comes into effect in December 2010.</p> <p>The increased linear accelerator capacity within the northern region with the opening of the ARO had increased the intervention rate with 40.3% being achieved for ADHB's population compared with the target of 40% in the 2009/2010 DAP. The optimal model intervention rate was 46%. Strategies to achieve the target were to develop a radiation oncology 10 year strategic plan and to improve treatment resource utilisation focused on efficiency gains related to linear accelerator operation. The operational requirements model was to calculate future capacity requirements and adjust practices to meet the target. The radiation therapists' operation model was to get greater flexibility to manage peaks and troughs and the MV5 linear accelerator replacement was crucial as it was replacing a 13 year old machine that could only operate at 50% capacity. Outsourcing to address peaks was to Waikato and talks were continuing with ARO. Changes in the future would be increased brachytherapy therapy.</p> <p>While there had been some tension with ARO due to loss of radiation therapists to them a collaborative relationship was trying to be developed. The strategic plan would include looking at linear accelerator replacements and where new linear accelerator should be located with work being done on historic models down to particular tumours. In terms of outcomes survival rate data was not collected.</p> <p>The Committee thanked the presenters.</p>
4	<p><b>ACTION POINTS 2 DECEMBER 2009</b></p>
	<p><b>DNA</b></p> <p>DNA rates had been discussed at the Quality, Risk and Audit Committee with a request for a report back from the project team, this to be to the HAC not Quality.</p> <p><b>Workforce Pressure</b></p> <p>Points to be considered were:</p> <ol style="list-style-type: none"> <li>1. Health and wellbeing of the workforce – burnout</li> <li>2. NHS pushback, planning of workforce; and</li> <li>3. Harassment.</li> </ol> <p>The management/clinical partnership had line responsibility for the workforce as a leadership function assisted by HR. There was a national Workforce Board which more appropriately planned rather than individual DHBs.</p>

<b>5</b>	<b>OPERATIONAL PERFORMANCE</b>
<b>5.1</b>	<b>Operational Summary Report and Financials</b>
	<p>The monthly result was slightly unfavourable with year to date overall favourable. While the first six months have gone well the next six months will be difficult due to the savings to be achieved and the above contract patient acute flow. There is no evidence of inappropriate acute presentations.</p> <p>The variability of opening hours at Waitakere has an impact on CED as people from the West bypassed Waitakere. The summer plan this had not functioned well for Orthopaedics with a increased numbers of outliers.</p> <p>Donation revenue is a matter of timing with the MRI funding expected April/May. There is an agreed process with the Starship Foundation that included the likelihood of attracting sponsors, resulting in bringing more money into the system. The improved access to MRI for children would have a side affect of more MRI capacity for all services.</p> <p>Major direct treatment cost variances were from clinical supplies and outsourcing above budget. There is a potential for employee costs to be worse. The outsourcing costs are greater than costs if done in-house. If the targeted savings they were delayed or were not able to be achieved, there will be a need to look at other ways to achieve them.</p>
<b>5.2</b>	<b>Operational Indicator Exception Report</b>
	<p>The apparent step changes in acute WIES volumes in the graph needed to be explained. There were some long stay patients which in Starship are defined as more than 14 days. These are reviewed weekly. There were a couple of patients over 100 days which may not be able to be discharged before 30 June.</p> <p>Patients waiting longer than 6 months for their FSA had increased particularly in neurology where being down one neurologist at present which impacted on FSA. Referral guidelines are also being reconsidered.</p>
<b>5.3</b>	<b>All Operational Indicators</b>
	<p>The employees with excess annual leave needed to be analysed by professional groups. It was understood that leave above 4 weeks could be paid out legally, that taking leave can be insisted upon however this needed to be balance with the need to maintain production.</p>
<b>6</b>	<b>IMPROVEMENT ACTIVITIES</b>
<b>6.1</b>	<b>DAP Projects Report</b>
	<p>Most projects are in the green category against the three goals. While some exceptions were noted overall there was satisfaction at the progress of projects. Management would have liked CONCORD to progress faster.</p>
<b>9</b>	<b>GENERAL BUSINESS</b>
	<p><b>Hospital Advisory Committee</b></p> <p>In response to a question on how the committee was going Iain Martin advised that the culture and feel of the Committee had been a big change and improved, however, there was a large quantity of data provided and there appeared to be a focus on the detail rather than the strategic bigger picture. There needed to be care in not being captured by the detail. The CE advised that the data in the appendices were intended for information and that the variances are exception reports raised after investigation by managers. It was suggested that the full data set not be in a future agenda. It was noted however that a number of years ago there was no confidence in the data being provided but now that there is confidence there could be more focus on the strategic. Members were invited to consider how the HAC could be changed.</p>

	<b>NEXT MEETING</b>
	The meeting closed at 12:50pm. The next meeting is scheduled for 10:45am, Wednesday, 3 March 2010 Pohutukawa Room Sorrento in the Park One Tree Hill Domain Auckland
<b>CONFIRMED</b>	
<b>CHAIR:</b>	<b>DATE:</b>