

MEETING DETAILS											
Time and Date	9:30am, Wednesday, 2 November 2011										
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 9:30am.</p> <p>Committee Members</p> <table> <tr> <td>Judith Bassett (Chair)</td> <td>Susan Buckland</td> </tr> <tr> <td>Dr Chris Chambers</td> <td>Dr Lester Levy</td> </tr> <tr> <td>Dr Lee Mathias</td> <td>Robyn Northey</td> </tr> <tr> <td>Gwen Tepania Palmer</td> <td>Ian Ward</td> </tr> <tr> <td>Associate Professor Anne Kolbe</td> <td></td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith - Chief Executive Dr Margaret Wilsher – Chief Medical Officer Brent Wiseman – Chief Financial Officer Greg Balla – Director Performance and Innovation Ngaire Buchanan – General Manager Operations Taima Campbell – Executive Director of Nursing Janice Mueller – Executive Director of Allied Health, Scientific and Technical Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Jo Agnew, Peter Aitken and Rob Cooper.</p> <p><u>Moved Robyn Northey, seconded Anne Kolbe</u></p> <p><i>That the apologies be sustained.</i></p> <p><u>Carried</u></p>	Judith Bassett (Chair)	Susan Buckland	Dr Chris Chambers	Dr Lester Levy	Dr Lee Mathias	Robyn Northey	Gwen Tepania Palmer	Ian Ward	Associate Professor Anne Kolbe	
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2	CONFLICTS OF INTEREST										
	<p>There were no declarations of conflicts of interest for any item on the agenda. The Board Administrator had been notified of some changes to the Interests Register. Lee Mathias was Chair of the Health Promotion Establishment Board and Anne Kolbe advised that she was no longer Chair of the South Island Neurosurgical Services Expert Panel.</p> <p>The Chair reminded members that they were in the election period and that State Services Commission rules applied.</p>										
3	CONFIRMATION OF MINUTES 5 OCTOBER 2011										
	<p><u>Moved Anne Kolbe; seconded Ian Ward</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 5 October 2011 with the amendment to orthopaedics being negatively impacted by acutes be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>										

4	ACTION POINTS 5 OCTOBER 2011
	The Chair commented that there has been a great improvement in the clarity of reporting and all action points were up to date.
5.1	Operational Performance Report
	<p>There had been good performance in September and now quarterly information was flowing through. An updated Flash Report was tabled. The increase in operating costs was noted and healthAlliance was doing a review of overspend for the region in the supply chain management. The Committee asked for a report on stock holdings for the December meeting. healthAlliance and Health Benefits Ltd had raised the question of remanufacturing noting that in Australia they have their own manufacturing site operating under FDA approval.</p> <p>Outsourcing had been brought forward to allow for closing of the theatres at Christmas to upgrade for orthopaedic surgery and for Greenlane coming on stream in February. This mitigated the future risk and was part of production planning. Monthly target data was used to manage to achieve targets on a quarterly basis rather than just annually. Cardiac and Cancer services were cooperating with the private sector to have more internal and external resources available. This reduced a demand on capital and built long term relationships. Private was used if there was insufficient capacity due to changes in demand and for pressures while Greenlane is coming on stream. It would not be used if ADHB had the capacity. Planning had increased visibility for managers and the Committee noted the achievements so far.</p> <p>The cardiac waiting list was now at 92, (within the acceptable range which has a top of 94), through utilising MercyAscot to deliver the results required. The demand side continued at a new increased level for the whole region and there may have to be over-delivery to contract to keep within the waiting times target. Early signals had been given to the Board and other DHBs. This demand may reflect an older population with an increase in acuity presentations that needed surgery immediately. The previous waiting list target of 81 had been an internal target to maximise efficient production and the previous national target had been based on a volume number which had been replaced with a new target based on 10% of volume as an upper limit based on a contract of 940 procedures per annum. The aim was to get a list at about 7.5% of volume.</p> <p>While the reports showed the drive to get to target performance, there was a need to look at clinical evidence and the model of care to deliver the right treatment to the right populations. For example, when Cardiac data was analysed by ethnicity it was found that Maori and Pacific had a different kind of heart disease for which it was better to use surgery compared with using stents for the European population. Another population that needed this type of analysis was Asian and with changes in populations a 2 - 3 year planning frame may be better than 20 years. It was thought that the average age of patients in hospitals was now 10 years greater than before, which required more time per patient. The Committee was cautioned that improvements in primary care would not necessarily deal with the increased number of older people. We should not lose sight of the productivity target, but try new models and methods of care based on reliable medical evidence and use the Universities and research as a part of the relationship with the University noting that research questions are being asked and being funded. These are a potential source of help in planning future cardiac care in our region.</p> <p>WIES performance for the first quarter was above contract. POAC had received 350 referrals in September of which 87% were retained in the community. POAC information discloses ethnicity information for Maori and Pacific and by GP.</p> <p>October's elective performance was 96% and there was service by service planning. WIES was important for revenue and information on the top 3 and bottom 3 are provided to customers. But hile the WIES system was variable but there is no national move to change the system.</p> <p>Work was being done in Paediatric Cardiology on how to manage for the rest of the year noting that there was a person on sabbatical, but a locum had been obtained so the number waiting had reduced a bit. The main referrals from Northland related to oncology.</p> <p>The lagging performance at Greenlane related to the availability of medical staff and transfers of</p>

	<p>lists with a predicted discharge increase as new permanent staff are recruited.</p> <p>Overall the improvement projects were tracking well and would be updated quarterly.</p> <p>The financial performance was a surplus very close to plan for the month, but \$1.7m unfavourable year to date, of which \$1.4m is due to lower internal revenue allocation. FTE costs were favourable but the number of FTEs was unfavourable by 13 so was being monitored. Donation income was expected to be below budget in the current economic climate. The recruitment process was being reviewed as well as timing to see what variations can be tolerated by an organisation with a staff level of 7,700 through projecting staff coming on and managing at unit level looking forward. It was essential that in employment relations discussions, arrangements are made in the interest of the patient. There is some flexibility through use of annual leave and with bureau paying part hours to allow flexing down. Assistance from the Board would be focusing on planning and delivering health services in a different way, including how training of the workforce is done, in line with discussion with Colleges and educational institutions. The public were aware of the changing treatments and the dynamic movements in health.</p> <p>The Committee asked for a view of the future health system with this to be done by HSG with the HAC looking at the whole health system including models of care across the whole health continuum.</p> <p>Details on the recruitment of Maori and Pacific nurses would be brought to the next meeting as offers were still being responded to. A number of Maori midwives had applied, but they had accepted other positions.</p>
5.2	Health Target Updates
	<p>The committee noted that staff had responded splendidly to the acute flows during the Rugby World Cup which was a magnificent team effort fully supported by the Committee and the Board. The achievement would be acknowledged in the latest NOVA.</p> <p>It was suggested that the campus have notices of being smoke free, like the University. The use of social media was raised and this is being looked at to support the present letter and technology being used.</p> <p><u>Moved Gwen Tepania-Palmer; seconded Judith Bassett</u></p> <p><i>That the Operational Performance Report and Health Target Update reports be received.</i></p> <p><u>Carried</u></p>
7	GENERAL BUSINESS
	<p>General Medicine</p> <p>The Committee wished to have a report on the reorganisation of General Medicine, and asked that the new Clinical Director come to the March 2012 meeting.</p>
9.1	Resolution to Exclude the Public
	<p><u>Moved Judith Bassett; seconded Robyn Northey</u></p> <p><i>That the exclusion of the public from the relevant part of the meeting is necessary to enable the Board to deliberate in private on a decision or recommendation as to whether any of the grounds in paragraphs (a) to (d) of clause 32 of Schedule 3 of the Act are established in relation to all or any part of the meeting.</i></p> <p><i>That the public be excluded from the following part of the proceedings of this meeting, namely consideration of items 9 to of the Agenda.</i></p> <p><i>The general subject of the matters to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under the above clause for the passing of this resolution are as follows:</i></p>

	General subject of each matter to be considered:	Reason for passing this resolution in relation to each matter:	Ground(s) under clause 34 for the passing of this resolution:
	9.1 Confidential Minutes 5 October 2011. 9.2 Risk Register 9.3 Quality	To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations: Official Information Act 1982 s.9(2)(i) and s.9(2)(j)	That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under s 9 of the Official Information Act 1982.
	<p><u>Carried</u></p> <p>The items discussed in public exclusion were Confidential Minutes 5 October 2011, the Risk Register and Quality.</p> <p><u>Moved Judith Bassett; seconded Robyn Northey</u></p> <p><i>That the meeting presume in public.</i></p> <p><u>Carried</u></p>		
	<p>NEXT MEETING</p>		
	<p>The meeting closed at 11:15am.</p> <p>The next meeting is scheduled for 9:30am, Wednesday, 7 December 2011 A+ Trust Room, Level 5 Clinical Education Centre Auckland City Hospital Grafton</p>		
	<p>CONFIRMED</p> <p>CHAIR: DATE:</p>		