

MEETING DETAILS											
Time and Date	9:30am, Wednesday, 7 December 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>Taima Campbell introduced Susan Aitkenhead, Nurse Director Children's Health to the Committee. Susan advised that the Starship building was a challenge in terms of space and infection control but staff were willing to move forward with different approaches to innovative models of care. The committee thanked Susan Aitkenhead for her attendance and noted her positive approach to the challenges ahead.</p> <p>Committee Members</p> <table> <tr> <td>Judith Bassett (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Rob Cooper</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Dr Lester Levy</td> <td>Dr Lee Mathias</td> </tr> <tr> <td>Robyn Northey</td> <td>Gwen Tepania Palmer</td> </tr> <tr> <td>Ian Ward</td> <td>Associate Professor Anne Kolbe</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 Ngairé Buchanan – General Manager Operations Taima Campbell – Executive Director of Nursing Hilda Fa'asalele – General Manager Pacific Health Janice Mueller – Executive Director of Allied Health, Scientific and Technical Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Peter Aitken (leave of absence) and Susan Buckland.</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)	Jo Agnew	Rob Cooper	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. Robyn Northey advised that she was now a member of the University of Auckland Human Participants Research Ethics Committee.</p>										

3	<p>CONFIRMATION OF MINUTES 2 NOVEMBER 2011</p>
	<p><u>Moved Ian Ward; seconded Gwen Tepania-Palmer</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 2 November 2011 with the amendment that the new Clinical Director General Medicine be invited to the March 2012 meeting be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>Matters arising</p> <p>Remanufacturing was being investigated by HBL at the national level.</p> <p>Staff were being recruited for the Greenlane Surgical Unit so outsourcing had been done early and would reduce as the service develops capacity. Some theatres had been opened but there was still more staff required.</p>
4	<p>ACTION POINTS 2 NOVEMBER 2011</p>
	<p>St Johns' Data</p> <p>The data was being obtained and reviewed, with a report to come to the March meeting.</p>
4.1	<p>Nurse Entry to Practice Programme (NETP) Including Maori and Pacific New Graduates</p>
	<p>The report related to the intake for January 2012 with the total appointed being 79. There was competition in the market. New graduates apply everywhere and then accept a position at their DHB of preference. Counties Manukau has support programmes and in many cases Counties Manukau is closer to residences for Maori and Pacific graduates. Twenty-two of the Maori/Pacific applicants to ADHB had accepted positions elsewhere. Waitemata did not have many Maori and Pacific applicants.</p> <p>Discussions with school students began at Level 12 to encourage them into health careers. There was a Pacific initiative to encourage students to study sciences so that they can lead into a health career. Biology, maths and English were requirements. Students needed to know how to plan at an early stage so as not to close down later career options.</p> <p>The Directors of Nursing across the region did discuss recruitment but each DHBs practice was different, related to different funding and there was competition. A+ Trust has a scholarship programme. There was a suggestion that the many Maori/Pacific hotel service staff working for the Board be used as a link to draw their children's attention to health related careers. There was a need for ADHB to be the employer of choice through being considered the best and most innovative place to work.</p> <p>The Government's voluntary bonding scheme, which included debt relief, applied for Counties Manukau and Waitemata but not for Auckland and it had been raised with the Minister that it should apply to all DHBs in the Auckland region and Maori and Pacific. Maori and Pacific student have priority for placements and the volume of placements had increased. The problem was still the relatively small number completing courses, although retention was quite good.</p> <p>The Committee suggested earlier action to contact students in schools and supported the recent changes in processes. They requested a report in six months on Maori and Pacific participation not only nursing and midwifery but also in the allied workforce.</p> <p>25 cadets were starting on 3 November for work experience over the summer, with interest being very high.</p>

4.2	Inventory management
	<p>The report was noted. A further paper to come in March 2012 will include showing the supply chain, what the national inventory looked like and the purchasing model, including what went into that model.</p> <p>The inventory turn rate was low and there were significant opportunities for improvement i.e. number of stores and other local opportunities. HBL was handling the national approach.</p>
	Presentation – Cancer and Blood HSG
	<p>Dr Richard Sullivan and Fionnagh Dougan were in attendance.</p> <p>The presentation covered cancer control, the national view, projected growth in cancer registrations with expected large increases in growth with demand projected at 89% nationally and 100% for Auckland as Auckland treated 37% of the national population. The big increase was with cancers in over 60s with only a small number of cancers in children. Nationally 7,500 adults were diagnosed each year and approximately 150 children. Where the services were delivered nationally was shown.</p> <p>The Northern Cancer Network was outlined and there were opportunities to rethink governance, noting the coming increase in demand. Key challenges were how to work differently, an increase in cancer specific treatments and rising consumer expectations. A patient pathway approach was being taken, illustrated by the oncology model of care and there was a need to increase bone marrow transplantation capacity. A health improvement plan was being developed to improve the patient journey, reduce risks of developing cancers, provide equity of outcomes and effectively use findings from research. ADHB's priorities were the patient pathway including advance care plans as half of people treated will die of the cancer. Early studies had shown inequities in the treatment of lung cancer and these had been addressed, but no inequities in the treatment of bowel cancer. There was a Cancer Network Maori Leadership Group.</p> <p>The current achievements were noted as was the tumour stream model.</p> <p>The Committee thanked Dr Sullivan for his presentation particularly appreciating the proactive approach being taken and how quickly improvements had been made.</p>
5.1	Operational Performance Report
	<p>The Members had found the report confusing particularly in relation to volumes, revenue and accounting which swung between numbers and WIES. Further work would be done on presentation and trying to have more lucid explanation. Part of the complexity was the different accounting around clinical episodes and distinguishing between services for ADHB's population and what for IDFs.</p> <p>There needed to be a degree of confidence in workout plans based on evidence and assessment of potential risks. Tools used were to look at the bottom three and their plans to get back on track. There were still some gaps in connectivity, for example orthopaedics had more resources but had not aligned with theatre availability. The improvements in production planning could take 2 years.</p> <p>Predictions for the cardiac waiting list were February, 92 and April, 75 however there may not be the sustained referral rate over the holiday season.</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>1. 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> <table border="1" data-bbox="204 667 1358 1128"> <thead> <tr> <th data-bbox="204 667 579 786">General subject of each matter to be considered:</th> <th data-bbox="579 667 979 786">Reason for passing this resolution in relation to each matter:</th> <th data-bbox="979 667 1358 786">Ground(s) under clause 34 for the passing of this resolution:</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 786 579 875">9.1 Confidential HAC Minutes 2 November 2011</td> <td data-bbox="579 786 979 981" rowspan="4">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)</td> <td data-bbox="979 786 1358 1128" rowspan="4">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.</td> </tr> <tr> <td data-bbox="204 875 579 920">9.2 Risk</td> </tr> <tr> <td data-bbox="204 920 579 981">9.3 Quality</td> </tr> <tr> <td data-bbox="204 981 579 1128">9.4 Quality Improvement Savings</td> </tr> </tbody> </table> <p><u>Carried</u></p> <p>Items discussed in public exclusion were confidential minutes 2 November 2011, the Risk Register and Quality.</p> <p><u>Moved Judith Bassett; seconded Lee Mathias</u></p> <p><i>That the meeting resume in public.</i></p> <p><u>Carried</u></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 HAC Minutes 2 November 2011	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.	9.2 Risk	9.3 Quality	9.4 Quality Improvement Savings
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	NEXT MEETING									
	<p>The meeting closed at 11:46am.</p> <p>The next meeting is scheduled for 10:30am, Wednesday, 15 February 2012 A+ Trust Room, Level 5 Clinical Education Centre Auckland City Hospital Grafton</p>									
	<p>CONFIRMED</p> <p>CHAIR: DATE:</p>									