



HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 26 October 2010
10.00am
Corporate Meeting Room 1
Base Hospital
David Street
New Plymouth

Present:

Peter Catt (Chairman), Kura Denness, Jenny Nager, Mary Bourke, Karen Eagles (Board Members), Peter Moeahu, Nic Boheimer (co-opted members)

In Attendance:

Joy Farley (General Manager Hospital and Specialist Services), George Thomas (General Manager Finance and Corporate Services), Anne Kemp (Quality & Risk Manager), Sue Carrington (Media Advisor), Ramon Tito (Kaumatua), Jenny McLennan (PA to Board)

Alison Rumball (Member–elect not in office until 6 December 2010)

602.0 Declaration to Open Meeting

The meeting was opened with a karakia by Ramon Tito at 10am.

603.0 Apologies

Resolution

That the apologies from Mr Tony Foulkes, Mrs Jan Dunlop, Mr Brian Jeffares and Dr Tony Ruakere be received and noted.

*Carried
Catt/Nager*

604.0 Conflicts of Interest

The Register was circularised for updating by members, with no new interests being declared.

605.0 Welcome – Alison Rumball

The Chairman welcomed Alison Rumball to the meeting as an observer inviting to join the board table. It was noted that Mrs Rumball was elected at the 2010 Elections but had not yet officially taken office.

606.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 28 September 2010 as a true and correct record subject to including Mary Bourke in the apology.

Dunlop/Nager

Carried

607.0 Matters Arising

607.1 Rheumatic Fever

Mrs Eagles expressed a thank you for the information forwarded to her regarding rheumatic fever. Mrs Eagles was pleased to note that her fear of a raising rate of incidence within Taranaki was unfounded.

608.0 Management Reports

608.1 General Manager Hospital Services Report

The General Manager Hospital Services took the report and attachments as read and highlighted the following issues which were discussed:

- Financial results continue tracking to budget, noting that budget is for an operational deficit.
- Work progressing on new Hospital Quality and Productivity Framework programme which would provide a benchmark of comparable data between DHBs.
- Full list of Key Performance Indicators to be provided to Chairman with the view to selecting specific indicators for regular reporting back to the committee. Further details to be provided at the next meeting.
- KPI's amended from year to year to reflect and monitor changes in Government policy and direction.
- A number of indicators relate specifically to Maori health.

Discussion

- It was agreed that committee input into which KPI's should be reported on regularly would be beneficial. Dr Boheimer suggested that indicators with the strongest evidence base should be selected. Ms Farley advised that not all KPI's were quantitative based, with some requiring narrative reporting only e.g. BSMC reporting. Ms Denness added that it would be beneficial to understand how the various statistics are collected.
It was agreed that information regarding KPI's would be forwarded to members for their consideration and that it may be prudent to invite Nicola Johnston – Team Leader, Management Information Unit (MIU) to attend the next meeting.
- Ms Denness referred to a report previously considered which discussed how Maori were treated within the health sector and questioned whether TDHB were now better placed to collate better statistics regarding ethnicity. Ms Farley referred to report which had also discussed cardiology intervention and advised that work regarding this was underway by Dr Ian Tenouth.
In response to a question from Ms Denness as to whether there were any plans to consider other areas within the hospital Ms Farley advised that it certainly was under consideration.

- Mr Moeahu questioned when an improvement in the financial position was expected. Mr Thomas advised that the prime focus at this stage was to arrest any deficit growth and then reduce expenditure to a break-even position. This was to occur within a 2 – 3 year timeframe as indicated within the draft DAP which was currently with the Minister of Health for consideration and approval. It was important that the cumulative figure continues to be monitored closely each month as variances against budget can occur due to a range of contributing factors.
- Ms Farley advised that a strategy was in place to support the recruitment of General Practitioners. This included provision of support for training, which was beyond the requirement of the DHB.
- It was noted that the availability of side rooms for isolation purposes was under pressure during September due to high bed occupancy.
- It was noted that the non-availability of respite Care for adolescents and adults was an area of concern as demonstrated in both operational reporting and the acute pathway review recently undertaken.
- Average day cost slightly lower than August but slightly higher than last year.
- FTE results favourable but Medical staffing numbers remain under optimal levels.
- Noted that recruitment costs are centralised within the Human Resource budget.
- It was noted that outstanding negotiations with junior medical staff and laboratory workers continue.
- In response to the reference to 'significant stress on staff' Ms Farley advised that this reflected the current environment with busy hospital activity, meeting of DAP and KPIs, rolling out cost saving initiatives, other demands such as Project Maunga and continuing to manage business as usual in a prudent fashion.
- Dr Boheimer was advised that there was an annual budget of \$540k for recruitment and that approximately \$450k of this was allocated for recruitment of medical staff. Ms Farley advised that over 60% of TDHB doctors were overseas recruitments and that future appointments of locally trained doctors would certainly impact positively on associated expenditure.
- Ms Farley reported that following on from the mock bedroom a mock operating theatre was to be done with the use of cardboard replicas of equipment to demonstrate the size and scope of the planned theatres.
- Noted that the Smoking cessation position has been advertised.
- Jan Dunlop was the community representative on the Ambulance Service selection panel.
- Evaluation of new staffing model at Hawera Hospital was undertaken with staff and their associated union.
- The data tabled regarding presentations at Hawera ED (4 and 5) was discussed. Ms Farley advised that it wasn't appropriate to compare the Hawera ED against that of Base ED; the commentary that was applied to the base ED reflected the trends she wished to update the committee around, the reason additional information was provided for Hawera reflected her understanding that the committee wished for more.

Ms Bourke advised that information provided was something the new committee may wish to consider.

- Mrs Eagles advised that she had received feedback from the Stroke Foundation about the limited amount of communication between the Foundation and the new stroke unit. Ms Farley would follow up accordingly.
- Noted that the fixed oral health fixed facility in Inglewood was the last facility to be completed.
- The definition of 'Short-Stay' as defined in the Acute Pathway way project was discussed. Short-Stay units meant a variety of things but in general operated under guidelines and policy similar to that of Hawera Hospital. It was noted that such a unit was in stage 2 of Project Maunga.
- Annual leave management strategies were in place to work with individuals to assist in reducing the amount of leave owing.
- It was noted that the H1N1 alert has come to the end of the season with 50x case confirmed, 15x hospitalisations, 4x ICU admissions and 1x death.
- Tertiary Level Entry to the ACC Partnership Programme maintained following the annual audit. Renewal letter from ACC noted that TDHB's claims per \$1m liable earnings have been steadily decreasing since 2006 with performance ahead of both the levy risk group and the ACC Work Account.
- Strategies have been put in place to assist in reducing the number of infections occurring post caesarian which appear to be having a positive result.
- The ability to easily provide constructive criticism as opposed to making a complaint was discussed. It was noted that while there were opportunities to provide such feedback via the 'How are we doing' forms and the 'Patient Satisfaction Surveys' members felt patients sometimes felt inhibited from providing feedback and that it may be appropriate to have a venue to accommodate this.

Resolution

That the Hospital Advisory Committee note and receive the report of the General Manager Hospital and Specialist Services and attachments.

Eagles/Nager

610.0 Next Meeting

The next meeting was scheduled to be held on Tuesday 26 October 2010 in New Plymouth.

611.0 Exclusion of Public

Resolution

That the Hospital Advisory Committee resolve to exclude the public from the remainder of the meeting on the basis of the following matters:

1. *To present Hospital Advisory Committee Minutes pursuant to an earlier resolution publicly excluding the item*

*Nager/Bourke
Carried*

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Chairman

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Date