



## **HOSPITAL ADVISORY COMMITTEE**

### **MINUTES – PUBLIC - unconfirmed**

**Tuesday 27 April 2010**

**10.00am**

**Corporate Meeting Room 1**

**Base Hospital**

**David Street**

**New Plymouth**

#### **Present:**

Kura Denness (Chairman), Mary Bourke, Jenny Nager (Board Members), John Young (ex officio), Brian Jeffares, Nic Boheimer, Jan Dunlop (co-opted members)

#### **In Attendance:**

Tony Foulkes (Chief Executive), George Thomas (General Manager Finance and Corporate Services, Joy Farley (General Manager Hospital and Specialist Services), John Doran (Chief Medical Advisor), Gavin Woolley (General Manager Organisational Development and Human Resources, Katherine Fraser-Chapple (Management Accountant), Matua Ramon Tito (Kaumatua), Sue Carrington (Media Advisor), Jenny McLennan (PA to Board)

#### **559.0 Declaration to Open Meeting**

The meeting was opened at 10.07am with a karakia.

#### **560.0 Apologies / Leave of Absence**

Peter Catt, Karen Eagles (Board members) and for lateness from Joy Farley and Kura Denness for lateness.

#### **561.0 Conflicts of Interest**

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

#### **562.0 Minutes of Previous Meeting**

##### Resolution

*That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 30 March 2010 as a true and correct record subject to the following amendment:-*

### 556.0 Management Reports

- Miss Bourke advised that the utilisation of locum staff at Hawera Hospital should not be seen as a cost issue in future consideration of service provision from the Hawera Hospital

Nager/Boheimer  
Carried

### 563.0 Matters Arising

#### 563.1 'Lean Thinking'

Ms Farley was to forward information to Mr Boheimer.

### 564.0 Management Reports

The General Manager Hospital Services referred to the report and attachments highlighting the following:

- Financial deficit forecast of \$7.1m has increased to \$8.1m and remains the focus of hospital management
- Other work streams also drawing on resources
  - Supporting Funder with development of the EOI
  - Continued work on Project Maunga
  - Oral Health Strategy
  - Ministry discussions regarding provision of Ambulance services
  - Stratford Health Centre development
  - Completion of reviews underway during current financial year
- Overall FTE's 45.7 above budgeted levels arising from some delays in review implementation and increased clinical activity

#### Discussion

- Final Quarter – It was noted that historically the final two months of the financial year results in increased financial pressure from receipt of late billing for services received and increased hospital activity relating to winter ailments.

Mr Thomas added while this occurred annually there was not the financial flexibility to manage this cost growth.

Mr Foulkes advised that there should be no misunderstandings that if all reviews had been implemented within original timeframes that the financial situation would be satisfactory. This was not the case and that cost pressures are occurring over and above gains from reviews.

- Mr Boheimer expressed concern regarding the impact on the quality of clinical care given 45.7fte budgeted decrease that had not yet been realised. Ms Farley advised that while it was anticipated some services may reduce the aim was that there would be no significant impact on the quality of services. Mr Boheimer noted the challenges that provided individual services and teams.

Ms Denness advised that quality must be the driver and if changes in services delivery impacted on quality of the service then continued provision of the service may require consideration.

Mr Young added that the Board needed to be mindful of Mr Boheimer comments and that quality was non-negotiable and service quality must be

maintained irrespective of service pressures. Management to be encouraged to 'live within their means' ensuring that the reduction of quality of services was not a factor in reducing costs.

Mr Foulkes addressed the board demonstrating both the relationship and tension between volume, quality and costs pressures. The impact of increased pressure on any of these factors, in particular the outcome of increase pressure of the cost element impacted upon the others. Mr Foulkes advised that it was difficult to maintain exactly the same quality when volumes and costs are increasing. It was noted that the cost side of the equation was already stretched beyond a sustainable level, so something would need to give in other areas.

The definition of 'Quality' was raised and Ms Farley advised that while there were Service Specifications available, quality was also about perceptions and included issues associated with the communication and coordination of individual teams.

It was agreed that the potential changes impacted on service provision across the whole of the Board needed to be considered throughout the review process.

Mr Boheimer remained concerned about any reduction in quality in vital services and the associated moral and ethical issues.

Ms Farley advised that guidance was available on how to approach the review of services as it had applied to elective services. The establishment of thresholds, clear guidelines regarding resources and clinical prioritisation, good communication assisted in providing a transparent and open process.

Dr Doran advised that quality meant different things to patients, some it was the ability to be seen as soon as possible while others may not mind a wait but want to be seen by the best surgeon. The reviews underway were to consider the provision of services across Taranaki and there was a need to ensure the ongoing provision of a good and timely service.

Mr Foulkes concluded that the dilemma of these type of considerations were global and that provision of services with a finite resource was difficult.

Mr Boheimer questioned the wisdom of proceeding with Project Maunga.

Ms Denness reminded the committee that the decision to proceed had been well scrutinised by the DHB and the MoH. While doubts were understandable the process around decision making had been very robust and transparent.

The reports on the various departments were reviewed individually with the main points raised as being:-

- Occupancy of 85% demonstrated efficient use of beds and associated productivity
- Recruitment of O&G consultant
- Medical FSA delivery remains below contract ytd
- ED at Base Hospital continues to experience ongoing pressures
- Ambulance service discussions continue with Ministry

- 21% increase in triage 4 and 5 at Hawera ED compared to March last year and the associated impact on hospital services. Mrs Nager provided some personal insight for the reasons this may be occurring.
- TPW facility renovation for CAMHS/MHSOP "friendly" areas underway with tender process commenced
- Stratford Health Centre an exciting project for Board and community. Anticipated that project will be completed by Christmas.
- Community Oral Health Project – important to continue note that single biggest service change with a complete overhaul of the provision of oral services to 0-18 year olds. Service to include the provision of mobile units
- Maternity Review regarding relocation of the Antenatal clinic and associated offices continues
- Primary Birthing Facility feasibility study – Considering a hub and spoke approach to the provision of this service with secondary service provision in New Plymouth and birthing facilities throughout the province
- ACC have indicated they may wish to purchase less from TDHB in the future
- Number of contracts with ACC under review to determine viability

Mr Woolley took his quarterly Human Resource report as read and noted the following:-

- Successful implementation of Volunteer Programme with 28 signing up
- 26 application received for 2010 TDHB Scholarship programme
- Key initiative from Maori Health Workforce Strategy was implementation of the Incubator Programme which has 40 students from Waitara and Hawera signed up. Financial support also provided by TSB Bank Community Trust
- Constructive Union Management meeting held at which NToS was discussed along with Chief Executive initiative of identifying savings
- Staff turnover 8-12%

#### Discussion

Mrs Nager raised the ongoing provision of Maternity services at Hawera Hospital citing there was currently two midwives and Dr Blayney involved in this service.

Ms Farley agreed that the service was fragile and vulnerable as provision of the service was built around two / three professionals and there was no current sign of replacements.

It was noted that midwives were not employed by the DHB and it was vulnerable services such as this that benefited from the National policy of bonding graduates.

The remaining reports on the various departments were reviewed individually with the main points raised as being:-

- Results of the Patient Satisfaction Survey remain consistently high
- Health & Disability Commissions Report notes complaints received for Taranaki DHB lower than national rate

Dr Doran advised that the value of the report was its use as a generic learning tool

Resolution

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

*Bourke/Nager*

**565.0 Next Meeting**

The next meeting was scheduled to be held on Tuesday 25 May 2010 in New Plymouth.

**566.0 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*

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Chairman

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Date

