



HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 28 October 2008

10.00am

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present:

Peter Catt (Chairman), Kura Denness, Dan Devadhar (by telephone), Karen Eagles, Jenny Nager, John Young (ex officio) (Board members), Nic Boheimer, Jan Dunlop, Brian Jeffares, Peter Moeahu (co-opted members)

In Attendance:

Tony Foulkes (Chief Executive), Joy Farley (General Manager Hospital Services), George Thomas (General Manager Finance & Corporate Services), Sandra Boardman (General Manager Planning, Funding & Population Health), Anne Kemp (QA/Risk Manager), Pamela Hikuroa (PA to Board), Sue Carrington (Communications Advisor), Warwick Gilchrist (Service Planner).

444.0 Declaration to Open Meeting

The meeting was opened at 10.00am.

445.0 Apologies

Grant Knuckey

446.0 Conflicts of Interest

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

447.0 Minutes

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 30 September 2008 as a true and correct record.

*Nager/Dunlop
Carried*

448.0 Management Reports

448.1 General Manager Hospital Services

Ms Farley advised that the quarterly report was presented as a series of reports and welcomed Warwick Gilchrist, Service Planner, to the meeting.

Ms Farley took reports as read, highlighting

- Forecast provided later in the agenda
- Overall base case mix position at contract
- Breakdown of each service was tabled which outlined acutes against electives and additional electives. Overall largely delivering to contract.
- Acutes continue to be well in excess of budget. Had to cancel four patients this morning as no beds available and five people awaiting admission from ED. Despite level of activity had largely met all elective service targets
- Challenges maintaining ESPI compliance but recovery plans in place. Note that ESPIs can go from green for three consecutive months without penalty. One service had been in red for two consecutive months but recovery plan in place.

Discussion

Questions were raised as to whether the worsening economic scene would result in the number of people presenting to ED increasing.

Ms Farley advised that when economic times are difficult there is a social impact and may result in increased numbers, however, the provider had limited capacity to deal with this and different ways of handling this issue were required. Noted volumes at Hawera remained remarkably static at 100 less per month than prior to SouthCare having the contract. Full report to be provided in January.

Discussion took place around acute services and whether, due to increased demand, an additional shift be put in place for radiology rather than relying on on-call rosters.

Ms Farley advised that this was one of the issues currently grappling with from a workforce and cost perspective. This is something we would raise with Fulford, but before any change would even be considered would take time and review the call outs under the Radiology Project to see if some of these cases could be handled differently.

- ACC
 - ACC coming to review the chronic pain service provided by the DHB. Very pleased with the deliverables and outcomes.
 - Major concern currently over desire by ACC to revise Public Health Acute Service Payments. Payments currently come through MoH bulk payment negotiated between the MoH and ACC. ACC wish to move to a Fee for Service Arrangement for acute service, which is what is in place for electives. Hospital Providers oppose this suggestion due to significant issues around cost of administration and also the processes which would require to be put in place. Funder also does not support proposal.

Discussion

Committee members reported excellent feedback around the acute pain service.

Ms Farley advised that a full evaluation was being undertaken and there was a desire to extend the programme and move into more joint venture type arrangements with community providers.

It was also noted that the service could be reproduced nationally.

- Operations
 - Graphs reflect service struggling around occupancy and volumes, but have maintained elective work.
- Financial Summary
 - Net result after first quarter \$1.2m deficit which is variance to budget \$500k which is similar level to last month.
 - FTE levels eight above budget but average cost down, due mainly to increased number of RMOs employed to fill vacancies. This has positive impact on outsourced services. Large number of nursing vacancy occurred over last quarter and these have also been filled resulting in less overtime and penal rates. Average staff costs on budget for first month in a long time.
 - Sick leave and annual leave following previous trends.
 - Incurring high peaks in annual leave over school holidays and long weekends. Try and accommodate flexible workforce but struggle at certain times of year, as flexibility or supportive arrangements are core to us continuing with workforce development.
 - Provision made for radiology pending finalisation of service agreement.
 - Note clinical supplies major variance which is linked to activity and patients through acute activity, particularly orthopaedic surgery which has high consumable costs attached.
 - Drug costs running ahead of budget. Mitigations around oncology in that we will now claim for some costs through HealthPac which will be offset at year end. Also timing issues over prices negotiated by PHARMAC. There will be a positive impact on both Hospital and Community.

Discussion

The Chairman noted the incredible effort which had gone into the first three months to achieve the 10% overall increase in electives and acutes which was achieved slightly above budget. He noted that the average cost per FTE had been reduced and staff employed to cover vacancies but questioned whether consideration had been given to in fact having less people employed and paying overtime for the extra effort which would increase the average cost per FTE but enable the DHB to achieve some efficiency gains and thereby assist in the provider living within the financial constraints.

Ms Eagles joined meeting at 10.20am

Ms Farley advised that these issues were continually being reviewed and advised that every replacement FTE was approved by herself and any new FTE required the approval of the Chief Executive. There was a need to maintain balance between fiscal drives and taking into account annual leave requirements and health and safety issues for clinical staff.

- Mental Health Services
 - Underspend for September and in fact quarter result for the ring fenced mental health service. Note met budget.
 - Considerable work being undertaken around self-harm and suicide prevention.
 - Acute Home Based Treatment services continue to go from strength to strength.

- General Business –
 - Inequalities - ethnicity data collection report provided
 - Significant report with the outcomes identified supported by Chief Maori Health Advisor
 - Report identifies number of matters which have been undertaken in terms of staff training and it is intention to conduct a further audit in January to assess improvements.
 - Number of longer outstanding issues identified:
 - Whilst have electronic capacity to capture ethnicity data not available for some other data requirements.
 - Firstly while have electronic capacity for ethnicity not for some
 - Different systems for outpatients and surgical bookings in terms of how capture data
 - Management team - performance objective to meet challenges identified in the report in terms of responsibility and improve data collection

Discussion

Mr Moeahu congratulated Ms Farley and her team on the progress made to date but felt in his view, that the DHB's performance on this issue had been wanting in view of the fact that collection of this data was first required in 2002 and the priorities set by the DHB for reducing inequalities. This information was essential to be able to guide expenditure in key areas. He was also concerned that the report did not indicate when the DHB would have a full and complete comprehensive ethnicity data collection and asked for details of the proposed timeline for Taranaki DHB to be equal with the other top performing DHBs in this area.

Ms Farley noted his comments as being fair and advised that she would like to have the system working correctly now but in reality it was not. There was a plan in place to deal with the issues raised and a further update would be provided after the audit in January 2009. Ms Farley advised that the project leader would be available to attend the November meeting to give an outline of how the project was undertaken.

The Chairman put forward the view that the data was not necessarily the most important element but service delivery and ensuring that the DHB lifts the

standard of care and administration of services to the various iwi throughout the region was the main objective.

Discussion continued with it being pointed out that the base line data information was required to ensure effective planning and to be able to measure the objectives outlined in the DAP.

It was questioned why the outstanding issues had not been covered with the IBA upgrade. Ms Farley advised that to improve the system would require additional customisation which was more expensive. Currently looking at a system to place over the IBA which would be more user friendly and easier to operate.

- Overview service projects –
 - Maternity services
 - Oral Health
 - Acute pathway
 - Theatre productivity
 - Links to quality improvement committee
- Challenges facing these projects in that new information is coming to hand which affect progress, eg two national reviews published on Maternity Services which required recommendations to be incorporated into our project.
- Have also struggled with Quality Improvement Committee work in that did not want to duplicate reporting and efforts in these areas. Important to ensure national programmes did not overtake local programmes in terms of improvements. Have put together a reporting template which meets local needs and also incorporates national work.

Discussion

Concern expressed over the apparent proliferation of different systems and questioned why IBA could not be used for the dental service and noted the national drive for a co-ordinated national IT approach.

Mr Gilchrist advised that the dental service proposal was for effectively a patient management system for the school dental service. Currently IT system in place.

The Chief Executive advised that currently there was no clarity nationally on the best way forward in terms of a single patient based system. Discussions had been held recently at national meetings on how to implement a total integrated system and the debate was continuing. There was also the need to have the debate locally and compare our view with the national view. Decisions around software to be put in place now took into account the wider picture to ensure that systems would be able to be integrated at a later date.

Discussion took place on the maternity review with Mr Gilchrist advising that the opportunity would be available for consumer representatives to join the group in the near future. It was anticipated that the additional recommendations would be included in the DHB project work over the next few weeks to enable further progress to be made in this area.

Progress on ageWELL strategy was discussed with Ms Farley advising that the provider as part of the Value for Money work was focusing on the stroke

pathway with the wider body of the ageWELL strategy being undertaken through the Planning and Funding Team. The majority of reporting on this area will be covered in the Community and Public Health and Disability Support Advisory Committee.

- HR Report
 - Quarterly report provided outlining workforce development work being undertaken.
 - Noted vast number of collective agreements which had been settled over the year.

Discussion took place around the public perception on the number of administration and management staff employed with Ms Farley noting that the majority of clerical staff were involved in clinical areas to assist clinicians undertake their work.

448.2 QA/Risk Report

Ms Kemp took report as read highlighting:

- Three Yearly Certification and Accreditation Audit to take place first week of November. Could be operating on a business as usual basis and hopefully gain insight into how systems could be further improved.
- Patient satisfaction perception – Quarterly reports very good.
- Complaints – decrease in number of complaints received in July. Three events with the Health and Disability Commissioner for investigation.
- Health and Safety – ACC Partnership Programme Audit completed and the DHB maintained tertiary level entry.

Discussion

In response to questions on whether the DHB had experienced any outbreaks of noro virus, Ms Farley advised that so far the hospital had remained clear. However, the impact in the community impacted on the hospital, advising that the admission of two patients from resthomes in South Taranaki, which had been locked down, meant that additional precautions were required to be taken and those patients put into isolation.

In response to a question on whether particular complaints recur, Ms Kemp advised that all complaints received were investigated on an individual basis and action plans put in place. The recurring complaint was around communication and the perception on the attitude of clinical staff.

Ms Farley advised that the DHB had provided seminars on communication using the Cognitive Institute in conjunction with the ACC. The course was also made available to General Practitioners. Dr Boheimer asked that consideration be given to holding regular communication workshops as they were very beneficial.

448.3 Value for Money Quarterly Report

Report covers number of national programmes as well as providing a local quarterly updates on:

District Annual Plan Objectives

National Value for Money Workstreams (provider benchmarking)

Business As Usual

Supply Chain Management
Quality Improvement
Information Technology

Benchmarking – Provider Arms of the DHBs had joined Health Roundtable in an attempt to put together national benchmarking data which would provide a national data set and meaningful indicators against which improvements could be monitored.

Presentation to be made at November meeting on information received to date.

Discussion

Discussion took place on the report.

Questions were raised in respect to the provision of xray equipment in ED and whether this was older technology which at the end of the day would not help in improving productivity.

Ms Farley advised that a time and motion study had been undertaken which showed that considerably productivity gains could be achieved if xray equipment was available in ED. This equipment was not 'old technology'.

449.3 General Manager Finance & Corporate Services

Mr Thomas took report as read highlighting

- Forecast normally done after six months better feel of what is happening and what likely to happen.
- Note that there would be some volatility with the forecast as nine months of the year to go and seasonal impacts would have an effect.
- Forecast as stands at moment looking at a deficit of \$7.73m versus plan of \$3.6m
- Forecast includes \$1.4m of extraordinary expense due to revaluation of land and buildings. Discussed with MoH with chances of receiving funding for this expense being 50/50 but the Ministry acknowledged it was an extraordinary expense and could be taken out of core funding budget.
- Leaves deficit of \$6.3m
- Forecast conservative recognises expenses and known liabilities but no account of any potential additional revenue.
- Forecast recognises some \$700k of gains from initiatives currently underway.

Discussion

Committee members noted that the forecast was conservative but acknowledged that higher than budgeted activity would have an impact on costs.

The Chairman reminded Committee members that the budget in the DAP contained \$3.5m budget deficit plus \$3.5m known risks which were not budgeted.

Ms Denness noted that when put into context the forecast was not as bad as she had expected.

Committee members thanked Mr Thomas for providing the forecast earlier than planned and noted that it gave them a clearer indication of the likely year end position.

Resolution

That the Hospital Advisory Committee note and receive the reports and attachments.

*Denness/Nager
Carried*

449.0 Date of Next Meeting

The next meeting is scheduled to be held on Tuesday 25 November in New Plymouth.

Dr Catt tendered his apology for this meeting.

450.0 Exclusion of Public

Resolution

That the Hospital Advisory Committee resolve to make this resolution in reliance on Schedule 4, clauses 34 and 35 of the New Zealand Public Health and Disability Act 2000 and the particular interest or interests protected by clause 34 Schedule 4 of that Act or section 5 or section 7 or section 9 of the Official Information Act 1982, as the case may require which would be prejudiced by the holding of the whole or relevant part of the proceedings of the meeting in public are as follows:

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

*Nager/Eagles
Carried*

The meeting adjourned at 11.25am to reconvene at 11.30am

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Chairman

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Date