



## **HOSPITAL ADVISORY COMMITTEE**

### **MINUTES – PUBLIC - Unconfirmed**

**Tuesday 28 April 2009**

**10.00am**

**Corporate Meeting Room 1**

**Base Hospital**

**David Street**

**New Plymouth**

#### **Present:**

Peter Catt (Chairman), Kura Denness, Jenny Nager, John Young (ex officio), Grant Knuckey, (Board members), Nic Boheimer, Jan Dunlop, Brian Jeffares, Peter Moeahu (co-opted members)

#### **In Attendance:**

Joy Farley (General Manager Hospital Services), George Thomas (General Manager Finance and Corporate Services), Gavin Woolley (General Manager HR & Organisational Development), Sue Carrington (Media Advisor), Pamela Hikuroa (PA to Board), Steve Chapman (Business Manager Hospital Services), Warwick Gilchrist (Service Planner)

#### **475.0 Declaration to Open Meeting**

The meeting was opened at 10.00am with a karakia.

#### **476.0 Apologies/Leave of Absence**

Dan Devadhar, Karen Eagles (Board member)

Tony Foulkes (Chief Executive)

#### Resolution

*That the apologies be sustained.*

*Knuckey/Nager  
Carried*

#### **477.0 Conflicts of Interest**

The Register was circularised for updating by members, with the following new interests being declared

Grant Knuckey

Interim Chairman HealthCare Aotearoa  
Executive Member National Maori Collective of  
PHOs

Peter Moeahu

Appointed New Plymouth District Council Disabilities  
Committee

#### **478.0 Minutes**

##### Resolution

*That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 31 March 2009 as a true and correct record.*

*Nager/Jeffares  
Carried*

#### 478.1 Arising From Minutes

Clarification was sought regarding the reference to the siting of the dental chair and whether this related to Hawera, with the Committee being advised that it was for the Hawera fixed clinic, noting that sites had been nominated in the business case prepared in 2006 and a consultation process was underway to confirm where the clinic will be placed.

#### **479.0 General Manager Hospital Services**

Ms Farley took report as read, highlighting:

- Elective services above contract and would continue at this level to ensure cover any under performance in IDF volumes
- Further update to be provided in next quarterly report around ACC changes and the effect on Hospital Services
- Large increase in FTEs number, purely relating to nursing, as a result of the number of specials required. Number of initiatives in place to reduce number of specials but still seeing the impact of aging population, complexity of patient across different age groups which creates demands on resources in the hospital. This was an area which the service would continue to struggle with going forward.
- Note in Financials outsourced services broken down into personnel (locums) and clinical services. There is a degree of offset occurring as we move some services delivered off site back to the hospital to offset cost pressures.
- Forecast remains unchanged.
- Mr Thomas noted that historically hospital services comes under greater pressure in the last quarter, which is starting to be seen, and although forecast has been held it will be a challenge for the service to keep within budget.
- Service very aware of the expectations around financial performance and working hard to work within budget.
- Updates around Projects provided. Intention at next Hospital Advisory Committee meeting to have a presentation from the Lean Thinking Team around straight pathways. Consideration also being given to inviting PHOs and primary sector to the meeting as there has been a lot of interest around lean thinking methodology and it was always the intention to share the learning for the whole sector.
- Pleasing to note latest ethnicity report September to December 2008 shows complete compliance for new patients but difficulties remain with patients returning to hospital. Expect an improvement in this area over the next quarter.

- Family Violence Programme Training undertaken with excellent feedback being received from the National Trainer. TDHB has been asked to present nationally on how we undertook training.

#### Discussion

Clarification was sought over the reported concern over media reports. Ms Farley advised that in general the service had a very positive relationship with local media but occasionally something occurred which created tensions for staff. The newspaper headline referred to was factually incorrect and such reporting had a very negative impact on staff in terms of professionalism and there was also a flow-on effect on patient confidence.

Dr Boheimer advised that he had already had two instances with patients expressing concern about epidurals and he was aware his colleagues were also fielding concerns. He noted that a good relationship between the hospital and media was important but had concerns in terms of the accuracy and impartiality of the reporting. He reiterated Ms Farley's comments that the headline was incorrect and in the peer review the procedure used was entirely appropriate but unfortunate that the patient ended up with pain. He expressed the hope that in future the reporting be impartial.

Discussion took place around the capturing of ACC information and concern that if this was not occurring correctly that revenue would be lost to the DHB. Ms Farley advised that the main issue was around patient entitlements. The record was always there as part of the clinical record but required an updated M45 to be completed. Funding for the work comes as part of the bulk contract. It is not a simple issue as when clinicians undertaking the clinical assessment they are noting the injuries but looking for the predominant injury and also there are only three spaces on the form. This issue highlights the need for an electronic system which would enable the clinical record to be uploaded directly to ACC.

In response to queries around cardio thoracic IDF services and the effect of non-delivery on funding, Ms Farley advised that the Funder had requested the hospital service to make up the shortfall in contract to ensure that contract levels were met.

Mr Moeahu shared with the Committee positive feedback he had received from members of the public around the service provided in the Emergency Department.

Discussion then took place around the emergency presentations at Base compared with Hawera and questions raised as to the reason for the divergence between Category 1-3 and 4-5 at Base being roughly a 50/50 split whereas in Hawera it was 25/75.

Ms Farley advised that there were different population levels and this needed to be taken into account as the figures provided in the graphs were of actual numbers attending

Discussion took place around the variances in average salaries on a month to month basis with Mr Thomas advising that this was due to the budget not being phased in line with the pay periods. He advised that for the 09/10 year the budgets would be phased more precisely to tie in with the pay period for the financial year.

Committee members were pleased to note that the mental health service was meeting budget. Ms Farley advised that this was a pleasing result and

reflected the work which had been undertaken over the past 3-4 years. She highlighted however that a looming pressure for the service was around adolescents and respite care for mental health for older people over 65 and mental health and addictions services for over 65.

The Mental Health Commissions comments were noted and Ms Farley advised that the feedback received would be used to assist in improving the services.

Ms Farley gave an overview of the Facility Upgrade project structure, outlining the various engagement levels:

1. Governance – Board and its governance partnerships already in place
2. Middle layer of management to oversee the project
3. User Groups

It was intended that extensive consultation at user group level across the sector would occur depending on the particular user group, eg for in-patient wards seeking input from patients, whereas theatre would be a more clinically driven group.

It was important that the facility development is seen as a community asset as opposed to a hospital asset and the aim was to have the community reach into the hospital and vice versa.

#### 479.2 Quarterly Reports

##### HR Report

Mr Woolley took report as read, highlighting:

- Pleased to report appointments made to psychiatry vacancies
- Change in Government had resulted in significant policy directions and guidelines being implemented, eg requirement to closely manage the cap on management and administration FTEs.
- Government has also released expectations for pay and employment conditions in the State Sector and working through those in conjunction with DHBNZ as 21 DHBs and this will have significant impact on future bargaining.
- Bonding Scheme – unfortunately scheme of little benefit to Taranaki DHB and for district. Working with the Ministry and provided feedback and hope to make progress to have some changes by middle of year.

##### Discussion

General discussion took place around the scholarships with the Committee being advised that the scheme had been evaluated and proven to be very helpful.

Further discussion took place around vacancies and Dr Doran gave an overview on how the Junior Doctor Recruitment process operated.

In reference to how the problems with recruitment would be overcome, Dr Doran advised that it was hoped Government would announce in the near future an increase in junior doctor numbers under placement which could lead to more New Zealand students being based at Taranaki DHB for training. There was also possible changes around registration which could see this become a two year process.

There were also a large number of new medical schools in Australia about to release medical graduates. Australia like New Zealand uses overseas

graduates and with these new graduates it is likely that they will not have as many vacancies which could be filled by New Zealand junior doctors.

Ms Farley advised that there were a number of pieces of work underway around workforce retention and recruitment and one important piece was being undertaken by the Chief Medical Officer and Director of Nursing looking at how things could be done differently, of by other professionals and looking at the workforce as a whole and how we deliver care.

#### QA/Risk Report

Ms Farley advised that Ms Kemp was unable to attend due to work involved with emergency planning.

The report was taken as read and Ms Farley highlighted

Clinical Board Review - report received and looking to implement recommendations.

Dr Doran advised that the aim of the Clinical Board was to provide clinical leadership for the whole sector, with the initial emphasis being on the Hospital. It was hoped that representation would be from across the DHB with the aim of the Clinical Board to provide leadership to various quality and safety related Committees and advice to the Chief Executive and Board and also management of clinical questions.

One of the aims was for the Clinical Board to bring innovation to the organisation and also provide an opportunity for people to talk about issues. This tied in well with 'lean thinking' and it was important that the way in which things are undertaken is changed when move to the new facility.

Emergency Preparedness – excellent article in the Daily News on the "Swine Flu" and what people should do.

#### Discussion

Discussion took place on the report from the Disability Commissioner with Ms Farley advising that the Commissioner publishes every case and the DHB looks at each case to learn whether any of our procedures and processes could be improved.

It was noted that the Commissioner considered personal privacy was to be a right and a Committee member noted that the DHB was not a very good example in terms of facilities generally. Ms Farley agreed advising that due to the current facility ensuring privacy was difficult. Staff training is undertaken in this area and a Privacy Officer is employed. Ms Farley also advised that clinicians do try whenever possible to find ways to talk to patients in private. This was an area which was being closely looked at for the new facility.

Value for Money - Umbrella programme for organisation and looking at national workstreams and initiatives underway in the DHB.

Pleased to advise that the radiology room in ED due for completion generated enormous excitement because of the improved process for patients.

General discussion took place around the various projects.

Resolution

*That the Hospital Advisory Committee note and receive the report and attachments.*

*Denness/Nager  
Carried*

**480.0 Date of Next Meeting**

The next meeting is scheduled to be held on Tuesday 26 May in New Plymouth.

**481.0 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/Knuckey  
Carried*

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Chairman

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Date