



HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC

Tuesday 31 July 2007

10.00am

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present

John Young (Chairman), Kura Denness, Dan Devadhar, Jan Dunlop, Flora Gilkison (Board members), John Doran (Co-opted members).

In Attendance

Peter Catt (Board Member), Tony Foulkes (Chief Executive), Joy Farley (General Manager Hospital Services), George Thomas (General Manager Finance & Corporate Services), Sue Carrington (Communication Advisor), Pamela Hikuroa (PA to Board)

344.0 Declaration to Open Meeting

The meeting was opened at 10.00am with a karakia.

345.0 Apologies

Hayden Wano, Brian Jeffares, (Board members)

The Chairman advised that he required to leave the meeting at 10.30am

346.0 Conflicts of Interest

The following amendments were made to the interests declared by committee members:

Kura Denness Chairman Te Aroha Medcare Ltd (formerly Director)
 Chairman Hauora Taranaki PHO (formerly Director)

347.0 Minutes

Resolution

That the Hospital Advisory Committee resolve to accept the Minutes of the meeting held on 26 June 2007 as a true and correct record.

*Dunlop/Doran
Carried*

348.0 Management Reports

348.1 General Manager Hospital Services

Ms Farley took report as read highlighting the following:

- Report outlined the year end position
- Activity
- Elective services recorded over delivery as planned in terms of additional funding. Final reconciliation available in September once IDFs had been finalised. Confident final result will be in line with contract.
- Acute Delivery
- Sharp peak in month of June 10% ahead. DHB now experiencing winder flux. This has placed some pressure on beds have not to date had to cancel any elective surgery however this may change.
- Operations
- Maintaining FTEs numbers. Significant drop off in mental health but FTEs will be under pressure as occupancy and throughput increases.

- Financial
- Record \$2.1 million deficit as predicted.
- Summarised four main cost pressures -
- FTEs both in numbers and cost per FTE.
- Outsourced Services – Main contributor is Medical locums and increased diagnostics
- Clinical Supplies – Major contributors are treatment consumables, ie blood products and renal fluids. Cost of blood products will be the subject of negotiation between the DHB and New Zealand Blood Service.
- The focus for on-going work will be around the drivers of the deficit, as outlined in the report.
- Mental Health Services - moving towards more sustainable staffing profile

- Facility Development
- Consuming lot of work and effort. Currently developing business case for consideration by National Capital Committee. During August number of presentations will be made to various forums and the Board with the business case to be completed by the end of August.

- Update on Health and Disability Commissioner's Request for investigation into process and systems for treatment of physiologically unstable patients provided.

- Ambulance Service
- Pleased with progress being made in overcoming difficulties experienced with the new national communication system. Awaiting advice on testing of terminals. On track to addressing the issues.

Discussion

General discussion took place on the report.

Clarification was sought over the transfer of Southern Cross patients to the DHB and whether with the increased complexity of cases being undertaken whether the number transferred to ICU was likely to increase.

Ms Farley advised that the DHB had a long standing arrangement whereby Southern Cross close every second weekend and any in-patients on the Friday are transferred to the DHB. In most cases they stay for one or two nights and are then discharged. If they require longer stay they are referred back to Southern Cross.

The emergency referral rate from Southern Cross is very low.

With regard to the increased complexity of patients, the DHB will screen patients very carefully with the complex cases remaining on the DHB surgical list. All steps are taken to minimise risk to patients.

Questions were raised around the initiative for surveillance planning for women at high risk of breast cancer and whether the DHB had contracted with Wellington or Christchurch for genetic services.

Ms Farley advised that the initiative was not a screening service but an initiative which came about due to concerns raised by Fulford Radiologists over the referral of women by GPs. A system has been put in place, following consultation with the GP Liaison Group, PHOs, Clinicians and Radiologists which prioritises women with certain criteria to have a First Specialist Assessment and a plan of care provided and the patient referred back to their GP. If considered appropriate the Surgeon will decide to involve genetic counselling services.

A question was raised around the possibility of pre-purchasing prothesis in view of the high dollar. Ms Farley advised that ACC and DHB NZ was working closely with the Orthopaedic Association with the view to having a preferential purchasing schedule for prothesis and thereby maximise national buying capacity. This work was being undertaken as part of the 'value for money' project. It is hoped that benefits will be seen in the coming months as the project rolls out.

The Chairman congratulated management on meeting contract targets with the Ministry of Health for elective services.

Resolution

That the Hospital Advisory Committee note and receive the report.

*Gilkison/Dunlop
Carried*

348.2 QA/Risk Report

Ms Kemp took report as read, highlighting:

- TDHB belongs to ACC partnership programme and as part of that is responsible for work related injuries. This includes rehabilitation and covers all costs, eg Doctor, physiotherapy. Pleasing to note that TDHB's average claim is \$225 compared with the DHB average claim of \$816.

Discussion

Discussion took place around the complaints received with the committee being advised that the report referred to complaints from 65 people and highlighted the common themes.

The Committee was also advised that the questions on the survey were those required by the Ministry of Health but there was also the opportunity for patients to provide comments or raise any issues. Staff review the forms and try to look at the themes coming through in an endeavour to improve areas of concern.

Resolution

That the Hospital Advisory Committee note and receive the report.

*Denness/Dunlop
Carried*

Mr Young left the meeting at 10.30am.

Ms Denness took the Chair.

348.3 Human Resources Report June 2007

Ms Taylor took report as read and advised that the Board had approved the Workforce Plan in August 2006 and the report outlined progress from a Hospital Provider perspective.

Discussion

A question was raised around recruitment for Hawera and whether the terminology 'Medical Officer' was correct.

Ms Farley advised that some years ago the decision had been taken to stop using the term MOSS, which was an industrial term relating to a pay scale. It was felt that 'Medical officer' was a far better way of describing the role and duties required.

Committee members raised questions around resources for workforce training for Maori with Ms Taylor advising that this matter had been covered in a previous report by the Chief Advisor Maori Health and that a full summary of workforce issues was to be provided to the Board at the August meeting.

The Chief Executive in speaking to the report noted the wide range of initiatives in place and the effort undertaken from clinical and non-clinical perspective by the DHB to support the workforce beyond the pay and conditions and hoped that the Committee would continue to support these activities into the future.

Resolution

That the Hospital Advisory Committee note and receive the report.

*Gilkison/Dunlop
Carried*

349.0 Other Business

349.1 Emergency Department

Ms Denness referred to a television programme on Emergency Departments – Flinders Medical Centre and developments which had improved the service

and questioned whether the DHB was looking to implement any of the programmes.

Ms Farley advised that management and staff were aware of the research and of some of the initiatives put in place. It was important that models of care implemented at the DHB, were tailored initiatives to local conditions and expectations, it was important to avoid unforeseen consequences that impact on other sectors such as the primary practice. The findings of the research will be taken into account when looking at developing our after hours strategy and to improve processes within own Emergency Department.

350.0 Next Meeting

The next meeting was scheduled to be held on Tuesday 28 August in Stratford.

Ms Gilkison put forward a tentative apology for this meeting and would confirm availability at later date.

The meeting closed at 10.40am with a karakia.

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Chairman

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Date