

AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

**Minutes of the Hospital Advisory Committee meeting
held on Wednesday 4 February 2009 in the A+ Trust Room
Clinical Education Centre, Level 5,
Auckland City Hospital, Grafton
commencing at 12:00 noon**

1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Committee Members

Dr Chris Chambers (Chair)
Susan Buckland
Dr Brian Fergus
Pat Snedden
Seiuli Dr Juliet Walker
Assoc Prof Anne Kolbe
Farida Sultana
Lynda Williams

Jo Agnew
Harry Burkhardt
Dr Ian Scott
Rt Hon Bob Tizard
Ian Ward
Prof Iain Martin
Dr Rees Tapsell

Management in Attendance

Garry Smith – Chief Executive
Dr David Sage – Chief Medical Officer
Dr Denis Jury – Chief Funding & Planning Officer
Greg Balla – Director Performance and Provider Development
Ngaire Buchanan – General Manager Operations
Taima Campbell – Executive Director Nursing
Margaret Dotchin – Nurse Director
Fionnagh Dougan – General Manager Mental Health, Ambulatory, Cancer & Blood Services
Dr Rick Franklin – Clinical Leader Ambulatory Services
Kay Hyman – General Manager Woman's and Children's Services
Chris Morgan – Manager Materials Management
Janice Mueller – Director Allied Health
Vivienne Rawlings – General Manager Human Resources Operations
Dr Margaret Wilsher – Medical Director Adult Services
Ian Bell – Board Administrator

Apologies

An apology had been received from Rob Cooper. Rees Tapsell apologised for missing a number of meetings in 2008.

2. CONFLICTS OF INTEREST

There were no notifications of conflicts of interest for any item on the agenda. Jo Agnew advised that she was no longer employed by Counties Manukau DHB and Ian Scott advised that he was Deputy Chair of Auckland PHO.

3. CONFIRMATION OF MINUTES 3 DECEMBER 2008

Moved Pat Snedden, seconded Jo Agnew

That the minutes of the Hospital Advisory Committee meeting held on 3 December 2008 be confirmed as a true and correct record.

Carried

9. PAPERS

9.1 Regional Eating Disorder Services Update

Ian McKenzie, Northern Regional Director Mental Health and Addiction Services and Adele Wakeham, Rehabilitation and Regional Eating Disorders Service Manager were in attendance. The regional report on the way forward for services is expected to be completed by the end of February 2009 followed by an implementation plan by April. The regional process is very positive with CEOs committed to the model of continuum of care seeking to have a local capability with qualified staff for an in-patient service. In-patient services are expensive and in developing a way forward, including a need of capital, they are looking at a model which uses existing facilities and taking a pragmatic approach to respond to the urgency of the need for the service. The desire of the MoH is to have a North Island centre which would need regional signoff by the four DHBs. The MoH was clear on the number of beds/volumes and had made a commitment to workforce development. ADHB is committed to delivering the service but could not do it viably for its own population so needs the other DHBs. In the meantime the Sydney resources would be utilised as well as having a clinical effective service supported by the team within Starship.

9.2 Provider Volumes and Finance Paper

Ngairé Buchanan presented to the Committee on elective volumes and the recovery plan. The December year to date indicated a variance of negative 1,300 WIES at year end but with the current recovery actions this had been reduced to 617 WEIS with individual services managing their own recovery plans. Level 8 theatres were increasing 400 hours for electives and Starship 100 hours for electives.

General surgery had improved since November having taken time to get pricing and contracts in place. 300 cases were being outsourced with a Saturday list planned. An additional Acute OR is now resourced.

Orthopaedics had an additional SMO providing cover for leave and increased outsourcing in the second six months.

Urology had only outsourced 12 patients but were booking forward and commencing a Saturday session.

With ORL more minor work was being undertaken at Greenlane and there would be a Saturday list.

In Cardiology the EP lab had been out for a period with the installation of new equipment. Cardiothoracic was expected to get to contract. It was noted that the increased period of

herceptin treatment increased the number of echoes required to between 5 to 8 over the 12 month period to monitor the patients' health. MoH would be funding the additional costs.

Gynaecology had been impacted by the increased birth numbers which was an issue for the region.

Dermatology had only two people with sufficient expertise with now one moving to the USA so only one person to do the complex work.

This was a critical risk area and would be reported monthly.

9.3 Regional Cancer and Blood Services

It was noted that claiming for pharmaceutical cancer treatments was very time consuming with claiming commencing from 1 July 2008. The directive to provide 12 months treatment of herceptin was noted, and as the MoH was fully funding this, there was no fiscal risk.

The national funding of haemophilia drug products had been beneficial.

5. QUALITY ASSURANCE

5.1 Clinical Indicators Exception Report

The Clinical Board had identified a number of clinical indicators and those coming to the Committee were exception reports, being outside the banding, off target or the range needed changing.

Rather than total bed occupancy Adult, Children's and Women's needed to be looked at individually and should be background in the Appendices.

5.2 Risk Report

The risk of cessation of second trimester surgical terminations of pregnancy had been resolved and would come off the register.

6. OPERATIONAL PERFORMANCE

6.2 Operational Volume and Cost Indicators Exception Report

Although there had been a rise of acute volumes there did not appear to be wrong admissions. There was an unexplained increase in the 25-38 age group presenting with other DHBs experiencing the same problem. The 8%-9% work increase each year reflected the population growth as well as an aging population in both acute and electives. There would be changes to the ED KPI with the Government reducing triage 3 times and further KPI would be advised to give visibility of areas of interest to the new Government.

8. HOSPITAL ADVISORY COMMITTEE FINANCIAL REPORT

Direct treatment costs were being driven by acute volumes, outsourcing costs, blood and cancer pharmaceutical drugs although it was noted that direct treatment costs per operating minute had not changed. The impact of changes in the New Zealand dollar was starting to increase prices by 10%-15%. Most contracts are written in New Zealand dollars with a FX clause which operates in at about a 5% currency movement. The medical and community services reduction in WEIS was a result of WIES changes but was not so marked if broken down separately by service. It was noted that those travelling for radiation therapy should reduce with the commencement of the private provider.

10. GENERAL BUSINESS

The question of research into big issues i.e. workforce where there was dependency on one person or WIES was raised. The ADHB team had been fully involved in the funding formula for herceptin which included not only the drug but associated administration costs. With workforce planning dependency had been placed on long term service planning although it was not sure this would deliver the answer and there may be a need to look at this in another way. With super specialities there would be a need for the country to look at this rather than at DHB level with a suggestion of international networks.

NEXT MEETING

The meeting closed at 1:28pm

The next meeting is scheduled for:
12:00 noon, Wednesday, 4 March 2009
Sorrento
Cornwall Park
Auckland

CONFIRMED

CHAIR:

DATE:.....