

<b>MEETING DETAILS</b>															
Time and Date	10:45am, Wednesday, 3 November 2010														
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton														
<b>1</b>	<b>ATTENDANCE AND APOLOGIES</b>														
	<p>The Chair declared the meeting open at 11:05am.</p> <p><b>Committee Members</b></p> <table> <tr> <td>Dr Chris Chambers (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Harry Burkhardt</td> </tr> <tr> <td>Rob Cooper</td> <td>Dr Brian Fergus</td> </tr> <tr> <td>Dr Ian Scott</td> <td>Pat Snedden</td> </tr> <tr> <td>Rt Hon Bob Tizard</td> <td>Seiuli Dr Juliet Walker</td> </tr> <tr> <td>Ian Ward</td> <td>Associate Professor Anne Kolbe</td> </tr> <tr> <td>Farida Sultana</td> <td>Lynda Williams</td> </tr> </table> <p><b>In Attendance</b></p> <p>Judith Bassett – New Board Member Lee Mathias – New Board Member</p> <p><b>Management in Attendance</b></p> <p>Garry Smith –Chief Executive Dr Margaret Wilsher – Chief Medical Officer Brent Wiseman – Chief Financial Officer Andrew Coe – Manager PHOs &amp; Primary Care Ngaire Buchanan – General Manager Operations Margaret Dotchin - Nurse Director Fionnagh Dougan - GM Mental Health, Ambulatory, Cancer &amp; Blood Services Hilda Fa’asalele – General Manager Pacific Health Paul Green – Manager Materials Management Janice Mueller – Director Allied Health Vivienne Rawlings – General Manager Human Resources Anna Schofield – Nurse Leader Mental Health Dr Barry Snow - Medical Director Adult Healthcare Service Group Ian Bell - Board Administrator</p> <p><b>Apologies</b></p> <p>Apologies had been received from Iain Martin, Richard Aickin, Greg Balla, Taima Campbell, Naida Glavish, Aroha Haggie, Kay Hyman and Denis Jury. An apology for lateness had been received from Harry Burkhardt.</p> <p><u>Moved Pat Snedden: seconded Rob Cooper</u></p> <p><i>That the apologies be sustained.</i></p> <p><u>Carried</u></p>	Dr Chris Chambers (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	Rob Cooper	Dr Brian Fergus	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	Associate Professor Anne Kolbe	Farida Sultana	Lynda Williams
Dr Chris Chambers (Chair)	Jo Agnew														
Susan Buckland	Harry Burkhardt														
Rob Cooper	Dr Brian Fergus														
Dr Ian Scott	Pat Snedden														
Rt Hon Bob Tizard	Seiuli Dr Juliet Walker														
Ian Ward	Associate Professor Anne Kolbe														
Farida Sultana	Lynda Williams														
<b>2</b>	<b>CONFLICTS OF INTEREST</b>														
	There were no declarations of conflicts of interest for any item on the agenda.														

3	<p><b>CONFIRMATION OF MINUTES 6 OCTOBER 2010</b></p>
	<p><u>Moved Ian Scott, seconded Ian Ward</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 6 October 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>Those attending ED were appropriate across all ethnicities. Radiation oncology had spent \$600k on outsourcing and aimed to be at the 4 week target before Christmas so there will still be outsourcing. The outsourcing contracts had been signed.</p>
4	<p><b>ACTION POINTS 6 OCTOBER 2010</b></p>
	<p><b>Vitamin C</b></p> <p>The Board Chair advised that there would be continued discussions between the group that had presented to the last meeting and the ADHB organisation.</p>
5.1	<p><b>Operational Summary Report and Financials</b></p>
	<p>The Provider results were unfavourable for the month by \$3.3m and year to date \$8.3m. The key areas not meeting the contracts were detailed. General Surgery and Orthopaedics were increasing outsourcing until the Greenlane Surgical Unit and a number of OR projects improved capacity. Saturday sessions, extra lists and other initiatives are being explored. A 1000 WIES gap had to be met so each service was being reviewed to get a step jump to get back to contract.</p> <p>Work was being done with the Ministry of Health on the elective targets set to phase work when GSU came on line. In the plan year to date 98% had been achieved. There is a risk to revenue so it is important to get GSU up and running with the right workforce and productivity gains through OR initiatives to achieve better throughput per session. There is regular reporting on progress to achieving to gains. Reduction in laboratory test utilisation was being achieved by taking a number of tests off the form and doing some internally that were previously outsourced however this was being affected by the industrial action.</p> <p>While the Board was getting reports on electives for other DHBs it was noted that they did not get a report on what other DHBs did for ADHB i.e. plastic surgery. For customer DHBs there is a new reporting tool giving them more timely information by services so that they can monitor and manage their population. They had been given the history and projections for the whole year and reporting on performance to their orders. Everything is ok with the exception of Waitemata who have still to confirm their elective surgery volumes that they wish to purchase and how they would address the under purchase of acutes. The first meeting with Waitemata have been to address the issues of the past and the second meeting to confirm current orders and practices going forward. ADHB provided secondary services for Waitemata and it was understood that they had engaged Stephen McKernan to assist them in analysis. The relationship with Counties Manukau was working well. The Committee requested a report on Waitemata volume confirmations to the December meeting.</p> <p>ESPI non compliance in a number of services are at risk with action plans detailed on how to address this. Orthopaedics expected compliance by the end of November with FSAs being reviewed, referring secondary to their own DHBs and only accepting tertiary referrals through raising the threshold of entry. The MoH had been asked for a dispensation to the Orthopaedic ESPI. Each service had signed off on the action plans.</p> <p>The Committee was advised that the neurosurgery workforce was well below benchmark for the whole of New Zealand and ADHB delivers to what is expected within the capacity of the workforce. It was important to share information so that there was common consistent knowledge. While managing ESPI was currently at the front door in stopping people getting on the lists once they are there the waiting list is not well managed. There needed to be a debate on the system to drive the right results noting that acceptance onto a waiting list was not care.</p> <p>There were concerns for Cardiac results with direct treatment costs increasing which may be a shift in treatment practices. There are no excess resources and a reliance on health improvement</p>

	programmes to get to the higher targets. While there are areas where some staff are not engaged, sick leave is consistent over the three years although it was noted that staff satisfaction was better where extra beds were relieving pressure on staff and services. The GSU would assist.
<b>6.1</b>	<b>DAP Projects Report</b>
	<p>Increased elective surgical discharges were being addressed with a number of different pieces of work and GSU would come on line in a graduated programme.</p> <p>Harry Burkhardt joined the meeting at 11:56am.</p> <p>There was a major emphasis on pre-admitting patients, streamlining patient pathways and taking a whole patient journey flow approach.</p> <p>The skin lesions project is a looking at what could be done outside and what primary care could do at GSU together with some national projects related to surgery such as surgical assistant. The delay in the skin lesion project was due to the need to re-run the RFP process and was now back on-line.</p> <p>It had been noted that falls were increasing so there needed to be focus on reducing this harm, to be more proactive and to take safety across the whole health system i.e. to rest homes. Mortality reviews were more process centred and all child deaths are reviewed. While root cause analysis (RCA) can take time and resources there is immediate interaction with families. 200 staff had been trained in RCA.</p> <p>There was some discussion on neurosurgery with the workforce not having been planned properly and solutions being 10-15 years away. Orthopaedic surgeons doing spines versus neuro surgeons was a matter of the scope of practice and there needed to be more knowledge on where volumes sit i.e. public versus private.</p>
	<b>NEXT MEETING</b>
	<p>The meeting closed at 12:28 pm</p> <p>The next meeting is scheduled for 10:45am, Thursday, 2 December 2010 TBD</p>
<b>CONFIRMED</b>	
<b>CHAIR:</b>	<b>DATE:</b>