

MEETING DETAILS															
Time and Date	10:45am, Wednesday, 2 February 2011														
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton														
1	ATTENDANCE AND APOLOGIES														
	<p>The Chair declared the meeting open at 10:55am.</p> <p>Committee Members</p> <table> <tr> <td>Dr Chris Chambers (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Peter Aitken</td> <td>Judith Bassett</td> </tr> <tr> <td>Susan Buckland</td> <td>Rob Cooper</td> </tr> <tr> <td>Dr Lester Levy</td> <td>Dr Lee Mathias</td> </tr> <tr> <td>Robyn Northey</td> <td>Gwen Tepania-Palmer</td> </tr> <tr> <td>Ian Ward</td> <td>Associate Professor Anne Kolbe</td> </tr> <tr> <td>Professor Iain Martin</td> <td></td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Dr Margaret Wilsher – Chief Medical Officer Brent Wiseman – Chief Financial Officer Dr Richard Aickin – Director Child Health Greg Balla – Director Performance and Innovation Ngairé Buchanan – General Manager Operations Taima Campbell – Executive Director Nursing Margaret Dotchin - Nurse Director Fionnagh Dougan - GM Mental Health, Ambulatory, Cancer & Blood Services, Cardiology Mark Fenwick – Communications Manager Paul Green – Manager Materials Management Aroha Haggie – Maori Health Gains Manager Andrew Keenan – Quality Manager Janice Mueller – Director Allied Health Vivienne Rawlings – General Manager Human Resources Dr Barry Snow - Medical Director Adult Healthcare Service Group Dr Richard Sullivan – Director, Cancer & Blood Services Anna Schofield – Nurse Leader Mental Health Kirsty Walsh – Acting GM Woman’s Health Elizabeth Wood – Acting GM Children’s Health Ian Bell - Board Administrator</p> <p>Apologies</p> <p>An apology had been received from Dr Clive Bensemman, Director Mental Health Services.</p>	Dr Chris Chambers (Chair)	Jo Agnew	Peter Aitken	Judith Bassett	Susan Buckland	Rob Cooper	Dr Lester Levy	Dr Lee Mathias	Robyn Northey	Gwen Tepania-Palmer	Ian Ward	Associate Professor Anne Kolbe	Professor Iain Martin	
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2	CONFLICTS OF INTEREST														
	There were no declarations of conflicts of interest for any item on the agenda. Amendments to the interest register were noted for Lester Levy and Gwen Tepania-Palmer.														

3	<p>CONFIRMATION OF MINUTES 2 DECEMBER 2010</p>
	<p><u>Moved Jo Agnew, seconded Susan Buckland</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 2 December 2010 be confirmed as a true and correct record noting that the meeting closed at 11:58am.</i></p> <p><u>Carried</u></p> <p>It had been agreed in a meeting with Waitemata before Christmas that there would be monthly meetings for six months to reinforce the communication flow on IDFs with reporting on each speciality with CMOs involved. Management resolution was sought on the historical issues which had been 90% resolved. There was a good spirit of working together and there would be an update to the next meeting. Management of acute flows was a particular issue to be managed. How networks worked in the future would evolve with perhaps funding devolving to the networks directly.</p>
4	<p>ACTION POINTS 2 DECEMBER 2010</p>
	<p>Plastic Surgery</p> <p>Plastic surgery undertaken for ADHB by Counties Manukau was, year to date, acutes under budget at 1,370 against a budget of 2,300 and with electives, year to date, 700 against a budget of 440 and for non DRGs, year to date, 8,500 against budget of 8,900. There were no clinical issues or access issues. The budget had been based on history, targets and intervention rates although the latter were significantly under national intervention rates.</p>
5.1	<p>Operational Summary Report and Financials</p>
	<p>While there was a lower deficit for the month, year to date should be corrected with the impact, in January, of reducing the annual leave accrual with staff taking holidays. There have been reduced elective volumes but higher acutes and occupancy than expected over the Christmas period. The issues to have corrective action were detailed with focused Management meetings addressing annual leave, vacancies etc. and included clinicians making efficiencies in clinical areas which included looking at clinical supplies and where savings could be clawed back i.e. reducing labs tests that were not clinically useful and doing testing internally rather than sending externally. This was a significant issue for the management/clinical group to pull back. The Committee did seek a forecast to year end. The increase in acutes, particularly in young adults, was noted, but also an increase in triage 3 presentations which may reflect the recession and inability to access after hours services. Year to date there had been an 8% overall increase in AED presentations and in Children's ED a 5 - 6% increase with again over Christmas folk finding it hard to access after hour services and GPs.</p> <p>There were two groups that could be influenced for adult admissions, young adults with alcohol and drugs being a particular factor and the aged population that did need hospital care but not acute care. There needs to be work across the sector including with aged residential care providers. The inner city population was growing and with older people there was a need for new models of care and care in place. It was noted in the Letter of Expectation the focus on older people. The Committee asked for further presentations on the issue of ED admissions to the CPHAC and HAC.</p> <p>Elective Service Performance Indicators (ESPI) are being met at present, however there was a risk of non compliance in February as to be compliant the six months to December 4% and January 4.9% needed to be recovered. Workout plans are being developed service by service as well as looking at a total organisational plan. While initially there was a deficit of 171 patients this had been reduced to 88 and plans in place to address a further 78. This was responding to the immediate problem but there was also a longer term recovery plan including Greenlane coming on-stream in April. The National Health Board and MoH were being fully informed. There were tensions created for ADHB's population and IDFs and between acuity and long stay impacting on capacity. There was good information support available to managers.</p> <p>Some areas will be outsourcing, commencing Saturdays lists and long waits were being included.</p>

	It was expected next year that the number of electives requested would increase and internal opportunities through improvement projects were being implemented rather than outsourcing. Recovery of ESPI will have a positive affect on the health targets.
5.2	Operational Indicators Exception Report
	There had been a 12% increase in triage 2 admissions to AED and a 27% increase in triage 3. These included triage by senior nurses. The reason for the change in volumes about April 2010 was unable to be identified. The summer planning had been for 90% occupancy but had been 95%. Triage 1 had shown a 69% growth with these being very sick people and with a considerable impact of alcohol.
6.1	DAP Projects Report
	Orange indicators related to the six hour project both in Adult and Children's as well as skin lesions.
7.1	Hospital Based Ministry Targets
	<p>The acute adult patient flow and acute children's patient flow were reported combined to the MoH. There had been a 2% improvement in adults to target with opening more beds and reducing waiting times but struggling with demand. A whole of hospital approach was being taken including discharges which also included timely discharges from ED. Ward discharges were addressed through daily rapid rounds and reduced length of stay and improvements in wards would be replicated in other services. There had also been improved nurse facilitated discharges and improved bed management systems focused on the top services under the Health Excellence umbrella. There would be more senior resources put into ED to achieve a cultural change, getting more staff involved in projects.</p> <p>CED had experienced its heaviest winter running out of beds which required capacity planning at the regional level, including catering for secondary services supplied to other DHBs and at the national level involving the National Health Board. This was to be raised at the next regional meeting.</p> <p>With radiation therapy ADHB were sending their clinicians to ARO and there was willingness between the organisations. The RT contract had been settled and a change in culture had been experienced with a recent linear accelerator with staff being flexible to address demand.</p> <p>With the smoking advice target there was a focus on areas where questions were not being asked however this could lead to conflicts with other targets i.e. in ED. Processes were being simplified including addressing coding issues. It was suggested that a similar advice approach be taken to alcohol.</p>
	NEXT MEETING
	<p>The meeting closed at 12:37pm</p> <p>The next meeting is scheduled for 10:45am, Wednesday, 2 March 2011 Pohutukawa Room, Sorrento in the Park One Tree Hill Domain Epsom</p>
CONFIRMED	
CHAIR:	DATE: