Hospital Advisory Committee
Minutes

MEETING DETAILS	
Time and Date	10:45am, Wednesday, 6 July 2011
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

1 ATTENDANCE AND APOLOGIES

The Chair declared the meeting open at 10:45am.

Committee Members

Dr Lee Mathias (Chair)
Peter Aitken
Dr Lester Levy
Gwen Tepania-Palmer
Professor Iain Martin
Jo Agnew
Susan Buckland
Robyn Northey
Ian Ward
Associate Professor Anne Kolbe

Management in Attendance

Dr Denis Jury – Acting Chief Executive
Dr Margaret Wilsher – Chief Medical Officer
Brent Wiseman – Chief Financial Officer
Greg Balla – Director Performance and Innovation
Taima Campbell – Executive Director Nursing
Janice Mueller – Director Allied Health
Ian Bell - Board Administrator

Apologies

Apologies had been received from Judith Bassett, Chris Chambers, Rob Cooper and Garry Smith.

2 CONFLICTS OF INTEREST

There were no declarations of conflicts of interest for any item on the agenda. Lee Mathias was Chair of the Tamaki Transformation Interim Board rather than Transitional Board.

3 CONFIRMATION OF MINUTES 1 JUNE 2011

Moved Robyn Northey; seconded Gwen Tepania-Palmer

That the minutes of the Hospital Advisory Committee meeting held on 1 June 2011 be confirmed as a true and correct record.

Carried

The comparison of Greenlane theatres with ACH theatres was not a valid comparison but rather should be against the private sector. The Committee requested more visibility on elective surgery particularly in relation to the Greenlane Surgical Unit on what had been invested, the operating model, progress against plan and accountabilities etc. with this to be in the form of a template that could be updated weekly/monthly for reporting and use with staff.

It was noted that the current Director Elective Performance was not an employee of the Board, however there was a process of recruitment of managers with a strong base in management for both adult's and children's surgery to which his role would transition. The present role is temporary and time limited.

4	**ACTION POINTS 1 JUNE 2011**
	OR Waste and Efficiency This report would be to the August meeting. **Employing Maori and Pacific Nurses** The report would be to the August meeting although there had been a meeting on affirmative action which was policy in order that the safest environment for Maori and PI patients could be achieved. Action could not be ad hoc but needed to be philosophically and strategically established as well as measured. There was an expectation to see more Maori and Pacific employed and ethnicity was now being included on application forms. The number of Maori and Pacific in the September nurse intake was not high.
5.1	**Operational Performance Report**
	Trends were continuing in the month and at the end of June electives would be 30 - 50 discharges over target. The over expenditure in renal services was noted, with projections linked to diabetes, primary care management of diabetes and work for Waitemata while they developed their facilities. There was also an increase in numbers overall, and while not all required renal replacement therapy, that does have flow on to other services. The Greenlane dialysis centre is being built for training and as an outpatient centre. The service is also looking at community centres. There were unfavourable variances in FTEs in medical and nursing which were still not at the right level although in total the unfavourable variance in employee number is below the opening target for the next year. There was however still an issue with the mix of staff. Tight FTE management was continuing with the actions outlined. It was noted that FTEs needed managing across the whole year with winter and summer plans requiring different levels. ADHB bureau staff were included in the FTEs. Clinical administration is separated from non-clinical administration which will be subject to more scrutiny. The mix of staff was more historical and the future budgets needed to have a different mix to change services and the way they are delivered to be sustainable in the long term. There would be a paper to the Board prepared on the best model of service for General Medicine noting that there were some constraints i.e. employment agreements that reduced flexibility. There was a caution on using number caps but rather to have the mix of people to get as many patients through the system and maximum use of the infrastructure i.e. there may be growth in non-clinical support to get better utilisation of SMOs. Comparison of costs to national prices would be undertaken once the year end costs are finalised. The funding paper submitted to the Audit and Finance Committee would be provided to members.
	Access to Cancer Pharmaceuticals
	A paper on the impact on ADHB of Pharmac decisions regarding access to cancer pharmaceuticals was tabled. Pharmac had agreed, in relation to herceptin, to fund administration of the drug. With the rapidity of development of cancer drugs there were expected to be more, and while overall it may be neutral, there was a need to be flexible. Future demand can be planned for so there were strategic discussions with Pharmac as ADHB is a big provider of cancer services. There had not been as big a uptake of herceptin as expected. Thalidomide was a controlled drug and only used on a case by case basis. Pharmac exercised some control over DHBs pharmaceuticals and may not take into account on cost to the provider or patients. While Pharmac purchased drugs they needed to have a context and this was being considered by Health Benefits Limited looking at the impact on DHBs and patients in the context of patient, provider and clinical outcome with opportunities for a collaborative approach. The challenge was to view one pharmaceutical budget inclusive of hospitals and communities rather than separate.

5.2	**Health Targets**
	Acute Patient Flows both adult and child and overall met the 95% target for the quarter. There had been a drop for one week caused by staff attending examinations. The track line to target had been included as there had been an expectation that it would take time to get to the goal but this would not now be needed. Generally the national targets were appropriate in terms of a fair target to get better health outcomes although the diabetes/CVD targets were expected to change to a composite target. There was evidence that the acute flow targets were good for patient outcomes and staff and patient safety. The question of prioritising affected by the targets i.e. should there be more focus on children, was a matter of political discussion. The number of targets should be few and once reached should become business as usual and new targets developed as they do create a focus. There was always the question of sustainability once they are met. The diabetes target will change. The six hour target was an indicator on how a hospital works with 66% of admissions to General Medicine being from AED. Immunisation rates were at 92%, being above the target of 90%, with a significant increase in Maori.
6.1	**DAP Projects Report**
	Overall there had been good progress in the year.
8	**GENERAL BUSINESS**
	Smoke Free The Chair had received a letter of complaint from the father of a patient who was hospitalised frequently and had to run the gauntlet of smokers at the entrances to the hospital. A paper in response was tabled noting that there needed to be an integrated approach i.e. with Council and bus shelters with, as in Australia, within 15 metres of the entrance of a site. While hospital grounds were not covered by the Smoke Free Environments Act it was the Board policy. The options considered were outlined with those relating to the environment being implemented and there was still a focus on smoking prevention and cessation. There would be increased security and the sites to be smoke free environments. Moved Lester Levy; seconded Robyn Northey *That the Hospital Advisory Committee recommends to the ADHB Board that management be instructed to take every step possible to be a smoke free environment as soon as possible starting with Starship Hospital and precincts and enforcement of non-smoking with staff.* Carried
	NEXT MEETING
	The meeting closed at 12:20pm The next meeting is scheduled for 9:30am, Wednesday, 3 August 2011 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton
CONFIRMED **CHAIR:**	**DATE:**