AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Minutes of the Hospital Advisory Committee meeting held on Wednesday 7 May 2008 in the Marion Davis Library, Building 43 Auckland City Hospital, Grafton commencing at 11:00 am

1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Committee Members

Dr Chris Chambers (Chair)
Susan Buckland
Rob Cooper
Dr Ian Scott
Bob Tizard
Ian Ward
Jo Agnew
Harry Burkhardt
Brian Fergus
Pat Snedden
Seiuli Dr Juliet Walker
Professor Iain Martin

Management in Attendance

Garry Smith – Chief Executive
Dr David Sage – Chief Medical Officer
Dr Margaret Wilsher – Deputy Chief Medical Officer, Medical Director Adult Services
Greg Balla – Director Performance and Provider Development
Ngaire Buchanan – Operations Manager 24 Hour Centre
Taima Campbell – Executive Director Nursing
Margaret Dotchin – Nurse Director
Fionnagh Dougan – Manager Mental Health, GM Greenlane Clinical Centre
Dr Gregory Finucane – Psychiatrist
Dr Rick Franklin – Clinical Leader Greenlane Health Services
Kay Hyman – General Manager Woman's and Children's Services
Janice Mueller – Director Allied Health
Vivienne Rawlings – GM Human Resources Operations
Ian Bell – Board Administrator

Apologies, Conflicts of Interest

The Chair declared the meeting open at 11:34 am.

There were no apologies and no declarations of conflicts of interest relating to any items on the agenda.

2. CONFIRMATION OF MINUTES 2 APRIL 2008

Moved Brian Fergus, seconded Seiuli Juliet Walker

That the minutes of the Hospital Advisory Committee meeting held on 2 April 2008 be confirmed as a true and correct record.

Carried

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3. ACTION POINTS 2 APRIL 2008

Ophthalmology
There were still people on waiting lists and some gaps in services with outsourcing of cataract work. A retinal Surgeon would be returning from overseas to work with his previous colleagues. There was regional service planning being undertaken for Ophthalmology. Management was working with the department through 14 issues, of which most were processes, to get sustainable solutions. Interim actions would be decided the next week.

Mental Health
Progress was going well on service improvement and the quality improvement plan although it was noted that Mental Health was always a risk area. An Adult Mental Health Service Improvement Plan was distributed to members. There were a couple of structural changes to be made to implement final decisions which would progress in the next couple of weeks with roles to become effective in a couple of months. Clinical practice had improved and staff was aware of the checks and balances in place. Change was positive and there was a nurse on the floor observing and advising on practices which had been very positive. The Clinical Governance Partnership had become more involved in Mental Health.

The Blue Print Funding was an accounting concept which had evolved into a total ring fenced culture which needed to be changed to move to more wrap around care in the community. The CEO advised that there had been an under investment in clinicians in leadership roles across the four levels of management in a multi disciplinary environment. There would be reporting on Mental Health in the monthly report with a separate three monthly update on progress in Adult Acute Services. There would also be advice on the organisation's leadership development and enhancement.

NZNO/MECA
A meeting had been held with NZNO which had been quite productive with further information contained in the CEOs report to the Board. The productivity processes required were too slow nationally so would be driven locally but did require some resources. The Board were conscious that the agreement was back dated to April 2007 so there was a need to address the productivity question and project methodology, in partnership with the NZNO, needed to be applied. Results of any work would be shared regionally.

4. SEASONAL PLANNING

Ngaire Buchanan spoke to the presentation on seasonal planning with a consolidated approach over Adults and Children be taken. The previous Regional Equity of Access had resulted in repatriation of patients to domicile DHBs. This improves opportunities for better bed planning which was managed centrally through bed managers with one point of entry and with the principle of the whole hospital sharing resources. The Transition Lounge had been expanded to cater for some post operative patients and now handled 18% of discharges. Projects on after hours and weekend discharges were continuing. The alert system (red alerts) gave advanced information to departments, Radiology and Labs to allow changes to access requirements. There had been a persistent trend of higher acute patients in growth and occupancy. There were 27 beds available for flexing and an additional acute theatre would be opened to operate from 1pm to 11pm.

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Projecting forward the average midnight occupants showed an increased requirement for facilities. HSDP had been planned to cope for 10 years which was now approaching so there was further long term service planning being undertaken and with population projections there would be a need for a further 250 beds. In the interim there could be an increase of 32 beds in the Support Building. While the Primary Health Care Strategy may have an impact on admissions there was still an increase in hospital use both from better and improved diagnosis and an aging population.

5. REGIONAL SERVICE PLANNING

The last time there had been only one central authority in Auckland had been when there was the Auckland Area Health Board. Since then there was no central point so service agreements had been developed. While HSDP was developed in Auckland there had not been full agreement from neighbours on process of devolution from the centre to both north and south. The devolution of secondary services to Waitemata was not yet complete and there were continuing debates and aspirations of Counties Manukau and Waitemata to provide tertiary services.

The basic principles were cooperation, one tertiary provider for the region and secondary services to be provided locally near patients. There were difficulties in defining "tertiary". Minimal levels of equitable access had only recently been agreed upon. The original 2006 document "A Regional Perspective on Service and Capital Needs for the Auckland Metropolitan Area" was to be provided to the Board. Another problem for Auckland was that it was the hospital of last resort an example being when Capital and Coast could not undertaken upper body surgery this came to Auckland. With regional devolution the overall cost to the region may increase.

ADHB wanted to maintain its capacity throughput as this was the most economic and financially beneficial as volumes were crucial to ADHB which emphases the importance of long term regional planning. The concept of treating the three DHB providers as one and managing capacity would enable some deferment of capital expenditure. This may result however in individuals paying costs in terms of travel and time. It was suggested that terminology was confusing especially between tertiary and secondary and that rather an approach of looking at need and population required to sustain a service would be a better view point. Further suggestions were an approach where funding followed the service not the populations, for example cancer with all DHBs putting there PBF into a single bucket. This however did raise governance, legal and financial questions for the individual boards which would need to be addressed politically. There were a lot of issues unique to Auckland which ADHB best understood and so should propose solutions.

6. EATING DISORDERS UPDATE

This had been dealt with earlier in the meeting with further developments in the last couple of weeks. There was communication with parents groups and the matter would be further discussed at the June meeting.

7. PROVIDER SERVICES MONTHLY REPORT

The second RMO strike was in progress and while for the first strike there were 275 electives cancelled and 1,200 out-patient appointments delayed for the second strike these had been reduced to 125 electives cancelled and 700 out-patient appointments deferred. Payments to SMOs were considerable.

With the increase in Paediatric acute volumes there was cancellation of electives and work was being undertaken on theatre access and theatre capacity with the Director of Surgery assisting the General Manager. Some work was being undertaken at Level 8 and more could be done at Level 4. The development of Starship operating rooms would take 2 years including decanting building and reoccupying. The interim solutions would include access to other theatres and perhaps movement of some services from Auckland. The Board had not yet approved the expenditure for the operating theatres.

The report was noted.

8. GENERAL BUSINESS

There were no items of general business.

9. NEXT MEETING

The meeting closed at 1:25 pm.

The next meeting is scheduled for:
11.00 am, Wednesday 4 June 2008
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR: ………………………………………………… **DATE:**……………………..