

AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Minutes of the Hospital Advisory Committee meeting
held on Wednesday 5 November 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
Dr Brian Fergus
Pat Snedden
Seiuli Dr Juliet Walker
Assoc Prof Anne Kolbe

Jo Agnew
Harry Burkhardt
Dr Ian Scott
Rt Hon Bob Tizard
Ian Ward
Lynda Williams

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 – General Manager Operations
Taima Campbell – Executive Director Nursing
Margaret Dotchin – Nurse Director
Fionnagh Dougan – General Manager Mental Health, Ambulatory, Cancer & Blood Services
Kay Hyman – General Manager Woman's and Children's Services
Janice Mueller – Director Allied Health
Bruce Northey – Corporate Counsel
Vivienne Rawlings – General Manager Human Resources Operations
Ian Bell – Board Administrator

Apologies, Conflicts of Interest

The Chair declared the meeting open at 11:15am.

Apologies had been received from Rob Cooper, Iain Martin, Rees Tapsell and Farida Sultana. Dr Chris Chambers made a declaration of conflict relating to the item in public exclusion on paediatric services and Anne Kolbe advised that she would update her conflicts of interest register.

2. CONFIRMATION OF MINUTES 1 OCTOBER 2008

Moved Ian Scott, seconded Seiuli Juliet Walker

That the minutes of the Hospital Advisory Committee meeting held on 1 October 2008 be confirmed as a true and correct record.

Carried

3. ACTION POINTS 1 OCTOBER 2008

The action points were being addressed.

4. EATING DISORDERS

This was the monthly report from the regional project with risk identification progressing and while it was moving forward there was some concern at the timeframe. Two FTE out of the Child and Family unit were working at Starship but there was still no in-patient unit at Auckland. While the MoH accepted the broad plan submitted they had not committed to funding. There was a need to get regional agreement to make a decision acknowledging that the cost of in-patient service was perceived as prohibitive. The parent groups were looking for appropriate clinical practice in New Zealand acknowledging that there would still be a need to travel within New Zealand. The parent groups were involved in the process and the regional service may not necessarily be at ADHB.

5. PROVIDER SERVICES MONTHLY REPORT

With ESPIs paediatric orthopaedic was being out sourced to bring it within compliance, vascular work was on active review and with a number of urgent cases in neurology there would be some outsourcing. Summer planning was being undertaken but some services did not have much buffer for ESPI compliance. There had been persistent demand and through bed modelling it was shown that capacity of between 40-60 beds were needed to get to a 85% occupancy rate. The Committee asked that a paper on modelling and methodology be provided. While providing this number of beds was not feasible financially there was work on providing 10 beds for next year and the development at Level 14 of 53 beds. There are number of work streams which included assessing the impact on infrastructure, workforce etc. There was considerable literature supporting the 85% occupancy rate as efficient although pricing does not reflect that assumption of an ideally modelled hospital. A project manager was being appointed.

Over 4 years acutes were trending upwards although it was thought that last year did appear to be aberrant. There were two pieces of work being undertaken being production planning and workforce to match. A whole system approach was being undertaken as well as utilising ophthalmology beds. The previous year there were 2-3 high WIES per working day months but it was not well understood as to what were the drivers. There were changes when there were changes in WEIS and in September the previous year the discharge of a number of long staying patients had contributed. The Health Roundtable information was of assistance and ADHB did compare well. There would be a report on the changes of WEIS over time to the Committee.

6. PUBLIC EXCLUSION

Moved Pat Snedden, seconded Harry Burkhardt

That, in accordance with the provisions of Schedule 3, Clauses 32 and 33, of the New Zealand Public Health and Disability Act 2000, the public be excluded for consideration of Item 6.

The general subject of the matters to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under the above clause for the passing of this resolution are as follows:

<i>General subject of each matter to be considered:</i>	<i>Reason for passing this resolution in relation to each matter:</i>	<i>Ground(s) under clause 34 for the passing of this resolution:</i>
6.1 Community Laboratory 6.2 Paediatric Services Planning 6.3 Tahitian Contract	<i>To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations: Official Information Act 1982 s.9(2)(i) and s.9(2)(j)</i>	<i>That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under s 9 of the Official Information Act 1982.</i>

Carried

7. NEXT MEETING

The meeting closed at _____.

The next meeting is scheduled for:
 11.00am, Wednesday, 3 December 2008
 Marion Davis Library
 Building 43
 Auckland City Hospital
 Grafton

CONFIRMED

CHAIR:

DATE:.....