

MEETING DETAILS															
Time and Date	10:45am, Wednesday, 5 August 2009														
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital Grafton														
1	ATTENDANCE AND APOLOGIES														
	<p>Committee Members</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>Professor Iain Martin</td> <td>Lynda Williams</td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr David Sage - Chief Medical Officer Dr Margaret Wilsher – Deputy Chief Medical Officer Brent Wiseman - Chief Financial Officer Greg Balla - Director Performance and Innovation Margaret Dotchin – Nurse Director Fionnagh Dougan – General Manager Mental Health, Ambulatory Services, Cancer and Blood Serves Dr Rick Franklin – Clinical Leader Ambulatory Services Kay Hyman - General Manager Women’s and Children’s Services Chris Morgan – Manager Materials Management Janice Mueller - Director Allied Health Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>The Chair declared the meeting open at 10:48am.</p> <p>Apologies had been received from Farida Sultana and Taima Campbell.</p> <p>It was acknowledged that it was 21 years ago in 1988 that the Judge Sylvia Cartwright report was released.</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	Professor Iain Martin	Lynda Williams
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2	CONFLICTS OF INTEREST														
	There were no declarations of conflicts of interest for any items on the agenda.														
3	CONFIRMATION OF MINUTES 1 JULY 2009														
	<p><u>Moved Brian Fergus; seconded Bob Tizard</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 1 July 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>														

4	<p>ACTION POINTS 1 JULY 2009</p>
	<p>Cardiac</p> <p>A report on the Auckland Regional Cardiac Surgery Service Development was tabled showing that the waiting list at 28 July 2009 of 144 had been reduced with the current backlog being 38 and a target for the waiting list to be 81. There was an upward trend in doing the work in-house with outsourcing being a mixture of cases and levels of acuity. Some outsource had been withdrawn due to H1N1 requirements of home DHBs. Both these moves will increase WEIS performance. It was noted that the H1N1 critical care requirements from nurses, equipment and capacity planning was being led at national level by Colin McArthur. The level of 81 on a waiting list was equivalent to two to three months volumes noting that the MOH still want to improve intervention rates overall.</p> <p>Within the project “negative branch solution” was a tool to get a robust outcome where there is disagreement as a way to having resolution. People on the project were learning project skills which they could apply to other DAP projects with the aim being for ADHB to have the ability to access various project skills over time.</p> <p>It was commented that inpatients will be more complex and with outsourcing there was questioning of hospitals’ benchmarking standards of cardiac surgery to assess quality and safety. Cardiac surgical review of all patients and surgeons is part of audit programs. The audit of the list done in April involved the MOH who were continuing to monitor. The national network had been helpful however, with it and the MOH, it was important that there was only one contact nationally and one at the MOH rather than having a number of people asking the same questions. This contact protocol had been formally advised. It was noted that the Minister was taking an interest and weekly reports are provided to the Ministry which had raised the confidence level in ADHB.</p> <p>There was a report on all services across the region at risk with either financial, production or demand issues i.e. urology and this type of workout plan would be used when the issues were identified.</p> <p>It was noted that there had been progress but that Maori intervention rates were lower and that the research done by Matire Harwood could be useful. Within the terms of reference the process was not to separate electives from acutes but to assess on need using the tool for assessing waiting lists.</p>
5	<p>OPERATIONAL PERFORMANCE</p>
5.1	<p>Operational Summary Report</p>
	<p>For June the 750 WEIS output reported had now risen to 1007 of which 905 would provide additional income. There were 68 cases to 30 June 2009 to be coded. The process was to code IDFs first then electives then acutes. It was noted that 3 coders were leaving and there where no training facilities in New Zealand with this issue being taken to the Workforce Development Forum.</p> <p>The average cost of employing a FTE in the provider arm was \$89k. With Orthopaedics the extra coding mentioned above produced \$1m in revenue so the adverse variance was reduced to \$500k. Internal billings increased with additional throughput. Budgets were based on previous years case mixes. The national procurement programme for implants was progressing with an expected saving of 10%. It was suggested in the financial reports that a forecast to year end be included although it was noted that the focus was on achieving budget. With expected future constraints forecasting would become more important.</p>
5.2	<p>The Patient Journey and Key Service Improvement Projects</p>
	<p>The waiting times in Haematology were outside the clinical guidelines and people were being prioritised due to capacity constrains. The national haematology group were looking at access criteria but there were overall capacity issues.</p> <p>The total number of elective cancellations was relatively unchanged between years and work on cancellations was ongoing. The development of the model for the elective surgical unit contained</p>

	<p>repatriation of outsourced volumes. The question of repatriation of secondary volumes of regional services was raised with for example the regional plastic surgery review had not been undertaken. It was understood that Counties Manukau had had shortages of staff. The Committee asks for an update on where the regional plastics service planning was at and the present WEIS volumes being purchased. The principle for regional services was one regional provider.</p> <p>Electives data contained re-assessment by 'a' surgeon rather than by 'the' surgeon noting that more continuity reduced clinical risks. The preoperative process was being reviewed.</p> <p>The question of women choosing to have caesarean sections was noted with some concern expressed that the risks to self and child in the long term were not well communicated. This raised the question of the right to choose and where that fitted in a public funded health system which the Committee felt needed further discussion. It was noted that ADHB caesarean rates were at the lower end of the range across Australasian hospitals and that provider LMC rates were different from private LMC rates. The annual clinical report for National Women's was being published and Board members were invited and a copy of the report would be provided. The question of what level of audit and credentialing was done on private LMCs was raised which could be addressed as a quality issue if caesarean rates were higher.</p>
6	IMPROVEMENT ACTIVITIES
	A detailed review of all DAP projects will be brought to the next months meeting.
9	GENERAL BUSINESS
	There were no items of general business.
	NEXT MEETING
	<p>The meeting closed at 12:24pm.</p> <p>The next meeting is scheduled for 10:45am, Wednesday 2 September 2009 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton</p>
<p>CONFIRMED</p> <p>CHAIR: DATE:</p>	