

MEETING DETAILS																	
Time and Date	10:45am, Wednesday, 2 September 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>Farida Sultana</td> </tr> <tr> <td>Lynda Williams</td> <td></td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith - Chief Executive Brent Wiseman - Chief Financial Officer Dr Richard Aickin – Clinical Director Child Services Greg Balla - Director Performance and Innovation Dr Clive Bensemam – Clinical Director Mental Health Services Ngaire Buchanan - General Manager Operations Taima Campbell - Executive Director Nursing Margaret Dotchin - Nurse Director Fionnagh Dougan - GM Mental Health, Ambulatory, Cancer Blood Services Dr Rick Franklin – Clinical Leader Ambulatory Services Kay Hyman - General Manager Women’s and Children’s Services Chris Morgan – Manager Materials Management Kristine Nicol – Professional Leader Physiotherapy Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>The Chair declared the meeting open at 10:46am.</p> <p>The resignation of Rees Tapsell was noted however he would continue to be involved with the Maori Mental Health project.</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	Farida Sultana	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 5 AUGUST 2009																
	<p><u>Moved Ian Scott: seconded Ian Ward</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 5 August 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>																

	There may be a data interpretation issue with caesarean section rates.
4	ACTION POINTS 5 AUGUST 2009
	<p>Financial Reports The inclusion of a forecast would be in the financial reports at the end of the first quarter.</p> <p>Plastic Services These would be updated when the CMO returned.</p> <p>Patient Choice This would be addressed in October.</p>
5	OPERATIONAL PERFORMANCE
5.1	<p>Operational Summary Report</p> <p>The errors in the year to date financial report were noted. The monthly figures were correct. Since the report was developed coding had increased WIES by 123 which was equivalent to a \$500k gain mostly in electives. August output to date had been good so year to date the elective contract was being met.</p> <p>The increased complexity in cancer and blood related to the lower complex cases going to private. Payment was made on attendance rather than treatment complexity. Those going to private were self referring and were funded by most insurers. Obtaining of data from the private sector had been arranged to ensure that there was a complete regional view. The oldest linear accelerator is used half a day per day and was used to manage staffing requirements.</p> <p>The variance in paediatric cardiac/newborn had decreased to \$850k with the extra WIES, and while under contract for July it was not dissimilar from the previous year. The regional requirements for linear accelerators were being addressed, particularly looking at intervention rates and equity of access, with recommendations in October taking into account public and private and complexities in public.</p> <p>The variation in First Specialist Assessment (FSA) was noted with, in prior years, January planned for lower volumes with staff on leave, but this year production was deliberately held higher. Since March there has been a substantial increase in FSAs through gynaecology and electives with an overall 14% increase in electives compared with the previous year.</p> <p>The employees cost budgets includes the budget and productivity savings. Dr Barry Snow was leading project CONCORD with the first 4 areas commenced. This project was on the DAP project list.</p> <p>There was a review of outsourcing now that more beds were being opened. While there was a negative variation for Cardiac, additional revenue would be available from the MoH and as the year progresses this will correct as outsourcing reduces. The graphs for employees' costs and treatment costs are to be reviewed as it appeared that the revenue had been smoothed in 08/09 and not for 09/10.</p> <p>A workshop was planned with GMs to look at coding issues including discussion, methodology and output.</p> <p>More women than anticipated were choosing not to take up 52 weeks treatment of herceptin but stay on 9 weeks. This is self selection but there would be some analysis to see if there are particular influences on that self selection.</p>

<p>5.2</p>	<p>The Patient Journey and Key Service Improvement Projects</p> <p>The Emergency Department 6 Hour project is actually about patient flow with the projects in AED and CED both going well. School holidays did not create problems of discharge from CED. There was a work stream around discharge under the 1 hour part of 6 Hours with a multiple of factors to be addressed i.e. cleaning, using for example a discharge cleaning team, which also demonstrated a need to change the way that certain work was done. Within AED 2% of attendees don't want to wait and leave early.</p> <p>The occupancy rates relating to Woman's Health gave a wrong impression as midnight occupancy was not very useful but during the day there was full occupancy. Of more importance was measuring flow through the hospital and there is a project to develop better indicators of flow.</p> <p>Patients usually arrive a couple of hours before elective surgery is scheduled and if it was known that they were not coming there may be a possibility of scheduling another patient. This does work in Ophthalmology. The Greenlane Elective Surgery Unit (GESU) was discussed at the Finance Committee and while there had been some pressure to disinvest to meet the intervention rates this would not proceed as an analysis of private and public electives showed that ADHB's area exceeded the intervention rate goal. GESU would be geared to new revenue.</p> <p>Jo Agnew left the meeting at 11:45am.</p> <p>The criticism of the CTSU registrar programme was concerning registrars access to cases across the spectrum of complexity with not enough lower normal patients, so the private sector would be needed as part of registrar training. In the future integrated training with the public/private sector would be inevitable and a focus for the new CTA.</p> <p>Cardiac waiting list was presently 93. Data on Maori being treated was requested. Project methodology was being applied to access for radiology and CT scans which would include primary care access to diagnostics, patient flows and regional review. GP liaison was working on guidelines for referral.</p> <p>While new equipment had been obtained for H1N1 the level of both H1N1 and other influenza had reduced although there was a project established in preparation for a possible second wave.</p> <p>There were large volumes of operating room stock so there was a process to see whether these could be managed better. The Director of Surgery has a veto on new stock.</p> <p>Pat Snedden joined the meeting at 12 noon and Iain Martin left the meeting.</p> <p>The GP liaison officers in the provider were focused on electives. There were GP liaison in Planning and Funding and it was proposed to eliminate the artificial split taking a whole of system approach rather than provider and funder.</p>
<p>5.3</p>	<p>Operational Indicators Exception Report</p> <p>The indicators provided a management tool for addressing exceptions and then, when putting in an intervention, being able to measure that the intervention made a difference. One of the impacts on ESPI 2 patients waiting longer than 6 months for FSA was reduced RMO staff which required SMOs to undertake the work so not be available for FSAs.</p>
<p>6</p>	<p>IMPROVEMENT ACTIVITIES</p>
	<p>The three projects shown as red have now corrected due to timing.</p>
<p>9</p>	<p>GENERAL BUSINESS</p>
	<p>There was no items of general business.</p>

	NEXT MEETING
	<p>The meeting closed at 12:18pm.</p> <p>The next meeting is scheduled for 10:45am, Wednesday, 7 October 2009 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton</p>
<p>CONFIRMED</p> <p>CHAIR: DATE:</p>	