

<b>MEETING DETAILS</b>											
Time and Date	10:45am, Wednesday, 4 November 2009										
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton										
<b>1</b>	<b>ATTENDANCE AND APOLOGIES</b>										
	<p><b>Committee Members</b></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>Dr Brian Fergus</td> <td>Dr Ian Scott</td> </tr> <tr> <td>Pat Snedden</td> <td>Rt Hon Bob Tizard</td> </tr> <tr> <td>Ian Ward</td> <td>Lynda Williams</td> </tr> </table> <p><b>Management in Attendance</b></p> <p>Garry Smith - Chief Executive  Dr Margaret Wilsher – Acting Chief Medical Officer  Brent Wiseman - Chief Financial Officer  Greg Balla – Director Performance and Innovation  Clive Bensemman - 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  Kay Hyman - General Manager Women’s and Children’s Services  Janice Mueller - Director Allied Health  Chris Morgan – Manager, Material Management  Vivienne Rawlings – GM Human Resources  Ian Bell - Board Administrator</p> <p><b>Apologies</b></p> <p>The Chair declared the meeting open at 11:20am.</p> <p>Apologies had been received from Rob Cooper, Seiuli Dr Juliet Walker, Associate Professor Anne Kolbe and Professor Iain Martin. Ian Scott advised he had to leave the meeting early.</p>	Dr Chris Chambers (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	Dr Brian Fergus	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Ian Ward	Lynda Williams
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<b>2</b>	<b>CONFLICTS OF INTEREST</b>										
	There were no declarations of conflicts of interest for any items on the agenda.										
<b>3</b>	<b>CONFIRMATION OF MINUTES 7 OCTOBER 2009</b>										
	<p><u>Moved Ian Scott; seconded Lynda Williams</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 7 October 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>While cardiac outsourcing had ceased the contingency plan was firstly weekend work at ADHB and secondly outsourcing.</p>										

4	<p><b>ACTION POINTS 7 OCTOBER 2009</b></p>
	<p><b>Elective Surgery Cancellations</b></p> <p>The increase in cancellations due to normal bed availability from 20 electives to 35 electives was an accumulation of a number of issues rather than any specific problem. When the new beds open it is anticipated that the cancellation rate would go down although it should also go down at this time of year anyway. When the new beds were open the aim was 92% occupancy.</p> <p><b>Taxis</b></p> <p>It was understood that there was a plan to reallocate parking on Park Road to a taxi stand.</p> <p><b>WIES Change by Service</b></p> <p>The table of average WIES between financial years was a snap shot at a point in time and that over a whole year there is little difference.</p>
7.2	<p><b>Update on Optimising the Patient Journey – Starship OR</b></p>
	<p>The Starship OR were used as a pilot for optimising the patient journey project.</p> <p>Ian Scott left the meeting at 11:30am.</p> <p>Rosemary Pearson presented to the Committee outlining the way the Toyota system had been used to achieve the objectives of preparing the patient and getting it right first time by measurement and the use of real data. Lean tools are inclusive and get a more sustainable solution. The 5S standards of workplace organisation were used and a specific person made responsible for an area. Value stream mapping and A2 problem solving, together with root cause analysis was used to get to solutions. It was noted that 80% of the improvements were in processes outside the operating room. Things that would be done differently in the future would be to have smaller projects and the project office adjacent to the centre of activity so that corridor conversations were not missed. Some of the improvements made were the acute surgical information pack, pre-assessment form, white board screens, flip charts and visual management.</p> <p>The Committee thanked the team for the presentation which was very impressive.</p>
5	<p><b>OPERATIONAL PERFORMANCE</b></p>
5.1	<p><b>Operational Summary Report</b></p>
	<p>Overall there is a favourable performance by month and year to date and this should continue in October with coding being done within a shorter period of time. Usually at month end there is a further 200-300 WIES to be added to a monthly total but with the improved coding this had been reduced to only 90. Production was over by 544 WIES in acutes and under by 119 in electives including cardiac. If cardiac is excluded, the underperformance is accentuated and this would be combined into the summer planning with a focus on increasing volumes in the services that were under performing. ORL would be catching up now that the surgeon complement had been obtained. Staff numbers had exceeded budget for a variety of reasons. Mental health nurses in Te Whetu Tawera contribute so there is a review of the model of care and rosters. New staff do take more time and require orientation. Starship OR is involved in the model of care project and there are a number of lists running over time which then incurred overtime. Analysis shows that if overtime goes up there tends to be a higher rate of sick leave and so how overtime is approved and rostering is being reviewed. The higher FTEs in Starship were the result of volume and some very high complexity patients requiring one to one care. Watches were also higher. October was expected to be marginally better with further improvement in November. Staff immunisation was an issue. Excess staffing in adults were driven by volumes. Bureau and overtime are converted to FTEs.</p> <p>Direct treatment costs were adverse to budget and while there was potential in the region of \$5m to be adverse this should be reduced through the summer plan. The high test volumes were associated with the acute volumes and not from transfer through the community contract. Test ordering is part of the CONCORD project, an example being taking off tick boxes and making</p>

	some tests SMO ordered only.
<b>5.2</b>	<b>The Patient Journey and Key Service Improvement Projects</b>
	<p>There would be public reporting of MoH targets and it was expected that ADHB would be in the lower third in elective reporting. The equitable distribution of funding on transfer from National Women's to Birthcare being based on the appropriate time to transfer with no disadvantage to either party was being addressed. Revenue should not be a driver as to when to transfer. This is to be updated to the Committee.</p> <p>The reasons for late cancellations had been graphed with the most predominant reason being the patient unfit for surgery. There were opportunities for improvement being developed through projects.</p> <p>There were more CT referrals than scanning time available and referrals were part of the CONCORD project.</p>
<b>5.3</b>	<b>Operational indicators Exception Report</b>
	The reason for increased overpayments in salaries was a result of change of duties in a number of departments.
<b>6.1</b>	<b>DAP Projects Report</b>
	There were four projects with red indicators. The regional long term service plan required a significant focus on workforce planning.
<b>7.1</b>	<b>Influenza A H1N1</b>
	A fact sheet on the 2009 H1N1 was tabled. Preparations were being made for a second wave with Canada and the USA experiencing increased rates and closing schools and setting up EDs. In Asia there is a decline in reported respiratory disease with no wave in the Southern Hemisphere but it is hard to predict. The closest watch will be on Australia. ED does monitor influenza type illnesses. It is expected that H1N1 will be included in the next years seasonal immunisation programme.
	<b>NEXT MEETING</b>
	<p>The meeting closed at 12:36pm.</p> <p>The next meeting is scheduled for 10:45am, Wednesday, 2 December 2009 A+ Trust Room Clinical Education Centre Level 5 Auckland City Hospital Grafton</p>
<b>CONFIRMED</b>	
<b>CHAIR:</b>	<b>DATE:</b>