

MEETING DETAILS													
Time and Date	10:45am, Wednesday, 4 August 2010												
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton												
1	ATTENDANCE AND APOLOGIES												
	<p>The Chair declared the meeting open at 11.02am.</p> <p>Committee Members</p> <table> <tr> <td>Dr Chris Chambers (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Rob Cooper</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>Seiuli Dr Juliet Walker</td> <td>Ian Ward</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 Denis Jury – Chief Planning & Funding Officer Brent Wiseman – Chief Financial Officer Dr Richard Aickin – Director Child Health Greg Balla – Director Performance & Innovation Ngairie Buchanan – General Manager Operations Margaret Dotchin - Nurse Director Fionnagh Dougan - GM Mental Health, Ambulatory, Cancer & Blood Services Aroha Haggie – Maori Health Gains Manager Kay Hyman – General Manager Women’s and Children’s Services’ Chris Morgan – Materials Management Manager Janice Mueller – Director Allied Health Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>An apology had been received from Anne Kolbe.</p> <p><u>Moved Chris Chambers; seconded Jo Agnew</u></p> <p><i>That the apology be sustained.</i></p> <p><u>Carried</u></p>	Dr Chris Chambers (Chair)	Jo Agnew	Susan Buckland	Rob Cooper	Dr Brian Fergus	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	Professor Iain Martin	Lynda Williams
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2	CONFLICTS OF INTEREST												
	There were no declarations of conflicts of interest for any item on the agenda.												

3	CONFIRMATION OF MINUTES 7 JULY 2010
	<p><u>Moved Susan Buckland; seconded Bob Tizard</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 7 July 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>Eight services had been identified to go through the Health Excellence Programme and they would be reporting progressively back to the Committee. Progress on the regional Long Term Service Planning had been reported to the SLT, but not to the Committee yet.</p>
4	ACTION POINTS 7 JULY 2010
	The action points were noted.
5.1	Operational Summary Report and Financials
	<p>The Provider was \$6.3m unfavourable for the month and \$9.8m unfavourable for the year. The key variances were noted. The Berlin Heart is a mechanical heart covered by the high costs treatment pool for which approval had been obtained within the 48 hours.</p> <p>The negative variance in 3rd party treatment costs concerned outsourcing of cardiac bypass patients predominantly dependant on volumes. More analysis was being undertaken on acute throughput and a presentation on this will be made to the next meeting. Treatment costs budgets had been prepared without outsourcing which created the variance.</p> <p>An analysis of electives and acutes is being undertaken so that the best place to put in effort was visible and this was used to manage back to contract. There would be a presentation on the new reporting to major DHB customers, electives and acutes, with this being presented to the region so that there is increasing reporting and visibility to those customers. The report had taken two years to develop and would be a tool to manage work and relationships with major customers. This would be produced monthly but in the meantime last year's information was being shown so that the DHBs could get used to the tool. It would include waiting list times. Acute production for Waitemata was 107% to contract as they had reduced purchasing but did not have interventions to achieve the new contract volumes. Ways of delivery were being considered but there was a need to try and maintain equity of access by informing the DHBs of the volumes required to get equity. It was a question of prioritisation of the purchasing which had been based on an historical model, taking into account changes of population and growth. Counties Manukau was operating on a different funding model with money for unmet need.</p> <p>The transfer of revenue from General Medicine to Neurology for the stroke unit patients was noted, as were the two long stay in Child Health with one being admitted on a very low WEIS diagnosis but developing complications.</p>
7.1	Cardiac Excellence Programme
	<p>Peter Ruygrok, Clinical Director Cardiology, Anna MacGregor Nurse Unit Manager Cardiology, Daniel Hunt, Process Improvement and Elizabeth Shaw, Nurse Advisor Cardiology were in attendance and presented to the Committee. The target was to have all procedures in-house from July with no outsourcing, and capacity to do 920 bypass procedures in 2010/2011. There were ten work streams of which Patient Pathway Management was on hold and Future Resource Capacity Evaluation had been transferred into production planning. Progress against the goal had trended up with 18.2 procedures per week and the waiting list down. While July met the goal there was a need for more buffer in the system.</p> <p>The skill mix of nurses had improved with more experienced nurses. This enabled the reduction of the waiting list significantly. Rosters were being used across the week based on historic data and there had only been one cancellation due to unavailable staffing. A fast track room had been developed for straight forward patients. There was a work stream to develop better reporting, waiting times now averaged 4 weeks and E priority were seen within one week. Half of patients</p>

	<p>presented acutely and there are wide variances in referral patterns. A buffer would allow to progress from micro management. Clinical confidence was growing now that there was not a long waiting list and Maori and Pacific had the same access once they were in the service. A strategic partnership with Mercy was being developed to provide insurance although this had a cost.</p> <p>Learning's were that good leadership makes a great difference. Iain Martin acknowledged the achievement and raised the question of what training the University could provide working with the service to get sustainability in staffing resources such as training perfusionists in-house. The service fed into the national clinical network.</p> <p>The Committee thanked and congratulated the team.</p>
6.1	DAP Projects Report
	<p>The Primary/Secondary Integration project had had short term funding from Procare to get earlier intervention which was being evaluated. There had been improvement in relationships. The adult six hour project had maintained its improvement despite increased numbers presenting. AED admitting to wards was not being pursued at present. There would be a visit from the MoH on 20 August and the Greenlane Surgical Unit was progressing.</p> <p>There was pressure in the hospital at the moment with 8 red alerts in July with pressure in the weekends and after hours especially in AED from alcohol/drug affected younger people. Pressure had also increased in CED in the last few weeks.</p> <p>Ongoing industrial action was impacting on staff, 9 people were involved in strike planning and the action was very draining. Proposals had been put to Lab and MRT but there was no commitment as to when they would come back on the proposals. Suspension notices in the lab would be issued in the week. The Committee noted the extraordinary efforts of non-union staff and managers noting that it was not sustainable. The questions of life preserving situations were clearer when there was a full strike but with the ongoing action it was not so clear and difficult. The final outcomes of the action would not be seen for months and was not good medical practice.</p>
	NEXT MEETING
	<p>The meeting closed at 12:15pm</p> <p>The next meeting is scheduled for 10:45am, Wednesday, 1 September 2010 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton</p>
<p>CONFIRMED</p> <p>CHAIR: _____ DATE: _____</p>	