



## **HOSPITAL ADVISORY COMMITTEE**

### **MINUTES – PUBLIC - unconfirmed**

**Tuesday 24 February 2009**

**10.00am**

**Corporate Meeting Room 1**

**Base Hospital**

**David Street**

**New Plymouth**

#### **Present:**

Peter Catt (Chairman), Kura Denness, Jenny Nager, John Young (ex officio), Grant Knuckey, (Board members), Peter Moeahu (co-opted members)

#### **In Attendance:**

Tony Foulkes (Chief Executive), Joy Farley (General Manager Hospital Services), Karlina Nickson (PA to GM Hospital Services), Sue Carrington (Communications Advisor), Dr John Doran (Chief Medical Advisor)

#### **458.0 Declaration to Open Meeting**

The meeting was opened at 10.00am.

#### **459.0 Apologies**

Dan Devadhar, Grant Knuckey (Board members), Nic Boheimer, Jan Dunlop, Brian Jeffares (Co-opted members), Sandra Boardman (General Manager Planning Funding & Population Health), George Thomas (General Manager Finance & Corporate Services)

#### **460.0 Conflicts of Interest**

The Register was circularised for updating by members, with no new interests being declared.

#### **Public Comment**

Heather Crowsley (Grey Power) introduced herself.

## **461.0 Minutes**

### Resolution

*That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 27 January 2009 as a true and correct record.*

*Nager/Young*

*Carried*

## **461.1 Arising From Minutes**

At a previous meeting a question had been asked around suicide rates. Ms Farley provided some information and the website where a detailed breakdown could be obtained. This website address will be circulated to Committee Members.

The committee questioned whether the full review of the Serious and Sentinel Event Report that had been presented to the Finance and Audit Committee would be brought to the Hospital Advisory Committee. Ms Farley advised that the report is available publicly via the DHB intranet and also through the Daily News website. She encouraged all members to read the full report as it was important to read each event in totality.

Mr Young expressed concern, after reading media reports, of the effect on staff and whether this could foster a culture of non-reporting. Dr Doran advised that one of the aims nationally was to shift from a culture of "blame and shame" to a learning environment and this new culture was being strongly fostered within the DHB.

The question was raised as to whether individual Serious and Sentinel Events should be reported to the Board and the Committee was advised that this matter was managed on behalf of the Board by Hospital management and risk reports being presented to the Finance Audit and Compliance Committee.

## **462.0 Chairman's Report**

Nil report.

## **463.0 Management Reports**

### **463.1 General Manager Hospital Services**

Ms Farley took report as read highlighting:

Elective Services – the provider was likely to be requested to undertake additional volumes (96 case weights) to meet this year's commitment.

Considerable planning would be required to be undertaken with request to additional elective services for the 2009/10 financial year.

Recently received advice from the Minister that elective services are to be considered on a regional basis in the future.

ED Base – Note Category 1-3 triages are up and category 4-5 are down. A full report on Hawera is a separate agenda item.

Older people – Services continue to be affected by vacancies in Geriatricians, however, confident that recruitment will be successful by the end of 2009.

Financial – No further deterioration in the year to date position and the financial forecast remains unchanged. There continues to be a fluctuation around FTE costs, in particular doctors. SMO locum costs will decline following recruitment to positions in Mental Health and Obstetrics.

Mental Health/Addiction Services – This Service has been accepted on KPI Project. The project concentrates on the development of Key Performance Indicators that cover the Mental Health NGO and Hospital Specialist Service. No consistent KPIs are in place at present and this provides an excellent opportunity to be able to benchmark and plan services.

Hospital Redevelopment – Appointment of a Project Director is imminent.

Ms Farley referred to the facilities development conference attended last week noting that some excellent contacts had been made which would prove valuable as the DHB undertakes changes to models of care and design process.

Renal – As a result of the resignation of Dr Madhan Investigating options for this service which in the long term are likely to have a regional approach.

Projects – Completed a considerable amount of work around user groups. Six staff members have commenced training in “Lean Healthcare”. This consists of three 2 day courses and gave a brief explanation of the background and meaning of ‘lean healthcare’.

#### Discussion

Committee members requested an update on the reasons for the smaller than expected cardiac surgery volumes, with Ms Farley advising that at this stage no firm conclusion had been reached.

The increased demand for ED services at Base and Hawera were noted and questions raised regarding the role the ED Case Manager and how this could affect regular users of the ED service. Ms Farley advised the position had been supported in principle pending funding, however, it was also dependent on having a referral source in the community. Given the situation, particularly at Hawera, it was likely that this will be incorporated into the Acute Pathway Project.

Ms Farley also advised that due to the increased referrals to Allied Health would require the implementation of a waitlist management process.

General discussion took place around the KPI project with particular focus on the involvement of the NGO sector. Ms Farley advised that this matter had been taken into consideration when applying to participate in the project. A view was also expressed that it would be essential to have a set of KPIs which identified the comparative value and outputs of the different services.

The Committee queried the process around Medical Council credentialling and whether this was an area which created a bottleneck in the system. Dr Doran advised that it could take up to six months to obtain vocational registration even although the New Zealand Medical Council identified a maximum wait time of 20 days. Ms Farley advised that the process required co-ordination between the New Zealand Medical Council, Immigration, and Colleges and that the information gathering process could be complex. This matter had been raised as an issue at the recent visit by the SMO Commission. The DHB supported and helped applicants as much as possible.

Discussion took place around the financial result with further clarification being sought. Ms Farley advised that the Hospital Provider was forecasting an annual budget target of \$3.5M operating deficit. On the basis of this result an operating deficit of \$6.3m excluding the extraordinary expense from asset revaluation, was \$2.7m adverse to plan.

Questions were raised around the benefit to the DHB from the proposed Government bonding system. Dr Doran advised that at this stage it appeared that we would not receive funding for 1<sup>st</sup> and 2<sup>nd</sup> year RMOs as we would not meet the criteria. However, psychiatry and general medicine, midwifery/nursing may be eligible subject to details being clearer. The Chief Executive advised that while it appeared there would be no major gains for Taranaki DHB that was not to say the DHB did not have issues around recruitment and retention.

In discussion on the summary benchmarking data Ms Farley advised that the performance around Day Surgery related to facility capacity and was one of the drivers for the new facility.

#### Resolution

That the Hospital Advisory Committee note and receive the report.

*Nager/Denness  
Carried*

#### **464.0 Other Business**

##### 464.0 Hawera Emergency Department Evaluation Six Months Post Southcare Exit

The report which identified the key issues around volumes, wait time and clinical risk had been addressed and provided some reassurance for the DHB, was taken as read

#### Discussion

Ms Nager stated that she was of the view that it was a good report which outlined that the system should work well in theory but was being made more difficult by the shortage of GPs. She advised that there was a perception in the community that SouthCare and the Hospital were one entity and was of the view that if the GP shortage could be solved this would have a major impact on Hawera ED.

In response Ms Farley noted that the report indicated that the vast majority of presentations were taking place between 8am and 4pm and the overriding issue in her view was access to primary practice.

The Chairman advised the Committee that from figures provided by the College of GPs there was a shortage of GPs throughout Taranaki but worse in south, but the same shortage was seen in New Plymouth as well, and this was the fundamental issue. He felt reassured by the report in respect of the key issues, and agreed with Ms Farley that ED was not an appropriate service for the provision of primary healthcare.

Questions were raised on how the shortage of GPs was impacting on quality and costs and suggestions on how the Board should address this matter. Ms Farley acknowledged the questions and advised that the report was limited to information provision around the key issues and barriers to recruitment had not been pursued.

Ms Nager advised that she understood that a local GP had been approached regarding the provision of services to the Kupe Oil site.

The committee noted from the report that there appeared to be a mismatch between primary, secondary and tertiary which revolved around the public perception of free services at EDs versus co-payments with GPs and

suggested that this issue required to be addressed nationally. It was reported that there had been a reduction in fees and this had increased access and it was felt that cost was therefore becoming less of a barrier, but it would have been helpful if demographic information on the presentations down to beneficiary level was available. Ms Farley advised that this level of information was not available.

A view was expressed that one of the main issues facing lower socio-economic groups was cost and difficulties obtaining appointments and transport and with the worsening economic position the matter was likely to get worse.

Ms Farley identified that there were different issues between Base and Hawera and in discussions she had been asked why all the available doctor resources, outside the ED, were not diverted to General Practice if this was the priority.

The Chief Executive presented a wider DHB view stating it was not as simple as a one fix solution otherwise it would have been done. There were all sorts of complex issues to consider and he favoured the approach where the various providers available in the area looked at how they could best be used to provide services to the community. This was generally supported by the Committee.

Further discussion took place around the Hawera in-patient ward with Ms Nager advised that a consistent rumour was that the ward was going to be downgraded to a rest home. Ms Farley advised that one of the agreed directions was around building infrastructure to support elderly care in the environment that was most suitable and was clinically and client-led. A man on the street looking at the Hawera ward would agree it did resemble an elderly ward, however, this was not unique to Hawera. It was logical that as clinical practice and demographics drive services that resources be used in the most appropriate place.

#### Resolution

*That the Hospital Advisory Committee note and receive the report.*

*Nager/Denness*

*Carried*

#### **465.0 Next Meeting**

The next meeting was scheduled to be held on Tuesday 31 March 2009 in New Plymouth.

#### **466.0 Exclusion of Public**

##### Resolution

*That the Hospital Advisory Committee resolve to make this resolution in reliance on Schedule 4, clauses 34 and 35 of the New Zealand Public Health and Disability Act 2000 and the particular interest or interests protected by clause 34 Schedule 4 of that Act or Section 5 or section 7 or section 9 of the Official Information Act 1982, as the case may require which would be prejudiced by the holding of the meeting in public are as follows:*

- 1. To present Hospital Advisory Committee Minutes pursuant to an earlier resolution publicly excluding the item.*

2. *To present Update Implications for the Hospital Service Following Funding Advice for 2009/10 in that the public conduct of the meeting would be likely to result in the disclosure of information where the withholding of the information is necessary to:*
- (g) Enable the DHB, Board or Board Committee holding the information to carry out, without prejudice or disadvantage, commercial activities.*
  - (h) Enable the DHB, Board or Board Committee holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).*

*Nager/Deness  
Carried*

The meeting adjourned at 11.30am to reconvene at 11.40am

.....  
Chairman

.....  
Date