

HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 25 January 2011

10.00am

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present:

Ella Borrows (Chair), Karen Eagles, Brian Jeffares, Pauline Lockett, Alison Rumball (Board Members), Mary Bourke, Peter Catt (ex-officio) Jan Dunlop and peter Moeahu (co-opted members)

In Attendance:

Tony Foulkes (Chief Executive), Rosemary Clements (Acting General Manager Hospital and Specialist Services), George Thomas (General Manager Finance and Corporate Services), Gavin Woolley (General Manager – HR & Organisational Development), Anne Kemp (Manager – Quality & Risk), Katherine Fraser-Chapple) Sue Carrington (Media Advisor), Jenny McLennan (PA to Board)
Colleen Tuuta (Board member)

622.0 Declaration to Open Meeting

The Chairman declared the meeting open at 10am.

623.0 Apologies

Resolution

That the apologies from Dr Boheimer and Mrs Alison Rumball (for lateness) be received and noted.

*Carried
Catt/Jeffares*

624.0 Conflicts of Interest

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

625.0 Board Chairman's Notice

Miss Bourke advised that correspondence from Dr Keith Blayney regarding the proposed location of the Hawera Community Oral Health clinic had been received and that feedback would be provided to the appropriate committee in due course.

626.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 30 November 2010 as a true and correct record

*Carried
Catt/Jefferes*

627.0 Matters Arising

627.1 Staffing Model – Hawera Hospital

Mrs Eagles requested a copy of the staffing model report.

627.2 Funding Assistance – Mental Health Video 'Hiding Behind Green Screen'

Ms Kemp was able to advise that Trust funding had been approved following the receipt of an application.

627.3 Complaints Process

Members were advised that any complaints they receive if approached, should be directed managed through Customer Services who would follow the matter up as appropriate

Mrs Rumball joined the meeting at 10.05am

627.4 Meeting Process

Ms Denness queried the inclusion of non-committee members in discussions clarification was sought on meeting process. Mrs Borrowes advised, and this was supported by the Board Chair, that at this stage with members orientating themselves she was happy with non-committee members involvement in discussion but that voting must be left to committee members.

627.5 Ministry of Social Development & Employment Initiative (MSD)

Mrs Clements reported that a Children & Young Persons Social Worker had been appointed in a collaborative initiative with MSD and that they worked along side social workers and the Paediatric team providing support for the whole of Taranaki.

Mr Foulkes advised that the nationwide initiative was a positive one and provided collaboration between various agencies. It was noted the initiative would be evaluated at the end of a twelve month period.

Ms Denness expressed concern about the sharing of information between agencies and that cautionary steps were required. It was noted that while the initiative had the ability to share information this was not IT based and did not

compromise patient confidentiality which was protected in accordance with the Health Information Privacy Code / TDHB Privacy Policy. The code however did allow for the sharing of information in the event of a dangerous situation.

Mrs Eagles expressed confidence that the TDHB was well serviced by the code with backing by the appropriate legislation. This was supported by Dr Catt.

627.6 South Taranaki Health Services

In response to a question from Ms Tuuta regarding the reference to South Taranaki Miss Bourke advised that there remained an ongoing level of uncertainty within parts of the community and that this was an historic situation going back many years which had lead to the development of mistrust regarding the planning of services in the area.

628.0 Management Reports

628.1 Acting General Manager Hospital Services Report

The Acting General Manager Hospital Services took the report and attachments as read and highlighted the following issues which were discussed:

- Noted that acute delivery overall slightly below contracted volumes in December with elective deliver above.
- YTD total elective delivery 3% under contract and total acute 2% over.
- Mrs Clements provided members with an overview on the counting and associated funding and reporting of casemix and non casemix activity.
- Two main areas of under delivery in electives are cardiology (30cwts) and orthopaedics (210cwts) with recovery plans in place for both.
- Number of specials continue to be monitored with between 6 and 11 fte over the quarter.
- Project Whakapai progressing with the Allocation Unit well established.
- Mr Foulkes advised Project Maunga planning continues with the call for tenders expected in March/April and construction in August, subject to final confirmation from the NHB.
- Stratford Health Centre opened 10 January with a site blessing.
- The fifth Taranaki Community Oral Health Service Clinic is being built in Stratford as part of the Integrated family Health Centre.
- Implementation of the revised Dental Unit management structure in place from January 2011 with separate operational management of both the Community Oral Health Service and Hospital Dental Unit.
- Acute Pathways continuing to review and evaluate patient that have extended lengths of stay in the ED.
- Time to Care Project to be launched. Project will focus on:-
 - Improving the individual patients' experience as they move through the health service
 - Reducing waste in the system
 - Building a culture of continuous quality improvement at the service frontline

Discussion

- Mrs Clements advised that the coastal Taranaki would be serviced by school mobile oral health units.
- Mr Moeahu questioned the impact of trends and forecasting on the budget process for the next financial year. Mr Thomas advised that while the budget was set as the financial target it was increased activity and assumptions that did not eventuate that impacted negatively on the bottom line.

Mr Foulkes advised that Project Whakapai would assist in providing sharper and smarter management of staff costs budgeting and that there was no intention of getting to a position of over expenditure and an over supply of services.

In response to a query from Ms Lockett the Mrs Clements advised that an increase in acute activity can impact on the ability to maintain elective throughput and this can in turn create an increase of expenditure when there was a need to 'catch-up' on electives later in the year. Additional funding does not become available to meet the cost of additional theatre times, consultants and consumables that may be required.

Mrs Clements advised that elective volumes are determined by considering historic information, standard intervention rate, demographic data and known trends.

- Miss Bourke indicated the value of discussions the committee was engaged in and highlighted that it was items such as this that would be beneficial in for workshop discussion. Ms Lockett indicated that the following topic would also benefit from workshop discussion:-
 - Cost reduction initiatives over the next six months
 - Service Reconfiguration
 - Project Whakapai
 - Objective of Project
 - How activities are measured
 - How results are reported
 - Time to Care Project
 - Objectives
 - Measures
 - How reported
- Mr Moeahu noted advice that there had been an improvement in the collection of ethnicity data and was interested in viewing the next round of quarterly reporting.
- Mrs Dunlop questioned whether the final designs for Project Maunga provided several scenarios including the incorporation of sufficient beds to cater for the closure of Hawera Hospital. Mr Foulkes advised that the Project design was not directly predicated on the assumed provision of services in South Taranaki and had flexibility built into the design to cater for varying services demands for the whole Taranaki population.

628.2 Financial Report for Hospital & Specialist Services

- It was noted that the discrepancies between budgets and Project Whakapai were in favour of the Project with FTE numbers lower.
- Ms Lockett requested that consideration be given to incorporating the information regarding Personnel costs be incorporated into the Hospital Providers Statement of Financial Performance.

628.3 Clinical Ambulatory Report

- It was very pleasing to note that Dr Bill Viner, Obstetrician was due to commence 21 February 2011.

628.4 Human Resources and Organisation Development

The General Manager HR & Organisational Development took the report and attachments as read and highlighted the following issues which were discussed:

- Project Whakapai provided opportunities for cost saving as well as an increase authority of management. Key Performance Indicators would be available for presentation to the CEO from next month.
- The appointment of the obstetrician demonstrated a difficult but successful recruitment process with contribution from the Ministry , the Chief Executive and from within the sector overall.
- Incubator programme to support the Maori Health Workforce strategy continues.
- Thirty two applications for the five scholarship placements (5 appointments per year) have been received.
- Nursing Graduate positions finalised with 22 appointment made. Mr Foulkes confirmed that generally all those meeting the required standards and available locally were recruited to positions.
- Mr Thomas advised that any Trusts associated with the Ambulance Services would be transferred to St John.
- Health Workforce NZ has initiated a programme to implement Regional Training Hub. Taranaki would participate in the establishment of the Hamilton hub with activities commencing in February 2011.

628.5 Quality & Risk Report

The Manager Quality & Risk took the report and attachments as read and highlighted the following issues which were discussed:

- Utilising results from the Patient Satisfaction Survey the ratio of complaints received against patient throughput was noted at 0.2% for Outpatients and 0.6% for Inpatients.
- Ms Kemp acknowledged Maggie Malin – Customer Services Officer who was retiring after a long association with the health sector in Taranaki.
- Dr Catt questioned the monitoring of Clostridium Difficile Infection pertaining to where the infection was acquired (community or hospital). It was Dr Catt's experience that it would be hospital acquired.

