



## **HOSPITAL ADVISORY COMMITTEE**

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

**Tuesday 25 August 2009**

**10.00am**

**Function Facility**

**War Memorial Hall**

**Miranda Street**

**Stratford**

**Present:**

Peter Catt (Chairman), Kura Denness, Karen Eagles, Jenny Nager, (Board Members), Jan Dunlop, Brian Jeffares, Peter Moeahu (co-opted members)

**In Attendance:**

Alex Ballantyne, Flora Gilkison (Board Members)

Tony Foulkes (Chief Executive), Joy Farley (General Manager Hospital Services), George Thomas (General Manager Finance & Corporate Services), Sandra Boardman (General Manager Planning, Funding & Population Health), Sue Carrington (Media Advisor), Pamela Hikuroa (PA to Board)

**505.0 Declaration to Open Meeting**

The meeting was opened at 10.00am.

**506.0 Apologies/Leave of Absence**

Dan Devadhar, Grant Knuckey, John Young, (Board Members), Nic Boheimer (Co-Opted Member)

**507.0 Conflicts of Interest**

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

**508.0 Minutes**

Ms Nager requested a change to the wording on page 2 to read 'most people' rather than 'some people'

Resolution

*That subject to the following alteration to the Minutes:*

*Page 2 delete 'some people' and replace with 'most people'*

*the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 28 July 2009 as a true and correct record.*

*Denness/Nager  
Carried*

## 509.0 Management Reports

### 509.1 General Manager Hospital Services

Ms Farley noted the change in format of reports, which now included an overview of the service together divisional reporting.

#### Overview

- Highlighted case mix activity extremely high, this position reinforced in the divisional report.
- Impact of operations – key performance indicators will be presented monthly. Although number where target not achieved result was close to achieving, eg acute readmission 47% target, achieved 47.26%. this result acceptable due to busyness of the hospital and complexity of the people coming in.
- Resource – bed utilisation around 85%, which represent most efficient use of beds any greater and run out resulting in cancellations, any less and not using capacity.
- FTE financial report includes 44 FTE for HIQ shifting across. Budget requires to be amended.
- FTE for Hospital 11.4 above budget, 3.5 FTE relate to project which will be capitalised and taken across.
- Did not produce balanced score card for HR due to changes required with HIQ shifting over.
- Financial Report
- Net result transposed actual \$575K budget \$395K.
- Hospital in excess of budget \$180K
- While not particularly happy with the result must be seen in context of the very high activity over the hospital, contending with swine flu and experienced norovirus outbreak in Ward 5 which consumed resources.
- Model of Care Hawera endorsed. Sadness over some of the difficulty had in terms of working with staff but continuing with progress and believe have framework in place to enable staff concerns to be addressed as part of the process of implementation.

#### Management Reports - Financial Report

- Breakdown by column which enables major variances, progress against annual target etc to be seen at a glance. Note currently slightly ahead of budget.
- Summarised main issues in terms of main provider differences
- Provider is below revenue, mainly due to ACC contribution but expect to correct over the course of the year
- Personnel costs – some issues around cost per FTE ahead of budget. This reflects provisions of the MECAs as come they come into play and will pose challenges moving forward into negotiations.
- Personnel costs also impacted by timing of annual leave.
- Provided more detailed breakdown outsourced services to enable monitoring to occur more rigorously.
- Remainder of reports take as read.

#### Discussion

Ms Nager advised that she was pleased to note that all efforts were being taken to work with staff in Hawera to overcome their concerns.

The underspend of 25% in pharmaceutical cancer treatment was questioned. Ms Farley advised that this did seem extraordinary but reflected the difficulty have in matching budgets with clinical demand. There had not been the demand for these high cost pharmaceuticals this month but this position was not expected to continue.

Questions were raised on whether the reduced ACC revenue was due to ACC tightening up on approvals. Ms Farley advised that she did not believe that the result was a result of ACC policies per se and also noted that due to the high demand for services in the hospital and therefore ability to undertake ACC work was limited.

Mr Thomas advised that the results for the month should not be considered as an indicator for the rest of the year with any positives achieved at this stage with positive variances unlikely to remain.

Committee members sought clarification on a number of issues with respect to the new format of the report, which were provided by Ms Farley.

Questions were raised with respect to the concerns expressed by the Hawera Hospital staff. Ms Farley advised that the issues raised were more around how they would deal with the extreme situations which would be covered off during the implementation phase with plans for contingency situations.

Considerable discussion took place around the Hospital and Specialist Services loss of \$10.2M detailed in the Management Accountant's report. Ms Farley advised that this issue needed to be clarified further. She advised that the provider arm report included the expenditure for all services, excluding Planning and Funding, and was purely an expenditure report. The report will be amended for future months to provide greater clarity.

#### Operational Reports

Note experienced noro virus outbreak in Ward 5

Swine flu continues to occupy considerable staff time as well as the User Groups for the project.

Costs associated with the project will be capitalised on a quarterly basis.

Further clarification was provided around the Renal Services. Ms Farley advising that discussions were being held with Counties Manukau who were currently providing clinical support but were not in a position to provide this support indefinitely. The DHB was actively recruiting to the position and the current situation was satisfactory from a day to day point of view.

Discussion took place around how work flows were planned with the question being raised as to why not use the December/January/February period for electives to offset the busy time over the winter period. Management advised that the way in which work was planned related to workforce issues and how services were able to be delivered. The December-February period was a time when staff took annual leave and was also the time when maintenance was carried out, particularly in the theatres. Work was also planned around conference leave for the various clinical groups. Planning for work flows was very complex was organised to obtain maximum efficiencies.

#### Resolution

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

*Nager/Catt  
Carried*

**510.0 General**

510.1 Facilities Redevelopment

A question was raised regarding the funding of the new facility and whether there was sufficient funding available for all equipment required.

Mr Foulkes advised that the business plan included equipment to allow the hospital to operate, including the transfer of some existing equipment, but the DHB would welcome additional support for the new facility and anticipate that as the project progressed the Taranaki Health Foundation would be working with the DHB to add value to the basic equipment.

5102. Ministerial Review

In response to a question on how the DHB would have input into the review, Mr Foulkes advised that the matter would be discussed at the Board meeting and fed back through the appropriate channels.

**511.0 Next Meeting**

The next meeting is scheduled to be held on Tuesday 29 September in New Plymouth.

Ms Eagles tendered her apology for the September meeting.

The meeting closed at 11.15am

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Chairman

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Date