



HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 26 April 2011

10.00am

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present:

Ella Borrows (Chair), Brian Jeffares, Pauline Lockett, Colleen Tuuta (Committee Members), Mary Bourke and Peter Catt (ex-officio) Nic Boheimer and Peter Moeahu (co-opted members)

In Attendance:

Tony Foulkes (Chief Executive), George Thomas (General Manager Finance & Corporate Services), Rosemary Clements (Acting General Manager Hospital and Specialist Services), Gavin Woolley (General Manager HR & Organisational Development), Kerry-Ann Adlam (Director of Nursing), Anne Kemp (Manager Quality & Risk), Katherine Fraser-Chapple (Management Accountant), Steve Berendsen (Hospital Operations Manager), Sue Carrington (Media Advisor), Jenny McLennan (PA to Board)

650.0 Declaration to Open Meeting

The meeting was declared open at 10.05am.

651.0 Apologies

Resolution

That the apologies from Karen Eagles and Alison Rumball (Committee Members) be received and noted.

*Catt/Lockett
Carried*

652.0 Conflicts of Interest

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

653.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 26 March as a true and correct record

Catt/Jeffares

Carried

654.0 Management Reports

654.1 Acting General Manager Hospital Services Report

The Acting General Manager Hospital & Specialist Services took the report as read highlighting the following:-

- Elective Delivery remains slightly behind plan (2%) as a whole for the provider arm
- Total presentations to the Taranaki Base Hospital ED for the month of March increase by 2% in comparison to last year. Average daily presentations for March 2011 were 82.
- Average number of patients seen per day in the Hawera ED – 43.
- Releasing Time to Care Project has been successfully introduced into Ward 3 and has been announced as the showcase ward.
- Reporting capability for Project Whakapai has been activated
- Provisional results for March smokefree health target = 73.37% which although below the target signifies the improvement from the February result of 63%.
- Taranaki DHB fully participating in the Midland Regional Trauma Network.
- Monitoring of ACC contracts continues to be monitored.
- Future challenges in midwifery capacity are likely.
- Twelve staff members have been deployed to Christchurch with one more due to leave.

Discussion

- Ms Lockett noted the reference to IT requirements in the new facility and questioned whether a presentation regarding the IT requirements of the medical professional would be beneficial. The Chair noted that this would be added to the Governance plan.
- Dr Catt noted how pleasing it was to note that patients requiring angio investigations were now waiting less than a month for their procedure.
- Dr Boheimer was advised that the Stochastic simulation provided the opportunity for the DHB to undertake production planning and test theatre scheduling simulations prior to the move to the new facility. It was noted that the work was seen as a key to understanding the impacts of future usage and would be completed in late August allowing a 12 month lead in for revised schedules and theatre lists.
- The Chair noted the need to ensure that the any national opportunities and developments were taken advantage of with regards to IT developments. Mr Foulkes advised that there were purchasing opportunities which provided increased buying power and standardising of equipment with other DHBs through Project Maunga. Miss Bourke also noted the new facility would provide the opportunity to dispose of any unwanted and unused equipment.

- Mr Moeahu questioned why the DHB was not able to reach 100% for the Smokefree target and increase the focus on compliance.
Mrs Clements advised that 100% was the optimal result with the target for Taranaki at 90%. Strategies were in place that allowed for a firm focus on compliance and to ensure that targets were met.
- Ms Lockett noted that as a result of a review the Dental Unit and Community Oral Health needed to ensure that the two units continued to work together to provided an integrated model of care.
- In response to a query Ms Tuuta was advised that there were currently 3.4fte Midwives employed and that registered nurses we employed in the post-natal area to ensure there was a sufficient skill set within this area. Mr Berendsen advised that there was a national shortage in both the private and public sector. Human Resources were proactively responding to the situation.
- It was noted that the third mobile dental unit ordered by the Community Oral Health Services would not be available until early 2013 and that this was due to the waiting list of units for manufacture required throughout the country.
- Mr Jeffares referred to the number of presentations in ED and questioned whether information regarding the times patient presented and where were from would be easily available. Mr Jeffares was concerned about the inequality numbers presenting and the associated triage level. It was noted that some client chose to attend ED as opposed to going their own GP.
Ms Lockett raised whether the opportunity to utilise St John in ED as a training opportunity had been explored. Mrs Clements advised that while the transition arrangement with St John were for the status quo for a period of six months St John had raised this as an option and it was to be considered in the future.
- Members were advised that the provision of support for Canterbury DHB was absorbed within the Taranaki DHB budget with Mrs Kemp advising that volunteers were called for in the first instance and that consideration was then applied as to the appropriateness and impact of staff providing assistance.
- Mrs Clements advised that Oral Health KPI's were established for monitoring the impact of the oral health strategy. These would be clarified in future reports.

654.2 Financial Report for Hospital and Specialist Services for the month ending 31 March 2011.

Mrs Fraser-Chapple took her report as read, inviting any questions:

Discussion

- In response to a query Mr Thomas advised that the framework for Standard Capital replacement was included in the District Annual Plan / Annual with Long-term Capital Investment eg Project Maunga requiring Cabinet approval.

654.3 Mental Health Report for March 2011

Discussion

- Mrs Clements advised that the Communication Plan regarding the free Public Forums on Mental Health education topic was proceeding well and that the next forum was to be held in June.
Members expressed the need for these forums to be well publicised.

654.4 Human Resources

Mr Woolley took his report as read highlighting the following:

- Project Whakapai proceeding well with the recruitment of new graduates.
- The recruitment campaign for Senior Medical Officers has been successful with a number of key appointments made.
- Kiwihealthjobs.com was launched on 28 March 2011. This site provides for vacancies for all DHBs nationally and globally.
The Chair noted and congratulated Mr Woolley for his involvement in this positive national collaborative initiative.
Mr Woolley advised that the early indications for the new website were very positive.
- Mr Woolley referred to the ethnicity data table advising that there remained a small portion of employees who chose not to identify themselves with an ethnicity.
- The average staff turnover for the second quarter was reporting at 9%.

Discussion

- Mr Moeahu questioned whether the 9% turnover was deemed high and was advised that 9% was comparatively good and reflected various factors including:
 - when people took positions within the TDHB they tended to stay
 - people tend to 'come home' to Taranaki and seek stable employment
 - Taranaki was good place to come and train
 - Students have good experience here and come back for post-graduate years
 - Good place for Senior Doctors to live and work – attracted to like minded staff
 - Known for highly committed nursing workforceMr Moeahu further questioned whether an indication of which areas the turnover was occurring may be helpful in considering turnover rates in the future.
Mr Thomas indicated that in previous DHB wide reports some turnover rates had been as high as 20-21% and even then Taranaki has consistently been a good performer in this area.
Dr Doran also added that there were groups of staff eg junior doctors where it was known in advance that there would be an annual turnover of staff as they moved through their professional development.
- Ms Lockett questioned whether there was an association with Venture Taranaki for job/vacancies opportunities. It was noted that opportunities with Venture Taranaki were taken advantage of when they arose, and the nature of the relationship would be clarified further.

- Dr Boheimer sought clarification on the management aspect of the 'ethnicity split by headcount data'. Mr Woolley was to followup.
- Mr Jeffares questioned how best to get the 'good news' stories out in the employment area to provide TDHB with an edge and build a positive reputation. Mr Woolley advised that positive supporting reviews and information was provided in many ways and in every opportunity that was presented.

Ms Tuuta questioned how local people could secure employment and the usefulness of the national job portal for Maori and Pacific Islanders when seeking employment, noting the 6% rate of employment for Maori.

Mr Woolley advised that this rate had been relatively stable and the job portal was only one of a number of recruitment mechanisms. Local advertising and opportunities with Venture Taranaki were still utilised.

Mr Foulkes advised the job portal was not a strategy for increasing Maori capacity and that there were other strategies in place including WRR and Workforce Development opportunities such as scholarships and cadetships that focused on this area of development.

Ms Tuuta noted the placement of Maori Health Contracts on the GETS site and advised that there were local people who needed to be involved in the local delivery of these services.

654.5 Quality and Risk

Mrs Kemp reported on the following points:-

- Ministry of Health had reviewed the Patient Satisfaction Survey and while it was no longer a requirement to submit Taranaki had decided to continue with this as a source of client feedback.

Miss Bourke noted with pleasure the continuation of this report.

- Health & Disability Commissioner Report and Analysis for period 1 July – 31 December 2011 on Complaint involving DHS was received.

While Taranaki had previously been a top performer as there had been three investigations within the reporting timeframe these were reflected as an increase. The concerns regarding the measuring and reporting of complaint numbers had been relayed to HDC.

- An action plan has been put in place regarding the reported four surgical site infections which were identified in the patient survey. These related to caesarian section patients.
- Dr Catt noted that the reduction in the Clostridium Difficile Infection rate.
- Mr Foulkes noted while the rate of complaints reported as 'no further action' seemed high, the number related to action by HDC and often this was because HDC referred complaints back to TDHB as it was considered appropriate action could be, or had already taken place.

Resolution

That the Hospital Advisory Committee note and receive the report of the Acting General Manager Hospital and Specialist Services and attachments.

*Jeffares/Lockett
Carried*

655.0 Next Meeting

The next meeting was scheduled to be held on Tuesday 31 May 2011 in New Plymouth.

655.0 Exclusion of Public

Resolution

That the Hospital Advisory Committee resolve to exclude the public from the remainder of the meeting on the basis of the following matters:

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

*Lockett/Catt
Carried*

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Chairman

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Date