



## **HOSPITAL ADVISORY COMMITTEE**

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

**Tuesday 27 October 2009**

**10.00am**

**Corporate Meeting Room 1**

**Base Hospital**

**David Street**

**New Plymouth**

#### **Present:**

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

#### **In Attendance:**

Joy Farley (General Manager Hospital Services), George Thomas (General Manager Finance & Corporate Services), John Doran (Chief Medical Advisor), Kerry-Ann Adlam (Director of Nursing), Rosemary Clements (Clinical Services Manager), Katherine Fraser-Chapple (Management Accountant), Steve Chapman (Business Manager Hospital Services), Linda Cox (Organisation Development Manager), Sue Carrington (Media Advisor), Pamela Hikuroa (PA to Board)

#### **519.0 Declaration to Open Meeting**

The meeting was opened with a karakia at 10.00am.

The Chairman recorded the recent passing of Dr Robyn Fancourt, who had been a paediatrician at the DHB for many years, and extended condolences to her family.

#### **520.0 Apologies**

Dan Devadhar, Grant Knuckey, John Young (Board members), Nic Boheimer (co-opted member)

Tony Foulkes (Chief Executive), who was attending the CEO meeting in Wellington.

#### Resolution

*That the apologies be sustained.*

*Denness/Nager  
Carried*

#### **521.0 Conflicts of Interest**

No new interests were declared.

The Chairman advised that the Director of Nursing will be attending from approximately 10.30am to give the Nursing Workforce Presentation.

## **522.0 Minutes**

### Resolution

*That subject to the following amendment:*

*Page 3 – Delete ‘accepting one GP per 80,000-100,000 population’  
Replace with ‘accepting one GP per 1,200 – 1,400 population’*

*the Minutes of the Hospital Advisory Committee meeting held on 29 September 2009 be confirmed.*

*Jeffares/Nager  
Carried*

## **523.0 Management Reports**

### 523.1 General Manager Hospital Services

Ms Farley noted that the reports cover the first quarter of the year and highlighted the following:

- Hospital continued to be very busy
- Financial result was in line with budget
- Last month noted surgical acute activity remain high and that has continued with medical acute delivery also being very busy
- Impact of acute activity flowed through into all operations which was highlighted in the scorecard which showed higher casual hours, overtime hours and overtime costs
- Key Performance Indicators – Indicator 3 - acute readmission rates- have move to be significantly above target. This is being investigated as this did not appear to be correct and may be due to new rules applying through the Emergency Department. No operational trends have been observed.

The reports on the various departments were reviewed individually with the main points raised being

#### Financials

Noted that although met budget there were a large number of variances to budget which offset the negative positions.

Discussion took place around the personnel costs which included staff costs involved in the redevelopment project. Noted that these costs would be capitalised. For the first quarter \$86,000 to be capitalised against the project. Noted that revenue for ACC was down. Estimate for ACC revenue based on previous month's expenditure and if have a high month becomes an outlier. Was difficult to estimate exactly what it will be and accruing in the month which occurred.

Ms Farley noted that although met budget for the month the financial pressure facing the provider were still present. The current result was driven around underspends particularly on Herceptin and treatment consumables, with the pressures around outsourced services and FTE numbers remaining. Highlighted that large number of vacancies have been filled with the major

outstanding pressure being in ED. Focus for the staff would continue on reducing costs to ensure achieve budget position.

The first quarter by itself is not a good indication of the trends for the year and the challenges will come in quarter 3 and 4.

Committee members noted the increased travel costs for patients requiring medical attention at other DHBs. Ms Farley advised that the DHB followed the national guidelines.

Hospital Services Operations

Very busy month acutely

O&G Consultant commenced with the DHB on 5 October

Clinical Ambulatory

Electives tracking to plan

Ophthalmology experiencing difficulty maintaining delivery but management plan in place with a new SMO commencing January 2010.

Reviews ongoing. Booking Office and Allied Health reviews moving to implementation phase.

Questions raised regarding the volumes through Hawera ED which remain similar to the past year and a slight decrease for the month particularly in view of comments from the public over the difficulty in obtaining GP appointments. Committee advised that SouthCare had been successful in employing GPs which had had a marked effect on the service available. Ms Farley noted however that it was important for good communications on the improved situation as it was in everyones interest to ensure that people move away from receiving their primary care from ED and go back to the GP practice.

Ms Adlam, Director of Nursing, joined the meeting.

## **524.0 Presentation**

### **524.1 Nursing Workforce**

Lot of work being undertaken nationally around nursing workforce

Reliance on overseas trained nurses

Concern over average age of nurses (46) across the country

Local Strategies –

Return to Nursing programme has been in place for over 2 years and is doing well.

Return to Midwifery Programme – Midwifery Council very supportive of this programme but unfortunately do not have midwives wishing to return to practice. Main reason being that the model has changed with independent practitioners in place and the need to do large parts of the under graduate programme again.

Locally Delivered undergraduate midwifery programme – this is provided locally through Auckland University and going well. Only offered for registered nurses second and third years. Next year will be offered undergraduate programme for people without any other qualifications. Limited to 3 or 4 people.

WITT currently reviewing entire Undergraduate Nursing Curriculum.

Professional Development and Recognition Programme – PDRP

TDHB programme approved by Nursing Council 2.5 years ago.  
Voluntary programme, currently 32% of nurses/midwives from the DHB provider are on programme  
Provide ongoing workshops and individual support for staff to meet programme requirements with links to Whanganui DHB for moderation requirements  
Programme also made available to the primary section at not cost to sector with 69 nurses involved.  
25 Organisations have signed Memorandum of Understanding with the DHB

#### Aged Care Sector

Piloted Nurse Consultant for Aged Care which went extraordinarily well. Permanent funding provided for the position to continue.  
As part of pilot rolled out PDRP for Aged Care Facilities with 65% of nurses joining.  
Linked to that both existing education programme in the hospital and also a lot of work in the Aged Care Sector.  
In 2010 intending to implement Care Guidelines based on Waitemata Standards.

Noted that no funding is received from the Nursing Council or from the Aged Care Sector for providing PDRP

Discussion took place around Nurse Practitioners/Expert Nurses and how they were working in Taranaki. Ms Adlam advised two nurses practitioners working in DHB currently with another two finishing Masters and interested in the Aged Care Sector.  
No set positions for them to move in to but sector changing all the time and where opportunities come up look at different roles within the provider arm.  
Different projects underway at moment, eg community models of care around aged care, and this is potentially an area for advanced practice nurses. Workforce planning is not as easy as it appears on the surface and for Taranaki is further complicated by its size.

The Chairman thanked Ms Adlam for her presentation.

#### **525.0 Management Reports Contd**

The Comments in the Operations Report around ability to reduce number of 'specials' was noted. Ms Clements advised that this was an area of focus in an endeavour to reduce costs but any radical change was unlikely to eventuate until operating in the new facility. Ms Farley also advised that a question which may need to be examined was around relaxing standards and criteria around specialising and what this means in terms of risk management.

#### Mental Health

September very busy month with 38 new clients, previously unknown to the service. This is a significant number in terms of new presentations.  
This matter being reviewed by the Clinical Director of Mental Health.

General discussion took place around ECT and the possibility of providing this service again at Taranaki DHB if number of clients requiring treatment increased and suitably trained staff available. In response to questions from the Committee Dr Doran advised that ECT remained a treatment recognised to be valuable in some specific areas but assured the Committee that best practice guidelines were in place around its use.

#### Hospital Planner

Extensive report provided around projects underway.

Noted advice on Oral Health Strategy roll out which was an exciting piece of work for the DHB.

#### Value for Money

Report taken as read which outlined progress on the various projects underway.

Noted that investigations underway into 'Productive Ward – Releasing Time to Care' which was a natural progression from the Lean Thinking projects.

Work continues on centralised procurement and back office systems.

Good progress being made in all areas.

#### ACC

Report was taken as read.

Noted that changes in ACC would have an effect on the provider arm, eg co-payments for physiotherapy. The DHB had made the decision not to charge a co-payment and would manage referrals through clinical criteria and numbers limited to current levels. The revenue for the DHB from this decision would result in revenue reduction of 20%.

Further discussion took place with Ms Farley advising that the threshold levels for surgery may have to be increased to accommodate increased demand through declined ACC operations..

Committee members noted that it appeared that the actions of ACC would see costs falling on the health sector which had previously been covered by ACC.

The proposed regionalisation approach by ACC could have major implications for the DHB with the suggestion that ACC may require certain surgeries to be undertaken at regional centres. This would have an impact on our specialist staff and the subject will be a matter of further discussion with ACC.

#### HR

Report taken as read and noted.

#### QA/Risk

Ms Kemp took report as read.

Discussion around the patient satisfaction survey with it being noted that the main complaints referred to attitude of staff. Committee advised that variety of customer service training is undertaken but this area was difficult as it involved perception of the individual at the time.

It was noted that in respect to infection control caesarian sections continued to be a problem area. The Committee was informed that a great deal of

improvement had been made but this was an area where the incidence of infection was difficult to eliminate completely.

Resolution

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

*Eagles/Dunlop  
Carried*

**526.0 Other Business**

Reference was made to the recent article in the Daily News concerning an elderly person being discharged from hospital and appropriate care was not in place. Ms Farley gave background information noting that there were a number of factors involved, firstly patients are only discharged if it was safe to do so. In this instance there were interface issues between the Hospital and other agencies which had contributed to the issue. A Funding and Planning project, Project Splice, is currently underway which is looking at how best to provide care for the elderly in the community and chronic disease management from a nursing perspective with one of the outcomes hopefully being a more integrated system. The issue also highlighted the problem which will grow as the population ages and there are more frail and elderly in the community coming in and out of hospital on more regular basis.

Ms Denness thanked Ms Farley and her team for the quarterly reports which provided a more positive outlook on issues facing the DHB and noted that a lot of the projects were now coming fruition. It was also suggested that management may wish to consider ways of allowing for the various reports to be presented without requiring all members of the team to be present for the total meeting.

The Chairman also extended his thanks, on behalf of the Committee, for the reports which gave a very good reflection of the work going on across the whole health sector.

**527.0 Next Meeting**

The next meeting was scheduled to be held on Tuesday 24 November in New Plymouth.

The meeting closed at 12.10pm

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Chairman

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Date