



## **HOSPITAL ADVISORY COMMITTEE**

### **MINUTES – PUBLIC - Unconfirmed**

**Tuesday 29 April 2008**

**10.00am**

**Corporate Meeting Room 1**

**Base Hospital**

**David Street**

**New Plymouth**

#### **Present:**

Peter Catt (Chairman), Kura Denness (Deputy Chairman), Dan Devadhar, Karen Eagles, Grant Knuckey, Jenny Nager, John Young (ex officio) (Board members), Nic Boheimer, Jan Dunlop, Brian Jeffares, Peter Moeahu (co-opted member)

#### **In Attendance:**

Tony Foulkes (Chief Executive), Steve Berendsen (Acting General Manager Hospital Services), George Thomas (General Manager Finance and Corporate Services), John Doran (Chief Medical Advisor), Rashmi Madhan (PA to Chief Executive), Sue Carrington (Communications Advisor), Rosemary Clements (Manager Clinical and Ambulatory Services), Gillian Campbell (Manager Hawera Hospital)

#### **395.0 Declaration to Open Meeting**

The meeting was opened at 10.00am.

The Chairman opened the meeting and warmly welcomed Brian Jeffares and Jan Dunlop once again, and Nic Boheimer and Peter Moeahu as the newly co-opted members to the newly reconstituted Hospital Advisory Committee.

#### **396.0 Apologies**

Grant Knuckey

#### Resolution

*That the apologies be sustained.*

*Jeffares/Denness  
Carried*

### **397.0 Conflicts of Interest**

The following Conflicts of Interest were declared:

J Young - Nil interests to be noted (Fulford Radiology is to be removed)

N Boheimer – Director Critical Care Services Ltd.  
Director Taranaki Anaesthetic Equipment Ltd.  
Director Boheimer Provider Services Ltd.  
Medical Director Eden Sleep

K Denness Director Allied Laundry  
Trustee Te Rau Pani

K Eagles Short term contract with Te Hauora Pouheretanga

B Jeffares Trustee Stratford Health Trust

P Moeahu Tui Ora Trust  
Te Whare Punanga Korero

### **398.0 Presentations**

#### **398.1 Pain Service**

Dr Boheimer advised the meeting that he is one of the Anaesthetists who is involved in this programme and therefore needs to declare a conflict of interest with regards to the service.

Gillian Campbell gave the Committee a presentation on Persistent Pain Management Project which aims to bring together persistent pain services already offered within TDHB clinical services, and expand them to provide assessment and intervention based on best practice guidelines. The project is supported by the Accident Compensation Corporation (ACC) and the Ministry of Social Development (MSD) as well as the DHB.

Persistent Pain Management Services will assess and treat persistent pain patients with an integrated approach.

It is expected that the service will result in better educated patients who can self manage and therefore will be less reliant on medical intervention.

The programme is currently not offered in this format in NZ. Elsewhere this format has been shown to have significantly improved outcomes for patients in a cost effective delivery model

#### Discussion

Full discussion occurred on the service. Dr Boheimer advised that studies abroad have shown very high success rates. It is expected that around 48 people will be involved through the programme.

#### **398.2 Ambulance Service**

Rosemary Clements, Manager Clinical and Ambulatory Services gave an update on the Ambulance Service. Various factors such as Land Transport Safety Regulations, concerns raised regarding both clinical and physical safety of patients and staff resulting from single crewed ambulances, driver safety concerns and an increased demand in service have shown the need for increased staffing. Historically there has been a heavy reliance on volunteers. Currently the number of volunteers is lower than the level required. In order to increase the levels of volunteers the historical once a year recruitment drive has been increased to twice a year. A pro-active phased approach is planned for the double-crewing requirements.

## Discussion

There was a general discussion around the service and the need for increased staffing, costs and service provision to various remote areas in the region.

In response to queries regarding funding of the service the Committee was advised that funding was provided by the Ministry of health.

Committee members suggested that it might be worth looking at a type of ambulance which could be used for non-urgent situations and therefore would not require as much equipment and specialised personnel to run it. Ms Clements advised that each ambulance has to be able to respond to any emergency on the way and therefore needs to be equipped appropriately. A vehicle had, however, been converted to dedicate to non-urgent transfers thus freeing up other vehicles availability.

Discussion took place on the possibility of exploring ways of developing partnerships with large companies who have an interest in the health field to investigate ways of gaining mutually beneficial efficiencies. Ms Clements said that whilst large companies did fund/provide equipment the idea of them employing health personnel has not yet been explored. Management undertook to investigate this option.

Mr Foulkes advised the committee that the emphasis has been towards providing a good core service to the public and if there is a need to provide a service above and beyond that then there may be other ideas, such as the ones being mentioned, which may be explored further.

In response to a question on progress towards correcting the deficiencies of the National Central Calling Centre, as raised in the press, Ms Clements advised that she was in constant touch with them and each incident was separately investigated and learnings and feedback used towards addressing issues with the system.

## **399.0 Minutes**

### Resolution

*That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 26 February 2008 as a true and correct record.*

*Nager/Dunlop  
Carried*

## **400.0 Matters Arising**

Ms Dunlop queried whether **Maternity** (*refer pg 5-6*) covered Stratford as well. The Chairman advised her that it did not.

Ms Denness asked whether there could be an option to “re-fund” with respect to the funding for Maternity (*refer pg 6*) for GP involvement or look at other ways of funding for this option. It was clarified that the funding is directed by the Ministry of Health and Contracts with the Midwives. This is more of a professional issue rather than a monetary one. Where historically GPs were trained and subsidised for obstetric work, this is no longer the case and GPs would need re-training to undertake such work.

## **401.0 Chairman’s Report**

The Chairman reiterated the Board's thanks to the senior medical staff and others for the way they coped with the junior doctor's strike. Especially thanked the public of Taranaki for their forbearance as they were essentially the ones who did not receive their outpatient appointments or had their surgery delayed.

## **402.0 Management Reports**

### **402.1 General Manager Hospital Services**

Mr Berendsen took his report as read and highlighted a few points.

- Overall casemix and non-casemix activity is delivering against production planning.
- Elective Services volumes remain ahead of target. However there will be an impact on these volumes due to industrial action taken by junior doctors. Contingency measures to minimise the effect are underway.
- A sixth Orthopaedic Surgeon has been appointed and is expected to commence work next Monday.
- Whilst the financial deficit remains a challenge, the current forecast shows an improvement of \$500k over the previous month's forecast.
- The IBA Patient Management System upgrade has been deferred slightly owing to several factors: The testing is not yet completed in some of the core areas; Junior doctors strike action has resulted in a delay in staff training and IBA have released another upgrade. The upgrade was scheduled for the beginning of May and has now been deferred for 4 to 6 weeks.
- The Junior doctors strike action on 22 April went off with minimal disruption. Thanks mainly to the Senior Medical Staff and detailed contingency plans. 18 theatre cases and 220 outpatient appointments were postponed due to the strike action. A further Industrial Strike Action notice has been received from the Resident Doctors Association (RDA) for 24 hours commencing 7 a.m. on 7 May. Whilst Taranaki DHB have continued to meet their targets for Elective Surgery volumes since 2006 and maintained funding from the Ministry of Health towards Elective Surgery, further industrial action could put this at risk.

### **Discussion**

Following are the salient points of the discussion:

Ms Clements explained the Ministry of Health ESPI system, that elective surgery performance indicators are measured by a "traffic light system" and so far we are on target to receive an extra 10% by achieving all targets across all types of surgery. However this is only possible if the 'green' status is maintained.

In response to a query on why some elective surgery could not go ahead despite the strikes, Mr Berendsen said that based upon experience there were significant risks from the knock-on availability for acute services.

The Chairman of the District Health Board noted Taranaki DHB was very fortunate in having very positive relations with the medical staff.

Mr Moeahu said that he found the report difficult to follow because of the level of complexity in the technical language used. He also felt that he could not easily understand from the report as to how we are doing with respect to the key performance indicators. Mr Foulkes thanked him for the feedback and

said that there were perhaps two elements to this where one was to look at ways of simplifying the report the other was perhaps a matter of time and familiarity with the terminology and better understanding of the system. Ms Denness offered to act as a mentor for Mr Moeahu or other new members, to help understand some of the complexity.

Ms Nager asked if there was any update on the Hawera ED. Ms Clements advised planning continued for service provision and had nothing further to report on the matter.

#### 402.2 Quarterly Updates

##### QA/Risk Report

Ms Kemp took her report as read and highlighted:

With respect to Certification and Accreditation we need to assess ourselves against five levels of attainment. To maintain accreditation status we will need to achieve MA evaluation or higher in every criteria across the organisation.

We have received positive feedback from the HDC with regard to our complaints process and are currently looking to formalise the process.

The Taranaki DHB Major Incident and Emergency Plan has been reviewed, updated and consulted on and it is expected that the revised draft will be presented for approval to the Board in June.

##### Discussion

Committee members questioned whether the 13 patient complaints with regard to Medical Treatment (1.3, Pg 40) were serious or minor mistakes. Ms Kemp said that they were a range of complaints from a patient perspective with respect to the treatment they had received at Taranaki DHB.

Questions were also raised around the patient satisfaction graph which showed a dip with respect to communication of information. Ms Kemp advised that this is addressed via refresher courses for staff emphasising the need for good communication.

##### HR Quarterly Report

Mr Berendsen took the report as read and open for discussion.

##### Discussion

Clarification was sought regarding systems in place for renewal of annual practicing certificates and registration requirements and management detailed the process.

Discussion took place on requirements for junior doctors who left their training programmes to take on locum positions with respect to obtaining practicing certificates and registration when they re-enter the programmes. The Chief Executive told the committee that this had been discussed with the Chair of the Medical Council at a recent National CEOs meeting along with training, development and future workforce requirements.

In discussion management advised that there was an emphasis on increasing the number of Maori in the workforce to help in achieving better health outcomes. It was suggested that one way of doing this would be to open a

dialogue with other institutions who may be able to help augment the Maori workforce.

Resolution

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

*Denness/Eagles  
Carried*

**403.0 Date of Next Meeting**

The next meeting of the committee is scheduled to be held on Tuesday 27 May in New Plymouth

**404.0 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 7 or section 9 of the Official Information Act 1982, as the case may require which would not be prejudiced by the holding of the whole or relevant part of the proceedings of the meeting in public are as follows:*

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

*Dunlop/Jeffares  
Carried*

The meeting adjourned at 11.15am to reconvene at 11.18am

.....  
Chairman

.....  
Date