



HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 31 March 2009

10.00am

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present:

Peter Catt (Chairman), Karen Eagles, Jenny Nager, John Young (ex officio), Grant Knuckey, (Board members), Jan Dunlop, Brian Jeffares (co-opted members)

In Attendance:

Rosemary Clements (Clinical & Ambulatory Service Manager), Steve Berendsen (Hospital Operations Manager), Sue Carrington (Media Advisor), Pamela Hikuroa (PA to Board)

467.0 Declaration to Open Meeting

The meeting was opened at 10.00am with a karakia.

468.0 Apologies

Kura Denness (attending Allied Laundry Services meeting on behalf of TDHB), Dan Devadhar, (Board members), Nic Boheimer, Peter Moeahu (Co-opted members),

Tony Foulkes (Chief Executive), Joy Farley (General Manager Hospital Services), George Thomas (General Manager Finance & Corporate Services).

469.0 Conflicts of Interest

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

470.0 Minutes

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 24 February 2009 as a true and correct record.

*Nager/Young
Carried*

471.1 Arising From Minutes

Ms Nager queried the application of the announced Government bonding system for health professionals, with the Committee being advised that as previously advised Taranaki DHB was not included in the first year's operation of the scheme.

472.0 Management Reports

472.1 General Manager Hospital Services

The report was taken as read with the following points highlighted:

- Deficit remained unfavourable to budget by \$2.4m
- Case Mix activity 3% above contract
- Additional electives 8% above year to date
- Elective services slightly ahead apart from gynaecology, which currently undertaking recruitment process.
- Caution remains over tertiary/IDF delivered services such as Cardio Thoracic, where delivery remains below contract. Investigation into this issue has been expanded to include whole of Midland area which Waikato DHB having a dedicated team working to look at delivery from a regional perspective. Report expected in three months time.
- Acute Services quieter through February
- Non-Case mix activity tracking to budget but has been a challenge to meet ESPI2 – outpatient wait times. IT upgrade has interfered with the data but believe that this situation has now been remedied.
- Maternity still busy
- Emergency department over both sites remained busy during February
- Revenue tracking above budget, but ACC remains challenge
- Personnel costs under budget last month
- Out sourced services lower last month reflection of withdrawal of elective general surgery from Southern Cross for additional delivery which has dropped outsourced services closer to budget.
- Mental health services – psychiatry recruitment going well awaiting Medical Council registration to confirm start dates.
- Facility Update – going well project director has been on site and talking with staff and has reviewed business case for phase 1.
- Renal services – Interim plan for short to medium term in place with Middlemore and Waikato assisting us. Waikato to assist with acute renal services and the Middlemore renal physician to visit once per week.
- Also advertising for a renal physician.
- O&G still trying to recruit. Negotiations on-going some optimism may be able to recruit in the medium term.
- Dental – notification received from Ministry that funding had been approved for the Oral Health Services Business Case. The project would now proceed with the first fixed clinic and mobiles.

Discussion

Discussion took place around the interim arrangements for renal services with the Committee being advised that the system was robust and was similar to the system previously in place prior to the employment of a renal physician.

General discussion took place around the Hawera Hospital Dental chair, with it being noted that this was a secondary service. Ms Clements advised that at this stage no decisions had been made regarding any changes and in fact no decisions had been made on the fixed clinics sites.

Questions were raised on whether the increase in births would have an impact on paediatrics. Mr Berendsen advised that no issues had been raised at this stage but it is factored into future planning.

Discussion took place around the association with the various DHBs for tertiary services and whether we receive value for money.

Management assured the committee that value for money was achieved and in fact excellent service was received by dealing with the various DHBs for the specific services. In many cases the service able to be provided to Taranaki people was improved by being in a position to obtain services from different DHBs. Work was progressing on regionalising services and in the future this would no doubt occur and there would also be improvements in technology and communication which would assist in providing services to the people in Taranaki.

Resolution

That the Hospital Advisory Committee note and receive the report.

*Eagles/Nager
Carried*

473.0 Next Meeting

The next meeting was scheduled to be held on Tuesday 28 April in New Plymouth.

474.0 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 section 7 or section 9 of the Official Information Act 1982, as the case may require which would 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.*
- 2. To present report Second Update: Implications for Hospital Service Following Preliminary Funding Advice 09/10 in that the public conduct of the meeting would be likely to result in the disclosure of information where the withholding of the information is necessary to:*

- (g) *enable the DHB, Board or Board Committee holding the information to carry out, without prejudice or disadvantage, commercial activities*
- (h) *enable the DHB, Board or Board Committee holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).*

*Nager/Knuckey
Carried*

The meeting adjourned at 10.35am to reconvene at 10.50am

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Chairman

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Date