



HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 4 August 2011

10am

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present:

Ella Borrows (Chair), Kura Denness, Karen Eagles, Flora Gilkison, Brian Jeffares, Pauline Lockett, Alison Rumball (Board Members), Peter Moeahu (Co opted member), Mary Bourke and Peter Catt (ex-officio)

In Attendance:

Tony Foulkes (Chief Executive), George Thomas (General Manager Finance & Corporate Services), Rosemary Clements (General Manager Hospital and Specialist Services), Anne Kemp (Quality & Risk Manager), Gavin Woolley (General Manager Human Resources), Ramon Tito (Kaumatua), Jenny McLennan (PA to Chief Executive)

Dr Greg Stevens (ED HOD) and Grant Cameron (ED Clinical Nurse Specialist)

671.0 Declaration to Open Meeting

The meeting was declared open with a karakia at 10am.

672.0 Apologies

Resolution

That the apologies from Alex Ballantyne and Colleen Tuuta be received.

Catt/Eagles
Carried

673.0 Conflict of Interest

The Register was circulated for signing with no new interests declared.

674.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 28 June 2011.

Catt/Denness

674.1 Matters Arising

674.2 Smokefree Target

Mrs Eagles reiterated to the committee that the Smokefree target referred to hospital based patients and not primary care.

675.0 Management Reports

675.1 General Manager Hospital & Specialist Services Report

The General Manager Hospital & Specialist Services took the report has read noting the following:

- Pre-audit financial results were better than budget.
- Surgical FSA over delivered by 7%, which was 1% (87) less than last year.
- Medical FSA finished at 17% under plan with General Medicine , which was 12 % less than last year.
Medical department now back to a full compliment of physicians which would ensure delivery of contracted volumes for new financial year.
- Minister of Health attending Celebration of Commencement of Construction 30 August 2011.
- Oral Health strategy continues to be implemented with five of the six fixed sites open, mobile operating in South Taranaki, second mobile unit delivery imminent and planning for South Taranaki continuing.
- Operating theatre productivity tight with some procedures performed off site.
- Stochastic simulation (prioritised queuing theory) planning of the Project Maunga theatre suites continues.
- Dannevirke and Waipukurau health facilities visited to assist in planning for delivery of health services to rural populations.
- A summary of year end activities was noted.

Discussion

- Mr Moeahu advised of amendments to the Conflict of Interest Register and questioned some omissions that required attention. Mr Moeahu would advise Mrs McLennan
- Mr Moeahu expressed concern regarding the current public relations situation in South Taranaki.
- Mrs Rumball noted the introduction of a threshold for general and minor orthopaedic surgery and questioned, along with other members the impact this would have on patient access, waiting list management and throughput.

Mrs Clements advised there must be a match between capacity and resource adding that there were other options available to patients such as access through a Community Trust and private treatment.

The up-skilling of GP's was also noted as an alternative pathway and was noted as an example of issues for discussion through the GP Liaison group.

Ms Bourke noted the ongoing over delivery of contracted volumes.

Mrs Clements added that Mr Kevin Taylor had under a number of pro-bono cataract surgical procedure. The Committee applauded this gesture and it was requested that a letter of thanks be forwarded to Mr Taylor on behalf of the Board.

Ms Bourke referred to the standardised intervention rate and questioned its application, noting that a 'one size fits all' was not necessarily suited to the Taranaki casemix and associated funding.

Ms Bourke also noted that the ACC Non Acute Rehabilitation contract or Community Nursing Contract remained unsigned while a national pricing exercise was underway. Ms Clements advised that this was in direct response to concerns identified through the ACC renegotiation process and was being lead nationally by Waikato COO.

- Ms Denness questioned the undelivery of oncology services and was advised that the results reflected demand was less than anticipated.
- Mrs Eagles requested data regarding Rheumatic Fever, noting that incidence of the fever was recognised as a reflection of poverty status.
- 'Latch on day' was to be celebrated the following day with activities planned.
- Mrs Eagles referred to the Perinatal Death publication and questioned whether Taranaki DHB has contributed to this. Mrs Kemp advised that cases from all DHBs contributed to such publications which were discussed locally and then nationally with learnings taken from the findings.
- Mr Moeahu questioned whether the ED data reported was available publically. Mrs Clements advised that all data associated with the South Taranaki project was available on the internet.

Mr Moeahu referred to the public relations situation regarding South Taranaki noting the importance of South Taranaki people needing to understand the intent of the DHB. Mr Moeahu noted that concerns had been expressed by local MP's, Iwi and Mayor.

While Mr Moeahu applauded the efforts and professional approach by DHB management in South Taranaki it was suggested that restructuring of committee agenda's could be considered to provide more opportunities be discussion at a strategic level and that this discussion be considered separately to operational issues.

The need to ensure that the community clearly understood that the intention of the DHB to improve the service was noted as vital.

Ms Bourke noted that the need to, and how to talk to the community was well raised by Mr Moeahu and that undoubtedly there would be learnings from the process that had been undertaken.

Mr Moeahu questioned whether DHB management were best used in the consultation process. Dr Catt noted the need to ensure good communications with the community during any consultation process.

Mrs Rumball highly commended Mrs Boardman on the presentations made during the South Taranaki consultation forums during what was at times a provocative environment.

Mrs Eagles supported comments made by Mrs Rumball adding that regular public forums could assist in increasing public awareness and knowledge of DHB activities.

Ms Lockett support Mr Moeahu's comments regarding agenda structure noting that reports should focus on KPI's against the Annual Report.

- Mrs Rumball referred to Project Splice and whether GP's were kept informed of the projects development. Mr Foulkes advised that Project Splice interaction between both the DHB and PHO's, with Dr Catt adding that it had recently been discussed at a local GP forum.
Mrs Eagles advised that at a recent Age Concern meeting a presentation by Ms Channa Perry, Portfolio Manager it had been noted that recruitment for the Projects Care Managers had commenced and that development of the IFHC centres was awaited.
- Ms Bourke noted that it was anticipated that the Oral Health Fixed Facility for South Taranaki would now be decided upon in the 2011/12 financial year. Ms Bourke was advised that there no costs were incurred by schools for having the mobile services on site eg. Concrete landing pads.
- Ms Bourke advised that a visit to the Community Primary Health Care Centres in Dannevirke and Waipukurau by Board Members as part of the Alive with Opportunities Project could be considered.

675.2 Financial Report for Hospital and Specialist Services

Mr Thomas took the report as read highlighting the following:

- Financial results better than budget.
- Financial deficit of close to \$8m noted.
- Significant change still required to ensure challenges of deficit forecast are managed.
- Personnel cost result encouraging with recent financial results.
- Clinical costs online with plan.
- Overall budget has been met.

Discussion

- Mr Moeahu questioned whether the financial impact of Project Maunga, as a fundamental change would assist in decreasing expenditure moving forward.

Mr Thomas advised that the Project would provide opportunities for increased efficiencies but that the additional costs of the project would be significant in year 2 and 3 of the project, noting that sound grounding in preparation of this was necessary.

- Ms Lockett noted that personnel costs were online with budget. It was noted that the impact of exiting Ambulance Services had been adjusted in budget forecasts.

Trend scenarios in demand driven specialities such as specialising in mental health was noted.

Mr Thomas referred to the trends illustrated in the Project Whakapai KPI report noting the progress of positive performance of budget against actual.

- It was noted that the 5% depreciation entry was reflected as an accounting book entry rather than an actual cash transaction. Capital expenditure on investment was entered in the budget as interest.
- Ms Lockett referred to the TDHB FTE Distribution pie chart and the 27% comprising of Support – 7%, Management and Administration (clerical) –

8%, Management and Administration (clinical) – 11% and Planning & Funding – 1%.

Mr Thomas advised that the categories were determined by the Ministry, noting that each included various personnel groups including Medical Records, Orderlies, Cleaners as well as health professionals such as physiotherapy and OT.

It was noted that clinical staff the had components of management and 'hands on' in their position profile were also included in management categories.

- Mr Moeahu noted the potential for the deficit not to improve within the required three year period, referring that it may be necessary for a political decision to assist in the strategic focus and direction for both the Ministry, the DHB and the community.

Mr Foulkes noted Mr Moeahu's concerns and confirmed that the Annual Plan had received Ministerial approval which took into account the concerns that had been raised.

Mrs Clements advised that changes within the organisation's structure would enhance clinical involvement in management future planning issues.

- Ms Denness noted the positive FTE and budget results, indicating that while results were good the positive trend had not always been apparent. Ms Denness stressed the importance of clear financial advice to ensure the Board was kept fully informed.

Ms Denness referred to the deficit financial management noting that funds transferred between the funder and the provider arm could have equally moved into non-hospital services providing more opportunities for the whole of the sector.

Mr Foulkes noted and took comments into consideration, assuring members that nothing was hidden and all trends had been reported with transparency. While the deficit was technically small in percentage terms, Mr Foulkes advised that sensitive management of expenditure reduction was always necessary, adding that the desire to further invest in non-hospital services had been acknowledged, whilst noting the increased investment in primary care over recent years.

- It was noted that Mr Thomas would provided additional information regarding Outsourced Personnel numbers to Ms Lockett as clarification.
- Both Ms Denness and Mr Moeahu noted positive feedback from family and the community on recent hospital visits.

Mrs Clements introduced Dr Greg Stevens – ED HOD and Mr Grant Cameron – ED Clinical Nurse Manager who gave a presentation on ED Services. An apology from Ms Nicola Tanner – Clinical Nurse Manager, Hawera Hospital was noted.

Emergency Department - Presentation

- Emergency Departments
 - What are we waiting for?
- What do we do?
 - We provide the staff, tools and environment to assess and manage all Emergent and Urgent health needs.

- What else do we do?
 - Provide an environment for the assessment of patients referred from the community.
 - Provide after hours cares for urgent problems that would normally access primary care.
- What goes on?
 - Nursing prioritises patients
 - Emergency Medicine / Nursing assessment
 - Other Inpatient team / ED Nursing assessment
 - Investigations and diagnostics
 - Admission processes for admission to wards
 - Holding patients until wards are ready to receive them.
- The trend of our presentations
- All presentations to ED 2005 – 2011
- We can predict flows
- The trend of our presentations
- What have we done that has helped?
 - Recruitment of Senior Emergency Medicine staff with specialist training.
 - Increase SHOs in 2009
 - Refinement in nursing processes and allocation
- What have we done that has helped?
 - EM chest pain assessment and Thrombolysis
 - Outpatient cellulitis
 - DVT assessment and acute management
 - Procedural sedation in ED
- Things that might help
 - Reduction of duplication in assessment
 - Streaming of patients
 - Specialist service dedicating appropriate resource to see patients waiting in ED
 - Earlier discharge time from wards
- Minor Injury / Illness streaming
- Admission times to wards
- Care Pathways
 - Stroke
 - Neck of Femur
 - Immunocompromised Patients
 - Mental Health

Discussion

- Triage 3 not seen has quick as would like to.
- Patients are advised that, if appropriate they would be seen in the morning if they present late at night.

Mr Moeahu left the meeting at 11.27am

- 6 hour waiting time target was a request from ED Specialist to the Minister.
- Challenge is the cooperation required within the hospital to ensure adequate patient flow and movement.
- Positive impact of visits to Rest Homes by specialities in reducing presentations and well as regular visits by GPs.
- Provision of resources to provide opportunities for urgent assessment of potential patients in the rest home rather than in ED would be beneficial.
- The need to even present to ED when referred by a GP was questioned. The variables in referring personnel meant ED presentation in the first instance provided efficiencies required.
- Aim is to get patient seen by most senior person available.
- Clinical Nurse Specialist on-site to manage minor injuries and illness.
- Development of Pathway underway to ensure best practice flow on patients into wards.
Not just an ED issues – is a organisational issue.
- Well established Disaster Management Plan in place.
- On average wait time is 1 hour.
- Complaints on service provision significantly reduce over recent years.

The Chair thanked Dr Stevens and Mr Cameron for their presentation.

Resolution

That the Hospital Advisory Committee note and received the reports of the General Manager Hospital Services and attachments.

*Catt/Borrows
Carried*

675.3 Human Resources & Organisational Development Report

Mr Woolley took the report as read noting the following:

- Ms Denness referred to the age profile of current surgical services personnel and noted that pragmatic. Planning should be considered for future personnel management.
- Mr Woolley advised that there were a number of training requirement streams that were addressed through Health Workforce NZ, WRR, Graduate Training Programme and advanced Nursing Programmes.
- The opportunities for the positive professional development of Nurse Practitioners in the various specialities was noted

675.4 Quality & Risk Report

Mrs Kemp took the report as read highlighting the following:

- Emergency Response development continues with purchase of a WebEOC information system by the Ministry of Health, Civil Defence and Foreign Affairs and Trade. Training to be in place on a limited version in advance of the Rugby World Cup
- Work Anon partnership with ACC programme performing well with a decrease in workplace injuries.
- Decrease of Clostridium Difficile Infections and the followup of all reported cases was noted.

- Ms Denness advised that Allied Laundry had recently considered the continued provision of laundry during an emergency situation.

Resolution

That the Hospital Advisory Committee receive and note the Management Reports and attachments.

*Borrows/Eagles
Carried*

676.0 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*

*Catt/Denness
Carried*

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Chairman

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Date