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Committee Members:
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K Eagles (Committee Deputy Chair)
F Gilkison
R Handley
T A Hohaia
P Lockett
K Nielsen (Committee Chair)
U Ritai
A Rumball
A Tamati
S Webb

Management:
Chief Executive
General Manager Finance / Commercial
Chief Operating Officer & Chief Nursing Advisor Hospital Services
General Manager Planning & Funding & Population Health
Chief Advisor Maori Health
Chief Medical Advisor
Quality Risk Manager
Management Accountant
PA to Board

Advisors:
C Gates-Thompson, Media Advisor
P Franklin, Legal Advisor
P Mayes, Relationship Manager, MoH

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TARANAKI DISTRICT HEALTH BOARD

AGENDA

HOSPITAL ADVISORY COMMITTEE

ORDINARY MEETING

OPEN

Thursday 17 December 2015
1pm

Corporate Meeting Room 1
Base Hospital
David Street
New Plymouth

Public:
Tui Ora Limited
Midlands Health Network
Relationship Manager, MoH
HealthCare Providers
Te Whare Punanga Korero (7)
Dr Keith Blayney
J Nager
Agnes Lehrke, Grey Power

Public Libraries –

- New Plymouth
- Hawera
- Stratford
- Opunake
- Patea
- Manaia
- Kaponga
- Waverley
- Oakura
- Waitara
- Bell Block
- Inglewood
- Eltham

Media –

- Daily News
- Newstalk ZB
- Hawera Star
- Midweek
- Opunake &Coastal News
- Stratford Press
- TV One News

Health Centres –

- Stratford
- Patea
- Opunake
- Mokau

Base Hospital Library
Hawera Hospital Library
Corporate Reception

HOSPITAL ADVISORY COMMITTEE

MEETING AGENDA

Thursday 17 December 2015
1 pm
Corporate Meeting Room 1, Base Hospital
David Street
New Plymouth

		Action
1.	**Apologies**	For noting
2.	**Interest Register & Conflicts of Interest** • Members to verbally advise all changes to the interest register, and amend the register circulated; and • Members need to advise the Chair of any conflict with any matter that is part of the agenda papers.	Members to advise Chair
3.	**Public Comment**	Verbal
4.	**Chair's Report**	Verbal
5.	**Attendance Schedule**	Verbal
6.	**Minutes** 6.1 Minutes of meeting held 26 November 2015 *Resolution* *That the Hospital Advisory Committee receives and notes the minutes of the meeting held* 26 November *2015 as a true and accurate record.* 6.2 Matters Arising	Resolution
7.	**Presentation – Work Wellness** Charles Hunt – HR Manager	
8.	**Management Report** Hospital & Specialist Services Monthly Report *Resolution* *That the Hospital Advisory Committee receives and notes the report of the Chief Operating Officer.*	Resolution
9.	**Date of Next Meeting** 25 February 2016 – New Plymouth	For noting

Attendance Records 2015 - 2016
TDHB Hospital Advisory Committee Meetings

Date	30/07/2015	27/08/2015	24/09/2015	29/10/2015	26/11/2015	17/12/2015	00/00/2016	00/00/2016	00/00/2016	00/00/2016	00/00/2016	TOTAL
Board												
Pauline Lockett	✓	✓	✓	A	✓							
Sally Webb	A	✓	✓	✓	✓							
Alex Ballantyne	✓	✓	✓	✓	✓							
Karen Eagles - Deputy Chair	A	A	✓	A	✓							
Flora Gilkison	✓	✓	✓	✓	✓							
Richard Handley	✓	✓	✓	✓	✓							
Te Aroha Hohaia	✓	✓	✓	✓	✓							
Kevin Nielsen - Chair	✓	✓	✓	✓	A							
TeUrumairangi Ritai	✓	✓	✓	✓	✓							
Alison Rumball	✓	✓	✓	A	✓							
Aroaro Tamati	✓	A	✓	✓	✓							

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent

TARANAKI DISTRICT HEALTH BOARD

MINUTES OPEN (unconfirmed)
HOSPITAL ADVISORY COMMITTEE

26 November 2015
1pm
Corporate Meeting Room 1
Base Hospital David Street
New Plymouth

Present:
Karen Eagles (Chair), Alex Ballantyne, Flora Gilkison, Richard Handley, Te Aroha Hohaia, Pauline Lockett, TeUrumairangi Ritai, Aroaro Tamati, Sally Webb

In Attendance:
George Thomas (General Manager Finance & Corporate Services), Ngawai Henare (Chief Advisor Maori Health), Greg Simmons (Chief Medical Advisor), Gillian Campbell (Acting Chief Operating Officer), Becky Jenkins (General Manager Planning & Funding), Anne Kemp (Quality & Risk Manager), Simon Barrett (Group Financial Manager), Katherine Fraser-Chapple (Financial Accountant), Cressida Gates-Thompson (Communications Advisor), Matua Ramon Tito (Kaumatua), Jenny McLennan (PA to CEO)

Leigh Cleland – Clinical Services Manager, Maternity and Child Health
Dr John Doran – HOD Paediatrics

924.0 Opening of Meeting
Mrs Eagles welcomed those in attendance and declared the meeting open.

925.0 Presentation – Paediatric Service – Heading to an Integrated Service
Mrs Eagles introduced the presenters and asked them to commence their presentation:

Paediatric Service - **Heading to an Integrated Service**

- Paediatric Services Overview
    - Ward 2B
    - Paediatric Assessment Unit (PAU) / Outpatients
    - Child & Adolescent Community Centre (CACC) – including developmental teams
    - CAMHS
    - Sexual Health
    - Public Health Nurses
- Vision for Paediatrics
    - To provide safe, equitable and patient focused paediatric services, within Ministry of Health guideline and as close to the community as possible.

- **Paediatric Integration Objective**
  - To provide as much care as we are able to, as close as possible to the child's home and/or in Primary Care.

- What is Community, Primary Care
  - GP
  - School health clinics
  - CACC
  - Family home
  - NGO/Well Child Care eg Tui Ora, Plunket
  - Community Mental Health Services
- Our Aim
  - ↑ Support not less care
  - Fewer patients in the ward
  - ↓ Length of stay
  - ↓ Visits to CACC
  - ↑ Home visits
  - ↑ Discharge rates from CACC
  - ↑ Care by Primary care
  - Focus on inequity
  - Vulnerable families
  - Maori
- Progress to Date
  - Just starting
  - Links into wider integration picture
  - Phone clinics
  - Introduction of CACC / Community Nurse
  - Patient care co-ordination/Nurse-led clinics
  - Virtual clinics link with Map of Medicine
  - Move of clinics to CACC and primary care
- How?
  - Co-ordination of care for families:
    - redirect to Primary Care
    - shared care with Paediatrician and primary care
  - Increase services in CACC
  - IT (N-CHIP, Map of Medicine)
  - Collaboration with primary care

<u>Discussion</u>

- It was noted that NNU and Child & Adolescent Mental Health Services were not included within the presentation.
- Referrals to Community Primary Care are initiated from various services such as maternity services and the Paediatric Ward.
- Dr Doran advised that regular liaison meetings are held where patients/families are discussed and 'at risk' clients are discussed.
  It was noted that while there was a Memorandum of Understanding with Police, the initial identification of 'at risk' families was imperative.

Mrs Webb and Ms Lockett joined the meeting.

Mrs Cleland advised that there integration of the service was in its infancy and development of a more community focused service was an important part of service development.

Ms Lockett thanked the presenters and apologised for the late arrival to the meeting.

926.0 Apology
The apologies formally received at the previous meeting from Kevin Nielsen, Rosemary Clements and Tony Foulkes were received and noted.

927.0 Conflict of Interest
Members were asked to verbally advise all changes to the interest register and amend the register circulated; and members to advise the Chair of any conflict with any matter that is part of the agenda papers. No new interests were declared.

928.0 Attendance Schedule
The attendance schedule was received and noted.

929.0 Minutes of Previous Meeting
Resolution
That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 29 October 2015 as a true and correct record.

Webb/Handley
Carried

00.0 Management Reports
Mrs Campbell took her report as read highlighting the following:

- Excellent results achieved in the ED shorter Stay and Faster Cancer Treatment targets. Both targets are challenging as they go across multiple services.
- Financial result for year to date was a deficit of $5.81M, $930K higher than the budget of $4.88M. Results influenced by personnel costs and supply costs higher than budget.
- Focus on ensuring patients in early stages of cancer a getting appropriate care and support when needed.
- MRI scan target remain problematic with work continuing to improve service. The acute demand and complexity of some scans impacts directly of throughput.
- Temporary manager appointed as Hawera Hospital Manager while permanent recruitment continues.

Discussion

- Mr Handley referred to the large amount of information presented to the committee.
  Mrs Campbell advised that the report did provide accountability for the respective services and units.
- Mrs Campbell advised that learnings from the set-up and management of the Opunake Medical Centre would be applied to services delivered from the Stratford Health Centre.
- It was noted that the Mental Health Service building project was now in the design phase and had gone out to tender.

- Cover of a geriatrician position for annual leave purposes and the need to recruit a replacement geriatrician had proved difficult for the service, with the team 'pulling together to ensure continuity of care for patients.

Resolution
That the Hospital Advisory Committee receives note the report of the Chief Operating Officer.

Rumball/Webb
Carried

930.0 Next Meeting
17 December 2015 in New Plymouth.

The meeting concluded at 1.50pm

…… ……
Chairman Date

TDHB Hospital Advisory Committee Task List as at 26 November 2015						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
~~44~~	~~29 October 2015~~ ~~**Transfer from Board Closed**~~	~~**Radiology Services**~~	~~WIP~~	~~COO~~	~~December meeting~~	~~Bi-monthly updates – First update due December 2015 in HAC~~
~~43~~	~~26 November 2015~~	~~**H&SS Departmental Quality Programme Update** – Maternity, ED and Mental Health~~	~~WIP~~	~~COO~~	~~Future HACC~~	~~Transfer to HACC~~
42	24 September 2015	**Chronic Disease Group** – Plan for preventing presentation/admission	WIP	COO (HAC)	February/March	Presentation to HAC on plan. **NB Transferred to HAC task list**
41	27 August 2015	**Mental Health Community Services –** expansion of services into the community	To be prepared for future meeting	COO	Tbc	Update on previous presentation
40	30 June 2015	**Influenza Vaccine Programme 2016**	WIP	Q&R Manager	By March 2016	

TO Hospital Advisory Committee

TARANAKI DISTRICT HEALTH BOARD

FROM Gillian Campbell
Acting Chief Operating Officer

MEMORANDUM

DATE 11 December 2015

SUBJECT Hospital and Specialist Services Report for November 2015

Recommendation:
That the Hospital Advisory Committee receive and note the Hospital and Specialist Services monthly report.

Please find attached the Hospital and Specialist Services monthly report for November 2015 providing an overview of Hospital activity. This gives details of progress against District Annual Plan initiatives, Health Targets, financial results and activity for the month.

Gillian Campbell
ACTING CHIEF OPERATING OFFICER

Hospital and Specialist Services Monthly Report – November 2015

Contents

Provider Overview – Gillian Campbell

1. Overview

Please find the report for November 2015 providing the Hospital Advisory Committee with an overview of hospital activity.

Overall health targets have continued to meet or exceed target with excellent results again this month in the Emergency Department Shorter Stay and Faster Cancer Treatment targets, which have historically proved challenging. The ongoing achievement in these targets is ensuring enhanced pathways of care. The surgical ESPI targets continue to prove challenging but with close management continue to be achieved.

The year to date financial result is a deficit of $7.43M, $1.13M higher than the budget of $6.30M. This has been influenced by personnel costs and supply costs higher than budget.

1.2 Key Achievements

- FCT target has again shown a good result for November with the 62 day target achieving 90%. This is an excellent result ensuring timely services for patients referred with a high suspicion of cancer.
- The Psychologist and Social Work positions funded as part of the MOH FCT initiative have commenced in their roles. Their integration into the FCT team is underway. An initial meeting with the regional Psychosocial Lead confirms TDHB is progressing well in the development of this service, ensuring enhanced support for patients referred with a high suspicion of cancer and requiring further psychosocial support.
- The ED shorter stays target has been achieved again in November with an overall result of 97% and Base Hospital ED achieved the 95% target
- The ED Acute Demand project is continuing, including initiatives of GP Redirection, primary options, frequent flyers and communication strategy. An updated communication strategy is being launched prior to Christmas encouraging patients to plan their healthcare needs over the holiday period.
- There has been an increase in day of surgical cases. This has been progressed as part of a MOH funded project that has reviewed our current system. The completion of electronic discharge summaries is now undertaken at time of discharge for these patients. This ensures that General Practitioners are well informed of patients who have their surgery as day case and reduces risk in this patient cohort.
- Length of Stay in the medical ward continues to be evaluated and strategies to reduce the length of stay developed and progressed. The length of stay for November has improved (medical patients) at 4.15 days, 2015/16 YTD LOS averages 4.33 days.
- Fulford Radiology have exceeded the 90% target for CT for two months in a row now, achieving the same result of last month of 93%.
- Recruitment into the hard to staff Maternity and Oral Health services has been successful with both services fully recruited and new staff commencing January/February 2016.
- Ongoing planning is underway for a pilot around Enhanced Home Based Support Services (HBSS). This project is to support people to return to their own home with intensive, short term support packages post hospital discharge. The aim is for people who may otherwise be admitted to an Aged Care Facility to return to a level of independence at home which allows them to manage with a more standard home based support service package. Omahanui Home Care will be the initial provider for the pilot and TDHB intermediate care service to provide any therapy requirements. Pilot to commence January 2016.

1.3 Key Issues/Initiatives identified in coming months

- The transition to a 100% TDHB owned Fulford Radiology service is progressing and on target for 8 January 2016 handover date. The priority is ensuring a seamless clinical service transition in the first instance. A clinical governance structure is being developed with representation across clinical specialties. The FRSL staff are working in an open and supportive manner ensuring operational planning is optimised. We are confident that patients will continue to receive a quality uninterrupted radiology service throughout this transition period.
- The 80% target for MRI scans within 42 days continues to not be met. The result for November is 35%, which is back to previous levels after a declined result in October. The plan for a private community based MRI in 2016 will enable increased throughput of DHB acute and elective patients once commissioned. Capacity of the single scanner is a significant limiting factor to achieving this target.
- There has been significant pressure on surgical waitlists prior to the Christmas period, however most patients are scheduled. There has been an influx of cancer patients in recent weeks and many of these patients will need to be scheduled through the Christmas reduced elective surgery period.
- Urgent and semi urgent colonoscopy waiting times have been maintained, however surveillance has gone slightly below the target. This will continue to be a problem through the Christmas period.
- Maintaining the 4 month wait times for both First Specialist Assessment (FSA) and elective surgery will continue to be challenging into 2016. Planning to manage timeframes around the Christmas Holiday period has been complex.
- National Patient Flow phase 3 requirements are beginning to emerge and there will be some challenges to overcome.
- Our Door to Angiogram rate has been disappointing for November. This is now the fifth consecutive month where TDHB has not achieved the 72 hour target. Further investigation into the reason for a decrease in performance is occurring. This review is looking at both TDHB timelines and processes, and also Waikato DHB systems.
- The construction company for the new Angiography Suite has been confirmed. Due to timing issues with Christmas, and some equipment sourcing, completion date is now set for June 2016.
- Smoking Target: the continuing change in practice has ensured that we have continued to meet the MOH target of 95% and are no longer required to report on this target monthly.
- Allied Health recruitment continues to be challenging across the professional groups of Pharmacy, Occupational Therapy and Physiotherapy. All these services have a more junior workforce than previous and are working to ensure a sound supervision programme is in place.
- Wellness Recovery Action Plan (WRAP) / Health Passport project (Mental Health services): This piece of work led by our Family and Consumer Advisor is progressing. Working in partnership with the Injury Safe Coordinator, funding has been secured from the Health Promotion Agency for $5,000. This funding will be used to print the plans that will issued to people that need them.
- Stratford Health Centre Project is continuing. The project lead is from Midlands Health Network and project assistance from TDHB - a report is due at the end of 2015. The key focus of this project is to understand how we best utilise the Health Centre facility and locate and deliver services for the Stratford community.

- IT initiatives are in progress, including: planning for the implementation of an Electronic Whiteboard in Maternity and ongoing progression for the use of mobile devices for Public Health Nurses.
- E-referral Project has been commenced (internal and external), which will ensure all referrals are captured and actioned appropriately. This project is as a result of recommendations made following review into identified process issues.
- Planning continues for the use of telemedicine in Hawera within the Mental Health service. First clinic using telemedicine is planned for early January 2016. The Consumer and Family Advisor has been involved in the planning from the outset and will assist in providing a follow-up survey post individual appointments.
- IANZ Accreditation for the laboratory took place in the first week in November. We have two "Corrective Action Required" (CAR). The first relates to Accommodation and Environmental conditions at the Base Hospital laboratory and the second CAR is around report content and this requires input from Canterbury Health Laboratories as we partner with them in the IT product that is being used.
- The background work to develop a Knowledge, Information and Accountability framework is underway. This work is aimed at ensuring staff have the direction and capability to deliver their roles in the most accurate and productive manner. All staff will have a clear purpose for their role, understand where their role fits in the ultimate goal of delivering quality services to our patients, are supported to increase their knowledge base to deliver their role and achieve the key indicators that shows they are meeting the purpose of their role within the Hospital Services KPIs.
- A group has been meeting to look at how we can improve engagement across Hospital and Specialist services. The launch of the new intranet has given some increased capability from an IT perspective and this is being supported by a strategy to improve overall engagement with all hospital staff.

1.4 Quality risk monitoring

- Child Maternal Health Quality Risk Programme

  The Child Maternal Health service have a number of activities to ensure quality of service is maintained and risk minimised. These activities are overseen by the Maternity Quality and Safety Group. This group monitor and manage standards of care to ensue they are of a high quality. They are responsible for overseeing regional and local activities, including: the national maternity standards, service specifications and newborn hearing. They also review adverse event themes, clinical indicator reviews, complaint themes, quality improvements and identify any current or emerging clinical risk.

  The group audit priorities, schedule and review audit outcomes, endorse and monitor audit recommendations. Membership on this group includes clinical, management, Maori Health, Planning and Funding, and Consumer Representatives. Reporting is to the Clinical Board.

2. Financial Performance

2.1 Statement of Financial Performance TDHB Provider Arm

$000	Month Actual	Month Budget	Month Variance	% Var		YTD Actual	YTD Budget	YTD Variance	% Var		Annual Budget
1 Revenue	(15,476)	(14,878)	(597)	4%	F	(76,554)	(76,202)	(353)	0%	F	(182,133)
2 Personnel Costs	10,526	9,229	1,297	14%	U	49,283	47,211	2,072	4%	U	114,363
3 Outsourced Services	1,801	1,739	62	4%	U	8,694	8,693	1	0%	U	17,864
4 Clinical Supplies	2,416	2,179	237	11%	U	11,760	10,876	885	8%	U	25,964
5 Infrastructure & Non Clinical Supplies	2,363	3,154	(791)	(25%)	F	14,258	15,726	(1,468)	(9%)	F	36,052
6 Internal Allocations	(0)	(1)	0	(21%)	F	(2)	(3)	1	(25%)	F	(7)
Grand Total	**1,629**	**1,422**	**207**			**7,439**	**6,302**	**1,137**			**12,104**

2.2 Comment on Major Variances

Revenue

- Revenue is slightly higher than budget for the month and year to date. This relates to additional revenue received from ACC and other non-government sources.

Expenditure

- **Personnel** costs are $2.0M or 4% higher than budget year to date, with the majority of variance in medical staff, allied health and management and administration staff.

- **Outsourced Services** are on budget, with positive variance in locum medical staff ($249K) offset by overspend in referred services relating to radiology and laboratory services of $171K.

- **Clinical Supplies** are 8% higher than budget overall, with variances in patient consumables ($310K), pharmaceuticals of $245K and diagnostic supplies of $206K. Clinical supply costs are continuing to be influenced by demand, lower summer occupancy has begun and gains in supply costs are expected over the next quarter.

- **Infrastructure and Non Clinical Supplies** remain significantly under budget by $1.47M with savings in most cost areas.