

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 9 October 2012 commencing at 8.45 am in the Board Room, MidCentral District Health Board

PRESENT

Jack Drummond (chair)
Lindsay Burnell
Kate Joblin
Barbara Robson

Kerry Simpson
Phil Sunderland
Cynric Temple-Camp

Unconfirmed Minutes

In attendance

Lyn Horgan, Acting General Manager, MCH and Operations Director, Hospital Services
Mike Grant, Acting CEO and General Manager, Planning & Support
Carolyn Donaldson, Committee Secretary

Pat Kelly, Board Member
Karen Naylor, Board Member
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Chris Channing, Business Manager, Planning & Support
Vivienne Ayres, Manager, DHB Planning and Accountability
Carrie Naylor-Williams, Nurse Director, Emergency Services/Service Manager, Hospital Coordination Unit/Hospital Operations Centre Project Leader (part meeting)
Communications (1)
Media (1)

1. APOLOGIES

Apologies were received from Richard Orzecki, Stephen Paewai, and Murray Georgel. Lindsay Burnell apologised for leaving the meeting early.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 Amendments to the register of interests

There were no amendments to the register of interests.

3.2 Declaration of conflicts in relation to today's business

The following declarations of conflict of interest were noted:

Cynric Temple-Camp for item 16 (part 2) - 2013/14 Planning Assumptions and Parameters. Dr Temple-Camp was a director of MedLab Central and Broadway Radiology. These companies held contracts with MDHB.

Jack Drummond and Cynric Temple-Camp declared a possible conflict of interest with some of the cases mentioned in the confidential section of the operating report.

4. MINUTES

It was recommended

that the minutes of the meeting held on 28 August 2012 be confirmed as a true and correct record.

4.1 Recommendations to Board

It was noted that the Board approved all recommendations contained in the minutes.

5. MATTERS ARISING FROM THE MINUTES

Digital mammography business case

Management were asked if all the learnings from modifying mobile units, particularly double axle trailers, had been taken into consideration when developing this business case. Examples quoted were problems with leaks, length of the nails used particularly if the walls were only 25mm thick, was the rood curved or flat and whether it had aluminium around it. It was agreed the member would make information available to the Operations Director Specialist Community & Regional Services. Management confirmed the current Breast Screening unit was very functional.

6. STRATEGIC/ANNUAL PLANNING

6.1 Shorter Waits for Cancer Treatment

It was noted there was inconsistency regarding the description of the point at which timing started for the Faster Cancer Treatment Programme. Management advised at this stage it was being taken from when there was a high suspicion of cancer identified in primary health by the patient and in consultation with the GP. The programme was taking a cautious approach until the systems were in place to capture information and retrospectively look at the information. It was a nation-wide three year programme after which DHBs would have to achieve the agreed targets.

Management were asked if it would be possible to show numbers in the various graphs as well as percentages.

Management were complimented on having a district wide palliative care service.

It was recommended

that this report be received

6.2 Regional Women's Health Service update

A member asked if notices of the Map of Maternity meeting had gone to specific groups, eg women's health groups, Plunket, the Women's Health Initiative group. Management did not have this level of detail available, but said they were confident it had.

Kate Joblin advised that as a governor, she would be looking for measures to provide her with comfort that the partnership was reflected across every level of the service.

It was recommended

that this report is received

6.3 Progress in delivering the Shorter Stays in Emergency Department health target

There was discussion on the length of stay in the Emergency Department, and whether it was sometimes better to stay there longer and benefit from a fuller assessment. Management advised this aspect had been taken into consideration, and was why the target was 95%.

Management confirmed they were continuing to work towards achieving the target, as outlined in the report. Some of the initiatives were explained in more detail, eg the orthopaedic fracture and soft tissue clinic and discharging to residential care facilities.

The Committee acknowledged and congratulated Management and staff on the amount of work being done on these initiatives.

It was recommended

that the report be received

6.4 National Elective Services Programme

Members expressed their thanks for this paper saying it would be an excellent resource document for them.

It was recommended

that this report be received

6.5 Acute Readmissions to Hospital

This report was appreciated by members, as it clearly set out the difference between the Ministry of Health and MDHB's definitions of the acute readmission target.

Management confirmed there was ongoing work occurring to reduce the acute readmission rate, eg ensuring junior staff were aware of the various discharge options.

It was recommended

that this report be received

6.6 2013/14 Regional Services Planning Approach

It was recommended

that this report be received

7. OPERATIONAL REPORTS

7.1 Provider Division Operating Report – August 2012

A member asked Management to consider a suggestion made during the Regional Women's Health Service submission process by the community midwives, who had expressed a desire to have a role in working with hard to reach women and women with a mental illness.

Management advised that whilst the original proposal suggested a similar arrangement across both districts in relation to community midwifery services, MCH had decided to leave the current arrangements in place for MDHB District, and consideration will be given as to how it would be undertaken in future.

The timing of the staff culture survey was discussed and Management confirmed a report would be going to the next Board meeting.

The Committee was updated in relation to certification. Two high priority corrective actions have been reduced to medium priority actions because of the significant amount of work done around nursing documentation and medication safety.

The draft accreditation response had now arrived and been circulated in the organisation for feedback. A number of corrections will be made to it. MCH has been awarded provisional accreditation for the next three year period, and gained five Extensive Achievements (EAs).

The Medical Council's workforce survey results were discussed, particularly the number of graduates retained two years after graduation (84%). Management were asked if any more information was available on this result, as it was felt a 20% drop out rate from practice was significant. Management agreed to include a response in the next workforce report.

The increase in the number of orthopaedic muscular skeletal clinic patients waiting more than six months was noted. Management advised that strategies to address this were being implemented.

The air ambulance usage was discussed. Management advised there had been some exceptionally unwell patients at MCH who needed transferring and air ambulance services that retrieved MCH patients had the support team required to transport them.

It was recommended
that this report be received

8. GOVERNANCE ISSUES

8.1 Work Programme 2012/13

It was recommended
that the updated work programme for 2012/13 be noted.

Lindsay Burnell left the meeting.

9. INFORMATION ONLY ITEMS

9.1 CHILD Health update 1

Management agreed to pass on feedback from a member to the Community and Public Health Advisory Committee regarding the Child Health and the Health Home IT system, the enrolment process particularly for newborns; and in relation to immunisation, the criteria for early contacts with high needs families.

It was recommended
that this report be received

9.2 Immunisation update 1

The evaluation of the pilot for influenza vaccination of medical inpatients aged 65years and over was mentioned. There was minimal uptake on the pilot so while there were some good findings from it, careful consideration would be required in relation to continuing it next year.

It was recommended
that this report be received

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

20 November 2012

12. EXCLUSION OF PUBLIC

It was recommended

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	
Operations Report : Potential Serious / Sentinel Events / Complaints	To protect personal privacy	9(2)(a)
2013/14 Planning Assumptions and Parameters	Subject of negotiation and negotiating strategies	9(2)(j)