MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 20 November 2012 commencing at 8.45 am in the Board Room, MidCentral District Health Board

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PRESENT

Jack Drummond (chair)
Lindsay Burnell
Richard Orzecki
Stephen Paewai
Barbara Robson
Kerry Simpson
Phil Sunderland
Cynric Temple-Camp

In attendance
Murray Georgel, CEO
Mike Grant, General Manager, Planning & Support
Carolyn Donaldson, Committee Secretary

Pat Kelly, Board Member
Diane Anderson, Board Member
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Sue Wood, Director of Nursing
Chris Channing, Business Manager, Planning & Support
Vivienne Ayres, Manager, DHB Planning and Accountability
Digby Ngan Kee, Regional Clinical Director, Women's Health Service (part meeting)
Cheryl Benn, Regional Midwifery Advisor (part meeting)
Doug McLean, Project Manager, Regional Women's Health Service (part meeting)
Tracey Schiebli, Whanganui DHB General Manager,
Jill Matthews, Principal Administration Officer (part meeting)
Communications (1)
Media (1)

1. APOLOGIES

An apology was received from Kate Joblin.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 Amendments to the register of interests

The following amendments to the register of interests were received:

Cynric Temple-Camp is no longer the CEO of Broadway Radiology, and has resigned from the Chamber of Commerce.

Barbara Robson is no longer on the Ministry's Social Development Committee (community representative).

5-6

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 6.2 - centralAlliance update –with respect to the laboratory services.

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

Stephen Paewai declared a conflict of interest in respect to items 9.1, 9.2, and item 17 as he was director of the Central Primary Health Organisation.

4. MINUTES

It was recommended

that the minutes of the meeting held on 9 October 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

There were no matters arising from the minutes.

6. STRATEGIC/ANNUAL PLANNING

6.1 Access to Elective Services – update 1

MidCentral Health (MCH) was achieving the health target for elective services. In terms of the health target, every patient that is discharged is counted.

The CWDs was the mechanism for receiving revenue for elective surgery. MCH was slightly behind year to date for September by 51.4 CWDs. However, this result had been clawed back to 39.5 in October. MCH was now 105 ahead in respect of the health targets. November was under way and all sessions should be resourced, enabling a further reduction in CWDs.

It was noted that the Ministry were quite clear there would not be any patients waiting greater than five months for a first specialist assessment by 30 June 2013.

Theatre productivity was discussed. In response to queries from Committee members, management provided the following information and clarification of the definition and application:

This measure is based on scheduled (resourced) elective theatre session times and includes session cancellations (for any reason), late starts and early finishes. There is a 15 minute buffer for start and finish times (counted when the patient leaves the operating room and start time is triggered by anaesthetic start time). It was noted that anaesthetists started slightly earlier than surgeons in many instances. Three elective theatres have end times scheduled for 4.15pm – MCH was looking at extending this to 5.15, which is consistent with session end times for some other theatres as well as in other DHBs. The 40% target is based on the national average of the previous year's performance by all DHBs plus historical performance at MidCentral Health. This is now an internal measure (it was no longer

reported to the MoH as it had been replaced by the theatre utilisation measure described below).

A theatre utilisation measure is now reported (as part of the Non Financial Performance Monitoring Framework) to the MoH each quarter, that counts actual theatre minutes as a portion of resourced theatre minutes (elective theatres only); the target for this is =>91% (based on MidCentral Health's baseline performance and national expectations of >85%). Start is patient in operating/procedure room and finish is patient out of operating room.

Management advised there were plans to extend the patient focused booking system into general surgery. Orthopaedics were also interested in the system. In relation to orthopaedic patients, it was confirmed there was a pool of patients who had been pre-assessed for surgery, and were therefore able to be called at short notice if there was a cancellation.

There is a specific process to follow, to officially change the commitment threshold for treatment. An example of what might trigger a change could be a long term absence of staff.

The patient focused booking system enables a patient to have a choice in terms of the day or time of outpatient appointment within the specialties clinic sessions. Numerous strategies had been tried locally and nationally to reduce the "did not attend" rate including reminder telephone calls and text messages, but there were still missed appointments. It was noted the public had to take some personal responsibility and if they were unable to keep an appointment, they should contact MidCentral Health.

It was suggested it would be useful to have the actual numbers involved when providing percentage results. Management agreed and provided the information relevant to table 2 (page 6.7) of the report.

It was recommended

that this report be received

6.2 Central Alliance – update 1

It was recommended

that this report be received

6.3 Regional Women's Health Service update

This paper set out the development plan for the Regional Women's Health Service, and followed the mandate given by both Whanganui and MidCentral DHBs in terms of the resolutions passed earlier in the year. The proposed service could be further developed and refined over time.

The following comments were noted:

* As a result of the meetings and consultation hui, the previous gaps in coverage of issues had been closed.
* There could be a change in revenue if there was a change in patient flow. However, the premise behind the plan was to initially maintain existing levels of service delivery and resource use. The plan is to bring services together, maintaining current service delivery at both sites. At this point, there was no need to change any services at MCH, although this could change over time.
* Whanganui DHB wanted an acute service at both sites, and there would be a cost to that policy decision. The service would not drive a service change unless it was supported by the Boards.

5.8

* This plan was not financially driven. Hopefully over time there would be opportunities to develop sub-specialty services that may reduce inter-district flow to tertiary centres.
* It would be good to capture stories from the women and their families as the service was developed and evaluated, in order to measure the seamlessness of the service.
* The cultural advisory group might require longer than 18 months to achieve its goals. The terms of reference for the group should allow for an extension, if required.
* MCH already currently did some sub-specialty work that was not provided by Whanganui. Therefore there was a subtle difference in volumes and intervention rates per population.
* The lead colposcopy nurse was a coordination role, according to national service requirements.
* Clinical governance would have to be further developed. It occurred at all levels, and could be a challenge for the leadership team across the region to get involvement on both sides. The two DHBs had different models, so a stocktake would have to be taken and then decisions made on how to interact to get the right outcomes.
* The Maternity Quality and Safety project was running in parallel to this work, and work has been undertaken to map the women's journey. This will support resolving issues that have been highlighted by women, in terms of their experience. This is part of the implementation of the NZ Maternity Standards.
* New Born enrolments – this was also a national programme. Both boards were working on it locally to ensure everything was in order.
* This was a partnership with both boards.

The CEO thanked those involved in the development of the paper. He said the amount of effort that had gone into it was hard to identify and express. A huge number of people had been involved, and it had been a fantastic team effort.

It was recommended

that the Regional Women's Health Service is implemented in line with the development plan.

6.4 Quarter Contracts - update

It was recommended

that the report be received

6.5 2012/13 Regional Services Planning Implementation update

It was recommended

that this report be received

6.6 2013/14 Regional Services Planning

The national priority for a reduction in rheumatic fever was noted, with a member commenting it had a very expensive screening test.

It was recommended

that this report be received

7. OPERATIONAL REPORTS

7.1 Provider Division Operating Report – September 2012

The impact of this change has been factored into our annual planning. It was felt that as MDHB's volumes were increasing, the impact of the change would be softened.

Management explained that Certification was a compliance audit, and was required in order to retain inpatient beds. Accreditation was a choice in terms of improving standards and the continuous quality improvement journey. MDHB have been awarded two years for certification and provisionally awarded three years for accreditation.

Presentation by Helen Bevan of Service Transformation, NHS

This presentation was held on 16 November 2012 at the Education Centre. Ms Bevan provided very positive feedback to the organisation in terms of MCH's integration with primary health, saying it was one of the best she had seen. This feedback was similar to that received from the Director General of Health when he visited recently.

Decommissioning process – Linear Accelerator #2

Members were advised the Linear Accelerator #2 (LA2) would be decommissioned once there was confidence in the new machine and targets could be maintained without any risk. Volumes were about 20% higher than targeted volumes year to date, and the end of the year and holiday period typically brings a surge in referrals.

Health Awards

The Committee was advised that Manawhenua Hauora were considering a whanau award, and would be contacting Management about it in due course.

Shorter Stays in ED

There have been a substantial number of presentations and admissions into the organisation recently, which have impacted on the results for this target. Results for November to date were 92.5%. The appointment of a project manager was under way.

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.

9. INFORMATION ONLY ITEMS

9.1 Tobacco update 1

It was recommended

that this report be received

9.2 Better CVD/Diabetes Services and Primary Care Development: Annual Plan Update 1

It was recommended

that this report be received

10. LATE ITEMS

There were no late items.

5.10

11. DATE OF NEXT MEETING

5 February 2013

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:

Item	*Reason*	*Reference*
"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)
Price and Volume Schedule 2013/14	Subject of negotiation	9(2)(j)