

## MidCentral District Health Board

### Minutes of the Hospital Advisory Committee meeting held on 13 March 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

*Unconfirmed Minutes*

#### In attendance

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

Nicholas Glubb, Operations Director, Specialist Community & Regional Services  
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness  
Lyn Horgan, Operations Director, Hospital Services  
Chris Channing, Manager, Planning & Support  
Kevin Smidt, Clinical Director, Clinical Support Services (part meeting)  
Jill Matthews, Principal Admin Officer (part meeting)  
Vivienne Ayres, Manager, DHB Planning & Accountability  
Communications (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

Barbara Robson advised she was now a member of the Manawatu Local Primary Care Group.

##### 3.2 Declaration of conflicts in relation to today's business

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

Cynric Temple-Camp declared his conflict with agenda item 6.1 (Non Elective Service Performance Indicators Referral Management), through his involvement with Broadway Radiology.

#### 4. MINUTES

##### 4.1 Recommendations to Board

It was recommended

that the minutes of the meeting held on 6 December 2011 be confirmed as a true and correct record.

## 5. MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes.

## 6. STRATEGIC / ANNUAL PLANNING

### 6.1 Non Elective Service Performance Indicators (ESPIs) Referral Management

The possibility of a diagnostic waiting time health target being established was noted. This could be in Computed Tomography (CT) Colonoscopy, Coronary Angiography (Angiogram) and Magnetic Resonance Imaging (MRI)

Management confirmed that the women's health ultrasound referrals were carefully prioritised to ensure an appropriate level of service, and that radiology reporting of films was generally done within two days.

*Orthopaedic Muscular Skeletal Clinic* – There was discussion regarding the reason for the increase in numbers waiting and the action being taken to improve the situation, which included improved processes for annual leave arrangements.

*GP Sleep Service* – There was considerable discussion on the management of this service, which recently had an increase in numbers waiting due to a resignation and sick leave by the GPs who provided the service. The discussion covered issues like the model used by MCH and the system used by other DHBs, the time it will take to catch up on the backlog, monitoring referrals, and keeping GPs informed.

Management confirmed that although some patients might not reach the threshold to access services, the same general principles applied to every referral, ie they were accepted on the basis that the referral was necessary and appropriately prioritised, and that it could be managed within MCH's capacity. It was also agreed that communication with the GPs when patients were referred back to the GP, could be improved by providing information as to why the patient was being referred back to the GP.

Management also commented that there was a public expectation that could not always be matched, for example in a small department it took time to recruit when 50% of the staff resigned. However, every effort was made to fill the gaps.

It was recommended that

this report be received

### 6.2 Capital Expenditure – Gamma Camera Replacement

The issue of Nuclear Medicine providing services to Whanganui DHB was mentioned, with Management acknowledging MCH had not specifically signalled anything to them regarding the replacement of the gamma camera, other than it being on the Capex programme for 2011/12. Patients using MCH's services did so via referral using the standard clinical referral pathway. There was no formal contract.

The post event audit process was briefly outlined to demonstrate the review aspects, which included clinical, financial and business reviews. No external peer reviews were undertaken.

It was recommended that

1. approval is given to purchase a SPECT/CT gamma camera at a capital cost of up to \$1.2m (subject to competitive tender process); and  
to undertake the building alterations to accommodate the new technology in existing clinic room, at a cost of up to \$200k; and
2. the Siemens E.Cam be retained in use while economic to do so; and

3. the CEO be authorised to sign the contracts for the new machine purchase and the associated building/installation costs.

### **6.3 Regional Women's Health Service**

Cynric Temple-Camp left the meeting.

Management outlined the process and timeframe for the public engagement and staff consultation that would be followed for this proposal.

Cynric Temple-Camp returned to the meeting.

The Committee were advised that if the two boards did not approve the proposal's recommendations at their meetings in May and June respectively, then the advice of MidCentral DHB's clinicians was that MDHB had to be prepared for any knock-on impact if Whanganui were unable to provide a women's health service. MDHB would have to reconsider the risks and how it could manage. This would include consideration of theatre capacity.

Further discussion on the topic included services provided from Whanganui for MidCentral patients, eg gynaecology procedures, renal services; clarification that the additional information provided to the boards appeared to suggest that MDHB had a tertiary maternity facility; it was hoped more information could be provided on the difficulties experienced by Whanganui in moving to the new model, and more information on MDHB's community midwifery service if it was remodelled.

It was noted that the board meeting to consider the proposal had been moved from 24 April to 5 June 2012.

It was recommended that

this report be received, and

that the Committee note the new timeframe for the Regional Women's Health Service Proposal and associated business case for theatre/ward capacity is 5 June 2012, and that a special board meeting be held on that day to consider these proposals.

### **6.4 Implementation of centralAlliance Roadmap**

It was recommended that

this report be received

### **6.5 Non financial Monitoring framework and Performance Measures – Report for Quarter 2, 2011/12**

It was noted that the results for the "Better help for smokers to quit – primary" information had been introduced recently, and that the results had already improved.

Richard Orzecki advised Manawhenua Hauora had been asked to provide MDHB with updated information relating to the local Iwi/Maori engagement. It was noted that this section of the report (PP3) received a partial achievement score, as not all of the measures were fully achieved.

Jack Drummond left the meeting.

There was brief discussion on the Healthy Eating Healthy Action programme and the necessity for such programmes.

Jack Drummond returned to the meeting.

Management advised there was an emerging programme, which included teaching families how to create gardens and prepare/cook meals with vegetables – the Community Action Programme.

*PET Scanning* – It was noted that the reporting requirement was for the number of scans by site and location of domicile. Management suggested the figures might need checking, offering to report back to the next meeting, as most of the scans reported were for people from the MidCentral district. Approximately 48 scans were provided for this region per year.

It was recommended that  
this report be received

## **6.6 2011/12 Regional Services Plan Implementation**

A member indicated it would be interesting to see the Cardiac Network report now that it had been completed.

It was recommended that  
this report be received

## **7. OPERATIONAL REPORTS**

### **7.1 Provider Division Operating Report – January 2012**

Kerry Simpson left and rejoined the meeting.

The medical bed occupancy was noted, with Management reminding members that this target was included as it had been a barrier for surgery insofar as medical patients formerly overflowed into surgical beds. The figure reported represented the occupancy level for medical patients.

*Smoking Cessation Target* – Management advised the target had now reached 95%. Members were shown the latest posters promoting this target.

*Shorter Stays* – Professor Mike Ardagh was visiting MCH on 12/13 March. He would meet with the teams and spend some time in ED reviewing processes and systems. So far, MCH's work was in line with what other DHBs were doing to achieve the shorter stays target.

*Radiation Therapy* – Members again noted the hard work done by staff to achieve the radiation therapy target. Their appreciation of this achievement was noted.

#### *Electives Funding Advice – 2012/13 and Incentive to reduce Elective Waiting Times*

Management went over the information relating to elective funding for 2012/13 and a new national incentive fund to support DHBs to further reduce elective waiting times for 2011/12.

It was recommended that  
this report be received

Phil Sunderland left the meeting.

## **8. GOVERNANCE ISSUES**

### **8.1 Committee's Work Programme 2011/12**

Kerry Simpson advised she was unable to attend the 2 April training course.

It was recommended that  
that the updated work programme for 2011/12 be noted.

**9. LATE ITEMS**

Phil Sunderland returned to the meeting.

**10. DATE OF NEXT MEETING**

24 April 2012

**11. 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)
: Tairawhiti Cancer Services	Subject of negotiation	9(2)(j)
: BreastScreen Services – Gisborne Region RFP	Subject of negotiation	9(2)(j)
: Siemens Linac manufacture announcement	Subject to negotiation	9(2)(j)
Draft 2012/13 Annual plan	Subject of negotiation	9(2)(j)