5.6

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 15 October 2013 commencing at 8.45 am in the Board Room, MidCentral District Health Board

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PRESENT

Jack Drummond (chair)
Lindsay Burnell
Kate Joblin
Richard Orzecki
Barbara Robson
Phil Sunderland
Duncan Scott
Cynric Temple-Camp

Unconfirmed Minutes

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

Karen Naylor, Board Member (part meeting)
Diane Anderson (part meeting)
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Kenneth Clark, Chief Medical Officer (part meeting)
Communications (1)
Media (1)

1. APOLOGIES

An apology was received from Stephen Paewai.

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 had resigned from the Ministry of Health's Health Information Standards Organisation.

3.2 Declaration of conflicts in relation to today's business

The following conflicts of interest were noted:

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

Barbara Robson declared a conflict due to her consumer representation in relation to the Regional Women's Health Service and the Maternity Clinical Information System.

5.7

4. MINUTES

It was recommended

> that the minutes of the meeting held on 3 September 2013 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. WORK PROGRAMME

It was recommended

> That the updated work programme for 2013/14 be noted.

7. STRAGIC PLANNING

7.1 Master Health Services Plan – draft strategic Assessment

The General Manager, Planning & Support spoke to this paper, advising it was the first step in meeting the national requirements for capital expenditure. He explained there were currently cash reserves of $66million which would grow to $120million. One percent of revenue would be put aside on a consolidated basis that could form the base for an investment of around $100million. A staged process could be used over 10-20 years as funding became available. In this way, it was hoped the costs associated with the redevelopment could be met, without going into deficit.

A number of suggested changes to the language used in the report were made and passed on to the General Manager. It was also suggested that the maps and diagrams would be better in colour.

Strengthening paragraph 56 was suggested, as changes made would undoubtedly alter the way work was undertaken. Building changes should be made in view of information technology advances, eg wireless systems and hand held devices.

The ability to finance the redevelopment using additional equity and debt was raised. This had not been tested to date, as the report had been developed on the basis of being able to afford the level of investment. The option could be considered and included as a possibility, although Management advised that the Crown has identified that new debt or equity was constrained at the moment.

Karen Naylor joined the meeting.

Management advised there was a statement in the report that could be amended to reflect an open mind/option in relation to taking on debt or equity in the event of a broader picture emerging.

It was noted that some of the buildings would require upgrading to current seismic levels. Standards had changed since they were built and would continue to change. The Board had been asked to check all buildings and advise plans for upgrading them where required.

Management advised reports would be produced for consumers that were easier to read, and helped the community to be involved in the process.

It was recommended

> that the report be received

7.2 Regional Women's Health Service Implementation Report to 30 September 2013

The Operations Director spoke to this report, advising that the initiatives in it were based on the development plan. That plan recognised the skill and capability of the two DHBs and how they could maximise benefits for the wider population, ensuring good organisation and support for patients. The proposals for subspecialty development being implemented were to make the most of existing capability and capacity and did not represent wholesale change to current services. The importance of specialists maintaining their clinical competencies was noted. A member also noted that it was important for consumers to be represented in any service development including any new initiatives.

There was discussion on the scorecard in terms of the difference in the results for the two DHBs. The Operations Director advised that these scorecards were being presented to illustrate how information from both DHBs had been aligned to provide a picture across the regional service. This was the first time these scorecards had been produced. A lot of work had gone into aligning the two systems into one report, however there was further work to be undertaken to ensure the same information was being compared. As a result, comparisons between the two DHBs should not be made at this stage of the scorecard development.

Management was asked to provide the background to and explanation for the difference between the two boards' results for caesarean sections.

Management confirmed the implementation focus for the regional service, was to maintain current service delivery without unnecessary disruption. It was gratifying that there was full senior medical staffing across the services. That has given capacity for clinicians to have greater involvement in service development than had been possible previously.

A Maori Advisory Group has been established, and will run for 18 months, in response to the issues that were highlighted in the development of the RWHS proposal, especially around service delivery to high needs populations, including Maori. The group will focus on improving engagement and identifying initiatives for these populations for implementation over time. That work was underway and would be further reported on as it progressed.

The maternity clinical information system is a national programme for development. MDHB and WDHB had signalled a desire to be one of the early adopters of the programme on the basis the system was fit for implementation. At this stage it looked like implementation would be early next year.

There was some discussion on the Colposcopy Did Not Attend statistics. Management advised a lot of work had gone into trying to improve MCH's results, eg patient focused bookings, reminders, text messages, telephone reminders, and a Maori Health worker who brought people into appointments. An update on this work could be provided to members for the next meeting.

It was recommended

> that this report be received.

8. OPERATIONAL REPORTS

8.1 Provider Division Operating Report – August 2013

Orthopaedic Surgery

The possibility of outsourcing orthopaedic surgery in order to catch up volumes had been considered. However, clinicians felt that was not the best option, as they were already doing work internally to recover the volumes, and that there was little capacity in private to do this work. The CEO advised MCH was looking at the surgical capacity over the next 5-7 years and what was required to meet the projected work. He said another surgeon was starting in June

S.9

next year, and they were looking to recruit an additional orthopaedic surgeon. Succession planning was also being considered.

Regional planning had been discussed. A central region group met regularly, and resources were shared as appropriate. Orthopaedics nationally was challenging in terms of elective services, and no DHBs had spare capacity available to support other DHBs.

It was also clarified that once an appointment was given, no allowance was made in relation to the elective targets, if a patient cancelled an appointment. It was expected that the procedure would still be completed within the original target timeline.

National Patient Safety Campaign – Falls

The CEO offered to arrange for members to visit ward 25 and another ward to compare the difference made under the Falls Aware pilot in Ward 25.

Dr Kenneth Clark joined the meeting.

Ethics Advisory Group

The importance of patient feedback was acknowledged. Management advised they were looking at how this could be done.

Colposcopy Service

In addition to the update in relation to the RWHS management were also asked to provide information on the referral process for colposcopies, ie the process following receipt of the referral, who assigned the referral as being high/low risk, and how it was managed.

Diane Anderson joined the meeting.

Health Awards

A new category in the Awards this year was the "Peoples' Choice Award". It had been fairly widely advertised in newspapers and to service providers, but not in the free newspapers. It had also been advertised electronically.

It was recommended

that this report be received

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

26 November 2013

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:

Item	*Reason*	*Reference*
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	

Operations Report: : Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)