5.6

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 18 March 2014 commencing at 8.45 am in Rooms A&B, Education Centre, MidCentral District Health Board

Unconfirmed Minutes

PRESENT

Barbara Robson (Chair)
Lindsay Burnell
Kate Joblin
Karen Naylor
Richard Orzecki
Phil Sunderland
Cynric Temple-Camp
Duncan Scott
Stephen Paewai

In attendance
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Murray Georgel, CEO
Mike Grant, General Manager, Planning & Support
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member (part meeting)
Adrian Broad, Board Member (part meeting)
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Michele Coghlan, Director of Nursing
Anne Amoore, Manager, Human Resources and Organisational Development
Rodney Mackenzie, (Business Support)
Vivienne Ayres, Manager, DHB Planning and Accountability (part meeting)
Jeff Small, Group Manager, Commercial Support (part meeting)
Dr Kevin Smidt, Clinical Director, Clinical Support Service (part meeting)
Dr Adrian Lamballe, Medical Head, Medical Imaging (part meeting)
Di Orange, Team Leader Medical Imaging (part meeting)
Dr Ngaire Smidt, Team Leader/Occupational Health Physician, Occupational Health (part meeting)
Kim Findlay, Occupational Health Physiotherapist (part meeting)

Communications (1)
Media (1)

WELCOME

A welcome was extended to Michele Coghlan, the newly appointed Director of Nursing.

1. APOLOGIES

There were no apologies.

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 – Consumer representative on the Royal NZ College of GPs' Working Group for the Review of Aiming for Excellence 2011-2014.

3.2 Declaration of conflicts in relation to today's business

The following conflicts of interest were noted:

Duncan Scott declared a conflict in relation to item 7.38 re a potential conflict regarding tenancy of the Feilding Integrated Health Centre and item 8.13 re ultrasound services. These conflicts were due to his employment as general manager and company director of Broadway Radiology Limited.

Stephen Paewai declared a conflict in relation to item 7.2 in respect of any reference to the Central PHO, due to his involvement as a director of the Central PHO.

Phil Sunderland declared a conflict in relation to reference to the MASH Trust as his organisation provided services to the Trust.

As these papers were public papers, it was agreed there was no reason why the members should not participate in any discussion.

Cynric Temple-Camp declared a 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 26 November 2013 be confirmed as a true and correct record, subject to amending the first paragraph of item 7.2 Workforce Strategy 2012-2015 – six monthly update to read:

This paper was also discussed in detail, covering such issues as vacancy rate, exit surveys, ~~staff with leave in excess of two years entitlement;~~ opportunities to encourage Maori to join the health workforce, Bipartite Action Group (membership and moving to being strategic rather than information sharing); medical workforce retention and placement opportunities; team development; staffing levels and workloads. ***The percentage of staff with leave in excess of two years was discussed, and it was noted that the current rate is well above the target. Management were asked about the strategies in place to address this.***

4.1 Recommendations to Board

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

5. MATTERS ARISING FROM THE MINUTES

Maternity Clinical Information System

Management updated the Committee on the progress being made with this work, which was progressing well. It was planned for the pilot to commence in the neonatal unit around April. There are some issues being worked through, eg acquiring NHI numbers for new-born babies in terms of putting them into the system. The "go live" date for MCH was planned for July. Whanganui DHB would follow two weeks later.

Workforce Strategy 2012-2015 – six monthly update

It was confirmed that another staff safety culture survey was planned for later this year. No specific date for it had been identified at this stage. Management were working towards having a report out and initiatives in place if needed by the end of this year.

5.3

6. WORK PROGRAMME

A report was requested for the next meeting to identify and better understand all the causes of the significant negative variance to budget for patient transport and accommodation costs, particularly air ambulance costs. This was agreed to.

It was recommended

that the updated work programme for 2013/14 be noted.

7. STRATEGIC PLANNING

7.1 2013/14 Regional Service Plan (RSP) Implementation – Quarter 2

Cardiovascular Services – Intervention Rates

It was noted that the Whanganui project to address their intervention rates had resulted in the target being exceeded in the last quarter, and a member queried whether this was a random change in numbers, or whether the region should do the same as Whanganui. Management advised that whether the Whanganui project was sustainable had not yet been determined, but it was certainly helping them fill an unmet need in their area

CRISP

The issue of migration of information from legacy systems to WebPAS was discussed. It related to how and what current data would be migrated. The old system had often been used to fill gaps or capture/record certain events that would not normally be on a patient information system. Determining what happened to that non-standard data for the three DHBs (MidCentral, Whanganui, Hawke's Bay) was the issue. If the additional functionality was required to be built, it could cost from $700k to $1m, which was not in current budgets. A member asked if this issue could have been anticipated much earlier in the planning.

The commitment for CRISP was to a new base line. The Committee were being alerted to a possible risk in terms of additional cost, should some of the non-standard data/legacy functionality be migrated.

Diane Anderson joined the meeting.

Concern was expressed in relation to the overall risk exposure for this project. A member expressed concern for the reactionary way funding could be requested, particularly given the size of this project and the possibility of such unknown costs.

Ambulatory Sensitive Hospitalisations for Maori

The ambulatory sensitive hospitalisations for Maori were discussed. It was noted that a reduction in hospitalisations of the 0-4 years was beginning, as a result of some of the clinical pathways and strategies that had been put in place.

Mr Burnell advised members he had recently received congratulations on MCH's excellent Stroke Service and particularly Dr Ranta's contribution.

It was recommended

that the report be received

7.2 Non-Financial Monitoring Framework and Performance Measures - 2013/14 Quarter 2 Results

Comments on the content of this report covered data integrity, wait times for alcohol and drug services in the NGO provider sector, primary care skin cancer services and financial barriers to people accessing this service in primary health, congratulations on the concise wording of the DHB's response on a long term strategy for storage of gametes, child and adolescent oral health, and progress with establishing the Feilding Integrated Family Health Centre.

6.9

The Manager, DHB Planning and Accountability, was congratulated on the work done to compile the Non-Financial Monitoring Framework and Performance Measures report.

It was recommended

that this report be received.

7.3 Replacement General Hospital Beds

The bed selection and trial process was briefly discussed. The discussion covered the benefits of the type of bed selected during the process.

It was recommended subject to agreement in Part 2, that

- approval is given for the purchase of 261 Howard Wright M9 hospital beds and associated accessories at an approximate cost of $1.2m
- purchase of this equipment be in a phased approach
- the CEO is authorised to sign all associated documentation

7.4 Energy Efficiency Programme / ECCA Crown Loan – Palmerston North Hospital Lighting Upgrade

It was recommended that

- approval be given to undertake this PNH Lighting capital project by way of accessing the EECA interest free loan of $556,000 together with acceptance of the EECA grant of $36,000, and further that
- the Group Manager, Commercial Support Services, be authorised to sign all associated documentation

7.5 Update on Ambulatory Care Facilities Review

A critical issue in making the design concept work was ensuring the close working relationship between the haematology service and the NZ Blood Service. Any change will create issues around how continuation of support would be provided, and this was the current focus of discussions. Options would be provided when the business case was presented to HAC.

It was recommended

that this report be received.

8. OPERATIONAL REPORTS

8.1 Provider Division Operating Report – November/December 2013

Monthly Financial Results

The February financial budget was for a surplus but it was not fully achieved. Increased costs were from higher personnel costs and some clinical costs. Some of the higher personnel costs were due to having full employment, and some of the clinical costs had been flagged. Air ambulance and MRI costs continue to rise. Management were looking into the situation and should be able to provide more detail to the next meeting, regarding the February and March results and what was being done to remedy the situation.

Collective Employment Agreements

The Manager, Human Resources and Organisational Development advised that negotiations for the MDHB Pharmacy and Stores collective agreements were negotiated nationally as part

of all DHBs Single Employment Agreement negotiations. It had been agreed at the beginning of the national negotiations that if a settlement was not achieved they would be referred back to local DHB level. This had occurred for this group. MDHB will, therefore, be seeking a meeting as soon as possible with the First Union who represent staff covered by the Pharmacy and Stores collective agreement.

The Lower North Island Clerical MECA negotiations were underway.

The nursing/midwifery MECA negotiations would commence next year.

Impact of IT Outage on MCH Service Delivery

It was noted that there had been a large volume of work done during the IT outage in respect of medical imaging, but no images were lost. Key issues related to timeliness and ensuring patient care and safety were maintained.

The National IT Board have been kept informed of the situation, including the intention to have an independent review. It had been decided to undertake this review, primarily as MDHB employed "generalist" IT staff. The review would look at systems from a specialist view point and report on how the infrastructure should be set up for best practice.

Ultrasound Update

Duncan Scott declared a conflict in relation to this topic, due to his employment as general manager and company director of Broadway Radiology Limited. He did not take part in the discussions.

The ratio of fully qualified staff to students was discussed. Management agreed it was not as good as it could be, noting that there had been better staffing levels at the time decisions were made on the number of students. Management commented that with three good ultrasound machines, there should be at least three if not four qualified sonographers.

It was acknowledged that staff were working extremely hard to meet demand and hopefully ensure the number of people waiting more than six months did not reach last year's levels.

The use of ultrasound machines by clinicians in a range of clinical settings as an aid to clinical decision making was mentioned. This was not part of the Medical Imaging service, but was a clinical practice tool. An example given of this use was in the renal department where imaging may be used to guide a procedure during the patient's treatment.

Medical Imaging did not have sufficient additional capacity to do CTs as a substitute for ultrasound scans. There were some Map of Medicine Pathways that would help GPs who wanted to refer patients for either ultrasound or CTs. Requests for ultrasound examinations were managed, and if a referral was made for an ultrasound which should clearly be a CT, it was changed.

Management emphasized appropriate processes were being followed. When an ultrasound was undertaken for the purposes of diagnosis and reporting, they were reported through the Medical Imaging Department and the images archived. If an ultrasound was used as an aid to clinical decision making within the scope of practice of the clinician involved, it could well be managed locally.

Management and clinical leaders confirmed that all the available capacity and expertise available within the organisation was being utilised during the shortage of sonographers. Management also confirmed that there was no other capacity within the organisation that could address the situation at present.

It was noted that MCH and Broadway Radiology had agreed to look at working together to explore options to improve service delivery. Duncan Scott's conflict in respect of this issue had been noted. All discussions to date had been in the public arena. Only an intention to look at opportunities had been signalled, and the Committee had not been asked to give any direction. Duncan had not participated in today's discussion or contributed any comment, so it was felt no conflict of interest had arisen.

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Linen and Laundry Services

The selection of Spotless Services as preferred respondent for the Linen and Laundry Services and how this would impact on current arrangements was noted. It was also noted the Board had previously endorsed the process.

Sleep Apnoea

Early discussions have started in relation to looking at a potential nurse-led service across the district that would support the GP Sleep Apnoea Service, as there are three GP vacancies in the GP-led service. It would be a primary care service.

First Specialist Assessment - Declines

A request for additional information to be provided to show the trends in this information was noted. A further request was made for information on what the clinical implications might be, particularly for referrals back to the GP when a change to a threshold is made.

Personnel and Outsourced Personnel

It was suggested it would be helpful to show the year to date variance on appendix 7, either in dollars or percentages.

It was recommended

that this report be received

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

29 April 2014

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	
Replacement General Hospital Beds	Detailed financial and competitive pricing information	9(2)(j)
Operations Report: : Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)
Quarterly Report Contracts	Subject of negotiation	9(2)(j)
2014/15 Annual Planning	Under negotiation	9(2)(j)