

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 1 November 2011 commencing at 8.30 am in the Boardroom, MidCentral District Health Board

PRESENT

Jack Drummond (chair)
Lindsay Burnell
Richard Orzecki
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

Pat Kelly, Board Member (part meeting)
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 & Performance Unit
Cushla Lucas, Service Manager, Regional Cancer Treatment Service
Communications (1)

1. APOLOGIES

Apologies were received from Kate Joblin and 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

There were no amendments to the Register of Interests.

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

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

4. MINUTES

4.1. Minutes

It was recommended

that the minutes of the meeting held on 4 October 2011 be confirmed as a true and correct record.

4.2. Recommendations to Board

To note 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. Research and Clinical Trials

The issue was raised regarding people not having access to the drugs used during clinical trials, following the conclusion of the trial. It was clarified that the people who undertook clinical trials, usually signed a consent form so they were aware the drug would not be available following the trial.

It was recommended

that this report be received

6.2. Shorter Waits for Cancer Treatment

It was suggested the wording in appendix 1, first row 5th column, should be changed to read: "Health target: all patients (excluding category D) **commence** receive radiation oncology treatment within 4 weeks of First Specialist Appointment."

Management advised that with the commissioning of the new machine, a proportion of work would be transferred from the old machine. Management were looking at what capacity would be available and the best way to manage the service so there was an ability to accommodate treatment in future, as well as having some flexibility for both planned and unplanned maintenance and repairs. In terms of future development though, MidCentral Health will not be working in isolation as MCH and the Wellington service endeavour to provide similar levels of access and treatment protocols for both sites.

Management also advised they were always looking at ways to attract staff, one of which was for the service to be recognised as a centre of excellence. Management informed members they were looking at how the chemotherapy wait times could be improved. Any improvements in service performance would also help retain staff. It was also noted that national inter-district flow (IDF) pricing was used for Radiation Oncology. This pricing was determined on service delivery after the event.

Management anticipated there could be a new health target established around cancer treatment next year.

Management advised they had very close links with consumers, including the Cancer Society and active patients. MidCentral Health was also represented on the Cancer Network, and received excellent feedback.

It was recommended

that this report be received

Pat Kelly joined the meeting.

6.3. Regional Services Plan (RSP) 2011/12 – monthly update

The General Manager, Planning and Support spoke to this report.

Management advised the heads of agreement for the CRISP project would be finalised this week and be presented to the next CentralTAS board meeting. The agreement would be noted as an update to the joint DHB boards meeting, and would go to MDHB's board meeting in November.

Management briefly outlined the circumstances around Hutt Valley and Capital & Coast DHBs involvement with this project. As a result, not all the six boards involved in the project had committed to it and this affected the communication plan. Once there was endorsement from Hutt Valley and Capital & Coast Boards, the communication plan would be implemented.

There was a brief discussion regarding media releases for board and committee members. Management confirmed MDHB did their own newspaper clippings which were circulated daily to the Board Chair and Management, and offered to give some consideration to providing a service to board members, particularly as next year's meeting cycle would change to a six weekly cycle.

It was recommended

that this report be received

6.4. Investment Plan

The process and timeframes required for the development and implementation of an investment plan were noted. There would be a board workshop next month which would provide an opportunity to discuss prioritisation of broad allocations of the available investment funds.

It was recommended

that this report be received

6.5. Services Closer to Home – update 1

The audit process for the PHO was outlined. The Ministry of Health audited them in respect of payments, but the DHB also audited them every three years against the Health & Disability Standards and best practice in relation to governance, finance, insurance, staffing management etc. The DHB were also able to have an issue based audit at any time if there were programme deficiencies etc.

Richard Orzecki advised the CentralPHO Board sub-committee was making good process in relation to a proposal to develop an "Integrated Community Health Centre" to serve the Foxton/Shannon community.

It was recommended

that this report be received

6.6. Mental Health and Addictions update (Information only item)

Whilst this was an information only paper, a member asked if Management could advise how the services were doing in relation to working with consumers. Management advised there was always a lot of direct involvement with consumers and agencies, particularly in relation to service development. There was also the recently established clinical network for the Mental Health and Addiction Service.

The DHB judged how well it was doing largely on feedback from patients, consumers' families, and other agencies like the police and justice service. Feedback was often around expectations, where family members did not believe their family member was being helped enough. A lot of feedback was from people entering the service for the first time who expected that their issue would be dealt with immediately.

The CEO advised there could be a change in reporting about this service. Current reporting was on patients who had a recovery plan, but this might change in terms of the percentage being followed up who were given better certainty around continuing care.

It was recommended

that this report be received

7. OPERATIONAL REPORTS

7.1. Provider Division Operating Report – September 2011

It was noted that part of the revenue was dependent on throughput, and that in December it was anticipated there would be a deficit of nearly \$1m and in January a deficit of around \$2m. It was also noted that some provision was made for SMO locum costs as locums were generally required, although full staffing was preferred.

The Elective Service Performance Indicators (ESPI) 2 and 5 were noted, whereby for ESPI 2, nine of the 23 services had no patients waiting > six months; and for ESPI 5 two services out of seven had no patients waiting > six months for treatment as at 30 September 2011. MCH was within the ESPI levels and were making progress toward the zero threshold allowance.

Members were provided with the following update as at 31 October. The number of people waiting for their First Specialist Assessment had reduced from 336 to 281 and the number of patients given a commitment to treatment had dropped from 68 to 51, with 12 of these patients having a booking. There were now 13 services compliant out of the 23 services.

A requirement of the smoking cessation health target was that a health professional had to ask patients about their smoking status - a receptionist could not ask patients about their smoking status. If the patient did smoke, then the patient was asked if they would like advice on how to stop smoking. If the answer was yes, then a referral for help was made. The information had to be documented even if the patient did not smoke, and the challenge was for staff to document that they had asked the questions.

Frequent Admissions – A member suggested it would be interesting to know the percentage of people admitted to the Medical Assessment and Planning Unit and then discharged, who subsequently re-admitted. It was also commented that a lot of people's conditions were incurable, and the health system could only help patients palliatively.

It was recommended

that this report be received

8. GOVERNANCE ISSUES

8.1. Work Programme 2011/12

Management asked members for some brief feedback on the reports submitted for discussion and whether there were any improvements that could be made. The following comments were noted.

The paper on Mental Health and Addictions was referred to. This paper had been prepared for another audience and was only included on this agenda to provide members with some perspective on services. It was suggested that an executive summary of it might have been preferable.

Reports that stimulated discussion were good.

Management need to be careful that the reports were targeted enough for discussion and the committee's purpose. The mental health paper was used as a reference of a paper that had a lot of information in it, but was difficult to read, used a lot of definitions, and left the reader unsure regarding where the service was in relation to the annual plan.

The CEO advised that when reports were being written, the authors took the audience into consideration. Members agreed with this style, stating they formed a good reference.

It was recommended

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

8.2. Terms of Reference review

It was recommended

that the terms of reference be amended to reflect it is anticipated eight meetings will be held annually, and,

that the terms of reference be reviewed in three years time.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

6 December 2011

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) |
| Managed Bargaining update | Subject of negotiation | 9(2)(j) |
| Contracts update | Subject of negotiation | 9(2)(j) |

Pat Kelly left the meeting.