

**Minutes of the Hospital Advisory Committee meeting held on 2 August 2011  
commencing at 8.30 am in the Boardroom, MidCentral District Health Board**

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**PRESENT**

Jack Drummond (chair)  
Lindsay Burnell  
Kate Joblin  
Stephen Paewai

Barbara Robson  
Phil Sunderland  
Kerry Simpson

**In attendance**

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

Diane Anderson, 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  
Sue Wood, Director of Nursing (part meeting)  
Phil Marshall, Clinical Director Dental Services (part meeting)  
Amanda Drifill, Service Manager Medicine (part meeting)  
Ian Ironside, Portfolio Manager, Funding Division (part meeting)  
Doug McLean, Whanganui & MidCentral DHBs  
Women's and Children's Health Services (part meeting)  
Communications (1)  
Media (1)

**1. APOLOGIES**

Apologies were received from the Cynric Temple-Camp and Richard Orzecki. Stephan Paewai apologised for lateness.

**Condolences**

The Committee extended its sympathies to Richard Orzecki for the recent loss of his brother.

**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 still a member of the Consumer Representative Forum for the Central Region DHBs.

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

The CEO informed members that Stephan Paewai had advised of a conflict of interest in relation to item 16 in part 2 as he knew one of the patients.

## **4. MINUTES**

### **4.1. Minutes**

It was recommended

*that the minutes of the meeting held on 5 July 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. ANNUAL PLANNING**

### **6.1. Regional Services Plan (RSP)**

Management advised the Regional Services Plan had been approved on 11 July 2011.

It was noted that as soon as the project scope for the regional elective service was available, it would be provided to the committee.

Stephan Paewai arrived.

Management offered to ensure the Mental Health & Addictions Network was aware of the *Green Paper for Vulnerable Children*, a recent paper by Paula Bennett MP.

In terms of cardiac work, the regional cardiac network would look at a regional response to the regional demand. This work would incorporate a regional clinical perspective with some standardised services across the region. MidCentral Health's cardiac work related to our own population and its issues.

It was confirmed that MDHB has representation on most of the RSP committees.

Management confirmed that Allied Laundry Services was owned by four DHBs and provided services for a fifth DHB. The company would look at expanding its services if Hutt Valley and Capital & Coast DHB were interested in this option. It was noted that whilst Health Benefits Limited had looked at our laundry and received information and advice on its operations, they had not been involved any other role with the company.

It was recommended

*that this report be received*

## **7. ANNUAL PLANNING**

### **7.1. Child & Adolescent Oral Health Project – Quarter 4 update**

Arrears - There was discussion on the arrears. Management reiterated the reasons for them, advising the situation should resolve as the facilities became operational and the reconfiguration was completed. There should be an improvement by the middle of next year.

Diane Anderson joined the meeting.

It was noted that although staffing had been improved with new graduates arriving, it took time for their productivity to be similar to that of their more experienced colleagues.

A member said it would be good to see more children, as that was one of the key aims of the project. Getting some positive media coverage would be helpful, as it took time to change the culture and for parents to appreciate what the improvements meant, eg having access to the service during school holidays. Management agreed it probably needed to socialise the changes more, but feedback so far had been very positive.

Management confirmed members would be updated on progress via the future reports and that improvements would be seen as the system was implemented. Further progress would also be made as the information system was developed for the service, as a large amount of time was currently taken up with the paper based administration system. The information system would not be in place until at least the end of next year.

Management were asked in the next report to show on an area by area basis, that progress is being made in the areas and the strategy for making that progress. The next update to the committee was due to the February 2012 meeting.

It was recommended

*that this report be received*

### **7.2. Update on Implementation of the cardiology Landscape Report**

The work done to address the wait list backlog since the Cardiology Landscape report was received was noted. During this time, no patients were identified with significant cardiac risk as a result of being on the wait lists, and there was no increase in the number of referrals to Capital & Coast DHB as a result of the review of the CARD AT waiting list. Access criteria particularly for diagnostics would be established so that people were referred appropriately. Once the clinical governance group was underway and the access criteria developed, consideration would be given to establishing a small focus group so there could be input from the patient's perspective.

It was recommended

*that this report be received*

### **7.3. Women's Health and Child Health Service Evaluation**

There was some discussion on the proposed key performance indicators (KPIs) in terms of the information they would provide. The data provided by the KPIs was important in terms of assessing progress on arrangements for the regional service and collection information. A member felt that while the KPIs provided certain information, there was another set of information from the consumer aspect which could help improve the service.

Management explained the intention had always been to ensure there was sufficient narrative to reflect on achievements. The purpose of this paper was to demonstrate that the original objectives were robust and could be measured.

The proposed recommendation was amended by the addition that the report still had to be discussed by Whanganui DHB.

It was recommended

*that this report be received*

*that the proposed evaluation criteria and monitoring arrangements for the Regional Women's Health and Child Health Services between MidCentral and Whanganui DHBs be endorsed noting that this report still has to be discussed by Whanganui DHB.*

## **8. OPERATIONAL REPORTS**

### **8.1. Provider Division Operating Report – June 2011**

The CEO spoke to his report, advising the Shorter Stays in ED project launch would be delayed for a little while. He explained that following discussions with the Senior Management Team, it had been agreed that a different approach was needed. There were a number of activities and initiatives underway at the moment which should be more integrated, and focus on an organisational culture change. An update on this would be provided in the following months.

It was noted that the Other Outsourced Costs represented invoices received for diagnostic tests performed by other DHBs that were not invoiced until year end. These costs had not been anticipated or provided for.

Asset Write-Off – the proposal to change the capital expenditure policy so that the level for capitalising assets was raised from \$1,000 to \$2,000 was discussed and supported. The proposed change would be cost neutral in future years.

Management advised there would be an independent assessment of the Horowhenua Urgent Care Pilot Project which would show how this service was working and any impact it might have had on ED presentations, which had levelled off recently.

Electives – the comparison of elective work performed in house over the last few years was noted. The figures showed a huge increase in work done in house now compared to three years ago.

Shorter Stays in ED – Regional DHBs are struggling with this project. MidCentral Health has done as much as it can to achieve the target at the lower rate, and was now looking at a whole of organisation culture change. This approach was supported by the project's national champion, Prof Ardagh, who had visited recently to see if he could help progress the initiative. The Director of Nursing explained the Care Capacity and Demand Management programme which was also looking at culture change. This programme forecast and planned for patient demand on services, looking at models of care and workforce so that we were able to deliver the services required, ie matching supply and demand, with forward planning for at least six months ahead if possible.

6-14

Sharepoint site – The issue of patients being informed their information was put onto this site was raised. Management confirmed access to the site was by clinicians involved in the care of the individuals, and the site was a means by which they accessed clinical information. The member felt an information sheet could be made available so that patients were informed about their listing on the site.

It was recommended

*that this paper be received*

**9. GOVERNANCE ISSUES**

**9.1. 2011/12 Work Programme**

Clinical Trials – the issue of research and clinical trials being undertaken at MidCentral Health and whether or not any revenue was involved was raised. Whilst it was felt the trials were more likely to provide useful scientific information rather than revenue, Management offered to report back in a few months time, covering issues like the length of activity, type, benefits, revenue and clinical oversight.

It was recommended

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

**10. LATE ITEMS**

There were no late items.

**11. DATE OF NEXT MEETING**

6 September 2011

**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:

<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 and Sentinel Events and Complaints	To protect personal privacy	9(2)(a)
Quarter Report - Contracts	Subject of negotiations	9(2)(j)