

## MidCentral District Health Board

**Minutes of the Hospital Advisory Committee meeting held on 3 September 2013 commencing at 8.45 am in the Board Room, MidCentral District Health Board**

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### PRESENT

Lindsay Burnell (chair)  
Richard Orzecki  
Barbara Robson

Phil Sunderland  
Stephen Paewai  
Cynric Temple-Camp  
Duncan Scott

*Unconfirmed Minutes*

### In attendance

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

Karen Naylor, Board Member (part meeting)  
Nicholas Glubb, Operations Director, Specialist Community & Regional Services  
Lyn Horgan, Operations Director, Hospital Services  
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness  
Tracey Schiebli, General Manager, Service & Business Planning, Whanganui DHB (part meeting)  
Jerry Varghese, Clinical Director, Mental Health Service (part meeting)  
Vivienne Ayres, Manager, DHB Planning and Accountability  
Rodney Mackenzie, Acting Manager, Business Support  
Amanda Drifill, Service Manager Medical Services (part meeting)  
Gillian Treloar, Service Manager, Renal Service (part meeting)  
Paul Greatorex, Operational Performance Analyst (part meeting)  
Public (1) [part meeting]  
Communications (1)  
Media (1)

### Welcome

A welcome was extended to Tracey Schiebli, General Manager, Whanganui DHB who had joined the meeting for item 7.5.

#### 1. APOLOGIES

Apologies were received from Jack Drummond and 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

There were no amendments to the register of interest.

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

The following conflicts of interest were noted:

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

It was noted that the Part 2 Contracts Quarterly Update paper had been removed from Duncan Scott's papers, as he was general manager and company director of Broadway Radiology Limited. If this item was discussed it was agreed Mr Scott would leave the room.

Richard Orzecki noted his interest as Chair, Manawhenua Hauora.

Stephen Paewai noted his interest as a trustee, Tararua Hauora Services.

#### **4. MINUTES**

It was recommended

that the minutes of the meeting held on 23 July 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**

##### *Releasing time to Care*

Clarification was requested in terms of the difference between MidCentral Health's (MCH's) Releasing Time to Care project and recent media articles about rationing nursing care. Management advised that the releasing time to care project was about freeing up time to care for inpatients. There were a number of modules used to achieve this. There were also such tools as the Care, Capacity and Demand Management programme; and TrendCare, which was based on the acuity of each patient and their needs, and provided the ability to match nursing care to the patient. It showed where there was capacity needs either from a patient or staffing aspect, thereby enabling resources to be allocated to match the need. TrendCare also identified patients with individual complexities, eg serious disablement.

The tools also enabled assessments to be made for future planning.

##### *Manawhenua Hauora*

Mr Orzecki advised Manawhenua Hauora had signed off on the work programme for 2013/14 at their meeting yesterday.

##### *Pool Lists*

Management were asked to provide a list of some of the procedures from the pool lists, so that the committee could better understand what was involved.

#### **6. WORK PROGRAMME**

It was recommended

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

#### **7. STRAGIC PLANNING**

##### **7.1 One Patient's Journey - update**

Management were asked to make sure that when the patient story was finalised, a copy was sent to members.

The difficulty for people who needed to use a number of services within primary and secondary services was highlighted by a member, who felt this should improve once patients had electronic access to their own information and test results.

It was also commented that members will be interested to hear about the results of the trial of patients having blood transfusions at Horowhenua Health Centre.

It was noted that this incident should not be only about an individual's journey, but about the overall journey for patients and families, and it should be included in the work being done on integrating services.

It was recommended

that this report be received

## **7.2 Non-Financial Monitoring framework and Performance Measures – Report for Quarter 4, 2012/13**

Stephen Paewai's interest as a trustee, Tararua Hauora Services, was noted.

### *Fertility Preservation*

Noted there are no gaps in this service, although there could potentially be some inequality due to improving technology. The Service Coverage Schedule which has recently been revised by the Ministry includes a statement about eligibility not being restricted to oncology patients – based on assessed clinical need (and clinical access priority criteria). It was noted that a consultation draft NZ guideline on Fertility Preservation for People with Cancer has been developed recently; this was still subject to confirmation.

### *Manawhenua Hauora*

It was also advised that Sir Mason Durie would be speaking at the next Manawhenua Hauora meeting on governance and leadership.

### *ED waiting times/Cardiovascular disease*

A member wondered if the results of the cardiovascular risk assessments were acted on if intervention was needed. Management advised the statin rate was measured for the district, and was reported on by the PHO.

The amount of information in this report was noted with appreciation.

It was recommended

that this report be received.

## **7.3 Regional Services Plan Implementation update – Quarter 4, 2012/13**

The Regional Governance Group (RGG) has looked into the CRISP programme with the result that the whole structure of the programme is being realigned. This should be presented to the boards in October for final consideration of the CRISP programme and where it is going.

The RGG is also looking at the development of a strategy around the Regional Services Plan. This will also be reported to the Board in due course as it is developed.

The Office of the Auditor General has advised that they have completed an audit in relation to regional operations and will be looking to further assistance from DHBs and the Ministry.

### *Colonoscopy waiting times*

Management clarified that the colonoscopy waiting time data issues related to the central repository and getting some of the specific data as part of the patient journey waiting times and descriptions. It was understood most of the issues have been resolved now.

5-9

It was recommended  
that this report be received

#### **7.4 Mental Health update**

Members were updated on the change to the national Mental Health Serious Adverse Event reporting. This would be reported separately and by region on 26 September 2013.

The Mental Health update contained information on the management of high risk mental health patients. Mr Orzecki referred to a recent media article on suicides of older Maori men, specifically from the Levin area, noting that the update did not refer to this issue. Management agreed, advising the report's material was taken from the most recent Health Needs Assessment, but the point was noted.

It was recommended  
that this report be received.

#### **7.5 Future Development of Renal Services for Whanganui and MidCentral DHBs**

Management outlined the steps taken in developing the recommendations for this service, commenting that as a result of the consumer consultation it had been realised there were a number of small actions that could be taken, that would improve the consumer outcome. These enhancements had been included in the recommendation.

A member commented that more thought should be given to increasing the renal transplant rate. Management agreed, advising that Counties Manakau DHB was currently undertaking a project to support patients and families/whanau to identify suitable live donors within their district. This project will inform other DHBs to develop similar strategies.

A member thought health promotion and education to prevent kidney disease was very important. Management advised there was a huge amount of work being done in that area.

Another member was disappointed the option to support home dialysis had not been recommended.

Travel was an aspect the joint working group had considered carefully. However it was decided the future focus should be on working with individual families to see what the barriers were to enable them to move to a home based service, as it was hoped to have as many people as possible receiving home dialysis.

Karen Naylor joined the meeting.

Dr Temple Camp advised he understood some new software was being introduced that surveyed patients' renal function no matter where it was done and picked up those at risk, sending a message to the GP and advising they should do some intervention work. The General Manager, Planning & Support advised this should link into the Map of Medicine work.

It was recommended  
that there is no major change to the current service configuration across the district at this time; and that  
enhancement to community based services, such as Whanganui district nursing and primary care teams is factored into planning assumptions for 2014/15.

## 8. OPERATIONAL REPORTS

### 8.1 Provider Division Operating Report – July 2013

#### *Junior Doctors/GP Doctors*

The number of junior trainee doctors has been increased, which has resulted in many more graduates looking for positions. This could result in an uptake in junior doctors entering the GP service.

#### *National Patient Safety Campaign*

It was noted that central district DHBs were leading the country in results for the national patient safety campaign.

#### *Ethics Advisory Group*

Management were thanked for the information provided about this group. A member expressed her opinion that there were gaps with the new framework. The member asked for some assurance that the Ethics Group was not moving outside its terms of reference.

It was recommended

that this report be received

## 9. LATE ITEMS

There were no late items.

## 10. DATE OF NEXT MEETING

15 October 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:

<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 Adverse Events and Complaints	To protect personal privacy	9(2)(a)
Contracts Quarterly Update	Subject of negotiations	9(2)(j)
2014/15 Planning Assumptions and Parameters	Subject of negotiations, and negotiating strategy information	9(2)(j)