

**Minutes of the Hospital Advisory Committee meeting held on 1 December 2009
commencing at 8.30 am in the Boardroom, MidCentral District Health Board**

PRESENT

Jack Drummond (chair)
Ann Chapman
Lindsay Burnell
Jim Jefferies
Richard Orzecki

Stephen Paewai
Barbara Robson
Kerry Simpson
Cynric Temple-Camp
Ian Wilson

In attendance

Murray Georgel, CEO
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member (part meeting)
Phil Sunderland, Board Member
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Sue Wood, Director of Nursing
Jeff Small, Group Manager, Commercial Services
Anne Amooore, Group Manager, Human Resources
Shirley-Anne Gardiner, Operations Manager
Chris Channing Manager, Planning & Performance Unit
Ian Ironside, Funding Division (part meeting)
Te Aira Henderson, Manager, Maori Health Service (part meeting)
Communications (1)
Media (2)

1. APOLOGIES

Ann Chapman apologised for leaving part of the meeting.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1. Amendments to the Register of Interests

Jack Drummond advised he was no longer medical director of the Waipuna Hospice.

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

Stephan Paewai - Item 7.7, and items 7.11.1 -4 and 7.11.6 due to his involvement with the Tararua PHO.

Unconfirmed Minutes

Barbara Robson – Item 7.7 and the section referring to the HPV immunisation programme in item 7.8 through her involvement in the Federation of Women’s Health Councils Aotearoa NZ (Inc).

Cynric Temple-Camp – Item 6, section 7.2 Strengthening Services workshop and the Operations Report, section 8 Employee Relations – Negotiating update Laboratory Workers, part 2 through Broadway Radiology, and MedLab Central Limited.

4. MINUTES

4.1. Minutes

It was recommended

that the minutes of the meeting held on 3 November 2009 be confirmed as a true and correct record.

4.2. Recommendations to Board

The Committee noted that the Board approved all recommendations contained in the minutes.

5. MATTERS ARISING FROM THE MINUTES

Cynric Temple-Camp clarified a misunderstanding relating to the last meeting, during discussion on the introduction of Anti-D Immunoglobulin as routine prophylaxis in pregnancy, advising he had consulted further and understood this was given during pregnancy rather than after pregnancy, which was the traditional method.

Barbara Robson referred to the immunisation initiative, asking if there was any funding to cover the additional costs, and whether there would be extra administration FTE associated with the project. The Operations Director, Specialist Community & Regional Services advised this project was being organised through the Funding Division, but he understood there had been a commitment for some funding for project management to support getting it underway.

There were no other matters arising from the minutes.

Diane Anderson joined the meeting.

6. OPERATIONS REPORT

The CEO spoke to this report, commenting that the format had been changed as well as the content. It was hoped the changes would be reflective of past discussions relating to reporting format.

The health target results were improving, but the financial result was not. He stated that MCH wanted to have made significant inroads into the deficit by this stage and that from October there should have been a change to the cost structure. This had not happened. Whilst changes were occurring, they were not happening quickly enough. The two main issues were the costs associated with the higher volumes and not achieving the budgeted savings. It was unlikely that the savings would achieve the budgeted result.

The issues were complex and involved getting the right amount of revenue from the various sources, having the correct supporting processes in place, eg the medical admitting and planning unit and women's surgical unit; and making sure costs were aligned to revenue. It was not easy to do this, and it was taking time to work through.

Ian Wilson suggested that the Committee would want to understand exactly where the programme was and it's likelihood of success, and said it could be an idea to have a workshop in the New Year so that members could be updated on progress with the plan, thereby satisfying themselves they were still confident it could be achieved.

There was some discussion on the level of internal medicine work and the unfunded services provided to acutely ill people who had to be admitted, and therefore whether the funding paradigm fitted the services provided. Managing locum and personnel costs would be an item for discussion at the proposed workshop. Management advised that locum costs were expected to significantly reduce from this quarter. There was activity in the Auckland DHBs to hold them at a reasonable rate as from December, and this would flow into other DHBs next year. The need to address the deficit sooner rather than later was expressed.

6.1. Health Targets

The recent publicity of DHBs' health target achievements was raised, in particular MCH's smoking cessation results. Members were informed that some DHBs were better at recording whether patients were smokers or not and that this information then had to be captured by the coders. MCH was getting better at this work, and results were expected to improve.

Lindsay Burnell left the meeting

Shorter Stays in ED Target

A Ministry of Health team visited last week to support MCH's progress in achieving the new ED length of stay national health target. During this meeting the general approach to the target was discussed, including initiatives and challenges.

Lindsay Burnell returned to the meeting

% of target elective surgery discharge volumes delivered

Management clarified why the target results were different to the public results, advising that the Ministry had adjusted MCH's targets at the beginning of the year for July and August, although the overall total remained the same with a catch-up phase from September onwards. As a result, our budget was slightly different to the figures the Ministry was using.

6.2. Acute Surgical Work

Whilst it was good for patients that there had been a reduction in the amount of acute surgical work required, the reduction also meant there was less funding paid to MCH. If that trend continued, there might not be an opportunity to catch up on the volumes later and thereby make up the revenue. The difficulties in rearranging surgical procedures if there was unexpected space were discussed, with Management explaining the services were as flexible as it was possible to get as elective patients could not have their procedures without adequate notice and preparation.

Jim Jefferies declared his conflict of interest due to his involvement with Aorangi Hospital Limited.

Mr Jefferies felt a lot more discussion and understanding of the issues were required if there were to be changes to surgical services. Many of the clinicians worked in both the public and privatesectors, and it was not practical to expect them to leave their private commitments, which in many instances had been planned for months, to come and perform unplanned elective surgery in the public hospital at short notice.

Ian Wilson said MCH could not achieve all its targets without some prioritisation, but there had to be change in order to capture the revenue.

6.3. Reporting format

Richard Orzecki referred to the revised format, and queried whether it was helpful to provide four years of data in some of the financial reports. Another member felt it was useful to have the previous year's results available for comparison purposes. The member referred to the chart in paragraph 2.3 of the financial appendix saying it would be helpful to see the latest forecast in between the variance and budget columns. Two members thought the historical data was useful at planning time when trends were being considered for future decision making, but it could be dispensed with on a monthly basis.

6.4. Capital Expenditure

Reference was made to the capital programme, and the prioritisation that will be required for purchasing or replacing equipment.

6.5. Diagnostic Access

Management advised MCH tried to work with providers to manage patients and ensure they had access to diagnostics so that the patients did not have to present to ED in order to have the tests.

It was recommended

that this report be received

7. STRATEGIC / SPECIAL ISSUES

7.1. Disposal of remainder of Horowhenua Hospital Land

Cynric Temple-Camp left the meeting.

Richard Orzecki advised he had a brief meeting with Muaupoko, Manawhenua Hauora and MCH Management regarding the disposal of surplus land to St John, Levin. He suggested that in future, early involvement with iwi in the planning process would be helpful.

It was recommended

that the Board confirms its decision to proceed with the disposal process for the remainder of Horowhenua Hospital Lots 1,2 and 3 of DP 408900 (8.1878HECT) subject to the approval of the Minister of Health and subsequent land clearance processes

7.2. Quality and safety

Cynric Temple-Camp returned to the meeting.

Management explained MCH was not participating in phase two of the Optimising the Patient Journey programme as it was not considered by MCH to be a true extension of the programme, and therefore it would not be as beneficial as first thought. The concept of lean thinking was gradually gaining support in the organisation, and a lot had been learnt from the programme.

Diane Anderson left the meeting.

A number of initiatives were underway and the work would continue. The Director of Nursing advised she was involved with the Health Management System Collaborative (HMSC) Enact programme, and that programme could achieve similar results around continuing care, efficiencies, and shared care processes across the district.

It was recommended

that this report be received

7.3. Clinical risk update

The categories containing the largest number of incidents were noted as often being the same areas ie falls, treatment, violence and medicine errors. This was acknowledged by Management, with the Director of Nursing explaining that anyone who had lower body surgery was at risk of falling when they mobilised. She also said that the elderly were a particularly vulnerable section of the population for falling, and that a national conference was being organised next year, looking at falls as part of the sentinel event reporting.

In response to a query regarding the new incident management system, Management advised the most significant area of change related to how to code and undertake reviews.

Management referred to the Safe Medication Management Programme, which was one of the national quality improvement programmes. It was anticipated this project would have a significant impact on the management of medicines in future. A group from the project team were visiting MCH next week to meet with senior staff to discuss the work. The move to electronic prescribing would also be a major influence in reducing errors in future.

It was recommended

that this report be received

7.4. Workforce

The number of workforce initiatives both locally and nationally, was noted.

The difference between Australian and New Zealand requirements in terms of registrar training leading to the consultant level was noted. Any locum hours work at this stage of training were not recognised in Australia, but were in New Zealand. Management advised a recommendation had been put forward for New Zealand to use the same criteria, ie junior doctors would need to work full time in hospitals, not as locums, if they wanted their time to count towards registration.

Management agreed to write a letter supporting the proposal.

Ann Chapman left the meeting.

It was recommended

that this report be received

7.5. Maori health

Ann Chapman returned to the meeting.

It was recommended

that this report be received

7.6. Child adolescent and family services reconfiguration and service development project

It was recommended

that this report be received

7.7. Child and youth update

Stephan Paewai declared his conflict of interest with sections of this report, due to his involvement with Rangitane o Tamaki nui a Rua Inc.

Barbara Robson declared her conflict of interest in relation to the HPV immunisation programme and her involvement in the Federation of Women's Health Councils Aotearoa NZ (Inc).

A member referred to the HPV immunisation programme uptake, which was higher for Maori and Pacific than for the overall population, and asked if there was any particular reason for this. Management advised the reason for the higher rates was because that section of the population had been a target for the programme.

It was recommended

that this report be received

7.8. Primary health update

Management clarified the figures shown in table 2 and figure 1 of this report. The figures in table 2 were for first time mothers having a caesarean section. The figures in figure 1 were for all women having a caesarean section.

It was recommended

that this report be received

7.9. Child and adolescent oral health update

Barbara Robson referred to the draft statement on the Disability Access Plan for this service, and suggested if possible that it was called the Universal Access Plan, as she felt universal access was different from the disabled children and adolescents who might be accessing oral health care. She said children should be able to attend the dental clinics in the same way they attended a doctor.

Other comments from Ms Robson included a suggestion to monitor the "did not attend" rates once the service commenced; reference to the height between the top of the gooseneck and the bottom step; who would pay for any modifications that might be required; and putting something on the website about the management of personal health information.

Lindsay Burnell said he would be watching to see that there was access for Horowhenua people who were disabled, as he thought they would have to travel to receive care as there would probably be no fixed sites in Horowhenua.

It was recommended

that this report be received

7.10. Secondary care

Reference was made to the regional women's health services Service Governance Group that had been convened, with the suggestion there should be consumer representation on it.

A member suggested it would be helpful if there was some financial information included so that the overall financial contribution made to the organisation was apparent.

A query was raised in relation to whether the initiatives being put in place in ED at the moment, would be sufficient to manage the increasing number of ED attendances. In response, Ian Wilson noted that whilst the clinical service plan had been deferred at the moment, it could be the solution along with the Family Health Centres that were being planned.

The CEO said that there had been a paper recently on chronic care and ED, that noted the number of people presenting at ED as a referral or having visited their GP was falling. He said there could be a number of reasons why ED presentations were increasing, eg people had become used to visiting ED as a result of ED managing the after-hours service, or advice from GPs that chronically ill patients present at ED under certain conditions. Approximately 2/3rds of presentations were from people who had chronic conditions, which could mean that MDHB was not managing them as well as they could be managed in the community. Mr Georgel went on to say there was a paper being presented to the Community & Primary Health committee later in the day that would be copied to this Committee.

It was recommended

that this report be received

7.11. Information only reports:

Stephan Paewai declared his conflict of interest with item 7.11.1 due to his involvement with the Tararua PHO. As the reports under this item were information reports that did not require decisions, it was agreed he could join in any discussion on them.

The reports under item 7.11 were taken together.

7.11.1. Health Promotion

7.11.2. Maori Health - funding

7.11.3. Mental health - funding

7.11.4. Child & Youth – funding

7.11.5. Health of Older People

7.11.6. Primary Health - funding

Mental Health update – Kaupapa Maori Mental Health & Addiction Services

Barbara Robson asked if there would be any evaluation of the outcomes of the change in approach, as suggested in paragraph 4.2.1 of this report. The CEO said he would follow the enquiry up at the Community & Primary Health Advisory Committee meeting later in the day.

Ann Chapman rejoined the meeting.

Other comments made relating to this group of papers included:

- the focus on achieving targets could be too narrow, and achieving targets did not necessarily mean healthy children
- would the interRai tool deliver the anticipated benefits
- an encouragement to become involved with social service agencies' work in strengthening families
- chronic care needs – would best practice create dependencies
- would MDHB be involved in the formation of the Expressions of Interest from primary care organisations for innovation and transformational change initiatives directed at achieving the Government's strategy of *Better, Sooner, More convenient Primary Health Care* – Management advised the establishment of these business cases was with the PHOs, but they had asked for DHB representatives.
- how cost effective and efficient were the primary health initiatives.

It was recommended

that these reports be received

8. GOVERNANCE ISSUES

8.1. Terms of Reference

It was recommended

that the terms of reference be noted, and reviewed in three years' time.

8.2. 2009/10 Work Programme

It was recommended

that the updated work programme for 2009/10 be noted.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

1 December 2009

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 – : Employment relations negotiations update re laboratory workers and resident medical officers | Negotiating strategy | 9(2)(j) |