

**Minutes of the Hospital Advisory Committee meeting held on 2 November 2010
commencing at 8.30 am in the Boardroom, MidCentral District Health Board**

PRESENT

Jack Drummond (chair)
Lindsay Burnell
Ann Chapman
Jim Jefferies
Stephen Paewai

Barbara Robson
Kerry Simpson
Phil Sunderland
Cynric Temple-Camp
David Warburton

In attendance

Murray Georgel, CEO
Mike Grant, Acting General Manager, Corporate Services
Carolyn Donaldson, Committee Secretary

Karen Naylor, Board Member Designate
Pat Kelly, Board Member Designate (part meeting)
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Lyn Horgan, Operations Director, Hospital Services
Shirley-Anne Gardiner, Operations Manager
Chris Channing, Manager, Planning & Performance Unit
Ian Ironside, Funding Division (part meeting)
Communications (1)
Media (1)

1. APOLOGIES

An apology was received from Richard Orzecki. Lindsay Burnell apologised for leaving early.

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.

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

The following conflicts of interest were declared:

Cynric Temple-Camp, item 5.2 page 6.7 (MRI review)
Stephen Paewai, item 8.2, Primary Healthcare update (Director of Central PHO)
Barbara Robson, item 9.5 page 6.18 (Clinicians Challenge)
Jack Drummond, item 7.1, page 7.9 (Sexual Abuse contracts)

5.11

4. MINUTES

4.1. Minutes

It was recommended

that the minutes of the meeting held on 5 October 2010 be confirmed as a true and correct record subject to the following amendments:

*Page 4.5 item 6.13 to read "It was suggested that good documentation quantifying the benefits received from **now having all the three linear accelerators similarly aligned** should be maintained."*

*Page 4.5 item 6.14 to read "It was recommended that Management consider the importance of benchmarking to show the impact of the screening and access to **colonoscopy and surgery**, if this proposal was successful."*

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. OPERATIONS REPORT

Cynric Temple-Camp declared his interest in item 5.2 page 6.7 (MRI review)
Barbara Robson declared her interest in item 9.5 page 6.18 (Clinicians Challenge)

6.1. Financial Performance

Management confirmed the revenue for the oral health project was received quarterly and was reimbursement for the previous three months' costs. The funding for capital costs was equity and therefore separate to operating revenue.

The gynaecology volumes were down due to a change in consultants earlier in the year. An action plan was in place to achieve the volumes over the next few months. The volumes for the additional surgery to be delivered at Whanganui DHB were separate and phased from October 2010 onwards.

6.2. PET Scans

Management advised there were only six indications that were funded publicly for PET scans. Whilst this type of scanning was probably a modality for the future, it was being introduced in a systematic manner with a standard approach. There were some guidelines from the cancer working group within the Ministry, and there was a moderation process led by the Clinical Director, Clinical Support Services, to check referrals for these scans.

6.3. Financial Service Reviews

Management were very pleased with the response from staff in terms of finding savings. When the programme started, it was necessary to build some gains into the budget. As the reviews progressed the savings were found but not necessarily where they were originally anticipated to be. The general surgery gains were through savings in MRIs and clinical supplies. These savings

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were reported in those areas rather than general surgery. The Mental Health Leadership Review was just being finalised, and it was expected there would be savings.

The year to date financial result was ahead of budget, but there were some factors to be taken into account; one being the uncertainties in respect of current industrial action and its consequences. More elective surgery was required as well and that would add additional costs. On the other hand, there were a number of activities that had happened this year which were planned for later on, eg paid car parking which was starting in February rather than July 2011. It was anticipated that the final year end position should be better than budget.

6.4. Health Targets

Smoking Cessation / Shorter Stays in ED

Management advised the standard smoking cessation screening form was not back from the printers yet, but expected soon. Two areas continue to use the forms as they had been trialling them. Once the forms arrived, they would be rolled out as quickly as possible.

There was reference to figure 12, page 6.10, and the graph showing the proportion of hospitalised smokers provided with help to quit. The reference was to the dramatic change in results during November / December 2009. Management were asked if similar changes were made now, would it enable the targets to be achieved, or whether it would be preferable to focus on one area and get it over the threshold, then work on the others.

The CEO suggested the management team could think about how to respond to the suggestion. The approach so far had been deliberate so the results could be maintained. The Director Patient Safety & Clinical Effectiveness advised that changes had just been made to the discharge summary form. It was expected that the revised form and the new screening form, once implemented, would make a significant difference to the smoking cessation results.

The charts on page 8.25 showing the percentage of ED patients discharged or transferred within six hours by service, were referred to, with the comment that after looking at those charts it was clear ED were able to see, assess and discharge their patients very close to targets. The difficulty was moving patients to other areas, eg medicine or surgery. The CEO agreed saying it was a whole system issue.

6.5. Human Resources

The number of agreements that had expired was noted. Management advised back dating MECA settlements was by agreement only, that provisions were being made where necessary, and therefore there should not be any additional liability as a result of these agreements being settled.

6.6. Clinicians' Challenge

Management confirmed the organisation had multiple computer systems as outlined in the winning case study by MCH's Colorectal Cancer Care Nursing Service in the Clinicians' Challenge 2010. MCH was working towards implementation of the new Concerto computer system, which would reduce the number of systems MCH required.

6.7. Dental Services for ex-Kimberley Residents

Reference was made to the situation relating to dental services for ex-Kimberley residents. The potential to use the Horowhenua Health Centre was noted. Management advised 34 former Kimberley residents had been assessed and a further 16 were booked for assessment. However

during October one of MCH's dental surgeons had been off on sick leave which had reduced the ability to provide some dental sessions.

6.8. Women's Surgical Services, Whanganui DHB

Management confirmed that the first ten women had accepted the offer to have their procedures done in Whanganui, and that another ten referrals would be made this month.

It was recommended

that this paper be received

7. STRATEGIC / SPECIAL ISSUES

7.1. Regional Service coordination and Regional Clinical Services Plan update

Jack Drummond declared his interest in relation to the sexual abuse contracts.

Management advised the centralAlliance Road Map would be revisited and updated by the work streams.

The work to support greater flexibility for midwives to work both in the community and hospital had been underway for different reasons in each DHB, however this was now being given greater formality at MCH.

Urology services would work across the two sites, with the more complex cases still coming to MCH.

The move towards a regional radiology system was commented on as being the correct move although it could be costly. Management advised the potential cost for the regional PACS repository had been identified although it was not in the current capex plan. It was included in the Central Regional Information System (CRISP) plan.

Pat Kelly joined the meeting.

Work on strengthening services in women's health particularly the clinically lead initiative had occurred with considerable success in relation to recruitment. The work also covered aligning clinical processes and systems, along with strengthening clinical governance for medicine, midwifery and nursing. Of particular benefit had been the opportunity for additional gynaecology surgery to be delivered at Whanganui DHB for MCH women. Work was currently underway looking at the funding implications of meeting the population's needs.

It was recommended

that this report is received

8. ANNUAL PLANNING

8.1. Improved Hospital Production update

There was discussion on the results of the operating theatre productivity indicator report. This was the first quarter the indicators had been reported and it was not known how MCH's results compared to other DHBs' results at this stage. A lot of work was being done with clinicians to improve theatre productivity.

Lindsay Burnell left the meeting.

It was recommended

that this report be received

8.2. Primary Health Care update – information item

Stephen Paewai, declared his interest in this item (Director of Central PHO).

It was noted that the aspirational targets of the Better, Sooner, More Convenient business case were now the targets. This initiative was funded by the Ministry and accountability rested with the Ministry. Primary and secondary services would work together to improve healthcare for the region’s population. Regular six monthly reports would be provided to the Board’s committees.

It was recommended

that this report be received

9. GOVERNANCE ISSUES

It was recommended

that the updated work programme for 2010/11 be noted.

10. LATE ITEMS

There were no late items.

Acknowledgement of Service – Jim Jefferies

The Chairman acknowledged and thanked Jim Jefferies for the contribution he had made to the Committee since being appointed to the Board in 2004.

11. DATE OF NEXT MEETING

1 February 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 : Employment matter	To protect personal privacy	9(2)(a)
Contracts Quarterly Update	Contract negotiations	9(2)(j)