

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 6 April 2010 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
Phil Sunderland
Cynric Temple-Camp
David Warburton

In attendance

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

Diane Anderson, Board Member
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Jeff Small, Group Manager, Commercial Services
Anne Amoore, Group Manager, Human Resources
Shirley-Anne Gardiner, Operations Manager
Ian Ironside, Funding Division (part meeting)
Chris Kirk, Capital Accountant (part meeting)
Fay Selby-Law, ABC Trainer, Public Health (part meeting)
Bronwyn Ferry, Project Manager, Health Promotion (part meeting)
Donna Francis, Clinical Coordinator Clinical Coding (part meeting)
Communications (1)
Media (1)

1. APOLOGIES

There were no apologies.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1. Amendments to the Register of Interests

Ann Chapman advised her daughter no longer worked for ACC.

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

Barbara Robson – Item 7.1 - Regional Clinical Services Plan: Ms Robson was a consumer representative on the RCSP Steering Committee.

Richard Orzecki – Item 11.3 part 2. Mr Orzecki knew the family involved.

David Warburton – Item 18 – Clinical Workstation Project update – Mr Warburton was a member of the Whanganui DHB.

4. MINUTES

4.1. Minutes

It was recommended

that the minutes of the meeting held on 2 March 2010 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

There were no matters arising from the minutes.

6. OPERATIONS REPORT

Financial Results

The forecast result was outside budget, but MidCentral Health (MCH) was living within the recovery programme. The most significant driver of the budget was the evaluation of land and buildings, which had added almost \$2.2m to the bottom line. There were also a number of savings from projects which were being put in place but this was happening later than intended.

ACC

The decline in ACC revenue claim levels was queried. Management advised this was most likely due to the need to improve MCH's systems to ensure all ACC activity was captured, but there had also been a tightening in the rules by ACC. An internal working group was looking at improving MCH's systems. However there was a 12 month period in which claims could be made to ACC for work done, and MCH was reasonably confident the project had been set up so that MCH was able to claim for any work done but not charged. The CEO noted that past audits had been reassuring.

Comparison of Results

It was suggested it would be helpful to include the original budget figures in recovery programme tables for comparison purposes, ie budget, recovery forecast, and actual results.

Unfunded Volumes

These volumes did not provide extra revenue. MCH already got the maximum amount of revenue in capacity funded areas. Delivering more services than purchased incurred costs so services and costs had to be reduced. If services continued to be delivered, then costs would continue.

Financial Review of Services

Management advised there had been a change in focus of these reviews from being data driven to improving processes which clinical leaders felt would improve services. This had given clinicians an opportunity to reflect on how services could operate and their impact on resources used.

The ability of the organisation to cope with the large range of reviews in a timely manner was raised, noting some prioritisation in terms of deliverables might be required. A request was made for the project savings to be more clearly identified against budget and recovery plan results.

There was a brief discussion on whether so much detail was required in relation to the progress being made on the reviews, or whether reporting on the main saving activities only would be sufficient for governance purposes. The detail had been provided as Management felt it gave members an understanding of what was happening. It was noted that the KPIs were based on the budget, not the recovery programme. Another concern was raised relating to the resources required to undertake the reviews. Management acknowledged the concern, advising that was the reason for spreading the project out over several months.

Lindsay Burnell left the meeting.

Human Resources Update

The national terms of settlement have been ratified. Some industrial action was taking place. This was generally outside regular working hours, so at this stage there should not be too much impact on elective surgical services.

Lindsay Burnell rejoined the meeting. Cynric Temple-Camp left the meeting.

Unplanned Returns to Theatre

The increase in unplanned returns to theatre was noted.

Cynric Temple-Camp rejoined the meeting.

Finance Report

A member suggested it would be helpful if a third line was added to the operating surplus graph to show the recovery programme result.

Herceptin Cost

Management were asked to clarify if the herceptin cost related to only MCH women or not.

It was resolved

that this paper be received

7. STRATEGIC / SPECIAL ISSUES

7.1. Regional Clinical Services Plan Update

Barbara Robson declared her interest as a consumer representative on the RCSP Steering Committee.

It was recommended

that this report be received

7.2. Smoking Cessation Target and Taskforce

The biggest issue facing the Taskforce was documentation. No areas were excluded from the programme so the target would not be achieved unless all patients were asked about their smoking status.

A member suggested it might be worthwhile having board members participate in a champion's role, to show board members were committed to the programme.

The plan was to be rolled out to primary care later in the year. There was already some contact with outside organisations, eg UCOL, education facilities and dentists.

It was recommended

that this report be received

7.3. Child & Adolescent Oral Health

A member asked after the outcome of the revised referral process with Well Child providers, and whether it had ensured that children from 1 year of age identified as high risk were now being referred, as was intended in the business case. As Management did not have that level of detail available at the meeting, this information would be included in the next update. Management confirmed the issues identified during commissioning regarding electrical compliance of the mobile units, had been resolved with the contractors and at no cost to MidCentral Health.

Management explained that the Ministry's quarterly reporting model involved reporting both planned and actual enrolments for 2009/10. Some planned enrolments had been double counted across age categories. The error had now been corrected. Whilst the Ministry wanted a careful review of the implications for workforce and number of chairs, MCH understood the basis for the number of clinics and workforce was the population census projections not enrolments. This will be clarified with the Ministry and the outcome reported in a future update.

It was noted that the new mobile units were being staffed within existing staffing levels whilst recruitment continues. More staff will be required for full implementation.

The CEO updated members on a recent national update from the Ministry regarding the number of mobile units and fixed clinics, workforce numbers, and the increased number of pre-school children and adolescents that would be seen in the dental units within a few years.

It was recommended

that this report be received

7.4. Clinical Records Building

It was recommended

that the clinical records building be constructed as part of the District Health Board's capital programme.

7.5. Paid Car Parking – Interim Report

Management advised the next report would probably be presented in June. Members identified areas they would like covered in the report, including capital funding options and the possibility of external funding; using revenue generated from car parking to fund the project, and security systems/monitoring vehicles in and out of the parking area.

It was recommended

that this paper be received

7.6. Hospital Benchmarking Quarterly update

It was noted that a new measure of 30 day mortality rates was to be introduced. Management advised details regarding this measure were still being developed.

It was recommended

that this report be received

8. GOVERNANCE ISSUES

8.1. 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

4 May 2010. Ann Chapman apologised for this meeting.

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 Sentinel/Serious Events and Complaints : Employee Relations – Negotiating/Bargaining Strategy update	To protect patient privacy Negotiation strategy	9(2)(a) 9(2)(j)
Child & Adolescent Oral Health Update - Transportation of mobile clinics	Contains competitive pricing information	9(2)(j)

6.15

Clinical Workstation Project update	Contains competitive pricing information	9(2)(j)
2010/2011 District Annual Plan	Under negotiation	9(2)(j)