

**Minutes of the Hospital Advisory Committee meeting held on 6 September 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  
Richard Orzecki

Stephen Paewai  
Barbara Robson  
Phil Sunderland  
Cynric Temple-Camp

**In attendance**

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

Unconfirmed Minutes

Pat Kelly, Board Member  
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 (part meeting)  
Vivienne Ayres, Manager, Planning & Performance Unit (part meeting)  
Craig Johnston, Senior Portfolio Manager, Primary Health Care (part meeting)  
Communications (1)  
Media (1)

**1. APOLOGIES**

An apology was received from Kerry Simpson.

**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 declared.

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

There were no declarations of conflict of interest.

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**4. MINUTES**

**4.1. Minutes**

It was recommended

*that the minutes of the meeting held on 2 August 2011 be confirmed as a true and correct record.*

5.11

#### **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. STRATEGIC PLANNING**

##### **6.1. Regional Services Plan (RSP) 2011/12 update and 2012/13 Regional Services Plan development**

There was discussion on the communication strategy for this plan in terms of whose responsibility it was, and whether there was a central communications strategy for the region. The CEO advised there would be a quarterly update in October, which could go to all six DHBs.

In relation to progress with the plan, the CEO advised efforts were being made to progress current work and contain the number of projects and keep them controllable. Otherwise there was a danger they would not be done well enough. The quarterly update due in October should update on progress against the milestones and provide a sense of progress, including information around communications. A combined boards meeting was scheduled for November which would provide time for 2012/13 planning, as well as an opportunity to ensure there were not too many competing priorities.

A member felt a challenge for the RSP would be around electives as there could be a significant impact on patients and communities. It was suggested this was a good opportunity for a specific communication strategy around electives which could educate the communities and media.

It was recommended

*that this report be received*

##### **6.2. 2011/12 Annual Plan Implementation**

###### **6.2.1. Implementation of centralAlliance Roadmap, update 1**

It was recommended

*that this report be received*

###### **6.2.2. Non-financial Monitoring Framework and Performance Measures, quarter 4 update**

The Ministry's recently released report on the cervical screening programme was referred to by a member, who felt members should take note of that report's comments on the widening criteria for priority women, reporting colposcopy data and particular concerns for Maori women using the service.

Other comments on the Quarterly Performance Report included reference to the inpatient detoxification service, the family violence prevention audit scores, and how the theatre productivity target worked. In relation to the query about the detoxification service, its location, number of clients, and impact on services, this information would be sent direct to the member making the inquiry.

Management agreed for future reference/reporting to update references to the single PHO (not four as originally set up); reference to four Maori Health Plans; and to also note implementation of the new Maori health responsiveness framework (and regional Maori Health Plan). Management undertook to confirm and update these items with the new financial year reporting. Management also agreed to check that specific rates for Maori re health target for diabetes (detection, management and CVD) were up to date.

Concern was expressed about the coverage of the Ministry's Treaty of Waitangi course. A member felt it was misleading to say the board members had attended Treaty of Waitangi training, as the course only provided an overview, not training. Management agreed to relay the comment to the Ministry.

In respect to frequent readmissions, management confirmed there was a strategy in place to manage these patients when they presented in ED. Management agreed to provide some information for the November meeting, on the strategies and linkages between primary and secondary in caring for these people.

It was recommended

*that this report be received*

### **6.2.3. Increased Immunisation, update 1 (Information only)**

It was recommended

*that this report be received*

### **6.2.4. Response to CPHAC Committee member request regarding begging in the CBD (Information only)**

It was recommended

*that this report be received*

## **7. OPERATIONAL REPORTS**

### **7.1. Provider Division Operating Report – July 2011**

The CEO spoke to this report, pointing out the finance section had been revised. Members were comfortable with the new format, but noted more information would be required if the financial situation deteriorated, eg why had it happened and what was being done to correct it.

It was noted there had been very high medical bed occupancy during July and August.

The recent telephone outage was noted. The incident was still under review to ascertain exactly what had happened, but it was not considered a severity assessment code (SAC) 1, as there was still coverage.

The Tairāwhiti DHB review of their adult tertiary cancer treatment service was discussed in terms of consultation. Management advised they understood the DHB was not holding public meetings but were happy to meet with groups that requested a meeting and that they had

engaged with consumers through the local cancer network. Tairāwhiti DHB was aware that Ozanam House provided a seven-day service.

It was noted that a request for proposal (RFP) process to establish new service arrangements for the hospital smoking cessation support programme was being undertaken. A member requested Management make sure if there was a change of service providers, that the referral process was easy and seamless.

Management were encouraged to capture patient feedback as it helped inform and improve service delivery.

It was noted there had been a slight increase in vacancies. This was mainly due to junior medical staff completing their contracts in New Zealand and returning to the UK for the summer.

It was recommended

*that this report be received*

## **8. GOVERNANCE ISSUES**

### **8.1. 2011/12 Reporting Framework**

It was recommended

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

## **9. LATE ITEMS**

There were no late items.

## **10. DATE OF NEXT MEETING**

4 October 2011

## **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 and Sentinel Events and Complaints	To protect personal privacy	9(2)(a)
Feilding Integrated Family Health Centre	Under negotiation	9(2)(j)
Implementation of centralAlliance Roadmap - Women's Health	Subject of negotiation	9(2)(j)
Non-Elective Service Performance Indicators (ESPIs) Referral Management	Subject of negotiation	9(2)(j)