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MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 2 December 2008 commencing at 8.35 am in the Boardroom, MidCentral District Health Board

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Jack Drummond (chair)
Lindsay Burnell
Ann Chapman
Jim Jefferies
Richard Orzecki
Stephen Paewai
Barbara Robson
Kerry Simpson
Cynric Temple-Camp
Ian Wilson

In attendance
Murray Georgel, CEO
Lareen Cooper, General Manager, MidCentral Health
Stuart Wilson, General Manager Corporate Services
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member (part meeting)
Nicholas Glubb, Group Manager, Child, Women, and Mental Health Services
Brett Sheehan, Group Manager, Surgical Services
Lyn Horgan, Group Manager, Medical Services
Jeff Small, Group Manager Commercial Support Services (part meeting)
Penny O'Leary, Group Manager, RCTS, BreastScreening Coast to Coast, Clinical Services
Sue Wood, Director of Nursing
Anne Amoore, Group Manager, Human Resources (part meeting)
Simon Floris, Planning & Performance Unit
Shirley-Anne Gardiner, Operations Manager
Neil Aitcheson, Manager Materials Management
Robyn Shaw, Manager Elective Services (part meeting)
Vivienne Ayres, Planning & Performance Unit (part meeting)
Ian Ironside, Portfolio Manager Secondary Care, Funding Division (part meeting)
Communications Unit (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

Barbara Robson advised the Regional Development Service Initiative Steering Committee had disbanded, so she no longer had any involvement with that committee.

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

There were no declarations of conflict in relation to today's business.

4. MINUTES

4.1. Minutes

It was recommended:

> *that the minutes of the meeting held 4 November 2008 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

Richard Orzecki provided the following feedback from Manawhenua Hauora in relation to the minutes:

Access to PNH and car parking – Manawhenua Hauora noted the proposed improvements and appreciated the improved access particularly for visiting purposes.

Investment in Child & Adolescent Oral Health Services Project – Manawhenua Hauora discussed how this project would affect Maori/Iwi health providers and how appropriate the mobile units would be for Maori.

Did Not Attend results – Manawhenua Hauora expressed concern at the outpatient DNA results particularly concerning Maori, and the reasons for non attendance. Manawhenua Hauora queried whether any action had been taken following the 2005 Maori DNA report. Acknowledged a part time kaiawhina position had been established to assist with encouraging Maori to attend colposcopy clinics. Manawhenua Hauora questioned whether there had been support from MidCentral DHB.

Noted that MDHB had developed initiatives to improve outpatient attendance rates in areas of greatest need, eg ambulatory care, children and women's health clinics.

A request was made for a copy of the Maori and non-Maori DNA rates for September, October and November 2008 so that Manawhenua Hauora could obtain a clearer picture of the DNAs for Maori at outpatient clinics.

Mr Orzecki advised this was early feedback from Manawhenua Hauora, and that this information would also be reported to MDHB.

6. STRATEGIC/SPECIAL ISSUES

6.1. Increase in Breast Screening Rates

The target for all eligible women and all eligible Maori women in MidCentral District Health Board's (MDHB) area being screened for breast cancer was discussed, as a member felt the same figure should be used for the two groups. Management agreed that when the original target was set, the same level should have been set for all women. When the targets were originally set in 2004, the levels were quite low (Maori was about 19%). Progress was being made and the rates were slowly increasing. The National Screening Unit target was 70% over two years, so MidCentral Health (MCH) had set their target at 35% per year.

Richard Orzecki asked if the strategies put in place to address inequities had been effective. Management explained it generally took some time before the effect of having the mobile unit visit an area was noted, and it could range from a couple of months to years. No data had been collected yet on the effect of the unit's visit to the various areas. Management also explained that some new initiatives had been undertaken following the Committee's feedback to the September meeting, and invitations had been sent to women to enrol. However, although women might enrol, that did not necessarily mean they came in for screening.

A member noted that if the target was increased, MCH would have difficulty coping with any resulting increase in volumes, as there had to be the resources available to manage any positive results.

A member suggested another avenue to consider as a point of contact for women, was via the newsletters put out by Vision Manawatu Business Women.

It was recommended that

this report be received

6.2. Secondary Care Component of the Cancer Control Plan update

A member referred to the current outsourcing of radiation therapy and asked if Management had considered using the new private providers in Auckland. Management advised they had not contacted the private provider to date for information but would do so, and report back on outsourcing options at the next quarterly update.

It was suggested that if there was capacity in New Zealand at Waikato, MCH should utilise that capacity first.

It was recommended that

this report be received

6.3. Increase Capacity and Capability in the Emergency Department

Whilst the targets for recruiting senior medical officers had not been achieved yet, there had been an increase over the last few years and there were now three FACEMs and one locum SMO. Management advised the number of FACEMs had to be carefully balanced with the roster requirements of junior medical staff. A larger number of FACEMs could mean fewer

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junior staff were required; however there had to be sufficient junior staff employed in order to have compliant rosters.

It was noted that the Australasian College for Emergency Medicine had recently inspected the Emergency Department in relation to our training status. Following the visit, a report and recommendations would be made to the College Council. Management felt confident the training status would be re-instituted.

It was recommended that

this report be received.

6.4. Regional Child and Women's Health Services update

It was recommended that

this report be received.

6.5. Child Health update

Management advised they were working with the Funding Division on developing a paper that was to have been presented to the Committee today on the development of a Child Health Centre for Palmerston North. However, due to the current funding/budgeting issues, the proposal had been put on hold.

It was recommended that

this report be received.

6.6. Quarterly Quality update

Management advised that a trial would be starting shortly that would involve patient meals being delivered directly to patients by the catering personnel. It was hoped this initiative would result in a reduction of complaints regarding meals.

Barbara Robson indicated an interest in hearing, in due course, how often the language line and sign language interpreter services were used and what they cost.

It was recommended that

this report be received

6.7. Clinical Risk update

It was recommended that

this paper be received.

6.8. Whanau Ora Impact Assessment

There was some discussion on the "did not attend" (DNA) rates for outpatient clinic attendances. Richard Orzecki advised Manawhenua Hauora were also concerned at the number of Maori new patients who did not keep their colposcopy clinic appointments, and that committee was considering how they could help.

Management offered to provide further information to members in say March or April next year, around accessing the colposcopy clinic and the DNA rates.

It was recommended that

this report be received.

6.9. Placement of Medical Students at Palmerston North Hospital

It was recommended that

this report be received.

6.10. Six-monthly Workforce Development Strategy update

Cynric Temple-Camp referred to the second bullet point of recommendation 2, paragraph 4.2 "Workforce Taskforce", saying he understood this concerned building health centres. If this bullet point concerned the Feilding Health Centre, then he understood the centre had already been declined by the Commerce Commission. The CEO said Dr Temple-Camp's concerns would be noted and followed up on.

Stephen Paewai joined the meeting.

Management clarified that although there was no specific marketing budget, there were a number of recruitment/retention initiatives, eg overseas recruitment – if clinical directors or other senior clinicians were attending overseas conferences, they would take recruitment packages with them; when the Medical Director was in the UK recently, he took the opportunity to interview and talk to UK based candidates.

Responses to the overseas recruitment drives were received for many months following the drive, eg there were some successful applicants to the 2007 nursing drive who were just about to start with MCH now.

It was noted that only 6% of MDHB's workforce was Maori, and there were no Pacific Island people working at MDHB. Management advised that advising ethnicity was voluntary. Management considered such things as training opportunities and whether they helped meet the needs of the various ethnicities, or whether the environment was appropriate. The orientation process had been changed recently and now included a powhiri. MCH was looking to involve local schools in the orientation programme so that students had an opportunity to see another side of hospital life.

It was recommended that

this report be received.

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6.11. DHB Hospital Benchmark Information Report to June 2008

It was recommended that

this report be received

6.12. Non Financial Performance Indicator Report

Management advised that MDHB as a whole expected to be compliant by December. However, there were specific areas like general surgery where MCH would not be compliant in ESPI 2.

As at the end of November, MCH was compliant in ESPI 3-8 at DHB level. ESP2 was an area of concern in particular for general surgery, gastroenterology and urology. Efforts were underway to rectify this.

Concern was expressed in relation to not being compliant, and the resulting funding implication for MCH. Management advised there had been discussions around putting certain work out to private providers, but this had to be weighed up with the fact that if MCH did not do the work then it would not get the funding. It was a balance between getting as much done to earn the revenue and balancing the bottom line with MCH'S capacity and the capacity in private. Management would be looking at forecasting around the financial implications of that in the next couple of weeks.

It was recommended that
this report be received

6.13. District Annual Plan Initiatives update

It was recommended that

this report be received

6.14. Capital Expenditure – Steam Sterilisers with Clean Steam Generators

A member asked if it would be conceivable to have a regional sterilisation service providing there was funding available. Management advised it was possible, but would be extremely difficult to do given the investment that would be required, and also the turn around time to sterilise the equipment and get it back to services.

It was recommended that

that approval be given for the purchase of three Getinge HS 6613 sterilisers with on board steam to steam generators, loading and storage equipment, and one hot feed at a cost of $441,289.95, plus an estimated $20,000 to reinstate the surrounding area, and any services that will be required to fit the new installation.

6.15. Reconfigure General Medical Services to align with MCH's Clinical Services Plan

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Management confirmed they had looked at a number of medical assessment units at other DHBs, as part of the work done in developing an assessment unit for MCH. It was important to get the processes and patient flows right, otherwise problems were just moved from one area to another. Retention of experienced nursing staff was also very important, given the complexity of patient illnesses. Participation of the whole multi-disciplinary team including allied health staff was also necessary.

It was recommended that

this report be received.

7. OPERATIONS REPORT

The General Manager, MidCentral Health, presented her report.

The deteriorating financial situation and the strategies being put in place to address the issue were discussed. The decisions taken to date to address the problem should provide a buffer while consideration was given to the rest of the year.

There was discussion in relation to the committee now needing to indicate to the board, that the time could be approaching when service rationing was necessary and that the time had come to consider the matter, as MCH was facing an impossible task. A suggestion was put forward that instead of referring to the issue as "rationing", the term "right sizing" should be used, as MCH had to right size outcomes to the dollars.

Specific comments noted were:

Clinical supplies
- Was the increase in the cost of clinical supplies due to an increase in demand, or an increase in price?
- Haemophilia supplies – they were now nationally funded but still impacted on MCH's finances.
- When doing the forecasts, consideration had to be given to the change in the value of the N Z dollar.

Locum expenditure
- This expenditure was for senior medical officers. The cost for SMO locums varied according to where they came from, eg within NZ or from overseas.

Capital expenditure
- Even if expenditure had been budgeted, MCH now had to consider whether the purchase should proceed.

General
- The current deficit had arisen since the end of the last financial year, and it would not be easy to turn it around before the end of this financial year.
- This committee had a responsibility as well – to understand the situation and to decide whether it would support any proposals Management might put forward to rectify things.
- There had to be discussions with the Community and Public Health Advisory Committee.
- Maybe the time had come to re-prioritise some of the money allocated to primary care services.

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- Was there a better understanding of some of the drivers around sustaining the acute service demand? It could be helpful to have this information particularly if there was pressure to achieve elective services.
- Was there money at risk if MCH did not achieve in the safe medications programme?
- Any project undertaken had to deliver effective and workable outcomes.
- If the Horowhenua Health Centre was not financially sustainable, then it could be at risk.
- The private sector was seeing a relatively quick growth. MCH needed to focus on the next two years, as it would see the same growth in complexity.
- Was there a need to reconsider some of the pricing mechanisms with the Funding Division? If so, it could mean considering what services in primary and secondary could be done. This was a DHB-wide issue not just the hospital.
- There was national pressure developing to look at services to see what was an appropriate level for funding. What should MCH be funding?
- It was inevitable since moving to the primary care model, that secondary care would have front door difficulties. Some of the primary initiative outcomes were well down the track and it would be a long time before the benefits of preventing people coming to the front door, were realised.

Finance Report

The General Manager Corporate Services explained the "summary by line" table, stating that although the total lines appeared to be performing satisfactorily with a favourable variance of $1.4m, once the SLA adjustment was applied there was a $1.5m deficit. He emphasized that the Funding Division could no longer help reduce MCH's deficit.

It was recommended

that this paper be received

8. GOVERNANCE ISSUES

8.1. Work Plan for 2008/09

Members' provided their feedback in relation to the most appropriate reporting arrangement including frequency of reports and which committee should receive the reports in terms of the child and adolescent oral health project.

At the conclusion of the feedback, members supported the reporting arrangements remaining with the Hospital Advisory Committee.

It was recommended

that the updated work programme for 2008/09 be noted.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

3 February 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:

Item	Reason	Reference
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	
Operations Report – : Update on HDC Report into Patient Care : Sentinel Event : MECA accruals	 To protect personal privacy To protect personal privacy Subject to negotiation	 9(2)(j) 9(2)(a) 9(2)(a)
Contract Renewal for the lease of Photocopies and Facsimile Machines	Subject to negotiation	9(2)(j)
Capital Expenditure: Steam Sterilisers	Subject to negotiation	9(2)(j)