

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 1 March 2011 commencing at 8.30 am in the Boardroom, MidCentral District Health Board

PRESENT

| | |
|-----------------------|--------------------|
| Jack Drummond (chair) | Barbara Robson |
| Lindsay Burnell | Kerry Simpson |
| Kate Joblin | Phil Sunderland |
| Richard Orzecki | Cynric Temple-Camp |

In attendance

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

Karen Naylor, Board Member
Ann Chapman, Board Member (part meeting)
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Lyn Horgan, Operations Director, Hospital Services
Jeff Small, Group Manager, Commercial Services (part meeting)
Shirley-Anne Gardiner, Operations Manager
Sue Wood, Director of Nursing
Chris Channing, Manager, Planning & Performance Unit
Dr Bart Baker, CD Regional Cancer Treatment Service (for section 8.3)
Cushla Lucas, Service Manager RCTS (for section 8.3)
Grant Jensen, Management Accountant (for section 8.3)
Denise Holcroft, Project Manager (for section 8.3)
Communications (1)
Media (1)

1. APOLOGIES

There were no apologies. Kate apologised for leaving the meeting 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

Cynric Temple-Camp – Confidential section of the agenda, Part B - section 16, paragraphs 10.1 and 10.3 of the operations report, due to MedLab's involvement with the patients.

4. MINUTES

4.1. Minutes

It was recommended

that the minutes of the meeting held on 1 February 2011 be confirmed as a true and correct record.

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. REGIONAL PLANNING

6.1. Improved Local and Regional Coordination of Services update

Progress towards the annual plan targets, the Central Region Information System Plan (CRISP), continued evolution of clinical networks and the centralAlliance developments was noted.

Women's Surgical Health Service

A member felt there was a need to ensure all women eligible for breast reconstruction surgery had been contacted and offered the surgery.

SIM Baby and SIM NewB training service

Management advised that while there were benefits of improved clinical collaboration and professional development, and this was an important component of the regional service arrangements, the clinical advice received regarding the specific use of these highly specialised simulators was that they needed to be available in the workplace, so that they were available during clinical down time and for the team to use prior to specialist procedures on a baby.

Health Targets

Management noted that whilst the regional service planning would assist in achieving the six health targets, MCH could probably do this on its own although not within the next 12 months. Longer term, efficiencies and returns on investments would be the outcome of the planning.

After Hours access to GPs

Management explained the local arrangement was that GPs paid a contribution to ED via the DHB, for after hours coverage (between 11pm and 8am). There was also some additional funding from the Funding Division for this service.

It was recommended

that this report be received

7. ANNUAL PLANNING

7.1. Hospital Productivity update

Average Length of Stay (ALOS)

The dramatic fall in Medical Services ALOS was noted, with Management advising they felt it was a result of implementing the Medical Assessment and Planning Unit. There were now reduced ward rounds, cohesive teams, and services were moving towards home warding.

Disability Plan for Child & Adolescent Oral Health Service

Management confirmed this plan was submitted to the Hospital Advisory Committee in late 2009 and then sent to the Ministry. The Ministry asked that it be updated taking into consideration the work done in relation to universal access and the revised service configuration for fixed facilities. This was being done, and would be reported on in the next quarterly update.

It was recommended

that this report be received

7.2. Women’s and Children’s Health Services in Whanganui and MidCentral Region – Evaluation

A member said she would be very keen to see some criteria around improved outcomes for women, and what those outcomes were. While noting this was a valid suggestion, another member felt the only outcome would be that no women were harmed as had occurred in Whanganui in the past.

A member suggested that the criteria should be peer reviewed before finalisation. Management noted the suggestion.

It was recommended

that the independent evaluation of the regional Women’s Health Service and the Children’s Health managed clinical network be completed in August 2012 and February 2012 with the evaluation reports available to the Hospital Advisory Committee in September 2012 and March 2014 meetings; and that

the evaluation criteria be developed and confirmed over the next three months and reported to the Hospital Advisory committee in June 2011.

7.3. Primary Care update (information only)

Ann Chapman joined the meeting.

It was recommended

that this report be received

8. OPERATIONAL REPORTS

8.1. Provider Division Operating Report – December 2010

The CEO spoke to this report, noting both monthly and year to date financial results were favourable. Health target results continued to improve, and MidCentral Health was looking to further improve all systems.

National Medications Chart

Management advised MCH's Chief Pharmacist had a lead role in this project and would be noting any issues and feedback. Other DHBs have asked MCH for their learnings from the project, and there was a lot of interest in it.

MCH/Whanganui DHB Gynaecological Surgery Initiative

A member suggested it would good to evaluate this service, and capture comments from MCH women using the service in Whanganui. The member also wondered if the reasons women declined the offer to have their surgery in Whanganui could be recorded. Management advised there was a spreadsheet noting who had been contacted. Management understood the main reason for declining this service was for personal/family reasons.

Paid Car Parking

The introduction of paid car parking had commenced relatively smoothly, with the first two weeks being unpaid so that any initial problems could be sorted out.

It was recommended

that this report be received

8.2. Non Financial Performance measures (information only)

Since the completion of this report, the Ministry has finalised its initial ratings and had made a number of changes. Four measures had gone from 'partially achieved' to 'achieved' and from 'further work' to 'satisfactory', and one had gone from 'achieved' to 'partially achieved'.

The CEO advised a member of the public had suggested that in some places in this report, there may have been inappropriate terminology used. This had been looked into and a fairly full explanation of the terminology used was provided to the person.

It was recommended

that this report be received

8.3. Permanent Fourth Linac, Radiation Oncology – business case

The Committee were advised that Tairawhiti DHB were considering options for improving cancer services for their population. This was no reflection on the services provided by the MDHB RCTS, but was around aligning all cancer services for their people. If it was possible, then consultation would be undertaken with their population and interested communities, including MDHB. There would be some impact on our cancer service if Tairawhiti DHB did make this change, but any changes would take years to achieve and be relatively small. MDHB was also looking to strengthen collaboration with Capital & Coast DHB who had a strong tertiary focus. This complemented the outreach clinics used by MDHB in its model of care.

In relation to the business case, Management confirmed some additional staff would be required, but it would be phased and there should not be any problems recruiting to the positions.

Management advised they were mindful of recent history in replacing and upgrading linear accelerators, and had been strengthening the relationship with the supplier over recent months. The improved relationship had seen a relatively seamless introduction of the third linear accelerator and upgrade last year.

At the request of members, the recommendation regarding approval was moved to the confidential section of the meeting.

It was recommended

that the 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.

11. DATE OF NEXT MEETING

5 April 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 : Potential Sentinel/Serious Events and Complaints | To protect personal privacy | 9(2)(a) |
| : Elective Services Productivity and Workforce Programme | Under negotiation | 9(2)(j) |
| Permanent Fourth Linac, Radiation Oncology - Procurement and pricing information | Commercially sensitive information | 9(2)(j) |
| Draft Annual Plan | Under negotiation | 9(2)(j) |