



Clinical Council

Summary of August 3, 2015 Meeting

Submission of Business Case to the National Capital Committee for Urgent Interim Works – Dunedin Hospital

Peter Beirne, Executive Director Infrastructure & Strategic Projects, presented an update to the Council. Peter noted that the business case for clinical facilities urgent interim works at Dunedin Hospital will now go to the National Capital Committee (11 August 2015).

An update on verbal feedback from the Ministry of Health and Treasury on the business case has been received. It was noted that they did not have significant questions. In particular they did not have a lot of issues on deferred maintenance. They did not think our mental health co-location agreement was strong in terms of “urgency” like the other cases were.

There was also a request for more KPIs. It was also noted that the capital awarded will add to our deficit and this makes it important to show efficiencies in care delivery improvements (i.e. save money to service capital each year). It was noted that it has been difficult to find any efficiencies with deferred maintenance.

Eventually the recommendations will go to the Joint Ministers; Health and Finance. The Joint Ministers have delegation to approve it; but if they go through Cabinet it will add another six weeks to the time of decision.

Update on Contract Negotiations for Rural Trust Hospitals

Sandra Boardman, Executive Director Planning and Funding, presented this item.

Rural Trusts - Sandra noted that Waitaki District Health Services Ltd (WDHS) is the only Rural Trust in which contract negotiations have not been completed. WDHS will meet with the Southern DHB Commissioner on 12 August 2015.

Southern Clinical Network – PHO Agreement

This is to be reviewed by expert review panel. The review will include looking at geographical distribution, practices, benefit and efficiency and effectiveness. All GPs/PHOs to be consulted by mail. Recommendations will be made to the Commissioner.

Waitaki Boundary – It was noted that the WDHS want to move the boundary to become part of South Canterbury DHB. This matter is being examined for the financial and clinical impact of such a change together with South Canterbury DHB. There is a specific process that WDHS must follow to have a decision made on this proposal.

Transparency of Information related to Medical/Service Interventions

Mr Richard Bunton, Medical Director of Patient Services and Acting Chief Medical Officer, presented the Health Quality and Safety Commission (HQSC) position paper for the Ombudsman regarding the transparency of information related to medical interventions.

The HQSC had been asked to provide comments to the Ombudsman regarding his investigation in to the Official Information Act (OIA) request to District Health Boards (DHBs) from Martin Johnson of the *NZ Herald* for complication data by named cardiothoracic surgeon and neurosurgeon and an OIA request from Ben Heather to DHBs for complication data by named surgeon for all surgery.

The draft HQSC position paper was tabled together with a legal opinion on the topic provided by the Association of Salaried Medical Specialists (ASMS). It was noted that feedback is being obtained from senior medical staff and other interested parties.

This was noted to be a very complex issue. Nationally collected data is currently not accurate enough but some medical colleges are working towards having a good data set. A major need is to have data that is understandable to the public. It was also noted that the patients would still have to attend their local publicly-funded hospital despite its outcome data.

Engagement with the Commissioners

Carole Heatly noted that the Commissioners have meet with the Medical Directors and are planning to meet with the Senior Medical Staff, the Clinical Leaders and Nursing/Midwifery and Allied Health, Technical and Scientific groups.

Carole Heatly, Chair