



Clinical Council

Summary of September 28, 2015 Meeting

Commissioners address to the Clinical Council - Graham Crombie, Richard Thomson & Jane Wilson

Graham Crombie, Acting Commissioner, led the address to the Council which aimed to raise issues relevant to the Council function. Graham noted that Jane Wilson has been seconded from her position as Nurse Director, Operations, to work with the Commissioners.

The Commissioners have met with a large number of groups and have had a wide range of comments back - they are distilling the information to then work with it. The Commissioners have noted from the feedback a real desire from staff to effect change; this is seen as "a positive".

People working in the DHB are seen by the Commissioners as the best people to effect change and so the Commissioners are looking at possible structures to facilitate this and to empower people. The Commissioners have noted that components in clinical structures are not linked together well but that the plan is to empower systems that are currently in place.

There are two main parts:

1. The Chief Medical Officer appointment is critical to what we need including changes in clinical services;
2. The Clinical Council advises the Commissioners – need to empower the Council and make it work. They want the Council to be available to the Commissioners to "test" thinking of other advisers and groups.

The Clinical Council needs to advise the Commissioner on "models of care" and "clinical leadership".

It was noted that there is no "consumer voice" currently and that we need this voice.

Locality groups and strategic plan update

Liz Disney, Senior Manager Systems Integration and Innovation, presented this item.

In regard to the Waitaki District Health Services contract renewal, Liz noted that the existing contract is still in place and discussion between Southern DHB and Waitaki District Health Services are ongoing. A DHB group will work with Waitaki and the community to explore what services might be provided there in the future.

Locality Groups are noted in the Strategic Plan and Planning and Funding are currently working through options for their set-up. This is being seen as an opportunity to engage with our community and share our issues and challenges. We would like to have open dialogue with communities.

Consideration includes how we set up the locality groups and development of a roadmap for how we use them for the next three years. This approach will allow development of our community engagement over time including what roles communities may undertake. We need

to be clearer on our organisational approach, vision and intent around community engagement for the future.

Conceptually, locality groups are geographical areas set up so their boundaries span across the care continuum. Each group has will have a local chairperson, a key person from Planning and Funding, the PHO and Provider Arm, and their discussions will be aligned to the work coming from Alliance South.

Capital Update

Peter Beirne, Executive Director Infrastructure and Strategic Projects, presented this update.

Recent announcement of the approval of the projects (ICU, Endoscopy, Audiology, and Deferred Maintenance) was noted.

A draft model of the Urgent and Interim Works – Dunedin and Wakari Hospital oversight and reporting (Master site Planning Stage 2) was tabled. The draft structure involves Project Boards with some overlap of directorates. These will be overseen by a steering group and there is a need for additional resource.

The Southern Partnership Group (Partnership Group) has been formed to ensure the linkages within the redevelopment business case. The role of the Partnership Group has been set by The Minister of Health to progress the facilities redevelopment of Dunedin Hospital.

Decision making processes: Partnership Group decisions are to be made and approvals given after due diligence, including appropriate consultation with contributing partners, and within delegated authorities and responsibilities.

The Terms of Reference for this group states that it is a facilities redevelopment of Dunedin Hospital and will include strategic services plan and a detailed clinical plan. A stocktake of similar work done in the past is to take place and then they will look at the gaps to see what work needs to be done. This will include structures.

Models of care are going to drive the project of the main rebuild and there will be a focus on the whole of life cost (not just the capital cost).

The University will be refitting the Children's Pavilion for their own decanting purposes and this will eventually be used for our office decanting.

Appeal of suspension of training posts in orthopaedics

Carole Heatly noted that the Acting Chief Medical Officer has submitted an appeal to the Royal Australasian College of Surgeons in response to their decision to suspend registrar training posts in Dunedin.

Carole Heatly, Chair