



Clinical Council

Summary of April 26, 2016 Meeting

Discussion of the role of the Clinical Council in supporting the Southern Partnership Group

Dr Margaret Wilsher was in attendance from Auckland City Hospital for this item (Mr Andrew Connolly was unable to attend). Dr Wilsher outlined that it was very helpful to the Southern Partnership Group to have engagement with clinical leaders and that this was an opportunity for leaders to tell her their concerns and for her to explain her role on the Partnership Group, including what the current issues are.

Dr Wilsher stated that she is a clinician, with a governance and advisory role and she works under very clear terms of reference held by the Minister of Finance and Minister of Health. Her role is to provide clinical input into the development of the business case for the new hospital.

The aim is to achieve the right balance of clinical opinion, evidence, and local information, in to the business case. Both she and Mr Connolly are on the Partnership Group as clinical leaders. Her first request is for engagement with the process and for encouragement for other clinical leaders and clinical representatives to become engaged. There is a need to be pragmatic, to prioritise, and to make decisions. Dr Wilsher noted that the building has to reflect the intent of the strategic direction of the DHB.

There was discussion regarding the kind of input expected from the Clinical Council, as to whether the Council would act as a sounding board or take a more proactive role. Dr Wilsher noted that in the first instance the engagement of the Council would be with Sapere Research Group. She noted that they really do need to understand the clinicians' concerns and the clinicians have to understand the constraints.

Dr Millar noted that the reasons for a new hospital include: to improve safety; for better outcomes; to achieve more efficiency; and a better experience for both patients and staff – *it is not just the replacement of a building.*

It was noted that getting ideas about the new hospital decided early will save money whereas changing our minds later in the process will increase costs significantly. Every area of a new building will be used for three or four different things over its lifetime.

The next stages involve Sapere Research Group engaging with all services. They have also produced a draft clinical services plan that will require approval. The strategic assessment for the new building is different from the clinical services plan but they are aligned.

It was noted that the timelines have been set by the Ministers. Dr Wilsher said that they would rather know about any trouble and malcontent early.

Radiology Update

Dr Marion Poore, Medical Director, and Stephen Jenkins, Service Manager attended to present this item. The paper "Southern DHB Radiology System Project" dated 26 April 2016 had been circulated together with the draft report from the steering group which is entitled "Radiology Systems Project; A Future Radiology System for Southern DHB" (draft).

Dr Poore noted that Phase 1 of this project started late October to consider the best way to configure the radiology system for Southern DHB. The strategic recommendations made in the document have been accepted by the Executive Leadership Team. Phase II will result in a detailed plan about how the system would work and include IT, integration, pathways and business arrangements. Phase III will focus on implementation.

Dr Poore noted that the proposed workflow changes are still evolving following useful input from the staff. Once the PACS reporting system is implemented (20 May 2015) the final workflow configuration can be determined and will be phased in. Some concern was expressed from Southland members that the changes may make the service less effective. The Radiology User Groups on each site provides a forum to discuss concerns regarding any changes proposed. It was noted that there are some concerns from Dunedin as well.

Dr Keith Reid, Chair