



Clinical Council

Summary of December 17, 2015 Meeting

Update from the Commissioners

Graham Crombie, Deputy Commissioner, noted that the Commissioners are moving out of the set up phase and that the release of the cultural piece '***Southern Future – it's up to us***' is about to be launched. This programme is aimed at establishing what we would like Southern DHB to look like in the future, and what shared principles should guide us on how we get there.

A recent meeting took place between the Commissioner and the Minister of Health and they looked at the long term plan. It was also noted that:

- Treasury have approved the budget;
- The integrity of the internal financial data will be improved;
- The Commissioner continue to engage with various groups, including a meeting with Waitaki District Health Services;
- The Commissioners' plan is a 5-8 year programme.

Graham asked that the revised Terms of Reference for the Clinical Council need to emphasise that the Commissioners see the Council as chief clinical advisors to them.

The question was raised in regard to investment in quality with the DHB and where such investment would be coming from. This was said to have two parts: (1) the budget should allow some decisions and (2) the Minister had been asked about this and he was supportive. This is consistent with the concept of "invest to save". There is also an opportunity with the Dunedin School of Medicine to invest in a "Ko Awatea South" type of arrangement. This would be a partnership arrangement involving improvement science applied to clinical practice and bring all together links with Ko Awatea and Professor Jonathon Gray¹.

The role of Leanne Samuel, Associate Professor David Perez and Carolyn Preston in clinical overviews and supports of the Clinical Council leading each of the work streams

Leanne Samuel and Associate Professor David Perez spoke to the paper "Master Site Planning Stage 2 ICU/HDU Project; Clinical Sponsors Report; December 2015".

The main points of the paper were outlined. It was noted:

- The model of care was noted especially in relation to the concept of duty of care;
- The plan is to set up sub-projects with input to be elicited from speciality groups;
- Timeframe noted with first quarter of next year;
- Monitoring units were discussed in relation to the number of HDU and ICU beds;
- There is a need to define admission and discharge criteria with protocol for treatment and an escalation clause of when to move to the next level;
- It was stated that there is insufficient space on 5th floor for all ICU and HDU patients;
- It was suggested to make ICU/HDU a fixed point to work re-build around but it is too early in planning to do this.

¹ Professor Jonathon Gray is the Director of Ko Awatea, and Chair of Healthcare Improvement and Innovation at Victoria University, Wellington

Update from Peter Beirne

Peter Beirne, *Executive Director Infrastructure & Strategic Projects* provided an update on Interim Works. It was noted that the Architects have been appointed and that there has been one meeting held to date. The plan is to start the audiology and endoscopy units early next year.

Clinical Council Role in Interim Works

There is no major role for the Clinical Council in the Interim Works project as this is a fairly routine upgrade process and there has already been significant clinical input.

There will be peer review before any rebuild and where there is contention, the Clinical Council input will be obtained.

Planning Process to Start Next Year

Peter Beirne outlined that in order to decide on what buildings are needed in Dunedin Hospital we need to look at the macro-level across the district and the region.

The tender process has gone to the Ministry and RFP is being considered by the Southern Partnership Group this week. The assumption is that they can build on previous work and the Clinical Council will be consulted on this along with many others.

Strategic assessment defines the problem (e.g. keep Ward Block and forget about Clinical Services Building). All options will be explored including Greenfields.

Review of the Terms of Reference of the Clinical Council

The Chair proposed changes to the current Terms of Reference.

Dr Keith Reid, Chair