



Clinical Council

Summary of February 29, 2016 Meeting

Master Site Planning STAGE 2, Intensive Care Unit/High Dependency Unit Project

Leanne Samuel and Associate Professor David Perez presented the Clinical Sponsors' Report (January 2015) and this item.

Report was tabled. The following was noted:

- That work is on track to meet with the March meeting of the Capital Investment Committee;
- The development of the Model of Care and the Draft Southern DHB Dunedin Hospital ICU/HDU Structure and Functional Brief document is progressing;
- The plan is to decant Ward 5B to the third floor by 1 July 2016;
- The timeframes for completion of ICU have been brought forward.

Discussion included:

- The need to consider teaching and learning in the decant and how is this to be accommodated;
- The design team is about to consult on learning and research needs;
- In principle the Council accepted what was presented but it was noted that congestion on the combined wards will be a factor for clinical teams and students;
- A risk identified is that of the pressure on staff to contribute to design and equipment selection. There is a need to develop opportunities to allow intensivists to have time to contribute

Presentation and Discussion with Tom Love and Rebecca Drew, Sapere Research Group on Strategic Planning for Dunedin Hospital Rebuild and Clinical Council's Role

Tom Love, Lead Analyst and Rebecca Drew, Project Manager, Sapere Research Group presented a paper entitled "High Level overview of Project and Purpose of the meetings" alongside an extract of the RFP issued by the Ministry of Health. Sapere has worked extensively in the health sector over the years and has a dedicated Health Practice group. A link to their Health Brochure which describes the breadth and depth of their experience and their core skills appears below.

<http://health.srgexpert.com/>

Sapere have been contracted by the Ministry of Health to support the strategic planning stage for the redevelopment of Dunedin Hospital services, working closely with Southern DHB and stakeholders. This work will build on SDHB's Strategic Health Plan and draw on existing work already undertaken within the district.

The first stage of the project involves the development of a Strategic Services Plan taking a 'whole of system' view across the district to define the challenges and pose potential solutions. The plan, due early April this year and the focus of initial meetings with staff, will include information on the following:

- organisation overview;
- demographics, population and catchment profile;

- organisational strategic goals, priorities and actions;
- key policy and service directions;
- current infrastructure profile;
- current services, current capacity and throughput;
- patient journey and service challenges;
- performance comparisons and forecast activity;
- future demand and proposed management strategies.

This plan will set the scene for the second stage of the project – the development of a Strategic Services Plan (Clinical Services Plan) that focuses more specifically on options for clinically and financially sustainable hospital services in Dunedin. The third deliverable is the development of a Strategic Assessment under The Treasury's Better Business Case model, providing a clear definition and rationale for a range of feasible options.

There will be meetings across all sites. There will be a high-level plan and then a more detailed plan.

Their brief is to consider all feasible options, acknowledging what is already going on and building from there. It was noted that the timeframes are very short, and that the Clinical Services Plan has to be completed by mid-June.

Alongside their analysis of data, strategic documents and other relevant desk-based research, they are eager to hear thoughts on the following matters:

1. What are the current patient journey and service challenges?
2. Over the next 5 years, what additional challenges are likely to arise?
3. What initiatives, planned or underway, are likely to impact (negatively or positively) on these challenges?
4. What other potential opportunities are there?
5. What can we learn from past experience both local and in other districts?

The question posed was 'what are the important strategic-level items to have on the radar?' Discussion included the following:

- This directly affects Dunedin Hospital but serves the whole district – establishing the correct strategic considerations is fundamental here;
- Movement of health services to the community;
- Accommodating University interests;
- Preserving postgraduate training;
- Reviewing specialties delivered from Dunedin Hospital;
- Providing generic secondary care for a defined population;
- Relationships with the rest of the South Island and NZ;
- Maintaining and improving access and equity to services across district;
- Pooling expertise to service the District's population; currently there are very few services integrated across Southland and Dunedin; most operate separately in each hospital;
- Perceptions vary between parts of the region; what is the real picture;
- The relationship with the rural hospital system;
- 'Tyranny of geography';
- Sub-specialisation; knowledge is still expanding and requires subspecialty care to capitalize on that;
- Primary care infrastructure is not necessarily the same as elsewhere (e.g. size and dispersal of practices);

- Lack of awareness of how inequitable we may be/how much disparity that there may be between services;
- Alliance South – Long-term conditions; ongoing work on acute models of care;
- Primary care and secondary care lack integration; shortage of primary care doctors;
- Bigger picture re climate change/disasters/dealing with the unexpected – resilience;
- Subspecialties – acute emergency care in a timely manner without loss of life; elective procedures could be delivered elsewhere;
- The Strategic Plan talks about lifting some services to world-class level but does not say how this is to be achieved.

Plan:

- Convene smaller groups (4-5) and present back;
- Working group to look at University issues;
- Engagement with Primary Care;
- Series of meetings with departments within hospital;

Planning these meetings in mid-April.

Dr Keith Reid, Chair