MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 1 September 2015 commencing at 8.45 am in the Boardroom, MidCentral District Health Board

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PRESENT

Barbara Robson (Chair)
Lindsay Burnell
Kate Joblin
Karen Naylor
Duncan Scott
Dennis Emery

In attendance
Mike Grant, Acting CEO/General Manager, Clinical Services and Transformation
Carolyn Donaldson, Committee Secretary

Barbara Cameron, Board Member, (part meeting)
Barry Keane, Nurse Director, RCTS, Women's and Child Health, and Public Health
Cheryl Benn, Midwifery Advisor (part meeting)
Chris Nolan, Service Director, Mental Health Service (part meeting)
Digby Ngan Kee, Clinical Director, Women's Health Service (part meeting)
Greig Russell, Medical Administration Trainee
Iona Cameron- Smith, Acting Director of Midwifery (part meeting)
Jeff Small, Group Manager, Commercial Support
John Manderson, Manager, Data Quality & Health Information (part meeting)
Kaye Allardice-Green, Associate Charge Nurse, Ward 29
Kenneth Clark, Chief Medical Officer (part meeting)
Lyn Horgan, Operations Director, Hospital Services
Michele Coghlan, Director of Nursing
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Stephanie Turner, Director of Maori Health & Disability
Syed Ahmer, Clinical Director, Mental Health & Addiction Service (part meeting)
Vivienne Ayres, Manager, DHB Planning and Accountability (part meeting)
Mr & Mrs Hume
Mrs Heather Lewis and Mr Lewis
Communications (1)
Media
Public (1)

WELCOME

A warm welcome back was extended to Dennis Emery, newly appointed committee member.

1. APOLOGIES

Apologies were received from Phil Sunderland, Cynric Temple-Camp and Kathryn Cook.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 Amendments to the register of interests

Dennis Emery said he would provide a complete list of his interests to the Principal Administration Officer, but in the interim the following interests should be noted in relation to this meeting:

- Employee, Maori Cultural Advisor, Arohanui Hospice
- Member, Manawhenua Hauora Board

3.2 Declaration of conflicts in relation to today's business

Dennis Emery declared a conflict in relation to item 5, part 2 section, Sub Lease for Tenancy in Feilding Integrated Family Health Centre as he was lead advocate for the Treaty claim, and his Iwi Authority was one of the potential tenants.

Duncan Scott declared a conflict in relation to MRI waiting list indicators and item 5, part 2 section, Sub Lease for Tenancy in Feilding Integrated Family Health Centre as Broadway Radiology were prospective tenants.

Karen Naylor declared a conflict in relation to items 7.4 (Care Capacity Demand Management update), item 7.5 (Regional Women's Health Service Report) and the Operations Report, part 2 section reference to the Women's Health Service in terms of her role with the NZNO.

Barbara Robson declared a conflict in relation to any discussion on the Maternity Clinical Information System contained in any report due to her involvement as a consumer representative on the Maternity Information Systems Programme Steering Group.

Address by Member of the Public – Mrs Heather Lewis

Mrs Lewis then spoke to the Committee. The issues raised included:

- Mrs Lewis was being refused input to board members and believed that was contrary to her democratic right. Members were publicly elected and she should have access to them.
- Mrs Lewis would send a letter to the DHB Chairman as she was being thwarted at every turn – eg appointments to see management, input into mental health review as a patient/service user/consumer.
- The Board/Committee was being misled by management. This month's report said there was consumer involvement/participation. There were no direct consumers. The term was being used in a totally wrong way. The consumer should be someone who used the service. The NGOs acted for the users and basically were employed by the DHB. The consumer should not be paid by the DHB.
- Middle management does what it likes and does not have to honour senior management's agreements. This was in reference to agreement reached by senior management regarding the issues raised by Mrs Lewis earlier this year when she addressed the Hospital Advisory Committee meeting.
- Mrs Lewis's personal complaint had still not been addressed. It was raised in October 2013. She was facing the same blockages faced by Erica Hume. The staff who opposed her transfer of care were still in the same jobs and she felt management were hiding behind employee privacy and taking priority over patients which was not right.
- She would be taking her complaint to the Health & Disability Commissioner, Privacy Commissioner, Human Rights Commission, Mental Health Commission, ACC and Member of Parliament.

4. MINUTES

It was recommended

that the minutes of the meeting held on 9 June 2015 be confirmed as a true and correct record with one minor amendment. The 4th paragraph under section 8.1, Provider Division Operating Report – May 2015, 2nd sentence to read: *the member was concerned about staff buying out their leave as staff should be able to take their allocated leave ~~when they wanted to~~ that they were entitled to.*

4.1 Recommendations to Board

It was noted that the Board approved all recommendations contained in the minutes.

5. MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes.

6. WORK PROGRAMME

Members were reminded there was a workshop at 3pm in relation to mental health landscaping, and that a strategic workshop for Board and the Executive Team was scheduled for 29 October.

The papers scheduled for the next meeting were noted. Noted that the Board Chair and CEO were discussing possible future workshops including one concerning diabetes services.

Business cases – it was noted the hospital operations centre business case was scheduled to go directly to the Board, due to timing issues. Following a brief discussion on process, it was agreed the case would be delayed six weeks so it could firstly be considered by the Hospital Advisory Committee.

It was recommended

that the updated work programme for 2015/16 be noted.

7. STRATEGIC PLANNING

7.1 Regional Services Plan 2015/16 implementation update – quarter 4, 2014/16

Leave management was not in the new Regional Service Plan (RSP), so going forward it would probably be reported separately. It was clarified that the figures for patients waiting more than four months for treatment were regional. At the local DHB level, compliance with the Elective Services Performance Indicators (ESPIs) was required in order to avoid financial penalties.

It was recommended

that this report be received.

7.2 Mental Health Service Reconfiguration

The Service Director, Mental Health Service, and Clinical Director, Mental Health & Addiction Services and Director of Nursing, spoke to this report. They noted the following key points.

- There was only one clinical management position left to fill. An experienced manager was covering the position in the interim so there was no significant gap in management or coordination of services.
- Phase one has been completed. The report was designed to capture all of the completed/about to be completed elements and larger parts of the

recommendations, and take them forward to capture the longer term development of the service.

- Developing a quality framework and attempting to provide more detail.
- Now that phase one was completed, the district-wide service could be looked at independently to identify core business and primary care level services. This could mean a bit more restructuring of teams.
- The service needed to start benchmarking its services. MDHB recently visited Hawkes Bay DHB to look at their service. Some of the differences noted were: they do not have a problem with mental health housing; they have four Needs Assessment, Service Coordination staff (MDHB has one), they do not have a ward similar to our STAR 1 ward.
- The service was looking at different cohorts of people in the system and patient flows.
- Consideration is being given to the quality of data. The number of patients in the ward was often greater than the capped number as patients could not be refused admission.
- Nursing learning sets have been set up in the central region for participation by senior mental health nurses to help them to move forward. The first meeting has been held, which agreed terms of reference. There will be another meeting in a couple of months' time.

The Committee then discussed the report.

A request was made for a diagrammatic representation of the clinical governance structure for the next meeting, starting with the executive leadership team.

CCTV – Management advised they were obtaining policies and procedures from other DHBs regarding CCTV. This would be provided to the Committee along with a request for guidance as to how long tapes should be kept for, what happens in the event of an incident, how the tape was secured and who had access to such matters in the normal course of their business.

A member expressed concern in relation to whether there were an adequate number of beds in ward 21 to support patients requiring admission. The Acting CEO advised a report on the facility upgrade would be presented to the next meeting, which would chart out requirements. Issues impacting on bed usage included the use and access to community placements and use of community housing, the type of available bed, as people were at different stages of recovery in ward 21, and the use of transition/step down beds.

The shortness of the contract term for service user length of stay (6 weeks) for NGO accommodation providers was raised, and the Acting CEO undertook to look into it and see if it could be longer.

Management were asked if there could be more reporting on the bed situation and the different type of beds, and the flow into the NGO sector. Management advised the issue related to the model of care and the types of bed required over time for the population. It would require discussions between the Funder and NGO partners. Eighty percent of the activity was in the community. Early intervention and improved treatment and access would be managed in the community.

A request for information on the ethnicity breakdown was made, as there was very little information on the number of Maori patients.

Electronic records – noted that a review of the "break the glass" security of access to the mental health electronic records was planned, and would cover both the clinicians and service user perspective.

Staff training and development – this will continue through to phase two, and should be a KPI.

The development of a dashboard would ensure any outstanding issues in phase one were not overlooked.

The Yaxley facility in Feilding was discussed. Some of its residents have been there many years, are in their late 70s and have predominantly age related issues. Aged care providers are funded to provide a range of care including hospital level care, and could be suitable for some of these patients.

Table two of the report, *Trendcare Activity for Ward 21 (Occupancy/Utilisation/patient movement)* was explained to members. A member sought reassurance that there was staffing capacity to meet the work load, as there was still a high level of overtime being used. The member asked what was foreseen for the future particularly in terms of double shifts. The Nurse Director clarified there had been a high level of sickness over winter as well as high numbers of admissions. As a result it had been necessary to have more double shifts than normal. The aim was to have adequate staffing to manage the occupancy. Benchmarking with other units would be part of achieving this.

It was noted that the national Key Performance Indicator targets contained a graduation in the definition of the target, recognising in some instances cases could not be completed. The service wanted to set its own targets but that would rely on correct data and electronic systems.

The Chair asked if there could be a retrospective review of the national KPIs, say from October 2013 – April 2014, to see what they might have revealed if they had been reported to the Committee.

The Chair thanked Mr & Mrs Hume for their contribution in ensuring the plan relating to Erica was as good as it could be for people moving forward.

It was recommended

that this report be received.

7.3 Non-financial Performance Indicators 2014/15, /quarter 4, 2014/15

It was recommended

that this report be received.

7.4 Care Capacity Demand Management (CCDM) update

Karen Naylor declared her conflict of interest with this paper in terms of her role with the NZNO. She did not take part in any discussions.

The Director of Nursing noted key points in the report:

- CCDM was a whole of system approach to managing capacity and demand throughout the organisation.
- All DHBs in NZ are now engaged in the programme.
- Letter of agreement with the Safe Staffing Healthy Workplace Unit will be for a three year term with deliverables each year.
- A Local Data Council will have to be formed.
- MCH has provided leadership nationally over the last 3-4 years for this programme.
- Progress has been relatively slow this year, although some really good achievements have been made, eg variance response management plans for the organisation. MCH was one of only two or three DHBs to have done this. Progress would improve once agreement was reached on the formula for the nursing FTE calculations.

- The *Over the Line* survey has been completed. All DHBs have been asked to complete this.

Once the Local Data Council was in place, one of its functions would be to look at the everyday data and feed back on it, including the negative/positive variances. A member felt the report was light on completion dates/targets.

The Director of Nursing offered to provide some more detail on the programme.

It was recommended

that this report be received.

7.5 Regional Women's Health Service Report

Discussion on this item was delayed until Dr Ngan Kee joined the meeting.

8. OPERATIONAL REPORT

8.1 Provider Division Operating Report - June/July 2015

Clinical Supplies – the increase in clinical supplies was noted by a member. Management advised some work was being done around some specific supplies and pharmaceuticals as part of the business as usual work as opposed to the efficiency programme. However, there had been over-delivery in elective work. This amounted to $2.5m work that was not funded by the Ministry, the flow on effect being increased MCH clinical supply costs.

Transport costs were also high this month, largely due to the number of medical flights required for intubated patients.

As case weight volumes were predicted to be lower this year (October – June), the budget had been reduced accordingly. A corresponding reduction in clinical supply costs should be seen based on inpatient medical volumes.

It was recommended

that this report be received.

As Dr Ngan Kee had joined the meeting, the Regional Women's Health Service report was discussed.

7.5 Regional Women's Health Service Report

Colposcopy Clinic "Did Not Attends" (DNAs) – noted that the DNAs tended to be younger women. It was too early yet to say whether the HPV vaccination programme had had any effect on lesions.

Gynaecology Oncology – this is a vulnerable area as MCH relies on Capital & Coast DHB to provide the tertiary service and the ongoing availability of gynaecology oncologists at C&C DHB was uncertain. Dr Ngan Kee outlined the issues he saw with this service in terms of training and recruitment of the specialists required. Unfortunately NZ had only about a third of the number required for the country. He raised the possibility that central region women may eventually have to travel to either Auckland or Christchurch for this service.

The introduction of wireless access points in the Women's Health area had made a huge difference for clinicians working with MCIS. A decision on the successful vendor for the Practice Management System for the major primary maternity provider organisation had now been made and will enable major progress to be made.

Midwifery recruitment continued to be difficult.

It was recommended

that this report be received.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

13 October 2015

11. EXCLUSION OF PUBLIC

It was recommended

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	*Reason*	*Reference*
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	
Operations Report: : Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)
Sub-Lease for tenancy in Feilding Integrated Family Health Centre	Commercially sensitive contract information	9(2)(j)