

## **MidCentral District Health Board**

### **Minutes of the Hospital Advisory Committee meeting held on 13 October 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

Cynric Temple-Camp  
Dennis Emery  
Duncan Scott

#### **In attendance**

Kathryn Cook, CEO  
Mike Grant, General Manager, Clinical Services and Transformation  
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member (part meeting)  
Anne Amooore, Manager, Human Resources & Organisational Development  
Cheryl Benn, Midwifery Advisor (part meeting)  
Chris Nolan, Service Director, Mental Health Service (part meeting)  
Doug Edwards, Maori Health Advisor (part meeting)  
Digby Ngan Kee, Clinical Director, Women's Health Service (part meeting)  
Leona Dann, Director of Midwifery (part meeting)  
Lyn Horgan, Operations Director, Hospital Services  
Michele Coghlan, Director of Nursing  
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness  
Neil Wanden, General Manager, Finance & Corporate Support  
Nicholas Glubb, Operations Director, Specialist Community & Regional Services  
Rodney Mackenzie, Manager, Business Support (part meeting)  
Stephanie Turner, Director of Maori Health & Disability  
Mr & Mrs Hume  
Communications (1)  
Media  
Public (1)

#### **WELCOME**

A warm welcome was extended to Mr & Mrs Hume and Neil Wanden, General Manager, Finance & Corporate Support.

#### **1. APOLOGIES**

An apology was received from Phil Sunderland.

#### **2. LATE ITEMS**

There were no late items.

#### **3. CONFLICT AND/OR REGISTER OF INTERESTS**

##### **3.1 Amendments to the register of interests**

There were no amendments.

### **3.2 Declaration of conflicts in relation to today's business**

Karen Naylor declared a conflict in relation to items 6.2, Women's Health update and the part 2 section item 16, 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.

The general declaration of a conflict of interest in relation to the Operations Report was noted for Cynric Temple-Camp due to his coronial duties.

## **4. MINUTES**

It was recommended

that the minutes of the meeting held on 1 September 2015 be confirmed as a true and correct record.

### **4.1 Recommendations to Board**

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

## **5. MATTERS ARISING FROM THE MINUTES**

Dennis Emery confirmed he had provided a complete list of his interests to the Principal Administration Officer for updating the Register of Interests.

## **6. WORK PROGRAMME**

The CEO advised all decisions regarding the business cases for the Titanium (oral health) and Hospital Operations Centre information system had been deferred for the moment to enable an opportunity to look at opportunities, given the current financial position. They remained a work in progress.

The Chair advised she would like to see revised phase two terms of reference for the Mental Health Review project board, and some greater clarity around consumer engagement. A member also referred to the Iwi point of view, asking that it be reflected more.

It was recommended

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

## **7. STRATEGIC PLANNING**

### **7.1 Annual Leave Plan**

The Manager, Human Resources and Organisational Development spoke to this report, noting the target to reduce annual leave for staff with leave greater than two years had been achieved for August. Management were confident at this stage, that the plan would be achieved.

A member suggested a simple bar graph on an hourly/dollar basis with a target would be helpful. The difficulties experienced by specialty medical staff were raised, as these staff were often unable to arrange cover without requiring a locum. It was suggested other options could be considered for using some of this leave, for example, taking small amounts of leave, eg leaving an hour earlier, or taking a half day's leave. Working closely with neighbouring boards to support leave arrangements for staff particularly medical specialists in areas with small staffing numbers, was also mentioned.

It was recommended

that this report be received.

## **7.2 MidCentral Annual Maternity Report and Maternity Quality and Safety Report 2015/16**

Discussion on this item was deferred until later in the proceedings, when midwifery staff joined the meeting.

## **7.3 Contracts update**

It was recommended

that this report be received.

## **8. OPERATIONAL REPORT**

### **8.1 Provider Division Operating Report - June/July 2015**

A correction to the date of the interim surveillance audit against the Health and Disability Sector Standards was noted. The full audit was undertaken in May 2014, not 2015.

Outsourced services/Regional Cancer Treatment Service (RCTS) – Management clarified the Hawkes Bay DHB contract should be tightened, along with revising some differences in clinical practice. However, in terms of the overall RCTS contracts, Management were confident they were appropriate and in line with national pricing. Management advised they were working with Hawkes Bay DHB, and the issues related to how costs were recognised and the type of contracting arrangement in place. The other matter related to the diagnostics and how it was shared in relation to the contracting arrangement.

The CEO explained MDHB was under Ministry of Health performance watch as a result of the last financial year's results being \$4million variance to target. The Ministry was keeping a close watch on the current results, and Management were looking at a range of activities to improve them. A re-forecast financial plan would be presented to the next meeting. The plan would be a rolling plan, going into next year. It was being developed at the moment. A member asked if a bullet point summary of some of the business improvement opportunities could be included. The member clarified her belief that people could manage issues providing they had the right information. She wanted to understand the situation and how things like the Care, Capacity and Demand Management tools fitted in. Management confirmed there would be outsourced personnel costs particularly in mental health and radiology, until around February next year.

The Chair asked about patients with a high suspicion of cancer, and whether patients were identified prospectively or not. The Operations Director, Specialist Community & Regional Services, said there was a focus on all referrals to the specialty. Systems were in place to enable clinicians to identify at an early stage, where there was a high suspicion of cancer. However there was also a need to follow up and ensure every patient was considered, so there was a retrospective process as well depending on the pathway the patient was on. He advised the preliminary September figures were 17 patients, and 16 had received their first treatment within the 62 day timeframe. He said the result for the quarter would be 84%. A member said it was not a capacity issue, it was a processing issue, and it would be good to understand the background to a target when it was not being met. The Operations Director suggested including a couple of typical patient profiles in the November secondary care update to outline the circumstances that led to a waiting time exceeding 62 days.

Members expressed an interest in seeing some of the "Let's Talk" topic resources. The Operations Director, Patient Safety & Clinical Effectiveness advised the programme had been developed by the Health Quality & Safety Committee with input from DHBs, and would strengthen what MDHB already did.

Diane Anderson arrived.

Whilst it was good to see there had been engagement with other organisations with respect to challenging them to remove sugar sweetened beverages, a member said it would also be good to see an outcome from the conversations. The General Manager, Clinical Services and

Transformation advised that at a more global level, Management would be bringing to the Committee, new ways of working with the public health unit and primary health. There would be a series of campaigns linking with national programmes. Some of this planning work was underway now.

The General Manager, Clinical Services and Transformation, advised the Mental Health and Addiction Service was continuing to strengthen and consolidate phase one, so to some extent phase two was delayed while that was completed. The focus was around the inpatient facility and acute pathways in and out of the service. The report due in November would provide an appreciation of when and how phase two would be implemented notwithstanding discussions around the partners in care programme and working with consumers. The November update would include a list of the alterations done in Ward 21. The Chair said she had some reservations around how the consumers would continue to be involved from now on. She felt the practice had to be embedded in mental health and was pleased the service was looking at the partners in care programme. She also felt the progress so far had been internal, but there was a strong interest in planning at the district level. She was therefore looking forward to a comprehensive report in November to address those matters.

There was reference to a Mental Health Hui in November. The Chair was unclear if this was the Hui the CEO had proposed to discuss suicide or a different one. The CEO said the Hui she proposed was at district level and would bring together patients, consumers, carers, NGO providers etc. However, she agreed another area for focus was suicide.

Ward 21 activity results in appendix 9 were discussed. The General Manager, Clinical Services and Transformation confirmed he would ensure there was provision for increased duration of stay within the community bed contracts, having noted at the last meeting that the current contract provides for a six weekstay. The increased provision was not related to funding issues.

A suggestion was made to include information on the education opportunities on an ongoing basis. The scorecard measurements were discussed.

It was agreed a workshop should be arranged to follow the November HAC meeting, to discuss and better understand the scorecard and benchmarking alongside the Ward 21 activity results, and then determine if there were any other measures the Committee would like reported.

Site reconfiguration - Dr Temple-Camp questioned whether there was sufficient capacity in terms of power supply, air conditioning, communications etc to carry the organisation into the future, as MedLab had encountered major problems and he wondered if it was hospital-wide.

It was recommended

that this report be received.

## **6.2 MidCentral Annual Maternity Report and Maternity Quality and Safety Report 2015/16**

The Midwifery Advisor outlined the background to developing this report. This was the first maternity report written, and was a district-wide report covering what had been done, new initiatives and future work.

During the general discussion on the report, particular interest was regarding post partum haemorrhage (PPH) and women who birth at Horowhenua. It was advised that low risk women birth in Horowhenua, and if any women who birth there did experience a PPH and require a transfer to Palmerston North Hospital they would be stabilised first. All midwifery staff attended yearly training in how to manage these emergencies.

Discussion also touched on the background to establishing the Pāruru Mowāi multi-agency forum for maternal wellbeing and child protection. It was set up as part of a national

initiative, and meets weekly for 1 – 1½ hours. Membership is wide and includes LMCs who either come in if possible or phone in, social workers, mental health, Well Child providers, and clinicians. The police have now started referring in women so the group's work was increasing. The Maori Advisor spoke to the Committee in relation to the name given to the group. He confirmed meetings with the Kaumatua had been held. He emphasized it was very important to get the correct pronunciation of the name and the use of the accent on the 'a'.

It was recommended

that this report be received.

## 9. LATE ITEMS

There were no late items.

## 10. DATE OF NEXT MEETING

24 November 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:

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
"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)
Women's Health update	To protect personal confidentiality	9(2)(a)
2016/17 Annual Plan – financial assumptions and parameters	Under negotiation	9(2)(j)