

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 3 February 2015 commencing at 8.45 am in the Boardroom, MidCentral District Health Board

PRESENT

Barbara Robson (Chair)
Lindsay Burnell
Kate Joblin
Karen Naylor

Richard Orzecki
Phil Sunderland
Duncan Scott
Cynric Temple-Camp

Unconfirmed Minutes

In attendance

Mike Grant, Interim General Manager, MidCentral Health & Support
Murray Georgel, CEO
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member, (part meeting)
Adrian Broad, Board Member, (part meeting)
Anne Amoore, Manager, Human Resources and Organisational Development
Lyn Horgan, Operations Director, Hospital Services
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Michele Coghlan, Director of Nursing
Syed Ahmer, Clinical Director, Mental Health Service
Cushla Lucas, Service Manager, Regional Cancer Treatment Service and BreastScreen Coast to Coast
Brad Grimmer, Project Lead, Mental Health Service Review
Vivienne Ayres, DHB Planning and Accountability (part meeting)
Rob Weir, Clinical Director, Public Health Service (part meeting)
Sharon Vera, Professional Advisor & Coordinator Health Promotion (part meeting)
Nigel Fitzpatrick, Health Promotion Advisor (part meeting)
Mr & Mrs Hume
Mr & Mrs Gray
Mrs Heather Lewis
Communications (1)
Public (1)
Media (1)

WELCOME

A special welcome was extended to Mr & Mrs Hume, Mr & Mrs Gray, and Mrs Lewis. Ms Lewis asked to speak to the committee.

The Chair acknowledged that this would be the last Hospital Advisory Committee meeting for Murray Georgel, CEO. She thanked him for the years of service he had given and wished him well in the future.

1. APOLOGIES

An apology was received from Stephen Paewai. Kate Joblin apologised for lateness.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 Amendments to the register of interests

Cynric Temple-Camp advised he has been appointed Lead Pathologist, BreastScreen Coast to Coast.

Richard Orzecki is now Chair of the governance group, Children's Action Plan, Horowhenua.

3.2 Declaration of conflicts in relation to today's business

The following conflicts of interest were noted:

Cynric Temple-Camp and Duncan Scott declared an interest in relation to the Operations Report, item 4.2.3 – cost of laboratory services.

Duncan Scott declared an interest in relation to the Operations Report - cost of radiology services due to his employment with Broadway Radiology Limited.

Karen Naylor declared an interest in relation to the Operations Report, item 8.2 in relation to the MECA negotiations due to her role with NZNO.

Richard Orzecki and Phil Sunderland declared a conflict in relation to item 7.4, Terms of Reference review, in relation to their membership of the Whanganui DHB Hospital Advisory Committee.

Barbara Robson declared a potential conflict with any discussion regarding the Maternity Clinical Information System in item 8.1, Operations Report, due to her involvement as a consumer representative on the Maternity Information Systems Programme Steering Group. She also advised a conflict with one of the new entries in the Potential Serious Adverse Events and Complaints report in part 2.

Kate Joblin joined the meeting.

The general declaration of a conflict of interest in relation to the Operations Report item 8 was noted for Cynric Temple-Camp due to his coronial duties.

It was agreed that as the papers did not require any decisions, there was no reason why the members should not participate in any discussion.

4. MINUTES

It was recommended

that the minutes of the meeting held on 25 November 2014 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

Mental Health Review – Kaumatua Group Visit

Management advised the feedback from the Kaumatua Group on this visit was not yet available. They had been assured it would be available for the next HAC meeting.

6. WORK PROGRAMME

The Committee was advised the second table on the second page of this report showed the mental health workshop incorrectly as being in March. It was in fact scheduled to follow this February meeting of the Hospital Advisory Committee.

Management were asked to provide to the next Board meeting, an outline on the process MDHB uses in responding to Official Information Act requests and when releasing information.

It was recommended

that the updated work programme for 2014/15 be noted.

Mrs Lewis addressed the meeting, advising she had been a consumer of the outpatient Palmerston North Community Mental Health Service (CMHS) since March 2014. She briefly outlined her personal background, saying she had struggled to be heard by the service. She was concerned some key issues had been omitted from the current major review of the Mental Health Service. Her main concerns related to:

- the complaints procedure within Community Mental Health Services
- the CMHS triage and assessment system
- transfer of care process, and
- GP referrals to Mental Health Services

Mrs Lewis said she had made two formal complaints regarding the CMHS management, and was concerned that her complaint had been closed without being resolved. She felt the procedure should be revised, and perhaps should include the inpatient ward process at a later stage. She also commented that no CMHS patients had been interviewed during the review.

Mrs Lewis felt the terms used, particularly the acronyms, were very confusing and patients did not understand them. She felt there were many deficiencies with the triage and assessment system, and it posed a high safety risk for patients, staff, and management.

She asked if she could have a copy of the transfer of care process. If there was no written process, one should be written and it must be clear. She also asked when and how would consumers and patients be informed about the changes management have made to the Mental Health Service, including changing phone numbers.

The Interim General Manager, MidCentral Health, thanked Mrs Lewis acknowledging her genuine desire to see the Mental Health Service achieve the very best service it could for consumers and families. He said the review was starting with the ward, and would move over time to the community and other services. The Director, Patient Safety & Clinical Effectiveness would meet with Mrs Lewis and follow up on the issues she had raised concerning her complaint.

Mrs Lewis was thanked for bringing her concerns and personal reflections to the attention of Committee members.

Management were asked to advise the next HAC meeting on the administration process for transfer of care and GP referrals so the Committee had a better understanding of it. The Operations Director, Specialist Community & Regional Services advised that while some decisions had been made on some changes to the Emergency Mental Health Team, no changes had been made to phone numbers.

7. STRATEGIC PLANNING

7.1 Patient Safety and Clinical Effectiveness Annual Plan Update

Certification Audit

It was confirmed that the certification audit uses a tracer system. The audit team are supported by Technical Expert Advisors who advise on their specialist area of clinical expertise but do not audit.

Adrian Broad joined the meeting.

Clinical Governance and Quality Improvement Framework

It was suggested this should be consumer and community focused, and that some of the descriptions on the four dimensions could be amended to illustrate that focus.

Accreditation

A member expressed concern that the Baldrige accreditation system might involve a large amount of resources. Management advised that if it did appear to becoming resource

intensive, then they would go through a decision process and report back to the Board on the broader implications.

Richard Orzecki left the meeting.

Top Six Incidents

Management explained there were numerous reasons why the top six incident categories had not reduced. An example was skin integrity, which currently had a heightened awareness rather than an increase in issues. This had resulted in increased reporting, and an increase in the number of events which required a response back to the Ministry.

Richard Orzecki returned to the meeting.

The possibility of some trend reporting in terms of the supergroups over the next six months was raised. Management advised they could be developed for the next report. The supergroups were made up of various classifications. A member asked if the next report could show the classifications by department or service. Management agreed to look at whether this could be done.

Restraint

It was noted that restraint was an appropriate management tool, and that this measurement was different to the others, as there was a requirement to report the occasions when it was used. This was a protective measure for both patients and staff.

Quality Measures for the Emergency Department

Work was still being done in relation to development of the measures and in terms of strengthening triage processes. A second triage nurse would be employed from February to cover the high demand times and ensure patients were assessed and triaged appropriately. This would also provide a nursing presence in the waiting rooms at all times. It was noted there had been occasions when the triage process was done in the waiting room, which raised privacy concerns.

Accurate Patient Identification (Open Book)

It was suggested the report in appendix 3 relating to ensuring patients were accurately identified could be reconfigured and used in the public arena, so that patients were also aware of the importance of being identified correctly.

Quality and Safety Marker Quarterly Results – Surgical site surveillance

It was suggested MCH's orthopaedic surgeons, who were using a different antibiotic to the nationally recommended one, should confirm that the policy they followed was safe. There had only been one infection at MCH since July 2013, which suggested the antibiotic used by MCH's orthopaedic surgeons was equivalent to the national recommendation. Management said they would discuss the issue with the Chief Medical Officer.

Influenza Vaccination Programme

It was noted that MDHB had the lowest equal rate for the influenza vaccination rate for 2014. Strategies were being developed in an effort to increase the rate for 2015, including looking at strategies used by Auckland DHB.

It was recommended

that this report be received

7.2 Workforce Strategy 2012-2015 - update

It was noted the table on the second page of this report had an error, and a replacement page had been issued.

A member asked about the process of police checks, particularly in relation to the Vulnerable Children Act. Management advised it was intended in future to carry out a police check of all

staff. This will be progressively rolled out with other safety checking in areas that involve children.

Regional Training Hub

A member referred to the work being undertaken by the Central Region Training Hub, particularly the level of the work, ie regional or local. Reference was made to the Te Pou organisation. Management explained Te Pou was a national organisation supporting the mental health, addiction and disability workforce. There was also a new resource for the disability workforce "Let's get real: Disability". Work was ongoing.

Safety Culture Survey

A member stressed the importance of good communication to staff about the purpose of this survey, as she felt it would affect whether or not staff responded to the survey.

Medical Leadership Programme

Management were congratulated on beginning this introductory training development programme.

Team Development Programme

Management explained the process used as teams went through this programme. An external facilitator was used. Usually the issues raised related to working with other teams. At the end of the programme, the issues were prioritised and put into a plan. It was a safe environment for staff to raise concerns. Evaluation of the programme is undertaken to see if any changes made are being sustained.

Bullying

The Unacceptable Behaviour, Harassment and Bullying policy was being rolled out in the organisation as part of the Team Development Programme. The numbers of key people in the organisation that staff could talk to about bullying has been increased.

A member stressed the importance of good communication to staff about the purpose of this survey, as she felt it would affect whether or not staff responded to the survey.

Medical Leadership Programme

Management were congratulated on beginning this introductory training development programme.

Team Development Programme

Management explained the process used as teams went through this programme. An external facilitator was used. Usually the issues raised related to working with other teams. At the end of the programme, the issues were prioritised and put into a plan. It was a safe environment for staff to raise concerns. Evaluation of the programme is undertaken to see if any changes made are being sustained.

Bullying

The Unacceptable Behaviour, Harassment and Bullying policy was being rolled out in the organisation as part of the Team Development Programme. The numbers of key people in the organisation that staff could talk to about bullying has been increased.

Management confirmed they were checking that the policy aligned with the guidance provided on the Worksafe website.

Midwifery Recruitment

There has been success in recruiting registered nurses to midwifery vacancies on a temporary basis, with ongoing recruitment work for midwives continuing. Consideration was being given to recruiting registered nurses.

Leave in Excess of Two Years

Some members expressed concern that only limited progress was being made on reducing the percentage of staff with leave in excess of two years.

Management expressed confidence that staffing levels were adequate to enable these staff to take leave. The situation was monitored weekly.

Developing Future Workforce

There have been many changes to the curriculum for medical trainees to ensure practitioners are developed with the right skill sets for the future.

It was recommended

that this report be received

7.3 Mental Health Review update 4

Management advised that Dr Crawshaw, Director of Mental Health, had visited MidCentral Health the previous week. He provided some feedback and reiterated his desire to take a whole of system and district wide approach to the review.

The work programme has been updated in conjunction with a revised project status.

Dialectic Behaviour Therapy

It was noted that with the staff who undertook the first phase of intensive training for dialectic behaviour therapy, there is confidence that MCH could begin to offer the therapy to the seven prospective clients commencing early March.

Electronic Records

A working group has been established to guide the implementation of the Clinical Portal. The first phase will enable outpatient letters to be available through the portal. The working group will finalise the timeframe for implementation, which is envisaged to occur over the next three months.

Ward 21 going smoke-free

This is the last clinical setting within Palmerston North Hospital to go smoke-free. Management expressed confidence in the preparations that had been undertaken to best manage the transition.

Nursing

The key nursing issues noted were a significant increase in compliance with admission procedures processes, the nursing observation guidelines had been implemented and were working very well, the shift coordinator role and the overall nursing leadership had been strengthened, and shift processes had also been strengthened now that an information board was in the ward.

Communication with staff

A series of feedback meetings on key learnings from the retrospective reviews of community events and the necessary changes in practice and process that need to occur will commence next week. Communication with all teams on this would commence from 9 February. These meetings may not be documented. This was questioned.

However earlier engagement with staff did record the themes of issues raised. The practical and operational issues raised were attended to. In relation to the formal proposals for change, a summary was made of the submissions received and actions taken as a consequence, and this was included in the communication to staff around the final decisions.

Staffing Level

The priority had been to strengthen staffing to improve patient safety in Ward 21. This had been done so there was now at least one additional staff member rostered per shift, with additional staff provided where the need was identified. This was a significant increase compared to last year.

It was recommended
that this report be received

7.4 Terms of Reference review

It was recommended
that the terms of reference be amended as set out in management's report of 23 January 2015, and that they be reviewed in 12 months.

8. OPERATIONAL REPORTS

8.1 Provider Division Operating Report - November/December 2014

Air Ambulance and Flight Nurse Arrangements

The Chair noted that while ongoing provision of air ambulance services is assured, she was disappointed and concerned that MCH no longer had a locally contracted service and that there was an associated loss of flight nurse expertise. She also questioned if the due diligence undertaken in the lead up to the awarding of the contract had been sufficiently robust.

Management clarified that the flight nurses also worked in very critical care areas, eg ICU/ED, and so their skill in critical care management of patients would be maintained.

Sugar Sweetened Beverages

A communication strategy with staff has commenced, and staff have been informed of the change. Management were congratulated on the initiative, and leading by example. It was suggested a challenge could be extended to other organisations to follow suit.

Ann Chapman joined the meeting.

Cancer Services

There were only a very small number of patients who came under the new Faster Cancer Treatment target of receiving their first cancer treatment within 62 days of being referred with a high suspicion of cancer. Consequently in any trend reporting a small change in numbers will have a significant impact on results.

The denominator for the measures was based on the MidCentral domiciled patients with cancer registrations recorded in the NZ Cancer Registry in 2011 with an expectation there would be 80 cancers per month being treated. However this figure is higher than the actual numbers. Consideration was being given to ways to audit the figures.

It was recommended
that this report be received.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

17 March 2015

5-13

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)
Quarterly Contracts report	Subject of negotiation	9(2)(j)
Development of the 2015/16 Regional Services Plan	Subject of negotiation	9(2)(j)