MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 7 June 2016 commencing at 8.45 am in the Boardroom, MidCentral District Health Board

---

PRESENT

Barbara Robson (Chair)
Lindsay Burnell
Kate Joblin
Karen Naylor
Phil Sunderland
Dennis Emery
Duncan Scott
Cynric Temple-Camp

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

Chris Nolan, Service Director, Mental Health & Addiction Service, (part meeting)
Chris Simpson, Service Manager, Surgical Sub Specialties (part meeting)
Cushla Lucas, Service Manager, RCTS and Breast Screen Coast to Coast (part meeting)
Darren Horsley, Manager Risk & Emergency Planning
Diane Hirst, Charge Midwife/ Clinical Lead, Maternity Services (part meeting)
Greig Russell, Medical Administration Trainee
Jan Dewar, Nurse Director (part meeting)
Janine Hearn, General Manager, People & Culture
John Manderson, Manager, Manager, Data Quality & Health Information
Judy Boxall, Service Manager, Child & Adolescent Services (part meeting)
Lyn Horgan, Operations Director, Hospital Services
Maggie Oulaghan, Business Manager (part meeting)
Michele Coghlan, Acting Executive Director Nursing & Midwifery
Neil Wanden, General Manager, Finance & Corporate Support
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Sarah Donnelly, Service Manager, Adult Inpatient Services (part meeting)
Syed Ahmer, Clinical Director, Mental Health & Addiction Service, (part meeting)
Vivienne Ayres, Manager, DHB Planning and Accountability.

Communications (1)
Media
Public (4)

The Chairman welcomed Janine Hearn, General Manager, People & Culture to the meeting.

1. APOLOGIES

There were no apologies.

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 item 7.2, Maternity Review update in terms of her role in the women's health service.

Barbara Robson declared a conflict in relation to the Maternity Clinical Information System in item 7.2, Maternity Review update, in terms of her membership as a consumer representative on the Maternity Information Systems Programme Steering Group.

4. MINUTES

It was recommended

> that the minutes of the meeting held on 26 April 2016 be confirmed as a true and correct record, subject to amending the 3rd sentence of the 4th paragraph, 3rd page to read: "Waitemata DHB (maternity services) did manage pregnant women with *gestational* diabetes well. They do not manage women with pre-existing diabetes, and MDHB had received an offer to meet with them in May."

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

MDHB's budgeting process was being finalised following advice and further information received from the national Budget announcement relating to some additional funding.

Memorandum of Understand with Whanganui DHB re Maternity Services - It was noted that members of both MidCentral and Whanganui DHBs' management team had visited Canterbury and West Coast DHBs to look at the alliance they had put in place and to see what could be learnt from their experience.

It was recommended

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

7. STRATEGIC PLANNING

7.1 Secondary Care update – June 1016

The General Manager Clinical Services and Transformation and Operations Directors MCH, spoke to this paper. Members congratulated staff on the paper saying it provided a lot of information in an easy to read and understandable format.

Winter Warrants of Fitness letters

Management were asked given that there had been a noticeable reduction in presentations as a result of reminding people to have pre-winter checks, did this directly relate to the patients presenting to their GP for their Winter Warrant of Fitness. Management advised they would have to get this information from primary health.

Friends of ED

Management confirmed this group is still working, and was organised through the St John ambulance organisation.

Ambulatory Care Project

Management confirmed feedback had been mainly positive, although some people found it difficult navigating around the hospital, so there was some work underway to improve signage.

Sleep Services

Management said they were not surprised at the large number of patients assessed in the pilot who were referred to the secondary service for follow up.

Theatre Capacity

Management advised theatres had worked outside the usual Monday to Friday timeframe in the past, but working outside the usual hours did depend on whether or not clinicians were available and willing to do that. It was one of the options being considered in relation to doing the additional elective volumes required for next year.

National Prioritisation Tool

These tools are being implemented as they are agreed across the country. They would be reviewed by the appropriate Colleges. All data was collected nationally and scores and use of data were audited. The Colleges would then make any changes as appropriate.

Bowel Screening Programme

MDHB was in the third cohort to implement this programme, around 2019. MDHB has to complete a significant questionnaire and send it back to the Ministry around our readiness for the programme.

Regional Telestroke Pilot

It was noted that the former telestroke initiative with Scotland had been very successful, although it had involved only small numbers. In terms of the current regional telestroke pilot, communication was not a problem. Clinicians carried a communication device that used a secure service.

Diabetes Partnership Framework and Diabetes Model of Care

Management explained a lot of work had been done over the last 24/36 months on diabetes relationships. A diabetes partnership framework had been developed which would support a model of care being designed for the district. It was noted that MidCentral would be visiting Hawke's Bay DHB to learn about their model of care.

Work was also being done by MCH on what specialist diabetes services would look like. The report outlining the results of the gap analysis, due at the Ministry in June, would be provided to the committee in due course.

Care Capacity Demand Management

Management confirmed this programme was adequately resourced, advising an appointment had recently been made to the coordinator position.

CT Replacement and Linear Accelerator Procurement Planning

It was noted that the Ministry was still evaluating the new intraoperative breast radiation treatment, which was currently privately provided in Auckland. This information, once available, along with other information around changes to practice and treatment modalities would be factored into planning for the Linear Accelerator replacement. The level of investment by MCH into cancer services was significant, and would need careful environmental scanning.

Communication with terminally ill patients and their families

Management were asked to ensure their staff were more considerate when informing patients and their families of either an inoperable or terminal illness. Feedback received recently indicated this news was sometimes delivered too quickly. Members were advised to inform either the CEO or General Manager, Clinical Services and Transformation of such situations so they could follow up on them. Members were also reminded of the complaints process.

Child & Adolescent Oral Health

Arrears – Management advised the base line for arrears had been around 3,000 for some time. MCH's arrears for April 2016 were 4,000, with some of this increase being due to large school populations becoming due in the last two months (2077 arrears). The new Titanium system (electronic oral health record system) should bring efficiencies and improvements in the number of children seen, and help reduce the figures. Management agreed that revised internal targets will be set in response to the Titanium implementation.

A member asked how many children were being referred to the hospital dental service, as there was no visibility in reporting those figures, eg what were the trends like for treatment under general anaesthetic. Management said they could provide this information.

Human Papillomavirus Immunisation (HPI) Programme

Management undertook to provide an update on Gardasil and vaccinations for boys.

Trends

The Board Chairman said this was an incredible report, showing how busy MCH was and the magnitude of work being undertaken. However he wondered if there were any high level trends that members should be thinking about as a result of all that work. The CEO and General Manager Clinical Services and Transformation advised there were two dimensions that would require more feasibility work. The first related to consumer feedback of services like renal and maybe diabetes. The second one was around capital requirements going forward. These aspects ran through the report but there was not a lot of information around what to expect or any financial impact etc, so they were concerns members should be aware of.

A member asked if two additions could be made to the glossary: Arohanui Hospice (AH) and Manawhenua Hauora (MH).

It was recommended

that this report be received.

7.2 Maternity Review update

The conflicts of interest for Karen Naylor and Barbara Robson were noted. As agreed at previous meetings, this did not need any action on the part of the committee.

The report was introduced by the General Manager Clinical Services and Transformation and the Clinical Lead, Maternity Services.

Maternal Mental Health

Information on this service was contained in the Regional Service Plan report. The Committee Chair felt it was important for members to keep an eye on these statistics for the district, and wondered if the information could be provided to HAC from time to time.

Team Building

Two very successful days were spent on leadership team building, involving the Women's health senior medical staff, senior gynaecology nurses, charge and associate charge midwives (ACMs).

Maternity Clinical Information System

Management advised there was no alternative maternity clinical information system other than a paper based system, which was too out dated, so the electronic system had to be made to work.

LMCs

A member asked if management were confident there would be improved staff relationships including the LMCs. The Clinical Lead, Maternity Services advised this was still a work in progress, but she thought by the end of the process, every LMC would be involved. Changes have been made to some processes, eg the associate charge nurse is now advised when women come in, assisting the ACMs to support the LMC and be aware of the possibility for a transfer of care. LMCs should be able to make it known if they were uncomfortable with anything.

Opportunities for service improvement training for staff were discussed. The length of the improvement advisor training, (9 month course), meant not many people would be able to undertake it, but there would be other opportunities for staff to attend a shorter sharp training on service improvement.

Quality and Risk Dashboard

Management advised at the appropriate time, the current work programme would be closed by way of a workshop. At that point, members would be able to advise what continuing reporting was required.

It was recommended

that this report be received.

7.3 Mental Health Report

The Service Director, Mental Health & Addiction Service (MHAS) spoke to this report, outlining highlights to date.

Community Mental Health Teams

Management advised the initial focus had to be the inpatient unit. However a core part of the strategic development was community development. There was also a strong focus on the rural teams, and staff were working hard to ensure there was a sustainable model of care. A lot of work was still required in terms of engaging with the community.

The Committee Chair said she would like to have a workshop around the day to day business for the community health teams, so members better understood them. Members agreed with this suggestion.

The Service Director MHAS advised the Ministry had reported on a significant increase in people accessing mental health services. Creating a network of providers across the community would be one of the challenges over the next twelve months, so as to ensure the MHAS was no longer the default service.

Ombudsman Report

Apart from the facility recommendations which will require significant investment, all of the recommendations on Ward 21 from the Ombudsman Report have been completed, and the STAR1 recommendations will be completed within three months. The Service Director said the structure of the report was designed to provide background information about the demographic profile of a community and then to consider the resource level to describe an intervention rate. It identified the background need, and then what was being done about it.

Clinical and Financial Viability

The mental health traffic light report has an additional item which notes the service has ongoing work to move the service to achieve clinical and financial viability. This item refers to the mental health work plan to achieve transformational change to overall viability and is not driven by the organisational financial position. A significant investment and resource has been put into mental health services in relation to the review.

Erica Hume Review Recommendations

Memorandum of Understanding

It was noted these documents were reviewed annually.

- Auditing

Management advised that if audit non compliance continued in respect of audit actions, it would lead to performance management. The service was creating a sustainable system that was not dependent on an individual. Auditing would be a standard function.

- Collaborative Note Taking

This was not completed yet. There would be more involvement now that the consumer advisor had been appointed. The Family Advisor and Consumer Advisor were to lead a project around this issue and ensure improvements were made.

In the new assessment documents there was a separate section saying *Discussion with Family*, so changes were happening. Progress now had to be made on family involvement.

It was recommended

that this report be received.

7.4 Renal Plan for MidCentral DHB

A member stated that transplantation rather than dialysis was the best outcome for renal patients.

The General Manager, Clinical Services and Transformation advised members the current renal plan report was written prior to a visit to MDHB by the national lead for transplant/Nephrologist. His visit would be a feature of the next renal update.

Management advised clinicians were rethinking the current model of care for the service, as it was in need of revising. Management clarified that for a considerable number of years, there had only been one nephrologist at MCH supported by a locum from time to time. There were now three nephrologists at MCH.

It was recommended

that this report be received.

7.5 Non-financial Monitoring Framework and Performance Measures – Report for Quarter 3, 2015/16

Smoking in Pregnancy

It was noted that MDHB was below the target for this initiative.

Acute Stroke Service

This was a work in progress, and a priority area of focus at both regional and local levels. Management explained for members that the target for the thrombolysis measure was set as a realistic percentage to expect for the whole population. The impending telestroke service would maximise the service for patients.

It was recommended

that this report be received.

7.6 Regional Services Plan Implementation update – Quarter 3, 2015/16

It was recommended

that this report be received.

8. OPERATIONAL REPORTS

8.1 Provider Division Operating Report - April 2016

2016/17 Budget

A member asked management if they were feeling confident about next year's budget. Management advised late advice had been received in relation to some additional funding for next year, which would be factored into the budget process. Management would then move on to the capital planning process. However, it was acknowledged that there would be financial pressure next year. The member then suggested that when major reports were presented to the committee, eg the women's health report, that a part of the report addressed financial considerations.

Kate Joblin and Phil Sunderland left the meeting.

Measles Outbreak

It was recommended that thanks be conveyed to the Board's Medical Officer of Health in relation to the work done during this outbreak.

Retirements

It was suggested letters of thanks also be sent to the retiring senior clinicians who had worked at Palmerston North Hospital for many years.

Closed Circuit Television

The Committee Chair asked that when the MDHB security policy was finalised, it should ensure that people had access, if required, to footage covering their issue, and that the tapes were not over-written too quickly.

It was recommended

that this report be received.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

19 July 2016

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)
Contracts update	Subject of negotiation	9(2)(j)
Elective Services Funding and Price Volume Schedule update	Subject of negotiation	9(2)(j)