MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 14 October 2014 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
Richard Orzecki
Phil Sunderland
Duncan Scott
Stephen Paewai

In attendance
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Murray Georgel, CEO
Mike Grant, General Manager, Planning & Support
Carolyn Donaldson, Committee Secretary

Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Michele Coghlan, Director of Nursing
Syed Ahmer, Clinical Director, Mental Health Service (part meeting)
Kim Fry, Regional Director, Allied Health Services (part meeting)
Anne Amoore, Manager, Human Resources and Organisational Development
Rodney Mackenzie, Manager, Business Support (part meeting)
Brad Grimmer, Project Lead, Mental Health Service Review (part meeting)
Jill Matthews, Manager, Administration and Communications (part meeting)
John Manderson, Manager, Data Quality & Health Information (part meeting)
Mr & Mrs Hume (part meeting)
Mr & Mrs and Ricky Gray (part meeting)
Communications (1)
Media (1)

The Chair acknowledged the attendance of Mr & Mrs Hume, Mr & Mrs and Ricky Gray, saying it was good to meet them. She extended apologies to them on behalf of the Committee for recent events, stating the Committee would ensure steps were taken to put systems right.

1. APOLOGIES

An apology was received from Cynric Temple-Camp. Richard Orzecki 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

There were no amendments to the register of interests.

3.2 Declaration of conflicts in relation to today's business

The following conflicts of interest were noted:

Stephan Paewai declared a potential conflict in relation to item 8.1 and terms of his involvement as a director on the Central PHO.

Karen Naylor declared an interest in relation to item 8.1, section 6.1 Collective Employment Agreements due to her role with NZNO.

6.8

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.

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

4. MINUTES

Two amendments were noted to the minutes as follows:

Section 7.1 Mental Health Review

Subsection "Work Programme"

– first sentence to read "the mentoring arrangements for the Clinical Director ***Mental Health*** were noted.

- last word of paragraph 7 of that section be changed to ***"like"***, so the paragraph read "...what success looked like."

It was recommended

that the minutes of the meeting held on 2 September 2014 be confirmed as a true and correct record with the above amendments.

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

Further to the comment in the report, the CEO advised that in addition to the health strategy/charter workshop on 16 December, arrangements were being made for a workshop to be held following the November Hospital Advisory Committee meeting, with the lead external reviewer for the mental health review. A request was made to management that if for any reason Dr Johnson could not make that meeting, an additional meeting should be convened. Management advised Dr Johnson had confirmed she would be available for the 25 November Hospital Advisory Committee meeting, at this stage.

Richard Orzecki joined the meeting.

The Chair asked Management if they could prepare two short reports on matters raised with her in the community.

The first one was around the paid car parking policy in terms of long stay patients who moved wards, as there had been some difficulties experienced in relation to administration processes for parking concessions.

The second report related to mixed gender rooms. This report should provide an outline of the policy and how it was established, and the practicability and prevalence of single and mixed rooms, including managing cultural aspects, individual preferences etc.

It was recommended

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

7. STRATEGIC PLANNING

7.1 Mental Health Review update

The Operations Director, Specialist Community & Regional Services, spoke to this report, saying a key milestone since the last Hospital Advisory Committee meeting was the meeting with the Director of Mental Health, Dr John Crawshaw and deputy Dr Arran Culver, who

had provided positive feedback around the programme and approach. The key aspect of their feedback was for MDHB to also look beyond the immediate and urgent actions to improve patient safety. They said there should be a whole of system approach over time to redevelop all services across the district, and that this should include the development of contemporary models of care. There was strong encouragement to explore the approach of other DHBs who had been in similar circumstances, which was why MDHB was looking to partner with Waikato DHB. The first teleconference with Waikato DHB was held last week and to advance this, key members of the Project Board would visit Waikato in November for a day. The Proposal for Consultation paper had been circulated last week. Appointments have been made to two medical head positions – general adult and specialist services. These appointments became effective yesterday.

The Clinical Director, Mental Health referred to the changes and decisions that had to be made, advising he had been to three DHBs to discuss the issues. He advised he was still uncovering new issues. There were no easy answers, and the changes would take time.

The Director of Nursing advised a good start had been made with the appointment of a new charge nurse in Ward 21. The leadership team meet twice weekly, and report directly to her. They were still working their way through the issues and changes to be made. They too were uncovering new issues.

The Regional Allied Health Director also spoke briefly to the meeting, confirming that allied health services would also be working to improve the service.

The Board Chairman said he felt a dynamic approach to the review was being used whereby issues were still being uncovered, and he encouraged management to continue with that process until they were satisfied that all the issues that could interfere with the safety of patients had been identified and robust processes were put in place to ensure the safety of patients.

Management were asked to provide further clarification as follows:

i. A flow chart setting out the mental health structure and its organisational links

ii. Details of the project board, which should be re-stated on each update.

iii. The current model of care

Brad Grimmer, the Project Lead, for the review project was introduced to members. Brad's role was to support the Project Board's activities.

Structure Chart – It was requested that the structure chart be made available to the Committee prior to the meeting with the Review Team workshop. It was confirmed that the Committee wanted to understand how mental health services were provided, together with who was involved, the selection process, responsibilities of the project board, and any other signification parties involved, so members could get a good idea of who they were and where they sat.

Clinical Portal – There are functions available on the clinical portal that have not been utilised by mental health staff to date. This issue will be considered so that the service can access the portal on the same basis as any other service. This should be possible within a few weeks. The Clinical Director, Mental Health advised the discharge summaries were available on the portal, but not the clinical letters and assessments. This created a problem if a file was held in a location (eg Levin) some distance from where the patient was attending (eg ED in Palmerston North).

Engagement with Consumers and Families – exploring how more meaningful engagement could occur with consumers and families was one of the "next steps". It was suggested Frank Bristol (from Whanganui) and the DHB Kaumatua would be useful people to involve. Frank Bristol had been very involved with a number of projects involving service Co-Design. He had already undertaken a presentation to the Project Board on "Co-Design" and how we could utilise this to improve consumer and family engagement.

6.10

Kaumatua – An early piece of work will be to work with the Kaumatua group and seek some advice on what needs to be done to reflect the Maori culture and how the service works with Maori.

Psychogeriatric Service – Concern was expressed that some outstanding issues identified in a 2011 review of psychogeriatric services had not been addressed yet.

The Chair then invited the two families to raise any other issues or questions they had.

Ricky Gray

Ricky made the following points:

- The family was really upset and sad that there had to be a death before any action was taken to improve the service when information had been available about the service
- MDHB must follow through on actions
- Actions his family have brought to the Board's attention cannot be argued against – the family would not back off. They had been raised because of public safety.
- There should be a tick box for families to tick to show family had been involved in the action and were happy with any changes
- The family should be listened to in relation to selection of the clinical reviewer and the terms of reference.
- In relation to an ongoing partnership with Whanganui DHB – whilst he agreed with everyone being involved with that unit, he also recognised that these partnerships had been going on for years. Opportunities to look to Whanganui had always been there.

The Board Chairman said the organisation had a process it followed. It must accept accountability for its processes, and make sure they were fit for purpose. However, it had listened to the families and taken their comments into account.

- Ricky said he felt the processes had failed in the past, as the external review stated the issues had always been present. He felt it was more of an audit process.

Mr Hume

Mr Hume made the following points:

- Agreed with Ricky's comments.
- Committee had the opportunity to listen and learn directly from consumers rather than advisers who called themselves consumer advisers.
- The service had to be changed

Mrs Hume

- There must be change – she did not want in a year's time to find things had slipped back.
- She did not want other parents who sent their children to Palmerston North to end up with them not returning home
- Things must be strengthened around the consumer and family advocates. There should be details about that rather than just a global statement.
- Wants the Dialectical Behaviour Therapy (DBT) course implemented. Understands it is the most efficient way of turning someone's life around and yet MDHB cannot get a plan in place to start the course.

The Operations Director, Specialist Community & Regional Services advised it had been difficult to maintain an appropriate level of skill and staff trained in DBT. The issues have been identified, and approval given last week for six clinicians to undertake an intensive training course in DBT, including two staff who had some preliminary training, who would be upgraded to full qualifications. This training will take over six months.

The families' comments were acknowledged. It was noted that part of the process going forward was to explore how more meaningful engagement could happen in future. Regular

updates on the milestones would be provided as the work progressed. It was suggested that someone like the Manager of Balance (Frank Bristol) in Whanganui could be a useful advocate. It was also suggested that the Co-Design programme could be a useful tool, and that the families might be interested in being involved with that.

The Board Chair noted this was a watershed as far as the mental health service was concerned. He gave a commitment that every issue would be identified and put right, and that the families would be communicated with and taken on that journey. The Clinical Director Mental Health and Director of Nursing had met with the Hume family and gone over everything with them and a further meeting was planned following the Committee meeting. He said the same process was available for the Gray family.

It was suggested the families might like to consider approaching the Manager of Balance (Frank Bristol) to support them, to advocate for them to the Board.

It was recommended

that the report be received

Lindsay Burnell left the meeting.

8. OPERATIONAL REPORTS

8.1 Provider Division Operating Report - August 2014

The September result for the Shorter Stays in Emergency Department has been confirmed at 91%.

MDHB topped the response rate for the new patient experience survey, despite sending it out in hard copy rather than electronically. MDHB was the only DHB to send out hard copies. Results should be reported in November.

Fast track pathways for surgical patients in ED

Management explained the pathways would mean that patients presenting in ED who met certain indicators could be fast tracked directly into hospital. This should also improve the patient's satisfaction.

Preventing harm from falls

The amount of oversight given to patients identified as being at risk of falling was dependent on their assessed level of risk. The staff had to understand the patient's needs and where they were in the ward, and there had to be an individual plan in place for the patient. A standard tool was used to assess patients, but additional information could be sought depending on the patient's healthcare needs.

Surgical Site Infections

Management advised the process that would identify a caesarean wound infection after a woman had been discharged, saying it would generally be through monitoring laboratory results, unless the person was re-admitted and the infection was identified on readmission. Management considered the process to be robust.

ePharmacy and Prescribing

Management were unable to advise of any evidence of a reduction in prescribing errors, or interruptions to nursing time as a result of e-prescribing, as that data had not been collected.

NZ National Care Indicators Survey – November 2014

The Director of Nursing elaborated on the information in the operations report, advising this survey was conducted in many countries, but this was the first opportunity MCH had to be involved in it. It would give MCH a greater understanding of the nursing sensitive indicators. Once available the final report would be considered and any remedial work would be done.

6.12

Nursing Governance

The Director of Nursing advised the review of nursing clinical governance activity was at the consultation stage. She explained the current structure contained three main streams, and each of those streams had three more streams, giving a very onerous system. The review was looking to streamline processes, and have a single governance group. The review would look at what nursing needed to report on, and how that fitted in with the overall governance and quality systems in the organisation, so there was greater alignment.

Mobile Dental Units

Two information sessions for staff have been provided, with the occupational health physician providing his expert advice and support to staff, along with detailed information in relation to the ventilation issues. There had been union engagement as well. The units would be tested once the ducting was installed. The plan was to have the units back in service after Labour Weekend. Management were working with affected staff on an individual basis to support their needs.

Staff and Patient Security

The current arrangements for staff and patient security were being examined to see where they could be strengthened, what information could be provided to staff around measures they could take in a volatile situation, and how they might be able to de-escalate a situation.

Scorecard Trends

Management were asked if it would be possible to report back to the next meeting on any trends in the scorecards. The CEO commented that in terms of the customer and patient safety results, MDHB often used targets that were difficult rather than being easily achievable. A member commented that Whanganui DHB have started reporting future directions, which he had found very helpful.

Audiology Service Review

This review has now been completed, and a paper on it was being presented to the Community & Public Health Advisory Committee.

Echocardiography

When the Cardiology Landscape Review was undertaken, there were more than 1000 patients on the waiting list. Currently there were 1090, of which 696 were advanced or follow up appointments. At the time of the review, 250 were advanced patient appointments, and there were over 750 new patients waiting for an echocardiogram. These results showed the result of the changes made.

Air Ambulance

Management had nothing new to report on the receivership of Helipro. A meeting with the Receiver was scheduled for later today, so more would be known after that meeting. Appropriate transfer arrangements were in place for patients.

It was recommended

that this report be received.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

25 November 2014

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 Mental Health Section 75 Investigations	 To protect personal privacy To protect personal privacy	 9(2)(a) 9(2)(a)
2015/16 Planning Assumptions and Parameters	Subject of negotiation	9(2)(j)
Quarterly Contracts report	Subject of negotiation	9(2)(j)
Electronic Hospital Operations Centre Project Business Case September 2014	Subject of competitive tender process	9(2)(j)