

MidCentral District Health Board

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Minutes of the Hospital Advisory Committee meeting held on 2 September 2014 commencing at 8.45 am in the Boardroom, MidCentral District Health Board

PRESENT

Barbara Robson (Chair)
Lindsay Burnell
Cynric Temple-Camp
Kate Joblin

Karen Naylor
Phil Sunderland
Duncan Scott
Stephen Paewai

In attendance

Lyn Horgan, Operations Director, Hospital Services
Murray Georgel, CEO
Mike Grant, General Manager, Planning & Support
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member
Nadarajah Manoharan, Board Member
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Kenneth Clark, Chief Medical Officer (part meeting)
Michele Coghlan, Director of Nursing
Syed Ahmer, Clinical Director, Mental Health Service (part meeting)
Anne Amoore, Manager, Human Resources and Organisational Development
Rodney Mackenzie, Manager, Business Support
Vivienne Ayres, Manager, DHB Planning and Accountability
Claudine Nepia-Tule, Mental Health & Addictions Portfolio Manager (part meeting)
Brad Grimmer, Project Lead, Mental Health Service Review
Brenda Meades and Judy Boxall – staff, observing for educational purposes
Jill Matthews, Manager, Administration and Communications (part meeting)
Public (4)
Communications (1)
Media (1)

Unconfirmed Minutes

1. APOLOGIES

An apology was received from Richard Orzecki.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 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 7.2 and reference to the Integrated Family Health Centre, due to his involvement as a director on the Central PHO, a director of Tararua Hauora Services and executive member of Rangitane o Tamaki nui a Rua.

Karen Naylor declared an interest in relation to item 7.1, Mental Health Review, due to her involvement with the initial Care Capacity and Demand Management work in ward 21. Karen also declared an interest in relation to item 8.1, Operations Report, section 7.1 Collective

Employment Agreements due to her role with NZNO. The CEO advised four pages of section 15 (15.1-15.4) had been removed from Karen's agenda papers due to their content, which related to MECA bargaining for next year.

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.

PUBLIC COMMENT

The Chair advised two members of the public wished to address the meeting; noting that the second person would not arrive until approximately 9.40 am.

The first member of the public spoke regarding difficulties experienced in relation to national dental service specifications and accessing hospital dental services. At the end of the address, the CEO commented that as committee members were probably unfamiliar with this policy, an update would be provided for them at the next meeting.

4. MINUTES

It was recommended

that the minutes of the meeting held on 22 July 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

There were no matters arising from the minutes.

6. WORK PROGRAMME

Further to the comment in the report, the CEO advised the indicative business case for the Palmerston North site reconfiguration project had been endorsed by the Whanganui DHB and the Regional Capital Committee. It would now go forward to the National Capital Investment Committee.

The health strategy/ charter workshop was not held on 12 August due to time constraints at the board meeting, so the workshop will be rescheduled.

It was recommended

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

7. STRATEGIC PLANNING

7.1 Mental Health Review

A correction to the quoted number of recommendations made by the review team in the third paragraph of the summary to this report was made. The draft report had 43 recommendations, but a late one was added making 44 in the final report. The report to the Hospital Advisory Committee had not been amended following the addition of the last recommendation.

The Operations Director, Specialist Community & Regional Services introduced this paper, advising that Brad Grimmer would be the project lead for the work programme. He expressed his sincere condolences to the families for their loss and distress. The process taken to date was outlined in broad detail. The findings and recommendations of the external review had been accepted, and a work programme to progress actions across all dimensions in the report has been developed. Two permanent psychiatrists have been appointed to Ward 21, and an offer has been made to an experienced clinical psychologist to take up a vacant position in Ward 21. Fortnightly updates on progress with the work

programme will be provided by email to committee members, and a full report to each six-weekly HAC meeting.

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The Director of Nursing expressed her condolences, saying she would work with nursing staff as the work programme was undertaken.

The Clinical Director Dr Syed Ahmer spoke to the meeting, expressing his regrets to the families for their loss. He emphasised his commitment to ensuring steps were taken so that such events did not happen again. He acknowledged his involvement in one of the patient's care.

The Director, Allied Health was not present, so the Operations Director, Specialist Community & Regional Services advised that she was fully committed to working in partnership to support the report, recommendations and work programme, in particular around the contribution of allied health staff to ensure the multi-disciplinary team functioned efficiently.

The Chair also expressed on behalf of the Committee, deepest sympathy to the families affected by these events. She said the Committee was committed to ensuring service improvement took place and was sustained so there was improved patient care in MDHB's mental health service.

Each committee member then briefly spoke, expressing their sympathy and commitment to ensuring service improvement. An independent peer review of the work programme was suggested, to ensure it was "fit for purpose" to address the recommendations that had been made. A meeting with the Ministry of Health's Director of Mental Health was planned, and his thoughts on an appropriate person to do the peer review would be sought.

The issue of consumer involvement through the review was raised. The Operations Director advised the Review Team had wide terms of reference. Arrangements were made based on what they wished to undertake, which included structured meetings with consumer and family advisors. The consumer reviewer spent almost an entire day interacting with consumers in the inpatient unit, but that was not noted in the list of individuals the Review Team engaged with.

The Review Team had complimented staff on their willingness to be open about the service, commenting they were dedicated and passionate. A board member noted this, and indicated an interest in the culture of the organisation as a result.

Another member thought the challenge for this committee was to go above operational issues and provide governance that gave comfort and satisfaction to patients and staff. There should not be a "witch hunt", but the culture of the service did need to be addressed.

A member asked what was the function of the committee and Board overall. She felt members needed to be very well informed, and should meet with the Reviewers. Care should be taken to ensure the item remained on future agenda papers. There should be good resourcing and action plans. Members must know what a successful service consisted of and what the key indicators were that the committee was monitoring. The Board Chair advised that the Chair of the Review Team had indicated they would be available to meet with HAC and/or the Board.

Concern was expressed about the statement in the report regarding pre-existing concerns around staffing and leadership of the service. The Chair could not recall the extent of these concerns being drawn to this Committee's attention, and suggested reporting might need to be strengthened so there was greater transparency. Reporting around open disclosure and root cause analysis could also be strengthened.

Following the above comments, members then considered the report in detail.

Access to the Mental Health Emergency Team or consultant psychiatrists/registrar was seen as a top priority, with work already underway. A proposal around a model of care for the emergency team should be developed by the end of the third week in September.

5.9

It was important to acknowledge that organisation culture was not developed overnight, and everyone had to buy into it. Staff workload/resourcing was raised. The Director of Nursing assured the Committee that whilst staffing and workloads were not specifically covered in the work programme, they would be included. The discharge planning project for Ward 21 was already underway. This work would also be incorporated into the work programme.

The organisation-wide staff culture and safety review was scheduled for early next year and would look at what changes there had been recently. This review would include Mental Health Services, and was included in the work programme. It was suggested that the mental health results should be separated out from the overall results, including results from the survey undertaken two years ago, so the two sets of results could be compared. The company undertaking the survey should be asked to consider adding a layer with some intelligence to the work plan.

The level of engagement with Whanganui DHB in terms of developing the work programme was discussed. Given the short timeframe to prepare for today's meeting, the Operations Director, Specialist Community & Regional Services advised he had not yet met with colleagues from Whanganui DHB. However, both the Director of Nursing and the Clinical Director Mental Health had met with their colleagues.

In relation to unexpected deaths that occurred in the community, the process had now been changed and if a community death occurred within 28 days of contact with MCH's mental health services, then it would be reported. A clinical review was undertaken for each event, however a more robust clinical investigation of these deaths could result in opportunities for service improvement.

Another area that could be improved was the open disclosure policy, whereby patients and families should be routinely informed of adverse events which affected their care. This should also include sending reports on related investigations to families.

Public Comment

At this stage, discussion on this item was paused, so that the second member of the public could address the meeting. Mr Dulal was the Refugee Services Community Development Worker. He outlined his involvement with the refugee and migrant community and suggested it would help improve the lives of people in this group if there was a contact person they could talk to. They were a minority group in the city, and had been through very difficult experiences. Mr Dulal did not think there would be any language barrier if a mental health advocate for the refugee community was appointed, as the community had inter-group linkages.

Mental Health Review continued

The Operations Director, Specialist Community & Regional Services advised in relation to staffing that the next steps would be to hold forums with teams. This would provide an opportunity to outline the project, highlight or clarify any issues and receive their feedback on the review.

In relation to undertaking a clinical review of the two incidents, the Operations Director, Specialist Community & Regional Services advised the terms of reference should be drafted within the next two weeks. There would be some engagement with the families before they were finalised. Management were hoping to secure an outside reviewer who was prepared and able to review both cases.

The Root Cause Analysis (RCA) investigations were being undertaken for both events on the event and the circumstances leading up to the event. One had been finalised and an action plan was being developed in response to its recommendations. The second report was in final draft. It was with the family and staff, and their feedback was expected within two weeks. The Committee advised they would like to receive the recommendations from the reports, but felt they did not need the case histories.

Work Programme

The mentoring arrangements for the Clinical Director, Specialist Community & Regional Services were noted. The arrangements included regular meetings with the Chief Medical Officer (internal mentoring) and also meeting with a Clinical Director from a neighbouring Mental Health Service (external).

The adequacy of the staff levels would be incorporated in the work programme in relation to all categories of staff across the service.

A member queried whether the timeframe allocated for the staff's professional development was realistic, as she felt it was a critical issue requiring more attention. Management advised there was a lot of work taking place and a staff training programme was in place. The Director of Nursing advised she would be reviewing core competencies within the nursing team. Support would be requested from neighbouring DHBs with this work. An appointment had recently been made to a nursing lead project role, which would provide additional support. The Clinical Director, Mental Health advised there were guidelines imposed by the Medical Council that had to be met every twelve months.

Another member felt the timeframe was appropriate, commenting that unrealistic timeframes should not be imposed on the organisation. He thought the dates were appropriate for the mental health workforce and training plan review/implementation. If this work could be done earlier, then it should be.

Management agreed that the Committee's expectation to meet with the Reviewers to look at the work programme by the end of October at the latest, should be achievable. It was also confirmed that the Committee wanted to discuss each of the headings in the work programme with the Review Team. The CEO commented that items might not be expanded quickly as it might not be known what was required until further work was done.

The Operations Director Specialist Community & Regional Services offered to provide information on the key deliverables which would demonstrate what had been achieved and also guide future work.

The issue of how the service was measured from a service user's perspective was raised. It was felt this would be one of the outcomes from involving a Reviewer. The Reviewer should provide an understanding of what the service should look like and set indicators for progress, eg staff appraisals, seclusion, restraint etc. This could be included in the next six-weekly update in terms of providing more information about how the review was from consumer and family perspectives, what was important and what success looked like.

It was recommended

that the report be received, and it be noted that six-weekly updates against the mental health work programme will be provided to the Hospital Advisory Committee;

that the mental health work programme be subject to independent peer review in consultation with the Ministry of Health's Director of Mental Health;

and that the Hospital Advisory Committee meet with the external review panel, or a member/s of it, to consider both the work programme to date and how MDHB could monitor improvements in the mental health service.

7.2 Non-financial Monitoring Framework and Performance Measures – Report for Quarter 4, 2013/14

It was noted that the result for National Health Index duplications had deteriorated again. Every effort was being made to improve this result, and MCH has been working with the Ministry in terms of getting more regular reports from the national health identity programme to assist with increased error checking.

5.11

A member queried if the acute readmission rate for patients aged 75 years or older had factored highly in the overall readmission rate. The Manager, DHB Planning and Accountability did not have the detail at the meeting, to provide an adequate response.

It was recommended

that this report be received.

7.3 Regional Services Plan Implementation – Quarter 4, 2013/14 update

Elective Services – Regionalisation of the orthopaedic pathway

The regional orthopaedic forum recommended adopting the Capital & Coast DHB's surgical prioritisation tool across the region. This was a recommendation only for the regional clinicians to consider and to discuss the potential for CCDHB's orthopaedic pathway to be implemented – either in whole or in part, depending on particular local requirements. One part selected was around the first specialist assessments, and MCH clinicians were now working with the PHO and GPs in terms of deciding whether patients would proceed for surgery or not.

It was recommended

that this report be received.

8. OPERATIONAL REPORTS

8.1 Provider Division Operating Report - June/July 2014

It was noted that the under-delivery of case weight discharges (CWDs) could be caught up and the associated revenue gained. It was anticipated September would be a good month, and MCH had been able to increase capacity with the gastroenterology theatres.

Patient Flow Improvement Programme

Dr Kyle Perrin, Medical Clinical Director, Capital & Coast DHB visited MCH making a number of recommendations. One of them was a daily Board Round. This round occurs at 11am in the ward and starts with a quick update on each patient, including expected date of discharge and discharge planning.

General Practitioner Sleep Service

The Operations Director, Hospital Services, advised that members of the MCH Respiratory Service had met with staff from the Counties Manukau Sleep Service, which provided a nurse-led sleep service. Counties Manukau also used community health workers to provide support for spirometry services. MCH's sleep service was provided by GPs, and did not use a role such as community health workers. She said MCH would need to consider how a better spirometry service could be established within the GP teams. MCH could potentially look at a nurse-led model across the district.

Mobile Dental Units

Further to the update in the operations report concerning formaldehyde odours in the mobile dental units, members were advised staff had been advised to lodge an ACC claim if they felt it justified. The opportunity to have a local provider install the replacement ventilation had been taken and the procurement process was underway. The cost of that work would rest with MDHB.

Certification

Management confirmed there were two high priority corrective actions from the recent certification survey relating to the Mental Health Service staffing and facility. This work would be included in the work currently being undertaken for the service. The other

corrective actions were moderate and low ranked ones around facilities, privacy, medication management and nursing documentation.

Audiology

The audiology service review has been completed. There are a number of recommendations around systems and processes and how clinics could be better scheduled.

Personnel Costs

Management advised a lot of work had been done around FTE for the coming year to ensure the budget was correct and all positions were captured and that other costs were included correctly, eg MRI costs, air ambulance etc.

Air Ambulance/Flight Nurses

Reference was made to the occasions flight nurses were unavailable. Management advised that flight nurses were obtained from those nurses rostered on duty. This sometimes meant no flight nurses were available when required for a flight. Management were working with the current provider and considering other methods of providing flight nurses.

It was recommended
that this report be received.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

14 October 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:

<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)
: DHBs Employment Relations Settings 2014/16	Negotiation strategy	9(2)(j)