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MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 28 April 2015 commencing at 8.45 am in the Boardroom, MidCentral District Health Board

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PRESENT

Barbara Robson (Chair)
Lindsay Burnell
Karen Naylor
Richard Orzecki
Phil Sunderland
Stephen Paewai
Duncan Scott
Cynric Temple-Camp

Confirmed Minutes

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

Diane Anderson, Board Member, (part meeting)
Nadarajah Manoharan, Board Member
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
Jeff Small, Group Manager, Commercial Support Services
Chris Nolan, Service Director, Mental Health Service
Brad Grimmer, Project Lead, Mental Health Service Review
Janine Ingram, Project Management Team, Mental Health Services (part meeting)
Rodney Mackenzie, Manager, Business Support
Leona Dann, Director of Midwifery
Digby Ngan Kee, Regional Clinical Director, Regional Women's Health Service
Stephanie Turner, Director of Maori Health & Disability
Cushla Lucas, Service Manager, RCTS (part meeting)
Mr & Mrs Hume
Heather Lewis
Communications (1)
Media (1)

1. APOLOGIES

An apology was received from Kate Joblin. Cynric Temple-Camp 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:

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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.

Karen Naylor declared a conflict in relation to the Operations Report, part 2, section 9 employment negotiations, 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 the Regional Women's Health Service update due to her involvement as a consumer representative on the Maternity Information Systems Programme Steering Group.

Welcome

In opening the meeting, the Chair advised two members of the public had requested to speak to the Committee, Mrs Heather Lewis and Mr Nadarajah Manoharan.

Heather Lewis

Mrs Lewis said she wanted to acknowledge two things. Firstly her appreciation to the committee and board for their openness, acceptance and readiness to deal with the various issues she had raised and the organised approach used to deal with the issues. She particularly referred to the Director, Patient Safety & Clinical Effectiveness, (Muriel Hancock), and thanked her for the manner in which she had worked with Mrs Lewis.

The other issue Mrs Lewis raised related to the families of Shaun Gray and Erica Hume. She expressed concern that their issues had not been resolved yet and offered her support.

Mr Manoharan

Mr Manoharan also addressed the Committee about the mental health concerns. He referred to the number of beds in Ward 21, stating he felt it would be better to increase the number rather than decrease it. He also referred to self harm/suicide and the clinical difference between the two; the fact that there were not enough care workers in the community to look after patients in the community; and that if there was no trust between the parties there could not be any progress.

4. MINUTES

It was recommended

that the minutes of the meeting held on 17 March 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

There were no matters arising from the minutes.

6. WORK PROGRAMME

The CEO referred to the business case for the hospital operations centre, advising it was hoped an update would be available for the next Hospital Advisory Committee meeting.

It was recommended

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

7. STRATEGIC PLANNING

7.1 Regional Women's Health Service report to 31 March 2015

The Operations Director, Specialist Community & Regional Services, introduced this report advising there would be a meeting later in the afternoon to discuss the Tuia Framework. The two directors of Maori Health from MidCentral DHB and Whanganui DHB would be attending.

The Regional Clinical Director, Regional Women's Health Service, referred to the steady progress being made. The key issue being addressed at the moment related to enabling the technology to support clinical audit.

The Director of Midwifery advised an important part of the current focus was the Midwifery Professional Support Pilot which hopefully would help retain midwives. The pilot was now complete and being evaluated. Oral feedback was that it had been well received. The service at MidCentral was still struggling with recruiting to vacancies and was using registered nurses to fill positions. At present the percentage of nursing staff is 27% when it would normally be 12%.

Maternity Clinical Information System

In response to a question on how this system would interface with the other hospital and community systems, the Regional Clinical Director explained that the MCIS was a hospital system. It was a cloud based system that all DHBs had agreed to use. There was space to add interfaces to the LMC and GP systems. The idea was to provide a seamless interface although there had been some issues with that interface. The member was concerned that an "orphan" system might be set up that could not be accessed by any of the other hospital systems. The Regional Clinical Director reassured him that the MCIS was available for those that required it on all hospital computers. Staff who needed to use it would have access to training, and the interface of that system with other hospital systems.

Gynae CNS

An offer has been made to an experienced nurse who, if she accepted, should start around the beginning of July.

Midwifery Staffing

The difficulty being experienced in recruiting midwives was noted. The Director of Midwifery advised that there was nothing missing at MCH relative to other DHB services that she was aware of. She understood that new graduates who had commenced with our service did so being aware of the support they would receive, however they increasingly preferred to work as LMCs for the primary focus of that role and the ability to see the woman right through the pregnancy. They also felt the nature of hospital work was not so conducive to home life. As a result the director would be asking hospital midwives about working at MCH to see if there was anything that could be changed to better suit midwives.

Gynae Oncology Service

The Regional Clinical Director said this was a vulnerable service. He explained the reasons for this, which related to meeting national standards and the reliance on the tertiary centre, Capital & Coast DHB. The standards require that gynae cancer patients had to be treated by a credentialed gynae-oncologist at a tertiary service and there was a shortage of these accredited specialists. Another concern was the increase in the number of these cancers which appeared to be rising rapidly.

Appreciation was expressed for the support received from Whanganui DHB in the RWHS Governance Group, in particular Tracey Schiebli and Rowena Kui.

A request was made that the evaluation matrix would be included in the evaluation report.

It was recommended

that this report be received.

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7.2 Mental Health Review update 6

Chris Nolan, the new Service Director, Mental Health, was introduced to the Committee.

Management advised that the total seclusion hours per month will be included in the next report. A request was made for the previous twelve months of self harm and violence reports to be provided at the next update for comparison purposes.

Service Development Plan

The project board will be re-formed to reflect the district wide service development. It was hoped the new membership would be in place by the end of May. The revised terms of reference and membership would be included in the next update to the committee.

Nursing was looking at how patients could best be allocated to nursing staff. The nursing plan was a twelve month plan. The main key deliverables had been worked through. The nurse director mental health role was still vacant so the acting nurse director, Barry Keane, would continue in the role. It was hoped to re-advertise the position again in the spring. The board chairman expressed comfort and confidence in respect of the new leadership roles and the process and progress being made.

The recent appointment of the nurse director, clinical practice development, would work with the acting nurse director mental health to ensure there was adequate professional development for mental health nurses moving forward.

Performance Reporting

Concern was expressed that there had not been any significant decrease in overtime. Management explained why this was occurring, ie it was a protective measure and reflected a readiness to increase staffing, to manage clinical risk. Sick leave had significantly increased and had to be covered. Another issue was the skill mix. The use of healthcare assistants had increased but it was probably not the best use of this across-the-board resource and the appropriate skill mix would have to be considered.

A huge amount of work has been done in terms of reducing double shifts and the focus continues on reducing them. This was a common practice for some staff twelve months ago. Significant gains had been made in this area but there was still some way to go. Another issue was the threshold for specialling, which had reduced to ensure patient safety.

Smoke free Ward

It was noted that the patients in the high needs unit did not have the option of going outside to smoke. If patients were under the Mental Health Act they could have recreational leave and usually went out onto Heretaunga Street to smoke. The situation was improving and numbers were reducing. It was a very new situation and the service was still closely monitoring and managing it.

Funding

Management confirmed all available mental health funding was accessed, including what was originally known as Mental Health Blueprint funding. There was no untapped pool of money.

CCTV

Management clarified that the CCTV system was set up to be used for security purposes only. It was not to monitor patients. A benchmarking exercise would have to be carried out with other DHBs to see how it was used elsewhere. Our nursing staff had been informed it could not be used by them for observation purposes, they must watch patients "eye to eye".

The board chairman acknowledged the huge body of work done in the service and said a lot more would be done as issues had been raised during the meeting that staff would have to consider and improve processes. However he wanted to congratulate the service directors and staff for the work done and the reports made available to the committee.

The committee chair acknowledged the two families who had lost a family member approximately twelve months ago.

It was recommended

that this report be received, and that

the additional costs ($1.42m) to support patient safety and the implementation of the Mental Health Review for 2014/15 are noted.

8. OPERATIONAL REPORT

8.1 Provider Division Operating Report - January 2015

Hawkes Bay DHB costs

It was noted that the costs from Hawkes Bay DHB included costs incurred by the MCH medical oncologist who worked out of Hawkes Bay DHB.

Winter Planning

For the first time, the DHB got together with primary health to plan for winter. Approximately 305 letters were sent out last week to previously admitted patients with COPD to remind them to ensure they were planning adequately for the coming winter.

Collective Employment Agreements

Management explained that interest based bargaining was where a plan was tabled and the parties then discussed it, as opposed to the former model of tabling claims. In response to a query about why negotiations were not settled prior to their expiry date, management explained that the negotiations started well before the expiry but often took longer to settle.

Influenza Vaccinations

Management advised that 977 vaccinations had now been dispensed after 10 days of the campaign. Dr Temple-Camp suggested it might be necessary to take an educational approach to the campaign as his company had found two reasons given for not having a vaccination were either people said they did not get sick or they said they would get through anyway. Management agreed advising one of the strategies of the group supporting the campaign was myth busting.

Sugar Sweetened Beverages

It was suggested the introduction of this policy should be an opportunity to challenge other organisations to do the same. Management said they could talk to the Public Health Unit about this suggestion.

It was recommended

that this report be received.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

9 June 2015

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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: : Employment negotiations : Potential Serious Adverse Events and Complaints	 Subject of negotiation and contains negotiating strategy To protect personal privacy	 9(2)(j) 9(2)(a)
Renewal of Integrated Facilities Management and Hotel Services Agreement with Spotless Services Ltd	Subject of negotiation	9(2)(j)