

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 23 July 2013 commencing at 8.45 am in the Board Room, MidCentral District Health Board

PRESENT

Jack Drummond (chair)
Lindsay Burnell
Richard Orzecki
Barbara Robson

Phil Sunderland
Stephen Paewai
Cynric Temple-Camp
Duncan Scott

Unconfirmed Minutes

In attendance

Murray Georgel, CEO
Mike Grant, General Manager, Planning & Support
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member (part meeting)
Pat Kelly, Board Member
Karen Naylor, Board Member (part meeting)
Anne Amoores, Manager, Human Resources and Organisational Development
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Rodney Mackenzie, Acting Manager, Business Support
Kay Cave, Risk Advisor
Juliet Scott, Family violence Intervention Coordinator, (part meeting)
Amanda Drifill, Service Manager Medical Services (part meeting)
Robyn Shaw, Manager, Elective Services
Cushla Lucas, Service Manager, RCTS and BreastScreen Coast to Coast, (part meeting)
Communications (1)
Media (1)

Welcome

The newly appointed committee member, Duncan Scott, was welcomed to the committee.

1. APOLOGIES

An apology was received from Kate Joblin. An apology for lateness was received from Phil Sunderland.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 Amendments to the register of interests

Barbara Robson advised the Health Identity programme has been implemented, and the governance group had held its last meeting. Her interest as a consumer representative had therefore ended.

Cynric Temple-Camp advised he had been appointed as a board member of the International Academy of Pathologists.

3.2 Declaration of conflicts in relation to today's business

The following conflicts of interest were noted:

Jack Drummond and Cynric Temple-Camp declared a conflict of interest with some of the cases mentioned in the confidential section of the operating report.

Richard Orzecki declared an interest in relation to item 6.1 Annual Report from Clinical Board, as he was a member of the Ethics Advisory Group; and 6.2, Workforce Strategy 2012/15, as he was the Coordinating Chair to Te Whiti ki te Uru, and Chair of Manawhenua Hauroa.

Barbara Robson declared an interest in relation to item 6.16, centralAlliance – Regional Women's Health Service Implementation Report and reference to the maternity information system, as she was a consumer representative of the Steering Group.

The possible conflict of interest in relation to Duncan Scott, who was general manager and company director of Broadway Radiology Limited, was discussed. It was felt that Duncan could respond to any questions that might arise but refrain from taking part in the general discussion in relation to item 6.7, centralAlliance – Medical Imaging Development Plan update.

4. MINUTES

It was recommended

that the minutes of the meeting held on 11 June 2013 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. STRATEGIC/ANNUAL PLANNING

6.1 Annual Report from the Clinical Board

A request was made for some information on the Ethics Advisory Group and what it did together with some examples of the work done. Clarification was sought on why the Clinical

Board was reapplying for a Protective Quality Assurance Notice, whether it had been approved, and whether it applied to just MidCentral Health (MCH) or was DHB-wide. Management explained it was for MCH. The original application had lapsed. It was reapplied for at the request of the clinicians concerned in the specific department, and had been approved. Only one department had requested renewal of the notice, as other departments felt they did not require it.

Management advised that information relating to the Clinical Board was available on the website, but that site was confined to staff and not available to the public.

It was recommended

that this report be received

6.2 Workforce Strategy 2012/2015 – Six Monthly update

There was considerable discussion on the report's activities and achievements.

Organisational Culture

The CEO noted there was a significant work programme ahead. Management outlined the work undertaken to date in progressing the cultural change programme. Other aspects arising from the survey feedback were included in the report's attachments.

Releasing time to care

There was starting to be evidence of this project in that direct patient care time was increasing in the wards. As a result of the work done to organise wards better, nurses were not being interrupted as much. It was felt the programme was doing really well. The CEO suggested members might be interested in visiting a ward when the hospital was not so busy, to see for themselves how the changes had assisted nursing. Members expressed interest in doing this.

Patient Flow Improvement Project

The Committee was updated with progress on this project. The project manager has been working with nursing staff in the wards, and it was hoped to announce the clinical leads for the three work streams within the next 2-3 weeks.

Workforce Profile

Management advised a goal the organisation would like to improve was the ethnicity split, as Maori were under-represented overall. There have been local and regional efforts to improve this.

There was some discussion in relation to staffing and whether there were sufficient FTEs for the number of beds/patients. A number of systems and benchmarks were used to establish staffing numbers, including the care capacity and demand management programme which was based around nursing hours per patient day and was being used to help establish optimum staffing numbers. The issue of Maori staff numbers and where they worked was raised, as it was felt the number was too small. Management advised the Te Whiti ki te Uru (Central Region DHBs Maori Health Workforce Development Plan) related to increasing the Maori workforce.

Nurse Practitioners

Management advised it was understood the nurses who would become nurse practitioners later in the year, were based in primary health.

Leave in excess of two years

It was noted that although this figure was not increasing, it was still very high. Areas where annual leave is high are addressing this, for example, two additional district nurses had been

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put into the roster to enable district nurses to take leave. This had worked well, and consideration was being given to implementing it in other areas.

Phil Sunderland joined the meeting.

While there was an option for staff to cash in this leave, it had not been done very often. The unions did not favour the option as they felt staff should be getting their rest/recreation. There was significant leave available under the current MECA agreements. Five weeks leave was now available once staff had been employed for five years, and there was also an additional week's long service leave for every five years' service.

Other aspects of staff stability were noted as indicating a very stable workforce, eg sick leave rate, stability, turnover etc. There was full employment, and this had been the case for some time now. The only area where it was occasionally difficult to recruit staff was in the specialty medical areas, eg radiology and psychiatry. These areas were also hard to fill internationally.

Human Rights Commission

The Committee felt the DHB's ranking of "one" (where reporting was excellent), was an outstanding result.

Staff Feedback

Feedback from the various staff surveys had noted comments by more than one person regarding the charge nurse of the Children's Ward. The Committee asked that their congratulations be passed on to the staff member concerned, as the comments were very favourable.

It was recommended

that this report be received.

6.3 Patient Safety & Clinical Effectiveness update

Very positive progress has been made in a number of areas, including medicines reconciliation and the Family Violence Intervention Programme (FVIP). The FVIP's strategic plan had just been launched, and a copy was given to members. All DHBs were required to produce a FVIP strategic plan. Good progress had also been made implementing the Riskman system and with the National Patient Safety Campaign.

Medicines Reconciliation

Having access to information from the CliniSafe system with community pharmacy dispensing information meant fewer errors were happening. It also meant the health professional was aware of a "near miss" and could be proactive. The situation would be even easier once the same preferred medicines lists were used in primary and secondary.

Restraint

All restraint events had to be reported so they could be reviewed. While the events have always been captured they are now included in a different grouping in Riskman.

Violence

Management advised the definition of violence identified it was about incidents towards staff or other patients and covered a range of incidents. A lot of the events/incidents occurred in only a few areas, eg mental health or elder health, and the staff in those areas were trained and equipped to manage the behaviour. It was also noted that it did not necessarily involve a lot of patients, but could represent the behaviour of a few patients. It was suggested that as many of the incidents were in specific areas, the graphs might better reflect the situation if they were separated to show what happened in the hospital. Management advised they would be looking at the reporting as the Riskman system was further implemented.

Quality and Safety Markers/Indicators

The markers are process measures, and have been publicly released. It is intended that the indicators will be made public but first there was a lot of work to be done by HQSC around validation and how reporting would occur.

The Committee was pleased with the results for the Central Line Associated Bacteraemia (CLAB) and Family Violence Intervention Programme.

Falls/Low Beds

The extra low beds have been trialled. A few issues had been noted with them, viz as they were wider and the wheels were outside the beds this caused people to trip on them; the mechanism for raising the beds had created a cleaning issue; and managing CPR was difficult.

Diane Anderson joined the meeting.

Riskman System

Work was being done with Whanganui DHB and MDHB, so that the processes could be aligned wherever possible. This system was starting to move into the primary setting as well.

Karen Naylor joined the meeting.

Hand Hygiene

The Health Quality & Safety Commission has advised they will be reporting these results publicly.

Family Violence Intervention Programme – National Child Protection Alert System

This system does not describe incidents; rather it notes the concern and the DHB.

Clinisafe System

Feedback has been very positive. It had been rolled out to most of the organisation. Staff reported it was very helpful, particularly in ED where they may not have much information on a patient. The system only had information on what medicines had been dispensed; it was not known whether the medications had been taken by the patients.

Chaplains/Spiritual Support

It was good to highlight that this support was available.

It was recommended

that this report be received

6.4 Improved Access to “Elective Services update

It was noted that there was an extremely good team relationship which enabled the health targets to be achieved.

Management clarified when a fluctuation for treatment changed the commitment threshold for treatment. This usually occurred as a result of recruitment. If there was a sustained period when there was no recruitment into the service it could result in an increase in the commitment threshold, and it might be necessary to change the threshold.

It was recommended

that this report be received.

6.5 Update on the Implementation of the Cardiology Landscape Report and Progress against

A paper on the establishment of a dedicated cardiac catheterisation laboratory was currently being written. Access to this facility was important for cardiologists. If the MCH system was used by other DHBs, funding would be via the inter-district flow mechanism.

The paediatric echocardiography system was working well. Considerable satisfaction has been expressed by the paediatricians and senior clinical team concerning the benefits from it for children.

Whilst this was the final report on this initiative, a member suggested it would be good to continue with some ongoing reporting on it. Management advised this was already covered via the ESPI and Non ESPI updates in the Operating Report.

It was recommended

that this report be received.

6.6 centralAlliance – Regional Women’s Health Service Implementation Report to 30 June 2013

Pool Lists

Management clarified how the pool lists would be managed. These lists were used by a number of services. Patients with less complex conditions who did not require a pre-assessment clinic or anaesthetic input could be put on a pool list. Patients on these lists did not know who their surgeon would be for the procedure, but they were advised they were on that list, and all aspects of their surgery were discussed with them. The list enabled people to get surgery and also helped registrars with their training. It freed up specialists so they could focus on cases which required their sub specialty skills.

It was recommended

that this report be received.

6.7 centralAlliance – Medical Imaging Development Plan update

Duncan Scott declared his conflict of interest. It was agreed it was appropriate for Duncan to be present and respond to any questions, but he would not participate in any decision making.

The paper provided the outline of how this initiative would be undertaken. It was driven by best practice, and covered engagement with and impact on staff. Recruiting radiologists had been difficult, and ensuring an optimum service was essential for recruitment.

It was recommended

that this report be received.

6.8 Master Health Services Plan as the basis for an Indicative Business Case

A member commented that it would have been good to have included a flow chart in this report.

It was confirmed that the process for considering capital approvals in the health sector was determined by the National Health Board.

It was recommended

that this report be received.

7. OPERATIONAL REPORTS

7.1 Provider Division Operating Report – April 2013

Patient Transport and Accommodation

Given the significant variance over the last three months, Management were asked to provide further analysis on the variance to either this Committee or the Hospital Audit Committee, particularly in relation to the air ambulance cost. This should show whether it was due to a price or volume change, or why it had occurred. The CEO agreed to provide a report to the next meeting.

Legal Highs

So far, there did not appear to be any significant impact on ED from legal highs. There were dedicated pathways for assessment and inpatient treatment in mental health for patients, and ED would refer such patients to the Mental Health team if required.

Clinical Supplies

Most of the current over-spend in clinical supplies (nearly \$4m), would be spent in the current financial year, but much of it would be off-set via increased revenue for dedicated cancer treatment drugs.

It was recommended

that this report be received

8. GOVERNANCE ISSUES

8.1 2013/14 Reporting Framework

Jack Drummond tendered his apologies for the next meeting.

Manawhenua Hauora

The annual hui between Manawhenua Hauora and MDHB was held on 22 July at Aorangi Marae. The annual report was presented to board members, and a copy could be provided for committee members if desired. It had been a successful meeting, and provided a good opportunity to discuss issues in relation to the Iwi partnership and Maori health.

It was recommended

That the 2013/14 reporting and the updated committee work programme for 2013/14 be noted.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

3 September 2013

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:

5.14

<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 / Sentinel Events /	To protect personal privacy	9(2)(a)