MidCentral District Health Board

Minutes of the joint Healthy Communities Advisory Committee and Quality & Excellence Advisory Committee Minutes of meeting held on Tuesday 28 November 2017 at 9am at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

The shared matters of interest section of the meeting commenced at 9.00am.

This section of the meeting was chaired by Brendan Duffy, Chair, Healthy Communities Advisory Committee.

PRESENT

HCAC Members
- Brendan Duffy (Chair)
- Adrian Broad (Deputy Chair)
- Ann Chapman
- Barbara Cameron
- Dot McKinnon (ex officio)
- Nadarajah Manoharan
- Vicki Beagley
- Donald Campbell

QEAC Members
- Diane Anderson (Chair)
- Karen Naylor (Deputy Chair)
- Oriana Paewai
- Barbara Robson
- Dennis Emery

IN ATTENDANCE

Kathryn Cook, Chief Executive
Amanda Driffill, Service Manager, Medical Services & Ambulatory Care
Barb Bradnock, Senior Portfolio Manager, Children, Youth & Intersectoral Partnerships
Carolyn Donaldson, Committee Secretary
Chris Nolan, Service Director, Mental Health Services
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
Craig Johnston, General Manager, Strategy, Planning & Performance
Cushla Lucas, Service Manager, Regional Cancer Treatment Service
David Jermey, Portfolio Manager, Primary Healthcare
Deborah Davies, Acting Service Manager, Community Services
Gabrielle Scott, Executive Director, Allied Health (part meeting)
Jan Dewar, Nurse Director, Medicine, Surgery & Emergency
Jess Long, Project Director
Jo Smith, Senior Portfolio Manager
John Manderson, Programme Manager, Business Improvement
Kerry Juan, Business Advisor (part meeting)

Keyur Anjaria, General Manager, People & Culture
Lyn Horgan, Operations Director, Hospital Services
Marcel Westerlund, Clinical Director, Mental Health
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Neil Wanden, General Manager, Finance & Corporate Services
Stephanie Turner, General Manager, Maori & Pacific
Vivienne Ayres, Manager, DHB Planning and Accountability
Dennis Geddis, Communications Team Leader

OTHER

Public: (2)
Media: (1)

1 APOLOGIES

Apologies were received from Michael Feyen and Cynric Temple-Camp. Apologies for lateness were received from Barbara Cameron and Dot McKinnon.

2 LATE ITEMS

There were no late items.

3 CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendment 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

There were no declarations of conflicts of interest.

4 STRATEGIC & ANNUAL PLANNING

4.1 Delivering on Government Priorities: 2017/18 Quarter 1

The Manager DHB Planning and Accountability spoke to the report.

It was noted the Annual Plan for 2017/18 had not yet received formal Ministerial approval. The Ministry has advised that all sections except the financials have been approved.

Barbara Cameron joined the meeting.

The three health targets that are presenting a persistent challenge to the organisation were discussed. These are Shorter Stays in ED, Immunisation and Better Help for Smokers to Quit, Hospital.

Dot McKinnon joined the meeting.

It was noted that there are no financial penalties against any of the Health Targets. The area where there are potential financial penalties for non-performance is in elective services. Specifically, the DHB loses income if the Elective Initiatives Programme is not fully delivered and there are financial penalties if Elective Services Patient Flow Indicators 2 and 5 are in red for greater than 4 months.

It was recommended:

That the Committees note this report.

5 PARTNERHIPS & CONSUMER

5.1 U-Kinetics Replacement Service Update

It was recommended:

that this report be noted.

5.2 Update on Outcomes of Tararua forum re Manawatu gorge Closure

The update on activities taken to lessen the impact of the gorge closure on health services was appreciated by the committee. A member asked that funding was put aside for technology, as the Ministry did not cover it.

Committee members stressed the importance of continuing to support key activities such as the health shuttle given the lengthy period it will take before the Gorge issue is resolved. The health and safety of the volunteers was raised. Management gave an assurance that they would continue to be in contact with the shuttle service and that the DHB will provide support where ever it can.

It was recommended:

that this report be noted.

6 COMMITTEES' WORK PROGRAMME

It was agreed a query about the QEAC's work programme and reducing the reporting frequency of professional practice development professional standards from nine months to six monthly would be discussed when approving the QEAC minutes.

The Committee acknowledged the challenge Management faced trying to find a long term solution to physical space requirements within the restraints of the current site configuration.

It was recommended:

that progress against the 2017/18 work programmes be noted.

7 DATE OF NEXT MEETING

13 February 2018
20 March 2018 (Shared matters of interest)

QUALITY & EXCELLENCE MATTERS
(Information only for Healthy Communities Advisory Committee)

This section of the meeting was chaired by Diane Anderson, Chair, Quality & Excellence Advisory Committee.

8 STRATEGIC & ANNUAL PLANNING

8.1 Mental Health and Addiction Service – Model of Care

The Service Director, Mental Health & Addiction Services introduced Dr Marcel Westerlund, Clinical Director, Mental Health & Addiction Services to members. The meeting was advised that the Mental Health and Addictions Model of Care was an important underpinning document, which is particularly relevant to the redevelopment programme for Ward 21.

A member noted that the new Government had stated there would be some new funding for mental health, and the member asked what plans had been made for that funding. Management advised no information had been received regarding this matter yet but it was being looked forward to with great anticipation.

The CEO reminded members that the Board had signed off on the Long Term Investment Plan which included a range of capital projects including Ward 21. At this stage, no significant changes to components of the long-term plan had been identified. Two options for Ward 21 were under consideration.

Management advised the report included several work-streams which were about building up referrals and pathways from educational institutions. These work-steams would include the relationship with tertiary education health service providers.

Management noted reporting on access to maternal mental health services was done separately to the regional services provided by Capital and Coast DHB in the acute care continuum.

It was also noted that the model of care developed would build on cultural and historic models of care already in place.

It was recommended:

that this report be noted.

8.2 A Development Plan for Improving Specialist Cardiovascular Management

The Development Plan was presented to the Joint Committee by Amanda Driffel. Staffing considerations for the new service were discussed, particularly the need to recruit Cardiologists with interventional skill sets and then provide them with enough work to maintain their competency. Management advised that it was intended to recruit two interventional cardiologists. Currently one cardiologist was on 12 months leave and a replacement had been successfully recruited. It was noted that the cardiology workforce has been reasonably consistent over the last few years.

It was recommended that the Committee:

***Note** that the proposal improves access to care and outcomes for cardiac patients.*

***Note** that the proposal meets the DHBs priorities to:*
- *Achieve equity of outcomes across communities*
- *Achieve quality and excellence by design*
- *Partner with people and whānau to support health and wellbeing*
- *Connect and transform primary, community and specialist care*

***Note** that the proposal is consistent with the Central Region Cardiac System of Care Strategic Plan 2016-2021 and the Board's own Long Term Investment Plan 2016-2026.*

***Note** that the draft business case is NPV positive over a range of scenarios and is expected to have a payback position of 4-8 years.*

***Endorse** the proposal for Board consideration to proceed to detailed design of a Cardiac Catheterisation Laboratory prior to a final business case.*

9 PERFORMANCE REPORTING

9.1 Care Capacity Demand Management Programme

A member inquired as to how long it would be before the CCDM programme would help to actively resolve situations where areas were understaffed. Management

indicated that the recent appointment of a TrendCare Coordinator was an important step in this process. Eight areas had collected sufficiently robust TrendCare data, and five of those areas were moving quite quickly towards being able to provide draft recommendations early in the New Year. The expectation was that other areas would be completed over the next 12 months with a focus needed to ensure TrendCare data was robust in those areas. The Variance Response Management programme was in place and work would be undertaken to make it more robust when responding. Management noted a query regarding reporting on the programme, and suggested a plan would be provided for the next QEAC meeting on reporting arrangements. That would provide an opportunity for the new Executive Director, Nursing & Midwifery who commences on 8 January 2018, to comment. A list of where TrendCare was used and the amount of financial resources to enable it to be implemented was also requested.

It was recommended:

that the Care Capacity Demand Management programme be noted.

9.2 Operational Report

In speaking to this report, the CEO noted it was a transitional report as the organisation moved to cluster reporting arrangements.

The report was then considered section by section. The main issues covered in discussion on this item were as follows.

In Acute and Elective Services, the key pieces of work were "Medimorph", consisting of four key focus areas, and the perioperative improvement programme "Optimise". The postponement of Dr Peter Jones' visit at the end of October was noted. Management advised he was rescheduled for early 2018. He would talk to ED staff, discuss the Medimorph programme. As an outcome he would no doubt have some helpful suggestions about how MidCentral can further improve against the ED target. Previous visits from the Target Champion had been very helpful to the DHB.

In relation to mitigating some of the challenges facing the continence service, Management explained that a large number of people come each year to secondary care for assessments and prescriptions for consumables. The potential for this work to be undertaken in community settings, possibly in primary care, is being investigated.

The plan to lease some theatre sessions from Crest Hospital for day case work was noted. Other medium term options relating to surgery capacity were also being explored eg weekend lists.

The various work being done to address the financial position was also covered, eg the key projects "Medimorph" and "Optimise", reducing the average length of stay. It was noted that costs were impacted by increased volumes and problems like large equipment breakdowns such as the linear accelerator.

Of note in the cancer service update was the outage of the linear accelerator for three weeks. Services were managed internally with no outsourcing required. A member commented that with the new government in place, there was talk about increasing the age of eligible women for breast screening. Management were asked if this was put in place, could it be achieved. The Acting Service Manager, RCTS thought some investment would be required to do that, but detailed planning cannot be undertaken until firm advice is received from the Ministry of Health.

The Service Director, Mental Health & Addiction Services, went over the key successes in developing services and matching resources to demand. There was pressure on the Child, Adolescent and Family Service and also the Alcohol and Other Drugs Service.

Management were asked to consider reporting on the maternal mental health service activity in the monthly mental health dashboard update, so that there was more visibility of the service. Management agreed it could be done. Some concern was expressed at the results for KPIs 18 and 19 – Community Interface and Post-Discharge Community Care. The Service Director said it was hoped to have a league table for the national KPIs included with this report, and also advised that everyone in this report was followed up.

A member noted good work was now coming from the Unison forums. Management agreed saying there was great support from the Ministry of Social Development for this network.

The endorsement of the PHC nursing integration project, which initially focussed on the alignment of District Nursing Services with GPTeams, was highlighted. It is planned to scale this to cover more GPTeams with a focus on equity, and also to incorporate the advanced nursing workforce of the DHB.

Dental Services were continuing to make inroads into the dental arrears.

In relation to immunisation against mumps, Management advised that immunity declines with age. Booster vaccinations are available. To date there had not been enough mumps cases in the district to need a large scale programme.

The Director, Patient Safety & Clinical Effectiveness, commented on the huge amount of work being done around medication safety, noting in particular the opioid collaborative. The deteriorating patient programme which is a national programme, has just implemented a new early warning score system. A video conferencing facility for interpreter services for use by deaf patients and their families has been implemented via Skype.

Management confirmed they were aware of the national antimicrobial response plan which had just been released. An update would be provided to members when there was any development on it.

Management explained the DHB was not an outlier in respect to the number of falls and that the results reflected the definition of a fall.

The relationship with the new birthing centre was explained. Management agreed to include the table on patient transfers again in future reporting. Management

confirmed it was intended that an HR section would be added to each cluster's reporting, moving forward.

It was recommended:

that the Operations Report for September and October 2017 be noted.

Dennis Emery left the meeting.

10 MEETINGS

10.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 17 October 2017 be confirmed as a true and correct record.

10.2 Recommendations to Board

It was noted that the Board approved all recommendations contained in the minutes.

10.3 Matters Arising from the Minutes

A request was made that the reporting frequency of the professional practice development professional standards be six monthly rather than nine monthly.

11 LATE ITEMS

12 EXCLUSION OF THE 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 previous meeting	For reasons stated in the previous agenda	
2018/19 Annual Planning – Strategic Priorities	Subject of negotiation	9(2)(j)
Contracting Arrangements with Birthing Centres Ltd	Under negotiation	9(2)(j)
Operations Report: Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)