MidCentral District Health Board

Minutes of the joint Healthy Communities Advisory Committee and Quality & Excellence Advisory Committee Minutes of meeting held on Tuesday, 5 September 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 Diane Anderson, Chair, Quality & Excellence Advisory Committee.

PRESENT

HCAC Members
- Adrian Broad (Deputy Chair)
- Barbara Cameron
- Nadarajah Manoharan
- Vicki Beagley
- Donald Campbell

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

IN ATTENDANCE

Kathryn Cook, Chief Executive
Craig Johnston, General Manager, Strategy, Planning & Performance
Neil Wanden, General Manager, Finance & Corporate Services
Keyur Anjaria, General Manager, People & Culture
Stephanie Turner, General Manager, Maori & Pacific
Scott Ambridge, General Manager, Enable New Zealand
Michele Coghlan, Director of Nursing
Gabrielle Scott, Executive Director, Allied Health
Ken Clark, Chief Medical Officer
Lyn Horgan, Operations Director, Hospital Services
Chris Nolan, Service Director, Mental Health Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Cushla Lucas, Service Manager, Regional Cancer Treatment Service
Megan Doran, Committee Secretary
Barb Bradnock, Senior Portfolio Manager, Children, Youth & Intersectoral Partnerships
Vivienne Ayres, Manager, DHB Planning and Accountability
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
Steve Tanner, Finance Manager

Barry Keane, Nurse Director
Maggie Oulaghan, Service Manager
Geoff Anderson, Medical Head, Orthopaedics
Robyn Shaw, Elective Services Manager
Paula Spargo, Midwifery Director
Robyn Williamson, Service Leader
Greig Russell, Chief Medical Officer
Daniel Hirst, Project Manager
Lyndel Voice, Project Lead
Dennis Geddis, Communications Team Leader

OTHER

Public: (3)
Media: (1)

1. APOLOGIES

Apologies were received from members Dot McKinnon, Cynric Temple-Camp, Brendan Duffy, Ann Chapman and Tawhiti Kunaiti. An apology for lateness was received from committee member Barbara Cameron.

2. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

2.1 Amendment to the Register of Interests

Karen Naylor advised she was on the NZNO Board.

2.2 Declaration of Conflicts in Relation to Today's Business

Karen Naylor declared her conflict with item 3.5, MidCentral Maternity Review Report and item 14, Operations Report (Part 2), due to her role with the Women's Health Unit.

Denis Emery declared that for the visit to Ward 21 after the meeting it would not be appropriate for him to attend as he had family connections to two current inpatients.

3. STRATEGIC & ANNUAL PLANNING

3.1 MDHB Maori Health Plan 2016/17 and Tu Kaha Conference 2018 Update

The General Manager, Maori & Pacific introduced this paper. This report highlighted how the Pae Ora Directorate was aligning their work to the Strategic Imperatives. It also gave the final update of progress against the Maori Health Annual Plan 2016/17 indicators.

One highlight of the report was the increased numbers of patients accessing and staying at Te Whare Rapuora. In the 2016/17 year, the bed nights had increased by

183 when compared to the 2015/16 year. A member questioned the total number of beds that were being used. Although the General Manager, Maori & Pacific did not know these at the time, they would be provided directly to the member.

In regards to the Tu Kaha Conference to be hosted and convened by MidCentral, the date had been brought forward from November 2018 to July 2018. This was to enable Secondary Schools to participate in the conference.

It was noted that the Secondary School Kapa Haka competition was also scheduled for July 2018. The General Manager, Maori & Pacific advised a steering group had already been formed made up of people from the six Central Region DHBs and they were aware they need to keep on top of any future events that may be held at the same time.

The Committees' acknowledged the depth and quality of this report.

It was recommended:

that progress against the MDHB Maori Health Plan 2016/17 be noted; and

that progress in hosting the Tu Kaha 2018 Conference be noted

3.2 Mental Health & Addictions Update 4

The Service Director and Portfolio Manager introduced this report and gave an overview of the contents, including the ward 21 development plan.

At present there was high demand on the acute care (crisis) team. There was also pressure and demand on NGO providers for housing and accommodation support.

Other discussion on the paper included the number of vacancies, high workloads, clients with intellectual disabilities, complex cases, increase in referrals including rural areas, in particular Horowhenua and that the number of referrals to the Alcohol & Drug service had increased by 100 per cent.

The Service Director advised there are still vacancies within the mental health team. One of these vacancies had been in Horowhenua but that position had been covered by a secondment from Palmerston North. The service was actively recruiting staff. It was acknowledged that some nursing staff had at times worked a 15 hour shift, which could result in compromised care.

The Mental Health team were currently working in partnership with Enable New Zealand in relation to clients with disabilities to ensure they received the level of care required.

It was recommended:

that this report be noted

3.3 Mental Health & Addictions Service Acute Care Continuum Development Plan

This report covered the four main areas of focus;

- Implementation of 'Safewards' programme which are used in England and Australia,
- Leadership & Culture development,
- Stands of Practice – focus on updating protocols and procedures and
- Professional Development plans linked to training & supervision.

A member questioned the Review Leave Assessment and Leave Management Policy, particularly the leave forms clients were required to sign. The Nurse Director, Mental Health & Addictions advised there were two types of leave. One related to people admitted under the provision of the Mental Health Act. Leave requests for these clients required doctor sign-off.

Clients not under the provisions of the Mental Health Act they are classed as voluntary patients. The current focus around leave management had been on voluntary patients. If any client wished to take voluntary leave, be it overnight or for the afternoon etc. then they must complete and sign a leave form. The form provided confirmation of date and time of leave, where the client intended to go, and when they were due back. Most importantly it provided a contact number for the client to call is they got into difficulties.

Completed leave forms were assessed by a nurse who determined whether or not leave was appropriate for the client at that time. The key considerations taken into account in this process were risk and safety. If the nurse considered the client should not go on leave due to safety reasons and the client was instant leave should be granted, the nurse could invoke the provisions of the Mental Health Act.

It was recommended:

> *that the Mental Health & Addictions Service Acute Care Continuum Development Plan be noted*

3.4 National Elective Services Programme

This report sets out for the committees' information the National Elective Programme and how it is applied at MidCentral Health, particularly around First Specialist Assessments (FSAs). It also provided an update on the Theatre Improvement Programme of work.

The Medical Head, Orthopaedic Service provided an overview of the referral process, including how referrals were declined, how often they were declined, what happens to a patient when their referral was declined and who was then responsible for the patient.

The Operations Director, Hospital Services advised that one of the challenges for the clinicians moving from the six to five and then to a four month wait time, in clinics across the organisation was the triaging of referrals. With the previous target of 6 months, clinicians were able to triage referrals within their clinic time. Clinicians now dedicated one to two sessions per week to triaging referrals.

It was recommended:

that the National Elective Services Programme report be noted

3.5 MidCentral Health Maternity Review Report

The Committees' noted Karen Naylor's conflict with this report.

The Operations Director, Women's Health Service introduced this report. This report was a progress update on the implementation of the programme of work within the Women's Health Service and set out the progress against the work programme which includes safe staffing, facilities, governance and quality & outcomes.

A member raised concerns about appointment of Clinical Directors and how these appointments would not be put in place until the Cluster Model was confirmed. The CEO advised that the DHB currently had Acting Clinical Directors in place and in Women's Health, the Acting Clinical Director had been in place for quite some time.

The DHB had tried to appoint a Clinical Director to the role permanently however this had not been successful. In the meantime work on the Integrated Service Models had progressed. Consultation was currently occurring regarding the job descriptions for two critical roles - Clinical Executive and Operations Executive.

A member expressed concern around the ratio of nurses to midwives. The Midwifery Director advised that this was a challenging space at present due to the shortage of midwives. The DHB was actively recruiting for Charge Midwives with no response. To help this, nurses had been employed on temporary yearly contacts.

It was recommended:

that the Maternity Review report be noted

4. PARTNERHIPS & CONSUMER

4.1 Disability Support System Transformation Update

The General Manager, Enable New Zealand introduced this report.

Minister Wagner (Associate Health & Disability Issues) had announced a three month co-design process of transformation of the disability support system. The announcement identified that the initial region to be transformed would be the MidCentral Region.

The co-design process was facilitated and lead by disabled people and family representatives. It focused on a transformation of the system. There had been a number of demonstrations and pilots around the country over the years. There is now a genuine commitment to look at what changes needed to occur.

The new system at a high level completely inverts the way in which disability support services were provided. Rather than the system dictating to people, people would have choice and flexibility and control over how they wanted to design their own services and the system would then be put the services in place to support them.

There were some key changes and key focuses around early intervention, working up front, walking alongside disabled people.

A member sought clarification around which government agencies were working with the Ministry of Health and Ministry of Social Development on this initiative. The General Manager, Enable New Zealand advised the other main agency would be the Ministry of Education and there were times that ACC would also be involved.

A member sought more information regarding Tuhono walking alongside to provide crisis support, particularly what was the meaning behind crisis support and whether it included vocational support within the funding model. Management advised this service was for people who were in crisis and dealing with situations in front of them. There was a strong recognition and intent to have a wraparound intensive case management or facilitation service to support the disabled person and their family move out of crisis.

It was recommended:

that the Disability Support System Transformation Update be noted

4.2 Update on the Roll out of the St John 111 Clinical Hub

It was recommended:

that this report be noted.

5. INTEGRATION

5.1 Tararua Forum re Manawatu Gorge Closure

Member advised the report provided a good overview of the situation for the Tararua residents with the closure of the Manawatu Gorge. It was proving challenging for all staff and health providers in Tararua and for the residents. Members supported the collaborative approach being taken and the good relationships and partnerships being built to overcome the challenges that residents faced.

The problems in the Tararua region around Primary Care, including GP recruitment, were discussed. The Portfolio Manager, Primary Health Care advised that Tararua Health Group required support in terms of their GP numbers. In the short term the Central PHO had provided Dr Paul Cooper to assist. In the long term, as it was with most rural areas, new models of care in terms of using telehealth for example, were required.

The Chair acknowledged the solutions that had been put in almost instantly showed that there was some will there.

A member noted the pressure on the shuttle service and was pleased to see that there would be easier access to air ambulance services, particularly those in hard to access places.

It was recommended:

that this report be noted.

6. PERFORMANCE REPORTING

6.1 Non-Financial Monitoring Framework & Performance Measures Including Health Gargets – Summary Report for Quarter 4, 2016/17

The CEO highlighted the work that had been done around productive theatre. She advised that there was another piece of work currently being under taken by the Francis Group called Patient Flow. This was around the medical model of care and aimed to support improved performance around the ix hour shorter stays in Emergency Department target. The DHB's performance was unacceptable in that area, however this new piece of work flowed on from quite a considerable focus on medical staff and medical rostering.

Management advised there were three annual indicators this quarter which were different from the usual report. These were HPV for girls which continued to be achieved, the whanau ora programme of work, and the adolescent utilisation rate. For the first time, MidCentral DHB had achieved the smoking cessation target.

In regards to the faster cancer treatment target, the DHB was continuing on a positive trajectory. There was a robust governance group in place. The real reason for this target is individual pathways and to make long term improvements.

The General Manager, Strategy, Planning and Performance commented on the two child health indicators, being the immunisation indicator and raising healthy kids. In relation to the immunisation results, the DHB was currently behind compared to what it had been historically. The DHB had been working extremely hard, doing intensive work with the team to try and increase the rates. The anti-immunisation controversy has had an impact. There has been a slight increase in the number of decliners.

In relation to the healthy kid's target, the team was doing this properly and so when it stated children had been referred for appropriate services this did not mean just referred back to their general practice team. They were being referred to the appropriate services.

Management advised that while the colonoscopy surveillance had not been achieved for quarter 3, it had been achieved for quarter 4, 2016/17.

It was recommended:

that this report be noted

6.2 Regional Service Plan Implementation Update – Report for Quarter 4, 2016/17

The Manager, DHB Planning and Accountability introduced this report.

This was the final report for 2016/17. The priorities that had formed the focus of the plan of the year were; cancer, cardiac, mental health and complex care. MidCentral DHB had reshaped the way in which the DHB approached the plan which would in turn impact the DHB's reporting as well.

Support for Whanganui DHB in respect of ophthalmology workforce issues was raised. Management confirmed that MidCentral was currently working very closely with Whanganui regarding ophthalmology service, in particular regarding workforce shortages and on call arrangements for acute care.

It was recommended:

that this report be noted.

7. COMMITTEES' WORK PROGRAMME

The General Manager, Strategy, Planning and Performance introduced this reporting, noting that October would be a very busy month.

A member sought clarification as to when the next Q&EAC report on the progress of the clusters development and implementation. It was noted that this report would go directly to the Board.

A member noted that there was no update against the 2017/18 Annual Plan. It was agreed this report would be provided for the Committees' next meeting.

Members noted that the Star 4 report had been delayed to accommodate an extension of the consultation timeline. The report would be provided at the October meeting.

It was recommended:

that progress against the 2016/17 work programmes, and, the Committees' work programme for 2017/18 be noted.

8. DATE OF NEXT MEETING

17 October 2017
28 November 2017 (Shared matters of interest)

QUALITY & EXCELLENCE MATTERS

(Information only for Healthy Communities Advisory Committee)

9. STRATEGIC & ANNUAL PLANNING

9.1 Options Paper – Ward 21 Redesign

The Service Director, Mental Health & Addiction Services introduced this report.

The proposal was fully discussed.

Members supported the need to create an environment which meets the needs of consumers and family/whanau, and addressed all the other things that were essential in an acute and intensive care unit for therapeutic care. The importance of providing a culturally appropriate environment was emphasised, ie, having an environment suitable for the needs of individual groups within the DHB's population base.

It was noted that seclusion rooms needed to be different from bedrooms.

It was further noted that the needs assessment was silent on people who identified with a gender other than male and female. What provision would be provided for transgender people? It was considered than in an environment of this type, there should be flexibility create separate but not isolated areas where individuals could be grouped based on their needs.

The CEO advised that if the Board endorsed option D "New Build", this would need approval from the government. That approval would require the DHB to ensure all options have been looked at. The CEO agreed that it is important that the DHB created a welcoming, safe environment contusive to healing.

The General Manager Finance and Corporate Services endorsed the CEO's comments and noted that the focus was on a safe and therapeutic environment for all users but getting there expeditiously as the DHB can.

It was recommended:

> *that the committee endorse to the Board the proposed development of a business case for Ward 21 comparing the alternatives of Option C "Extend & Refurbish" with Option D "New Build" against the Option "A" Counterfactual "Minimal Change"*

10. PERFORMANCE REPORTING

10.1 MidCentral Health Operations Report for June/July 2017

The CEO introduced this report and highlighted the draft balanced score card which had been provided to give an indication to the Committees' of the work the DHB was starting to do now that it had access to new business intelligence tools and systems which had been in the design phase for some time. This was still work in progress.

The CEO confirmed that the health target champions were national roles.

In respect of the contract with Crest, the likely range of additional costs was sought. The CEO advised that this was not the same contractual approach that had been used in the past. It was more a virtual theatre arrangement for the DHB together with Crest. The Operations Director advised that the Crest arrangement was for two surgical lists a week for three months. It was a lease arrangement with a mix of staffing arrangements across MidCentral and Crest.

The CEO advised that the DHB had partnered up with Central PHO around acute demand. The DHB was also implementing the "Choosing Wisely" programme, which would help the DHB with some of the conversations around what tests and other things clinicians and patients chose. However there was still more work to be done in that space. There were a number of other projects, the details of which would be provided in full detail at the next FRAC meeting to try and support the budget going forward.

Members noted the failure to meet the target on annual leave which had a huge amount of focus on it. It was suggested that perhaps it was timely to look at a new piece of work to why the DHB was not achieving this.

Management undertook to provide an update on capital expenditure for the Quality & Excellence Advisory Committee as it related to hospital and associated health services.

It was recommended:

That the Operations Report for June/July 2017 be noted

11. MEETINGS

11.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 25 July 2017 be confirmed as a true and correct record.

11.2 Recommendations to Board

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

11.3 Matters Arising from the Minutes

A member requested more information regarding the delay in issuing clinical letters as highlighted in the recent Diabetes Report.

The Operations Director advised that at times certain clinics that had longer than desired typing wait times. The Professional Advisor, Clinical Clerical reported daily

on typing wait times to the Operations Director.. They also reported to the Clinical Board.

Ms Horgan advised the DHB had been undertaking a significant piece of work, in and around clinic letters. Voice recognition was being trialled, and the DHB was currently consulting with medical secretaries regarding a proposed medical transcription service which would automatically ensure the letter with the longest wait time was delivered first. The lack of a medical typing career pathway from school was also proving challenging. When recruiting, the DHB looked for clerical staff that had good keyboard skills and would then providing training in medical typing.. MidCentral DHB had explored online training options, particularly for medical terminology, with UCOL . Two permanent, casual medical secretaries were employed to provide cover for medical secretaries leave.

The CEO advised on the broader IT context the regional clinical portal had been implemented. The next deliverable was the Regional Radiology Information System which would go live on 11 September 2017.

The DHB now had a road map of priorities to build on the current regional IT infrastructure. This was the pathway to full digitalisation which was where MidCentral DHB needs to be, particularly to address some of the concerns/issues raised.

A member advised in regards to Te Hongonga (Maori Cancer Advisory Group to the Local Cancer Network) that they had been invited to attend the next meeting. The member had also been asked to provide wording around Manage my Health.

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	
UCOL Contract	Contract Negotiations	9(2)(j)
Operations Report: Potential Serious Adverse Events and Complaints and litigation	To protect personal privacy	9(2)(a)