

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Quality & Excellence Advisory Committee meeting held on 1 May 2018 at 9am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

PRESENT

Diane Anderson (Chair)
Karen Naylor
Michael Feyen
Dot McKinnon

Oriana Paewai
Dennis Emery
Cynric Temple-Camp
Anne Kolbe

IN ATTENDANCE

Kathryn Cook, CEO
Celina Eves, ED, Nursing & Midwifery
Craig Johnston, GM, Strategy, Planning & Performance
Cushla Lucas, OE, Cancer Screening, Treatment & Support
Dave Ayling, CE, Primary, Public, Community Health
David Sapsford, CE, Acute & Elective Specialist Services
Debbie Davies, OE, Primary, Public, Community Health
Gabrielle Scott, ED, Allied Health
Judith Catherwood, GM, Quality & Innovation
Ken Clark, Chief Medical Officer
Keyur Anjaria, GM, People & Culture
Lyn Horgan, OE, Acute & Elective Specialist Services
Marcel Westerlund, CE, Mental Health & Addictions
Neil Wanden, GM, Finance & Corporate Services
Stephanie Turner, GM, Maori & Pacific
Vanessa Caldwell, OE, Mental Health & Addictions
Carolyn Donaldson, Committee Secretary (QEAC)
Di Feck, Quality Coordinator, quality and Clinical Risk
Muriel Hancock, Director, Patient Safety and Clinical Effectiveness
Chris Nolan, Service manager, Mental Health and Addictions Service
Communications Dept, (1)
Media: 1
Public: 2

Welcome

A warm welcome and congratulations were extended to the newly appointed executive leaders, Vanessa Caldwell, David Sapsford, Dave Ayling, and Debbie Davies.

1. ADMINISTRATIVE MATTERS

1.1. Apologies

An apology was received from Barbara Robson.

1.2. Late Items

There were no late items.

1.3. Conflicts and/or Register of Interests Update

There were no amendments to the Register of Interests or conflicts in relation to the day's business.

1.4. Minutes of the Previous Meeting

a. Minutes

It was resolved:

that the minutes of the previous meeting held on 20 March 2018 be approved as a true and correct record.

b. Matters Arising

There were no matters arising from the minutes.

1.5. Recommendations to Board

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

2. CLINICAL GOVERNANCE AND CONSUMER

2.1. Clinical Governance Framework Development

It was resolved:

that the refreshment of the clinical governance framework be noted.

2.2. Quality and Safety Walk-round Framework and Toolkit

These walk-rounds were important and staff should see them as support, not an invasion. The programme was just beginning and the frequency of the walk-rounds could be refined as it developed. Regular reporting to the committee would occur, probably six monthly.

It was resolved:

that the Quality and Safety Walk-round Framework and Toolkit be recommended to the Board for endorsement.

2.3. Professional Practice Development

Karen Naylor declared a conflict as she was a nurse in the organisation. Mrs Naylor noted that there was a clear outline of what the MECA covered for medical and allied health staff, but not for nursing. She thought that would be useful information for nursing staff to be aware of in terms of what was used and what the MECA entitlement was. Management referred her to clause 27.1 of the NZNO MECA but she felt the

information was incorrect. She agreed to discuss the issue with management after the meeting.

The overall decrease in Health Workforce NZ funding of \$121,175 was clarified for members. Following a review last year, it was found that MDHB was over-subscribed. Management advised HWNZ were looking at releasing some innovation funding after July, which would provide some further opportunities for staff. The amount for this calendar year would be small. A notification would be circulated in relation to funding for 2019 and 2020 so there was time to prepare applications and submit them.

A member expressed concern in relation to credentialing, and outlined examples of services/organisations where problems occurred. He felt a good culture and the ability to speak up safely were better than credentialing.

Management advised that whilst it would be difficult to get information from other DHBs of the numbers undertaking professional development, it was rare for anyone to be declined at MDHB. Dot McKinnon advised that at a regional level, the chairs/CEOs were working hard to ensure information was shared, and she suggested this type of report if sent to HR, could be shared with other DHBs.

It was noted that medicine received more support for these activities than nursing or allied health. It was felt that nursing and allied health should be able to access similar levels of support. The General Manager, Maori & Pacific stated that HWNZ also included a Hauora Maori funding stream but that it was restricted to non-regulated workforce. The National leadership group of Maori GMs, Tumu Whakarae is in ongoing discussion with MOH HWNZ team regarding possible changes.

The resolution was amended to request Management pursue additional innovation funding when released, and make strong national recommendations for more national nursing, allied health and Maori funding.

It was resolved that:

the Professional Practice Development at MidCentral District Health Board be noted,

Management be urged to pursue the additional innovation funding when released and that

the Board make a strong national recommendation for more national nursing, allied health and Maori funding.

2.4. Research – Annual Report 2017 - 2018

A member referred to the clinical audit reporting, advising some Otago software called Diva had a really good reporting system that picked up issues across the organisation, which could be worth looking at.

The Chief Medical Officer confirmed there was a relationship with Massey University in various small areas that worked well. He also acknowledged the excellent working relationship with the Pae Ora team.

It was resolved:

that the Research Annual Report 2017-2018 be noted.

Ann Chapman arrived.

3. PERFORMANCE REPORTING

3.1. Operational Report

It was noted there were three areas that were not meeting targets:

- Emergency Department
- Hospital Smoking Cessation
- Infants primary course of immunisation

Action plans had been developed for each area.

Members were advised some papers had inadvertently been omitted from the quality section, covering the update around pressure injuries, hand hygiene, surgical safety etc. That section would be updated and provided in the next report. Management also advised some reporting changes, ie infection prevention and control would now be led by the Executive Director Nursing & Midwifery, and Clinical Records would report to the General Manager Finance & Corporate Services.

Members were reminded influenza vaccinations would be available for them today.

The General Manager Quality & Innovation advised the complaints process was being looked at and would probably be redesigned over the coming months, as the number of complaints received by MDHB via the HDC was higher than other DHBs.

A member referred to incidents like workload issues and the value of being able to identify if that type of incident was spread evenly across the organisation. Management advised there were several pieces of work underway. The Quality team was working with the People & Culture team to separate out staff related health and safety issues including workload issues from clinical and patient incidents. This work should result in better reporting for members. As the clusters were developed they would monitor their own rates in these areas.

Adrian Broad arrived.

Theatre flows – members were advised a business case around some capital investment for reworking some of the theatre floors would be presented in due course. The investment in building some more procedure rooms was required to improve patient flow.

Management referred to the three occasions when Ward 21 patients were AWOL, noting one of these situations could have been a risk. However these patients were close to being discharged. It was also noted that many of the peaks and troughs in the dashboard graphs often occurred at times when difficult patients were admitted or staff were away etc. and that escalation techniques were employed to manage the risks.

Management was congratulated on their contribution to the recent Mental Health Inquiry which had proceeded well.

It was resolved:

that the Operations Report for February and March 2018 be noted.

4. COMMITTEE’S WORK PROGRAMME

The CEO advised consideration was being given to how the Board’s committees would function next year. A paper would be submitted to the Board on this issue shortly.

The Committee Chair said she missed the financial information being available at this meeting, but knew that would resolve in time.

Although Pharmac had been unable to provide an on-site presentation at this meeting, the CEO advised Pharmac and Health Partnerships Ltd would be presenting to CEs and that she would keep members advised of any relevant updates.

Other points raised for consideration when reviewing the board committees’ format were workshops and report presentation by cluster leads.

5. 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:

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
<i>“In Committee” minutes of previous meeting</i>	<i>For reasons stated in the previous paper of 20 March 2018 held with the public present.</i>	
<i>Potential Serious Adverse Events and Complaints report for April 2018</i>	<i>To protect personal privacy</i>	<i>9(2)(a)</i>