MidCentral District Health Board

Quality & Excellence Advisory Committee

Minutes of the Quality & Excellence Advisory Committee meeting held on 11 October 2016 commencing at 9 am in the Boardroom, MidCentral District Health Board

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PRESENT

Barbara Robson (Chair)
Lindsay Burnell
Kate Joblin
Karen Naylor
Phil Sunderland
Cynric Temple-Camp
Dennis Emery
Duncan Scott

Diane Anderson, Board Member
Oriana Paewai, Board Member

In attendance
Mike Grant, General Manager, Clinical Services and Transformation
Carolyn Donaldson, Committee Secretary
Neil Wanden, General Manager, Finance & Corporate Support
Janine Hearn, General Manager, Clinical Services and Transformation
Ken Clark, Chief Medical Officer (part meeting)
Gabrielle Scott, Executive Director, Allied Health
Michele Coghlan, Acting Executive Director Nursing & Midwifery
Cushla Lucas, Service Manager, Regional Cancer Treatment Service (part meeting)
Diane Hirst, Charge Midwife/Clinical Lead, Maternity Services (part meeting)
Greig Russell, Medical Administration Trainee (part meeting)
John Manderson, Manager, Data Quality & Health Information
Lyn Horgan, Operations Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Sandie Ramage, Chaplain (part meeting)

Communications (1)
Media (1) – part meeting
Public (2)

The Chair in welcoming members, congratulated those re-elected following the recent elections and commiserated with those not returning.

1. APOLOGIES

An apology was received from Kathryn Cook, CEO. Phil Sunderland apologised for lateness.

2. CONFLICT AND/OR REGISTER OF INTERESTS

2.1 Amendment to the Register of Interests

There were no amendments to the Register of Interests.

2.2 Declaration of Conflicts in Relation to Today's Business

Karen Naylor declared a conflict in relation to the Maternity update, in terms of her role in the women's health service.

Barbara Robson declared a conflict in relation to the Operations Report, section 4.1.5 Child and Adolescent Oral Health Titanium project in terms of her appointment as a consumer representative on the Ministry of Health Oral Health Electronic Record Design Group.

Cynric Temple-Camp declared a conflict in relation to the Operations Report, section 4.1.7 National Bowel Screening Programme in terms of MedLab Central Limited's involvement in this programme. Dr Temple-Camp was CEO of MedLab.

3. MINUTES

It was recommended

that the minutes of the meeting held on 30 August 2016 be confirmed as a true and correct record.

3.1 Recommendations to Board

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

4. MATTERS ARISING FROM THE MINUTES

With regard to the shared matters of interest involving both Q&EAC and HCAC, the Chair asked members to be very clear in determining whether a request for a report or further information would come back to the joint Q&EAC/HCAC meeting or the individual committee meeting.

5. Q&EAC's WORK PROGRAMME

The Acting CEO was asked why the Ward 21 indicative business case was not being reported until the next joint meeting in November. Some members saw it as the business of Q&EAC and had expected it to be reported at today's meeting.

This led to discussion regarding the principles used to determine where reports would sit, ie the joint committee or this committee. The Acting CEO explained any initiative concerning quality and excellence across the district would come to this committee. However, initiatives like the business case for the redesign of Ward 21 would sit in two places, one with this committee but it would also sit with the Finance, Risk & Audit Committee particularly from the business case point of view rather than the design side. Mental Health was in the shared space as it was across the breadth of the continuum of care – both primary and secondary care.

Committee members accepted the scheduling of the options for Ward 21 for the November joint committee meeting. The Acting CEO further clarified that based on the initial work done, it would cost over $10m. As a result it would require consented

approval from the National Capital Committee. That meant a completely different business case model to that used by the Board. The paper going to the joint committee would give an outline for options with indicative costs.

The table setting out the 2016/17 work plan was clarified. Management explained the blue writing indicated items containing a shared interest (joint committee).

It was acknowledged the concept of the joint committee as well as the individual committee was new for the Board and would evolve as it settled in.

The scheduling of the workshop to discuss community mental health teams was discussed. On the current work plan, the workshop was scheduled for June 2017. This workshop had been requested some time ago, and it was felt June 2017 was too long to wait. Members discussed whether it could be brought forward to the November meeting, when the Mental Health Review would be discussed and Dr Gloria Johnson would be in attendance. However Management pointed out that the November workshop with Dr Johnson was to consider the mental health review's progress and to explore a different set of issues.

At the end of the discussion it was agreed the workshop would be rescheduled to the March meeting, and the meeting with Pharmac would move to June 2017.

Diane Anderson arrived.

It was recommended

that progress against the 2016/17 work programme be noted.

6. CLINICAL GOVERNANCE

6.1 Health & Disability Commissioner 6-monthly report (January-June 2016)

The Director, Patient Safety & Clinical Effectiveness spoke to this report, in particular referring to the graph showing the complaints by service and the improvements that have occurred in the services. She informed members the focus was on supporting staff to respond in a coordinated and timely way regarding concerns raised by patients and their families. The information about the feedback process across all clinical areas has been completed. The Code of Rights in Te Reo were still to be renewed with early steps in progress.

Work was progressing towards a proof of concept for a text-back system to enable people to text their feedback. Discussions had been held with Whanganui DHB in terms of how they had done this.

Patient stories – one of the many things this work would do was strengthen staff's ability to provide greater support for patients and families when they had any issues or concerns.

It was noted the committee had oversight of issues happening both in DHB provided services and non-DHB provided services in the community. It was suggested complaints could be separated out , however Management advised that in this reporting period all the complaints related to MDHB. Another member felt the attention should be on the HDC complaints that could have been resolved by MCH in the first instance. Management agreed it was best to resolve complaints as soon as possible. A lot of work had been done to change the culture of engagement.

Sharing Patient Stories

An important part of this process was knowing what service improvements had been made as a result of the stories.

It was recommended

that this report be received.

7. SERVICES

7.1 Maternity Review update

Karen Naylor declared her conflict of interest. It was agreed she would stay as no decision was required.

The Operations Director, Specialist Community & Regional Services spoke to this report advising that the work programme was on track with the exception of the interface with the orthopaedic service regarding reviewing the approach to hip checks for congenital abnormality. A meeting with the orthopaedic service was scheduled for October to finalise arrangements for hip checks.

Phil Sunderland joined the meeting.

Maternity Matters would be published soon. This publication makes recommendations about what is done about things that have gone wrong or cases that have been reviewed. It will go out to all staff and LMCs.

The transfer of care audit will commence shortly. It would start in delivery suite, and if the tool was suitable it would progress to other areas.

Clarification of the specialist diabetes midwife skill set was advised. Management advised additional training was undertaken, similar to that undertaken by a nurse practitioner.

Reporting for the consumer liaison role would be finalised prior to the appointment being made. It would be to either a clinical leadership role or a management position role in the service. It was felt it would be important to ensure feedback from consumers was documented and worked on, so that there was service improvement and also a means to evaluate the role.

In relation to evaluating the associate charge midwives, Management advised there were still about three vacancies. Once those positions were filled, “swing shifts” would be established. A swing shift would cover an alternate time to normal day shift hours, thereby ensuring gaps were covered. There have been deficits in cover around 9-10am and 6pm, so the aim was to try some new shifts and see what times would best cover these times in the delivery suite.

Transfer of care was explained. It was part of the referral guidelines legislated under section 88, which MCH was obliged to follow. If a woman declined the care, it had to be documented.

Management agreed to provide some information in the next update on how Maternal Mental Health works, so members could better understand the service.

Management were congratulated on the work undertaken as a result of the review. Their achievements were described as extraordinary.

It was recommended

that the report be received.

8. HOSPITAL SUSTAINABILITY

8.1 Operations Report – August 2016

Feedback on the new style for the report, which aimed to better align reporting with the four strategic imperatives, was provided. One member was not sure the style was entirely logical as some areas might need to be covered off in all four imperatives. It was acknowledged the style would evolve particularly as the cluster model was developed. There was ability to mix and match across strategies as required.

A member was unsure about the connection between equity of outcomes and surgical outcomes. Management clarified that equity of access was one of the national key principles for elective services, which was why the health targets were aligned with equity of outcomes.

One of the reasons for the delay in the ambulatory care project being completed on time occurred as a result of some delays at the beginning of the project in gaining resource consent from the City Council. Overall the project had proceeded smoothly.

A member expressed some concern in relation to the two key recommendations that the renal service review small project team was focusing on initially, as it was understood one of the main recommendations was to manage peritoneal dialysis in the community. The member was concerned this recommendation would be overlooked. Management noted the concern, explaining it was planned to have some of the recommendations completed by November. Work would commence on the short term gains, followed by the longer term ones which were spread across the district.

Management advised the Titanium project had gone live today.

National Bowel Screening Programme

Management outlined the likely funding and resources that would be required for this programme, including another endoscopist to support the increased colonoscopy volumes. Consideration would also have to be given to theatre capacity and what flexibility there might be for Saturday morning or evening theatre lists. Another option could be to contract some of this work to the private sector. This was the first time there had been a national screening programme including men. Whether it would be moved into one of the nationally led screening centres was not yet known. That would be a national decision.

Clinical Governance Audit

This audit report would now be considered, and over the next four months or so an extensive work programme would be developed. As noted in the committee's work programme, there is an intent to hold a clinical governance framework workshop for the committee to discuss how this might look. Resources at a fairly senior level will be sought for supporting this work. Management noted that this was only one component of work already undertaken, but it did help tie everything together and look at progress.

It was noted that under the heading *Patient Safety and Clinical Practice*, the first bullet point was incorrect in terms of dissolution of handover checklists in all clinical wards and units. Checklists were still going to be used as part of bedside handovers.

Emergency Department

A member suggested there should be an increased focus on ED as it was not doing as well as it should be, and there was a negative patient experience for patients who waited a long time. The member wondered if it would help to do a stocktake to see what was being done, what was working, or if there should be increased resourcing. Management responded to the suggestion pointing to the relationship between the high volumes presenting in ED, medical inpatients, and their length of stay. The emergency department's performance was almost directly related to length of stay and volumes in the inpatient general medical wards. As a department, ED manages their patients at 95-96 percent target. The problems related to the flow into the whole organisation.

Part of the Care Capacity Demand Management programme involved Variance Response Management. Under this system, when certain points were reached, the indicators changed to yellow, orange or red. At these times there were various options for ED/Duty Nurse Managers to call in additional staff and for the organisation to look at what should be put into ED to manage their situation. Management advised a presentation was planned to the Board on this issue shortly, around patient flow over the next 3-4 years. This would provide some insight into patient flow in ED and other areas.

Management also explained there were two business cases under development, one being the redesign and refurbishment of ED which was going through the Capital Committee, and the other was the indicative business case for the Master Health Plan for the next 5-7 years. The refurbishment case should come to the Q&EAC and FRAC committees either side of Christmas.

The impact of Hawke's Bay DHB withdrawing from MCH's oncology service was raised. The implication of the separation would be significant for Hawke's Bay in terms of the additional resources they would require, but would probably not be as significant for MCH.

A member referred to the scorecard performance indicator *percentage of patients discharged without incident* saying it would be good to understand what was meant by that indicator. Management offered to report back with more description around it. There were a number of targets that were historical and would be looked at as part of the clinical governance work.

A member expressed concern that financially the Board was still under Ministry review. Management explained the whole sector was under pressure. MDHB had a very strong balance sheet based on past surpluses. As a result the Board had not had to rely on the Ministry for any funds apart from the usual monthly payments. So in the national context, the Board's financial result was not significant, less than half a percent of $600 million revenue. There were also some compensatory financial results in the Funder's area from Allied Laundry and Enable. The Board did have to strengthen some of the environment, but whilst there were unprecedented demands, patient safety and care must come first.

It was recommended

that the report be received.

8.2 Radiation Oncology Computer Tomography (CT) Replacement business case

Media left the meeting.

It was noted this business case had already been to the Finance, Risk and Audit Committee.

Noted there has been significant investment in radiotherapy over the last decade or so, and an overall increase in the pricing schedule nationally.

It was recommended

that the committee support the business case for submission to the Board.

8.3 Transforming Spiritual Care Strategy

It was felt some of the wording in this strategy could be improved. Management agreed with the feedback, advising the wording would be amended, eg the word "delivering" spiritual care might not be correct. A member expressed concern that access to the Chapel and support for traditional Christian beliefs would not be available. Management advised traditional spiritual care would still be available.

Management explained the phrase "workforce able to deliver spiritual care" meant looking at the nursing model and working down through the different levels so staff were more equipped and felt confident to deliver care with compassion.

It was recommended

that the report be received.

9. 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 previous meeting held on 30 August 2016	For reasons stated in the previous agenda	
Operations Report: Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)
Radiation Oncology Computer Tomography (CT) Replacement business case – Part 2	Commercially sensitive information	9(2)(j)