

MidCentral District Health Board

Minutes of the Quality & Excellence Advisory Committee meeting held on Tuesday 13 February 2018 at 9am at MidCentral District Health Board Offices, Board Room, Palmerston North.

PRESENT

QEAC Members

Diane Anderson (Chair)
Karen Naylor (Deputy Chair)
Dot McKinnon (ex officio)
Barbara Robson
Michael Feyen
Oriana Paewai
Anne Kolbe
Dennis Emery
Cynric Temple-Camp

HCAC Members

Brendan Duffy
Adrian Broad (part meeting)
Ann Chapman (part meeting)
Barbara Cameron (part meeting)
Nadarajah Manoharan
Vicki Beagley (part meeting)
Donald Campbell (part meeting)

IN ATTENDANCE

Kathryn Cook, Chief Executive
Carolyn Donaldson, Committee Secretary
Celina Eves, Executive Director, Nursing & Midwifery
Chris Nolan, Service Director, Mental Health Services
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions (part meeting)
Craig Johnston, General Manager, Strategy, Planning & Performance
Cushla Lucas, Service Manager, Regional Cancer Treatment Service
Deborah Davies, Acting Service Manager, Community Services
Gabrielle Scott, Executive Director, Allied Health (part meeting)
Jan Dewar, Nurse Director, Medicine, Surgery & Emergency (part meeting)
Judy Boxall, Service manager, Child & Adolescent Oral Health Services (part meeting)
Keyur Anjaria, General Manager, People & Culture
Lyn Horgan, Operations Director, Hospital Services
Marcel Westerlund, Clinical Director, Mental Health
Michele Coghlan, Director of Nursing
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Neil Wanden, General Manager, Finance & Corporate Services
Peter Wood, Professional Advisor, Health Protection (part meeting)
Phil Marshall, Clinical Director, Dental Services (part meeting)
Robert Holdaway, Manager, Public Health Service (part meeting)

Stephanie Turner, General Manager, Maori & Pacific
Steve Miller, Chief Information Officer

OTHER

Public: (2)

Welcome

A warm welcome was extended to everyone, particularly Celina Eves who had recently joined the organisation as Executive Director, Nursing & Midwifery.

1 ADMINISTRATION MATTERS

1.1 Apologies

Apologies for lateness were received from Brendan Duffy and Anne Kolbe. Karen Naylor apologised for leaving at 11am.

1.2 LATE ITEMS

There were no late items.

1.3 CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

a. Amendment to the Register of Interests

There were no amendments to the register of interests.

b. Declaration of Conflicts in Relation to Today's Business

Barbara Robson noted her possible conflict in relation to the Titanium information system and her membership as a consumer representative on the Ministry of Health's Electronic Oral Health Record Design Group.

1.4 Minutes of the previous meeting

It was recommended

that the minutes of the previous meeting held on 28 November 2017 be confirmed as a true and correct record.

1.5 Matters arising from the minutes

It was noted that the reporting frequency of the professional practice development professional standards had been changed to six monthly.

It was also noted that the annual plan for 2017/18 had not received formal ministerial approval but that all plans throughout New Zealand had been accepted. Also that the health targets were to be reconsidered.

Management confirmed they had provided input to the discussions on the road to replace the Manawatu Gorge road. Member Michael Feyen advised the local council mayors had also provided input to the NZ Transport Agency regarding the new road.

1.6 Recommendations to Board

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

Anne Kolbe joined the meeting.

2 STRATEGIC & ANNUAL PLANNING

2.1 Clinical Governance Framework Development

It was recommended:

*that progress in establishing a DHB-wide Clinical Governance Framework be **noted**.*

Brendan Duffy joined the meeting.

2.2 Innovation Programme

Management clarified there was a fee for service arrangement with Building Clever Companies. Management further clarified that in 2016 an Intellectual Property Rights and Benefits Sharing policy was developed to ensure benefits of innovations developed at MDHB were shared (MDHB 2024).

It was recommended that:

*the update on the innovation programme be **noted**.*

3 PERFORMANCE REPORTING

3.1 Operational Report

The General Manager Corporate Services opened discussion on this report, noting that the WebPAS implementation had a significant impact on operations.

Clinical Information Systems

The Chief Information Officer then went through the main issues. He noted that Wairarapa DHB had gone live a few weeks ago, and that Whanganui DHB would be joining this coming weekend, and that there would probably be further issues when that happened.

A priorities list of 26 issues was being worked through. The governance group has been re-established. Vendor support would be available over the next couple of weeks and would go around each department to assist with problems. The radiology

system was at the top of the issues list to resolve and would probably involve a review of the system to improve it.

It would probably be towards the end of February before full reporting was available for members.

Quality & Safety Programme

The Director Patient Safety & Clinical Effectiveness advised the Ministry would like a 75 percent uptake this year in the influenza vaccination programme. Last year's uptake was 57 percent. There were a number of new activities planned to encourage a better uptake this year, while respecting an individual's right to refuse the vaccination.

A suggestion was made that there should be reporting on adverse treatments in the organisation, as more than 10 percent of hospital expenditure was spent on three adverse events. Discussion on this suggestion was deferred until part 2 of the meeting, where serious adverse events and complaints were reported.

The Director advised she had looked at the Mental Health Marama Real Time feedback system. This system was easy to use. She said there were a couple of options. The three monthly surveys could be done two-weekly but the questions would not change and they were not particularly user friendly. The other option could be to adopt a similar process to the Marama one and add into it in terms of follow up.

Acute & Elective Specialist Services

The Operations Executive, Acute & Elective Specialist Services noted November had been very busy with major trauma, having 16 compared to the usual 3-8. She said December was probably similar. Another challenge was the cost of one-on-one specializing so a project would start looking at this shortly. Ms Horgan noted that urology clinicians have agreed to hold additional urology clinics. When Whanganui DHB changes to WebPAS it will be a significant milestone to have one administration for the sub regional service.

Ms Horgan also advised that the bariatric service was coded under general surgery. Psychological support for bariatric procedures has been moving to an online package that enabled patients to undertake in their own time. MDHB followed the agreed central region pathway for this service.

Regular contact was being maintained with the Ministry concerning the Elective Initiative and Patient Flow Indicators, as the data was not available for December.

Ann Chapman arrived.

A member recalled discussing the possibility of a bariatric service some years ago, but it was not progressed as MDHB did not have sufficient ICU backup to do it. Management advised the bariatric services provided at MDHB should not require ICU care. MDHB would be following the bariatric pathway and doing the lower risk patients.

The risk of the high bed utilisation resulting in increased expenditure/deficit was raised. Management were asked, given those increasing pressures, how the budget would be managed. The CEO agreed the Finance Risk & Audit Committee would be looking at the situation and a detailed report would be provided to the next FRAC meeting that would outline the \$7m of risks identified when the Board agreed to the budget. The Committee would go through the risks to determine what the risks were and what could be done to mitigate them to keep as close to budget as possible.

Ms Horgan advised it had been agreed to trial a weekend trauma theatre list to see if it helped the weekly lists.

Mental Health & Addictions Services

The Clinical Director, Mental Health & Addictions, provided an overview of the service. He said there would be an overhaul of services to be more efficient looking at the interface between ED and mental health, managing increased admissions, suicides and writing a firearms policy.

A member referred to the new funding that government previously indicated for mental health. Management advised the new government was reconsidering how that contingency funding might be used so it was now on hold. The new government has announced a Board of Enquiry for Mental Health and Addictions. The member noted that Professor Mason Durie was on that Board, and that Professor Durie was a former psychiatrist at MDHB.

Adrian Broad joined the meeting.

The Ward 21 readmission rate was noted, particularly the 21 percent who lived in 24 hour supported accommodation as a trial discharge with high levels of support. The new Substance Addiction Compulsory Assessment and Treatment Act (SACAT) enables people to be detained if they are deemed to be incompetent due to the use of alcohol or drugs. Management also clarified that the reference to changes in the management structure of Te Ara Rau were a reflection of a change in the Te Ara Rau leadership.

Barbara Cameron joined the meeting.

Dr Westerlund said he was pleased with the shift of services for the high end user, as the acute service should not be the first port of call.

Donald Campbell joined the meeting.

Child Adolescent & Oral Health Services

Barbara Robson referred to the Titanium information system in Child Adolescent & Oral Health, suggesting it might be useful to do a stocktake in terms of staffing, and arrears etc against similar lines in 2011 when additional staffing was sought. She acknowledged the reduction in arrears was remarkable but wondered if there was a backlog of treatment that now had to be done. She suggested management look for trends in general anaesthetics (GAs) and children being referred for treatment under GA and see if there was a difference around permanent teeth having to be extracted. Management advised a report on this matter was scheduled for the afternoon's Healthy Communities Advisory Committee meeting.

The Clinical Director, Dental Services, advised the focus for the last year had been on arrears. There had been some staffing issues with a number of staff retiring and the placement of new graduates. There had also been an increase in the number of children registered with the service since the original Titanium business case was presented. It therefore could be helpful to do a stocktake. He felt the backlog was being addressed relatively well. He also felt moving to more preventive work would be helpful, although there would still be issues around inequalities and how the model was delivered. That could be reviewed in terms of fixed clinics and mobile units. The Chair suggested further discussion on this topic could be done outside the meeting. Management confirmed staff were employed under Allied Health terms and conditions.

It was recommended:

*that the Operations Report for November and December 2017 be **noted**.*

Karen Naylor left the meeting.

3.2 Committee' Work Programme

Whilst there was a brief update in the Operations Report on the diabetes configuration project, the draft implementation plan was not finalised yet. Management were asked to retain that item on the work programme.

It was recommended:

*that progress against the 2017/18 work programme be **noted**.*

4 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>
"In Committee" minutes of previous meeting	For reasons stated in the previous agenda	
Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)