

MidCentral District Health Board

Minutes of the Quality & Excellence Advisory Committee meeting held on 19 July 2016 commencing at 9 am in the Boardroom, MidCentral District Health Board

PRESENT

Barbara Robson (Chair)
Lindsay Burnell
Kate Joblin

Phil Sunderland
Dennis Emery
Cynric Temple-Camp

In attendance

Kathryn Cook, CEO
Mike Grant, General Manager, Clinical Services and Transformation
Carolyn Donaldson, Committee Secretary

Amanda Driffill, Service Manager, Medical Subspecialties (part meeting)
Barry Keane, Nurse Director, Mental Health & Addiction Services (part meeting)
Carrie Naylor-Williams, Service Manager, Patient Flow (part meeting)
Chris Nolan, Service Director, Mental Health & Addiction Service, (part meeting)
Janine Hearn, General Manager, People & Culture
Janine Ingram, Project Manager, Mental Health
Jill Matthews, Principal Administration Officer (part meeting)
John Manderson, Manager, Data Quality & Health Information
Michele Coghlan, Acting Executive Director Nursing & Midwifery
Neil Wanden, General Manager, Finance & Corporate Support
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Sharon Bevins, Project Manager (part meeting)
Stephanie Turner, General Manager, Maori Health & Pacific

Communications (1)
Public (3)

1. APOLOGIES

Apologies were received from Karen Naylor and Duncan Scott.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 Amendments to the register of interests

Barbara Robson advised the following changes:

- : Removal from the RNZCGP Working Group for Review of Aiming for Excellence and the Maternity Information Systems Programme steering group (as it has been disbanded)
- : Addition as a board member of the Kind Hearts Trust. There is potential conflict with this Trust as one of its activities is to support parents in the children's ward while they are supporting sick children. This extends to the neonatal unit.

3.2 Declaration of conflicts in relation to today's business

There were no declarations in relation to today's business.

4. MINUTES

It was recommended

that the minutes of the meeting held on 7 June 2016 be confirmed as a true and correct record.

It was noted that the second sentence under the subheading "Ombudsman Report" related to discussion about the Mental Health Quality & Risk Dashboard, not the Ombudsman Report.

4.1 Recommendations to Board

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

5. MATTERS ARISING FROM THE MINUTES

Ombudsman's Reports

There were two Ombudsman Reports, one for Ward 21 and one for STAR 1. Not all members had picked up copies of both reports, so it was agreed both reports would be re-circulated to members electronically.

6. WORK PROGRAMME

Noted a workshop was planned to follow the August board meeting. This workshop would discuss the reporting framework for the new committee structure. In the meantime regular reporting would continue.

With regard to the workshop requested last month to discuss community mental health teams, this would be put on the work programme for a following meeting. The discussion was relevant to both this committee and the Healthy Communities Advisory Committee, so the workshop would be held when the joint committees meet.

It was recommended

that the updated work programme for 2015/16 be noted.

7. STRATEGIC PLANNING

7.1 Annual Plan update: Patient Safety & Clinical Effectiveness

The inclusion of the consumer stories was commended, as they gave a very clear picture of how things could be improved for consumers.

The Director, Patient Safety & Clinical Effectiveness spoke to the report, highlighting gains and areas that could be improved, eg spiritual care advisory group work, partners in care programme, (co-design), health and safety work around the new legislation and training for the health and safety representatives, influenza vaccinations, review of information in the organisation around compliments and complaints etc.

Reporting of Certification and Accreditation

Whilst this work had been fully reported to the Finance, Risk and Audit Advisory Committee, the reporting to the Quality & Excellence Advisory Committee lacked the detail in the other report. Whilst board members saw the details via the FRAC report, external committee members did not see it. It was not available publicly either, and a member wondered if it should be removed from this committee's work programme. It was agreed this type of detail could be discussed at the reporting framework workshop in August.

Emergency Department – improvement ideas

The suggestion was made that providing real time information about queues at City Doctors/The Palms/Kauri Health should be extended to include Hauora Tangata at the Feilding Health Centre. A member advised that Arohanui Hospice also provided programmes called "Foundation for Spiritual Care for Staff" and "Understanding me while I am dying".

Refugee Patient Story

The patient's story included in the report was valued by committee members, as it provided insight into how everyone was different, that we need to be aware of that, value it, and provide care in accordance with the requirements of individuals and not provide a generalised system. The reference to "Our Muslim neighbours" was taken directly from the case study. Management would follow up on what the reference related to.

Management confirmed items removed from the Chapel were available and being held safely, eg pews, memorial plaques, while the Chapel had been repainted and re-carpeted. The items would be restored once the work was completed. A strategy was being developed for transforming spiritual care. Once this had been to the Executive Leadership Team it would be provided to this committee.

Interpreter Services

The Chair suggested it would be good to have an overview around accessing interpreter services, eg how often they are used and that the services are reliable and appropriate.

Horowhenua Chaplain

The Horowhenua Chaplain had recently resigned. There was a formal farewell for her at Horowhenua Health Centre. Support for Horowhenua was currently being provided from the Palmerston North Chaplains.

Patient Falls

The high number of patient falls in STAR 4 was raised. Management acknowledged this and said the work being done around falls covered this area. Areas that had higher numbers of falls included the STAR and medical wards where there were older more frail people. Work being done to reduce the number of falls would focus on these areas in particular. Management pointed out that falls did happen, but the seriousness of the falls was reducing.

Medication Incidents by Location

A member commented on graph 12 Medication Incidents by Location, and asked if the incidents were self reported, and if so how confident was Management about the reporting and its accuracy. Management advised a piece of work had just been started in STAR 2 looking at that issue. The patients' medicine charts would be audited on the ward and then compared to what was being reported to see if incidents were being reported correctly, or whether incidents were being reported when they were not errors, for example. Other areas could be done after that.

Serious Adverse Events

Noted that the mental health events were reported separately via the Ministry of Health. The annual report for the calendar year 2015 would not be published until the end of this year.

Customer Relations

The results from the last survey had just been received. An overview of the survey would be reported in the next operations report.

Developing guidance on key phrases and principles to support complaint resolution both written and verbal

Management acknowledged that it would not be good if all responses were standardised. This work would not take that approach, and that responses addressed the issues raised in the complaint.

Surgical Safety Check List

Management clarified that the changes to this process related to recording how the team worked/communicated, rather than the former process of ticking boxes.

Family Violence Intervention Programme

The training offered for this programme was mostly in designated areas, eg child health, mental health, sexual health. Consideration would now be given to matters such as how many people who had received training had now moved on, the level of trained staff, requirement for refresher courses etc.

National Child Protection Alerts

Noted that these alerts would have to move from Homer to the new WebPAS system once it was implemented.

Bariatric Management and Equipment

Nursing was leading work on developing a pathway for the management of bariatric patients. Part of that includes what packages of equipment, training and support will be required. There were challenges around the packages of equipment, as bariatric patients were different not only in weight, but also stature. Also the equipment had to be immediately available when required.

It was recommended
that this report be received.

7.2 Workforce strategy: Six monthly update

Medical Council Visit

Management were asked if the Council were made aware of the Women's Health Service Maternity review, and concerns about Registered Medical Officers' (RMOs) training. Management advised the Medical Council accreditation visit related to Post Graduate Year 1 and Post Graduate Year 2 interns, not registrars.

Leadership Training

The medical leadership training would now be built into the organisation, so it became real and ongoing.

Ethnicity

The importance of being transparent about the ethnicity of the workforce was noted.

Staff Growth

The graph showing the relative growth of each clinical group over the last five years was considered significant information. The growth was seen as being in the right places.

Members felt the revised reporting format was very good. They especially liked the trend of using a "traffic light system".

It was recommended
that this report be received and that
the Committee provide feedback on the revised format for workforce statistics.

7.3 Annual leave plan – update on progress

It was noted that although some progress had been made to reduce the accrued annual leave – greater than two years accumulation, it was a struggle to make a significant change. It was further noted that leave buy out was the biggest component of the reduction that had been achieved. The Central Region's Technical Advisory Service undertook a leave balance management review which found that a significant effort to reduce the overall balance of annual leave had been made. More work would be done to understand why leave was not being taken. Work would continue on this issue, as it could become a health and safety issue otherwise.

It was recommended
that this report be received.

7.4 Clinical Board Annual Report 2015/16

It was recommended
that this report be received.

7.5 Maternity Review update

The Committee were pleased to see the issues around the antenatal clinic space had been taken seriously and that work was underway to reuse the space in the women's surgical unit. It was felt it would make a significant difference to women's experience of care when the new arrangements were in place and it would be useful to have feedback in due course.

Feedback on the last workshop held on 12 July was that it built on the earlier workshops in terms of good engagement. In excess of 30 people attended. The key focus covered the NZ model of maternity care, all partners working together particularly focusing on transfer of care guidelines, the management of "small for dates" babies, management of twins and management of women with diabetes in pregnancy. Consideration was being given to developing clinical pathways to support this improvement work.

It was noted that the level of investment required to support and further develop the maternity clinical information system would be substantial.

It was suggested it would be good to spotlight some of the women's stories in future reports.

It was recommended

that this report be received.

7.6 Renal Services Plan 2016

The General Manager, Strategy, Planning & Support, spoke to this paper providing the background to its development. The underlying issue was the rising growth of people requiring renal replacement therapy. The rapid growth was consistent with what was happening across the country, and was occurring particularly in the Maori and Pacific Island community, so this was where attention was required, ie in rural and semi-rural parts of the district.

The centralAlliance had asked for three specific areas to be looked at, viz renal, urology, and women's health. In terms of the renal work, more work was required at Whanganui, and then the plan would come together into a centralAlliance plan for renal dialysis services. Noted that the development of a satellite service in Horowhenua would assist in identifying the best approach to providing services to Whanganui, if that was required for the future.

It would be good for the Committee to hear Anita's story (contained in the report) directly from Anita when proceeding with implementation of the service.

Implementation of the renal plan would need to be supported by an investment plan. There would be short term investment requirements around Horowhenua, but there would also be significant capital requirements in the medium/longer term.

A request was made that formal input into the plan be provided from Whanganui DHB. The CEO advised that she and the Whanganui CEO had agreed the report should go to the next CentralAlliance meeting. Mrs Cook advised that Whanganui DHB had the lead with the urology plan and MDHB had the lead with the renal plan. The Boards were currently working through the joint management issues. There was discussion at the moment around support for the plan. Without this work, MDHB would not be in a position to support the changes wanted for Whanganui and

Horowhenua, as a cultural change in the service was required in order to work in the “satellite” areas of Horowhenua and Whanganui.

It was noted that initially, the plan would be relatively easy to achieve, as it would build on requirements as it developed.

It was recommended

that this report be received, and that

the Renal Plan is agreed in principle and that an implementation plan now be prepared to achieve the recommended changes.

7.7 Terms of Reference

It was recommended

that the Committee’s terms of reference be noted, including the scheduled 12 month review of these.

8. OPERATIONAL REPORTS

8.1 Provider Division Operating Report - April 2016

In opening discussion on this report, the Chair acknowledged the attendance of Mr & Mrs Hume who continued with dignity, respect and persistence to ensure the mental health services were improved.

Mental Health update

Noted that Dr Gloria Johnson visited for a follow up site visit on 1 July. She has offered to meet with Mr & Mrs Hume, and has agreed to make time available when she has finished her consultation to meet with the CEO and board members as required.

The service was looking at implementing new standards particularly around restraint minimisation. Trainers would undertake training at the end of August.

Rural Health Teams

The rural teams are a key priority for the service. Issues around Horowhenua and Dannevirke areas are being addressed, and consideration is being given to creating better role models for the teams.

The Chair felt it would be good to publish the new model of care for the Acute Care Team on the MidCentral website.

It was noted the readmission rate had increased. Management said this was reflective of limited throughput and ongoing work to ensure people were picked up.

Management was also looking at the receiving data. This data also included people who had transferred to other units and then transferred back.

Financial Result

The General Manager, Clinical Services and Transformation spoke to the operations report, advising the financial result was around \$4.2m deficit to budget, so there would need to be care around expenditure going into the new financial year. Activity and demand were overwhelming, and sick leave was high, so these things would increase costs. An update would be provided to the board meeting.

Master Health Services Plan

Management confirmed this plan was still going ahead. However, before it could proceed, the strategic plan had to be developed and the data formerly collected for the Master Health Services Plan had to be refreshed.

Organ Donation and Transplantation

A member referred to the proposal in the Ministry of Health's consultation document to strengthen DHBs' reporting on deceased organ donations. Concern was expressed that if numbers were small, there needed to be careful and considerate reporting in relation to privacy issues.

It was recommended

that this report be received.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

30 August 2016

11. 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:

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	
Operations Report: : Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)
Digital Hospital Operations Centre Project Business Case June 2016	Commercial in confidence	9(2)(j)