

MidCentral District Health Board

Minutes of the Quality & Excellence Advisory Committee meeting held on Tuesday 20 March 2018 at 9am at MidCentral District Health Board Offices, Board Room, Palmerston North.

PRESENT

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

IN ATTENDANCE

Brendan Duffy, Board Member
Adrian Broad, Board Member, (part meeting)
Ann Chapman, Board Member, (part meeting)
Barbara Cameron, Board Member, (part meeting)
Kathryn Cook, Chief Executive
Carolyn Donaldson, Committee Secretary
Celina Eves, Executive Director, Nursing & Midwifery
Chris Nolan, Service Director, Mental Health Services
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)
Judith Catherwood, General Manager, Quality & Innovation
Ken Clark, Chief Medical Officer
Keyur Anjaria, General Manager, People & Culture
Lyn Horgan, Operations Director, Hospital Services
Marcel Westerlund, Clinical Director, Mental Health
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Neil Wanden, General Manager, Finance & Corporate Services
Stephanie Turner, General Manager, Maori & Pacific
Communications (1)

OTHER

Public: (2)
Media (1)

1 ADMINISTRATION MATTERS

A welcome was extended to Judith Catherwood, General Manager, Quality & Innovation.

1.1 Apologies

An apology was received from Michael Feyen.

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

Anne Kolbe advised of a potential conflict of interest regarding a contractual matter with the Ministry of Justice that could impact DHBs.

Karen Naylor advised of her conflict in terms of her role in Women's Health and item 7.1.

1.4 Minutes of the previous meeting

It was recommended

that the minutes of the previous meeting held on 13 February 2018 be confirmed as a true and correct record.

1.5 Matters arising from the minutes

Barbara Robson clarified the reference in the minutes under the Child Adolescent & Oral Health Services item regarding extractions of permanent teeth. She clarified she was referring to extractions due to dental caries. She also noted that further discussion on this topic has not happened yet.

Diane Anderson referred to the joint committee minutes item 6.2 and the comment regarding spirometers. She said instead of increasing the number of spirometers, it was about ensuring there was access to them.

1.6 Recommendations to Board

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

2 STRATEGIC & ANNUAL PLANNING

2.1 Progress Report – Ward 21 Facilities

Management confirmed that all consultants fees involved with this work were capitalised as part of the work.

It was recommended:

that the Committee note progress on Ward 21 facility design and business case.

2.2 Mental Health and Addictions service – Model of Care

This model would ensure everyone had access to the same services. Developing them was a work in progress, but the national enquiry into mental health services would be an excellent platform to get this underway. It was noted that maternal mental health was advisory. Management hoped to confirm the appointment to the charge nurse roles shortly. Therapeutic issues were a core part of the relationship together with other tools, like observation and interaction processes. It was not common to identify one intervention over another. The DBT has become 'business as usual'.

It was recommended that:

this update on the Model of Care be noted.

3 PERFORMANCE REPORTING

3.1 Operational Report

Members were advised the January financial result for the provider services was adverse to budget by \$866k for the month. The result had continued a similar pattern to recent months with difficulty in delivering electives targets reducing revenue, and unbudgeted cost in both personnel and in clinical supplies. The provider result was now \$4.5m adverse to budget for the year to date. It was noted that the preliminary February result for the DHB was again unfavourable.

It was noted that whilst the length of stay was reducing, the input to hospital was not reducing and management were asked whether the budget needed to be reset to reflect that. The CEO acknowledged this could be the case but not at that level. There was a range of work being undertaken to help optimise the workforce, eg work around the clinical nurse specialists and CCDM.

Ann Chapman arrived.

The assistance provided by Francis Health in improving process and systems was acknowledged. The company have worked with a number of neighbouring DHBs and it was good to be able to share information and knowledge and to have clinicians own processes. A request that around September, it would be good to look at the whole

process including a net cost benefits analysis, from the exercise with Francis Health. It was suggested the Chair of the Perioperative Leadership Group could attend a meeting to present the report.

The ability to increase theatre capacity by utilising capacity at Crest Hospital or Whanganui Hospital was raised. Management advised this had been explored and 17 hip and joint procedures were offered at Whanganui Hospital last year. Only one patient accepted the offer. The reasons for declining were that patients did not want to travel for surgery and follow up and they preferred to stay with their current surgeon. They valued continuity of care. Crest Hospital had some capacity at the moment though, and were being used for two half sessions a week.

Management advised confirmed dates for the Women's Health Clevermed (formerly MCIS) system had been received for 7/8 May. This would be a key piece of work, and the committee would be kept updated as it progressed. It was noted this system would be the national system, and although there had been problems, if it was abandoned now it would mean reverting to a paper based system.

Management advised one of the linear accelerators (LA5) had broken down. Staff were working overtime so that patient treatment journeys were not interrupted. The service was expected to return to normal after Easter.

Management advised the stock take for the Child Adolescent and Oral Health was being defined, and should be completed at the end of April.

The committee were advised there had been a meeting between the CPHO and ICT to discuss technology required by district nursing, and a plan was now in place to accelerate the required technology for those nurses.

It was recommended:

*that the Operations Report for January 2018 be **noted**.*

Adrian Broad arrived.

3.2 Progress against MidCentral Health Diabetes Specialist Services configuration project recommendations

Management advised that now the additional clinical nurse specialist FTE has been provided, there would be a focused effort to implement planning and delivery of the recommendations. Expressions of interest for a diabetes specialist midwife have now gone out. Whilst no additional SMO had been appointed, it was likely someone would be appointed to assist at an SMO level.

It was noted there would be regular updates against progress in future operations reports.

It was recommended:

that this report be noted.

3.3 Committee' Work Programme

It was recommended:

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

4 DATE OF NEXT MEETING

1 May 2018

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>
"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)