# MidCentral District Health Board

## Quality & Excellence Advisory Committee

Minutes of meeting held on Tuesday, 30 August 2016 at 9am at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

**The shared matters of interest section of the meeting commenced at 9.00am.**

**PRESENT**

QEAC Members

- Barbara Robson (Chair)
- Lindsay Burnell (Deputy Chair)
- Kate Joblin
- Karen Naylor
- Phil Sunderland (ex officio)
- Duncan Scott
- Cynric Temple-Camp

HCAC Members

- Diane Anderson
- Adrian Broad
- Ann Chapman
- Nadarajah Manoharan
- Oriana Paewai
- Phil Sunderland (ex officio)
- Vicki Beagley
- Donald Campbell
- Jonathan Godfrey
- Tawhiti Kunaiti

**IN ATTENDANCE**

Kathryn Cook, Chief Executive
Craig Johnston, General Manager, Strategy, Planning & Performance
Mike Grant, General Manager, Clinical Services & Transformation
Megan Doran, Committee Secretary
Neil Wanden, General Manager, Finance & Corporate Services
Stephanie Turner, General Manager, Maori & Pacific
Gabrielle Scott, Executive Director, Allied Health
Michele Coghlan, Acting Executive Director, Nursing & Midwifery
Ken Clark, Chief Medical Officer
Vivienne Ayres, Manager, DHB Planning and Accountability
Jill Matthews, PAO
Barb Bradnock, Senior Portfolio Manager, Children, Youth & Intersectoral Partnerships
Jo Smith, Senior Portfolio Manager, Health of Older Persons
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions

Mahashewta Patel, Intern Portfolio Manager
Ian Ironside, Portfolio Manager, Secondary Care
Lyn Horgan, Operations Director, Hospital Services
Nicholas Glubb, Operations Director, Specialist Regional & Community
Chris Nolan, Service Director, Mental Health Services
Barry Keane, Nurse Director, Mental Health Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Kelly Isles, Project Manager
Dennis Geddis, Communications Team Leader

**OTHER**

Public: (3)
Media: (1)

## 1. APOLOGIES

There were apologies from Quality & Excellence Advisory Committee members Dennis Emery and Lindsay Burnell (for lateness)and Healthy Communities Advisory Committee (HCAC) member Barbara Cameron.

## 2. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

### 2.1 Amendment to the Register of Interests

Barbara Robson advised she had been appointed to the Ministry of Health's Oral Health Electronic Record Programme Advisory Group as a consumer representative.

### 2.2 Declaration of Conflicts in Relation to Today's Business

No HCAC members identified any conflicts in relation to the day's business.

Lindsay Burnell entered the meeting.

## 3. INTEGRATED SERVICES PLANNING

### 3.1 Mental Health Report

There was full discussion of the report. There was general support for the good progress made to date but mindfulness of the areas still requiring development.

With regard to Dr Gloria Johnson's report from her follow-up visit on 1 July, it was noted that she had since met with Mr and Mrs Hume and that her letter to the Service Director regarding this visit would be formally tabled at the next meeting.

From the discussion, the Chair of the Healthy Communities Committee summarised the following key points from that committee's perspective:

- The importance of ensuring further integration with the primary and community sectors. This was beginning to build and was critical for the future. The aim was to achieve 'one team'. Of particular importance was the linkage with general practice to ensure there are no gaps in services.

- The importance of ensuring primary care had the capacity and capability to support people with a mental illness in the community.

  Management advised that consultation and liaison support to primary care was a key element, and was being built. Contacts and relationships were key. The primary mental health services were being reviewed and would be relaunched to strengthen the 'one team' approach.

- Equity was a key issue across communities and across ethnic groups and its visibility needed to be increased in future reports. The Strategic Plan provided a good framework for developing a mental health service plan with a strong emphasis on equity.

- The need to further strengthen mental health services in rural communities, with Tararua and Horowhenua cited as examples. It was noted these were being built up around Integrated Family Health Centres. It was also noted there needed to be consistency in the naming of the proposed Locality Plans.

From the discussion, the Chair of Quality & Excellence Advisory Committee summarised the following key points from that committee's perspective:

- The issue of the unsatisfactory physical environment in Ward 21 needed to be addressed, and a timeframe for this was critical. Management advised a lot of planning work had occurred and an options paper (indicative business case) would be presented at the Committee's next meeting.

- The need for Service Improvement Audits to be further developed and embedded across the MHAS.

- The need to determine the budget and resource requirements for the Mental Health Service is a priority. This work needed to take into account the expected increase in mental health needs in future. Management advised this was occurring from a "bottom up" approach".

- The 'Integrated Service Model' (cluster) approach was supported in principle but the Committee required more information on how this would be structured and would work. The Chief Executive advised a paper would be brought to the next Board Meeting, and that the cluster model development supported joined up decision making, particularly between the provider arm and funder.

- The reporting framework and dashboard would need to evolve to include a fuller picture of the entirety of mental health services. This includes bringing forward information contained in other reports – for example, the measures to be found in the Non-Financial Monitoring Framework & Performance Measures Report. It was also important to include ethnicity data for all services.

- Family/Whanau input to service development was very important and should be made more visible. It needs to be included in all areas, including service and locality plans and service design.

- There needed to be more visibility in future reports on the matters of 'caution and concerns' as raised by Dr Gloria Johnson. Management advised these would be brought forward into the work programme.

- A workshop on Community Mental Health Teams was required to support the Committee to develop a more complete understanding of mental health services in the district.

- It was agreed that Dr Gloria Johnson should attend a Board meeting to speak to her report on her follow-up visit of 1 July.

- Follow up after discharge is notable in the KPIs (KPI 19) as an area requiring further work, along with better discharge planning to other services.

The importance of workforce was discussed. Management advised that recently there has been success in recruiting across a range of professional groups, for example psychologists. It was noted that the service was nearing a full complement of psychiatrists and that the New Entry to Practice programme had had a very positive effect in terms of nursing.

The Mental Health Awareness week was discussed. Management advised that this is a national initiative but at the local level it involves activities across the entire mental health network.

The Chairs of both Committees thanked the clinical leadership and management team for their efforts and congratulated them on progress to date. There is still a lot to do, but this does not detract from the excellent progress to date.

It was recommended:

*that this report be received*

## 4. DHB PLANNING

### 4.1 2016/17 Annual Plan – Priorities, Accountabilities and the Production Plan

It was recommended:

*that this report be received*

### 4.2 Proposed Annual Planning Approach – 2017/18

The Chair noted this paper was for information only purposes.

It was recommended:

*that this report be received.*

## 5. DHB and Regional Reporting

### 5.1 Regional Services Plan Implementation – Report for Quarter 4, 2015/16

It was recommended:

*that this report be received.*

### 5.2 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 4, 2015/16

Vivienne Ayres, Manager, DHB Planning and Accountability introduced this paper and advised that although this report and the Regional Services Plan Implementation Report for Quarter 4 2015/16 had the same topics this was an entirely different report as it is based solely on MidCentral DHB results.

It was recommended:

*that this report be received.*

## 6. DATE OF NEXT MEETING

11 October 2016

22 November 2016 (Shared matters of interest)

The meeting closed at 10.55am.

## The Quality & Excellence section of the meeting commenced.

**PRESENT**

**QEAC Members**
- Barbara Robson (Chair)
- Lindsay Burnell (Deputy Chair)
- Kate Joblin
- Karen Naylor
- Phil Sunderland (ex officio)
- Duncan Scott
- Cynric Temple-Camp

**HCAC Members**
- Diane Anderson
- Ann Chapman (part meeting)
- Nadarajah Manoharan
- Oriana Paewai
- Phil Sunderland (ex officio)

**In attendance**
Kathryn Cook, CEO
Mike Grant, General Manager, Clinical Services and Transformation
Carolyn Donaldson, Committee Secretary
Amanda Rouse, Maternity Quality & Safety Programme Coordinator
Craig Johnston, General Manager, Strategy, Planning & Performance
Diane Hirst, Charge Midwife/Clinical Lead, Maternity Services
Gabrielle Scott, Executive Director, Allied Health
Ken Clark, Chief Medical Officer
Lyn Horgan, Operations Director, Hospital Services
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
Stephanie Turner, General Manager, Maori Health & Pacific

Media (1) – part meeting
Public (2)

## CONFLICT AND/OR REGISTER OF INTERESTS

### Declaration of conflicts in relation to today's business

Karen Naylor declared a conflict in relation to the Maternity Update.

## 7. MINUTES

It was recommended

that the minutes of the meeting held on 19 July 2016 be confirmed as a true and correct record.

### 7.1 Recommendations to Board

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

### 7.2 MATTERS ARISING FROM THE MINUTES

*Certification and Accreditation*

It was noted that a decision regarding limited reporting on certification and accreditation to the Quality & Excellence Advisory Committee would be made following the Reporting Framework Workshop.

## 8. OPERATIONAL

Amanda Rouse, Maternity Quality & Safety Programme Coordinator was introduced.

### 8.1 Maternity review update

The Chair thanked staff for stepping up during the particularly busy time in July.

The Operations Director, Specialist Community & Regional Services spoke to this paper, highlighting key developments around the Maternity Clinical Information System and the work being done to support the safe transfer of care from the Lead Maternity Carers (LMCs) to the secondary team.

Members were updated on the recent visit by the Ministry of Health Project Manager and Business Analyst who were undertaking improvement work with the implementing DHBs in relation to the Maternity Clinical Information System. Management had made it clear to the Ministry of Health that MidCentral expected a financial contribution from the Ministry for the improvement work that was being required to make MCIS fit for purpose.

The Chair said she hoped the results of the evaluation of the effectiveness of the Associate Charge Midwife roles undertaken in July would be provided to this committee.

Management advised the redesign/model of care work to separate the antenatal and gynaecology clinics should be completed by October 2016 when a new doctor was scheduled to commence with the organisation.

Karen Naylor left the meeting.

*Gestational Diabetes*

A pathway is to be developed for women who develop diabetes during pregnancy. Two MCH staff will visit Waitemata DHB to see how they provide care for their patients to support the development of a pathway at MDHB. Members were advised there was also significant work happening in diabetes generally, which would be the subject of a future update to the committee.

It was recommended

that the report be received.

## 8.2 MCH Operations Report – June/July 2016

The General Manager, Clinical Services and Transformation spoke to this paper highlighting key issues eg around finances, electives, and the busyness of the hospital.

In relation to the increase in Emergency Department presentations, Management advised that work was still being done on the analysis of the presentations. The modelling done to date would suggest that access to free health care for the under 13 year old population has displaced a cohort of population to ED, and this had contributed to the 8 per cent increase in presentations to ED.

In response to a query on how MDHB could get ahead in achieving elective service performance indicator targets, Management advised whilst many changes could be made, the service was still working on a paper based system. Some services, eg urology and ENT, were keen to look at an electronic tool that looked at capacity and demand.

The refurbishment of the main linear accelerator entrance which was funded by the Cancer Society was noted.

It was noted the Medical Imaging annual internal accreditation assessment and the BreastScreen Coast to Coast BSA interim audit would be reported through the Finance, Risk and Audit Committee.

Karen Naylor rejoined the meeting.

It was noted that in terms of accessing elective services, no condition was declined. However there was an assessment process to be undertaken before surgery, including varicose vein surgery, and those with the highest need had surgery.

The high number of declined first specialist assessment referrals for cardiology was questioned. Management advised some of this was due to forward planning particularly around capacity and leave. However in ESPI2 (Patients waiting greater than four months for a first specialist assessment), cardiology was achieving the target.

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 meetings on 26 April and 19 July 2016 | For reasons stated in the previous agenda | |
| Operations Report:<br>: Potential Serious Adverse Events and Complaints | To protect personal privacy | 9(2)(a) |