MidCentral District Health Board

Minutes of the Quality & Excellence Advisory Committee meeting held on 7 February 2017 commencing at 9 am in the Boardroom, MidCentral District Health Board

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PRESENT

Diane Anderson (Chair)
Karen Naylor
Michael Feyen
Oriana Paewai
Barbara Robson
Dot McKinnon
Cynric Temple-Camp
Dennis Emery
Duncan Scott

In attendance
Ann Chapman, Board Member
Kathryn Cook, CEO
Mike Grant, General Manager, Clinical Services and Transformation
Carolyn Donaldson, Committee Secretary
Chris Nolan, Service Director Mental Health & Addiction Service, (part meeting)
Craig Johnston, General Manager, Strategy, Planning & Performance
Diane Hirst, Charge Midwife/Clinical Lead, Maternity Services (part meeting)
Gabrielle Scott, Executive Director, Allied Health
Greig Russell, Medical Administration Trainee
Jan Dewar, Nurse Director, Medicine, Surgery, Emergency Services
Janine Hearn, General Manager, Clinical Services and Transformation
Kenneth Clark, Chief Medical Officer
Lorraine Welman, Chief Pharmacist (part meeting)
Lyn Horgan, Operations Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Neil Wanden, General Manager, Finance & Corporate Support
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Steve Tanner, Financial Planning Manager,

Communications (1)
Media (2)

In opening the meeting and welcoming everyone, the Chair acknowledged she was new to this committee as were a few other members. The new members introduced themselves and provided a brief background. The Chair also acknowledged the contribution and input from the previous Chair, Barbara Robson, and that there was a new Deputy Chair, Karen Naylor.

1. APOLOGIES

There were no apologies.

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 in terms of her appointment as a consumer representative on the Ministry of Health Oral Health Electronic Record Design Group.

3. MINUTES

It was recommended

> that the minutes of the meeting held on 22 November 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

There were no matters arising from the minutes.

5. Q&EAC's WORK PROGRAMME

The General Manager, Clinical Services & Transformation, spoke to this report noting progress on various projects and business cases. A member noted there had been slippage particularly in respect to workshops which had been rearranged a number of times. The member suggested there had to be care that rearranging workshops was not done without consideration so they became meaningless and decisions were made without reference to the committee. Management noted the comments.

It was recommended

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

6. STRATEGIC & OPERATIONS PLANNING

6.1 Maternity Review

The Operations Director, Specialist Community & Regional Services and the Charge Midwife/Clinical Project Lead spoke to this item. Members noted the progress made on the work programme. There were two key areas of focus, one being the development of clinical pathways to support the transfer of care aligned to the national referral guidelines for access to appropriate obstetric care in secondary care services. The last three workshops had looked at the issues and there was now greater understanding of them. The six key conditions had been identified and multi-

disciplinary teams have been working on resolving them. This process had supported everyone communicating much better.

A member referred to the Maternity Clinical Information System, expressing concern that there could still be risk with the system and that the Ministry might change it in the future. Management agreed the system might be changed at some stage in future, but currently the Ministry's focus was on fixing it.

Another member felt it would be good to have some feedback from staff and women who used the revised facility clinic space, as well as monitoring in terms of appointments that were not kept and why people did not wait for their appointment. The member also had a concern that the transition plan to business as usual was being undertaken without appointments to the Clinical Director and Midwifery Director positions. The member expressed further concern around robust and meaningful reporting to this committee as she did not want to see any gaps. The CEO noted that business as usual, reporting and how members knew services were being provided and on track sat alongside the clinical governance framework. The General Manager noted there were further groups underneath the maternity project steering group, and that a reporting dashboard could be developed. The member suggested it would be good to have a diagram of clinical maternity governance and how it reported.

Management noted the model of care for women with gestational diabetes was still a work in progress.

In relation to hip checks and how they differed from the status quo, Management advised the key change over time would be in the role of midwives and for team greater collaboration. There was a desire for this work to continue to be led by the Orthopaedic Service. The contribution of the midwives was also recognised.

Management outlined progress in recruitment to the clinical director and midwifery director positions for Women's Health. Mr Grant explained it had been very difficult in relation to the clinical director role. In the interim an acting clinical director had been appointed from within the Service. This had been augmented by two new obstetrics and gynaecology appointments. Re-advertising would occur in 3-4 months' time. Applications for the midwifery appointment had closed on 3 February. Mr Grant also commented that as a sector, perhaps there was insufficient growth of clinical leaders to such positions, resulting in there being only a very small pool of talent to recruit from.

A member observed there was no mention in this report about what was being done in relation to Tararua and Horowhenua, and she asked if it was a district wide plan. Management advised it was a district wide plan focused on maternity care. There was a Horowhenua unit with its own leadership and staff. In Tararua, services are provided through the Tararua Health Group. There had been strong engagement with community midwives as part of a whole of district approach. There were also forums for consumers across the district, including the rural sector. The member also noted implementation of the Tuia Framework, stating she felt the implementation was a priority.

Management was asked about incentivising and supporting the growth of more clinical leaders, and whether bonding was used in the organisation. The Chief Medical Officer advised he did not think bonding was held in high regard in the medical area particularly for senior staff. He felt the incentivising was in relation to being valued and empowered and the ability to make decisions.

The opening of the new birthing unit that was being built was raised as another dynamic. Management noted whilst there had been some preliminary approach from the organisation building the new centre, there had not been very much to date. Management was now setting up some requirements for funding but would have to meet with the organisation before progressing much further.

It was recommended

that this report be received.

6.2 2017/18 Budget update

It was recommended

that that it be noted that further information will be supplied with which to quantify the DHB level funding, and that budgeting continues to be based on the assumption of 1.7 percent funding increase.

7. PERFORMANCE REPORTING

7.1 Operational Report

Dental Arrears

The Operations Director, Specialist Community & Regional Services said good progress was being made in addressing the dental arrears. He advised the implementation of the Titanium system would assist as it provided accurate information about which children needed to be seen first. Clinicians will be able to clinically assess the appropriate time that children should be called back (which could be sooner for high risk children or longer for children who had less risk.) The project plan will clearly identify targets for improvement on a monthly basis and tracking against them. While the arrears will not go away overnight, they would reduce.

Reference was made to a recent water contamination issue at Counties Manukau DHB. Management confirmed MDHB did not have the same water system as Counties. MDHB's water system for patient treatment was totally separate from the suction treatment system. However, MDHB's systems would be checked to make sure everything was in order.

Regional Urology

The Chief Medical Officer explained the work being undertaken with Whanganui DHB around the provision of urology services. Progress had been mixed and whilst there had been a great deal of progress eg around nursing and one waiting list, there was still some way to go.

Colonoscopy

The Operations Director, Hospital Services advised that the waiting times results for colonoscopies over October, November and December were mixed, but they should be back to target by year end.

Whilst the Ministry had advised of potential additional funding for colonoscopies, details of this would not be available until February 2017 and indicators to access the funding would have to be achieved.

Ophthalmology

MidCentral Health had done a considerable amount of work particularly around Avastin treatments. Systems have been implemented to ensure that patient care and treatment does not exceed the agreed clinical treatment timeframes, as once the Avastin injections are started they have to be continued. Therefore, MCH has moved to nurse-led Avastin clinics, sending three nurses to Auckland for training.

Renal Project

Management advised some areas for haemodialysis stations had been identified at the Horowhenua Health Centre and capital arrangements were now being considered for them. The second workstream (Pre-Dialysis) was underway as was medical reviews for each of the patients.

Quality & Safety Markers

The Safe Surgery marker was a new marker and this was the first time it had been reported. MCH had done extremely well and was one of only eight DHBs to collect enough data to report against it.

ePharmacy

The Chief Pharmacist updated members on progress with implementing ePharmacy. Under the previous model, pharmacists worked across five different systems. It had been difficult to know what was happening. They were now able to track things much easier. They had worked with the other DHBs, particularly Hawkes Bay DHB which already had the system implemented. Hawkes Bay DHB had been very helpful.

A member asked if the new system would result in a reduction of medication errors and waste. The Chief Pharmacist advised a reduction in medication errors would come later as other systems were integrated. In due course there would be an interface with medication charts, and that would be where the reduction would come. In terms of reducing waste in spending, it was hoped that would occur as it was now possible to provide individual patient supplies.

Another member asked whether the system was internal or incorporated other groups, eg GPs. Management advised it dispensed individual supplies to patients in hospital only and was not linked to GPs. However there was the Clinisafe system, which did patient dispensing for GPs etc.

Registered Medical Officer Industrial Action

A member asked if there was any further update on this action and what MDHB's risks might be. Management advised they felt the major risk was the goodwill of the Senior Medical Officers' support, as Management was reliant on their goodwill. There was considerable effort going into resolving the issue by the national bargaining team.

Elective Service Patient Flow indicators (ESPI's)

Management confirmed a financial penalty could be imposed if a DHB was non-compliant for four consecutive months.

Orthopaedic Services

An audit and evaluation of the Hip and Knee Assessment clinic held at The Palms found it was very satisfactory for patients. The clinic would be more permanently implemented and also established in Horowhenua and Tararua. Patients needing treatment would still have to come into hospital for a First Specialist Assessment.

Chronic Pain Management

A member asked what was happening in terms of chronic pain management. Past reporting had noted declined referrals, and the member wondered where the declined patients were in relation to pain management. Management acknowledged chronic pain was a significant issue. There was some work looking at a model that might suit MCH however not every board could manage a full pain service. There was also discussion around how MDHB could support primary healthcare in this area with the idea of getting an integrated service in early, hopefully to avoid chronic pain developing. The work was part of the annual planning work.

Primary Healthcare

A member referred to the current trend of high house prices forcing people to leave the Wellington area and look for homes in this area. This had led to talk around having more services available from the Horowhenua Health Centre. The member also noted how difficult it was to build a rapport with locums, and he asked about incentives for attracting GPs and whether the Horowhenua District Council could assist in any way. Management acknowledged the points, advising consideration was currently being given to a model of care and opportunities/possibilities for the Horowhenua community practice and inpatient facility. This work would be reported to this committee in due course.

The CEO also noted that a locality plan would be commenced over the next six months. The plan would be specific to individual communities and would probably involve not only health but the broader services and different sectors, and also link to MDHB's strategies.

Management noted that the DHB and also the Primary Health Organisation were regular attendees of the Horowhenua Council's Health and Wellbeing Committee. There was also a rural bonding scheme, but MDHB did not qualify for it.

Another member referred to the Regional Economic Growth initiative and the Treaty settlements for that area, which could impact on these issues.

Supporting Whanau

A member referred to people who did not have contact with established groups or organisations, and came into hospital. There was very good support for people in the community but for people outside those groups who did not have anyone to advocate for them, their experience was not so good. The member queried how MDHB could communicate with such people. Management suggested having more transparency around being enrolled in PHOs could be one way. Also MDHB's Spiritual Advisor might be able to assist. The Tuia Framework was also suggested as a really good example of how it could help address some of the issues.

Scorecard – Customer/Patient Performance Summary

A member referred to the percentage of patients discharged without an incident, noting the result was not good. This issue had been raised previously, and Management agreed there could be more narrative provided in the next report.

It was recommended

that the report be received.

8. QUALITY & EXCELLENCE

8.1 8.1 Establishment and Role of Clinical Council

The meeting frequency had yet to be determined. The appointment of Dr Simon Allan as Chair was seen as an ideal appointment.

It was recommended

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

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	For reasons stated in the previous agenda	
Operations Report: Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)