MidCentral District Health Board

Minutes of the joint Healthy Communities Advisory Committee and Quality & Excellence Advisory Committee meeting held on 21 March 2017 commencing at 9am in the Boardroom, MidCentral District Health Board

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PRESENT

Diane Anderson (Chair)
Adrian Broad
Ann Chapman
Nadarajah Manoharan
Vicky Beagley
Donald Campbell
Jonathan Godfrey
Karen Naylor
Michael Feyen
Oriana Paewai
Barbara Robson
Dennis Emery
Duncan Scott
Cynric Temple-Camp
Tawhiti Kunaiti
Dot McKinnon joined the meeting via teleconference.

In attendance:

Kathryn Cook, CEO
Chiquita Hansen, CEO, Central PHO
Craig Johnston, General Manager, Strategy, Planning & Performance
Gabrielle Scott, Executive Director, Allied Health
Michele Coghlan, Acting Executive Director, Nursing & Midwifery
Mike Grant, General Manager, Clinical Services & Transformation
Neil Wanden, General Manager, Finance & Corporate Support
Stephanie Turner, General Manager, Maori & Pacific
Barb Bradnock, Portfolio Manager, Funding
Carolyn Donaldson, Committee Secretary
Chris Nolan, Service Director Mental Health & Addiction Service (part meeting)
Claudine Nepia-Tule, Portfolio Manager, Funding
David Jermey, Portfolio Manager, Funding
Debbie Davies, Nurse Director
Gopyraj Sundararajah, Portfolio Manager
Greig Russell, Medical Administration Trainee
Jo Smith, Senior Portfolio Manager
Lyn Horgan, Operations Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Steve Tanner, Financial Planning Manager
Vivienne Ayres, Manager, DHB Planning and Accountability

Public (5)
Media (1)

Unconfirmed minutes

In opening the meeting, the Chair noted there was a slight change to the agenda format this month, with the minutes being shifted to the end of the business.

1. APOLOGIES

Apologies were received from Brendan Duffy, Barbara Cameron and Cynic Temple-Camp.

2. CONFLICT AND/OR REGISTER OF INTERESTS

2.1 Amendment to the Register of Interests

There were no amendments.

2.2 Declaration of Conflicts in Relation to Today's Business

Ann Chapman declared her conflict in terms of her grandson's employment with the Central Region's Technical Advisory Service.

3. INTEGRATION

3.1 Contracting with Primary Birthing Centres

The paper was introduced by the General Manager, Strategy, Planning & Performance. It was noted there had been some negative evidence as well as supporting evidence in the feasibility study, and it was suggested that should also be included in the paper going forward to the Board. The CEO suggested this could be included in the context of the clinical governance model being proposed.

Other discussion on the paper covered whether the potential provider was privately funded, the impact of further interested parties on the current potential provider, timeline for the potential provider being operational, length of initial contract, amount of short term marginal additional costs of the new service establishment, whether a new service would provide additional post natal stays for women who birthed at Palmerston North Hospital, would any allowance be permitted if some contractual requirements were not quite met, whether the potential provider would enable particularly Maori cultural practices, and whether there would be an evaluation after say 12 months. These queries were answered by the General Manager, Strategy, Planning & Performance.

It was recommended:

that this report be received: and

that the DHB enter into a non-exclusive, fee for service contract with a provider if it can meet the DHB's requirements and expectations as demonstrated through a Request for Information process

3.2 centralAlliance Update

Key priorities for 2017/18 were discussed at the February centralAlliance meeting. The proposed approach from that meeting was to keep the renal, urology and laboratory projects going next year. The Women's Health project was dropped off as

Unconfirmed minutes

it was substantially complete, and ophthalmology was added, as it was an emerging area needing some work.

The CEO clarified that the development of a memoranda of understanding was not being pursued as regional CEOs were undertaking a process whereby they agreed the decision making framework and criteria for issues. They had developed an "acid test" for any proposal to determine whether it should be a regional, sub-regional or local matter. There was an understanding between DHBs to support each other when required.

It was recommended:

that this report be received; and

that the priorities for 2017/18 (Renal, Urology, Laboratory and Ophthalmology) be noted.

3.3 Joint Report Mental Health and Addictions Update

This paper was introduced by the Service Director and Portfolio Manager, Mental Health & Addictions. The Clinical Director, Mental Health & Addictions tendered his apology as he was on leave.

Clarification was sought in respect to when the business case for the rebuild of Ward 21 would be received. The Service Director advised the goal was for it to be available in June as an update, as he had only recently received the first engagement report from the external consultant.

There has been a change of leadership in Star 1. A new consultant was expected to arrive in April. Work was currently looking at future planning for the psychogeriatric service. A report on the new arrangements should be available for the next meeting.

The Ombudsman had raised the issue of there being no "locked door policy" on his recent unannounced visit. The policy explained how the rights of people in the secure unit would be respected. This was resolved last November immediately following the visit.

There was no visibility of dialectical behavioural treatment (DBT) in the report. A member felt there should be some assurance that the service was sustainable. Management assured members this was an oversight due to moving to the shorter report. There were no waiting lists for DBT and it was being monitored.

Concern was expressed regarding the pressure on the IFHC services and configuration. The Service Director advised there was a long standing arrangement regarding security in the Pahiatua facility, and there was significant pressure on space in Dannevirke. Resourcing had been increased in the Dannevirke teams, and they were trying to find better space for them. There was improved access to services and responsiveness and improved coordination of care, so people were not ringing in trying to make contact. However it was still a work in progress.

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There was reference to appendix 1, specifically to the information relating to milestones that were not achieved. Management explained the annual plan was a mix of internal and ministry set goals. Where the goals were not achieved, more information could be included in the narrative explaining what was achieved. Nationally, MCH was in the middle, although none of the DHBs were achieving these targets. A lot of work was being undertaken to find out why. What had been found was that numbers were small, so further analysis was being undertaken. What was important was to set some milestones towards achieving the targets and report against them.

The final Mental Health & Addictions hui was scheduled for 18 May. A member asked if an invitation could be extended to the Mayors and CEOs of the local Councils in the region, as well as an opportunity to invite representatives from their Councils, so they were familiar with the work being done. The CEO advised that starting this week, she and the Board Chair (Dot McKinnon) would be meeting the CEO and Mayors of the local councils. They could touch on the hui and future directions.

The Service Director Mental Health & Addiction Services advised they were starting to look at Dr Johnson's recommendations about trending the caseload measurement of key workers in the community mental health teams, and the national key performance indicators. They hoped to start reporting that with the next report.

Dennis Emery expressed his disappointment that there was no reference in the report to the Maori provider in Palmerston North. The Service Director Mental Health & Addiction Services said there had been no intention to leave people out. He accepted the criticism and said they would be included in the next report.

It was recommended:

that this report be received.

4. CONSUMER & DISABILITY

4.1 Update on Clinical and Consumer Councils

It was noted the councils were expected to be in place by the end of September.

It was recommended:

that this report be received.

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5. PERFORMANCE REPORTING

5.1 2016/17 Health of Older People Annual Plan Implementation: Quarter 2

The evaluation of the pilot for the HOP team at Kauri Health should be completed by the end of March. The University of Auckland Goodfellow Unit resource towards a hosted eLearning Dementia Education Resource for GPs and Practice Nurses should be available towards the end of April.

It was recommended:
that this report be received

5.2 Health Targets – Quarter 2, 2016/17

It was noted that Pacific people are not specifically identified in this report. Management advised the Pacifica numbers were too small to provide a valid statistically result.

Management confirmed the mechanism for the capture and reporting of data. The "Boost team" are managing referrals using the Multi-Disciplinary team approach to forward on referrals to the most appropriate provider ie: health professional for clinical assessment, family based nutrition or activity and lifestyle interventions. Management discussed the struggle many families have at the B4SC when faced with the fact that their child has been identified as obese – this often requires time for the family to absorb the information provided and after two weeks they are contacted to see if they wish to progress on for some ongoing support and management.

Reference was made to the Australian Government's immunisation requirement, that families with children who were not immunised (and did not have an approved exemption) would not receive the Family Tax Benefit end of year supplement and child care subsidies. Management were asked if MDHB was considering any similar measures. Donald Campbell said the two systems could not be compared. The NZ rate was already 95 per cent and great care would have to be taken if such measures were to be considered.

It was recommended:
that this report be received

5.3 Central Regional Service Plan Implementation – Report for Quarter 2, 2016/174

The General Manager, Strategy, Planning & Performance clarified that the regional agreed framework for elective services initiatives related to work done by the CEs in terms of having an "acid test" of what was required by the Ministry and what suited the region, ie what added value in terms of elective services.

It was recommended:
that this report be received

Unconfirmed minutes

QUALITY & EXCELLENCE MATTERS
(Information only for Healthy Communities Advisory Committee)

6. QUALITY & EXCELLENCE

6.1 Approach to Patient Stories

What happened after a patient had told their story was important. It was very emotional for all concerned. It was important that clinicians heard the story from the patient in respect of what went well, what could have been done differently or what went wrong. Closing the loop was really important.

The work involved in preparing and enabling the delivery of the patient story was currently part of a normal day's work load. There would be times when clinical staff supported the patient and others when they would not. It would depend on the context. It was critical that the patient and family agreed to share the story and that they were comfortable with who they were working with. The tool kit may not necessarily be finalised, but would develop over time.

The process to be taken following the presentation of a story was outlined. Over time, say 12 months, consideration would be given to whether there were any common themes amongst the stories, whether the work was completed, and what was the ongoing communication with families. How to analyse the stories had not yet been decided. Privacy concerns were also mentioned. If a patient wanted to share an experience but did not want publicity, other forums could be used, eg a workshop environment.

There was a brief discussion on the approach to be taken in respect to people who approached members with their story. After listening to the person, they should be encouraged to contact either the MDHB or the PHO customer relations officer. This can be done either by ringing or writing.

Discussion on the topic wound up with comment on the care that had to be taken in presenting the stories, and the role the consumer and clinical councils would have in providing support and guidance.

It was recommended:

that this approach to patient stories is endorsed; and

that stories are presented only to the Board and are scheduled for May and September 2017

6.2 Innovation Programme Update

It was confirmed this programme was included in the budget. Approximate costs were around $200,000 over three years. There has been some revenue from one of the products and there was potential revenue from another.

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It was recommended:

that this report be received

6.3 Clinical Governance Audit – progress on recommendations including development of Clinical Governance Framework

Michael Feyen expressed surprise that there was no medication safety plan in place (recommendation 4.2). Management explained identifying high-risk medicines and ensuring they were stored, dispensed and administered safely had been done, but there was no written medication safety plan covering that work.

It was recommended:

that this report be received

6.4 MCH Operations Report – January 2017

The Operations Director, Specialist Community & Regional Services clarified the work being undertaken around in Child & Adolescent Oral Health regarding the preschool population , as it was a significant additional population now covered by the service, where the impact was and how it would be managed. It involved around 5,000 more children being seen on an annual basis to the number previously seen when we were a school dental service. Information would be brought back to the next meeting on this. The expanded population provided an additional challenge to seeing children within established timeframes.

Management explained that although the renal dialysis at Horowhenua Health Centre would initially start with three patients a week, it would increase over time.

A member expressed concern with the term "delirium", asking if there was another term that could be used. Whilst there was an international standard about this term, management offered to give it more consideration.

It was noted the health awards were not being held currently, and management were asked if there were plans to re-establish them. The CEO advised the organisational development plan looked at celebrating success.

Adrian Broad referred to the figure of 81,000 being used by MDHB in terms of Palmerston North's population, whereas he understood it was around 86,500. Dot McKinnon advised population based funding was brought up at a Select Committee meeting. The census was taken every five years, and that was the figure used by the Ministry and government bodies.

It was recommended:

that this report be received

Unconfirmed minutes

6.5 Minutes

It was recommended:

that the minutes of the previous meeting held on 7 February 2017 be confirmed as a true and correct record

MATTERS OF SHARED INTEREST

7. WORK PROGRAMME

The General Manager, Strategy, Planning & Performance advised that a meeting had been scheduled with the Health Promotion Agency, but unfortunately the person who looked after the central region was not available on that date now, so they were looking to see if anyone else could attend. If that was not possible, the meeting would have to be rescheduled.

It was recommended:

that progress against the 2016/17 work programmes be noted

8. DATE OF NEXT MEETINGS

2 May 2017
13 June 2017 (Shared matters of interest)

9. EXCLUSION OF PUBLIC

Recommendation: 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:

Matters of Shared Interest Items	*Reason*	*Reference*
• Development of 2017/18 Annual Plan – Working Draft	Under negotiation	9(2)(j)
• General Approach to Contract Review & Renewal for 2017/18	Contract negotiating strategy	9(2)(j)
Quality & Excellence Items	*Reason*	*Reference*
• "In Committee" minutes of previous meetings on 7 February 2017	For reasons stated in the previous agenda	
• Operations Report: Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)
• MDHB Triage Quality Improvement indicative business case	Contains commercially sensitive information	9(2)(j)

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