

MidCentral District Health Board

Quality & Excellence Advisory Committee

Minutes of meeting held on Tuesday, 22 November 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)
- Karen Naylor
- Phil Sunderland (ex officio)
- Duncan Scott
- Cynric Temple-Camp
- Dennis Emery

HCAC Members

- Diane Anderson
- Adrian Broad
- Ann Chapman
- Nadarajah Manoharan
- 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

Janine Hearn, General Manager, People & Culture

Neil Wanden, General Manager, Finance & Corporate Services

Megan Doran, Committee Secretary

Stephanie Turner, General Manager, Maori & Pacific

Gabrielle Scott, Executive Director, Allied Health

Ken Clark, Chief Medical Officer

Vivienne Ayres, Manager, DHB Planning and Accountability

Barb Bradnock, Senior Portfolio Manager, Children, Youth & Intersectoral Partnerships

Gopy Sundararajah, Portfolio Manager, Clinical Support

Jo Smith, Senior Portfolio Manager, Health of Older Persons

Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions

Lyn Horgan, Operations Director, Hospital Services

Nicholas Glubb, Operations Director, Specialist Regional & Community

Chris Nolan, Service Director, Mental Health Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Kelly Isles, Project Manager
Greig Russell, Medical Administration Trainee
Dennis Geddis, Communications Team Leader

OTHER

Public: (4)

Media: (1)

The Chair opened the meeting and noted that it was Lindsay Burnell's final meeting. The committees acknowledged the considerable contribution Lindsay has made over his time with the District Health Board. The Chair also noted that it is the last meeting of the committees and the board of the 2013-2016 triennium.

1. APOLOGIES

There were apologies from Oriana Paewai and Kate Joblin.

2. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

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

Ann Chapman declared a potential conflict with regards to the Regional Service Plan report because her grandson works at Central TAS. Karen Naylor declared a conflict in regards to the Maternity Review. Tawhiti Kunaiti declared a conflict as he works for both Central PHO and Te Tihi. Barbara Robson declared a conflict as she is a consumer representative on the Oral Health Titanium programme for the Ministry of Health.

It was agreed that these interests did not constitute a conflict of interest with respect to today's business.

2.3 Statement from Mr Hume

The Chair then advised that Mr Hume wished to make a short address to the committees before the meeting started. Mr Hume raised two key points. Firstly, Mr Hume requested that in future enough information and detail about the Erica Hume Action Plan be included in the narrative section of the Mental Health Report to give transparency about progress.

Secondly, Mr Hume inquired about DHB commitment to the rebuilding of Ward 21. The General Manager, Clinical Services & Transformation thanked Mr Hume and advised that because the cost of the rebuild is significant, there are regional and national capital processes that have to be worked through, including the development of an Indicative Business Case. These take time. At any rate, the DHB's commitment to the Ward 21 facility has been included in MidCentral DHB's Long Term Investment Plan, which was approved at the last Board meeting.

3. GOVERNANCE

3.1 Work Programme

The General Manager, Strategy, Planning & Performance advised that the workshop with Dr Gloria Johnson that was scheduled for today's meeting would now take place in February 2017 at the Quality & Excellence Advisory Committee. The mental health workshop, which is focused on community mental health services, will proceed as planned at the joint committee meeting on 21 March 2017.

There was discussion about the Annual Plan Assumptions report, which has been provided to both the Board and FRAC. It was agreed that committee members who were not board or FRAC members would have access to the report through the sharednet website now. There will be a report on the Funding Envelope in February.

A committee member commented that more focus needed to be applied to disability issues in the Annual Plan as well as future committee meetings.

It was recommended:

that progress against the 2016/17 work programmes be noted.

4. PERFORMANCE REPORTING

4.1 Health Targets – Quarter 1, 2016/17

Vivienne Ayres, Manager, DHB Planning & Accountability introduced this report. It was noted that the new Raising Healthy Kids health target was tracking well.

There was discussion about the healthy eating and physical activity as essential components of raising healthy children. It was noted that the DHB funds a number of these programmes, with more funded and provided by intersectoral partners. It was agreed that a paper on the healthy eating and physical activity target would be provided at the February 2017 Healthy Communities meeting.

In response to a member's inquiry, management confirmed that Central PHO has provided extensive support to its general practice teams around the Winter Warrant of Fitness Programme. This is in addition to the PHO's more general work on long term conditions.

In regards to Shorter Stays in the Emergency Department, the committee noted the comment that Maori and Pacific people generally have slightly better shorter stay rates than other ethnicities (noting the smaller numbers involved). A member inquired as to whether this was due to the "conveyor belt" affect or some other kind of ethnicity based bias. Management advised that data had been analysed over a four to five year period and it showed no particular differences in outcomes from ED attendance between ethnicity groups.

A request was made that future narrative reports explain how as a DHB we will reach the target when we are currently not tracking.

It was recommended:

that this report be received

4.2 Central Regional Service Plan Implementation – Report for Quarter 1, 2016/17

Vivienne Ayres, Manager, DHB Planning & Accountability introduced this report. It is the full report for quarter 1 and contains nothing unexpected for this period.

It was noted that the contingency plan for acute cardiac services is to send patients to Nelson-Marlborough DHB, and that this would involve transport and accommodation costs for the DHB of domicile.

The committee noted that cardiac intervention rates for the MidCentral district have increased and are now not significantly different from the national target. This was not the case in the past.

A question was raised by a member around the Clinical Portal and had the problems encountered by Whanganui DHB during implementation been factored into roll-out planning for MidCentral. The Chief Executive confirmed that there is a robust system for recording and addressing implementation issues which has the express purpose of ensuring subsequent roll-outs are smooth and trouble free. The Regional Chief Executives have oversight of this process.

It was noted that volumes and waiting times for Forensic Mental Health assessments for people in prison have been rising steadily, particularly in Whanganui and Rimutaka prisons. There is no current data showing the rates for Manawatu Prison however.

Barbara Cameron entered the meeting.

It was recommended:

that this report be received.

4.3 2016/17 Maori Health Plan Update

The General Manager, Maori & Pacific presented this paper to the committees and thanked Wayne Blissett, Manager Maori Health Strategy & Support, Vivienne Ayres, Manager DHB Planning & Accountability and the Portfolio Managers for their input to this report.

There have been a number of improvements since the last update. This includes securing a major contributor to be able to achieve the Kainga Whanau Ora initiative – social housing for 100 households in Palmerston North City. The involvement of the DHB & Pae Ora in this initiative has been very valuable and the committees wished to thank the DHB.

It was noted that there has been an increase in Ambulatory Sensitive Hospitalisations (ASH) presentations.

A member questioned the increase in hospitalisations and asked if that was caused by an increase in presentations or as a result of other factors. The Chief Executive advised that there was currently a piece of work being done analysing data from practice to practice in our region.

The committees requested that in future reports include both numbers and percentages so that members could appreciate scale as well as proportion.

It was noted that the Regional Interagency Network (RIN) has been very effective as an intersectoral forum in the Manawatu, but that it has not met since March. There are plans to meet again in the New Year with the possibility of a redesign to better meet the needs of the group going forward.

It was recommended:

that this report be received.

4.4 2016/17 Annual Plan Update: Maternal, Child & Youth Health

Barb Bradnock, Senior Portfolio Manager Children, Youth & Intersectoral Partnerships introduced this paper.

The committees were advised that at present the Ministry of Social Development is working through a complex process of establishing Oranga Tamariki, the new Vulnerable Children agency. The Senior Portfolio Manager Children, Youth & Intersectoral Partnerships, has been part of the discussions and has been providing feedback as and when required on behalf of the DHB. It is very important that the DHB remains part of this.

The committees noted the good work being done, especially in deprived areas.

A member provided positive feedback on the new Pregnancy & Parenting service and the impact it is having on the community.

The Senior Portfolio Manager Children, Youth & Intersectoral Partnerships, provided an update on the disestablishment of the Social Sector trial in Horowhenua. The Ministry has recently confirmed that one of the funding lines attached to the Social Sector Trial will continue directly to Life to the Max. This will be critical in order to sustain the youth workers in schools in the Horowhenua.

There was discussion about whether the Children's Team programme has or will be subject to a formal evaluation. The Senior Portfolio Manager Children, Youth & Intersectoral Partnerships, confirmed that this is on the horizon at a national level.

It was recommended:

that this report be received.

5. INTEGRATION

5.1 Renal Services Review Update

This report was for information only purposes. The Renal Services plan was approved some months ago. The DHB is now in the process of drafting an implementation plan which is to include costs, resources etc. At present a small advisory group has been set up.

The implementation plan will focus on establishing dialysis capacity at Horowhenua Health Centre and the redesign of the pre-dialysis training programme including home dialysis.

A member asked if there was a specialist clinician leading the in-home dialysis work. This is aimed at improving current pre-dialysis processes and the information packages provided to patients and whanau to ensure their better understanding of options and engagement during the pre-dialysis process. The committees were advised that Norman Panlilio, Medical Head for the Renal Service, is the lead clinician for this piece of work.

It is envisaged that the three dialysis chairs for Horowhenua Health Centre will be in place by the first quarter of the next calendar year.

It was recommended:

that this report be received.

5.2 Integrated Service Model (Clusters)

The General Manager, People & Culture presented this report.

The integrated service models will link in with our strategy and the strategic imperatives.

It was noted that Child Health and Palliative Care are making some progress towards this approach.

Workshops will be held before and after Christmas. This will need strong leadership and everyone will need to work together to ensure that the integrated service models are a success. A member sought assurance that there would be community involvement in planning. The Committees were advised that Locality plans will also be created which will include priorities for each locality and engagement from the community will be sought. Locality Plans will shape Service Plans.

It was recommended:

that this report be received.

5.3 Mental Health & Addictions Update

Claudine Nepia-Tule, Portfolio Manager Mental Health & Addictions and Christopher Nolan, Service Director, Mental Health and Addictions Clinical Services introduced this paper. This is the first combined report aiming to provide a more informative and balanced approach to what is occurring across the district and within the clinical services.

This report provided an update to the committees on a number of activities across the district in line with the Rising to the Challenge Mental Health and Addictions Service Development Plan, that ends in 2017, alongside the introduction of the newly established Ministry of Health's Commissioning Framework for Mental Health.

A member inquired about local authority representation at the Mental Health Hui and management confirmed that invitations had been sent to all local councils within the MidCentral region.

The Chief Executive advised that with the changes in councils due to the local elections, the Chief Executive and the Chair of the Board would be holding more meetings with local councils in the New Year.

There was discussion around people with disabilities and if they were included in the current workstreams or was it just NGOs and other agencies that participated. There were some consumers with disabilities involved who did feed back to their own agencies. A member suggested that that hearing impaired seemed to be missing from the list and should be involved.

It was noted that the support and commitment from Police in relation to Mental Health services and for the DHB overall has been outstanding.

The popular hui works stream – whanau ora “TED Talks” was a great success. In response to the committees' inquiry, management confirmed that these would be made available to all committee members.

Committee member asked for examples of where there had been reduction of duplication and cost around contract management and compliance costs for NGOs. One example was the merger of two small NGOs, which had been achieved without disruption to services. Another example is the support MidCentral DHB's largest mental health provider is now providing to some of the district's small providers (without charge) for their back office functions such as

the Programme for the Integration of Mental Health Data (PRIMHD) reporting to the national collection.

The national commissioning framework for Mental Health was discussed and the committees were advised that it will be adopted and implemented at MidCentral DHB. In the meantime, MidCentral has been working with MASH Trust to develop an outcomes agreement contract. It is expected that this will map very well to the new Mental Health commissioning framework.

A member inquired about the sustainability of the Dialectical Behavioural Treatment programme. Management outlined the investment that had gone into additional capacity and capability for this service. Assurances were given that the service was available in the major centres throughout the district.

It was recommended:

that this report be received.

6. DATE OF NEXT MEETING

7 February 2017

21 March 2017 (Shared matters of interest)

The meeting closed at 11.20am.

The Quality & Excellence section of the meeting commenced.

PRESENT

QEAC Members

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

HCAC Members

- Diane Anderson
- Barbara Cameron
- Adrian Broad (part meeting)
- Ann Chapman
- Nadarajah Manoharan

In attendance

Kathryn Cook, CEO

Mike Grant, General Manager, Clinical Services and Transformation

Carolyn Donaldson, Committee Secretary

Craig Johnston, General Manager, Strategy, Planning & Performance

Gabrielle Scott, Executive Director, Allied Health

Greig Russell, Medical Administration Trainee
Jan Dewar, Nurse Director, Medicine, Surgery & Emergency Services
Janine Hearn, General Manager, People & Culture
Ken Clark, Chief Medical Officer
Lyn Horgan, Operations Director, Hospital Services
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Maggie Oulaghan, Business Manager
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Stephanie Turner, General Manager, Maori Health & Pacific
Steve Tanner, Finance Manager (Funding & Planning)

Media (1)

Public (1)

Apology

An apology for absence from Kate Joblin had been received in the shared matters section of the meeting.

7. MINUTES

It was recommended

that the minutes of the meeting held on 11 October 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

It was noted the points around Gloria Johnson's presentation and the Ward 21 facility had been dealt with in the earlier part of the meeting.

It was confirmed that the Chair's request for a report on the maternal mental health service would be covered in the workshop being arranged for March next year.

8. PERFORMANCE REPORTING

8.1 MCH Operations Report – September 2016

In speaking to this item, the General Manager Clinical Services and Transformation asked for feedback on the alignment of this report with the four strategic imperatives. The Chair said she still found it a bit awkward, but was happy to see how it evolved.

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

Impact of Registered Medical Officers Industrial Action

Whilst the report commented on the approximate additional cost of the recent industrial action, a member asked for clarity around the payments made to the

senior medical officers who undertook additional duties during this time. Management advised advice was provided from the national DHB Collective in relation to the payment rates made to SMOs. MDHB's payments were in line with a cohort of DHBs nationally. Management advised further bargaining was taking place this week, and it was hoped a settlement would be reached.

Child Adolescent Oral Health Service – Arrears

The Operations Director, Specialist Community & Regional Services noted the factors behind the arrears, namely four staff vacancies due to retirements, the replacement of a mobile dental unit, and the impact of the Titanium go-live and training for the new system. The arrears were expected to peak at the end of this calendar year, with an incremental improvement in 2017. The Chair asked that the longest wait times also be reported to QEAC.

Regional Urology

An update on regional urology will be available for the February QEAC meeting following the Whanganui DHB board meeting in December, in view of the changing model of care. The Chief Medical Officer noted the sensitivities around the changing model of care for Whanganui DHB.

National Bowel Screening Programme

It was noted that colonoscopy waiting times may slip given the higher number of referrals being received.

Advanced Care Planning

A request was made that at some stage, it would be useful to know what the distinction was between an advanced care plan and an advanced directive and what each one meant from a legal perspective.

Otorhinolaryngology (ENT)

The pathways for GP referrals for sinus related disease (nasal polyposis or chronic sinusitis) have been improved. These patients will go directly to diagnostics and then a decision will be made whether they need to be seen for a first specialist assessment. This process should be more seamless for patients.

Scorecard Percentage of Patients Discharged without Incident

Concern was expressed at the 5 per cent of patients discharged during September who had an incident, and the overall scorecard measures that did not achieve the target. The member felt it would be good to have an understanding of whether the risks were being identified and addressed, whether the risk had increased, or whether there were any trends. Management will consider the suggestion.

Operating Results

The October results were now available. They show some improvement particularly in personnel costs. Outsourced personnel costs were still concerning. Clinical supplies and infrastructure costs were in line for October. There is still a need for some locums but the need is decreasing. Mental Health will remain significantly adverse to budget at the end of the year.

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:

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
"In Committee" minutes of previous meetings on 26 April and 19 July 2016	For reasons stated in the previous agenda	
Operations Report: : Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)
Regional Cancer Treatment Service Computer Tomography pricing update	Subject of negotiations and contains commercially sensitive pricing information	9(2)(j)

Unconfirmed minutes