MidCentral District Health Board

Minutes of the Quality & Excellence Advisory Committee meeting held on 17 October 2017 commencing at 9am in the Boardroom, MidCentral District Health Board

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PRESENT

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

IN ATTENDANCE

Carolyn Donaldson, Committee Secretary
Chris Nolan, Service Director, Mental Health Services
Craig Johnston, General Manager, Strategy, Planning & Performance
Cushla Lucas, Service manager, Regional Cancer Treatment Service
Debbie Davies, Acting Service Director, Community Services
Gabrielle Scott, Executive Director, Allied Health
Greig Russell, Principal Advisor to CEO
Kenneth Clark, Chief Medical Officer
Keyur Anjaria, General Manager, People & Culture
Michele Coghlan, Acting Executive Director, Nursing & Midwifery
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Neil Wanden, General Manager, Finance & Corporate Services
Stephanie Turner, General Manager, Maori & Pacific
John Manderson, Programme Manager, Improvement
Maggie Oulaghan, Business Manager
Steve Tanner, Finance Manager
Paula McCool, Communications

OTHER

Public (3)
Media: (1)

WELCOME

A warm welcome was extended to the newly appointed member of the committee, Anne Kolbe.

1 APOLOGIES

Apologies were received from Oriana Paewai, Kathryn Cook, and Lyn Horgan.

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

There were no declarations of conflict of interest.

3 PERFORMANCE REPORTING

3.1 Operational Report

The Business Manager presented this report.

The high readmission rate to Ward 21 since May had been noted and was being investigated.

Faster Cancer Treatment – MidCentral Health was aware of its partner DHBs' progress with achieving targets, particularly in case MDHB were asked to help them. It was noted that MDHB has always provided a proportion of cancer services to Wairarapa DHB.

Ward 21 staffing – a number of factors were influencing overtime/double shifts, including increased demand and some vacancies. Management were looking at rosters to make sure there was an efficient allocation of staff. Rosters had been changed to ensure overtime for individuals was appropriate, and that there was a better staffing pattern.

The post-discharge community care indicator was 57.6 per cent which was less than the target of 90 – 100 per cent. A member felt this was a warning sign in terms of the Ministry's definitions. This was acknowledged by the Service Director who said management was looking at caseloads, vacancies and waiting lists particularly in the Levin community mental health teams, but it did signal that the Service still had some way to go particularly around recruitment. He clarified that clients on waiting lists

were being seen, but by a duty manager, not the key workers. There had been an increase in staffing, with two full time workers now in Horowhenua and a decision had just been made to put a registrar in Horowhenua.

Personnel under-spend – whilst this was good for the budget, it was not for the areas that had the vacancies. Management advised the personnel numbers were from payroll. However other staff were filling the roles, eg locums.

Management clarified there were pathways for women including young women who presented symptomatically for breast cancer. There was a comprehensive map through General Practice to address these cases. Women who presented with a suspicion of cancer were generallyseen within two weeks. Bowel screening was not in the current programme of work.

In respect to the oral health waiting lists, capacity to reduce them was limited at the moment as there were currently four vacancies. More detailed information on whether those waiting longest were reducing was not available until the Titanium programme has a complete electronic database. This is due for completion by March 2018.

The issue of the ageing workforce, winter/sick leave and staff wanting to reduce hours as they got older was discussed.

The value of the case studies was acknowledged.

Influenza vaccinations – management advised there was only 56 per cent vaccination rate this year. It was difficult to determine whether the vaccination programme had helped reduce sick leave as no record was taken of the reason for sick leave which could be for various reasons, including looking after a sick dependent. The success of the influenza programme also related to the strains included in the programme and the type of flu strains experienced.

Management confirmed there was strong support by the Horowhenua mental health team for the two staff who travelled down to Levin each day. The knowledge the two staff brought back to PN at the end of the day was very helpful if there was an acute presentation from someone they had seen in Horowhenua. The vacant position in Horowhenua had only been vacant for about two months. Recruitment was taking about two months, and it was hoped to fill the position within the next four weeks.

Anne Kolbe was asked for her initial thoughts on the organisation. She said it was an efficient organisation, with efficiency gains already realised. MCH was working above its occupancy reutilising beds multiple times a day. It was fully staffed. Theatres were over-utilised. Health and wellbeing of staff was important and there were some good measures of that. She then touched on the mix of staff and whether it was the best mix for the services being delivered, the ageing workforce, strategic

workforce plan, long term strategies and what model of care was wanted. From a board member point of view, she asked management what was one thing board members could do that would help or empower them to deliver that strategy.

Her comments were acknowledged as encapsulating what management had been feeling for some time. There was a strategy with a values led approach, and a series of strategic imperatives. There were numerous plans - enabler plans, including one for people and culture, organisational development plan, workforce development plans and work was currently under way to develop locality plans and an integrated service model.

The Acting Executive Director, Nursing & Midwifery joined the meeting.

It was recommended:

that this report be noted.

Dr Kenneth Clark joined the meeting.

3.2 MidCentral Health Horowhenua STAR 4 Project Report

It was noted that the people in the Kapiti area were very interested in a rural hospital. MDHB was working with Capital & Coast DHB on the locality planning, so would wait and see what happened. The huge developments in Telehealth were also raised.

The likelihood of a new privately owned medical centre in Levin was raised. This would be helpful given current transport issues, the ageing population and the high Maori population. Mr Feyen indicated he would be keen to be involved in any working group looking at services in Levin. The General Manager, Strategy, Planning & Performance acknowledged these themes had come up during the work being done on the locality planning, and would be considered with that work. A member indicated that centralisation of services was definitely the way to go particularly for inpatient specialist services.

In terms of the STAR 4 project, the project was to review the model of medical care delivered in Horowhenua following recruitment challenges. A working group to consider a long term plan for the medical rosters had been established. In the interim, an additional 0.5 FTE was available, so the immediate future was sorted out.

The Accelerate 25 and Coast to Coast Venture programmes were mentioned. Having the Horowhenua Health Centre and a couple of reasonably substantial GP teams will be really good for the area. The Horowhenua Health Centre facility had been outgrown and there were issues particularly for the GP team.

It was recommended:

that the Horowhenua STAR 4 Project report be noted.

4 CLINICAL GOVERNANCE AND CONSUMER

4.1 Professional Practice Development & Professional Standards

The difference between the old and new scope of practice for nurse practitioners was clarified. The old scope required nurse practitioners to register in a specific area of practice. The new scope also includes registered nurse prescribing in primary health and specialty teams.

Management were asked if it would be possible to include more information about the level of participation or compliance from each group in a future update, eg the number of staff who had a yearly review, the number of nurses and midwives who accessed the AHEED programme. Other suggestions for enhancing the report included the support available to trainees, credentialing which has two parts, personal credentialing and credentialing the medical specialties, and processes for allowing staff training.

Management advised medicine was better funded in terms of funding professional development in comparison to the nursing and allied health professions. This was based on historic and MECA settlements, and perhaps there should be greater resources for nursing and allied health professional development.

A member asked if there was a way of measuring the different groups' utilisation of professional development within the organisation. The member felt it would be useful to have a benchmark to measure whether there was any improvement in terms of how staff were utilising their entitlement to this development. Management advised the information would be available, but they would have to see what was involved in pulling it all together. All of the funding allocated was used, and there was a wait list of 20-30 nurses for assistance. The Acting Executive Director, Nursing & Midwifery also acknowledged the tremendous support from the PNH Medical Trust who had provided $30-$40,000 for training and education purposes.

It was recommended:

that the professional Practice Development at MidCentral District health Board report be noted.

4.2 Quality Account 2016-17

The assistance provided particularly by the Manager Communications and the Communications Team in putting this report together was acknowledged.

The Committee Chair felt the Quality Account should include reference to the work done in terms of the workforce.

It was recommended:

that QEAC endorse the final draft of the Quality Account 2016-17 for approval by the Board subject to any changes being made as a result of feedback received.

5 COMMITTEE'S WORK PROGRAMME

A member felt the next professional development report should be sooner than nine months away.

A request was made for an update on progress with the specialist diabetes configuration project at the next meeting.

The Committee Chair asked what was happening in terms of innovation. Management advised John Manderson had taken on responsibility for that work and to support projects underway. A report would be provided as that work progressed.

It was recommended:

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

6 MINUTES

6.1 Minutes

It was recommended that

the minutes of the previous meeting held on 5 September 2017 be confirmed as a true and correct record.

6.2 Recommendations to Board

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

6.3 Matters Arising from the Minutes

Manawatu Gorge closure – A member referred to the closure of the Manawatu Gorge saying that the Board could not lose sight of Tararua and its health needs. The General Manager Strategy, Planning & Support advised an update on this issue was provided in this afternoon's Healthy Communities Advisory Committee meeting. Quite a bit of work had been done with that area. There were a number of opportunities to provide support professionally and technically.

7 LATE ITEMS

There were no late items.

8 DATE OF NEXT MEETING

28 November 2017 (Shared matters of interest)

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)