

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 26 April 2016 commencing at 8.45 am in the Boardroom, MidCentral District Health Board

PRESENT

Barbara Robson (Chair)
Lindsay Burnell
Kate Joblin
Karen Naylor

Phil Sunderland
Dennis Emery
Duncan Scott
Cynric Temple-Camp

In attendance

Kathryn Cook, CEO
Mike Grant, General Manager, Clinical Services and Transformation
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member, (part meeting)
Anne Amooore, Manager, Human Resources and Organisational Development
Barry Keane, Nurse Director, Mental Health, (part meeting)
Diane Hirst, Charge Midwife/Clinical Lead, Maternity Services
Greig Russell, Medical Administration Trainee
John Manderson, Manager, Data Quality & Health Information
Lorraine Welman, Chief Pharmacist (part meeting)
Lyn Horgan, Operations Director, Hospital Services
Michele Coghlan, Acting Executive Director Nursing & Midwifery
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Neil Wanden, General Manager, Finance & Corporate Support
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Richard Barrass, Director, Area Mental Health Services
Robyn Williamson, Service Manager, Child and Women's Health Services, (part meeting)
Syed Ahmer, Clinical Director, Mental and Addiction Services, (part meeting)

Public (2)
Communications (1)
Media

1. APOLOGIES

There were no apologies.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 Amendments to the register of interests

There were no amendments.

3.2 Declaration of conflicts in relation to today's business

Karen Naylor declared a conflict in relation to item 7.2, Maternity Review, in terms of her role in the women's health service.

Duncan Scott declared a conflict in relation to the medical imaging update in item 8, Operations Report, in terms of the contract held by his company.

Barbara Robson declared a conflict in relation to the Maternity Clinical Information System in item 7.2, Maternity Review, in terms of her membership as a consumer representative on the Maternity Information Systems Programme Steering Group.

4. MINUTES

It was recommended

that the minutes of the meeting held on 15 March 2016 be confirmed as a true and correct record.

4.1 Recommendations to Board

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

5. MATTERS ARISING FROM THE MINUTES

CCTV – The Chair asked if there were any overarching policies around CCTV that encompassed the parties that could have an interest in requesting relevant CCTV images under various legislation. She also suggested policies be reviewed to identify any potential issues under the new Health and Safety legislation. The General Manager, Clinical Services & Transformation said this aspect could be covered in the next mental health update to the committee.

6. WORK PROGRAMME

Price Volume Schedule – While a different approach is not being taken to determining the PVS it was noted there was more pressure given the budget available.

It was recommended

that the updated work programme for 2015/16 be noted.

7. STRATEGIC PLANNING

7.1 Annual Leave Plan – Update on Progress

The Manager, Human Resources and Organisational Development spoke to this report, advising that slower progress than anticipated had been made on reducing accrued annual leave greater than two years. A suggestion was made that perhaps some staff could have an afternoon/day off each week, using up some of the leave that way. Management advised there were people already who took certain days off rather than a block of leave, noting it was more difficult to organise in the senior medical environment.

It was recommended

that this report be received.

7.2 Maternity Review update

The conflicts of interest for Karen Naylor and Barbara Robson were noted. As agreed at previous meetings, this did not need any action on the part of the committee.

Diane Hirst was introduced to the committee. Diane is Clinical Lead for the service improvement activities.

The root cause analysis (RCA) process was being reviewed on a wider scale for the whole organisation. If a RCA was required now, there would be greater leadership of the process including senior clinicians and in certain circumstances independent external participation.

It was suggested some of the feedback from the monthly consumer survey could be collated and provided to the committee for information on a quarterly or six monthly basis.

Members were advised that if someone presented for an appointment but did not wait long enough to be seen, they were counted as a “Did Not Wait” (DNW), rather than a “Did Not Attend” (DNA). It was requested that DNWs be reported to HAC.

Management advised SMO locums had been used in maternity services as at the time of recruiting it had been difficult to attract permanent senior medical staff. That situation may now have changed.

In relation to the interface between maternity and diabetes, there is no training programme available locally to provide midwives with a higher level of diabetes education. Wintec (Waikato Institute of Technology) does offer a course. A significant amount of work was occurring at the moment around this interface and this situation would become clear as work progressed. Waitemata DHB did manage diabetic pregnant women well, although they do not manage women with pre-existing Diabetes, and MDHB had received an offer to meet with them in May.

Consideration had been given to using rooms in family health centres for outpatient clinics. Management advised they were open minded to all options, but had to work with a number of sub-specialities when considering those options.

In terms of communications, it was suggested the open letter to staff and LMCs could be made available on the website as a means of keeping people in the community up to date.

It was recommended

that this report be received.

7.3 Renal Plan for MidCentral DHB

A member noted that some Horowhenua dialysis patients are struggling with travel from Levin to Palmerston North and that consideration be given to offering dialysis at the Horowhenua Health Centre. It was confirmed that Whanganui and Wairarapa DHBs would be included in the planning.

It was recommended

that this report be received.

8. OPERATIONAL REPORTS

8.1 Provider Division Operating Report - February/March 2016

Lorraine Welman, Chief Pharmacist, delivered a presentation on medication events which was well received.

Winter planning – Primary Care generally have a very high influenza vaccination rate. There is an initiative around COPD and congestive heart failure (CHF) with letters being sent to people in this category advising how to keep well. The emergency department was experiencing its highest ever presentation rate. Consideration was being given to winter planning in terms of increased recruiting to the staff bureau thereby allowing flexibility in opening beds on an as required basis. Consideration was also being given to surgical short stay patients and how they flow into the organisation. Some winter decals with a winter check list have been developed for patients. They are being given to patients with long term conditions who are being discharged.

ESPI 2 and 5 – Management advised in March, ESPI2 would be red and ESPI5 would be yellow. Additional clinics were being held to catch up in ENT, so the DHB should be compliant again in April.

Members were advised it was intended to update the under-pinning data and approach to the Master Health Service Plan, which had been developed some time ago.

Management advised the Child and Adolescent Oral Health arrears were 3,030 at the end of March.

Ombudsman's reports (Mental Health and Addiction Service) – the full report on the unannounced visit in December 2015 would be provided to a subsequent meeting, together with MDHB's response.

The new mental health quality and risk dashboard reports set out in the appendix 9 were discussed, noting these reports were still a work in progress, as the data was not yet reliable. It was suggested it would be helpful to have year to date comparison in a column, clarifying whether the result had increased or decreased.

Management advised updates would be provided in due course on the sleep service pilot and the care capacity demand management programme.

It was recommended

that this report be received.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

7 June 2016

11. 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 the previous meeting	For reasons stated in the previous agenda	
Operations Report: : Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)
Maternity Root Cause Analysis Reports	To protect personal privacy	9(2)(a)
2016/17 Draft Regional Service Plan (version 2)	Subject of negotiation	9(2)(j)
2016/17 Annual Plan update	Under negotiation	9(2)(j)