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# COMMITTEE MEETING MINUTES

CONFIDENTIAL

## Mater Children's Hospital Executive Committee Meeting

<b>Date</b>	Monday 03-02-2014	<b>Time</b>	8.30am to 9.30am
<b>Venue</b>	Conference Room 2.3, Level 2 MCH		

### Attendance

Name	Initials	Position Title	Attending	Apology
<b>Voting Members</b>				
Anne Maree Buttner	AMB	Director Allied Health Services		A
Dr Jan Connors	JC	Director Paediatric Health Services		A
James Cruickshank	JCr	Senior Management Account	Y	
Roisin Dunne	RD	Nursing Director Ambulatory and Outpatient Services	Y	
Lynne Elliott	LE	Nursing Director Paediatrics – Acute Care Services	Y	
Mish Hill	MH	Director of Nursing and Midwifery Services – AWCHS	Y	
Sean Hubbard	SH	Executive Director AWCHS (Chair)	Y	
Erica Lee	EL	Manager Child and Youth Mental Health Service	Y	
Pam McErlean	PM	Project Lead QCH Transition	Y	
Dr Fiona MacFarlane	FM	Director Paediatric Critical Care & Anaesthesia		A
Jenny Thorn	JT	Clinical Safety Officer	Y	
Alasdair Torrie	AT	HR/OD Business Partner	Y	
Bronwyn Whelan	BW	Director of Business Services	Y	
Christine Whellum	CW	Nursing Director Procedural Services		A
Dr Martin Wood	MW	Director of Surgery – MCH		A
<b>Proxies</b>				
Nil				
<b>Invited Members (non-voting with rights of debate)</b>				
Nil				
<b>Service Partners (with rights of audience only)</b>				
Dr Peter Steer	PS	CEO CHQ	Y	

\* Y – Yes attended; N – No, absent; A – Formal Apology;



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Item #	Record of Meeting	Committee Reference
1.	<p><b>Welcome and Apologies</b></p>	
	<p>The chair welcomed members. The chair noted the above apologies. No conflicts of interest were declared at the beginning of the meeting.</p>	
2.	<p><b>Reflection</b></p>	
	<p>JCr presented the reflection.</p>	
3.	<p><b>Review and Acceptance of Previous Minutes</b></p>	
3.1	<p>Minutes from the 13<sup>th</sup> January 2014 were accepted as a true and accurate record.</p>	
4.	<p><b>Service Partners</b></p>	
4.1	<p><b>CHQ Update</b></p> <p>LCCH will accept accrued leave entitlements. SH and Dr John O'Donnell met with Phillip Davies (Deputy Director General – System Policy and Performance Division DoH) and Nick Steele (Executive Director Healthcare Purchasing, Funding and Performance Management DoH) in regards to an agreement, including funding arrangements around leave.</p> <p>Tier 3 recruitment has commenced. Whilst the plan is to translate appointments of senior directors, there is a policy issue with transferring to a Qld Health facility from another organisation. This affects paediatric oncology, paediatric cardiology and paediatric cardiac surgery directors. SH and Dr John Wakefield (Executive Director Medical Services CHQ) have discussed and given it was still in discussion, SH did not raise with the directors affected.</p> <p>Allied Health recruitment has been delayed, due to the process of evaluating allied health leadership positions and assessment of roles. CHQ have received a signed brief from the Director General outlining the process around allied health, which Caroline Hudson (Executive Director People and Learning MHS) and Di Woolley (Executive Director People and Culture CHQ). Carmel Perrett (Executive Director Allied Health and Community Services CHQ) and Julie Hulcombe (Director Allied Health CHQ) will assess positions once information is received from Mater.</p> <p>The Medical Officer contract framework is concluded, with work now to commence on developing contracts by April 2014. The plan is for current RCH employees who accept an LCCH position, to be transferred to a contract. For current LCCH employees, the schedule will change, but there will be no change to the core elements. There will be a redundancy process for any RCH employee who signs a contract and does not receive a contract for LCCH. It was noted that the language will need to make clear it is a translation of current employment process. PS agreed to distribute a written communique after every staff forum and/or joint medical staff association meeting</p> <p>SH raised stage 2 Norwood Procedure with Nick Steele and Phillip Davies who indicated their support. A proposal was sent to Nick Steele with a copy to PS last week.</p> <p>SH is meeting with Loretta Seamer (Chief Finance Officer CHQ) and Anna Olson (Director of Strategic Planning MHS) this week regarding PICU private licencing issues.</p> <p>Dr Grant Stone (Director Paediatric Emergency Department MCH) is meeting with Dr Julie McEnery (Medical Director Division of Critical Care LCCH) to discuss PED staffing issues.</p> <p>Consultation of the mental health framework closes this week. EL will provide feedback. Initial feedback is that more detail/clarification about ADAWS siting within the forensic space is required.</p>	



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	PS confirmed he has received information regarding ADAWS and Paediatric HITH, however is yet to evaluate this information.	
5.	<b>Review of Actions Arising from Previous Minutes</b>	
5.1	<p><b>Health Round Table Presentation (25.11.2013)</b></p> <ul style="list-style-type: none"> <li>Review the top 4 opportunities from the HRT November 2013 data and formulate actions plans to understand and address opportunities. Bring back plans to first MCH exec in Feb 2014 (CK/LE/JC)</li> <li>Specific opportunity in: <ul style="list-style-type: none"> <li>Seizures – why do we have a varied LOS depending on day of admission?</li> <li>ALOS of 2.6 is 96% larger than the 4 exemplar hospitals – Why?</li> <li>Respiratory – need to understand the processes here</li> </ul> </li> <li>Consider what can be presented as a monthly KPI for discharge summaries outstanding per division (Jo Buckingham)</li> <li>Develop a project plans with paed divisions to focus on over next 12 months, with specific emphasis on processes.</li> </ul> <p>Jan and LE have met, with another meeting to be held when JC returns from leave. JC and LE will present to MCH Executive Committee in one month.</p> <p><i>ACTION ARISING 03.03.2014: Review the top 4 opportunities from the HRT November 2013 data and formulate actions plans to understand and address opportunities.</i></p>	
5.2	<p><b>Ryan's Law (13.01.2014)</b></p> <p>JT to feedback MCH Executive Committee feedback regarding Ryan's law to CSQU</p> <p>JT advised a meeting was held with JC and the paediatric resuscitation committee to discuss how Ryan's Law could be implemented in MCH. In Qld Health facilities, parents can escalate concerns to 13Health who then contact the MET team at the relevant facility. It was noted this may not be practical if the situation is non-life threatening. Another meeting will be scheduled when JC returns from leave.</p> <p>It is unclear what would happen now should 13Health be contacted about a child in MCH - this needs to be ascertained. An organisational strategic approach to implementing Ryan's Rule (or something similar) would be beneficial, with consumer engagement being a necessary part of this. After discussion, it was agreed for LE to contact 13 Health in the first instance. SH will discuss with John Gilmour (Executive Director Clinical Support Services) about raising this at the PSSC.</p> <p><i>ACTIONS ARISING 17.02.2014:</i></p> <ul style="list-style-type: none"> <li>LE to contact 13Health regarding the process if concerns are escalated to them about MCH</li> <li>SH to talk to John Gilmour (Executive Director Clinical Support Services) about raising Ryan's Law at PSSC</li> </ul>	PSSC
5.3	<p><b>Cystic Fibrosis Peer Review Queensland (13.01.2014)</b></p> <p>Carried over from 13.01.2014.</p> <p>Noted. Carry over.</p> <p><i>ACTION ARISING 17.02.2014: JC and AMB to review actions and provide feedback to MCH Executive Committee.</i></p>	
6.	<b>Standing Agenda Items</b>	
6.1	<b>Accreditation</b>	



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	<p>Communication from Dr John O'Donnell last week was noted. SH requested the MCH Executive committee encourage their teams to be familiar with these communications.</p>	
6.2	<p><b>Quality Risk update</b></p> <p><i>ACTION ARISING FROM 13.01.2014: JC to draft a memo to MCH Directors informing them of designating a lead clinician or team, responsible for overall patient care. JT to draft a memo to send to all MCH/MCPH medical staff regarding the need for PICU review if child has sodium levels &lt;120 (severe hyponatraemia) and send to JC for review (RCA #27 recommendations).</i></p> <p><i>RD arrived at 9.23am.</i></p> <div style="background-color: #cccccc; height: 100px; width: 100%;"></div>	
6.3	<p><b>Finance Update</b></p> <ul style="list-style-type: none"> <li>• <i>Weekly Activity Report</i></li> <li>• <i>Management of activity to contract</i></li> </ul> <p><i>ACTION ARISING FROM 09.12.2013: BW will provide a bi-monthly update re cochlear program and recognition of staff efforts.</i></p> <p><i>BW will provide a cochlear program update next meeting.</i></p> <p><i>ACTION ARISING 17.02.2014: BW will provide a bi-monthly update re cochlear program and recognition of staff efforts.</i></p>	
6.4	<p><b>Proposal of New Clinical Services</b></p> <p>SH explained the stage 2 Norwood procedure proposal for hyplastic left heart syndrome . Stage 2 is currently performed in Melbourne and Sydney as part of the National Funded Centre. QPCS would like to perform those cases in LCCH and be included in the National Funded Centre. Dr Peter Steer supports this. Some cases will need to be performed prior and SH has requested these be done at MCH to provide oversight. SH explained it is only stage 2 and Qld patients only. SH agreed to circulate the document to MCH Executive Committee.</p> <p>With the closure of the Barrett Adolescent Centre, Dr Peter Steer has asked Mater CYMHS to be available to accept [REDACTED] patients. A quote is being prepared which is related to extra staff. EL explained the Barrett Adolescent Centre was a statewide extended adolescent treatment option situated in the Wolston Park Wacol complex. This is a complex patient group as they are not acute and have a different phase of recovery and treatment. Patients won't be accepted from [REDACTED] accept Barrett Adolescent Centre patients. EL confirmed there will be a risk assessment in place and reviewed regularly. Other options for these patients include a day program on the the northside, residential at Greenslopes (not Greenslopes Private Hospital) and an outreach program. CHQ will provide funding. EL agreed to send a quote to BW before sending to Dr Steer</p> <p><b>ACTIONS ARISING:</b></p> <ul style="list-style-type: none"> <li>• <i>SH to circulate the document regarding stage 2 procedure for patients with hyperplastic left heart</i></li> <li>• <i>EL to send quote for extra staff for Barrett Adolescent Centre patients to BW for review prior to sending to Dr Peter Steer</i></li> </ul>	



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6.5	<p><b>Research Applications</b></p> <p>1. "Phase 1 trial of oral triheptanon add-on treatment for children with medically refractory epilepsy" Dr Sophie Calvert Dr Karin Borges</p>	
6.6	<p><b>Mater Foundation Trust Grant Applications/MMRI Research Grant Applications</b></p> <p>Nil.</p>	
6.7	<p><b>Long Stay Patients</b></p> <p>Report noted. LE advised there is [REDACTED] who is not on the report. LE is working with 7 East to build a rapport with external teams and link in with NUMs from other paediatric services.</p>	
6.8	<p><b>LCCH Update</b></p> <p>Report noted.</p> <p>PM reported there has been an initial meeting to discuss the closure/celebration ceremony for decommissioning of MCH. This will be coordinated by Miranda Hunt (Director Public Affairs). It has been recommended that four employees currently working within MCH join this working group and the assistance of the Directors for nominations is requested. To ensure a consistent message, Miranda Hunt will draft an email for the Directors to send to the nominated employees.</p> <p>SH has discussed acknowledgement at the Mater Alumni dinner of medical staff who are not retiring, but moving across to LCCH, with Dr O'Donnell. Whilst it was agreed there should be acknowledgement, this will occur as a follow on, rather than at the next Mater Alumni dinner.</p> <p>AT reported there has been an increase in attendance at the workforce drop in sessions. A list of frequently asked questions will be compiled. One on one sessions will also be scheduled. PM, Sharron McMahon and Miranda Hunt have met to discuss the newsletter. It is expected that this will be circulated fortnightly commencing at the end of February 2014.</p>	
6.9	<p><b>LCCH Activity Spreadsheet (4<sup>th</sup> Monday of each month)</b></p> <p>Not discussed.</p>	
6.10	<p><b>Use of Buildings Post LCCH (4<sup>th</sup> Monday of each month)</b></p> <p>SH has been working with the capital works team. The latest that redevelopment of the MCH building was to occur was August 2014. This is now October 2014. More detail will be provided next meeting. It was agreed for Helen Kelly (Major Project Coordinator) be invited to provide an update.</p> <p>24<sup>th</sup> November 2014 is the expected move date to LCCH.</p>	
6.11	<p><b>Backfill Timeline (4<sup>th</sup> Monday of each month)</b></p> <p>Not discussed.</p>	
7.	<p><b>New Business</b></p>	
7.1	<p><b>DoH 2013 Emergency Department Patient Experience Survey Hospital</b></p> <p>Noted.</p> <p>MCH PED is below average in the following areas:</p> <ul style="list-style-type: none"> <li>• sufficient privacy at triage</li> <li>• availability of food and drink.</li> </ul> <p>BW advised there was a potential financial incentive payment for reaching a certain level for 5 questions (MAH and MCH combined), however was not achieved. BW will circulate the summary.</p>	



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	<i>ACTION ARISING 17.02.2014: BW to circulate the five financial incentive payment questions from the DoH 2013 Emergency Department Patient Experience Hospital Survey to MCH Executive Committee.</i>	
7.2	<p><b>Change Forms</b></p> <p>SH advised that 50% of change forms are received by People and Learning after the changes occur. A timeline will be put in place where change forms must to be received 14 days before the change occurring.</p> <p>AT reported there have been some change notifications for MCH employees where the end dates are beyond November 2014. SH advised these should not exceed the 30<sup>th</sup> November 2014.</p>	
8.	<p><b>Date of Next Meeting:</b> Monday 17<sup>th</sup> February 2014</p> <p><b>Location:</b> Conference Room 2.3, Level 2 MCH</p> <p><b>Reflection:</b> Roisin Dunne</p>	

## Summary of Items/Actions Scheduled for Discussion at Future Meetings

Due Date	Item	Who
17.02.2014	<p><b>Finance Update (09.12.2013)</b></p> <p><i>BW will provide a bi-monthly update re cochlear program and recognition of staff efforts.</i></p>	BW
17.02.2014	<p><b>Ryan's Law (03.02.2014)</b></p> <ul style="list-style-type: none"> <li><i>LE to contact 13Health regarding the process if concerns are escalated to them about MCH</i></li> <li><i>SH to talk to John Gilmour (Executive Director Clinical Support Services) about raising Ryan's Law at PSSC</i></li> </ul>	LE SH
17.02.2014	<p><b>Cystic Fibrosis Peer Review Queensland (03.02.2014)</b></p> <p><i>JC and AMB to review actions and provide feedback to MCH Executive Committee.</i></p>	JC/AMB
17.02.2014	<p><b>Proposal of New Clinical Services (03.02.2014)</b></p> <ul style="list-style-type: none"> <li><i>SH to circulate the document regarding stage 2 procedure for patients with hyperplastic left heart</i></li> <li><i>EL to send quote for extra staff for Barrett Adolescent Centre patients to BW for review prior to sending to Dr Peter Steer</i></li> </ul>	SH EL
17.02.2014	<p><b>DoH 2013 Emergency Department Patient Experience Survey Hospital (03.02.2014)</b></p> <p><i>BW to circulate the five financial incentive payment questions from the DoH 2013 Emergency Department Patient Experience Hospital Survey to MCH Executive Committee.</i></p>	BW
03.03.2014	<p><b>Health Round Table Presentation (25.11.2013)</b></p> <p><i>Review the top 4 opportunities from the HRT November 2013 data and formulate actions plans to understand and address opportunities.</i></p>	JC/LE
12.05.2014	<p><b>MCH Falls Analysis (11.11.2013)</b></p> <p><i>Review MCH Falls Analysis.</i></p>	LE