

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health & Disability Advisory Committee meeting held on 16 October 2018 at 9.00am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

PRESENT

Karen Naylor (Chair)
Diane Anderson (Deputy Chair)
Dot McKinnon
Adrian Broad
Ann Chapman

Brendan Duffy
Oriana Paewai
Barbara Robson
Barbara Cameron
Michael Feyen

IN ATTENDANCE

Kathryn Cook, Chief Executive
Claire Hardie, Acting Clinical Executive, Cancer Screening Treatment & Support
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support
Dave Ayling, Clinical Executive, Primary, Public, Community Health
Debbie Davies, Operations Executive, Primary, Public, Community Health
Gabrielle Scott, Executive Director, Allied Health
Jeff Brown, Clinical Executive, Women & Children's Health (part meeting)
Judith Catherwood, General Manager, Quality & Innovation
Lyn Horgan, Operations Executive, Acute and Elective Services
Marcel Westerlund, Clinical Executive, Mental Health & Addictions
Sarah Fenwick, Operations Executive, Women & Children's Health
Stephanie Turner, General Manager, Maori & Pacific
Vanessa Caldwell, Operations Executive, Mental Health & Addictions
Andrew Nwosu, Operations Executive, Healthy Ageing & Rehabilitation
Syed Zaman, Clinical Executive, Healthy Ageing & Rehabilitation
Scott Ambridge, General Manager, Enable New Zealand (part meeting)
Dr Richard Isacss, Medical Oncologist (part meeting)
Aaron Phillips, Charge Radiologist Therapist (part meeting)
Erin Snaith, Outpatient Charge Nurse (part meeting)
Denise Mallon, Manager, Breast Screen, Coast to Coast (part meeting)
Allanah Kilfoyle, Consultant Haematologist (part meeting)
Dee Hunter, Clinical Trials Nurse (part meeting)
John Manderson, Programme Manager, Business Improvement (part meeting)
Barbara Ruby, Acting Manager, Quality & Clinical Risk (part meeting)
Daniel Collins, Project Coordinator, Quality and Clinical Risk (part meeting)
Barb Bradnock, Senior Portfolio Manager, Strategy, Planning & Performance (part meeting)
Jo Smith, Senior Portfolio Manager, Strategy, Planning & Performance
Jill Matthews, Manager, Administration & Governance Services
Megan Doran, Committee Secretary
Dale Wicken, Communications Officer

Public: 3

Media: 1

Opening the meeting, the Chairperson welcomed Andrew Nwosu, Operations Executive, Healthy Ageing & Rehabilitation.

1. ADMINISTRATIVE MATTERS

1.1 Apologies

Apologies were received from Committee Members Anne Kolbe, Vicki Beagley and Nadarajah Manoharan.

1.1 Late Items

There were no late items.

1.2 Conflicts and/or Register of Interests Update

There were no conflicts of interest or updates to the register of interest.

1.3 Minutes of the Previous Meeting

It was resolved:

that the minutes of the previous meeting be approved as a true and correct record, subject to item 4.1, bullet point 13 being amended to read, "Taranua Adult Mental Health Services". (Moved Adrian Broad; seconded Brendan Duffy)

1.4 Matters Arising

There were no matters arising from the minutes.

2. PERFORMANCE

2.1 Uru Mātai Matengau – Cancer Screening, Treatment Support Cluster Report and Presentation

Dr Claire Hardie, Clinical Executive presented to the Committee an overview of the aims and work of the Uru Mātai Matengau cluster. It was noted that a copy of the presentation would be available on the Governance SharedNet site.

Vanessa Caldwell and Marcel Westerlund entered the meeting.

Achieving equitable outcomes for Māori was a key focus of the service and the Cluster was engaging closely with Pae Ora and other key stakeholders.

It was noted that a business case was being developed for the replacement of the services' four linear accelerators. This would include the potential siting of a linac in both Taranaki and Hawke's Bay.

The use of cannabinoids in cancer treatment was questioned. The service advised there was no medical evidence to support the use of cannabinoids at this time but this could be considered in the future if evidence became available.

The services' partnering with community groups and trusts, such as the Oncology & Radiation Trust, was supported.

Barb Bradnock entered the meeting.

The rollout of the bowel screening programme was raised and concern was expressed that the current restructuring within the Ministry of Health may impact progress.

Smoking cessation was discussed, including the effectiveness of current investment. The addictive nature of smoking was noted, as was the need for an inter-sectoral approach. The Committee was advised that the incidence of smoking within the district was reducing, however there were inequities amongst population groups: non-Māori - <10 percent, Māori – around 30 percent. Management advised that the Primary, Public & Community Health cluster would be focusing on this and engaging with all clusters. This work would include reviewing current investment.

In respect of breast screening coverage rates, it was suggested public messaging include the level of radiation involved noting that this was much less than a normal xray.

Members of the Uru Mātai Matengau cluster left the meeting.

It was resolved that the Committee:

- *endorse the progress made by the Uru Mātai Matengau - Cancer Screening, Treatment & Support Cluster in 2018/19*
- *note that procurement of the Treatment Planning System is underway*
- *note the cluster presentation at the October HDAC meeting*
- *note the intention to expand the regional model of service to include outreach linac sites subject to planning and development of a business case.*

2.2 Uru Kiri Ora – Primary, Public and Community Health Cluster Report

The Clinical Executive introduced this report.

2.2.1 Child & Adolescent Oral Health Service

The Committee noted the workplace culture review being undertaken within the Child & Adolescent Oral Health Service.

The non-retention of last year's new graduates was raised, and the impact this had on the service's workforce. It was hoped that this situation would not reoccur.

The issue of connectivity was noted, and it was suggested management contact Bay of Plenty DHB who had put in place solutions in this regard for its rural areas.

It was noted that limited progress had been made in reducing the level of arrears, and that the DNA rates were no longer being reported to the Committee. It was questioned whether these impacted on the Services' ability to reduce the level of arrears.

2.2.2 PHC Nursing Integration

The Committee congratulated Mandy Bevan, Charge Nurse.

2.2.3 Primary Health

PHO enrolment rates were discussed and management advised 1,500 unenrolled youth had been identified. Members questioned whether there was capacity amongst general

practices to take on these young people. Management advised there were practices who were actively enrolling new patients and the DHB was also trying to increase providers' understanding of which practices had open books.

The introduction of triaging within Health Care Homes was noted and it was suggested that there had been no socialization of this with the community. It was questioned whether the time freed up by triaging enabled the Health Care Home to take on new clients. Management advised that rather than just increasing outputs, it was important this was balanced with dedicating resources to system development.

Vaping as an alternative to smoking was discussed. Management advised that for some people this was a more palatable option than other smoking cessation tools available, such as nicotine gum. It was noted that the long term impact of vaping was unknown.

Jeff Brown and Sarah Fenwick entered the meeting.

MidCentral DHB's participation in recent health-related expos was noted, however it was considered it could increase its presence at these events.

Information on school-based health services was sought and management undertook to provide this for the Committee's next meeting:

- percentage of the district's schools receiving this service
- percentage of students being able to access this service.

Management advised that the possibility of extending the school-based service to intermediate schools had been raised with the Ministry of Health.

Management advised that details of the rollout of the St John's Urgent Community Care Service had yet to be finalised. It was likely this would be provided in main centres, such as Palmerston North.

2.2.4 Per and Poly Fluorinated Alkyl Substances (PFAS)

It was noted that national communication around this matter could be improved.

It was resolved that the Committee:

- *endorse the progress made by the Uru Kiriora - Primary, Public and Community Health Cluster in 2018/19*
- *note the progress being made in the scaling of the Primary Health Care Nursing Integration*
- *note the progress being made in the Health Care Home programme throughout the district*
- *note the progress being made in the Pharmacy Business Improvement Programme*

Ken Clark entered the meeting.

2.3 Uru Arotau – Acute and Electives Specialist Services Cluster Report

The Operational Executive introduced this report, and tendered the Clinical Executive's apologies as he was on leave.

The work being done to recruit radiologists up to staff establishment levels was noted. It was questioned whether the current shortage would impact on timely diagnosis, eg achievement of the Faster Cancer Treatment targets.

Management advised the shortage of radiologists was an international and national concern. This specialty was in crisis. There was evidence that artificial intelligence may in time take over much of the role of radiology. Some radiologists were choosing remote service arrangements from their own homes. MidCentral DHB' strategies included supporting current radiology staff, forging relationships with community providers, teleradiology, and other professionals groups, such as obstetricians and Emergency Department, providing specific medical imaging services.

Management advised that the Theatre Dashboard was nearing completion, with fewer data issues being experienced.

The enormous amount of work being done across the organisation was noted. While this was supported, members questioned whether staff were experiencing change fatigue. The issue of bullying was also raised. Management advised there were mixed emotions amongst staff, with a lot of excitement, pressure and anxiety. It was noted that culture change took time and it was important that the organization was mindful of the impact on staff. Programmes such as Speaking Up for Safety, Promoting Professional Accountability and the Quality & Safety Walkrounds would support staff in raising issues.

The Operations Executive advised that the appointment of MidCentral's first Emergency Department was pending. She further advised an agreement with a private provider had been signed for outsourcing surgical work. This would assist the service in implementing the new theatre grid.

It was resolved that the Committee:

- *endorse the progress made by Uru Arotau – Acute & Elective Specialist Services Cluster in 2018/19.*
- *note that a Teleradiology Service is in place supporting the delivery of medical imaging services.*
- *note that due to Radiology staffing levels that we will support our current three Registrars until December 2018 at which time they will transfer to CCDHB and MidCentral DHB will return to providing placements and training for Radiology Registrars once we have sufficient Radiologists on staff.*
- *note the new facility arrangements for the provision of self-managed renal patients and endorse the focus on increased home care.*
- *note the work being done to establish an Acute & Elective Specialist Services Cluster Alliance Group.*
- *note the Acute & Elective Specialist Services Cluster Business Improvement Programme is in place.*

2.4 Pā Harakeke – Health Women Children and Youth Cluster Report

The Operations and Clinical Executives presented this report.

Management advised the Cluster had established an action plan to enable it to achieve ESPIs.

The impact of the new birthing unit on the hospital's midwifery workforce and environment was questioned. Management advised that currently 20 percent of births at the unit were being transferred to the hospital. This impacted on workload, as did the hospital's new induction to labour policy. It was noted that the midwifery shortage was a national issue. Work was being done through the Health Workforce Advisory Group. Sourcing midwives from overseas continued. The importance of "growing our own" midwifery workforce was noted.

The paediatric continence service was discussed, particularly the issues being faced and the intersectoral approach being taken.

The concept of a one-stop shop for kids was discussed. Management advised that the development of this would be challenging with the current financial constraints.

It was resolved that the Committee:

- *endorse the progress made by the Healthy Women Children and Youth Cluster Service in 2018/19.*
- *note the consumer engagement underway to improve breast feeding levels*
- *note the intersectoral work being done in the area of paediatric continence*
- *note that an action plan is being developed to support the achievement of elective targets.*

Barb Ruby, Daniel Collins and John Manderson entered the meeting.

3. DISABILITY

3.1 Disability Support Services

The Executive Director, Allied Health and General Manager, Enable New Zealand spoke to this report.

The Committee supported the development of a Disability Strategy for the DHB. The timing of this work was discussed, particularly given Mana Whaikaha had just been launched. Management advised that the strategy would require engagement with a wide range of consumers across all age groups, not just the 1,600 involved in Mana Whaikaha. Engagement with local government and other key stakeholders would also be essential. A New Zealand Disability Strategy was in place and this would be used as the guiding document.

The Committee requested that the next disability update include a diagram of the Mana Whaikaha structure.

It was resolved that the Committee:

- *note the Disability Support Services report*
- *endorse the new timeframe for the development of MidCentral District Health Board's disability strategy.*

Scott Ambridge left the meeting.

2. PERFORMANCE CONTINUED

2.5 Uru Rauhi – Mental Health and Addictions Cluster Report

The Clinical and Operations Executive presented the report.

The work being undertaken in Tararua was noted. Management advised the Tararua service would be moving into new accommodation in November.

In respect of the SAC 1 and 2 patient safety indicators, management clarified that the reviews were instituted immediately. Once the Coroner's report had been received, the incident would be revisited based on the Coroner's findings. The General Manager, Quality & Innovation advised that a report regarding previous SAC events would be provided for the Committee's next meeting.

A profile of the Acute Care Team, including details of staffing and activity, was requested and it was agreed this would be provided for the Committee's next meeting. The profile to also update the Committee on progress with planned initiatives previously reported.

The Committee noted that there had been a steep increase in the number of "crisis" calls. The Clinical Executive advised that two-thirds of these clients presented after-hours, and at least 50 per cent did not present with a mental health disorder.

The data regarding referrals and discharges by district was discussed. The Committee noted the higher rates in Horowhenua and the reason for this was questioned. The Clinical Executive advised this was a complex area, involving a wide range of issues such as economic factors, unemployment, housing and drugs. Unfortunately, there was also a high suicide rate in the area.

The recent River Inspires symposium was raised. This was considered to be a great success of inter-sectoral work. It had been driven by the NGO workforce group, supported by the DHB.

MidCentral DHB's performance against the national mental health and addiction indicators was discussed. Members questioned whether more capacity and resources was required to enable an improvement in performance. The Chief Executive advised this was an incredibly challenging area and the DHB was looking forward to the report of the current Government Inquiry. Significant investment in mental wellbeing was required.

It was resolved that the Committee:

- *endorse the progress made by Uru Rauhi, Mental Health & Addiction Services Cluster in 2018/19.*

2.6 Uru Whakamauora – Healthy Ageing and Rehabilitation Cluster Report

The Clinical and Operations Executives presented the report.

The reduction in the number of complaints regarding aged residential care facilities was noted. It was further noted that some families were reluctant to lay a complaint as they feared their family member would be victimised. This may mean the total number of complaints was understated.

The number of DNAs for outpatient appointments was discussed. Management advised that in addition to reminding clients of their appointments, work into the reasons why people were not attending was required so other initiatives could be put in place. Management further advised that an outpatient improvement programme would be

commencing shortly and work into the reasons why people were not attending would be taken forward in that programme.

The DHB's oversight of the standard of care within the aged residential care sector was raised. Management advised there were processes in place nationally and locally to advise the DHB of any incidents. Regular reporting also occurred.

The issue of social isolation was noted and it was agreed this required a community partnership response.

The importance of engaging with community groups, such as Federated Farmers and Rural Support Network was noted.

It was resolved that the Committee:

- *endorse the progress made by the Uru Whakamauora - Healthy Ageing and Rehabilitation Cluster in 2018/19*
- *note the integration of Mental Health and Older People Needs Assessment and Service Co-ordination initiatives underway (NASC).*
- *note as a consequence of the Excellence in Home Care Recommissioning Project, around 400 clients receiving community support migrated to new providers.*

4. QUALITY IMPROVEMENT

4.1 Business Improvement

The proposed name change for this programme was supported as it better reflected the approach being taken. Management advised there were new definitions included in the report which outlined the type of savings created which management hoped would provide clarity to the Committee.

It was resolved that the Committee:

- *endorse the progress and approach of the Business Improvement Programme*
- *endorse the retitling of the programme to "Improving Value Programme" in keeping with the focus on improving outcomes and the value of the investment in our people and our population.*

Marcel Westerlund and Ken Clark left the meeting.

4.2 Quality Account

The value of the Quality Account on an ongoing basis was discussed. The Committee considered there was value in this type of report particularly of communicating this to the community. It was suggested the report could be simplified. It was also suggested that it reflect a stronger consumer and clinician voice.

The Committee requested that the DHB use proactive media to promote the messages in the account both internally and externally.

The General Manager, Quality & Innovation advised she would seek input from the Consumer Council regarding the value of the report. This approach was supported.

The Committee expressed its thanks to all involved in the Quality Account's development.

It was resolved that the Committee:

- *endorse the draft Quality Account 2017/18*
- *provide feedback on the value of the Quality Account in an annual reporting format, given all the content is reported to HDAC in other formats throughout the year.*

5. POLICY & GOVERNANCE

5.1 Committee's Work Programme, 2018/19

The Committee's work programme was noted.

The structuring and size of the Committee's meeting agenda was raised. The frequency of reports from each Cluster was discussed and it was agreed these should continue to be six-weekly. It was further agreed that additional time be taken for meetings to enable all agenda items to be fully considered. Time was set aside for additional workshops and presentations which could be utilised.

It was noted that a report on the Speaking Up for Safety programme had been requested by another Committee. Members agreed that the Health & Disability Advisory Committee should also receive this information. Management undertook to see how this could be arranged.

The General Manager, Quality & Innovation advised a function to celebrate Palmerston North Hospital's 125th anniversary was planned for around 2pm on Tuesday 27th November. It was planned that the HDAC meeting that day would end at 1pm, followed by lunch.

It was also planned that the Choosing Wisely presentation be provided at the Committee's next meeting.

It was resolved that the Committee:

endorse the progress being made in the delivery of the 2018/19 work programme.

6. LATE ITEMS

There were no late items.

7. DATE OF NEXT MEETING

27 November 2018 at 9.00am.

The meeting closed at 12.25 pm.

Confirmed this 27th day of November 2018

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Chairperson