

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health & Disability Services Advisory Committee meeting held on 24 July 2018 at 9.00am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

PRESENT

Diane Anderson (Deputy Chair)	Michael Feyen
Dot McKinnon	Oriana Paewai
Adrian Broad	Barbara Robson
Barbara Cameron	Vicky Beagley
Ann Chapman	Anne Kolbe
Brendan Duffy	

IN ATTENDANCE

Kathryn Cook, Chief Executive
Craig Johnston, General Manager, Strategy, Planning & Performance
Gabrielle Scott, Executive Director, Allied Health
Judith Catherwood, General Manager, Quality & Innovation
Stephanie Turner, General Manager, Maori & Pacific
Dave Ayling, Clinical Executive, Primary, Public, Community Health
Debbie Davies, Operations Executive, Primary, Public, Community Health
Celina Eves, Executive Director of Nursing & Midwifery
Vanessa Caldwell, Operations Executive, Mental Health & Addictions
Lyn Horgan, Operations Executive, Acute and Elective Services
David Sapsford, Clinical Executive, Acute and Elective Services
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support
Ken Clark, Chief Medical Officer
Barb Bradnock, Senior Portfolio Manager, Strategy, Planning & Performance
Dale Wicken, Communications Officer
Megan Doran, Committee Secretary

Public: 3

Media: 1

1. ADMINISTRATIVE MATTERS

1.1 Apologies

Apologies were received from members Karen Naylor and Nadarajah Manoharan.

1.2 Late Items

There were no late items.

1.3 Conflicts and/or Register of Interests Update

Barbara Robson advised her involvement with the Royal New Zealand College of GPs' Health Care Home Standard Working Group and the Ministry of Health's Electronic Oral Health Record Design Group had concluded.

1.4 Minutes of the Previous Meeting

a. Minutes of the Joint Healthy Communities Advisory Committee and Quality & Excellence Advisory Committee

An amendment to the minutes was advised - Item 3.5 Operations Report Primary, Public & Community Health, paragraph two to include the name of the service, i.e. the Child and Adolescent Health Oral Health Service.

It was resolved:

that the minutes of the previous meeting be approved as a true and correct record subject to the change above being made.

Recommendations to Board

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

Matters Arising

b. Healthy Communities Advisory Committee

It was resolved:

that the minutes of the previous meeting be approved as a true and correct record.

Recommendations to Board

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

Matters Arising

There were no matters arising from the minutes.

Stephanie Turner entered the meeting.

c. Quality & Excellence Advisory Committee

It was resolved:

that the minutes of the previous meeting be approved as a true and correct record.

Recommendations to Board

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

Matters Arising

There were no matters arising from the minutes.

It was agreed that the Schedule of Matters Arising, 2018/19 be amended to identify a date of the Choosing Wisely Presentation. The General Manager, Quality and Innovation undertook to arrange for this to occur.

The Chief Executive entered the meeting.

2. INTEGRATION

2.1 Presentation – Health Quality & Safety Commission

The Committee noted that in future, if changes to the scheduling of presentations could be communicated to members as soon as possible so other arrangements could be made to ensure their availability to be present for presentations.

A member noted the importance of the data provided in the report and how this information needed to be promoted in the community so people could see how well the DHB was performing. The Committee acknowledged and thanked frontline staff for the work they were doing.

Bev O’Keefe, HQSC Board Member, Dr Janice Wilson, Chief Executive Officer and Catherine Gerard, Evaluation Manager presented to the Committee.

It was resolved:

that the Health Quality and Safety Commission report and presentation be noted.

3. PERFORMANCE

3.1 Acute and Elective Specialist Services Cluster Report for May/June 2018

The Chief Executive advised the Committee that this meeting was the first official meeting with the Clinical Executives, noting that the Clusters came into effect on 1 July 2018.

The Operations Executive, Acute and Elective Specialist Services introduced this report. Although presentations to the Emergency Department had increased through to June, there had been a drop in the number of medical admissions. This was in part attributed to the work that Francis Health continued to do with the teams. It was also partly due to the geriatric interface work within the Emergency Department. She confirmed that staff were happy with, and engaged in, the Francis Health work. Management advised that Francis Group was contracted until December 2018.

The Emergency Department renovations continue. The new sub-acute area was open for patients;

The Committee noted the positive work being done between Mental Health Services and ED. Management confirmed that the trial of the mental health acute care team based in the Emergency Department was very successful.

The Committee was advised that the average acute length of stays in June had dropped under four days.

The situation in medical imaging was discussed. Management advised that examinations were not outsourced; the contracted provider (Everlight) was reading examinations and was accredited to practice in New Zealand. It was important to note that the contract has no fixed volume so as the DHB's was able to recruit staff, it could reduce the outsourcing of image reading. Interviews had taken place for two radiologists and a further interview was scheduled.

It was resolved:

that the Committee:

- *endorse the progress made by Acute and Elective Specialist Services in 2017/18, and*
- *note the Service's approach for 2018/19.*

3.2 Cancer Screening, Treatment and Support Cluster Report for May/June 2018

The Operations Executive, Cancer Screening, Treatment and Support highlighted three key areas;

- Bowel Screening - the National Bowel Screening team had visited MidCentral DHB and MidCentral had also held its establishment workshop. The workshop was the first step toward rolling out the bowel screening programme. Work also continued in conjunction with the Gastroenterology service in preparation for June 2019 go-live date.
- Breast Screening – the service was progressing, albeit slowly, toward addressing inequities. An advertising campaign was currently underway in Palmerston North featuring local women.

Treatment and support services – the focus was on equipment planning, particularly the Linear Accelerator and the treatment system. A business case would be presented at the next FRAC meeting. In regards to the support area, the National AYA cancer network had produced a national survey around the standards that were released last year. This included the MidCentral region and invited a wide range of people to take part. The survey looked at how the standards were being met across the board. AYA would be holding a workshop to provide the DHB with some suggestions around what we might like to do to improve its services for youth.

It was resolved:

that the Committee:

- *endorse the progress made by the Cancer Screening, Treatment and Support service in 2017/18,*
- *note the Service's approach for 2018/19*
- *note the linac replacement programme under development.*

3.3 Healthy Ageing and Rehabilitation Cluster report for May/June 2018

The Committed noted that current initiatives continued, with the focus being on the Emergency Department and their work on improving the management of frailty.

It was noted that the Operations Executive was due to start with the DHB later next month.

Management advised the recruitment of a Clinical Psychologist for Elder Health was significant. This position has been vacant for at least twelve months.

Management further advised of plans to: develop an orthogeriatric service; develop a community rehabilitation service; and better integrate with the age care sector more broadly around the DHB's Health of Older Person teams and how the age care sector can support the DHB with step down facilities. The intention was to minimise unnecessary admissions and improve outcomes.

A member noted the work of Ministry of Business Enterprise had been doing in regards to the elder generation in keeping them in their home, including better lighting, gadgets etc. It would be interesting to see if our Health Care Home providers would have the opportunity to have MBE work with them and look at some of the opportunities that while they may not be health care, they do support older people to be safer at home in their own environment.

It was resolved:

that the Committee:

- *endorse the progress made by Healthy Aging and Rehabilitation Services in 2017/18*
- *note the Service's approach for 2018/19.*

3.4 Mental Health and Addictions Cluster Report for May/June 2018

The Operations Executive, Mental Health and Addictions advised that the National Mental Health and Addictions inquiry panel would be returning to Palmerston North to hold a public forum on 8 August 2018 following public feedback.

Management advised the number of patients in seclusion had reduced and ongoing improvements were required. The new charge nurse would continue these improvements with their support. It further advised the service was currently engaging in a workforce development strategy, of which the supporting parents healthy children training is a significant part.

The Committee noted that the high cost overrun for the service was unacceptable. Management advised the service was committed to implementing a recovery management plan to ensure it lived within its means while continuing to deliver the service and ensure service improvements.

The use of video conferencing in patient treatment and care was discussed. Management advised video conferencing was operational, although it was still early days. Currently the service was working with those willing to engage and it acknowledged this tool would not suit all users of the service. The marama real time feedback was also discussed including what service changes or improvements would be made arising from that feedback.

The Operations Manager, Mental Health and Addictions advised an update on these services would be incorporated in the next report, which will include feedback from service users and clinicians on the use of video conferencing, and more in-depth report on the Marama real time feedback.

There was discussion around MidCentral DHB's high rate of suicide rate, and the Committee sought specific data/trends on suicides Management advised the DHB currently analysed all suspected suicides and actual suicides through the serious adverse events process.

It was resolved:

that the Committee:

- *endorse the progress made by Mental Health & Addictions Services in 2017/18*
- *note the Service's approach for 2018/19.*

3.5 Primary, Public and Community Health Cluster Report for May/June 2018

The Operations Executive, Primary, Public and Community Health provided an update on the referral criteria for district nursing services. The focus was on ensuring specialist district nursing service was seeing the right people and supporting them back into the community.

Management advised that Homecare Medical had been contracted to provide nurse telephone triage for the general practice afterhours service between 8.00-11.00pm, with a GP available on call until the end of June. It was noted that over an eleven-week period, 28 phone calls were transferred to the on call GP and 26 of those were seen by the GP. From 11 July, a GP and security person would be available on call for patients needing to be seen between 8.00-11.00pm.

Ken Clark arrived at the meeting.

The Committee noted that the immunisation performance was currently off target. The DHB was currently achieving around 91-92 per cent (eight-month fully immunised target). This equated to around ten to eleven children not receiving immunisations.

Management advised the Primary, Public and Community Health Cluster was a hybrid of traditionally managed services, including Public Health, Child Adolescent Oral Health service, Sexual Health services and District Nursing services. It also covers all of primary care; through General Practice which are individual sovereign businesses delivered under the umbrella of Central PHO. There was also a large number of individual contracts with community and NGO providers.

Management further advised the Cluster's business improvement projects moving forward included: long-term conditions, supporting the pharmacy suite of projects and programmes, including diabetes, congestive heart failure and chronic respiratory disease.

A member questioned how the DHB's involvement in the PFAS contamination at RNZAF Base Ohakea. Management advised the DHB was still involved at the national level. The lead agency was the Ministry for the Environment and MDHB was providing support.

Discussion took place regarding immunisation and the need to respect an individual's decision on whether to immunise or not. A member challenged the DHB to take a stand and hold discussions with the Ministry on herd immunisation. Management advised that this was part of the national agenda and it would following the Ministry's lead.

The Committee's was interested in and concerned at the referral levels to the hospital dental service for general anaesthetics for children. It was agreed that this would continue to be reported to the Committee. It was noted that the increasing level of referrals may not necessarily be an oral health issue; rather it may be a broader issue about child health and child wellbeing, which was a priority for this government.

It was resolved:

that the Committee:

- *endorse the progress made by Primary Public Community Health Services in 2017/18*
- *note the Service's approach for 2018/19.*

3.6 Women and Children's Cluster Report for May/June 2018

The Committee noted that the new Operations Executive for the Women and Children's cluster was to commence August. Management confirmed that an orientation process for her was well underway.

It was noted that there are some staffing challenges across the cluster, however, these were currently being worked through.

In regards to the midwifery shortage over the Christmas period, management advised there had been a steady stream of women registering with the primary birthing unit. These referrals were triaged and if the women require secondary care services, they were referred through to secondary services.

A member sought clarification regarding the reduction in volumes for the Colposcopy outpatient appointments. Management advised the lower did not wait results were due to fewer women needing them. The advent of the HPV vaccine had also made an impact on demand for colposcopy, and there could potentially be a steady decline moving forward. There was still an issue with DNAs and in the past, there had been a team working on these. The Pae Ora team were once again relooking at the DNAs.

The Committee were advised that domiciliary midwives (home births) would be included in this cluster. An alliancing approach for Clusters was in development. The Chief Executive advised a paper would be provided to the committee, possibly at the next meeting to specifically talk about the alliancing arrangements for all clusters.

It was resolved:

that the Committee:

- *endorse the progress made by Women and Children's Services in 2017/18*
- *note the Service's approach for 2018/19.*

4. POICY & GOVERNANCE

4.1 Work Programme

It was noted that as the clusters progress the reports, including format and content, would develop and would include an integrated approach.

A member sought clarification around the reporting of potential serious adverse events and complaints. This had in the past been provided to the Quality and Excellence Advisory Committee. It was noted that this information would be provided in the Cluster reports going forward including commentary on learning from these, and a final whole of DHB report for the 2017/18 year would be provided to the Committee.

It was resolved:

that the Committee

- *endorse the 2018/19 work programme, and*
- *note the progress made in its delivery.*

5. LATE ITEMS

There were no late items.

6. DATE OF NEXT MEETING

4 September 2018 at 9.00am.

7. EXCLUSION OF THE PUBLIC

It was resolved:

*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 the meetings:		
• Joint meeting of Quality & Excellence and Healthy Communities Advisory Committees	For the reasons set out in the order paper of 12.6.18 meeting held with the public present	
• Healthy Communities Advisory Committee	For the reasons set out in the order paper of 12.6.18 meeting held with the public present	
• Quality & Excellence Advisory Committee	For the reasons set out in the order paper of 12.6.18 meeting held with the public present	
Strategy Planning: Public Health Annual Plan (draft)	Subject of negotiation with the Ministry of Health	9(2)(j)
Business Improvement Programme	Subject of negotiation	9(2)(j)