

## MIDCENTRAL DISTRICT HEALTH BOARD

### Minutes of the Health & Disability Advisory Committee meeting held on 21 July 2020 at 9.00am Boardroom, Gate 2, Heretaunga Street, Palmerston North

#### PART 1

#### PRESENT:

John Waldon (Chair)  
Brendan Duffy  
Heather Browning  
Vaughan Dennison  
Lew Findlay (via Zoom)  
Muriel Hancock

Karen Naylor  
Oriana Paewai  
Jenny Warren  
Materoa Mar  
Norman Gray (Absent)  
Gail Munro

#### ATTENDEES:

Kathryn Cook, Chief Executive  
Dr Kelvin Billingham, Chief Medical Officer.  
Tracee Te Huia, General Manager, Māori Health  
Gabrielle Scott, Executive Director, Allied Health  
Celina Eves, Executive Director Nursing & Midwifery  
Judith Catherwood, General Manager, Quality & Innovation  
Tracee Te Huia, General Manager, Māori Health  
Jennifer Free, Committee Secretary

#### IN ATTENDANCE – PART MEETING:

Lyn Horgan, Operations Executive, Acute and Elective Services  
Sarah Fenwick, Operations Executive, Women, Children & Youth  
Dr Jeff Brown, Acting Chief Executive Officer/ Acting Chief Medical Officer/Clinical Executive, Women, Children & Youth  
Dr Claire Hardie, Clinical Executive, Cancer Screening Treatment & Support  
Alison Russell on behalf of Debbie Davies, OE, Primary, Public, Community Health  
Scott Ambridge, Acting Operations Executive, Mental Health & Addictions  
Dr Vanessa Caldwell, Clinical Executive Mental Health & Addictions  
Wayne Blissett, Manager, Māori Health Strategy & Support  
Andrew Nwosu, Operations Executive, Healthy Ageing & Rehabilitation  
Dr Syed Zaman, Clinical Executive Healthy Ageing & Rehabilitation  
Michelle Riwai, General Manager, Enable NZ

1 x Media  
2 x Public  
2 x Comms

#### 1. KARAKIA

The meeting opened with the Organisational Karakia.

#### 2. ADMINISTRATIVE MATTERS

##### 2.1 Apologies

The Board Chair asked that Norman Gray be recorded as an apology.

## **2.2 Late Items**

There were no late items.

## **2.3 Conflicts and/or Register of Interests Update**

No conflicts were declared.

## **2.4 Minutes of the Previous Meeting**

It was resolved:

*that the minutes of the previous meeting be approved as a true and correct record. (Moved John Waldon; seconded Vaughan Dennison)*

## **2.5 Matters Arising from the Previous Minutes**

There were no matters arising.

# **3. PERFORMANCE REPORTING**

## **3.1 Cluster Update for April/May 2020**

The individual cluster reports were considered and the following points were discussed:

Te Uru Rauhi, Mental Health & Addictions: The report was taken as read. There was a brief discussion on the unsuccessful request for funding for the expansion of the existing Māori and Pacific Primary Mental Health and Addiction Services. There had been a small increase in funding for a role in the Mental Health capacity within the Emergency Department and the redevelopment of the inpatient facility had been approved but waiting for the Ministry of Health and Ministry of Finance to sign off.

Te Uru Whakamauora, Healthy Ageing & Rehabilitation: The report was taken as read. Overall progress was on track with no immediate concerns. There was a discussion on the significant work that has begun on reducing the number of expired personal orders and welfare guardians in ARC, the role of the DHB, the aged providers and the impact of community engagement. Stronger focus on reporting and monitoring was intended for expired orders.

Te Uru Kiriora, Public, Primary & Community Health: The report was taken as read. The Planning and Integration lead reported on behalf of the Operations Executive, Primary, Public and Community Health. The lead reported that the COVID-19 draft resurgence plan had been completed and was out for consultation. Developing surveillance testing programme which would be commencing shortly to increase the amount of testing in the community and working alongside the Ministry of Health. The continuation of the pandemic response was expected to be required for a significant period of time. COVID-19 testing had moved into general practice. It was noted there was an increase in Māori enrolment with General Practice Teams and that the Primary Care consultations were back to pre-COVID levels.

Te Uru Pā Harakeke, Healthy Women Children and Youth: The report was taken as read. The Clinical and Operational Executives reported that the Women's Assessment and Surgical Unit (WASU) opened on 3 June and occupancy had been approximately 98 percent since opening. Postnatal transfers had now commenced to Te Papaioea Primary Birthing Unit. Ethnicity data was requested as part of the reporting for this unit.

Staffing issues remained a risk within midwifery due to the lack of available midwives across the country. Annual leave levels over two years within midwifery were high due to the staffing levels, which was a risk. The attrition rate on midwifery courses was very high. Last year 12 first year students were welcomed and only five had continued on the course. A verbal report was made about uncovering unmet need from some community child health services not being provided during COVID-19, with staff deployed elsewhere such as testing centres. The service was now finding young children with complex issues which could have been amenable to earlier intervention. These situations would be audited.

Te Uru Mātai Matengau, Cancer Screening, Treatment and Support: The report was taken as read. Overall progress was on track with no emerging risks or areas of concern.

Te Uru Arotau, Acute & Elective Services: The report was taken as read. The Operations Executive Te Uru Arotau, Acute & Elective Services reported on the planned care recovery of waiting lists and the number of areas focused on patient flow, workshops happening, ED attending and non-attending data. Reference to Appendix One of the report was made and the process to review was a continuous one. The electronic mail house, the move to electronic based communication was also discussed.

It was resolved that the Committee

*endorse the progress made by the Directorates in April/May 2020  
note the impact to operational plans and performance due to the COVID-19 response  
note the innovations in service delivery which are subject to evaluation in the COVID-19 Recovery Planning process. (Moved John Waldon; seconded Karen Naylor)*

### **3.2 Enable New Zealand Report to 31 May 2020**

The General Manager, Enable New Zealand presented this report. The report was taken as read. COVID-19 proved a real challenge to the organisation but within 24 hours of lockdown (Level 4) all staff were able to work remotely and post COVID-19 work was back on track. It had been confirmed the Mana Whaikaha contract had been extended to 30 September 2020 and further extension beyond needed to be negotiated.

It was resolved that the Committee:

*endorse the Enable New Zealand Report to 31 March 2020. (Moved John Waldon; seconded Mataroa Mar)*

### **3.3 Clinical Governance and Quality Improvement Report**

The General Manager, Quality & Innovation presented this report on behalf of the Manager, Quality & Assurance. The report was taken as read.

It was resolved that the Committee:

*note the content of the Clinical Governance and Quality Improvement report  
endorse progress in delivering improvements in Clinical Governance and Quality Improvement. (Moved Karen Naylor; seconded Vaughan Dennison)*

## **4 INFORMATION PAPERS**

### **4.1 Palmerston North Health and Wellbeing Plan Update**

The Project Manager, Strategy Planning & Performance presented this report. The report was taken as read. It was acknowledged by the Committee the work that had gone into this project.

It was resolved that the Committee:

*endorse the progress that has been made in relation to the Te Papaioea Te Mahere Hauora (The Palmerston North Health and Wellbeing Plan) (Moved Karen Naylor; seconded Muriel Hancock)*

### **4.2 Analysis of Annual Leave balances over two years**

The General Manager, People and Culture presented this report. The report was taken as read. The complexities of leave entitlements were discussed and the two-year threshold was clarified and that there would always be staff with two year leave balances.

It was resolved the Committee:

*note the trend analysis report of staff with Annual Leave balances over two years note various factors that influence the accrual of Annual Leave across various workforce groups. (Moved Karen Naylor; seconded Vaughan Dennison)*

### **4.3 Committee's Work Programme 2019/20**

The General Manager, Quality & Innovation presented this report. The report was taken as read.

It was resolved that the Committee:

*endorse the update on the 2019/20 work programme (Moved Muriel Hancock; seconded Vaughan Dennison)*

## **5 LATE ITEMS**

There were no late items.

## **6. DATE OF NEXT MEETING**

1 September 2020, Boardroom MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North.

## 7. EXCLUSION OF 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:*

<b>Item</b>	<b>Reason</b>	<b>Ref</b>
<i>"In committee" minutes of the Health &amp; Disability Committee previous meeting"</i>	<i>For reasons set out in the order paper of 26.05.20</i>	

*(Moved John Waldon; seconded Brendan Duffy)*

Part 1 of the meeting closed at 11.56am

Confirmed this 1st day of September 2020.

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Chairperson