## Distribution

## Committee Members

- Lindsay Burnell (Chair)
- Ann Chapman (Deputy Chair)
- Pat Kelly
- Phil Sunderland (ex officio)
- Johnathan Godfrey
- Tawhiti Kunaiti
- Kevin Miles


## Board Members

- Diane Anderson
- Jack Drummond
- Kate Joblin
- Karen Naylor
- Richard Orzecki
- Barbara Robson


## Management Team

- Murray Georgel, Chief Executive Officer
- Mike Grant, General Manager, Planning \& Support
- Heather Browning, General Manager, Enable New Zealand
- COO's Office
- Jill Matthews, Principal Administration Officer
- Christine Godetz, Committee Secretary
- Communications Dept, MDHB
- External Auditor
- Board Records


## Contact Details

Telephone o6-350 8910
Facsimile 06-355 0616
Next Meeting Date: Tuesday, 15 October 2013
Deadline for Agenda Items: 27 September 2013

MidCentral District Health Board

## $A \mathrm{~g}$ e n d a

## Disability Support Advisory Committee

## Part 1

Date: Tuesday, 23 July 2013

Time: $\quad 3.30 \mathrm{pm}$

Place: MidCentral DHB Offices
Board Room
Gate 2
Heretaunga Street
Palmerston North

## MidCentral District Health Board

## Disability Support Advisory Committee Meeting

23 July 2013

## Part 1

## Order

1. APOLOGIES
2. LATE ITEMS
3. CONFLICTS OF INTEREST
3.1 Amendments to the Register of Interest
3.2 Declaration of Conflicts in Relation to Today's Business
4. MINUTES OF THE PREVIOUS MEETING

### 4.1 Minutes

| Pages: | $4.1-4.4$ |
| :--- | :--- |
| Documentation: | minutes of previous meeting held on 19 March 2013 |
| Recommendation: | that the minutes of the previous meeting held on 19 March 2013 be |
|  | confirmed as a true and correct record |

### 4.2 Recommendations to Board

To note that the Board approved all recommendations contained in the minutes.

### 4.3 Matters Arising

## 5. STRATEGIC ISSUES

### 5.1 Disability Stocktake Update

Pages:
Documentation:
Recommendation:
5.1-5.2

General Manager, Enable New Zealand's report dated 5 July 2013 that this report be received

### 5.2 Portfolio Updates 2012/13-Communications

Pages: $\quad 5.3-5.9$
Documentation: Manager, Administration \& Communications report dated 5 July 2013
Recommendation: that this report be received

### 5.3 Portfolio Updates 2012/13 - Facilities

Pages: $\quad 5.10-5.16$
Documentation: Group Manager, Commercial Support Services' report dated 26 June 2013
Recommendation: None
5.4 Portfolio Updates 2012/13-HR

Pages $\quad 5.17-5.24$
Documentation: Manager Human Resources, report dated 4 July 2013
Recommendation: that this report be received
5.5 Portfolio Updates 2012/13 - Contracts for Health Services

Pages: $\quad 5.25-5.26$
Documentation: Senior Portfolio Manager's report dated 9 July 2013
Recommendation: that this report be received
6. GOVERNANCE ISSUES
6.1 Committee's Work Programme, 2013/14

Pages: 6.1-6.4
Documentation: Chief Executive Officer's report dated 16 July 2013
Recommendation: that the updated work programme for $2012 / 13$ be noted

## 7. INFORMATION ONLY REPORTS

### 7.1 Paid Family Caregivers

Pages:
Documentation:
Recommendation:
$7.1-7.7$
General Manager, Enable New Zealand's report dated 4 July 2013 that this report be received

### 7.2 Health and Disability Commission Health Passport

Pages:
Documentation:
Recommendation:
7.8-7.9

Director, Patient Safety \& Clinical Effectiveness report dated 24 June 2013 that this report be received

## 7. DATE OF NEXT MEETING

Tuesday, 15 October 2013 at 3:30pm
Venue: MidCentral DHB Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

## 8. EXCLUSION OF PUBLIC

Recommendation: 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 | Ref |
| :--- | :--- | :--- |
| "In Committee" minutes of the Previous | For reasons stated in the previous agenda |  |
|  |  |  |

## Midcentral District Health Board

Minutes of the Disability Support Advisory Committee held on Tuesday, 19 March 2013 at 3.30 pm in the Board Room, Board Office, Gate 2, Heretaunga Street, Palmerston North.

## PRESENT

Lindsay Burnell (Chair)
Ann Chapman (Deputy Chair)
Jonathan Godfrey
Kevin Miles
Pat Kelly
Phil Sunderland (ex officio)
Tawhiti Kunaiti

## IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning \& Support
Heather Browning, General Manager, Enable New Zealand
Jill Matthews, Principal Administration Officer
Muriel Hancock, Director, Patient Safety and Clinical Effectiveness
Lyn Horgan, Operations Director, Hospital Services
Madichlinne Snow, Committee Secretary

## 1. APOLOGIES

None

## 2. LATE ITEMS

Jonathan Godfrey submitted information about the Health and Disability Commissioner on suggested actions for implementing the United Nations Convention on the Rights of People with Disabilities for government agencies. This was discussed at another meeting.

It was recommended:
That the report be received.

## 3. CONFLICTS OF INTEREST/REGISTER OF INTEREST UPDATE

### 3.1 Amendments to the Register of Interest

Jonathan Godfrey advised that he is now working at Massey.
Tawhiti Kunaiti advised that he has a contract and is employed through a collective process.

### 3.2 Declaration of Conflicts in Relation to Today's Business

There were no declarations of conflicts.

## 4. MINUTES OF THE PREVIOUS MEETING

### 4.1 Minutes

that the minutes of the previous meeting held on 9 October 2012 be confirmed as a true and correct record.

### 4.2 Recommendations to the Board

The Committee noted that all recommendations contained in the minutes had been approved by the Board.

### 4.3 Matters Arising

There were no matters arising from the minutes.

## 5. STRATEGIC ISSUES

### 5.1 Disability Stocktake Update

The General Manager, Enable New Zealand noted that this report was as read and was to give an update on work undertaken to date, by Be. Accessible.

The General Manger reported that the program agreed at the last meeting is now underway and the price agreed upon. Everything is proceeding well and there will be a community of Interest group session happening tomorrow at Enable New Zealand. This was advertised and reasonably well responded to. The General Manager reported that the Be.Accessible team will be working with the Clinical Leaders tomorrow and Thursday.

The General Manager advised that the Be.Accessible team is confident that they can deliver a self-audit tool at the end of April 2013 and support an audit process to be completed by 30 June 2013 as per the requirements of the Annual Plan.

It was recommended:
That the report be received.

### 5.2 Disability Consumer Feedback

Director, Patient Safety and Clinical Effectiveness, Muriel Hancock advised the Committee that questionnaires were send out and that the return rate was slightly lower.
Respondents identifying as having a disability in this period was also lower. Satisfaction rates for inpatients were higher than the previous six months.

The Director reported that no specific actions have been implemented to address any of the ratings and that patient surveys will continue to be undertaken as part of the service improvement process.

The Chairman raised a concern about the waiting period for outpatients and that patients should be informed. He suggested that a number of discussions should be held to focus more on this. The Director advised that there was no active word going on at this stage and
that they recently been supporting their frontline administration staff with training and that this is one of the things that comes in to a whole lot of aspects but advised that it is part of a whole wider approach.

The Director advised that the Committee will be provided with six-monthly updates on progress with the next report to cover January to June 2013.

It was recommended:
that the report be received.

### 5.3 Update on Ministry of Health "New Model" Work Programme

The General Manager, Enable New Zealand advised the Committee that there have been two updates in the DSS Newsletter from the Ministry of Health since the last meeting.

One of the more significant messages is the appointment of Catherine Bennet as Project Manager.
The New Model has gathered momentum over the later part of last year and beginning of this year. The New Model work that has been done at the Western Bay of Plenty was extended to the Eastern Bay of Plenty.

Since the last meeting the National Reference Group has been established. They will look at the entire framework redesign of Needs Assessment Service Coordination Information Provision and other Service Models around how they might allocate funding.

There were evaluations done of the pilot in the Western Bay of Plenty.
Some of the strands of work are gaining momentum like Supported Self-Assessment although it is part of a pilot in the Eastern and Western Bay of Plenty.

There is a number of NASC's doing this including EnableNASC. This is a useful mechanism for managing our resourcing

The extended Individualised Funding is happening in the Eastern and Western Bay of Plenty and there is also access to it for people in other regions and for some clients with particular high needs. This is managed by a brokerage agency.

The Chairman raised some concerns about there not being equipment or assistive devices put in place.
The General Manager advised that there are some tandem pieces of work happening around equipment and housing modifications. And mentioned that she thinks that at some point in the overall service framework they will come together somewhere.

The General Manager reported that the National Reference Group for framework redesign is still in its formative stage.

The General Manager advised that the Committee will be provided with six-monthly updates on progress.

It was recommended:
that the report be received

## 6. GOVERNANCE ISSUES

### 6.1 Committee's Work Programme, 2013/14

The Chief Executive Officer noted that the report was an update against the Committee's 2013/14 Work Programme and advised of the reports scheduled for the next meeting.

It was recommended:
that the updated work programme for 2013/14 be noted

## 7. DATE OF NEXT MEETING

23 July 2013

## 8. 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:

| Item | Reason | $\boldsymbol{R e f}$ |
| :--- | :--- | :--- |
| "In Committee" minutes of the Previous <br> Meeting | For reasons stated in the previous agenda |  |
| Annual Plan | Under negotiation | $9(2)(\mathrm{j})$ |

Confirmed this Tuesday $23^{\text {rd }}$ of July 2013.

FROM Heather Browning, General Manager, Enable New Zealand

DATE 5 July 2013
SUBJECT Disability Stocktake Update

## MEMORANDUM

## 1. Purpose

This report is provided to give an update on work undertaken to date, by Be.Accessible, to develop a self audit tool by which the MidCentral District Health Board can review and monitor its responsiveness and accessibility of all of its functions as a funder, a provider and an employer. The report is for information only.

## 2. Executive Summary

The 2012/13 Annual Plan outlines a timeline for the development by 31 December 2012, of a Self Audit tool to complete a Disability Stocktake or audit which is scheduled to be completed by 30 June 2013.

The proposal to proceed with this programme of work was approved at the October meeting of the Disability Services Advisory Committee and a contract outlining Terms and Conditions and project deliverables as discussed and agreed in October, was signed thereafter. The final cost of the project remains as agreed in October 2012.

Workshops for communities of interest were held on for $20^{\text {th }}$ March 2013. Be.Accessible then completed the review and presented a draft report to the Executive Leadership Team on 8 May 2013 including feedback regarding an audit process to be completed. This report was accepted and the programme of work agreed. It was originally proposed that this be completed by 30 June 2013. However various unexpected delays will mean that specific audits using the final tool will be deferred till the 2013-14 year.

In the meantime the General Manager Enable New Zealand will continue to work with the Director of Patient Safety and Clinical Effectiveness and the Manager Human Resources to develop a work programme for service self audits to be completed throughout for 2013 /14.

## 3. Recommendation

 It is recommended that:Heather Browning
General Manager
Enable New Zealand

Update on Disability Audit Tool July 2013

| Patient Safety \& Clinical Effectiveness: <br> Focus Area One: Improving quality of hospital services and care delivery systems |  |  |  |
| :---: | :---: | :---: | :---: |
| Key Planning Approaches | Actions to deliver improved performance | Measured by | Update |
| Fostering a non-disabling environment and community | Disability audit undertaken to assess all aspects of MidCentral DHB's role provider, funder and employed. | Self audit tool developed by 31 December 2012. <br> Audit undertaken by 30 June 2013. <br> Work programme established based on audit findings by October 2013. <br> Implementation undertaken in accordance with agreed timelines. | Final approval was given by DSAC on 9:10:2012 to commission Be.Accessible to work with MidCentral District Health Board to develop the self audit tool. <br> Due to the delay in the final approval being given, the team from Be.Accessible were not available to travel to Palmerston North till late November for the first series of discussions. <br> Interviews and Focus Groups were therefore delayed until March 2013. <br> Thereafter the review was completed and a report and recommendations presented to ELT on 8 May 2013. <br> In light of delays the programme of service audits using a draft tool was not able to be completed by 30 June 2013 and work continue son developing the final tool. <br> However Enable New Zealand and the MidCentral District Health Board, Child Development service have been audited using the Be.Accessible audit tool. <br> An audit programme will be developed across the District Health Board to be completed throughout the 2013/14 year. |

TO Disability Support Advisory Committee<br>MidCentral District Health Board<br>FROM Manager, Administration \& Communications

DATE 5 July 2013
SUBJECT Annual Communications Update

## MEMORANDUM

## 1. Purpose

This report is provided to update members on the DHB's communication processes and the accessibility of DHB information to people with a disability. No decision is required.

## 2. Executive Summary

MidCentral District Health Board has continued to maintain communication processes and made some enhancements over the past year to improve the accessibility of information for people with a disability.

A key focus over the past 12 months has been planning and implementation of phase one of the upgrade project for MDHB's website (external and internal sites). Phase one included the internet site and work has been undertaken to ensure compliance with best practice within the sector meeting national and international standards and guidelines for accessibility/disability users. All publications that are linked within the MDHB site are available in Acrobat format allowing use of accessibility readers.

Work has continued throughout the year to increase the number of internal and external newsletters being available in electronic form.

Increased use of social media continues, as MDHB uses it as another tool to help with recruitment, news updates, and promotion of events, for all users including promotion of disability issues. MDHB has updated the communications policy for social media to guide staff in best practice.

We have assessed the Let's Talk About Health columns we write and have printed on a regular basis and now use fewer words - which allows for bigger type size, and changed colours to make it easier to read, and see.

## COPY TO:

## 3. Recommendation

It is recommended that:
that this report be received.

## 4. Background

The DHB endeavours to provide information in various mediums to make it accessible to a wide range of people. It also uses different communication mediums to obtain feedback from users of its services and the public.

In terms of accessibility, MDHB strives to ensure all information is in plain language, and the content and means of communication is targeted to the intended audience.

Wherever possible, information is available in both hard copy and electronic form.
As a provider of hospital and associated services, MidCentral Health uses a large number of forms. These are managed by a Forms Committee and two years ago, the Committee's processes were amended to ensure that as new forms are established and old ones reviewed consideration is given regarding the need for "large print" versions to be provided.

Policies remain in place and are reviewed regularly regarding communication and consultation. The former includes Style Standards for MDHB's communication.

The Communications Unit works closely with Patient Safety \& Clinical Effectiveness and the Human Resource \& Organisation Development units to promote disability awareness among staff.

As noted above, significant work continues to increase our on-line and other telecommunication functionality so that it better meets the growing needs of disabled and other communities.

## 5. Enhancements and Key Activities in 2012-13

- A series of articles has featured in the staff magazine, MidCentral News, to improve staff's knowledge and awareness in communicating with people who have a sensory, physical or mental disability. This series started in June 2012, and included:
- communicating with people who are deaf
- communicating with an individual who is vision impaired
- communicating with people who use wheelchairs
- communicating with people who have dementia

Other one-off articles aimed as increasing staff awareness around disability matters were also published.

- The development of a self-audit took for accessibility of all aspects of the organisation has been advised to staff.


## 5.5

- Phase one of the upgrade of our website to a new version of the content management system software (SharePoint 2010) has occurred in the last quarter of 2012/13. This ensures compliance with NZ web guidelines and accessibility standards detailed by the W3C consortium (in particular its Web Accessibility Initiative - WAI). W3C's web content accessibility guidelines (WCAG) 2.0 are aimed as making content accessible to a wider range of people with disabilities, including blindness and low vision, deafness and hearing loss, learning disabilities, cognitive limitations, limited movement, speech disabilities, photosensitivity and combinations of these.

Phase two of the project focuses on the staff intranet, document management and extranet. The extranet will allow MDHB staff and non-MDHB health professionals to collaborate in a secure and simple to use web environment. This allows the possibility for further interaction with the disability/accessibility sector to electronically collaborate with MDHB health professionals on district and region wide services and projects.

Use of the current SharePoint staff sites is growing and a lot of training has been provided. Staff teams (both service and professional) find these an effective communication tool.

- A new search tool (providing a more "Google-like" experience) has been implemented as part of the upgrade and this will continue to get better as more targeted results across multiple sites will be in place by the end of Phase two of the project.
- Electronic on-line surveys continue to be popular with a focus on centralAlliance regional services projects to obtain feedback from interested public and staff. Examples include the Regional's Women's Health Service and medical imaging.
- Also increasing in use is video, both for public use via our website, and for staff/training and education. Many training presentations, such as Buddle Findlay's address on privacy in the health sector, are videoed so more staff can access these.
- The Communications Unit is supporting the IS team in establishing a wireless environment at MDHB sites. This will benefit both the public and staff. Support is also being given to the implementation of mobile devices for staff.
- The Unit worked with the Horowhenua District Council in creating a health directory for older persons in that area. This was well received. MidCentral DHB also supported the Manawatu Standard's health directory for its subscribers.
- Distribution of MidCentral DHB's "Let's Talk About Health" features was increased. In addition to publishing these features in local newspapers and our website, they are provided in electronic form to pharmacies, Grey Power, Age Concern, territorial local authorities, and midwives electronically. These groups in turn distribute them via their networks. Hard copies are provided for use by local rest homes and general practices.

Six "Let's Talk About Health" features have been issued since July last year:

- Accessing after-hours or urgent health services
- It's practically Xmas - innovative gift ideas to support the elderly living at home
- Hand hygiene


## 5.6

- Don't let the flu knock you
- Advanced care planning
- Synthetic cannabis
- A number of national awareness days/weeks affecting people with disabilities were acknowledged this year - Stroke Support week; World Physiotherapy Day raising awareness of osteoarthritis; Blind Week (supported with Bake a Difference) fundraising; Global Stroke Thrombolysis project; April No Falls Awareness MDHB hosting regional Aphasia Day; Support network set up for women and girls with Endometriosis.
- Enable New Zealand's advice for Canterbury residents rebuilding homes after quakes was promoted. The "lifelong design project" encourages people to think ahead and plan their house for their lifetime, taking into account future needs.
- MidCentral DHB's social media streams continue to grow in popularity and use. In the past year the MDHB facebook page has grown from 91 to more than 230 likes, with a far wider reach for all postings at an average of 65 users viewing each post. Posts include sector updates, vacancies, staff activity and general health promotion/education content. The page address is:


## https://www.facebook.com/MidCentralDHB

The MDHB twitter page in tandem with the facebook page ensures traffic to MDHB's internet site.

- The patient/contact message service that was trialled in a small way using email only, in 2009 and upgraded to an electronic form in 2010/11 continues to be popular. In the 2013-14 year the service has continued to receive, positive feedback from users, especially family who are living around the world. The service averages around 10 messages a day. An acknowledgement email is sent back to the senders, who often say 'thank you' and that it is the only way they can get in touch with their family member/patient.
- The online feedback form continues to be used by the public. Enquiries are generally related to hospital services or compliments/complaints of staff and/or services.
- Continual tweaking of all hospital maps continues, including any change to services, carparks, and layouts, especially with regards to seismic standards that has resulted in Palmerston North Hospital buildings having to be repaired or closed. This helps patients, visitors and staff have easier access to services. The location of disability parks are clearly identified.
- Media releases around disability issues continued to be issued in the past year, as shown in the attached schedule.


## 6. Looking Ahead

The upgrade of MidCentral DHB's website project phase two will be completed.

The disability audit tool currently being developed will inform future communication plans and initiatives. The report from the first area trialling this tool, Enable New Zealand, has been received and found its communication processes sound. Some enhancements were identified.

Jill Matthews
Manager
Administration \& Communication

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TO DISABILITY SUPPORT ADVISORY COMMITTEE
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FROM Jeff Small
Group Manager
COMMERCLAL SUPPORT SERVICES

## MEMORANDUM

DATE Monday 26.06.2013

## SUBJECT DISABILITY FACILITY STOCKTAKE UPDATE

## 1. PURPOSE

The purpose of this report is to update the Committee on the Disability Facility Stocktake of buildings.

## 2. SUMMARY/ UP-DATE

The Stocktake relates to all work undertaken to date including signage, maintenance and housekeeping requirements, physical building upgrades and compliance in new buildings with disability access, egress and internal service requirements.
a) The status of the only outstanding work from the original Facility Review is summarised as follows :

## Clinical Services/Ward Blocks

- Extend Handrail past bottom of stairs
- Contrast colour strip on nosing of stairs
- End of handrails turned down 100 mm
- Lower height of public service counters
*These Projects involve substantial works throughout the buildings and if not addressed in the interim, will be scheduled under the re-development of Palmerston North Hospital. The associated planning leading to the re-development is underway which in turn will see construction works commencing in approximately two to three years time. Meantime some areas have already been addressed whilst others will be as and when an opportunity arises during specific major maintenance/refurbishment works of an area or department.


## b) Hearing Loop in Lecture Theatre - Completed

c) New Linac Building (RCTS)

The new Linac Building housing the fourth Linear Accelerator was completed at the end of 2012 and complies with all disability access, egress and internal service requirements.
d) Seismic Issues

Up-dating/strengthening work during 2013 to the Hospital Administration building and Board Offices will comply with all disability access, egress and internal service requirements.
e) Leased Buildings

Buildings leased to house MDHB services, staff and patients/visitors are required to meet Compliance requirements for disability access, egress etc.
f) General

All buildings hold current WOF's renewed annually.
Issues arising from Facility Reviews, Accreditation and Access Audits are automatically programmed for remedial action under Maintenance or CAPEX Programmes.
2013 Disability Stocktake: Implementation Reporting Template

| No. | 2006 Stocktake Recommendations | Proposed Action | Achieved |  |  |  | Status as at June 2013 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 需 | 会 | \% |  |  |
| 1 | Establish a Disability Strategy Implementation Plan including a dedicated position to coordinate/manage NZDS implementation within one year | Work programme agreed with DSAC | $\checkmark$ |  |  |  | Work programme agreed June 2009, and has continued through into Board's 2009/10 Reporting Framework. |
|  |  | Reporting requirements for major reports include "disability perspective" | $\checkmark$ |  |  |  | Achieved and ongoing. |
|  |  | Annual report against 2006 Stocktake implementation | $\checkmark$ |  |  |  | Annual updated provided yearly since October 2007. |
| 2 | Communicate the results of this stocktake, the work programme, and subsequent implementation successes to the DHB and disabled community within one year | Stocktake results and resultant work programme published on web site, provided to key stakeholders, and summarised in MDHB newsletters. | $\checkmark$ |  |  |  | Achieved. |
|  |  | Reports against stocktake items include "communication perspective" | $\checkmark$ |  |  |  | Provided as appropriate. |
|  |  | DSAC reports provided to Reference/Focus Group for its information |  |  | $\checkmark$ |  | Decision taken by DSAC not to establish a focus group. Instead it was agreed Enable NZ be responsible for maintaining a current network of groups \& key stakeholders that MDHB recognise as a key group with whom it will consult. New item (No 15) added to stocktake accordingly. |
| 3 | Eliminate inconsistencies between the "short term" (non-residential) DSS provider agreement and "long term" DSS provider agreement within one year | Inconsistencies investigated and addressed | $\checkmark$ |  |  |  | Inconsistencies relate to differences between short and long term contracts and the length of support required. |
| 4 | Develop a communications plan to ensure consistent, role-appropriate knowledge of the NZDS throughout the DHB within one year | Staff awareness strategy developed and implemented | $\checkmark$ |  |  |  | Communications, HR and customer feedback reports will be reported back to DSAC on an annual basis. |
| 5 | Establish, test and review a more robust system for recording and tracking implementation progress within one year | Annual report against stocktake provided as per 1 above. | $\checkmark$ |  |  |  | Updates provided October 2008. Second update provided October 2009. |
| 6 | Complete building maintenance/upgrade work, including re-commissioning access audits and responding to recommendations from the Facility Review (refer Appendix A) within three years* | All buildings hold current WOF's renewed annually. Issues arising for Accreditation Audits/Facility reviews are programmed for remedial action under Maintenance or CAPEX Programmes. Planned maintenance systems in place to maintain Board Assets. | $\checkmark$ |  |  |  | WOF's up to date. Planned maintenance system on-going Audit issues addressed as they arise. |


| No. | 2006 Stocktake Recommendations | Proposed Action |  | hie |  |  | Status as at June 2013 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 空 |  | $\stackrel{\circ}{2}$ |  |  |
|  | - Enable NZ | Ensure that handrails extend 300 mm plus the depth of a tread past the bottom of the stairs. (Priority 1) | $\checkmark$ |  |  |  | Completed 2006/07. |
|  |  | Ensure that the ends of handrails are turned down 100 mm , or returned fully. (Priority 1) | $\checkmark$ |  |  |  | Completed 2006/07. |
|  |  | Increase the contrast on the nosings of the stairs. For the stairs to the server room, consider using yellow nosings to contrast with the dark blue carpet. For the stairs to the storage area, consider using black to contrast with the light natural wood colour of the steps. (Priority 2) | $\checkmark$ |  |  |  | Completed 2006/07. |
|  |  | Round the nosing of the steps to the storage area. (Priority 2) | $\checkmark$ |  |  |  | Completed 2006/07. |
|  |  | Ensure that handrails are round with a dimension of 32 mm to 50 mm . (Priority 2) | $\checkmark$ |  |  |  | Completed 2006/07. |
|  |  | Ensure that the new reception counter has at least one accessible area with a maximum height of 775 mm above the floor, and a minimum depth clearance of 675 mm . (Priority 2) | $\checkmark$ |  |  |  | Completed 2006/07. |
|  |  | Provide Braille signage on each door, indicating what the door is. Current informational signage exists, but only for sighted people. If installing Braille signage, make sure the signs are located in a consistent manner so they can be found easily. (Priority 3) |  |  | $\checkmark$ |  | Reviewed by the Blind Foundation assessors and it was advised that Braille was not required. Sufficient visual cues already present. |
|  | - Horowhenua new facility | The wall behind the outside door should not be solid glass. We recommend either a solid half wall with a glass upper section, or the use of opaque glass "blocks". (Priority 1) | $\checkmark$ |  |  |  | Compliance achieved with new facility. |
|  |  | Do not label the ensuite toilet facilities in the ward as "accessible". (Priority 2) | $\checkmark$ |  |  |  | Compliance achieved with new facility. |
|  |  | Mount paper and soap dispensers in accessible toilet facilities at a height between 900 mm and 1200 mm , ideally 1000 mm , and no closer than 450 mm from corner. (Priority 2) | $\checkmark$ |  |  |  | Compliance achieved with new facility. |
|  |  | Ensure that solid horizontal visibility strips | $\checkmark$ |  |  |  | Compliance achieved with new facility. |

5． 14

| No． | 2006 Stocktake Recommendations | Proposed Action | Achieved |  |  | $\begin{aligned} & \dot{y} \\ & \text { 彩 } \\ & \text { 号 } \\ & 0 \\ & 0 \end{aligned}$ | Status as at June 2013 |
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|  |  | of at least 20 mm width and high visible contrast are placed on the glass sliding doors．（Priority 2） |  |  |  |  |  |
|  |  | Mount a horizontal grab bar on the inside of the swinging door to the accessible toilet facility，to make it easier for a wheelchair user to close the door during entry，rather than having to manoeuvre back and forth to shut the door．（Priority 3） | $\checkmark$ |  |  |  | Compliance achieved with new facility． |
|  | －MidCentral Block B | Place a high contrast colour strip on the nosing of the stairs that do not currently have high contrast．（Priority 1） |  |  |  | $\checkmark$ | Scheduled under PNH Re－development．In the meantime areas are addressed as and when new works are undertaken． |
|  |  | Ensure that the ends of handrails are turned down 100 mm ，or returned fully．（Priority 1） |  |  |  | $\checkmark$ | Scheduled under PNH redevelopment．In the meantime areas are addressed as and when new works are undertaken． |
|  |  | Replace the horizontal visibility marking on the sliding door to the main entrance with a solid strip of a more contrasting colour than the existing grey．（Priority 2） | $\checkmark$ |  |  |  | Completed 2006／07． |
|  |  | Adjust the sensor to activate the A\＆E door from a shallower approach．（Priority 2） | $\checkmark$ |  |  |  | Completed． |
|  |  | Ensure that all accessible areas are kept clear of clutter and available for service to people who use wheelchairs．（Priority 2） | $\checkmark$ |  |  |  | Completed 2006／07 and ongoing． |
|  |  | Where possible，modify the public service counters to provide a lower，accessible area． （Priority 2） |  |  |  | $\checkmark$ | Scheduled under PNH Re－development．In the meantime areas are addressed as and when new works are undertaken |
|  |  | Where double swing doors do not have at least one panel that is wide enough （ 760 mm ），replace the doors so at least one of the two panels provides a clear opening width of at least 760 mm ．（Priority 2） | $\checkmark$ |  |  |  | Not required by Building Code as both doors open． |
|  |  | Ensure all informational signs are appropriately located on toilet facilities． <br> （Priority 2） | $\checkmark$ |  |  |  | Completed． |
|  |  | Improve directional signage，in particular to accessible toilet facilities．（Priority 2） | $\checkmark$ |  |  |  | Completed 2006／07． |
|  |  | If the＂non－bed＂lifts are replaced，and it is possible to do so，use a lift with a larger internal dimension．（Priority 2） | $\checkmark$ |  |  |  | Not applicable． |


| No. | 2006 Stocktake Recommendations | Proposed Action | Achieved |  |  |  | Status as at June 2013 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 需 | 需 | \% |  |  |
|  |  | Maintain light bulbs, and ensure that the bulbs selected provide enough light. (Priority 2) | $\checkmark$ |  |  |  | Ongoing maintenance. |
|  |  | Add increased contrast indicator signs beside each call button in lifts. (Priority 2) | $\checkmark$ |  |  |  | Completed. |
|  |  | Install a hearing loop in lecture hall, and publicise its availability through proper signage. (Priority 2) | $\checkmark$ |  |  |  | Completed. |
|  |  | Review and replace signs appropriately, as is currently being done. Ensure that signs are easy to read, properly located and provide sufficient information. (Priority 2) | $\checkmark$ |  |  |  | Completed. |
|  |  | Ensure that handrails extend 300 mm plus the depth of a tread past the bottom of the stairs. |  |  |  | $\checkmark$ | Scheduled under PNH redevelopment. In the meantime areas are addressed as and when new works are undertaken |
| 7 | Establish, test and review and engagement plan and partnership | Terms of reference for reference/focus group established | $\checkmark$ |  |  |  | Proposal submitted DSAC, October 2007. |
|  | opportunities with the disability sector <br> - in particular the disabled community - and internal and external disabled professionals within three years | Reference/focus group appointed |  |  | $\checkmark$ |  | DSAC determined not to proceed with focus group. |
| 8 | Prioritise disabled Maori workforce development within three years | No further action. To be progressed through Maori Health and Disability Strategies as per DAP. | $\checkmark$ |  |  |  |  |
| 9 | Develop, test and review a robust disability responsiveness-training plan to feed into staff and service development plans within three years |  |  | $\checkmark$ |  |  | Part of staff awareness strategy - refer 4 . |
| 10 | Adopt an affirmative action employment policy for disabled people within three years |  | $\checkmark$ |  |  |  | Policy MDHB1890 |
| 11 | Establish a leadership initiative for disabled people within five years | No further action. Not to be progressed. | $\checkmark$ |  |  |  |  |
| 12 | That a self-audit tool be used to measure progress in implementing the principles of the NZ Disability Strategy | Need for audit tool and approach to be reviewed, including input from Reference/Focus Group. |  |  |  | $\checkmark$ | We have not been able to either develop or source a self-audit tool. We will seek further information and/or assistance from the Ministry of Health. |
| 13 | That a centralised budget be established for NZ Disability Strategy | No further action. Centralised budget not to be established. | $\checkmark$ |  |  |  |  |


| No． | 2006 Stocktake Recommendations | Proposed Action | Achieved |  |  |  | Status as at June 2013 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 兩 | 雲 | 号 |  |  |
|  | implementation，with spending monitored and evaluated against clear quality outcomes．A＂virtual＂budget with money tagged from other budget sources could be used． |  |  |  |  |  |  |
| 14 | That a disability consultant vet language used in MidCentral DHB＇s DAP in reference to disabled people． | To be undertaken by DSAC as part of DAP development process． | $\checkmark$ |  |  |  | Undertaken by DSAC． |
| 15 | Enable New Zealand establish current network of groups \＆key stakeholders recognised by MDHB of key groups it will consult with on issues／ plans／proposals as required．Group listing to be maintained by Enable NZ． With annual update provided to DSAC on usage of the disability network． |  |  | $\checkmark$ |  |  | Network list established．Not used to date but will be accessed for upcoming major projects such as Regional Clinical Service Plan，MidCentral Health＇s Clinical Services Plan and District Strategic Plan． <br> Sept 09 －Network list has not been used by GMs to date． <br> Aug 10 －DPA utilised very effectively for Child Adolescent Oral Health Universal access issue． <br> In the year ahead the network group list will be utilised to send out information on the Regional Services Plan． |
| 16 | Child and Adolescent Oral Health Service universal access to be provided for new model of care being introduced | The issue of disability access on the mobile dental clinics to be considered by the Ministry of Health Disability Consortium． |  |  | $\checkmark$ |  | Local use of Disabled Persons Assembly has been of considerable assistance．No feedback from Consortium to date． |
| 17 | Clinical Records Building | Building is planned to comply with all disability access，egress and internal service requirement（eg．Toilets） | $\checkmark$ |  |  |  | Completed and compliance achieved with new facility． |
| 18 | New Linac Building | Building is planned to comply with all disability access，egress and internal service requirement（eg．Toilets） | $\checkmark$ |  |  |  | Building completed end 2012 incorporating all requirements． |

TO Disability Support Advisory Committee
MidCentral District Heaith Board
Anne Amoore
Manager
Human Resources
MEMORANDUM
DATE 4 July 2013
SUBJECT $\begin{aligned} & \text { Annual Update - Stocktake of } \\ & \\ & \\ & \text { Employment Practices and Education \& } \\ & \text { Development }\end{aligned}$

### 1.0 PURPOSE

The purpose of this paper is to provide the annual update to the Disability Support Advisory Committee on:
(i) The employment policies and procedures MidCentral District Health Board (MDHB) has in place to ensure as an employer we do not discriminate against our employees, and
(ii) The education and development initiatives MDHB has in place to ensure employees are competent and safe in their area of practice.

It is for the Committee's information and does not require a decision.

### 2.0 EXECUTIVE SUMMARY

Since the last report to the Committee in June 2012, we have continued to make good progress in implementing our various workforce development initiatives.

Implementation of the work programme to address the findings of the Safety Culture Survey undertaken in 2012 continues. The most significant initiative in the work programme is now the roll out of the team development programme across MDHB over the next eighteen months.

A number of MDHB's human resource policies and procedures are due for review. The review will use a consultative approach and involve our Health Sector Unions. Where appropriate a sub-group of MDHB's Bipartite Action Group (BAG) will be set up to review these policies and procedures. MDHB's Harassment Policy has recently been reviewed by a sub-group of BAG and the revised policy on Preventing Unacceptable Behaviour, Harassment and Bullying is to be rolled out with MDHB's Team Development Programme.

MDHB's internal education and development sessions are well attended by our employees, with 631 internal education sessions being held over the past year with over 4500 staff attendances (a number of staff attended more than one of the offered courses). To ensure a fair and transparent process for approving education and development programmes held external to MDHB, and to oversee the process, central committees are now in place for our major staffing groups, including Nursing, Midwifery, Allied Health and
Clerical/Administration employees.
MDHB also continues to meet our obligations and responsibilities to be a good employer. The Human Rights Commission has reviewed and analysed the reporting obligations by all Crown Entities.

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It is pleasing to report that MDHB ranked "one" which means we have complied with all legal reporting obligations and have provided appropriate evidence to support this.

## c) RECOMMENDATION

It is recommended
that this report be received.


Anne Amoore
Group Manager
Human Resources and Organisational Development

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### 1.0 Progress

Details of the recent initiatives that have been undertaken relating to employment practices, and education and development are outlined below.

### 1.1 Human Resource Policies and Good Employer Obligations

### 1.1.1 Policies and Procedures

MDHB has policies and procedures in place which support our objective to be a good employer and to recognise workforce diversity. Examples of these are our Equal Employment Opportunities Policy (which underpins all of our policies and procedures) and policies on Preventing Unacceptable Behaviour, Harassment and Bullying, Impaired Staff, Work and Family, Workforce Rehabilitation, and Recruitment/Appointment.

MDHB's human resource policies and procedures are reviewed as part of the DHB's policy review programme, as a result of a change in legislation, or if other reviews/investigations recommend that we do so. Consultation also takes place with key stakeholders throughout MDHB, and externally where appropriate, for example, with Health Sector Unions through MidCentral's Bipartite Action Group (BAG). Most of our human resource policies and procedures are due for review and where appropriate a sub-group of BAG is meeting to review these policies and procedures.

### 1.1.2 Good Employer Obligations

MDHB continues to be a member of the EEO Employers' Group set up by the EEO Trust. As a member of this group, MDHB has committed to having quality employment practices in equal employment opportunities by being fair and valuing the talents of the diverse range of people we employ. EEO Employer Group members are seen as employers of choice by applicants, employees, clients, the media and the public.

Members are required to adhere to the EEO Employers' Group Charter, which commits them to developing a policy endorsing EEO, planning for diversity goals relevant to their workplace and reporting on progress annually through the EEO Trust survey.

Under the Crown Entities Act 2004 (the Act), DHBs are required to be "good employers" and must include in their annual reports "information on compliance with the obligation to be a good employer including its equal opportunities programme".
The Human Rights Commission reviews and analyses annually the reporting of good employer obligations by all Crown Entities, including DHBs, across the following seven organisational features:

1. Leadership, accountability and culture
2. Recruitment, selection and induction
3. Employee development, promotion and exit
4. Flexibility and work design
5. Remuneration, recognition and conditions
6. Harassment and bullying prevention
7. Safe and healthy environment.

Annual reports are assessed against criteria developed by EEO staff in the Human Rights Commission. These criteria reflect compliance with legislation and reference to the guidance provided by the EEO Commissioner. The analysis benchmarks only what is actually reported in Annual Reports of Crown Entities to ensure compliance with the Act.

MDHB takes its obligations to be a good employer seriously. The Manager Communications and Manager Human Resources have worked hard over the past years to ensure we include in our Annual Report all the initiatives we have in place towards supporting our staff and improving the work environment for them. For the first time Crown entities have been ranked in terms of their reporting. The rankings are from one, where reporting is excellent, to nineteen where there is zero reporting. It is pleasing to report that MDHB ranked "one" (only six other Crown entities ranked one) which means we have complied with all legal reporting obligations and have provided the appropriate evidence to support this.

Our on-line Exit Survey which allows resigning employees to participate and provide feedback about their experiences at MidCentral is working well. Although it is not compulsory, there is an option to complete it anonymously. Over the past six months $84 \%$ percent of employees who completed the Exit Survey stated that they would return to MDHB, up from $72 \%$ in the previous seven months. The positive experiences continue to outweigh less positive experiences. Some of the comments people made about what they enjoyed about their job included the work environment, flexibility with hours of work, and working within a dynamic team.

This process provides the opportunity for MDHB to address any of the less positive issues staff members report. Areas identified for improvement related to team dynamics will be addressed as the Team Development Programme is rolled out (see section 4.1 below).

MDHB has a confidential Employee Assistance Programme (EAP) in place which is well utilised by our employees. This confidential, counselling programme is provided by an independent organisation and assists employees who may have problems that are impacting their life at work and/or home. This programme is a good employer initiative, and has been in place since 1994.

Each year, a report is provided on usage over the previous 12 months. The report for the year ended 31 December 2012 shows 151 staff (and their families) took advantage of this service, raising 270 major issues. Overall, the usage of EAP within MidCentral DHB is similar to last year ( 150 staff). The overall usage ( 5.81 of MDHB employees) is at the lower end of the national average EAP programme usage range of between $5 \%-7 \%$.

The majority of issues which staff are seeking support with from EAP are personal in nature. There are no major workplace trends or common themes identified by EAP during last year that need addressing by MidCentral DHB. EAP reports that MDHB's statistics show early intervention through employees self-referring ( $77 \%$ ), and also there is proactive referral by managers and human resources.

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### 2.0 Education and Development

### 2.1 Local MDHB Education and Development Initiatives

In terms of Education and Development, MDHB continues to be committed to maintaining and enhancing practices within the organisation which eliminate all forms of discrimination in employment matters and which eliminate barriers to the recruitment, retention and development of employees.

Over the past year 631 internal education sessions were held with over 4500 staff attendances (a number of staff attended more than one of the offered courses).

To ensure a transparent, fair and equitable distribution of our education and training budget for programmes held externally to MDHB, we have established Committees to oversee and approve external education and development for Nursing, Allied Health, Midwifery and Clerical/Administration.

Over the past year, a number of one-off education sessions were provided to staff by Buddle Findlay:

- Managing concerns about competence and health
- Decision-making on behalf of incompetent patients
- Learnings from recent Health and Disability Commission decisions
- Treatment of children
- Dealing with complaints
- Public health - managing infectious disease
- Privacy matters - rules about using and disclosing personal information and how to avoid a privacy breach
- Dealing with medicines and controlled drugs
- The Mental Health Act

Staff were given the opportunity to see first-hand how video technology could work in health. Gen-I and Cisco demonstrated the Cisco TelePresence Clinical Assistant. All who attended found it interesting, particularly the clarity of both visual and auditory communications meaning we may be able to save patients travelling long distances for their consultations.

A number of staff have taken the opportunity to attend an eight week course on "Enhancing Visual Communication in the Health Sector". Participants are provided with a tool box of skills in NZ Sign Language vocabulary, an understanding of the importance of miming/gestures, and a knowledge and understanding of the importance of plain, age appropriate language.

The chaplaincy team has provided a two hour session for staff on Spirituality in Healthcare. It provides an overview of contemporary spirituality considered to be vital for health and wellbeing regardless of whether or not people have a particular faith. The seminar highlights the academic nursing literature, offers techniques for addressing the topic with patients and whanau, and encourages staff to develop their own spiritual practice as a way of building resilience and compassion.

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### 3.0 Support of Staff with Disabilities

As reported previously to the Committee, every opportunity continues to be made throughout the organisation to explore and provide employment opportunities for those with disabilities. MDHB as a provider of health and disability services, has immediate access to in-house resources who can make assessments as to what reasonable accommodation can be made to meet the specific needs of employees with disabilities. An example of this resource is our Occupational Health Physician and her team, which includes an Occupational Health Physiotherapist and two Occupational Health Nurses.

If a potential employee has uncertainties about their ability to fulfil a particular role, they are advised that MDHB welcomes the opportunity to discuss how the organisation can make every reasonable accommodation to meet their needs. They are also advised that they are welcome to discuss their needs with members of either the Occupational Health Unit, Infection Control or the Human Resource Department.

Where a problem is identified, with either the employee or the workplace, that makes it difficult for an employee to continue to fill their role within the organisation, staff within Occupational Health, Infection Control, or Human Resources work with the employee (and their support person/union representative) to address any concerns raised. Over the past few years this has involved the use of specialist advice, eg Ergonomic Ophthalmologist, Orthopaedic Specialist for those with muscular skeletal conditions, Dermatologist and Psychiatrist.

MDHB's Occupational Health Unit (OHU) is very active in ensuring the needs of employees are met both on appointment and on an ongoing basis during employment - the following are examples of this:

- Continued implementation of the O'Shea No Lift programme with all new staff working in clinical settings undertaking four hours' orientation to safe moving and handling. Ongoing monitoring of staff competencies is undertaken by trainers based within clinical settings. Additional updates are provided by the OHU staff to trainers within the clinical settings and with focused training sessions within workplaces. A resource folder has been developed by the OHU team which includes information on all manual handling equipment, assessment and training requirements to support safe patient handling.
- Early intervention, treatment and advice is provided to employees who report discomfort, pain and possible injury. Staff working within clinical settings who report discomfort are supported to update their No Lift competencies to prevent the likelihood of further discomfort/injury.
- Ergonomic workstation assessments are undertaken for staff reporting discomfort in their work environment, staff who have experienced a change in work location and all new employees who are required to work at a computer for more than two hours at a time. Based on the ACC guidelines, recommendations are made to the employee's manager for modifications to the workplace and for any additional equipment necessary.
- Occupational Health liaise with staff and their managers to identify rehabilitation and return to work options for individuals who are planning for elective surgery.
- Staff members identified by their manager as having high use of sick leave are referred (with their consent) to the Occupational Health team to identify if additional support is required to support their wellness.


### 5.23

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### 4.0 Workplace Environment

MDHB's Safe Environment/Health Promotion Group, comprising management and union representatives, has offered the opportunity to staff to join the following initiatives:

- MDHB's Next Steppers fitness programme - this programme was delivered in October 2012 and again in February 2013 with over 450 staff taking part.
- Pilates sessions continue to be made available to staff
- National Business House Relay and 33 days of cycling challenge

Over 1500 staff, students on placements and contractor staff have taken the opportunity to have an influenza vaccination. This is the highest tally we have had. Flexible options have been made available with fixed clinic times and "by appointment" arrangements being offered.

Help for staff to quit smoking has been promoted. Confidential advice and support is available from MDHB's Public Health Service.

MDHB's Staff at MidCentral Advantage Scheme (SMASCH) continues to be developed and well received by staff. Marsh Insurance was added to the scheme and offered MDHB staff the opportunity to take up insurance for a 30 day period without the need for medical questions.

Representatives from the following organisations had representatives on site:

- Accuro health insurance
- Westpac
- ANZ Bank
- Southern Cross Health Care


### 4.1. Organisational Culture Programme

MDHB's Organisational Culture and Change Programme (OCP) was set up in early 2011 to look at ways we could improve the culture and working environment for our staff. An OCP taskforce, comprising of MDHB and Union Representatives, was established. The Taskforce felt it was important to have a shared understanding of the desired "culture" within MDHB and defined this as:
"Organisational culture is reflected in the experience people (clients, suppliers, contractors, public, staff, others) have at every interaction with our organisation. This includes our shared values, beliefs, underlying assumptions, unwritten norms, attitudes and behaviours; but the most important thing we do is take care of each other, creating a positive work culture which ensures our health users receive safe, quality care in line with the Shared Approach to Work Principles"

Under the umbrella of the OCP, during 2012 MDHB undertook its first Safety Culture Survey. The purpose of the survey was to raise awareness and to promote a positive safety culture at all levels within MDHB. Those completing the survey were given the opportunity to provide feedback to help MDHB improve the way we work together as we strive to achieve our vision of "Quality living- healthy lives" for our staff and communities.

A survey response rate of around $50 \%$ was achieved and over 3500 comments were provided by those completing the survey. This is considered to be a good response rate for surveys of this kind. The results of the survey show that MDHB has a good safety climate and does not knowingly comprise the safety of patients/clients.

While a good number of positive comments were made by those completing the survey there were a number of areas for improvement identified. A Safety Culture Work Programme to address the key findings was developed. In many instances MDHB had already planned or commenced work to improve our workforce and work environment. To ensure a comprehensive approach and to see the full breadth of activity the work programme included new initiatives as well as those already planned or underway.

Following consultation with staff, the work programme was finalised and implementation commenced in December 2012. Good progress continues to be made towards implementing the initiatives in the work programme. One of the key initiatives to improve the working environment for our staff is the roll out of MDHB's Team Development Programme over the next eighteen months and this is now the key area of focus. The content of the Team Development Programme has been finalised and the six essential elements evidence shows assists teams to be successful set the basis for the programme. Five pilot teams to undertake the programme are currently being finalised. A plan is also being developed to determine when, over the next eighteen months, all teams within MDHB will take part in the programme.

The programme includes teams having a performance management/development process in place and that this is carried out for each team member on an annual basis. This will support staff having the required competencies and are safe in their areas of practice.

### 5.0 Summary

We remain committed to our obligations and responsibilities to reduce and/or eliminate barriers in society to enable those with an impairment to reach their full potential.

We continue to look at ways in which we can improve our employment practices and meet our obligations and responsibilities and welcome feedback from the Disability Support Advisory Committee in this regard.

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Anne Amoore<br>Manager<br>Human Resources and Organisational Development

TO Disability Support Advisory Committee
FROM Senior Portfolio Manager
Health of Older People
Planning and Support
DATE 09 July 2013

## Memorandum

## SUBJECT NZ DISABILITY STRATEGY CONTRACTS - UPDATE

## 1. INTRODUCTION

Disability Sector Standards continue to be audited through the routine certification and surveillance audits of providers undertaken by designated audit agencies (DAAs) on behalf of HealthCert (a licensing division of the Ministry of Health) and MidCentral DHB.

From January 2010 the surveillance audits were replaced with spot audits which are intended to be unannounced. This change came as a result of the Minister's directive and followed widespread concerns about the quality of care provided by some services, particularly for the elderly. More recently the Ministry announced moves to ensure Home Based Support Services become certified to the new Home and Community Sector Standards which improve on previous standards for those who use community funded services.

All Planning and Support service agreements include a section on disability considerations covering requirements contained within the New Zealand Disability Strategy and fit out requirements for physical facilities.

## 2. HEALTH AND DISABILITY CRITERIA

With the devolution of Disability Support Services contract management to DHBs in October 2003 DHBNZ developed a national process for ensuring all contracts have a requirement to address disability support issues. Since this is a nationally driven process it draws all DHB agreements in under the Health and Disability Act.

It is a standard requirement that all DHBs use the nationally developed contract terms and conditions. Contracts for health and disability support services for older people have a set of standard conditions and standard provider quality specifications that include coverage of disability issues.

As a local example of a disability awareness issue being promulgated, MidCentral DHB had fostered the Prevention of Elder Abuse and Neglect guidelines for disability support services. This work continues to be promoted across the district by Age Concern (Manawatu). The result is that Elder Abuse and Neglect workshops are conducted in Aged Residential Care facilities across MidCentral district. These workshops continue to be rescheduled and incorporated into aged care provider education sessions throughout 2013 to update staff regularly and account for knowledge gaps arising with staff turnover.

## 3. RECOMMENDATION

It is recommended:
that this report be received


Jo Smith
Senior Portfolio Manager
Health of Older People
Planning and Support

TO Disability Support Advisory Committee
FROM Chief Executive Officer
DATE 16 July 2013
SUBJECT 2013/14 Work Programme

## MEMORANDUM

## 1. PURPOSE

The paper outlines the reporting framework for 2013/14 for the Board and its committees, and the resultant work programmes. The framework has been approved by the Board.

The Committee's work programme for 20131/4 has been developed, based on the reporting framework and this is enclosed showing current progress. No decision is required from the Committee.

## 2. SUMMARY

The 2013/14 reporting framework covers all aspects of governance, including strategic and operational matters, audit, disability support, and remuneration.

Through the reporting framework, Committees will receive the information they require to carry out their responsibilities. As is current practice, a report against each Committee's work programme will be provided every time it meets, and members will have the opportunity to review their requirements.

The work programme is generally based on existing arrangements. Significant changes are as follows and do not impact on the Disability Support Advisory Committee:

- annual plan progress reports regarding the implementation of primary and secondary care initiatives will be structured by division rather than disease and/or population group, ie one report will cover Funding \& Planning's initiatives (directed to CPHAC) and another for all secondary-care (directed to HAC). (NB: regular updates on quality, workforce, Enable New Zealand, etc initiatives will continue.)
- quarterly reporting on the Palmerston North Hospital site reconfiguration project, recognising the significance of this project.


## 3. RECOMMENDATION

It is recommended:
that the Committee's 2013/14 work programme be noted.
4. THE REPORTING FRAMEWORK

### 4.1 Approach

The reporting framework for 2013/14 has been developed. This is based on:

- accountability documents (Annual Plan, Regional Services Plan \& Maori Health Plan)
- monitoring the implementation of current plans
- overseeing the development of future plans
- operational (business as usual) functions, including updates on new and emerging matters
- governance processes, including Iwi partner, ownership interests and policies
- audit function
- disability perspective

The following principles have been used:

1. reporting to be based on the accountability documents, particularly the Regional Service and Annual Plan as these contains the breadth of responsibilities, in terms of governance, planning/funding and providing, and, the agreed processes and policies (eg prioritisation process), key performance measures, financials, and improvement initiatives.
i. reporting to take into account governance responsibilities (eg board and committee process, terms of reference, etc), and special issues.
ii. reporting to provide the Board/Committees with a high level of comfort that it can monitor progress in achievement of its key accountability documents (strategic and annual plan, and Statement of Intent) and satisfy its governance responsibilities
iii. reporting to the appropriate governance committee/Board

- reporting on hospital provider issues, and governance of this Division, to be reported via the Hospital Advisory Committee
- reporting on funding/planning issues, and governance of this Division, to be reported via the Community and Public Health Advisory Committee
- reporting on Enable New Zealand's performance, and governance of this Unit, to be reported via the Enable New Zealand Governance Group
- reporting on disability issues via the Disability Support Advisory Committee
- reporting on audit and process matters via the audit committees
iv. reporting to be directed to one Committee/Board wherever possible to ensure clear accountability lines; with identified reports being copied to another committee for information only.
v. reporting to be practical and not onerous.
vi. reporting frequency to be risk based, ie high risk = more frequent reporting.
vii. reports on similar items to be linked.

The work programme does not preclude more frequent reports being provided on any particular issue, or new items being added. Equally, additional details/focus can be added to any of the existing scheduled reports.

### 4.2 Disability Perspective

The current approach will continue. This includes annual updates regarding how disability matters are being progress in terms of:

- facilities (including rented accommodation)
- communication
- employment, training and development
- contracting providers of health and disability services

A major focus for $2013 / 14$ will be the development of a self-audit tool for MidCentral DHB, its application across all services, and a subsequent work programme of any identified areas requiring improvement.

In respect of hospital services, the regular customer satisfaction reports will continue.
In addition to the above, additional reports on topical issues will be provided.

## 5. CURRENT POSITION

Reporting is occurring in accordance with the timeline.
A schedule of all reports scheduled for consideration at the Committee's next meeting are set out below. If there are any new items which members require, or any issues they would like canvassed in future reports, please advise.

- Disability self-audit tool
- Customer satisfaction update
- Update regarding the Ministry of Health's "new model" work programme



TO Disability Support Advisory Committee
MidCentral District Health Board
MIDCENTRAL Te Pae Hauora o Ruahine o Toraraa
FROM Heather Browning, General Manager, Enable New Zealand

DATE 4 July 2013

## SUBJECT Update on Ministry of Health Paid Family Caregivers

## MEMORANDUM

## 1. Purpose

This report is provided to update members on the situation in respect of the new Ministry of Health policy relating to paying family members to provide care to their disabled family member and is for information only.

## 2. Executive Summary

On 16 ${ }^{\text {th }}$ May 2013 Health Minister, Tony Ryall announced new policy relating paying family caregivers and the New Zealand Public Health and Disability Amendment Bill (No 2) was passed through Parliament on 17th May (See Appendix One Media Release).

This policy change followed the Court of Appeals decision on 14 May 2012 to uphold the decisions of the High Court and the Human Right Review Tribunal that the Ministry of Health policy of not paying family carers of adult children with a disability represented unjustified discrimination on the basis of family status. Thereafter the Health Minister, Tony Ryall, set up a Technical Advisory Group, representative of a broad spectrum of the disability sector providers and service users to assist the Ministry of Health in developing an approach and workable policy to respond to the need to pay some family carers.

This work proceeded through 2012 until a public consultation document was released on $19^{\text {th }}$ September and closed on 6 November 2012. The outcome of these consultations led to the development of the new Ministry of Health policy.

The new policy applies only to disabled adults (aged 18 years and over) who are assessed as having high or very high needs based on a number of criteria and will allow them to employ their parent of other family member that lives with them (except spouse or partner) to provide up to 40 hours of support each week.

To determine eligibility the disabled person will be assessed by the Needs Assessment and Service Coordination service and if eligible they can then choose a family carer or a contracted service provider.

## COPY TO:

MidCentral DHB
Heretaunga Street
PO Box 2056
Palmerston North
Phone +64 (6) 3508967
Fax $\quad+64$ (6) 3550616

If they choose a family carer, they will receive funding to pay their family carer an hourly rate, as an employee.

The funding will be allocated to the disabled person using a Section 88 Notice under the New Zealand Public Health and Disability Act.

The Ministry of Health is still working on the details and operational aspects of how this policy will be enacted including how funds will be managed and monitored. The Disability Services team of Ministry of Health are working closely with Needs Assessment and Service Coordination services and Individualised Funding Managers to ensure the transition to the new policy will proceed with minimal disruption.

Attached, as Appendix Two, is a FAQ sheet from the Ministry of Health website.

## Recommendation

It is recommended that:
This report be received


Heather Browning
General Manager Enable New Zealand

## 7.3

## Appendix One

## Hon Tony Ryall <br> Minister of Health



17 May 2013
Media Statement

## Paying family carers - Amendment Bill passed

The New Zealand Public Health and Disability Amendment Bill (No 2) has passed through Parliament today.

New Zealand is only the third country in the world, after Sweden and the Netherlands, where some family carers can be paid a wage to care for their disabled family member, according to the Ministry of Health.

Health Minister Tony Ryall says the Bill is the Government's solution to the Court of Appeal's decision in Atkinson and others v Ministry of Health which found the Ministry of Health policy of not paying some family carers of disabled people was discriminatory.

Health Minister Tony Ryall says the Bill clarifies the Government's position on paying some family members to care for their severely disabled adult children and provides certainty about eligibility without the need to resort to the Courts on individual cases.
"We recognise the crucial role of families in providing care and support to their disabled family members - this bill balances the interests of those who are being cared for, the families and the taxpayers in challenging financial times," Mr Ryall says.
"This bill enables around 1,600 disabled adults with high and very high needs to pay family members to care for them at home.
"The Government will invest $\$ 92$ million over the next four years to pay for this support package at an estimated cost is $\$ 23$ million a year. It is expected the policy will take effect on 1 October 2013.
"Disabled adults who meet the eligibility criteria will be able to choose whether they employ a family carer or continue to use a contracted provider.
"This new policy is a significant investment supporting those families with greatest need and giving more disabled people and their families more choice and control in the support they receive."
"At the same time, it is sustainable within overall health spending. It is a balance and I think we have landed in a fair place," Mr Ryall says.
"This adds to the extra $\$ 100$ million the Government is spending on disability support services over the next four years to meet population changes and cost pressures, bringing the total investment to a record $\$ 1.1$ billion next year."

## Appendix Two

## Payment to family carers questions and answers

## What is changing?

From 1 October 2013 some family carers of disabled people receiving supports funded by the Ministry of Health will be able to be paid for the support they provide, up to a maximum of 40 hours per week.

Disabled adults (aged 18 years and over) assessed by a Needs Assessment and Service Co-ordination (NASC) organisation as having high or very high needs will be eligible for funding to employ their parents and resident family to provide them with personal care and household management support. The disabled person will receive funding to pay their family carer the minimum wage and to meet employer obligations relating to holiday pay, sick pay, ACC levies etc.

## Who can be a family carer?

The adult disabled person's parent or a family member that lives with them (eg, a grandparent, adult sibling, adult cousin, aunt or uncle) can be a family carer under this policy.

Some family members who do not live with the disabled person are already able to be paid to provide support, usually by being employed by a provider. This will not change. Additional or other support assessed by the NASC as required will be provided by contracted providers as occurs now.

## How will eligible family carers be paid?

The Ministry of Health will make payments to eligible disabled people who then employ their family carer directly. This method is being used in response to feedback from the public consultation. A lot of people wanted an allowance paid to the family carer while many others preferred to be employed. This method combines both approaches and makes sure the disabled person is at the centre.

The funding will be provided through a Section 88 Notice under the New Zealand Public Health and Disability Act.

## How will disabled people's choices and safety be protected?

Disabled adults who meet the eligibility criteria will be able to choose whether they employ a family carer or use a contracted disability support service provider. Existing complaints processes and audits will be used to make sure services provided by family carers or contracted providers are safe and of good quality.

## How much will the new policy cost?

It is estimated that the paid family carer policy will cost about $\$ 23$ million per year. This cost will be met within the overall funding allocated for health and disability support services.

## Will the policy affect any income support benefits received by an eligible disabled person who employs a family carer, or their family carer?

Any benefit received by the disabled person will not be affected. However, the wages received by the paid family carer will be treated as income and may affect any benefit received by that family carer (and a range of other government assistance that depends on income, eg, Working for Families Tax Credits), depending on how much they earn.

## Did disabled people and carers have input into this change?

A Technical Advisory Group was set up to help the Ministry of Health develop options for a consultation document. This group comprised people with experience of or expertise in disability, being a family carer, the disability support system, and managing funds for disability support.

The Ministry also consulted the public on options for paying family carers. There were 12 regional workshops, two hui for Mäori and a focus group with Pasifika representatives. Meetings with the original plaintiffs and with the Consumer Consortium were also held. A total of 636 submissions were received and feedback was incorporated into the policy.

## Will this policy be extended to other groups?

The Government will explore issues for family carers of adults with chronic health conditions as the family care expectations and impacts for this group are similar to adults with disabilities and their family carers. This work will take place in the second half of 2013.

## What is not changing?

In all other situations, the existing Ministry of Health and district health board policies remain the same for family carers and payment will not be available for:

- parents and other resident family members to care for children and young people under 18 years of age
- people providing support to their disabled spouses or partners
- people aged 18 years and over who do not meet the eligibility criteria for high and very high need situations or who do not wish to employ a family carer
- disability support other than Home and Community Support Services (personal care and household management), for example, respite care
- support services funded by district health boards such those provided to older people, people with mental health conditions, short term medical conditions, and receiving palliative care.
- Disabled people receiving personal care and home management support provided by paid family carers will still have access to other assistance. The Ministry of Health is in the process of working through whether paying a family carer will have any impact on the level of Carer Support Subsidy and respite services available to them.


## What other support is available to family carers and disabled people?

The Ministry of Health spends over $\$ 1$ billion a year on a wide range of disability support services including household and community support services, residential care, support for high and complex needs, equipment and home modifications, supported independent living, carer support and respite care. Support and payments from a number of other agencies is available to disabled people, depending on their eligibility and assessed needs. These include the Invalids Benefit, Domestic Purposes Benefit-Care of the Sick or Infirm, Disability Allowance, Community Services Card, vocational services, and special education support.

People with disabilities or impairments due to aging, mental illnesses or addictions, chronic health conditions, conditions in the palliative stage or short-term medical problems may be eligible to receive support through district health board funded services.

## When does the scheme start?

The scheme starts from 1 October 2013. Information on how the scheme works and how people can be assessed for paid family care will be available in September 2013.

DATE 24 June 2013

## SUBJECT Health and Disability Commission Health Passport

## 1 Purpose

To provide an update following the last report in June 2012 on the implementation of the Health and Disability Commission (HDC) Health Passport. This report is for information and no decision is required.

## 2 Background

The Health Passport was developed in response to the circumstances surrounding the death in hospital of a young disabled woman who had experienced a great number of difficulties during her hospital stay. This arose because the hospital lacked a mechanism for supporting the woman with respect to her needs specific to her disability. The woman's mother asked that the Health Passport be available to consumers in all hospitals so that what happened to her daughter never happened to anyone else.

The HDC worked with representatives of District Health Boards' (DHB) Disability Support and Advisory Committees (DSAC) to develop the passport and to plan implementation. The passport is designed to assist medical, nursing and support staff to understand the care, communication and support needs of people with disabilities. The passport belongs to the disabled person and is held and updated by them. It comes with the person to hospital and is placed at the end of the bed or on the locker. It is separate and distinct from the patient's clinical record.

As it is a patient held tool, the HDC recommends that the passport is introduced primarily within the community. In this way people can obtain the passport and have it completed for any possible hospital visit or admission. The HDC believes that the success of the initiative will depend on adequate promotion within hospitals so that when patients arrive with their passport staff recognise what it is and know why and how they should use them.

## 7.9

## 3 Current Situation

Discussion occurred between the Central Primary Health Organisation, Planning and Support and MidCentral Health regarding the HDC Health Passport. It had been agreed that MidCentral District Health Board (MDHB) would not plan for implementation of the HDC Health Passport. The developments that are currently underway within the primary care sector, e.g. Manage My Health and Map of Medicine, will potentially lead to opportunities for managing information for people with disabilities in a more proactive and appropriate way.

Since that decision was made and reported in June 2012 the HDC has indicated that they are going to progress promoting the introduction of the HDC passport within all communities regardless of the approach taken by individual DHBs. The HDC has been unable to provide any further evaluation of the implementation of the HDC Health Passport although did indicate 10 DHBs have implemented it.

MDHB has its own pink patient passport that is very well used within the intellectually disabled community with increasing use by others, e.g. those with English as a second language, those with sight or hearing impairment etc and will continue to be supported, promoted and updated as required. The HDC has agreed to promote both their own and MDHB's pink patient passport in this region.

MDHB now promote both passports to all new staff at orientation and have placed information on the website for both staff and the public with links to the HDC website to access new passports if required. The passports are free to patients who choose to access them from HDC however there is a cost to the DHB if we choose to supply them. Enable New Zealand will also be adding this information to their website.

## 4 Conclusion

The Health and Disability Commissioner's office are aware of the work being undertaken at MDHB. MDHB has also again requested information on evaluation of the HDC Health Passport to date and have asked to meet with HDC regarding this.

## 5 Recommendation

It is recommended that
this report be received.


Muriel Hancock

## Director

Patient Safety and Clinical Effectiveness

