

## MIDCENTRAL DISTRICT HEALTH BOARD

### **Minutes of the Health & Disability Advisory Committee meeting held on 10 September 2019 at 9.00am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North**

#### *PART 1*

#### **PRESENT**

Karen Naylor (Chair)  
Ann Chapman  
Barbara Cameron  
Barbara Robson  
Brendan Duffy  
Diane Anderson

Dot McKinnon  
John Waldon  
Nadarajah Manoharan  
Oriana Paewai  
Vicki Beagley

#### **IN ATTENDANCE**

Kathryn Cook, Chief Executive  
Andrew Nwosu, Operations Executive, Healthy Ageing & Rehabilitation  
Celina Eves, ED, Nursing & Midwifery  
Claire Hardie, Clinical Executive, Cancer Screening Treatment & Support (part meeting)  
Craig Johnston, GM Strategy, Planning & Performance  
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support  
David Andrews, Acting GM, Enable New Zealand, (part meeting)  
David Sapsford, CE, Acute & Elective Specialist Services  
Debbie Davies, OE, Primary, Public, Community Health  
Gabrielle Scott, ED, Allied Health  
Jeff Brown, Acting Chief Medical Officer/Clinical Executive, Women, Children & Youth  
Judith Catherwood, General Manager, Quality & Innovation  
Lyn Horgan, Operations Executive, Acute and Elective Services  
Sarah Fenwick, Operations Executive, Women, Children & Youth  
Scott Ambridge, Acting Operations Executive, Mental Health & Addictions  
Syed Zaman, Clinical Executive, Healthy Ageing & Rehabilitation  
Vanessa Caldwell, Acting Clinical Executive, Mental Health & Addictions  
Carolyn Donaldson, Committee Secretary  
Alison Russell, Planning & Integration Lead, Primary, Public, Community Cluster (part meeting)  
Barbara Ruby, Planning & Integration Lead – Acute & Elective Specialist Services (part meeting)  
Barb Bradnock, Planning & Integration Lead - Healthy Women, Children & Youth (part meeting)  
Emma Le Lievre, Maternity Quality & Service Programme Coordinator (part meeting)  
Janine Stevens, Public Health Physician – Maori Health Practice Leader (part meeting)  
Kelly Isles, Director Strategy and Design  
Laura Stillwell, TrendCare Coordinator (part meeting)  
Paula Spargo, Midwifery Director (part meeting)  
Robyn Williamson, Clinical Programmes Lead (part meeting)  
Susan Murphy, Manager, Quality Improvement and Assurance (part meeting)  
Wayne Blissett Acting General Manager, Maori Strategy, Support and Operations (part meeting)

Public: 3  
Media: 1

In opening the meeting, the Chair acknowledged the death of John Hannifin at the weekend. John was the independent Chair of the Consumer Council and also sat on the Clinical Council in this capacity.

## **1 ADMINISTRATIVE MATTERS**

### **1.1 Apologies**

Apologies were received from Members Adrian Broad, Anne Kolbe and Michael Feyen. An apology for lateness was received from Barbara Cameron.

### **1.2 Late Items**

There were no late items.

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

There were no conflicts of interest or updates for the register of interests.

### **1.4 Minutes of the Previous Meeting**

It was resolved:

*that the minutes of the previous meeting be approved as a true and correct record subject to amending paragraph 2.1 third sentence to read Management were asked what was occurring in **other** areas where there were boundary issues. (Moved Di Anderson; seconded Ann Chapman.)*

### **1.5 Matters Arising from the Minutes**

There were no matters arising.

## **2 HEALTH AND DISABILITY STRATEGIC PLANNING**

### **2.1 Cluster Health and Wellbeing Plan**

The Director Strategy and Design spoke to this report. The Cluster Leads for the three plans presented joined the discussion. The Clusters were Te Uru Arotau Acute and Elective Specialist Services, Uru Matai Matengau Cancer Screening, Treatment and Support and Uru Pa Harakeke Healthy Women Children and Youth.

The issue of how to measure progress and monitor progress was discussed. It was appreciated this would be difficult to do especially as services would change over time. It was important to have a measure of the current landscape in order to see progress. The Chief Executive clarified that reporting to the Board this year would be through the cluster reports and a combination of annual plan measures already agreed. Going forward this reporting would be amalgamated.

The necessity for checking patient records were correct when the patient presented was noted. Whilst this may involve the patient telling their story numerous times, it was important data was correct.

The importance of change in culture in the organisation was raised. The Chief Executive advised the refreshed People Plan (organisational development plan) would be presented at the next Board meeting. It included issues around culture and the workforce.

It was resolved that the Committee

- *consider the three Health and Wellbeing Plans; and*
- *endorse the content of the Health and Wellbeing Plans for Board approval, noting that there may be some minor amendments to reflect this morning's feedback. (Moved Dot McKinnon; seconded Brendan Duffy.)*

## **2.2 MDHB Disability Strategy Implementation Plan**

The Executive Director Allied Health spoke to this paper. Feedback included, for example, the desirability of having numbers as well as percentages in graphs, what coding system would be used to collect disability coding data with ethnicity analysis and identifying Otāki as well as Horowhenua.

It was noted that on-line disability responsive training was available for staff in terms of how they perceived and delivered care that met needs. In terms of the workforce for people, this involved knowing what the connectors were doing, working with the education providers and supported employment agencies, eg WorkBridge for them to gain work experience, and working with the schools to see what could be offered to children transitioning out of school even in voluntary space. It was noted that individuals stayed with their connector for as long as they wanted, and there was no imposition to change.

The Chief Executive clarified how the various enabler plans fitted together. She said that over time the various reports would be reflected more in the Cluster.

It was resolved that the Committee

*endorse the content and direction of the draft implementation plan and provide any comments to further improve the implementation plan. (Moved Di Anderson; seconded Vicky Bagley.)*

## **3 LOCALITY HEALTH AND WELLBEING PLANNING**

### **3.1 Horowhenua Health and Wellbeing Plan Update**

The General Manager, Strategy, Planning & Performance and Operations Director, Healthy Ageing & Rehabilitation spoke to this paper.

Concern was expressed at the feedback received particularly around poverty and people not being able to access services. Management noted their plans to work with Shannon and Foxton (including Foxton Beach) in relation to this issue. Waiting times to see GPs and social isolation were also raised, and Management outlined their approach to this including using the community assets and the use of nurse practitioners.

Wayne Blissett joined the meeting.

Whilst Horowhenua district was well supported with community support, the Board could not solve all issues alone. Inter-sectorial engagement would be required to do this, but which agency would take a lead in this would have to be determined. A request was made for a small report to be included in the Cluster report, on the pilot programme for older adults in-home respite for carers looking after their partners.

It was resolved that the Committee:

*note the progress that has been made in relation to the Horowhenua Health and Wellbeing Plan.*

## **4 SERVICE CLUSTER REPORTS**

### **4.1 Cluster Update for July 2019**

The Operations Executive, Healthy Women Children and Youth, noted the risk around recruiting and retaining midwives and the plan to manage the risk by increasing midwifery positions by 6FTE. However, due to the national shortage of midwives, interim plans had been put in place involving additional healthcare assistants and an on-call midwife system. The shortage of midwives was discussed.

The proposal to close the wait list for neuropsychological assessments for autism spectrum disorder was raised. Management explained this disorder fitted into the disability sector which had very different criteria throughout the country regarding what was in and what was not in their service, eg age limit restrictions, no psychology within the service (out sourced) and different funding arrangements. This was a Ministry of Health funded service.

Paula Spargo and Laura Stillwell left the meeting.

The busyness of the hospital was noted with every bed being open. It was noted the thresholds for accepting patients within four months of surgery had changed slightly recently. However MDHB was average across the country for this.

It was suggested a resource document for the incoming board members to explain various terms, eg referral prioritisation, should be developed. Management explained this had been done in the past, and it could be refreshed for the new board.

It was noted that due to a fire in the regional youth service facility, which had to relocate to a less than ideal facility with reduced capacity while repairs were undertaken, the flow on effect was an inability to access that service in a timely way. As a result, Ward 21 had to be used, meaning an additional cost for specialising these people.

The home based treatment pilot would be undertaken in partnership with the NGO partners. The workforce would be composed of an RN, support workers and a care worker.

Workforce demand was also discussed. This was due to the acute demand and had been identified as a critical risk. The actions being undertaken to address this demand were noted.

A refreshment break was taken at this stage.

An update on the measles outbreak was provided, in particular how the preparedness planning was being progressed in partnership by the Public Health Service with THINK Hauora- the PHO. The importance of regular communications with the public was noted.

It was noted that the Interim National Cancer Plan was now available and that MDHB's plan aligned with the objectives of the national plan. Topics discussed included vaccinations, bowel screening readiness assessment which was a snapshot in time and identified a few issues, and working with the Central Cancer network.

It was resolved that the Committee

- *note the progress made by the Clusters for July 2019*
- *note the workforce challenges in Midwifery, Orthopaedics and Mental Health & Addiction Services, and the mitigations in place to minimise the impact on care delivery*
- *note that short, medium and long term solutions continue to be advanced for managing increasing demand for Emergency Department services. (Moved Barbara Cameron; seconded Ann Chapman.)*

#### **4.2 Pae Ora – Paiaka Hauora Māori Cluster Implementation Update**

The Operations Executive, Pae Ora – Paiaka Whaiora spoke to this paper.

The Chief Executive advised applications for this role had now closed and interviews would be held as soon as possible. The CE also advised it had been agreed to move beyond the terminology of Cluster for Pae Ora and that a hold had been put on finalising that plan until the new GM was in place and had an opportunity to meet with the team.

The Operations Executive Pae Ora – Paiaka Whaiora acknowledged the passing of John Hannifin. He also advised he had met with WOSIDG the previous week. A number of the partners committed to club funding a role to co-ordinate Realising W.A.I.O.R.A. The 25 partners would fund a role, organised through a subcommittee of WOSIDG, and he had been appointed interim Chair of the subcommittee.

The budget bid for Kainga Whānau Ora was successful. The new partner is the Te Oranganui in Whanganui and their partners. Recruitment is underway for this initiative.

The Operations Executive further advised that Pae Ora and Oranga Hinengaro had come together to share a learning space and see how to consolidate and work together.

It was resolved that the Committee:

*notes the Pae Ora - Paiaka Hauora Māori Cluster Report. (Moved Brendan Duffy; seconded Dot McKinnon.)*

#### **4.3 Enable New Zealand Report to 31 July 2019**

The Acting General Manager, Enable New Zealand, spoke to this report, advising that the Strategic Advisory Group had been confirmed and the first meeting had been held.

It was resolved that the Committee:

*notes the Enable New Zealand Report to 31 July 2019.*

#### **4.4 Clinical Profession Report – Allied Health Scientific and Technical**

It was resolved that the Committee:

*note the progress allied health has made in quality activities and the 2019/20 work plan initiatives.*

### **5 QUALITY IMPROVEMENT**

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

The General Manager Quality & Innovation spoke to this report.

The information shown in some graphs was discussed for understanding purposes, ie a number of graphs showed two red lines, labelled UCL and LCL (upper and lower control limits). The General Manager explained the reports were showing the natural data variations. If limits were not put on them, it would be difficult to identify true variation.

During discussion of the dashboard results and the number of falls, Management confirmed that all patients were assessed for risk of falls.

It was resolved that:

- *the clinical governance and quality improvement report be noted*
- *progress in delivering improvements in Clinical Governance and Quality Improvement be endorsed*
- *progress and improvement plans to address MDHB performance in the quality and safety markers is noted*
- *progress in implementation of The Quality Agenda is endorsed*
- *the themes from the first thematic review of incidents, events and feedback are endorsed.*

#### **5.2 Health Equity Work Programme Update: Monitoring Health Equity**

The Public Health Physician/Maori Health Practice Leader and Operations Director, Pae Ora – Paiaka Whaiora spoke to this report. Members were advised the hui mentioned in the report relating to the Equity Tool, had been held and work would now progress on this matter.

Information contained in the Trendly Dashboard Data for Maori was noted. Some of the cross-cluster initiatives that had been negotiated in regard to a shared role, with a primary focus on challenging equity, were attempts to focus on some of those issues. There was also a focus on looking at system engagement (DNA), unbundling what had been done and how it could be improved.

The Operations Director explained they were just about there with the data from Kainga Whānau Ora and it was now possible to look across the data and see the significant gains and contributions made by the partners.

The Chief Executive spoke of work going on nationally looking at addressing the range of matters impacting on Maori in NZ. They were collectively working up a plan for DHBs to address findings as they came to light to the extent that they could.

It was resolved that the Committee:

- *note the progress update on the Equity Work Programme*
- *note the changes in health equity performance based on Whānau Ora data and Trendly indicators.*

## **6 Annual Maternity Report**

The Operations Executive and Maternity Quality & Safety Programme Coordinator spoke to this report. The 12 hour shift concept was noted. Management advised it was progressing well.

It was resolved that the Committee:

- *note the progress being made in Maternity*
- *endorse the 2018/19 Maternity Report.*

## **7 POLICY & GOVERNANCE**

### **7.1 Committee's Work Programme, 2019/20**

The General Manager Quality and Innovation presented this reporting, noting that there would be only three Health and Wellbeing Plans presented to the next meeting. The Pae Ora plan would be delayed, as advised earlier in the meeting.

It was resolved:

*that the update on the 2019/20 work programme be noted.*

## **8 LATE ITEMS**

There were no late items.

## **9 DATE OF NEXT MEETING**

15 October 2019

## **10 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:*

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
<i>Potential &amp; Actual Serious Events May 2019 to July 2019</i>	<i>To protect personal privacy</i>	<i>9(2)(a)</i>
<i>Health &amp; Disability Complaints May 2019 to July 2019</i>	<i>To protect personal privacy</i>	<i>9(2)(a)</i>
<i>"In committee" minutes of the Health &amp; Disability Committee meeting</i>	<i>For the reasons set out in the order paper of 6.8.19 meeting held with the public present</i>	

Confirmed this 15th day of October 2019.

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Chairperson

A workshop for members regarding Uru Pa Harakeke – Healthy Women, Children & Youth was held at the conclusion of this meeting.