

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health and Disability Advisory Committee meeting held on 13 October 2020 from 9.00am in the Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

MEMBERS

John Waldon, Committee Chair	Gail Munro
Brendan Duffy, Board Chair	Materoa Mar
Heather Browning	Karen Naylor
Vaughan Dennison (<i>from 9.10am</i>)	Oriana Paewai
Lew Findlay	Jenny Warren
Muriel Hancock	

IN ATTENDANCE

Kathryn Cook, Chief Executive
Judith Catherwood, General Manager, Quality and Innovation
Craig Johnston, General Manager, Strategy, Planning and Performance
Rory Matthews, Interim Director of the Office of the Chief Executive
Gabrielle Scott, Executive Director, Allied Health
Tracee Te Huia, General Manager, Māori Health
Margaret Bell, Board Secretary

IN ATTENDANCE (part meeting)

Dr Rob Beaglehole, National Public Health Advocate for the DHB Chief Executives and Chairs
Scott Ambridge, Operations Executive, Te Uru Rahuī
Dr Jeff Brown, Clinical Executive, Te Uru Pā Harakeke
Dr Vanessa Caldwell, Clinical Executive, Te Uru Rahuī
Mariette Classen, Consumer Experience Manager
Debbie Davies, Operations Executive, Te Uru Kiriora
Sarah Fenwick, Operations Executive, Te Uru Pā Harakeke
Dr Claire Hardie, Clinical Executive, Te Uru Mātai Matengau
Robert Holdaway, Manager Public Health
Lyn Horgan, Operations Executive, Te Uru Arotau
Lisa Knight, Communications and Social Media Officer
Cushla Lucas, Operations Executive, Te Uru Mātai Matengau
Susan Murphy, Manager, Quality Improvement and Assurance
Andrew Nwosu, Operations Executive, Te Uru Whakamauora
Michelle Riwai, General Manager, Enable New Zealand
Dr Syed Zaman, Clinical Executive, Te Uru Whakamauora

1. KARAKIA

The meeting opened with the organisational karakia.

2. ADMINISTRATIVE MATTERS

2.1 Apologies

Apologies were accepted from Norman Gray (for the meeting) and from Vaughan Dennison (for lateness).

2.2 Late items

There were no late items.

2.3 Register of Interests Update

There were no amendments to the Register of Interests.

2.4 Minutes of the 1 September 2020 meeting

It was resolved that:

the Part One minutes of the 1 September 2020 Health and Disability Advisory Committee meeting be approved as a true and correct record. (Moved Karen Naylor; seconded Muriel Hancock)

2.5 Matters arising from previous Minutes

No discussion.

3. PERFORMANCE REPORTING

3.1 Cluster Update for August 2020

The individual cluster reports were taken as read and the Clinical and Operations Executives spoke to their reports.

Vaughan Dennison and the General Manager, Enable New Zealand joined the meeting during this discussion.

Te Uru Rahuī – Mental Health and Addictions

The inpatient unit (Ward 21) had achieved 28 consecutive days without the use of seclusion and aimed to eliminate seclusion rooms by the end of 2020. Feedback from the certification audit carried out last week had been positive, noting improvements with consumer engagement, a strong multidisciplinary team approach and exemplary handover process. It was expected that Older Adult Mental Health Services would transition into the Older People's Assessment and Liaison (OPAL) service in 2021/22. The Health and Disability Advisory Committee (HDAC) and Board would be kept informed of timelines for the design and build of the new inpatient unit. Consideration would be given to the level of information about the new unit that should be provided to the Consumer Council and Clinical Council.

Te Uru Whakamauora – Healthy Ageing and Rehabilitation

The Average Length of Stay (ALOS) was affected by many factors, including lack of community options for support on discharge and a high prevalence of delirium. Keeping in touch with people on waiting lists was a priority for the service. It was important that clinicians spoke and wrote in simple language that was easily

understood by their patients. A summary of the submissions received on the proposal on the partnership of STAR 1 and STAR 2 had been provided to Board members in the Chief Executive's weekly update. The new format for presenting reports to the Board and HDAC would provide a simplified dashboard and highlight ethnicity data.

Te Uru Kiriora – Primary, Public and Community Health

COVID-19 had increased the use of telehealth as a method of providing services, including in primary care. The Consumer Council was concerned to ensure the risk of disadvantage for those without access was addressed in the development. It was agreed that the Clinical Executive sponsor and team responsible for telehealth in the DHB's Sustainability Plan would discuss this matter further with the Chair of the Consumer Council. It was noted that some people presenting to the Emergency Department (ED) did so because of difficulties getting an appointment to see a General Practitioner (GP) and the cost of seeing a GP (which was determined by a national pricing model).

Te Uru Mātai Matengau – Cancer Screening, Treatment and Support

There were no questions from the Committee.

Te Uru Arotau – Acute and Elective Specialist Services

There had been significant trauma events during August. The directorate was focused on moving patients out of ED as quickly as possible. All beds had been opened in wards, with appropriate staffing and people were being discharged into the community if the right support was available. Staffing in ED had been enhanced and there would be six registrars working in ED from January 2021. Presentations and admissions to the hospital had higher acuity and complexity. This 'post-COVID' effect was occurring in other hospitals. Additional sonographers and locums had been recruited since the report was written.

Te Uru Pā Harakeke – Healthy Women, Children and Youth

A new Senior Medical Officer (SMO) would commence in the Obstetric and Gynaecology team next week, which was joint appointment with Wairarapa District Health Board. This would improve the service available to people in the Tararua district. The Whānau Equity Facilitator role had improved attendance rates and work would be done to implement this model into other areas, including Paediatrics. A decision had been made last week to temporarily close the Horowhenua Maternity Unit due to staff shortages. The PowerPoint presentation from the Clinical and Operational Executives highlighted the successes (Ngā piki) and challenges (Ngā heke) facing the service.

Committee members expressed concern over the cost of accessing primary care and the impact that had on the number of people presenting to ED for care. It was agreed to hold a workshop at the next HDAC meeting to learn more about the national policy around primary care costs; availability and timeliness of appointments with GPs; and GP workforce recruitment issues. The workshop would enable the Committee to consider the work that had commenced and the next steps to address this issue.

It was resolved that the Committee:

endorse the progress made against the Annual, Operational and Sustainability Plans, as outlined in the Directorate reports. (Moved Oriana Paewai; seconded Muriel Hancock)

The National Public Health Advocate for the DHB Chief Executives and Chairs, and the Manager Public Health joined the meeting.

The Operations and Clinical Executives, Te Uru Rahuī; the Clinical Executive, Te Uru Mātai Matengau; and the Operations Executive, Te Uru Pā Harakeke left the meeting.

3.2 Enable New Zealand Report to 31 August 2020

The General Manager, Enable New Zealand presented this report, which was taken as read. Delays in completing complex housing modifications were the result of many factors, including the lack of availability and high demand for qualified builders. Some of this impact was believed to be related to increased private work due to COVID-19 travel restrictions. The second tranche of the Enablement Programme would focus on the customer journey, including how to support assessors in the community with technology solutions.

The media representative left the meeting.

It was resolved that the Committee:

endorse the Enable New Zealand report to 31 August 2020. (Moved Vaughan Dennison; seconded Materoa Mar)

3.3 Pae Ora Paiaka Whaiora Progress Report

The General Manager Māori Health presented this report, which was taken as read. The refresh of Ka Ao, Ka Awatea Māori Health Strategic Framework 2017-2022 was being carried out in conjunction with the MidCentral District Health Board's (MDHB) Strategy Refresh. It was agreed that a summary of the Kaupapa Māori contract mapping exercise regarding services would be provided to the Board.

It was resolved that the Committee:

note that progress update from Pae Ora Paiaka Whaiora Directorate. (Moved Brendan Duffy; seconded Karen Naylor)

The Communications and Social Media Officer left the meeting.

4. DISCUSSION/DECISION PAPERS

4.1 Nutrition and Physical Activity Policy

Dr Rob Beaglehole, National Public Health Advocate for the DHB Chief Executives and Chairs was welcomed to the meeting and gave a presentation to the Committee. He noted that the NZ Health and Disability System Review (Heather Simpson Report, June 2020) recommended that DHBs address the commercial determinants of health – tobacco, alcohol and unhealthy foods. New Zealand had the third highest level of sugar consumption in the Western world and was the third most obese nation in the OECD (Organisation for Economic Cooperation and Development).

Dr Beaglehole encouraged the DHB to adopt a 'Water Only' policy, which would help the health promotion teams to go to schools and the community to educate them about the harmful effects of sugar. He noted that MDHB was one of only three DHBs who did not have an alcohol position statement. Management advised that work was being done on developing an Alcohol Position Statement separate to the Policy for the Board's approval.

The Operations Executive, Te Uru Kiriora's report and Nutrition and Physical Activity Policy was taken as read.

Committee members noted that parts of the Nutrition and Physical Activity Policy were very prescriptive, while other parts were open to interpretation.

Management advised the policy was based on Ministry of Health and NZ Heart Foundation guidelines. The first step was to have a policy in place for staff, visitors and on-site contractors. While food security was not part of the policy, the DHB should show leadership in the community.

A committee member advised that Dr Paparangi Read could provide a review of the policy. This was agreed in principle.

The following amendments to the policy were agreed:

- Incorporate Te Tiriti o Waitangi Policy (Approved by the Board September 2020)
- Clause 4 – first sentence to read: "This Policy is to ensure MidCentral DHB and its contracted providers promote an environment that consistently offers and promotes:" (To clarify the policy applies only to the MDHB campus and Horowhenua campus – not to all contracted health service providers)
- Clause 9: Remove reference to Appendix 3: Alcohol Policy
- Appendix 1 Catering Guidelines for Food and Drink – third bullet point to be changed to reflect that types of milk other than low fat milk can be offered with hot drinks.

It was resolved that the Committee:

endorse the revised Nutrition and Physical Activity Policy, incorporating the agreed amendments, for submission to the Board for approval. (Moved Jenny Warren; seconded Brendan Duffy)

Against: Karen Naylor

Abstentions: Vaughan Dennison and Lew Findlay

The National Public Health Advocate for the DHB Chief Executives and Chairs; the Operations Executive, Te Uru Kiriora; and the Manager Public Health left the meeting.

The meeting agreed to reorder agenda items. While the minutes are recorded in the order items were dealt with, numbering of the items follows the order of the published agenda.

5. INFORMATION PAPERS

It was resolved that the Committee:

note the recommendations made in the following Information Papers. (Moved Mataroa Mar; seconded Lew Findlay)

5.1 Locality Plan Progress Report – Horowhenua

note the progress that has been made in relation to the Horowhenua Te Mahere Hauora (the Horowhenua Health and Wellbeing Plan).

5.2 Research – Annual Report 2019/20

note the Research Annual Report 2019/20.

5.3 Committee's Schedule and Work Programme

note the 2020/21 work programme is under review and will be presented at the next meeting

note the Board has approved a revised approach which will form the basis of future reporting

note the interim reporting schedule in Appendix One.

Acknowledgement: General Manager, Strategy, Planning and Performance and Operations Executive, Te Uru Mātai Matengau

The Committee Chair acknowledged the outstanding contributions of long-serving senior staff members, who were both leaving MidCentral District Health Board to take up other roles: Craig Johnston, General Manager, Strategy, Planning and Performance; and Cushla Lucas, Operations Executive, Te Uru Mātai Matengau, Cancer Screening, Treatment and Support.

The Operations Executive, Te Uru Mātai Matengau; the Clinical Executive, Te Uru Whakamauora; and the General Manager, Enable New Zealand left the meeting.

The meeting agreed to move into Part Two of the meeting, and readjourn to complete the remaining items on the Part One agenda.

8. 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:

Item	Reason	Ref
'In committee' minutes of the previous Health and Disability Advisory Committee meeting	For reasons set out in the order papers of the 1 September 2020 meeting held with the public present	
Serious Adverse Events (SAC 1)	To protect patient privacy	9(2)(a)
Health and Disability Commissioner Breach Finding	To protect patient privacy	9(2)(a)
Consumer Story	To protect patient privacy	9(2)(a)

(Moved Vaughan Dennison; seconded Jenny Warren)

Part One of the meeting adjourned at 12.40pm for lunch.

The meeting moved into Part Two (public excluded), with minutes recorded separately.

Part One of the meeting reconvened at 1.55pm.

4.2 The Quality Agenda – Forward Plan

The General Manager, Quality and Innovation; the Manager Quality Improvement and Assurance; and the Consumer Experience Manager presented this report, which was taken as read. The revised format of the report was discussed, and it was noted that the report would be provided to alternate HDAC meetings, using a sprint reporting method. The activities to support the goals would be developed further after the revised clinical governance structure was in place.

The Manager Quality Improvement shared initial feedback received from the recent DAA Certification Audit against NZ Health and Disability Services Standards. Of the 300 standards, MDHB received 11 corrective actions, which was the lowest number ever received. Of these, nine were rated as 'low'; one as 'medium'; and one as 'high'. The auditors' report had yet to be approved by the Ministry of Health, and would be provided to the Finance, Risk and Audit Committee (FRAC). Management explained that in order to prevent repetitive reporting, clinical audit findings were presented to FRAC; and other work related to consumer experience, quality, safety and improvement were reported to HDAC.

The Committee acknowledged the efforts of staff in achieving this audit result.

It was resolved that the Committee:

*note the work to refresh the clinical governance committee structure
endorse the refreshed goals and plans to support the next stage of the implementation of The Quality Agenda (Clinical Governance Framework).
(Moved Jenny Warren; seconded Vaughan Dennison)*

4.3 Quality and Safety Dashboard

The General Manager, Quality and Innovation, the Manager Quality Improvement and Assurance; and the Consumer Experience Manager presented this report, which was taken as read.

Committee members acknowledged the improved style of reporting. Management clarified that the numbers at the top of the dashboard and the narrative related to the quarter, and the graph showed the trend for the year.

Management noted that the increased number of incidents of conduct/behaviour and abuse related to patients abusing staff and was spread across all services and in primary care. People's behaviour had changed as a result of the COVID-19 lockdown and fatigue, which had affected their level of tolerance. There had also been a notable increase in delirium rates across frail older adults who were admitted to hospital.

It was resolved that the Committee:

*note the current performance and trends in the quality and safety markers, adverse events and consumer feedback to August 2020
endorse the progress and improvement plans
provide feedback on the revised format of the report. (Moved Muriel Hancock; seconded Karen Naylor)*

4.4 Community Allied Health and Audiology Waiting Lists

The Executive Director Allied Health presented this report, which was taken as read. She noted the waiting list for speech language therapy waiting for more than four months had reduced since the report was written.

A Committee member expressed concern that older people may not be able to access support for hearing loss, which changed neurological pathways and was linked to dementia.

The Executive Director Allied Health advised that occupational therapy had largely become an 'equipment and housing modification service'. There had been a significant increase in referrals and increased expectations from consumers. Large waiting lists and remediation strategies were noted. Work had commenced to change the model of care to support a rehabilitation service.

It was resolved that the Committee:

*note the waiting list information for Community Allied Health and Audiology.
(Moved Maderoa Mar; seconded Muriel Hancock)*

6. LATE ITEMS

There were no late items.

7. DATE OF NEXT MEETING

Tuesday, 24 November 2020 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North

The meeting closed at 2.45pm

Confirmed this 24th day of November 2020

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Chairperson