

## MIDCENTRAL DISTRICT HEALTH BOARD

### **Minutes of the Health & Disability Advisory Committee meeting held on 17 March 2020 at 9.00am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North**

#### *PART 1*

#### **PRESENT:**

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

Karen Naylor  
Oriana Paewai  
Jenny Warren

#### **ATTENDEES:**

Kathryn Cook, Chief Executive  
Tracee Te Huia, General Manager, Māori Health  
Gabrielle Scott, Executive Director, Allied Health  
Judith Catherwood, General Manager, Quality & Innovation  
Nicki Williamson, Committee Secretary

#### **IN ATTENDANCE – PART MEETING:**

Lyn Horgan, Operations Executive, Acute and Elective Services  
Sarah Fenwick, Operations Executive, Women, Children & Youth  
Dr Jeff Brown, Acting Chief Medical Officer/Clinical Executive, Women, Children & Youth  
Dr Claire Hardie, Clinical Executive, Cancer Screening Treatment & Support  
Debbie Davies, OE, Primary, Public, Community Health  
Scott Ambridge, Acting Operations Executive, Mental Health & Addictions  
Dr Vanessa Caldwell, Clinical Executive Mental Health & Addictions  
Andrew Nwosu, Operations Executive, Healthy Ageing & Rehabilitation  
Dr Syed Zaman, Clinical Executive Healthy Ageing & Rehabilitation  
Susan Murphy – Manager, Quality Improvement and Assurance  
Vivienne Ayres – Manager, DHB Planning and Accountability  
Barbara Ruby – Planning & Integration Lead Acute and Elective Services  
Dr Janine Stevens – Public Health Physician & Māori Health Practice Leader  
Mariette Classen – Consumer Experience Manager

Public: 2  
Comms: 2  
Media: 1

#### **1. KARAKIA**

The meeting opened with the Organisational Karakia.

#### **2. ADMINISTRATIVE MATTERS**

##### **2.1 Apologies**

Apologies were received from members Matoroa Mar and Norman Gray.  
Apologies were also received from Craig Johnston, General Manager, Strategy, Planning & Performance.

## **2.2 Late Items**

There were no late items.

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

No conflicts were declared.

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

It was resolved:

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

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

There were no matters arising.

# **3. PERFORMANCE REPORTING**

## **3.1 Cluster Update for January 2020**

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

Te Uru Whakamauora, Healthy Ageing & Rehabilitation: OPAL was going well, the average length of stay which had reduced to 6.8 days. The wait time to be transferred from ED to OPAL was being worked on. The current wait time was nine hours with a target of four hours. A number of measures were being worked on to ensure the right patients were being transferred to the unit and improve patient flow.

Te Uru Kiriora, Public, Primary & Community Health: The annual leave target for staff with greater than two years leave accrued had been set at zero percent across all the clusters. This was to get the Clusters on an equivalent footing and have consistency of targets. The actual target should show at nine percent.

The cluster was looking at the potential to change the oral health service schedule, which in January had a limited service, but this was proving challenging due to lack of access to children during the summer holidays.

MDHB had the second highest polypharmacy rates in New Zealand and management were investigating reasons for this and reviewing with similar sized DHBs.

Te Uru Rauhi, Mental Health & Addictions: Management clarified that the data reporting covered mental health and addictions combined, not as separate reporting lines. This was a generic national measure. It was clarified that a number of people admitted to Star 1 have Dementia and Alzheimers as these conditions are typically assessed by mental health and treated as long term conditions.

KPI-19 was discussed. A major reason that this KPI was significantly behind target was due to clients rescheduling their appointments. Management were investigating ways to engage more and find appointment times that suited clients including having some evening appointments. A business case was underway to improve technology contact with clients eg text reminders.

Staff turnover appeared high this month at seven percent. The exit interviews had not been received to see if there were any recurring issues.

The new inpatient unit was discussed including how engaged or involved with the design the community were and what the older adult model of care would look like in the new unit. There had been many forums for the community and whānau to engage in both the design and the model of care elements and representations on the steering group.

Regarding the new contracts for Māori providers, management agreed to report on the actions specific to this as it developed.

Te Uru Pā-Harakeke, Health Women Children & Youth: The report was taken as read.

Debbie Davies, Sarah Fenwick, Andrew Nwosu and Syed Zaman left the meeting.

Te Uru Mātai Matengau, Cancer Screening, Treatment and Support: The report was taken as read.

Te Uru Arotau, Acute & Elective Services: The pods project was progressing well. A model of care had been developed and that would determine the layout of the pods. There was a weekly project meeting to keep up momentum on the project.

For those who did not wait to be treated in the ED, the re-presentation data had been reviewed to see if there was an opportunity for phone call follow ups with advice to help prevent people re-presenting to the ED.

It was resolved that the Committee

*endorse the progress made by the Services for January 2020  
note the OPAL (Older People's Acute Assessment and Liaison) unit continues to deliver positive patient outcomes  
note planning at the local level is well established to prepare for the likelihood of Covid-19 being present in our community  
note Te Uru Rauhi have been experiencing higher than anticipated demand through the Acute Care team which has had a flow on effect to the acute inpatient ward  
note Te Uru Pā Harakeke maternity services will commence operational management of Te Papaioea Birthing Centre from 1 April 2020. (Moved John Waldon; Seconded Karen Naylor)*

### **3.2 Te Uru Arotau, Acute & Elective Services Presentation**

The Operations Executive Te Uru Arotau, Acute & Elective Services presented an in-depth overview of the service.

### **3.3 Pae Ora Paiaka Whaiora Hauora Māori Directorate Progress Update Against the Manawhenua Hauora Work Programme**

The General Manager, Māori Health presented this report. The report was taken as read. In April there would be a two day regional meeting regarding the Māori Action Plan with the Ministry of Health, Māori Directorate. The General Manager had met with all four Iwi Boards who had been supportive of the direction for iwi to develop health and wellbeing plans. The Māori Health Equity dashboard was due for completion in time for the HDAC and Manawhenua Hauora April meeting. There were 23 identified indicators identified currently. These would be endorsed by governance in April.

The OLT Te Reo learning had been postponed to June due to the COVID-19 situation. A Board member requested the course be open to Board members.

The amount that was invested in smoking cessation across the DHB was being reviewed to ensure that we were getting the best value for money or what could be done better. The budget would not be cut, this was about ensuring maximum dollar efficiency.

It was resolved that the Committee

*endorses the Pae Ora Paiaka Whaiora progress report against the Manawhenua Hauora Board Work Programme 2019/2020. (Moved John Waldon; Seconded Jenny Warren)*

### **3.4 Enable New Zealand Report to 31 January 2020**

The previous General Manager, Enable New Zealand presented this report. The report was taken as read. The pōwhiri for the new General Manager had been deferred due to the COVID-19 situation.

Under 5.1 of the report the statement “that Mana Whaikaha would be better served if the disabled community-owned and lead the future of the organisation” the Committee would be provided with a further update at the April meeting if there had been a decision from the Minister.

It was resolved that the Committee

- *endorses the Enable New Zealand Report to 31 January 2020. (Moved John Waldon; Seconded Karen Naylor)*

### **3.5 Ka Ao Ka Awatea – Māori Strategic Framework 2017-2022: Implementation Progress Annual Update**

The General Manager, Hauora Māori presented this report. This was an exciting strategy that was developed in collaboration with Te Tihi, THINK Hauora and the DHB to improve equity of health outcomes and Māori health across the district.

It was resolved that the Committee

*note the Annual progress update on Ka Ao Ka Awatea – Māori Strategic Framework 2017 - 2022. (Moved John Waldon; Seconded Vaughan Dennison)*

### **3.6 Health Equity Work Programme Update Monitoring Health Equity**

Dr Janine Stevens presented this report. The Committee acknowledged the report but advised that they needed to see focus and actions in subsequent reporting recommendations.

Using the Trendly data, the quarter two measures showed very few positive results for Māori and in areas where the overall results had declined, the decline was faster for Māori than the total population. Current data did not allow for complete ethnicity reporting and total population reporting masked the inequity for Māori populations. There were at least 13 indicators that did not report by ethnicity.

All cluster plans had an equity focus and the Board and Committee should continue to challenge MDHB on equity outcomes.

There had been a concerted effort across primary, public and general health to improve the targets.

The Trendly dashboard had been developed in 2014 and launched in June 2015, whilst this data would continue in the background, MDHB was working on a Māori Health Equity dashboard to better support its Māori Health priorities. Where poor performance had been identified actions had been included in the Annual Plan to ensure ongoing focus. In addition quarterly reporting detail would provide the Board with key initiatives and action plans to improve the inequity gaps between Māori and others.

There was a significant project of work being undertaken at a national level on the Oral Health statistics.

In the past two to three years there had been significant advancement in five recommendation areas of the Equity Think Piece document. These were:

- 1 Equity of culture – this had happened and was top of mind for everyone
- 2 People first – there was now a focus on Māori and others in all plans
- 3 Clinical considerations – this was starting to happen
- 4 Partnering across other sectors – this was starting to happen
- 5 Take action in our sphere of influence – this was happening but it took time to reflect the results in the dashboard.

It was resolved that the Committee

*note the progress update on the Equity Work Programme  
note the changes in health equity performance based on Trendly indicators to  
inform the Annual Plan. (Moved John Waldon; Seconded Muriel Hancock)*

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

The Manager, Quality Improvement and Assurance and Consumer Experience Manager presented this report. The reports now took an organisational wide and dashboard focused view to ensure consistency. Equity data would be included in the future.

Future patient experience surveys would include ethnicity reporting. The survey would also include cultural questions to ensure patients had been treated appropriately. The team would strongly advocate for the survey to be multi-lingual to HQSC who were co-ordinating the survey at a national level.

The complaints process was discussed. Each cluster individually reported their own complaints and all had a mechanism to review feedback and complaints and adjust processes accordingly if necessary.

It was resolved that the Committee

*note the content of the clinical governance and quality improvement report  
endorse the creation of a refreshed approach to the ongoing implementation of  
The Quality Agenda (Clinical Governance Framework) across the organisation  
endorse progress in delivering improvements in Clinical Governance and Quality  
Improvement. (Moved John Waldon; Seconded Lew Findlay)*

### **3.8 Potential and Actual Serious Adverse Events for January 2019 to January 2020**

The Manager, Quality Improvement and Assurance presented this report. The results were at a similar level to the previous reporting period. There was a robust review

process of all serious adverse events which included following up and reporting back to family, whānau and how the family and staff were supported through an adverse event.

Management would consider how to include more key recommendations and trend based analysis of actions completed in the report in future.

It was resolved that

*The potential and actual serious adverse events report for January 2019 to January 2020 be noted. (Moved John Waldon; Seconded Karen Naylor)*

## **4 DISCUSSION / DECISION PAPERS**

### **4.1 Status Update Report – Implementation of the 2019/20 Regional Service Plan, Quarter 2**

The Manager, DHB Planning and Accountability presented this report. The report was taken as read. Of note, the cancer programme of work would be impacted by the national Cancer Action Plan, National Agency and National Cancer Network as they progressed. There had been two ophthalmologists resign from Whanganui DHB and work was underway as to how to support a service coverage solution until recruitment had concluded. The regional WebPAS upgrade was going ahead this week (18/19 March).

It was resolved that the Committee

*note the update on progress with implementing the 2019/20 Regional Services Plan. (Moved John Waldon; Seconded Jenny Warren)*

## **5 INFORMATION PAPERS**

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

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

It was resolved that the Committee

*endorses the update on the 2019/20 work programme. (Moved John Waldon; Seconded Karen Naylor)*

## **6 LATE ITEMS**

There were no late items.

## **7. DATE OF NEXT MEETING**

28 April 2020, Boardroom MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North.

**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:*

<b>Item</b>	<b>Reason</b>	<b>Ref</b>
<i>"In committee" minutes of the Health and Disability Committee previous meeting</i>	<i>For reasons set out in the order paper of 04.02.20</i>	
<i>Health and Disability Commissioner (HDC) Complaints for January 2019 to January 2020</i>	<i>To protect personal privacy</i>	<i>9(2)(a)</i>

*(Moved John Waldon; seconded Vaughan Dennison)*

Confirmed this 28<sup>th</sup> day of April 2020.

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Chairperson