

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health & Disability Advisory Committee meeting held on 26 November 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
Michael Feyen
Oriana Paewai
John Waldon
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
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support
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
Tracee Te Huia, GM, Maori Health
Carolyn Donaldson, Committee Secretary
Allison Russell, Planning & Integration Lead, Primary Public & Community Health (part meeting)
Angela Rainham, Locality & Population Manager (part meeting)
Barbara Ruby, Planning & Integration Lead, Acute & Elective Services (part meeting)
Denise Mallon, Planning & Integration Lead, Cancer Screening, Treatment & Support (part meeting)
Vivienne Ayres, Manager DHB Planning & Accountability (part meeting)
Communications (1)

Public: 5
Media: 1

1 ADMINISTRATIVE MATTERS

In opening the meeting, the Chair made special mention to each retiring member, acknowledging and sincerely thanking them for the contribution over many years. She also passed on appreciation from Dr Manoharan to retiring members. Other members joined in acknowledging the contribution from retiring members and staff, and wishing them well. The Board Chair advised this was her last meeting as she was stepping down from the role.

The Chair acknowledged the attendance of Mr & Mrs Hume and the contribution they had made to the mental health service.

1.1 Apologies

Apologies were received from Members Adrian Broad and Nadarajah Manoharan.

1.2 Late Items

There were no late items.

1.3 Conflicts and/or Register of Interests Update

Barbara Cameron advised she was no longer a member of the Manawatu District Council.

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. (Moved Karen Naylor; seconded Brendan Duffy)

1.5 Matters Arising from the Minutes

John Waldon noted his name had been spelt wrong in paragraph 3.1, 5th paragraph.

2 HEALTH AND DISABILITY STRATEGIC PLANNING

2.1 Tararua Health and Wellbeing Plan

The Locality and Population Health Manager spoke to this report touching on the various highlights set out in the report. In addition she advised arrangements had been made for the first annual public forum to be held in conjunction with the Age on the Go Expo, planned for 26 March 2020.

There was discussion on the use of methamphetamine and other drugs and gangs in the region. Members were advised of a group in the Tararua district (Anti P Lab Group) who were really passionate and active about the matter. The Locality Manager advised that Oranga Tamariki and the District Council were to have further discussions around this issue following it being raised at a Health & Wellbeing Committee meeting. The establishment of a training hub was another initiative for supporting young people.

Other issues discussed included the difficulty of transport given the issues with the Manawatu gorge, reduced road access due to building the wind farms and rising fuel

costs; whether mental health teams were providing services in the more southern parts of the region now they had relocated; whether the patient portals were being used to their full extent; and the effectiveness of the online directories in terms of knowing which services were the correct ones in the particular circumstances.

It was resolved that the Committee

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

2.2 Status Update Report – Implementation of the 2019/20 Regional Services Plan

The Manager DHB Planning and Accountability spoke to this report, noting that the regional cancer plans were likely to be changed due to the impact of the national cancer action plan. There was concern around the ophthalmology services at Whanganui due to the reduced medical ophthalmology input there. Members were advised MDHB was now well placed due to the IANZ accreditation. Having the interventional radiology would enable the organisation to recruit more senior medical staff.

It was resolved that the Committee

note the update on progress with implementing the 2019/20 Regional Services Plan

3 SERVICE CLUSTER REPORTS

3.1 Enable New Zealand Report to 31 August 2019

The Acting Operations Director, Mental Health & Addictions (former General Manager, Enable NZ) spoke to this report as the Acting General Manager Enable New Zealand was unavailable. It was noted Te Tihi would be facilitating progress following the formation of the Collective Impact Group.

It was resolved that the Committee

notes the enable New Zealand report to 31 October 2019.

3.2 Cluster update for September/October 2019

The presentation from Uru Whakamauora Healthy Ageing and Rehabilitation was taken at this stage. The Operations Executive and Clinical Executive, Uru Whakamauora Healthy Ageing and Rehabilitation and four staff spoke to the presentation.

The presentation covered progress and challenges for the Cluster eg an increasing aged population, care resources required. A review of the recently commissioned OPAL unit focussed on 2-week milestones and future direction.

Discussion following the presentation covered the organisation's current move to recruiting and retaining a more solid nursing workforce rather than using short term overseas nurses, the need to be careful when families say there is really good family support, as such statements could mask inequity problems for Maori, and caring for the carer.

Following the presentation and discussion, the individual Cluster reports were considered. It was noted there would be further information provided in relation to referrals declined in future reporting. An explanation on what minimising the requirement for a patient to come to an appointment was given. This related to a clinician providing advice to the GP team which could reduce the necessity for the patient to come to an appointment.

It was noted the Mental Health single stage business case should be presented to the Committee and Board in the first quarter of next year.

It was resolved that the Committee:

note the progress made by the Services for September and October 2019
note the workforce challenges across Te Uru Arotau, Te Uru Pā Harakeke and Te Uru Rauhi
note the progress towards achieving ESPI targets
note a number of requests for proposals have been issued by the Ministry for Primary Mental Health, Māori and Pasifika services.

A refreshment break was taken at this stage.

3.3 Pae Ora Paiaka Whaiora Māori Progress Update

The General Manager, Māori Health spoke to this report. This was her second week with the organisation, and she noted a few things she had seen in that time, eg the genuine effort being made particularly by the Cluster leads, to make a difference in terms of inequity. She was looking forward to perhaps consolidating and streamlining some of that work. Mrs Te Huia said she would like to bring the Maori Health report more in line with the other Cluster reports, eg a dashboard, KPIs and accountability reporting. Other areas mentioned were ED inpatient analysis/afterhours care and reintegrating back into primary care and locality work, drugs alcohol and addiction work and staffing matters and what is required moving forward. A suggestion was made to Mrs Te Huia that she might consider looking at the Whanganui DHB pro equity report particularly relating to the workforce, as there were some good models there.

It was resolved that the Committee:

notes the Pae Ora Paiaka Whaiora progress update.

4 QUALITY IMPROVEMENT

4.1 Clinical Governance & Quality Improvement update

The Manager Quality Improvement and Assurance and Consumer Experience Manager spoke to this report, noting that the Quality Account had been published on the same day as the national and local Adverse Events annual reports. It was noted that the current set of inpatient experience questions were being revamped. The domains should remain unchanged. It was also noted that the survey only covered inpatients, and that there would be consistency between the inpatient and primary care surveys. As a result of this work, there would not be any inpatient surveys undertaken in the first quarter of 2020.

The issue of credentialing recommendations was raised. The Acting Chief Medical Officer advised an improved process was in place to ensure the recommendations were addressed in a timely way. He advised the Clinical Board had been looking at having a three tier approach where each recommendation was identified as being at a medical lead/line manager or cluster or executive leadership team level to address. Using that method it would be possible to have owners of the actions and reporting back on progress.

The General Manager Quality & Innovation advised the clinical governance dashboard, previously approved by HDCA, was being developed. Feedback on that was welcomed. It was also noted that the Quality Account would be published quarterly in future.

Management were cautioned in respect to the time taken to close complaints, as in major events the patient/family may not have had time to understand all the issues in ten days. In some events it has taken months before the patient/family was able to talk about the event.

The diversity of work covered by this group was raised as it covered many different areas, eg workforce, customer liaison, patient incidents, clinical issues. The CEO clarified explaining there was a connection between staff and consumer/client/patient experience and bringing them closer together.

It was resolved:

that the content of the Clinical Governance and Quality Improvement report be noted, and progress in delivering improvements in Clinical Governance and Quality Improvement be endorsed.

4.2 Adverse Events (Incidents) Policy

It was suggested that consumer participation could be extended to include involving them in the action plan and advice on when it was completed. Management clarified that the organisation collaborated with patients/whanau in adverse events, and that event reports were shared with the family.

It was resolved that:

the changes to the Adverse Events (Incident) Policy be endorsed.

5 POLICY & GOVERNANCE

5.1 Committee's Work Programme, 2019/20

The General Manager Quality and Innovation presented this report, noting that when there was clarity on the Board Chair arrangements, the Board and Committee work programmes would be revisited, including the Ward 21 business case.

It was resolved:

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

6 LATE ITEMS

There were no late items.

7 DATE OF NEXT MEETING

4 February 2020.

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	Reference
"In committee" minutes of the Health & Disability Committee meeting	For the reasons set out in the order paper of 15.10.19 meeting held with the public present	
Potential and Actual Serious adverse Events for August 2019 to October 2019	To protect personal privacy	9(2)(a)
Health & Disability Commissioner Complaints for August 2019 to October 2019	To protect personal privacy	9(2)(a)

Confirmed this 4th day of February 2020.

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Chairperson