

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health & Disability Advisory Committee meeting held on 5 February 2019 at 9.00am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

PRESENT

Karen Naylor (Chair)	Brendan Duffy
Diane Anderson (Deputy Chair)	Michael Feyen
Dot McKinnon	Nadarajah Manoharan
Adrian Broad	Oriana Paewai
Ann Chapman	John Waldon
Barbara Cameron	Vicki Beagley
Barbara Robson	

IN ATTENDANCE

Barb Bradnock, Senior Portfolio Manager, Strategy, Planning & Performance (part meeting)
Celina Eves, Executive Director, Nursing & Midwifery
Claire Hardie, Acting Clinical Executive, Cancer Screening Treatment & Support
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support
Dave Ayling, Clinical Executive, Primary, Public, Community Health
David Sapsford, Clinical Executive, Acute & Elective Specialist Services
Debbie Davies, Operations Executive, Primary, Public, Community Health
Gabrielle Scott, Executive Director, Allied Health
Jo Smith, Senior Portfolio Manager, Strategy, Planning & Performance, (part meeting)
Judith Catherwood, General Manager, Quality & Innovation
Kenneth Clark, Chief Medical Officer
Lyn Horgan, Operations Executive, Acute and Elective Services
Sarah Fenwick, Operations Executive, Women, Children & Youth
Stephanie Turner, General Manager, Maori & Pacific
Jonathon Howe, Corporate Communications Manager
Doug Barnes, Programme Director (part meeting)
Andrew Silver, Quality Improvement Project Lead
Chris Hocken, Consumer and Family Engagement (part meeting)
Megan Doran, Committee Secretary
Dale Wicken, Communications Officer

Public: 4

Media: 1

1 ADMINISTRATIVE MATTERS

1.1 Apologies

Apologies were received from Anne Kolbe, Committee Member and Kathryn Cook, Chief Executive.

1.3 Late Items

There were no late items.

1.4 Conflicts and/or Register of Interests Update

Barbara Robson advised that the Electronic Oral Health Group, of which she was a member, would reconvene for a one off meeting.

Karen Naylor advised her conflict in regards to today's meeting. Pages 69-70 of the agenda referred, being the Pā Harakeke Healthy Women Children and Youth report - Antenatal Clinic Review and the Gynaecology Assessment & Day Unit Nursing Review. The Committee agreed that she could stay for the discussion but that Diane Anderson would chair for that report.

1.5 Minutes of the Previous Meeting

It was resolved:

that the minutes of the previous meeting be approved as a true and correct record. (Moved Diane Anderson; seconded Karen Naylor).

1.6 Matters Arising from the Minutes

Barbara Robson asked that under item 2.2 Uru Whakamau Ora – Healthy Ageing & Rehabilitation Cluster Report, last sentence be reworded to ensure it was clear Orthotics services were supporting a range of patients, not just those with fractures.

Management confirmed that at the time of the last meeting the Francis Group were contracted to the end of 2018. A transition plan was agreed at the end of 2018, to exit this contract by the end of 2018/19 financial year and the ongoing work was funded from the Quality & Innovation budget. This work would be taken back in house at the end of the contract.

The testing of per-and poly-fluoroalkyl substances (PFAS) was raised. Management advised that this testing was being carried out by Pattle Delamore Partners and no results were yet available.

2 PERFORMANCE

2.1 Uru Arotau – Acute & Elective Specialist Services Cluster Report & Presentation

The Clinical Executive spoke to this presentation.

Dot McKinnon, Barbara Cameron and Scott Ambridge entered the meeting.

Key focus for the service were:

- Innovative thinking
- Quality Improvement
- Patient centred care
- Effective communication
- Wisdom and advice
- Radical change

- Specialised services
- Hospital in the home
- Organisational change
- Cultural change
- Relationships
- Clinical pathways

The Committee noted the challenge for the Uru Arotau – Acute & Elective Specialist Services Cluster particularly around budgeting requirements.

Management advised that there was exceptionally high volumes through the hospital for the month of December. This has continued throughout January and into February. There would also be a significant impact on elective throughput as a result of two periods of industrial action in January.

In respect of staffing matters it was noted that there was full RMO coverage and that no locums were currently being utilised. Regarding the radiology department, an offer of employment had been accepted and another other was out for consideration.

Management confirmed that response times under the Everlight contract were being monitored and there were currently no clinical concerns. Management also confirmed the contracted provider was fully credentialed to provide the reporting service.

Elective CWD delivery was discussed. Management undertook to provide a forecast of the expected delivery in the 2018/19 financial year including a breakdown of the information in its report to the Committee, identifying the Elective Initiative volumes provided within the DHB and through outsourcing contracts.

It was resolved that the Committee:

- *endorse the progress made by Uru Arotau – Acute & Elective Specialist Services Cluster in 2018/19*
- *note the quality improvement programmes of work continue to be progressed, namely Takatū, Medimorph which includes Frailty and transfer of Care*
- *note the final phase of the Emergency Department renovations*
- *note the Acute & Elective Specialist Services Cluster Business Improvement Programme.*

2.2 Uru Kiriora – Primary, Public and Community Health Cluster Report

The Operations and Clinical Executives presented this report.

Celina Eves entered the meeting.

Management advised the changes to the District Nursing Services had been signalled to the Ministry of Health in the annual planning process for the 2018/19 year. There had been a reduction in the hours of face to face clinical care provided during the night shift (10.45pm – 7.15am) over the last five years. Part of this care was to provide support to Arohanui Hospice’s home-based patients. The Hospice had agreed to deliver the night service for their own patients.

It was noted that the Child and Adolescent Oral Health Service Plan would be provided to the Committee once completed. It was also noted that the Committee were

interested in seeing the sustainability policy and work programme. This would be provided to the committee once recruitment to the role was completed.

The investment in Smoking Cessation was raised, particularly whether this provided value for money. It was noted by management that this was work in progress and was under review.

It was resolved that the Committee:

- *endorse the progress made by the Uru Kiriora - Primary, Public and Community Health Cluster in 2018/19*
- *note the progress in Health Care Home*
- *note the commencement of the After Hours pilot with St John*
- *note the progress being made in the Pharmacy Improving Value Programme*
- *note the decision regarding the District Nursing Service care delivery configuration.*

2.3 Uru Whakamauora – Healthy Ageing & Rehabilitation Cluster Report

The Operations Executive for Uru Mātai Matengau – Cancer Screening, Treatment & Support Cluster and the Senior Portfolio Manager, Health of Older People spoke to this report in the absence of the Cluster's Operations and Clinical Executive.

The level of Did Not Attend (DNA) rates was discussed. Management advised more information would be provided in its next report, and noted that MidCentral DHB's DNA rates were in general low in comparison with other DHBs. Management also advised that an outpatient improvement programme has been established and reducing DNA rates would be part of the improvement efforts.

Community Rehabilitation - the provision of Accident Compensation Corporation (ACC) home strength and balance programme was discussed. It was noted this service was in its first year of operation, and recruitment activity had increased in the last few months.

It was resolved that the Committee:

- *endorse the progress made by the Uru Whakamauora - Healthy Ageing and Rehabilitation cluster to date*
- *note the range of improvement initiatives focusing on improving care outcomes and patient experience for older people who may be living with frailty*
- *note the opportunities for revenue from the Non Acute Rehabilitation (NAR) contract.*

2.4 Pā Harakeke - Healthy Women, Children & Youth Report

Karen Naylor's conflict of interest was noted. Diane Anderson, Deputy Chair assumed the chair.

The Operations Executive presented this report.

The recent cases of Streptococcal A infections (Step A) was discussed. It was noted that these were not linked and that at full adverse event review was underway.

The Committee noted that the current contact for the Palmerston North Women's Health Collective would be discontinued from August 2019. MidCentral DHB would still fund the Collective for cervical screening for priority women. This included Maori, Pacific and Asian women and non-screened or under screened women. The Palmerston North Health Collective had over 30 years of history and it was an extremely difficult decision for the DHB to make. The change was made in line with findings of a review of sexual and reproductive health services.

The RMO and Midwifery strike action was discussed and it was noted that in coming weeks, the period of strike action for each group would overlap.

It was noted that Cluster planning was underway and the CAG was in place.

It was noted that Plunket and Tamariki Ora were available to support families and children post birth.

It was resolved that the Committee:

- *endorse the progress made by the Pā Harakeke (Healthy Women Children and Youth) Cluster to date*
- *note the intersectoral work being done in the area of paediatric continence*
- *note the cluster planning and CAG progress*

Karen Naylor resumed chairing the meeting.

2.5 Uru Mātai Matengau – Cancer Screening, Treatment & Support Cluster Report

The Operations and Clinical Executives introduced this report.

Management advised the Business Case had been endorsed by Finance Risk and Audit Committee at its meeting on 29 January 2019.

The BowelScreen implementation had been deferred. This was now scheduled for November 2019.

The Committee challenged the cluster to identify Business Improvement Programme opportunities it could undertake.

It was resolved that the Committee:

- *endorse the progress made by the Uru Mātai Matengau - Cancer Screening, Treatment & Support Cluster in 2018/19*
- *note progress in developing a business case for the replacement of the linear accelerators*
- *note deferred go-live for local BowelScreen implementation.*

2.6 Uru Rauhi – Mental Health & Addictions Cluster Report

The Quality Improvement Project Lead and Consumer and Family Engagement introduced this report in the absence of the Operations Executive.

Management advised that there was a formatting error on page 196 of the agenda. In respect of the financial position, the December 2017 actual result was \$16,156k and year to budget was \$20,718k.

The Committee requested the following information be provided for its next meeting:

- An update on the EIS (Early Intervention Service)
- An organisation chart for the cluster showing FTE, particularly ACT and Consult Liaison Team
- Outcomes of the Allied Health audit tool pilot and any resultant action plan
- A more detailed explanation of the Home Treatment Team
- The recruitment plans to the DAMHS role
- The details of the process to obtain user feedback on the Marama Realtime project and the cost return of this project
- A full report on the Health and Disability Commissioner complaints
- MHAS staff turnover

In respect to the Manaakitia te Mauri Youth Alcohol and Drug Programme, management advised all providers submitted quarterly reports on their progress against their contracts. This included information such as the number of graduates.

Management advised that the DHB would be providing feedback to the National Mental Health inquiry on its recent report. It was noted that this should be done in conjunction with Manawhenua Hauora, however there was limited time for this to occur.

It was resolved:

that the Committee endorse the progress made by Uru Rauhi, Mental Health & Addiction Services Cluster in 2018/19.

2.7 Enable New Zealand Report

The Chair reminded the Committee that after a change in governance arrangements, Enable New Zealand would now provide reports to the Health and Disability Committee. These reports would be provided every six weeks in line with the cluster reports.

The General Manager, Enable New Zealand presented the report. He noted that in respect of Mana Whaikaha while the report showed good examples of resourcing there was still a concern regarding the significant demand on Connectors and the possibility that wait times would increase.

It was noted that the demand on Mana Whaikaha services has resulted in resources being diverted to this programme. This was placing pressure on the Enable Programme.

It was resolved that the Committee:

that the Enable New Zealand report for the period 1 October to 31 December 2018 be noted.

3 QUALITY IMPROVEMENT

3.1 Improving Value Programme

The General Manager, Quality & Innovation introduced this report. The report had a wider focus on improvement activities, noting that when it was a Business Improvement Programme the report would go to Finance Risk and Audit Committee to endorse and the focus was on savings. It was noted the value of improvements were identified in a number of categories. Whilst progress was being made on service

productivity improvements and those that improve outcomes for our population, that cash releasing savings were not being achieved as planned at the start of the year.

This was in part due to delays in delivery of projects or change and slippage in the schedule. Despite improvements in length of stay, increasing acute demand across the summer period, has resulted in higher than forecast occupancy levels which has led to higher costs than budgeted.

The Committee noted there was not enough transparency around the Improving Value programme including, goals, timeframes, the internal costs of delivering the initiatives and cost savings.

The EPMO office was a good investment, however the Committee needed to see it providing a return on investment. Management confirmed that the EPMO was created within existing budget, not with new investment, and was consistent with the recommendations of our internal auditor.

It was resolved that the Committee:

- *endorse the progress in Service Productivity gains within the Improving Value Programme*
- *note that the total in budget case releasing savings targets for 2018/19 of \$4.364m is unlikely to be met. The reasons for this outcome are highlighted in this report*
- *note that the Improving Value Programme is seeking to maximise cash releasing savings in other areas of the organisation to minimise risk of not achieving targeted budget savings.*

4 POLICY & GOVERNANCE

4.1 Committee's Work Programme, 2018/19

There was discussion regarding the best forum for hearing consumer stories, ie either the Board or Health and Disability Advisory Committee. It was noted that this matter was to be discussed at the next meeting of the Board.

It was resolved:

that the Committee endorse the progress being made in the delivery of the 2018/19 work programme.

5 LATE ITEMS

There were no late items.

6 DATE OF NEXT MEETING

19 March 2019 at 9.00am.

7. 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>"In committee" minutes of the Health & Disability Committee meeting</i>	<i>For the reasons set out in the order paper of 27.11.18 meeting held with the public present</i>	
<i>Enable New Zealand report – Coronial Inquiry</i>	<i>Subject to an obligation of confidence</i>	<i>9(2)(ba)</i>

Confirmed this 13th day of March 2019.

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Chairperson