

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Quality & Excellence Advisory Committee meeting held on 12 June 2018 at 9am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

PRESENT

Karen Naylor (Chair)
Barbara Robson
Dot McKinnon

Oriana Paewai
Dennis Emery

IN ATTENDANCE

Adrian Broad, Board Member
Brendan Duffy, Board Member
Nadarajah Manoharan, Board Member
Kathryn Cook, CEO
Celina Eves, ED, Nursing & Midwifery
Cushla Lucas, OE, Cancer Screening, Treatment & Support
Dave Ayling, CE, Primary, Public, Community Health
Debbie Davies, OE, Primary, Public, Community Health
Gabrielle Scott, ED, Allied Health
Judith Catherwood, GM, Quality & Innovation
Judy Boxall, Service Manager
Ken Clark, Chief Medical Officer
Lyn Horgan, OE, Acute & Elective Specialist Services
Neil Wanden, GM, Finance & Corporate Services
Phil Marshall, Clinical Director, Dental Services
Stephanie Turner, GM, Maori & Pacific
Vanessa Caldwell, OE, Mental Health & Addictions
Carolyn Donaldson, Committee Secretary (QEAC)
Muriel Hancock, Director, Patient Safety and Clinical Effectiveness
Communications Dept, (2)
Media: 1
Public: 1

1. ADMINISTRATIVE MATTERS

1.1. Apologies

Apologies were received from Diane Anderson, Michael Feyen, Anne Kolbe and Cynric Temple-Camp.

1.2. Late Items

There were no late items.

1.3. Conflicts and/or Register of Interests Update

There were no amendments to the Register of Interests or conflicts in relation to the day's business.

1.4. Minutes of the Previous Meeting

a. Minutes

It was recommended:

that the minutes of the previous meeting held on 1 May 2018 be approved as a true and correct record.

b. Matters Arising

There were no matters arising from the minutes.

1.5. Recommendations to Board

It was noted that the Board approved all recommendations contained in the minutes.

2. CLINICAL GOVERNANCE AND CONSUMER

2.1. Clinical Governance Framework Development

It was recommended:

that progress to refresh the clinical governance framework is noted.

2.2. Child and Adolescent Oral Health Service Stocktake

The Clinical Director, Dental Services, spoke to this report, agreeing that staffing and capacity were issues, as although there were community localities, there was no access to schools during the holidays.

Adrian Broad arrived.

Dr Marshall also confirmed that the risk assessment programme that will be supported by Titanium, applied to all children enrolled with the Service inclusive of those referred for general anaesthetic.

Dr Marshall advised that if a person had missed two or three appointments, they were moved to the recall list. The Service was engaging with other agencies who saw these children in an effort to ensure they remained engaged with the Service.

There was a brief discussion on issues of recruitment and retention, the main challenge being retention of new graduates as they have a dual qualification which provides more options for employment outside the DHB.

Now that the stocktake had been undertaken, the Service would plan for a financially sustainable model. The Committee would be kept informed as this work progressed.

It was noted that reporting to this committee to date had been arrears based. Management advised that moving forward, there would be a focus on the integrated service model

It was recommended:

that this report is received and the following recommendations in line with the HNA 2017 key messages are noted as follows:

1. *While there needs to be early detection and treatment of dental problems, effort to resource prevention across the system requires prioritisation.*
2. *Activation of the fully functional Titanium Questionnaire module which underpins the risk assessment programme for the service is imperative to enable implementation of preventive strategies for priority populations.*
3. *Continuous review of the service delivery configuration which while potentially maximising efficiency, alone will not address disparities.*
4. *Active pursuit of opportunities to engage with key stakeholders across health education and social services to improve access to prevention and oral health services is necessary. Consideration of the utilisation of principles such as those within the Kaianga Whanau Ora initiative - working collaboratively across Intersectoral agencies is recommended.*

3. COMMITTEE'S WORK PROGRAMME

It was recommended:

that progress against the 2017/18 work programme be noted.

At this stage, the Chair noted this would be the final meeting for this committee, as new committee arrangements would be in place from 1 July 2018 onwards.

4. EXCLUSION OF THE PUBLIC

It was recommended

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 previous meeting</i>	<i>For reasons stated in the previous paper of 1 May 2018 held with the public present.</i>	

At the conclusion of the meeting, a workshop was held on clinical governance.