

MIDCENTRAL DISTRICT HEALTHBOARD

**Minutes of the Clinical Council meeting held on Wednesday 1 June
2020 at 5.15pm, via Zoom**

CLINICAL COUNCIL MEMBERS PRESENT

- Dr Simon Allan (Chair)
- Jane Ayling (Acting Chair)
- Dr Don Baken
- Fiona Bradley
- Dr Nader Fattah
- Dr Garry Foregson
- Sophie Loveridge
- Dr Nicola Pereira
- Raeleen Toia
- Celeita Williams
- Tim Dunn

IN ATTENDANCE

- Judith Catherwood, General Manager, Quality and Innovation
- Gabrielle Scott, Executive Director, Allied Health
- Steve Miller, Chief Digital Officer, Digital Services
- Tracee Te Huia, General Manager, Maori Health
- Jodie Hickey, Committee Administrator

1. APOLOGIES

Apologies were received from Council Members Dr Simon Allan, Janine Stevens and Michael Bowey.

Jane Ayling, Acting Clinical Council chair congratulated Dr Garry Forgeson on been made an Officer of the New Zealand Order of Merit for services to oncology.

Jane Ayling, Acting Clinical Council chair thanked Michael Bowey and Janine Stevens for their contributions to the Clinical Council and wished them well in the future.

Jane Ayling, Acting Clinical Council chair welcomed the two new members Tim Dunn and Celeita Williams. Clinical Council members introduced themselves to the new Clinical Council members Tim Dunn and Celeita Williams.

2. NOTIFICATION OF LATE ITEMS

None

3. CONFLICT AND/OR REGISTER OF INTEREST

It was advised that some of register of interest cells have moved.

It was recommended that:

Jodie Hickey, Council administrator to update and edit register.

Jodie Hickey, Council administrator to email new members register of interest form and update accordingly.

4. ALLIED HEALTH WORKFORCE

Gabrielle Scott, Executive Director, Allied Health attended to discuss the Allied Health workforce. Gabrielle advised that the workforce report is still a work in progress due to delays incurred by Covid 19. The report currently sits at 90 pages, it explores all 37 professions included in the Allied Workforce model and details position turnovers, ethnicity, challenges, national and international models of care and future priorities.

Gabrielle advised that due to Covid 19 there is a risk that vacancies for graduating students within MidCentral DHB they may not be fulfill al their training this year therefore their qualification and registration maybe delayed. Students currently doing their post graduate studies at MidCentral DHB have only just returned to work with the exception of the anaesthetic technician year 2 and 3 trainees who worked through. Medical Imaging students were the first to return to clinical practice (in NZ) in May.

Anaesthetic Technician training is vulnerable, MidCentral is currently training as many as they can however have found some staff leave, when qualified, to work privately then locum out at a higher rate. Gabrielle did advise that the culture had greatly improved and they are a happy team with the retention issues often due to remuneration.

There is currently work been done to look at the ethnicity of the workforce, the data is being captured by TAS, on average Maori are sitting at approx. 7% within MDHB.

Treaty of Waitangi training and Cultural awareness is well supported. Work is being done to ensure there is a career framework to support employees/workforce with all position descriptions currently been reviewed in conjunction with Pae Ora to weave in cultural awareness.

Judith Catherwood, General Manager, Quality and Innovations advised that while the report is still in development a draft should be sent to the Clinical Council members for input prior to finalisation. Gabrielle advised that there were more annual updates/reports on changes that need to be added, as well as some more information needed from public health, then the report would need be refined. Once this is done the report would be made available for Clinical Council members.

There was a discussion about where the Allied Health workforce could add the most value in the delivery of MDHB strategic vision. Tim Dunn and Celeita Williams provided some commentary on where they felt greater value could be delivered in hospital and community settings.

Work was also been done on the way Allied Professions are coded in the HR system, some codings were not currently in line with the actual profession or services provided. This coding is a national issue and work will be encouraged within MDHB and the national Technical Advisory Service. These corrections unfortunately will not be updated prior to report going out.

It was recommended that:

Jodie Hickey to send out the draft report prior to finalisation for input from the Clinical Council members

5. IT INVESTMENT AND PRIORTISATION

Steve Miller, Chief Digital Officer, Digital Services attended to discuss the upcoming activities for Te Awa Digital strategy.

Te Awa had been designed to be developed in 3 stages. There has been a lot of learning in the last 6-8 months especially during Covid 19. This has led to the determination that the foundation stage is going to take longer than anticipated due to a number of challenges that have been identified with the technology and complexity of systems that are required. The 3 stages would need to be run as parallel streams.

In 2019 Te Awa set out key activities regarding a new operation model – this had now been deployed. The last leadership role is due to start on the 8 June 2020, the change process and recruitment took some time as the focus was on recruiting individuals with the right skills and competencies and then building on the existing skills available in the team.

Steve Miller wanted to congratulate THINK Hauroa on the fantastic job they have done decoupling and bringing home their assets.

Enable NZ is also hitting their milestones and delivering as per the investments that were put together in 2019. Steve and his team have a role across all three organisations.

A technology roadmap was been developed following engagement from Dr Will Reedy on the EMR system.

Steve ran through the digital budget for 2019. The demand exceeds available funding in both operational and capital costs. The ongoing expenditure in regional activity is significant. Covid 19 was a surprise and 1.3 million had been expended from the digital capital budget in this response. However they were still ending the year ahead of budget due to savings in key areas.

Digital services had completed 26 capital funded projects. 26 projects are now listed as work in progress and 10 projects are currently at the proposed stage.

Steve ran through peices of work in progress and different portfolios that are currently being worked on. The legacy environment that had been inherited was impeding the ability to move forward.

Dr Garry Forgeson, Clinical Council member, advised the team responded well to support the hospital to engage in telehealth during Covid 19 and congratulated Steve, he did believe however that it exposed a number of flaws. Steve advised at current rate, it would take at least 3 years to get systems to a digital ready position. Covid 19 response showed the lack of digital maturity in our workforce. Garry suggested that 3 years is too long and there needs to be some prioritisation of investment. He was concerned, in the current environment, certain areas are falling behind. Steve agreed with this, a lot is due to lack of skills as well as investment. Steve advised a lot of his resources are business as usual i.e. operational support costs. Steve also advised that the first budget to support the execution of Te Awa was only just established in June 2019 and was only to support the first phase Te Awa which is the transformation of the team to establish the required leadership skills and the recruitment of new staff. MidCentral DHB don't pay market rates which can make recruiting hard.

Sophie Loveridge, Clinical Council member, asked if there was an option of using employees remotely. Steve advised that there were remote members on the team and they were able to use remote workers productively, but the business also required to have face to face interaction at times.

Dr Garry Forgeson advised he was concerned that if we take 3 years to achieve what is needed now due to underinvestment in the past then we will again be behind in 3 years and back to square one.

Jane Ayling, Clinical Council acting Chair, asked Steve how the council can help with the EMR development, Steve advised that workshops are being coordinated over the next 6-8 weeks, once the approach is finalised, then the Council is invited to attend and give feedback.

Jane thanked Steve for attending.

Tracee Te Huia, General Manager, Maori Health suggested that the Clinical Council could put some recommendations including digital prioritisation together for the upcoming board/Joint FRAC workshop scheduled for the 26 June 2020.

It was recommended that:

Judith Catherwood, General Manager, Quality and Innovation and Jane Ayling, Clinical Council Acting Chair, to work together on a letter to go to the Board Chair to express the concerns raised at this meeting.

Jodie Hickey, Council Administrator to follow up on workshops and ensure Clinical Council members are included.

6. CLINICAL COUNCIL MEMBERSHIP

Jodie Hickey, Council Administrator, provided an overview of the Clinical Council member's terms and staggered approach that was taken to allow succession planning. Two new members had recently been recruited and there was still one position to fill and recruitment would commence shortly.

It was recommended that:

Jodie Hickey, Council Administrator to continue to keep the Council updated on recruitment.

7. PERFORMANCE APPRAISAL

Judith Catherwood, General Manager, Quality and Innovation, advised that Jodie Hickey, Council Administrator is currently working on a 360 appraisal process that will be rolled out via Survey Monkey. All Clinical Council members would complete the survey including the Chair. The Board Chair, THINK Hauora CEO, MidCentral DHB CEO and members of the OLT will participate in the Survey. Judith ran through the content of the survey and advised it will be rolled out within the next 3 weeks once the draft has been approved by Dr Simon Allan, Clinical Council Chair.

Dr Garry Forgeson advised he believes there would be value in extending the survey beyond the audience that had been indicated and would like to see Clinical Leaders within the hospital and the community included. Judith and Jane supported this.

It was recommended that:

Judith Catherwood and Dr Simon Allan to give some thought to the audience the survey is to be sent out to.

8. WORKPLAN 2020/2021

Jane Ayling, Clinical Council acting chair thanked Nader for the list of priorities he had sent through prior to the meeting.

Jane Ayling commented that it is important that the Clinical Council have situated awareness of Clinical matters within the DHB area e.g. MASH, NGO'S, Aged Care Residential Care, Te Tihi and PHO'S.

Judith Catherwood advised she would like to see the Clinical Council communicate and promote themselves more within the community, Jodie Hickey was to take up a support role to develop online profiles, the Clinical Council website and messaging etc. Judith Catherwood asked the Clinical Council if they felt this should be added to the work program – Jane Ayling advised she believes this is key.

Dr Garry Forgeson advised it would be good if there was an avenue that allowed direct communication with the Council, although this would mean that someone would be required to staff the website to answer the enquires.

Dr Nader Fattah said he believed the Clinical Council needs to be clear on what they can deliver, and be clear about what the Clinical Council was championing, this would help raise the Clinical Councils profile.

Dr Don Baken liked Dr Nader Fattah's list and would like to see what percentage of services are performed by outside groups, the Clinical Council needs to ensure they are also keeping an eye on these groups.

Sophie Loveridge advised she would like to see the one pager completed.

It was recommended that:

The next Clinical Council meeting would include a Workshop on the work plan and Clinical Council members would determine their priorities.

Jodie Hickey, Council Administrator would work towards completing the one pager.

Jodie Hickey, Council Administrator would work towards completing the Clinical Council member's profiles and setting up the website.

9. MINUTES

It was resolved:

- That the minutes of the previous Clinical Council meeting 6 May 2020 be **approved** as true and correct.

8. DATE OF NEXT MEETING

Clinical Council meeting
Wednesday 1 July 2020
Room TBC

Meeting Closed at 7.15pm