

MIDCENTRAL DISTRICT HEALTHBOARD

**Minutes of the Clinical Council meeting held on Wednesday 4
March 2020 at 5.15pm, Seminar Room, Heretaunga Street,
Arohanui Hospice, Palmerston North**

CLINICAL COUNCIL MEMBERS PRESENT

- Dr Simon Allan (Chair)
- Sophie Loveridge
- Fiona Bradley
- Michael Bowey
- Dr Nader Fattah

IN ATTENDANCE

- Judith Catherwood, General Manager, Quality and Innovation
- Denise White, Clinical Project Manager
- Celina Eves, Executive Director of Nursing and Midwifery
- Monica Prasad, Massey Intern
- Jodie Hickey, Committee Administrator

1. APOLOGIES

- Apologies were received from Council Members Dr Janine Stevens, Jane Ayling, Dr Garry Forgeson, Dr Don Baken, Dr Nicola Pereira, Raeleen Toia and Stephen Paewai

Dr Simon Allan welcomed attendees to the meeting.

2. NOTIFICATION OF LATE ITEMS

The Chair wished to discuss his Board Report.

3. CONFLICT AND/OR REGISTER OF INTEREST

None

4. INTRODUCTIONS

Clinical Council Members introduced themselves to attendees.

5. FUNDAMENTALS OF CARE

Celina Eves, Executive Director of Nursing and Midwifery, advised Ngà Pou o Te Oranga was the name gifted to the project by Pae Ora and means Fundamentals of Health. Celina ran through the project drivers, and how they led to the strategic imperatives. Fundamentals of care was a back to basics approach and has been developed to cement the foundation of care within the MidCentral DHB District. It

aims to build the competence and confidence of staff and develop a system where the level of care could be measured. Ngà Pou o Te Oranga was for every member of the multi-disciplinary team.

Denise White, Clinical Project Manager, advised Ngà Pou o Te Oranga had a strong relationship with Te Whare Tapa Whà which was a Māori health framework for wellbeing used within our district. Information was sought from Waitamata and Counties Manukau DHBs to form the basis of the framework.

There were 12 Fundamentals of care, three new fundamentals that were not in the framework received from Waitamata had been added. These include, Person and Whānau centered care, Compassionate care and culturally responsive practice Standards and best practice indicators around spiritual care. The project team would be focusing on using Mana enhancing language when developing the measures for the 3 new Fundamentals.

The project team comprises of representatives from Pae Ora, Medical Staff, Allied, Nursing and other Key stakeholders, this would ensure the content, indicators and standards work encompasses the entire workforce.

The aim was to partner with Pae Ora and the wider multi-disciplinary team (Ward Clerks, orderlies etc.), to co-design the pilot and the program content and review the measure for the standards.

Ngà Pou o Te Oranga would be rolled out across ward 26/29 and Star two then the rest of inpatient services, it would then move into outpatient services. The project team hopes that Community Services and NGOs would partner with MidCentral DHB and also use Ngà Pou o Te Oranga.

Denise ran through the time-lines indicating they were currently scoping and developing the content. Once content was developed it would be validated by key members.

The project was unit led Governance and a unit led improvement programme.

Clinical Council members were concerned the timeline would be a challenge.

There was discussion about whether Ngà Pou o Te Oranga was necessary as most health practitioners would expect these standards were already delivered/achieved. It was discussed that whilst this was believed to be the case, consumer feedback indicates this was not always achieved.

Clinical Council feels the project had merit. Encouragement was given to ensure good clinical governance was in place to ensure satisfactory progress on this project.

It was recommended:

The Clinical Council would continue to follow the progress of the Ngà Pou o Te Oranga and receive updates as the project progresses.

Jodie Hickey, Council Administrator was to send pilot out when developed.

Jodie Hickey, Council Administrator to send Celina Eves, Executive Director of Nursing and Midwifery, Jane Ayling's details to discuss how Cornerstone accreditation fits with the Ngà Pou o Te Oranga project.

6. NURSING WORKFORCE CHALLENGES

Celina Eves, Executive Director of Nursing and Midwifery led the discussion on the challenges currently faced by the Nursing Workforce.

Currently there was a strong focus on building relationships and culture within teams and ensure graduates coming in feel supported. Breaking down the hierarchy to ensure all staff feel their voice is heard.

National Directive that all new graduates were employed.

Average length of a nurse staying in MDHB was 11 years.

The large midwifery shortage was discussed. Six new graduates had recently been hired. Rate of high need patients had gone up and patients are seeing different LMC every visit. Caesarean rates had gone down with new induction of labour process introduced.

The challenge was obtaining experienced nurses. Succession planning was huge to ensure that graduates were given opportunities to progress.

Retaining nurses was a big issue. Council Members advised they were concerned that multiple nurses who had left MidCentral DHB did not get offered exit interviews.

Digital issues and the paper based systems were continuing to be a challenge for the MidCentral DHB nursing workforce.

Sophie Loveridge, Clinical Council Member advised that the PDRP – Professional Development Recognition Programme was a challenge for nurses. Nurses expected to fail the first time round. Primary Health nurses were answering questions not relevant to their workplace. Celina Eves, Executive Director of Nursing and Midwifery advised that she would take these concerns to the Nursing Council of New Zealand.

A challenge was ensuring that senior Nurses get support and opportunities to progress and upskilling opportunities were not just given to graduates.

The LEO Course was brought in (Leading Empowered Organisations) to provide nurses, midwives etc. with tools and techniques to develop their leadership skills and confidence.

Daisy awards had recently been introduced to honour the extraordinary staff within MidCentral DHB and THINK Hauora.

It was recommended that:

Celina Eves, Executive Director of Nursing and Midwifery would provide feedback on the PDRP issue.

Celina Eves, Executive Director of Nursing and Midwifery to follow up with Human Resources regarding exit interviews.

7. CLUSTER PAIRING FEEDBACK

The cluster pairing report template was approved.

Sophie Loveridge, Clinical Council member and Fiona Bradley, Clinical Council member would submit their report for Healthy Aging and Rehabilitation at the next meeting.

Dr Simon Allan, Clinical Council Chair advised his meeting with Te Uru Rauhi went well. Meeting would be on a 4 monthly basis.

Te Uru Kiriora cluster report would be brought back to the next meeting.

Michael Bowey, Clinical Council member advised they were meeting with Pae Ora Paiaka Whairoa the following week

It was recommended that:

Jodie Hickey, Council Administrator would include the Cluster reports in the April Agenda (those already received and those incoming).

Jodie Hickey, Council Administrator would send out Cluster Template report and a reminder to submit reports prior to the next meeting

8. MINUTES

It was resolved:

- That the minutes of the previous Clinical Council meeting 12 February 2020 be **approved** as true and correct.

9. LATE ITEMS

Board Report

- Dr Simon Allan reported the DHB Board report was given on the 3 March 2020. Board members showed a keen interest in the facilities issue.

It was recommended that:

Facilities issues would be taken back to next board meeting with further recommendations.

Meeting closed by Dr Simon Allan, Clinical Council chair

10. DATE OF NEXT MEETING

Clinical Council meeting

Wednesday 1 April

Arohanui Hospice Seminar Room, Heretaunga Street

Palmerston North

Meeting Closed at 7.20pm