

MIDCENTRAL DISTRICT HEALTHBOARD

**Minutes of the Clinical Council meeting held on Wednesday 6 May
2020 at 5.15pm, via Zoom**

CLINICAL COUNCIL MEMBERS PRESENT

- Dr Simon Allan (Chair)
- Jane Ayling
- Janine Stevens
- Dr Don Baken
- Fiona Bradley
- Dr Nader Fattah
- Dr Garry Foregson
- Sophie Loveridge

IN ATTENDANCE

- Judith Catherwood, General Manager, Quality and Innovation
- Lee Welch, Quality Improvement Advisor, Quality Improvement and Assurance
- Doug Barnes, Programme Director, Enterprise Programme Management Office
- Tracee Te Huia, General Manager, Maori Health
- Jodie Hickey, Committee Administrator

1. APOLOGIES

- Apologies were received from Council Members Michael Bowey, Dr Nicola Pereira, Raeleen Toia

Dr Simon Allan welcomed attendees to the meeting.

2. NOTIFICATION OF LATE ITEMS

None

3. CONFLICT AND/OR REGISTER OF INTEREST

None

4. EVALUATING CHANGE

Lee Welch, Quality Improvement Advisor, Quality Improvement and Assurance attended to present the Evaluating Change document that has been created. The evaluation includes a framework that looks at a process overview and encourages the participant to look at what has changed and why, the meaning behind the changes and determine if the changes should be carried on or disinvested and revert back to the original process.

The document is currently in draft but has been widely circulated and is already been utilised within the business. Lee advised a section on Equity will be added to capture information to address the inequity issues during the Covid 19 period.

Jane Ayling, Clinical Council Member, advised good to see using NHS frameworks but questioned whether there are any connections out to NGO's and Primary care to all allow them to participate.

Lee advised that on page 17 there is a tool that asks the teams to identify the different stakeholders that should be included and how we obtain feedback from the other areas.

Judith Catherwood, General Manager, Quality and Innovation, encourages the Clinical Council to send feedback to Lee and to consider the tool kit as a gift to everybody. Judith advised that this is not a DHB provider endeavour and during the recovery phase the evaluation exercises will involve all inter-sectorial groups, community groups etc.

Dr Don Baken, Clinical Council member advised that he liked that the document is written for all of the health sector and that the practicality of the document will allow the smaller providers tools that they may not have been able to develop themselves.

Dr Nader Fattah, Clinical Council member wanted to query the quadruple aim section and advised he would like to HQSC one used.

Dr Garry Forgeson, advised he believes the document will be valuable but believes filling out the document will be quite time consuming and concerned that some departments do not have the resources to enable the feedback to be collated and submitted.

Dr Simon Allan, Clinical Council Chair questioned how the Evaluation document ties in with Clinical Governance. Judith advised that she would encourage everyone as leaders to positively influence the outcome of this process and support Clinical Teams to engage in this.

It was recommended that:

The clinical Council will continue to follow the development of the Evaluating change document and ensure they are positively promoting.

Jodie Hickey, Council Administrator will ensure updated versions are circulated to the council.

5. RECOVERY PLAN

Doug Barnes, Programme Director, Enterprise Programme Management Office advised a lot of time has been taken to gather information about the impact of Covid 19 on our people and our services and the innovative work that has been carried out over the 6 weeks. The aim is not develop a new plan but to be able to put the information collected in the recovery plan and evaluation framework into current plans such as the existing operation plan, annual plan and the performance improvement plan the innovative pieces of work that that MidCentral

DHB would like to continue going forward. The document includes themes around the digital innovations and the speed as to which these innovations have been implemented and aims to ensure that this forward momentum continues.

Currently in the information gathering stage. Doug ran through the different components/elements of the recovery plan.

There has been a lot of feedback on the information overload that was felt during the lockdown period. There has also been feedback relating to the business continuity planning and the importance of having existing plans in place and not trying to develop and introduce them at the beginning of a pandemic.

Dr Garry Forgeson, advised he believed there was an element missing, the entire national strategy around this was to avoid the health system been over run, this would have happened if the outbreak had not been contained as the health system is always running such low margins, that there needs to be work done to ensure there is capacity in the health sector if a second wave of Covid 19 is to hit New Zealand. Deferred activity comes at a huge cost to the economy and surge capacity needs to be ensured. Doug advised he will note this and ensure that this feedback is passed on.

Dr Nadar Fattah advised that his concern is around the unmet need and the uncertainty around that group of people who delayed medical care during the lockdown period. The recovery evaluation needs to be open for a long period to ensure this feedback is captured because if it is closed too soon important information will be missed.

Dr Don Baken advised that there needs to be work done around how some of the non-essential health services i.e. Breast screening could continue if a new wave was due to hit. Don also advised that the comment that there had been fewer complaints so things have been going well was unfounded, that the environment had changed and that people have been kinder and not as quite to complain.

Judith advised herself and a colleague have taken a paper to the National CEs Group regarding a significant piece of work with the HQSC around assessing the Consumers response to Covid 19, both consumers who have accessed healthcare and those who haven't.

Fiona Bradley advised that the pharmacy was still very busy, this is due to stock shortages and how they are having to manage medicines. They have found there have been more complaints but this is due to the expectations of consumers during this period not understanding the changes that have been made to the process and how this impacts them.

Doug advised there will be a meeting with Primary Health care on the 7 May 2020 to discuss the recovery plan.

Sophie Loveridge, Clinical Council member advised there has been some angst from patients regarding the tele consults and not been able to attend appointments face to face. Sophie advised it is important that we don't get blindsided by technology and that we need to ensure face to face for those that need it. Sophie also advised that sometimes photos etc. do not reflect the true seriousness of injuries etc.

Tracee Te Huia, General Manager, advised herself and Judith have been partnering each other on the feedback loop from staff on the rights and wrongs within the business during the Covid 19 response period, that this has empowered staff to have a voice and ensured that improvements can be made.

Tracee advised the Iwi response has been great in the community, they identified needs within the community and provided advice on healthcare systems and services available.

Tracee believes that MidCentral DHB has received a lot more criticism around the no visitor's policy and believes this is due to the hard stance taken to this guideline. Tracee believes that MidCentral DHB should be proud they followed the guidelines and believes this has contributed to the virus been contained.

Dr Simon Allan, thanked Doug and Lee for their attendance and advised he believes it is important to capture the feedback and it is important for both council to moderate the evaluation and recovery plan.

It was recommended that:

The Clinical Council will continue to follow the development of the Recovery plan and ensure they are positively promoting engagement.

Jodie Hickey, Council Administrator will ensure updated versions are circulated to the Council.

6. GENERAL FEEDBACK AND VIEWS

Clinical council members were invited to give an insight into the ups and downs of Covid Level 4 lockdowns and their personal experiences and challenges.

8. MINUTES

It was resolved:

- That the minutes of the previous Clinical Council meeting 4 March 2020 be **approved** as true and correct.

9. DATE OF NEXT MEETING

Clinical Council meeting
Wednesday 3 June 2020
Via Zoom

Meeting Closed at 6.40pm