

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health & Disability Advisory Committee meeting held on 4 February 2020 at 9.00am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

PRESENT:

Brendan Duffy (Chair)
Oriana Paewai
Norman Gray
Materoa Mar
Karen Naylor
John Waldon

Muriel Hancock
Jenny Warren
Lew Findlay
Vaughan Dennison
Heather Browning

ATTENDEES:

Kathryn Cook, Chief Executive
Tracee Te Huia, General Manager, Māori Health
Gabrielle Scott, Executive Director, Allied Health
Judith Catherwood, General Manager, Quality & Innovation
Craig Johnston, General Manager, Strategy, Planning & Performance
Nicki Williamson, Committee Secretary

IN ATTENDANCE – PART MEETING:

Lyn Horgan, Operations Executive, Acute and Elective Services
Sarah Fenwick, Operations Executive, Women, Children & Youth
Dr Jeff Brown, Acting Chief Medical Officer/Clinical Executive, Women, Children & Youth
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support
Dr Claire Hardie, Clinical Executive, Cancer Screening Treatment & Support
Debbie Davies, OE, Primary, Public, Community Health
Scott Ambridge, Acting Operations Executive, Mental Health & Addictions
Dr Vanessa Caldwell, Clinical Executive Mental Health & Addictions
Andrew Nwosu, Operations Executive, Healthy Ageing & Rehabilitation
Celina Eves, ED, Nursing & Midwifery
Angela Rainham, Locality & Population Manager
Communications (1)

Public: 3

Media: 1

1. KARAKIA

The meeting opened with the Organisational Karakia.

The Chair complimented Management and the team on the new look order papers and new processes in place.

2. ADMINISTRATIVE MATTERS

2.1 Apologies

Apologies were received from Dr Syed Zaman, Clinical Executive, Healthy Ageing & Rehabilitation.

2.2 Late Items

There were no late items.

2.3 Conflicts and/or Register of Interests Update

No members had any conflicts that were relevant to the meeting agenda. Vaughan Dennison reminded the meeting that he was a Palmerston North City Councillor but his notification hadn't been received in time to update the register.

2.4 Minutes of the Previous Meeting

It was resolved:

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

2.5 Matters Arising from the Previous Minutes

The General Manager, Māori Health was asked if she had looked at the Whanganui DHB pro equity report, as per section 3c of the previous minutes. The General Manager replied that the information had been received and was currently being reviewed by Pae Ora.

3. PERFORMANCE REPORTING

3.1 Cluster Update for December and November 2019

The individual cluster reports were considered and the following points were discussed:

Te Uru Whakamauora, Healthy Ageing & Rehabilitation was pleased that two new staff would commence work in the next couple of months responsible for the planning, funding and provision of specialist services for people over the age of 65 years (55 years for Māori). It was acknowledged that there needed to be better visibility of the health and care needs of Māori over 55, collaboration with Pae Ora Paiaka Whaiora Hauora Māori Directorate was expected to deliver a Māori dashboard that would better reflect the needs and outcomes for Māori across all of the clusters.

The end of the Ranfurly intermediate care trial was acknowledged with one of the outcomes being a focus on improving health recovery within Residential Care and home environments. An evaluation was in progress and a revised approach to support the community was planned.

There was discussion about the staff turnover and the interpretation of monthly versus rolling targets.

Te Uru Arotau, Acute & Elective Specialist Services discussed the Short Stays in the ED (SSIED) result and how significant work had been undertaken to ensure no one was waiting overnight in ED for a bed. Some work was still required on ED discharge processes that were causing delays and making it easier for clinicians to record discharge times. MDHB was the only ED in New Zealand that had variance response management reporting and information from that was responded to from the IOC. Stress levels on staff had improved as staffing had been increased and the ongoing improvements in patient flow took effect. Redirection for patients presenting to the ED and being offered alternative care was working well. Management confirmed that for

patients who did not wait for treatment in ED there was a process and any patients of concern were followed up either directly or through their GP.

The Operations Executive Te Uru Arotau was congratulated on the capital investment announced for the SPIRE project. The cardiac catheterisation lab would be paying for itself in the second year once large numbers of patients didn't have to be sent to Wellington for treatment.

Referrals reporting had no visibility of equity or utilisation rates – this would be looked at when the Māori dashboard was being designed. Management were asked if more emphasis and work could be done on planning around patient ethnicity when booking appointments. It was acknowledged this was part of the out patient improvement programme through the creation of an access and booking policy.

There had been an increase in urgent referrals needing to be seen at urology which had had an impact on the number of referrals accepted. Urology had recently employed a fifth urologist which would improve the situation.

Te Uru Kiriora, Public, Primary & Community Health discussed what work was in place to support both the current migrants and the incoming families coming to Levin in July this year. A workforce focus was on how GP Teams were culturally responsive. The model for transition of the new families was being revised including the direct support from the primary care team. This would be discussed further at the afternoon workshop.

It was noted that the performance indicators reported needed to be accurate and if possible a lessor time lag, which was a system challenge currently.

“Planned sick leave” was explained as eg planned surgeries, three staff in the Te Uru Kiriora team had recently undergone joint replacement surgery and associated recovery times.

Every employee with more than two years accrued annual leave had a leave plan in place. Management were asked if it would be possible to provide any trend analysis on the annual leave levels and it was noted this was within the workforce report produced quarterly by People and Culture.

Te Uru Rauhi, Mental Health & Addictions discussed that the single stage business case was progressing well for the inpatient facility redevelopment.

Recruitment had been successful and most teams were now fully staffed with the exception of SMOs. Health care assistants had been increased in the wards. Overtime and double shifts were being closely monitored to ensure double shifts were kept to a minimum.

There was a pattern of critical times for patients so the access and choice primary health initiative programme was now open from 8.00am until 8.00pm to enable staff to be more responsive to people outside working hours.

Te Uru Pā Harakeke, Healthy Women Children & Youth clarified that the child development service closed RFP and that an equity approach would be considered as part of the project. Clarification was given regarding the TrendCare report that identified 'insufficient care hours' in midwifery and the additional six FTE granted to midwifery given the risk.

Te Uru Mātai Matengau, Cancer Screening, Treatment & Support discussed that the National Bowel Screening programme was in its early days but Māori reporting would be included.

The Committee asked management to pass on their thanks to the staff for working extended hours.

There was discussion about the final check campaign which was a safety and improvement initiative primarily aimed at ensuring every patient was identified prior to receiving blood or any procedure/treatment.

Prostate cancer data would be available in the future, as part of the MDM development. A cancer dashboard was being developed and would be available in the future.

It was resolved that the Committee

- *endorse the progress made by the Services for November & December 2019*
- *note the conclusion date of Te Uru Whakamauora intermediate care bed initiative with Ranfurly Residential Care Centre is on 31 January 2020.*
- *endorse the progress towards achieving Planned Care*
- *note the workforce challenges within Te Uru Pā Harakeke. (Moved Vaughan Dennison; Seconded Lew Findlay)*

3.2 Enable New Zealand Report to 31 December 2019

The previous General Manager Enable New Zealand presented this presentation. Recruitment was underway for a General Manager and a preferred candidate had been selected with reference checks underway.

It was noted that Māori data was lacking from the Enable report.

It was resolved that the Committee

- *endorses the Enable New Zealand report to 31 December 2019. (Moved Brendan Duffy; Seconded Oriana Paewai)*

3.3 Pae Ora Paiaka Whaiora Progress Update

The General Manager, Māori Health presented this report. Wayne Blisset's input into the document was acknowledged.

The report had been structured to feedback on progress against the Manawhenua Hauora Board work programme, which derived from MDHB's Māori Health Strategic Framework, Ka Ao Ka Awatea. Updates were provided on the Māori workforce in the DHB and how the Hawkes Bay DHB were 7 years in to their Māori workforce programme. The HR team had been asked to look into work already done to prevent duplication of effort. The issue of lack of budgeted funding to increase Māori/Iwi provider funding was discussed. There was a need to work through dis-investment strategies for this to occur.

At a national level the Ministry's Māori Directorate was working on transitioning away from the principles of the Treaty to the articles of the Treaty of Waitangi. Given the Health and Disability Act 2000 incorporates the principles and not the articles, the GM Māori Health advised that we were waiting on advice on how we transition.

It was resolved that the Committee

- *endorses the Pae Ora Paiaka Whaiora progress report. (Moved Materoa Mar; Seconded Jenny Warren)*

3.4 Clinical and Professional Report: Nursing and Midwifery

The Executive Director, Nursing and Midwifery presented this report. The report was taken as read. The difficult areas were the ageing workforce within nursing and midwifery and recruitment of midwives, which was a national problem, not just a regional problem. Positives included the number of new graduates that had been employed including four new midwifery graduates in January.

There were now ten nurse practitioners within the secondary services and nearly 40 across the district. CCDM was having a positive impact currently achieving 60 percent across all five standards. The CCDM Governance Group reported quarterly to the Board.

Whilst Māori nursing was being supported and recruited to, it was not captured in the report. There was now a Māori Nursing and Midwifery forum, which had met three times in 2019 with dates set for 2020.

It was resolved that the Committee

- *endorses the progress Nursing and Midwifery has made in the 2019/2021 work plan initiatives. (Moved Muriel Hancock; Seconded Karen Naylor)*

3.5 Manawatū District Health and Wellbeing Plan Update

The Locality and Population Health Manager presented this report. The report was taken as read. Going forward she would be working on an updated population profile for Manawatū District along with the other TLA areas we cover. Manawatū District was growing much faster than was predicted (as were other TLA areas in our District). Some issues associated with the growing Manawatū District population included a lack of available housing, people being pushed out to rural areas for cheaper housing and becoming isolated and older people not being able to move into town from rural areas.

There was continued collaboration with Manawatū District Council in this area. Over the next few months there would be engagement sessions particularly for Iwi in Feilding, rural marae and for the communities of Apiti and Tangimoana.

Collaboration was also happening with Horowhenua Council. They were assisting with promotional material to help attract GPs to the area. All local TLAs had shown a willingness to work together with MDHB to improve wellbeing, it was an evolving work in progress.

It was resolved that the Committee

- *endorse the progress that has been made in relation to the Manawatū Health and Wellbeing Plan. (Moved Heather Browning; Seconded Vaughan Dennison)*

4. INFORMATION PAPERS

4.1 Committee's Work Programme 2019/20

The General Manager, Quality & Innovation presented this report. The report was taken as read. Management were queried if an annual report on the disability strategy was enough focus on this area. This would be considered when the next work programme was set.

It was resolved that the Committee

- *endorses the update on the 2019/20 work programme. (Moved Oriana Paewai; Seconded Muriel Hancock)*

4.2 2020/21 Annual Plan Approach and Priorities

The General Manager, Strategy, Planning & Performance and Strategy and Planning Advisor presented this report. The report was taken as read. There was a workshop in the afternoon where this would be outlined in more detail.

It was resolved that the Committee

- *endorse the 2020/21 Annual Plan Approach and Priorities. (Moved Oriana Paewai; Seconded Materoa Mar)*

Member Naylor abstained from the vote.

5. LATE ITEMS

There were no late items.

6. DATE OF NEXT MEETING

17 March 2020, Boardroom MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North.

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:

Item	Reason	Ref
<i>"In committee" minutes of the Health and Disability Committee previous meeting</i>	<i>For reasons set out in the order paper of 26.11.2019</i>	

(Moved Brendan Duffy; seconded Vaughan Dennison)

Confirmed this 17th day of March 2020.

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Chairperson

Unconfirmed Minutes