MidCentral District Health Board

Health and Disability Advisory Committee Minutes

Meeting held on 14 September 2021 from 9.00am

(held via Zoom due to COVID-19 restrictions)

PART ONE

Members

John Waldon (Committee Chair), Brendan Duffy (Board Chair), Heather Browning, Vaughan Dennison, Lew Findlay, Muriel Hancock, Gail Munro, Karen Naylor, Oriana Paewai, Jenny Warren.

Apologies

Norman Gray, Materoa Mar (Deputy Committee Chair).

In attendance

Kathryn Cook, Chief Executive; Kelvin Billinghurst, Chief Medical Officer; Judith Catherwood, General Manager, Quality and Innovation; Celina Eves, Executive Director, Nursing and Midwifery; Chiquita Hansen, Interim General Manager, Strategy, Planning and Performance; Gabrielle Scott, Executive Director, Allied Health; Tracee Te Huia, General Manager, Māori Health; Margaret Bell, Board Secretary.

In attendance (part meeting)

Scott Ambridge, Operations Executive, Te Uru Rauhī; Dr Jeff Brown, Clinical Executive, Te Uru Pā Harakeke; Sarah Fenwick, Operations Executive, Te Pā Harakeke; Dr Claire Hardie, Clinical Executive, Te Uru Mātai Matengau; Lyn Horgan, Operations Executive, Te Uru Arotau; Emma Horsley, Communications Manager; Kelly Isles, Director of Strategy, Planning and Accountability; Angela Rainham, Locality and Intersectoral Development Manager; Michelle Riwai, General Manager, Enable New Zealand, Dr Syed Zaman, Clinical Executive, Te Uru Whakamauora.

Media – 0; Public – 0

1. KARAKIA

The meeting opened with the organisational karakia.

2. ADMINISTRATIVE MATTERS

2.1. Apologies

Apologies were received and accepted from Norman Gray and Materoa Mar.

2.2. Late items

No late items were advised.

2.3. Register of Interests Update

The following updates to the Register of Interests were advised.

Vaughan Dennison

Add

- Employee, Homes for People, Kaitiaki, Public Relations
- Director, Social Impact Property, Property and Support Services
- Partner, Dennison Rogers-Dennison, Accommodation Services (wife is also a Partner)
- Trustee, Manawatū Whanganui Disaster Relief Fund
- Chair, Camp Rangi Woods Trust
- Board Member, Softball New Zealand
- Patron, Manawatū Softball Association
- Wife is an employee, Homes for People, Kaitiaki, Support Worker
- Wife is an employee, Healthcare NZ, Community Support Worker
- Father is Managing Director, Exclusive Cleaning Services

Item 6.1 – End of Life Choice Act 2019

Heather Browning noted her previously declared interest relating to the Support and Consultation for End of Life Choice in New Zealand (SCENZ) Group. It was agreed that this did not present a conflict of interest.

2.4. Minutes of the 13 July 2021 meeting, Part One

It was resolved that:

the Part One minutes of the 13 July 2021 Health and Disability Advisory Committee meeting be approved as a true and correct record.

(Moved Vaughan Dennison; seconded Karen Naylor)

2.5. Matters arising from previous minutes

No discussion.

The Operations Executive, Te Uru Arotau and the Clinical Executive, Te Uru Pā Harakeke joined the meeting.

3. STRATEGIC FOCUS

3.1. Regional Specialist Services Integration

The Operations Executive, Te Uru Arotau, Acute and Elective Specialist Services and the Clinical Executive, Te Uru Pā Harakeke, Healthy Women, Children and Youth presented this report. They noted that the vision and service design was driven by the needs of patients, rather than existing boundaries and funding. Patients would be treated where they would receive the best care, which may not be the closest care.

The Committee complimented staff on the pace of the work already completed. Noting concerns presented by senior medical staff to the Board about workforce challenges and theatre capacity, a question was asked as to how wider communities could also be served. The Clinical Executive, Te Uru Pā Harakeke replied that workforce, IT integration and the health reforms had been identified as risks to the project. An integrated service was aligned with the health reforms. Some regional IT systems were already in place and work-rounds were possible for some systems. The workforce was critical and until there was a commitment to expand the consultant urologist workforce, the regional service could not proceed. Recruitment of specialists was critical to the success of regional services integration. Learnings from previous efforts to develop a regional service with Whanganui District Health Board for women's health and urology had helped to develop this proposal. It was vital that the service was led by clinicians and supported by management. The regional service would not be implemented until clinicians had confirmed that safe patient care could be provided.

It was resolved that the Committee:

note the progress report for the Regional Service Integration.

(Moved Karen Naylor; seconded Lew Findlay)

The Operations and Clinical Executives joined the meeting.

4. DIRECTORATE WITH CLUSTER FUNCTIONS REPORTING

4.1. Directorate Dashboard

The Operations Executive, Te Uru Pā Harakeke, Healthy Women, Children and Youth presented this report, which was taken as read. In response to a question, she noted that the staff turnover rate of 0.8 percent for non-Māori staff shown for the current period was thought to be for the reporting period since the last meeting. This was later confirmed to the be for the month of July 2021.

The Operations Executive, Te Uru Kiriora, Primary, Public and Community Health advised that some Māori nurse vaccinators had been redeployed from the childhood immunisation programme to assist with COVID-19 vaccinations. Discussions with the Ministry of Health (the Ministry) were ongoing following a letter received in June 2021, to ensure childhood vaccination rates were not affected.

4.2. Te Uru Pā Harakeke – Healthy Women, Children and Youth

The Operations Executive and the Clinical Executive, Te Uru Pā Harakeke presented this report, which was taken as read. The Operations Executive noted that the Director of Midwifery role had not been recruited to, therefore interviews for the Midwifery Manager would be progressed next week.

A Committee member noted that COVID-19 Alert Level 4 visiting rules where only one parent could stay with a sick child in hospital made it difficult for that parent to have any respite. The Clinical Executive explained that visiting guidelines at MDHB followed national advice. Staff were also affected when having to enforce these visiting rules. Compassionate grounds were able to be considered to allow more than one parent, with strict adherence to PPE (Personal Protection Equipment) and isolation to maintain 'bubbles' in certain circumstances.

4.3. Te Uru Mātai Matengau – Cancer Screening, Treatment and Support

The Operations Executive and the Clinical Executive, Te Uru Mātai Matengau presented this report, which was taken as read. They noted that the replacement linear accelerator was being commissioned and it was expected to be ready to treat patients by early October. All cancer patients continued to receive treatment through the recent COVID-19 lockdown period.

4.4. Te Uru Arotau – Acute and Elective Specialist Services

The Operations Executive, Te Uru Arotau presented this report, which was taken as read. She noted that high presentations to the Emergency Department (ED) in June and July, as well as the NZ Nurses Organisation industrial action and acute demand had affected planned surgery. COVID-19 restrictions has impacted planned surgery in August, however good progress had been made to improve the ESPI 2 rate, with more than 1500 telephone or virtual consultations carried out.

Committee members asked for the number of people who did not wait to be seen in ED be shown as a percentage of presentations. The Operations Executive noted that some patients told the triage nurse they were not going to wait and were given advice or options for care. Nursing staff reviewed patients who left to check their level of risk, based on the initial Australasian triage system. They would discuss with senior medical staff if necessary and then follow up with the patient and/or their GP. These follow ups would be documented on the patient's notes. The Chief Medical Officer noted that it was not necessary to follow up with every person who did not wait.

In response to questions, the Operations Executive noted that the Transitory Care Unit was used for patients who needed to be admitted to a ward and freed up space in ED. The Medical Assessment and Planning Unit (MAPU) and Emergency Department Observation Area (EDOA) were previously referred to as 'Pods'. As these would be a new build on site, there would be no construction impact on ED. It was hoped the MAPU and EDOA will provide additional capacity when built.

A Committee member advised she had attended the ED several times over recent weeks. On each occasion, she had been impressed by the way staff coped when there were a lot of people in the department and asked that compliments be passed on to the team.

4.5. Te Uru Whakamauora – Healthy Ageing and Rehabilitation

The Operations Executive and the Clinical Executive, Te Uru Whakamauora presented this report, which was taken as read. He noted a correction to the report under section 2.2: Riverstone was a new 56-bed residential aged care facility (not a five-bed facility).

A committee member noted that Radio New Zealand had reported that some aged residential care facilities were struggling to find nursing staff due to immigration issues and were reducing bed numbers as a result. Management advised that around 30 percent of nurses in the MDHB region were internationally qualified, which may impact recruitment in the future. There were no known issues of providers reducing bed numbers in the MDHB region.

The Clinical Executive advised that the Care in the Community Rehabilitation in the Home programme was only available for ACC clients. The Older People's Acute Assessment and Liaison Unit (OPAL) Community Service to provide rehabilitation in the home for people in the community who needed support through illness, rather than an accident will begin implementation in April 2022.

4.6. Te Uru Kiriora – Primary, Public and Community Health

The Operations Executive and the Clinical Executive, Te Uru Kiriora presented this report, which was taken as read. The Operations Executive noted that COVID-19 testing had surged to more than 3000 tests per week during the recent resurgence and had now reduced to around 1200 tests per week. MDHB's contact tracing team had been supported by Palmerston North City Council staff. The team were taking the lead on contact tracing of supermarkets that were places of interest in the Auckland region. The Supported Isolation and Quarantine (SIQ) Coordinator had worked closely with the Incident Management Team, Public Health Unit and iwi. An interim SIQ was in place and two 'family bubbles' could be accommodated if required. All providers had increased their vaccination rates, which had peaked at 18,000 in a week. The drive-through vaccination sites had been popular.

Committee members commented on the importance of keeping the community informed about vaccination rates in the MDHB region. The Operations Executive noted that progress was being reported through social media channels and that graphics would be added.

The Clinical Executive had spoken about COVID-19 vaccinations at a meeting of Grey Power members and everyone had been vaccinated after that. He was available to speak to any groups to encourage vaccinations and answer questions from anyone who was 'vaccine hesitant'.

4.7. Te Uru Rauhī – Mental Health and Addiction Services

The Operations Executive, Te Uru Rauhī presented this report, which was taken as read.

In response to questions, he noted that a Consumer Advisory Group was in place as part of the integrated service model. This group and individuals on it would be asked to support specific pieces of work, such as ward design. The biggest risk to implementation would be difficulties to recruit Māori nurses who had a mental health and addiction background. It was hoped that the new model would encourage the small pool of these nurses to want to work at MDHB.

As part of the construction of the inpatient facility rebuild, demolition and ground works would start in the third quarter of the 2021/22 financial year (between 1 January and 31 March 2022).

It was resolved that the Committee:

note the areas highlighted in the dashboard and associated commentary.

(Moved Karen Naylor; seconded Brendan Duffy)

The Clinical Executive, Te Uru Whakamauora and the Operations Executive, Te Uru Rauhī left the meeting.

The General Manager, Enable New Zealand joined the meeting.

5. PERFORMANCE REPORTING

5.1. Enable New Zealand Report

The General Manager, Enable New Zealand presented this report, which was taken as read. She noted that Enable NZ is meeting all performance KPIs and internal project delivery requirements.

It was resolved that the Committee:

endorse the Enable New Zealand Report to 31 July 2021.

(Moved Muriel Hancock; seconded Lew Findlay)

The General Manager, Enable New Zealand left the meeting.

5.2. Pae Ora Paiaka Whaiora Report

The General Manager, Māori Health presented this report, which was taken as read. She outlined the COVID-19 vaccination mahi that was taking place to get communities to take the lead in their localities. Special mention was made of the iwi and Māori providers who had led the charge on pop-up and drive-through clinics. For the remainder of the programme, a plan would be presented to the September Manawhenua Hauora meeting. A Committee member commended smaller communities such as Foxton and Shannon, who had taken ownership of the programme, with support from THINK Hauora and MDHB.

The Committee acknowledged the work done by Bonnie Mataehaere, Nurse Educator Māori Health, particularly in the Horowhenua area. Her award for outstanding service to nursing was well-deserved and acknowledged by the Committee.

In response to a question, the General Manager, Māori Health advised there was no known confirmed structure that clarified where the Māori consumer voice would sit under the health reforms. It was likely that there would be Consumer Councils at a national level, and it was important to have Māori consumer voices locally.

It was resolved that the Committee:

note the progress update for the Pae Ora Paiaka Whaiora, the Māori Health Directorate.

(Moved Karen Naylor; seconded Lew Findlay)

6. DISCUSSION/DECISION PAPERS

6.1. End of Life Choice Act 2019

The Clinical Executive, Te Uru Mātai Matengau presented this report, which was taken as read. She noted that assisted dying was more likely to take place in the community, but it was possible it could be requested in the hospital environment. Specific training would be provided by the Ministry of Health for any medical or nurse practitioner who was willing to provide assisted dying services.

It was resolved that the Committee:

note the current information available regarding implementation of the End of Life Choice Act 2019

note the establishment of a MidCentral District Health Board (MDHB) working group to ensure MDHB meets its obligations under the Act.

(Moved Muriel Hancock; seconded Heather Browning)

The Clinical Executive, Te Uru Mātai Matengau left the meeting.

The General Manager, Quality and Innovation joined the meeting.

6.2. Quality and Safety Dashboard

The General Manager, Quality and Innovation presented this report, which was taken as read. She noted that once there is more historical data available, the dashboard would show rolling averages on an annualised basis, rather than by quarter. This would reduce the number of 'spikes' based on quarter to quarter variation and provide the Committee with more reliable trend-based reporting.

The timetable for Quality and Safety Walk-rounds was being reviewed. Where it was possible to conduct walk-rounds with social distancing, they would go ahead and virtual Zoom options were being considered for some other walk-rounds.

It was resolved that the Committee:

note the content of the Quality and Safety Dashboard

endorse the improvement activities planned for the next quarter.

(Moved Karen Naylor; seconded Heather Browning)

6.3. Māori Health Equity Dashboard – Te Ara Angitū for Selected Child and Youth Health Indicators

The Operations and Clinical Executives, Te Uru Pā Harakeke and the Operations Executive, Te Uru Kiriora presented this report, which was taken as read.

Committee members raised questions relating to GP enrolment for newborns and the impact that had on childhood immunisations. The Executives advised that work was ongoing with the primary health organisation to ensure there was adequate access for newborns to enrol in a general practice. Enrolment was currently a manual process and it was hoped this would improve once the Maternity Clinical Information System (MCIS) was in place.

The Clinical Executive spoke about the Ambulatory Sensitive Hospitalisation (ASH) audit. It took hundreds of hours of clinicians' time to gather the required information, as clinical information systems between primary health care providers, the hospital and the Emergency Department were not linked.

It was resolved that the Committee:

note the equity position for each of the indicators and the update provided on next steps

note the analysis, discussion and proposed next steps to improve Māori health equity and further strengthen MidCentral District Health Board's commitment to Te Tiriti o Waitangi

endorse the Te Ara Angitū report.

(Moved Vaughan Dennison; seconded Oriana Paewai)

The Operations Executives from Te Uru Pā Harakeke and Te Uru Kiriora left the meeting.

The Director of Strategy, Planning and Accountability joined the meeting.

6.4. Regional Services Plan Implementation, Quarter Four – 2020/21

The Director of Strategy, Planning and Accountability presented this report, which was taken as read.

It was resolved that the Committee:

note there is no requirement to have a Regional Services Plan presented to the Minister for the 2021/22 year

note the progress made on implementing the central region's national and regional priority programmes for Quarter Four of 2020/21.

(Moved Muriel Hancock; seconded Vaughan Dennison)

6.5. COVID-19 Delta Resurgence

The Director of Strategy, Planning and Accountability and the General Manager, Quality and Innovation presented this report, which was taken as read. They noted that lessons learned from last year's COVID-19 lockdown had helped to develop more robust plans and better collaboration between teams.

The Chief Executive advised that the Ministry of Health (the Ministry) had implemented an Incident Management Team structure to support the current resurgence, which would continue. DHBs had been asked to support the Auckland region by providing staff to work in Intensive Care Units (ICU), Managed Isolation and Quarantine (MIQ) facilities, contact tracing and vaccinations. Staff from MDHB were on standby to work in ICU and eight staff were already helping in Auckland MIQ facilities. Support for contact tracing was being carried out from Palmerston North. A hospital visitor policy had been agreed between the DHB Chief Executives and the Ministry to restrict the spread of COVID-19. This policy had been applied at MDHB.

It was resolved that the Committee:

note the progress in the COVID-19 Delta resurgence response from 17 August to 7 September 2021.

(Moved Brendan Duffy; seconded Vaughan Dennison)

The Director of Strategy, Planning and Accountability and the General Manager, Quality and Improvement left the meeting.

The Locality and Intersectoral Development Manager joined the meeting.

7. INFORMATION PAPERS

7.1. Locality Plan Progress Report – Horowhenua

The Locality and Intersectoral Development Manager presented this report, which was taken as read. She noted that the refugee intake programme had been paused due to the COVID-19 resurgence, so the families expected to arrive in Levin would be delayed. Community COVID-19 vaccination clinics have been held in Shannon. Issues with booking vaccinations in Foxton and Shannon through the BookMyVaccine website were being addressed.

In response to a question, management advised that the Horowhenua Company Limited (HCL) were taking the lead in scoping a new 'Health and Wellbeing Hub' facility in Levin. HCL would establish a governance group to develop the timeline for this to be completed by 30 June 2023.

It was resolved that the Committee:

note the progress that has been made in relation to Horowhenua Te Mahere Hauora (Health and Wellbeing Plan).

(Moved Heather Browning; seconded Karen Naylor)

The Locality and Intersectoral Development Manager left the meeting.

7.2. Committee's Work Programme

The report was taken as read.

It was resolved that the Committee:

note the update on the Health and Disability Advisory Committee's work programme.

(Moved Brendan Duffy; seconded Vaughan Dennison)

8. GLOSSARY OF TERMS

No discussion.

9. LATE ITEMS

No discussion.

10. DATE OF NEXT MEETING

Tuesday, 23 November 2021 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North

11. 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
'In committee' minutes of the previous Health and Disability Advisory Committee meeting	For reasons set out in the agenda of the 16 February 2021 meeting held with the public present	
Serious Adverse Events (SAC 1)	To protect patient privacy	9(2)(a)

(Moved Brendan Duffy; seconded Vaughan Dennison)

Part One of the meeting closed at 11.50am

Confirmed this 23rd day of November 2021

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Committee Chair