

Disability Support Advisory Committee Minutes

MEETING DETAILS									
Date and Time	10:00am, Thursday, 18 March 2010								
Venue	Sir Douglas Robb Boardroom, Level 7, Building 14, Greenlane Clinical Centre, Epsom								
2	ATTENDANCE AND APOLOGIES								
	<p>Board Members</p> <table border="0"> <tr> <td>Jo Agnew (Chair)</td> <td>Susan Buckland</td> </tr> <tr> <td>Dr Brian Fergus</td> <td>Marie Hull-Brown</td> </tr> <tr> <td>Dairne Kirton</td> <td>Susan Sherrard</td> </tr> <tr> <td>Nanar Tan</td> <td>Rt Hon Bob Tizard</td> </tr> </table> <p>Management in Attendance</p> <p>Dr Denis Jury - Chief Planning and Funding Officer, Acting Chief Executive Lisa Gestro - Planning and Funding Manager Janice Mueller - Director Allied Health Vivienne Rawlings – General Manager Human Resources (part) Bruce Northey – Acting Board Administrator</p> <p>Apologies</p> <p>The Chair declared the meeting open at 10:03 am. An apology had been received from Garry Smith and Carolyn Simmons Carlson.</p>	Jo Agnew (Chair)	Susan Buckland	Dr Brian Fergus	Marie Hull-Brown	Dairne Kirton	Susan Sherrard	Nanar Tan	Rt Hon Bob Tizard
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3	CONFLICTS OF INTEREST								
	There were no notifications of any generic conflicts of interest nor any specific conflicts announced in respect to items in the agenda.								
4	CONFIRMATION OF MINUTES 18 FEBRUARY 2010								
	<p>The reference to complaints needed to be clarified with the concern being that the Committee was only aware of verbal complaints. If there were a verbal complaint received by a Committee member then every effort needed to be made to get them documented and into the ADHB complaints system. The reference to researching communications was incorrect.</p> <p><u>Moved Marie Hull-Brown; seconded Dairne Kirton</u></p> <p><i>That the minutes of the Disability Support Advisory Committee meeting held on 18 February 2010 be modified as agreed, thereby being a true and correct record.</i></p> <p><u>Carried</u></p>								
5	ACTION POINTS 18 FEBRUARY 2010								
	<p>Chair</p> <p>The Board Chair has another scheduled meeting which regularly clashes with the timing of DSAC. The invitation to attend a meeting would continue to be offered.</p> <p>Staff Training</p>								

	<p>Vivienne Rawlings was in attendance. She noted that:</p> <ul style="list-style-type: none"> • ADHB did not have a Disability Co-ordinator; • Should a disability be acknowledged during recruitment the employing manager would undertake an ad hoc process with Occupation Health to assess how to address the individual's needs; • There was no training of staff specifically in respect to disability policies; • A policy of no discrimination in employment was actively applied as an organisational value, with ADHB being marketed as an open, inclusive employer. <p>The Committee requested that HR consider integrating a session on understanding disabilities into the regular monthly orientation provided to new employees and asked that one or both of the Disability Co-ordinators from CMDHB or WDHB attend the May meeting to discuss their role and the concept that this role allowed other staff to 'pass on' their individual responsibility for management of disability issues, as may occur with Maori and Pacific issues. The formal objectives and KPIs for these roles to be accessed and circulated.</p> <p>In response to a question as to understanding by managers of disability issues and the resources available to assist managers, the comment was to await the outcome of the ongoing audit.</p> <p>HR to provide data on staff who have declared a disability.</p> <p>Complaints</p> <p>Quality Manager to report on complaints at the May meeting</p> <p>ACC Funding of Support Carer in Hospital</p> <p>ACC funding of support carers when an individual was hospitalised was still being discussed with ACC. On the broader issue of a support person being able to remain in attendance, there was no policy prohibiting this occurring and that possibility should be addressed when considering the needs of the patient as part of a treatment plan. Physical constraints are relevant, for example the environment at Starship is conducive as there are facilities for carers to 'sleep over'.</p> <p>Bed Blockages</p> <p>Within CONCORD there was a focus on the overall issue of bed blockages, estimated at 1000 bed days a year. Work was ongoing with Taikura and Ethics Committee approval was being sought to interview service users on their experiences.</p>
6	CHAIRMAN'S REPORT
	<p>The Chair asked for a background to regional meetings of DSAC. The response was that these had occurred, but not with the present personnel and chairs nor within the current climate of greater regional alignment.</p> <p>The Chair agreed to discuss the concept of regional meetings with her fellow chairs, the Board Administrator to provide a briefing note on the statutory context of DSAC.</p>
7	IMPROVEMENT ACTIVITIES
7.1	DAP Projects Report
	<p>This was the first presentation of this material. Management to provide more detail on the subgroup of projects relevant to disabilities.</p>

8	PAPERS
8.1	Update on 2010 - 2011 District Annual Plan
	The Committees' attention was drawn to the three projects set out in 1.1.4 under Goal 1: <i>Lift the health of people living in Auckland city</i> , headed <i>Support disabled people and improve their access to healthcare and support services</i>
8.2	Quality in Rest Homes – National Spot Audit Project
	Office of the Auditor General's recommendation that quality and other audits of rest homes be merged and undertaken by way of 'spot' audits was being implemented by all DHBs at the request of the Ministry of Health. The pilot had received the support of provider representatives and an integrated audit tool was being finalised. An outstanding issue was who pays for an integrated audit as providers historically had only met the cost of certification audits. The changing profile of consumers may impact on the ongoing effectiveness of consumer involvement in these audits. Management to provide a report six monthly on how this strategy was being implemented and the outcomes of audits.
8.3	Management of Complaints
	The question was asked as to inclusion of external complaints received within internal ADHB processes, for example as to rest homes, in addition to the current practice of noting risks when a patient was admitted with a condition which raised concerns as to the standard of care provided. Quality Manager to include this issue in his forthcoming presentation on complaints; Planning and Funding to circulate contact details for the HDC workshop on complaints scheduled for late March.
8.4	Access Audit
	Lisa Gestro provided a verbal update. She was positive as to progress and the relevance of the final report due end of August for the September meeting with the leaders applying a strong methodology and consulting widely. Relevant Background material on access audit to be circulated.
10	GENERAL BUSINESS
	The Chair noted that while DSAC needed to have a relationship with CPHAC it reported to the ADHB Board. References to reporting to CPHAC to be removed from the agenda pack The practice of young disabled being released into rest homes rather than into the community in the absence of suitable accommodation is to be raised with the Chair of ADHB, with his related role of Chair of Housing New Zealand. Data on residents under 65 in rest homes to be provided.

	NEXT MEETING
	The meeting closed at 11:47 am The next meeting is scheduled for 10:00am, Thursday, 13 May 2010 Sir Douglas Robb Board Room Level 7, Building 14 Greenlane Clinical Centre Auckland
CONFIRMED	
CHAIR:	DATE: