



Minutes

Meeting: HAIGG

Date:	16 Dec 2015
Time:	09.00am – 3.00pm
Location:	Freyberg building. (G.01) Wellington
Chairs:	Jane O'Malley ,Don Mackie
Attendees:	Bob Buckham, Sheldon Ngatai, Grant Pidgeon, Carolyn Clissold, Michelle Balm, Virginia Hope, Arthur Morris, Gabrielle Nicholson, Sharon Gardiner (for Eamon Duffy), Don Mackie, Jane O'Malley (Co-chairs), Jane Pryer, Gemma Crook Invited: Shirley Crawshaw (MoH), Andrea McNeil (MoH) Catherine Torrance (MoH)
Apologies:	Sally Roberts, Lisa Oakley, Eamon Duffy, Noeline Whitehead, Chris McKenna.

Item	
1	Welcome, introductions and apologies
2	<p>Confirmation of minutes of 27 October 2015</p> <p>Correction to minutes item 5 Action point to be amended to “a high level paper to be written that summarises international key principles, policies, components and strategies identified as important in informing the development of a New Zealand AMS programme”.</p> <p>Action: Minutes amended.</p>
3	<p>Action Plan update</p> <p>13.1 Governance Update</p> <p>Update</p> <p>Appointment of Dr Kevin Snee as CEO representative announced.</p> <p>13.3 Surveillance: Clostridium difficile Infection (CDI) (Pilot study update)</p> <p>Update from Virginia Hope on CDI surveillance guidance report from 6 DHB pilot sites. The data received has been variable making data difficult to evaluate and report on. This may be due to how the DHB's have implemented the criteria. The next step is for ESR to discuss with MoH and the pilot sites, the criteria to enable the data to be meaningful and credible to progress this across all DHB's in the future and, long term, to ensure best practice in the management of CDI is undertaken.</p> <p>The question was asked whether CDI should be a notifiable disease and what would be the process in raising this. It was acknowledged that the process in making a disease notifiable is complex. A paper outlining the pros and cons will be drafted.</p> <p>Actions:</p> <p>ESR to send C.diff report to CD team</p> <p>Evaluation report from findings to be discussed at HAIGG meeting</p> <p>C.diff to remain on HAIGG agenda</p>

	<p>Paper to be written on Pros and cons of C.diff becoming a notifiable disease, and then findings discussed at HAIGG meeting</p> <p>13.25 Victorian Cleaning Standards Health Legal team (MOH) working with the legal team in Victoria (Australia) in resolving one section of the copyright laws. Update: via e-mail from Ministry of Health legal team. Proposed changes still pending in Victoria. The indemnity clause for the licence to use the Victorian cleaning standards requires MoH D-G and the Minister of finance sign off. The proposed changes are currently with the Victorian health legal team. HAIGG will be updated on the progress.</p> <p>13.32 Surveillance IT/IPC programme requirements for DHB's Update: Catherine Torrance (MoH I.T governance group) updated the group on progress in this area. A review of the work already done in this area has been undertaken. Catherine attended a meeting on the 14 December with Don Mackie, Jane O'Malley and Graeme Osborne (Director of National Health I.T Board) to discuss how this work needs to progress. There is an agreement to undertake a detailed feasibility study to look at future operating models, standards and surveillance, to form an understanding of what is currently in use, What is feasible and what is desirable. This will be achieved by Catherine working with individual DHB's and collecting this information. It was noted that several hospitals already had, or were in the process of purchasing ICNet to manage their surveillance data. Don, Jane and Graeme to be the sponsors of this project and will update the group accordingly. Action: Feasibility study to be undertaken. (Catherine Torrance to lead) Gabrielle Nicholson (HQSC) to liaise with Catherine in this area following the work that HQSC has already done. Progress to be fed back to HAIGG.</p>
4	<p>Staff Vaccination: Update and re-cap given by Jane O'Malley on the previous teleconferences and work done by the health sector on Influenza planning, immunisation in the workplace, the role of Unions and National Bipartisan Action Group (B.A.G) emphasis on a clinical leadership approach to this. The Ministry has worked with these groups. Union support is strong around achieving high staff vaccination rates.</p> <p>Papers reviewed on this year's vaccination rates within DHB's. Agreement that support from CEO plays a valuable role in increasing staff vaccination rates. Across DHB's it was not a 'bad' - influenza season but upper respiratory tract infections featured more markedly. HAIGG prospective is that the involvement and leadership from group was valuable. Action: Post influenza meeting 17 December. All HAIGG members invited to listen in. Agreed:</p> <ul style="list-style-type: none"> • Following the teleconference, evaluation and summary of all information to be presented to CE's at a future meeting. <p>Action:</p> <ul style="list-style-type: none"> • Don and Jane to report findings from teleconference at CE meeting

5	<p>Antimicrobial Resistance: Shirley Crawshaw (Director of Public Health MoH) and Andrea McNeil (Senior Advisor, MoH) invited to inform the group on the work that the newly formed Antimicrobial Resistance action plan development group will be undertaking and how this group will link into the HAIGG strategic plan. HAIGG were provided a background paper on AMR in New Zealand.</p> <p>The objective of the group is to work within a set time frame with key stakeholders to develop and agree a cross agency national strategic action plan that is adaptive and responsive for managing AMR (with the aim of minimising the incidence of AMR across New Zealand). This will also be in line with the World health Organization’s 5 global strategic objectives. The plan will be in place by May 2017.</p> <p>It was acknowledged that now there is an AMR action plan group with a coordinated plan of work, AMR work needs to be tied to this action group and not HAIGG.</p> <p>Agreed: The AMR action plan group will feed back to governance structures within the Ministry of Health via HAIGG, and Ministry for Primary Industries.</p> <p>Action:</p> <ul style="list-style-type: none"> • Updates will be provided to HAIGG following the meeting of this group. (First meeting planned for 2 March 2016). • The terms of reference will be shared with HAIGG once they are finalised. <p>Antimicrobial Stewardship Questionnaire – Sharon Gardiner, Canterbury DHB-Antimicrobial hospital pharmacist). Sharon provided a draft survey on current antimicrobial practices across DHBs.</p> <p>The aim of the survey is to determine what structures resources and practices are currently in place around antimicrobial stewardship across the 20 DHB’s. It was acknowledged that there is further work to be done before the survey is sent out. Work done from this survey will form part of the stocktake for the AMR action plan group.</p> <p>Discussion on who within DHBs should be sent the survey to ensure the right compliment of expert groups included and what reporting is already in place that informs CEO’s of antimicrobial stewardship.</p> <p>Agreed: Importance of questions that look at what happens with AMS in areas such as; Primary care, aged residential care and other (i.e. community) are included in the survey.</p> <p>Action: Survey to be sent to HAIGG members electronically. Feedback on form to be sent directly to Sharon Gardiner.(Complete) Once forms collated, survey results to be sent to Shirley Crawshaw as part of action plan gap analysis. Primary, aged residential care other community input from disciplines.</p>
6	<p>Governance and Accountability HAIGG work plan (T.O.R and strategic plan) Extensive discussion on the 2016 HAIGG work plan which included: Are the HAIGGs 4 major headings/pillars in the strategic plan still current is there anything missing? How can HAIGG ensure that work is progressed and managed?</p>

What can we meaningfully do as a governance group?

Expectation and reporting lines to boards across DHB and the variability in the reporting lines that exist.

Key messages :HAIGG will put the key messages out around the key performance indicators (KPI)

Agreement:

Four major headings in strategic plan still current

Key performance indicators (KPI) to be used to manage the 'How' from the HAIGG strategic framework plan

4 KPI actions agreed on: Governance and Accountability, Surveillance and Monitoring, Infection Prevention and Control, Antimicrobial Stewardship

Bullet points around key messages to be formalised and agreed on by group before posting on web site.

Actions:

Time lines for completion of actions;

Governance and Accountability TBC

Surveillance and Monitoring Nov 2016 (to include point prevalence day)

Antimicrobial Stewardship July 2016

Infection prevention and control 2 phases : Revision of IPC standards May 2016 , Revision completed Nov 2016

A full table of the points discussed will be available and reviewed by the group at the next meeting.

Bullet points around key messages to be formalised and agreed on by group before posting on web site (Jane Pryer to collate)

Round the table:

Arthur -Consumer engagement – needs to be a standing agenda item.

Gabrielle - gave an overview from the South Island IPC network meeting and gave presentations to the network on the IPC programmes that are currently underway. This included what the HQSC would like from the group and what level of support they could offer regarding the IPC programmes. The network was asked how they wanted to work as a network, the role of the group what their expectations are. Gabrielle attended the Australasian College Infection Prevention and Control conference meeting in Hobart. One of presentations she attended was the role and work of PhD students in looking at the cost benefit analysis within the IPC field. Gabrielle was interested in how PhD students in New Zealand could do the same thing.

It was discussed that there is no national body or joint IPC professional group (nurses and doctors) in NZ and this potentially reduces the operational arm to undertake IPC initiatives.

ACIPC – revisit long term plan to have conference in New Zealand at a future date.

Sheldon in agreement in Arthurs sentiments about the consumers space, does think that as the only consumer on the group there is a lot to take in, but has found it important for her, to see and understand where the group is going and that the group is patient centric and operational.

ToR To be discussed at the next meeting and updated as required.

ACC representative – the question was asked whether the group needs a ACC representative – no decision made (can be discussed as part of ToR)

Feedback from group requested on how HAIGG can be more visible within the sector and what the group does. (Minutes and information available on the website)

Meetings for 2016

The group was asked whether reducing the meetings to 3 times a year as opposed to 4

Agreed: Quarterly meeting to continue. March, June, September and November.

Teleconferences as required (scheduled mid- point)

Close of meeting:

3.00 p.m.

Next meeting:

16 March 2016 ,Wellington Airport Conference Centre , Sunderland room