

# Hospitals Advisory Committee Agenda



|                  |   |              |         |
|------------------|---|--------------|---------|
| <b>Location:</b> | Board Room<br>Level 1<br>Hockin Building<br>Waikato Hospital<br>Pembroke Street<br>HAMILTON |              |         |
| <b>Date:</b>     | 18 November 2020  | <b>Time:</b> | 10.45am |

|                           |  |  |  |
|---------------------------|--|--|--|
| <b>Committee Members:</b> | Mr A Connolly, Deputy Commissioner (Chair)<br>Dame K Poutasi, Commissioner<br>Mr C Paraone, Deputy Commissioner<br>Emeritus Professor M Wilson, Deputy Commissioner<br>Ms TP Thompson-Evans, Chair Iwi Māori Council<br>Ms R Karalus<br>Dr P Malpass<br>Mr J McIntosh<br>Mr F Mhlanga<br>Ms G Pomeroy<br>Ms J Small<br>Mr D Slone<br>Mr G Tupuhi |  |  |
| <b>In Attendance:</b>     | Mr K Whelan, Crown Monitor<br>Dr K Snee, Chief Executive<br>Executive Directors as necessary   |  |  |

|                           |                    |  |  |
|---------------------------|--------------------|--|--|
| <b>Next Meeting Date:</b> | 24 February 2021   |  |  |
| <b>Contact Details:</b>   | Phone: 07 834 3622 |  |  |

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# Hospitals Advisory Committee Agenda



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Item

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1. [Apologies](#)
2. **INTERESTS**
  - 2.1 [Schedule of Interests](#)
  - 2.2 Conflicts Related to Items on the Agenda
3. **MINUTES AND MATTERS ARISING**
  - 3.1 [Minutes \(draft\): 23 September 2020](#)
4. **[EXECUTIVE DIRECTOR HOSPITAL AND COMMUNITY SERVICES](#)**
5. **PRESENTATIONS**
  - 5.1 [Cardiology](#)
6. **DECISIONS**
7. **DISCUSSION**
8. **GENERAL BUSINESS**
  - 8.1 [2021 Meeting Schedule](#)
9. **CLOSE MEETING ([Next Meeting: 24 February 2021](#))**



# Apologies







## Interests

**SCHEDULE OF INTERESTS FOR HOSPITALS ADVISORY COMMITTEE MEETINGS TO NOVEMBER 2020**

Dame Karen Poutasi

| <b>Interest</b>  | <b>Nature of Interest</b><br><i>(Pecuniary/Non-Pecuniary)</i> | <b>Type of Conflict</b><br><i>(Actual/Potential/Perceived/None)</i> | <b>Mitigating Actions</b><br><i>(Agreed approach to manage Risks)</i> |
|--|---|---|---|
| Commissioner, Waikato DHB  | Non-Pecuniary   | None  | Refer Notes 1 and 2   |
| Member, Finance Risk and Audit Committee, Waikato DHB  | Non-Pecuniary   | None  |   |
| Member, Hospitals Advisory Committee, Waikato DHB  | Non-Pecuniary   | None  |   |
| Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB | Non-Pecuniary   | None  |   |
| Deputy Chair, Network for Learning   | Non-Pecuniary   | None  |   |
| Daughter, Consultant Hardy Group   | Non-Pecuniary   | None  |   |
| Son, Health Manager, Worksafe  | Non-Pecuniary   | None  |   |
| Chair, Kapiti Health Advisory Committee  | Non-Pecuniary   | None  |   |
| Co-Chair, Kāpiti Community Health Network Establishment Governance Group                       | Non-Pecuniary   | None  |   |
| Chair, Wellington Uni-Professional Board   | Non-Pecuniary   | None  |   |
| Chair, COVID-19 Vaccine and Immunisation Governance Group                                      | Non-Pecuniary   | None  |   |

Mr Andrew Connolly

| <b>Interest</b>  | <b>Nature of Interest</b><br><i>(Pecuniary/Non-Pecuniary)</i> | <b>Type of Conflict</b><br><i>(Actual/Potential/Perceived/None)</i> | <b>Mitigating Actions</b><br><i>(Agreed approach to manage Risks)</i> |
|--|---|---|---|
| Deputy Commissioner, Waikato DHB   | Non-Pecuniary   | None  | Refer Notes 1 and 2   |
| Member, Finance Risk and Audit Committee, Waikato DHB  | Non-Pecuniary   | None  |   |
| Chair, Hospitals Advisory Committee, Waikato DHB   | Non-Pecuniary   | None  |   |
| Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB | Non-Pecuniary   | None  |   |
| Board member, Health Quality and Safety Commission   | Non-Pecuniary   | None  |   |
| Southern Partnership Group   | Non-Pecuniary   | None  |   |
| Employee, Counties Manukau DHB   | Non-Pecuniary   | None  |   |
| Member, Health Workforce Advisory Board  | Non-Pecuniary   | None  |   |
| Crown Monitor, Southern DHB  | Non-Pecuniary   | None  |   |
| Member, MoH Planned Care Advisory Group  | Non-Pecuniary   | None  |   |

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

Mr Chad Paraone

| <b>Interest</b>  | <b>Nature of Interest</b><br><i>(Pecuniary/Non-Pecuniary)</i> | <b>Type of Conflict</b><br><i>(Actual/Potential/Perceived/None)</i> | <b>Mitigating Actions</b><br><i>(Agreed approach to manage Risks)</i> |
|--|---|---|---|
| <b>Deputy Commissioner, Waikato DHB</b>  | Non-Pecuniary   | None  | Refer Notes 1 and 2   |
| <b>Member, Finance Risk and Audit Committee, Waikato DHB</b>   | Non-Pecuniary   | None  |   |
| <b>Member, Hospitals Advisory Committee, Waikato DHB</b>   | Non-Pecuniary   | None  |   |
| <b>Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB</b>  | Non-Pecuniary   | None  |   |
| <b>Independent Chair, Bay of Plenty Alliance Leadership Team</b>   | Non-Pecuniary   | None  |   |
| <b>Independent Chair, Integrated Community Pharmacy Services Agreement National Review</b> (stepped down from role from December 2020 to March 2021) | Non-Pecuniary   | None  |   |
| <b>Strategic Advisor (Maori) to CEO, Accident Compensation Corporation</b>   | Non-Pecuniary   | None  |   |
| <b>Maori Health Director, Precision Driven Health</b> (stepped down from role from October 2020 to March 2021)                                       | Non-Pecuniary   | None  |   |
| <b>Committee of Management Member and Chair, Parengarenga A Incorporation</b>  | Non-Pecuniary   | None  |   |
| <b>Director/Shareholder, Finora Management Services Ltd</b>  | Non-Pecuniary   | None  |   |
| <b>Member, Transition Unit (Health &amp; Disability System Reform), Department of Prime Minister and Cabinet)</b>                                    | Non-Pecuniary   | None  |   |

Emeritus Professor Margaret Wilson

| <b>Interest</b>  | <b>Nature of Interest</b><br><i>(Pecuniary/Non-Pecuniary)</i> | <b>Type of Conflict</b><br><i>(Actual/Potential/Perceived/None)</i> | <b>Mitigating Actions</b><br><i>(Agreed approach to manage Risks)</i> |
|--|---|---|---|
| <b>Deputy Commissioner, Waikato DHB</b>  | Non-Pecuniary   | None  | Refer Notes 1 and 2   |
| <b>Member, Finance Risk and Audit Committee, Waikato DHB</b>   | Non-Pecuniary   | None  |   |
| <b>Member, Hospitals Advisory Committee, Waikato DHB</b>   | Non-Pecuniary   | None  |   |
| <b>Chair, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB</b> | Non-Pecuniary   | None  |   |
| <b>Member, Waikato Health Trust</b>  | Non-Pecuniary   | None  |   |
| <b>Co-Chair, Waikato Plan Leadership Group</b>   | Non-Pecuniary   | None  |   |

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Ms Te Pora Thompson-Evans

| Interest  | Nature of Interest               | Type of Conflict                         | Mitigating Actions                       |
|---|----------------------------------|--|--|
|   | <i>(Pecuniary/Non-Pecuniary)</i> | <i>(Actual/Potential/Perceived/None)</i> | <i>(Agreed approach to manage Risks)</i> |
| Attendee, Commissioner meetings, Waikato DHB                              | Non-Pecuniary                    | None                                     | Refer Notes 1 and 2                      |
| Member, Finance Risk and Audit Committee, Waikato DHB                     | Non-Pecuniary                    | None                                     |  |
| Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB | Non-Pecuniary                    | None                                     |  |
| Member, Hospitals Advisory Committee, Waikato DHB                         | Non-Pecuniary                    | None                                     |  |
| Chair, Iwi Maaori Council, Waikato DHB                                    | Non-Pecuniary                    | None                                     |  |
| Iwi Maaori Council Representative for Waikato-Tainui, Waikato DHB         | Non-Pecuniary                    | None                                     |  |
| Iwi: Ngāti Hauā   | Non-Pecuniary                    | None                                     |  |
| Member, Te Whakakitenga o Waikato   | Non-Pecuniary                    | None                                     |  |
| Co-Chair, Te Manawa Taki Governance Group                                 | Non-Pecuniary                    | None                                     |  |
| Te Manawa Taki Iwi Relationship Board                                     | Non-Pecuniary                    | None                                     |  |
| Maangai Maaori, Hamilton City Council                                     | Non-Pecuniary                    | None                                     |  |
| Community Committee   | Non-Pecuniary                    | None                                     |  |
| Economic Development Committee  | Non-Pecuniary                    | None                                     |  |
| Hearings & Engagement Committee   | Non-Pecuniary                    | None                                     |  |
| Director, Whai Manawa Limited   | Non-Pecuniary                    | None                                     |  |
| Director/Shareholder, 7 Eight 12 Limited                                  | Non-Pecuniary                    | None                                     |  |
| Director/Shareholder, Haua Innovation Group Holdings Limited              | Non-Pecuniary                    | None                                     |  |
| Member, Waikato-Tainui Koiora Strategy Panel                              | Non-Pecuniary                    | None                                     |  |
| Maaori Coordination Lead - Waikato Group Emergency Coordination Centre    | Non-Pecuniary                    | None                                     |  |

Dr Paul Malpass

| Interest  | Nature of Interest               | Type of Conflict                         | Mitigating Actions                       |
|---|----------------------------------|--|--|
|   | <i>(Pecuniary/Non-Pecuniary)</i> | <i>(Actual/Potential/Perceived/None)</i> | <i>(Agreed approach to manage Risks)</i> |
| Member, Community and Public Health Advisory Committee, Waikato DHB | Non-Pecuniary                    | None                                     | Refer Notes 1 and 2                      |
| Member, Hospitals Advisory Committee, Waikato DHB                   | Non-Pecuniary                    | None                                     |  |
| Member, Consumer Council, Waikato DHB                               | Non-Pecuniary                    | None                                     |  |
| Fellow, Australasian College of Surgeons                            | Non-Pecuniary                    | None                                     |  |
| Fellow, New Zealand College of Public Health Medicine               | Non-Pecuniary                    | None                                     |  |
| Trustee, CP and DB Malpass Family Trust                             | Non-Pecuniary                    | None                                     |  |
| Daughter registered nurse employed by Taupo Medical Centre          | Non-Pecuniary                    | None                                     |  |
| Daughter employed by Access Community Health                        | Non-Pecuniary                    | None                                     |  |

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Mr John McIntosh

| <b>Interest</b>  | <b>Nature of Interest</b><br><i>(Pecuniary/Non-Pecuniary)</i> | <b>Type of Conflict</b><br><i>(Actual/Potential/Perceived/None)</i> | <b>Mitigating Actions</b><br><i>(Agreed approach to manage Risks)</i> |
|--|---|---|---|
| <b>Member, Community and Public Health Advisory Committee, Waikato DHB</b>   | Non-Pecuniary   | None  | Refer Notes 1 and 2   |
| <b>Member, Hospitals Advisory Committee, Waikato DHB</b>   | Non-Pecuniary   | None  |   |
| <b>Community Liaison, LIFE Unlimited Charitable Trust (a national health and disability provider; contracts to Ministry of Health; currently no Waikato DHB contracts)</b> | Non-Pecuniary   | None  |   |
| <b>Coordinator, SPAN Trust (a mechanism for distribution to specialised funding from Ministry of Health in Waikato_</b>  | Non-Pecuniary   | None  |   |
| <b>Trustee, Waikato Health and Disability Expo Trust</b>   | Non-Pecuniary   | None  |   |

Ms Rachel Karalus

| <b>Interest</b>  | <b>Nature of Interest</b><br><i>(Pecuniary/Non-Pecuniary)</i> | <b>Type of Conflict</b><br><i>(Actual/Potential/Perceived/None)</i> | <b>Mitigating Actions</b><br><i>(Agreed approach to manage Risks)</i> |
|--|---|---|---|
| <b>Member, Community and Public Health Advisory Committee, Waikato DHB</b> | Non-Pecuniary   | None  | Refer Notes 1 and 2   |
| <b>Member, Hospitals Advisory Committee, Waikato DHB</b>                   | Non-Pecuniary   | None  |   |
| <b>Chair, Aere Tai Pacific Midland Collective</b>                          | Non-Pecuniary   | None  |   |
| <b>Member, Waikato Plan Regional Housing Initiative</b>                    | Non-Pecuniary   | None  |   |
| <b>Chief Executive Officer, K'aute Pasifika Trust</b>                      | Non-Pecuniary   | None  |   |

Ms Gerri Pomeroy

| <b>Interest</b>   | <b>Nature of Interest</b><br><i>(Pecuniary/Non-Pecuniary)</i> | <b>Type of Conflict</b><br><i>(Actual/Potential/Perceived/None)</i> | <b>Mitigating Actions</b><br><i>(Agreed approach to manage Risks)</i> |
|---|---|---|---|
| <b>Member, Community and Public Health Advisory Committee, Waikato DHB</b>  | Non-Pecuniary   | None  | Refer Notes 1 and 2   |
| <b>Member, Hospitals Advisory Committee, Waikato DHB</b>  | Non-Pecuniary   | None  |   |
| <b>Co-Chair, Consumer Council, Waikato DHB</b>  | Non-Pecuniary   | None  |   |
| <b>Trustee, My Life My Voice</b>  | Non-Pecuniary   | None  |   |
| <b>Waikato Branch President, National Executive Committee Member and National President, Disabled Person's Assembly</b> | Non-Pecuniary   | None  |   |
| <b>Member, Enabling Good Lives Waikato Leadership Group, Ministry of Social Development</b>                             | Non-Pecuniary   | None  |   |
| <b>Member, Machinery of Government Review Working Group, Ministry of Social Development</b>                             | Non-Pecuniary   | None  |   |

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|  |               |      |
|--|---------------|------|
| <b>Co-Chair, Disability Support Service System Transformation Governance Group, Ministry of Health</b> | Non-Pecuniary | None |
| <b>Member, Enabling Good Lives National Leadership Group, Ministry of Health</b>                       | Non-Pecuniary | None |

<sup>a</sup>Mr Fungai Mhlanga

| <b>Interest</b>  | <b>Nature of Interest</b><br><i>(Pecuniary/Non-Pecuniary)</i> | <b>Type of Conflict</b><br><i>(Actual/Potential/Perceived/None)</i> | <b>Mitigating Actions</b><br><i>(Agreed approach to manage Risks)</i> |
|--|---|---|---|
| <b>Member, Community and Public Health Advisory Committee, Waikato DHB</b>           | Non-Pecuniary   | None  | Refer Notes 1 and 2   |
| <b>Member, Hospitals Advisory Committee, Waikato DHB</b>                             | Non-Pecuniary   | None  |   |
| <b>Employee, Department of Internal Affairs (DIA) - Office of Ethnic Communities</b> | Non-Pecuniary   | None  |   |
| <b>Trustee, Indigo Festival Trust</b>  | Non-Pecuniary   | None  |   |
| <b>Member, Waikato Sunrise rotary Club</b>   | Non-Pecuniary   | None  |   |
| <b>Trustee, Grandview Community Garden</b>   | Non-Pecuniary   | None  |   |
| <b>Volunteer, Waikato Disaster Welfare Support Team(DWST) - NZ Red Cross</b>         | Non-Pecuniary   | None  |   |
| <b>Volunteer, Ethnic Football Festival</b>   | Non-Pecuniary   | None  |   |

Mr David Slone

| <b>Interest</b>  | <b>Nature of Interest</b><br><i>(Pecuniary/Non-Pecuniary)</i> | <b>Type of Conflict</b><br><i>(Actual/Potential/Perceived/None)</i> | <b>Mitigating Actions</b><br><i>(Agreed approach to manage Risks)</i> |
|--|---|---|---|
| <b>Member, Community and Public Health Advisory Committee, Waikato DHB</b> | Non-Pecuniary   | None  | Refer Notes 1 and 2   |
| <b>Member, Hospitals Advisory Committee, Waikato DHB</b>                   | Non-Pecuniary   | None  |   |
| <b>Director and Shareholder, The Optimistic Cynic Ltd</b>                  | Non-Pecuniary   | None  |   |
| <b>Trustee, NZ Williams Syndrome Association</b>                           | Non-Pecuniary   | None  |   |
| <b>Trustee, Impact Hub Waikato Trust</b>                                   | Non-Pecuniary   | None  |   |
| <b>Employee, CSC Buying Group Ltd</b>                                      | Non-Pecuniary   | None  |   |
| <b>Advisor, Christian Supply Chain Charitable Trust</b>                    | Non-Pecuniary   | None  |   |

<sup>a</sup> The following statement has been requested for inclusion - All the comments and contributions I make in the Committee meetings are purely done in my personal capacity as a member of the migrant and refugee community in Waikato. They are not in any way representative of the views or position of my current employer (Office of Ethnic communities/Department of Internal Affairs).

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

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Ms Judy Small

| <b>Interest</b>  | <b>Nature of Interest</b><br><i>(Pecuniary/Non-Pecuniary)</i> | <b>Type of Conflict</b><br><i>(Actual/Potential/Perceived/None)</i> | <b>Mitigating Actions</b><br><i>(Agreed approach to manage Risks)</i> |
|--|---|---|---|
| <b>Member, Community and Public Health Advisory Committee, Waikato DHB</b> | Non-Pecuniary   | None  | Refer Notes 1 and 2   |
| <b>Member, Hospitals Advisory Committee, Waikato DHB</b>                   | Non-Pecuniary   | None  |   |
| <b>Member, Consumer Council, Waikato DHB</b>                               | Non-Pecuniary   | None  |   |
| <b>Director, Royal NZ Foundation for the Blind</b>                         | Non-Pecuniary   | None  |   |

Mr Glen Tupuhi

| <b>Interest</b>   | <b>Nature of Interest</b><br><i>(Pecuniary/Non-Pecuniary)</i> | <b>Type of Conflict</b><br><i>(Actual/Potential/Perceived/None)</i> | <b>Mitigating Actions</b><br><i>(Agreed approach to manage Risks)</i> |
|---|---|---|---|
| <b>Member, Community and Public Health Advisory Committee, Waikato DHB</b>                              | Non-Pecuniary   | None  | Refer Notes 1 and 2   |
| <b>Member, Hospitals Advisory Committee, Waikato DHB</b>  | Non-Pecuniary   | None  |   |
| <b>Member, Iwi Maori Council, Waikato DHB</b>   | Non-Pecuniary   | None  |   |
| <b>Board member, Hauraki PHO</b>  | Non-Pecuniary   | None  |   |
| <b>Board member, Te Korowai Hauora o Hauraki</b>  | Non-Pecuniary   | None  |   |
| <b>Chair Nga Muka Development Trust, a representation of Waikato Tainui North Waikato marae cluster</b> | Non-Pecuniary   | None  |   |

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# **Minutes and Matters Arising**

## **WAIKATO DISTRICT HEALTH BOARD**

### **Minutes of the Hospitals Advisory Committee held on 23 September 2020 commencing at 11.08am**

**Present:** Mr C Paraone (Chair)  
Professor M Wilson  
Ms R Karalus  
Dr P Malpass  
Mr J McIntosh  
Ms G Pomeroy  
Dame K Poutasi  
Mr D Slone  
Ms J Small

**In Attendance:** Dr K Snee, Chief Executive  
Ms T Maloney, Executive Director – Strategy, Investment and Transformation  
Ms S Hayward, Acting Executive Director – Hospital and Community Services  
Mr N Hablous, Company Secretary  
Ms T Thompson-Evans  
Gabby Reynolds, Clinical Nurse Director, Oncology  
Dr Nina Scott, Clinical Director – Māori Health  
Riki Nia Nia, Executive Director – Māori, Equity and Health Improvement  
Dr Gary Hopgood, Chief Medical Officer  
Professor Diane Sarfati, Cancer Control Agency  
Dawn Wilson, Cancer Control Agency  
Claire Tahu, Chief Advisor – Allied Health  
Nick Wilson, Director – Communications

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#### **ITEM 1: APOLOGIES**

**Resolved**

**THAT** the apologies from Mr F Mhlanga, Mr A Connolly and Mr G Tupuhi are accepted.

#### **ITEM 2: INTERESTS**

**2.1 Register of Interests**

Mr C Paraone advised there are amendments required to his interests and he will email the minute secretary with these.

**2.2 Conflicts relating to items on the Agenda**

No conflicts of interest relating to items on the agenda were foreshadowed.

#### **ITEM 3: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING**

3.1 Waikato DHB Hospitals Advisory Committee: 24 June 2020

**Resolved**

**THAT**

The minutes of the Waikato DHB Hospitals Advisory Committee held on 24 June 2020 are confirmed as a true and correct record.

### **3.2 Matters Arising**

Nil

## **ITEM 4: Executive Director – Hospital and Community Services**

Ms Hayward provided a verbal update to the Committee.

On 28 August 2020 MRSA was identified in the neonatal unit. The Ministry of Health and national neonatal units have been notified. 24 babies and 11 mothers were affected. There were also a number of staff who were found on swabbing to have been infected. Presently only 5 babies remain in the unit. A second round of swabbing is underway, including all staff assigned to the unit. From Sunday 27 September 2020, babies that were taken out of the unit will begin to come back, all going well.

The CIMS structure had been initiated for a 3 hour period on the day of the meeting to allow computerised systems based in Caro Street to be brought back to the hospital campus.

There are no COVID19 cases presently in the Waikato Hospital.

The presentations from the Cancer Control Agency at today's earlier meeting would be circulated. Committee members were invited to email through any queries/questions for response.

Members provided feedback:

- Ms J Small – would like to see the CCA getting information out before someone is formally diagnosed with cancer, to raise awareness and this information should also be accessible (not just written material). Ms Maloney will feed this back to the DHB relevant teams and CCA.
- Ms G Pomeroy – there is nowhere for long term survivors of cancer with compromised health to go for support. As we move to more people surviving long term there needs to be consideration as to what good quality of life looks like. There are generally negative consequences of treatment. Ms Hayward will initiate discussions regarding this and feedback to the Committee.
- Mr P Malpass – noted that COVID19 secondary conditions may cause a similar need to that of oncology patients, eg long term side effects and ongoing medical conditions.

#### **ACTIONS:**

- Ms Maloney will feed to relevant teams and CCA regarding early information on cancer and accessible options.
- Ms Hayward will initiate discussions regarding support for long term cancer survivors and improving quality of life.

#### **Resolved**

##### **THAT**

The updates from around the table are noted.

## **ITEM 5: PRESENTATIONS**

**5.1 Cancer**

Provided during the Community and Public Health Advisory Committee meeting.

**5.2 Clinical Governance**

Dr G Hopgood provided a verbal report.

Corporate and clinical governance cannot be managed as separate entities. Work is underway to build a corporate clinical partnership in order to provide meaningful data to those who generate the health care events. The governance framework has been to the Executive Leadership Team and the Commissioners.

**ACTIONS:**

- The high level document and terms of reference will be circulated to the Committee members.

**ITEM 6: DISCUSSION**

Nil

**ITEM 7: GENERAL BUSINESS**

There was no General Business to discuss.

**ITEM 8: DATE OF NEXT MEETING**

9.1 18 November 2020

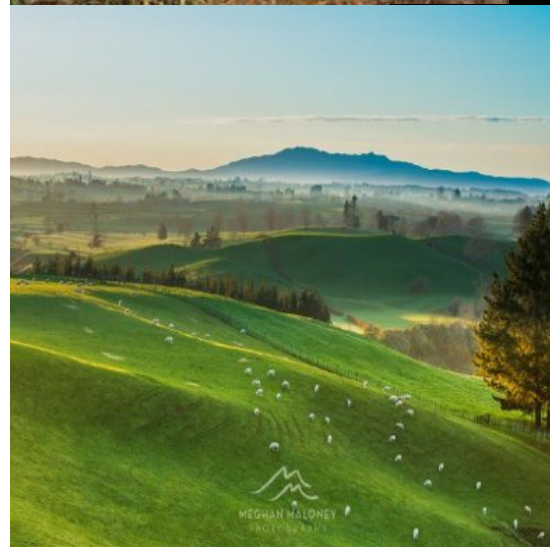
Chairperson: Mr Chad Paraone

Date: 23 September 2020

Meeting Closed: 11.30am



## **Executive Director Hospital and Community Services**



# HAC PERFORMANCE UPDATE NOVEMBER 2020

# Increasing Planned Care and Reducing Waitlists

The Ministry of Health Initiative for Planned Care and reducing waitlist is a three year initiative with a focus on DHBs achieving a sustainable position through:

1. Additional Planned Care Funding and Delivery
2. Service Improvement Activity
3. Capital Expenditure

# Additional Planned Care Funding and Delivery

The three year initiative supports post COVID-19 recovery and waitlist reductions with a focus on:

- increased volume of delivery for planned care interventions, outpatient assessment and diagnostics
- recovering Post COVID 19 backlogs related to Planned Care Measures ESPI 2, ESPI 5 and diagnostics
- addressing existing waitlist backlogs to achieve a sustainable position
- addressing inequity





# Additional Volumes of Delivery

| Type  | Speciality                | Volume       |
|---|---------------------------|--------------|
| Inpatient Discharges - Details to follow    |                           | 902          |
| <b>Inpatient Discharges Total</b>           |                           | <b>902</b>   |
| Diagnostic                                  | Radiology CT              | 2,848        |
| <b>Diagnostic Total</b>                     |                           | <b>2,848</b> |
| OP FSA                                      | Cardiology                | 144          |
|   | General Surgery           | 30           |
|   | Ophthalmology             | 322          |
|   | Orthopaedic Surgery       | 42           |
|   | Otorhinolaryngology (ENT) | 250          |
|   | Plastic Surgery           | 260          |
| <b>OP FSA Total</b>                         |                           | <b>1,048</b> |
| OP FU                                       | Cardiology                | -            |
|   | Dermatology               | 72           |
|   | Ophthalmology             | 634          |
| <b>OP FU Total</b>                          |                           | <b>706</b>   |
| Procedure                                   | Gynaecology               | 100          |
|   | Plastic Surgery           | 100          |
| <b>OP FSA Non contact</b>                   |                           | <b>200</b>   |
| OP FSA - virtual lesion clinic              | Dermatology               | 223          |
| <b>OP FSA - virtual lesion clinic Total</b> |                           | <b>223</b>   |
| <b>Grand Total</b>                          |                           | <b>5,927</b> |

- Additional Planned Care volumes agreed with the MoH to be delivered in 2020/21

# Measuring and Monitoring Additional Delivery

The additional delivery is monitored in two ways:

1. Additional delivery is monitored through the Planned Care Performance report. Where agreed additional activity is not part of Planned Care e.g. outpatient follow ups, this is monitored against an agreed baseline
2. Trajectories for a reduction in the waitlist backlog at service level are being monitored quarterly

# Monitoring of Improvement Action Plans

Improvement Action Plans/Recovery Plans have been developed for each service. Additional activity has included:

- Additional clinics within current capacity
- Additional clinics and theatre sessions run at weekend and evenings
- Changes in models of working e.g. high volume cataract clinics

Recovery Plans are monitored in fortnightly meetings with services to review volumes, trajectories against plans, and identify and mitigate risks

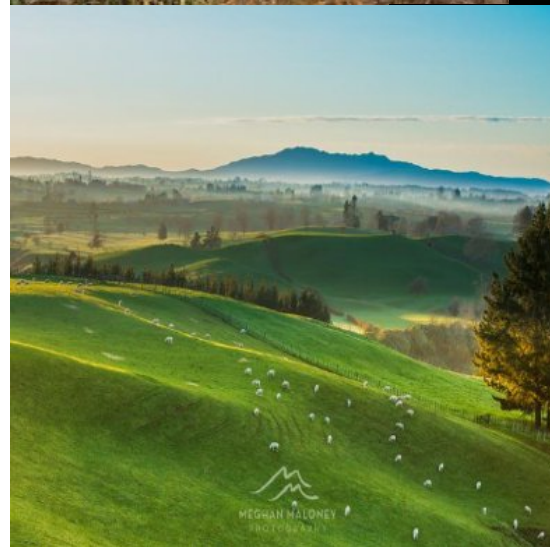


## Waikato DHB Progress year to date (September)

Planned Care at the end of September indicate a result of 106%, with inpatient discharges achieving 103%.

Trajectories for quarter one were achieved

- ESPI results have returned to a similar position to February 2020, with the three month trend showing reduction in numbers of long waiters in all services
- ESPI 2 13.6% (14.7% Feb 2020)
- ESPI 5 15.5% (14.3% Feb 2020)
- Improved performance in diagnostics



## Chronic Care and Community Medical Services – Graham Guy

# Chronic Care and Community Medical Services

- Acute Home Based Support
- **Disability Support Link – Disability Support Services**
- Disability Support Link - Health of Older People
- Fracture Liaison Service
- Frailty – Admission Avoidance Pathway
- Long Term Services - Chronic Health Conditions
- Medically Fragile Children
- Primary-Secondary Integration Nurses
- **REACH**
- RNR – Transition to Home
- Specialised Case Management
- START
- Strength and Balance referral management

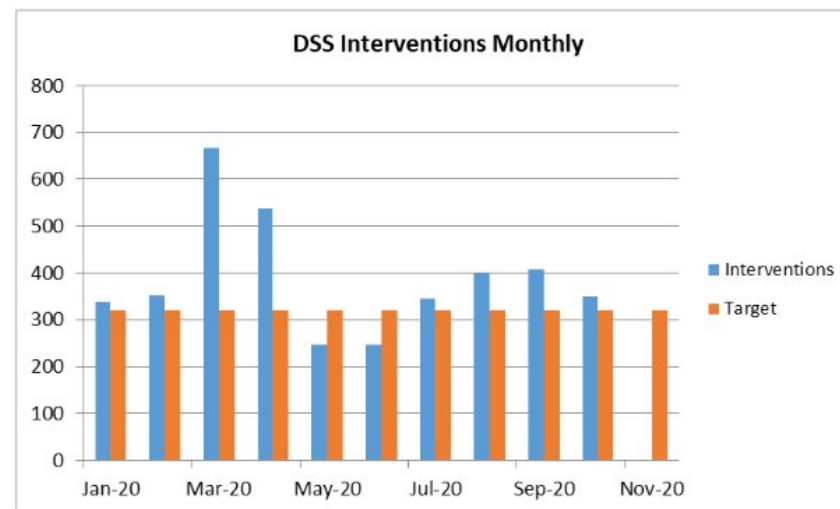
# Disability Support Services

- Disability Support Link – Disability Support Services. Waikato DHB's needs assessment and service coordination agency
- One of only 3 NASC agencies within a DHB
- Supporting 3700 people across the Waikato – birth to 65 years of age
- Clients have an intellectual, physical and/or sensory disability
- Network of 26 providers and 13 funding streams that allow clients to live an independent life of their choice
- Only NASC agency with a dedicated Maori NASC team
- Extensive co-design and experience based design work with consumers, whanau, referrers, service providers and staff that informs work plan and service delivery



# Disability Support Services – First Contact and Interventions

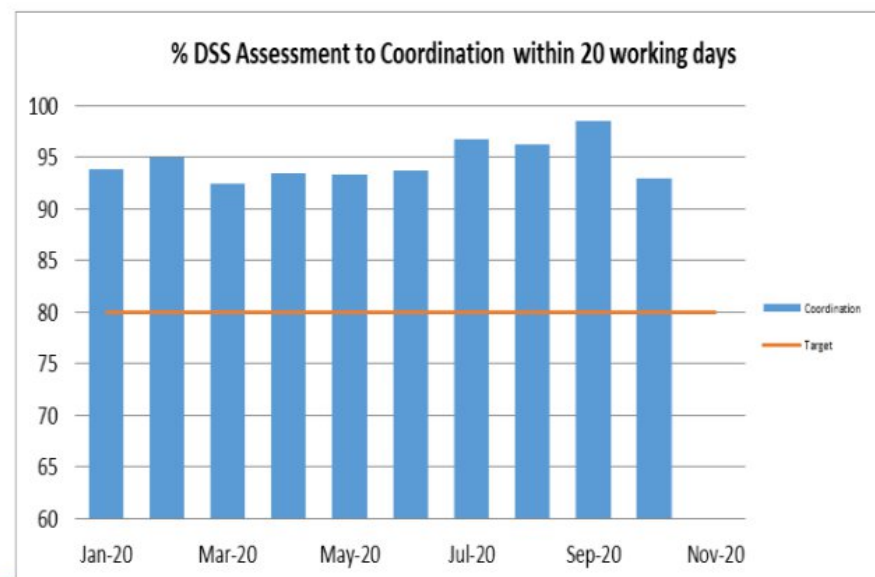
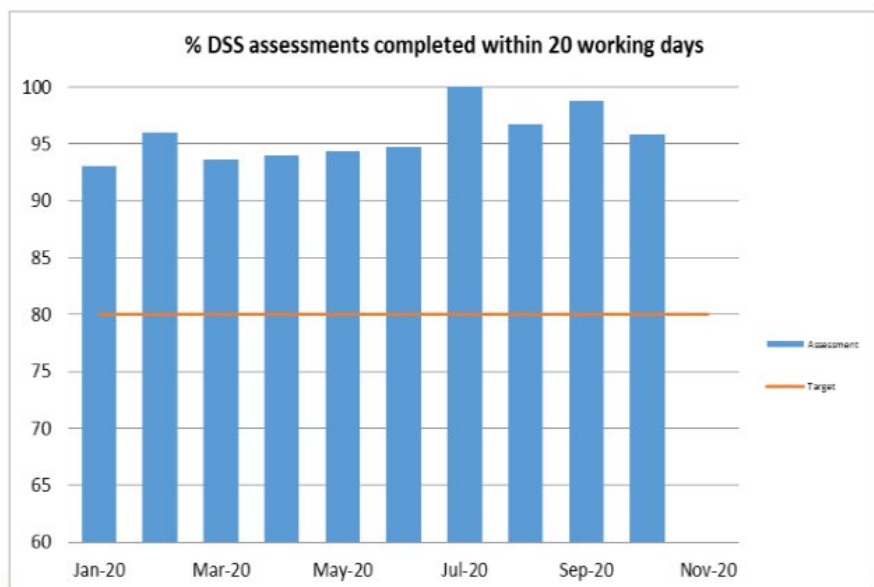
- The Disability Support Link DSS team continue to exceed the Ministry of Health time frames for contacting new clients and the number of assessments per month for new and existing clients





# Disability Support Services – Assessments

- The Disability Support Link DSS team continue to exceed the Ministry of Health target time frames for completing assessments and coordinating services ( 80% within 20 days)



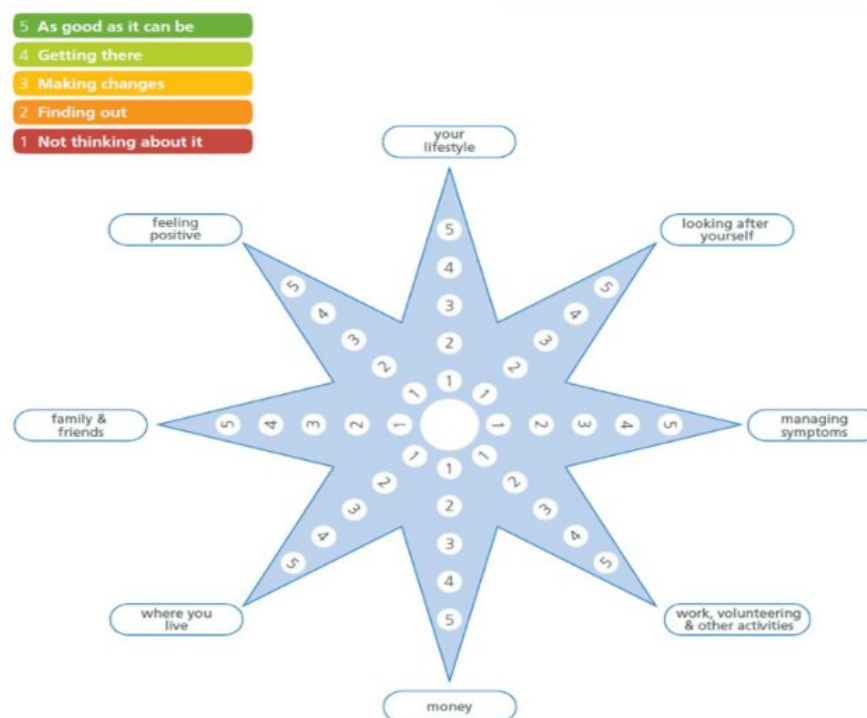
# REACH – Realising Employment Through Active Co-ordinated Healthcare

- Only 'version' of service delivering clinical vocational support to long term sickness beneficiaries in this way in New Zealand
- One of four trials under the 'Oranga Mahi' project
- Started in October 2016 with a pilot, expanded to a trial in 2017 and is transitioning to 'business as usual' as of July 2019
- Works from a Cognitive Behavioural approach blended with psychosocial interventions to change how people view their potential and possibilities
- Unique approach blending Work and Income case managers, REACH team and Primary Care to form a care team that supports a persons journey to wellness and meaningful activity – including employment
- Unique holistic approach using the Wellbeing STAR, SMART goals and a client-led discharge to give users of REACH agency over their journey



## Unique holistic approach using the Wellbeing STAR, SMART goals and a client-led discharge to give users of REACH agency over their journey

Based on cycle of change model





## Outcomes To Date

- 61% vocational achievement (including study)
- 53% achievement of work in some form (including volunteer work)
- 38% achieve entering paid work
- 31% achieve an improved work capacity

- 15% have gone into volunteer work
- 8% have gone into study
- 19% have entered part time work
- 19% have entered full time work
- 31% have had an improved work capacity



## **Presentations**

# Heart Health

## Cardiology 2020 and beyond

**Dr Raj Nair     David Nicholson**

## Cardiovascular disease - CVD

- New Zealand's and the world's – number 1 killer. <sup>(1, 2)</sup>
- Every 90 mins, 1 New Zealander dies. 16 deaths every day. <sup>(2)</sup>
- 1 in 21 adult New Zealander affected by CVD. <sup>(3)</sup>

1. World Health Organization; Cardiovascular diseases (CVDs). [www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](http://www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds))

2. [Ministry of Health](#). Mortality 2016 Data Tables

3. [Ministry of Health](#). Annual Data Explorer 2017/18: New Zealand Health Survey.





- 2 times more likely to be admitted with **angina** (chest pain).



- 2.8 times more likely to be admitted with **heart attack** (blockage of heart artery).



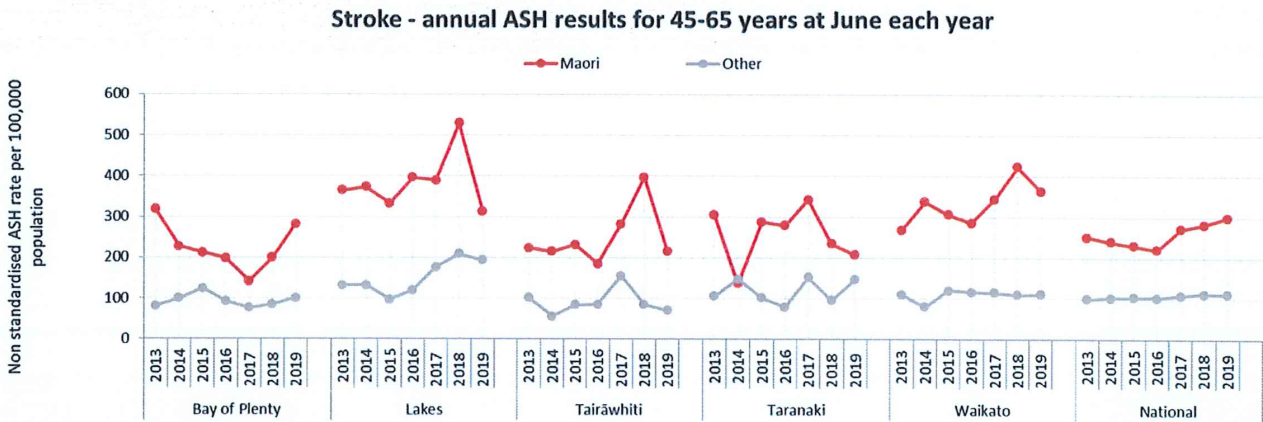
- 9.8 times more likely to be admitted with **heart failure** (weakness of the heart muscle).

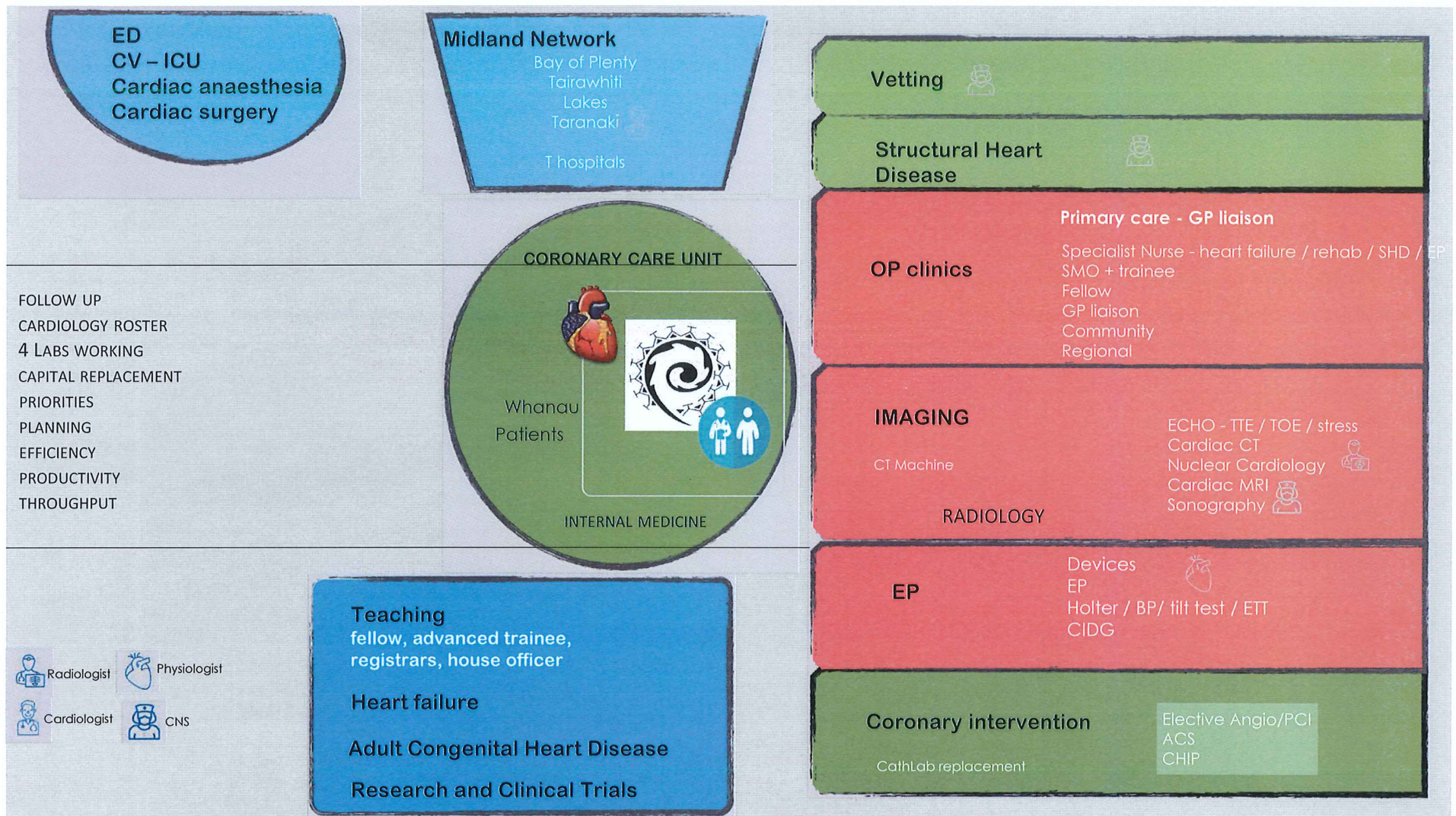
## Māori Heart Health

risk of heart  
disease

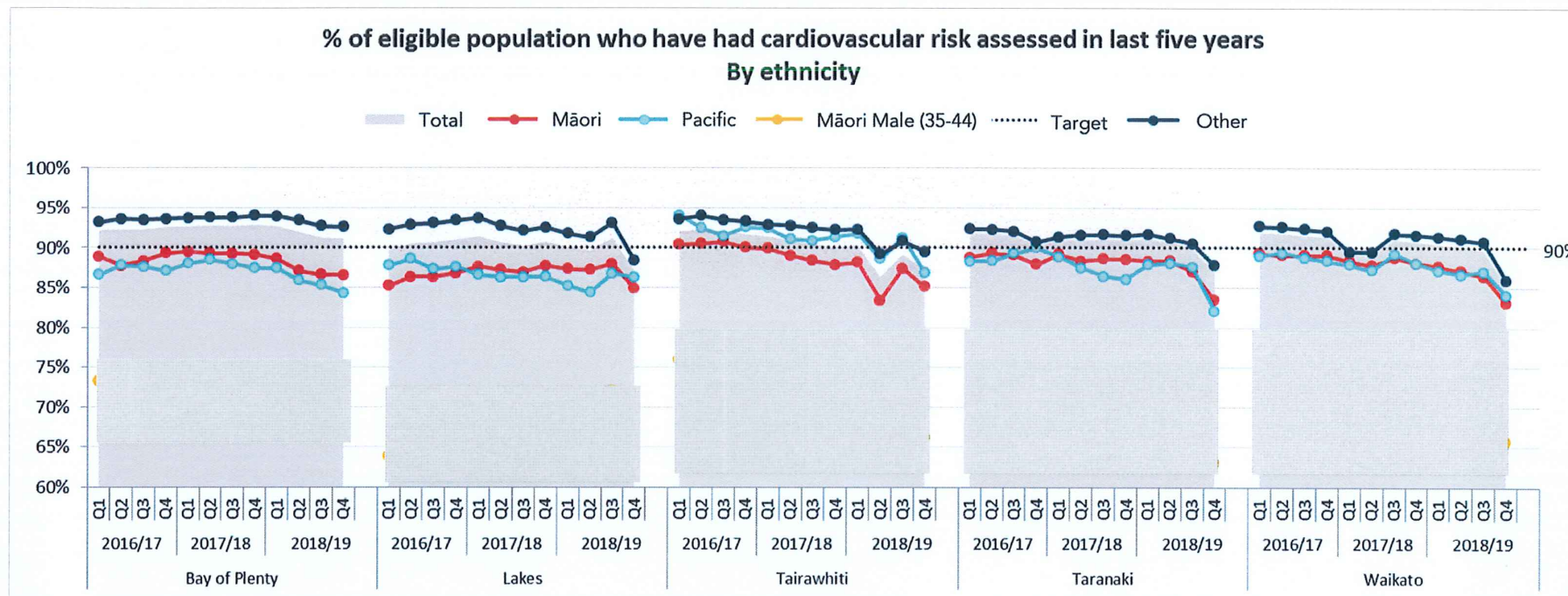






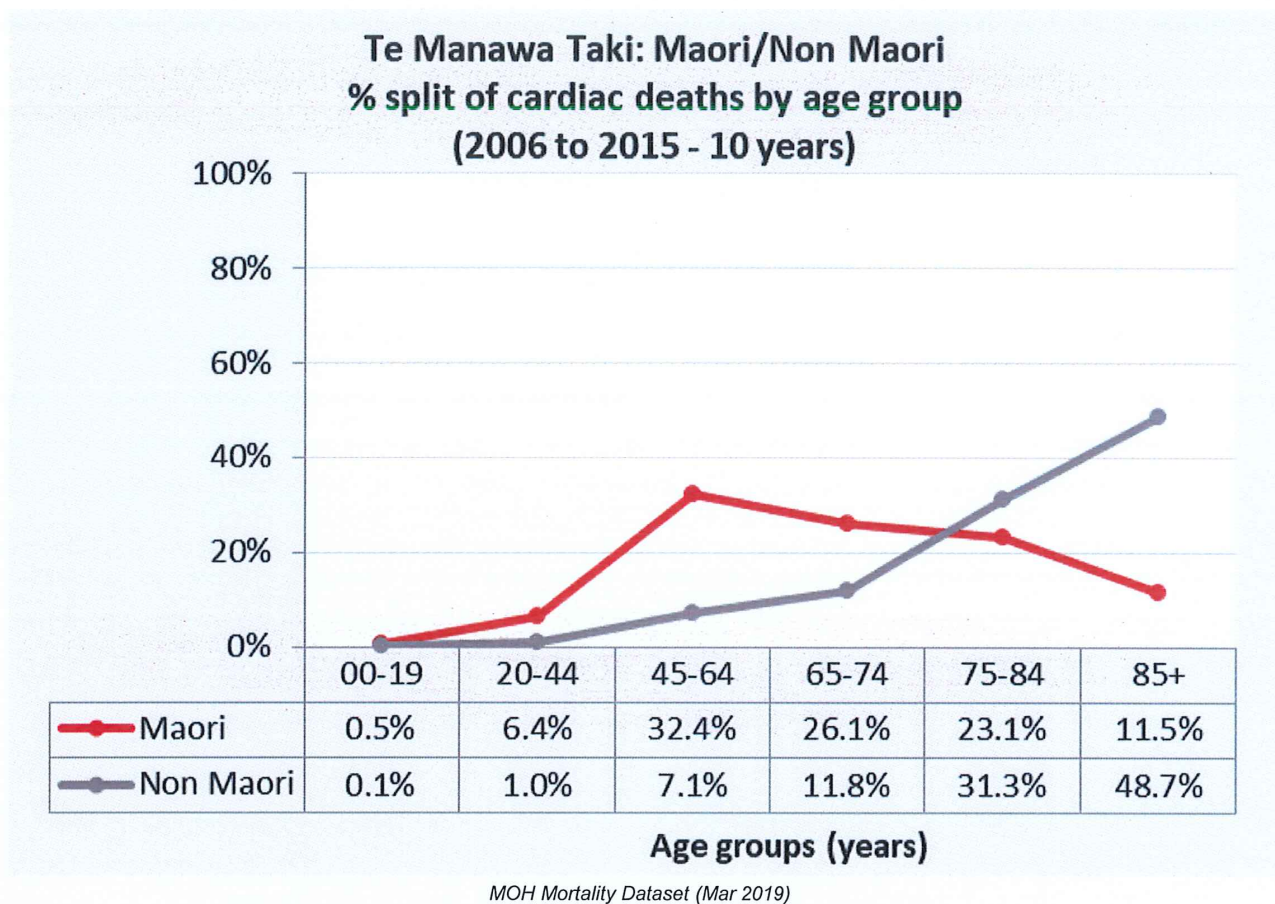






Māori men between ages 35-44 are less likely to receive CVD risk assessment.

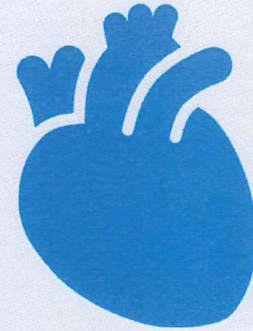




Māori men in the age group (45-64 years) make up the biggest proportion of cardiac deaths ( 39%).

## Community initiatives

- **Reach Māori** who are not currently accessing primary care by partnering with NGO's and community groups.
- Pilot a **targeted community programme** with specialist level care - a NZ first for both Māori and Cardiology.
- Appropriate **screening tests performed in the community** to identify and treat patients early.

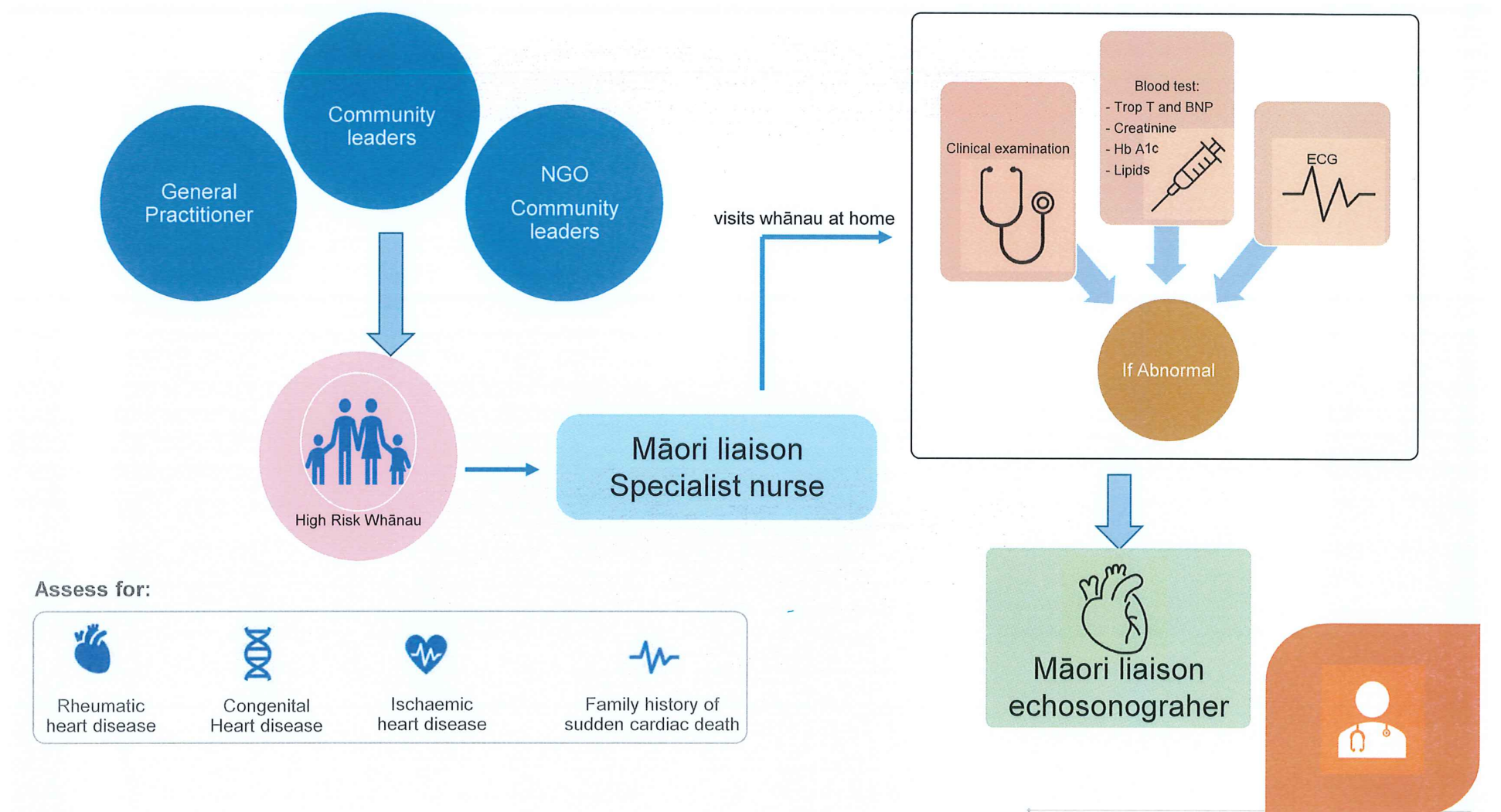




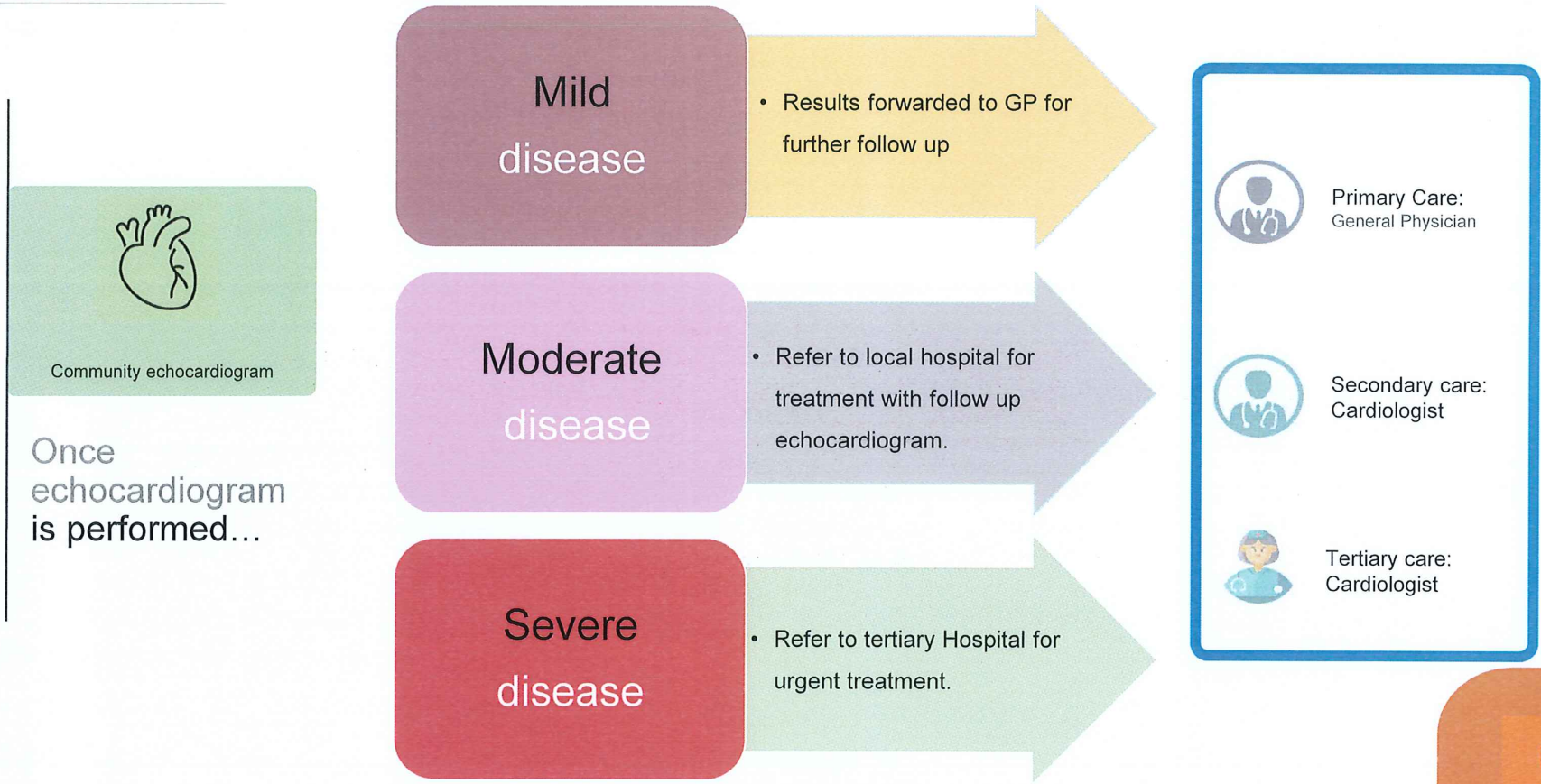
- Improve health and well being of Māori by facilitating **early access to diagnosis, treatment and** tertiary services.
- Provide **equitable access** to cardiac care for Māori, leading to **improved long term outcomes** over the next 5 years.

## Objectives



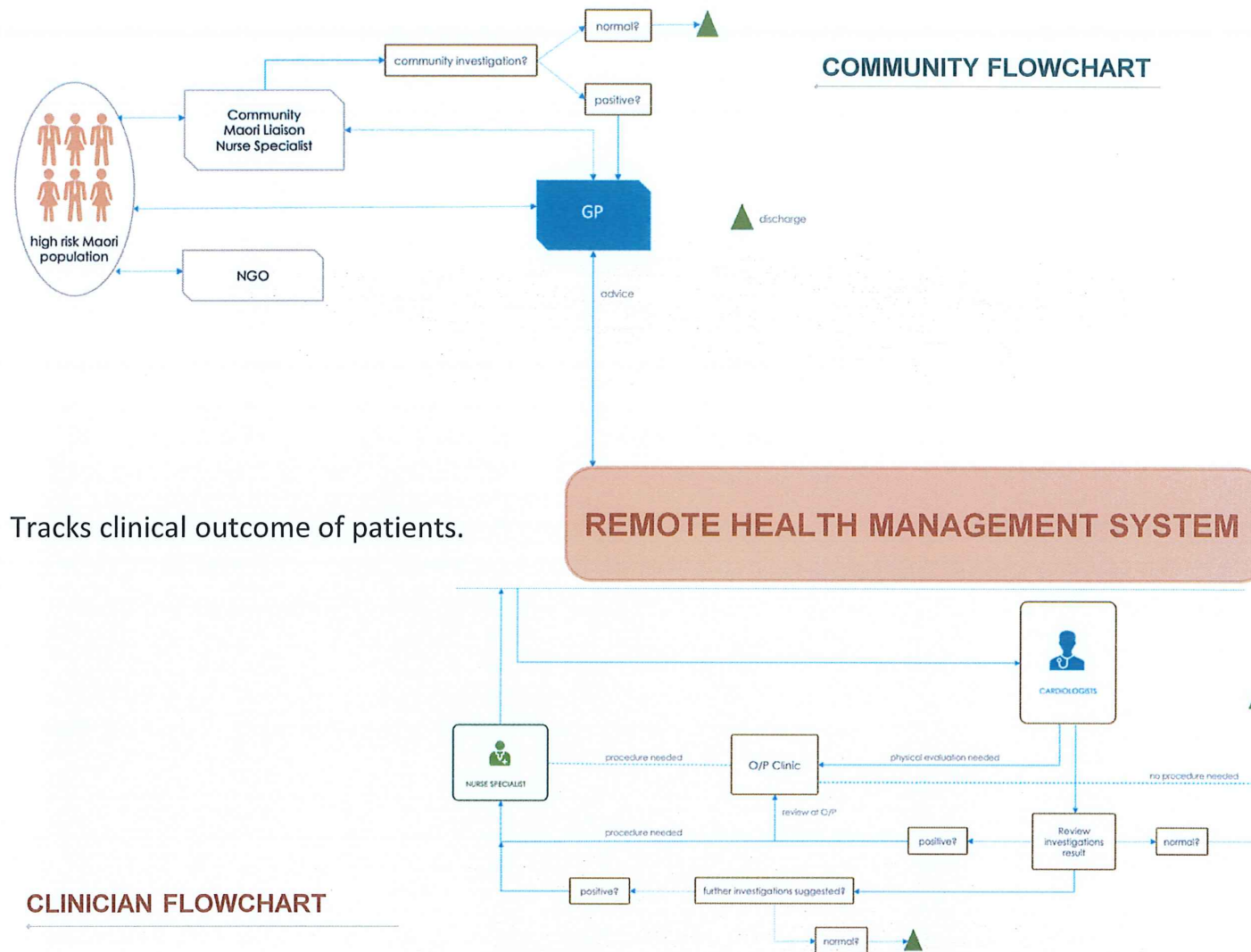


**DECISION FLOW**



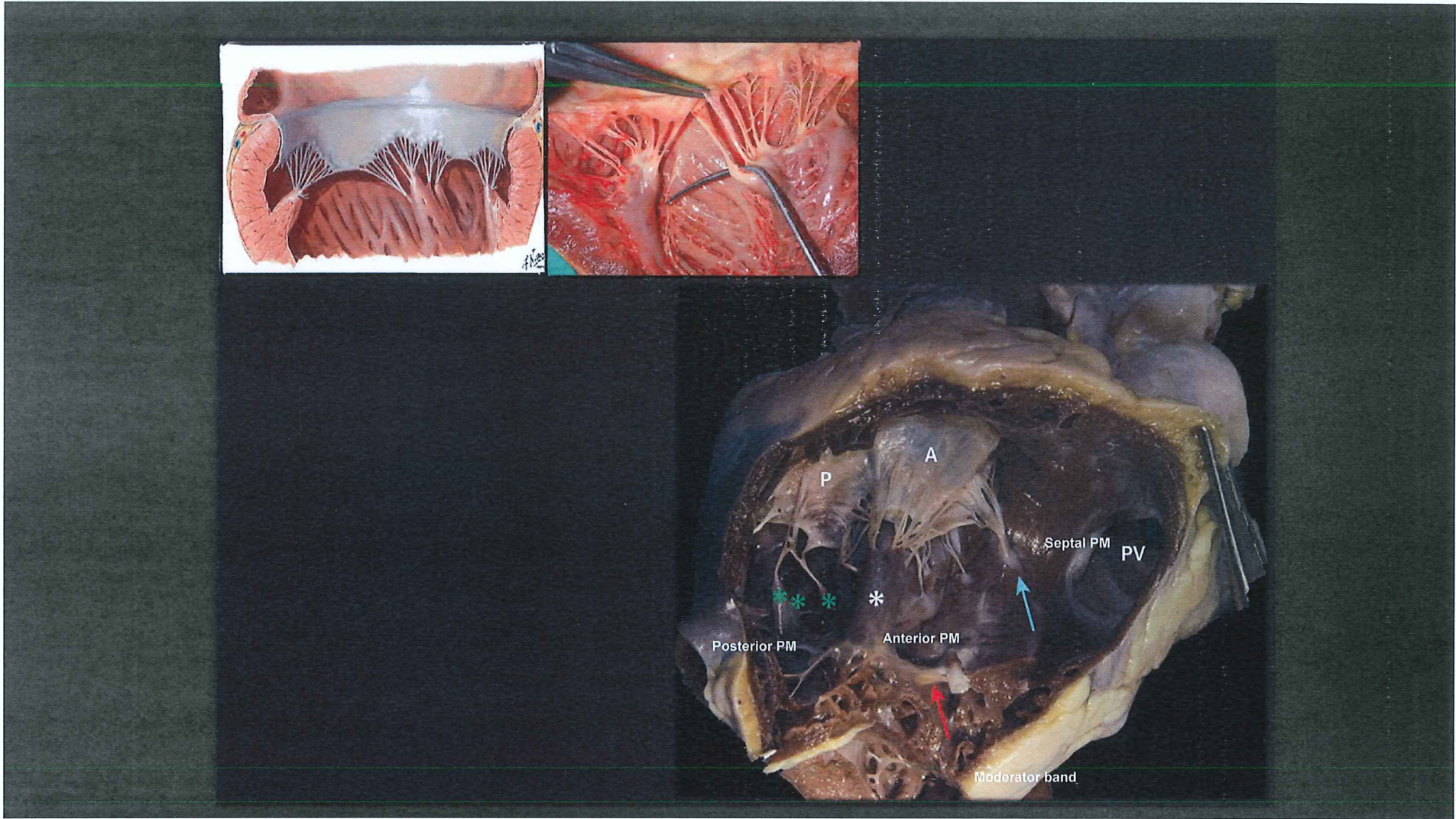
**REMOTE HEALTH MANAGEMENT SYSTEM**



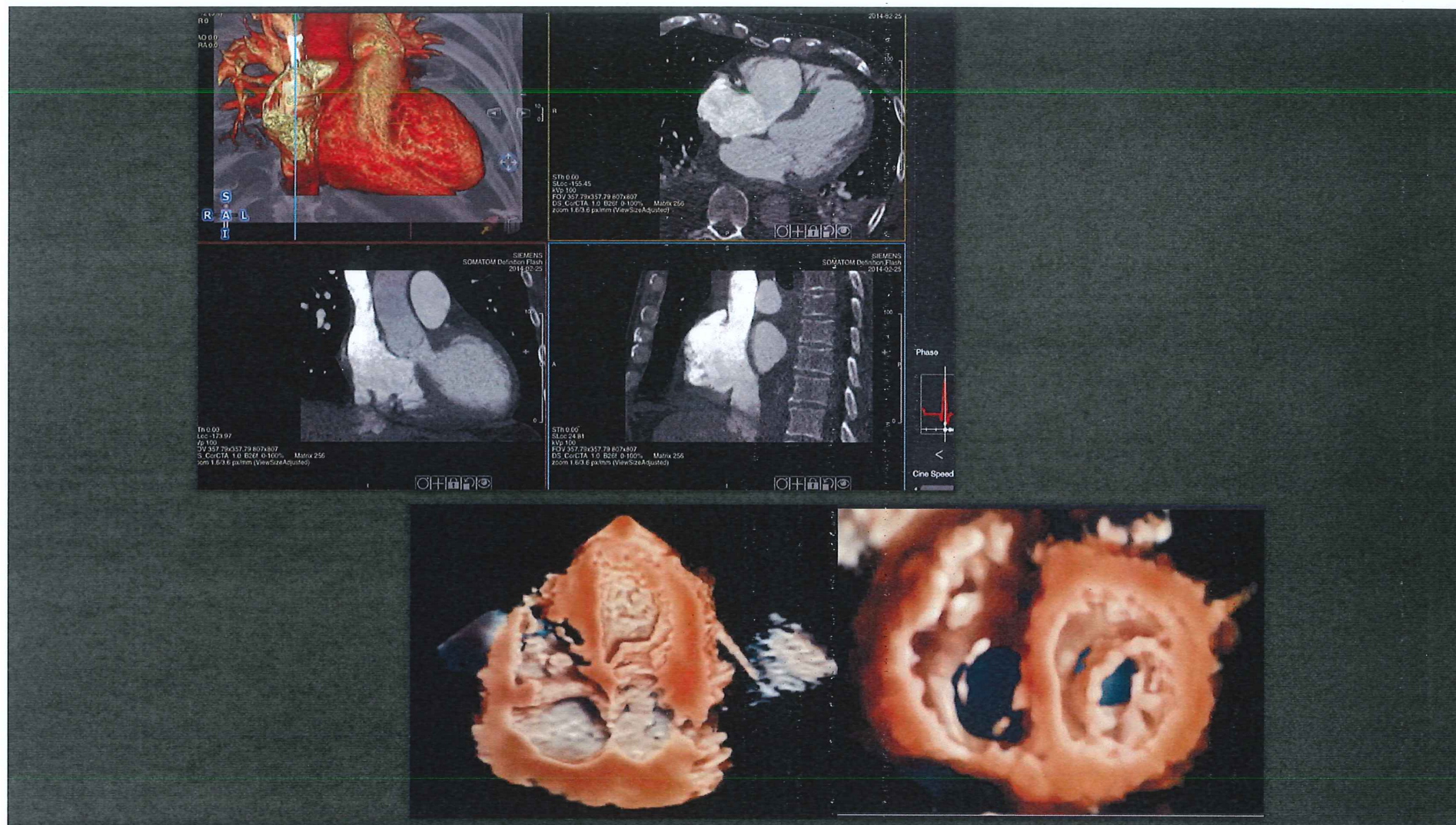




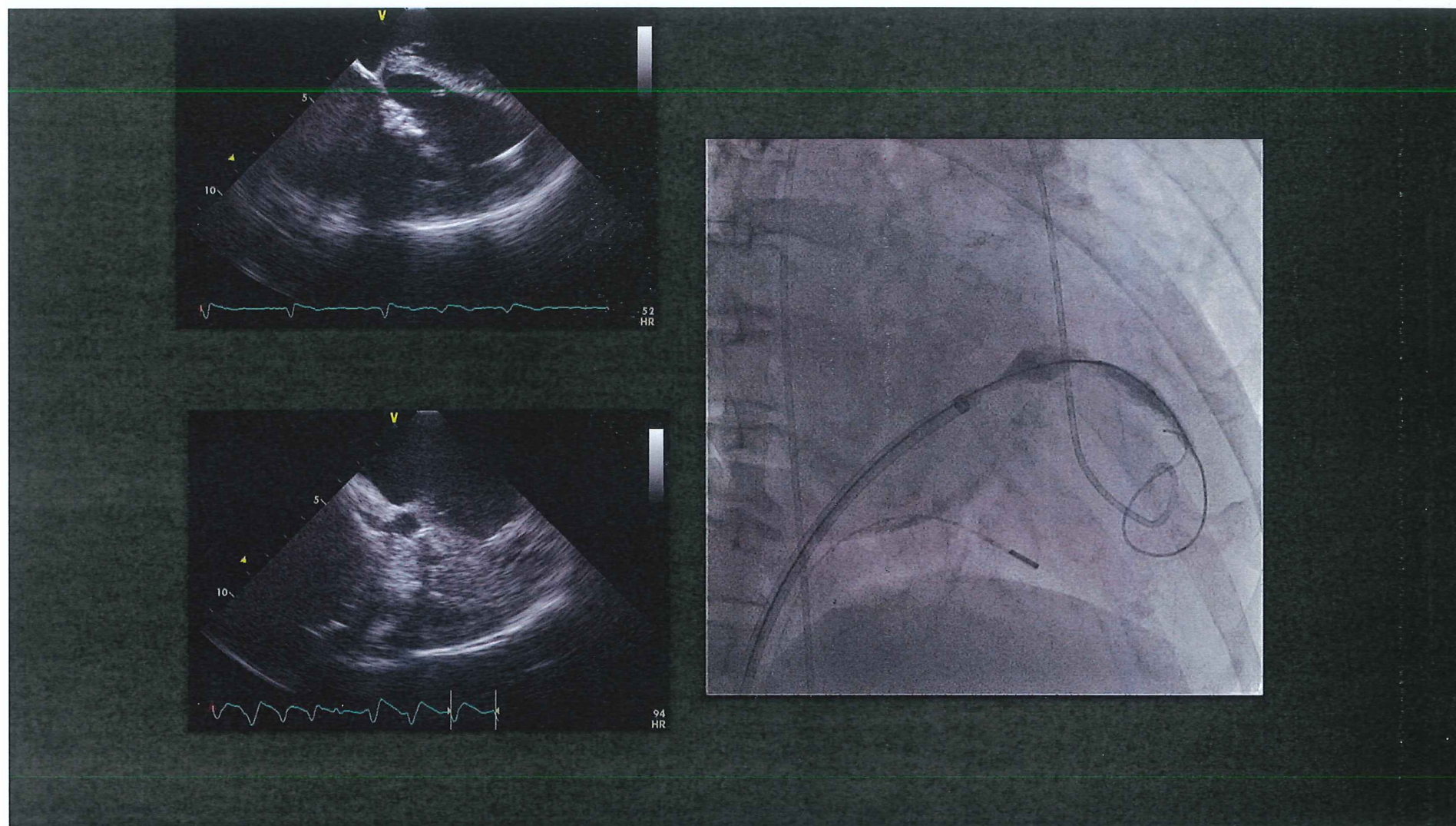








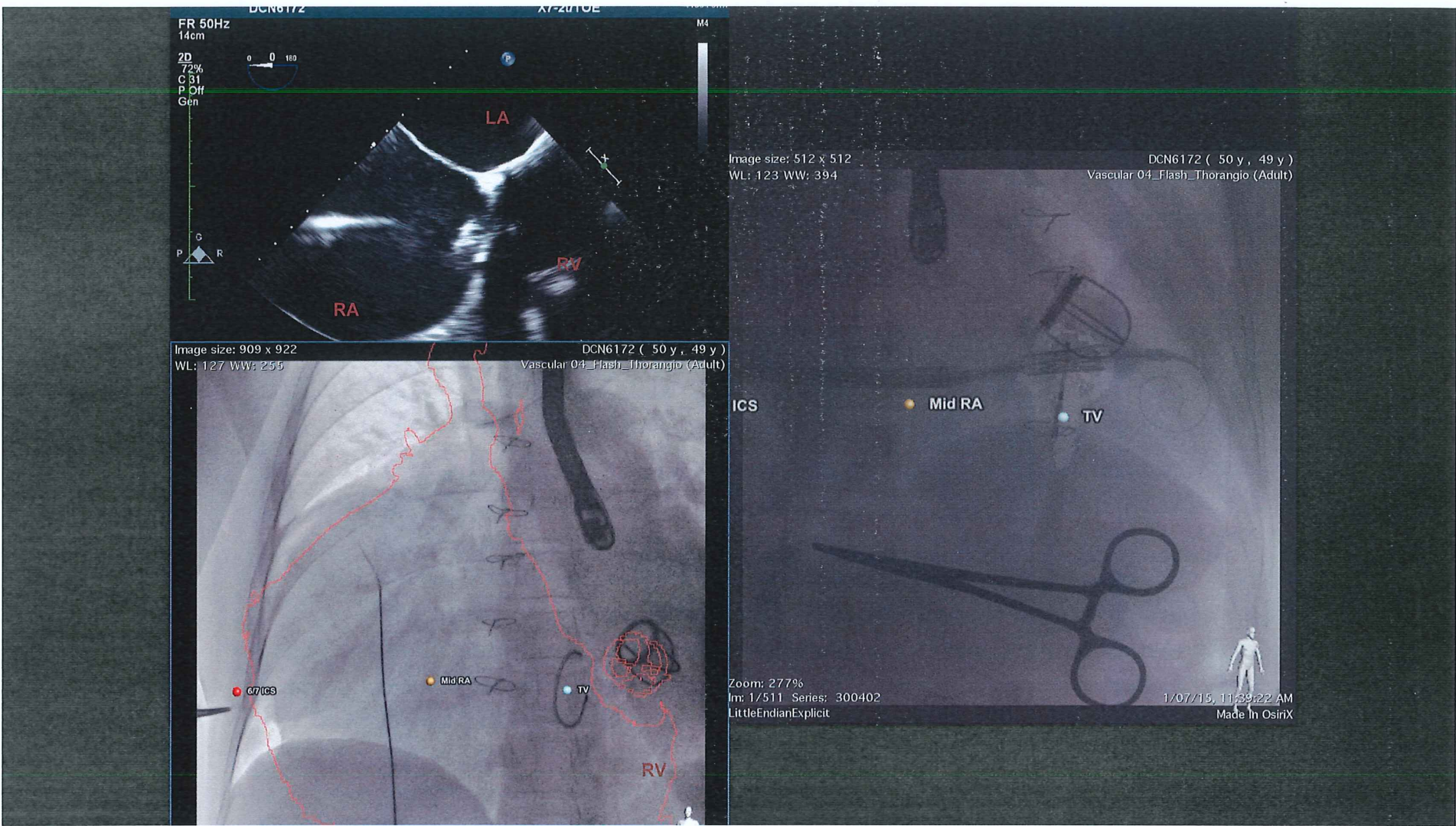




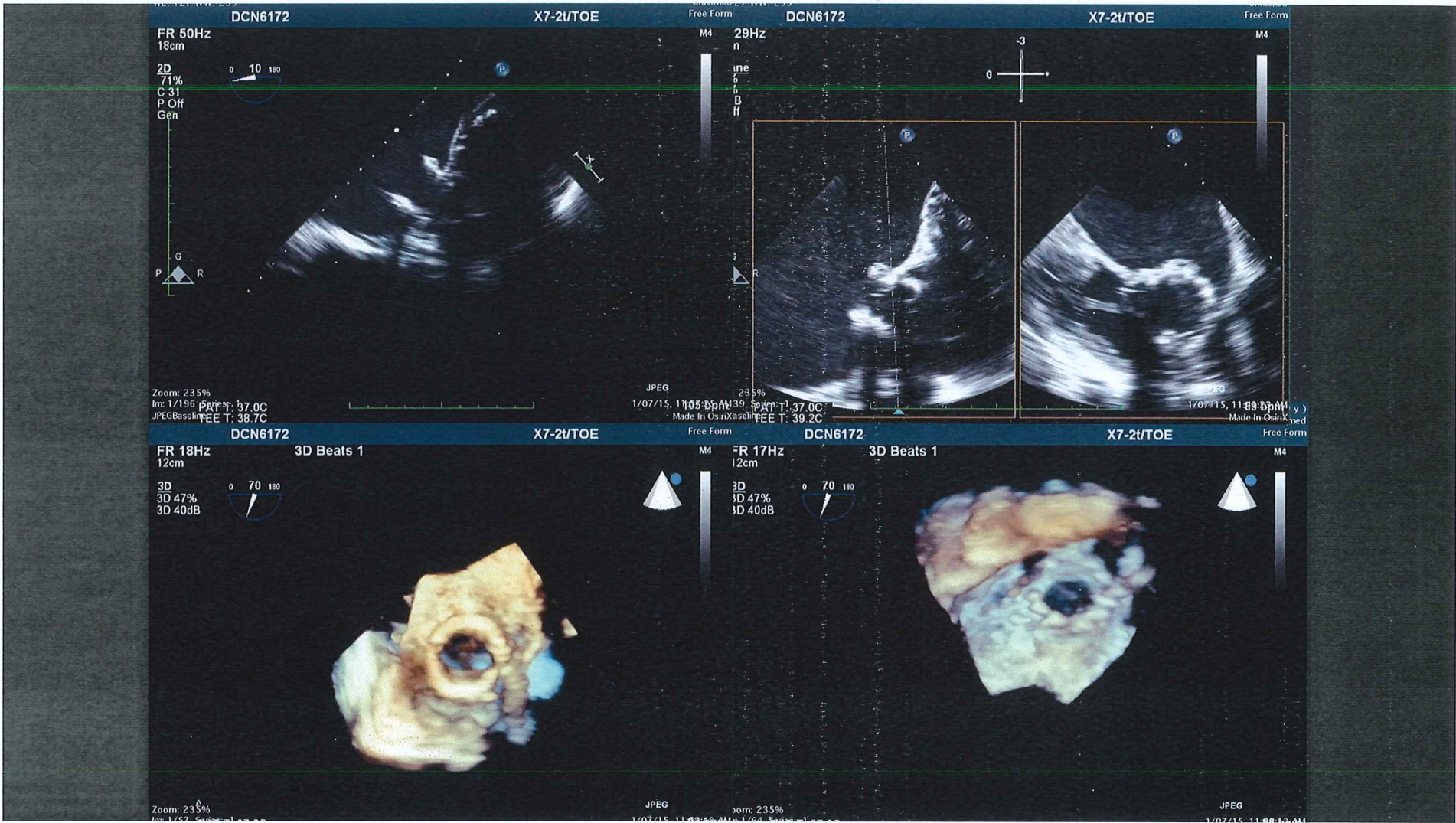








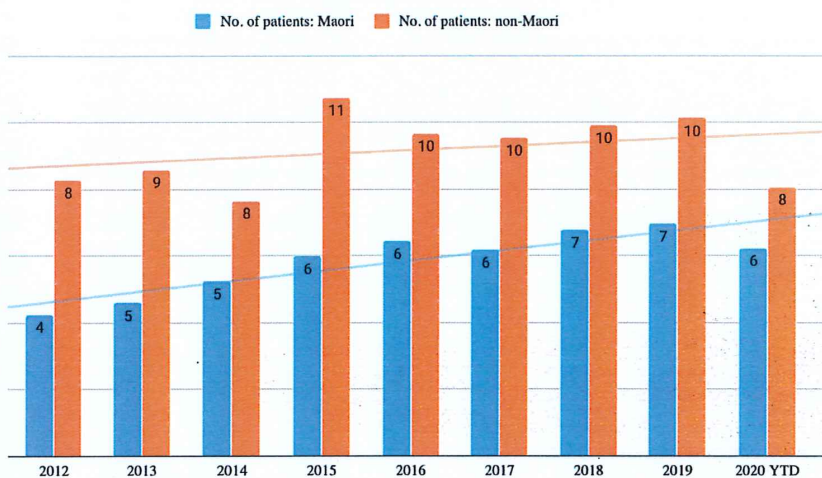






## Need to improve access to tertiary Cardiac Interventions for Māori

patients events for EP Ablation & Cardiac Device Procedures by Ethnicity (per 10,000 population)



- Valve Replacements -
  - 13% of patients receiving open heart operation to replace aortic valve.
  - 4.3% of patients minimally invasive aortic valve replacement (TAVI).
- Need to improve access for ablation procedures and Pacemaker devices.









## Guideline

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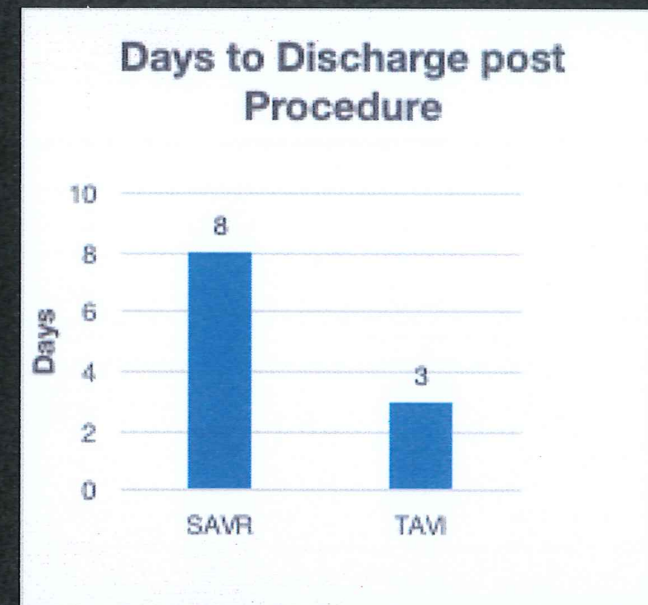
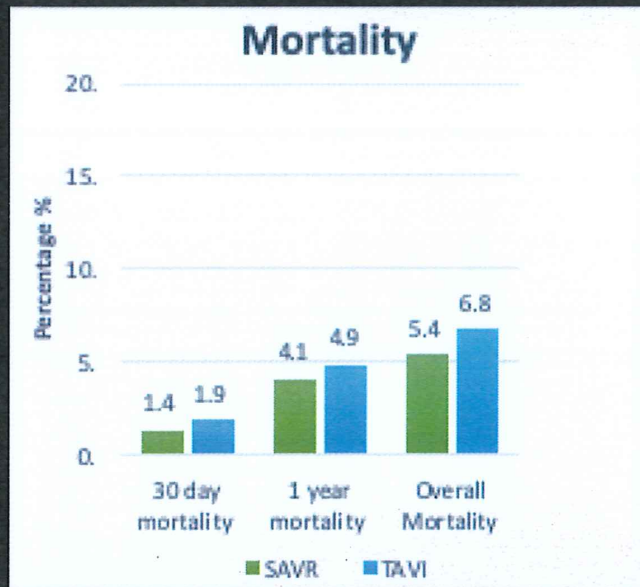
### **Preoperative Comprehensive Geriatric Assessment for Patients Awaiting Major Cardiac and Cardiothoracic Procedures**

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### **Frailty Screen and Comprehensive Geriatric Assessment for TAVI and Major Cardiothoracic Surgery in Older Patients**

### **Guideline Responsibilities and Authorisation**

## TAVIs versus SAVR between January 2018 and April 2020





Te Manawa Taki

Strategy document 2021 - 2026  
Health needs analysis  
Priorities

- ❖ Population health / Public medicine - Rheumatic heart disease
- ❖ Maori health - address inequities, access to services
- ❖ Primary care - increase risk assessment for CVD
- ❖ Secondary care - increase diagnostic capability - echo / CTCA
- ❖ Tertiary centre - streamline acute transfer process / elective wait lists (90 days)



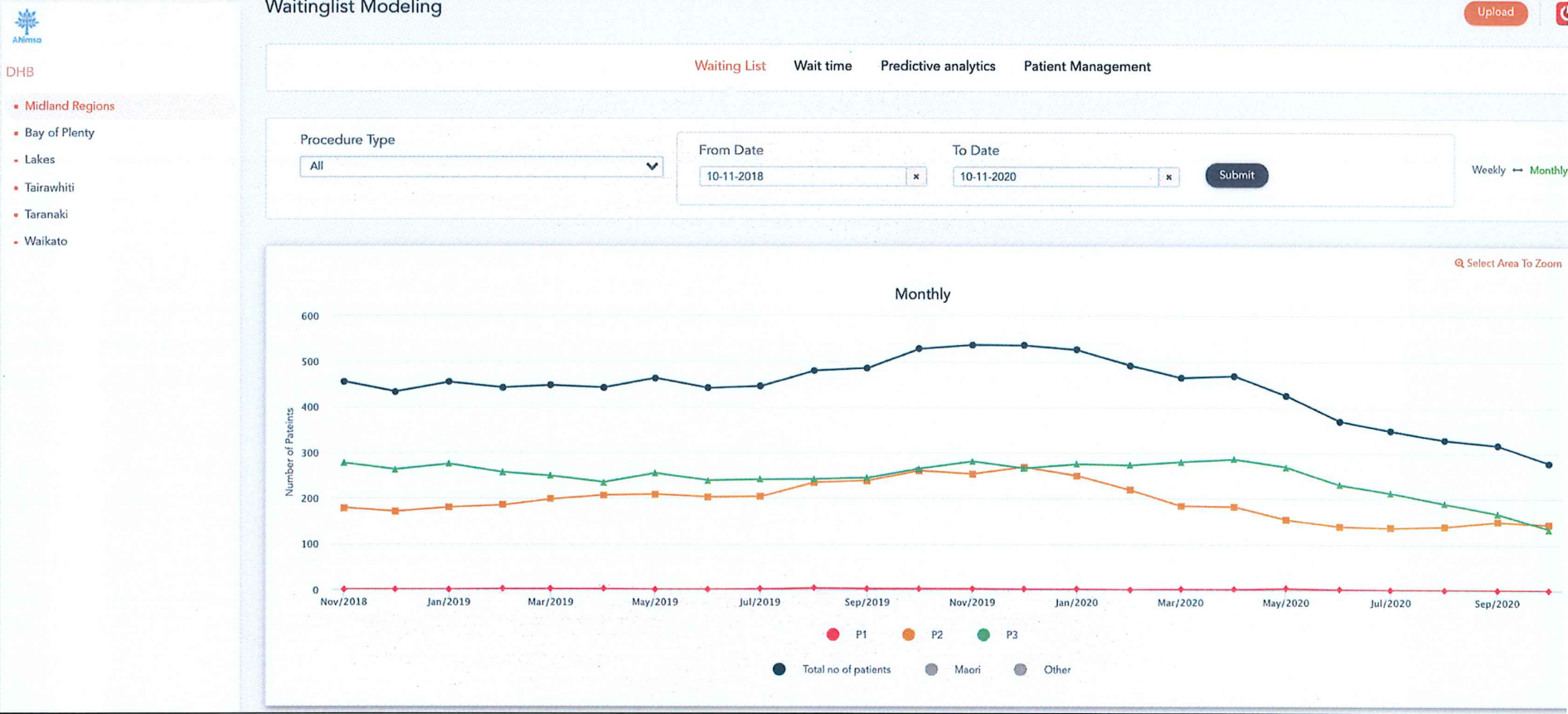
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# Health Informatics - Data

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- ❖ Data driven clinical practice.
- ❖ Understand and proactively address inequities to Maori
- ❖ Streamline elective referral process - improve visibility of patient journey from point of referral to discharge.
- ❖ Wait list predictive modelling system

# Waitlist









## SEARCH AND MOVE SEVERAL PATIENTS TO WAIT LIST



CTS Coordinator function



### OnHold Patients

SEARCH PATIENT

| #                        | MRN       | Further Investigation |
|--------------------------|-----------|-----------------------|
| <input type="checkbox"/> | OG0188801 |                       |
| <input type="checkbox"/> | OG0188801 |                       |
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1

2



MOVE PATIENTS



### Waiting Patients

SEARCH PATIENT

| #                        | MRN       | Further Investigation |
|--------------------------|-----------|-----------------------|
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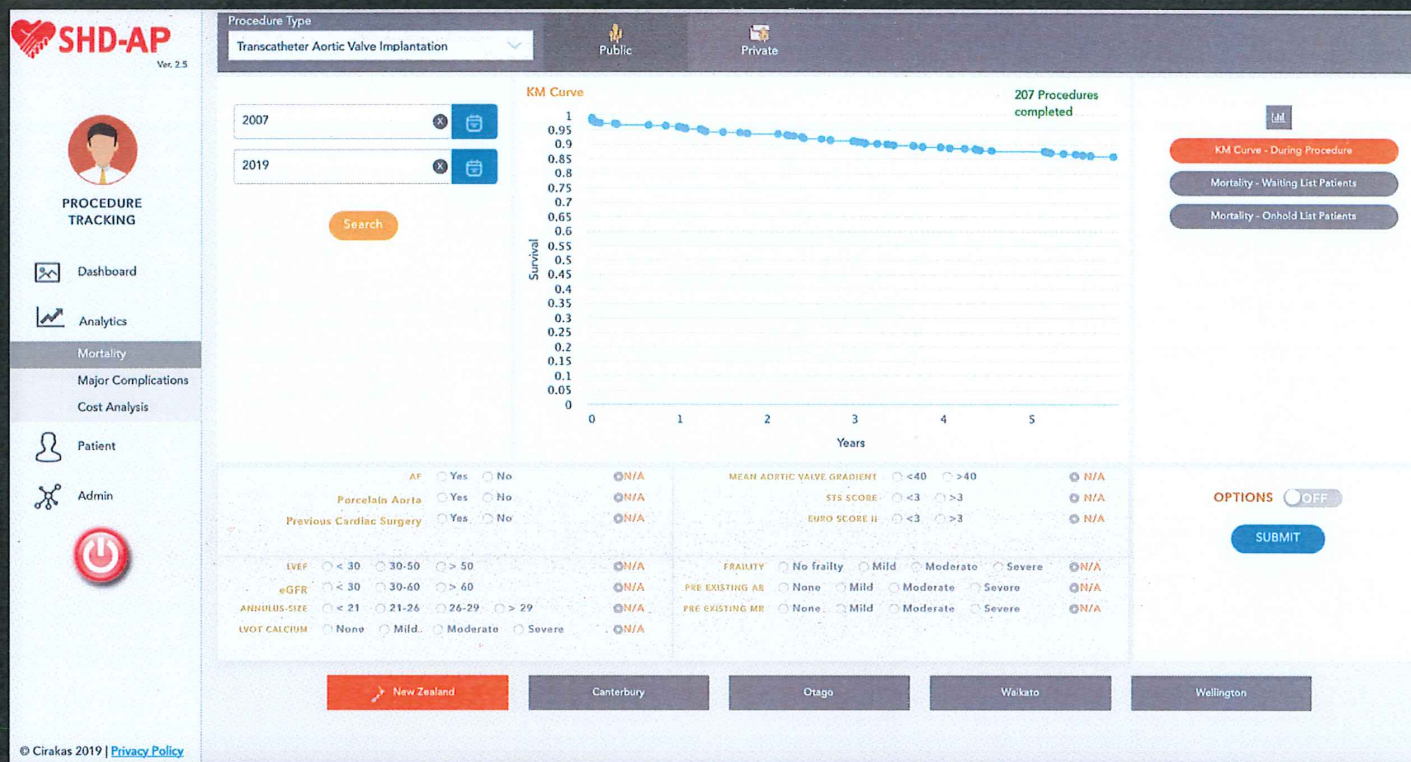
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- Clinical effectiveness should go hand in hand with cost effectiveness - cost per quality-adjusted life year (QALY) gained.
- Clinical outcome data needs to be transparent - quality and benchmarking.

## Best care with limited resources





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# Innovation

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- ❖ Data administrator - position advertised
- ❖ Manager - Cardiology Diagnostic and Interventional Services
- ❖ Regional hub - transfer of inpatients directly to Waikato Hospital, dedicated bed space
- ❖ STEMI pathway - ACS lists on weekend
- ❖ CT machine - for Cardiology
- ❖ Trainee positions for echocardiography and physiologists
- ❖ Focussed / screening echocardiography
- ❖ Heart team - TAVI pathway; >75 years - frailty assessment, geriatric medicine
- ❖ 2 structural heart disease lists every week
- ❖ GP and rural physician fellowship programme in cardiology- awaiting funding.





## Decisions







## Discussion





## **General Business**

# STATUTORY COMMITTEE MEETINGS



## Schedule for 2021

Board Room, Level 1, Hockin building, Waiora Waikato Hospital

Meetings held fourth Wednesday of the month, starting at 9am and concluding 11.30am

| DATE             | GOVERNANCE MEETING  |
|------------------|---|
| 24 February 2021 | <b>Statutory Committee Meetings</b> (Community & Public Health Advisory Committee/Disability Support Advisory Committee and Hospitals Advisory Committee) |
| 28 April 2021    | <b>Statutory Committee Meetings</b> (Community & Public Health Advisory Committee/Disability Support Advisory Committee and Hospitals Advisory Committee) |
| 23 June 2021     | <b>Statutory Committee Meetings</b> (Community & Public Health Advisory Committee/Disability Support Advisory Committee and Hospitals Advisory Committee) |
| 25 August 2021   | <b>Statutory Committee Meetings</b> (Community & Public Health Advisory Committee/Disability Support Advisory Committee and Hospitals Advisory Committee) |
| 27 October 2021  | <b>Statutory Committee Meetings</b> (Community & Public Health Advisory Committee/Disability Support Advisory Committee and Hospitals Advisory Committee) |

Our Vision: **Healthy People. Excellent Care**

Our Values:

People at heart – **Te iwi Ngakaunui**  
Give and earn respect – **Whakamana**  
Listen to me talk to me – **Whakarongo**

Fair play – **Mauri Pai**  
Growing the good – **Whakapakari**  
Stronger together – **Kotahitanga**



**Next Meeting: 24 February 2021**