



WHANGANUI
DISTRICT HEALTH BOARD

Te Poari Hauora o Whanganui

AGENDA

Combined Statutory Advisory Committee

Meeting date **Friday 13 March 2020**

Start 9.30 am

Venue Board Room
Level 4, Ward and Admin Building
100 Heads Road
Whanganui

Contact

Phone 06 348 3140

Fax 06 345 9390

Also available on website

www.wdwb.org.nz

Distribution

Board members *(Public & Public Excluded)*

Board members

- Ms A Main, Chair
- Mr C Anderson
- Mr G Adams
- Mr J Chandulal-Mackay
- Mr K Whelan
- Mrs P Baker-Hogan
- Ms S Peke-Mason

External committee members *(Public & Public Excluded)*

- Mr Frank Bristol
- Ms Deborah Smith
- Ms Christie Teki
- Ms Maraea Bellamy
- Ms Te Aroha McDonnell
- Ms Heather Gifford

Executive Management Team

- Mr R Simpson, Chief Executive
- Ms L Adams, Director of Nursing/Chief Operating Officer
- Ms L Allsopp, Kaiuringi General Manager Patient Safety, Quality and Innovation
- Mrs A Forsyth, Director Allied Health Scientific and Technical
- Mrs R Kui, Kaiuringi, General Manager, Māori Health and Equity
- Mr A McKinnon, Kaiuringi General Manager, Corporate
- Mr P Malan, Kaiuringi, General Manager, Strategy Commissioning and Population Health
- Ms D Holden, Strategy Commissioning and Population Health, Secretariat

Agendas are available at www.wdhb.org.nz one week prior to the meeting



AGENDA : Combined Statutory Advisory Committee

Held on Friday, 13 March 2020
 Board Room, Level 4, Ward and Admin Building
 100 Heads Road, Whanganui Hospital, Whanganui
Commencing at 9.30am

CSAC PUBLIC SESSION

	ITEM	PRESENTER	Time	Page
1	Procedural			
1.1	Karakia	Chair	9.30	
1.2	Apologies	A Main	9.32	
1.3	Continuous disclosure 1.3.1 amendments to the register of interests 1.3.2 declaration of conflicts in relation items on agenda	A Main	9.35	3
1.4	Confirmation of minutes 22 November 2019	A Main	9.40	5
1.5	Matters Arising	A Main	9.45	13
1.6	Chairs report	A Main	9.50	14
2	Chief Executive / WALT update report	R Simpson	10.00	15
3	Discussion papers			
3.1	Non-Financial Performance Reporting	P Malan	10.15	17
3.2	Detailed Annual Plan Status update	P Malan	10.30	23
3.3	Bowel screening	B McMenamin	10.45	39
3.4	Pregnancy and Parenting Service	Barbara	11.00	43
4	Information papers			
4.1	Funded family care	Andrea	11.15	45
5	Date of next meeting Friday 15 May 2020, 9:30am – 12:30pm, Boardroom, Whanganui Hospital			
6	Exclusion of the public	Chair	11.30	47
TERMS OF REFERENCE				
GLOSSARY				
7	APPENDIX			
3.3.1	Bowel Screen media campaign			49



Combined Statutory Advisory Committee member attendance schedule – 2020

Name	13 March	15 May	14 August	13 November
Annette Main (Chair)				
Charlie Anderson				
Christie Teki				
Deborah Smith				
Frank Bristol				
Graham Adams				
Heather Gifford				
Josh Chandulal-Mackay				
Ken Whelan	*			
Maraea Bellamy				
Phillipa Baker-Hogan				
Sorya Peke-Mason				
Te Aroha McDonnell				
HIA nominee 2 - tbc				

Legend

- ✓ Present
- * Apologies given
- † No apology received
- ✱ Attended part of the meeting only
- ☞ Absent on board business
- ⊙ Leave of absence

Interest Register

Name	Date	Interest
Annette Main <i>Chair CSAC</i>	18 May 2019	A council member of UCOL
Adams Graham	16 December 2016	<ul style="list-style-type: none"> ▪ A member of the executive of Grey Power Wanganui Inc. ▪ A board member of Age Concern Wanganui Inc. ▪ The treasurer of NZ Council of Elders (NZCE) ▪ A trustee of Akoranga Education Trust, which has associations with UCOL.
Anderson Charlie	16 December 2016	An elected councillor on Whanganui District Council.
	3 November 2017	A board member of Summerville Disability Support Services.
Baker-Hogan Philippa	10 March 2006	An elected councillor on Whanganui District Council.
	8 June 2007	A partner in Hogan Osteo Plus Partnership.
	24 April 2008	Her husband is an osteopath who works with some of the hospital surgeons, on a non paid basis, on occasions hospital patients can attend the private practice, Hogan Osteo Plus, which she is a Partner at.
	29 November 2013	Chair of the Future Champions Trust, supporting promising young athletes.
	7 November 2014	A member of the Whanganui District Council District Licensing Committee.
	3 March 2017	A trustee of Four Regions Trust.
	20 September 2019	A director of The New Zealand Masters Games Limited.
Bellamy Maraea		
Bristol Frank		
Chandulal-Mackay Josh	10 December 2020	An elected councillor on Whanganui District Council
	21 February 2020	A council member of UCOL
Gifford Heather		
McDonnell Te Aroha		
Peke-Mason Sorya		
Smith Deborah		
Teki Christie		
Whelan Ken	13 December 2019	Crown monitor for Waikato DHB Crown monitor for Counties DHB Board member RDNZ (NZ) Chair Eastern Bay of Plenty PHO Contractor General Electric Healthcare Australasia



Minutes

Public session

Meeting of the Combined Statutory Advisory Committee

held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 22 November 2019, commencing at 9:35am

Combined Statutory Advisory Committee members in attendance

Mr Stuart Hylton, Committee Chair
Mr Graham Adams
Mr Charlie Anderson (QSM)
Ms Maraea Bellamy
Dr Andrew Brown
Mr Frank Bristol
Ms Jenny Duncan
Mr Darren Hull
Mrs Judith MacDonald
Mr Matthew Rayner
Ms Te Aroha McDonnell
Hon Dame Tariana Turia (DNZM)
Dr Heather Gifford

In attendance for Whanganui District Health Board (WDHB)

Mr Russell Simpson, Chief Executive
Mr Paul Malan, General Manager Service and Business Planning
Ms Deanne Holden, Executive Assistant to GM Service and Business Planning, (Secretariat)

In attendance

Ms C Hefferman, AccessAbility
Mr P Millar, Ministry of Health
Ms C Sixtus, Portfolio Manager, Service & Business Planning
Mr K O'Gorman, Business Support, Service & Business Planning
Mr A McKinnon, General Manager, Corporate,
Mr R Masaisai, Clinical Manager Therapies, Allied Health
Ms B Charuk, Portfolio Manager, Service & Business Planning
Ms E O'Leary, Project Manager, Service & Business Planning
Mr S Carey, Funding and Contracts Manager, Service & Business Planning

Karakia/reflection

P Malan opened the meeting with a karakia/reflection.

The Chair welcomed the following to the meeting and thanked them for their attendance:
Mr Paul Millar, Ministry of Health and Ms C Hauffman, AccessAbility

1 Apologies

It was resolved that apologies be accepted and sustained from the following:
L Gilsenan, D McKinnon, A Main, P Baker-Hogan.

Apologies for lateness were noted from: Dame T Turia, M Rayner, T A McDonnelle

The chair acknowledged the recent passing of committee member Annette Mains' father, Bill Main, and passed condolences on behalf the committee to the Main Whanau.

Moved: G Anderson

Seconded: C Anderson

2 Conflict and register of interests update

2.1 Amendments to the register of interests

2.2 Declaration of conflicts in relation to business at this meeting

In reference to item 7.3 "Disability overview and update" Mr F Bristol declared that he works for the disability organisation "Balance Whanganui".

3 Late items

Nil

4 Minutes of the previous committee meeting

That the minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 18 October 2019 be **accepted** as a true and correct record with the following amendments.

Attendees: amend "Mr John Chandulal-Mackay" to "Mr Josh Chandulal-Mackay"

Item 7.3: amend "Moved: C Anderson" to read "Moved: G Adams"

Moved: J Duncan

Seconded: G Adams

5 Matters Arising

The matters arising were accepted as complete.

A request to add the word "reference" to subject heading was noted by the secretariat.

6 Committee Chair's Report

The Chair acknowledged the mahi of Ms Alisa Stewart who works tirelessly behind the scenes on behalf of the WDHB. Ms Stewart recently arranged replacement of the ceremonially gavel in the Board Room.

The art committee was thanked for the work undertaken in commissioning photography as part of a DHB led community competition. The recent unveiling of winning photographs in the Whanganui Accident & Emergency and radiology corridors' was a success with an excellent attendance by the community and staff.

The Chair thanked committee members for their support over the past 12 months and noted this would be the last meeting for 2019 and of the current committee. It was noted that health issues remain an obstacle to wellbeing for many with Māori, elderly and children all continuing to have a high representation. There were however also many positives to take forward to the New Year including:

- at Government level there are a number of positive actions to come out of the Heather Simpson report
- at DHB level, the committee is continuing to challenge itself in becoming more community focused in its governance work
- our CEO is continuing to lead transformation at an operational level

Moved: S Hylton

Seconded: G Adams

7 Whanganui DHB Annual Work Programme

7.1 Whanganui Alliance Leadership Team (WALT) Russell Simpson, Chief Executive Officer

A verbal report was provided by R Simpson with summary of the key points from WALT below:

- The next meeting is scheduled for 2 December 2019
- Presentation to the Positive Ageing Forum was recently held at Council Chambers. Workshops are planned for next year to provide a platform for the community to advise the key challenges and barriers being experienced
- Health pathways and bowel screening are operational with initial feedback for both being positive
- Work continues on addressing after hour issues
- Mr Simpson advised he felt the past two years have been transformational and he is heartened as to where the WDHB is headed.

T McDonnelle arrived 9.50 am – apologies for lateness

R Simpson then updated committee on the following recent events:

- An overwhelming response had been received to the recent photography competition with over 300 submissions. The recent unveiling saw approximately 100 attendees from the community alongside WDHB staff. Mr Simpson added to the Chairs, his personal thanks to the art team.
- The recent 50th anniversary of the Porritt lecture series culminated in a lecture by Dr Jan Bone, Head Emergency physician in Christchurch at the time of the 2010-2011 earthquakes. Thanks passed to Ms L Torr and the medical management team for organising the event.
- The three yearly certification audit was recently completed. Initial feedback is excellent with auditors making specific mention that the WDHB is doing very well. Areas of note around pharmaceutical management and credentialing in particular portrayed WDHB as a standout DHB. Thanks were passed to all staff involved, with particular thanks to L Allsopp and the patient safety quality and risk team.
- The full report will be made public in due course once received and ratified by MOH.

7.2 Non Financial Performance Reporting P Malan, GM Service & Business Planning

A paper entitled "Non financial performance reporting" was tabled by P Malan.

P Malan acknowledged the work undertaken by K O'Gorman in preparation of the report for committee.

A verbal summary of the key points were provided by S Carey, Funding & Contracts manager as below:

- Committee was asked to note that the paper tabled provides a synopsis of preliminary quarter 1 results as the quarter was not finalised when papers went to print
- A change to requirements for quarterly reporting has resulted in increased narrative which has the benefit of providing an overview to committee of ongoing conversations being held with the MOH
- The report is formatted to a "traffic light" system of green (achieved), orange (partial), red (not achieved) however the colour should not be read in isolation, instead it should be read in line with the narrative provided.
- Although progress on immunisations is classed as satisfactory it was agreed there is still a need for urgent action and prioritisation.
- It was noted that item B SS11, Faster Cancer Treatment (62 days) is not achieved. The committee would like to be kept informed of any change to this performance measure with an agreed action point below.
- It was further noted that item SS15 "Improving waiting times for colonoscopies 19/20 was reported as partially achieved. This measure to be closely monitored for likely improvement following the bowel screening programme implementation.
- **ACTION:** Management to provide to committee further detail relating to performance measure B SS11 Faster Cancer Treatment (62 days) 19/20 to include a report detailing scale and ethnicity breakdown.

It was resolved that the committee:

Receive the paper entitled "Non-Financial Performance Reporting"

Note new reporting requirements against Annual Plan and Q1 feedback

Moved: S Hylton

Seconded: G Adams

7.3 Disability overview and update E O'Leary, Portfolio Lead Community Responsiveness

A paper entitled "Disability overview and update" was tabled by E O'Leary with a verbal summary of the key points provided and shown below:

E O'Leary thanked committee for the opportunity to focus on disability and introduced P Millar, Principal Advisor for Systems Transformation with the MOH.

Ms O'Leary acknowledged committee member, L Gilsenen who prior to the meeting had provided her with the New Zealand Disability Support Network (NZDSN) 20/20 report. The report was tabled with the following action noted.

Action: secretariat to distribute to committee via email.

A definition of disability was clarified for committee as something a sector “does” not something individuals “have”. Ms O’Leary explained that individuals have impairments, disability is how we as a sector can disable them due to their impairment.

Within the community there is an increasing visibility of people with impairments. The sector is being redefined with a focus on individual and whānau needs, as opposed to services being offered on the basis of cost and ease of delivery.

Whanganui regional data shows a higher than national average incidence of impairment in the local population.

Ms O’Leary introduced P Millar who addressed committee, with a summary of key points shown below:

Mr Millar provided committee with an informative overview of the areas in which the health sector is changing focus to ensure those living with impairments are not disadvantaged.

Challenges faced by those individuals and whānau living with impairment are diverse and complicated. Only 5% of the population living with impairment are supported by their own income therefore timely and relevant access to support is imperative. Those living with impairments are four times more likely to experience depression and emergency department presentations.

Dame T Turia joined the meeting 10.15am

Mr Millar outlined the importance of lived experience in decision making. Lived experience differs from knowledge or understanding with the benefit of listening to those with lived experience only just being realised.

The sector is being challenged to move from a focus of budget based policy design to supporting lived experience conversations. This allows officials in the sector to be challenged to alter traditional ways of thinking. It has been found when lived experience shapes a conversation the engagement and outcome for the individual and whānau better supports individual life goals being reached.

Further a change in focus to lived experience modelling will ensure those eligible for support do not become disengaged due to the system not meeting their individual need. Person directed care allows for tailored support which can provide short term intervention and stop the need for long term expensive care. Person directed support is cost efficient long term.

J McDonald commended Mr Millar on his excellent articulation of the issues and concerns.

Further discussion ensued with agreement the sector must ensure it is not shaped by resource and protocol, and that individual lead care and support is paramount.

The Chair thanked the speakers for their time and for bringing the challenges to the table for discussion.

Action: Letter of thanks for attendance and insightful presentation to be sent to Mr Millar.

It was resolved that the Combined Statutory Advisory Committee

Receive the paper entitled “Disability overview and update”

Note the Ministry of Health’s six actions for health sector leadership

Note the Accessibility Charter

Endorse further work to develop an Accessibility Charter Action Plan, in preparation for HAI endorsement towards WDHG signing the charter

Moved: S Hylton

Seconded: F Bristol

7.4 People and Performance Update **Hentie Cilliers, GM People and Performance**

A paper entitled "People and Performance Update" was tabled with a verbal summary of the key points summarised below:

Following a request from committee on 18 October 2019 it was noted the report includes further detail on status of hard to fill vacancies.

A letter of offer is due to be sent in relation to the ophthalmology position with work continuing on securing an emergency consultant and other key roles.

In relation to disability awareness, the people and performance team encourage staff to declare any impairment to ensure appropriate supports are provided to staff.

G Adams noted it was encouraging to see a drop in staff turnover.

A question was raised regarding the availability of nurses for specialised areas such as Te Awhina. A response was provided that although there is a national nursing shortage, there is no such concern for the WDHB at present.

Further, it was advised that most if not all nurses studying locally will usually be offered a position at intake. A review is currently being undertaken regarding the feasibility of increasing yearly intakes from 1 to 2 per year. It is hoped that the increased intake will be in place for 2020.

It was resolved that the Combined Statutory Advisory Committee:

Receive the paper entitled "People and performance update, November 2019"

Note WDHB has a low staff turnover percentage compared with other DHBs

Note from an employment perspective the WDHB is an equal employment opportunity employer and does not discriminate against anyone with a disability

Note there were no notifiable injuries or events notified to WorkSafe New Zealand in October

Moved: M Bellany

Seconded: H Gifford

8 Reference and Information

1 New Zealand Disability Support Network (NZDSN) 20/20 report

9 Date of next meeting

Friday 21 February 2020 from 9:30am in the Board Room, Whanganui District Health Board, 100 Heads Road, Whanganui.

14 Exclusion of public

It was resolved that:

The public be excluded from the remainder of this meeting under clause 32, Schedule 3 of the New Zealand Public Health and Disability Act 2000 on the grounds that the conduct of the following agenda items in public would be likely to result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

Moved: S Hylton

Seconded: G Adams

Agenda item	Reason	OIA reference
Combined Statutory Advisory Committee minutes of the meeting held on 22 November 2019 (public-excluded session)	For the reasons set out in the board's agenda of 22 November 2019	As per the board's agenda of 22 November 2019
Emerging issues and alerts	To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
Multi-employer collective agreement or negotiations	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Section 9(2)(i) and 9(2)(j)
Staff matters	To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
Adverse events	To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)

Persons permitted to remain during the public excluded session

The following person(s) may be permitted to remain after the public has been excluded because the board considers that they have knowledge that will help it. The knowledge possessed by the following persons and relevance of that knowledge to the matters to be discussed follows.

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive and senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Board secretary	Minute taking, procedural and legal advice and information	Recording minutes of board meetings, advice and information as requested by the board

The public session of the meeting ended at 11.20am

Adopted this

day of

2020

.....
Chair

DRAFT

1.5 Matters arising from previous meetings


Meeting Date	Detail	Response	Status
09/19-01	Update committee on car park strategy, challenges and learnings	As requested at the board meeting in April 2019 a consultation and implementation plan has been developed by management. This is expected to be in place by December 2019	Complete
09/19-02	Local Medical Officer of Health to provide an outline of the planning and process for such an event [epidemic management/public health in regions]	To be addressed: Item 7.2 on agenda 10/19	Complete
10/18-01	Draft commissioning cycle framework be re-visited by committee for further discussion following inclusion of any response and comment from HAI Board		

1.6 Chairs Report

A verbal report will be provided at the meeting

2 Chief Executive / WALT update

A verbal report will be provided at the meeting

 <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p>	Discussion paper
	Item No 3.1
Title	Non-Financial Performance Reporting (NFPR)
Author	Kilian O’Gorman, Business Support Manager
Endorsed	Paul Malan, GM Strategy Commissioning & Population Health
Subject	Non-Financial quarterly performance reporting
<p>Recommendation</p> <p>WDHB Management recommend that the Combined Statutory Advisory Committee:</p> <ol style="list-style-type: none"> a. Receive the paper titled “Non-Financial Performance Reporting (NFPR)” b. Note Q2 Results from the Ministry of Health 	

1 Purpose

This paper presents a summary of the available Quarter 2, Non-Financial quarterly performance reporting and progress reporting against the current annual plan (2019-20) as published on the Ministry of Health performance website.

2 Background

The Quarterly reporting requirements and guidelines have changed.

In addition to the standard suite of performance measures, the Ministry of Health have recently introduced five new ‘Status Update’ reports to the non-financial reporting suite concerning progress against our WDHB Annual Plan (Jul 2019 to Jun 2020)

- Better population health outcomes supported by primary health care
- Better population health outcomes supported by strong and equitable public health services
- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention

3 Next Steps

We are attaching the Q2 results for the Committee’s information.

Ministry of Health Non-Financial Performance Reporting Feedback Quarter 2 2019/20		
	Q1	Q2
Better population health outcomes supported by primary health		
B PH01 Improving system integration and SLMs 19/20	Partial	Partial
B PH02 Improving the quality of ethnicity data collection in PHO and NHI registers 19/20 – see notes, page 5		Not Achieved
B PH03 Improving Maori enrolment in PHOs to meet the national average of 90% 19/20		Achieved
B PH04 Better help for smokers to quit (primary care and maternity) 19/20	Achieved	Achieved
B PV01 Improving breast screening coverage and rescreening 19/20		Partial

Better population health outcomes supported by strong and equitable public health services		
B SS01 Faster cancer treatment (31 days) 19/20	Achieved	Achieved
B SS02 Delivery of Regional Service Plans 19/20	Partial	No rating given
B SS03 Ensuring delivery of Service Coverage 19/20		Achieved
B SS04 Implementing the Healthy Ageing Strategy 19/20	Achieved	Achieved
SS05 Ambulatory sensitive hospitalisations (ASH adult) 19/20		Partial
B SS06 Better help for smokers to quit in public hospitals 19/20	Partial	Partial
B SS07 Planned Care Measures 19/20		Achieved
B SS08 Planned Care Three Year Plan 19/20	Partial	Partial
B SS09 Improving the quality of identity data within the National Health Index (NHI) FA1: Improving the quality of identity data within the NHI 19/20		Achieved
B SS09 Improving the quality of identity data within the National Health Index (NHI) FA2: Improving the quality of data submitted to National Collections 19/20	Partial	Partial
B SS09 Improving the quality of identity data within the National Health Index (NHI) FA3: Improving the quality Integration of Mental Health data (PRIMHD) 19/20	Achieved	Achieved
B SS10 Shorter stays in Emergency Departments 19/20	Partial	Partial
B SS11 Faster Cancer Treatment (62 days) 19/20 – see notes, page 5	Not Achieved	Not Achieved
B SS12 Engagement and obligations as a Treaty partner 19/20		Achieved
SS13 Improved management for long term conditions FA1: LTC 19/20		Achieved
SS13 Improved management for long term conditions FA2: Diabetes services 19/20		Partial

B SS13 Improved management for long term conditions FA3: Cardiovascular (CVD) health 19/20		Achieved
B SS13 Improved management for long term conditions FA4: Acute heart service 19/20	Achieved	Partial
B SS13 Improved management for long term conditions FA5: Stroke service 19/20	Achieved	Partial
B SS15 Improving waiting times for colonoscopies 19/20	Partial	Partial

Improving Child Wellbeing		
B Care Capacity Demand Management Calculation 19/20	not applicable	Achieved
B CW05 Immunisation coverage -FA1: 8-month-old immunisation coverage 19/20 – see notes, page 5	Partial	Not Achieved
B CW05 Immunisation coverage -FA2: 5-year-old immunisation coverage 19/20 – see notes, page 5	Partial	Not Achieved
B CW05 Immunisation coverage -FA4: Influenza immunisation at age 65 years and over 19/20	Partial	
B CW06 Improving breastfeeding rates 19/20		
B CW07 Improving newborn enrolment in General Practice 19/20	Achieved	Achieved
B CW08 Increased Immunisation (at 2 years) 19/20	Partial	Partial
B CW09 Better help for smokers to quit - Maternity		Achieved
B CW10 Raising healthy kids 19/20	Achieved	Achieved
B CW12 Youth mental health initiatives (Initiative 3 and Initiative 5 only) 19/20	Achieved	Achieved

Improving Mental Wellbeing		
B MH01 Improving the health status of people with severe mental illness through improved access 19/20		Achieved
B MH02 Improving mental health services using wellness and transition (discharge) planning 19/20	Partial	Achieved
B MH03 Shorter waits for non-urgent mental health and addiction services for 0-19 year 19/20	Achieved	Achieved
B MH04 Mental Health and Addiction Service Development - Focus Area 1 - Primary Mental Health 19/20	Achieved	Achieved
B MH04 Mental Health and Addiction Service Development - Focus Area 2 - District Suicide Prevention and Postvention 19/20	Achieved	Achieved
B MH04 Mental Health and Addiction Service Development - Focus Area 3 - Improving crisis response services 19/20	Achieved	Partial

B MH04 Mental Health and Addiction Service Development - Focus Area 4 - Improve outcomes for children 19/20		Achieved
B MH04 Mental Health and Addiction Service Development - Focus Area 5 - Improving employment and physical health needs of people with low prevalence conditions 19/20	Achieved	Achieved
B MH05 Reduce the rate of Maori under the Mental Health Act: section 29 community treatment orders 19/20	Partial	Partial
B MH06 Mental health output delivery against plan 19/20	Achieved	Achieved

Crown Funding Authority- Variations to Omnibus Agreement		
C CFA Additional school based health services funding 19/20		Achieved
C CFA Appoint cancer psychological and social support workers 19/20		Achieved
C CFA B4 School Check Services 19/20	Achieved	Achieved
C CFA DHB level service component of the National SUDI Prevention Programme 19/20		Achieved
C CFA Disability Support Services 19/20	Partial	Achieved
C CFA Immunisation Coordination Services 19/20		Achieved
C CFA National immunisation register- ongoing admin services 19/20		Achieved
C CFA Primary Health Care Services 19/20	Achieved	Achieved
C CFA Well Child / Tamariki Ora Services 19/20	Achieved	Achieved

Status update reports - actions included in annual plans		
E Better population health outcomes supported by primary health care 19/20	Achieved	Partial
E Status update reports - actions included in annual plans - Better population health outcomes supported by strong and equitable public health services 19/20	Achieved	Achieved
E Status update reports - actions included in annual plans - Improving child wellbeing 19/20	Partial	Partial
E Status update reports - actions included in annual plans - Improving mental wellbeing 19/20	Partial	Achieved
E Status update reports - actions included in annual plans - Improving wellbeing through prevention 19/20	Achieved	Achieved

March 2020

NOTES

B CW05 Immunisation coverage -FA1: 8-month-old immunisation coverage 19/20					Partial	Not Achieved
<p>Planned engagement strategy involved renewed and strengthened engagement with Tamariki ora nurses and Kaupapa Maori services. Still trying to increase engagement with WINZ and Oranga Tamariki though WINZ youth workers do attend our maternal wellbeing group and actively work with the Imms outreach team to follow up with youth with children who need to be immunised. Engagement with early childhood centres is on-going. Progress is being made to tighten up processes of children who present to Whanganui Accident and Medical and the WDHB emergency department.</p> <p>Data issues are being explored and using MoH data to match and compare what is being collected by the Imms outreach service to ascertain where the issues are. On-going work is being undertaken.</p>						
Summary of results: coverage at age 8 months						
Target: 95%	Total	Māori	Pacific	Dep 9-10	Change: total	Change: Māori
Q1 2019/20	89.3%	85.1%	87.5%	89.9%	+2.3%	+3.1%
Q2 2019/20	87%	83.7%	100%	80.5%	-2.3%	-1.4

B CW05 Immunisation coverage -FA2: 5-year-old immunisation coverage 19/20					Partial	Not Achieved
<p>Progress is being made to tighten up processes for children who present to Whanganui Accident and Medical and the WDHB emergency department. The B4SC team also work closely with general practices and the Immunisations outreach team to ensure uptake of 5 year old immunisations.</p>						
Summary of results: coverage at age 5 years						
Target: 95%	Total	Māori	Pacific	Dep 9-10	Change: total	Change: Māori
Q1 2019/20	86.5%	82.8%	100%	81.1%	-2.5%	+3.8%
Q2 2019/20	88.2%	86.4%	100%	82.9%	+ -0.3%	+3.6%

B PH02 Improving the quality of ethnicity data collection in PHO and NHI registers 19/20				Not Achieved
<p>The Ministry is unable to rate Whanganui DHB as there no mention of the implementation or training of EDAT. There is also no baseline or current target data included.</p> <p>A draft paper is currently being prepared for WALT to nominate a person responsible to implement the Ethnicity Data Audit Toolkit across all practices and PHO</p>				


B SS11 Faster Cancer Treatment (62 days) 19/20

Not Achieved Not Achieved

We have had trouble with data collection in Q2 – our achievement was 87%, with 4 patients not seen for capacity reasons across the 6 months measured for the Q2 rolling average. For the months of October to December our achievement was 95% of patients met the 62 day target (20 out of 21 patients).

We continue to monitor the pathway of those patients that miss the faster cancer treatment target to ensure that we are actively monitoring areas where we can make improvements for this group of patients.

	Number of records within 62 days							Jul - Dec 2019 Tracking	Oct - Dec 2019 Tracking
	Jul	Aug	Sep	Oct	Nov	Dec	Total		
Whanganui DHB	6	7	1	6	10	4	34	87.2%	95.2%
National Total	312	346	305	317	326	326	1932	89.1%	87.9%

 WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i>		Discussion paper
		Item No 3.2
Title	Detailed Annual Plan 2019/20 Status update	
Author	Kilian O’Gorman, Business Support Manager	
Endorsed	Paul Malan, GM Strategy Commissioning & Population Health	
Subject	Quarter 2 progress reporting against the current annual plan (2019-20)	
Recommendation WDHB Management recommend that CSAC: <ol style="list-style-type: none"> a. Receive the paper titled “Detailed Annual Plan 2019/20 Status update”. b. Note Annual Plan status Updates 		

1 Purpose

This paper presents details of the available Quarter 2 progress reporting against the current annual plan (2019-20), as reported to the Ministry of Health.

2 Background

The Quarterly reporting requirements and guidelines have changed.

In addition to the standard suite of performance measures, the Ministry of Health have recently introduced five new ‘Status Update’ reports to the non-financial reporting suite concerning progress against our WDHB Annual Plan (Jul 2019 to Jun 2020)

- Better population health outcomes supported by primary health care
- Better population health outcomes supported by strong and equitable public health services
- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention

3 Next Steps

Attached please find Q2 results for the Committee’s information.

Status update reports - actions included in annual plans		
	Q1	Q2
E Better population health outcomes supported by primary health care 19/20	Achieved	Partial
E Status update reports - actions included in annual plans - Better population health outcomes supported by strong and equitable public health services 19/20	Achieved	Achieved
E Status update reports - actions included in annual plans - Improving child wellbeing 19/20	Partial	Partial
E Status update reports - actions included in annual plans - Improving mental wellbeing 19/20	Partial	Achieved
E Status update reports - actions included in annual plans - Improving wellbeing through prevention 19/20	Achieved	Achieved

Better population health outcomes supported by primary health care 19/20

Diabetes and other long-term conditions		
Identify how the DHB will ensure all people with diabetes will have equitable access to culturally appropriate self-management education and support services		<p>Consistent health messaging is occurring through the health matters newsletters a collaborative cross system health promotion initiative.</p> <p>Health promotion health matters newsletter is informed through consumer feedback.</p> <p>Educational programmes designed and delivered to support improved health literacy i.e. through community dietician, self-management well-being tool programmes, renal, CVD , diabetes, eczema and asthma and use of the health navigator website and materials</p>
Close the equity gap for Māori in diabetes/CVD screening & management		<p>Power Bi Data identifies barriers to access, third appointment measure to be added</p> <p>Equity gap monitored and now available with just in time data through power BI</p>
LTC governance group monitors PHO/practice level data to identify areas of greatest need to identify areas for improvement and/or target quality improvement initiatives		<p>Trialled working with a local factory with 100 employees and undertaking screening and health promotion with a particular focus on Maori, Pacifica</p>

March 2020

Better population health outcomes supported by strong and equitable public health services 19/20

Data and digital	
Continued participation in the development, upgrade and optimisation of clinical applications within the Regional Application Environment (RAE)	This is ongoing and will continue through 2020, priorities agreed at the regional architecture forum are: Webpas upgrade to be completed February 2020 for NCAMP compliance. Migration of Webpas to an "as a service" model, migration of PACS archive from Revera to Microsoft Azure and Disaster recovery for the regional applications.
Mobility – increase the use of mobile phones replacing desk phones to gain greater value from our Telephony as a Service (TaaS) mobile spend and provide the platform for future mobile apps to be delivered. Mobile device management will be applied to manage security.	This project is currently in progress as we roll out Microsoft Office 365 to the business.
Work with Ministry of Health to ensure that the bowel screening National Screening Solution (NSS) is implemented by October 2019	There is an interim solution in place while the Ministry determine the way forward for this initiative. NOTE: There is minimal input required from the ICT team.
Healthy ageing	
The WDHB will continue to participate along with other key stakeholders to support the city becoming age friendly.	Met: Progress continues with the WDC finalising the 'Whanganui Age Friendly Plan' in August 2019. The plan was also endorsed by the districts Positive Aging Forum. The plan now on the council website.
Bowel screening	
Achievement of wait time targets	The urgent and non-urgent colonoscopy wait time targets were achieved at the end of quarter 2. The surveillance wait time target result remains below the target level, however we note it has increased from 51% at the end of quarter 1 to 60% at the end of quarter 2. Additional colonoscopy lists have been scheduled, to ensure surveillance results increase to above target level.
Rural health	
Explore purchasing approach for clinical consumables to support DHB funded primary care providers in rural areas supporting cost effective purchasing decisions	DHB funded rural primary care providers are able to access medical supplies through DHB Supply Department
DHB Waimarino Health Centre to support Ruapehu Health Ltd with the provision of facilities and equipment as approved by the incident controller during a health and/or civil defence emergency including formalisation of Memorandum of Understanding.	In the event of a health or civil defence emergency, Whanganui DHB will support Ruapehu Health to continue to deliver primary health care. This may be coordinated through the Whanganui DHB Emergency Operations Centre and facilitated through the use of Community Based Assessment Centres, as documented in the WDHB and WRHN Community Based Assessment Centre plan. MOUs are currently being developed to ensure the continuation of health care in the region, should usual facilities be unavailable for any reason.
Care Capacity Demand Management (CCDM)	
The patient acuity data is well implemented apart from mental health. There is a process in place to ensure the data entered is accurate to enable the FTE data to be appropriately calculated. This involves active engagement with leaders and education.	On Track

WDHB in conjunction with the CCDM Council are due to review aspects of CCDM as a project to enhance the consistency, transparency and vigour of the programme.		On Track
Health Literacy		
With consumers, develop a health literacy tool that integrates with the Pro-equity for Māori implementation plan, and can be used across service improvement.		On Track
Acute demand		
Whanganui DHB and the Whanganui Alliance Leadership Team (WALT) have embarked on a major programme of work around acute demand in the hospital and community. This work brings together primary care, community providers, Māori health services and the hospital to work together to improve patient care.		On Track
Phase two – undertake a work programme to address avoidable presentations.		On Track
Workforce		
Be guided by the Ministry of Health Raranga Tupuake – Māori Workforce Development Plan		On Track
Builds on current data collection processes and continues within the context of existing sub-regional service developments and national workforce programmes		On Track
Continue to grow clinical leadership across medical, nursing and allied health, scientific and technical staff		On Track
Deliver on the WDHB pro-equity plan (yr1)		Delayed – mitigation in place
Develop a sustainable approach to nursing career pathways		On Track
Establish an education centre to support our growing focus on workforce development		On Track Phase 2 of education centre development underway
Expand Te Uru Pounamu to encourage connection between Māori health professionals		On Track All new graduate Māori nurses receive formal support
Growing a future proof workforce		On Track
Identify areas of staff development to align with health gain areas for the district		On Track
Improve learning culture within the DHB through cementing the new relationship with the University of Otago Wellington for training interns		Ongoing Training interns on site
Implement equity and pay parity agreements		On Track completion Awaiting national equity programme
Meet all of our training and facility accreditation		On Track

Proactively grow Māori workforce across the health district that reflects proportionally for our Māori population		On Track
Proactively promote Ministry of Health funding for Māori particularly in kura kaupapa settings		On Track
Work closely with regional DHB shared services continuing work to identify the workforce requirements around the service delivery needs for services to older people and their family / whānau		On Track
Improving Quality		
Biannual monitoring of antibiotic compliance to guidelines completed in WDHB		Met
Continue to use consumers and co-design principles in all service improvement activities.		Met
Hand hygiene audited by Gold hand hygiene auditors in secondary care services.		Met
Local antibiotic guidelines are in place and will be kept current.		Met
WDHB has a fully functioning infection prevention committee chaired by the medical officer for health. The committee includes primary and secondary care representation.		Met
Whanganui DHB has a contract in place for infectious diseases support from CCDHB.		Met
Complete patient recalls to implement gout management plans		<ul style="list-style-type: none"> ▪ Dashboard has been updated to remind clinicians of recall required when opportunistically presenting. Education provided at WIPE session and through peer review ▪ Public awareness raised through health matter health promotion newsletter ▪ Several general practice teams have audited their enrolled population and proactively recalled patients to proactively plan care ▪ Clinical pharmacist proactively follow individuals as referred or identified
Roll out text/email referral to Arthritis NZ		Not progressed an alternative solution has been progressed through alliance to look at a joint venture with Arthritis NZ through a proposed joint funding arrangement of a position to work with individuals as well as across systems.
Improve patient records to strengthen data collection		Education has focused on best practice and coding of Gout. Just in time reporting is also now available for all practices to assist with this
Healthy ageing		
Implement the recommendations of the 2018 Intermediate Care Review.		Recommendations met, now operational.
The WDHB is working in partnership with ACC to progress pressure injury prevention and management programme across the Whanganui DHB District. This initiative includes linkages with age residential care, general practice and community providers.		This has been met with the implementation of the Pressure Injury Prevention Team. Now operational.

The WDHB will continue to support Alzheimers Whanganui's dementia-friendly Ohakune initiative.	Met: Alzheimer's Whanganui continue to interact with Ohakune. The closure of the Parapara Road (SH4) following the slip in October caused disruption for this community which impacted on progress. Alzheimers Whanganui have also had some personnel changes due to the resignation of the person who was covering Ohakune. This has presented this NGO with an opportunity to reconfigure how they are working with rural communities and how they can partner with other NGOs, including Age Concern.
Provide input into a regional stocktake of dementia services and related activity, which will be completed and provided to the Ministry by the end of quarter two (via the S12 measure).	Met: The WDHB supported the national/regional stocktake of dementia services by both completing supporting other stakeholders to complete
Planned Care	
Review the process used to allocate operating times for surgeons. This will assist in list planning as one component of improving service delivery.	On Track
Delivery of Whānau Ora	
Implement the actions outlined in the WDHB Pro-equity check up report December 2018 work plan described in section 4.3.2	On Track see below
Applying the equity lens and whānau ora philosophy to ensure that governance, leadership and our wider workforce understand their collective responsibilities for Māori health, are culturally aware, and supported in their practice.	On Track: over 120 staff and external provider staff have received training and education in understanding equity and applying equity methodology to decision making including DHB governance.
Develop a Māori health reference group – made up of Māori health and social service professionals to provide advice to key services developments, service improvements, development of Māori health policy and frameworks to ensure that we have a wider Te Ao Māori lens applied to our work.	In progress
Develop a whānau ora - whānau centred care scorecard (KPIs) for all WDHB service teams.	In progress
Continue to work across systems to support whānau goals and aspirations and building resilience in whānau and the community through initiatives such as: <ul style="list-style-type: none"> ▪ Whanganui FLOW Initiative - NZ Police Whanganui Iwi partnership with other agencies – prevent whānau harm (family violence). ▪ Partnership in Suicide Prevention Strategy - developed on behalf of Whanganui DHB by healthy Families Whanganui-Rangitikei-Ruapahu. ▪ Explore partnership approaches with MSD and TPK to improve oral health outcomes for Māori whānau 	<p>Ongoing participation in governance, Iwi and NZ Police partnership strengthened- Iwi support team appointed. Strong functional relationship in place. Ongoing- first draft of strategy completed to be finalise early 2020</p> <p>Examples of partnership for individuals – good results. System wide process to be developed.</p>
Engagement and obligations as a Treaty partner	

Continue Hāpai te Hoe (WDHB cultural awareness and education programme) programme for new staff and refresher for existing staff	Ongoing – regular programmes each month and additional programmes for medical interns, RMO's and external partners.
External partners attend Hāpai te Hoe such as St John Ambulance Service, Hospice Whanganui staff.	Hospice Whanganui staff on going attendance. St John to be confirmed.
Implement the WDHB Pro-equity Check-up Actions Implementation Plan – 2019-21report under the themes of:	Ongoing – reported 1/4rly to joint Whanganui DHB and Hauora A Iwi boards.
Maintain close working relationships between WDHB Board and Hauora A Iwi (HAI), Māori relationship board, through: as below	On Track
Newly elected board members orientation programme includes cultural awareness and education and equity tools and methodology and impact of racism and colonisation on health outcomes for Māori whānau.	Powhiri and induction for newly elected board members completed. Included cultural awareness. Session on Equity scheduled for February with newly appointed members and Advisory Committee members yet to be confirmed.
Regular joint hui – quarterly	Joint hui completed quarterly. Kaihautū Hauora (CE) and executive leaders in attendance.
Review Memorandum of Understanding (MoU) between WDHB and HAI boards 20202	Preparation has begun leading up to revision of the MoU
Involvement of HAI members in all key DHB strategic decisions	Hauora A iwi members are included in strategic decisions – board papers shared , attendance at key hui, planning days and in the development of the Whanganui Strategy – He Hāpori Ora – Thriving Communities 2019-2024
Joint board monitoring of equity measures in WDHB Annual Plan and pro equity implementation work plan	Each quarter joint boards receive reporting on equity actions or specific initiative. All committee and board papers must identify impact on equity. Tracking progress to the WDHB pro-equity implementation plan is reported 6 monthly.
HAI representation on all interviews for executive positions	Recent executive interviews included Hauora A Iwi representative
HAI representation on combined committees and performance review for chief executive2	Confirmed representation and membership of performance review panel
Organisational leadership and accountability for equity	Training for manager s and staff in progress 120+ trained. Each executive is responsible for equity actions across their directorate/ service. Revised DHB organisational structure (Dec 2019) in the process of identify dash board monitoring across the system- include equity actions and monitoring
Māori workforce and Māori health and equity capability (linked to workforce development section page (61- 64)	On Track: highlights include <ul style="list-style-type: none"> ▪ Over 100 staff have completed Te Reo Programme on campus – partnership with UCOL. ▪ Programme to support new graduate Māori nursing – increasing numbers – interest form community based nurses ▪ Increased Māori representation on recruitment panel Over 92 % of staff attended Hāpai te Hoe cultural education
Transparency in data and decision making	Data dashboards yet to be developed

Authentic partnership with Māori.		First of two hui on authentic partnership between WDHB Board and Hauora A Iwi completed. Second to be scheduled once DHB advisory committee members are confirmed
Participate in the design and implement the proposed Ministry of Health and or Central Region Treaty framework to ensure we meet the statutory obligations as prescribed by the Tribunal and their interpretation of the Treaty clauses under the NZ Public Health and Disability Act 2000.		GM Māori Health and Equity contributed through national group Tumu Whakarae.
Cancer services		
Continue to work with the Central Cancer Network to develop and promote the use of cancer pathways locally.		Met
Establish a team to coordinate a review of the Bowel Cancer Quality Improvement Report 2018 and associated data.		Met
Focus on priority population (Māori and Pacific) women including offering further opportunities to access cervical screening, alongside robust health promotion. This includes raising awareness at community events such as market days, UCOL orientation and annual Ratana celebration. Funded screening for priority women – Māori, Pacific and Asian and follow up through general practice outreach team.		
Implement continual quality improvements identified through internal tracer audits of patient journeys that breached the 62-day target. This work will be led by a clinical team and include the cancer nurse coordinator and the Māori health team.		Met
Review data to identify variances in quality indicator results for Māori vs non-Māori and ensure strategies to reduce inequity are addressed within quality improvement plan.		Met

March 2020

Status update reports - actions included in annual plans - Improving child wellbeing 19/20

Family Violence and Sexual Violence (FVSV)	
Ensure continued commitment of WDHB in the development of the Police initiative (interagency collaboration aimed at victims and perpetrators) and contribute to opportunities for service development and integration across sectors and co-designed with iwi. Report on progress.	MET- We continue to support the old FVIS process interagency collaboration around family violence, this is about to change to FLOW I believe on 31 Jan 2020,(date to be confirmed by police) whereby we have arranged a roster system of social worker to attend the daily Mon-Friday meetings and feedback to WDHB staff who are connected with the whanau. WDHB staff will be able to remotely access our clinical records.
Quarter 2 – training developed	MET-EAN training has been developed and implemented with our WDHB staff and the wider service providers in our community. We have 3 training dates to deliver the training in 202 11 March, 13 Aug and 3 Nov.
Six-monthly report on utilisation of ED child protection checklist	MET-as per VIP 6 monthly reporting
Six-monthly report on hospital-based activities and WRHN antenatal education programme.	MET-as per VIP 6 monthly
First 1000 days (conception to around 2 years of age)	
develop an engagement plan to educate identified agencies/groups/people about TRT and its referral process to increase early referrals	MET-engagement continues
Raise awareness on key SUDI modifiable risk factors, protective factors, treatment and support services with a focus on at risk, vulnerable tamariki and whānau	MET-core component of Pregnancy and parenting education, health promotion activities and WCTO core contacts.
Targeted professional development opportunities to increase skill level in motivational interviewing, safe sleep space as the two modifiable risk factors focus areas	MET-Takitakimai training occurred, mentoring from Quit Clinic and use of smoklysers.
Work alongside interagency networks, communities in particular kaupapa Māori services, LMCs to secure early referrals	MET- ongoing
Provide education to agencies and groups who interact with pregnant women around key educational messages important in pregnancy and early childhood2	MET-on going engagement occurs.
Collaborate with iwi health services to continue to enhance the programmes in terms of cultural responsiveness and that empower Māori.	MET-working alongside TOT to support their weaving wananga, joint work to source wearver.
Analyse data reporting on missed appointments for children, with a focus on equity	Initial analysis complete, will be put forward as a project in the service plan.
Provide the GROW-App	MET-The GROW – App is now available to clinicians for customised assessment of fetal growth and birth weight. Currently working through appointing a new GAP champion role who would then progress evidence based protocols and guidelines alongside audit and reporting.

Adoption of evidence based protocols and guidelines		MET-The GROW – App is now available to clinicians for customised assessment of fetal growth and birth weight. Currently working through appointing a new GAP champion role who would then progress evidence based protocols and guidelines alongside audit and reporting.
Rolling audit, reporting and benchmarking of performance.		MET-The GROW – App is now available to clinicians for customised assessment of fetal growth and birth weight. Currently working through appointing a new GAP champion role who would then progress evidence based protocols and guidelines alongside audit and reporting.
Immunisation		
Work alongside interagency networks, communities, to support an increase in Māori childhood immunisation coverage. Develop an engagement plan that targets groups/agencies (Well Child Tamariki Ora, Kaupapa Māori services, WINZ, Oranga Tamariki, early childhood education) who interface with Māori tamariki. Ensure messaging is consistent, up-to-date and a pathway for ease of access.		MET-we have renewed and strengthened our engagement with tamariki ora nurses, Kaupapa MAori service and continue to work on developing closer working relationships with WINZ and OT, Early Childhood Education (ECE) is ongoing.
School-Based Health Services		
Progression of Rubric with HP Schools. Provide regular reports to ascertain HPS is delivered to 78.6% of schools in the WDHB. Increase the rubric and health and wellbeing interactions to ensure 10 schools receive this initiative.		MET- as per SBHS quarterly narrative report
Public health teams within schools will evaluate the effectiveness of the service by carrying out two PDSA cycles within the year, that are aimed at increasing access and equity to school health services.		MET- as per SBHS quarterly narrative report
WDHB will provide services under the SBHS contract that enhances linkages with primary care for students health and wellbeing needs by engaging with PHOs to encourage GP enrolment of those students identified as not enrolled		MET- as per SBHS quarterly narrative report
Sudden Unexplained Death of Infants		
Participate in the 2019 SUDI prevention impact project		MET-WRHN are participating in this project
The maternal, child and youth governance group will lead the development a 3-5 year strategic plan that will identify priorities and develop an implementation plan for an integrated whole of system approach (primary, secondary, cross-sector, community) for the first 1000 days of a child's life that aligns to the child wellbeing strategy.		Org restructure has been finalised and implemented, the governance group will be reformed and determine priorities for the service plan

WCTO participate in the TAS led SUDI prevention programme.		MET- WCTO Nurses continue to support whanau with advice about how to safely sleep their baby, and keep them safe. Nurses from Plunket have been working in collaboration with the Te Rerenga Tahī group, to ensure WCTO services are responsive to the needs of whanau who have been identified as requiring extra support and services, SUDI prevention is one key focus with this support.
WCTO participate in the TAS led Whanganui WCTO Smokelyser Improvement Plan aimed to reduce the number of infants exposed to tobacco smoke, by supporting household members to stop smoking.		MET- project now completed All nurses from the Whanagnui Iwi/Maori WCTO providers attended the Takitaki Mai Motivational interviewing for Maori, and 2 Nurses and a Health Worker from Plunket also attended. This training provided the WCTO kaimahi with the skills to support whanau on their journey towards healthy lifestyles, with a focus on being smoke free. A WCTO nurse has used the smokelyser in a group setting with good effect, leading positive discussion about effects of smoking with new mothers.
Midwifery workforce – hospital and LMC		
Co-design completed		Awaiting second round of recruitment and appointment of a Director of Midwifery to lead the midwifery workforce
Develop a midwifery workforce plan (which will have equity focus including cultural competency and increased Māori participation in the workforce) ²		
Ensure service delivery mechanisms make the best use of other health workforces to support pregnant people and midwifery roles ²		

Status update reports - actions included in annual plans - Improving mental wellbeing 19/20

Addiction		
The reconfigured kaupapa NGO alcohol and other drug service and the impact of the network model of care will be closely monitored to ensure these integrated arrangements are meeting the AOD specific demand with appropriate access and outcomes.		Met: The AOD collaborative programme was held at Stanford House with both Stanford patients and tangata whaiora from Te Oranganui – completed December 2019. The reconfigured NGO alcohol and other drug service there is now a 1.0 FTE AoD person working across the top of the rohe for Raetihi, Ohakune, Taihape and Waiouru This is a new space to work in but position taken from current AOD FTE – working well consistent referrals from Probation (Taumarunui cover) and iwi rural providers The demand in urban Whanganui needs monitoring closely

<p>To support engagement and equitable access for service users/tangata whaiora to the new regional intensive AOD services, local kaupapa NGO alcohol and other drug services have been reconfigured to include an AOD day treatment and prevention programme, community support with accommodation (including step-up and step-down from regional AOD services) and kaupapa AOD resource. This service in turn is to work in partnership with the network model of care, bridging from primary to secondary Mental Health and Addiction Services.</p>	<p>Met: A collaborative group held the inaugural Conversation Café last week – a joint effort by the Mental Health & Addiction Service, Balance, Te Oranganui Trust & Mental Health & Wellbeing Support to “hear the voices of the community and people with lived experience of mental health and addiction services and their whanau” in line with He Ara Oranga. WDHb has an AOD clinician on the reference group for Salvation Army Bridge Programme and through C&CDHB as the contract holder for this programme local DHBs have been updated on performance including access, ethnicity, completion rates etc.</p>
<p>Continue with the implementation of the specialist adult mental health and addiction network model of care (hubs link all general practice teams and includes kaupapa Māori NGO partners). The model supports integration of mental health and addiction, as well as mental health and addiction with physical health care, including transition across the continuum of care.</p>	<p>Met: CMHAS is aligning process and practices with the Network Model of Care, in particular the single point of entry (SPOE). SMOs clinics at GP practices, (start dates) and available for ph consults. Transition Nurse employed by CMHAS until September 2020. Ongoing: embed SMO clinics, shared MDTs, consultation & liaison into the 3 largest practices in Whanganui: Gonville Health Centre complete, Aramoho and Te Oranganui GP Practice by April 2020.</p>
<p>Maternal mental health services</p>	
<p>Ti Rakau (rural hub) have a large percentage of women of Pacifica ethnicity. To increase staff knowledge the mental health and addictions service will ensure all staff, particularly rural clinicians, have access to Pacifica training via Le Va.</p>	<p>Met: Over last 5 years a large group of Pacifica people have relocated to Marton for work. Reported they are engaged with primary care; minimal contact with MHAS to date. Access to training to be planned.</p>
<p>Collect ethnicity data.</p>	<p>Met: No changes, ongoing</p>
<p>Strengthen engagement with the regional MMH team for ongoing training opportunities e.g. via Perinatal Anxiety and Depression Aotearoa (PADA).</p>	<p>Met: Hosted PADA in October 2019, and invite to regular workshops and video conferencing with regional team. MMH part of the Primary Care Nurse Credentialling training programme</p>
<p>Pathway for MMH between primary and secondary services. Schedule MMH presentation for Whanganui Inter-Professional Education (WIPE) forum to increase awareness and integration between primary and secondary services.</p>	<p>Met: MMH clinician relocated to the ICAMHA Service (now renamed “MICAMHAS” – Maternal Infant Child Adolescent MH & Addiction Service)</p>
<p>Report on activities that support the integration across primary, specialist and community, in particular, regular attendance at the Te Rerenga Tahī (Maternal Care and Wellbeing Group).</p>	<p>Met: MMH clinician attends regular weekly meetings. Current planning for interface between MICAMHAS & CMHAS</p>
<p>Population mental health</p>	

Develop a district-wide suicide prevention and post-vention strategy and action plan, through a partnership approach that ensures an integrated cross-agency and community response to suicide in the Whanganui DHB district. Healthy Families Whanganui Rangitikei Ruapehu will be providing governance (includes Whanganui DHB).	Met: Good progress has been made with the development of a draft strategic framework in December 2019 which is seen as an enabling framework with increased whānau wellbeing at the centre of its intention. The next step is for the draft framework to be presented for feedback and to formulate time frames and outputs for the action plan
Implementation of a single point of coordination for urgent and community mental health services (adult) within a strengthened intake team aligned to the Network Model of Care (person centred, integrated, seamless, stepped care, outcome focused, evidence based and adaptable).	Met: Implemented September 2019 the enhanced specialist service for non-urgent Triage Intake team includes Te Oranganui Trust, MH & Wellbeing Support and Balance.
Implementation of new triage and urgent crisis assessment processes.	Met: The new triage position for CMHAS manages, screens and reviews all non-urgent referrals, with the Triage Intake team. The referrals are screened and discussed at the daily triage meeting & Friday Triage meeting including a Psychiatrist. Plan to include COPMIA clinician in Friday Triage Meeting. The project for Crisis Assessment processes has developed manuals for f2f & phone guidelines which include evidenced based screening tools.
Review of Mental Health and Addiction NASC model.	Not met: A review of NASC services including MH & A is planned. The person identified to undertake the review is unable to and an alternative option is being considered.
Mental health and addictions improvement activities	
Reducing the use of seclusion; plus use of restraint reduction tools, for example training in the use of Broset Violence Checklist, sensory modulation, trauma-informed care.	Met: BVC – plan to audit and refresh. Sensory Mod – to trial HQSC Maori Sensory Mod kits. Joint initiative with Te Oranganui
Develop structured seclusion and restraint debriefing: Includes analysis of all incidents to ensure use of best practice including utilisation of peer support for debriefing service users/tangata whaiora.2	Not met: Seclusion demographic data to be audited for 2019 and ongoing
Continue with the evaluation and improvement work to review and establish best practice guidelines for debriefing for staff, service users/tangata whaiora and whānau.	Met: Ongoing - DHB wide project team developing guidelines
Deliver formal and targeted seclusion reduction training: Driven by the implementation of SPEC; and Broset Violence Checklist training and associated interventions.	Met: SPEC training is ongoing
Developing a focused, proactive community intervention for service users who have a past history of seclusion to support these service users better in the community.	Met: Current project to understand tangata whaiora who are on Section 29, and particular focus on Maori
Continue to record and analyse extensive demographic information about individuals secluded: Ensuring all staff are familiar with the	Not met: Seclusion demographic data to be audited for 2019 and ongoing


data and associated trends including community and medical staff.	
Improved integration and collaboration between other health and social services for co-existing problems, for example closer collaboration with Corrections, probation and iwi provider services to improve access to Mental Health and Addiction Services resources and interventions.	Met: Collaboration with MHAS, Police, MSD – meth project (looking at Te Ara Oranga) Northland DHB project. Meeting 4.2.19 to understand what Northland have done – for Sen Leadership Group (FLOW – family violence leadership group/ integrated with community family harm). Community driven - EQUITY
Deliberate focus and actions on building the MH&A workforce capability across the transitions of care. This includes specialist, NGOs and iwi partners, and general practice.2	Met: Primary Care Nurse Credentialling training programme. 2018 & 2019 completed. 2020 programme announcement/invite sent to all primary care practices, and invite extended to Manawatu primary care.
Describing all aspects and functions of stepped care.	Met: Integrated and ongoing work to describe stepped care model, including NGO involvement
Mapping patient flow.	Met: Patient flow to be mapped from TA to CMHAS as part of the HQSC Connecting Care national project
Development of single point of entry.	Met: SPOE commenced September 2019, and to be reviewed March 2020.
Regular review of network model of care with reporting to ensure positive outcomes and sustained service quality improvement.	Met: Plan to audit sustainability & spread – Outcome measures Conversation Café, based on the World Café model - A integrated approach by the MH&S, Balance, Te Oranganui Trust & Mental Health & Wellbeing Support to “hear the voices of the community and people with lived experience of mental health and addiction services and their whanau” in line with He Ara Oranga, with a co-production philosophy.
Partnering with colleagues in physical health and the NGO kaupapa Māori to develop a local inpatient alcohol detoxification service and step-up and step-down placements linked to regional acute intervention services.	Met: Current project to plan the referral pathway for inpatient alcohol detoxification
Population mental health	
Continue with the implementation of the specialist adult mental health and addiction network model of care (hubs link all general practice teams to secondary teams and includes kaupapa Māori NGO partners). The model supports integration of MH&As with physical health care, including transition across the continuum of care. Includes coordination of community resources to improve equity for Māori, Pacific and all service users/tangata whaiora regarding their overall wellbeing.	Met: Dedicated training in the Primary Care Nurse Credentialling training, which includes: - Understand MMH issues - Recognise and screen MMH presentations. - Knowledge of support resources available - Ability to intervene with MMH presentations. Plan to have the VIP education in the DHB to include ACES, MMH (PADA) education out to primary care workforce, midwives, etc. Plan for SMO & clinicians

--	--	--

Improving wellbeing through prevention 19/20

Breast screening		
- Local communities through Māori health providers and primary care/outreach service to identify local women for poster advertising of mobile service visits		Working with the community to identify local women willing to participate
- Māori health providers located across the region support women to screening including offering transport, information and support		Maori Health Providers continue to provide support, information, transport, childcare and awahi women to screening
- Outreach service and Māori providers liaise with BSCC to ensure scheduled mobile unit visits in Taihape and Ohakune are well attended		The scheduled mobile service visits in October & November were well supported by Maori Health Providers and the Outreach team who worked collaboratively with BSCC to maximise unit visits in the rural areas.
Cervical screening		
Develop simple, clear localised screening messages and information appropriate for Māori, Pacific and Asian women through the combined communications network. A review of current client resources will be undertaken including engagement with women and key stakeholders.		A localised flyer has been developed and is currently being trialled for feedback
Further develop the integrated approach between specialist services, and the outreach team to identify and engage Māori women to colposcopy and cervical screening. Activity will include enhancing relationships between services, sharing wahine stories to inform service improvement and expanding smear taker training to include an improved understanding of the colposcopy pathway and how to improve attendance.		Collaboration between Outreach and Coloposcopy Services continues to ensure Maori women are appropriately supported to access services
Undertake regular stakeholder hui to ensure a collaborative approach that includes review of progress against the action plan.		Initial stakeholder hui undertaken in Oct-19 with quarterly hui to be undertaken in 19-20
Smokefree 2025		
Introduce motivational interviewing training in priority areas including maternity settings.		Motivational interview training Takitaki Mai undertaken Oct-19

Undertake external evaluation to inform development of a framework/model underpinned by the Whānau Ora concept to shift focus from smoking cessation to providing a person-centred pathway to smokefree and including a shift from cessation focus to addressing barriers to quit.	HEAT assessment workshops have been undertaken with key stakeholders to inform the development and support identification of an appropriate model. The complexity of working through the HEAT tool has required multiple workshops to be undertaken.
Drinking water	
Whanganui DHB Public Health Service will meet regularly with the Drinking Water Technical Advice Service from MidCentral DHB's PHU to understand and support drinking water activities in the environmental health exemplar and activities with focus on improving drinking water quality in Māori and isolated communities.	Meeting with WDHB Acting Health Promotion Manager and MDHB Drinking Water Technical Advice Service – 24 th October in Palmerston North <ul style="list-style-type: none"> On Track, Outcomes and progress report to follow
Healthy food and drink	
Development of Whanganui DHB Healthy food and Drink policy alongside review of food environment for alignment.	Priority area 2: Supporting education settings to improve Māori health outcomes, promote and model healthy food and drink environments. On Track, Outcomes and progress report to follow
Work towards all providers/others that contract to the Whanganui DHB who supply food or drink having a healthy food and drink clause in their contract.	On Track
Undertake a stocktake to identify and report on number of early learning settings, primary, intermediate and secondary schools that have a current:	On Track
Cross-sectoral collaboration	
Age Friendly Whanganui An initiative led by Whanganui District Council to gain age-friendly status for Whanganui city. □DHB actions quantified.	Meet: Progress continues with the WDC finalising the 'Whanganui Age Friendly Plan' in August 2019. The plan was also endorsed by the districts Positive Aging Forum. The plan is now on the council website. WDHB has worked in collaboration with council to achieve this.
Te Puni Kōkiri Clarify level of support being provided through Whānau Ora to the WDHB district and ensure DHB involvement continues to empower whānau. Ruapehu Whānau Transformation: Continue to engage with and provide support to community development initiatives as required by the Raetihi-Ohakune-Waiouru collaboration.	On Track

 WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i>		Discussion Paper
		Item No. 3.3
Title	National Bowel Screening Programme	
Author	Ben McMenamin	
Endorsed by	Paul Malan, General Manager, Strategy Commissioning and Population Health	
<p>Recommendations</p> <p>Management recommend that the Combined Statutory Advisory Committee:</p> <ol style="list-style-type: none"> a. Receive the paper titled “National Bowel Screening Programme” b. Note 2,673 people in Whanganui DHB have been sent test kits. c. Note of the total kits distributed, 73% were distributed to Maori d. Note A bowel screening equity working group, consisting of kaimahi from all five kaupapa Māori health services has been established 		

1 Purpose

To provide Committee with an overview of the National Bowel Screening Programme which commenced in Whanganui DHB in October 2019.

2. Background

The National Bowel Screening Programme is now available to men and women aged 60 to 74 years who reside in the Whanganui DHB region. People in this age range who are eligible for publicly funded health care are automatically enrolled in the programme. The programme aims to save lives by finding bowel cancer at an early stage when it can often be successfully treated. Eligible participants are sent an invitation letter, a consent form and a free bowel screening test kit in the mail. The screening test is quick, clean and can be done at home.

Participation

Data from the National Bowel Screening Register shows that since commencement of the programme in October 2019, a total of 2,673 people in the Whanganui DHB region have been sent test kits. Of those who have been sent kits:

- 1,137 people have had a negative result, meaning no further investigation is required at this time and they will be invited to participate again in two years' time if still eligible
- 68 people have had a positive test result and have been referred to Whanganui DHB for further investigation, which in most cases will be a colonoscopy (*Note: A positive test result does not necessarily mean that bowel cancer is present, however it does mean that further investigation to determine the cause of the result is required*)

- 1,436 people have not yet completed their test kits, or are awaiting test results.
- 28 people who have been referred for further investigation have since had a bowel screening colonoscopy performed
- 2 people have been identified as having bowel cancer following bowel screening colonoscopy and have been referred for treatment
- 11 people have been identified as being at a higher risk of developing bowel cancer following bowel screening colonoscopy and have been referred for follow-up surveillance colonoscopy, to be performed in 1, 3 or 5 years
- Due to the fact that people can return test kits for up to six months after being received, accurate participation rates are not able to be calculated at this time. However, volumes of completed tests and positive tests are similar to those of other DHBs in the first four months of their screening programme

A breakdown of current screening status by ethnicity is shown below:

Screening Status	Māori	Pacific	Asian	Other	Total
Positive Result	21	0	1	46	68
Negative Result	256	21	12	848	1137
Spoilt Kit	11	2	0	19	32
Not Yet Completed	414	31	23	968	1436
Grand Total	702	54	36	1881	2673

Health Promotion

A bowel screening health promotion officer has been recruited and commenced work at Whanganui DHB in January 2020. The health promotion officer will lead promotion of bowel screening in the region, with a particular focus on engaging priority population groups (Māori, Pacific Island and people living in high deprivation areas).

Information from the Whanganui DHB bowel screening communication and engagement plan that outlines initiatives and activities undertaken to promote bowel screening locally has been provided as an appendix to this document.

Equity


The achievement of equity for people of Māori and Pacific Island ethnicity is a priority for bowel screening at Whanganui DHB. The following local initiatives have been implemented to support equity for these populations:

- WDHB CE Russell Simpson has sent a letter to the National Bowel Screening Programme Director, Stephanie Chapman, seeking approval to extend the bowel screening age range in the Whanganui DHB region to include people of Māori and Pacific Island ethnicity who are aged 50-59 years, from May 2020.
- A proposal to include patients enrolled in Te Oranganui Medical Centre in Waverley (located in the Taranaki DHB region) in Whanganui DHB's eligible bowel screening population has been approved by the Ministry of Health. Inclusion of this population will be delayed by at least six months, as it is dependent on successful development and implementation of a new IT system that will be used to manage the National Bowel Screening Programme ("National Screening Solution" or NSS)
- A proposal to actively invite people in the eligible age range that are currently located in Whanganui Prison, regardless of priority status, has been approved by the Ministry of Health. The bowel screening project manager is working with the prison health centre team to coordinate this process

- A bowel screening equity working group, consisting of kaimahi from all five kaupapa Māori health services, Whanganui Regional Health Network, Whanganui Cancer Society and WDHB health promotion team has been established. The group meets regularly to discuss operational strategy for promoting bowel screening, engaging Māori and Pacific Island populations in the programme and coordinating outreach services
- Local General Practice teams are being encouraged to submit requests for bowel screening kits for all Māori and Pacific Island patients, when they present for appointments. Requests for test kits can be submitted electronically via the practice's "Patient Dashboard" system in their Patient Management System. Since commencement of the programme, 469 requests have been submitted from General Practice Teams. 218 patients have since completed and returned their test kits, 192 of whom were of Māori ethnicity and 14 of whom were of Pacific Island ethnicity

Outreach

National and local outreach services have been implemented to increase participation in bowel screening, with a particular focus on priority population groups. The National Coordination Centre (NCC) for bowel screening send a reminder letter to all participants who have not returned a FIT kit within four weeks of being invited. Participants in the priority population group who do not return a FIT kit after another two weeks are added to an "active follow-up" list, after which NCC make three attempts to contact them via phone call and text message. Participants who do not return a FIT kit within another four weeks are forwarded to the Whanganui DHB, for local outreach follow-up. Local outreach services are provided by the five kaupapa Māori Health Providers in the region and the Whanganui Regional Health Network Manaaki Te Whānau Outreach Team. Participants who do not respond to local outreach within five months are placed back on recall, to be invited to participate again in two years' time.

 <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p>		Discussion Paper
		Item 3.4
Author	Barbara Charuk, Portfolio Manager, Strategy, Commissioning and Population Health	
Endorsed by	Paul Malan, General Manager, Strategy, Commissioning and Population Health	
Subject	Pregnancy and Parenting Service (PPS)	
<p>Recommendations</p> <p>Management recommend that the Combined Statutory Advisory Committee:</p> <ol style="list-style-type: none"> a. Receive the paper entitled Pregnancy and Parenting Service b. Note implementation plan 		

1 Purpose

This paper provides a summary of the proposed new service and plans for implementation.

1.1 Background

A key finding from the Social Sector Investment Change Programme, 2015, was that “the period of maternity and to age three is of crucial importance for child development and wellbeing”.

It noted that parents/caregivers with drug and alcohol issues are vulnerable and may have difficulty providing safe and nurturing environments for their children. Parental drug and alcohol use is a recognised contributor to child abuse and neglect and can lead to situations where children may require care and protection by the state.

Also noted in the report:

- The majority of current support services in New Zealand are directed at children aged three year and up
- Most services provided are universal and not provided to meet the many and varied needs of complex individuals and families
- The importance of viewing the family as a ‘unit’

The Pregnancy and Parenting service model originated at Waitemata DHB in 2006. The model was evaluated and the MoH has subsequently rolled it out to other DHBs (Northland, Hawkes Bay and Tairāwhiti) with vulnerable populations. The 2019 budget round saw the continued expansion to Eastern Bay of Plenty and Whanganui.

DHBs were selected by use of data from the Integrated Data Infrastructure (IDI) for children with two or more of the following risk factors:

- Long term benefit receipt
- Oranga Tamariki findings of abuse or neglect
- Mothers with low educational attainment
- Caregivers with Corrections history
- The IDI data indicated Ruapehu as an area of high need within our DHB boundaries in the first instance

1.2 The Pregnancy and Parenting Service model

The PPS is an intensive outreach service model that targets parents of children under three years old and pregnant women who are experiencing problems with alcohol and other drugs and who are poorly connected to health and social services. The service aims to reduce harm and improve wellbeing of children by addressing the needs of the parents whilst working to strengthen the family environment. In addition, the service will deliver care with a skilled professional workforce, supported by leadership, ensure multiple access entry points, is well integrated through partnership models across multiple agencies and health sector groups.

While the service components are determined contractually, each DHB has developed their service according to their unique environments and relationships. For instance, the Waitemata service sits within their DHBs Community Alcohol and Drugs Service (CADS), Northland operate a DHB based hub and spoke model from community mental health, Hawkes Bay is a DHB based service with developing alliances with Maori Health providers and, Tairāwhiti offers a kaupapa Maori service that is now provided by Hauora Tairāwhiti.

1.3 Whanganui DHB approach

Our submission to the MoH indicated that given our population's needs, the most effective approach for our whānau and community would be to develop a kaupapa Maori service, led by Iwi health organisations. This approach has been endorsed and supported by Hauora a Iwi. The Maori Health Outcomes Advisory Group have indicated their full support to partner with the WDHB to develop a kaupapa Maori PPS through community consultation.


It is envisioned that the service will roll out in three stages once consultation has occurred and our local model developed. We intend to concentrate our efforts in the areas of highest need first which is Ruapehu, followed by Whanganui urban and Rangitikei. We are committed to ensuring that the service is designed to be delivered in a way that:

- addresses the uniqueness of each priority populations
- is based on kaupapa Maori principles and values
- ensures multiple access entry points into the service
- ensures that the service is well integrated through partnership models across multiple agencies and health sector groups
- delivered by a skilled, well supported workforce who are able to walk in both te Ao Maori and te Ao Pakeha worlds.

1.4 Timeline

The contract with the MoH has commenced and expires June 2023, with a view that once embedded, the service would become BAU. The contract includes a lead in time, with one off funding for project management, infrastructure support to develop and implement the service. It is expected that once implemented, that the service will see 100 women/families per year.

- March 2020- Project manager employed
- April 2020- community consultation commences (will be on-going as the service is implemented in the areas)
- May 2020- Project plan completed
- July 2020- Tranche 1 implementation
- December 2020- Tranche 2 implementation
- February 2021- Tranche 3 implementation

 <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p>		Information Paper
		Item No. 4.1
Author	Andrea Bunn, Portfolio Manager, Strategy Commissioning and Population Health	
Endorsed by	Paul Malan, GM Strategy Commissioning and Population Health	
Subject	Funded Family Care Changes	
Synopsis	<p>All DHBs were required to implement a policy on Paid Family care in 2014. Pending repeal of Part 4a of the Public Health and Disability Act (2000) in 2020, all DHBs have agreed to adopt a nationally consistent policy and to use consistent key messages for implementing the necessary changes.</p> <p>A national working group has been established to develop a policy for DHBs that includes the changes that the legislation requires and describes the circumstances in which DHBs will fund an eligible family member for providing home and community support services that is additional to natural supports provided by family members.</p> <p>DHBs are not expecting the changes to have a material impact on budgets as the usual processes for assessment and support allocation remain the same.</p>	
<p>Recommendations</p> <p>Management recommend that the Combined Statutory Advisory Committee:</p> <ol style="list-style-type: none"> 1. Receive the paper titled Funded Family Care Changes 2. Note changes to funded family care to be implemented, including eligibility of partners and spouses, and age reduction from 18 to 16 years. 		

1. Purpose

The purpose of this paper is to provide the committee with information on the changes that are occurring to Funded Family Care (previously known as Paid Family Care), which has been in place since 2014. Changes are to be implemented by June 2020.

Paid Family Care was subject to some exclusions related to Part 4a of the Public Health And Disability Act (2000) and that part is being repealed.

The Funded Family Care policy specifies the circumstances in which the DHB will fund a family member for providing home and community support services.

Funded Family Care applies to people needs-assessed as eligible to receive support services through the following funding streams:

- Health of Older People
- Long Term Conditions – Chronic Health Conditions
- Mental Health and Addictions

Funded Family Care arrangements are managed by home and community support providers who employ an eligible family member to deliver the allocated services to the person needing support. These are particularly for people with high and very high support needs.

2. Overview of the Changes

DHBs policy will have a name change from 'Paid Family Care Policy' to 'Funded Family Care Policy' Eligibility to be a funded family carer is being extended to now include partners and spouses and parents of children under the age of eighteen.

The minimum age of carers is reducing to sixteen years from eighteen years.

3. Current Situation

The DHB's experience to date, and in line with expectations, is that funded family care meets the needs of Māori and other cultures and often addresses the challenges of rurality.

In September 2019, home and community support provider, Te Oranganui, had 12 funded family carers providing a total of 152 hours of personal care per week in contrast to 1 funded family carer across all other providers.

4. Impact

Regardless of the funding stream, the changes are not expected to have an impact on budget provision for home and community support services because the criteria remains the same. However, it is anticipated that as Ministry of Health funded disability support services (DSS) progress to more of an individualised funding (IF) approach with their clients, DHBs including Whanganui who do not have an IF mechanism, will need to consider how this can be addressed.

When IF is used, the client (or their agent) becomes the employer and may choose to employ a family member. The new national DHB Funded Family Care Policy will include reference to IF and the future impact of this development will need further consideration and assessment.

6 Exclusion of public

Recommendation

That the public be excluded from the remainder of this meeting under clause 32, Schedule 3 of the New Zealand Public Health and Disability Act 2000 on the grounds that the conduct of the following agenda items in public would be likely to result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

Agenda item	Reason	OIA reference
Combined Statutory Advisory Committee minutes of the meeting held on 22 November 2019 (public-excluded session)	For the reasons set out in the committee's agenda of 22 November 2019	As per the committee's agenda of 22 November 2019
Annual Plan 2020/2021 update	To enable the Combined Statutory Advisory Committee of the Whanganui District Health Board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations).	Section 9(2)(i) and 9(2)(j)
Financial Results Summary – Hospital and Clinical Services	To enable the Combined Statutory Advisory Committee of the Whanganui District Health Board to carry out, the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty; or enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities; or enable a Minister of the Crown or any department or organisation holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations);	Section 9.2.G(i) and 9(2)(i) and 9(2)(j)

Persons permitted to remain during the public excluded session

That the following person(s) may be permitted to remain after the public has been excluded because the committee considers that they have knowledge that will help it. The knowledge is possessed by the following persons and relevance of that knowledge to the matters to be discussed follows.

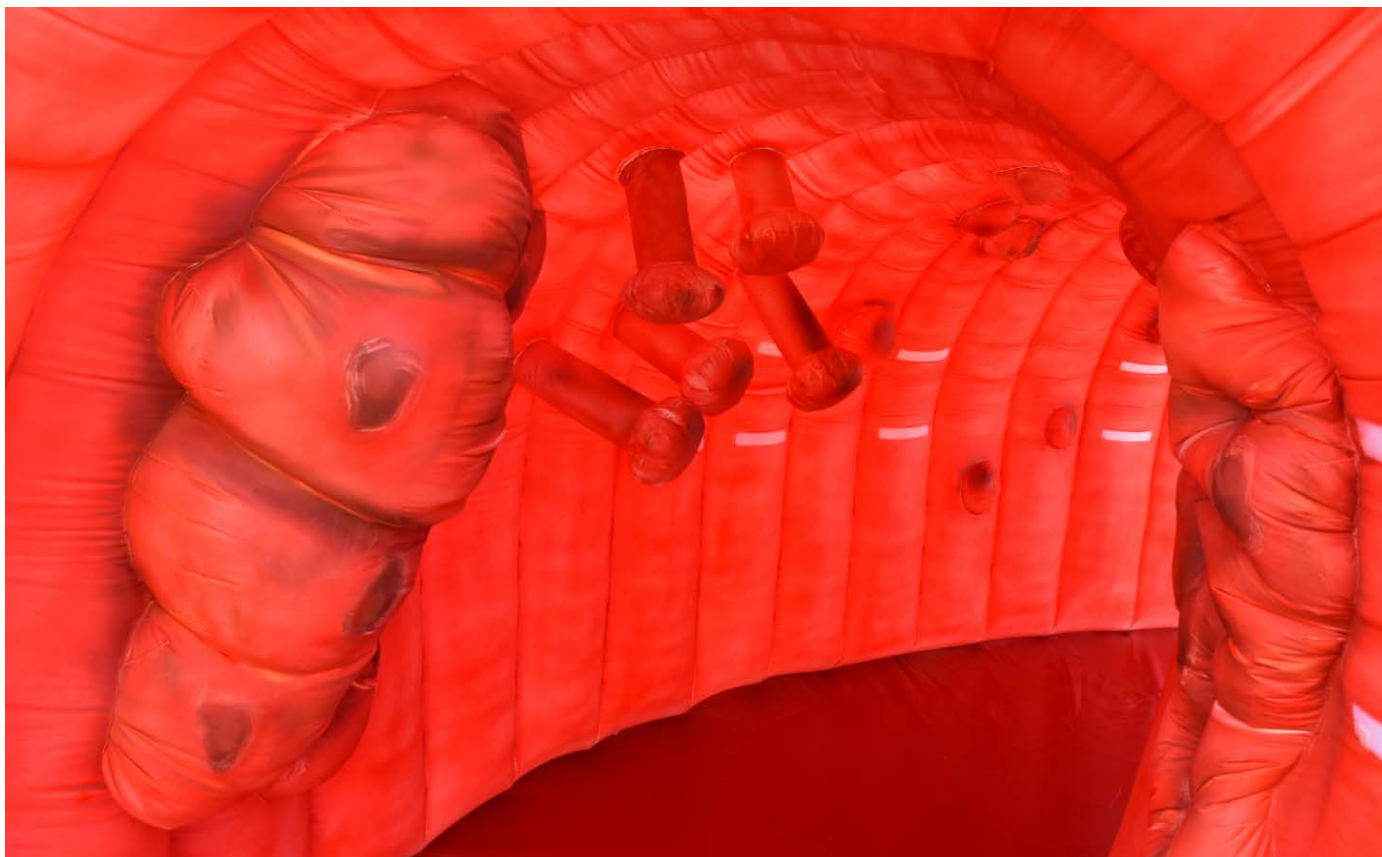
Person(s)	Knowledge possessed	Relevance to discussion
Chief executive and senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Committee secretary or executive assistant	Minute taking	Recording minutes of committee meetings

Appendix 3.3.1 Bowel Screening Media Campaign

Local Whanganui DHB Region Bowel Screening Campaign

Inflatable Bowel

An inflatable bowel has been purchased for the bowel screening project team to use to promote NBSP and bowel cancer awareness. The inflatable bowel has a range of polyps and cancers on the inside that spectators can view as they walk through it. This resource has proven to be an extremely valuable tool for catching people's attention and visually illustrating how bowel cancer develops.



Flags and Banners

Two flags and banners with NBSP branding and information have been purchased for the project team to use at promotional events.



T-shirts

Whanganui DHB has purchased t-shirts with NBSP branding and information on them, for the project team to use at promotional events.



Primary Care Information Packs

The project manager has created primary care information packs, which have been distributed to all GPs and practice nurses in the Whanganui DHB region. The packs include:

- NBSP Quick Reference Guide for Primary Health Teams
- NBSP Primary Care FAQ sheet
- NBSP Quick Guide brochures for distribution to patients
- Local referral process guide and information on how to submit electronic test kit requests to NCC
- An example bowel screening kit
- A National Bowel Screening Programme pen



Billboards

Whanganui DHB has designed the following two images, for use on billboards outside Whanganui Hospital in throughout the region. The first image utilises stock images and graphics that are available nationally. The second image features Whanganui DHB Haumona Ned Tapa with three generations of his whānau.



FREE
BOWEL CANCER
SCREENING
now in Whanganui!

60-74 year olds will get a test kit in the mail over the next two years around their birthday.

Make sure your doctor has your correct address so you don't miss out.

Time to screen National Bowel Screening Programme



Be there for their future

**FREE
Bowel Cancer
Screening**
for 60-74 year olds

FIND OUT MORE:
www.timetoscreen.nz

FREE PHONE:
0800 924 432

**Time to
screen** National
Bowel
Screening
Programme

Bus Advertisement

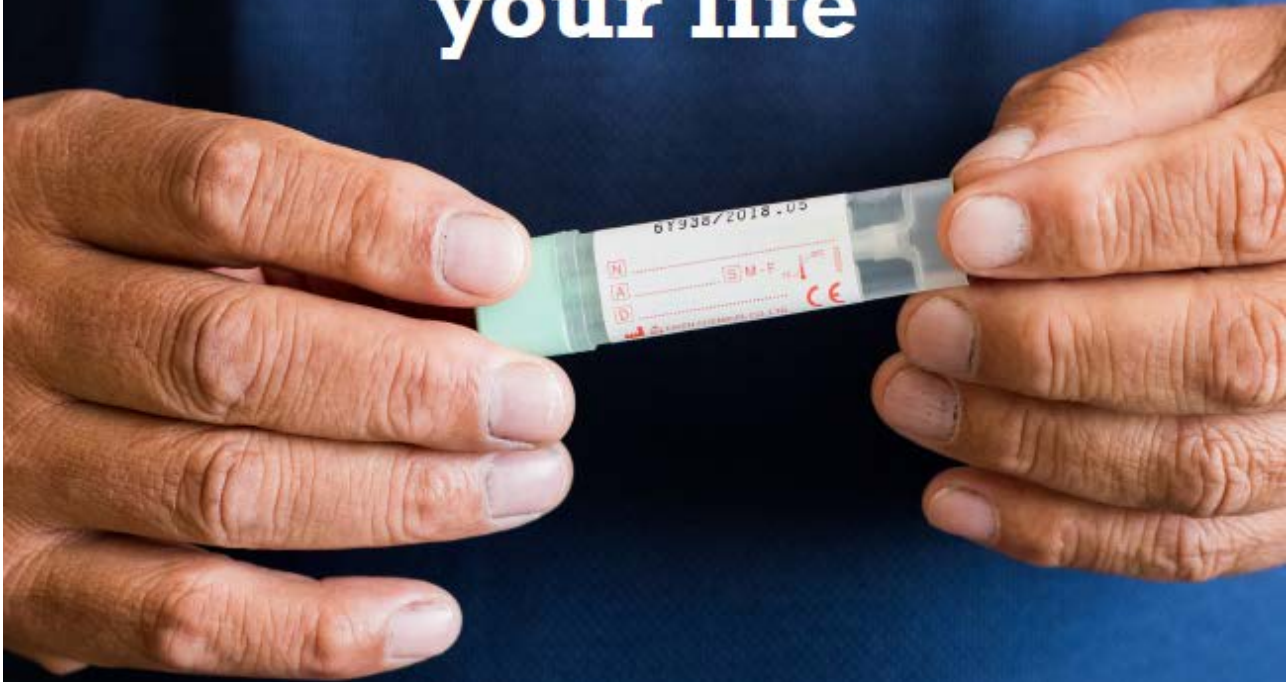
The image featuring Whanganui DHB Haumona Ned Tapa with three generations of his whānau has been applied to a local bus, that covers various routes in central Whanganui.



Newspaper Advertisements

Whanganui DHB has designed the following newspaper advertisement for use in local papers. The advertisement appeared in the Whanganui Chronicle, Rangitikei District Monitor, River City Press and Ruapehu Bulletin during launch week.

This simple test could save your life



The National Bowel Screening Programme launches in the Whanganui District Health Board region from 22 October.

The National Bowel Screening Programme provides free bowel cancer screening to people aged 60 to 74 years who are eligible for publicly funded health care.

People who are eligible will receive a test kit in the mail over the next two years around their birthday. The test helps find bowel cancer early. It is simple, clean and you can do it at home.

Make sure your doctor has your correct address so you don't miss out.

TO FIND OUT MORE GO TO www.timetoscreen.nz

Free phone **0800 924 432**
or talk to your doctor



New Zealand Government



Radio Advertising

Whanganui DHB developed a radio advertisement based on National Bowel Screening Programme key messages that was played on local radio station MoreFM for a week following the launch of bowel screening. The script for the advertisement is as follows:

"One simple test could save your life. The National Bowel screening programme is now underway in the Whanganui District Health Board region. The programme provides free bowel cancer screening to people aged 60 to 74 years who are eligible for publicly funded health care. If you are eligible you'll receive a test kit in the mail around your birthday over the next two years. It's simple, clean and you can do it at home. The test helps find bowel cancer early and it could save your life. To find out more visit timetoscreen.co.nz, phone 0800 924 432 or talk to your doctor."

Newspaper Articles

Whanganui DHB has used local newspapers to promote the National Bowel Screening Programme in the community. The following article appeared in the Whanganui Chronical on 31st July 2019.

Screening programme will save lives in Whanganui

Lucy Drake

The free National Bowel Screening Programme will be in Whanganui by the end of the year.

The launch of the national programme follows a successful six-year pilot run by the Waitemata District Health Board. It will offer free screening to men and women aged 60 to 74 who are eligible for publicly funded healthcare.

Whanganui District Health Board said it anticipated 25 cases of bowel cancer will be identified in the first two years of the screening programme and that many of these will be in the early stages.

It is estimated that for every 1000 people screened, 50 will be positive and 500 to 700 cancers can be expected to be detected every year once the programme is fully rolled out in June 2021.

When fully implemented more than 700,000 people nationwide will be invited to take part in the programme every two years.

Bowel cancer is more common in men than women and for those aged over 60.

The Ministry of Health said a screening every two years can help save lives by detecting the cancer early. It can often be successfully treated.

Eight district health boards currently offer the programme with Hutt

Valley and Wairarapa the first to jump on board in 2017.

On July 19, Whanganui District Health Board bowel screening project manager Ben McMenamain gave a presentation at Marton's Maori health provider Te Kotuku Hauora about the programme.

He spoke about the dangers of bowel cancer and the ways in which the risk could be minimised. He also gave a tour through a giant inflatable bowel during his presentation and stressed the need for exercise, having a healthy diet and being smokefree.

Bowel cancer is the second biggest cancer killer in New Zealand, with more than 1200 dying from it every year.



DHB bowel screening project manager Ben McMenamain.

Photo / Supplied

The following article appeared in the Whanganui Chronical on 19th October 2019.

Mayor supports enrolling in bowel screening initiative

Lucy Drake
lucy.drake@whanganuichronicle.co.nz

The wait is over as the National Bowel Screening Programme finally begins in Whanganui.

The programme will be launched on October 22 and Whanganui Mayor Hamish McDouall is delighted it has reached the River City.

McDouall has seen the effects of bowel cancer first-hand.

In his University of Otago days, McDouall remembers a friend — a fit and talented footballer who loved music — becoming unwell and experiencing pain, thinking it was because of an ulcer.

That “ulcer” turned out to be bowel cancer and his friend died.

The launch of the national programme follows the successful six-year pilot run by the Waitematā District Health Board.

It will offer free screening to men and women aged 60 to 74 who are eligible for publicly funded healthcare.

Whanganui District Health Board anticipates 25 cases of bowel cancer will be identified in the first two years of the screening programme and that many of these will be in the early stages.

McDouall has another connection to the programme. His best friend Matthew is the son of Susan Parry, the clinical director of the programme and gastroenterologist.

“I know Susan very well, and I know she has done some wonderful work and is very passionate about this programme. She is also extremely humble, but this is an amazing thing that will save lives.”

It is estimated of every 1000 people screened, 50 will be positive and 500 to 700 cancers can be expected to be detected every year once the programme is fully rolled out in June 2021.

When fully implemented, more than 700,000 people nationwide will be invited to take part in the programme every two years.

Bowel cancer is more common in men than women and in those aged over 60.

The Ministry of Health says screening

every two years can help save lives by finding bowel cancer early and it can often be successfully treated.

The free screening test is quick, clean and simple to do by yourself at home.

All those eligible will be sent an invitation letter, a consent form and a free bowel screening test kit through the mail within two years of the programme starting in Whanganui.

The test, which should be returned by post, can detect tiny traces of blood in a small sample of your bowel motion.

A positive test result does not necessarily mean cancer is present. It could be another minor condition but, if positive, it could mean further investigation is required, usually with a colonoscopy.

A negative result means no further investigation is needed but it is important to note the screening test detects blood in the bowel motion, and some cancers do not bleed all the time.

Bowel cancer may also start to develop between screening tests so regular screening is important. Participants will be invited for screening every two years while they are eligible.

McDouall encouraged everyone who receives a test kit in the post to participate.



Whanganui Mayor Hamish McDouall is advocating for the National Bowel Screening Programme that will be rolled out in Whanganui next week. PHOTO / SUPPLIED

The following article appeared in the Whanganui Chronical on 28th October 2019.

Māori focus for bowel screening

Staff Reporter

Whanganui District Health Board is aiming for the highest bowel screening rates for Māori across the country.

The national bowel screening programme began in Whanganui on October 22 and improving health outcomes for Māori will be a key focus locally.

Over the next two years around 12,000 people aged 60 to 74 from the Whanganui region will be invited to participate in bowel screening. It is expected that around 25 cases of bowel cancer will be found.

Whanganui District Health Board (DHB), which covers Whanganui, most of Rangitikei and Ruapehu, and parts of South Taranaki, is the ninth DHB to join the free screening programme, with Māori a target population.

Whanganui DHB's director of Māori health Rowena Kui said 1679 Māori in the DHB area were eligible for the programme and high screening rates were a priority.

"In order to achieve this, we have worked alongside the five kaupapa Māori health services across our district," Kui said.

"Our focus has been to raise awareness of bowel cancer and promote our screening programme to Māori in their communities; to engage them and their whānau in understanding and participating in the programme.

"We are committed to the screening programme and achieving the best outcome for our communities, and are hopeful we can achieve the highest screening participation rates for Māori in the country."

Whanganui's bowel screening project manager Ben McMenemy has made presentations at hui across the region, and has attended a series of events, using a giant inflatable bowel as a prop.

He acknowledged the support of iwi service providers Te

Oranganui (Whanganui), Mokai Patea Services (Taihape), Te Kotuku Hauora o Rangitikei (Marton), Ngati Rangī Community Health

Centre (Ohakune) and Te Puke Karanga Hauora (Raetihi) in helping to spread the message.

"Whanganui Cancer Society has also helped with promotion, consumer consultation and training people to use the inflatable bowel," McMenemy said.

Whanganui GP John McMenemy, the Ministry of Health's bowel screening lead for primary healthcare, was thrilled to see the programme launching in the Whanganui DHB region.

"There may be no warning that you have bowel cancer, so doing the bowel screening test is an easy way to identify that something might be wrong.

"I will be encouraging all patients in the 60-74 year age group to complete their kit when it arrives in the mail."

Screening every two years can save lives by helping find the cancer early when it can often be successfully treated. People who are diagnosed with early stage bowel cancer, and who receive treatment early, have a 90 per cent chance of long-term survival.



Project manager Ben McMenemy (centre) leads the cake-cutting team at the national bowel screening programme launch in Whanganui. Photo / Supplied

Bowel screening programme proves its worth

Lucy Drake
lucy.drake@

whanganuichronicle.co.nz

Five people have returned positive tests after being screened for bowel cancer just a month after the National Bowel Screening Programme began in Whanganui.

Whanganui DHB is the ninth DHB to join the free screening programme.

The programme is being offered to 12,000 people aged 60 to 74 who are eligible for publicly-funded healthcare in the wider Whanganui region over the next two years.

Up until November 19, 489 people had been invited to take part and sent a test kit.

Alongside the five positive tests, 50 had returned negative tests and 431 people were yet to mail their kits back.

Three "spoiled" tests needed to be redone. This may have been due to not having the correct label attached, the sample not reaching the laboratory within seven days or the consent form not being filled in properly.

The positive test results may not necessarily mean cancer is present but show how effective the screening is in detecting tiny traces of blood in a bowel motion.

Small amounts of blood can be caused by minor conditions such as polyps or haemorrhoids.

Those with a positive test will be scheduled for a colonoscopy and further treatment within 45 working days.

A negative result means no further investigation is needed, but the screening test only detects blood in the

bowel motion and some cancers do not bleed all the time.

The Whanganui DHB says participants should do the test

soon after they receive it and post it for testing soon after. They need to make sure the date the sample was collected is on the consent form and the yellow barcode sticker is attached to the sample tube.

People aged 60 to 74 in the Whanganui DHB region whose birthday is on an even-numbered date will receive their testing kit before October 21, 2020, and those who have an odd-numbered birthday will receive it from October 22, 2020, to October 21, 2021.

The Ministry of Health says screening every two years can help save lives by finding bowel cancer early.

It may also start to develop between tests, so regular screening is important and participants would be invited for screening every two years while they were eligible.

Bowel cancer is more common in men than women and for those aged over 60.

WHAT DO YOU THINK?

Email letters@whanganuichronicle.co.nz to have your say.



Mayor Hamish McDouall is a strong advocate for the National Bowel Screening Programme.

Photo / Supplied

Whanganui DHB has filmed a bowel screening promotional video featuring Whanganui Mayor Hamish McDouall and Whanganui DHB Haumona Ned Tapa. In the video the Mayor shares a story about a close friend who died of bowel cancer, and encourages people in the eligible age range to complete their test. The video has been shared on social media sites and is available on Whanganui DHB's website.



Whanganui DHB has developed a flyer that provides information about the invitation strategy for bowel screening. Flyers will be disseminated to General Practice team and Māori health providers, so that they can be provided to people who are interested. The flyer will also be made available on social media sites and Whanganui DHB's website.

The National Bowel Screening Programme is free for men and women of any ethnicity who are aged between 60 and 74. The programme saves lives through finding bowel cancer early, when it is easier to treat.

People living in the Whanganui District Health Board region who are eligible for publicly funded healthcare will be automatically enrolled in the programme.

Invitations to take part will be sent through the mail. During the first two years of the programme, when you receive your invitation will depend on your age and birthdate.

Your age	When will you get your invitation?
59	Around your 60th birthday, regardless of your birthdate.
60 to 73	Around your birthday: <ul style="list-style-type: none"> ▪ If you have an even birthdate (e.g. 2nd, 4th, 6th etc of the month) you will receive an invitation in year one (between 22 October 2019 and 21 October 2020). ▪ If you have an odd birthdate (e.g. 1st, 3rd, 5th etc of the month) you will receive an invitation in year two (between 22 October 2020 and 21 October 2021).
74	Shortly before your 75th birthday (if you have not already been invited to screen).

After people have had their initial screen, those eligible will be invited to screen again every two years until they reach 75 years of age.

For more information go to **timetoscreen.nz** or freephone **0800 924 432**.



National Bowel Screening Programme

FIND OUT MORE:
www.timetoscreen.nz

FREE PHONE:
0800 924 432

Whanganui DHB has a link to a bowel screening page available on our website. The page includes information about the programme, a video on how to do the bowel screening test, frequently asked questions and other links for more information.

Bowel screening



FREE Bowel Cancer Screening
for 60-74 year olds
Do it for their future

Over the next two years around 12,000 residents from the Whanganui region, aged 60 to 74, will be invited to participate in a bowel screening programme.

The programme aims to save lives by finding bowel cancer at an early stage where it can often be successfully treated.



People in the Whanganui region aged 60-74, who are eligible, will automatically be enrolled in the programme. Invitations to do the test, including instructions and a small tube for collecting a small sample of your bowel motion will be sent out within the next two years to about 6,000 people each year in the Whanganui region.

It is likely that 25 cases of bowel cancer will be detected from the screening programme in the first two years alone. People who are diagnosed with early stage bowel cancer, and who receive treatment early, have a 90% chance of long term survival. 1,200 New Zealanders die of bowel cancer yearly.

The free test is quick, clean and simple to do. You do it by yourself at home. Watch more in the video below or for more information visit the Ministry of Health website or call 0800 924 432.

How to do the National Bowel Screening Programme test



01:09 First, fill in the consent form vimeo



Kaumatuā and kuia being escorted through the inflatable bowel at Pakaitore Day event 28/02/19



Bowel Screening Equity Working Group Members at Relay for Life event 23/3/19



Bowel Screening Equity Working Group Members at Relay for Life event 23/3/19



Bowel Screening Equity Working Group Members at Relay for Life event 23/3/19



Bowel Screening team at Awa Relay event 06/04/19



NCC Manager Angela Johnson provides an overview of the pathway at Bowel Screening Education Day 02/05/19



Wairarapa DHB team members Fiona Cundy and Janeen Cross at Bowel Screening Education Day 02/05/19



Bowel screening equity working group members at Bowel Screening Education Day 02/05/19



Bowel screening equity working group members at Bowel Screening Education Day 02/05/19



WRHN Health Promoters at Rotary Club of Whanganui North Event 17/05/19



Project Manager Ben McMenemy is interviewed for Māori TV news following event in Marton 11/07/19



Bowel screening equity working group members at Family Start Whānau Day event 11/10/19

Terms of Reference

Combined Statutory Advisory Committee	
Applicable To: Whanganui District Health Board	Authorised By: Whanganui District Health Board
	Contact Person: Board Secretary

1. Committee of the board

The Combined Community and Public Health, Disability Support and Hospital Advisory Committee is a standing committee of the board, established in accordance with Section 34 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act and Schedule 4 of the Act.

2. Functions of the committee

- To provide advice to the board on the needs, and any factors that the committee believes may adversely affect the health status of the resident population of the district health board.
- To provide advice to the board on the disability support needs of the resident population of the district health board.
- To provide advice to the board on policy and priorities for use of the health and disability support funding provided.
- To ensure that all service interventions the district health board has provided or funded, or could provide or fund for the population, maximise the overall health and independence of the population whilst contributing to achieving equity of outcomes for all people.
- To promote, through its services and policies, the inclusion and participation in society, and maximise the independence of people with disabilities within the district health board's resident population.
- To advocate to external parties and organisations on the means by which their practices may be modified so as to assist those experiencing disability.
- To monitor and advise the board on the financial and operational performance of the hospital (and related services) of the district health board.
- To assess strategic issues relating to the provision of hospital services by or through the district health board.
- To recommend policies relative to the good governance of hospital services.
- To report regularly to the board on the committee's findings (generally the minutes of each meeting will be placed on the agenda of the next board meeting).

3. Delegated authority

The advisory committee shall not have any powers except as specifically delegated by the board from time to time. The following authorities are delegated to the Combined Statutory Committee.

- To require the chief executive officer and/or delegated staff to attend its meetings, provide advice, provide information and prepare reports upon request.
- To interface with any other committee(s) that may be formed from time to time.

4. Membership and procedure

Membership of the Committee shall be as directed by the board chairs (Whanganui DHB and Hauora A Iwi) from time to time. All matters of procedure are provided in Schedule 4 of the Act, together with board and committee Standing Orders.

Membership will consist of:

- Board appointments
 - The deputy chair of the board, who will be appointed to chair the committee
 - A minimum of five board members
- External (non-board member) appointments:
 - Up to two members of Hauora A Iwi board nominated by Hauora a Iwi board
 - At least three other members, nominated in consultation with Hauora a Iwi, and able to advise on matters relating to the DHB's functions and objectives.

5. Meetings

The Advisory Committee shall hold meetings as frequently as it considers necessary or upon the instruction of the board. It is anticipated that at least four meetings will be held annually, and that members will also attend any annual planning workshops.

Note

For the purposes of this document, the definitions of 'public health and disability support services' is incorporated in the Act, which means the health and disability support of all of the community in the district health board's region.

'Hospital' means all public health services owned by the Crown and previously known as 'Hospital and Health Services'.

Glossary and terms of reference *(for information and reference)*

ACE	Advanced Choice of Employment
AH	Allied Health
AOD	Alcohol and Other Drugs
AoG	All of Government
APEX	Association of Professional and Executive employees
APC	Annual Practising Certificate
ASD	Autism Spectrum Disorder
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
Capex	Capital expenditure
CAR	Corrective Action Request
CCU	Critical Care Unit
CMO	Chief Medical Officer
CPHAC/DSAC	Community Public Health/Disability Support Advisory Committee
CSA	Critical Systems Analysis
CSAC	Combined Statutory Advisory Committee
CTA	Clinical Training Agency
CWD	Case Weighted Discharge
DNA	Did Not Attend
DSS	Disability Support Services
ED	Emergency Department
EN	Enrolled Nurse
ESPI	Elective Services Performance Indicator
FMSS	Facilities Management and Support Services
FTE	Full Time Equivalent
GP	General Practitioner
HAC	Hospital Advisory Committee
HAI	Hauora a Iwi
HDC	Health and Disability Commission(er)
HPPPD	Hours Per Patient Per Day
HQPP	Hospital Quality and Productivity Programme
HQSC	Health Quality and Safety Commission
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
InterRAI	International Resident Assessment Instrument
LMC	Lead Maternity Carer
MBIE	Ministry of Business, Innovation and Employment
MERAS	Midwifery Employee Representation and Advisory Services
MERT	Medication Error Review Team
MHAHT	Mental Health Assessment Home Treatment
MoH	Ministry of Health
NASC	Needs Assessment Service Coordination Agency
NETP	Nurse Entry To Practice (Nursing)
NHC	National Hauora Coalition
NRT	Nicotine Replacement Therapy
NZHP	New Zealand Health Partnerships
NZNO	New Zealand Nurses Organisation
NZPHDA	New Zealand Public Health and Disability Act, 2000
NZRDA	New Zealand Resident Doctors' Association
OAG	Office of the Auditor-General
Opex	Operational expenditure
PACS	Picture Archive Communication System

PATHS	Providing Access To Health Solutions
PDRP	Professional Development and Recognition Programme (Nursing)
PPEAR	Post Project Event Audit Report
PRIMHD	Project for the Integration of Mental Health Data
RAC	Risk and Audit Committee
RCA	Root Cause Analysis
RIS	Radiology Information System
RFI	Request for Interest
RFP	Request for Proposal
RHIP	Regional Health Informatics Programme (<i>formerly CRISP</i>)
RIS	Radiology Information System
RMO	Resident Medical Officer
RN	Registered Nurse
RSP	Regional Service Plan
SAB	Staphylococcus aureus bacteraemia
SAR	Severity Assessment Rating
SCBU	Special Care Baby Unit
SLT	Speech Language Therapist
SWIS	Social Workers In Schools
TAS	Technical Advisory Services
TOIHA	Te Oranganui Iwi Health Authority
TOR	Terms of reference
VIP	Violence Intervention Prevention
WDHB	Whanganui District Health Board
webPAS	Web-based Patient Administration System
WRHN	Whanganui Regional Health Network