WHĀNAU HQ CLINICAL GOVERNANCE GROUP

9 December 2021

Venue: Bledisloe House, 24 Wellesley Street West, Level 9, Onetangi Meeting Room & Zoom @ 4.45pm

Members:	Maria Poynter	Greg Williams
Jonathan Christiansen (Co Chair)	Owen Sinclair	Harriet Pauga
Rawiri McKree Jansen (Co Chair)	Ruth Large	Kara Okesene-Gafa
Christine McIntosh	Sally Roberts	Kate Dowson
Allan Moffit	Tim Cutfield	Kim Arcus
Anthony Jordan	Willem Landman	Lara Hopley
Carmel Ellis	**As Required Attendees:**	Saleimoa Sami
Gabrielle Lord	Gary Jackson	Teuila Percival
Hinamaha Lutui	Gary McAuliffe	Vicky Tafau (Secretariat)

AGENDA (note not every item will be discussed at each meeting)

4.45pm	**1.**	**AGENDA ORDER AND TIMING (Welcome & Karakia)**	**Page No.**
	2.	**GOVERNANCE**	
4.50pm	2.1	Apologies (Attendance Schedule)	**002**
	2.2	Confirmation of the minutes from the previous meeting held on 2 December, 2021	**003**
	2.3	Action Items	**008**
	3.	**STANDING UPDATES**	
4.55pm	3.1	Patient Experience/Consumer Engagement/Complaints and Responses	
	3.1.1	Child Work Christine McIntosh (16 December)	
	3.2	Adverse events reporting, implementation of recommendations	
	3.3	Dashboard of key metrics tracking quality	
	3.3.1	Dashboard/Metrics for Whānau HQ (Hannah Njo)	
	3.4	External reporting: HQSC/HDC/Coronial/Other	
	3.5	NRHCC Update	
	4.	**PROVIDER UPDATES**	
5.10pm	4.1	Māori Providers Update/New Business (Rawiri McKree Jansen)	
	4.2	Pasifika Providers Update/New Business (16 December)	
	4.3	Other Community Providers Update/New Business	
	5.	**NEW CLINICAL GOVERNANCE BUSINESS**	
5.30pm	5.1	Policies/Procedures brought forward for Discussion/Endorsement	
	5.1.1	BCMS Acuity Score Translation for Whakarongorau Paper (Ruth Large)	**009**
	5.2	MOC Discussions	
	5.3	Questions/Advice sought from Steering Group or NRHCC Exec	
	5.4	Other	
5.40pm	**6.**	**OTHER BUSINESS**	

Next Meeting: 16 December, 2021 @ 4.45pm

MEMBER ATTENDANCE SCHEDULE 2021
WHĀNAU HOME QUARANTINE CLINICAL GOVERNANCE GROUP

Name	25 Nov	2 Dec	9 Dec	16 Dec	23 Dec
Jonathan Christiansen (Co-Chair)	✓	✓	Apologies		
Rawiri McKree Jansen (Co-Chair)	✓	✓			
Christine McIntosh	✓	✓			
Allan Moffit	✓	Apologies			
Carmel Ellis	✓	✓	Apologies		
Gabrielle Lord	✓	✓			
Hina Lutui	✓	✓			
Maria Poynter	✓	✓			
Owen Sinclair	✓	✓			
Ruth Large	✓	✓			
Saleimoa Sami	✓	-			
Sally Roberts	✓	✓			
Tim Cutfield	✓	✓			
Willem Landman	✓	✓			
Anthony Jordan		-			
Gary Jackson	✓	✓			
Gary McAuliffe	-	-			
Greg Williams	-	✓			
Harriet Pauga	-	✓			
Kara Okesene-Gafa	Apologies	Apologies			
Kate Dowson	✓	-			
Kim Arcus	✓	✓			
Lara Hopley	✓	✓			
Teuila Percival	-	✓			

MINUTES	
Meeting Title	**Whānau Home Quarantine Clinical Governance Group (WHQCGG)**
Date and Time	Thursday, 2 December 2021 @ 4.45pm
Venue	Zoom; Bledisloe House, 24 Wellesley St West, Level 9, Onetangi Meeting Room
MEMBERSHIP	
Attendees	Jonathan Christiansen, Rawiri McKree Jansen; Christine McIntosh; Carmel Ellis, Gabrielle Lord, Hina Lutui; Maria Poynter; Owen Sinclair; Ruth Large; Sally Roberts; Tim Cutfield; Willem Landman
Optional Attendees	Gary Jackson, Greg Williams; Harriet Pauga; Kim Arcus; Lara Hopley; Teuila Percival
Apologies	Allan Moffitt; Kara Okesene-Gafa

1. Welcome, Introductions & Karakia

The hui commenced at 1700 with a mihi from Rawiri and a karakia from Hina.
It was proposed that we have the same base agenda for each week, but not every item will be covered each week. Keep a structured approach to the agenda.

Owen, Teuila and Harriet were welcomed to the hui.

2. GOVERNANCE

2.1 Apologies

Apologies were received and accepted from Allan Moffitt and Kara Okesene-Gafa.

2.2 Confirmation of the Minutes

Confirmation of the minutes of the Whānau Home Quarantine Clinical Governance Group hui held on 2 December 2021.

Resolution Moved: Jonathan Christiansen/Seconded: Rawiri McKree Jansen

That the minutes of the Whānau Home Quarantine Clinical Governance Group hui held on 2 December 2021 be approved.

Carried

2.3 Action Items

Whānau Reassurance: Ruth/Maria will have this conversation before the meeting on 9 December.

25% of cases are children and there are some specific issues (kids with no caregiver). This piece of work is a priority and currently sitting with Pam Henry. Christine advised that she can report back on 9 December. There is also a child health case management pathway to be released.

3. STANDING UPDATES

3.2 Adverse Events Reporting, Implementation of Recommendations

3.2.1 Discuss the Review (sent out by Christine McIntosh on 28.11.2021)

The Review looks back at a certain point. Items highlighted in the review are no longer current. Changes have been implemented at pace. The Review tried to capture the journey of the challenges and the up-front assessment of the patient in all domains by clinicians and experienced staff. At that time the system was struggling but has now significantly improved.

The recommendations have all been, or are in the process of, being implemented. There are still some pieces to link together. Doing this at scale is the challenge.

The Review helped to highlight concerns that were already had. Implementing something that is more targeted to clinical risk, rather than one size fits all is good. Advances have been made acuity scores, but there are issues with implementation. Again, this is the challenge of working at a large scale. We have highlighted the challenges of information flow. Whakarongorau/Healthline have done a huge amount of work to increase the speed at which they work. Systems are not yet perfect and there are still gaps to overcome and work is actively being undertaken on these.

Whakarongorau are escalating care. There is a gap for community in who to escalate to, when hospital isn't required.

A new change is the CBG is now undertaking investigation for lower public health scored cases. Because they are new, there are new systems which need to link into WHQ. Very responsive to upskilling but need to note it's a new process to keep an eye on.

From a clinical governance and safety perspective it's the front end we want to see metrics and stories from. There is still some concern re the pathway from positive swab, to risk assessment. There might be some days in this process which is worrying. Clinical assessment within first 24hrs is the metric we're aiming for. BCMS has limited data. The challenges to visibility are currently being worked on.

The time of test to getting test result is also concerning. What is happening even before test result? Consider public messaging along the lines of: if had test, seek help if you're deteriorating and don't have a positive result yet.

Testing response is trying to keep to 24 hours but sometimes stretches to 36 hours. And then another 12 hours to release of notification. Once we have systems picking up whaanau it goes a lot better. It's the front end where a lot of the gaps still appear.

Useful metrics are from user perspective. The two points are testing to result and then result to clinical assessment time. Recognising the difficulties in the system.

Labs are under huge pressure and working very hard. If you are sick when you get tested, CGG push comms agenda increased awareness around what to do. Even more important in the near future when advanced therapeutics become available. Message should be; if you're sick, access care and don't wait for a positive test.

Metrics are there. Results go into ESR. Then to contact tracing. Generally, 24 hours from point to point to point. Shifting clinical assessment forward. Could do better comms.

It's the unknown cases or close community contacts that are the problem. Availability of transport is an issue too. While waiting for a result, you can't access ambulance service. Free ambulance only kicks in if positive result.

Elaborate prioritisation system at labs. Most highly suspected are prioritised. There are the odd ones that catch out the process.

How do we close the gap around the 'knowns' that are lost? Can be a 3 to 5-day delay in looking after whaanau. Sometimes the GP has the result but whaanau are still waiting for manaaki.

Pathway for GP referral to WHQ; all positive cases notified to Public Health. That is the mechanism for letting people know. Parallel process where GPs are getting the results. GPs can advise, but don't have a connected system so one will not know the other is potentially providing care.

Disconnected systems are what is currently causing issues. There are critical technical issues with connecting the system and these should be resolved shortly. Happy to have issues raised here so we can rectify.

We need a metric of time from positive result to maanaki for all those users who access maanaki.

4. NEW CLINICAL GOVERNANCE BUSINESS

4.1 Policies/Procedures brought forward for discussion/endorsement (Christine McIntosh)

4.1.1 Clinical Triage Scoring in NCTS by desktop clincal review

4.1.2 Draft Acuity Scoring in BCMS for Community-Supported Isolation & Quarantine (with NRHCC COVID-19 Request for Advice/Review)

We now have a parallel process in time with ARPHS, inserting into NCTS the clinical notes. This is the acuity score without systems. Allows nurses to pick up and tackle complex issues. Difficulty with translating that with the process at Whakarongorau. Ruth has a different view from what NRHCC had. Process of trying to work through process. Unvaccinated with co-morbidities are at the top of the priority list.

Help us to make changes alongside Whakarongorau around how often to make contact. Clinically concerning whaanau – clinicians can contact them. It's about tailoring the response.

Seeing maybe eight category 5's, category 3 and 4 and the 1's and 2's not eligible for vaccination. Some vaccinated people in there as well.

When do we escalate to a door knock and what do we base it on? Single household, will door knock same day if no response. Will significantly reduce door knocking activity and increase door knocking for single households. Still challenges of implementation.

Not a lot of evidence in the score. We must adopt a pragmatic score and watch it closely.

Fine to start with a logical point of view. Keep an eye on 1s and 2s to ensure they don't fall through gaps. Need to be data vigilant.

Have taken advice from overseas. Need to implement and then validate.

Christine looking for endorsement that is a good way forward. Have gained momentum from implementation but still with challenges. Would we expect M&P providers to use this acuity system? Or is this unnecessary for them?

There are going to be some key elements in metrics that all providers should be following and meeting. The review panels point of view, looking at this, this is the backbone. There has to be measures that are consistent across the board.

Score not evidence based, but content is.

The group was comfortable with endorsing this approach. If we have a specific technical question, then it goes to a clinical technical group.

Hospitalisations – look at acuity score, did we miss anything? It is aligned with what M&P will do.

When do you escalate when no contact? Txt goes first, then phone call, then 4 hours later another phone call, then 2 hours later a txt and phone call. When to door knock? List is created every 48hrs to say no contact. It's a very long list. Results in a lot of long hours door knocking. Priority has to be single households and highly complex households. A door knock has to be same day for them. Longer escalation for multi -person households with no complexities. Low scoring, fully vaccinated persons as overseas data shows they are likely to do well.

Daily healthy check for high needs. The door knock will work for no contact here.

Households with significant disabilities will receive more intense care. Are people comfortable with this? Is this a reasonable approach for when people haven't answered the phone?

There is a large volume of people that don't want to talk to Healthline. Door knockers are abused. The aim is to use manaaki providers in an effective way, not annoy whaanau. Some large households are getting a high level of multiple contacts. Improved processes are helping with these issues.

Those getting toward end of journey will require less contact. Need to look at data around what happened when we door knocked after 4 hours, what was the result?

Need to think hard around an opt out option.

4.3 Questions/Advice sought from Steering Group or NRHCC Exec

4.3.1 Cross service communication (eg Oranga Tamariki); highlighting cases of concern and referral pathways; Managing potential psychological distress in children eg where children are medically well (common) and watching parents deteriorate; getting access to assistance, sometimes older kids acting as interpreters **(Ruth Large)**

Being aware of other things going on for that whaanau. The bigger concern is when illness is really affecting adults, children are having to take on those roles and are becoming stressed with the situation. Support is needed in these cases. What would that look like?

It was noted that a lot of these whaanau don't trust Oranga Tamariki. Currently looking at other community bodies that can assist in these situations. Need to be aware of these situations when talking to whaanau. OT don't have any role unless they are already involved with a whaanau prior to a positive Covid result.

5. PROVIDER UPDATES

5.1 Māori Providers Update/New Business

There is a lot work going on at the moment.

Vicky to hold time on the agenda for the next hui on 2 December.

5.2 Pasifika Providers Update/New Business

There are a lot of learnings being obtained. Working with Moana research to capture learnings and have been passed on to Christine and team.

Vicky to hold time on the agenda for the hui on 16 December.

6. OTHER BUSINESS

Nothing to note.

Tim concluded the meeting at 1755 with a whaiwhakaaro.

The next hui will be held on Thursday, 9 December.

Whānau HQ Clinical Governance Group Meeting
Action Items Register for 2 December 2021

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
25.11.2021	4	**Whānau Reassurance:** Dial back the reassurance if not needed. Deep dive has been done to ensure that we can dial back services if required. Ruth and Maria to connect offline.	9 December 2021	Ruth/Maria	Ruth/Maria to have this discussion prior to 9 December hui.	
02.12.2021	2.3	**Child Work:** 25% of cases are children and there are some specific issues (kids with no caregiver). This piece of work is a priority and currently sitting with Pam Henry.	9 December 2021	Christine		