



Waitematā
District Health Board

Best Care for Everyone

Consumer Council

Wednesday

22 July 2020

2:00pm – 4:00pm

Venue

Waitemata Room, Whenua Pupuke Clinical Skills Centre

CONSUMER COUNCIL

22 July 2020

Venue: Waitemata Room, Level 2 Whenua Pupuke, North Shore Hospital Campus
Time: 2:00pm – 4:00pm

<p><u>Consumer Council Members</u> David Lui (Council Chair) DJ Adams(Ngati Maniapoto, Ngati Kahungunu) Neli Alo Boyd Broughton (Te Rūnanga o Ngāti Whātua) Lorelle George Insik Kim Angela King (Healthlink North) Ngozi Penson Jeremiah Ramos Kaeti Rigarlsford Ravi Reddy Lorraine Symons (Te Whānau o Waipareira) Vivien Verheijen</p>	<p><u>Ex-officio - Waitematā DHB staff members</u> Dr Dale Bramley – Chief Executive Officer David Price – Director of Patient Experience</p> <p><u>Other Waitematā DHB Staff members</u> Allanah Winiata-Kelly - Māori Patient and Whānau Experience Lead Sharon Puddle – Head of Digital Transformation Matthew Rogers – Director Communications Kelly Bohot - Care Redesign Programme Lead Mary McManaway – Outpatient Manager</p>
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APOLOGIES: Dr Dale Bramley

AGENDA

Disclosure of Interests (see [page 5](#) for guidance)

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

KARAKIA

1. AGENDA ORDER AND TIMING	
2. CONFIRMATION OF MINUTES	
2:00pm	2. Confirmation of the Minutes of Meeting (10/06/20) Actions Arising from Previous Meeting
3. DISCUSSION ITEMS	
2.05pm	3.1 Consumer Engagement and Māori patient experience initiatives
2.35pm	3.2 Waitematā DHB Website Wish List Development
3.05pm	--- Break
3.15pm	3.3 Telehealth
4. INFORMATION ITEM	
3.45pm	4.1 Patient Experience Report
5. ANY OTHER BUSINESS	
3:50pm	5.1 Community concerns
3:55pm	5.2 Agenda for next meeting

**Waitematā District Health Board
Consumer Council
Member Attendance Schedule 2019-2020**

NAME	Jul 2019	Aug 2019	Sep 2019	Nov 2019	Feb 2020	Mar 2020	Jun 2020
David Lui (Chair)	✓	✓	✓	✓	✓	✓	✓
DJ Adams	✓	✓	✓	✓	✓	✓	✓
Neli Alo	✓	✓	✓	✓	✓	✓	✓
Boyd Broughton	✓	✓	✓	x	✓	✓	✓
Lorelle George	✓	✓	x	✓	x	✓	✓
Insik Kim	✓	✓	✓	✓	✓	✓	✓
Angela King	✓	x	x	✓	✓	x	x
Ngozi Penson							✓
Jeremiah Ramos	✓	✓	✓	✓	✓	✓	✓
Ravi Reddy	✓	✓	✓	✓	✓	✓	✓
Kaeti Rigarlsford	✓	✓	x	✓	✓	✓	✓
Lorraine Symons	x	x	✓	✓	✓	✓	✓
Vivien Verheijen	✓	✓	✓	✓	✓	✓	✓
+Dale Bramley	✓	✓	✓	x	✓	x	✓
+David Price	✓	✓	✓	✓	✓	✓	✓

- ✓ *attended*
- x *apologies*
- * *attended part of the meeting only*
- ^ *leave of absence*
- + *ex-officio member*

**WAITEMATĀ DISTRICT HEALTH BOARD
CONSUMER COUNCIL**

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
David Lui (Chair)	Director, Focus on Pacific Limited Chair, Consumer Advisory Committee, PHARMAC Board Member, Walsh Trust Board Member, Mental Health Foundation Chair - Board of Trustees, Henderson High School	18/09/19
DJ Adams	No declared interest	02/09/19
Neli Alo	No declared interest	24/09/19
Boyd Broughton	No declared interest	03/07/19
Lorelle George	No declared interest	03/07/19
Insik Kim	No declared interest	03/07/19
Angela King	An employee of Royal District Nursing Service which has a contract with Auckland District Health Board	03/07/19
Ngozi Penson	No declared interest	31/05/20
Jeremiah Ramos	No declared interest	03/07/19
Ravi Reddy	Board Member – Hospice West Auckland Senior Lecturer – Massey University Honorary Academic – University of Auckland	19/02/20
Kaeti Rigarlsford	No declared interest	03/07/19
Lorraine Symons - Busby	MOU Liaison – Waipareira Trust	24/09/19
Vivien Verheijen	No declared interest	03/07/19

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act 2000, a member of a DHB Board who is interested in a transaction of the DHB must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Board.

A Board member is interested in a transaction of a DHB if the member is:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by 1 or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out responsibilities, then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

A board member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Board relating to the transaction; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or the initiation of the transaction.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if a majority of other members of the Board permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned. Board members are expected to avoid using their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Board's integrity.

IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

Note: This sheet provides summary information only.

2. CONFIRMATION OF MINUTES

- 2.1 Confirmation of the Minutes of Meeting 10 June 2020
Actions Arising from Previous Meeting

DRAFT Minutes of the meeting of the Consumer Council

of the Waitematā District Health Board

Wednesday, 10 June 2020

held at Boardroom, Level 1, 15 Shea Tce Takapuna
commencing at 2.03pm

CONSUMER COUNCIL MEMBERS PRESENT:

David Lui (Chair)
DJ Adams (Ngati Maniapoto, Ngati Kahungunu)
Neli Alo - *present by video conference*
Boyd Broughton (Te Rūnanga o Ngāti Whātua) - *present by video conference from 2.14pm*
Lorelle George
Insik Kim
Ngozi Penson
Jeremiah Ramos
Kaeti Rigarlsford
Ravi Reddy - *present by video conference*
Lorraine Symons (Te Whānau o Waipareira) - *present by video conference*
Vivien Verheijen

ALSO PRESENT:

Allison Roe (Waitematā DHB Board Member)
Dr Dale Bramley (Chief Executive)
David Price (Director of Patient Experience, Ex-officio member)
(Staff members who attended for a particular item are named at the start of the minute for that item.)

APOLOGIES:

Apologies were received and accepted from Angela King and late attendance from Boyd Broughton.

WELCOME:

The Consumer Council Chair welcomed everyone to the meeting and those joining in by video conference. The members acknowledged the presence of Allison Roe to the meeting.

KARAKIA:

A Karakia was led by DJ Adams.

DISCLOSURE OF INTERESTS

There were no interests declared that might involve a conflict of interest with an item on the agenda.

1 AGENDA ORDER AND TIMING

Items were discussed in same order as listed in the agenda except for Item 4.2 as response to Covid-19 was discussed during the discussion of Items 3.2 and 4.1 of this agenda.

The Chair also welcomed Ngozi Penson as newly appointed member of the Consumer Council.

2 CONFIRMATION OF MINUTES

2.1 Confirmation of Minutes of the Consumer Council Meeting held on 18 March 2020 (agenda pages 7-12)

Resolution (Moved DJ Adams/Seconded Kaeti Rigarlsford)

That the Minutes of the Consumer Council Meeting held on 18 March 2020 be approved.

Carried

Actions arising from previous meetings (agenda page 13)

The council noted the updates and no issues were raised.

3 DISCUSSION ITEMS

3.1 Choosing Wisely Aotearoa (Agenda pages 15-51)

David Price (Director Patient Experience) provided an overview of the Choosing Wisely Campaign and the context of the discussion.

Matters covered in the discussion and response to questions included:

- The work regarding equity has been acknowledged and the members expressed their interest in receiving more information on the campaign in future meetings in particular how equity is being addressed.
- There is on-going work around the DHB around Choosing Wisely Campaign in particular with service redesign to embed the campaign principles into the service through the Institute of Innovation and Improvement (i3). David Price will provide an update on this on succeeding meeting.
- A need to empower patients and whānau was also discussed as this becomes a barrier for robust discussion.
- Patient-led framework of the programme will depend on the perception of the patient. A collegial approach to treatment may contribute to the patient being more involved in making an informed decision. There is a perception that clinicians are more knowledgeable and thus patients are not comfortable to ask questions for further discussion. There is a need to encourage discussions by the clinicians and to make it a standard operating procedure. This will also be in-line with the “clinician-led” principle of the campaign.
- Other points highlighted in the discussion:
 - Attitude towards disability. It should not be a barrier for robust discussions.
 - Include in discussions alternative treatment options if any.
 - Language and lack of understanding of the health system could also become a barrier for patients to make informed decisions.

- Clinicians need more training/education around ‘appropriate care’ and this should be agreed between the clinician and patient.
 - There is also a perception by patients/whānau that a visit to a GP warrants a prescription. There is a need for a ‘shift’ from this perception.
- The following members expressed their interest in involvement on future work of the DHB related to Choosing Wisely: Lorelle George, Vivien Verheijen, DJ Adams, Ian Ramos, David Lui, Ngozi Penson and Kaeti Rigarlford.

3.2 Revisiting the Consumer Council’s Strategy in view of COVID-19 (Agenda pages 52-54)

David Price provided a background of the discussion.

Matters covered in the discussion included:

- High-quality healthcare services can be measured using the Health Quality and Safety Commission’s Health Quality and Safety Indicators. These indicators measure internationally recognised range of aspects of quality – safety, patient experience, effectiveness, access/timeliness, efficiency and equity. The Consumer Council’s work focuses on safety, access, equity and patient experience.
- In response to a question on measuring equity of access, it was clarified that indicators are regularly monitored and data can be presented according to ethnicity. The Consumer Council will be provided information on performance against these indicators.
- It was highlighted that from a Consumer’s perspective, the main challenges presented by the pandemic include delayed service/treatment and patient experience as a result of visitation restrictions. These matters were addressed/are being addressed through:
 - Compassionate visitation. The DHB is learning from the COVID-19 experience in using technology and assessment of individual needs so that measures can be improved.
 - The Chair also noted his membership of the Clinical Ethics Advisory Group which will also assist in ethical discussions related to prioritisation of delayed treatment.
 - There are a number of studies being conducted and commissioned to provide more answers and learning within universities and other sectors.
- Issues during the pandemic highlighted the need for a stronger link to the community. The Chair also highlighted that Waitematā DHB Board is keen to work with the Consumer Council to improve messaging in the community.
- Improving the DHB’s communication was recommended and is in line with the Consumer Council’s focus around ensuring community voice is heard by the DHB. A monthly information about updates (i.e. ‘what’s happening’ in the DHB) was requested by the Council to improve communication/engagement.
- The Consumer Council confirmed the Annual Plan.

3.3 Guidelines to be adopted by the Consumer Council (Agenda pages 55-71)

David Price provided a background of the discussion.

Matters covered in the discussion included:

Guideline for Consumer Council Proposals

- The guideline will define the 'rules of engagement' with the Consumer Council to ensure effective planning and robust discussion during the meetings.
- The guideline was confirmed by the group.

Recommendations tracker

- The form will ensure that recommendations provided by the Council are tracked as part of 'closing the loop' process.
- The tracker was confirmed by the group and an updated tracker will be provided at each Council meeting.

Elevator Pitch

- The 'elevator pitch' was designed to guide the member of the Consumer Council around key messages when engaging with the community.
- It was highlighted that questions from the media should be directed to the dedicated media line of the DHB.
- Point (c) on the document 'key points for Consumer Council members when engaging with media or at public events' (page 71 of the agenda) was requested to be removed for consistency.
- The elevator pitch was confirmed by the group subject to deletion of point (c) as discussed.

4 INFORMATION ITEM

4.1 Patient Experience Report (Agenda pages 73-90)

David Price provided a summary of the patient experience report highlighting the initiatives put into place as response to the COVID-19 pandemic including:

- Efforts to enhance patient experience through provision of birthday cards, visitor flyers, patient activities on meal tray mats.
- Thank you cards were also provided to generous donations received from the community
- Provision of language and cultural support at the airport as part of the public health response.
- Ensuring well-being of volunteers who were stood-down during the lockdown.
- To improve the DHB's communication with the community, a suggestion was made to provide more social media updates or updates on local newspapers on the projects/accomplishment of the DHB similar to what was done in the past.
- A suggestion to explore volunteers to make outbound calls to help in following-up patients was presented. This will be studied further to ensure we comply with rules around privacy. Many staff were redeployed to these types of roles as such there were limited options for volunteers to assist with.

4.2 COVID-19 Waitematā Response

Waitematā's response to Covid-19 was incorporated during the discussion of Items 3.2 and 4.1 of the agenda.

4.3 Update on presentation to the Waitematā DHB Board

David Lui (Chair) provided an update on the discussion with the Waitematā DHB Board at its last meeting of 27 May 2020. He highlighted the following:

- Waitematā DHB Board is pleased with what has been accomplished by the Consumer Council so far. A regular presentation and update by the Council was requested by the Board.
- The Board would like to hear from the communities and is interested on how the council is communicating and engaging with those they represent. The Board assured its on-going support of the Council to ensure that this is achieved.

5 OTHER BUSINESS

Agenda for the next meeting and Community Concerns

The group requested that the agenda for the next meeting include a wider discussion around community engagement.

A request was made by the group to meet the newly appointed Māori Patient and Whānau Experience Lead – Allanah Winiata-Kelly in the upcoming meeting.

The Chair thanked the members and attendees for their time.

The meeting concluded with a Karakia led by David Lui.

The meeting adjourned at 4.06pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 10 JUNE 2020.

_____ CHAIR

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE
CONSUMER COUNCIL AS AT 14 JULY 2020**

Minutes ref.	Topic	Person responsible	Action / Status
19/02/20	A section on Mental Health Services was requested to be incorporated into the Patient Experience Report with particular focus on statistics for Māori and Pacific and quality improvements in place	David Price (Director, Patient Experience)	- Done
10/06/20	Provide additional information on the DHB's work around Choosing Wisely Campaign (service redesign and equity)	David Price (Director, Patient Experience)	- Noted for action
	Provide additional information on performance of the DHB around equity of access measures		- See information below
	A monthly information about updates (i.e. 'what's happening' in the DHB) was requested by the Council to improve communication/engagement with communities		- Noted for consideration

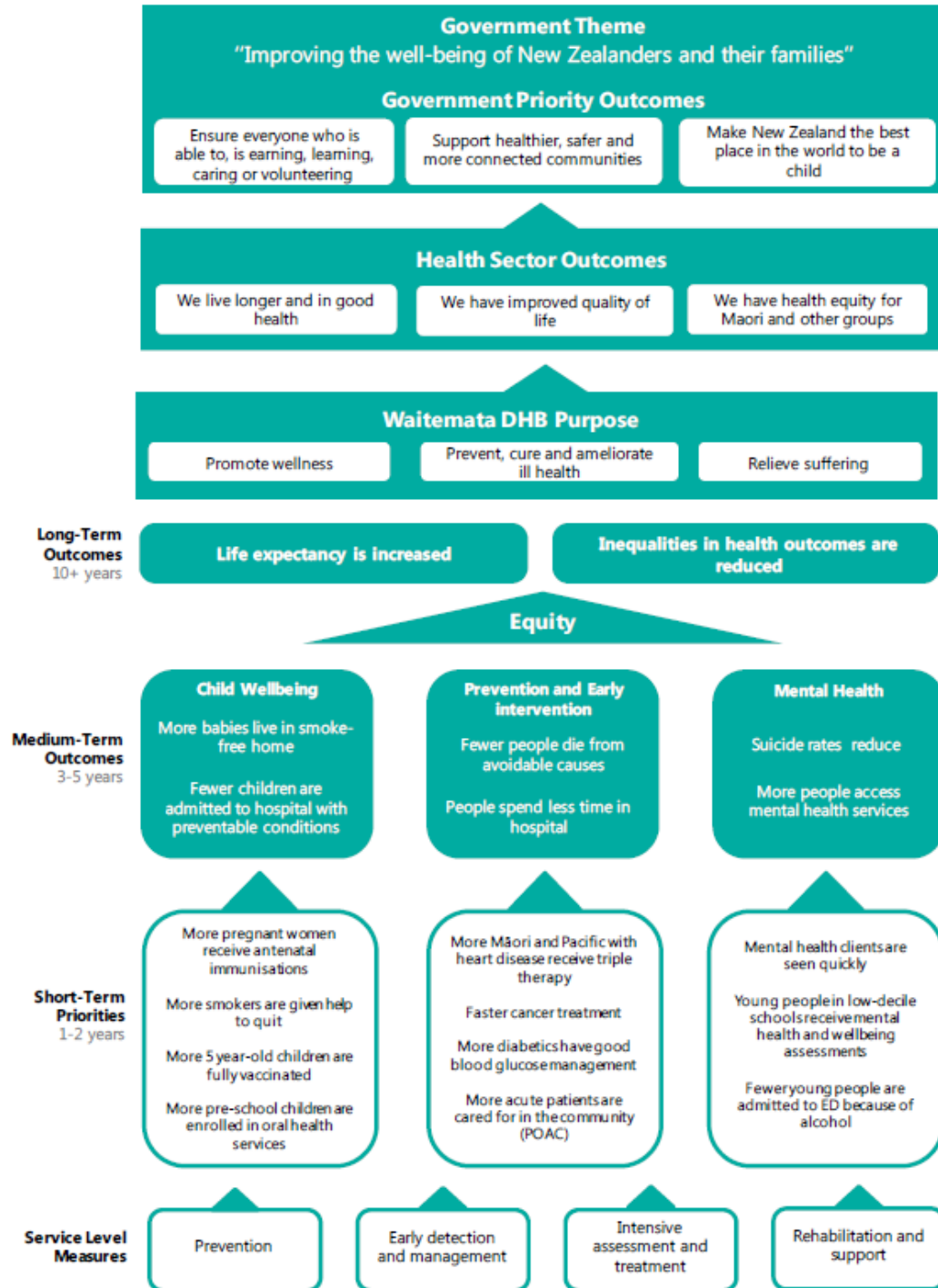
Equity of Access Measures and Performance

Waitematā DHB is committed to helping all residents achieve equitable health outcomes and equity achievement is at the forefront of everything we do and is a driving factor in our ongoing work. Our Annual plan details our key programmes to deliver on those priorities.

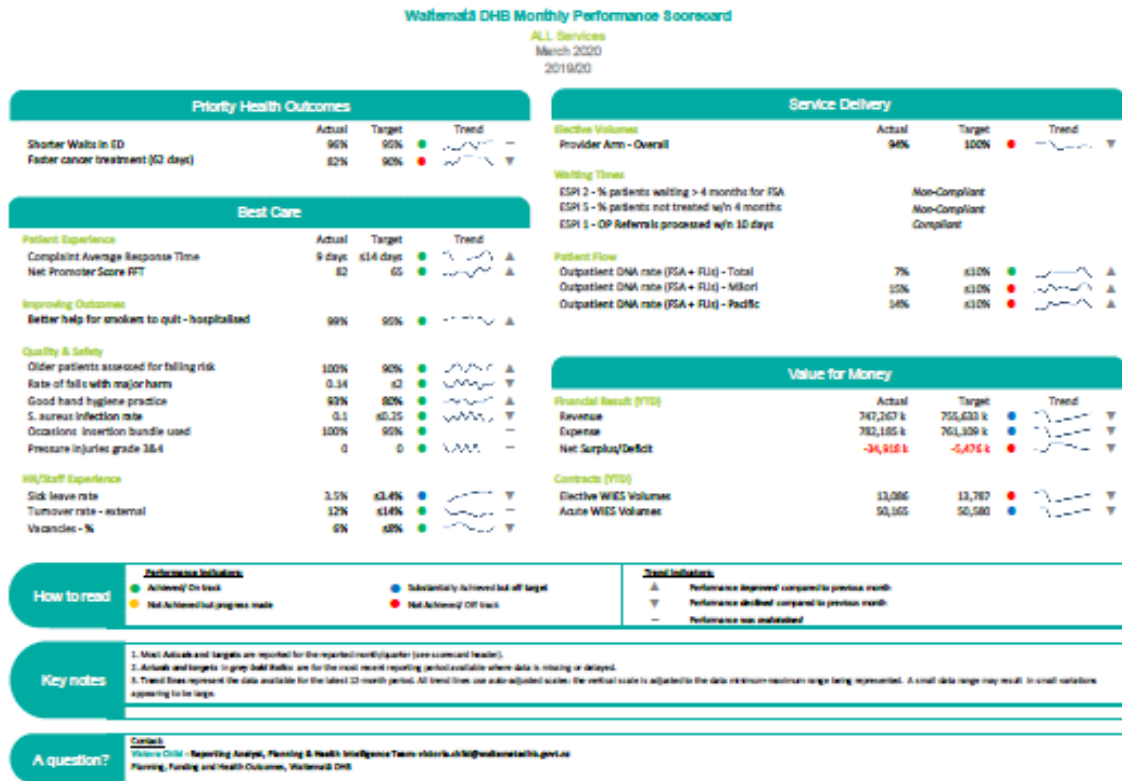
The Statement of Performance Expectations (SPE) details a list of service level indicators that form part of our overall performance framework (see following page). Measures within this SPE represent the outputs/activities we deliver to meet our goals and objectives listed in the planning priorities. Specific activities, identified as Equitable Outcomes Action (EOA) have been designed to help reduce health equity gaps for Māori, Pacific, Asian and other groups.

Performances against these measures are reflected in the DHB's Annual Report. Regular monitoring are conducted and updates are reported in the Hospital Advisory Committee (HAC) meeting (attached is an excerpt of the March Provider Report to the HAC) and any variances/areas off-track as well as remedial plans put in place are highlighted.

Performance framework



Scorecard – All services



Scorecard Variance Report

Health Outcomes

Faster Cancer Treatment (62 days)

Non achievement of the Faster Cancer Treatment target for this continues to be a challenge, however, the increased access to operating theatres over this period has created the opportunity to focus on improving access to all P1 cancer cases, which has especially benefited Gynaecology and Urology patients. A review of access for all P1 cancer patients across the DHB identified that all patients had clinically appropriate plans for care.

Service Delivery

Elective Volumes

Due to COVID-19 and lockdown to Level 4 occurring on 26 March, Elective volumes for the month were reduced as services only assessed and treated P1 and urgent patients.

Outpatient DNA rate

There continues to be sustained improvement in overall Did Not Attend (DNA) rates across all services in 2020 with ongoing rollout of patient focused booking. There is still work to do across priority populations with plans currently being developed.

Waitematā DHB Priorities Variance Report

DHB activity	Milestone	On Track
Improving Quality		
Actions to improve equity in outcomes and patient experience		
Patient experience		
With Auckland DHB:		
<ul style="list-style-type: none"> establish a gold standard approach to improve medication communication and patient empowerment for acute and primary care pharmacy staff and the broader multi-disciplinary team 	Mar 2020	✓
<ul style="list-style-type: none"> develop a medication communication improvement plan to empower patients, including Māori and Pacific, to ask questions regarding their medications to support safety (EOA) 	Sep 2019	x
Improve our results for the national inpatient experience survey for the question 'did a member of staff tell you about medication side effects to watch for when you went home' from 44.8% (CY2018 baseline) to 47.0% (this is the lowest scoring question for both Waitematā and Auckland DHBs)		
With our Māori and Pacific health teams (EOA), develop:		
<ul style="list-style-type: none"> a Māori Health action plan and seek endorsement by the Māori Equity committee 	Sep 2019	✓
<ul style="list-style-type: none"> Māori patient guidance (Tikanga Māori) – how to provide best care to Māori patients and whānau 	Mar 2020	x
<ul style="list-style-type: none"> evidence-based patient feedback methods for specific populations (including Māori and Pacific) to enable patients to safely comment on their experience 	Mar 2020	x
Workforce		
Actions to support and improve the skills of our staff members, and improve our organisational health literacy		
Health Literacy		
<ul style="list-style-type: none"> Launch the joint Waitematā-Auckland DHB Health Literacy Policy and e-learning module 	Sep 2019	✓
<ul style="list-style-type: none"> Monitor and evaluate uptake of the e-learning module 	Ongoing	✓
<ul style="list-style-type: none"> Hold a joint DHB health literacy symposium as part of health literacy/patient experience month 	Oct 2019	✓
<ul style="list-style-type: none"> Develop and deliver face-to-face training for all telephonist and patient centre staff 	Dec 2019	✓

Areas off track for month and remedial plans
<p>Equity Committee endorsed the key priorities and gaps identified within a paper about Māori Patient and Whānau Experiences at Waitematā DHB. Approval received to recruit a Māori Patient Experience and Whānau Lead position to lead the areas of work identified. Following a delay with finding a suitable candidate for the role, we are very pleased our new Māori Patient and Whānau Experience Lead started in April 2020.</p> <p>We have a plan in place for medication communication with our pharmacists at Auckland DHB and Waitematā DHB, however, this work is currently on hold due to COVID-19 and resourcing challenges.</p>

Waitematā DHB Hospital Advisory Committee Meeting 17/06/20

DHB activity	Milestone	On Track
Cancer Services		
Actions to reduce inequalities between Māori and non-Māori patients with cancer		
Equity of access Commence a pilot programme of early contact by Māori and Pacific Cancer Nurse Specialists for all Māori and Pacific patients triaged as P1 and HSC (EOA)	Jul 2019	✓
Bowel cancer quality improvement <ul style="list-style-type: none"> Review and analyse data for patients with unplanned return to surgery within 30 days Review patient-specific data to confirm reasons why some rectal patients do not receive preoperative radiation 	Sep 2019 Dec 2019	*
Cancer plan development <ul style="list-style-type: none"> Work with the Ministry to develop a Cancer plan Implement and deliver local actions from the plan 	Ongoing Jun 2020	✓ ✓
90% compliance for Māori and Pacific patients on the 62-day FCT pathway (SS11 measure) At least 85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat (SS01 measure)		

Areas off track for month and remedial plans

Awaiting confirmation that the data for unplanned return to surgery is held within the General Surgical Audit system.

3. DISCUSSION ITEMS

- 3.1 Consumer Engagement and Māori patient experience initiatives
- 3.2 Waitematā DHB Website
- 3.3 Telehealth

3.1 Discussion: Consumer Engagement and Māori patient experience initiatives

Recommendations:

The recommendations are that you:

- a) Revisit the key initiatives from the Māori Patient and Whānau Experience Lead
- b) Discuss key (underway and future) initiatives to contribute to improving patient, whānau and family experience
- c) Discuss further areas of collaboration to support and engage with Māori whānau and community

Introduction from Allanah Winiata-Kelly (as published in the Patient Experience Report – June)

Kia Ora e te whānau whanui o te hāpori Waitematā.

Ko Allanah Winiata-Kelly ahau. I whakapapa to Tauranga moana, Ngati Ranginui iwi, Ngai Tamarawho hapu, Takitimu waka.

I started in the role as the Māori Patient and Whānau Experience Lead in April during the lock-down. While it has been an interesting time to start, it has provided me with the opportunity to observe and explore components of the role. Reporting and engaging with both the Patient Experience team and Māori Health team. I see the role as a key support to enhancing the experience of whānau and community engaging with our DHB – furthermore as a contributor to better health outcomes of our Māori community.

While establishing and socialising the role now being active, key initiatives currently underway include:

- Pā Harakeke: The rebuilding of the pa harakeke to support the weaving of wahakura is currently in discussion as we explore the concept of it providing a therapeutic and rongoa Māori facilitation space. The intent is that this will enhance the experience of whānau and staff at our Waitakere site by using environment and natural elements to provide space for facilitating therapy and privacy to the Dialysis unit patients. The design concept is currently in conversations with the Maori Health team through Dame Whaea Naida Glavish.
- Kia Ora: the request for Kia Ora to become the official welcome of the DHB is underway. This initiative is also in conversation with Dame Whaea Naida Glavish. The recent events and the impacts of COVID-19 has provided space and opportunity for new-norms to be explored inclusive of being able to welcome all patients and whānau with 'Kia Ora' as an expression of well-wishes.
- Collaboration with Auckland DHB Māori Patient Experience Lead: Regular meetings are booked with Vanessa Duthie who currently holds the role under Auckland DHB. It is intended this could provide consistency and support across the Auckland Metro DHBs.

As the DHB come to learn of the role now being active, there is space to have conversations with those who hold a view of what they need a role like this to support in order to enhance the experience of Māori. I look forward to further developing the potential initiatives in the pipeline. The current list of potential future initiatives include:

- Support for the recruitment of Māori volunteers

- Support to review the experience and impact of recruitment and HR on patient experience
- Development of safe and trusted communication pathways for Māori community to provide feedback
- Māori Patient Experience training package for staff

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
David Price	Director of Patient Experience	021 715 618	✓
Allanah Winiata-Kelly	Māori Patient and Whānau Experience Lead		

3.2 Discussion: Waitematā Website Wish List Development

Recommendations:

The recommendations are that you:

- a) Review the current Waitematā DHB website
- b) Review the current analysis of how website is currently used
- c) Respond to questions below to create website wish list

Key Issues

The current Waitematā DHB website was launched around 5 years ago and is no longer fit for purpose as there has been no dedicated FTE to support and update the website for a couple of years. As such there is content that is outdated and no longer needed. The scope and requirement for the website has also changed since it was first launched and there is a need to align it with what and how our consumers as well as staff use the information on the website.

The version of the content management system (CMS) that the website is developed in is also out of date, so this presents a good opportunity for us to rebuild the website and improve functionality. There are however some limitations for the scope of our development:

- We need to meet the highest level of security due to sensitive information potentially being sent through the contact forms on the website. The recommended CMS from the Department of Internal Affairs (DIA) is Silverstripe which must be hosted on the Common Web Platform managed by the DIA.
- The backend development and support for the DHB website is managed by healthAlliance, so they would need to approve of the any developer that we engage for the rebuild.

Recent analytics conducted for the current website highlighted growth in use of the website – however, the highest users driving growth are staff. Consumer growth in website access is slower. From those that do access the site, around 70% do so from their mobile devices.

It is hoped that with the Consumer Council’s support, a ‘wish list’ can be developed to inform a business case for funding to be allocated to the development of a new fit-for-purpose website that meets the needs of our community.

To develop this ‘wish list’ the following questions are posed for discussion:

- What information you are commonly looking for?
- What are the things that you find most frustrating/difficult when accessing the site?
- What content would you expect to find on the website that is not currently available?
- What other features would you like to see in the website?
- Do you generally just use the website ‘search’ tool to find information?

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
David Price	Director of Patient Experience	021 715 618	✓
Matthew Rogers	Director of Communications	021 228 9432	



3.3 Discussion: Telehealth

Recommendations:

The recommendations are that you:

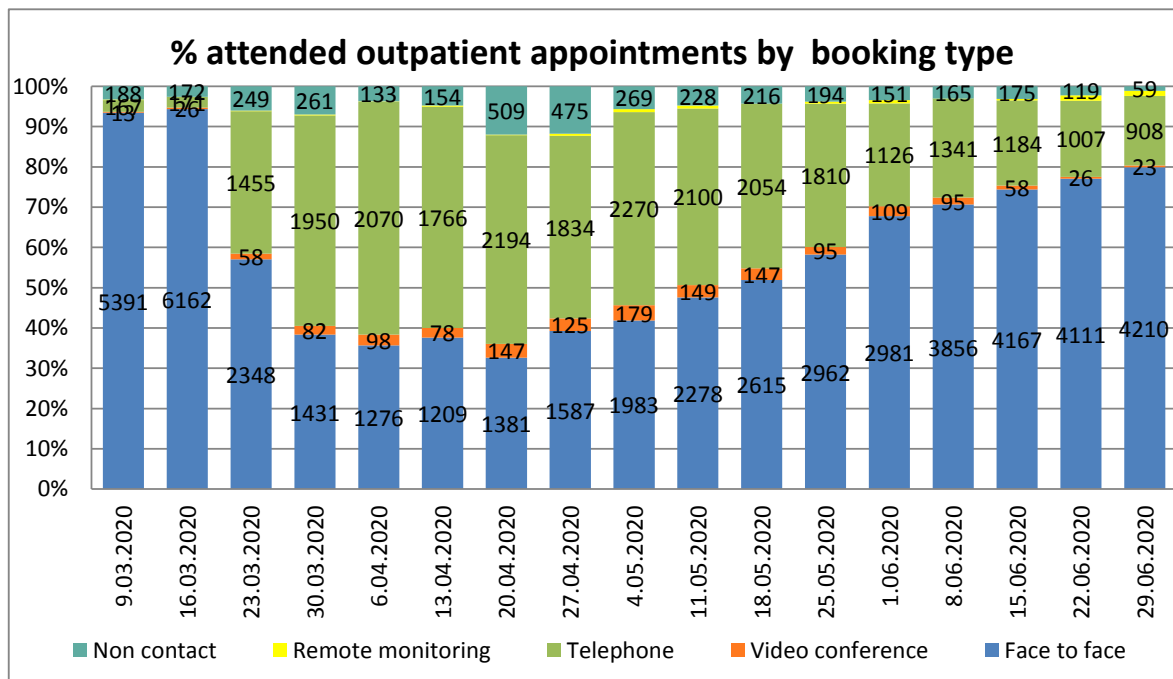
- a) Review the attached report and principles document
- b) Discuss the questions set out in the table below (key issues) during the meeting

Background

Telehealth

The NZ Telehealth Forum and Resource Centre¹ defines telehealth as the use of information and communication technologies to deliver health care when patients and care providers are not in the same physical location.

We have been testing telehealth (telephone and video) appointments with a small number of services and patients since 2018. When the New Zealand government introduced social distancing as a measure to contain the spread of COVID-19, we took the opportunity to scale our learnings and transition face to face outpatient appointments to telehealth where appropriate. During the COVID-19 lockdown period clinicians across Waitematā DHB provided approximately 17,000 outpatient appointments that otherwise would have been cancelled. The graph below shows the number and proportion of outpatient appointment by booking type attended between 9 March 2020 and 3 July 2020.



Since coming out of COVID-19 lockdown our telehealth volumes have reduced. Patient experience

¹ See: <https://www.telehealth.org.nz/>

feedback has been positive and tells us we should continue to offer telehealth appointment options.

Patient Experience of telehealth

We have gathered patient experience feedback at intervals over the last three years.

In 2018, we offered video appointments to 218 patients across otolaryngology, diabetes and physiotherapy. Just under half (45.2%, n = 98) chose a video appointment over a face to face visit at the hospital. The top four reasons for choosing a video appointment were 1. to reduce travel, 2. save time, 3. save money, 4. shorter wait. The majority (82%) told us their video experience was the same or better than a face to face visit to the hospital and that they would be likely or extremely likely to choose a video appointment again (88%).

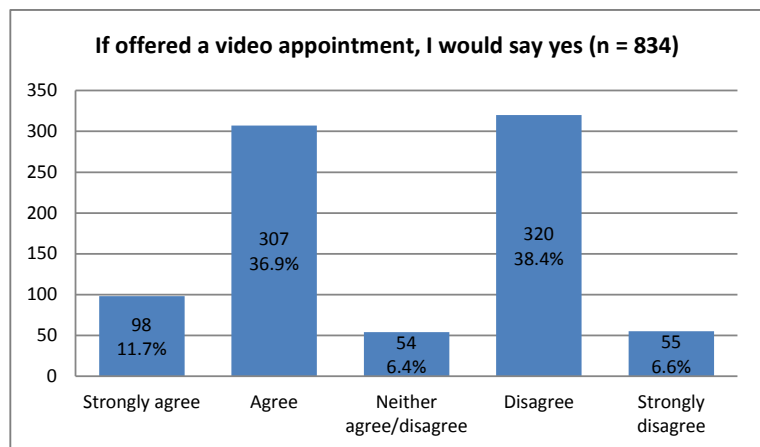
In 2019, we surveyed 996 patients on arrival to their outpatient appointments at North Shore and Waitakere Hospital sites (response rate 99.2%). The survey aimed to understand current outpatient experiences and opinions about the potential use of technology to support delivery of care including use of email, text and video calls.

Just under half of patients 48.6%, n = 405, told us they would say yes to a video appointment as an alternative to visiting the hospital.

Accessibility

The most common reasons for declining a video appointment were:

- no access to a device (46%, n = 175)
- prefer a personal visit (36%, n = 138)
- do not like/feel comfortable using video calls (7%, n = 26)



In May 2020, our patient experience team supported us to complete 44 telephone interviews with patients who had received a telephone or video appointment during the COVID-19 lock down period. The aim was to understand the patient experience and whether we should continue to offer telehealth appointments in the future. The results were encouraging; 95% of respondents told us telehealth appointments are a good service to provide and that patients should be offered the choice.

- *"It should always be an option"*
- *"The selection of the appointment method depends on the patients' status, such as confidence and ability with new technology, language barrier, how serious the patient's condition is and the patient's preference as well"*
- *"If there is no need to come in, why make them"*

There was suggestion that video appointments may be more effective than telephone appointments:

- *"found [telephone] more brief...a sense of get over with it"*
- *"it worried me – you can't see me, or evaluate me, and you can't therefore provide the same standard of care or outcomes. Much better to have a video call instead so I can be seen on the screen"*
- *"prefer video to telephone calls, so I can see clearly and get more information".*

Impact of travel and cost avoidance on patients and our communities

Between 23 March 2020 and 3 July 2020, a total of 26,504 patients have received telehealth appointments. The collective travel, carbon and financial savings are summarised in the table below.

	Number of appointments over last 8 weeks	Travel avoided in km (mean 37.6km)	Carbon emissions avoided (125 CO2g/km)	Costs avoided (mean \$149.49 travel, loss of earnings etc)
Telephone	25,035	941,316 km	117,664,500 CO2g	\$3,742,482.15
Video	1,469	55,234.4 km	6,904,300 CO2g	\$219,600.81
Total	26,504	996,550.4 km	124,568,800 CO2g	\$3,962,082.96

Achievements to date

Item	Date
Zoom licences available for clinicians (24 months)	April 2020
100 integrated screens implemented in outpatient clinics	May/June 2020
iPM integrated with Zoom	June 2020
Zoom integrated with clinical portal	In progress
Telehealth patient website live	June 2020
Telehealth patient education/information videos	In progress
Telehealth pods in the community	In progress
Paperless clinics	
eLaboratory orders	May 2020
eOutcome forms	In progress
eSurgical waitlist	In progress
eHealth questionnaire	In progress
ePrescribing	In progress
email tool	In progress

Key Issues

Our volume of telehealth appointments has decreased since we entered COVID alert level 1.

Current work to sustain and implement telehealth includes building patient choice into our booking processes, integration of the video software with our booking system, exploring options for telehealth pods in the hospitals and the community, and development of electronic tools such as patient information, patient questionnaires, electronic laboratory requests, electronic prescribing, electronic outpatient outcome forms and electronic surgical waitlists.

Opportunity	Learnings to date	Discussion points
Patient experience	<ul style="list-style-type: none"> - Feedback from patients who have and have not experienced telehealth over the last 3 years tells us we should develop our services so we can offer telehealth options - 'Webside' manner could be optimised to ensure effective communication and health outcomes 	

	<ul style="list-style-type: none"> - Telehealth can both increase accessibility (reduce travel, save time, save money) but it can also create inequity (lack of access to a device, data or space to take a call) 	How can we ensure we offer a choice that is equitable and accessible?
Organisational processes	<ul style="list-style-type: none"> - We deliver more telephone than video appointments, however patient feedback suggests video may be more effective than telephone. - Validated email addresses are required to book a video appointment in our patient administration - Our current booking processes are not set up to offer patient choice of appointment type - It is difficult to contact the right person if you want to change your appointment - We need a set of electronic tools to make appointments work effectively when the patient and clinician are not in the same physical place eg we need electronic options to replace our paper forms and information sheets - We have a set of outpatient principles but these are implemented to varying degrees by different specialties (see attached). Most specialties agree that first specialist appointments (FSAs) should be face to face and follow up appointments could be delivered by telehealth if an examination or investigation is not required. Clinical appropriateness is important to reduce clinical risk and unforeseen consequences, for example increased likelihood of being sent for more investigations following a telephone appointment. 	How can we collect more validated emails so we can book video appointments for patients?
Staff experience	<ul style="list-style-type: none"> - Telehealth appointments can be more effort for administrative staff as they take longer to book - Telehealth appointments take the same amount of time for clinicians as face to face visits at the hospital 	How do we achieve benefits for patients at scale?

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Kelly Bohot	Care Redesign Programme Lead, i3	021 024 88164	✓



Outpatient operational principles

Appointment bookings

- The decision to use a booking type/mode of delivery sits with the individual clinician. The following booking types/modes of delivery are available in iPM:

	Booking type/mode of delivery*	Definition
No patient contact	Non-contact	An event where decisions about patient care are made after a review of the clinical data and referral, but without contacting the patient. Must include a written plan of care to the GP
Telehealth (Contact with patient but not in person)	Telephone	Telephone contact between patient and clinician
	Video conference	Video conference contact between patient and clinician
	Remote monitoring	Monitoring of patient's biometric health information communicated from a remote patient medical device
Contact with patient in person	Face-to-face	Individual face-to-face appointment in the same location. Tests are included as face-to-face

- Face-to-face appointments should only be used when clinically necessary.
- Clinicians identify any patient for whom a telehealth (telephone, video conference) consultation is *not* appropriate.
- When a telehealth (telephone, video conference) consultation is not appropriate, the clinician must clearly indicate that a face-to-face appointment is required.
- Clerical staff need to be informed of the changes to booking type/mode of delivery* so the correct appointment can be booked. Booking type/mode of delivery can be identified at triage, outcome or between appointments.
- Appointments should not be cancelled to be rebooked later unless absolutely necessary.
- Future bookings can be made no more than 3 months out.

Patient access and experience

- Appointments must be accessible and equitable for the patient. Patients offered telehealth appointments (telephone, video conference and remote monitoring) should be contacted by clerical staff to ensure they have the resources to access their appointment eg ability to hear and talk on the telephone and access to a device, internet and a physical space to participate in a video conference consultation, access to support persons and/or interpreting services .
- If the patient is unable to access the booking type/mode of delivery* requested by the clinician, an alternative booking type should be arranged.
- The *Telephone and Video Conference Guide* should be followed to ensure patient access and experience is optimal for all telehealth appointments.

Outpatient documentation

- All consultations must have an outcome form and clinic letter dictated.
- Outcome forms must be returned to the booking team within 24 hours of the appointment.
- The *Outpatient Paperless Toolkit* is under development to make outpatient appointments easier to deliver.

4. INFORMATION ITEMS

4.1 Patient Experience Report

Patient Experience Report



MAY 2020

BACKGROUND

The Patient Experience Team supports the organisation by collecting, listening to and analysing patient, whānau, staff and community feedback to provide a better understanding of what matters to our diverse community. This informs organisational strategic direction and highlights local service improvements to enhance the patient experience and achieve better health outcomes for our community. The Patient and Whānau Centred Care Standards Programme, Chaplaincy Services and the Asian Health Services Team are also supported within the Patient Experience Team.

KEY STATISTICS – MAY 2020

NPS 87

Highest score since survey began

NPS Target 65

381
responses

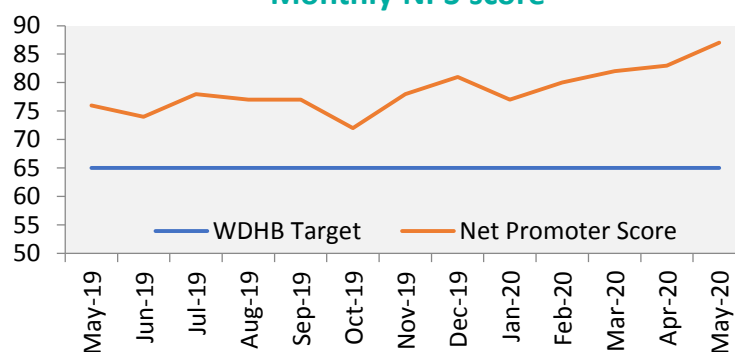
NPS 93
'Welcoming & Friendly'
Strongest performer

NPS 73
Māori patients and whānau

NPS Scores by ward /service

Exceptional NPS	Location	NPS
Ward 8	NSH	100
Haematology Day Stay	NSH	100
ICU/HDU	NSH	100
Low NPS	Location	NPS
Wilson centre		60

Monthly NPS score



NPS Scores by ethnicity

May 2020	NZ European	Māori	Overall Asian	Overall Pacific	Other/ European
Responses	244	30	33	27	87
NPS	87	73	90	85	81

Highlights

- Asian Health Services delivered 3 Mental Health training sessions for ethnic minority interpreters via Zoom during the COVID-19 period in May 2020.
- Secret shopper calls to wards to check possible workload increase created from no visitor policy. Initiatives that came out of this work include supply of portable phones to wards that were struggling with single ward phones and high number of phone calls as well as handheld transistor radios supplied to elderly patients in single isolation to reduce boredom.

Areas for improvement

1. Pain management
2. Staff attitudes
3. Food
4. Correct fitting of medical equipment

Patient Experience Report

MAY 2020

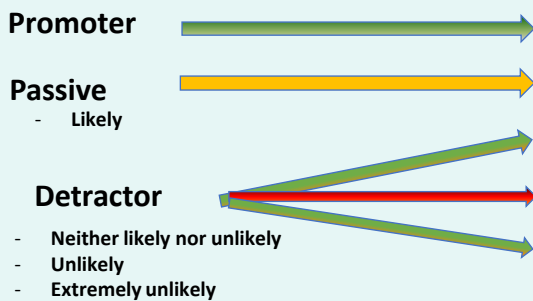
Feedback

“Everyone went beyond their duty with regards to making me feel as if I was someone special.”
Lakeview CC, NSH

“High standard of medical attention. Doctors and Nurses. Extremely efficient in their duties.”
Titirangi Ward, WTH

“The care is outstanding. The medical empathy, kindness and clinical information given are all extremely professional and easy to understand.”
Gastroenterology, NSH

NPS Calculation



Tell us what you think

How likely are you to recommend our ward/service to friends and family if they need similar care or treatment?

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

Please tell us the main reason why you gave that score:

.....

.....

.....

.....

Please turn over



Net promoter score is calculated as the difference between the percentage of **Promoters** and **Detractors**

NPS

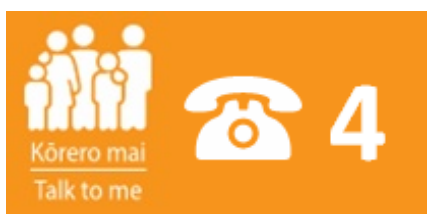
87³⁸¹
Responses

% Promoter
89%

% Neutral
10%

% Detractor
2%

Kōrero Mai calls in May



Reasons for calls:

1. Communication
2. Unknown treatment plan
3. Staff
4. Medical care

5. OTHER BUSINESS

- 5.1 Community concerns
- 5.2 Agenda for next meeting