



*Waitematā*

District Health Board

Best Care for Everyone

## **Consumer Council**

**Wednesday**

**5 May 2021**

**2:00pm – 4:00pm**

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### **VENUE**

**Waitematā Room, Whenua Pupuke Clinical Skills Centre  
North Shore Hospital Campus**

## CONSUMER COUNCIL

### 5 May 2021

Venue: Waitematā Room, Whenua Pupuke Clinical Skills Centre, 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 Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua) Lorelle George Insik Kim Ngozi Penson Jeremiah Ramos Ravi Reddy Kaeti Rigarsford Lorraine Symons (Te Whānau o Waipareira) Vivien Verheijen Eden Li (Student Representative)</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> Dr Tamzin Brott – Executive Lead COVID-19 Maggie Broome - Project Manager Dr Karen Bartholomew – Director Health Outcomes Dr Kate Parker – Manager, Lung Cancer Screening Research</p> <p><u>Other attendees</u> Prof Sue Crengle – Department of Preventive and Social Medicine, University of Otago</p>
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#### **APOLOGIES:**

#### **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**

#### **WELCOME**

<b>1. AGENDA ORDER AND TIMING</b>	
<b>2. CONFIRMATION OF MINUTES</b>	
2:00pm	2.1 Confirmation of the Minutes of Meeting (17/03/21) Actions Arising from Previous Meeting
2:05pm <b>3. CHAIR'S UPDATE</b> (verbal)	
<b>4. DISCUSSIONS and UPDATES</b>	
2:15pm	4.1 COVID-19 Vaccination Programme (verbal update – Dr Tamzin Brott)
2:30pm	4.2 Waitakere Hospital Master Site planning (presentation)
3:00pm	-- Break
3:10pm	4.3 Lung Cancer Screening: Update to Consumer Council
3:40pm	4.4 Health Sector Reform (verbal update – Dr Dale Bramley)
<b>5. INFORMATION ITEMS</b>	
<i>for noting</i>	5.1 Patient Experience Report
<i>for noting</i>	5.2 Māori and Whānau Patient Experience Update
<b>6. ANY OTHER BUSINESS</b>	
3:50pm	5.1 Community concerns
3:55pm	5.2 Agenda for future meeting

**Waitematā District Health Board  
Consumer Council  
Member Attendance Schedule 2020-2021**

NAME	Jul 2020	Sep 2020	Oct 2020	Nov 2020	Feb 2021	Mar 2021	May 2021	June 2021
David Lui (Chair)	✓	✓	✓	✓	✓	✓		
DJ Adams (Deputy Chair)	x	✓	✓	✓	✓	✓		
Neli Alo	✓	✓	✓	✓	x	✓		
Alexa Forrest-Pain		✓	✓	x	✓	✓		
Lorelle George	✓	✓	✓	✓	✓	✓		
Insik Kim	✓	✓	✓	✓	✓	✓		
Ngozi Penson	✓	✓	✓	✓	x	✓		
Jeremiah Ramos	✓	✓	✓	✓	x	✓		
Ravi Reddy	x	✓	✓	✓	✓	✓		
Kaeti Rigarlsford	✓	x	✓	✓	✓	✓		
Lorraine Symons	✓	✓	x	✓	✓	x		
Vivien Verheijen	✓	✓	✓	✓	✓	✓		
+Dale Bramley	x	✓	✓	✓	✓	✓		
+David Price	✓	✓	✓	✓	✓	✓		
Hannah Bjerga (Student representative)						✓		
Eden Li (Student representative)								

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

**WAITEMATĀ DISTRICT HEALTH BOARD  
CONSUMER COUNCIL**

**REGISTER OF INTERESTS**

<b>Board/Committee Member</b>	<b>Involvements with other organisations</b>	<b>Last Updated</b>
David Lui (Chair)	Director, Focus on Pacific Limited Board Member, Walsh Trust Chair - Board of Trustees, Henderson High School	25/08/20
DJ Adams (Deputy Chair)	Member, Health Quality and Safety Commission Consumer Network	25/11/20
Neli Alo	No declared interest	24/09/19
Alexa Forrest-Pain	Member, Auckland Council Youth Advisory Panel	17/03/21
Lorelle George	No declared interest	03/07/19
Insik Kim	No declared interest	03/07/19
Ngozi Penson	Member, Metro Auckland Clinical Governance Forum Board member Mata of Hope NZ Member, Ethnic Advisory Group (EAG), English Language Partners	20/04/21
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	Member, Consumer Advisory Committee - PHARMAC Board member, Companionship & Morning Activities for Seniors (CMA)	31/08/20
Hannah Bjerga (Student Representative)	To be advised	
Eden Li (Student Representative)	To be advised	

## 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 17/03/21  
Actions Arising from Previous Meeting

**DRAFT Minutes of the meeting of the Consumer Council  
of the Waitematā District Health Board**

**Wednesday, 17 March 2021**

held at the Matepo and Manuka Rooms, Waitakere Hospital and by video conference  
commencing at 2.06pm

**CONSUMER COUNCIL MEMBERS PRESENT:**

David Lui (Chair)  
DJ Adams (Deputy Chair) (Ngati Maniapoto, Ngati Kahungunu)  
Neli Alo  
Alexa Forrest-Pain - *present by video conference*  
Lorelle George  
Insik Kim  
Ngozi Penson  
Jeremiah Ramos  
Ravi Reddy  
Kaeti Rigarlford  
Vivien Verheijen

**ALSO PRESENT:**

Prof Judy McGregor (Board Chair) – *present by video conference until 3pm*  
Dr Dale Bramley (Chief Executive) – *present by video conference until 3pm*  
David Price (Director of Patient Experience)  
Deanne Manuel (Committee Secretary)  
Hannah Bjerga – Student Representative Henderson High School  
(Staff members who attended for a particular item are named at the start of the minute for that item.)

**KARAKIA**

DJ Adams opened the meeting with a Karakia.

**APOLOGIES:**

Late apologies were received and accepted from Lorraine Symons.

**WELCOME:**

The Consumer Council Chair welcomed everyone to the meeting including Hannah Bjerga who has been invited as Youth representative from Henderson High School.

**DISCLOSURE OF INTERESTS**

Prior to the confirmation of Item 2.2, Alexa Forrest-Pain advised of her interest as a member of the Auckland Council Youth Advisory Panel.

There were no other 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.

## **2 CONFIRMATION OF MINUTES**

### **2.1 Confirmation of Minutes of the Consumer Council Meeting held on 03 February 2021** (Agenda pages 7-11)

**Resolution** (Moved Ravi Reddy/ Seconded Jeremiah Ramos)

**That the Minutes of the Consumer Council Meeting held on 03 February 2021 be approved.**

**Carried**

Actions arising from previous meetings (Agenda page 12)

The updates listed were noted and no issues were raised.

Other updates

The confidential survey assessment for the Consumer Council members was sent out and the assistance of Ravi Reddy for this was acknowledged. The group agreed that it would progress with a personal evaluation to reflect on individual achievements and participation.

### **2.2 Confirmation of Minutes of the Strategy Meeting held on 27 January 2021** (Agenda pages 13-15)

**Resolution** (Moved Lorelle George/ Seconded DJ Adams)

**That the Minutes of the Strategy Meeting held on 27 January 2021 be approved.**

**Carried**

## **3 DISCUSSION ITEMS**

### **3.1 Gynaecology Patient Information (Update)** (Agenda pages 16-19)

Marle Dippenaar (Project Manager, i3) and Dr Jye Lu (Consultant Women's Health) were present for the discussion and provided a presentation with summary of the project and the work conducted so far.

Matters covered in discussion and response to questions included:

- The Gynaecology Patient Information project is part of the work underway for informed consent process. Improving the information provided to patients is expected to address some of the gaps and challenges raised by the Consumer Council in previous meetings, including mismatch on patient expectation and what happens during the procedure; ensuring culturally appropriate approach;



addressing diversity; translation to different languages; providing sub-titles and voice recordings for disabled people.

- Additional consultations with other consumer groups were also conducted and the endorsement from the Consumer Council is sought as similar information materials will be developed and rolled out to other services.
- The group provided the following comments and feedback on the materials provided in the paper:
  - Acknowledged Gynaecology Service webpage in particular the use of simple language, images and video.
  - Noted the importance of the consistency of information on the flyers and the video resources available. Attendance of student trainees is not clarified on the information pack.
  - Reconsider the use of background music (volume and when there are people speaking on the video)
  - Translation of videos including sub-titles and readability of sub-titles.
  - Use of precise language. An example was given for the word 'doctor' as this could be construed by the patient as their general practitioner. Additional words may need to be defined/simplified or reviewed such as 'gynaecologist' and 'fellows'. Recognising the use of simpler language for people with disabilities including availability of easy-read' versions were noted.
  - To include information on alternative options or if the patient chose not to undergo with the procedure/ recommended care.

The Chair and the group thanked Marle and Dr Jye for their time.

### **3.2 Update: Review Older Adults Service Core Values and Principles (Agenda pages 20-23)**

David Wilson (Operations Manager) and Dr Cheryl Johnson (Clinical Director) were present for this item and provided a summary of the paper and the work conducted leading to the current version of the Older Adults Service Core Values and Principles.

Matters covered in the discussion and response to questions included:

- The initiative is in response to the increase in population and need to look at the service to cater to changes and take advantage of opportunities. This will be a benchmark for the service and the underlying framework to which services will be designed/redesigned.
- The development process involved a multi-disciplinary team focusing on patient-centred care, addressing health equity and honouring Te Tiriti obligations.
- The service has established links with non-government organisations and community services providers and additional feedback would be sought from these stakeholders. The feedback and consultation is not expected to be one-off rather an on-going process.
- The group provided the following comments and feedback on the Service Core Values and Principles:
  - Emphasis on respect and dignity and that 'advocacy for older adults' as core principle were noted. The three principles of 'Patient-Directed Inter-Disciplinary Care', 'Timely and Proactive' and 'Expert, Comprehensive, Iterative Assessment' could follow from the overarching principle of 'Advocacy for Older Adults'.
  - It is understood that a holistic approach to service delivery is envisioned but not currently translated in the document. The use of Te reo Māori such as

manaaki and manakitanga and to reflect recognition of the 'heart' and 'soul' of the patients.

- The importance of the use of language was highlighted in particular to recognise autonomy of the person from the whānau was suggested.
- For the service framework to consider support to be provided for patients and whānau in the event that they do not agree/will not proceed with care recommendations.
- DJ Adams, Kaeti Rigarlsford and Lorelle George offered on-going feedback as with the rest of the Consumer Council should the service require it.

The Chair and the group thanked Dr Cheryl and David for their time.

The group adjourned for a short break from 3.04pm to 3.12pm.

### **3.3 Maternity user experience**

Laura Furneaux and Aleisha Hazlewood were present for this item. Katelyn Gaskill, Erina Simon, Stacey Dorhte and Mark Shepherd (Executive Director Hospital Services) joined by video conference.

The members welcomed the group and Laura and Aleisha opened the discussion and introduced the rest of the members joining the meeting by video conference. They shared their stories and experience of giving birth during the first lockdown of 2020.

Matters covered in the discussion and response to questions included:

- Noting the restrictions in place in the hospital were in line with national guidelines and need to balance the risk of COVID-19 during that period. Recognising the impact of the lack of support person during a challenging time for mothers, the DHB was one of the first to relax the policy around support persons.
- There were gaps identified in the level of care provided and the bravery of the group was acknowledged in particular their aim to influence future maternity service delivery. Noting the suggestion from the group for a formal review and capture the learnings and recommendations, a discussion with the service and staff will be organised to continue improvements already made.
- Maternal support is available and the service will work to ensure that patients are made aware of this.

The Chair thanked the group for the time they have committed to provide valuable feedback and offered on-going support should they require it.

### **3.4 Consumer Engagement QSM Endorsement (Agenda pages 24-27)**

Due to lack of time, the Consumer Council members agreed that the discussion of this agenda will be deferred and a separate meeting will be arranged to review the evidence and sign-off the Quality Service Markers for Waitemātā DHB.

## **4 INFORMATION ITEM**

### **4.1 Patient Experience Report (Agenda pages 29)**

[Secretarial note: This report was for noting only and was not discussed]

**5 OTHER BUSINESS and COMMUNITY CONCERNS**

[Secretarial note: No matter of general business and community concerns were discussed due to lack of time]

The Chair thanked the members and attendees for their time.

The meeting closed with a Karakia led by DJ Adams.

The meeting adjourned at 4.13pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 17 MARCH 2021.

\_\_\_\_\_ CHAIR

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE  
CONSUMER COUNCIL AS AT 27 APRIL 2021**

<b>Meeting Date/ Minutes ref.</b>	<b>Topic</b>	<b>Person responsible</b>	<b>Action / Status</b>
03/02/21 Item 3.3	<u>Waitakere Hospital Development: Community Support</u>  Additional information on Waitakere hospital development	Maggie Broome	Item 4.2 of this agenda

#### **4. DISCUSSIONS and UPDATES**

- 4.1 COVID-19 Vaccination Programme (verbal update – Dr Tamzin Brott)
- 4.2 Waitakere Hospital Master Site planning (presentation)
- 4.3. Lung Cancer Screening: Update to Consumer Council
- 4.4 Health Sector Reform (verbal update – Dr Dale Bramley)

### 4.3 Discussion: Lung Cancer Screening: update to Consumer Council

#### Recommendations:

The recommendations are that you:

- a) Review the attached summary of the of the lung cancer screening research team
- b) Provide recommendations as to how the Consumer Council would like to engage with the project team to provide input moving forward

#### Background

Lung cancer is a leading cause of death in Aotearoa. For Māori, it is the commonest diagnosed cancer; is the leading cause of death for Māori women, and is second (to cardiovascular disease) for Māori men. In addition, there are significant inequities in both incidence and mortality rates, with Māori women's rates being over four times higher and Māori men's rates nearly three times those of non-Māori. Lung cancer is the greatest contributor to the absolute difference in Māori and non-Māori non-Pacific mortality and develops among Māori at lower smoking exposures and around 6-8 years earlier compared to non-Māori. Most lung cancer is diagnosed at a late (symptomatic) stage when definitive cure is unlikely, resulting in a very low 5-year survival (12%). A comprehensive range of strategies are required to improve lung cancer diagnosis and outcomes, including tobacco control, smoking cessation, early detection, and improvements in treatment pathways and access to therapies. In addition, early detection through low dose CT screening of high-risk asymptomatic people has been demonstrated to reduce mortality by more than 20%. The NZ Cancer Action Plan highlights lung cancer inequity as a priority area, and calls for local research into lung cancer screening. This research has also been identified as a priority by Hei Āhuru Mōwai. To address this significant unmet need, two separate initiatives are underway, led by Professor Sue Crengle at the University of Otago and supported by Waitematā and Auckland DHBs.

**1, Lung cancer screening research programme:** we are working with a team of Māori researchers and doctors to develop the Lung Cancer Screening Research Program, *Te Oranga Pūkahukahu*. This team are currently planning a pilot clinical trial of screening, and have also conducted consumer surveys and focus groups which established that lung cancer screening would be acceptable to the vast majority of Māori (91%). We have applied for funding for two randomised trials to test key questions around implementation of a wider screening programme and are currently commencing a pilot study.

As part of this program, we have established a Māori consumer group (*Te Hā Kotahi*) to enable voices of eligible people and their whānau to guide the development of the programme as we move forward. There are many things to think about when developing a screening program and we want to design lung cancer screening so that it is a positive experience and works for Māori, with equitable access and benefit. Te Hā Kotahi allows us to put the voices of potentially eligible Māori and their whanau in a central role in this programme and ensures that these voices guide the development of the program as we move forward. Meetings are held approximately every 2-3 months, usually at Waitakere Marae, and are supported by a kaumātua.

The group are encouraged to provide their views and give whānau-centred advice and insights to the project team. They will continue to be involved across the life span of the project. Key areas where they will provide input include

- Providing feedback on promotional, participant information and other project materials as they are being developed

- Offer Māori whānau and community insights to create a program that will be of value to all Māori
- Ensure there is strong Māori patient/whānau focus across the entire program of work

**2, Implementation Science Research:** in parallel to this work we have also applied for funding for an “implementation science” piece of research under the Healthier Lives, National Science Challenge, which aims to identify the facilitators and barriers to the equitable implementation of health interventions in Aotearoa NZ. This piece of work is being conducted using an implementation science framework and equity readiness assessment tool, with the aim of developing an implementation pathway for evidence-based interventions in an area of strategic importance for the NZ health sector. It is possible that Lung Cancer Screening as an intervention can be utilised in Phase 2 of this work to test the equity readiness assessment tool.

This work stream will formally establish a Māori consumer group and Kāhui which will directly contribute to decision making during the course of the project. Meetings will be held with both groups throughout the project and will seek input which, it is envisaged, will directly influence decision making, project direction and activities.

We would like to discuss with the Consumer Council about the opportunity for a subgroup of the Council to work with the Kahui as this programme is developed. The Waitematā DHB MoU partner representatives have already agreed to participate in this group, and could be a link to the Council.

### Key Issues

We appreciate the opportunity to update the group on our recent consumer engagement activities and would appreciate any feedback on current and future plans.

We would like the Consumer Council to consider whether a sub-group of the Consumer Council would be willing to work with the Kahui we intend to formally establish if the Implementation Science programme goes ahead.

### Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Dr Karen Bartholomew	Director, Health Outcomes, Planning and Funding		✓
Professor Sue Crengle	Professor, Department of Preventive & Social Medicine/Te Tari Hauora Tūmatanui, University of Otago		
Dr Kate Parker	Manager, Lung Cancer Screening Research, Planning and Funding		

## **5. INFORMATION ITEMS**

- 5.1 Patient Experience Report (for noting)
- 5.2 Māori and Whānau Patient Experience Update (for noting)



# Patient Experience Report



MARCH 2021

## 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. Chaplaincy Services are also supported within the Patient Experience Team.

## KEY STATISTICS – MARCH 2021

# NPS 77

Continues to score well above target

# NPS Target 65

# 1217

responses

# NPS 86

'Welcoming & Friendly'  
Strongest performer

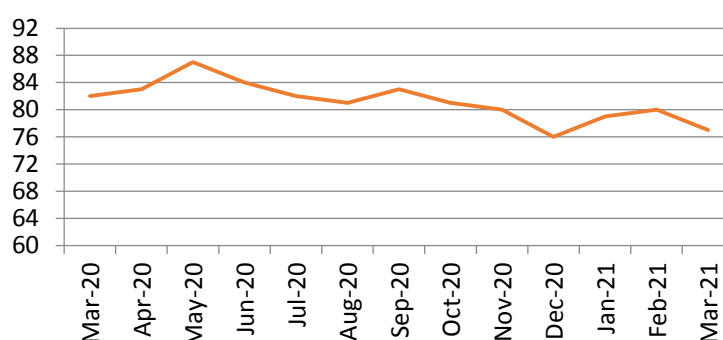
# NPS 72

Māori patients and whānau

## Net Promoter Scores (NPS) by ward /service

Exceptional NPS	Location	NPS
Hine Ora	NSH	100
Haematology Day Stay	NSH	100
Radiology	WTH	97
Low NPS	Location	NPS
Ward 11	NSH	53

## Monthly NPS score



## NPS Scores by ethnicity

March 2021	NZ European	Māori	Asian	Pacific	Other/ European
Responses	790	75	95	61	196
NPS	76	72	79	82	82

## Highlights

- Murals at Waitakere in place for seven wards connecting them to the beaches they are named after.
- Over 50 consumers attended a community event for the Waitakere Master Planning – hosted by Waitakere Healthlink.
- Increase of 80% in responses to Friends and Family Test in March.
- Consumer Engagement Quality Safety Marker Self Assessment endorsed by Consumer Council and sent to the HQSC.

## Areas for improvement

1. Noise at night
2. Coordination of care

# Patient Experience Report

MARCH 2021

## Feedback

*"I have had many years of treatment and always found it wonderful. As usual I found all the staff warm, welcoming and very good at their jobs."* **Radiology, WTH**

*"Very friendly face on Zoom, helped me with tube blocking issues."*

**Allied Health Community Adults Rodney**

*"I am 100 and I cannot speak too highly of the staff, they went above and beyond."*

**Ward 14, NSH**

*"I have been here several times and have had the help I needed. The staff are so lovely and caring, what more could I ask for. I am glad I live in the Waitemata area."*

**Anawhata Ward, WTH**

## Patient Experience Highlights in March – Mural installation at Waitakere



Anawhata Ward



Titirangi Ward

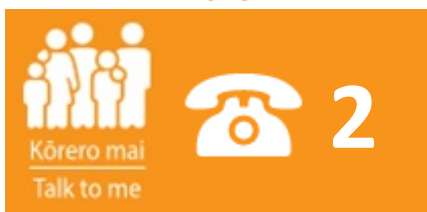


Te Henga Ward



Muriwai Ward

## Kōrero Mai Calls in March



### Reasons for calls:

1. Communication
2. Unclear treatment plan

## 5.2 Māori and Whānau Patient Experience update

This report outlines the Key Projects over the period of one year and provides an update on progress of each for the information of the Consumer Council.

Project	Description	Status
Harakeke Garden	To re-establish a harakeke garden to support resourcing for the Maternity classes and other raranga related activities of the DHB such as the Wahakura	This has been through a number of challenges including COVID-19 alert level restrictions. The work is due to start as soon as contractors are able and will be placed along the fence line behind the Māori Health office. It is intended that a staged approach to extend the garden to a rongoa space will be considered in the future.
Kia Ora to all by all	One of the first activities asked of the role through CEO and a request from staff.	Encouragement for staff to greet whānau and patients with Kia Ora is threaded through team sessions with the role and team education trainings around equity. Acknowledging that there is push back from some staff groups. Other groups are working hard to make it a norm and form of best practice in their spaces.
Support to Gastro and Endoscopy	Approached by the team to support better engagement with Māori whānau	Lock downs and staff changes caused brief suspension of progress throughout the year. To date we have particularly explored environmental factors to engagement for whānau and team development. In March to April – the nursing team of the service have undergone a 2-part training to enhance application of Te Tiriti o Waitangi and Cultural Safety to also support the compliance of/to the audit they are currently preparing for in June 2021.
Support to Māori Nurse Educators – Māori Health	The Māori Nurse Educator team started not long after the role in 2020. As both were new to Waitemata DHB, it was intended to support their orientation and seek opportunities to collaborate on mutual areas of mahi.	The establishment of the Kaupapa Ward initiative/ intensive focus for Waitakere Hospital site started in 2021 which has included a workstream to enhance Application of Te Tiriti and Cultural Safety across wards and services (also known as Nursing competencies 1.2 and 1.5). The Māori Nurse Educator team have been co-developers in the training framework and package which is currently being trialled in the first instance with the Endoscopy nursing team.
Safe relationship and space for Māori staff to engage or talk through experiences as Māori Staff in the DHB	During the COVID-19 Alert Level 4 lockdown, it became apparent that there was limited specific care/oversight for Māori staff across the wider organisation.	An office has been established in the Health West building along with a relationship with the Employee Assistance Programme (EAP) worker at Waitakere Hospital. People leaders are able to request support for their Māori staff members to engage or have time/ support to work through some of their experiences especially with the pressures through COVID-19. The EAP worker is also able to contact the role with the permission of the staff member if they feel Māori specific conversation or support is required to assist the staff.

Support for Recruitment	Hiring Manager and Interview Panel training package and support	On starting with the position, the contract clause regarding Intellectual property has been revised. Recently have also pushed for the review of the Tiriti statement in Position descriptions which as current only holds accountability to 'responsibility-level' roles such as management rather than a whole of workforce approach and accountability for application. The support of multiple interview panels to support manager and panel practice in interviews has also been an undertaking due to the minimal availability of Māori staff who are able to support all panels where a Māori applicant is considered as per policy. To help resolve this, support to the Māori Recruitment consultant to develop a training package has been implemented.
ARDS support to local Māori Medium Schools and Whānau	It was observed that there were two local Māori medium schools that were receiving less than consistent service from ARDS for their whānau, an intervention was developed to ensure service to whānau was enabled	With a decent amount of resource and time to navigate and coordinate making this possible, we were able to deliver services to the schools using a Māori team. Findings from the feedback of whānau have also prompted a paper to be submitted by the Māori Health Gains Team to consider the approach of a dedicated Māori ARDS service.
Emergency Department (ED) and Equity	As a result of supporting the leadership team through a complaint, it was requested to support the Emergency Department (ED) with the implementation of the Whakamana Equity strategy for Emergency Medicine.	This is an on-going area to support through the role. To date activities have included: <ul style="list-style-type: none"> <li>- Facilitation of education days with the ED team</li> <li>- Support and consultation with the team Equity Manaaki Mana hui and staff group</li> <li>- Development of a set of posters to support better patient engagement</li> </ul>
Environmental development for Maternity	The environmental experiences of whānau and staff needed support to match the intent of the service as the spaces were sterile and not supportive of the journey of bringing babies to the 'earth-side'	Starting with the Piha wall decal that created an impact on staff and patients/ whānau, the two assessment rooms have now also been completed with the installation of mural dots to act as windows and a colour added to the space to support calm for anxious whānau. The intent is to support the wairua and energy of both staff and whānau to be 'Tau' (calm) so the engagement could flow better resulting in better experiences for our community and pepe coming into the world. The Te Henga ward has also had an installation to support welcoming the new journey of parents and whānau with their pepe.
Imagery for Special Care Baby Unit (SCBU) Build	Following participation in a CDU SCBU focus group with whānau, we received feedback that their	To create a link between the environmental work of the rest of the hospital (photo murals) and the new build, it was proposed to use imagery as a connector. To make it special and particular to

	negative experiences were seeded in the environment not feeling supportive of healing. The new build presented an opportunity to ensure our future environment could rectify or reduce the risk of the negative experiences happening to future whānau	the intent of the service in that space, I approached a Māori business and artist 'Aho Creative' to develop a concept series of images. These designs have recently been approved by the CEO.
CDU – SCBU core worker development project	Participation and support was requested by the project team in the development of a new role/ approach to support better outcomes for whānau being discharged to community SCBU services.	Three focus groups have been facilitated and supported with the CDU team. They have been influential in the progress of the project and team learnings that have been applied in practice on the wards. The Northern Regional Alliance have since been in contact to learn from our facilitation style in the focus groups to apply to other projects in the area
Wider Waitakere Environmental Development	Decals on wards	Acknowledging the potential of art to be a healing tool, the installation of imagery of natural elements has been implemented. To date, eight areas have been completed. As the majority of wards are named after West Auckland beaches, each ward has been installed with the image of their beach. This has had multiple impacts on wards with staff and whānau. In view of the positive feedback from community, we are now in the process of developing an image set for installation in the more common areas. Outpatients in Waitakere will have a difference in the imagery as they will feature black and white photos from local Māori students themed 'well in our community'. This is intended to give acknowledgement to local Māori youth as positive members of our local community.
Activity to respond to acknowledgement we need to do better for Māori with Disabilities	Recognising that our patient information posters are not presented in a way that is helpful or accessible – it was sought to produce a series or new template to follow for posters that were helpful for whānau especially with communication difficulties.	The posters have been developed and are just in trial phase in Maternity and ED areas. The posters cover: <ul style="list-style-type: none"> <li>- Four basics of best engagement practice</li> <li>- Kaupapa or service intent for ED</li> <li>- Roles in ED to support whānau knowing who is supporting the care of their loved ones in ED.</li> </ul> The posters are also intended to act as a support for patients to articulate where an engagement didn't flow right and encouragement to approach the Charge Nurse. They are also intended to create a common understanding of what is expected as a part of best practice by both staff and whānau and supports the tikanga policy being present/ practical for staff to practice.

Active promotion of Tikanga Best Practice Policy	Query to wards as to whether the policy was actively known in their teams highlighted the lack of presence it had despite being available for a longer period of time (over 10years).	The posters and daily visual audits/ encouragements to implement 1- 2 core components of the tikanga policy has increased awareness and sense of responsibility across a number of areas. The blue pillow cases and encouragement to understand and say Kia Ora when greeting each other and whānau are examples of the start of more active application of the policy
Equity Māori and Pacific Outpatients project	'Did not attend' (DNA) concerns particular for Māori and Pacific whānau in outpatient services has been surfaced into a project intended to rectify and reduce the occurrence.	Meetings have been had with the project team and the role. It has been agreed to have a co-leadership approach to the work. Perspectives are still being explored and are nearing a plan to trial some approaches to help reduce the failure of service to be provided.

**Goals for the role in the next 6months:**

- To further progress the initiatives noted above
- To confirm the framework and pathway for wards to be deemed 'Kaupapa' aligned (that being culturally safe for whānau and staff Māori, intended to be recognised as Te Tiriti responsive across workforce and service delivery.

**Contacts for further discussion (if required)**

Name	Position	Telephone	Suggested first contact
Allanah Winiata-Kelly	Māori Patient & Whānau Experience Lead		✓

## **6. OTHER BUSINESS**

6.1 Community concerns

6.2 Agenda for next meeting