Waitematā
District Health Board

Best Care for Everyone

Consumer Council

Wednesday

3 February 2021

2:00pm – 4:00pm

VENUE

Waitematā Room, Level 2,
Whenua Pupuke Clinical Skills Centre
North Shore Hospital Campus

CONSUMER COUNCIL
03 February 2021

Venue: Waitematā Room, Whenua Pupuke Clinical Skills Centre, North Shore Hospital Campus
Time: 2:00pm – 4:00pm

Consumer Council Members	Ex-officio - Waitematā DHB staff members
David Lui (Council Chair)	Dr Dale Bramley – Chief Executive Officer
DJ Adams(Ngati Maniapoto, Ngati Kahungunu)	David Price – Director of Patient Experience
Neli Alo	
Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua)	Other Waitematā DHB Staff members
Lorelle George	Mark Shepherd – Director Provider Health Services
Insik Kim	
Ngozi Penson	
Jeremiah Ramos	
Ravi Reddy	
Kaeti Rigarlsford	
Lorraine Symons (Te Whānau o Waipareira)	
Vivien Verheijen	

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

	1. AGENDA ORDER AND TIMING	
	2. CONFIRMATION OF MINUTES	
2:00pm	2.1	Confirmation of the Minutes of Meeting (25/11/20) Actions Arising from Previous Meeting
	3. DISCUSSION ITEMS	
2:05pm	3.1	COVID-19 and plans to address service impacts
2.30pm	3.2	Update: Community Engagement for Facilities Projects
2:50pm	3.3	Waitakere Hospital Development: Community Support
3.10pm	--	Break
3.15pm	3.4	Consumer Council Selection, appointment and re-appointment
	4. INFORMATION ITEM	
3.45pm	4.1	Patient Experience Report (for noting)
	5. ANY OTHER BUSINESS	
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)	×	✓	✓	✓				
Neli Alo	✓	✓	✓	✓				
Alexa Forrest-Pain		✓	✓	×				
Lorelle George	✓	✓	✓	✓				
Insik Kim	✓	✓	✓	✓				
Ngozi Penson	✓	✓	✓	✓				
Jeremiah Ramos	✓	✓	✓	✓				
Ravi Reddy	×	✓	✓	✓				
Kaeti Rigarlsford	✓	×	✓	✓				
Lorraine Symons	✓	✓	×	✓				
Vivien Verheijen	✓	✓	✓	✓				
+Dale Bramley	×	✓	✓	✓				
+David Price	✓	✓	✓	✓				

✓ *attended*
× *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 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	No declared interest	03/07/19
Lorelle George	No declared interest	03/07/19
Insik Kim	No declared interest	03/07/19
Ngozi Penson	Board member for Neuro Connection Foundation Board member Mata of Hope NZ Member, Ethnic Advisory Group (EAG), English Language Partners	09/10/20
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	Member, Consumer Advisory Committee - PHARMAC Board member, Companionship & Morning Activities for Seniors (CMA)	31/08/20

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 25 November 2020 Actions Arising from Previous Meeting

DRAFT Minutes of the meeting of the Consumer Council

of the Waitematā District Health Board

Wednesday, 25 November 2020

held at the Matepo and Manuka Rooms, Waitakere Hospital and by video conference commencing at 2.04pm

CONSUMER COUNCIL MEMBERS PRESENT:

David Lui (Chair)
DJ Adams (Deputy Chair) (Ngati Maniapoto, Ngati Kahungunu)
Neli Alo
Lorelle George
Insik Kim
Ngozi Penson
Jeremiah Ramos
Ravi Reddy - *present by video conference*
Kaeti Rigarlsford
Lorraine Symons (Te Whānau o Waiparera) - *present by video conference*
Vivien Verheijen

ALSO PRESENT:

Prof Judy McGregor (Board Chair) – *present by video conference until 2.55pm*
Dr Dale Bramley (Chief Executive) - *present by video conference*
David Price (Director of Patient Experience)
(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:

Apologies were received and accepted from Alexa Forrest-Pain.

WELCOME:

The Consumer Council Chair welcomed everyone to the meeting and acknowledged the presence of Nicola Peeperkoorn and Elizabeth Baird (Lived Experience Advisory Council), Renee Greaves (Experience and Engagement Advisor, Counties Manukau DHB) and Jacob Mills (Consumer Engagement Advisor, Taranaki District Health Board).

DISCLOSURE OF INTERESTS

At the start of the meeting, DJ Adams advised the group that he has been appointed as a member of the Health Quality and Safety Commission's Consumer Network.

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 14 October 2020

(Agenda pages 7-12)

Resolution (Moved DJ Adams / Seconded Lorelle George)

That the Minutes of the Consumer Council Meeting held on 14 October 2020 be approved.

Carried

Actions arising from previous meetings (Agenda page 13)

David Price provided an update on the employment of the Community Engagement Advisor noting that previous recruitments for the position were unsuccessful. The group recommended looking at the way the vacancy listing and requirements are presented as some certification/requirements could become a barrier as well as looking into secondment.

The other updates were noted.

3 CHAIR's UPDATE

David Lui (Consumer Council Chair) provided the group the following updates following his meeting with Dr Dale Bramley (Chief Executive) and Prof Judy McGregor (Board Chair):

- Bi-annual Board updates to the Waitematā Board and regular meetings with the Chief Executive and the Board Chair will be scheduled.
- Provided updates on the work of the Council and evaluation of the work of the group. The CE and Board Chair thanked the Council for the work and the inputs that the DHB is receiving.
- Other administrative updates were also provided.

Dr Dale Bramley and Prof Judy McGregor joined the meeting by video conference at 2.12pm.

4 DISCUSSION ITEMS

Prior to the discussion of Item 4.1, Dr Dale Bramley and Prof Judy McGregor advised the Consumer Council that they will leave the meeting for the discussion of Item 4.2 so that the group could have a free and frank discussion. David Lui and the group acknowledged this. The Consumer Council advised the CE and the Board Chair that they are free to stay in the discussion should they wish to.

4.1 Counties Manukau Consumer Council Experience

Renee Greaves (Experience and Engagement Advisor, Counties Manukau DHB) was present by video conference for this item. She provided an overview of the experience of the Counties Manukau Consumer Council. Matters covered in the discussion and response to questions included:

- The Counties Manukau Consumer Council was established in 2014 and the group also looked into evaluation at about 18 months following their establishment. The evaluation was aimed to understand the group's vision, how the group is influencing DHB's services, identifying challenges and opportunities and the effective ways to engage with the different services to maximise outcomes and impact.
- The process of evaluation involved interviewing previous and current Consumer Council members as well as services that have presented and met with the Council. The evaluation also sought to understand the reason if there is a lack of engagement from other services.
- Key success factors highlighted by Renee include the establishment of an independent role for the Consumer Engagement Advisor and Council Chair as well as the close link with the Executive Leadership Team. The ELT are early adopters and advocates of the work of the Consumer Council.
- Key achievements of the Counties Manukau Consumer Council were also discussed and Renee noted that work of the Consumer Council shifted the understanding of issues as operational to that of staff retention and engagement (example is parking and accessibility issues).
- Challenges that were highlighted to the group include leadership succession planning, the need and development of a Deputy Chair position and opportunities that could be missed due to lack of capacity. Counties Manukau DHB has established a new consumer advisory group for specific scope of work.
- Development of a job description that specifies the attributes that are expected of the members and the vision of the Counties Manukau Consumer Council.
- It was noted that Counties Manukau Consumer Council had natural attrition in terms of its membership. If there is a vacancy in its membership, an evaluation of priorities is conducted and the focus of the DHB is considered. While number of seats is not fixed on demographics alone, it is aimed that membership is reflective of the communities. Engagement process is done mostly through consumer networks. Selection criteria are a combination of consumer advocacy experience, lived experience and/or past governance role. Term of membership is two years with an option for renewal for a maximum term of four years. Peer support to new members is provided.
- Renee will be sharing documentations that could help in the development of similar processes for group.

The Chair and the group thanked Renee for sharing her insights and experience.

Prof Judy McGregor retired from the meeting at 2.55pm.

4.2 Consumer Council Selection, appointment and re-appointment (Agenda pages 16-65)

At the start of the discussion of this item, Lorelle George suggested, and the Consumer Council Chair agreed, that the membership of the group, as reflected in the Terms of Reference, be reviewed as a result of the disestablishment of Health Link North.

Given the limited time available for the discussion, the group noted that given the information provided by Renee and the need to reflect on the insights shared and how this will be applied by the group, it was suggested and agreed that the discussion be deferred to be discussed at the group's next meeting. A questionnaire will be sent out and answers will be shared to the group to write down individual responses and reflections to be discussed at the next meeting.

4.3 Waitematā Mental Health and Addictions Lived Experience Advisory Council (Agenda pages 66-77)

Nicola Peeperkoorn and Elizabeth Baird (Co-Chairs of Lived Experience Advisory Council (LEAC) and Dean Manley (Consumer and Family/Whānau Consultant) were present for this item.

Nicola and Elizabeth provided a summary of the establishment of the LEAC and the vision and advocacy of the group.

Matters covered in the discussion and response to questions included:

- The group was recently established and supported by the Mental Health and Addiction Services (MHAS) through a Memorandum of Understanding (MOU). The MOU with MHAS considered the Letter of Expectations for DHBs and the direction of He Ara Oranga.
- There are projects underway; the group meets fortnightly and has regular meetings with the Executive Leadership Team of MHAS. The group is reviewing work where they could make an impact. Focus is working with the DHB on education around mental health and access to resources and tools to support whānau and community.
- There are currently ten members. There is currently no member who identifies as Pacific. Membership is open to service users and/or whānau of service users.

The Chair noted the importance of the work of the LEAC and encouraged Nicola and Elizabeth to let the Consumer Council know how the group could support and work with the LEAC.

The Chair and the group thanked Nicola and Elizabeth for their time.

Session went on break 3.30-3.36pm

4.4 Consumer Engagement for Future Facilities Design (Agenda pages 78-79)

David Price (Director Patient Experience) and Matthew Knight (Project Services Director) were present for this item. Chris Cardwell (Facilities Services Director) joined by video conference.

David Price and Chris Cardwell provided a summary of the report and highlighted that the planning underway on some developments and is an opportunity to start the early engagement process. There are challenges in creating spaces and early engagement in co-design could support 'buy-in' from users, help avoid future issues and cost associated with redesign.

Matters covered in the discussion and response to questions included:

- David Lui advised that that the proposed sub-group should not replace the existing engagement of the Facilities team with Waitakere Healthlink, rather to fill a gap to assist the team.
- The intention of the group is to be involved early in the design. The plans will be reviewed at the early design stage and a further review when the designs are refined.
- Lorelle George noted that she does not support the establishment of the sub-group as outlined in the proposed document. She noted that the responsibility for liaising with the Facilities Department and other groups within the DHB, and arranging appointment of consumer representatives to project groups, previously sat with the Community Engagement Manager (CEM). Her opinion is that these tasks should continue to sit with the Community Engagement Advisor (when appointed). It was noted that Waitakere Health Link worked closely with the CEM to manage appointments and support consumer representatives for DHB projects; a reference to the effectiveness of a previous Consumer Reference Group, convened by the CEM, was noted. A need for further discussion and a wider view on the appointment of consumer representatives was suggested.
- In response to a query by Kaeti Rigarlsford, it was clarified that the intention is to adopt the concept of 'universal design' in projects and programmes. These are considered by project managers, architects and advisers however, the inputs of consumer are valuable.
- Noting the opinions and ideas presented, the Consumer Council Chair suggested and the group agreed, that the initial discussions on the role and the plan for the sub-group be discussed with the Facilities Services Group. This will be to start the discussions and will be reviewed to ensure that it is 'fit-for-purpose'. The initial discussion will be made with the facilities team along with David Lui, Lorelle George and Insik Kim; a meeting will be arranged.
- Dr Dale Bramley provided an update on the progress of the development of Waitakere Hospital and requested the advice of the Consumer Council around community support for the project. David Lui supported this and advised that the Council will look into mobilising support from the community in its future meeting.

5 INFORMATION ITEM

5.1 Patient Experience Report (Agenda pages 32-33)

The report was noted by the Consumer Council and no issues/queries were raised.

6 OTHER BUSINESS

The following items of general business were discussed:

- The Consumer Council Chair advised the group to advise himself of David Price should there be community concerns or agenda items they wish to discuss in a future meeting.

- Dr Dale Bramley provided an update to the Consumer Council on the development of locality plans for Waitematā DHB catchment areas. The project is being scoped and the locality plan aims to consider future needs of the area. The advice of the members particularly in securing community feedback will be

needed. Members were asked to signify should they be interested in this initiative.

The Chair thanked the members and attendees for their time.

The meeting adjourned at 4.08pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 25 NOVEMBER 2020.

_____CHAIR

ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE CONSUMER COUNCIL AS AT 26 JANUARY 2021

Minutes ref.	Topic	Person responsible	Action / Status
02/09/20	Engagement with communities from North Shore and Rodney areas	David Price	For discussion at the strategy session
21/10/20	Update on the progress of the Consumer Engagement Health Quality and Safety Marker for Waitematā DHB	David Price	For discussion at the strategy session
21/10/20	Update on planned care and services that have been disrupted during the COVID-19 lockdown restrictions	Mark Shepherd	See agenda item 3.1

3. DISCUSSION ITEMS

3.1 COVID-19 and plans to address service impacts

3.2 Update: Community Engagement for Facilities Project

3.3. Waitakere Hospital Development: Community Support

3.4 Discussion: Consumer Council Selection, appointment and re-appointment

3.1 Discussion: COVID-19 and plans to address service impacts

Recommendations:

The recommendations are that you:

a) Review the attached report.
b) Discuss the plans to address impacts.
c) Discuss the questions posed to the council in the paper

Background

COVID-19 created a great disruption to life for all New Zealanders and a significant impact on how healthcare could safely be delivered in managing an unprecedented pandemic situation. On February 28th 2020 New Zealand reported its first COVID-19 case. On the 19th of March 2020 all indoor gatherings of more than 100 people were cancelled and borders were closed to all but New Zealand citizens and permanent residents. Then at 11:59pm on March 25th New Zealand moved to Alert Level 4 and the entire nation went into self-solation. From this all elective surgery and planned care excepting priority 1, cancer treatment, was ceased. Expectations based on international experience, was we should expect high numbers of respiratory compromised patients needing intensive care support. Planning and redeployment of resources for this scenario were put into place, luckily this did not eventuate.

Other key dates:
8th June 2020 11:59pm – New Zealand moves to alert Level 1 (no more active cases of COVID-19)
12th August 2020 12pm (noon) – Auckland Alert Level 3, Rest of New Zealand Level 2
7th of October 2020 11:59pm – Auckland moves to Level 1.

Like all New Zealanders, Waitematā DHB had to react quite quickly and change the way healthcare was delivered with the new restrictions. Several services were closed due to the inability to provide care with physical distancing requirements and risk. Strict visiting rules meant that screening of all visitors was required through alert levels 4, 3 & 2 – resources had to be redirected to enable us to keep staff and patients safe within all Waitematā DHB facilities. Despite the restrictions – healthcare changed specific practices – such as outpatient appointments utilising telehealth appointments or telephone consultations. The restrictions did have an impact on service delivery – so a number of services continue to action increased activity plans and changes to delivery to ensure healthcare is delivered in a timely manner.

This paper outlines the impacts of COVID-19 on specific departments and the flow on effect as well as contingency plans to increase services. The services outlined in this paper are: Emergency Department, General Medicine, Older Adults Inpatient Services, Allied Health, Colonoscopy, Surgical Services, Maternity Services, Gynaecology Services, Child Health Services, Auckland Regional Dental Services, Radiology Services and Breast Screening Services.

Key Issues

Questions to Council:

- Current increase in presentations to our Emergency Departments – how do we support our community to access the appropriate services?
- Any concerns or questions that you may have about the current plans to address services impacts?
- Any community challenges in accessing healthcare post COVID-19 lockdown restrictions.

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Mark Shepherd	**Executive Director Hospital Services**		✓

COVID-19 and plans to address service impacts

INTRODUCTION

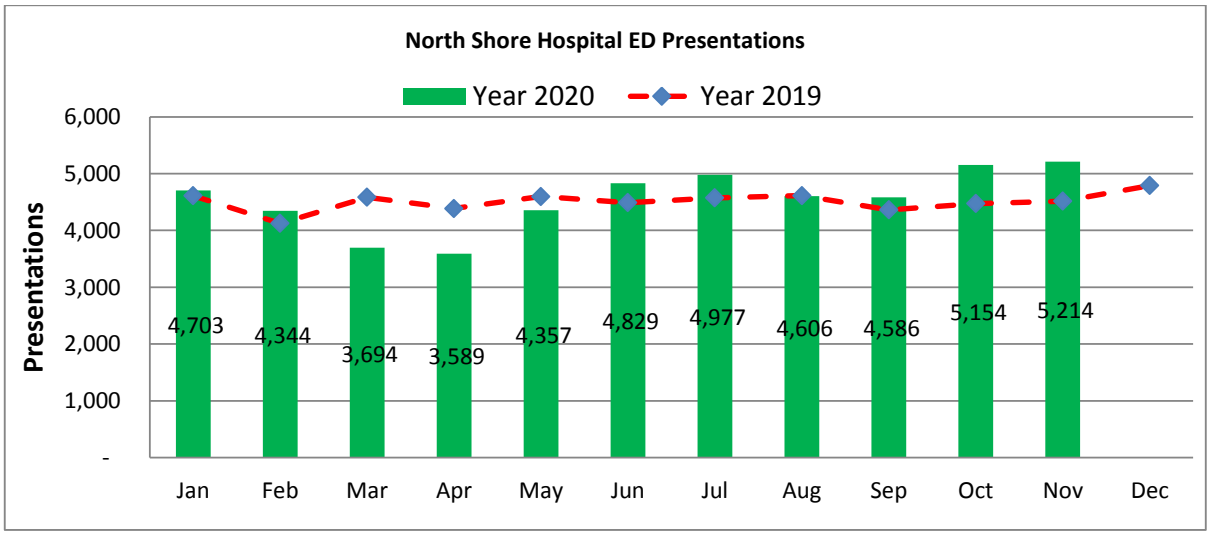
COVID-19 created a great disruption to life for all New Zealanders and a significant impact on how healthcare could safely be delivered in managing an unprecedented pandemic situation.
This paper outlines the impacts of COVID-19 on specific departments and the flow on effect as well as contingency plans to increase services. The services outlined in this paper are: Emergency Department, General Medicine, Older Adults Inpatient Services, Allied Health, Colonoscopy, Surgical Services, Maternity Services, Gynaecology Services, Child Health Services, Auckland Regional Dental Services, Radiology Services and Breast Screening Services.

In reading this report, we pose the following questions to the Council:

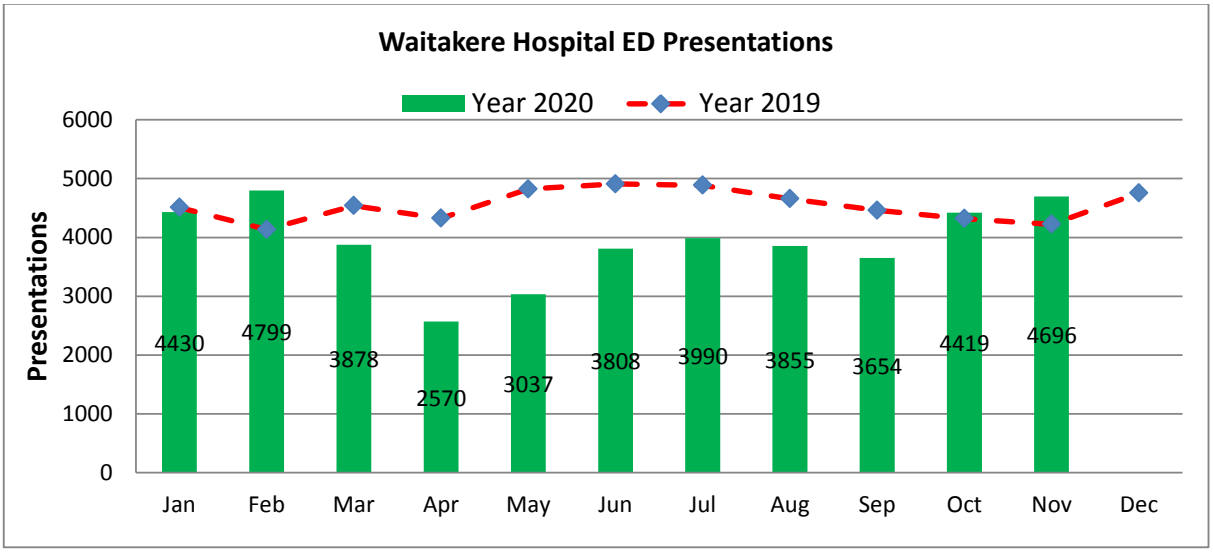
- Current increase in presentations to our Emergency Departments – how do we support our community to access the appropriate services?
- Any concerns or questions that you may have about the current plans to address services impacts?
- Are there any community challenges in accessing healthcare post COVID-19 lockdown restrictions that you are aware of?

EMERGENCY DEPARTMENT

As a result of COVID-19 both Emergency Departments (ED) experienced a reduction in presentations during the lock down period. At North Shore Hospital this had recovered by June after which volumes continued to rise and in November and December were higher than previously experienced. The Emergency Department at Waitakere Hospital did not return to pre COVID-19 volumes until October 2020.



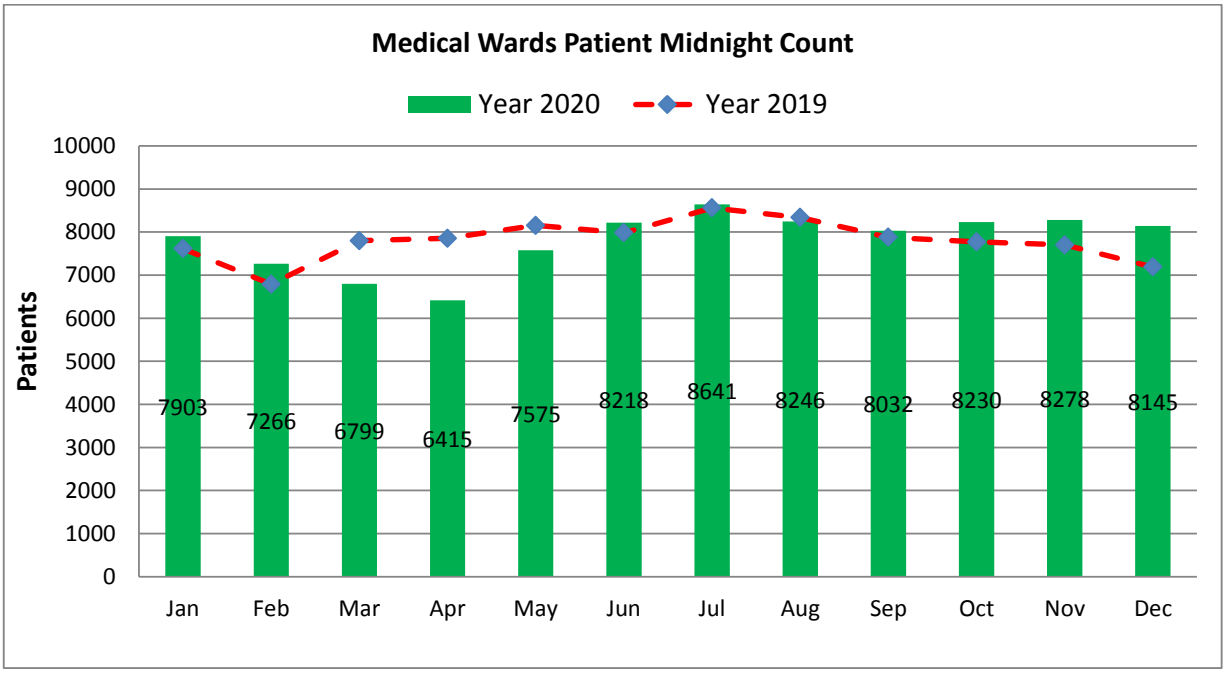
Graph 1: North Shore Hospital Emergency Department (ED) Presentations 2020 & 2019 comparison



Graph 2: Waitakere Hospital Emergency Department Presentations 2020 & 2019 comparison

GENERAL MEDICINE

The Acute medical wards also had lower than expected admissions, and overall in 2020, there were 12.68% less admissions. As with the emergency department acute medical admissions had returned to pre – COVID-19 volumes by June 2020. We have been experiencing higher than usual demand since November 2020.



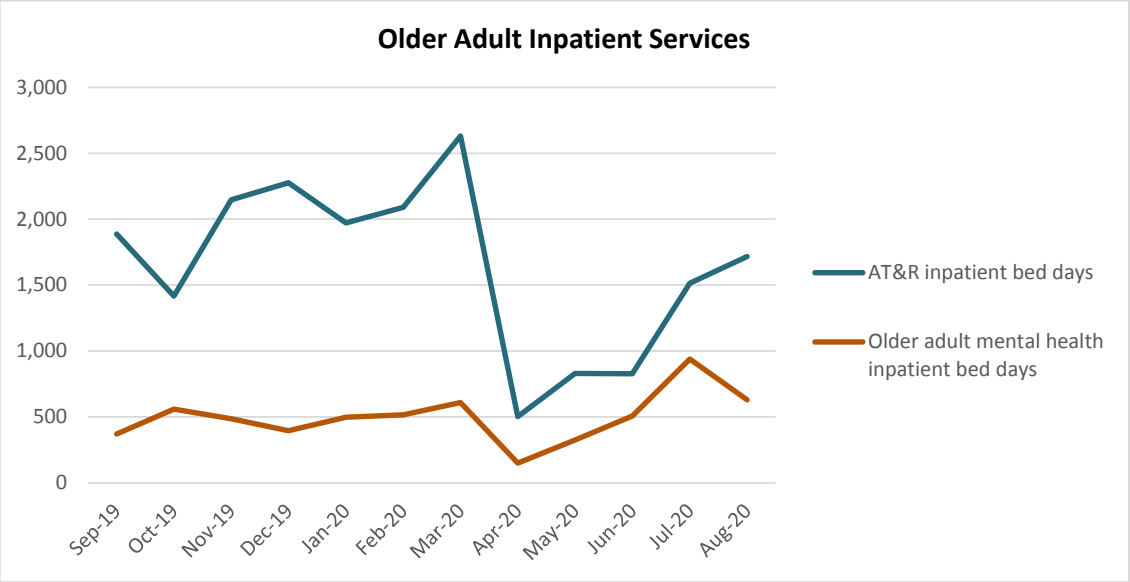
Graph 3: Medical Ward Patient Count Jan-Dec 2020

OLDER ADULT INPATIENT SERVICES

Wards 14 and 15 are used for inpatient rehabilitation of older adults and ward 12 for older adults with an acute mental health condition. These are patient groups at particularly increased risk of harm/death from COVID-19 infection. The age and configuration of these wards placed them at high

risk of cross infection with most rooms designed to hold four or six patients within one room. Patients were reviewed by the medical teams and wards 14 and 15 were closed late March 2020.

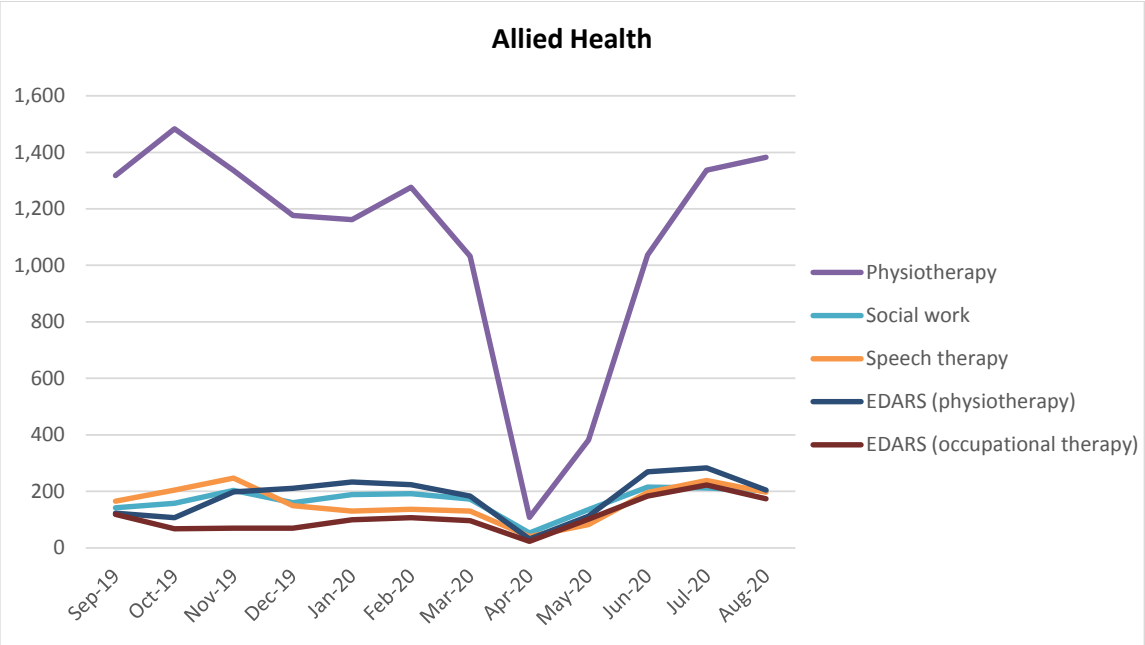
The majority of patients were dischared, either to home or to residential aged care, and the remaining patients recieved their rehabilitation on an acute medical or surgical ward. Ward 12 remained open with reduced occupancy.



Graph 4: Older Adult Inpatient Service Bed Days Sep 2019 to Aug 2020

ALLIED HEALTH (INCLUDING EARLY SUPPORT DISHARGE SERVICE 'EDARS')

Home and community based rehabilitation services could not continue to be delivered in the same way during the level 3 and 4 lockdowns when services needed to be provided with minimal face to face contact.



Graph 5: Allied Health Community Based Services (number of contacts) Sep 2019-August 2020.

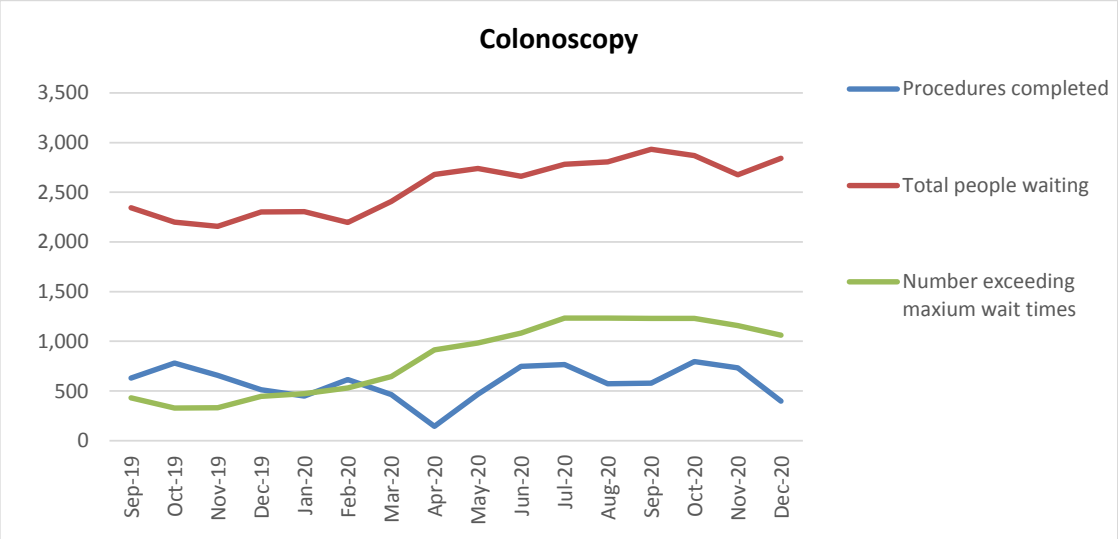
The existing Early Discharge and Rehabilitation service (EDARS) and community services were revised with the following services being developed:

- **Rehab Safe** - focused on safety and education to set rehab patients up at home and prevent readmission.
- **Community Safe team**- provided rapid response to patients presenting with needs as identified through ED attendance or on discharge from inpatient setting, can also support patients in interim care beds to discharge safely home and not be readmitted to rehabilitation
- **Community Connection Calling Service** is a phone or social media based wellbeing check in for vulnerable adults. Community Connection Callers will be Waitematā DHB staff with clinical competencies to provide support and assessment, with escalation of service provision as required either within the Allied Health services or through community referrals.

After an initial decrease in activity, the level of care provided by these teams quickly increased from April 2020.

COLONOSCOPY

Colonoscopy is an invasive procedure so places staff and patients at increased high risk of transmission of COVID-19. As such, only urgent cases were performed during the level 3 and 4 lockdowns. Outsourcing to private providers also stopped during this time. Prior to the decision to stop all non-urgent cases, patients were increasingly reluctant to come into hospital for their procedure (evident in the decline just prior to the lockdowns). The waitlist was clinically reviewed during this period to ensure those requiring urgent care received it.



Graph 6: Colonoscopy Procedure Count and Waitlist Numbers Sep 2019-Dec 2020

Plans for increasing services and catching up on waitlists

A recovery plan has been submitted and accepted by the Ministry of Health. The key components and objectives of which include:

- Resumption and continuation of our outsource programme
- Additional catch up lists – 400 procedures by 30 June 2020
- Utilisation above 90% and non-attendance rates at 5% or below

- Reduction in demand from the retrospective and prospective implementation of the updated national Updated Guidelines on Polyp Surveillance – 1,000 colonocsopies deferred or removed by June 2020
- No one exceeding the maximum wait times by 30 June 2021

Our performance year to date aligns with our recovery plan and we expect to remain compliant and to deliver improved wait times until fully compliant in all categories.

SURGICAL SERVICES

The major impact on surgical services came from the Level 4 lockdown in March/April. The Level 3 lockdown in August did not impact our elective or screening programmes.

There was no interruption to acute and urgent patient presentations (including cancer) during either lockdown, however, during the Level 4 lockdown both the elective and screening programs were affected by the following actions:

- All non-urgent elective surgery and clinics were deferred
- Bowel Screening programme was suspended
- Breast Screening moved to assessment only
- Elective Surgical Centre (ESC) was set up as a dedicated COVID ICU/HDU and the ESC ward was set up as a COVID isolation ward
- 24/7 cover services (Anaesthesia, General Surgery and Orthopaedic medical staff) were reconfigured into pod based teams.
- Two theatres in the main building were set up to manage only COVID-19 patients.
- Outpatient clinics were reconfigured to provide telehealth where possible and face to face consults were provided for urgent patients only

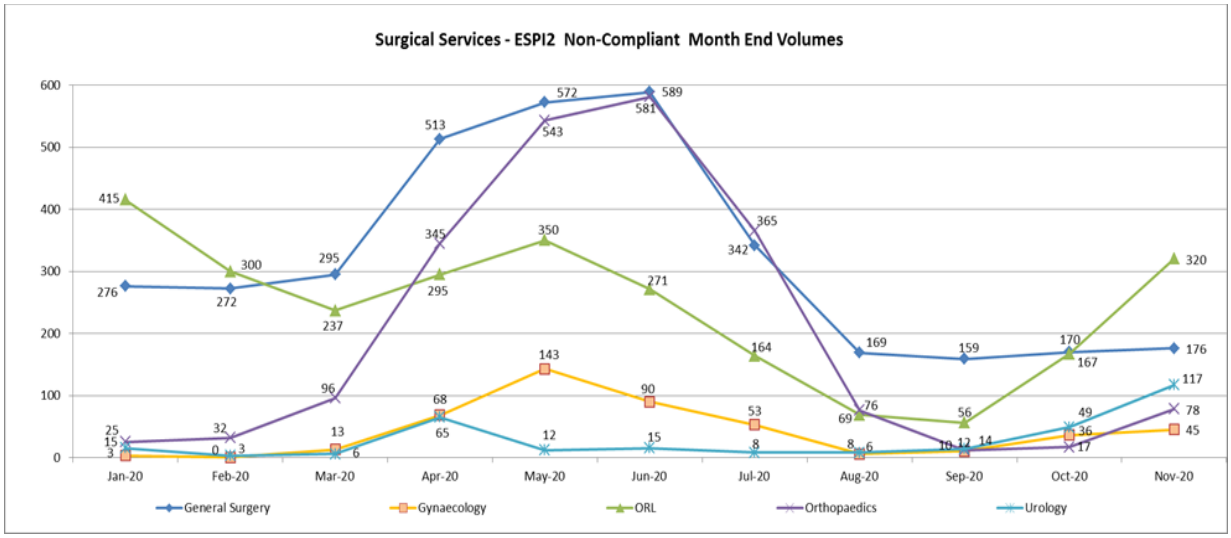
As a result of the above, there was a significant increase in the number of patients waiting for non-urgent clinic appointments and surgical procedures.

Plans for increasing services and catching up on waitlists

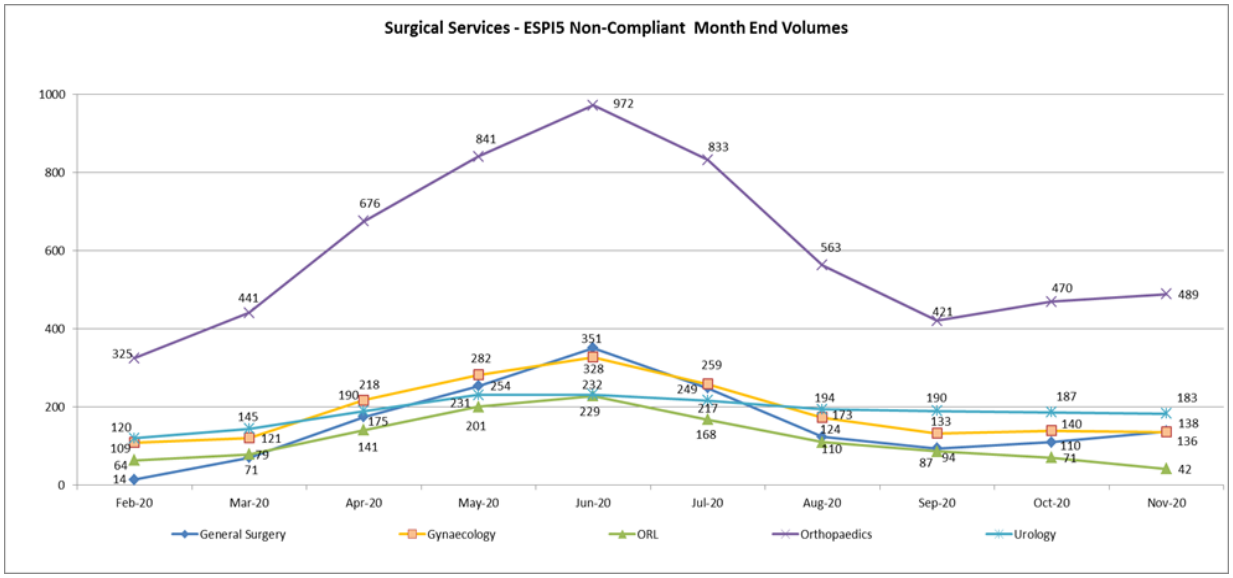
Specific strategies including additional clinics and additional theatre sessions were put in place from June 2020 to address this resulting in a significant reduction in the number of patients waiting longer than four months for clinic appointments and surgical procedures.

The MOH has provided national funding to support reducing waitlists in surgery, radiology and endoscopy. For the five months from 1 July 2020 until 22 Nov 2020 surgical services had undertaken an additional 587 surgical procedures compared to the same time in 2019.

Graphs 7 and 8 demonstrate the rise in patients waitlisted for first specialist appointments and surgery in May and the work done since June to reduce those numbers. We have noted an increase in presentations and referrals for both acute and elective patients in some services since September 2020.



Graph 7- Patients waiting longer than 4 months for a first specialist appointment



Graph 8- Patients waiting for longer than 4 months for a surgical procedure

MATERNITY SERVICES

Maternity services continued throughout the lockdown, with no obvious interruption to service delivery. A survey was completed to capture the experience of women who gave birth during the first New Zealand alert level 4 and 3 restrictions **(see appendix)**. During this period, approximately 890 women gave birth. The survey was sent to 653 women, and 190 were returned. Overall, respondents reported that they received adequate antenatal care, but some of the primary health care services and community based tests were harder to access. Women did not appear to change their place of birth plan. Most women reported they were happy with the care they received in hospital and there was specific mention of the incredible effort staff went to in order to support women and their families despite the restrictions. But there was also clear evidence that some women found the restrictions incredibly difficult. The lack of support people on the postnatal ward was key factor in early discharge decisions made by women, which also resulted in an increased re-admission rate.

GYNACOLOGY SERVICES

Acute Gynaecology services continued through lockdown, with additional processes put in place for screening patients attending hospital. There was an acute obstetric COVID-19 theatre allocated and designated rooms within the wards to care for patients with suspected or confirmed COVID-19.

The elective Gynaecology service offered patients who could be seen virtually tele-health appointments. Patients who required urgent face-to-face appointments, examinations or procedures were seen in clinic. Minimal gynaecology surgery occurred for priority one (cancer) patients only. The service was gradually opened up to priority two patients, however, no priority three patients were seen for approximately threemonths. The service also saw a significant reduction in referral numbers during the lockdown, which is thought to be the result of reduced access to primary care service. As a result, referral numbers increased for several months post-lockdown. The reduction in service delivery had an impact on the number of patients waiting for a first specialist appointment and surgery. This peaked at 143 women waiting outside of Ministry of Health compliance timeframes for a first specialist appointment and 328 women outside of compliance timeframes for surgery.

The service has increased the number of surgical lists provided and worked to ensure clinics are backfilled , this has resulted in a reduction of the number of women waiting outside of compliance - as at the end December 2020 there were 46 women waiting outside of compliance for a first specialist appointment and 158 women for surgery.

CHILD HEALTH SERVICES

Child Health inpatient services continued uninterrupted throughout the lockdown periods. The service saw the expected demand for neonatal admissions, however, there was a significant decrease in the number of children requiring paediatric medical admissions. This is thought to be the result of physical distancing measures and other restrictions, which likely reduced the spread of respiratory illnesses amongst children during this time. Paediatric outpatient services were provided via tele-health wherever possible and there was no impact on waitlists. Given its success, the service has continued to provide this option to families. The Gateway assessment programme (provision of comprehensive health assessments for children in Oranga Tamariki care) was unable to be provided during lockdown. Additional clinics were scheduled to reduce the waitlist. The Respite Service (at the Wilson Centre) was not provided during alert levels 3 and 4 and the service increased their capacity to offer respite to families following lockdown where possible.

The Community Child Health service only provided urgent home visits – all other appointments were provided via tele-health, so there was no impact on waitlists. School based services were also not provided (due to school closures). Waitlists for the Ear Nursing service are being addressed by extra clinic sessions and reprioritisation of referrals. In collaboration with schools, rescheduling of the immunisation programme occurred- which enabled the programme targets to be met. All other school based services were prioritised to schools in communities with the highest need.

AUCKLAND REGIONAL DENTAL SERVICES (ARDS)

The COVID-19 pandemic had a significant impact on the Auckland Regional Dental Service, as routine oral health care was unable to be provided during alert levels three and four (as per Dental Council of New Zealand and Ministry of Health directives) and the service was unable to operate for ten weeks during 2020. As a result, there was a 20% increase in the number of children who were overdue their dental appointment. The service has also experienced challenges with operating at Alert Levels 1 and 2, including the requirement to complete pre-screening of all children prior to their appointment. This has been resource intensive and reduced the service's ability to provide

direct care to children. It has also meant the service has not been able to operate its usual model of care (seeing children at school without prior contact with a parent/caregiver). Following the recommencement of services, ARDS has prioritised care to children requiring treatment and those residing in high need communities. An improvement plan is also being implemented, which includes a temporary increase of staff to improve access to care. Progress is being monitored weekly.

Plans for increasing services and catching up on waitlists

An improvement plan for increasing services and catching up on waitlists is being implemented, which includes a temporary increase of staff to improve access to care. Progress is being monitored weekly. The plan has been developed that is focused on improving service performance, without further exacerbating oral health inequities. The plan includes initiatives such as:

- Prioritisation of care to children who are under treatment and those waiting the longest for their routine examination. Resources have also been redirected to communities with the highest need.
- The removal of administrative tasks from clinics in order to ensure clinicians can prioritise the provision of care to children (e.g. rosters and chair planning has been centralised) and increasing the number of booking and scheduling clerks – at present five additional clerks are being recruited.
- New roles, such as a patient prioritisation co-ordinator, a community development and planning manager and a clinical co-ordinator (booking and scheduling), are being introduced. These roles are focused reducing barriers to care and ensuring that priority children are accessing care.
- Improving the standardisation and accuracy of allocation of recall dates and ensure that these are correctly aligned to clinical need.
- Working with other community providers (i.e. Well Child Tamariki Ora providers) to improve pre-schoolers access to oral health care.

A pilot programme, using elements from the Scottish Child Smile programme, is currently being scoped to be delivered in high need communities in West Auckland from mid-2021. The pilot will be used to design a targeted mode of care, which over time will reduce oral health inequities and see sustained improvements in the oral health status of children. It will also assist in determining the cost and feasibility of extending the programme to other areas of Auckland.

RADIOLOGY

During Level 4 lockdown, only acute and high priority urgent elective patients were imaged within Radiology. From Level 3, the number of elective patients offered appointments increased, ensuring ability to retain social distancing within waiting rooms was maintained. Service delivery returned to near normal by Level 1. The two modalities most impacted during and post COVID-19 were CT and MRI

- CT Pre (23/03/2020) total waiting 2983, post 3855 (8/06/2020) – Total increase = 872 referrals waiting
- MRI Pre (23/03/2020) total waiting 2562, post 2536 (8/06/2020) – Total decrease = 62 referrals waiting

Note: the above waiting list data includes future planned appointments greater than 6 months out.

Plans for increasing services and catching up on waitlists
Plans put in place to address service interruptions for CT and MRI were as follows:
For CT, we outsourced ~1,450 referrals between end June and September 2020 to reduce the backlog of patients waiting and to cover those that would be added over the time period as well, to ensure we were in a better position. In addition, during August and September we undertook

additional weekend lists. For MRI, no additional outsourcing was undertaken as the pre/post COVID - 19 waiting lists looked reasonable. We have since found that from July 2020, we have had significant demand pressures both through acute and elective referral patterns particularly in MRI which is a flow on impact from COVID-19.

BREAST SCREENING SERVICES

The Breast Screening service was completely suspended for the duration of Alert Level 4 Lockdown from March to May. We resumed screening at a reduced capacity in May during Alert Levels 3 and 2 in line with MoH guidelines to maintain physical distancing and in order to implement cleaning protocols between appointments. This resulted in the loss of around 7,000 screening appointments for Waitematā DHB women – almost two months of screening capacity.

Breast Screening is a well-woman service and the loss of appointments may have affected participants of the service in two ways: rescreens for existing clients; and first time mammograms for new clients.

Re-screens

The national BreastScreen Aotearoa programme has a target that 85% of women should be re-screened within 20-27 months of their previous mammogram. Waitematā DHB participants were being rescreened between 22-23 months at the time the service went in to Lockdown. A worst case scenario would mean the rescreen interval was pushed out by two months (i.e. 24-25 months), and this is well within the national target.

New enrolments

As a result of the Lockdown, the number of new clients enrolling in the service was greatly reduced. The service was able to continue to maintain a negligible waiting list. The proportion of women screened each month has remained at approximately 88% rescreens and 12% new clients. In the months unaffected by Alert Level restrictions, the service has consistently screened more women than in previous years, typically 400 additional screens, with July 2020 being the largest monthly total since the service started in 2006 (4,515 women screened).

Coverage

Two-year coverage of eligible women is the top level measure of screening performance and the table below summarises the effect of COVID-19. Coverage has started to recover but, because this is measured over 24 months it will take most of 2021 to return to pre-COVID coverage (assuming the service continues to screen around 400 additional women each month).

WDHB	Māori	Pacific	Other Ethnicity
Feb 2020 (before COVID)	69.2%	71.3%	67.7%
Aug/Sept 2020 (after Level 3)	65.5%	67.6%	63.8%
Nov 2020	66.4%	68.4%	64.2%

APPENDIX – MATERNITY SERVICE SURVEY

How was your care during COVID-19 restrictions – Survey Summary

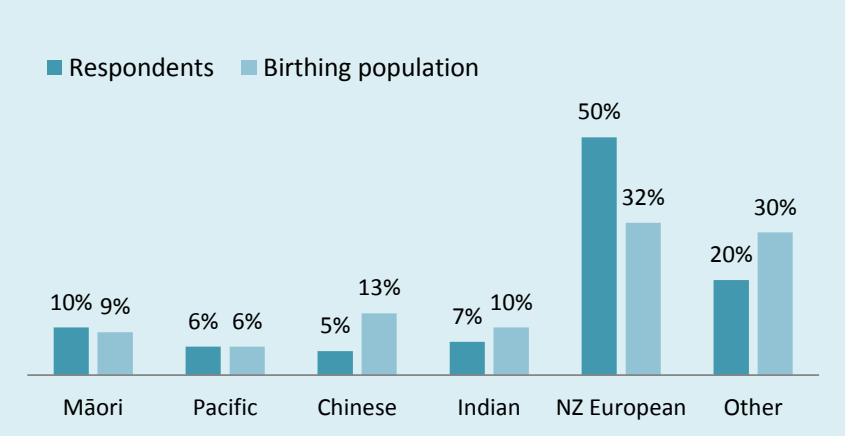
Method

The survey aimed to capture the experience of women who gave birth during the first NZ alert level 4 and 3 restrictions[1]. During this period around 890 women gave birth. A survey link was emailed to 653 women who had authorised emails and the other women were contacted via their LMC. 190 surveys were returned giving a 21% response rate.

Respondents

The respondents were evenly split between first time mums and mums who had other children. 63% were aged between 30 and 39. Māori and Pacific women were proportionately represented, but NZ European women were over represented with Chinese and Indian women and women of other ethnicities under represented, this may have been due to language barriers.

Figure 1 Respondents by ethnicity



Survey

The survey was divided in to sections and covered the following areas: access to midwifery care in pregnancy; access to hospital specialists; access to other services; support in hospital; breastfeeding support; hospital experience; length of stay; maternity re-admission and midwifery care at home.

[1] **COVID-19 Alert level 4 – 26th of March – 27th of April ; Alert level 3 –28th of April – 13th of May**

Results Summary

Midwife appointments

87% of women continued to have face to face appointments with their midwife. Although some women would have preferred longer visits.

"It felt amazing. My partner and I feel that we would not have got through Level 4 lockdown if we could not have seen our midwife face-to-face. She was our lifeline. Without her we would have been completely isolated."

Midwife phone consultations

69% of women had phone consultations with their midwife. Most were OK with this for some of the time, but in general people wanted to see their midwife

"Good, but it would have been better to have had this in person, as a phone call is not the same in terms of how supported you feel"

Specialist phone consultations

18% of women had a telephone or video consultation with a hospital specialist. Most women said they preferred to stay in their bubble away from the hospital.

"The phone appointment with the hospital doctor was great, all my questions were answered and I finished the call feeling relieved"

Access to other health Services

24% of women expressed an issue with accessing other services. These services included ultrasound, GP, lactation advice, hearing screening etc. Access to mental health care did not feature significantly.

"Needed to see the GP for my newborn as he had one eye that wouldn't open, but could only have a virtual consult. Felt uneasy that the GP couldn't see my child to diagnose the problem with thorough investigation."

Place of birth

Only **3** women had a homebirth all of these were planned before the level 3 and 4 restrictions were in place. One woman planned a homebirth because of covid but transferred in labour.

"We planned a homebirth because of Covid 19 but I wasn't against homebirth before so it was an easy decision. Unfortunately the labour did not progress well so we needed to go to hospital. Still the care was extrememly good."

Support in Hospital

67% of women felt supported for birth and afterwards in hospital. Most found that the ward staff were helpful but many commented about visiting restrictions.

"Yes, despite everything that was happening the staff were very supportive. My baby was in SCBU and they assisted me to see him. Provided support with expressing and were kind and compassionate when it was hard having no family able to visit."

Visitor restrictions

53% said their stay would have been better if a support person could have stayed with them

"I had planned c section and everything was well organised and supported, but afterwards I had no family support. I felt alienated. Depressed and stressed. I cried the whole night. Alone in the ward. Felt like I was a prisoner. No support at all. This whole experience of giving birth was traumatic."

Breastfeeding support

23% of mums felt they needed more support with breastfeeding. Mums were very complimentary about the breastfeeding support they received at Warkworth birthing unit.

"Yes, the team at the Warkworth birthing unit were great. I wish I would have had the same support at the North Shore hospital with my second child. It would be useful to have someone to ensure the latch is correct at birth, to avoid further complications"

Length of stay

46% of women said they left hospital sooner than they wanted. With over half of these saying that they left early to get support at home. **9%** left early due to fear of COVID -19 in the hospital

"The recovery in hospital without visitors was quite lonely, I missed my family and wanted my partner and older children to also bond with baby"

Better or worse

36% of women said their experience was better than last time, **28%** said it was worse. The key reason for being worse was the visiting restrictions.

"Better. I was in a shared postpartum ward previously and struggled due to the lack of privacy and other mum's family being loud. I had a private room so could recover with baby better."

Readmission to hospital with complications

7% of mothers and or babies were readmitted to the hospital with complications. Most of the mothers believed that this could have been avoided.

"Both of us were readmitted. Me due to pain from the C-section and baby due to being 8% below her birth weight at 2 weeks old. If we both had received checks like we would normally have or support with feeding I firmly believe baby wouldn't have had any issues with weight gain."

Midwife care at home

80% of women received face to face home visits with their midwife when they went home.

"Having my midwife come visit me even though it was for a short visit was very reassuring and we could text her whenever we wanted"

SUMMARY AND CONSIDERATION FOR FUTURE OUTBREAKS

The survey results were rich with detailed responses, which indicate the importance of this episode in women's lives and how they wanted to share their experiences, both positive and negative.

Overall women reported they received adequate antenatal care and, although they would have preferred more face to face appointments, they were able to adapt to what was offered. Some of the primary health care services and community based tests were harder to access. Most women did not appear to change their place of birth plan.

Most women were happy with the care they received in hospital from our staff. There were some amazing accolades for our staff and the lengths they went to support women and their families despite COVID-19 restrictions.

> *"The attitude and kindness of the staff, despite everything going on they always took the time to listen to you and provide support. I could hear them talking in the corridor or workstation sometimes and they were positive and supportive to each other as well."*

Some women were even able to find positive aspects of the restrictions

> *"I actually enjoyed the restrictions as I didn't feel pressured to have people at the birth or coming and going when the baby and I are settling."*

There was also clear evidence that some women found the restrictions incredibly difficult, and this resulted in heart breaking comments about feeling abandoned, alone and devastated. Some of these women commented that this has had a lasting effect on their or their partners' mental health.

> *"So so disappointed with our experience and as a result seeking psychologist help to manage the trauma of it."*

> *"My husband missed out this critical experience also meaning his mental health was not the best as a result"*

The lack of support people on the postnatal ward was a key factor in early discharge decisions made by women which also resulted in an increased readmission rate.
Any future restrictions on support people should be considered in the light of the harms this causes for postnatal recovery and maternal mental health.

3.2 Update: Consumer Engagement for Facilities project

Recommendations:

The recommendations are that you:

a) Read the discussion paper

b) Agree with recommendations from sub-committee:

- stage of consumer engagement
- levels of community engagement
- options for consumer engagement
- current projects that require consumer engagement

Background

At our last Consumer Council meeting in 2020 it was agreed that a sub-group including, Lorelle George, Insik Kim and David Lui, with Waitakere Healthlink representative Tracy McIntyre meet with David Price and Matthew Knight (Projects Director) to commence the draft of a 'strawman' for community engagement with facilities projects. The aim of the sub-group was to review current projects and identify those that require consumer engagement. In addition, the group was to create a 'scarecrow' document outlining the key principles in determining when and how consumer engagement should progress consistently for future facilities projects. The group above met on the 22nd of December and a 'strawman' document is present for review by the Consumer Council.

The current projects that were identified for future or current consumer representation were:

- NSH Women's Health Clinic Space Refurbishment
- 44 Taharoto Rd refurbishment (Mental Health Clinics)
- NSH Marae
- Community Alcohol and Drugs Service (Sth Auckland) Refurbishment
- Waitakere Hospital Maternity remodelling
- NSH Orthopaedic and Women's Health Outpatients Department Refurbishment
- Waitakere Primary Birthing Unit
- Warkworth healthcare hub

Contact for telephone discussion (if required)

Name	Position	Telephone	Suggested first contact
David Price	**Director of Patient Experience**	**021 715 618**	✓

Community Engagement for Facilities Projects

Introduction

Portfolio Investment Committee (PIC) meets monthly to review strategic assessments submitted for consideration of investment. PIC is made up of Executive Leadership Team members – they make decisions on any project below $500k, the Board is responsible for decisions over $500k. The decision to progress is either YES or NO or DEFER to a later time.

For those projects endorsed a steering/sponsoring group (SG) is set up with a sponsor who has overall accountability for the budget, benefits and progression of the work. This group has overarching governance of the project.

A user group (UG) is also formed. This group is known as a working group and has different membership to the SG. (See appendix for SG Terms of Reference).

Projects usually fit the following categories:

- Refurbishment – staff or patient areas (or both).
- Rebuild
- Infrastructure (upgrade)
- Replace
- New build

It was determined that infrastructure projects (ie: power supply, roads), replacement projects and refurbishment of staff areas did not require consumer engagement.

Levels of community/consumer engagement

1) Update – initial conversation around what projects require consumers should happen with the current group ie Waitakere Healthlinks, Facilities, Dir. of Patient Experience and Lorelle George as a representative of the Consumer Council until the new Community Engagement Advisor is appointed; at which time membership of this group can be reconsidered. Regular updates to Consumer Council, as a standing item on the Agenda to update on progress only.
2) Consultation – re: focus groups, community information evenings
3) User group member – regularly attends meetings
4) Steering group member – regularly attends meetings (governance role)

Consumer Engagement Options

- Consumer Council members – determination of whether they are updated or involved (two separate roles)
- Waitakere Health link Board members
- Waitakere Health link consumers
- LEAC (Lived Experience Advisory Committee) for mental health and addictions projects
- External recruitment of consumers for specific projects

Consumer Involvement – what stage?

It was agreed that ***concept stage*** is not the right time for consumer involvement – however this is with the exception of projects with specific cultural considerations. Involvement (at the earliest stage possible) from ***preliminary design*** stage was agreed to be the best time and not too late in the project stage.

For new builds or rebuild projects consumers should be on steering groups and user groups.

For refurbishment of patient areas – consumers should be consulted via focus groups/surveys and/or apart of user groups in the first instance.

RECOMMENDATIONS

- Front of House Design Principles to be developed for all new builds – the principles for front of house design are consistent and would save time in preliminary design stages. (Please note: these design principles can be adjusted as required for each project).
- Advertise early in the new year for consumers to support the Warkworth Project to create new health hub – Waitematā currently have limited representation of consumers in Northern part of the DHB catchment. This recruitment process can also include other options given current gap for this region with Healthlink North disestablished.
- Monthly meeting with this group to regular review current project lists to ensure consumers are included at the right stage and right projects – however this could be a responsibility of new Community Engagement Advisor once in post.
- Training for staff is managed as part of the Community Engagement Advisor role – as it is a gap for Waitematā DHB and having an impact on consumer engagement – as consumers do not always feel valued. Training will enable Project leads to have a better understanding of including and 'looking after' consumers on their user/working groups, ensuring a more effective outcome for the project and for the consumers involved.

APPENDIX – SPONSORING GROUP – TERMS OF REFERENCE

Waitemata District Health Board

Best Care for Everyone

<Programme/project name>

Sponsoring Group Terms of Reference

Programme / Project name	*As per approved Business Case document*	Project ID	*As per approved BC document*

Document review and agreement

Please sign next to your name to acknowledge that you have read and understood the Terms of Reference for your role in the project/ programme.

Insert or remove rows as required for Steering Committee members

Role	Name	Signature	Date
Sponsoring Group member	<insert name>		
Sponsoring Group member	<insert name>		
Sponsoring Group member	<insert name>		
Senior Responsible Owner	<insert name>		

Document change control

Any changes to the Terms of Reference may only be done in consultation with the PSO.

Version	Date	Authors	Summary of Changes

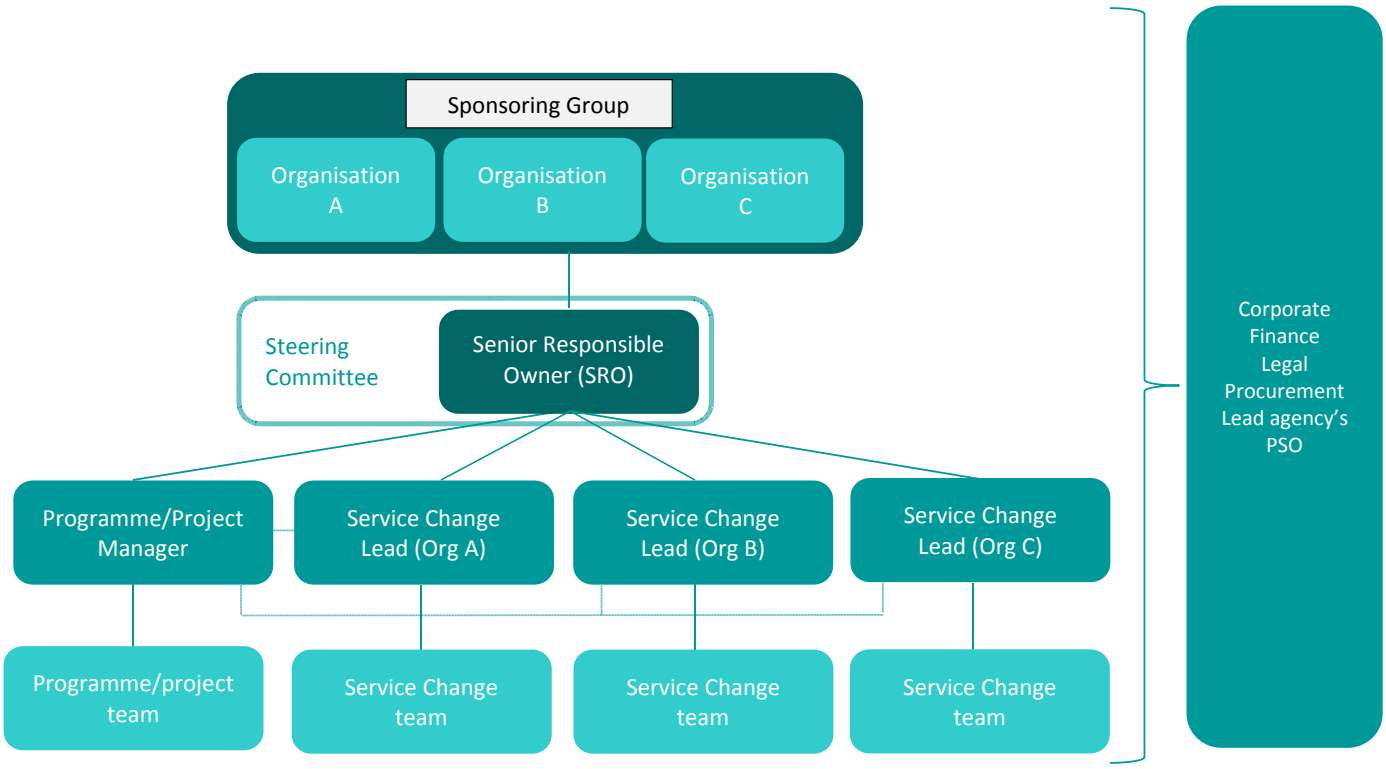
Waitemata District Health Board
Best Care for Everyone

Programme/project overview

<A succinct summary of what the programme/project has been tasked with, the budget, etc.>

Programme/project governance structure

<Insert an organisational structure schematic representing how the programme/ will be governed. Ensure all key stakeholders and roles are shown.>



Sponsoring Group

The Sponsoring Group is

A voting group made up of the joint owners of a project/programme with equal accountability for the success or failure of the initiative. The joint owners may be from more than one organisation, or separately-funded business entities, who share a significant financial, benefit, or risk interest in the same project/programme. A Sponsoring Group does not replace, but sits above the usual project/programme Steering Committee. The Sponsoring Group will usually elect its own Chair, or have one appointed by an independent authority.

The Sponsoring Group is accountable for

- Establishing a style of leadership appropriate to the organisation(s) and the nature of the project/programme
- Leading by example to implement the values implied by the transformational change
- Creating an environment in which the project/programme can thrive
- Agreeing and signing-off the project/programme mandate
- Appointing the Chair for the Sponsoring Group
- Appointing the Senior Responsible Owner (SRO) who, as part of the Sponsoring Group, is likely to be a peer of the other members of the Sponsoring Group
- Endorsing, advising and supporting the SRO
- Ensuring the project/programme meets all compliance and regulatory requirements of both internal and external bodies (this includes audits and reviews)

- Coordinating across the project/programme to ensure cohesive strategic alignment and prioritisation
- Ensuring the desired outcomes are achieved across the project/programme without undue or unbalanced focus on the delivery of the outcomes of one workstream at the expense of another
- Resolving the strategic and directional issues between the workstreams, which need the input and agreement of senior stakeholders to ensure the progress of the project/programme
- Cascading decisions, actions and updates from the Sponsoring Group meeting to the relevant stakeholders
- Approving the progress of the project/programme against the objectives and critical success factors
- Stopping the project/programme if it is no longer viable and/or capable of delivering the required outcomes
- Providing continued commitment and endorsement in the support of the project/programme at executive and communications events
- Ensuring benefits are realised
- Ensuring the target outcomes are achieved
- Confirming the successful delivery and sign-off at the closure of the project/programme.

The Sponsoring Group is responsible for

- Approving funding for the project/programme
- Being part of the end of stage/phase/tranche reviews and approving the project/programme to progress to the next stage/phase/tranche
- Preparing for the Sponsoring Group meeting, reading the additional supporting papers provided by the project/programme
- Selecting a secretariat to coordinate the Sponsoring Group meetings, prepare the meeting agenda packs and to take minutes
- Providing content and inputting into the Sponsoring Group meeting agenda pack as required
- Ensuring the meetings are minuted and that the minutes are published within 72 hours of the meeting taking place for review
- Reviewing meeting minutes and providing feedback within 72 hours of the minutes being published.

Meeting procedures and frequency

- Due to the nature of the sponsoring group, it may meet either on a formal and regular basis or ad hoc basis; much will depend on the nature of the project/programme and the relationship with the SRO
- As a minimum, the sponsoring group will normally meet to give formal approval for identifying and defining the project/programme, at the end of each stage and to approve the closure of the project/programme
- The Sponsoring Group meeting agenda pack and any additional supporting papers must be emailed to all the Sponsoring Group members 48 hours prior to the Sponsoring Group meeting taking place
- The Sponsoring Group meeting minutes must be emailed to all the Sponsoring Group members 72 hours after the Sponsoring Group meeting has taken place for their review.

Senior Responsible Owner (SRO)

The SRO is

- The individual ultimately accountable for the success of the project/programme including delivery of benefits
- The link between the project/programme, the Sponsoring Group and the management decision making groups
- The visible champion for the project/programme, recognised throughout the organisation(s) as the key leadership figure in driving the project/programme forward
- The chair of the project/programme Steering Committee.

The SRO is accountable for

- The project/programme achieving all of its objectives and delivering the benefits stated in the business case, within the agreed tolerances

- Ensuring the project/programme continues to be a viable use of the organisations' resources and alignment to the organisations' strategy and objectives
- Ensuring the project/programme meets all compliance and regulatory requirements of both internal and external bodies (this includes audits and reviews)
- The overall business change that the project/programme is implementing and the transition from delivery to BAU
- The project/programme budget and spend
- The project/programme controls being in place and effective (e.g. change management, issue management, risk management)
- The appropriate business representation on the project/programme Steering Committee
- Cascading decisions, actions and updates from the Sponsoring Group meeting to the project/programme manager in a timely manner.

The SRO is responsible for

- Creating and communicating the objectives and critical success factors of the project/programme, obtaining commitment from stakeholders to the delivery of the benefits
- The business case throughout the duration of the project
- Any changes to scope, schedule, cost, benefits and quality
- Securing the funding for the project/programme
- Appointing the project/programme manager
- Making decisions in a timely manner to ensure the project/programme schedule or momentum is not hindered or compromised
- Ensuring that any recommendations or concerns raised during health checks are met or addressed before progressing to the next stage
- The sign-off of project/programme artefacts (communications management strategy, project/programme management plan, benefits realisation plan and review, lessons learned review, post implementation review, risk register post implementation)
- Having a good understanding of the broader perspective and business issues and how they affect the programme/project
- Giving the time required to perform the SRO role effectively
- If the workload imposed by the project/programme is too great, appoint another person with the appropriate expertise to assist you
- Confirming the delegate SRO when you are unavailable (e.g. on leave).

Meetings and timings

- Spend up to four hours per week on a project/programme as the SRO
- Fortnightly/weekly one-to-one meetings with the project/programme manager
- Monthly/fortnightly project/programme Steering Committee meetings
- Represent the project/programme at relevant governance and management groups as required
- Represent the project/programme at other local and regional forums as required.

3.3 Waitakere Hospital Development: Community Support

Recommendations:

The recommendations are that you:

a) Note the information paper
b) Discuss proposals to further generate and mobilise support from the community for the Waitakere Hospital Development project.

Background

Waitakere Hospital currently lacks general inpatient capacity, which is placing a burden on other regional facilities. This lack of capacity has been reinforced during the COVID-19 pandemic where facilities have needed to be re-purposed to create interim additional ICU capacity.

The Northern Region DHB's Long Term Investment Plan has identified that adding capacity at Waitakere Hospital is a key response to regional demand growth. As such, the future development of Waitakere Hospital is a key focus for mobilisation of our consumers to support us in providing facilities that meet the needs of community in West Auckland.

In addition, initial discussions held for the community engagement relating to facilities projects discussed the following recommendations for community engagement for Waitakere Hospital Master Planning:

- Engagement with Waitakere Healthlink Executive in early 2021
- Advertising of recruitment process for interested community representations in early 2021
- Community forums at various times of day in early 2021
- Consumer representation on user groups and steering groups
- Regular contact with local NGOs and community groups

Contact for telephone discussion (if required)

Name	Position	Telephone	Suggested first contact
David Price	**Director of Patient Experience**	**021 715 618**	✓

3.4 Discussion: Consumer Council Selection, appointment and re-appointment

Recommendations:

The recommendations are that you:

a) Review the current provisions related to the appointment of members of the Consumer Council's Terms of Reference

b) Reflect on the process of other Consumer Council Groups related to selection, election and appointment.

c) Discuss and agree the process for the selection of the Consumer Council seats to be vacated.

d) Discuss and agree the process for selection and appointment of new members.

Please find the copy of the paper included in the 25 November 2020 meeting agenda attached.

Background

Following the meeting and initial discussion of the Consumer Council at its meeting of 25 November 2020, a questionnaire was sent to the members to reflect on the information and insights shared at the meeting. Individual responses received were collated. Particular themes emerged and are reflected below.

Key Themes

1. What is your reflection on the process of other DHB Consumer Councils related to selection, election and appointment? What did you find applicable for Waitemata DHB's Consumer Council?

    - Publically advertised
    - Credentials, Lived Experience
    - Consumer Council involved in process
    - WDHB Executive Leadership involved in process

2. What process and considerations would you recommend in terms of the selection of the Consumer Council members vacate post two years?

    - Natural attrition
    - Different length of terms will avoid on-going issue of everyone ending their term of service at the same time again, i.e. one-year and two-year terms.
    - Consumer Council members asked if anyone will resign at the conclusion of the two-year term.

3. What process would you recommend in terms of the selection and appointment of new members?

    - Public and wide reaching advertising
    - Expression of interest sought
    - Consumer Council involved
    - WDHB Executive Leadership involved
    - A matrix of appointments maintained

4. Reflecting on the experiences of Counties Manukau's Consumer Council, please advise your insights/comments and suggestions for Waitemata DHB's Consumer Council
    - WDHB Consumer Council tracking well

- Authentic and consumer led
- Sustainable Continuity
- Quarterly Reporting to the Board
- Consumer Council has good working relationship with the DHB

5. In the last meeting, the group highlighted the importance of succession planning - please advise your insights/comments and suggestions on how you would like this to be done.

    - Chair, Deputy Chair and two other members to work for three meetings after second term
    - Natural attrition
    - Plans and ToR (if necessary) adjusted
    - Guidelines set in case of resignation of the Chair

6. What measures would you like to see in evaluating the impact of the Consumer Council at Waitematā DHB?
    - WDHB Departments/ Staff awareness and engagement with the Consumer Council
    - Board evaluation
    - Self-evaluation

7. Any other comments you may want to share
    - WDHB Consumer Council new but showing strong engagement
    - Great opportunities

Contact for telephone discussion (if required)

Name	Position	Telephone	Suggested first contact
David Lui	**Chair – Consumer Council**		✓
DJ Adams	**Deputy Chair – Consumer Council**		
David Price	**Director of Patient Experience**	**021 715 618**	

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4.2 Discussion: Consumer Council Selection, appointment and re-appointment

Recommendations:

The recommendations are that you:

a) Review the current provisions related to the appointment of members of the Consumer Council's Terms of Reference
b) Reflect on the process of other Consumer Council Groups related to selection, election and appointment.
c) Discuss the process for the selection of the Consumer Council seats to be vacated.
d) Discuss the process for selection and appointment of new members.

Background

The approved Terms of Reference (TOR) of the Consumer Council states that two years after the inaugural appointment, each year, one third of seats of the Council will be vacated a selection or election process will take place with the potential to be re-elected. The details of the election and re-election process would be determined by the Consumer Council.

In line with the TOR, selection of members should maintain the demographic balance and the structure. The relevant sections of the TOR is below:

Structure

The Consumer Council should be lay people and should live within or have strong connections to the Waitematā area, recognising the discrete areas of Waitakere, North Shore and Rodney, and reflect our MOU partnership with both Te Rūnanga o Ngāti Whātua and Te Whānau o Waipareira.

There are up to 13 consumer members and 2 ex-officio staff on the Consumer Council. Members will have diverse backgrounds, contacts, knowledge and skills, and must be passionate about consumers being able to access the best possible services and care.

The following minimum representation will be sought to establish the foundation Council

- *Māori – two members with strong connections to the local Māori community*
- *Pacific – one member with strong connections to the local Pacific community*
- *Asian – one member with strong connections to the local Asian community*
- *Health Link – two Health Link Board members*
- *Disability – one member with strong connections to the local disability community*
- *Youth – one member with strong connections to local youth*
- *Mental health and Addiction – two members with lived experience and/or strong connections to the local community of mental health and addiction service users.*

Remaining members will be appointed to reflect the following areas of interest:

- *Child health*
- *Women's health*
- *Older persons health*

- *Chronic conditions*
- *Rural health*
- *Primary health*
- *High deprivation populations*

When making appointments, consideration must be given to maintaining a demographic balance that generally reflects that of the population, to provide a good cross-section of age groups, health experience and geographical locations of the local community and representation from the Lesbian Gay Bisexual Transgender Transsexual Intersex (LGBTTI) community would be welcome. Although appointed to reflect the consumer voice in a particular area of interest, they will not be regarded as representatives of any specific organisation or community.

Appointment of Chair

Appointment of the Chair will be conducted every 12 months. Any member of the Consumer Council may put forward their expression of interest to the Council Secretariat. The election of the will be conducted in a scheduled regular meeting of the Council and the Chair will be selected based on majority of votes.

The Chair can be elected any number of times as long as he/she remains a member of the Consumer Council.

Review of other Consumer Group Selection, Election, Appointment process

A review of the selection and appointment process of other DHBs and agencies have been pasted below for reference. Attached are copies of relevant documents for additional information

Appointment and Selection

The Consumer Council appointment process will be open and transparent. The message about the Consumer Council and the request for applications will be promoted using all available communication channels – newspapers, community groups, networks, information evenings, newsletters and social media. Applicants will be short-listed using the competency matrix criteria, followed by an interview with the Chief Executive, Board Chair and community leaders.
(Nelson Marlborough Health, see Appendix 1[a])

Members shall be appointed by the CEOs of HBDHB and Health Hawke's Bay (with endorsement by the respective boards), following consultation with the consumer and community groups in each of the areas of interest, as appropriate. (Hawke's Bay Health DHB, see Appendix 2[b])

Consumer Council Members will be appointed by the CEO or their delegate.
Consumer Council members will be recruited via an open Expression of Interest process. (Waikato DHB, See page 3 Appendix 3a[c])

Review of Performance and re-appointments

The Consumer Advisory Chair, in consultation with the Chief Executive, will assess the performance of each Member. The performance of the CAC Chair will be assessed by the Chair of the Board.(PHARMAC, See page 9 of Appendix 4[d])

The CEO may at any time on written notice to the Chair and relevant member, remove a member from the Consumer Council if he considers that the member is failing to adequately perform the

duties of the role as defined in position descriptions and Code of Conduct. In addition, if a member fails to attend three meetings in a row without an apology, they will be asked by the Chair to step down as a Consumer Council member. (Waikato DHB, see page 3 of Appendix 3a. Position description is attached as Appendix 3b)

Reappointments will be on the recommendation of the Council Chair and with approval of the Chief Executive and the Board Chair (Nelson Marlborough Health, see Appendix 5[e])

Term of appointment

Waikato DHB – Term of appointment is for two years with further appointments not exceeding two additional terms (see Appendix 3a)

Hawke's Bay Health DHB – Term of appointment is for two years with further appointments for a maximum of three terms (see Appendix 2)

Counties Manukau Health Consumer Council Experience

Following an exploration through community expressions of interest, Counties Manukau Health commenced recruitment with special attention placed on the membership being representative of the local community. The inaugural chair was appointed in December 2014 and nine core members were established in February 2015 with four additional positions added to include a representative of demographic localities. Renee Greaves (Experience and Engagement Advisor) of Counties Manukau Health will be joining the meeting to provide insights and the experience of Counties Manukau Health's Consumer Council.

Questions for Discussion

The following questions are posed for discussion:

- Are there other considerations to be taken into account on selection of seats to be vacated?
- What should we consider to evaluate performance of the members?
- What should we consider in the selection of Consumer Council seats to be vacated?
- Are there other considerations to be to be taken into account when evaluating applications/conducting the selection process?

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
David Price	**Director of Patient Experience**	**021 715 618**	✓

References

[a] https://www.nmdhb.govt.nz/assets/Uploads/NMDHB-November2016-5.1-Consumer-Council-Fact-Sheet.pdf

[b] http://www.hawkesbay.health.nz/assets/HB-Health-Consumer-Council/2018-Consumer-Council/2018-8-HB-Health-Consumer-Council-TOR.pdf

[c] https://www.waikatodhb.health.nz/assets/Docs/About-Us/Consumer-Council/c5a50c66cd/Terms-of-reference.pdf and https://www.waikatodhb.health.nz/assets/Docs/About-Us/Consumer-Council/f0e6eba180/Position-description.pdf

[d] https://www.pharmac.govt.nz/assets/cac-terms-of-reference-2010.pdf

[e] https://www.nmdhb.govt.nz/assets/Uploads/NMH-Consumer-Council-Terms-of-Reference.pdf

4. INFORMATION ITEMS

4.1 Patient Experience Report

Patient Experience Report

NOVEMBER/DECEMBER 2020

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

KEY STATISTICS – NOVEMBER/DECEMBER 2020

NPS 79
Continues to score well above target

NPS Target 65

1779
responses

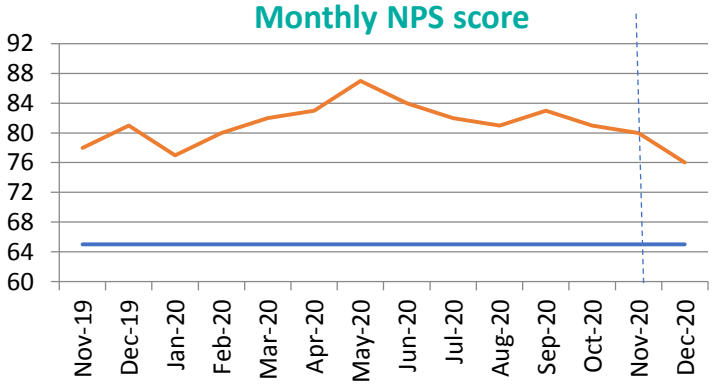
NPS 85
'Welcoming & Friendly ' Strongest performer

NPS 85
Māori patients and whānau

Net Promoter Scores (NPS) by ward /service

Exceptional NPS	Location	NPS
Surgical Unit	WTH	98
Rangatira	WTH	96
Ward 7	NSH	96
Low NPS	**Location**	**NPS**
Anawhata	WTH	55

Monthly NPS score



NPS Scores by ethnicity

October 2020	NZ European	Māori	Overall Asian	Overall Pacific	Other/ European
Responses	1042	114	205	106	312
NPS	78	85	75	84	79

Highlights

- Roll out of new NPS Patient feedback tool roll out highly successful – more sensitive scale
- Festive volunteer piano playing initiative at each hospital – Newshub story on Christmas Eve.
- Successful check in with wards following COVID-19 through Patient Whānau Centred Care Standards Program
- Wallpaper install in Piha ward of Piha Beach view– welcoming staff and patients as they enter maternity ward
- Education sessions with Emergency Department staff and Child Development staff - a practical focus on the experience of whānau and implementation of the Tikanga Best Practice policy.

Areas for improvement

1. Discharge delays
2. Car parking cost and availability

Patient Experience Report

NOVEMBER/DECEMBER 2020

Waitematā District Health Board
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Feedback

"Staff are working hard and still had time to explain the procedures with kindness."
Endoscopy, WTH

"Everyone here does a great job, very happy with services from midwives, cleaners and doctors. Awesome work."
Maternity Unit, NSH

"All the staff that we dealt with were awesome, friendly and professional. They took the time to answer my son's questions and made him feel comfortable with the procedures he was having done."
Auckland Regional Dental Service, Botany Clinic

Patient Experience Highlight in November/December

Newshub Feature – festive piano initiative

https://www.newshub.co.nz/home/new-zealand/2020/12/north-shore-hospital-using-music-to-bring-christmas-cheer-to-patients-spending-holidays-in-wards.html

Betty Murray – volunteer retirement after 15 years of service

Kōrero Mai Calls in November /December

Reasons for calls:

1. Communication
2. Unclear plan

5. OTHER BUSINESS

5.1 Community concerns
5.2 Agenda for next meeting