



*Waitematā*  
District Health Board

**Best Care for Everyone**

## **Consumer Council**

**Wednesday**

**22 June 2022**

**2:10pm – 4:10pm**

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**In person attendance with Zoom option available**

## CONSUMER COUNCIL

### 22 June 2022

In Person Attendance with Zoom Option

Time: 2:10pm – 4:10pm

<p><u>Consumer Council Members</u>          Lorelle George (Consumer Council Chair)          Ngozi Penson (Consumer Council Deputy Chair)          Neli Alo          Samuel Cho          Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua)          Maria Halligan (Te Whānau o Waipareira)          Insik Kim          Ian Ramos          Ravi Reddy          Kaeti Rigarlsford          Vivien Verheijen          Eden Li (Student Representative)</p>	<p><u>Ex-officio - Waitematā DHB staff members</u>          Dr Dale Bramley – Chief Executive Officer          Dr Judy McGregor - Board Chair, WDHB          Samantha Dalwood – Disability Advisor</p> <p><u>Other Waitematā DHB Staff members</u>          Ravina Patel – Manager, Patient Experience          Matthew Knight – Project Director, Facilities Services Group          Janine Pratt – Project Manager, Facilities Services Group          Tamzin Brott – Covid-19 Executive Lead and Chief Allied Health, Scientific and Technical Professions Officer</p>
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#### **APOLOGIES:**

Dr Dale Bramley – Chief Executive Officer

#### **AGENDA**

##### **Disclosure of Interests** (see 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. Welcome / Introduction / Karakia</b>	
<b>3. CONFIRMATION OF MINUTES</b>	
2.15pm	3.1 Confirmation of the Minutes of Meeting (11/05/22) 3.2 Actions Arising from Previous Meeting
<b>4. DISCUSSIONS</b>	
2.20pm	4.1 Patient Experience Report
2.30pm	4.2 Facilities Update – Janine Pratt, Facilities Services Group
3.00pm	4.3 Facilities Update (Verbal) - Matthew Knight, Facilities Services Group
3.10pm	--- Break ---
<b>5. INFORMATION ITEMS</b>	
3.20pm	5.1 COVID-19 update – Omicron (Verbal)
3.35pm	5.2 Chair's Update
<b>6. ANY OTHER BUSINESS</b>	
3:50pm	6.1 Community Concerns
3.55pm	6.2 Agenda items for next meeting
4.00pm	6.3 Meeting evaluation

**Waitematā District Health Board  
Consumer Council  
Member Attendance Schedule 2022**

<b>NAME</b>	<b>Feb 2022</b>	<b>Mar 2022</b>	<b>May 2022</b>	<b>June 2022</b>	<b>July 2022</b>	<b>Sept 2022</b>	<b>Oct 2022</b>	<b>Dec 2022</b>
Lorelle George (Chair)	✓	✓	✓	✓				
Ngozi Penson (Deputy Chair)	✓	✓	✓	✓				
Alexa Forrest-Pain	✓	✓	✓	✓				
Neli Alo	✓	✓	✓	✓				
Maria Halligan	✓	✓	✓	✓				
Insik Kim	✓	✓	✓	✓				
Samuel Cho	✓	✓	✓	✓				
Ian Ramos	✓	✓	✓	✓				
Ravi Reddy	✓	✓						
Kaeti Rigarlsford	✓	✓	✓	✓				
Vivien Verheijen	✓	✓	✓	✓				
+Dale Bramley	✓	✓						
+Samantha Dalwood	✓	✓						
Eden Li (Student representative)	✓	✓	✓	✓				

- ✓ *attended*
- ✗ *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>
Neli Alo	nil	24/09/19
Samuel Cho	Committee Member, Waitakere Health Link Member, Metro Auckland Asian and MELAA Primary Care Service Improvement Group (Auckland DHB and Waitematā DHB) Member, Asian Health Action and Advisory Group (Counties Manukau Health)	11/06/21
Alexa Forrest-Pain	Member, Auckland Council Youth Advisory Panel	17/03/21
Lorelle George (Chair)	Consumer Advocate – Harbour Hospice, Clinical Governance Committee	07/05/21
Maria Halligan	nil	13/10/21
Insik Kim	No declared interest	03/07/19
Ngozi Penson (Deputy Chair)	Member, Metro Auckland Clinical Governance Forum Member, Ethnic Advisory Group (EAG), English Language Partners, Northern Region Laboratory Network Point of Care Testing (POCT) Network Group, Co-Founder - Middle East, Latin America, Africa (MELAA) Advisory group	11/05/22
Ian Ramos	nil	03/07/19
Ravi Reddy	Board Member – Hospice West Auckland Senior Lecturer – Massey University Honorary Academic – University of Auckland	19/02/20
Kaeti Rigarlsford	nil	03/07/19
Vivien Verheijen	Member, Consumer Advisory Committee - PHARMAC Board member, Companionship & Morning Activities for Seniors (CMA)	31/08/20
Eden Li (Student Representative)	nil	22/04/21

## 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.*

### **3. CONFIRMATION OF MINUTES**

3.1 Confirmation of the Minutes of Meeting 11/05/22

3.2 Actions Arising from Previous Meeting

### 3.1 Confirmation of the Minutes of Meeting 11/05/22

#### **Draft Minutes of the meeting of the Consumer Council of the Waitematā District Health Board**

**Wednesday, 11 May 2022**

Waitematā Room, Level 2, Whenua Pupuke Building, North Shore Hospital Campus and by video conference commencing at 2.04pm

#### **CONSUMER COUNCIL MEMBERS PRESENT:**

Lorelle George (Chair)  
Ngozi Penson (Deputy Chair)  
Neli Alo  
Samuel Cho  
Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua)  
Maria Halligan (Te Whānau o Waipareira)  
Insik Kim  
Ian Ramos  
Kaeti Rigarlsford  
Vivien Verheijen  
Eden Li (student representative)

#### **ALSO PRESENT:**

Ravina Patel - Manager, Patient Experience  
Sarah Timmis – Charge Nurse Manager  
Jacky Bush - Quality and Risk Manager  
Sarah Murray - Complaints and Adverse Events Manager  
Elizabeth Maritz - Clinical Leader Paediatric Dietetics Paediatric Community Dietitian  
Tamzin Brott – Covid-19 Executive Lead and Chief Allied Health, Scientific and Technical Professions Officer

#### **KARAKIA**

Neli Alo led the Karakia.

#### **APOLOGIES:**

Prof Judy McGregor (Ex-officio)  
Dr Dale Bramley (Waitematā DHB Chief Executive Officer)  
Ravi Reddy  
Samantha Dalwood (Disability Advisor)

#### **WELCOME:**

The Consumer Council Chair welcomed everyone in the meeting.

#### **DISCLOSURE OF INTERESTS**

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

## **1 AGENDA ORDER AND TIMING**

Agenda items were discussed in the order listed.

## **2 CONFIRMATION OF MINUTES**

### **3.1 Confirmation of Minutes of the Consumer Council Meeting held on 9 February 2022**

The Minutes of the Consumer Council Meeting held on 9 February were received.

### **3.2 Confirmation of Minutes of the Consumer Council Meeting held on 23 March 2022**

The Minutes of the Consumer Council Meeting held on 23 March were received.

### **3.3 Actions Arising from the previous meeting**

No issues were raised.

## **3 DISCUSSIONS**

### **4.1 Patient Experience Report (Agenda pages 14-17)**

Ravina Patel (Manager, Patient Experience) provided an update. The report was taken as read.

Matters covered in the discussion and response to questions included:

- National survey results:
  - Strong response and feedback received
  - Areas with high scores: how we treat our patients with understanding, respect and kindness
  - Areas for improvement: Communication in several areas of the service
    - Involvement of whānau in decisions about care
      - Expecting to see improvement in this area with changes in the visiting policy
      - The Regional Group is reviewing the visitor's policy to increase the number of visitors in the ward. Ravina will provide an update on visitors' policy changes at the next meeting.
    - Discharge information
    - Long waiting times
      - call bell response
      - inpatient tests or treatment: X-Rays (2/3 days)
      - issue could be addressed with stronger communication to reduce anxiety in patient and whānau
      - Patients are recognising increased pressure on the service running at capacity and with reduced numbers of staff members due to the surge of Omicron Covid-19 cases amongst staff members
    - Dental clinic
      - Need to adapt communication style and deliver message of treatment in a way that children understand
- Friends and family health measures
  - Performance score target has now increased from 65% to 70% to reflect the feedback received



- It was agreed that Ravina will provide a comment on targets set for other DHBs at the next meeting
- Volunteers returning onsite under the required safety guidelines associated with COVID-19, noting
  - Reduced shift hours from 4hrs to 3hrs
  - Reduced number of volunteers with a service loss of 36 volunteers last month due to a number of reasons
  - Volunteer's recruitment plan over the next 2-3 months
    - Safely integrate volunteers to their current roles
      - Currently recruiting volunteers for the areas of ED and ADU, ensuring volunteers have undergone VAC checks and refresher courses
    - Identify gaps of volunteering services and start recruitment to address those gaps
  - It is planned to welcome all volunteers at June's National Volunteering week
  - Volunteering recruitment process:
    - referral from existing volunteers
    - online application form
    - working with several organisations to increase volunteer numbers from the Asian, Māori and Pacific communities, as well as members with disabilities
    - looking at new ways to increase outreach to advertise volunteering work opportunities
- Food parcels given across both sites supporting patients as well as staff members that were in isolation
  - March 2022: 189
  - April 2022: 69
  - May 2022: 27
- New staff member joined Patient Experience's team. Ravina will introduce the new team member at the next meeting.
- It was agreed for Lorelle, Sam and Ravina to meet to discuss areas of focus in relation to the communication score issues

The Consumer Council acknowledged and thanked Ravina Patel for her work.

#### **4.2 Complaints and Compliments (Agenda pages 18-27)**

Jacky Bush (Quality and Risk Manager) and Sarah Murray (Complaints and Adverse Events Manager) joined by video conference for this item. The report was taken as read.

Matters covered in the discussion and response to questions included:

- Complaint's process within the DHB
  - Complaints come through a central point to the feedback team from:
    - Consumers
    - Health Disability Commission (HDC)
  - Complaints are then distributed to the relevant services for a response

Waitematā DHB's complaint response timeframe is 10 working days from date of receipt.

- The Code of Rights asks a response within 20 working days.

Acknowledgement of all complaints within one working day

- Code of Rights asks acknowledgement within five days
- Complaints' team works collaboratively with Patient Experience team and reviews the inpatient survey findings to address main themes and emerging trends.
- Communication around patient discharge is an area of focus

- Quality Executive Committee monthly meeting has been set up to address areas for improvement. Attendees to this workstream are Jonathan Christiansen, Jocelyn Peach, Sharon Russell, Ravina and the complaints team
- It was emphasised that looking at vocabulary, sentiments and feelings from consumers' on feedback and complaints could assist in improving communication issues in a systematic way
- Consumers' awareness of the complaint process
  - DHB Healthcare provider certification has a specific standard on how we ensure consumers' awareness of the feedback/complaint process, and this is reviewed regularly as part of the accreditation
  - DHB initiatives to communicate the feedback/complaint process to the public:
    - Posters
    - Leaflets with links to our website, with information on channels to provide feedback, complaints, and make enquiries
    - Social media: Facebook, Instagram
    - Letter of acknowledgement
      - Information on complaint process
      - Response timeframe
      - Contact name and details of appropriate service responding
      - Notification on expected delays in relation to public holiday or Covid-19 update
    - It was suggested to perhaps consider a video to increase outreach

Main areas and themes identified were noted.

- When complaints are received in different languages:
  - The appropriate patient help team is engaged, and a letter is sent to the consumer in both: the language received and English
- Compliment's process:
  - They are recorded
  - Acknowledgement sent to the client
  - They then get distributed to the appropriate services

The Council Chair acknowledged the work of the team and thanked Jacky and Sarah for their time.

#### **4.3 Discharge Process Update (Verbal update)**

Sarah Timmis (Clinical Nurse Director of Medicine) provided an update.

Matters covered in the discussion and response to questions included:

- Results from the National Survey on feedback received from discharged patients
  - WDHB scored below target in areas of communication
  - Patient discharge survey statements were based on information to be provided to patients on discharge about their medication
  - Team working with the Clinical director to start addressing communication issues on discharge
    - 'Red Green' screening process set up to minimise patient's delays on tests, further treatment and discharge
      - Checklist questionnaire set up to prompt patients to ask questions, and to ensure patients have the information they need on discharge
    - Workstream identified a few key areas to improve the flow of communication before patients go home
      - House Officers could provide medical instructions and medication information to patients when providing the discharge summary before discharge

- Morning Ward rounds could highlight patients that have yet to receive the information they need prior to discharge
- Pharmacists to attend the daily 2pm huddle to ensure patients on medication can be discharged with the necessary instructions of care
- 'Welcome to the ward' leaflets to be updated to prompt patients to ask questions and the information they need to know before going home
- Finding key areas throughout the patients' visit to add the checklist questionnaire, such as the sleep packs that are given to patients on their bed space
- Potentially targeted content displayed on the TVs by patients' bedsides to increase awareness of information needed for discharge
- It was suggested to link in with the Health Literacy service to work on the new leaflets to ensure key information and feedback from a non-medical perspective is considered
- It was agreed to have Sarah back for a progress update at another Consumer Council meeting later in the year

The Consumer Council acknowledged and thanked Sarah Timmis for her work and her time.

3.05pm to 3.10pm – the meeting adjourned for a short break from.

#### **4.4 Feeding Support Survey (Agenda pages 18-83)**

Elizabeth Maritz (Clinical Leader Paediatric Dietetics Paediatric Community Dietitian) provided and update. The report was taken as read.

Matters covered in the discussion and response to questions included:

- Feedback was received by families of children that experienced feeding problems
- Current work in place to address gaps and families' expectations of the care provided
  - Paediatrics teams are currently providing a more specialised support as part of the Child Health Services
  - This service is targeted to younger children as well as children with disabilities, working together with their families to enhance children's quality of life, and to help them develop and grow
  - This service is coordinated by multidisciplinary teams – paediatricians, nurses and therapists, and there is also a Facebook page set up for families to connect and share their experiences
- Pathway of care initially created in 2015 to help children gradually reduce the use of the feeding tube
  - A new updated version of the pathway of care was implemented in December 2019. This new pathway reflected feedback taken from several sources to better reflect the needs and expectations of families and children needing care and support
    - A stocktake of the Child Health services support and the clinical process was carried out
    - 18 nationwide DHBs and three families met at a Symposium in 2017 to gather feedback, share evidence based resources, and gain greater insights from the families that shared their experiences
  - The Clinical Feeding Support pathway was published in December 2019, but successful launching was impacted by the surge of the Covid-19 pandemic
    - This pathway provides a holistic model and facilitates a more integrated approach that includes the family experience, feedback and expectations

- A survey has been sent out to families to identify areas of the service that the Clinical pathway is yet to address to provide a consistent positive experience to families transitioning into the community
- Themes emerging from the feeding report:
  - Experience in the ward
  - Expectations and timelines
  - Discharge information for continued care at home
  - Overall the feedback is positive regarding the care and information provided upon discharge
  - Families expressed feelings of isolation, confusion on information provided, and lack of urgency with delays
- Next steps:
  - Need to address remaining gaps in the care and support to families
  - Need to ensure all teams working with families and the children are onboard with the clinical pathway implementation to ensure families are getting a consistent message
  - Need to promote breastfeeding, child protection, ensuring there is appropriate community support available for families that also covers cultural needs
  - Gain greater understanding to best manage families expectations to ensure their needs are met
- Questions raised:
  - Initiatives to address feelings of isolation of families: there is a website, a Facebook page for national network just for families; connecting families that have volunteered to mentor other families going through the same situation
  - Cultural responsiveness: to address the needs from families from different cultural and ethnic backgrounds: there are cultural case workers that link families with the appropriate cultural networks in the community
  - Goal setting from the pathway of care is a guideline not only for the family readiness to stop using the tube and start supporting their child to breastfeeding, but is also a goal setting guide for the multidisciplinary teams supporting the feeding transition
  - Goal setting perhaps needs to be rephrased to a more accessible terminology to work with the families and to communicate with them in more consumer-friendly terms.
  - Perhaps the findings of the survey could be shared with the families who would like to receive the results. It was suggested to add the option asking survey participants if they'd like to receive the results of the survey so that they can be contacted with a thank you note and a summary of the findings
- It was agreed to have Elizabeth back for a progress update at another Consumer Council meeting later in the year

The Consumer Council acknowledged and thanked Elizabeth Maritz for her work.

#### **4.5 Facilities Update**

Due to timing of agenda items, this update was deferred to the next scheduled meeting.

### **5 INFORMATION ITEMS**

#### **5.1 Covid-19 Update – Omicron (Verbal update)**

Tamzin Brott (COVID-19 Executive Lead and Chief Allied Health, Scientific and Technical Professions Officer) provided an update on COVID-19 and the Omicron outbreak.

Matters covered in the discussion:

- Update on Covid-19 Omicron response
  - Shift into Orange setting has led to increased number of cases in the community as well as amongst staff members
  - Covid-19 circulating variants:
    - BA1: small number of cases
    - BA2: predominant number of cases
    - BA4 and BA5: a few cases coming through the borders
  - Testing:
    - Small numbers of PCR tests still done in the community
    - 17-22% are positive results
    - RAT self-testing has affected accuracy of numbers of cases reported as community members are not always reporting cases
    - Response team keeping a close view on hospital admissions for number of cases accuracy
  - Hospitalisation numbers are mostly on the 70+ age group due to vulnerability and being unvaccinated
  - Influenza: 2 cases: expecting numbers to increase with the open borders policy to be enacted in July, and through the winter period
  - WDHB: total of 66 cases
    - 41 active cases
    - 25 cases recovered
    - With 20-25% of total population having experienced Covid-19, the aim is to ensure that recovered cases can be safely integrated to non-Covid-19 wards
  - Covid-19 care at home programme
    - 12 people under programme support
    - Programme provides food packages, pulse oximeters, and daily calls, and links individuals with the Whānau HQ (Home Quarantine)
    - Regional programme Whānau HQ provides a fast response and consistent community long-term care
  - Response readiness for an unexpected surge of cases
    - Numbers of beds ready to flex up
    - Maintaining skill sets
    - Medical supplies
- Vaccination programme
  - Two large vaccination centres have closed: Birkenhead (in December 2021) and Albany (in April)
  - Partners sites at West Auckland still operating, as well as GPs and pharmacies
  - Still small numbers of 1<sup>st</sup> dose of vaccinations coming through for adults and children
  - Nationally administered
    - Over 4million 1<sup>st</sup> doses
    - Under 4million 2<sup>nd</sup> doses
    - 2.6million boosters
    - Currently focusing on paediatrics
      - ~260,000 1<sup>st</sup> dose
      - ~119,000 2<sup>nd</sup> dose
  - WDHB population numbers
    - 73% adults have been boosted
    - 58% Māori and 59% Pacific
    - 29% of paediatrics' population fully vaccinated
    - Currently focusing on increasing Māori and Pacific, and paediatrics numbers
    - Working in partnership with The Fono and Te Whānau o Waipareira, with vaccination drives, popups, and schools' vaccination programmes

- Staff members:
  - 97% boosted
  - 3% of staff members that have had Covid-19 and waiting for the 3month standdown period to end, or with medical exemption for a number of reasons
- Areas of focus and response readiness
  - Winter months preparation
  - Influenza coming through the borders when reopen
  - New Covid-19 variants
  - Reviewing previous Covid-19 response, and evaluating what worked and what could be improved to better prepare
  - Ensuring training is up to date and maintained
  - Ensuring airflows in our facility spaces are maintained and ready to go for an unexpected surge response
  - Preparing for the supply chain impact and supply issues with China's lockdown
  - Preparing for the impact of borders opening

The Consumer Council acknowledged Tamzin's update and thanked her for her time.

## **5.2 HQSC/Health NZ/MHA Updates**

Lorelle George (Chair) will provide an update by email.

## **6 OTHER BUSINESS**

No other issues were addressed.

The Chair thanked the members and attendees for their time.

The meeting closed at 4.00pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD –  
CONSUMER COUNCIL MEETING HELD ON 22 JUNE 2022.

#### **4. DISCUSSION ITEMS**

4.1 Patient Experience Report

4.2 Facilities Update – Janine Pratt, Facilities Services Group

4.3 Facilities Update (Verbal) - Matthew Knight, Facilities Services Group

## Patient Experience Feedback

### 1.0 National Inpatient Survey

The next survey will go live on 17<sup>th</sup> May 2022. The sample who receives the survey is a selection of patients who visited the hospital during the two-week period from 25<sup>th</sup> April to 8<sup>th</sup> May.

Participants have until the 7<sup>th</sup> June to complete the survey and results will be made available around 8<sup>th</sup> July 2022.

### 2.0 Friends and Family Test

#### 2.1 Friends & Family Test Overall Results – Adult Survey

In April 2022 the Net Promoter Score (NPS) was 86 with feedback from 539 people. The NPS is up four points on the previous month and continues to score above the target of 70. The number of responses is down slightly on the previous month.

#### 2.2 Friends & Family Test Overall Results

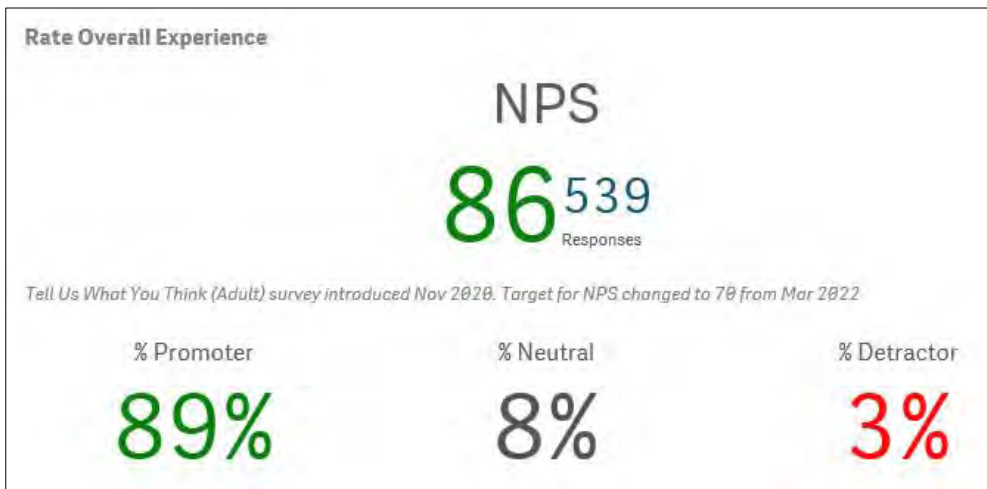
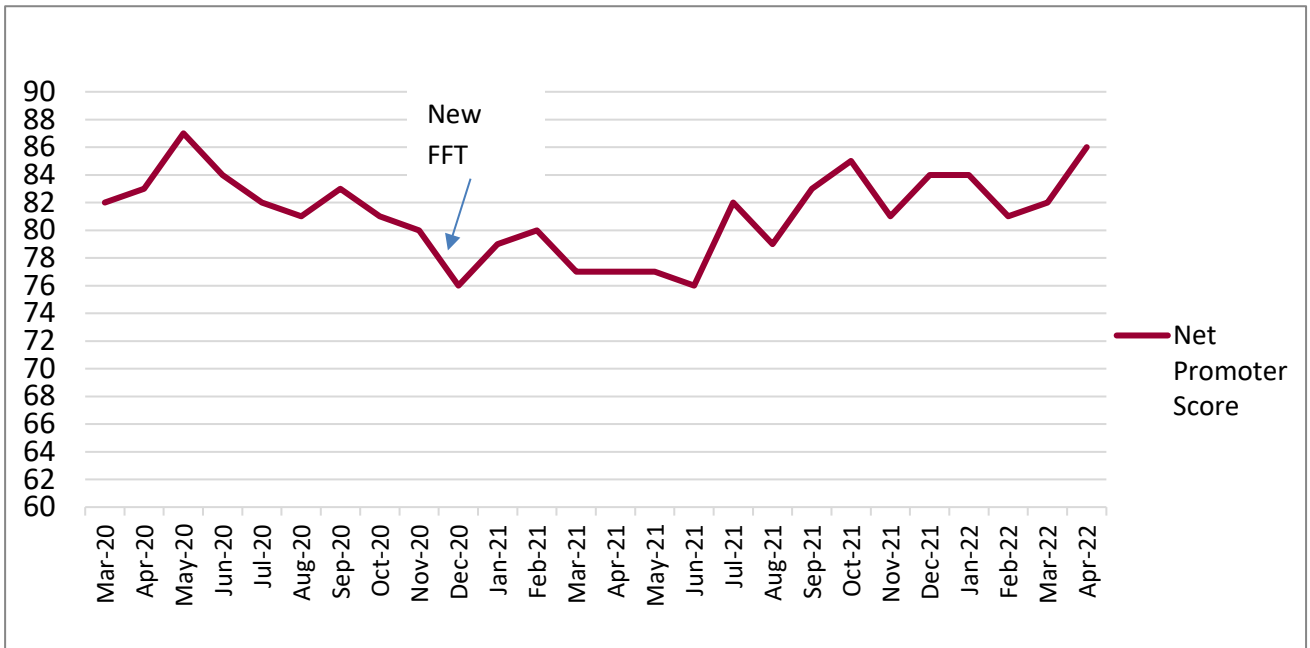


Figure 1: Waitematā DHB overall NPS

Pt Experience by Service (Adult and Maternity)								
Month & Year	Surveys	Rate Overall Experience	Welcoming and Friendly	Listened To	Treated with Compassion	Involved in Decision Making	Explained in a Way I Understood	
<b>Totals</b>	<b>539</b>	<b>86</b>	<b>90</b>	<b>85</b>	<b>88</b>	<b>81</b>	<b>86</b>	
Apr-2022	539	86	90	85	88	81	86	

Table 1: Waitematā DHB overall FFT results





**Graph 1:** Waitemata DHB Net Promoter Score over time

The above chart shows the net promoter score over the last 2 years. A new Friends and Family Test was introduced in November 2020 changing the question from ‘based on your experience would you recommend’ to a general question asking about their overall experience. The scale was also changed from a five point scale to a more sensitive 11 point scale.

### 2.3 Total Responses and NPS to Friends and Family Test by ethnicity

April 2022	NZ European	Māori	Asian	Pacific	Other/ European
Responses	296	37	54	51	101
NPS	87	84	83	86	84

\*Low base size, interpret with care

**Table 2:** NPS by ethnicity

In April, all ethnicities met the Waitemata DHB NPS target and scored above 70. NZ European recorded their highest score to date for the overall score question.

April 2022	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	89	94	94	94	87
I was listened to	81	89	87	84	92

<b>I was treated with compassion</b>	87	92	93	86	88
<b>I was involved in decision making</b>	78	92	93	81	83
<b>My condition/treatment was explained in a way that I understood</b>	82	91	93	84	90

**Table 3:** NPS for all questions by ethnicity

This month, all measures score at or above the DHB target. Maori recorded their highest score to date for 'involved in decision making'.

#### 2.4 Patient Experience Highlights

##### ➤ Migration from InMoment to Qualtrics

Waitematā DHB has begun the process of migrating our patient experience reporting system used for surveying and reporting patient experience, patient reported outcome measures (PROMs) and staff experience from our current provider 'InMoment' to 'Qualtrics'. The first phase of training is complete with further training planned towards the end of May. The focus for the team is to rebuild surveys for go-live on the 17<sup>th</sup> June.

##### ➤ Patient Feedback

Once again, feedback this month has been positive with patients and whānau citing hard working, professional, caring and understanding staff. Feedback from our ARDS patients and whānau include good communication, patient, kind and friendly staff as some of the main reasons for an exceptional experience.

### 3.0 VOLUNTEERS

#### 3.1 VOLUNTEER RECRUITMENT STATISTICS

Volunteer numbers are down by 1 on the previous month.

<b>Green Coats Volunteers (Front of House)  (A)</b>	<b>Other allocated Volunteers  (B)</b>	<b>Volunteers on boarded awaiting allocation  (C)</b>	<b>Total volunteers available (D)  (A) + (B) + (C) =(D)</b>
48	103	8	159

**Table 4:** Volunteers Recruitment

The number of applications we are receiving is lower than pre-covid times (approx. 1-2 applications a month). Two volunteers who were waiting for a role withdrew their applications due to personal health concerns. The Patient Experience team has been processing any applications received via our website and word of mouth.

## 3.2 VOLUNTEER HIGHLIGHTS

### ➤ Hospital Auxiliary

The patient experience team, Hospital Auxiliary and the Well Foundation are exploring the safe ways to re-open the Gift Shop at Waitakere Hospital. FOH screeners and receptionists have reported that there have been numerous enquiries from patients and visitors about the re-opening of the shop and it will be a great service to our families and whānau to have the shop up and running again.

### ➤ Return of hospital volunteers

Our Hospital volunteers are slowly returning to their duties, starting with Front of House (FOH) at both sites, Anawhata, Titirangi and Assessment & Diagnostic Unit (ADU) at Waitakere Hospital.

Volunteers are settling in well and familiarising themselves with the new hospital environment. Staff are pleased to have the volunteers back.

*“Volunteers are so helpful, they are taking people down to the new eye clinic at the district nurse and they are doing it for free!”* Staff, Waitakere Hospital.

The Justice of Peace desk at North Shore Hospital also resumed with staff and patients utilising the service.



JP Wendell with North Shore Hospital staff



Patient waiting for the JP

The Patient Experience team is working with wards and services across both sites to safely bring back volunteers to their roles. Volunteers working in higher risk areas will be required to undertake a Vulnerable Worker Risk Assessment prior to coming back.

## 4.0 CONSUMER COUNCIL UPDATE

The Consumer Council met on 11 May 2022. They discussed the following agenda items at their most recent meeting:

- **Complaints and compliments** – Jacky Bush and Sarah Murray presented how our organisation supports compliments and complaints.
- **Discharge process update** Sarah Timmis, Clinical Nurse Director presented work underway to improve patient discharges to ensure patients are supported before discharge and have the information they need about what will happen next and what to expect before they leave hospital, and how to manage their condition and recovery after they leave hospital.
- **Feeding support survey** – Elizabeth Maritz, Clinical Leader Paediatric Dietitians presented to the group the reasons for undertaking a feeding support survey, the key findings, the next steps and how they will make improvements.

## 4.2 Discussion: *Facilities Services Group Capital Programme Update*

### Recommendations:

The recommendations are that you:

- |  |               |
|--|---------------|
| a) Note the Facilities Services Group Major Capital Programme Update on the following projects:  | <b>Yes/No</b> |
| <ul style="list-style-type: none"> <li>• Mason Clinic E Tū Wairua Hinengaro</li> <li>• Waitakere Master Site Plan</li> <li>• Waitakere Urgent Bed Capacity and Intensive Care Unit</li> <li>• Waitakere Special Care Baby Unit</li> <li>• Tōtara Haumarū</li> <li>• North Shore Hospital Marae</li> <li>• Whanau accommodation</li> </ul>  |               |
| b) Provide advice on the following:  |               |
| <ul style="list-style-type: none"> <li>i. our consumer engagement to date as outlined in presentation</li> <li>ii. how consumer participation in facilities projects can be improved</li> <li>iii. what further facility project information the Consumer Council and the community would find useful to understand and / or contribute to the DHB's facility projects.</li> </ul> |               |

### Background

The Facilities Services Group (FSG) is responsible for delivering the facility related capital projects for Waitematā DHB. These projects include our major capital projects such as Tōtara Haumarū and E Tū Wairua Hinengaro, as well as our smaller projects such as the Ward 15 remediation and specific infrastructure projects. Over \$600m of capital projects are currently being implemented by the FSG.

The DHB Facilities team includes programme directors, project managers, operational change leads, design leads, health and safety, facilities engineers, as well as commercial, financial and other support. This is complemented by external expertise including architects, quantity surveyors, building services engineers, structural and civil engineers, fire engineers, cultural advisors, sustainability advisors, and peer reviewers.

The project teams work with our services, consumers and service users to develop the project scopes / brief to inform the business cases, and to design the facilities to best meet the needs of our patients and their whanau and our staff.

The Facilities Services Group Capital Programme Update includes updates on the following projects:

- Mason Clinic E Tū Wairua Hinengaro
- Waitakere Master Site Plan
- Waitakere Urgent Bed Capacity and Intensive Care Unit
- Waitakere Special Care Baby Unit
- Tōtara Haumarū
- North Shore Hospital Marae
- Whanau accommodation.

The presentation pack (refer attached), supported by additional commentary at the meeting, provides an overview of each project, current status, how consumers and services users have been involved in the projects and what advice has been incorporated.

**Attachment 1:** Facilities Services Group presentation

*Attached separately*

### Key Issues

Advice from the Consumer Council would be appreciated on the following:

- how consumer participation in facilities projects can be improved
- what further facility project information the Consumer Council and the community would find useful.

### Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Janine Pratt	Executive Manager	021993579	✓
Haitham Alrubayee	Programme Manager Mason Clinic and Waitakere	0211735230	
Brad Marais	Project Director Tōtara Haumarū	021314745	
Matthew Knight	Projects Director	0212206845	

# Waitematā DHB

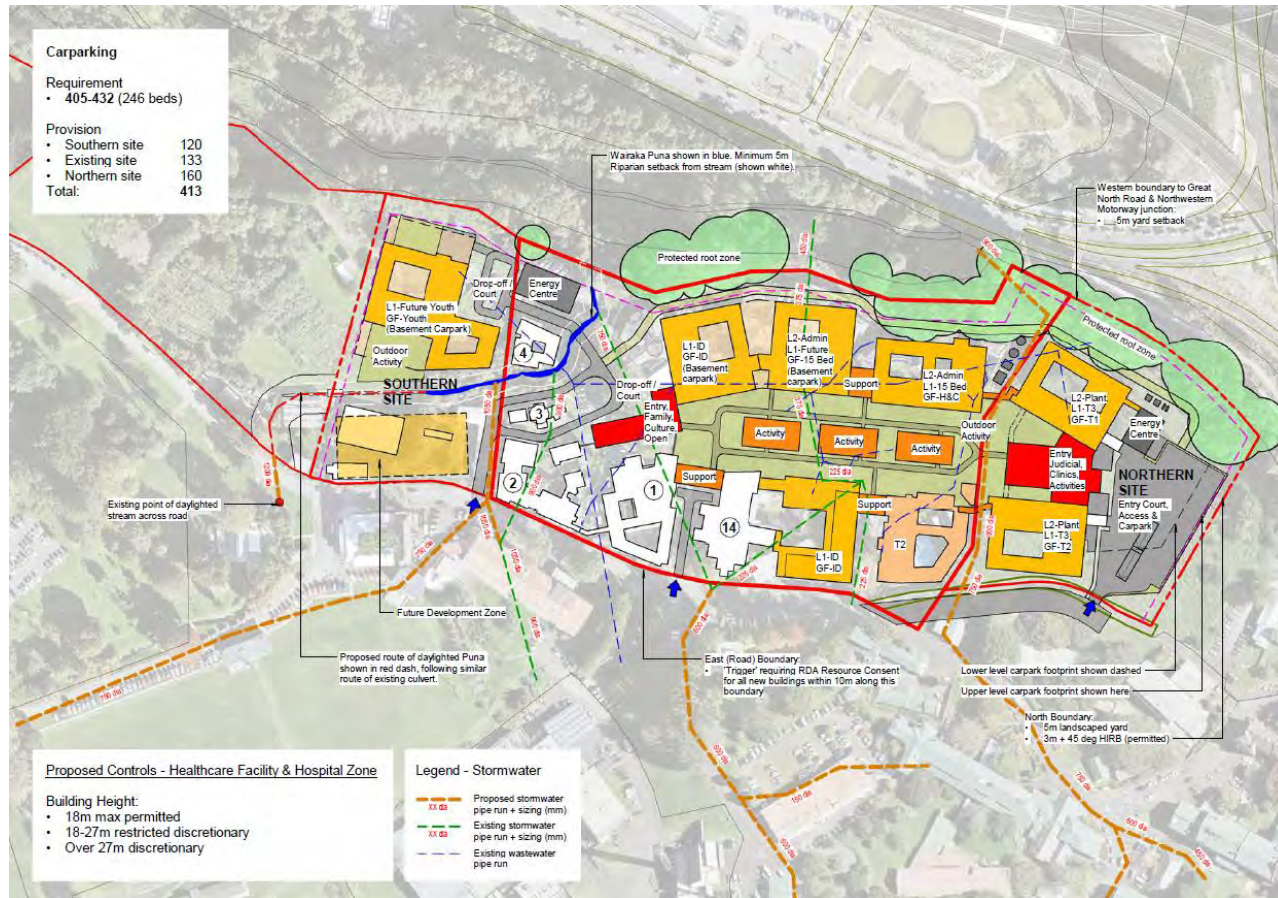
Facilities Development

Consumer Council

June 2022

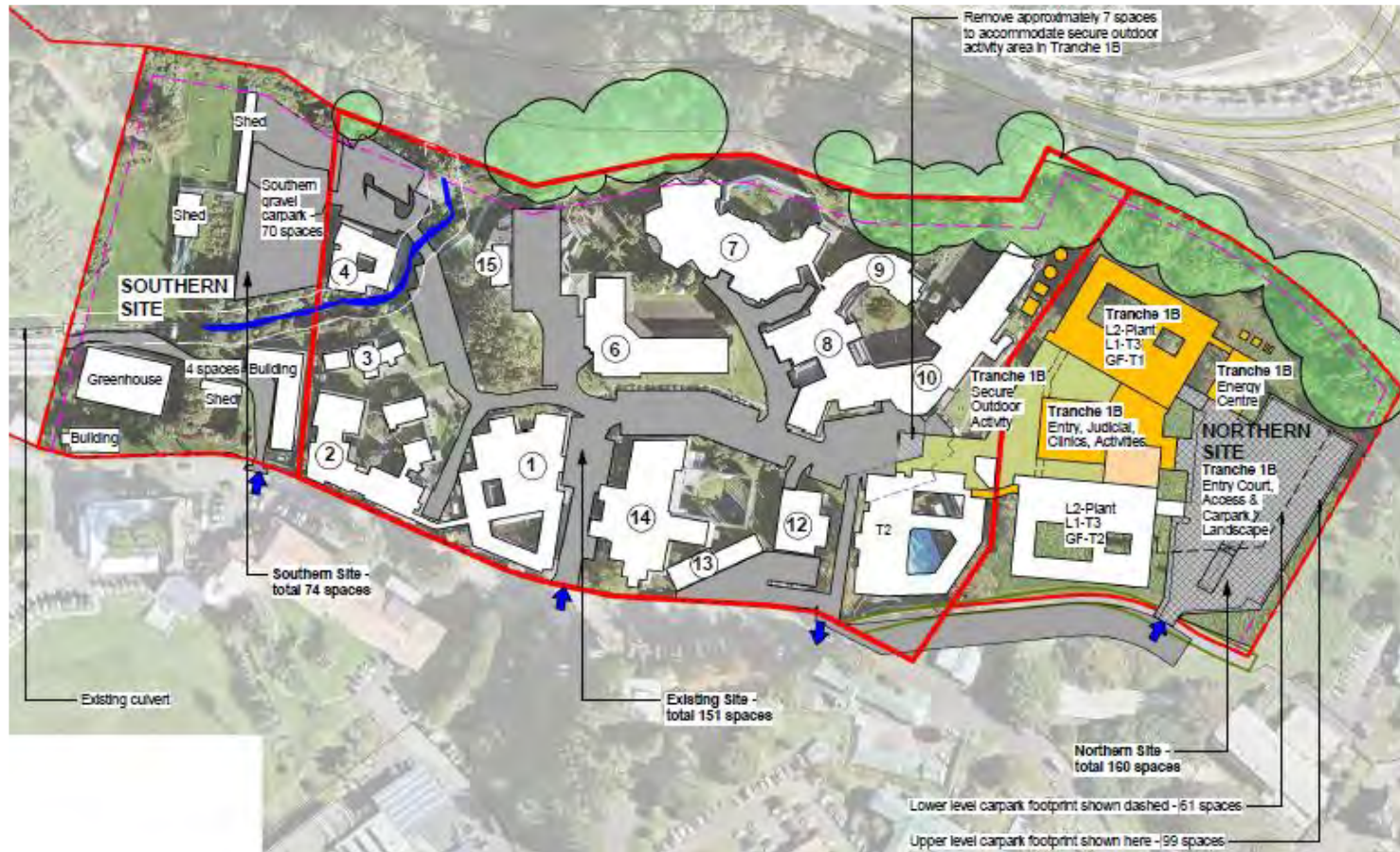


# Mason Clinic Master Site Plan





# Mason Clinic Master Site Plan - Stage 1



# Mason Clinic E Tū Wairua Hinengaro



# Mason Clinic E Tū Wairua Hinengaro



# Mason Clinic E Tū Wairua Hinengaro

Funding of \$162.8m approved

Three storey facility with:

- A gross floor area of around 10,000 square metres, with units almost double that of the existing facilities
- 60 inpatient beds, allowing our final patients to be moved from ageing units affected by long-term weather-tightness issues and enabling closure of the Tōtara, Kauri and Rātā units
- A new high-secure unit, two new low-secure units and one new medium-secure unit
- A negative pressure environment of up to 15 beds, providing greater capacity to safely care for patients on-site in the event of future pandemic outbreaks
- Secure internal courtyards, therapeutic activity spaces and facilities for staff training

Design features support:

- Contemporary models of care
- Greater emphasis on privacy, dignity and wellbeing
- Access to elements of the natural world

Developed design on track for completion in August 2022 and Detailed design January 2023

Construction completion late 2025



# Mason Clinic E Tū Wairua Hinengaro

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- The project and design vision builds on the collaboration developed between Ngāti Whātua Kaumatua, Te Taurawhiri, Tangata Whai i Te Ora, Clinical Executive and User Groups
- There is much to gain from deep engagement with Mana whenua culture and tikanga for the transformational opportunities and mutual benefits that a partnership and collaboration approach to design solutions bring to a project



# Mason Clinic E Tū Wairua Hinengaro

- Contribution to this collaboration is as follows:

Involvement from the Mason Clinic  
Taurawhiri

2 x Huis in the early design phases to ensure culturally appropriate and effective services are provided for all tangata whai i te ora and whanau alike

Kaumātua is a member on the Executive User Group, signing off each design phase

Regular huis are also had between the Kaumātua and the DHB project team to ensure meaningful integration of Māori cultural participation and concepts into design solutions

A Māori communication Design Specialist Consultant is a part of the design team/peer review process who was activity involved in the User Groups during the cultural design development

A Māori artist – Mahi Toi is engaged on the project to ensure the integration of Mana Whenua aspirations, design themes and values are expressed in a variety of ways in the design outcome of the project



# Mason Clinic E Tū Wairua Hinengaro



Consumer Advisor  
a member within  
the Core User  
Group



Service User an  
invited member of  
the User Group in  
the early stages of  
the design (until it  
was no longer  
appropriate)



The Consumer  
Advisor meets with  
the Service Users  
regularly asking for  
input and feedback  
on the design



Several surveys  
have been  
undertaken with  
Service Users to ask  
their preferences  
on certain items



The Consumer  
Advisor held a  
brainstorming  
session, following  
the first survey, to  
better understand  
what is/is not so  
important to  
Service Users



Surveys of existing  
units to identify  
areas for  
improvement and  
understand what is  
important to  
Service Users



Gym equipment  
Survey



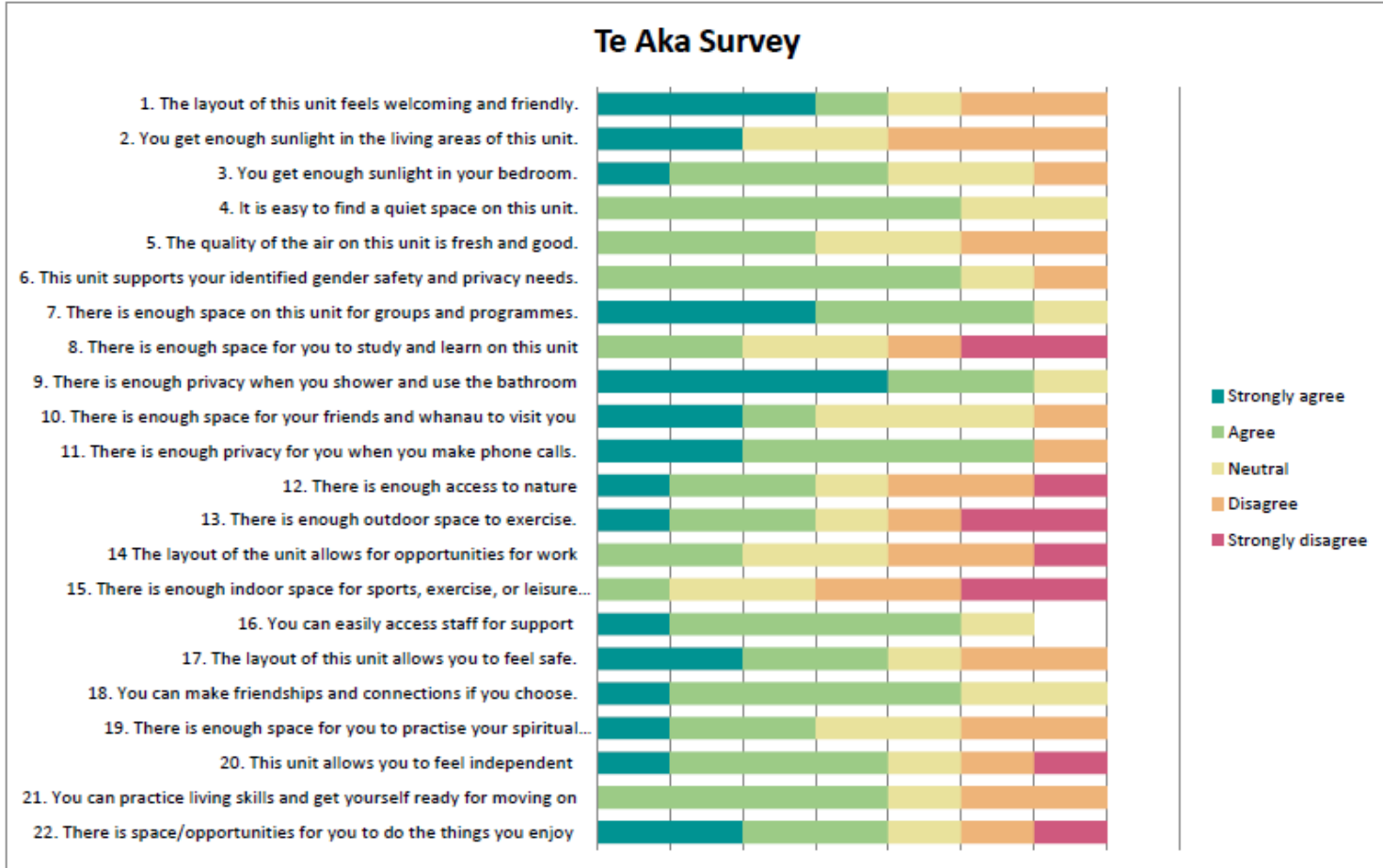
Bedroom  
furniture/layout  
Survey (specific to  
Daybeds and/or  
extra storage)



Lounge furniture  
preference Survey

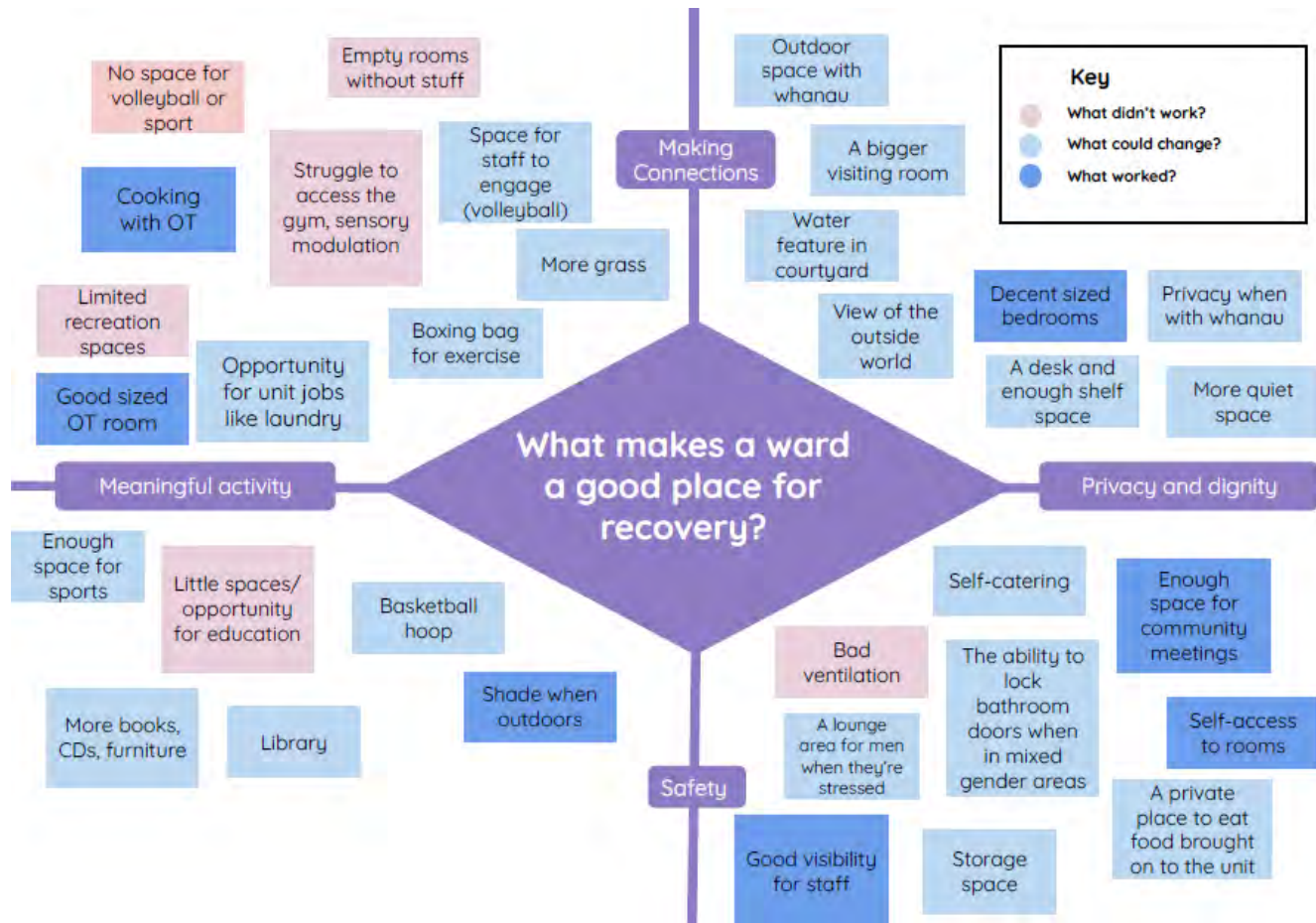


# Mason Clinic E Tū Wairua Hinengaro





# Mason Clinic E Tū Wairua Hinengaro



# Mason Clinic E Tū Wairua Hinengaro

- Items incorporated as a direct result of Service User input include:

Kitchen island bench in the occupational therapy kitchens for a more pleasant teaching/learning experience

Cohort lounges in several locations around the bedrooms as additional breakout zones for Service Users

Incorporation of additional secure outdoor ground space for more outdoor activities

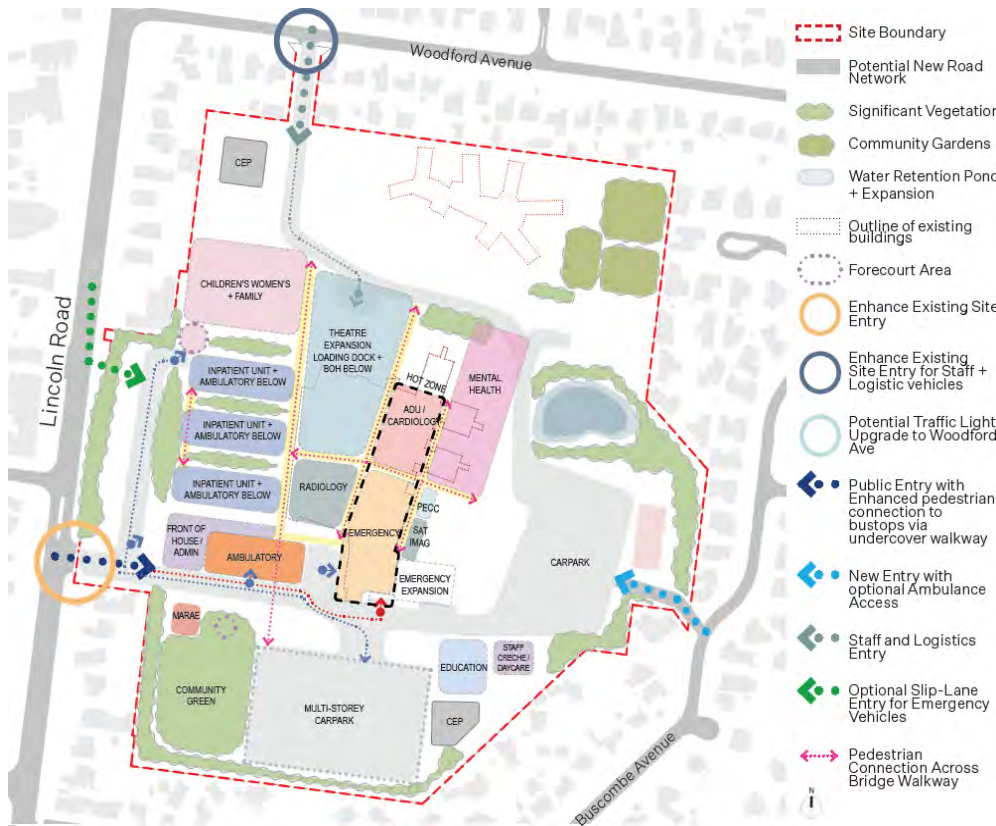
Additional computers in the activity rooms for Service user study (current units have 1x, this build will have 3x in each unit)

2 x independent living suites (almost like a mini apartment set up) within the minimum (T3) unit for Service Users to experience a more independent living scenario prior to their departure from Mason Clinic to assist with their transition. Where they can learn to cook and clean for themselves and be set up for life in the community

WCs off the activity spaces so that Service Users don't rely on staff escorting them out of the room to use these facilities and therefore feel more calm during these sessions



# Waitākere Programme Business Case and Master Site Plan



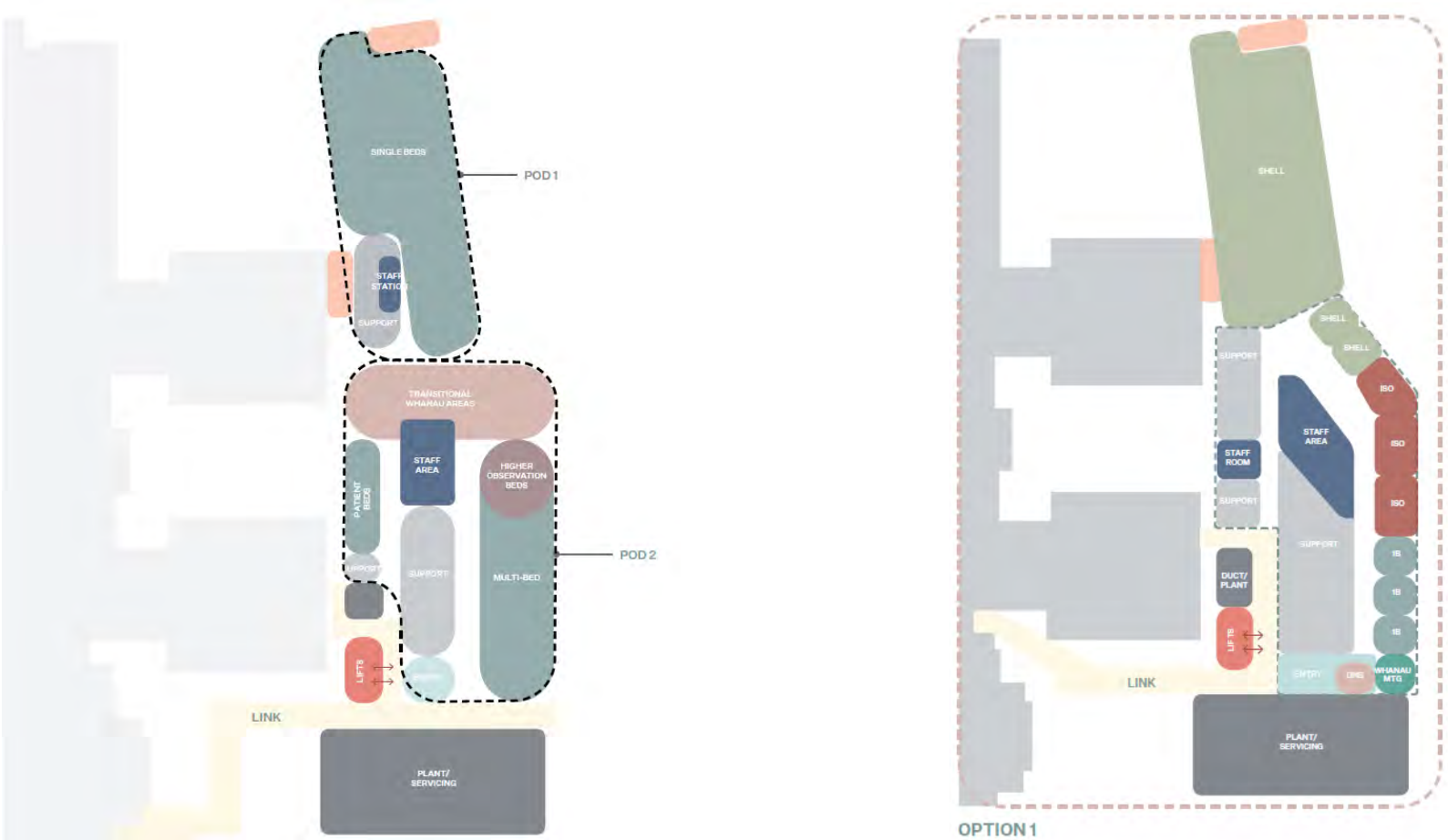
Tranche 1 which unlocks the site development replaces the Hughes Block (child, women and family services), provides the infrastructure foundations for the campus, and the back of house functions

Capital Investment Committee unable to make a decision on Tranche 1 until Northern Region Capital Roadmap re-confirms Waitākere as a priority

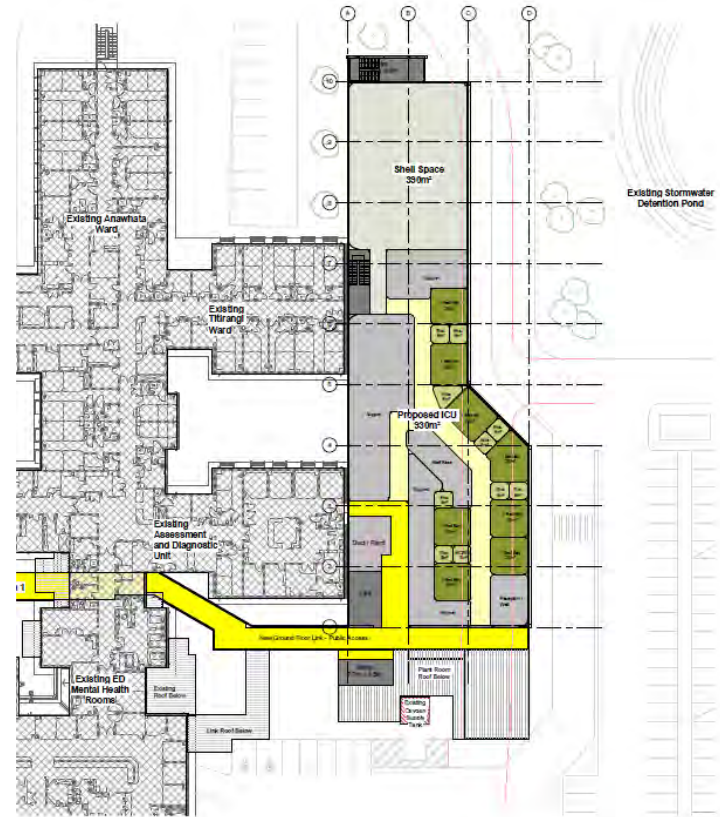
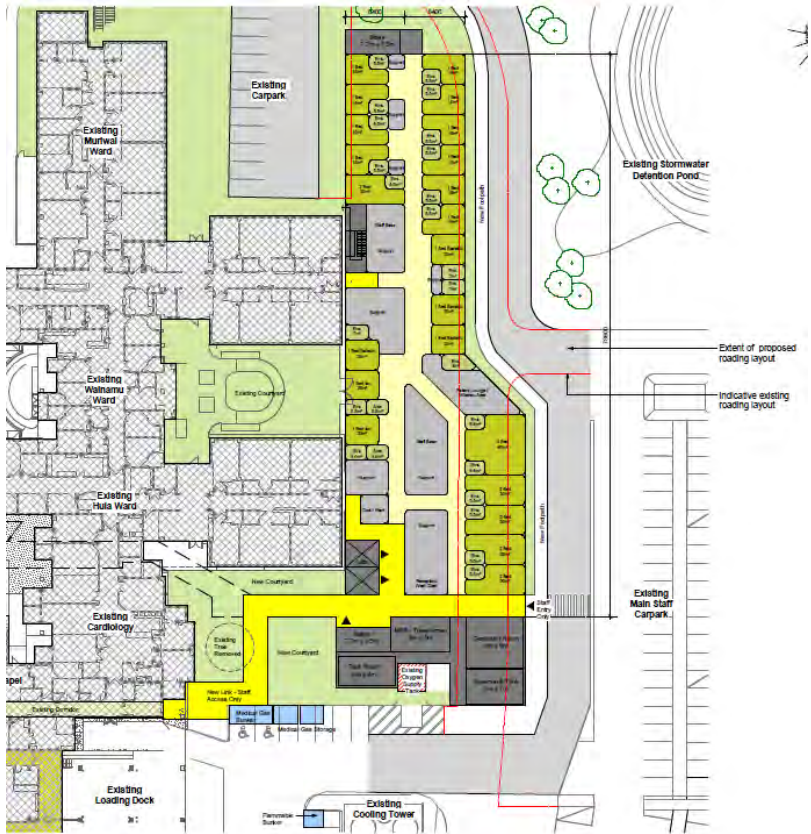


# Waitākere Urgent Beds and ICU

## Concept Architectural Spatial Allocations



# Waitākere Urgent Beds and ICU



# Waitākere Urgent Beds and ICU

Funding of \$65.1m approved

## Scope

- 30 inpatient bed ward
- 8 bed ICU (6 beds fit-out initially)
- Future-proofing for a further 4 ICU beds or other clinical space
- Plan to transition to Level 1 ICU over 5-10 years to build workforce

## Benefits

- More patients to be treated locally and easier for family and friends to visit
- Reduce average assessment and treatment times, as a result of a fewer transfers to other hospitals. This will reduce the length of time patients stay in hospital for those who would have previously been transferred
- Improve the continuity of care. Continuity of care makes patient treatment more effective, and improves patient outcomes
- Reduce the burden on the services provided by other hospitals, allowing them to focus more on their local catchments
- Reduce the impact on other patients when acute patients need urgent transfer escorted by anaesthetists or ED doctors

Preliminary Design is due for completion in September 2022

Completion is scheduled for late 2025



# Waitākere Urgent Beds and ICU

Consumer input in our User Groups commences shortly as part of the preliminary design phase

Waitākere Healthlink have identified a number of applicants for consideration

Te Rūnanga o Ngāti Whātua have suggested an iwi representative for the User Groups

Cultural Consultation with Chief Advisor Tikanga is also a regular touchpoint within this project



# Waitākere Special Care Baby Unit





# Waitākere Special Care Baby Unit

- Consumer input has enhanced the overall facility design and particularly the interior décor
- The family dining room, plus 3 parent overnight rooms will aid the supported transition from a situation of intensive clinical care to the family looking after themselves at home
- The privacy curtains have been designed by a local designer in collaboration with consumers



# Waitākere Special Care Baby Unit



Artwork has been commissioned with input from the Patient Experience team and depicts scenes of local beaches, enhanced with Māori designs also chosen by a consumer group



# Tōtara Haumarū



# Tōtara Haumaru



Artists impression – Lift Lobby



# Tōtara Haumaru



*Artists impression – Multi bedded Ward Room*



# Tōtara Haumarū



Image taken of  
the eastern side  
of the Tōtara  
Haumarū  
construction site  
from the top of  
the North Shore  
Hospital multi-  
storey carpark

*31 May 2022*



# Tōtara Haumarū

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**Ministry of Health & DHB  
funding of >\$300m approved**

**Importance Level 4 (IL4)  
Building**



**Design includes:**

**Eight surgical theatres  
Four endoscopy procedure  
rooms  
Five 30-bed wards  
Associated support services**



**Theatre and endoscopy  
suites, three 30-bed wards  
opening April 2024**

**Remaining two 30-bed  
wards, and support spaces  
opening August 2024**



# Tōtara Haumarū

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- Various meetings have been held during the design of Tōtara Haumarū to ensure that the key priorities of patients, whānau and community have been included in the design of the new hospital
- These meetings have included consumer representatives, including cultural teams, disability advisors and patient experience staff from Waitematā DHB
- Feedback from these meetings and from a community focus group held at the very beginning of design in 2019 has resulted in most of the requested principles and design aspects being achieved





# Tōtara Haumaru

Culturally - welcoming and friendly – using Te Aranga Design Principles

Stone of healing at front entrance

Patient lounge in each ward

Whānau room in each ward

Natural light maximised

Lift size can accommodate all hospital beds

Stairs visible to encourage use for those who can use

Lifts positioned so entrance to the wards is not behind the lifts

Tōtara tree wood used as part of front of house design

Warm colours, potentially with a theme for wayfinding or title of the building – so it does not look clinical/institution like

View of pick up area from seating area to aid visitors with pick up arrangements

TV screen to assist with directions, promotions, health messages, waiting times

Space at front entrance for up to 5 wheelchairs to be stored – so patients can access them for pick up/drop off

Central place for volunteers to sit - incorporating the volunteer space with the receptionists



# Tōtara Haumaru

Patient journey in accessing the building is clear – from the road to the building

Intuitive wayfinding once inside the building; ward names that are clear and easily understood

Use of colours for different zones

Variety of seating options – bariatric, arm rests, sofas, different heights, modern and comfortable (not hard plastic seat)

Safe pick up and drop off zone

Slope/incline to building – safe access for wheelchair users and those with mobility challenges – aim to achieve better than the building standards of 1:12 gradient

One entrance for all rather than separate accessible entrance

Toilets with accessible doors

Adult changing room (supported through Well Foundation)

Parenting room (supported through Well Foundation)

Unisex/all gender toilets

A coffee cart area with food options

Vending machines for 24/7 food access



# North Shore Marae



# North Shore Marae

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# North Shore Marae



# Whānau accommodation

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# Whānau accommodation

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- A stand-alone facility that provides respectful whānau / family accommodation
- Meets demand capacity, is safe, functional
- Provides a platform to deliver a service that aligns with the Waitematā DHB's values and Kaupapa Māori principles and practices
- The new facility will also enable us to be compliant with relevant policy when providing overnight accommodation for whānau, including the Vulnerable Children's Act 2014
- Scheduled for completion September / October 2022 subject to supply of materials



# Infrastructure



## Business problem

The condition of existing infrastructure, and a lack of resilience of critical systems, is putting ongoing service delivery at risk

Existing infrastructure does not have the capacity or configuration to support programmes of work needed to cater for growth

Existing infrastructure does not meet current mandatory requirements, which is increasing the risk of patient harm



## Business case for Tranche 1B includes:

Problems from ISP Tranche 1 yet to be resolved including NSH electrical upgrade

New emerging problems from projects which were previously lower priority including NSH main tower seismic upgrade

Resilience works including roading, additional pipework connections etc, to assist with emergency response & future proofing the site



## Active projects

ISP Tranche 1A (\$30m)

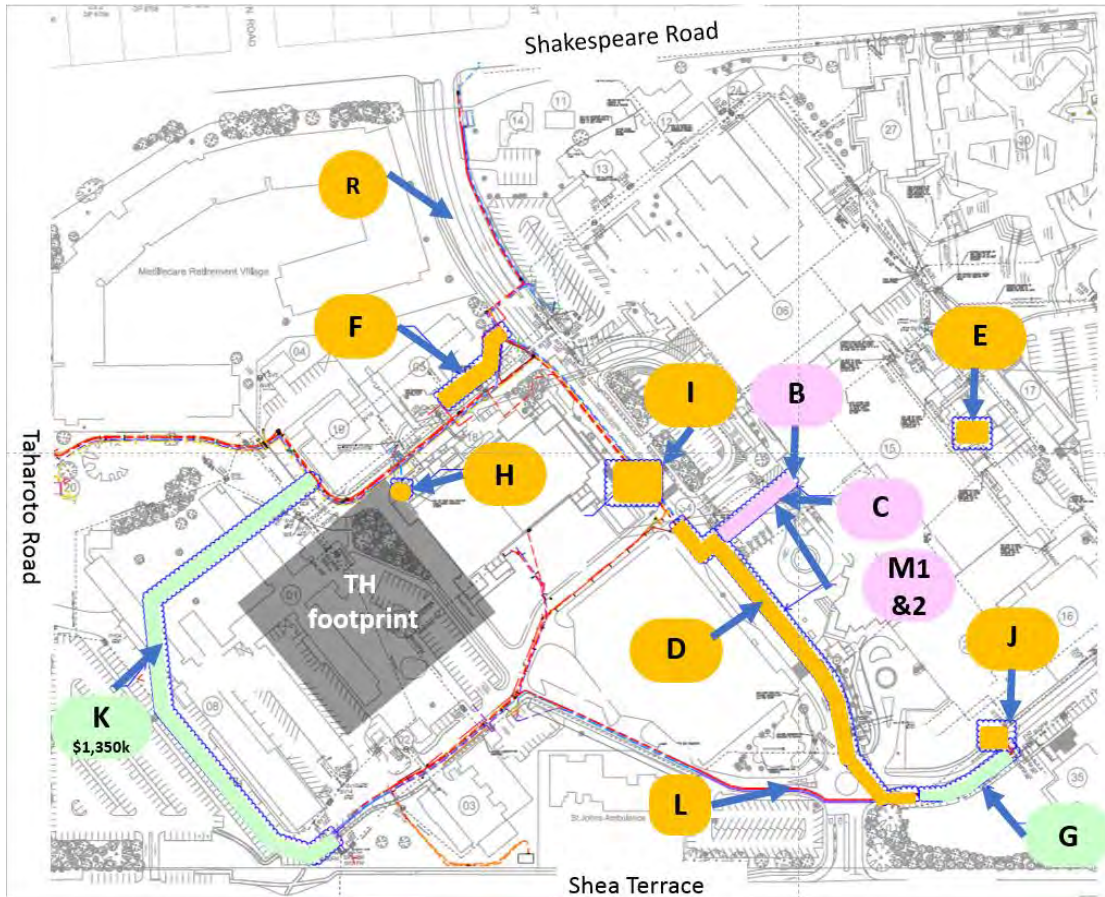
NSH CSSD (\$12.6m)

Waitakere electrical upgrade (\$7.2m)





# Infrastructure NSH Works



## Priority 1 - Totara Haumaru Dependencies

K - Potable and firewater connection between Stage 4 & 3C

G - Stage 3B Comms extension to B35

M1 – Gas connection to hospital tower under croft solution

## Priority 2 - Complete As A Continuous Workstream To Avoid Prolonged Disruption (ISP T1A scope removed in 2020 to manage cost pressures)

M2 - Water and fire penetrations as part of under croft solution (revised following detailed design – now M3 Potable water supply reticulation supplied from eastern main)

B - Final gas connection to complete the connection and install the seismic valve to the Hospital gas network.

C - Fire and potable water across the road into under croft as part of stage 6 work. (revised following detailed design – consolidated within project D)

## Priority 3 - Final Deferred ISP T1 Scope

E - Potable water valve to the rear of main hospital building

F - Stage 6 potable water connection to B05

H - Stage 4, ESC above ground potable water connection

I - Stage 6, Hydrant addition in NSH Road for ESC (revised following detailed design – consolidated within project D)

J - B35 and Marae water supply

D - Completion of the water network and comms duct down from Stage 6 to the roundabout (Shea Terrace)

# Waitematā DHB

Facilities Development

Consumer Council

June 2022



## **5. INFORMATION ITEMS**

5.1 COVID-19 Update (Verbal)

5.2 Chair's Update (Verbal)

## **6. ANY OTHER BUSINESS**

6.1 Community Concerns

6.2 Agenda items for next meeting

6.3 Meeting evaluation