



Waitematā
District Health Board

Best Care for Everyone

Consumer Council

Wednesday

17 March 2021

2:00pm – 4:00pm

VENUE

**Matepo and Manuka Rooms
Lower Ground Floor, Waitakere Hospital**

CONSUMER COUNCIL

17 March 2021

Venue: Matepo and Manuka Rooms, Lower Ground Floor Waitakere Hospital

Time: 2:00pm – 4:00pm

<p><u>Consumer Council Members</u> David Lui (Council Chair) DJ Adams (Ngati Maniapoto, Ngati Kahungunu) Neli Alo Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua) Lorelle George Insik Kim Ngozi Penson Jeremiah Ramos Ravi Reddy Kaeti Rigarsford Lorraine Symons (Te Whānau o Waipareira) Vivien Verheijen</p>	<p><u>Ex-officio - Waitematā DHB staff members</u> Dr Dale Bramley – Chief Executive Officer David Price – Director of Patient Experience</p> <p><u>Other Waitematā DHB Staff members</u> Marlè Dippenaar – Project Manager, i3 David Wilson – Operations Manager, Older Adults Services Cheryl Johnson – Clinical Director, Older Adults Services</p>
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APOLOGIES:

AGENDA

Disclosure of Interests (see page 5 for guidance)

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

KARAKIA

WELCOME

1. AGENDA ORDER AND TIMING	
2. CONFIRMATION OF MINUTES	
2:00pm	<p>2.1 Confirmation of the Minutes of Meeting (03/02/21) Actions Arising from Previous Meeting and Chair updates</p> <p>2.2 Confirmation of the Minutes of the Strategy Meeting (27/01/21)</p>
3. DISCUSSION ITEMS	
2:05pm	3.1 Gynaecology Patient Information (Update)
2:30pm	3.2 Older Adults Service Core Values and Principles
2:55pm	-- Break
3:05pm	3.3 Maternity user experience (verbal)
3:30pm	3.4 Consumer Engagement QSM Endorsement
4. INFORMATION ITEM	
	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)	x	✓	✓	✓	✓			
Neli Alo	✓	✓	✓	✓	x			
Alexa Forrest-Pain		✓	✓	x	✓			
Lorelle George	✓	✓	✓	✓	✓			
Insik Kim	✓	✓	✓	✓	✓			
Ngozi Penson	✓	✓	✓	✓	x			
Jeremiah Ramos	✓	✓	✓	✓	x			
Ravi Reddy	x	✓	✓	✓	✓			
Kaeti Rigarlsford	✓	x	✓	✓	✓			
Lorraine Symons	✓	✓	x	✓	✓			
Vivien Verheijen	✓	✓	✓	✓	✓			
+Dale Bramley	x	✓	✓	✓	✓			
+David Price	✓	✓	✓	✓	✓			

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

**WAITEMATĀ DISTRICT HEALTH BOARD
CONSUMER COUNCIL**

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
David Lui (Chair)	Director, Focus on Pacific Limited 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 03/02/21

Actions Arising from Previous Meeting and Chair updates

2.2 Confirmation of the Minutes of the Strategy Meeting 27/01/21

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

Wednesday, 3 February 2021

held at the Waitematā Room, Whenua Pupuke Clinical Skills Centre and by video conference
commencing at 2.05pm

CONSUMER COUNCIL MEMBERS PRESENT:

David Lui (Chair)
DJ Adams (Deputy Chair) (Ngati Maniapoto, Ngati Kahungunu) - *present by video conference*
Alexa Forrest-Pain - *present by video conference*
Lorelle George
Insik Kim
Jeremiah Ramos
Ravi Reddy
Kaeti Rigarsford
Lorraine Symons (Te Whānau o Waiparera) – present from 2.55pm
Vivien Verheijen

ALSO PRESENT:

Prof Judy McGregor (Board Chair) – present until 3.17pm
Dr Dale Bramley (Chief Executive) – present until 3.17pm
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

David Lui opened the meeting with a Karakia.

APOLOGIES:

Apologies were received and accepted from Neli Alo, Ngozi Penson, Jeremiah Ramos and Lorraine Symons for late arrival.

WELCOME:

The Consumer Council Chair welcomed everyone to the meeting.

DISCLOSURE OF INTERESTS

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 25 November 2020 (Agenda pages 7-12)

Resolution (Moved Kaeti Rigarlsford / Seconded Lorelle George)

That the Minutes of the Consumer Council Meeting held on 25 November 2020 be approved.

Carried

Actions arising from previous meetings (Agenda page 13)

The updates were noted and no issues were raised.

3 DISCUSSION ITEMS

3.1 COVID-19 and plans to address service impacts (Agenda pages 15-28)

Mark Shepherd (Executive Director Hospital Services) was present for the item. He provided a summary of the paper noting the work done by the service in the past months in providing care while ensuring safety of patients; the systems that were put in place to reduce risks including patient screening, limiting visitors and reducing close contact elective procedures that could create undue risks – these are consistent with regional response; that urgent and emergency care continued including priority cancer cases; and services are continuing on increased capacity and service efficiencies including reduction of cancellations.

Matters covered in the discussion and response to questions included:

- Impact of delayed care can be seen in the waiting list and waiting time which saw an increase during the lockdown period. Measures are in place to reduce to normal levels. MOH has provided funding support to reduce waitlists in surgery, radiology and endoscopy. The updated national guidelines on polyp surveillance is also expected to reduce demand for colonoscopy procedures.
- Services are working with patients to reduce other impact i.e. mobility and managing pain. Patient condition could be re-assessed and priority level elevated if required.
- In response to a query, it was noted that there was no impact to the staffing levels due to staff not able to take their holidays during the lockdown restrictions.
- Higher than usual presentations in the emergency department from November were noted however, it was noted that aggregated data are the same as in the past year.
- COVID-19 lockdown restrictions impacted the experience of mothers during the delivery. There are on-going studies overseas on the long term impact of the pandemic on the population.
- Noting the impact of the pandemic on mental health and people with disability, it was noted that welfare workers continue to work with vulnerable individuals who are known to the service. In addition, the community connection calling service has been well received and this service is continuing.

The Chair and the group thanked Mark for his time.

3.2 Update: Consumer Engagement for Facilities Project (Agenda pages 29-36)

Matthew Knight (Project Services Director) was present for this item and provided a summary of the paper.

Matters covered in the discussion and response to questions included:

- The group will proceed in progressing consumer representation in coordination with Waitakere Healthlink. Engagement with consumers on Front of House design principles for upcoming projects is expected to impact patient and whānau experience.
- The 'whānau accommodation centre' which will be built within the North Shore Hospital Campus will be included in the list of projects for consumer representation.
- Following consumer feedback, changes in layout of existing front of house space at Waitakere Hospital have been completed and have had a positive impact. Other areas are being considered to accommodate better flow and accessibility.

David Lui acknowledged the work and commitment of the group and the initial document that has been presented. The group thanked Matthew for his time.

Lorraine Symons joined the meeting from 2.55pm

3.3 Waitakere Hospital Development: Community Support (Agenda page 37)

Maggie Broome (Change Lead) was present for this item. She noted that the future development of Waitakere Hospital is a key focus of the DHB to enable facilities that meet the needs of the community in West Auckland and that they are looking at working towards a more structured consumer engagement process.

David Price provided an update on the initial recommendations for community engagement for Waitakere Hospital Master Planning including engaging with Waitakere Healthlink and hosting community forums and consumer representation on steering groups. He also noted that the purpose of the discussion is to secure recommendations to further generate and mobilise support from the community for this project.

Matters covered in the discussion and response to questions included:

- Prof Judy McGregor advised the group that engagements were made with community groups and parliament members. On-going community support in particular at the advocacy space will be critical. The DHB's position for this project is to support equity of access and address clinical needs of the community.
- David Lui noted that a combined rather than fragmented community advocacy will provide the push and momentum that may be needed for the project. He suggested working with the community groups including local board, churches, NGOs and key personalities. The Consumer Council members could assist in this space through their communities and contacts.
- Community forum held previously was well received. There is great interest from the community and Waitakere Healthlink could also assist in this initiative. It was

noted that advocacy by key people who are not part of the DHB could be more effective.

- A background of the Waitakere hospital development plan was requested.

The Chair and the group thanked Maggie for her time.

The group adjourned for a short break from 3.13pm to 3.23pm.

Dr Dale Bramley and Prof Judy McGregor retired from the meeting at 3.17pm.

3.4 Consumer Council Selection, appointment and re-appointment

David Lui opened the discussion of the paper.

Matters covered in the discussion and response to questions included:

- The clause in the Terms of Reference (TOR) relating to the terms of appointment was discussed. David Lui noted that while it is indicated that after the initial two years, a third of the members' term will end, the group had natural attrition with the departure of two inaugural members and there is a need to maintain continuity. It was also noted that while terms would end, a selection or election process will take place with the potential to be re-elected.
- There is a need to clarify the number of seats that will be vacated as this may not apply to members who are 'co-opted' through the community advocacy groups and the DHB's MOU partnerships with both Te Rūnanga o Ngāti Whātua and Te Whānau o Waipareira. The terminology used for selection, appointment and re-appointment will not apply to members co-opted through the advocacy groups/MOU partnerships.
- Different start dates for appointment was suggested to achieve continuity. Succession planning is a key consideration.
- The length of appointment was also discussed. It was noted that while the inaugural term is two years, the initial year was spent on learning and establishing processes and was not enough for the members to gain a 'solid footing'. The members asked of their intentions to stay past the two years of their tenure and agreed they could continue the tenure for another year. The members then voted to extend the inaugural term to three years.
- The members also discussed the length of tenure for the renewal term. It was agreed that to enable flexibility, a right of renewal could be included and exercised every two years for a maximum of three terms equating to a maximum term of six years on the Council.
- Expression of Interest process could continue as this is an effective mechanism. Appointment process will still continue to be done through the CEO and Board Chair with participation from the Consumer Council.
- Evaluation of members was discussed. An anonymous process was suggested which could be led by the Consumer Council Chair and Deputy Chair. David Price, David Lui and DJ Adams will progress with initial discussions around succession planning, evaluation process and supporting members. A review of the Consumer Council by the Waitematā DHB Board will also enable feedback and input to the group.

4 INFORMATION ITEM

4.1 Patient Experience Report (Agenda pages 45-46)

Lorraine Symons noted that there have been issues raised around observance of Tikanga in patient areas. This will be looked into and followed up with David Price.

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

5 OTHER BUSINESS and COMMUNITY CONCERNS

The following items were discussed:

- A query was raised whether there are specific services that are not accessible due to domicile restrictions. David Price noted this will be investigated as this could be a funding instead of a boundary issue.
- It was raised that the COVID-19 vaccination plan should have a strong equity lens as this is a concern raised in the community.

The Chair thanked the members and attendees for their time.

The meeting adjourned at 4.16pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 3 FEBRUARY 2021.

_____ CHAIR

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE
CONSUMER COUNCIL AS AT 9 MARCH 2021**

Minutes ref.	Topic	Person responsible	Action / Status
3.3	<u>Waitakere Hospital Development: Community Support</u> Additional information on Waitakere hospital development	Maggie Broome	To be provided/scheduled

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

Wednesday, 27 January 2021

held at the Kawakawa Room, Waitakere Hospital
commencing at 2.09pm

CONSUMER COUNCIL MEMBERS PRESENT:

David Lui (Chair)
DJ Adams (Deputy Chair) (Ngati Maniapoto, Ngati Kahungunu)
Lorelle George
Insik Kim
Jeremiah Ramos
Ravi Reddy
Kaeti Rigarlsford
Vivien Verheijen

ALSO PRESENT:

David Price (Director of Patient Experience)

KARAKIA

DJ Adams opened the meeting with a Karakia.

APOLOGIES:

Apologies were received and accepted from Dr Dale Bramley, Ngozi Penson, Neli Alo, Lorraine Symons and Alexa Forrest-Pain.

WELCOME:

The Consumer Council Chair welcomed everyone to the first meeting of the year.

DISCLOSURE OF INTERESTS

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

AGENDA ORDER AND TIMING

Items were discussed in same order as listed in the agenda.

DISCUSSIONS

1. Revisiting the Consumer Council's Annual Plan 2019/20 (Agenda pages 5-7)

David Lui (Chair) introduced the item and opened the floor for discussion:

Matters covered in the discussion and areas of focus suggested for 2021 included:

- Ways to maximise the use of the website to engage and interact with the community were suggested, including set up and publishing of generic email address for members of the community. It was noted that there is a system for handling feedbacks and comments and this is centralised and monitored. This is an opportunity that could potentially be explored in the future.
- Conduct a thematic analysis of complaints and feedback received for the last six months. This could provide insight on important consumer issues and concerns. This could be a report that could go to the Consumer Council in a future agenda.
- The group could also consider establishing realistic expectation of services provided by the DHB; the group could look into the messaging around this.
- Staff training particularly cultural competency. There is work underway led by the Māori Patient and Whānau Experience Lead starting with the Waitakere Hospital Emergency Department. The idea is to define their kaupapa, improve work systems as well as the space they work in.
- The importance of the Health Needs Assessment to the Consumer Council was highlighted.
- Areas of focus discussed/proposed include the following:
 - Disability tick and disability advocacy
 - Conduct of annual community forums held in community settings was suggested. Forum could discuss inputs from community around health outcomes and communicate health expectations as well as feedback to the annual planning exercise.
 - Rainbow tick is progressing and internal consultations are underway.
 - Specific services for Māori and Pacific and how these meet current needs.
 - Timely medical interventions.
 - Challenges in residential aged care facilities
 - Car parking
 - Mental health services
 - Expanding the languages available for service users
 - Information around consumer health preferences could provide insight on unmet needs
 - Telehealth services
 - Transgender health
 - Engaging with the community and youth

Session went on break from 2.58-3.08pm

2. Community and Youth Engagement (North Shore and Rodney Areas) (Agenda page 8)

David Lui (Chair) opened the discussion. The current gap in the community representation to the Consumer Council from the North and Rodney areas was noted. The Chair requested ideas and recommendations from the group to be put forward on how to address the current gap.

Matters covered in the discussion and response to questions included:

- There is a need to connect with the community in general noting the developments in the Rodney area. A grassroots community engagement was emphasised.
- Recruitment of the representative from these areas was suggested. Someone with great connections within the community network/groups could be more effective.

- Members will put forward suggestions and contacts within community groups via email. Leveraging the community connection will be considered first before going to the 'market' to secure expressions of interest.
- David Price updated the group in relation to the initial discussion between the Chair and the Deputy Chair in relation to the gap in youth engagement to involve high schools within the community. This is suggested to be a part of the prefect programme since meetings are conducted during school days. The members supported the idea and noted that this could be a way to capture youth perspective in meetings and discussions in particular around mental and sexual health. Representatives from youth group, youth advisory panels, health school students or those working with the youth could also be considered as an option. The need to support the youth representative when available was also highlighted. Feedback on the previous suggestion from the Consumer Council around youth engagement will be followed-up.

6 Consumer Engagement Health Quality and Safety Marker (QSM) for Waitematā DHB
(agenda pages 9 – 11)

David Price (Director Patient Experience) provided a summary of the sign-off process for the Consumer Engagement Health Quality and Safety Markers (QSM) for Waitematā DHB.

Matters covered in the discussion and response to questions included:

- The Deputy Chair noted that the framework could be used as baseline to identify service improvements.
- The DHB will conduct a self-assessment against the markers to determine the level of consumer engagement. Five evidences based on the markers will be provided. These will be presented to the Consumer Council at its March meeting.
- As there are areas that are highly engaged and areas that have limited engagement, weighted scoring was suggested. The markers could also be included as part of divisional reports and use of traffic lights were suggested.
- Health literacy was added by Waitematā DHB in the engagement criteria as the panel believed that this is an important indicator.
- In response to a query, it was noted that there were sufficient inputs and recommendations made to the panel. The language and formatting of the framework has improved from its original version and there will be an opportunity to provide additional feedback in the future.

The Chair thanked the members and attendees for their time and suggestions.

The meeting adjourned at 4.02pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL STRATEGY MEETING HELD ON 27 JANUARY 2021.

_____ CHAIR

3. DISCUSSION ITEMS

- 3.1 Gynaecology Patient Information (Update)
- 3.2 Older Adults Service Core Values and Principles
- 3.3. Maternity user experience (verbal)
- 3.4 Consumer Engagement QSM Endorsement

3.1 Informed Consent – Gynaecology Patient Information

Package Recommendations:

The recommendations are that you:

- a) Review the following Background paper.
- b) Review the Gynaecology Service webpage from [this link](#).
- c) Review the 5-minute Vaginal Examination video from this [this link](#).
- d) Review the 5-minute Day of Surgery video from this [this link](#).
- e) Review the 2-page Vaginal Examination written information leaflet from [this link](#).
- f) Review the 3-page Day of Surgery written information leaflet from [this link](#).
- g) Review the 2-page Clinic checklist from [this link](#).
- h) Consider the development process for the patient information package following a PowerPoint presentation (at the meeting) to identify areas of improvement and provide endorsement of developed resources.

Background

Consumer Council Involvement

We are seeking 30 minutes of Consumer Council time to present an overview of the patient information development process. We request Consumer Council to identify areas of improvement and provide endorsement of the phase one patient digital information package, with a view that the phase one resources will be translated into Māori and Simplified Chinese following endorsement.

(The redesigned patient information package will be sustained by Gynaecology service and scalable to complete the full proposed package and translation into other languages.)

Informed Consent Project

Waitematā DHB has undertaken considerable work to improve the informed consent process. This includes a full policy review, documentation review and revising education processes. In August and September 2019, the informed consent project group engaged with the Consumer Council as part of the Agreement to Treatment / Consent Form review. An outcome was the recommendation to enhance the patient information materials to better support the informed consent process.

Gynaecology Patient Information Project

The Patient Information Project formed as a result of the recommendation. The aim was for elective surgery patients to be fully informed and understand the consenting process before the day of surgery. The focus was refined to Gynaecology services, to develop a patient information package template that could be scaled across other surgical specialties.

The information provided to patients and supporting materials, such as The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) leaflets were reviewed. A listening session was completed through patient interviews to understand what patients thought about the current information provided. Twenty patients who had one of the five common gynaecology procedures were interviewed at random. From the interviews, 13 patients had a positive experience and felt well informed. However, 7 patients (35% interviewed) felt they would have liked more information to manage their surgical expectations. Particularly:

- *The opportunity for further information*
“...felt none the wiser after appointment...”

- The information given to be useful and relevant
“Was given pamphlets which were fine but not that useful”
- Given information so there are no unexpected processes
“I didn’t expect the day of surgery to be so long, [it was a] very early morning, wasn’t prepared for that”

The working group agreed to work on a digital patient information package of care. This includes a webpage, video series covering the different themes along the patient journey and PDF printable written information leaflets. The idea of a digital package was to future proof the distribution of this information, with future opportunities to provide this information in digital posts with surgical appointment reminders. The ability to print information will aid situations where access to digital resources may become a barrier.

A draft video script and video prototype were developed. An independent consumer review group called Waitākere Health Link was engaged to provide feedback on the prototype video quality, quantity, language use and comprehension, visualisation approach and understanding if local leaflets’ creation is required.

Following consultation, it was agreed to make amendments in the video script to incorporate feedback and to propose the video to be produced with a combination of visual approaches utilising static imagery, infographics, cartoons, and subtitles and texts. Feedback indicated the content in current information leaflets were adequate but identified the value of producing local information leaflets, particularly with clear and easy to read language and including a section for writing individualised advice during an appointment.

The working group presented the prototype and proposed development approach of the information package to the Consumer Council to provide governance on decisions. The Consumer Council has endorsed the proposed approach to visualise the videos and to create our own locally written leaflets that complement the videos and incorporate consumer feedback from Waitākere Health Link group. The Consumer Council feedback was to ensure that the information provided on all platforms (webpage, videos and leaflets) are consistent. It was suggested that pamphlets and information on website should come in simplified text, easy-read, in plain language and imagery should be consistent with the text. Information package should also consider patients with learning disabilities. Following the suggestion from the group, the service will provide videos with subtitles and voice-over in different languages.

Based on the initial consultations with the Waitākere Health Link consumer group and the Consumer Council, the first phase of the patient digital information package was created. The first phase includes:

- A webpage to host Gynaecology services patient information, including videos and leaflets, to assist patient with making informed decisions.
- 1 x video and 1 x leaflet (to complement the video) to inform patients on what to expect of their first pre-operative clinic appointment vaginal examination, including who will be involved in the examination and planning for surgery if needed.
- 1 x video and 1 x leaflet (to complement the video) to inform patients on what to expect on their day of surgery, including arriving, preparing for surgery, information about the surgery and who will be involved.
- A checklist to assist patients in getting all the information they need to make and informed decision about their treatment plan.
- Funding will be sought to translate the Vaginal Examination and Day of Surgery video

voice-overs and subtitles, and the leaflets' content into Māori and Simplified Chinese.

The Waitākere Health Link consumer review group was engaged again to provide feedback on the phase one patient digital information package, and to understand:

- If the quantity and quality of information and use of language is comprehensive and consistent.
- If the visualisation, design and layout of information support and complement the content.

The consumer group feedback was that the information will be very helpful for community members and patients, is well-made, comprehensive and easy to understand. The consumers' feedback indicated that translation into other languages is important and needed for people that find it difficult to communicate in English.

(It is acknowledged that COVID-19 Level 3 and 2 restrictions have meant Waitākere Health Link was unable hold their in-person meetings with both rounds of consultations to provide a collective response. Individual responses from members of the group were submitted back to the working group to review. The second round consumer group included members from Māori, Pacific including Fijian Indian, Asian, Korean, European and Middle Eastern ethnicities.)

Key Questions

After our short presentation providing an overview of the development process,

- Does the Consumer Council have further recommendations for improvement?
- Does the Consumer Council endorse the developed resources?
 - a. Gynaecology Service webpage
 - b. Vaginal Examination and Day of Surgery videos
 - c. Vaginal Examination and Day of Surgery written information leaflets
 - d. Clinic appointment checklist

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Marlé Dippenaar	Project Manager		✓
Dr Fiona Connell	Consultant, Gynaecology		
Dr Morgan Edwards	Consultant, Anaesthesia		

3.2 Discussion: Review Older Adults Service Core Values and Principles

Recommendations:

The recommendation is that you:

- a) Review the attached report and provide feedback

Background

The Older Adults service cares for all older adults 65 years or older or 55 years Māori and Pasifica in the Waitematā District Health Board (DHB) area. The service is in the process of redesigning both inpatient hospital and community services it provides to this population. With the ageing population and projected growth in patients over 65 years, it is imperative that the service develop its models of care to cope with this demand.

Before embarking on this redesign, the service has spent time developing its core values and principles that will be the foundation for the design of all models of care. The service is seeking feedback and input from consumers regarding the core values and principles to ensure that it aligns with the needs of the population.

Key Questions to be Answered

1. Do the core values align with what consumers want?
2. Is there anything missing from the current core values?
3. Are the core values clear and easy to understand from a consumer point of view?
4. Do the principles of care align with what consumers want?
5. Is there anything missing from the current principles of care?
6. Are the principles of care clear and easy to understand from a consumer point of view?
7. Are there consumers who would be interested in being involved further in consulting on the service re-design?

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
David Wilson	Operations Manager, Older Adults Service		✓
Cheryl Johnson	Clinical Director, Older Adults Service		

Older Adults Service Core Values and Principles

Aim

The aim of the Older Adults service is to provide the best care for all older people residing in the Waitematā District Health Board (DHB) area.

Older Adult Population

Older Adults service covers all older adults (65 years and over or 55 years and over Māori and Pasifika) residing in the Waitematā DHB area. Other patients outside this age range may benefit from our expertise and care based on their comorbidities or frailty on a case-by-case basis. Whilst the service is unable to see each older adult individually and comprehensively, the service should be involved in the design of all DHB services accessed by older adults, to make them accessible and appropriate for older people and to ensure that those delivering care to this population have the knowledge and skill required.

Core Values for Older Adults Service Provision

1. Expert, Comprehensive, Iterative Assessment
2. Patient-Directed Inter-Disciplinary Care
3. Timely and Proactive
4. Advocacy for Older Adults

1. Expert, Comprehensive, Iterative Assessment

Comprehensive assessment is holistic and requires a “wide and deep” approach to care assessment and delivery.

A **wide** approach is one that takes full account of the broader context, whole person (including physical and mental wellbeing) and social situation, as well as their pathophysiological needs. An inter-disciplinary, compassionate approach that is embracing of the patient and their family/whānau is essential to fully appreciate and then deliver care of this type. In addition, this approach is culturally responsive and the service ensures that care provision is equitable. Where appropriate, assessment should align with the International Classification of Functioning, Disability and Health.

A **deep** approach is founded on selective identification of those issues requiring a more thorough and in-depth review. This often requires specific expertise and the inter-disciplinary team holds the expertise required to identify and deliver the care.

An **iterative** assessment process requires a patient and family/whānau-centred approach, communication, patience and flexibility to adjust to the changing needs of the patient. The assessment process is completed over time, is dynamic and evolves as new information becomes available or changes in a patient’s status occurs. Care is provided within the inter-disciplinary team with a continuous process of goal setting and re-setting with frequent evaluation of effect of the interventions provided. Integration across all areas of the DHB including seamless integration with primary care is essential.

2. Patient-Directed Inter-Disciplinary Care

Patient-directed care situates the patient at the centre of the process and aligns with the patient's life philosophies, culture, beliefs and wishes. Delivery of such care therefore involves an expert process of selectivity to best match our patient's life views with medical evidence, knowledge and all available resources. The patient and family/whānau are involved from the beginning of their contact with the service. The service being mobile, connected, responsive and agile are integral components of matching needs and resources. Ensuring that the care occurs in the most appropriate environment is instrumental to positively influencing older peoples' health and minimising their illness and suffering. Whilst the patient is at the centre of care provision, family/whānau are also integral to care delivery unless this is not desired by the patient. Patient-directed care empowers the patient and allows supported decision making. Those patients who no longer have full capacity to make decisions regarding their own healthcare are supported to make their own choices to the maximum extent possible.

Inter-disciplinary care is defined as the provision of "connected", inclusive and collaborative care by all members of the team to their level of capability and within the boundaries of their knowledge and ability. Inter-disciplinary care should not be narrowly confined to the discipline to which the team member belongs and relies on trust within the team and with each team members' assessments. Assessments should not be duplicated unnecessarily. The inter-disciplinary team together with the patient and family/whānau formulate care goals which are regularly reviewed.

3. Timely and Proactive Care

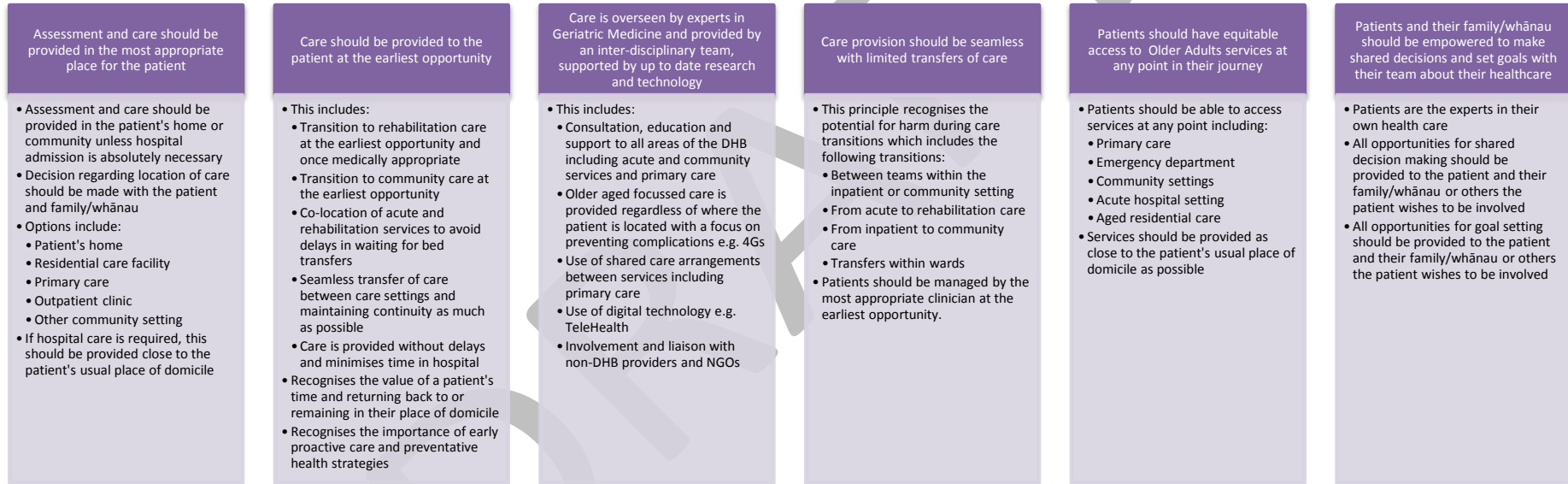
Early identification of care needs will allow us to intervene at a time that our expert knowledge, skill and care can hold the most benefit for our patients. Proactive care includes preventative care, prompt intervention when a care need arises and a focus on the promotion of wellness. Preventative care also includes care for older adults on a population basis with advocacy at a public health level. Timely care also ensures that there are no delays during the patient's journey and that care is provided in the most appropriate environment for the patient as determined by the patient, family/whānau and team. Timely care also recognises that many older adults are in the final phase of their journey and the importance of time spent outside of an acute hospital setting with family/whānau.

4. Advocacy for Older Adults

Older adults are recognised as making a valuable contribution to society and should be respected even when they are no longer able to make decisions regarding their own healthcare. Advocacy includes open discussion with the patient and family/whānau regarding their views on their goals of care and care planning for the future. Advocacy also includes supporting patient's autonomy and their right to make decisions and set goals regarding their own healthcare. This value recognises that patients are experts in their own healthcare. It is the responsibility of all inter-disciplinary health professionals to ensure the older adults views are heard. The service also advocates and provides support and protection for vulnerable older adults.

Core Principles for Older Adults Service Provision

Taking into consideration the core values, in principle we agree that:



3.4 Consumer Engagement QSM Endorsement

Recommendations:

The recommendations are that you:

- a) Note the information paper
- b) Confirm the current self-assessment recommendations

Background

The Health Quality & Safety Commission set up a reference group made up of consumers, providers, the Ministry of Health, and an international expert on consumer engagement to develop a consumer engagement quality and safety marker (QSM).

The QSM has taken the form of a dashboard self-reporting system, with a matrix to indicate whether or not a domain is being met, supported by evidence and qualitative comments for each domain. The self-assessment and collection of evidence is to be completed on an annual basis. The QSM will provide information which providers can use to assess their level and quality of consumer engagement, and use this knowledge to improve engagement, equity and services.

The self-assessment is designed to demonstrate improvement over time as DHBs invest in more mature and effective ways of consumer engagement. Prior to submission, the self-assessment must be endorsed by the Consumer Council.

Recommendations

For the Consumer Engagement QSM self-assessment completed in March 2021 for Waitematā DHB, the following scores are recommended for each domain.

- Engagement = Consultation (2),
- Responsiveness = Involvement (3), and
- Experience = Involvement (3).

Please see Appendix of paper for the breakdown of the scoring for the self-assessment. A power point presentation of evidence will be provided during the Consumer Council meeting for member endorsement.

Contact for telephone discussion (if required)

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

Consumer engagement quality and safety marker (QSM) | SURE (Supporting, Understanding, Responding and Evaluating) framework

	1 – Minimal Te itinga iho	2 – Consultation Te akoako	3 – Involvement Te whai wāhi	4 – Partnership & shared leadership Te mahi tahi me te kaiārahitanga ngātahi				
	What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:				
<p>Engagement The environment created to support community engagement.</p> <p>Te Tūhononga ko te taiao kua hangaia hei tautoko i te tūhononga hapori.</p>	<p>Consumers</p> <p>Consumers are involved in one of the following areas of the organisation: direct care, service delivery, policy, and governance. Representation and input do not reflect the population served.</p>	<p>Consumers are involved at some levels of the organisation in at least two of the following areas: direct care, service delivery, policy, and governance. Representation and input is partially reflective of the population served. Representation is not equitable.</p> <table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">2</td> </tr> </table>	Organisation	Score	✓	2	<p>Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. Representation and input is mostly reflective of the population served, and there is a transparent process for recruiting membership at all levels. Representation is not equitable (e.g. a broader understanding of health care and the wider determinants of health is not possible).</p>	<p>Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. The representation and input reflect the broader population served (e.g. clubs and associations, educational institutions, cultural and social groups, churches and marae), and there is a transparent process for recruiting membership at all levels. Representation is equitable and covers a broader understanding of health care and the wider determinants of health.</p>
	Organisation	Score						
	✓	2						
	<p>Equity</p> <p>Equity is a little known or discussed principle in the organisation.</p>	<p>Equity is a well understood principle in some parts of the organisation and there is intent to act upon achieving equity for the population served.</p> <table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">2</td> </tr> </table>	Organisation	Score	✓	2	<p>Equity is a well understood principle throughout the organisation and there is intent to act upon achieving equity for the population served.</p>	<p>Equity is a well understood principle throughout the organisation and achieving equity for the population served is acted upon.</p>
	Organisation	Score						
	✓	2						
<p>Consumer Council</p> <p>The consumer council is newly established, with a lack of resources, systems, and processes.</p>	<p>The consumer council is newly established, partially resourced, and evaluation has not yet occurred.</p> <table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">2</td> </tr> </table>	Organisation	Score	✓	2	<p>The consumer council is well established, partially resourced, and occasionally evaluated.</p>	<p>The consumer council is well established, resourced, and regularly evaluated.</p>	
Organisation	Score							
✓	2							
<p>Co-design</p> <p>Co-design is not used or understood by the service.</p>	<p>Co-design is a method understood by parts of the service. It has not been used to improve processes at this point.</p>	<p>Co-design is a method used and applied by parts of the service. This means using co-design to improve the system for staff and consumers.</p> <table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">3</td> </tr> </table>	Organisation	Score	✓	3	<p>Co-design is a method used and applied within the service. This means using co-design to improve the system for staff and consumers.</p>	
Organisation	Score							
✓	3							
<p>Workforce</p> <p>There is limited evidence that the organisation encourages a diverse workforce.</p>	<p>The organisation encourages a diverse workforce through its recruitment strategy, although the broader population served is not reflected.</p> <table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">2</td> </tr> </table>	Organisation	Score	✓	2	<p>The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served.</p>	<p>The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served. Consumers are included on interview panels where appropriate. Equity is incorporated as part of the recruitment strategy.</p>	
Organisation	Score							
✓	2							
<p>Health Literacy</p> <p>There are no systems or policy related to health literacy within the organisation for verbal and written information.</p>	<p>A health literacy policy is in place, however not influencing common health literacy practices. Consumer health literacy group is in place to review written information, however not embedded into patient information review process.</p> <table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">2</td> </tr> </table>	Organisation	Score	✓	2	<p>Regular health literacy staff training is available. Consumer health literacy group is embedded into the patient information review process, including online platforms, wayfinding, consumer information and mobile applications.</p>	<p>Organisation is endorsed as a 'Health Literate Organisation'. Consumer information is codesigned and there is accountability for including feedback. Information is accessible to all consumers</p>	
Organisation	Score							
✓	2							

		What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:
<p>Responsiveness Responding to and acting on what consumers are saying about the service and having the right information at the right time for consumers accessing services.</p> <p>Te Noho Urupare ko te urupare, ko te mahi i ngā kōrero a ngā kiritaki mō te ratonga me te whai i te mōhiotio tika i te wā e tika ana mō ngā kiritaki e uru ana ki ngā ratonga.</p>	Systems	There is a lack of systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.	There are emerging systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.	There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems work well for many who access services.	There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems involve broad representation, and allow for diverse feedback (e.g. different cultures including Māori and Pacific, younger and older, different socioeconomic groups, LGBTQI+)
	Community Voices	Community voices are not brought to the attention of senior leaders	Community voices are brought to the attention of senior leaders within the organisation but not acted upon.	Community voices are brought to the attention of senior leaders within the organisation and sometimes acted upon (i.e. the loop is closed).	Community voices are brought to the attention of senior leaders within the organisation and always acted upon (i.e. the loop is closed).
	Consumer Council		The input of the consumer council is heard, documented, but seldom acted upon.	The input of the consumer council is heard, documented, and sufficiently linked to be acted upon.	The input of the consumer council is heard, documented, and sufficiently linked to be acted upon.
	Skills	Consumers and staff do not have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).	Consumers and staff have limited skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).	Some consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).	Most consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).
	Access	It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	Most people can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.	Everyone can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.

Organisation	Score
✓	3

Organisation	Score
✓	3

Organisation	Score
✓	3

Organisation	Score
✓	3

Organisation	Score
✓	2

		What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:				
Experience The systems in place to capture consumer experience, and act upon the results. Wheako ko ngā pūnaha kua whakaritea hei mau i te wheako kiritaki me te whakatinana i ngā mahi i runga i ngā hua.	Metrics	There is a lack of metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are specific metrics in place to support the monitoring of patient experience surveys and patient feedback. <table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td>✓</td> <td>4</td> </tr> </table>	Organisation	Score	✓	4
	Organisation	Score							
	✓	4							
Reporting	These metrics are reported on.	These metrics are reported on and shared with relevant stakeholder groups.	These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. <table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td>✓</td> <td>3</td> </tr> </table>	Organisation	Score	✓	3	These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. Reporting is timely, and feedback loops are closed.	
Organisation	Score								
✓	3								
Feedback Options	There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). It is not always clear whether feedback is acknowledged.	There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). Certain forms of feedback are acknowledged and responded to.	There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to. <table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td>✓</td> <td>3</td> </tr> </table>	Organisation	Score	✓	3	There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.	
Organisation	Score								
✓	3								

4. INFORMATION ITEMS

4.1 Patient Experience Report

Patient Experience Report

FEBRUARY 2021



BACKGROUND

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

KEY STATISTICS – FEBRUARY 2021

NPS 80

Continues to score well above target

NPS Target 65

698

responses

NPS 87

'Welcoming & Friendly'
Strongest performer

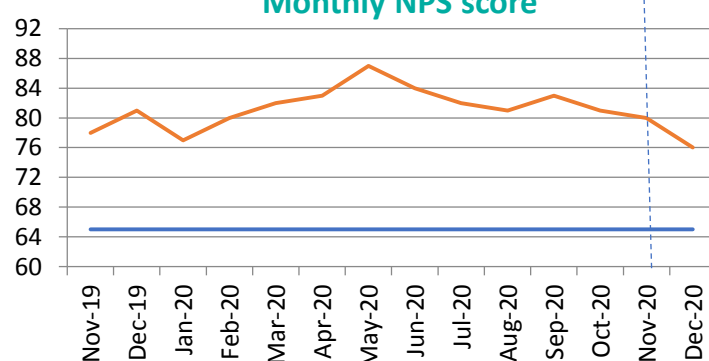
NPS 66

Māori patients and whānau

Net Promoter Scores (NPS) by ward /service

Exceptional NPS	Location	NPS
Surgical Unit	WTH	96
Lakeview	NSH	96
Ward 9	NSH	96
Low NPS	Location	NPS
ADU	NSH	53

Monthly NPS score



NPS Scores by ethnicity

Feb 2021	NZ European	Māori	Asian	Pacific	Other/ European
Responses	443	44	76	26*	109
NPS	81	66	79	62	84

*low base size, interpret with care

Highlights

- Roll out of new signage in Emergency Department at Waitakere to promote Tikanga Best Practice awareness
- Te Taura Whiri Te Reo Maori (Maori Language commission) has gifted Aotearoa NZ's Nurse Practitioners (NPs) a Maori language title - "**Mātanga Tapuhi** - meaning "expert nurse".
- Trial of palliative care packs for whānau who are supporting loved ones at end of life.
- Meaningful messages volunteer project - Two St John cadets aged 17 and 15 delivered over 100 written letters (pictured below) to our patients and their whānau in ward 14 and ward 15.

Areas for improvement

1. Room layout/Environment
2. Wait times

Patient Experience Report

FEBRUARY 2021

Feedback

“Friendly staff that keep me informed and feeling safe and comfortable during an emotional time.” **Wilson Centre**

“Staff and doctors always timely, friendly and professional.”
Outpatients, Waitakere Hospital

“Well cared for, prompt attention and great staff, kind and caring.” **Ward 3, NSH**
“Son attended first time by himself, he was very happy and comfortable. I received a note saying what treatment had been done and a summary of his appointment.”
Henderson Intermediate, ARDS

Patient Experience Highlight in February

Meaningful messages - volunteers



St John cadets

Emergency Tikanga Posters

Did we...

Tikanga in our hospitals

- 1 greet you in Te Reo?
- 2 get your name right?
It is important, so please correct us if needed
- 3 provide a BLUE pillow for your head?
White pillows are used for the rest of your body
- 4 only use your food trolley for food and personal items

If not, please let the charge nurse know




“Mātanga Tapuhi (Nurse Practitioner) - meaning "expert nurse".




JANE

Mātanga Tapuhi - Nurse Practitioner
Emergency Department



Kōrero Mai Calls in February




2

Kōrero mai
Talk to me

Reasons for calls:

1. Communication
2. Unclear plan

5. OTHER BUSINESS

- 5.1 Community concerns
- 5.2 Agenda for next meeting