



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 14 November 2019

Meeting: 4.00 pm to 6.00 pm

Venue: Te Waiora Meeting Room, District Health Board Corporate Office, Cnr Omaha Road & McLeod Street, Hastings

Council Members:

Rachel Ritchie (Chair)
Malcolm Dixon (Co-Deputy Chair)
Dr Diane Mara (Co-Deputy Chair)
Sami McIntosh
Deborah Grace
Daisy Hill

Sarah Hansen
Dallas Adams
Les Cunningham
Denise Woodhams
Tumema Faioso
Jim Henry
Gerraldine Tahere

Apologies:

In Attendance:

Ken Foote, Company Secretary
Kate Coley, Executive Director of People & Quality
Caryn Daum and Nancy Barlow – Consumer Experience Facilitators
Debs Higgins, Clinical Council Representative
Jacqui Sanders-Jones, Board Administrator

Public

Item	Section 1 – Routine	Time (pm)
1.	Karakia Timatanga (Opening) / Reflection	4:00
2.	Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting	
5.	Matters Arising – Review Actions	

6.	Consumer Council Workplan	
7.	Board Report for October	
8.	Chair's Report – Rachel Ritchie <ul style="list-style-type: none"> - Update from Board - CEO Report to Board 	4.10
9.	Consumer Experience Facilitators Report – Nancy Barlow / Caryn Daum	4.30
10.	Committee Representatives Feedback : <ul style="list-style-type: none"> - Consumer Experience Committee (Dr Diane Mara) - Clinical Council (Les Cunningham) - End of Life Service Alliance group meeting (Gerraldine Tahere) - PAG (Deborah Grace) - Te Pūtau Health Alliance Governance Group (report included) 	4.35
Section 2 – For Discussion		
11.	Consumer Council Annual Plan 19/20 : <ul style="list-style-type: none"> • Progress Report – focus on OBJECTIVE 8 <i>Raising Awareness of the work of Consumer Council</i> <ul style="list-style-type: none"> -What has been achieved so far? -What's currently in place? -What do we need to do? -How do we monitor progress? 	4.50
12.	Person & Whanau Centered Care – Kate Coley	5.10
13.	Section 4 – Recommendation to Exclude	

Public Excluded

	Section 4 – Routine	
14.	Minutes of Previous Meeting (public excluded)	5.45
15.	Matters Arising – Review Actions (public excluded) - Nil	
16.	Topics of Interest – Member Issues / Updates <ul style="list-style-type: none"> - Christmas function 	
17.	Karakia Whakamutunga (closing)	

NEXT MEETING:**Thursday, 12 December 2019, 4.00 pm**

Boardroom, HBDHB Corporate Office, Cnr Omaha Road & McLeod Street, Hastings

Our shared values and behaviours



1 HE KAUANUANU RESPECT *Showing respect for each other, our staff, patients and consumers*

Welcoming

- ✓ Is polite, welcoming, friendly, smiles, introduce self
- ✓ Acknowledges people, makes eye contact, smiles

- ✗ Is closed, cold, makes people feel a nuisance
- ✗ Ignore people, doesn't look up, rolls their eyes

Respectful

- ✓ Values people as individuals; is culturally aware / safe
- ✓ Respects and protects privacy and dignity

- ✗ Lacks respect or discriminates against people
- ✗ Lacks privacy, gossips, talks behind other people's backs

Kind

- ✓ Shows kindness, empathy and compassion for others
- ✓ Enhances people's mana

- ✗ Is rude, aggressive, shouts, snaps, intimidates, bullies
- ✗ Is abrupt, belittling, or creates stress and anxiety

Helpful

- ✓ Attentive to people's needs, will go the extra mile
- ✓ Reliable, keeps their promises; advocates for others

- ✗ Unhelpful, begrudging, lazy, 'not my job' attitude
- ✗ Doesn't keep promises, unresponsive

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

Positive

- ✓ Has a positive attitude, optimistic, happy
- ✓ Encourages and enables others; looks for solutions

- ✗ Grumpy, moaning, moody, has a negative attitude
- ✗ Complains but doesn't act to change things

Learning

- ✓ Always learning and developing themselves or others
- ✓ Seeks out training and development; 'growth mindset'

- ✗ Not interested in learning or development; apathy
- ✗ "Fixed mindset, 'that's just how I am', OK with just OK

Innovating

- ✓ Always looking for better ways to do things
- ✓ Is curious and courageous, embracing change

- ✗ Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done

Appreciative

- ✓ Shares and celebrates success and achievements
- ✓ Says 'thank you', recognises people's contributions

- ✗ Nit picks, criticises, undermines or passes blame
- ✗ Makes people feel undervalued or inadequate

1 RARANGATE TIRA PARTNERSHIP *Working together in partnership across the community*

Listens

- ✓ Listens to people, hears and values their views
- ✓ Takes time to answer questions and to clarify

- ✗ 'Tells', dictates to others and dismisses their views
- ✗ Judgmental, assumes, ignores people's views

Communicates

- ✓ Explains clearly in ways people can understand
- ✓ Shares information, is open, honest and transparent

- ✗ Uses language / jargon people don't understand
- ✗ Leaves people in the dark

Involves

- ✓ Involves colleagues, partners, patients and whanau
- ✓ Trusts people; helps people play an active part

- ✗ Excludes people, withholds info, micromanages
- ✗ Makes people feel excluded or isolated

Connects

- ✓ Pro-actively joins up services, teams, communities
- ✓ Builds understanding and teamwork

- ✗ Promotes or maintains silo-working
- ✗ 'Us and them' attitude, shows favouritism

1 TAUWHIRO CARE *Delivering high quality care to patients and consumers*

Professional

- ✓ Calm, patient, reassuring, makes people feel safe
- ✓ Has high standards, takes responsibility, is accountable

- ✗ Rushes, 'too busy', looks / sounds unprofessional
- ✗ Unrealistic expectations, takes on too much

Safe

- ✓ Consistently follows agreed safe practice
- ✓ Knows the safest care is supporting people to stay well

- ✗ Inconsistent practice, slow to follow latest evidence
- ✗ Not thinking about health of our whole community

Efficient

- ✓ Makes best use of resources and time
- ✓ Respects the value of other people's time, prompt

- ✗ Not interested in effective use of resources
- ✗ Keeps people waiting unnecessarily, often late

Speaks up

- ✓ Seeks out, welcomes and give feedback to others
- ✓ Speaks up whenever they have a concern

- ✗ Rejects feedback from others, give a 'telling off'
- ✗ 'Walks past' safety concerns or poor behaviour

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Interest Register

Hawke's Bay Health Consumer Council

01.09.19

Name Consumer Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
Rachel Ritchie (Chair)	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
	Sainsbury Logan and Williams, Solicitors	Employee	legal services	Yes	Potential/real as provides legal advice to some health care providers
Malcolm Dixon (Deputy Chair)	Hastings District Councillor	Elected Councillor		No	
	Scott Foundation	Allocation Committee		No	
	HB Medical Research Foundation Inc	Hastings District Council Rep		No	
James Henry	Health Hawke's Bay Ltd	Facilitator	Part-time role. Improving lifestyles for people with chronic illness.	No	
Sarah de la Haye	Nil				
Sami McIntosh	Eastern Institute of Technology	Student Nurse	Practical placements	No	Perceived potential if applying for work.
Deborah Grace	Isect Ltd	Director	IT Security Awareness	No	
Dr Diane Mara (Deputy Chair)	Napier Family Centre	Chair	Social Service Organisation	Yes	Perceived/possible conflict as NFC has a small contract for PND from HBDHB
	IHC Member Council	Member		No	
	Anglican Diocese Standing Committee	Lay Member		No	
	PACIFICA Inc Pacific Women's Council : Tiare Ahuriri Branch	Branch Chair	Development Leadership for Pacific Women	No	
Denise Woodhams	Nil to declare				
Geraldine Tahere	Nil to declare				
Les Cunningham	Strive Rehabilitation @ Hawke's Bay Trust	Trustee		No	
Tumama Faioso	Nil				
Daisy Hill	Nil				

**MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL
HELD IN THE TE WAIORA MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH
BOARD CORPORATE OFFICE ON THURSDAY, 10 OCTOBER AT 4.00 PM**

PUBLIC

Present: Rachel Ritchie (Chair)
Dr Diane Mara (Co-Deputy Chair)
Malcolm Dixon (Co-Deputy Chair)
James Henry
Sarah Hansen
Deborah Grace
Dallas Adams
Les Cunningham
Denise Woodhams
Sami McIntosh
Tumema Faioso
Daisy Hill
Gerraldine Tahere

In Attendance: Ken Foote – Company Secretary
Debs Higgins – Clinical Council representative
Nancy Barlow – Consumer Experience Facilitator
Jacqui Sanders-Jones, Board Administrator
Wayne Woolwich – CEO Health HB

Apologies:

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

Rachel Ritchie (Chair) welcomed everyone to the meeting. A karakia/reflection was provided by James Henry to open the meeting.

2. APOLOGIES - nil

3. INTERESTS REGISTER

No conflicts of interest noted for items on today's agenda.

4. PREVIOUS MINUTES

The minutes of the Hawke's Bay Health Consumer Council meeting held on 12 September 2019 were confirmed as a correct record of the meeting.

Moved: Deborah Grace
Seconded: Les Cunningham
Carried

5. MATTERS ARISING AND ACTIONS

Item 2: 1737 Support Line - Draft letter from HBHCC to go to members for review before sending onto HBDC (via Malcolm)

In progress – draft complete and comments from Chair to be incorporated.

Agreed that letter should be addressed to the 1737 Service and copy in the DHB Relationship Manager at MoH

Item 3: 20-24 Youth representative for Consumer Council – ongoing

Agreed to follow-up with:

- M Beattie for a representative from Directions
- Whatever It Takes Trust to be approached for a potential representative

Item 4: Consumer Experience Committee – amendment to Terms of Reference is an agenda item. Complete.

Item 5: Consumer Council Annual Plan 19/20 – agenda item. Complete.

6. CONSUMER COUNCIL WORK PLAN

The work plan provided in the meeting papers was agreed, noting that joint Consumer/Clinical meeting will no longer take place. Consumer Council will take place as usual on Thursday 14 Nov.

7. CONSUMER COUNCIL'S BOARD REPORT

The September report for the Board was provided in the meeting papers for information.

There was a general show of support from Board regarding the 1737 support line and annual plan.

8. CHAIR'S REPORT

Rachel Ritchie provided an update on activities and information for Council, with discussion as follows:

CEO HHB made comment that there are similar stresses on services being felt across the system (primary & secondary care). Discussion followed on the waiting times in primary care (access to GPs) and the similarities felt within the HBDHB service. Chair will note overall comments from members in the report to Board and notes that the interim CEO has already requested a report to Board from Executive Director of Primary Care as a standing item in the Board agenda.

CEO report to Board (public) was included with paper for information and was well received by members.

- Noted particular comment from CEO on extensive governance process. Members considered that input from stakeholder groups is key both to the initial planning/ideas/draft of any proposals going to board. The current process is to be augmented to enable opportunity for input at an earlier stage to encourage engagement and feedback from all stakeholder groups. It was noted that 'streamlining' the process does not necessarily mean speeding up the process, but more to ensure the right information/papers are coming through the right advisory groups.

A lot of the key goals in the strategic plan talk of community input and whanau/consumer representation with the current process ensuring this occurs.

- Health Coach concept was discussed – CEO HHB addressed; This is an emerging trend resulting from a response to proposal from the MoH specifically in regards to Health Improvement Practitioners (HIPs) within the mental health services. Looking to see how these new types of positions could be included within Primary Care models (starting with mental health). Still to clarify detail on accreditation of the roles.
- It was agreed that the heavy demand on the hospital and the stress and fatigue, and impact on staff was being noted by consumers.

9. CONSUMER EXPERIENCE FACILITATORS REPORT

An update on activities was provided by Nancy Barlow, with particular focus on:

- National Experience Surveys – initial meeting for consumers working group being set up by Ipsos, and Nancy has emailed to all members to offer opportunity to be included in the process. Proposal of a smaller working group of Consumer Council members be formed to represent the committee. Contact Denise Woodhams.

Member raised query on what the information from these surveys will be used for and explained that the collated survey data needs to be analysed in a timely manner so it's relevant.

- **Primary Care survey is not received by Consumer Experience Committee currently, but CEO HHB will ACTION this information to JSJ to forward to CEC.**
- A stocktake of Consumer Council Representation was included for members offline review.
ACTION - members to review and bring back any comments/updates

10. COMMITTEE REPRESENTATIVE FEEDBACK

- ***Clinical Council (Les Cunningham):***
Operational based discussions and review of Clinical Governance processes, structure and reporting. Good presentation on Statistics/Data within the hospital from Health Round Table representative.

- ***Consumer Experience Committee (Dr Diane Mara):***

Amendment to Terms of Reference approved by members.

Moved: Les Cunningham

Seconded: Deborah Grace

Carried

- **Pharmacy Services Advisory Group**
(Integrated Pharmacy Group (Denise Woodhams)):
Discussion included:
Received good support from Interim Chief Pharmacist, who will support further advertising of prescription subsidies.
Consumer Council fully support and endorse the pharmacy subsidy being better promoted in communities.

- ***Te Pitau Health Alliance Governance Group (report included with papers)***

- Rangatahi Redesign success highlighted at the meeting and well received.
- Mental Health Redesign underway however there are parts of the service which are ringfenced for funding, meaning that only part of the service will be affected by a redesign. Chair of Consumer Council felt that there are limitations imposed to the entire process due to this ringfencing.

Brief discussion on the introduction of Health Improvement Practitioners initially in GPs and community care (these will be free to patients) and there was comment made that there had not been localised review in order to address the specific needs of Hawke's Bay consumers.

SECTION 2: FOR DISCUSSION / DECISION

11. CONSUMER COUNCIL ANNUAL PLAN 19/20

Updated draft Annual Plan for 19/20 presented with Objectives as the main discussion point. Revised objectives approved with each objective to have assigned members of committee, to ensure accountability and to consider:

- What's been achieved so far?
- What's currently available/in place?
- What's needed to achieve the objective?
- How do we know we are on track? Monitoring

Each meeting will have a focus on an objective as follows:

Month	Objective No	Consumer Council Member
November	8	Rachel, Les, Malcolm, Deborah & Denise
December	1 (and Summary of year)	Deborah, Daisy & Gerraldine
February	3	ALL – led by Rachel
March	2	Rachel, Les, Denise & Sarah
April	4	Jim, Denise, Deborah & Malcolm
May	5	Rachel, Diane, Les & Denise
June	6 & 7	6 - To come through CEC (Diane) 7 – Rachel, Denise & Deborah
July	Summary & Review	ALL

ACTION: Consumer Experience Facilitators to coordinate reminders to members one week after Consumer Council meeting. Report to be available to Board Administrator on the Thursday prior to Consumer Council meeting.

SECTION 3: FOR INFORMATION**12. IS UPDATE/PRESENTATION – AARON TURPIN, BUSINESS INFORMATION MANAGER**

Aaron Turpin delivered a PowerPoint presentation entitled 'A Year of Delivery' to members, with a consumer focus.

A number of queries and comments were made in regards to the initiatives as follows:

Self-Serve kiosks at Napier Health Centre

- Disability friendly?
- Are they wheelchair user height?
- How is privacy ensured for the user?

Emergency Q at ED as a triage system

- Is this voucher system free for everyone?
- Does it consider those with community cards?

Clinical Portal – currently a regional approach by 6 DHBs in North Island, enabling sharing of patient information/data and linked into Primary Care through Manage My Health.

Celo app – enabling secure and confidential sharing of patient information/images through a text application on mobile phones. Linked to patient record.

ACTION – Aaron Turpin to respond to queries above.

13. MATARIKI HB REGIONAL DEVELOPMENT STRATEGY & SOCIAL INCLUSION STRATEGY UPDATE

Shari Tidswell, Intersectoral Projects Manager gave an update on the current rewriting of the Matariki Action Plan with the final draft going to Matariki board in November. This new plan is based on 5 pillars:

- Wellbeing – a new pillar drawn from social inclusion. Health equity is a new topic within this area. Working toward a clear Wellbeing framework.
- Employment and pathways to employment
- Infrastructure – healthcare pathways
- Our Place – tourism
- Innovation & development (commercial sector)

Project Youth 1000 on track to completion (1000 sustainable jobs for young people aged 18 – 24). Members raised point that this project would have great potential to those over 24 looking for a pathway to employment

Member commented that once the new city councils are in place, they will be addressing Matariki and projects within it. Ministry of Business, Innovation & Enterprise are very happy with project work happening, particularly within Hawke's Bay.

Request from Chair for further Matariki project update in 6 months. **ACTION for workplan (Shari to confirm with Chair of Matariki board)**

14. SECTION 4: RECOMMENDATION TO EXCLUDE

The Chair moved that the public be excluded from the following parts of the meeting:

- 15. Minutes of Previous Meeting (public excluded)
- 16. Matters Arising - nil
- 17. Chair's Report to Board – for information
- 18. Topics of Interest – Member Issues/Updates

Moved: **Malcolm Dixon**

Seconded: **Deborah Grace**

Carried

The meeting closed at 5.55pm

Confirmed: _____
Chair

Date: _____

HB HEALTH CONSUMER COUNCIL - MATTERS ARISING (Public)

5

Action	Date Entered	Action to be Taken	By Whom	Month	Status
2	11/07/19 10/10/19	1737 support line Draft letter from Consumer Council to go to members for review before sending onto HDC – noted this letter will be signed by all members of Consumer Council. Draft complete and comments from Chair to be incorporated. Agreed that letter should be addressed to DHB Relationship Manager at MoH as well as 1737 service manager	Jacqui Sanders-Jones	October 2019	Draft letter with Chair Letter signed and sent . Copy attached to Matters Arising, along with acknowledgment received.
3	11/07/19 10/10/19	20-24 Youth representative for Consumer Council Active recruitment/follow up for this position Agreed to follow-up with: <ul style="list-style-type: none"> • M Beattie for a representative from Directions • Whatever It Takes Trust to be approached for a potential representative 	Chair with support from Company Secretary		Paused – investigating nomination for Youth currently.
4	10/10/19	Primary Care Consumer Experience Survey data Forward Primary Care information to CEC	CEO HHB	Nov	Complete
5	10/10/19	Annual Plan 19/20 Objectives Consumer Experience Facilitators to coordinate reminders to members for reports for each objective	Consumer Exp Facilitators	Nov & ongoing	On workplan - Complete
6	10/10/19	IS presentation to Consumers Aaron turpin to respond to queries raised during presentation	Aaron Turpin	Nov	Response included in Matters Arising Appendix B - Complete
7	10/10/19	Matariki Project update in six months time (Shari Tidswell to confirm with Chair of Matariki Trust)	Shari Tidswell/JSJ	April 2020	Added to Workplan - complete

Appendix A



22 October 2019

1737 Service
c/o National Telehealth Service
Ministry of Health
PO Box 5013
WELLINGTON 6140

By email feedback@nationaltelehealthservice.co.nz

cc. Nicola Holden
Nicola.holden@moh.govt.nz
Ministry of Health Relationship Manager

To whom it may concern,

National Telehealth Service: 1737 service concerns

I am writing as Chair of the Hawkes' Bay (HB) Health Consumer Council and on behalf of the Youth Council of Hastings District Council, to present to you our joint concerns. Our young people of Hawke's Bay have reported receiving a poor response when contacting the 1737 helpline service. The 1737 service was established to provide timely help. To find that is not meeting this vital need is very concerning and we request an outline of your intended approach to rectify the issues raised.

The Hastings Youth Council (via the Youth Development Officer for Hastings District Council) initially contacted the 1737 service in August to highlight their frustrations and concern at the length of time it took to obtain a response to texts and phone calls (up to 40 minutes in some cases). The response received explained the impact of the 15 March attack in Christchurch on the service, and that increased demand on resources had led to a lengthy delay in response to calls and texts.

In September 2019, the Hawkes's Bay DHB held a Rangatahi Redesign hui, where many organisations working with rangatahi attended. Many of those present raised their concerns about the 1737 service and its unreliability to provide good response and support to our young people.

The DHB and other health professionals have been requested to actively promote this service as a support service which young people can contact for confidential advice and that they can rely on, especially out of hours.

CONSUMER COUNCIL

Hawke's Bay District Health Board

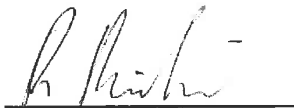
Email: rachel.ritchie@hbdhb.govt.nz; www.hawkesbay.health.nz

Corporate Office, Cnr Omaha Road and McLeod Street, Private Bag 9014, Hastings 4156, New Zealand


The HB Health Consumer Council believe this service should be responsive and proactive in providing this service, but we feel there is ongoing evidence from the young people of Hawke's Bay and professional health workers, that this has simply not been the case.

Please could you identify the actions you are taking to ensure the service improvements necessary in order to give confidence to our community that an ongoing, reliable and responsive service will be provided.

Yours sincerely



Rachel Ritchie
Chair of HB Health Consumer Council



Daisy Hill (Oct 24, 2019)
Daisy Hill
Endorsed by the Hastings Youth Council

Feedback <feedback@homecaremedical.co.nz>

RE: 1737 Service - letter from Hawke's Bay DHB & Hastings DC Youth Council (fee_4030)

Dear Jacqui

Thank you for your email below and for sending the letter from Rachel Ritchie and Daisy Hill. We will respond to them as soon as possible. If you wish to follow up in the meantime, please do so by replying to this email, thank you.

Kind regards

Caroline

Caroline McAleese

Clinical Lead Quality

Clinical Effectiveness and Improvement Team (CEIT)

Homecare Medical

Level 1, 110 Stanley Street, Grafton

PO Box 105 346, Auckland 1010

www.homecaremedical.co.nz

Aaron Turpin

FW: Consumer Council action point

Hi Jacqui,

See below answers for the questions raised as an action at Consumer Council. Chris Peterson has offered to come with Lisa to the next Consumer Council to talk about Emergency Q and Lisa will talk to these points below if required.

Anne is organising a meeting with Rachel Ritchie to discuss how we work together to evolve consumer collaboration.

Thanks,
Aaron

Emergency Q at ED as a triage system

- Is this voucher system free for everyone?

Yes – as part of the six month pilot, any patient choosing to be redirected based on their initial triage assessment (to support safe redirection) may be provided with a voucher that will ensure no cost at the UCC for the patient. Note - The vouchers will be given out at the discretion of the ED nursing staff and admin

- Does it consider those with community cards?

Yes all patients are considered.

Self-Serve kiosks at Napier Health Centre

- Disability friendly? –

Accessibility features development are underway, a few are screen contrast for visual impairment, multiple languages to name a few.

- Are they wheelchair user height? –


Specifications 1370mm floor to top screen and 930mm floor to bottom of the screen. Which is in the range of wheelchair user height.

- How is privacy ensured for the user? –

Kiosks have privacy screens, which means information on screen cannot be seen from any other angle than directly front on.

Sorry the picture is blurred for privacy reasons – but the wheelchair accessibility can be seen. (you may or may not want to use this)

GOVERNANCE WORKPLAN PAPERS									
Updated: 30 October 2019									
CLINICAL & CONSUMER MEETING 13/14 November 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				13-Nov-19			
Collaborative Pathways update (Nov - May) 6mthly Clinical Council	E	Chris Ash	Jill Garrett	29-Oct-19		13-Nov-19			
Person & Whanau Centered Care		Kate Coley					14-Nov-19		
Patient Safety & Clinical Quality Report	E	Kate Coley				13-Nov-19		27-Nov-19	
Community Nurse Prescribing		Chris McKenna	Karyn Bousfield			13-Nov-19			
CLINICAL & CONSUMER MEETING 11/12 December 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				11-Dec-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				11-Dec-19			
Patient Safety & Clinical Quality Report	E	Kate Coley				11-Dec-19		18-Dec-19	
CLINICAL & CONSUMER MEETING 12/13 February 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Alcohol Harm Reduction Strategy (6 monthly update) Feb - Aug		Bernard TePaa	Rachel Eyre	28-Jan-20	12-Feb-20	12-Feb-20	13-Feb-20		26-Feb-20
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				12-Feb-20			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				12-Feb-20			
Electives and the Consumer - CMDO back to Consumer Council		Robin Whyman					13-Feb-20		

	Hawke's Bay Health Consumer Council
	For the attention of: HBDHB Board
Document Owner:	Rachel Ritchie (Chair)
Month:	October 2019
Consideration:	For Information
<p>RECOMMENDATION</p> <p>That the HBDHB Board:</p> <p>1. Note the content of the report.</p>	

Council met on Thursday 10 October 2019. An overview of matters discussed is provided below:

2019/2020 ANNUAL PLAN

The eight draft Council objectives for 2019/20 discussed last month, were confirmed :

- Actively promote and participate in co-design processes for Mental Health & Youth
- Actively promote and participate in co-design processes for Primary Care and Urgent Care
- Actively participate in agreeing and setting priority actions from the Strategic Plan (Whānau Ora Hāpori Ora)
- Monitor and assist initiatives that make health easy to understand within the health sector and community
- Facilitate and promote the implementation of a 'person and whanau centered care' approach and culture to the delivery of health services in partnership with other group where appropriate
- Monitor all 'Consumer Experience' performance measures/indicators/feedback etc., to ensure 'changes on the ground' are visible to the Council and that consumer experience and health outcomes are improving.
- Support and monitor the implementation of the Consumer Collaboration (previously Engagement) Strategy and principles in Hawke's Bay
- Raise awareness of the work of Consumer Council

A small group of Council members was assigned to each objective and it was agreed that over the next six months, each Council meeting will progressively address each of these objectives, with the relevant small group presenting and facilitating a discussion at each meeting on:

- What's been achieved so far ?
- What's currently available/in place ?
- What's needed to achieve the objective ?
- How do we know we are on track ? (monitoring)

REPORTS RECEIVED & DISCUSSED

- **Consumer Experience Committee:**

Consumer Council agreed to amend the membership provisions of the Terms of reference for the Consumer Experience Committee, from four to three members from each Council

- **Consumer Experience Facilitators**

Report noted the opportunity to be involved in a review of the National Experience Survey – a sub-group of Council members was set up to do this.

Also noted was a schedule of Consumer Council members representation on 18 current projects/working groups/committees, with 4 more about to commence

- **Pharmacy Services Advisory Group**

Having previously noted that consumer knowledge of eligibility for the prescription subsidy was poorly understood, Council were pleased to learn that the Interim Chief Pharmacist has agreed to further promote and enhance the level of advertising around this.

- **Disability Implementation Group**

Council representatives on this Group reported that the MoH are bringing out a new Disability Action Plan with the aim to make the health system more responsive.

MoH want to develop a fully responsive policy by seeking community voices and have requested feedback on this plan, which is a positive move to hearing more community voice. As part of this, feedback has been given that the MoH should better monitor the vast number of providers. Consumers simply aren't aware of what they are entitled to and there is confusion for users of the services.

- **Te Pitau Health Alliance Governance Group**

- **Matariki HB Regional Development Strategy & Social Inclusion Strategy Update**

IS UPDATE/PRESENTATION

Council received a presentation from the IS Team on 'A Year of Delivery' which summarised the more significant developments over the past 12 months.

A number of queries and comments were made in regards to the initiatives as follows:

- Self-Serve kiosks at Napier Health Centre
 - Disability friendly?
 - Are they wheelchair user height?
 - How is privacy ensured for the user?
- Emergency Q at ED as a triage system
 - Is this voucher system free for everyone?
 - Does it consider those with community service cards?

The IS Team undertook to respond to these queries.

CHAIRS REPORT

Issues discussed/agreed during the Chair's report included:

- The heavy demand on the hospital and the stress, fatigue, and impact on staff was being noted by consumers
- Similar stresses on primary care were also noted, with particular concern expressed around access/waiting times to see a GP
- The potential introduction of Health Coaches and/or Health Improvement Practitioners within primary care was welcomed and fully supported by Council members
- Governance workplan:

During a brief discussion on the current governance processes/workplan, members considered that input from stakeholder groups is key to the initial planning/ideas/draft of any proposals going to board. The benefits of input at an earlier stage to encourage engagement and feedback was discussed. Having the relevant stakeholder groups was an issue that the Consumer Council had faced over the last 18 months and the leadership group have worked to ensure a better balance. It



CHAIR'S REPORT

	Chief Executive Officer's Report - Public
	For the attention of: HBDHB Board
Document Owner:	Craig Climo, Interim Chief Executive Officer
Month as at	22 October 2019
Consideration:	For Information

RECOMMENDATION**That the Board**

1. **Note** the contents of this report.

FINANCIAL PERFORMANCE TO DATE

Key points are:

1. Year to date (YTD) 30 September (3 months) is \$860k U.
2. September was \$258k U. Excluding one-offs it was \$293k U.

Within the result the provider-arm was materially on budget for the month.

The big variances were in Pharmaceutical Cancer Treatment (PCT) and Aged Residential Care (ARC), both of which are in the funder-arm. PCTs are not in the provider-arm because nationally they are treated the same as community prescribing, and in our case much of the prescribing is done by other DHBs. Pharmac rebate assumptions have not been increased in line with the extra spend.

The two areas, PCT and ARC, could have a multi-million dollar adverse impact on our results. Spending has definitely increased and we are trying to ascertain why, the utility of the spending, and how it might be managed.

3. Forecast is \$2.45M U to the \$12.9M planned deficit.

The year-end forecast is about a \$5.6M gap on the \$8M deficit planned for 2020/21. The difference is that \$1.8M for the extra day in this leap year has been backed out of 2020/21. No other flow throughs are included, however, a forecast for 2020/21 is being developed that will be progressively adjusted for unbudgeted expenditure and cost reductions in 2019/20. Later this year planning assumptions re revenue increases and cost inflation for next financial year will also be included.

EMPHASIS ON 2020/21

The reason for the emphasis on 2020/21 is that with just eight months until it starts, and the big planned reduction on this current year's deficit, that it need be focused on. We have to achieve the \$12.9M this year, but it's a milestone on the way to the \$8M deficit next year.

PROVIDER-ARM AND FUNDER-ARM REPORTS

A provider-arm report is in the agenda and will be standard each month, as will the funder-arm report. Both areas are of such a size and dynamism that reporting to each Board meeting is desirable. Other services can report less often but should still report on a planned basis. Major issues and decision papers will come to the Board as they arise.

Provider-arm

The good news is that Hawke's Bay Hospital is invariably better now - in the three times daily status reports - than "code red", however the radiographer strikes in particular are disruptive and preventing normal services for much of the period they encompass.

The seasonal pressure - which we appear to have emerged from – that had manifested itself around bed availability in particular, will lead to another attempt to address the bed issue prior to next winter. This is touched on again under the "project re-orientation" heading.

A decision point is near as to how the Christmas/New Year period will be planned. We are behind on planned surgery and it is possible that we may seek to maintain elective surgery during the non-public holiday days. Other services may reduce to acute.

The provider-arm report in this agenda is the report in the FRAC agenda.

Funder report

The first funder report is a new standing agenda item. It is work in progress and will be refined to meet Board preferences.

PROJECT RE-ORIENTATION

A key item for this agenda is management's proposed re-orientation of the major projects to be undertaken in the balance of this financial year. Chris Ash, Executive Director Planning & Funding, will present, but in summary:

We propose to change what we do in the remainder of this year and how we do it.

The main project will be "bed availability." This has been pared down from "flow and right place" to reduce the scope to its bare essence in order to launch and implement within six months. In that time we need to recruit/backfill, identify opportunities, get buy-in, and implement.

The change in "how" we do it is two-fold. Firstly, that it's clinically, not management led. We are discussing with senior doctors that they run the project together with nursing, and that management and other resources will support them. Without senior doctor buy-in it will not succeed.

Secondly, that we will try to have just enough project methodology to succeed; in that Planning & Funding will provide the monitoring, reporting, and post evaluation; and that Anne Speden's Business Intelligence and Service Improvement teams will provide the information and process improvement expertise. Anne's team is well regarded by senior doctors.

The bed availability project will naturally spin off numerous other projects to look at the best care settings and flow for patients. These projects will be captured and prioritised for 2020/21 and beyond.

It is fair to ask where addressing the big picture fits in this. The big picture being:

1. Create a healthier community including addressing inequity.
2. Services in the right place, at the right time, by the right people.

My response is that:

1. The projects listed are not all the work being done, business as usual and self-contained projects will carry-on.
2. It is only eight months until the end of the year and the emergence of next winter.
3. The bed availability project will identify issues of settings and flow; and
4. It is also about trying to remove something that gets in the way of the broader conversation, as well achieving a win.

Other significant projects in 2019/20 are:

- Integrated laboratory
- Wairoa in terms of the services that can be safely and sustainably provided in Wairoa.

And the building works of:

- Radiotherapy
- Surgical expansion
- Radiology

PLANNING 2020/21 – MILESTONES AND TIMEFRAME

Another key agenda item this month is that Chris Ash (ED P&F) will present for discussion the draft outline activities and timeframe for planning for 2020/21. The milestones and timeline do not of themselves give a feel for the nature and quality of the planning process. We are keen to see:

- An annual plan that is an action plan, that is, the focus being on the “how we are going to get there” part, rather than the “where are we” and “where do we want to be” parts, for which fulsome descriptions and plans already exist
- A process that is top down and bottom up. Planning guidelines are top down, and all parts of the DHB – units, departments, wards – are asked to think about their priorities for the year ahead and identify the few things they want to act on. A plan at this level may be three or four things posted on the department wall.
- That no unit, or SMO, is able to say they didn’t have the opportunity to input to the process, noting that planning includes operational and capital expenditure.

ANNUAL PLAN 2019/20

We have had no contact from the Ministry of Health since the September Board meeting regarding the sign-off status of our 2019/20 annual plan.

This includes the radiology funding.

INDUSTRIAL RELATIONS

Since the last Board meeting the APEX union – Deborah Powell – carried out or continued national strike action across radiographers, psychologists, and laboratory workers.

A central issue is that more than one union represents workers in these areas and their claims have already been settled. APEX is seeking superior terms. For obvious reasons the DHBs will not agree to superior pay and conditions for APEX members. It should also be noted that the Ministry of Health has to approve all offers from DHBs.

Radiographers (Medical Imaging Technologists - MIT)

I forwarded an email to members on 21 October containing information that back-grounded the situation and advised what the latest offer will be.

To date we have had, or have notice of, 10 days of strike action, with one being withdrawn. We have had four days of full strikes and have notices for two more plus three partial strikes. Individually DHBs are now seeing different dates and types of action being taken. The action is either full withdrawal of labour, or more recently here no MIT service for orthopaedic outpatients.

The full withdrawals have been quite disruptive. Due to the spacing between the strikes – day about – it had been impossible to resume normal services.

In fairness to our MITs, they and all other staff have worked hard on the non-strike affected days to get as many patients through as possible.

Life Preserving Services (LPS) have worked satisfactorily and we are unaware of any direct patient harm. However, scan waiting times for cancer patients has gone from 10 to 20 days and routine scanning for other patients has gone from 3-4 weeks to 6-8 weeks. We are out-sourcing to the private radiology service in Hawke's Bay but they cannot perform complex scans.

We are the only DHB that has sought LPS for the orthopaedic clinic. LPS covers risk to life or limb. It has been refused by the union and has gone to adjudication.

Psychologists

There is no change from my report last month. The strike action is restricting patient face-to-face time to two hours per day. This one month strike ends 1 November.

Laboratory workers

Full withdrawal by union members occurred on 11 October. The impact was minimal with non-union members working; the hospital doctors helping by reducing demand – blood sample requests were about 60 percent of usual levels – and the private laboratory SCL processing all privately originated tests.

CLOSURE OF WAIROA GP PRACTICE

The DHB owned GP practice in Wairoa is closing and its patient register will transfer to the other practice in Wairoa. Closure will occur on 1 December 2019.

The DHB established the practice in 2012 to try to maintain GP services in Wairoa. DHB ownership was intended to be interim until the DHB could step out of owning and providing the service.

It was appropriate for the DHB as a last resort to set up a service to sustain an essential service. Equally it's not a business that the DHB should remain in if there are other options.

Closing will lend to more integrated services.

The business was not successful. Closing it will save the DHB \$106K per annum. The gross saving is \$210k but the balance will be reinvested in additional SMO cover in the health centre. Also, during our ownership, enrolments declined from about 3,300 to about 2,950 and nearby ED attendances increased 21 percent.

In establishing the practice, the DHB purchased the assets of two other practices for a total of \$78k, of which \$32k were debtors and subsequently realised. The rest was for vehicles, plant and equipment, some of which were sold. The current book value of fixed assets is \$12k. These will be sold or re-used.

Unfortunately there are staff affected who, if not re-deployed, will incur redundancy costs of \$71k.

Legal advice is that there is little risk under the Commerce Act given that we have made the decision independently and are simply closing the practice, not selling it.

Announcements have been made to staff and public.



CONSUMER EXPERIENCE FACILITATORS REPORT

9

November 2019

Consumer/Patient and their Whanau Experience


- Health Quality Safety Commission Nga Poutama survey of consumers of mental health and addiction services almost at an end. 1 issue with data set that was sent. No other feedback/update from HQSC
- Organisation of Patient Safety week. This year's theme from Health Quality Safety Commission is 'Understanding implicit bias in healthcare'. Guest speakers Dr David Tipene-Leach and Alexis Cameron will speak/run workshops at HBDHB site. Communication plan developed and invitation to participate extended to wider health sector (Inc PHO) and consumer representatives. Good response from consumer representatives.
- Pilot between HBDHB & HQSC (location Wairoa). A working group has been formed, including consumers from Wairoa, to co design and pilot an escalation pathway to enable patients and whanau to raise concerns if they are worried about changes in a patient's medical condition. Initial meeting held on 17 October.
- Working with HQSC and pharmacy to develop ways to raise consumer/whanau confidence and awareness to ask about their medications (consistently the lowest scoring question in inpatient experience survey) Te Reo medication posters have been reviewed by Maori Health Service. Health Quality Safety Commission have supported our request for the wording to be updated to reflect the language used in our local community.
- Initial meeting with facilities to look at wayfinding. Brief being prepared by facilities to present to Consumer Experience Committee – November meeting.

Community Engagement

- Feedback/comments received from CHB / Hastings and Napier Disability Advisory Groups – about Ko Awatea (learning platform) e-learn module "Disability Responsiveness". This module was developed by Waitemata DHB (co-designed with members of the disabled community) and we hope to adopt it. Generally very positive feedback
- Replacement for PGY1 panel (prev Graeme Norton). New panel member had previously applied for Consumer Council (unsuccessful) but has a number of skills that suit this role.
- Meet and greet volunteers, receptionists and transit lounge staff feel that the cell phones issued to volunteers have improved the communication and streamlined workflow.



COMMITTEE REPRESENTATIVE FEEDBACK

	Te Pītau Health Alliance (Hawke's Bay) Governance Group
	For the attention of: HBDHB and Health Hawke's Bay Ltd Boards
Document Owner:	Bayden Barber, Chair
Author:	Chris Ash, Executive Director Primary Care
Month:	October, 2019
Consideration:	For Information

<p>Recommendation</p> <p>That the Boards:</p> <p>Note the contents of this report.</p>

The Te Pītau Health Alliance (Hawke's Bay) Governance Group met on Wednesday 9 October 2019.

Significant issues discussed and agreed (including resolutions) are noted below.

Te Pītau Health Alliance (Hawke's Bay) Agreement

Ken Foote (Company Secretary) referred to the Te Pītau Health Alliance (Hawke's Bay) Agreement, and reaffirmed to members Te Pītau's scope and purpose, with HBDHB/PHO Board delegated authority, to improve health outcomes for the Hawke's Bay population through transforming, evolving and integrating primary and community healthcare. The effectiveness of operating arrangements to enable this will be considered in a review of the Te Pītau Health Alliance, which will take place in December.

The technical considerations associated with remunerating members of the public for involvement in redesign, including tax implications, were relayed by Ken. The issue will be considered further by management as part of the implementation plan for the Health Strategy.

Ken reminded members that Clinical Council and Consumer Council stakeholder groups are available to Te Pītau Health Alliance for support and advice.

Communications Plan

A Communications strategy, presented by Wayne Woolrich (CEO, Health Hawke's Bay) in the absence of Anna Kirk (Communications Manager), was noted by members.

Anna is to undertake a workshop with the Te Pītau Governance Group to coincide with the December review of Alliance arrangements.

Mental Health & Addiction (MH&A) Redesign Update

Resolution

The Te Pītau Health Alliance (Hawke's Bay) Governance Group:

1. **Accepted** the co-design and co-decision-making frameworks and approach as depicted in report appendices.

Janine Jensen (Senior Commissioning Manager) and Shirley Lammas (Planning & Commissioning Manager) provided a formal summary on project progress since November 2018, which covered framework (co-design/co-decision-making), design (consultation) and approach (six stages).

Following consultation with local Māori, the MH&A redesign project is to be known as Oranga Hinengaro: Well-Being of the Mind. A communications plan is being compiled.

The Government's other primary care interventions were noted, e.g. MH&A Request For Proposal (RFP), Alcohol and Other Drug (AOD) and, Crisis work (not funded within the redesign budget).

Noting the sheer volume of work in the MH&A field at present, it is important to ensure that project progression does not become frustrated by an unclear or moving scope. It was agreed that the Chair would discuss with Chris Ash and Wayne Woolrich how to resolve concerns about workload feasibility in this important area.

System Level Measure (SLM) Reporting Requirements

Resolution

The Te Pītau Health Alliance (Hawke's Bay) Governance Group:

1. **Acknowledged** the draft template for the SLM dashboard (noting potential amendments over 2019/20), and agreed to provide feedback on any changes.

Kate Rawstron (Head of Planning & Strategic Projects) and Louise Pattison (Project Manager) provided explanation on the SLM 2019/20 Quarter 3 Dashboard (example only), and the six listed MoH SLM milestones.

Suggested measurement of 'wait time to see GP' and 'improved access to primary care' were noted as future potential SLM milestones. A quarterly monitoring return was raised.

For example only purposes, Dr Peter Culham will present the Dashboard via Clinical Council.

HB Health Consumer Council Annual Plan Objectives



OBJECTIVE No. 8

Raising awareness of the work of the Consumer Council

Lead members: Malcolm Dixon (Author) Deborah Grace, Denise Woodhams, Les Cunningham, and Rachel Ritchie.

1) What has been achieved so far?

- Two consumer engagement facilitators have been employed.
- Known about within parts of the DHB.
- Clinical council is aware of its existence and so are members of the DHB Board.
- Invited by some groups to contribute to policy development.
- Word of mouth is great for targeting prospective members, but this is limited
- We don't really have a public profile.
- There is a complete lack of awareness out there in the wider community.
- Not a lot many G.P's and their medical centres are completely unaware.

QUESTION raised: Why do we want to increase our profile?

I see no reason in having a profile just for the sake of it.

Reasons we need it are:

1. Easily attract members who meet our needs and those of the community
 2. So we can better represent the interests of consumers and our community through better relationships with them and have a greater knowledge of what they see as the issues.
 3. To engage with consumers for redesign/feedback processes
 4. To ensure a visible connection between governance and management
- How do we get the word out there so the Consumer Council and its role is better understood?
 - Could we have a little spiel about our role that we can hand out to people? – Use of Terms of Reference wording?

CHALLENGES

Countering the assumption that we deal with complaints and individual issues

Securing resource to allow us to be operational.

HB Health Consumer Council Annual Plan Objectives



2) What's currently available / in place?

- We have really good strong members with areas of interest covering a wide range.
- Chair has a seat at the table at the DHB with speaking rights.
- Leadership team meets monthly with management outside of meetings.
- Two consumer engagement facilitators employed

3) What's needed to achieve the Objective?

PUBLICITY

- Community presentations, targeted information / flyers throughout a wide range of organisations. TTOH, Heretaunga Woman's Centre, HB Law, Family centres, Community hubs, Libraries.
- Presentations to staff across the DHB, each dept. has a weekly/ daily meeting ten mins is all that is required.
- HB App, HB Today, Napier Courier, Hastings Mail, More publicity from DHB Comms, Active profile on website and DHB Facebook, DHB our hub for staff
- Explain how we were formed, why we are here. Alongside our shiny new photos have a bio of each of us, areas of interest etc., Ways to contact us? Give people the proper route to go through.

4) How do we know we are on track? Monitoring.

- Community engagement facilitators would have a better idea
- Have a queue of people wanting to be involved.
- Having a community that is better informed with what we do.
- We don't because we do not really have any tools to do this.


QUESTIONS

What do we do as members of the Consumer Council to promote what we do outside of our meeting times?

What should we be doing it and how should we do it?

HAWKES BAY HEALTH CONSUMER COUNCIL ANNUAL PLAN 2019/20

ACTION/PROGRESS REPORT

OBJECTIVE No.	FOCUS MONTH	PROGRESS UPDATES
1. Actively promote and participate in co-design processes for: - Mental Health, - Youth	December 2019 <i>Deborah, Daisy & Gerraldine</i>	
2. Actively promote and participate in co-design processes for: - Primary Care - Urgent care	March 2020 <i>Rachel, Les, Denise & Sarah</i>	
3. Actively participate in agreeing and implementing priority actions arising from the Strategic Plan (Whanau Ora Hāpori Ora)	February 2020 <i>ALL – led by Rachel</i>	
4. Monitor and assist initiatives that make health easy to understand within the health sector and community.	April 2020 <i>Jim, Denise, Deborah & Malcolm</i>	
5. Facilitate and promote the implementation of a ‘person and whānau centred care’ approach and culture to the delivery of health services, in partnership with the Clinical Council	May 2020 <i>Rachel, Diane, Les & Denise</i>	
6. Monitor all ‘Consumer Experience’ performance measures/indicators/feedback/etc., to ensure ‘changes on the ground’ are noticed and that consumer experience and health outcomes are improving	June 2020 <i>To come through CEC (Diane)</i>	
7. Support and monitor the implementation of the Consumer Collaboration Strategy and principles in Hawke’s Bay	June 2020 <i>Rachel, Denise & Deborah</i>	
8. Raise awareness of the work of Consumer Council	November 2019 <i>Rachel, Les, Malcolm, Deborah & Denise</i>	 Objective 8 document.pdf

FOOTNOTE: Reviews to address:

- What has already been achieved?
- What is currently happening?
- What needs to happen and how can it be done?
- How do we know we are achieving our objectives/evidence?



PERSON & WHANAU CENTERED CARE

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Late Paper



Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

That the public now be excluded from the following parts of the meeting, namely:

15. Minutes of Previous Meeting (Public Excluded)
16. Matters Arising – review of actions
17. Chair's report to Board (public excluded)
18. Topics of Interest – Member Issues / Updates

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.
- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.
- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).

