



BAY OF PLENTY  
DISTRICT HEALTH BOARD  
HAUORA A TOI

# Agenda

## Health Consumer Council

Date: 8 September 2021, 10:30am to 1:00pm

Venue: Via [Zoom](#)

<b>Chair</b>	Lisa Murphy - Tauranga	<b>Minutes</b>	Maria Moller
<b>Members</b>	Grant Ngatai, Deputy Chair - Tauranga Adrienne von Tunzelmann, Deputy Chair - Tauranga Sue Horne – Tauranga John Powell – Mount Maunganui	Florence Trout – Tauranga Rosalie Liddle Crawford – Mount Maunganui Tessa Mackenzie – Tauranga Theresa Ngamoki – Whakatāne	
<b>In attendance</b>			

Item No.	Item	Lead	Page
1	<b>Karakia timatanga/Welcome</b>	Grant	
2	DHB Board Chair and CEO - to discuss consumer engagement.	Chair	
3	<b>Health Sector Update</b>	Debbie	
4	<b>Apologies</b>	Chair	
	Moved: Seconded:		
5	<b>Interests Register</b>	Chair	
6	<b>Minutes of Meeting</b> 12 August 2021 to be confirmed.	Chair	
	Moved: Seconded:		
7	<b>Matters Arising</b> See attached – to be updated.	Chair	
8	<b>Matters for Discussion/Decision</b>		
	8.1 Chair's Report – attached.	Chair	
	8.2 Membership Recruitment – identify gaps in membership diversity.		
	8.3 Health and Disability Reform Update from Transition Unit. Link to Health and Disability Review Transition Unit – Latest Updates: <a href="#">Latest news and updates from the Transition Unit   Department of the Prime Minister and Cabinet (DPMC)</a>		
9	<b>Correspondence</b>	Chair	
10	<b>Reports of participation in other groups - Community Feedback</b>	Chair	
11	<b>General Business</b>	Chair	
12	<b>Next Meeting</b> 13 October 2021		
13	<b>Next Board Meeting</b> Wednesday 29 September 2021 Agendas available here just before each meeting: <a href="#">Bay of Plenty District Health Board (BOPDHB)   Bay of Plenty District Health Board   Hauora a Toi   BOPDHB</a>		
14	<b>Karakia Whakamutunga</b>		

## BAY OF PLENTY HEALTH CONSUMER COUNCIL

# CREATING A SYSTEM OF CONSUMER VOICE

### BAY OF PLENTY HEALTH CONSUMER COUNCIL JULY 2021

#### BACKGROUND

The Government's planned changes to the health and disability system will impact on the Bay of Plenty Health Consumer Council (HCC) and other consumer bodies within the Bay of Plenty. Considering this, the HCC held two workshops to explore the future for consumer/community voice within the local health system.

The Health Quality & Safety Commission has identified that patient and consumer voices should be understood and valued by health providers. They recommend that consumers are represented in all work programmes and at all levels.

The BOP DHB has various mechanisms in place to bring a consumer voice to the system. These include Te Amorangi Kāhui Kaumatua, the Health Consumer Council, Māori Health Runanga, Tauranga Community Health Liaison Group and the mental health consumer group.

The consumer representatives currently engaged with BOPDHB have direct experience of DHB services. However, they also bring:

- confidence in engaging with health decision makers and public forums
- experience in other consumer forums (government and community)
- perspectives and ideas that are informed by research and evidence
- broader perspectives developed via extensive community involvement
- a focus on solutions and working with the sector to shape health services.

Other mechanisms for consumer feedback include complaints and direct feedback to staff, although it is not clear how these feed into strategic change.

While consumer and community engagement is a key part of the Bay of Plenty health system, there remains significant room for improvement. Existing mechanisms often fail to be effective. There are numerous instances of the Council and other groups being excluded from engagement processes – and further examples of DHB staff failing to close the loop once engagement/consultation moves to action.

Specific barriers the HCC has experienced include an unclear mandate (despite Terms of Reference revised in 2020), lack of resources and support to develop and carry through ideas and initiatives, changes in DHB personnel assigned to assist the HCC carry out its functions, conspicuous examples of the HCC having been overlooked in DHB initiatives where a consumer perspective would be of value and occasions when HCC input has been sought for DHB initiatives but have come to nothing.

Inevitably, shortcomings in engagement with consumers creates the risk that DHB decisions and actions fail in terms of their resonance with and relevance to consumers.

#### THE PURPOSE OF CONSUMER ENGAGEMENT

Consumers want to have an active role in their own healthcare and the services available to them. The existing system often fails to value consumer knowledge and the insights provided through lived experience. While equity, diversity and inclusion are frequently used terms within BOPDHB, the reality of people's experience does not match with this. Appropriate tikanga has not been embedded within the system.

Our community wants to see a system that offers everyone a fair deal, that connects with people in their community/locality and empowers consumers.

The HCC identified five key purposes for consumer and community engagement: (1) Identifying Gaps, (2) Empowering communities, (3) Providing advocacy, (4) Sharing power, and (5) Ensuring transparency.



Figure 1: The Purpose of Consumer & Community Engagement in the Bay of Plenty

Effective community-led healthcare starts in the community. It values the lived experience of consumers in all their diversity. There is a need to effectively map services, gaps, and introduce systems to ensure the right spokespeople/consumer representatives are engaged.

The consumer voice should be able to disrupt the system – to challenge the status quo, particularly given different models and modalities of healthcare.

The HCC is aware that the health and disability system reforms will mean changes in planning and delivery that will directly affect patients and whānau. Issues already identified include whānau travelling greater distances to provide support for patients (there are already issues with this which a single national system seems likely to exacerbate), and the lack of services in key localities (examples in the case of the Bay of Plenty: Pāpāmoa, Ōpōtiki).

## WHAT NEEDS TO BE IN PLACE FOR THE FUTURE

Consumer and community engagement needs to be valued and supported at all levels of the system locally – from planning to operations. The goal of the system should be healthcare focused on illness prevention, and treatment based maximising return to independence or minimising dependency. This can only be achieved through supporting and empowering consumers to be part of developing and evolving the health system.

The HCC believes this can be achieved through moving to a relationship model of consumer and community engagement (see Figure 2).

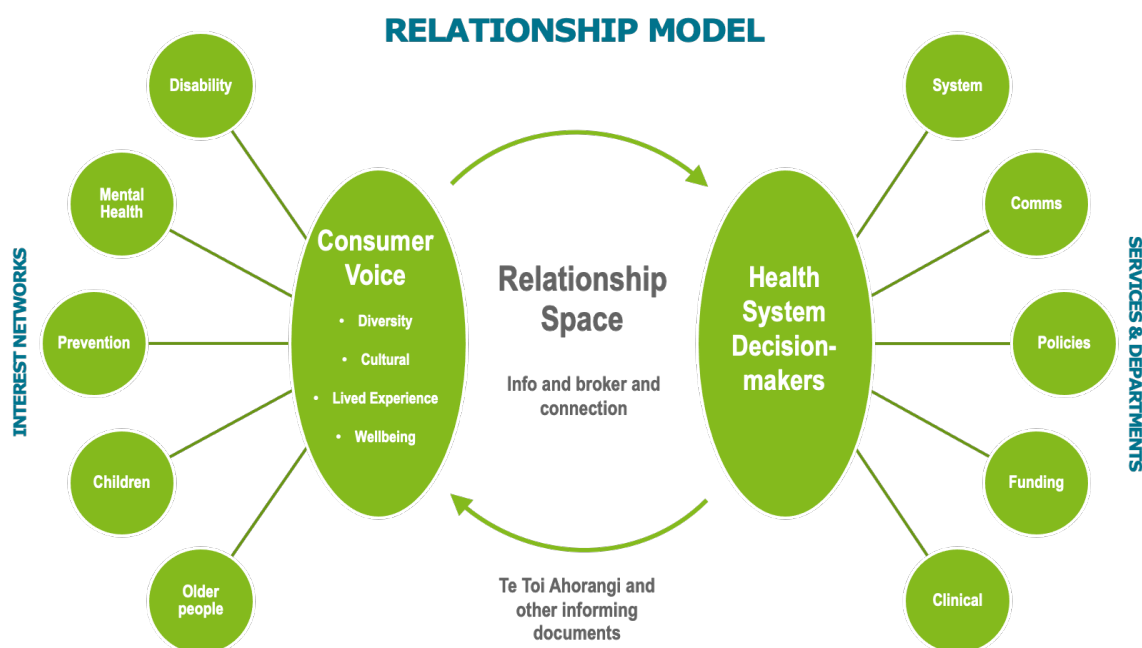


Figure 2 Consumer & System Relationship Model

Our Relationship Model creates opportunities to embed active and engaged community voice within the health system. This requires:

- » A local leadership body for consumer engagement and involvement. This group should be valued and empowered to be part of decision-making structures and processes. The group needs to be a mandated part of the system. Current arrangements appear to be tokenistic.
- » The local health system to establish useful and productive relationships with consumer organisations. It is not sufficient to expect consumer representatives alone to hold those relationships.
- » All consumer engagement to be connected and supported. Consumer representatives need to be provided with the opportunity and support to develop the skills needed to provide strategic and useful input. There needs to be support for contributions from consumer organisations as well as population level input.
- » DHB departments to establish relationships with the community and their consumers. These should be long-term and strategic, informing future service planning and delivery.
- » Diverse consumer voices, particularly by locality. It is likely that separate forums in the Eastern and Western Bay would enable greater diversity and address the variation in experience.

## PROPOSALS FOR CHANGE

The HCC proposes to the DHB that the HCC be re-configured with a greater degree of independence in fulfilling its purpose, and integrated with the DHB's other components of consumer engagement.

Our proposal is represented in the diagram above. The "Consumer Voice" oval would be the HCC. Rather than adding a new layer, the aim of our proposals is to re-configure the existing HCC to remove barriers and make best use of existing avenues for the consumer voice. The "health system decision makers" oval captures the intent behind the Whānau and Consumer-centred Health Care Council which has met once. Its inaugural membership was the HCC and senior DHB staff representing DHB departments.

The HCC would provide leadership and guidance on engaging with consumers. Membership would remain as it is currently, but vacancies filled with a view to the strengthened role we propose for the HCC. It would consist of people with lived experience of the health system and with diverse expertise and networks to provide advocacy, support service design and contribute to research projects. The group would have control over its allocated budget and resources.

Support is necessary to allow consumers to engage, be engaged, add value to workstreams, and to provide a representative community voice. In the case of HCC this means policy as well as administrative support, opportunities for training and development for members, and financial resourcing for meeting-by-meeting functioning, recognising the travel/mileage, time and value consumer representatives give to the DHB for HCC meetings and other meetings attended at the request of the DHB, budgeting for HCC to reach out to relevant community groups, work undertaken by members on specific projects etc.

The following diagram represents our preliminary thinking on how we envisage the HCC interfacing with other components of consumer engagement.

Contributors	Functions				
	Identify gaps	Empower communities	Provide advocacy	Share power	Ensure transparency
Consumer leadership body	x	x	x	x	x
Consumer organisations	x	x	x		x
Department consumer reps	x	x		x	x
Locality consumer groups	x	x		x	x
Public meetings	x	x			x

Figure 3: Functions and Contributors

## WHAT WILL THIS ACHIEVE

Developing an integrated and well-resourced relationship approach to consumer engagement will, we believe:

- » Provide a more visible space for the community to engage
- » Demonstrate the Bay of Plenty health system’s commitment to consumer voice
- » Ensure that consumer voices are visible and active in policy, strategy, and funding decisions
- » Embed a consumer-centric view within the local health system
- » Enhance the HCC’s role in furthering Te Tiriti o Waitangi principles, as provided by our Terms of Reference
- » Create multiple avenues for feedback
- » Ensure greater transparency and accountability
- » Provide for information and data to be shared with the community
- » Increase community trust in the health system.

It is further anticipated that this approach would allow consumer voices to be brought together to influence service delivery across related government agencies.

Finally, we anticipate this approach would sit well within the new health and disability system structures.

It would also align with the direction of HQSC’s work on Partners in Care. Among other benefits, our proposal for a stronger consumer leadership group could provide the mechanism for a relationship with the HQSC’s planned National Consumer Forum.



<b>To:</b>	District Health Board Chief Executives	
<b>From:</b>	Dr Dale Bramley, Chair	
<b>Copies to:</b>		
<b>Date:</b>	13 August 2021	
<b>Subject:</b>	<b>Consumer council's role in the reformed health system</b>	
<b>Action required:</b>	For information: <input checked="" type="checkbox"/>	For decision: <input type="checkbox"/>

Kia ora koutou

I am writing to advise that the current consumer council infrastructures built across Aotearoa by each district health board (DHB) and some primary health organisations (PHOs) will continue to play an important role in the reformed health system. We have heard disquiet among some consumer councils that they might be disbanded under the reformed system or have a much lesser role. The contrary is the case, with a greater emphasis being placed on whānau, consumers, and communities under the new structures being developed.

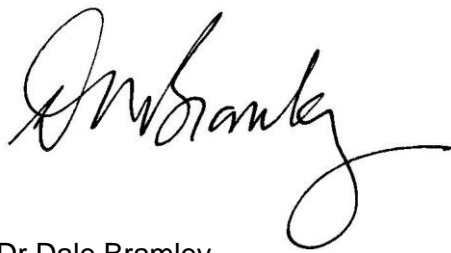
Part of the vision for our future health and disability system, as signalled by the Health and Disability System Review, is to deliver a people and whānau centred system based on the voices of Māori, Pacific, disabled, and all other users of health services. One of the key enablers of people and whānau centred care is to embed consumer voices in the design, delivery, evaluation, and governance of health services. This means giving people and whānau a meaningful say in the design and delivery of health services available to them, even if they do not access them today. The Commission is the lead agency for the consumer and whānau voice work and has entered into a joint workstream with the Health Transition Unit based in the Department of Prime Minister and Cabinet. In terms of consumer and whānau voice, the Commission is focusing on three key pieces of work in the next 12 months:

1. A national set of expectations for how consumer voice is gathered and used across the system. This will clarify expectations and strengthen accountability for prioritising consumer and whānau voices.
2. A national consumer forum (and supporting database) that works as an umbrella body for consumer groups to support the health system to access the right consumer groups, at the right level, in the right way. This forum will ensure the prioritisation of consumer and whānau voices.
3. A centre of excellence for consumer voice that supports consumer voice leaders across the system with information and training on best practice consumer engagement. This will help to improve the support available to the system to involve communities in a meaningful way.

With these priorities in mind, it is evident that a strong consumer and whānau voice infrastructure will be key across the system.

In 2016 the Health Quality & Safety Commission recommended (via the DHB annual planning process) that all DHBs must commit to either establish (including a date for establishment) or maintain a consumer council (or similar) to advise the DHB. More recent advice via the process has noted the important role consumer councils play in advising on the consumer engagement quality and safety marker developed last year. This advice remains current.

Ngā mihi

A handwritten signature in black ink, appearing to read 'D Bramley', with a large, stylized flourish at the end.

Dr Dale Bramley  
**Chair**

## HEALTH CONSUMER COUNCIL MEMBER ATTENDANCE

2021/22

Member	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Terehia Biddle (Resigned 26/7/21)	-	-	●	-	-							
Rosalie Liddle Crawford	●	●	●	●	A							
Sue Horne	●	●	●	●	A							
Theresa Ngamoki	A	A	●	A	●							
Grant Ngatai	●	A	●	●	●							
Tessa Mackenzie	●	●	A	●	●							
Lisa Murphy	●	●	●	●	●							
John Powell	●	●	●	●	●							
Florence Trout	●	●	●	●	●							
Adrienne von Tunzelmann	●	●	●	●	●							

- Attended.
- A Apology received.
- Absent, no apology received.



## HEALTH CONSUMER COUNCIL MEETING

### MINUTES

**Date:** 11 August 2021, 10:30am to 1:00pm  
**Venue:** Kawakawa Room, Education Centre,  
889 Cameron Road, Tauranga or Zoom

<b>Chair</b>	Lisa Murphy	<b>Minutes</b>	Maria & Florence
<b>Members</b>	Grant Ngatai, Deputy Chair Adrienne von Tunzelmann, Deputy Chair Sue Horne – Tauranga John Powell – Mount Maunganui	Florence Trout – Tauranga Rosalie Liddle Crawford – Mount Maunganui Tessa Mackenzie – Katikati Theresa Ngamoki – Whakatāne	
<b>In attendance</b>	Lisa, Grant, Adrienne, John, Florence, Tessa, Theresa		

Item No.	Item	Lead	Page
1	<b>Karakia timatanga/Welcome</b>	Grant	
2	<b>Presentation:</b> None.		
3	<b>Apologies:</b> Sue Horne, Rosalie Liddle Crawford Moved: Grant Seconded: Tessa	Chair	
4	<b>Interests Register:</b> None	Chair	
5	<b>Minutes of Meeting:</b> 14 July 2021 to be confirmed. Moved: Florence Seconded: John	Chair	
6	<b>Matters Arising:</b> See attached – to be updated.	Chair	
7	<b>Matters for Discussion/Decision</b>		
	a. Chair's Report – attached.	Chair	
	b. Community Engagement – Letter and proposal. Thank you for all the work put into the community engagement workshops, letter and proposal with special thanks to Florence, Tessa and Adrienne. Will be signed off and sent today at the end of the meeting. Lunch will be provided today.		
	c. Health and Disability Sector Reform Update from Transition Unit – Not discussed.		
	d. Covid Pamphlet – discussed in closed part of meeting commencing 11.30am. Maria and Debbie left meeting.	Chair	
8	<b>Correspondence:</b> See below.	Chair	
9	<b>Health Sector Update:</b> DHB update <ul style="list-style-type: none"> <li>Hospital still at capacity. Staff wellbeing, strikes, no incoming overseas staff. Priority now is the day to day functioning of the hospitals. A number of transformational projects have been put on hold. Runanga now more involved with board on a more regular basis.</li> </ul>	Debbie	

Item No.	Item	Lead	Page
	<ul style="list-style-type: none"> <li>• Consumer engagement will be part of the transition. Locality data is still being gathered by Transition Unit. Send a timeline out to members.</li> <li>• Go ahead with recruiting for a new member for the council. This group may not be in the same form but will still definitely be required. Recruitment was done through HR last time. DB – could ask Runanga. Want diversity. How to recruit so that Council has a diverse range of members.</li> <li>• HQSS – no permanent appointments to level 1 and 2 positions yet. Have a preferred candidate for Jerome's role, fixed term. Averil has resigned: shortlisted, two potential internal applicants. Will get them to come to a meeting once appointed.</li> <li>• Covid Pamphlet – what is being done to resolve the issue? External investigation. 5 OIA's. Need to understand ourselves what has happened. Board Chair and Runanga have apologised. Would appreciate any feedback or questions on this.</li> <li>• Community Orthopaedics Triage Service (COTs) programme – wanting to roll out nationally. Would be better for more integrated and preventative approach. Seems to be weakness in honest patient feedback. They are doing a patient survey now. Adrienne has meeting with Sarah M and Sarah N – re: Professor Ngaire Kerse's visit to Tauranga.</li> <li>• Covid Testing – what is being done to improve covid testing. A lot of work being done on vaccinations and testing. Rio De La Plata has highlighted need for better testing. A member's experience of visiting a testing centre was not that good, no social distancing etc. Another member had a good experience getting his vaccine. A member had a good experience phoning vaccine line. A 21-day gap between jabs is to be increased to 6 weeks.</li> <li>• When will Execs/Whanau and Consumer-Centred Healthcare Council be scheduled to meet next. Wait until Jerome's and Averil's replacements have started - maybe October.</li> </ul>	Maria	
10	<b>Reports of participation in other groups:</b> See below.	Chair	
11	<p><b>General Business:</b> (Florence – Minutes)</p> <p>Member resignation. Update member contact list.</p> <ul style="list-style-type: none"> <li>• Discussion on recruiting new HCC members and what the changes towards implementation of 'Health NZ' may have on our locality. The options around shoulder tapping vs EOI to the public, identifying current skills, interests and geographic representation. Allocate 30min for workshop next meeting to identify our skills matrix and identify gaps for a strategic approach. There is a skill set required for members working at this level in terms of reporting to DHB hierarchy and wider community, including the ability to put aside own biases to talk through issues as they arise. Review options that could be utilised to standardise the process.</li> <li>• Item 7a: Chair's report accepted.</li> <li>• Discussion re HCC email address for enquiries so personal emails aren't shared. Question whether we need to have our own autonomous email address.</li> </ul>	Chair	

Item No.	Item	Lead	Page
	<ul style="list-style-type: none"> <li>• Item 8: Queens Honour award letter was published online via Sun newspaper.</li> <li>• Item 9: DHB board meeting attendance – HCC members (including the Chair) attending Board meetings are there just as members of the public, in the open sessions. There should be a formal standing invitation for the Chair to attend full Board meetings.</li> <li>• Item 10: Chair attended Clinical Governance Committee meeting. Request for latest CGC Summary reports for HCC member to discuss.</li> </ul>	Chair	
12	<b>Next Meeting:</b> 8 September 2021		
13	<b>Next Board Meeting:</b> Wednesday 25 August 2021 Agendas available here just before each meeting: <a href="#">Bay of Plenty District Health Board (BOPDHB)   Bay of Plenty District Health Board   Hauora a Toi   BOPDHB</a>		
14	<b>Karakia Whakamutunga</b>		



## **HEALTH CONSUMER COUNCIL**

### **Meeting – 11 August 2021**

Thanks give to all for helping to prepare and send the letter and proposal for community engagement to the Board Chair.

Hospital currently at capacity. Factors include upcoming strikes and no incoming overseas staff. Staff wellbeing a priority.

Health Quality Safety Service is in the process of recruiting two new staff members. Will get them to come along to a Health Consumer Council meeting once appointed.

An external investigations is currently underway regarding the Covid Pamphlet. An apology was posted on the DHB Facebook page.

The DHB is wanting to roll out the Community Orthopaedics Triage Service programme nationally. Will enable more integrated and preventative approach.

Covid testing and vaccinations continue to be improved and provided to the community.

Looking to recruit a new member to the Council. Will look at how this will look at next meeting.

## Health Consumer Council Monthly Meeting Matters Arising 2021

Meeting Date	Action required	Who	Action Taken	Completed / in progress
11.08.21	Health & Disability Sector Review Information including timeline.	Maria	02.09.21 Maria sent link to Transition site updates. A copy of the proposal document also sent to members.	11.08.21
14.07.21	HQSC offered workshop to members to show a couple of new tools/reports including Quality Alert, Quality Dashboard and COVID Effect App.	Lisa/All		
14.07.21	Invitation to Grand Round – held on Tuesdays. Send out invitation to members.	Maria	Will email info out for next Grand Round. Not occurring on a regular basis at present due to strikes and hospital alert level and Covid Lockdown Levels.	
09.06.21	Chair to ask CE, Ops GM and Debbie Brown to meet with HCC future. Examples: Papamoa health needs excluded HCC involvement after the HCC raised the issue with management initially; EBOP EVERY	Lisa		

Meeting Date	Action required	Who	Action Taken	Completed / in progress
	discussions about future health care does not appear to include consumer voice.			
14.10.20	Update groups you attend on Connex.	All	Members to check Connex, working area "HCC Community Connections" and add details.	Ongoing
09.09.20	Housing Shortage - Accessible Housing took over from Housing New Zealand. How is that going?	AV		Ongoing.
09.09.20	TOR: a) Recruiting Maori consumer members. Contact Marama for guidance. b) Source flowchart to be annexed.	TA  TA		
14.07.21	Wordsmith covering letter to Board Chair. Finalise proposal. Send out.	Florence Lisa Adrienne	Done and passed to Lisa.	Complete
14.07.21	Send a copy of CEO Newsletter out to members.	Maria	Will email a copy the next time it is published.	Completed.
14.07.21	Add upcoming board meeting dates to bottom of minutes and agendas.	Maria	Will add these as they arise. Board agendas are on the BOPDHB website just before the meetings <a href="#">Bay of Plenty District Health Board (BOPDHB)   Bay of Plenty District Health</a>	Completed.

Meeting Date	Action required	Who	Action Taken	Completed / in progress
			<a href="#">Board   Hauora a Toi   BOPDHB.</a>	
09.12.20	Health & Disability System Review – members to read and feedback to DHB about where the consumer council should be involved.	All	Not sure if completed but closed.	Completed.
09.12.20	National Trauma Network correspondence – circulate to members.	Sue	Not sure if this was completed but closed.	Completed.
09.12.20	Webinar link for sharing with members.	Sue/Tim	Unable to be completed.	Completed.
09.06.21	Tim to draft the invitation letter attaching discussion paper, to reflect our proposed future consumer voice. Chair to review, circulate and send by early July. Suggested meeting to align with the August HCC meeting.	Tim	Provided to members.	Complete
09.06.21	Send letter/press release of congratulations to Janet Peters for her Queen's Birthday Honour.	Adrienne, Rosalie, Lisa	Sent out to various news publications throughout NZ.	Completed
14.07.21	Send out last three CEO Newsletters to members.	Maria	Emailed 15.07.21	Completed

Meeting Date	Action required	Who	Action Taken	Completed / in progress
09.12.20	Meeting Summaries – find out if HCC has it's own email address and who monitors it?	Maria	Emailed address, no response. IT advised that Pritika, Averil and Tim have access to this email address. Not sure if anyone is monitoring it. The email address is <a href="mailto:Consumer.Council@bopdhb.govt.nz">Consumer.Council@bopdhb.govt.nz</a> . Relevant emails seem to be forwarded to the Chair. Will enquire again if this is happening. Maria now managing this email address, she is forwarding on relevant emails to Lisa.	Completed
14.10.20	Arrange for a member of the Tauranga Community Liaison Group to attend December meeting.	JP	JP & SH to extend invitation	Completed.
14.10.20	Perspectives sought on Consumer Engagement Quality and Safety marker and Whānau – centred co-design draft paper. Tim to send out zoom meeting invite and slides to discuss further with members.	All	On-going - led by Tim.	Completed. Paper circulated to Council.



Health Consumer Council - Chairs Report  
August 2021

Key Topics:

- Consumer Engagement
- Whanau & Consumer-centred Healthcare Council
- DHB Update
- HCC Membership recruitment
- Covid-19
- Reporting of meetings attended

The DHB Chair accepted the invitation to attend the HCC September meeting to discuss consumer engagement. As arrangements were made prior to the recent Covid Level announcements, this may be subject to change.

Whanau & Consumer-centred Healthcare Council meeting schedule will be revisited once the new Person Centred Experience Lead has been appointed.

The Senior Advisor Governance and Quality gave a Health Sector and DHB update. Due to capacity pressures, priority now is the day to day functioning of the hospitals. A number of transformational projects have been put on hold. Runanga now more involved with Board on a more regular basis. Consumer engagement will be part of the transition and HCC informed the timing is still appropriate to go ahead with recruiting for a new member for the council. Locality data is still being gathered by Transition Unit. A timeline will be sent out to members.

HCC Chair will set aside time in the next meeting agenda to identify gaps in membership diversity, skills matrix, interests, and geographic representation for a strategic approach to recruiting of new members. The DHB site profile page has been updated to reflect current membership.

HCC members reported mixed experiences with Covid-19 Respiratory clinics, testing and vaccination services. The Council also discussed its serious concern about consumer feedback shared openly with members in regard to the published Covid-19 pamphlet depicting images deeply offensive and distressing to Māori. While advised that the DHB had commissioned an external investigation, members unanimously agreed to raise the matter in a letter to the DHB Chair requesting that the DHB keep the HCC informed of developments from the investigation, ahead of the outcome being made public. The decision was made to put the letter on hold with the country going into Level 4 Covid-19 lockdown, and will seek an update on the investigation at our next meeting and improved future engagement with HCC.

Chairperson attended the National HCC Chairs meeting, and Chairs meeting with the HQSC. These focussed on Consumer Engagement Quality and Safety Marker and Health NZ

Transition Unit. Health Consumer Council members are forwarded updates and correspondence from these sources. Clinical Governance Committee meeting had been cancelled for August.

Lisa Murphy  
BOP HCC Chairperson