



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Agenda

**Health Consumer Council
Annual General Meeting**

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

**Venue: Kawakawa Room, Education Centre, Tauranga Hospital
or Via [Zoom](#)**

Chair	Lisa Murphy - Tauranga	Minutes	Maria Moller
Members	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	
In attendance			

Item No.	Item	Lead	Page
1	Karakia timatanga/Welcome	Grant	
2	Apologies	Chair	
3	Interests Register	Chair	
4	Minutes of Meeting 10 November 2021 to be confirmed. Moved: Seconded:	Chair	
5	Presentation: 10.40–11.05 – Monique Gray, Community Engagement, Zest Consulting – <u>Waiariki Disability Action Plan</u>	Chair	
6	Health Sector Update 6.1 <u>11.10–11.30 - Debbie Brown, Senior Advisor Governance and Quality</u> including Covid Response		
7	Matters Arising See attached – to be updated.	Chair	
8	Matters for Discussion/Decision 8.1 Chair's Report – attached. 8.2 Member recruitment.	Chair	
9	General Business 9.1 HCC Terms of Reference 9.2 Election of Chairperson and Deputy Chairperson 9.3 HCC Review of 2021	Chair	
10	Council Only Time		
11	Next Meeting 9 February 2021		
12	Next Board Meeting Wednesday 15 December 2021 Agendas available here just before each meeting: Bay of Plenty District Health Board (BOPDHB) Bay of Plenty District Health Board Hauora a Toi BOPDHB		
13	Karakia Whakamutunga	Grant	

HEALTH CONSUMER COUNCIL MEMBER ATTENDANCE

2021/22

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

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

Minutes

Health Consumer Council

Date: 10 November 2021, 10:30am to 1:00pm

**Venue: Kawakawa Room, Education Centre, Tauranga Hospital
or Via [Zoom](#)**

Chair	Lisa Murphy - Tauranga	Minutes	Maria Moller
Members	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	
In attendance	Lisa, Grant, Adrienne, Sue, John, Florence, Theresa, Maria. Via zoom: Tessa, Rosalie, Debbie.		

Item No.	Item	Lead	Action
1	Karakia timatanga/Welcome	Grant	
2	<p>Presentations: <u>10:30-10:50 – Richard Li, Chief Information Officer – Consumer Involvement in Data Digital Governance Group. See slides.</u></p> <p>The Digital Data Governance Group (DDGG) – would like to invite a member from the Council to join this group.</p> <p>The DDGG has recently been established. Its purpose is to look at digital projects and make sure they are delivering the required information.</p> <p>Future projects need to follow our road map and future direction. The group will assess future projects and where funds should be spent.</p> <p>The consumer voice and feedback is important. The person joining the group will need to commit 1 ½ hour per month. Meetings are via zoom. Normally on Tuesday 3pm – 4.30pm. Next meeting 21.12.21. Would like 1 member who would represent HCC. This member can then report back to the Council. Nominations to Maria.</p> <p><i>What is the nature of the representative you would like? Familiar with strategy of DHB and current needs of community.</i></p> <p><i>Is Marama the only maori representative? Yes.</i></p> <p><i>There is a risk of dehumanising care with digital. This group is designed to ensure equity.</i></p> <p><u>10.50-11.10 – Luke Williams & Alex Stuteley, Ernest Young Analytics – Clinical Services Plan. See slides.</u></p> <p>Ernst Young are a worldwide consulting company. They are currently working with all DHB's and have been working with BOPDHB on a number of projects. At present working on the Tauranga Hospital redevelopment requirements. There are current seismic risks in a number of hospital</p>	Chair	All
		Chair	All

Item No.	Item	Lead	Action
	<p>buildings. Currently at beginning stage of project. Would like member feedback on:</p> <ol style="list-style-type: none"> 1. Care in the home and digital solutions to support this; and 2. Community hub facilities. <p><i>Are these two topics to work together or two distinct topics?</i> They need to work together and separately.</p> <p>Tauranga campus will need to reach IL4 standard. Core facilities will be publicly funded and owned.</p> <p><i>Who are you going to collaborate with to make sure that it is an end-to-end service?</i> There will always need to be options for a range of needs and areas of the community.</p> <p>Looking at what DHB services could be moved into community setting. May be standalone or integrated with larger Primary Health Organisations.</p> <p><i>Is there anywhere in NZ where this is working?</i> Integrated Family Health Centres already have this. Midland, Southern, Northland – Kaikohe, Kerikeri. Counties Manukau – Dialysis, Women’s Health Centre in Botany.</p> <p><i>What feedback would you like?</i> Email feedback to slides to Alex or Luke. Next couple of weeks. Will collate information received and feedback. Will be running a workshop on community hubs - which members would like to attend? Luke will circulate what the workshops will be about, and members can indicate which ones they would like to attend.</p> <p><i>Would EY like participation from member contacts? Will workshops be in person or face to face?</i> Alex is in the region, but Luke is in Auckland. We will need to decide this once the borders open. Will be speaking with Runanga and iwi too.</p> <p>Send comments to Maria who will collate. A shared doc could be useful.</p>		<p>All</p> <p>All</p>
3	<p>Health Sector Update <u>11.10–11.40 - Debbie Brown, Senior Advisor Governance and Quality</u></p> <p>DHB prepping for when the Bay of Plenty get cases of Covid. Mandatory staff vaccinations are likely to cause significant issues.</p> <p>DHB is working at staff coverage over Christmas. When Covid cases start in the Bay of Plenty, we will need to be able to respond.</p> <p>DHB Christmas lunch not yet agreed however is probably going to be a \$ contribution per person for a lunch/outing of teams choice. This solution means you can spend the money how you wish, helps local businesses and avoids issues with lockdowns.</p> <p>Budget – There is no set budget for the Consumer Council. Members should put forward the future Council budget requirements to Debbie.</p> <p><i>There appears to be a large queue outside the front of the hospital main entrance. What happens if it rains?</i> Patients will be advised to stay in their cars and will be sent a text when they can come in. Report back on exactly how this will work. <i>Will this apply to upper and lower carparks?</i></p>	Chair	<p>All</p> <p>Debbie</p>

Item No.	Item	Lead	Action
4	<p>Presentation: <u>11.45–12.00pm – Monique Gray, Community Engagement, Zest Consulting – Waiariki Disability Action Plan</u></p> <p>To be rescheduled.</p>		
5	Apologies None.	Chair	
6	Interests Register None.	Chair	
7	<p>Minutes of Meeting 13 October 2021 to be confirmed.</p> <p>Tessa advised that her 2nd lot of amendments had not been incorporated. The term “Closed” is still referred to in the Council Only Time notes. These amendments to be made.</p> <p style="text-align: right;">Moved: Sue Seconded: Adrienne</p>	Chair	Maria
8	Matters Arising See attached – to be updated.	Chair	
9	<p>Reports of participation in other groups - Community Feedback</p> <ul style="list-style-type: none"> • Clinical Governance Committee – last meeting cancelled. • Tauranga Community Health Liaison Group – meetings have not been held for a few months. • Community Engagement: Meeting with people who have had adverse reactions to the Pfizer vaccine. • Supporting launch of the Te Tuinga Whanau wellness hub in Anson Street. 	Chair	
10	<p>Matters for Discussion/Decision</p> <p>10.1 Chair’s Report – attached.</p> <p>10.2 DHB HCC/CAG Presentation - Envisaging Consumer Engagement for the Future.</p> <p>This information has been passed on to the Transition Unit. They have asked if Russ, Chair of National Consumer Council Chairs, can attend the next meeting. Still working on localities and regions.</p> <p>10.3 Consumer Health Forum Aotearoa</p>	Chair	
11	<p>General Business</p> <p>11.1 Election of Chairperson/Deputy Chairperson – Send nominations through to Maria. Election to occur next meeting.</p> <p>11.2 HQSM for Consumer Engagement Report:</p> <ul style="list-style-type: none"> • Asa should be made aware of Council minutes etc and where to find them. • Feedback was not correct. Make sure that members get to make comments early. • Members are not paid for every meeting they attend. • What is regularity of this report? <p>11.3 The Council’s proposal was sent to HQSC Chairs and Transition Unit. Notes are taken at these meetings but not formal minutes. Ensures that Council voice reaches HQSC.</p>	Chair	All Maria
12.	<p>Council Only Time 12.50pm</p> <ul style="list-style-type: none"> • December meeting planning. • Membership <ul style="list-style-type: none"> ○ Recruitment; ○ Succession. 		

Item No.	Item	Lead	Action
13	Next Meeting 8 December 2021		
14	Next Board Meeting Wednesday 24 November 2021 Agendas available here just before each meeting: Bay of Plenty District Health Board (BOPDHB) Bay of Plenty District Health Board Hauora a Toi BOPDHB		
15	Karakia Whakamutunga	Grant	

UNCONFIRMED

From: [Lisa Murphy](#)
To: [Maria Moller](#)
Subject: Fw: Waiariki Disability Action plan included in Agenda
Date: Thursday, 4 November 2021 11:27:17 am
Attachments: [00B0A2A6D2344BA8ACA3BDEDA693769F.png](#)
[D63E612B71F34715B7634ADA1F3456C9\[38865761\].png](#)
Importance: High

Please include in Agenda supporting documents. Many thanks.

Lisa

From: Monique Gray
Sent: Friday, 22 October 2021 2:40 PM
To: Lisa Murphy
Subject: Waiariki Disability Action plan

Kia Ora Lisa,

We are currently working with the DHB on the disability action plan for the Waiariki region, They have asked that we touch base with your Consumer committee and let you know about the project and if you would like to learn more or be a part of it.

Jennifer Pearson and I have been working in the area of community engagement for the last few years and are both also parents of a child or adult with disabilities, so this mahi is personal to us.

Momenta with Zest Consulting have been asked by the Lakes and BOP DHBs to develop in partnership with the disability community, a Waiariki Disability Action Plan by February 2022. This is an exciting opportunity for those in the disability sector to play a significant role in the co-design of a plan with a focus on:

- equity and practical actions for the DHBs to improve access to quality health services,
- actions to remove barriers and to improve the health outcomes of people with disabilities in the Waiariki region. (These are expected to be in alignment with already existing national disability strategies Whāia Te Ao Mārama and Disability Action Plan 2019-2023).
- accessibility to health services for Māori and Pacifica people with disability and other migrant communities.

Our task is to make sure this Disability Action Plan lives up to its name and is full of measurable actions that will make a difference. We need your help to make this a reality. We are setting up a Focus/Advisory Group and a Reference of Champions Group to be part of the plan development and to ensure this plan is fit for purpose.

The role of the focus group will be:

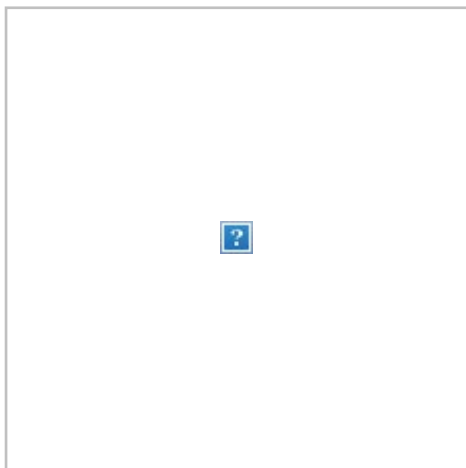
- to provide feedback on proactive outcomes to go into the Disability Action Plan, via discussions and feedback on engagement gathered
- to act as a voice for a variety of sectors within the disability community
- assist the project team to reach whanau and others who have traditionally been

‘missed’ from previous engagement and survey

The intention is that we reach a wide range of relevant people from Tūrangi in the south to Te Araroa in the East, to identify their needs and how these can be met through actions in the Waiariki Disability Action Plan. So it is important that we have representation from a wide geographical spread and coverage in the Waiariki region throughout the plan development.

We are intending in the first instance to use video, social media and other methods, rather than kanohi ki te kanohi, as we wait to see how the Covid Alert Levels change in the next 6 weeks. We understand that we will also need to link with local people on the ground to reach remote communities with limited access to online services.

DRAFT GOAL: People with disabilities live their best life, knowing DHBs support them as their needs and goals change.



The meaning behind this whakatauki is key and embodies what we are trying to achieve. *You need the right resources to succeed.* Giving the project this mauri, allows the project team and all involved to proceed with the mahi and kaupapa for the people.

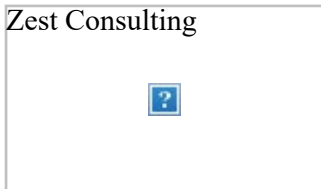
Hope to hear from you soon,

Ngā mihi

Monique Gray

Community Engagement

Zest Consulting



Health Consumer Council Monthly Meeting Matters Arising 2021

Meeting Date	Action required	Who	Action Taken	Completed / in progress
10.11.21	HQSM for Consumer Engagement Report – Send member feedback to Asa.	Maria	23.11.21 Emailed Asa feedback. <ul style="list-style-type: none"> Debbie will ensure draft report is sent to members early for feedback. Report quarterly from March 2021, next due end Feb. Replacement for Tim Antric will be in charge of this report. 	24.11.21
10.11.21	Nominations for Chair and Deputy Chair – send to Maria.	All		
10.11.21	Large queue outside hospital front entrance. What plan is there if it rains? Upper and lower carparks?	Debbie		
10.11.21	Council budget requirements – send proposal to Debbie.	All		
10.11.21	Feedback on EY Clinical Services Plan by 24 Nov.	All		
10.11.21	Nominations for 1 member to join DDGG – due 15 Dec 2021. Next meeting 21 Dec.	All		

Meeting Date	Action required	Who	Action Taken	Completed / in progress
13.10.21	When will meetings including Execs resume?	Debbie	05.11.21 Debbie met with Jonathan. Will meet with Asa and Jonathan on 10.11.21.	
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 discussions about future health care does not appear to include consumer voice.	Lisa		
14.10.20	Update groups you attend on Connex.	All	<i>Members to check Connex, working area "HCC Community Connections" and add details.</i>	<i>Ongoing</i>
09.09.20	Housing Shortage - Accessible Housing took over from Housing New Zealand. How is that going?	AV		<i>Ongoing.</i>
09.09.20	TOR: a) Recruiting Maori consumer members. Contact Marama for guidance. b) Source flowchart to be annexed.	TA TA		
13.10.21	HQSM for Consumer Engagement Report to be sent to members for feedback to Asa.	Debbie	05.11.21 Sent out to members for feedback.	

Meeting Date	Action required	Who	Action Taken	Completed / in progress
13.10.21	Send link to OIA page on DHB website.	Maria	Emailed link to members	Completed 13 October 2021.
08.09.21	Ask IT who has access to DHB Health Consumer Council emails.	Maria	Emailed IT. IT advised that Maria is the only one that has access.	Completed 09.09.21
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.	Ongoing
11.08.21	Health & Disability Sector Review Information including timeline.	Maria	Maria sent link to Transition site updates. A copy of the proposal document also sent to members.	Completed 02.09.21
14.07.21	Wordsmith covering letter to Board Chair. Finalise proposal. Send out.	Florence Lisa Adrienne	Done and passed to Lisa.	Completed
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 Bay of Plenty	Completed.

Meeting Date	Action required	Who	Action Taken	Completed / in progress
			District Health Board (BOPDHB) Bay of Plenty District Health Board Hauora a Toi BOPDHB.	
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 Consumer.Council@bopdhb.govt.nz . 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
November 2021

Key Topics:

- Consumer Engagement with DHB.
- DHB Update.
- Whanau & Consumer-centred Healthcare Council.
- HCC Member resignation and recruitment.
- Covid 19 Response.
- HQSC's first consumer health forum Aotearoa.
- Reporting of meetings attended.

CIO Digital and Data Group met with HCC members to provide an overview of the Digital Data Governance Group (DDGG) with an invitation for HCC representation to ensure consumer engagement. Nominations will be reviewed in December. CIO and HCC will be updated regarding selection.

EY Analytics Director and Health Analytics Manager met with HCC to discuss Clinical Services Plan projects and Consumer engagement. Currently working on the Tauranga Hospital redevelopment requirements with current seismic risks in a number of the hospital buildings. Member feedback was requested on: 1. Care in the home and digital solutions to support this; and 2. Community hub facilities. Feedback has been reported back to EY Analytics. EY will forward details of workshops on community hubs and members can indicate which ones they would like to attend.

'Creating a system of Consumer voice' – Consumer Engagement Proposal, sent to the Board Chair and CEO in September, is with the CEO and Board for endorsement.

QSM for Consumer Engagement report had been finalised and submitted to the Health Quality and Safety Commission without consultation or input from HCC members. This didn't allow an opportunity to suggest corrections to the draft or provide a consumer perspective of the ratings of engagement. HCC has been informed members will in future be given the opportunity to view and respond to this QSM activity report prior to submission going forward.

Senior Advisor Governance and Quality provided Health Sector and DHB updates.

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

Members continue to express an interest in the Covid 19 response and to share insights from their community experience. Senior Advisor Governance and Quality is still looking into inviting an executive from the response team to meet with HCC members to discuss progress and plans.

Members discussed membership recruitment and succession in Council Only session. Discussion included non-vaccinated members/candidates still being able to be included if they are willing to attend meetings solely via Zoom.

Chairperson attended the National HCC Chairs meeting with Chairs providing regional HCC update. The National HCC Chairs met with HQSC and Health NZ Transition Unit representative.

Members of HCC attended the HQSC's first consumer health forum Aotearoa, a three-hour Zoom forum on 24 November. HQSC's draft Code of Expectations for engaging with consumers/whānau was presented and extensively discussed by the wide range of participants. Further forums are planned.

Clinical Governance Committee meeting was attended by HCC Chair. BOTH representatives reviewed all Agenda papers and Control Documents.

Lisa Murphy
BOP HCC Chairperson

Report: Transition Presentation on 15th November, Tauranga.

To: Chair Health Council, Lisa Murphy.

From: Florence Trout

This meeting was chaired by 2 Ministry of Health staff members who introduced Zoom presenters. Three members of the BoP HCC attended.

Bullet points below summarise relevant information from consumer group perspective.

- use www.slido.com to see or lodge questions. Insert code 685867.
- localities will be announced by the MoH by April 2022.
- consumer councils to be confirmed in notices due in Q2 2022.
- workforce yet to be planned for 80,000 people employed by the single health authority.
- a new health charter will incorporate 230,000 people in total, with collaboration the key.
- consumer voice framework will be most important to represent a matrix of all health services.
- planning will emphasise increased capacity of NZ trained health workers with less reliance on imported skills.
- Maori Health Authority will work to 4 principles, including partnerships and options for Maori.
- MHA will commission 1) targeted services for Maori, and 2) partnering with NZHA to shape solutions for better health outcomes for Maori.
- 18 iwi in the BoP region will need to decide how they will represent tangata whenua on local boards. Decisions will not be made by the MHA.
- Digital and data solutions will include home and community service delivery. The aim is to take costs out of the health system for greater efficiency, without leaving anyone behind. Various health services will be joined together with greater data based conversations in everyday health management.
- Very little is decided at this early stage. Planning the transition may mean more staff is needed for health service delivery.
- MHA, NZHA and the Ministry of Health will be working altogether on the transition/transformation.

Conclusion:

1. Early days in planning for what was portrayed as a generational step in NZ health care invited everyone and anyone to make comments, share views, and generally participate.
2. The current Consumer group framework may need to be renewed completely.
3. Localities, boards and Maori voice should influence future consumer groups. It may be useful to plan to recruit a completely new consumer group ready to start next July, to incorporate Maori consumers. In order to do this effectively, management will need take leadership in recruitment processes.

I am happy for you to share this report with anyone.



BAY OF PLENTY HEALTH CONSUMER COUNCIL

Terms of Reference

Ratified 14 October 2020

Purpose:

The Bay of Plenty Health Consumer Council (“BOPHCC”) is an advisory and advocacy body established to advance the Bay of Plenty District Health Board’s (“BOPDHB”) vision of “Healthy Thriving Communities – Kia momoho te hapori oranga” for all health services consumers in the Bay of Plenty.

The Council exists to promote excellence and equity of health services across the Bay of Plenty community.

Functions:

The BOP Health Consumer Council will:

- Contribute a consumer perspective to improving health services and delivering equity in the Bay of Plenty across community, primary and secondary care.
- Recognise the BOPDHB’s commitment to Te Tiriti o Waitangi as articulated in its Maori Health Strategy, Te Toi Ahorangi.
- Champion partnership with whānau in developing and delivering services, in line with Te Toi Ahorangi.
- Provide proactive, timely and well-structured consumer advice to highlight inequities that impact disproportionately on Māori and other priority groups in the BOPDHB rohe.
- Promote meaningful consumer participation and maintain an overview of and advise on consumer engagement activity across the BOPDHB.
- Identify and advise on issues requiring consumer and community participation, including input into the development of health service priorities and strategic direction.
- Review and advise on reports, policy development and initiatives relating to the provision of health services.
- Promote communication and networking with the community and relevant consumer and special interest groups.
- Consider planned services for any omission or disadvantage.

For the avoidance of doubt, the BOPHCC will NOT:

- Provide clinical evaluation of health services
- Be involved in the BOPDHB’s contracting processes
- Be held accountable for decisions made by BOPDHB’s management and/or governance whether compatible with BOPHCC’s views or not
- Discuss or review issues that are (or should be) processed as formal complaints, for which full and robust BOPDHB processes exist
- Represent any specific consumer interest group or organisation nor enter into communication with a clear conflict of interest.

Members must perform their functions in good faith, honestly and impartially, and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest.

Level of Influence:

The BOPHCC has the authority to give advice and make recommendations to the BOPDHB Board and senior management.

Secretariat:

Secretariat support will be provided by the BOPDHB.

Membership:

The BOPHCC will comprise up to 15 consumer representatives. Members will have diverse backgrounds, contacts, knowledge and skills, and must be passionate about consumers being able to access the best possible health care and services from the BOPDHB. Members will be selected to reflect a range of areas of interest and experience in health and health service provision.

- Although appointed to reflect the consumer voice in a particular area of interest, an individual member will not be regarded as a representative of any specific organisation or community, nor as an “expert” in that field.
- Representation from Iwi with mana whenua across the BOPDHB boundaries must be considered when selecting membership. Members fluent in te reo me ona tikanga and an understanding of mātauranga Māori, will provide cultural awareness that will enhance the functions of the BOPHCC
- Current HCC members to be involved in recruitment and appointment of new members.
- Members may be reappointed for no more than three terms. A term is recognised as 2 years.
- Members will be provided with training and support by the BOPDHB to undertake their roles successfully. All members will uphold BOPDHB’s CARE values and the values of Te Toi Ahorangi.
- Remuneration shall be paid based on the BOPDHB consumer engagement payment and reimbursement of expenses guidelines.
- All Members who reasonably believe they may have an actual or potential conflict of interest is to disclose their interest to the Chair immediately they become aware of it. Any conflict in interest will be recorded.
- Membership may be terminated or full dissolution of the BOPHCC may be undertaken by the Chief Executive Officer (CEO) of BOPDHB in consultation with the Chair of BOPHCC. Termination will be requested within 3 months from when performance is found to be seriously unacceptable.

Members who fail to attend three consecutive meetings without an apology will be asked by the Chair to step down from the BOPHCC.

Chairperson:

- The Chair shall be elected annually by Council members and endorsed by the CEO.
- The current BOPHCC Chair will invite members to submit nominations for the Chair which may be either self-nominations or nominations by one or more members of another member, to be considered at its last meeting of the year. The current Chair will then submit recommendations for the Chair position to the CEO. The elected Chair shall hold office for the forthcoming year, and may be nominated for a second one-year term.

- Members may appoint another member to exercise a proxy vote on their behalf if unable to be present at the vote. Proxy votes shall be delivered in writing to the current Secretariat in advance of the meeting at which the election is being held, signed and dated by the appointing member, and naming the member who is to exercise the proxy vote.

Deputy Chairperson:

- The Deputy Chair shall be elected by Council members.
- The current BOPHCC Chair will invite members to submit nominations for the Deputy Chair which may be either self-nominations or nominations by one or more members of another member, to be considered at its last meeting of the year. The elected Deputy Chair shall hold office for the forthcoming year, and may be nominated for a second one-year term.
- Proxy votes are permitted as for the appointment of the Chairperson.

Meetings:

- A minimum of ten meetings per year will be held February to November - should more meeting time be required this will be treated as an 'out-of-session' consultation.
- A quorum will be half the current membership, including the Chair or delegate.
- Others may attend as invited persons to facilitate the business on hand by invitation of the Chair.
- Minutes and agendas will be circulated at least a week prior to each meeting, with any reading material attached.
- Meetings will be up to two and a half hours, held at an agreed time, to enable all members to participate.
- Meeting summaries will be published on the BOPDHB website.
- Meetings will be open to staff and the public. On occasion when there are issues of confidentiality or other risks, meetings may be closed in full or part at the discretion of the Chair.

Reporting:

- The BOPHCC will report to the BOPDHB Board.
- Reports will be placed on the BOPDHB website once approved by members.
- Minutes of those parts of any meeting held in "public" shall be made available to any member of the public, consumer group, community etc. on request to the Chair.

Terms of Reference Review:

Members will review the Terms of Reference (TOR) biennially and make any recommendations for change to the CEO for consideration and decision by the DHB Board.

Appendices: 1. Shared Expectations.

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p>SHARED EXPECTATIONS (CODE OF CONDUCT)</p>	<p>Policy 3.50.00 Protocol 1</p>
<p>EMPLOYMENT RELATIONSHIPS PROTOCOL</p>		

PURPOSE

Together with our CARE values, all workers (including employees, contractors and volunteers) are responsible for ensuring that their behaviour reflects the BOPDHB's expected standards of conduct to build a positive workplace culture.

BOPDHB is committed to providing organisational support through creating a healthy working environment which fosters wellbeing and positive relationships, where there is an employment relationship this should be done in accordance with the mutual duty of good faith as set out in the Employment Relations Act 2000.

Managers have a responsibility to support employees in achieving these goals, by leading by example and assisting employees to understand the Code of Conduct. A manager is any employee with people management responsibilities.

In addition, under the State Sector Act 1988 and Amendment Act 2013, as a Crown Entity we are required to incorporate the [Standards of Integrity and Conduct](#) in our own Shared Expectations (Code of Conduct).

STANDARDS TO BE MET

1. The Shared Expectations (Code of Conduct) apply to:
 - 1.1 All Bay of Plenty District Health Board (BOPDHB) employees, whether permanent, temporary, full time, part time or casual
 - 1.2 Every volunteer, contractor, consultant or anyone who exercises power, and / or controls resources for or on behalf of BOPDHB (1.1 and 1.2 together defined as "Persons").
 - 1.3 All people as above while, even if they are not at work, if their activities result in reputational risk to the organisation (together, defined as "Persons").
2. The following principles are integrated with our organisational values and behaviours framework.
 - 2.1 We must be fair, impartial, responsible and trustworthy.
 - 2.2 We must act with a spirit of service to the community and meet the same high standards of integrity and conduct in everything we do.
 - 2.3 BOPDHB must maintain policies and procedures that are consistent with integrity and conduct as outlined in the State Sector Act 1988; Amendment Act 2013 and by the State Services Commission.



<p>Mana Atua Aroha ki te tangata love and compassion to the people</p>	<p>Compassion Cares about other people, empathy, understanding</p>
<p>Mana Tupuna Ehara taku toa i te toa takitahi engari he toa takitini It is not mine alone but as a collective</p>	<p>All One Team Involves patients, whanau and colleagues, shares knowledge and information, takes time to listen to others</p>

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<p>Protocol Steward: People & Capability Manager</p>	<p>Authorised by: GM Corporate Services</p>	



<p>Mana Whenua Ma whero ma pango ka oti ai te mahi If everyone does their part, everyone will be responsive.</p>	<p>Responsive Friendly and polite, shows kindness, respects peoples time</p>
<p>Mana Tangata Whaia te iti kahurangi ki te tuohu koe me maunga teitei. Pursue that is precious and do not be deterred by anything less than striving to wellness/hauora</p>	<p>Excellence Consistently follows agreed, safe, best practise, uses positive words and actions</p>

2.4 Bay of Plenty District Health Board (BOPDHB) is committed to creating a workplace that is free from bullying, harassment and discrimination, where people are respected and diversity is embraced. All Persons are entitled to a safe and healthy work environment, where they are not bullied, harassed, or subjected to violent or aggressive behaviour.

2.5 To achieve this goal all Persons are required to behave in a manner consistent with our values attitudes and behaviours “we want to see”. For example but not limited to:

- a) Treat people with respect, courtesy, honesty and fairness
- b) Respect different values, beliefs, cultures and religions
- c) Value the contribution of the people they work with, and work co-operatively
- d) Involve patients, whanāu and colleagues as equal partners
- e) Treat patient, client, employee and business information with the strictest confidence except where expressly authorised otherwise.
- f) Only access or release BOPDHB patient, client, employee and business information when authorised to do so and only to authorised parties
- g) Make fair and transparent decisions
- h) Have empathy and understanding and care for other people. Protect people’s dignity and protect vulnerable groups.

2.6 All Persons conducting BOPDHB business or services will execute their duties in accordance with best practice. This applies to:

- a) The efficient and safe use of resources
- b) Sound logic and decision making processes
- c) Sound financial responsibility and adherence to regulatory guidelines

3. Respect for the Law and the System of Government

3.1 Employees and all other Persons are required to have a working knowledge of the laws, policies and protocols that apply to their work, including the Shared Expectations (Code of Conduct).

3.2 Employees and all other persons (where applicable) are required to carry out any lawful and reasonable directions they are given directly or indirectly by the BOPDHB, and comply with those BOPDHB policies, protocols and practices that apply to their work. They have the right to question a direction, policy or protocol if they believe it is unreasonable or unlawful.

4. What happens if there is a breach of the Shared Expectations (Code of Conduct)?

4.1 Managers must seek to avoid escalation of inappropriate behaviour that may result in a breach of the Shared Expectations (Code of Conduct). They must deal with workplace conflict through timely and direct face to face communication where possible, that is fair and transparent and immediately addresses the behaviour in a constructive and proactive way. For employees, if the breach continues, or is serious, an investigation process may be implemented, with possible disciplinary consequences – refer to policy [3.50.14 Investigation and Disciplinary](#). For

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contractors, any breach shall be dealt with in accordance with the relevant Terms of Engagement.

4.2 If an employee or other Person is concerned about a possible breach of the Shared Expectations (Code of Conduct) the first step, if appropriate is to approach their manager or appropriate BOPDHB contact person. Alternatively if reluctant to approach their manager / contact person they can speak to:

- a) A People and Capability Business Partner who can provide information about this document and what their options are
- b) Their professional leader / advisor
- c) A union representative
- d) Their employer – (if that is not the BOPDHB)
- e) A trusted colleague
- f) Another manager
- g) The Occupational Health Team

4.3 BOPDHB is committed to protecting any person who raises concerns about a breach of the Shared Expectations (Code of Conduct). An employee or other Person who makes a qualifying disclosure about misconduct under the Protected Disclosures Act 2000 in accordance with BOPDHB policy requirements will be granted immunity from any civil or criminal proceeding that may arise from the disclosure of information.

5. More information and advice

5.1 BOPDHB has developed policies and protocols that support the Shared Expectations (Code of Conduct) and any potential issues that may arise. Further assistance can also be obtained from your manager or one of the people referred to in 4.2 above.

6. Awareness of Shared Expectations (Code of Conduct) and the impact of this in the workplace

6.1 This document or other relevant Person's responsibilities as clinical and non-clinical professionals. It is acknowledged that there are other codes of ethical behaviours for certain professional groups. Examples are:

- a) The Health and Disability Services Consumers Code of Rights (this details the 10 rights of consumers and the duties of providers)
- b) Codes of Conduct for individual health professional registration bodies.

ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 3.50.00 Employment Relationships](#)
- [Bay of Plenty District Health Board policy 3.50.02 protocol 7 Supporting Staff](#)
- [Bay of Plenty District Health Board policy 3.50.05 Protected Disclosures](#)
- [Bay of Plenty District Health Board policy 3.50.13 Investigation and Disciplinary](#)
- [Bay of Plenty District Health Board policy 5.4.5 Impairment - Management of Impaired Employee](#)
- [Bay of Plenty District Health Board policy 5.4.7 Threatening Behaviour, Bullying, Harassment and Violence in the Workplace - Management](#)
- [Bay of Plenty District Health Board Human Resources controlled documents](#)
- [Bay of Plenty District Health Board Health & Safety controlled documents](#)
- [Bay of Plenty District Health Board Health & Safety Management System controlled documents](#)

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Review of 2021 year of the HCC

Date:

Name:

Strategy

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Achievements

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Purpose

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Goals

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Objectives

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Strengths

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Weaknesses

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Barriers

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