

# Disability Support Advisory Committee Meeting



Board Room, Community Services Building,  
Southland Hospital Campus, Invercargill

Lead Director: Hywel Lloyd, Director Quality and Clinical Governance Solutions

02/05/2022 03:30 PM

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**APOLOGIES**

An apology has been received from John Marrable (may be able to Zoom in after 4.30 pm).



### FOR INFORMATION/NOTING

<b>Item:</b>	<b>Interests Registers</b>
<b>Proposed by:</b>	Jeanette Kloosterman, Board Secretary
<b>Meeting of:</b>	Disability Support Advisory Committee, 2 May 2022

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### **Recommendation**

**That the Committee receive and note the Interests Registers.**

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### **Purpose**

To disclose and manage interests as per statutory requirements and good practice.

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### **Changes to Interests Registers since the last Board meeting:**

- Chris Fleming – minor change re nephew’s employment
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### **Background**

Board, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.

Interest declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).

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### **Appendices**

- Board, Committee and Executive Leadership Team Interests Registers

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
<b>Pete Hodgson</b> (Board Chair)	22.12.2020	Trustee, Koputai Lodge Trust (unpaid)	Mental Health Provider	
	22.12.2020	Chair, Callaghan Innovation Board (paid)		
	22.12.2020	Chair, Local Advisory Group, New Dunedin Hospital		
	22.12.2020 (updated 26.08.2021)	Ex-officio Member, Executive Steering Group, New Dunedin Hospital		
	22.12.2020	Board Member, Otago Innovation Ltd (paid)		
	25.02.2021	Board Member, Quitta Ltd (unpaid)	Nicotine replacement therapy under development.	
<b>Peter Crampton</b> (Deputy Board Chair)	16.04.2021	Employment: Professor, Kōhatu Centre for Hauora Māori, University of Otago (appointed July 2018)		
	16.04.2021	Member, Health Quality and Safety Commission Board (appointed April 2020)		
	16.04.2021	<del>Member, Expert Advisory Group for WAI claimants related to historical underfunding of Māori PHOs (appointed September 2020)</del>	Removed 09.12.2021	
	16.04.2021	Honorary Fellow, Royal New Zealand College of General Practitioners		
	16.04.2021	Fellow, New Zealand College of Public Health Medicine		
	16.04.2021	Wife, Alison Douglass, is a member of the Health Practitioners Disciplinary Tribunal		
	02.11.2021	Wife, Alison Douglass, Barrister	Has had involvement with SDHB when representing patients.	
	25.06.2021	Director and Shareholder, Kiwood Limited	Nil (farm forestry plot).	
	09.12.2021	Member, Transition Unit's Funding Flows and Incentives Expert Panel (appointed December 2021)		
	09.12.2021	Member: Transition Unit's Primary and Community Expert Panel (appointed October 2021)		
09.12.2021	Member: Transition Unit's Review of the Primary Care Capitation Formula Expert Panel (appointed October 2021)			
<b>John Chambers</b>	09.12.2019	Employed as an Emergency Medicine Specialist, Dunedin Hospital		
	09.12.2019	Employed as Honorary Senior Clinical Lecturer, Dunedin School of Medicine	Possible conflicts between SDHB and University interests.	

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	09.12.2019	Elected Vice President, Otago Branch, Association of Salaried Medical Specialists	Union (ASMS) role involves representing members (salaried senior doctors and dentists employed in the Otago region including by SDHB) on matters concerning their employment and, at a national level, contributing to strategies to assist the recruitment and retention of specialists in New Zealand public hospitals.	
	09.12.2019	Wife is employed as Co-ordinator, National Immunisation Register for Southern DHB		
	09.12.2019	Daughter is employed as MRT, Dunedin Hospital		
<b>Kaye Crowther</b>	09.12.2019	Life Member, Plunket Trust	Nil	
	09.12.2019	Trustee, No 10 Youth One Stop Shop	Possible conflict with funding requests.	
	14.01.2020	Trustee, Director/Secretary, Rotary Club of Invercargill South and Charitable Trust		
	14.01.2020	Member, National Council of Women, Southland Branch		
	07.10.2020	Trustee, Southern Health Welfare Trust	Trust for Southland employees - owns holiday homes and makes educational grants.	
	24.02.2022	Representative, Southland Inter-Agency Forum	No foreseeable conflict apart from advocacy.	
<b>Lyndell Kelly</b>	09.12.2019 Updated	<del>Employed as Specialist, Radiation Oncology, Locum SMO, Southern DHB</del>	<del>May be involved in employment contract negotiations with Southern DHB.</del>	
	04.12.2021	Honorary Senior Lecturer, Otago University School of Medicine		
	18.01.2020	<del>Daughter is Medical Student at Dunedin Hospital</del>	<del>Updated 29/10/2021</del>	
	25.06.2021	<del>Trustee, New Zealand Brain Tumour Trust</del>	<del>Updated 29/10/2021 (Resigned as Trustee)</del>	
	04.12.2021	Trustee, Healthcare Otago Charitable Trust		
<b>Terry King</b>	28.01.2020	Member, Grey Power Southland Association Inc Executive Committee		
	28.01.2020	Life Member, Grey Power NZ Federation Inc		
	28.01.2020	Member, Southland Iwi Community Panel	ICP is a community-led alternative to court for low-level offenders. The service is provided by Nga Kete Matauranga Pounamu Charitable Trust in partnership with police, local iwi and the wider community.	
	14.02.2020	Receive personal treatment from SDHB clinicians and allied health.		
	03.04.2020	Client, Royal District Nursing Service NZ Ltd		

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	12.01.2021	Nga Kete Matauranga Pounamu Trust Board Member		
<b>Jean O'Callaghan</b>	13.05.2019	St John Volunteer, Lakes District Hospital	No involvement in any decision making.	
	26.08.2021	Idea Services Board of IHC	Possible conflict with contracts and service delivery models.	
<b>Tuari Potiki</b>	09.12.2019	Employee, University of Otago		
	09.12.2019	Chair, Te Rūnaka Otākou Ltd* (also A3 Kaitiaki Limited which is listed as 100% owned by Te Rūnaka Ōtākou Ltd)	Nil, does not contract in health.	Updated to include A3 Kaitiaki Limited on 19 October 2020.
	09.12.2019	Member, Independent Whānau Ora Reference Group		
	09.12.2019	*Shareholder in Te Kaika		
	24.06.2021	Te Rau Ora Directorship		
	24.06.2021	Needle Exchange Services Trust (NEST) member		
	28.08.2021 (Updated 23.02.2022)	Chair, NZ Drug Foundation		
	23.02.2022	Chair, Needle Exchange Services Trust (NEST)		
23.02.2022	Board Member, Mental Health and Wellbeing Commission			
<b>Lesley Soper</b>	09.12.2019	Elected Member, Invercargill City Council		
	09.12.2019	Board Member, Southland Warm Homes Trust		
	09.12.2019	Employee, Southland ACC Advocacy Trust		
	16.01.2020	Chair, Breathing Space Southland (Emergency Housing)		
	16.01.2020	Trust Secretary/Treasurer, Omaui Tracks Trust		
	19.03.2020	Niece, Civil Engineer, Holmes Consulting	Holmes Consulting may do some work on new Dunedin Hospital.	
	21.07.2020	Trustee, Food Rescue Trust		
	21.07.2020	Shareholder 1%, Piermont Holdings Ltd	Corporate Body for apartment, Wellington	
<b>Moana Theodore</b>	15.01.2019	Employment: Associate Professor, University of Otago	Updated 08.12.2021	
	15.01.2019	Co-director, National Centre for Lifecourse Research, University of Otago		
	15.01.2019	Member, Royal Society Te Apārangi Council	Removed 01.07.2021	
	15.01.2019	Shareholder, RST Ventures Limited		
	27.04.2020	Nephew, Casual Mental Health Assistant, Southern DHB (Wakari)	Removed 08.12.2021	
	17.08.2020	Health Research Council Fellow		
14.01.2022	Sister-in-law, Charge Nurse Manager, Wakari, SDHB			
<b>Andrew Connolly</b> (Advisor)	21.01.2020 (updated 02.06.2021)	Employee, Counties Manukau DHB. Currently seconded to Ministry of Health as Acting Chief Medical Officer		



**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	21.01.2020 (updated 02.06.2021)	Clinical Advisor to the Board, Waikato DHB		
	21.01.2020	Health Quality and Safety Commission		
	21.01.2020	Health Workforce Advisory Board		
	21.01.2020	Fellow Royal Australasian College of Surgeons		
	21.01.2020	Member, NZ Association of General Surgeons		
	21.01.2020	Member, ASMS		
	05.05.2020	Member, Ministry of Health's Planned Care Advisory Group	Will be monitoring planned care recovery programmes.	
	06.05.2020	Nephew is married to a Paediatric Medicine Registrar employed by Southern DHB		
<b>Roger Jarrold</b> (Crown Monitor)	16.01.2020 (Updated 28.01.2021)	Advisor to Fletcher Construction Company Limited	Have had interaction with CEO of Warren and Mahoney, head designers for ICU upgrade.	
	16.01.2020 (Updated 28.01.2021)	Chair, Audit and Risk Committee, Health Research Council		
	16.01.2020	Trustee, Auckland District Health Board A+ Charitable Trust		
	16.01.2020	Former Member of Ministry of Health Audit Committee and Capital & Coast District Health Board		
	23.01.2020	Nephew - Partner, Deloitte, Christchurch		
	16.08.2020	Son - Auditor, PwC, Auckland	PwC periodically undertake work for SDHB, eg valuations	
	05.04.2021	Financial Advisor, DHB Performance, Ministry of Health		
	18.06.2021	Treasury: Health Reform Challenge Panel		
	26.08.2021	Advisor to Health Transition Unit on Finance/Procurement		
<b>Benjamin Pearson</b> (Crown Monitor)	21.07.2021	Consultant Paediatrician, South Canterbury DHB		
	13.01.2022	Chief Medical Officer, South Canterbury DHB		

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER  
EXECUTIVE LEADERSHIP TEAM**

*Management of staff conflicts of interest is covered by SDHB's Conflict of Interest Policy and Guidelines.*

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
<b>Hamish BROWN</b>	25.02.2021	Portobello Maintenance Company	Nil, Body Corporate for residential area.
<b>Kaye CHEETHAM</b>		Nil	
<b>Mata CHERRINGTON</b>	18.03.2022	Chair, Community Trust South	Nil
		Associate, Centre for Social Impact	Nil
		Director, Hiringa Oranga o Awarua Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
		Director, MATA Consultancy Ltd	Nil
<b>Matapura ELLISON</b>	12.02.2018	Director, Otākou Health Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	<del>Director Otākou Health Services Ltd</del>	Removed 28.06.2021.
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kāti Huirapa Rūnaka ki Puketeraki (Note: Kāti Huirapa Rūnaka ki Puketeraki Inc owns Pūketeraki Ltd - 100% share).	Nil
	12.02.2018	Trustee, Araiteuru Kokiri Trust	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit)	
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	
	12.02.2018	Otago Museum Māori Advisory Committee	Nil
	12.02.2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12.02.2018	Trustee, Waikouaiti Māori Foreshore Reserve Trust	Nil
	29.05.2018	Director & Shareholder (jointly held) - Arai Te Uru Whare Hauora Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	28.06.2021	Director, Te Kura Taka Pini Limited	100% owned by Te Rūnanga o Ngai Tahu.
<b>Chris FLEMING</b>	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER  
EXECUTIVE LEADERSHIP TEAM**

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017 (updated 21.04.2022)	Nephew, <del>Tax Advisor, Treasury</del> , Senior Treasury Official in Grant Robertson's office.	
	18.12.2017 (updated 26.08.2021)	Ex-officio Member, Executive Steering Group, New Dunedin Hospital	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
	20.02.2020	Member, Otago Aero Club	Shares space with rescue helicopter.
	23.09.2020	Arvida Group (aged residential care provider)	Sister works for Arvida Group (North Island only)
	19.02.2022	Helix Enterprises Limited (Director and Shareholder)	Nil. Family owned investment entity.
<b>John EASTWOOD</b>	19.01.2022	Clinical Director Localities, Interim Health New Zealand	Conflict with matters related to establishment of Localities. Possible conflict with matters related to the Health Reforms and the establishment of Māori Health Authority and Health New Zealand
	19.01.2022	Clinical Professor Department of Preventative and Social Medicine, University of Otago	Conflict with matters related to Department of Preventative and Social Medicine, and possible conflict with matters related to the three UoO Clinical Schools and the University of Otago
	19.01.2022	Adjunct Professor University of New South Wales	Nil
	19.01.2022	Clinical Professor University of Sydney, Sydney, Australia	Nil
	19.01.2022	Executive Clinical Advisor Sydney Local Health District, Sydney, Australia	Nil
	19.01.2022	Director Early Years Research Group, Ingham Institute of Applied Medical Science, Liverpool, New South Wales, Australia	Nil
	19.01.2022	Director of Centre of Research Excellence for Health and Social Care Integration, Sydney, Australia	Nil
	19.01.2022	Co-Chair Sydney Institute for Women Children and their Families, Sydney Local Health District	Nil
	19.01.2022	Co-Chair International Foundation of Integrated Care Australia	Nil
	19.01.2022	Co-Chair International Foundation of Integrated Care Aotearoa Steering Committee	Nil
	19.01.2022	Member Royal Australasian College of Physicians Policy and Advocacy Committee (CPAC)	Nil
	19.01.2022	Executive Member of the International Society of Social Paediatrics and Child Health (ISSOP)	Nil
	19.01.2022	Consultant to the World Health Organization, Geneva	Nil

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER  
EXECUTIVE LEADERSHIP TEAM**

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
	19.01.2022	Fellow of the New Zealand College of Public Health Medicine	Nil
	19.01.2022	Fellow of the Australasian Faculty of Public Health Medicine	Nil
	19.01.2022	Fellow of the Royal Australasian College of Physicians	Nil
	19.01.2022	Fellow of the Royal Australasian College of Medical Administrators	Nil
	19.01.2022	Fellow and Certified Health Executive of the Australasian College of Health Services Managers	Nil
	19.01.2022	Wife - General Practitioner at Mosgiel Health Centre, Mosgiel	Possible conflict with any SDHB contract negotiations with the General Practice
	19.01.2022	Wife - Contracted medical educator for the Royal New Zealand College of General Practice	Nil
	19.01.2022	Member of the Medical Assurance Society (MAS)	Nil
<b>David GOW</b>	07.12.2021	Private Clinic, Mercy Hospital	
	07.12.2021	Wife employed by SDHB as Nurse Consultant for Quality Improvement	
<b>Andrew LESPERANCE</b>	20.12.2021	Son, employee, HR Department, Ministry of Health (working with IT team recruitment)	
	20.12.2021	Director, Secretan Family Trust	
	20.12.2021	Former Director, North Island PHO (resigned when appointed to SDHB)	
	20.12.2021	Daughter, Project Co-ordinator, Ministry of Education	
	20.12.2021	Son, student, University of Otago (accounting major)	
<b>Hywel LLOYD</b>	16.06.2021	GP, Mosgiel Health Centre	
	16.0.2021	Wife, Nurse, Paediatric Outpatients	
<b>Patrick NG</b>	17.11.2017	Member, SI IS SLA	Nil
	27.01.2021	<del>Daughter, is a junior doctor in Auckland and is involved in orthopaedic and general surgery research and occasionally publishes papers</del>	Removed 10.03.2022
	10.03.2022	Daughter is a junior doctor at Middlemore Hospital and is undertaking a PhD.	PhD is in the field of general surgery and may involve engagement with general surgeons at SDHB in coming years.
	23.07.2020	<del>Wife, Chief Data Architect, Inde Technology - resigned (updated 10.03.2022)</del>	Inde is part of WSP's Digital Health Collective, the consultancy service supporting the NDH Digital Infrastructure and Digital Facility Services

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER  
EXECUTIVE LEADERSHIP TEAM**

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
	10.03.2022	50% shareholder in wife's company <i>Ava Technology Solutions Limited</i>	Will avoid engaging with Southern Health system and the only health businesses that will be pursued will be private entities. No approach to public health will be made without the express pre-approval of the future HNZ and with the potential for conflicts noted. She will also expressly avoid recruiting from the Southern Health System.
<b>Nigel TRAINOR</b>	17.05.2021	Daughter, Sonographer (works part-time for Dunstan Hospital)	
<b>Jane WILSON</b>	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil

SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER  
DISABILITY SUPPORT ADVISORY COMMITTEE EXTERNAL APPOINTEES

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
<b>Kiringāua Cassidy</b> (External Appointee)	10.07.2020	Nil		
<b>Paula Waby</b> (External Appointee)	18.07.2020	Board Member, Association of Blind Citizens NZ		
	18.07.2020	Adaptive Communications Adaptive Technology Trainer, Blind Low Vision NZ		
	18.07.2020	Business Owner of Blind-Sight Limited		
	18.07.2020	World Blind Union Representative for Blind Citizens NZ		
	18.07.2020	Disabled Persons' Assembly Committee		

## Southern District Health Board

### Minutes of the Disability Support Advisory Committee meeting held on Monday, 1 March 2022, commencing at 3.30 pm, by Zoom

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<b>Present:</b>	Dr Moana Theodore Mrs Kaye Crowther Dr John Chambers Prof Peter Crampton Dr Lyndell Kelly Mr Terry King	Chair Deputy Chair
<b>In Attendance:</b>	Mr Pete Hodgson Mr John Chambers Mrs Jean O'Callaghan Miss Lesley Soper Mr Roger Jarrold Mr Chris Fleming Dr Hywel Lloyd  Ms Mata Cherrington  Mr Andrew Lesperance  Prof John Eastwood Mr John Marrable Mr William Robertson Mr Gilbert Taurua  Ms Jeanette Kloosterman	Board Chair Board Member Board Member Board Member ( <i>from 4.18 pm</i> ) Crown Monitor Chief Executive Officer ( <i>until 4.30 pm</i> ) Director Quality and Clinical Governance Solutions Chief Māori Health Strategy and Improvement Officer Executive Director Planning, Funding and Population/Public Health Chief Medical Officer Chair, Disability Working Group Consumer Experience Manager Chief Māori Health Strategy and Improvement Officer/Acting Executive Director MHAID Board Secretary

#### 1.0 WELCOME

The Chair welcomed everyone and the meeting was opened with a karakia.

A special welcome was extended to Mata Cherrington, newly appointed Chief Māori Health Strategy and Improvement Officer, who was attending her first Disability Support Advisory Committee meeting. A round of introductions followed.

#### 2.0 APOLOGIES

Apologies were received Mr Tuari Potiki and Ms Paula Waby.

An apology for an early departure was received from the Chief Executive Officer (CEO).

#### 3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3) and noted.

Mrs Kaye Crowther informed the Committee that she had added her membership of the Southland Inter-Agency Forum to the Register.

The Chair asked for any other changes to the registers and reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

#### **4.0 PREVIOUS MINUTES**

***It was resolved:***

**“That the minutes of the meeting held on 6 December 2021 be approved and adopted as a correct record.”**

M Theodore/K Crowther

#### **5.0 MATTERS ARISING**

There were no matters arising from the previous minutes not covered by the agenda.

#### **6.0 REVIEW OF ACTION SHEET**

The Committee received the action sheet (tab 6).

The Director Quality and Clinical Governance Solutions (DQ&CGS) reported that:

- The patient stories would be updated;
- Setting up two factor authentication for Board and Committee members to enable them to access the on-line staff disability awareness training was proving problematic, so other options were being explored.

The Chair requested that:

- If it was not possible to give members access to the disability awareness training module, it be covered in a presentation to the next meeting;
- An update on an internal directory of community services for people living with disability be provided for the next meeting;
- That an update on the Disability Strategy Action Plan be included in the next agenda;
- All actions be closed off at the May meeting.

#### **7.0 CHAIR'S UPDATE**

The Chair:

- Noted that the last meeting of the Disability Support Advisory Committee would be held in May 2022 and invited members to consider how the Committee's advice could ensure work to implement the Southern Disability Strategy continued following the change to Health NZ;
- Reminded members that the vision of the Southern Disability Strategy was that, *“Within the southern district all disabled people, tāngata whaikaha, and Deaf people will have an equal opportunity to achieve their best possible health outcomes, enabling their participation within their community. Health and*



*disability support services will recognise the agency of disabled people, tāngata whaikaha, and Deaf people and their family or whānau through responding to their diverse requirements and removing disabling barriers."*

## **8.0 PATIENT STORY REFRESH**

The Chair noted that the Committee had seen several patient stories and informed members that the ones left were of poorer viewing video quality.

The Consumer Experience Manager reported that it was intended to refresh the stories by reviewing consumer feedback, both positive and negative, and identifying good stories that could be packaged into 'bite sized' pieces for internal learning opportunities using a wide range of media.

The Committee supported the use of patient stories for educational purposes and to set the scene for discussion. It was suggested that a link to the stories be put on Pulse (the SDHB staff intranet), so staff could access them easily.

## **9.0 DISABILITY STRATEGY AND ACTION PLAN IMPLEMENTATION**

Mr John Marrable, Chair of the Disability Working Group (DWG), presented an update on DWG activity (tab 9), during which he commented on the following items.

- As well as the COVID situation, the DWG had been focused on the Health Passport, with a view to finding a practical solution that worked for everyone. This included investigating an IT solution, possibly using a credit card-sized card that would link into information stored on SDHB's patient management system.
- A representative from Invercargill would be joining the DWG the following week.

Mr Marrable then responded to questions on telehealth appointment times, health passports, ensuring the voice of the people and their whānau are heard, and the DWG membership.

The Committee discussed the question of governance oversight of the Southern Disability Strategy implementation work and how it would be taken forward into the new Health system and the Ministry for Disabled People when it is established. The DQ&CGS gave an assurance that Mr Marrable's work would continue when the Disability Support Advisory Committee finished and people within the Health system would continue to drive the Disability Strategy and ensure it did not lose momentum. It was agreed that this would be discussed further at the Committee's next meeting.

*Miss Soper joined the meeting at 4.18 pm.*

Mr Marrable confirmed that the Disability Working Group would continue its work and ensure the Southern Disability Strategy was ready to transition to the new structure.

Mr Marrable was thanked for his work and report.

## **10.0 PARENT TO PARENT MEETING REPORT**

The Director Quality and Clinical Governance Solutions (DQ&CGS) presented a report prepared by the Consumer Experience Manager and Chair of the Disability

Working Group in response to the concerns raised by Southland Board Members on behalf of Parent to Parent Southland (tab 10).

In speaking to the report, the Consumer Experience Manager advised that most of the concerns were operational matters but they raised some fundamental issues about equity of access to health services. A very useful meeting had been held with Parent to Parent Southland to identify what was important to them and it was agreed that one of their members would sit on the Disability Work Group (DWG).

*The Chief Executive Officer left the meeting at 4.30 pm.*

The Consumer Experience Manager advised that he was concerned members of the community were reluctant to come forward and express their concern directly to Southern DHB. With the DWG Chair's assistance, he wished to break down that barrier.

The Southland Board Members advised that the matter was brought to their attention by the local Labour list MP and thanked Southern DHB staff and DWG Chair for their report and sensitive, practical action in response to the issues raised.

Mr Taurua, Chief Māori Health Strategy and Improvement Officer, advised that the recently appointed Kaiāwhina positions in Invercargill and Dunedin could also play a role and he would discuss that further with Mata Cherrington and DWG Chair.

***It was resolved:***

**"That the Committee note the report and endorse the approach of direct engagement with Southland Board members and Parent to Parent to address the issues raised."**

K Crowther/T King

The Committee acknowledged the leadership shown by Parent to Parent Southland and Southland Board Members and thanked them for bringing these matters forward.

## **11.0 PEOPLE LIVING WITH DISABILITY VACCINATION RATE**

A report on the current COVID vaccination coverage for people living with a disability within the Southern district was taken as read (tab 11).

The DQ&CGS informed the Committee that:

- He was impressed by the way the vaccination team had engaged, particularly with tamariki with disability, to drive the vaccination rates up;
- The vaccination rate for DSS and ACC populations over the age of 18 was 93%, with 81% boosted.

### **Omicron Outbreak Response**

The Consumer Experience Manager reported that, in conjunction with the Dunedin City Council, the parks outside the main entrance of Dunedin Hospital on Great King Street had been replaced with seven mobility parks and about six short term parks. The mobility parks at Southland Hospital and Lakes District Hospital were positioned near the entrance, so no changes had been made to them.

It was suggested that additional mobility parks may be needed at the new entrance to Southland Hospital. It was agreed that Mr King would liaise with the Consumer Experience Manager on this issue.

The Chair extended the Committee’s thanks to the SDHB executives and staff who were dealing with the current wave of Omicron.

**12.0 FAREWELL TO CHIEF MĀORI HEALTH STRATEGY AND IMPROVEMENT OFFICER**

The Chair expressed the Committee’s thanks to Mr Gilbert Taurua, departing Chief Māori Health Strategy and Improvement Officer, for the support he had provided to the Disability Support Advisory Committee (DSAC), and to her personally as DSAC Chair, and wished him well for his next role at Canterbury University.

The meeting closed with a karakia at 5.00 pm.

Confirmed as a true and correct record:

Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Unconfirmed



**Southern District Health Board**  
**DISABILITY SUPPORT ADVISORY COMMITTEE MEETING**  
**ACTION SHEET**  
**As at 27 April 2022**

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
June 2021	<b>Patient Stories</b> (Minute 7.0)	To be added to the agenda as a standing item.	DQCGS		Ongoing
March 2022	(Minute 8.0)	Link to patient stories to be put on Pulse.	CEM		
October 2021	<b>Home and Community Support Services</b> (Minute 10.0)	Further information, with examples, to be provided on HCSS clients' casemix and hours after reassessment by their provider, particularly in relation to clients who lost functionality but had their hours reduced.	EDPFP/PH	All resources currently focussed on providing essential supports to existing clients, assuring the appropriate supports are provided to covid-positive clients, and assuring that new referrals are supported, to support discharges from hospital and avoid admissions. Likely to be a number of months before the HCSS sector's staffing recovers to return to business as usual, including regular reviews and reassessments of clients, which are currently on hold.	WIP
December 2021	<b>Disability Awareness Training</b> (Minute 13.0)	Committee members to be given access to complete the on-line training.	DQCGS	Access to the module requires DHB login emails passwords and authentication services. We are working with the Education Module Providers to have access outside the DHB security.	May 2022
March 2022	(Minute 6.0)	Committee members to be given a presentation if it is not possible to give them access to on-line training module.			

<b>DATE</b>	<b>SUBJECT</b>	<b>ACTION REQUIRED</b>	<b>BY</b>	<b>STATUS</b>	<b>EXPECTED COMPLETION DATE</b>
December 2021	<b>Community Services for People Living with Disability</b> (Minute 14.0)	Progress on a directory of community groups to be included in DWG reporting.	DQCGS	Update included in DWG Chair's report.	May 2022
March 2022	<b>Disability Strategy Action Plan</b> (Minute 6.0)	Update to be included in May agenda.	DQCGS	Included in agenda.	
March 2022	<b>Omicron Outbreak Response</b> (Minute 11.0)	Consumer Experience Manager to liaise with Mr King re mobility parking at Southland Hospital.	CEM	No complaints have been received re accessible parks at Southland Hospital. If feedback is received there are not enough, more can be created.	

## Patient Story

**Cyril:** [Watch 'Cyril' | Microsoft Stream](#)





## FOR INFORMATION

<b>Item:</b>	Patient Stories Refresh – Consumer Stories
<b>Proposed by:</b>	William Robertson, Consumer Experience Manager Hywel Lloyd, Interim Director, Quality & Clinical Governance Solutions
<b>Meeting of:</b>	3 May 2022

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## Recommendation

**That the Committee notes the contents of this report and endorses the approach to refreshing the patient stories programme.**

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## Purpose

1. The purpose of this report is to get the Committee’s approval to revise the approach to Consumer Stories, their collection and use by Southern DHB (and its successors).
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## Specific Implications for Consideration

### 2. Financial

Minimal impact, as stories will be collected using existing resources.

### 3. Workforce

Patient stories allow our staff to hear directly from consumers. The stories offer valuable insights that go way beyond the statistics and the outcomes: they have the power to inspire, humanize, compel action, and challenge assumption.

### 4. Equity

Stories will, no doubt, highlight inequity, perceived discrimination, and barriers to accessing health care. Telling those stories should improve equity.

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## Background

5. For as long as mankind first learned to communicate, storytelling has been a way of passing down knowledge, tradition, learning through the power of emotional connection. A quick online search will provide a plethora of quotes about storytelling, all of which boil down to the power and impact of stories, told in the teller’s own words.
6. When clinicians are stressed, a basic human emotion, different coping strategies are evoked. ‘Distancing’ a form of emotional separation between clinician and consumer can create a spiral of disengagement and dissatisfaction.
7. Stories provide a thoughtful way to bridge that gap – and to take a more holistic view of health care, that includes the patient’s entire experience. Stories are a powerful way of affecting change in clinician behaviour and organisation culture. A reconnection with what is really important.

8. For staff, patient stories can be used to emphasise why quality improvement initiatives are important, and to help discuss the difficult decisions, personal circumstances, and values that patients bring to health care.
9. Narratives invite an emotional response and offer a version of events that is different to those of professionals and go way beyond statistics and the outcomes. Patients' stories can make a significant contribution to patient-centred care
10. The four 'C's of Patient Centred Care



11. Southern DHB has, in the past, collected a number of patient stories, but these are now in need of being refreshed. In refreshing the stories, we are proposing to broaden the approach to make them about all consumers (patients, whānau and staff) and change the format to a shorter, more accessible style.
12. Gathering stories involves interviewing consumers directly to gather, first-hand and in their own words, their insights into the service they received. This may relate to treatment or to interactions, both clinical and non-clinical, that they have with SDHB, and its staff and it may come from the patient or their whānau or from our own staff. The story might describe a poor outcome for the patient, or it may be a positive story with a good outcome for the patient.
13. Whatever the story and its outcome, it should illustrate what happened and how that impacted on the patient and their whānau. Its purpose is to educate and inform SDHB and its staff on the consequences of their actions and the impact that they can have on patients and to contribute to service design (or redesign) to prevent it reoccurring.
14. Patient stories should not be seen as a replacement for patient surveys or the feedback process, though stories may emerge from these channels and, thus, complement the other feedback mechanisms.
15. SDHB collated in the past a number of patient stories, which were turned into videos and shared widely, including through SDHB's website. These videos have been used in a number of fora, including at the Disability Support Advisory Committee. However, they possibly have not been used as widely as was perhaps hoped or envisaged.
16. Patient Stories are a key aspect of patient centred care, one of the six domains of quality. Patient Stories are part of our consumer engagement approach as outlined in our Quality Framework.
17. The Quality & Clinical Governance Solutions Directorate are currently re-affirming our structures and process for sound clinical governance for services, wards, and departments. Consumer engagement, patient experience and equity, are all important areas for our clinical teams to focus on. The use of patient stories will help to ensure our hearts and minds are aligned to increase our recognition of the fundamental importance patients, whanau and all consumers have with the care we deliver.
18. The Health Quality & Safety Commission's quality & safety measures (QSM) for consumer engagement have been at the forefront of working with teams to understand the steps they need to take to achieve co-design with consumers. Consumer stories for services, wards and departments will create better

understanding and insight from the perspective of the consumer's emotional care journey, and thereby reinforcing the need for collaborative partnership.

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## Discussion

19. Consumer stories will be used at all levels of our organisation to ensure the meaning of our work is focused on what is important.
  20. In refreshing patient stories, the aim is to create a library of stories that reflect accurately the experiences of patients, whānau and staff and that provide staff with an insight into the impact of their words and actions. We will, as indicated, no longer focus only on patients, but on all consumers – the potential to hear the story from the perspective of the patient and then from a member (or members) of their whānau and to understand the impact on them all has the potential to affect real change.
  21. Working with all levels of the organisation and with the feedback team, we will identify consumers and their stories. With their permission, we will capture those stories in a variety of formats. Stories don't need to be professionally produced videos; in fact, they don't need to be videos. An audio recording or written transcript can serve the same purpose and be effective, but our preference is to collect short-form videos; these will be, most possibly, one or two minutes long and address a specific aspect of care or of the consumer's health journey. The stories will be applicable to the particular area where they will be of value in creating the shifts required to improve patient centred care and co-design of services.
  22. It is not enough to simply identify, collect and collate consumer stories, they need to be heard and absorbed. And, while they need to form part of meetings; from a simple daily "stand up" to the Executive Leadership team – and everything in between – they need to serve a purpose and be relevant to the meeting. Also, stories need to be embedded into the organisation's culture and not seen as an optional extra; the first thing to be dropped when time is short.
  23. In collecting consumer stories privacy and confidentiality have to be paramount. The consumer needs to be involved in how their story will be used and for how long it will be retained. As such, there is, and will continue to be, a strong consent process to ensure that the consumer understands and agrees to the use of their story. Also, digital security is essential, and stories will be stored securely, with controlled access.
  24. Equally, staff privacy and confidentiality have to be respected and stories, when appropriate, may need to be redacted to protect individual privacy. This will be dealt on a case-by-case basis, as and when necessary.
  25. The responsibility for identifying the stories will shift to the clinical teams. Collecting and managing consumer stories will lie with the Consumer Experience team in the Quality and Clinical Governance Solutions directorate. This team will work with the communications team in capturing the stories and with staff from the clinical services to share the stories. The stories, themselves, will remain the property of the consumer, who retain full ownership of their words, with SDHB acting simply as the custodian of those stories.
  26. It is important that the stories are refreshed regularly to ensure the work themes and direction of travel for teams are supported by consumer experience. For example...
  27. Consumer stories will be integral to the Kōrero Mai initiative, which falls under the work of the Recognition and Response committee. Kōrero Mail will use consumer stories to highlight the value of listening to patients and to their whānau and will create better health outcomes for our consumers.
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## Conclusion

28. There is hopefully no disputing the value of consumer stories and by changing to a short-form video, audio, or written story they will be less onerous to produce and easier to keep relevant. Also, by widening the scope from “patient” to “consumer” we will seek to give a voice to whānau and to staff, who can go unheard.
  29. The utilisation of consumer stories at all levels of the organisation will help us to put caring into care.
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### Next Steps & Actions

30. The Quality and Clinical Governance Solutions Directorate now need to get on and start collecting stories and sharing them across Southern DHB.
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## **FOR INFORMATION**

**Item:** Disability Strategy Action Plan - Update  
**Proposed by:** John Marrable, Chair of Disability Working Group  
**Meeting of:** Disability Support Advisory Committee - 2 May 2022

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### Recommendation

**That the Committee notes the contents of this report.**

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### Purpose

1. **To provide the Committee with an updated on the DWG's priority.**
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### Specific Implications For Consideration

2. **Financial**
    - **Actions emerging from the DWG may have costs associated with them. If and when this occurs, budget approval will be sought in line with Southern DHB's normal delegations policy.**
  3. **Workforce**
    - **Some actions will require input from Southern DHB staff and these should be factored into their normal work plans.**
  4. **Equity**
    - **These actions will address issues of equity for consumers and their whānau in Otago and Southland.**
- 

### Discussion

5. From the Southern Disability Strategy, the Disability Working Group (DWG) has identified three key areas on which it has agreed there should be focus:
  - Disability awareness training for all staff;
  - Electronic health records linked to a digital health passport;
  - Accessibility.
6. Work is continuing across all three workstreams, with good progress being made in extending the Disability Game awareness training and making it open to staff across the district. More disappointing is that only 49% of new employees that started between 1 January and 31 March have so far completed the online disability awareness training through the Health Learn platform.

7. More positively, accessibility audits have been completed on both Dunedin and Southland hospitals' COVID screening set up and recommendations have been provided and, where possible, have been implemented. It is encouraging that the COVID response team is engaging with the DWG on around making the screening arrangements as accessible as possible.
8. As soon as COVID restrictions have been lifted audits will be carried out on all sites: not just Dunedin and Southland hospitals.
9. The feeling from DWG members was that the physical health passport was, at 22 pages, unwieldy and not fit for purpose. The group agreed that some sort of electronic solution was highly desirable, rather than attempt to relaunch the paper-based health passport.
10. SDHB's digital team is supporting this initiative and, I'm pleased to say, good progress is being made towards the concept of a digital health passport. This work falls into two components. The first is to adapt the health record in iPM to allow for a "disability flag" that will alert staff to the fact that the consumer has a disability and then use a notes section to elaborate on the disability and the consumer's specific needs. The second component will be to create a card that consumer can carry with them, which will link them to the iPM record (and to their record in PICS when it is rolled out to Southern in 2023).
11. In association with Livingwell Disability Resource Centre, work is progressing to create a comprehensive directory for consumers. This would include, not only community groups, but resources (locally and nationally) that can be accessed by consumers and their whānau.
12. Further to the idea of a directory of community groups, the Disability Working Group is holding a virtual forum that it hopes will be the first of a series of quarterly events to engage with consumers and community groups across the southern region. The first meeting takes place on 28 April and an oral update will be provided to DSAC at its meeting.

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### **Next Steps & Actions**

13. Work will continue on implementing the Southern Disability Strategy and this will continue after 1 July 2022.



GOAL ONE: Bold and Purposeful		By Whom	By When
1.	All projects that request community engagement will, in addition to a community advisor, be provided with a member of the disabled community.	Consumer Liaison	Ongoing
2.	Engagement with the disabled community will be assessed through the six-monthly Health Quality & Safety Commission's consumer engagement Quality & Safety Marker.	Consumer Experience Manager	30 Sept and 31 March each year – completed for March 2022.
3.	A Disability Working Group, comprising members of the disabled community and Southern DHB staff, has been formed to operationalise the strategic plan.	Completed by DSAC	
4.	A digital accessibility audit will be carried out on Southern DHB's recruitment systems and make recommendations on improvements needed.	Mel with Consumer Liaison in conjunction with SDHB IT	Delayed – 30 June 2022
5.	Ensure SDHB systems record relevant data so that services can be provided in the most appropriate way.	Digital Transformation Team	Ongoing
6.	Ensure that SDHB records include any documents the consumers may have in place and that this information is flagged to staff and can be accessed by clinical staff.	Digital Transformation Team	Ongoing
7.	The Executive Director Quality and Clinical Governance Solutions has been appointed by the Executive Leadership Team to oversee the implementation of the strategy.	Done	
8.	Tāngata whaikaha and whānau are involved through the Disability Working Group and Community Advisors.	Gilbert Taurua	Ongoing
9.	Staff disability awareness training to be mandatory for all new staff joining Southern DHB and this is to be extended to all existing staff. <i>Disability Equity (National course) has now been made mandatory as part of onboarding for all new starters. The course is available for all staff to complete on Health Learn as well.</i>	Mel/HR/Organisational Development	October 2021
10.	Annual disability awareness refresher training for all staff to be introduced by 2023.	Mel/HR/Organisational Development	Nov 2022
11.	Staff disability awareness training through the Disability Game to be offered across all sites in 2022.	Mel/HR/Organisational Development	Nov 2022
12.	Staff involved in service design and planning to be provided with training around the principles of universal design.	HR/Organisational Development	Dec 2022
13.	Hiring manager to be provided with training on recruiting fairly and equitably, so that they know how to "level the playing field" to ensure that candidates with a disability are able to apply fairly and without impediment.	Mel/HR/Organisational Development	June 2022

14.	Engage disabled people, tāngata whaikaha and Deaf people to be “Disability Leads” within Southern DHB.	Consumer Engagement Manager	Partially achieved
15.	Engage Māori in the work of the Disability Working Group and Community Advisors to achieve greater capacity and capability in the area of Māori health.	Gilbert Taurua/Maori Health Directorate	Ongoing
16.	Create specific Māori health resources – by Māori, for Māori, with Māori.	Consumer Liaison with Maori Health Directorate	
<b>GOAL TWO: Inclusive of Individuals, Whānau or Family and Community</b>		<b>By Whom</b>	<b>By When</b>
17.	All projects set up to develop or design new processes, policies, accommodation, etc must have community representation on the project group, including at least one member of the disabled community.	Consumer Liaison, in conjunction with DWG	Ongoing
18.	Invitations to join the Disability Working Group to be extended to other entities, such as Ministry of Social Development, Oranga Tamariki, Kāinga Ora, Councils and Ministry of Education, as well as Ministry of Health.	Consumer Liaison, in conjunction with DWG	30 June 2022
19.	Disability Working Group to contact groups working in the Health and Disability Sector to ensure that their members can obtain the relevant information.	Consumer Liaison, in conjunction with DWG	Ongoing – first quarterly forum in April
20.	Disability Working Group to identify, through the sector engagement, any gaps in the provision of necessary information.	Consumer Liaison, in conjunction with DWG	Ongoing
21.	Family and whanau members to be invited to join the Disability Working Group and to be involved in future service design to ensure the principles of person, family or whānau-centred services are followed.	Consumer Liaison, in conjunction with DWG	Ongoing, but whānau member now included.
22.	The Health Passport will be relaunched and staff will be provided with training in the passport, how to use it and the benefits to the consumer of having one.	22 and 23 linked - TBA	Deferred
23.	Consideration be given to creating a digital health passport and make the health passport more accessible.		Ongoing
24.	Clinicians to engage with patients, family and whānau early during the patient’s stay in hospital so that they are involved in all aspects of the patient’s care from admission to discharge and after – including being provided with information, in the appropriate format for the period post-discharge.	24 and 26 linked - TBA	
25.	Disability Working Group to ensure that Southern DHB has an up to date directory of community groups that can support consumers, family and whānau and provide that information to clinicians.	John Marrable, via Living Well Disability Resource Centre	Ongoing

26.	Clinicians to ensure that consumers, family and whānau are fully informed around details of community support groups and initiate contact with appropriate community-based services.		
<b>GOAL THREE: Equitable, Responsive and Accessible</b>		<b>By Whom</b>	<b>By When</b>
27.	All projects set up to develop or design new processes, policies, accommodation, etc must have community representation on the project group, including at least one member of the disabled community.	Consumer Liaison	Ongoing
28.	Staff involved in service design and planning to be provided with training around the principles of universal design.	HR/Organisational Development	Dec 2022
29.	Disability Working Group, working with Southern DHB's Organisational Development team, will develop practical guides on, but not limited to, tikanga, how to access interpreter services, guidelines to ensure that people's requests are attended to promptly, and use of specialised equipment.	Mel/HR/Organisational Development	April 2022
30.	Staff disability awareness training to be mandatory for all new staff joining Southern DHB and this is to be extended to all existing staff. <i>Disability Equity (National course) has now been made mandatory as part of onboarding for all new starters. The course is available for all staff to complete on Health Learn as well.</i>	Mel/HR/Organisational Development	October 2021
31.	Staff disability awareness training through the Disability Game to be offered across all sites in 2022.	HR/Organisational Development	Dec 2022
32.	Disability Working Group will carry out accessibility audits of Southern DHB facilities. Given the current focus on COVID vaccinations, the group has started with the Dunedin and Invercargill vaccination centres, which have already been completed.	DHB Building and Property with Livingwell Disability Resource Centre	Ongoing

### Disability Working Group Ongoing Actions

Activity	Associated Goal:Action From Plan	Responsibility	Expected completion
To meet with Accreditation team to discuss process for Patient Tracer Audits		Kathryn	12 May 2022
To progress alerts categories and implementation	2:23 Consideration be given to creating a digital health passport and make the health passport more accessible.	Jack	12 May 2022
Identify rural GPs and resources that can be approached to recruit DWG members from rural locations	2:21 Family and whanau members to be invited to join the Disability Working Group and to be involved in future service design to ensure the principles of person, family or whānau-centred services are followed.	Kathryn	12 May 2022
Look into blood bank system (QR codes with identifying information)	2:23 Consideration be given to creating a digital health passport and make the health passport more accessible.	Kathryn/Mel	12 May 2022
Organise quarterly forum	2:19 Disability Working Group to contact groups working in the Health and Disability Sector to ensure that their members can obtain the relevant information.	Kathryn	28 April 2022
Express thanks to GPs (via WellSouth) for their continued support of the disabled community throughout the Omicron outbreak		Kathryn	7 April 2022
Progress provision of training to Southland Team as per request	3:31 Staff disability awareness training through the Disability Game to be offered across all sites in 2022.	Mel	12 May 2022
Accessibility Audits to be completed with a focus on access changes due to Covid	3:32 Disability Working Group will carry out accessibility audits of Southern DHB facilities	John	Completed

### Completed Actions

Share list of current projects with DWG	1:1 All projects that request community engagement will, in addition to a community advisor, be provided with a member of the disabled community.	Kathryn	Completed
Add email to key messages		Kathryn	Completed
Investigate DSS form and advise Jack if being worked on	2:23 Consideration be given to creating a digital health passport and make the health passport more accessible.	Kathryn	Completed
Provide Jack with a specific list of challenges being faced and how they are being addressed	1:5 Ensure SDHB systems record relevant data so that services can be provided in the most appropriate way.	John	Completed
Identify meetings John and Kathryn can attend throughout the region	2:20 Disability Working Group to identify, through the sector engagement, any gaps in the provision of necessary information.	John	Completed
Set up a meeting with Patient Affairs to ensure that interpretation for family and whānau members of patients is facilitated –	2:24 Clinicians to engage with patients, family and whānau early during the patient's stay in hospital so that they are involved in all aspects of the patient's care from admission to discharge and after – including being provided with information, in the appropriate format for the period post-discharge.	William	Completed
Identify MPs and advocacy groups to communicate with	2:19 Disability Working Group to contact groups working in the Health and Disability Sector to ensure that their members can obtain the relevant information.	Kathryn	Completed
Elevating concerns raised in relation to Omicron outbreak to appropriate places	2:20 Disability Working Group to identify, through the sector engagement, any gaps in the provision of necessary information.	Kathryn	Completed

# DISABILITY WORKING GROUP

## Key Messages March 2022

Members: John Marrable (Chair), Jasmin Taylor, Simon Fogarty, George Kerr, Te Aroha Springford

Standing members: Mel Warhurst, William Robertson, Kathryn Harkin, Jack Devereux

Guests: Dr Moana Theodore

The Disability Working Group members met on Friday 11 March 2022.

- Question raised of whether there is a method for GP referrals to alert SDHB to a disability at the time of the referral
- Members asked for any feedback around issues with RATS tests – some has already been provided and further feedback will be escalated to WellSouth.
- Request for thanks to be expressed to GPs on behalf of DWG for all the support they are providing the disabled community in the current climate.
- Accessibility Game has been played online recently across all three locations in Southern, with very good feedback received. Some significant interest in Southland and hoping to run this within a particular team.
- Accessibility Audit planned to be completed shortly around the current changes to access.
- Dr Moana Theodore attended in her capacity as Chair of the Disability Support Advisory Committee which will be wound up on 1 July. She expressed thanks for the work DWG have done and acknowledged the work they are also doing in their communities. Thanks was also expressed to DSAC for their role in launching the strategy. A desire to keep the spirit of DSAC alive.
- Feedback sought from group on content of the first quarterly public forum to be held in April to update the community on progress on the Disability Strategy. Members identified the need to let the public know who the group is and to ensure it is accessible for all.

# DISABILITY WORKING GROUP

## Key Messages April 2022

Members: John Marrable (Chair), Jasmin Taylor, Simon Fogarty, George Kerr, Te Aroha Springford

Standing members: William Robertson, Kathryn Harkin, Jack Devereux

Apologies: Mel Warhurst

Guests: James Goodwin, Glenda Auton, Sam Murray, Mary Ann Hughes

The Disability Working Group members met on Friday 8 April 2022.

- Update received on Accessibility Audit which was conducted last month – 32 actions came out of this.
- Actions undertaken so far as a result including amending signage, such as using lower case rather than upper case and removing excessive signage. Some actions needed by Building and Property who are stretched currently.
- Disability Equity Training being planned for those staff working the entrance for working with those with disabilities over the next week. This will start with the mandatory training which all SDHB staff do but may be extended to include the Accessibility Game.
- Invercargill audit planned for 22 April.
- Members reinforced the importance of communication around any changes to access for the hospital. Suggestion of a video to demonstrate entrance procedures.
- Members received an update on Nga Paewera – the new Health and Disability Standards and the key sections measured under this
- Consideration to be given to how there can be further engagement with this, particularly in regard to patient tracer audits
- Members learned about Parent to Parent – nationwide organisation supported by a team of researchers. Their role is to support parents of children with disabilities, and siblings. Runs support groups across the district, no cost to parents. Aims to connect them with another parent in a similar situation.