



Waitematā
District Health Board

Best Care for Everyone

Consumer Council

Wednesday

28 July 2021

2:00pm – 4:00pm

VENUE

**Waitematā Boardroom
Level 1, 15 Shea Tce Takpuna**

CONSUMER COUNCIL

28 July 2021

Venue: Waitematā Boardroom, Level 1, 15 Shea Tce Takpuna

Time: 2:00pm – 4:00pm

<p><u>Consumer Council Members</u> DJ Adams (Consumer Council Chair) Neli Alo Samuel Cho Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua) Lorelle George Insik Kim Ngozi Penson Jeremiah Ramos Ravi Reddy Kaeti Rigarlsford Lorraine Symons (Te Whānau o Waipareira) Vivien Verheijen Hannah Bjerga (Student Representative) Eden Li (Student Representative)</p>	<p><u>Ex-officio - Waitematā DHB staff members</u> Dr Dale Bramley – Chief Executive Officer David Price – Director of Patient Experience</p> <p><u>Other Waitematā DHB Staff members</u> Matthew Knight – Project Director Marle Dippenaar – Project Manager Deanne Manuel - Committee Secretary</p>
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APOLOGIES:

AGENDA

Disclosure of Interests (see page 5 for guidance)

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

KARAKIA

WELCOME

1. AGENDA ORDER AND TIMING	
2. CONFIRMATION OF MINUTES	
2:05pm	2.1 Confirmation of the Minutes of Meeting (16/06/21) Actions Arising from Previous Meeting
3. DISCUSSIONS	
2:10pm	3.1 Facilities Update
2:40pm	3.2 Consumer Council Engagement with the Transition Unit
2:55pm	3.3 Appointment of Ex-officio staff
3:05pm	--- Break
3:25pm	3.4 ED Model of Care for Mental Health
4. INFORMATION ITEMS	
3:15pm	4.1 Patient Experience Report
5. ANY OTHER BUSINESS	
3:50pm	5.1 Community concerns
3:55pm	5.2 Agenda for future meeting

**Waitematā District Health Board
Consumer Council
Member Attendance Schedule 2021**

NAME	Feb 2021	Mar 2021	May 2021	June 2021	Sept 2021	Oct 2021	Dec 2021
DJ Adams (Chair)	✓	✓	✓	✓			
Neli Alo	x	✓	✓	✓			
Samuel Cho	n/a	n/a	n/a	✓			
Alexa Forrest-Pain	✓	✓	✓	✓			
Lorelle George	✓	✓	✓	✓			
Insik Kim	✓	✓	✓	✓			
Ngozi Penson	x	✓	✓	✓			
Jeremiah Ramos	x	✓	✓	✓			
Ravi Reddy	✓	✓	✓	x			
Kaeti Rigarsford	✓	✓	✓	✓			
Lorraine Symons	✓	x	x	x			
Vivien Verheijen	✓	✓	✓	✓			
+Dale Bramley	✓	✓	*	*			
+David Price	✓	✓	✓	✓			
Hannah Bjerga (Student representative)	n/a	✓	n/a	✓			
Eden Li (Student representative)	n/a	n/a	✓	n/a			

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

**WAITEMATĀ DISTRICT HEALTH BOARD
CONSUMER COUNCIL**

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
DJ Adams (Chair)	Member, Health Quality and Safety Commission Consumer Network	25/11/20
Neli Alo	nil	24/09/19
Samuel Cho	Committee Member, Waitakere Health Link Member, Metro Auckland Asian and MELAA Primary Care Service Improvement Group (Auckland DHB and Waitematā DHB) Member, Asian Health Action and Advisory Group (Counties Manukau Health)	11/06/21
Alexa Forrest-Pain	Member, Auckland Council Youth Advisory Panel	17/03/21
Lorelle George	Consumer Advocate – Harbour Hospice, Clinical Governance Committee	07/05/21
Insik Kim	No declared interest	03/07/19
Ngozi Penson	Member, Metro Auckland Clinical Governance Forum Board member Mata of Hope NZ Member, Ethnic Advisory Group (EAG), English Language Partners	20/04/21
Jeremiah Ramos	No declared interest	03/07/19
Ravi Reddy	Board Member – Hospice West Auckland Senior Lecturer – Massey University Honorary Academic – University of Auckland	19/02/20
Kaeti Rigarlsford	nil	03/07/19
Lorraine Symons - Busby	MOU Liaison – Waipareira Trust	24/09/19
Vivien Verheijen	Member, Consumer Advisory Committee - PHARMAC Board member, Companionship & Morning Activities for Seniors (CMA)	31/08/20
Hannah Bjerga (Student Representative)	nil	28/06/21
Eden Li (Student Representative)	nil	22/04/21

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act 2000, a member of a DHB Board who is interested in a transaction of the DHB must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Board.

A Board member is interested in a transaction of a DHB if the member is:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by 1 or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out responsibilities, then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

A board member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Board relating to the transaction; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or the initiation of the transaction.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if a majority of other members of the Board permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned. Board members are expected to avoid using their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Board's integrity.

IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

Note: This sheet provides summary information only.

2. CONFIRMATION OF MINUTES

- 2.1 Confirmation of the Minutes of Meeting 16/06/21
Actions Arising from Previous Meeting

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

Wednesday, 16 June 2021

held at the Kawakawa Room, Lower Ground Floor
Waitakere Hospital Campus and by video conference
commencing at 2.10pm

CONSUMER COUNCIL MEMBERS PRESENT:

DJ Adams (Chair) (Ngati Maniapoto, Ngati Kahungunu)
Neli Alo – *by video conference*
Samuel Cho
Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua)
Lorelle George
Insik Kim
Ngozi Penson - *by video conference*
Jeremiah Ramos
Kaeti Rigarlsford
Vivien Verheijen
Hannah Bjerga

ALSO PRESENT:

David Price (Director of Patient Experience)
Deanne Manuel (Committee Secretary)
(Staff members who attended for a particular item are named at the start of the minute
for that item.)

KARAKIA

DJ Adams opened the meeting with a Karakia.

APOLOGIES:

Apologies were noted from Ravi Reddy and Dr Dale Bramley (Chief Executive). Late
apologies were received from Lorraine Symons.

WELCOME:

The Consumer Council Chair welcomed everyone and extended apologies for the delayed
start of the meeting. Introductions were made to welcome Samuel Cho of Waitakere
Healthlink to his first Consumer Council meeting. Samuel provided a brief background
and his advocacy work through Waitakere HealthLink and The Asian Network.

DISCLOSURE OF INTERESTS

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

1 AGENDA ORDER AND TIMING

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

2 CONFIRMATION OF MINUTES

2.1 Confirmation of Minutes of the Consumer Council Meeting held on 05 May 2021 (Agenda pages 7-11)

Resolution (Moved Lorelle George /Seconded Jeremiah Ramos)

That the Minutes of the Consumer Council Meeting held on 05 May 2021 be approved.

Carried

Actions arising from previous meetings (Agenda page 12)

The updates listed were noted and no issues were raised.

3 DISCUSSIONS and UPDATE ITEMS

3.1 Emergency Department Journey Map (Agenda pages 14-15)

Ivana Nakarada-Kordic (Human Centred Design Fellow) and Cassie Khoo (Design Fellow) were present for the item. Ivana provided a brief summary of the development of the Emergency Department (ED) map and highlighted the following:

- The map will be installed at the visible location of the ED main waiting area to provide a high level glance of the patient's journey.
- Research has found that similar approaches reduced patient aggression and staff pressure.

Matters covered in the discussion and response to questions included:

- Recent experiences of some of the Consumer Council members highlighted the importance of regularly and effectively communicating with patients/whānau to explain what is being done in particular when they are asked to wait as this will reduce patient/whānau anxiety. Repeating information already provided to other staff/clinicians was also noted to be challenging for patients/whānau during stressful situations.
- Other comments related to patient experience in the ED include the area being too cold and uncomfortable and not being able to go anywhere for fear of missing the queue when they are called. The use of buzzers or badges that can be given to patients or whānau was suggested.
- Suggestions received from the group in relation to the ED map included:
 - Noting the information is designed for patients/whānau, it was requested that the wording used are made simpler in particular the use of the words 'journey' and 'triage' as these could be difficult to understand particularly during stressful situations.
 - Provide additional information at each part of the process when possible. Ivana noted that there will be additional detailed information on other areas of the ED which will provide more information at that particular area/process.

- Consider how to make the information more accessible, use of more visuals to communicate information. A suggestion to translate the information to 'easy-ready' version was made.

The group thanked Ivana and Cassie for their time.

Session adjourned for a short break from 2.58 to 3.13pm

3.2 Consumer Council Membership (verbal)

DJ Adams (Consumer Council Chair) opened the discussion noting the vacancy for the seat of the Deputy Chair for the Consumer Council and requested for names to be put forward for nomination. A nomination from Lorelle George was received and supported by members present.

Resolution (Moved by all members present/Seconded by all members present)

That Lorelle George be appointed as the Consumer Council's Deputy Chair.

Carried

The Consumer Council Chair continued the discussion relating to the membership of the Consumer Council noting the health sector reform.

Matters covered in the discussion and response to questions included:

- Impact of the recent announcement to the work of the Consumer Council is yet to be determined but it is expected that the 'work' will be same from consumer perspective. Discussions with other Consumer Council chairs also noted this and there are conversations around making a submission to the Minister of Health around ensuring consumer voice in the new health sector set-up. A letter has been submitted by Waitemata DHB's Consumer Council and it has been acknowledged by Minister Andrew Little's office.
- Notwithstanding the current environment, DJ Adams noted that there is still a need to look into the current membership and ensure measures are in place for succession planning. David Price further noted that it may not be appropriate to recruit for new members should there be resignation/s in the immediate future. This was considered and agreed to by the group.
- Those present at the meeting confirmed that they will continue on with the Consumer Council. The Chair will discuss with the members who are not present at the meeting their plans in relation to their Consumer Council membership.

4 INFORMATION ITEM

4.1 Patient Experience Report (Agenda pages 16-19)

David Price (Director Patient Experience) provided a summary of the report noting the update in the National Inpatient Experience survey in particular the increase in response rate seen as a result of providing the survey electronically, availability of ethnicity information to aid assessing performance and addressing equity.

Matters covered in the discussion and response to questions included:

- The survey is done quarterly and more information will be provided at a future report. In response to a query, David noted that perceived 'unfair treatment' could include disability, gender and culture.
- Performance of Waitemātā DHB in relation to the inpatient survey is statistically similar with other DHBs with small variations and some outlier performance. More information can be provided on this at a future report.
- There are work and strategies underway as well as continued education on improving communication in particular with diverse communities.
- The difference in comments received related to cleanliness (page 17 of the agenda) could be related to Tikanga. There is continuing work around Tikanga best practice and education.
- Noting the responses to the NPS by ethnicity (page 18 of the agenda), there is still work underway to address potential subjectivity of the responses since it is dependent on staff providing the survey form to the patient/whānau.
- Update was provided on patient appointment outcomes noting the use of intentional wording from 'Did Not Attend (DNA)' to "Non-completion of service' and introduction of outpatient 'care coaches'. Initial feedback received has been positive.

4.2 Comfort Pack Project Summary (Agenda pages 20-22)

David provided a summary of the report noting this initiative was to provide comfort for the patients for patients and whānau in their end of life journey. This project was piloted at Waitakere Hospital and in view of the positive feedback, is being planned to be launched at North Shore Hospital.

Noting that some patients may require support during discharge, a suggestion to implement a 'discharge checklist' which will be accomplished by the patient or whānau was made. Example of support that could be indicated or offered would be food, if they require additional information regarding medication, questions to ask before discharge, information or support needed at home. Noting the impact of the discharge process in patient experience, the Consumer Council requested a discussion on this at a future meeting.

The group acknowledged the work of the team on this initiative and thanked David for the report.

Neli Alo retired from meeting 3.58pm

4.3 Recommendations Follow-up List (Agenda pages 23-41)

The group noted the updates on the recommendations made to the services. A query was made in relation to the Agreement to Treatment/Consent Form on whether this will come in accessible format. It was noted that a further consultation will be conducted to further improve the form.

5 OTHER BUSINESS

The following items of general business were discussed

- Acknowledging the work of the people of the DHB through the recently concluded Health Excellence Awards. DJ Adams and Kaeti Rigarlsford helped judge the 'Excellence in Patient Experience Award' and they noted that the passion, responsiveness and inclusivity they have seen have been inspiring.
- A suggestion to schedule topics relating to youth in particular mental health and youth services for discussion at a future meeting was made.
- The Chair advised the group to email additional suggested topics and community concerns if any.

The Chair thanked the members and attendees for their time.

The meeting closed with a Karakia

The meeting adjourned at 4.08pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 16 JUNE 2021.

_____ CHAIR

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE
CONSUMER COUNCIL AS AT 20 JULY 2021**

Meeting Date/ Minutes ref.	Topic	Action / Status
16/06/21	Patient discharge process	To be scheduled
16/06/21	Youth health services	To be scheduled

3. DISCUSSION ITEMS

- 3.1 Facilities Update (verbal)
- 3.2 Consumer Council Engagement with the Transition Unit
- 3.3 Appointment of Ex-officio staff (verbal)
- 3.4 ED Model of Care for Mental Health

3.2 Consumer Council Engagement with the Transition Unit

Recommendations:

The recommendations are to:

- a) Review paper and questions for discussion
- b) Prepare ideas for discussion for submission to the Transition Unit regarding Consumer Council future in Health Authority structure

The Consumer Council Chairs/ Co-Chairs group meet on the first Tuesday of the month. Due to IT issues on July 6, a special meeting was held on Tuesday 13 July to give feedback from a July 2 meeting with the Transition Unit.

Russ Aiton (West Coast DHB) as the chair of this group attended as consumer representative. He was armed with a list of questions from the Chairs with the intention to put these to the unit. Unfortunately, he reports, the opportunity to ask specific questions didn't come. The Chairs asked Russ to press again for consumer engagement and opportunity to ask our questions.

The Chairs are passionate about ensuring the consumer is engaged through the transition and are committed to being pro-active. It was suggested, and I propose, that we, as Waitematā DHB Consumer Council, draft a submission for the Transition Unit, presented at the next meeting. The aim is to demonstrate the value the consumer council network has and to proactively engage so as to avoid been given what will come if we do not.

This submission should include but not limited to:

- Consumer Council succession into the new structure – at Locality level or “District” level?
- How do we the consumer council see our position in the new system?
- Consider we are currently a DHB entity and DHB's cease as at 1st July 2022.
- What examples of a possible place in the structure do we see for ourselves?
- Consider Locality, Regional, National levels, also service specific consumer advisory groups e.g. Lived Experience Advisory Council (LEAC).
- Terms of Reference? Nationwide standards for Consumer Engagement?
- Consider we have 20 DHB consumer councils each with different TORs

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
DJ Adams	Consumer Council Chair		✓

3.4 Discussion: ED model of care for Mental Health

Recommendations:

The recommendations are that you:

- a) Review the following background paper
- b) Consider the consumer consultation sought that will contribute to the design of the model of care
- c) Discuss how we could make a difference for people accessing Mental Health care in our Emergency Departments

Background

The Mental Health (MH) and Emergency Medicine (EM) Services are currently working together to review the care of mental health service users admitted to our Emergency Departments (ED).

Background

We have seen an increase in the number and complexity of mental health service users presenting to the EDs. Mental Health service users spend longer in ED than other specialities in an environment that is not appropriate for prolonged stays. There can be significant delays in the assessment and early treatment of people in ED by Mental Health Services (MHS), particularly at North Shore hospital where there is currently no ED based Mental Health team, and delays waiting for discharge from ED.

At present, two different models are operating to provide acute MH assessment and support in each of the Waitematā DHB EDs:

- At North Shore hospital ED, an in-reach Mental Health Service is provided by the MH Liaison team and the community Mental Health Services. The community teams are based off the North Shore hospital site and cover the North Shore and Rodney catchment area.
- At Waitakere hospital, a dedicated Mental Health nurse is based in the ED since 2015, which provides cover from 8.00am to 11.30pm, seven days a week. An additional psychiatric registrar was also provided, enabling the nurses to access medical intervention and treatment immediately.

Opportunity

Under the Waitematā DHB Sustainability Programme Mental Health and Emergency Medicine Services, there is an opportunity to improve the service and experience in ED for Mental Health service users and their *whānau*. The overall aim of this project is to develop an ED Model of Care for Mental Health and plan by September 2021.

The key deliverables of the project are:

1. An ED based 24/7 Mental Health team model of care, business case and implementation plan for North Shore hospital and recommendations for improvement to the Waitakere hospital ED Mental Health Team
2. A paper exploring alternative options for Mental Health service users who present to ED but do not require EM care with recommendations

Consumer Consultation

To help inform the design of the ED model of care for Mental Health and improve the care we provide, we are seeking consumer feedback to better understand the experience of people requiring mental health services in our EDs through the following ways:

- *Steering group and working group membership*
Lived Experience Advisory Council (LEAC) representatives and Mental Health Cultural Services representatives are in the project steering group and working group meetings.
- *'In Your Shoes' listening event*
The event involved a small number of Mental Health service users, whānau and hospital staff, sharing their recent experience in our care, listening to other people's views in group discussions and discussing improvement ideas.
- *Mental Health Cultural Services*
To ensure cultural diversity in the consumer feedback, we are supporting our Mental Health Cultural Services to gather information in a way that is suitable to the respective consumer groups.
- *Consumer Council*
Hearing the Consumer Council's views about how we could make a difference for people accessing Mental Health care in our Emergency Departments.

Key Issues

As part of the ED Model of Care Development work it is important to understand the lived experience of using the service so that we can learn what we need to do to ensure we support all consumers effectively in the future.

We are seeking 20 minutes of Consumer Council time to discuss how we could make a difference for people accessing Mental Health care in our Emergency Departments:

- Hear your views about the Mental Health care in our EDs;
 - What do we do well, and what can we do better?
 - If you or your whānau needed to go to ED to access Mental Health care, what would good care look like to you?
- Have you heard about any difference in Mental Health care received in North Shore hospital and Waitakere hospital Emergency Departments?

The Consumer Council feedback will contribute to the design of the ED model of care for Mental Health.

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Marlé Dippenaar	Project Manager		✓

4. INFORMATION ITEM

4.1 Patient Experience Report

4.1 Patient Experience Consumer Council Report (June 2021)

1.0 National Inpatient Survey

Participation

- Patients who were emailed the survey were discharged from Waitematā DHB hospitals from 26th April to 9th May 2021.
- Waitematā DHB sent out 1,765 invitations to complete the survey and recorded 456 responses, a 25.84 % response rate. This is consistent with the national response rate of 24.29%.
- Of the 456 responses, 34 responses were from Māori patients and 21 were from Pacific patients.

The Patient Experience team will encourage patient participation in the survey during the predetermined survey fortnight. Measures suggested include:

- Flyers and posters provided during the fortnight the survey is being conducted.
- Putting information on our social media sites

Performance

Highest performing results for Waitematā DHB

The table below shows the highest performing questions for Waitematā DHB in May 2021. Click on the question title to see more details on specific questions.

⚠ Low sample size

Question [Click on a question to see more detail](#)

		Overall	C.I.	n	
Patient definitely treated with respect by nurses.	May 2021	91.4%	(88.7%-94.1%)	421	<div style="width: 91.4%;"></div>
Patient definitely felt cultural needs were met.	May 2021	90.9%	(87.6%-94.2%)	285	<div style="width: 90.9%;"></div>
Patient definitely treated with respect by other members of health care team.	May 2021	90.3%	(87.4%-93.2%)	402	<div style="width: 90.3%;"></div>
Before the operation(s), staff definitely helped patient to understand what would happen and what to expect.	May 2021	89.8%	(85.3%-94.3%)	177	<div style="width: 89.8%;"></div>
Patient definitely treated with kindness and understanding by nurses whilst in hospital.	May 2021	89.5%	(86.6%-92.4%)	421	<div style="width: 89.5%;"></div>
Patient definitely treated with respect by doctors.	May 2021	88.0%	(84.9%-91.1%)	415	<div style="width: 88.0%;"></div>

Lowest performing results for Waitematā DHB

The table below shows the lowest performing questions for Waitematā DHB in May 2021.

⚠ Low sample size

Question [Click on a question to see more detail](#)

		Overall	C.I.	n	
Patient was definitely told the possible side effects of the medicine (or prescription for medicine) they left hospital with, in a way they could understand.	May 2021	62.4%	(57.3%-67.5%)	343	<div style="width: 62.4%;"></div>
Hospital staff definitely talked with the patient about whether they would have the help they needed when they left the hospital.	May 2021	65.9%	(60.7%-71.1%)	317	<div style="width: 65.9%;"></div>
Patient definitely had enough information about how to manage their condition or recovery after they left hospital.	May 2021	65.9%	(61.4%-70.4%)	417	<div style="width: 65.9%;"></div>
Towards the end of the patient's visit, they were definitely kept informed as much as they wanted about what would happen and what to expect before they could leave the hospital.	May 2021	68.6%	(64.2%-73.0%)	424	<div style="width: 68.6%;"></div>
Patient always kept informed as much as wanted about treatment and care.	May 2021	70.5%	(66.3%-74.7%)	451	<div style="width: 70.5%;"></div>

There are a number of measures in place to address the issue of patients understanding medication side effects. These include:

- Wallet Cards – issued to patients on discharge and by prescribing pharmacists. Contain clear directions to the Health Navigator website where they can find clear and reliable information around the medications they are prescribed.
- i3 are working on infographics in participation with Health Navigator to support understanding of medications
- Auckland DHB has received ethics approval for a new regional training programme for pharmacists to support effective communication with patients.
- Regional Medication –Patient Experience meetings will recommence from August.

2.0 Friends and Family Test

2.1 Friends & Family Test Overall Results – Adult Survey

In June, the Net Promoter Score (NPS) was 76 with feedback from 1,165 people. ‘Welcoming and friendly’ and ‘treated with compassion’ remain our highest scoring measures with both achieving 86 in June. ‘Explaining things in a way that is understood’ has again scored well, maintaining the previous months high score of 83.

2.2 Friends & Family Test Overall Results

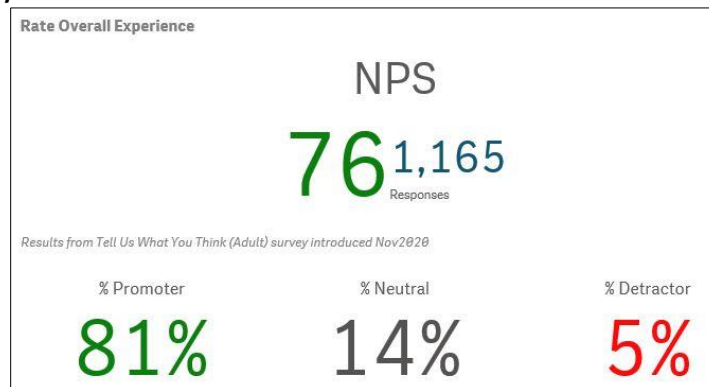
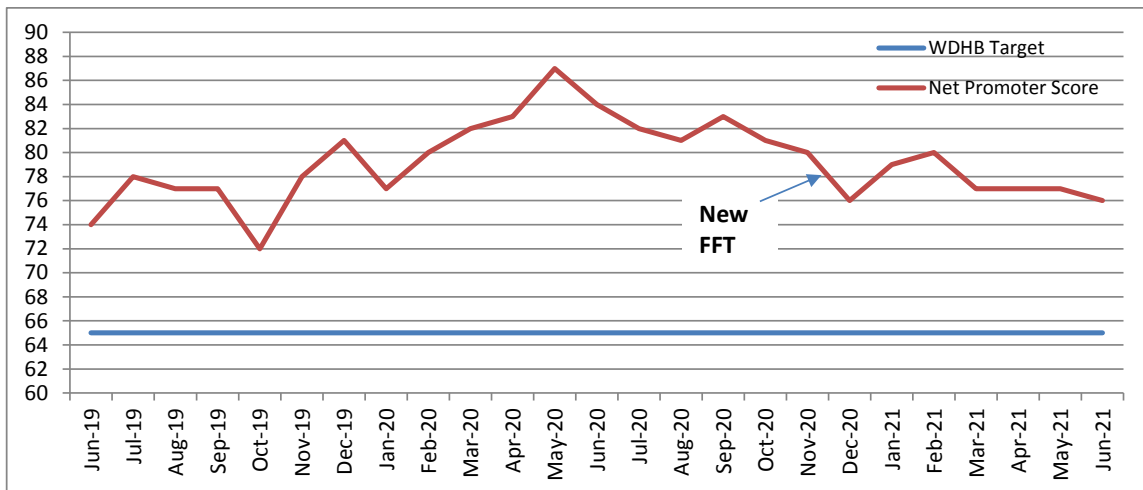


Figure 1: Waitematā DHB overall NPS

Pt Experience by Service								
Month & Year	Surveys	Rate Overall Experience	Welcoming and Friendly	Listened To	Treated with Compassion	Involved in Decision Making	Explained in a Way I Understood	
Totals	1,165	76	86	81	86	72	83	
Jun-2021	1,165	76	86	81	86	72	83	

Table 1: Waitematā DHB overall FFT results



Graph 2: Waitemata DHB Net Promoter Score over time

Above the net promoter score over the last two years is shown. The NPS has been trending down since its peak in May 2020, however overall the number of detractors continues to be between 3-5%. Average NPS over the last 2 years is 79, well above the target of 65. A new Friends and Family Test was introduced in November changing the question from ‘based on your experience would you recommend’ to a general question asking about their overall experience. The scale was also changed from a five point scale to a more sensitive 11 point scale. (See appendix A for NPS calculation example)

2.3 Total Responses and NPS to Friends and Family Test by ethnicity

	NZ European	Māori	Asian	Pacific	Other/ European
June 2021					
Responses	650	85	112	105	213
NPS	73	88	77	81	75

Table 2: NPS by ethnicity

All ethnicities exceeded the Waitematā DHB NPS target of 65. Māori achieved the highest NPS score of 88.

	NZ European	Māori	Asian	Pacific	Other/ European
June 2021					
Staff were welcoming and friendly	84	91	90	91	85
I was listened to	79	90	82	87	81
I was treated with compassion	84	93	87	87	85
I was involved in decision making	69	74	78	85	70
My condition/treatment was explained in a way that I understood	80	91	90	91	80

Table 3: NPS for all questions by ethnicity

This month, all measures score at or above the DHB target. Māori achieved its highest scores to date for ‘treated with compassion’, ‘explained in a way I understood’ and ‘listened to’ achieving scores of 93, 91 and 90 respectively. Pacific also enjoyed its highest score to date for ‘explained in a way I understood’ with an impressive score of 91.

3.0 Māori Patient & Whānau Experience Update

Focus for the month: Cultural Supervision

The month of June included some activities and discussions which has highlighted an equity gap in the space of workforce development. On discussion with a number of Māori staff, it became evident that there is a lack of structure

and provision for Cultural supervision across professional groups such as those in Nursing and Allied Health. Clinical competence is not attained without the inclusion of cultural contribution or fluency in practice. To support achievement of best outcomes for whānau Māori, cultural development of workforce by way of supporting and developing safe cultural practice is paramount. Difficulty of identifying who our Waitematā DHB cultural supervisors are and ensuring dedicated time to access cultural support (particular for Māori staff) are components to be further looked into to support strengthening in this area for the DHB and the experiences our Māori patients have in particular of our workforce.

4.0 Volunteers

4.1 Volunteer Recruitment Statistics

Volunteer numbers have increased by twenty three compared to previous report. More West Lake Boys and Girls students joined the current team and more bilingual casual volunteers have been recruited.

Green Coats Volunteers (Front of House) (A)	Other allocated Volunteers (B)	Volunteers on boarded awaiting allocation (C)	Total volunteers available (D) (A) + (B) + (C) =(D)
54	142	3	199

Table 5: Volunteers Recruitment

4.2 Volunteer Highlights

Nursing Strike Support

Over 100 volunteers supported the wards during the NZNO nurses strike on 9th of June at North Shore & Waitakere Hospitals. Over half of these volunteers were non-clinical staff that had put their name forward to support patients during the time of reduced staffing on the ward. These volunteers supported patients and the ward staff with non-clinical tasks like answering call bells, delivering meals/drinks, general comfort and conversation. For many non-clinical staff it was an opportunity to experience first-hand what it was like for staff working on the frontline. For staff on the ward working during the strike they were extremely grateful for the additional support the volunteers were able to provide.

Surgical Team Caps

The surgical team invited North Shore Hospital Auxiliary to their early morning monthly breakfast and more than 20 completed surgical caps were distributed. The aim of the initiative is to improve communication among the team in theatre by enabling easier identification of who each staff member is and their role. Several more clinical staff signed up for more caps.



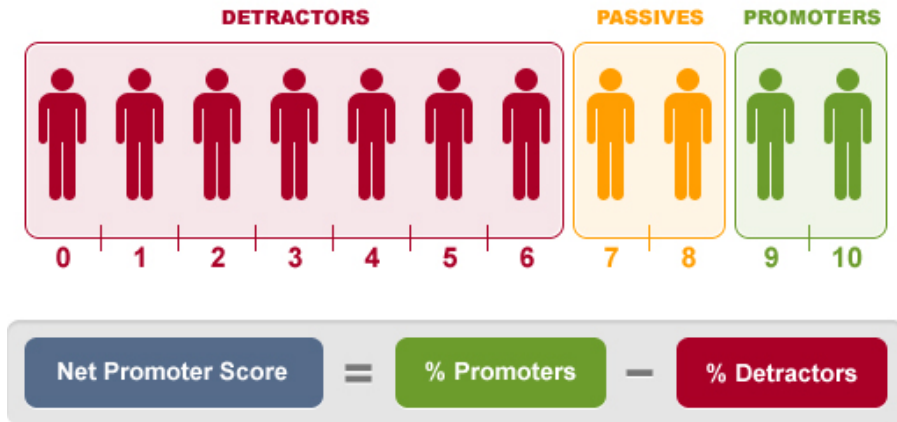
Surgical caps made by North Shore Hospital Auxiliary



Hospital Auxiliary Chair Linda with Charge Nurse Petra and Surgeon Richard

Appendix A

The Waitemata DHB Friends and Family Test asks patients to rate their overall experience between 0 to 10. 0 is the lowest score, 10 the highest. If the patient scores their overall experience between 0-6 they are classified as detractors, if the patient scores their overall experience 9 or 10 they are classified as promoters. The overall net promoter score for the organisation is then determined by subtracting the % of detractors from the % of promoters.



5. OTHER BUSINESS

5.1 Community concerns

5.2 Agenda for next meeting