



*Waitematā*

District Health Board

**Best Care for Everyone**

## **Consumer Council**

**Wednesday**

**14 October 2020**

**2:00pm – 4:00pm**

---

### **VENUE**

**Waitematā Room, Level 2,  
Whenua Pupuke Clinical Skills Centre  
North Shore Hospital Campus**

## CONSUMER COUNCIL

### 14 October 2020

Venue: Waitematā Room, Level 2, Whenua Pupuke Clinical Skills Centre North Shore Hospital Campus  
Time: 2:00pm – 4:00pm

<p><u>Consumer Council Members</u> David Lui (Council Chair) DJ Adams (Ngati Maniapoto, Ngati Kahungunu) Neli Alo Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua) Lorelle George Insik Kim Ngozi Penson Jeremiah Ramos Kaeti Rigarfsford Ravi Reddy Lorraine Symons (Te Whānau o Waipareira) Vivien Verheijen</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> Lisa Sue (Project Manager, i3) Fiona Connell (SMO, Obstetrics &amp; Gynaecology) Adelle Rongokea (Unit Manager, ARDS) Frances Cullinane (Service Delivery Manager, ARDS) Samantha Dalwood (Disability Advisor)</p> <p><u>St John New Zealand (observing)</u> Peter Loveridge - Director of Customer and Supporters Natalie Davis - Head of Brand and Customer Experience</p>
--	--

#### **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**

<b>1. AGENDA ORDER AND TIMING</b>	
<b>2. CONFIRMATION OF MINUTES</b>	
2:00pm	2. <a href="#">Confirmation of the Minutes of Meeting (02/09/20)</a> <a href="#">Actions Arising from Previous Meeting</a>
<b>3. DISCUSSION ITEMS</b>	
2:05pm	3.1 <a href="#">Informed Consent: Gynaecology Patient Information Package</a>
2:35pm	3.2 <a href="#">ARDS: Effective Communication and Community Engagement to Promote Equity in Accessing Children's Dental Services</a>
3:05pm	--- Break
3:10pm	3.3 <a href="#">Disability: General Discussion</a>
<b>4. INFORMATION ITEMS</b>	
3:40pm	4.1 <a href="#">Patient Experience Report (for noting)</a>
3:45pm	4.2 <a href="#">Recommendation Follow-up List (for noting)</a>
<b>5. ANY OTHER BUSINESS</b>	
3:50pm	5.1 Community concerns
3:55pm	5.2 Agenda for next meeting

**Waitematā District Health Board  
Consumer Council  
Member Attendance Schedule 2020-2021**

<b>NAME</b>	<b>Jul 2020</b>	<b>Sep 2020</b>	<b>Oct 2020</b>	<b>Nov 2020</b>	<b>Feb 2021</b>	<b>Mar 2021</b>	<b>May 2021</b>	<b>June 2021</b>
David Lui (Chair)	✓	✓						
DJ Adams (Deputy Chair)	✘	✓						
Neli Alo	✓	✓						
Alexa Forrest-Pain		✓						
Lorelle George	✓	✓						
Insik Kim	✓	✓						
Ngozi Penson	✓	✓						
Jeremiah Ramos	✓	✓						
Ravi Reddy	✘	✓						
Kaeti Rigarlsford	✓	✘						
Lorraine Symons	✓	✓						
Vivien Verheijen	✓	✓						
+Dale Bramley	✘	✓						
+David Price	✓	✓						

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

**WAITEMATĀ DISTRICT HEALTH BOARD  
CONSUMER COUNCIL**

**REGISTER OF INTERESTS**

<b>Board/Committee Member</b>	<b>Involvements with other organisations</b>	<b>Last Updated</b>
David Lui (Chair)	Director, Focus on Pacific Limited Board Member, Walsh Trust Chair - Board of Trustees, Henderson High School	25/08/20
DJ Adams (Deputy Chair)	No declared interest	02/09/19
Neli Alo	No declared interest	24/09/19
Alexa Forrest-Pain	No declared interest	03/07/19
Lorelle George	No declared interest	03/07/19
Insik Kim	No declared interest	03/07/19
Ngozi Penson	Board member for Neuro Connection Foundation Board member Mata of Hope NZ	14/07/20
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	No declared interest	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

## 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 2 September 2020  
Actions Arising from Previous Meeting

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

**Wednesday, 02 September 2020**

held at the Green Meeting Room, Waitakere Hospital Campus and by video conference

commencing at 2.04pm

**CONSUMER COUNCIL MEMBERS PRESENT:**

David Lui (Chair)  
DJ Adams (Ngati Maniapoto, Ngati Kahungunu)  
Neli Alo - *present by video conference*  
Alexa Forrest-Paine (Te Rūnanga o Ngāti Whātua) - *present by video conference*  
Lorelle George – *present by video conference*  
Insik Kim – *present by video conference*  
Ngozi Penson – *present by video conference*  
Jeremiah Ramos - *present by video conference*  
Lorraine Symons (Te Whānau o Waipareira) – *present by video conference*  
Vivien Verheijen – *present by video conference*

**ALSO PRESENT:**

Dr Dale Bramley (Chief Executive) - *present by video conference from 3.00pm*  
David Price (Director of Patient Experience) – *present by video conference*  
(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 received and accepted from Prof Judy McGregor and late apologies from Kaeti Rigarlsford.

**WELCOME:**

The Consumer Council Chair welcomed everyone to the meeting. The group also welcomed Alexa Forrest-Pain from to replace Boyd Broughton as representative of the DHB's MOU partner Te Rūnanga o Ngāti Whātua.

**DISCLOSURE OF INTERESTS**

There were no 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 except for Item 3.2 which was discussed before Item 3.1.

## 2 CONFIRMATION OF MINUTES

### 2.1 Confirmation of Minutes of the Consumer Council Meeting held on 22 July 2020 (Agenda pages 7-11)

**Resolution** (Moved Lorelle George / Seconded Neli Alo)

**That the Minutes of the Consumer Council Meeting held on 22 July 2020 be approved.**

**Carried**

Actions arising from previous meetings (Agenda page 12)

The update was noted and no issues were raised.

## 3 DISCUSSION ITEMS

### 3.1 Presentation: Consumer Engagement

This was discussed after Item 3.2

David Price (Director Patient Experience) gave a presentation on Consumer Engagement highlighting the following:

- Consumer Engagement Strategy and Methods
- The Health Quality and Safety Commissions Quality Safety Markers (QSM) and framework and how it has been adopted for Waitemātā with the help of the Consumer Council
- Update on work undertaken related to health literacy
- Current gaps and future plans for engagement
- Partnership with communities and organisations

Matters covered in the discussion and response to questions included:

- Noting that there is a lack of consumer advocacy group for North Shore and Rodney community (similar to Waitakere Health Link), it was suggested that the DHB looks into how to better engage with communities from these areas.
- The 'seat at the table' initiative is aimed to encourage and develop younger people interested in health board governance and could be expanded in the future to include priority group representation.
- The on-going collaborative work of various consumer council groups nationally was noted by DJ Adams.
- The Chair and the rest of the council noted the gaps and raised their concern as a result of the long-standing vacancy of the Community Engagement Manager position. The Council requested that the Planning and Funding Team look into the immediate appointment of this position.

**Resolution** (Moved David Lui / Seconded Lorelle George)

**That the Waitemātā DHB Planning and Funding Team look into the immediate appointment of a Community Engagement Manager.**



**Carried**

**3.2 Consumer Council selection, appointment and re-appointment (Agenda pages 14-16)**

This item was discussed before item 3.1

The Chair advised the Consumer Council on the resignation of Angela King. He also noted that the Council's Terms of Reference require the election of the Chair every twelve months and in view of this, the Council will need to elect a new Chair at the next meeting.

The group thanked David Lui for his work as Chair, his on-going support to the members of the council, ensuring the Council's work and meeting agendas are aligned with priorities. The members supported and moved David Lui continuing his role as Chair of the Consumer Council.

**Resolution** (Moved Ravi Reddy / Seconded Vivien Verheijen)

**The re-appointment of David Lui as Chair of the Consumer Council.**

**Carried**

David Lui thanked the members for their support and moved that the group also appoints a Deputy Chair. The Chair nominated DJ Adams for the role in view of his work representing Waitematā DHB's Consumer Council on QSM markers and his commitment to the work of the Council.

**Resolution** (Moved David Lui / Seconded Neli Alo)

**The appointment of DJ Adams as Deputy Chair of the Consumer Council.**

**Carried**

Due to time constraints, the discussion of the paper was deferred for the following meeting. The Council also noted that the following will be considered/included in the next agenda:

- Discussion on succession planning
- Selection, appointment and re-appointment process of other DHBs

**3.3 Presentation: Facilities update**

*3.00pm Dr Dale Bramley joined the meeting by video conference*

Matthew Knight (Project Manager) joined by video conference and gave a presentation on current and planned projects around Waitematā DHB (excluding capital programme and maintenance projects) including projects aimed at improving patient experience such as the Special Care Baby Unit at Waitakere Hospital, replacement of roof, primary birthing unit and landscaping works.

Matters covered in the discussion and response to questions included:

- Consumer input sought on projects from various clinical and non-clinical users, community groups (including disability) in particular for the design of communal areas.
- Design input was also sought through the Community Engagement Manager, however there is a current gap as this position is vacant.
- Highlighting the importance of consumer input at the early stages of the design, the Council noted the need for a robust and established process to be put in place to secure feedback from consumers. This could be through securing general inputs from consumers or via the Consumer Council.

The Consumer Council thanked Matthew for his time.

*Session went on break 3.18-3.25pm*

*David Price retired from meeting at 3.19pm*

### **3.4 Telehealth (Agenda pages 17-22)**

Kelly Bohot (Care Redesign Programme Lead) and David Grayson (ORL Doctor) joined the meeting by video conference.

Matters covered in the discussion and responses to questions included:

- Statistics on the percentage of telehealth users that also used interpreting services were provided. It was noted that a higher portion (14%) of those who use the telephone used interpreting services compared with 0.2% of those who used video.
- While use of video provides a better outcome, the use of telephone is accessible and easier for others. Users note positive experience with the service.
- Recognising the need for a robust booking process, the team has completed a process mapping and have identified challenges. There is current challenge with respect to the booking of interpreters as the booking process is in English.
- The team is currently looking into further encouraging the use of videos as could provide better outcome. Recommendations from the Council included more system integration, using cloud-based systems and/or integrating systems in a mobile device instead of a computer. Patient outcome and preference should be a priority consideration.
- The Council also provided suggestions on the collection of validated emails. These include sending of opt in email, sending letters by post, securing email addresses from e-referrals, calling patients, establishing a process where results will be emailed to the patient and registering emails when connecting to the free Wi-Fi spots in the DHB premises. As there are some people who may not be technologically adept, family members could also be considered subject to privacy regulations. The importance and advantages of providing a valid email address should be highlighted when communicating to patients.

*Lorraine Symons and Neli Alo retired from the meeting at 4.01pm*

#### **4 INFORMATION ITEM**

##### **4.1 Patient Experience Report (Agenda pages 27-28)**

The report was noted.

#### **5 OTHER BUSINESS**

##### **Agenda for the next meeting and Community Concerns**

Due to the meeting running over the time, Chair asked the members to email him should there be community concerns and topics they would like to be included in the next agenda.

##### **Consumer Council Sub-group for facilities**

Dr Dale Bramley provided some general notes related to facilities noting the value of consumer input on projects and how this could be incorporated in the process. It could be a work of 'sub-group' of the Consumer Council. An initial focus could be for projects that will directly benefit patient experience such as whānau accommodation and the marae. An update will be provided to the Council in a future meeting.

The Chair thanked the members and attendees for their time.

The meeting adjourned at 4.10pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 2 SEPTEMBER 2020.

\_\_\_\_\_  
CHAIR

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE  
CONSUMER COUNCIL AS AT 6 OCTOBER 2020**

<b>Minutes ref.</b>	<b>Topic</b>	<b>Person responsible</b>	<b>Action / Status</b>
10/06/20	Provide additional information on the DHB's work around Choosing Wisely Campaign (service redesign and equity)	Penny Andrew	- To be scheduled in a future meeting
02/09/20	It was suggested that the DHB looks into how to better engage with communities from North Shore and Rodney in view of the lack of consumer advocacy group (similar to Waitakere Health Link) for these areas	David Price	- Noted for consideration
	Selection, appointment and re-appointment process of other DHBs	David Price	- This will be presented in the meeting of the Consumer Council on 25 November 2020.
	To incorporate a process for securing consumer input on facilities and capital projects that will directly benefit patient experience	David Price /Matthew Knight	- Noted for consideration

### **3. DISCUSSION ITEMS**

- 3.1 Informed Consent: Gynaecology Patient Information Package
- 3.2 ARDS: Effective Communication and Community Engagement to Promote Equity in Accessing Children's Dental Services
- 3.3 Disability: General Discussion

### 3.1 Informed Consent – Gynaecology Patient Information Package

#### Recommendations:

The recommendations are that you:

- Review the following Background paper
- Review the 2.5 minute video from the link <https://vimeo.com/446050653>
- Consider the proposed plans for the patient information package following a powerpoint presentation (at the meeting) and endorse next steps

#### Background

##### Informed Consent Project

Waitematā DHB has undertaken considerable work to improve the informed consent process. This includes a full policy review, documentation review and revising education processes. In August and September 2019, the informed consent project group engaged with the Consumer Council as part of the Agreement to Treatment / Consent Form review. An outcome was the recommendation to enhance the patient information materials to better support the informed consent process.

##### Gynaecology Patient Information Project

The Patient Information Project formed as a result of the recommendation. The aim was for elective surgery patients to be fully informed and understand the consenting process before the day of surgery. The focus was refined to Gynaecology services, with a view to develop a patient information package template that could be scaled across other surgical specialities.

The information provided to patients and supporting materials, such as The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) leaflets were reviewed. A listening session was completed through patient interviews to understand what patients thought about the current information provided. Twenty patients who had one of the five common gynaecology procedures were interviewed at random. From the interviews, 13 patients had a positive experience and felt well informed. However, seven patients (35% interviewed) felt they would have liked more information to manage their surgical expectations. Particularly:

- The opportunity for further information  
“...felt none the wiser after appointment...”
- The information given to be useful and relevant  
“Was given pamphlets which were fine but not that useful”
- Given information so there are no unexpected processes  
“I didn’t expect the day of surgery to be so long, [it was a] very early morning, wasn’t prepared for that”

The working group agreed to work on a digital patient information package of care. This includes a video series covering the different themes along the patient journey, a webpage, and PDF printable written information leaflets. The idea of a digital package was to future proof the distribution of this information, with future opportunities to provide this information in digital posts with surgical appointment reminders. The ability to print information will aid situations

where access to digital resources may become a barrier.

A draft video script and video prototype (<https://vimeo.com/446050653>) was developed. An independent consumer review group (Waitākere Health Link) was engaged to provide feedback with a view for the Consumer Council to provide governance on decisions.

The feedback that was sought:

- For the draft video script: Feedback on the proposed information (quantity and quality), language use (for comprehension) and any other recommendations.
- For the video prototype: Feedback understanding what approach is suitable for the visualisation of content in the video script.
- For the written information: To understand if current leaflets are satisfactory or whether we need to invest in making our own local leaflets (a WDHB example from another service was provided to this group to compare).

It is acknowledged that COVID-19 Alert Levels 3 and 2 restrictions have meant Waitākere Health Link was unable to hold their in person meeting and provide a collective response. A few individual responses from members of the group were submitted back to the project group to review.

Following consultation, it was agreed to make amendments in the video script to incorporate feedback and to propose the video to be produced with a combination of visual approaches utilising static imagery, infographics, cartoons, and subtitles and texts. Feedback indicated the content in current information leaflets were adequate but, identified the value of producing local information leaflets, particularly with clear and easy to read language and including a section for writing individualised advice during an appointment.

#### **Consumer Council Involvement**

We are seeking 30 minutes of Consumer Council time to present an update on patient information development process. Particularly, the video script and prototype development process and to propose our plans for the next stage of development. We request the endorsement of the proposed approach to visualise our video series and to create our own locally written leaflets that complement the video series and incorporate consumer feedback from Waitākere Health Link group.

#### **Key Questions**

After our short presentation providing an overview of our planned approach,

- Does the Consumer Council support the approach proposed to visualise the video script?
- Does the Consumer Council support the decision to create local written information?

#### **Contacts for further discussion (if required)**

<b>Name</b>	<b>Position</b>	<b>Suggested first contact</b>
<b>Lisa Sue</b>	<b>Project Manager</b>	✓
<b>Dr Fiona Connell</b>	<b>Consultant, Gynaecology</b>	
<b>Dr Morgan Edwards</b>	<b>Consultant, Anaesthesia</b>	

### 3.2 Discussion: Auckland Regional Dental Service (ARDS) Effective Communication and Community Engagement to Promote Equity in Accessing Children’s Dental Services

#### Recommendations:

The recommendations are that you:

- a. Consider options for effectively communicating/engaging with our varying community groups in order for ARDS to provide a dental service that meets the needs of children in an equitable manner.
- b. Discuss communication strategies/options that would be better received by communities regarding ARDS recovery model/service delivery with an equity focus.
- c. Discuss ways in which to effectively engage with our Māori and Pasifika whānau to promote child oral health and improve attendance.

#### Background

Auckland Regional Dental Service (ARDS) provides free dental care to all eligible children from birth through to the end of Year 8 in schools across the metropolitan Auckland area. ARDS is predominantly a school based service where the majority of appointments are attended by children directly from their school, and often without a parent/caregiver in attendance. Recall timeframes for children requiring routine examinations is based on their individual clinical risk assessment and can be at 6, 12 or 18 month intervals. The model of dental care provided for children is based on a preventative model to reduce decay rates – especially in our most vulnerable ethnic groups. Restorative treatment (fillings, crowns) is also provided to those with identified decay.

The COVID-19 pandemic this year has significantly impacted dental services across the nation. Due to the high risk involved in many dental procedures in this COVID environment, all routine dental procedures were ceased during National Alert Levels 3 and 4, based on advice from the Dental Council of New Zealand (DCNZ) and the Ministry of Health (MOH). During these lockdown periods dental services were only able to provide a medical model of care whereby the first line of treatment was to offer antibiotics to treat dental infections, with the option then of extractions if the antibiotic treatment was not successful. The impact of this and the cancelling of thousands of appointments has meant ARDS is now faced with a significant volume of children requiring dental treatment who had previously been identified, and many children now overdue their routine dental examinations.

Following both COVID-19 lockdown periods, ARDS implemented a recovery plan in order to provide care to patients of service identified priority groups – i.e. those already identified as requiring treatment, those most overdue, and those who may be experiencing dental pain. An equity focus has also been applied in the recovery plan whereby resources (staff and facilities) have been temporarily relocated to communities where the highest needs have been identified. Communications have been provided to schools and preschools to share with their families to inform our communities of our service provision throughout the varying alert levels and to advise that routine dental appointments will be delayed. The same communication has been updated on the ARDS website throughout the varying level changes.

#### Key Issues

Amongst the COVID-19 environment our two key issues, or areas of concern, is in effectively communicating and seeking engagement with our families/whānau with our service, with the ability to still provide an equitable dental service for children across the region.



**Contacts for further discussion (if required)**

<b>Name</b>	<b>Position</b>	<b>Telephone</b>	<b>Suggested first contact</b>
<b>Patsy Prior</b>	<b>Operations Manager</b>		
<b>Adelle Rongokea</b>	<b>Unit Manager</b>		✓
<b>Frances Cullinane</b>	<b>Service Delivery Manager</b>		

### 3.3 Disability – General Discussion

#### Recommendations:

The recommendations are that you:

- a) Read the attached reports – Disability Strategy Implementation Plan Progress Report August 2020 and Accessibility Tick Action Plan Progress Update August 2020 for an overview of current work.
- b) Think about the question at the end of each topic to discuss further key (underway and future) initiatives to contribute to improving the experience and health outcomes of disabled patients, visitors, whānau and family.

#### Background

The Council has identified disability as one of their work focus for the next three years, in particular:

- Staff training
- Unconscious bias
- Reading platforms to ensure documents/website are accessible to those with vision impairments
- Access to buildings/facilities

I will outline the work that is being done in each area and key issues to be addressed to drive the work forward.

Please note that there is disability inclusion work being done in additional areas, as indicated in my progress reports, but I will comment specifically on the four areas that the Consumer Council is focussed on.

#### Key Issues

##### 1. Staff Training -

Waitematā DHB has a Disability Responsiveness e-Learning module that is available to all staff. The training, which was developed by WDHB's Disability Advisor, is currently being used in seven DHBs across New Zealand. It is a short course, taking about 30 minutes to complete and has a practical focus. The two 'take home' messages are 'Don't Assume' and 'Ask' – don't make assumptions about disabled people, what they are able to do or what they want, and ask them. If they have communication difficulties, ask their support person or family member.

As Accessibility Tick members, we are able to access a number of training sessions each year. This year we are running two sessions – Accessible and Inclusive Recruitment & Selection and An Employer's Story. Accessible and Inclusive Recruitment is for the Recruitment Team and Hiring Managers. This course is for participants to gain an understanding of hiring people with disabilities. Participants will be given practical guidelines from creating a job description through to on-boarding and retention of disabled staff. An Employers Story is for all WDHB staff and is a

presentation designed to introduce the audience as to the possibilities and benefits of employing disabled people. It is delivered by Selwyn Cook, who has been an employer of over 100 disabled people. As a leading example in employment of disabled people, Selwyn was recognised as the 2016 New Zealander of the Year – Local Hero winner. As he says, “It’s not about being ‘nice’ - it’s about making a smart business decision”.

The Disability Advisor is able to offer staff training to individual teams or on different aspects of disability and inclusion. For example, she has worked with ARDS (Auckland Regional Dental Service) delivering training across the service on working with people with Autistic Spectrum Disorder (ASD). She has completed sessions with the Facilities Team on Universal Design and inclusion, and has brought in an external expert for a more detailed training with the team.

The Disability Advisor is also feeding into projects and service development. This is an opportunity to educate staff on many different aspects of inclusion and challenge bias, both conscious and unconscious.

**Question:** Should the Disability Responsiveness e-Learning be mandatory for all staff?  
What other training would you like to see available?

## **2. Unconscious Bias –**

The DHB offer access to the Health Quality & Safety Commission’s e-Learning training on Understanding Bias in Health Care. These three video learning modules on bias have been developed for people working in the health care sector who engage directly with consumers or who influence the way health organisations are managed. The modules are an introduction to bias in health care. These modules encourage health professionals to examine their biases and how they affect the health care they provide, their interactions with consumers, and therefore their health outcomes.

**Question:** What would you like to see included as part of the DHB’s unconscious bias work?

## **3. Reading platforms to ensure accessibility –**

Accessible information and communications allow disabled people to participate and contribute on an equal basis with non-disabled people. Accessibility is the measure of how easily people can access and engage with information and communications.

To be accessible, information and communications is provided in formats and languages that disabled people can access independently, without relying on other people, and is compatible with assistive technology, such as computer screen readers (known as alternate formats). Essentially, it’s free of barriers.

Information and communications include any printed or online information in pamphlets, brochures, websites, online applications, forms or ways that people access and engage with information and services.

Having accessible information and communications recognises the diversity of our audiences. It considers alternate formats (e.g. Easy Read, large print, braille, audio, website, face-to-face and languages, such as New Zealand Sign Language [NZSL] and te reo Māori, and other languages that

reflect the audience).

The trend towards a digital society provides users with new ways of accessing information and services. Government agencies rely increasingly on the internet to produce, collect and provide a wide range of information and services online that are essential to the public.

Health Literacy work at WDHB has identified that it would be beneficial to produce information in more formats. The new website is a great opportunity to make information available on-line and to develop accessible formats of forms, brochures, etc. Another exciting initiative is that WDHB has employed a New Zealand Sign Language interpreter. The role is initially for six months. This is a great opportunity to raise awareness, make connections and create some resources. We are also starting to see an awareness of the need for information in Easy Read.

**Question** – How do we ensure information is accessible to everyone? How do we make this ‘business as usual’ for the organisation?

#### **4. Access to buildings / facilities –**

Both WDHB hospitals are on difficult sites, particularly North Shore with its slope up to the main entrance. The DHB would acknowledge that, while there is basic access across the sites, it could be better. New buildings are a great opportunity to get it right.

I have done training sessions with the Facilities Team on Universal Design and inclusion, and have brought in an external expert for a more detailed training on access. I give advice on both renovations and new builds, particularly Tōtara Haumarū at the moment.

One particular area of interest in Tōtara Haumarū is the possibility of have a Changing Places toilet installed. <http://www.changingplaces.org.nz/Home.htm> For some people a standard accessible toilet is usually enough, but there are times when they need extra facilities. There are currently only two Changing Places toilets in New Zealand. This would be the third, and the first in any DHB Facility.

**Question** – Are there particular aspects of access to buildings that you would like to focus on?

#### **Contacts for further discussion (if required)**

<b>Name</b>	<b>Position</b>	<b>Telephone</b>	<b>Suggested first contact</b>
<b>Samantha Dalwood</b>	<b>Disability Advisor</b>	<b>021 221 7810</b>	✓




Waitematā DHB, Auckland DHB  
and Counties Manukau Health  
are fully inclusive

Please note: This document is updated for each DiSAC meeting to report updates or new work since the previous meeting.

## Waitematā District Health Board Implementation of the New Zealand Disability Strategy 2016-2026

*Current Status at 1 August 2020*

				
<b>Outcome 2: employment &amp; economic security</b>	<b>Outcome 3: health &amp; wellbeing</b>	<b>Outcome 5: accessibility</b>	<b>Outcome 6: attitudes</b>	<b>Outcome 7: choice &amp; control</b>
<i>We have security in our economic situation and can achieve our potential</i>	<i>We have the highest attainable standards of health and wellbeing.</i>	<i>We access all places, services and information with ease and dignity.</i>	<i>We are treated with dignity and respect.</i>	<i>We have choice and control over our lives.</i>



## Outcome 2: Employment & Economic Security

*We have security in our economic situation and can achieve our potential*

### Current Status at 1 August 2020

<b>What</b> we will do... actions	<b>Where</b> we are now...current status
1. Increase the number of disabled people into paid employment.	<p><b>August 2020</b> - Recruitment process accessibility barriers identified and supportive processes implemented.</p> <p>Supportive Employment Consultant working with supported employment agencies, and recruitment to support disabled people into roles at Waitematā DHB.</p> <p>Retention of Disabled Staff policy has been updated.</p>
2. Increase the confidence of Hiring Managers to recruit disabled people.	<p><b>August 2020</b> – Accessibility Tick training booked for October 2020.</p> <ol style="list-style-type: none"> <li>1. An Employer’s Story – Selwyn Cook, 2016 NZer of the Year Selwyn Cook has employed over 100 people with disabilities. His presentation focuses on the benefits of employing disabled people. This will be a Zoom presentation and available to all staff.</li> <li>2. Practical employment guidelines for hiring people with disabilities from creating a job description through to on-boarding and retention. This is classroom based training for HR and Recruitment Teams.</li> </ol>
3. Record the number of staff with impairments working for the DHB.	<b>Ongoing</b>
4. Ensure DHB Diversity & Equality work includes disabled people.	
5. Awarded the Accessibility Tick.	<p><b>August 2020</b> – Waitematā DHB has completed two quarterly reviews since becoming a member and is showing our commitment to inclusion by the work that we are doing. The next review is due in August. Work will now begin on the 2021/22 Accessibility Tick Action Plan. The Steering Committee meets quarterly and we are currently recruiting a disabled staff member to join.</p>



### Outcome 3: Health & Wellbeing

*We have the highest attainable standards of health and wellbeing*

#### Current Status at 1 August 2020

<b>What</b> we will do... actions	<b>Where</b> we are now...current status
5. Improve the health outcomes of disabled people.	<b>August 2020</b> – work is being done to look at the way that disability is recorded in our alert system. The alert system could be improved and could make a real difference to the experiences of disabled people. Capital & Coast DHB are one year into a project reviewing and making recommendations on their alert system across the three Wellington region DHBs – Capital & Coast, Hutt Valley & Wairarapa. They have kindly shared their findings with us and these have been given to i3 to scope what a project could look like.
6. Robust data and evidence to inform decision making.	<b>August 2020</b> – The Director of Funding has written to Adri Asbister, DDG-Disability requesting access to data on people accessing services through Taikura Trust (NASC). This will enable us to gather accurate data and to complete a Health Needs Assessment about disabled people in our DHB. We are aware that this will not capture information about all disabled people in our DHB, but will be a great starting point.
7. Barrier free and inclusive access to health services.	<b>August 2020</b> – Work is being done to look at the booking of appointments. Currently, patients are offered to book by phone only, which doesn't work for Deaf people or people that prefer to text or email. Also working with the PSO (Projects Office) asking them to include accessibility as part of the criteria for each project.
8. Increased understanding of the support needs of people with learning disabilities.	<b>August 2020</b> – Disability Advisor has met with Henrietta Trip from Otago University to discuss the work that she does leading a group of nurses focusing on working with people with learning/intellectual disabilities. We have also met with the Director of Nursing at IDEA Services and the Quality Manager at Creative Abilities to discuss how we can support people with learning disabilities better.
9. Better understanding of the needs of Deaf people. This includes access to interpreters, information available in NZSL and knowledge of Deaf culture.	<b>August 2020</b> – We are currently recruiting for an NZ Sign Language interpreter to join the DHB Interpreting Service. Initially this is a six month contract. As well as interpreting for patients, the role will develop NZSL resources and videos. Longer term work may include cultural support for Deaf patients and staff training.
10. Better support for young people moving from child to adult health.	<b>August 2020</b> - Waitematā DHB has a project to improve the experience of young, disabled people transitioning from Child Health into adult health services. Work includes: identifying transition work that has already been undertaken within the Child Women and Family (CWF) division, identifying WDHB work that feeds in to this pathway, Co-designing a new pathway informed by current literature and whānau experience and trialling the new pathway.



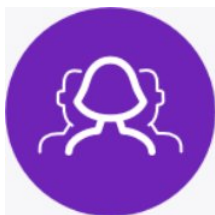
## Outcome 5: Accessibility

*We access all places, services and information with ease and dignity*

**Current Status at 1 August 2020**

<b>What</b> we will do... actions	<b>Where</b> we are now...current status
11. Barrier free and inclusive access to health services.	<b>August 2020</b> – exploring the possibility of a Changing Places toilet in Totara Humaru. This would be the third such toilet in NZ and the first one in a DHB building. <a href="http://www.changingplaces.org.nz/Home.htm">http://www.changingplaces.org.nz/Home.htm</a>
12. The principles of universal design and the needs of disabled people are understood and taken into account.	<b>February 2020</b> – staff training given to Waitematā DHB Facilities Project Managers on accessibility and universal design <b>August 2020</b> – Worked with AUT Design Master’s students looking at the Auckland Regional Dental Service (ARDS) and ward design to ensure accessibility is considered as part of their work.
13. Improve & increase accessible information across the DHB.	<b>Ongoing</b>
14. Information available in different formats, eg. Easy Read	<b>Ongoing</b>
15. Ensure physical access to DHB buildings and services, including signage and way finding.	<b>August 2020</b> – focus on the accessibility of Totara Haumaruru from patient and visitor perspective. This includes access to get to the building, to get inside the building and to move within the building.





## Outcome 6: Attitudes

*We are treated with dignity and respect.*

**Current Status at 1 August 2020**

<b>What</b> we will do... actions	<b>Where</b> we are now...current status
16. All health and well-being professionals treat disabled people with dignity and respect.	<b>August 2020</b> - Waitemata DHB have updated the Disability & Accessibility page on the staff intranet site. This has lots of useful information and links to the e-Learning Disability Responsiveness training. Staff are encouraged to complete the training.
17. Disabled people and their families respected as the experts in themselves.	
18. Provide a range of disability responsiveness training.	
19. Promote the Disability Awareness e-Learning module to all staff across the DHBs.	<b>August 2020</b> – the e-Learning module is mandatory at Counties Manukau Health. The RDiSAC Committee previously discussed if a recommendation should be made that this training is mandatory across the three Auckland DHBs.
20. Ensure disabled people are able to access supports that they need in hospital.	<b>August 2020</b> – The Alerts project work will support this (see item 5 above).
21. Increase cultural awareness of disability.	<b>August 2020</b> – We are currently recruiting for an NZ Sign Language interpreter to join the DHB Interpreting Service. Initially this is a six month contract. As well as interpreting for patients, the role will develop NZSL resources and videos. Longer term work may include cultural support for Deaf patients and staff training.



## Outcome 7: Choice & Control

*We have choice and control over our lives.*

### Current Status at 1 August 2020

<b>What</b> we will do... actions	<b>Where</b> we are now...current status
22. Engage regularly with the disability sector and community.	<b>August 2020</b> – The Health & Wellness Group still meets bi-monthly at CCS Disability Action to hear from disabled people. Meet regularly with NZDSN (New Zealand Disability Support Network) for service provider perspective. Good on-line networks of disability community and disability sector for input into specific pieces of work.
23. Ensure a diverse range of disabled people are identified as stakeholders.	
24. Ensure the voice of disabled people from the community is included.	<b>August 2020</b> – At the November 2019 RDiSAC, it was decided to recommend to each Board that they sign off an agreement for a community representative from each District to sit on Metro-Auckland DiSAC. The Director of Patient Experience will lead this work with support from the Disability Advisor.
25. Enable supported decision making and informed consent.	
26. Ensure services are responsive to disabled people and provide choice and flexibility.	
27. Improve access to screening services for disabled people.	
28. Continue the implementation of the Health Passport across both DHBs.	<b>August 2020</b> – Capital & Coast DHB are launching the updated Health Passport on 3 August. The content has been refreshed to ensure it remains fit for purpose both consumers and service providers, and it has been re-named “My Health Passport”. Samantha Dalwood is acknowledged for her work in developing the original Health Passport on 2011.



# Accessibility Tick: Action Plan

2019-2020

## Progress Update – August 2020

## Our Patients

*“We strive to make it easy for our patients and visitors to interact with us. To do this we want to lead the way with digital accessibility and ensure our products, services, facilities and buildings are inclusive of people with a disability.”*

David Price, Director of Patient Experience

## Our Five Year Objective (By 2022)

Our services and buildings will be accessible for our patients, staff and the wider community.

Actions 2019-2020	When	Progress Update
A commitment to create alternative formats of marketing and communications material, including electronic, Easy Read and NZ Sign Language.	2020	Employing an NZSL Interpreter to work with patients and to create NZSL information.
Complete Annual accessibility audits of the physical environments as well as after any changes to the environment.	Ongoing	
Engage experts in accessibility environments before designing new physical spaces to ensure accessibility needs are met.	2020	Advocating for a ‘Changing Places’ toilet in the new build. Education of needs of disabled people and their families.
Encourage all staff to complete Disability Responsiveness e-Learning modules.	2020	Pushing for training to be mandatory, at least for all new staff. Being discussed at DiSAC meetings.
Conduct an audit of our website and intranet to determine if it is accessible and identify accessibility gaps.	2020	Work has started on this, but is currently on hold.

## Our People

*“At Waitematā DHB, we’re always working towards an inclusive culture, so that our people thrive and differences are celebrated. We are committed to the wellbeing of our people, and supporting them by considering accessibility needs in everything we do.”*

Fiona McCarthy, Director of Human Resources

## Our Five Year Objective (By 2022)

Build an inclusive culture through an appreciation of difference.

Actions 2019-2020	When	Progress Update
Deliver Disability Confidence and unconscious bias training to the Recruitment team and Hiring Managers.	2020	Training to be delivered in October 2020.
Establish an Accessibility page on the intranet.	2020	Completed
Establish an employee accessibility network within WDHB.	2020	Disabled staff member joining Accessibility Tick Steering Group in Sept.
Encourage all staff to complete Disability Responsiveness e-Learning modules.	2020	Pushing for training to be mandatory, at least for all new staff. Being discussed at DiSAC.
Update and amend relevant policies to increase awareness of accessibility and inclusion.	2020	
Complete an accessibility review of our online recruitment process.	2020	Review completed. Waiting budget to complete changes.
Amend recruitment policy to add asking about access needs when inviting candidates to interview.	2020	Completed
Amend policies to ensure reasonable accommodation and workplace adjustments are met.	2020	Completed
Provide information to managers to support employees’ mental health.	2020	Completed

## Our Community

Advocating for those with accessibility needs extends beyond our employees and patients. We want to have an impact in the communities we support and are committed to sharing our expertise so that others can learn and benefit.

### Our Five Year Objective (By 2022)

Contribute to creating inclusive communities through accessibility.

Actions 2019-2020	When	Progress Update
Improve understanding of accessibility with Waitematā DHB partners and suppliers.	2020	
Actively seek information on the accessibility and inclusion practices of suppliers.	2020	

## **4. INFORMATION ITEMS**

- 4.1 Patient Experience Report
- 4.2 Recommendations Follow-up List

# Patient Experience Report

AUGUST 2020



## BACKGROUND

The Patient Experience Team supports the organisation by collecting, listening to and analysing patient, whānau, staff and community feedback to provide a better understanding of what matters to our diverse community. This informs organisational strategic direction and highlights local service improvements to enhance the patient experience and achieve better health outcomes for our community. The Patient and Whānau Centred Care Standards Programme, Chaplaincy Services and the Asian Health Services Team are also supported within the Patient Experience Team.

## KEY STATISTICS – AUGUST 2020

**NPS 81**

Continues to score well above target

**NPS Target 65**

**762**  
responses

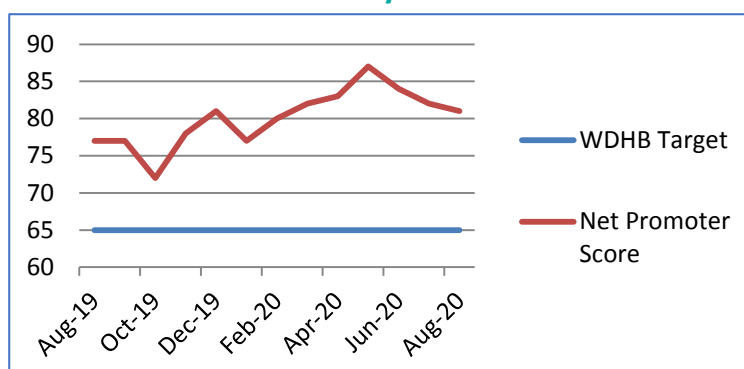
**NPS 89**  
'Welcoming & Friendly'  
Strongest performer

**NPS 72**  
Māori patients and whānau

### Net Promoter Scores (NPS) by ward /service

Exceptional NPS	Location	NPS
Ward 8	NSH	100
Rangatira	WTH	100
Cullen Ward (ESC)	NSH	100
Low NPS	Location	NPS
Huia	WTH	62

### Monthly NPS score



### NPS Scores by ethnicity

August 2020	NZ European	Māori	Overall Asian	Overall Pacific	Other/ European
Responses	464	72	75	33	176
NPS	81	72	87	82	79

## Highlights

- Endorsement of new Friends & Family Test feedback questions and scale – to be rolled out November 2<sup>nd</sup> (see next page for detail of new questions).
- Recruitment of a permanent NZ Sign Language Interpreter.
- Hospital Auxiliary volunteers making and donating fabric face masks for patients and staff.
- Working with Emergency Department staff to promote 'Kia ora' as greeting for all patients on arrival to the department.

## Areas for improvement

1. Not feeling listened to
2. Car parking
3. Food
4. Long wait times



# Patient Experience Report

MAY 2020

## Feedback

*“Fantastic staff. Nothing is too much trouble no matter how busy. Also very glad to see how sensitive to other cultures staff are.”*



**Ward 3, NSH**

*“The loving care, the laughter – the times that lift your spirits especially when down, the caring doctors you could talk to and other departments care from xrays to physio, thank you.”*

**Muriwai Ward, WTH**

*“Doctors listened to all my concerns.”*  
**Paediatric Outpatient Clinic, NSH**

## Tell us what you think

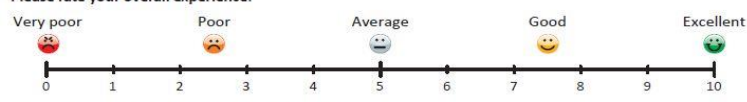



The staff were welcoming and friendly	0 1 2 3 4 5 6 7 8 9 10
I was treated with compassion	0 1 2 3 4 5 6 7 8 9 10
I was listened to	0 1 2 3 4 5 6 7 8 9 10
I was involved in decision making	0 1 2 3 4 5 6 7 8 9 10
My condition/treatment was explained in a way that I understood	0 1 2 3 4 5 6 7 8 9 10

**Front of new Friends & Family Test**

Please rate your overall experience:

Very poor
Poor
Average
Good
Excellent



Please tell us the main reason you gave that score

.....

.....

Are you a patient?  Yes  No, I am a family member/friend

How old are you: ..... Ward/service: .....

Please Specify your gender:  Male  Female  Gender diverse

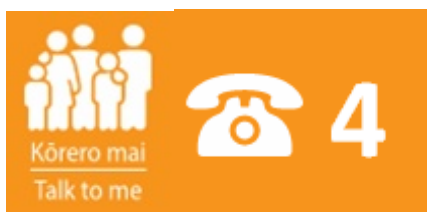
Ethnicity:

New Zealand European
 Māori
 Cook Island Māori
 Samoan

Tongan
 Niuean
 Chinese
 Indian
 Others .....

**Back of new Friends and Family Test**

## Kōrero Mai Calls in August




### Reasons for calls:

1. Communication
2. Cultural reasons
3. Psychosocial support
4. Nursing Care

## **4.2 Information Item: Recommendations Follow-up List**

Updates on the recommendations from the Consumer Council are attached.

**Waitematā District Health Board Consumer Council  
Recommendations Tracker**

Meeting Date	Agenda Item/Discussion	Responsible Officer	Expected Report Back	Update
14 August 2019	<p>Informed Consent</p> <ul style="list-style-type: none"> <li>• Reviewing the process and timing of providing consent forms, noting that some patients will appreciate more time given, to consider their options</li> <li>• Format should include Braille, a version printed in native language and considering religious and cultural context</li> <li>• Members also noted the importance of having a level of support provided to the patients/family/care partners/whānau particularly for those who do not have the capacity to make decisions on their own such as the case for patients with learning disability. One suggestion was that this support can be provided by a social worker or any other personnel.</li> <li>• Further detail of the feedback were provided in attachments to minutes</li> </ul>  <p>Adobe Acrobat Document</p>	Lisa Sue Sue French Cassie Khoo		An update was provided to the Consumer Council in its 18 March 2020 meeting. Further comments were provided
25 September 2019	<p>Informed Consent Process</p> <ul style="list-style-type: none"> <li>• The informed consent form is perceived by many as a “cover” in case something goes wrong in the procedure. This is potentially because of the lack of understanding on the purpose of the form which is to provide information for the patient.</li> <li>• There is also an impression that the informed consent form is a “contract” that the patient has no option but to</li> </ul>	Dr. Michael Rodgers		An update was provided to the Consumer Council in its 18 March 2020 meeting. Further comments were provided

	<p>accept. This also contributes to the impression that the patient will not be able to complain when something goes wrong.</p> <ul style="list-style-type: none"> <li>• It was suggested that the following are considered: <ul style="list-style-type: none"> <li>- The purpose of the form should be indicated and it should also be made clear that the form does not limit the patient to lay a complaint.</li> <li>- When an opportunity is available, the form should be provided in advance, to give more time to the patient and their whānau to consider options.</li> <li>- Provide education to the clinicians in terms of the manner of delivering the information to the patient. This will include providing information in a calm manner, acknowledging that the patient is nervous, building rapport and trust with the patient, ensuring competency of interpreters, considering the cultural appropriateness of delivering information to family members, carers, support persons or whānau while also complying with the legal requirements of obtaining consent.</li> <li>- Consider providing information on videos or ipads</li> <li>- Include the form in information booklets provided to patients</li> <li>- Include a Frequently Asked Questions (FAQs) to accompany the form</li> </ul> </li> </ul>			
25 September 2019	<p>Consumer Engagement Quality System Marker (QSM) Framework</p> <ul style="list-style-type: none"> <li>• Language of the framework should be simplified or be made “user-friendly” for patients and the public, particularly from the point of view of whānau members.</li> <li>• An introduction on the purpose of the QSM as well as inclusion of a glossary or definition of terms and acronyms will provide additional information.</li> </ul>	David Price		<p>An update was provided to the Consumer Council on 6 November 2019</p> <p>A further update was provided by David Price and DJ Adams on the meeting of</p>

	<ul style="list-style-type: none"> <li>Consider the QSM framework to be in line with Te Whare Tapa Whā (Māori Model of Health)</li> <li>To include a linkage or alignment with the Treaty of Waitangi as the treaty applies to everyone in the community.</li> </ul>			2 September 2020
25 September 2019	<p>Patient Experience Report</p> <ul style="list-style-type: none"> <li>The council requested that an update is provided to them with respect to the corrective actions taken to address comments on the form received by the DHB and to be included as part of the patient experience report.</li> <li>It was suggested to consider providing incentives to patients or family members completing surveys to increase uptake.</li> </ul>	David Price		There will be changes to the Friends and Family Test (FFT) survey process and the net promoter score (NPS) to further reflect what is important to patients and whānau. An update will be provided to the Council.
25 September 2019	<p>Korero Mai Programme</p> <ul style="list-style-type: none"> <li>Consider the placement of posters in all areas such as placement of posters at each bedside for all areas/wards of the hospital as well as printing smaller version (A5 size leaflets) of the poster to be put on food trays.</li> <li>Consider other options for distributing information such as providing the leaflets through social workers or flashing the poster when logging-in to the hospital Wi-Fi.</li> <li>Consider including Korero Mai as part of the information being provided to the patients or whānau when they are orientated to their wards.</li> <li>More education to be provided to the staff about the service.</li> </ul>	David Price		Meal tray mats are being used fortnightly to promote the service and a design for each ward entrance with the kōrero mai information has been drafted. Decals are also being considered for our lifts. Wifi option has been explored – however as it is a shared landing page with four other DHBs unable to pursue. Education with staff in various forums has also progressed.

<p>6 November 2019</p>	<p>Patient Deterioration Program – Shared Goals of Care</p> <p>The members were asked to provide feedback on how to achieve effective conversations, involving families, the type of support to be provided and having patient-centred care.</p> <p>Timeliness and environment</p> <ul style="list-style-type: none"> <li>• Members suggested that clinicians consider the timeliness of the goals of care discussion noting that conversation should be on-going and reviewed regularly with the patient and whānau.</li> <li>• Patient should also be provided with options and ‘if and then’ scenarios. Clinicians should also recognise the pace of the conversation and taking care not to provide them with too much information. Patients are usually overwhelmed and need time to think and/or consult with their loved ones.</li> <li>• The physical space and environment where these conversations are held are also important. These conversations should be discussed where there is enough privacy.</li> </ul> <p>Cultural competency</p> <ul style="list-style-type: none"> <li>• Clinicians should recognise the cultural context of each patient. Some patients will prefer to nominate key decision maker, a family member, Chief/Kaumatuā or a support person to assist in the decision making.</li> <li>• Approach each case without assumptions as each family and situation is different.</li> <li>• Cultural context also recognises that language can become a barrier as such the use of interpreters would be vital to ensure the patient and whānau have clear understanding.</li> </ul>	<p>Jeannette Bell Peter Groom</p>		<p>The shared goals of care pilot with the Health Quality and Safety Commission (HQSC) has been completed in July 2020. WDHB plan now is to implement the Shared Goals of Care framework later this year and develop staff and consumer resources to support this.</p> <p>WDHB remain on the national working group looking at national principles for Shared Goals of Care.</p> <p>Our pilot group have recently completed a workshop on the national serious illness conversation guide that was delayed due to COVID 19 and will now consider if this is a framework we would want to use locally.</p> <p>The HQSC expedited publication of the Shared Goals of Form we had been testing and resources in response to COVID-19 and these are now publicly available. Other DHBs are also looking to implement</p>
------------------------	---	---------------------------------------	--	--

	<p>Patient-centred</p> <ul style="list-style-type: none"> <li>• The chair commented that it is important that these discussions are anchored on trust as such having an open, honest and transparent conversation will influence the outcome of the discussion. He highlighted that patients can recognise sincerity and the manner in which these messages are conveyed should be considered.</li> <li>• It was also highlighted that there should be recognition of the patient’s capacity to decide for themselves as a priority. This is particular for older patients and for patients with disabilities, in that while they may have some limited capacities, most patients are still fully capable and are able to decide their ‘goals of care’ than welfare guardians or persons holding power of attorney.</li> <li>• Members also shared their personal experiences wherein ‘respect’ was lost during discussion with patients. There is a need to keep ‘humanity’ in the conversation by learning more about the patient, their background, their beliefs and hence to treat them with compassion.</li> <li>• Rights of the patient should be embedded during the conversation.</li> </ul> <p>‘Understanding Resuscitation Status’ Brochure</p> <ul style="list-style-type: none"> <li>• It was suggested that the form is made available in different languages and in ‘easy-read’ format for people with learning disabilities. This can also be useful for people whose first language is not English.</li> <li>• It was suggested that the wording considering the timing of making the resuscitation decision (ideally within the first 24 hours and reviewed depending on condition) should be specified on the document.</li> </ul>			<p>shard Goals of Care.</p> <p>These resources are available here:  <a href="https://www.hqsc.govt.nz/our-programmes/talking-covid/">https://www.hqsc.govt.nz/our-programmes/talking-covid/</a></p> <p>We are very thankful for the feedback provided by the Consumer Council. Staff and consumer feedback from our DHB has contributed to discussions at a national level and has helped to shape the resources published by the HQSC.</p>
--	---	--	--	---

	<ul style="list-style-type: none"> <li>• It was suggested to re-phrase the sentence “unfortunately most resuscitation will be unsuccessful”.</li> <li>• Rights of the patient should be included and referred to in the brochure. Embedding the Korero Mai (Patient Escalation) service or include a reference to patient rights within the brochure was also suggested.</li> </ul>			
6 November 2019	<p>Quality and Risk Reporting</p> <ul style="list-style-type: none"> <li>• It was suggested by the members that that the complaints process brochure be available in different languages and in ‘easy-read’ format.</li> </ul>	Jacky Bush		<p>The complaint process brochure is currently available in English, Chinese and Korean. Translations in to Maori and Pacific languages is in progress.</p> <p>We are looking into how to develop an easy read format, ensuring that it contains all the appropriate information</p>
6 November 2019	<p>Health Literacy Programme Update and suggested next steps</p> <ul style="list-style-type: none"> <li>• It was suggested that the concept of Health Literacy should be treated as a two-way street wherein the understanding of health-related information should be the responsibility not only of the patient but also of the provider.</li> <li>• The members suggested that the programme also focus on equity. This is on-going work and can be a priority for next year.</li> <li>• It was suggested that the programme focus on specific areas. Pharmaceutical safety was proposed to be a priority area particularly ensuring that patients are able to understand the proper use of medication as this influences patient outcomes.</li> </ul>	Leanne Kirton	2 September 2020	A verbal update was provided by David Price on the 2 September 2020 meeting of the Consumer Council



	<ul style="list-style-type: none"> <li>• It was also suggested to consider a ‘whole-of-New-Zealand’ approach wherein partnerships with Ministry of Education and other agencies can be explored to educate consumers before accessing the services (for example in schools) or to learn about diseases and conditions with the aim of disseminating information.</li> <li>• Members suggested exploring other ways of communicating and disseminating information particularly using videos on YouTube to reach and engage more consumers, using QR codes that will link to a specific page on the Waitematā DHB website as well as to make the website user-friendly and easier to navigate.</li> <li>• The programme will also explore the possibility of having the Consumer Council co-present at the next Health Literacy Symposium (scheduled in 2020).</li> <li>• It was also suggested that a ‘Teach Back’ methodology should be used with patient conversations to ensure that patients understand what is being said – rather than using ‘closed’ questions.</li> </ul>			
19 February 2020	<p>Patient Experience Report</p> <ul style="list-style-type: none"> <li>• A request was made for the next report to provide more visual presentation of information in the report.</li> </ul>	David Price		Done
19 February 2020	<p>Consumer and Whānau Advisory Team – Lived Experience Leadership</p> <p>The Council’s feedback and suggestion were sought on increasing engagement and cooperation with the consumer council.</p> <ul style="list-style-type: none"> <li>• A suggestion was made to consider people with intellectual disabilities on the team’s plans and workstreams.</li> </ul>	Dean Manley		To be scheduled at a future meeting

	<ul style="list-style-type: none"> <li>The council members also extended an invitation to the Senior Management Team of the Specialist Mental Health and Addictions Team to attend a future meeting of the consumer council to link and discuss areas of collaboration.</li> <li>A section on Mental Health Services was requested to be incorporated into the next Patient Experience Report with particular focus on statistics for Māori and Pacific and quality improvements in place.</li> </ul>	David Price		
19 February 2020	<p>Outpatient Experience</p> <p><u>Information for Outpatients</u></p> <ul style="list-style-type: none"> <li>Form is helpful and informative, however, consumer lens need to be applied and will need to be developed within the health literacy policy. It was also suggested to consider 4Q's (questions) to ask the clinicians (<i>Do I really need it?; What are the risks?; Is there a safe option?; What will happen if I don't have the procedure?</i>). This is in line with the HQSC's 'Choosing Wisely' Programme.</li> <li>In line with the HQSC's 'Choosing wisely' the patients should be made aware that they have options and this should be promoted or made explicit to the patient.</li> <li>A checklist for clinicians should also be developed. A clinician's checklist aligned with the Outpatient's checklist could also be developed (for example 4Q's key takeaways for patients).</li> <li>Easy-read format (with more visual messages/pictures) should also be considered for information to be given to patients. This will address needs of patients with intellectual, visual as well as language barriers.</li> </ul> <p><u>The appointment process</u></p> <ul style="list-style-type: none"> <li>There are different appointment systems adopted</li> </ul>	David Price		<p>New information brochure has been designed by Waitakere Healthlink – this brochure goes out with all outpatient letters and emails – provides the questions for prompts and other information about parking and public transport.</p> <p>New outpatient governance team is to be created to explore and progress other Consumer Council recommendations.</p> <p>Contact centre business case is in draft.</p>

	<p>between NSH and WTH which could make it difficult for patients to navigate.</p> <ul style="list-style-type: none"> <li>• There is also inconsistency in terms of advice and information given on phone calls. This could be very confusing to older people.</li> <li>• There should be a consideration of convenience and accessibility to patients when setting schedule of appointments and location of appointments.</li> <li>• The council provided examples of community members given appointments that do not consider a patient's condition (letters too small for patients with visual impairment/issues, appointments set over the phone for elderly patients, more youth-friendly approach to language for youth patients). Appointment letters and discussion with patients should consider these aspects.</li> <li>• A suggestion was made to look into a process where in the clinical team can record a patient's needs during their appointment and a system that can capture this, so that in future appointments, the system will prompt clerical staff with this information when making calls or preparing letters - this could enhance patient experience.</li> <li>• Suggestions were also made into providing automated copies of letters to carers, whānau or support persons for patients with disabilities and/or language barriers.</li> <li>• A suggestion was made to highlight if a response is required from the patients on appointment letters. This will make it clearer for patients if there is a need to respond. This may reduce possibility of missing or inadvertently cancelling appointments by missing 'to respond' 'messages.</li> </ul> <p><u>During the appointment</u></p> <ul style="list-style-type: none"> <li>• There is a need to recognise the condition of the patient</li> </ul>			
--	--	--	--	--

	<p>and the relationship. Patient could be confused and/or scared, as such, delivery of the message should be with empathy. Clinicians should also ensure that the patient has understood what has been communicated.</p> <ul style="list-style-type: none"> <li>• The need for continued staff training on cultural competency was also highlighted. There was also a suggestion to consider utilising the volunteer ushers in the hospital as support persons or a Kaumatua to assist patients during and after an appointment.</li> <li>• ‘SOS cards’ are given to patients. This will enable them to call in, if their condition changes prior to their next appointment.</li> </ul> <p><u>After the appointment</u></p> <ul style="list-style-type: none"> <li>• A letter (digital or paper based) to be provided to the patients similar to a discharge summary for in-patients was suggested. The challenge however for this is ensuring that this summary would be useful to patients as information is currently ‘designed’ for GPs. While a patient’s GP could assist in providing more information, this is a barrier for patients who are not registered to a GP or attend their GP regularly.</li> <li>• In relation to the above, it was suggested that a consideration is made for a ‘contact centre’ for outpatients wherein they can ask questions if there are aspects of the letter they do not understand.</li> </ul>			
18 March 2020	<p>Expectation from the Complaints Process</p> <ul style="list-style-type: none"> <li>• The DHB should consider other platforms to receive feedback (not in writing/spoken and in other languages). It was confirmed that the DHB utilises the translation services to assist in complaints received in various languages.</li> </ul>	Jacky Bush		We are reviewing the website to make more user friendly, including increasing the use of Re Ora

	<ul style="list-style-type: none"> <li>• It was also good to track Compliments since it can boost staff morale. There is also a need to look into the use of the word 'complaint' as culturally, it can discourage Pacific people to put forward their comments about the service received.</li> <li>• The Council offered that they can provide their feedback as well on future surveys.</li> </ul>			We track compliments received and these are always sent to the relevant service. We use the word Feedback rather than complaints e.g. the Feedback Team
18 March 2020	<p>Last days of life in WDHb hospitals : Te Ara Whakapiri</p> <ul style="list-style-type: none"> <li>• Negotiation and continued discussion with the patient and family is important and can be empowering for the whānau. It is understood that preferences and needs may change so the service should also be flexible in addressing those needs.</li> <li>• The ACE Chart could be used with color-coding so it will be easier for the clinicians to pick up goals that require intervention or escalation. Emily noted that this will particularly be useful in the electronic version of the document.</li> <li>• DJ Adams, Kaeti Rigarsford and Ravi Reddy noted their willingness to participate in the on-going discussion of the End of Life Care. The Council members will also submit further comments on the process (if any) to the DHB.</li> </ul>	Emily Dwight		This piece of work changed approach from focussing solely on the last days of life towards looking at opportunities to deliver care at the end of life in accordance with person/whānau goals and priorities. The Te Ara Whakapiri toolkit is part of a range of tools that we are hoping to digitalise to support this. We are due to present to governance groups in the coming weeks.
18 March 2020	<p>Agreement to Treatment / Consent Form</p> <ul style="list-style-type: none"> <li>• The form should come in 'easy read', accessible and options for other languages. David Price also clarified that the Asian Health Services team provide translation/interpreting support 24/7 when needed.</li> <li>• The consenting procedure should consider cultural sensitivity particularly in involving the patient's family/whānau to be involved in the process.</li> </ul>	Lisa Sue Amanda Mark	14 October 2020	A further update is included in the Agenda of the 14 October 2020 meeting of the Consumer Council

	<ul style="list-style-type: none"> <li>• It was suggested to look into the wordings in the form to be simplified as it may not be properly understood, can have different/subjective meanings to the patients. The words recommended to be reviewed are as follows: <ul style="list-style-type: none"> <li>- In the first bullet "<i>I have had adequate opportunity...</i>", the word 'adequate' is complex and can mean different things to the patient.</li> <li>- In the second bullet, "<i>...there maybe other procedures undertaken...</i>", the word 'procedure' may not be understood by the patient.</li> </ul> </li> <li>• In relation to the process, the council noted that delivery of the form is also critical. The form should be provided by staff who are able to communicate in a culturally sensitive manner (possibly using humour when appropriate) and ensuring that the patient has understood the process.</li> <li>• The Council members will also submit further comments on the process (if any) to the DHB.</li> </ul>			
10 June 2020	<p>Choosing Wisely Aotearoa</p> <ul style="list-style-type: none"> <li>• A need to empower patients and whānau was discussed as this becomes a barrier for robust discussion.</li> <li>• Patient-led framework of the programme will depend on the perception of the patient. A collegial approach to treatment may contribute to the patient being more involved in making an informed decision. There is a perception that clinicians are more knowledgeable and thus patients are not comfortable to ask questions for further discussion. There is a need to encourage discussions by the clinicians and to make it a standard operating procedure. This will also be in-line with the "clinician-led' principle of the campaign.</li> </ul>	Penny Andrew		Update to be provided in a future meeting

	<ul style="list-style-type: none"> <li>• Other points highlighted in the discussion: <ul style="list-style-type: none"> <li>- Attitude towards disability. It should not be a barrier for robust discussions.</li> <li>- Include in discussions alternative treatment options if any.</li> <li>- Language and lack of understanding of the health system could also become a barrier for patients to make informed decisions.</li> <li>- Clinicians need more training/education around 'appropriate care' and this should be agreed between the clinician and patient.</li> <li>- There is also a perception by patients/whānau that a visit to a GP warrants a prescription. There is a need for a 'shift' from this perception.</li> </ul> </li> <li>• The following members expressed their interest in involvement on future work of the DHB related to Choosing Wisely: Lorelle George, Vivien Verheijen, DJ Adams, Ian Ramos, David Lui, Ngozi Penson and Kaeti Rigarlsford.</li> </ul>			
22 July 2020	<p>Consumer Engagement and Māori patient experience initiatives</p> <ul style="list-style-type: none"> <li>• The need to address the 'power imbalance' between the patient and clinician. Clinicians should change the view from 'patient' to an 'individual' to remove fear and facilitate person-centred conversations.</li> <li>• To establish work collaboration on future initiatives with the Consumer Council</li> </ul>	Allanah Winiata-Kelly/ David Price		Update to be provided in a future meeting
	<p>Waitematā Website Wish List Development</p> <ul style="list-style-type: none"> <li>• It was noted that the new website should be able to accommodate updated information that is needed by the community. It should be accessible, provide options</li> </ul>	Sharon Puddle/ Matthew Rogers		Update to be provided in a future meeting

	<p>for languages and easy ready versions. It was also noted by some that content in the desktop version of the website can also differ when viewing on the mobile. These are all being considered in the new website.</p> <ul style="list-style-type: none"> <li>• It was suggested that while the DHB is still unable to implement a website that will have language navigation and translation, contact details of the DHB's translation services are posted in the website so that the service could assist users or direct them to where they could find information they require.</li> <li>• It was suggested that a consumer working group be set-up to look into the navigation and functionality of the website being developed. It was noted that the aim is to have a test-environment website developed by September 2020.</li> <li>• The Council noted their willingness to support the working group and to provide inputs on proposed content of the website.</li> </ul>			
22 July 2020	<p>Telehealth</p> <ul style="list-style-type: none"> <li>• It was suggested to look into patient needs and condition when booking telehealth appointments. Some patients may have hearing and other disabilities that will hinder an effective discussion.</li> <li>• It was also suggested that on-line booking should be integrated when providing telehealth option. The ability to change the appointment should also be possible.</li> <li>• It was noted that the Consumer Council could assist in providing inputs to change the patient booking process to be more patient-focused and responsive to user needs.</li> </ul>	Kelley Bohot		Update to be provided in a future meeting



## **5. OTHER BUSINESS**

- 5.1 Community concerns
- 5.2 Agenda for next meeting