



Waitematā
District Health Board

Best Care for Everyone

Consumer Council

Wednesday

8 September 2021

2:00pm – 4:00pm

Video conference

CONSUMER COUNCIL 8 September 2021

Video conference
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 Samantha Dalwood – Disability Advisor</p> <p><u>Other Waitematā DHB Staff members</u> Dean Croft- Pharmacist Eirean Gamble – Programme 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	
2:10pm	2.1 Confirmation of the Minutes of Meeting (28/07/21) Actions Arising from Previous Meeting
3. DISCUSSIONS	
2:15pm	3.1 Icons for patient medication infographic
2:40pm	3.2 Diabetic Retinal Screening new model of care
3:05pm	--- Break
3:10pm	3.3 Consumer Engagement QSM self-assessment and endorsement
3:30pm	3.4 Engagement with the Transition Unit (verbal update)
4. INFORMATION ITEMS	
3:45pm	4.1 Patient Experience Report (for noting)
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	July 2021	Sept 2021	Oct 2021	Dec 2021
DJ Adams (Chair)	✓	✓	✓	✓	✓			
Neli Alo	✘	✓	✓	✓	✓			
Samuel Cho	n/a	n/a	n/a	✓	✓			
Alexa Forrest-Pain	✓	✓	✓	✓	✓			
Lorelle George	✓	✓	✓	✓	✓			
Insik Kim	✓	✓	✓	✓	✓			
Ngozi Penson	✘	✓	✓	✓	✓			
Jeremiah Ramos	✘	✓	✓	✓	✓			
Ravi Reddy	✓	✓	✓	✘	✓			
Kaeti Rigarlsford	✓	✓	✓	✓	✓			
Lorraine Symons	✓	✘	✘	✘	✘			
Vivien Verheijen	✓	✓	✓	✓	✓			
+Dale Bramley	✓	✓	*	*	✓			
+David Price	✓	✓	✓	✓	✓			
Hannah Bjerga (Student representative)	n/a	✓	n/a	✓	n/a			
Eden Li (Student representative)	n/a	n/a	✓	n/a	✓			

- ✓ *attended*
- ✘ *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 Member, Ethnic Advisory Group (EAG), English Language Partners	27/07/21
Jeremiah Ramos	nil	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 28/07/21
Actions Arising from Previous Meeting

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

Wednesday, 28 July 2021

held at the Waitematā Boardroom, Level 1, 15 Shea Tce Takapuna
and by video conference
commencing at 2.04pm

CONSUMER COUNCIL MEMBERS PRESENT:

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

ALSO PRESENT:

Prof Judy McGregor (Waitematā DHB Board Chair)
Dr Dale Bramley (Waitematā DHB Chief Executive)
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 received and accepted from Lorraine Symons.

WELCOME:

The Consumer Council Chair welcomed everyone in the meeting.

DISCLOSURE OF INTERESTS

Ngozi Penson advised an update on her register of interest to note that she has relinquished her position as Chair of Mata of Hope Foundation.

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 16 June 2021 (Agenda pages 7-11)

Resolution (Moved DJ/Seconded Ravi Reddy)

That the Minutes of the Consumer Council Meeting held on 16 June 2021 be approved.

Carried

Actions arising from previous meetings (Agenda page 12)

The group requested for indicative dates on the actions listed.

Noting the action related to youth health services, the Consumer Council Chair requested for suggested topics for consideration in the a future discussion.

3 DISCUSSIONS

3.1 Facilities Update

Matthew Knight (Project Director) and Lorelle George (Consumer Council Deputy Chair) provided updates on the progress and discussions made by the Consumer Council sub-group and the facilities services team. Matthew advised that the group has identified seven key projects that the sub-group will be focusing. These projects are across a number of different services and user group meetings have been held.

Matters covered in the discussion and response to questions included:

- Most of the services have established processes and on-going engagement with consumer networks including Waitakere Health Link. The facilities services team will consult the services on aligning consumer engagement within the project development process.
- Key considerations for this process are identifying the projects that would benefit from consumer engagement, and determining when this will be done.
- Noting the health reform and transition, facilities project are continuing as business as usual.

The group acknowledged the effort of Lorelle and Matthew and the work of the facilities team in the consumer engagement process.

The Consumer Council Chair thanked Matthew for his time.

3.2 Consumer Council Engagement with the Transition Unit (agenda page 14)

DJ Adams (Consumer Council Chair) summarised the paper. He advised that another meeting with the transition unit is being arranged and that the discussion of the Consumer Council will focus on matters and queries that could be raised in that meeting.

Matters covered in the discussion and response to questions included:

- There is recognition on the value of work and contribution by Consumer Councils. This is evident in the Quality Safety Markers (QSM) project by the Health Quality and Safety Commission's (HQSC).
- Concerns and queries put forward by the members included:
 - How consumer engagement will be structured noting that current levels of engagement vary from local, regional and national. There is a need to ensure 'grassroots' voices are heard in the national level.
 - How representation will be ensured in 'national' level discussions noting diverse needs and demographics. Importance of rural representation was noted.
 - Mechanism for data collection, management and use of information in particular to address equity. Advantages of maintaining a 'national issues' register was noted.
 - Recognising the importance of feedback from the consumers on the transition process through continued engagement with the Consumer Council Chairs and Co-chairs.

Dr Dale Bramley (Chief Executive) advised that work related to transition is progressing well and Prof Judy McGregor (Board Chair) noted that there is opportunity for further feedback as part of the legislative process.

The Consumer Council members acknowledged the support and encouragement of the Chief Executive and the Board Chair as testament to the value placed on the work done by the Consumer Council.

3.3 Appointment of Ex-officio staff

David Price (Director Patient Experience) opened the discussion of the item and advised that an update on the new ex-officio member for the Consumer Council will be provided over the coming days. The new ex-officio member will take over the activities for the submission of the updated QSM which is due for submission in September 2021.

The members acknowledged the work of David Price and the support he has provided to the Consumer Council, and the community in general, and wished him well on his new role.

The session was adjourned for a short break from 3.25pm to 3.33pm.

3.4 Emergency Department (ED) Model of care for Mental Health (agenda pages 15-16)

Marlè Dippenaar (Project Manager) and Jeanette Bell (Project Manager) were present for the discussion of the paper. Megan Jones (Mental Health Operations Manager) joined the meeting by video conference.

A presentation was given by Marlè to introduce the project and provided updates on the progress of consumer consultations conducted so far:

Matters covered in the discussion and response to questions included:

- Noting the feedback received in the recently concluded 'In your shoes' listening event; advice sought from the Consumer Council will help inform the Emergency Department (ED) model of care for the North Shore Hospital and guide improvements in the Waitakere Hospital ED mental health service.
- Patients presenting to ED may or may not have physical concerns; the triage process will identify patients requiring mental health support.
- There is an established process for follow-ups and referrals following a mental health needs assessment; criteria need to be met to subject a patient under compulsory treatment, under the Substance Addiction Compulsory Assessment and Treatment Act.
- The members noted that social and cultural factors contribute to stigma and shame; patients requiring mental health support are usually brought to the ED by a support person or whānau.
- Feedback from Waitakere Hospital mental health service noted the positive impact on patient and whānau experience of the availability of mental health specialty knowledge and the good collaboration between mental health nurses and the ED team.
- Recommendations from the Consumer Council members include:
 - Recognition of the importance of whānau in providing support during the entire journey. Provision of 'virtual' support through video conferencing is something that can be looked into the future.
 - Availability of ED mental health support 24/7.
 - Improvement in the ED triaging process in particular designing the process to allow earlier identification of the patient's mental health needs.
 - Looking at the design of the physical environment to address sensory needs, accommodate whānau and provide privacy and security.
 - That quality of the service provided is consistent regardless where the service is accessed.
 - That support and training are provided to staff.

The group thanked Megan, Jeanette and Marlè for their work.

4 INFORMATION ITEM

4.1 Patient Experience Report (Agenda pages 18-22)

The report was noted.

5 OTHER BUSINESS

Due to time constraints no item of general business were discussed.

The Chair thanked the members and attendees for their time.

The meeting closed with a Karakia

The meeting adjourned at 4.16pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 28 JULY 2021.

_____ CHAIR

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE
CONSUMER COUNCIL AS AT 31 AUGUST 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.

3.1 Discussion: Icons for patient medication infographic

Recommendations:

The recommendations for the Consumer Council to:

- a) Review the attached icons denoting medication uses and side effects
- b) Discuss their applicability to broad audience of health consumers with varying degrees of literacy.
- c) Endorse further development of more infographics utilising this design approach
- d) Provide any specific feedback relating to the images conveyed by the icons themselves.

Background

Patient information leaflets (PILs) for medications are commonly handed out in hospital and the community. These sheets are often information dense and are largely text based.

In 2020, an infographic PIL for metoprolol was piloted in collaboration with AUT (see attached) it was reviewed by the consumer council of Waitematā DHB and Health Navigator and has since been published. Positive feedback has led to the desire for more of these types of information sheets.

Two AUT students have since been working on developing a 'bank' of icons to visually represent medication uses and side effects that can be used in multiple infographic PILs for different medicines. The students have set out to create a 'character' to denote the various meanings. The character, known as 'Blueby' is designed to be gender, ethnically and body size neutral.

We would appreciate the Consumer Council's feedback about the direction of this design and to review the examples that have been created prior to development of more infographics utilising the design approach.

Key Questions

Is the character appropriate for a wide range of New Zealand health consumers with varying degrees of literacy?

Are the examples shown clear and understandable?

Is there any specific feedback relating to the individual examples?

Please note we are seeking feedback on the icons themselves and not any of the wording or definitions included as these are subject to change and further review

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Dean Croft	Pharmacist		✓

<Medication Name>

Known as <common names for medication>

<Short description of the medication. Please keep to one line. If not needed, delete this line.>

What is it used for?



Constipation



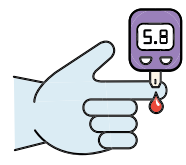
Diarrhoea



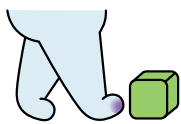
Bloating



To help with
Urine Flow



Diabetes



Bruising
more Easily



Increased
Appetite



Loss of
Appetite



Lowering
Cholesterol



Immune
Suppression

My dose

Tablet Capsule Liquid Other: _____

Dosage: _____ No. of doses a day: _____ How often: _____

Notes: _____

How do I take it?

<Instructions on how to take it
Instructions on how to take it>

<Instructions on how to take it>
If not needed, delete.

<Any other important information>

What if I miss a dose?

Take the missed
dose as soon
as possible.

If it is close to the time for your
next dose, skip the missed dose
and carry on as normal.

Do not take
two doses at
the same time.

Can I take other medicines?

Tell your pharmacist or doctor about all medicines or treatments that you may be taking, including vitamins, herbal products or recreational drugs.

Please turn over

<Medication Name>

Known as <common names for medication>

<Short description of the medication. Please keep to one line. If not needed, delete this line.>

What is it used for?



Constipation



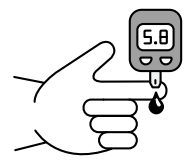
Diarrhoea



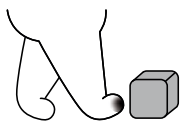
Bloating



To help with
Urine Flow



Diabetes



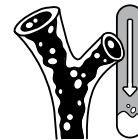
Bruising
more Easily



Increased
Appetite



Loss of
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Lowering
Cholesterol



Immune
Suppression

My dose

Tablet Capsule Liquid Other: _____

Dosage: _____ No. of doses a day: _____ How often: _____

Notes: _____

How do I take it?

<Instructions on how to take it
Instructions on how to take it>

<Instructions on how to take it>
If not needed, delete.

<Any other important information>

What if I miss a dose?

Take the missed
dose as soon
as possible.

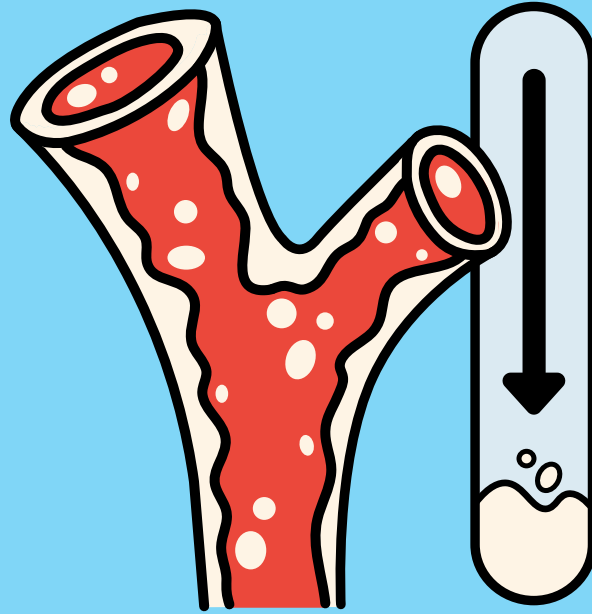
If it is close to the time for your
next dose, skip the missed dose
and carry on as normal.

Do not take
two doses at
the same time.

Can I take other medicines?

Tell your pharmacist or doctor about all medicines or treatments that you may be taking, including vitamins, herbal products or recreational drugs.

Please turn over



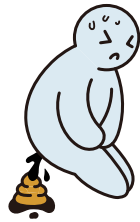
Medical Sheet Icons

Set One: 10 icons

Colored Version



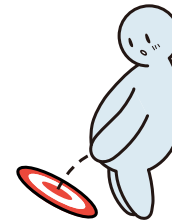
Constipation



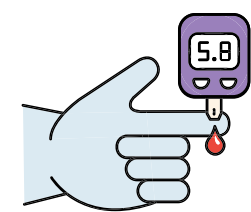
Diarrhoea



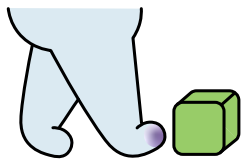
Bloating



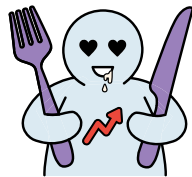
To help with
Urine Flow



Diabetes



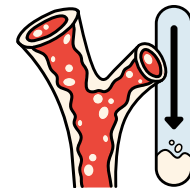
Bruising
more Easily



Increased
Appetite



Loss of
Appetite



Lowering
Cholesterol



Immune
Suppression

Greyscale Version



Constipation



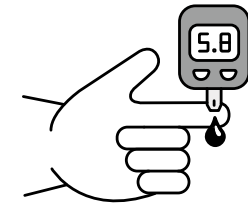
Diarrhoea



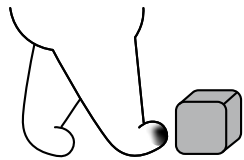
Bloating



To help with
Urine Flow



Diabetes



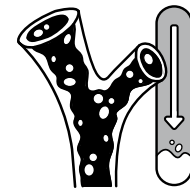
Bruising
more Easily



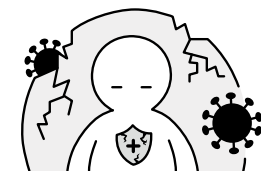
Increased
Appetite



Loss of
Appetite



Lowering
Cholesterol



Immune
Suppression

Our Definitions

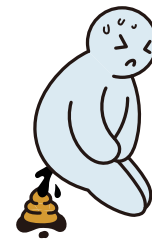
For each side effect and indication we chose, we wrote a simplified description of what it means to the level that children can understand.

Side Effects



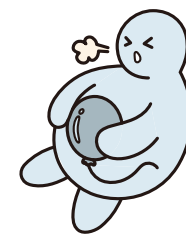
Constipation

when poo stays in your stomach for too long and becomes hard/dry, so it's harder for you to poo or you poo less than usual.



Diarrhoea

when you have loose or watery poo, and frequently need to go to the toilet.

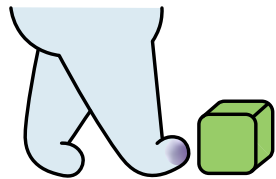


Bloating

when your stomach is feeling too full/tight and sticks out, because there is too much gas in it. You might also burp a lot and your stomach may rumble as a result.

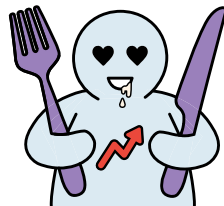
Our Definitions

For each side effect and indication we chose, we wrote a simplified description of what it means to the level that children can understand.



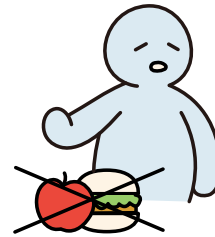
Bruising More Easily

Bruising is when an injury causes blood to pool under your skin, showing up as black and blue marks.



Increased Appetite

Continuously eating more often or in larger quantities than you're used to.



Loss of Appetite

Not feeling hungry and don't want to eat as much as usual. Thinking of eating may make you feel nauseous.



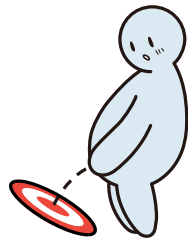
Immune Suppression

When your immune system isn't working properly to protect you from bacteria, virus, parasites - making you more vulnerable to sickness/infection.

Our Definitions

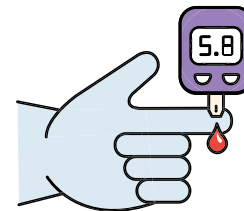
For each side effect and indication we chose, we wrote a simplified description of what it means to the level that children can understand.

Indications / What it's for



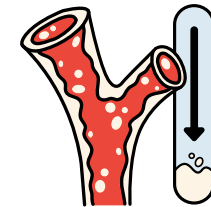
To help with Urine Flow (Prostate Problems)

This will help you control your pee normally, when your prostate becomes too large.



Diabetes

is a disease when your body is unable/less able to absorb the sugars you need to give you energy, resulting in too much sugar in the blood. This causes many other health problems.





Lowering Cholesterol

A type of fat that floats around in your blood that helps your brain, skin, and other organs do their jobs. But too much 'bad cholesterol' (LDL) will stick to blood vessels, causing higher risk of heart attack or stroke.











Icons on Medical Sheets

The medical sheet template is still a work-in-progress design by Ashleigh.

<Medication Name>
 Known as <common names for medication>
 <Short description of the medication. Please keep to one line. If not needed, delete this line.>

What is it used for?

 Constipation	 Diarrhoea	 Bloating	 To help with Urine Flow	 Diabetes
 Bruising more Easily	 Increased Appetite	 Loss of Appetite	 Lowering Cholesterol	 Immune Suppression

My dose Tablet Capsule Liquid Other: _____
 Dosage: _____ No. of doses a day: _____ How often: _____
 Notes: _____

How do I take it?

<Instructions on how to take it
Instructions on how to take it> <Instructions on how to take it>
If not needed, delete.

<Any other important information>

What if I miss a dose?



Take the missed dose as soon as possible. If it is close to the time for your next dose, skip the missed dose and carry on as normal. Do not take two doses at the same time.

Can I take other medicines?











Tell your pharmacist or doctor about all medicines or treatments that you may be taking, including vitamins, herbal products or recreational drugs.

Please turn over

<Medication Name>
 Known as <common names for medication>
 <Short description of the medication. Please keep to one line. If not needed, delete this line.>

What is it used for?

 Constipation	 Diarrhoea	 Bloating	 To help with Urine Flow	 Diabetes
 Bruising more Easily	 Increased Appetite	 Loss of Appetite	 Lowering Cholesterol	 Immune Suppression

My dose Tablet Capsule Liquid Other: _____
 Dosage: _____ No. of doses a day: _____ How often: _____
 Notes: _____

How do I take it?

<Instructions on how to take it
Instructions on how to take it> <Instructions on how to take it>
If not needed, delete.

<Any other important information>

What if I miss a dose?

Take the missed dose as soon as possible. If it is close to the time for your next dose, skip the missed dose and carry on as normal. Do not take two doses at the same time.

Can I take other medicines?

Tell your pharmacist or doctor about all medicines or treatments that you may be taking, including vitamins, herbal products or recreational drugs.

Please turn over

About the Icons

Character

We've taken in the hospital staff feedback that the icon character should represent a diverse range of genders and ethnicities.

However, we wanted to stick with one character so that patients can build a stronger relationship with it, and so that the icon set remains more cohesive. So we created **'Blueby'** a gender, racial and body size neutral character that we can all relate to.

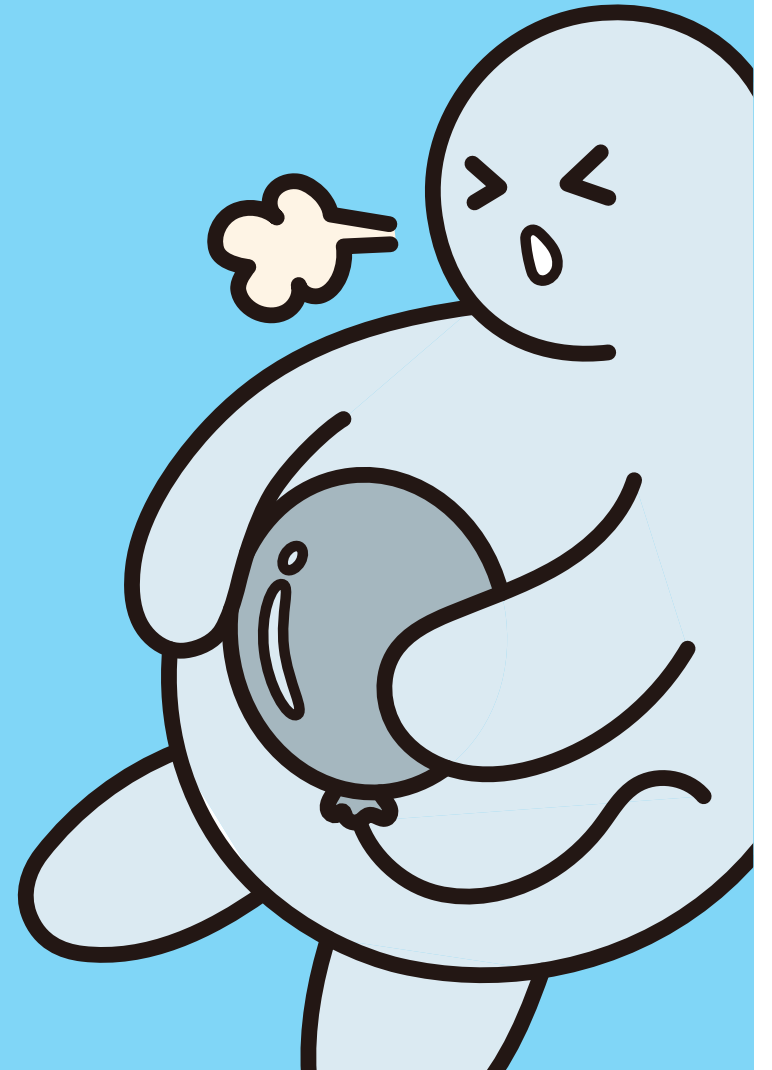
Our Process

When choosing what icons to create first, we aimed for common side effects and indications that didn't already have good, visually explanatory icons.

Before designing, we first googled what our chosen words meant and wrote simplified definitions. For each icon, we aim to visually represent these definitions.

These icons have gone through several iterations based on feedback from different age groups and backgrounds. We also have test printed the medical sheet with the icons, and they all remain legible.

Thank You.



3.2 Discussion: Diabetic Retinal Screening new model of care across Auckland and Waitematā DHBs

Recommendations:

- a) Note the new model of care for diabetic retinal screening across Auckland and Waitematā DHBs
- b) Discuss and provide feedback on the proposed booking and scheduling options
- c) Agree to continue this discussion as future work is undertaken to develop the new model of diabetic retinal screening

Background

New model of care for diabetic retinal screening across Auckland and Waitematā DHBs

Diabetic eye disease is one of the leading preventable causes of blindness in New Zealand. Diabetic retinal screening allows us to identify and treat any disease early and thus prevent the risk of visual impairment and blindness. Diabetic retinal screening is a service offered to all people with diabetes.

The current diabetic retinal screening services across Auckland and Waitematā DHBs are no longer fit for purpose. This is evidenced by low patient engagement, poor coverage and a significant equity gap in access. As a result significant work and consultation (with a focus on engaging with those who struggled to engage with the current model of care) has been undertaken to develop a new model of care. This model of care developed includes the following three components:

- Central Administration Hub
- Multiple screening locations in the community
- Outreach support and screening service.

The structure of the new model of care has been endorsed by the Auckland and Waitematā DHB Boards. The details on how this model will be operationalized and implemented is currently being worked through. More detail on the new model of care is included in Appendix 1.

Proposed options for how diabetic retinal screening appointments will be booked

We are currently developing the Central Administration Hub and how diabetic retinal screening appointments will be booked. The three proposed options are outlined in Appendix 2. These options have been developed after consultation with other screening services across the region and consumers.

The three options are:

1. Proactive
 - The initial invitation to book high risk patients is through a proactive phone call. However, low risk patients will only receive a phone call after three written attempts.
 - This option takes a proactive equity focus.
2. Passive
 - The invitation to book is the same for all people with diabetes regardless of risk and the booking process relies heavily on written (letter, email or text) communication. Proactive calling of patients would only occur after we have tried three written attempts to engage the patient.

3. Hybrid

- The initial invitation to book is the same for all people with diabetes and relies on a written (letter, email or text) communication. If this is not successful high risk patients are proactively called. However, low risk patients will only receive a phone call after three written attempts.

We would appreciate your comments on which model would you find more engaging and why.

Next steps

As the project team develop and implement the new model of diabetic retinal screening across Auckland and Waitematā DHBs we would like to continue to update this group and seek your input.

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Eirean Gamble	Programme Manager		✓
Carol Barker	Public Health Physician		
Natalia Valentino	Programme Manager		
Tim Wood	Project Sponsor		

Appendix 1

Auckland and Waitematā Diabetic Retinal Screening Service Redesign Project Glossary

DHB/s – District Health Board/s

MoH – Ministry of Health

1. Purpose

The purpose of this paper is to provide background on the new model of care for the diabetic retinal screening for Auckland and Waitematā District Health Boards (DHBs).

2. Background

2.1 What is diabetes

Diabetes is a long term condition where the level of glucose (type of sugar) in the blood is too high, left untreated this can damage many parts of the body.

2.2 Diabetic retinal screening

Diabetic retinopathy is a chronic eye disorder which causes visual impairment and blindness in people with diabetes. The risk of developing diabetic retinopathy increases with duration of diabetes, poor diabetic control, being unable to access health services, pregnancy, uncontrolled blood pressure and kidney disease.¹

Approximately 20-25% of New Zealanders living with diabetes have some form of diabetic retinopathy, with 10% in the highest risk of developing blindness.² Māori and Pacific people living with diabetes have higher risk of moderate and severe diabetic retinopathy and are less likely to access screening compared with New Zealand Europeans.

Diabetic retinopathy often has no symptoms, with symptoms only starting at the advanced stage. Fortunately, diabetic retinopathy can be detected by retinal screening where the retina at the back of the eye is photographed and assessed for signs of disease. People with disease can then be referred for treatment to reduce the risk of vision loss. There is good evidence that diabetic retinal screening and treatment reduces preventable blindness in people with diabetes and that retinal screening is cost effective.³

The Ministry of Health (MoH) recommends people with diabetes undergo regular diabetic retinal screening and have set a screening coverage target of 90%. The standard screening interval is two years. For people at low risk of disease, this screening interval can be extended to three years and for those at higher risk the interval is shortened.

¹ Ministry of Health, Diabetes retinal Screening, Grading, Monitoring and Referral Guidance. 2016, Ministry of Health Wellington.

² Coppell, K.J., et al., The quality of diabetes care: A comparison between patients enrolled and not enrolled on a regional diabetes register. Primary care diabetes, 2011. 5(2): p 131-137

³ Jones, S. and R.T. Edwards, Diabetic retinopathy screening: a systematic review of the economic evidence. Diabetic Medicine, 2010. 27(3): p. 239-256

2.3 Retinal screening in Auckland and Waitematā DHBs

There is significant unmet need for diabetic retinal screening within our Districts that has been further compounded by COVID-19.

Retinal screening coverage for Auckland and Waitematā District Health Boards (DHBs) is well below the 90% target, and has fallen further over the past nine months.

As at March 2021, two-year coverage for Auckland DHB is 49% , with Māori coverage at 45% and Pacific coverage at 44%. Two year coverage for Waitematā DHB is 45%, with Māori coverage at 43% and Pacific coverage at 46%.

3. Diabetic Retinal Screening service redesign (new model of care) across Auckland and Waitematā DHBs.

A substantial body of work has been completed to develop a new model of care for diabetic retinal screening services within Auckland and Waitematā Districts. The new model of care aims to improve access and quality for retinal screening services to support increased screening coverage. The proposed model of care has been informed by international and local best practice and evidence, along with consumer and stakeholder engagement and consultation. This work has enabled consensus to be reached on how the new model will be configured.

3.1 Review and Consultation

There have been two key decision points during this process. The first was in 2016, where a review of the current diabetic retinal screening services was completed. This review highlighted failings in the current model of care and the need to develop and implement a new model of care that meet the needs of our population, in particular the needs of Māori and Pacific with diabetes. The 2016 diabetic retinal screening review included focus groups with consumers of diabetic retinal screening services.

In 2018 a further round of consumer engagement was undertaken including:

- Māori people eligible for diabetes retinal screening
- Pacific people eligible for diabetes retinal screening
- People eligible for diabetes retinal screening who had never attended a diabetes retinal screening appointment or who had missed several screening appointments.

The consumer consultation provided 12 key recommendations (see Appendix 3) which informed the new diabetic retinal screening model.

4. New model of diabetic retinal screening (structure and components)

The new model of care includes three components outlined below. These components and functions have been informed by the extensive consultation undertaken between 2016 and 2019, national and international best evidence and the MoH guidelines for diabetic retinal screening.

1. Central Administration Hub

- a. Receive, review, and triage referrals and recall patients
- b. Support people to book diabetic retinal screens

- c. Grade diabetic retinal screens and action outcomes of grading eg treatment referrals or recalls for future screening
- d. Quality assurance, monitoring and reporting

2. Multiple screening locations in the community

- a. Multiple access points in the community for diabetic retinal screening
- b. Take and upload screening photos to the central administration hub

3. Outreach support and screening service

- a. Patient engagement and support to service
- b. Satellite screening units to provide screening in culturally acceptable venues or locations where routine screening is not available.

5. Conclusion and next steps

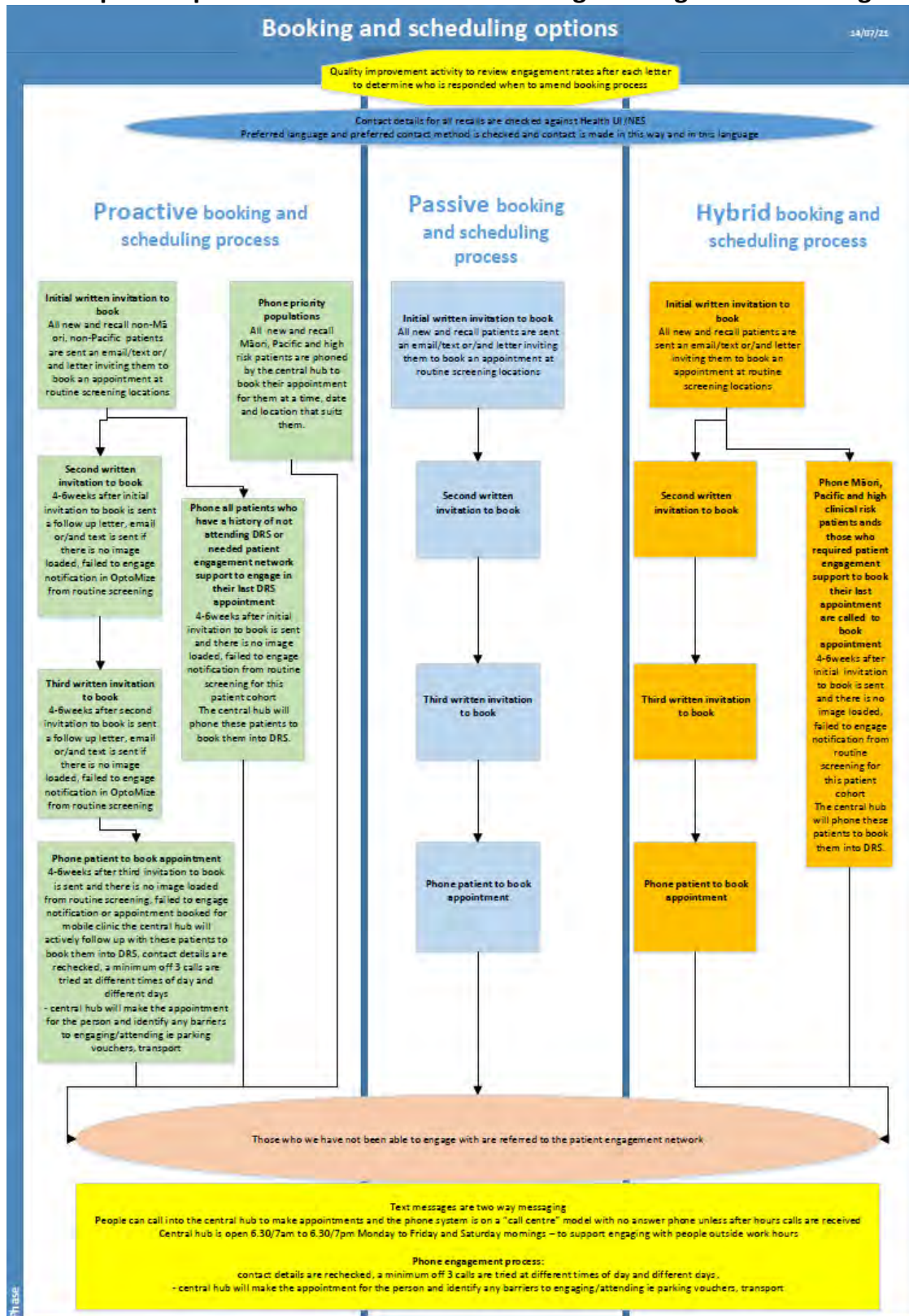
The diabetic retinal screening redesign is expected to improve access and consumer experience and therefore improve our retinal screening coverage rates and equity of coverage across both Auckland and Waitematā districts. The next steps for this project are:

- Turn the high level components of the new model of care into a detailed service development plan
- Identify providers of the service
- Develop a business case for additional funding
- Procure the service.

As the project team develop and implement the new model of diabetic retinal screening across Auckland and Waitematā districts, we would value the consumer councils comments and input and would appreciate being able to attend these meetings as required to provide updates and seek feedback.

Appendix 2

Proposed options - diabetic retinal screening booking and scheduling



Appendix 3: Recommendations from Consumer consultations

Locations

- 1) The new service model will offer diabetes retinal screening at a significantly expanded range of screening locations than is the case under the current service model. Service users requiring a primary screen will have the option of attending any primary screening site that is convenient to them.
- 2) Retinal screening will be offered at locations that take into account ease of access and travel time for service users, as well as the availability of public transport and free parking.
- 3) The service model will include screening locations regarded as trusted, familiar, and easily accessible to Māori. This may include, for example, general practices with a high proportion of Māori enrolees, Māori health providers, and marae.
- 4) The service model will include screening locations regarded as trusted, familiar, and easily accessible to Pacific people. This may include, for example, general practices with a high proportion of Pacific enrolees, Pacific health providers, and churches.
- 5) Where general practices with a high proportion of South Asian enrolees are amenable to having a visiting diabetes retinal screening clinic at the practice, the service model will facilitate this. The service model will also facilitate screening at mosques and temples where practicable.
- 6) Retinal screening will be offered at locations that take into account the distribution of diabetes prevalence across the catchment area.
- 7) A travelling service will cover prison clinics and selected locations, such as rural locations and venues that have high value as culturally accessible sites, where fixed sites are not feasible. (Screeners and equipment will be transported to these sites to enable the set-up of temporary screening clinics.)

Hours of operation

- 8) The service model will include the offer of appointment times in evenings and weekends.

Māori and Pacific representatives on the governance group

- 9) The governance group for the Auckland and Waitematā diabetes retinal screening service will include Māori and Pacific representatives (which may be consumers, health professionals, or health administrators).

Involvement of general practices with a high proportion of Māori, Pacific, or South Asian enrolees

- 10) Where general practices with a high proportion of Māori, Pacific, or South Asian enrolees are willing to assist with the invitation and booking process for their enrolees, the service model will facilitate this involvement.
- 11) Where general practices with a high proportion of Māori, Pacific, or South Asian enrolees are willing to assist with communicating a screening result of mild retinopathy to their enrolees, the service model will facilitate this involvement.

Grading of the diabetic retinal screen

- 12) Whilst the image capture component of the screening test will be offered at a significantly expanded range of locations, the central administration hub will have responsibility for the oversight of grading for all images.

3.3 Consumer Engagement QSM self-assessment endorsement

Recommendations:

- a) Note the information paper
- b) Endorse the September self-assessment recommendations

Background

The consumer engagement quality and safety marker (QSM) is measured by all District Health Boards bi-annually. The next self-assessment is due to the Health Quality Safety Commission (HQSC) on the 30th of September. Our self-assessment is to be uploaded to the dashboard self-reporting system, with a matrix to indicate whether or not a domain is being met, supported by evidence and qualitative comments for each domain.

The self-assessment is designed to demonstrate improvement over time as DHBs invest in more mature and effective ways of consumer engagement. As with the previous self-assessment completed in March 2021, prior to submitting the self-assessment the Consumer Council is requested to endorse the self-assessment.

Despite consumer engagement continuing over the past six months, there has been no change in our overall scores for each of the domains. Therefore it is recommended that the Consumer Council endorses the same scores provided in March 2021.

The following scores are recommended for each domain:

- Engagement = Consultation (2),
- Responsiveness = Involvement (3),
- Experience = Involvement (3).

To be included as part of the evidence to support the submission are the following:

- Consumer Council minutes
- Emergency Department (ED) waiting room flow chart
- Mental Health experience of ED 'in your shoes' event
- Health Literacy – medication safety example
- Waitakere front of house design workshop – hosted by Waitakere Healthlink
- Waitakere Hospital master planning workshop – hosted by Waitakere Healthlink
- Engagement with Senior Leadership Team with QSM self-assessment
- Accessibility Tick Progress Update – August 2021

The engagement process with the Senior Leadership Team (SLT) was recommended by the Consumer Council – which further endorsed the self-assessment scores – this process was presented to the HQSC QSM working group and the template/processed was shared with other DHBs.

Appendices

Appendix 1 - Self-assessment document with ratings

Appendix 2 - Evidence of Waitakere front of house and masterplanning workshops

Appendix 3 - SLT paper and template shared with other DHBs to support self-assessment
Appendix 4 - Accessibility Tick Progress Update – August 2021

Please note all other evidence is available in previous Consumer Council meeting agendas/minutes

Contact for telephone discussion (if required)

Name	Position	Telephone	Suggested 1st contact
Ravina Patel	Director of Patient Experience		
Samantha Dalwood	Disability Advisor		✓

Consumer engagement quality and safety marker (QSM) | SURE (Supporting, Understanding, Responding and Evaluating) framework

	1 – Minimal Te itinga iho	2 – Consultation Te akoako	3 – Involvement Te whai wāhi	4 – Partnership & shared leadership Te mahi tahi me te kaiārahitanga ngātahi					
	What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:					
Engagement The environment created to support community engagement. Te Tūhononga ko te taiao kua hangaia hei tautoko i te tūhononga hapori.	Consumers	Consumers are involved in one of the following areas of the organisation: direct care, service delivery, policy, and governance. Representation and input do not reflect the population served.	Consumers are involved at some levels of the organisation in at least two of the following areas: direct care, service delivery, policy, and governance. Representation and input is partially reflective of the population served. Representation is not equitable.	Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. Representation and input is mostly reflective of the population served, and there is a transparent process for recruiting membership at all levels. Representation is not equitable (e.g. a broader understanding of health care and the wider determinants of health is not possible).	Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. The representation and input reflect the broader population served (e.g. clubs and associations, educational institutions, cultural and social groups, churches and marae), and there is a transparent process for recruiting membership at all levels. Representation is equitable and covers a broader understanding of health care and the wider determinants of health.				
			<table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td>✓</td> <td>2</td> </tr> </table>	Organisation	Score	✓	2		
	Organisation	Score							
	✓	2							
	Equity	Equity is a little known or discussed principle in the organisation.	Equity is a well understood principle in some parts of the organisation and there is intent to act upon achieving equity for the population served.	Equity is a well understood principle throughout the organisation and there is intent to act upon achieving equity for the population served.	Equity is a well understood principle throughout the organisation and achieving equity for the population served is acted upon.				
			<table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td>✓</td> <td>2</td> </tr> </table>	Organisation	Score	✓	2		
Organisation	Score								
✓	2								
Consumer Council	The consumer council is newly established, with a lack of resources, systems, and processes.	The consumer council is newly established, partially resourced, and evaluation has not yet occurred.	The consumer council is well established, partially resourced, and occasionally evaluated.	The consumer council is well established, resourced, and regularly evaluated.					
		<table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td>✓</td> <td>2</td> </tr> </table>	Organisation	Score	✓	2			
Organisation	Score								
✓	2								
Co-design	Co-design is not used or understood by the service.	Co-design is a method understood by parts of the service. It has not been used to improve processes at this point.	Co-design is a method used and applied by parts of the service. This means using co-design to improve the system for staff and consumers.	Co-design is a method used and applied within the service. This means using co-design to improve the system for staff and consumers.					
			<table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td>✓</td> <td>3</td> </tr> </table>	Organisation	Score	✓	3		
Organisation	Score								
✓	3								
Workforce	There is limited evidence that the organisation encourages a diverse workforce.	The organisation encourages a diverse workforce through its recruitment strategy, although the broader population served is not reflected.	The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served.	The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served. Consumers are included on interview panels where appropriate. Equity is incorporated as part of the recruitment strategy.					
			<table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td>✓</td> <td>3</td> </tr> </table>	Organisation	Score	✓	3		
Organisation	Score								
✓	3								
Health Literacy	There are no systems or policy related to health literacy within the organisation for verbal and written information.	A health literacy policy is in place, however not influencing common health literacy practices. Consumer health literacy group is in place to review written information, however not embedded into patient information review process.	Regular health literacy staff training is available. Consumer health literacy group is embedded into the patient information review process, including online platforms, wayfinding, consumer information and mobile applications.	Organisation is endorsed as a 'Health Literate Organisation'. Consumer information is codesigned and there is accountability for including feedback. Information is accessible to all consumers					
		<table border="1"> <tr> <td>Organisation</td> <td>Score</td> </tr> <tr> <td>✓</td> <td>2</td> </tr> </table>	Organisation	Score	✓	2			
Organisation	Score								
✓	2								

		What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:
<p>Responsiveness Responding to and acting on what consumers are saying about the service and having the right information at the right time for consumers accessing services.</p> <p>Te Noho Urupare ko te urupare, ko te mahi i ngā kōrero a ngā kiritaki mō te ratonga me te whai i te mōhiotio tika i te wā e tika ana mō ngā kiritaki e uru ana ki ngā ratonga.</p>	Systems	There is a lack of systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.	There are emerging systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.	There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems work well for many who access services.	There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems involve broad representation, and allow for diverse feedback (e.g. different cultures including Māori and Pacific, younger and older, different socioeconomic groups, LGBTQI+)
	Community Voices	Community voices are not brought to the attention of senior leaders	Community voices are brought to the attention of senior leaders within the organisation but not acted upon.	Community voices are brought to the attention of senior leaders within the organisation and sometimes acted upon (i.e. the loop is closed).	Community voices are brought to the attention of senior leaders within the organisation and always acted upon (i.e. the loop is closed).
	Consumer Council		The input of the consumer council is heard, documented, but seldom acted upon.	The input of the consumer council is heard, documented, and sufficiently linked to be acted upon.	The input of the consumer council is heard, documented, and sufficiently linked to be acted upon.
	Skills	Consumers and staff do not have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).	Consumers and staff have limited skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).	Some consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).	Most consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).
	Access	It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	Most people can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.	Everyone can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.

Organisation	Score
✓	3

Organisation	Score
✓	3

Organisation	Score
✓	3

Organisation	Score
✓	3

Organisation	Score
✓	2

		What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:				
Experience The systems in place to capture consumer experience, and act upon the results. Wheako ko ngā pūnaha kua whakaritea hei mau i te wheako kiritaki me te whakatinana i ngā mahi i runga i ngā hua.	Metrics	There is a lack of metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback.	There are specific metrics in place to support the monitoring of patient experience surveys and patient feedback. <table border="1"><tr><td>Organisation</td><td>Score</td></tr><tr><td>✓</td><td>4</td></tr></table>	Organisation	Score	✓	4
	Organisation	Score							
	✓	4							
Reporting	These metrics are reported on.	These metrics are reported on and shared with relevant stakeholder groups.	These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. <table border="1"><tr><td>Organisation</td><td>Score</td></tr><tr><td>✓</td><td>3</td></tr></table>	Organisation	Score	✓	3	These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. Reporting is timely, and feedback loops are closed.	
Organisation	Score								
✓	3								
Feedback Options	There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). It is not always clear whether feedback is acknowledged.	There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). Certain forms of feedback are acknowledged and responded to.	There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to. <table border="1"><tr><td>Organisation</td><td>Score</td></tr><tr><td>✓</td><td>3</td></tr></table>	Organisation	Score	✓	3	There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.	
Organisation	Score								
✓	3								



*We invite all community members to come along
and help shape the future of our local hospital*

Waitakere Hospital 20 Year Vision Consumer Workshop

Monday 22 March, 10am to 12noon

Huia Activity Room 2, Te Pae o Kura — Kelston Community Centre, Kelston

The community is invited to participate in a workshop to share their views on what Waitakere Hospital could look like in 20 years' time.

Waitematā District Health Board is preparing a master plan to guide development on the site over the coming years and would like input from the local community.

Following an introduction to explain the planning process there will be an interactive session to contribute ideas on the following topics:

- ◆ Vision for the site
- ◆ Connections—how the services on site are connected
- ◆ Cultural Priorities
- ◆ Wellbeing
- ◆ Flexibility & Future Proofing

***The meeting will only be held if Auckland is in Covid Level 1
Back up meeting date—Mon 29 March, 10am to 12noon***

Everyone is welcome and light refreshments will be provided

RSVP by 18 March to tracy@waitakerehealthlink.org.nz or Ph 839 0512

Ensuring the community voice is heard in healthcare decision making

PO BOX 21 852, HENDERSON TELEPHONE: 839 0512 WEBSITE: WWW.WAITAKEREHEALTHLINK.ORG.NZ



FEEDBACK - BREAK OUT GROUPS

Health Consumer Network Meeting—August 2021

Imagining the Foyer Space

How should the Foyer FEEL?

Repeated themes from the post it notes...

- Peaceful, calm
- Welcoming, inviting
- Homely not sterile
- Supported, warmth, belonging
- Safe
- Connected
- Comfortable, relaxed

What should you SEE in the foyer?

Repeated themes from the post it notes...

- Front desk, information desk, volunteers
- Welcome, love
- Community, whanau, people, smiling faces, life
- Colour, vibrant
- Artwork, Maori art, Waitakere ranges
- Plants
- Curves
- Multi cultural icons that represents the diverse community of the west
- Clear/visible signage

What should you HEAR in the foyer?

Repeated themes from the post it notes...

- Music, birds, nature, water, waiata
- Natural background sounds—water, nz bird sounds, beach
- Silence, serenity, comforting
- Voices, hum of people,

- Hearing welcome to Waitakere Hospital
- Calm/serene background music

Redesigning the Foyer Space

Themes (lots repeated) from the design plan notes...

NGO Space

- NGO private space—divider using height of the room—vertical louvre
- Community corner with visual presentation and written info
- Brochure wall/info stand with up to date info from NGOs
- Hospital staff aware of NGO information area
- signage
- Warm noise
- Free internet
- Tele-communication multi media (visual presentation)
- Multi-cultural and inter generational
- NGO space on far right opposite to reception
- Ideally a space for a person from NGO to provide info
- Visual/video media for NGO services

Wayfinding

- Welcome sign in different languages
- Clear readable welcome sign in different languages
- Clear direction where to go for 1) Hospital staff 2) Volunteer
- Obvious where to go for translator/language support. List of languages available on site that day
- Wayfinding upgrade—signs in addition to people
- Bring signage forward
- Clear wayfinding

Welcome Desk

- Reduce barrier to desk
- Shared reception desk with volunteers
- Multicultural—welcoming all cultures and ethnicities
- Closer to the entrance that it is currently
- Visual sight of reception—level desk for wheelchair access
- Lower desk visibility
- Make desk smaller to clear visibility on where to go when arriving
- Counter, reception on left of entrance
- Drop side of reception desk for wheelchair height
- Curved lines of reception desk, not square
- Reception desk not always square but may be a design which represent nature and all cultures
- Volunteers on right for guidance to ward
- Wheelchair friendly desk

Meet and Greet

- Person to welcome “How can I help you?”
- Clear direction where to go for 1) Hospital staff 2) Volunteer
- First contact should be a member of hospital staff who can direct to a volunteer if appropriate
- Have information available at reception on services available
- Diverse staff at reception to reflect diverse community
- Hot desk—welcome desk lower for visitors/patients to see them
- Welcoming person at reception
- Clarification who to approach
- Access to interpreters on arrival
- Welcoming helpful person

Seating

- Cater for all bodies
- Comfortable, relaxing
- Room to hug/comfort family/whanau
- More comfortable seating/couch space
- Comfortable with back support
- Comfortable couches as well as individual seating
- Moveable seats and fixed seating
- Chairs away of main walk way
- More seating near the entrance for clients

Walls/Floors

- Mural to reflect whenua—therapeutic environment
- Mural behind reception of Waitakere Ranges (calming bush scene)
- Vibrant colour
- Flooring to have more carpet
- QR code and sanitizer on right as you enter
- Access to charging ports/power outlets
- Murals on artwork—more multicultural identify (west coast feel)
- Clean space/white, orange and blue colouring
- Some colour
- More vibrant colour and as a sign of welcome

Children

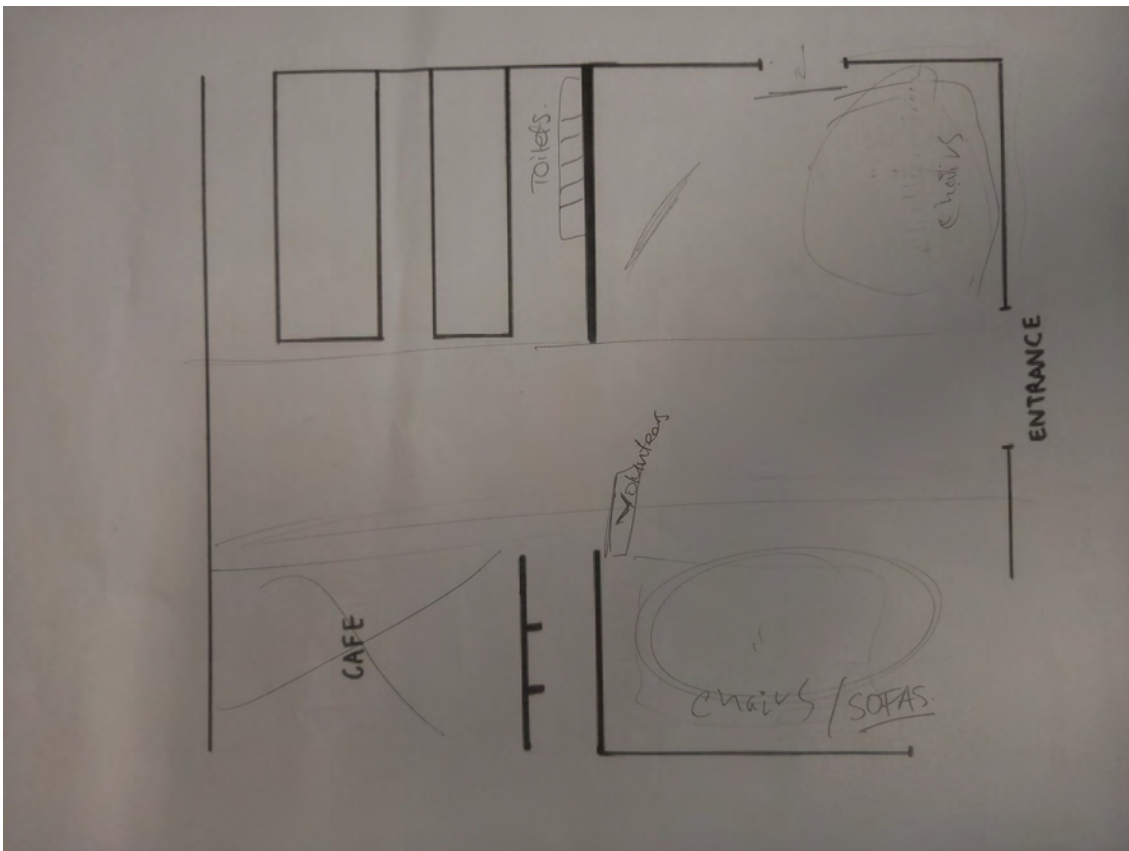
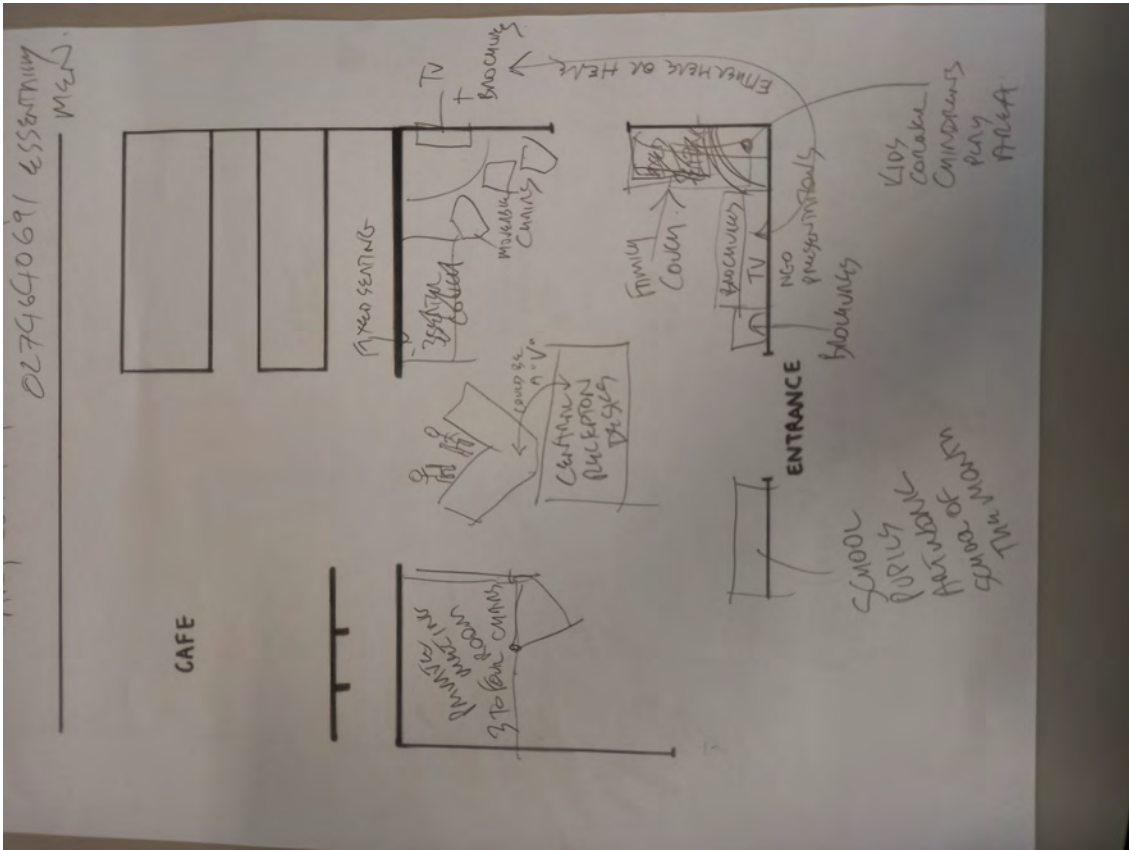
- Kids space
- Child and pram friendly
- Child space—safe
- Not safe to have childrens bay
- Provide a private quiet space for breastfeeding

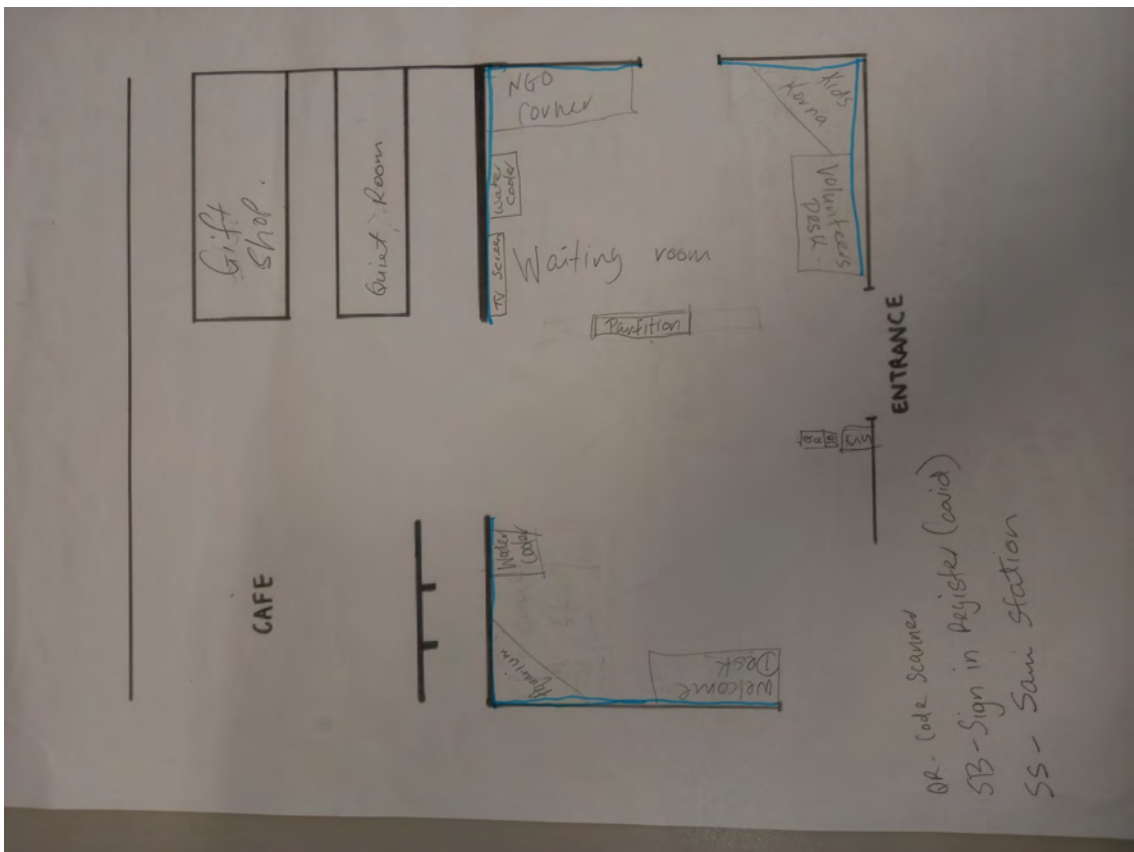
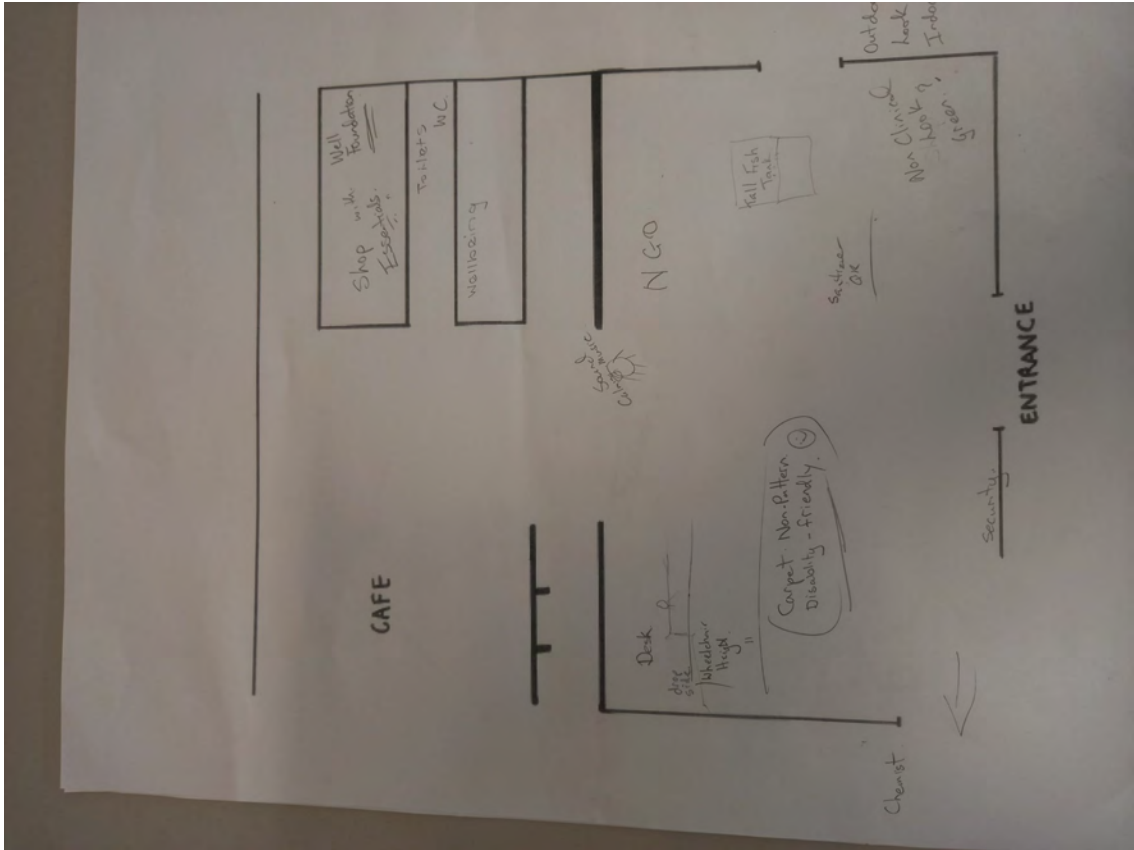
Presenting Information

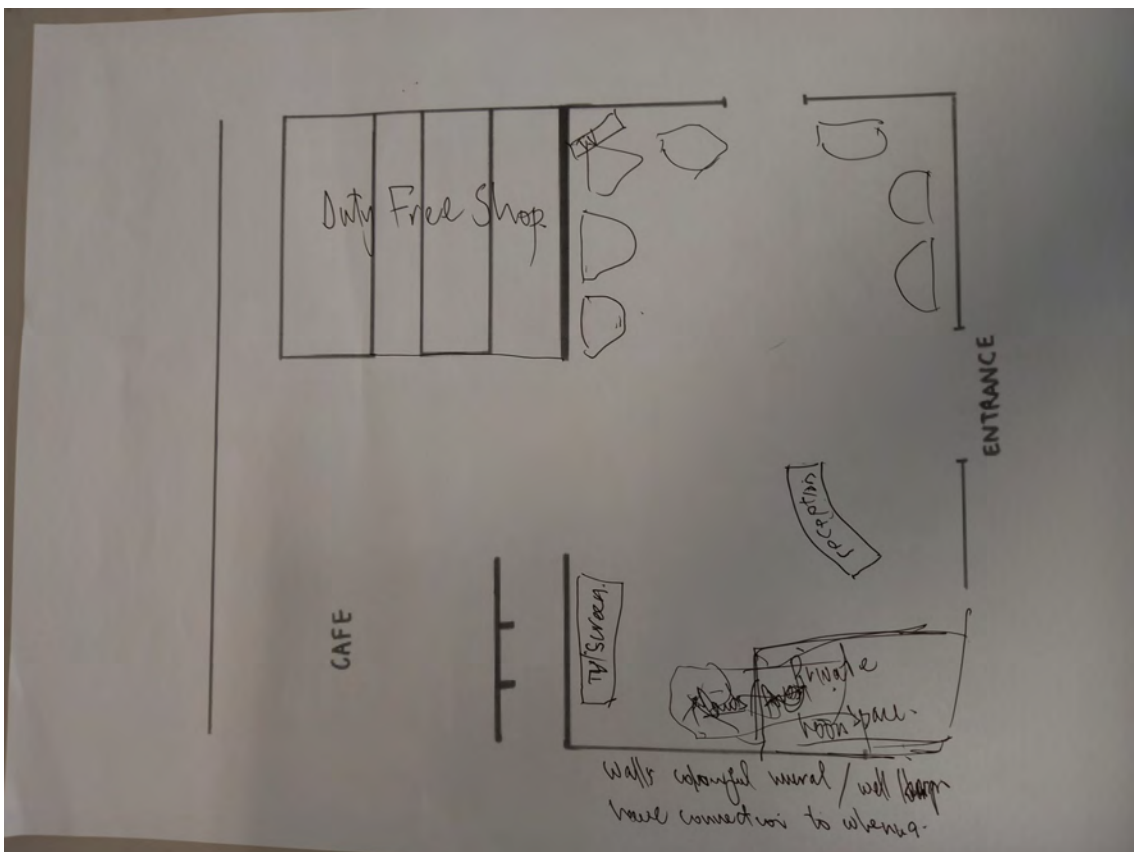
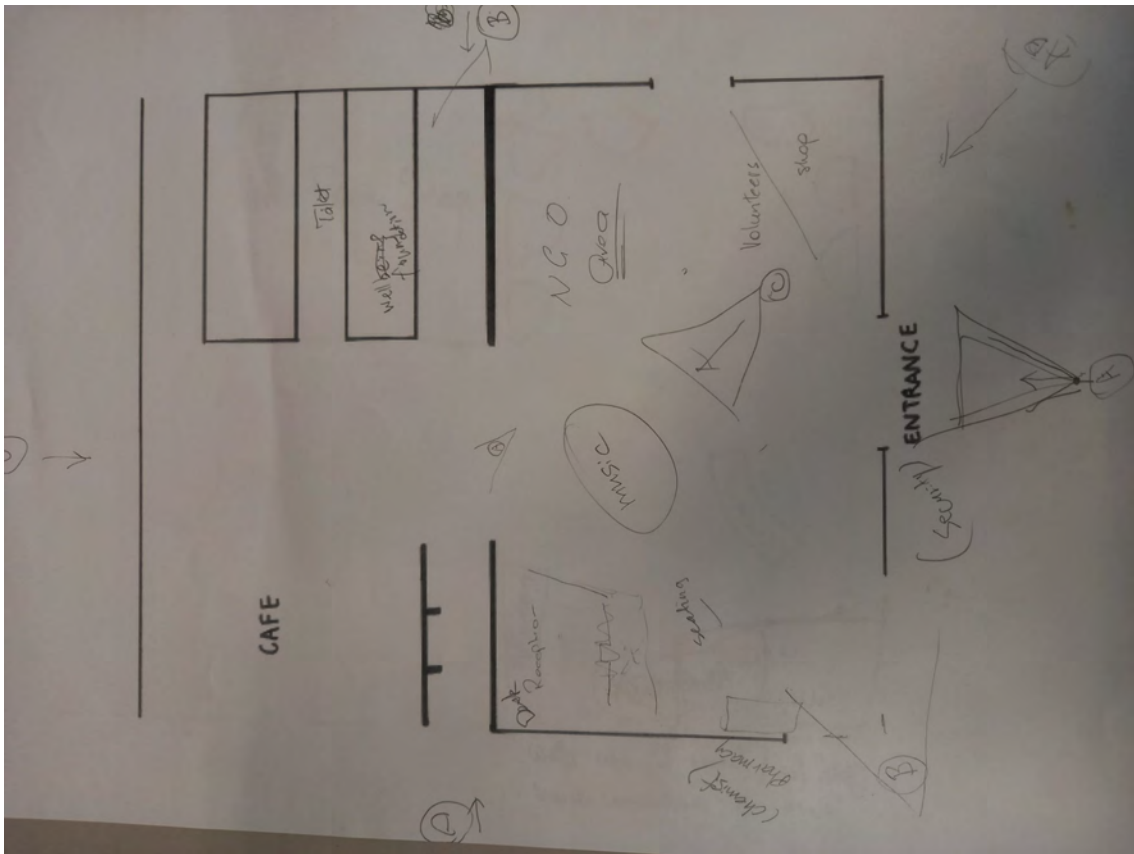
- Big screen with adverts of different services available, people can watch while waiting
- Big TV, info banner along the bottom

General

- Shop for essentials instead of Well Foundation, combine with shop, essentials packs?
- Pharmacy more visible
- Pharmacy can help with selling essentials
- Nothing in middle—clear flow
- Shop to be repositioned
- Bring toilets forward closer to entry
- Access to private room
- More toilets







Consumer Engagement QSM Update

Recommendations:

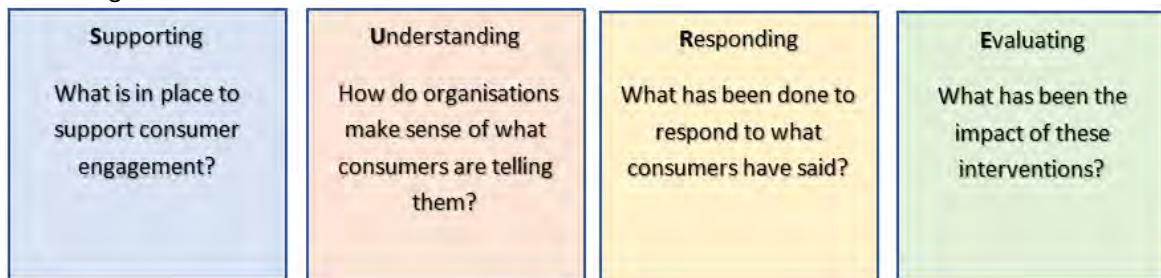
The recommendations are that you:

- Note the information paper
- For each line in the Quality Safety Marker score your division and the organisation.

Background

The Health Quality & Safety Commission set up a reference group made up of consumers, providers, the Ministry of Health, and an international expert on consumer engagement to develop a consumer engagement quality and safety marker.

A framework called **SURE** has been developed. This stands for **S**upporting, **U**nderstanding, **R**esponding and **E**valuating.



Descriptions of what should be within each domain and an indicator of the maturity of progress is provided within the framework.

In the development, maintenance and monitoring of this framework the *principles are*:

- Authentic partnerships between consumers and providers underpin all interactions
- Suitably prepared consumers are resourced and supported to engage in all processes
- People understand that the driver for the marker is improvement of consumer engagement and equity
- Ethically sound values guide engagement
- Processes are open and transparent
- Te Tiriti underpins all aspects of this framework

The QSM has taken the form of a dashboard self-reporting system, with a matrix to indicate whether or not a domain is being met, supported by evidence and qualitative comments for each domain. The data will be collected on an annual basis. The QSM will provide information which providers can use to assess their level and quality of consumer engagement, and use this knowledge to improve engagement, equity and services.

The final draft of the framework has been published and reporting against the framework is due in March 2021. The self assessment is designed to demonstrate improvement over time as DHBs invest in more mature and effective ways of consumer engagement. Once the organisation has completed their self-assessment it is presented to the Consumer Council for endorsement.

Discussion

Within the provider meeting each division is asked to provide a self assessment of their division and the overall organisation using the QSM framework in this paper and the blank template provided. It is also expected that you can provide evidence of consumer engagement that has led to the scores in your division. This discussion is not a competition between divisions – but an opportunity to identify areas that have great examples of consumer engagement and where improvement is required.

See Appendix for current QSM framework and blank table for your self assessment.

Contact for telephone discussion (if required)

Name	Position	Telephone	Suggested first contact
David Price	Director of Patient Experience		✓

Consumer engagement quality and safety marker (QSM) | SURE (Supporting, Understanding, Responding and Evaluating) framework

- PLACE A TICK IN THE BOX THAT REPRESENTS YOUR DIVISION PERFORMANCE FOR CONSUMER ENGAGEMENT FOR EACH LINE IN THE FRAME WORK
- PLACE A SECOND TICK IN THE BOX THAT REPRESENTS YOUR ASSESSMENT OF THE ORGANISATION OVERALL FOR EACH LINE IN THE FRAMEWORK

		1 – Minimal Te itinga iho	2 – Consultation Te akoako	3 – Involvement Te whai wāhi	4 – Partnership & shared leadership Te mahi tahi me te kaiārahitanga ngātahi																
		What 'minimal' looks like:	What 'consultation' looks like:	What 'involvement' looks like:	What 'partnership & shared leadership' looks like:																
Engagement The environment created to support community engagement. Te Tūhononga ko te taiao kua hangaia hei tautoko i te tūhononga hapori.	Consumers	Consumers are involved in one of the following areas of the organisation: direct care, service delivery, policy, and governance. Representation and input do not reflect the population served. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			Consumers are involved at some levels of the organisation in at least two of the following areas: direct care, service delivery, policy, and governance. Representation and input is partially reflective of the population served. Representation is not equitable. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. Representation and input is mostly reflective of the population served, and there is a transparent process for recruiting membership at all levels. Representation is not equitable (e.g. a broader understanding of health care and the wider determinants of health is not possible). <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. The representation and input reflect the broader population served (e.g. clubs and associations, educational institutions, cultural and social groups, churches and marae), and there is a transparent process for recruiting membership at all levels. Representation is equitable and covers a broader understanding of health care and the wider determinants of health. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation		
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Equity	Equity is a little known or discussed principle in the organisation. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			Equity is a well understood principle in some parts of the organisation and there is intent to act upon achieving equity for the population served. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			Equity is a well understood principle throughout the organisation and there is intent to act upon achieving equity for the population served. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			Equity is a well understood principle throughout the organisation and achieving equity for the population served is acted upon. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			
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Consumer Council	The consumer council is newly established, with a lack of resources, systems, and processes. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			The consumer council is newly established, partially resourced, and evaluation has not yet occurred. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> </tr> </table>	Division	Organisation	✓	✓	The consumer council is well established, partially resourced, and occasionally evaluated. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			The consumer council is well established, resourced, and regularly evaluated. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			
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Workforce	There is limited evidence that the organisation encourages a diverse workforce. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			The organisation encourages a diverse workforce through its recruitment strategy, although the broader population served is not reflected. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served. Consumers are included on interview panels where appropriate. Equity is incorporated as part of the recruitment strategy. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			
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Health Literacy	There are no systems or policy related to health literacy within the organisation for verbal and written information. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			A health literacy policy is in place, however not influencing common health literacy practices. Consumer health literacy group is in place to review written information, however not embedded into patient information review process. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> </tr> </table>	Division	Organisation	✓	✓	Regular health literacy staff training is available. Consumer health literacy group is embedded into the patient information review process, including online platforms, wayfinding, consumer information and mobile applications. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			Organisation is endorsed as a 'Health Literate Organisation'. Consumer information is codesigned and there is accountability for including feedback. Information is accessible to all consumers <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Division</td> <td style="width: 50%;">Organisation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Division	Organisation			
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<p>Responsiveness Responding to and acting on what consumers are saying about the service and having the right information at the right time for consumers accessing services.</p> <p>Te Noho Urupare ko te urupare, ko te mahi i ngā kōrero a ngā kiritaki mō te ratonga me te whai i te mōhiohio tika i te wā e tika ana mō ngā kiritaki e uru ana ki ngā ratonga.</p>	Systems	<p>There is a lack of systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation			<p>There are emerging systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity.</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation			<p>There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems work well for many who access services.</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation			<p>There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems involve broad representation, and allow for diverse feedback (e.g. different cultures including Māori and Pacific, younger and older, different socioeconomic groups, LGBTQI+)</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation		
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Skills	<p>Consumers and staff do not have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation			<p>Consumers and staff have limited skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation			<p>Some consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation			<p>Most consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science).</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation			
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Access	<p>It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation			<p>It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation			<p>Most people can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation			<p>Everyone can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.</p> <table border="1"> <tr> <td>Division</td> <td>Organisation</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Division	Organisation			
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Experience The systems in place to capture consumer experience, and act upon the results. Wheako ko ngā pūnaha kua whakaritea hei mau i te wheako kiritaki me te whakatinana i ngā mahi i runga i ngā hua.	Metrics	There is a lack of metrics in place to support the monitoring of patient experience surveys and patient feedback. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation	There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation	There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation	There are specific metrics in place to support the monitoring of patient experience surveys and patient feedback. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation
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Reporting	These metrics are reported on. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation	These metrics are reported on and shared with relevant stakeholder groups. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation	These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation	These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. Reporting is timely, and feedback loops are closed. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation	
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Feedback Options	There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). It is not always clear whether feedback is acknowledged. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation	There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). Certain forms of feedback are acknowledged and responded to. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation	There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation	There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Division</td> <td>Organisation</td> </tr> </table>	Division	Organisation	
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Appendix 4



Accessibility Tick: Action Plan

2021

Progress Update – August 2021

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 - Patient Experience

Our Five Year Objective (By 2023)

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

Actions 2021	When	Progress Update
A commitment to create alternative formats of marketing and communications material, including electronic, Easy Read and NZ Sign Language.	2021	Developing NZSL versions of DHB information, eg. Visitors Policy, Complaints process, car parking.
Complete annual Accessibility Audits of the physical environments, as well as after any changes to the environment.	Ongoing	Accessibility Audits of Auckland COVID-19 vaccination centres are being completed.
Continue to engage experts in accessibility environments before designing new physical spaces to ensure accessibility needs are met.	Ongoing	
Clear signage across the DHB sites. Signage includes directory boards and site maps.	Ongoing	
Working towards our DHB website and staff intranet being fully accessible.	2022	This is now on hold as the DHBs are being disbanded.

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 - People and Culture

Our Five Year Objective (By 2023)

Build an inclusive culture through an appreciation of difference.

Actions 2021	When	Progress Update
Deliver ‘active inclusion’ training to the Recruitment Team and Hiring Managers.	2021	Planned for October 2021.
Ensure job advertisements encourage people with accessibility needs, including mental health needs, to apply.	2021	Wording of adverts being reviewed.
Work with supported employment agencies to actively employ disabled people and get candidates job ready.	2021	Developing process mapping for the Recruitment Team for process when working with supported employment agencies.
Offer flexibility during the recruitment process to allow candidates to demonstrate their suitability for job roles – eg. Work simulations.	2021	
Encourage all staff to complete Disability Responsiveness e-Learning modules.	2022	Now a mandatory course for new starters and will be for all staff from 2022. 251 people completed the course in May and 213 people in June.
Update and amend relevant policies to increase awareness of accessibility and inclusion.	Ongoing	
Ensure staff data captures mental health data, as well as a range of impairments/disabilities.	2021	A staff survey is going live in August to understand how many staff identify as having a disability,

		impairment or a chronic condition, and how we can connect together and share ideas that might improve the experience of working at WDHB. Staff are also encouraged to update their details in KIOSK. This will increase our data on disabled staff.
Establish an employee accessibility network.	2021	Staff survey to go out in August to capture interest in an employee-led disability network.
Ensure that access needs are included in the DHB's Emergency Plans and evacuation instructions are clearly marked and accessible.	2022	



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 2023)

Contribute to creating inclusive communities through accessibility.

Actions 2021	When	Progress Update
Improve understanding of accessibility with Waitematā DHB partners and suppliers.	2022	Procurement Manager has agreed to progress discussions about DHB expectations on accessibility with suppliers. This will include accessibility and inclusion standards in the DHB RFP documents.
Actively seek information on the accessibility and inclusion practices of suppliers.	2022	Procurement Manager has agreed to progress discussions about DHB expectations on accessibility with suppliers. This will include accessibility and inclusion standards in the DHB RFP documents.

4. INFORMATION ITEM

4.1 Patient Experience Report

Patient Experience Feedback

1.0 National Inpatient Survey

The current survey is underway and went live on 10th August. The sample who received the survey is a selection of patients who visited the hospital during the 2 week period of 19 July – 1 August. Participants have until the 31st August to complete the survey and results will be made available on 28th September.

2.0 Friends and Family Test

2.1 Friends & Family Test Overall Results – Adult Survey

In July the Net Promoter Score (NPS) was 82 with feedback from 920 people. This is our highest score since the survey questions changed in November 2020. ‘Welcoming and friendly’, ‘treated with compassion’ and ‘explained in a way I understood’ all achieved their highest score to date, achieving scores of 90, 87 and 85 respectively.

2.2 Friends & Family Test Overall Results

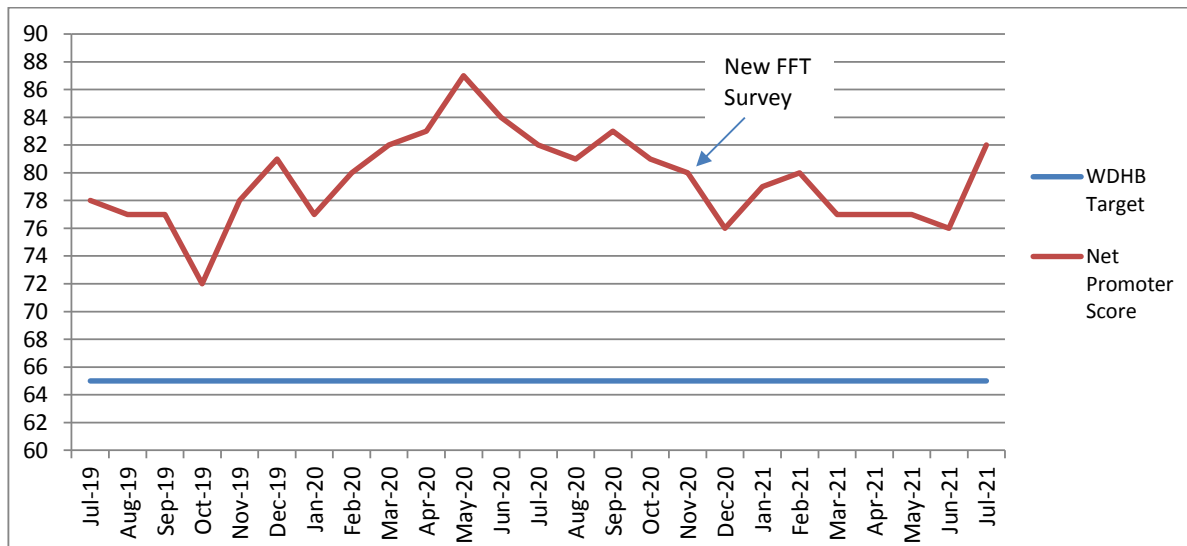


Figure 1: Waitematā DHB overall NPS

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	920	82	90	83	87	76	85
Jul-2021	920	82	90	83	87	76	85

Table 1: Waitematā DHB overall FFT results



Graph 2: Waitemata DHB Net Promoter Score over time

The above chart show the net promoter score over the last 2 years. 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.

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

July 2021	NZ European	Māori	Asian	Pacific	Other/ European
Responses	549	47	103	70	151
NPS	73	88	77	81	75

Table 2: NPS by ethnicity

In July, all ethnicities met the Waitemata DHB NPS target and score 65 and above. Pacific achieved its highest NPS to date with a rating of 90.

July 2021	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	90	81	90	95	90
I was listened to	81	77	88	91	84
I was treated with compassion	87	81	84	93	88
I was involved in decision making	73	76	83	79	80
My condition/treatment was explained in a way that I understood	83	89	88	90	85

Table 3: NPS for all questions by ethnicity

This month, all measures score at or above the DHB target. Pacific achieved its highest scores to date for ‘welcoming and friendly’ and ‘listened to’ with exceptional scores of 95 and 91 respectively. NZ European also enjoyed its highest score to date for ‘treated with compassion’ and ‘explained in a way I understood’ with impressive scores of 87 and 83 respectively. Other/European also achieved its highest score for ‘explained in a way I understood’ with a score of 85.

2.4 Patient Experience Highlights

➤ **Kia ora my name is**

On August 6th Waitematā DHB launched the #kiaoramynameis campaign. The aim of the initiative is to help improve the patient experience by encouraging all staff who work in our hospitals and community centres, regardless of role, to always introduce themselves and their colleagues to the people and whānau they support. Teams across all sites, including community centres, got behind the campaign and it was great to see such a high level of engagement throughout the WDHB.



3.0 Māori Patient & Whānau Experience Update

Focus for the month: Cultural Supervision

An area of focus has been the design elements that the role has been involved with. Observing how the environmental factors influence engagement behaviours with our patients and each other as staff. Outpatient reception areas at Waitākere Hospital site will be trialling some changes to see if this can improve staff practice of customer service and therefore also improve the experience of our whānau. Fabric designs for new patient curtains are underway with first concepts receiving positive feedback. Thank you to Dale for your encouragement to pursue the use of Māori design from our new SCBU build art work in our hospital fabrics. The staff and whānau are very excited.



The two design concepts have been developed by Aho Creative for the new Maternity refurbishments and the new SCBU unit in Waitākere.

4.0 Volunteers

4.1 Volunteer Recruitment Statistics

Volunteer numbers have increased by four since the previous report. The patient experience team has on-boarded seven Justice of Peace volunteers and they have started their role at North Shore hospital.

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	143	6	203

Table 5: Volunteers Recruitment

4.2 Volunteer Highlights

➤ **Recruitment**

The patient experience team is still receiving and processing applications steadily through our online process.

➤ **Mastectomy pillows**

Hospital Auxiliary volunteers have been providing mastectomy pillows to the breast service to enhance comfort for women post surgery. These pillows have been made on site from donated fabric.



Mastectomy pillows made by North Shore Hospital Auxiliary

➤ **National Volunteer Award**

The Waitematā DHB volunteer service has been recognised at national level once again. The DHB's Hospital Auxiliary Team (North Shore and Waitakere Hospital) were shortlisted and won the team category - Health Provider Service. Three representatives of the team attended the award ceremony in Wellington on Tuesday 17th August 2021 .



North Shore and Waitakere Hospital Auxiliary in the North Shore sewing room on Shakespeare road

[5.0 Consumer Council Update](#)

The Consumer Council met on 28th July 2021 and DJ Adams, Chair led the discussion.

They discussed the following agenda items at their most recent meeting:

- Facilities update
- Consumer Council Engagement with the Transition Unit
- Appointment of Ex-officio staff
- Emergency Department model of care for Mental Health

5. OTHER BUSINESS

- 5.1 Community concerns
- 5.2 Agenda for next meeting