

Consumer Council

Wednesday

8 February 2023

2:00pm – 4:00pm

**Waitematā Room, Level 1, Whenua Pupuke Building
North Shore Hospital Campus**

In person attendance with Zoom option available

CONSUMER COUNCIL

8 February 2023

Venue: Waitematā Room, Level 1, Whenua Pupuke Building, North Shore Hospital Campus

Time: 2:00pm – 4:00pm

<p><u>Consumer Council Members</u></p> <p>Lorelle George (Consumer Council Chair) Ngozi Penson (Consumer Council Deputy Chair) Neli Alo Samuel Cho Boyd Broughton (Te Rūnanga o Ngāti Whātua) Insik Kim Ian Ramos Ravi Reddy Kaeti Rigarsford Vivien Verheijen</p>	<p><u>Ex-officio - Waitematā DHB staff members</u></p> <p>Samantha Dalwood – Disability Advisor Brad Healey – Interim Lead – Hospital and Specialist Services Waitematā</p> <p><u>Other Te Whatu Ora Health New Zealand Waitematā Staff members</u></p> <p>Ravina Patel – Manager, Patient Experience Jacky Bush – Quality and Risk Lead and Manager Geraldine Kirkwood - Complaints and Adverse Events Manager Janine Pratt – Project Manager, Facilities Services Group Matthew Knight – Project Director, Facilities Services Group Brad Marais - Project Manager, Facilities Services Group Haitham Alrubayee - Program Director, Facilities Services Group Te Aniwa Tutara – Project Manager, He Kamaka Waiora</p>
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APOLOGIES:

Representative of Te Whānau o Waipareira

AGENDA

Disclosure of Interests (see 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?

WELCOME

KARAKIA

1. AGENDA ORDER AND TIMING	
2. Welcome / Karakia / Introduction	
3. CONFIRMATION OF MINUTES	
2.05pm	3.1 Confirmation of the Minutes of Meeting (07/12/22)
	3.2 Actions Arising from Previous Meeting
4. DISCUSSIONS	
2.15pm	4.1 Patient Experience Report – Ravina Patel
	4.2 Update on name for gynaecology service – Ravina Patel
5. INFORMATION ITEMS	
2.30pm	5.1 Overview of Complaints and Compliments – Jacky Bush & Geraldine Kirkwood
2.55pm	--- Working Tea Break ---
2.55pm	5.2 Chair's Update - Lorelle George, Chair
	i. New member to represent the Rodney area
	ii. New member to replace recently resigned student representative
	iii. Consumer Councils' Transitional Role and Functions (Te Whau Ora document) Waitematā Consumer Council 2023
3.10pm	5.3 Facilities Update (Verbal) – Janine Pratt, Facilities Services Group
3.30pm	5.4 Māori Cultural Competency Training (Verbal) – Te Aniwa Tutara, He Kamaka Waiora
6. ANY OTHER BUSINESS	
3:45pm	6.1 Community Concerns
3.50pm	6.2 Area of interest for future meeting
3.55pm	6.3 Meeting evaluation

**Te Whatu Ora Health New Zealand - Waitematā
Consumer Council
Member Attendance Schedule 2023**

NAME	Feb 2023	March 2023	May 2023	June 2023	July 2023	Sep 2023	Oct 2023	Nov 2023
Lorelle George (Chair)								
Ngozi Penson (Deputy Chair)								
Neli Alo								
Samuel Cho								
Boyd Broughton (Te Rūnanga o Ngāti Whātua)								
Representative of Te Whānau o Waipareira								
Insik Kim								
Ian Ramos								
Ravi Reddy								
Kaeti Rigarlsford								
Vivien Verheijen								
Brad Healey								
+Samantha Dalwood								
Student representative								

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

**TE WHATU ORA HEALTH NEW ZEALAND - WAITEMATĀ
CONSUMER COUNCIL**

REGISTER OF INTERESTS

Committee Member	Involvements with other organisations	Last Updated
Lorelle George (Chair)	Consumer Advocate – Harbour Hospice, Clinical Governance Committee	10/10/22
Ngozi Penson (Deputy Chair)	Member, Metro Auckland Clinical Governance Forum Member, Ethnic Advisory Group (EAG), English Language Partners Northern Region Laboratory Network Point of Care Testing (POCT) Network Group, Co-Founder - Middle Eastern, Latin American, African (MELAA) Advisory group (MAG)	26/10/22
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)	28/07/22
Boyd Broughton		
Insik Kim	nil	07/12/22
Ian Ramos	nil	03/08/22
Ravi Reddy	Senior Lecturer – Massey University Honorary Academic – University of Auckland	07/12/22
Kaeti Rigarlsford	nil	03/07/19
Vivien Verheijen	Member, Consumer Advisory Committee - PHARMAC Board member, Companionship & Morning Activities for Seniors (CMA) Lay member of General Standards Committee, NZ Law Society	27/07/22
(Student Representative)		

Conflicts of Interest Quick Reference Guide

Any Consumer Council member who has or may have an interest in a transaction or issue under discussion by the Consumer Council must declare the interest in writing to the Interim Director Waitematā. The declaration must include sufficient information that the nature of the interest and the potential for it to conflict with the interests of Te Whatu Ora Health New Zealand is clear.

A Consumer Council member may be interested in a transaction or issue if they are:

- 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 one 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 Consumer Council member in carrying out their responsibilities, then he or she may not be “interested in the transaction”. The decision as to whether someone is “interested in the transaction” must be made by the Interim Director Waitematā.

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

- take part in any deliberation or decision of the Consumer Council relating to the transaction or issue; 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 issue or the initiation of the transaction or issue.

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

The Consumer Council member can take part in deliberations (but not any decision) of the Consumer Council in relation to the transaction if a majority of other members of the Consumer Council 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 Consumer Council Committee relating to the transaction concerned.

Consumer Council members are expected to avoid using their positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Consumer Council Committee’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 of the Consumer Council 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.

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE
CONSUMER COUNCIL AS AT 17 JANUARY 2023**

Meeting Date/ Minutes ref.	Topic	Action / Status
07/12/22	Feedback on the pilot programme for Volunteers to give assistance with patient wheelchairs.	Ravina to provide an update at the meeting on 22 March 2023
07/12/22	Recruitment of consumer to represent Rodney area. Recruitment of two student representatives.	Lorelle/Samantha to provide update at the 8 February 2023 meeting

2. WELCOME AND INTRODUCTION

3. CONFIRMATION OF MINUTES

3.1 Confirmation of the Minutes of Meeting 07/12/22

3.2 Actions Arising from Previous Meeting

3.1 Confirmation of the Minutes of Meeting 7/12/22

Draft Minutes of the meeting of the Consumer Council of Te Whatu Ora Health New Zealand - Waitematā

Wednesday, 7 December 2022

Waitematā Room, Level 1, Whenua Pupuke Building
North Shore Hospital Campus and
by video conference commencing at 2.00pm

CONSUMER COUNCIL MEMBERS PRESENT:

Lorelle George (Chair)
Ngozi Penson (Deputy Chair)
Neli Alo
Samuel Cho
Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua)
Rose Cosgrove (Te Whānau o Waipareira)
Insik Kim
Ian Ramos
Kaeti Rigarlsford
Ravi Reddy
Eden Li (Student Representative)

ALSO PRESENT:

Samantha Dalwood - Disability Advisor
Ravina Patel - Manager, Patient Experience
Tim Wood – Acting Executive Director Commissioning and Community Services
Grace Ryu – Manager, Asian Health Services

KARAKIA

Neli Alo led the Karakia.

APOLOGIES:

Vivien Verheijen

WELCOME:

Lorelle George, Consumer Council Chair, welcomed everyone to the meeting.

DISCLOSURE OF INTERESTS

There were no updates or additions to the interest register.

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

It was noted that Rose Cosgrove had expressed interest in joining the Lung Screening project that was discussed at the October Consumer Council meeting. The Chair thanked Rose for taking part.

1 AGENDA ORDER AND TIMING

Agenda items were discussed in the order listed in the agenda.

3 CONFIRMATION OF MINUTES

3.1 Confirmation of Minutes of the Consumer Council Meeting held on 26 October 2022

The Minutes of the Consumer Council Meeting held on 26 October 2022 were received and approved.

3.2 Actions arising from the previous meeting

Feedback on the pilot programme for Volunteers to give assistance with patient wheelchairs. Ravina to update at the March 2023 meeting.

4 DISCUSSIONS

4.1 Patient Experience Report (Agenda pages 15-18)

Ravina Patel (Manager, Patient Experience) joined the meeting in person for this item. The report was taken as read.

Matters covered in the discussion and response to questions included:

Friends and Family Test

- Net Promoter Score (NPS) continues to score higher than our target of 70 but it has been falling for the last three months. The 14 months prior, we were consistently recording a NPS of 80+.
- 'Involved in decision making' is contributing to this declining score. Patient Experience team will talk to patients on the wards to understand how we can improve the experience for patients.
- Scores fluctuate for the ethnic groups and low sample sizes are a concern.
- It was suggested that if able to show rate of response it would be more useful.

Volunteers

- Volunteer numbers are steady.
- Working with Auckland Kidney Society to recruit volunteers for the dialysis unit.
- Wheelchair training has been moved to January with the pilot group providing feedback in February.
- Two Christmas volunteer celebrations to thank the volunteers for all their hard work and contribution to the organisation.

New Clinic Name

- Seeking feedback from the group about the naming of a new Women's clinic at North Shore Hospital
- Consumer Council group to provide feedback to Ravina by COB 14th December

The Consumer Council thanked Ravina Patel for her work.

5 INFORMATION ITEMS

5.1 Reset and Restore Planned Care report and Te Pae Tata – Interim health plan released Update (Agenda pages 20-141)

Tim Wood (Acting Executive Director Commissioning and Community Services) spoke to his presentation.

Matters covered in the discussion:

Te Pae Taha, the interim health plan, was released in November 2022 and will be enacted during the next 18 months.

Key points of this report are:

- Health equity for all New Zealanders to achieve good health and improve wellbeing outcomes
- Building a health system that embeds Te Tiriti o Waitangi as the foundation
- Implementing a service user health approach focusing on prevention and stronger collaboration between the health services and the communities for better outcomes
- Ensuring financial and environmental sustainability

Six priority actions:

- Whānau centred approach to improve equity and health outcomes
- Embedding Te Tiriti o Waitangi
- Developing a more inclusive and more representative workforce that reflects the needs of the service users
- Implementing greater use of technology to improve access to services that can be delivered out in the community, especially in rural and remote areas
- Developing a financially sustainable system
- Setting up Te Whatu Ora

Each priority has a set of guidelines that are at the very early stages of being developed and defined.

- Whānau centred approach to improve equity and health outcomes
 - Aiming to improve health outcomes in the community
 - Maternity in early years: improving services for mothers and babies in the first 1000 days
 - Enhancing oncology services to improve service delivery and outcomes
 - Improving services to treat chronic and long-term health conditions including the delivery of mental healthcare services
 - Currently developing a system and leadership structure to provide direction at the national level across a 10year period with a focus on what is needed and how to implement tools to monitor outcomes. This involves working closely with the community with a strong Māori perspective. The leadership structure will spread across the whole system and work alongside government agencies to set up what

is required to fulfil the long-term view and to measure progress. This structure will also work closely with the Health Quality and Safety Commission and the consumer leadership.

- Valuing the service users and whanau voices
 - Strong focus on diversity and with a multicultural approach

- Localities: based on how each local community responds to issues and manages resources to meet the needs of the service demands at the local level
 - Strong focus in working closely and developing relationships between the service and the community
 - Iwi-Māori Partnership workforce is being set up as the foundation for health services to work collaboratively with the communities to meet the service users demands
 - Localities setup currently in the early stages. At present 12 localities have been established with the aim to include up to 70 to 80 localities nationwide.

- Enhanced national public health system
 - The public health service is the operational arm and seats within Te Whatu Ora. More broadly the public health agency seats within the Ministry of Health. At present the Minister is also setting up a public health advisory committee to provide guidance on prevention and for strong responsiveness during outbreaks such as COVID-19.

- Stronger primary and community care and rural healthcare to increase accessibility
 - Focusing on regional planning on how to make best use of workforce and infrastructure at the regional level to avoid duplication of services

- Strengthening our system enablers
 - Improved and consistent data and digital systems across all regions
 - Infrastructure: having a single and centralised planning process
 - Stronger procurement and supply chain
 - Accountability of climate change response

Reset and Restore Planned Care Report

- 101 recommendations of which some could be delivered immediately and others may take a number of years to achieve. These include:
 - Training and skillsets of workforce
 - Stronger focus on primary care that includes having the adequate workforce and facilities to provide services
 - Whanau support including increased Māori and Pacific workforce
 - Technology and mobile services to improve access in rural and disadvantaged community areas
 - National consistency across all systems

Unify to Simplify

- Te Whatu Ora Health New Zealand Waitematā is currently undergoing structural changes to reflect the new operational model. Some of the changes involve a more centralised approach with the set-up of new roles and a shift in reporting lines to be enacted from 1st January 2023.

The Consumer Council acknowledged Tim Wood's presentation and thanked him for his time.

5.2 COVID-19: Reflections of the year report (Agenda pages 142-146)

Tamzin Brott (Covid-19 Executive Lead and Chief Allied Health, Scientific and Technical) provided her *COVID-19 Reflections of the Year 2022* report, but she was unable to attend the meeting. The report was taken as read. No comments or questions from the Council members.

2.50pm to 3.00pm – the meeting adjourned for a short working break.

5.3 Asian Maternal Mental Health: Healthy Mother Healthy Future (Agenda pages 147-170)

Grace Ryu (Manager, Asian Health Services) joined this meeting in person and spoke to a presentation.

- Grace presented an overview of the Health Mother, Healthy Future (HMHF) Asian Perinatal Mental Health Wellbeing project.
- There has been a significant (67%) increase of mental health referrals in Waitematā DHB in the past ten years, but according to the statistics on 'Maternal Mental Health (MMH) New Referrals by Ethnicity in 2021', among the total of 360 new referrals, only 48 (13.3% of overall MMH referrals) are for Asian women, which did not reflect on Asian new-born babies' percentage (30%) of the whole population that Waitematā DHB serves.
- Asian pregnant women and mothers with infant often face various challenges such as: depression, anxiety, family violence, difficult extended family relationships, lack of family support and/or relevant community support networks, prejudice about mental health issues, social isolation, poor mental health literacy due to cultural and language barriers etc. It was also identified that COVID-19 pandemic had been creating considerable uncertainties and challenges for many Asian women and their whānau.
- This project aims to improve Asian perinatal mental health outcomes through collaborative efforts on strengthening the referral pathways to maternal mental health services, enhancing practical community support, improving health literacy, mental health awareness and accessibility, and promoting early help-seeking and intervention by providing relevant education, seminars, counselling and practical social support.

The Consumer Council acknowledged Grace Ryu and thanked her for her time.

5.4 Terms of Reference and Membership of the Consumer Council 2023 onwards

The Chair provided a brief overview of points discussed at the two recent National Consumer Council Chairs' meetings she attended.

The Chair confirmed, as noted previously, the intention to recruit an additional Council member to represent the Rodney area; and that documents were currently being finalised to enable information to be forwarded out to the community prior to Christmas, seeking expressions of interest.

6 ANY OTHER BUSINESS

6.1 Community Concerns

No community concerns were raised.

6.2 Area of interest for future meeting

No comments or issues were raised.

6.3 Meeting evaluation

It was noted that the December meeting was Eden Li's and Alexa Forrest-Pain's last meeting as members of the Consumer Council. The members acknowledged and thanked Alexa and Eden for their input and work, and they were warmly farewelled.

The Chair encouraged the Council members to provide feedback about the meeting and the comments provided were generally positive. There was general agreement that sometimes important discussions get cut short due to time constraints.

The Chair thanked the members and attendees for their time.

The meeting closed at 4.00pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF TE WHATU ORA HEALTH NEW ZEALAND -
WAITEMATĀ – CONSUMER COUNCIL MEETING HELD ON 7 DECEMBER 2022.

_____ CHAIR

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE
CONSUMER COUNCIL AS AT 22 DECEMBER 2022**

Meeting Date/ Minutes ref.	Topic	Action / Status
07/12/22	Feedback on the pilot programme for Volunteers to give assistance with patient wheelchairs.	Ravina to provide an update at the meeting on 22 March 2023
07/12/22	Recruitment of consumer to represent Rodney area. Recruitment of two student representatives.	Lorelle/Samantha to provide update at the 8 February 2023 meeting

4. DISCUSSION ITEMS

- 4.1 Patient Experience Report – Ravina Patel Manager - Patient Experience
- 4.2 Update on name for gynaecology service - Ravina Patel Manager - Patient Experience

Patient Experience Feedback

1.0 National Inpatient Survey

Participation

1639 patients discharged from Waitematā hospitals from 24 October to 6 November 2022 were emailed the survey. 555 participants completed the survey over the 2 week period (34% response rate). 6.1 % of the respondents were Maori and 4.7% of Pacifica patients. Waitematā achieved a 6.7% higher response rate than the National average.

Performance

The highest and lowest performing results of Waitematā are similar to the previous quarter results. Whilst still being a low performer, feeling informed about what would happen at discharge has improved from 66.4% to 72.7%. Discharge continues to be an area for improvement and Patient Experience is working to establish a working group to improve the discharge planning process for our patients and make sure more support is available to ensure our patients are given the support they need to manage their recovery after they leave the hospital.

Highest-performing results for Waitematā DHB

The table below shows the highest-performing questions for Waitematā DHB in November 2022.

▲ Low sample size

Question Click on a question to see more detail	Overall	C.I.	n
Patient did NOT identify perceived unfair treatment	Nov 2022	94.4% (92.3%-96.5%)	468
Patient definitely treated with respect by doctors.	Nov 2022	93.4% (91.3%-95.5%)	528
Patient definitely treated with respect by nurses.	Nov 2022	93.1% (90.9%-95.3%)	519
Patient definitely treated with respect by other members of health care team.	Nov 2022	91.6% (89.2%-94.0%)	499
Before the operation(s), staff definitely helped patient to understand what would happen and what to expect.	Nov 2022	91.0% (87.2%-94.8%)	222
Patient definitely felt comfortable asking any questions they had.	Nov 2022	89.7% (87.1%-92.3%)	533

Lowest-performing results for Waitematā DHB

The table below shows the lowest-performing questions for Waitematā DHB in November 2022.

▲ Low sample size

Question Click on a question to see more detail	Overall	C.I.	n
Patient was definitely told the possible side effects of the medicine (or prescription for medicine) they left hospital with, in a way they could understand.	Nov 2022	61.5% (56.6%-66.4%)	377
Hospital staff definitely talked with the patient about whether they would have the help they needed when they left the hospital.	Nov 2022	63.9% (59.2%-68.6%)	396
Patient definitely had enough information about how to manage their condition or recovery after they left hospital.	Nov 2022	71.0% (67.1%-74.9%)	511
Towards the end of the patient's visit, they were definitely kept informed as much as they wanted about what would happen and what to expect before they could leave the hospital.	Nov 2022	72.7% (68.8%-76.6%)	506
Patient definitely given enough privacy when talking about treatment or condition.	Nov 2022	73.4% (69.6%-77.2%)	518

Meeting spiritual needs is an area where Waitematā performed significantly higher than the national result.

Question Click on a question to see more detail	Overall	C.I.	n
Patient definitely felt spiritual needs were met.	Nov 2022	88.2% (83.9%-92.5%)	212
	New Zealand	82.3% (80.3%-84.3%)	1376

Patient Experience Report (December 2022)

2.0 Friends and Family Test

2.1 Friends & Family Test Overall Results – Adult Survey

In December 2022, the Net Promoter Score (NPS) was 75 with feedback from 537 people. The NPS is up one on the previous month and the number of responses is up slightly from 515 last month to 537 this month. The overall NPS continues to score above the target of 70.

2.2 Friends & Family Test Overall Results

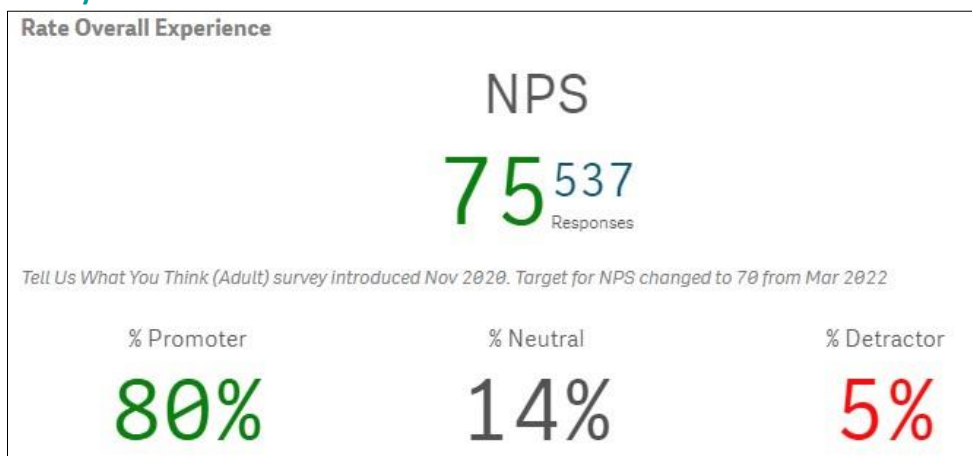
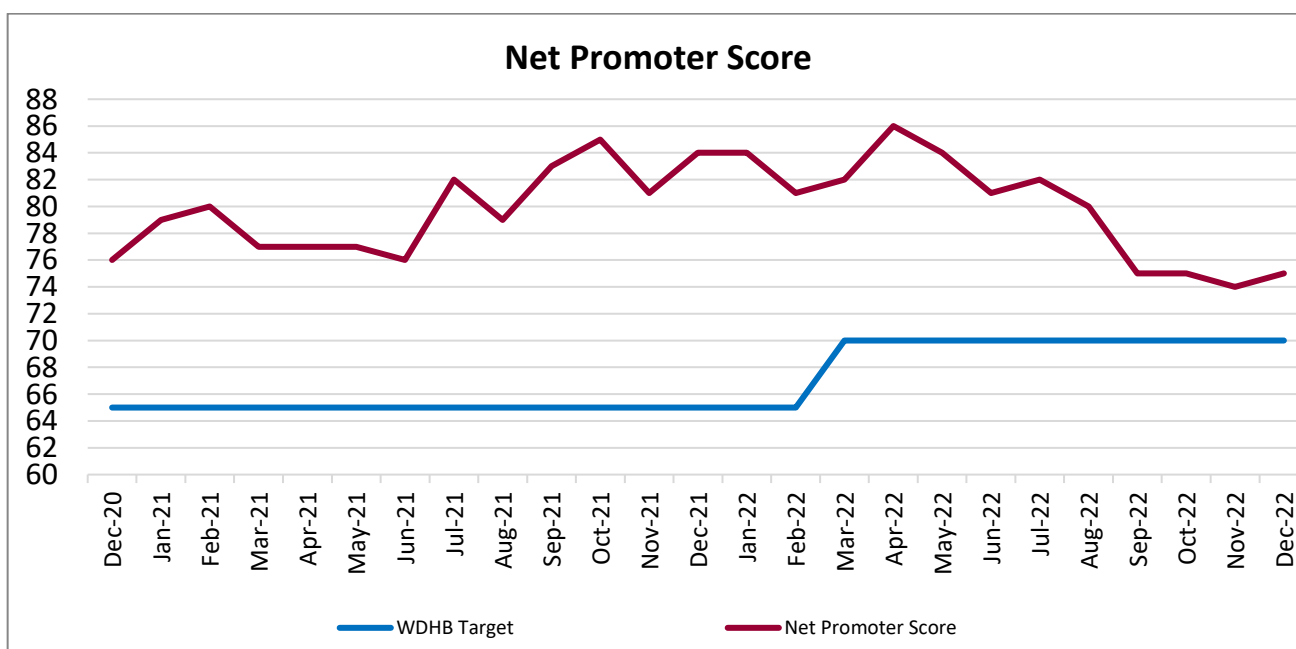


Figure 1: Waitematā DHB overall NPS

Pt Experience by Service (Adult and Maternity)								
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	537	75	87	81	85	71	81	
Dec-2022	537	75	87	81	85	71	81	

Table 1: Waitematā DHB overall FFT results



Patient Experience Report (December 2022)

Graph 1: Waitematā DHB Net Promoter Score over time

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

December 2022	NZ European	Māori	Asian	Pacific	Other/ European
Responses	317	24*	47	22*	127
NPS	76	83	74	68	72

*Low base size, interpret with care

Table 2: NPS by ethnicity

In December, most of our ethnicities scored above the Waitematā NPS target of 70, with the exception of Pacific which scored slightly below, achieving a score of 68.

December 2022	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	90	96	83	77	82
I was listened to	82	84	83	77	80
I was treated with compassion	87	84	85	77	80
I was involved in decision making	72	61	78	59	68
My condition/treatment was explained in a way that I understood	81	83	82	86	80

Table 3: NPS for all questions by ethnicity

This month, most of our measures score at or above the DHB target, however there are a few exceptions. Māori, Pacific and Other, all scored below target for 'Involved in decision making'.

2.4 Patient Experience Updates

➤ Patient Feedback

Patient feedback in December has mostly been positive with patients reporting great care and staff who were helpful, kind, friendly and understanding.

"Excellent, caring and compassionate team. They have helped my recovery and rehab so much and I am looking forward to going on to lead a normal life." (Child Rehabilitation Service)

"I was made feel safe looked after with most care. I experienced compassion kindness professional." (Anawhata Ward, WTH)

"Good welcome by reception, very informative regarding my treatment and friendly" (Cardiology Procedures, NSH)

Areas for improvement:

- Hospital - more staff, shorter wait times (especially Radiology and Orthopaedics), more compassion, staff listening and better service.
- Auckland Regional Dental Service – less time wasted by treating patient at the time instead of calling them back, more compassion, better staff attitudes and consistent diagnosis.

3.0 Māori Patient and Whānau Experience

Patient and Whanau Feedback

Māori Patient and Whanau Experience Lead is in the process of developing a new way that will enable Māori patients and whānau to speak about the care and treatment they are receiving while in hospital and where they believe,

Patient Experience Report (December 2022)

improvements can be made, if any. It is likely to be in the form of a survey that will be developed in collaboration with the Māori community, Māori Health Team and staff in the hospital.

4.0 Volunteers

4.1 Volunteer Recruitment Statistics

Volunteer numbers are down by one from the previous month with the retirement of one long-standing volunteer

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)
45	120	3	168

Table 4: Volunteers Recruitment

The Patient Experience team is about to resume with on-boarding new recruits once all volunteers are back from holiday.

4.2 Volunteer Highlights

➤ **Hospital Auxiliary**

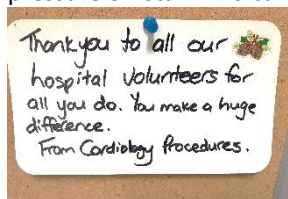
Before the holiday period, the North Shore team packed over 200 sleep packs and 20 comfort care packs. For the Christmas period, Hospital Auxiliary also donated 1,160 items to both North Shore and Waitakere Hospital. They have also supplied activity packs (colouring books, puzzle books, playing cards) and quilts for the patient’s beds in Rangatira Ward.

➤ **Waitakere Hospital Volunteer Shop**

The shop reopened the first week of January and all of the volunteers were keen to get return. Prior to Christmas the handmade teddy bears were very successful amongst other knitted clothing. The total income of the shop from July to November 2022 was \$3,135.18. After expenses have been deducted, then balance has been shared 50/50 between the Hospital Auxiliary and Well Foundation.

➤ **Volunteer Compliment**

It is great to see our volunteer’s outstanding work recognised by the cardiology procedures team whose desk is located by entrance 3 of North Shore Hospital. The volunteers are often asking for directions by patients and this has taken pressure off staff who can focus on their work.



4.3 Justice of Peace

The Justice of Peace (JP) team met before Christmas and decided to revoke their previous decision and will now continue with their service for another trimester. The desk will resume from Tuesday 7th February 2023 and will run fortnightly.

5.0 Consumer Council Update

The Consumer Council met on 7 December 2022. They discussed the following agenda items at their most recent meeting:

- **Patient Experience Report** – Ravina Patel, Patient Experience Manager presented her report, discussed key patient experience measures and areas for improvement, the naming of the new Women’s Health Clinic at North Shore Hospital and updated the group on the volunteer wheelchair pilot.
- **Reset and Restore Planned Care report and Te Pae Tata** – Tim Wood, Acting Executive Director Commissioning and Community Service updated the Council members on the Reset and Restore Planned Care report and 101 recommendations, and Te Pae Tata, the interim health plan. The meeting discussed the two documents and work that needs to be done over the next few years. This includes the development of 70-80 localities across the country.
- **Asian Maternal Mental Health: Healthy Mother Healthy Future (HMHF)** – Grace Ryu, Manager, Asian Health Services. Grace gave an overview of the HMHF project and the challenges Asian pregnant women and mothers with infants often face (depression, anxiety, family violence, difficult in-laws relationship, lack of family/community support, mental health prejudice, social isolation, poor mental health literacy) due to cultural and language barriers. This project aims to improve Asian perinatal mental health outcomes through collaborative efforts on strengthening the referral pathways to maternal mental health services, enhancing practical community support, improving health literacy, mental health awareness and accessibility, and promoting early help-seeking and intervention by providing relevant education, seminars, counselling and practical social support.
- **COVID-19: Reflections of the year** report from Tamzin Brott, COVID-19 Executive Lead and Chief Allied Health Science and Technical Professions Officer. Tamzin reflected on the year of COVID-19 and discussed COVID-19 cases starting to rise again. Staff vaccination rates are 99.3% of eligible staff have received a primary course of two vaccinations and one booster. We have had a number of support services in place to support patients, Whanau and staff. We have a clear readiness plan in place should we need to respond to a significant increase in community outbreaks of COVID-19.
- **Terms of Reference and Membership of the Consumer Council 2023 onwards** - Lorelle George, Chair Lorelle told the meeting that she has heard at the National Chair’s meeting that the Consumer Councils will continue as they are for another year. Members will be invited to the 2023 meetings. She told the meeting that recruitment will take place for two youth members and a member to represent the Rodney community. We hope to have these people in place by the February 2023 meeting. Lorelle thanked Eden and Alexa, who are leaving the Council, for their work as Committee members.

5. INFORMATION ITEMS

- 5.1 Overview of Complaints and Compliments - Jacky Bush Quality and Risk Lead & Manager, Geraldine Kirkwood Complaints & Adverse Events Manager
- 5.2 Chair's Update – Lorelle George - Chair
- 5.3 Facilities Update (Verbal) – Janine Pratt Project Manager, Matthew Knight Project Director, Brad Marais Project Manager, Haitham Alrubayee Project Director – Facilities Group
- 5.4 Māori Cultural Competency Training – Te Aniwa Tutara Project Manager - He Kamaka Wairoa

1. Overview of Feedback Received by Waitematā District

The following information is provided to give the Consumer Council an understanding of the complaint activity and complaint themes at Waitematā District, for the period January 2022 to December 2022.

Complaints provide a means for consumers to have an input in the continuous improvement of the organisation. It is important that the process is accessible to all consumers and their whānau, and that those responsible for the service provision respond promptly to the Feedback and can make any required improvements to service delivery.

It is also important that staff receive feedback when compliments are received, so that we can learn what goes well and what requires improvements to be made.

1.1. Complaints Management Process

All complaints are managed in line with the Waitematā's Complaints Management policy. Waitematā has a target of responding to and resolving complaints within 14 calendar days of receipt. The Code of Rights sets a target of 20 working days.

Responses are usually in writing, however, we encourage staff to call the service user to discuss their concerns with the aim of resolving them at the earliest opportunity, if their concerns are serious the call is to be made either the same or next day. A timely response to any complaint is essential to effective complaint management and all services within the organisation are monitored on their complaint resolutions. **Appendix 1** shows how Waitematā has performed against the 14-day target since 2020.

Service users, patients, family and whānau can lodge a complaint with Waitematā in several ways:

- Talking directly with a member of staff
- Emailing Feedback@waitematadhb.govt.nz
- Telephoning the Feedback team on (09) 486 8920 extn 43153
- Completing a paper Feedback Form located in patient areas and in the main reception areas
- Completing the electronic Feedback Form on our website
- Writing a letter

The majority of complaints are received via email, telephone, and the Waitematā District's website 'contact us' section.

Regardless of the complaint method, the management of the complaint is the same. The Consumer Feedback Administrator will log the details of the complaint onto the Feedback system. A unique reference number will be attributed to the complaint, a complaint severity and category will be assigned (see Appendix 2), and the appropriate Service or Divisional Manager identified, and the complaint sent to them.

a. Consent

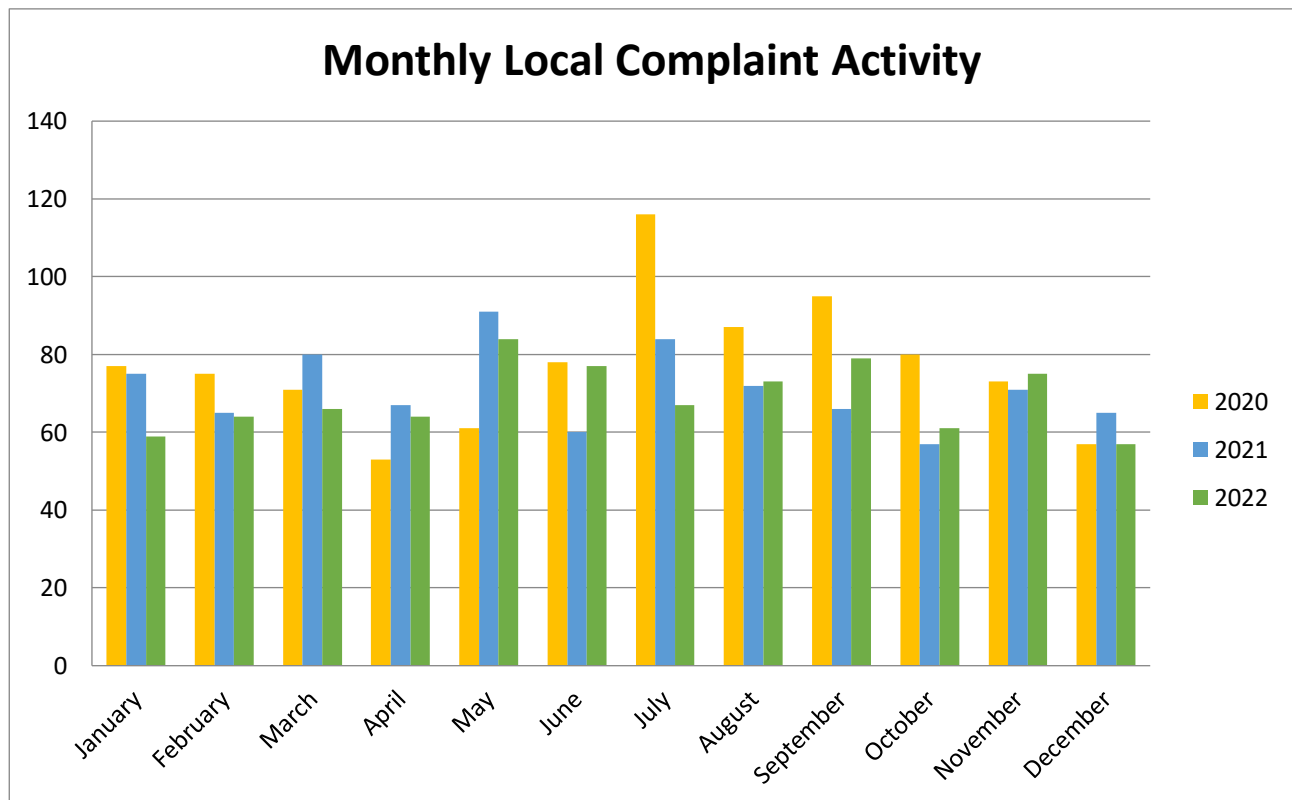
If a complaint is received from a third party e.g., the patient’s whānau or friend. In the interest of patient confidentiality and in line with the Health Information Privacy Code 2020, Waitematā District is unable to release information regarding a patient’s care and treatment without the consent of the patient. When a third party raises a complaint on a patient’s behalf, a ‘Consent to Release Information’ form will be sent to the patient receiving the care. If they are willing for information regarding their care and treatment, as it relates to the complaint, to be released to the person who has complained on their behalf they are asked to complete the form and return it to the Feedback Team. Consent from the patient is not required if the person who is raising the complaint is the patient’s attorney specified in an Enduring Power of Attorney (EPOA) for care and welfare or welfare guardian appointed by a court order.

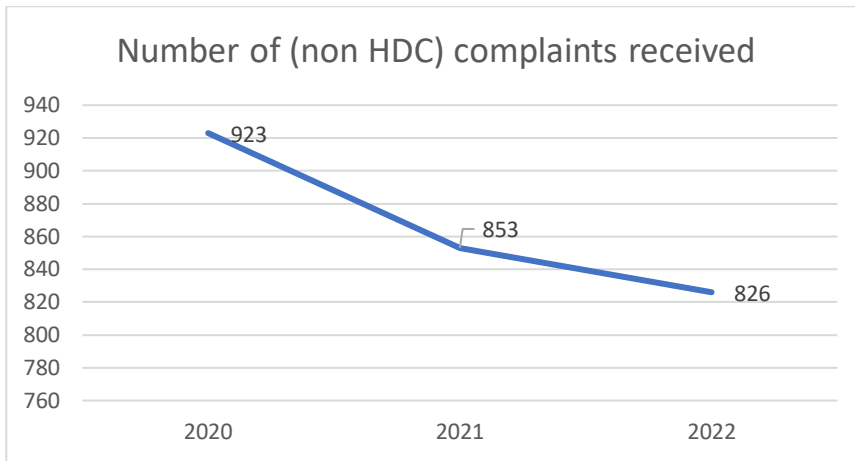
Where there is a patient safety concern, the Feedback Team will notify the relevant service of the issues raised in the complaint, whether consent has been obtained or not.

2. Local (non HDC) Complaint’s data

The following tables detail the monthly local complaint activity for the period January 2020 to December 2022, which demonstrates a general decrease in local complaints over the period.

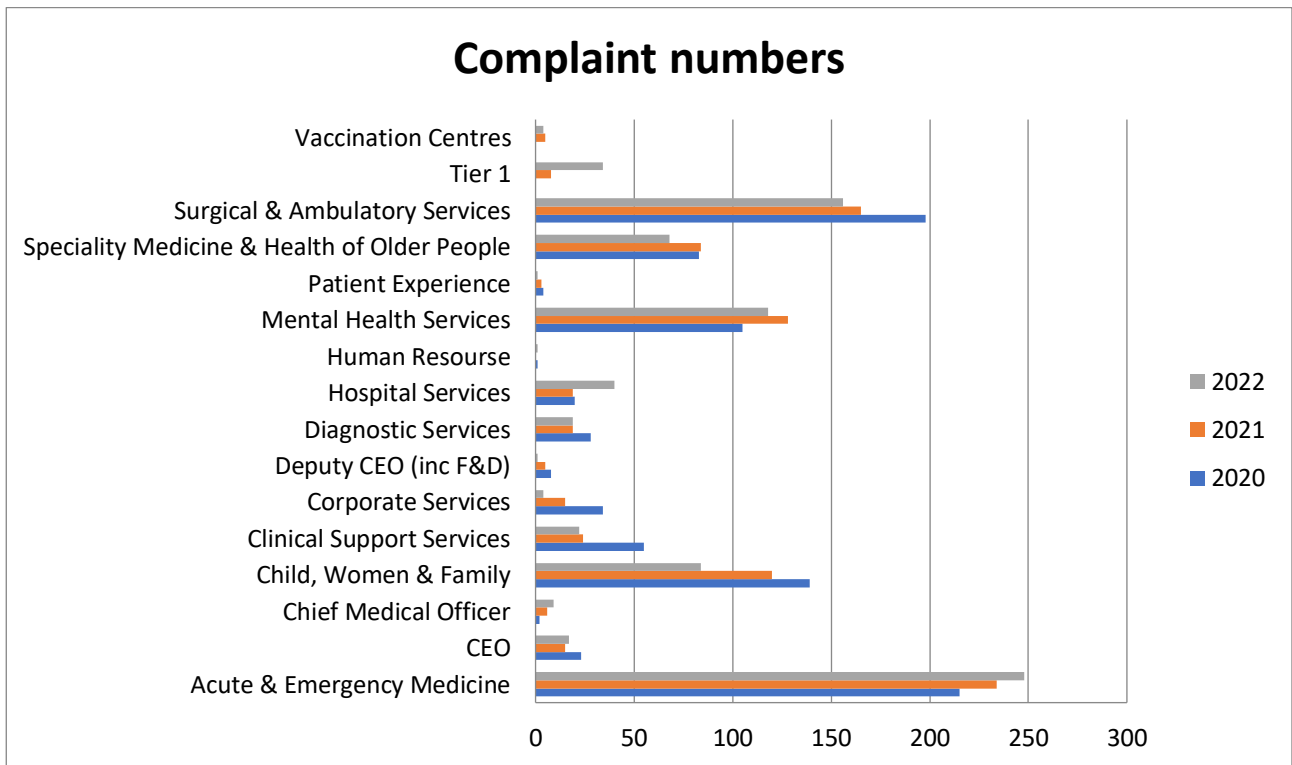
Monthly Waitematā District Local Complaint Activity: January 2020 to December 2022





All complaints received by the Feedback Team are logged against a Division. The following table shows the Divisions by volume of complaints - January 2020 to December 2022. It is important to note that the number of complaints received will have a correlation with the level of activity/patient interactions by the Service and possible impact of COVID-19 restrictions and so does not necessarily indicate specific areas of concern.

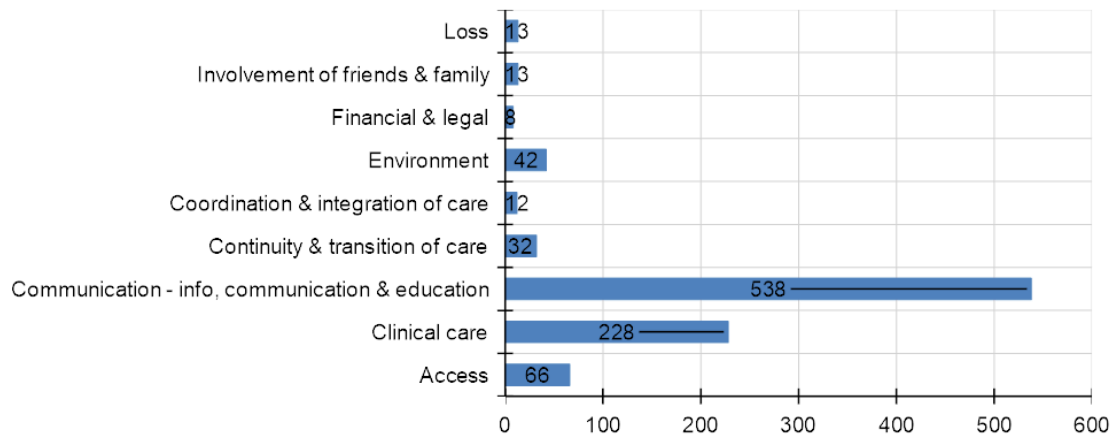
Complaint numbers¹ by Waitematā Division - January 2020 to December 2022



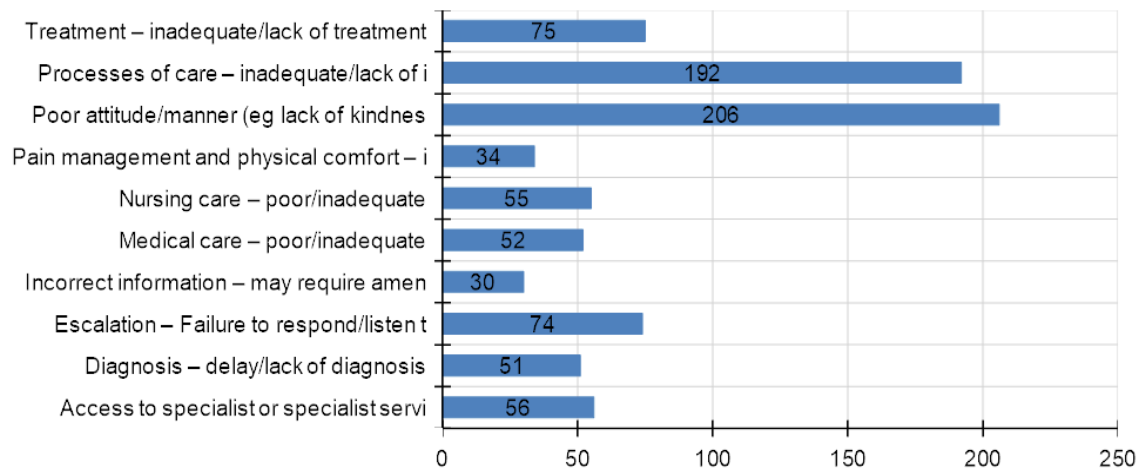
Complaints are logged against primary and secondary complaint categories. The list of complaint categories used by Waitematā District is given at **Appendix 2**. One complaint may be allocated several primary and/or secondary categories, therefore, the number of categories allocated cannot be correlated to the number of complaints received.

The tables below detail the top 10 main and subcategories for the period covered by this report.

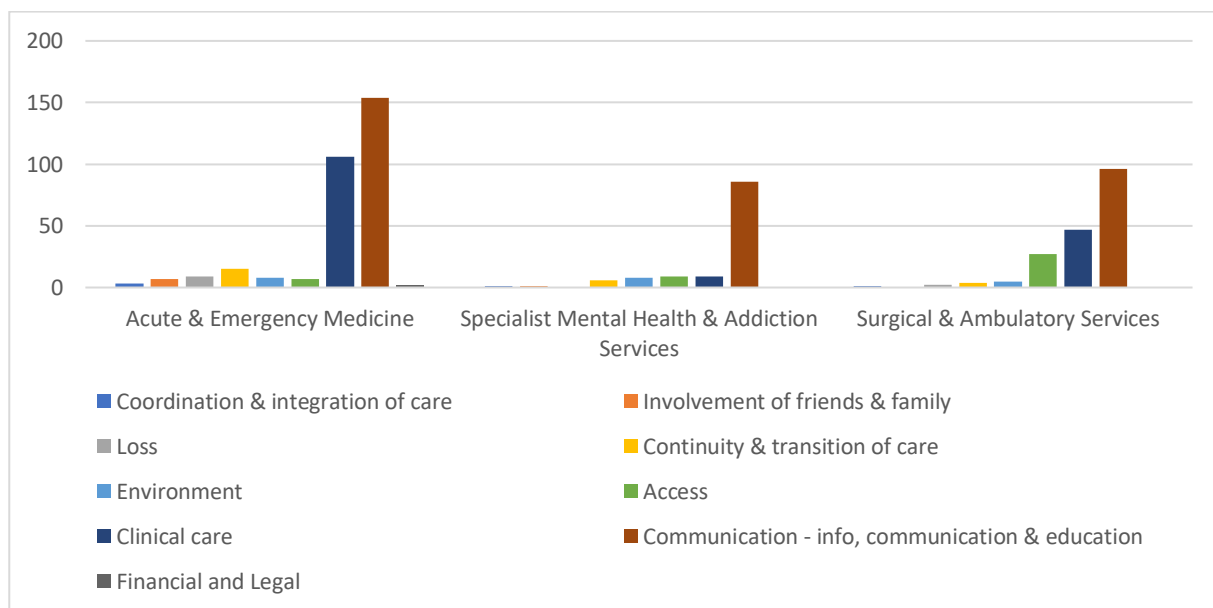
Primary Categories - Top 10



Subcategories - Top 10



The complaint categories within the top three Divisions receiving the most complaints are shown below. Of note communication is the most common issue across these Divisions.



3. Complaints received from the Health and Disability Commissioner (HDC)

The purpose of the Health and Disability Commissioner is to promote and protect the rights of consumers as set out in the Code of Health and Disability Services Consumers' Rights (the Code).

HDC is an independent watchdog, providing people using health and disability services with a voice, resolving complaints, and holding providers to account for improving their practices at an individual and system-wide level.

The Health and Disability Commissioner (HDC) publishes a six-monthly national data analysis report on complaints to the HDC involving Te Whatu Ora. The latest report covers January to June 2022. This report provides a similar picture regarding the Divisions/Services receiving the highest number of complaints – Surgery, Mental Health, and Medicine.

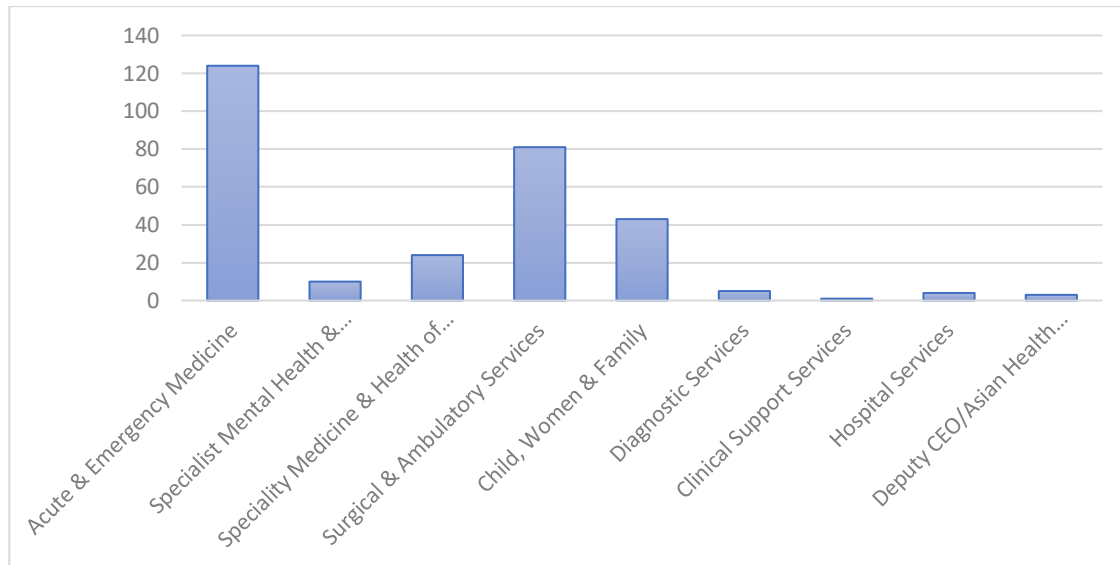
Service Type	Number	Percentage
Medicine	13	23%
Mental Health and Addictions	13	23%
Surgery	13	23%
Emergency Department	9	16%
Maternity	1	2%

Waitematā District has slightly different complaint categories than the HDC, however, we are able to do a high-level comparison. When looking at the latest National HDC data it shows that nationally the top primary complaint category is Missed/incorrect/delayed diagnosis this correlates with the top category for Waitematā. In this period Waitematā saw a higher proportion of complaints primarily about disrespectful manner/ attitude than has been seen in previous periods.

National	Top Six Primary issues	Waitematā
12%	Missed/incorrect/delayed diagnosis	18%
9%	Inadequate Treatment	
8%	Unexpected treatment outcome	
7%	Lack of access to services	7%
5%	Waiting list/Prioritisation	
5%	Disrespectful manner /attitude	16%

4. Compliments

The Feedback Team also logs compliments; however, these are currently not categorised in the way that complaints are. It is important to note that only those compliments received by the Feedback Team, are logged on the central system. Therefore, the numbers below do not include compliments received directly by the clinical areas.

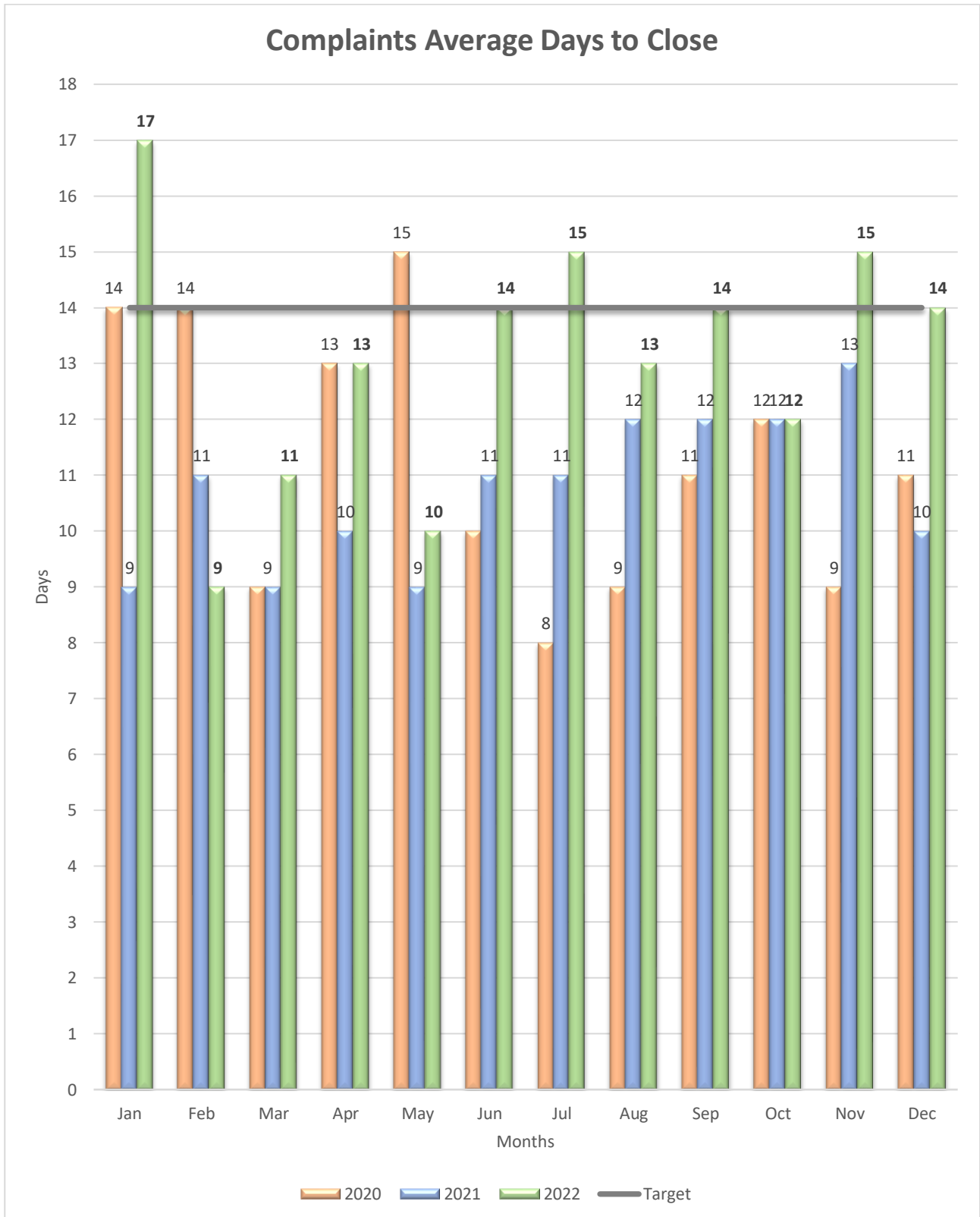


5. Closing

Comments and observations from the Consumer Council are welcomed on the above information.

Jacky Bush
Quality and Risk Manager
January 2023

Appendix 1



Appendix 2: Waitematā DHB Complaint Categories

CATEGORY	SUBCATEGORY
ACCESS	<ul style="list-style-type: none"> • <u>Access</u> to specialists or specialist services when a referral is made • <u>Access</u> to the location of hospitals & clinics • <u>Appointments</u> – ease of scheduling an appointment • <u>Appointments</u> - availability of appointments when needed • <u>Availability</u> of transportation • <u>Inequitable</u> service provision due to consumer’s disability • <u>Referrals</u> - clear instructions provided on when and how to get referrals
CLINICAL CARE	<ul style="list-style-type: none"> • <u>Allied Health</u> care – poor/inadequate • <u>Diagnosis</u> – delay/lack of diagnosis • <u>Inequitable</u> service provision due to consumer’s disability • <u>Medical care</u> – poor/inadequate • <u>Medication management</u> • <u>Nursing care</u> – poor/inadequate • <u>Pain management</u> and physical comfort – inadequate/lack of • <u>Treatment</u> –inadequate/lack of treatment • <u>Wound management</u>
COMMUNICATION (INFORMATION, COMMUNICATION & EDUCATION)	<ul style="list-style-type: none"> • <u>Incorrect information</u> – may require amendment • <u>Clinical status, progress & prognosis</u> - inadequate/lack of information • <u>Communication</u> - methods not appropriate due to consumer’s disability • <u>Dignity/Respect</u> – no respect/sensitive to patient/family’s cultural values, language, discrimination • <u>Discharge</u> - inadequate/lack of information regarding medications, physical limitations, dietary needs, social & physical support etc. after discharge • <u>Discrimination</u> – due to; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation • <u>Escalation</u> – Failure to respond/listen to concerns raised by patients, families and whānau • <u>Inappropriate behaviour</u> / harassment • <u>Inappropriate</u> comments • <u>Informed consent</u> - informed & shared decision making – no respect of patient preferences/lack of • <u>Poor attitude/manner</u> (e.g., lack of kindness, courtesy, empathy, helpfulness; responsiveness; not listen etc.) • <u>Privacy / Confidentiality</u> - Breach • <u>Processes of care</u> – inadequate/lack of information
CONTINUITY & TRANSITION OF CARE	<ul style="list-style-type: none"> • <u>Discharge planning</u> - inadequate/lack of • <u>Discharge summary</u> – not provided or inadequate • <u>Inequitable</u> service provision due to consumer’s disability • <u>Ongoing treatment & services after discharge</u> - inadequate/lack of
COORDINATION & INTEGRATION OF CARE	<ul style="list-style-type: none"> • <u>Coordination of clinical care</u> - inadequate/lack of • <u>Inequitable</u> service provision due to consumer’s disability • <u>Integration of ancillary & support services</u> - inadequate/lack of

CATEGORY	SUBCATEGORY
ENVIRONMENT	<ul style="list-style-type: none"> • <u>Access / Environment</u> – arrangements not suitable due to consumer’s disability • <u>Access for family & friends</u> - inadequate/lack of • <u>Equipment</u> - inadequate/lack of • <u>Hygiene</u> – (inadequate/lack of) patient areas/hospital not clean • <u>Nutrition/food/café facilities</u> - inadequate/lack of • <u>Parking</u> • <u>Physical comfort for family & friends</u> - inadequate/lack of • <u>Physical comfort for patient</u> - Inadequate/lack of • <u>Privacy</u> - inadequate/lack of • <u>Safety & Security</u> – inadequate / lack of • <u>Safety & Security</u> – not feeling safe / feeling vulnerable • <u>Signage</u> - inadequate/lack of • <u>Smoking</u> • <u>Telephonist services</u> - inadequate/lack of
FINANCIAL & LEGAL	<ul style="list-style-type: none"> • <u>Funding of health services</u> • <u>Inequity</u> due to consumer’s disability • <u>Patient eligibility & invoicing</u>
INVOLVEMENT OF FRIENDS & FAMILY	<ul style="list-style-type: none"> • <u>Family & friends</u> - inadequate/lack of accommodation by clinicians & caregivers of family & friends to whom patient relies on for emotional & social support • <u>Family & Friends</u> – failure to recognise consumer’s required/specific support needs due to their disability • <u>Family & friends</u> - inadequate/lack of recognition of their needs • <u>Family & friends as caregivers</u> - inadequate/lack of support for them
LOSS	<ul style="list-style-type: none"> • <u>Accidental loss</u> • <u>Alleged Theft</u>

6. OTHER BUSINESS

6.1 Community Concerns

6.2 Area of interest for future meeting

6.3 Meeting evaluation