



Consumer Council WrDHB

Minutes

Date: Monday 18 June 2018

Meeting: 4.00pm to 6.00pm

Venue: Lecture Room, Ground floor CSSB building, Blair Street, Masterton

Council Members:

Mena Antonio (Chair)

Pene Saunders-Francis

Linda Penlington

Sarah Taylor-Waitere

Marlene Whaanga-Dean

Paul Andersen

Apologies:

Diana Sotiri

In Attendance:

Chris Stewart, Executive Leader Quality, Risk & Innovation

Sophie Holmes, Executive Administrator

Clare Matthews, Patient Experience Coordinator

1. ROUTINE

1.1 OPENING KARAKIA

Paul opened the meeting at 4.06pm with a karakia.

1.2 WELCOME / APOLOGIES

Apologies for Diana Sotiri were received.

Chris Stewart introduced Clare Matthews, Patient Experience Coordinator from the Quality, Risk & Innovation team at WrDHB. She is here to talk about her role which includes handling complaints, compliments and coordinating reportable events.

1.3 MINUTES OF LAST MEETING

It was resolved that the minutes of 8 May 2018 were a true and accurate record of the meeting.

MOVED: Linda SECONDED: Pene
CARRIED

1.4 MATTERS ARISING FROM MINUTES / ACTION ITEMS LIST

Sophie to create an action table

2. INFORMATION ITEMS

2.1 CORRESPONDENCE IN/OUT

- A letter was received from a member of the public, Terry Craig who was concerned with low male representation. Chris & Mena acknowledged the limitations of being a small group, pointing out that each candidate brings more than one area of representation and the goal to ensure a representation spread that best met all priority health areas has been achieved to the best of our ability at this time.

2.2 REPORTS CHAIR

- Mena presented to the Board Workshop in May to give an update of current status and plans moving forward. Mena was accompanied by Chris, Pene and Diana, and co-presented with Graeme Norton, National Consumer Council Chair.
- The presentation was well received by the Board and they are keen to take an active interest in the Council.

DHB

- Chris talked about the Annual Plan. The stakeholder meeting was held in November and notification on the framework for the plan came in May. The DHB has to send the draft plan to the Ministry by 19 July. Nigel Broom is looking to schedule a stakeholder meeting and members will be notified to participate.

- WrDHB has just completed its first staff engagement survey in a long time and there will be an opportunity to see the results if interested.
- The nurses strike is coming up and WrDHB are looking for volunteers over this time. It will be two 24 hour periods on 5 July and 12 July. Contingency planning has been in motion for the last couple of months.

2.3 COMPLAINTS & COMPLIMENTS SYSTEM: HOW IT WORKS, CHALLENGES AND CC'S ROLE

- Clare Matthews deals with feedback to the DHB in the form of complaints, compliments, HDC cases and patient experience survey. Clare can be used as a contact point from the DHB in terms of feedback and she can follow up on queries for you.
- The patient experience survey is used to monitor how effective communication, partnership, coordination, physical and emotional needs are in the hospital, it is the DHB aim to be above 80% in each of the categories.
- Patients are given a flyer on their meal tray to encourage participating by pointing out the importance of responding, and letting them know that they may be contacted. A sample of these patients are taken in a four week period every quarter to report back to HQSC. Patients can respond by either email or hard copy in the post. The current goal is to increase participation with a focus in the annual plan on Maori response rates.
- Clare presented the HDC Code of Health and Disability Services Consumer Rights pamphlet. This is the specific code for responses to complaints and something that everyone should be aware of.
- Many people go straight to the HDC with their complaint which they will pass on to Clare or the Nationwide Health & Disability Advocacy Service regional advocate, Conor Clerkin. Conor assists the complainant with their issue and will meet with them, their support and Clare to help come to a resolution. He writes a report about what happened and the outcome and sends it to the Health and Disability Commissioner.
- Once cases close, the recommendations get sent to the Clinical Board and discuss the learnings and how we bring them into corrective actions.
- Complaints and compliments are DHB related only.
- How the CC and DHB can work together in this area: any conversations had with people who have issues with the DHB, encourage them to access the service and communicate what the DHB can do better and work together with the community. Encourage compliments as well as these are good learning tools for the DHB also.
- Clare is accessible via email; clare.matthews@wairarapa.dhb.org.nz or phone; 06 946 9800 extn 5120.
- There is no timeframe to contact the service. When the consumer is ready as part of their healing process they are free to contact and tell their experience.
- Members suggested that the community would benefit from having this information accessible, so that they are aware of the services that the advocacy and DHB provide. Use different

platforms to show the community that these services are available. Sharing information outside of the DHB communication channels including patient stories of their experience using these services. Having Clare's contact information on the website would be beneficial to making the information accessible as well.

3. DISCUSSION ITEMS

3.1 DHB VALUES AND HOW THESE RELATE TO CC CULTURE & DYNAMIC

- This exercise continued on from the last meeting where members discussed how the DHB values are interpreted from a Consumer Council perspective. A brainstorm of ideas was collated and Pene and Marlene volunteered to convert them into behavioural statements for the CC.
- Pene and Marlene are to come up with two or three statements that encompass each value. It has to be meaningful to the group, relate to who we are and how we work together as a group.
- **The statements will be brought back to the group at the next meeting.**

3.2 OPTIONS FOR FOCUS - WELLNESS / COMPASSIONATE LANGUAGE / KINDNESS

- Wellness is a discussion happening at a national level and it is the direction of the Ministry to ensure health literacy and population understanding of how to keep well and access services. The trend in the annual plan is how do we manage and work with the population to manage their health; consumer engagement, prevention rather than intervention. Do CC become a conduit to the health system or become part of the population that want to invest in wellness?
- Compassionate language booklet is a valuable resource and something that should be referred back to. This relates to the 'Compassionate Language' talk by Dr Jonathan Adler at the HQSC Let's Talk conference this year. It is appropriate considering that communication is a known area that the DHB need to work on. **Mena and Chris will workshop this booklet at the next meeting.**
- Aligning with the focus of the DHB on kindness, Linda gave a rundown of how her experience in life and health revolves around kindness and empathy for other people and their circumstances.
- Her experience with SANDS, HQSC and MoH revolves around bereaved parents and providing them with support, how to prevent neo natal deaths and morbid events when mothers give birth, and giving advice on how to use kindness and compassion when delivering bad news to families and/or patients.
- She started a business, Gain Momentum, which encourages fitness in people who lack confidence to exercise because of such things as their age, weight, ethnicity or injury.
- Linda uses kindness and compassion to understand how people feel in their skin and support them in their journey.

4. GENERAL

4.1 MENTAL HEALTH REVIEW: HOW THIS RELATES TO CC

- Pene gave an overview of the Mental Health Review – Closing the loop with stakeholders meeting that she attended. It was an opportunity for the general public to give their views and experiences.
- Ten themes came out of the meeting: Access, recovery and resilience, reducing disparities for Maori, workforce capabilities, communication and relationships, integration and collaboration, physical health and wellbeing, prevention and early intervention, preventing illness & promoting health, health information and education – improved health literacy, quality process and procedures.
- In particular what came out of the meeting was that people need support, a well and supportive household which filters into well communities.
- In time these will be teased out into actions and better outcomes for people who access mental health and addiction services.

4.2 INTRODUCE: MEETING / ACTIVITY REGISTER

- Looking at trialling a meeting / activity register for members to fill out when they attend anything that is related to the Consumer Council and monitor activity. If the group thinks it is useful then we will continue it.

Marlene closed the meeting with a karakia.

Meeting closed: 6.10pm.

DECLARATION

CONFIRMED that these minutes are a true and accurate record at the meeting

Dated 13 August 2018

MOVED: Linda Penlington

SECONDED: Paul Andersen

CARRIED