

Te Whatu Ora

Health New Zealand

Hauora a Toi Bay of Plenty

Agenda

Health Consumer Council

Date: 9 November 2022, 10:30am to 1:00pm

Venue: Kawakawa Room, Education Centre, Tauranga Hospital

Or via [Zoom](#)

Chair	Lisa Murphy - Tauranga	Minutes	Maria Moller
Members	Adrienne von Tunzelmann, Deputy Chair - Tauranga John Powell – Mount Maunganui Rosalie Liddle Crawford – Mount Maunganui	Florence Trout – Tauranga Theresa Ngamoki – Whakatāne Kelly Hohapata – Whakatane Hayley Chapman - Tauranga	

Item No.	Item	Lead	Page
1	Karakia timatanga/Welcome 15 minutes for introductions.	Theresa	
2	Apologies Moved: Seconded:	Chair	3
3	Interests Register	Chair	
4	Minutes of Meeting 12 October 2022 to be confirmed. Moved: Seconded:	Chair	4
5	Presentation: 10:30am-11:00am <u>Palliative Care Improvement Programme</u> Fiona Burns, Programme Manager and Prue McCallum, Clinical Lead, Palliative Care 11:00-11:30am <u>Telehealth – Using technology to help people access healthcare</u> Meg Grawberg, Telehealth Clinical Director	Chair	
6	Health Sector Update	Debbie	
7	Matters Arising See attached and advise Maria of any updates.	Chair	
8	Matters for Discussion/Decision 8.1 Chair's Report. 30 minutes. 8.2 Health Service Provision 8.2.1 HQSC Presentation – see slides attached. 8.2.2 Hospital & Specialist Services Operating Model – see slides attached. 8.2.3 Outpatients booking presentation (feedback). 8.2.4 Sunlive Article – Leaked letter claims BOP patients choosing to die SunLive - Leaked letter claims BOP patients choosing to die - The Bay's News First 8.2.5 Recruitment and Succession.	Chair	11 15

9	Correspondence 9.1 Inwards: Dianne Marshall, Senior Service Development Advisor, Consumer and Whanau Voice Team – Input into Te Whatu Ora Feedback and Complaints System 9.2 Outwards: As above.	Chair	28
10	General Business	Chair	
11	Reports of participation in other groups - Community Feedback <i>15 minutes.</i>	Chair	
12	Meeting moved into Council Only time. <i>30 minutes.</i>		
13	Next Meeting Wednesday 14 December 2022		
14	Karakia Whakamutunga	Theresa	

Te Whatu Ora

Health New Zealand

Hauora a Toi Bay of Plenty

HEALTH CONSUMER COUNCIL MEMBER ATTENDANCE

2022/23

Member	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Feb	Mar
Hayley Chapman							•				
Rosalie Liddle Crawford	A	•	•	•	A	•	•				
Kelly Hohapata			•	A	•	•	A				
Theresa Ngamoki	•	•	•	•	•	•	•				
Lisa Murphy	•	•	•	•	•	•	•				
John Powell	•	•	•	•	•	•	•				
Florence Trout	•	•	•	•	•	•	•				
Adrienne von Tunzelmann	•	•	•	•	•	•	•				
Tessa Mackenzie (Resigned 12.04.22)	•	-									
Grant Ngatai (Resigned 11.04.22)	A	-									

- Attended.
- A Apology received.
- Absent, no apology received.

Te Whatu Ora

Health New Zealand

Hauora a Toi Bay of Plenty

Minutes

Health Consumer Council

Date: 12 October 2022, 10:30am to 1:00pm

Venue: Kawakawa Room, Education Centre, Tauranga Hospital

Or via [Zoom](#)

Chair	Lisa Murphy - Tauranga	Minutes	Maria Moller
Members	Adrienne von Tunzelmann, Deputy Chair - Tauranga John Powell – Mount Maunganui Rosalie Liddle Crawford – Mount Maunganui	Florence Trout – Tauranga Theresa Ngamoki – Whakatāne Kelly Hohapata – Whakatane Hayley Chapman - Tauranga	

Item No.	Item	Lead	Who
1	Karakia timatanga/Welcome Introductions.	Theresa	
2	Apologies Kelly Moved: Theresa Seconded: John	Chair	
3	Interests Register None Theresa, Co Lead – Palliative Improvement Programme in Eastern Bay of Plenty	Chair	
4	Minutes of Meeting 14 September 2022 to be confirmed. Moved: Adrienne Seconded: Florence	Chair	
5	Presentation: None <u>Nov</u> Palliative Care. PHO Representative - Lindsey Webster, WBOPPHO Kim Blair – CHIRP – how long would presentation be? <u>Dec</u> Maori PHO – send invite.		Theresa Maria Maria

6	<p>Health Sector Update – None. See responses to Matters Arising below.</p> <p><u>13.07.22 Security Risk with Members having DHB Information on Personal Devices</u> The issue is not with the security of the device rather how the recipient of the data manages it. Simple rules to keep information safe:</p> <ul style="list-style-type: none"> • Have a password on your device. • Only keep information for as long as you need it. • Delete once no longer required. • Empty recycle bin regularly. <p><u>14.07.2022 Laboratory Collection sites closing permanently and temporarily</u> I raised this with Mike Agnew after the last meeting and they have agreed to take a more proactive approach to communicating closures as per following article.</p> <p>https://www.nzherald.co.nz/bay-of-plenty-times/news/mount-maunganui-and-greerton-pathlab-clinics-temporarily-closed/SA4TWPZJALZ6PBCDMY3M7PCILE/</p> <p>Advertising needs to go wider, Sunlive, Papamoa and GP's. Something needs to be done to stop these labs closing. Labs that are left are overrun. Write a letter to Interim District Director and the General Manager of Planning and Funding.</p> <p>Another issue is that some people are not getting given a form and so can't double check what tests they are going for.</p> <p><u>10.08.22 Representative from PHO to attend meeting</u> Lindsey Webber, CEO of Western Bay of Plenty Primary Health Organisation will attend the 9 November meeting.</p>	Debbie	John
7	<p>Matters Arising Remuneration for meeting attendances – See email from Taranaki.</p> <p>Health and Safety Course – Some members still having trouble completing this course. Contact online learning staff and have an in-person session.</p> <p>Keep sending education emails e.g. cultural intelligence, unconscious bias. Looked up organisers and they are based in Australia so weren't keen to do this course as didn't seem relevant to us.</p> <p>Other districts have longer profiles on their websites. Profiles on website should all be the same i.e. in third person. Not all agreed.</p>	Chair	All Maria
8	<p>Matters for Discussion/Decision</p> <p>8.1 Chair's Report.</p> <p>8.1.1 Dr Dale Bramley, Interim Director Hospital and Specialist Services Update –This document brought about further discussion at the monthly National Chairs' meeting of the lack of consumer involvement in developing the design principals, including the action plan that Te Whatu Ora are leading. So far there is no obvious consumer input into operational planning. In the first instance it has been brought to the attention of the HQSC Board.</p> <p>8.1.2 National Feedback & Complaints system for Te Whatu Ora – see attached PowerPoint slides. The National Chairs were approached by Dianne Marshall, Senior Service Development Advisor,</p>	Chair	

<p>Consumer and Whanau Voice Team. A meeting was arranged on Monday night for feedback, also attended by Angie Smith – Consumer Advisory Group (to HQSC). We've asked if this could be extended to all council members. This represents a transformative opportunity to have some input into how Feedback and Complaints should be managed. Dianne will forward an invite. From a consumer perspective – What does a good Feedback and Complaints system look like.</p>		
<p>8.1.3 Collaborative Model for the Ministry of Health (MoH), Te Aka Whai Ora (MHA), Te Whatu Ora (HNZ) and the Health, Safety and Quality Commission (HQSC). Russ Aiton (Chair of the National Chairs Group and Chair of the Consumer Advisory Group to HQSC) is involved with a national project scoping a Collaborative Model. It is working to ensure that the consumer voice (in its broadest context) is provided for in the Collaborative Model. Chair will provide an update as it comes to hand. This has been in response to a Ministerial request to provide “a detailed operating model for the future quality system, setting out how they will collaborate to deliver on the system envisioned by this paper” [Ministerial Paper DPMC 2021-22 1390]</p>		
<p>8.1.4 Succession At National Chairs' meeting BOP HCC Chair again brought up succession and terms of tenure, asking what was happening in other districts moving through into next year. Instead of amending the TOR it was moved to extend the tenure on all existing positions. This is for stability and continuity.</p>		
<p>8.2 Health Service Provision</p>		
<p>8.2.1 Palliative Care Improvement Programme. Council thanked for their support. Timeframe – the Co Leads of this programme will end in December 2022. There will be positive improvements for the EBOP and its services.</p>	Theresa	
<p>8.2.2 EBOP Pilot – Trinity Dental Service - TDS will be delivering their dental care in the EBOP iwi – Te Whanau a Apanui in November. Dates confirmed with Te Whanau a Apanui clinic, the local iwi provider Te Runanga o te Whanau and Te Pare o Toi staff member (tbc) who works as Te Pou Kokiri.</p>	Theresa	
<p>8.2.3 Outpatients booking presentation (feedback). Deferred to next meeting.</p>		
<p>8.2.4 Aged care - The acute shortage of residential aged care facilities continues to receive public and media attention. The Age Care Association has reported more closures around the country, with displaced residents being shifted to where beds are available, sometimes distant from families and whanau - most recently, a Dunedin dementia unit (at Presbyterian Support's Ross Home) closing at the end of October due to severe staffing shortages. Data shows third of aged care facilities may close due to lack of funding. At the same time as the shortage of residential care beds, home-based aged care is also under significant pressure.</p>	Adrienne	
<p>Also noted was advertising by a leading rest home provider headlining “understanding acopia”, to mean ‘not coping at home.’ Acopia is not recognised in the medical profession as a condition. There is a risk of older peoples' hospital admissions and</p>		

	<p>discharges being classified as social admissions, with genuine medical conditions being overlooked. The term acopia is also criticised as ageism, stereotyping older people who may simply need some basic support to remain living in the community.</p> <p>8.3 Recruitment Process</p> <ul style="list-style-type: none"> • Standardised system. • Communication template. <p>(Documents sent by email 07.10.22).</p>		
9	<p>Correspondence</p> <p>9.1 Inwards: None.</p> <p>9.2 Outwards: Consumer Participation Coordinator – Mental Health & Addiction Services.</p>	Chair	
10	<p>General Business</p> <p>10.1 Unanimous decision to accept Hayley Chapman as a new member of the Council.</p>	Chair	
11	<p>Reports of participation in other groups - Community Feedback</p> <p>11.1 Circulate notes from Community Health Liaison Group – will seek permission from Chair of group.</p> <p>11.2 Data Digital Governance Group – will speak to Jaco Denton regarding member attendance.</p> <p>11.3 Epilepsy New Zealand Seizure Smart School Programme, along with the Life360 Family Tracking that a Neurologist recommended. https://epilepsy.org.nz/education-and-training/epilepsy-smart-schools/</p>	Chair	John
12	Meeting moved into Council Only time.		
13	Next Meeting Wednesday 9 November 2022		
14	Karakia Whakamutunga	Theresa	

Health Consumer Council Monthly Meeting Matters Arising 2022/23

Meeting Date	Action required	Who	Action Taken	Completed / in progress
09.03.22	Remuneration for Clinical Governance meeting attendances and other meetings.	Jonathan Debbie	10.06.22 Maria has emailed Jonathan.	
13.07.22	Hospital capacity and progress data for sharing with members.	Debbie	Trying to source some info to share.	
10.08.22	1. How is this information retained? 2. Ask Comms if they can copy Northland's EOI and put the fillable pdf on our website.	Maria	1. Once completed, the online form is sent to an email address, in this case the HCC email address. 2. Comms are in the process of adding this form to the website.	In progress
14.09.22	Articles regarding medical imaging. Find out what this is about.	Debbie		
14.09.22	Who is Riki's counterpart?	Lisa		
14.09.22 12.10.22	Laboratory Closures – Closures need to be publicised more. Write a letter to Interim District Director and General Manager, Planning and Funding re: impact and more advertising.	Debbie John	Matter raised with Mike. Have agreed to take a more proactive approach to communicating closures as per following article. https://www.nzherald.co.nz/bay-of-plenty-times/news/mount-maunganui-and-greerton-pathlab-clinics-temporarily-closed/SA4TWPZJALZ6PBCDMY3	Complete

Meeting Date	Action required	Who	Action Taken	Completed / in progress
			M7PCILE/	
12.10.22	Circulate notes from Community Health Liaison Group – seek permission from Chair.	John		
10.08.22	Contact Hayley to see if she is still interested in becoming a member.	Maria	Emailed Hayley. She is still interested. Sent her updated EOI for completion.	Close
08.06.22	Aged Residential Care – Staffing issue.	Vanessa Russell	Vanessa presented at the 10 Aug meeting.	Close
09.02.22	Create information pack for prospective new members.	Maria	Refer prospective members to website for profiles, TOR and past meeting info.	Close
13.10.21	When will meetings including Execs resume?	Jonathan	10.06.22 Maria has emailed Jonathan. Wait to see what transition brings.	Close
09.02.22	Send EOI form to suitable people.	All	On hold due to transition. Close for now.	Close
13.04.22	Consumer Health Forum Aotearoa – Copy of summary to be circulated.	Adrienne	13.07.22 Did not receive, therefore close.	Close
13.04.22	Rural Engagement – Interim Health and Maori Health Authority Zoom – slides to be circulated when received.	Lisa	Videos and screenshots did not come through, so close.	Close.
13.04.22	Topics of closed part of March meeting need to be added to March minutes. March minutes will then need to be confirmed at May	Lisa	Lisa to follow up with Rosalie. 08.06.22 Cannot find information, therefore close. See minutes of 08.06.22 meeting.	Close.

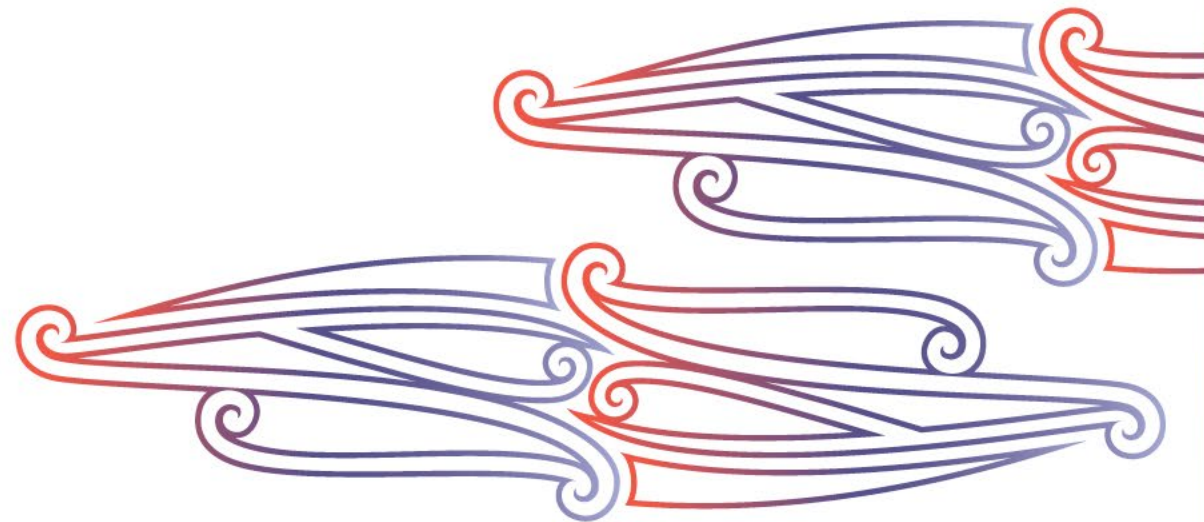
Meeting Date	Action required	Who	Action Taken	Completed / in progress
	meeting.			
14.09.22	Send letter to Mental Health and Addiction Services in response to their letter.	Maria Lisa	20.09.22 Draft sent to Lisa. 29.09.22 Final sent to MHAS.	Close
13.07.22	Security risk with members having DHB information on personal devices.	Debbie	The issue is not with the security of the device rather how the recipient of the data manages it. Simple rules to keep information safe: <ul style="list-style-type: none"> • Have a password on your device. • Only keep information for as long as you need it. • Delete once no longer required. • Empty recycle bin regularly. 	Close
10.08.22	Representative from PHO to attend a meeting.	Debbie	Lindsey Webber, CEO, WBOPPHO has been invited to the Nov meeting.	Close
13.07.22	Training Courses and Health & Safety Training	Maria	Will keep sending through courses for members to attend.	Close



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

Consumer council chairs zoom (19th) with HQSC

20 October 2022
11.00am-12.00pm



Agenda

20th October 2022 11.00am - 12.00pm

Attendees: Russ Aiton, Bonnie Sue, Kay Paku, Geoff Ormandy, Lorelle George, Ngozi Penson, Paula King, Adrian Price, Robyn Beattie, Jane Drumm, Lisa Murphy, Lorraine Guthrie

Apologies: Frank Bristol, Sophie Tauhara, Stephen Paewai, Liz Manley, Gerri Pomeroy, Ngaire Te Ahu, Lynne Tucker, Jane Parker-Bishop, Dennis Te Moana.

	TIME ALLOCATED	ITEM	WHO
1.	5 min	Mihi me karakia timatanga	Russ/ DJ
2.	15 min	PiC Update	DJ
3.	15 min	Board request for exemplars	DJ/ All
4.	15 min	Update – Regional groups (Te Whatu Ora and Te Aka Whai Ora,	Russ
5.	5 min	Round the room	All
6.	5 min	Whakakapi me karakia whakamutunga	Russ/ DJ






He Hoa Tiaki | Partners in Care -Update

- Parliamentary launch of the code
 - Significant increase of EOI for consumer participation in various projects across the sector
 - Increased interest in consumer engagement evidenced by increased requests for meetings and engagements with stakeholders
- Convening of the Consumer engagement framework reference group
- Re-convening of the QSM for consumer engagement reference group
- Te Tiriti o Waitangi workshop 28-29 September.
- Deon, Catherine Gerrad (HQI), and DJ went to Taranaki District.

Looking forward...

- Ongoing mahi with Te Whatu Ora and Te Aka Whai Ora on consumer and whānau voice
 - Development of four co-design modules to complement: Co-design in health: an introduction module
 - Continued work with HQI on patient experience data
 - Bula Sautu consumer group is being established
 - Consumer health forum Aotearoa – 10 November, Wellington
- 

Other projects we are supporting...

- Safer prescribing and dispensing, consumer medicine information needs research
- Paediatrics early warning signs (PEWS) workshops
- Improving together advisors workshop
- Quality Safety Governance framework review
- Developing a National Engagement Reimbursement and Remuneration Policy
- Digital Health Equity Reference Group



Te Whatu Ora
Health New Zealand

H&SS Operating Model Summary Consumer Council

01 November 2022

Agenda

1. Overview
2. Work Programme
3. Timeline
4. Q&A
5. Next Steps

There are 'givens' about how hospital and specialist services will change announced by Cabinet in April 2021

The move to hospital and specialist networks will improve the consistency of access to these services for rural populations across the country. Hospital and Specialist Services will:

- Be regionally managed as a network to balance national consistency and best use of local knowledge and expertise, improve efficiency and equity of access.
- Be far more consistent across the nation, with reduced duplication and fragmentation
- Provide access to a consistent range of services for all, including those unavailable locally, plus new digital and virtual care options
- Enable patients & employees to move between areas to access care & work where needed
- Be better connected to other services
- Provide clear information for people about how to access specialist care as needed
- Improve innovation, sharing and consistent adoption of best practice
- Shift care to primary and community settings reducing hospital pressures
- Have investment in workforce, service, and facilities based on long term plans to anticipate future demand, and plan new facilities where most needed



DEPARTMENT OF THE
PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Proactive Release

The following Cabinet papers and related Cabinet minutes have been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of Hon Andrew Little, Minister of Health, regarding the following review:

The Health and Disability System Review: Proposals for Reform

Services and functions within HNZ will:

- Be responsible for improving Māori health outcomes and equity through all HNZ operational functions at national, regional and local levels
- Engage with national, regional and local consumer groups
- Implement a nationally consistent mechanism to feedback user experience of services
- Be more focused on promoting good health and wellbeing, early prevention of disease, and delivering care to people in communities.

Te Tiriti o Waitangi

Health legislation honouring te Tiriti o Waitangi

A common set of expectations that will guide all health entities in the decisions they make:

- The health system should be **equitable** for Māori, in relation to **access to services, levels of services and outcomes achieved**
- The health system should **engage** with Māori to **develop and deliver services that reflect their needs and aspirations**
- The health system should provide **opportunities for Māori to exercise decision-making authority**
- The health system should provide **choice of quality services to Māori**, tailored to people's needs and preferences

Māori communities will have multiple opportunities to actively participate in working out what the health system needs to do better – because a health system that does better for Māori, does better for everyone.

The 5 key system shifts

How will people experience the reformed system?

The key 'system shifts' to deliver this vision



The HSS operating model is much more than just a new structure

By the end of December 2022 we will deliver an equitable operating model design for hospital and specialist services, that includes:

1

Options and recommendations for how regions and local services will operate in the future



2

A costed management structure and an accountability framework



3

A proposal for how clinical leadership operates in the system



4

An implementation roadmap that shows how we can move to the new design from where we are today



Our approach is based on blueprints and local tailoring of options

1

Define clinical networks

- What do clinical networks look like and do in the future model?
- Define blueprints and options for these

2

Design national H&SS structure

- Determine what needs to exist at the National level to support the new model and ways of working
- Confirm the relationship with regional structure
- Provide budget and FTE envelope

3

Develop regional H&SS blueprints

- Create blueprint options for structures at the regional level
- Include options to vary, based on regional requirements
- Confirm relationship with local structures

4

Develop local H&SS blueprints

- Create blueprint options for structures at the local level
- Include options to vary, based on local requirements

5

Confirm budget and cost structure

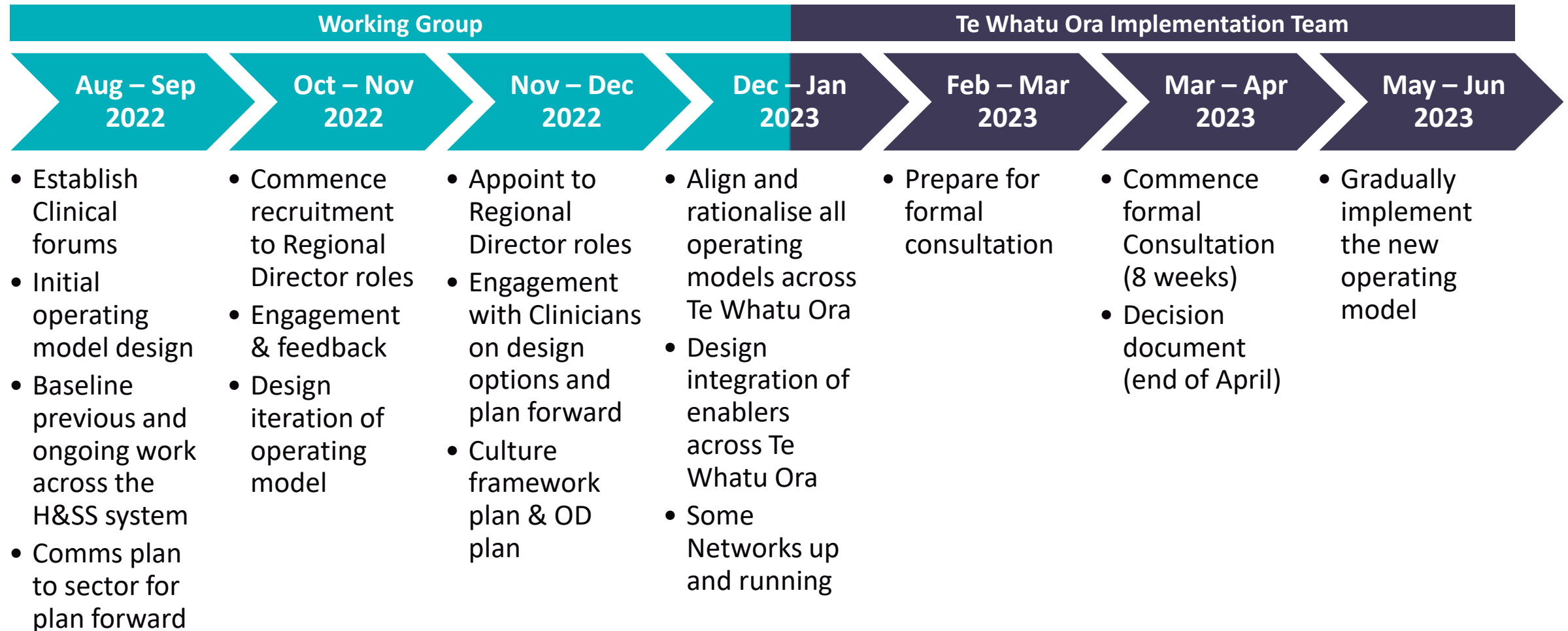
- Cost out the proposed National, Regional, and Local structures
- Confirm the budget and FTE envelope for the Regional and Local blueprints
- Identify options to save cost to support the proposed structures from current system

6

Implement tailored blueprints

- Work with each regional and local are to agree blueprint options most appropriate for the region or site
- Tailor designs based on regional and local need
- Confirm this is within the budget and FTE envelope

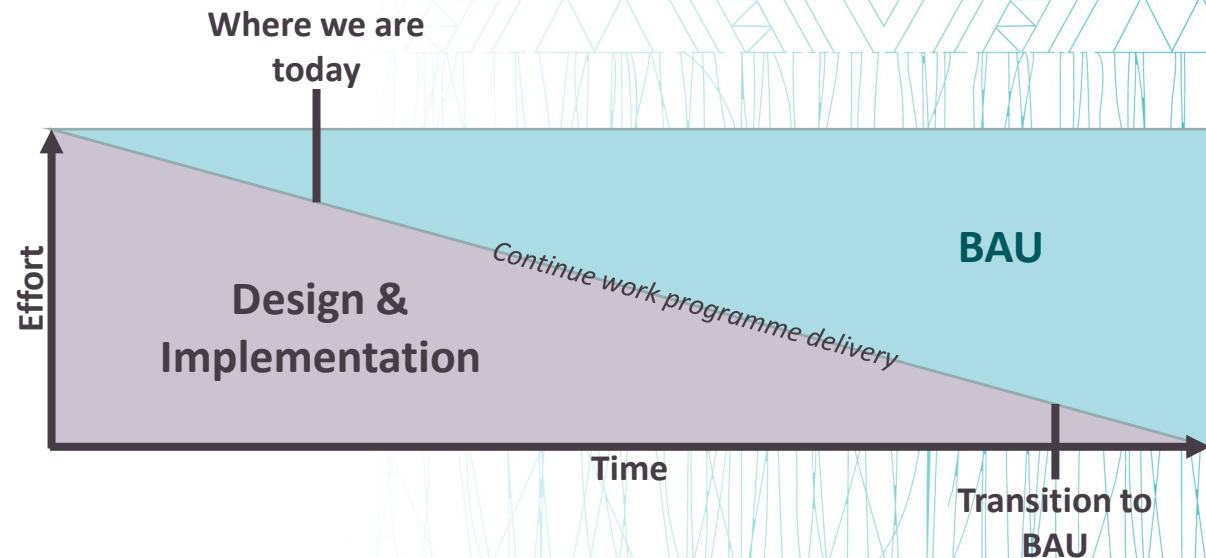
H&SS Operating Model Timeline



In the first two years of Te Whatu Ora the new system will be established, tested and refined. New relationships and cultures will be fostered, and system wide plans developed.

As we run the current system and design the future, we must separate 'design' and 'BAU'

- We must maintain simultaneous focus on running the business (BAU) and designing the future.
- The design efforts will slow over time, eventually shifting fully to run.
- To achieve this, we can dedicate a focused, temporary design team to:
 - Progress the one-time design work,
 - Drive the first phases of the work programmes, and
 - Continue engagement on design topics.



How we are engaging

Mid-September

Interest Groups

1

Based on the themes from the survey respondents.

Leadership, wellbeing, culture

Service equity & quality / accountability framework

Equitable specialist access for rural communities

Shifting services to community & primary care settings

Late September

Specialty Focus Groups

2

Addresses network questions, aligned with Te Pae Tata.

Specialty focus group
1. Dermatology
2. Urology
3. Critical Care, Adult, Paeds, and Neonates
4. Interventional Cardiology
5. Ophthalmology
6. Renal
7. Transplants
8. Musculoskeletal
9. Rural Medicine

Early October

Other Forums

3

Bring together collegial groups.

Māori

Pacific

Operational

Early career clinicians

Whānau engagement & consumers

Early October

Regional Hui

4

Regional hui in person with a broad focus, mid October commencement.

- Northern (3 sites)
- Te Manawa Taki (3 sites)
- Central (3 sites)
- Te Waipounamu (6 sites)



Code of expectations for health entities' engagement with consumers and whānau

The code is required by the Pae Ora (Healthy Futures) Act 2022 and sets the expectations for how health entities must work with consumers, whānau and communities in the planning, design, delivery, and evaluation of health services.

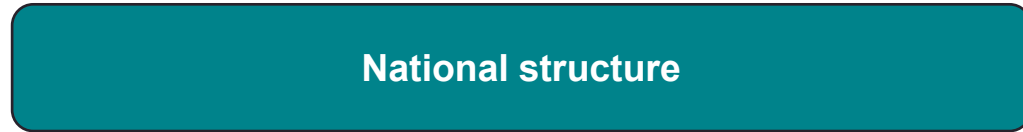
Engagement expectations: When engaging with consumers, whānau and communities, health entities must:

1. **be guided by the health sector principles** contained in section 7 of the Pae Ora (Healthy Futures) Act 2022*
2. **value and recognise the centrality and importance of whānau in te ao Māori** and provide opportunities for Māori to exercise decision-making authority
3. **value engagement:** engagement is built on trust, authenticity, reciprocity, transparency, and a willingness to share and learn from each other. It is inclusive of all population groups and those with specific needs
4. **share leadership:** knowledge and expertise drawn from lived experience are valued equally alongside clinical and other knowledge. Consumers, whānau and communities are experts by experience, often holding solutions to make improvements to the health system
5. **promote quality and safety:** the experience of consumers, whānau and communities underpin health quality and safety, including cultural safety
6. **promote equity:** there is an imperative to engage with those with greater health needs, particularly Māori, Pacific peoples, and disabled people. This recognises that addressing equity is best achieved through involving consumers, whānau and communities.

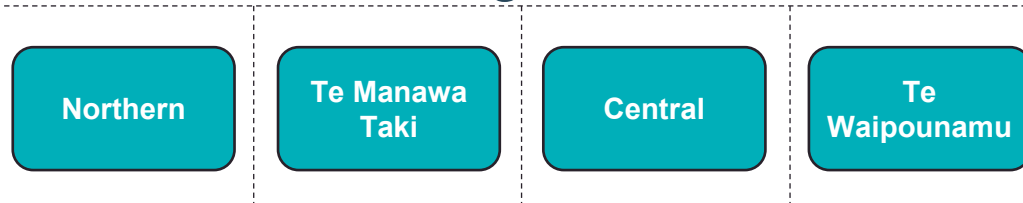
Health System Principles 7 (1) (b) “the health system should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations”.

The H&SS Operating Model will allow tailored design for Regional and Local needs

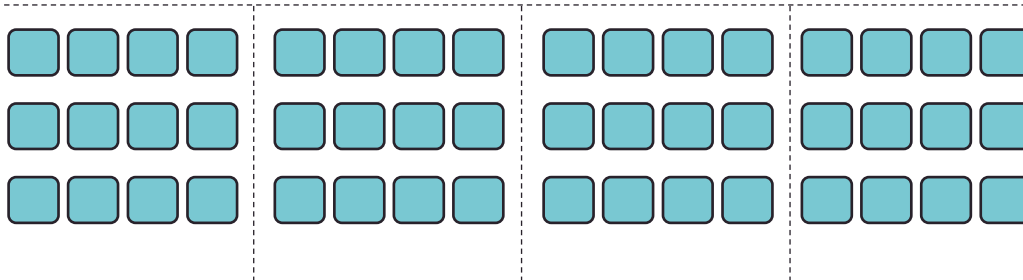
National



Regional



Local



A consolidated national structure

The National structure will consolidate the essential functions and roles required to deliver the new operating model.

Allowance for variations on regional structures

Regional structures will have consistent components across Aotearoa, but will have some flexibility to allow for regional needs and requirements.

Blueprint options for local and site structures

Regional Directors will be given blueprints to design the local (site / hospital) structures. This will contain:

- minimum standards (must have),
- suggested roles (should have), and
- Possible roles (could have).

Questions

1. What are the key issues for patients & consumers, from your point of view?
2. How would we increase opportunities for regionalisation in the H&SS design?
3. Are there opportunities for the H&SS design teams to work with the consumer council regional representatives?
4. What would you like to ask us about the H&SS operating model design?

From: [Lisa Murphy](#)
To: [Dianne Marshall](#)
Cc: [Adrienne von Tunzelmann](#); [Florence Trout](#); [John Powell](#); [Theresa Ngamoki](#); [Rosalie Liddle Crawford](#); [Kelly Hohapata](#); [Hayley Chapman](#); [Maria Moller](#)
Subject: RE: Input into Te Whatu Ora Feedback and Complaints System
Date: Tuesday, 1 November 2022 5:48:35 pm
Attachments: [image001.jpg](#)
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[BA3B8AAC315447BA984CFD25C921F03F.png](#)
[2D08CD4D596F4BC78AD8A9397BE5C3CB.png](#)

Good afternoon Dianne

You are most welcome. I compiled the feedback into one document to be as inclusive as possible, particularly where it was an issue shared across the community. As we were unable to collaborate further due to time restraints, I included all points raised from the individual responses. If we are able to assist further please don't hesitate to get in touch.

Ngā mihi

Lisa Murphy
Bay of Plenty Health Consumer Council Chair

Sent from [Mail](#) for Windows

From: [Dianne Marshall](#)
Sent: Tuesday, 1 November 2022 4:56 PM
To: [Lisa Murphy](#)
Cc: [Adrienne von Tunzelmann](#); [Florence Trout](#); [John Powell](#); [Theresa Ngamoki](#); [Rosalie Liddle Crawford](#); [Kelly Hohapata](#); [Hayley Chapman](#); [Maria Moller](#)
Subject: RE: Input into Te Whatu Ora Feedback and Complaints System

Kia ora Lisa,

I appreciate you and the Bay of Plenty Consumer Council taking the opportunity and time to feedback to me to assist with the development of the Feedback & Complaints system at Te Whatu Ora. Your feedback is very comprehensive, addressing each step in the process from how we receive and acknowledge feedback through to resolution of complaints. I was interested to see you have referenced Restorative Practice and Hohou te Rongopai – we are also seeking input from the facilitators of the national Restorative Practice course being run through HQSC. I have done this training this year, with the view of incorporating principles into the Policy.

Again thank you for your time and generously sharing your ideas as we shape this new system.

Ngā mihi,

Dianne Marshall
Senior Service Development Advisor
Consumer and Whānau Voice Team

Te Whatu Ora – Health New Zealand
[TeWhatuOra.govt.nz](https://www.TeWhatuOra.govt.nz)

From: Lisa Murphy

Sent: Monday, 31 October 2022 9:19 pm

To: Dianne Marshall

Cc: Adrienne von Tunzelmann; Florence Trout; John Powell; Theresa Ngamoki; Rosalie Liddle Crawford; Kelly Hohapata; Hayley Chapman; Maria Moller

Subject: Re: Input into Te Whatu Ora Feedback and Complaints System

Importance: High

Good evening Dianne

Thank you for your request for the Bay of Plenty Health Consumer Councils' input into Te Whatu Ora Feedback and Complaints System draft.

General

The Feedback and Complaints System needs to be inclusive and made easily accessible to ALL consumers, patients, and whānau, complying with the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996.

<https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>

Complaints should be acknowledged, and the person who has made the complaint needs to know it will be investigated and be kept informed of the progress and outcome within an acceptable timeframe. Appropriate action needs to be taken, including mitigating the risk in the future.

ALL consumers should be treated fairly, professionally, with respect, compassion, and cultural sensitivity throughout the complaints procedure, just as they would at any other stage of their health/wellness journey.

Engage consumers in co-design, including the development of the following:

- Promoting process through posters, pamphlets, txt, online and with discharge documents
- Methods of complaints and feedback should include surveys, by phone call, written (hard copy), in person, and online
- Static or mobile electronic devices available for feedback in discharge lounges, near hospital's main entrance/exit and other health service locations
- Opportunity to feedback extended to DNAs

Proper recording of verbal complaints and feedback is required. These are often not recorded in the complaints data, or dismissed completely. Harm can be unreported once increased attention by staff is given to lessen the impact of any recognised mistake, misadventure, or error. Will these occasions be captured?

How will clinical incidents be linked to the complaint process?

A clearer distinction should be made when a "complaint" is experienced, and when "feedback" is being offered to improve care provision. Categories for various complaints might help consumers lodge a complaint. For example; communication and attitudes, medical treatment, explanations, privacy and consent, Nursing care, discharge planning, birth related experience.

Complaints data should be collected in a way that is user friendly, and the information easily accessible to

mine relevant data to show trends of improvement and where action is required. Multi choice questions with space for free open dialogue.

Clear information flow from Districts up through to the National level, and National to Regional and Districts to provide consistency and excellence in care for all New Zealanders.

A good feedback and complaints system should go deeper than looking at the methods of communication and processes used by an agency or provider.

There is fear associated with laying formal complaints. For many whānau, this is because of negative personal experiences, referring to racism but also to pressures not to complain about any health providers (NGO/Iwi/ Primary Care/ Hospital). If you wanted to complain about a service and you live in an area where there is no alternative service to go to it will hurt you somewhere down the line. Particularly evident in MoH/Te Manatū designated remote rural areas.

If we know that Māori are not likely to raise a formal complaint or see it through to a satisfactory conclusion then the problem is in the lack of choice. Although there are benefits in offering as many digital connections as possible to make feedback and complaint services accessible there should be a greater investment in human connections.

- A service that provides someone to walk alongside people at the pace they set, communicating in a way that they best understand. Further marginalised people who sit on the fringes of society need to be communicated with by people who know that world view and who can be involved at the start.
- Patient Advocacy Services offer a fairly good service but there has to be someone the person or whānau can connect with who can be their voice, who is trusted by them, respected in their community and connected to health. Navigator is a popular term across sectors and the gold is in the navigator building a relationship of trust and aroha with the person or whānau.
- Hohou te Rongo is an example of this approach. HQSC has a Restorative Practice service which references hohou te rongopai (dialectical difference). There is no perfect process but it is a lot better than a mainstream one.

Communication and accessibility are the key requirements for a 'good feedback and complaints system'. Hence, we would obviously support the objective of 'Easy to access and navigate for consumers, and able to receive complaints in a mode that suits the consumer'.

Providing multiple language options is appropriate. A good test is that no one has to go to a dictionary or glossary, or (mostly) needs help to translate.

Versions in languages other than Māori do not stray into appropriating te reo. Generally, consumer health information provided in different languages is exclusively in each language. In generic documents where this is not the case adequate translation should be provided.

Regarding modes that suit the consumer, email or via website, by mail or phone, speaking directly to the health professional who provided the care, or the relevant manager. Te Whatu Ora Health New Zealand Te Toka Tumai Auckland's website, presumably carried over from the DHB is welcoming and straightforward. <https://www.adhb.health.nz/contact-and-feedback/compliments-and-complaints/>.

Regarding IT

- Use NHI as primary ID
- If an App is to be used it should be loaded onto the device in the hospital if so requested by a patient
- Access from HNZ website in a prominent way, easily identifiable pathway
- If anonymity is required feedback should not be traceable to individuals
- Allow for Answer 'I choose not to provide details of a health treatment matter because: 1. I feel nothing will happen, 2. I feel vulnerable, 3. Other

- Feedback and complaints system needs to be available in different languages
- Establish monthly reporting for the public similar to reporting for Covid 19

Thank you for the opportunity to provide the suggested recommendations.

Ngā mihi

Lisa Murphy

Bay of Plenty Health Consumer Council Chair

From: Dianne Marshall

Sent: Friday, 14 October 2022 10:02 am

To: Consumer Council Chairs

Thank you all for the opportunity to meet with you as a group on Monday evening to discuss the work we are doing at Te Whata Ora to streamline a national Feedback & Complaints system. I am sending some additional information for you to share with your wider Consumer Council teams. I am happy to receive any feedback your teams would like to provide.

What are we trying to achieve?

Strengthening how the 'consumer voice' is used to shape the health services that are provided is a priority for the reforms. A robust Feedback & Complaints system is part of this, and while the objective is to have a nationally consistent policy and system, the aim is for it to be locally managed and delivered. The system needs to be;

- Easy to access and navigate for consumers, and able to receive complaints in a mode that suits the consumer e.g. email or via website, by mail or phone.
- An approach that works better for Māori, Pacific, disabled and other priority populations that the current systems doesn't always serve well
- Supported by data and digital infrastructure to enable a holistic view and proactive identification of trends and issues at a local, regional and national level

Our workplan

1. Initial consultation to ensure key themes and components that are needed in the system are identified. Meeting with Consumer Council Chairs, Te Aka Whai Ora Whānau Voice groups and District Quality Managers.
2. These key themes will be incorporated into the policy, and we will be looking for further feedback on the first draft to ensure we have achieved this.
3. Final draft by end of the year to be submitted to Te Whatu Ora senior leadership for sign off.
4. Next Year- Procedure and Guidance documents will needs to be developed to explain how the Feedback & Complaints system will work and meet the objectives outlined in the policy.

Alongside the policy work, we are starting to work out what data we can collect from each District about complaints, that Te Whata Ora management will use to inform their decision making and planning. And we are also investigating IT infrastructure needs and capability.

How you can contribute

On Monday at our meeting I asked "From a consumer perspective- What does a good Feedback & Complaints system look like?". Please feel free to share this email with you Consumer Council and provide any feedback to this question by the end of the Dianne Marshall

Ngā mihi,

Dianne Marshall

Senior Service Development Advisor
Consumer and Whānau Voice Team