

Distribution

Committee Members

- ☐ Lindsay Burnell (Chair)
- ☐ Adrian Broad (Deputy Chair)
- ☐ Barbara Cameron
- ☐ Nadarajah Manoharan
- ☐ Phil Sunderland (ex officio)
- ☐ Joseph Boon
- ☐ Jonathan Godfrey
- ☐ Tawhiti Kunaiti

Board Members

- ☐ Diane Anderson
- ☐ Ann Chapman
- ☐ Kate Joblin
- ☐ Karen Naylor
- ☐ Richard Orzecki
- ☐ Barbara Robson

Management Team

- ☐ Murray Georgel, Chief Executive Officer
- ☐ Mike Grant, General Manager, Planning & Support
- ☐ Scott Ambridge, General Manager, Enable New Zealand
- ☐ COO's Office
- ☐ Jill Matthews, Principal Administration Officer
- ☐ Di Traynor, Committee Secretary
- ☐ Communications Dept, MDHB
- ☐ External Auditor
- ☐ Board Records

National Health Board

- ☐ Peter Jane, Account Manager

Contact Details

Telephone 06-350 8910
Facsimile 06-355 0616

Next Meeting Date: 17 March 2015
Deadline for Agenda Items: 27 February 2015

MIDCENTRAL DISTRICT HEALTH BOARD

A g e n d a

Disability Support Advisory Committee

Part 1

Date: Tuesday, 14 October 2014

Time: 3.30 pm

Place: MidCentral DHB Offices
Board Room
Gate 2
Heretaunga Street
Palmerston North

MIDCENTRAL DISTRICT HEALTH BOARD

Disability Support Advisory Committee Meeting

14 October 2014

Part 1

Order

1. APOLOGIES

2. LATE ITEMS

3. CONFLICTS OF INTEREST

3.1 Amendments to the Register of Interest

3.2 Declaration of Conflicts in Relation to Today's Business

4. MINUTES OF THE PREVIOUS MEETING

4.1 Minutes

Pages:	4.1 – 4.6
Documentation:	minutes of previous meeting held on 22 July 2014
Recommendation:	that the minutes of the previous meeting held on 22 July 2014 be confirmed as a true and correct record

4.2 Recommendations to Board

To note that the Board approved all recommendations contained in the minutes.

4.3 Matters Arising

To consider any matters arising from the minutes of the meeting held on 22 July 2014 for which specific items do not appear on the agenda or in management reports.

5. WORK PROGRAMME

Pages:	5.1 – 5.2
Documentation:	Chief Executive Officer's report dated 6 October 2014
Recommendation:	that the updated work programme for 2014/15 be noted.

6. STRATEGIC ISSUES

6.1 Be.Accessible Programme

Pages: 6.1 – 6.3
Documentation: Director, Patient Safety & Clinical Effectiveness' report dated 3 October 2014
Recommendation: that this report be received.

6.2 Disability Sector Update

Pages: 6.4 – 6.19
Documentation: General Manager, Enable New Zealand's report dated 2 October 2014
Recommendation: that this report be received.

7. CUSTOMER SATISFACTION

7.1 Patient Experience Survey Process

Pages: 7.1 – 7.11
Documentation: Director, Patient Safety & Clinical Effectiveness' report dated 3 October 2014
Recommendation: that this report be received

8. GOVERNANCE

8.1 Terms of Reference Review

Pages: 8.1 – 8.2
Documentation: Chief Executive Officer's report dated 24 September 2014
Recommendation: that the Disability Support Advisory Committee's terms of reference be noted and reviewed in 36 months time.

9. DATE OF NEXT MEETING

Tuesday, 17 March 2015 at 3:30pm

Venue: MidCentral DHB Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Disability Support Advisory Committee held on Tuesday, 22 July 2014 at 3.30pm in the Board Room, Board Office, Gate 2, Heretaunga Street, Palmerston North Hospital

PRESENT

Lindsay Burnell (Chair)
Adrian Broad (Deputy Chair)
Barbara Cameron
Nadarajah Manoharan
Phil Sunderland (ex officio)
Jonathan Godfrey
Tawhiti Kunaiti
Joseph Boon

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager Funding Division
Scott Ambridge, General Manager, Enable New Zealand
Jill Matthews, Manager Administration & Communication
Jeff Small, Group Manager Commercial Support Services
Susan Murphy, Quality and Clinical Risk Manager (for Muriel Hancock)
Jo Smith, Director, Patient Safety and Clinical Effectiveness
Lydia Kirker, Communications Officer
Scott Crowley, Communications Web Designer
Di Traynor, Committee Secretary

1. APOLOGIES

There were no apologies.

2. LATE ITEMS

There were no late items.

3. CONFLICTS OF INTEREST**3.1 Amendments to the Register of Interest**

There were no Amendments to the Register of Interest.

3.2 Declaration of Conflicts in Relation to Today's Business

There were no Declarations of Conflicts in relation to today's business.

4. MINUTES OF THE PREVIOUS MEETING**4.1 Minutes**

That the minutes of the previous meeting held on 18 March 2014 be confirmed as a true and correct record.

4.2

4.2 Recommendations to Board

The Committee noted that all recommendations contained in the minutes had been approved by the Board.

4.3 Matters Arising

There were no matters arising from the minutes.

5. WORK PROGRAMME

The Chief Executive Officer spoke to his report dated 14 July 2014 and noted that the work programme, assigned by the Board, contained five major pieces of work relating to Services, Communications, Physical Assets, the Employment of people with Disabilities, and the Purchasing of Health and Disability Services.

The Chair expressed a desire for improved communication regarding the work being done by the District Health Board in disability support advice and support. It was noted that the MidCentral District Health Board's own publication would be a good medium in which to promote this work.

Jonathan Godfrey requested that the Enabling Good Lives Programme be listed as an agenda item at a future meeting of the Disability Support Advisory Services Committee.

It was recommended:

that the updated work programme for 2014/15 be noted.

6. STRATEGIC ISSUES

6.1 Be.Accessible Programme

The Quality and Clinical Risk Manager summarised the report dated 30 June 2014.

Disabled access to facilities and services will be represented on the Consumer Advisory Panel and additional consumer input will be sought as part of the Master Health Service Plan.

It was recommended:

that this report be received.

6.2 Annual Communications Plan

The Manager, Administration and Communications, summarised the report dated 10 July 2014.

Jonathan Godfrey noted his intention to test the 'CAPTCHA' facility of the upgraded MidCentral District Health Board website.

The General Manager, Enable New Zealand, noted that enhanced communications with disability organisations throughout the MidCentral District Health Board region would be a key aspect of Enable New Zealand's planning for the coming year.

It was recommended:

that this report be received.

6.3 Disability Facility Stocktake Update

The General Manager, Commercial Support Services, summarised the report dated 3 July 2014.

It was confirmed that New Zealand Standard NZS4121 is used by MidCentral District Health Board in the procurement and refurbishment of its assets.

It was recommended:

that this report be received.

6.4 Annual Update – Stocktake of Employment Practices and Education and Development

The Chief Executive Officer summarised the report dated 2 July 2014.

The Chief Executive Officer confirmed that the reporting of Equal Employment Opportunities was reflected in MidCentral District Health Board's overall compliance ranking of 100%.

It was recommended:

that this report be received.

6.5 New Zealand Disability Strategy Contracts – Update

The Director, Patient Safety and Clinical Effectiveness, summarised the report dated 2 July 2014.

The Elder Abuse and Neglect workshops being conducted in Aged Residential Care facilities across the MidCentral district appear to be having effect, reflected in routine certification and surveillance audits of providers.

It was recommended:

that this report be received.

6.6 Disability Sector Update

The General Manager, Enable New Zealand, summarised the report dated 8 July 2014.

Jonathan Godfrey questioned the methodology used for the finding of '1 in 4' New Zealanders identified as being disabled statistic, contained in the 2013 Disability Survey.

The Enabling Good Lives initiative, which pools funding from three government agencies, is seen as the benchmarking model and there is a view that the model may supercede Local Area Coordination as the preferred model. Jonathan Godfrey noted there is a similarly modeled but self-funded scheme in Dunedin in which a Navigator works with the individual disabled person.

It was recommended:

that this report be received.

7. CUSTOMER SATISFACTION

7.1 Disability Consumer Feedback January – June 2014 (inclusive)

The Quality and Clinical Risk Manager summarised the report dated 7 July 2014.

The Chief Executive reiterated that the new national format being rolled out in September 2014 on an email-based platform for patient satisfaction surveys will continue to allow a focus on MidCentral District Health Board patients, with the added benefit being the ability to make comparisons with other District Health Boards across the country. He also noted that trends analysis would be available relatively quickly following the national implementation.

The Quality and Clinical Risk Manager confirmed that a paper based survey would be available for any patient without email access.

It was recommended:

that this report be received.

8. DATE OF NEXT MEETING

Tuesday, 14 October at 3:30pm

Venue: MidCentral DHB Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

9. EXCLUSION OF PUBLIC

Recommendation: That the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated: Agreed.

<i>Item</i>	<i>Reason</i>	<i>Ref</i>
"In Committee" minutes of the Previous Meeting	For reasons stated in the previous agenda	

Confirmed this Tuesday 14th October 2014

.....
Chair

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Disability Support Advisory Committee held on Tuesday, 22 July 2014 at 3.30pm in the Board Room, Board Office, Gate 2, Heretaunga Street, Palmerston North Hospital

In Committee

PRESENT

Lindsay Burnell (Chair)
 Adrian Broad (Deputy Chair)
 Barbara Cameron
 Nadarajah Manoharan
 Phil Sunderland (ex officio)
 Jonathan Godfrey
 Tawhiti Kunaiti
 Joseph Boon

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
 Mike Grant, General Manager Funding Division
 Scott Ambridge, General Manager, Enable New Zealand
 Jill Matthews, Manager Administration & Communication
 Jeff Small, Group Manager Commercial Support Services
 Susan Murphy, Quality and Clinical Risk Manager (for Muriel Hancock)
 Jo Smith, Director, Patient Safety and Clinical Effectiveness
 Lydia Kirker, Communications Officer
 Scott Crowley, Communications Web Designer
 Di Traynor, Committee Secretary

10. MINUTES OF THE PREVIOUS MEETING "IN COMMITTEE" SECTION

10.1 Minutes

That the minutes of the previous meeting "In Committee" section held on 18 March 2014 be confirmed as a true and correct record.

10.2 Recommendations to Board

The Committee noted that all recommendations contained in the minutes had been approved by the Board.

10.3 Matters Arising

There were no matters arising from the minutes.

11. LATE ITEMS

There were no late items

12. RESOLUTION RE AVAILABILITY OF “IN COMMITTEE” MATTERS

There were no matters discussed “in committee”.

The meeting closed at 4.36 pm.

Confirmed this Tuesday, 14th October 2014.

.....
Chair

TO Disability Support Advisory Committee
FROM Chief Executive Officer
DATE 6 October 2014
SUBJECT Committee's Work Programme,
2014/15



MIDCENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora o Ruahine o Tairāia

MEMORANDUM

1. Purpose

This report updates progress against the Committee's 2014/15 work programme. It is provided for the Committee's information and discussion.

2. Summary

Reporting is occurring in accordance with the work programme.

A schedule of all reports scheduled for consideration at the Committee's next meeting are set out below. The key items are the draft annual plan, the disability audit tool and its associated work programme, and the customer satisfaction results.

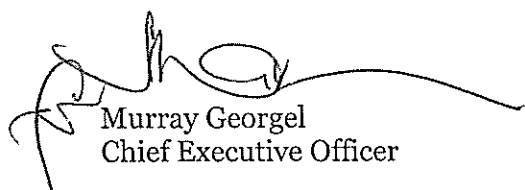
- Draft annual plan, 2015/16
- Disability audit update, and, proposed work programme to meet audit findings
- Customer satisfaction
- Sector update

If there are any new items which members require, or any issues they would like canvassed in future reports, please advise. Feedback on the style, content and timing of these reports is also welcome.

3. Recommendation

It is recommended:

that the updated work programme for 2014/15 be noted.



Murray Georgel
Chief Executive Officer

COPY TO:

CEO's Department
MidCentral DHB
Heretaunga Street
PO Box 2056
Palmerston North
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ID	Task Name	2015														
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
1	DSAC WORK PROGRAMME, 2014/15															
2																
3																
4																
5																
6	STRATEGIC PLANNING															
7	Annual Planning															
8	2015/16 AP Development															
9	Draft AP															
10	2014/15 AP Implementation															
11	Disability Self-Audit Tool: schedule of self-audits planned, & results of those undertaken															
12	Update 1															
13	Update 1															
14	Update 3															
15	Proposed work programme to meet audit findings															
16	Update against work programme															
17	PORTFOLIO UPDATES															
18	2013/14 Year															
19	Communications															
20	Facilities (including rental accommodation)															
21	Human Resources															
22	Purchasing & contracting of health & disability services															
23	2014/15 Year															
24	Communications															
25	Facilities (including rental accommodation)															
26	Human Resources															
27	Purchasing & contracting of health & disability services															
28	Customer Satisfaction															
29	Response from HQSC re inclusion of disability-related question															
30	Update 1															
31	Update 2															
32	SECTOR UPDATES															
33	Update 1															
34	Update 1															
35	Update 3															
36	GOVERNANCE															
37	Terms of Reference review															

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TO Disability Support Advisory Committee

FROM Muriel Hancock
Director
Patient Safety and Clinical Effectiveness

DATE 3 October 2014

SUBJECT Be.Accessible Programme



MIDCENTRAL HEALTH

MEMORANDUM**1. Purpose**

To provide the second update against the 2013/14 Annual Plan initiative “disability self audit tool findings identified covering all aspects of MidCentral District Health Board (MDHB)”. No decision is required.

2. Summary

- The four themes from the first snapshot survey are being gradually progressed.
- A second survey at Horowhenua Health Centre is about to commence.
- Consideration of a survey in Child and Adolescent Oral Health in February 2015 is in progress.

3. Conclusion

This work is progressing well with attention being paid to ensuring that key themes identified are tracked and changes made as able within current related programmes of work or alongside current activities as opportunities arise.

4. Recommendation

It is recommended that

This report be received

COPY TO:**Patient Safety & Clinical Effectiveness**

MidCentral Health
Heretaunga Street
P O Box 2056
Palmerston North

Phone +64(6) 350 8030

5. Background

In 2013 Be.Accessible and Enable New Zealand on behalf of MidCentral District Health Board developed an Accessibility Review Self Assessment tool in order for the organisation to complete a stock take of accessibility for patient/consumers of health and disability services within MDHB. Part of this process involved consumer focus groups as well as working with District Health Board (DHB) staff including the Child Development service.

MDHB's vision for "*Quality living – healthy lives*" for all, together with a desire to create a "*more unified, improved health and disability system*"..... "*that can be accessed by all in a trusted and confident way*" are objectives which were identified in the Be.Accessible MDHB report in 2012.

Be.Accessible is about having patients/consumers at the centre of our thinking and actions. It is about creating greater accessibility for our patients/consumers who have access needs. Patient/consumer accessibility goes well beyond the obvious one of accessible environments. The philosophy of Be.Accessible with the patient/consumer being at the centre of our thinking and actions needs to be woven into the culture of the organisation, both in day to day operations and its future planning and development.

6. Current Situation

A snapshot survey was developed using a selection of questions from the original audit tool. The staff survey broadly covered the accessibility characteristics of Leadership and Culture, Communications, Patient Engagement and Environment accessibility. For patients the focus was to identify their accessibility need, what the access barrier was and what was done or not done to remove the access barrier.

The initial survey was administered via a range of service improvement meetings in Assessment, Treatment and Rehabilitation Services to both staff and a small number of patients.

Planning is progressing well to administer this same snapshot survey to staff and patients at Horowhenua Health Centre prior to December 2014. In addition consideration is also being given to undertaking the survey in Child and Adolescent Oral Health Services.

6.1 Progress on Key Themes

The following themes were identified from the first snapshot survey and progress is noted in italics.

6.1.1 Staff education

It is suggested that access to educational resource either on-line, in hard copy or more formal education sessions as part of core training at commencement of employment, would enhance accessibility awareness.

A stock take of MidCentral Health's education programmes shows that this need is not met apart from specific intellectual disability education. As a part of development work for on-line nursing education the opportunity to include this topic will be explored. Consideration of utilisation of expertise at Enable NZ will also be taken into account. Capital and Coast District Health Board are also undertaking some development in this area and engagement with them regarding this will be ongoing.

6.1.2 Engagement with patients who have accessibility needs

It is suggested that regular forums with patients who have accessibility needs would provide greater opportunity for shared information and identification of service improvement initiatives. It was suggested this could be with individual patients/families.

No further action has been progressed.

6.1.3 Facility and services

When reviewing and redesigning services and facilities, engagement with people with accessibility needs is important to ensure accessibility aspects are considered, noting this is wider than physical access.

The need for this to occur has formally been communicated to the leads for the Master Health Services Plan as well as to the Project Officer Consumer Engagement.

6.1.4 Patient management system and appointment scheduling

Consideration of using the patient management system to place alerts regarding accessibility needs to ensure staff awareness at point of contact. In addition the increased use of patient focused booking for appointments would assist many patients with accessibility needs.

The use of alerts on the patient management system will be considered as part of the WebPAS development. With regard to patient focused booking this is an ongoing piece of work that will gain momentum following reconfiguration of reception and waiting areas in ambulatory care as part of the approved ambulatory care facility redevelopment. This reconfiguration will give some clerical staff dedicated private space to make phone calls to patients for the purpose of patient focused booking. A number of services are keen to progress with patient focused booking.

7. Next Steps

Work will continue on all of the above themes to find as many opportunities as possible to strengthen our focus on accessibility.

The next snapshot survey will progress at Horowhenua Health Centre prior to December and in Child and Adolescent Oral Health Services in February 2015.



Muriel Hancock
Director
Patient Safety and Clinical Effectiveness

TO Disability Support Advisory Committee

FROM Scott Ambridge, General Manager,
Enable New Zealand

DATE 2 October 2014

SUBJECT Disability Sector Update



MIDCENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora o Ruahine o Tairāia

MEMORANDUM

1. PURPOSE

This report is provided to update members on the various work programmes and models of care being undertaken by the Ministry of Health and other agencies, and is for information only.

2. EXECUTIVE SUMMARY

- The Ministry of Health continues to develop and implement New Model work streams.
- Stage Two implementation of Ministry of Health prioritisation tool commenced 11 August.
- 2013 Disability Survey released on 17 June 2014.
- Funded Family Care initiative now in operation.
- Autism Spectrum Disorder clients eligible for funding under NASC (Needs Assessment and Service Co-ordination) service.
- Disability Support Services e-newsletter.

3. RECOMMENDATION

It is recommended that:

This report be received.

4. NEW MODEL FOR SUPPORTING DISABLED PEOPLE

Following is an update on current and future work the Ministry of Health is undertaking in this area:

- a) Local Area Coordination (Information and Assistance), since the last update:
 - i. The Ministry of Health have selected ImagineBetter as the Local Area Coordination provider in the Bay of Plenty region (the organisation will also extend services to the Lakes region) for the next three years. ImagineBetter are based in Tauranga providing disability advocacy

services to support independent living. For more information refer to www.imaginebetter.co.nz.

- ii. Two Needs Assessment and Service Coordination organisations are trialling LAC's through NASC for the next two years – Life Unlimited in the Hutt Valley region and Access Ability in Otago/Southland.
 - iii. There is still a high degree of uncertainty around how the Ministry of Health will be able to effectively “scale up” considering existing services like NASC are still required.
- b) Allocation – the demonstration of supported self assessment and the new funding allocation tool continues in the BOP regions.
 - c) Enhanced Individualised Funding (EIF) – a total of 183 people in the Western BOP now use EIF to purchase their disability supports.
 - d) Individualised funding (via NASC) - nationally a total of 2,030 people are accessing IF to purchase Home and Community supports. From 1 November 2014 this is being extended to respite care.

5. EQUIPMENT AND MODIFICATION SERVICES (EMS), PRIORITISATION TOOL

The national rollout of the Ministry of Health's Prioritisation tool went live in the Enable New Zealand regions on the 11th August.

The overall transition of services has progressed smoothly with the anticipated increase in phone and email traffic as EMS Assessors adapt to the new approach. Enable New Zealand established a customer contact centre as the single point of contact for all queries regarding the change and this has been received very positively by EMS Assessors and the community at large.

Concurrently, Enable New Zealand also launched its e-Commence platform to receive and process service requests on line. The launch of the platform was supported by the technical help desk and on line videos and has also been very positively received throughout the EMS Assessor community.

6. QUALITY REVIEW – “PUTTING PEOPLE FIRST”

This independent review (commissioned by the Ministry of Health in 2013) looks at the effectiveness of the current disability support services performance and quality management processes for residential disability providers.

Work is under way to implement a number of recommendations within Disability Support Services, under the headings of:

- support providers to put disabled people at the centre of their service
- give disabled people a voice
- improve performance management.

Of interest is recommendation 10 about attracting, recruiting, and employing disabled people. As a result the Ministry of Health have commenced a two-year programme to provide internships for disabled people within Disability Support Services. The project offers each intern 12 weeks paid casual administrative work, up to a maximum of 40 hours per week. The first intern began working in Disability Support Services in early August.

An Easy Read version of the Putting People First Report is now loaded on the Ministry of Health's website:

<http://www.health.govt.nz/publication/review-disability-support-services>

7. ENABLE NEW ZEALAND TURNS 40

Enable New Zealand turned 40 on the 28 September this year having started as the New Zealand Aids and Appliances (NZAA) store as part of the Palmerston North Hospital's rehabilitation unit. It has gone through a number of iterations and changes to the New Zealand Disabilities Resource Centres and finally Enable New Zealand. In the last 40 years Enable New Zealand has consistently delivered a wide range of quality services to people with disabilities and older people, both nationally and regionally, and will continue to do so for many years to come.

8. ENABLING GOOD LIVES

In my last report I spoke at Enabling Good Lives which is being demonstrated in Christchurch to show how a cross-government approach (Ministry of Health, Ministry of Social Development, Ministry of Education) can be used to reconfigure supports and services for disabled people, primarily for school leavers. It uses the same purchasing guidelines as Enhanced Individual Funding, managed by an independent funding provider, and utilises a "navigator" role (like Local Area Co-ordination) to work with the individual person.

The project started in July 2013 and is set to run for a further three years, by which time it is expected that at least 300 people will be included.

Certainly there is some potential duplication of work, particularly with respect to LAC's (noted above) and the Enabling Good Lives navigator role. The Ministry of Health is now contributing to and merging with Enabling Good Lives, with a particular focus on these two roles which draws on the strengths of each to provide best fit for the New Zealand context.

9. FUNDED FAMILY CARE

"Funded Family Care" via NASC providers was launched last October.

With respect to the local DHB region, uptake remains very low; to date seven families have taken up Funded Family Care, no change since the last time reported (*noting that approx 470 clients may meet the criteria for FFC*).

10. DISABILITY SUPPORT SERVICES E-NEWSLETTER

The latest Ministry of Health Disability Support Services Newsletter is attached for your information.

A handwritten signature in black ink, appearing to read 'Scott Ambridge', with a long horizontal flourish extending to the right.

Scott Ambridge
General Manager
Enable New Zealand

Disability Support Services e-newsletter

No. 54 August 2014 ISSN 2253-1386

Toni Atkinson Group Manager, Disability Support Services

Welcome to the latest DSS newsletter. DSS is now in a new financial year and our work plan for the coming year has been set.

Major pieces of work we will be focusing on include:

- implementation of the recommendations of the
- Putting People First review
- evaluation of elements of the New Model work including Enhanced Individualised Funding, Choice in Community Living and the Funding Allocation Tool
- involvement in the 11 work streams that have been developed for phase two of Enabling Good Lives – Christchurch
- implementation of the outcome of the pricing project
- ongoing transition to the national Behaviour Support provider, Explore
- the tender for Carer Matching and Carer Training
- implementing respite under Individualised Funding
- national roll out of the Equipment and Modification Services
- Prioritisation Tool
- a review of Funded Family Care.

Our focus will remain on improving services for people with a disability, whether it be through focusing on quality, or in improving the way we fund and purchase services. DSS is keen to hear ideas from the sector on how we can ensure the provision of high quality services across the board. We are keen to support providers by recognising and sharing innovative practices that demonstrate quality services that result in good outcomes (and good lives) for disabled people, particularly those in residential care. I encourage you to work with us as we strive for this goal across the sector of ensuring the provision of high quality services.

DSS New Model demonstration in Bay of Plenty

A warm thank you to our local working group and national reference group

Before the Ministry started demonstrating and evaluating the New Model for Supporting Disabled People it made a commitment to work with disabled people, their family members and whānau to co-develop the initiative.

As part of this approach the National Reference Group and the Bay of Plenty Local Working Group were set up through a broad call for nominations from all stakeholders. A commitment was made to ensuring that disabled people and family members made up the majority of the groups' membership.

Both groups have recently completed their work, as the components of the New Model demonstration are progressively moved into 'business as usual'. These components are also informing, and merging with Enabling Good Lives. Over the last two to three years, the New Model components of Local Area Coordination, Supported Self-Assessment, Funding Allocation, Purchasing Guidelines and Enhanced Individualised Funding have each been worked on by the groups and their advice taken on board by the Ministry.

In the Bay of Plenty, local working group members were involved in the recruitment, training and support of the Local Area Coordinators, especially in the Eastern Bay of Plenty. Among other contributions, they also provided significant change to the format of the Self-Assessment form and brought lived experience to the development of both the purchasing guidelines and thinking about new forms of accountability.

From a national perspective, the national reference group also considered each of the components of the New Model demonstration. Their specific advice on Local Area Coordination has led to the Ministry's commitment to the continuing Local Area Coordination programme in the Bay of Plenty and the Lakes district. They have also made a very significant contribution to the thinking about framework redesign and how a transformed disability support system might look. At a recent meeting the group reviewed its life and work. Among its comments were that the 'national reference group has had a voice in developing, planning and advising' but also that we need to 'continue dialogue between disabled people and government people'.

The Ministry wants to record its thanks to both these groups and each of its members for the many hours of thinking, discussion and at times robust debate, which has informed and improved the demonstration and evaluation of a new way for supporting disabled people into the future. Thank you.

DSS News

Contract management

Barbara Crawford, Manager Strategy and Contracts

Disability Support Service providers will be aware of the new Government rules of sourcing.

As the Ministry works to implement these, there will be a number of changes to current contracts with the Ministry: use of the new government Agreement template; review of most DSS Service Specifications to include outcome measures and a streamlined approach to performance reporting.

Service Specification reviews will involve representatives of disabled people using the services being reviewed, and will incorporate changes to address recommendations made in the Putting People First report. Providers will be involved in the review process, especially with regard to the development of outcome measures and reporting requirements.

The first Service Specifications to be reviewed will be for NASCs, Home and Community Support Services, and Community Residential Services

ImagineBetter to provide Local Area Coordination in Bay of Plenty and Lakes

ImagineBetter has been selected by the Ministry of Health to continue Local Area Coordination (LAC) in the Bay of Plenty.

From 11 August 2014, ImagineBetter will be establishing themselves to lead the programme, which assists disabled people to lead good, everyday lives. The organisation will also extend LAC to the Lakes District over the next three years.

ImagineBetter CEO Tony Blackett says that the small, community-based organisation encourages people to imagine, plan for and realise a good life for themselves within the ordinary world.

Disabled people and their whānau will continue to have LAC assistance throughout the transition to the new organisation. ImagineBetter is also planning introductory meetings for disabled people, whānau, community and providers.

The continued implementation of LAC follows a successful two-year demonstration in the Bay of Plenty as part of the Ministry of Health's New Model for Supporting Disabled People.

An evaluation of the demonstration has shown that LAC has been beneficial for many disabled people and their whānau. LACs have supported disabled people in achieving their goals, including: connecting with their communities; trying new activities; increasing social connections; learning new skills; finding new homes and paid employment; and feeling more positive about the future.

DSS stories

Reuben

When Choo Ying and Soren entered their 60s, they started to think about what would happen to their son when they were no longer around.

They began building a two-bedroom flat under their Auckland home for 29-year-old Reuben, who had always lived at home with them.

‘We could see that in time, we would physically not be able to look after him ourselves, so we wanted to prepare for the future,’ Choo Ying says.

Then they heard about the Ministry of Health’s Choice in Community Living (CiCL) demonstration and went to a seminar to find out more about it.

‘We thought it [CiCL] actually fitted very well,’ Soren says. They went on to select Renaissance as their service provider, but advertised for, interviewed and hired Reuben’s support staff themselves, with Renaissance assisting with the employment contracts.

‘It’s worked out perfectly for us,’ Soren says. ‘As soon as your child goes to residential care you’ve really lost any influence over what’s happening there. We wanted to influence the quality of Reuben’s care.’

Through CiCL, Soren and Choo Ying hired a young couple, who also live at the flat. Having trusted people with Reuben from evening to morning has meant Soren and Choo Ying can finally sleep easy.

‘With somebody supporting him, we are not carrying the worry so much. We realise there is a solution. By the time we’re not able to physically do anything anymore, we will know that he’s here, safe and happy,’ Choo Ying says.

As part of Reuben’s support package, a support worker visits for four hours a day to help him improve his socialisation, communication and self-help skills. Reuben has been out of his parents’ home for six months and his dad says they have already seen a change. ‘We have noticed an increase in his level of confidence. It’s like he feels he has more status.’

Soren and Choo Ying say CiCL gives the family more flexibility and control. ‘CiCL offers the opportunity to stay involved as time progresses with Reuben and that’s something that wasn’t on offer before.’

Choice in Community Living is part of the Ministry of Health’s New Model for Supporting Disabled People. It offers disabled people in Auckland and the Waikato the opportunity to move out of their family home or a residential facility and into their own home. It also offers choice and control of how people are supported in their own home and community.

Stephen

Stephen wanted to move out of home, get back into the workforce and improve his social life, but he wasn’t sure how to go about it.

After finding out about Local Area Coordination (LAC) through Spectrum Care, he began working with his Local Area Coordinator, Jenny.

Stephen’s main aim was to go flatting. Jenny talked to Stephen and his mother, and together they made a step-by-step plan for moving out.

'We had a few chats, with Mum as well, and looked at what the expectations were for moving out of home. We came up with some really clear ideas which we made into a list – that's what seemed to work for Stephen,' Jenny says.

To help him get started, Jenny organised a meeting with a local property manager. When the right place was found, on Trade Me, Jenny put Stephen onto a local budgeting advice service so he was prepared for the rent, bills and other costs before moving in.

'My role as LAC was about connecting Stephen with the right people in the community that could help him enjoy his independent life away from home,' Jenny says.

Once the flat was established, Stephen resumed his search for ongoing work. He had met Malcolm at Tweed's Trading Company several times and asked him about a position. Although there weren't any paid openings, Malcolm offered Stephen the opportunity to learn on-the-job.

The practical work, taking apart recycled building supplies and making sales, was ideal for Stephen.

'To me it's my dream role and it's got a bit of everything I want. I can do my own thing. I can go serve a customer and there is always something to do,' he says.

His customer service skills have had a flow-on effect in his social life. Since beginning work with his LAC, Stephen has started playing in a mainstream netball team. Jenny introduced him to the Thursday night league, after hearing about his talents on the court.

Stephen says that his life has improved since meeting Jenny. He is happier, has more to do and has a good relationship with his mum and dad who he visits regularly.

Local Area Coordination is part of the Ministry of Health's New Model for Supporting Disabled People. Visit www.health.govt.nz for more information and search for 'New Model'.

Government news

Electoral Commission making it easier for disabled voters to have their say

The Electoral Commission is making it easier for disabled New Zealanders to enrol and vote, with the confirmation that telephone dictation voting will be in place for the 2014 general election.

The new **telephone dictation service** has been developed with testing and input from the Blind Foundation and Blind Citizens New Zealand. This will allow voters who are blind, partially blind, or have a physical disability that prevents them marking their ballot paper without assistance, to cast a secret ballot, from home, via telephone.

Full information on the new telephone dictation service, and the Commission's other resources for people with disabilities, is **available at www.elections.org.nz** or by calling **0800 36 76 56**.

For more information, contact Anastasia Turnbull, Manager Communications and Education on

Upcoming disability events

Whāia Te Ao Mārama– hui

Inia Eruera, Senior Advisor Māori

The Ministry will be hosting four regional hui in August and October (see below) to identify practical ways to implement Whāia te ao Mārama and improve outcomes for Māori with disabilities. These forums will be managed by Te Piringa and led by members of the Māori Disability Advisory Group who developed Whāia te ao Mārama – the Māori Disability Action Plan.

Disability support providers, Māori with disabilities and their whānau are encouraged to attend. Please register your attendance with nikki_joyce@moh.govt.nz

Hui schedule

Location	Date	Time	Venue details
Auckland	Tuesday 19 August	10 am – 2 pm	Holiday Inn, Auckland Airport, 2 Ascot Rd. Mangere, Auckland
Hamilton	Wednesday 27 August	10 am – 2 pm	Novotel Tainui, 7 Alma St, Hamilton

Christchurch and Dunedin Hui to be scheduled in October.

Disability Provider Forums

Barbara Crawford, Manager Strategy and Contracts

DSS Provider Forums will be held in October 2014. These regular forums provide updates to disability support service providers about DSS' strategic direction, projects and improvement initiatives. An agenda will be posted on the Ministry's website www.health.govt.nz closer to the time. To register, please contact nikki_joyce@moh.govt.nz

DSS Provider Forum schedule

Location	Date	Venue Details
Auckland	Tuesday 14 October	Novotel Auckland Airport, Ray Emery Drive, Auckland International Terminal
Hamilton	Wednesday 15 October	Hamilton Airport Hotel Beside Hamilton International Airport Terminal
Wellington	Friday 17 October	Kingsgate Hotel, 24 Hawkestone Street, Thorndon, Wellington

Dunedin	Monday 20 October	Dunedin Public Art Gallery, 30 The Octagon, Dunedin
Christchurch	Tuesday 21 October	Riccarton Park Conference Centre 165 Racecourse Road, Sockburn, Christchurch
New Plymouth	Thursday 23 October	Copthorne Hotel Grand Central 42 Powderham Street, New Plymouth

DSS project updates

Quality Review – ‘Putting People First’

Pam MacNeill, Quality Improvement Lead

Work is under way to implement the recommendations from the Putting People First quality review. The recommendations have been assigned to each of three working groups within Disability Support Services, under the headings of:

- support providers to put disabled people at the centre of their service
- give disabled people a voice
- improve performance management.

These working groups meet monthly to develop work plans and report on progress with the implementation of the recommendations.

Recommendation 10 in Putting People First is about attracting, recruiting, and employing disabled people. We have just approved a two-year programme to provide internships for disabled people within Disability Support Services. The project offers each intern 12 weeks paid casual administrative work, up to a maximum of 40 hours per week.

The objectives of the Internship Programme are to:

- provide an opportunity for the intern to learn the everyday routines of the workplace
- improve disability competence among Disability Support Services staff, for example, to gain a clear understanding of how ‘reasonable accommodations’ can be arranged.

The first intern began working in DSS in early August.

An Easy Read version of the Putting People First Report is now loaded on the Ministry’s website www.health.govt.nz/publication/review-disability-support-services

Please make this known to disabled people using support services in your area.

Enabling Good Lives

Enabling Good Lives is being demonstrated in Christchurch to show how a cross-government approach can be used to reconfigure supports and services for disabled people. The demonstration, which started in July 2013, will run for three years and will gather information about the difference the new approach makes to people’s lives, the costs involved and how to put in place changes across the disability system.

The demonstration is being jointly designed with disabled people and combines funding from the Ministries of Education, Health and Social Development. The services and supports ACC provides to clients with a serious injury will also be taken into account to ensure that systems are streamlined.

So far the demonstration has worked with more than 50 school leavers, along with their families. The next step is making Enabling Good Lives available to a wider group of people with a disability in the Christchurch area and by its third year, it is expected that at least 300 people will be included.

For more information on Enabling Good Lives, please contact Gordon Boxall, Demonstration Director. You can email Gordon on gordon@eglives.co.nz

The New Model for Supporting Disabled People

Local Area Coordination

Local Area Coordinators (LAC) in the Bay of Plenty continue to report people celebrating their own positive outcomes from their work with an LAC. Some current examples are sharing in intentional planning sessions; employing a personal assistant through dropping flyers in local letterboxes; finding a 'grandparent' figure for young children; going into flatting arrangements; working with voluntary mentors with the goal of paid employment; developing skills to be a public speaker; undertaking voluntary work, such as at SPCA; positive high school transition meetings; supporting marae accessibility.

The Ministry has committed to continuing Local Area Coordination in the Bay of Plenty over the next three years and extending this to the Lakes district. Two Needs Assessment and Service Coordination organisations (NASC) are trialling Local Area Coordination through NASC for the next two years: LIFE Unlimited is providing Local Area Coordination in the Hutt and Access Ability in Otago/Southland centred on Invercargill.

The Ministry's New Model work is now contributing to and merging with Enabling Good Lives. The focus for the future will include work on how LAC and EGL's Navigator work can contribute to development of a way of assisting disabled people, their families and whānau which draws on the strengths of each and provides best fit for the New Zealand context.

Enhanced Individualised Funding / Individualised Funding

There are now 183 people using Enhanced Individualised Funding in the Eastern and Western Bay of Plenty to purchase their disability supports. A total of 2030 people are using Individualised Funding (IF) across the country as a mechanism to purchase their own Home and Community Support Services.

Respite under IF (IF Respite) will be available from 1 November 2014. This will enable people who have been allocated respite to directly purchase their own respite arrangement. Access to IF Respite will be via contracted IF Host Agencies after referral from a NASC.

We are pleased to announce that Murray Penman has recently been appointed Development Manager with a primary focus on Individualised Funding and Enhanced Individualised Funding.

The focus of Murray's role during the next six months will be rolling out IF Respite and reviewing how the Ministry funds the EIF/IF Host function.

We are also pleased to welcome Christy Richards to the Family and Community Services Team, on secondment, as a Contract Relationship Manager covering Home and Community Support Services.

Supported Self-Assessment and Funding Allocation Tool

The demonstration of Supported Self-Assessment and an alternative Funding Allocation Tool continues at Support Net NASC in the Bay of Plenty. The changes and alternative ways of working are increasingly becoming embedded in NASC practice in the region.

More than 240 people have now experienced Supported Self-Assessment and have had their indicative allocation of funding calculated by the new Funding Allocation Tool. The number of people experiencing the changes is expected to steadily increase.

The developmental evaluation of the demonstration will take place in August and September, with an evaluation report expected in November 2014.

The experiences and learnings gained in the Bay of Plenty work is being built upon in Enabling Good Lives Christchurch.

Choice in Community Living (CiCL)

It is great to see the continued interest in CiCL with 87 people now living in the community through CiCL. We recently held four meetings for families who were keen to find out more about CiCL and whether it might be right for them or their family member. These meetings were very well attended and we'd like to thank Parent to Parent for organising these.

We're looking forward to our toolbox for disabled people, families and providers coming out soon. This resource will bring together a wealth of helpful information about CiCL. We will be in touch when this is ready.

Reuben's story is in this newsletter and we also have more stories, videos, guides and information available from the Ministry website at:

www.health.govt.nz/your-health/services-and-support/disability-services/other-peoples-stories/new-model-people-stories

www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/new-model-supporting-disabled-people/choice-community-living

Pricing models review

Barbara Crawford, Manager Strategy and Contracts Team

Work is continuing on the planning and implementation of the work of the pricing review. The new Residential Pricing Model is currently being further tested and will be implemented after 1 July 2015. Work is also underway on the proposed price increases and changes to home and community supports, whilst further planning and investigation on options for facility based respite and the carer support subsidy is also being undertaken.

A summary of the ICARe tool has been placed on the Ministry's website disability page **www.moh.govt.nz**

If you have any queries please contact: **Barbara_Crawford@moh.govt.nz**

Disability Support Services wishes to sincerely thank all of the providers who worked with KPMG to review DSS pricing models to make them nationally consistent and equitable for both providers and disabled people using services.

Behaviour Support Services improvement project

Gordon Sinclair, Development Manager, Family & Community Support Team

The new specialist Behaviour Support Service provided by Explore is being implemented through the country. Implementation will be completed by 31 March 2015 and the Ministry and Explore are working closely with existing Behaviour Support providers to manage the transition. Implementation will be staged by region and stakeholder meetings will be held to share more specific information when we start the service in a new area. Invitations to stakeholder meetings will be sent by the Ministry.

Implementation has begun in the South Island and will be complete by the end of October 2014. North Island regions will begin implementation in August and run until 31 March 2015.

Detailed planning for individual service users who are transferring to Explore will occur and we expect no interruption of support for those people.

Environmental Support Services

Sue Primrose, Development Manager, Service Access Team

Equipment and Modification Services (EMS) Prioritisation Tool

The national rollout of the Prioritisation Tool in the Midland, Central and Southern DHB regions started on Monday 11 August 2014. As for Stage One implementation in the Northern DHB region, which got under way in late January this year, there has been great support from EMS Assessor 'champions' in this region. These 'champions', all of whom are practising clinicians (such as occupational therapists, physiotherapists or speech-language therapists) will guide and support their colleagues during the early weeks of national rollout. The Ministry's project manager, Clare Kirk, will also be available to provide support and advice to EMS Assessors and Enable New Zealand, the Ministry's contracted provider for the management of equipment and modifications in this region.

A review of Stage One implementation is currently underway. Significant feedback has been provided by EMS Assessors during the last five months and this has helped to inform a number of 'tweaks' to various documents and the enhancements that have been made to the Prioritisation Tool by Enigma, the organisation that developed the web-based system. These improvements have helped to better streamline the processes for EMS Assessors.

Disability Workforce Development

Feala Afoa, Development Manager, Strategy and Contracts Team

Carer Learning and Wellbeing Service and Carer Matching Service

In June, DSS began the process of purchasing a new national service to deliver a carer matching service and development of a carer learning and wellbeing resource. Tender respondents may bid for either one or both services. The request for proposal will be advertised on GETS in September 2014.

The proposed new national carer matching service and carer learning service will replace existing contracts for carer matching services and family/whānau carer training programmes, which are due to expire at the end of March 2015.

Pacific Development

Feala Afoa, Development Manager, Strategy and Contracts Team

Evaluation of Faiva Ora 2010-13

A Request for Quote (RFQ) tender process is under way to identify an independent evaluation service to review the Faiva Ora Plan 2010–2013. The preferred provider will be expected to engage with Pasifika disabled people, their families and communities and other stakeholders to determine the overall effectiveness of the 2010–2013 plan. The evaluation is planned to start in October 2014 with the final evaluation report due to the Ministry in December 2014

Talanga Project – Research on Pasifika disabled children, youth and their children

In May, the Ministry received the University of Auckland's draft interim report outlining initial research findings and recommendations.

The report highlighted effective organisations and health professionals who are working well for Pasifika children, youth and their families. Networking was also identified as positive for Pasifika parents as it enabled them to share their experiences with others and learn from each other. Conversely, access challenges, organisational and service structure issues and service quality were identified as barriers to care for Pasifika children, youth and their families.

Over the next few months a quantitative analysis will be undertaken. The final report is due in early 2015.

Contact Disability Support Services

Email: disability@moh.govt.nz Phone: 0800 DSD MOH (0800 373 664)

Web: www.health.govt.nz/disability

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To be added to the email list of this newsletter, send an email to: **disability@moh.govt.nz**
If you do not wish to receive these newsletters, please email **disability@moh.govt.nz**
with '**unsubscribe to newsletter**' in the subject line.

TO Disability Support Advisory Committee

FROM Muriel Hancock
Director
Patient Safety and Clinical Effectiveness

DATE 3 October 2014

SUBJECT Patient Experience Survey Process



MEMORANDUM

1. Purpose

This report provides an overview of the new patient experience survey implemented in August 2014 in place of the previous customer satisfaction survey that had been in place since 2000. No decision is required.

2. Summary

- The previous customer satisfaction survey was discontinued in June 2014.
- A total of 400 new patient satisfaction surveys were posted in August 2014.
- Return rate is provisionally 48%.
- Data entry close off was 1 October.
- A raw data file of survey responses is expected on 3 October.
- Publication of all DHBs results is expected in mid October.
- All surveys were posted hard copy however a process is being developed to enable the capture of patient email addresses.
- The next survey round will be posted on 25 November.

3. Conclusion

This first new survey round has been time and resource intensive primarily as a result of it being completely hard copy and secondly a new process within a very compressed timeline. The commitment of all staff involved is acknowledged and appreciated.

4. Recommendation

It is recommended that:

this report be received

5. Background

The Health Quality and Safety Commission (HQSC) have been working with District Health Boards (DHBs) over the past 18 months to develop and implement a consumer engagement survey to replace the customer satisfaction survey that the majority of DHBs had stopped using. MidCentral District Health Board (MDHB) had continued to do this survey; however we have now ceased doing this as of June 2014. The new survey (see appendix 1) is based on Picker Institute questions, with 20 questions being finalised to be used by all DHBs. There were four optional questions also made available, three of which MDHB has included. The preference of HQSC is that DHBs do this survey by email; however at this stage MDHB cannot collect email addresses into the patient administration system (Homer). Work will be progressed to look at the feasibility of collecting email addresses into the current system given the ongoing delays with webPAS implementation. The survey initially is for inpatients only and for a sample size of 400 patients per quarter selected from a set fortnight's discharge period. Those DHBs who have less than 400 discharges in the set fortnight will have all selected patients surveyed.

6. Current Situation

A significant amount of time was required to ensure that the survey format and letter met all the requirements of MDHB style standards as well as testing of the data entry portal, printing of surveys and testing that the seven pages plus return envelope could be folded and enveloped efficiently.

On 27 August 400 hard copy surveys were enveloped and posted to patients. The 400 survey recipients were selected from all adult inpatients discharged from a general hospital ward during a two week period in early August. A copy of the covering letter and final survey is attached as Appendix 1. You will note that respondents are able to enter their feedback directly on line using their unique code if they choose or are able to. We are unable to ascertain how many did this. In addition you will note the inclusion of the disability related question, number 28 in the attached survey. As hard copy responses were received data was entered directly into the central data repository. Implementation issues were experienced with various aspects of data entry however these were resolved efficiently by HQSC and/or the product supplier. Two media releases and a Staff News were disseminated. Our first media release was used as an example for all DHBs nationally by the HQSC.

On 5 September 330 survey reminders were enveloped and posted. Where email addresses are used in other DHBs two reminders are sent. Five respondents requested contact from the DHB with these being general positive comments as opposed to complaints.

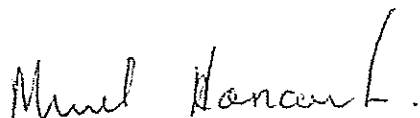
Data entry for the survey responses closed off on 1 October. A raw data file of survey responses is expected on 3 October in preparation for national reporting of results in mid October. Our provisional response rate appears to be approximately 48%.

A debrief of the first survey round has been undertaken with all staff involved and feedback has been collated for HQSC and the product supplier.

7. Next Steps

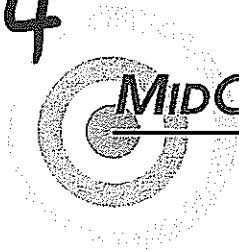
- Analysis of the file extract of raw data survey responses will be completed.
- First quarterly report to the Ministry of Health on 20 October.
- Preparation for the next survey in late November and mobilisation of clerical resources to support folding and posting on 25 November.

- Consideration of reporting requirements to both DSAC and HAC.
- Commence work on capturing email addresses in the current patient administration system.

A handwritten signature in cursive script, reading "Muriel Hancock".

Muriel Hancock
Director
Patient Safety and Clinical Effectiveness

7.4



MIDCENTRAL HEALTH

A division of MidCentral District Health Board providing specialist health and disability services

Appendix 1

«Date»

Phone (06) 356 9169
Fax (06) 350 8818

Postal Address:
Private Bag 11036
Manawatu Mail Centre
Palmerston North 4442
New Zealand

Physical Address:
Ruahine Street
Palmerston North
New Zealand

«Salutation» «First_Name» «Last_Name»
«Address1»
«Address2»
«Address3»
«Address4» «Post_code»

Dear «Salutation» «First_Name» «Last_Name»

Feedback on your recent experience as a patient in our hospital

I invite you to complete this survey on your recent experience as a patient in our hospital.

This is likely to take around 10 to 15 minutes. If you have something important to tell us that isn't covered by our survey questions, there is space for further comments at the end of the survey. If you need some help to complete this survey, please ask a relative or friend. You have three weeks from the date of this letter to respond before the survey is closed.

We take your privacy very seriously. Unless you choose to provide your contact details in this survey, no one at the MidCentral District Health Board will be able to see your name or other contact details.

If you have access to the internet you can type the following secure link in the browser and complete the survey online <https://myexperience.health.nz> and enter this code «LoginGUIDSmall». Otherwise, please complete the enclosed survey as soon as possible and return to us in the Freepost envelope provided.

The feedback you provide is a very valuable way for us to understand how we can improve our service so thank you in advance for your participation.

Since your discharge we may be unaware if your circumstances have recently changed. If that is the case and you are unable to complete the survey please accept our apology and discard the survey.

Yours sincerely

Muriel Hancock
Director, Patient Safety & Clinical Effectiveness

If you have Internet access or a member of your family can help you, please go to <http://myexperience.health.nz> to complete your survey response, entering this code below to start.

«LoginGUIDSmall»

If you do not have Internet access, please return your paper survey to us using the enclosed envelope. The survey response must be posted no later than «ClosingDate».

PATIENT EXPERIENCE SURVEY

This survey is about your **most recent** stay in the hospital.
Please do not include any other hospital stays in your answer.

For each question please cross ⊗ clearly inside one circle.

Don't worry if you make a mistake; simply fill in the circle ●
and put a cross ⊗ in the correct circle.

Could you tell us if you are answering this survey on behalf of
yourself or someone else?

☐ Myself

☐ Someone else unable to answer this survey (Please tell us
why):

COMMUNICATION

Communicating and sharing information with patients, consumers, carers and families/whānau

1. When you had important questions to ask a doctor, did you get answers that you could understand? *(Please select one)*

☐ Yes, always
☐ Yes, sometimes
☐ No
☐ I had no need to ask

2. Was your condition explained to you in a way that you could understand? *(Please select one)*

☐ Yes, completely
☐ Yes, to some extent
☐ No
☐ Not applicable (N/A)

3. Did you feel the following staff listened to what you had to say? *(Please select one for each staff type)*

	Yes, always	Yes, sometimes	No	N/A
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other members of your healthcare team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Were you given enough privacy when discussing your condition or treatment? *(Please select one)*

☐ Yes, always
☐ Yes, sometimes
☐ No

5. Did a member of staff tell you about medication side effects to watch for when you went home? *(Please select one)*

☐ Yes, completely
☐ Yes, to some extent
☐ No
☐ I did not need an explanation
☐ N/A

6. Overall, was communication with you? *(Please circle a number)*

Very poor 0 1 2 3 4 5 6 7 8 9 10 Very good

Can you give us some examples why you rated it that way? It is these examples that help us understand your point of view.

«LoginGUIDSmall»

PARTNERSHIP

Encouraging and supporting participation and collaboration in decision making by patients, consumers, carers and families/whānau

7. Were you involved as much as you wanted to be in decisions about your care and treatment? (Please select one)

- ☐ Yes, definitely
☐ Yes, to some extent
☐ No
☐ I was unable or did not want to be involved

8. Did the hospital staff include your family/whanau or someone close to you in discussions about your care?

- (Please select one)
- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ I did not want them included
- ☐ N/A

9. Overall, was the way staff involved you in decisions about your care...

(Please circle a number)

Very poor

0

1

2

3

4

5

6

7

8

Very good

9

10

Can you give us some examples why you rated it that way? It is these examples that help us understand your point of view.

[illegible]

«LoginGUIDSmall»

CO-ORDINATION

Coordination, integration and transition of care between clinical and support services across different provider settings

10. Were you given conflicting information by different staff members, e.g. one staff member would tell you one thing and then another would tell you something different? *(Please select one)*

- ☐ No
☐ Yes, sometimes
☐ Yes, always

11. Do you feel you received enough information from the hospital on how to manage your condition after your discharge? *(Please select one)*

- ☐ Yes, definitely
☐ Yes, to some extent
☐ No
☐ I did not need any help in managing my condition

12. Overall, was the co-ordination of care within hospital...? *(Please circle a number)*

Very poor

0 1 2 3 4 5 6 7 8 9 10

Very good

Can you give us some examples why you rated it that way? It is these examples that help us understand your point of view.

PHYSICAL AND EMOTIONAL NEEDS

Treating patients, consumers, carers and families/whānau with dignity and respect and providing the necessary physical and emotional support

13. If you needed help from the staff getting to the toilet or using a bedpan, did you get it in time? *(Please select one)*

- ☐ Yes, always
☐ Yes, sometimes
☐ No
☐ I did not need help

14. In your opinion, how clean was the hospital room or ward that you were in? *(Please select one)*

- ☐ Very clean
☐ Fairly clean
☐ Not very clean
☐ Not at all clean

«LoginGUIDSsmall»

<p>15. Do you think the hospital staff did everything they could to help control your pain? <i>(Please select one)</i></p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, to some extent</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I did not need pain control</p>	<p>16. Overall, did you feel staff treated you with <u>respect and dignity</u> while you were in the hospital? <i>(Please select one)</i></p> <p><input type="radio"/> Yes, always</p> <p><input type="radio"/> Yes, sometimes</p> <p><input type="radio"/> No</p>
<p>17. Overall, did you feel staff treated you with <u>kindness and understanding</u> while you were in the hospital? <i>(Please select one)</i></p> <p><input type="radio"/> Yes, always</p> <p><input type="radio"/> Yes, sometimes</p> <p><input type="radio"/> No</p>	<p>18. Was cultural support available when you needed it? <i>(Please select one)</i></p> <p><input type="radio"/> Yes, always</p> <p><input type="radio"/> Yes, sometimes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I did not need cultural support</p>
<p>19. Was religious or spiritual support available when you needed it? <i>(Please select one)</i></p> <p><input type="radio"/> Yes, always</p> <p><input type="radio"/> Yes, sometimes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I did not need religious or spiritual support</p>	

[illegible]

Can you give us some examples why you rated it that way? It is these examples that help us understand your point of view.

[illegible]

SURGERY

21. During your stay in hospital, did you have an operation or surgery?

(Please select one)

- ☐ Yes - go to question 22
☐ No – go to question 24

22. Before the operation did staff explain the risks and benefits in a way you could understand? (Please select one)

- ☐ Yes, completely
☐ Yes, to some extent
☐ No
☐ I did not need an explanation

23. Did staff tell you how the operation went in a way you could understand?

- ☐ Yes, completely
☐ Yes, to some extent
☐ No

OVERALL

24. Did you have confidence and trust in the staff treating you? (Please select one per line)

	Yes, always	Yes, sometimes	No	N/A
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other members of your healthcare team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ABOUT YOU

If you are answering on behalf of a patient, please complete this section using their details.

25. What is your gender? (Please select one)

- Male
 Female

26. What is your year of birth?

□□□□

27. Which ethnic group or groups do you belong to?

- New Zealand European
 Māori
 Samoan
 Cook Island Māori
 Tongan
 Niuean
 Chinese
 Indian
 Other (such as Dutch, Japanese, Tokelauan). Please state:

28. Do you have a disability or impairment that has a long term (6 months or more), limiting effect on your ability to carry out day-to-day activities? (Please select one)

- ☐ Yes
☐ No

«LoginGUIDSmall»

Is there anything else you would like to tell us about your hospital stay?

If you would like us to contact you, please provide the following contact details and we'll get in touch with you as soon as possible. **You only need to complete this section if you need to discuss something with someone at the hospital.**

First name: _____

Last name: _____

Phone number or email: _____

Please provide some information on what you would like to talk to us about. We can then ensure the right person at the hospital contacts you.

Thank you for your time and feedback. You have now finished this survey. Your feedback, along with that from others who have completed the survey, will be used to improve the quality of the services we provide.

TO Disability Support Advisory Committee
FROM Chief Executive Officer
DATE 24 September 2014
SUBJECT Terms of Reference



MIDCENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora o Ruahine o Taranaki

MEMORANDUM

1. PURPOSE

This report reviews the Committee's terms of reference

A decision is sought from the Committee.

2. SUMMARY

The Committee's terms of reference are subject to regular review. The last review took place in October 2011.

The terms of reference set out the Committee's purpose and from management's perspective they remain relevant.

The meeting frequency enables an additional meeting to be held, if required. This arrangement is to enable further interrogation of annual planning priorities and actions if required.

3. RECOMMENDATION

It is recommended:

that the Disability Support Advisory Committee's terms of reference be noted and reviewed in 36 month's time.


Murray Georgel
Chief Executive Officer

COPY TO:

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Disability Support Advisory Committee Terms of Reference

1 Committee of the Board

The Disability Support Advisory Committee is a committee of the Board, established in accordance with Section 35 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act and Schedule 4 of the Act.

2 Functions of the Disability Support Advisory Committee

- a. To provide advice to the Board on the disability support needs of the resident population of the district health board.
- b. To provide advice to the Board on priorities for use of the disability support funding provided.
- c. To ensure that the following promote the inclusion and participation in society, and maximise the independence of people with disabilities within the district health board's resident population:
 - i. The kinds of disability support services the district health board has provided or funded or could provide or fund for those people.
 - ii. All policies the district health board has adopted or could adopt for those people.
- d. Such advice must not be inconsistent with the New Zealand Disability Strategy.
- e. To advocate to external parties and organisations on the means by which their practices may be modified so as to assist, on a population basis, those experiencing disability.
- f. To consider and recommend the disability support component of the annual purchasing plan and the annual provider business plan.
- g. To recommend policies relating to the planning and purchasing of disability support services for the district.
- h. To develop an annual workplan for the Board's consideration and approval.
- i. To report regularly to the Board on the committee's findings (generally the Minutes of each meeting will be placed on the Agenda of the next Board meeting).

3 Delegated Authority

The Disability Support Advisory Committee shall not have any powers except as specifically delegated by the Board from time to time. The following authorities are delegated to the Disability Support Advisory Committee:

- a. To require the Chief Executive Officer and/or delegated staff to attend its meetings, provide advice, provide information and prepare reports upon request.
- b. To interface with any other committee(s) that may be formed from time to time.

4 Membership and Procedure

Membership of the Disability Support Advisory Committee shall be as directed by the Board from time to time. All matters of procedure are provided in Schedule 4 of the Act, together with Board and Committee Standing Orders.

5 Meetings

The Disability Support Advisory Committee shall hold meetings as frequently as it considers necessary or upon the instruction of the Board. It is anticipated that at least three to four meetings will be held annually.

Note

For the purposes of this document, the definition of 'disability support services' is as incorporated in the Act, which means disability support for all of the community in the district health board's region.