**Consumer engagement quality and safety marker webinar**

**Webinar 2: experiences of the pilot sites**

**Accessible transcript**

**Visual**

**A large speech bubble surrounded by a green border fills a PowerPoint slide. Blue and green text reading ‘Health Quality & Safety Commission New Zealand. Kupu Taurangi Hauora o Aotearoa.’ The blue and green company logo comprises of three thin square blocks with white circles of differing sizes within them. A heading reads ‘Consumer engagement quality and safety marker – Experiences of the pilot sites.’ Below this in a smaller font, text reads: ‘7 October 2020’, and under this, ‘We will start at 11am’. A small screen appears in the top right corner of the slide. Deon York, a brunette man wearing a light blue suit jacket, appears to be sitting in a room with white walls with a pattern of green, maroon and white triangular tiles decorating it.**

Audio

(Deon): OK, it looks like it's about time to start. Welcome, everyone. I'm gonna open this webinar with a karakia.

Tuia i runga. Tuia i raro.

Tuia i waho. Tuia i roto.

Tuia te here tangata. Ka rongo te pō.

Ka ronga te ao.

Haumi ē, hui ē, tāiki ē.

So, welcome, everyone. My name is Deon York. I'm the programme manager for Partners in Care, which is our consumer engagement programme. For many of you, this will be the second webinar in the series that you're coming to today. The topic is the consumer engagement quality and safety marker. And today we're really focusing on the experience of the pilot sites — so to give you some practical tips around implementing the QSM. It's my great pleasure to introduce to you Lynne, but before I do that, I have a couple of housekeeping notes for you.

**Visual**

**The slide changes. Text in the large speech bubble reads: ‘How to ask a question.’ Below this is an image taken from the webinar software. Three icons sit in the middle of a dark grey bar – a speech bubble labelled ‘chat’, a hand labelled ‘raise hand’ and two overlapping speech bubbles labelled ‘Q&A’. A red arrow points to the Q&A icon.**

Audio

(Deon): So, if you would like to submit a question today, if you go to the bottom of your screen, you'll see there's an option to ask a question. So what you do is at the bottom — you can see it on your screen there, you go to Q&A, you click on that, and you can type in any question at any time. Sometimes we'll be able to answer them live. But if we don't get to your question, there'll be an opportunity at the end. We have about 25 minutes to half an hour for Q&A. So we've expanded the Q&A time for this particular session. So, without further ado, I'm gonna hand over to Dr Lynne Maher, who's the improvement and innovation clinical director at Counties Manukau Health. And Lynne has also been involved with the pilot sites for Counties Manukau as well, so has some practical experience around the implementation of the QSM as well. So over to you, Lynne.

**Visual**

**Deon’s video feed ends and is replaced with Lynne Maher, a woman with shoulder-length blonde hair.**

Audio

(Lynne): Kia ora, everybody, and thank you very much, Deon. I'd just like to add my welcome to Deon's and just say that, you know, it's been an absolute pleasure to be involved in this work, because we all recognise the importance of involving consumers in our health and care services. And I think the four pilot sites that you're going to hear from today have amassed a lot of really important learning through this journey. And they're going to be able to share these learnings with you via their videos, but also, as Deon said, through the question and answer session. So, you know, please... think as we go through the videos what questions you would like. You know, take the opportunity to ask what questions you'd like to. So I'm just going to quickly run through a little bit about the four pilot sites and who you will see on the videos, so you know who we're talking about.

**Visual**

**A new slide is titled** **pilot site videos. Under this is a list of DHBs.**

* **Waitematā DHB (David Price and DJ Adams)**
* **Counties Manukau Health (Jo Rankine and Rosalie Glynn)**
* **Waikato DHB (Christine Chandler and JJ Cootes)**
* **Canterbury DHB (Irena de Rooy, Roxanne McKerras and Sue Le Mesurier)**

Audio

(Lynne): The first video that you will see will be from Waitematā DHB. And we have David Price, who is the director of patient experience, and DJ Adams, who's the consumer council representative from Waitematā. Then we'll go on to Counties Manukau DHB, where I am. We have Jo Rankine, who is the patient experience lead, and Rosalie Glynn, who is the chair of the consumer council here.

We'll move to Waikato DHB, where we have Christine Chandler, who is the consumer engagement manager, and JJ Cootes, who is the consumer council Te Tiriti o Waitangi adviser. And we'll hear more from JJ later as well. And then, finally and, you know, absolutely not least, though, Canterbury District Health Board, where we have Irena de Rooy, who is the equity and patient safety manager, and Roxanne McKerras, who is a nurse coordinator and corporate quality and patient— from the corporate quality and patient safety team, and Sue Le Mesurier, a disability representative at the consumer council.

Now, just to let you know that you will see all these people on the films, but today, from Counties Manukau DHB, Jo Rankine is not available. But we do have Renee Greaves, who's a consumer representative who's been in that role for a long time. So Rosalie and Renee will be able to answer any questions. And Irena is on her own, I believe, today. So Roxanne and Sue weren't able to be here, but Irena has been with the programme a long time. So... so we will start by showing the videos, so Mohammed is going to get those going for us.

**Visual**

**The slide changes to a video of two women sitting in front of a white wall with a small noticeboard on it. The first woman has long blonde hair and glasses. The second has her dark hair tied up at the back of her head and wears a tan coloured top. As the blonde woman speaks, Lynne’s video feed disappears from the top right corner.**

Audio

(Christine): Tēnā koutou katoa. Ko Christine Chandler ahau. I'm the consumer engagement manager for Waikato DHB and really looking forward to having the rest of our DHB partners on board with the QSM markers. So, hopefully I can give you a little bit of information today around what we learnt about gathering baseline information from our services about their consumer engagement activities.

Joining me today, I've got JJ Cootes, who is our consumer representative that we've been working closely with on the QSM markers. So, thank you, JJ, for joining me. And she'll be talking to you shortly separately.

I guess one of the key things we learnt about gathering baseline information is to start early. You can never start too early. So start now, because you don't know where there is information. It was a really good learning curve for us about how many different pockets of work are going on out there that we didn't really know about. Use multiple methods to get your information. So think about the people that might be engaged with consumer activities — things like your programme management office, if you have one; whatever contacts to have in services that are in quality roles, roles like that; your directors, of course; and things like if you've got an intranet — put out a call on your intranet and ask what people are doing. And do it more than once. So, we did find we went back a couple of times, and each time we got more information.

Keep really good records. So, we've used a spreadsheet for our information, and we've just kept adding to it as we learn about things, and we can embed documents as we go. Work with your services to determine what effective looks like, and that's where you can use your QSM framework. So don't just look at it as, 'Well, we did this project, and the project got the outcome that they intended to get.' It's actually how effective was it in engaging with consumers and utilising that consumer information. One good way to do that is to talk to some of the consumers who took part and ask them questions like, 'How did you find the outcome reflected your views?' 'Could you see your views and your thoughts in that outcome?' And keep documentation. That'll be really important for you when we come to upload later.

The other point I'm going to put to you about is how we used our consumers to help us develop and test. So, we were fortunate to have our consumer council involved from relatively early. Some work had gone on before, but it was introduced early. I think one of the learning points that I've talked to JJ about for us was that we should have had this as more of a standing item, a more regular conversation with our consumer council from the beginning, to bring them along. So that's a lesson learned for us, that we need to keep the conversations with our consumer council very regular about this. We have had a workshop with a mixture of consumer and staff, and that group was really to understand what our shared vision was. But it was also to look at the early versions of the framework and talk about how it worked, from a Waikato perspective. There's been a lot of changes made since, but that was a good thing that we had an opportunity to give some feedback. We've then had a smaller subset of that group — once again, a mixture of consumers and staff, and I think it's really good to have that balance very roughly half and half — who did the first assessment. We found it useful having a small group in the first assessment, didn't we? Because it was... easier when we were testing it and playing with things and trying to find what worked to have a smaller group. But of course, that was before we had our governance group. So that will be a bigger group in future.

So I guess if I had any key takeaways for you, it's start early with gathering the baseline information, use all the contacts you can, work with your consumer council as early as possible and keep that conversation going and try to have a balance of sort of half consumers and half staff in everything you do, because then it's far more representative for your community. And that's it for us here. Yeah, please feel free to contact us if there's anything we can help you with, and JJ will be talking to you soon about Te Tiriti. Kia ora.

**Visual**

**The video changes to show two blonde women sitting in a kitchen with patterned wallpaper. The woman on the left wears glasses, a blue top and a necklace. The woman on the right wears purple earrings and a top patterned in bright splashes of different colours.**

Audio

(Jo): READS: ‘What did you learn about gathering service-wide baseline information about consumer engagement activities, initiatives in your DHB?’ One of the things that we found most challenging was the fact that we didn't have good visibility of the consumer engagement that was occurring within the DHB. So the first and we had to decide to do was how were we going to capture that information, which was going to be through a stocktake to get a baseline. So we had visibility of activities in some areas, but certainly not at service or even ward level.

(Rosalie): I think we found that it reinforced perhaps anecdotal data that we'd had, didn't it?

(Jo): Yes.

(Rosalie): We had this thought that there was a lot more activity going on than we were aware of or had— not aware of; we were aware of it but didn't really have a view on it.

(Jo): Yes.

(Rosalie): So this process has helped us to be a lot more focused on getting... getting to see that.

(Jo): That's right. And I think, too, people had ideas around what was consumer engagement that actually differed from ours. So when we were asking for examples, we would actually have to prompt people quite firmly and use the SURE framework — that was actually quite helpful in terms of prompting people — because people would not have good examples at the top of their mind. So I think for us, we realised that we needed to do a lot more preparation than we had actually done. And when we interviewed people, cos that was our preferred way of gathering information, we realised that they would arrive— no matter how much information we sent to them, they would arrive without having read whatever it was that we'd sent to them over the email. OK. I think that's it.

Shall we go to the second question? (READS) ‘What were the three most important things you learnt from being a pilot site that will specifically help other DHBs to get going?’

(Rosalie): Well, I think the first one is really that one you've just covered, isn't it? That you really have to go... assume people know nothing about it and they... and really have to paint a picture of what it is and where it fits, cause it's just a little bit different to any other sort of measurement that's done on a regular basis.

(Jo): That's correct. In fact, people sometimes challenged that because they didn't have a good understanding of what was meant by consumer engagement. There wasn't a universal understanding of that in the organisation. And I think one of the things that took us most by surprise, actually, was just how long this has taken us. So, even though we've had COVID, many members of our working group could still continue to meet weekly. And despite that, I think we have... still struggled to keep to the timeline that we developed.

(Rosalie): And I think another thing you said — it's good to have a key champion as the contact for the organisation.

(Jo): It is. And certainly within the divisions, it really helps if you have somebody like a quality risk manager perhaps, who can be the key contact, so that you can actually work with them, and they can help prepare the services for when you interact with them. You wanted to make that point.

(Rosalie): Oh, yes, and I think the third thing, really, is that this isn't a very tangible concept. So just have to have a good think about how you're going to sell it and remember that you get one chance to sell it really well. So have a good think about that before you start socialising it with the people at the organisation.

(Jo): Yes, I think that's a really good point. I made a mistake of going far and wide when I was first looking at this and trying to involve everybody. But then you have a lot of difficulty in trying to bring everybody to the same understanding around consumer engagement, and then trying to explain to them what it looks like is also really difficult. So in some respects, I think having that smaller working group that works hard at defining exactly what it is that you're going to do, how you're going to do it and what it's going to look like before going too far and wide is actually really useful. I think that's all we can possibly drag out, isn't it, Rosalie?

(Rosalie): I think so. Mm. Thank you.

(Jo): Thank you.

**Visual**

**The video changes to show two video feeds side by side. In one, a greying man in a dark coloured suit jacket wears white ear buds as he sits in front of white wall with a single document pinned to it. The feed other shows a younger dark-haired man in a zip up hoodie with a large plant behind him.**

Audio

(David): Kia ora, DJ. Thank you so much for being a part of the Waitematā pilot programme for the Health Quality & Safety Commission's quality safety marker for consumer engagement. It's been awesome to have you as our consumer council representative. I just hoped you could reflect on your experiences with us through this process and wanted to know what you learnt about gathering service-wide baseline information about consumer engagement activities in the Waitematā, or in your DHB.

(DJ): Well, thank you for asking me to be a part of this programme. And in answer to the question about what I learnt was that — one of the main things was that... across the DHBs nationwide that there really is a wide-ranging format for engagement with the consumers in each DHB. In our Waitematā DHB, particularly, I learnt that we're still quite a new, young consumer council, and so we were in the beginning steps of building up how we work as a consumer council. And I think that the work with the Health Quality & Safety Commission on the marker has given us the opportunity to better progress the way that we work and be able to measure and improve on the processes.

(David): Yeah, definitely, I concur with what you've just said around that. It's also been really interesting about how consumer engagement's done across Waitematā. We don't necessarily have a central way of gathering this information. So this is enabling us to really get a sense of what all the different services and programmes are doing across the organisation.

(DJ): Yeah, absolutely. And it is such a large organisation that serves one of the largest population bases for a DHB. So it is really important that we are engaging effectively and working with our consumers to improve on our services and facilities.

(David): Definitely. Do you have any questions for me?

(DJ): David, I wonder if you could tell us what the three most important things that you learnt

from being part of the pilot— as a pilot site, as part of the scheme, as of building up this marker?

(David): Yeah, so as I said a moment ago, it's been around the fact that we don't have any sort of central way of understanding what's happening around the organisation from a consumer perspective and, interestingly, the different levels of consumer engagement. So there's some really amazing examples across the organisation, and then there's also some areas that we really need to improve on. So what it has done is it has enabled us to really understand what our gaps are within the organisation and help us to prioritise some of the activities we do in this space moving forward.

The other thing, in relation to being a pilot site, is really learning from other DHBs. So it's been amazing learning what's happening at Counties Manukau, Waikato and Canterbury, who have been the other pilot sites. So we've really learnt a lot from each other with working together on this pilot, and I think that's what will happen with this quality safety marker. We'll all learn from each other and there'll be some great practice examples that we can share across the country, which is really exciting.

(DJ): Yeah. One of the other things that I've learnt from being involved as a pilot site is that the Consumer councils are quite happy to work with each other nationwide to see what works best for each other and to pick up good points and maybe look at other points that may not be working so well, which I think is great for the consumer councils to have started building up relationships between consumer councils.

(David): Excellent. Well, again, thanks, DJ, for being a part of it. It's been a great exercise, and I look forward to working with other DHBs who may need support in working through this quality safety marker.

(DJ): Well, thank you for the opportunity again. Ngā mihi nui.

(David): Kia ora.

(DJ): Kia ora.

**Visual**

**A new video plays. Large white text in capital letters inside a purple speech bubble reads ‘Nothing about me without me.’**

Audio

(FUN MUSIC)

**Visual**

**A short-haired woman in a black high-necked top and a pale purple lanyard sits in front of a pin board displaying colourful documents and diagrams. A pot plant sits on a desk beside her. A purple rectangle in the bottom right corner bears her name and title: Sue Wood, director quality & patient safety, Canterbury and West Coast DHB.**

Audio

(Sue): It always amazes me that we're talking about consumer engagement in health, cause it's absolutely fundamental to how we go about our work and what we do. Obviously we need to be much more conscious and intentional about what we do and how we involve people so that the people we are working with and caring for feel that they're engaged and have a voice in our system.

**Visual**

**The video cuts to a woman with wavy brown hair and black framed glasses standing in front of a diagrams and flow charts attached to a wall. The name in the purple rectangle in the bottom right corner reads: Irena De Rooy, quality & patient safety manager.**

Audio

(Irena): The consumer engagement marker — what a marvellous concept. Everyone was totally engaged from the start. But then we came into the, you know, how are we gonna make this happen? Where are our consumers across the scope? How are we going to, you know, bring this to fruition? It was really hard to start off with, and we spent quite a bit of time planning, even for our first workshop, on how we would need to plan what it actually was we were going to achieve. So we invited a wide range of consumers. We had two workshops. We looked at the framework, and it became quite clear that people actually didn't know what it was meant to achieve, you know, what was the language, and that we had to go back to basics, you know — what actually does true consumer engagement mean?

**Visual**

**Roxanne McKerras, nurse coordinator quality and patient safety, sits in an office cubicle with pictures of Venice and the Colosseum pinned on to a partition. She wears a blue nurse’s uniform and holds up large printed documents.**

Audio

(Roxanne): So, how do we turn these words into something that makes sense, something we can actually hang on to and use?

**Visual**

**Roxanne displays a diagram showing a rainbow-coloured wharenui.**

Audio

(Roxanne): We made a whare.

**Visual**

**The video cuts back to Irena.**

Audio

(Irena): We used our process methodology to do that, like, how do we structure it, what are our foundational requirements required before you actually can operationalise it?

**Visual**

**The screen is then filled with the wharenui diagram. It’s titled Consumer/Community engagement whare. The whare itself is divided into different labelled levels under a roof labelled: True partnerships; True engagement. The different levels of the whare from top to bottom are:**

* **outcomes**
* **organisational responsiveness**
* **policy and governance**
* **Te Tiriti partnership – the foundation of all things**
* **Our commitment. Consumer/community engagement in everything we do.**

**Below the diagram of the rainbow wharenui are four purple arrows each containing white text that reads:**

* **thinking about it, whakaarohia**
* **building it, hangaia**
* **doing it, mahia**
* **living it, whakamanawatia**

Audio

(Irena): But it brought us to the marvellous concept of the house. Yeah, the house. And within that house, we also got that whole maturity assessment.

**Visual**

**The video changes from the Consumer/Community engagement whare diagram back to Irena. The four purple arrows from the diagram appear below her.**

Audio

(Irena): So a concept of a maturity assessment model is actually quite a hard concept to understand. And we tried to simplify the language to thinking about it; we're building it; we're doing it; we're living it to actually translate the maturity assessment model that has now been agreed at a national level. So that is our communication tool, and it really has spoken to the consumers so far that we've talked to.

**Visual**

**The video transitions back to Roxanne in her office cubicle. She then is suddenly outside a new hospital with its many windows and newly planted trees.**

Audio

(Roxanne): So we're not as far on as we hoped, because we've had a few delays. And we've been building a new hospital! COVID — ouch.

**Visual**

**A ghostly image of a purple coronavirus cell appears briefly as the video changes to Sue Le Mesurier, consumer council DHB. Sue sits in front of a wood panelled concertina door. She wears a pale orange zip-up jumper and brown framed glasses.**

Audio

(Sue): This is very important for everybody, and I think probably isn't given the weight that is necessary. And I think that the more that we can engage with consumers — not just in terms of ticking the box, but actually really and truly engaging with consumers — the better it is.

**Visual**

**A woman with long dark hair wears a navy blue top as she sits at a desk in an office cubicle with short partitions. The Consumer/Community engagement whare diagram is on the wall of one of her partitions beside a family photo. A green rectangle in the lower left corner reads: Jenna, Awesome PA (knows everything).**

Audio

(Jenna): Nothing about them without them.

**Visual**

**The video changes to show a woman with pale blonde hair sitting in front of a whiteboard and with a copy of the Consumer/Community engagement whare diagram mounted to the wall. Norma Campbell, director of midwifery, Canterbury and West Coast DHBs.**

Audio

(Norma): Everything we do in health, we talk about keeping the person at the centre, and our whole health system structure, our education, everything is about always remembering to keep that person at the centre. So it always strikes me as slightly unusual, then, when we come to looking at quality and organisational change and organisational structures, that we then don't ask our community what they think about things. Because actually if we don't have their voice in our planning and in everything that we do at every level of our organisation, then how do we keep people at the centre? Because only by listening, not by telling, not by presenting things to them and asking for their view, but actually listening to them about how they find our health systems, do we actually then learn the changes we need to make.

**Visual**

**The video transitions to a grey haired bespectacled nurse in a dark blue uniform on a hospital ward. Tuli, RN.**

Audio

(Tuli): Nothing about them without them.

**Visual**

**The footage changes to show a young woman with wavy blonde hair and black framed glasses. Rebekah, doctor.**

Audio

(Rebekah): It's really important to listen to the patient's voice.

**Visual**

**A older female patient is propped up in a hospital bed that’s been angled up so she lies in a sitting position, her head on a blue pillow.**

Audio

(Patient): Nothing about me without me.

**Visual**

**The video changes to show Hector Matthews, executive director of Māori & Pacific health. He wears thick black framed glasses and a charcoal coloured zip-up jumper. Hector sits in front of a pin board where the Consumer/Community engagement whare diagram has been pinned up.**

Audio

(Hector): Kia ora koutou. E mihi ana tēnei ki a koutou. Greetings to everyone. I feel really enthused and excited to talk about our consumer community engagement whare.

**Visual**

**A purple banner appears below Hector with text reading: ‘Our commitment: consumer/community engagement in everything we do.’**

Audio

(Hector): I love that it's called a whare, for a start, and I love the way that we've constructed this to demonstrate that there's a foundation to all of this and our commitment to the people that use our services — our consumers, our whānau that engage with us.

**Visual**

**A new blue banner reads ‘Te Tiriti partnership – the foundation of all things. Te Tiriti o Waitangi. Koi a tonu te tumu here i ngā iwi katoa i pau ait e noho i Aotearoa. Ko te pokapū ia, arā, te atinga o ngā mahi orange katoa.’**

Audio

(Hector): But in particular, for me, what I find exciting is Te Tiriti o Waitangi — it's the foundation of our nation, but it's also the foundation of our whare, and it supports all that we do.

**Visual**

**A green banner appears with text reading ‘Policy and governance. Processes are in place for consumers/community to have the health literacy, equity, access, influence and delegations needed to genuinely affect service need and outcomes.’ This banner is quickly replaced by one titled: ‘Organisational responsiveness – consumer/community consultation, involvement and partnership in all we do. Consumers/community co-design and shape our organisation.’**

Audio

(Hector): And when we engage with our consumers, we're always engaging them around mana — mana tangata — the mana that individuals and whānau have; mana whakahaere, which holds us to account to ensure that we have good systems, good processes and good governance; and mana motuhake, that special mana, that essence that is within all of us, within our systems, within our people and within our whānau.

**Visual**

**Another banner appears along the bottom of the screen which shows the top of the rainbow-coloured whare from the diagram, including the apex of the roof that bears the words ‘True partnerships; true engagement’ and the word ‘Outcomes’ is in bold in the centre. The base of the apex reads ‘nothing about me without me and my whānau.’**

Audio

(Hector): So I'm really excited about this new whare, and I'm confident that we'll be able to roll this out throughout our health system and indeed throughout Aotearoa. Kia ora.

**Visual**

**Hector is replaced with a large purple speech bubble with the text: Nothing about me without me. The video ends and the slide titled ‘Pilot site videos’ fills the screen. Lynne Maher’s video appears as a smaller screen in the top right corner.**

Audio

(Lynne): Thank you, everybody. What a beautiful set of videos. And I hope that, you know, hearing from the four pilot sites has enabled people to have a little bit more understanding about the consumer engagement work that's been happening so far, but also raise some questions. There's been a few questions raised in the question and answer box, so do keep those coming. And some have been answered so far in terms of the order of the videos and a question about the SURE framework — we're going to come back to that in a little while.

But first of all, I would like to enable JJ Cootes from Waikato DHB, who is on the consumer council and adviser for Te Tiriti o Waitangi... via her video to tell us about Te Tiriti o Waitangi from their perspective and how it links into this work.

So, Mohammed, we'll listen here — watch and listen to this video, and then we will go to question and answers.

**Visual**

**A new slide appears. A title in the corner of the speech bubble reads ‘Pilot site video’ and in the centre of the slide, text reads: ‘Te Tiriti o Waitangi, JJ Cootes (Waikato DHB)’. A video plays of a dark haired woman in a white top seated in front of a white wall with a small pin board attached to it. As she speaks Lynne’s video feed vanishes from the top right corner.**

Audio

(JJ): Kia ora mai tātou te whānau. Ko JJ Cootes ahau. He uri au nō Waikato-Tainui. And I was one of the consumer members on the steering group that the Health Quality & Safety Commission got together as part of the QSM framework. So what I'm here to talk to you about today is the Te Tiriti of Waitangi element of the framework that I have helped put together.

So, often when working with the Treaty, or with Te Tiriti, it can be quite intimidating trying to implement it into any work, but even more so when we're talking about the public sector. The easiest way that I've found to understand or to explain Te Tiriti is just recognising and understanding the element of respect that it represents, and especially the importance of respect when we're engaging with Māori. So part of what I've done is really taken a deep dive into understanding why this is important, to sit alongside of the QSM framework.

As treaty partners, all DHBs have an obligation to embody and implement aspects of Te Tiriti in their day-to-day operations, not only for consumers but for staff as well. We need to ensure that there is a way to effectively engage with Māori in a way that best suits them especially. But we also need engagement strategies that reflect the communities within the DHB. And for Waikato specifically, we have a very high Māori population. With what I've done through working as a consumer representative, there are two documents that you may have been sent or may have seen by now.

The first that we have is a best practice guideline for engaging with Māori. What this really does is highlight the considerations that need to be made when engaging or consulting Māori whānau. And it can be used widely across other non-Māori groups or communities as well. The really important thing to highlight with this is there are a few things that we need to think about when we are setting up engagement or consultation. One of those things is who — who is in the room? And that's not only from the consumer's point of view but who have you got representing the organisation as well?

I know for Māori, it's a really big thing in terms of comfort and in terms of sharing, is that you have someone that they respect or someone that's familiar and someone that they're able to talk to openly and freely. Another thing to consider is also where you're holding the engagement. For a lot of Māori, it's making sure that, you know, you've got spaces that are available that are comfortable for them, where they feel empowered to share their stories or to share their feedback. There's also time and place— time and date, sorry. And that's really about considering what other things are going on when you're wanting to hold these engagements. It could be making sure the time of day is suitable for whānau who may have families. If it's for our kaumātua, making sure that it's not too late in the day when things are probably more, for them, to start getting home and resting up and relaxing. And it's just being aware of what these things are that are going on for whānau when you're making these engagements.

If we're working really well with that, the same principle also applies to any other non-Māori communities that we work with. If we're talking about our disabled whānau, we're thinking about what barriers are stopping them from accessing places that we're going to and ensuring that we come up with ways to either overcome this or to prevent it in the first place.

The second document that I've got that you may have seen is one that mirrors the QSM framework. And this is specific to Te Tiriti. It follows the same measures — so we've got partnership and leadership, involvement, consultation and minimal. And this was done specifically so... you can see how both documents are kind of intertwined or interweaved. And I think it's really important to highlight that these documents are made to be used together.

Overall, the aim of this is just to help with the quality of engagement that occurs when Māori and their whānau are involved. And if we can get this right for Māori, ultimately, this is gonna benefit other non-Māori communities as well. So, you know, we're hitting our obligations as treaty partners and ensuring that we're embodying aspects of Te Tiriti that are really, really important. We're also making and getting the best out of the engagements with Māori, which can often be quite a hard thing to do, because Māori whānau can sometimes become unresponsive if they're engaged with incorrectly. Following this, though, if we can get this right with Māori, it can translate over to any group that we've got within our DHB's population. And I think that's a really important aspect to highlight.

But the last thing is, is that by doing all of this and combining it or working it together is that you embed a culture where this becomes your everyday norm. And I think, as, from a more of a worldwide view, is that this is really important, because then it changes the interactions we're having with our consumers on a day-to-day basis. So that's probably all that I can share with at the moment. But just a heads up — we will be putting in some examples and some considerations into the document, cause if you've seen it, you'd notice it's a little bit bare at this time. But bear with us; we are getting that together. This is really your opportunity as the other DHBs to really take ownership of this and do it for yourself. But we will be giving some examples.

If there are any questions, feel free to get a hold of any of the team here at the Waikato DHB, and we'll be more than willing to help you.

Nō reira, tēnā koutou katoa.

**Visual**

**JJ’s video ends and a new slide appears. A large question mark shape is made up of the words ‘what, when, where, why and how’ in different sizes and colours. Lynne’s video appears in the top right corner.**

Audio

(Lynne): Thank you very much, JJ. Really fantastic. So now we've come to – and thank you to everybody and also thank you for those people who have been putting some questions in the question and answer box. So, it is question time now, so keep questions coming.

I just want to check with people whether they have been able to view the question and answer box as we go forward, because some of the questions that have been asked, there is already a response in there. But I just want to pick up on one or two.

There was a question asked— Sorry, there was a mention of a framework called the SURE framework, which is a really useful framework that the pilot sites have been using to help with understanding consumer engagement and with communicating consumer engagement as well. And within the question and answer section, Deon from the Health Quality & Safety Commission has mentioned that the SURE framework is explained in a previous webinar, and there is a recording of that. But also he's put the link of that recording in there. But I just want to invite Deon or Chris to mention anything else about the SURE framework. If you want to unmute yourself, Deon or Chris, from the Health Quality & Safety Commission. Deon.

**Visual**

**Lynne’s feed ends and is replaced with Deon’s.**

Audio

(Deon): OK, Well, it looks like I'm making a start. I've been unmuted first. (CHUCKLES) Thanks, Lynne. I've put in some of the links around the SURE framework, but just really briefly, you know, the SURE framework stands for supporting, understanding, responding and evaluating. So that kind of runs across the top, and then there are three things to rate against, which is around engagement, responsiveness and experience. But all of that is on the first webinar.

And, actually, we thought it might be quite useful to hear from those pilot sites that are on, because some of the other questions coming through, I think people wanna know the, you know— the real life practical experience for the DHBs as well about using the framework, both in terms of, you know, how it went rating everything and people's experience of setting up the governance group.

So, Chris, did you have anything else to add to that? I'll mute myself.

**Visual**

**Chris Walsh, a grey haired woman appears, replacing Deon. She wears a blue shirt and headset earphones with a microphone attachment.**

Audio

(Chris): No, no, I don't have anything to add. Maybe, Lynne, the pilot sites might like to say something.

**Visual**

**Chris is replaced by Lynne.**

Audio

(Lynne): Yeah, I was just going to check in terms of the experience of the pilot sites, would any of you like to unmute yourself and share how you've been able to use the SURE framework? Christine, I can see, from Waikato. Thank you, Chris.

**Visual**

**Christine is seated in front of the same white wall where JJ filmed her video.**

Audio

(Christine): Kia ora. Kia ora, everyone. I’m Christine. So, we did struggle a little bit at first with the framework itself just really understanding how to apply it in practical terms, which was why we had to say we're gonna set our own ideas as the DHB of what it looks like within the framework. So we're using the framework to say we need to have something that looks like it fits across all of these different markers. But, actually, what that looks like on an individual community level may be slightly different. So, for example, for our community, what engagement with our women – between new mothers and our women's and children's unit might look slightly different than what good engagement looks like at Southern DHB. So I think it was really important to put that local lens across it to say we're going to be measuring ourselves against ourselves as we move through and hopefully move up across the markers. And if we understand what it looks like, what good looks like for us in the local community, that made it a little bit easier to apply. I hope that helps.

(Lynne): Thank you, Christine. Anybody else from the pilot sites?

**Visual**

**Renee Greaves has long blonde hair and sits in an office near a bookcase.**

Audio

(Renee): Yes, I'm happy to add in. So, for us, I think it was trying to use the frameworks interlinked, but to extrapolate them as well, in terms of having people provide you information and using the SURE framework as more of a check back in terms of the evidence they had around what they were providing to you as an example of what was happening in their service, as opposed to trying to give both frameworks to the services and say 'Match these together. How does it fit and how do you understand consumer engagement? Oh, and by the way, give us an example.' So I think it's about, as a pilot, determining how your population and how your services best understand it, so that you can either intertwine the two frameworks or keep them separate in terms of that understandability.

And like a lot of the teams have talked about, that baseline understanding of consumer engagement is different throughout the organisation. So it's about trying to create something that is simple and easy to understand. So one of the things that we're currently testing for us is looking at what other system-wide stocktakes or audits are done in the organisation. Can we use that, sort of, same process like credentialing or external audits to be the background framework that is present for the services to see, but still gives us the same results to be able to measure against the maturity framework of the QSM?

(Lynne): Thank you, Renee. Thank you. Irena, I see you've unmuted yourself.

**Visual**

**Irena de Rooy sits in her office. A wood panelled bookcase filled with files is behind her and documents are on the wall.**

Audio

(Irena): Yes. So, Canterbury, you know, just around the framework and in our conversations, like in our video, says, well, we've given it an interpretation as a communication tool. We also... There was a comment made, you know, I think it was Counties about going too wide, so we try to keep it small.

We're very aware that the scope of this in consumer engagement marker is for across the health system, so that when we were trying to... roll up where all our voices are, or where all our consumer engagement happens, that it is almost like a work stream on itself. And we aren't quite there yet.

But in the meantime, we've really tried to focus on our maternity – work with our maternity council to let them tell us where they see and give us their examples, and then in discussion, see where that fits within the framework. So it has really been discussion-based. Canterbury is also, you know, still in the process of setting up that wide – like, we've had a working group. We really need to set up that governance group, which will – it's envisaged to sit across the health system. But it's... it is not... there yet.

And then it's our whole operational processes, like when we have to start uploading early next year, like, who – how is it being signed out to the organisation? We're all not quite clear on that, but we keep coming back to the fact that we don't have some of our foundational documents or policies or processes in place to guide that. So that is what we're working on currently as well.

**Visual**

**As Irena finishes speaking, Lynne’s feed replaces her.**

Audio

(Lynne): Thank you, Irena. And, actually, something that you said... a number of you talked about in your feedback there was around governance groups and working groups. And Tim has asked a question about the relationship between governance groups and consumer councils and, you know, whether, you know, working group staff should, you know, therefore come and work on consumer councils to do this kind of work in engaging consumers. So I'm just... Perhaps I'll ask the people who have been working with this on consumer councils about your view of, you know, linking in with governance groups, where the consumer councils fit, and what the relationships are. So maybe I should ask Rosalie Glynn, who's the chair of the consumer council at Counties Manukau, cause, of course, I know Rosalie really well, but equally, you know, DJ — I know Waitematā haven't spoken yet, so I invite you to think about that, if you wouldn't mind. But start with Rosalie.

**Visual**

**Rosalie wears a floral print top and sits in front of windows with red curtains pulled to the side.**

Audio

(Rosalie): Thank you, Lynne. Yeah, I think that it's really important that the consumer council is part of this process. I know that we've worked at Counties around how to make that work, so we have a consumer council; we also have a patient and whānau-centred care board with a lot of key people from the organisation as well as consumers. So, at Counties, we've really decided that that group there will actually be the governance group, but it will have feedback from the consumer council as well. And we're working quite strongly with Jo Rankine to make sure the consumer council are involved probably, really, on a monthly basis. You know, like, sometimes it'll be a big update, and other times it'll just be small discussion groups and being invited to different workshops as needed. So that's kind of how we're doing it.

(Lynne): Thank you, Rosalie. And DJ.

**Visual**

**DJ Adams wears a dark coloured shirt and sits in an office surrounded by shelves.**

Audio

(DJ): Yeah, so we are... quite a new consumer council. We have actually only just had our first year anniversary, so we're still actually trying to make sure that we're doing what we can and... in the best way that helps the DHB and the board to understand what the consumers are looking for. In regards to this QSM, I think we've been trying to work as a consumer council, again, looking at the framework and making it more specific to our... end users agencies and our consumers and working on our language – the language that is used in the framework, cause sometimes we've had feedback that the language is possibly not very easy to understand at a consumer level. So we're looking at how we can adjust that to make it more accessible to everybody.

When it comes to the governance, I think we're still looking at what that will look like. And that, obviously, is going to be different for each DHB and each consumer council and group. Other than that, it's still quite a big process of work to work through, and I'm sure everyone will find that out when they have to come to the point of making their first submissions next year. It definitely helps to be able to talk with consumers openly about the framework that has been put out by the QSM, and then making it work for you. Thank you.

(Lynne): Fantastic. Thank you very much, DJ. Anything else from Canterbury or Waikato around, you know, linking in with the consumer council? Christine.

(Christine): Yeah. I have been open about the fact that I think that at Waikato, what we didn't do was continue the dialogue enough with our consumer council. We were providing updates, but they weren't regularly— it wasn't a standing item on every consumer council meeting. And I think that led to us— a disconnect, and we had to come back together and provide the full journey end to end.

So if there is any advice about that relationship between your consumer council and the QSM, it's keep it as a standing item, keep talking about it, even if there's nothing current going on. It's those conversations throughout about what are out the next steps, who's involved, who should be involved, what can we expect back as a consumer council? You know, that conversation is really important.

(Lynne): Thank you. And I'm just going to— while we're on this subject, just picking up another related question from Karen Brown, asking around the pilot sites saying who leads the formation of the governance group — is it consumers or is it, like, the staff who have a responsibility for patient experience? Irena, I don't know if you would like to start, and then I'll ask David from Waikato as well.

(Irena): Yes, I think it's having the conversations and also with the executive leads that are responsible and having the oversight on how they feel that— where that should sit. In Canterbury, there is— we've got the Canterbury consumer council, but there is also, like I said before, the maternity consumer council and other councils as well, like CC, and so.... Yeah.

(Lynne): Thank you. And David from Waikato. Have we lost David? Oh, we might have.

(Christine): We don't have a David at Waikato, so it might be someone's thinking another David.

(Lynne): Oh, sorry. David from Waitematā. Sorry, that's me. Whoo! Is that David available? (CHUCKLES SOFTLY)

(Renee): We never had David. He's an apology.

(Lynne): No Davids? Oh, OK. My fault. So... Apologies. I would just add to something around that question from Karen, in terms of formation of the governance groups. I think what you might notice from all of the films that we've had is that each pilot site have been able to do something slightly differently, depending on their local context, their local systems, and together with the people, you know, together with whoever's leading this from a DHB point of view and whoever's leading this from a consumer council point of view. And I think that's the value of A) hearing from the different sites and being able to interact with them going forward.

So, you know, I think I'd say what we've all found, or what the pilot sites have all found, it's not one size fits all. And so I'd just say that. So apologies.

And there's another question. There's two questions that Tim Antric has asked. One around how pilot sites have engaged their execs and leaders, and I'll get one or two of you to talk about that. But another question that it would be great if JJ from Waikato could talk about. Tim's asking about the relationship of, you know, the quality system marker and how that's been set up and Te Tiriti. So, you know, JJ, if you could think about that. But I'm going to first of all ask from the pilot sites, how have you engaged your execs and other leaders? Anybody like to share? Irena, I can see you've unmuted.

(Irena): Yes, so, right from the start, we've engaged with our exec leaders, even, you know, in execution of the workshops, just to make sure that we were going in the right direction and were inclusive, and they were invited as well. And then its regular reporting, through our normal reporting processes to the GMs and the executive leads. So there's, yeah— there's different ways of reporting where we keep giving small updates. But, again, we're still in the early stages.

(Lynne): Anybody else in linking with leaders? Just from... I happen to know from the Counties' perspective that what Jo Rankine, who's our patient experience lead here, created a formal executive paper that's gone through the executive leadership team. And that was, you know, what – the thing that really supported that was when, you know, we got the mandate. This is a mandatory reporting system. And I think that mandate really helped the pilot sites. And I can see Christine from Waikato nodding there. And that enabled a slightly different conversation with leaders, saying, you know, this is a great mandate to do this, and so we are working on the structure of doing it. So, fantastic. Thank you.

And I've just realised, Christine, that JJ is not here, so I don't want to put you on the spot, but I just wondered, in your discussions with JJ, working with her around this marker, what's been some of your discussions about how this links, or doesn't, very well with Te Tiriti?

(Christine): Yeah, so, we took the discussions right back. We had some very interesting conversations about the origins of the Treaty and the principles and so on. And we talked about the fact that actually those same principles are, in different words, the same principles we should be using with all our consumer engagement anyway. And we peeled it right back to it is all about respect. And then what we said is we said, actually, if we use the Te Tiriti principles to underpin the way we engage and therefore what we're measuring our engagement against, we will also be using principles that work well for other parts of our community. So if you think about, for example, in the Waikato, we've got quite a high proportion of new immigrants. And we have also got several different— well, actually about 100 and something different minority ethnicities. So if we took those same principles of respect and used them, they would work for any group that we were working with. And therefore the measurements would be the same, regardless of which lens you're looking at it through.

(Lynne): Thank you very much for that, Christine. And I'm sure, you know, anybody who's listening in, JJ and Christine would be happy to talk to you more about how they have actually, you know, done that and worked through. I know there's a lovely note from Gary Sutcliffe in... the question and answer just talking about the fact of how much progress the four pilot site DHBs have made, and I think that's exactly right. And, you know, the pilot sites have all... said that they're very happy to link in and mentor other sites, to be able to, you know, work with the consumer— consumers on the QSM going forward. I'm going to thank everybody for the questions and everybody for their responses. Thank you to all of you. And now I am going to close the questions and ask Chris Walsh, who is the director of the Partners In Care programme, to close the session for us.

(Chris): Thank you, Lynne, and thank you, everybody, particularly the pilot sites, but also people for joining us today.

**Visual**

**The final slide has text in the centre reading ‘Kia ora! Thank you for joining us.’**

Audio

(Chris): And just a kinda note that we do have an evaluation that will go round after... the closure of this webinar, and hopefully you'll be able to fill that out for us. I love the questions.

I love the kind of responses from the pilot sites. It's an exciting kind of initiative that as a nation, we're taking on, really. And there's no right and there's no wrong. And there's plenty of opportunity, I think, to discover and to learn and to share. So, thank you, Lynne, for facilitating.

And I'll close with a karakia.

He aroha whakatō, he aroha puta mai.

If kindness is sown, then kindness you shall receive.

(Lynne): Thank you.

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