

Section Progress	Criteria	Standard – what we'll be assessing on	Evidence to provide for assessment	Self Assessment [choose from dropdown list.]	Self Assessment [free text...]	Assessor Assessment [choose from dropdown list.]	Assessor's comment [free text...]
Equity Module							
Please attach practice profile to this row							
The practice has started their journey by developing robust policies that have a clear commitment to Te							
1		Tohu 1: Te Hauūtanga Indicator 1: Organisation and leadership					
2	1.1	The practice makes an explicit commitment to ensuring health equity outcomes, including for Māori as tangata whenua under Te Tiriti o Waitangi.	<p>DOCUMENTED EVIDENCE ATTACHED:</p> <ul style="list-style-type: none"> A health equity policy that includes rationale for addressing Māori health equity, alongside health equity for under-served and marginalised groups in your population. <p>WRITTEN COMMENTS:</p> <ul style="list-style-type: none"> Describe how the health equity policy is shared with the team and implemented. 	Met	<ul style="list-style-type: none"> The AHC directors unanimously endorsed a Health Equity policy statement at their board meeting on 12 August 2020. This was a clear commitment from the Board to the health equity. The Health Equity Statement includes a rationale for addressing health equity (specifically including Māori health equity) based on ethics, Te Tiriti o Waitangi and human rights law. At the same time it was agreed to form a practice-wide Equity Team to champion and promote equity measures and initiatives. Approval was given for staff to dedicate time "off-the-floor" for meeting, planning and progressing equity. Expressions of interest from staff were sought to join the Equity Team, and we quickly developed a core group of passionate staff members from across the practice, including GPs, management, nursing, wellbeing and reception roles. This representation allows a whole-of-organisation approach to equity initiatives. The team has met regularly (6-8 weekly) over the last year, and reports from the meetings go directly to the Board of Directors. Early focus for the Equity Team was a baseline/encyclopedia phase (1) trying to get some understanding of barriers to care at AHC (2) organising equity training for the whole health care team and (3) building relationships with equity leaders in the community. All AHC staff contributed to a "Health Equity Gap Analysis" exercise in January 2021. We rated ourselves against four themes: Leadership & Accountability, Capability, Transparency & Data, and Partnership. The results showed that while AHC feels it has the capability to do better to improve equity, we have some way to go - especially with regard to partnerships. The Health Equity team has developed a rolling plan for undertaking initiatives in four areas: leadership, capability, service delivery and partnership. How these initiatives are to be implemented in practice is transformed by the equity team and all staff, prompted by clinical (quantitative) and qualitative data. <p>Documents attached:</p> <ul style="list-style-type: none"> Health Equity Statement Terms of Reference - Health Equity Team Minutes of first Equity Team meeting Health Equity Gap Analysis AHC Health Equity Plan Photo of whiteboard in used during equity planning 	Met	<p>Tiriti and reducing inequities in health for Maori and all of their community.</p> <p>The whole team were part of this process in regards to planning and setting up their Health Equity team.</p> <p>The Health Equity plan and policies align with the Governments strategic direction towards equity in health and well being.</p>
3	1.2	Practice leadership is focused on achieving equitable health outcomes.	<p>DOCUMENTED EVIDENCE ATTACHED:</p> <ul style="list-style-type: none"> Health equity targets are built into leadership goals for practice leaders (for example, in the strategic plan, a quality plan, the Māori health plan, a clinical governance plan). <p>WRITTEN COMMENTS:</p> <ul style="list-style-type: none"> Describe how the practice leaders are implementing plans to address health equity within the practice. 	Met	<ul style="list-style-type: none"> Leadership goals for health equity are outlined in the AHC Health Equity Plan. Health equity is now built into all organisational plans and initiatives at AHC. Examples of current targets and goals are documented in our Māori Health Plan, Services to Improve Access (SIA) Plan and Covid Vaccination Plan. The Board has also committed to working through the College Equity Module and Health Care Home initiatives to improve our pro-equity capability. Practice leaders model support for equity goals and initiatives within the practice. Leadership is represented on the Equity Team (2 x GP owners and Practice Manager are on the team). Every Board meeting agenda includes an Equity Update as a standing item. Progress against the Māori Health Plan is reported quarterly to the Clinical Governance Committee. One of the roles of the Equity Team is the review of organisational policies and procedures with an equity focus. Each meeting a person is selected to review a policy - which is then discussed at the next meeting and recommendations made for changes. The aim is to look for any biases or barriers to care, unintended consequences which could be detrimental to equity goals, and how the policy will improve Māori health goals. An example is the inclusion of an equity clause and an Equity and Performance Matrix to our Screening and Recall Policy. <p>Documents attached:</p> <ul style="list-style-type: none"> AHC Māori Health Plan SIA Plan Covid-19 Vaccination Plan Extract from Board of Directors' agenda Extract from Health Equity Team meeting agenda Extract from AHC Screening and Recall Policy 	Met	<p>The leadership and governance is clearly outlined in the Terms of reference for the Health Equity Team</p> <p>showing ongoing willingness to demonstrate and ensure engagement and quality programs that service</p>
4	1.3	The practice team members can connect their roles to the practice's commitment to health equity outcomes.	<p>DOCUMENTED EVIDENCE ATTACHED:</p> <ul style="list-style-type: none"> Role descriptions and/or workplans that include health equity clauses. Performance appraisals that incorporate and measure progress against health equity goals. <p>WRITTEN COMMENTS:</p> <ul style="list-style-type: none"> Description of how the practice supports team members to progress their health equity goals (e.g., protected time, additional training, support from the equity champion) 	Met	<ul style="list-style-type: none"> All staff, contractors and trainees working at AHC are aware of the practice's commitment to improving equity. We promote our support for health equity from the start of employment. The Board has committed funding to equity. Staff are paid for attending equity meetings and other hui (for example, Whanganui Māori nurses' meetings) and provided with dedicated time to progress equity initiatives and projects. Staff understand the ways in which their roles contribute to equity. For example, reception and admin roles - through welcoming patients in a culturally appropriate manner, pronouncing names properly, demonstrating inclusion and respect, collecting accurate ethnicity data, contacting patients pro-actively for vaccines and bookings, providing hospitality and manaakitanga (for example during COVID-19 vaccination clinics). When we undertake CQI activities related to particular roles, we outline equity considerations and discuss these with staff (example of auditing ethnicity data collection). Nurses and Doctors are expected as part of their professions to practice in a culturally safe manner and are provided with tools to target their own equity goals in their practice (query builders, audits etc.) Any projects undertaken are expected to have an equity component (e.g. our older adult health assessment project will be trialled using the Kare tool for older kua, koroua). Nurse performance appraisals include reflection and demonstration of competencies in applying the principles of Te Tiriti and culturally safe practice. We will roll out more explicit goal setting and equity training needs analysis when the appraisal forms are reviewed next year. AHC provides health equity materials such as resources on te reo Māori pronunciation and written greetings and sign-offs. We have team members who speak basic te reo and can assist others in the team with correct pronunciation. We store glossaries and other resources in our shared drive for all staff members to access. Equity is discussed regularly at morning team meetings and through team activities such as chats and competitions. One of the Equity Team's initiatives this year has been "te reo Māori word-of-the-day" where a staff member brings word(s) or phrases to a weekly staff hui for everyone to learn. AHC also had a te reo Māori Haiku competition and a "best translation" of a proverb competition. Our wellbeing team regularly shares whakatauki with the staff. Our waiting room is used to demonstrate support for te reo and equity goals. We display a summary and copies of our Māori Health Plan, and promote our support for diversity and inclusion. Our HTP and Health Coach have run a successful "te reo Māori" singing group for patients, which ran over 20 weeks prior to the latest covid-19 lockdown. It has had really positive feedback, with one staff member saying she felt very emotional hearing the patients singing. Feedback on clinical equity goals is regularly shared with the team and specific clinicians via email, meetings, one-on-ones and visual displays (staff room etc.) <p>Documents attached:</p> <ul style="list-style-type: none"> Extract from orientation booklet Ethnicity data audit Ethnicity data collection follow-up instruction sheet Older Adult Assessment - project example Extract from Practice Nurse performance appraisal sheet Example of whakatauki shared with staff Waiting room resources - Waiaata singing group Covid vax result sheet - example of progress shared in staff tea room Pronounce names alert - example of training/instruction sheets 	Met	<p>the needs of their entire population.</p> <p>The use of data is captured in the plan and the road map for the practice team is clear and follows the</p> <p>Gap analysis findings which identify four key areas for the whole team to be part of building upon their</p> <p>Health Equity journey.</p> <p>Well documented minutes, meeting plans, data analysis, provided supports AHC clear vision towards</p>
5	Tohu 2: Te Kāhui Mahi Indicator 2: Workforce development						
6	2.1	The practice actively recruits team members whose values and skills align with the practice's pro-equity commitments.	<p>DOCUMENTED EVIDENCE ATTACHED:</p> <ul style="list-style-type: none"> Recruitment material (position descriptions, advertisements, website profile, selection process, interview questions, involvement of the equity champion) that demonstrates the practice's intention to recruit team members at all levels of the organisation who have pro-equity values and skills and a commitment to the principles and practice of health equity. <p>WRITTEN COMMENTS:</p> <ul style="list-style-type: none"> Description of a recent recruitment (or if no recent recruitment, then plans for a future recruitment) that demonstrate the practice's approach to recruiting for pro-equity values and skills and a commitment to the principles and practice of health equity. 	Met	<ul style="list-style-type: none"> AHC has a goal of recruiting for pro-equity and matching, over time and when possible, the cultural and ethnic profile of our workforce with the practice population. Our recruitment policy includes an equity clause. For our most recent external recruitments (all administration/reception positions) we changed the job description and wording of the advertising to encourage applications from a wider range of people in the community (previous job ads had usually asked for someone who was "experienced in Meditech"). We explicitly stated the position did not require previous experience (which we felt was a barrier to many groups), but did want someone who was culturally competent and ideally some knowledge of te reo Māori. This completely changed the profile of the applicants we received, and opened a pool of younger, Māori and Pacific Island (and predominantly wahine - we have to work on this next!) applicants. Interviews with applicants include questions around why they want to work at the health centre, and for many of the recent interviewees this brings up ideas around health equity ("I know how some of my whānau have struggled getting the health care they need and I want to help people with this"). We don't always ask identical interview questions, but the importance of health equity, and the contribution applicants could make to this is always discussed. Our last three recruitment processes have resulted in us employing two Māori and one Pacific Island employees, which apart from them being really great employees, has enhanced our workforce culturally and been noticed positively by patients. We have also employed within the previous 18 months a Māori nursing graduate who specifically sent us her CV because of her desire to contribute to the improvement of equity/access to health services to Māori in the community she grew up in, and a Māori medical student from Whanganui (summer holiday work) who is intending to direct her career to primary care with the same goal. Starting with a desire to demonstrate a pro-equity approach to recruitment, we have found that employing a more culturally, ethnically and age-diverse workforce has already resulted in positive workplace changes - including a more vibrant, more innovative, workplace that has better awareness of the cultural safety needs of patients and staff. <p>Documents attached:</p> <ul style="list-style-type: none"> Equity clause from recruitment policy Example of recruitment advertising Example of job description - competency expected in health equity and cultural safety Extract from CV of recent employee. 	Met	<p>equitable health outcomes for the community they serve.</p> <p>Clear documented leadership and governance strategies and policies with great commitment shown by</p>
7	Tohu 3: Ngā Kaihōe Indicator 3: Practice team						
8	3.1	All practice team members develop their understanding of health equity in the context of general practice.	<p>DOCUMENTED EVIDENCE ATTACHED:</p> <ul style="list-style-type: none"> Note: Health equity policy is already a requirement under 1.1. No need to attach it again. Staff training records, or equivalent, detailing training in health equity. <p>WRITTEN COMMENTS:</p> <ul style="list-style-type: none"> Description of staff development activities related to and / or that address health equity. 	Met	<ul style="list-style-type: none"> All AHC staff, including GP owners and trainees/students, attended a 2-hour equity training hui in February 2021. The was facilitated by the Equity Health Promoter at Whanganui Regional, Matt Rayner. Content covered: What is equity in health care? Micro/macro view of inequity, national and local data, what are the drivers for change? Followed by a session on values and discussion on where AHC feels it is now in terms of understanding around health equity. The equity team regularly circulates information, resources and links to training/webinars etc. relating to health equity to staff via email or team chats. Staff attending Whanganui Regional Health Network forums (nursing, admin, inter-professional education) also receive regular training bites on equity from the equity and health promoters. GPs and Practice Manager attended a presentation from consultant Gabrielle Baker on an "equity snapshot" of Whanganui DHB district. We have designed an equity training plan for the practice, with the overall goal of developing the right skills within the practice to drive equity outcomes. The aim for 2021 is for all team members to complete basic training in Health Equity and Cultural Competency, with clinical team members also completing Cultural Safety and Unconscious Bias training. In 2022 we will be reviewing our performance appraisal processes and will include individual health equity training plans into CQI/performance management requirements for all roles. The equity training plan is kept on microsoft 365 teams site, so that all staff can access links, suggestions and recommendations for training. They can also record and update their own training. <p>Documents attached:</p> <ul style="list-style-type: none"> AHC equity training plan & records Equity training hui powerpoint 	Met	<p>the BOD.</p> <p>Clear commitment from top to the ground level, with the Equity team having input into all initiatives, activities and policy development. Evidence provided to clearly demonstrate this in the MHP, SIA and COVID plan, and the inclusion of a clause in the recall and screening policy to address health inequities.</p> <p>The practice also clearly shows its commitment to reducing inequities with clear projects based around</p> <p>improving access to their Kaumatua with extended consultation times, with clear goals and auditable</p> <p>outcomes and being innovative in utilizing SIA funding.</p>

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12	3.2	All practice team members understand the concepts of cultural safety and cultural competence.	DOCUMENTED EVIDENCE ATTACHED: •Cultural safety and competence policy. WRITTEN COMMENTS: •Description of continuing professional development or other professional development or activities or initiatives related to cultural safety.	Met	<ul style="list-style-type: none"> AHC Cultural Safety and Competence Policy is attached. We have taken a dual approach to training for cultural safety and competency. Our wellbeing and equity teams have put a lot of effort into introducing cultural competencies as business-as-usual for the practice. We want to ensure staff feel comfortable and culturally-safe themselves as well as patients. At the suggestion of staff, we have added cultural safety to our workplace hazard register. Examples of cultural competence initiatives in the practice include the introduction of mihi whakatau for new staff, learning waiata and karakia, support for te wika o te reo Māori. Our Health Improvement Practitioner helps staff to design their pepeha which are displayed outside consultation rooms. AHC actively supports all types of cultural diversity and inclusion within the practice. For example, this year we have focused on support for the Rainbow Community, which in Whanganui includes a lot of older, vulnerable and isolated people. We celebrate morning tea for Pride Week, have posters in waiting and consult rooms inviting patients to tell us about their pronouns, and provide staff with resources and contact names regarding gender identity counselling and medical expertise. Staff have received training from Pride Whanganui in acceptance, non-discrimination and inclusion and we have joined the international "Safe Spaces" initiative, which commits management to make our facility a culturally safe place for everyone. Pride Whanganui recommends our health centre to takalipulirainbow community members, and we have an arrangement with them to take on the care of people who are struggling with health, sexuality or gender-related issues. Self-reflection as a part of ensuring cultural safety is discussed in indicator 3.3 below. 	Met	<p>Clear evidence of robust policies clearly showing commitment to Te Tiriti, Tikanga and as above records of training and equity and cultural safety activities with the support of having a full team approach as well as Maori/pacific team members and services users.</p> <p>The team has also shown it's commitment to cultural safety as it is noted in the Hazard Register which clearly shows the buy in of all of the team. The practice also supports and is inclusive with their policies including actively supporting the Rainbow Community and received extra training and have an ongoing collaborative working relationship with Pride Whanganui.</p> <p>All documents attached show a this team has a real connection to their surroundings, work environment, patient, community and staff safety clearly demonstrating cultural safety.</p>
13	3.3	The practice team members understand conscious bias, unconscious bias, racism, and discrimination in all its forms.	DOCUMENTED EVIDENCE ATTACHED: •Staff training records, or equivalent, detailing training in bias. WRITTEN COMMENTS: •Description of staff development activities or initiatives related to and / or which address bias, and how staff are putting their understanding into practice.	Met	<ul style="list-style-type: none"> As part of our practice-wide equity training plan, clinical staff are expected to complete training in conscious and unconscious bias by the end of 2021. Nearly all clinical staff have completed this already (see training plan and training records from above indicator). To help clinicians with the critical reflection part of cultural safety, we circulate results of the Patient Experience Survey that relate to cultural safety. We also discuss patient feedback and experience at team meetings and in our clinical governance processes. Staff are asked to reflect on patient experience data that indicates where learning may need to take place and where unconscious bias may have influenced actions or outcomes. Health equity outcomes are discussed in morning meetings, team meetings and shared via email and team chats. 	Met	<p>All evidence required for this indicator provided and is clearly documented. PES survey conducted and results analysed and discussed actions in full staff meeting and at a governance level.</p> <p>All staff are asked to do some self-reflection around the cultural safety aspects of the survey, and the clinicians as part of the cultural safety plan utilize these self-reflection journals to critically reflect.</p> <p>Just a small recommendation to keep reflective staff records on HR Files to utilise in annual PDP process and track progress.</p>
14		Tohu 4: Te Whakatare Waka Indicator 4: Service development and delivery					
15	4.1	The practice uses up to date population and ethnicity data to respond to health equity requirements, and ensures data and audit findings are displayed, monitored, and discussed regularly with the practice team.	DOCUMENTED EVIDENCE ATTACHED: •Ethnicity data (PMS or PHO) and audits less than six months old at the date of assessment. •Displays of data and audit findings in staff room and / or other staff-only spaces. •Minutes from team meetings demonstrating that health equity is a standing agenda item WRITTEN COMMENTS: •Description of the data sources your practice uses to inform pro-equity initiatives (e.g., internal practice data, DHB-provided community data, qualitative data, etc) •Description of how the analysis of this data is used to inform and monitor pro-equity initiatives	Met	<ul style="list-style-type: none"> Whanganui Regional Health Network provides our practice with access to real time PowerBI data on selected equity measures, including childhood imms, diabetes, goul, cervical screening, CVRA's and urgent care and ED volumes. These results are regularly reviewed and discussed - both at morning all-staff meetings, or formally at Clinical Governance Committee meetings. The Practice Manager also reviews the data regularly to inform discussions with the Nurse Coordinator over scheduling and priorities for clinics, recall and screening activities etc. For example, recent data reporting shows uric acid testing volumes are falling off our Māori patients - so we have dedicated a nurse time to catch up on recalling patients for blood tests and monitoring results. Progress against the SIA Plan and Māori Health Plan are reported quarterly to Clinical Governance, and from there to Board meetings. The equity team uses data (qualitative and quantitative) to brainstorm and discuss ideas to try and improve equity outcomes. For example, the decision to trial opening the diabetes clinic after-hours came from patient survey results, and the decision to focus some vaccination clinics specifically for Māori patients came from previous and current years vaccination data which showed inequities in administered vaccine rates. Staff have been trained in PowerBI and Medtech Query Builders and regularly develop their own equity comparisons and lists to work off when undertaking recalls, screening, imms, health checks etc. 	Met	<p>Provided by PHO via Power BI and shared with all staff via daily practice meetings, team meetings, staff information boards and all evidence is used to reduce gaps in equity examples shown in the korero provided.</p> <p>This data is also used at governance and board levels to make strategic decisions. The team all utilise PowerBI and MedTech Query Build and have all received training to assist ensuring clinical/equity targets are met.</p>
16	4.2	The practice builds relationships and collaborates to develop and deliver equitable services that promote equitable health outcomes.	DOCUMENTED EVIDENCE ATTACHED: Note: Health equity policy is already a requirement under 1.1. No need to attach this again. •Service delivery plan, or an action plan, or something similar, outlining how the practice plans to develop and deliver services and programmes that promote and monitor health equity outcomes. WRITTEN COMMENTS: •Description of services and programmes that promote health equity outcomes, including a description of any initiatives developed or plans to address specific disparities noted in audit results. •Description of how the practice develops community relationships, partners with Māori and collaborates with other organisations to improve health equity outcomes for Māori and for under-served groups (e.g., with iwi / hapū, Māori health providers, PHO Māori Liaison, community organisations etc.)	Met	<ul style="list-style-type: none"> AHC's covid vaccination programme is an example of how we plan to deliver services with an equity focus. From the beginning of the programme we were aware that General Practice systems can be a barrier to Māori receiving equitable care (including vaccinations) so we wanted to contribute as positively as we could to the district roll-out, while keeping an eye on equity goals. Initially the programme went well, and we ran some successful pro-equity vaccination clinics for our patients and wider community. However, our patients using the "Book My Vaccine" app for bookings seemed to lead to a decrease in the number of Māori patients being booked into our clinics. Once we identified this we made the decision to go off the app and re-book ourselves using the PMS. This is happening from 4 November 2021. Our equity statistics are similar to the rest of Whanganui, but we want to try harder and our wellbeing team and nurses are currently trying to contact unvaccinated whānau through mums and grandmothers to encourage vaccinations of young Māori adults who we are finding difficult to reach. AHC predominantly partners with Māori organisations through the Whanganui Regional Health Network and local iwi health provider, Te Oranganui. Māori patients are able to access kaupapa Māori services such as Waiora Hinengaro (mental health and addictions services) and traditional Māori Rongoa. Contact/referral details are accessed through a common service directory on Medtech. Our Wellbeing Team (HIP and Health Coach) work closely with the community, including Te Oranganui, and provide links and referrals to services. Our HIP is currently liaising with a local Rongoa Māori provider who is registered with ACC and able to provide mihi mihi (light massage), rōni rōni (deep tissue massage), wound care, talk therapy and ACC sensitive claims therapy for ACC clients. We collaborate closely with our PHO on district-wide equity-focused programmes such as GoulStop and the Integrated Primary Mental Health contract. The health network supplies us with reporting data in regard to equity measures, and our staff operationalise plans to improve equity outcomes. Our wellbeing team (HIP and Health Coach) are especially successful at modelling new ideas to partner more closely with Māori and other community organisations, and develop initiatives to help other under-served groups. 	Met	<p>Clear evidence provided of collaboration with iwi, PHO, DHB, Whānau Ora collectives, regional organisations and other whānau ora providers. Evidence provided of the team working and serving in the community.</p> <p>The use of the HIP and Health Coach is a highlight as to how important these roles in General Practice are and the value these roles bring is clearly defined in the korero provided.</p> <p>Again the evidence is exceptional showing a true understanding of Aramocho's clear vision towards providing culturally safe and appropriate services all based on evidence from the data and engagement you have with the communities and whānau you serve.</p> <p>Clear collaboration exists again will work towards ensuring best practice around equity policies and plans which is all part of the new health reforms expectations moving forward. Excellent COVID response and plans which sit nicely alongside all other policies and plans.</p>
17	4.3	The practice provides an inclusive and culturally safe environment and experience for patients, whānau/families, and the communities it serves.	DOCUMENTED EVIDENCE ATTACHED: •Patient / whānau surveys or other feedback processes or narratives that allow patient and whānau to report on patient and whānau experience, including an assessment of cultural safety WRITTEN COMMENTS: •Description of the activities or initiatives that the practice undertakes to ensure that patients and whānau experience inclusive and culturally safe care.	Met	<ul style="list-style-type: none"> At the suggestion of our Equity Team, we have focused this year on baseline surveys of patient experience/any perceived barriers to care/asking for feedback. Survey sheets are sent out with all re-enrolment forms to hear from people who are not regularly accessing the practice. Uptake is enhanced with a chance to win a \$50 grocery voucher each month. Data from these surveys are collated on google forms and discussed by Equity Team, Clinical Governance and Board (whichever is most relevant). We have received over 200 responses this year. Feedback is also sought through our website and in-house with displays and resources in waiting rooms inviting patient feedback. We also ask for patient / iwi feedback directly. We did have a patient advisory board with representation from Māori and patients with disabilities to inform our initial building re-design. This has since been put on hold due to Covid. We also directly contacted Māori whānau who are closely linked with the practice to look over our Māori Health Plan. Suggestions and improvements were acted on. One whānau made an appointment with a GP to specifically provide feedback on the plan. As discussed above in indicator (3.3) we take note of results of the cultural safety questions included in the nationwide Patient Experience Surveys (PES). The most common response received in regard to barriers to care is for after-hours consultations to be made available. We have made some progress on this with diabetes, cervical smear and vaccination clinics out-of-hours. The most common response received in regard to cultural safety is for reception staff to be more friendly and welcoming. This is not a common complaint - but it does happen. Feedback is provided to the reception team leader and as noted above, recent recruitments have enhanced our cultural capability in the reception team. AHC is aware that it is lacking partnership and representation in its leadership and governance structure from patients, tangata whenua and the wider community. The board and the Equity Team have been working on developing relationships over the last 12 months with iwi health representatives and community leaders. We met with Mary Bennett, the Chair of the Whanganui Hauora ā Iwi Relationship Board, which represents six iwi and provides advice on the needs and aspirations for the health and wellbeing of Whanganui's Māori population. We discussed our health equity goals and plans, and received her advice on how to continue building relationships and improving our practice for Māori patient and whānau. This will be progressed over the next year. Equity Team members have also met with kaihauti of local iwi health provider, Te Oranganui, to discuss ideas for improving equity in our service delivery. In August 2021 the board approved in principle a new governance structure which includes a patient/consumer advisory board. This will be put in place over the next 12 months and will include representation from Māori patients and iwi. 	Met	<p>All policies provided and are clear and robust, highlighting understanding and commitment to providing safe practice environment and experience.</p> <p>Survey's and data collected are clearly analysed showing that patients are fully supported and feel safe.</p> <p>Engagement with iwi, Maori in the development of the teams Maori/Equity Health Plans is noted and the future goal to ensure your community voice is heard and represented more at a governance and board level shows true commitment to all of your documents.</p> <p>The data analysis that have been uploaded, as well as ensuring all five principles of Te Tiriti are applied and end the understanding of how your service addresses Equity and Cultural safety is evident throughout this module.</p>
18					<ul style="list-style-type: none"> Documents attached: AHC Access to Care survey Feedback stations in waiting room Website feedback page https://aramochohealth.co.nz/feedback/ Māori Health Plan summary - displayed in waiting rooms and copies available to take away 		