

MINUTES

WAHARUA KŌPITO (CONSUMER COUNCIL)

28 March 2023

4.00pm

Corporate Meeting Room 1, Te Whatu Ora – Taranaki and Zoom

Present: Jane Parker-Bishop (Co-Chair), Paula King (Co-Chair), Belinda Tran-Lawrence, Ainsley Luscombe, Shelley O’Sullivan, Angela Kerehoma, Nannette Pirikahu-Smith, Jamie Allen, Wes Milne, Nicola Clarke, Ngāpei Ngatai, Graham Walker, Caroline Tyrrell, Dinnie Moeahu, Raymond Tuuta

In Attendance: Bevan Clayton-Smith, Manager – Clinical Governance Support Unit; Lisa Varga – PA to Interim Hospital & Specialist Services Lead; Gillian Campbell Interim Hospital & Specialist Services Lead

Karakia and Welcome

- Nicola opened the meeting with karakia.
- Paula advised that Jane would join late and via Zoom, Gillian would be joining the meeting at 4.20pm and Shelley needed to leave the meeting at 5.30pm.
- Council-only time will be at the end of the meeting to allow Gillian, Bevan and Lisa to leave the meeting.
- Round the table introductions were made for the benefit of Bevan and the Council, with Bevan providing the following background:
 - Currently in an interim role in the Clinical Governance environment; encompasses HDC, privacy, risk, consumer engagement and clinical incident management.
 - Prior background in Taranaki was manager of the COVID-19 vaccination hub.

Apologies

- Dinah King was noted as absent.

Previous Minutes and Matters Arising

- Paula apologised for the late circulation of the agenda pack.
- The Council approved the minutes of 28 February 2023.

Task List

Maternity Issue

- Nicola was to provide something in writing in relation to the maternity issue raised at the February 2023 meeting. Nicola acknowledged that this had not occurred. Paula shared that the Co-Chairs raised this at their meeting with Gillian and Tanya and the case was known to them. For further discussion later in the agenda.

Surgical Waitlist

- This was discussed when Paula and Jane met with Gillian and Tanya.
- Gillian commented that for a number of years people on the boundary between Taranaki and Whanganui – who live more into Whanganui – support getting care there. Under the health reforms boundaries may be more fluid. Need to make sure people can get care where they prefer and we wrap around.

Conflict of Interest Register

- Belinda is on the Data & Digital Council and the Te Manawa Taki Cardiology Clinical Services Planning Group.
- Graham is involved in the Health Quality & Safety Commission's Health Forum Aotearoa.

Patient Safety & Quality Committee Structure

- An update will be provided later in the meeting.

Feedback to Stakeholders

- To be carried over to the next meeting.

Red Pathway into Hospital

- An update will be provided later in the meeting.

Jamie joined the meeting at 4.29pm.

Co-Chairs' Update

- Paula will ask Jane to provide an update via email.

Meeting with Gillian and Tanya

Diligent

- Asked about progress with Diligent or some other platform to get the Council organised.
- Diligent is \$550 per person.
- Gillian will find another solution, not sure Diligent is the most appropriate. Will work with the IT Team to find a platform that works to share documents and communicate. A national solution that we could piggy-back onto would be ideal. Will follow-up both avenues and have something more concrete for next meeting. Aware it is a priority for Paula and Jane who have indicated difficulty with getting emails and documentation through.
- Jamie commented that the Taranaki Retreat use Wiki; doesn't cost any money to maintain. Paula suggested that Wiki could be used in the interim until an alternative solution was found.

Jane joined the meeting at 4.39pm.

Surgical Wait Times

- Gillian commented that there are a number of priorities nationally and planned care is one of them. Work is being done around why people are waiting over 365 days.
- In terms of cancellations, the dilemma we have in Taranaki is ensuring we are keeping surgical theatres booked however sometimes procedures are cancelled because we have no beds.

- The other priority is acute flow through the hospital. If we can sort acute flow and get people in and out of hospital this will free up beds and get planned care sorted.
- In relation to waitlists, Graham queried whether the biggest problem is a lack of hospital beds or lack of surgical staff/clinicians? Gillian responded that beds is usually the reason for cancellations. There are still staffing concerns for Taranaki however most of the time that is not our biggest issue e.g. we only have one part-time ENT surgeon. We have recruited well for theatre staff and it is now the number of people getting delayed.
- Cases where patients are prepped for surgery and then it doesn't go ahead does not happen very often but the impact on people is huge. These situations are sadly unavoidable. In terms of managing waitlists and communication with patients and problems with beds, it is our responsibility to sort.
- Over the last few years demand has continued to grow and we are not able to keep up with the demand coming into the hospital. We used to run one acute theatre half a day regularly, we now have two acute theatres which means one less theatre for planned surgery.
- Demand decreased because of COVID-19 however we are having to do catch-up as well. Taranaki has under-delivered for the last three years and had a problem prior to COVID but it has been exacerbated.
- Nan expressed that a lack of beds and staff and COVID are being used as excuses.
- From a disparity point of view patients with comorbidities are likely to have longer waits i.e. won't get put into Southern Cross as no access to ICU if that is required.
- Gillian commented that Taranaki is not one of the worst hospitals.

Raymond left the meeting at 4.58pm.

Maternity Case

- Gillian commented that the new build is exciting but still two years away and cannot use that as an excuse.

Consumer Engagement Advisory Role

- Gillian is expecting to get more clarity around operating models; Consumer Engagement is a stream within Innovation & Improvement.
- Bevan has picked this up to ensure the importance of consumer engagement remains a focus and also to support the Council.
- Need to know the long-term structures and how it will work nationally. Hard to appoint someone if you don't know if there is going to be a change. It is not fair to recruit into something when you don't know what the structure is going to be. Need to understand reporting structure of consumer engagement.
- Getting consumers onto committees will also take time.
- Request from Bevan to let him know what projects the Consumer Council are currently involved in.
- Gillian noted that there may not be a lot happening at present, in a period of holding. Will commit to ensuring that the Consumer Council is involved in projects where there should be consumer engagement and where we need to have consumer engagement.
- Paula commented that from a structure point of view, under the two-whare operating model always had the support of Jake and Te Pā Harakeke. Due to the changes and secondment of those members, the Council have lost that support as well.

- Ainsley asked if it would be possible to appoint a Consumer Council support person on a short-term contract to get over the issues of future uncertainty.
- Between Gillian and Tanya will ensure one of them is available for every Council meeting. Staff transferring to Te Aka Whai Ora are undergoing moving into new roles. There is a huge amount of change happening in the organisation.
- Jane asked what Te Whatu Ora wanted from the Consumer Council. Gillian responded it was important to not lose what has been gained; committed to having consumers on committees – don't want to lose that. In terms of support from a day-to-day point of view will have a think; would be good to get some more information around the things that the Council used to get from Jake that they are not getting now.

Shelley left the meeting at 5.25pm

Red Pathway into Hospital – Update

- Caroline and Graham met on 4 March 2023 to look at the pathway as requested by the Council.
- Caroline drew something up that was forwarded to the Council on the Monday/Tuesday following. Presented drawings and ideas at the meeting of the Disability Action Group (DAG); didn't have a quorum so called it a pre-meeting. The number one thing was that the red pathway needs to be covered.
- Steve Berendsen, Programme Manager – Base Redevelopment was present and he listened. Unsatisfactory response on behalf of the Consumer Council. Something they could not consider as it was too expensive.
- Caroline commented that if there were better representation at the next DAG meeting could get a bit more buy-in to moving forward some way.
- Gillian noted that she refuses to talk about carparking unless it is consumers/patients, people accessing our services are our priority. Always knew when we started the build that carparking would be a struggle. Very happy if you find a way to fund something better than the red path; keen for you to take back to the DAG and get some other options. Offsite parking is available with shuttles to drop staff at the door but not used, potential for this to be used for consumers/patients. There is still two years of campus construction and disruption.
- Caroline raised an alternative approach to parking issues used at another hospital. This was a valet type service. Gillian could look into this.
- Ainsley and Graham expressed concerns about the difficulties a valet parking service would pose to disabled people.
- Caroline thought a valet parking system would work better than a shuttle service as people would use their own cars to drive to the door then a valet would park their car. As the person leaves the hospital the valet retrieves the person's car and brings this back to the person at the entrance where the person is waiting.
- There is an increased amount of disabled carparking and Gillian will check with the parking wardens to make sure they are not being used inappropriately.
- Paula commented that if the DAG do come across any possible external funding options they are to be run past the Project Maunga team.

Communications Plan Update

- Nothing to update, will provide something at the next meeting.
- Grey Power and Aged Concern have asked if Graham will speak to them about how things are progressing with the Consumer Council. The Council were in agreement that Graham speak to these respective groups.

Complaints and Compliments Report

- This is a report that goes nationally as part of Te Whatu Ora reporting.
- Multiple requests for multiple aspects of information.
- Bevan is happy to refine.
- Paula thought the information was useful to have and asked that the reports continue to be forwarded to the Chairs who will disseminate out to Council members.

Community Discussion

- Wes raised that he had recently been trying to get the Mpox vaccination, initial peeve is how inaccessible it is. Only one clinic available and only available four hours a week; how are people expected to travel to get this vaccination?
- Gillian noted that there is an Immunisation Working Group within Te Whatu Ora and she will take this query back to the group.
- Caroline knows someone at the Ministry and will also follow-up with them.

General Business

Annual Plan 2022/23

- Trying to figure out what consumer engagement looks like moving forward – mainly around setting up structures, who fits where, what sits where. Priorities remain the same but how do we deliver on them.
- We should push forward with developing a framework ourselves, get set up and if it works, will use it to inform the others.
- Need some support from Te Whatu Ora – Taranaki to develop a framework which should be a priority in 2023.

Close of Meeting

- Paula acknowledged Gillian, Bevan and Lisa.
- Jane thanked Gillian for attending, encouraging to see you at our meeting and to see you sitting at our table. Acknowledged Bevan and how busy he is also.
- Gillian thanked the Council, lots to think about. Will find a way through the next little bit. Feel value you add to the community and cannot have you feeling discouraged.
- Paula appreciates either Gillian or Tanya being present at the meetings when their schedules allow.

Council-only time commenced at 6.12pm.

Actions from Council-only time

Council members requested meeting minutes be circulated in the weeks following the meeting rather than just prior to the next meeting. Meeting pack and agenda to be circulated a week before the meeting.