

## MINUTES

### WAHARUA KŌPITO (CONSUMER COUNCIL)

31 October 2023

4.00pm

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

**Present:** Jane Parker-Bishop (Co-Chair), Paula King (Co-Chair), Wes Milne, Graham Walker, Ngāpei Ngatai, Caroline Tyrrell, Nannette Pirikahu-Smith, Jamie Allen, Belinda Tran-Lawrence, Raymond Tuuta, Nicola Clarke

**In Attendance:** Gillian Campbell, Group Director Operations; Tanya Anaha, Tahuu Rangapu Chief Māori Health & Equity Officer; Ingrid Chamberlain, Interim Manager – Clinical Governance Support Unit; Lisa Varga – PA to Group Director Operations

#### Karakia and Welcome

- Council only time was held until 4.30pm.

#### Apologies

- Ainsley Luscombe, Shelley O’Sullivan, Angela Kerehoma, Dinnie Moeahu.
- Dinah King was absent.

#### Presentation – Optimising the Patient Journey

- Gillian and Tanya attended to present on the work that is currently being done in this space.
- Piece of work that has been started and is being driven nationally and locally about how patients move through the hospital.
- Good opportunity to present to the Council to show the work that needs to be done and have a discussion around consumer involvement.
- There are a lot of things outside the hospital’s control at both ends of the journey, our focus is the hospital part i.e. when you come into the Emergency Department (ED), what happens to you through ED and onto admission and discharge. This could be done better in relation to where people go and how quickly they get there. What happens during the inpatient stay and getting back home. Mindful there is a lot more to the journey than the hospital.
- The ongoing demand for services keeps going up with more people coming in and accessing services. How do we do that better?
- As a team we have taken more of a “hearts and minds” approach, not just about how we manage demand in the hospital but the care we provide and the experience patients get. Hospital teams have said this is about patient care but also staff experience.
- When talking about acute flow, acute flow is an NHS term, a very British term. Trying to take away the jargon but use the science that sits behind acute flow work.
- Wanted to focus on the why – why are we doing what we are doing.
- Prior to presenting to the Council tonight there have been meetings with our medical, nursing and Allied Health leads along with frontline managers. It is easy to blame everyone else for the issues; as hospital staff it is easy to blame primary care or it is easy to blame individuals.

- Graham noted that the diagram ignores post-discharge which is very important, failings have been after discharge. Gillian responded that the focus is on hospital delivered services, there are things that will be flagged into other organisations i.e. potentially things between the hospital and Hospice. We would work with Hospice around the patients coming through. It is not ignored but we need to be realistic about what we are trying to do.
- One interesting thing that has been found is the six critical demands of high-quality healthcare sit within our values internally, the Te Ahu values from the old Taranaki District Health Board (DHB).
- Gillian hears a lot about how well the hospital does things, everyone comes to work to do a good job, try their best but it doesn't always go right! One of the evaluations done showed that 63% of people have some internal delay during their care, they have things that were not done as quickly or as well which results in longer hospital stays.
- When there are delays it takes longer for our beds to free up and we have long lengths of stay because of that. We are cancelling planned care surgery because we don't have beds. We have determined that planned care is part of the patient journey; if we don't do acute care well and don't do peoples' surgery it has impacts on people as individuals.
- Belinda acknowledged things do not go great for everybody. Belinda has spent a lot of time in hospital, had great care, experience, clinicians but has also had the opposite at different stages. Appreciate it is important work.
- Gillian acknowledged that we don't always get it right, know our staff can be nice and people take that as good care but sometimes it is not.
- Graham commented that a good feedback system would give the hospital the opportunity to act.
- Within the national programme they give us data showing the ED length of stay, the time from ED to the ward etc however we want to do things differently in Taranaki. We want patient stories. Data is one thing but you can't use it to do anything. You can't take away from a consumer story about what it is like to sit in ED for 20 hours waiting for a bed.
- Ngāpei noted it is difficult with patient stories, they get missed too often. There needs to be better listening skills, needs to be a better way to hear what the patient is saying. The intent is always right however it comes back to how that person interacts with the patient, often it is about not listening.
- When talking about measures, Belinda asked how those measures are being captured? In all of her stays in hospital no-one ever asked how her time was. There is a complaint system but there are implications with the complaint system. No conversation about how you found the hospital experience.
- Graham sees a need for patient advocates to go around the hospital who are trained to not just hear complaints, this needs to extend beyond the hospital.
- The workstream membership will include consumer/whānau voice. The team has been discussing having consumers in a working group vs consumer/whānau workshops where people get to speak without clinicians present. Need to work out how we get the consumer voice into this group.
- Jane noted that there is talk about the whānau voice/consumer voice but not too much around how it is received. One of the things that prevents us from getting anywhere with all the information is that whānau struggle with bias. The challenge of bias prevents us from having a story here. What would be beneficial is decolonisation training, training people in the system to understand the world – our world – and our social standing. That is the piece that is missing.

- Paula loves the idea of getting unique perspectives of clinicians and consumers, looking at unique perspectives in your own environments and coming together to problem solve. The thing that is missing the most is for people/whānau to feedback in real time, to voice themselves as they are in the system – vulnerable, visiting restrictions etc. Feeding back afterwards is problematic. When people are sick there are “fifty million” people involved in our care and it is difficult to be able to voice what is happening.
- Organisational readiness has been included as one of the workstreams. Gillian believes what is required is a culture shift, there are things we need to do differently and what is it that will take this into the future. Trying to change the culture of 2,500 people is not an easy thing but shouldn't shy away. You can see people who are invested. There will be a forum for consumers around this piece of work.
- Gillian informed the Council that Diana Fergusson, Interim Director of Nursing is strong on professionalism and the holistic approach to patient care not task oriented care. We need to find a way of balancing technical care with compassionate care.
- Tanya noted that the Te Pā Harakeke team are trying to lift training throughout the hospital. Our clinicians need to hear stories so they can “unlearn”. There needs to be a time and place to give consumers their voice so they don't feel intimidated. Tanya is working alongside Gillian and the team to get something implemented.
- The Council queried the difference between planned care and unplanned care. Gillian responded that unplanned care is what comes through ED. Planned care is when you come in for a booked appointment/surgery/investigation.
- We need to try and keep this manageable, this is about adult physical health. We know we have work to do in the Mental Health space also.
- Patient feedback is important. Tanya thinks it would be good to have some feedback from the Council on how it could work with consumers; we all have journeys and we are all accountable for feeding back.
- Christmas is rapidly approaching and Gillian would like to get a group together prior to work out next steps and “how to”.

Gillian and Tanya left the meeting at 5.30pm

- Paula asked if the Council had any suggestions or ideas around how this could be progressed from a consumer point of view to send them through; initial suggestion was to look at patient feedback.

## **Previous Minutes**

### Community Insights

- Paula advised the group of a small change to the second bullet point under Community Insights.
- Ainsley had shared her knowledge of a situation she had recently with a physiotherapist. Removed “physiotherapist” and the age to make sure there was no identifying information going out in public minutes.
- Reminder that if the Council are going to discuss specific cases that we are aware of need permission of the person to speak about it or frame it so there is no identifying information.

### First Impressions Project

- At the last meeting Angela raised the point around maintaining the two whare structure in everything we do. Voiced that if we have a certain number of representatives on committees it should be balanced from both whares.
- Put forward logistical issues, need to have enough people to balance out the groups with people volunteering. That will come under a piece of work in our working groups – Council Guidelines and Escalation Process. These questions will be worked out in that group.

The Council accepted the minutes of the September 2023 meeting as a true and accurate record.

### Matters Arising

- Working Groups
  - There was mention that Paula would send out information on the working groups, advised in Council only time this has not yet been done.
- Access to PREP
  - Access to and lack of availability of PREP in the community was raised at last month's meeting by Wes. Ingrid took this to Te Whatu Ora – Taranaki's Medication Safety Advisor, Taryn Quinn who acknowledged that a process is needed and there is inequity.
  - Wes received two pieces of feedback as to why the Sexual Health Clinic could not provide PREP:
    - i. The computer system is not built for it, there is a paper system they could use.
    - ii. The potential increase in workload is a barrier; doctors are ready to provide training however there is also an issue to do with funding
  - Fletch (Sexual Health Clinic) thanked Wes for raising the issue in this space, it has helped him move forward and to get some answers too.
  - Ingrid noted it was good to get some traction from one meeting to the next; she will keep in touch with Taryn in relation to this.
  - Paula acknowledged this as a win, just by way of existing and having voices come through have had a great outcome already. Thanks to Ingrid for her work on that.

### **Co-Chairs' Update**

- As raised at the last meeting, the National Chairs' Group in conjunction with Te Whatu Ora ran a "rapid review" survey in relation to the Consumer Councils. The results have come back. Jane will provide an update via email.
- No other updates from the Co-Chairs.

### **Te Whatu Ora Update**

#### Policy Harmonisation Project

- This is a nationally led project to align policies from the old DHBs to Te Whatu Ora. Will still have local policies however will be feeding into and aligning with national policies.
- There is also a piece of work around the consumer reimbursement policy and the national feedback policy.
- Ingrid has not seen them however is happy to share information as it comes through.

### Consumer Engagement

- Ingrid is working with Gillian and Tanya around the consumer engagement space and how we can get some support. Representation for Māori as well as other populations following the two whare model. This was dropped due to a lack of capacity in Te Pā Harakeke. Trying to get some traction.
- Paula thanked Ingrid for her continued work around the Consumer Engagement Advisory role.

### Restructure

- Final documents in relation to the People & Communications structure are coming out this week. This group includes Comms, HR, Health & Safety, Emergency Management, Occupational Health and Security. Some people have been disestablished through that process. There will also be roles developed with some people being mapped across. There is an EOI process and disestablished people will have preference.

### **Working Groups**

- Paula would like Council members to be open about their ability to be involved in other areas.
- These working groups are purely to turn our sight inwards so we get structures/processes and flow going so we can be better equipped to get traction outside of Council.

### Consumer Engagement Framework

- This group would need to develop something for Te Whatu Ora – Taranaki. This has been talked about since the Council was formed. Need to develop a framework in co-design with Te Whatu Ora. Some initial work has already been done and there are a couple of documents that have been drafted but nothing has been finalised.
- The scope would be to establish a set of goals for recruitment and remuneration.
- Paula thought a smaller working party could dedicate themselves to working on revisiting those documents and see what works for us now and bring back to Council for review.

### Guidelines and Escalation Process

- This group would be responsible for developing a set of guidelines for tikanga for how this group functions. Questions around how our two whare structure is modelled.
- Paula will send out some information around what it is we think the working groups would look like and the purpose of them, people will then have a better understanding about what they are agreeing to do. Each group will be able to determine what the group looks like, what the purpose is and how many hours you will be able to put into this piece of mahi. Want to make sure sharing as best we can and being respectful to one another.

### **Community Insights**

#### Consumer Seminar

- Belinda connected Wes with some digital information and he was invited to a consumer seminar in Auckland.
- Conversations were around HIV treatment/prevention and updates on medicine. It was mentioned that New Zealand has a goal of being HIV transmission free by 2030 which took Wes by surprise.
- Wes is concerned that Taranaki – compared to a bigger city – has less access to pop-up clinics etc. How could we as communities be better mobilised to provide for people.
- Ingrid asked that Wes forward any information he has through to her and she will see what she can find out.

### Advisory Groups

- Graham was invited to an advisory group for changes to delivery and funding of the aged care model. He has only attended one meeting so far.
- Caroline is now on the Disability Advisory Group (DAG), went along on Graham's invitation to a meeting early last month. Discussed how the groups overlap. The DAG would like the Consumer Council to be aware of their availability to contribute; not a formal arrangement but to keep the lines of communication open.
- Paula noted that correspondence had been sent to the DAG indicating the Council would like to maintain a relationship with them.
- Paula and Caroline are meeting with Mark Stokoe who is with the engineering team overseeing traffic management and access around the new renal unit. Caroline assumes it is under the auspices of the First Impressions Project. Have also been invited to join a roundtable meeting with the wider group. Will have something to bring back to the next Council meeting.
- Ingrid noted this is to do with the pathway down to ED from the renal unit for patients being transferred in or out of the renal unit. Need to ensure it is safe for elderly people in wheelchairs, cleaners etc. The whole process is to ensure it is a safe transit way for both vehicles and pedestrians.
- Ingrid will follow-up with Mark to see if he would like someone from the DAG at the meeting.

### Next Council Meeting

- The next meeting is scheduled for 28 November 2023 and Paula would like to dedicate some of that time to caucus however is mindful that it is difficult to caucus in respective whare when we are online. Could use a separate link for each whare.
- Paula requested that any agenda items be sent through to herself and Jane early to work out timing.
- It will also be the last meeting of the year. Paula suggested that some sort of social event be organised, come together in person. Also need to farewell Belinda.

Paula closed the meeting with karakia.

The meeting closed at 6.15pm