Consumer Council Partners in West Coast Health



MINUTES

9:30am – 11am on Thursday 30 June 2022 VIRTUAL MEETING – MS TEAMS

Video conferencing link: click here

Members

Membership		In Attendance (Quality)	
Russ Aiton (Chair - Central)	V	Jo Tiller, Acting Quality & Patient Safety Manager	$\overline{\mathbf{A}}$
Nicki Mora (Central)	$\overline{\mathbf{A}}$	Andrea Bruning, Document Controller (Minutes)	Α
Christine Robertson (Central)	V	Karin Le Breton, QPH&AE Facilitator	$\overline{\mathbf{A}}$
Keith Rusholme (Central)	V	In Attendance (OLG Sponsors from 10am)	
Gaye Coates (Central)	$\overline{\mathbf{A}}$	Philip Wheble, General Manager	Α
Shelley Mills (Southern)	Х	Deb Wright, Manager Northern IFHS	Α
Claudia Landis (Southern)	$\overline{\mathbf{V}}$	Holly Mason, Acting Director of Nursing	Х
Gail Cossar (Northern)	Х	Kylie Parkin, Programme Manager Hauora Māori	Х
David Brydon (Central)	$\overline{\mathbf{A}}$	Jane George, Director Allied Health Scientific &	Х
		Technical	
Michael Nolan (Southern)		Present = ✓ Apology = A Abser	nt = X

Age	Agenda Items		Who
1.	Welcome / Apologies / Karakia / Thanks	Verbal	Chair
2.	Previous Minutes		All
	Confirmed as read and accurate.		
	 Action points arising from previous minutes Chair/ members to populate activity section of Work Plan. Google docs/ another repository to be set up by Chair/nominated member. 30/6: Not discussed. Advise Operational Managers/General Manager of Central meeting expansion whilst Northern/Southern meetings are 		Chair/ All Supported
	 paused due to lack of membership Resignation acceptance/letter of thanks to Kathryn, Deb and Jenny 		Completed Andrea

Quality update:

Jo advised everyone that the meeting would be recorded, then was unable to access the meeting room, minutes are from notes taken.

The discussion commenced with the sharing of the new complaint's dashboard document – it was recognized quickly that care, communication and coordination are the key themes in the data





Complaints Compliments
Data_WCDHB_June21 Data_WCDHB_June21

Expectations around responding to complaints was explained the legislative requirements of acknowledgement of 5 days/respond by 20 days or provide extension, this data is showing we are not achieving these requirements. The narratives in the data are valuable.

Discussion around how we can capture all voices and ways of not forgetting anyone, it was acknowledged that not all the ways of communicating with the organization are accessible for all the community.

Koreo Mai project was briefly considered as a way for escalating concerns or issues. Quick description was given around a way for the family/consumer voice to be heard, advocating for themselves. That this is a national project.

Noted that compliments are on the rise, questions around the lack of demographic information and advised that many compliments are often anonymous, especially around maternity.

Raising of issues with Quality included central consumer group not receiving information, the report to clinical board was discussed to communicate information, it will become an item for council chair to share prior to consumer council meetings.

Waiting times are an item of interest for the Consumer Council especially what the DHB is doing about this and how to share this information with the consumers. It was mentioned about comparative dashboards CDHB and WCDHB and linking to MOH for more data to share.

If there are concerns from Consumer Council around the information shared, then this will be escalated to the Clinical Board.

There is a need to celebrate small wins and with expectations need to remain realistic, reports are being developed and communication is happening.

Director AHST update:

GM update:

DON update:

Operational Managers Update: Joined the meeting at 1010

Jo Tiller/ Karin Le Breton

Jane George Philip Wheble Holly Mason Robin began with introducing himself and a background of his responsibilities.

Conversations with specialist services/hospital outside of the locality CDHB specialists are looking at community need which is acuity driven regionally

Areas of community may suggest specialist services elsewhere such as Nelson or Southern.

Waiting list needs to remain equitable – West Coast has no opportunity to go private therefore the local health needs have an imbalance, there should be no balancing of the books.

Cardiology, Respiratory, Rheumatology, Orthopedics should provide equity in services, but get distracted by numbers, there may be links to Nelson and Southern in the future.

Planning and funding exists but has other focus and involved differently.

Orthopedics more surgeries per population of 10,000 until the last year or two, volumes remain the same but frequency needs balance.

Bowel Screening Programme

Is a success, West Coast is going to be celebrating 1-year anniversary and will tag on the tails of the national promotion.

There is 54 % engagement, target is 60%

56% of Maori/Pacifica uptake of note the screening age is dropping to 50 for this group – volumes will be ok for the service to manage 7% of treatable cancers previously unknown are now on a curative pathway rather than been found too late.

Of note there has been 52 days without an emergency C-Section, the care pathway in the community has strengthened.

Mary began by introducing her role, responsibilities which is broad and wide ranging.

Transition to Te Whatu Ora - Health NZ, will be guided by the community including needs, wants and direction.

There is a focus in primary care central around year 1-8 work tamariki, boundaries are being broken down for best effect.

Immunization, vaccination clinics and primary health are all building connections

Work is happening to improve the primary care workforce availability

- New GP Central beginning in September
- GP wants to make the coast their home currently in talks

There is a decreasing of locums and getting locals now

Concerns remain over the GP FTE (remains a regular concern)

Is focused on workforce wellbeing and being part of the community, the years have taken a toll and the workforce is exhausted, which also relates to immigration and supply chain issues.

Robin Rutter-Baumann

Mary Harrington

	Consumer Council then voiced their concerns for the staff wellbeing		
	and asked if there was support in place.		
	Acknowledged that the workforce has had an inflow of new people		
	(retiring/moving) leave is increasing but rosters are being maintained,		
	this is due to people wanting to reconnect with family and trying to		
	give staff a rest.		
	give stair a rest.		
	Gently reminded to be kind acknowledge tiredness		
	And thank you to the community for the tolerance.		
	The triality of the community for the tolerance.		
	Work Plan – QSM Framework/ Consumer Reporting	Verbal	All
4.	Southern		
	Central		
	Northern		
	Themes that come out of this discussion were:		
	Meetings cancelled		
	Engagement not happening		
	Being disillusioned		
	Momentum is being lost		
8.	General Business:		
0.			
	Reefton Aged Care		Russ
	Resignations		
	Jo and Karin left the meeting at 1110		
	Russ then updated the Consumer Council on the Localities		
	Engagement		
8.	Meeting concluded at 11am		
N			
Nex	t Meeting: Thursday 11 August 2022, 9:30am – 11am - Corporate	Boardroom	

Su	mmary of Actions	NAME
1.	Share the latest Clinical Board Report prior to the Consumer Council Meeting	Russ
2.	Share information around the Korero Mai project with the Consumer Council	Jo

Quarterly Consumer Council Meetings – Dates for 2022			
Thursday 17 March	9:30am – 11am	Virtual Meeting	
Thursday 30 May	9:30am – 11am	Corporate Boardroom	
Thursday 11 August	9:30am – 11am	Corporate Boardroom	
Thursday 10 November	9:30am – 11am	Corporate Boardroom	