

MEETING OF THE CONSUMER COUNCIL

HELD ON 7 APRIL 2022

12PM, via ZOOM



PRESENT

Bridget Duff (Chair), Jill Merritt (Deputy Chair), Gareth Ford, Julie Patterson, Dianne Black, Andrew Humphrey, Katrina van den Broeke , Dominique Enright.

IN ATTENDANCE

Jason Power, CEO; Robbie Moginie, Director Organisational Capability and Safety; JD, DHB Liaison.

1. KARAKIA & WELCOME

The chair welcomed everyone to the meeting.

2. APOLOGIES

None

3. INTEREST REGISTER

None

4. CONFIRMATION OF MINUTES OF MEETING HELD 17 FEBRUARY 2022

It was confirmed and agreed the minutes of the meeting held on 17 February 2022 as a true and correct record.

Moved/seconded Gareth/Katrina

5. MATTERS ARISING FROM THE MINUTES

Katrina has chaired a webinar/Zoom.

Robbie has not yet heard back from Quinton. Katrina's report will be included as part of our COVID story.

6. CORRESPONDENCE

Inwards

Pamphlet for Maori Health received from Joseph Tyro (Director of Maori Health SCDHB)

Feedback from Dianne who has raised the issue that there is no ability to perform powhiri when required. Request from Katrina that acronyms need to be explained in the pamphlet. General question as to why the postal address so prominent on the pamphlet.

Palliative Care team pamphlet received.

Outwards

Email invitation to Tongan Community for a representative to join Consumer Council (CC)

Aoraki Migrant Centre invited for nominations for a member to the CC.

7. SCDHB REPORT

A verbal report was provided from Jason Power.

Numbers appear to be peaking for COVID. SCDHB has seen approximately 7,000 positive cases to date. He is expecting to see a similar number in the tail of the outbreak over the next six weeks or so.

Primary care is under significant pressure. Aged residential care currently OK. 3 facilities in orange, the rest are in green. DHB has been providing support for staff illness. Other sectors currently in green.

The Hospital has significant illness affecting RMO and Nursing services. Reductions in planned care including reducing admissions to day cases only. It will be at least 7 – 10 days before DHB will be able to have admissions again. DHB staff (7-800 people) have been surveyed for skill sets for redeployment. Redeployment office has been set up.

Vaccination program for 16 and 17 year olds to begin.

Winter planning underway for the expected “perfect storm” of COVID and Influenza affecting community and staff. Expectation of high rates of absenteeism.

Recovery mode for the next 12-24 months. A resilience project team (12 people) to be created.

COVID surveillance program using PCR testing to be activated in the next month or so. RAT testing site at Aoraki due to be relocated to Kensington at the end of April.

Katrina asked if the vaccination program would be encouraging 5-11 year old children to get vaccinated. There is an upcoming communications message to encourage this age group as rates are about 50%.

COVID in the community: Appears that it is peaking in schools and is moving into the middle aged. Expectations are that COVID will then peak in the elderly with an increase in hospitalisations. Lag between infection and hospitalisation is 8-10 days.

Facilities update: AT&R build on track. Endoscopy has begun. Level 2 underway with maternity moved to transitional care, with a planned completion late September. Front of hospital basically finished. Working groups on hold for now. Coal fired boilers now off and air sourced heat pumps are now the primary heat source. Lifts in the Gardens Block nearly finished. Clinical Services Block lifts will be replaced next.

Health NZ on track for July 1. Structure model due for release in 2-3 weeks. Staff will stay in place on day 1. Good and exciting opportunities for the community.

All focus is on COVID. We are the 3rd worst affected DHB in NZ per 100,000 people at this time.

Katrina thanked Jason

A verbal report was provided from Robbie Moginie

COVID effects have been very hard on staff at the moment. Doing OK but there are significant staff shortages. Staff wellbeing is an issue. Recovery post Omicron takes a long time (10 days plus) and return to work part time.

Bridget provided a positive patient experience. JD to contact the person for feedback.

8. QSM UPDATE

Introducing JD

JD introduced himself to the group as 0.7 FTE Quality and 0.3 FTE ED. He moved from South Africa with his wife, and espouses the Ubuntu philosophy "I am because you are". Initially working in Intensive Care in Auckland, JD and his wife Mia now reside in Timaru. JD made the observation that the Doctor/person wearing scrubs is considered to know everything but the Consumer Council is important as the voice of the people.

QSM meetings pushed out to May due to COVID and the Health Reform. JD to talk to Dion. Joy used to attend so there is a vacancy (Wednesday 11-12) if anyone wants to volunteer.

9. CONSUMER COUNCIL MEMBERS REPORTS

Jill – PGY1 & 2 - 7 Junior Doctors for the review panel. Process delayed by Covid and workloads.

Gareth – Health Literacy project progress has slowed right down. Joy still involved and has completed her voice overs. Gareth to arrange for younger people to do voice overs for other parts during the school holidays.

Copy to be forwarded to JD.

Bridget – HQSC will have input for future of CC and its management.

Will email out claim forms to everyone.

Dianne – 5 HQSC projects underway in Mental Health Services. Learning from Adverse Events (finished); Connecting Care (nearly finished); Zero Seclusion (on-going) an increase of 33% of seclusion events due to effect of methamphetamine on people; Engagement Facilitation (nationwide metabolic monitoring of Clozapine); Medication project yet to be started; Equally Well project.

Abuse in State Care – Consumers to lead project.

Computer System upgrade on-going.

Primary care initiative on-going Collaborative design. Secondary health working with GP's and NGO's to have the ward as the last resort, not the first choice.

10. General Business

Concerns have been raised with Gareth regarding safe crossing of the road between Kensington and the main Hospital site. We support any efforts to establish a pedestrian crossing between the sites.

Pete from SCDHB Health and Safety to be asked how this can be progressed.

Julie to contact Daniel Naude at Waka Kotahi for more information on the process.

Introducing Eric Williams of the University of Canterbury Delirium Project.

The project focus is on Alzheimer's and how language is used. Risk factors are age and diminished cognition e.g. dementia.

Dementia is preventable.

Timaru Hospital does not have a management program in place. Gaps exist in the ability to identify delirium, rather than label it "confusion". An 8 person planning team for the Delirium project looking for a CC member to be assigned to the project.

Katrina asked how the meetings are run. Currently in person 12-1 on Wednesdays but Zoom may be a possibility. Bridget to liaise with Katrina and Eric, and share email details.

Dianne asked for the inclusion of those with mental health issues. This is currently restricted to Surgical Ward patients.

Bridget will check with CC members from Lakes and Midlands for any learnings and knowledge of processes in place there.

Karakia to close.

Meeting closed 1.45 pm