

# Counties Manukau District Health Board Hospital Advisory Committee

## Minutes

of the meeting of the members of the Counties Manukau District Health Board Hospital Advisory Committee held on Tuesday, 25<sup>th</sup> September 2007 at 9.00am at Middlemore Hospital, Meeting Room 2 & 3, Staff Centre

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**Present:** Ms Airini Tukerangi (Chair), Mr Arthur Anae, Mr Bob Wichman, Mr Don Barker, Mr Paul Cressey, Mrs Miria Andrews

**In attendance:** Mr Ron Dunham, Mr Tony Hickmott, Mrs Pauline Hanna, Mrs Christine Lockhart (Secretary)

**Apologies:** Mr Geraint Martin, Mr Ron Pearson, Mr Nuku Rapana, Mr Bob Clark, Mr David Collings, Ms Denise Kivell, Mr Don Mackie, Ms Miria Andrews (lateness)

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### 1. Welcome

The Chair welcomed all and present members. Mr Arthur Anae offered the karakia.

### 2. Apologies

Apologies were received from Mr Geraint Martin, Mr Ron Pearson, Mr Nuku Rapana, Mr Bob Clark, Mr David Collings. Mrs Miria Andrews for lateness.

**Moved:** Mr Arthur Anae **Seconded:** Mr Bob Wichman, **Carried:** Unanimously

### 3. Minutes of Previous Meeting

The minutes of the meeting held on 28<sup>th</sup> August were confirmed.

### 4. Matters Arising

- Ron Dunham advised Breastscreening have appointed a new staff member/case manager telephoning patients to decrease the DNA's.
- Ron Dunham advised that two schools in the Rheumatic Heart Disease study are De La Salle College and Weymouth Intermediate. **Action:** Ron Dunham to report back on how long the study is?

**Moved:** Mr Bob Wichman **Seconded:** Mr Arthur Anae **Carried:** Unanimously

### 5. Procedural Issues

There were no Procedural Issues.

### 6. Board Advisory Committee Verbal updates

Members provided Advisory Committee updates.

**PHAC:** Mr Arthur Anae provided an update.

Key Points:

- Let's Beat Diabetes Operational Plan – PHAC rejected the reported concerned that they are drifting backwards and not moving forward. The perception from PHAC that they are reluctant to do the checks. PHAC requested another presentation with the full LBD team.

**POU:** Ms Airini Tukerangi provided an update.

Key Points:

- Extensive presentation on the Maaori Disabilities Plan. POU endorsed plan and to be presented to the next main Board meeting.
- Let's Beat Diabetes Operational Plan – Very happy with the Maaori plan objectives and outcomes.

## 7. Open Committee Reports

### **7.1 Chief Operating Officer's Report**

Mr Ron Dunham provided a summary on the Chief Operating Officer's report.

Key Points:

- Elective Performance – August been a busy month with acute surgery. Pressure to maintain elective surgery throughput has put pressure on acute services with competition to available resourced theatres. The Anaesthetic Technician situation is improving considerably from 24 September and is substantially resolved in mid-October. Under the Royal College of Australasian policy an Anaesthetic Technician to 1 Anaesthetists. They are a new professional group which go through a fairly extensive training programme at AUT. Anaesthetists have agreed to work have an extra Anaesthetist working if there is no Anaesthetic Technician available. Have reduced the supervised time from 12 months down to 6 months. Looked at other ways of scheduling operations i.e. phasing operations to help the AT shortage. Meeting was held with ADHB, WDHB and private sector to discuss Anaesthetic Technician training and making progress with discussions.

### **General Comment**

Paul Cressey this is a real crisis continuing to be on the back foot with the AT's. As a board member would like to leave something that is not adhoc. Where is the long term solution? What training is involved and what are the qualifications required becoming an AT? What is the limit that MIT can take?

- Mr Ron Dunham commented that they require a low level science degree and the training is:
  - 18 months training programme
  - Internal training in the work place
  - 6 months supervision

**Action:** Mr Alan Wilson providing an Anaesthetic Technician paper and Denise Kivell to update on the nursing recruitment at the October meeting.

Ms Miria Andrews arrived 9.33am.

- Emergency Department working extremely well. Overflow Ward permanently open and will be moving into an empty Womens Health ward in the Galbraith Block. A Charge Nurses has been appointed for the ward and is used as a Medicine/Surgery mix.
- Quality Improvement Unit established and reporting to Ron Dunham. A prioritisation workshop will be held to determine a 'workplan' for this unit. Work is also progressing on the clinical indicators which will eventually be reported against in the board papers.

**Action:** A presentation on priorities for the next 12 months will be offered to the October meeting.

- Tony Hickmott appointed as the new General Manager Revenue and Business Development and will be covering any ACC issues. Part of this role is building relationships with external providers.

The Chief Operating Officers report was accepted.

**Moved:** Mr Bob Wichman **Seconded:** Mr Paul Cressey **Carried:** Unanimously

### **7.3 Financial Performance**

The paper was taken as read and noted. Mr Tony Hickmott summarised the financial performance.

Key Points:

- Overall Augusts results for the Provider Arm was a deficit of \$568k for the month, a \$65k unfavourable variance against budget and a \$55k unfavourable variance YTD.
- Major unfavourable revenue variances relate to revenue deferral and ACC as result of not all claims being processed.
- Medical and Nursing personnel costs were unfavourable for the month due to the increase provisions for the expected contract settlements.

- Nursing External Bureau costs for the Hospital Provider Arm for the month were \$209k compared with \$202k for the same period last year, which was mainly used to cover sick leave and vacancies.
- Positive progress has been made to resolve outstanding issues within Payroll. An internal audit of payroll processes highlighted the need for improvements within the DHB.
- 2006/07 External Audit is well underway.
- National Transport Assistance – patients who live away from the hospital i.e. Rural can claim their travel costs. Tony Hickmott advised that this is being monitored.

The Financial Performance report was accepted.

**Moved:** Mr Don Barker **Seconded:** Mrs Miria Andrews **Carried:** Unanimously

The Committee resolved (moved Mr Bob Wichman/seconded Mr Don Barker that the public and media be excluded from the item on Report on Planning and Service Reconfiguration, Risk Register (OPIA s 9(2)(i), Standing orders Schedule 2 cl 2(g) to enable the carrying out of commercial activities. The motion was carried unanimously.

The Committee opened the meeting to the public 10.28am.

#### **10. General Business**

- Quality Improvement Unit presentation by Allan Cummings and Anaesthetic Technician update by Alan Wilson for October's meeting.

Mr Paul Cressey closed the meeting with karakia. Meeting closed at 11.45am.

#### **11. Next Meeting**

To be held Tuesday 23<sup>rd</sup> October 2007 at 9.00am, Meeting Rooms 2 & 3, Staff Centre, Level 2, Middlemore Hospital.

Signed as a true and correct record on the 25<sup>th</sup> day of September 2007.

Chair: **Ms Airini Tukerangi**

Recommendation (moved **Mr Bob Wichman**/seconded **Mr Arthur Anae**)

**The minutes of the meeting of Counties Manukau District Health Board Hospital Advisory Committee of 25<sup>th</sup> September 2007 are approved.**