

# 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 24<sup>th</sup> March 2009 at 9.00am, Meeting Rooms 2 & 3, Staff Centre, Level 2, Middlemore Hospital

- Present: Mr Paul Cressey (Chair), Professor Gregor Coster, Mr Don Barker, Mr Arthur Anae, Mr Bob Clark, Ms Colleen Brown, Ms Miria Andrews, Ms Lope Ginnen, Ms Ruth DeSouza, Mr Bob Wichman, Mr Nuku Rapana
- In attendance: Mr Ron Dunham, Mr Geraint Martin, Mr Tony Hickmott, Mr Richard Laktin, Ms Stella Ward, Mrs Pauline Hanna, Mr Tim Wood, Mrs Debbie Thomas (Secretary)
- Apologies: Ms Anne Candy, Mr Michael Williams, Dr Donald Mackie, Ms Denise Kivell, Ms Marie West; and Mr Arthur Anae, Ms Colleen Brown, Mr Nuku Rapana and Ms Miria Andrews for lateness

### 1. Welcome

The Chair welcomed all present members. Mr Bob Clark offered the karakia.

### 2. Apologies

Apologies were received from Ms Anne Candy, Mr Michael Williams, Dr Donald Mackie, Ms Denise Kivell and Ms Maria West. **Moved** Mr Bob Clark; **Seconded** Ms Ruth DeSouza; **Carried** Unanimously

The Committee resolved (moved Mr Bob Clark/seconded Mr Don Barker) that the public and media be excluded from item 8.1 Community Laboratory update from Mr Tim Wood to enable the carrying out of commercial activities. The motion was carried unanimously.

The Committee opened the meeting to the public at 9.40am.

**Moved** Mr Bob Clark; **Seconded** Mr Don Barker; **Carried** Unanimously

### 3. Ratification of Previous Minutes 24<sup>th</sup> February 2009.

#### Resolution:

The minutes of the meeting held on Tuesday 24<sup>th</sup> February 2009 were confirmed at the 4<sup>th</sup> March 2009 Board meeting. The minutes were circulated and ratified on 24<sup>th</sup> March 2009 at the Hospital Advisory Committee meeting.

#### Summary of Actions

The Summary of Actions was noted

**Moved** Ms Ruth DeSouza; **Seconded** Professor Gregor Coster; **Carried** Unanimously

### Ratification of Minutes 25<sup>th</sup> November 2008.

#### Resolution:

The minutes of the meeting held on Tuesday 25<sup>th</sup> November 2009 were confirmed at the 4<sup>th</sup> March 2009 Board meeting. The minutes were circulated and ratified on 24<sup>th</sup> March 2009 at the Hospital Advisory Committee meeting.

**Moved** Mr Don Barker; **Seconded** Ms Miria Andrews; **Carried** Unanimously

#### 4. Matters Arising

The report for the Board, HAC and CPHAC of the review covering antenatal, maternity and neonatal services; and regular updates to HAC on radiology reporting should be included in the summary of actions.

With regard to the summary of actions, Board members require a more comprehensive response on the items relating to the relocation of the Clendon and Mangere Public Health Nurses, the IS resource issues for the RIS implementation, and the cardiology planned appointments.

**Action:** A breakdown of costs of the Information Services to be presented to HAC.

#### 5. Procedural Issues

##### Register of Disclosure of Interests

Professor Gregor Coster declared his appointment as Deputy Chair of DHBNZ.

##### Board Committees Terms of Reference and Membership

Only the Terms of Reference and Membership of the HAC committee to be included in the HAC agenda.

#### 6. Board/Advisory Committee Verbal Updates by Members

**Board:** Mr Paul Cressey provided an update.

- Strategic planning information
- Presentation from Procure network
- Legal update on Lab Tests.

**DiSAC:** Ms Colleen Brown advised she had received a letter from the parents of a disabled boy who were concerned about CMDHB's policy requiring parents to remain in hospital with their children. She asked whether there is such a policy and whether it includes an understanding of patients with disabilities.

Mr Ron Dunham noted it is difficult for him to comment on specific cases without the opportunity to investigate, however he is sure there is no policy that says parents must stay in hospital with their children but there are policies around issues involving special needs patients. CMDHB also has a contract with an agency to provide staff when required to support a patient with disabilities.

Professor Gregor Coster stated specific complaints should go through the organisation's complaint process rather than to Board members. He is also happy for Board members to raise any complaint they receive directly with management prior to the meeting.

Ms Colleen Brown will raise the policy issues at DiSAC. The complaint will be dealt with according to CMDHB's complaints process.

**PHAC** – Noted no update

**CPHAC** – Noted no update.

**POU** – Noted no update.

#### 7. Open Committee Reports

**7.1 Chief Operating Officer's Report:** Mr Ron Dunham reported on the COO report.

The hospital has been busy. There are some encouraging signs, particularly the performance in elective services. The acute demand appears to be more manageable and birth numbers are slightly down. Cleaning and orderly services are now managed in house and this is going quite well.

##### ▪ **Surgical Services**

Mr Paul Cressey noted it is pleasing to hear that anaesthetic staffing levels are improving and more

trained anaesthetic technicians have been appointed. Mr Ron Dunham advised the work done in recruitment and retention is finally coming to fruition, particularly in anaesthetics. The HDU which opened yesterday is fully staffed and it was not too difficult attracting people to those positions. It was acknowledged it is always easier to retain people when the facilities are new and it is a good environment to work in.

▪ **Kidz First**

Increase in acute growth noted.

▪ **Women's Health**

- Marginal improvement in midwifery shortage.
- Baby Friendly is a Middlemore hospital wide initiative concentrating on early and sustainable breastfeeding. It is also about allowing staff to breastfeed. There is a national programme and targets around breastfeeding.

▪ **Medicine**

- The work of the emergency care team in reducing the time patients spend in corridor spaces and the number of corridor spaces used was acknowledged.
- ESPI compliance – cardiology: A production plan is being developed. Expected to be compliant in October 2009.

▪ **Radiology**

There are three aspects:

- Project to streamline patient flow through radiology
- Migration between one information system to another which has created some problems
- Unreported films

▪ **Laboratory**

The increase in test numbers is predominantly around resistant testing of patients and staff.

▪ **Patient Information Services**

The project team for the Patient at a Glance project met for the first time yesterday.

▪ **Mental Health**

In response to a question as to whether CMDHB has any flexibility in offering working conditions to attract and retain psychiatrists, Mr Ron Dunham advised a large proportion of the psychiatrists and psychologists working in New Zealand are foreign trained and this has always been a difficult workforce to attract. They cannot be paid different rates to the MECA. CMDHB also has an agreement with Auckland and Waitemata DHBs.

▪ **CMO, DON, Director of Allied Health**

- SSE Report – a staff forum is planned for May to address some of the concerns raised by staff and the actions around that.
- There is a strong focus on the engagement of clinical leaders and a paper is being developed.
- The Tony Butterworth report has been circulated and now thinking about what to do in terms of actions.
- Scorecard measures table to be renamed “Nursing Vacancy Report”

With regard to KPI performance, Mrs Pauline Hanna advised a new structure is being trialled in June which will link in with the DAP.

▪ **Quality Improvement Unit / Te Pai Huanga**

- Quality improvement training – a leadership programme has been designed for CMDHB. The first candidates to go through had their first session last week. They have two more sessions to attend plus group and individual projects to complete. Professor Gregor Coster noted this is a great initiative around the way clinicians and managers are trained together.

- Smart pump upgrade – query as to whether all pump drivers are being replaced. This is predominantly community type drivers. There has been an internal process which is now extending out into the community.

#### **Resolution**

That the Chief Operating Officers report be accepted.

**Moved** Ms Ruth DeSouza; **Seconded** Professor Gregor Coster; **Carried** Unanimously

### **9. Presentation**

Liverpool Pathways: Jenny Thurston, Palliative Care Specialist; and Mary Massey, Donny Nurse Specialist Fellow, provided an update on the Liverpool Pathway which was implemented in 5 medical wards in 2008 and results of the subsequent audit.

**Action:** Jenny Thurston to provide further update in six months and also report on progress in changing the culture when dealing with dying patients and their families.

#### **Resolution**

Mr Paul Cressey thanked Jenny and Mary for their presentation and asked that they provide a further update to HAC in six months and also report on progress in changing the culture when dealing with dying patients and their families.

**Moved** Mr Paul Cressey; **Seconded** Mr Arthur Anae; **Carried** Unanimously

### **1. Open Committee Reports**

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

##### **Financial Performance** – taken as read

- Favourable variance for the month mainly due to catch up of revenue for electives.
- With regard to costs, unfavourable result for nursing due to processing of stats from prior months.

##### **Operational Volumes** – taken as read

- On the base WIES ED volumes are up for the month. Professor Gregor Coster complimented staff on their achievements in the total base elective WIES of 7%.
- Discharge report – additional patients treated compared to last year
- Activity for last month and forecast to the end of April – forecasting a drop in activity over the Easter period 10 April to 12 April.

##### **IDF Volume Variance** – Mrs Pauline Hanna reported on the IDF Volumes.

The report was taken as read and noted.

- Mrs Pauline Hanna advised the report gives an overall view of CMDHB's financial and other exposure as the year proceeds. At the moment it shows CMDHB in wash up exposure of about 180 WIES but there are reasons for that which will be addressed. Next month's report will show actual position.
- Oncology wait time, target is 8 weeks for categories A, B and C but not all patients are being treated within the 8 weeks. It is the same for chemotherapy.
- It is difficult to control orthopaedic acutes.
- Elective provision is slightly under YTD but there are plans in place to meet target.

##### **Risk Register Software**

Currently running trials and training. This is a very important piece of software.

#### **Resolution**

That the Financials, Operational Volume, IDF Volume Variance and Risk Register Software reports be accepted.

**Moved** Ms Paul Cressey; **Seconded** Professor Gregor Coster; **Carried** Unanimously

The Committee resolved (moved Mr Arthur Anae/seconded Mr Don Barker) that the public and media be excluded from the item on the AOU Business Case, Industrial Relations, Radiology (RIS), Report on

Service Redesign – Towards 20/20, Risk Register (OPIAs 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 11.55am.

**Moved** Mr Arthur Anae, **Seconded** Mr Don Barker; **Carried** Unanimously

**10. General Business**

There was no General Business.

Meeting closed at 12.00pm.

**11. Next Meeting**

To be held Tuesday 28<sup>th</sup> April 2009 at 9.00am, Meeting Rooms 2 & 3, Staff Centre, Level 2, Middlemore Hospital.

Signed as a true and correct record on the 28<sup>th</sup> day of April 2009.

Chair: **Mr Paul Cressey**

Recommendation (moved **Ms Lope Ginnen**/seconded **Prof Gregor Coster**)

**The minutes of the meeting of Counties Manukau District Health Board Hospital Advisory Committee of 24<sup>th</sup> March 2009 are approved.**