

# 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 23<sup>rd</sup> March 2010 at 9.00am, Manukau Room, CMDHB, 19 Lambie Drive, Manukau

- Present: Mr Paul Cressey (Chair), Professor Gregor Coster, Ms Anne Candy, Mr Don Barker, Mr Bob Clark, Ms Colleen Brown, Mr Bob Wichman, Mr Arthur Anae, Ms Miria Andrews, Mr Michael Williams, Ms Ruth DeSouza, Ms Lope Ginnen, Mr Nuku Rapana
- In attendance: Mr Ron Dunham, Dr Don Mackie, Mr Tony Hickmott, Mr Richard Laktin, Ms Denise Kivell, Mrs Pauline Hanna, Ms Stella Ward, Mrs Christine Lockhart (Secretary)
- Apologies: Ms Rereokeroa Shaw, Dr Don Mackie, Mr Bob Wichman (early departure) Mr Arthur Anae (early departure), Mr Michael Williams (lateness), Ms Ruth DeSouza (lateness), Ms Lope Ginnen (lateness), Mr Nuku Rapana (lateness)

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### 1. Welcome

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

### 2. Apologies

Apologies were received from Ms Rereokeroa Shaw and Mr Don Mackie. Mr Bob Wichman and Mr Arthur Anae for early departure. Mr Michael Williams, Ms Ruth DeSouza, Ms Lope Ginnen and Mr Nuku Rapana for lateness.

**Moved** Prof Gregor Coster, **Seconded** Ms Anne Candy, **Carried** Unanimously

### 3. Ratification of Previous Minutes 23<sup>rd</sup> February 2010

#### Resolution:

The minutes of the meeting held on Tuesday 23<sup>rd</sup> February 2010, having been circulated, were taken as read and confirmed.

**Moved** Mr Bob Wichman **Seconded** Prof Gregor Coster, **Carried** Unanimously

#### Summary of Actions

Summary of Actions read and noted.

### 3. Matters Arising

There were no matters arising.

### 4. Procedural Issues

#### Register of Disclosure of Interest

- Ms Miria Andrews to confirm the changes required for the Register of Disclosure of Interest.

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

**POU** - Ms Miria Andrews/Ms Ruth DeSouza provided an update.

- Presentations from 4 different programmes were presented.
  - Oaraeroa Marae – Port Waikato
  - Huakina Development Trust
  - Manurewa Marae
  - Health Through the Marae

**DiSAC** - Ms Colleen Brown provided an update.

- **Noted** – Points have been raised regarding oral or non oral feeding in regard to Speech Language Therapy processes. Ms Stella Ward is following this up.

**Board** – Prof Gregor Coster provided an update.

- Patients Experience on ED presentation by Dr Mary Seddon.
- District Annual Plan & Statement of Intent 2010/11 presentation by Mr Ron Pearson and Ms Pauline Hanna.
- Thriving in Difficult Times – Triple Aim.
- Labtests update.
- COO update on MRT notices of strike actions.
- Primary Care Business Cases by Ms Sam Cliffe.

**CPHAC**: Ms Colleen Brown provided an update.

- Presentation by Infant Mental health.
- Presentation by Brainwave Trust.

**PHAC** - Noted no update.

## 6. Open Committee Reports

**7.1 Chief Operating Report.** Mr Ron Dunham reported on the COO report.

### **MRT Workforce Strike**

CMDHB has received 6 strike notices for a range of industrial action by MRTs from modality based withdrawal of labour to disruptive action. This has been managed using non-union labour but the industrial action planned for 15<sup>th</sup> – 29<sup>th</sup> March will be significantly more disruptive. A range of mitigating actions have been taken.

### **Medical Laboratory Workers**

The medical laboratory workers collective contract expired in December 2009. Negotiations to date between the Northern Regional DHBs and the NZMLU appeared to have reached an impasse. It is anticipated some form of industrial action will eventuate.

### **Volumes**

February was a busy month for the Provider Arm, with an increase of 2 patient discharges compared with January 2009, but an increase of 181 discharges compared with January 2010 EC on the other hand continued to record an increase of 500 patients compared with February 2010. Year to date, a further 991 patients have received elective surgery compared with the same period last year.

### **General Comment**

Prof Gregor Coster suggested that a project be developed around management demand in EC. Mr Ron Dunham advised a presentation will be presented in the April meeting showing the full picture in EC. Prof Gregor Coster raised the question what is driving the demand? Look at the YTD data and analysis on this. **Action:** EC presentation for April meeting.

### **Revenue**

**Action:** Mr Tony Hickmott to provide an update on ACC in relation to cost shifting to the DHB. Burns to be included in with the ACC monthly update.

## **Surgical Services**

The division continues to maintain elective volumes ahead of contract, which will stand in good stead for quarter four if there is a negative impact of the strike actions over coming weeks.

## **Kidz First**

Planning commenced for H1N1/Seasonal Flu vaccine for all children under 5 and children over 5 with chronic conditions on discharge from Kidz First EC, Kidz First Medical and Kidz First Surgical.

Mr Ron Dunham advised a campaign has started to capture at risk patients at Manukau Surgery Centre and Middlemore Hospital.

**Action:** Mr Ron Dunham to provide an update on the H1N1/Seasonal Flu vaccinations in the COO report for Aprils meeting.

## **9. Presentations**

### **Midwifery Workforce Update**

Ms Nettie Knetsch and Ms Thelma Thompson presented on Midwifery Workforce Update.

Current Midwifery FTE and Trent:

- YTD April 2009 Registered Midwife (RM)FTE on Onestaff was 90 (headcount 137)
- YTD March 2010 RM FTE on Onestaff is 93 (headcount 150)
- For the period 1 July 2009 till 28 February 2010 – 11 Midwives resigned (8.4FTE) but 22 (17.8FTE) new midwives started with the service.
- Internal Bureau FTE YTD average was increased to 16 FTE per month.
- External Bureau FTE (and contracted LMC shifts) has increased to almost 7 FTE per month.
- AUT joint Midwifery Education Service is steady on 1.6FTE per month.

Other LMC Workforce:

- LMC Access Holders workforce has increased from 116 to 131. 122 (increase of 15 on last count in April 2009) of those are midwives, 7 Specialist Obstetricians and 2 GPs.

What is working well?

- Retention allowance in recognition of high LMC load for all CMDHB clinical Midwifery staff in place and agreed regionally.
- Additional allowance for all clinical Midwifery staff working at MMH and doing full shifts.
- Good interaction with AUT with regards to student placements as well as making facilities (Video Conferencing) available for lectures/workshops for student midwives at MMH/Kidz First.
- Total of 125 AUT students in the first year. An increase from 50 students in 2006.
  - Year 3 – 2010 7 students (4 Maaori and 0 Pacific)
  - Year 2 – 2010 11 students (4 Maaori and 9 Pacific)
  - Year 1 – 2010 20 students (7 Maaori and 3 Pacific)

### **Maternity Action Plan**

Ms Nettie Knetsch and Ms Thelma Thompson presented on Maternity Action Plan.

- The draft Maternity Action Plan was released for consultation in June 2009 and submissions closed on 31 July 2009. One hundred and eleven submissions were received from individuals, health professionals, consumer groups, health professional groups and health service providers.
- There was strong support across all the submissions for several key actions to improve the quality and safety of maternity services. This is consistent with the Government's view that the mission of maternity services is the health and safety of mothers and their babies.
- The Ministry of Health will focus on the following key actions over the next 18 months in order to improve outcomes for mothers and babies.
  - Developing a quality and safety programme for maternity services.
  - Reviewing and updating the Guidelines for Consultation with Obstetric and Related Specialist Medical Services so that they include protocols for transfer of care and emergency transfer and criteria for conditions that can be appropriately managed by other members of the primary care team.
  - Developing a national standardised set of maternity notes that can be transferred electronically.
  - Improving maternity and newborn information to better monitor the quality and safety of maternity services.

- Progress to date:
  - National Quality and Safety surveys sent and returned by all DHBs, Consumer Groups, and Colleges.
  - Regional Auckland Quality and Safety workshops organised for Friday 22<sup>nd</sup> March 2010.
  - RFP for review of referral guidelines has gone out, yet not known who may do this review. Requirement for the reviewer is extensive consultation with maternity providers.

### **Kidz First Neonatal Unit Occupancy Update**

Ms Nettie Knetsch presented on Kidz First Neonatal Unit Occupancy Update. Ms Nettie Knetsch advised Mr Gary Jackson is working on the regional forecast.

- The current situation overall the Auckland Region has a capacity of 108 neonatal cots, of which 98 were being resourced (i.e. staffed) in 2008/2009. This represents 210 births per physical cot. Around 30% of the cots are Level 3 or isolation cots. There is also a significant amount of neonatal activity occurring on post-natal wards, mainly Level 2 care.
- Neonatal Unit budgeted for 28 cots for 09/10, only able to resource an average 26 cots dependent on available workforce (nursing and junior medical staffing/Neonatal Nurse Specialist (NNS))
- Nursing workforce now stabilising.
- NNS workforce increasing.
- Increase equipment over 09/10 and 10/11 to allow for 'resourcing' of up to 34 cots so we can cope with the 'peaks'.
- Revised Budget Planning for 10/11, remain resourced cots at 28 and only increase NNS FTE to allow double cover on night shifts.

### **Kidz First Paediatric Medicine Admissions Update**

Ms Nettie Knetsch presented on Kidz First Paediatric Medicine Admissions Update.

The usual summer volumes for Paediatrics Emergency Care attendances for the month of February 2010 were up slightly 2.83% (42 attendances) compared to 2009. YTD attendances remain high at 4.79% increase on last year (last year's actual was 21675). However; Paediatric Medicine discharges for February were down by 42 on last year YTD are down by 194. Paediatric ED and ICU discharges are down by 40 for the month and down by 47 YTD. So, overall discharges for paediatrics are lower than same last year and the upward trend in 2008/09 is not continuing.

### **Hearing and Vision Screening for 4 year Olds**

Ms Nettie Knetsch presented on Hearing and Vision Screening for 4 year olds.

Previous Hearing and Vision Screening Protocols in CMDHB:

- Preschool vision carried out in early childhood education centres by South Auckland Vision Trust.
- Tympanometry carried out in early childhood education centres by Kidz First Vision and Hearing Screening Team.
- New Entrant vision screening in school for those missed at preschool or not attending preschool by Kidz First Vision and Hearing Screening Team.
- New Entrant Hearing screening as well as standard Tympanometry in school by Kidz First Vision and Hearing Screening Team.
- South Auckland Vision Trust and Kidz First Hearing and Vision Service staff have merged to provide an integrated service for 4 year olds.
- All preschools identified in CMDHB have been contacted 7% attending ECE. A schedule for 2010 calendar year has been established to visit all ECE centres a minimum of two times per year.
- 30% not attending ECE will be captured by several concurrent strategies:
  - Referral from Plunket, currently contracted to provide developmental B4School check.
  - Increased community awareness and encouragement on self referrals.
  - Presentation at existing PHN community ear clinics.
  - Specific screening community clinics at Clendon, Mangere, Papakura, Pukekohe, Otara are being set up to cover this group.
  - Catch-up at School entry as we can track these children on B4SC and CMDHB PHN/Vision and Hearing databases.

**Action:** Report with an update in June/July.

## **Violence Intervention Programme at CMDHB**

Ms Nettie Knetsch presented on Violence Intervention Programme at CMDHB.

- Ministry of Health's Violence Intervention Programme (VIP) focuses on health system responsiveness to women and children at risk of family violence.
- Since 1997 CMDHB has also had resources allocated for Provider Arm Child Protection Services (under Kidz First). Child Protection Services provide clinical services (inpatients and outpatients) as well as Child Protection Training and Education (organisation wide).
- The objective of the VIP as per MoH contract are to establish and develop family violence programmes focused on identification, assessment and referral of child and partner abuse from designated areas in the DHB (Womens Health, Child Health, Emergency Care and Mental Health), and to implement the VIP in alignment with Family Violence Guidelines, MoH 2002. To work with the National VIP Program Manager and Ministry Funded AUT evaluation team to access health care provider's responsiveness. To align the DHB programme with the requirements of the VIP audits and to work collaboratively with referral agencies and community organisations.

### **General Comment**

Noted from Mr Paul Cressey the great coverage of issues very positive, proactive, and going down the right track. Congratulations to the team on the progress they have made.

### **General Comment**

Mr Paul Cressey wished Ms Stella Ward well in her new role at Canterbury/West Coast DHB. All the best from the Hospital Advisory Committee.

## **7. Open Committee Reports**

### ***7.1 Chief Operating Report continued...***

#### **Medicine**

Taken as Read.

#### **Mental Health**

Taken as Read.

#### **ARHOP**

Taken as Read.

#### **Chief Medical Officer, Director of Nursing, Director of Allied Health**

Taken as Read.

#### **Human Resource**

Taken as Read.

#### **Facilities**

Taken as Read.

#### **Quality**

Taken as Read.

**Financial Performance**– Mr Richard Laktin reported on the financial performance.

The report was taken as read and noted.

**Operational Volumes** – Mr Tony Hickmott reported on the operational volumes.

The report was taken as read and noted.

#### **Project Houston**

Mr Ron Dunham provided a brief overview on Project Houston, which is a concept to predict uneventful situations.

#### **IDFs – Volume Reconciliation**

Ms Pauline Hanna provided a brief overview.

Taken as Read.

### **Resolution**

Received the Chief Operating Report.

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

The Committee resolved (moved Mr Paul Cressey/seconded Mr Bob Wichman) that the public and media be excluded from the item on the Industrial Relations, FMP Committee Report, Report on Service Design and 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.

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

### **10. General Business**

There was no General Business.

Mr Bob Clark closed the meeting with karakia. Meeting closed at 11.30am.

### **11. Next Meeting**

To be held Tuesday 27<sup>th</sup> April 2010, 9.00am, Meeting Room 2 & 3, Staff Centre, Level 2, Middlemore Hospital.

Signed as a true and correct record on the 27<sup>th</sup> day of April 2010.

Acting Chair: **Mr Paul Cressey**

Recommendation (moved **Ms Lope Ginnen**/seconded **Mr Arthur Anae**)

**The minutes of the meeting of Counties Manukau District Health Board Hospital Advisory Committee of 23<sup>rd</sup> March 2010 are approved.**