

**Minutes of the meeting of the Members of  
the Counties Manukau District Health Board Hospital Advisory Committee,  
held in the Conference Room, Manukau SuperClinic™, Browns Rd, Manurewa  
on Wednesday 3rd July 2002 at 1.00pm**

Present: Mr Lindsay Smith (Chair), Mrs Jo Cameron, Ms Ailua Fatialofa, Mr Ross Keenan, Ms Maxine Moana-Tuwhangai, Dr Charles Small, Mr Eru Thompson,

In attendance: Ms Airini Tukerangi, Dr Ian Brown, Mr Ron Pearson, Mr Brian Rousseau, Mr Peter Tod, Mr Alistair Burry (Secretary)

Apologies: Prof. Harley Gray, Dr Juliet Walker, Mr Robert Wichman,

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### **1. Welcome**

The Chair welcomed Committee members and Ms Airini Tukerangi, newly appointed CMDHB Board member, and noted that there were no public or media in attendance.

### **2. Apologies**

Apologies were received from Prof. Harley Gray, Dr Juliet Walker and Mr Robert Wichman.

### **3. Minutes of Previous Meeting**

The minutes of the meeting held on 5<sup>th</sup> June 2002 were confirmed, subject to the correction that under 4. Opening of AMC Stage 2, Ms Sofie Muru should read Ms Sophie Muru, and that under 4. Renaming of the Cottage, Manaki Ora should read Manaaki Ora.

**This recommendation was moved by Mr Keenan, seconded by Mrs Moana-Tuwhangai and carried unanimously.**

### **4. Matters Arising**

#### **6.1 c) Opening of AMC Stage 2**

Mr Rousseau advised that while the building will be complete by the end of August and patients will be moved in at that point, the official opening will be postponed until the end of September to permit the completion of all external works and landscaping. The Minister of Health is to be invited to the opening of the building.

Commencement of development of the retail area is awaiting ministerial sign-off of the agreement with the lessee.

Mr Thompson commented that the same focus that was being applied to the completion of the AMC building should be applied towards the delivery of acute Mental Health services.

#### **6.2 Nurses Bureau**

Mr Rousseau will provide an update at the next meeting on the progress of the task force in reviewing procedures for employing and managing nursing resources, in particular the minimisation of the use of external bureau resources.

#### **6.7 g) Deficit Reduction Options – Cultural Resource Units.**

Mr Thompson requested an update on the Deficit Reduction Options, in particular the possibility

of closure of the Maori and Pacific Cultural Resource Units at South Auckland Health. Mr Keenan outlined the progress being made with the Ministry of Health in addressing strategies to reduce the projected CMDHB deficit for 2002/03. Mr Pearson advised that any service reductions would require the approval of the Minister. He also clarified that both the SAH cultural units were funded from the Ministry and there was no funding from any other external source.

### **1<sup>st</sup> May Meeting – Item 6.1 e) Nursing Workforce Plan**

The paper on the Nursing Workforce Plan, and how this will address recruitment of Maori and Pacific nurses, will be copied to Ms Fatialofa.

## **5. Procedural Issues**

### **5.1 Deputations**

There were no deputations.

### **5.2 Disclosure of Interest**

There were no further disclosures of interest.

## **6. Chief Operating Officer's Report**

Mr Rousseau updated the Committee on current matters.

### **6.1 Key Issues**

#### **a) Acute Mental Health Services**

Management has met with the review team, lead by John Ayling. The meeting was very positive in that there was the opportunity to state our position. Specific emphasis was put on the severe inequity of funding for our region. The review team made it clear that their report would not be open for consultation with SAH prior to submission to the Minister.

The industrial relations issues remain and are continuing to be managed on a daily basis.

#### **b) Major Burns**

Karen Poutasi has advised that SAH is to be the National Burns Centre, and that over the next week, MOH officials will be submitting a proposal to the Ministers of Health and Finance for equity to fund the infrastructure costs. The Burns Unit is currently being planned for in the scoping of the remainder of the FMP projects.

The process for claiming for major burns has been agreed with ACC. They will fund the excess over MoH funding on a case by case basis, at cost. A replacement burns surgeon is being recruited from the UK.

#### **c) Remaining FMP Projects**

These are currently being fully scoped and coordinated using similar controls and methodology as used in the FMP Project. Pauline Hanna, GM Ambulatory Care, will lead these projects as Project Director, with Alan Dadson, GM Engineering and Facilities, providing technical support. Pauline Hanna will present the scope, budget and timeline of the individual projects to the next HAC meeting.

#### **d) Parking at Middlemore**

The Ministry has approved the parking proposal and has recommended Ministerial approval. The first phase of the operation will “go live” 6 to 8 weeks after signing. The construction of the parking building is subject to resolving some issues regarding relocation of the crèche. The construction period would be approx. 4 months.

**e) GM Surgical Division**

Chris Fleming, Funding & Planning Manager for Hawkes Bay DHB will be joining SAH as GM Surgical Division on 2nd September 2002. Meng Cheong leaves on 20 July 2002.

**f) Hospital in the Home**

Patient bed-days are being reduced through a programme of administering Intravenous therapy in selected patients' homes to enable faster discharge from hospital. 270 bed-days were saved in May as a result. Two full time and about 15 part time staff are employed in the programme, which costs about \$250,000 p.a., unfunded.

**g) Annual Leave**

Mr Rousseau advised that he would be on leave at the time of the next HAC meeting. Ms Vivian Blake, GM Acute Care and Medicine, would be acting COO in his absence and would attend the next meeting.

**The Committee resolved (moved Mrs Cameron / seconded Mr Keenan) that the public and media be excluded from the balance of the COO's report due to commercial sensitivity. The motion was carried unanimously.**

Accordingly the public and media were excluded from the balance of the COO's report.

Following completion of this item, the meeting was reopened to the public and media.

**6.2 Financial Performance**

The Net Deficit for May for South Auckland Health at \$2.3m was \$362k worse than budget due to various revenue and cost fluctuations as set out in the papers. The forecast Net Operating Deficit for the year to June 2002 (before the surplus from sale of properties) is likely to be about \$1m (4%) worse than the budgeted \$23.7m, mainly due to unfunded demand driven cost overruns in acute mental health services.

The nursing bureau costs remain the key cost issue. Continuing implementation of the One-Staff rostering system will assist with control of this cost. The objective is to reduce reliance on the external bureau by increasing employed nurses and the use of an internal bureau.

The Committee reviewed the new departmental breakdown on page 4 and the ACC revenue detailed on page 14 was discussed.

**6.3 Clinical Performance**

WIES volumes were 3% over contract in May and 4% over last year. Year to date volumes are 5% over the previous year. Mr Pearson noted that this level of increase had been built into the budget for 2002/03, whereas the Ministry would only fund an increase of 2%.

The Committee noted with pleasure that the increase in Emergency Department attendances had flattened. Mr Rousseau advised that the linkages between ED and medicine had improved considerably.

There is concern at the continuing high level (around 20%) of outpatient appointments being rescheduled, as set out in the Quality Index Results on page 26. Maori and Pacific people were over-represented in these statistics. There were a number of reasons for this.

Elective volumes remained on track despite the increasing level of acute volumes.

#### **6.4 Health Alliance COO's Report**

Mr Skeggs' report was noted. healthAlliance is making good progress in all areas except Information Services.

#### **6.5 Elective Services Booking System**

Good progress is being made with improvements to the booking system and it is expected that the Ministry's guidelines will be achieved by September. The Committee requested information on what volumes and costs are needed to significantly reduce the waiting list backlog and then what is required on an ongoing basis to maintain the new level of elective surgery. Mr Rousseau is to ensure that these details are provided to the next HAC meeting.

#### **6.6 Non-residents**

The continuing difficulty of recovering charges to non-resident patients was discussed. Mr Pearson advised that the Ministry supposedly had a fund of \$3.5m for assisting with this problem, however it has not been released.

**The Committee resolved (moved Mr Keenan / seconded Dr Small) that the public and media be excluded from the balance of the meeting due to commercial sensitivity. The motion was carried unanimously.**

Accordingly the public and media were excluded from the balance of the meeting.

### **7. General Business**

Mrs Cameron noted that some HAC Committee members had not been invited to the PHO presentation at the DHB office's on 25<sup>th</sup> June 2002 with the Maori PHO. It was agreed that although this function was organised by the Community & Public Health Advisory Committee, such significant events should be advised to the members of all the Board Committees.

### **8. Next Meeting**

To be held Wednesday 7<sup>th</sup> August 2002 at 1.00pm at the Staff Centre, Middlemore Hospital.

The meeting closed at 4.05 pm.

Signed as a true and correct record on the ..... day of .....2002.

Chair: .....  
Mr Lindsay Smith

**Recommendation (moved ...../ seconded .....)**

**The minutes of the meeting of Counties Manukau District Health Board Hospital Advisory Committee of 3<sup>rd</sup> July 2002 be approved.**