

**Minutes of the meeting of the Members of
the Counties Manukau District Health Board Hospital Advisory Committee,
Held in the Board Room, 19 Lambie Drive, Manukau
on Wednesday 2nd April 2003 at 1.00pm**

Present: Mr Lindsay Smith (Chair), Mrs Jo Cameron, Mr Ross Keenan, Ms Maxine Moana-Tuwhangai, Mrs Pare Rauwhero, Dr Charles Small, Dr Juliet Walker

In attendance: Mr Paul Cressey, Ms Dale Oliff, Mr Ron Pearson, Mr Chris Fleming, Ms Elisabeth Harding (Board Secretary)

Apologies: Mr Nonumalo Taufao Lurch, Dr Ian Brown, Prof. Harley Gray, Mr Robert Wichman

1. Welcome

The Chair welcomed Committee members and in particular Mr Paul Cressey. There were no public or media in attendance.

2. Apologies

Apologies were received from, Mr Nonumalo Taufao Lurch, Dr Ian Brown and Prof. Harley Gray.

3. Minutes of Previous Meeting

The minutes of the meeting held on 5th March 2003 confirmed.

Moved: Dr Juliet Walker, **Seconded.** Dr Charles Small **Carried** unanimously.

4. Matters Arising

Mrs Jo Cameron advised the Committee that the governance issues associated with protocols for Powhiri would be discussed at meeting with Mana Whenua and the Board on 8th April 2003. This will also be discussed at the next Maori Health Advisory Committee meeting and an update provided to the next HAC meeting.

Renal services have been discussed at the regional capital meeting and information will be provided to the next Board meeting.

It has been decided that acute ORL services for the Auckland region will be provided from the Auckland Hospital site. Elective and ambulatory services will be provided by CMDHB locally. The issue of efficiency versus effectiveness in such decision-making was discussed.

5. Procedural Issues

No procedural matters arising

6. Operational report

Three papers were tabled:

- GM report for the Hospital Advisory Committee
- Draft paper on the setting of volumes for 2003/2004
- Contract monitoring report for February 2003

6.1 GM report

An update was provided regarding acute surgical management noting that plans to provide 6 acute and acute arranged theatres on a daily basis has been implemented. It is intended to draft protocols in conjunction with Auckland DHB to manage 'bypass' for major trauma.

Discussions with the Ministry and ACC have been more positive and there is acceptance of the cost structure and volumes. The site of the burns unit has been relocated to wards 16 and 17 based on engineering's recommendations. It is hoped that there will be an announcement from the Minister later in April.

The management structure for Medicine and Acute Care, Clinical Support, Women's Health and Child health has been finalised. Interviews are taking place this week for Surgical and Ambulatory Care services.

6.2 Financial performance

Issues arising from the reports:

- The month is close to budget

- Costs are being contained
- Revenue is lower than budgeted due to the disputed \$5m (not recognised in the monthly actual). It was noted that it is important not to overstate revenue if volumes are greater than contracted.
- A recent update shows that ACC debt greater than 90 days has been reduced to \$0.531m. Work has commenced on identifying unpaid ACC debt and resubmitting invoices. It was hoped that a sample approached could be taken, but ACC systems will not allow payment on this basis.

6.3 Clinical performance

It was noted that the Chief Medical Officer., Director of Nursing and Clinical Board Director were taking a leadership role regarding the key safety issues. With regard to the Documentation issues, the objective is to have consistent approach and standards throughout the organisation, regardless of electronic or paper format to ensure the quality and consistency of clinical information.

Other issues:

- Occupancy – the utilisation may be understated due to the time the information is captured (midnight). Target utilisation is 85%. The Committee was interested in further information regarding efficiencies in closing the gap between actual and resourced utilisation.
- Patient satisfaction – the clinical board is reviewing the survey process.
- The greater length of stay can be attributed to the greater acuity of patients treated.

6.4 Nursing report.

The Director of Nursing will be taking a hand on approach to the management and containment of bureau costs. A daily meeting at 7.30am has been commenced to review the demand for internal and external bureau and staff from the special assignment team (SAT). This will be reviewed in two months to ascertain whether such usage has been contained. Daily updates will be provided to ensure that staff are aware of the level of bureau usage and the need to decrease such usage.

Staffing levels for each ward are being assessed as part of the budget process for 2003/2004. There is also a project to look at rostering patterns. This is in conjunction with the New Zealand Nurses Organisation (NZNO). Overall there is a skill shortage for nursing with senior and specialist nurses leaving the organisation. Reasons include feeling unsupported, undervalued and frustrated. The complexity of care required to be provided and the ongoing training of students and new graduates are also factors.

It was noted that in the UK nurses were being paid \$80/per hour. There is a high wage expectation for the next financial year seeking pay equity with teachers and police.

6.5 Contracts

The contract monitoring report for February 2003 was noted.

A draft paper regarding the setting of volumes was tabled. Feedback on this paper may be provided to the GM Surgery and Ambulatory Care of the Chair of the Committee. Volumes have been set on the basis of:

- Current volumes and trends
- Planned changes
- Current contractual performance
- Specific initiatives (priorities)
- Acute demand management initiatives.

It was noted that the current level of outpatient services provided was greater than that funded. At this stage the actual level of outpatient services provided was used as the base.

At a national level the national pricing framework is being re-established for reporting and management of inter district flows.

6.7 Health Alliance

Issues raised:

- The budget for 2003/2004 is at the same level as 2002/2003 budget.
- Recruitment costs have been reduced through Hire.com
- Illustrative of regional cooperation.
- The potential for linkages with Auckland DHB in the future.
- Health Alliance has a transactional rather than strategic role being involved in supporting, processing and implementing DHB initiatives. It is not in the business of making a profit, but to save the DHBs money through combined efficiencies.

6.8 Strategic Issues

Radiology update

Mr Brad Healey and Ms Jenny Shepherd provided a revised radiology refurbishment plan identifying the changes from the original plan presented June 2002. A copy of the presentation will be distributed to members. The changes have arisen following input from architects, user group, engineering and quantity surveyors. A revised floor plan is now proposed taking a 'greenfield' approach. Radiology will access the space currently occupied by NICU.

The main changes are to the building refurbishment costs from \$2.6m to \$5.358m. Equipment costs increase from \$10.139m to \$10.693m. Total changes are \$12.74m (June 2002) to \$16.051m (March 2003).

A presentation has been made to South Auckland Health Foundation regarding support for a CT scanner. Additional operating costs have been factored into the 2003/2004 draft budget, with an annual operating cost impact of \$1.124m.

Advice has been sought of an independent construction management consultant.

The critical nature of radiology services was emphasised during the MRT strike at Auckland DHB last year.

The provision of community radiology services was discussed. Availability of the service has been a human resourcing issue. The possibility of extending hours is being considered.

A paper will be presented to the next Board meeting on the radiology refurbishment, incorporating the place of this project with the other facility developments (Burns, NICU, Cardiac Catheter laboratory).

Cardiac Catheter laboratory:

The NDSA Board has agreed that the fifth cardiac catheter laboratory will proceed October 2004 and will be located at CMDHB. In the meantime it has been agreed that CMDHB specialists will have greater access to Auckland DHB cardiac catheter facilities.

Mental Health:

Mr Ian McKenzie provided an update on the provision of mental health services by CMDHB provider arm. A copy of the presentation will be distributed to members.

Issues:

- Funding inequity in CMDHB region \$12.99m/100,000 population versus \$17.49m/100,000 NZ average. Bringing CMDHB to the national average would take \$17.6m per annum.
- Range of mental health service provided with the focus on the most serious mental health needs. Services are provided in inpatient and community settings.
- The Mental Health Commission review identified integration, consistency and inequity of funding as the major issues for the delivery of mental health services. Solutions are being developed locally and collaboratively. Mr Derek Wright has been appointed the Regional Director of Mental Health. MAPO is being involved at a local and regional level.
- Mental health Blueprint funding is being used for additional 31.5 FTEs for a range of services as well as 10 packages of care funded for CMDHB clients. \$4.5m of Blueprint money was allocated to CMDHB for 2002/2003.
- Mental health Blueprint funding for 2003/2004 has not yet been finalised.
- Change management includes the need to align core services, specialised service and NGO services, integration between primary and inpatient services, pilot primary care integration projects, workforce development and the expansion of community services, crisis responsiveness and support options.
- There is ongoing recruitment for Child Youth and Family services.
- Local versus regional service provision. Most mental health services are provided within CMDHB region with the exception of the regional drug and alcohol service and forensic service, provided by Waitemata DHB. There is a regional process (including Northland DHB) for funding and planning including funding allocation of funding. There is also a regional process for the allocation of beds (acute inpatient and residential rehabilitation).

Parking Creche update

Verbal agreement has been reached with the parking company and the contact is being finalised. Once signed staff will be notified of the parking changes. Union representatives are being consulted on this matter.

The parking company will be demolishing the old wards to make room for extra parking space. Once completed the development of the crèche on the gym site will commence with relocation expected September/October 2003. The gym is now closed. Following relocation of the crèche the development of the parking building on the western campus will commence.

A variety of views both positive and negative have been received regarding the parking changes.

The Committee resolved (moved Mr Ross Keenan/seconded Dr Juliet Walker) that the public and media be excluded from the items on maternity section 88 notices and the risk register (OIA 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 meeting was reopened to the public.

7. General Business

There was no general business.

8. Next Meeting

To be held Wednesday 7th May 2003 at 1.00pm Lambie Drive.

The meeting closed at 4 43pm.

Signed as a true and correct record on the day of2003.

Chair:
Mr Lindsay Smith

Recommendation (moved/ seconded)
The minutes of the meeting of Counties Manukau District Health Board Hospital Advisory Committee of 2nd April 2003 are approved.