

**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 July 2003 at 1.00pm**

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

In attendance: Dr Ian Brown, Ms Dale Oliff, Mr Ron Pearson, Mr Tony Hickmott, Ms Elisabeth Harding (Board Secretary)

Apologies: Mr Bob Wichman, Mr Paul Cressey, Mr Chris Fleming

1. Welcome

The Chair welcomed Committee members and two members of the public.

2. Apologies

Apologies were received from Mr Bob Wichman, Mr Paul Cressey and Mr Chris Fleming

3. Minutes of Previous Meeting

The minutes of the meeting held on 4th June 2003 were confirmed.

Moved: Dr Juliet Walker, **Seconded** Ms Maxine Moana-Tuwhangai. **Carried** unanimously.

4. Matters Arising

Clinical performance: Dr Ian Brown clarified that Dr Pat Frengley would attend the HAC meetings on a quarterly basis. The next meeting he will attend will be in September. Professor Harley Gray will no longer be attending the HAC meetings.

5. Procedural Issues

There were no procedural matters.

7. Operational report

7.1 General Managers' report

The report was taken as read. Key issues discussed:

- **Mobile surgical unit**

The initial intention of the service was to enable surgery in rural centres from Warkworth to Gore on a five-week circuit with two days each circuit being provided in the CMDHB region. To utilise the Unit, CMDHB would need to provide surgeons and nursing staff, together with a recovery facility. The appropriateness of using the unit at the Manukau Surgery Centre site was questioned and if this proposal were to go ahead a full explanation would need to be provided through the media. It is understood that the waiting list and bookings would be managed by CMDHB. Further information about the proposal to utilise the Mobile Surgical Unit and in particular information about which services might be provided was requested together with a presentation on this matter at the August HAC meeting.

- **Mental Health Services**

The Committee requested a presentation at the August meeting on the impact of Blue Print funding on acute mental health services. It was noted that the packages of care were being introduced from the beginning of July 2003.

Further information about the development of the Maori mental health plan was also requested.

- **Nursing liaison**

Ms Dale Oliff provided an update on nurse prescribing noting that only one nurse, who is currently working within the CMDHB region, had been given prescribing rights. A paper on nurse prescribing is being developed and may form part of the clinical masters qualification but to date there has not been a huge uptake by nurses to move into this area of nursing practice.

6. Capital Expenditure – Renal Satellite

Mr Brad Healey and Ms Debbie Keys provided an overview of the proposal. The unit will be 'self care' for ambulatory patients. The regional work reviewing renal services and the increasing demand for dialysis led to the development of the business case. The growth rate for dialysis services is around 11% compound growth

per annum. It is intended that this facility will meet future demand although it is expected to be at capacity by the end of 2005. WDHB is also developing a satellite unit at Waitakere Hospital. In the future a third satellite unit is proposed for the ADHB/CMDHB border in East Auckland.

The Committee endorsed the proposal on the basis that it had been developed as part of a regional process and with regional agreement, the level of expenditure had been contained and the utilisation of existing space previously occupied by management/administration would be used for the satellite facility.

It was noted that there remain issues regarding the availability of donor kidneys and in particular the sensitivity around asking those recently bereaved about the possibility of organ donation. Ms Keys noted that she would follow up this matter, and in particular discuss with the Pacific Cultural unit.

Resolution

The Committee agreed to recommend to the Board that it:

1. Approve capital expenditure totalling \$961,091 in 2003/04 on a renal satellite unit to be located at MSC in the current management suite.
2. Note that the operating costs totalling \$0.5m have been included within the 2003/04 draft budget.
3. Note that annualised additional operating costs will be \$1m.

Moved: Mr Ross Keenan, **Seconded,** Dr Charles Small, **Carried,** Unanimously.

7.1 General Managers' report (cont.)

Mr Brad Healey also provided an update on medicine and acute care

- **Radiology**

The Ministry has approved the Business case. Planning was well under way.

- **Cardiac Catheter Laboratory**

The development of the laboratory is following a similar process to the development of renal dialysis services/facilities. The CMDHB business plan will be developed over the next two months and will be referred to HAC to advise the Board on the business case. Approval of the regional capital group has already been obtained.

- **Emergency Care**

The acute demand for emergency care was noted. Two to three weeks ago there was a spike in EC attendances. Over the last 10 days demand has been growing. Usual attendances per day (24 hours) are around 190. Current demand is around 270 people/24 hours. At midnight 1/2 July there were 155 people waiting in EC and 125 people waiting at 5.30 am with 19 patients waiting for a bed. Patient, many adults, are presenting with fever and flu like symptoms. It is understood that GPs are facing a similar peak in demand.

The current focus is on ensuring the department can cope with the demand as patients are waiting from 4-9 hours to be seen. Ms Dale Oliff has been monitoring the situation on the wards and noted that by 10pm most patients had been settled and although the house surgeons were busy the staffing levels were sufficient.

The NZ Herald has interviewed Mr Brad Healey. The message is that people are being encouraged to get vaccinated for flu and to go to their GP where this is possible and appropriate. Patients arriving at EC are triaged to assess priority and need on a case-by-case basis.

It was noted that the peak had come earlier than anticipated and the duration is not known. Winter planning is in place to deal with the demand and it is intended to open the old Ward Three to manage the overflow of patients requiring inpatient medical services. Old Ward Eight may also be utilised.

The availability of GPs was discussed with regard to whether people could have been seen by their GP. The current demand is all the time and not related to periods when the GPs and the Accident and Medical Clinics are not open. The impact of PHOs was also discussed and whether an increased demand for PHO services was leading to longer waiting time to see a GP. This would be compounded by the shortage of GPs in the region.

It was noted that last winter there was an advertising campaign to encourage people to see their GP and a similar campaign could be used in the current situation. Mr Brad Healey will follow up.

It was important that people had access to information about GPs in their area. This matter will be referred to CPHAC for consideration.

In understanding the cause of the demand, links are also being considered with the increased awareness of meningococcal disease. Other factors linking to the increase demand include heating in houses, affordability of GPs and GP accessibility.

The Members are aware of the pressure staff are working under and asked management to pass on their acknowledgement of the work being done to manage the situation.

Mr Brad Healey and Ms Debbie Keys left the meeting.

7.2 Financial performance

Issues arising from the reports:

- The negative variance for the month related to revenue. It was noted that costs were well contained.
- Nursing costs are still of concerns but gains are being made.
- NCTN costs are correct and the higher level of cost than anticipated.
- FTEs are being contained.
- Acute mental health services: There is pressure on Tiaho Mai but the 10 packages of care (community based) will be in place from 1 July 2003 and should alleviate this pressure.
- The recruitment of five child and youth clinicians for mental health services was noted.
- Maternity: the distinction between the different funding for maternity services was noted. Facility payment is covered by PBFF whereas the LMC care is funded directly by the Ministry through section 88 notices.
- Payment of \$1.244m (page 14) has been received from the Ministry.

7.3 Clinical/Quality report

The report this month focuses on accreditation. Complaints and incidents will be covered in the September meeting when Dr Pt Frengley will be present.

SARS: This has been a good exercise to test the systems in place to deal with SARS or a similar type problem. The regional management was also endorsed. This will not be included in future reports unless the situation relating to SARS changes.

Infection control: The improvement was noted.

Accreditation: The Maori cultural competence framework is still being developed and has not yet been reviewed by the Clinical Board.

Patient Surveys: Copies of the surveys were distributed. CMDHB is currently going beyond the Ministry's requirements. The value of the survey was discussed including the use of the findings and whether the resource would be better targeted elsewhere.

Bureau Costs project: The use of 'watches' and 'specials' is being reviewed. This project is being undertaken in conjunction with the NZNO. Leave management (sickness and annual) is being reviewed including data collection and analysis with the view of implementing clear processes relating to the allocation of staff. There is a gradual process of change with a change in attitude away from using bureau staff in the first instance.

Graduate nursing: Placements have been made available for new graduates with the view of CMDHB developing its own workforce. There has been good support from the GMs for this initiative and the calibre of the graduates is high.

Senior nursing restructure: This has been completed and the positions will now be advertised.

7.4 Health Alliance

Mr Ron Pearson provided an update noting:

- Costs are tracking to the budget.
- Leader payroll implementation has had some 'teething' problems but the error rate is now at the same level as the old system just after three weeks. The next stage will be the implementation of the HR module, which is also linked to One Staff rostering. It is expected that implementation will be completed in 6 months. The HR module will provide information to enable staff management including details of leave taken and entitlements, training undertaken, performance reviews and ethnicity information.
- Regional collaboration: the final report will be provided to the Board meeting.
- Further information about the NDSA was requested.

7.5 Strategic Issues

Parking update

There have been five meetings with staff. Feedback has been mixed, but has included some suggestions, which will be included in the operational agreement. The rate will be \$5/week with 7-day access and multiple entries. Options for part time staff are being considered. Allocated staff parks are available at the current monthly rate (\$86.67).

Creche Update

Management is assisting in the relocation of the crèche. The crèche is currently facing a \$130k shortfall. The Ministry of Education's licence requirements need to be met by 31 December 2003. It is noted although the

\$500k investment of the facility is from Ministry of Education funding, the asset will belong to CMDHB. Options for assisting the crèche are being considered.

Facilities update

- Radiology: The Ministry has approved the radiology business case.
- Neonatal Unit: funding from the Ministry and the South Auckland Health Foundation is available now.
- Burns: Mr Chris Fleming is meeting with the Ministry and ACC today to progress.
- Infrastructure: this is proceeding.
- Capital expenditure costs for 2003/04 will be provided to the Board next week as part of the District Annual Plan.
- Head contract procurement: a partially contestable process is proposed to procure a head contractor for the next group of major construction contracts (burns, gynaecology, radiology). The approach has been reviewed by the project Manager and Audit New Zealand. The details are set out in the background paper provided to members.

Resolution

The Committee recommends that the Board

- Approve the procurement process;
- Approve that the decisions necessary during the course of the tender process to enable the next step to be taken be delegated to the Chief Executive.
- Notes that the final recommendation of the selected head contractor will be submitted to the Board for final approval.

Moved: Mr Ross Keenan, **Seconded** Ms Maxine Moana-Tuwahangai, **Carried**, Unanimously

Elective Services Update

A paper was distributed to Members. Refer to CPHAC minutes for June.

Dr Colin Feek will be meeting with the Board on 18th July 2003 to discuss elective services.

Ms Jo Cameron left the meeting at 3.55pm.

The Committee resolved (moved Mr Ross Keenan /seconded Dr Charles Small) that the public and media be excluded from the items on industrial relations, orthopaedics 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.

8. General Business

The timing of the meeting was confirmed as 2-4pm.

9. Next Meeting

To be held Wednesday 6th August 2003 at 2.00pm Lambie Drive.

The meeting closed at 4.30pm.

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 July 2003 are approved.