

**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 5th March 2003 at 1.00pm**

Present: Mr Lindsay Smith (Chair), Mrs Jo Cameron (from 1.15pm), Mr Ross Keenan (until 4.00pm), Ms Maxine Moana-Tuwahangi, Mrs Pare Rauwhero (from 1.15pm until 2.45pm), Dr Charles Small, Dr Juliet Walker, Mr Robert Wichman (until 4pm)

In attendance: Dr Ian Brown, Ms Dale Oliff, Mr Ron Pearson, Mr Chris Fleming, Mr Paul Cressey, Ms Elisabeth Harding (board secretary),

Apologies: Prof. Harley Gray

1. Welcome

The Chair welcomed Committee members and also welcomed Ms Dale Oliff, Director of Nursing to the meeting. Ms Oliff will attend all HAC meetings. The Chair noted that there were no public or media in attendance.

2. Apologies

Apologies were received from Prof. Harley Gray.

3. Minutes of Previous Meeting

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

Moved: Mr Bob Wichman, **Seconded.** Mr Ross Keenan **Carried** unanimously.

4. Matters Arising

Mr Ross Keenan has met with the South Auckland Health Foundation together with the CEO and CMO. Dr Ian Brown and Mr Ron Pearson are now part of the subcommittee of the Foundation and Dr Ian Brown will be meeting weekly with Ms Pam Tregonning to maintain linkages between the Foundation and CMDHB.

5. Procedural Issues

Dr Juliet Walker advised that Ms Ailua Fatialofa has resigned from the Committee due to work commitments and is proposed to be replaced by Nonumalo Taufao Lurch.

There were no deputations.

Mr Lindsay Smith advised Members that he had attended a meeting in Wellington between DHBs and pharmacists. Prior to attending this meeting Mr Smith discussed potential conflicts of interest with the Chair of the Board and has subsequently met with the GM Funding & Planning.

It was noted that media releases need to be reviewed by Chair of Board and Chair of relevant Committee prior to release.

6. Operational report

6.2 Financial performance

Issues arising from the reports:

- Outsourced costs: focus remains on the level of these costs.
- Non-resident bad debts: the process is to invoice non-residents with 80% written down the following month and the debt written off after month 2. It was noted that the Ministry has recognised this issue and for 03/04 there is an extra \$3m funding to cover this debt. Non-resident bad debt will be reported against this funding in the accounts for the next financial year. The increasing number of Asian students is also contributing to the estimated \$10m costs of treatment for non-residents in the Auckland region. In some cases, where referrals are received from GPs, confirmation is being sought from the GP regarding the patient's eligibility.
- Income in advance: it was noted that this included \$4m for PHO funding and will be cost neutral.

Mrs Pare Rauwhero and Mrs Jo Cameron arrived at 1.15pm.

- CTA funding was awaiting the renewal of the psychiatry trainee agreement.

- Additional FTEs are being employed where there has been specific funding for services outside of the Ministry funding. These agreements fully cover costs including overheads.
- Key financial ratios and analysis: further information about benchmarking with other DHBs was requested. This information is not readily accessible due to the different ways in which individual DHBs report such ratios. However, the Chair of the Board tabled a document provided by the Ministry (dated 31/10/02) setting out comparative information regarding the average cost per FTE across the DHBs.
- Women's health: discussion concerned the different methods of payment of obstetric services (facility fee and LMC section 88 notice). The current birth rate in the region is placing pressure on the facilities leading to early discharge. Concerns regarding the Baby Friendly Hospital initiative and breastfeeding was also raised. The CMO and Director of Nursing will provide an update on this matter at the next HAC meeting.

6.1 Key Issues

An update paper was distributed to Members. In the future this will be included in the papers. Specific issue arising from the report included:

Mental Health: Members requested further information regarding what actions have been taken regarding the additional funding and initiatives and in particular what impact this has had on staff. It was noted that staff had called off any industrial action at this stage as the result of the implementation of initiatives to reduce the pressure on staff. Where greater than the 50 available inpatient beds were required, beds on wards 2 and 3 were being utilised and mental health staff in those areas managed these patients.

Spinal Unit: Members requested an update regarding how the \$50k raised at a fund raising dinner for the unit will be utilised. Management will be meeting with Dr David Rankin from ACC next week and the treatment of patients with spinal issues will be discussed at that meeting. It was noted that this is one of two units for the whole country and there were concerns about the need for refurbishing the unit. The unique needs of patients with spinal injuries were discussed noting their complexity and long-term rehabilitation and psychological needs.

Cardiac Catheter laboratory: There are currently three regional cardiac catheter laboratories, all at ADHB with a forth paediatric cardiac catheter laboratory opening shortly at ADHB. Management will continue to focus on ensuring equity of access to cardiac catheterisation services for people from CMDHB region and continuing access to ADHB facilities by CMDHB physicians. The location of a fifth cardiac catheter laboratory (2004/05) is still being considered and had been expected to be located at Middlemore but there is now increasing pressure from WDHB for it to be located at one of its sites.

Renal services: Further information was sought regarding options for future locations and the provision of additional renal services.

Women's Health: Appointments have been made and there is an improvement in the functioning of women's health with key issues being resolved.

Surgical and Ambulatory Care: It was noted that the demand for orthopaedic services was 20% greater than the current funding available, although the capacity/facilities existed to be able to provide the services. Consequently the waiting list is not being reduced. The Chair of the Board will raise this issue with the Minister on 11 March 2003.

Burns unit: Management advised Members that the Ministry would not release the funding for the capital costs of the Unit unless the operation of the unit is cost neutral. Discussion with ACC and the Ministry continue regarding the operational costs. It is likely that the only full time burn surgeon will be leaving in July 2003.

Mrs Pare Rauwhero left the meeting at 2.45pm.

Regional planning: ORL: An external consultant has reviewed the planning and will be providing a written report.

6.3 Clinical performance

Dr Ian Brown advised that the current reporting would be revised to focus each meeting on particular clinical issues such as elective services, clinical indicators, outcomes from complaints. The objective is to advise the Committee how information is being used to improve services. The Committee supported Dr Ian Brown and Ms Dale Oliff with regard to the revised reporting proposal.

Infection control has been identified as an area of risk. An infection control officer has now been appointed and an outbreak control policy is being implemented in wards 14, 15 and 19. Other processes are also being implemented within theatre and wards to reduce the risk of infection.

6.7 Strategic Issues

Nursing staff issues: Update from Director of Nursing

- **Nursing bureau costs:** The focus is on containing these costs and managing the use of external and internal bureau nurses. The concept of the travelling nurse is being explored and discussions with other DHBs regarding how costs are contained have been initiated. Discussions have also begun with Clinical Nurse Advisers (CNAs) and Charge Nurses. It is intended to increase the level of accountability at Charge Nurse level. Other issues include developing retention service plans in conjunction with Charge Nurses to help retain staff and manage staff leave. A software tool is being trialled which it is hoped will help identify target areas to enable the better management of acuity and demand.
- **Nursing education:** There is already funding from the CTA for skill-based nurse training. A further amount has been made available and proposals are being developed for this funding, focusing of professional rather than more skill based development (this will be applicable to both nursing and medical staff). Enhancement of existing relationships with the University of Auckland and Manukau Institute of Technology are being explored. A clinical training coordinator has been appointed and will start next week. Funding for this position will be provided through the revenue received for the training of overseas doctors.
- **Primary health care nursing:** The proposal for funding from the Ministry's nursing innovations fund has been successful (\$750k over the next 3 years). This funding will be for a primary sector reference group looking at competency based practicing certificates. Mr Paul Cressey as Chair of CPHAC acknowledged the impact this work is already having in the primary sector.

The nursing strategy for the district annual plan is being developed. This strategy will form the framework for reporting progress to HAC.

The current morale of staff varies according to the area. There are frustrations on the part of some staff where they do not see issues progressing and there are some unsettled areas such as theatre where senior nursing staff are leaving. It is thought that this is linked to some extent to the current restructuring of the services.

6.6 Health Alliance

The report was noted with specific discussion on the use and cost of implants.

6.7 Strategic Issues

Projects: All projects will be contingent on the need for additional infrastructure costs not previously anticipated. The work involved is currently being reviewed and it is intended to provide this information to the Board. Funding for infrastructure will need to come from the \$14m capital funding.

The current projects are not interlinked and can be developed to some extent in isolation of each other.

Manukau Surgery Centre: Focus is on maximising utilisation by ensuring minimum cost/output. The utilisation in the paper is based on 3 commissioned theatres. Transferring elective surgery to MSC will provide extra capacity at Middlemore for acute surgery. The detail of the amount of extra funding required and the impact that this would have on elective surgery waiting lists was requested for the next Board meeting. Options for funding through the Manukau Health Trust were being explored by Management.

Mr Bob Wichman and Mr Ross Keenan left the meeting at 4pm.

Customer satisfaction: This report is currently under review as to the value and usefulness of the information taking into account the cost of carrying out the surveys.

The Committee resolved (moved Ms Maxine Moana-Tuwhangai/seconded Dr Charles Small) that the public and media be excluded from the items on the parking and crèche item 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 2nd April 2003 at 1.00pm Lambie Drive.

The meeting closed at 4 35pm.

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 5th March 2003 are approved.