

**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 7<sup>th</sup> May 2003 at 1.00pm**

Present: Mr Lindsay Smith (Chair), Mrs Jo Cameron, Mr Ross Keenan, Ms Maxine Moana-Tuwahangai, Dr Charles Small, Dr Juliet Walker, Mr Bob Wichman

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

Apologies: Mrs Pare Rauwhero., Mr Chris Fleming, Prof. Harley Gray

Absent: Mr Nonumalo Taufao Lurch

---

**1. Welcome**

The Chair welcomed Committee members and thanked Mr Paul Cressey for attending. There were no members of the public or media in attendance.

**2. Apologies**

Apologies were received from, Mrs Pare Rauwhero, Mr Chris Fleming and Prof. Harley Gray.

**3. Minutes of Previous Meeting**

The minutes of the meeting held on 2<sup>nd</sup> April 2003 confirmed.

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

**4. Matters Arising**

It was noted that the protocol dealing with Powhiri was addressed when the Board met with Manawhenua.

**5. Procedural Issues**

Members were asked to update the conflicts register.

**6. Operational report**

**6.1 General Managers' report**

Dr Ian Brown highlighted the following issues:

- Employment: there will be an RMO stop work meeting next week to discuss the cap placed on the RMO meal allowance. Concerns focus more on the process in which the decision was made rather than the decision to cap the allowance.
- Acute theatre availability: There has been a reduction in the time patients have to wait for access to acute theatre. This is projected to save \$1m in the 2003/2004 annual plan (refer to GM report).
- Burns: It was acknowledged that this matter needs to be resolved before proceeding. The Committee supports management's approach in ensuring that the operational costs were sufficient to run a safe burns unit. The fundraising work of the South Auckland Health Foundation was acknowledged with the burns unit being the subject of one of its appeals.
- Elective surgery: The Chief Executive is meeting today with a Ministry representative. Dr Colin Feek, Deputy Director General, Clinical Services will present to the July Board meeting on the national approach to elective surgery services.
- Orthopaedics: This is part of the service reconfiguration project. A planning issue has arisen with ADHB now expecting WDHB to manage acute orthopaedic services from October 2003. It had previously been agreed that this would occur from October 2004. For orthopaedics and the other services subject to service reconfiguration there needs to be certainty with regard to the changes so that workforce planning can commence. It is acknowledged that there will be some redistribution of the existing workforce and communication with staff on such changes is ongoing. Following the allocation of orthopaedic services from CMDHB to WDHB there may be additional capacity but it was noted that there would be no additional funding to utilise such capacity. ORL services were briefly discussed. It is intended that acute services will be provided by ADHB with WDHB and CMDHB providing day stay and outpatient ORL services.

- Bus services: Linkages between the availability of a free to patient bus service and DNA (did not attend) rates were discussed. It was noted that there are also specific initiatives with regard to ensuring Pacific people attended outpatient appointments. Committee members requested management provide further information on the issues of the availability of the bus and initiatives to reduce the DNA rate and any linkages. Consideration will then be given to whether to approach the South Auckland Health Foundation to look at options for patient transport. It was noted that the Variety Club of New Zealand also had buses available to pick up people from home or from bus stops. The possibility of taking services to the community was also discussed.
- Ultrasonographers: The global shortage of ultrasonographers was discussed with an identified 1600 FTE shortage the Asia/Pacific region. It was noted that over the next 5 weeks there could be a problem with 4 full time staff leaving. Recruitment is ongoing. The cause of shortages was considered with remuneration, demand, new techniques and the quality of the current radiology facilities all being possible factors in CMDHB's ability to recruit and retain staff. Other options include the credentialing of other health professionals to carry out specific aspect of ultrasonography.
- Radiology refurbishment: the plan was awaiting formal approval from the regional group. Once this has been received the plan will be forwarded to the Ministry for approval. In the meantime background preparation work was progressing.
- Renal services: Progress is being made. This matter will also be raised with the South Auckland Health Foundation.

## 6.2 Financial performance

Issues arising from the reports:

- Good monthly performance
- The improvements have been incorporated into the annual revised budget including the \$9.2m savings, \$8.8m from the review and absorbing the \$5m disputed base funding. The Chair of the Board requested that when these reports were provided to the main board an additional column was included to reflect the work done and progress made within the organisation to contain and reduce costs.
- Capital charge: in the future this will be separated and shown as a separate item on the basis that this is a non-controllable item.
- Primary reason for variances in the service reports relate to nursing costs. Ms Dale Oliff noted that services (nursing staff and business analysts) are looking at the root causes to help identify solutions. Gradual progress is being made on this complex issue. Remuneration of nurses is under review with an expectation from nurses union that the first stage is to bring the rest of the country in line with the Auckland region followed by an expectation that there will be parity with professions such as the police and teachers.
- Options are being considered, in conjunction with Health Alliance, regarding the provision of existing commercial services and power supplies.
- The bankers' covenants are currently being renegotiated to reflect the current environment.
- Service reports:
  - KidzFirst – it is anticipated that the funding for meningococcal immunisation will roll into the next financial year. It was noted that the implementation costs are likely to be higher than the Ministry initially anticipated. This is a problem for the Ministry rather than CMDHB at this stage.
  - Medicine – there is an issue with the appropriate and timely use of CME (continuing medical education).
  - Surgery – the variance regarding the NCTN is being investigated.
  - Mental health – Utilisation of available beds is at 99.5%. Staff have a more positive view at present. The role of clinical director has not yet been filled. The under delivery of 26 FTE for child and youth services is being met by adult services. The Blue Print funding allocation for 2003/2004 is expected soon. It was noted that the regional Maori mental health plan was not yet available as there needed to be more consultation, including consultation with Manawhenua.

## 6.3 Clinical performance report

- SARS – an internal audit regarding staff understanding of the processes in place for managing a patient with suspected SARS. Generally the knowledge was good. The regional approach on the management of SARS continues. Ms Dale Oliff is working with the Ministry of Health in the placement of 20

nurses at the airport to screen passengers (funded by the Ministry). Passengers will be required to complete a questionnaire and on the basis of the answers be physically screened.

- Clinical governance and Clinical Quality – Dr Ian Brown provided an overview of the previous and current structures, the functions of the different groups and the proposed changes. As part of the previous quality structure there was a Hospital Advisory Group on Clinical Quality which included three members of the HAC. This group reviewed on a quarterly basis such issues as clinical indicators, complaints and incidents, balanced scorecards, risk registers and other quality issues. The sole role of this group was to report and communicate these issues through HAC to the Board. It was proposed that this group be disbanded and that these quality issues now be reported directly to the Hospital Advisory Committee with the external auditor, Dr Pat Frengley, being present for this part of the meeting every three months. The CMO and Director of Nursing will present the quality structure and processes to the main Board in June.
- Reporting to HAC – it was noted that there is a review being undertaken about the reporting of information to HAC, other statutory committees and the Board and that in the future the reports would be different as the relevant indicators were being developed and the reporting framework streamlined to meet Ministry CMDHB requirements.
- Occupancy – it was noted that this was an average and that it did not reflect clearly where there was pressure on occupancy such as in mental health.

#### **6.4 Nursing report.**

In the future the Director of Nursing and the Chief Medical Officer's reports will be combined.

- Work is being undertaken in conjunction with the nursing union on rostering issues with the intention of developing a set of standards to avoid overlaps in staffing. It is acknowledged that there needs to be flexibility within the rosters but it must meet the organisations requirements to avoid duplication and doubling up of staff.
- Senior nursing staff are meeting daily at 8.30am to review the nursing staff needs. Staff are being moved from areas of low demand to high demand as necessary.
- Vacancies – there are currently nursing 1750 FTEs. Work is being undertaken to standardise the process for recruitment and managing and planning for vacancies across the services, in particular taking account of the placement of new graduates. More information will be available about vacancies with the implementation of the HR component of the Leader payroll system.

#### **6.5 Health Alliance**

A formal report will be provided quarterly:

- The Business Plan for 2003/2004 holds costs at the same level as the current year.
- Regional shared services review continues noting ADHB's acceptance of the concept but delay in participation for twelve months.
- HR component of Leader expected to be implemented by the end of this year. The existing One Staff rostering software is compatible with the HR Leader software.

#### **6.8 Strategic Issues**

##### ***Parking Creche update***

A final settlement proposal has now been sent from CMDHB to the parking company to resolve the one outstanding issue.

Discussions are ongoing with the unions by HR staff. Concerns relate to not being consulted on the changes. Senior management will be meeting with the unions next week.

The ongoing positive comments from patient and visitors about the availability of parking were noted.

The indicative price for the crèche, which is funded by the Ministry of Education, is significantly higher than quantity surveyor pricing. This is probably due to the shortage of builders. We are assisting in negotiations to reduce to funded level.

##### ***Facilities update***

Management's project steering committee is driving the facility development and a project manager will start next week for 6-12 weeks to ensure overall co-ordination. After this period the situation will be reviewed to see whether the ongoing co-ordination can be managed internally.

Options for the development of the Browns Road site and the future of Papakura and Pukekohe sites are currently being assessed.

***Regional service configuration***

Addressed in the General Managers' report (above). It was noted that the regional service reconfiguration only concerned the allocation of secondary services. The underlying principle is that secondary services should be provided as close to the individual as possible (equity of access). The amount of funding then allocated to a service is a local DHB issue.

The Committee resolved (moved Mr Bob Wichman/seconded Mr Ross Keenan) that the public and media be excluded from the item 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.

**7. General Business**

There was no general business.

**8. Next Meeting**

To be held Wednesday 4<sup>th</sup> June 2003 at 1.00pm Lambie Drive.

The meeting closed at 3.30pm.

Signed as a true and correct record on the ..... day of .....2003.

Chair: .....  
Mr Lindsay Smith

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

**The minutes of the meeting of Counties Manukau District Health Board Hospital Advisory Committee of 2<sup>nd</sup> April 2003 are approved.**