

**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 29th October 2003 at 2.00pm**

Present: Mr Lindsay Smith (Chair), Mrs Jo Cameron, Ms Ailua Fatialofa, Mr Ross Keenan, Dr Charles Small, Ms Maxine Moana-Tuwhangai (until 3.35pm), Dr Juliet Walker, Mr Bob Wichman

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

Absent: Ms Pare Rauwhero

1. Welcome

The Chair welcomed Committee members. No members of the public were present.

2. Apologies

There were no apologies.

3. Minutes of Previous Meeting

The minutes of the meeting held on 8th October 2003 were confirmed.

Moved Ms Maxine Moana-Tuwhangai, **Seconded** Mr Bob Wichman, **Carried** Unanimously

4. Matters Arising

There were no matters arising.

Browns Road site development. Members requested to see the facility plan for the Browns Road site at a future HAC meeting. The taskforce is now in place to consider future development.

5. Procedural Issues

The Committee approved the recommendation to the Board that Ms Pare Rauwhero and Ms Jo Cameron are reappointed for a further term.

Moved Mr Bob Wichman, **Seconded** Mr Ross Keenan, **Carried** Unanimously.

6. Board/Advisory Committee Updates

There have been no DiSAC, PHAC and MHAC since the last HAC.

CPHAC: Mr Paul Cressey gave an overview noting in particular discussions regarding eligibility and prioritisation.

7. Capital Expenditure

There were no requests this month but it is expected the request with regard to the Cardiac catheter laboratory will be brought to the HAC meeting on 26th November.

8. Operational report

8.1 GMs' Report

The paper was taken as read. Key issues:

- Overall the performance is similar to previous months, with pressure on meeting elective volumes, noting that Theatres were closed through to the end of September.
- Breast screening: Models are being explored to improve the number of people being screened and the integration of the screening services with the treatment required. Current resources for service integration are not sufficient. No decisions have been made regarding the provision of future services.
- Emergency Care Project: The project will consider, amongst other matters, the linkages between primary and secondary care.
- Physiologically unstable patients: the project manager starts next week. This will be linked to the Emergency Care project. The Chief Medical Officer is part of the steering group.
- Orthopaedic surgery at Mercy/Ascot: The funding for this is from the additional \$5m provided by the Ministry. The patients receiving treatment will be from the Counties Manukau waiting list.

- WIES volumes are up but patient numbers down indicating that patients being admitted have a greater acuity. Further information was sought on this trend.
- Elective volumes are currently down, but it is intended to utilise downtime during the Christmas and January period to catch up on these volumes. It was noted that some people waiting for elective surgery become acute while on the waiting list. Further information was requested about how much further elective work needs to be undertaken to provide services at the national average of intervention rate.
- ORL services: the hub will be at Auckland City Hospital with elective services provided at Manukau Surgery Centre and Waitemata DHB. The service provided under this model will be the subject of ongoing monitoring to ensure the appropriate location and provision of services. The objective of the ORL regional planning, and the regional configuration of other secondary services, is to ensure maximum efficiency and the most cost effective way of utilising resources while ensuring equity of access to service by all people within the region.

8.2 Financial performance

Key issues:

- Performance in on track for zero deficit
- Unbudgeted charges for Capital charge and depreciation on the revalued amounts: this will be offset by accrued revenue from the Ministry. The amended budget will be reviewed to take into account the increased costs.
- The forecast will be revised based on the October results, with a reforecasting on a two monthly basis taking into account the current volume levels.
- DAP has been accepted by the Ministry with supported approval for 2002/2003 and formal approval for the 2003/2004. The DAP for 2003/2004 is now with the Minister. The timetable of the 2004/2005 is being prepared and will be presented to the next Board meeting with the draft DAP expected to be available at the February meeting of the Board.
- The forward funding has been approved.
- Bureau costs for mental health services related to patient watches and respite care and is used as an acute response. It was noted that there has been a significant drop in the use of bureau costs in other areas.
- Page 13: correction: under Commentary the reference “Mainly DSS – timing difference” should be replaced with “Depreciation and Capital Charge”
- It was noted that the decrease in elective volumes was not related to the increase in the medical acute volumes. Acute medical growth currently at 11% is an area of risk.
- Further clarification was sought about the reference to MOH non-resident ACC (page 20, note 3).
- Further clarification was sought about the level of administrative FTEs (page 22).

8.3 Clinical/Quality Report

The report was taken as read.

- The revised patient satisfaction survey will be brought to the November meeting of HAC. The revised survey has fewer questions and language of the questions has been reviewed.
- Both a regional and local approach is being taken to cultural competency training.

8.4 health Alliance

hA continues to run to budget.

Payroll reporting, report requests are expected to be available later this week. The roll out of the Leader payroll system will provide an improved information base to assist decision-making.

Discussions continue with regard to the expansion of health Alliance to “NewShare” with the inclusion of ADHB. A steering group has been established with subcommittees covering HR, IT, Finance and Supply Chain/procurement. Merging the three Auckland DHBs is not on the agenda. The objective is to decrease the cost of administration across the region by looking for efficiencies.

It has been proposed by the Ministry that there is the potential to save \$23m across the region, but there is no substantial evidence available to support this proposition. There are also issues around what each DHB includes in administration costs making an accurate comparison difficult to make. For example CMDHB includes the depreciation in administration costs whereas other DHBs include this in the service costs. Further information is being sought.

It was noted that administration costs for CMDHB were below the national average, but the Ministers are taking an Auckland region approach when looking at the administrative costs.

8.5 *Strategic Issues*

- Creche: work is underway and completion is anticipated early February.
- Parking: It is expected that there will be a staff announcement next week regarding the parking arrangements.
- Facilities Update: A value engineering process is being undertaken prior to going out to tender, to ensure that the work will be done within budget. Concerns were noted about delays in projects where there has been sponsorship. Dr Ian Brown would be updating the SAH Foundation on these projects at the Foundation's next meeting (3 October 2003).

- ***Mental Health Service Provision***

Mr Ian McKenzie and Dr Margaret Aimer, Clinical Director, joined the meeting to further discuss the provision of provider arm mental health services. The paper provided at the CPHAC meeting was tabled for members' information.

Key issues:

- The development of community services was an international trend.
- The restructure of the provider arm mental health services has more closely aligned the management and clinical teams and the acute and community services.
- There is an evolutionary change to services with increasing expertise in the community, while the clinically complex cases are managed within the provider arm.
- The readmission rate at Tiaho Mai is stable and acute demand high, which drives discharges.
- Packages of care are being developed for high users of mental health services.
- Admission to discharge plans/care plans are being used with patients being part of the planning process.
- At current levels of funding and staffing levels the people with the highest needs are being served while others who could benefit are not being provided services. It was noted that the Blue Print was now 5 years old and the 3% estimate of those requiring mental health services may not be accurate. The way in which services were being funded was changing, moving away from FTEs and bed days to the number of people served and the types and number of interventions. As a consequence it is expected that there will be more useful information obtained about the level of services provided.
- There is a commitment to educate the community, with the Ministry leading the de-stigmatisation programmes.
- Workforce development continues, noting the national workforce shortages. The current focus is on the implementation of services rather than seeking more revenue. It was noted that the price/FTE did not take into account the additional costs of living in the Auckland region.
- Funding was being used to establish four locally based community mental health centres.

Mr Ian McKenzie and Dr Margaret Aimer were thanked for their presentation.

Ms Maxine Moana-Tuwhangai left the meeting at 3.35pm.

- ***Eligibility***

Dr Ian Brown provided background detail about projects being undertaken with regard to non-eligible people. These relate to the:

- Referral process for elective services;
- Acute admissions to emergency care: the processes were being refined following changes to the Minister's Eligibility Direction;
- Scope of debt

A further update will be provided at the November HAC meeting.

The Committee resolved (moved Dr Juliet Walker/seconded Dr Charles Small) that the public and media be excluded from the items on industrial relations, burns 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 at 4.40 pm. No members of the public were present.

8 General Business

There was no general business.

9 Next Meeting

The next meeting will be held on 26th November 2003 at 2.00pm Lambie Drive.

The meeting closed at 4.40pm.

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 29th October 2003 are approved.