

**Minutes of the meeting of the Members of  
the Counties Manukau District Health Board Hospital Advisory Committee,  
held in the Main Meeting Room, Staff Centre, Middlemore Hospital  
on Wednesday 6<sup>th</sup> March 2002 at 1.00pm**

Present: Mr Ross Keenan (Chair), Mrs Jo Cameron, Mr Lindsay Smith, Mr Eru Thompson, Ms Maxine Moana-Tuwhangai (from 2.05pm)

In attendance: Dr Juliet Walker, Dr Ian Brown, Mr Ron Pearson, Mr Brian Rousseau, Mr Peter Tod, Mr Alistair Burry (Secretary)

Apologies: Mr David Clarke, Prof. Harley Gray, Dr Charles Small, Mr Robert Wichman,

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### **1. Welcome**

The Chair welcomed the members of the Committee and attendees and noted that there were no members of the public or media in attendance.

### **2. Apologies**

Apologies were received from Mr David Clarke, Prof. Harley Gray, Dr Charles Small and Mr Robert Wichman. The Pacific Health representative is to be advised by the Pacific Health Committee.

### **3. Minutes of Previous Meeting**

The minutes of the meeting held on 7<sup>th</sup> February 2002 were confirmed, subject to one change. Under 6.1 d) last line, "readmission" was changed to "admission".

**This recommendation was moved by Mr Keenan, seconded by Mr Smith and carried unanimously.**

### **4. Matters Arising**

#### **4/ 6.1 d) ED Attendances**

Following discussion, it was agreed that Mr Smith and Mr Rousseau would discuss the feasibility of establishing a GP clinic on or adjacent to the Middlemore site to relieve pressure on ED attendances.

#### **6.1 f) ACC**

Discussions are continuing with ACC over structural changes to the funding of accident related health costs.

#### **6.1 h) Business Plan 2002/03**

An update will be provided to the Committee at the April meeting.

#### **6.5 Lung Function Service**

Awaiting further action by Auckland DHB.

## **5. Procedural Issues**

### **5.1 Deputations**

There were no deputations.

### **5.2 Disclosure of Interest**

Committee members confirmed that in respect of the Committee meeting, there were no conflicts arising, other than those previously declared. However, Mrs Cameron, Mr Thompson and Mr Smith declared an interest in item 6.7 regarding the plans for the main entrance and retail facilities proposed for stage 2 of the Adult Medical Centre under construction.

## **6. Chief Operating Officer's Report**

Mr Rousseau updated the Committee on current matters.

### **6.1 Key Issues**

#### **a) Industrial Relations Update**

Mr Rousseau updated the Committee on current industrial relations matters, including negotiations with the Nurses Union.

#### **b) Adult Medical Centre Stage 2**

Construction remains on track for an opening of Ward 1 on August 17 with the main entrance and Renal ward scheduled for August 30. Cost also remains within budget.

Mrs Cameron and Mr Thompson are to check on the availability of the Maori Queen for the proposed official opening on August 30.

At Mr Keenan's request and after general discussion, it was agreed that Mr Eru Thompson would ensure that at official openings both Māori and English translations were provided for all attendees.

#### **c) Major Burns Service**

Mr Rousseau had met with Ministry of Health representatives the previous week. It was agreed that, in order to provide the Ministry with more time to consider the case for a national burns centre, they would consider additional short term funding.

The Ministry is discussing with the major DHBs the need/desirability for a national burns centre. They are also considering the affordability of such a facility. Clinical thresholds for a national centre are being developed. The matter is on the agenda at the next DHB CEO's meeting.

#### **d) Mental Health**

Demand at the acute facility continues at a high level. The 5 new beds will be in service earlier than the 1 April planned date. At present up to 5 additional patients are being accommodated in an inappropriate manner, due to lack of beds.

Mr Rousseau advised that 37% of readmissions are due to non-compliance with medication. Mr Tod was requested to estimate the cost of these readmissions, so that a strategy to address the issue could be developed, funded from the savings by reducing readmissions. Mr Rousseau estimated the cost at \$10m.

**e) Cardiac Catheterisation**

In 2000/01, 857 patients over 15 were referred to Auckland DHB for Cardiac Catheterisation. The waiting time for patients is from 6 weeks (priority 1) to 6 months (priority 3). While the volumes would suggest a cath. lab is justified, it would cost \$2.6m to establish and incur \$3.3m p.a. operating cost, for which there is currently no funding.

**f) Radiology Review**

The recommendations in the report have been incorporated into the 2002/03 Business Plan.

**g) Pharmac Purchasing Strategy**

The Ministry of Health have announced that Pharmac will assume responsibility for all purchasing for DHB's.

**h) Business Plan 2002/03**

Work is progressing on the Business Plan.

**i) Renaming of the Cottage**

The renaming is being discussed with Mana Whenua.

**6.2. Financial Performance**

The financial and clinical performance schedules and graphs were reviewed. Mr Tod was requested to include the year end forecast in next month's papers. Mr Pearson advised that the outstanding amounts due by the MoH are being actively pursued, with a nominated person at the Ministry

The high level of the Holiday Pay Provision was noted by the Committee. Mr Rousseau explained that it was often difficult for staff in key positions to take their full leave entitlements, however, the matter was being actively managed. Management were requested to provide a one page report on annual leave policy for the next meeting.

The Committee also sought assurance from management that the Payroll had integrity. Mr Rousseau advised that the full implementation of the One-Staff rostering system would greatly assist with payroll integrity.

**6.6. healthAlliance COO's Report**

The comprehensive report from the healthAlliance COO Mr Skeggs, was noted.

**6.7. Strategic Issues**

**a) Elective Surgery Waiting Lists**

A presentation was given by Ms Pauline Hanna, SAH General Manager Ambulatory Care, on Elective Surgery waiting lists. Ms Hanna highlighted the following areas where SAH was not complying with the MoH guidelines:

- First specialist assessments – patients waiting longer than 6 months
- Elective surgical volumes – waiting longer than 6 months
- Active review

- Waiting list data integrity
- Communication with Primary Care

In particular:

- SAH were not complying with MoH guidelines on managing waiting lists;
- Progress is not being made in reducing the waiting lists;
- There is significant difference between DHBs on waiting times – there are generally much shorter waiting times in the South Island.

The principal reason for this situation is insufficient funding for the volume of elective surgery demand.

Ms Hanna explained that there was a clinical threshold and a financial threshold which the patient had to meet in order to be eligible for surgery. Due to the funding shortage, the financial threshold in SAH was very high and climbing.

The Chair thanked Ms Hanna and invited her to repeat the presentation for the full Board, providing some statistics on the numbers waiting.

#### **b) The AMC Retail Facilities**

The General Manager of the Facilities Modernisation Project, Mr Kevin Brown, outlined the plans for the new main entrance and planned retail facilities for stage 2 of the Adult Medical Centre under construction.

Mrs Cameron, Mr Smith and Mr Thompson repeated their interests in this issue. It was agreed that at the April HAC meeting, Mana Whenua are to make a presentation on the Maori sensitivities regarding the main entrance.

Mr Thompson left the meeting.

It was agreed that the proposal for retail facilities for the main entrance would be submitted to the main Board for approval.

#### **c) Carpark Update**

Mr Brown updated the meeting on the plans to improve the car parking on the Middlemore site. The Board's exposure under the scheme will be the guarantee of up to \$250,000 to cover any revenue shortfall by the operators.

### **7. General Business**

#### **a) Committee Membership**

It was agreed that Dr Walker would be a full member of the Committee and that Mr Smith would assume the Chair role shortly. The Pacific Health representative to the Committee is to be advised. These appointments are subject to confirmation by the Board.

Dr Walker was also proposed for the SAH Clinical Quality Committee.

**8. Next Meeting**

To be held Wednesday 3<sup>rd</sup> of April 2002 at 1.00pm at the Manukau SuperClinic,  
Browns Road, Manurewa.

The meeting closed at 3.25 pm.

Signed as a true and correct record on the ..... day of .....2002.

Chair: .....

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

**The minutes of the meeting of Counties Manukau District Health Board Hospital  
Advisory Committee of 6<sup>th</sup> March 2002 be approved.**