Minutes of the Southland District Health Board Hospital Advisory Committee meeting, held on Wednesday, 8 April 2009, in the Lecture Theatre, Community Services Building, Southland Hospital, Invercargill, commencing at 10.40am.

Present:
- Mr Paul Menzies (HAC Chairman, Southland DHB)
- Ms Dot Wilson (Board Member, Southland DHB)
- Ms Fiona McArthur (Board Member, Southland DHB)
- Mrs Susie Johnstone (Board Member, Southland DHB)
- Mrs Kaye Crowther (Board Member, Southland DHB)
- Mrs Katie O’Connor (Board Member, Southland DHB)

In Attendance:
- Mrs Bron Anderson (Senior Business Analyst, Southland DHB)
- Ms Erina Rewi (Regional Maori Health Advisor and Maori Health Manager –Southland DHB)
- Mrs Lexie O’Shea (Chief Operating Officer, Southland DHB/Regional Deputy Chief Executive Officer)
- Mrs Leanne Samuel (Regional Chief Nursing and Midwifery Officer)
- Mr Michael Turner (Acting Senior Business Analyst, Southland DHB)
- Miss Jo Harvey (Communications Officer, Southland DHB)
- Miss Natasha Nicolson (Senior Administrative Officer, Southland DHB)

Apologies:
- Mr Tahu Potiki (Board Member, Southland DHB)
- Dr Pim Allen (Chief Medical Officer, Southland DHB)

1. Welcome and Apologies

Mr Paul Menzies, Chairman, welcomed members to the Southland District Health Board (DHB) Hospital Advisory Committee (HAC) meeting.

The Chairman advised the need to discuss the commencement time for future HAC meetings when Mr Potiki joined the meeting.

Apologies:

An apology was received from the Chief Medical Officer, Dr Pim Allen.

An apology was received from Southland District Health Board Member Mr Tahu Potiki.

It was moved:

“That the apologies be accepted.”

Moved: Mr P Menzies
Seconded: Mrs K Crowther
Carried

2. Members’ Interests Register

The Chairman requested that his involvement in Central Southland Hospital Charitable Trust, Winton Medical Services and Takitimu PHO all be removed from the Members’ Interests Register and any other Board Interest Registers.

Mr Michael Turner, Acting Senior Business Analyst (ASBA), Southland DHB, advised that he was no longer a volunteer for Youthline.
Mrs Dot Wilson advised that she is the President as well as the DPA representative for the Workbridge Council.

Ms Erina Rewi advised that one of her interests had been tabled twice. Her involvement as Member of the Health Research Council Primary Prevention of Cancer and other Chronic Diseases Committee and the Health Research Council were the same thing.

The Chairman reminded members of their responsibility to declare any conflicts of interest throughout the course of the meeting.

**It was moved:**

“That the amendments to the Members’ and Management Interests Registers be noted.”

*Moved: Mr P Menzies  
Second: Mrs S Johnstone*  
*Carried*

### 3. Confirmation of Minutes

The minutes of the 11 March 2009 HAC meeting were attached to the agenda.

**It was resolved:**

“That the minutes of the HAC meeting, held on 11 March 2009 be confirmed subject to the amendments noted below:”

*Moved: Mr P Menzies  
Seconded: Mrs K Crowther*  
*Carried*

Mrs Susie Johnstone queried the figures contained in the penultimate bullet point on page 12 of the minutes and requested that the following changes be made - “$666k and $2,168k” to “$106k and $1153k”. The ASBA advised that he would review the figures from the previous report and make the relevant changes.

Mrs Johnstone also queried the wording in the final bullet point on page 11 of the minutes noting that the advanced funding was due to receiving it at the start of the month rather than the end of the month.

### 4. Matters Arising from the Minutes

Mrs Katie O’Connor highlighted Southland District Health Board’s (DHB’s) shortage of midwives and queried the length of the new programme that has commenced in Christchurch Polytechnic Institute of Technology and Otago Polytechnic and whether it would increase staffing numbers in this field for Southland DHB in future.

The Regional CNMO, Mrs Leanne Samuel, advised that the students are in their first year of a three year programme and seven of the enrolled students were Southlanders. She also noted that there would be placements all over Southland for the students and that the ages of the students varied widely.

### 5. Review of Action Sheet

It was noted that actions relating to Clinical Governance, Information Technology and Pharmaceuticals were work in progress and that Maori Health and the updating of the Members’ Interests Register had been actioned.
6. Chief Operating Officer’s/Regional Deputy Chief Executive Officer’s Report

The COO/RDCEO, Mrs Lexie O’Shea, spoke to her report and in discussion the following key points were noted:

- Southland DHB’s Physician team is at full complement with the arrival of Dr Millar at the end of March 2009. This will allow the outpatient service to run at full capacity.

- Work is progressing with the Mental Health Services to introduce the new psycho-geriatric inpatient beds within the Rehabilitation Unit. The service is still in the developmental stage and is expected to be operational by the end of July 2009.

- Departmental graphs for the Elective Surgery were provided as appendix 4a. Southland DHB remains ahead of the planned volume year-to-date (YTD).

- The theatre compass dashboard was attached as appendix 4m. The area of focus was to meet the start times and to avoid over time at the end of the day. A monthly report is to be generated within each surgical department to compare against DHB targets.

- The COO/RDCEO advised that the graphs were provided as a monthly reflection, but could also be broken down to be seen as daily, weekly, specialty and individual surgeon for staff’s information to track progress against key performance indicators (KPIs). Late start times were not always the fault of the surgeon as they were also influenced by factors such as patients’ late arrival or difficulties experienced by anaesthetists etc.

- Mrs Katie O’Connor noted that there would be many positive outcomes for this project including the comparison between specialties and the collaborative effort to solve shared problems within specialties and broader.

- The COO/RDCEO advised that the interface was too slow at the present time to have the information available electronically for surgeons and their teams, but more ‘real time’ reporting was envisaged in the future. In the interim, monthly hard copies of reports would be produced.

- The provider arm is working to achieve its target of 235 of the 259 orthopaedic elective joints. The COO/RDCEO advised that a number of joints were being done at Southern Cross.

- In response to a query by Mrs Johnstone relating to volume schedules, the COO/RDCEO clarified that acute numbers did not necessarily generate large case weights.

- Management was confident the targets for the Cataract Initiative (CI) would be met.

- In response to concerns raised by the Chairman relating to possible under delivering in the Orthopaedics Initiative (OI), the COO/RDCEO provided an assurance that the provider arm would meet the base volumes and receive the OI funding. The additional resources that the DHB has had over the past three weeks assisted in progressing further towards the base volume.

- In response to a query re patient availability, the COO/RDCEO advised that due to the fact that Southland DHB had been performing joint procedures for some time, the patient list was quite short. However, the waiting list for other procedures in Orthopaedics was quite long.

- Southland DHB has maintained green ESPIs. Challenges present themselves in ESPI two ophthalmology and paediatrics surgery. A locum Ophthalmologist is to commence clinics at Southland Hospital in the near future. To meet ESPI two compliances, there has been an increase in the number of clinics held in paediatric surgery, which are carried out by a visiting surgeon from Canterbury.
• Ear Nose and Throat (ENT) were non compliant by three patients. A number of actions had been put in place to remedy this including additional clinics.

• The Oral Health Business case is a regional project and with the recent approval of Otago DHB’s Business Case, Southland DHB is aligning the two to make sure that there is one view across the Otago DHB/Southland DHB region.

• The Regional Maori Health Advisor/Maori Health Manager (RMHA/MHM), Southland DHB, Ms Erina Rewi presented the Te Huinga Tahi report highlighting the following key points:
  
  - A survey was completed to establish the value that Te Huinga brings to the hospital. The RMHA/MHM advised that the survey was forwarded to Senior and Divisional Managers and 54 responses were received.
  
  - Areas of strength for Te Huinga were identified as nursing, social services, cultural education and referrals from the secondary to primary sector.
  
  - Areas in need of attention were a social support mechanism within Te Huinga Tahi and feedback from divisional managers has identified that cultural assessments are very important in each division.
  
  - Te Huinga offers education to the hospital and offers services to families that had been recognised as something that should continue to be offered.
  
  - Qualitative information was presented to support the service that Te Huinga offers and the need for the service to be continued in future.
  
  - In response to a query by the Chairman, the RMHA/MHM advised that Te Huinga was currently in discussion to establish targets from which key performance indicators (KPIs) would be set.
  
  - Mrs Katie O’Connor highlighted the importance of the linkage into the community.

• The quality improvement programme has continued to work towards the organisation wide survey due to be released in August 2009 with the new EQuIP 4 standards. This involved a significant amount of work with ongoing policies and procedures being updated as many are overdue.

• The COO/RDCEO advised that some projects presented in the quality dashboard were behind, due to the absence of the clinical board

• Information Systems (IS) are currently preparing for employee connect which would give staff ability to submit leave applications electronically.

• Issues relating to the information system as it relates to the Emergency Department (ED) are almost resolved.

• The influenza vaccination plan has had more uptakes this year with over 500 staff members receiving the vaccine. There appear to be a number of reasons for high uptake including publicity around the Brisbane flu strain. Some new employees have also indicated their previous work places made it mandatory for employees to receive the vaccine and it was assumed that Southland DHB had the same policy. Staff have also indicated they do not want to take illness home to their families. The COO/RDCEO advised that sick leave within Southland DHB was low compared to other DHBs.

• Discussion was held on the recommendations relating to the review of the Emergency Department (ED) completed for the Minister.

• The Chairman queried the reference to a target six hour wait in the ED. The COO/RDCEO advised that for their classification on wait times was pending, but advised her
understanding of the requirement. Discussion was held on Southland DHB’s ability to achieve the target times.

- The Chairman enquired about progress within the primary sector and their ability to assist and alleviate the significant numbers attending the ED. The COO/RDCEO advised that there had been a meeting between the General Practitioner (GP) liaison person and the GPs in relation to after hours’ service delivery. The outcome of the meeting was yet to be advised.

- The Incubator team has given their first classroom presentation and there was very positive feedback from the group. The programme provides exposure to the options that are available in the health sector as a future career. A report on the programme can be expected early 2010. The COO/RDCEO acknowledged the support of the Community Trust of Southland (CTOS), Invercargill Licensing Trust (ILT) and ILT Foundation and advised this was a joint DHB/community initiative. She also acknowledged the commitment of staff involved.

- A report on an internal programme on workplace violence was included to show what Southland DHB is doing to assist staff on how to manage workplace violence.

- A twelve month review report of the Southern Blood and Cancer service was included in the agenda for members’ information.

- The Emigrate article was noted and discussion was held.

- The KPIs were highlighted by the COO/RDCEO. She noted the inclusion of a new graph to reflect patient throughput numbers. The graph demonstrated that more patients were being seen.

- In answer to a query regarding the wait times for imaging and x-ray, the COO/RDCEO advised that urgent cases would always be seen prior to routine cases. She advised that there has been an increase in demand, especially through the ED.

- In response to a query the COO/RDCEO outlined the process for letters of referral from GPs, noting the length of time the process took.

- The COO/RDCEO advised that the reduction in the volume delivery was due to the phasing (short month), staff leave and bed shortages within the hospital.

### 7. Chief Medical Officer’s Update

Mrs Leanne Samuel, Regional Chief Nursing and Midwifery Officer (RCNMO) spoke to the Chief Medical Officer’s report and the following key points were noted:

- The serious and sentinel events report that had been presented nationally was included.

- A discussion paper has been circulated to staff in relation to the establishment of a clinical board. Feedback from this discussion paper was expected early April 2009.

- Mental health services will be issuing a national serious and sentinel events report end April 2009. Discussion was held on mental health being reported separately from the national serious and sentinel events.

### 8. Nursing/Midwifery Update

Mrs Leanne Samuel, RCNMO, spoke to her report and highlighted the following key points:

- A busy month in medical and surgical wards resulted in medical occupancy at 99% and surgical at 92%. The resulting impact on electives and equivalents was noted.
• The Annual Awards Programme for ‘International Nurses Day’ is imminent and it was noted this was expanding to include aged care.

• New staff have been recruited into mental health to support the new mental health of the older people service.

• Work with the Primary Health Organisations (PHOs) continues around primary health care nursing positions for mental health.

• Awaiting the arrival of some United Kingdom (UK) based midwives for both the Lakes District Hospital (LDH) and Southland Hospital.

Discussion was held on the continued birth numbers in the region. The RCNMO advised that Southland DHB is still very reliant on primary care units in rural areas to support the continued high activity.

Mrs Kaye Crowther expressed concern in relation to the occupancy rate of the neo-natal unit. It was noted that staffing for this unit had been increased 18 months ago, but the RCNMO noted the need to re-look at bed numbers.

Mrs Crowther referred to an additional $5.5M funding available nationally to enable new mothers to stay in a facility longer should they choose to. The RCMNO advised that specifications for the funding had not yet been received, but these details were imminent.


Mr Michael Turner, Acting Senior Business Analyst spoke to his report and the following key points were noted:

• The monthly result was a surplus of $345k compared to budget deficit of $245k, a favourable variance of $590k. The YTD result is a deficit of $760k unfavourable.

• The revenue result is behind budget for the month by $147k. The decrease for the month is internal funder, partially due to Orthopaedic Initiative (OI) volumes. Positive variances were noted for the Clinical Training Agency (CTA) and Accident Insurance.

• Total personnel costs were under budget by $398k for the month and YTD $844k. The main area of under spend was medical salaries as a result of Senior Medical Officer (SMO) vacancies and annual leave movements, offset by higher overtime to cover gaps and savings in Residential Medical Officers (RMO) costs (superannuation, relocation, recruitment, and allowances). Other reductions against budget were recorded in Allied Health and Management.

• Staff Establishment (which is the budgeted FTE with the budgeted vacancies removed) show an overall vacancy level of 62, with 30 medical staff. Allied Health of 26 make up the majority of this.

• Expenditure for outsourced costs is underspent for the month by $337k and YTD overspent $1.831M. Outsourced medical costs continue to be over budget to cover SMO vacancies of $107k for the month, particularly in general medicine and obstetrics and gynaecology (O&G).

• Clinical supplies expenditure for the month were favourable to budget by $119k. Pharmaceuticals were under for the month by $41k. Road ambulance was under budget by $58k, as clearing of a backlog of invoices from St Johns.

• Infrastructure and non-clinical supplies were $325k favourable for the month. This was as a result of restating the capital charge between the Governance and Provider Arm and lower interest charges.
• The deficit at the end of June 2009 is forecast to be $6,934k, which is $938k higher than budget. This is based on meeting volume targets.

The Acting SBA advised that the under spend in clinical supplies for the month was due to phasing.

In response to a query by Mrs Susie Johnstone, the COO/RDCEO advised the need to staff the hospitals and keep the rosters complete to continue offering a twenty four hour a day, seven day a week service. She noted the elective delivery was a bonus as a result of that.

Mrs Susie Johnstone queried the accumulation of leave for staff members, noting the impact of the additional week’s leave in most agreements. The COO/RDCEO advised that management was monitoring what was happening with the leave and confirmed the budget included the additional week of leave. She advised on the challenges to take leave in some areas, e.g. nursing.

Mrs Susie Johnstone queried the mental health wash-up of $261k, till the end of November 2008, which resulted in a refund to the funder. The Acting SBA advised that the figure for the period to the end of February 2009 would be approximately $100k – $150k. He advised that this was funded on the FTE positions. It was noted this figure could be provided every six months.

Mrs Susie Johnstone noted the ‘Internal Funder - DHB funder to provider’ line on page 105 of the agenda and noted that only half related to the OI. The Acting SBA is to advise what the remaining amount is for.

In discussion it was noted that cost recovery for costs related to ACC referrals was working well. Mrs Susie Johnstone noted the divisional reports and the COO/RDCEO advised on the handling of the reports, noting it was a work in progress. She was advised on the challenges with the process and discussion was held.

It was moved:

“That the committee receives the management and financial report.”

Moved: Mr P Menzies
Seconded: Mrs S Johnstone
Carried

10. General Business

The time for future HAC meetings is to be discussed when all HAC members are present.

11. Confidential Section

It was moved:

“That the Committee move to the Public Excluded Section of the business at 12.22pm.”

Moved: Mr P Menzies
Seconded: Mrs K O’Connor
Carried

The Committee rejoined the Public Section of the meeting at 12.37pm.

12. Meeting Conclusion

The meeting closed at 12.37pm.
13. Confirmation of Minutes

Confirmed _______________________________  Date ____________________

Chairman