

SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Thursday, 23 March 2017, 9.30 am

Board Room, Level 2, Main Block,
Wakari Hospital Campus, 371 Taieri Road, Dunedin

A G E N D A

Lead Director: Lexie O'Shea

Item

1. **Apologies**
2. **Presentation – Falls Group**
3. **Interests Register**
4. **Minutes of Previous Meeting**
5. **Matters Arising**
6. **Review of Action Sheet**
7. **Provider Arm Monitoring and Performance Reports**
 - 7.1 Chief Operating Officer Report
 - 7.2 Key Performance Indicators
 - 7.3 Financial Performance Summary

Southern DHB Values			
Kind <i>Manaakitanga</i>	Open <i>Pono</i>	Positive <i>Whaiwhakaaro</i>	Community <i>Whanaungatanga</i>

APOLOGIES

No apologies had been received at the time of going to print.

Presentation – Falls Group

Presenters:

- Robert West, General Manager, Older Person's Health and Community Directorate
- Wendy Findlay, Nursing Director, WellSouth (by videolink)

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Hospital Advisory Committee
Date of Meeting:	23 March 2017
<p>Summary:</p> <p>Commissioner, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.</p> <p>Interests declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).</p> <p>Additions to Interests Registers since the last meeting:</p> <ul style="list-style-type: none"> ▪ Graham Crombie - Chair, South Island Alliance Information Services. 	
Specific implications for consideration (financial/workforce/risk/legal etc):	
Financial:	n/a
Workforce:	n/a
Other:	
<p>Prepared by:</p> <p>Jeanette Kloosterman Board Secretary</p> <p>Date: 13/03/2017</p>	
RECOMMENDATION:	
<p>1. That the Interests Registers be received and noted.</p>	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT (Commissioner)	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	25.06.2015	Trustee, Sport Otago	Nil (Removed 22.11.2016)	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	Dunedin Sinfonia Board	Nil	
	25.06.2015	Director, Dunedin City Treasury Limited	Nil	
	25.06.2015	Director, Dunedin Venues Limited	Nil (Ceased 6 June 2016)	
	18.09.2016	Food Safety Specialists Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Director, Warrington Estate Ltd	Nil - no pecuniary interest; provide legal services to the company.	
	18.09.2016	Tall Poppy Ideas Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Rangiora Lineside Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Otaki Three Limited	Nil. Co-trustee in client trusts - no pecuniary interest.	
			Spouse:	
	25.06.2015	Partner, Gallaway Cook Allan	Nil	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Chair, Parkside Quarries Limited	Nil	
	25.06.2015	Director, South Link Health Services Limited	A SLH entity, Southern Clinical Network, has applied for PHO status.	Step aside from decision-making (refer Commissioner's meeting minutes 02.09.2015).
	25.06.2015	Board Member, Warbirds Over Wanaka Community Trust	Nil	
	25.06.2015	Director, Warbirds Over Wanaka Limited	Nil	
25.06.2015	Director, Warbirds Over Wanaka International Airshows Limited	Nil		
25.06.2015	Board Member, Leslie Groves Home & Hospital	Leslie Groves has a contract with Southern DHB for aged care services.		
25.06.2015	Board Member, Dunedin Diocesan Trust Board	Nil		
25.06.2015	Director, Nominee companies associated with Gallaway Cook Allan	Nil		
25.06.2015	Trustee of numerous private trusts	Nil		
25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil		
Graham CROMBIE (Deputy Commissioner)	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	25.06.2015	Chairman, Otago Museum	Nil	
	25.06.2015	Chairman, New Zealand Genomics Ltd	Nil	
	25.06.2015	Independent Chairman, Action Engineering Ltd	Nil	
	25.06.2015	Trustee, Orokonui Foundation	Nil	
	25.06.2015	Chairman, Dunedin City Treasury Ltd	Nil	
	25.06.2015	Chairman (Removed 27.07.2016) Dunedin Venues Ltd (name change - see below)	Nil	
	25.06.2015	Independent Chair, Innovative Health Technologies (NZ) Ltd	Possible conflict if Southern DHB purchased this company's product.	
	25.06.2015	Associate Member, Commerce Commission	Potential conflict if complaint made against Southern DHB.	
	16.01.2017	Director, Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd)	Nil	
	08.02.2017	Independent Chair, TANZ eCampus Ltd		
	13.03.2017	Chair, South Island Alliance Information Services		
	18.09.2016	Director and Shareholder, Innovatio Ltd	Vehicle for governance and consulting assignments. Clients listed above.	
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust.	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	06.04.2011	Councillor, Dunedin City Council	(Removed 26.10.2016)	
	05.02.2015	One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician)		
	07.10.2015	Southern Partnership Group	The Southern Partnership Group will have governance oversight of the CSB rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Susie JOHNSTONE (Consultant, Finance Audit & Risk Committee)	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
	21.08.2015	Trustee, Community Trust of Otago	Southern DHB may apply for funding. REMOVED 19/12/2016.	
	21.08.2015	Board Member, REANNZ (Research & Education Advanced Network New Zealand)	REANNZ is the provider of Eduroam (education roaming) wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities.	
	21.08.2015	Advisor to a number of primary health provider clients in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	18.01.2016	Audit and Risk Committee member, Office of the Auditor-General	Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General.	
	16.09.2016	Director, Shand Thomson Ltd	Nil	
	16.09.2016	Director, Harrison Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Johnstone Afforestation Co Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees (2005) Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, McCrostie Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
			Spouse is Consultant/Advisor to:	
	21.08.2015	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB.	
	21.08.2015	Wyndham & Districts Community Rest Home Inc	Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB.	
	21.08.2015	Roxburgh District Medical Services Trust	Roxburgh District Medical Services Trust has a contract with Southern DHB.	
21.08.2015	West Otago Health Ltd & West Otago Health Trust	West Otago Health Ltd & West Otago Health Trust have a contract with Southern DHB.		
21.08.2015	A number of primary health care providers in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.		
21.08.2015	Director, Clutha Community Health Co. Ltd	Clutha Community Health Co. Ltd has a contract with Southern DHB.		
26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.		
		Daughter:		
21.08.2015	4th Year Medical School Student			
Suzanne CRENGLE (HAC Member)	10.10.2016	General Practitioner, Invercargill Medical Centre		
	10.10.2016	Member, Te Waipounamu Māori Leadership Group Cancer		
	10.10.2016	Executive Member, Ōraka Aparima Rūnaka		
	20.01.2017	Board Member, Royal NZ College of General Practitioners		
	20.01.2017	Member, Perinatal and Maternity Mortality Review Committee		
20.01.2017	Two private trusts, with no interests in DHB matters			
Donna MATAHAERE-ATARIKI (CPHAC/DSAC and IGC Member)	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Deputy Chair, NGO Council, Ministry of Health	Nil	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	27.02.2014	Te Waipounamu Māori Cancer Leadership Group	Nil - REMOVED 23 February 2017	
	27.02.2014	Ahuru Mowai National Māori Leadership Group - Cancer	Nil - REMOVED 23 February 2017	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Board Member and Shareholder, Otākou Health Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	01.09.2016	Southern DHB, Disability and Support Advisory Committee	Possible conflict with SDHB contract funding.	
Odele STEHLIN	01.11.2010	Waihopai Runaka General Manager	Possible conflict when contracts with Southern DHB come up for renewal.	
Waihopai Rūnaka – Chair IGC	01.11.2010	Waihopai Runaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
Taare BRADSHAW IGC - Hokonui Rūnaka	05.08.2010	Nil	Nil	
Victoria BRYANT IGC - Puketeraki Rūnaka	06.05.2015	Charge Nurse Manager, Otago Public Health	Nil	
	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
	06.05.2015	Member - Te Rūnanga o Ōtākou	Nil	
	06.05.2015	Member Kati Huirapa Rūnaka ki Puketeraki	Nil	
	06.05.2015	President Fire in Ice Outrigger Canoe Club	Nil	
Justine CAMP IGC - Moeraki Rūnaka	31.01.2017	To be confirmed		
Huhana (Hana) MORGAN IGC - Awarua Rūnaka	25.02.2009	Chair of Awarua Rūnaka Trust - Awarua Social and Health Services.	Possible conflict when contracts with Southern DHB come up for renewal.	
Terry NICHOLAS IGC - Hokonui Rūnaka	06.05.2015	Treasurer, Hokonui Rūnanga Inc.	Nil	
	06.05.2015	Member, TRoNT Audit and Risk Committee	Nil	
	06.05.2015	Director, Te Waipounamu Māori Cultural Heritage Centre	Nil	
	06.05.2015	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict when contracts with Southern DHB come up for renewal.	
	06.05.2015	Trustee, Ancillary Claim Trust	Nil	
	06.05.2015	Director, Hokonui Rūnanga Research and Development Ltd	Nil	
	06.05.2015	Director, Rangimanuka Ltd	Nil	
	06.05.2015	Member, Te Here Komiti	Nil	
	06.05.2015	Member, Arahua Holdings Ltd	Nil	
	06.05.2015	Member, Liquid Media Patents Ltd	Nil	
	06.05.2015	Member, Liquid Media Operations Ltd	Nil	
Ann WAKEFIELD IGC - Ōraka Aparima Rūnaka	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	
	09.02.2011	Member of Māori Advisory Committee, Southern Cross	Nil	
	03.10.2012	Te Rūnanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.	Nil	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Management of staff conflicts of interest is covered by SDHB's Conflict of Interest Policy and Guidelines.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
Pania COOTE	26.05.2016	Ngai Tahu registered.	Nil
	30.09.2011	Member, Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	30.09.2011	Member, SIT Social Work Committee	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	26.01.2015	SDHB Child and Youth Health Service Level Alliance Team	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	
Liz DISNEY	27.02.2017	Nil	
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	25.09.2016	Lead Chief Executive South Island Child Health Workstream	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	25.09.2016	Lead Chief Executive for Blood, including Chair of the National Haemophilia Management Group	
	25.09.2016	Deputy Chair, InterRAI NZ	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs.
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil.
Lynda McCUTCHEON	22.06.2012	Member of the University of Otago, School of Physiotherapy, Admissions Committee	Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.
	19.08.2015	Member of the National Directors of Allied Health	Nil
	04.07.2016	NZ Physiotherapy Board: Professional Conduct Committee (PCC) member	No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC.
	18.09.2016	Shareholder, Marketing Business Ltd	Nil
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.
Nicola MUTCH	16.03.2016	Member, International Nominations Committee, Amnesty International	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil
Lexie O'SHEA	01.07.2007	Trustee, Gilmour Trust	Southland Hospital Trust, no perceived conflict.

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Dr Jim REID	22.01.2014	Director of both BPAC NZ and BPAC Inc	No conflict.
	22.01.2014	Director of the NZ Formulary	No conflict.
	22.01.2014	Trustee of the Waitaki District Health Trust	Possible conflict in negotiation of new contract.
	22.01.2014	Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine	Possible conflict in any negotiations with Dunedin School of Medicine.
	22.01.2014	Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.	No conflict.
	19.09.2016	Director, ProHealth Holdings Ltd	No conflict. Holding company for share of Caversham Health Centre.
Leanne SAMUEL	01.07.2007	Trustee, Southern Health Welfare Trust	Southland Hospital Trust
	01.07.2007	Member of Community Trust of Southland Health Scholarships Panel.	Nil
	16.04.2014	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil
Clive SMITH	31.03.2016	Nil	

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Thursday, 26 January 2017, commencing at 9.30 am in the Board Room, Southland Hospital Campus, Invercargill

Present:	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson	Commissioner Deputy Commissioner Deputy Commissioner
In Attendance:	Mr Chris Fleming Mrs Lexie O'Shea Mrs Sandra Boardman Dr Nicola Mutch Mrs Leanne Samuel Mr Clive Smith Ms Jane Wilson Ms Jeanette Kloosterman	Interim Chief Executive Officer Deputy CEO/Chief Operating Officer Executive Director Planning & Funding (by videoconference) Director of Strategic Communications (by videoconference) Executive Director Nursing & Midwifery Chief Financial Officer Implementation Manager, Commissioner's Office Board Secretary (by videoconference)

1.0 WELCOME

In welcoming members of the public to the first meeting for 2017, the Commissioner noted that it was an opportunity to reflect on the coming year.

2.0 APOLOGIES

An apology was received from Dr Sue Crengle, Committee Member.

3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 2) and the Commissioner reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

Recommendation:

"That the Interests Registers be received and noted."

Agreed

4.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 22 November 2016 be approved and adopted as a true and correct record."

Agreed

5.0 MATTERS ARISING AND REVIEW OF ACTION SHEET

The Committee reviewed the action sheet (tab 5).

RMO Industrial Action

The Commissioner acknowledged the efforts of staff who again rose to the challenge during the recent Resident Medical Officers (RMOs) strike.

6.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

Chief Operating Officer's Report (tab 6.1)

In presenting her report, the Chief Operating Officer (COO) highlighted the following items.

- Preliminary data showed that the Faster Cancer Treatment (FCT) Health Target had been achieved for the quarter. A full report would be provided next month when the data was finalised.
- An update on the radiology targets would be provided in February.
- Contract performance was slightly down compared to the previous year as a result of industrial action.

The Executive Director Nursing and Midwifery reported that a number of quality initiatives were being progressed, including the work of the Older Persons Directorate with a number of providers, eg ACC and the rest home sector, to support initiatives to reduce harm to older people from falls.

Key Performance Indicators (KPIs) (tab 6.2)

The COO informed the Commissioner Team that the FCT figure of 93% recorded in the KPI tables was a transcription error. Preliminary data indicated that it was 86%.

Financial Performance Summary (tab 6.3)

The Chief Operating Officer presented the financial report for December 2016 and answered questions on the key variances.

Presentations

The Commissioner requested a timetable of proposed presentations to the Hospital Advisory Committee and Disability Support/Community & Public Health Advisory Committees for 2017.

CONFIDENTIAL SESSION

At 9.45 am it was resolved that the Hospital Advisory Committee reconvene at the conclusion of the public Disability Support and Community & Public Health Advisory Committees meeting and move into committee to consider the agenda items listed below.

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Serious Adverse Events	To protect information where the making available of the information would be likely to prejudice the supply of similar information and it is in the public interest that such information continue to be supplied.	Section 9(2)(ba) of the Official Information Act (OIA).
3. MSP and Urgent Interim Works Programme	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

**Southern District Health Board
HOSPITAL ADVISORY COMMITTEE
ACTION SHEET**

As at 10 March 2017

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Dec 2016	Health Targets (Minute item 6.0)	Updates on Faster Cancer Treatment and CT Health Targets to be provided.	COO	Updates provided in February.	Completed
Jan 2017	Presentations (Minute item 6.0)	Timetable of proposed presentations to HAC and DSAC/CPHAC to be prepared.	ELT/BS	Submitted to Commissioner Team in February.	Completed

SOUTHERN DISTRICT HEALTH BOARD

Title:	Chief Operating Officer Report		
Report to:	Hospital Advisory Committee		
Date of Meeting:	23 March 2017		
Summary:			
Considered in these papers are:			
<ul style="list-style-type: none"> ▪ February 2017 DHB activity 			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	Yes		
Workforce:	Yes		
Other:	No		
Document previously submitted to:	Not applicable, report only provided for the Hospital Advisory Committee agenda.		Date:
Approved by:			Date:
Prepared by: Chief Operating Officer/Deputy CEO		Presented by: Lexie O'Shea Chief Operating Officer/Deputy CEO	
Date: 03/03/2017			
RECOMMENDATION:			
That the Hospital Advisory Committee receive the report.			

Chief Operating Officer Report – February 2017**Recommendation**

That the Hospital Advisory Committee notes this report.

1. Health Targets

	Indicator	Result (quarterly unless noted)
1.	Shorter Stays in Emergency Department – Target 95%	Q3 (tracking) 93%
2.	Elective Surgical Discharges – Annual target 12,921, YTD target 8,475	8,172
3.	Faster Cancer Treatment (FCT)– Target 85%	Q3 81%
4.	Healthy Children – 95%	Q3 71%
5.	Radiology – Target 95% Diagnostic indicator CT – measured monthly only.	February 2017 68%
6.	Radiology – Target 85% Diagnostic indicator MRI – measured monthly only.	February 2017 42%
7.	Colonoscopy Urgent – 85% Non urgent – 70% Surveillance – 70%	February 2017 97% 81% 95%
8.	Coronary Angiograms Target 95%	Q3 100%
9.	Immunisation 95% of eight-month-olds will have their primary course of immunisation (six weeks, three months and five month events) on time.	Data not available for the current quarter.

Notes:-

1. ED - There has been high attendance at ED in Dunedin during February, although similar last year, which has coincided with high bed occupancy. Dunedin ED is achieving 91% for the quarter so far, Southland is maintaining 95%. A comprehensive programme of work covering patient flow with admission and discharge processes is underway, as data shows these are the areas of challenge. Work is also underway to develop a more comprehensive winter plan, due end March.

2. Elective Surgical Discharges February 2017

	February 2017				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated in-house	800	838	(38)	(5%)	6,618	7,095	(477)	(7%)	10,783
SDHB population treated by other DHB		43	(43)	(100%)	217	366	(149)	(41%)	555
SDHB population outsourced	54		54		290		290		-
ELECTIVE INITIATIVE	854	881	(27)	(3%)	7,125	7,461	(336)	(5%)	11,338
Surgical Arranged Admissions	62	68	(6)	(9%)	640	528	112	21%	831
Surgical Discharges from a Non-Surgical PUC - Elective	18	32	(14)	(44%)	214	248	(34)	(14%)	392
Surgical Discharges from a Non-Surgical PUC - Arranged	19	24	(5)	(21%)	193	238	(45)	(19%)	360
HEALTH TARGET	953	1,005	(52)	(5%)	8,172	8,475	(303)	(4%)	12,921

(1) IDF volumes are the latest available, being those reported to MoH, as at 25/01/17. The process for reporting IDF's has changed and data will be available for January and February on Monday 13 March 2017. Planned CWD and Discharges for IDF Outflows for those two months is 164 CWD / 128 Discharges.

(2) Clinical Records and Coding target is 95% of coding completed by end of 3rd working day (Dunedin) / 5th day (Southland) post month of discharge, which was achieved this month

3. FCT - Recent FCT data (October to December 2016) is showing achievement of 81%. It is expected that we will achieve 85% (i.e. meet the target at the end of quarter 3).
5. Radiology - In January, performance in Southland was unchanged from the previous month at 87%, however Dunedin CT reported heavy acute demand alongside heavy elective throughout from November through to January causing longer waits for routine patients. February target results unavailable as reported two months behind.
6. Radiology - The recruitment of trained MRI Technologist thus far in Southland has been unsuccessful. The service is working through a recovery plan to manage the reduced capacity in November and December due to the replacement of the Dunedin MRI and a full outage for five weeks. Afternoon MRI shifts at Dunedin recommenced in January 2017 with the conclusion of applications training for staff. February target results unavailable as reported two months behind.

2. Contract Performance

- Total elective case weights delivered by Southern DHB Provider Arm were 34 above plan in February 2017 (2%). Year to date elective case weights are 555 below plan (5%).
- Total acute case weights delivered by the Southern DHB Provider Arm were 171 below plan in February 2017 (1%). Year to date acute case weights are 1,350 above plan (6%).

3. Operational Performance

Elective Service Performance Indicators (ESPI):

- The final ESPI position for December 2016 show Southern DHB with a red status for both ESPI 2 (Patients waiting for First Specialist Assessment (FSA)) and ESPI 5 (Inpatients) and ESPI 6 (active review).
- The preliminary ESPI graphs for January 2016 show Southern DHB with a red status for ESPI 2 ESPI 5.

7.1

- Predicted results for February 2016 has Southern DHB with a red status for ESPI 2 and ESPI 5. The DHB has requested dispensation due to the additional impact of the RMO strike. A renewed programme of work has begun with all specialities to ensure an adequate flex is available within the system to ensure we meet our promise to our patients.

4. Operational Overview

- MHAID service has received confirmation that the Substance Abuse Compulsory Assessment and Treatment Act (SACAT) will come into force in March 2018. Implementation of this legislation will require significant planning as it includes roles similar to those in the Mental Health Act. Over the next few months, information regarding the detailed requirements for district implementation is anticipated from the Ministry of Health and Matua Raki (national centre for addiction workforce development) and a district-wide working group will be developed to ensure a smooth introduction.
- In February the Annual General Meeting of the National Women in Secure Care group was held in Dunedin, hosted by Southern DHB with representatives from Forensic Services throughout New Zealand. Following on from this Te Pou (national centre of evidence based workforce development for the mental health, addiction and disability sectors in New Zealand) will provide further training for facilitators by rolling out training in clinical areas across the country. They will also visit our local forensic secure service to provide support and advice on how best to utilise the current environment for women in secure care.
- St John Ambulance National Patient Pathways Manager and St John colleagues visited Dunedin (WellSouth offices and Dunedin Hospital) in late February to discuss developing pathways for people in receipt of an ambulance call-out. A combination of primary and secondary care clinical and management met with St John to discuss options for implementing pathways that have the potential to reduce Emergency Department presentations. The focus on the day was the Falls pathway (with St John attending the Southern Falls Steering group meeting) and also Cardio Vascular Disease pathway. The timeline for implementation for these is April, and the communications teams from each stakeholder will be working on a press release based on this development. St John are also keen to fast track pathways for Coronary Obstructive Pulmonary Disease, Smokefree, and also to consider pathways for transfer of residents of Aged Residential Care.
- The replacement x-ray equipment is now scheduled to be delivered in March 2017 and installed into the Fiordland Medical Centre over the following week. Commissioning and staff training is being organised in mid-March with the equipment operational date being third week of March.
- The Smokefree team has focussed on working with territorial authorities to further the Smokefree 2025 agenda. A presentation to the Otago Mayoral Forum resulted in a Dunedin City Council staff member requesting the Smokefree Environments Audit Tool which was developed last year to assess the current quality of smokefree environments and support the extension of smokefree environments across the southern district. This tool was also discussed with the Invercargill City Council's policy analyst relating to developing a policy for smokefree central city areas. In Queenstown Lakes District Council, staff met with the head of parks and reserves and made two oral submissions to council. One councillor requested electronic copies of hand-outs detailing the results of local smokefree environments surveys.
- The cardiology service commenced its telemedicine clinic pilot in Dunstan on 01 March. This monthly clinic will offer follow-up appointments to patients, and save Central Otago patients a 6-7 hour round trip for their appointment. Patients at the Dunstan end are supported by

specialist nurses who take measurements such as blood pressure and ECGs. The first clinic was very successful and received good feedback from both patients and doctors. Although a relatively small number of cardiology patients are currently suitable for telemedicine consultations, our Cardiologists are estimating up to 40% of Cardiology follow up appointments could be undertaken by telemedicine as they build confidence in the system, and this proportion would increase if it were possible to provide further tests such as echocardiograms at other sites. The savings in travel time and expenses are considerable for each individual. It is hoped to continue and expand the pilot to offer these benefits to more of our patients.

Lexie O'Shea, Chief Operating Officer/Deputy CEO

Leanne Samuel, Executive Director of Nursing and Midwifery

7.1

Southern DHB

Hospital Advisory Committee - KPIs February 2017 Data

Patient Safety and Experience - Hospital Healthcheck					
	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
3 - Improved access to elective surgical services monthly (population based)	950	953	1,005	-52 (-5.2%)	Red
3a - Improved access to elective surgical services ytd (population based)	7,508	8,172	8,475	-303 (-3.6%)	Yellow

Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
1 - Waits >4 months for FSA	180	333	0	-333	Red
2 - Treatment >4 months from commitment to treat	81	174	0	-174	Red
% of accepted referrals for CT scans receiving procedures within 42 days	76%	68%	95%	-27.0%	Red
% of accepted referrals for MRI scans receiving procedures within 42 days	47%	42%	85%	-43.0%	Red
% accepted referrals for Coronary Angiography within 90 days (P)	85%	100%	95%	5.0%	Green
4a - Elective caseweights versus contract (monthly provider arm delivered)	1,238	1,265	1,232	34 (2.7%)	Green
4b - Elective caseweights versus contract (ytd provider arm delivered)	10,293	9,774	10,330	-556 (-5.4%)	Red
7a - Acute caseweights versus contract (monthly provider arm delivered)	2,788	2,467	2,638	-171 (-6.5%)	Green
7b - Acute caseweights versus contract (ytd provider arm delivered)	23,192	23,533	22,183	1350 (6.1%)	Red

Patient Safety and Experience - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
Faster Cancer treatment; 85% of patients to receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer seen within 2 weeks	84%	81%	85%	-3.7%	Yellow
11 - Reduced stay in ED	95%	92%	95%	-2.9%	Yellow
15 - Acute Readmission Rates (note 1)	10.5%	10.5%	9.9%	-0.6%	Green

Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
5 - Reduction in DNA rates	8.0%	6.6%	8.0%	-1.4%	Green
9 - ALoS (elective) (Note 3)	2.94	3.09	4.02	0.93 (23.1%)	Green
ALoS (Acute inpatient) (Note 3)	4.16	3.86	4.25	0.39 (9.2%)	Green
DOSA (Note 2)	94%	92%	95%	-3.1%	Yellow

Key -

	Meeting target or plan
	Underperforming against target or plan but within thresholds or underperforming but delivering against agreed recovery plan
	Underperforming and exception report required with recovery plan

Note 2 DOSA rates excludes Cardiac/Cardiology and Neurosurgery

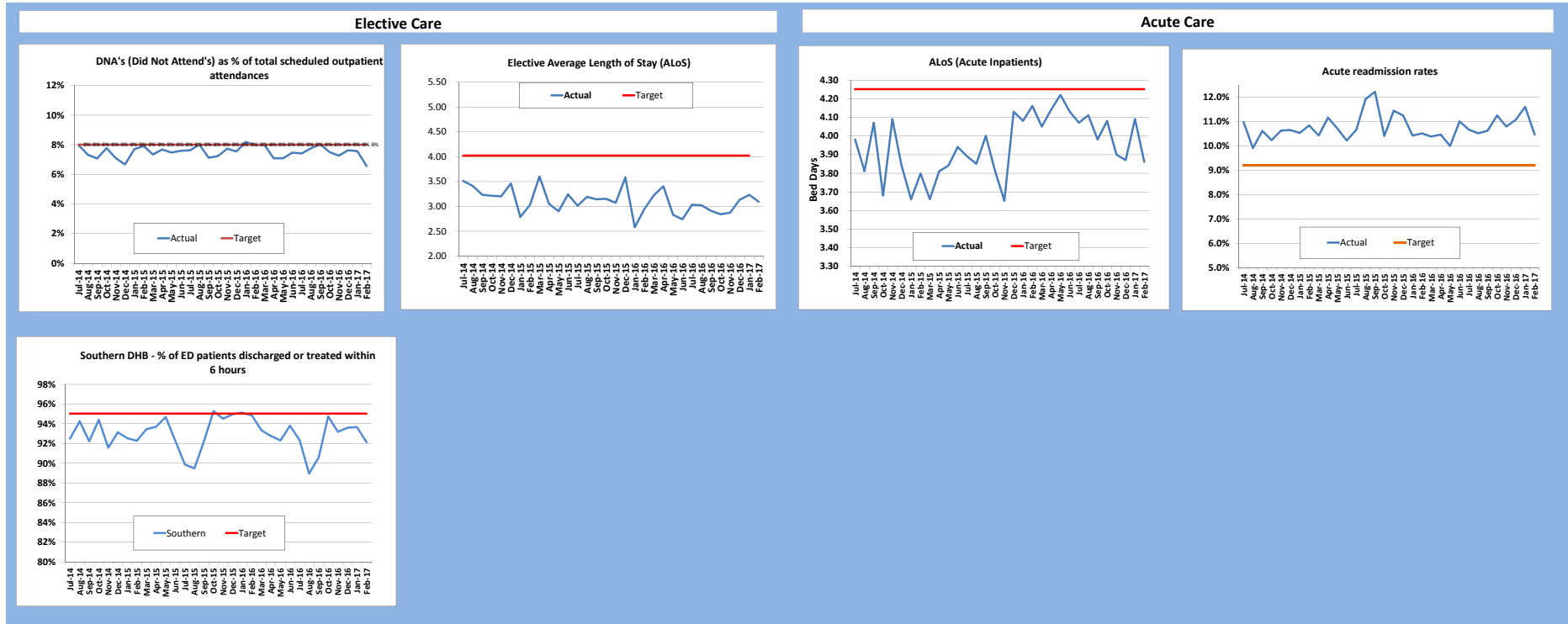
Note 3 Using SDHB historic definition not the one reported on by the MoH

Note 1 Awaiting new definition from Ministry

P = Pending

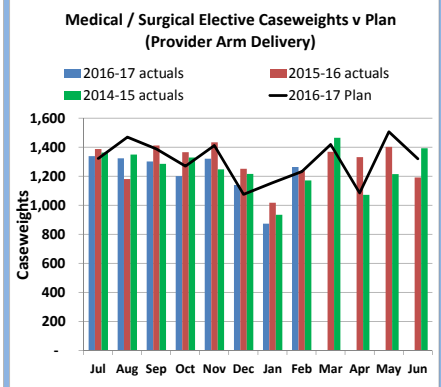
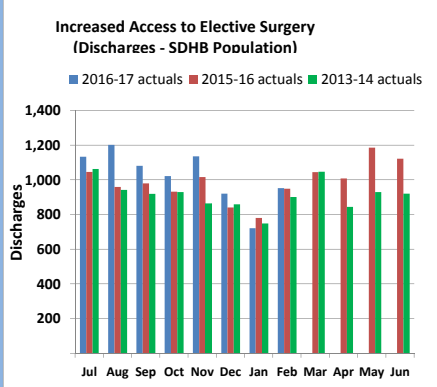
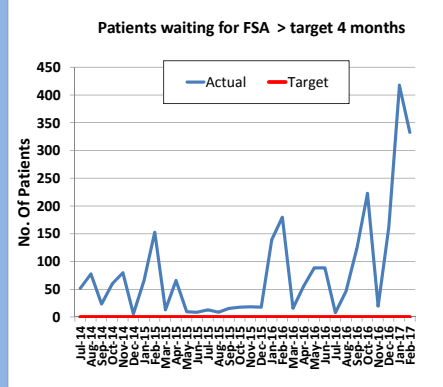
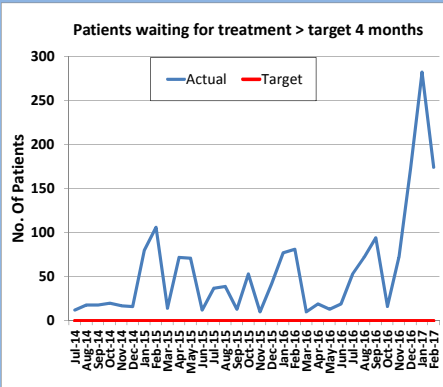
7.2

Southern DHB
Hospital Advisory Committee - Performance Report February 2017 Data

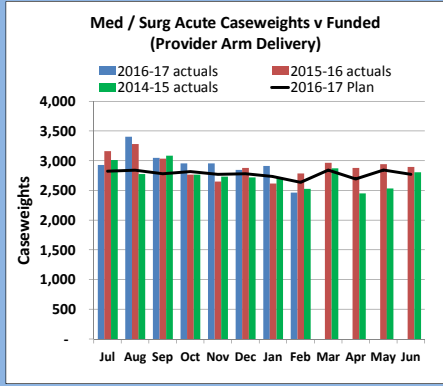


Southern DHB
February 2017 Data

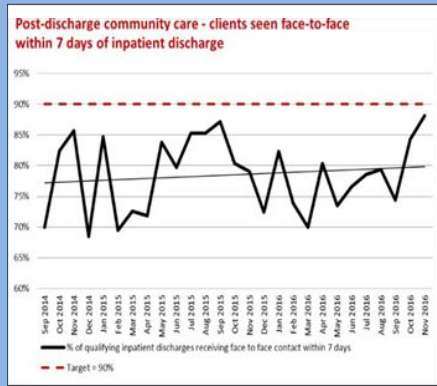
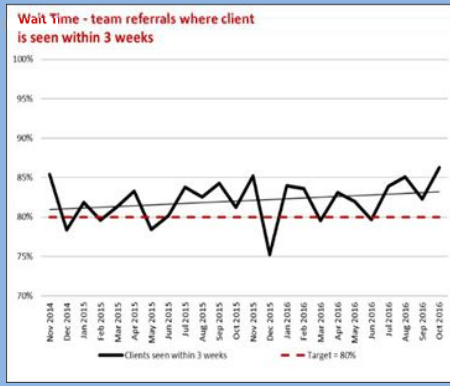
Elective Care



Acute Care



Mental Health and Addictions



7.2

SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Hospital Advisory Committee	
Date of Meeting:	23 March 2017	
Summary:		
The issues considered in this paper are:		
<ul style="list-style-type: none"> ▪ February 2017 financial position. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	As set out in report	
Workforce:	No specific implications	
Other:	N/A	
Document previously submitted to:	N/A	Date:
Approved by Chief Executive Officer:		Date:
Prepared by: Finance staff Date: 10/03/2017	Presented by: Lexie O'Shea Chief operating Officer	
RECOMMENDATION:		
That the report be noted.		

SOUTHERN DHB FINANCIAL REPORT
Summary for Hospital Advisory Committee

Financial Report for:
Report Prepared by:
Date:

February 2017
Senior Business Analyst
10 March 2017

Overview

Results Summary

Actual \$000	Month			Year To Date			Annual Budget \$000
	Budget \$000	Variance \$000		Actual \$000	Budget \$000	Variance \$000	
44,507	44,105	402	Revenue	353,249	351,679	1,570	527,706
28,339	28,202	(137)	Less Personnel Costs	237,408	237,516	108	361,659
14,873	14,541	(332)	Less Other Costs	123,495	121,345	(2,150)	181,489
1,295	1,362	(67)	Net Surplus / (Deficit)	(7,654)	(7,182)	(472)	(15,442)

The February result was a surplus of \$0.52m, which was unfavourable to budget by \$0.07m. Year to date (YTD) the consolidated deficit is \$7.65m, being \$0.47m unfavourable to budget.

The favourable variance in revenue was due to the sale of food service assets and phasing of clinical training revenue, partially offset by the phasing of ACC and patient related (non-resident) revenue.

February personnel costs were unfavourable to budget by \$0.14m. This was primarily due to medical personnel overtime and allowances and the timing of hiring of additional graduates in Allied Health. This was partially offset by fewer than budgeted external FTE into nurse training programs.

Non-personnel costs were unfavourable to budget by \$0.33m. This was primarily driven by increased outsourced clinical services and infrastructure/non-clinical costs, partially offset by lower capital charge and interest costs.

Statement of Financial Performance

Monthly				Year to date				Annual
Actuals	Budget	Variance	Variance	Actuals	Budget	Variance	Variance	Budget
\$000s	\$000s	\$000s	FTE	\$000s	\$000s	\$000s	FTE	\$000s
REVENUE								
Government & Crown Agency Sourced								
1,905	1,601	304		MoH Revenue	12,369	12,811	(442)	19,216
1,057	1,223	(166)		Other Government	9,844	10,215	(371)	15,429
2,962	2,824	138		Total Government & Crown	22,213	23,026	(813)	34,645
Non Government & Crown Agency Revenue								
355	436	(81)		Patient related	1,977	1,821	156	2,848
850	647	203		Other Income	5,306	5,145	161	7,734
1,205	1,083	122		Total Non Government	7,283	6,966	317	10,582
40,340	40,198	142		Internal Revenue	323,753	321,687	2,066	482,479
44,507	44,105	402		TOTAL REVENUE	353,249	351,679	1,570	527,706
EXPENSES								
Workforce								
Senior Medical Officers (SMO's)								
5,907	5,926	19	11	Direct	50,342	50,588	246	77,045
479	442	(37)		Indirect	3,115	3,573	458	5,517
334	292	(42)		Outsourced	3,448	2,554	(894)	3,815
6,720	6,660	(60)	11	Total SMO's	56,905	56,715	(190)	86,377
Registrars / House Officers (RMOs)								
2,966	2,794	(172)	(2)	Direct	24,399	23,963	(436)	36,339
368	264	(104)		Indirect	1,452	1,786	334	2,622
50	41	(9)		Outsourced	842	362	(480)	540
3,384	3,099	(285)	(2)	Total RMOs	26,693	26,111	(582)	39,501
10,104	9,759	(345)	9	Total Medical costs (incl outsourcing)	83,598	82,826	(772)	125,878
Nursing								
10,428	10,707	279	9	Direct	88,475	88,806	331	(4)
175	167	(8)		Indirect	1,356	1,384	28	2,462
3	5	2		Outsourced	85	37	(48)	55
10,606	10,879	273	9	Total Nursing	89,916	90,227	311	(4)
Allied Health								
3,908	3,773	(135)	(23)	Direct	31,861	32,164	303	2
117	108	(9)		Indirect	745	863	118	49,254
76	66	(10)		Outsourced	665	531	(134)	1,294
4,101	3,947	(154)	(23)	Total Allied Health	33,271	33,558	287	796
Support								
406	465	59	2	Direct	3,613	4,005	392	2
17	3	(14)		Indirect	107	28	(79)	6,108
74	44	(30)		Outsourced	479	348	(131)	83
497	512	15	2	Total Support	4,199	4,381	182	522
Management / Admin								
2,953	3,065	112	9	Direct	25,569	26,183	614	12
51	38	(13)		Indirect	380	325	(55)	39,872
27	2	(25)		Outsourced	475	16	(459)	549
3,031	3,105	74	9	Total Management / Admin	26,424	26,524	100	25
28,339	28,202	(137)	6	Total Workforce Expenses	237,408	237,516	108	28
2,668	2,160	(508)		Outsourced Clinical Services	19,510	18,070	(1,440)	27,055
78	69	(9)		Outsourced Corporate / Governance Service	636	606	(30)	906
6,301	6,280	(21)		Clinical Supplies	52,433	51,271	(1,162)	77,313
3,456	3,297	(159)		Infrastructure & Non-Clinical Supplies	30,515	29,673	(842)	43,461
Non Operating Expenses								
1,728	1,778	50		Depreciation	14,067	14,071	4	21,273
483	625	142		Capital charge	3,863	5,000	1,137	7,500
159	332	173		Interest	2,471	2,654	183	3,981
14,873	14,541	(332)		Total Non Personnel Expenses	123,495	121,345	(2,150)	181,489
43,212	42,743	(469)		TOTAL EXPENSES	360,903	358,861	(2,042)	543,148
1,295	1,362	(67)		Net Surplus / (Deficit)	(7,654)	(7,182)	(472)	(15,442)

7.3

Revenue**MoH Revenue**

Ministry of Health revenue was favourable by \$0.34m for the month and in unfavourable by \$0.44m YTD. The main drivers of the MOH revenue numbers are shown below:

Category	Source	Monthly Variance \$000s	YTD Variance \$000s	Comment
MoH Revenue				
Personal Health	Colonoscopy Funding		168	Advised year-end target volumes were met therefore revenue booked in earlier in the year.
Public Health	Side Contracts	17	186	Timing variance
Disability Support	ISIS beds	(71)	(251)	Fewer ISIS beds used.
Faster Cancer Treatment (FCT) Funding	Pharmac		114	Lump sum payment for Faster Cancer Treatment work
Health Workforce	Training revenue	321	(23)	Lower volumes invoiced as per contract, phasing of training programmes.
2015/16 Accrued Revenue Treatment	MOH		(629)	Additional electives revenue offset in Internal Revenue

Patient Related Revenue

An unfavourable monthly variance in non-resident revenue of \$0.07m has driven the monthly favourable variance. Patient related revenue is now \$0.16m favourable to budget ytd.

Internal Revenue

Internal revenue was \$0.14m favourable to budget for the month. YTD the favourable variance of \$2.07m is driven by the receipt of accrued 2015/16 revenue \$0.63m originally reported in MOH revenue (refer above) and additional revenue related to the final MOH allocation of revenue based on elective volumes \$0.50m. Community Pharmaceuticals and PCT (Pharmaceutical Cancer Treatment) are also \$0.97m higher than budget ytd.

Workforce Costs

Year to date workforce costs (personnel plus outsourcing) remain favourable ytd by \$0.11m, with February being \$0.14m unfavourable to budget.

The month unfavourable variance is primarily due to overtime and allowances paid to medical staff. Nursing costs were favourable, driven by new external nurse training intake numbers (Nurse Entry to Training Programme - NETP and Nurse Entry to Specialist Programme - NESP) being lower than budgeted and favourable pay rates versus budget. Allied Health costs and FTE were unfavourable across a number of professional groups as new graduates were hired into roles, this will come back to budget in the next few months. Management and Administration costs were favourable.

Senior Medical Officers (SMOs)

SMOs had favourable direct costs for the month primarily due to the phasing of training costs. This cost was partially offset by unfavourable overtime and allowances.

Indirect costs were unfavourable due to the payment of professional membership fees and recruitment costs.

Outsourced costs were higher than budget due to the use of locums to cover leave and vacant roles.

Registrars/House Officers (RMOs)

RMOs direct costs for the month were unfavourable to budget by \$0.17m.

The overrun in direct costs is due to higher overtime, allowances and KiwiSaver costs compared to budget.

Indirect costs were unfavourable primarily due to a recruitment costs.

Outsourced costs were higher than budget due to the use of locums to cover leave and vacant roles.

Nursing

Nursing costs were favourable to budget for the month by \$0.27m and favourable ytd \$0.31m. FTE were 9 favourable for the month with fewer external NETP and NESP numbers coming on board than budgeted for. There was also a favourable pay rate variance reflecting the phasing of the budget over the January/February period.

Allied Health

Allied Health costs were \$0.15m unfavourable to budget for the month and \$0.29m favourable ytd due to lower direct costs than budgeted driven by vacancies. The monthly unfavourable variance reflects the hiring of graduates to roles in February, temporarily taking some roles above budgeted levels. This has been done as graduates are only available at this time of year, FTE numbers will drop back to budgeted levels over the next few months due to normal turnover. There was also increased hours worked by MRT and Sonographers in February.

Support

Support costs were in-line with budget in the month.

Management/Administration

Management /Administration costs were \$0.07m favourable to budget primarily driven by the lower than budgeted FTE.

Outsourced costs

Outsourced clinical services are \$0.51m over budget for the month and unfavourable by \$1.44m ytd. The ytd variances are due to:

- Additional radiology outsourcing is unfavourable by \$1.04m, partially offset by personnel vacancies. This variance also includes \$0.14m of private MRI procedures to continue service when the MRI was being replaced in November-December.
- Outsourced clinical services are unfavourable by \$0.85m ytd due to the outsourcing of Urology procedures, higher than usual presentation of breast cancer patients following more sensitive testing procedures, Ophthalmology (microscope failure), Cardiac and Orthopaedics cases.
- There is a favourable variance of \$0.44m for research funds, however this is offset in Clinical Supplies.

Clinical Supplies (excluding depreciation)

Clinical supplies were unfavourable to budget by \$0.02m for the month and unfavourable by \$1.16m ytd.

The ytd variance is due to:

- Pharmaceuticals (\$0.83m unfavourable), due to an increase in high cost drugs over a number of services. This includes high cost antibiotics as well as new drug treatments

for melanoma. It also reflects an increasing use of “mabs” (e.g. rituximab and infliximab).

- Research costs are also over budget (\$0.86m unfavourable), however this is offset by additional revenue and unspent research costs budgeted in outsourcing.
- Offsetting these is a favourable variance in treatment disposables due mainly to lower blood usage than budgeted (\$0.54m fav).

Infrastructure and Non-Clinical

These costs were \$0.16m unfavourable to budget in the month. Budgeted savings of \$0.62m were partially offset by lower facility costs (maintenance and utilities) and professional fees.

Non-Operating Expenses

This was favourable to budget by \$0.37m in February due to the lower than budgeted interest costs, the reduction in capital charge from 8% to 7% and favourable depreciation variances.

Closed Session:**RESOLUTION:**

That the Hospital Advisory Committee reconvene at the conclusion of the public Disability Support and Community & Public Health Advisory Committees meeting and move into committee to consider the agenda items listed below.

The general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under section 34, Schedule 4 of the NZ Public Health and Disability Act (NZPHDA) 2000 for the passing of this resolution are as follows:

<i>General subject:</i>		<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Excluded Minutes	Public Meeting	As set out in previous agenda.	As set out in previous agenda.
2. Serious Events	Adverse	To protect information where the making available of the information would be likely to prejudice the supply of similar information and it is in the public interest that such information continue to be supplied.	Section 9(2)(ba) of the Official Information Act (OIA).
3. MSP and Interim Programme	Urgent Works	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.