

SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Wednesday, 24 May 2017, 9.30 am

Board Room, Community Services Building,
Southland Hospital Campus, Invercargill

A G E N D A

Lead Director: Lexie O'Shea, Chief Operating Officer

Item

1. **Apologies**
2. **Presentation: Telehealth**
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>
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APOLOGIES

An apology has been received from Mrs Kathy Grant, Commissioner.

Presentation – Telehealth

Presenter: Karl Metzler



TELEHEALTH

Monthly Status Report

April 2017

Distribution List: Karl Metzler, Robert West, Kyle Forde, Karl Rivett, Sandra Brough, Chris Fleming

Executive Summary

Highlights & Roadblocks in this period

- ✓ Services on boarding - Stomal, Anaesthesiology, Psycho-Oncology, Mental Health, Paediatric Thyroid, Oncology, Older Persons Health
- ✓ Completed procurement process for Telehealth Video Conferencing vendor selection and the preferred vendor is Vidyo based on evaluations of the Responses. All supporting documentation for procurement is available.
- ✗ Delay in completion of data capture system specification resulting in inability to accurately capture Telehealth activity















Key Milestones












Item	Update	Due	Status
Southern Telehealth Strategy & Implementation plan		June 2107	
Communication Plan	Awaiting procurement decision before relaunch	April 2017	
Identify Telehealth opportunities	Geriatrics – Dr Yih Harng Chong WoundCare – Emil Smidt and Dr Jo Krysa established Woundcare Clinics Dunstan, Oamaru and Balclutha	March 2017	
Implementation of Telehealth initiatives and support processes	New services on boarding. Draft DHB generic consent/information form under development.	2017/18	
Education and support is provided to clinicians and telehealth users		2017/18	
Telehealth Clinic data recorded on iPM	Awaiting System Specification document completion	2017/18	
Research, pilot and/or deploy other technology enabled opportunities (eg mobile phones) to improve organisation performance and patient experience	WoundCare Mobile Tablet Device for in Home Care Pilot to be confirmed SmartHealth Participation with WellSouth, Northland DHB and Waikato DHB meeting with Dr Damian Tomic and their team end of MAY Tele monitoring project with Waitamata DHB, WellSouth LTC and various other groups – Research Project - Research proposal for diabetes & CHF facilitated with Dr Robyn Whittaker Scoping of clientless portal for in home or after hours sessions. The portal would model the www.neorehab.com workflow. COMMENT: Following my visit to Australian Telehealth Centres it is very	2017/18	

	evident that University leadership provides the best research based outcomes for developing a Telehealth Centre. In most cases success comes from a university lead engagement model. The University of Queensland were provided a starting fund of \$5mil to get setup with 400 sessions per annum in the first few years growing to 4000 per annum over the time of operation.		
Liaison with vendors and other healthcare organisations as required		2017/18	
Reporting Monthly	Patient and clinician survey under development.	2017/18	
Evaluation of telehealth initiatives		2017/18	
Relationship and stakeholder engagement		2017/18	

Southern Telehealth Dashboard

Telemedicine Services on Boarding

Service	Site	Initiated	Set Up Complete	Go-live	Comments
Stomal	Dunedin/Central				Vidyo set up in Rm 1 ISIS. Awaiting response from Dunstan re nursing support and costs. Following successful pilot roll out district wide.
Cardiology	Dunedin/Dunstan				Data capture to be completed.
Wound Care	Dunedin/Clutha/ Oamaru/Dunstan				Service set up between Dunedin and Gore. Data capture to be completed. To be rolled out across district.
Anaesthesiology	Dunedin/Oamaru				Pilot with one patient Oamaru scheduled 3/5. Vidyo not installed and Vivid used for visit. Follow up install
NICU	Dunedin/patient				Data capture to be completed.
Psycho-Oncology	Dunedin				

Mental Health	Invercargill/ Wakatipu				Awaiting response from service
Paediatric Diabetes	Dunedin/Dunstan				Data capture to be completed.
Paediatric Thyroid	Dunedin/Wanaka				
Older Persons	Southland/patient				Vidyo installed in Rehab. Meeting schedule with clinician 5/5/17.
Maternity	Southland/Lakes				Lync used between Southland and Lakes District Hospitals. This solution to be reviewed.
Oncology	Dunedin				Initial meeting set up.

Red: Show Stopper Roadblocks preventing progress; Amber: Issues to be resolved/slow progress; Green: Progressing to Plan; Grey: Not started

Action Tracker Items for Review

Issue #	Assigned to	Issue Description	Next Action
001	Sandra	Stomal - Dunedin	Vidyo installed in Dunedin. Activity commenced. Consent form to be forwarded along with data capture support.
002	Sandra	Cardiology - Dunedin	Follow up data capture, consent
003	Sandra	Wound Care - Dunedin	Follow up data capture, consent
004	Sandra	Anaesthesiology - Dunedin	Vidyo install in APAC and on laptop at Oamaru OP Clinic. Pilot one patient 3/5/17. Consent form to be forwarded along with data capture support. 5/5/17 – Vidyo not install and Vivid used for visit. Follow up on Vidyo install. Identify go-live date following Vidyo testing.
005	Sandra	NICU - Dunedin	Currently VC in the nurse's station. To be reviewed to provide patient privacy. Move from current consent form to new Telehealth generic consent form. Data capture to be reviewed.
006	Robert/Sandra	Psycho-Oncology – Dunedin	Second meeting scheduled for 12/5/17.
006	Sandra	Mental Health – Invercargill, Wakatipu	Initial meeting 5/4/17

Hospital Advisory Committee - Public - Presentation – Telehealth

			27/4/17 – follow up email to GM, CD etc – offering support to progress.
007	Sandra	Paediatric Diabetes - Dunedin	Follow up data capture, consent
008	Sandra	Paediatric Thyroid - Dunedin	
009	Sandra	Older Persons	Vidyo install – consultant/ over 65 yrs nurse specialists.
010	Sandra	Maternity – Southland	Identify ongoing solution for telemedicine, install, test, train, set up clinic and data capture.
011	Robert	Oncology	Initial meeting scheduled.

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Hospital Advisory Committee
Date of Meeting:	24 May 2017
<p>Summary:</p> <p>Commissioner 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>Changes to Interests Registers over the last month:</p> <ul style="list-style-type: none"> ▪ Nil 	
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: 11/05/2017</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		
23.03.2017	Associate Professor, Department of Preventive and Social Medicine, University of Otago (from 1 May 2017)			
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	
	27.02.2014	Te Waipounamu Māori Cancer Leadership Group	Nil - REMOVED 23 February 2017	

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	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	
	23.02.2017	Te Rūnanga alternative representative for Waihopai Rūnaka on Ngai Tahu.	Nil	
Sumaria BEATON	27.04.2017	Southland Warm Homes Trust	Nil	
IGC - Awarua Rūnaka				
Taare BRADSHAW	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka				
Victoria BRYANT	06.05.2015	Charge Nurse Manager, Otago Public Health	Nil	
IGC - Puketeraki Rūnaka	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	31.01.2017	Research Fellow - Dunedin School of Medicine - Better Start National Science Challenge	Nil	
IGC - Moeraki Rūnaka		Member - University of Otago (UoO) Treaty of Waitangi Committee and UoO Ngai Tahu Research Consultation Committee	Nil	
		Member - Dunedin City Council - Creative Partnership Dunedin	Nil	
		Moana Moko - Māori Art Gallery/Ta Moko Studio - looking at Whānau Ora funding and other funding in health setting	Possible conflict with funding in health setting.	
		Daughter is a member of the Community Health Council	Nil	
Terry NICHOLAS	06.05.2015	Treasurer, Hokonui Rūnanga Inc.	Nil	
IGC - Hokonui Rūnaka	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	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	
IGC - Ōraka Aparima Rūnaka	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	(Removed 15.04.2017)
	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, 23 March 2017, commencing at 9.30 am in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson Dr Sue Crengle	Commissioner Deputy Commissioner Deputy Commissioner Committee Member
In Attendance:	Mr Chris Fleming Mrs Lexie O'Shea Ms Liz Disney Dr Nicola Mutch Mrs Leanne Samuel Mr Clive Smith Mrs Jane Wilson Ms Jeanette Kloosterman	Chief Executive Officer Deputy CEO/Chief Operating Officer Acting Executive Director Planning & Funding Director of Strategic Communications Executive Director Nursing & Midwifery Chief Financial Officer Implementation Manager, Commissioner's Office Board Secretary

1.0 WELCOME

The Commissioner welcomed everyone to the meeting.

2.0 APOLOGIES

There were no apologies.

3.0 PRESENTATION - FALLS GROUP

Robert West, General Manager, Older Persons' Health and Community Directorate, supported by Wendy Findlay, Nursing Director, WellSouth (by videolink), gave a presentation on the work of the Southern Alliance Falls and Fracture Prevention Steering Group, its successes to date and the work planned for the next 12-18 months.

The Commissioner Team thanked Robert West and Wendy Findlay for their presentation and the presenters agreed that they would provide Dr Crengle with additional information.

4.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3). Dr Crengle advised that from 1 May 2017 she would be taking up the position of Associate Professor, Department of Preventive and Social Medicine, University of Otago.

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

5.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 26 January 2017 be approved and adopted as a true and correct record."

Agreed

6.0 MATTERS ARISING AND REVIEW OF ACTION SHEET

The action sheet (tab 6) was noted.

7.0 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.

- The national team for the Emergency Department (ED) Health Target had visited and provided their view on the programme of work in place.
- A winter plan, including four additional flex beds and allied health staff in the ward, was being developed.
- It was forecast that 100% of the elective surgical discharges target would be achieved by year-end.
- Work was continuing on achieving the Faster Cancer Treatment (FCT) target.
- Radiology targets remained a challenge; performance against the colonoscopy, immunisation and coronary angiogram targets was on target.
- Total elective case weights were below plan and acute case weights above plan for the year to date.
- Some resourcing issues and strike activity had adversely affected Elective Service Performance Indicators (ESPI) results.

The COO then answered questions on radiology target performance and the cardiology telemedicine pilot.

It was agreed that the COO would discuss inequity analysis with Dr Sue Crengle.

Key Performance Indicators (KPIs) (tab 6.2)

The KPI report was taken as read.

Financial Performance Summary (tab 6.3)

In presenting the financial report for February 2017, the COO commented that the result was pleasing given the challenges over January and February, and advised

that outsourcing would increase in order to achieve ESPI and elective surgery targets.

The COO then answered questions on the key financial variances.

The Chief Financial Officer was asked to investigate the inclusion of the previous year's revenue figures in the financial report to show the trend over time.

CONFIDENTIAL SESSION

At 10.20 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 16 May 2017

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
March 2017	Falls Group Presentation (Minute item 3.0)	GM Older Persons' Health & Community to provide additional information to Dr Crengle.	COO	Message left for Dr Crengle to contact WellSouth directly to arrange a suitable time for the exchange of information.	May 2017
March 2017	Inequity Analysis (Minute item 7.0)	The COO and Dr Crengle to discuss.	COO	Telephone discussion held and face to face meeting scheduled for 24 May.	May 2017
March 2017	Financial Performance Summary (Minute item 7.0)	The inclusion of previous year's revenue figures, to show the trend over time, to be investigated.	CFO	Work in progress and will be included in standard reporting from May month end onwards.	May 2017

SOUTHERN DISTRICT HEALTH BOARD

Title:	Chief Operating Officer Report		
Report to:	Hospital Advisory Committee		
Date of Meeting:	24 May 2017		
Summary:			
Considered in these papers are:			
<ul style="list-style-type: none"> ▪ April 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 Date: 10/05/2017		Presented by: Lexie O'Shea Chief Operating Officer/Deputy CEO	
RECOMMENDATION:			
That the Hospital Advisory Committee receive the report.			

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

That the Hospital Advisory Committee notes this report.

1. Health Targets

Indicator	Last Quarter – MOH	Current Quarter To Date Estimate	Comment
Shorter Stays in Emergency Department – Target 95%	16/17 Q3 – 92%	91% (Q4)	There has been high attendance at ED in Dunedin during March, although similar last year, which has coincided with high bed occupancy. Dunedin ED achieved 90% for Quarter 3, Southland achieved 94%. Work continues on the Bed Analysis Tool and the Patient Flow Project. We are progressing plans to pilot a Medical Assessment Unit (MAU) over winter.
Faster Cancer Treatment – Target 85%	16/17 Q3 – 83%	16/17 Q4 – not available yet	The rate in surgery was similar to achievement last year in January and February at 67 and 60%. (Treatment received in 62 days, this usually sits at 80%). In addition, 6 of our 17 patients in quarter three who waited longer than 62 days were for patient choice reasons. This is similar for chemotherapy and radiotherapy waiting times.
Immunisation 95 percent of eight-month-olds will have their primary course of immunisation (six weeks, three months and five month events) on time.	94%	94%	The Immunisation team has identified 100% of children eligible for immunisation. They understand the reasons why some children have not been immunised and the number of declines and opt offs. The MoH is aware that we are not missing children and that there are valid reasons why some children are not immunised.
Healthy Children By December 2017, 95 percent of obese children identified in the Before School Check (B4SC) programme will be offered a referral to	78%	n/a	We are progressing well towards achieving the target by December 2017.

Indicator	Last Quarter – MOH	Current Quarter To Date Estimate	Comment
a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.			
Colonoscopy Urgent – 85% Non urgent – 70% Surveillance – 70%	Quarter 3 – 94% Quarter 3 – 79% Quarter 3 – 92%	95% 84% 91%	
Coronary Angiograms Target 95%	Quarter 3 - 99%	100 % (Quarter 4)	
Radiology Diagnostic indicator CT, 95% of patients referred for elective CT have report distributed within 42 days	October 2016 77.3% November 2016 78.4% December 2016 74.5%	January 2017 66.2% February 2017 67.98% March 2017 73% April data not confirmed.	Performance improved in March on February 2017. Continuing high levels of acute demand at Dunedin significantly impact upon our ability to provide elective appointments. Southland is performing at 93% and consequently longer wait patients across the District are being offered earlier scanning in Southland. A request to increase hours of operation at Dunedin has been prepared and is awaiting a decision.
Radiology Diagnostic indicator MRI, 85% of patients referred for elective MRI have report distributed within 42 days	October 2016 67% November 2016 65.1% December 2016 51.75%	January 2017 35.85% February 2017 43.91% March 2017 41.78% April data not confirmed.	March 2017 had higher than usual volumes of inpatient requests. Staffing continues to be a challenge at Southland site. Additional short term staffing has been in place at Southland Hospital for much of April, provided by Dunedin staff and locum cover. A recovery plan is being progressed, including additional weekend sessions in Dunedin to scan elective patients.

Elective Surgical Discharges - Annual target 12,921

10,335 Actual YTD vs 10,586 Plan YTD, as at April 2017.

Elective Surgical Discharge Activity - Southern DHB population									
	April 2017				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated in-house	715	782	(67)	(9%)	8,176	8,847	(671)	(8%)	10,783
SDHB population treated by other DHB	35	38	(3)	(8%)	384	455	(71)	(16%)	555
SDHB population outsourced	53		53		423		423		-
ELECTIVE INITIATIVE	803	820	(17)	(2%)	8,983	9,302	(319)	(3%)	11,338
Surgical Arranged Admissions	56	68	(12)	(18%)	815	670	145	22%	831
Surgical Discharges from a Non-Surgical PUC - Elective	16	32	(16)	(50%)	275	316	(41)	(13%)	392
Surgical Discharges from a Non-Surgical PUC - Arranged	17	26	(9)	(35%)	262	298	(36)	(12%)	360
HEALTH TARGET	892	946	(54)	(6%)	10,335	10,586	(251)	(2%)	12,921

(1) IDF volumes are the latest available, being those reported to MoH, accessed 8/5/17.
(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

2. Contract Performance

- Total elective case weights (CWD) delivered by Southern DHB Provider Arm were 66 below plan in April 2017 (5%). Year to date elective case weights are 562 below plan (4%).
- Total acute case weights delivered by the Southern DHB Provider Arm were 13 below plan in April 2017 (0%). Year to date acute case weights are 1,605 above plan (6%).
- A number of factors have impacted on discharges. YTD the discharges are behind plan (2%). Staff resources, hospital and theatre capacity have contributed to this. In addition, overall acute demand continues to run ahead of plan, as it did last year.

3. Operational Performance

Elective Service Performance Indicators (ESPI):

- The final ESPI position for February 2017 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 March 2017 show Southern DHB with a red status for ESPI 2 and ESPI 5.
- A project team is supporting the operational managers to meet June 30 ESPI requirements and the required health target discharges. Services with specific focus are orthopaedics, general surgery, plastic surgery, urology and neurology for ESPI2. Services at risk of non-compliance at the end of June for ESPI 5 are orthopaedics, general surgery, plastic surgery and urology.

4. Operational Overview

Programme Incubator

- Programme Incubator "Growing young minds" is a workforce development initiative designed to nurture a passion for a vocation in health, through the experience and knowledge of people from within the health sector. The programme takes a novel approach to raising awareness of health professions by bringing professional health personnel into secondary schools to meet with students and also secondary school students coming to hospital for site visits and work experience. It is specifically designed to create an interest in a health career from Year 12 and 13 students whilst also providing a range of health information in a compelling way that promotes this interest, development of the health literacy of students and their respective families and whanau. Through participating in the programme students will be better informed of the diverse range of career opportunities available and the recommended or required courses of study.
- This year in Otago we have approximately 110 students who registered for the 2017 programme. To date we have held nine sessions as well as a Nursing Study day where the 18 year 13 students who were interested in nursing came into the skills lab, one day in the school holidays, and nursing from all levels from a student to a nurse director came and talked to the students about their careers and what it was like going from school to studying to working and also did an activity that a nurse would do in their daily job e.g. taking blood pressures, blood sugars, temperatures, etc.
- This year in Southland to date we have 211 Year 12 and 13 students enrolled in the programme from 13 different schools including Southland Home Educators (Homeschool) and MYPLC (Murihiku Young Parents Learning Centre). We have delivered 8 hospital based sessions to date and have another 23 planned and on Tuesday, 16 May, are offering a Health Careers Expo for Year 10 and 11 students to introduce these students to the:
 - Health sector and the myriad of health career possibilities;
 - Required courses of study for the different health careers thus assisting with their future subject choices for their senior years at school;
 - Incubator Programme and the potential opportunity to participate in the future.
- 40 students were on the Southland site visits during April.

Calderdale Framework

Community Allied Health Teams (Occupational Therapist, Physio, Dietitian, Speech Language Therapists): These services have embarked on implementing the Calderdale Framework.

Calderdale Framework overview -

- Enables qualified allied health staff to work at the the top of their scope, through skill sharing and task delegation eg. to an assistant workforce.
- This frees up qualified staff to focus to undertake complex assessment, treatment, and intervention plans.
- This has the potential to develop a more flexible competence based workforce, which reduces duplication in patient care.
- This has the potential, in the longer term, to change skill mix across the workforce.
- Currently four pilot projects are underway across acute and community settings in Dunedin and Southland.
- Plan to roll out and embed Framework into allied health services across the southern district once evaluation of pilot sites is undertaken.

FallsStop Day

Early April the DHB hosted the FallsStop Day at Wakari Hospital for clinical staff from aged residential care facilities and hospital services across the district. The day was organised by Health Quality and Safety Commission, and the Ministry of Health, with guest speaker Associate Professor Hill, from Curtin University, Western Australia. She covered evidence-based outcomes in hospital falls prevention programmes, engaging patients in falls prevention, individualised approaches to patient education, and an overview of falls prevention research in Western Australia (WA). Associate Professor Hill also ran a physiotherapy-specific session during the lunch break. This is a professional gathering and an opportunity to have lunch and an informal discussion with a gerontological physiotherapist and ask about Associate Professor Hill's work.

- Over 50 clinical staff from a wide range of aged residential care facilities, rural hospital's, and Dunedin and Southland Hospitals attended the day.
- The seminar also included presentations from local Southern falls prevention leaders and members of Whanganui District Health Board's (DHB) Care with Dignity Team, led by Clinical Nurse Manager Medical Ward and Nurse Manager Medical Services. Care with Dignity has been highly successful in reducing harm from in-hospital falls among patients with cognitive impairment. The programme focus was on reducing harm from falls in an inpatient setting.

Prevocational Medical Training Community Based Attachment (CBA) Symposium

This was held early April in Wellington and was an excellent opportunity for DHBs to hear what innovative ways other DHBs are using to work towards the goal of all post-graduate year 1 (PGY1) and PGY2s having completed a 13 week placement. Emma Clyma who completed our first CBA at Invercargill Medical Centre presented at the Symposium. She was extremely enthusiastic and positive about her experience, and was encouraging DHBs to work alongside GP practices to overcome perceived barriers. She was extremely appreciative of the opportunity to be part of the project team to establish our first CBA at SDHB.

Telemedicine Assessment Treatment and Rehabilitation

One of our two Southland Geriatricians recently travelled to Queensland with the Chief Information Officer (CIO) WellSouth to visit Professor Grey and to talk with him about his well-established geriatric telehealth service. A project will now start to look at developing a Geriatric telehealth service on the Southland site, with Gore Health very keen to be the first remote site.

The Linear Accelerator

The linear accelerator is a treatment machine for people having radiotherapy. This is a replacement of a 10 year old machine and will enable Southern DHB to treat patients in the south of the South Island. The business case has been signed off and the vendors have been advised of the outcome. This project will progress to detailed planning.

Audiology Re-build

The audiology re-build is substantially complete, patients are attending in the new environment and staff are settling well into the new facility. There are still some adjustments being made to the environment, including ensuring the ambient noise of the air conditioning unit meets the requirements of the project specifications. The project manager is taking the lead for this work. A formal opening will be held in the near future.

Healthy Food and Beverage

A group has been convened to progress the removal of the artificial sweetened beverages (ASBs) and carbonated drinks. Meetings with key stakeholders are being progressed and an impact summary to be forwarded to Executive for support to proceed.

Faster Cancer Treatment

There have been five projects undertaken in order to ensure patients receive their cancer treatment as soon as possible. Two of these projects are now complete.

The first is a Pathway Entry, Referrals, and Facilitating Improving the Standard of Primary Referrals. The project improved:

- Alignment of Primary Care Referral forms with national Tumour Standards, National HSCAN (High Suspicion of Cancer) criteria, as well as HealthPathways and Electronic Referral Management System (ERMS)
- Reduction of waste due to inappropriate referrals
- Standardisation of referral criteria
- Increase uptake and usage of HSCAN triaging
- Improve the usage of HSCAN triaging and the quality of triaging practices

A second project, titled Quality System Review, Urology has also been completed. This programme of work improved:

- Interdepartmental referral practices
- The quality of referral practices, capacity and performance
- Urology patient flow through the hospital and the speed at which this occurs
- Patient booking practices

Lexie O'Shea, Chief Operating Officer/Deputy CEO

Leanne Samuel, Executive Director of Nursing and Midwifery

7.1




Hospital Advisory Committee - Public - Provider Arm Monitoring and Performance Reports

Southern DHB
Hospital Advisory Committee - KPIs April 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)	1,009	892	946	-54 (-5.7%)	
3a - Improved access to elective surgical services ytd (population based)	9,562	10,333	10,586	-253 (-2.4%)	

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	86%	81%	85%	-3.9%	
11 - Reduced stay in ED	93%	91%	95%	-4.0%	
15 - Acute Readmission Rates (note 1)	10.5%	11.7%	9.9%	-1.8%	

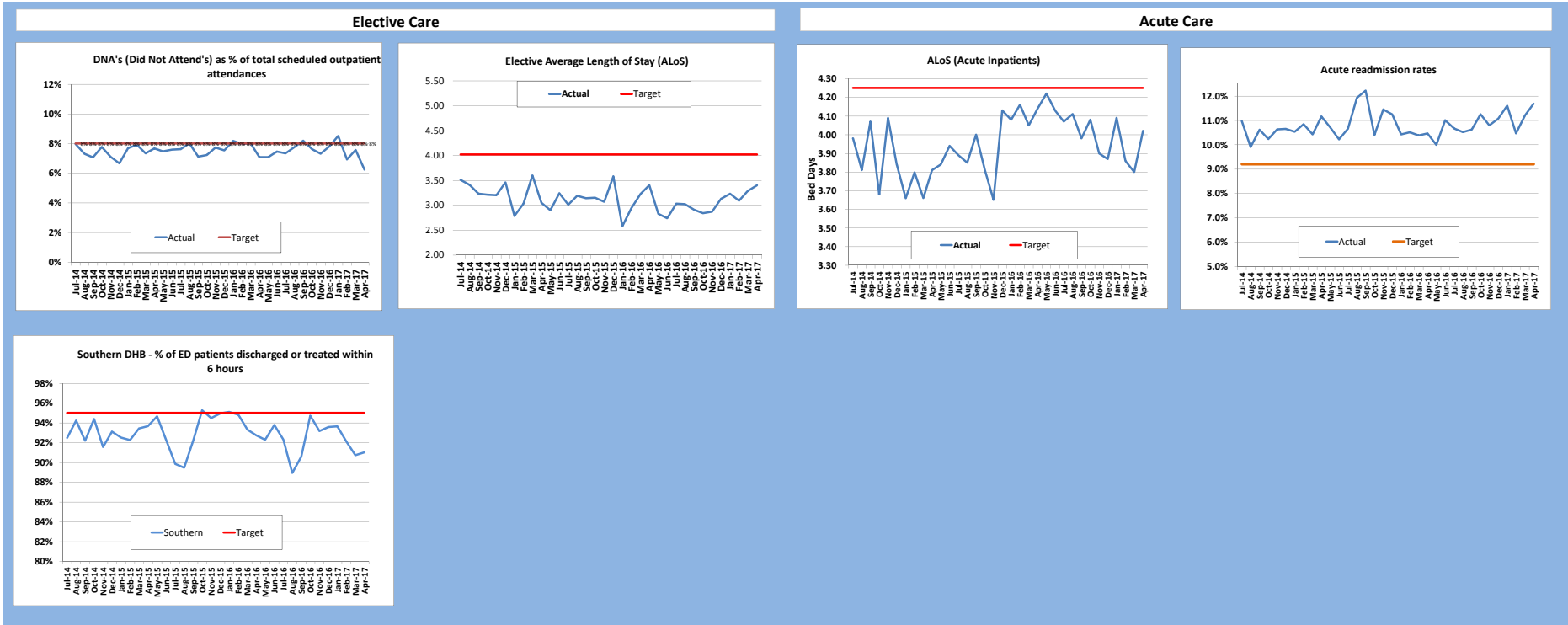
Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
1 - Waits >4 months for FSA	56	363	0	-363	
2 - Treatment >4 months from commitment to treat	19	250	0	-250	
% of accepted referrals for CT scans receiving procedures within 42 days - note this data is incomplete	77%	71%	95%	-24.0%	
% of accepted referrals for MRI scans receiving procedures within 42 days - note this data is incomplete	46%	35%	85%	-50.0%	
% accepted referrals for Coronary Angiography within 90 days	85%	100%	95%	5.0%	
4a - Elective caseweights versus contract (monthly provider arm delivered)	1,333	1,019	1,086	-66 (-6.1%)	
4b - Elective caseweights versus contract (ytd provider arm delivered)	12,995	12,274	12,835	-562 (-4.4%)	
7a - Acute caseweights versus contract (monthly provider arm delivered)	2,880	2,681	2,694	-13 (-0.5%)	
7b - Acute caseweights versus contract (ytd provider arm delivered)	29,039	29,326	27,721	1605 (5.8%)	

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 1 Awaiting new definition from Ministry	Note 3 Using SDHB historic definition not the one reported on by the MoH
P = Pending	

Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
5 - Reduction in DNA rates	7.1%	6.2%	8.0%	-1.8%	
9 - ALoS (elective) (Note 3)	3.40	3.40	4.02	0.62 (15.4%)	
ALoS (Acute inpatient) (Note 3)	4.14	4.02	4.25	0.23 (5.4%)	
DOSA (Note 2)	95%	90%	95%	-5.0%	

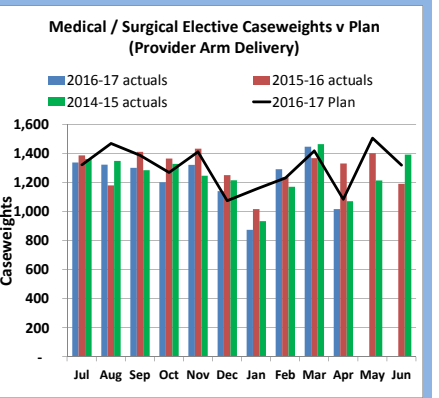
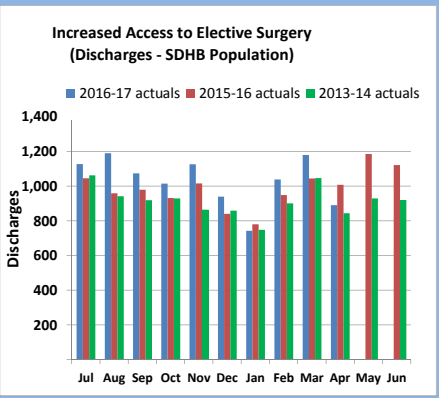
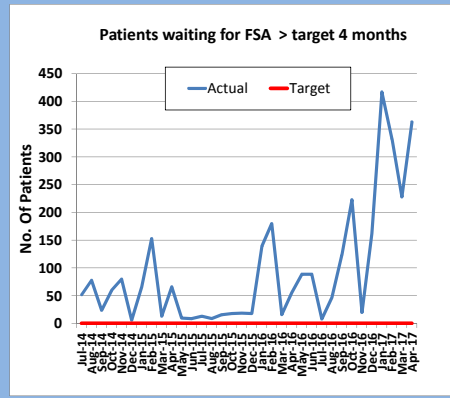
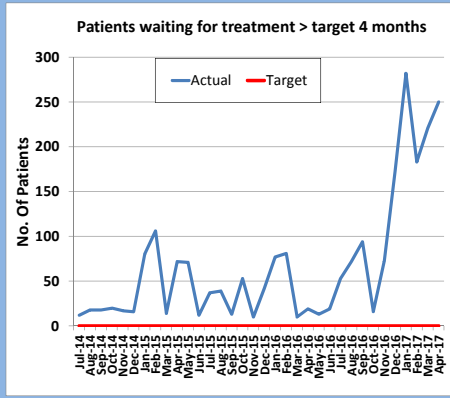
7.2

Southern DHB
Hospital Advisory Committee - Performance Report April 2017 Data

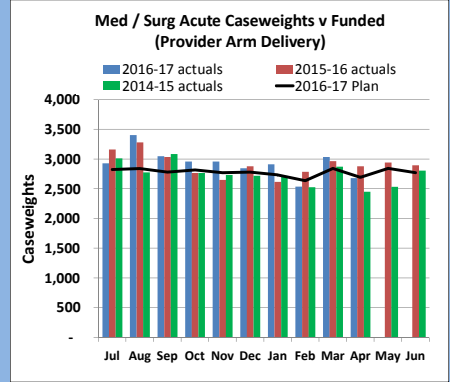


Southern DHB
April 2017 Data

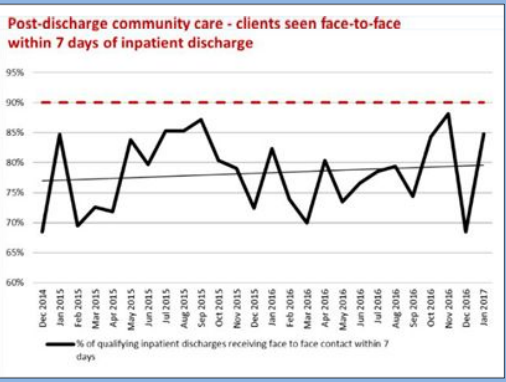
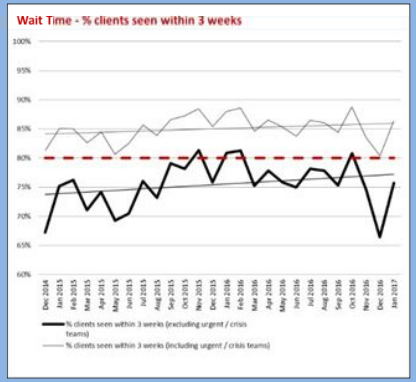
Elective Care



Acute Care



Mental Health and Addictions



7.2

SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Hospital Advisory Committee	
Date of Meeting:	24 May 2017	
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ April 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: 10/05/2017	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:

April 2017
Senior Business Analyst
10 May 2017

Overview

Results Summary

Actual \$000	Month			Year To Date			Annual Budget \$000
	Budget \$000	Variance \$000		Actual \$000	Budget \$000	Variance \$000	
44,150	43,960	190	Revenue	442,302	439,743	2,559	527,706
30,761	30,061	(700)	Less Personnel Costs	300,578	299,286	(1,292)	361,659
14,133	14,735	602	Less Other Costs	153,788	151,269	(2,519)	181,489
(744)	(836)	92	Net Surplus / (Deficit)	(12,064)	(10,812)	(1,252)	(15,442)

The April result was a deficit of \$0.74m, which was favourable to budget by \$0.09m. Year to date (YTD) the consolidated deficit is \$12.06m, being \$1.25m unfavourable to budget.

The favourable variance in revenue was due to non-resident patient income at the end of the cruise ship season, partially offset by the phasing of ACC and interest revenue.

April workforce expenses were unfavourable to budget by \$0.70m. This was primarily due to locum usage covering vacant SMO roles, overtime, allowances and penal rates paid over the Easter/Anzac Day period and additional RMO and Allied Health FTE.

Non personnel costs were favourable to budget by \$0.60m. This was primarily driven by clinical supplies, lower capital charge and interest costs partially offset by outsourced clinical services and infrastructure/non-clinical 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								
1,558	1,601	(43)		15,400	16,014	(614)		19,216
1,041	1,290	(249)		12,665	12,760	(95)		15,429
2,599	2,891	(292)		28,065	28,774	(709)		34,645
Non Government & Crown Agency Revenue								
652	224	428		2,932	2,447	485		2,848
637	647	(10)		6,582	6,439	143		7,734
1,289	871	418		9,514	8,886	628		10,582
40,262	40,198	64		404,723	402,083	2,640		482,479
44,150	43,960	190		442,302	439,743	2,559		527,706
EXPENSES								
Workforce								
Senior Medical Officers (SMO's)								
6,003	6,147	144	3	63,483	63,592	109	9	77,045
499	442	(57)		4,063	4,465	402		5,517
439	292	(147)		4,450	3,169	(1,281)		3,815
6,941	6,881	(60)	3	71,996	71,226	(770)	9	86,377
Registrars / House Officers (RMOs)								
3,045	2,901	(144)	(7)	30,734	30,044	(690)	3	36,339
232	200	(32)		2,004	2,200	196		2,622
2	41	39		855	449	(406)		540
3,279	3,142	(137)	(7)	33,593	32,693	(900)	3	39,501
10,220	10,023	(197)	(4)	105,589	103,919	(1,670)	12	125,878
Nursing								
12,412	12,045	(367)	(33)	112,228	112,319	91	(5)	134,761
152	345	193		1,661	1,949	288		2,462
9	5	(4)		99	46	(53)		55
12,573	12,395	(178)	(33)	113,988	114,314	326	(5)	137,278
Allied Health								
3,963	3,918	(45)	(30)	40,381	40,535	154	(4)	49,254
197	108	(89)		1,091	1,078	(13)		1,294
56	66	10		786	663	(123)		796
4,216	4,092	(124)	(30)	42,258	42,276	18	(4)	51,344
Support								
466	490	24	5	4,573	5,035	462	3	6,108
3	3	0		111	35	(76)		83
58	44	(14)		668	435	(233)		522
527	537	10	5	5,352	5,505	153	3	6,713
Management / Admin								
3,150	2,974	(176)	5	32,363	32,846	483	12	39,872
32	38	6		466	406	(60)		549
43	2	(41)		562	20	(542)		25
3,225	3,014	(211)	5	33,391	33,272	(119)	12	40,446
30,761	30,061	(700)	(57)	300,578	299,286	(1,292)	18	361,659
Outsourced Clinical Services								
2,247	2,182	(65)		24,118	22,552	(1,566)		27,055
78	69	(9)		792	752	(40)		906
5,577	6,286	709		65,278	64,206	(1,072)		77,313
4,289	3,443	(846)		39,049	36,530	(2,519)		43,461
Non Operating Expenses								
1,726	1,798	72		17,518	17,662	144		21,273
207	625	418		4,553	6,250	1,697		7,500
9	332	323		2,480	3,317	837		3,981
14,133	14,735	602		153,788	151,269	(2,519)		181,489
44,894	44,796	(98)		454,366	450,555	(3,811)		543,148
(744)	(836)	92		(12,064)	(10,812)	(1,252)		(15,442)

7.3

Revenue**MoH Revenue**

Ministry of Health revenue was unfavourable by \$0.04m for the month and is unfavourable by \$0.61m 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	(23)	147	Timing variance
Disability Support	ISIS beds	2	(296)	Fewer ISIS beds used.
FCT Funding	Pharmac		114	Lump sum payment for Faster Cancer Treatment work.
Health Workforce	Training revenue	(22)	(118)	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

A favourable monthly variance in non-resident patient revenue of \$0.43m reflects billing in April at the end of the cruise ship season. Patient related revenue is now \$0.49m favourable to budget ytd.

Internal Revenue

Internal revenue was \$0.06m favourable to budget for the month. YTD the favourable variance of \$2.64m 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 are also \$1.17m higher than budget ytd.

Workforce Costs

Year to date workforce costs (personnel plus outsourcing) are unfavourable YTD by \$1.29m, with April being \$0.06m unfavourable to budget.

The month unfavourable variance to budget is primarily due to locum usage covering vacant SMO roles, additional RMO and Allied Health FTEs, penal rate payments and RMO backpays.

Nursing FTE were higher than budgeted in April, reflecting hours worked, training and leave provisions for working over the Easter/Anzac Day period.

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.

Senior Medical Officers (SMOs)

SMOs had favourable direct costs for the month primarily due to the average pay rate being favourable to budget, partially offset by penal/statutory leave payments and the phasing of training costs. This cost was partially offset by unfavourable overtime and allowances.

Indirect costs were unfavourable due to recruitment and relocation 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 \$0.14m. The overrun in direct costs is due to additional FTE (recruited in November), backpay, average pay rates and KiwiSaver costs compared to budget.

Indirect costs were unfavourable primarily due to training costs.

Nursing

Nursing costs were unfavourable to budget for the month by \$0.18m and favourable ytd \$0.33m.

FTE were 33 unfavourable for the month reflecting hours worked and additional leave days for this working in statutory holidays. Clinical training also contributed to the FTE variance.

Direct costs were unfavourable in April due to overtime \$0.12m, penal rates \$0.14m over the Easter/Anzac Day period and less annual leave taken \$0.11m. Indirect costs were favourable due to the phasing on training costs.

Allied Health

Allied Health costs were \$0.12m unfavourable to budget for the month and in-line with budget ytd due to lower direct costs than budgeted driven by vacancies.

The monthly unfavourable variance reflects the hiring of graduates to roles in February, taking some roles above budgeted levels. This has been done as graduates are only available at that time of year. FTE numbers are expected to 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 April.

Support

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

Management / Administration

Management / Administration costs were \$0.21m unfavourable to budget primarily driven by new MECA/SECA agreements for clerical staff, allowances and KiwiSaver uptake rates.

Outsourced costs

Outsourced clinical services are \$0.07m over budget for the month and unfavourable by \$1.57m ytd. The ytd variances are due to:

- Additional radiology outsourcing is unfavourable by \$1.24m, 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 \$0.94m 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 \$0.56m for research funds, however this is offset in Clinical Supplies.

Clinical Supplies (excluding depreciation)

Clinical supplies were favourable to budget by \$0.71m for the month and unfavourable by \$1.07m ytd.

The ytd variance is due to:

- Pharmaceuticals (\$1.06m 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 (\$0.83m 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 (\$0.73m fav).

Infrastructure and Non-Clinical

These costs were \$0.85m unfavourable to budget in the month. Unfavourable variances to budget were savings targets of \$0.63m recovered elsewhere in the P&L, IT Systems costs of \$0.18m (software maintenance and outsourcing infrastructure services) and doubtful debt provisions for non-resident patient income of \$0.05m.

Non-Operating Expenses

This was favourable to budget by \$0.81m in April due to the lower than budgeted interest costs, the reduction in capital charge to 6% 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 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.