

SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Wednesday, 27 July 2016, 1.30 pm

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

A G E N D A

Lead Director: Lexie O'Shea

Item

- 1. Apologies**
- 2. Presentation by Dr Prosen Ghosh, Medical Assessment Planning Unit**
- 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
- 8. Health Quality and Safety Commission Patient Safety Evaluation Markers, Q3 January – March 2016**

APOLOGIES

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

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Hospital Advisory Committee
Date of Meeting:	27 July 2016
<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 since the last meeting:</p> <ul style="list-style-type: none"> ▪ Entries in the Executive Management Team Register updated for Nigel Millar, Nicola Mutch and Lynda McCutcheon. 	
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: 12/07/16</p>	
<p>RECOMMENDATION:</p> <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 CONSULTANT/CHAIR FAR COMMITTEE

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
(Commissioner)	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	25.06.2015	Trustee, Sport Otago	Nil	
	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	
		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	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
(Deputy Commissioner)	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	
	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, Dunedin Venues Ltd	Nil	
	25.06.2015	Independent Chair, Innovative Health Technologies (NZ) Ltd	Possible conflict if Southern DHB purchased this company's product.	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM CONSULTANT/CHAIR FAR COMMITTEE

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	25.06.2015	Associate Member, Commerce Commission	Potential conflict if complaint made against Southern DHB.	
Angela PITCHFORD (Deputy Commissioner)	03.08.2015	National Clinical Director of Emergency Department Services, Ministry of Health (2/10ths).	Target Champion for 'Shorter Stays in Emergency Departments' Health Target	
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		
	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.	
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.	
	21.08.2015	Board Member, REANNZ (Research & Education Advanced Network New Zealand)	Nil	
	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.	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM CONSULTANT/CHAIR FAR COMMITTEE

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
		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.	
		Daughter:		
	21.08.2015	3 rd Year Medical School Student		

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE MANAGEMENT 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
Sandra BOARDMAN	07.02.2014	Nil	
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
Richard BUNTON	17.03.2004	Managing Director of Rockburn Wines Ltd	The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.
	17.03.2004	Director of Mainland Cardiothoracic Associates Ltd	This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract.
	17.03.2004	Director of the Southern Cardiothoracic Institute Ltd	This company provides private cardiological services to Otago and Southland. A potential conflict would exist if the Southern DHB were to contract with this company.
	17.03.2004	Director of Wholehearted Ltd	This company is one used for personal trading and apart from issues raised in second line above no conflict exists.
	22.06.2012	Chairman, Board of Cardiothoracic Surgery, RACS	No conflict.
	29.04.2010	Trustee, Dunedin Heart Unit Trust	No conflict.
	29.04.2010	Chairman, Dunedin Basic Medical Sciences Trust	No conflict.
Carole HEATLY	11.02.2014	Trustee, Southern Health Welfare Trust	Southland Hospital Trust.

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
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.
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

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Lexie O'SHEA	01.07.2007	Trustee, Gilmour Trust	Southland Hospital Trust, no perceived conflict.
Dr Jim REID	22.01.2014	Director of both BPAC NZ and BPAC Inc	No conflict.
		Director of the NZ Formulary	No conflict.
		Trustee of the Waitaki District Health Trust	Possible conflict in negotiation of new contract.
		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.
		Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.	No conflict.
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 Tuesday, 21 June 2016, commencing at 9.30 am in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson	Commissioner Deputy Commissioner Deputy Commissioner
In Attendance:	Mrs Lexie O'Shea Mrs Sandra Boardman Dr Nigel Millar Mrs Leanne Samuel Mr Clive Smith Ms Jane Wilson Ms Jeanette Kloosterman	Acting CEO/Chief Operating Officer Executive Director Planning & Funding Chief Medical Officer 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

Apologies were received from Dr Angela Pitchford, Deputy Commissioner, and Ms Carole Heatly, Chief Executive Officer.

3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 2).

Recommendation:

"That the Interests Registers be received and noted."

Agreed

4.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 25 May 2016 be approved and adopted as a true and correct record."

Agreed

5.0 REVIEW OF ACTION SHEET

The Committee reviewed and noted the action sheet (tab 5).

6.0 REVIEW OF TERMS OF REFERENCE

The Committee reviewed its terms of reference and proposed meeting dates (tab 6).

The Commissioner noted that the recommendation was to revert to the previous practice of holding Hospital Advisory Committee meetings bi-monthly, with the next meeting to be held in July in Invercargill.

The Commissioner also advised that her discussions were continuing with the Chair of the Iwi Governance Committee regarding Māori representation on the advisory committees and that group was yet to make a recommendation on an appointment.

Recommendation:

"That the Commissioner approve the amended terms of reference and meeting dates for the Hospital Advisory Committee."

Agreed

7.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

Chief Operating Officer's Report (tab 7.1)

The Chief Operating Officer's (COO) report was taken as read and the COO highlighted the following points.

- A work programme was being undertaken on the Southland site to improve performance against the shorter stays in the Emergency Department (ED) Health Target.
- The Faster Cancer Treatment target was to see 85% of patients within 62 days by October 2016. As at the end of May Southern DHB was at 82%.
- Southern DHB was 6% above the Improving Access to Elective Services target and would remain so for the rest of the financial year.
- Elective Service Performance Indicator (ESPI) 12 was showing a red status and was being monitored intensively to ensure a financial penalty would not be incurred.

Key Performance Indicators (KPIs) (tab 7.2)

In response to questions from the Commissioner Team, the COO advised:

- That winter planning was in place, with beds being flexed on both the Invercargill and Dunedin sites and promotional activity was occurring, with the support of the PHO, to inform the community about the appropriate service to go to for various health issues;
- There were challenges meeting CT and MRI scan targets. A significant amount of work was occurring in Radiology and it was expected that the CT target would be met within the next few months and a review was being undertaken of the MRI pathway. The results of that were expected in the next few weeks.

- There had been an 18% increase in referrals to the Coronary Angiography Service but the waitlist had been reduced by 11% in May.

The Committee:

- Requested information on whether there was any follow-up activity with parents who declined immunisation for their children;
- Congratulated staff on exceeding the elective services target.

Financial Performance Summary (tab 7.3)

In presenting the financial report for May 2016, the Chief Financial Officer reported that overall the Provider Arm was close to budget and was expected to be close to forecast at year-end.

Recommendation:

"That the reports be received."

Agreed

CONFIDENTIAL SESSION

At 9.50 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) 1982.
3. Emerging and Current Issues	To allow activities and negotiations to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.
4. 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 MEETING
ACTION SHEET**

As at 18 July 2016

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
21 June 2016	Immunisation Health Target (Minute item 7.0)	Information to be provided on whether there is any follow-up activity with parents who decline immunisation for their children.	COO	Follow up occurs for all declines. However we are currently reviewing our process given the increase in decline rates.	

SOUTHERN DISTRICT HEALTH BOARD

Title:	Chief Operating Officer Report		
Report to:	Hospital Advisory Committee		
Date of Meeting:	27 July 2016		
Summary:			
Considered in these papers are:			
<ul style="list-style-type: none"> ▪ June 2016 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: 14/07/2016			
RECOMMENDATION:			
That the Hospital Advisory Committee receive the report.			

Chief Operating Officer Report – June 2016**Recommendation**

That the Hospital Advisory Committee notes this report.

- **Contract Performance**

- Total elective case weights delivered by Southern DHB Provider Arm for June were 136 below plan in June 2016 (10%). At year end total elective case weights are 229 above plan (2%).
- Total acute case weights delivered by the Southern DHB Provider Arm were 60 above plan June 2016 (2%). Year to date acute case weights are 1,202 above plan (4%).
- In comparison to actual year to date case weights delivered to June 2015, acute case weights delivered have increased by 1,070 case weights (3%) and elective case weights have increased by 197 (1%).

- **Ministers Health Targets**

Shorter Stays in the Emergency Department (ED) – Target 95%

June performance was 93.8%. Quarter four achievement at 93%.

	Dunedin	Southland	Main Sites
2015-16 Quarter 4	93.2%	92.6%	92.9%
2015/16 Quarter 3	95.2%	93.4%	94.4%
2015/16 Quarter 2	96.4%	93.0%	94.9%
2015/16 Quarter 1	90.4%	89.9%	90.2%

- A review of Southland performance has resulted in a new initiative to trial an admission unit for medical 'expect' patients. The aim is to have this running from August 2016. A flow coordinator has started in Southland. This has resulted in more consistent performance over the last week.
- Whilst strategies remain in place in Dunedin, the teams are challenged to consistently meet the target. A weekly review by the Senior Medical staff has been set up to try to understand how the department can more consistently meet the clinical demands.

Immunisation – Target 95%

- The target for children aged 8 months is 95%. Quarter 4 coverage remained at 94%.
- The target for two year old children remains at 95%. Quarter 4 coverage achieved 95%.
- The target for four year old children is 90% by June 2016. This target was achieved.
- Immunisation action plan 2016/17 is being developed to be completed by the end of July 2016. The plan will document actions to address vaccination timeliness including district wide processes will be implemented for the management of overdue's, declines and opt offs.

Faster Cancer Treatment (FCT) - Target 85%

- We are currently tracking to 82% for the 62 day target. With two weeks of data reporting to go, we expect to maintain this performance. The Ministers target of 85% will be assessed at the end of September 2016.
- Consistent improvement has occurred over the 2015/16 year.

Improving Access to Elective Services

Elective Surgical Discharges June 2016

	Elective Surgical Discharge Activity - Southern DHB population								
	June 2016				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated inhouse	873	870	3	0%	10,627	10,372	255	2%	10,372
SDHB population treated by other DHB (1)	46	46			487	483	4	1%	483
SDHB population outsourced	61		61		334		334		-
ELECTIVE INITIATIVE	980	916	64	7%	11,448	10,855	593	5%	10,855
Surgical Arranged Admissions	79	74	5	7%	1,104	831	273	33%	831
Surgical Discharges from a Non-Surgical PUC - Elective	36	37	(1)	(3%)	335	392	(57)	(15%)	392
Surgical Discharges from a Non-Surgical PUC - Arranged	28	32	(4)	(13%)	373	360	13	4%	360
HEALTH TARGET	1,123	1,059	64	6%	13,260	12,438	822	7%	12,438

Elective Surgical Caseweights June 2016

	Elective Surgical Caseweight Activity - Southern DHB population								
	June 2016				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated inhouse	1,039	1,244	(205)	(16%)	13,878	14,522	(644)	(4%)	14,522
SDHB population treated by other DHB (1)	89	89	0	0%	991	1,034	(44)	(4%)	1,034
SDHB population outsourced	66	7	59	813%	419	84	335	397%	84
	1,194	1,340	(146)	(11%)	15,288	15,641	(353)	(2%)	15,641

(1) IDF volumes for June, were nil as reported to MoH as at 5/7/16. Have forecast actual volume of 46 discharges and 89 CWD, for analysis purposes.

(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.

Operational Performance

Elective Service Performance Indicators (ESPI):

- The final ESPI position for April 2016 shows Southern DHB with a red status for ESPI2 (Patients waiting for First Specialist Assessment (FSA) and a yellow status for ESPI5 (Inpatients). There are no funding implications.
- Respiratory met the four month target in June and will meet it in July with the use of a locum to cover leave.
- Cardiology angiogram waiting times, 80.5% for June. The downwards trend has been reversed and waitlist reduced by 26% since February. Four-five additional angiogrammes have been undertaken over the last eight weeks to catch up. The problem was caused by a higher level of referrals March-April three months; this has now reduced to usual levels.

Medical Directorate

- Chemotherapy and radiotherapy, the 28 day waiting time is being maintained.
- The targets for the three colonoscopy waiting times were met in June as per the table below.
- 6000 Bed Days, at 30 June 2016 we had saved 7057 bed days, ahead of our target, using a formula which reports actual bed days versus expected bed days (see figure 1):

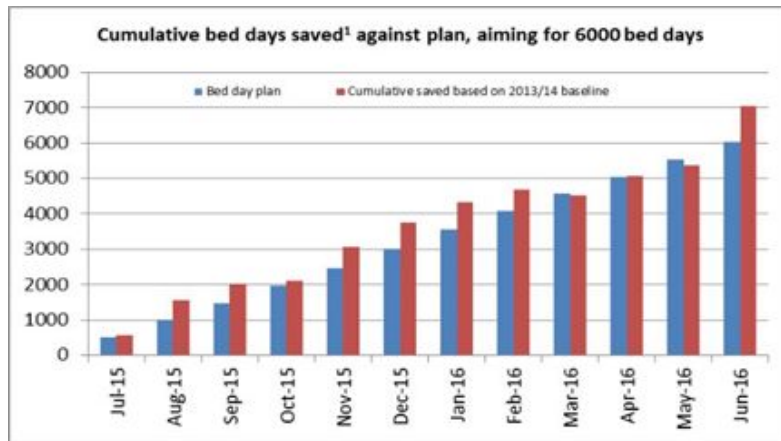


Figure 1 – bed day savings (total)

• ***Mental Health, Addictions and Intellectual Disability Directorate (MHAID)***

- The Directorate Leadership Team held a “Mid Winter Review” and 80 staff connected by video-conference over six sites across the district. The review had a Southern Future focus and gave updates on MHAID projects and achievements.
- Southern Rivers, the community mental health teams in Gore and Balclutha, have a new Team Manager appointed to the vacant role. A new Nurse Practitioner has commenced in Mental Health Service for Older People.
- Child, Adolescent and Family Service (Southland) continues to receive an increase in referrals over the past four months. The service is prioritising referrals and managing this work within capacity.
- A very successful workshop was held to provide education to provider arm and the wider mental health and addiction sector about Dunedin’s refugee resettlement that complemented the project that MHAID was involved with to facilitate information to refugees about services.
- Southern MHAID continuum of care model that incorporates national key performance indicators has been adopted by the National Mental Health and Addictions Key Performance Indicators (KPI) programme and is featured in the most recent national newsletter. Locally the service has been involved in writing stories to demonstrate the clinical significance of clusters of KPIs on patients’ journeys.
- The Directorate completed a project that ensures mandatory training for staff is aligned across the district. This multidisciplinary project has aligned the training for each professional group within MHAID and provides a framework to ensure that the service and staff meet competencies required by the organisation, legislation and professional bodies.

• ***Surgical Directorate***

- The anaesthesia pre assessment clinic (APAC) ensures patients are as fit as possible for surgery as soon as a decision has been made to proceed to treatment. This is to reduce any risk to patients and ensure postponements close to surgery are minimised. The service is now fully staffed with the most recently appointed staff member completing orientation. The district wide governance of APAC is continuing to develop and the Governance group meets monthly to ensure consistency across the programme.
- The audiology unit rebuild is progressing, with the design detail being completed in April. Tenders for construction closed June 9 2016. The project team have updated the main users of the service including the Hearing Association, Deaf Aotearoa and the Otago Association for Deaf Children, who will continue to be involved and provide feedback.
- The National Patient Flow (NPF) data collection is a Ministry of Health led project allowing reporting of the planned patient journey from referral to discharge. This is multi-year

programme of work with phase one and two complete, phase three commenced July 2016. A training programme for staff entering data was delivered in all facilities, including rural hospitals, during the last two weeks in June. This was to provide education to reinforce changes from phase one and two and ensure staff are well prepared for phase three. Once implemented we will be able to identify opportunities to improve the patient journey and provide the data that will inform service delivery with a local and national perspective.

- Two surgical directorate teams participated in the most recent cohort of the skills for change programme in Southland. One group in the ophthalmology service explored new ways to address the demand for retinal screening for people with diabetes. The second group from the Outpatients service looked at the nursing resource that is required to prepare notes for planned clinics with a view to looking at different processes to manage this workload.

- ***Women's, Children's, Public Health and Support (WCPH&S) Directorate***

- The 10th anniversary of Countdown Kids partnership with our Child Health Services is coming up in August 2016. Communication of how this will be celebrated will be forwarded in the near future.
- The Women's Health Service in Southland continues to recruit to a Senior Medical Officer vacancy.
- Radiology Service, CT / MRI Diagnostic Waiting Time Indicator for June 2016. In June 2016 69% of elective patients referred to Magnetic Resonance Imaging (MRI) had their report distributed within the required timeframes against a target wait time of 85%. This is an improvement from the May result of 52%. Southern DHB performance improved in June to 79.96% in Dunedin and 57.17% in Southland. Options are being progressed to resolve the barriers to reaching the health target. This is the best result for MRI in over 14 months and is a result of additional capacity, with a fixed term MRI technologist appointment and outsourcing of an additional 70 long wait cases.
- Computerised Tomography (CT) in June 2016 achieved 76.8% against a target wait time of 95%, improving from 74.8% in May 2016. Southland Hospital continues to perform well at 90.75% and Dunedin has held steady at 66% for May and June. Dunedin is continuing to experience high volumes of inpatient demand and demand for CT guided procedures.

- ***Older Person's Health, Clinical Support and Community Services Directorate***

- Two papers have been presented to Assessment, Treatment and Rehabilitation staff teams on the Dunedin and Wakari Hospital sites at the end of June. Shaping Services, Pathways for the Future, describes the Southern DHB's vision for future Assessment, Treatment, and Rehabilitation services on the Dunedin and Wakari sites, with the steps we need to take in the next 12-18 months to move to one service. One of these steps, single nursing leadership across the service, formed the second paper presented to staff. Proposal for Change: Nursing Leadership – incorporating Ward 6A, 6B and ISIS, with consultation on this proposal open until the end of July. Development of one service :
 - One service, two site configuration for ATR
 - Alignment of ATR processes to one service : two site configuration - development of single point of entry into the ATR service i.e. one point for new referrals, and development of clear rehabilitation care pathways
 - Aligning Ward reception function across new 6ATR to allow for wider coverage for admin support across the week
 - Explore opportunities to provide in-reach rehabilitation services in acute care settings
 - Active involvement of ATR service into facilities redevelopment on the Dunedin site
- An administration/clerical review was completed in June at Lakes District Hospital, with new rosters for administration staff implemented from 1 July. The new roster builds in longer coverage of hospital reception in the evenings and weekend, creates a dedicated outpatient clerk position for increasing outpatient services, and provides annual leave cover for all administration staff.
- A Medical Radiation Technologists (MRT) review has been completed, with a proposal for change to increase coverage of MRT staffing across week days and weekends. This is to

reduce waiting times for X-Rays at Lakes District Hospital, improve patient flow through the Emergency Department, and to reduce on-call and overtime commitments for the small staff team.

- The Assessment Treatment and Rehabilitation service in Southland has refocused its community Assessment Treatment and Rehabilitation team in the last six months and a formal review meeting was held in June to look at the impact and feedback on this change. Previously the community service was delivered by individual professional groups (Physiotherapy, Occupational Therapy, Nursing etc.) treating the patients separately. Since January, the new Rehabilitation Early Assessment Community and Home (REACH) team has been delivering patient goal centred multi-disciplinary team focused care, with a maximum episode of care set at twelve weeks.
- Patient feedback and patient outcomes for the REACH service have been very positive, and the clinical leadership team are now working on a number of actions to make further improvements to the service, which includes a small increase in rehabilitation assistant FTE to ensure waiting times for this service can be reduced.
- A team from across the Directorate clinical services (Dental, Pharmacy, and Physiotherapy) continue to work with our Human Resources team to look at strategies to attract allied health professionals to our hard-to-recruit areas. Strategies include: working with WellSouth on the Southland Hospital site to look at offering Physiotherapy roles within the primary/community setting, looking at hosting new graduate recruitment interviews on the Southland site this year to showcase the Southland Hospital facility (recruitment is done district-wide, usually on the Dunedin site). There has been some success regarding recruitment into the Pharmacy vacancies, with expectation that the service will be fully staffed by September/October.

- ***Education Centre – Construction Progress***

- Southland Hospital will soon open its purpose-built education centre on the top level of the unused prior dining room/kitchen facility. The space includes a dedicated skills lab for example, for intravenous therapy work, two simulation spaces, one a ward space and one a dedicated operating theatre/ED resuscitation bay/birthing space, preparation rooms, control rooms, equipment store, meeting-lecture space, consultation rooms, break-out lounge, video conference facilities and office space.
- The University of Otago Health Science's Faculty is exploring the utilisation of the ground floor space. This is contingent on the Otago University advice. They are hoping to fit out this space with more teaching and also potential purpose-built lecture theatre space annexed onto the building.
- The vision is for the building to have bookable space for our health community also.



Above: Skills Lab showing new Joinery and Ceiling Grid



Left: Seminar Rooms with Trans-space Door tracks in place.

Below: East elevation of Building with Plaster and painting near completion.



Lexie O'Shea, Chief Operating Officer/Deputy CEO
Leanne Samuel, Executive Director of Nursing and Midwifery

Southern DHB
Hospital Advisory Committee - KPIs June 2016 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)	921	1,123	1,059	64 (6%)	
3a - Improved access to elective surgical services ytd (population based)	11,837	13,260	12,438	822 (6.6%)	

Patient Safety and Experience - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
Faster Cancer treatment; % of patients to receive their 1st cancer treatment within 62 days	NA	81%	85%	-4.0%	
11 - Reduced stay in ED	92%	94%	95%	-1.2%	
15 - Acute Readmission Rates (note 1)	10.2%	11.0%	9.9%	1.1%	

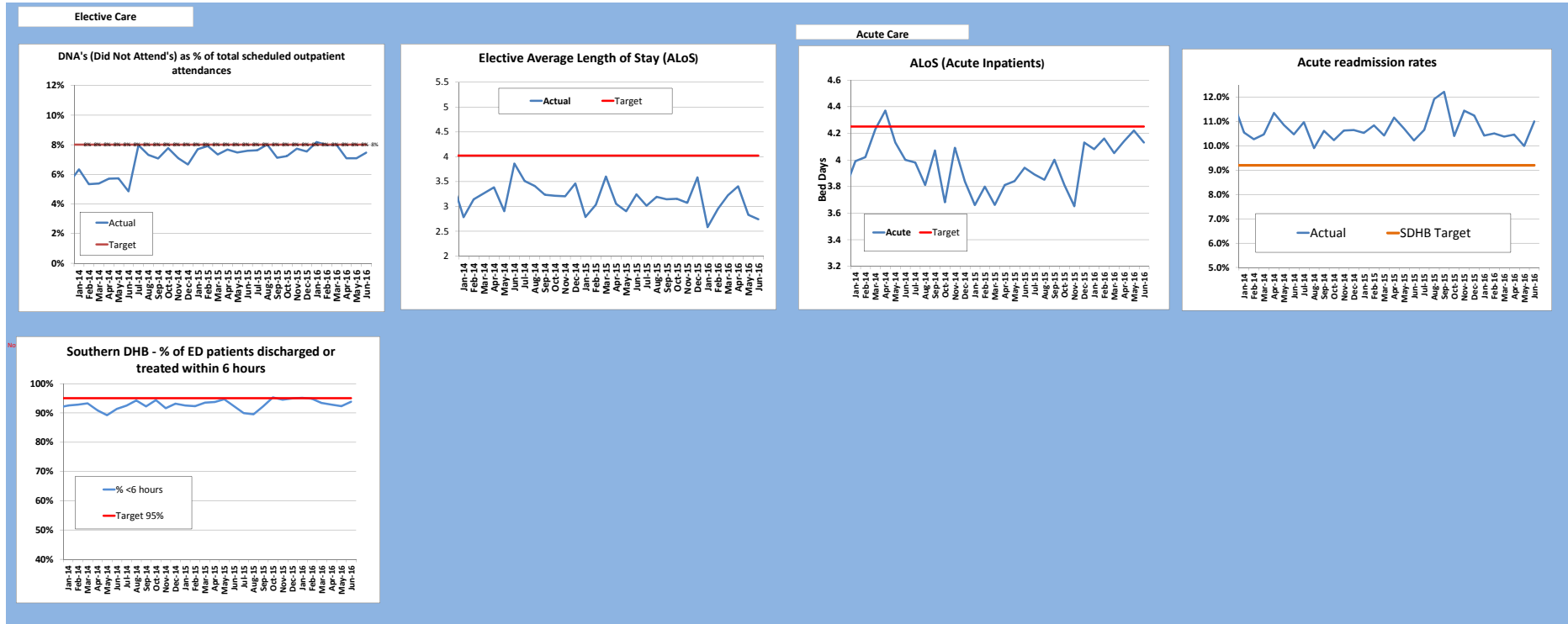
Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
1 - Waits >4 months for FSA	9	69	0	89	
2 - Treatment >4 months from commitment to treat	12	33	0	19	
% of accepted referrals for CT scans receiving procedures within 42 days	NA	77%	95%	-18.0%	
% of accepted referrals for MRI scans receiving procedures within 42 days	NA	68%	85%	-17.0%	
% accepted referrals for Coronary Angiography within 90 days	NA	81%	95%	-14.5%	
4a - Elective caseweights versus contract (monthly provider arm delivered)	1,394	1,164	1,299	-135 (-10.4%)	
4b - Elective caseweights versus contract (ytd provider arm delivered)	2,610	15,429	15,200	229 (1.5%)	
7a - Acute caseweights versus contract (monthly provider arm delivered)	2,809	2,794	2,734	60 (2.2%)	
7b - Acute caseweights versus contract (ytd provider arm delivered)	5,344	34,535	33,333	1202 (3.6%)	

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	

Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
5 - Reduction in DNA rates	7.6%	7.5%	8.0%	-0.5%	
9 - ALoS (elective) (Note 3)	3.24	2.74	4.02	1.28 (31.8%)	
ALoS (Acute inpatient) (Note 3)	3.94	4.13	4.25	0.12 (2.8%)	
DOSA (Note 2)	95%	97%	95%	2%	

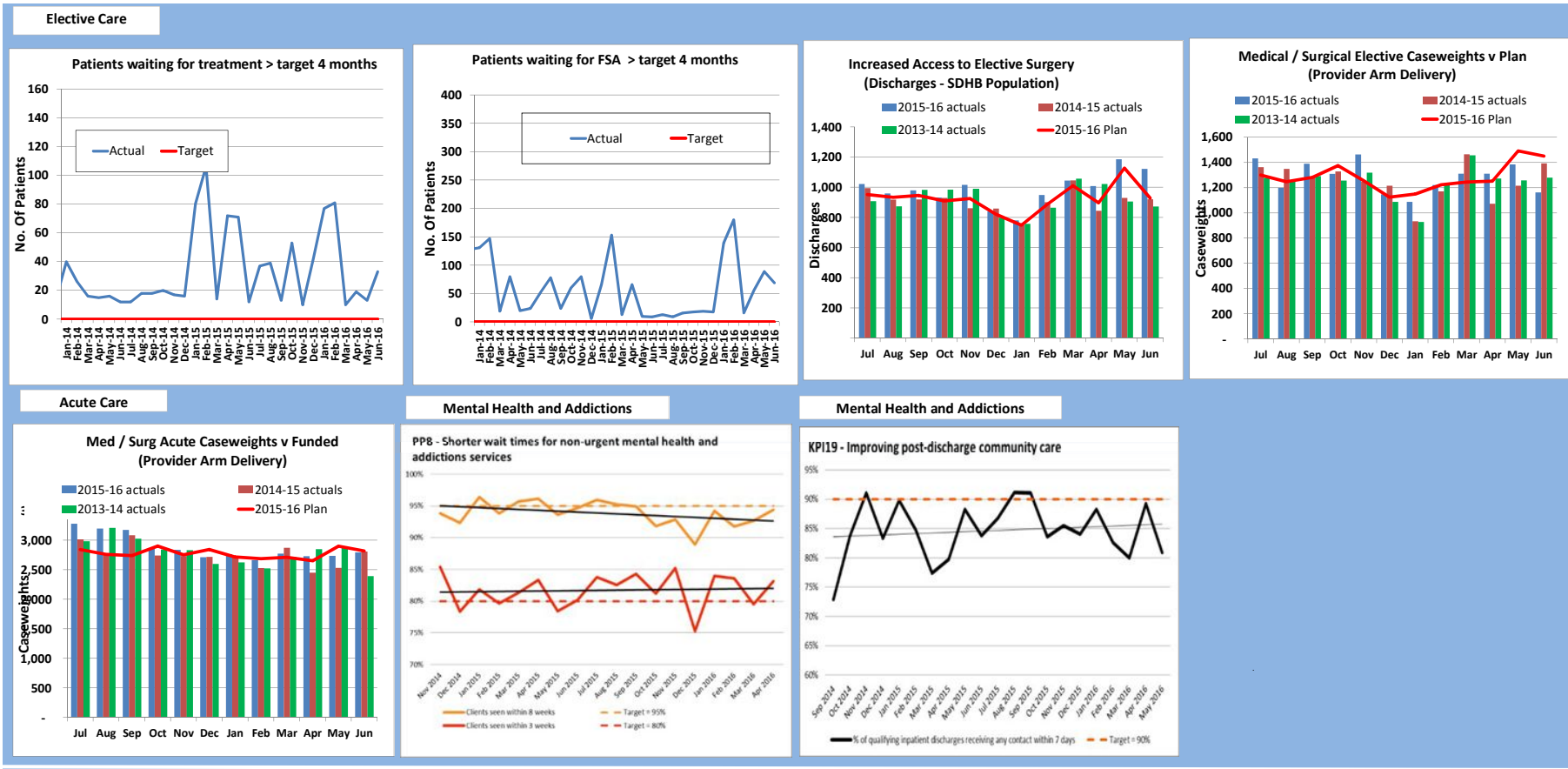
7.2

Southern DHB
Hospital Advisory Committee - Performance Report June 2016 Data



Southern DHB
Hospital Advisory Committee - Hospital Healthcheck
June 2016 Data

7.2



SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Hospital Advisory Committee	
Date of Meeting:	27 July 2016	
Summary:		
The issues considered in this paper are:		
<ul style="list-style-type: none"> ▪ June 2016 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:	Not applicable, report submitted directly to Finance Audit and Risk Committee.	Date: n/a
Approved by Chief Executive Officer:		Date:
Prepared by: Finance staff	Presented by: Clive Smith Chief Financial Officer	
Date: 20/07/2016		
RECOMMENDATION:		
That the report be noted.		

SOUTHERN DHB FINANCIAL REPORT – Commissioners Summary for HAC

Financial Report for: June 2016
Report Prepared by: Clive Smith
Date: 14 July 2016

Overview

Results Summary

Actual \$000	Month			Year to Date			Annual Budget \$000
	Budget \$000	Variance \$000		Actual \$000	Budget \$000	Variance \$000	
44,828	43,617	1,211	Revenue	526,028	522,740	3,288	522,740
(33,509)	(30,338)	(3,171)	Less Personnel Costs	(349,846)	(350,955)	1,109	(350,955)
(17,095)	(15,603)	(1,492)	Less Other Costs	(194,993)	(186,695)	(8,298)	(186,695)
(5,776)	(2,324)	(3,452)	Net Surplus / (Deficit)	(18,811)	(14,910)	(3,901)	(14,910)
			Other Costs				
(3,253)	(2,556)	(697)	Outsourced	(32,575)	(31,458)	(1,117)	(31,458)
(6,773)	(7,235)	462	Clinical Supplies	(85,921)	(84,980)	(941)	(84,980)
(7,069)	(5,812)	(1,257)	Infrastructure & Non Clii	(76,497)	(70,257)	(6,240)	(70,257)
(17,095)	(15,603)	(1,492)	Total Other Costs	(194,993)	(186,695)	(8,298)	(186,695)

The June monthly result for the Provider Arm was a deficit of \$5.78m which was unfavourable to budget by \$3.45m. The year-end deficit was \$18.81m which was \$3.90m unfavourable to budget.

The year-end result has been driven primarily by:

Revenue

- Additional revenue for elective surgery, ACC and PCT revenue, offset by cost.

Personnel Costs

- Personnel costs were \$1m under budget at year-end. Lower than budgeted payroll costs due to the outsourcing of food services and a reduction in the ACC levy has been offset by higher than budgeted employee entitlements, including an increase in the valuation of our Long Service Leave and Gratuity accruals above both forecast and budget.

Other Costs

- Other costs being \$8.3m over budget, due mainly to additional expenditure on outsourced radiology, clean-up costs regarding asbestos and increased food costs (offset by a reduction in payroll costs for food service workers).
- These were offset by lower than budgeted capital charge and interest payments.

Food Services

While the various components of the Food Service spend are mentioned below, overall this service is reporting the same variance as last month for the year of \$0.54m unfavourable.

Detail Section**Revenue**

Ministry of Health revenue was favourable for the month by \$0.85m and \$1.92m favourable at year end, due to PCT revenue being higher than budgeted (offset by cost) and additional revenue being received for elective volumes

Other Government revenue is favourable to budget for the month by \$0.19m and \$1.67m favourable year to date. The monthly variance is due to higher than budgeted ACC revenue, the year to date variance also due to ACC plus higher than budgeted blood rebates and revenue received from the dental school.

Other revenue is \$0.17m favourable for the month due to recognising the gain on sale of the High St property, offset by nil cafeteria sales (part of the food outsourcing). The unfavourable year end variance to budget of \$0.29m is also driven by lower interest receipts.

Personnel Expenses

<i>Part 2: DHB Provider</i>	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Personnel Expenses									
Medical Personnel	(11,104)	(10,254)	(850) U	(8%)	(119,180)	(118,890)	(290) U		(118,890)
Nursing Personnel	(12,242)	(11,466)	(776) U	(7%)	(133,534)	(133,259)	(275) U		(133,259)
Allied Health Personnel	(5,459)	(4,317)	(1,142) U	(26%)	(49,357)	(48,836)	(520) U	(1%)	(48,836)
Support Services Personnel	(564)	(883)	319 F	36%	(6,752)	(10,315)	3,563 F	35%	(10,315)
Management / Admin Personnel	(4,141)	(3,419)	(722) U	(21%)	(41,022)	(39,654)	(1,368) U	(3%)	(39,654)
Personnel Costs Total	(33,509)	(30,338)	(3,171) U	(10%)	(349,846)	(350,955)	1,109 F		(350,955)

Overall personnel costs were \$3.17m over budget for the month and \$1.11m favourable to budget at year-end.

The monthly variance amongst staff types was due primarily to:

- Additional employee entitlement provisions of \$3.83m including an increase in the actuarial valuation of long service leave and gratuities. This was driven by payroll increases being in excess of the 0.4% inflation treasury rate used as part of the calculation.

Offsetting this partially was the release of the accrual for the residual portion of the ACC levy (sufficient funding has now been received by ACC to support people who were injured before privatisation occurred in 1999).

- These are partially offset by payroll savings due to the outsourcing of food services (main impact in Support Staff).

The above reasons also impact the year end favourable variance. Favourable FTE variances in Medical, Allied and Support Staff (the latter due to the outsourcing of food services which is offset by reduced revenue and increased outsourced food costs) drive the overall year end favourable variance.

FTE

<i>Staff Type</i>	<i>May-15 Actual</i>	<i>Jun-15 Actual</i>	<i>Dec-15 Actual</i>	<i>Mar-16 Actual</i>	<i>May-16 Actual</i>	<i>June-16 Actual</i>	<i>June-16 Budget</i>	<i>Variance to Budget</i>	<i>YTD Variance</i>
<i>SMO</i>	245	241	248	251	250	250	254	3	8
<i>RMO</i>	280	270	289	269	272	270	278	8	5
<i>Nursing Personnel</i>	1,622	1,628	1,618	1,649	1,648	1,634	1,637	4	(5)
<i>Allied Health Personnel</i>	655	651	638	647	653	651	665	14	14
<i>Support Personnel</i>	190	187	104	103	102	102	107	5	6
<i>Management & Administration</i>	629	616	628	638	636	632	636	4	8
Total Full Time Equivalents (FTE's)	3,620	3,593	3,525	3,556	3,561	3,539	3,578	38	36

Provider Arm FTE decreased 22 from last month, driven by nursing personnel that reduced 14 FTE.

For the purposes of management reporting, the budget numbers above have had the impact of the food service outsourcing removed to enable a meaningful comparison of actuals to budget.

Outsourced Expenses

Outsourced costs were \$0.70m over budget in June, being \$1.12m unfavourable to budget year-end.

The unfavourable monthly variance is due mainly to outsourced radiology services to cover vacancies. Outsourced SMOs were also unfavourable to budget offsetting favourable payroll costs due to vacancies.

The majority of the annual unfavourable variance in outsourced costs of \$1.12m was driven by outsourced radiology services.

Clinical Supplies Expenses

<i>Part 2: DHB Provider</i>	<i>Current Month</i>				<i>Year to Date</i>				<i>Annual</i>
	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Variance</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Variance</i>	<i>Budget</i>
	<i>\$(000)</i>	<i>\$(000)</i>	<i>\$(000)</i>	<i>%</i>	<i>\$(000)</i>	<i>\$(000)</i>	<i>\$(000)</i>	<i>%</i>	<i>\$(000)</i>
Clinical Supplies									
Treatment Disposables	(2,313)	(2,518)	204 F	8%	(29,931)	(30,185)	254 F	1%	(30,185)
Diagnostic Supplies & Other	(130)	(154)	24 F	16%	(1,740)	(1,848)	108 F	6%	(1,848)
Instruments & Equipment	(1,476)	(1,460)	(15) U	(1%)	(17,231)	(16,988)	(243) U	(1%)	(16,988)
Patient Appliances	(266)	(181)	(85) U	(47%)	(2,074)	(2,150)	76 F	4%	(2,150)
Implants & Prosthesis	(992)	(1,002)	11 F	1%	(12,060)	(11,356)	(704) U	(6%)	(11,356)
Pharmaceuticals	(1,147)	(1,626)	479 F	29%	(18,368)	(18,941)	573 F	3%	(18,941)
Other Clinical Supplies	(449)	(294)	(155) U	(53%)	(4,518)	(3,511)	(1,007) U	(29%)	(3,511)
Clinical Supplies Total	(6,773)	(7,235)	463 F	6%	(85,921)	(84,980)	(942) U	(1%)	(84,980)

Clinical supply costs were favourable for the month by \$0.46m due to an increase in the Hospital Pharmacy rebate to be received as advised by Pharmac.

At year-end, the drivers for \$0.94m unfavourable variances are:

- Implants and prostheses are \$0.70m unfavourable driven by increased volumes compared to budget of cardiac implants, shunts and stents and other implants.
- Costs involved in expensing assets purchased under \$2k when these assets were budgeted to be capitalised (aligning to national oracle solution processes).
- Other Clinical Supplies are \$1.01m unfavourable to budget driven by additional air ambulance costs and research costs (research costs are offset by additional revenue).

Infrastructure & Non-Clinical Expenditure

<i>Part 2: DHB Provider</i>	Current Month				Year to Date				Annual
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Budget \$(000)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,375)	(1,105)	(270) U	(24%)	(16,096)	(14,024)	(2,072) U	(15%)	(14,024)
Facilities	(3,126)	(1,849)	(1,277) U	(69%)	(24,604)	(21,618)	(2,986) U	(14%)	(21,618)
Transport	(336)	(348)	12 F	3%	(4,198)	(4,101)	(97) U	(2%)	(4,101)
IT Systems & Telecommunications	(851)	(1,070)	218 F	20%	(11,764)	(12,495)	731 F	6%	(12,495)
Interest & Financing Charges	(1,031)	(1,184)	153 F	13%	(13,122)	(14,213)	1,091 F	8%	(14,213)
Professional Fees & Expenses	49	(128)	177 F	138%	(1,801)	(1,555)	(246) U	(16%)	(1,555)
Other Operating Expenses	(397)	(126)	(271) U	(214%)	(4,911)	(2,252)	(2,659) U	(118%)	(2,252)
Democracy	-	-	-	-	-	-	-	-	-
Subsidiaries & Joint Ventures	-	-	-	-	-	-	-	-	-
Infrastructure & Non-Clinical Supplies	(7,069)	(5,811)	(1,258) U	(22%)	(76,496)	(70,258)	(6,238) U	(9%)	(70,258)

Infrastructure and non-clinical costs were \$1.26m over budget for the month due to;

- \$0.28m - Additional food costs offset by lower than budgeted personnel costs.
- \$1.28m - Facility costs over budget relating both to the removal of asbestos and deferred maintenance costs.

Other operating expenses were over budget both for the month and year to date due to the budgeting of the savings initiatives in this category. These savings have been met in other account categories.

Year to date, these were also the drivers of the \$6.24m unfavourable variance.

7.3

SDHB Provider Arm - Financial Statements

Part 2: DHB Provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
REVENUE									
Ministry of Health									
MoH - Personal Health	782	117	665 F	570%	2,221	1,401	820 F	59%	1,401
MoH - Mental Health	-	-	-	-	-	-	-	-	-
MoH - Public Health	626	565	61 F	11%	6,790	6,777	13 F		6,777
MoH - Disability Support Services	365	368	(3) U	(1%)	4,278	4,434	(157) U	(4%)	4,434
MoH - Maori Health	-	-	-	-	-	-	-	-	-
Clinical Training Agency	603	624	(21) U	(3%)	7,310	7,268	42 F	1%	7,268
Internal - DHB Funder to DHB Prov	39,659	39,507	153 F		475,527	474,325	1,202 F		474,325
Ministry of Health Total	42,035	41,180	854 F	2%	496,126	494,205	1,920 F		494,205
Other Government									
Other DHB's	30	25	5 F	20%	431	292	139 F	48%	292
Training Fees and Subsidies	22	17	5 F	31%	238	203	35 F	17%	203
Accident Insurance	1,128	874	254 F	29%	10,126	9,368	758 F	8%	9,368
Other Government	387	464	(77) U	(17%)	6,238	5,504	734 F	13%	5,504
Other Government Total	1,567	1,380	187 F	14%	17,033	15,366	1,667 F	11%	15,366
Government and Crown Agency To	43,602	42,561	1,042 F	2%	513,159	509,571	3,588 F	1%	509,571
Other Revenue									
Patient / Consumer Sourced	95	227	(132) U	(58%)	3,390	3,299	91 F	3%	3,299
Other Income	1,130	828	302 F	36%	9,479	9,871	(392) U	(4%)	9,871
Other Revenue Total	1,225	1,056	170 F	16%	12,869	13,170	(301) U	(2%)	13,170
REVENUE TOTAL	44,828	43,616	1,211 F	3%	526,028	522,741	3,287 F	1%	522,741
EXPENSES									
Personnel Expenses									
Medical Personnel	(11,104)	(10,254)	(850) U	(8%)	(119,180)	(118,890)	(290) U		(118,890)
Nursing Personnel	(12,242)	(11,466)	(776) U	(7%)	(133,534)	(133,259)	(275) U		(133,259)
Allied Health Personnel	(5,459)	(4,317)	(1,142) U	(26%)	(49,357)	(48,836)	(520) U	(1%)	(48,836)
Support Services Personnel	(564)	(883)	319 F	36%	(6,752)	(10,315)	3,563 F	35%	(10,315)
Management / Admin Personnel	(4,141)	(3,419)	(722) U	(21%)	(41,022)	(39,654)	(1,368) U	(3%)	(39,654)
Personnel Costs Total	(33,509)	(30,338)	(3,171) U	(10%)	(349,846)	(350,955)	1,109 F		(350,955)
Outsourced Expenses									
Medical Personnel	(485)	(320)	(165) U	(52%)	(4,097)	(4,182)	85 F	2%	(4,182)
Nursing Personnel	(5)	(5)	(1) U	(14%)	(399)	(55)	(344) U	(625%)	(55)
Allied Health Personnel	(126)	(68)	(58) U	(84%)	(1,101)	(904)	(196) U	(22%)	(904)
Support Personnel	(59)	(37)	(22) U	(61%)	(327)	(441)	114 F	26%	(441)
Management / Administration Perso	(69)	(2)	(67) U		(148)	(25)	(123) U	(504%)	(25)
Outsourced Clinical Services	(2,430)	(2,059)	(371) U	(18%)	(25,544)	(24,942)	(602) U	(2%)	(24,942)
Outsourced Corporate / Governanc	(79)	(65)	(14) U	(22%)	(960)	(909)	(51) U	(6%)	(909)
Outsourced Services Total	(3,253)	(2,556)	(697) U	(27%)	(32,575)	(31,458)	(1,117) U	(4%)	(31,458)
Clinical Supplies									
Treatment Disposables	(2,313)	(2,518)	204 F	8%	(29,931)	(30,185)	254 F	1%	(30,185)
Diagnostic Supplies & Other Clinical	(130)	(154)	24 F	16%	(1,740)	(1,848)	108 F	6%	(1,848)
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Facilities	(3,126)	(1,849)	(1,277) U	(69%)	(24,604)	(21,618)	(2,986) U	(14%)	(21,618)
Transport	(336)	(348)	12 F	3%	(4,198)	(4,101)	(97) U	(2%)	(4,101)
IT Systems & Telecommunications	(851)	(1,070)	218 F	20%	(11,764)	(12,495)	731 F	6%	(12,495)
Interest & Financing Charges	(1,031)	(1,184)	153 F	13%	(13,122)	(14,213)	1,091 F	8%	(14,213)
Professional Fees & Expenses	49	(128)	177 F	138%	(1,801)	(1,555)	(246) U	(16%)	(1,555)
Other Operating Expenses	(397)	(126)	(271) U	(214%)	(4,911)	(2,252)	(2,659) U	(118%)	(2,252)
Democracy	-	-	-	-	-	-	-	-	-
Subsidiaries & Joint Ventures	-	-	-	-	-	-	-	-	-
Infrastructure & Non-Clinical Supp	(7,069)	(5,811)	(1,258) U	(22%)	(76,496)	(70,258)	(6,238) U	(9%)	(70,258)
Total Expenses	(50,604)	(45,941)	(4,663) U	(10%)	(544,839)	(537,650)	(7,188) U	(1%)	(537,650)
Net Surplus/ (Deficit)	(5,776)	(2,324)	(3,452) U	(148%)	(18,811)	(14,910)	(3,901) U	(26%)	(14,910)

SOUTHERN DISTRICT HEALTH BOARD

Title:	Health Quality and Safety Commission Patient Safety Evaluation Markers – Quarter 3 (January- March 2016)	
Report to:	Hospital Advisory Committee	
Date of Meeting:	27 July 2016	
Summary:		
Considered in this paper is: <ul style="list-style-type: none"> ▪ A summary of Health Quality and Safety Commission Patient Safety Evaluation Markers for Southern DHB for Quarter 3, January-March 2016 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	Yes	
Workforce:	Yes	
Other:	No	
Document previously submitted to:	N/A	Date: N/A
Approved by:	N/A	Date: N/A
Prepared by: Tina Gilbertson Director of Quality Date: 07/07/2016		Presented by: Dr Nigel Millar Chief Medical Officer
RECOMMENDATION:		
That the Commissioner receive this report.		



Title:	Health Quality and Safety Evaluation Markers Quarter 3 (January-March 2016) report				
To:	Commissioner Team				
Date of Publication:	30 June 2016				
A short summary of data in table below					
Measure	status	SDHB	target	SDHB rank	comment
Percentage of older patients assessed for the risk of falling		67%	90%	Lower	This quarter shows Southern's performance in lower group well below the target. Q4 results will show a 20% increase to 85% as a result of significant improvement effort.
Percentage of those at risk with an individualised care plan		72%	90%	Lower	This quarter shows Southern's performance in lower group well below the target. Q4 results will show a 7% increase to 79% as a result of significant improvement effort.
IP Fractured neck of femur					1 Fractured Neck of Femur No DHB comparative data from HQSC
Hand Hygiene audit		85%	80%	Upper	Continue to hold position in upper group.
Antibiotic timing - major joint replacement		92%	100%	Middle	17 cases with no record of time.
Antibiotic dosing – major joint replacement		94%	95%	Middle	10 cases with 1gm of Cefazolin 1 case of 3gm Recommend dose 2gm
Skin preparation – major joint replacement		97%	100%	Middle	2 cases with no record of skin preparation solution.
Surgical Site Infections					Rate increase to 2.4 per 100 hip and knee operations. Previous rate 0.5.
Electronic Medicines Reconciliation					Not implemented - 5 DHBs implemented.
Upper Group Middle Group Lower Group 					

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. Certification Audit Corrective Actions	To allow activities and negotiations to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the Official Information Act (OIA) 1982.
3. 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 OIA.
4. Emerging and Current Issues	To allow activities and negotiations to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.
5. 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.
6. Contract – Ministry of Health, Regional Intellectual Disability Secure Services	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.