

SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Tuesday, 21 June 2016, 9.30 am

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

A G E N D A

Lead Director: Lexie O'Shea

Item

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

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 (NZPHA) 2000 for the passing of this resolution are as follows:

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Excluded Minutes Public Meeting	As set out in previous agenda.	As set out in previous agenda.
2. Serious 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 Interim Programme Urgent Works	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.

APOLOGIES

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

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Commissioner Team
Date of Meeting:	21 June 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"> ▪ Susie Johnstone, Independent Chair of the Finance, Audit & Risk Committee – entry for Office of the Auditor-General updated; ▪ Pania Coote, Executive Director Māori Health - Ngai Tahu entry updated; SI DHBs Medical Diagnostic Lab Steering Group and various SDHB operational advisory committees removed. 	
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: 10/06/16</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 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 International Airport Limited- (Ended 31.10.2015)	Nil	
	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, Arai Te Uru Kokiri Centre - DELETED 02.09.2015	n/a	
	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.	

**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.	
	23.11.2015	Director, Dunedin Venues Management Ltd - DELETED 26.02.2016	Nil	
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.	
	29.03.2010	Chairman, Composite Retail Group (Removed 21.12.2015)	May have some stores that deal with Southern DHB.	
	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.	
	21.08.2015	Daughter: 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 McCUTHEON	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
Nigel MILLAR		TBA	
Nicola MUTCH	16.03.2016	Member, International Nominations Committee, Amnesty International	Nil
		Trustee, Blueskin Resilient Communities Trust	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil
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	Nil
Clive SMITH	31.03.2016	Nil	

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 25 May 2015, commencing at 1.00 pm in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant Mr Graham Crombie Dr Angela Pitchford Mr Richard Thomson	Commissioner Deputy Commissioner Deputy Commissioner Deputy Commissioner
In Attendance:	Ms Carole Heatly Mrs Lexie O'Shea Mrs Sandra Boardman Dr Nigel Millar Mrs Leanne Samuel Mr Clive Smith Ms Jane Wilson Ms Jeanette Kloosterman	Chief Executive Officer Deputy 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

There were no apologies.

3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 2). The Commissioner asked if there were any further interests to be declared in relation to the agenda items. None were advised.

Recommendation:

"That the Interests Registers be received and noted."

Agreed

4.0 REVIEW OF TERMS OF REFERENCE

The Committee reviewed its terms of reference (tab 3) and requested:

- That the Chief Executive Officer report back, with recommendations, on the location and frequency of meetings;
- That the review period be changed to, "The terms of reference for this Committee shall be reviewed as and when appropriate."

5.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

Chief Operating Officer's Report (tab 1)

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

- Performance against the shorter stays in the Emergency Department (ED) target at 92.8% was slightly under the target of 95%;
- Good progress was being made against the Faster Cancer Treatment target and it was expected that the target of 85% would be met in September;
- In regard to improving access to elective services, discharges were ahead of target and case weights were slightly behind. It was expected that targets would be met by the end of June;
- Elective Service Performance Indicators (ESPI) - ESP12 and ESP15 were yellow for March. Unfortunately April showed a red status for ESPI 2, waiting times for first specialist assessments, but only in one area. A work plan was in place to address this.

Releasing Time to Care

The Executive Director of Nursing and Midwifery gave a report on the Releasing Time to Care (RTC) programme, which was being rolled out to inpatient wards across Southland and Dunedin Hospitals.

Directorate Reports and Key Performance Indicators (KPIs)

The directorate reports included in the Chief Operating Officer's (COO) report were taken as read and the COO answered questions on the 'right time, right place' quality improvement initiative (tab 4.1) and key performance indicators (tab 4.2).

Financial Performance Summary

The Chief Financial Officer summarised the key points of the financial report for April 2016, then took questions on the financial statements (tab 4.3).

Recommendation:

"That the reports be received."

Agreed

CONFIDENTIAL SESSION

At 1.27 pm 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. 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.
2. 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.
3. Radiology Update	To allow activities and negotiations (including commercial and industrial negotiations) to be carried on without prejudice or disadvantage.	Section 9(2)(j) of the OIA.
4. Medical Assessment and Planning Unit	To allow activities to be carried on without prejudice or disadvantage.	Section 9(2)(j) of the OIA.
5. 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. Recommended Building Assessments for Redevelopment of Dunedin Hospital	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 10 June 2016

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
25 May 2016	Terms of Reference (Minute item 4.0)	<ul style="list-style-type: none"> ▪ CEO to report back, with recommendations on location and frequency of meetings. ▪ Review period to be changed to "as and when appropriate". 	<p>CEO</p> <p>BS</p>		<p>June 2016</p> <p>Completed</p>

SOUTHERN DISTRICT HEALTH BOARD

Title:	Terms of Reference Review	
Report to:	Hospital Advisory Committee	
Date of Meeting:	21 June 2016	
Summary:		
<p>The Terms of Reference (ToR) for the Hospital Advisory Committee were last reviewed and modified in November 2014. Minor amendments are recommended to reflect the Commissioner's appointment.</p> <p><i>Location and Frequency of Meetings:</i></p> <p>As per previous practice, it is recommended that the Hospital Advisory Committee meet bi-monthly, as follows:</p> <ul style="list-style-type: none"> ▪ 27 July (Invercargill) ▪ 27 September (Dunedin) ▪ 22 November (Dunedin) 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	N/A	
Workforce:	N/A	
Other:	N/A	
Document previously submitted to:		Date:
Approved by Chief Executive Officer:		Date:
Prepared by:	Presented by:	
Jeanette Kloosterman Board Secretary	Lexie O'Shea Chief Operating Officer	
Date: 13/06/2016		
RECOMMENDATION:		
That the Commissioner approve the amended terms of reference and meeting dates for the Hospital Advisory Committee.		



HOSPITAL ADVISORY COMMITTEE (HAC)

Terms of Reference

Accountability

The Hospital Advisory Committee is constituted by section 36, part 3 of The New Zealand Public Health and Disability Act 2000 (The Act).

The procedures of the Committee shall also comply with Schedule 4 of the Act.

The Committee is to further comply with the standing orders of the Southern DHB which may not be inconsistent with the Act.

Function and Scope

The statutory functions of HAC are to:

- 1) Monitor the financial and operational performance of the hospitals (and related services) of the DHB.
- 2) Assess strategic issues relating to the provision of hospital services by or through the DHB.
- 3) Give the ~~Board~~ Commissioner advice and recommendations on that monitoring and that assessment.

Responsibilities

To give advice and recommendations to the ~~Board~~ Commissioner on:

- 1) Strategic, Financial and Operational performance as set out in the statutory requirements above.
- 2) Assessing performance against relevant expectations set in the District Annual Plan, Statement of Intent and other relevant accountability documents, documented standards and legislation.
- 3) Monitoring other relevant and agreed key performance indicators.
- 4) Monitoring the capital expenditure programme.
- 5) Ensuring systems are developed to manage clinical and operational risks.

Membership

All members of the Committee are to be appointed by the ~~Board~~ Commissioner. The ~~Board~~ Commissioner will appoint the Chairperson.

The Committee is to comprise of ~~Board~~ the Commissioner and Deputy Commissioners members, supplemented with external appointees as required.

Membership will provide for Māori representation on the Committee. The Committee may obtain additional advice as and when required.

Where a person, who is not a ~~Board Deputy Commissioner~~member, is appointed to the Committee, the person must give the ~~Board~~Commissioner a statement that discloses any present or future conflict of interest, or a statement that no such conflicts exist or are likely to exist in the future.

Conflicts of Interest

Where a potential conflict of interest exists with an agenda item, these are to be declared by members and staff. A register of interests shall form part of each Committee meeting agenda.

Quorum

The quorum of members of a committee is:

- (a) if the total number of members of the committee is an even number, half that number; but
- (b) if the total number of members of the committee is an odd number, a majority of the members.

Meetings

Meetings of this Committee are generally held bi-monthly, up to six times a year.

Review

The Terms of Reference for this Committee shall be reviewed ~~at the beginning of each new Board term-as and when appropriate.~~

Management Support

The Chief Executive Officer shall ensure adequate provision of management and administrative support to the Committee.

SOUTHERN DISTRICT HEALTH BOARD

Title:	Chief Operating Officer Report		
Report to:	Hospital Advisory Committee		
Date of Meeting:	21 June 2016		
Summary:			
Considered in these papers are:			
<ul style="list-style-type: none"> ▪ May 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: 10/06/2016			
RECOMMENDATION:			
That the Hospital Advisory Committee receive the report.			

7.1

Chief Operating Officer Report – May 2016

Recommendation

That the Commissioner notes this report.

1. Contract Performance

- Total elective case weights delivered by Southern DHB Provider Arm were 79 above plan in May 2016 (6%). Year to date elective case weights are 367 above plan (3%).
- Total acute case weights delivered by the Southern DHB Provider Arm were 10 below plan in May 2016 (0.4%). Year to date acute case weights are 957 above plan (3%).
- In comparison to actual year to date case weights delivered to May 2015, acute case weights delivered have increased by 1,166 case weights (4%) and elective case weights have increased by 562 (4%).

2. Health Targets

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

May performance was 92.2%. Currently tracking 93.2% for this quarter.

- This quarter has seen a reduced performance and we are currently tracking at 93%.

	Dunedin	Southland	Main Sites
Week ending 5 June 2016	94.1%	96.1%	95.0%
2015-16 Quarter 4 so far	93.2%	92.0%	92.7%
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%

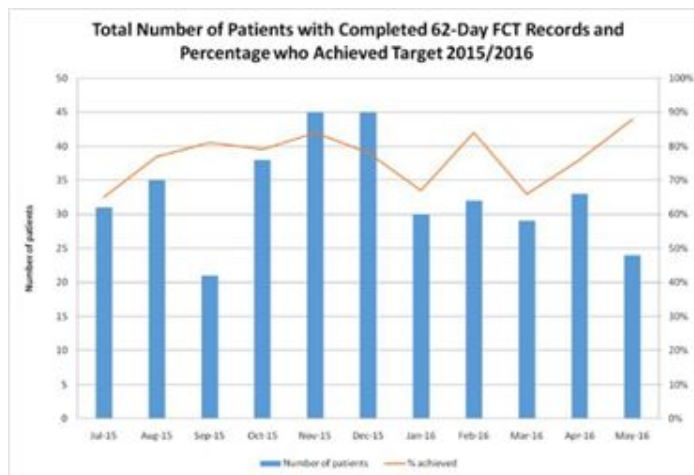
- A review of Southland performance has resulted in a new initiative to trial a small admission unit for medical 'expect' patients. The aim is to have this running from 1 July 2016. A flow coordinator has also been instigated in Southland. This has resulted in improved performance over the last week.
- Analysis of flow through the Dunedin ED has confirmed that the initiatives put in place (Early Treatment Zone) and the Fast Track are still working well, however there has been a consistent increase in attendances and there have been delays with patients waiting to be admitted. This is the focus of work over the next month.

Immunisation – Target 95%

- For children aged 8 months, May coverage achieved 94% with a 3.6% decline and 1.6% opt off rate.
- For two year old children, May coverage achieved 93% with a 5.4% decline rate and a 1.4% opt off rate. Decline rate this high is concerning due to lack of herd immunity. Resource will be put into follow up first declines to minimise this risk. As data set on two year old cohort is not as detailed as eight month cohort, data mining will be required.
- For four year old children the target is 90% by June 2016. May coverage achieved 94%, with a 3.2% decline rate.

Faster Cancer Treatment (FCT) – 62-day indicator - target 85% (By June 2016)

We are currently tracking to 81% for the 62 day target. Our attainment of the Minister’s target of 85% will be assessed at the end of September 2016, not the end of June 2016.



Improving Access to Elective Services

Elective Surgical Discharges May 2016

Elective Surgical Discharge Activity - Southern DHB population

	May 2016				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated inhouse	916	929	(13)	(1%)	9,721	9,502	219	2%	10,372
SDHB population treated by other DHB	39	42	(3)	(7%)	437	437			483
SDHB population outsourced	50		50		272		272		-
ELECTIVE INITIATIVE	1,005	971	34	4%	10,430	9,939	491	5%	10,855
Surgical Arranged Admissions	96	87	9	10%	970	757	213	28%	831
Surgical Discharges from a Non-Surgical PUC - Elective	43	39	4	10%	296	355	(59)	(17%)	392
Surgical Discharges from a Non-Surgical PUC - Arranged	42	30	12	40%	343	328	15	5%	360
HEALTH TARGET	1,186	1,127	59	5%	12,039	11,379	660	6%	12,438

Elective Surgical Caseweights May 2016

Elective Surgical Caseweight Activity - Southern DHB population

	May 2016				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated inhouse	1,229	1,285	(56)	(4%)	12,836	13,278	(442)	(3%)	14,522
SDHB population treated by other DHB	83	92	(9)	(10%)	893	946	(53)	(6%)	1,034
SDHB population outsourced	48	7	40	536%	323	77	246	319%	84
	1,359	1,384	(25)	(2%)	14,052	14,301	(249)	(2%)	15,641

(1) IDF volumes for May are as reported to MoH as at 6/06/16

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

3. Operational Performance

Elective Services Performance Indicators (ESPIs):

- The preliminary ESPI graphs for April 2016 show Southern DHB with a red status for ESPI2 and a yellow status for ESPI5.
- ESPI 2 is requiring intensive monitoring and planning for a few services and most have achieved yellow status.

- This is the third month in a row that Southern DHB predicts achieving yellow status in ESPI5, which is the most stable performance for ESPI5 since the 4 month target was introduced in January 2015.

Lexie O'Shea, Chief Operating Officer/Deputy CEO

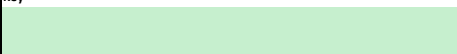


Leanne Samuel, Executive Director of Nursing and Midwifery

Southern DHB
Hospital Advisory Committee - KPIs May 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)	930	1,186	1,127	59 (5.2%)	
3a - Improved access to elective surgical services ytd (population based)	10,916	12,039	11,379	660 (5.8%)	

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	88%	85%	3.0%	
11 - Reduced stay in ED	95%	92%	95%	-2.7%	
15 - Acute Readmission Rates (note 1)	10.7%	10.0%	9.9%	0.1%	

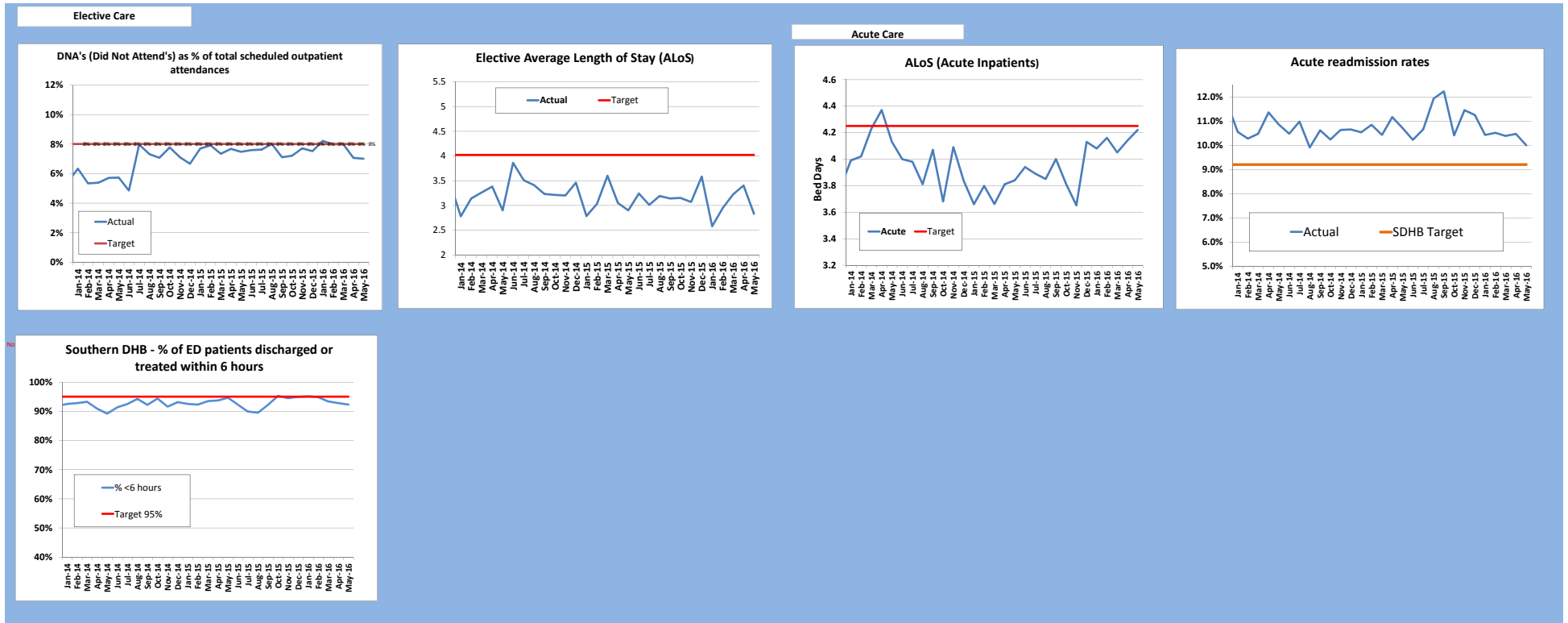
Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
1 - Waits >4 months for FSA	10	89	0	89	
2 - Treatment >4 months from commitment to treat	71	13	0	13	
% of accepted referrals for CT scans receiving procedures within 42 days	NA	75%	95%	-20.0%	
% of accepted referrals for MRI scans receiving procedures within 42 days	NA	52%	85%	-33.0%	
% accepted referrals for Coronary Angiography within 90 days	NA	73%	95%	-22.4%	
4a - Elective caseweights versus contract (monthly provider arm delivered)	1,216	1,385	1,306	79 (6%)	
4b - Elective caseweights versus contract (ytd provider arm delivered)	13,658	14,266	13,899	367 (2.6%)	
7a - Acute caseweights versus contract (monthly provider arm delivered)	2,535	2,738	2,748	-10 (-0.4%)	
7b - Acute caseweights versus contract (ytd provider arm delivered)	30,189	31,548	30,592	956 (3.1%)	

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	

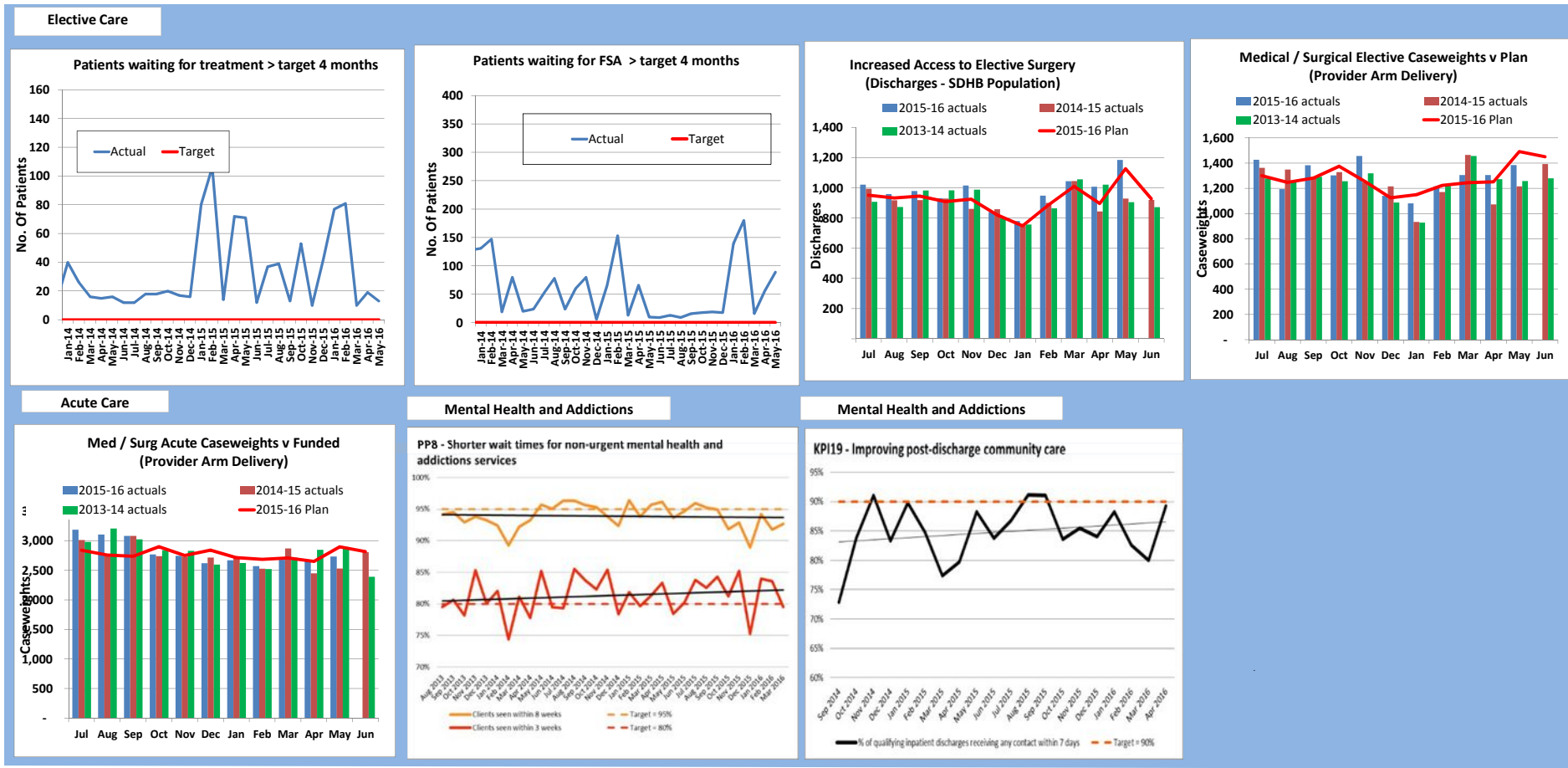
Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
5 - Reduction in DNA rates	7.5%	7%	8.0%	-1.0%	
9 - ALoS (elective) (Note 3)	2.90	2.83	4.02	1.19 (29.6%)	
ALoS (Acute inpatient) (Note 3)	3.84	4.22	4.25	0.03 (0.7%)	
DOSA (Note 2)	96%	92%	95%	-3%	

7.2

Southern DHB
Hospital Advisory Committee - Performance Report May 2016 Data



Southern DHB
Hospital Advisory Committee - Hospital Healthcheck
May 2016 Data



7.2

SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Hospital Advisory Committee	
Date of Meeting:	21 June 2016	
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ May 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: Grant Paris Finance Manager Date: 14/06/2016	Presented by: Clive Smith Chief Financial Officer	
RECOMMENDATION: That the report be noted.		

SOUTHERN DHB FINANCIAL REPORT – Commissioner’s Summary for HAC

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

Overview

Results Summary

Actual \$000	Month			Year to Date			Annual Budget \$000
	Budget \$000	Variance \$000		Actual \$000	Budget \$000	Variance \$000	
43,762	43,517	245	Revenue	481,200	479,124	2,076	522,741
(30,217)	(30,169)	(48)	Less Personnel Costs	(316,336)	(320,616)	4,280	(350,955)
(16,792)	(15,547)	(1,245)	Less Other Costs	(177,899)	(171,093)	(6,806)	(186,696)
(3,247)	(2,199)	(1,048)	Net Surplus / (Deficit)	(13,035)	(12,585)	(450)	(14,910)
			Other Costs				
(2,575)	(2,533)	(42)	Outsourced	(29,322)	(28,902)	(420)	(31,458)
(7,235)	(7,213)	(22)	Clinical Supplies	(79,149)	(77,744)	(1,405)	(84,980)
(6,982)	(5,801)	(1,181)	Infrastructure & Non Clinical	(69,428)	(64,447)	(4,981)	(70,258)
(16,792)	(15,547)	(1,245)	Total Other Costs	(177,899)	(171,093)	(6,806)	(186,696)

The May monthly result for the Provider Arm was a deficit of \$3.2m which was unfavourable to budget by \$1.0m but slightly favourable to forecast. Year to date (YTD) the deficit is close to budget.

The year to date result has been driven primarily by;

- Additional revenue (partially offset by costs).
- Personnel costs under budget driven mainly by lower food service FTE (due to outsourcing) and medical / nursing and allied personnel remaining positive due to favourable FTE variances and rate variances to budget.
- Other costs being \$6.8m over budget, due to expenditure on;
 - \$1.0m - outsourced radiology costs due to vacancies,
 - \$0.7m - implants,
 - \$0.3m - higher than anticipated air ambulance costs
 - \$2.3m - maintenance costs relating to asbestos issue,
 - \$2.0m - food service costs (partially offset by reduced payroll costs)
 - \$0.5m - consultant costs higher than budget
 - \$0.4m - bad debt write-offs higher than budgeted.

These were offset by favourable variances in

- \$0.9m – lower capital charge and interest payments than budgeted.

Detail Section**Revenue**

Ministry of Health revenue was favourable for the month by \$0.2m and \$1.1m favourable year to date, due to additional contracts received, offset by cost.

Other Government revenue is favourable to budget for the month by \$0.3m and \$1.5m 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 \$0.2m unfavourable for the month due to lower than budgeted interest receipts and nil cafeteria sales (offset against reduced personnel costs due to the food outsourcing). These also drive the \$0.5m unfavourable year to date variance.

Research accounts are break-even year to date and 1FTE over budget.

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	(10,385)	(10,072)	(314) U	(3%)	(108,076)	(108,636)	560 F	1%	(118,890)
Nursing Personnel	(11,055)	(11,735)	680 F	6%	(121,293)	(121,793)	501 F		(133,259)
Allied Health Personnel	(4,021)	(4,089)	68 F	2%	(43,898)	(44,520)	621 F	1%	(48,836)
Support Services Personnel	(449)	(876)	427 F	49%	(6,189)	(9,432)	3,243 F	34%	(10,315)
Management / Admin Personnel	(4,306)	(3,397)	(909) U	(27%)	(36,881)	(36,235)	(646) U	(2%)	(39,654)
Personnel Costs Total	(30,217)	(30,169)	(48) U		(316,336)	(320,616)	4,280 F	1%	(350,955)

Overall personnel costs were on budget for the month and \$4.3m favourable year to date.

The monthly variance amongst staff types was due primarily to leave variances offsetting opposing timing variances from prior months (in particular nursing staff). Additional accruals have also been made in expectation of higher than budgeted year-end adjustments due to updated actuarial valuations that were partially budgeted.

On a year to date basis, favourable FTE is the main driver contributing to the favourable dollar 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).

FTE

Provider Arm FTE decreased 25 from last month, driven by nursing personnel that reduced 31 FTE (still 10 FTE over budget).

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

<i>Staff Type</i>	<i>Apr-15 Actual</i>	<i>Jun-15 Actual</i>	<i>Dec-15 Actual</i>	<i>Mar-16 Actual</i>	<i>Apr-16 Actual</i>	<i>May-16 Actual</i>	<i>May-16 Budget</i>	<i>Variance to Budget</i>	<i>YTD Variance</i>
SMO	246	241	248	251	247	250	254	4	8
RMO	274	270	289	269	275	272	278	6	4
Nursing Personnel	1,655	1,628	1,618	1,649	1,679	1,648	1,637	(10)	(5)
Allied Health Personnel	657	651	638	647	653	653	665	12	14
Support Personnel	188	187	104	103	101	102	107	5	6
Management & Administration	616	616	628	638	631	636	636	0	9
Total Full Time Equivalents (FTE)	3,636	3,593	3,525	3,556	3,586	3,561	3,578	16	35

Outsourced Expenses

Outsourced costs were close to budget in May remaining \$0.4m unfavourable to budget year to date. The unfavourable variance is due mainly to outsourced radiology services to cover vacancies and nursing costs on-charged by the University associated with research (offset by revenue). Offsetting this is lower than budgeted senior medical outsourcing along with lower outsourced clinical services budgeting.

Clinical Supplies Expenses

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)
Clinical Supplies									
Treatment Disposables	(2,651)	(2,540)	(111) U	(4%)	(27,617)	(27,667)	50 F		(30,185)
Diagnostic Supplies & Other Supplies	(139)	(153)	14 F	9%	(1,611)	(1,695)	84 F	5%	(1,848)
Instruments & Equipment	(1,508)	(1,436)	(72) U	(5%)	(15,755)	(15,528)	(227) U	(1%)	(16,988)
Patient Appliances	(130)	(182)	51 F	28%	(1,808)	(1,969)	161 F	8%	(2,150)
Implants & Prosthesis	(1,133)	(995)	(138) U	(14%)	(11,068)	(10,354)	(714) U	(7%)	(11,356)
Pharmaceuticals	(1,329)	(1,614)	285 F	18%	(17,220)	(17,315)	94 F	1%	(18,941)
Other Clinical Supplies	(343)	(293)	(51) U	(17%)	(4,069)	(3,217)	(852) U	(26%)	(3,511)
Clinical Supplies Total	(7,235)	(7,213)	(22) U		(79,149)	(77,744)	(1,404) U	(2%)	(84,980)

Clinical supply costs were on budget for the month and \$1.4m unfavourable to budget YTD.

As per last month, the main unfavourable variances year to date are:

- Implants and prostheses are \$0.7m unfavourable driven by increased volumes compared to budget of cardiac implants, shunts and stents and other implants.
- Other Clinical Supplies are \$0.8m unfavourable driven by additional air ambulance costs and research costs compared to budget. (Research costs are offset by additional revenue).

Infrastructure & Non-Clinical Expenditure

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)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,251)	(1,108)	(143) U	(13%)	(14,721)	(12,919)	(1,802) U	(14%)	(14,024)
Facilities	(2,841)	(1,846)	(995) U	(54%)	(21,478)	(19,769)	(1,709) U	(9%)	(21,618)
Transport	(379)	(353)	(26) U	(8%)	(3,862)	(3,753)	(109) U	(3%)	(4,101)
IT Systems & Telecommunications	(1,121)	(1,064)	(57) U	(5%)	(10,913)	(11,425)	512 F	4%	(12,495)
Interest & Financing Charges	(812)	(1,184)	373 F	31%	(12,091)	(13,028)	938 F	7%	(14,213)
Professional Fees & Expenses	(150)	(128)	(22) U	(17%)	(1,850)	(1,427)	(423) U	(30%)	(1,555)
Other Operating Expenses	(427)	(116)	(311) U	(268%)	(4,514)	(2,126)	(2,388) U	(112%)	(2,252)
Democracy	-	-	-		-	-	-		-
Subsidiaries & Joint Ventures	-	-	-		-	-	-		-
Infrastructure & Non-Clinical Supplies	(6,982)	(5,801)	(1,181) U	(20%)	(69,428)	(64,447)	(4,981) U	(8%)	(70,258)

Infrastructure and non-clinical costs were \$1.1m over budget for the month due to:

- \$0.1m - Additional food costs offset by lower than budgeted personnel costs.
- \$1.0m - Facility costs over budget relating to the removal of asbestos.

Note: the bad debt write-off approved last month falls within the Other Operating Expense category. The reason it doesn't show up as a variance is due to the equivalent decrease in our bad debts provision, as all these debts had been provided for.

Year to date, these were also the drivers of the \$4.9m unfavourable variance.

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	(30)	117	(147) U	(126%)	1,439	1,284	155 F	12%	1,401
MoH - Mental Health	-	-	-	-	-	-	-	-	-
MoH - Public Health	545	565	(20) U	(4%)	6,164	6,212	(48) U	(1%)	6,777
MoH - Disability Support Services	377	372	5 F	1%	3,913	4,067	(153) U	(4%)	4,434
MoH - Maori Health	-	-	-	-	-	-	-	-	-
Clinical Training Agency	685	624	61 F	10%	6,706	6,643	63 F	1%	7,268
Internal - DHB Funder to DHB Provider	39,785	39,518	266 F	1%	435,868	434,818	1,049 F		474,325
Ministry of Health Total	41,362	41,196	165 F		454,091	453,025	1,066 F		494,205
Other Government									
Other DHB's	35	25	9 F	36%	401	266	134 F	51%	292
Training Fees and Subsidies	(7)	17	(24) U	(142%)	216	186	30 F	16%	203
Accident Insurance	1,095	752	343 F	46%	8,998	8,494	505 F	6%	9,368
Other Government	402	459	(58) U	(13%)	5,851	5,040	811 F	16%	5,504
Other Government Total	1,525	1,254	271 F	22%	15,466	13,986	1,480 F	11%	15,366
Government and Crown Agency Total	42,886	42,450	436 F	1%	469,557	467,011	2,546 F	1%	509,571
Other Revenue									
Patient / Consumer Sourced	145	238	(93) U	(39%)	3,295	3,071	223 F	7%	3,299
Other Income	731	828	(98) U	(12%)	8,349	9,042	(694) U	(8%)	9,871
Other Revenue Total	875	1,066	(191) U	(18%)	11,643	12,114	(471) U	(4%)	13,170
REVENUE TOTAL	43,762	43,517	245 F	1%	481,200	479,124	2,076 F		522,741
EXPENSES									
Personnel Expenses									
Medical Personnel	(10,385)	(10,072)	(314) U	(3%)	(108,076)	(108,636)	560 F	1%	(118,890)
Nursing Personnel	(11,055)	(11,735)	680 F	6%	(121,293)	(121,793)	501 F		(133,259)
Allied Health Personnel	(4,021)	(4,089)	68 F	2%	(43,898)	(44,520)	621 F	1%	(48,836)
Support Services Personnel	(449)	(876)	427 F	49%	(6,189)	(9,432)	3,243 F	34%	(10,315)
Management / Admin Personnel	(4,306)	(3,397)	(909) U	(27%)	(36,881)	(36,235)	(646) U	(2%)	(39,654)
Personnel Costs Total	(30,217)	(30,169)	(48) U		(316,336)	(320,616)	4,280 F	1%	(350,955)
Outsourced Expenses									
Medical Personnel	(280)	(305)	25 F	8%	(3,612)	(3,862)	250 F	6%	(4,182)
Nursing Personnel	(1)	(5)	4 F	88%	(394)	(50)	(343) U	(681%)	(55)
Allied Health Personnel	(104)	(68)	(36) U	(52%)	(975)	(836)	(138) U	(17%)	(904)
Support Personnel	(41)	(37)	(4) U	(10%)	(268)	(404)	136 F	34%	(441)
Management / Administration Personnel	(23)	(2)	(21) U		(79)	(22)	(57) U	(253%)	(25)
Outsourced Clinical Services	(2,049)	(2,058)	9 F		(23,114)	(22,883)	(232) U	(1%)	(24,942)
Outsourced Corporate / Governance Services	(78)	(59)	(20) U	(34%)	(880)	(843)	(37) U	(4%)	(909)
Outsourced Funder Services	-	-	-	-	-	-	-	-	-
Outsourced Services Total	(2,575)	(2,533)	(42) U	(2%)	(29,322)	(28,902)	(420) U	(1%)	(31,458)
Clinical Supplies									
Treatment Disposables	(2,651)	(2,540)	(111) U	(4%)	(27,617)	(27,667)	50 F		(30,185)
Diagnostic Supplies & Other Clinical Supplies	(139)	(153)	14 F	9%	(1,611)	(1,695)	84 F	5%	(1,848)
Instruments & Equipment	(1,508)	(1,436)	(72) U	(5%)	(15,755)	(15,528)	(227) U	(1%)	(16,988)
Patient Appliances	(130)	(182)	51 F	28%	(1,808)	(1,969)	161 F	8%	(2,150)
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Facilities	(2,841)	(1,846)	(995) U	(54%)	(21,478)	(19,769)	(1,709) U	(9%)	(21,618)
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IT Systems & Telecommunications	(1,121)	(1,064)	(57) U	(5%)	(10,913)	(11,425)	512 F	4%	(12,495)
Interest & Financing Charges	(812)	(1,184)	373 F	31%	(12,091)	(13,028)	938 F	7%	(14,213)
Professional Fees & Expenses	(150)	(128)	(22) U	(17%)	(1,850)	(1,427)	(423) U	(30%)	(1,555)
Other Operating Expenses	(427)	(116)	(311) U	(268%)	(4,514)	(2,126)	(2,388) U	(112%)	(2,252)
Democracy	-	-	-	-	-	-	-	-	-
Subsidiaries & Joint Ventures	-	-	-	-	-	-	-	-	-
Infrastructure & Non-Clinical Supplies Total	(6,982)	(5,801)	(1,181) U	(20%)	(69,428)	(64,447)	(4,981) U	(8%)	(70,258)
Other Costs and Internal Allocations	-	-	-	-	-	-	-	-	-
Total Expenses	(47,009)	(45,716)	(1,292) U	(3%)	(494,235)	(491,709)	(2,525) U	(1%)	(537,650)
Net Surplus/ (Deficit)	(3,247)	(2,200)	(1,048) U	(48%)	(13,035)	(12,585)	(450) U	(4%)	(14,910)

7.3