SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Thursday, 24 May 2018, 9.30 am

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

A G E N D A

Lead Director: Patrick Ng, Executive Director Specialist Services

Item

1. **Apologies**
2. **Presentation: A Journey to the National Bowel Screening Programme – The Southern DHB Story**
3. **Interests Register**
4. **Minutes of Previous Meeting**
5. **Matters Arising**
6. **Specialist Services Monitoring and Performance Reports**
   - 6.1 Executive Director Specialist Services Report
   - 6.2 Key Performance Indicators
   - 6.3 Financial Performance Summary
7. **Resolution to Exclude Public**

Southern DHB Values			
Kind *Manaakitanga*	Open *Pono*	Positive *Whaiwhakaaro*	Community *Whanaungatanga*

APOLOGIES

No apologies noted at time of publishing the agenda.

A journey to the National Bowel Screening Programme

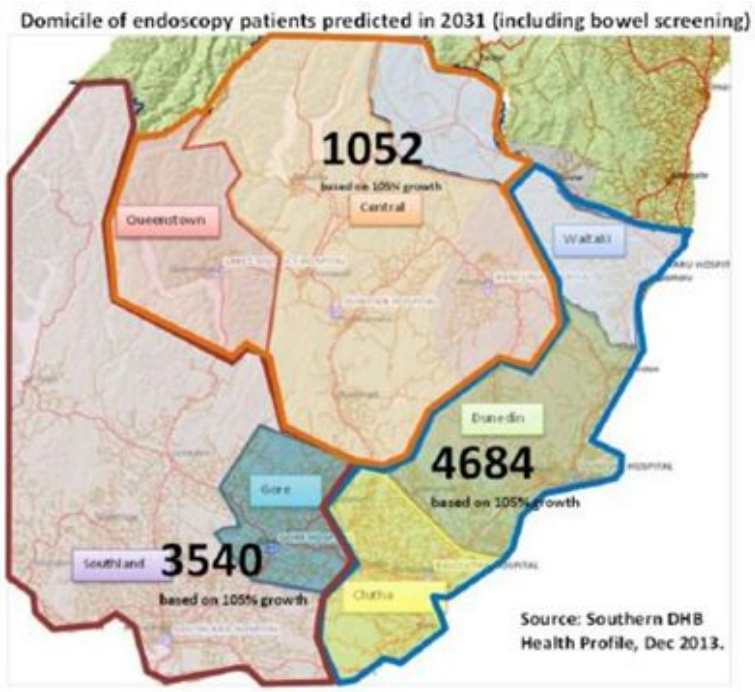
The Southern DHB Story

Where it all began – a service in need of some TLC

Key Principles for Gastro Service

- Recruit and retain well-trained, credentialed staff
- Develop modern facilities, fit for purpose
- Single set of triage, prioritisation and referral guidelines
- Transparent and equitable triage, prioritisation and referral processes
- Single waiting list across the District
- Optimise education and training opportunities
- Build sustainability for current and future demand
- Meet the standards for future accreditation

Where are we going?



- Predicted growth in 2031
- Challenges
  - Facilities
  - Staff
  - Increased demand due to increasing population and increasing age
  - Population bowel screening
  - Waiting time indicators
  - MoH cancer targets
  - Increasingly interventional

What have we done?

Endoscopy

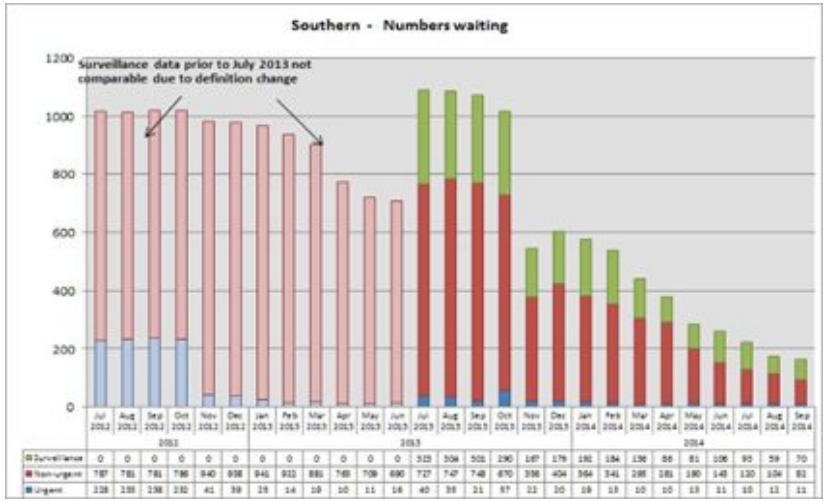
- National Endoscopy Quality Improvement Programme
- Implemented access guidelines for endoscopy
- Recall of all previously ‘declined’ referrals (Dunedin)
- Single point of triage for all endoscopy procedures
- Clinical and clerical validation of wait lists
- Monthly review of waiting lists
- Optimisation of capacity (ongoing) including flexible rostering of staff

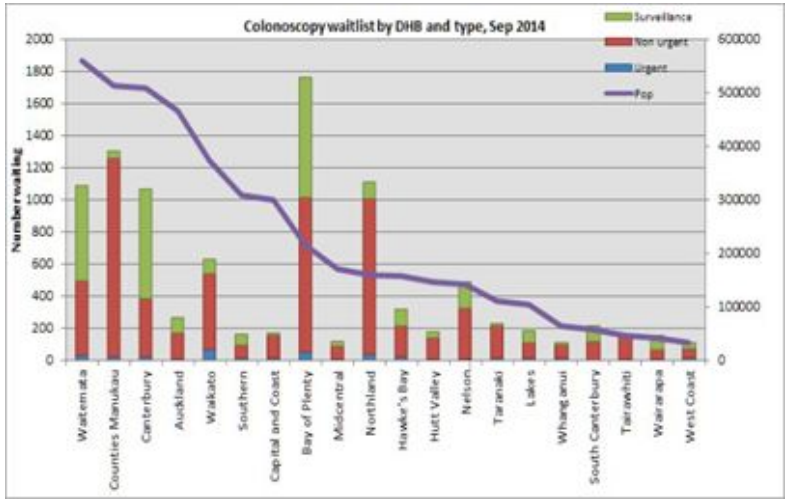
What have we done?

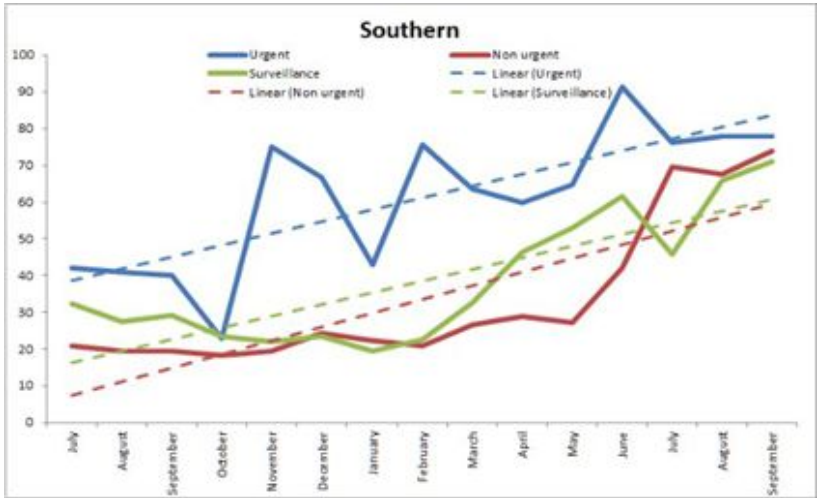
Service development

- Population needs analysis (funded from NEQiP)
- National trainee allocation scheme
- Fibroscan® / balloon enteroscopy
- IT support (ProVation®)
- Facility redevelopment (Dunedin)
- Endoscopy Users Group (Dunedin & Invercargill)
- Patient and staff satisfaction surveys
- SDHB-specific HealthPathways

Southern DHB colonoscopy improvement







The Future

Align and improve district service delivery:

- Design a service to meet current and future demand
- Improve the patient experience
- Provide modern patient-centred facilities
- Support training, and enhance recruitment and retention of staff

Regional collaboration:

- Share resources and specialist services
- Review models of care
- Information sharing

Further improve access to services and information flow

National Bowel Screening Programme

December 2016

Southern DHB confirmed as the first South Island DHB to roll-out bowel screening programme

Why NZ (SDHB) needs a National Bowel Screening Programme

Bowel cancer is the second most common cause of cancer death in NZ.

3,000+
new cases per year

1,267
deaths in 2015

We have one of the highest bowel cancer mortality rates in the OECD.

The earlier bowel cancer is diagnosed, the higher the chance of survival.

95%
chance of survival after early diagnosis

10%
chance of survival after late diagnosis

>> Important

Do the test:

- as soon as possible

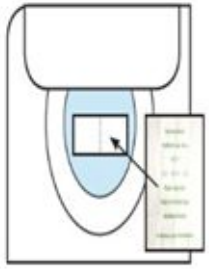
Do not do the test:

- on Friday or Saturday because postal delays could spoil your sample
- during your period
- if there is blood in your urine or you see blood in the toilet bowl after a bowel motion. If this happens, talk to your doctor as soon as possible.

>> How to do the test

1 Fill in the **consent form** on the back of your invitation letter. Put the **date** you do the test on the consent form.

2 **Peel off one yellow barcode sticker** from the consent form and **stick** on the flat side of **tube**.



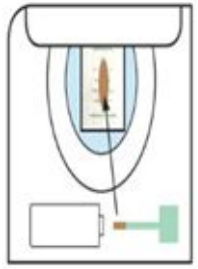
3 Urinate (pee) and then flush toilet.

Put some toilet paper in toilet.

Now put sample sheet on top of paper.

4 **Do bowel motion (poo) on sample sheet.**

Now be quick - before it sinks.



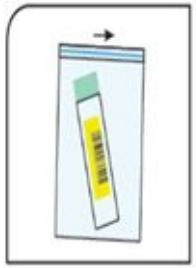
5 Twist lid off tube.

Scrape end of stick over bowel motion so end of stick is well covered. This amount is enough.

6 Carefully put stick back into tube. Push lid down to **click** shut.

Do not open again.

Flush bowel motion and sample sheet down toilet. Wash and dry hands well.



7 Put tube into zip-lock bag. Make sure bag is well sealed.

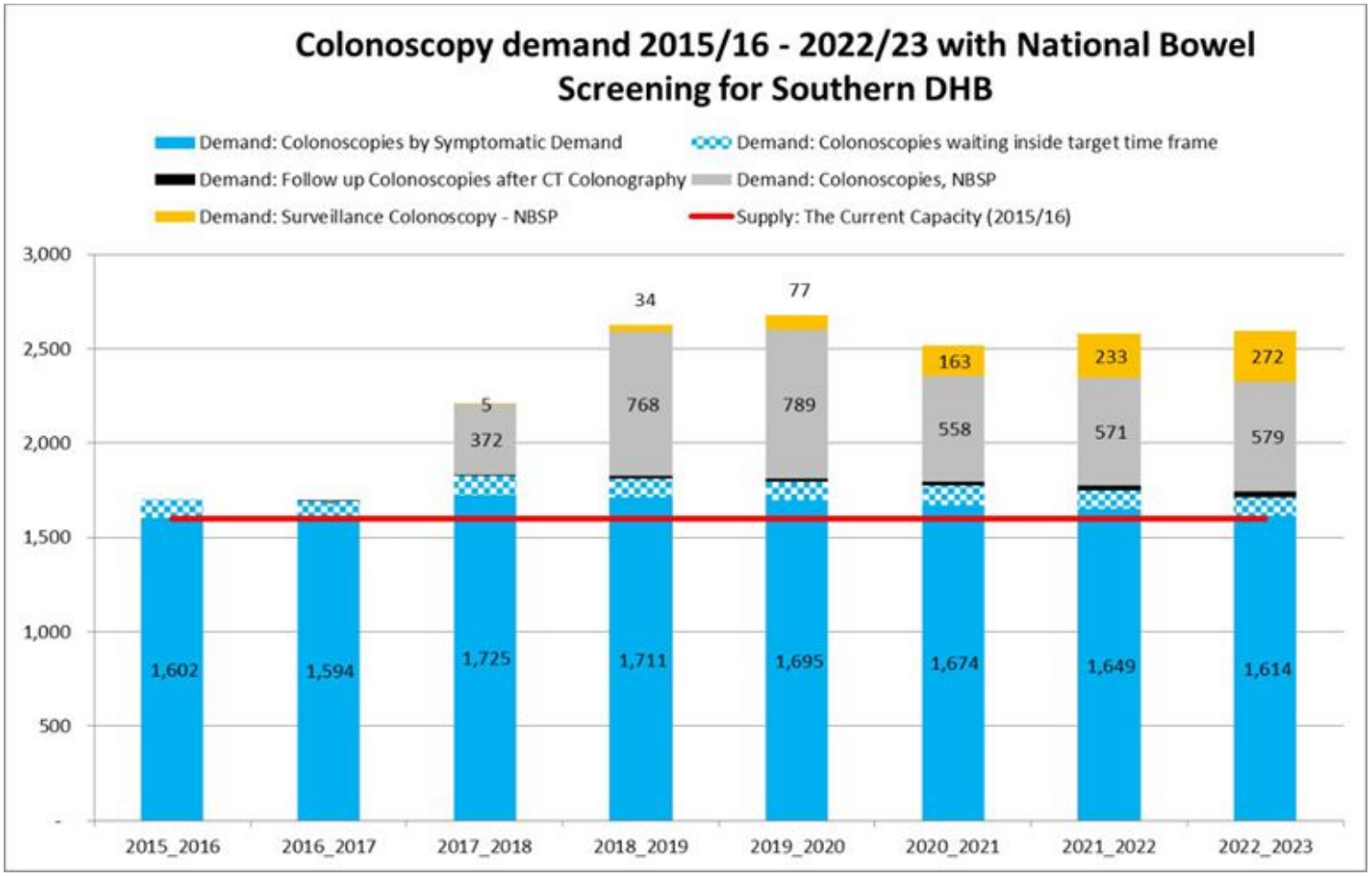
8 Put **zip-lock bag** with **tube** and **consent form** into Freepost envelope and seal it.

9 Keep in a cool place until you post it.

Post as soon as possible.

Thank you for doing this test. Remember you will get your results in three weeks.

Projected Demand – SDHB



Southern DHB Benefits

Financial Year	2017/18	2018/2019	2019/2020	2020/2021	2021/2022
Anticipated bowel cancers detected per year for first five years of screening	28	58	60	31	31

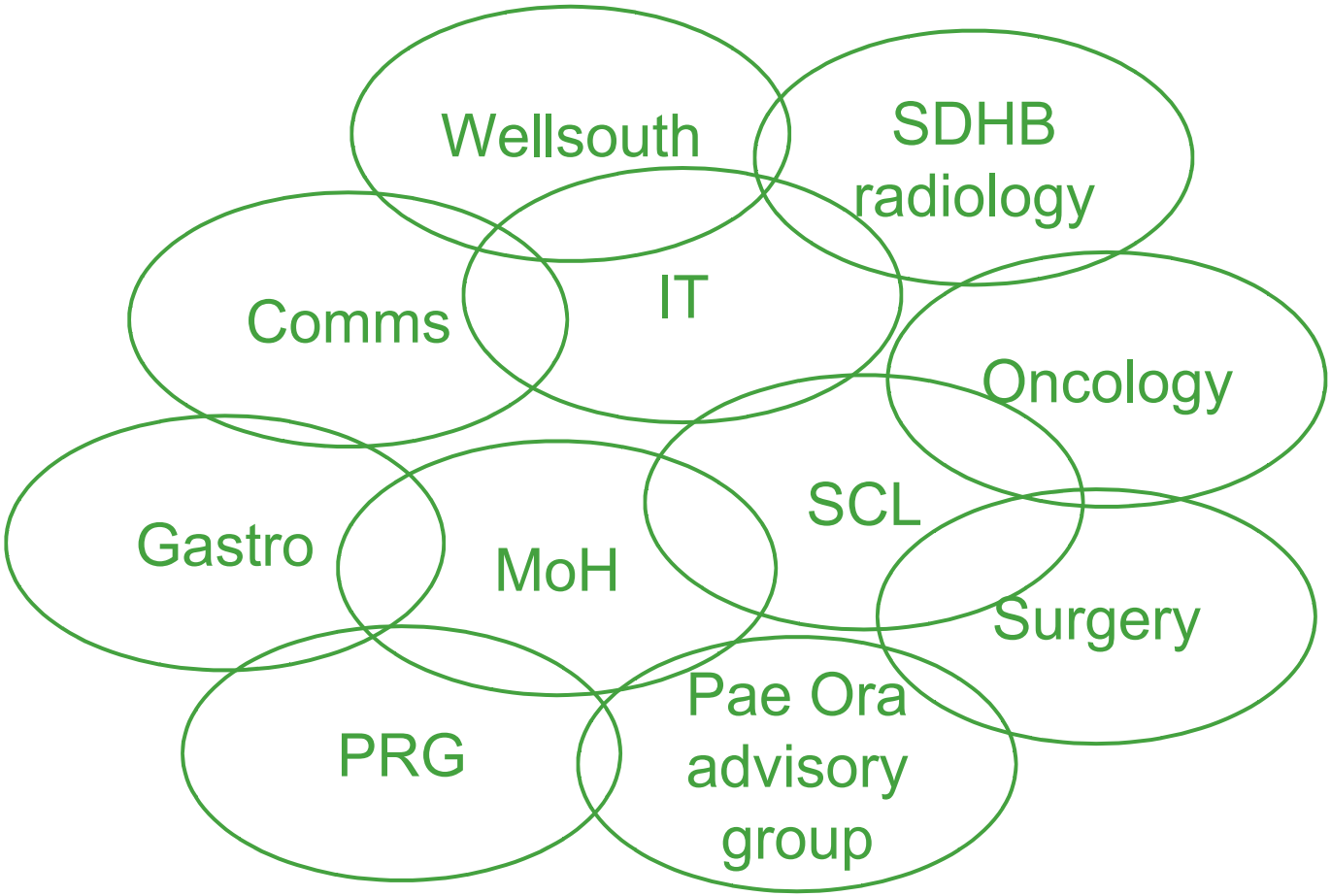
Plus an additional 490 patients per year will have polyps removed which may subsequently developed into cancer later in life

How did we do it?

Strong and Committed Team

- Programme Manager
- Clinical Leader
- Charge Nurse Manager
- Service Manager
- Communications
- Regional support
- General Manager
- Steering Group with wide representation

Wide Engagement and Partnerships



Primary care engagement

Encouraging participation

SDHB hitting the headlines and leading the way

Otago Daily Times

Bowel programme begins in South

Inflatable bowel helps launch southern screening progra...

Auspicious day . . . Celebrating the official launch of the National Bowel Screening Programme at the Southern District Health Board on Tuesday are bowel screening programme manager Emma Bell and clinical leader Dr Jason Hill.

Bowel screen official launch

BRENDA.HARWOOD

Age range set for those most at risk

The eligible screening age of 60 to 74

The Southland Times

Bowel screening tests set to hit southern letterboxes

Time to screen National Bowel Screening Programme

Southern District Health Board Piki Te Ora


Questions..?

SOUTHERN DISTRICT HEALTH BOARD

Title:	**INTERESTS REGISTERS**
Report to:	Hospital Advisory Committee
Date of Meeting:	21 March 2018

Summary:

Commissioner, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.

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).

Changes to Interests Registers over the last month:

- Nil

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	n/a
Workforce:	n/a
Other:	

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 09/03/2018

RECOMMENDATION:

1. That the Interests Registers be received and noted.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT	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 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	
	18.09.2016	Food Safety Specialists Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Director, Warrington Estate Ltd	Nil - no pecuniary interest; provide legal services to the company.	
	18.09.2016	Tall Poppy Ideas Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Rangiora Lineside Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Otaki Three Limited	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Spouse:		
	25.06.2015	Consultant, Gallaway Cook Allan	Nil (Updated 8 June 2017)	
	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	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	25.06.2015	Chairman, 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	Independent Chair, Innovative Health Technologies (NZ) Ltd	Possible conflict if Southern DHB purchased this company's product.	
	~~25.06.2015~~	~~Associate Member, Commerce Commission~~	~~Potential conflict if complaint made against Southern DHB.~~	Removed 18.12.2017
	16.01.2017	Director, Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd)	Nil	
	08.02.2017	Independent Chair, TANZ eCampus Ltd		
	13.03.2017	Chair, South Island Alliance Information Services		
	23.11.2017	Director, A G Foley Ltd	Possible conflict if Southern DHB contracts this company's services.	
	18.09.2016	Director and Shareholder, Innovatio Ltd	Vehicle for governance and consulting assignments. Clients listed above.	
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust.	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	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 Dunedin Hospital rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Susie JOHNSTONE	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
(Consultant, Finance Audit & Risk Committee)	21.08.2015	Board Member, REANNZ (Research & Education Advanced Network New Zealand)	REANNZ is the provider of Eduroam (education roaming) wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities.	
	21.08.2015	Advisor to a number of primary health provider clients in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	18.01.2016	Audit and Risk Committee member, Office of the Auditor-General	Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General.	
	16.09.2016	Director, Shand Thomson Ltd	Nil	
	16.09.2016	Director, Harrison Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Johnstone Afforestation Co Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees (2005) Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, McCrostie Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Spouse is Consultant / Advisor to:		
	21.08.2015	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB.	
	21.08.2015	Wyndham & Districts Community Rest Home Inc	Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB.	
	21.08.2015	Roxburgh District Medical Services Trust	Roxburgh District Medical Services Trust has a contract with Southern DHB.	
	21.08.2015	West Otago Health Ltd & West Otago Health Trust	West Otago Health Ltd & West Otago Health Trust have a contract with Southern DHB.	
	21.08.2015	A number of primary health care providers in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	21.08.2015	Director, Clutha Community Health Co. Ltd	Clutha Community Health Co. Ltd has a contract with Southern DHB.	
	26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Daughter:		
	21.08.2015	6th Year Medical School Student	(Updated 20.10.2017)	
Donna MATAHAERE-ATARIKI	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
(CPHAC/DSAC and IGC Member)	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Deputy Chair, NGO Council, Ministry of Health	Nil	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	~~27.02.2014~~	~~Ahuru Mowai National Māori Leadership Group Cancer~~	~~Nil~~ REMOVED 23 February 2017	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Board Member and Shareholder, Otākou Health Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	01.09.2016	Southern DHB, Disability and Support Advisory Committee	Possible conflict with SDHB contract funding.	
Odele STEHLIN	01.11.2010	Waihopai Runaka General Manager	Possible conflict when contracts with Southern DHB come up for renewal.	
Waihōpai Rūnaka – Chair IGC	01.11.2010	Waihopai Runaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
	23.02.2017	Te Rūnanga alternative representative for Waihopai Rūnaka on Ngai Tahu.	Nil	
	09.06.2017	Director, Waihopai Runaka Holdings Ltd	Possible conflict with contract funding.	
Sumaria BEATON	27.04.2017	Southland Warm Homes Trust	Nil	
IGC - Awarua Rūnaka	09.06.2017	Director and Shareholder, Sumaria Consultancy Ltd	Nil	
	09.06.2017	Director and Shareholder, Monkey Magic 8 Ltd	Nil	
Taare BRADSHAW	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka				
Victoria BRYANT	06.05.2015	Charge Nurse Manager, Otago Public Health	Nil	
IGC - Puketeraki Rūnaka	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
	06.05.2015	Member - Te Rūnanga o Ōtākou	Nil	
	06.05.2015	Member Kati Huirapa Rūnaka ki Puketeraki	Nil	
	06.05.2015	President Fire in Ice Outrigger Canoe Club	Nil	
	24.05.2017	Puketeraki representative for Te Kaika VLCA located in College Street	Possible conflict with funding in health setting.	
	24.05.2017	Member, South Island Alliance - Raising Healthy Kids	Nil	
Justine CAMP	31.01.2017	Research Fellow - Dunedin School of Medicine - Better Start National Science Challenge	Nil	
IGC - Moeraki Rūnaka		Member - University of Otago (UoO) Treaty of Waitangi Committee and UoO Ngai Tahu Research Consultation Committee	Nil	
		Member - Dunedin City Council - Creative Partnership Dunedin	Nil	
		Moana Moko - Māori Art Gallery/Ta Moko Studio - looking at Whānau Ora funding and other funding in health setting	Possible conflict with funding in health setting.	
		Daughter is a member of the Community Health Council	Nil	
Terry NICHOLAS	06.05.2015	Treasurer, Hokonui Rūnanga Inc.	Nil	
IGC - Hokonui Rūnaka	06.05.2015	Member, TRoNT Audit and Risk Committee	Nil	
	06.05.2015	Director, Te Waipounamu Māori Cultural Heritage Centre	Nil	
	06.05.2015	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict when contracts with Southern DHB come up for renewal.	
	06.05.2015	Trustee, Ancillary Claim Trust	Nil	
	06.05.2015	Director, Hokonui Rūnanga Research and Development Ltd	Nil	
	06.05.2015	Director, Rangimanuka Ltd	Nil	
	06.05.2015	Member, Te Here Komiti	Nil	
	06.05.2015	Member, Arahua Holdings Ltd	Nil	
	06.05.2015	Member, Liquid Media Patents Ltd	Nil	
	06.05.2015	Member, Liquid Media Operations Ltd	Nil	
	09.06.2017	Director, Murihiku Holdings Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Owner Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Operator Ltd	Nil	
Ann WAKEFIELD	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	
IGC - Ōraka Aparima Rūnaka	09.02.2011	Member of Māori Advisory Committee, Southern Cross	Nil	
	03.10.2012	Te Rūnanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.	Nil	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
Pania COOTE	~~26.05.2016~~	~~Ngai Tahu registered.~~	~~Nil~~
	08.12.2017	Ngāi Tahu, Ngāti Kauwhata and Ngāti Porou registered.	Nil
	30.09.2011	Member, South Island Alliance Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	30.09.2011	Member, SIT Social Work Committee	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	26.01.2015	SDHB Child and Youth Health Service Level Alliance Team	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	Nil
	08.12.2017	South Island Alliance, Strategic Planning and Integration Team (SPaIT)	Nil
Matapura ELLISON	12/02/2018	Director, Otākou Health Services Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12/02/2018	Director, Otākou Health Ltd	Nil
	12/02/2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	12/02/2018	Chairperson, Kati Huirapa Rūnaka ki Puketeraki	Nil
	12/02/2018	Trustee, Araiteuru Kōkiri Trust	Nil
	12/02/2018	Otago Museum Māori Advisory Committee	Nil
	12/02/2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12/02/2018	Trustee, Waikouaiti Maori Foreshore Reserve Trust	Nil
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	25.09.2016	Deputy Chair, InterRAI NZ	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017	Ex-officio Member, Southern Partnership Group	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
Lisa GESTRO	06/09/2017	Nil	
Lynda McCUTCHEON	22.06.2012	Member of the University of Otago, School of Physiotherapy, Admissions Committee	Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	19.08.2015	Member of the National Directors of Allied Health	Nil
	04.07.2016	NZ Physiotherapy Board: Professional Conduct Committee (PCC) member	No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC.
	18.09.2016	Shareholder, Marketing Business Ltd	Nil
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.
Nicola MUTCH	16.03.2016	Member, International Nominations	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	17.11.2017	Wife works for key technology supplier CCCL	Nil
	18.12.2017	Daughter, medical student at Auckland University and undertaking Otago research project over summer 2017/18.	
Dr Jim REID	22.01.2014	Director of both BPAC NZ and BPAC Inc	No conflict.
	22.01.2014	Director of the NZ Formulary	No conflict.
Julie RICKMAN	31.10.2017	Director, JER Limited	Nil, own consulting company

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	31.10.2017	Director, Joyce & Mervyn Leach Trust Trustee Company Limited	Nil, Trustee
	31.10.2017	Trustee, The Julie Rickman Trust	Nil, own trust
	31.10.2017	Trustee, M R & S L Burnell Trust	Nil, sister's family trust
		Specified contractor for JER Limited in respect of:	
	31.10.2017	PWC New Zealand Limited to 31 December 2017	Nil
	31.10.2017	Ministry for Primary Industries to 31 December 2017	Nil
	31.10.2017	H G Leach Company Limited to termination	Nil
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 21 March 2018, commencing at 9.30 am in the Board Room, Southland Hospital Campus, Invercargill

Present:	Mrs Kathy Grant	Commissioner
	Mr Richard Thomson	Deputy Commissioner
In Attendance:	Mr Chris Fleming	Chief Executive Officer
	Mrs Lisa Gestro	Executive Director Strategy, Primary & Community
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr Patrick Ng	Executive Director Specialist Services
	Ms Julie Rickman	Executive Director Finance, Procurement & Facilities (by videoconference)
	Mrs Jane Wilson	Chief Nursing & Midwifery Officer
	Ms Jeanette Kloosterman	Board Secretary (by videoconference)

1.0 WELCOME

The Commissioner welcomed everyone to the meeting.

2.0 APOLOGIES

An apology was received from Mr Graham Crombie, Deputy Commissioner.

3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3).

The Commissioner reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

Recommendation:

"That the Interests Registers be received and noted."

Agreed

4.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 25 January 2018 be approved and adopted as a true and correct record."

Agreed

5.0 MATTERS ARISING/REVIEW OF ACTION SHEET

The Executive Director Specialist Services (EDSS) presented the status of actions requested at previous meetings (tab 4), noting that telecommunication cost savings had been discussed at the Finance, Audit & Risk Committee meeting.

MRI

The EDSS reported that a paper, including options and recommendations, on MRI wait times was being prepared for the April meeting, and staff were very keen to be part of the solution.

6.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

Executive Director Specialist Services' Report (tab 5.1)

The Executive Director Specialist Services (EDSS)' monthly report was taken as read and the EDSS highlighted the following salient points.

Radiology

The EDSS and Chief Executive Officer (CEO) outlined the corrective actions that were being taken to regain IANZ accreditation for the Dunedin Radiology Service.

The EDSS advised that CT wait times had improved significantly and were close to Ministry of Health targets, however there was a lot of pressure on MRT staff. To address this, and reduce the waitlist, a proposal to introduce an extra roster from 3 to 11 pm, Monday to Friday, was being worked up. Whilst this would require an additional 1.5 FTE, it was likely to be cost neutral, as currently there was a high rate of staff call-back.

Elective Delivery

The EDSS reported that meeting elective targets during February was challenging, due to access block. Daily meetings to review elective session utilisation had been established and, from the later part of February, an average of 30 caseweights per week had been undertaken at Mercy and Southern Cross Hospitals. Unfortunately, plans to undertake extra hip replacements at Southland Hospital had been hindered by nursing pressures.

The EDSS advised that production planning had commenced for the 2018/19 year.

Colonoscopy Volumes

A report on demand changes and projections for colonoscopies was appended to the EDSS' report. The EDSS advised that he was confident performance could be sustained, as the ability to deliver on a monthly basis now matched the volumes coming through. There would be a hump in five years' time but consideration was being given to bringing some of the scoping forward to even out volumes.

Elective Service Performance Indicators (ESPIs)

The Committee discussed the management of Elective Service Performance Indicators (ESPIs).

Financial Performance Summary (tab 5.3)

The financial report for February 2018 was taken as read and the EDSS highlighted the following points:

- An additional 216 caseweights had been booked during the month (from waitlist patients coded as acute), resulting in a favourable revenue result;
- Net personnel costs were $124k unfavourable for the month, with adverse variances in Nursing and Allied Health;
- Outsourced costs were high for the month;
- The adverse trend in pharmaceuticals had continued;
- Blood costs were $120k over budget for the month.

The Committee requested:

- That the EDSS check whether the additional blood costs were offset by revenue from the national haemophilia pool;
- Further information on the Disability Support Services, Mental Health beds.

CONFIDENTIAL SESSION

At 10.05 am it was resolved that the Hospital Advisory Committee reconvene at the conclusion of the public excluded Disability Support and Community & Public Health Advisory Committees meeting and move into committee to consider the agenda items listed below.

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

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

Southern District Health Board
HOSPITAL ADVISORY COMMITTEE
ACTION SHEET

As at 10 May 2018

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Jan 2018	**Elective Surgical Discharges** (Minute item 6.0)	Report to be provided on the drop in discharge numbers in December 2017.	EDSS	A verbal update will be provided at the meeting.	Complete
Mar 2018	**Blood Costs** (Minute item 6.0)	Check to be made whether additional blood costs are offset by revenue from national haemophilia pool.	EDSS	An analysis was undertaken, 40% of our costs are offset. Not all blood product costs are reimbursed to the SDHB, the payments from the National Haemophiliac Management Group (NHMG) are made to spread the costs of haemophiliac treatment so that individual DHBs do not bear a disproportionate share of costs in any particular period.	
Mar 2018	**DSS Mental Health** (Minute item 6.0)	Further information to be provided on DSS Mental Health beds.	EDSS	The 17-18 budget was based on actual use in the prior year. Use of this bed is driven by clinical need and revenue only received when it is used. Use in 17-18 has been less than 16-17 so the revenue is less than budgeted for. The bed is used for intellectual disability patients and can only be charged for when the other beds are full.	

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Executive Director of Specialist Services Report**
Report to:	Hospital Advisory Committee
Date of Meeting:	24 May 2018

Summary:

Considered in these papers are:

- April 2018 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 agenda.	**Date:**
Approved by:		**Date:**

Prepared by: Executive Director of Specialist Services **Date:** 07/04/2018	**Presented by:** Patrick Ng Executive Director of Specialist Services

RECOMMENDATION:

That the Hospital Advisory Committee receive the report.

Executive Director of Specialist Services Report – April 2018

Recommendation
That the Hospital Advisory Committee notes this report.

1. Operational Overview Highlights

Radiology Accreditation
CAR 1 (facilities). Facilities work required for reaccreditation is complete and we are now seeking support from the Health and Safety team to complete a health and safety checklist.

CAR 2 (radiology information system). Our existing vendor (Phillips) has confirmed extended support for the existing RIS until mid-2020. A brief proposal has been constructed for replacing the RIS software. It is important to note that the paper won't be recommending moving to the full South Island RIS and PACS (imaging) system because the PACS is on a modern platform which is fully supported and is envisaged to have a useful life of several years before it needs to be replaced. It is also important to note that Southern has completed much of the development that would normally take place in the RIS in the PACS, effectively reducing the functionality and reliance we place on the RIS.

CAR 3 (CT and MRI workforces). We are in the process of recruiting for the CT and MRI staff to work the additional shifts which will allow us to alleviate workforce pressures on the CT workforce and to catch up against MRI backlog with the MRI workforce extended into weekend shifts. Whilst it can be challenging to recruit MRT staff outside of the graduation cycles, we have utilised recruitment agencies and have received some applications to consider. We believe that progressing the above should provide us with sufficient evidence that we have solid plans around addressing the accreditation issues and we will be seeking an accreditation review during the month of June.

Ophthalmology
During the month the project team reported to us on initial opportunities to manage the volume and anticipated further growth of follow up appointments. Their initial recommendations centred on implementing health pathways (improving what comes into the service), rapid avastin clinics, rapid consultant assessments for first specialist appointments, extended avastin clinics, treatment rationing and acuity based booking. Many of these suggestions focus on avastin's, which is a relatively large proportion of appointment slots undertaken by RMO's and nurses that could otherwise be used for other follow-ups. However, further work needs to be done to identify opportunities for other types of follow up appointments and wider engagement needs to occur (e.g. with primary and community) to make end to end improvements and to determine where care should best be delivered in the future.

In the meantime we have contracted Sequre to work with our staff to run weekend clinics with the intention of reducing the follow up appointments waiting >1.5 to zero by the end of June (per our undertaking with the Ministry.

RMO Recruitment
RMO recruitment within New Zealand is proving to be extremely challenging with the implementation of agreed compliant rosters. In partnership with HR/recruitment we have constructed a proposal for lifting RMO recruitment utilising a campaign in the UK and this has been agreed to by the CEO.

Electives
Elective delivery for the month of April was marginally lower than March, once statutory holidays are accounted for. Overall we delivered approximately 60 case weights every working day in April versus 61 in March from a combination of internal delivery, outsourcing and outplacement.

The external Contractor is due to complete their initial analysis of our data soon and will then start to identify the improvement opportunities to us. We are anticipating that achieving inpatient bed capacity will be a strong focus for the Dunedin side, with theatre and bed capacity being key issues on the Southland site. Once we have the findings and recommendations we will work with them to construct an appropriate improvement programme.

2. Health Targets

Indicator	Last Quarter – MOH	Current Quarter To Date Estimate	Actions if falling short of target
Shorter Stays in Emergency Department – Target 95%	89%	90%	We are continuing to look at patient flow through the emergency department and also across the whole hospital. Initiatives include: • Allied Health 7 days a week in ED/Inpatient Medical Assessment Unit • Early discharge from the ward • Discharge lounge 8 Med • Acute readmissions • Weekend discharges • Examining ED presentations
Colonoscopy Urgent – 85% **Colonoscopy non- urgent – 70%** **Colonoscopy Surveillance – 70%**	Quarter 4 16/17 – 90% Quarter 4 16/17 – 85% Quarter 4 16/17 – 93%	April to date 88% 73% 84%	Target exceeded.
Coronary Angiograms Target 95%	97.3%	97%	Target exceeded.
Immunisation 95% of eight-month-olds will have their primary course of immunisation (six weeks, three months and five month events) on time.	94%	N/A	

Healthy Children By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.	99%	N/A	
Radiology Diagnostic indicator CT, 95% of patients referred for elective CT have report distributed within 42 days	October 2017 75.69% November 2017 79.15% December 2017 85%	January 2018 85.4% February 2018 88.99% March 2018 89.7% April 2018 Not available	CT continues to improve its performance against the target across the District, although the rate of improvement has declined and may plateau in coming months. The volumes of acute inpatient referrals have effected capacity on the Dunedin site for elective examinations. The introduction of an evening shift, when implemented may result in demand becoming more evenly spread throughout the working day.
Radiology Diagnostic indicator MRI, 85% of patients referred for elective MRI have report distributed within 42 days	October 2017 34.18% November 2017 37.3% December 2017 33.2%	February 2018 31.7% March 2018 31.02% April 2018 Not available	March saw a slight decrease in performance against the MRI target. Plans to provide 7 day per week MRI scanning at Dunedin have been approved, but implementation is contingent on successful recruitment of additional staff.
Faster Cancer Treatment (FCT) – Target 90% of patients referred with a high suspicion of cancer and triaged as urgent receive their first definitive cancer treatment within 62 days of the	Q3 2017/18 90.2%	March 2018 90% April 2018 (incomplete)	

date of receipt of referral (as of July 2017)			

Elective Surgical Discharges - Annual target 13,190	10,768 Actual YTD vs 10,915 Plan YTD, 147 below plan as at April 2018

Refer to page five for the caseweight and discharge volumes graph.

Refer to appendix B, KPI Summary, Discharges and CWD volumes.

3. Contract Performance with hospital provider

- Total elective case weights delivered by Southern DHB Provider Arm were 18 below plan in April 2018 (0.1%). Year to date elective case weights are 312 below plan (2%). Please note, this includes medical and maternity case weights which are not reflected in our year to date elective initiative performance.
- Total acute case weights delivered by the Southern DHB Provider Arm were 176 above plan in April 2018 (6%). Year to date acute case weights are 2,382 above plan (8%).

4. Operational Performance

Elective Services Performance

- The final ESPI position for March 2018 show Southern DHB with a red status for both ESPI 2 (Patients waiting for First Specialist Assessment (FSA) and ESPI 5 (Inpatients). Predicted results for April 2018 has Southern DHB with a red status for ESPI 2 and ESPI 5.

Patrick Ng, Executive Director of Specialist Services

Southern District Health Board

Hospital Advisory Committee KPI Summary - Discharges and CWD Volumes

Elective Surgical Discharges April 2018

	Elective Surgical Discharge Activity - Southern DHB population								
	April 2018				Year to Date				Annual
	Actual	Plan	Variance	Var %	Actual	Plan	Variance	Var %	Plan
SDHB population treated in-house	761	875	(114)	(13%)	8,725	9,167	(442)	(5%)	11,055
SDHB population treated by other DHBs	38	38	-	-	377	401	(25)	(6%)	484
SDHB population outsourced	94	-	94	-	533	-	533	-	-
SURGICAL ELECTIVE DISCHARGES	**893**	**913**	**(20)**	**(2%)**	**9,635**	**9,568**	**67**	**05**	**11,539**
Surgical Arranged Admissions	58	68	(10)	(15%)	627	798	(171)	(21%)	975.0
Surgical Discharges from a Non-Surgical PUC - Elective	27	28	(1)	(5%)	271	279	(8)	(3%)	350.0
Surgical Discharges from a Non-Surgical PUC - Arranged	10	23	(13)	(55%)	235	270	(34)	(13%)	325.9
HEALTH TARGET DISTCHARGES	**988**	**1,032**	**(44)**	**(4%)**	**10,768**	**10,915**	**(147)**	**(1%)**	**13,190.0**
Additional Orthopaedic and General Surgery Discharges	**41**	**3**	**38**	**1267%**	**41**	**31**	**10**	**32%**	**39**

Elective Surgical Caseweights April 2018

	Elective Surgical Caseweights Activity - Southern DHB population								
	April 2018				Year to Date				Annual
	Actual	Plan	Variance	Var %	Actual	Plan	Variance	Var %	Plan
SDHB population treated in-house	965.2	1,167.2	(202.0)	(17%)	11,094.8	12,226.9	(1,132.1)	(9%)	14,747.8
SDHB population treated by other DHBs	107.3	107.3	-	-	1,069.6	1,112.3	(42.7)	(4%)	1,342.0
SDHB population outsourced	142.1	-	142.1	-	718.0	-	718.0	-	-
SURGICAL ELECTIVE CWD	**1,214.6**	**1,274.4**	**(59.9)**	**(5%)**	**12,882.4**	**13,339.2**	**(456.8)**	**(3%)**	**16,089.8**
Additional Orthopaedic and General Surgery CWD	**143.9**	**10.5**	**133.4**	**1266%**	**143.9**	**108.9**	**35.0**	**32%**	**137.0**

(1) IDF Outflow volumes are the latest available for July-March. April IDF Outflows are based on the planned numbers.

(2) Currently 3 uncoded discharges for April 2018 have estimated CWD values.

(3) Clinical Records and Coding target is 95% of coding completed by end of third working day post discharge, 99.6% achieved this month.

(4) Total YTD Major Joints are 0 unfavourable to Additional Orthopaedic Initiative target due to Usual Expected Delivery being 0 discharges unfavourable to target.

Note:

This table represents the Population View of case weight delivery, which equates to case weights delivered in our own DHB, plus case weights purchased by us for our population purchased from other DHBs (IDF outflows). This is what the Health Target is based on. The other view found elsewhere in our reporting is the Service Provider view, which represents the case weights delivered within our DHB both to our own population and to members of other DHB populations purchased from us as IDF inflows.

Southern DHB
Hospital Advisory Committee - KPIs April 2018 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) Discharges Health Target	909	988	1,032	-44 (-4.3%)	
3a - Improved access to elective surgical services ytd (population based) Discharges Health Target	10,335	10,768	10,914	-146 (-1.3%)	

Patient Safety and Experience - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
Faster Cancer treatment; 90% of patients to receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer seen within 2 weeks *Reported in arrears	81.1%	P	90.0%	NA	
11 - Reduced stay in ED	91.0%	89.5%	95.0%	-5.5%	
15 - Acute Readmission Rates (note 1)	11.7%	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 (ESPI 2)	363	684	0	-684	
2 - Treatment >4 months from commitment to treat (ESPI 5)	250	539	0	-539	
% of accepted referrals for CT scans receiving procedures within 42 days	71.0%	81.0%	95.0%	-14.0%	
% of accepted referrals for MRI scans receiving procedures within 42 days	35.0%	26.9%	85.0%	-58.1%	
% accepted referrals for Coronary Angiography within 90 days	85.0%	98.6%	95.0%	3.6%	
4a - All Elective caseweights versus contract (monthly provider arm delivered)	1,118	1,266	1,284	-18 (-1.4%)	
4b - All Elective caseweights versus contract (ytd provider arm delivered)	13,150	13,120	13,432	-312 (-2.3%)	
7a - Acute caseweights versus contract (monthly provider arm delivered)	3,006	3,074	2,898	176 (6.1%)	
7b - Acute caseweights versus contract (ytd provider arm delivered)	31,368	32,385	30,003	2382 (7.9%)	

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 1 Awaiting new definition from Ministry

Note 2 DOSA rates excludes Cardiac/Cardiology

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

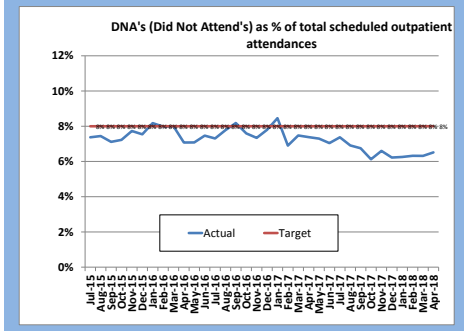
P = Pending

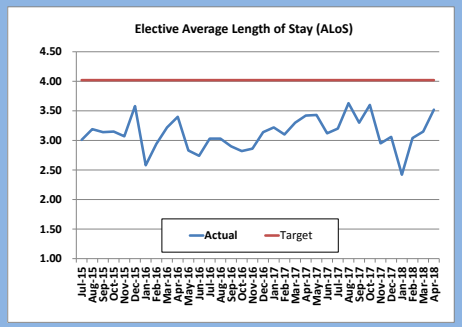
Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
5 - Reduction in DNA rates	7.4%	6.5%	8.0%	1.5%	
9 - ALoS (elective) (Note 3)	3.42	3.52	4.02	0.5 (12.4%)	
ALoS (Acute inpatient) (Note 3)	4.02	4.16	4.25	0.09 (2.1%)	
DOSA (Note 2)	92.0%	95.6%	95.0%	0.6%	

Southern DHB

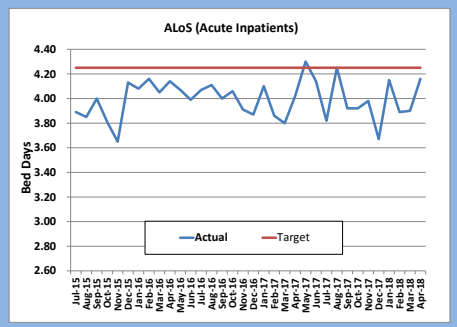
Hospital Advisory Committee - Performance Report April 2018 Data

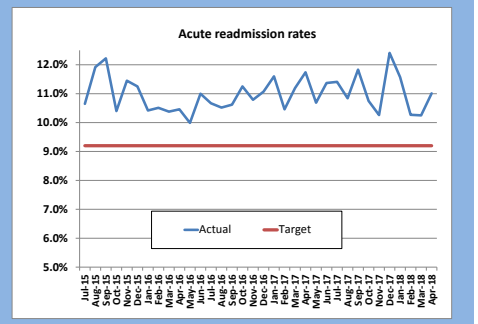
Elective Care

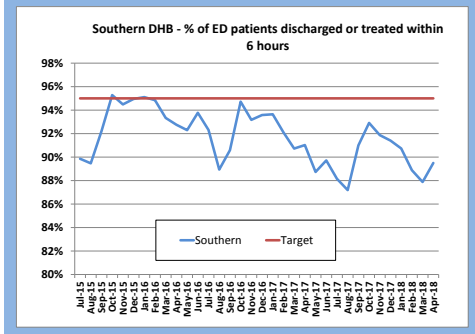




Acute Care



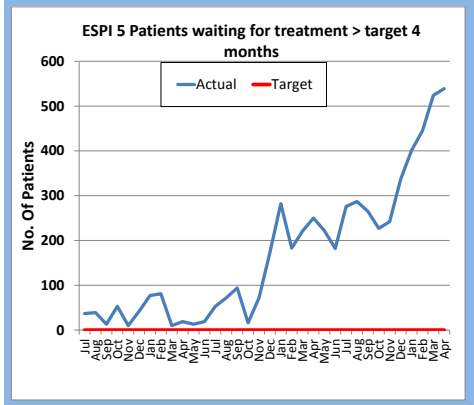


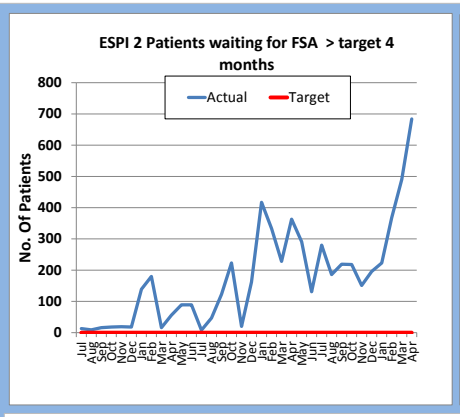


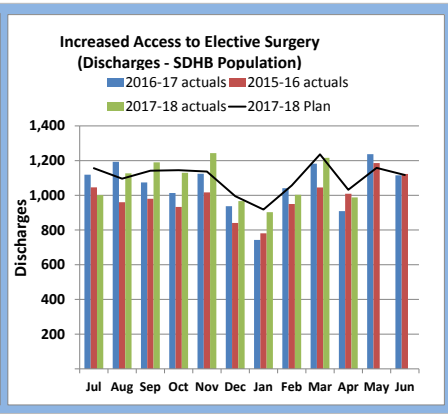
Southern DHB

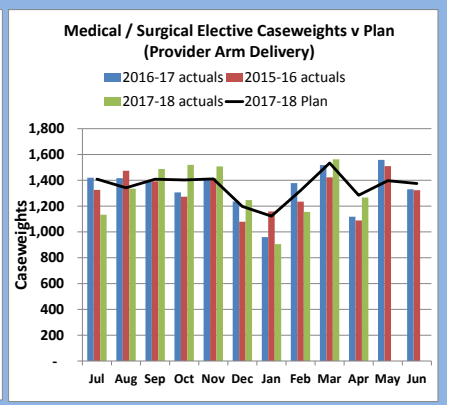
Hospital Advisory Committee - Healthcheck Report April 2018 Data

Elective Care

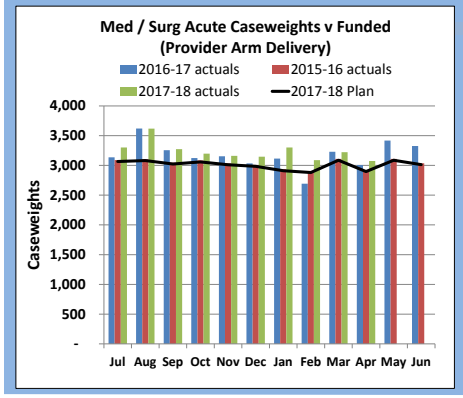




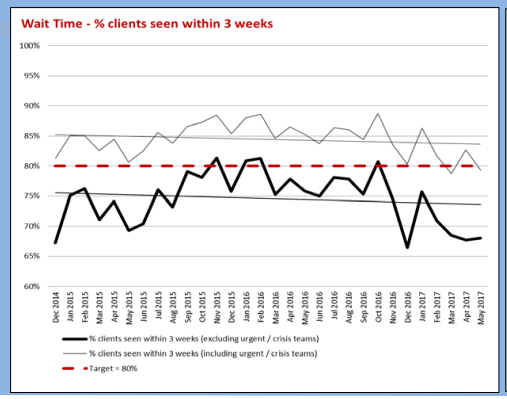


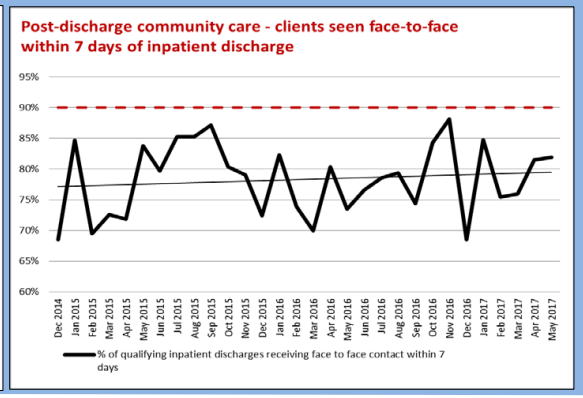


Acute Care



Mental Health and Addictions *due to staff turnover these graphs have not been updated since June 2017





SOUTHERN DISTRICT HEALTH BOARD

Title:	**FINANCIAL REPORT**		
Report to:	Hospital Advisory Committee		
Date of Meeting:	24 May 2018		
Summary: The issues considered in this paper are: ▪ April 2018 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 Hospital Advisory Committee.	**Date:**	
Approved by Chief Executive Officer:		**Date:**	
Prepared by: Murray Baker Management Account – Clinical Analysis **Date:** 09 April 2018		**Presented by:** Patrick Ng Executive Director of Specialist Services	
RECOMMENDATION: **1. That the report be noted.**			

SOUTHERN DHB FINANCIAL REPORT – Commissioners Summary for HAC

Financial Report for: **April 2018**
Report Prepared by: **Management Accountant - Clinical**
Date: **11 May 2018**

Overview

Results Summary

Month				Year To Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
$000	$000	$000		$000	$000	$000	$000
46,804	46,237	567	Revenue	462,185	460,671	1,514	552,818
32,873	31,848	(1,026)	Less Personnel Costs	311,898	310,207	(1,691)	374,362
17,103	15,463	(1,640)	Less Other Costs	162,924	154,728	(8,196)	186,456
(3,172)	**(1,074)**	**(2,098)**	**Net Surplus / (Deficit)**	**(12,637)**	**(4,263)**	**(8,374)**	**(8,000)**

The April result was a deficit of $3.17m, which was unfavourable to budget by $2.1m.

April Result:
Both Elective (216) and Acute (75) caseweights were higher than budget in April, offset by higher than budgeted Acute caseweights. Total caseweights for April were 230 higher than budget. Year-to-date caseweights are 2,071 higher than budget. Year-to-date, acute volumes have impacted elective caseweights delivery, electives are 312 behind budget.

The variance of -312 for elective delivery differs to the production plan view found in the KPI reports, which reflects a variance of -456 against plan year to date. This is because the elective view in the finance report (below) includes medical and maternity case weights which are not in the production plan (elective initiative).

The 'Elective' variance in surgical case weights is -767 YTD which is also different to the -456 YTD variance to plan for the elective initiative. This is because the elective initiative includes cardiac and dental case weights which are not captured in the 'surgical case weights – elective' view (these are captured in medical case weights in this view).

Month				Year To Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
			Medical Caseweights				
1,407	1,408	(0)	Acute	15,280	14,527	753	17,478
204	97	107	Elective	1,657	1,012	645	1,220
1,611	**1,505**	**106**	**Total Medical Caseweights**	**16,937**	**15,539**	**1,398**	**18,698**
			Surgical Caseweights				
1,156	1,158	(3)	Acute	12,920	11,920	1,000	14,328
1,285	1,158	127	Elective	11,360	12,127	(767)	14,634
2,440	**2,316**	**124**	**Total Surgical Caseweights**	**24,279**	**24,047**	**233**	**28,961**
			Maternity Caseweights				
410	332	78	Acute	4,186	3,556	629	4,296
12	29	(18)	Elective	103	292	(189)	351
422	**361**	**61**	**Total Maternity Caseweights**	**4,289**	**3,848**	**441**	**4,647**
			TOTALS				
2,973	**2,898**	**75**	**Acute**	**32,385**	**30,003**	**2,382**	**36,102**
1,500	**1,284**	**216**	**Elective**	**13,120**	**13,431**	**(312)**	**16,205**
4,472	**4,182**	**291**	**Total Caseweights**	**45,505**	**43,434**	**2,071**	**52,306**

			TOTALS excl. Maternity				
2,563	**2,566**	**(3)**	**Acute**	**28,200**	**26,447**	**1,753**	**31,806**
1,488	**1,255**	**233**	**Elective**	**13,016**	**13,139**	**(123)**	**15,854**
4,051	**3,821**	**230**	**Total Caseweights excl. Maternity**	**41,216**	**39,586**	**1,630**	**47,659**

Revenue was favourable in the month due to recognition of elective caseweight revenue from arranged patients previously coded as acute and PCT and Community pharmaceutical revenue. Other Government revenue was lower than budgeted due to lower ACC billing and adjustments to accruals for medical student access fees.

April workforce expenses were unfavourable to budget. Although FTE numbers were slightly favourable direct payroll costs were unfavourable due to overtime, leave phasing and higher than budgeted kiwisaver uptake. The unfavourable FTE variance in Nursing and Management/Admin was primarily driven by the recognition, in the DHBs systems, of hours worked on statutory holidays at the end of March and beginning of April. We budgeted for stat days in the calendar month in which they fell however our General Ledger captures FTE as pay runs are processed. At the end of March we had Otago Anniversary Day and Good Friday fall into calendar March but the pay run for Nurses was processed in calendar April. We corrected the cost impact of this with the unpaid day's journal but this journal does not include any adjustments to FTEs. The stat day Nursing FTE was understated in March and overstated in April, especially when compared to budget. This increase was partially offset in the recognition of ordinary time FTE in March and April.

Non personnel costs were unfavourable to budget by $1.64m. This was primarily driven by outsourced clinical services, and clinical supplies.

Statement of Financial Performance

Monthly Actuals $000s	Monthly Budget $000s	Monthly Variance $000s	Monthly Variance FTE		Year to date Actuals $000s	Year to date Budget $000s	Year to date Variance $000s	Year to date Variance FTE
				REVENUE				
				Government & Crown Agency Sourced				
1,643	1,635	8		MoH Revenue	17,377	16,352	1,025	
0	0	0		IDF Revenue	0	0	0	
1,056	1,285	(229)		Other Government	13,860	12,702	1,158	
2,699	**2,920**	**(221)**		**Total Government & Crown**	**31,237**	**29,053**	**2,184**	
				Non Government & Crown Agency Revenue				
407	386	21		Patient related	2,955	2,564	391	
774	625.4	149		Other Income	6,190	6,353	(163)	
1,181	**1,011**	**170**		**Total Non Government**	**9,145**	**8,917**	**228**	
42,924	42,305	619		Internal Revenue	421,802	422,701	(899)	
46,804	**46,237**	**567**		**TOTAL REVENUE**	**462,185**	**460,671**	**1,514**	
				EXPENSES				
				Workforce				
				Senior Medical Officers (SMO's)				
6,971	6,875	(96)	13	Direct	64,336	67,390	3,054	13
478	468	(10)		Indirect	4,385	4,746	361	
378	213	(165)		Outsourced	4,558	2,577	(1,981)	
7,827	**7,556**	**(271)**	**13**	**Total SMO's**	**73,280**	**74,713**	**1,433**	**13**
				Registrars / House Officers (RMOs)				
3,396	3,487	92	25	Direct	33,549	33,727	178	17
261	273	13		Indirect	2,154	2,306	152	
176	14	(162)		Outsourced	815	172	(643)	
3,832	**3,775**	**(57)**	**25**	**Total RMOs**	**36,518**	**36,204**	**(314)**	**17**
11,659	**11,331**	**(328)**	**38**	**Total Medical costs (incl outsourcing)**	**109,798**	**110,917**	**1,119**	**31**
				Nursing				
12,487	12,044	(443)	(38)	Direct	117,744	115,616	(2,127)	3
259	343	84		Indirect	1,513	1,932	420	
37	4	(33)		Outsourced	122	37	(85)	
12,783	**12,391**	**(392)**	**(38)**	**Total Nursing**	**119,378**	**117,586**	**(1,792)**	**3**
				Allied Health				
4,149	4,108	(41)	13	Direct	40,914	40,305	(609)	(5)
97	120	23		Indirect	1,132	1,200	68	
79	30	(49)		Outsourced	788	306	(482)	
4,325	**4,258**	**(67)**	**13**	**Total Allied Health**	**42,834**	**41,811**	**(1,023)**	**(5)**
				Support				
454	524	70	6	Direct	4,670	5,169	499	5
10	7	(3)		Indirect	75	69	(6)	
63	52	(11)		Outsourced	590	526	(64)	
527	**583**	**56**	**6**	**Total Support**	**5,335**	**5,764**	**429**	**5**
				Management / Admin				
3,512	3,231	(281)	(11)	Direct	33,807	33,587	(220)	2
50	51	1		Indirect	475	518	43	
17	2	(15)		Outsourced	271	24	(247)	
3,580	**3,284**	**(295)**	**(11)**	**Total Management / Admin**	**34,553**	**34,129**	**(424)**	**2**
32,873	**31,848**	**(1,026)**	**8**	**Total Workforce Expenses**	**311,898**	**310,207**	**(1,691)**	**35**
3,090	2,217	(873)		**Outsourced Clinical Services**	24,919	22,723	(2,196)	
87	80	(7)		**Outsourced Corporate / Governance Services**	802	805	3	
0	0	0		**Outsourced Funder Services**	0	0	0	
7,364	6,238	(1,126)		**Clinical Supplies**	71,482	63,839	(7,643)	
4,040	4,105	65		**Infrastructure & Non-Clinical Supplies**	40,039	39,561	(478)	
				Non Operating Expenses				
1,790	1,901	111		Depreciation	18,014	18,818	804	
731	922	191		Capital charge	7,659	8,981	1,322	
0	0	0		Interest	10	0	(10)	
17,103	**15,463**	**(1,640)**		**Total Non Personnel Expenses**	**162,924**	**154,728**	**(8,196)**	
49,976	**47,311**	**(2,666)**		**TOTAL EXPENSES**	**474,822**	**464,934**	**(9,888)**	
(3,172)	**(1,074)**	**(2,098)**		**Net Surplus / (Deficit)**	**(12,637)**	**(4,263)**	**(8,374)**	

Revenue

Ministry of Health (MoH) Revenue

MoH revenue is in-line with budget for the month and favourable to budget by $1.03m year-to-date. The main items making this up are:

Category	Source	Monthly Variance $000s	YTD Variance $000s	Comment
MoH Revenue				
Personal Health	Ophthalmology	15	264	Funding for reducing patient waiting lists
	Colonoscopy	0	272	
	Bowel Screening	93	821	Funding for service establishment & operation
	Faster Cancer Treatment	0	145	
Disability Support Services	Mental Health Bed Utilisation	(52)	(459)	Bed utilisation is lower than budgeted
Training		(13)	147	Phasing of revenue
Public Health		(16)	(125)	

Other Government Revenue

Other Government revenue was $0.23m unfavourable to budget, primarily due to activity driven ACC revenue and adjustments to expected income for training of medical students. Year-to-date revenue is $1.16m favourable, primarily driven by contributions to lecture theatre refurbishment from the University of Otago, NZ Blood Haemophiliac rebates and training income.

Internal Revenue

Internal revenue was $0.62m favourable to budget for the month, driven by elective caseweight delivery in the month and year-to-date. Year-to-date revenue is $0.90m unfavourable primarily due to lower than budgeted elective caseweight delivery.

Workforce Costs

Workforce costs (personnel plus outsourcing) were $1.03m unfavourable to budget in April. Operationally in April FTE were 8 favourable to budget. Year-to-date workforce costs are $1.7m unfavourable and 35 FTE favourable to budget.

Senior Medical Officers (SMOs)

SMOs direct costs were $0.27m unfavourable and 13 FTE favourable for the month.

Direct costs were $0.10m unfavourable with unfavourable leave and overtime variances offsetting the dollar impact of lower than budgeted FTE.

Indirect costs were slightly unfavourable in the month due to the phasing of recruitment costs.

Outsourced costs were $.067m higher than budget in the month due to the use of locums to cover leave and vacant roles.

Registrars / House Officers (RMOs)

RMOs direct costs were $0.06m unfavourable and 25 FTE favourable for the month.

Direct costs were $0.90m favourable, driven by FTE.

Indirect costs were $0.06m favourable, driven by the phasing of training and recruitment costs.

Outsourced costs were higher than budget in the month and year-to-date due to the use of locums to cover leave, vacant roles and workload.

Nursing
Nursing costs were $0.39m and 38 FTE unfavourable to budget for the month. The unfavourable FTE variance was primarily driven by the recognition, in the DHB's systems, of hours worked on statutory holidays at the end of March and beginning of April.

Direct costs were $0.44m unfavourable in the month, with higher than budgeted overtime and phasing of leave costs.

Indirect costs were favourable due to the phasing of training costs.

Allied Health
Allied Health costs were $0.07m unfavourable and 13 FTE favourable to budget for the month.

Direct costs were $0.04m unfavourable, driven by overtime and the phasing of leave costs in April.

Indirect costs were $0.02m favourable to budget due the phasing of training costs.

Outsourced costs were $0.05m unfavourable to budget, reflecting costs for Brief Intervention Services in central Otago.

Support
Support costs were $0.06m favourable to budget for the month.

Management / Administration
Management Admin staff were $0.3m and 11 FTE unfavourable to budget. The unfavourable FTE variance was primarily driven by the recognition, in the DHB's systems, of hours worked on statutory holidays at the end of March and beginning of April.

Direct costs were unfavourable by $0.28m due to overtime, leave phasing and increased kiwisaver uptake.

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

Outsourced Clinical Services costs
Outsourced clinical services were $0.87m unfavourable to budget in the month and $2.2m unfavourable year to date. This is primarily driven by the outplacement and outsourcing volumes from the elective recovery plan.

In the month Orthopaedic and Urology procedures and lab tests accounted for most of the unfavourable variance.

Clinical Supplies (excluding depreciation)
Clinical supplies were unfavourable to budget by $1.13m for the month.

Blood costs continue to be higher than budgeted, reflecting haemophiliac and immune disorder case numbers. Renal Fluids were also unfavourable as the price per treatment has increased as fully depreciated equipment has been replaced.

Hip and Knee implant costs were unfavourable to budget in the month, reflecting procedures performed. Year-to-date costs are 6% unfavourable to budget, in-line with caseweight volumes.

Pharmaceutical costs were $0.51m unfavourable in the month and $3.01m year-to-date. The actual spend is driven by patient needs and volumes. The 17/18 budget is in-line with previous year actual costs. The drugs with the largest cost increases, year-on-year, are used in the treatment of bowel disease, haematology, cancer and HIV.

Air ambulance costs are above budget in the month and year-to-date reflecting higher than budgeted acute volumes.

Year-to-date Clinical Supplies are $7.64m unfavourable, driven by combined acute and elective volumes. This is an area of focus for the DHB.

Infrastructure and Non-Clinical
These costs were $0.07m favourable to budget in the month.

Non-Operating Expenses
Depreciation was favourable to budget in the month and year-to-date. Capital charge costs were favourable, reflecting the expected liability.

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:

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Serious Adverse Events	To protect information where the making available of the information would be likely to prejudice the supply of similar information and it is in the public interest that such information continue to be supplied.	Section 9(2)(ba) of the Official Information Act (OIA).
3. Dunedin Hospital Redevelopment	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.