

SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Wednesday, 21 November 2018

commencing at the conclusion of the public DSAC/CPHAC meeting

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

AGENDA

Lead Director: Patrick Ng, Executive Director Specialist Services

Item

1. **Apologies**
2. **Interests Register**
3. **Minutes of Previous Meeting**
4. **Matters Arising/Action Sheet**
5. **Specialist Services Monitoring and Performance Reports**
 - 5.1 Executive Director Specialist Services Report
 - 5.2 Financial Performance Summary
6. **Resolution to Exclude Public**

Southern DHB Values

Kind <i>Manaakitanga</i>	Open <i>Pono</i>	Positive <i>Whaiwhakaaro</i>	Community <i>Whanaungatanga</i>
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APOLOGIES

No apologies noted at time of publishing the agenda.

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Hospital Advisory Committee
Date of Meeting:	21 November 2018
<p>Summary:</p> <p>Commissioner, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.</p> <p>Interests declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).</p> <p>Changes to Interests Registers over the last month:</p> <ul style="list-style-type: none"> ▪ Julie Rickman - shareholder and director of Barr, Burgess & Stewart Ltd added. 	
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: 06/11/2018</p>	
<p>RECOMMENDATION:</p> <p>1. That the Interests Registers be received and noted.</p>	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT (Commissioner)	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	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.	
	21.09.2018	Dunedin Stadium Property Ltd (from 1 July 2018)		
			Spouse:	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil (Updated 8 June 2017)	
	25.06.2015	Chair, Slinkskins 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	Chair Dunedin Diocesan Trust Board	Nil (Updated 16 April 2018)		
25.06.2015	Trustee of numerous private trusts	Nil		
25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil		
Graham CROMBIE (Deputy Commissioner)	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	
	25.06.2015	Chairman, Otago Museum	Nil	
	25.06.2015	Chairman, New Zealand Genomics Ltd (Removed 24.07.2018)	Nil	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	25.06.2015	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.	
	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.	
	06.06.2018	WJ Investments Ltd	Trustee for lawyer's trust, which owns this company.	Will withdraw if any conflict arises.
	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.	
	24.07.2018	Son's partner works for Southern DHB, Ophthalmology Service.		

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Susie JOHNSTONE	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) (Retired 30 June 2018)	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.	
	28.05.2018	Clutha Community Health Company Co Ltd	Client of Shand Thomson. Two retired Shand Thomson partners are on the board, one is a long standing Chair.	
	23.07.2018	Trustee, Clutha Community Foundation (appointed June 2018)		
		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	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.	
	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 (IGC Member)	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Nil - charitable entity.	
	21.03.2018	Board Member, Ōtākou Health Limited	Registered Charity not contracting in Health.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	21.03.2018	Chair, NGO Council	Nil	
	07.06.2018	Chairperson, Te Rūnanga o Ōtākou Incorporated	Registered Charity - not contracting in Health.	
	07.06.2018	Director, Te Rūnanga Ōtākou Ltd	Nil does not contract in health.	Update to nature of interest 2 July 2018
	07.06.2018	Trustee, Kaupapa Taiao	Registered Charity - not contracting in Health.	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	02.07.2018	Otakou Health Ltd - Shareholder of Te Kaika and its subsidiaries Mataora Health and Forbury Cnr Medical Centres	Possible conflict with SDHB contract funding.	Interest advised 2 July 2018
Odele STEHLIN	01.11.2010	Waihopai Rūnaka General Manager	Possible conflict with contract funding.	
Waihopai Rūnaka – Chair IGC	01.11.2010	Waihopai Rūnaka 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.	
	07.06.2018	Director of Waihopai Hauora.	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	
	07.06.2018	Treasurer, Community Energy Network Incorporated	Nil	
Taare BRADSHAW	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka	07.06.2018	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict with contract funding.	
	07.06.2018	Vice Chairman, Hokonui Rūnanga Incorporated	Possible conflict with contract funding.	
Victoria BRYANT	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
IGC - Puketeraki Rūnaka	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	Member, South Island Alliance - Raising Healthy Kids	Nil	
	06.03.2018	SDHB, Te Punaka Oraka, Public Health Nursing, Charge Nurse Manager	Nil	
	06.03.2018	Member of the New Zealand Nurses Organisation	Possible conflict when negotiations are taking place.	
	06.03.2018	Member of the Public Service Association (PSA)	Possible conflict when negotiations are taking place.	
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	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
 INTERESTS REGISTER
 ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
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	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
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Monitoring Equity Group (National Screening Unit) – MMEG.	Nil
	26.01.2015	Member, Child Health Network (Alliance South)	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	Nil
	08.12.2017	South Island Alliance, Strategic Planning and Integration Team (SPaIT)	Nil
	28.05.2018	SDHB National Bowel Screening Programme Governance Group	Nil
	28.05.2018	Hei Ahuru Mowai (Māori Cancer Leadership Aotearoa)	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
	12.02.2018	Chairperson, Kati Huirapa Rūnaka ki Puketeraki	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	Trustee, Araiteuru Kōkiri Trust	Nil
	12.02.2018	Otago Museum Māori Advisory Committee	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	Nil
	12.02.2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12.02.2018	Trustee, Waikouaiti Maori Foreshore Reserve Trust	Nil
	29.05.2018	Director & Shareholder (jointly held) - Arai Te Uru Whare Hauora Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
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	06.06.2018	Lead GM National Travel and Accommodation Programme	

**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
Lynda McCUTCHEON	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.
	29.05.2018	Council Member of Otago Medical Research Foundation Incorporated	
Nicola MUTCH		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 CCL	Nil
	18.12.2017	Daughter, medical student at Auckland University and undertaking Otago research project over summer 2017/18.	

**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
Julie RICKMAN	31.10.2017	Director, JER Limited	Nil, own consulting company
	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
	23.10.2018	Shareholder and Director, Barr Burgess & Stewart Limited	Accounting services
		<i>Specified contractor for JER Limited in respect of:</i>	
	31.10.2017	H G Leach Company Limited to termination	Nil, Quarry and Contracting.
Gail THOMSON	19.10.2018	Member Chartered Management Institute UK	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 Thursday, 27 September 2018, commencing at 11.30 am in the Board Room, Wakari Hospital Campus, Dunedin

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

1.0 APOLOGIES

An apology was received from Ms Odele Stehlin, Committee Member.

2.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda and received at the preceding meeting of the Disability Support and Community & Public Health Advisory Committees.

3.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 26 July 2018 be approved and adopted as a true and correct record."

Agreed

4.0 MATTERS ARISING/REVIEW OF ACTION SHEET

The Committee reviewed the action sheet (tab 4).

5.0 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 items.

- *Elective Delivery* - The elective delivery target for August had been met but there was a year to date deficit that still needed to be addressed. Cardiothoracic sessions at Mercy Hospital would commence in February 2019, which would provide some continuity when there were Intensive Care Unit (ICU) bed blockages.
- *Elective Service Performance Indicator (ESPI) Performance* - There had been a modest improvement in ESPIs, however more progress was required. To this end, work was continuing on improving processes and additional clinics would be run in some areas.
- *Radiology* - MRI performance had improved following more MRI-trained staff coming on stream and additional sessions being held.
A tender for the Radiology Information System (RIS) had been completed and a recommendation was expected the following week. The intention now was to invite IANZ to re-inspect SDHB for re-accreditation.
- *Clerical and Administration Processes* - Meetings had been held with the PSA, with a view to developing a solution to improve processes in partnership with them and IT. To facilitate this, a discussion document was being drafted.
- *Radiation Oncology Wait Times* - Data was being analysed, following which a robust plan would be developed to reduce radiation oncology wait times.

The Committee requested clarification of the comment that Southland’s MRI “performance decreased due to additional sessions”.

Financial Performance Summary (tab 5.3)

In presenting the financial report for August 2018, the EDSS noted that the results for Specialist Services were \$1.1 million behind budget for the month and \$1.6 million adverse for the year to date. The key contributors to this result were electives revenue, workforce and air ambulance costs.

CONFIDENTIAL SESSION

At 11.50 am it was resolved that the Hospital Advisory Committee move into committee to consider the agenda items listed below.

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

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
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: _____

Unconfirmed

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

As at 27 September 2018

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
July 2018	DNA Rate (Minute item 6.0)	Committee to receive quarterly reports.	EDSS	Completed	November 2018
Sept 2018	Radiology Diagnostic Indicator - MRI (Minute item 5.0)	Comment that Southland's MRI "performance decreased due to additional sessions" to be clarified.	EDSS	The team at Southland were undertaking additional sessions. In that month, performance against the target went down as the number of patients being scanned within the 42 day target were a lower proportion of the total number of patients being scanned, that is not to say that any fewer were scanned. We expect that the result for October is improved.	Completed

Did Not Attend (DNA) Rate - update

Recommendation

That the Commissioner Team notes this report.

Action from the Commissioner meeting, 26 July 2018

DNA rates across all services to be reviewed to identify the outliers, the channels of communication and their success rates.

Update

The Dunedin site average DNA rate over (from January to September 2018) was 7.1% and the Southland site average DNA rate over the same period was 6.92%. The DNA rate for the previous period was 7% for both Southland and Otago sites.

The Directorates have reviewed each of their services/departments and indicate that they have instituted follow-up phone calls, letter and text reminders. In combination with this, they also try to provide good notice of appointments because of the change to the frequency with which the mail is delivered.

We currently use a number of text reminders, i.e. 36-48 hour and are now looking at a five day text reminder followed up a second 24 hours text reminder.

Areas with relatively high DNA rates were Diabetes, Neurology, Endocrinology, Paediatric Surgery, Paediatric Oncology, Infectious Diseases and Maxillo-Facial. All areas were investigated and the teams are confident there are no underlying areas of concern. The investigations highlighted that school holidays, sickness, family holidays and small clinic numbers impact on the DNA rate. Of note, some clinics that have very small numbers inflate the overall DNA rate.

The Mental Health and Addictions (MHAID) directorate collects DNA rates differently to the other services. Their DNA rates are high relative to the other services, due to the nature of the services they provide. We have provided separate commentary on MHAID, as follows:

Mental Health Addictions and Intellectual Disability Directorate (MHAID)

DNA rates have been the focus of an improvement initiative within MHAID. Improved performance has settled between 8% and 9% which is in line with expectations.

Each clinical team monitors its DNA rate closely and has strategies in place for following up with individual patients. The MHAID Directorate Leadership Team monitors DNAs across all clinical teams with reports being shared with teams and staff. Systems are in place to follow up people who DNA and engage with them. Guidelines for formally following up people who DNA, texting, writing letters, calling them and visiting them at home are all strategies employed by MHAID to encourage attendance at appointments. Each service monitors DNAs closely and has strategies in place for following up. Persistent attention and follow up is key to reducing the number of DNAs. Issues with data entry have been identified and addressed in areas that emerge as an outlier. This includes the provision of in house education.

New Initiative: Outbound Calling (Day Surgical, Dunedin), and Texting (Main Operating Theatres)

A two week trial was initiated in October to outbound call all day surgical patients prior to their arrival for day surgery. At least two patients were captured who would otherwise not have arrived for their surgery on the day. At average case weights this translates into \$12,000 worth of surgery that would not otherwise have gone ahead. In addition to this, advice was given about

medication management in the lead up to surgery as well as general advise, and it is likely that other cases would have been lost if the patient had not been contacted.

The effort involved in contacting the patients involved some additional administration time, and a little bit of additional nursing time. We believe the case to put extra resourcing in to institute this as a permanent process is compelling, and will be looking to develop a brief case around this as soon as possible, tying this into the outcome of the texting trial, noted below.

In mid-November we are launching a text reminder trial where we will send text reminders to patients booked for surgery at Dunedin Hospital Main Operating Theatre and Day Surgery Unit. *Note that patients who are booked for certain specified procedures have been excluded, for sensitivity reasons.*

The text is: Reminder for <FIRST NAME> for your operation on <DD-MMM-YY>, at Dunedin Hospital. Please reply to this text if you are unwell or cannot attend for surgery.

We are limited to 150 characters and so the name may be shortened for some patients. The patient will receive the text 3 days prior to their surgery date, to be sent out each evening at 5pm. Replies from patients by text will go to one email and an individual will be tasked with managing all responses. The replies will have the cell phone number and NHI visible to the email recipient. The Health Pathways site with news for the GPs on this initiative will be updated.

Once we have the outcome of this trial we will make an overall case for outbound calling and text reminding patients prior to their surgery.

Patrick Ng, Executive Director of Specialist Services

SOUTHERN DISTRICT HEALTH BOARD

Title:	Executive Director of Specialist Services Report		
Report to:	Hospital Advisory Committee		
Date of Meeting:	21 November 2018		
Summary: Considered in these papers are: <ul style="list-style-type: none"> ▪ October 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: 05/11/2018		Presented by: Patrick Ng Executive Director of Specialist Services	
RECOMMENDATION: That the Hospital Advisory Committee receive the report.			

Executive Director of Specialist Services Report – October 2018

Recommendation

That the Hospital Advisory Committee notes this report.

1. Operational Overview Highlights

Elective Delivery

Whilst we were developing a forecasting tool to track anticipated delivery against elective targets we discovered that the elective target in the current financial year had effectively been stretched by 800 case weights. This is significant in the context of an overall elective delivery target of 17,903 case weights (provider view target).

Further investigation identified that the cause of the stretch was that in latter part of 2017/18 we had identified that we had historically booked cases that met the criteria for elective case weight delivery as arranged admissions, and they were not counting against our elective delivery target. In conjunction with the Ministry we retrospectively corrected these cases, which reduced our arranged admissions case weights for the 2017/18 financial year from about 2,300 to about 1,500 case weights. For the 2018/19 year, the arranged admissions case weights were added to the elective target. This was not supposed to create a stretch to the target but was simply intended to increase the elective target by the underlying arranged admission delivery that currently existed. However, because 2017/18 data was not available at the time the Ministry moved the arranged admissions into our target 2016/17 data was used for planning purposes. In our particular case, historic arranged admissions were higher than they were last year (for the reasons noted above) and this created an unforeseen 'stretch'.

The impact of this was to effectively 'stretch' our target by 800 case weights. We entered into discussions with the Ministry to reduce our elective target this year by the 800 case weight impact. However, there was a further complication, as there is a separate (but related) expectation in terms of patient discharge numbers. We did, however, agree changes to our elective target which has reduced the stretch from 800 to 300 case weights. This is important, as the target is now more realistic and we can plan with a higher chance of successfully meeting the overall target.

At the same time as correcting the target we also took the opportunity to re-forecast elective delivery and to re-profile when we think delivery will occur. The end result is that we are about 370 case weights behind our year to date plan at the end of October, but this includes 160 case weights related to the nursing strike which we will seek to outsource.

A number of recovery initiatives are underway to catch up on our year to date shortfall, which involve increasing the number of cases we can put through our own hospitals' operating theatres.

Please refer to Appendix A for a summary of the forecast and an explanation.

Radiology

Radiology have successfully recruited to fill their MRT vacancies, with new graduates starting in January. This will allow us to run our evening CT shift and our weekend MRI sessions from late January. In the meantime, we have been able to run additional MRI sessions with our existing MRT workforce over some weekends (and we are very grateful for the goodwill from the team). This has enabled us to increase MRI performance against the Ministry target from 29% (late last year) to current performance of 56%, which is higher than the national average of about 54%.

We have contacted IANZ about re-accreditation and they are doing a preliminary visit on the 23rd of November. The team have worked hard to prepare for this visit and for the corrective actions (CARS), and other recommendations made by IANZ over the last few years.

Against the 3 Corrective Actions we have:

- a. Completed all facility work and have a disaster recovery agreement in place with Pacific Radiology (facility CAR).
- b. Completed tender evaluation for a Radiology Information System (RIS) replacement and have a preferred option which we are putting to IS SLA (regional IS governance). (Technology CAR).
- c. Improved MRI performance and have confirmed the hire of graduates which will enable us to an evening CT shift from early next year, rather than staff having to be continuously called back in (CT and MRI performance related CAR).

We ran an initial CAPEX clinic to help to identify the preferred option for a new MRI machine in Southland. Procurement have already run a process to determine the best vendor. We have identified the best solution, which would improve patient flow and would ultimately increase the number of patients who could be scanned per day by one. We will construct a case outlining the options and our recommendation for the December commissioner meeting.

Radiation Oncology

Radiation Oncology has seen treatment timeframes extend out due to a lack of locum cover whilst clinicians have been on leave recently. A number of possible avenues were explored and it appeared certain that a locum had been found that would allow us to catch up however, the locum subsequently pulled out due to family commitments. We have subsequently managed to secure SMO's from Christchurch who have now come down to run two weekend clinics. We are continuing to look into options for additional clinics and hope to be back to having all patients within timeframes either later this year or early next year. The weekend clinics have been well received by patients and have enabled us to improve our waiting list. We are also sending a small cohort of patients to St Georges hospital in Christchurch for their treatment.

Cardiology Cath Lab

The service has been working with procurement to determine the options for the Cath lab replacement and has now constructed a business case which will be included in the Commissioner papers. The procurement exercise indicates that the cost to replace the Cath lab will come in within the cost indicated in the capital plan. The current Cath lab is now well past its end date and has had reliability challenges. Now is the ideal time to replace the lab as we will get a full 10 years of useful life out of it before moving into the new hospital. The Cath lab was identified as our top priority for CAPEX this year, so getting this moving will be significant.

Mental Health

A workshop was run recently and with help a discussion paper will be constructed soon which discusses the existing facilities, clarifies options for upgrade or replacement and recommends a pathway forward. This paper will be discussed with the CEO and Commissioners and will help to establish the direction we take with making a case for upgrading or replacing the mental health building infrastructure in the short, medium and longer term.

Clerical and Administration Transformation

A discussion paper was released to our PSA colleagues, the CMO and a number of other stakeholders recently. The next steps include undertaking the high engagement, high effectiveness training with our PSA colleagues, receiving feedback on the discussion paper and putting a more final paper forward as a proposal to our PSA colleagues, the Executive Leadership Team and the Commissioner team. Approval by these stakeholders would then lead to the initiation of a project.

2. Health Targets

Indicator	Last Quarter - MOH	Current Quarter To Estimate Date	Actions if falling short of target
Shorter Stays in Emergency Department – Target 95%	90%	88%	Continuing to look at patient flow through the Emergency Department and also across the whole hospital. Several initiatives underway.
Colonoscopy Urgent – 85%	93%	78%	There are very few patients in the urgent category. This represents two patients.
Colonoscopy Non Urgent – 70%	91%	91%	
Colonoscopy Surveillance – 70%	77%	88% October to date	
Coronary Angiograms 95%		97.3%	
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.	96%	N/A	
Radiology Diagnostic indicator CT, 95% of patients referred for elective CT have report distributed within 42 days		July 2018 82.9% August 2018 84.8% September 2018 81.0%	No results are available for October at the time of writing. The waitlist appears to have improved slightly in Dunedin and held relatively steady in Southland over the month and it is to be hoped that the result against the diagnostic indicator will be positive.

<p>Radiology Diagnostic indicator MRI, 85% of patients referred for elective MRI have report distributed within 42 days</p>		<p>July 2018 36%</p> <p>August 2018 41%</p> <p>Sept 2018 41%</p>	<p>No results are available for October at the time of writing.</p> <p>Waitlist numbers continue to reduce at both sites and an improvement in performance against the diagnostic indicator is expected, particularly in Southland.</p> <p>Significant increase in performance at Dunedin is not expected until 2019 when new staff are on board.</p>
<p>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 date of receipt of referral (as of July 2017).</p>	<p>2017/18 84.7%</p> <p>Q2 2017/18 88.9%</p> <p>Q3 2017/18 90.2%</p> <p>Q4 2017/18 84.8%</p>	<p>Q1 2018/19 Not finalised by the MOH</p>	<p>We are expecting 80-90% performance due to surgical and Radiation Oncology delays. We are working to address both areas.</p>

<p>Elective Surgical Discharges - Annual target 13,190</p>	<p>4,543 Actual YTD vs 4,849 Plan YTD, as at October 2018</p>
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Refer to page 5 - Caseweight and discharge volumes graph.

KPI Summary, Discharges and CWD volumes, not available due to a reporting issue.

Patrick Ng, Executive Director of Specialist Services



Hospital Advisory Committee KPI Summary - Discharges and CWD Volumes

Elective Surgical Discharges October 2018

Elective Surgical Discharge Activity - Southern DHB population

	October 2018				Year to Date				Annual
	Actual	Plan	Variance	Var %	Actual	Plan	Variance	Var %	Plan
SDHB population treated in-house	876	982	(106)	(11%)	3,527	3,913	(386)	(10%)	10,875
SDHB population treated by other DHBs	42	42	-	-	153	169	(16)	(9%)	506
SDHB population outsourced	94	50	44	88%	330	199	131	66%	552
SURGICAL ELECTIVE DISCHARGES	1,012	1,074	(62)	(6%)	4,010	4,281	(271)	(6%)	11,933
Surgical Arranged Admissions	89	80	9	11%	327	321	6	05	893
Surgical Discharges from a Non-Surgical PUC - Elective	31	32	(1)	(3%)	128	128	-	-	350
Surgical Discharges from a Non-Surgical PUC - Arranged	22	30	(8)	(27%)	78	119	(41)	(34%)	326
HEALTH TARGET DISCHARGES	1,154	1,216	(62)	(5%)	4,543	4,849	(306)	(6%)	13,502

Elective Surgical Caseweights October 2018

Elective Surgical Caseweights Activity - Southern DHB population

	October 2018				Year to Date				Annual
	Actual	Plan	Variance	Var %	Actual	Plan	Variance	Var %	Plan
SDHB population treated in-house	1,270.7	1,428.2	(157.5)	(11%)	5,202.8	5,745.2	(542.4)	(9%)	15,708.8
SDHB population treated by other DHBs	137.5	137.5	-	-	467.8	534.0	(66.3)	(12%)	1,012.2
SDHB population outsourced	140.3	92.3	48.0	52%	519.7	370.4	149.3	40%	1,589.7
SURGICAL ELECTIVE CWD	1,548.5	1,658.0	(109.5)	(7%)	6,190.3	6,649.6	(459.4)	(7%)	18,310.7

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

(2) Currently 110 uncoded discharges for October 2018 have estimated CWD values.

(3) Clinical Records and Coding target is 95% of coding completed by end of third working day post discharge, 89.7% achieved this month.

Appendix A - Elective Delivery Forecast 2018-19

- a. The first section (light grey) details actual elective and arranged admissions delivery through our internal theatres for 2017/18 and is the basis for our forecast.
- b. The second section (darker grey) re-profiles our forecast elective delivery based on year to date actuals and our 'mid-point' forecast method for the remaining months of the year, prior to the correction to the production target which reduces the target from 17,902 case weights to 17,402 case weights.
- c. The third section (light grey again) covers the following:
 - a. The first table corrects the production plan from 17,902 to 17,402 case weights.
 - b. The second table shows 3 forecasts: 1. Last year plus outsourcing allowed for this year. 2. Our 'multiplier' forecast plus outsourcing allowed for this year. The multiplier is based on average daily elective case weights completed for the first quarter of this year and has then been applied to the rest of the year. 3. A mid-point forecast which takes the mid-point of these 2 methods (which is the forecast method we are using).
 - c. The anticipated gains from the recovery plan are added in the section 'Recovery including nurse strike outsourcing.'
 - d. And the residual shortfall shows that we are forecasting we will be 300 case weights behind plan until we identify further recovery plan initiatives to offset this.

Hospital Advisory Committee - Public - Specialist Services Monitoring and Performance Reports

Baseline for Forecast (2017-18 Actuals Including Arranged Admits excluding Outsourcing)

FiscalYear	2017/2018	▼
activity_type	(Multiple Items)	▼
AdmissionType	(Multiple Items)	▼
derived_puc	(Multiple Items)	▼

We removed "EXCUL" and "S0501".

Sum of derived_cw	Col Label	July	August	September	October	November	December	January	February	March	April	May	June	Grand Total
Dunedin Hospital		914	1,001	1,120	1,158	1,158	881	710	778	1,071	843	1,111	1,023	11,771
Otago Dental School			1	1			1					2	5	8
Southland Hospital		255	336	323	333	328	303	229	268	296	289	349	322	3,631
Grand Total		1,170	1,337	1,444	1,492	1,485	1,185	939	1,046	1,367	1,132	1,462	1,351	15,409

Actual Target per Production Plan 2018-19

Sum of Target Internal CW	Column Labels	July	August	September	October	November	December	January	February	March	April	May	June	Grand Total
		1,378	1,621	1,352	1,713	1,705	1,124	736	1,413	1,453	1,181	1,640	1,387	16,702

Sum of Target O'Sourced CW	Column Labels	July	August	September	October	November	December	January	February	March	April	May	June	Grand Total
		78	117	202	112	120	78	0	47	109	114	120	102	1,200

Total:		1,456	1,738	1,555	1,825	1,824	1,202	736	1,459	1,562	1,295	1,760	1,489	17,902
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Re-Profiled to 'Mid-Point' Delivery:		1,424	1,810	1,633	1,617	1,693	1,278	1,024	1,271	1,560	1,381	1,714	1,497	17,902
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Actual Performance against Production Plan 2018-19

Correction to Production:		-42	-42	-42	-42	-42	-42	-42	-42	-42	-42	-42	-42	-500
Corrected Production:		1,383	1,768	1,591	1,575	1,651	1,237	982	1,229	1,518	1,339	1,673	1,456	17,402

Sum of Total Actual CW	Column Labels	July	August	September	October	November	December	January	February	March	April	May	June	Grand Total
		1,306	1,660	1,497	1,008	0	0	0	0	0	0	0	0	5,472

Forecast Scenarios:

Forecast Delivery LY + OS		1,306	1,660	1,497	1,483	1,605	1,263	939	1,093	1,476	1,247	1,582	1,453	16,603
Forecast Delivery Multiplier + OS		1,306	1,660	1,497	1,483	1,501	1,082	939	1,239	1,385	1,286	1,563	1,294	16,235
Mid Point		1,306	1,660	1,497	1,483	1,553	1,173	939	1,166	1,431	1,266	1,572	1,373	16,419

Short to Production (1) Optimistic		-76	-108	-94	-92	-46	26	-43	-137	-42	-93	-91	-3	-799
Short to Production (2) Pessimistic		-76	-108	-94	-92	-151	-155	-43	9	-133	-53	-110	-162	-1,167
Short to Production (3) Mid-Point		-76	-108	-94	-92	-99	-64	-43	-64	-88	-73	-100	-82	-983

Recovery (including nurse strike outsourcing)						75	74	135	88	89	92	62	58	673
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Residual Shortfall		-76	-108	-94	-92	-23	10	91	24	2	20	-39	-24	-310
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Cumulative Shortfall		-76	-185	-278	-371	-394	-384	-292	-268	-266	-247	-286	-310	
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SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT		
Report to:	Hospital Advisory Committee		
Date of Meeting:	21 November 2018		
Summary:			
The issues considered in this paper are:			
<ul style="list-style-type: none"> ▪ October 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: 13 November 2018		Presented by: Patrick Ng Executive Director of Specialist Services	
RECOMMENDATION:			
That the Hospital Advisory Committee note the report.			

SOUTHERN DHB FINANCIAL REPORT – Commissioners Summary for HAC

Financial Report for:
Report Prepared by:

October 2018
Murray Baker
Management Accountant - Clinical
12 November 2018

Date:

Overview

Results Summary for Specialist Services

Specialist Services encompasses the delivery of services across Mental Health, Surgical and Radiology, Medicine, Women's and Children's and Operations at SDHB at Dunedin, Wakari and Invercargill Hospitals. It excludes support services such as building and property, Information Technology, Finance and SDHB Management.

Month				Year To Date		
Actual \$000	Budget \$000	Variance \$000		Actual \$000	Budget \$000	Variance \$000
50,469	50,337	132	Revenue	202,858	201,322	1,536
28,533	27,345	(1,188)	Less Personnel Costs	104,487	101,780	(2,707)
19,836	18,567	(1,269)	Less Other Costs	77,621	74,181	(3,440)
2,099	4,425	(2,326)	Net Surplus / (Deficit)	20,750	25,361	(4,611)

The October result for Specialist Services produced a surplus of \$2.01m, which was adverse to the budgeted surplus of \$4.4m. Year-to-date Specialist Services is reporting a \$20.75m surplus against a budgeted surplus of \$25.4m.

October Result:

Elective case weights, including inter-district flows, were lower than budget. Acute caseweights were higher than budget, impacting delivery of elective caseweights.

Oct-18					YTD 2018			
Actual	Budget	Variance	% Variance		Actual	Budget	Variance	% Variance
				Medical Caseweights				
1,499	1,377	122	9%	Acute	6,173	5,436	737	14%
421	228	194	85%	Elective	1,246	887	360	41%
1,920	1,605	315	20%	Total Medical Caseweights	7,419	6,322	1,097	17%
				Surgical Caseweights				
1,254	1,070	184	17%	Acute	4,865	4,269	597	14%
1,344	1,462	(118)	-8%	Elective	5,414	5,825	(411)	-7%
2,598	2,533	66	3%	Total Surgical Caseweights	10,279	10,094	185	2%
				Maternity Caseweights				
89	169	(81)	-48%	Acute	326	672	(345)	-51%
308	230	78	34%	Elective	1,425	919	506	55%
397	399	(2)	-1%	Total Maternity Caseweights	1,751	1,591	161	10%
				TOTALS				
2,842	2,617	225	9%	Acute	11,365	10,376	988	10%
2,073	1,919	154	8%	Elective	8,085	7,631	454	6%
4,915	4,536	379	8%	Total Caseweights	19,450	18,007	1,443	8%
				TOTALS excl. Maternity				
2,753	2,448	306	12%	Acute	11,038	9,704	1,334	14%
1,765	1,690	75	4%	Elective	6,660	6,712	(52)	-1%
4,519	4,137	381	9%	Total Caseweights excl. Maternity	17,698	16,416	1,282	8%

Statement of Financial Performance

Monthly				Year to date			
Actuals	Budget	Variance	Variance	Actuals	Budget	Variance	Variance
\$000s	\$000s	\$000s	FTE	\$000s	\$000s	\$000s	FTE
REVENUE							
Government & Crown Agency Sourced							
8,399	8,492	(93)		34,543	33,967	576	
40	40	0		161	161	0	
817	774	43		3,236	3,136	100	
9,256	9,306	(50)		37,940	37,264	676	
Non Government & Crown Agency Revenue							
273	147	126		715	536	179	
177	196	(19)		719	785	(66)	
451	344	107		1,434	1,321	113	
40,762	40,687	75		163,484	162,737	747	
50,469	50,337	132		202,858	201,322	1,536	
EXPENSES							
Workforce							
Senior Medical Officers (SMO's)							
5,689	5,622	(67)	228	25,567	24,477	(1,090)	5
306	292	(14)		1,100	1,269	169	
360	501	141		2,182	2,554	372	
6,356	6,415	59	228	28,848	28,300	(548)	5
Registrars / House Officers (RMOs)							
3,120	3,046	(74)	306	13,744	13,394	(350)	(10)
160	237	77		774	917	143	
254	27	(227)		587	107	(480)	
3,535	3,310	(225)	306	15,105	14,417	(688)	(10)
9,890	9,725	(165)	533	43,954	42,718	(1,236)	(5)
Nursing							
14,209	13,373	(836)	1,445	41,813	41,162	(651)	(2)
0	(99)	(99)		3	(295)	(298)	
(5)	5	10		106	21	(85)	
14,204	13,279	(925)	1,445	41,922	40,888	(1,034)	(2)
Allied Health							
2,457	2,570	113	368	10,541	10,562	21	9
135	36	(99)		329	141	(188)	
90	1	(89)		267	3	(264)	
2,682	2,606	(76)	368	11,137	10,707	(430)	9
Support							
154	151	(3)	34	583	650	67	1
2	1	(1)		6	4	(2)	
0	0	0		0	0	0	
156	152	(4)	34	588	654	66	1
Management / Admin							
1,597	1,561	(36)	327	6,861	6,722	(139)	(7)
1	17	16		12	69	57	
2	5	3		13	21	8	
1,600	1,583	(17)	327	6,886	6,812	(74)	(7)
28,533	27,345	(1,188)	2,707	104,487	101,780	(2,707)	(5)
Other Expenses							
3,027	2,676	(351)		10,980	10,355	(625)	
0	0	0		0	0	0	
0	0	0		0	0	0	
7,721	6,569	(1,152)		29,063	26,299	(2,764)	
776	1,038	262		4,212	4,188	(24)	
7,559	7,478	(81)		30,404	30,245	(159)	
Non Operating Expenses							
753	806	53		2,962	3,095	133	
0	0	0		0	0	0	
0	0	0		0	0	0	
19,836	18,567	(1,269)		77,621	74,181	(3,440)	
48,370	45,912	(2,458)		182,107	175,961	(6,146)	
2,099	4,425	(2,326)		20,750	25,361	(4,611)	

Internal Revenue was favourable in the month due to funding for the settlement of the Nursing MECA and pharmaceutical revenue reflecting patient usage. This was largely offset by lower than planned case weight delivery being recognised in elective case weight revenue.

Patient Related Revenue was higher than budgeted due to income received from non-resident patients.

August workforce expenses were unfavourable to budget by \$1.19, primarily driven by the timing of budgeted annual leave in Nursing. SMO workforce costs were lower than budget but RMO's were higher than budget reflecting successful recruitment for compliant rostering, which the budget had not anticipated. FTE numbers were 22 FTE favourable. Partially offsetting this were Outsourced personnel costs, unfavourable by \$0.16m.

Non personnel costs were unfavourable to budget by \$1.27m. This was primarily driven by clinical supplies and outsourced clinical services. Clinical supplies was primarily driven by pharmaceutical expenditure running higher than budget (partially offset with additional revenue). Outsourced clinical services included \$0.2m of outsourcing to Secure to run ophthalmology follow up clinics.

Revenue

Ministry of Health (MoH) Revenue

MoH revenue was unfavourable to budget for the month but is favourable year-to-date. The main items making this up are:

Category	Source	Monthly Variance \$000s	YTD Variance \$000s	Comment
MoH Revenue				
Personal Health	Organ Donor Liaison	8	16	Funding for improvement in donor rates
	Ophthalmology	(45)	0	Revenue correction
	Bowel Screening	(6)	53	Phasing of funding for service establishment & operation
Devolved Funding	Mental Health Pay Equity	0	247	Funding for Pay Equity for eligible Mental Health workers at NGOs
Disability Support Services	Fee for Service Beds	10	127	Mental Health usage of fee for service beds
Clinical Training		(57)	73	Reconciliation of eligible personnel to amounts billed
Other		(3)	60	
Total		(93)	576	

Other Government Revenue

Other Government revenue was \$0.04m favourable to budget, primarily due to higher than budgeted ACC billing. Year-to-date revenue is \$0.10m favourable, primarily driven by ACC and other income.

Internal Revenue

Internal revenue was \$0.08m favourable to budget for the month, driven by additional funding provided for the Nursing MECA settlement above the rate budgeted, additional PCT and community pharmaceutical funding (offset in expenditure). This was partially offset by lower elective case weight delivery. Year-to-date revenue is \$0.75m favourable for the same reasons as the month's result

Workforce Costs

Workforce costs (personnel plus outsourcing) were \$1.19m unfavourable to budget in the month and \$2.71m unfavourable year-to-date, with the month result largely driven by nursing for the reasons identified earlier. Operationally in October FTE were 22 favourable to budget. Year-to-date FTE are 5 unfavourable.

Senior Medical Officers (SMOs)

SMOs direct costs were \$0.06m favourable and 12 FTE favourable for the month.

Direct costs were unfavourable despite the favourable FTE due to the phasing of leave and allowances for additional duties.

Indirect costs were \$0.01m unfavourable to budget for the month due to recruitment costs.

Outsourced costs were \$0.14m favourable to budget in the month.

Registrars / House Officers (RMOs)

RMOs direct costs were \$0.07m unfavourable and 12 FTE unfavourable for the month. Direct costs were unfavourable due to the FTE variance which in turn is impacted by a 'negative churn factor' in the budget which did not anticipate the level of recruitment that was achieved.

Indirect costs were \$0.08m favourable in the month, driven by the phasing of training, professional membership and recruitment costs.

Outsourced costs were higher than budget in the month due to the use of locums to cover roster requirements, vacant roles and workload.

Nursing

Nursing costs were \$0.93m unfavourable and 5 FTE favourable to budget for the month. The unfavourable FTE variance was primarily driven by workload requirements and differences in the phasing of annual leave between the budget and actuals.

Direct costs were \$0.84m unfavourable in the month, driven by leave phasing, kiwisaver uptake, allowances and ACC related payments. This more than offset the favourable FTE variance.

Indirect costs were \$0.10m unfavourable.

Allied Health

Allied Health costs were \$0.08m unfavourable and 18 FTE favourable to budget for the month.

Direct costs were \$0.11m favourable, driven by the favourable FTE variance and allowances.

Indirect costs were 0.10m unfavourable due to employment related costs.

Outsourced costs were \$0.09m unfavourable to budget, reflecting costs for Brief Intervention Services in central Otago.

Support

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

Management / Administration

Management Admin staff were \$0.02m and 2 FTE unfavourable to budget

Direct costs were unfavourable by \$0.04m, driven by the phasing of annual leave.

Indirect costs were in-line with to budget.

Outsourced Clinical Services costs

Outsourced clinical services were \$0.35m unfavourable to budget in the month and \$0.63m unfavourable year-to-date. For the month of October \$0.15 relates to use of Secure for Ophthalmology follow up appointments (unbudgeted) and \$0.2 relates to outsourced elective work. Further work is required to re-phase the outsourced elective budget to align to our new forecast.

Clinical Supplies (excluding depreciation)

Clinical supplies were unfavourable to budget by \$1.15m for the month. Year-to-date Clinical Supplies are \$2.76m unfavourable, driven by pharmaceutical, air ambulance, implants / prostheses and treatment disposable costs. The unfavourable pharmaceutical variance is largely offset in Internal Revenue.

Implants and prostheses costs were \$0.21m unfavourable in the month, driven by patient requirements. Year-to-date costs are \$0.35m unfavourable.

Treatment disposable costs were \$0.11m unfavourable in the month, driven by the phasing of consumables required for treatment of patients. Year-to-date costs are \$0.25m unfavourable.

Pharmaceutical costs were \$0.70m unfavourable in the month. This was driven primarily by the prescription of cancer drugs and of community drugs with offsetting internal revenue of \$0.39m. Rebates budgeted for have not been accrued as the DHB works through the treatment of costs with Pharmac. The balance of the variance is driven by hospital patient needs and volumes. The drugs with the largest cost increases, year-on-year, are used in the treatment of bowel disease, haematology, cancer and HIV. Year-to-date costs are \$1.86m unfavourable and are partially offset by favourable internal revenue of \$1.22m.

Infrastructure and Non-Clinical

These costs were \$0.26m favourable to budget in the month. Year-to-date costs are \$0.02m unfavourable.

Provider Payments

These costs were unfavourable to budget by \$0.09m in the month. This relates to pay equity costs.

Non-Operating Expenses

Depreciation was favourable to budget in the month and year-to-date

Closed Session:

RESOLUTION:

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

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

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