

SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Thursday, 23 November 2017, 9.30 am

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

A G E N D A

Lead Director: Joy Farley, Acting Executive Director Specialist Services

Item

1. **Apologies**
2. **Presentation: *Faster Cancer Treatment***
3. **Interests Register**
4. **Minutes of Previous Meeting**
5. **Matters Arising**
6. **Provider Arm 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 <i>Manaakitanga</i>	Open <i>Pono</i>	Positive <i>Whaiwhakaaro</i>	Community <i>Whanaungatanga</i>
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APOLOGIES

At the time of going to print, no apologies had been received.

Presentation: Faster Cancer Treatment

SIMON POINTER, FASTER CANCER TREATMENT PROJECT MANAGER

THERESE DUNCAN, ASSOCIATE DIRECTOR OF NURSING, MEDICINE

DR JANINE COCHRANE, GENERAL MANAGER, SURGICAL SERVICES AND RADIOLOGY

MR STEPHEN PACKER, MEDICAL DIRECTOR, SURGICAL SERVICES AND RADIOLOGY

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Hospital Advisory Committee
Date of Meeting:	23 November 2017
<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, Executive Director Finance, Procurement & Facilities - added ▪ Jane Wilson's, Executive Director Nursing & Midwifery, nature of interests added ▪ Sue Crengle, former HAC member - removed 	
Specific implications for consideration (financial/workforce/risk/legal etc):	
Financial:	n/a
Workforce:	n/a
Other:	
<p>Prepared by:</p> <p>Jeanette Kloosterman Board Secretary</p> <p>Date: 15/11/2017</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	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 (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	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.	
	25.06.2015	Associate Member, Commerce Commission	Potential conflict if complaint made against Southern DHB.	
	16.01.2017	Director, Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd)	Nil	
	08.02.2017	Independent Chair, TANZ eCampus Ltd		
	13.03.2017	Chair, South Island Alliance Information Services		
	18.09.2016	Director and Shareholder, Innovatio Ltd	Vehicle for governance and consulting assignments. Clients listed above.	
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust.	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	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.	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach	
Susie JOHNSTONE (Consultant, Finance Audit & Risk Committee)	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil		
	21.08.2015	Board Member, REANNZ (Research & Education Advanced Network New Zealand)	REANNZ is the provider of Eduroam (education roaming) wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities.		
	21.08.2015	Advisor to a number of primary health provider clients in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.		
	18.01.2016	Audit and Risk Committee member, Office of the Auditor-General	Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General.		
	16.09.2016	Director, Shand Thomson Ltd	Nil		
	16.09.2016	Director, Harrison Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.		
	16.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.		
	16.09.2016	Director, Shand Thomson Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.		
	16.09.2016	Director, Johnstone Afforestation Co Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.		
	16.09.2016	Director, Shand Thomson Nominees (2005) Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.		
	16.09.2016	Director, McCrostie Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.		
		Spouse is Consultant/Advisor to:			
	21.08.2015	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB.		
	21.08.2015	Wyndham & Districts Community Rest Home Inc	Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB.		
	21.08.2015	Roxburgh District Medical Services Trust	Roxburgh District Medical Services Trust has a contract with Southern DHB.		
	21.08.2015	West Otago Health Ltd & West Otago Health Trust	West Otago Health Ltd & West Otago Health Trust have a contract with Southern DHB.		
	21.08.2015	A number of primary health care providers in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.		
	21.08.2015	Director, Clutha Community Health Co. Ltd	Clutha Community Health Co. Ltd has a contract with Southern DHB.		
	26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.		
		Daughter:			
21.08.2015	4th Year Medical School Student				
Donna MATAHAERE-ATARIKI (CPHAC/DSAC and IGC Member)	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.		
	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.		
	27.02.2014	Deputy Chair, NGO Council, Ministry of Health	Nil		
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.		
	27.02.2014	Chair, Ōtākou Rūnanga	Nil		
	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, Ōtākou Health Limited	Possible conflict when contracts with Southern DHB come up for renewal.		
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.		
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil		
01.09.2016	Southern DHB, Disability and Support Advisory Committee	Possible conflict with SDHB contract funding.			
Odele STEHLIN	01.11.2010	Waihopai Runaka General Manager	Possible conflict when contracts with Southern DHB come up for renewal.		

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
Waihopai Rūnaka – Chair IGC	01.11.2010	Waihopai Runaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
	23.02.2017	Te Rūnanga alternative representative for Waihopai Rūnaka on Ngai Tahu.	Nil	
	09.06.2017	Director, Waihopai Runaka Holdings Ltd	Possible conflict with contract funding.	
Sumaria BEATON IGC - Awarua Rūnaka	27.04.2017	Southland Warm Homes Trust	Nil	
	09.06.2017	Director and Shareholder, Sumaria Consultancy Ltd	Nil	
	09.06.2017	Director and Shareholder, Monkey Magic 8 Ltd	Nil	
Taare BRADSHAW IGC - Hokonui Rūnaka	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
Victoria BRYANT IGC - Puketeraki Rūnaka	06.05.2015	Charge Nurse Manager, Otago Public Health	Nil	
	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.	
Justine CAMP IGC - Moeraki Rūnaka	31.01.2017	Research Fellow - Dunedin School of Medicine - Better Start National Science Challenge	Nil	
		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 IGC - Hokonui Rūnaka	06.05.2015	Treasurer, Hokonui Rūnanga Inc.	Nil	
	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 IGC - Ōraka Aparima Rūnaka	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	
	09.02.2011	Member of Māori Advisory Committee, Southern Cross	Nil	
	03.10.2012	Te Rūnanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.	Nil	

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

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
Pania COOTE	26.05.2016	Ngai Tahu registered.	Nil
	30.09.2011	Member, Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	30.09.2011	Member, SIT Social Work Committee	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	26.01.2015	SDHB Child and Youth Health Service Level Alliance Team	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	
Joy FARLEY	08.08.2017	Nil	
Lisa GESTRO	06/09/2017	Nil	
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	25.09.2016	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	
Lynda McCUTCHEON	22.06.2012	Member of the University of Otago, School of Physiotherapy, Admissions Committee	Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.
	19.08.2015	Member of the National Directors of Allied Health	Nil
	04.07.2016	NZ Physiotherapy Board: Professional Conduct Committee (PCC) member	No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC.
	18.09.2016	Shareholder, Marketing Business Ltd	Nil
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.
Nicola MUTCH	16.03.2016	Member, International Nominations Committee, Amnesty International	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil
Patrick NG		TBA	
Dr Jim REID	22.01.2014	Director of both BPAC NZ and BPAC Inc	No conflict.

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	22.01.2014	Director of the NZ Formulary	No conflict.
	22.01.2014	Trustee of the Waitaki District Health Trust	Possible conflict in negotiation of new contract.
	22.01.2014	Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine	Possible conflict in any negotiations with Dunedin School of Medicine.
	22.01.2014	Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.	No conflict.
	19.09.2016	Director, ProHealth Holdings Ltd	No conflict. Holding company for share of Caversham Health Centre.
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
		<i>Specified contractor for JER Limited in respect of:</i>	
	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.

**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
	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, 28 September 2017, commencing at 9.37 am in the Board Room, Southland Hospital Campus, Invercargill

Present:	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson	Commissioner Deputy Commissioner Deputy Commissioner
In Attendance:	Mr Chris Fleming Ms Joy Farley Mr Mike Collins Mrs Lisa Gestro Dr Nigel Millar Dr Nicola Mutch Mr Clive Smith Mrs Jane Wilson Ms Jeanette Kloosterman	Chief Executive Officer Acting Executive Director Specialist Services Executive Director People, Culture & Technology (by videoconference from 9.45 am) Executive Director Strategy, Primary & Community Chief Medical Officer Director of Strategic Communications Acting Executive Director Finance, Procurement & Facilities Chief Nursing & Midwifery Officer Board Secretary (by videoconference)

1.0 WELCOME

The Commissioner welcomed everyone to the meeting, and extended a special welcome to Lisa Gestro, recently appointed Executive Director Strategy, Primary and Community.

2.0 APOLOGIES

An apology was received from Dr Sue Crengle, Committee member.

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 27 July 2017 be approved and adopted as a true and correct record.”

Agreed

5.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

Executive Director Specialist Services’ Report (tab 5.1)

In presenting her monthly report, the Acting Executive Director Specialist Services (EDSS) commented on the following issues.

Radiology

- A proposal to extend CT operational hours at Dunedin Hospital, to reduce wait times, would be presented to the Executive Leadership Team in the next few weeks.
- The work undertaken about a year ago on MRI productivity would be reviewed and a plan put together to address wait times.

The Executive Director People, Culture & Technology joined the meeting at 9.45 am.

Needs Assessment Liaison

- The needs assessment (NASC) liaison role on Ward 8MED at Dunedin Hospital was making a difference to quality of care and the average length of stay.

Elective Services

The Chief Executive Officer reported that, for commercial reasons, a recovery plan for elective services would be presented in the public excluded section of the meeting. He had asked another DHB to review Southern DHB’s data, as the indicators were not painting a consistent picture. If there was a data issue, it would be a bonus; in the meantime service delivery was continuing as if the caseweight discharges were real.

Key Performance Indicators (KPIs) (tab 5.2)

The KPI report was taken as read and the Acting EDSS took questions.

Financial Performance Summary (tab 5.3)

The EDSS presented the financial report for August 2017, then took questions.

Urology Action Plan

The Acting Executive Director Specialist Services (EDSS) gave a brief overview of Urology Services action planning, which was being supported by Janice Donaldson, a member of the external review team. The Acting EDSS advised that the backlog of patients who were identified as needing surgery for cancer had been cleared and the focus now was on clinically prioritising the groups of patients waiting, with those requiring biopsies being given the highest priority.

The team across both sites had agreed that those patients who were relatively equidistant to Invercargill and Dunedin would be sent to Invercargill for the purposes of the short term actions required, and Invercargill were doing extra lists to accommodate these patients. Support was also being sought from an Urologist from outside the DHB.

In summary, the Acting EDSS advised that staff were doing and planning at the same time. Weekly meetings were being held with the Urologist and nursing teams and the plan was being updated weekly.

CONFIDENTIAL SESSION

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

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

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

SOUTHERN DISTRICT HEALTH BOARD

Title:	Executive Director of Specialist Services Report		
Report to:	Hospital Advisory Committee		
Date of Meeting:	23 November 2017		
Summary:			
Considered in these papers are:			
<ul style="list-style-type: none"> ▪ October 2017 DHB activity 			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	Yes		
Workforce:	Yes		
Other:	No		
Document previously submitted to:	Not applicable, report only provided for the Hospital Advisory agenda.		Date:
Approved by:			Date:
Prepared by:		Presented by:	
Executive Director of Specialist Services		Joy Farley Acting Executive Director of Specialist Services	
Date: 07/11/2017			
RECOMMENDATION:			
That the Hospital Advisory Committee receive the report.			

Executive Director of Specialist Services Report – October 2017**Recommendation**

That the Hospital Advisory Committee notes this report.

1. Health Targets

Indicator	Last Quarter – MOH	Current Quarter To Date Estimate	Actions if falling short of target
Shorter Stays in Emergency Department – Target 95%	16/17 Q1 – 89%	93% (17/18 Q2)	<p>This is showing improvement –</p> <ul style="list-style-type: none"> Now that full resources are in place the investment into Dunedin site acute patient flows – IMAU and HOME team – is in the process of evaluation commencing with the HOME team. The aim of the HOME team was to provide patients in ED with a comprehensive inter-professional assessment and treatment plan at a time of acute change in function due to illness or injury as they enter the acute patient pathway, with a view to rapid discharge planning supporting our efforts to achieve the ED 6 hour length of stay target. Preliminary evaluation has suggested that we make the 2FTE for the HOME team permanent in light of the clear benefits that this team are providing not only to the patients but also to ED, IMAU; this is being evaluated. In Southland the Clinical Director has undertaken to meet with the PHO to begin discussions about Primary Care access and the relationship to ED.
Faster Cancer Treatment (FCT) – Target 90%	Q1 2017/18 84.7%	September 2017 81.3% (NB records incomplete)	<p>Once the records are completed with updated data, Quarter 1 is projected to track to 85%, 5% short of the target of 90%.</p> <p>The FCT team has been doing some work to ensure that patients who are on the 62-day pathway are correctly identified and reported. There is work underway to secure permanent FTE to support FCT clinical data, clearly required to have accurate up to date information, however</p>

Indicator	Last Quarter - MOH	Current Quarter To Date Estimate	Actions if falling short of target
			<p>these are unbudgeted so some prioritisation will be required.</p> <p>A clinician engagement survey has also been conducted via the MDM (Multi-Disciplinary Meeting) coordinators to gauge the best way to highlight FCT patients and to engage with clinical services. The results show that clinicians want greater visibility of FCT patients, as well as how far along an FCT pathway a patient is. The majority of respondents felt that an FCT flag in Health Connect South (HCS) would be the best place. The results from this survey are being shared with the Southern Cancer Network to strengthen the business case from all five South Island DHBs for an FCT flag in HCS.</p>
Colonoscopy Urgent – 85% Non urgent – 70% Surveillance – 70%	Quarter 4 16/17 – 90% Quarter 4 16/17 – 85% Quarter 4 16/17 – 93%	92% 85% 81%	Targets exceeded.
Coronary Angiograms Target 95%	Quarter 4 16/17 100%	99.3%	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.	94.2%	N/A	<p>Whilst coverage for July and August were both above 95% the September results were disappointing at 91%, bringing the quarter result down to 94.2%. We remain confident we are reaching every child with a number of explanations sitting behind the 17 children who have 'Missed' target as follows</p> <ul style="list-style-type: none"> • overseas children awaiting catch up programmes timing / newly arrived into the country • medical contraindication • vaccinations delayed due to parental choice; with the children eventually achieving full vaccination status • a minimal number of children with complex social situations / high mobility being actively managed by Outreach • 94% of these children had recorded parental declined or opted off the programme.
Healthy Children	92%	N/A	We continue to progress towards achieving target with 92% in Q1, up from 87% in

Indicator	Last Quarter - MOH	Current Quarter To Date Estimate	Actions if falling short of target
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.			last quarter. Target has been exceeded for Maori children (96%).
Radiology Diagnostic indicator CT, 95% of patients referred for elective CT have report distributed within 42 days	April 2017 71.9% May 2017 72.28% June 2017 69.78%	July 2017 69.6% August 2017 70.2% September 2017 71.38%	Performance between August and September has improved slightly. This occurred at Dunedin Hospital and is a result of additional scans taking place at Oamaru and Southland. Demand for acute CT, particularly after hours, continues to be high at both sites. A plan to phase in extended days is being formulated and the subsequent improved performance in reducing the waiting times for patients.
Radiology Diagnostic indicator MRI, 85% of patients referred for elective MRI have report distributed within 42 days	April 2017 35.8% May 2017 36.9% June 2017 33.29%	July 2017 30% August 2017 30.5% September 2017 28.28%	Performance between August and September 2017 has further deteriorated. Staffing continues to be an issue at Southland site. Additional sessions have taken place at both sites in October 2017, however heavy inpatient demand, particularly at Dunedin continues. While 15 more outpatients had examinations completed than requests received in September, fewer patients had their examination completed within 42 days of referral. In October, 125 more requests were received than exams completed. A recovery plan is being developed and will likely involve a combination of solutions using local private providers and staffing weekend sessions (MRI already run extended days).

Elective Surgical Discharges - Annual target 13,190

4,431 Actual YTD vs 4,451 Plan YTD, as at October 2017

Elective Surgical Discharges October 2017**Elective Surgical Discharge Activity - Southern DHB population**

	October 2017				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated in-house	896	958	(62)	(6%)	3,587	3,800	(213)	(6%)	11,050
SDHB population treated by other DHB	42	42			155	168	(13)	(8%)	489
SDHB population outsourced	57		57		128		128		-
ELECTIVE INITIATIVE	995	1,000	(5)	(1%)	3,870	3,968	(98)	(2%)	11,539
Surgical Arranged Admissions	80	84	(4)	(5%)	343	343			975
Surgical Discharges from a Non-Surgical PUC - Elective	24	31	(7)	(23%)	104	117	(13)	(11%)	350
Surgical Discharges from a Non-Surgical PUC - Arranged	23	30	(7)	(23%)	114	113	1	1%	326
HEALTH TARGET	1,122	1,145	(23)	(2%)	4,431	4,541	(110)	(2%)	13,190
Additional Orthopaedic and General Surgery Discharges	-	3	(3)	(100%)	-	14	(14)	(100%)	39

Elective Surgical Caseweights October 2017**Elective Surgical Caseweight Activity - Southern DHB population**

	October 2017				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated in-house	1,248	1,275	(27)	(2%)	4,591	5,055	(464)	(9%)	14,698
SDHB population treated by other DHB	117	117			471	462	8	2%	1,342
SDHB population outsourced	53	4	49	1126%	134	17	117	681%	50
	1,418	1,396	22	2%	5,196	5,535	(339)	(6%)	16,090
Additional Orthopaedic and General Surgery CWD	-	12	(12)	(100%)	-	47	(47)	(100%)	137

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

(2) Currently 16 uncoded discharges for October have estimated CWD Values.

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

2. Contract Performance with hospital provider

The delivery through the provider arm mirror the above population view trends:

- Total elective case weights delivered by Southern DHB Provider Arm were 33 above plan in October 2017 (3%). Year to date elective case weights are 305 below plan (6%).
- Total acute case weights delivered by the Southern DHB Provider Arm were 34 above plan in October 2017 (1%). Year to date acute case weights are 1,152 above plan (9%).
- In comparison to actual year to date case weights delivered to October 2016, acute case weights delivered have increased by 247 case weights (2%) and elective case weights have decreased by 245 (4%).

3. Operational Performance

Elective Service Performance Indicators (ESPI):

- The final ESPI position for September 2017 show Southern DHB with a red status for both ESPI 2 (Patients waiting for First Specialist Assessment (FSA)) and ESPI 5 (Inpatients). The preliminary ESPI graphs for October 2017 show Southern DHB with a red status for ESPI 2, ESPI 5. Predicted results for November 2017 has Southern DHB with a red status for ESPI 2

and ESPI 5. A long term recovery plan that supports ESPI and elective service discharge and casemix recovery is under development.

4. Operational Overview Highlights

4.1 Mental Health Awareness Week was held 09-15 October 2017 across the district. There was positive service contribution to Mental Health Awareness Week, with stalls at local events and in hospital foyers. A number of areas also undertook specific activities such as staff walks, barbecues and arts/craft painting. A highlight was a strong presence at the Palmerston Field Days and an inspirational start to the week with a launch at Toitu Museum attended by 160 people.



Left to right, Justine Dahlenburg, Bob Saunderson and Shirley McKewen

4.2 Babyfriendly hospital review, the New Zealand Breastfeeding Alliance undertook a Babyfriendly Hospital Initiative assessment of the Queen Mary Maternity Centre 01, 02 November. While the report of the assessment will not be available for a few weeks, the verbal feedback was very positive. The assessors commented on the amount of education undertaken by staff and the quality of the education provided. Additional consumer feedback has to be gathered, but to date this has also been very positive. The Babyfriendly Initiative aims to give babies the best start in life by protecting and promoting exclusive breastfeeding.

4.3 Bowel screening recruitment for the Project Manager has been completed and interviews are currently being organised for the Clinical Leader role. A steering group has been set up, engagement with the communications team has begun and a Pae Ora group to oversee equity and communications is meeting regularly. Engagement with community groups and enacting communication strategies has also begun.

- 4.4 Cardiac surgery wait times continue to improve. We are below the maximum number of patients waiting with 16 as at last week and there are no patients waiting longer than 90 days.
- 4.5 The recommendations from the urology review undertaken are being implemented, for completion over the next 3-4 months. An action plan has been developed, appointments made and changes to re-organise the service are underway. This includes changes in practice and staffing. It is planned that all overdue patients will be seen in two mega-clinic weekends, thus bringing waiting times back to acceptable limits by the end of 2017. This is being facilitated and resourced from SDHB staff supported by Urology staff across the country. The weekend of the 18/19 November is planned to primarily be outpatients and diagnostics. The current booking status is as follows:

Clinic type	Sat 18 Nov	Sun 19 Nov	Total
First Specialist Assessment (FSA)	101	40	141
Follow-Up Appointment	186	88	274
TRUS biopsy	48	27	75
Cystoscopy	113	78	191
Number clinic appointments			681
Number of patients			500

Further patients will be booked into the vacant appointments. The clinics will include: 14 Urologists, various office managers, anaesthetics, 6 nurses, hospital aides and admin staff. An extensive programme of clinical and admin activity has occurred to provide scheduling, diagnostics prior to FSA, and radiology for the weekend. Services such as radiation oncology, medical oncology and radiology have been involved in planning for the increases in work anticipated. The services have already seen a significant increase in referrals and supported with additional clinics and imaging during October. Some imaging and surgeries has been undertaken by private providers to even out the referral patterns and minimise disruption for other patients competing for services. Equipment and supplies are being sourced for the weekend and planning is on track. A large number of staff have gone above and beyond to work together to enable this to happen.

The respective teams are working hard to facilitate the proposed lists. One operating theatre is planned for 18 and 19 November and while staff are supportive to the Urology Service, the short notice to source staff, equipment and instruments is challenging. A high level of collaboration is required and this is on track. There are 3 lists planned on 9 and 10 December. This poses challenges for processing equipment. Additional equipment is being sourced from private, other hospitals and purchasing to meet the needs for both of the mega clinics.

Joy Farley, Acting Executive Director of Specialist Services

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

Southern DHB
Hospital Advisory Committee - KPIs October 2017 Data

Patient Safety and Experience - Hospital Healthcheck					
	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
3 - Improved access to Elective Surgical Services monthly (population based) Discharges Health Target	1,017	1,122	1,145	-23 (-2%)	
3a - Improved access to elective surgical services ytd (population based) Discharges Health Target	4,410	4,431	4,541	-110 (-2.4%)	

Patient Safety and Experience - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
Faster Cancer treatment; 85% of patients to receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer seen within 2 weeks	78%	73%	85%	-11.7%	
11 - Reduced stay in ED	95%	93%	95%	-2.1%	
15 - Acute Readmission Rates (note 1)	11.3%	10.8%	9.9%	-0.8%	

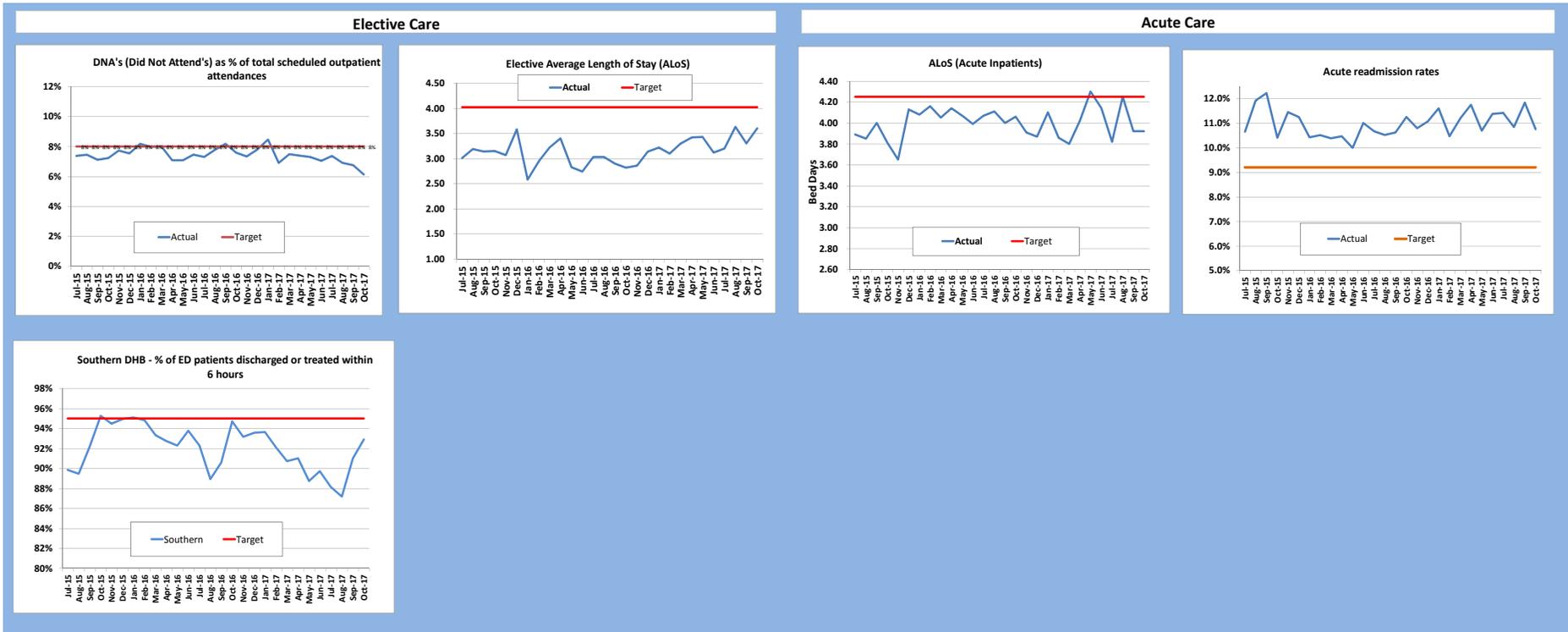
Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
1 - Waits >4 months for FSA (ESPI 2)	223	218	0	-218	
2 - Treatment >4 months from commitment to treat (ESPI 5)	16	227	0	-227	
% of accepted referrals for CT scans receiving procedures within 42 days	77%	P	95%	NA	
% of accepted referrals for MRI scans receiving procedures within 42 days	67%	P	85%	NA	
% accepted referrals for Coronary Angiography within 90 days	85%	99%	95%	3.6%	
4a - All Elective caseweights versus contract (monthly provider arm delivered)	1,300	1,438	1,404	33 (2.4%)	
4b - All Elective caseweights versus contract (ytd provider arm delivered)	5,508	5,262	5,568	-305 (-5.5%)	
7a - Acute caseweights versus contract (monthly provider arm delivered)	3,120	3,090	3,059	31 (1%)	
7b - Acute caseweights versus contract (ytd provider arm delivered)	13,132	13,384	12,231	1153 (9.4%)	

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	7.6%	6.1%	8.0%	1.9%	
9 - ALoS (elective) (Note 3)	2.82	3.60	4.02	0.42 (10.4%)	
ALoS (Acute inpatient) (Note 3)	4.06	3.92	4.25	0.33 (7.8%)	
DOSA (Note 2)	94%	93%	95%	-1.8%	

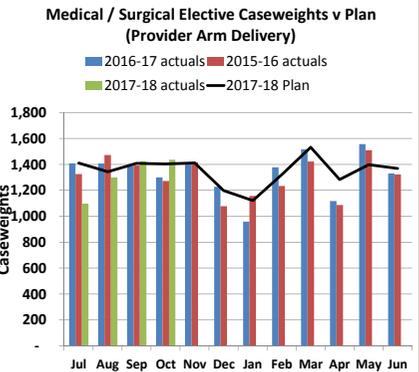
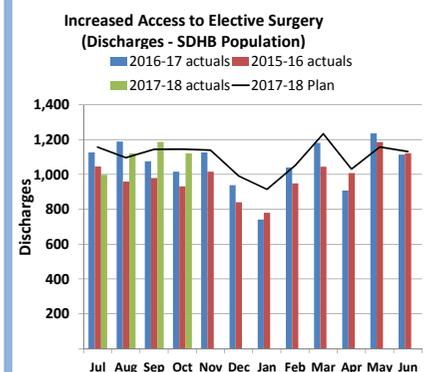
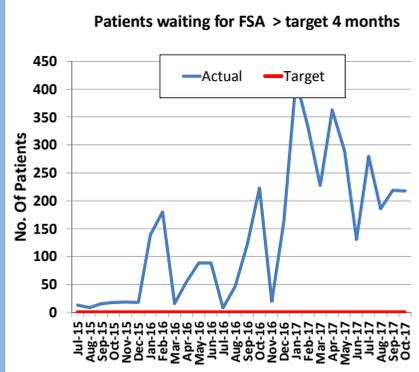
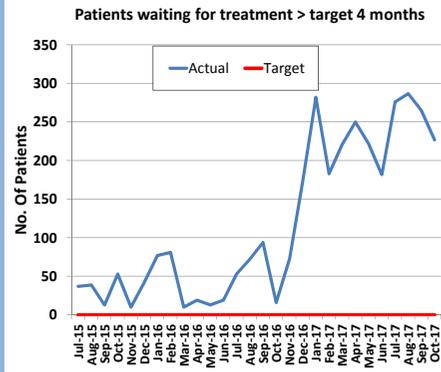
6.2

Southern DHB
Hospital Advisory Committee - Performance Report October 2017 Data

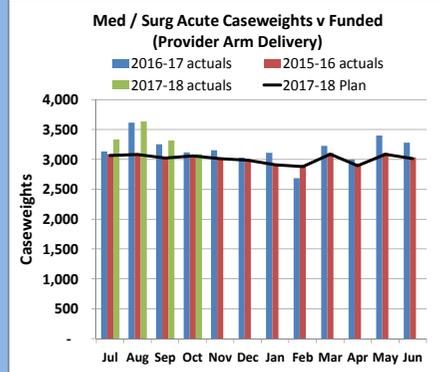


Southern DHB
Hospital Advisory Committee - Healthcheck Report October 2017 Data

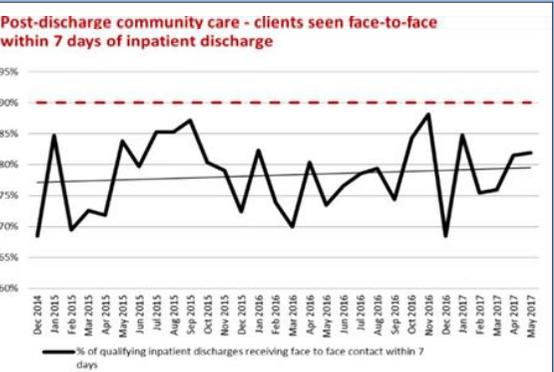
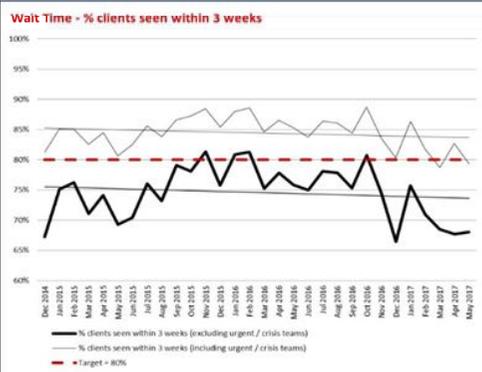
Elective Care



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:	23 November 2017	
Summary:		
The issues considered in this paper are:		
<ul style="list-style-type: none"> ▪ October 2017 financial position. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	As set out in report	
Workforce:	No specific implications	
Other:	N/A	
Document previously submitted to:	N/A	Date:
Approved by Chief Executive Officer:		Date:
Prepared by: Finance staff Date: 10/11/2017	Presented by: Joy Farley Acting Executive Director Specialist Services	
RECOMMENDATION:		
That the report be noted.		

SOUTHERN DHB FINANCIAL REPORT Summary for HAC

Financial Report for:
Report Prepared by:
Date:

October 2017
Management Accountant - Clinical
10 November 2017

Overview

Results Summary

Actual \$000	Month			Year To Date			Annual Budget \$000
	Budget \$000	Variance \$000		Actual \$000	Budget \$000	Variance \$000	
47,233	46,016	1,217	Revenue	183,581	183,978	(397)	552,818
31,896	31,902	6	Less Personnel Costs	121,864	122,973	1,109	374,362
16,371	15,578	(794)	Less Other Costs	65,072	63,035	(2,038)	186,456
(1,034)	(1,464)	429	Net Surplus / (Deficit)	(3,355)	(2,030)	(1,326)	(8,000)

The October result was a deficit of \$1.03m, which was favourable to budget by \$0.43m.

October Result:

Revenue was favourable due to the favourable delivery of elective caseweights in October and revenue from the University of Otago as a contribution to facilities refurbishment.

Both Elective and Acute caseweights were higher than budget in October reflecting the ongoing focus on patient flow. Year to date higher than budgeted acute volumes have impacted Elective caseweights delivery.

Actual	Month			Year To Date			Annual Budget
	Budget	Variance		Actual	Budget	Variance	
			Elective Caseweights				
7	29	(22)	Maternity	60	117	(57)	351
185	105	79	Medical	695	418	277	1,220
1,246	1,270	(24)	Surgical	4,508	5,033	(525)	14,634
1,438	1,404	33	Total Elective Caseweights	5,262	5,568	(305)	16,205
			Acute Caseweights				
473	370	103	Maternity	1,745	1,479	265	4,296
1,483	1,490	(7)	Medical	6,500	5,931	569	17,478
1,134	1,196	(62)	Surgical	5,139	4,821	318	14,328
3,090	3,056	34	Total Acute Caseweights	13,383	12,231	1,153	36,102
4,528	4,460	67	Total Caseweights	18,646	17,798	847	52,306

Revenue was \$1.22m favourable due to the favourable Elective caseweight delivery in October, contributions from the University for lecture theatre refurbishments and the recognition of rebates for blood products.

October workforce expenses were largely within budget. Direct payroll costs were unfavourable for Nursing as the SDHB accounted for expected MECA costs. Favourable FTE in Medical and Nursing employee groups offset this cost. Outsourced personnel costs were unfavourable in the Medical and Management/Admin groups where there were a number of vacant roles.

Non personnel costs were unfavourable to budget by \$0.80m. This was primarily driven by volume related clinical supplies, infrastructure and non-clinical costs. These were partially offset by the phasing of outsourced clinical services.

Statement of Financial Performance								
Actuals \$000s	Monthly			Variance FTE		Year to date		
	Budget \$000s	Variance \$000s	Variance FTE			Actuals \$000s	Budget \$000s	Variance \$000s
REVENUE								
Government & Crown Agency Sourced								
1,701	1,635	66			MoH Revenue	6,778	6,541	237
0	0	0			IDF Revenue	0	0	0
2,099	1,317	782			Other Government	6,447	5,287	1,160
3,800	2,952	848			Total Government & Crown	13,225	11,828	1,397
Non Government & Crown Agency Revenue								
150	156	(6)			Patient related	678	578	100
634	657	(23)			Other Income	2,474	2,566	(92)
784	813	(29)			Total Non Government	3,152	3,144	8
42649	42251	398			Internal Revenue	167,204	169,006	(1,802)
47,233	46,016	1,217			TOTAL REVENUE	183,581	183,978	(397)
EXPENSES								
Workforce								
Senior Medical Officers (SMO's)								
6,536	6,983	447	19		Direct	25,003	26,357	1,354
372	471	99			Indirect	1,565	1,880	315
474	313	(161)			Outsourced	1,643	1,200	(443)
7,382	7,767	385	19		Total SMO's	28,211	29,437	1,226
Registrars / House Officers (RMOs)								
3,329	3,501	172	24		Direct	13,073	12,926	(147)
144	203	59			Indirect	705	838	133
66	17	(49)			Outsourced	150	74	(76)
3,539	3,721	182	24		Total RMOs	13,928	13,838	(90)
10,921	11,488	567	44		Total Medical costs (incl outsourcing)	42,139	43,275	1,136
Nursing								
12,416	11,896	(520)	16		Direct	45,696	45,939	243
142	165	23			Indirect	596	712	116
4	4	0			Outsourced	13	15	2
12,562	12,065	(497)	16		Total Nursing	46,305	46,666	361
Allied Health								
4,168	4,111	(57)	(14)		Direct	16,662	16,238	(424)
62	120	58			Indirect	350	480	130
67	31	(36)			Outsourced	329	124	(205)
4,297	4,262	(35)	(14)		Total Allied Health	17,341	16,842	(499)
Support								
507	530	23	2.59		Direct	1,936	2,070	134
2	7	5			Indirect	18	28	10
72	54	(18)			Outsourced	239	213	(26)
581	591	10	2.59		Total Support	2,193	2,311	118
Management / Admin								
3,477	3,441	(36)	10		Direct	13,637	13,661	24
33	53	20			Indirect	110	208	98
25	2	(23)			Outsourced	139	10	(129)
3,535	3,496	(39)	10		Total Management / Admin	13,886	13,879	(7)
31,896	31,902	6	59		Total Workforce Expenses	121,864	122,973	1,109
Non Personnel Expenses								
2,131	2,314	183			Outsourced Clinical Services	8,983	9,325	342
79	81	2			Outsourced Corporate / Governance Services	317	323	6
0	0	0			Outsourced Funder Services	0	0	0
7,469	6,550	(919)			Clinical Supplies	28,754	26,257	(2,497)
4,113	3,899	(214)			Infrastructure & Non-Clinical Supplies	16,607	16,147	(460)
Non Operating Expenses								
1,792	1,852	60			Depreciation	7,255	7,455	200
789	882	93			Capital charge	3,156	3,528	372
0	0	0			Interest	2	0	(2)
16,371	15,578	(794)			Total Non Personnel Expenses	65,072	63,035	(2,038)
48,267	47,480	(788)			TOTAL EXPENSES	186,936	186,008	(929)
(1,034)	(1,464)	429			Net Surplus / (Deficit)	(3,355)	(2,030)	(1,326)

Revenue**Ministry of Health (MoH) Revenue**

MoH revenue is favourable to budget by \$0.07m for the month and \$0.24m year to date. The main items making this up are:

Category	Source	Monthly Variance \$000s	YTD Variance \$000s	Comment
MoH Revenue				
Personal Health	Ophthalmology	13	169	Funding for reducing patient waiting lists

Other Government Revenue

Other Government revenue was \$0.78 favourable to budget due to contributions from the University for lecture theatre refurbishment and to the recognition of blood product rebates.

Internal Revenue

Internal revenue was \$0.40m favourable to budget for the month, driven by the over delivery of elective caseweights.

Workforce Costs

Workforce costs (personnel plus outsourcing) are in-line with budget in October.

Operationally in October FTE were 59 favourable to budget. This is due to an increase in budgeted FTE to reflect planned recruitment into vacant roles rather than a decrease in the actual number at the DHB.

Senior Medical Officers (SMOs)

SMOs direct costs were \$0.45m and 19 FTE favourable for the month. The favourable FTE drove the favourable cost variance, partially offset by unfavourable leave, overtime and allowance variances.

Indirect costs were favourable due to the phasing of professional membership 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 and vacant roles.

Registrars / House Officers (RMOs)

RMOs direct costs were \$0.17m and 24 FTE favourable for the month. The favourable FTE drove the favourable cost variance, partially offset by unfavourable overtime and allowance variances.

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

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

Nursing

Nursing costs were unfavourable to budget for the month by \$0.50m.

FTE were 4 favourable to budget for the month.

Direct costs were \$0.52m unfavourable in October driven by recognition of costs associated with unsettled MECA agreements. This was partially offset by the favourable

FTE variance, allowances and the ratio of registered nurses to senior nurses and enrolled nurses to health service assistants.

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

Allied Health

Allied Health costs were \$0.04m unfavourable to budget for the month.

The monthly unfavourable variance reflects the hiring of graduates to roles in February, taking some roles above budgeted levels. This has been done as graduates are only available at that time of year. FTE numbers are dropping and are expected to drop further over the next few months due to normal staff turnover.

Support

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

Management / Administration

Management Admin staff were \$0.04m unfavourable to budget despite being 10 FTE under budget.

- Direct costs were unfavourable by \$0.04m due mainly to back pays and recruitment expenses over budget.
- Outsourced costs were unfavourable due to the number of positions being vacant.

Outsourced costs

Outsourced clinical services are \$0.18m favourable to budget in October and \$0.34m favourable year-to-date. This reflects the phasing of outsourced services in the first 4 months of the year.

Clinical Supplies (excluding depreciation)

Clinical supplies were unfavourable to budget by \$0.92m for the month. Higher than budgeted acute volumes were reflected in shunts and stents, cardiac implants and plates, screws and nails. Blood costs were also higher than budget, reflecting haemophiliac and immune disorder case numbers, other treatment disposables increased in-line with caseweight volumes. Pharmaceutical costs were unfavourable, reflecting required usage in the month. Air ambulance costs are above budget in the month and year to date reflecting higher than budgeted acute volumes.

Infrastructure and Non-Clinical

These costs were \$0.21m unfavourable to budget in the month. Telecommunications costs were a significant driver of the variance, with several cost savings initiatives not delivering to expected levels.

Non-Operating Expenses

Depreciation was favourable to budget in the month. 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:

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