

## SOUTHERN DISTRICT HEALTH BOARD

### HOSPITAL ADVISORY COMMITTEE

Thursday, 28 September 2017, 9.30 am

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

#### A G E N D A

Lead Director: Joy Farley, Acting Executive Director Specialist Services

#### Item

1. **Apologies**
2. **Interests Register**
3. **Minutes of Previous Meeting**
4. **Matters Arising**
5. **Provider Arm Monitoring and Performance Reports**
  - 5.1 Executive Director Specialist Services Report
  - 5.2 Key Performance Indicators
  - 5.3 Financial Performance Summary

Southern DHB Values			
Kind <i>Manaakitanga</i>	Open <i>Pono</i>	Positive <i>Whaiwhakaaro</i>	Community <i>Whanaungatanga</i>



**APOLOGIES**

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



**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>INTERESTS REGISTERS</b>
<b>Report to:</b>	Hospital Advisory Committee
<b>Date of Meeting:</b>	25 September 2017
<p><b>Summary:</b></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><b>Changes to Interests Registers over the last month:</b></p> <ul style="list-style-type: none"> <li>▪ Lisa Gestro, Executive Director Strategy, Primary &amp; Community added.</li> </ul>	
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):	
<b>Financial:</b>	n/a
<b>Workforce:</b>	n/a
<b>Other:</b>	
<p><b>Prepared by:</b></p> <p>Jeanette Kloosterman Board Secretary</p> <p><b>Date:</b> 08/09/2017</p>	
<b>RECOMMENDATION:</b>	
<p><b>1. That the Interests Registers be received and noted.</b></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.	
			<b>Spouse:</b>	
	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	

**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.	
<b>Richard THOMSON</b> (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 CSB 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
<b>Susie JOHNSTONE</b>	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
(Consultant, Finance Audit & Risk Committee)	21.08.2015	Board Member, REANNZ (Research & Education Advanced Network New Zealand)	REANNZ is the provider of Eduroam (education roaming) wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities.	
	21.08.2015	Advisor to a number of primary health provider clients in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	18.01.2016	Audit and Risk Committee member, Office of the Auditor-General	Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General.	
	16.09.2016	Director, Shand Thomson Ltd	Nil	
	16.09.2016	Director, Harrison Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Johnstone Afforestation Co Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees (2005) Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, McCrostie Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
		<b>Spouse is Consultant/Advisor to:</b>		
	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.	
		<b>Daughter:</b>		
	21.08.2015	4th Year Medical School Student		
<b>Suzanne CRENGLE</b> (HAC Member)	10.10.2016	General Practitioner, Invercargill Medical Centre		
	10.10.2016	Member, Te Waipounamu Māori Leadership Group Cancer		
	10.10.2016	Executive Member, Ōraka Aparima Rūnaka		
	20.01.2017	Board Member, Royal NZ College of General Practitioners		
	20.01.2017	Member, Perinatal and Maternity Mortality Review Committee		
	20.01.2017	Two private trusts, with no interests in DHB matters		
	23.03.2017	Associate Professor, Department of Preventive and Social Medicine, University of Otago (from 1 May 2017)		
<b>Donna MATAHAERE-ATARIKI</b> (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.	



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
	05.09.2016	Board Member and Shareholder, Otākou Health Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	01.09.2016	Southern DHB, Disability and Support Advisory Committee	Possible conflict with SDHB contract funding.	
<b>Odele STEHLIN</b>	01.11.2010	Waihopai Runaka General Manager	Possible conflict when contracts with Southern DHB come up for renewal.	
Waihōpai Rūnaka – Chair IGC	01.11.2010	Waihopai Runaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
	23.02.2017	Te Rūnanga alternative representative for Waihopai Rūnaka on Ngai Tahu.	Nil	
	09.06.2017	Director, Waihopai Runaka Holdings Ltd	Possible conflict with contract funding.	
<b>Sumaria BEATON</b>	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	
<b>Taare BRADSHAW</b>	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka				
<b>Victoria BRYANT</b>	06.05.2015	Charge Nurse Manager, Otago Public Health	Nil	
IGC - Puketeraki Rūnaka	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
	06.05.2015	Member - Te Rūnanga o Otākou	Nil	
	06.05.2015	Member Kati Huirapa Rūnaka ki Puketeraki	Nil	
	06.05.2015	President Fire in Ice Outrigger Canoe Club	Nil	
	24.05.2017	Puketeraki representative for Te Kaika VLCA located in College Street	Possible conflict with funding in health setting.	
	24.05.2017	Member, South Island Alliance - Raising Healthy Kids	Nil	
<b>Justine CAMP</b>	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.	
		<b>Daughter is a member of the Community Health Council</b>	Nil	
<b>Terry NICHOLAS</b>	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	
<b>Ann WAKEFIELD</b>	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	
IGC - Ōraka Aparima Rūnaka	09.02.2011	Member of Māori Advisory Committee, Southern Cross	Nil	

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
	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.*

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
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	

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

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
	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.
<b>Lynda McCUTCHEON</b>	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
<b>Nigel MILLAR</b>	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.
<b>Nicola MUTCH</b>	16.03.2016	Member, International Nominations Committee, Amnesty International	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil

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

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
<b>Dr Jim REID</b>	22.01.2014	Director of both BPAC NZ and BPAC Inc	No conflict.
	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.
	16.04.2014	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil
<b>Clive SMITH</b>	31.03.2016	Nil	
<b>Jane WILSON</b>	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	



## Southern District Health Board

### Minutes of the Hospital Advisory Committee Meeting held on Thursday, 27 July 2017, commencing at 9.30 am in the Board Room, Wakari Hospital Campus, Dunedin

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<b>Present:</b>	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson Dr Sue Crengle	Commissioner Deputy Commissioner Deputy Commissioner Committee Member
<b>In Attendance:</b>	Mr Chris Fleming Mrs Lexie O'Shea  Ms Liz Disney  Dr Nigel Millar Dr Nicola Mutch Mrs Leanne Samuel  Mr Clive Smith Ms Jeanette Kloosterman	Chief Executive Officer Deputy CEO/Chief Operating Officer (by videoconference)  Acting Executive Director Planning & Funding Chief Medical Officer Director of Strategic Communications Executive Director Nursing & Midwifery (by videoconference) Chief Financial Officer Board Secretary

#### 1.0 WELCOME

The Commissioner welcomed everyone to the meeting and noted that it was Lexie O'Shea's last day as Southern DHB's Chief Operating Officer.

The Commissioner acknowledged the contribution made by Mrs O'Shea to Southern DHB and its predecessor organisations since 1971 in a range of positions. The Commissioner also noted the tributes made over the past few weeks regarding Mrs O'Shea's energy, enthusiasm, positivity, ability to rise to challenges, and to find time for everyone.

#### 2.0 PRESENTATION - *RELEASING TIME TO CARE*

Jen Gow, Charge Nurse Manager, Releasing Time to Care, Sally O'Connor, Nurse Director, Medical Directorate, and Kenneth Fleck, Nurse Manager, ICU and Perioperative, Dunedin Hospital, joined the meeting and gave a presentation on *Releasing Time to Care - the Productive Ward and the Productive Operating Theatre* (tab 2), initiatives focused on releasing clinical teams' time to deliver more direct time to patients and improve patient flow.

The Commissioner Team congratulated the team on their achievements and expressed their support for the programme.

*Mr Graham Crombie, Deputy Commissioner, left the meeting at 10.00 am.*

#### 3.0 APOLOGIES

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

#### 4.0 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**

#### 5.0 PREVIOUS MINUTES

**Recommendation:**

**"That the minutes of the meeting held on 24 May 2017 be approved and adopted as a true and correct record."**

**Agreed**

#### 6.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

**Chief Operating Officer's Report** (tab 6.1)

In presenting the final report for 2016/17, the Chief Operating Officer (COO) reflected on the following achievements and challenges during the year.

- The *Shorter Stays in Emergency Department* target had not been met, which was disappointing, as a lot of work had gone into improving patient flow.
- The implementation of the Medical Assessment Unit had been delayed due to recruitment issues.
- Finalised data was not yet available for the *Faster Cancer Treatment* target but internal information showed quarter 4 to be at 84%. Advice had been received from the Ministry of Health that the target would be increasing from 85% to 90% from July 2017.
- The *Immunisation* target had been met and good progress was being made with the *Healthy Children* target.
- The *Colonoscopy* and *Coronary Angiogram* targets continued to be exceeded.
- Operating hours for CT were being increased on the Dunedin site.
- Achieving the MRI target continued to be a challenge, with low staffing on the Southland site and the outage of the Dunedin MRI scanner during replacement. Additional patients had been scanned during May and June and a dedicated team was reviewing referrals into the service to ensure appropriate imaging was being requested.
- Elective surgical discharges were slightly under target at 98%.
- An increase in acute caseweights had put a lot of pressure on the organisation.

The Chief Operating Officer reported that a new approach had been taken to production planning for 2017/18, which linked theatre and bed capacity. If the efficiencies identified were implemented, the organisation should be able to exceed discharge and caseweight targets for 2017/18.



The Chief Executive Officer noted that there had been pressure on beds at both Southland and Dunedin Hospitals during July.

### **Nursing Achievements**

The Executive Director Nursing & Midwifery reported that:

- Heather Casey, Mental Health Nursing Director, and two other mental health nurses, had presented to the International Council of Nurses (ICN), Geneva, on initiatives to better support people with mental health and/or addiction problems, and Mrs Casey had been presenting at professional nursing forums across the district on the learning she had received from ICN;
- Jenny Humphries, Midwifery Nursing Director, had given a presentation to the International Confederation of Midwives Congress in Toronto, and was now also presenting to local nursing forums.

### **Key Performance Indicators (KPIs)** (tab 6.2)

The KPI report was taken as read and the Chief Operating Officer took questions.

The impact of strike action on the number of patients waiting for treatment was noted.

### **Financial Performance Summary** (tab 6.3)

The Chief Operating Officer presented the financial report for June 2017, then took questions.

## **CONFIDENTIAL SESSION**

**At 10.25 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).

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
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.
4. Contract Approval: ACC Elective Services	To allow commercial activities to be carried on without prejudice or disadvantage.	Section 9(2)(i) of the OIA.

Confirmed as a true and correct record:

Commissioner: \_\_\_\_\_

Date: \_\_\_\_\_

**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>Executive Director of Specialist Services Report</b>		
<b>Report to:</b>	Hospital Advisory Committee		
<b>Date of Meeting:</b>	28 September 2017		
<b>Summary:</b>			
Considered in these papers are:			
<ul style="list-style-type: none"> <li>▪ August 2017 DHB activity</li> </ul>			
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):			
<b>Financial:</b>	Yes		
<b>Workforce:</b>	Yes		
<b>Other:</b>	No		
<b>Document previously submitted to:</b>	Not applicable, report only provided for the Commissioner agenda.		<b>Date:</b>
<b>Approved by:</b>			<b>Date:</b>
<b>Prepared by:</b> Executive Director of Specialist Services		<b>Presented by:</b> Joy Farley Acting Executive Director of Specialist Services	
<b>Date:</b> 11/09/2017			
<b>RECOMMENDATION:</b>			
<b>That the Hospital Advisory Committee receive the report.</b>			

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

That the Hospital Advisory committee notes this report.

**1. Health Targets**

<b>Indicator</b>	<b>Last Quarter – MOH</b>	<b>Current Quarter To Date Estimate</b>	<b>Notes</b>
<b>Shorter Stays in Emergency Department – Target 95%</b>	16/17 Q4 – 90%	88% (17/18 Q1)	<p>Winter flex beds opened 3 July providing 8 additional beds. The Internal Medicine Assessment Unit (IMAU) with a further 8 beds will open 4 September.</p> <p>High patient volumes combined with access block has seen the Southland site struggle. Management is working closely with staff to see what support can be developed to meet these challenges.</p>
<b>Faster Cancer Treatment (FCT) – Target 90%</b>	16/17 Q4 – 79%	17/18 Q1 – 89% as of 30 August	Tracking close to new 90% Health Target (introduced on 01 July) for this quarter.
<b>Colonoscopy Urgent – 85% Non urgent – 70% Surveillance – 70%</b>	Quarter 4 16/17 – 90% Quarter 4 16/17 – 85% Quarter 4 16/17 – 93%	Q1 17/18 so far – 92% 85% 76%	Exceeding target.
<b>Coronary Angiograms Target 95%</b>	Quarter 4 – 100%	100% (Quarter 1)	Exceeding target.
<b>Immunisation 95% of eight-month-olds will have their primary course of immunisation (six weeks, three months and five month events) on time.</b>	94%	n/a	The Immunisation team continue to identify 100% of children eligible for immunisation. There are however, valid reasons why some children are not immunised on time.
<b>Healthy Children By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a</b>	87%	n/a	On track to achieve 95% by December 2017.

Indicator	Last Quarter – MOH	Current Quarter To Date Estimate	Notes
<b>health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.</b>			
<b>Radiology Diagnostic indicator CT, 95% of patients referred for elective CT have report distributed within 42 days</b>	April 2017 71.9%  May 2017 72.28%  June 2017 69.78%	Quarter 1 2017 70.0%	<p>91.6% of patients referred for elective CT at Southland hospital have their examination completed and report distributed within 6 weeks (42 days) compared with 55% of elective patients referred to Dunedin Hospital. Dunedin Hospital completes considerably more acute and inpatient examinations than Southland Hospital and this affects capacity for elective CT at this site.</p> <p>Actions to date - the border has been shifted, with most of South Otago now contained in the Southland catchment area. Furthermore additional CT examinations at Waitaki Hospital (up to 12 per week) have been funded since 01/07/2017.</p> <p>A business case for extending the hours of acute CT access and thus increasing access for elective CT at the Dunedin site is under development.</p>
<b>Radiology Diagnostic indicator MRI, 85% of patients referred for elective MRI have report distributed within 42 days</b>	April 2017 35.8%  May 2017 36.9%  June 2017 33.29%	August 2017 31%	<p>Performance deteriorated in August, with Southland and Dunedin Hospital MRI performing approximately equal against the target. With both hospitals being in access block throughout much of August, high levels of inpatient demand were experienced at both sites.</p> <p>There is an MRI recovery plan in place to work toward meeting wait times following replacement outages in Dunedin and MRI trained MRT staffing challenges in Southland. Further work is required to update the recovery plan to ensure it meets the required outcome as results for</p>

Indicator	Last Quarter – MOH	Current Quarter To Date Estimate	Notes
			MRI delivery are deteriorating – this is a priority for the next quarter.

<b>Elective Surgical Discharges that support the health target - Annual target 13,185</b>	We are 168 (7%) discharges behind plan and 437 (16%) caseweights behind plan.
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**Elective Surgical Discharges August 2017**

	Elective Surgical Discharge Activity - Southern DHB population								
	August 2017				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated in-house	895	916	(21)	(2%)	1,727	1,880	(153)	(8%)	11,050
SDHB population treated by other DHB	26	40	(14)	(35%)	50	83	(33)	(40%)	489
SDHB population outsourced	15		15		20		20		-
<b>ELECTIVE INITIATIVE</b>	<b>936</b>	<b>956</b>	<b>(20)</b>	<b>(2%)</b>	<b>1,797</b>	<b>1,963</b>	<b>(166)</b>	<b>(8%)</b>	<b>11,539</b>
Surgical Arranged Admissions	96	85	11	13%	185	175	10	6%	970
Surgical Discharges from a Non-Surgical PUC - Elective	27	27			51	56	(5)	(9%)	350
Surgical Discharges from a Non-Surgical PUC - Arranged	27	28	(1)	(4%)	49	56	(7)	(13%)	326
<b>HEALTH TARGET</b>	<b>1,086</b>	<b>1,096</b>	<b>(10)</b>	<b>(1%)</b>	<b>2,082</b>	<b>2,250</b>	<b>(168)</b>	<b>(7%)</b>	<b>13,185</b>
Additional Orthopaedic and General Surgery Discharges	-	5	(5)	(100%)	-	11	(11)	(100%)	67

**Elective Surgical Caseweights August 2017**

	Elective Surgical Caseweight Activity - Southern DHB population								
	August 2017				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated in-house	1,129	1,232	(103)	(8%)	2,084	2,530	(446)	(18%)	14,885
SDHB population treated by other DHB	88	107	(19)	(18%)	195	220	(24)	(11%)	1,292
SDHB population outsourced	32	4	28	680%	42	9	34	395%	50
	<b>1,249</b>	<b>1,343</b>	<b>(94)</b>	<b>(7%)</b>	<b>2,322</b>	<b>2,759</b>	<b>(437)</b>	<b>(16%)</b>	<b>16,227</b>
Additional Orthopaedic and General Surgery CWD	-	7	(7)	(100%)	-	16	(16)	(100%)	95

(1) IDF volumes are the latest available, being those reported to MoH, accessed 6/9/2017

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

## 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 92 below plan in August 2017 (7%). Year to date elective case weights are 412 below plan (15%).
- However, total acute case weights delivered by the Southern DHB Provider Arm were 361 above plan in August 2017 (12%). Year to date acute case weights are 637 above plan (10%).

- In comparison to actual year to date case weights delivered to August 2016, acute case weights delivered have increased by 21 case weights (0%) and elective case weights have decreased by 476 (17%), 374 of these are in surgical services.

### **3. Operational Performance**

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Elective Service Performance Indicators (ESPI):

- The final ESPI position for August 2017 show Southern DHB with a red status for ESPI 2, ESPI 5. Services that contribute to this are Orthopaedic Surgery, General Surgery and Urology.
- ESPI 2 has reduced from 275 overdue at the end of July to 186 at the end of August. However ESPI 5 has remained the same at 287 for both July and August.
- An extensive recovery plan is being established, which will include looking at outsourcing, facilities arrangements, other DHBs and private arrangements.

### **4. Operational Overview**

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#### **Sterile Services**

Staff were commended on their hard work and dedication as they managed under very difficult circumstances to wash theatre and general hospital instruments off-site at Mercy Hospital while central Dunedin's water supply was contaminated. The contamination was from Wednesday, 15 August, until the evening of Friday, 17 August.

#### **Medicine Assessment Unit**

An Internal Medicine Assessment Unit (IMAU) at Dunedin Hospital opened on Monday, 4 September 2017. The unit opens after detailed planning and hard work by a dedicated multidisciplinary team of staff.

The majority of patients the ward will receive are likely to be older patients with multiple medical conditions from the Emergency Department, who often require further investigations and care, but not emergency treatment. It will ensure that patients are assessed and provided with the care they need, in the best place and are supported to go home as soon as possible.

The eight bed/day chair unit is on the 7th Floor of Dunedin Hospital and will be open seven days a week between 8.00 am and 7.00 pm and will be staffed by medical and senior nursing staff, physiotherapists, occupational therapists and social workers.

Setting up of this unit is a quality initiative that the Commissioner team has fully supported. The new unit signals another move towards a more patient centred model of care where services are brought to the patients, rather than sending patients around various services for care.

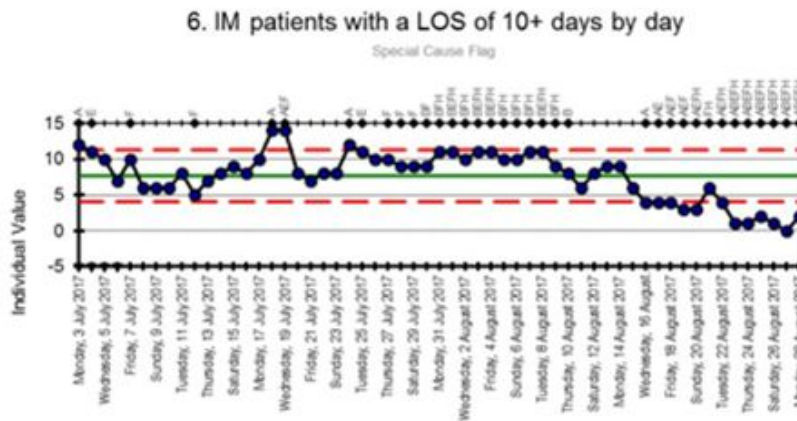
#### **Trialling Needs Assessment Liaison Role**

Since early August the teams have been trialling a Needs Assessment (NASC) liaison role on the Ward 8MED at Dunedin Hospital. This role provides assessment to determine the level of care patients require in the community. This new initiative has involved the ward Clinical Needs Assessor attending the Charge Nurse Manager/Discharge Coordinator meeting at 9am each morning with a focus on 4 key questions:

- Is the patient known to NASC (have they ever had an interRAI assessment)?
- What level of supports have they been receiving?
- Will they require any additional supports in order to get back to their usual place of residence?
- Is an interRAI assessment required?

Feedback from the ward has been that this is incredibly valuable enabling greater accuracy of information about the level of care/support that is currently being provided in the community and an early identification of patients who might require increased support or referral. Whilst the NASC service have found it to be relatively time consuming to ensure all the relevant information is available before the meeting, they are exploring ways to make this more efficient.

The data suggests this has been a really effective innovation with a dramatic improvement in both the number of patients with a 'discharge delay' and the number of patient with a length of stay (LOS) of 10+ days by day, as indicated by the graph below.



**Fluoride Varnishing Programme**

This took place at Little Wonders Child Care Centre in Oamaru on Wednesday 23 August 2017. This was very successful. There have been learnings from this pilot that we will incorporate into future programmes. Following this success a meeting has been held with the Manager of the kindergartens in Oamaru offering the Fluoride Varnish Programme to the kindergarten children. There are three kindergartens in Oamaru and one in Maheno.

**Reducing Injury to Staff (Mental Health)**

Major areas of work with good progress include building resilience within teams and individuals, reviewing use of security services usage on the Wakari Hospital site, reviewing alarm systems, rolling out Safe Practice Effective Communication –(SPEC, an escalation and restraint training), implementing DASA (risk profiling) across all services, development of personal protective equipment resources, ongoing implementation and evaluation of the Safewards Model, reducing Emergency Department wait times for staff when they require treatment post injury, completion of position risk analysis which is attached to position descriptions.

Joy Farley  
Acting Executive Director of Specialist Services



Southern DHB  
Hospital Advisory Committee - KPIs August 2017 Data

Prepared 20 September 2017

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)	1,190	1,086	1,096	-10 (-0.9%)	Green
3a - Improved access to elective surgical services ytd (population based)	2,317	2,082	2,250	-168 (-7.5%)	Red

Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
1 - Waits >4 months for FSA	47	186	0	-186	Red
2 - Treatment >4 months from commitment to treat	72	287	0	-287	Red
% of accepted referrals for CT scans receiving procedures within 42 days	80%	70%	95%	-25.0%	Red
% of accepted referrals for MRI scans receiving procedures within 42 days	72%	31%	85%	-54.0%	Red
% accepted referrals for Coronary Angiography within 90 days	85%	100%	95%	5.0%	Green
4a - Elective caseweights versus contract (monthly provider arm delivered)	1,408	1,250	1,343	-92 (-6.9%)	Red
4b - Elective caseweights versus contract (ytd provider arm delivered)	2,818	2,342	2,754	-412 (-15%)	Red
7a - Acute caseweights versus contract (monthly provider arm delivered)	3,620	3,439	3,078	361 (11.7%)	Red
7b - Acute caseweights versus contract (ytd provider arm delivered)	6,757	6,779	6,141	638 (10.4%)	Red

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	72%	P	85%	NA	Red
11 - Reduced stay in ED	89%	87%	95%	-7.8%	Red
15 - Acute Readmission Rates (note 1)	10.7%	11.0%	9.9%	-1.1%	Yellow

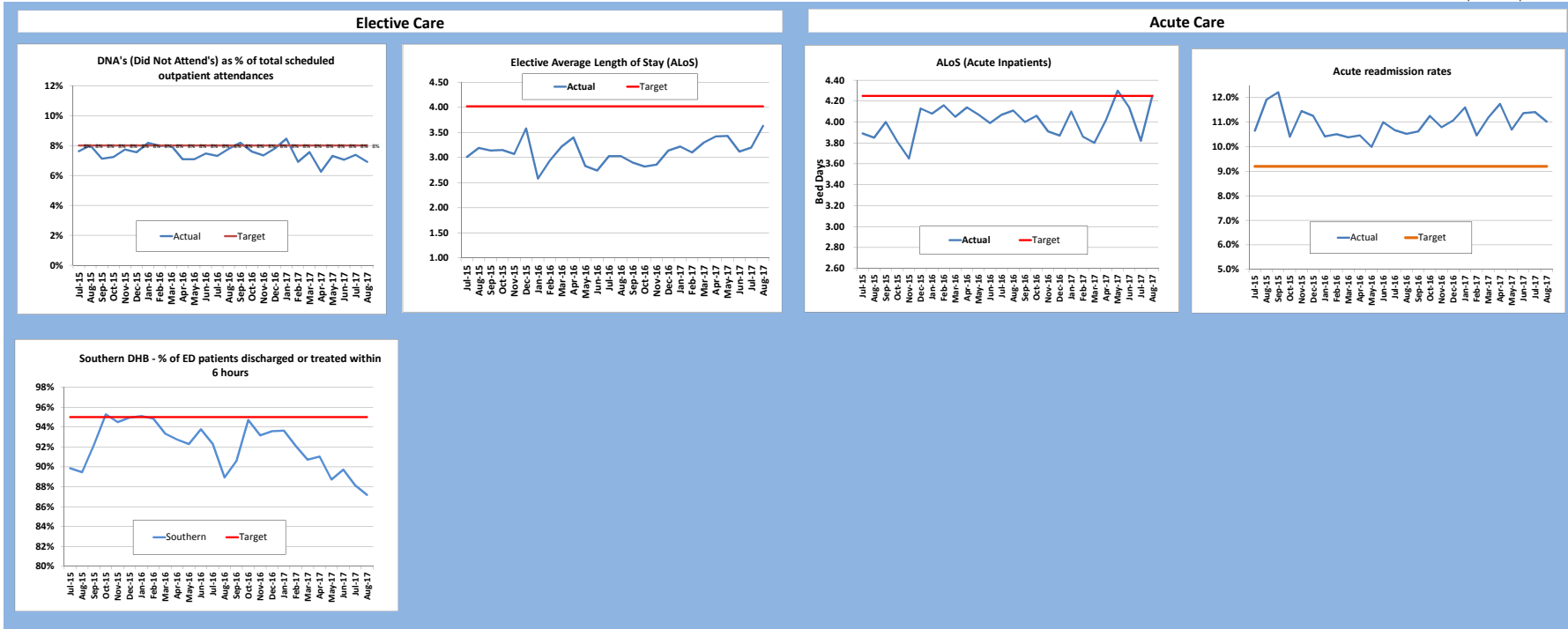
Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
5 - Reduction in DNA rates	7.8%	6.9%	8.0%	-1.1%	Green
9 - ALoS (elective) (Note 3)	3.03	3.63	4.02	0.39 (9.7%)	Green
ALoS (Acute inpatient) (Note 3)	4.11	4.25	4.25	0 (0%)	Green
DOSA (Note 2)	93%	86%	95%	-8.8%	Red

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

5.2

Southern DHB  
Hospital Advisory Committee - Performance Report August 2017 Data

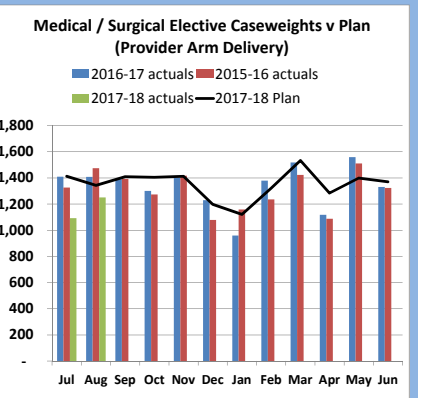
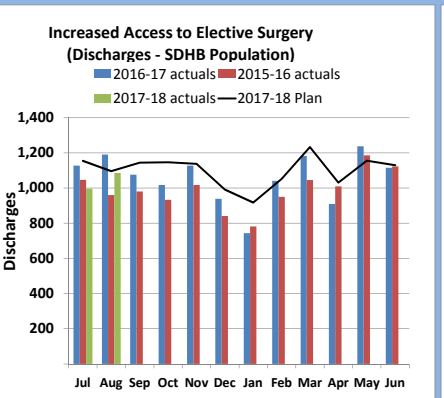
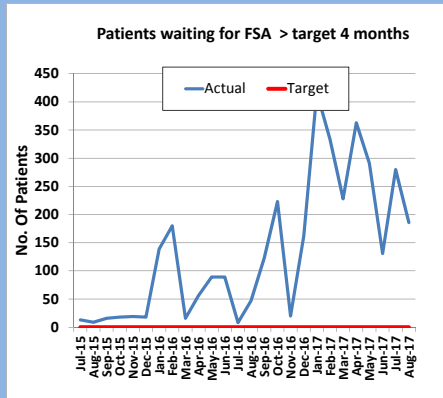
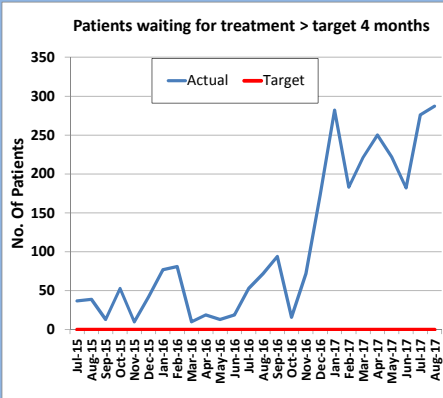
Prepared 20 September 2017



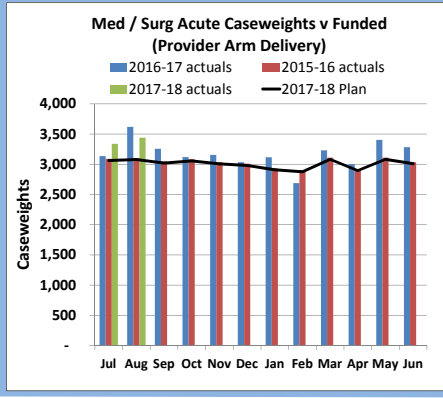
Southern DHB  
Hospital Advisory Committee - Healthcheck Report August 2017 Data

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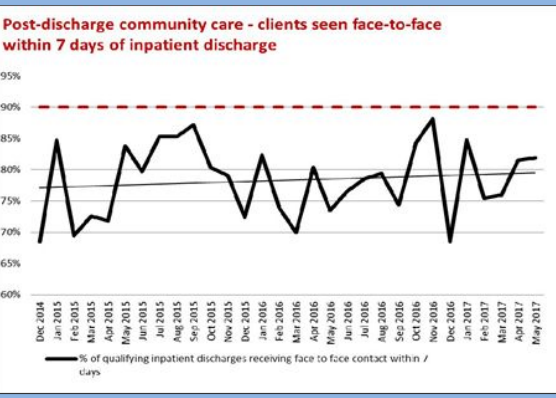
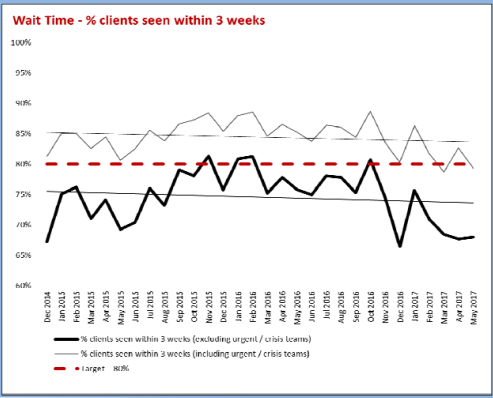
Elective Care



Acute Care



Mental Health and Addictions





**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>FINANCIAL REPORT</b>	
<b>Report to:</b>	Hospital Advisory Committee	
<b>Date of Meeting:</b>	28 September 2017	
<b>Summary:</b>		
The issues considered in this paper are:		
<ul style="list-style-type: none"> <li>▪ August 2017 financial position.</li> </ul>		
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):		
<b>Financial:</b>	As set out in report	
<b>Workforce:</b>	No specific implications	
<b>Other:</b>	N/A	
<b>Document previously submitted to:</b>	N/A	<b>Date:</b>
<b>Approved by Chief Executive Officer:</b>		<b>Date:</b>
<b>Prepared by:</b> Finance staff  <b>Date:</b> 18/09/2017	<b>Presented by:</b> Joy Farley Acting Executive Director Specialist Services	
<b>RECOMMENDATION:</b>		
<b>That the report be noted.</b>		

## SOUTHERN DHB FINANCIAL REPORT Summary for HAC

**Financial Report for:**  
**Report Prepared by:**  
**Date:**

**August 2017**  
**Senior Business Analyst**  
**15 September 2017**

### Overview

### Results Summary

Month				Year To Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$000	\$000	\$000		\$000	\$000	\$000	\$000
45,834	45,950	(116)	Revenue	90,487	91,937	(1,450)	552,818
31,676	31,692	16	Less Personnel Costs	61,159	61,434	275	374,362
16,691	15,858	(833)	Less Other Costs	32,366	31,964	(402)	186,456
<b>(2,533)</b>	<b>(1,600)</b>	<b>(933)</b>	<b>Net Surplus / (Deficit)</b>	<b>(3,038)</b>	<b>(1,461)</b>	<b>(1,577)</b>	<b>(8,000)</b>

The August result was a deficit of \$2.53m, which was unfavourable to budget by \$0.93m.

#### August Result:

Revenue was unfavourable due to the under-delivery of elective caseweights in August. This was partially offset by Non-Resident and ACC income.

The under-delivery of elective volumes in August was offset in higher than budgeted acute volumes, driving some unfavourable cost variances in August. The primary driver of the elective under-delivery was the water contamination issues affecting central Dunedin, this forced the postponement of a number of procedures.

Month				Year To Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
			<b>Elective Caseweights</b>				
7	29	(22)	Maternity	33	58	(26)	351
161	102	58	Medical	320	208	112	1,220
1,083	1,211	(129)	Surgical	1,989	2,488	(498)	14,634
<b>1,250</b>	<b>1,343</b>	<b>(92)</b>	<b>Total Elective Caseweights</b>	<b>2,342</b>	<b>2,754</b>	<b>(412)</b>	<b>16,205</b>
			<b>Acute Caseweights</b>				
437	370	67	Maternity	820	740	81	4,296
1,697	1,491	206	Medical	3,372	2,981	391	17,478
1,305	1,217	88	Surgical	2,586	2,421	165	14,291
<b>3,439</b>	<b>3,078</b>	<b>361</b>	<b>Total Acute Caseweights</b>	<b>6,778</b>	<b>6,141</b>	<b>637</b>	<b>36,065</b>
<b>4,690</b>	<b>4,421</b>	<b>269</b>	<b>Total Caseweights</b>	<b>9,121</b>	<b>8,895</b>	<b>225</b>	<b>52,270</b>

August workforce expenses were largely in-line with budget. Direct payroll costs were unfavourable for SMOs, due to allowances and overtime, and for Allied Health where FTE were higher budget. These were offset by indirect costs across all employee types and by Nursing direct costs (a combination of favourable actual v budget pay rates and mix of senior and registered nurses). Outsourced personnel costs were unfavourable in SMOs and Management/Admin were there where a number of vacant roles.

Non personnel costs were unfavourable to budget by \$0.82m. This was primarily driven by volume related clinical supplies costs, infrastructure and non-clinical and outsourced clinical services.

**Statement of Financial Performance**

Actuals \$000s	Monthly			Actuals \$000s	Year to date		
	Budget \$000s	Variance \$000s	Variance FTE		Budget \$000s	Variance \$000s	Variance FTE
<b>REVENUE</b>							
<b>Government &amp; Crown Agency Sourced</b>							
1,662	1,635	27		3,407	3,270	137	
0	0	0		0	0	0	
1,457	1,297	160		2,942	2,624	318	
<b>3,119</b>	<b>2,932</b>	<b>187</b>		<b>6,349</b>	<b>5,894</b>	<b>455</b>	
<b>Non Government &amp; Crown Agency Revenue</b>							
256	133	123		408	265	143	
673	637	36		1,276	1,271	5	
<b>929</b>	<b>770</b>	<b>159</b>		<b>1,684</b>	<b>1,536</b>	<b>148</b>	
41,786	42,248	(462)		82,454	84,507	(2,053)	
<b>45,834</b>	<b>45,950</b>	<b>(116)</b>		<b>90,487</b>	<b>91,937</b>	<b>(1,450)</b>	
<b>EXPENSES</b>							
<b>Workforce</b>							
<b>Senior Medical Officers (SMO's)</b>							
7,145	6,886	(259)	6	12,999	13,106	107	7
398	473	75		786	941	155	
496	285	(211)		867	556	(311)	
<b>8,039</b>	<b>7,644</b>	<b>(395)</b>	<b>6</b>	<b>14,652</b>	<b>14,603</b>	<b>(49)</b>	<b>7</b>
<b>Registrars / House Officers (RMOs)</b>							
3,234	3,339	105	7	6,421	6,373	(48)	4
210	215	5		380	431	51	
51	21	(30)		79	40	(39)	
<b>3,495</b>	<b>3,575</b>	<b>80</b>	<b>7</b>	<b>6,880</b>	<b>6,844</b>	<b>(36)</b>	<b>4</b>
<b>11,534</b>	<b>11,219</b>	<b>(315)</b>	<b>12</b>	<b>21,532</b>	<b>21,447</b>	<b>(85)</b>	<b>11</b>
<b>Nursing</b>							
11,130	11,470	340	4	22,403	22,942	539	2
97	219	122		268	381	113	
0	4	4		8	8	0	
<b>11,227</b>	<b>11,693</b>	<b>466</b>	<b>4</b>	<b>22,679</b>	<b>23,331</b>	<b>652</b>	<b>2</b>
<b>Allied Health</b>							
4,438	4,333	(105)	(14)	8,508	8,186	(322)	(16)
97	120	23		209	240	31	
46	31	(15)		114	62	(52)	
<b>4,581</b>	<b>4,484</b>	<b>(97)</b>	<b>(14)</b>	<b>8,831</b>	<b>8,488</b>	<b>(343)</b>	<b>(16)</b>
<b>Support</b>							
521	545	24	3.99	966	1,042	76	3
2	7	5		12	14	2	
65	54	(11)		120	107	(13)	
<b>588</b>	<b>606</b>	<b>18</b>	<b>3.99</b>	<b>1,098</b>	<b>1,163</b>	<b>65</b>	<b>3</b>
<b>Management / Admin</b>							
3,661	3,634	(27)	5	6,892	6,895	3	0
36	54	18		48	105	57	
49	2	(47)		79	5	(74)	
<b>3,746</b>	<b>3,690</b>	<b>(56)</b>	<b>5</b>	<b>7,019</b>	<b>7,005</b>	<b>(14)</b>	<b>0</b>
<b>31,676</b>	<b>31,692</b>	<b>16</b>	<b>11</b>	<b>61,159</b>	<b>61,434</b>	<b>275</b>	<b>0</b>
<b>Outsourced Clinical Services</b>							
2,435	2,303	(132)		4,571	4,719	148	
78	81	3		157	161	4	
0	0	0		0	0	0	
7,322	6,568	(754)		14,252	13,335	(917)	
4,318	4,161	(157)		8,144	8,255	111	
<b>Non Operating Expenses</b>							
1,828	1,863	35		3,650	3,730	80	
712	882	170		1,594	1,764	170	
0	0	0		0	0	0	
<b>16,691</b>	<b>15,858</b>	<b>(833)</b>		<b>32,366</b>	<b>31,964</b>	<b>(402)</b>	
<b>48,367</b>	<b>47,550</b>	<b>(817)</b>		<b>93,525</b>	<b>93,398</b>	<b>(127)</b>	
<b>(2,533)</b>	<b>(1,600)</b>	<b>(933)</b>		<b>(3,038)</b>	<b>(1,461)</b>	<b>(1,577)</b>	

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

MoH revenue is favourable to budget by \$0.03m for the month and \$0.14m year to date. The main items making this up are:

Category	Source	Monthly Variance \$000s	YTD Variance \$000s	Comment
<b>MoH Revenue</b>				
Personal Health	Ophthalmology		121	Funding for reducing patient waiting lists

**Patient Related Revenue**

Non-resident income was \$0.13m favourable in August.

**Internal Revenue**

Internal revenue was \$0.46m unfavourable to budget for the month, driven by the under delivery of elective caseweights. The primary driver of the elective under-delivery was the water contamination issues affecting central Dunedin, this forced the postponement of a number of procedures.

**Workforce Costs**

Workforce costs (personnel plus outsourcing) are favourable by \$0.01m in August.

Operationally in August FTE were 11 favourable to budget. Allied Health was 18 FTE unfavourable in July, reducing to 14 in August, reflecting hours worked and the graduate hire programme at the beginning of the year. The total numbers of Allied Health FTE are expected to continue to reduce over the coming months due to natural staff turnover. Medical personnel were 12 FTE favourable and Nursing 4 FTE favourable in August.

**Senior Medical Officers (SMOs)**

SMOs had unfavourable direct costs for the month of \$0.26m, despite being 6 FTE under budget. August saw higher than budgeted acute volumes which are reflected in SMO on-call and other allowances, lower than budgeted leave taken and overtime. Year-to-date direct costs are favourable to budget, primarily due to the effect of fewer than budgeted FTE.

Indirect costs were favourable due to the phasing of training and professional membership 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 for the month were slightly favourable to budget \$0.10m, primarily driven by a reassessment of provisions made in previous months for the settlement of pay agreements.

**Nursing**

Nursing costs were favourable to budget for the month by \$0.47m.

FTE were 4 favourable to budget for the month.

Direct costs were \$0.34m favourable in August reflecting actual v budget pay rates, lower than budgeted spend on allowances, higher than budgeted leave 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 costs.



**Allied Health**

Allied Health costs were \$0.10m 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 to budgeted levels 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 \$0.08m unfavourable to budget despite being 5 FTE under budget.

- Direct costs were unfavourable by \$0.04m due mainly to below budgeted leave taken.
- Outsourced costs were unfavourable due to the number of positions being vacant.

**Outsourced costs**

Outsourced clinical services are \$0.13m unfavourable budget in August and \$0.15m favourable year-to-date. This reflects the phasing of outsourced services in July and August.

**Clinical Supplies (excluding depreciation)**

Clinical supplies were unfavourable to budget by \$0.75m 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 budgeted reflecting haemophiliac and immune disorder case numbers, other treatment disposables increased in-line with caseweight volumes. Pharmaceutical costs were unfavourable, primarily due to cancer and community drug usage.

These costs were partially offset by lower than budgeted elective volumes driving favourable variances in other Clinical Supplies areas, particularly hip and knee implants.

**Infrastructure and Non-Clinical**

These costs were \$0.16m unfavourable to budget in the month. Utilities costs, building compliance costs, staff transport and IT equipment were all unfavourable in August.

**Non-Operating Expenses**

Depreciation was slightly 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.