

## SOUTHERN DISTRICT HEALTH BOARD

### HOSPITAL ADVISORY COMMITTEE

Tuesday, 27 September 2016, 9.30 am

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

#### A G E N D A

Lead Director: Lexie O'Shea

#### Item

1. **Apologies**
2. **Presentation – Implementing an Electronic Medication Management System**
  - Richard Jocelyn, Senior Regional Programme Manager, Medications Management
  - Lynda McCutcheon, Executive Director Allied Health, Scientific and Technical
3. **Interests Register**
4. **Minutes of Previous Meeting**
5. **Matters Arising**
6. **Review of Action Sheet**
7. **Provider Arm Monitoring and Performance Reports**
  - 7.1 Chief Operating Officer Report
  - 7.2 Key Performance Indicators
  - 7.3 Financial Performance Summary
8. **2017 Meeting Schedule**

#### Southern DHB Values

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

An apology has been received from Dr Nigel Millar, Chief Medical Officer.



**Presentation – Electronic Prescribing**

- Richard Jocelyn, Senior Regional Programme Manager, Medications Management
- Lynda McCutcheon, Executive Director Allied Health, Scientific and Technical



**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>INTERESTS REGISTERS</b>
<b>Report to:</b>	Commissioner Team
<b>Date of Meeting:</b>	27 September 2016
<p><b>Summary:</b></p> <p>Commissioner and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.</p> <p>Interests declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).</p> <p><b>Changes to Interests Registers since the last meeting:</b></p> <ul style="list-style-type: none"> <li>▪ Dr Angela Pitchford and Carole Heatly removed.</li> <li>▪ Mike Collins, Executive Director Organisational Development &amp; Performance, and Donna Matahaere-Atariki, DSAC/CPHAC Member, added.</li> <li>▪ A number of entries have been updated to include all company directorships.</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> 19/09/16</p>	
<p><b>RECOMMENDATION:</b></p> <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, Sport Otago	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	Dunedin Sinfonia Board	Nil	
	25.06.2015	Director, Dunedin City Treasury Limited	Nil	
	25.06.2015	Director, Dunedin Venues Limited	Nil	
	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	Partner, Gallaway Cook Allan	Nil	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Chair, Parkside Quarries Limited	Nil	
	25.06.2015	Director, South Link Health Services Limited	A SLH entity, Southern Clinical Network, has applied for PHO status.	Step aside from decision-making (refer Commissioner's meeting minutes 02.09.2015).
	25.06.2015	Board Member, Warbirds Over Wanaka Community Trust	Nil	
	25.06.2015	Director, Warbirds Over Wanaka Limited	Nil	
	25.06.2015	Director, Warbirds Over Wanaka International Airshows Limited	Nil	
	25.06.2015	Board Member, Leslie Groves Home & Hospital	Leslie Groves has a contract with Southern DHB for aged care services.	
	25.06.2015	Board Member, Dunedin Diocesan Trust Board	Nil	
25.06.2015	Director, Nominee companies associated with Gallaway Cook Allan	Nil		
25.06.2015	Trustee of numerous private trusts	Nil		
25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil		
Graham CROMBIE (Deputy Commissioner)	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
	25.06.2015	Chairman, Dunedin City Holdings 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	Chairman, Otago Museum	Nil	
	25.06.2015	Chairman, New Zealand Genomics Ltd	Nil	
	25.06.2015	Independent Chairman, Action Engineering Ltd	Nil	
	25.06.2015	Trustee, 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.	
	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.	
	06.04.2011	Councillor, Dunedin City Council		
	05.02.2015	One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician)		
	07.10.2015	Southern Partnership Group	The Southern Partnership Group will have governance oversight of the CSB rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	

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	Trustee, Community Trust of Otago	Southern DHB may apply for funding.		
	21.08.2015	Board Member, REANNZ (Research & Education Advanced Network New Zealand)	Nil		
	21.08.2015	Advisor to a number of primary health provider clients in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.		
	18.01.2016	Audit and Risk Committee member, Office of the Auditor-General	Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General.		
	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 11 Ltd	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.			
		<b>Daughter:</b>			
21.08.2015	3 <sup>rd</sup> Year Medical School Student				
Donna MATAHAERE-ATARIKI (CPHAC/DSAC 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		
	27.02.2014	Te Waipounamu Māori Cancer Leadership Group	Nil		
	27.02.2014	Ahuru Mowai National Māori Leadership Group Cancer	Nil		
	17.06.2014	Gambling Commissioner	Nil		
	05.09.2016	Board Member, Arai Te Uru Whare Hauora			
	05.09.2016	Board Member, Otākou Health Limited			
05.09.2016	Southern DHB, Iwi Governance Committee				

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

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

<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>Sandra BOARDMAN</b>	07.02.2014	Nil	
<b>Richard BUNTON</b>	17.03.2004	Managing Director of Rockburn Wines Ltd	The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.
	17.03.2004	Director of Mainland Cardiothoracic Associates Ltd	This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract.
	17.03.2004	Director of the Southern Cardiothoracic Institute Ltd	This company provides private cardiological services to Otago and Southland. A potential conflict would exist if the Southern DHB were to contract with this company.
	17.03.2004	Director of Wholehearted Ltd	This company is one used for personal trading and apart from issues raised in second line above no conflict exists.
	22.06.2012	Chairman, Board of Cardiothoracic Surgery, RACS	No conflict.
	29.04.2010	Trustee, Dunedin Heart Unit Trust	No conflict.
	29.04.2010	Chairman, Dunedin Basic Medical Sciences Trust	No conflict.
	16.09.2016	Director, Parkburn Water Co Ltd	Nil, non-trading company.
	16.09.2016	Director, Bunton Holdings Ltd	Nil, non-trading company.
	16.09.2016	Director, Devil's Staircase Wines Ltd	The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.
	16.09.2016	Director, Taste Otago Ltd	Nil
	16.09.2016	Director, Central Otago Fine Wines Ltd	Nil, non-trading company.
	16.09.2016	Director, NZ Premium Wines Ltd	Nil, non-trading company.

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER  
EXECUTIVE MANAGEMENT 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>
	16.09.2016	Director, Central Otago Premium Wines Ltd	Nil, non-trading company.
<b>Mike COLLINS</b>	15.09.2016	Trustee, Dunedin Digital Trust	
	15.09.2016	Wife, NICU Nurse	
<b>Pania COOTE</b>	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	
<b>Chris FLEMING</b>		TBA	
<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

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER  
EXECUTIVE MANAGEMENT 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>
	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
<b>Lexie O'SHEA</b>	01.07.2007	Trustee, Gilmour Trust	Southland Hospital Trust, no perceived conflict.
<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.
	19.09.2016	Director, ProHealth Holdings Ltd	No conflict. Holding company for share of Caversham Health Centre.
<b>Leanne SAMUEL</b>	01.07.2007	Trustee, Southern Health Welfare Trust	Southland Hospital Trust

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER  
EXECUTIVE MANAGEMENT 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>
	01.07.2007	Member of Community Trust of Southland Health Scholarships Panel.	Nil
	16.04.2014	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil
<b>Clive SMITH</b>	31.03.2016	Nil	

## Southern District Health Board

### Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 27 July 2016, commencing at 1.30 pm in the Board Room, Southland Hospital Campus, Invercargill

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<b>Present:</b>	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson	Commissioner Deputy Commissioner Deputy Commissioner
<b>In Attendance:</b>	Ms Carole Heatly Mrs Lexie O'Shea Mrs Sandra Boardman Dr Nigel Millar Dr Nicola Mutch  Mrs Leanne Samuel Mr Clive Smith Ms Jane Wilson  Ms Jeanette Kloosterman	Chief Executive Officer Acting CEO/Chief Operating Officer Executive Director Planning & Funding Chief Medical Officer Director of Strategic Communications (by videoconference) Executive Director Nursing & Midwifery Chief Financial Officer Implementation Manager, Commissioner's Office Board Secretary (by videoconference)

#### 1.0 WELCOME

The Commissioner welcomed everyone to the meeting.

#### 2.0 PRESENTATION – MEDICAL ASSESSMENT PLANNING UNIT

Dr Prosen Ghosh, Internal Medicine Clinical Leader, Southland Hospital, gave a presentation on "*Transforming medical care to improve the patient experience*", which included his vision for establishing a Medical Assessment Unit (MAU) at Southland Hospital to reduce waiting times, admissions and overcrowding in the Emergency Department (ED).

Dr Ghosh advocated using locally trained physicians, who would stay for the long term. He believed that without any additional cost an eighth permanent physician could be employed in Southland and his vision was to eliminate outpatient waiting lists, introduce telemedicine clinics and GP outreach clinics, and implement improved care pathways and protocols.

Following his presentation, Dr Ghosh answered questions on the proposed MAU, the funding of an additional physician and telemedicine.

The Commissioner's Team thanked Dr Ghosh for his presentation and he left the meeting.

*Mr Crombie chaired the remainder of the open part of the meeting.*

#### 3.0 APOLOGIES

An apology was received from Dr Angela Pitchford, Deputy Commissioner.

#### 4.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3) and the Acting Chair reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

Mr Crombie stated that he was no longer Chairman of Dunedin Venues Ltd.

**Recommendation:**

**"That the Interests Registers be received and noted."**

**Agreed**

#### 5.0 PREVIOUS MINUTES

**Recommendation** (R Thomson/G Crombie):

**"That the minutes of the meeting held on 21 June 2016 be approved and adopted as a true and correct record."**

**Agreed**

#### 6.0 REVIEW OF ACTION SHEET

The Committee noted the action sheet (tab 6) and requested an update on the immunisation process review, including the reasons for parents declining to immunise their children.

#### 7.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

**Chief Operating Officer's Report** (tab 7.1)

The Chief Operating Officer's (COO) report was taken as read and the COO commented on the following year-end results.

- Given the amount of work that had been undertaken, it was disappointing the ED "shorter stays" target had not been met. Achieving the target on both sites was a continuing area of focus.
- The immunisation target had been met for two and four year-olds, however 94% of children aged 8 months had been immunised against a target of 95%.
- The COO applauded the work of the team in improving performance against the Faster Cancer Treatment target.
- Elective Service Performance Indicators (ESPI) 12 (patients waiting for first specialist assessment) and 15 (inpatients) showed a red and yellow status but were currently on track. The status for Respiratory was expected to return to yellow and green.

The COO presented the directorate reports, then took questions.



*6000 Bed Days*

The Committee requested an explanation for the sudden increase in cumulative bed days saved in June 2016 (Figure 1).

*Education Centre, Southland*

The Executive Director Nursing & Midwifery gave an update on the education centre at Southland Hospital, which was near completion.

**Key Performance Indicators (KPIs)** (tab 7.2)

The Committee reviewed the Provider KPIs as at June 2016.

**Financial Performance Summary** (tab 7.3)

In presenting the financial report for June 2016, the Chief Financial Officer reported that:

- The Provider Arm year-end position was \$3.9m unfavourable to budget, however this included \$3m of unplanned asbestos costs;
- The year-end position for the DHB as a whole was a \$1.7m favourable variance against its budgeted deficit.

**Recommendation:**

**"That the reports be received."**

**Agreed**

**8.0 HEALTH QUALITY AND SAFETY COMMISSION PATIENT SAFETY EVALUATION MARKERS – QUARTER 3**

The Chief Medical Officer presented a summary of Southern DHB's Health Quality and Safety Commission (HQSC) patient safety evaluation markers for the third quarter, January–March 2016, and advised that he expected performance to continue improving.

**Recommendation:**

**"That the reports be received."**

**Agreed**

**CONFIDENTIAL SESSION**

**At 2.40 pm it was resolved that the Hospital Advisory Committee reconvene at the conclusion of the public Disability Support and Community & Public Health Advisory Committees meeting and move into committee to consider the agenda items listed below.**

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Certification Audit Corrective Actions	To allow activities and negotiations to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the Official Information Act (OIA) 1982.
3. 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 OIA.
4. Emerging and Current Issues	To allow activities and negotiations to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.
5. 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.
6. Contract - Ministry of Health, Regional Intellectual Disability Secure Services	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.

Confirmed as a true and correct record:

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

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

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

**As at 19 September 2016**

<b>DATE</b>	<b>SUBJECT</b>	<b>ACTION REQUIRED</b>	<b>BY</b>	<b>STATUS</b>	<b>EXPECTED COMPLETION DATE</b>
21 June 2016	<b>Immunisation Health Target</b> (Minute item 7.0)	Information to be provided on whether there is any follow-up activity with parents who decline immunisation for their children.	COO	Follow up occurs for all declines. However we are currently reviewing our process given the increase in decline rates.	
27 July 2016	(Minute item 6.0)	Update to be provided on the immunisation process review, including the reasons for parents declining to immunise their children.	COO	The majority of declines are electronically transferred from General Practice to National Immunisation Register (NIR). Historically we have not had the capacity to record the reason for parents declining. As of 1 July 2016 all declines will be followed up with the practice and reasons recorded in NIR.	
27 July 2016	<b>6000 Bed Days</b> (Minute item 7.0)	Explanation to be provided for the sudden increase in cumulative beds saved in June 2016.	COO	Report provided for the 27 September meeting.	Complete



**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>Chief Operating Officer Report</b>	
<b>Report to:</b>	Hospital Advisory Committee	
<b>Date of Meeting:</b>	27 September 2016	
<b>Summary:</b>		
Considered in these papers are:		
<ul style="list-style-type: none"> <li>▪ August 2016 DHB activity</li> <li>▪ Key operational challenges</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 Hospital Advisory Committee agenda.	<b>Date:</b>
<b>Approved by:</b>		<b>Date:</b>
<b>Prepared by:</b> Chief Operating Officer/Deputy CEO		<b>Presented by:</b> Lexie O'Shea Chief Operating Officer/Deputy CEO
<b>Date:</b> 14/09/2016		
<b>RECOMMENDATION:</b>		
<b>That the Commissioner receive the report.</b>		

**Chief Operating Officer Report – August 2016****Recommendation**

That the Hospital Advisory Committee notes this report.

- **Contract Performance**

- Total elective case weights delivered by Southern DHB Provider Arm were 160 below plan in August 2016 (11%). Year to date elective case weights are 130 below plan (5%).
- Total acute case weights delivered by the Southern DHB Provider Arm were 422 above plan in August 2016 (15%). Year to date acute case weights are 522 above plan (9%).

- **Ministers Health Targets**

**Shorter Stays in Emergency Departments (EDs) Health Target – target is 95%, August performance was 88%.**

- Southland Hospital achieved 91% in August. A flow coordinator remains in place. Further work in place to explore timeframes for inpatient review. The length of stay in medicine on both sites increased in August (it had previously reduced), this had an impact on bed access.
- Dunedin Hospital ED 6 hour target for August was 86%. This has largely been due to bed access issues and the increased workload in inpatient services, impacting on capacity to review patients in ED. Value stream mapping completed following the Patient Flow meeting with a focus on ED and Internal Medicine.

	<b>Dunedin</b>	<b>Southland</b>	<b>Main Sites</b>
<b>2016/17 Quarter 1 so far</b>	<b>88.5%</b>	<b>92.5%</b>	<b>90.3%</b>
<b>please 2015/16 Quarter 4</b>	93.2%	92.6%	92.9%
<b>2015/16 Quarter 3</b>	95.2%	93.4%	94.4%
<b>2015/16 Quarter 2</b>	96.4%	93.0%	94.9%

**Immunisation – Target 95%**

- The target for children aged 8 months is 95%. August coverage 95%.
- The target for two year old children is 95%. August coverage 95%.
- The target for four year old children has increased to 95% by June 2017. August coverage 92%.

**Faster Cancer Treatment (FCT) - Target 85%**

- Performance in the 62 day target is tracking 1% over last quarter (at 78%), this is disappointing as we had hoped that we would be achieving target. We have met with the Ministry of Health to seek advice on next steps. Projects are underway to support improvement in overall performance. Peer review of the patients submitted is underway to ensure that each case complies with definitions and is accurate. Data capture is the key to achieving this target and areas that have lower numbers than expected are being followed up.

**Improving Access to Elective Services****Elective Surgical Discharges August 2016**

	August 2016				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated inhouse	964	1,015	(51)	(5%)	1,939	1,924	15	1%	10,783
SDHB population treated by other DHB	30	53	(23)	(43%)	65	99	(34)	(34%)	555
SDHB population outsourced	25		25		64		64		-
<b>ELECTIVE INITIATIVE</b>	<b>1,019</b>	<b>1,068</b>	<b>(49)</b>	<b>(5%)</b>	<b>2,068</b>	<b>2,023</b>	<b>45</b>	<b>2%</b>	<b>11,338</b>
Surgical Arranged Admissions	96	63	33	52%	169	126	43	34%	831
Surgical Discharges from a Non-Surgical PUC - Elective	30	29	1	3%	60	60			392
Surgical Discharges from a Non-Surgical PUC - Arranged	22	31	(9)	(29%)	49	61	(12)	(20%)	360
<b>HEALTH TARGET</b>	<b>1,167</b>	<b>1,191</b>	<b>(24)</b>	<b>(2%)</b>	<b>2,346</b>	<b>2,270</b>	<b>76</b>	<b>3%</b>	<b>12,921</b>

- **Operational Performance**

**Elective Service Performance Indicators (ESPI):**

- The final ESPI position for June 2016 show Southern DHB with a red status for ESPI2 (Patients waiting for First Specialist Assessment (FSA)) and a yellow status for ESPI5 (Inpatients).
- The preliminary ESPI graphs for July 2016 show Southern DHB with a yellow status for ESPI2 and a red status for ESPI5.
- Predicted results for August 2016 has Southern DHB with a red status for ESPI2 and ESPI5.
- Contingency plans are being developed to support the achievement of the ESPIs to ensure the recovery for the lost elective activity are being prepared by all surgical services. Monitoring is daily, with weekly reporting.

**Medical Directorate**

- Diabetology has been impacted by the introduction of the Diabetes in Pregnancy Clinic. Additional clinics have been added to ensure waiting times remain under four months.
- Targets were met for all of the waiting times for colonoscopy (urgent 95%, non urgent 89%, surveillance 95%).
- Angiography waiting times are over 95% through increasing delivery to match demand.
- Access to cardiac surgery has been impacted by ICU capacity, and the volume of acute patients waiting in hospital. A programme to maximise procedures in Dunedin and outsource to other centres is underway. So far two patients have been treated at CDHB and two more treated at Mercy Hospital in Dunedin.
- An update on 6000 bed days as requested is attached, refer **appendix one**.

**Mental Health, Addictions and Intellectual Disability Directorate (MHAID)**

- The service has experienced consistent capacity issues in all inpatient areas.
- MHAID has Senior Medical Officer vacancies in Adult Mental Health Services in Southland, as well as Forensic and Alcohol and Drug Services across the District. These roles are covered by locums while recruitment occurs.
- Education sessions provided by the Southland Mental Health Emergency Team to the Police have been well received and requests for further sessions received. This is supportive of an ongoing positive working relationship between Health and the New Zealand Police.
- MHAID Directorate Leadership Team attended the National Joint Mental Health Medical Directors, General Managers, Directors of Nursing and Allied Health Workshop in Wellington. This day set the scene for the 'Fit for the Future' national workshop in Wellington during August 2016.

### ***Surgical Directorate***

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- In preparation for the Dunedin Hospital ICU redevelopment, a proposal for change regarding a new model of nursing care, changes to the nursing leadership structure which includes the addition of out of hours nursing leadership and a move to team based nursing to support a new merged 54 bed ward, configuration of Fracture Clinic and of Orthopaedic outpatients, is with staff for feedback.
- A trial of utilising theatre time that becomes available at short notice and using that capacity to create an Orthopaedic trauma list is being undertaken on the Southland site. This has occurred twice during August and they have been well utilised. This has alleviated the pressure on the acute theatre and provided flexibility to juggle elective cases to ensure the complex acute surgery has been carried out without impacting electives and other acute surgery.
- Monthly video conference x-ray fracture review sessions between Queenstown medical staff and Southland Orthopaedic medical staff have been commenced to review patient x-rays and discuss management plans for patients. This is assisting with bringing care closer to home for the Lakes District patients.
- Quality improvement projects reducing waste within the elective patient journey continue. The latest sub project has reduced the time taken to reach the decision to treat and place a patient on the treatment list on the Southland site from 105 days to 29 days.

### ***Women's, Children's, Public Health and Support (WCPH&S) Directorate***

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- An appointment has been made to a Senior Medical Officer (SMO) vacancy in the Women's Health Service on the Southland site; commencement is October 2016. Locum cover is in place in the interim.
- CT/MRI Diagnostic Waiting Time Indicator for August 2016: In August 2016 72% of elective patients referred to Magnetic Resonance Imaging (MRI) had their report distributed within the required timeframes against a target wait time of 85%. This is an improvement from the July result of 70%. Computerised Tomography (CT) in August 2016 achieved 79.6% against a target wait time of 95% improving from 79% in July 2016. Dunedin is continuing to experience high volumes of inpatient demand and demand for CT guided procedures, which reduces elective capacity.
- The DHB continues to work through the process with Compass Group to operate in the full service contract model. The DHB continues to work with Compass Group and New Zealand Health Partners in regard to the key performance indicator reporting and outcomes.

### ***Older Person's Health, Clinical Support and Community Services Directorate***

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- The nursing leadership across the Health of Older Persons (Dunedin 6th floor) and Wakari (ISIS) services has been configured and implemented enabling one nursing leadership structure across the two arms of the ATR service.
- We have had success in recruiting to long-term Pharmacist vacancies in Southland and anticipate a full staffing contingent in early 2017.
- Interviews for new graduate physiotherapists for the DHB took place on the Southland site during the second week of September. These were held on the Southland site for the first time, and gave applicants a good understanding of Southland hospital. Feedback has been very positive, with several candidates selecting Invercargill as their preferred option for this year. References are now being followed up and offers made.
- Significant work by the Directorate Leadership Team with the Lakes team has been undertaken during the winter period to ensure that Lakes services are well placed for expected growth in the coming 3-5 years. Work is also progressing to look at growing Telemedicine options for service delivery to Wakatipu Basin patients.
- A new Clinical Leader for Lakes District Hospital has been appointed.

Lexie O'Shea, Chief Operating Officer/Deputy CEO

Leanne Samuel, Executive Director of Nursing and Midwifery

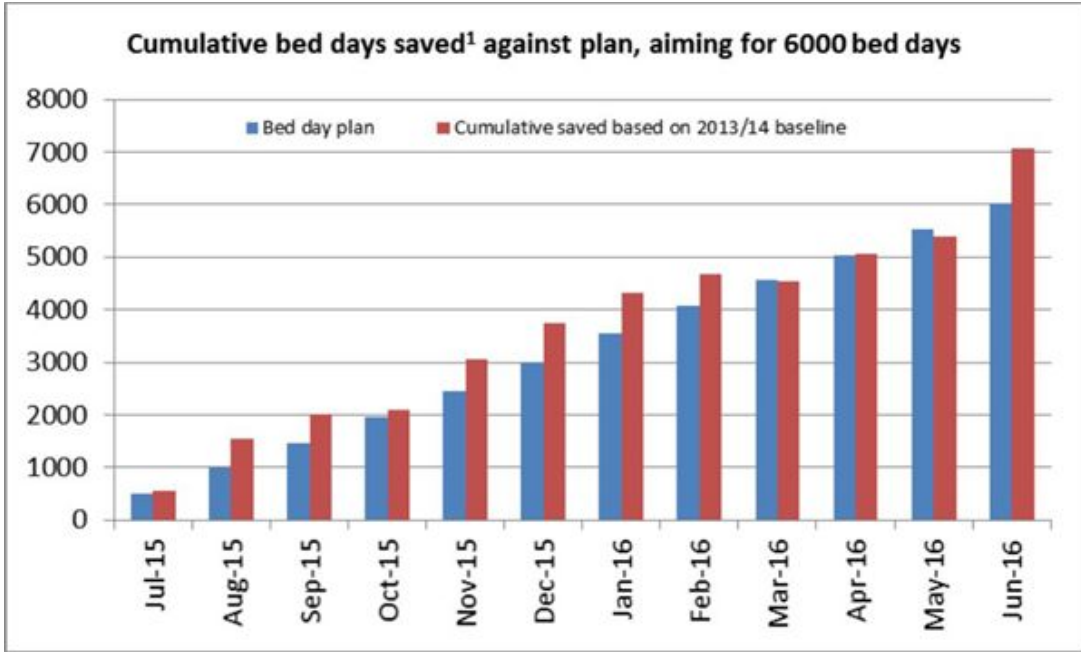


**6000 Bed Days Update**

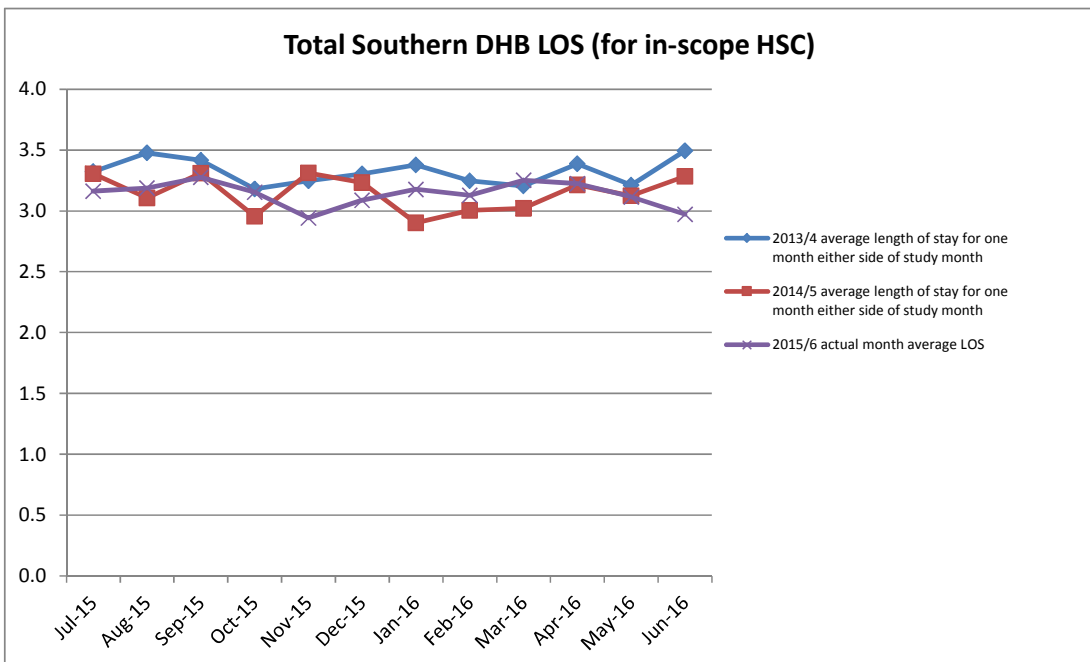
**Recommendation**  
 That the Hospital Advisory Committee notes this report.

**7.1**

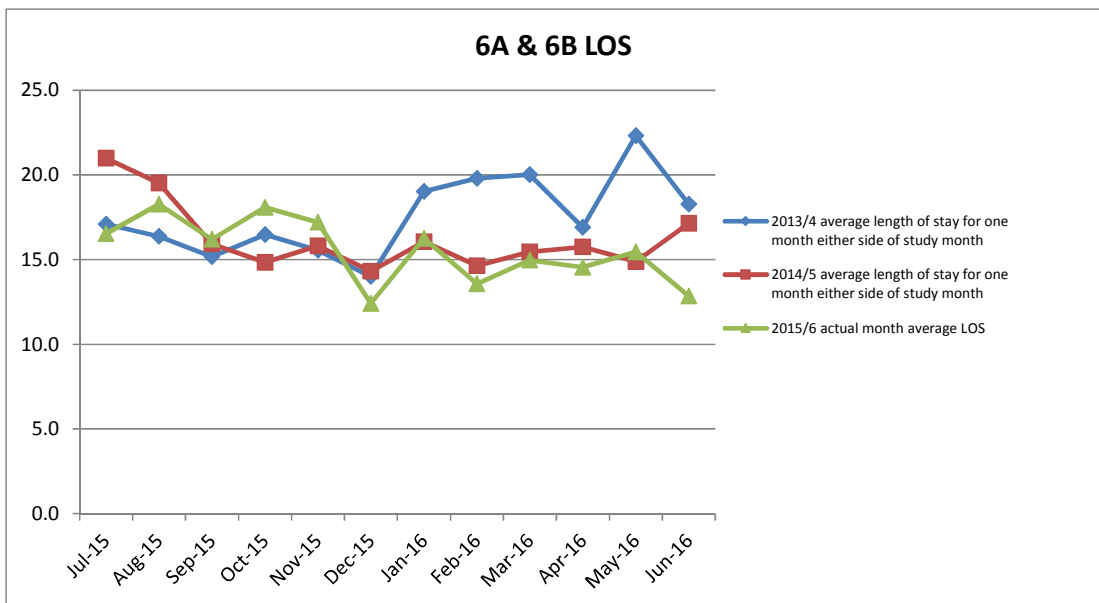
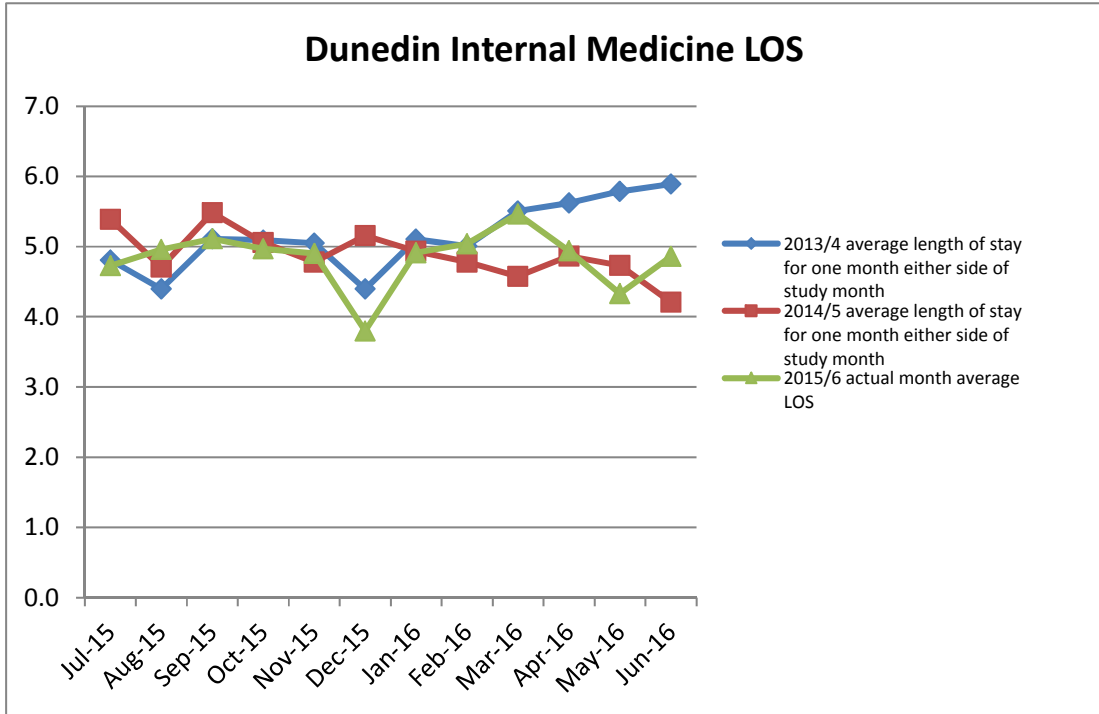
- In the last month of the 15/16 financial year there was a significant saving in bed days (see graph below). This provides an explanation as to why.

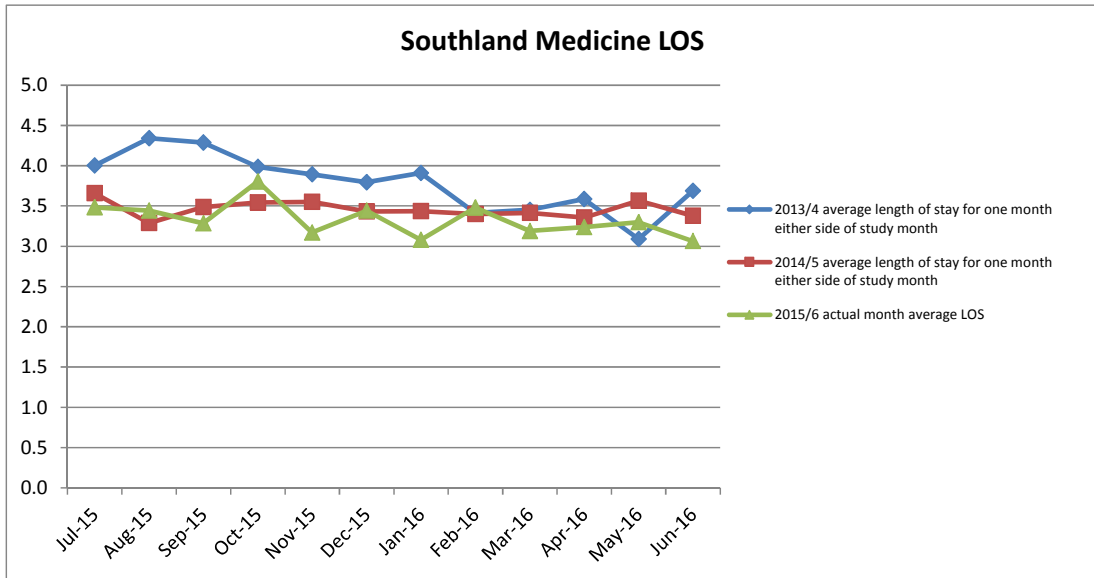


- Bed days are calculated using the 13/14 financial year base line of the average length of stay. The jump in June was similar to December/January/February and March and was due to a reduction in the average length of stay between 0.2 to 0.5 shorter (see graph below).



- This drop in length of stay was in Dunedin Internal Medicine, Ward 6A/6B (Older Persons Health) and Southland General Medicine. The Internal medicine winter flex unit was in place in June. The length of stay in June (compared to the previous two years) was lower across these three specialties. It should be noted that comparison to a previous year baseline is an average of three months to account for any extreme variation in one month.





7.1



Southern DHB  
Hospital Advisory Committee - KPIs August 2016 Data

Patient Safety and Experience - Hospital Healthcheck					
	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
3 - Improved access to elective surgical services monthly (population based)	943	1,167	1,191	-24 (-2%)	
3a - Improved access to elective surgical services ytd (population based)	2,006	2,346	2,270	76 (3.3%)	

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	76%	72%	85%	-13.0%	
11 - Reduced stay in ED	89%	89%	95%	-6.1%	
15 - Acute Readmission Rates (note 1)	11.9%	10.5%	9.9%	-0.6%	

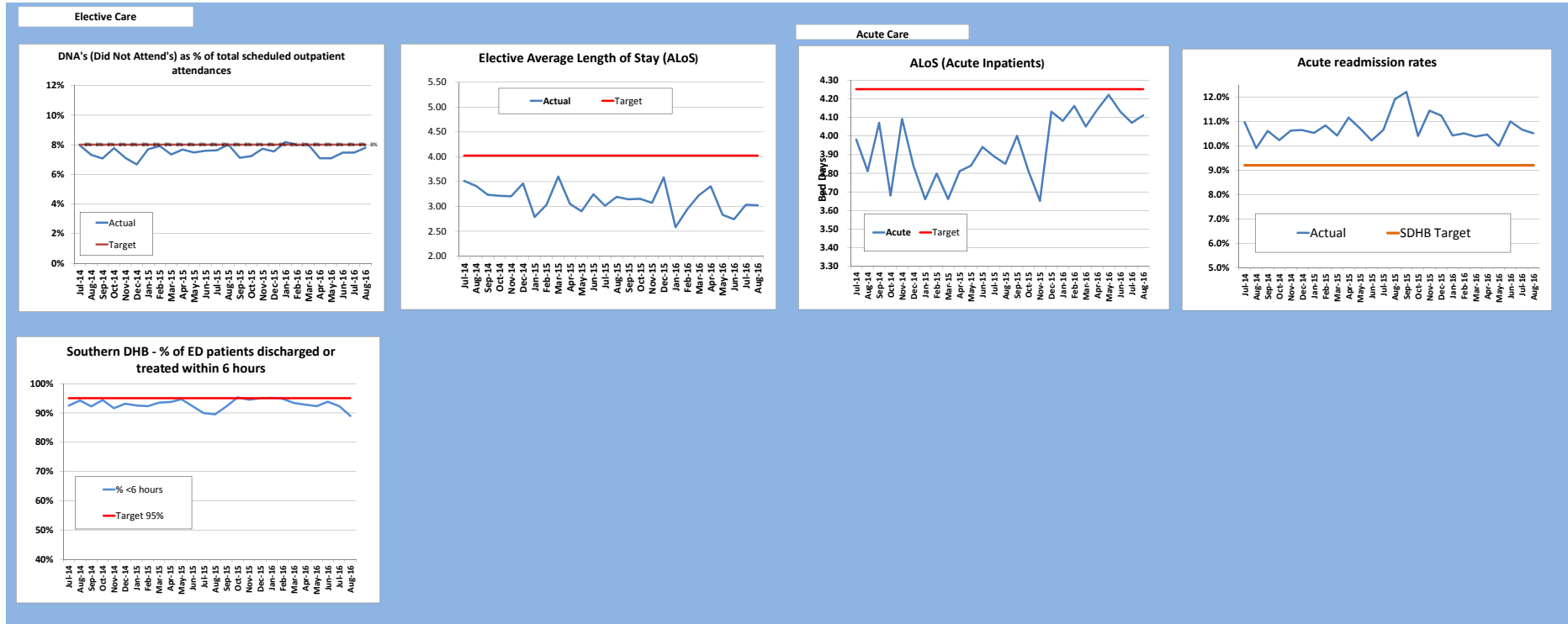
Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
1 - Waits >4 months for FSA	9	47	0	-47	
2 - Treatment >4 months from commitment to treat	39	72	0	-72	
% of accepted referrals for CT scans receiving procedures within 42 days	67%	80%	95%	-15.0%	
% of accepted referrals for MRI scans receiving procedures within 42 days	43%	72%	85%	-13.0%	
% accepted referrals for Coronary Angiography within 90 days	98%	99%	95%	4.1%	
4a - Elective caseweights versus contract (monthly provider arm delivered)	1,174	1,307	1,467	-160 (-10.9%)	
4b - Elective caseweights versus contract (ytd provider arm delivered)	2,562	2,657	2,787	-130 (-4.7%)	
7a - Acute caseweights versus contract (monthly provider arm delivered)	3,402	3,263	2,842	421 (14.8%)	
7b - Acute caseweights versus contract (ytd provider arm delivered)	6,448	6,191	5,669	522 (9.2%)	

Key -	
	Meeting target or plan
	Underperforming against target or plan but within thresholds or underperforming but delivering against agreed recovery plan
	Underperforming and exception report required with recovery plan
Note 2 DOSA rates excludes Cardiac/Cardiology and Neurosurgery Note 3 Using SDHB historic definition not the one reported on by the MoH	
Note 1 Awaiting new definition from Ministry P = Pending	

Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
5 - Reduction in DNA rates	8.0%	7.8%	8.0%	-0.2%	
9 - ALoS (elective) (Note 3)	3.19	3.02	4.02	1 (24.9%)	
ALoS (Acute inpatient) (Note 3)	3.85	4.11	4.25	0.14 (3.3%)	
DOSA (Note 2)	92%	93%	95%	-2%	

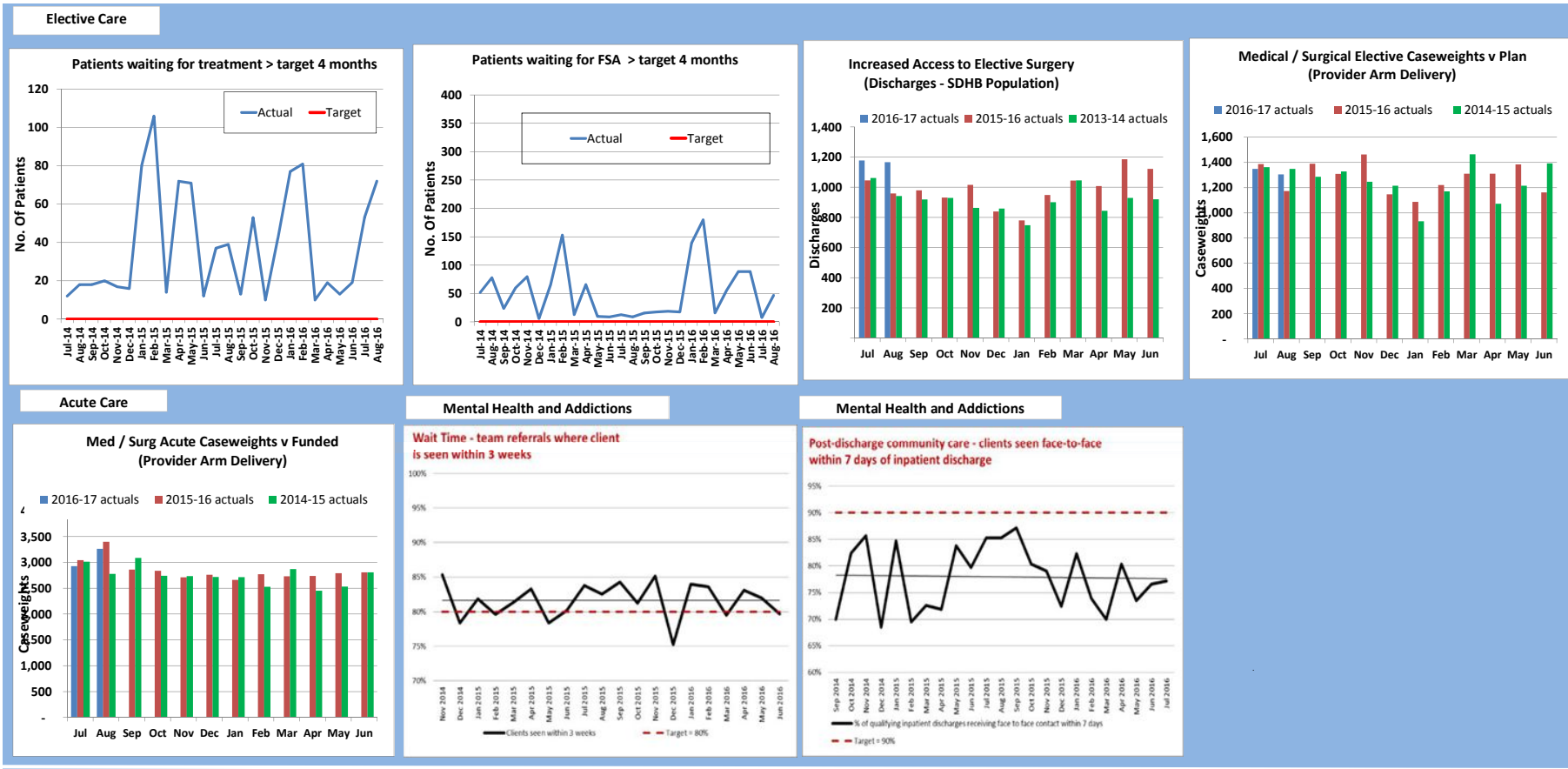
7.2

Southern DHB  
Hospital Advisory Committee - Performance Report August 2016 Data



Southern DHB  
Hospital Advisory Committee - Hospital Healthcheck  
August 2016 Data

7.2







**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>FINANCIAL REPORT</b>	
<b>Report to:</b>	Hospital Advisory Committee	
<b>Date of Meeting:</b>	27 September 2016	
<b>Summary:</b>		
The issues considered in this paper are:		
<ul style="list-style-type: none"> <li>▪ August 2016 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>	Not applicable, report submitted directly to Finance Audit and Risk Committee.	<b>Date:</b> n/a
<b>Approved by Chief Executive Officer:</b>		<b>Date:</b>
<b>Prepared by:</b> Finance Staff	<b>Presented by:</b> Clive Smith Chief Financial Officer	
<b>Date:</b> 20/09/2016		
<b>RECOMMENDATION:</b>		
<b>That the report be noted.</b>		

## SOUTHERN DHB FINANCIAL REPORT – Commissioners Summary for HAC

**Financial Report for:** August 2016  
**Report Prepared by:** Clive Smith  
**Date:** 15 September 2016

### Overview

### Results Summary

Actual \$000	Month			Year to Date		
	Budget \$000	Variance \$000		Actual \$000	Budget \$000	Variance \$000
44,541	43,961	580	Revenue	88,758	87,941	817
(29,960)	(30,227)	267	Less Personnel Costs	(57,892)	(59,034)	1,142
(17,254)	(16,172)	(1,082)	Less Other Costs	(33,907)	(32,646)	(1,261)
(2,673)	(2,438)	(235)	Net Surplus / (Deficit)	(3,041)	(3,739)	698
			<b>Other Costs</b>			
(3,215)	(2,827)	(388)	Outsourced	(6,474)	(5,764)	(710)
(7,734)	(7,209)	(525)	Clinical Supplies	(15,005)	(14,619)	(386)
(6,304)	(6,135)	(169)	Infrastructure & Non Clinical Supplies	(12,428)	(12,263)	(165)
(17,253)	(16,171)	(1,082)	Total Other Costs	(33,907)	(32,646)	(1,261)

The August result was a deficit of \$2.67m, which was unfavourable to budget by \$0.24m. Year to date (YTD) the consolidated deficit is \$0.70m better than budget, with a deficit of \$3.04m.

Revenue was over budget for the month, due to additional volumes either invoiced or accrued above budget.

Personnel costs, although favourable were offset against additional outsourced costs, as these costs relate to cover of vacant positions.

Clinical supplies were over budget for the month due to pharmaceutical costs being higher than budget. This was due in the main to an increase in the use of high cost drugs above normal.

**Statement of Financial Performance**

Actuals \$000s	Budget \$000s	Monthly			Actuals FTE	Budget FTE	Variance FTE	Actuals \$000s	Budget \$000s	Year to date			
		Variance \$000s								Variance \$000s	Actuals FTE	Budget FTE	Variance FTE
<b>REVENUE</b>													
<b>Government &amp; Crown Agency Sourced</b>													
2,046	1,602	444					MoH Revenue	3,743	3,202	541			
1,310	1,301	9					Other Government	2,589	2,630	(41)			
<b>3,356</b>	<b>2,903</b>	<b>453</b>					<b>Total Government &amp; Crown</b>	<b>6,332</b>	<b>5,832</b>	<b>500</b>			
<b>Non Government &amp; Crown Agency Revenue</b>													
167	203	(36)					Patient related	288	399	(111)			
621	636	(15)					Other Income	1,321	1,273	48			
<b>788</b>	<b>839</b>	<b>(51)</b>					<b>Total Non Government</b>	<b>1,609</b>	<b>1,672</b>	<b>(63)</b>			
40,397	40,219	178					Internal Revenue	80,817	80,437	380			
<b>44,541</b>	<b>43,961</b>	<b>580</b>					<b>TOTAL REVENUE</b>	<b>88,758</b>	<b>87,941</b>	<b>817</b>			
<b>EXPENSES</b>													
<b>Workforce</b>													
<b>Senior Medical Officers (SMO's)</b>													
6,530	6,725	195	244	258	14		Direct	12,269	12,861	592	245	258	13
358	451	93					Indirect	744	895	151			
472	323	(149)					Outsourced	912	646	(266)			
<b>7,360</b>	<b>7,499</b>	<b>139</b>	<b>244</b>	<b>258</b>	<b>14</b>		<b>Total SMO's</b>	<b>13,925</b>	<b>14,402</b>	<b>477</b>	<b>245</b>	<b>258</b>	<b>13</b>
<b>Registrars / House Officers (RMOs)</b>													
3,132	3,150	18	267	280	13		Direct	5,930	6,026	96	267	280	13
151	214	63					Indirect	288	418	130			
115	46	(69)					Outsourced	187	92	(95)			
<b>3,398</b>	<b>3,410</b>	<b>12</b>	<b>267</b>	<b>280</b>	<b>13</b>		<b>Total RMOs</b>	<b>6,405</b>	<b>6,536</b>	<b>131</b>	<b>267</b>	<b>280</b>	<b>13</b>
<b>10,758</b>	<b>10,909</b>	<b>151</b>	<b>511</b>	<b>538</b>	<b>27</b>		<b>Total Medical costs (incl outsourcing)</b>	<b>20,330</b>	<b>20,938</b>	<b>608</b>	<b>512</b>	<b>538</b>	<b>26</b>
<b>Nursing</b>													
11,182	11,155	(27)	1,659	1,661	2		Direct	22,325	22,310	(15)	1,663	1,660	(3)
154	221	67					Indirect	318	384	66			
4	5	1					Outsourced	4	9	5			
<b>11,340</b>	<b>11,381</b>	<b>41</b>	<b>1,659</b>	<b>1,661</b>	<b>2</b>		<b>Total Nursing</b>	<b>22,647</b>	<b>22,703</b>	<b>56</b>	<b>1,663</b>	<b>1,660</b>	<b>(3)</b>
<b>Allied Health</b>													
4,230	4,085	(145)	651	661	10		Direct	8,020	8,093	73	654	661	7
82	108	26					Indirect	245	216	(29)			
90	66	(24)					Outsourced	156	133	(23)			
<b>4,402</b>	<b>4,259</b>	<b>(143)</b>	<b>651</b>	<b>661</b>	<b>10</b>		<b>Total Allied Health</b>	<b>8,421</b>	<b>8,442</b>	<b>21</b>	<b>654</b>	<b>661</b>	<b>7</b>
<b>Support</b>													
522	529	7	103	105	2		Direct	987	1,012	25	102	105	3
81	4	(77)					Indirect	80	7	(73)			
45	44	(1)					Outsourced	82	87	5			
<b>648</b>	<b>577</b>	<b>(71)</b>	<b>103</b>	<b>105</b>	<b>2</b>		<b>Total Support</b>	<b>1,149</b>	<b>1,106</b>	<b>(43)</b>	<b>102</b>	<b>105</b>	<b>3</b>
<b>Management / Admin</b>													
3,492	3,544	52	630	651	21		Direct	6,606	6,729	123	631	651	20
45	43	(2)					Indirect	79	82	3			
36	2	(34)					Outsourced	137	4	(133)			
<b>3,573</b>	<b>3,589</b>	<b>16</b>	<b>630</b>	<b>651</b>	<b>21</b>		<b>Total Management / Admin</b>	<b>6,822</b>	<b>6,815</b>	<b>(7)</b>	<b>631</b>	<b>651</b>	<b>20</b>
<b>30,721</b>	<b>30,715</b>	<b>(6)</b>	<b>3,554</b>	<b>3,616</b>	<b>62</b>		<b>Total Workforce Expenses</b>	<b>59,369</b>	<b>60,004</b>	<b>635</b>	<b>3,562</b>	<b>3,615</b>	<b>53</b>
2,375	2,264	(111)					Outsourced Clinical Services	4,838	4,641	(197)			
80	77	(3)					Outsourced Corporate / Governance Services	159	153	(6)			
7,017	6,581	(436)					Clinical Supplies	13,570	13,374	(196)			
4,296	4,121	(175)					Infrastructure & Non-Clinical Supplies	8,394	8,237	(157)			
<b>Non Operating Expenses</b>													
1,766	1,684	(82)					Depreciation	3,549	3,358	(191)			
625	625	0					Capital charge	1,250	1,250	0			
334	332	(2)					Interest	670	663	(7)			
<b>16,493</b>	<b>15,684</b>	<b>(809)</b>					<b>Total Non Personnel Expenses</b>	<b>32,430</b>	<b>31,676</b>	<b>(754)</b>			
<b>47,214</b>	<b>46,399</b>	<b>(815)</b>					<b>TOTAL EXPENSES</b>	<b>91,799</b>	<b>91,680</b>	<b>(119)</b>			
<b>(2,673)</b>	<b>(2,438)</b>	<b>(235)</b>					<b>Net Surplus / (Deficit)</b>	<b>(3,041)</b>	<b>(3,739)</b>	<b>698</b>			
<b>Volume metrics</b>													
1,307	1,467	(160)					Elective Caseweights - Med / Surg / Maternity	2,657	2,787	(130)			
3,263	2,842	422					Acute Caseweights - Med / Surg / Maternity	6,191	5,669	522			
89%	95%	(6%)					Reduced stay in Emergency Department						
1,167	1,191	(24)					Improved access to elective surgical services monthly (population based)	2,346	2,270	76			

**Revenue****MoH Revenue**

Ministry of Health revenue was favourable by \$0.44m for the month and \$0.54m ytd. The main contributors to this were:

Category	Source	Monthly Variance \$000s	YTD Variance \$000s	Comment
<b>MoH Revenue</b>				
Personal Health	Colonoscopy Funding	151	168	Advised year-end target volumes were met therefore revenue booked in August.
Disability Support	ISIS beds	80	171	Additional ISIS beds used and invoiced as per contract.
Health Workforce	Training revenue	174	181	Timing variance as the actual revenue is being recognised as contracted, which is different to the budgeted timing.

**Patient Related Revenue**

The unfavourable ytd patient related variance of \$0.11m is due to non-resident revenue. The budget was set on prior year's actuals. The variance reflects lower volumes than expected at this stage of the year.

**Internal Revenue**

The internal revenue favourable monthly and ytd variance was driven by Community Pharmaceuticals (\$0.13m favourable for the month and \$0.39m ytd). This offsets the costs of these drugs.

**Workforce Costs**

Year to date workforce costs (personnel plus outsourcing) remain favourable ytd by \$0.64m despite August coming in close to budget.

The adverse variance for Allied Health staff in the month is due to the incorrect phasing of the budget. This has been rephased from September onwards.

The monthly savings expected due to favourable FTE (62 FTE favourable in August and 53 on average ytd) was offset by additional outsourced costs especially in Medical and Management / Admin staff, and the Allied phasing difference explained above.

**Senior Medical Officers (SMOs)**

SMOs have favourable direct costs due to vacancies both in August and ytd. This variance is partially offset against an increase in outsourced staff required to resource these positions. The overrun in outsourced clinical services also offsets the favourable SMO costs, as this is driven by radiology outsourcing that has been necessary due to vacancies.

**Registrars / House Officers (RMOs)**

RMOs were close to budget for the month, remaining favourable by \$0.13m ytd due to a favourable variance in indirect costs. The favourable indirect costs include training (\$0.04m), professional fees (\$0.03m) and recruitment and relocation costs (\$0.05m). This expenditure is variable and these favourable variances may reverse during the year.

**Nursing**

Nursing costs are favourable to budget both for the month and ytd. FTE is under budget for the month by 1FTE, although remains over budget ytd by 3FTE. The favourable variance in indirect costs is driven by lower course fees and training fees funded via Health Workforce NZ.

**Allied Health**

Allied Health costs are \$0.14m over budget for the month and close to budget ytd. The monthly unfavourable variance is due to an error in budget phasing as noted above. We will be resubmitting the budgets to correct this from September onwards.

**Support**

Support costs are over budget for the month and ytd due to indirect costs being over budget by \$0.08m in August. This was due to the recognition of additional accruals relating to employee entitlements for food service staff transferred to Medirest.

**Management / Administration**

Management / Admin costs are on budget both for the month and ytd. Savings in direct payroll costs due to FTE being less than budget are offset by increased outsourced costs to cover some of these vacant positions.

**Outsourced costs**

Outsourced clinical services remain over budget both for the month (\$0.11m) and ytd (\$0.20m), due to additional radiology outsourcing to cover vacant positions.

**Clinical Supplies (excluding depreciation)**

Clinical supplies were over budget by \$0.44m for the month and \$0.20m ytd. The monthly variance was due to an unfavourable variance of \$0.33m in pharmaceuticals.

This was due to an increase in high cost drugs over a number of services. This includes high cost antibiotics as well as new drug treatments for melanoma.

It also reflects an increasing use of "mabs" (eg rituximab and infliximab).



**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>2017 MEETING SCHEDULE</b>	
<b>Report to:</b>	Hospital Advisory Committee Disability Support and Community & Public Health Advisory Committees	
<b>Date of Meetings:</b>	27 September 2017	
<b>Summary:</b>		
<ul style="list-style-type: none"> <li>▪ Draft 2017 meeting schedule attached for the Committees' consideration and adoption.</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>	n/a	
<b>Document previously submitted to:</b>	n/a	<b>Date:</b>
<b>Prepared by:</b> Board Secretary		
<b>Date:</b> 13/09/16		
<b>RECOMMENDATION:</b>		
<ol style="list-style-type: none"> <li>1. That the Committees adopt the attached meeting schedule for 2017.</li> </ol>		

## SOUTHERN DISTRICT HEALTH BOARD DRAFT MEETING SCHEDULE 2017

MONTH	JAN (In'gill)	MARCH (Dunedin)	MAY (In'gill)	JULY (Dunedin)	SEPT (In'gill)	NOV (Dunedin)
<b>Public Forum</b>	Thursday 26 9.00 am	Thursday 23 9.00 am	Thursday 25 9.00 am	Thursday 27 9.00 am	Thursday 28 9.00 am	Thursday 23 9.00 am
<b>Hospitals Advisory Committee</b>	Thursday 26 9.30 am	Thursday 23 9.30 am	Thursday 25 9.30 am	Thursday 27 9.30 am	Thursday 28 9.30 am	Thursday 23 9.30 am
<b>Community and Public Health and Disability Support Advisory Committees</b>	Thursday 26 *	Thursday 23 *	Thursday 25 *	Thursday 27 *	Thursday 28 *	Thursday 23 *

\* Meeting to start at the conclusion of the preceding meeting.



**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 Excluded Minutes Public Meeting	As set out in previous agenda.	As set out in previous agenda.
2. Serious Events Adverse	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 OIA.
3. Operational Issues	To allow activities and negotiations to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.
4. MSP and Interim Programme Urgent Works	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.
5. Contracts ▪ ACC Elective Surgery Schedule ▪ ACC High Tech Imaging Services ▪ Olympus NZ Ltd Service of Bronchoscopes	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.
6. Capex ▪ Work at Height Stage 3	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.