SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE
and
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Thursday, 27 September 2018
commencing at the conclusion of the public
Hospital Advisory Committee meeting

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

A G E N D A

Lead Director: Lisa Gestro, Executive Director Strategy, Primary & Community

Item

1. **Apologies**
2. 10.00 am
   Presentation: ***Our Ageing Population and the Frail Elderly Pathway***
   Hywel Lloyd, Medical Director, Strategy, Primary & Community
3. **Interests Register**
4. **Minutes of Previous Meeting**
5. **Matters Arising**
6. **Review of Action Sheet**
7. **Strategy, Primary & Community Report**
8. **Performance Report - Health Targets and Indicators of Service Performance (Q4)**
9. **Financial Report**
10. **Resolution to Exclude Public**

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

APOLOGIES

No apologies had been received at the time of going to print.

10.00 am

Presentation: ***Our Ageing Population and the Frail Elderly Pathway***

Hywel Lloyd, Medical Director, Strategy, Primary & Community

SOUTHERN DISTRICT HEALTH BOARD

Title:	**INTERESTS REGISTERS**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	27 September 2018

Summary:

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

Interests declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).

Changes to Interests Registers over the last month:

- Nil

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

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

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 11/09/2018

RECOMMENDATION:

1. That the Interests Registers be received and noted.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
(Commissioner)	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	Director, Dunedin City Treasury Limited	Nil	
	18.09.2016	Food Safety Specialists Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Director, Warrington Estate Ltd	Nil - no pecuniary interest; provide legal services to the company.	
	18.09.2016	Tall Poppy Ideas Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Rangiora Lineside Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Otaki Three Limited	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Spouse:		
	25.06.2015	Consultant, Gallaway Cook Allan	Nil (Updated 8 June 2017)	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Director, South Link Health Services Limited	A SLH entity, Southern Clinical Network, has applied for PHO status.	Step aside from decision-making (refer Commissioner's meeting minutes 02.09.2015).
	25.06.2015	Board Member, Warbirds Over Wanaka Community Trust	Nil	
	25.06.2015	Director, Warbirds Over Wanaka Limited	Nil	
	25.06.2015	Director, Warbirds Over Wanaka International Airshows Limited	Nil	
	25.06.2015	Board Member, Leslie Groves Home & Hospital	Leslie Groves has a contract with Southern DHB for aged care services.	
	25.06.2015	Chair Dunedin Diocesan Trust Board	Nil (Updated 16 April 2018)	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil	
Graham CROMBIE	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
(Deputy Commissioner)	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	
	25.06.2015	Chairman, Otago Museum	Nil	
	~~25.06.2015~~	~~Chairman, New Zealand Genomics Ltd~~ (Removed 24.07.2018)	Nil	
	25.06.2015	Independent Chairman, Action Engineering 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	Trustee, Orokonui Foundation	Nil	
	25.06.2015	Chairman, Dunedin City Treasury Ltd	Nil	
	25.06.2015	Independent Chair, Innovative Health Technologies (NZ) Ltd	Possible conflict if Southern DHB purchased this company's product.	
	16.01.2017	Director, Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd)	Nil	
	08.02.2017	Independent Chair, TANZ eCampus Ltd		
	13.03.2017	Chair, South Island Alliance Information Services		
	23.11.2017	Director, A G Foley Ltd	Possible conflict if Southern DHB contracts this company's services.	
	06.06.2018	WJ Investments Ltd	Trustee for lawyer's trust, which owns this company.	Will withdraw if any conflict arises.
	18.09.2016	Director and Shareholder, Innovatio Ltd	Vehicle for governance and consulting assignments. Clients listed above.	
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	05.02.2015	One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician)		
	07.10.2015	Southern Partnership Group	The Southern Partnership Group will have governance oversight of the Dunedin Hospital rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	
	24.07.2018	Son's partner works for Southern DHB, Ophthalmology Service.		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Susie JOHNSTONE	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
(Consultant, Finance Audit & Risk Committee)	~~21.08.2015~~	~~Board Member, REANNZ (Research & Education Advanced Network New Zealand)~~ (Retired 30 June 2018)	~~REANNZ is the provider of Eduroam (education roaming) wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities.~~	
	21.08.2015	Advisor to a number of primary health provider clients in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	18.01.2016	Audit and Risk Committee member, Office of the Auditor-General	Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General.	
	16.09.2016	Director, Shand Thomson Ltd	Nil	
	16.09.2016	Director, Harrison Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Johnstone Afforestation Co Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees (2005) Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, McCrostie Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	28.05.2018	Clutha Community Health Company Co Ltd	Client of Shand Thomson. Two retired Shand Thomson partners are on the board, one is a long standing Chair.	
	23.07.2018	Trustee, Clutha Community Foundation (appointed June 2018)		
		Spouse is Consultant / Advisor to:		
	21.08.2015	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB.	
	21.08.2015	Wyndham & Districts Community Rest Home Inc	Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB.	
	21.08.2015	Roxburgh District Medical Services Trust	Roxburgh District Medical Services Trust has a contract with Southern DHB.	
	21.08.2015	A number of primary health care providers in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Daughter:		
	21.08.2015	6th Year Medical School Student	(Updated 20.10.2017)	
Donna MATAHAERE-ATARIKI	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
(IGC Member)	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Nil - charitable entity.	
	21.03.2018	Board Member, Otākou Health Limited	Registered Charity not contracting in Health.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	21.03.2018	Chair, NGO Council	Nil	
	07.06.2018	Chairperson, Te Rūnanga o Otākou Incorporated	Registered Charity - not contracting in Health.	
	07.06.2018	Director, Te Rūnanga Otākou Ltd	Nil does not contract in health.	Update to nature of interest 2 July 2018
	07.06.2018	Trustee, Kaupapa Taiao	Registered Charity - not contracting in Health.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	02.07.2018	Otakou Health Ltd - Shareholder of Te Kaika and its subsidiaries Mataora Health and Forbury Cnr Medical Centres	Possible conflict with SDHB contract funding.	Interest advised 2 July 2018
Odele STEHLIN	01.11.2010	Waihopai Rūnaka General Manager	Possible conflict with contract funding.	
Waihōpai Rūnaka – Chair IGC	01.11.2010	Waihopai Rūnaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
	23.02.2017	Te Rūnanga alternative representative for Waihopai Rūnaka on Ngai Tahu.	Nil	
	09.06.2017	Director, Waihopai Runaka Holdings Ltd	Possible conflict with contract funding.	
	07.06.2018	Director of Waihopai Hauora.	Possible conflict with contract funding.	
Sumaria BEATON	27.04.2017	Southland Warm Homes Trust	Nil	
IGC - Awarua Rūnaka	09.06.2017	Director and Shareholder, Sumaria Consultancy Ltd	Nil	
	09.06.2017	Director and Shareholder, Monkey Magic 8 Ltd	Nil	
	07.06.2018	Treasurer, Community Energy Network Incorporated	Nil	
Taare BRADSHAW	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka	07.06.2018	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict with contract funding.	
	07.06.2018	Vice Chairman, Hokonui Rūnanga Incorporated	Possible conflict with contract funding.	
Victoria BRYANT	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
IGC - Puketeraki Rūnaka	06.05.2015	Member - Te Rūnanga o Ōtākou	Nil	
	06.05.2015	Member Kati Huirapa Rūnaka ki Puketeraki	Nil	
	06.05.2015	President Fire in Ice Outrigger Canoe Club	Nil	
	24.05.2017	Member, South Island Alliance - Raising Healthy Kids	Nil	
	06.03.2018	SDHB, Te Punaka Oraka, Public Health Nursing, Charge Nurse Manager	Nil	
	06.03.2018	Member of the New Zealand Nurses Organisation	Possible conflict when negotiations are taking place.	
	06.03.2018	Member of the Public Service Association (PSA)	Possible conflict when negotiations are taking place.	
Justine CAMP	31.01.2017	Research Fellow - Dunedin School of Medicine - Better Start National Science Challenge	Nil	
IGC - Moeraki Rūnaka		Member - University of Otago (UoO) Treaty of Waitangi Committee and UoO Ngai Tahu Research Consultation Committee	Nil	
		Member - Dunedin City Council - Creative Partnership Dunedin	Nil	
		Moana Moko - Māori Art Gallery/Ta Moko Studio - looking at Whānau Ora funding and other funding in health setting	Possible conflict with funding in health setting.	
		Daughter is a member of the Community Health Council	Nil	
Terry NICHOLAS	06.05.2015	Treasurer, Hokonui Rūnanga Inc.	Nil	
IGC - Hokonui Rūnaka	06.05.2015	Member, TRoNT Audit and Risk Committee	Nil	
	06.05.2015	Director, Te Waipounamu Māori Cultural Heritage Centre	Nil	
	06.05.2015	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict when contracts with Southern DHB come up for renewal.	
	06.05.2015	Trustee, Ancillary Claim Trust	Nil	
	06.05.2015	Director, Hokonui Rūnanga Research and Development Ltd	Nil	
	06.05.2015	Director, Rangimanuka Ltd	Nil	
	06.05.2015	Member, Te Here Komiti	Nil	
	06.05.2015	Member, Arahua Holdings Ltd	Nil	
	06.05.2015	Member, Liquid Media Patents Ltd	Nil	
	06.05.2015	Member, Liquid Media Operations Ltd	Nil	
	09.06.2017	Director, Murihiku Holdings Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Owner Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Operator Ltd	Nil	
Ann WAKEFIELD	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
IGC - Ōraka Aparima Rūnaka	09.02.2011	Member of Māori Advisory Committee, Southern Cross	Nil	
	03.10.2012	Te Rūnanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.	Nil	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
Pania COOTE	08.12.2017	Ngāi Tahu, Ngāti Kauwhata and Ngāti Porou registered.	Nil
	30.09.2011	Member, South Island Alliance Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Monitoring Equity Group (National Screening Unit) – MMEG.	Nil
	26.01.2015	Member, Child Health Network (Alliance South)	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	Nil
	08.12.2017	South Island Alliance, Strategic Planning and Integration Team (SPaIT)	Nil
	28.05.2018	SDHB National Bowel Screening Programme Governance Group	Nil
	28.05.2018	Hei Ahuru Mowai (Māori Cancer Leadership Aotearoa)	Nil
Matapura ELLISON	12.02.2018	Director, Otākou Health Services Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Director, Otākou Health Ltd	Nil
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kati Huirapa Rūnaka ki Puketeraki	Nil

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	12.02.2018	Trustee, Araiteuru Kōkiri Trust	Nil
	12.02.2018	Otago Museum Māori Advisory Committee	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	Nil
	12.02.2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12.02.2018	Trustee, Waikouaiti Maori Foreshore Reserve Trust	Nil
	29.05.2018	Director & Shareholder (jointly held) - Arai Te Uru Whare Hauora Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	25.09.2016	Deputy Chair, InterRAI NZ	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017	Ex-officio Member, Southern Partnership Group	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
Lisa GESTRO	06.06.2018	Lead GM National Travel and Accommodation Programme	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Lynda McCUTCHEON	19.08.2015	Member of the National Directors of Allied Health	Nil
	04.07.2016	NZ Physiotherapy Board: Professional Conduct Committee (PCC) member	No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC.
	18.09.2016	Shareholder, Marketing Business Ltd	Nil
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.
	29.05.2018	Council Member of Otago Medical Research Foundation Incorporated	
Nicola MUTCH		Deputy Chair, Dunedin Fringe Trust	Nil
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	17.11.2017	Wife works for key technology supplier CCL	Nil
	18.12.2017	Daughter, medical student at Auckland University and undertaking Otago research project over summer 2017/18.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

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

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Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Thursday, 26 July 2018, commencing at 10.35 am, in the Board Room, Southland Hospital Campus, Invercargill

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

1.0 APOLOGIES

An apology was received from Ms Justine Camp, Iwi Governance Committee representative.

2.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda and received at the preceding meeting of the Hospital Advisory Committee.

3.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 24 May 2018 be approved and adopted as a true and correct record."

Agreed

4.0 MATTERS ARISING AND REVIEW OF ACTION SHEET

The Committees reviewed and noted the action sheet (tab 5).

"Home as my First Choice" Programme

The Executive Director Strategy, Primary & Community (EDSP&C) reported that presentations to the Emergency Department were being analysed and "frequent

flyers" identified. A report would be submitted to the Committees when that work was completed.

5.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

In presenting her monthly report (tab 6), the Executive Director Strategy, Primary & Community (EDSP&C) highlighted the following items.

- *Psychogeriatric Beds* - To address issues arising from residential psychogeriatric units within the district being fully occupied, it was planned to offer placements in South Canterbury and Invercargill. Residents currently in psychogeriatric beds would also be reassessed to determine whether they could be transferred to hospital level care.

- *Child Oral Health* - A recovery plan to address delays in children being seen by Oral Health Services would be presented to the next DSAC/CPHAC meeting.

- *Healthcare Homes* - General practices who had been selected to implement the Health Care Home model of care would be meeting the following week in Queenstown.

- *Alliance Leadership Team (ALT)* - The new ALT met for the first time during the month and would be considering papers on Community Health Hubs and the establishment of Locality Networks.

- *Primary Maternity* - The Primary Maternity Project was progressing.

- *I-Moko* - A reference group had been set up and would be making a recommendation on the sites for delivering this healthcare initiative within the Southern district.

During discussion, the Committees requested:

- That the data in the oral health graphs be checked;
- Further information on the project to change the model of care for Invercargill after hours to reduce ED attendance rates, including the process impeding the supply of an engineer's report and building quote.

Recommendation:

"That the report be noted"

Agreed

6.0 FINANCIAL REPORT

In presenting the Funder financial results for June 2018 (tab 7) the EDSP&C reported that the year-end result had been affected by the PHARMAC rebate of $16.5m, which was significantly lower than the previous advice of $19-20m.

Recommendation:

"That the report be received."

Agreed

7.0 COMMUNITY HEALTH COUNCIL

The Committees received a progress report from the Community Health Council (tab 8).

Recommendation:

"That the report be noted."

Agreed

8.0 DISABILITY STRATEGY

The Committees considered a draft scope for developing a local Disability Strategy (tab 9).

The EDSP&C advised that:

- The Strategy could provide a framework for Disability Support Advisory Committee (DSAC) activity;
- It was intended to condense the timeframe, so the Strategy was available to inform the following year's planning.

It was agreed that members of the Community Health Council and a steering group should oversee the development of the Disability Strategy, and that this be reviewed if the advisory committee structure is changed in 2019.

Recommendation:

"That the Commissioner endorse the scope of the proposed plan."

Agreed

CONFIDENTIAL SESSION

At 11.15 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees move into committee to consider the agenda items listed below.

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

Southern District Health Board

DISABILITY SUPPORT AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES MEETING

ACTION SHEET

As at 13 September 2018

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
March 2018	**Community Health Council** (Cmr meeting minute item 4.0)	Reports to be submitted quarterly.	EDSP&C	The Community Health Council have been advised of this – next report to be submitted in October.	Complete
July 2018	**Child Oral Health** (Minute item 5.0)	▪ Recovery plan to be presented. ▪ Data in oral health graphs to be checked.	EDSP&C	Included in agenda.	Complete
July 2018	**Primary Care - Changing In'gill Model of Care to Reduce ED Attendance** (Minute item 5.0)	Further information to be provided on this project, including the process impeding the supply of an engineer's report and building quote.	EDSP&C EDFP&F	Verbal update will be provided at the meeting.	

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Strategy, Primary & Community Report**		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	27 September 2018		
SUMMARY: Monthly report on the Strategy, Primary & Community Directorate activity.			
SPECIFIC IMPLICATIONS FOR CONSIDERATION (FINANCIAL/WORKFORCE/RISK/LEGAL ETC.):			
FINANCIAL:	N/A		
WORKFORCE:	N/A		
OTHER:	N/A		
DOCUMENT PREVIOUSLY SUBMITTED TO:	N/A	**DATE:**	
APPROVED BY CHIEF EXECUTIVE OFFICER:	N/A	**DATE:**	
PREPARED BY: Strategy, Primary & Community Team **DATE:** 6th September 2018		**PRESENTED BY:** Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: **That the Committees note the content of this paper.**			

Strategy and Planning

Annual Plan

The Ministry expects to provide informal feedback on the Annual Plan to DHB and Regional Planners from Wednesday 29 August 2018. The Ministry expects to facilitate formal feedback on DHBs draft Annual Plans, Regional Service Plans and, Public Health Unit Annual Plans during the week beginning Monday 17 September 2018.

Primary Care

Discussions on the draft paper setting out a high level description of community health hubs have been held at a number of meetings and this is now being incorporated into a paper for the Alliance Leadership Team in September. It is likely that a number of parallel processes to implement hubs will be required to meet the differing needs and timescales in different localities. A final paper on the future shape of the locality networks will also be presented at this meeting. The Primary and Community Strategy Implementation Group is meeting weekly and they will submit a summary of progress on strategy implementation to the September Alliance.

Pharmacy

The new pharmacy contracts (Integrated Community Pharmacy Services Agreement) have been finalised and sent to all SDHB Pharmacy Providers on 24th August 2018. These are due back to us by 15th September and will 'go live' 1st October. A new pharmacy liaison group is being established to support service development including the schedule 3b funding attached to the contract.

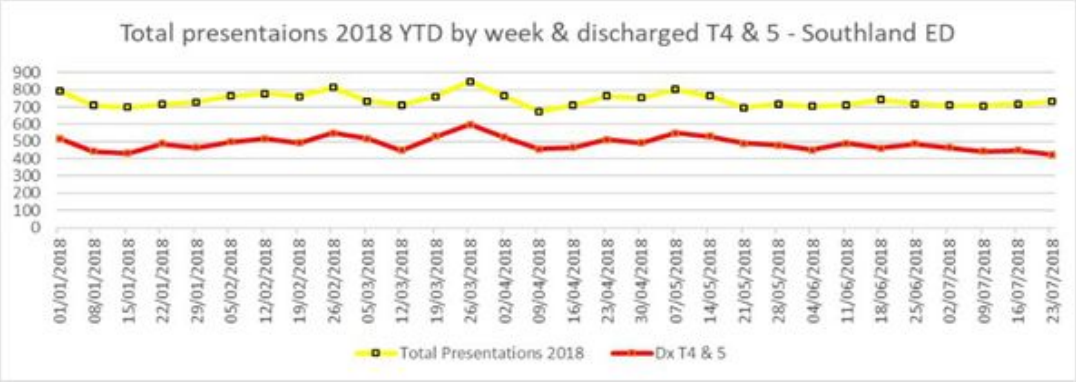
Southern Community Laboratories

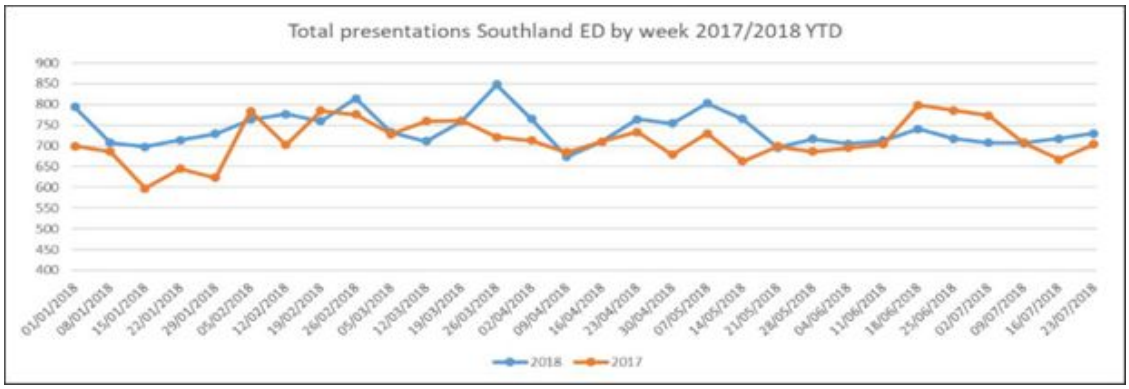
Southern Community Laboratory contract negotiations are continuing through September. Three day negotiations between SDHB, NMDHB and SCL is planned for September 5th-7th in Nelson. It is expected that following these negotiations we will have a finalised draft contract.

Invercargill ED

Changing the model of care for Invercargill after hours to reduce ED attendance rates

Work continues with phase one with A3s progressing through the data collection stage to solutions being defined. Phase two involves working with inpatient teams to improve flow to wards – Work continues with the Internal Medicine team. Phase three is being conducted in tandem by WellSouth, assessing primary care capacity.





Rural Health

Waitaki District Health Services Ltd

We continue to closely monitor and support WDHSL to ensure that there are contingency plans in place to manage clinical safety risk resulting from shortages in their medical roster. A new Medical Director has commenced in post and his initial focus will be on managing this clinical risk and securing the appointment of 2 FTE medical staff on a permanent basis.

The 2017/18 contract with WDHSL has been extended for a period of 3 months, on the same terms and conditions, whilst the necessary work on the new Model of Care and new contractual agreement for this current financial year is completed. Progress is being made but we believe it will be necessary to extend this agreement by a further 3 months. This will ensure that we have contractual arrangements in place to ensure continuity of funding.

Despite the day to day operational challenges faced by WDHSL there is a body of emerging work focussed on developing the new Model of Care. This includes:

- The appointment of the "Moving Forward" Programme Director (Ruth Kibble).
- Planning for a new primary urgent care model.
- The employment of a Nurse Practitioner as an addition to the clinical workforce.
- The single point of entry for access to community services has been implemented during August.
- Review of WDHSL operational budget
- WDHSL and SDHB jointly undertaking to review purchase unit codes with the aim of ensuring that the correct volumes are reported against the volume units.
- The nursing model of care has been progressively improved in stages and now includes a swing shift to strengthen nursing in ED and the ward.
- Understanding what CT capacity at Waitaki might be available to assist in managing overall demand for CT imaging across the district.

Lakes Hospital Refurbishment

- Work is underway on the scheduling of the cooling works component of the project with respect to lead in time for the acquisition of the necessary equipment and subsequent installation (as part of the overall redevelopment programme) to achieve the December/January requirement for completion.
- The surgical bus has commenced a schedule of visits to Wanaka Medical Centre whilst the building works at Lakes District hospital are completed. The first visit was on 6th August and reports indicate that it was well received and worked well from a patient perspective. There are a further 3 visits planned in September, October and November of this calendar year, with the schedule for 2019 currently being drawn up.

Progress on Ranfurly Hospital Rebuild

The plans for the redevelopment have provided for a new build facility on the grounds of the hospital. The new facility will have approximately 26 rest home and acute care beds, with provision for space for the current attached General Practice, plain film radiology and existing community services. The old hospital facility will be decommissioned (and probably demolished) whilst part of the old rest home facility will be used for provision of the General Practice and other community based services.

A recent routine visit to the facility indicated significant progress in building and most of the major build is expected to be completed in late January/early February 2019. With a second phase following in the few months after that. The building will start to be commissioned and patients transferring from the old facility in the early part of 2019.

Primary Maternity Project

Primary Maternity System Improvement Lead position

Heather LaDell seconded into this role (0.8 FTE) on 13 August – MQSP Coordinator role to be backfilled. Initial priorities on supporting remote rural LMCs, advising about retention/recruitment, and establishing secondary care support (telemedicine etc).

Dunedin Primary Maternity Feasibility Study

Ongoing consideration is occurring on the paper "Dunedin Primary Maternity facility Options Analysis". This is being considered in conjunction with the development of the new Dunedin Hospital.

Oamaru

Good progress has been made by the Oamaru Maternity Centre this month. They have announced the appointment of a 0.4FTE midwifery team leader - the appointee is also a 0.4FTE midwife in the centre. Interviews are also being held to appoint to other vacancies. The MERAS process in relation to midwifery salaries is also nearing completion.

Queenstown

Current:

- Only one LMC will be providing care in Queenstown into 2019.
- Midwife contracted to provide antenatal care only to women due in 2019 and unable to find a LMC, through December 2018. LDH maternity unit providing acute cover for these women.
- Telemedicine and in-person obstetric clinic in place.

Wanaka

Current:

- One LMC residing in Wanaka and providing LMC care. Midwifery clinic room and equipment (including neonatal warmer) at Wanaka Health.
- Locum midwifery service through October 2018. National locum midwifery shortage – will be difficult to obtain at short notice.
- Acute/emergency response inadequate/inequitable compared to other similar populations. With no after-hours service in Wanaka, only emergency response to maternity emergencies is LMCs plus prime doctors/St Johns.

Central Otago

LMC midwifery in flux in Central Otago, with several midwives moving in and out of practice and poor backup arrangements. Wanaka and Queenstown shortages are negatively impacting on Central Otago LMCs with some midwives now working over huge geographic territories.

Lumsden

A meeting with the Lumsden 'hub sub-committee' is scheduled for the 24th of September.

Health of Older People

Psychogeriatric Residential Beds

After analysing and sharing both interRAI and utilisation data for our psychogeriatric units, we are working with our clinicians and providers to make the best use of those beds. As of 31 August, there are no older people waiting for a psychogeriatric bed in either Otago or Southland. Strategies around clinical prioritisation, support for management of those waiting for extended times, and best use of our units will continue.

Home Team

The Home Team proposal for change closed for feedback on 24 August. We are currently working through the responses and plan to release a decision document to staff in the first week of September. It is planned that the Home Team will commence from 1 October, and operational activity will increase as staff are recruited.

Allied Health

We commenced engagement with final year physiotherapy students on new graduate positions for 2019. We were the first DHB to approach the students and we received over 30 very high calibre applicants for Dunedin and Invercargill. To date five offers have been accepted. Encouragingly, a number of applicants have provided very positive feedback regarding their experiences on clinical placement at the Southern District Health Board and have felt supported by our staff. New graduates will fill rotational positions which are a key component of our physiotherapy workforce.

A number of senior and experienced physiotherapists and occupational therapists have joined the team over the past couple of months. This has improved the depth of skill within in the teams, especially in the neurological/medical area where expertise has been lacking for some time. A number of issues have been identified as a result.

We have also identified a small number of specialist allied health roles that have been difficult to recruit. These will be targeted in the UK recruitment initiative in late September.

Public Health

Submissions

Public Health South coordinated the development of a Southern DHB submission on Queenstown Airport's proposed changes to their air noise boundaries needed to accommodate additional flights necessary to bring a projected five million tourists into the area by air over the next 12 years. Our submission raised concerns relating to the widening impact of the community that would be affected by aircraft noise as well as the impact on Lakes District Hospital that is very close to the Airport. Our concerns were also around the negative impacts on infrastructure due to increased passenger movements including traffic

congestion, as well as effects on runway air and soil pollution, and a lack of preparation and planning for safety and accident risk. Other submissions were lodged including:

- Queenstown-Lakes District Council's (QLDC) proposed alcohol bylaw: We supported the concept of "alcohol free areas" rather than "alcohol bans". We also proposed 24/7 alcohol free areas as opposed to QLDC's proposal to make the policy apply to only 12 hours.
- Central Otago District Council with respect to Nelson Petroleum Distributor's proposal to establish a self-service petrol station in close proximity to residential housing in Cromwell. We pointed out the risks of air pollutants (benzene) for sensitive activities (including residential housing) close to fuel retail facilities.
- Support for the Ministry for the Environment's plans to standardise approaches to Council planning processes. We were particularly interested as it incorporated an appropriate definition of a Hospital. If adopted this will be the definition that will apply in regional and district plans in the future.
- We provided advice to the Otago Regional Council as part of their "Love Your Leith" Leith River catchment development plan. Our advice advocated active transport, universal design principles catering for all ages, sun safety, ready access to clean drinking water outlets and smokefree environments.

Liquor Licensing

Public Health South have had a successful outcome following a hearing regarding a Queenstown premises. Under the Sale and Supply of Alcohol Act, the Medical Officer of Health can examine premises due for licence renewals. Following our inspection of this premises, we opposed the licence on the basis that the store was a convenience store. The store held what is commonly referred to as an off-licence, with legal permission to sell alcohol for consumption elsewhere. The Alcohol Regulatory Licensing Authority (a District Court level tribunal specialising in alcohol) held a hearing to determine whether the licence should be renewed. The case centred on Section 36 of the Sale and Supply of Alcohol Act which specifies that no alcohol licence can be held by a convenience store.
The Judge looked at these factors and decided that the store did not meet the legal definition of a grocery store and the licence was not renewed on this basis. This is a good outcome as it reduces the density and number of off-licences in Queenstown.

Breastfeeding Week

Public Health South was actively involved in two of the main events held in the Southern district to celebrate Breastfeeding Week this month. The Big Latch On in Invercargill, hosted by the Southland Breastfeeding Advocacy Group in which PHS is a lead, was held at the Invercargill Library and 30 mothers and babies took part. Representatives from Plunket, Awarua Whanau Services, breastfeeding peer supporters and WellSouth also attended, and breastfeeding peer supporters and breastfeeding support apps were promoted. This event was a Family Friendly branded event which is an Invercargill City Council initiative. In Dunedin a breastfeeding morning tea was held at the Plaza Café. Twenty-six mothers attended with 27 babies latching on. Eight support people came along to assist mothers, and others at the event were Dunedin Breastfeeding Network members, peer supporters, La Leche League, WellSouth and PHS. Twenty-one mothers completed an evaluation and results showed: 48% of mothers said that the event had increased their awareness of breastfeeding support and knowledge available in the community; 33% said they would be more likely to access support in the community; and 24% said that their confidence to breastfeed in the community/workplace had increased.

Smokefree

Part of the role of health promotion is to work with industry and communities to achieve positive health outcomes. The tobacco control team have been working with the Dunedin Casino to help them meet their obligations under the Smokefree Environments Act. The casino had wanted to develop a compliant internal smoking area. The casino has now decided to be completely smokefree; there is signage at the entrance to the building and no smoking allowed anywhere on site. This has been a great outcome achieved by working together and without the need for legal action.

The Nicotine Replacement Therapy (NRT) standing order update has been completed and is in final stages of being released. Nurse practitioners have been included as having the authority to countersign on NRT standing orders.

Oral Health

The service is providing another Fluoride Varnish Programme in the Oamaru region at Maheno Kindergarten – 15 children seen. This region is high needs and it is pleasing to have these two programmes working well in this area. Another kindergarten in the region is due to start next term.

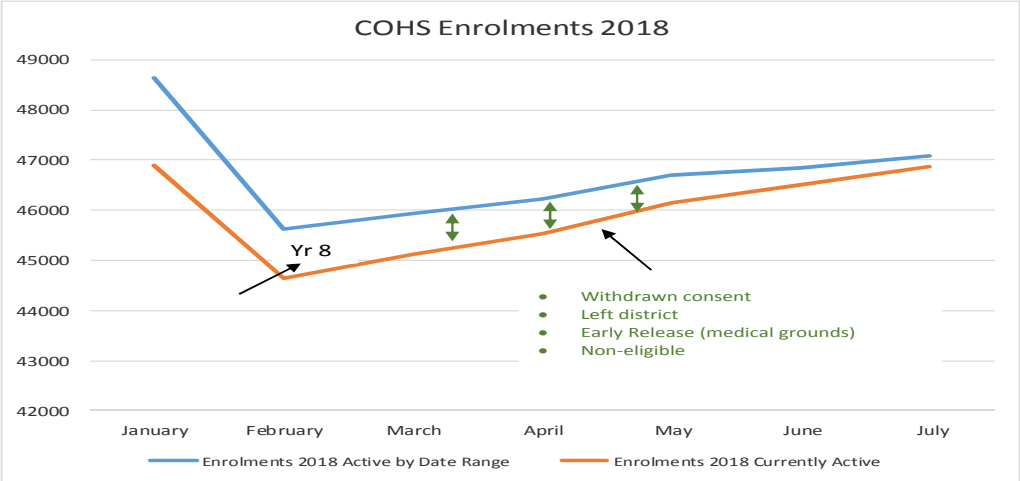
Two training sessions, one in Invercargill and one in Dunedin were undertaken to introduce the new STA Wand local anaesthetic delivery system. This equipment will allow clinician's to provide local anaesthetic for fillings and extractions in a totally pain-free way. This will be particularly helpful for needle phobic and anxious children. Clinical staff meetings were held following this training.

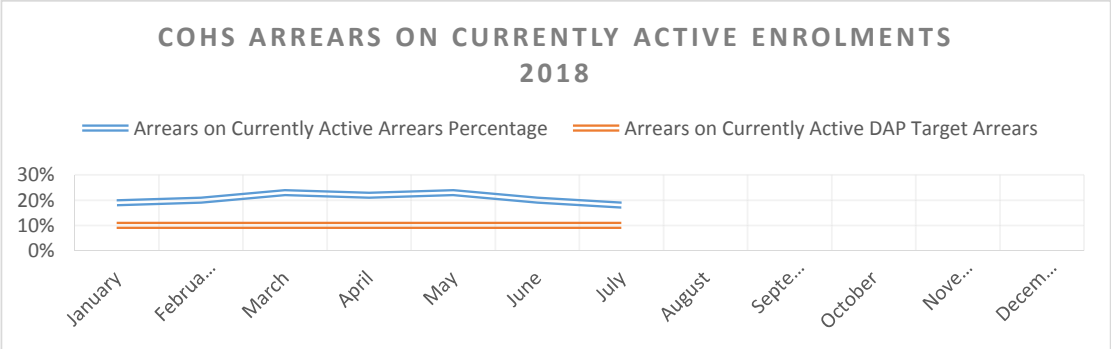
The service continues to work on an improvement plan for Community Dental. All staff have been offered the opportunity to share ideas on how we might improve the arrears situation with vacancies still impacting and have wholeheartedly cooperated and shared their solution ideas with the management team this is a very pleasing outcome. To date areas of "appointment time-saving" have been identified to free up more times to book patients waiting and staff are working towards implementation of the following:

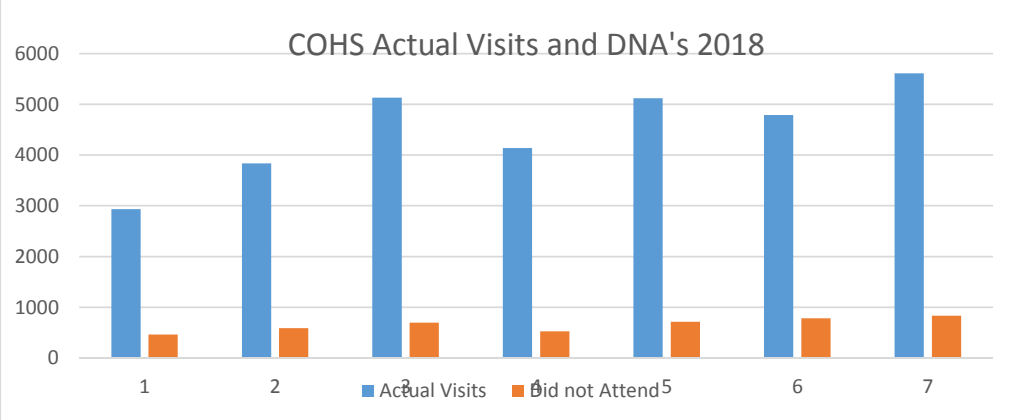
- Approximately 76 appointment slots per week in total for "Relief of Pain" appointments. Appointment slots will now only be will be made available to be undertaken at a specified time and day in South Dunedin, Mosgiel and Waihopi clinics only rather than setting aside a set time each day in all clinics and not having these appointment slots filled. Should there be an urgent need for pain relief the service will see the child at any time, on any day, at any clinic without having to wait. A triage process has been updated to ensure staff have correct guidance when discussing the problem when parents call for an appointment.
- DNA patients (did not attend) will now only have one call back then will be moved forward to the child next appointment time unless there is a genuine reason for failing to attend. Letters will be sent to the parent to confirm the discussion that has been had with the parent.
- Approximately 728 appointment slots have been identified for the remaining 2018 year these being 3 Month and 6 month reviews which have been suspended and parents have been advised of this. They are to call if they have any concerns and the child will be seen as soon as possible rather than the service automatically booking the reviews.
  There are other solutions yet to be fully explored due to potential cost vs outcome and may not be viable.

Dental Unit House Surgeon interviews have been completed and an offer made to a suitable candidate who has accepted and will commence in January 2019

Maxillo-facial succession plan is on track. This is a joint project with the University of Otago Dental Faculty and Canterbury DHB facilitated by SIAPO. Five suitable surgical registrar candidates have been identified and accreditation of the training programme to be arranged.







Population Health Service

On 20th August the new electronic patient management system Medtech Evolution went 'Live'. Work is now underway on system configuration, connectivity and function with other system such as NIR (National Immunisation Register) before the next round of HPV vaccinations commences on the 10th September 2018. Meetings have been held with Clinical Records to agree a process for the transition from paper records to electronic and the management of the satellite files going forward. WellSouth will be providing support to ensure

the systems reporting capacities are maximised. An implementation plan will be drafted over the coming month for staged roll out across Population Health.

The training package and credentialing documents for nurses within Population Health and General Practice to insert the Jadelle implant (Long Term Contraception) are now in working draft with two Sexual Health clinic nurses currently working through the process.

Children's Health (0-5 years)

Sudden Unexplained Death in Infants (SUDI)

The Southern district SUDI plan was submitted to the MoH on the 14 August. There are a number of projects to commence within the plan. Dr Nick Baker is to deliver a number of SUDI training sessions during September in Dunedin, Invercargill and Queenstown for those who work with whanau in their homes.

I-Moko

Work continues on the introduction of I-Moko in the Southern district. In collaboration with the Ministry of Education (MoE) we have identified a number of schools suitable for delivery of the programme. I-Moko and the MoE are now beginning engagement with the schools.

For 2018/19 a data standard for the smokefree homes at six weeks System Level Measure has been agreed nationally. The DHB has responsibility to ensure that WCTO provider's data collection and reporting is in place by 14 December 2018 and that it meets the standards required. We only have one provider who will need to make changes to their standalone database as all others are on the Karo system, which is to be updated nationally. We are working with this provider on making the necessary changes.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Quarter Four 2017/18 Southern DHB Performance Reporting**		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	27 September 2018		
Summary: Overview of DHB Performance Reporting for **Quarter Four 2017/18** with brief comments where targets or expectations have not been met.			
Specific implications for consideration (financial/workforce/risk/legal etc.):			
Financial:	N/A		
Workforce:	N/A		
Other:	N/A		
Document previously submitted to:	N/A	**Date:**	
Approved by Chief Executive Officer:	N/A	**Date:**	
Prepared by: Strategy, Primary & Community Team **Date:** 28 August 2018		**Presented by:** Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: **That the Committees note the content of this paper.**			

Southern DHB Performance Reporting

Health Targets & Performance Measures

The monitoring framework sets out DHB requirements to report achievement against

- Health Targets
- Performance Dimensions (Progress update re delivery of the NZ Health Strategy, Policy Priorities, System Integration, Developmental Measures, Ownership and Outputs)
- Crown Funding Agreements

The four dimensions that have been identified to reflect DHB' functions as owners, funders and providers of health and disability services are: Policy priorities, System Integration, Ownership and Outputs.

Assessment Criteria/Ratings

There are two sets of Assessment Criteria/Ratings for reporting, one for health targets and performance measures, and another for CFA Variations.

Assessment criteria/ratings for health targets and performance measures

Progress towards each target or measure will be assessed and reported to the Minister of Health according to the reporting frequency outlined in the indicator dictionary for each performance dimension (found on the NSFL). Health Target progress will be publicly reported on the Ministry's website.

Assessment Criteria/Ratings for health targets and performance measures

Rating	Abbrev	Criteria
Outstanding performer/sector leader	O	1. This rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations. 2. Note: this rating can only be applied in the fourth quarter for measures that are reported quarterly or six-monthly. Measures reported annually can receive an 'O' rating, irrespective of when the reporting is due.
Achieved	A	1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm.

Partial achievement	P	1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance. 2. A deliverable has been received, but some clarification is required. 3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved.
Not achieved – escalation required	N	1. The deliverable is not met. 2. There is no resolution plan if deliverable indicates non-compliance. 3. A resolution plan is included, but it is significantly deficient. 4. A report is provided, but it does not answer the criteria of the performance indicator. 5. There are significant gaps in delivery. 6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.

Assessment Criteria/Ratings for CFA Variations

The non-financial quarterly reporting process is also used to collect and assess reports on CFA variations. All CFA variations with a reporting component, and created since the 2009/10 year, are required to have their reports collected as part of the non-financial quarterly reporting process.

The assessment criteria for CFA variation reporting are different to the criteria applied to health targets and performance measures. The progress and developmental reporting nature for CFA variations is more compliance based, and therefore the target-oriented nature of health target and performance measure assessment is not considered appropriate.

Assessment Criteria/Ratings for CFA Variations

Category	Abbrev	Criteria
Satisfactory	S	1. The report is assessed as up to expectations 2. Information as requested has been submitted in full
Further work required	B	1. Although the report has been received, clarification is required 2. Some expectations are not fully met
Not Acceptable	N	1. There is no report 2. The explanation for no report is not considered valid.

Summary of Southern DHB Performance Reporting – Quarter 4– 2017/18

Health Targets

Measure		Target	2017/18				Final Rating	Ministry of Health Comments and DHB Responses
			Q1	Q2	Q3	Q4		
Better Help for Smokers to Quit	Primary Care	90%	91.3%	90.9%	90.9%	91.0%	A	Result: 91.0% were given brief advice and support to quit smoking. Rank: 7th out of 20 DHBs.
	Maternity	90%	83.5%	88.0%	72.8%	80.3%	P	Result: This quarter 80.3% women were given brief advice and support to quit smoking, an increase of 7.4% from the previous quarter. 70.6% of Māori pregnant women were given brief advice and/or support to stop smoking. Rank: 17th out of 20 DHBs. *MoH comments:* SDHB did not achieve the target this quarter. The drop in Māori result for this quarter is due to 5 women not receiving smoking brief advice. It is important that every pregnant woman be given brief advice and support to quit smoking. We are pleased to see that LMCs and midwives are being given training in filling in the Maternity Booking Forms. We are also glad to hear that the Maternity Quality and Safety Programme is undertaking a quality initiative approach to the target. We look forward to seeing what comes out of this initiative when results become available. We note your comment that LMC's at SDHB are utilising alternative providers rather than MMPO, and that this may be impacting on SDHB target results. The number of events is likely to be lower than the number of births recorded in

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Measure	Target	2017/18				Final Rating	Ministry of Health Comments and DHB Responses
		Q1	Q2	Q3	Q4		
							any one quarter; however until the National Maternity Record is fully operational (approx. 2020) then reporting on this indicator will be from data collected from MMPO and DHB employed midwifes and remains developmental.
Improved Access to Elective Surgery	100%	97.6%	99.2%	98.7%	100.2%	A	Result: Result is 100.2%, an increase of 1.5% from last quarter. Rank: 15th out of 20 DHBs.
Increased Immunisation	95%	94%	95%	94%	94%	P	*Result:* 94% total coverage, Māori infant immunisation coverage also at 94%. Rank 5th out of 20 DHBs. National result 91.2 percent. *MoH comments:* Although target was not met, congratulations on achieving equitable coverage for Māori and continuing to perform well against the target. In quarter four of the previous reporting year Southern DHB had 94% overall and 92% for Māori. Southern has maintained good coverage over the last two years and we are pleased to see that equity is maintained. It is good to see that SDHB is reviewing the current model of care for the delivery of immunisation services. *DHB response:* • With Quarter 4 coverage at 94%, Southern DHBs coverage at age 8 months continues to hover between 94% and 95%. • It is pleasing to see Māori coverage remains equitable at 94%.

Measure	Target	2017/18				Final Rating	Ministry of Health Comments and DHB Responses
		Q1	Q2	Q3	Q4		
							• Pacific coverage remains high; with only 1 child not fully vaccinated in this quarter • The combined Opt Off and Decline rate of 4.3% remains consistent • Southern DHB has 'Missed' 19 children this quarter; with the team 'Reaching Every Child' and demonstrating these children remain on active follow up. A number of these children have received significant follow up intervention despite their non-vaccinated status • There is a need to review our model of care for the VPD service as the current model is inefficient particularly in relation to Outreach. Current vacancies have not been recruited to due to cost pressures though this in itself does not provide a long term solution, however does provide the opportunity to make positive change. • Māori Coverage Review 2018/19: The team will track the data in more detail, i.e. note the breakdown of Declines against Missed Events • The increased roles and responsibilities placed on the Immunisation Coordinators (ICs) by the updated Cold Chain Standards and the addition/volume of vaccinating Pharmacists; continues to be impacted by the capacity of the ICs to support Childhood Immunisation Coverage

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Measure	Target	2017/18				Final Rating	Ministry of Health Comments and DHB Responses
		Q1	Q2	Q3	Q4		
Shorter Stays in Emergency Departments	95%	88.8%	92.1%	89.6%	90.5%	N	Result is 90.5% (90% for both Dunedin and Southland Hospitals). An increase of 0.9% from last quarter. Rank: 16th out of 20 DHBs. *MoH comments:* The data highlights the challenges with the flow to inpatient units and is where the DHB should be directing its energy. A letter will be provided to Southern DHB CEO of recommendations. *Southern DHB report:* Barriers to achieving the health target • Availability of beds in Dunedin is still a significant factor in delaying length of stay in ED • Inpatient speciality use of ED beds continues to be high • IMAU operating as (extra beds" rather than an assessment unit) • Lack of beds, access impacted Dunedin in April, May, June • Delays in accessing radiology in Dunedin • Continued shortage of ED registrars in Dunedin • Access to speciality services such as surgical registrars and surgical subspecialties' including orthopaedics out of hours and on the weekend • Referrals into subspecialty teams out of hours Work the DHB has done Q4 to support the health target

Measure	Target	2017/18				Final Rating	Ministry of Health Comments and DHB Responses
		Q1	Q2	Q3	Q4		
							• Use of Fracture clinic agreed where escalation needed • Patient Flow/Quality projects prioritised into groups of strategic and operational objectives based on short term quick winds with medium and long term outcomes • IMAU improving patient journey and target performance • IMAU utilisation rate 84% • Additional 8 winter flex beds opened June 25th June • Freeing up acute areas after initial assessments • Use of GP vouchers for appropriate patients • Discharge lounge on 8Med improving discharge rates. • Overall EDLOS for Internal Medicine admitted patients measures variable over Q4 • Don't be a drip campaign implemented to minimise excessive cannulation • Dn ED fast track and early assessment zone numbers increasing • Permanent resourcing of 7 days a week Allied Health team ED/IM improving discharge rates in Medicine/ED • 8 Med discharge rates improving on weekdays and weekends • Continuation of Needs Assessor attending rapid rounds on 8 Med • Rapid rounds on 8Med now 9am

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Measure	Target	2017/18				Final Rating	Ministry of Health Comments and DHB Responses
		Q1	Q2	Q3	Q4		
							• Working with inpatient teams, especially medicine, to improve decision making in the ED • St John's redirection • Implementation of clinical criteria sticker on Southland Medical ward to improve weekend discharge Work the DHB will do next quarter to support the health target • IMAU continuing to improve performance target in Dn ED • ECG transmission (an integral part of National Out – of-Hospital Stemi pathway) developed by National Cardiac network to be implemented in Dn ED • Dn Stranded patient work (over 21 day stay) continuing in Dunedin • Continue to work with inpatient teams to improve flow through the department • 8 Med Dunedin Green clinical criteria sticker to improve discharge rate needs to be embedded and integrated
Faster Cancer Treatment (from Oct 2014)	90%	86.2%	88.9%	90.5%	84.8%	P	Results: 84.8%. Target is 90%. Rank: 13th out of 20 DHBs. *MoH comment:* 84.8 percent achievement noted. *Southern DHB report*

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Measure	Target	2017/18				Final Rating	Ministry of Health Comments and DHB Responses
		Q1	Q2	Q3	Q4		
							• Southern DHB, in conjunction with the other South Island DHBs and facilitated by the Southern Cancer Network, has identified three areas of focus for FCT in 2018. These are: - Maintaining focus on urgency throughout inter-departmental and/or inter-DHB referral processes - Looking at the impact of diagnostics pathways on timeliness of cancer treatment - Looking at and reviewing capacity constraint breaches of the 62-day target • Southern DHB is taking the lead for the South Island DHBs on reviewing of capacity constraint breaches. We are undertaking to plot all capacity breaches in the last 12 months using a rare event graphical technique. This should help to provide early identification of issues. This work shall be shared with other DHBs to help with their service improvement, too. • Continuation of Upper GI A3 project and presentation of findings to clinicians and managers • Statistical analysis of all capacity breaches at Southern DHB in last year • Consideration of findings from Routes to Diagnosis project • Since February 2018, the urology service at Dunedin hospital has changed to a one-stop-shop model, with flexible cystoscopy and TRUS biopsies now able to be

Measure	Target	2017/18				Final Rating	Ministry of Health Comments and DHB Responses
		Q1	Q2	Q3	Q4		
							performed in clinic at FSA. The patient timeframes for bladder and prostate cancer shall be recalculated for the first three months after the new clinic model started (i.e. February to May 2018), and compared to those found in the Urology System Review report completed in 2016. This shall be presented to clinicians and managers in July/August 2018, to demonstrate the improvements in diagnostic timeframes, as a result of the change to the service model.
Raising Healthy Kids	95%	92%	97.0%	99%	96%	A	*Result:* 96% (target is 95%)

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Indicators of DHB Performance

Measures of DHB Performance		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
Policy Priorities Dimension		Achieving Government's priority goals/objectives and targets
PP6 Improving the health status of people with severe mental illness through improved access	A	*Result:* 0-19 years: target 3.75%, result 4.26% 20-64 years: target 3.75%, result 3.84% Age 65+: result 1.05%
PP7 Improving mental health services using wellness and transition (discharge) planning	P	*Result:* 29.6% of clients had a transition (discharge) plan. 51.9% of clients had a wellness plan. Target is 95% of people will have a quality wellness plan or transition plan. *MoH comment:* Monitoring the performance over the past four quarters, it seems the requirements for reporting aren't clear. Only a few DHBs have managed to provide reporting that comes close to the set target of 95% for all clients. After this rating period, MoH hopes conversations could be had to discuss issues, offer any support that's needed and perhaps consider re-setting targets until there is more capability in the sector to report on transition plans and auditing. *Southern DHB report:* • There is gradual progress with current clients recorded as having Wellness / Transition Plans in place and we expect that, over time as this is embedded into our teams, that this will result in improvements with clients who are discharged having Wellness / Transition Plans in place at that time. • We do not currently audit closed files / discharged clients. Planning is currently underway with respect to this. We do however have processes being embedded to ensure 'Wellness Transition Planning' is in place at time of discharge. • We do audit files for current clients, of which the presence of wellness, recovery, and relapse prevention plans are a component. We do have a process underway to ensure 'Wellness Transition Planning' is in place at our regular 3-month MDT client reviews.

Measures of DHB Performance		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
		• We have a high confidence rating that either a wellness, recovery, or relapse prevention plan is in place for our long-term service users as demonstrated by the auditing of current clients that has been in place for many years. • Our goal is to move to one district-wide 'Wellness Transition Plan'. We are continuing the process of shifting from the wellness, recovery, and relapse prevention plans that we have in place towards a more aligned 'Wellness Transition Plan'. A critical success factor in enabling us to achieve this is our ongoing work around our Clinical Workstation (Health Connect South) Paper Lite project.
PP8 Shorter waits for non-urgent mental health and addiction services for 0 – 19 year olds	P	*Result:* 66.8% (last quarter 70.6%) of 0-19 year olds were seen within 3 weeks (target – 80%) and 83.6% (last quarter 86.4%) of 0-19 year olds were seen within 8 weeks (target – 95%). *Southern DHB report:* The service continues to experience high demand across the district. Vacancies are challenging in some areas - active recruitment and additional support to areas of priority demand is in place and planning for a review of workloads and staffing across the district continues.
PP12 Utilisation of DHB funded dental services by adolescents from school year 9 and up to and including age 17 years	P	*Result*: 80.8% (National target is 85%). *MoH comment:* The result of 80.8% adolescent utilisation of DHB-funded dental services in 2017 is substantially improved on the result of 72.6% achieved in 2016. It is noted that the non-CDA "extra" patient volumes have increased from 1,645 in 2016 to 2,829 in 2017. Please provide some commentary on the service avenues used and any initiatives taken to achieve this increase in utilisation via non-CDA services. *Southern DHB response:* The focus of the adolescent co-ordinator has been on building relationships with dental practices by personal visits, telephone calls and offering help. Working more closely with the practices has resulted in them being more conscious of getting their adolescent patients seen. Practices are now aware of who to contact when they are having difficulty with patients attending. The co-ordinator has been able to assist them in finding new details for patients who fail and is also working with them to reduce the Did Not Attend (DNA) rate.

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
PP20 Improved management for Long Term Conditions (LTC) (CVD, Diabetes and Stroke)	Focus Area 1: Long term conditions	A	
	Focus Area 2: Diabetes	P	*MoH comment:* Thank you for your narrative and HbA1c reports. We note that the content of your narrative report has not been updated since quarter 2. Can you look into this and provide an update, particularly for those actions with milestones in Q3 and Q4. For actions specifically relating to equity, please include reporting by ethnicity and indicate whether targets have been met. With regards to HbA1c report, we note that the proportion of patients with any HbA1c result within the last 12 months appears quite low –are you able to comment on this? *Southern DHB report:* This has received a 'partial' rating as WellSouth did not update narrative from Q2. HbA1c reports were submitted.
	Focus Area 3: Cardiovascular Health (previous CVD health target)	P	*Result:* Overall CVD target preliminary result was 84.1% (target 90%). The preliminary result for the young Māori men was 72.6% (previous quarter 72%). *MoH comment:* Overall CVD target preliminary result was 84.1% (target 90%). The preliminary result for the young Māori men was 72.6% (previous quarter 72%). Both results are below the indicator target levels. In 2018/19 the focus for CVD will be implementing the "Cardiovascular Disease Risk Assessment and Management for Primary Care" beginning with the development of a plan by each DHB in quarter one. *Southern DHB report:* • WellSouth has developed a new audit and reporting tool called HealthCloud Reporter (HCR). Practices will be able to access patient-level data to assist their recall efforts. As at the end of the quarter 76 practices out of 78 have installed the HCR software.

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
			• Our health target audits have identified an issue with patients who have transferred from one practice to another do not have their CVD RA score transferred automatically into screening as part of the GP2GP notes transfer. The CPI export does not seem to notice this and we think it is impacting upon practice performance. We are looking for ways to flag this with practices so that transferred patients can have their CVD RA reviewed and recorded properly by the new practice. • WellSouth funds a CVD Management Programme for high needs patients who have a high CVD Risk Score (15+) and funds CVD RA for all high needs patients. • WellSouth's Outreach Team is actively working with practices to assist them to achieve the targets within their Māori health Plans. Prioritising smoking brief advice, CVDRA and cervical screening. A particular priority being CVD risk assessments for Māori men, especially those within the key target group – Māori Men aged 35-44 years old. The success of this model is demonstrated in the improved performance over the past 12 months. • Client-Led Integrated Care (CLIC) is a stepped-care model that will focus on patients with long-term conditions and will replace CarePlus. It is specifically designed to identify patients at risk from long-term conditions and wrap a suite of services and interventions around the patient to help them manage their care better at home in the community. Patients are stratified by risk and complexity, including their social and mental complexity and practices receive funding to manage them effectively and to access specialist and community support that reduces the risk of developing complications or of being admitted to hospital. 15 practices are now using CLIC for their LTC management. • WellSouth runs training sessions across Southern District aimed at practice administrative staff, nurses and GPs. Our Clinical Quality Group provides clinical governance to our Board and staff, working with our clinical leads Wendy Findlay (Director of Nursing) and Dr Stephen Graham (Medical Director). CME forms a key strategic enabler for WellSouth over the coming years as we work to increase the capacity of staff in general practice. A new Workforce Development Coordinator was appointed and started work in the quarter. Barriers to achieving / maintaining CVDRA coverage and barriers for CVD risk factor management over the next quarter by DHB and the PHOs, include:

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
			• The priority cohort of Māori men aged 35-44 men are proving extremely difficult to engage. However, the Outreach Team meet to review their processes weekly and are developing a work-plan and milestones. • Clinical resistance to the current CVD RA methodology means that GPs reject the CVD RA as a valid indicator of a patient' risk. It may be that the update of the risk equations will mitigate against this, but GPs may still believe that the RA process undermines their professional judgement is merely added bureaucracy to their workload. • The Ministry has suggested that a new CVD risk assessment formula has been developed, but we have had no indication as to how it will be implemented. We are waiting on further guidance. • As we are no longer funding CVD RAs they fall down the priority list at busy practices. This combined with the perceived marginal utility of the risk assessment process means that we will continue to see a decline in performance against this target.
	Focus Area 4: Acute Heart Services	A	
	Focus Area 5: Stroke Services	P	*MoH comments:* It is good to see the employment of stroke nurse resource. It remains of concern that your thrombolysis rates are so low given your population numbers, as even without the support of a telestroke service there should be a lot more people being thrombolysed. Please provide detail of what it is you intend to do to improve this. Please provide some narrative about your ability to collect and provide community rehab data which will need to be provided from 1 July. Could you please reassess your inpatient rehab data provided for Māori. Please confirm whether the 122 stroke patients were all eligible for thrombolysis last quarter.

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Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
			Southern DHB report and response Acute Stroke Unit • Southern DHB has employed two stroke CNS who have now just commenced work. The numbers recorded in the stroke unit are now expected to increase significantly in the next quarter. Thrombolysis 24/7 • Number of stroke patients: Māori: 1.4% 2/122. Number of patients thrombolysed - Māori: 0% 0/2 • SIAPO is developing a business case to implement the South Island Acute Stroke Services Plan. Southern DHB is working on the local component for telestroke including which facilities are ready now or will potentially be capable at some stage in the future, e.g. Queenstown. Rehabilitation • Total: 78% 31/40, Māori: 2.5% 1/40 Community Rehabilitation ability to collect and provide data • DHB currently collects this data manually. The release of the updated guidelines earlier in the year were helpful. We are working on data entry processes to be able to extract the data accurately from the patient management systems.
PP21 Immunisation coverage (previous health target)	Focus Area 1 - Immunisation coverage at 2 years and 5 years of age	P	*Result:* Immunisation coverage at 2 years: 94 percent for total population and 92% for Māori populations. Rank 7th out of 20. Immunisation coverage at 5 years: 93 percent for total population and 93% for Māori populations. Rank 3rd out of 20. *MoH comments:* The low numbers of children not immunised on time (excluding declines and opt offs) indicates that robust immunisation delivery processes are in place. The MoH are confident that SDHB can reach the 95% target in coming quarters and encourages the DHB to keep up the good work.

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Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
			Southern DHB report – Age 2 years • Southern DHB has seen coverage return to the normal range of 94-95% this reporting quarter. Māori coverage is below the total population rates, however it is rewarding to see Pacific coverage at 100% • The Decline and Opt Off rate is recorded as 5% • Southern DHB remains confident that we are 'Reaching Every Child' with 10 'Missed' but tracked children • Drill down into the results show some intensive follow up of these children, with the usual range of documented reasons; delayers, children transient between DHBs and Immigrant / Refugee children who are either awaiting documented proof of overseas history or on active Catch Up Programmes. These children; while 'Missing Target' are being managed in a clinically appropriate manner. *Southern DHB report – Age 5 years* • Southern DHB coverage has returned to 93% this quarter, with Māori coverage equitable at 93%, although down from last quarter. Pacific coverage is 91%. • 5.3% of children were Declined or Opt Off • Southern DHB makes every attempt to 'Reach Every Child' with only 16 children recorded as 'Missed'. • This group of children are a more challenging group to achieve 95% coverage due to higher cumulative decline rates, busy family environments and access to vaccination services that meet their needs and the heavier impact of immigrant children; either awaiting final overseas history data or on active Catch Up Programmes.
PP21 Immunisation coverage (previous health target)	Focus Area 2 – HPV immunisation 17/18	P	*Result:* HPV immunisation for girls in the Southern region remained at 68% this year. *MoH comment:* HPV immunisation for girls in the Southern region remained at 68% this year. While this shows that solid processes are in place, additional strategies will be needed to reach the 75% target. *Southern DHB report:* Southern DHB has not met the required 75% target volumes of girls fully immunised for HPV. Coverage rates for all girls in the 2004 birth cohort was 68% at 30th June 2018. The target for Māori girls was also not

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
			met with 71% coverage. Coverage for Pacific and Asian girls exceeded the target at 78% and 158% respectively. • The national HPV vaccine shortage at the end of the 2017 calendar year impacted on the ability for primary care to precall girls who indicated they preferred vaccination through their GP. This has affected the final coverage rates and our ability to work in partnership with primary care. • The vaccine shortage has an ongoing effect on the 2005 cohort, with vaccines being prioritised for the School Based Immunisation Programmes only. As a result the first dose coverage rates for girls are lower than expected for this time of year. • The introduction of boys into the programme has impacted on capacity, particularly in relation to administration and coordination. A positive uptake of 52% (final dose) greater than the 30% predicted by MoH for boys has meant staffing has been difficult at times, especially in larger schools. This is concerning if uptake further increases in 2018, as we expect it will. As a result there is a need to review the programme across the District. Southern DHB continues to: • Work collaboratively across HPV providers, sexual health and cervical health services to promote uptake and completion of re-call HPV. • Communicate all School Based non-consents to Well South Primary Care Organization (Well South PHO) and General Practitioners (GP's) for follow up for pre- call. • Work collaboratively across HPV providers, sexual health and cervical health services to promote uptake and completion of HPV-9 two dose vaccination. • Engage with communications team, Well South to promote HPV to eligible groups including a focus on Pacific and Other communities
PP22 Improving System Integration and System Level Measures		A	

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
PP23 Implementing the Healthy Ageing Strategy		A	
PP25 Prime Ministers youth mental health project	Initiative 1: School based health services	A	The DHB's rating is based on reports on Initiatives 1,3 and 5 of the Youth Mental Health Project. For comments on Initiative 3 (Primary Mental Health), please see PP26.
	Initiative 5 – Improve responsiveness of primary care to youth	A	
PP26 Rising to the Challenge: The Mental Health and Addiction Service Development plan	Focus Area 1 – Primary Mental Health	A	*MoH comment:* What is being done to improve access to brief interventions for youth? *Southern DHB response:* The brief intervention service for youth was, at the time of developing the annual plan, sitting with WellSouth. However, towards the end of last year all youth contracts for psychological therapies for mental health and addiction were consolidated and then put out to tender in an RFP process. The outcome of this RFP was the contracting of a new service provider and in January the ending of a range of previous youth counselling contracts. This is why you see the youth brief intervention contact numbers declining rapidly and eventually reducing to zero for WellSouth. The other new youth brief intervention service now operates across the district and is contracted with Adventure Development operating as the Thrive Te Pae Ora.service.
	Focus Area 2 – District Suicide	A	

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
	Prevention & Postvention		
	Focus Area 3 – Improving Crisis response services	A	
	Focus Area 4 – Improve outcomes for children	A	
	Focus Area 5 – Improving employment and physical health needs of people with low prevalence conditions	A	
PP27 Supporting Vulnerable Children		A	
PP29 Improving waiting times for diagnostic services	Coronary Angiography	A	

	CT / MRI	P	*Results:* Southern DHB did not achieve the CT and MRI indicators: 95 and 85% of referrals (respectively) receiving their scan within 42 days of acceptance during quarter four of 2017/18. SDHB Performance for the quarter was 85.7% overall for the quarter for CT and 32.2 percent overall for MRI for the quarter. *MoH response:* We note the large improvement in timely access to MRI and a smaller improvement in timely access to CT. We look forward to further improvement in 2018/19 as you increase staff and operating hours. *Southern DHB Report - April to June 2018* CT Performance Q4 April 2018 84.5% May 2018 86.9% June 2018 85.4% • CT performance in Q4 has been very similar to Q3. High levels of acute demand at Dunedin Hospital continue to impact upon the ability to scan the required volumes of elective patients during normal hours of operation at that site. CT at Southland Hospital is performing well, while the site is busy. • Southern DHB is still planning to introduce an evening shift for Medical Imaging Technologists (MITs) on weekdays from 1500 – 2300, Monday to Friday. Initiating this shift is dependent on the required MIT staffing to be recruited. While some success has been had, the Service does not expect that all vacancies will be filled until December 2018. • A new production plan has been developed for CT at both SDHB sites. • A CT scanner will be installed at Lakes Hospital, this is expected to occur in the 2018/19 year. This is not expected to have a significant effect on elective demand at Dunedin or Southland Hospitals, as this is in most cases being provided on behalf of Southern DHB at Dunstan. The variance in CT's current result from the required target is explained by several factors: • High levels of urgent, high acuity outpatient demand for CT continues to occur at Dunedin • Hours of operation do not allow for capacity increase to meet demand, although approval has been given for staffing necessarily to implement an evening shift for Medical Imaging Technologists on weekdays.

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			MRI Performance Q4 April 2018 27.9% May 2018 33.4% June 2018 35.4% • MRI performance continues to be lower than required to meet the target. Southland Hospital MRI has utilised additional general X-ray staffing to release MRI staff to perform additional shifts in MRI and the waitlist at this site is now reducing. Some 250 additional examinations are expected to be completed by September 2018. • The proposal to introduce an MRI weekend shift at Dunedin was approved by Southern DHB. As with CT, the Service is awaiting the recruitment of staff before this can commence. Recruitment is expected to be complete by December 2018. • Alongside this Southern DHB is exploring the potential for utilisation of other MRI scanners, the private MRI facility at Frankton and South Canterbury DHB's scanner at Timaru in order to reduce demand on MRI at Southland and Dunedin Hospital and to reduce the amount of travel patients living closer to these alternatives would have to undertake. Due diligence is still being undertaken. • Two MRI technologist Trainees have completed their training and are expected to obtain their scope of practice in July 2018. One is at Southland Hospital and this will increase the number of qualified staff to three. Two more staff are completing training at this site. • Southland Hospital MRI will be replaced in the 2018/19 year. This will most likely be in 2019. The variance in MRI from the required target is explained by several factors: • Ongoing staffing shortages at Southland Hospital. With two, soon to be three, MRI Technologists now being on the roster, the situation has improved, but the service is still extremely vulnerable to unplanned staff absence or resignations. • Acute MRI demand at Dunedin Hospital continues to be high levels; it is also noted that the complexity of examinations requested is increasing.
	Colonoscopy	A	*Result:* Urgent 93% (target 90%), Non-urgent 91% (target 70%), Surveillance 77% (target 70%)

PP30 Faster Cancer Treatment (31 day indicator)	A	Result: 86.0% (target 85%)
PP31 Better Help for Smokers to Quit in public hospitals (previous health target).	N	Result: Southern DHB's result is 91.8% (90% last quarter). Target is 95%. *MoH response:* The SDHB remains some way off meeting the target. There was an increase on the DHB result from Quarter three. Let's hope that this movement is sustainable. We note the continuing issues with ED and the new EDIS. It's pleasing to read that further adjustments may be required to improve the result. Hopefully ED is an area the new SF Coordinator can concentrate on. As you failed to reach the target this quarter you will have to continue reporting monthly. *Southern DHB report:* • Patients who smoke are offered referral to the Southern Stop Smoking Service. They are also offered on the spot assessment and appropriate NRT through Quitcard. During their hospital stay, free NRT is offered to patients to help them be smokefree. Nicorette inhalators and QuickMist mouth sprays are also made available for patients while in hospital if appropriate. Staff also offer ABC to patients presenting to the outpatients department. • Our new Secondary Care Co-ordinator in Dunedin has now been orientated into the role and we expect to see a lift in performance and sustainability of target as that position had previously been vacant for 12 months. • NRT Standing order update has been completed and awaiting approval. • Due to the recent coordinator vacancy, champions have not been a priority and with natural turnover of staff a number of areas no longer have champions in place. The coordinators are currently identifying the gaps in Dunedin services and approaching charge nurse managers/unit managers once these gaps have been identified. Meetings have been held with smokefree champions and staff at Dunedin and rural hospitals around re-establishing the smokefree champions. • Use of Quit packs are being gradually introduced and promoted into more wards gradually. These include a referral form to the Southern Stop Smoking Service, patches and either NRT lozenges or gum. Paediatric quit packs are available to be distributed to the parents who are smokers, of children who visit ED. This the same information as the quit packs plus information about the Southern Stop Smoking Service incentives programme for smokefree families. The programme is offered to parents and family members

		who smoke in the primary home of a child who has recently been admitted to hospital for a tobacco associated health issue. • In-service training has been scheduled in four more areas next month. This is also being investigated for Oamaru hospital with support from their Nurse Educator and Quality Assurance Co-ordinator. • ABC stats are being displayed as graphs in wards to show progress towards achievement of the target. Stop Smoking Service referrals are being encouraged and wards reminded to use referral as the first option. Follow up of missed patients is being undertaken and clinical records are being reviewed. • A mandatory field in the Emergency Department Information System (EDIS) was developed to try and make it easier to capture ABC in ED. Patients are recorded as either smoke-free, smoker, ex-smoker, and unknown. If they are classed as a smoker, then a mandatory ABC field needs to be completed prior to the patient being discharged. Using EDIS has not assisted in achieving the ABC target in ED as expected as in most instances the unknown field is ticked. Further work is needed to identify the reasons for this, and if removing the unknown option is the correct solution to pursue or if change is staff practice is required. • We believe the target results will be sustainable with ongoing training and appropriate systems in place to help achieve the target.
PP32 Improving the quality of ethnicity data collection in PHO and NHI registers	P	*Ministry comment:* The Ministry acknowledges the progress in regards to the implementation of EDAT. Southern DHB have received a partially achieved rating as there no mention of staff training or baseline data included in the report. *Southern DHB report* The PHO has implemented the Primary Care Ethnicity Data Audit Toolkit (the Toolkit) during the year and this is still the key initiative. The Toolkit has assisted for assessing the quality of ethnicity data within the primary health care setting and has supported quality improvement. Ongoing improvements of ethnicity data capture has been worked through with individual practices.
PP33 Improving Māori enrolment in PHOs to meet the national average	P	*Results:* Māori enrolments have increased from 26,497 to 28,211 over the last 12 months, an increase of 1,714, to 85% enrolment. There has been a significant increase of 772 over the last quarter.

		MoH comments It is pleasing to read the enrolment increase for Māori in your DHB region throughout the year. Please continue with the initiatives in place. *Southern DHB report* • Two of the key initiatives to improve Māori enrolments within Primary care has been the establishment of He Puna Waiora Wellness Centre and Mataora (Very Low Cost Access GP Practices) within the Southern DHB catchment. There has been a steady increase over the years, with the establishment of these practices, we are likely to see an increase in enrolments. • General Practices have a Māori Health plan in place with clear objectives - Ethnicity data - Primary Care ethnicity data audit toolkit (EDAT) implemented - Practice enrolment - Facilitate and ensure ongoing enrolment for all eligible Māori • Southern DHB continue to monitor these data, including using reports to table with Southern DHB Iwi Governance.
PP36 Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	P	*Result:* For the period 1/10/18 and 31/03/2018,Southern DHB results are .25% for Māori, .09% for Non-Māori and .11% for total (percentage of patients under section 29) *MoH comments:* It is good to community treatment order rates decreasing. *Southern DHB Report:* • These data are subject to ongoing scrutiny and monitoring. This includes analysing reports with key staff and work with our Māori Mental Health teams for input with this group of clients where possible. Additionally we incorporate MHA client numbers by ethnicity (including Māori) into SMO annual performance reviews to raise awareness of personal and relative numbers of Māori under the MH(CAT).
PP38 Delivery of response actions and milestones agreed in the annual plan for specific Government planning priorities	A	

System Integration Dimension		Meeting service coverage requirements and supporting sector inter-connectedness
SI1 Ambulatory Sensitive Hospitalisations (ASH)	P	*Result:* For the 12 months to March 2018, the non-standardised ASH Rate for children age 0-4 years was 5,756 and the standardised ASH rate for adults age 45-64 years was 3,034. *MoH comments:* Please use rates not just counts of ASH admissions - non standardised data for ASH 0-4 and standardised for ASH 45-64. And provide commentary about underlying condition drivers, and on equity gaps. Improvement plan is OK as far as it goes, but more detail is needed to understand the investment logic. What reach has health care homes had? For Māori? What can be done to improve reach? Can you explain the CLIC programme briefly? You could look at SLM improvement plan and see what is relevant to adult ASH under acute bed days and amenable mortality, and bring those actions into this report. *Southern DHB report (revised):* 0-4 ASH • Ash rates for 0-4 have fallen over the past four years, however in the most recent 12 months there is a small lift in numbers for both Māori and other groups. To address this we have chosen to focus on ASH 0-4 and babies living in smoke free homes in our SLM implementation plan, this aligns with our chosen government planning priority of asthma. Coordination across the health system in these areas will address the count of asthma and respiratory conditions accounting for 42% of all ASH presentations in the 0-4 yr group. • Cosy homes continues to insulate local lower decile population's dwellings. • We have coordinated between SDHB, WellSouth and NIWA on measuring the ASH rates in Alexandra through a period where NIWA is measuring air pollutants through winter. This should inform a suite of possible actions to address these issues in the coming year for 0-4 ash presentations. • Southern stop smoking service continues to target Māori and pregnant women into their service, also using the incentive voucher programme to keep people in the programme to increase quit rates in households that have smokers and pregnant women. • Community Pharmacy smoking cessation refers directly into the Southern Stop Smoking Service. Targeting pregnant women.

		ASH 45-64 • ASH rates generally in the 45-64 group remain steady. WellSouth continue with a number of initiatives aiming at preventing ASH presentations. Māori rates have increased over the past 12 months • Health Care Homes is rolling out through an initial tranche of GP practices. This programme has telephone triage, holding acute time slots, extended hours, working top of scope for staff as initiatives to develop within the practice. All will impact on hospital ASH presentations. In the first year nine practices will go through the programme across the district, tranche 1 will cover 31796 capitated patients and tranche 2 will cover a further 36050 capitated patients, a total of 24.6% of the SDHB enrolled population will be enrolled in a HCH practice. • POAC has been finalised and will roll out across the district over the coming year. A collection of ten services are aimed at reducing hospital presentations. We have a robust reporting structure in place to enable management of this resource and will develop our data sophistication over the year to measure the impact on ED and related hospital services. • CLIC has finalised its pilot and all GP practices will be a part of this programme by the end of 2018-19 year. This is a programme that replaces care plus. Targeting older populations with multiple co-morbidities, using a risk stratification framework to identify risk and need so the DHB can better implement care that is aligned to need. • Our LTC diabetes and CVD programme of work will be aligned into the CLIC programme, aligning the risk stratification and service to these patients. • DESMOND continues in the Southern region. • GP and prescription vouchers continue to be allocated aiming to improve access to primary care. • The SDHB is currently undergoing a restructure of the Māori Health Directorate with the establishment of three new leadership position. This is in response to our identified need to address equity and access issues for Māori in the Southern District.
SI2 Delivery of Regional Service Plans	P	SIAPO reports on activity and progress on the South Island Health Services Plan.
SI3 Ensuring delivery of service coverage	A	
SI4 Standardised Intervention rates	A	
SI5 Delivery of whānau ora	A	*MoH comments:*

		Ngā mihi. It is encouraging that the DHB has found a way to support the work of Te Pūtahitanga and Tipu Ora. Could the DHB please expand more widely across the DHB its approach in 2018/19 to whānau ora (whānau-centred) services and ways of working in a whānau-centred way? *Southern DHB response:* The DHB approach in 2018/19 to whānau ora (whānau-centred) services and delivery are already underway. The development of the Primary and Community Care Strategy and Action Plan in the preceding year has provided a roadmap across the Southern health system with a focus on keeping people well and providing equitable and timely access to effective and high quality services. This includes working with our care providers to improve cultural responsiveness across the broader system. Southern DHB will continue to work in collaboration with our Iwi Governance Committee, Māori Health Providers and Te Pūtahitanga to address the longstanding inequities of access and outcomes for Māori, rural and remote populations. Workforce development: • The Tipu Ora training has been further developed to include a NZ Diploma in Whānau Ora (Level 5). The Southern DHB and Te Pūtahitanga in collaboration will continue to build the Māori workforce. • The HWNZ Hauora Māori Training Funding will continue to support Māori onto career pathways.
SI10 Improving cervical screening coverage	P	*Results:* NCSP coverage three years to 31 March 2018 ages 25-69: Māori 66.1%, Pacific 83.0%, Asian 58.3%, Other 80.7%, Total 78.0% (overall target is 80%). Rank: 12th out of 20 DHBs.. *MoH comments:* Southern DHB needs to continue to improve coverage across all three priority groups. Over the next six months the DHB is encouraged to continue to work actively with primary care to identify and employ specific, measurable, achievable and realistic strategies with a timeframe to achieve this. MoH expects to see improved results in the next reporting period. *Southern DHB report:* Please describe how Invitation and Recall activities have been delivered in the past six months: • Practices are supported via data match reports with recall strategies.

		• The team liaise with all Cervical Screening service providers; Family Planning Services, Student Health Services and General Practices. There are 20 Practices that are intensely worked with and the other 60 are contacted and visited annually. • From the 20 Practices that are intensively worked with events are organised to increase priority women participation. • In Dunedin scheduled bi-monthly Cervical Screening events are organised for priority women who are contacted and an appointment is confirmed. Uptake remains high. • In Invercargill scheduled bi-monthly Cervical Screening events are organised for Pacifica • Other events are held, on all occasions assistance is available for example, transport. • To increase 'Drop In' rates at events letters are sent to event non-responders and to women identified by her Practice that an alternative screening facility may be an attractive proposition for her. The letters are personalised and sent using pink paper in an unidentifiable envelope. This accounts for 10% of event activity. • Communication is intensive especially when English is the woman's second language. • Support occurs with community organisations via events and education. Meeting with group leaders occurs first to assess what the group needs are for example at a marae. Who are you working with to increase coverage rates? • Practices, WellSouth, Pacific Trust, Awarua Whānau services, Colposcopy Services, Breast Screening Aotearoa, Plunket, Community organisations, Māori Health providers • Community Organisations • Primary Health Care Providers • Public Health Nurses and Well Child providers as part of the HPV Programme • Work collaboratively with Breast Screen Otago Southland (BSOS) to improve Cervical and Breast Screening Programme access for our communities. Joint events have received positive comments from the women and their Practice at the one stop shop approach to screening. Processes continue to be reviewed as a work in progress. How do you ensure that Priority Group Women have access to free smears in Your District? • Ensure that smear takers/providers are aware of the free smear criteria. • The service circulates newsletters to all Practices, WellSouth, associated agencies and community groups.

		• PHO have increased outreach nurse resource across the district with an emphasis on Māori and Pacifica Practice patients. In this six month period Asian women are also a PHO focus. • Hold events and offer free smears to attendee's • Hold co-joined 'one stop shop' events with Breast Screening to offer women another option which also provides an opportunity for both services to realise synergies and the resultant efficiencies (demographic and financial)
SI11 Improving breast cancer screening coverage	P	*Results:* BSA coverage for two years to 31 March 2018, ages 50-69: Māori 67.9%, Pacific, Other 75.7%, Total 75.2% (Target is 70%). Ranking: 6th out of 20 DHBs. *MoH comments:* The DHB has achieved a positive result by exceeding the 70% target for the Other population at 75.7% and Total population coverage at 75.2%. At 67.9% there has been a slight increase in coverage for wāhine Māori compared with Q2 results. Coverage for Pacific women has decreased at 61.9%. We encourage the DHB to continue working closely with the BreastScreen Aotearoa provider and other relevant stakeholders to improve breast screening outcomes for priority group women. *Southern DHB report:* It is pleasing to see that for our overall population our screening rate is 72.6. However the rate of screening within our population for Māori is below the target of 70%. Initiatives that exist or are underway to address this include the following; • Population Health at SDHB is continuing the activity of combining the existing Cervical Screening Group and Breast Screening Group into one Cervical and Breast Screening Steering Group to consider initiatives to increase access for priority groups. The Steering Group will include Pacific Radiology, Southern DHB and WellSouth PHO.) • WellSouth PHO BAU ensures enrolment in the Breast Screening programme provided by Pacific Radiology by their member GP practices, for their enrolled population. In addition to this the following will have an impact on enrolling and screening for Māori; outreach staff who contact Māori directly, reducing inequality voucher programme to enable GP access, VLCA GP practices. • WellSouth staff also work in collaboration with the outreach team at BreastScreen Otago Southland. A regular scheduled meeting between WellSouth, BSOS and Cervical Screening takes place every quarter

			to align messaging and reporting to general practice. WellSouth has produced an automated report to general practice detailing patients' cervical screening status.
Output Dimension			Purchasing the right mix and level of services within acceptable financial performance
OP1 Mental Health output Delivery against plan		P	*MoH comments:* Please explain why FTE vacancies are high at 12%. You have added a line for MHF82, with 1 volume for quarter 4. Can you please supply the contract information and unit of measure. Usually this purchase unit code would be beddays - was there only 1 bedday? Thank you for your revised version. Please explain why you have removed MHF84C. Using the updated template you sent FTE vacancies are still high (9%). You have not provided an explanation for this. *Southern DHB report:* Apologies as data captured in original template had some errors. This has since been amended in version 2.
Ownership Dimension			Providing quality services efficiently
OS3 Inpatient Average Length of Stay (ALOS) – days	Acute	P	*Result:* The acute ALOS (standardised) to the end of Quarter 4 for Southern was 2.30 days (and is an improvement on the previous quarters), which is 0.02 days above the quarter target of 2.32 days. *MoH comments:* SDHB is very close to target and have some good actions in place that will reduce length of stay. MoH look forward to seeing progress over the next year. *Southern DHB report: See below.*
	Elective	P	*Results:* The elective ALOS (standardised) to the end of Quarter 4 for Southern was 1.57 days, which is 0.1 days above the quarter target of 1.47 days. This is the same as the previous quarter. *MoH comments:* MoH are concerned about the increase in ALOS over your baseline, but it is good to see that Q4 is no higher than Q3. We look forward to seeing an improvement in this measure as you implement your productivity planning project.

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			Southern DHB Report: Southern DHB continues to undertake a comprehensive productivity planning project across the district with a number of associated work streams. The work streams aimed to increase capacity within both Dunedin and Southland hospitals are expected to reduce the length of stay for both acute and elective patients. These work streams include: • Stranded patient: since the introduction of this workstream, there is on average 12 fewer patients in hospital per day with a LOS of over 21 days. • Weekend discharges. • Effective daily board rounds: These have commenced on wards 4A, 4A and 3SRG on Dunedin site, and are being embedded into business-as-usual practice. The daily board rounds will be introduced in the Surgical Ward, Southland Hospital, although date to be advised. • Discharge education. • Neurosurgery Services: Currently the department is looking at what the drivers are for the increase in ALOS. • Day of Surgery Admission (DOSA): Cohorts of patients that do not have day of surgery admission have been identified, and clinical notes are being reviewed as to reasons why patient was admitted the night before surgery. DOSA particularly affects our rural patients.
OS10 Improving the quality of data provided to national collection systems	Focus area 1: Improving the quality of identity data within the NHI	A	
	Focus area 2: Improving the quality of the data submitted to National Collections	P	*MoH comments:* Well done on the Achieved ratings for Measure 3 – 'Assessment of Data Reported to NMDS' and Measure 4 – 'NNPAC Timeliness'. The Ministry acknowledges the work to improve Measure 1 – 'NBRS Links to NNPAC and NMDS'. It is encouraging to hear that the submission of PRIMHD data is a priority - this has been a long term issue.

			Southern DHB report: Measure 1 - SDHB continues to work with the vendor and services to meet the Ministry expectations Measure 2 - SDHB temporarily suspended submission of PRIMHD data whilst investigating an issue. Human error has resulted in a delay in reactivating the submission process. This has resulted in lower than expected volumes in this quarter which we addressing as a priority and are working with the vendor on clearing the backlog as quickly as we can. Measure 3 - SDHB has met the Achieved level but will continue to look for improvements in the process. Measure 4 - SDHB is pleased to have met the Achieved level following on from the Q3 Partial Achievement level recorded.
	Focus area 3 – Improving the quality of the programme for the integration of Mental Health data (PRIMHD)	P	*MoH comment:* Thank you for your efforts to resolve outstanding data issues. *Southern DHB report:* • The DHB has an extensive programme of data integrity and monitoring that highlights issues to end users (staff and clinicians) where there are data items the need corrective action. Each of the PRIMHD errors (and many warnings) have, at a local level, an associated end-user component that ensures any national errors and issues are aligned and are highlighted to end users (staff and clinicians) with the expectation that these are attended to and corrective action is taken. This occurs on a daily basis. • DHB Mental Health management monitor the progress of data issues on a daily basis to ensure that there is a high level of concordance between local Patient Administration Systems and that which is being extracted to PRIMHD. • We have a high level of confidence that our local data is correct and complete. Issues with the vendor system to extract this information completely to PRIMHD continue. However there has been some success in improving this and PRIMHD volumes are now beginning to flow through to the MoH much more completely. There remain approximately 1100 referral records that require programming changes and amendments within the extract layer which are currently being resolved.
Development Dimension			
DV4 Improving patient experience		A	

Delivery of New Zealand Health Strategy			
EHS – Supporting delivery of the New Zealand Health Strategy	People Powered	A	
	People Powered		
	Closer to Home		
	Value and High Performance		
	One Team		
	Smart System		

Crown Funding Agreements (CFA) Variations

Crown Funding Agreements (CFA) Variations		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
B4 School Check Funding	S	
Health Services for Emergency Quota Refugees	S	
Well Child Tamariki Ora Services	S	
Appoint Cancer Psychological and Social Support Workers	S	
Appoint Cancer Nurse Coordinators	S	
Appoint Regional Cancer Centre Psychologists	S	
Electives Initiative and Ambulatory Initiative Variation 17/18	S	
Disability Support Services Funding Increase 17/18	S	

SOUTHERN DISTRICT HEALTH BOARD

Title:	**FINANCIAL REPORT**
Report to:	Commissioner Team
Date of Meeting:	27 September 2018

SUMMARY:

SPECIFIC IMPLICATIONS FOR CONSIDERATION (FINANCIAL/WORKFORCE/RISK/LEGAL ETC):

FINANCIAL:	As set out in report.
WORKFORCE:	No specific implications
OTHER:	n/a

DOCUMENT PREVIOUSLY SUBMITTED TO:	Not applicable, report submitted directly to DSAC/CPHAC	**DATE:** N/A

PREPARED BY: Strategy, Primary & Community Team **DATE:** 20 September 2018	**PRESENTED BY:** Lisa Gestro Executive Director Strategy, Primary & Community

RECOMMENDATION:

1. **That this report be received.**

STRATEGY, PRIMARY & COMMUNITY REPORT
August 2018

1. *Overview*

	Monthly Actual $000s	Monthly Budget $000s	Monthly Variance $000s	YTD Actual $000s	YTD Budget $000s	YTD Variance $000s	Annual Budget $
REVENUE							
Government & Crown Agency Sourced							
MoH Revenue	71,517	72,128	-611	142,207	143,534	-1,327	861,203
IDF Revenue	1,746	1,815	-69	3,561	3,630	-69	21,783
Other Government	485	515	-30	1,074	1,048	26	6,057
Total Government & Crown	**73,748**	**74,458**	**-710**	**146,842**	**148,212**	**-1,370**	**889,042**
Non Government & Crown Agency Revenue	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Patient related	21	20	1	42	40	2	239
Other Income	31	24	7	47	49	-2	294
Total Non Government	**52**	**44**	**8**	**89**	**89**	**0**	**533**
Internal Revenue							
Total Internal Revenue	**2,239**	**2,239**	**0**	**4,489**	**4,489**	**0**	**26,732**
TOTAL REVENUE	**76,039**	**76,741**	**-702**	**151,420**	**152,790**	**-1,370**	**916,306**
EXPENSES							
Workforce							
Total SMO's	898	826	-72	1,482	1,404	-78	7,618
Total RMOs	11	32	21	54	50	-4	390
Total Medical costs (incl outsourcing)	909	858	-51	1,536	1,455	-81	8,009
Total Nursing	1,420	1,467	47	2,753	2,889	136	19,107
Total Allied Health	1,904	1,979	75	3,325	3,403	78	20,878
Total Support	12	12	0	23	23	0	142
Total Management / Admin	799	794	-5	1,335	1,349	14	7,252
Total Workforce Expenses	**5,043**	**5,109**	**66**	**8,972**	**9,118**	**146**	**55,387**
Non Personnel	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Outsourced Clinical Services	**103**	**95**	**-8**	**171**	**179**	**8**	**1,067**
Outsourced Corporate / Governance Services	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Outsourced Funder Services	**1,014**	**1,008**	**-6**	**2,028**	**2,016**	**-12**	**12,094**
Clinical Supplies	**601**	**416**	**-185**	**1,117**	**825**	**-292**	**5,013**
Infrastructure & Non-Clinical Supplies	**387**	**407**	**20**	**828**	**816**	**-12**	**4,754**
Provider Payments	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Personal Health	57,023	56,652	-371	112,925	113,036	111	676,233
Change Initiative Fund	256	256	0	423	423	0	2,539
Mental Health	0	0	0	0	0	0	0
Public Health	86	99	13	174	198	24	1,190
Disability Support	15,004	15,222	218	29,936	29,928	-8	176,654
Maori Health	148	127	-21	270	254	-16	1,524
Non Operating Expenses	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Depreciation	0	0	0	0	0	0	0
Capital charge	0	0	0	0	0	0	0
Interest	0	0	0	0	0	0	0
Total Non Personnel Expenses	**74,622**	**74,283**	**-339**	**147,872**	**147,675**	**-197**	**881,068**
TOTAL EXPENSES	**79,665**	**79,392**	**-273**	**156,844**	**156,793**	**-51**	**936,455**
Net Surplus / (Deficit)	**-3,627**	**-2,651**	**-976**	**-5,424**	**-4,003**	**-1,421**	**-20,149**

Summary Comment:

Strategy, Primary and Community had a deficit YTD of $5.42m against a budget deficit of $4.00m which is $1.42m unfavourable.

Revenue is unfavourable YTD by $1.37m, with the main reason being Electives revenue ($1.37m unfavourable) offset by Pay Equity ($0.12m favourable, offset with expenditure) and Careplus ($0.06m favourable, offset by expenditure.)

Expenditure YTD is unfavourable to budget by $0.05m with the main reasons being pharmaceuticals & PCT ($1.1m unfavourable) and Pay Equity ($0.12m unfavourable, offset with revenue), offset by Electives ($1.38m favourable).

Personnel

Expenditure

Expenditure is $0.15m favourable to budget YTD with the main driver being nursing which was $0.14m under budget.

FTE's

	YTD Actual FTE	YTD Budget FTE	YTD Variance FTE	Annual Budget
Personnel FTE's				
Medical	29	28	-1	30
Nursing	225	229	3	231
Allied Health	307	302	-6	321
Support	3	3	-0	3
Management / Admin	103	103	0	105
Total Personnel	**668**	**665**	**-3**	**690**

Allied Health unfavourable due to the high loading of the churn factor in the early months of the year.

Outsourced Services

No Significant variances

Clinical Supplies

Pharmaceuticals is the main reason for the variance being $175k unfavourable to budget YTD. This budget was reduced by $0.88m p.a on 9 August (transferred from Finance).Ostomy supplies are $62k unfavourable for the month and YTD. Stomaltherapy supplies is the main reason for the variance. Payments for stomaltherapy made in August were significantly higher than July, but the accrual was similar and therefore it is likely that July expenditure was understated and August overstated.

Infrastructure & Non Clinical Supplies

Consultant Fees ($22k unfavourable) relating to a Southern Health Pathways invoice and Telecommunications Minor purchases ($17k unfavourable), offset by domestic travel $20k favourable.

Provider Payments

Personal Health - $0.11m favourable YTD.

Main reasons for the variance being:

- Electives expenditure favourable to budget YTD by $1.37mm due to wash-up for July/August. This is offset by an unfavourable variance in revenue.
- Pharmaceutical expenditure unfavourable to budget by $0.58m. Budget includes $1.5m savings p.a along with a start point that is lower than Pharmac forecasts. Reconciliations against the Pharms warehouse has been completed and expense over the last 13 month period is within $100k.
- PCT expenditure unfavourable to budget YTD by $0.53m.
- Maternity expenditure $0.13m unfavourable to budget YTD due to unbudgeted expenditure relating to Wanaka midwives shortage.
- Immunisation unfavourable to budget by $0.09m. Demand driven service where timing of payments varies from year to year.
- Change initiative expenditure has been accrued to budget.
- Primary Health Care Strategy Other unfavourable to budget by $0.18m YTD, due to components of the POAC service budgeted in other lines (Skin lesions, Cellulitis & High Cost Gynae budgeted in surgical outpatients) with expense in Primary Health Care Strategy.

Disability Support Services - $8k unfavourable YTD

Main reasons for variance being:

- Pay equity payments $0.12m unfavourable YTD with fully offsetting revenue. Mental health pay equity YTD expense and revenue has been transferred to Mental Health ($0.18m) as per latest MOH advice, previously it had been included in DSS as per an earlier MOH advice.
- Residential Care Rest Homes & Hospitals $0.1m favourable due to favourable volume variance in Rest Home level care.

Closed Session:

RESOLUTION:
That the Disability Support and Community & Public Health Advisory Committees reconvene at the conclusion of the public excluded section of the Hospital Advisory Committee 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 (NZPHA) 2000 for the passing of this resolution are as follows:

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Statement of Service Performance for Annual Report 2017/18	Annual Report is not a public document until tabled in Parliament.	Section 9(2)(f) of the Official Information Act (OIA).
3. Development of Community Health Hubs and Locality Networks	To allow activities and negotiations to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and (j) of the OIA.