

# Southern DHB Board Meeting

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



02/03/2021 09:30 AM - 12:30 PM

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**APOLOGIES**

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



## **FOR INFORMATION/NOTING**

**Item:** **Interests Registers**  
**Proposed by:** Jeanette Kloosterman, Board Secretary  
**Meeting of:** Board, 2 March 2021

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### **Recommendation**

**That the Board receive and note the Interests Registers.**

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### **Purpose**

To disclose and manage interests as per statutory requirements and good practice.

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### **Changes to Interests Registers over the last month:**

- Roger Jarrold – Fletcher Construction and Health Research Council interests updated
  - Patrick Ng – entry for daughter updated
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### **Background**

Board, 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.

Interest 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).

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### **Appendice**

- Board and Executive Leadership Team Interests Registers

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
<b>Pete Hodgson</b> (Board Chair)	22.12.2020	Trustee, Koputai Lodge Trust (unpaid)	Mental Health Provider	
	22.12.2020	Chair, Callaghan Innovation Board (paid)		
	22.12.2020	Chair, Local Advisory Group, New Dunedin Hospital		
	22.12.2020	Member, Steering Group, New Dunedin Hospital		
	22.12.2020	Board Member, Otago Innovation Ltd		
<b>David Perez</b> (Deputy Board Chair)	13.05.2019	Director, Mercy Hospital, Dunedin	SDHB holds contracts with Mercy Hospital.	Step aside from decision making.
	13.05.2019	Fellow, Royal Australasian College of Physicians		
	13.05.2019	Trustee for several private trusts		
<b>Ilka Beekhuis</b>	09.12.2019	Patient Advisor, Primary Birthing FIT Group for Dunedin Hospital Rebuild		
	09.12.2019	Member, Otago Property Investors Association		
	09.12.2019	Secretary, Member, Spokes Dunedin (cycling advocacy group)		Updated 22.10.2020
	15.01.2019	Paid member, Green Party		
	15.01.2019	Former employee of University of Otago (April 2012-February 2020)		
	07.07.2020	Trustee, HealthCare Otago Charitable Trust		
	12.09.2020	Co-Director, OffTrack MTB Ltd	No conflict (Husband's bike tourism company).	
<b>John Chambers</b>	09.12.2019	Employed as an Emergency Medicine Specialist, Dunedin Hospital		
	09.12.2019	Employed as Honorary Senior Clinical Lecturer, Dunedin School of Medicine	Possible conflicts between SDHB and University interests.	
	09.12.2019	Elected Vice President, Otago Branch, Association of Salaried Medical Specialists	Union (ASMS) role involves representing members (salaried senior doctors and dentists employed in the Otago region including by SDHB) on matters	
	09.12.2019	Wife is employed as Co-ordinator, National Immunisation Register for Southern DHB		
	09.12.2019	Daughter is employed as MRT, Dunedin Hospital		
<b>Kaye Crowther</b>	09.12.2019	Life Member, Plunket Trust	Nil	
	09.12.2019	Trustee, No 10 Youth One Stop Shop	Possible conflict with funding requests.	
	09.12.2019	Employee, Findex NZ		
	14.01.2020	Trustee, Director/Secretary, Rotary Club of Invercarill South and Charitable Trust		
	14.01.2020	Member, National Council of Women, Southland Branch		

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	07.10.2020	Trustee, Southern Health Welfare Trust	Trust for Southland employees - owns holiday homes and makes educational grants.	
<b>Lyndell Kelly</b>	09.12.2019	Employed as Specialist, Radiation Oncology, Southern DHB	Involved in Oncology job size and service size exercise and may be involved in employment contract negotiations with Southern DHB.	
	18.01.2020	Honorary Senior Lecturer, Otago University School of Medicine		
	18.01.2020	Daughter is Medical Student at Dunedin Hospital		
<b>Terry King</b>	28.01.2020	Member, Grey Power Southland Association Inc Executive Committee		
	28.01.2020	Life Member, Grey Power NZ Federation Inc		
	28.01.2020	Member, Southland Iwi Community Panel	ICP is a community-led alternative to court for low-level offenders. The service is provided by Nga Kete Matauranga Pounamu Charitable Trust in partnership with police, local iwi and the wider community.	
	14.02.2020	Receive personal treatment from SDHB clinicians and allied health.		
	03.04.2020	Client, Royal District Nursing Service NZ Ltd		
	12.01.2021	Nga Kete Matauranga Pounamu Trust Board Member		
<b>Jean O'Callaghan</b>	13.05.2019	Employee of Geneva Health	Provides care in the community; supports one long-term client but has no financial or management input.	Resigned, effective August 2020
	13.05.2019	St John Volunteer, Lakes District Hospital	No involvement in any decision making.	Taking six months' leave. Recommencing 22.08.2020.
<b>Tuari Potiki</b>	09.12.2019	Employee, Otago University		
	09.12.2019	Chair, NZ Drug Foundation	(Chair role ended 04.12.2020)	
	09.12.2019	Chair, Te Rūnaka Otākou Ltd* (also A3 Kaitiaki Limited which is listed as 100% owned by Te Rūnaka Otākou Ltd)	Nil does not contract in health.	Updated to include A3 Kaitiaki Limited on 19 October 2020.
	09.12.2019	Member, Independent Whānau Ora Reference Group		
	08.09.2020	Member, District Licensing Committee, Dunedin City Council (1 September 2020 to 31 May 2023)		Resigned 06.11.2020
<b>Lesley Soper</b>	09.12.2019	Elected Member, Invercargill City Council		
	09.12.2019	Board Member, Southland Warm Homes Trust		
	09.12.2019	Employee, Southland ACC Advocacy Trust		
	16.01.2020	Chair, Breathing Space Southland (Emergency Housing)		
	16.01.2020	Trust Secretary/Treasurer, Omaui Tracks Trust		
	19.03.2020	Niece, Civil Engineer, Holmes Consulting	Holmes Consulting may do some work on new Dunedin Hospital.	
	21.07.2020	Trustee, Food Rescue Trust		
	21.07.2020	Shareholder 1%, Piermont Holdings Ltd	Coporate Body for apartment, Wellington	

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
<b>Moana Theodore</b>	15.01.2019	Employee, University of Otago		
	15.01.2019	Co-director, National Centre for Lifecourse Research, University of Otago		
	15.01.2019	Member, Royal Society Te Apārangi Council		
	15.01.2019	<del>Sister in law, Employee of SDHB (Clinical Nurse Specialist Acute Mental Health)</del>	Removed 07/09/2020	
	15.01.2019	Shareholder, RST Ventures Limited		
	27.04.2020	Nephew, Casual Mental Health Assistant, Southern DHB (Wakari)		
	17.08.2020	Health Research Council Fellow		
<b>Andrew Connolly</b> (Crown Monitor)	21.01.2020	Employee, Counties Manukau DHB		
	21.01.2020	Deputy Commissioner, Waikato DHB		
	21.01.2020	<del>Southern Partnership Group</del>	(Role ended December 2020)	
	21.01.2020	Health Quality and Safety Commission		
	21.01.2020	Health Workforce Advisory Board		
	21.01.2020	Fellow Royal Australasian College of Surgeons		
	21.01.2020	Member, NZ Association of General Surgeons		
	21.01.2020	Member, ASMS		
	05.05.2020	Member, Ministry of Health's Planned Care Advisory Group	Will be monitoring planned care recovery programmes.	
06.05.2020	Nephew is married to a Paediatric Medicine Registrar employed by Southern DHB			
<b>Roger Jarrold</b> (Crown Monitor)	16.01.2020 (Updated 28.01.2021)	CFO, Advisor to Fletcher Construction Company Limited	Have had interaction with CEO of Warren and Mahoney, head designers for ICU upgrade.	
	16.01.2020 (Updated 28.01.2021)	Member, Chair, Audit and Risk Committee, Health Research Council		
	16.01.2020	Trustee, Auckland District Health Board A+ Charitable Trust		
	16.01.2020	Former Member of Ministry of Health Audit Committee and Capital & Coast District Health Board		
	23.01.2020	Nephew - Partner, Deloitte, Christchurch		
	16.08.2020	Son - Auditor, PwC, Auckland	PwC periodically undertake work for SDHB, eg valuations	



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

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

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
<b>Hamish BROWN</b>	22.09.2020	Nil	
<b>Kaye CHEETHAM</b>	08.07.2019	Ministry of Health Appointed Member of the Occupational Therapy Board	(05/08/2020 - Stood down from the Occupational Therapy Board)
<b>Mike COLLINS</b>	15.09.2016	Wife, NICU Nurse	
	01.07.2019	Capable NZ Assessor	Asked from time to time to assess students, bachelor and masters students final presentation for Capable NZ.
	21.05.2020	Director, New Zealand Institute of Skills and Technology	
	20.11.2020	Chair, South Island CIOs	
<b>Matapura ELLISON</b>	12.02.2018	Director, Otākou Health Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Director Otākou Health Services Ltd	
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu Chairperson, Kāti Huirapa Rūnaka ki Puketeraki (Note: Kāti Huirapa Rūnaka ki Puketeraki Inc owns Puketeraki Ltd - 100% share).	Nil
	12.02.2018	Trustee, Araiteuru Kokiri Trust	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit)	
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	
	12.02.2018	Otago Museum Māori Advisory Committee	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.
<b>Chris FLEMING</b>	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	Removed 23.09.2020
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs

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

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
	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.
	20.02.2020	Member, Otago Aero Club	Shares space with rescue helicopter.
	23.09.2020	Arvida Group (aged residential care provider)	Sister works for Arvida Group (North Island only)
<b>Lisa GESTRO</b>	06.06.2018	Lead GM National Travel and Accommodation Programme	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
	04.04.2019	NASO Governance Group Member	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
	04.04.2019	Lead GM Perinatal Pathology	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
<b>Nigel MILLAR</b>	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	29.05.2018	Council Member of Otago Medical Research Foundation Incorporated	
	12.12.2019	Daughter employed by Harrison-Grierson	A NZ construction and civil engineering consultancy - may be involved in tenders for DHB or new Dunedin Hospital rebuild work

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

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
<b>Nicola MUTCH</b>		Chair, Dunedin Fringe Trust	Nil
	02.04.2019	Husband - Registrar and Secretary to the Council, Vice-Chancellor's Advisory Group, University of Otago	Possible conflict relating to matters of policies, partnership or governance with the University of Otago.
<b>Patrick NG</b>	17.11.2017	Member, SI IS SLA	Nil
	<del>17.11.2017</del>	<del>Wife works for key technology supplier CCL</del>	<del>Nil</del>
	<del>18.12.2017</del>	<del>Daughter, medical student at Auckland University.</del>	
	27.01.2021	Daughter, is a junior doctor in Auckland and is involved in orthopedic and general surgery research and occasionally publishes papers	
	23.07.2020	Wife, Chief Data Architect, Inde Technology	
<b>Julie RICKMAN</b>	31.10.2017	Director, JER Limited	Nil, own consulting company
	31.10.2017	Director, Joyce & Mervyn Leach Trust Trustee Company Limited	Nil, Trustee
	31.10.2017	Trustee, The Julie Rickman Trust	Nil, own trust
	31.10.2017	Trustee, M R & S L Burnell Trust	Nil, sister's family trust
	23.10.2018	Shareholder and Director, Barr Burgess & Stewart Limited	Accounting services
	04.08.2020	Shareholder and Director, Inversionne Limited	Nil, clothing wholesaler.
		<i>Specified contractor for JER Limited in respect of:</i>	
	31.10.2017	H G Leach Company Limited to termination	Nil, Quarry and Contracting.
	21.10.2019	Member, Chartered Accountants Advisory Group	
	28.01.2021	Member, National FPIM Governance Board	
<b>Gilbert TAURUA</b>	05.12.2018	Prostate Cancer Outcomes Registry (New Zealand) - Steering Committee	Nil
	05.04.2019	South Island HepC Steering Group	Nil
	03.05.2019	Member of WellSouth's Senior Management Team	Reports to Chief Executives of SDHB and WellSouth.
	21.12.2020	Te Whare Tukutuku	Te Whare Tukutuku is sponsored by the NZ Drug Foundation and Te Rau Ora. Programme is designed to increase education and awareness on Maori illicit drug use to primary care and in Maori communities funded by MoH Workforce NZ.

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

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
<b>Gail THOMSON</b>	19.10.2018	Member Chartered Management Institute UK	Nil
	22.11.2019	Deputy Chair Otago Civil Defence Emergency Management Group, Coordinating Executive Group	
<b>Jane WILSON</b>	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
<b>Greer HARPER</b>	24.08.2020	Paul Harper (father) is the current Chair of HealthSource NZ which is owned by the four northern DHBs.	

## Minutes of the Southern District Health Board Meeting

**Tuesday, 2 February 2021, 9.30 am**  
**Board Room, Wakari Hospital Campus, Dunedin**

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<b>Present:</b>	Mr Pete Hodgson	Chair
	Dr David Perez	Deputy Chair
	Ms Ilka Beekhuis	
	Dr John Chambers	
	Mrs Kaye Crowther	
	Dr Lyndell Kelly	(by Zoom)
	Mr Terry King	
	Mrs Jean O'Callaghan	
	Mr Tuari Potiki	
	Miss Lesley Soper	
	Dr Moana Theodore	
<b>In Attendance:</b>	Mr Andrew Connolly	Crown Monitor
	Mr Roger Jarrold	Crown Monitor
	Mr Chris Fleming	Chief Executive Officer
	Ms Kaye Cheetham	Chief Allied Health, Scientific and Technical Officer (from 10.00 am by Zoom)
	Mrs Lisa Gestro	Executive Director Strategy, Primary and Community
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr Patrick Ng	Executive Director Specialist Services
	Ms Julie Rickman	Executive Director Finance, Procurement and Facilities
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer
	Mrs Jane Wilson	Chief Nursing and Midwifery Officer
	Ms Jeanette Kloosterman	Board Secretary

### 1.0 WELCOME

The Chair welcomed everyone to the meeting.

### 2.0 APOLOGIES

An apology for an early departure was received from Miss Soper.

An apology for lateness was received from the Chief Allied Health, Scientific and Technical Officer.

### 3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 2).

The Chair asked that any changes to the registers be sent to the Board Secretary and reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

#### 4.0 PREVIOUS MINUTES

##### **Dialysis Unit, Southland**

The CEO reported that he was awaiting the final proposal for the dialysis chairs in Southland. The Nephrologists had advised that there was a good standard of home dialysis in Southern, so the chairs would be for people who could not dialyse at home; it would not be a satellite dialysis unit.

##### **Enhanced Generalism Business Case**

The Executive Director Specialist Services (EDSS) informed the Board that the full implementation plan for Enhanced Generalism would be submitted to the Board in April 2021, following which quarterly updates would be provided.

##### ***It was resolved:***

**“That the minutes of the Board meeting held on 8 December 2020 be approved and adopted as a true and correct record.”**

J O’Callaghan/M Theodore

#### 5.0 ACTION SHEET

The Board reviewed the Action Sheet (tab 5) and management provided the following updates.

- *Volume Reporting* - Outsourced caseweights and discharges would be separated out in volume reporting to the Hospital Advisory Committee.
- *Quantitative Performance Dashboard* – The dashboard would be included in the next month’s papers but there would be some gaps in it.
- *Population Based Funding Formula (PBFF)* – It was agreed that, if time allowed, a presentation on PBFF would be put on the March meeting agenda.
- *Medical Assessment Unit* – A capex for the Medical Assessment Unit (MAU) in Dunedin would be submitted to the Board in about three months’ time.
- *Staff Wellbeing* – This issue was still being analysed. A people forum was being arranged and the staff survey results should be available next month.

#### 6.0 ADVISORY COMMITTEE REPORTS

##### **Community and Public Health Advisory Committee**

The unconfirmed minutes of the Community and Public Health Advisory Committee (CPHAC) meeting held on 7 December 2020 (tab 6.2.1) were taken as read and noted.

Mr Potiki, CPHAC Chair, reported that at its meeting on 1 February 2021 the Committee received:

- Updates from the Executive Director Strategy, Primary and Community (EDSP&C);
- An update on Māori PHO enrolment, which showed Southern’s rate to be low compared to other DHBs. The Chief Māori Health Strategy and Improvement Officer (CMHS&IO), Executive Director Strategy, Primary and Community (EDSP&C) and PHO were asked to come back to the next meeting with a plan to improve the enrolment rate.

### **Finance, Audit and Risk Committee**

Mrs O'Callaghan, Deputy Chair of the Finance, Audit and Risk (FAR) Committee, gave a verbal report on the FAR Committee meeting held on 28 January 2021, during which she highlighted the following items.

- The Committee reviewed the quality and clinical governance report, which continues to be refined.
- The six-monthly report on complaints to the Health and Disability Commissioner to June 2020 was provided. For the first time, lack of access to services was the most common complaint.
- A newly formed Consumer Experience Team was being recruited, to ensure patient concerns were managed well across the organisation.
- The Committee was pleased to be advised that there would be a dedicated resource in the Chief Medical Officer's office to look at medical staff credentialing.
- No strategic risks were reported to the Committee.
- Health and Safety and Finance Reports were presented.
- The Committee was updated on the status of assurance and audit activity within the organisation and the process for the 2021/22 annual plan and budget.
- Policies on Protected Disclosures/Whistle-Blowing and Disclosure of Interest were reviewed and would be submitted to the Board for approval in March.
- A number of information reports were reviewed, including capital projects and a draft framework for a workforce dashboard.

*The Chief Allied Health, Scientific and Technical Officer joined the meeting by Zoom at 10.00 am.*

### **Disability Support Advisory Committee**

The unconfirmed minutes of the Disability Support Advisory Committee (DSAC) held on 7 December 2020 (tab 6.2.1) were taken as read and noted.

Dr Moana Theodore, DSAC Chair, reported that at its meeting on 1 February 2021, the Committee considered the following matters.

- An update from the EDSP&C on annual planning for 2020/21. The Committee noted that the government planning priorities had been retained but there was an expectation to apply an evidence based equity lens and appropriate actions focused on disabled people in the population.
- The Disability Strategy was discussed and Committee members gave feedback on the terms of reference for the Disability Steering Group. The official launch of the Strategy was being planned for March 2021.
- A patient story was shown and was well received.
- The Committee's terms of reference were discussed and would be progressed at the next meeting.
- An update on the annual plan metrics was received and the Committee noted that good progress had been made on the number of staff completing the disability awareness training module.

- An introduction paper was received on the Individual Placement and Support (IPS) programme for people with mental health and addiction issues.

## **7.0 PRESENTATION: PATIENT FLOW TASK FORCE**

The CEO reported that, in response to concerns raised by the Clinical Council about hospital workload pressures, the following actions were agreed to:

- Planned surgery was deferred in the two weeks prior to Christmas;
- Every patient would have a senior clinical review each day;
- Criteria led discharging would be fast-tracked.

Due to continuing bed pressure, stress on the workforce, cancellation of activity, and potential harm and inconvenience to patients, the Executive Leadership Team had decided that clinical leads would be asked what could be done differently to make a tangible improvement to patient flow.

The Chief Medical Officer (CMO), alongside the Chief Nursing and Midwifery Officer, Chief Allied Health, Scientific and Technical Officer, and Chief Māori Health Strategy and Improvement Officer, presented an overview of the Patient Flow Task Force's strategy to improve quality, performance and efficiency to achieve their vision of moving people in SDHB's care, "to the next stage of their care and recovery without delay, and no person suffers avoidable harm, pain or distress caused by delays waiting for action" (tab 12). This included actions to:

- Reduce the number of bed days occupied by patients stranded in hospital for 21 or more days by 50%, and
- Agree the percentage of patients to be discharged before midday.

The CMO advised that the leadership group was responsible for hands on action to promote the vision, strategy and action goals and would continue to exist until formally disestablished by the Executive Leadership Team.

Management then responded to questions on engagement with clinicians, the services covered by the initiative, progress reporting, alternative arrangements for long stay patients, and weekend coverage.

The Chair expressed the Board's support for the initiative, noting the issues with monitoring and internal communication to be addressed by management.

## **8.0 ADVISORY COMMITTEE REPORTS (Continued)**

### **Hospital Advisory Committee**

The unconfirmed minutes of the Hospital Advisory Committee (HAC) meeting held on 21 December 2021 (tab 6.5.1) were taken as read and Dr Perez, HAC Chair, highlighted and responded to questions on the presentations on *Valuing Patient Time* and the future direction of radiology services.

Radiology access issues were discussed. It was agreed that a report on addressing MRI access would be submitted to the May 2021 HAC meeting and an update on other initiatives to improve access submitted to the March 2021 HAC meeting.

The Executive Director Specialist Services agreed to check whether the Clutha population were being redirected to Southland for MRI scans and to follow up the development of Health Pathways for radiology.



### **Iwi Governance Committee**

Mr Potiki gave a verbal report on the Iwi Governance Committee (IGC) meeting held on 1 February 2021, during which he advised:

- The relationship agreement with the seven Iwi south of the Waitaki would be signed at Ōtākou Marae on 15 March 2021;
- Synergia attended the meeting to engage with IGC on the Mental Health Review;
- The Committee received a quarterly report on progress against the 2020/21 Annual Plan and a presentation on planning priorities and equity guidance for 2021/22;
- Updates were received from the CEOs of Southern DHB and WellSouth, and the Chief Māori Health Strategy and Improvement Officer and Executive Director Strategy, Primary and Community.

The Board then received a verbal report from the Chief Māori Health Strategy and Improvement Officer (CMHS&IO) on equity planning across services and the establishment of “equity clinics” to meet with service managers and their teams.

The CMHS&IO also reported that meetings had been held with the Iwi Governance Committee on prioritisation of the \$800k equity funding and the consensus was that there should be some additional investment in Māori health providers who had not received an increase in funding for a number of years. There was also support for Māori Cancer Nurse Specialist and Child Health roles to strengthen the Māori health workforce.

The Board requested a copy of the final Relationship Agreement between Murihiku and Araiteuru Papatipu Rūnaka, Southern DHB and WellSouth Primary Health Network.

## **9.0 CHIEF EXECUTIVE OFFICER’S REPORT**

The Chief Executive Officer’s monthly report (tab 7) was taken as read and the CEO drew the Board’s attention to the following items.

- *Financial Result* – The year-to-date deficit was \$7.23 million adverse to plan, however if the unbudgeted impact of COVID, Holidays Act compliance and accelerated depreciation on Dunedin Hospital were excluded, the adverse result against budgeted core activities was \$1.99 million.
- *Volumes* – Analysis was continuing to understand volume trends.
- *Strategic Refresh* – The strategic refresh process was set to commence in February 2021, with a workshop on the 26<sup>th</sup>.
- *Independent Review of the Southern Mental Health and Addiction System Continuum of Care* – The first round of consultation meetings had been completed.
- *Annual Plan and Budget 2021/22* – The first draft of the budget was due to be submitted to the Ministry of Health on 5 March 2021, which meant it would have to be submitted without a substantive review by the Board and the funding envelope was not expected to be received until May 2021. The other challenge was meeting the expectation of a breakeven budget.
- *South Island Alliance* – A South Island Health Services Plan was no longer required; however the South Island CEOs had agreed to continue regional collaboration.

- *Digital Programme Business Case* – The Board was responsible for the digital transformation for the new Dunedin Hospital and would receive updates from the Executive Director People, Culture and Technology.
- *Primary Maternity Facilities* – The expressions of interest (EoI) for the new maternity facilities in Central Otago and Wanaka had closed and multiple responses received.
- *Measles Catch-up Campaign* – Priority was being given to this national campaign.

### **Gastroenterology**

The Board received a verbal update from Mr Connolly on the status of colonoscopy wait times, during which he reported that there were no urgent cases waiting more than 30 days. Three non-urgent cases had waited more than 90 days and he had requested the reasons for those.

Mr Connolly advised that attention was being turned to surveillance scoping and capacity. Decline rates had dropped but he was concerned about anecdotal reports people were not being referred in.

### **Prioritisation of Equity Funding**

*Correction:* It was noted that the three Māori Board members had not been sent an invitation to the meeting on 15 December 2020.

### **General**

Management responded to questions on elective surgery funding, general and orthopaedic surgery in Southland, Southland ED facilities and master site planning.

#### ***It was resolved:***

**“Having regard to an ageing Southland Hospital, and also acknowledging possible changes to the Strategic Plan, now is an appropriate time to develop a master plan identifying current issues and future needs, relating to facilities at Southland Hospital.”**

T King/L Soper

## **10.0 CHANGE – A WORK IN PROGRESS**

The Board received a presentation from the Chief Executive Officer on the achievements to date, initiatives under way and the transformational change still required in the Southern Health system (tab 8).

Management then responded to questions on telehealth, service configuration, models of care, and facilities planning.

## **11.0 FINANCE AND PERFORMANCE**

### **Finance Report**

The financial report for the period ending 31 December 2020 (tab 9) was taken as read and the Executive Director Finance, Procurement and Facilities (EDFF) took questions.

The Board requested that an organisation chart showing the accountability levels for financial decision-making be submitted to the Finance, Audit and Risk Committee.

### Performance

The volumes and performance reports (tabs 9.2 and 9.3) were taken as read. The Board requested:

- Raw discharges and caseweights be separated out by site where possible;
- A breakdown of what is included in elective maternity discharges, and
- What is included in the 'not specified' staff events.

### Quarter One 2020/21 Performance Reporting

A report on non-financial performance reporting for quarter one 2020/21 (tab 9) was taken as read and management provided a verbal update on performance during quarter two.

### Strategic Change Reports

Reports summarising progress towards achieving the strategic intentions in the 2020/21 Annual Plan were circulated with the agenda (tab 9) and taken as read.

## 12.0 RETIREMENT OF DR DAVID PEREZ

The Chair acknowledged and thanked Dr Perez, who was attending his last public Board meeting, for his wisdom and the valuable contribution he had made to the organisation as Deputy Chair and Acting Board Chair.

## PUBLIC EXCLUDED SESSION

**At 12.50 pm it was resolved:**

**"That the public be excluded from the meeting for consideration of the following agenda items."**

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
<b>Minutes of Previous Public Excluded Meeting</b>	As set out in previous agenda.	As set out in previous agenda.
<b>Public Excluded Advisory Committee Meetings:</b> a) Finance, Audit & Risk Committee ▪ 17 December 2020 Minutes ▪ 28 January 2021 Verbal Report b) Iwi Governance Committee ▪ 7 December 2020 Minutes	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
<b>CEO's Report - Public Excluded Business</b>	To allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
<b>Capex Requests</b> <ul style="list-style-type: none"> <li>▪ Regional Service Provider Index</li> </ul>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
<b>Contract/Lease Approvals</b> <ul style="list-style-type: none"> <li>▪ Strategy, Primary and Community</li> </ul>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
<b>Contractual Issues – Third Party Provider</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
<b>Strategic Refresh Update</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.

P Hodgson/L Soper

***It was resolved:***

**“That the Board resume in open meeting and the business transacted in committee be confirmed.”**

The meeting closed at 3.50 pm.

Confirmed as a true and correct record:

Chairman: \_\_\_\_\_

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

## Southern District Health Board BOARD MEETING ACTION SHEET

As at 23 February 2021

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Feb 2020 Updated Nov 2020	<b>Quantitative Performance Dashboard</b> (Minute item 6.0)	Draft quantitative dashboard to be presented to the Board.	CEO	Work in progress, ED tile completed & POC has been surfaced. Reporting team are continuing working on this however each tile is a substantial piece of work. Patient Flow metrics are currently being prioritised.	May 2021
June 2020	<b>Population Based Funding Formula</b> (Minute item 4.0)	Management to provide an update and discussion document in preparation for the 2021 PBFF review.	EDSP&C	MoH PBFF review is on hold pending further work to be completed by Health and Disability System Review Transition Unit.	<del>December 2020</del> June 2021
Feb 2021	(Minute item 5.0)	If time allows, presentation on PBFF to be put on March 2021 agenda.	CEO		April 2021
Dec 2020	<b>Staff Wellbeing</b> (Minute item 7.0)	Management to analyse the problem and report back with short-term alleviating measures, and medium and longer term options	CEO	Patient Flow Taskforce Update report included.	
Dec 2020	<b>Enhanced Generalism Business Case and MAU Implementation</b> (Minute item 8.0)	Board to be provided with quarterly benefits realisation reports.	EDSS	The business case was approved at the 8 December 2020 meeting. The first report will be provided at the 3 May 2021 meeting.	<del>March 2021</del> May 2021
Dec 2020	<b>Performance Dashboard</b> (Minute item 9.0)	Theatre utilisation to be checked to ensure it includes anaesthetic wake-up time, ie it is calculated on a "wheels in/wheels out" basis.	EDQCGS	Definition for theatre utilisation has been agreed. It will be from "wheels in to wheels out".	Complete

<b>DATE</b>	<b>SUBJECT</b>	<b>ACTION REQUIRED</b>	<b>BY</b>	<b>STATUS</b>	<b>EXPECTED COMPLETION DATE</b>
Feb 2021	<b>Performance Dashboard</b> (Minute item 11.0)	Information to be provided on what is included in 'not specified' staff events.	EDQCGS	Definition included in Quality Dashboard.	Complete
Dec 2020	<b>2020/21 Performance Summary</b> (Minute item 9.0)	Management instructed to engage with the PHO concerning achieving the benchmarks for prevention services according to their contractual obligations.	EDSP&C	Under way.	
Feb 2021	<b>Radiology Services</b> (Minute item 8.0)	<ul style="list-style-type: none"> <li>▪ Report on MRI access to be submitted to May HAC meeting and update on other radiology initiatives to improve access to be submitted to the March HAC meeting.</li> <li>▪ Check to be made whether Clutha population are being redirected to Southland for MRI scans.</li> <li>▪ Further development of Health Pathways for radiology to be followed up.</li> </ul>	EDSS  EDSS  EDSS EDQCGS	The Clutha border change will start on 1 March 2021. The final building work at Southland MRI will be completed at the end of February allowing us to improve efficiency in this area. This will mean that both CT and MRI will have the same borders for the Southland catchment.	3 May 2021  Complete  3 May 2021
Feb 2021	<b>Relationship Agreement between Murihiku and Araiteuru Papatipu Rūnaka</b> (Minute item 8.0)	Board to be provided with copy of final agreement.	CMHSIO	Latest version has been uploaded to the Resource Centre on Diligent Boards.	Complete
Feb 2021	<b>Master Site Planning</b> (Minute item 9.0)	Master plan identifying issues and future needs relating to facilities at Southland Hospital to be developed.	CEO	Will be a significant piece of planning work that cascades out of the Strategic Refresh.	July 2021

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Feb 2021	<b>Volumes Reporting</b> (Minute item)	<ul style="list-style-type: none"> <li>▪ Raw discharges and caseweights to be separated out by site where possible.</li> <li>▪ Breakdown of what is included in 'elective maternity discharges' to be provided.</li> </ul>	EDSP&C/ EDSS	Report amended as requested and will be included in the HAC agenda.	Complete
			EDSP&C	Normal maternity cases of 37 to 42 weeks gestation delivered during the event.	Complete





**FINANCE, AUDIT AND RISK COMMITTEE MEETING,  
25 February 2021**

**6.1**

- Verbal report from Lesley Soper, Deputy Chair, Finance, Audit and Risk Committee.



**SOUTHERN DISTRICT HEALTH BOARD  
FINANCE, AUDIT AND RISK COMMITTEE**

**6.1**

**28 January 2021**

**RECOMMENDATIONS TO BOARD:**

The Finance, Audit and Risk Committee recommends that the Board pass the following resolution.

**Policies**

“That Board approve the following policies:

1. Protected Disclosures/Whistle Blowing
2. Disclosures of Interest (Staff)”

# Protected Disclosures/Whistle-blowing Policy (District)

## Introduction

Southern DHB is committed to ensuring our 'Speak Up' culture is supported and reinforced through commitment, awareness-building and on-going training so people feel safe and supported raising concerns about wrongdoing. This Policy sets out how to report serious wrongdoing<sup>1</sup> such as corrupt, unlawful or irregular activities and the protections available to whistleblowers<sup>2</sup> both under this policy and the Protected Disclosures Act 2000.

## 1. Organisational Scope

This policy applies to:

- 1.1 all employees of Southern District Health Board (Southern DHB), including temporary employees and contractors; and former employees and persons seconded, as per s3(1) of the Protected Disclosures Act 2000
- 1.2 any person involved in the operation of Southern DHB, including board members, joint appointments with third parties, volunteers and honorary or unpaid staff.

## 2. Purpose

This policy aims to:

- 2.1 facilitate the disclosure and investigation of serious wrongdoing<sup>1</sup>, and to ensure protection to those who make such disclosures in accordance with the Protected Disclosures Act 2000
- 2.2 give effect to Section 11 of the Act and to outline internal processes that comply with the Act.
- 2.3 ensure suspected occurrences of serious wrongdoing are taken seriously and investigated in a timely, equitable and consistent manner.
- 2.4 provide comfort to employees that they will be supported if they speak up about wrongdoing.

## 3. Principles

- 3.1 Discloser's (the disclosing party) identity will be kept confidential except in specific circumstances set out in the Act.
- 3.2 Disclosers will be protected from any form of retaliation to the greatest extent possible
- 3.2 Suspected serious wrongdoing will be investigated appropriately, promptly and in a fair, equitable, and consistent manner
- 3.3 Knowingly disclosing false information, or disclosure in bad faith, is not protected.
- 3.4 Disclosure of information protected by legal professional privilege is not protected under this policy or the Act.

## 4. Policy statements

### 4.1 Confidentiality

- 4.1.1 A person to whom a protected disclosure<sup>3</sup> is made must use their best endeavours not to disclose the identity of the person making the protected disclosure unless:
  - The person making the disclosure consents in writing to their identity being disclosed; or
  - It is reasonably believed that identifying information must be disclosed to enable the effective investigation of the allegations made or to prevent serious risk to public health or public safety or the environment.

- 4.1.2 Any decision to release the identity of the discloser will be in consultation with the discloser and with reference to the above

## 4.2 Protection

Where the discloser has reported serious wrongdoing they will be protected from:

- 4.2.1 any civil, criminal, or disciplinary proceedings for breach of confidence / secrecy / privacy that may arise from making the disclosure provided they are not involved in the serious wrongdoing itself;
- 4.2.2 any harassment, discrimination or victimisation as a result of exercising their rights under the Act.

Protection is not available when:

- 4.2.3 disclosure is made knowingly of false information or in bad faith

## 4.3 Disclosures

4.3.1 Disclosures may be:

- made verbally or in writing, including by e-mail
- accepted from a discloser's representative
- made to any of the persons set out in the procedures document
- anonymous however to afford all the protections of the act the discloser should ensure they can prove:
  - it was they who made the disclosure
  - they are, or were, employees when they made the disclosure
  - the disclosure was made in accordance with the Act.

4.3.2 In the first instance disclosures should be made to the employee's line manager or one of the alternates set out in the protected disclosures procedures

4.3.3 Wherever possible disclosures should provide sufficient detail to enable investigation.

## 4.4 Records

4.4.1 Disclosures are recorded on a central register maintained by the corporate solicitor.

4.4.2 The central register preserves the anonymity of the discloser in accordance with this policy.

4.4.2 The number of disclosures made, status, progress and outstanding actions are reported to the Finance, Audit & Risk Committee.

## 4.5 Responsibilities

4.5.1 The SDHB is responsible for:

- ensuring a notification is actioned within 20 working days of receipt
- protecting the anonymity of disclosers wherever possible and ensuring they are supported and safe.

4.5.2 The Protected Disclosures/Whistle Blowing Procedures set out:

- expectations for dealing with disclosures, including timeframes, communications and accountabilities;
- remedies available to disclosers if timelines or responses are not appropriate.

## 10. Definitions

Term	Definition
DHB	Refers to the Southern DHB
Employee	Employee also means former employees and those engaged or contracted (contractors) under direct contract for services to do work for the DHB
<sup>1</sup> Serious wrongdoing	<p>A serious wrongdoing includes any act or omission or course of conduct that:</p> <ul style="list-style-type: none"> <li>▪ Involves an unlawful, corrupt or irregular use of public funds or public resources; or</li> <li>▪ Constitutes a serious risk to public health or public safety or the environment; or</li> <li>▪ Constitutes a serious risk to the maintenance of the law including the prevention, investigation and detection of offences, and the right to a fair trial; or</li> <li>▪ Constitutes an offence; or</li> <li>▪ Is oppressive, improperly discriminatory or grossly negligent, or that constitutes gross mismanagement.</li> </ul>
<sup>2</sup> Whistle-blower	A person who makes a Protected Disclosure in accordance with the Protected Disclosures Act 2000
<sup>3</sup> Protected Disclosure	<p>A protected disclosure of information is a disclosure where:</p> <ul style="list-style-type: none"> <li>▪ It is about serious wrongdoing in, or by, the DHB; and</li> <li>▪ There are reasonable grounds the information or disclosure is likely to be true; and</li> <li>▪ The disclosure is being made so that the serious wrongdoing can be investigated; and</li> </ul> <p>The person disclosing the information wishes the disclosure to be protected.</p>

### Associated Documents:

- [Fraud Policy \(25546\)](#)
- [Delegation of Authority Policy \(Regional\) \(21584\)](#)
- [Code of Conduct and Integrity \(District\) \(18679\)](#)
- [Procurement and Purchasing Policy \(11400\)](#)

### Legislation

- [Protected Disclosures Act 2000](#)
- [Human Rights Act 1993.](#)
- [Employment Relations Act 2000](#)

## Protected Disclosures/Whistle-blowing Procedures (District)

This procedure outlines the steps involved whereby a Protected Disclosure is wanting to be made.

Associated Policy: Protected Disclosures/Whistle-blowing Procedures (District) 19708

Responsible	Actions
Discloser	<p>1. Disclosures can be made to your direct line manager, or if this is not appropriate for any reason, the Corporate Solicitor. They can be made verbally or in writing, including by email.</p> <p>Email: <a href="mailto:corporatesolicitor@southerndhb.govt.nz">corporatesolicitor@southerndhb.govt.nz</a></p> <p>Phone: 03 4769451 ext. 55451</p> <p>If you suspect the corporate solicitor may be involved in the wrongdoing you wish to disclose, or because of other relationships you feel disclosure is better made to another party, then you should make disclosure to either the:</p> <ul style="list-style-type: none"> <li>▪ Executive Director Quality and Clinical Governance Solutions, or the</li> <li>▪ Executive Director Finance, Procurement &amp; Facilities (EDFPF), or the</li> <li>▪ Chief Executive Officer (CEO), or If the concern is related to the CEO, the</li> <li>▪ Chair of the Finance, Audit &amp; Risk Committee.</li> </ul>
Recipient	<p>2. Recipients of disclosures should immediately notify the corporate solicitor</p>
Corporate Solicitor	<p>3. The corporate solicitor will:</p> <ul style="list-style-type: none"> <li>▪ acknowledge receipt of the disclosure in writing to the discloser (unless anonymous),</li> <li>▪ determine if the matter is a protected disclosure,</li> <li>▪ triage the disclosure</li> <li>▪ record the disclosure on the central register,</li> <li>▪ take responsibility for the investigation, or if more appropriate,</li> <li>▪ assign the investigation to a senior person or an external investigator</li> </ul>
Corporate Solicitor/ Investigator	<p>4. Investigations are carried out impartially and in a timely manner. The corporate solicitor/investigator will ensure that:</p> <ul style="list-style-type: none"> <li>▪ the results of the triage are notified to the discloser or advise if no investigation is contemplated, within 2 working days of receiving the disclosure;</li> <li>▪ appropriate parties are notified if required, and within the bounds of the confidentiality expectations;</li> <li>▪ further action is taken as required including referring to appropriate parties or authorities;</li> <li>▪ weekly updates are provided to the discloser until resolution is achieved;</li> <li>▪ the central register is confidential, up to date and accurate</li> <li>▪ an appropriate monthly report, drawn from the central register, is provided to the Finance Audit &amp; Risk Committee</li> </ul>

- Discloser 5. If the discloser believes the disclosure has not been acted upon in a timely manner they should raise the matter with the Chief Executive Officer.
- Discloser 6. Where the immediate reference to an appropriate authority is justified by reason of the urgency or the matter to which the disclosure relates, or some other exceptional circumstances, or where there has been no action or recommended action on the matter to which the disclosure relates **within 20 working days after the date on which the disclosure was made**, a discloser may make a Protected Disclosure to any one of the following appropriate authorities as defined in the Act:
- The DHB Board Chair/DHB Audit Finance & Risk Committee
  - The Commissioner of Police
  - The Controller and Auditor-General
  - The Director the Serious Fraud Office
  - The Inspector-General of Intelligence and Security
  - An Ombudsman
  - the Parliamentary Commissioner for the Environment
  - The Independent Police Conduct Authority
  - The Solicitor-General
  - The State Services Commissioner
  - The Health and Disability Commissioner and
  - The head of any public sector organisation (as defined under the State Sector Act 1988) and
  - A private sector body which comprises members of a particular profession which has power to discipline its members.

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Associated Documents:

Protected Disclosures/Whistle-blowing Procedures (District) 19708

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References:

[Protected Disclosures Act 2000](#)

[Human Rights Act 1993](#)

[Employment Relations Act 2000](#)

General Notes

**Scope of Practice:** Ensure you are fully qualified to perform the role specified in any document.

**Deviations:** If you need to deviate from any procedure, policy, or guideline, make notes and follow up.

**Caution - Printed Copies:** Printed copies of this document cannot be relied on after the date at the bottom of the page. Check release date and version number against the electronic version on MIDAS to ensure that they are current.

**Disclaimer:** This document meets the Southern District Health Board's specific requirements. The Southern DHB makes no representations as to its suitability for use by others, and accepts no responsibility for the consequences of such use.



## Disclosure of Interest Policy

### Introduction

Southern DHB is committed to ensuring that decision making is fair, impartial, free from bias and appropriate for a public organisation. This Policy sets out clear guidance about identifying and dealing with real, potential and perceived conflicts of interest<sup>1</sup>. It clarifies what a conflict of interest is and how compliance failure is addressed.

### 1. Scope

This policy applies to:

- 1.1 all employees of Southern District Health Board (the DHB), including temporary, part time and fixed term employees and contractors;
- 1.2 any person involved in the operation of Southern DHB, including board members, joint appointments with third parties, volunteers and honorary or unpaid staff.

### 2. Purpose

This policy and the associated procedures:

- 2.1 provide guidance about identifying real, potential or perceived conflicts of interest<sup>1</sup>;
- 2.2 set out responsibilities and obligations for disclosing and managing conflicts of interest;
- 2.2 emphasise real, potential or perceived conflicts of interest must be managed in the same way.

### 3. Principles

- 3.1 Decision-making, including procurement processes, will be well documented, conducted with integrity, impartiality, accountability, trustworthiness and respect; and be free from any perception of conflict of interest, bias or predetermination
- 3.2 Real, potential and perceived conflicts of interest must be identified, disclosed, documented, and managed appropriately
- 3.3 Management of conflicts will be conscious, cautious, transparent, and clearly and comprehensively documented.
- 3.4 Health Practitioners (Clinicians, Nurses, Allied Health professionals) who practice in both public and private health must disclose their private practice
- 3.5 Awareness of interests and how to disclose, document and manage these will be cultivated through posters, training, and induction processes that will include information about interests, what they are, this policy and its content and require participation in interactive online training.

### 4. Policy statements

#### 4.1 Disclosure

- 4.1.1 Where an employee or their related party has a real, potential or perceived interest – financial, professional or personal – or could be influenced or perceived as being influenced in a transaction or process they must declare that interest in Employee Connect which facilitates notification to the appropriate Manager or Clinical Director.
- 4.1.2 Employees have an on-going obligation to disclose actual, potential or perceived interests. Disclosures should be in writing and recorded in the Employee Connect and any appropriate interests register.
- 4.1.3 If there is doubt as to the existence of real, potential or perceived interest employees should consult the corporate solicitor or a member of the executive leadership team.

- 4.1.4 Conflicts of interest for members of the executive leadership team will be disclosed in the public interests register

## 4.2 Management

- 4.2.1 Employees with a real, potential or perceived conflict of interest shall not take part in or influence decision making unless:

- the conflict is so small or indirect as to be inconsequential, and
- the decision being made is neither significant or sensitive; or
- the conflict is minor, with minor being a matter of closeness, degree, financial or not; and
- there is no reputational risk for the employee and organisation, and
- the rationale and management is documented and so robust as to make it safe for the organisation and the employee; or
- the circumstances set out in 4.2.4 apply

- 4.2.2 To determine whether an interest is inconsequential, significant or sensitive management must take into account at least all of the following matters:

- the financial value of the decision to the DHB and/or
- the closeness of the relationship between the employee and the 3<sup>rd</sup> party
- the potential benefit to the employee, if any
- the public interest in the transaction or decision
- the perception of probity by the public

- 4.2.3 Procurement processes will require persons taking part in decisions to affirm in writing that:

- they do not have any real, perceived or potential conflicts of interest, and
- have not received any material or undisclosed gifts, hospitality or benefits from any of the potential suppliers

- 4.2.4 A decision may be made to allow an employee with a real, potential or perceived conflict of interest to be involved if the person possesses such unique and specific knowledge, not otherwise available to the DHB, that their participation is considered to be essential to sound decision making. If these circumstances are considered to apply the following is to occur:

- The conflict must be disclosed in writing
- The person's line manager must document how 4.2.4 applies and how the conflict will be managed both internally and externally
- The plan must include specific steps to maximise objectivity, integrity, impartiality and accountability in the decision making process, include independent oversight, expressly limit extent of the role as much as possible; and minimise exposure to compromise or reputational damage.
- The two up manager must consider the conflict and the line manager's documented management plan and give their approval in writing

If the manager is in any doubt as to the appropriateness of the proposed course of action they will consult with the corporate solicitor, or the CEO, or the Chair of FARC

- 4.2.5 Where the employee with a potential, real or perceived conflict is a member of the executive leadership team, and, 4.2.4 may apply the managers are as set out in the disclosure of interests procedures.

4.4 Non Compliance

4.3.1 Failure to disclose an interest real, potential or perceived, and/or the interest adequately being managed may result in disciplinary action including dismissal.

4.3.2 Remedies for employees who consider this policy has not been complied with are set out in the disclosure of interests procedures.

Definitions

Term	Definition
DHB	Refers to the Southern DHB
Employee	Southern District Health Board (Southern DHB) employees includes permanent, part-time, temporary, and fixed term employees.
<sup>1</sup> Conflict of Interest	<p>A conflict of interest is a situation where a person’s duties and responsibilities could create a risk that the professional judgement or actions of a Southern DHB employee will be unduly influenced by a secondary interest. This includes, although is not limited to, situations in which the Southern DHB is a party to a transaction or proposed transaction and a Southern DHB employee:</p> <ul style="list-style-type: none"> <li>▪ Is a party to, or will or may derive a material financial benefit or advantage from the transaction; or</li> <li>▪ Has a material financial interest in another party to the transaction; or</li> <li>▪ Is a director, officer or trustee of another party to, or person who will, or may derive a material financial benefit or some other material advantage from the transaction; or</li> <li>▪ Has a close relationship, including familial or by marriage of another party to, or person who will or may derive a material benefit, financial or otherwise, from the transaction; or</li> <li>▪ Has a strongly held opinion or view, or has been lobbied by other interested parties, to the extent that they can be considered to have a predetermined view; or</li> <li>▪ Is otherwise directly or indirectly and materially interested in the transaction.</li> </ul> <p>A conflict of interest may exist irrespective of:</p> <ul style="list-style-type: none"> <li>▪ whether the Southern DHB employee intends to act contrary to Southern DHB’s interests; or</li> <li>▪ the presence, or not, of personal gain or advance for the Southern DHB employee.</li> </ul>

Associated Documents:

- [Code of Conduct and Integrity \(District\)](#) (18679)
- [Fraud Policy \(District\)](#) (25546)
- [Koha Policy \(District\)](#) (24622)
- [Managing Gifts and Sponsorship \[Policy\] \(District\)](#) (81062)
- [Privacy Policy \(District\)](#) (54609)
- [Private Practice, Secondary Employment and Other Business Activities \[Policy\] \(District\)](#) (19707)
- [Procurement and Purchasing Policy \(District\)](#) (11400)
- [Protected Disclosures / Whistle-blowing Policy \(District\)](#) (19708)
- [Sensitive Expenditure Policy \(District\)](#) (48567)
- Controller & Auditor General: Managing conflicts of interest: A guide for the public sector
- Integrity Town <https://oag.parliament.nz/good-practice/conflicts-of-interest/quiz-2020>



## Southern District Health Board

### Minutes of the Community and Public Health Advisory Committee Meeting held on Monday, 1 February 2021, commencing at 1.00 pm, in the Board Room, Wakari Hospital Campus, Dunedin

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6.2

<b>Present:</b>	Mr Tuari Potiki Ms Ilka Beekhuis Dr Lyndell Kelly Mr Terry King Ms Odele Stehlin	Chair Deputy Chair (by Zoom)
<b>In Attendance:</b>	Mr Pete Hodgson Dr David Perez Dr John Chambers Mrs Kaye Crowther Dr Moana Theodore Mrs Jean O'Callaghan Miss Lesley Soper Mr Chris Fleming Mrs Lisa Gestro  Dr Nicola Mutch Mr Andrew Swanson-Dobbs  Mr Gilbert Taurua  Ms Jeanette Kloosterman	Board Chair Deputy Board Chair Board Member Board Member Board Member Board Member Board Member Chief Executive Officer Executive Director Strategy, Primary and Community Executive Director Communications Chief Executive Officer, WellSouth Primary Health Network Chief Māori Health Strategy and Improvement Officer Board Secretary

#### 1.0 WELCOME

The Chair welcomed everyone to the meeting and acknowledged:

- Those who had recently lost loved ones;
- Dr David Perez, whose time with the Board was drawing to an end;
- Mr Pete Hodgson, who was stepping into the gap left by Dave Cull; and
- Mrs Lisa Gestro, Executive Director Strategy, Primary and Community, who would be departing to join the Waikato DHB.

#### 2.0 APOLOGIES

Apologies were received from Dr Kim Ma'ia'i, Committee Member, Chief Medical Officer, Chief Nursing and Midwifery Officer, and Chief Allied Health, Scientific and Technical Officer.

#### 3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3).

The Chair asked that any changes to the registers be sent to the Board Secretary and reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

#### **4.0 PREVIOUS MINUTES**

***It was resolved:***

**“That the minutes of the meeting held on 7 December 2020 be approved and adopted as a correct record.”**

T Potiki/I Beekhuis

#### **5.0 CHAIR'S UPDATE**

The Chair advised that efforts were being made to strengthen both the Community and Public Health and Disability Support Advisory Committees. He observed that there was a busy time ahead, particularly with the rollout of COVID-19 vaccinations.

The Board Deputy Chair noted that the Advisory Committee Chairs and Deputy Chairs had agreed in principle to meet three-monthly to look at issues of common interest and suggested that process commence before the end of February 2021.

#### **6.0 REVIEW OF ACTION SHEET**

The Committees reviewed the action sheet (tab 7) and received the following updates.

##### **Invercargill Primary Care Access**

The Chief Executive Officer, WellSouth Primary Health Network, reported that there was ongoing work between the DHB, PHO, the Southland Emergency Department (ED), General Practice, and the Community Health Council to understand the pressure points and issues with access to primary care in Invercargill. He reported that an 0800 number had been set up to assist people wishing to enrol in a general practice.

The SDHB CEO advised that Southland ED was under tremendous pressure due to the level of presentations. The reasons for that were multi-factorial, so action to address it would need to include ensuring primary care was properly resourced, hospital services appropriately configured, and the community accessed the health system in the most appropriate way.

It was agreed that an issues paper, with clear actions and timeframes, would be submitted to Board.

##### **Māori Health**

The Chair advised that this action point had been discussed by the Iwi Governance Committee, so was complete.

##### **Oral Health - Fluoridation**

It was noted that it would be useful for members to be briefed on the evidence-based benefits of fluoridation.

## 7.0 PHO'S MĀORI ENROLMENT

A report on the current level of PHO enrolment for Southern DHB's Māori population (tab 8) was taken as read.

The CEO of WellSouth acknowledged that there were issues with the collection of ethnicity data in primary care and significant pockets of people in the community who could not get enrolled in a general practice. In response, the models of primary care were being changed and further work was required to ensure that when people were enrolled, the correct ethnicity status was captured.

The PHO had also introduced a call centre for enrolment, and they were working with the Chief Māori Health Strategy and Improvement Officer to ensure that people attending ED were enrolled in primary care.

The CEO advised that there were three issues:

1. The denominator used to calculate the percentage of enrolments was an estimate;
2. The accuracy of the data for the people who were enrolled; and
3. Identification of people not enrolled and getting them enrolled.

The Committee:

- Noted with concern that the report showed Southern DHB had the second lowest percentage of Māori enrolments in the country, with approximately 8,000 Māori (total population = 38,190) reported as not enrolled in primary care, and
- Requested that the WellSouth CEO, Chief Māori Health Strategy and Improvement Officer, and Executive Director Strategy, Primary and Community report back with a plan to address this.

## 8.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

The Strategy, Primary and Community Report (tab 9) was taken as read and the EDSP&C highlighted the following matters.

- *Coronavirus Management Response* – There was still a significant focus on COVID-19, which had shifted from testing to the vaccination strategy.
- *Rural Health* – The rural hospitals were particularly busy over the Christmas holiday period.
- *Primary Maternity Facilities* – The team were liaising with a core group of midwives in the Central Otago/Wanaka area to develop the model of care for the proposed new primary maternity facilities. Simultaneously, a process seeking a facility provider was under way.
- *Annual Plan 2020/21* – Services were actively working to identify their priorities in line with Ministry of Health guidance, which included an ongoing commitment to equity and evidence that the innovations developed during the COVID-19 response had been embedded.
- *Mental Health, Addiction and Intellectual Disability (MHAID)* – The service was busy, both in terms of volume and acuity. Availability of supported accommodation in the community was an issue.

The independent review of the Southern MHAID continuum of care was under way, with Synergia undertaking orientation throughout the district during January.

- *Measles Catch-up Campaign* – The local campaign commenced as planned in December 2020.
- *Lakes District Hospital* - A series of intensive planning sessions had taken place and services were being aligned to local need.
- *Aged Residential Care* – The team had endeavoured to answer why the demand for aged residential care had increased.

Management then answered questions on single clinician only caseloads, specialist addiction services, the rest home occupancy rate, community pharmacy, access to emergency after hours care in Central Otago, the service planning process, equity clinics, breast feeding, and MHAID Senior Medical Officer (SMO) vacancies.

The Committee requested further information on:

- The Opioid Substitution Treatment (OST) issue;
- Local feedback on Plunket’s lactation consultancy service.

## 9.0 FINANCE REPORT

The EDSP&C presented a report on Strategy, Primary and Community financial performance to 31 December 2020 (tab 12), then responded to questions on pharmaceutical cancer treatment trends.

### PUBLIC EXCLUDED SESSION

**At 2.38 pm it was resolved:**

**“That the public be excluded from the meeting for consideration of the following agenda items.”**

<b>General subject:</b>	<b>Reason for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
Covid-19 Vaccination Programme	To maintain the constitutional conventions protecting the confidentiality of advice tendered by Ministers of the Crown and officials (programme yet to be announced by Minister).	Sections 9(2)(f)(iv) of the Official Information Act.

T Potiki/I Beekhuis

The meeting closed at 3.00 pm.

Confirmed as a true and correct record:

Chair: \_\_\_\_\_

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



## Southern District Health Board

### Minutes of the Disability Support Advisory Committee meeting held on Monday, 1 February 2021, commencing at 3.05 pm, in the Board Room, Wakari Hospital Campus, Dunedin

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6.3

<b>Present:</b>	Dr Moana Theodore Mrs Kaye Crowther Dr John Chambers Ms Odele Stehlin Ms Paula Waby	Chair Deputy Chair
<b>In Attendance:</b>	Mr Pete Hodgson Dr David Perez Ms Ilka Beekhuis Dr Lyndell Kelly Mr Terry King Mrs Jean O'Callaghan Mr Tuari Potiki Miss Lesley Soper Mr Chris Fleming Ms Gail Thomson  Mrs Lisa Gestro  Dr Nicola Mutch Mr Gilbert Taurua  Ms Jeanette Kloosterman	Board Chair ( <i>until 4.15 pm</i> ) Deputy Board Chair ( <i>until 4.15 pm</i> ) Board Member Board Member Board Member Board Member Board Member Board Member Chief Executive Officer Executive Director Quality & Clinical Governance Solutions Executive Director Strategy, Primary and Community ( <i>until 3.25 pm</i> ) Executive Director Communications Chief Māori Health Strategy and Improvement Officer Board Secretary

#### 1.0 WELCOME

The Chair welcomed everyone to the meeting and echoed the sentiments of the Community and Public Health Advisory Committee Chair earlier in the afternoon in acknowledging the contributions of Dr David Perez, outgoing Deputy Board Chair, and Lisa Gestro, Executive Director Strategy, Primary and Community.

A special welcome was extended to the new Board Chair, Pete Hodgson.

#### 2.0 APOLOGIES

Apologies were received from Mr Kiringāua Cassidy, Committee Member, the Chief Medical Officer, and Chief Nursing and Midwifery Officer.

An apology for an early departure was received from Mr Tuari Potiki.

#### 3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3) and noted.

The Chair asked for any changes to the registers and reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

#### 4.0 PREVIOUS MINUTES

The Chair noted that the Executive Director Strategy, Primary and Community did not attend the last meeting.

***It was resolved:***

**“That, with the above amendment, the minutes of the meeting held on 7 December 2020 be approved and adopted as a correct record.”**

M Theodore/K Crowther

#### 5.0 CHAIRS' UPDATE

##### **Annual Plan 2021/22**

The Chair drew the Committee's attention to the upcoming activity on the District Annual Plan, which included a joint Board, Iwi Governance Committee and Advisory Committees workshop on 15 March 2021.

The Committee received a presentation from the Executive Director Strategy, Primary and Community (EDSP&C) on the 2020/21 annual planning process, during which she advised that Government planning priorities were very similar to those for 2020/21 but there was a shift from business as usual to a strategic focus on:

- Ōritetanga (Māori equity);
- Positioning public health services for the future;
- Primary and community services – investing in change and redesigning services to achieve integrated, patient focused care;
- Clinical services redesign;
- Enabling our people – update on workforce initiatives;
- Systems for success – update on infrastructure and quality processes that support the health system (includes updates on the work of the Clinical Council, Quality and Clinical Governance Directorate, and roll out of the Digital Strategy);
- System improvements – update on work to create new and sustainable pathways in specific areas;
- Facilities and the Dunedin Rebuild Transition Programme – update on change programme to support the new Dunedin Hospital.

The second section of the Annual Plan would focus on Government planning priorities to:

- Give practical effect to Whakamaua: Māori Health Action Plan 2020-2025;
- Improve sustainability;
- Improve maternal, child and youth wellbeing;
- Improve mental wellbeing;
- Improve wellbeing through preventative measures;
- Achieve better population health outcomes supported by a strong and equitable public health and disability system;
- Achieve better population health outcomes supported by primary health care.

The Chief Executive Officer reported that although a Regional Services Plan was not required, the South Island CEOs had committed to developing one that would be reflected in all the South Island DHBs' Annual Plans.

The EDSP&C advised that the due date for content to be submitted had been brought forward to 17 February 2021. The first draft of the Annual Plan would be considered by the Executive Leadership Team (ELT) on 4 March 2021 and the

second draft at the combined Board and Advisory Committees workshop on 15 March 2021, following which the final draft would be considered at the 2 April 2021 Board meeting. Feedback from the Ministry of Health was due by 9 April 2021 and the final plan was required to be completed by mid-June.

The EDSP&C then responded to questions from members.

*The Executive Director Strategy, Primary and Community left the meeting at 3.25 pm.*

## **6.0 MATTERS ARISING**

There were no matters arising from the previous minutes not covered by the agenda.

## **7.0 REVIEW OF ACTION SHEET**

The Committee received the action sheet (tab 7).

The Executive Director Quality and Clinical Governance Solutions (EDQ&CGS) informed the Committee:

- That information on travel and assistance support would be submitted to the next meeting;
- The timeline for implementing the Disability Strategy was included in the agenda;
- The proposed DSAC planning workshop had been superseded by the Annual Plan workshop scheduled for 15 March 2021.

## **8.0 DISABILITY STRATEGY**

The EDQ&CGS presented a paper outlining the proposed terms of reference for the Disability Steering Group and the process for launching and operationalising the Disability Strategy (tab 9).

The CEO advised that:

- The Disability Steering Group was not a Board committee; DSAC was the governance body;
- Any resources required to implement the Disability Strategy would have to be factored into the Annual Plan.

### **Disability Steering Group**

In providing feedback on the proposed terms of reference for the Disability Steering Group, the Committee recommended that management:

- Review the membership of the group, including the ratio of community to staff members and representation from the Southland community;
- Clarify who the Steering Group is to provide advice to;
- Ensure that the voice and experience of those living with disability and their whānau are front and centre.

It was agreed that management would amend the terms of reference in accordance with the feedback provided.

### **Activity**

The EDQ&CGS reported that preparations were being made for the Disability Strategy launch, including finalising a one-page summary and interpreting the strategy into various languages and formats.

The format and timing of the launch was discussed. The CEO advised that it would be preferable to hold the official launch after the annual planning process, so that certainty could be provided on the funding for initiatives.

The Committee noted the activities that had been progressed and the process for launching the Disability Strategy.

## **9.0 PATIENT STORY**

The Committee was shown a video recording of a patient with lived experience of disability, who shared his story and experiences with the health system, and what could be improved.

The EDQ&CGS advised that patient stories would be loaded to the Southern Health website and she would like to have some at the Disability Strategy launch.

Patient stories, both positive and negative, were acknowledged as a valuable source of key learnings and aided understanding.

*Mr Potiki left the meeting at 4.00 pm.*

## **10.0 TERMS OF REFERENCE**

The Chair presented suggested revisions to the Disability Support Advisory Committee's terms of reference (tab 10).

During discussion, it was agreed that:

- Clause 6 be amended to, "...disability support services funded or provided *within Southern DHB's catchment* ...";
- Membership – "Māori representation" be changed to "Iwi Governance Committee nominated Māori representation".

## **11.0 ANNUAL PLAN DISABILITY METRICS**

The EDQ&CGS presented an update on the disability metrics component of Annual Plan 2020/21 performance reporting (tab 11), then responded to questions.

It was suggested that where a milestone is to be delivered in a future quarter, commentary be added on its current status.

*Mr Hodgson and Dr Perez left the meeting at 4.15 pm.*

**12.0 INDIVIDUAL PLACEMENT AND SUPPORT**

A paper submitted to national DHB Chief Executives on increasing access to individual placement and support (IPS), an employment support approach for people experiencing mental health and addiction issues, was circulated with the agenda for the Committee’s information (tab 12).

During discussion, it was noted that:

- Evidence based research had shown that IPS was effective in supporting people with mental health and addiction needs that were concurrently being met in primary care. It was currently being trialled in the northern part of New Zealand but was still to be rolled out in the South;
- There were other organisations within the district, such as Workbridge and Koha Kai, who offered employment services for people with disabilities.

**13.0 NEXT MEETING**

Wednesday, 7 April 2021, in Dunedin.

The meeting closed with a karakia at 4.20 pm.

Confirmed as a true and correct record:

Chair: \_\_\_\_\_

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



**HOSPITAL ADVISORY COMMITTEE MEETING**  
**1 March 2021**

- Verbal report from Jean O'Callaghan, Chair, Hospital Advisory Committee.





## **FOR INFORMATION**

**Item:** CEO Report to Board  
**Proposed by:** Chris Fleming, Chief Executive  
**Meeting of:** 2 March 2021

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## **Recommendation**

### **That the Board:**

- **notes the attached report and**
  - **discusses and notes any issues which they require further information or follow-up on.**
- 

## **Purpose**

This report is provided to update the Board on key issues and activities for the District Health Board (DHB). The intention is to raise key issues, but it is also to inform the Board on wider issues which are occurring within the Southern Health System.

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### **1. Changes to Chief Executive Report**

Historically, some subjects covered in the Committee reporting have been replicated in the Chief Executive Report to allow the wider Board membership to have an overview of these issues. However, moving forward there may be brief mention of key issues in this report, but there will be an expectation that Board Members who have an interest in the subject will be expected to access the Committee reporting for the more in-depth detail. There will be a degree of trial and error and feedback re more or less detail will be appreciated.

### **2. Organisational Performance**

There are three papers on the agenda under finance and performance:

- Finance report
- High Level Volumes
- Performance Dashboard.

Financial performance for the month of January is a surplus of \$2,086 million compared to a planned surplus of \$2.082 million, and hence virtually on plan for the month. Year to date (YTD) financial performance is a \$10,945 million deficit against a planned deficit of \$3,672 million, resulting in a year to date deficit against plan of \$7.273 million. However, the budget for the year explicitly excluded three known factors which were to be reported separately:

- Impact of COVID
- Holidays Act
- Accelerated Depreciation of Dunedin Hospital once the detailed business case (DBC) was endorsed.

These three items are all impacting on the result as noted in the financial reports, however refining these results to core activities (which exclude the three items above), the core operating results are a deficit of \$4.644 million compared to a planned deficit of \$3.672 million so an adverse result of \$0.972 million. This is incredibly close to plan with the variance being 0.14% of the actual revenue.

From a volumes perspective the following is a synopsis:

- Total case weighted discharges were down 97 or 2.2% for the month compared to the previous year, and now up 60 or 0.17% year to date. It should be noted however that medical is down 1.4%, surgical is up 0.89% and maternity up 2.8% year to date
- Raw discharges are down 32 or 0.7% for the month, and down 0.7% year to date
- Emergency Department (ED) attendances were down 3.7% for the month, and now down 0.9% year to date, noting that for this month, unlike the previous, all EDs were quieter than the same month last year with Lakes down 12.3%, Southland down 3.7% and Dunedin being virtually the same as last January
- Mental Health bed days continue to be below last year's levels with a reduction of 1.7% for the month and now 5.8% year to date.

This paints a picture that indicates overall average acuity measured by case weighted discharge per raw discharge has increased marginally. A couple of other interesting observations has been that overall medical activities have reduced in both case weights and discharges while surgery has increased on both measures, but in particular acute surgical which is up 4.5% in case weights and 6.8% in discharges.

The concerning picture is that while in the previous year we saw a gradual reduction in both medical case weights and raw discharges from the peak of July through extending all the way through to the lockdown in April, we have seen a gradual incline in both Medical case weights and raw discharges since June 2020. It is anticipated that this will indeed be the impact of the COVID lockdown period however the trend is not dissipating, unless something can be done to improve flows through the hospital and understand the causes of this increase there are significant risks associated with this coming winter. The January drop off in Medicine is the same trend as last year, but from a higher base.

### 3. Top Five Risks

Risk	Management of Risk Avenue	Effectiveness
Adverse clinical event causing death, permanent disability, or long term harm to patient	SAC system in place with all SAC 1 and 2 events being reviewed and reported to the Clinical Council, Executive Leadership Team and Finance, Audit and Risk Committee	Need to improve feedback loop and extend to near miss events
Adverse health and safety event causing death, permanent disability or long term harm to staff, volunteer or contractor	Health and Safety Governance Group with agreed charter and work programme reporting regularly to the Finance, Audit and Risk Committee	Need to improve feedback loop and extend to near miss events
Critical failure of facilities, IT or equipment resulting in disruption to service	Interim works programme being implemented to maintain facilities, asset management plan	Moderate effectiveness, state of facilities in Dunedin well documented, Mental Health business case

	developed, IT digital transformation business case in development, disaster recovery plans in place to address critical failures	needed. Capacity issues in Southland.
Critical shortage of appropriately skilled staff, or loss of significant key skills	Workforce strategy developed however more robust action planning required	Further focus must be applied.
Misappropriation of financial resources provided by the Crown for optimising the health and well being of our community.	Delegations of authority policy, internal audit work programme, external audit. All reporting through the Finance, Audit and Risk Committee	Improvement through upgrading financial system will assist in more effective management of risk

#### 4. Annual Plan 2021/22

The majority of Annual Plan submissions from directorates have been received and the content is now being collated. As a reminder, for 2021/22 the Government's planning priority areas have been retained, however the focus of the guidance has shifted away from business as usual. Instead, DHBs are expected to identify their most significant innovative activities that will improve equity and to embed key COVID-19 learnings across the Government's planning priorities. It was hoped that these changes will significantly streamline both our Annual Plans and the planning process required to develop these. The team feel that this has been partially achieved locally, and a presentation will be provided to the March meeting on the themes and progress of the first draft version, which is required to be submitted to the Ministry of Health by 5 March.

The timeframe for the completion of the Annual Plan is as per the table below:

Activity	Date
Due date for content creation	17 February
Draft Annual Plan to Executive Leadership Team for consideration	4 March
DHBs submit draft Annual Plans, Service Level Measures (SLM) plans, Statement of Performance Expectations (SPE), financial templates/production plans to the Ministry.	5 March
Combined CPHAC/IGC workshop	15 March
Any Government updates to planning priorities confirmed	March
Draft Annual Plan to Board	2 April
Feedback to DHBs on first draft plans	9 April
Final draft plans and templates due to the Ministry	mid-June (date subject to confirmation of Budget day)
DHB Board signed SPE to be published on DHB websites	Before the end of June
Ministry approval of SLM plan	31 July
DHB approved plans put forward for Ministerial approval	From mid-July

## 5. Patient Flow Taskforce

There has been considerable focus on the establishment of the Patient Flow Taskforce following the discussion and presentation at the Board meeting last month. By the time the Board meeting day arrives we will be at day 30 in the 100 day plan. There is a brief written update on the agenda, but for the next few months the Taskforce will present to the Board meeting to provide the latest progress and the metrics in terms of achievements.

Progress and achievement of this taskforce is essential. The first few weeks have very much been around establishment, identification of key issues and ideas, leadership getting out and about the teams as a part of a visual leadership approach in understanding blocks to patient flow with a focus on surgical and medical wards in the initial stages. We aim to drive a patient flow programme forward, engaging with our colleagues to identify priorities and facilitating change that identifies strategies that unblock beds across our two base hospitals in Invercargill and Dunedin.

As Chief Executive I have been intrigued going to different rapid rounds and seeing just how important leadership at all levels are and having the key decision makers and influencers involved at the right levels. Some of the rapid rounds as an example are excellent, they have the whole team involved while others getting particular staffing groups, specifically senior medical staff, involved is very challenging. Where the whole team is involved the decision making is decisive and people leave with very clear actions and expectations re what the whole team are doing in the interest of timely patient care.

A resourcing plan is being prepared and will be supported prior to the next Board meeting to ensure actions taken are decisive.

## 6. Minister's Letter of Expectations

The Minister has released his letter of expectations for each DHB. The letter of expectations is consistent for each DHB and it identifies very clear expectations around many issues, but in particular:

- Giving practical effect to Whakamaua: the Māori Health Action Plan 2020-2025
- Improving sustainability
- Improving child wellbeing
- Improving mental wellbeing including a focus on the transformational direction for our approach to mental health and addiction through the agreed actions from the Mental Health and Addiction Inquiry
- Improving wellbeing through prevention
- Better population outcomes supported by a strong and equitable public health and disability system
- Better population health and outcomes supported by primary health care.

The Minister also makes it clear that all DHBs are expected to deliver breakeven results by the end of 2021/22, we must fully implement Care Capacity Demand Management (CCDM) including ensuring agreed budgeted FTE are in place for nursing and midwifery by 1 July 2021, but we also need to ensure that we document all FTE changes in our annual plan as service changes.

These expectations are going to be extremely difficult to achieve, our current annual plan had a \$10.9 million deficit reducing to break even in 2021/22, however there are four specific issues which had not been anticipated at that stage which are:

- Ongoing Holiday Act implications which are estimated at \$7.5 million

- Accelerated Depreciation on Dunedin Hospital post the approval of the DBC, estimated at \$2.5 million
- Introduction of Matariki as a Public Holiday estimated at \$1 million
- Further expectations from CCDM which is still being quantified.

The other key factor that the Minister's expectations make it clear that we must focus on maintaining high quality services throughout the coming year in the face of the obvious uncertainties the promulgated changes which are clearly having a destabilising impact.

## 7. COVID Preparedness

While there is currently no transmission of COVID-19 in the community in Southern DHB area. A significant amount of work continues in this area, which is outlined in the following sections.

### Organisational Response

Ongoing work to ensure that the organisation is prepared for any COVID resurgence includes:

- The COVID home page is regularly updated and further refreshed as the national situation changes. Content includes, policies, guidelines, service planning, alert level posters and source documents
- Personal protective equipment (PPE) donning and doffing education, N95 mask fit testing and review of red/green patient streaming zones are ongoing
- External engagement occurs by way of weekly briefings with Civil Defence Group Managers and updates to the quarterly Chief Executive Groups (CEG) Southland and Otago.

### Public Health Response

The maritime border continues to take up a large portion of the work in the COVID space currently. One of the significant increases in workload has been around crew members wanting shore leave and the requirements under the border orders to do so. There has been a third border order that has meant some changes that are being worked through with our border agencies. Under the border orders for crew to get clearance, all crew members (regardless of whether they are leaving the ship or not) have to get a clear COVID test result. It also needs to be more than 14 days since anyone new has boarded the ship since their last port. This allows the full incubation time for COVID and then all the clearance testing. This ensures that any crew member disembarking is no risk to members of the public.

Over the month there have been a couple of instances where our staff have been able to practice their readiness for cases and ensure that all our processes and logons are up to date.

We are currently in the process of arranging staff to visit Community and Public Health in Christchurch to shadow their staff for three days and learn about the work they are doing at the border and with the Managed Isolation and Quarantine facilities. This will help inform our work in preparation for when the air borders reopen.

### Swabbing

There have been 3,345 swabs undertaken through this period including 328 at the maritime ports.

- 3,281 simple assessments
- 39 virtual assessments
- 0 full assessments

- 25 no assessment undertaken.

### **COVID-19 Vaccination Programme**

Prior to Christmas the Government confirmed its policy and approach for the COVID-19 vaccination programme and now the focus is moving to implementation. The national strategy has seven pillars and preliminary information has been provided to DHBs to enable planning to commence.

This programme will be the most significant immunisation programme delivered in New Zealand. A steering group has been established and will be overseeing the implementation of this programme in the Southern district.

First phase of border vaccinations to commence on 1 March 2021 in Southern. Further resourcing being recruited to enable scaling up to meet the needs of the later tranches particularly the general public component of the campaign which will be significant.

### **Aged Residential Care (ARC)**

Exercise Rata, a desktop simulation of our response to a COVID-19-positive resident in an aged care facility, was conducted on 27 January 2020. Involved on the day included one ARC facility, observers from the ARC leadership group, Public Health, Infection Prevention and Control (IPC), and the Community Services directorate. The exercise provided numerous learnings for the ARC Sector, and many areas of Southern DHB. The response manual is now being revised to incorporate improvements identified. A Zoom meeting is also scheduled with the 65 ARC facilities to provide feedback on the exercise, and recommendations for how ARC could be better prepared for a potential COVID outbreak. One significant issue still to be fully rectified is the replacement staffing for ARC staff who will be identified as close or casual contacts.

### **Psychosocial Recovery**

The Central Lakes Mental Wellbeing Recovery Group continues to meet to monitor and provide regular updates about referrals and activity within the district. The Mental Health Wellbeing Navigator role has been advertised with a large number of applications. The communication strategy is being further refined with the aim to work with the Ministry of Health alongside current strategies.

## **8. Lead in Waikouaiti/Karitane Water Supply**

Elevated levels of lead have been detected in this water supply including the reservoir has led to a notice advising residents to not drink the water on 1 February. Testing for lead was not required and was only being undertaken as part of the Council's asset management plan. There is significant community anxiety about this issue and a community meeting was held on Friday 5 February, with testing offered to the community the following week. Further investigations are underway by the Council as the cause of the results.

## **9. Independent Review of the Southern Mental Health and Addiction System Continuum of Care**

The review team have completed two significant phases of initial engagement. This has included face to face visits to Dunedin, Balclutha, Gore and Invercargill. Some face to face activity in Queenstown, Cromwell, Dunstan and Oamaru reverted to virtual due to COVID lockdown restrictions and will be picked up again soon.

To date we have met and engaged with over 150 people including managers, clinical leaders, community mental health teams (CMHTs), inpatient staff, non-government organisations (NGOs), primary care and broader stakeholders involved across the four networks and the Network Leadership Group (NLG).

Part of this engagement has been a tour of the various facilities including those based at the Wakari site, Dunedin and Southland Hospitals and a selection of community based facilities.

A detailed data specification has been developed and agreed with the Ministry of Health which will result in the extraction of a comprehensive dataset for the review team to analyse.

We have requested and been provided with additional data on the mental health and addictions services including funding, contracts and workforce.

The steering group overseeing the review meet weekly and are actively working with Synergia providing support, oversight and advice.

### **Māori Engagement**

A plan for engagement and partnering with Māori throughout the review was developed and endorsed by the Iwi Governance Committee. The review team are currently working with a subgroup of Māori leaders to co-design the next steps with the plan.

An initial significant step with this plan is to hold three Māori designing and facilitated Hui with Māori stakeholders. Synergia will support these Hui.

The review team have met with some Māori providers and Māori across the DHB and plan to do more.

### **Future plans**

We will be continuing to engage with stakeholders across the district. Some DHB clinical groups in particular require further engagement opportunities – we are working on these options.

We have established a small consumer working group to help us with the consumer perspective – this group will be meeting virtually very soon.

As mentioned above the Maori Hui are being organised – aiming to be undertaken during early/mid March.

Mid-point rapid feedback report due end of March before moving into service design/development phase from April to June.

### **Emerging Themes**

Whilst it is early in our review there are some themes that are emerging. Please note these have not been validated by stakeholders and represent the review teams thoughts to date.

- A committed and passionate workforce: The workforce are committed to providing the best support possible to the population, but often feel as though they are fighting against the system rather than the system being enabling. This is particularly evident in places where facilities are felt to be sub-standard – in particular on the Wakari site
- Workforce shortages: Stakeholders have highlighted the challenges of recruiting to full FTE across the district – this leads to pressure on current resources and gaps in provision
- Fragmented system made up of many bits: It feels like the mental health and addiction system has evolved to be where it is rather than designed as it is. There is variation in how the system operates across the district with differences especially evident between old Southland and Otago DHB boundaries
- There are gaps in some parts of the service system: There are limited options for people who have moderate needs and/or those who require alternatives to inpatient admissions. Service options such as crisis respite, step up/down residential beds, and assertive home treatment options were mentioned by a number of people as missing or

significantly under resourced. Without these options, filling gaps in continuum of care, patients are either receiving no support or a being escalated to inpatient options when other home/community options would be much more appropriate

- Network groups are important, but not all are functioning at optimal level: There is a sense the some of the network groups (of which there are four) function well and are extremely helpful at ensuring local delivery matches the needs of the population. One network group was singled out as being an exemplar. The other three require changes if they are deliver what is needed of them – that said most stakeholders agree that the network groups are important to ensure local needs are meet and that change can be driven locally
- Limited use of data and intelligence to continuously improve: Whilst there are pockets of good practice data is not being used to constantly assess performance and drive incremental performance improvement. This needs to improve significantly to support the changes required
- No clear operating model for the system and leadership to drive change: There is a sense that no-one really knows how all the bits of the mental health and addiction system fit together and how they should fit together in the future, i.e. there is no clear future operating model. Without this it is hard to drive change and to lead improvement. This is different to a strategy but a practical set of pictures and words that describe the future system that all stakeholders can see and understand
- Must resource and lead change: Many people appear to have a clear idea of what needs to be done, most of the suggestions/ideas are not new. What they have said however is that there significant “change inertia” many feeling that they are stuck in an outdated system of care. Any change coming out of this review must be supported and resourced appropriately.

The review is on-track in terms of our timeline. The COVID restrictions during the week of 15 February changed some plans but shouldn't have an impact on the overall timeline. The review team are confident the review will be delivered on time, by 30 June 2021, to the highest level of quality.

## **10. Safe Staffing and Care Capacity Demand Management (CCDM)**

Safe Staffing means an appropriately resourced, well-organised, healthy, care delivery environment in which patients achieve the planned outcomes. The CCDM programme is a decision-support system utilising the TrendCare patient acuity tool designed for use by DHBs to predict, plan and deliver nursing and midwifery staffing in inpatient settings. The primary purpose of the CCDM programme is to support the delivery of safe, effective, and productive nurse staffing on every shift. This is achieved through collecting and using data about patient demand and acuity to guide the yearly staffing cycle including; annually identifying the FTE requirement for each service (for recruitment and budgeting purposes), evidence-based demand planning and rostering, and productive deployment of nursing resources on the day care is delivered.

To date there has been significant investment in nursing and midwifery FTE over the last two years; however we continue to see challenges in matching resource to demand. The following report provides an overview of some of the nursing and midwifery workforce data and key highlights/risks.

A copy of the CCDM Quarterly Implementation Report for 2020/21 Quarter 2 is included as Appendix 1.

### **Staffing Overview**

January has been another challenging month with difficulty matching available nursing resources to meet demand. Beds have been reduced or are being flexed up and down more frequently in a number of wards to minimise risk to patient safety and address staff safety



and wellbeing concerns. This however results in delays in care for our community due to postponement of surgery and every effort is being made to recruit to vacancies promptly with some successful appointments made recently. Consideration is being given to recruiting a more varied skill mix in wards and departments where appropriate, for example, recruiting more Health Care Assistants.

We are maximising our recruitment of new graduates and this year will see the largest ever intake across the district (64 DHB employed, 19 non-DHB employed in primary care, rurals and aged residential care facilities, and 10 unfunded placements, e.g. private hospitals). The first cohort of new graduate nurses commenced on the Nursing Entry to Practice (NETP) programme end of January. All graduates must complete six weeks of 'clinical load sharing' = supernumery status working alongside a preceptor before they are officially counted in available hours on the roster. This period of additional cost is offset by Ministry funding. We therefore hope to see some improvement in resourced beds from mid-March following this six week period. A second smaller cohort commences in April.

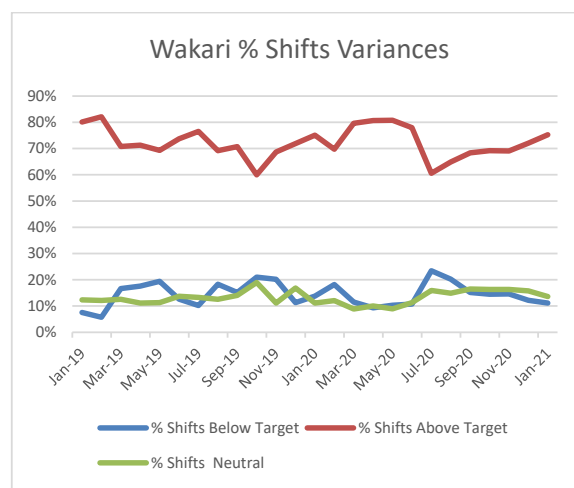
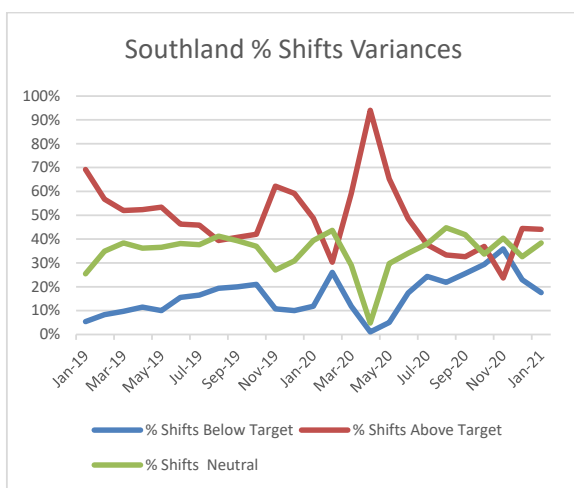
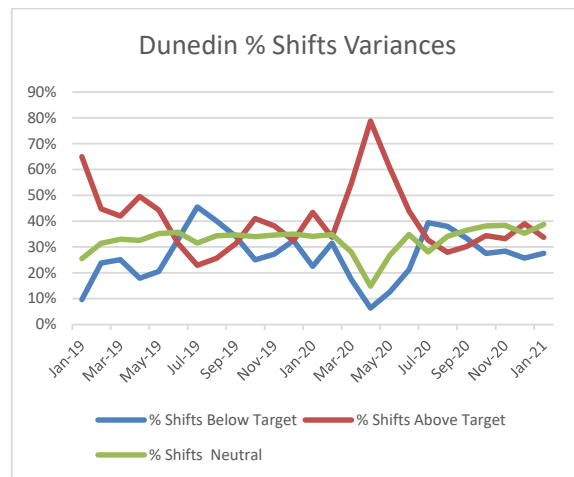
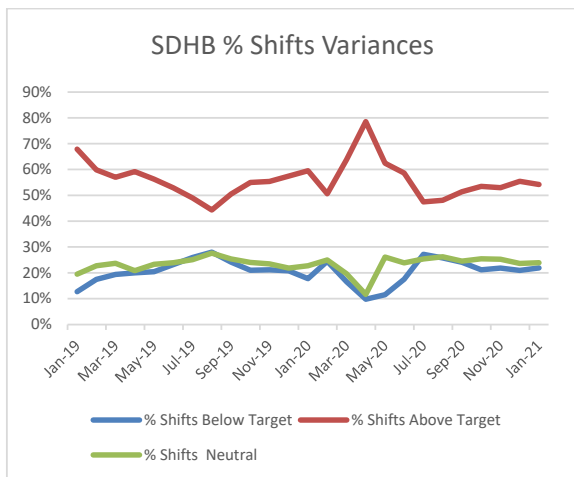
### **CCDM Diagnostic – Review by Jane Lawless**

The final report from this review was received on 14 February and will be shared with the CCDM Council in the first instance as per our partnership agreement obligations under the Accord.

The review considered the degree to which the organisation is achieving its commitment to the outcome of consistent provision of nurse staffing adequate to provide safe and effective care (assessed as on target shifts). The conclusion from the wards reviewed is consistent with our observations that the situation is currently unstable and there are too many instances of a poor shift-level match being achieved between service demand and the nursing resource provided. While this finding applies to both shifts over and under target, of most concern is evidence of wards operating at times beyond maximum nursing capacity. This has associated safety and quality implications including exposing patients to potential and actual harm and places an unsustainable level of demand on nursing staff. Although limited in scope by the timeframe, a high level picture of the current status was discoverable, allowing identification of a range of recommendations for the DHB's consideration. This report, together with the recently completed draft FTE calculations and the Minister's Letter of Expectations are all timely to help inform the 2021/22 budget investment prioritisation discussions.

### **Dashboard Reports**

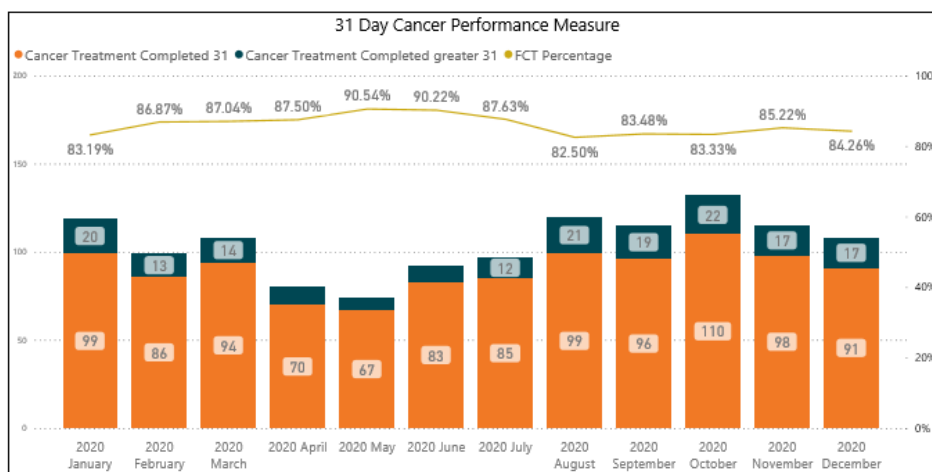
It is pleasing to see a reduction in sick leave and double shifts in January; however work related ACC continues to trend upwards and is mostly related to staff assaults or moving and handling injuries. Shift variances are fairly consistent this month overall with a pleasing reduction in Southland negative variances. Graphs showing shift variances are included below:



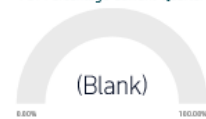
## 11. Oncology

### 31 Day Cancer Performance Target

We were marginally short of the 85% target in the last quarter with a result of 84.23% for the 31 day target which measures the time from diagnosis to first treatment.



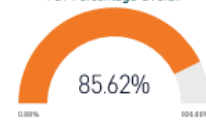
FCT Percentage Current Quarter



FCT Percentage Last Quarter

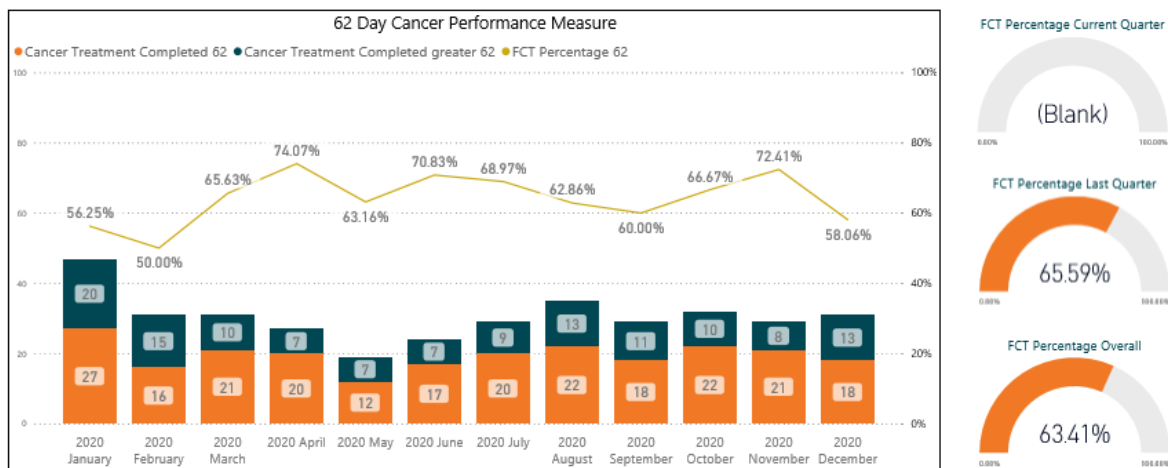


FCT Percentage Overall



### 62 Day Cancer Performance Target

We believe that the manner in which we are recording our performance against this target is inconsistent with other DHBs and we have commenced an exercise of replicating the Canterbury DHB logic for calculating the 62 day target. We anticipate that our performance may lift by as much as 10% if we were to calculate this more consistently with other DHBs. However, performance is still below the target and we considering what measures can be taken to improve performance against this measure.



### FSAs Seen per Week and Wait List for Oncology Services

- Based on average monthly FSAs seen of 28, the current Haematology wait list of 77 represents approximately 2.75 months’ worth of workload.
- Based on average monthly FSAs seen of 51.71, the current Oncology wait list of 77 represents approximately 1.5 months’ worth of workload.
- Based on average monthly FSAs seen of 89.29, the current Radiation Oncology wait list of 118 represents approximately 1.3 months’ worth of workload.

At 118 the current Radiation Oncology wait list is higher than it has historically been. A sixth radiation oncologist from Singapore is currently being reference checked and a second registered medical officer (RMO) will be starting soon. Recruitment of a radiation oncology clinical nurse specialist is also underway. The General Manager and Service Manager are currently quantifying the impact that these initiatives are projected to have on the wait list and we will then consider whether this needs to be topped up with outsourcing some cases to St Georges in Christchurch to bring the wait list down to 70 which is more in line with where it has historically been.

Expanded information and data is available in the Hospital Advisory Committee (HAC) Agenda.

## 12. Endoscopy

Our colonoscopy improvement programme continues to focus on the development of robust reporting, the roll out of the enhanced internal digital referral and ensuring we have referral pathways and a robust second review process for all colonoscopy referrals.

In terms of the enhanced digital referral, this has been worked on by the project lead with input from a number of stakeholders. We are awaiting final amendments to be made by our information systems (IS) colleagues and we can then programme this in to go live. The new referral will clearly identify when a Gastro-intestinal (GI) Specialist has requested a referral through one of their junior staff (in which case the referral should automatically be accepted)

as this (whether or not the GI Specialist has requested the referral or junior staff have requested it of their own accord) is currently creating a lack of clarity at times.

In terms of the referral pathway, we need to ensure that when a colonoscopy referral is unable to be prioritised against access criteria by the nurse at triage there is a second review, and if either the triaging nurse, a gastroenterologist or a surgeon believe the referral needs to be progressed upon second review it needs to be accepted. This is working well in Dunedin and we are working on how to make this process work as intended in Southland.

We are continuing to develop reports (some of these are still being validated) to give us an accurate picture of our capacity to complete colonoscopies, as well as to give us a sense of how well we continue to meet the Ministry of Health indicators and how long the wait times are for urgent, non-urgent and routine colonoscopies.

These reports include:

- How many referrals are received, accepted, declined or are awaiting prioritisation
- Wait times by sub-category
- Number of breaches of maximum wait times by category in wait time bands
- Monthly overall performance against the Ministry target, including by region
- Session utilisation.

Expanded information on the reports, including data tables, is available in the HAC Agenda.

### **13. Integrated Health and Wellness Hub**

It was agreed that Southern DHB wishes to partner with an agency or agencies to develop an integrated health and wellness hub in South Dunedin (the Hub). Agencies must have an interest in the wellness of high needs whānau and must be committed to a partnership with other health services and/or social service agencies.

To progress towards this, a Request for Proposal (RFP) was released to the market in November 2020 to identify suitable agencies able to meet this need. There were 12 responses to this RFP, which were evaluated by a panel consisting of representatives from Southern DHB, WellSouth Primary Health Network and our Community Council. Two preferred providers have been selected and negotiations with these providers will now commence.

### **14. Primary Maternity Facilities**

The first two of four workshops, run by an independent facilitator, with midwives from Central Otago and Wanaka were held in December. The workshops were well attended and DHB project team has undertaken to further develop the design principles and ways of working that were co-created during the workshops ahead of the next workshops scheduled for 10 and 11 February. These workshops aim to agree a high level model of care for the proposed new primary maternity facilities and to give the DHB assurance that there is a workforce committed to staffing the units. It is anticipated that we will have a view in February 2021 if this can be achieved.

A business case for the associated capital spend cannot be progressed until there is confirmation of a two-unit plan. If this is not confirmed, a paper will be prepared for the March Board meeting asking them to consider the one unit options for progression to the Business case stage. The Project Manager is meeting with the Ministry of Health representative to discuss the Business Case development process in mid-January.

An Expression of Interest process seeking a service provider for the new unit(s) was released on Government Electronic Tender Service (GETS) in December and closed on 11 January

2021. Three responses were received. With the support of the procurement team, the next stage is to progress to an RFP process. The timing of this process will need to be carefully aligned with the outcome of the workshops and a final single or two unit decision taken by the Board.

Initial negotiations about transition planning and a contract that reflects this have been undertaken with Charlotte Jean Maternity Hospital. They have agreed to a three month contract extension while negotiations continue.

Two of the Primary Maternity Project team visited Primary Birthing Units in Motueka and Golden Bay. Positive information was gained to assist with developing model of care options for Central Otago.

A lease on a facility in Central Wanaka has been signed, that will provide a venue for a Maternal and Child Hub. This space has been endorsed by the local Lead Maternity Carers (LMCs) in the town.

### **15. Midwifery Workforce in Wanaka**

Two new graduate midwives had planned to join one of the LMC practices in Wanaka at the start of 2021. Neither of these two can now start which leaves a shortage of LMCs to provide midwifery care to pregnant women in the Upper Clutha.

The resultant pressure on the three existing LMCs is significant. Some Rural Relief support has been provided by Southern DHB, however the LMCs are seeking additional support as the three days leave per month each is insufficient for them. As two LMCs are required at each birth, it is very difficult for them to have time when they are not on call.

### **16. Aged Residential Care Bed Availability**

Psychogeriatric Beds have been at full occupancy at our four units (three in Dunedin, one in Invercargill, with a total of 87 beds) since October, with the waitlist varying from 6 to 15 older people, who have been assessed as needing long term residential psychogeriatric care, waiting. Those on the waitlist are either in hospital, in a different level of aged residential care, or in the community. Our Mental Health Services for Older People (MHSOP) Nurse Practitioners are supporting the Care Plans in ARC, but some of these older people are presenting to hospital.

Hospital level beds in aged residential care had been at high occupancy before Christmas in Dunedin, but that has eased considerably, with high occupancies becoming challenging in Invercargill since the new year. Sometimes, this is due to staff shortages, not bed shortages. With pressure on staff at facilities, complex older people can be especially difficult to find a placement.

### **17. Murihiku Regeneration Project**

The Chief Māori Health Strategy and Improvement Officer (CMHSIO) has been asked to join the Murihiku Regeneration Project by the Ministry of Social Development Commissioner. The project aims to drive the Southland's economy forward over the next four years. Under the project, which is being led by Waihopai Te Runanga o Ngai Tahu representative Michael Skerrett and Te Runaka o Awarua (Bluff) Upoko Sir Tipene O'Regan, iwi would work in partnership with the Crown to ensure all aspects of wellbeing were considered, past the New Zealand Aluminium Smelter expected closure in 2024. Key objectives for the Murihiku Regeneration Project includes:

- Resetting and aligning aspirations, relationships and partnerships
- Connecting existing and new programmes of work

- Creating new pathways and partnerships
- Building leadership capability and capacity with a focus on rangatahi
- Driving long-term economic activity, built around the strengths of the Murihiku region.

There are multiple government programmes that are being developed and delivered to support the Southland region. In particular, the Just Transitions Partnerships team has recently been mandated to support a locally-led transition in light of Rio Tinto's decision to eventually close the smelter at Tiwai Point. This provides an opportunity for the public service to practice a more joined-up approach in Southland, with strong structures and foundations in place or underway to facilitate and drive a regionally-led, centrally-supported approach.

## **18. Measles Campaign**

The Māori Health Directorate along with WellSouth, Population Health and the Kaupapa Māori Health Providers continue to work on a targeted measles campaign for eligible Māori 15-30 years. In January 2021, a schedule will be established to provide the Measles vaccine, drawing on available vaccinators from kaupapa Māori Health Providers, WellSouth and Population Health. Vaccinations will need to be provided at a time and place appropriate to this population. Our team will be supporting the Moana Nui Festival being held at the Forsyth Barr Stadium on 13 February where the MMR vaccinations will be communicated in collaboration with Population Health and WellSouth. The Māori Health Directorate are working with DHB communications and the WellSouth team to promote this campaign to Māori communities.

## **19. Southland Marae Visit**

The CMHSIO has meet with Nic Johnston on the Invercargill site regarding a proposal to hold a visit to a local marae in Southland which will be extended to clinical staff and their families. The idea is to hold this event after work on a weekday for them to experience the powhiri process, whanaungatanga, kai and an opportunity to learn some local history of the region. A session would be run prior to this event so participants have an opportunity to learn about the pōwhiri process and pepeha so they will be better prepared for the visit. An evaluation process will ensure we have an understanding of their future training needs in this space.

## **20. Mental Health Advance Preference**

Over this month of February our collective Southern DHB Mental Health Advance Preference (MAPS), Māori project team will be engaging our Māori communities in a series of consultation hui across the Southern district seeking the input and contribution of our tangata whaiora, whānau and kaimahi Māori/Māori staff to the development of a pathway for Māori mental health advance preferences. The MAP is made at a time when the person is well and focuses on what the individual would like to have happen in the future when a situation arises, where the person may need treatment or help from others and their voice may not be normally heard or they are unable to speak for themselves.

The Māori MAPS project team seeks to explore and consider the development of a specific Māori MAPS pathway for tangata whaiora/whānau Māori. The Māori MAPS project will consider the importance of a Māori world view, including tikanga Māori informed approaches, i.e. whānau ora, Te Pae Mahutonga, Te Whare Tapawha, Te Wheke, but most importantly the contribution of tangata whaiora, whānau and Māori community is essential.

## 21. Digital Programme Business Case

The programme business case is 90% complete and we require six more days of assistance from Sapere to complete the work. January and February work focussed on:

- Finalising programme business case and interim funding (tranche 1.1/1.2)
- Seek Ministry endorsement of the approach and funding required for the board
- Recruitment programme for additional resources
- Start the detailed business case (drafted by April, finalised by September)
- Implementation of MyLab opening in February 2021
- Regional workshops re roadmaps and aligned workplans
- Gateway review for input into the detailed business case
- PICs project initiation.

## 22. Southern Future

- The People and Culture Forum met in February, focus continues on staff wellbeing and how the members of the forum can enable this.
- The People Dashboard is being finalised and will provide managers with information in one place to monitor any areas of concern. Version 1 will be available in mid February for review.
- The 2020 Staff Engagement Survey results are currently being finalised. The Qualtrics platform will be used to deliver the survey results to all staff and provide for more efficient tracking and communication of action plans associated with the outcomes.

## 23. Team Development

The Human Resources components of the essential corporate training sessions available to our staff are currently being revised to ensure foundation skills for line managers are being addressed in accordance with organisational needs. It is anticipated that this will include a wider portfolio of management skills courses in support of appraisals, performance management, recruitment and courageous conversations.

There has been considerable support for Courageous Conversations training in the last year, with many managers requesting team workshops on this topic. Further consideration will be given to this organisational need to enhance and improve the support available. This will be included in the scope of the current work being taken forward with Speak Up (Review and Recommendations).

The Organisational Development team have facilitated several team development workshops during January across Dunedin and Southland Hospitals including ISIS/6ATR, Community Oral Health, Sleep Service and the Quality & Clinical Governance Directorate.

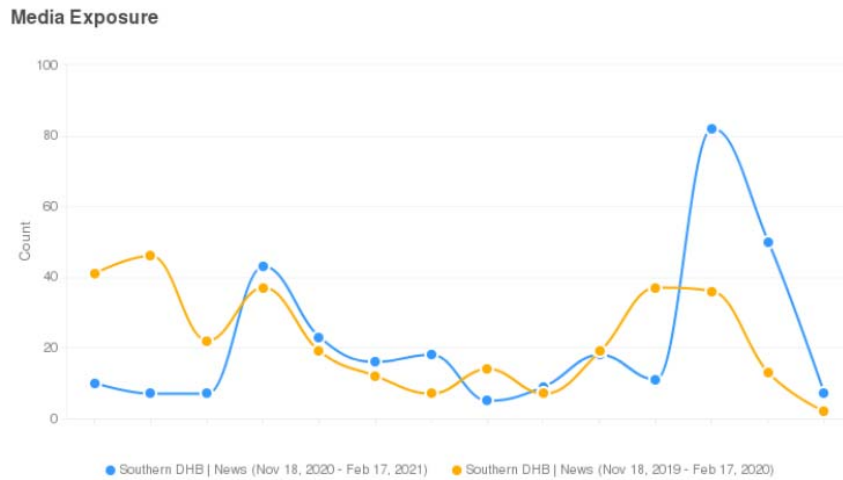
## 24. Disability Strategy

Preparations for the formal launch of the Disability Strategy are underway.

A Disability Steering group is being formed, long and one-page versions of the strategy are being prepared in various formats including Te Reo, easy read, Braille and a NZ sign language video.

## 25. Communications

Volumes of daily media mentions have been similar to early 2020, with a recent increase attributable to public health concerns regarding potential lead contamination in the Waikouaiti water supply. Other areas of interest over the past month have included responding to recent COVID cases and preparation for the vaccine roll-out, assaults in emergency departments, and pressure on the hospital system including the cancellation of elective surgeries.



The measles and COVID testing campaigns continued through the summer period, achieving strong audience engagement.

These campaigns, and the use of social media to provide community updates as we responded to lead issue, contributed to growth in our Facebook community, and greater reach over the past two months. We continue to grow this channel for reaching our audiences.





A key area of communications activity over the past month has related to supporting the public health response to the potential lead contamination in the Waikouaiti, Karitane and Hawsbury area. This including working with the Dunedin City Council to issue the no-drink notice, responding to community and media questions, holding a public meeting in Waikouaiti, and promoting the blood testing clinics that were held. A further public meeting is also planned to share the results.

COVID continues to generate ongoing communications requirements, as we prepare for the vaccine roll-out, and respond to the recent outbreak in Auckland and the shift to Alert Level 2.

The communications team is also working with the Patient Flow Taskforce and others in specialist services to support efforts to reduce delays in our hospital systems and respond to the community's concerns.

**Chris Fleming**  
**Chief Executive Officer**

**22 February 2021**

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## Appendices

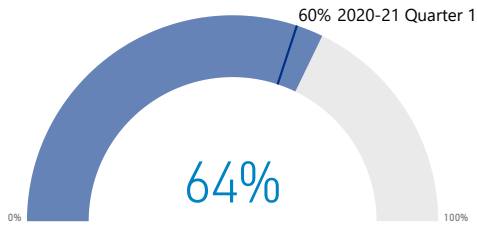
1. CCDM Quarterly Implementation Report for 200/21 Quarter 2

# Care Capacity Demand Management (CCDM) implementation overall progression

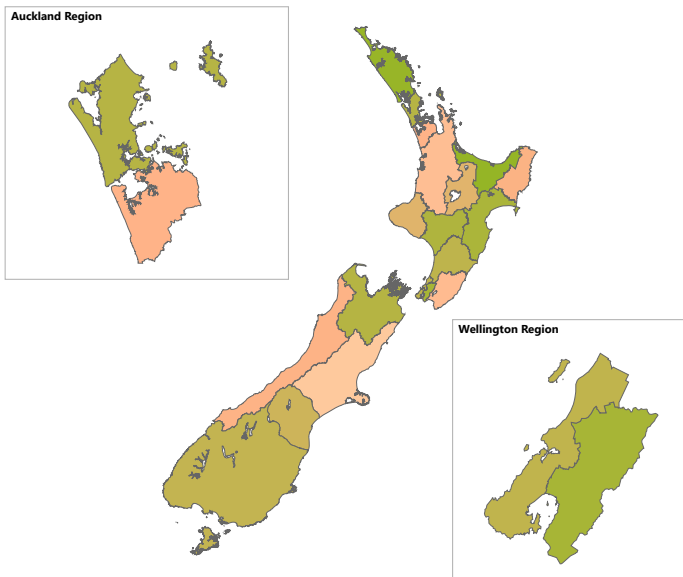
Rolling four quarters from January 2020 to December 2020



## 1. Overall implementation as at quarter 2 2020-21



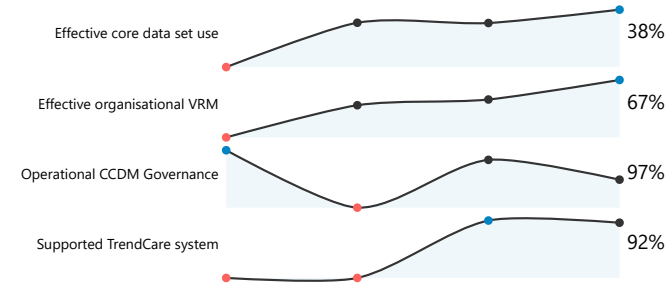
## 2. Implementation heat map by DHB



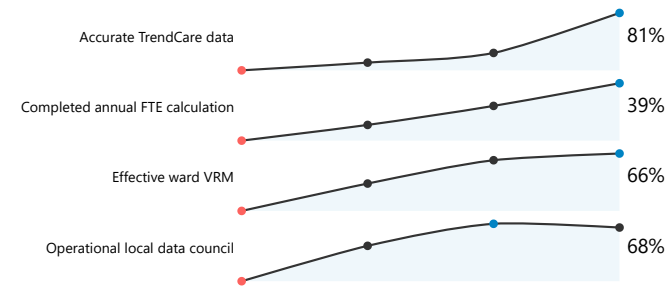
-Results approved for submission by each DHBs' CCDM Council.  
 -Allied Health team milestones are excluded from the overall implementation rate.  
 -Updated 28/01/2021

## 3. Progress against all milestones

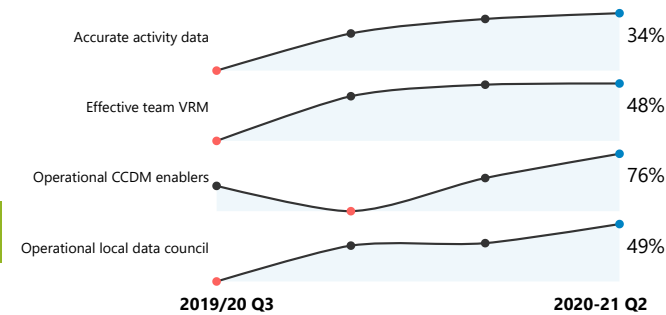
### Site milestones progression as at quarter 2



### Ward milestones progression as at quarter 2

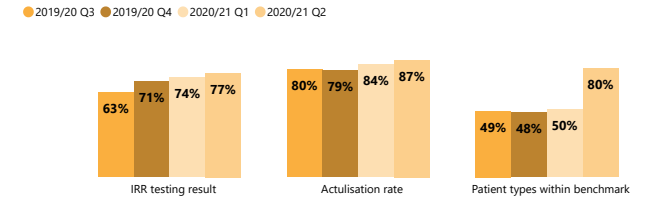


### Team milestones progression as at quarter 2

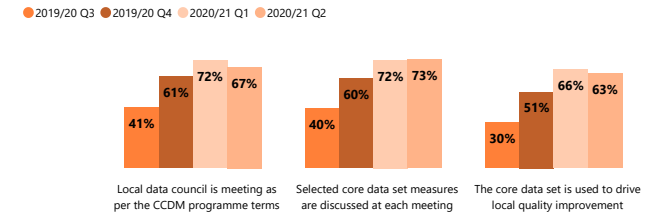


## 4. Breakdown of ward milestones

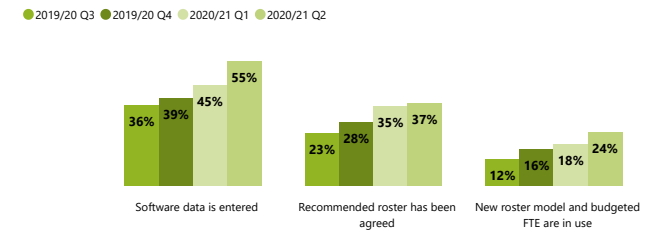
### Accurate TrendCare Data



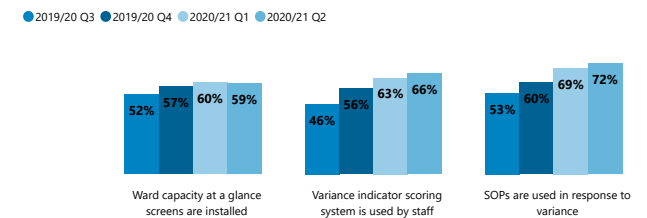
### Operational Local Data Council



### Completed Annual FTE Calculations



### Effective ward VRM



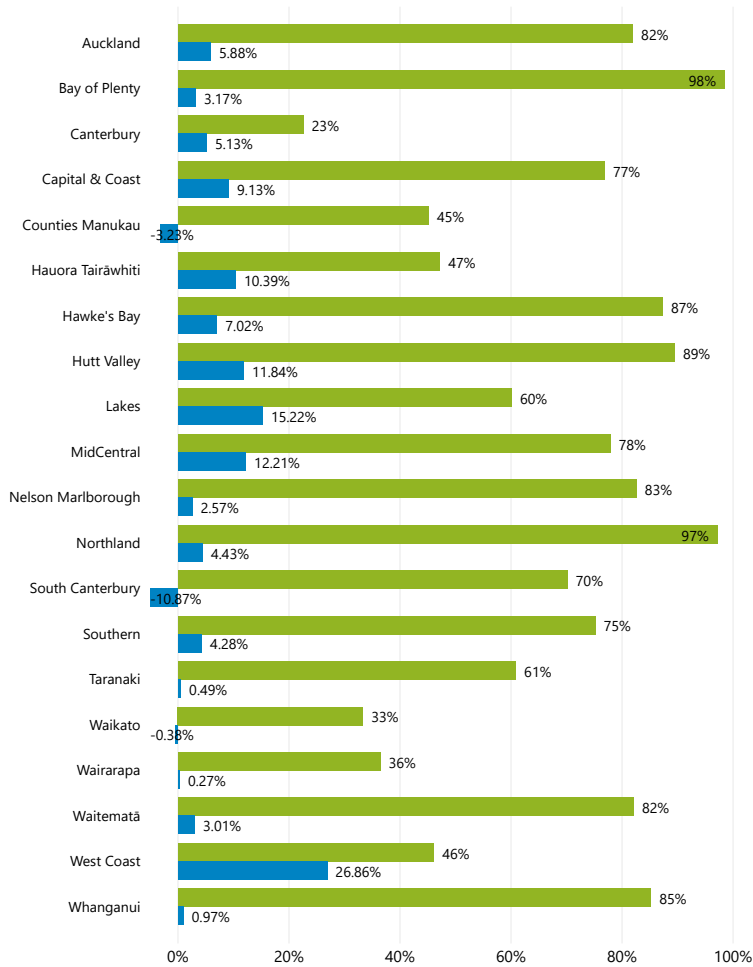
# Care Capacity Demand Management (CCDM) progress by DHB

## Rolling four quarters from January 2020 to December 2020



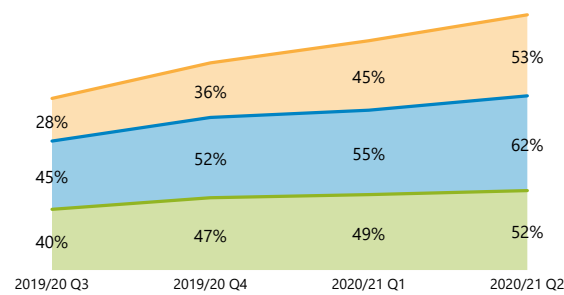
### 5. DHB implementation rate quarter 2 2020-21

● Implementation at Q2 ● % increase / decrease from previous quarter



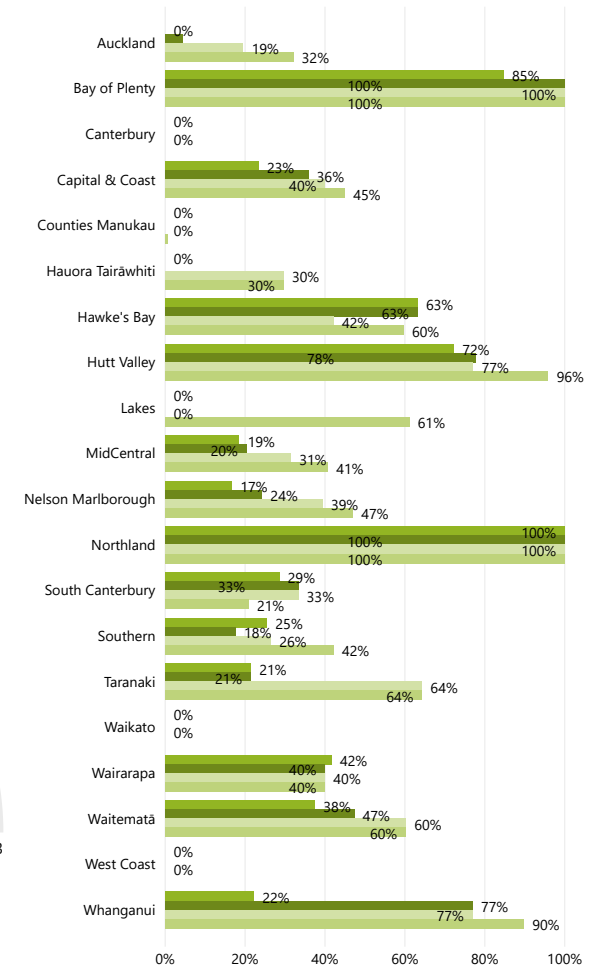
### 6. Progress in Allied Health, Maternity and Mental Health services

● Allied Health ● Maternity ● Mental Health & Addictions



### 8. Progress with annual FTE calculation as at quarter 2 2020-21

● 2019/20 Q3 ● 2019/20 Q4 ● 2020/21 Q1 ● 2020/21 Q2



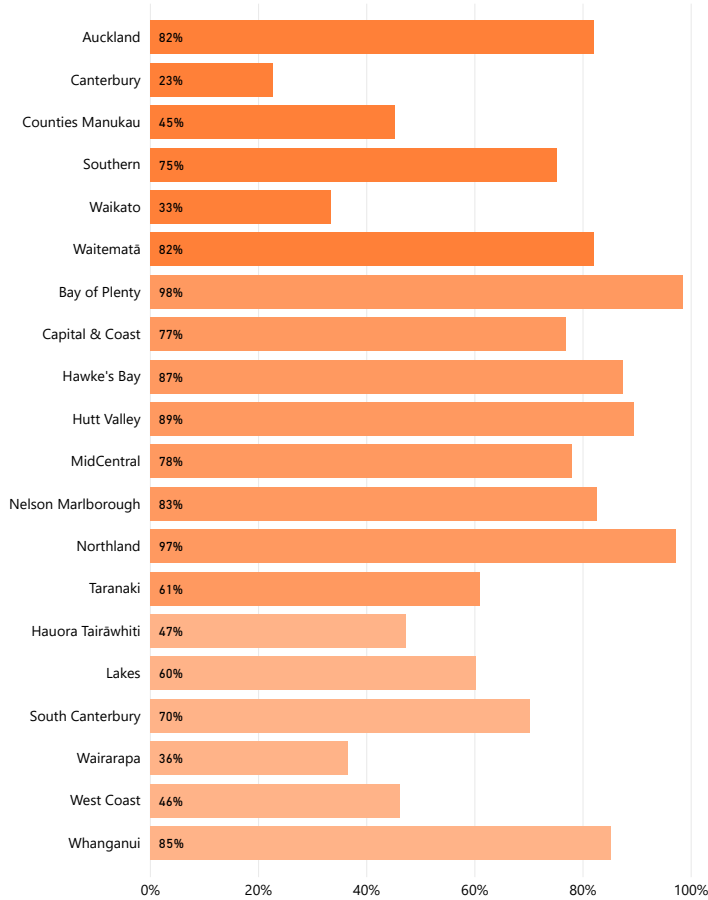
### 7. Count of total wards completed FTE calculations



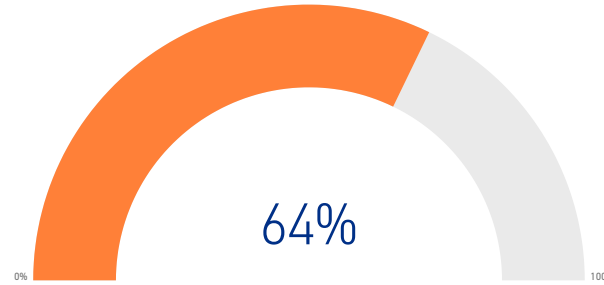
# Care Capacity Demand Management (CCDM) Implementation October to December 2020 Quarter 2

1. DHB implementation varies by DHB size

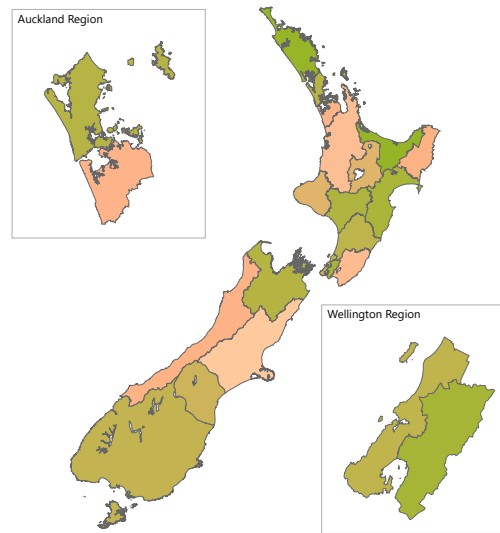
● Large ● Medium ● Small



2. National implementation for all 20 DHBs is 64%

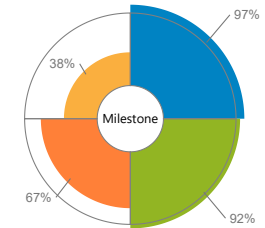


3. Implementation heat map by DHB

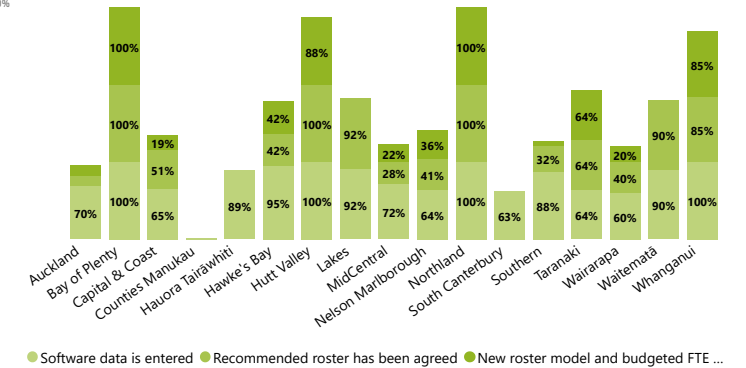


4. Milestone progression for Sites

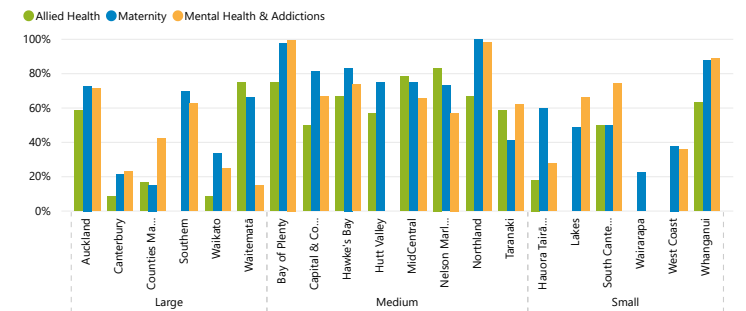
Site Milestones  
 ● Operational CCDM Governance  
 ● Supported TrendCare system  
 ● Effective organisational VRM  
 ● Effective core data set use



5. 14 out of 20 DHBs are making progress with annual FTE calculations



6. Allied health, Maternity and Mental health services are making varied progress across DHBs

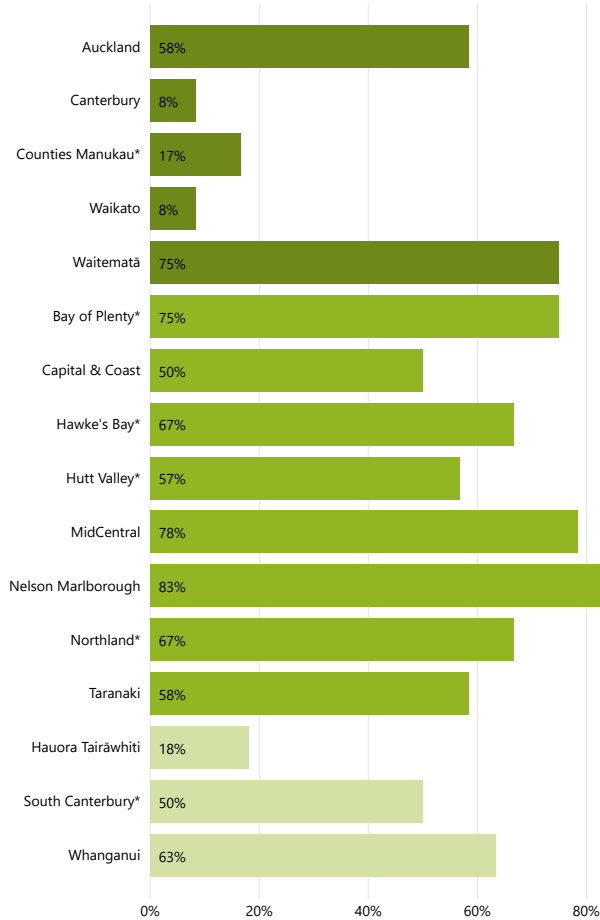


-Results approved for submission by each DHBs' CCDM Council.  
 -Allied Health team milestones are excluded from the overall implementation rate.  
 -Updated 28 January 2021.

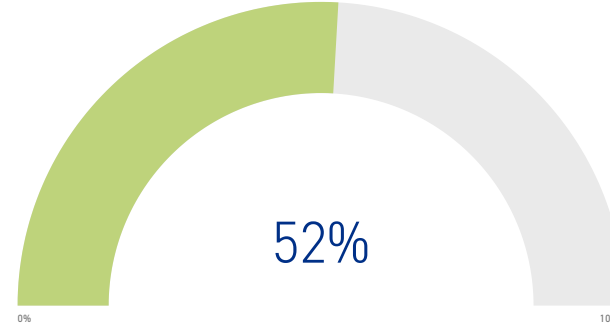
# Allied Health CCDM Implementation October to December 2020 Quarter 2

1. DHB implementation varies by DHB size

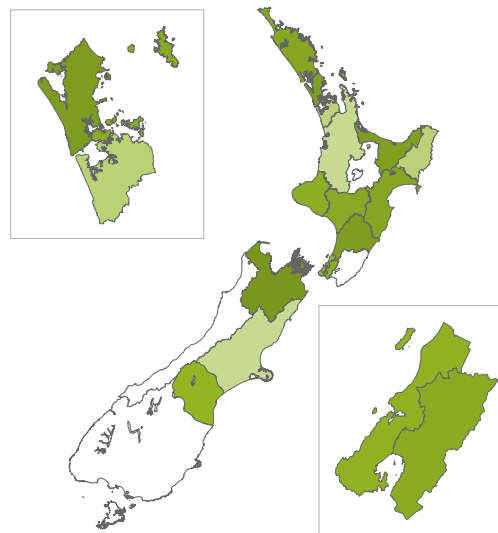
● Large ● Medium ● Small



2. Allied Health implementation for all 16 DHBs is 52%

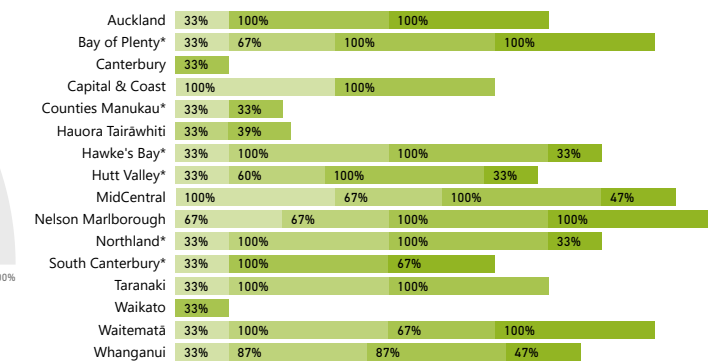


3. Implementation heat map by DHB



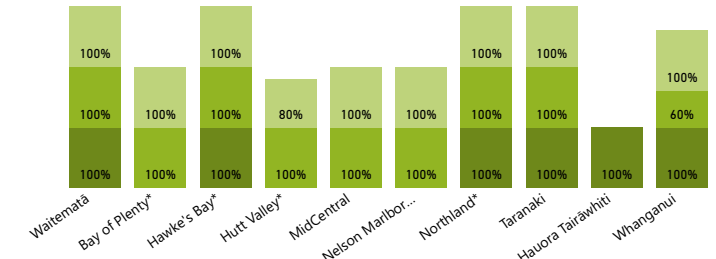
4. Milestone progression for DHBs (Allied Health)

● Accurate activity data ● Effective team VRM ● Operational CCDM enablers ● Operational local data council



5. 9 out of 16 DHBs are making progress with Effective team VRM

● Capacity at a glance screens include allied health ● Variance indicator scoring system is used by st... ● SOPs are used in response to v...



6. 13 out of 16 DHBs are making progress with Accurate activity Data

● Data quality audits occurring ● National allied health data sets applied ● Recorded clinical and non-clinical time is within 15% margin ...



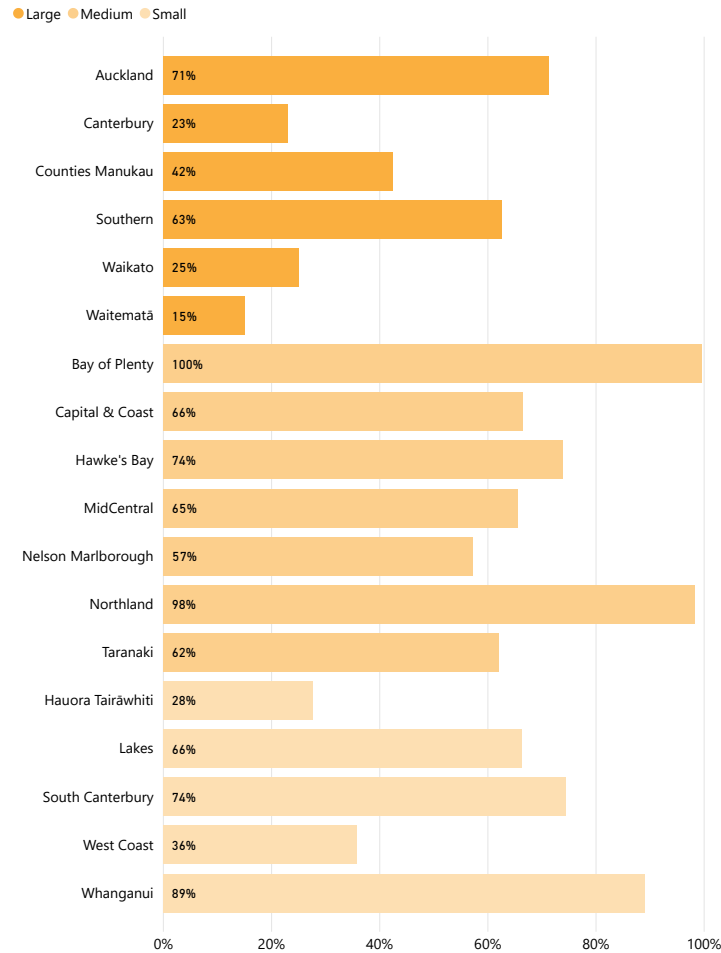
-Results approved for submission by each DHBs' CCDM Council.

-Allied Health team milestones are excluded from the overall implementation rate.

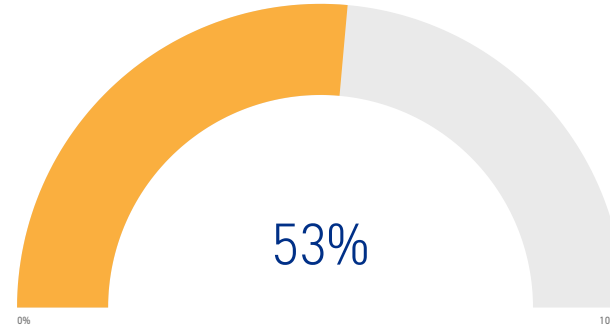
-Updated 28 October 2020.

# Mental Health & Addictions CCDM Implementation October to December 2020 Quarter 2

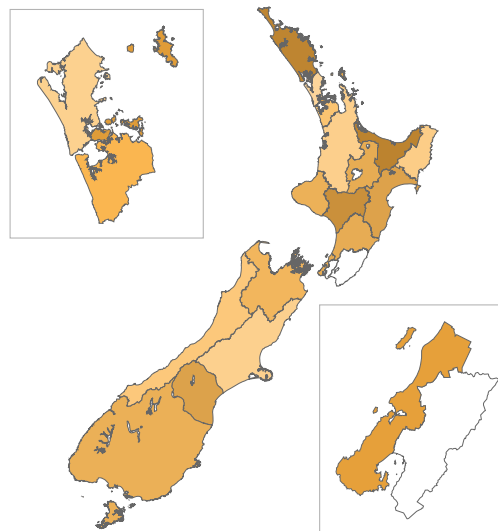
1. DHB implementation varies by DHB size



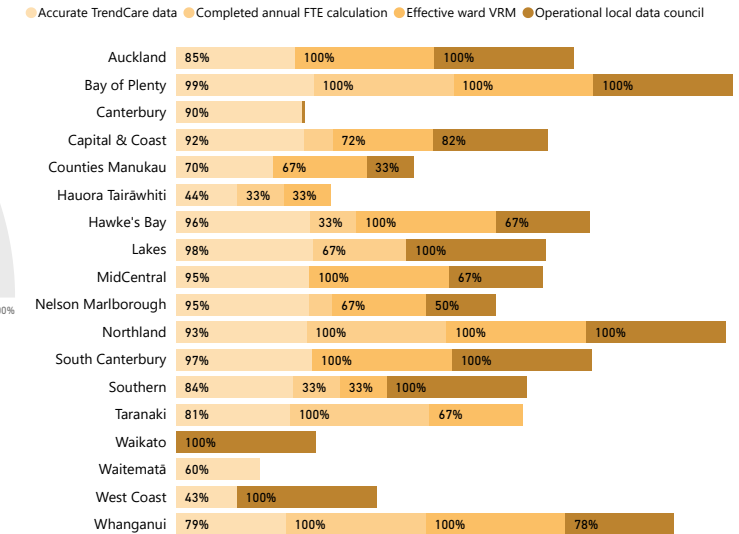
2. Mental Health & Addictions Implementation for 18 DHBs is 53%



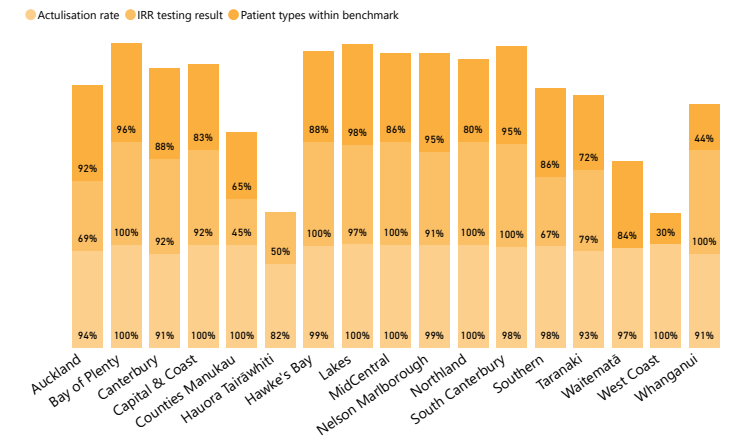
3. Implementation heat map by DHB



4. Milestone progression for DHBs



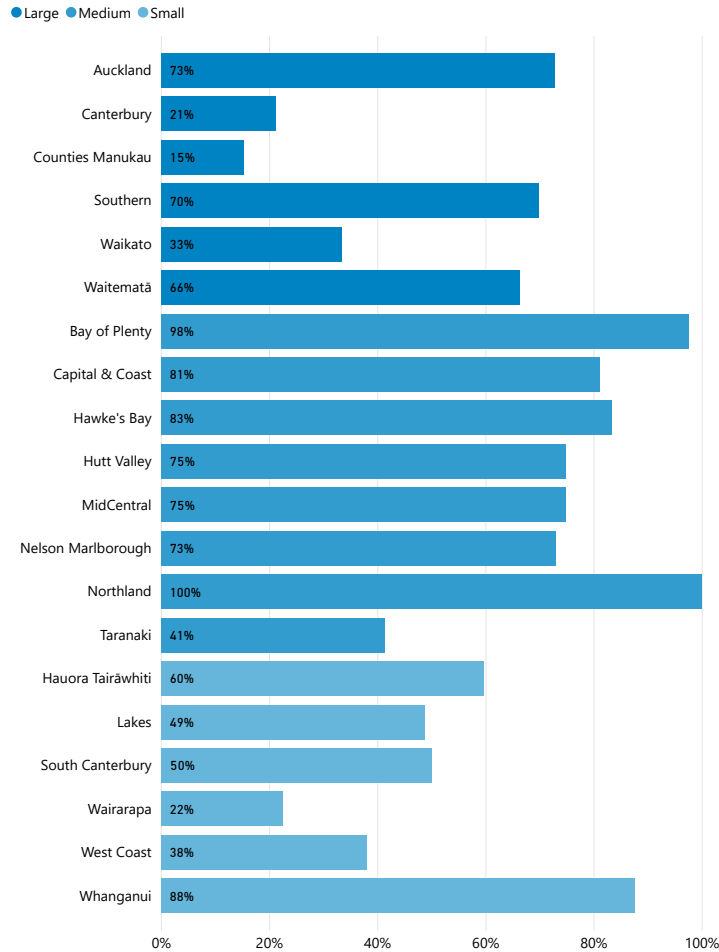
5. 17 out of 18 DHBs are making progress with Accurate TrendCare data



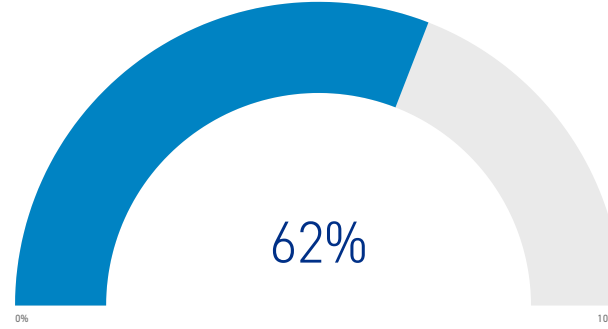
-Results approved for submission by each DHBs' CCDM Council.  
 -Allied Health team milestones are excluded from the overall implementation rate.  
 -Updated 28 October 2020.

# Maternity CCDM Implementation July to October to December 2020 Quarter 2

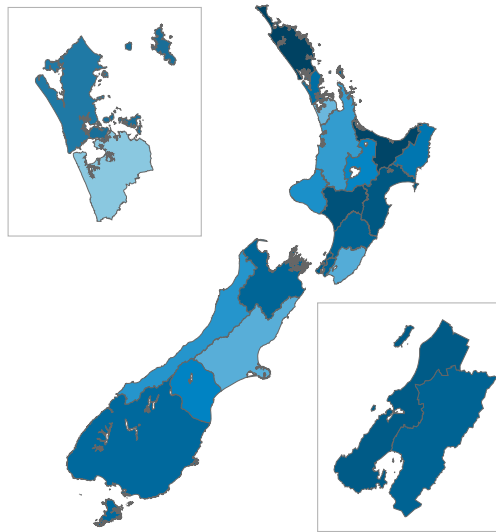
1. DHB implementation varies by DHB size



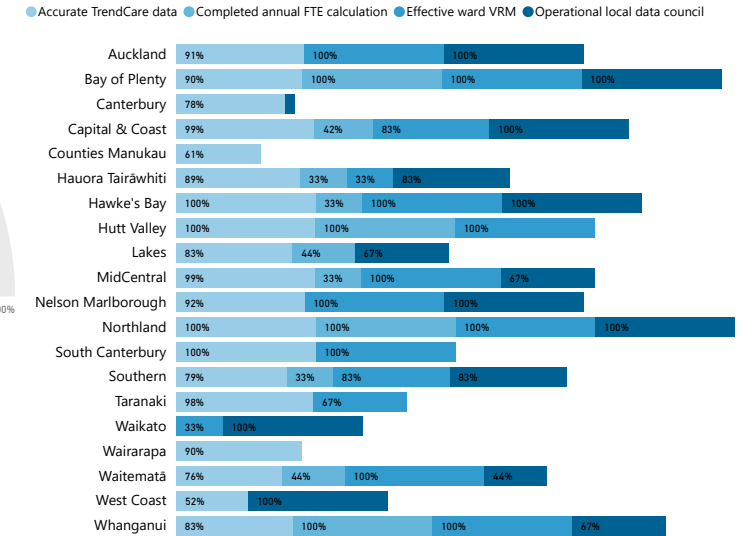
2. Maternity implementation for 20 DHBs is 62%



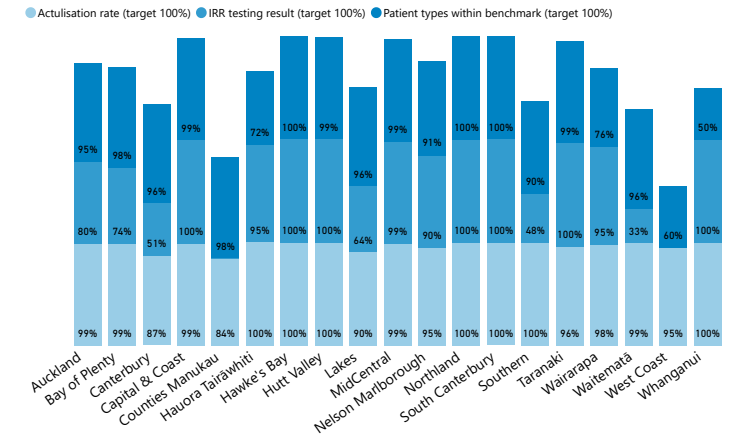
3. Implementation heat map by DHB



4. Milestone progression for DHBs (Maternity)



5. 19 out of 20 DHBs are making progress with Accurate TrendCare data



-Results approved for submission by each DHBs' CCDM Council.  
 -Allied Health team milestones are excluded from the overall implementation rate.  
 -Updated 28 October 2020.





## **FOR INFORMATION**

**Item:** Patient Flow Update Report February 2021

**Proposed by:** Patient Flow Taskforce

**Meeting of:** 2 March 2021

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## **Recommendation**

**That the Board notes the content of this update, and the presentation to be given at the meeting, and supports the course of action to date, going forward and approves the taskforce's resource requests.**

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## **Purpose**

**To summarise progress of actions of the Patient Flow Taskforce and seek approval for next steps.**

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## **Specific Implications For Consideration**

1. **Financial**
    - Potential low-level workforce related costs
  2. **Operational Efficiency**
    - The Patient Flow activities identified are believed to have a significant impact on increasing patient flow and in turn providing operational efficiencies.
  3. **Workforce**
    - Secondment opportunities and associated backfill of current resource to re-focus on patient flow activity.
  4. **Equity**
    - Dedicated Equity resource
- 

## **Background**

**The Patient Flow Taskforce was established in response to urgent focus needed addressing our hospital's bed block issues and staff stress and burnout. The 'SAFER' Bundle framework was introduced as an evolution of the 'Valuing Patient Time', and is being used as a vehicle to embed the necessary system changes to alleviate pressure, increase patient and staff wellbeing.**

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## **Discussion**

**Progress to date has involved the necessary planning and situational analysis and now the next stage has been identified where we need to bring in a further group of specific people to support the work of the taskforce.**

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### **Next Steps & Actions**

**Engage with the staff group identified as being critical to the next stage of taskforce work and continue with the planned workplan.**

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### **Appendices**

**Patient Flow Taskforce Progress Update.**

## PATIENT FLOW IMPROVEMENT PROGRAMME

*Day 19 – 1<sup>st</sup> Monthly progress Update*

### **Summary of activity to date:**

Over the course of the past 3 weeks that the Patient Taskforce has been in operation, there has been work completed in the following areas:

- Situational Analysis:

An understanding of the current state has been undertaken through being present on the frontlines to experience what is going on via attendance at rapid rounds, various operational stand-ups and various meetings in the hospital settings.

Baseline assessments of how these systems and tools are actually working (or not as the case may be) have been developed so a clear understanding of where the issues are can be determined.

Gathering feedback has also been a key feature of this initial period of time. A patient flow email was developed and socialised with staff. A lot of valuable feedback has been received by a broad range of staff in our system. This has been triaged by the team, responded to in the first instance and a process of analysis is underway at the moment regarding this feedback. An emerging theme within the feedback has been the feeling amongst staff of the inability to make incremental changes for a variety of reasons – cultural, hierarchy, lack of permission, time as a resource to focus on these etc. Some of the feedback represents large scale change in itself. For instance the concept of the ‘virtual ward’ which was a previously trialled initiative and discharge summaries. Both piece of work have been added to our workstreams as sub-projects which will require different resourcing from a project perspective.

Immediate changes have been made to two existing meetings on the Dunedin site to enhance their effectiveness. The daily ED Huddle has now changed to be a Hospital Huddle with extended membership and revised terms of reference (ToR). The Surgical Planning meeting where electives for the next 24+hours are discussed and actions agreed has also had the ToR revised to strengthen inter-directorate participation. A new weekday Stranded Patient Rapid Round process will commence from the week of Monday 22 Feb.

- Planning:

A significant amount of planning within this team has also taken place using a project management lens. As Patient Flow represents a significant change project, focus has been given to considering risk management, stakeholder engagement, communications planning, resistance planning and what our ongoing resource requirements will be.

From a systems perspective we’ve been engaging with our IT colleagues to have various tools set up – large screens that were needed for rapid rounds, a dedicated SharePoint site for staff to access tools and resources, and the piece of work surfacing the metrics is underway. The metrics needed a reset in terms of what data we could access, was reliable and would be an effective measure of our progress. This has been prioritised by our data/reporting team and we anticipate sharing these by the end of next week. To further support our measurement of success, a rapid round evaluation tool has been developed to support the effective running of these critical meetings – these will enable us to clearly see where improvement focus needs to be put.

Understanding the patient experience is critical and the chair of the Community Health Council is actively engaged in the Action Leadership Group and Taskforce planning. Capturing patient stories and other qualitative metrics are essential to this improvement work.

A draft communications plan and engagement plan has been developed including detail on who we need to communicate with, via which methods and when. One of the key pieces regarding the communications planning has been on how to ensure the senior clinicians are receiving our messaging, gaining critical buy-in – an ongoing challenge in our environment. As well as the usual methods of digital communications, targeted discussions have been planned with the Chiefs and various clinical heads, SMO's and MD's including face-to-face, their weekly meetings and the upcoming SMO engagement workshops being held in early March.

- Next Steps:

The key next step for the taskforce is to grow. We are at the critical point in time where we need to expand and bring in extra resource to help achieve the work that needs to be done. We have developed a resource requirement plan together which we don't believe represents significant cost, but it does require some of our current staff to be seconded into the taskforce in various part-time ways, potentially backfill arrangements be organised and approval for this to be given. This plan also represents the strong need we now have for alignment across our Directorates and a joined-up approach for Patient Flow. We strongly believe in the value a dedicated equity resource will offer this project and as such that is outlined as well.

Further to this, the rapid round evaluation tool is to be socialised and implemented with all the teams next week. Further work analysing feedback and the sub-projects will continue and the next round of communications will go out. Wider management and exec. involvement in rapid rounds is also due to take place.

## **FOR APPROVAL**

**Item:** Financial Report for the period ended 31 January 2021.  
**Proposed by:** Julie Rickman, Executive Director Finance, Procurement & Facilities  
**Meeting of:** Board, 2 March 2021

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## **Recommendation**

**That the Board approves the Financial Report for the period ended 31 January 2021.**

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## **Purpose**

1. To provide the Board with the financial performance of the DHB for the month and year to date ended 31 January 2021.

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## **Specific Implications for Consideration**

2. Financial
- The historical financial performance impacts on the options for future investment by the organisation as unfavourable results reduce the resources available.
- 

## **Next Steps & Actions**

The Finance team are continuing to refine and develop the presentation and content of the Financial Report to improve transparency and understanding of the financial performance and position of the organisation.

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## **Appendices**

Appendix 1 Financial Report for the Board

## Southern DHB Financial Report

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Financial Report for: 31 January 2021  
Report Prepared by: Finance  
Date: 18 February 2021

### Report to Board

This report provides a commentary on Southern DHB's Financial Performance and Financial Position for the month and period ending 31 January 2021.

The net surplus for the period ending 31 January 2021 was \$2.1m, matching budget. The result includes a one-off \$1.3m reduction in the month for Capital Charge expense, reflecting the equity adjustment for the Holidays Act 2003 provision at 30 June 2020. In addition there is expenditure for COVID-19, Holidays Act 2003, New Dunedin Hospital Accelerated Depreciation and Digital Hospital Project Costs, totalling \$1.0m.

Revenue was \$1.2m favourable to budget.

Government Funding included unbudgeted amounts of COVID-19 funding of \$0.4m for Community Pharmaceutical Funding and \$0.2m for Surveillance & Testing funding, \$0.2m for Mental Health funding and \$0.6m for IDF funding. The Surveillance & Testing Funding has been recognised to match expenditure, however as it is subject to washup there remains an inherent risk the funding may not be paid by the Ministry of Health.

The Expenses were \$1.2m unfavourable to budget.

Workforce costs were \$0.4m unfavourable inclusive of \$0.6m additional Holidays Act 2003 provision. Clinical Supplies were \$1.1m unfavourable, reflecting higher treatment disposables and pharmaceuticals expenditure. Depreciation was \$0.1m unfavourable due to accelerated depreciation on the old Dunedin Public Hospital. Provider Payments were \$0.5m unfavourable, reflecting COVID-19 Surveillance and Testing expenses and higher Residential Care payments. Capital Charge Expense was \$1.3m favourable.

## Financial Performance Summary

SOUTHERN DISTRICT HEALTH BOARD  
Statement of Financial Performance  
For the period ending 31 January 2021



Month Actual \$000	Month Budget \$000	Variance \$000		YTD Actual \$000	YTD Budget \$000	Variance \$000		LY Full Year Actual \$000	Full Year Budget \$000
<b>REVENUE</b>									
97,394	96,064	1,330	F	690,335	674,294	16,041	F	1,089,019	1,155,951
731	877	(146)	U	8,218	6,141	2,077	F	11,047	10,528
<u>98,125</u>	<u>96,941</u>	<u>1,184</u>	F	<u>698,553</u>	<u>680,435</u>	<u>18,118</u>	F	<u>1,100,066</u>	<u>1,166,479</u>
<b>EXPENSES</b>									
37,469	37,053	(416)	U	273,414	265,957	(7,457)	U	484,392	462,125
3,318	3,081	(237)	U	27,149	25,394	(1,755)	U	41,837	43,556
8,251	7,110	(1,141)	U	65,331	57,176	(8,155)	U	99,345	96,871
4,842	4,858	16	F	35,299	35,172	(127)	U	63,258	60,354
39,874	39,334	(540)	U	287,250	277,685	(9,565)	U	466,737	474,021
2,285	3,423	1,138	F	21,055	22,723	1,668	F	34,951	40,469
<u>96,039</u>	<u>94,859</u>	<u>(1,180)</u>	U	<u>709,498</u>	<u>684,107</u>	<u>(25,391)</u>	U	<u>1,190,520</u>	<u>1,177,396</u>
<u>2,086</u>	<u>2,082</u>	<u>4</u>	F	<u>(10,945)</u>	<u>(3,672)</u>	<u>(7,273)</u>	U	<u>(90,454)</u>	<u>(10,917)</u>

### Revenue (Year to Date)

Overall, Revenue is \$18.1m favourable to budget year to date.

Government and Crown Agency revenue is \$16.0m favourable, including additional funding for COVID-19 \$6.2m, Primary Mental Health & Addiction \$2.1m and Community Pharmaceuticals \$3.0m. These revenue streams have a direct connection to expenditure. The Capital Charge funding has been reduced by \$1.2m to align with the Treasury rate change from 6% to 5%.

Non-Government & Crown Agency revenue is \$2.1m favourable to budget. The recognition of the donated clinical equipment and PPE from the Ministry of Health of \$2.9m has been offset for the most part by the lower Non Resident revenue of \$0.5m.

### Expenditure (Year to Date)

Total Expenses year to date are \$709.5m, which is \$25.4m unfavourable to budget.

Outsourced Clinical Services are \$1.8m unfavourable year to date reflecting additional costs incurred for delivery of the Improvement Action Plans.

Clinical Supplies are \$8.2m unfavourable year to date for hospital clinical activity to deliver Business as Usual and the Improvement Action Plan. The expenditure comprises Treatment Disposables, Instruments & Equipment, Implants & Prostheses and Pharmaceuticals.

Provider Payments are \$9.6m unfavourable year to date; comprising payments to NGOs supporting COVID-19 activity, including \$5.7m COVID-19 testing in the community, \$1.5m for Mental Health & Addiction and \$0.5m for Community Pharmaceuticals. Disability Support payments for Residential Care are \$2.0m unfavourable, with higher than expected hospital level care patient volumes.

## Year to Date Results – By Key Drivers

The Financial Performance includes unbudgeted expenditure outside the normal Business as Usual (BAU). The year to date Financial Performance table below indicates the split of financial performance across unbudgeted activities and Business as Usual (BAU).

SOUTHERN DISTRICT HEALTH BOARD  
 Summary of YTD Results - By Key Drivers  
 For the period ending 31 January 2021



	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD
	Actual			ODPH Accelerated			Budget	BAU
	Total	COVID-19	Holidays Act	Depreciation	NDPH	BAU	Total	Variance
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>REVENUE</b>								
Government & Crown Agency	690,335	6,150	-	-	-	684,185	674,294	9,891 F
Non-Government & Crown Agency	8,218	2,858	-	-	-	5,360	6,141	(781) U
<i>Total Revenue</i>	<b>698,553</b>	<b>9,008</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>689,545</b>	<b>680,435</b>	<b>9,110 F</b>
<b>EXPENSES</b>								
Workforce Costs	273,414	818	4,405	-	868	267,323	265,957	(1,366) U
Outsourced Services	27,149	(3)	-	-	-	27,152	25,394	(1,758) U
Clinical Supplies	65,331	604	-	-	-	64,727	57,176	(7,551) U
Infrastructure & Non-Clinical Supplies	35,299	122	-	924	224	34,029	35,172	1,143 F
Provider Payments	287,250	7,347	-	-	-	279,903	277,685	(2,218) U
Non-Operating Expenses	21,055	-	-	-	-	21,055	22,723	1,668 F
<i>Total Expenses</i>	<b>709,498</b>	<b>8,888</b>	<b>4,405</b>	<b>924</b>	<b>1,092</b>	<b>694,189</b>	<b>684,107</b>	<b>(10,082) U</b>
<b>NET SURPLUS / (DEFICIT)</b>	<b>(10,945)</b>	<b>120</b>	<b>(4,405)</b>	<b>(924)</b>	<b>(1,092)</b>	<b>(4,644)</b>	<b>(3,672)</b>	<b>(972) U</b>



## Financial Position Summary

**SOUTHERN DISTRICT HEALTH BOARD**  
**Statement of Financial Position**  
 As at 31 January 2021



Actual 30 Jun 2020 \$000		Actual 31 January 2021 \$000	Budget 31 January 2021 \$000	Actual 31 Dec 2020 \$000	Budget 30 Jun 2021 \$000
<b>CURRENT ASSETS</b>					
31,011	Cash & Cash Equivalents	25,065	7	133,141	7
49,819	Trade & Other Receivables	54,054	54,860	52,014	48,830
6,095	Inventories	6,320	5,525	6,377	5,235
<u>86,925</u>	<i>Total Current Assets</i>	<u>85,439</u>	<u>60,392</u>	<u>191,532</u>	<u>54,072</u>
<b>NON-CURRENT ASSETS</b>					
326,463	Property, Plant & Equipment	328,971	346,400	330,688	355,122
3,307	Intangible Assets	4,261	16,996	3,640	20,149
<u>329,770</u>	<i>Total Non-Current Assets</i>	<u>333,232</u>	<u>363,396</u>	<u>334,328</u>	<u>375,271</u>
<u>416,695</u>	<b>TOTAL ASSETS</b>	<u>418,671</u>	<u>423,788</u>	<u>525,860</u>	<u>429,343</u>
<b>CURRENT LIABILITIES</b>					
-	Cash & Cash Equivalents	-	7,945	-	16,259
64,666	Payables & Deferred Revenue	73,280	65,531	183,814	64,494
962	Short Term Borrowings	607	1,021	672	955
88,645	Employee Entitlements *	87,947	85,353	87,244	85,533
<u>154,273</u>	<i>Total Current Liabilities</i>	<u>161,834</u>	<u>159,850</u>	<u>271,730</u>	<u>167,241</u>
<b>NON-CURRENT LIABILITIES</b>					
1,091	Term Borrowings	900	1,053	909	1,018
75,528	Holidays Act 2003*	79,933	31,542	79,304	-
19,810	Employee Entitlements	19,810	19,810	19,810	19,810
<u>96,429</u>	<i>Total Non-Current Liabilities</i>	<u>100,643</u>	<u>52,405</u>	<u>100,023</u>	<u>20,828</u>
<u>250,702</u>	<b>TOTAL LIABILITIES</b>	<u>262,477</u>	<u>212,254</u>	<u>371,753</u>	<u>188,069</u>
<u>165,993</u>	<b>NET ASSETS</b>	<u>156,194</u>	<u>211,534</u>	<u>154,107</u>	<u>241,274</u>
<b>EQUITY</b>					
485,955	Contributed Capital	487,101	494,766	487,102	531,750
108,500	Property Revaluation Reserves	108,500	108,502	108,500	108,502
(428,462)	Accumulated Surplus/(Deficit)	(439,407)	(391,734)	(441,496)	(398,978)
<u>165,993</u>	<i>Total Equity</i>	<u>156,194</u>	<u>211,534</u>	<u>154,107</u>	<u>241,274</u>

### Statement of Changes in Equity

172,410	Opening Balance	165,993	206,398	165,993	206,398
(90,454)	Operating Surplus/(Deficit)	(10,945)	(3,672)	(13,032)	(10,917)
84,744	Crown Capital Contributions	1,146	8,808	1,146	46,500
(707)	Return of Capital	-	-	-	(707)
<u>165,993</u>	<i>Closing Balance</i>	<u>156,194</u>	<u>211,534</u>	<u>154,107</u>	<u>241,274</u>

\*Holidays Act 2003 actuals for FY21 have been re-classified to Non-Current Liabilities

## Cash Flow Summary

SOUTHERN DISTRICT HEALTH BOARD  
Statement of Cashflows  
For the period ending 31 January 2021



	YTD Actual \$000	YTD Budget \$000	Variance \$000	Full Year Budget \$000	LY YTD Actual \$000
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>					
<i>Cash was provided from Operating Activities:</i>					
Government & Crown Agency Revenue	691,397	673,420	17,977	1,156,983	627,826
Non-Government & Crown Agency Revenue	6,212	6,006	206	10,296	6,334
Interest Received	180	135	45	232	194
<i>Cash was applied to:</i>					
Payments to Suppliers	(422,876)	(402,401)	(20,475)	(675,364)	(392,302)
Payments to Employees	(264,425)	(271,808)	7,383	(499,568)	(252,529)
Capital Charge	-	(6,263)	6,263	(12,605)	-
Goods & Services Tax (net)	929	969	(40)	(486)	1,462
<b>Net Cash Inflow / (Outflow) from Operations</b>	<b>11,417</b>	<b>58</b>	<b>11,359</b>	<b>(20,512)</b>	<b>(9,015)</b>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>					
<i>Cash was provided from Investing Activities:</i>					
Sale of Fixed Assets	3	-	3	-	2
<i>Cash was applied to:</i>					
Capital Expenditure	(17,959)	(47,265)	29,306	(72,294)	(21,678)
<b>Net Cash Inflow / (Outflow) from Investing Activity</b>	<b>(17,956)</b>	<b>(47,265)</b>	<b>29,309</b>	<b>(72,294)</b>	<b>(21,676)</b>
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>					
<i>Cash was provided from Financing Activities:</i>					
Crown Capital Contributions	1,145	8,808	(7,663)	45,763	
<i>Cash was applied to:</i>					
Repayment of Borrowings	(552)	(552)	-	(220)	1,299
Repayment of Capital	-	-	-	-	-
<b>Net Cash Inflow / (Outflow) from Financing Activity</b>	<b>593</b>	<b>8,256</b>	<b>(7,663)</b>	<b>45,543</b>	<b>1,299</b>
<b>Total Increase / (Decrease) in Cash</b>	<b>(5,946)</b>	<b>(38,951)</b>	<b>33,005</b>	<b>(47,263)</b>	<b>(29,392)</b>
<b>Net Opening Cash &amp; Cash Equivalents</b>	<b>31,011</b>	<b>31,012</b>	<b>(1)</b>	<b>31,011</b>	<b>(9,888)</b>
<b>Net Closing Cash &amp; Cash Equivalents</b>	<b>25,065</b>	<b>(7,939)</b>	<b>33,004</b>	<b>(16,252)</b>	<b>(39,280)</b>

Cash flow from Operating Activities is favourable to budget by \$11.4 million. Revenue received and Payments to Suppliers are in line with the Statement of Financial Performance, however Payments to Employees is favourable as the budget included a payment for the Holidays Act 2003 and the Capital Charge payment was delayed by the Ministry of Health from December 2020 to February 2021.

Cash flow from Investing Activities is favourable to budget by \$29.3m. The Capital Expenditure cash spend reflecting the timelines for approval and supply chain delivery for capital expenditure.

Cash flow from Financing Activities is unfavourable to budget by \$7.7m. The Annual Plan included funding budget to offset the Holidays Act 2003 payment.

Overall, Cash flow is favourable to budget by \$33.0m, primarily the result of the continued Capex underspend.

Capital Expenditure Summary

**SOUTHERN DISTRICT HEALTH BOARD**  
**Capital Expenditure - Cash Flow**  
 For the period ending 31 January 2021



Description	YTD	YTD	Variance	Over	LY YTD
	Actual	Budget		Under	Actual
	\$000	\$000	\$000	Spend	\$000
Land, Buildings & Plant	3,923	15,872	11,949	U	8,942
Clinical Equipment	9,660	9,949	289	U	8,087
Other Equipment	317	682	365	U	300
Information Technology	1,920	7,370	5,450	U	2,130
Motor Vehicles	14	-	(14)	O	3
Software	2,125	13,392	11,267	U	2,216
<b>Total Expenditure</b>	<b>17,959</b>	<b>47,265</b>	<b>29,306</b>	<b>U</b>	<b>21,678</b>

At 31 January 2021, our Financial Position on page 5 shows Non-Current Assets comprising Property, Plant & Equipment and Intangible Assets totalling \$333.2m, which is \$30.2m less than the budget of \$363.4m.

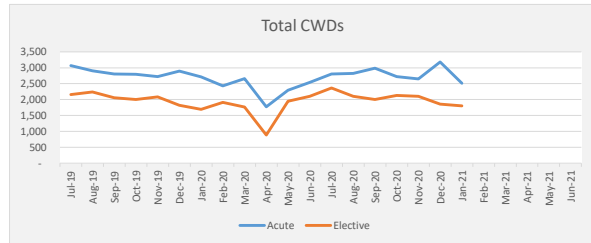
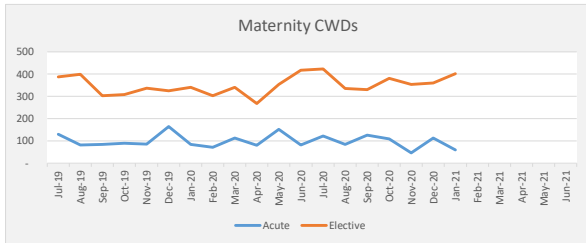
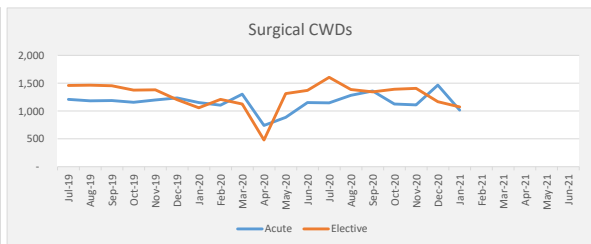
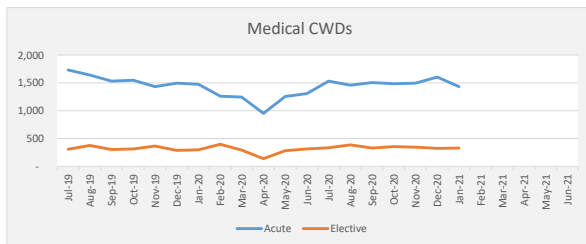
Land, Buildings & Plant variance of \$11.9m YTD reflects changes to the timing of the following projects Critical Infrastructure Works, the new Sterile Services Facility, the Tenth Operating Theatre/PACU and Southland Chillers for general air-conditioning.

Information Technology and Software combined at \$16.7m reflects delays to date in the Vocera Hands Free Clinical Communications, FPIM and South Island Patient Information Care System (SIPICS) projects. In addition, the Patientrack project has been cancelled.



CASEWEIGHTED DISCHARGES

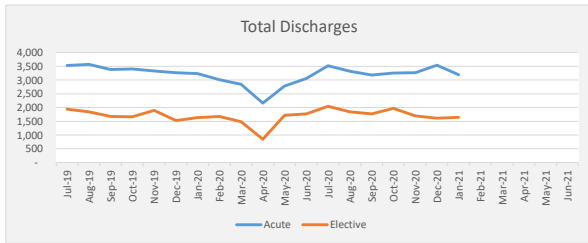
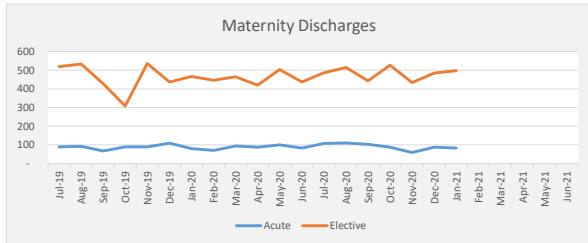
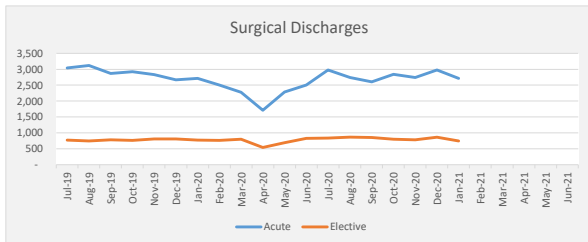
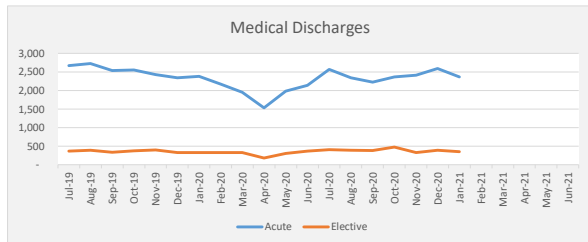
Jan-21				Jan-20	YEAR ON YEAR		YTD 2020/2021				YTD Jan-20	YEAR ON YEAR
Actual	Budget	Variance	% Variance	Actual	Monthly Variance		Actual	Budget	Variance	% Variance	Actual	YTD Variance
1,435	1,344	91	7%	1,474	(39)	<b>Medical Caseweights</b>	10,515	10,083	432	4%	10,850	(335)
327	243	84	35%	296	31	Acute	2,406	2,011	395	20%	2,257	149
1,762	1,587	175	11%	1,770	(8)	Elective	12,921	12,094	827	7%	13,107	(186)
						<b>Total Medical Caseweights</b>						
1,017	1,141	(124)	-11%	1,155	(138)	<b>Surgical Caseweights</b>	8,510	8,492	18	0%	8,326	184
1,070	998	72	7%	1,058	11	Acute	9,370	9,294	76	1%	9,397	(27)
2,087	2,139	(52)	-2%	2,213	(127)	Elective	17,881	17,786	94	1%	17,723	157
						<b>Total Surgical Caseweights</b>						
60	82	(22)	-27%	85	(25)	<b>Maternity Caseweights</b>	661	627	34	5%	728	(67)
403	331	72	22%	341	62	Acute	2,587	2,476	111	4%	2,431	156
463	413	50	12%	426	37	Elective	3,248	3,103	145	5%	3,159	89
						<b>Total Maternity Caseweights</b>						
<b>TOTALS</b>												
2,512	2,567	(55)	-2%	2,714	(202)	Acute	19,686	19,202	484	3%	19,904	(220)
1,800	1,572	228	15%	1,695	104	Elective	14,363	13,781	582	4%	14,085	278
4,312	4,139	173	4%	4,408	(97)	<b>Total Caseweights</b>	34,049	32,983	1,066	3%	33,989	60
<b>TOTALS excl. Maternity</b>												
2,452	2,485	(33)	-1%	2,629	(177)	Acute	19,025	18,575	450	2%	19,176	(151)
1,397	1,241	156	13%	1,354	42	Elective	11,776	11,305	471	4%	11,654	122
3,849	3,726	123	3%	3,983	(135)	<b>Total Caseweights excl. Maternity</b>	30,801	29,880	921	3%	30,830	(29)



9.2

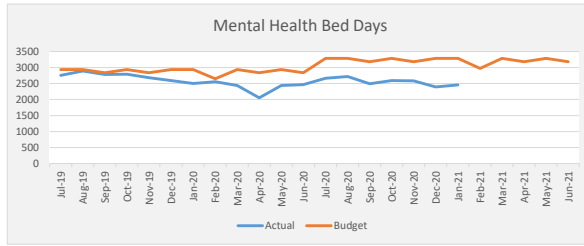
**RAW DISCHARGES**

Jan-21				Jan-20	YEAR ON YEAR		YTD				YTD	YEAR ON YEAR
Actual	Budget	Variance	% Variance	Actual	Monthly Variance		Actual	Budget	Variance	% Variance	Actual	YTD Variance
2,364	2,155	209	10%	2,383	(18)	<b>Medical Discharges</b>	16,877	16,128	749	5%	17,640	(762)
352	294	58	20%	328	24	Acute	2,720	2,339	381	16%	2,524	196
<b>2,716</b>	<b>2,449</b>	<b>267</b>	<b>11%</b>	<b>2,711</b>	<b>6</b>	<b>Total Medical Discharges</b>	<b>19,597</b>	<b>18,467</b>	<b>1,130</b>	<b>6%</b>	<b>20,164</b>	<b>(566)</b>
744	739	5	1%	772	(28)	<b>Surgical Discharges</b>	5,750	5,502	248	5%	5,460	290
792	699	93	13%	837	(45)	Acute	6,476	6,511	(35)	-1%	6,433	43
<b>1,536</b>	<b>1,437</b>	<b>99</b>	<b>7%</b>	<b>1,609</b>	<b>(73)</b>	<b>Total Surgical Discharges</b>	<b>12,226</b>	<b>12,013</b>	<b>213</b>	<b>2%</b>	<b>11,893</b>	<b>333</b>
83	73	10	13%	80	3	<b>Maternity Discharges</b>	636	559	77	14%	609	27
498	444	54	12%	466	31	Acute	3,388	3,313	75	2%	3,421	(34)
<b>581</b>	<b>518</b>	<b>63</b>	<b>12%</b>	<b>546</b>	<b>35</b>	<b>Total Maternity Discharges</b>	<b>4,024</b>	<b>3,872</b>	<b>152</b>	<b>4%</b>	<b>4,030</b>	<b>(6)</b>
<b>TOTALS</b>												
<b>3,191</b>	<b>2,968</b>	<b>223</b>	<b>8%</b>	<b>3,235</b>	<b>(44)</b>	<b>Acute</b>	<b>23,263</b>	<b>22,189</b>	<b>1,074</b>	<b>5%</b>	<b>23,709</b>	<b>(446)</b>
<b>1,642</b>	<b>1,437</b>	<b>205</b>	<b>14%</b>	<b>1,631</b>	<b>12</b>	<b>Elective</b>	<b>12,584</b>	<b>12,163</b>	<b>421</b>	<b>3%</b>	<b>12,378</b>	<b>207</b>
<b>4,833</b>	<b>4,404</b>	<b>429</b>	<b>10%</b>	<b>4,866</b>	<b>(32)</b>	<b>Total Discharges</b>	<b>35,847</b>	<b>34,352</b>	<b>1,495</b>	<b>4%</b>	<b>36,087</b>	<b>(239)</b>
<b>TOTALS excl. Maternity</b>												
<b>3,108</b>	<b>2,894</b>	<b>214</b>	<b>7%</b>	<b>3,155</b>	<b>(46)</b>	<b>Acute</b>	<b>22,627</b>	<b>21,630</b>	<b>997</b>	<b>5%</b>	<b>23,100</b>	<b>(472)</b>
<b>1,144</b>	<b>993</b>	<b>151</b>	<b>15%</b>	<b>1,165</b>	<b>(20)</b>	<b>Elective</b>	<b>9,196</b>	<b>8,850</b>	<b>346</b>	<b>4%</b>	<b>8,957</b>	<b>240</b>
<b>4,252</b>	<b>3,887</b>	<b>365</b>	<b>9%</b>	<b>4,320</b>	<b>(67)</b>	<b>Total Caseweights excl. Maternity</b>	<b>31,823</b>	<b>30,480</b>	<b>1,343</b>	<b>4%</b>	<b>32,057</b>	<b>(233)</b>

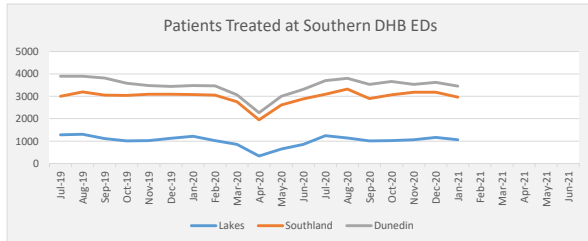
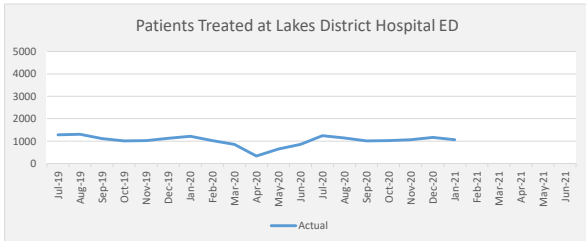
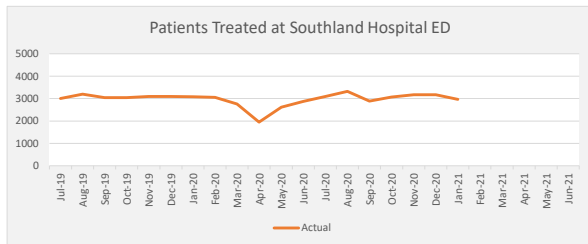
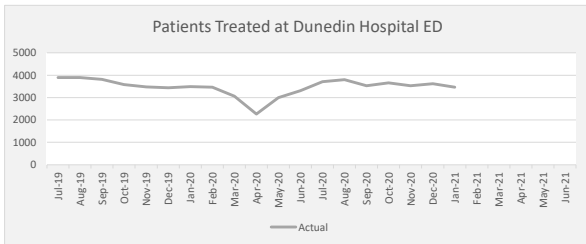


OTHER ACTIVITY

Jan-21				Jan-20	YEAR ON YEAR		YTD 2020/2021				YTD Jan-20	YEAR ON YEAR
Actual	Budget	Variance	% Variance	Actual	Monthly Variance		Actual	Budget	Variance	% Variance	Actual	YTD Variance
2,456	3,286	(830)	-25%	2,498	(42)	Mental Health bed days	17,892	22,790	(4,898)	-21%	18,986	(1,094)



Jan-21	Jan-20	YEAR ON YEAR	Treated Patients (excludes DNW and left before seen)	YTD 2020/2021	YTD Jan-20	YEAR ON YEAR
Actual	Actual	Monthly Variance		Actual	Actual	YTD Variance
3,459	3,484	(25)	Emergency department presentations			
1,060	1,209	(149)	Dunedin	25,313	25,591	(278)
2,968	3,082	(114)	Lakes	7,695	8,052	(357)
			Southland	21,693	21,557	136
7,487	7,775	(288)	Total ED presentations	54,701	55,200	(499)



9.2





## **FOR INFORMATION**

**Item:** Quality Dashboard – February 2021

**Prepared by:** Gail Thomson, Executive Director Quality & Clinical Governance  
Patrick O'Connor, Quality & Quality Manager  
Philippa Edwards, Business Support Manager

**Meeting of:** Board - 2 March 2021

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## **Recommendation**

That the Board **notes** the attached quality dashboards

That the Board **notes** the attached dashboards will be referred to as Quality Dashboards from February 2021 onwards, no longer performance dashboards.

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## **Purpose**

The Executive Quality Dashboard presents key metrics for the Southern region across the dimensions of effectiveness, patient experience, efficiency and timeliness. It is intended to highlight clinical quality risks, issues and performance at a system wide level.

---

## **Specific Implications for Consideration**

1. Financial
    - The cost of harm to patients is substantial and derived from additional diagnostics, interventions, treatments and additional length of stay.
  2. Workforce
    - Sickness and absence reporting is currently being rolled out. We expect that to be available by the end of the first quarter.
  3. Equity
    - No obvious issues with equity have been identified during January from the quality dashboard, but further analysis would be required to fully understand this.
  4. Other
    - Please note comments on Restraints for Southern.
- 

## **Background**

5. The Executive Quality Dashboard was created in 2019. It presents key metrics for the Southern region across the dimensions of effectiveness, patient experience, efficiency, and timeliness. It is intended to highlight clinical quality risks, issues and performance at a system wide level.
6. The dashboard elements have recently been transitioned into Power BI and is widely available to staff via the PowerBi reporting platform. There are still some design features that require

fine tuning and consistency such as axis naming conventions, easy to read axis and some other individual features. The IT reporting team are working on this and expect improvements to be noted each month.

7. Changes to dashboards and/or creation of new indicators or charts take one full time IT/reporting analyst two weeks to complete. To help the IT/reporting team prioritise the most important work requests, the ED Quality and Clinical Governance Solutions has established a weekly prioritisation meeting. The team are finding this very helpful to date.
  8. Please note that Southern includes hospitals in the Southern Region. Dunedin relates to Dunedin Public Hospital. Wakari is included in the Southern Region reporting.
- 

### **Discussion**

9. There is a background issue in regards a new radiology system that has been implemented (Karisma) which has meant only reporting through to October. Work to rectify this is underway. The Service Manager confirms that the work is ongoing.
  10. A definition for Theatre Utilisation has been agreed. It will be from “wheels in to wheels out” in theatre. What this means is from the patient arriving in theatre prior to anaesthesia, to patient out of theatre into PACU (post-operative care unit/recovery). Cleaning post operatively is not yet factored in but ranges from 10 minutes to almost an hour for very complex surgery. A median cleaning time is being explored so that theatre ‘redundant’ time is not over inflated. IT are currently working on these factors which are is expected to be available for the next report.
  11. Restraint numbers have returned to a more normal level after a spike in December. The spike in December was caused by a large number of incidents for a small number of Mental Health clients and a spike in restraints in ED.
- 

### **Next Steps & Actions**

Refine Average Theatre Utilisation data and include in next month’s information

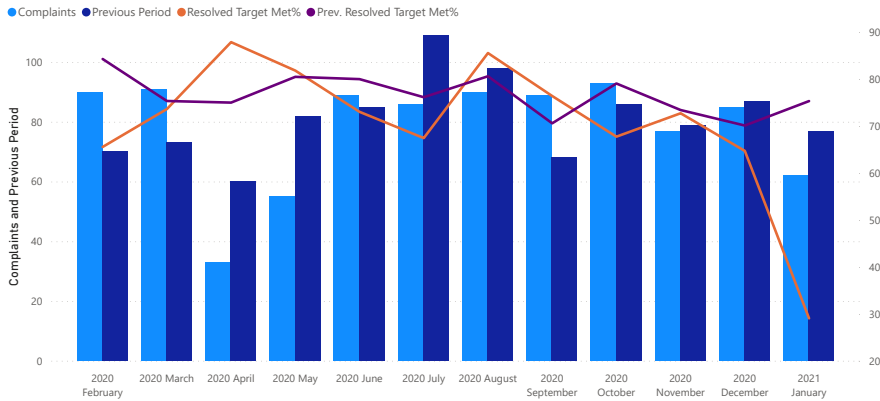
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### **Appendices**

Appendix 1                      Executive Quality Dashboard – Southern Region, Dunedin Hospital and Invercargill Hospital

## Executive Dashboard - Patient Experience (Southern)

Southern - Complaints, Previous Period, Resolved Target Met%, Prev. Resolved Target Met%  
BY YEAR, MONTH



### Safety 1st data.

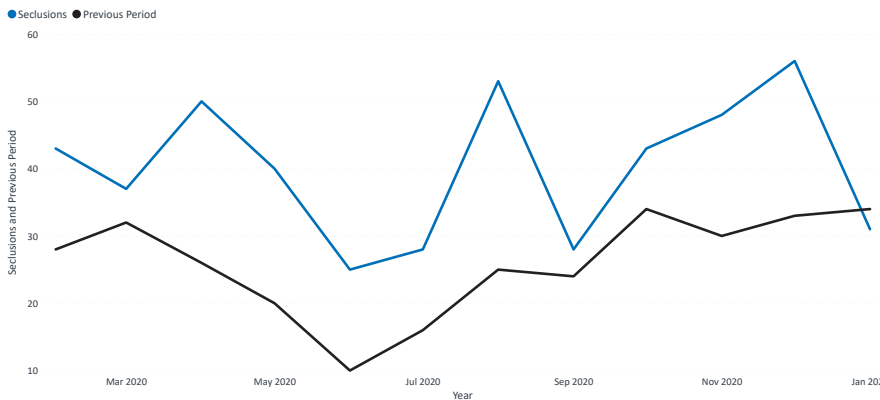
#### Complaints

The number of internal complaints (from website, phone, email, letter, health and disability advocacy, comment form, etc) per month.

#### Resolutions

There is a one month (20 working days) time period for complaints to be resolved within or to communicate additional time to the patient. For that reason the current reporting month will always appear as a lag. It will refresh at the end of the month.

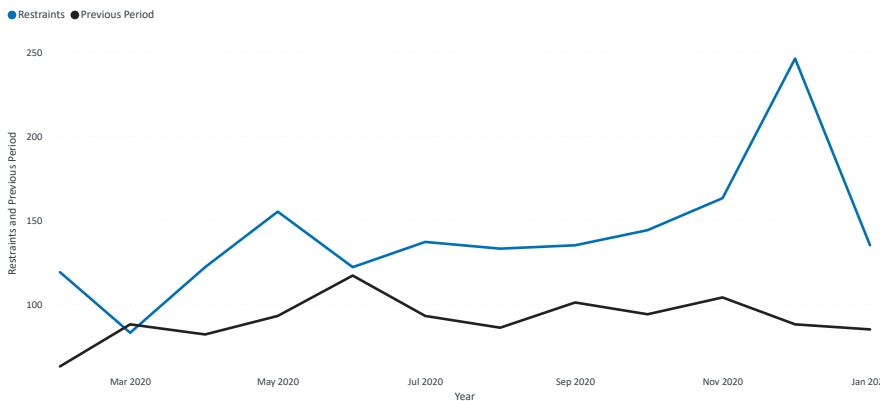
Southern - Seclusions, Previous Period  
BY YEAR, MONTH



### Seclusions

IPM and HCS data. The number of seclusion events per month.

Southern - Restraints, Previous Period  
BY YEAR, MONTH

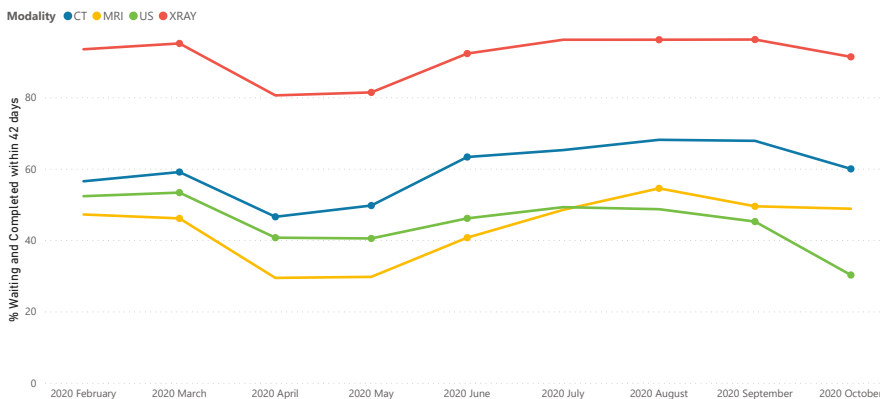


### Restraints

Safety 1st data. The number of restraint events per month. Restraints data includes Dunedin, Invercargill, Wakari & Lakes.

Restraints have returned to a more normal level after a peak in December due to multiple restraint incidents for a small number of clients and a spike in ED restraints in December

Southern - % Waiting and Completed within 42 days  
BY YEAR, MONTH AND MODALITY



### Percentage Waiting and Completed within 42 Days

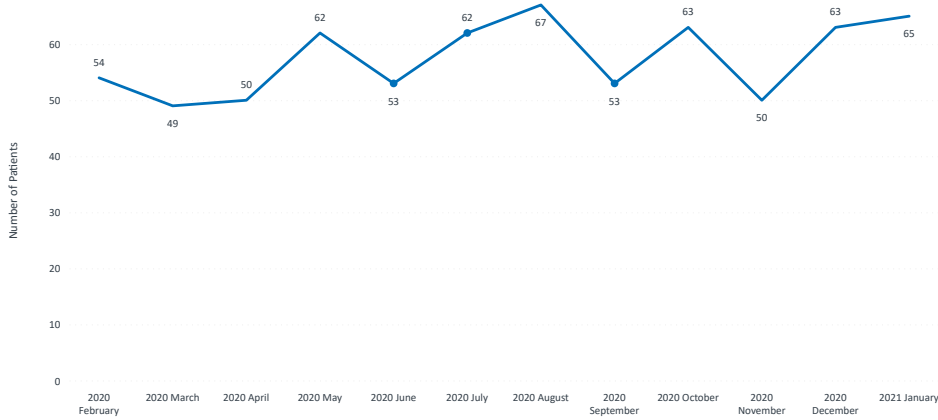
Percentage of patients completed or waiting for their reports within 42 days as at end of the month

The Service Manager, Radiology, has reported that there continue to be issues getting correct data out of the new Karisma system. A timeframe for resolution is unclear at this stage

## Executive Dashboard - Effectiveness

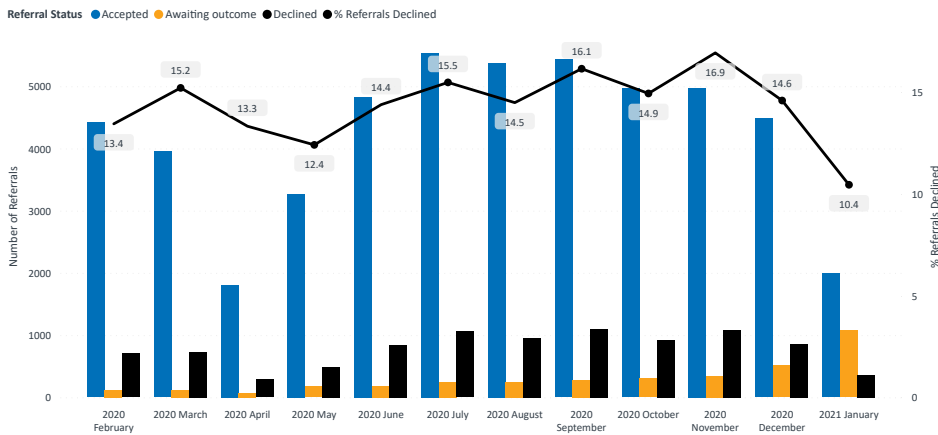
### (Southern)

Southern - Deaths  
NUMBER OF PATIENTS DECEASED BY DISCHARGE MONTH



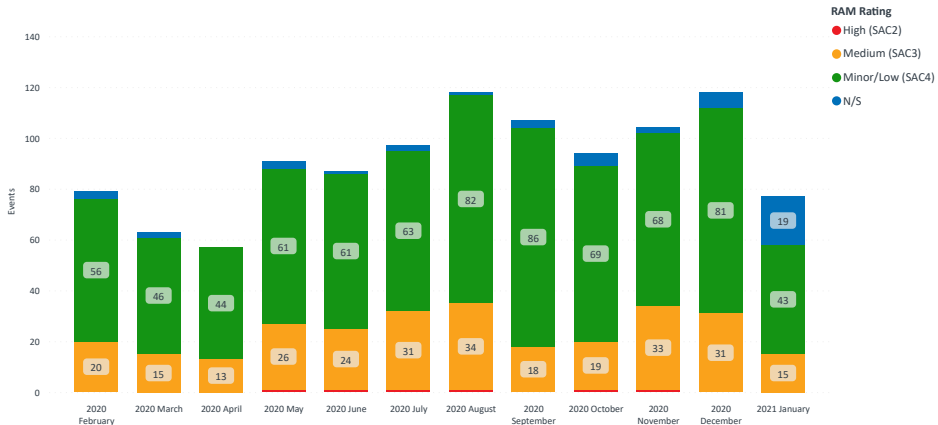
Deaths  
Number of patients deceased by discharge month.

Southern - Referrals Accepted / Awaiting Outcome and Declined



Referrals accepted (authorised), awaiting outcome or declined by month.  
% referrals declined

Southern - Staff Events  
BY RAM RATING, YEAR, MONTH



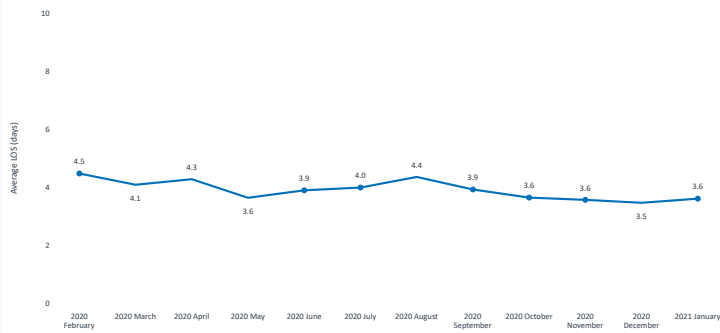
Safety 1st data.  
The monthly number of reported staff adverse events  
Categorised by severity assessment codes 1-4 and by 'N/S' (Not Specified).

Staff events have historically included a small number of Employee events which appear as not scored. These relate to Privacy/Confidentiality, Building and Property, Security, Falls forms (visitor falls) which are not associated with clinical practice. These events are not assessed in the same way as clinical events and do not receive a risk assessment score and thus have appeared as "not scored".

**Executive Dashboard - Efficiency**

**(Southern)**

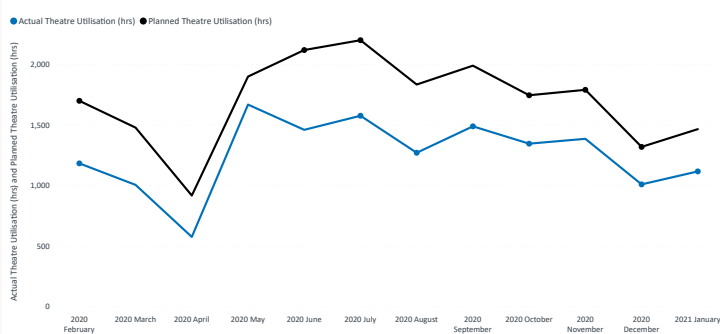
**Southern - Average LOS**  
BY DAYS



**Average Length of stay**

Average Length of stay by specialty of all patients present in the hospital at any point of time

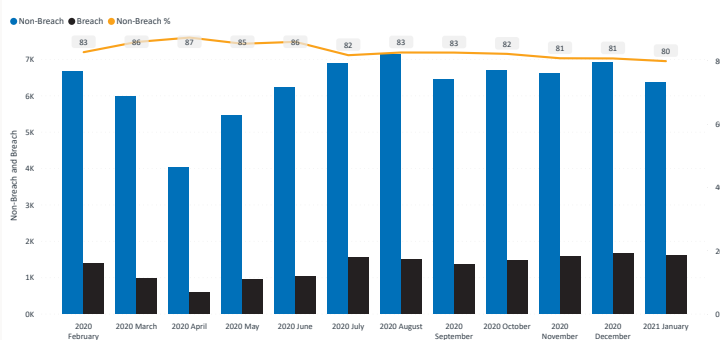
**Southern - Planned vs Actual Theatre Utilisation**  
BY HRS



**Actual Theatre Utilisation**

Actual theatre utilisation given by CaseLength Time = Anaesthetic Time + Procedure Time  
 Anaesthetic Time = Time duration between "Anaesthetic Start Time" and "Patient Ready for Procedure Time"  
 Procedure Time = Time duration between "Procedure Start Time" and "Procedure Complete Vs the scheduled / planned theatre time given by the scheduled session time"

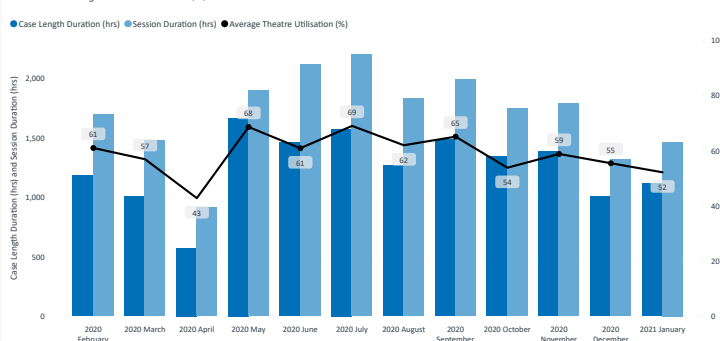
**Southern - Monthly 6 Hour %**



**Monthly 6 Hour %**

Short Stay in ED (SSED) time given by the percentage of patients discharged from ED within 6 hours of their Triage at ED. This excludes the time spent in ED observation

**Southern - Average Theatre Utilisation (%)**

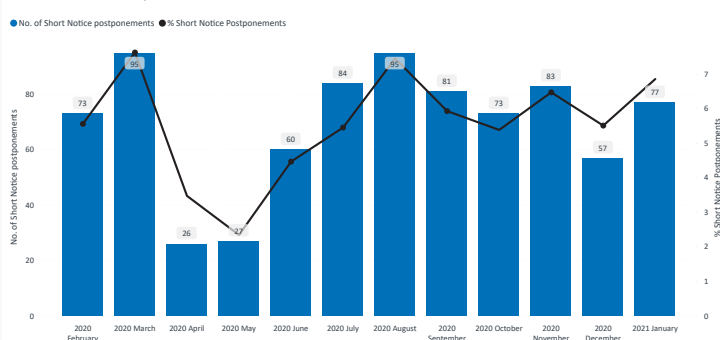


**Average Theatre Utilisation (%)**

The theatre utilisation graph is being refined to an agreed measure. While our average theatre utilisation showed 52% in December this did not include cleaning time. This would have taken December to 70%.

A new definition has been agreed to include all time patients are in theatre and is expected to be in place for next month.

**Southern - Short Notice Postponements**

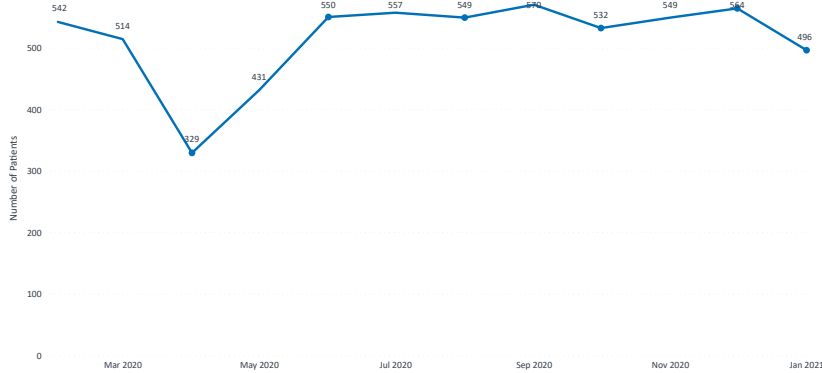


**Short Notice Postponements**

Theatre postponements within 24 hours of the scheduled procedure

**Executive Dashboard - Timely  
(Southern)**

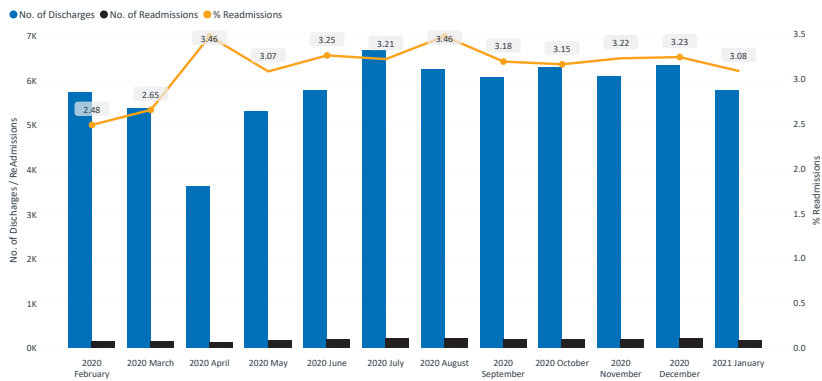
Southern - Number of Patients with LOS > 7 days



Number of Patients with LOS > 7 Days

Number of patients in hospital at any point of time when they have exceeded 7 days since admission

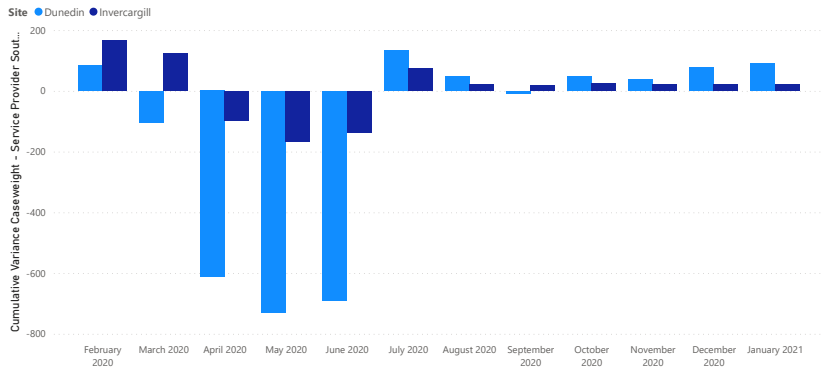
Southern DHB - Unplanned Hospital Readmissions within 7 days



Unplanned Hospital Readmissions within 7 Days

Acute / Unplanned readmissions within 7 days of the initial discharge from hospital organised on the basis of the month of discharge

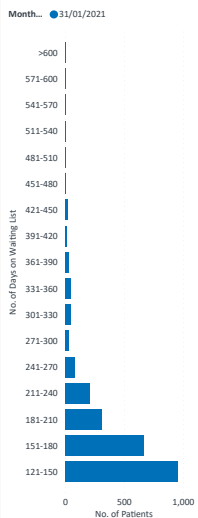
Cumulative Variance Caseweight - Service Provider Southern  
BY CALENDAR MONTH YEAR, SITE



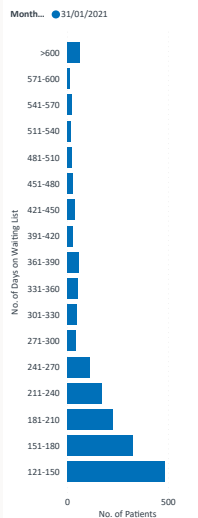
Cumulative Variance Caseweight

Column chart has cumulative variance case weight for Service provider which compares case weight with production plans based on MoH targets and work done in Southern DHB facilities, the Southern DHB's own population minus outflows plus inflow. The graph shows how ahead or behind the actuals for Dunedin and Invercargill with 33 purchase units within the elective initiative in the last 12 months.

Southern - ESPI 2 Breaches FOR THE LAST COMPLETED MONTH



Southern - ESPI 5 Breaches FOR THE LAST COMPLETED MONTH



ESPI 2 and ESPI 5

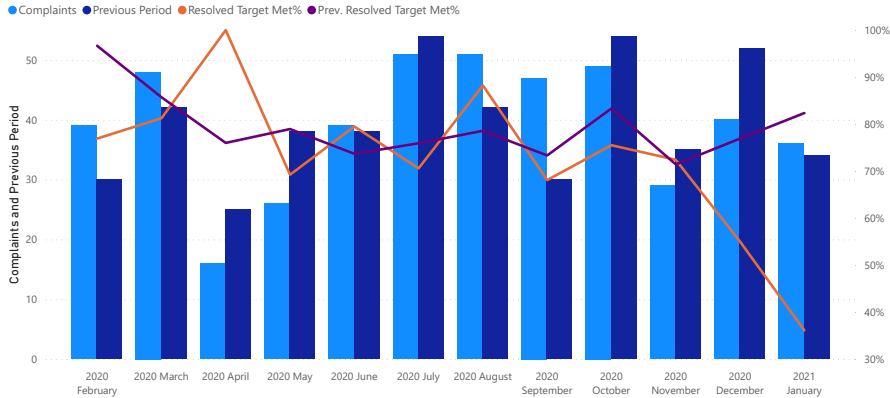
ESPI 2 and ESPI 5 waitlists organised into the given time buckets

**Executive Dashboard - Patient Experience**

**(Dunedin)**

Dunedin - Com complaints and Previous Period

BY YEAR AND MONTH



**Safety 1st data.**

**Complaints**

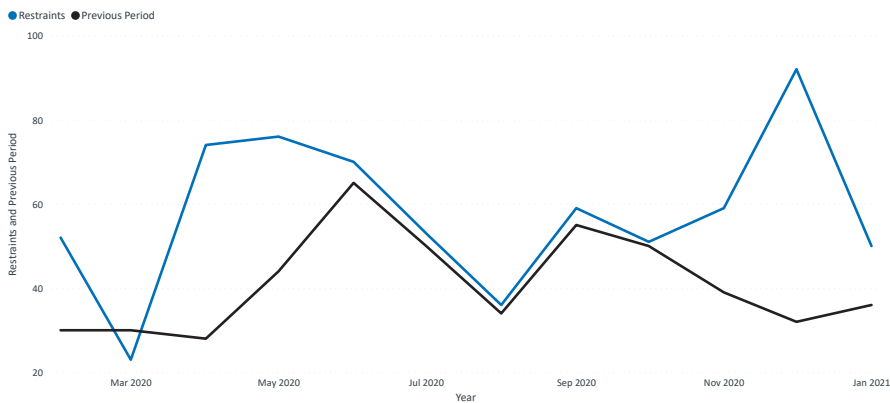
The number of internal complaints (from website, phone, email, letter, health and disability advocacy, comment form, etc) per month.

**Resolutions**

There is a one month (20 working days) time period for complaints to be resolved within or to communicate additional time to the patient. For that reason the current reporting month will always appear as a lag. It will refresh at the end of the month.

Dunedin - Restraints and Previous Period

BY YEAR AND MONTH



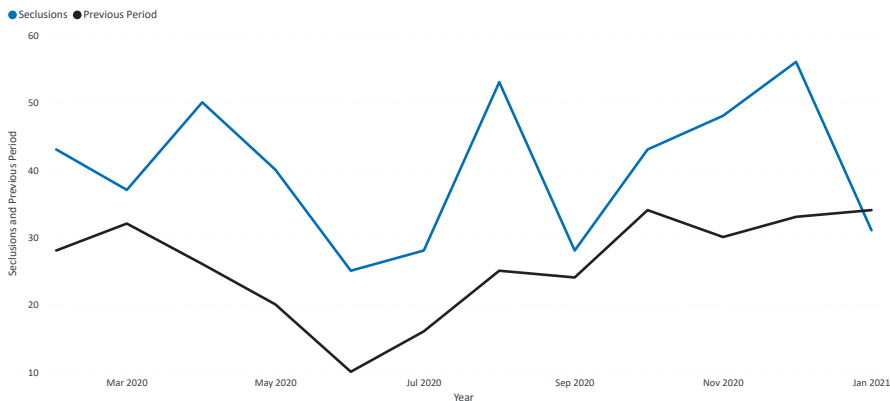
**Restraints**

Safety 1st data. The number of restraint events per month. Restraints data for Dunedin only.

Restraints have returned to a more normal level after a peak in December due to multiple restraint incidents for a small number of clients and a spike in ED restraints in December

Dunedin - Seclusions and Previous Period

BY YEAR AND MONTH

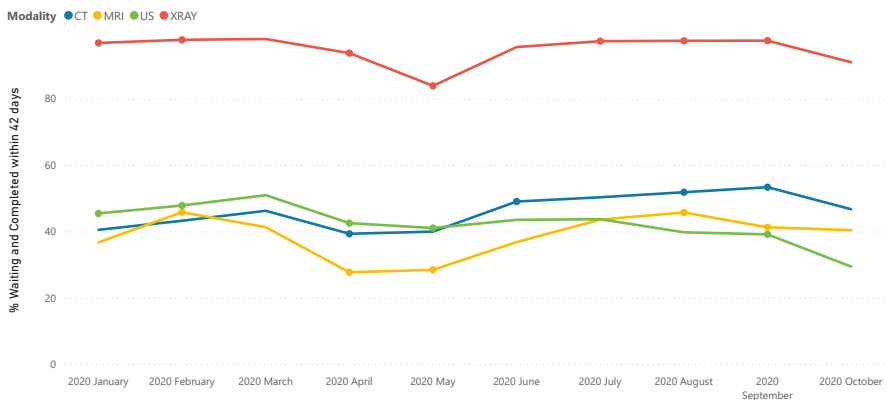


**Seclusions**

iPM and HCS data. The number of seclusion events per month.

Dunedin - % Waiting and Completed within 42 days

BY YEAR, MONTH AND MODALITY



**Percentage Waiting and Completed within 42 Days**

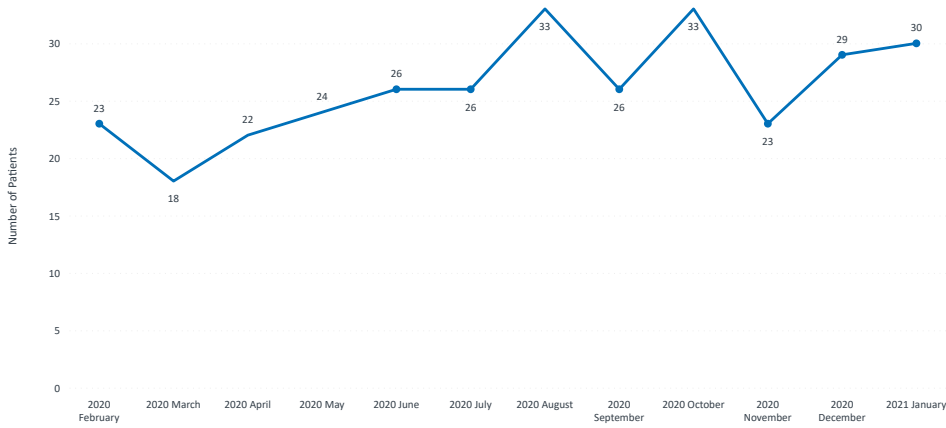
Percentage of patients completed or waiting for their reports within 42 days as at end of the month

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## Executive Dashboard - Effectiveness

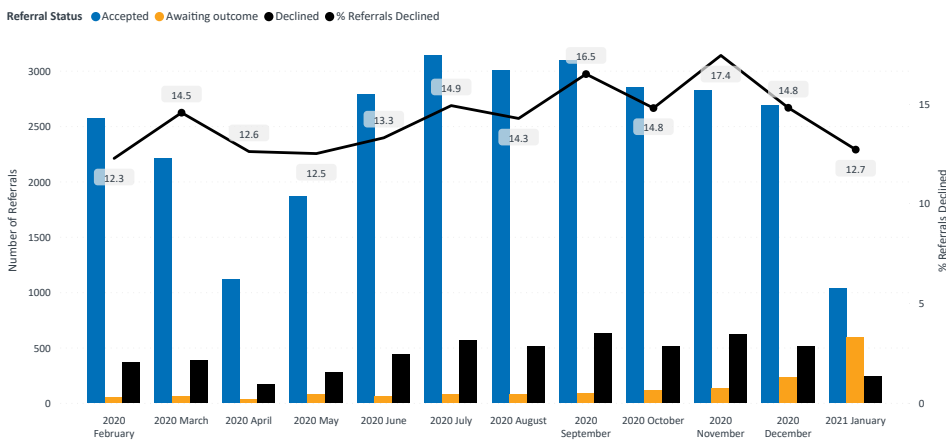
### (Dunedin)

Dunedin - Deaths  
NUMBER OF PATIENTS DECEASED BY DISCHARGE MONTH



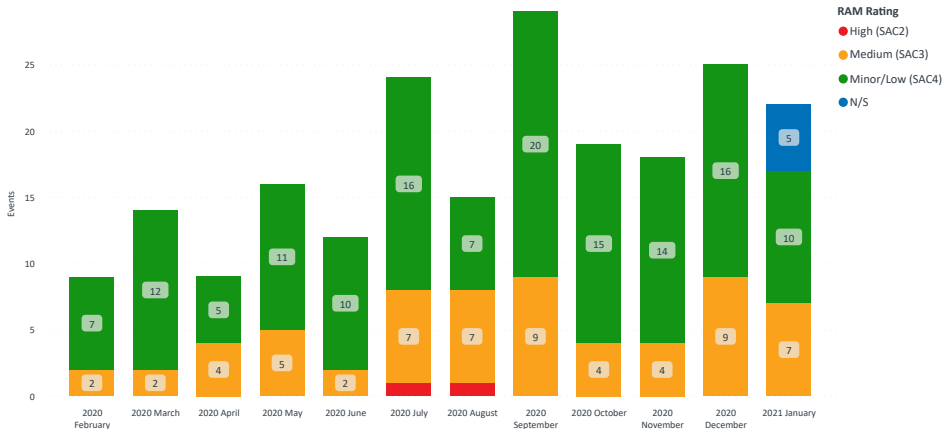
Deaths  
Number of patients deceased by discharge month.

Dunedin - Referrals Accepted / Awaiting Outcome and Declined



Referrals accepted (authorised), awaiting outcome or declined by month.  
% referrals declined

Dunedin - Staff Events  
BY RAM RATING, YEAR, MONTH



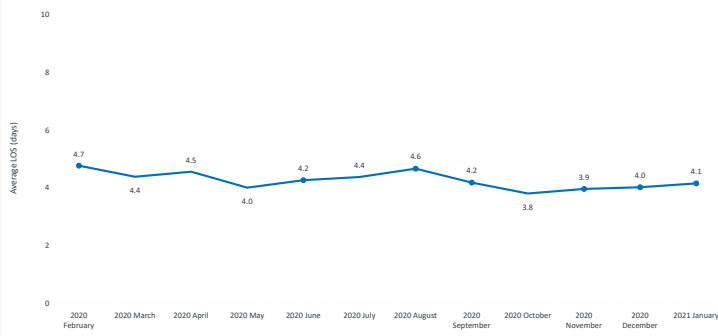
Safety 1st data.  
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Categorised by severity assessment codes 1-4 and by 'N/S' (Not Specified).



**Executive Dashboard - Efficiency**

**(Dunedin)**

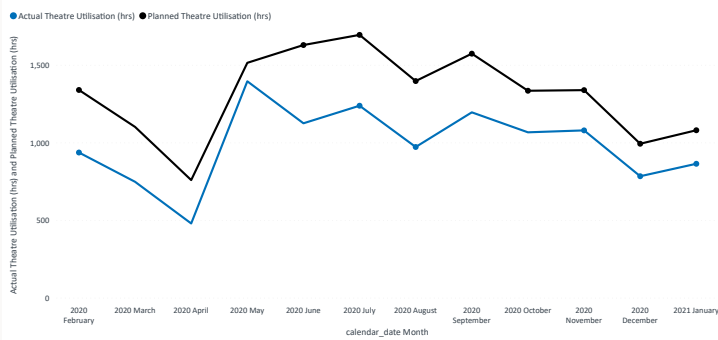
**Dunedin - Average LOS**  
BY DAYS



**Average Length of stay**

Average Length of stay by speciality of all patients present in the hospital at any point of time

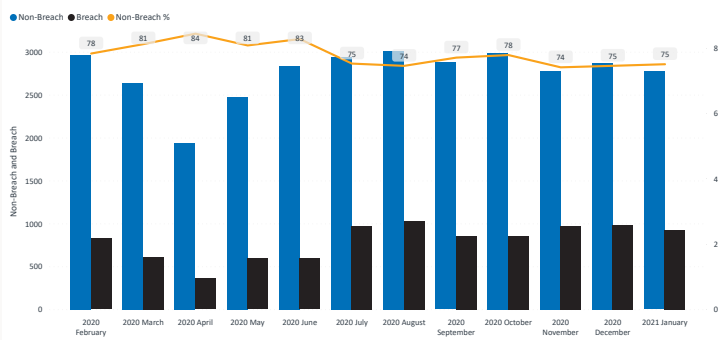
**Dunedin - Planned vs Actual Theatre Utilisation (hrs)**



**Actual Theatre Utilisation**

Actual theatre utilisation given by  
 CaseLength Time = Anaesthetic Time + Procedure Time  
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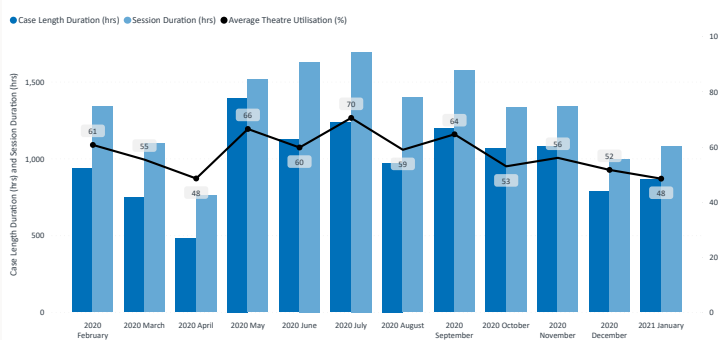
**Dunedin - Monthly 6 Hour %**



**Monthly 6 Hour %**

Short Stay in ED (SSED) time given by the percentage of patients discharged from ED within 6 hours of their Triage at ED. This excludes the time spent in ED observation

**Dunedin - Average Theatre Utilisation (%)**

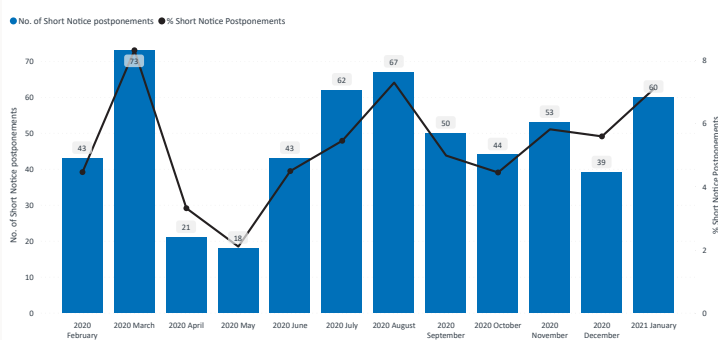


**Average Theatre Utilisation (%)**

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A new definition has been agreed to include all time patients are in theatre and is expected to be in place for next month

**Dunedin - Short Notice Postponements**

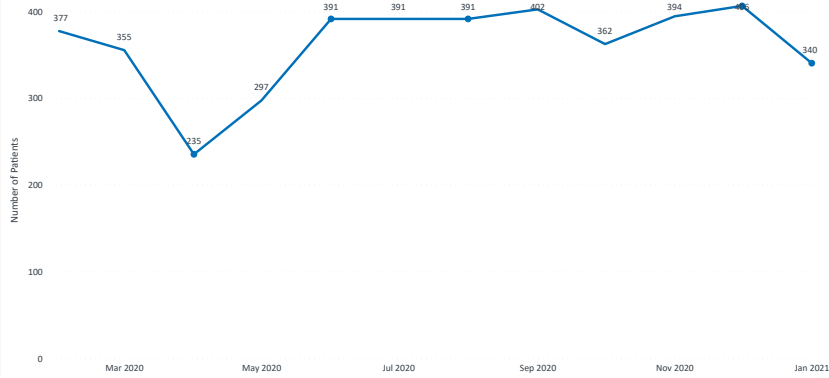


**Short Notice Postponements**

Theatre postponements within 24 hours of the scheduled procedure

**Executive Dashboard - Timely  
(Dunedin)**

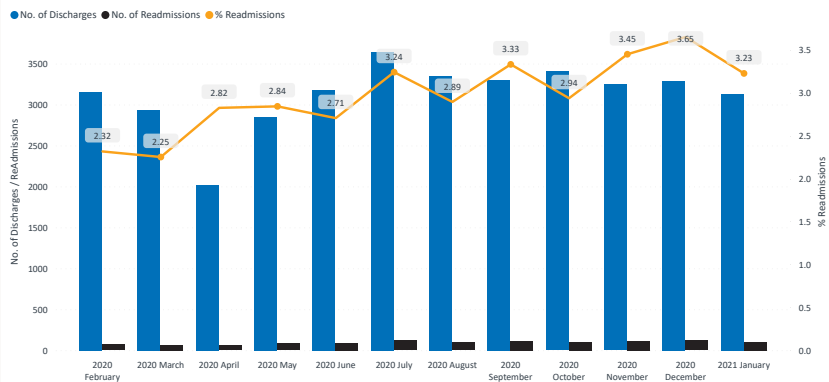
Dunedin - Number of Patients with LOS > 7 days



**Number of Patients with LOS > 7 Days**

Number of patients in hospital at any point of time when they have exceeded 7 days since admission

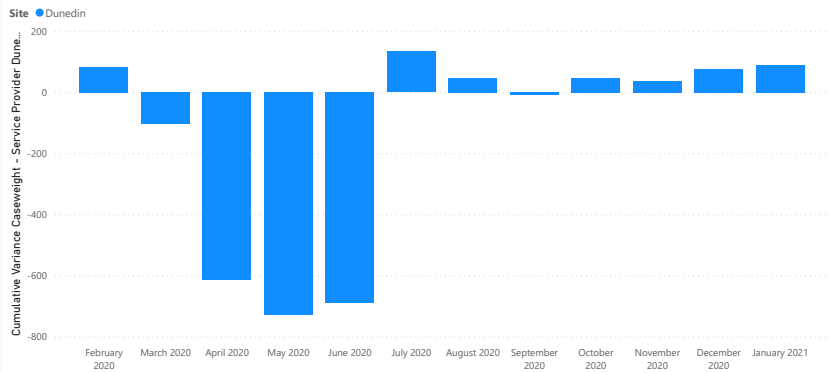
Dunedin - Unplanned Hospital Readmissions within 7 days



**Unplanned Hospital Readmissions within 7 Days**

Acute / Unplanned readmissions within 7 days of the initial discharge from hospital organised on the basis of the month of discharge

Cumulative Variance Caseweight - Service Provider Dunedin  
BY CALENDAR, MONTH, YEAR AND SITE

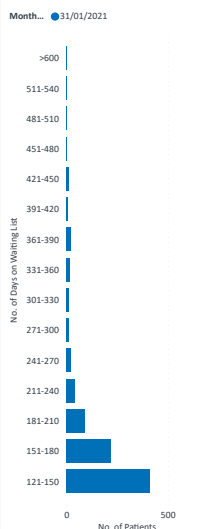


**Cumulative Variance Caseweight**

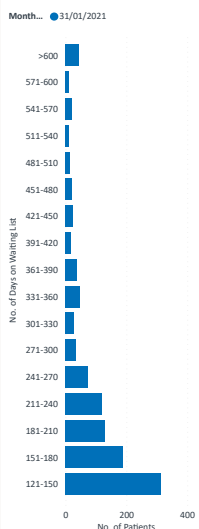
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Dunedin - ESPI 2 Breaches f...



Dunedin - ESPI 5 Breaches f...



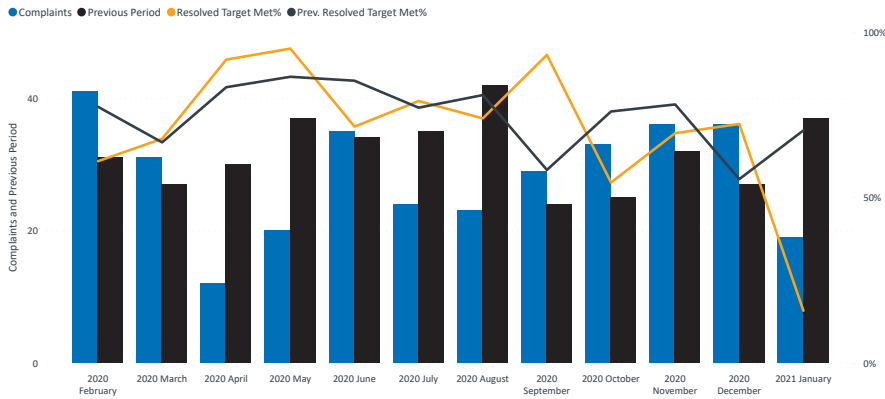
**ESPI 2 and ESPI 5**

ESPI 2 and ESPI 5 waitlists organised into the given time buckets

**Executive Dashboard - Patient Experience**

**(Invercargill)**

**Invercargill - Com complaints and Previous Period**  
BY YEAR AND MONTH



**Safety 1st data.**

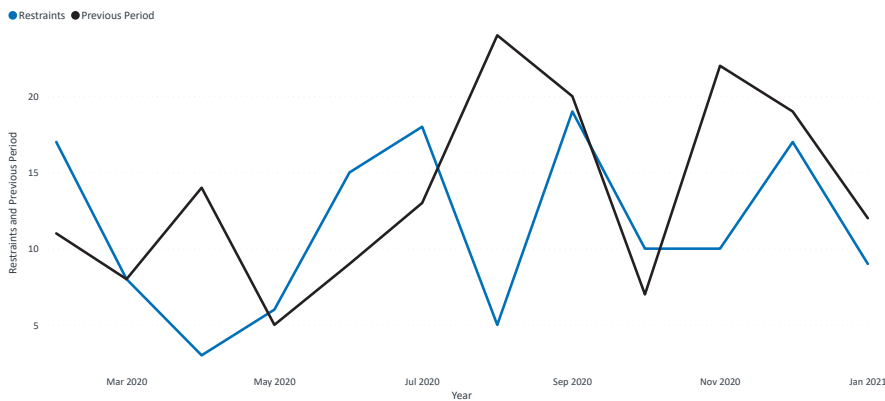
**Complaints**

The number of internal complaints (from website, phone, email, letter, health and disability advocacy, comment form, etc) per month.

**Resolutions**

There is a one month (20 working days) time period for complaints to be resolved within or to communicate additional time to the patient. For that reason the current reporting month will always appear as a lag. It will refresh at the end of the month.

**Invercargill - Restraints and Previous Period**  
BY YEAR AND MONTH

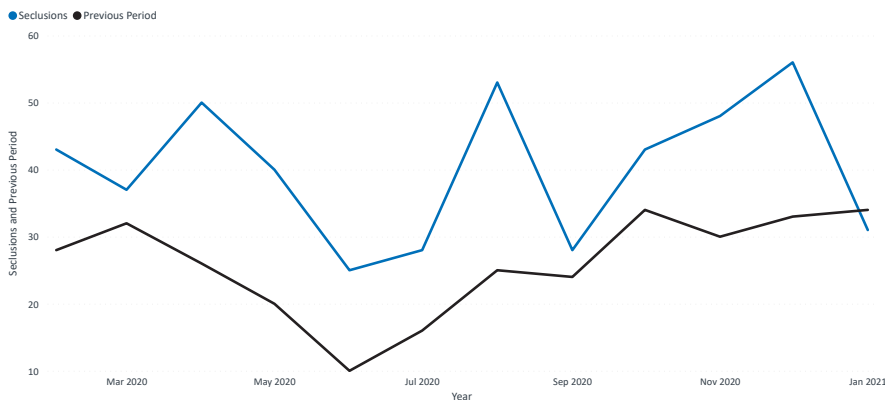


**Restraints**

Safety 1st data. The number of restraint events per month. Restraints data for Invercargill only.

Restraints – Restraints have returned to a more normal level after a peak in December due to multiple restraint incidents for a small number of clients and a spike in ED restraints in December

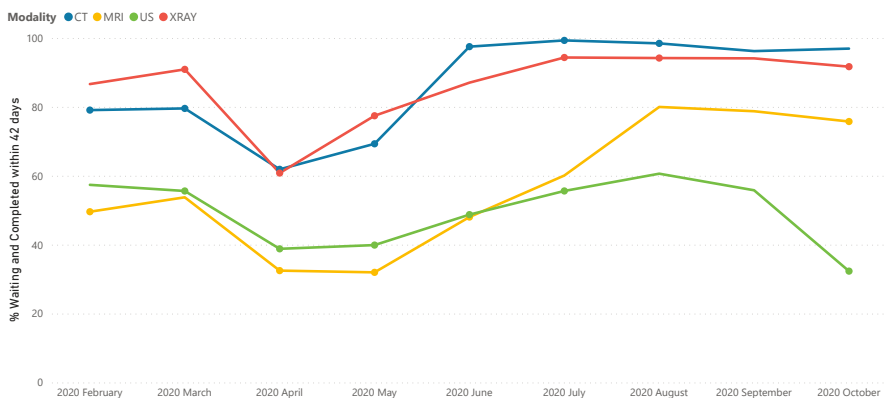
**Southern - Seclusions and Previous Period**  
BY YEAR AND MONTH



**Seclusions**

iPM and HCS data. The number of seclusion events per month.

**Invercargill - % Waiting and Completed within 42 days**  
BY YEAR, MONTH AND MODALITY



**Percentage Waiting and Completed within 42 Days**

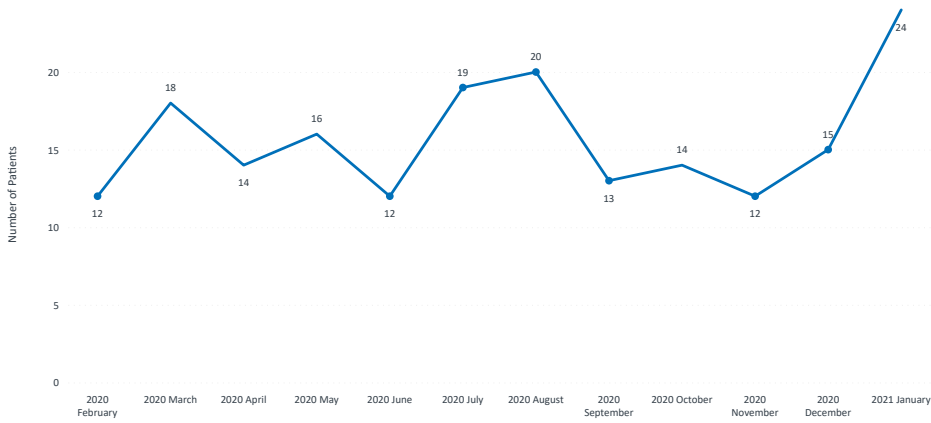
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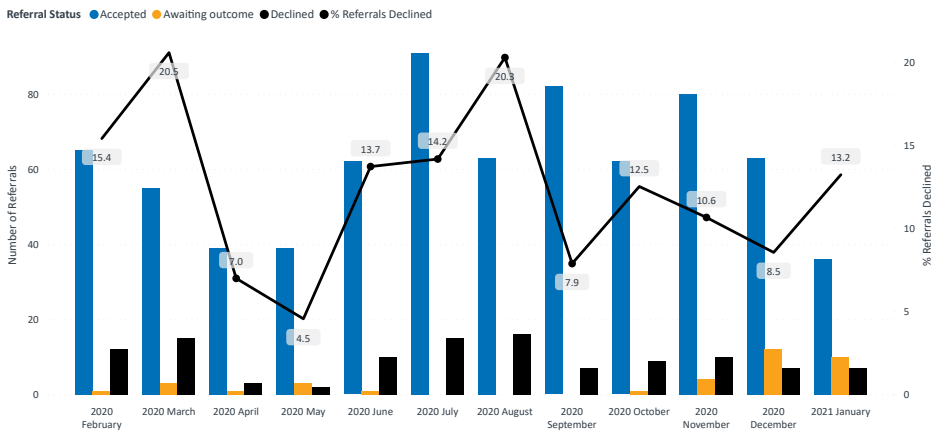
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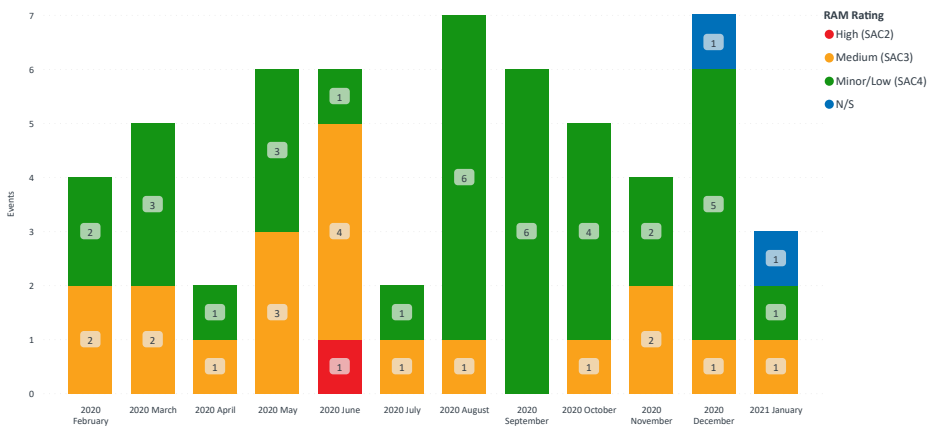
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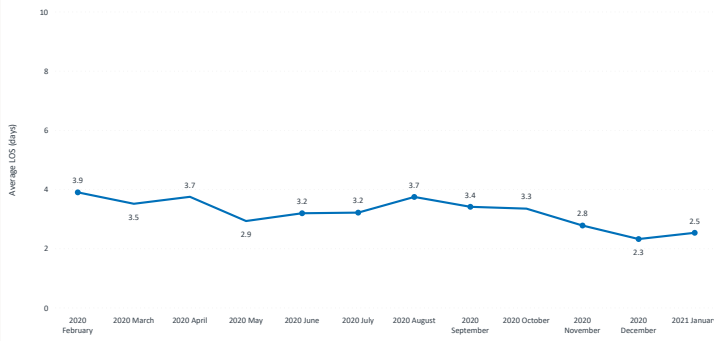


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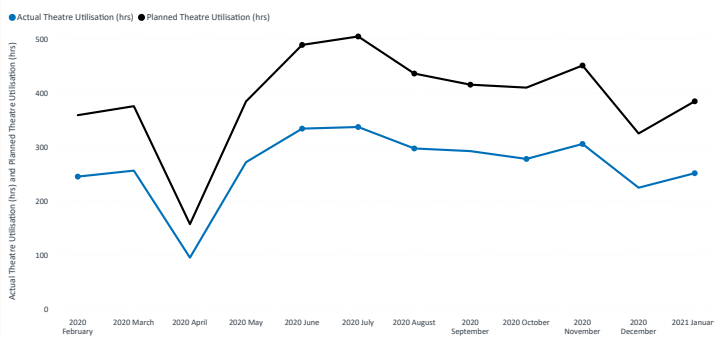
**Invercargill - Average LOS (days)**



**Average Length of stay**

From Triage Time in ED (if admitted from ED) or admission to ward to discharge from ward for each episode of care. No specialities are excluded. Only patients discharged in that month are included in each month's data

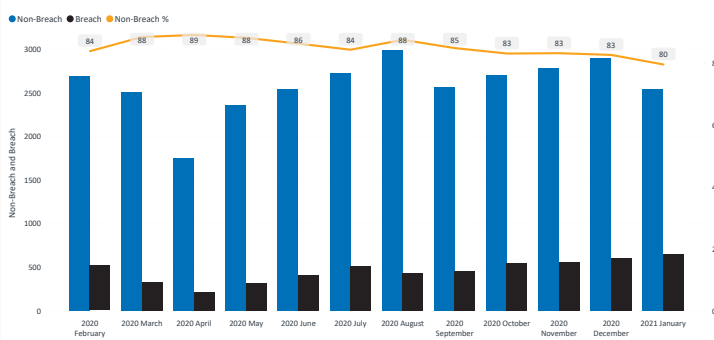
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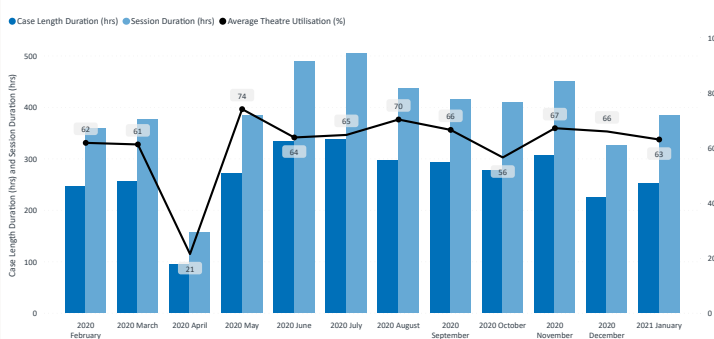
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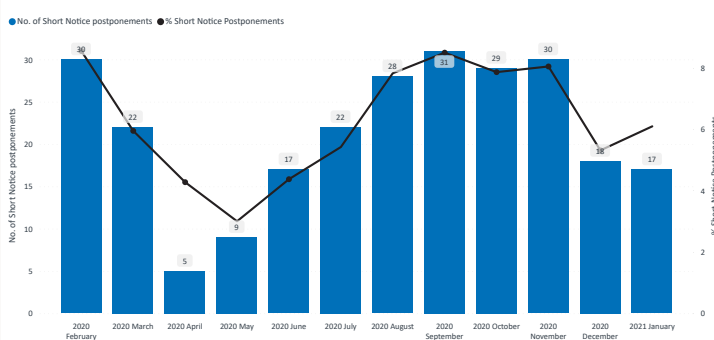


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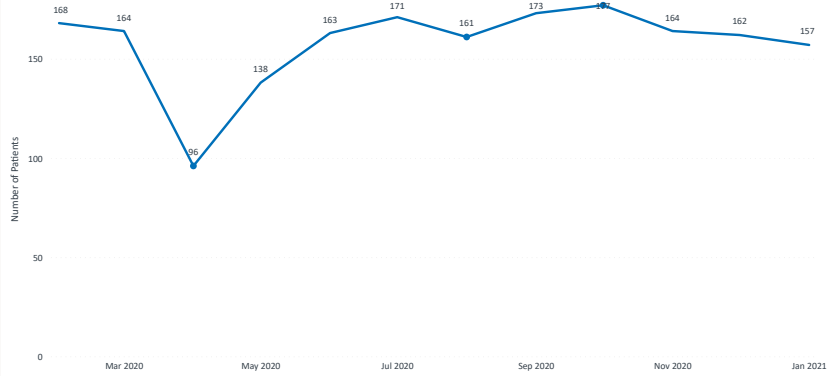


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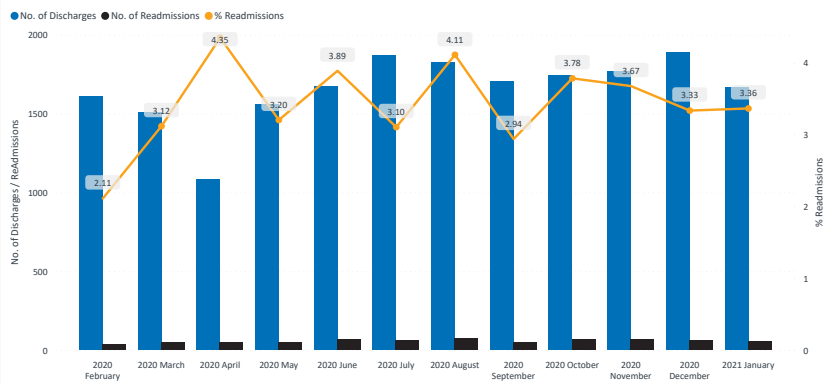
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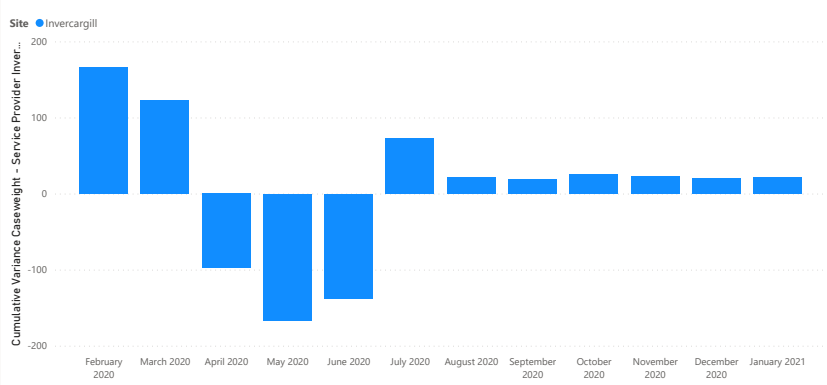
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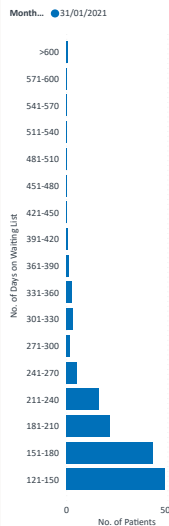
Cumulative Variance Caseweight - Service Provider Invercargill



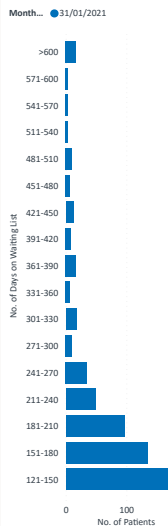
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Invercargill - ESPI 2 Breache...



Invercargill - ESPI 5 Breache...



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## **FOR INFORMATION**

**Item:** ELT Strategic Report January 2021

**Proposed by:** Lisa Gestro, Executive Director, Strategy, Primary and Community

**Meeting of:** 2 March 2021

---

## **Recommendation**

That the Board notes the content of these papers, cognisant this is the 4<sup>th</sup> iteration of this new style of report. This month we have made some adaptations to work towards a more high-level style report and that there is increased alignment to our organisational change journey – this is ongoing and requires even further adjustment over the coming months.

---

## **Purpose**

1. To summarise progress towards achieving actions as highlighted in the Strategic Intentions section of the Annual Plan 2020/21.
- 

## **Specific Implications For Consideration**

### 2. Financial

- Financial sustainability affected by key external drivers.

### 3. Quality and Patient Safety

- none

### 4. Operational Efficiency

- Valuing Patient Time update has been superseded by the Patient Flow Taskforce work. As such please note included update is more Patient Flow directed and a more substantive PF Taskforce update report included in Board pack.

### 5. Workforce

- None

### 6. Equity

- None

### 7. Other

- Not identified
- 

## **Background**

8. ELT produces monthly reports to summarise progress towards achieving actions as highlighted in the Strategic Intentions section of the Annual Plan 2020/21. As mentioned above, this is a new style of report and as such is being continually adjusted to ensure correct focus.

---

## **Discussion**

9. The document, ELT Strategic Report January 2021 documents progress towards achieving actions highlighted in the Strategic Intentions of the 20/21 Annual Plan.

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## **Next Steps & Actions**

Southern DHB will submit ELT Strategic Reports to the Board for review at scheduled meetings and continue with the planned review & reset of these reports to ensure continued relevance.

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## **Appendices**

ELT Strategic Report January 2021



# Specialist Services monthly report for Jan 2021

Lead Executive: Patrick Ng

## EXECUTIVE SUMMARY

- Key challenge for the month continues to be availability of inpatient beds for elective surgery. Outputs of the taskforce and addressing nursing gaps is key to resolving this.
- CT and 5th theatre capital now through from the Ministry. We have completed procurement for the CT and are now looking to have a plan that will see building work completed as quickly as possible.

Performance area	Previous month	Current month	Commentary
Case weights surgery	→	→	CWD ahead of plan year to date but largely driven by medical CWD (cardiology) and General Surgery. Key specialties such as orthopaedics are backlogging cases due to inability to move forward with surgery (bed blocked).
Discharges	→	→	Following the same pattern as CWD. Slightly behind target YTD but closer than anticipated (we had a discharge stretch in the target) as high volume low CWD cases being done.
ED six-hour target	↓	↓	Generalism + medical assessment (Dunedin) and a medical assessment approach (Southland) are being worked on and are key to long term performance.
Cancer target <31 days	↑	↑	Performance against this measure is on target. However, our performance against the 62 target is not on target and we will provide overall reporting to HAC going forward.
FSA (ESPI 2)	↑	→	Seasonal lull as we run less clinics during January due to summer, leave but accept similar FSA's at triage.
Elective treatment < 4 months	→	↓	Specialities such as orthopaedics are now seeing high volumes waiting > 4 months as we have faced inpatient bed block which is restricting our ability to clear long waiting cases in key specialties such as orthopaedics. We are developing a plan to use Timaru hospital capacity if possible.
Medical imaging CT	→	→	The CT additional shifts have been implemented in Dunedin but we are still catching up from the machine outages in December. We have confirmed procurement and capital for the new CT machine in Dunedin.
Medical imaging MRI	↓	→	MRI capacity in Dunedin remains challenging. We are working on an overall Radiology strategy to be tabled at the May HAC which will propose how to address capacity issues.
Colonoscopy 14 days	↑	↑	Remains on target.
Colonoscopy 42 days	↑	↑	Remains on target.
Colonoscopy 84 days	↓	↓	Further capacity required to achieve target. Will be worked through with the Endoscopy Oversight Group.

Current Issues	Update/Achievements	Upcoming key deliverables
Elective surgical delivery	Ahead of plan year to date driven by cardiology (medical) case weights. Surgical throughput continues to challenge us..	Taskforce outcomes lead to improved bed availability. Nursing gaps need to be worked through.
Financial performance	First draft of controls template in place. Leave management framework in place.	Lock down controls and m-end process checklist. Initiate orthopaedic catalogue initiative.
<b>ICU air handling issues (for stage 2) slow to be addressed</b>	Timeline for completion of most complex system now clear (late February). Design for remaining systems complete pre-Christmas.	Overall project timeline early in the New Year once contractor confirms timeframe for remedial work.

### Planned Care Recovery

- Elective surgery has remained under pressure during December and January due to ongoing inpatient bed block. As well as the task force key to returning to normal will be getting a clear picture of the nursing issues and then ensuring that gaps are filled and we are staffing at safe levels so that our teams feel comfortable opening our available beds.
- The high number of elective cancellations are taking a toll on our service managers, booking staff and those patients whom we have to cancel, so we are re-engineering our booking processes with the intention of running lists circa 75% full, and with a backup list of short-notice cases. This will enable us to run with lower cancellations if we see higher than anticipated acute volumes or have to close beds due to non-availability of nursing. However, if these conditions are not present we will still be able to utilise our theatres productively if we have engineered these processes well because we will fill short notice gaps with short notice cases.
- Our orthopaedics lists in particular have been affected by the non-availability of inpatient beds so we are developing options that will see us use Timaru hospital capacity if this proves possible (we will send one of our surgeons there and they will use the theatre staff and inpatient beds as Timaru has excess capacity. We need to confirm that they can supply an anaesthetic technician and if so this proposal will be finalised and we will fund the activity from our recovery funding. We have engaged with Southern Cross in Southland to facilitate bed leasing which has enabled us to progress with some orthopaedic surgery and are looking into outsourcing options for orthopaedics at Christchurch, which is a more practical travel destination for Southland patients than Timaru.
- Despite the challenges we calculate that we have earned or are on track to earn approximately 70% of inpatient recovery money. This has been accrued into results for Q1 and Q2.
- The Ministry has elected not to pay outpatient recovery money until after the financial year which leaves us exposed – we could incur recovery money and not hit the targets and earn the revenue. We are therefore proceeding very cautiously and being careful with which initiatives to fund, so that we don't incur bottom line deterioration and find we have no funding to offset it.

### Gastroenterology

- The Endoscopy Oversight Group continues to work well, although it did not go ahead in February as there was no quorum.
- The enhanced digital internal referral will now go live within the next 1-2 weeks which will lead to enhanced and more timely internal referrals.
- We continue to develop our Power BI reports and now have a capacity report in production which tells us how much session capacity is used (resourced capacity) versus physical room capacity. This will be useful if we start to consider resourcing to do additional scoping.

# SP&C Services monthly report for Jan 2021

Lead Executive: Lisa Gestro

## EXECUTIVE SUMMARY

Positioning Public Health services for the future	Previous month	Current month	Commentary
COVID-19 Response	↑	↑	<ul style="list-style-type: none"> <li>There have been additional changes in the Maritime border space to ensure that any crew member disembarking is no risk to members of the public.</li> <li>SDHB staff have visited Christchurch staff to inform our work in preparation for when the air borders open.</li> <li>Covid-10 Swabbing for January- There have been 3345 swabs undertaken including 328 at the maritime ports.</li> <li>A dedicated programme manager is being recruited to support planning and oversee the upcoming COVID-19 vaccination programme. A steering group has been established and will be overseeing the implementation of this work.</li> </ul>
Psychosocial Response planning	↑	↑	<ul style="list-style-type: none"> <li>The Central Lakes Mental Wellbeing Recovery group continues to meet to monitor and provide regular updates about referrals and activity within the district.</li> <li>The Mental Health Wellbeing Navigator role has been advertised with a large number of applications for this role. The communication strategy is being further refined with the aim to work with the Ministry of Health alongside current strategies.</li> </ul>
Immunisation	→	→	<ul style="list-style-type: none"> <li>Demands on this service have been exceptionally high during COVID-19 and are expected to continue for the foreseeable future with addition of new measles campaign, general increase in vaccine demand, pressure on Immunisation Co-ordinator and National immunisation register (NIR) for advice and support.</li> <li>Business case developed for additional staffing.</li> <li>Move to Medtech for immunisation will make some efficiencies and more transparent communications between general practice and DHB National Immunisation Register (NIR) – plan in development.</li> </ul>
Maternity	↑	↑	<p>The first two of four workshops, run by an independent facilitator, with midwives from Central Otago and Wanaka were held in December. The DHB project team has undertaken to further develop the design principles and ways of working that were co-created during the workshops ahead of the next workshops scheduled for February 10 &amp; 11. Refer next page.</p>

Current Issues	Update/Achievements	Upcoming key deliverables
<b>COVID-19 vaccination programme</b>	Public Health nurse work force is likely to be deployed to vaccination of priority groups in Southern. This will mean some Business as Usual (BAU) and programme work will need to stop.	Urgent development of an independent vaccinator workforce is required. Prioritisation of what work is stopped to ensure further inequities do not occur.
<b>Population Health Service – Covid-19 resurgence and preparedness for new cases</b>	The Population Health Service does not have enough capacity to provide Business as Usual (BAU) and support a Public Health Response without a level 3 or 4 lockdown.	We are assessing staffing requirements based on current need and adjusting plans accordingly. It is clear that any future planning needs to be flexible.

### Strategy and Planning

- Southern DHB's Draft Annual Plan for 21/22 is being compiled with the first draft to be sent to MoH on 5 March, including the updated SLM Improvement Plan. The main focus of the Annual Plan 21/22 is on COVID responsiveness and work to address equity gaps, especially for Māori. The final draft of the Annual plan is due to the MoH in mid-June.

### Aged Residential Care

- Exercise Rata, a desktop simulation of our response to a COVID-19-positive resident in an aged care facility, was conducted on 27 January 2020. Involved on the day included one ARC facility, observers from the ARC leadership group, Public Health, Infection Prevention and Control (IPC), and the Community Services directorate. The exercise provided numerous learnings for the ARC Sector, and many areas of Southern DHB. The response manual is now being revised to incorporate improvements identified. A Zoom meeting is also scheduled with the 65 ARC facilities to provide feedback on the exercise, and recommendations for how ARC could be better prepared for a potential COVID-19 outbreak.
- The DHB continues to experience elevated levels of occupancy in Aged Related Residential Care (ARRC), primarily at Hospital and Psychogeriatric levels of care. The team continues to investigate multiple avenues but to date has not reached any conclusions:
- Home as my first choice - There has been good progress on reinvigorating Home as My First Choice. A video has been produced for internal training purposes to highlight the impact of making assumptions about people needing to go into care.

## EXECUTIVE SUMMARY

### Mental health and addiction system transformation

- Independent review of the Southern Mental Health and Addiction System Continuum of Care - The Steering Group has been established. Next steps for the review are currently being worked up.
- Ministry of Health visit - The Ministry of Health visited Southern DHB in the last week of January spending time with Primary Mental Health and Non Government Organisations (NGO) and the SDHB Mental Health and Addiction Directorate during their visit which followed the Health and Disability Commission raising concerns related to mental health and addiction services in the Southern district
- Zero Seclusion: Towards eliminating seclusion by 2020 - The programme's clinical project group and the services clinical staff continue to support the least restrictive practice principles within their practice through continuous reflection when a seclusion event occurs.
- Kaupapa Māori Primary Mental Health and Addiction Services ROI - One of our contracted Maori providers, Nga Kete Matauranga Pounamu Charitable Trust, has been successful in attracting funding from the Access and Choice RFP for Maori. Our Maori Mental Health Team are working closely with Nga Kete Matauranga Pounamu Charitable Trust to commission this service. The details of which will be included in the monthly report from the Maori Health Directorate.

### Public Health Service

- Elevated levels of lead have been detected in the water supply in Waikouati and Karitane including the reservoir has led to a notice advising residents to not drink the water on 1 February. Testing for lead was not required and was only being undertaken as part of councils asset management plan. There is significant community anxiety about this issue and a community meet will take place on Friday 5 February and testing will be offered to the community the following week. Further investigations are underway by council as the cause of the results.
- This month there has been planning regarding a new way of working which was mandated by the recent structural review of the Public Health Service. Aside from reinforcing contingency to manage COVID, our services will focus on the first 1,000 days, Māori Health gain, reducing inequalities and environmental sustainability. A workshop to explore options was held on 4 February, and there will be a follow-up workshop two weeks after this date

### Primary Health Care

- The Client Led Integrated Care – Long Term Conditions (CLIC\_LTC) pilot is progressing well in Gore. General Practices (GP) and local community pharmacies in Gore have been engaged in this project and are now able to implement the new model of care
- The Ministry of Health has made funding available to DHBs to support critical pharmacies if they are imminently going to have to close and/or cease services that are deemed critical, due to the impact of COVID-19. The Southern DHB pharmacy portfolio manager will work closely with any pharmacy that applies for access to this resource.

### Rural health

- The Diabetes Nurse Specialist (DNS) resource is insufficient to meet the increase in demand for diabetes management and support, in Central Otago and Queenstown. 1.0FTE DNS is employed by Central Otago health Services Ltd (COHSL) to provide this service. Over the last 7 years there has been a 100% increase in work. All strategies to manage the demand have been implemented. COHSL and Southern DHB will partner to provide an additional 0.6 FTE that is based in Queenstown, to manage the growing demand, and ensure the sustainability of the service.

### Primary Maternity

- The aim of the workshops was to agree a high level model of care for the proposed new primary maternity facilities and to give the DHB assurance that there is a workforce committed to staffing the units. It is anticipated that we will have a view in February 2021 if this can be achieved.
- A business case for the associated capital spend cannot be progressed until there is confirmation of a two-unit plan. If this is not confirmed, a paper will be prepared for the March Board meeting asking them to consider the one unit options for progression to the Business case stage. The Project Manager is meeting with the Ministry of Health representative to discuss the Business Case development process in mid-January.
- An Expression of Interest process seeking a service provider for the new unit(s) was released on GETS (Government Electronic Tender Service) in December and closed on 11 January 2021. Three responses were received. The next stage is to progress to an RFP (Request for Proposals) process. The timing of this process will need to be carefully aligned with the outcome of the workshops and a final single or two unit decision taken by the Board.
- Initial negotiations about transition planning and a contract that reflects this have been undertaken with Charlotte Jean Maternity Hospital. They have agreed to a three month contract extension while negotiations continue.

### Population Health Service

- Measles Campaign 15 – 30 year olds -The implementation plan is currently progressing with staff and other stakeholders' engagement. WellSouth have reported that Primary care are struggling to engage with the target age group. This is being reported consistently across the country.

### Child and youth wellbeing

- Measles Campaign 15 – 30 year olds -The implementation plan is currently progressing with staff and other stakeholders' engagement. WellSouth have reported that Primary care are struggling to engage with the target age group. This is being reported consistently across the country.
- Breast feeding: A breast feeding survey will be sent to WCTO providers for completion by their clients. The survey will be open for three weeks, then analysed with findings to be discussed at a breast feeding Hui in March.
- The SIAPO WCTO Group has also agreed to focus on breast feeding as a regional project. Each DHB in the South Island (SI) is to be asked to identify five successes, which will then be utilised to establish best practice and opportunities to improve outcomes and national targets.



# Patient Flow Improvement Programme



Date: 19<sup>th</sup> Feb 2021

Report No.: 3

Establishment Phase: Day 19

## Activity this week:

This week has seen the following activity take place:

- Workshop with PF team to put some more detail into our planning including: confirmation of metrics (re-worked), sub workstreams padded out.
- Capturing of feedback has continued & piece of work to triage this is underway by the team to agree on where the focus should go & what the themes are as the sheer amount of suggested issues/ideas is substantial
- Rapid Rounds have been attended by some Exec and Taskforce members and observations gathered - baseline assessments to be completed this week.
- Resourcing requirements in addition to our team have begun to be surfaced. A request will be made in relation to this.
- Meeting re stranded and super stranded patients and priority recommendations to determine and agree next steps re the establishment of a multidisciplinary review team within next two weeks
- Rapid round evaluation tool developed to be rolled out next week

## Priorities week commencing 20<sup>th</sup> February:

- Collation of feedback & pulling out themes, and deciding on what can be done by whom and when.
- Patient Flow (SLT/Operational) stand up type meeting operationalised. Considering weekly for workstream briefings, progress updates
- Engagement meetings with senior clinicians
- Socialisation of new Rapid Round evaluation tool to ACM's.
- Build content on SharePoint site
- Further comms out to key groups.

### Key Metrics:

*Re-worked & prioritised in next sprint*  
(WIP)

Time to consult request to bed request to discharge

Inpatient imaging requests: Time between imaging request and imaging report sent to secondary system

Number of bed days occupied by super-stranded patients (LOS > 21 days)

% of daily discharges occurring before 12midday

% of inpatient discharged on Sat & Sun

Proportion of patients in hospital > 7 days

### Issues, Delays, Risks, Dependencies to flag:

- Data/Information constraint: current resource pressure on reporting team
- Gaining senior clinical buy-in
- Getting access to desired dedicated resource.

### Decisions/Involvement required by ELT:





- For the next while, we have taken over the normal ELT huddle and re-purposed this as the Patient flow standup for the ELT so it will be important we get good support from ELT by trying to make themselves available.
- Ensuring priority is given to attending their scheduled rapid rounds in the coming weeks and feeding back appropriately.

### Executive Summary

COVID preparedness: The COVID home page is regularly updated and further refreshed as the national situation changes. Alert level posters and links to source documents on external websites are examples of content. PPE donning and doffing education, N95 mask fit testing and review of red/green patient streaming zones are ongoing. External engagement occurs by way of weekly briefings with Civil Defence Group Managers and updates to the quarterly Chief Executive Groups (CEG) Southland & Otago.

### Quality Improvement Activities

<b>Safe</b>	System vulnerability to privacy safety has been a feature in a recent complaints and risk assessments. The Quality team is working with the Privacy Officer to ensure adequate controls are in place to prevent a breach.
<b>Effective</b>	The Quality Improvement team have had several recent successes with improvement work that has been driven by front line clinical staff. This model appears to be very effective as the team are change ready when the approach is made.
<b>Patient Centred</b>	The first formal monthly liaison meeting with the HDC has taken place. It was very positive and promises to be mutually beneficial.
<b>Equitable</b>	A workable solution to address inequity identified in pathways development is underway.
<b>Efficient</b>	Radiology pathways work has begun to streamline access to Imaging including High Tech Imaging (HTI). Access to Gynae ultrasound work began in 2020 to help address the 12-18-month waitlist. Once complete other modalities will be looked at.
<b>Timely</b>	

Service Updates	Previous month	Current month	Commentary
<b>Emergency Management</b>			CIMs training and a register of staff trained to CIMs 4 level has been a focus.
<b>Infection Prevention &amp; Control</b>			The team now have a whole of system focus with capacity now to build capability in the Primary/Community space.

Current Issues	Update/Achievements	Upcoming key deliverables
Capacity vs. expectations	Prioritisation tools and transparency of work under development.  Duplication of effort will be better managed.	Publication of the tool(s) and work schedules, avoidance of duplication of effort.

### Health Pathways

There are approximately 700 Pathways localised on the Southern Health Pathways site available for the Southern District at any one time. Before pathways are loaded onto the site, they are adapted to include specific local information enabling operationalisation.

Health Pathways pages receive ~ 35K hits per month. As more pathways are utilised by health professionals, we should start to see reduced clinical variation in referrals and decision making within Primary Care.

### Clinical Governance

A work prioritisation tool has been implemented for requests for quality improvement. Clinical Council oversee the work programme and have fully endorsed the tool. The work initiatives underway and the prioritisation tool will soon be available to the whole organisation. Transparency of agreed QI initiatives is key to managing expectations of the organisation. A similar tool for Pathways work requests is under development.

### Disability Strategy Implementation

Preparations for the formal launch of the Disability Strategy are underway.

A Disability Steering group is being formed, long and one-page versions of the strategy are being prepared in various formats including Te Reo, easy read, Braille and a NZ sign language video.

# People and data & digital monthly report for Jan 2021

Lead Executive: Mike Collins

## EXECUTIVE SUMMARY

- Digital programme of work for the NDH progressing well, just need confirmation from the MOH refunding to progress. Currently reviewing structure and roles/responsibilities of the Digital team to ensure we are aligned for the uplift of work moving forward. Running scenario planning session with the Digital team re Covid 19 readiness

Digital & Tech Performance Indicators	Previous month	Current month	
My Lab (Physical space developed to assist with Change in technology and behaviours)	↑	↑	MyLab to be established site location confirmed operating model being established and design fit out, Asbuilt RFP closed and are preferred supplier. Contract being funded via NDH.
<b>Digital programme of work</b>			
New Dunedin Hospital (Digital)	→	↓	Programme Business case developed to 90%, require Sapere to complete last 10%. Funding on hold until MO provide letter of support to CE and Chair.
Digital Strategy Update	↑	↑	SI PIC's approval of SIPICS business case by National Capital Investment Committee, projects on track. Currently reviewing Digital team structure to ensure its able to meet the demands of BAU, Projects and NDH development
New Dunedin Hospital (Workforce)	→	→	On track Jo working on project plan and rollout re workforce planning and requirements for MOC's
South Island PICS	↑	↑	CIC approved BC, Patrick sponsor, planning meeting taken place and PM being appointed.

Current Issues	Update/Achievements	Upcoming key deliverables
Funding for Digital Work plan	Draft programme business case developed.	Further progress programme development
Resource and team structure to support Digital Roadmap	People forum formalised and establishment to support or culture work.	Develop workforce planning programme of work - underway
Regional Collaboration Review	HR proposal for change developed for consultation	Regional shared digital roadmap and resource structure to support

## Digital Strategy

- Emergency Department Information System Update (due May 2021) on track
- Network and Desktop replacement pool progressing 2020.21
- HealthOne access across ARC and Māori Health Providers – Good progress
- Cyber security role appointment made as per Audit NZ request and activity underway
- E-pharmacy go live complete
- SI PIC's approval of SIPICS business case by National Capital Investment Committee
- Wireless improvements on track progressing well. On track to complete Q2 20.21
- EDIS upgrade delayed pending resource availability. Project expected to complete Q2 20.21
- Patient track draft business case complete going to Exec in Nov 2020
- FPIM dates changed go live Q4 FY20/21
- Tap to go, on track progressing well. On track to complete Q2. 20.21
- Scanning Solution to digitize records business case to Exec in Nov 2020
- MS office 365 – Complete PIC's Data sharing agreement with WellSouth finalised
- Recruitment Upgrade go Live Feb 2020
- RIS Replacement on track to complete Q2 FY20/21
- Exec review of Human Capital System Upgrade
- NDH early works team establishment progress report to SPG programme business case end of Oct and preapproval to Exec/Board ahead of SPG

# People and data & digital monthly report for Jan 2021

Lead Executive: Mike Collins

## EXECUTIVE SUMMARY

- Focus is on embedding the HR proposal for change, still challenges in terms of meeting BAU requests from an HR perspective due to excess demand for HR services. Workforce planning underway in some areas of the organisation.
- People forum established and will assist in strengthen our culture
- Staff Engagement survey closed and analysis being collated for the Exec to review (Jan)
- Focus on developing an HR dashboard underway
- Continual focus on AL liability continues to be monitored and reported

	Previous month	Current month	
<b>Workforce &amp; HS/W</b>			
<b>HR Dashboard Development</b>	→	→	The HR dashboard being developed will provide an update on people metric. Currently being developed for FARC but will provided data for Exec and all staff
<b>Workforce Strategy and Action Plan</b>	→	→	Tanya to provide an update WIP
<b>HS/W</b>	→	→	Reporting to FARC and HS Governance group progress already.

### Implementation of Workforce Strategy

Progressing Q2 & 3 actions within the strategy document (focus on the new recruitment system, workforce planning. Management of BAU tasks within HR remains constant. Draft proposal for change out for review during November.

### Culture and change initiatives

People Forum established and work plan to be formalised by Exec in Feb

Current Issues	Update/Achievements	Upcoming key deliverables
<b>Management of BAU within HR</b>	Staff Engagement Survey closed and data being collated Jan 2021	Update to Exec re finding and recommendations
<b>New Electronic Tools</b>	New recruitment system progressing well launch in Feb 2021	Testing Phase Jan
<b>Workforce Planning</b>	Jo recruited to NDH team	Status report to come from Jo via NDH team reporting
<b>HR Implementation of Proposal for change</b>	Embedding new roles and responsibilities and processes	Recruitment and Implementation of recommendations (Jan/Feb)
<b>Volume of BAU workloads and Resource to support</b>	Benchmarking complete	Budget rounds only opportunity plus top slice from CAPEX resource appropriately to provide support

### • Green Healthcare Strategy Q2 and Q3 actions within the strategy

- Carbon footprint
- Energy Supply and Efficiency
- Waste
- Travel
- Procurement
- Built Environment
- Staff engagement and culture

### • Regional collaboration Assisting with review of SIAPO

- Regional stock take of Digital Solution and Cost Structures - complete
- Regional workshop shared digital roadmap - complete
- Handover meetings with CDHB CDO - complete
- New role "Chair South Island CIO/CDO monthly forum) - **complete Mike now Chair**
- **Next Steps another workshop re implementation and resourcing of the roadmap**
- **Mike attendance at CE and Chairs meeting re Data and Digital (Feb)**

## Finance monthly report for 31 January 2021

Lead Executive: Julie Rickman

### EXECUTIVE SUMMARY

The net surplus for the period ending 31 January 2021 was \$2.1m, matching budget. During January 2021, Revenue was \$1.2m favourable to budget, whereas Expenses were \$1.2m unfavourable to budget.

The Revenue primarily from MoH funding included COVID-19 funding of \$0.4m for Community Pharmaceuticals and \$0.2m for Surveillance & Testing, \$0.2m Mental Health funding and \$0.6m for IDF Funding.

The overrun in Expenses attributable to Workforce \$0.4m, Outsourced Services \$0.2m, Clinical Supplies \$1.1m and Provider payments \$0.5m which reflects both hospital activity and ongoing COVID-19 related costs.

Key Projects	Previous month	Current month	Commentary
Financial sustainability	↓	↓	The delivery of initiative benefits remains a key determinant of success. The unbudgeted expenditure of Holidays Act, COVID-19, new Dunedin Hospital team and accelerated depreciation for Dunedin Hospital are disclosed separately. This enables a better understanding of the Business As Usual result compared to Business As Usual budget.
Holidays Act 2003	→	→	The Holidays Act project is currently in the 'Rectification phase.' The estimate of the liability at 30 June 2020 was revised and recognised. The unbudgeted impact on the 2021 year is \$7.5m.
FPIM: Finance Procurement & Information Systems	↑	→	The FPIM is progressing with input from the NZHPL team visit to both Dunedin and Invercargill sites to be part of the communication and training needs assessment processes.
New Dunedin Hospital Business Case	→	→	The New Dunedin Hospital has been revised for resubmission to the Ministry of Health and the Ministers. There is an ongoing focus on aligning current activity with the pathway to the New Dunedin Hospital.

Current Issues	Update/Achievements	Upcoming key deliverables
Savings plans	The delivery continues to be "at risk".	The NZHPL & Pharmac procurement activities have been delayed and the impact on target is circa \$200k.
FPIM go live date	Date set at 1 June 2021	The development of training programme and user acceptance test script localisation
Holidays Act 2003	The project is gaining momentum.	The identified changes to components to correct earnings to be processed in payroll system.

### Systems for Success

- Further work is being undertaken on the Procurement and Purchasing Policy for disclosures of interests, robustness of documentation and alignment to best practice.
- An ongoing focus on ensuring we capture opportunities to mitigate costs at all levels which cumulatively are significant.




### Delivery of System Improvements

- The management of Workforce and Annual Leave remains critical given the impact of COVID-19 on the capacity of the workforce to take leave and the needs for the workforce to have rest and recreation. To the greatest extent possible the workforce was enabled to take leave during the Christmas and New Year period. The impact on the financial performance of the leave taken was seen in the 31 January 2021 results.

### Facilities

- The annual reports from our contractors on the Specified Systems which form part of the Building Warrant of Fitness process highlighted defects that require repairs and maintenance. The extent of the work is significant and unforeseen because reporting by contractors in earlier years was not as robust. The Building Warrant of Fitness for 32 buildings require that we address the issues identified.



Reporting RAG (Red Amber Green) Guidelines		
OVERALL STATUS	GREEN	On track
	AMBER	Planned delivery at risk / concern with action underway to resolve
	RED	Significant concern with delivery / intervention required to prevent failure
FINANCE	GREEN	Tracking to budget 5% (or \$100k).
	AMBER	Moderate variance to approved budget 10% (or \$100-\$500k)
	RED	Significant variance to approved budget 25% (or \$50k+)
RESOURCES	GREEN	Adequately resourced
	AMBER	Constrained resources which will impact delivery
	RED	Resource shortfall, preventing tasks from being completed
FORECAST		Status expected to improve
		No change expected in status
		Status expected to decline



## **FOR INFORMATION**

**Item:** Progress against Statement of Performance Expectations 2020/21  
**Proposed by:** Lisa Gestro – Executive Director Strategy, Primary and Community  
**Meeting of:** 02 March 2021

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### **Recommendation**

- 1. The Board note 2020/21 Q2 performance against the Annual Plan Statement of Performance Expectations non-financial performance measures.**
  - 2. The Board provide feedback and guidance as deemed necessary.**
- 

### **Purpose**

1. To ensure Board awareness of 2020/21 Q2 performance against the Annual Plan Statement of Performance Expectations non-financial performance measures.
- 

### **Specific Implications For Consideration**

2. Other
    - Service-specific comments on variation from target and intended actions are provided.
- 

### **Background**

3. Nil
- 

### **Discussion**

4. Nil
- 

### **Next Steps & Actions**

Board to provide feedback and guidance as deemed necessary.

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### **Appendices**

Appendix 1 "Progress on Statement of Performance Expectations Q2 2020-21"

## EXECUTIVE SUMMARY: Statement of Service Performance Expectations

Quarterly performance overview – Quarter Two 2020/21:

Performance area	Performance met or exceeded target	Performance was within 5% of target	Performance was 5-10% of target	Performance was >10% below target	Measures unreported (including not applicable for Quarter)	Total number of measures
Prevention Services	4 of 19	5 of 19	1 of 19	3 of 19	6 of 19	19
Early Detection and Management	3 of 14	-	1 of 14	4 of 14	6 of 14	14
Intensive Assessment and Treatment	7 of 20	2 of 20	3 of 20	2 of 20	6 of 20	20
Rehabilitation and Support	3 of 6	2 of 6	-	1 of 6	0 of 6	6

# Output Class: Prevention Services



Output Class: Prevention Services					
Measure		2020/21		2020/21	
		Target	Q1	Target	Q2
Percentage of children fully immunised at age 8 months	Total	>95%	93%	>95%	93%
	Māori	>95%	88%	>95%	91%
Percentage of children fully immunised at age 2 years	Total	>95%	93%	>95%	95%
	Māori	>95%	88%	>95%	91%
Percentage of eligible girls and boys fully immunised with HPV vaccine	Total	>75%	Q4 only	>75%	Q4 only
	Māori	>75%	Q4 only	>75%	Q4 only
Percentage of people (≥ 65 years) having received a flu vaccination	Total	>75%	62%	>75%	62% (Q1 only)
	Māori	>75%	56%	>75%	56% (Q1 only)
Percentage of enrolled patients who smoke and are seen by a health practitioner in primary care and offered brief advice and support to quit smoking	Total	>90%	70%	>90%	75%
	Māori	>90%	72%	>90%	76%
Infants exclusively or fully breastfeeding at 3 months	Total	>60%	63%	>60%	Q1/Q3
	Māori	>60%	56%	>60%	Q1/Q3
Percentage of 4 year old children receiving a B4 School Check	Total	>90%	100%	>90%	129%
	Quintile 5	>90%	98%	>90%	129%
Percentage of obese children identified in the B4 School Check programme offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions	Total	>95%	95%	>95%	96%
Percentage of eligible women (50-69 years) having a breast cancer screen in the last 2 years	Total	>70%	65%	>70%	69%
	Māori	>70%	65%	>70%	66%
Percentage of eligible women (25-69 years) having a cervical cancer screen in the last 3 years	Total	>80%	70%	>80%	71%
	Māori	>80%	63%	>80%	63%

<b>Legend:</b>
Target met
Performance within 5% of target
Performance within 5-10% of target
Performance >10% below target

### Technical notes on quarterly reporting results

B4 School Check performance exceeds 100% because the number of checks was higher than the quarterly objective.

Select breaches	Service Commentary for Improvement
<b>8 month immunisation rates – Māori</b>	<p>WS has employed a Project Manager who will work on behalf of Alliance South on the first 1000 days project with an initial focus on immunisation:</p> <ul style="list-style-type: none"> <li>• MMR vaccinations for 15-29 year olds</li> <li>• Flu vaccinations (from March 2021)</li> <li>• Childhood Immunisations</li> </ul> <p>For 8-month immunisations the project manager will take advantage of the work already being done by the Maori Health Team in improving health literacy amongst tangata whenua in their work with contracted providers and runaka, and by the outreach team to increase referrals from general practice.</p> <p>Crucial to improving performance against this target is increasing enrolments of new-born babies in general practice as early as possible. WellSouth will be implementing the National Hauora Coalition's Generation 2040 programme in 2020. Generation 2040 incentivises general practice teams to collect information to assist pregnant Maori women in accessing the services they need, provides screening questions to identify at-risk women and families. (the incentives are available for Maori patients, but the tool is available for all patients).</p>
<b>Flu vaccination s</b>	<p>The Alliance South Immunisations Project Manager will also ensure that activity towards the Flu Vaccination target is a priority from March 2021. Anecdotally we believe that practices are committed to this target and see flu vaccinations as an important part of their care of older patients. This is not being borne out in the data, so clearly work needs to be done to validate this activity and ensure it is being captured.</p> <p>To achieve this we will be regularly auditing data collected in general practice and comparing it to that captured in the NIR as a first step to ensuring data integrity. Where necessary there will be education sessions provided to ensure that practice staff are capturing data correctly.</p> <p>The Project Manager will work with the practice relationship team to ensure any supply chain issues are resolved as early as possible. Working with the IPD team at SDHB and Health Logistics any issues can be identified and worked through.</p>
<b>Smoking cessation advice</b>	<p>WS last achieved the smoking target in the April-June 2018 quarter. This was achieved using a combination of improved communication with practices, including better data analysis and reporting, the incentive programme and a smoking call centre. This approach will be replicated, with a different approach to incentivising practices.</p> <p>The WellSouth Call Centre will commence making calls to smokers on behalf of general practice in November 2020. Additional staff will be employed to increase our capacity, and all staff will receive appropriate training.</p> <p>The Practice Relationship team will be back to full strength from November, and a key message in their communications with general practices will be performance against the targets. We will work with each practice to agree a Practice Development Plan that sets out agreed activity towards a set of targets. WS will set some targets, and practices will propose some of their own.</p> <p>We will look at developing a 'Practice Development Plan' process for practices to undertake, supported by a change to how these are incentivised. Financial incentives will be based on agreeing and implementing the Practice Development Plan.</p> <p>All practices have access to Thalamus for their own patients. WS will be able to provide daily updates of performance to stakeholders, using the tools that had previously been developed.</p>

9.5

# Output Class: Early Detection and Management



Output Class: Early Detection and Management					
Measure		2020/21		2020/21	
		Target	Q1	Target	Q2
Percentage of eligible preschoolers enrolled in community oral health services	Total	>95%	Q3 only	>95%	Q3 only
	Māori	>95%	Q3 only	>95%	Q3 only
Percentage of children caries-free at five years of age	Total	>70%	Q3 only	>70%	Q3 only
	Māori	>70%	Q3 only	>70%	Q3 only
Avoidable Hospital Admissions (ASH) rates for children (0-4 years)	Total	<5,370	4,505	<5,370	3,558
	Māori	<5,370	5,312	<5,370	3,957
Number of people receiving a brief intervention from the primary mental health service	Total	>7,000	Q2 & Q4 only	>7,000 (>3,500 YTD)	4,477
Percentage of the eligible population who have had a CVD Risk Assessment in the last 5 years	Total	>90%	75%	>90%	74%
	Māori	>90%	76%	>90%	75%
Percentage of the population identified with diabetes having good or acceptable glycaemic control	Total	>60%	Q2 & Q4 only	>60%	54%
	Māori	>60%	Q2 & Q4 only	>60%	49%
Percentage of accepted referrals for Computed Tomography (CT) scans receiving procedure within 42 days	Total	>85%	65%	>85%	Not available
Percentage of accepted referrals for Magnetic Resonance Imaging (MRI) scans receiving procedure within 42 days	Total	>67%	51%	>67%	Not available
Percentage of patients to receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks	Total	>90%	73%	>90%	73%

### Unavailable Data

A reporting error for CT and MRI data means results aren't yet available. The Radiology Service and IT are working to rectify with an expected completion date around 19 February. The error appears to have arisen in the transition to a new Radiology reporting system.

<b>Legend:</b>
Target met
Performance within 5% of target
Performance within 5-10% of target
Performance >10% below target

### Technical notes on quarterly reporting results

Oral Health measures are only reported in Q3

Select breaches	Service Commentary for Improvement
<b>CVD</b>	<p>Client Led Integrated Care (CLIC) remains our LTC management programme but with changes to help practices make decisions about which clients will benefit the most from the programme. A review of the programme has been completed and a 'quick CLIC' option is now available to primary care. This essentially removes the comprehensive health assessment requirement but is time limited. A project manager to assist with implementing the changes to CLIC has been appointed.</p> <p>WellSouth will work with colleagues in Secondary Mental Health services with regards to engaging and managing patients who are found to have higher-than-average CVD risk. CLIC already incorporates a significant mental health, addictions and social isolation component and offers general practice a process to engage with these patients in a more targeted and individualised manner.</p> <p>We are also keen to improve how our own teams work together to improve performance against this measure:</p> <ul style="list-style-type: none"> <li>The WellSouth Outreach Team works with general practice to identify and engage hard-to-reach patients amongst our priority groups, particularly Maori and Pacific Island patients.</li> <li>The Health Promotion team will develop a health promotion plan of work to be implemented in general practice that will be integrated with health promotion activities elsewhere in Southern district, for example with Green Prescription, with the Heart Foundation and with other harm reduction strategies (smoking, diet, mental health)</li> </ul> <p>WS has aligned the CVD RA programme to the national guidelines and expanded the pool of patients that are eligible for funded CVD risk assessments which will increase uptake at general practice. We will review this data monthly to ensure that the work done at practices is valued and rewarded.</p>
<b>CT</b>	<p>Southern DHB has two initiatives underway to address the issues principally being experienced at Dunedin:</p> <ol style="list-style-type: none"> <li>1) Additional CT sessions – weekday evenings Mon-Thu. These have commenced, as has training staff in the use of the NM SPECT/CT. A proposal for change to finalise these sessions is currently being undertaken and is expected to be completed mid October 2020.</li> <li>2) Invest in second diagnostic CT for Dunedin – on approved Capital list for 2020/21 year. A draft business case has been prepared for discussion.</li> </ol>
<b>MRI</b>	<p>While data is currently unavailable, anecdotal advice is that wait times for MRI at Dunedin have held steady, although large volumes of planned cases due for examination in February 2021 are likely to deteriorate this position going forward. At Southland feedback is that the waitlist continues to improve.</p> <p>While reporting systems are not yet established for the new RIS, a count was undertaken of MRI elective and planned patients waiting at the two sites. This suggests that Southland has improved but Dunedin has deteriorated.</p> <p>Southland is completing the remaining building works planned for the scanner replacement / MRI suite refit and this is expected to be complete early March 2020. At this point it is envisaged that the border change can proceed ie South Otago patients will in future attend MRI in Southland not Dunedin.</p> <p>The variance in MRI from the required target is explained primarily by demand for both acute and elective MRI exceeds capacity at Dunedin.</p>

# Output Class: Intensive Assessment and Treatment



Output Class: Intensive Assessment and Treatment					
Measure		2020/21		2020/21	
		Target	Q1	Target	Q2
Percentage of young people (0-19 years) accessing specialist mental health services	Total	>3.75%	Q2 & Q4 only	>3.75%	5.24%
	Māori	>3.75%	Q2 & Q4 only	>3.75%	5.65%
Percentage of adults (20-64 years) accessing specialist mental health services	Total	>3.75%	Q2 & Q4 only	>3.75%	4.01%
	Māori	>5.22%	Q2 & Q4 only	>5.22%	7.81%
Percentage of people who have a transition (discharge) plan	Total	>95%	58%	>95%	60%
Percentage of people (0-19 years) referred for non-urgent mental health or addiction DHB Provider services who access services in a timely manner	< 3 weeks	>80%	72%	>80%	71%
	< 8 weeks	>95%	89%	>95%	89%
People are assessed, treated or discharged from ED in under 6 hours	Total	>95%	80%	>95%	78%
Number of people presenting at ED	Total	<85,000 (21,250)	20,727	<85,000 (42,500 YTD)	41,661
Number of elective surgical service discharges	Total	>12,518 (3,189 YTD)	3,273	>12,518 (6,378 YTD)	6,245
Percentage of elective and arranged surgery undertaken on a day case basis	Total	>60%	55%	>60%	54%
Percentage of people receiving their elective and arranged surgery on day of admission	Total	>95%	90%	>95%	89%
Number of elective surgical services (CWDs) delivered (elective initiative)	Total	>18,680 (4,781 YTD)	5,013	>18,680 (9,562 YTD)	9,529
Number of maternity deliveries in Southern DHB facilities	Total	3,400	3,248	3,400	3,248 (Q1 only)
	Maori	560	502	560	502
Percentage of pregnant women registered with a Lead Maternity Carer in the first trimester	Total	>80%	Q2 only	>80%	81%
Average length of stay (days) for inpatient AT&R services	< 65 years	<21.8	27.3	<21.8	Q1 & Q3
	≥ 65 years	<18.5	16.6	<18.5	Q1 & Q3
Patients have improved physical functionality on discharge	< 65 years	>26.1	25.7	>26.1	Q1 & Q3
	≥ 65 years	>19.7	20.3	>19.7	Q1 & Q3

Select breaches	Service Commentary for Improvement
<b>Discharge Plans (Mental Health)</b>	<p>Our goal of moving to one district-wide 'Wellness Transition Plan' continues as we progressively shift from the various discharge, wellness, recovery, and relapse prevention plans that we have in place towards a more aligned 'Wellness Transition Plan'. A critical success factor achieved in the previous quarter continues to be embedded. These are rolling targets and require constant attention from clinical staff to maintain and improve.</p> <p>The number of patients, with a plan in place, accessing community-based services who were discharged in Quarter Two of 2020-2021 dropped slightly from 58% in quarter 1 to 52%. <b>The national target performance remains steady at 84% of the people who are accessing specialist mental health and addiction services for more than a year have a plan in place. All patients discharged from inpatient have a plan.</b> We understand we sit above compliance nationally with national compliance for the national target at 62% for community people and 75% for inpatient discharges.</p> <p>MHAID continues to focus on improving compliance with a Recovery Plan in place. Our current focus continues to work towards ensuring patients who have been in the service for three months or more have a plan in place. Likewise we are now moving to auditing the quality of plans with all teams increasingly auditing the quality of plans.</p>
<b>ED Target</b>	<p>Dunedin hospital escalation plan completed and planned for implementation early 2021</p> <p>Dunedin Fit 2 to sit ambulatory area 8 chairs operational</p> <p>Dunedin ED continues to exceed capacity</p> <p>Dunedin ED overflow into fracture clinic after 4pm and on weekends</p> <p>Southland ED COVID-19 phased response plan updated in response to COVID-19 resurgence.</p> <p>Southland ED continues to exceed capacity and overflows into other areas as required.</p> <p>Older Person's Assessment Liaison process continuing</p> <p>Board rounding by ED SMOs continues.</p> <p>Dunedin Enhanced Generalism business plus MAU approved.</p>
<b>AT&amp;R Length of Stay</b>	<p>The AT&amp;R service is progressing to a two-tier model of delivery where services are differentiated based on level of need of patients rather than by age of patients. This is anticipated to improve outcomes by grouping patients by need and ensuring specialist care delivery is based on this need. Because the underlying data to these metrics is based on facility locations (Wakari and Dunedin Hospital) with &lt;65s going to Wakari and &gt;65s going to Dunedin, the reporting measure will become insufficient as we evolve the model of care. We accordingly have changed this metric for 2021/22.</p>

9.5

<b>Legend:</b>
Target met
Performance within 5% of target
Performance within 5-10% of target
Performance >10% below target

**Technical notes on quarterly reporting results**  
 Note that the performance stated for ED excludes Lakes Hospital performance.  
 The stated targets for Elective Discharges and Caseweights (CWD) are the targets agreed with the Ministry of Health (12,518 and 18,680 respectively). These exceed the targets stated in our Statement of Performance Expectations (12,237 and 18,464 respectively) as the SPE was submitted prior to final agreement of the Planned Care targets. In this summary, we are reporting against the Planned Care target, but our Annual Report is required to report performance against the lesser figure in the Annual Plan/SPE (to comply with Audit Standards).

# Output Class: Rehabilitation and Support



Output Class: Rehabilitation and Support					
Measure		2020/21		2020/21	
		Target	Q1	Target	Q2
Percentage of aged care residents who have had an InterRAI assessment within 6 months admission	Total	>95%	94%	>95%	91%
Percentage of people ≥ 65 years receiving long-term home support who have a Comprehensive Clinical Assessment and an Individual Care Plan	Total	>95%	99%	>95%	99%
Total number of eligible people aged over 65 years supported by home and community support services	Total	>4,800	4,650	>4,800	4,681
Percentage of HCSS support workers who have completed at least Level 2 in the National Certificate in Community Support Services (or equivalent)	Total	>80%	Q2 & Q4 only	>80%	91%
Number of people assessed by the GP (primary care procedure) for fracture risk using the portal	Total	>2,000 (500 YTD)	330	>2,000 (1,000 YTD)	631
Number of Rest Home Bed Days per capita of the population aged over 65 years	Total	<6.1	5.7	<6.1	5.8

## Select breaches Service Commentary for Improvement

<b>Fracture risk assessments</b>	Performance is below target, however for context, this is a measure that was implemented in late 16/17 with an initial target of 170 assessments. In 2-3 years performance grew to 10-12 times this (with a reduction last financial year due to COVID). It may be that lesser performance this quarter is due to saturation against target or due to latent effects of COVID. We will continue to monitor performance and support assessments.
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<b>Legend:</b>
Target met
Performance within 5% of target
Performance within 5-10% of target
Performance >10% below target

<b>Technical notes on quarterly reporting results</b>
<i>Nil</i>



11.00 am

**PRESENTATION: DIGITAL STRATEGY UPDATE**

- Mike Collins, Executive Director People, Culture and Technology



## Hon Andrew Little

Minister of Health  
Minister Responsible for the GCSB  
Minister Responsible for the NZSIS  
Minister for Treaty of Waitangi Negotiations  
Minister Responsible for Pike River Re-entry



10 FEB 2021

Peter Hodgson  
Chair  
Southern District Health Board  
pete.hodgson.nz@gmail.com

Tēnā koe Peter

### **Letter of Expectations for district health boards and subsidiary entities for 2021/22**

This letter sets out the Government's expectations for district health boards (DHBs) and their subsidiary entities for 2021/22. As a DHB Chair you are accountable to me for meeting these expectations.

This government acknowledges the progress made to rebuild our health system, but there is still more to do. It is clear that COVID-19 will be placing a range of pressures on our health system for some time. We are well placed to continue to respond to resurgence as needed and to lock-in new ways of operating based on our COVID-19 response so that we retain and embed new and innovative approaches where possible.

A safe and effective vaccine for COVID-19 is an essential part of how we protect our communities, and this will be a key piece of work for the health system during 2021/22. Additional information will be provided when it becomes available.

As you know the Government has accepted the high-level direction of travel of the Health and Disability System Review (HDSR) and during this next phase we will roll out our plan to improve the public health system to ensure it delivers high quality services, improved equity for our vulnerable populations and supports better outcomes for all New Zealanders.

There will be uncertainty ahead, but I expect that this will not stop you from driving forward and continuing to deliver the improvements already underway. It is important that the sector continues to function at its best to provide health and disability services for New Zealanders while system changes are being confirmed and implemented. I also expect that you will begin to work together on further enhancements. The work we do now will ensure we have the right models of care to support longer term sustainability and to maximise outcomes through robust investment in primary and community care.

The priorities this Government has previously outlined to guide DHB planning will remain of critical importance for the coming year. Our wellbeing and equity system priorities together with a focus on giving practical effect to Whakamaua: the Māori Health Action Plan 2020-2025 and improvements to DHB sustainability, continue to provide a solid framework for planning and articulating the work DHBs are doing:

- giving practical effect to Whakamaua: the Māori Health Action Plan 2020-2025
- improving sustainability
- improving child wellbeing
- improving mental wellbeing including a focus on the transformational direction for our approach to mental health and addiction through the agreed actions from the Mental Health and Addiction Inquiry

- improving wellbeing through prevention;
- better population outcomes supported by a strong and equitable public health and disability system
- better population health and outcomes supported by primary health care.

I would like you to continue to build on these areas of focus, so we improve equity for our vulnerable populations while also ensuring COVID-19 lessons and innovations are captured.

I expect all DHBs to deliver breakeven results by the end of 2021/22 and your annual plan will not be supported without this commitment. Strong fiscal management is critical to support our collective ability to invest more in new models of care and in primary care and population prevention approaches.

It is also imperative that the health system maintains and continues to strengthen our health capital planning, investment and delivery and as Chair you must have clear oversight of the DHB's annual plan to ensure it is sustainable, person centred and reflects Government expectations, including breakeven financial targets.

As you will be aware the Government will be implementing recommendations from the Health and Disability system review. This work will be undertaken alongside the work laid out in this letter. I expect that all DHB's will continue to provide the highest quality services to their populations while any changes are implemented across the system.

A number of DHBs will benefit from expert support across a range of areas and I understand that Chairs are working on an exemplars group. I expect you to seek the support of your colleagues and the Ministry where you need a lift in capability or support to navigate specific challenges.

This Government has provided specific sustainability funding for DHB led improvement projects. I expect to see tangible outcomes being delivered and implemented with this funding and reports on the impact it is having.

You will be aware that pay parity for workforces in the DHB-funded sectors is an issue. This is also an issue in other parts of the State sector, and it is important that a whole-of-Government approach is taken. This Government's position will be developed at a central agency level and I expect you to contribute to and act consistently with this approach. There are complex matters that need careful consideration, including whether DHB funding has flowed equitably to employees in the past and how this would be protected in the future.

I expect all DHBs to increase the pace and scale of implementation of the Care Capacity Demand Management Programme (CCDM) in 2021 to meet the expectations outlined in the 2018 NZNO DHB MECA. I want to be clear that full implementation of CCDM includes annual FTE calculations and ensuring agreed budgeted nursing and midwifery FTE are in place.

DHBs are responsible for the health outcomes for your population and it is important that DHBs and the Ministry continue to work together, and with primary and community providers, to ensure we have a strong and equitable public health system delivering better health outcomes for our most vulnerable populations who have long-standing health inequities.

Please ensure any approaches to a service reconfiguration support improved access to care and equity, and are financially sound. As you are aware any shifts or additions in workforce / FTE must be considered as a service change and follow service change processes. DHBs

must remain focused and prepared for increased pressure and ensure systems are in place to ensure COVID-19 innovations are used to avoid pressure building up on existing services.

DHBs are expected to support and contribute to the Ministry's National Asset Management Programme (NAMP), which will be used to assist the Capital Investment Committee and Ministers to make more informed decision on DHB capital expenditure. I expect DHBs to develop their own Asset Management Policy and Strategy and align their asset management practices with the Ministry of Health district health board sector Asset Management Framework.

Unlike previous years I have strong expectations that the annual planning process will be completed on time and as Chair it is your responsibility to meet all deadlines for this process. I expect a strong first draft annual plan will be provided to the Ministry for review in early March so that a robust final plan that meets all expectations will be able to be agreed with me as early as possible post Budget 21. If timelines are not met and robust and appropriate plans are not delivered I will not be able to sign them off for the year.

Please note that I do not require you to refresh your Statement of Intent for 2021/22.

We face complex challenges that require collective approaches and I am looking forward to working with you as we continue our efforts to improve outcomes for New Zealanders.

Thank you for the work you have been doing to provide strong governance within our health system. I remind you that in everything you do you are part of the system.

Ngā mihi nui



Hon Andrew Little  
**Minister of Health**

Cc Chris Fleming  
Chief Executive  
Southern District Health Board



## Closed Session:

### RESOLUTION:

That the Board 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 32, Schedule 3 of the NZ Public Health and Disability Act (NZPHDA) 2000\* for the passing of this resolution are as follows.

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
<b>Minutes of Previous Public Excluded Meeting</b>	As set out in previous agenda.	As set out in previous agenda.
<b>Public Excluded Advisory Committee Meetings:</b> a) Finance, Audit & Risk Committee ▪ 28 January 2020 Minutes ▪ 25 February 2021 Verbal Report b) Community & Public Health Advisory Committee ▪ 1 February 2021 Public Excluded Minutes c) Iwi Governance Committee ▪ 7 December 2020 Minutes	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
<b>CEO's Report - Public Excluded Business</b>	To allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
<b>Capex Requests</b> ▪ Planned Care Improvement Action Plan Tranche One Projects	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
<b>Contract Approvals</b> ▪ Strategy, Primary and Community ▪ New Zealand Blood Service	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
<b>New Dunedin Hospital</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.

\*S 32(a), Schedule 3, of the NZ Public Health and Disability Act 2000, allows the Board to exclude the public if the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.

The Board may also exclude the public if disclosure of information is contrary to a specified enactment or constitute contempt of court or the House of Representatives, is to consider a recommendation from an Ombudsman, communication from the Privacy Commissioner, or to enable the Board to deliberate in private on whether any of the above grounds are established.