Southern DHB Board Meeting

By Zoom

07/09/2021 09:30 AM - 12:30 PM

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, 7 September 2021

Recommendation

That the Board receive and note the Interests Registers.

Purpose

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

Changes to Interests Registers over the last month:

- Roger Jarrold – Advisor to Health Transition Unit on Finance/Procurement added
- Pete Hodgson and Chris Fleming – New Dunedin Hospital entries updated
- Tuari Potiki – Chair of NZ Drug Foundation (for 3 months) added
- Jean O'Callaghan – Idea Services Board of IHC added

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).

Appendices

- 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
Pete Hodgson (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 (updated 26.08.2021)	Ex-officio Member, Executive Steering Group, New Dunedin Hospital		
	22.12.2020	Board Member, Otago Innovation Ltd (paid)		
	25.02.2021	Board Member, Quitta Ltd (unpaid)	Nicotine replacement therapy under development.	
Peter Crampton (Deputy Board Chair)	16.04.2021	Employment: Professor, Kōhatu Centre for Hauora Māori, University of Otago (appointed July 2018)		
	16.04.2021	Member, Health Quality and Safety Commission Board (appointed April 2020)		
	16.04.2021	Member, Expert Advisory Group for WAI claimants related to historical underfunding of Māori PHOs (appointed September 2020)		
	16.04.2021	Honorary Fellow, Royal New Zealand College of General Practitioners		
	16.04.2021	Fellow, New Zealand College of Public Health Medicine		
	16.04.2021	Wife, Alison Douglass, is a member of the Health Practitioners Disciplinary Tribunal		
	25.06.2021	Director and Shareholder, Kiwood Limited	Nil (farm forestry plot).	
Ilka Beekhuis	09.12.2019	Patient Advisor, Primary Birthing FiT Group for Dunedin Hospital Rebuild		
	09.12.2019	Member, Otago Property Investors Association		
	09.12.2019	Member, Spokes Dunedin (cycling advocacy group)		
	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).	
John Chambers	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.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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 concerning their employment and, at a national level, contributing to strategies to assist the recruitment and retention of specialists in New Zealand public hospitals.	
	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		
Kaye Crowther	09.12.2019	Life Member, Plunket Trust	Nil	
	09.12.2019	Trustee, No 10 Youth One Stop Shop	Possible conflict with funding requests.	
	14.01.2020	Trustee, Director/Secretary, Rotary Club of Invercargill South and Charitable Trust		
	14.01.2020	Member, National Council of Women, Southland Branch		
	07.10.2020	Trustee, Southern Health Welfare Trust	Trust for Southland employees - owns holiday homes and makes educational grants.	
Lyndell Kelly	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		
	25.06.2021	Trustee, New Zealand Brain Tumour Trust		
Terry King	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		
Jean O'Callaghan	13.05.2019	St John Volunteer, Lakes District Hospital	No involvement in any decision making.	
	26.08.2021	Idea Services Board of IHC	Possible conflict with contracts and service delivery models.	
Tuari Potiki	09.12.2019	Employee, University of Otago		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	09.12.2019	Chair, Te Rūnaka Ōtākou Ltd* (also A3 Kaitiaki Limited which is listed as 100% owned by Te Rūnaka Ōtākou 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		
	09.123.2019	*Shareholder in Te Kaika		
	24.06.2021	Te Rau Ora Directorship		
	24.06.2021	Needle Exchange Services Trust (NEST) member		
	28.08.2021	Chair, NZ Drug Foundation (3 month appointment)		
Lesley Soper	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	Corporate Body for apartment, Wellington	
Moana Theodore	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~~	Removed 01.07.2021	
	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		
Andrew Connolly (Advisor)	21.01.2020 (updated 02.06.2021)	Employee, Counties Manukau DHB. Currently seconded to Ministry of Health as Acting Chief Medical Officer		
	21.01.2020 (updated 02.06.2021)	Clinical Advisor to the Board, Waikato DHB		
	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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Roger Jarrold (Crown Monitor)	16.01.2020 (Updated 28.01.2021)	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)	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	
	05.04.2021	Financial Advisor, DHB Performance, Ministry of Health		
	18.06.2021	Treasury: Health Reform Challenge Panel		
	26.08.2021	Advisor to Health Transition Unit on Finance/Procurement		
Benjamin Pearson (Crown Monitor)	21.07.2021	Consultant Paediatrician, South Canterbury DHB		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Hamish BROWN	25.02.2021	Portobello Maintenance Company	Nil, Body Corporate for residential area.
Kaye CHEETHAM		Nil	
Rory DOWDING	18.01.2021	Change Quest Ltd	Stepfather (Ross Hanson) and his trading entity (Change Quest Ltd) are at times employed as a contractor to SDHB HR Directorate
Matapura ELLISON	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~~	Removed 28.06.2021.
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kati Huirapa Rūnaka ki Puketeraki (Note: Kāti Huirapa Rūnaka ki Puketeraki Inc owns Pūketeraki 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.
	28.06.2021	Director, Te Kura Taka Pini Limited	100% owned by Te Rūnanga o Ngai Tahu.
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017 (updated 26.08.2021)	Ex-officio Member, Executive Steering Group, New Dunedin Hospital	
	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)
Hywel LLOYD	16.06.2021	GP, Mosgiel Health Centre	
	16.0.2021	Wife, Nurse, Paediatric Outpatients	
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	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
Nicola MUTCH		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.
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	27.01.2021	Daughter, is a junior doctor in Auckland and is involved in orthopaedic and general surgery research and occasionally publishes papers	
	23.07.2020	Wife, Chief Data Architect, Inde Technology	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Gilbert TAURUA	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.
Nigel TRAINOR	17.05.2021	Daughter, Sonographer (works part-time for Dunstan Hospital)	
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil
Greer HARPER	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, 3 August 2021, 9.30 am
Board Room, Southland Hospital Campus, Invercargill

Present:	Mr Pete Hodgson	Chair
	Prof Peter Crampton	Deputy Chair
	Ms Ilka Beekhuis	
	Dr John Chambers	
	Mrs Kaye Crowther	
	Dr Lyndell Kelly	
	Mr Terry King	
	Mrs Jean O'Callaghan	*(by Zoom)*
	Mr Tuari Potiki	
	Miss Lesley Soper	
	Dr Moana Theodore	
In Attendance:	Mr Andrew Connolly	Board Advisor *(by Zoom)*
	Mr Roger Jarrold	Crown Monitor
	Dr Ben Pearson	Crown Monitor
	Mr Chris Fleming	Chief Executive Officer
	Ms Tanya Basel	Executive Director People and Capability *(by Zoom)*
	Mr Rory Dowding	Acting Executive Director Strategy, Primary and Community
	Ms Greer Harper	Principal Advisor to the Chief Executive
	Dr Hywel Lloyd	Interim Executive Director Quality and Clinical Governance Solutions
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr Patrick Ng	Executive Director Specialist Services
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer/Acting Executive Director MHAID
	Mr Nigel Trainor	Executive Director Corporate Services
	Mrs Jane Wilson	Chief Nursing and Midwifery Officer
	Ms Jeanette Kloosterman	Board Secretary

1.0 KARAKIA AND WELCOME

The Chair welcomed everyone, in particular Dr Pearson, recently appointed Crown Monitor, and the meeting was opened with a karakia.

2.0 APOLOGIES

An apology was received from Mr Connolly for intermittent departures from the meeting.

3.0 DECLARATION OF INTERESTS

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

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 Board meeting held on 6 July 2021 be approved and adopted as a true and correct record."

M Theodore/I Beekhuis

5.0 ACTION SHEET

The Board received the Action Sheet (tab 5) and the following updates from management.

Quantitative Performance Dashboard

Progress on the quantitative dashboard had been subordinated by development of the performance and accountability framework.

Māori Workforce

The HR Dashboard now included a breakdown of the Māori workforce but had not been widely distributed. The Executive Director People and Capability (EDP&C) and Chief Māori Health Strategy and Improvement Officer (CMHS&IO) were working on getting workforce ethnicity validated.

Community Dialysis Chairs, Southland

The EDSS reported that consent for the plumbing work was still awaited. When it was received there would be a week of construction before the dialysis chairs could be opened.

It was agreed that an official opening would be organised, with Dr Liz Craig included in the guest list.

6.0 ADVISORY COMMITTEE REPORTS

Community and Public Health Advisory Committee

The Board received a verbal report from Mr Tuari Potiki, Community and Public Health Advisory Committee (CPHAC) Chair, on the CPHAC meeting held on 2 August 2021, during which he reported that the Committee received:

- A presentation from Dr Rob Beaglehole, National Public Health Advocate for DHB CEs and Chairs, on water fluoridation and other population health issues including alcohol harm, obesity, smokefree 2025, and healthy food and beverage policies;
- A presentation on the new Invercargill primary care service being developed by the WellSouth Primary Health Network and the four local Rūnaka;
- Updates on PHO performance, Māori Health and the Mental Health Review.

The Committee also requested ongoing updates on Mental Health and addiction waiting lists and oral health.

Disability Support Advisory Committee

The Board received a verbal report from Dr Moana Theodore, Disability Support Advisory Committee (DSAC) Chair, on the DSAC meeting held on 2 August 2021, during which she reported that the Committee welcomed new Committee members Terry King, Lyndell Kelly, and Peter Crampton, and received:

- A presentation from Janice Lee of Koha Kai, an Invercargill charity who supported the development of people, many of whom had disabilities;
- An update from John Marrable, Chair of the Disability Working Group, on progress in implementing the Disability Strategy;
- An update on the COVID-19 vaccination programme for people with lived disability; and
- A presentation from Sharon Adler, Portfolio Manager, Health of Older People, on Home and Community Support Services.

Hospital Advisory Committee

The minutes of the Hospital Advisory Committee (HAC) meeting held on 5 July 2021 (tab 6) were taken as read. Mrs Jean O'Callaghan, HAC Chair, highlighted the following areas that the Committee had a focus on:

- Physical and resourced beds;
- Patient letters;
- Staffing and a proactive approach to recruitment;
- Enhanced Generalism;
- Normalising equity reporting;
- Performance issues in Surgical, Outpatients and Inpatients, and the Emergency Department;
- Updates on Radiology, Oncology and Colonoscopy.

7.0 CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer's monthly report (tab 7) was taken as read. The CEO commented on his report as follows.

- *Financial Performance* – The year-end position had been impacted by advice from Pharmac, which resulted in circa $2.5m of unexpected expenditure. That aside, the result was materially as expected.
- *Performance* – Volumes were 2.04% up year-to-date. A comparison of caseweights and raw discharges with the previous year showed that Medical discharges had stayed about the same but caseweights were up by about 1,000, reflecting increased patient complexity.

  Management responded to questions on nursing workforce matters, including FTE numbers, productivity, the Care Capacity Demand Management (CCDM) Diagnostic Report (tab 13), recruitment, and safe staffing.

Mr Connolly joined the meeting by Zoom at 10.07 am.

During discussion it was noted that nursing staffing levels had improved by about 2.5% over the past year and another 107 FTEs annualised were budgeted for the current year. The Chief Nursing and Midwifery Officer reported that last year Southern DHB was ahead of the five largest DHBs in implementing CCDM and had moved to tenth place out of 20 DHBs.

- *Clinical Council* – Dr David Gow, Neurologist, had been appointed to the 0.4 FTE Clinical Council Chair position.
- *Aged Residential Care (ARC) Nursing Workforce* – The NZNO Nursing Multi-Employer Collective Agreement (MECA) settlement would widen the pay gap between DHB and NGO nurses, which was a concern.
- *Emergency Departments (EDs)* – The EDs in Invercargill and Dunedin were both under significant pressure.

  Nursing FTEs in the Southland ED had been increased by 4.7 FTE about six months ago and the business case to improve the facility would be submitted to the September 2021 Board meeting for approval.

  The ED Health and Safety representative on the Dunedin site had issued a provisional improvement notice (PIN) on 30 July 2021. The EDSS and CMO gave an update on the process being followed to respond to the notice and the short and longer term plans to alleviate pressure.
- *Environmental Sustainability* – There had been an 82% reduction in the use of nitrous oxide following the replacement of seals in the Dunedin operating theatres wall outlets. It was agreed that a letter of thanks be sent to Dr Matt Jenks and Building and Property staff for achieving this result.

  The Executive Director Corporate Services (EDCS) was working with the Energy Efficiency and Conservation Authority (EECA) on converting the coal boilers at Dunedin and Southland Hospitals to wood biomass.

During discussion, management were asked to:

- Check that the additional clinicians employed for the new Medical Assessment Unit (MAU) in Dunedin were undertaking "front-door" assessments;
- Ensure that Anaesthetic Technician training places were being maximised.

Oncology

It was noted that Board Members were receiving weekly updates on the Oncology work programme. The Board thanked staff for their ongoing efforts and requested that the second MRI scanner be ordered as soon as possible.

It was resolved:

"That the Board delegate authority to the CEO to approve the MRI business case."

L Soper/P Hodgson

8.0 FINANCE AND PERFORMANCE

Financial Report

The Financial Report for the period ended 30 June 2021 (tab 8.1) was taken as read.

Volumes Report

The volumes graphs (tab 8.2) were noted.

Quality Dashboard

The Quality Dashboard for June 2021 (tab 8.3) was taken as read.

Annual Plan Strategic Progress Report

The Board considered reports summarising progress towards achieving the strategic intentions in the 2020/21 Annual Plan (tab 8.5).

Management responded to questions on theatre utilisation, Anaesthetic Technician recruitment, ESPIs 2 and 5, Measles Mumps Rubella (MMR) vaccination, complaint numbers, staff vacancy rate, and decanting of the Oncology space.

The Board requested that management:

- Report back on plans to meet the new standards and certification requirements for interpreters by 2024;
- Provide comparative data from other DHBs on the staff churn and vacancy rate;
- Provide a paper and presentation to the next meeting on the Health workforce;
- Add timelines, where possible, to the Facilities section of the Finance Strategic Progress Report.

Performance

The Principal Advisor to the CEO presented a progress report on the development of the Performance Dashboard (tab 8.4).

9.0 STRATEGIC REFRESH

A report of progress made, in collaboration with Synergia, on Southern DHB's Strategic Refresh was circulated with the agenda (tab 9) and taken as read.

Prof Crampton reported that the Steering Group was recommending that the project be reframed as a "Strategic Briefing for the Southern Health System", given the audience of the report will be Health New Zealand, the Māori Health Authority and the Ministry of Health, and commented that:

- The strategic process would have to incorporate, model and manifest the key Te Tiriti o Waitangi relationships within the district;
- From an operational point of view, a good intelligence foundation was being built by Synergia on the information that had been developed in the past;
- The aim was to produce a strategic briefing to be handed over to shape the future, based on the priorities that were deemed most important, and having established the key architecture of the relationships in the Southern region to achieve those outcomes.

Prof Crampton advised the Board that they would need to consider how far they wished to go with strategic issues for the purposes of providing a platform for the future health service, for example the role of the six hospitals within the district and the configuration of services in Central Otago.

The Board was informed that Synergia were proposing to hold a workshop with the Board on the strategic briefing.

Mr Connolly left the meeting at 11.30 am.

10.0 PATIENT FLOW TASKFORCE

A progress report from the Patient Flow Taskforce was circulated with the agenda (tab 12) and the Board received a briefing from Lucy Prinsloo, Charge Nurse, Medical Ward, and Rachel Wallace, Lead Discharge Co-ordinator, Southland Hospital, on what was happening at ward level. They advised that:

- Bed availability was their number one stressor and frustration.
- Medical monthly quality meetings had been reinstated now that a new Medical Director was in place, and these would address some of the issues that were hindering patient flow.
- An earlier rapid round had been implemented.
- Barriers to discharging into the community were the availability of hospital level care beds, finding facilities for patients with multiple complex needs, funding stream silos, the wait for rehab, and the lack of allied health support, particularly physiotherapy.

Ms Prinsloo and Ms Wallace were thanked for their attendance and left the meeting.

The Board requested that it continue to receive the patient flow metric graphs.

11.0 STRATEGIC CHANGE PROGRAMME

The CEO presented an overview of the Change Programme (tab 10) and explained the short and mid-term tranches of work.

It was noted that a lot of the work being undertaken for the new Dunedin Hospital would influence the way services were provided across the district.

12.0 SOUTHERN DHB REVIEW

The Board received an update from the CEO on the actions to be undertaken following the review completed by Leena Singh in May 2021 (tab 11).

It was resolved:

"That the Board note the content of the paper and support the course of action to date."

The Board requested that it be provided with monthly progress updates on the review recommendations, and that these include equity implications.

13.0 SOUTHLAND SITE

The CEO presented an overview of the three stages of activity for the Southland Hospital site (tab 14) and reported that the first meeting with Sapere on longer term planning had been held the previous afternoon. The initial project group was comprised of: Lucy Prinsloo, Charge Nurse, Medical Ward, Jo McLeod, Acting General Manager, and Alice Febery, Clinical Leader, General Surgery, Chuck Leuker, Clinical Leader, Orthopaedics, Southland Hospital, and the CEO, EDSS, EDSP&C, and Principal Advisor to the CEO.

14.0 PHYSIOTHERAPY POOL

A report on the Dunedin Physiotherapy Pool (tab 15) was taken as read and the Executive Director Corporate Services (EDCS) responded to members' questions.

The Board noted that repairs to the infrastructure would be completed at a cost of $50k to buy some time and the EDCS would be engaging with the Trust on the future of the pool.

15.0 AMENABLE MORTALITY RATES FOR MĀORI

The Chief Māori Health Strategy and Improvement Officer (CHS&IO) presented a report on the amenable mortality rates for Māori in the Southern District (tab 16), which highlighted serious inequity across the district. The CHS&IO acknowledged Dr Moana Theodore's persistence in placing this matter before the Board.

During a robust discussion, the following observations were made.

- The information provided in the report should be coming to the Board monthly, along with a raft of other descriptive epidemiology reports, to assist it govern the organisation.
- The Board should be placing a greater focus on managing the system, as opposed to hospital operational matters.
- The data showed that Māori were dying at twice the rate of amenable mortality than non-Māori, which was sobering and had a human face.
- It was a longstanding issue that had become accepted in the Health system but one that the Board could take action to change.

Mr Connolly re-joined the meeting by Zoom at 12.25 pm.

It was agreed that the recommendations in the paper be considered later in the day, together with items on the public excluded agenda.

16.0 COLONOSCOPY SERVICES

The Board received an update from Mr Connolly on colonoscopy services to 30 July 2021 (tab 18).

Mr Connolly was thanked for his ongoing efforts.

17.0 POLICY APPROVALS

Mr Roger Jarrold, Finance, Audit and Risk Committee Chair, presented five policies for the Board's approval (tab 16).

It was resolved:

"That the Board approve the:

1. **Contract Management Policy**
2. **Capital Asset Management Policy**
3. **Procurement and Purchasing Policy**
4. **Internal Audit and NGO Audit Policy**
5. **Sensitive Expenditure Policy."**

The FAR Committee Chair requested that a one page summary of the important policies be published for Board members.

PUBLIC EXCLUDED SESSION

***At 12.35 pm it* was *resolved*:**

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

General subject:	***Reason for passing this resolution:***	***Grounds for passing the resolution:***
Minutes of Previous Public Excluded Meeting	As set out in previous agenda.	As set out in previous agenda.
Public Excluded Advisory Committee Meetings: a) Finance, Audit & Risk Committee ▪ 5 July 2021 Minutes b) Hospital Advisory Committee ▪ 5 July 2021 Minutes c) Iwi Governance Committee ▪ 2 August 2021 Verbal Report	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.
CEO's Report - Public Excluded Business	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.
Mental Health Review	To allow activities to be carried on without prejudice or disadvantage	Sections 9(2)(ba) and 9(2)(j) of the Official Information Act.
Draft Annual Plan 2021/22	Plan is subject to Ministerial approval	Section 9(2)(f)(ii) of the Official Information Act.
Draft South Island Regional Health Plan 2021/22	Plan is subject to Ministerial approval	Section 9(2)(f)(ii) of the Official Information Act.
Capital Plan 2021/22	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Section 9(2)(j) of the Official Information Act.
Capex Approvals ▪ Replacement Navigation System for Neurosurgery Procedures	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.
Contract Approvals ▪ Strategy, Primary and Community	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.

General subject:	***Reason for passing this resolution:***	***Grounds for passing the resolution:***
New Dunedin Hospital	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.

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

"That the Board resume in open meeting and the business transacted in committee be confirmed."

The meeting closed with a karakia at 4.45 pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board
BOARD MEETING ACTION SHEET

As at 31 August 2021

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Feb 2020 Updated Nov 2020	**Quantitative Performance Dashboard** (Minute 6.0)	Draft quantitative dashboard to be presented to the Board.	CEO	Further refinement date now indicated and work is progressing.	~~August 2021~~ October 2021
July 2021	(Minute 8.0)	If possible, national benchmarking to be included in reporting.	PACEO	National benchmarking is able to be included. The Team are exploring which datasets are available and would be appropriate to include (Health Round Table or Health, Quality Safety Commission data for instance).	
Feb 2021	**Southland Site Planning** (Minute 9.0)	Master plan identifying issues and future needs relating to facilities at Southland Hospital to be developed.	CEO	Will not be completed by September. Target date will be discussed and agreed with Sapere.	~~Sept 2021~~ December 2021
March 2021	**Māori Workforce** (Public excluded minute 15.0)	Board to be provided with staff ethnicity data, if possible by profession, directorate, and recruitment rate.	EDP&C	Errors on the HR Dashboard has resulted in a review of the configuration of the dashboard. Work is in progress.	
May 2021	**Quality Dashboard** (Minute 8.0)	Calibration points (expected norms or standards) and an equity lens (Māori, Pacifika, etc) to be added to the quality graphs, along with management or Clinical Council comment.	EDQCGS	Management comments now included where there is a noticeable change in trend or a significant spike or fall in numbers. Calibration points and an equity lens are currently being prioritised, as require IT resource to complete.	
June 2021	(Minute 6.0)	Completion date to be supplied for adding calibration points and staff information to the dashboards.	EDQCGS EDP&C	Errors on the HR Dashboard has resulted in a review of the configuration of the dashboard. Work is in progress.	October 2021

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
June 2021	**Community Dialysis Chairs, Southland** (Minute 5.0)	Board to be advised of opening date.	EDSS	The official opening date has been confirmed as Friday, 17 September 2021.	
	(Minute 5.0)	Official opening to be organised. Board members and Dr Liz Craig to be included in the guest list.	EDSS	An official opening will be organised, with invites extended to the Board, ELT, Dialysis South, Dr Liz Craig, the Dialysis team and clinical Dialysis clinical engineers from Dunedin. If we are still in COVID lockdown we will adapt the opening accordingly.	
June 2021	**COVID-19 Vaccination** (Minute 8.0)	Numbers to be reported by age, ethnicity and gender.	PD DHD	Update included in CEO's report.	
	(Minute 8.0)	Board to be provided with ongoing reports.	PD DHD		
August 2021	**ED Pressure** (Minute 7.0)	Check to be made that the additional clinicians employed for the new MAU are undertaking "front-door" assessments.	EDSS	The GM Medicine, Women & Children has spoken with the Clinical Leader for Internal Medicine. As the additional staff commence in the team, there will be a focus on early assessment. This may involve either an ED presence or pulling patients into the existing MAU more quickly (noting the constraints of the existing MAU per its location).	
August 2021	**Anaesthetic Technician Vacancies** (Minute 7.0)	Check to be made to ensure Anaesthetic Technician training places are being maximised.	EDSS/ CAHS&TO	Total of 12 AT Trainees – 9x Dunedin, 3x Southland. Up from 3x AT Trainees roles previously for the district. To maximise places planning for a further 3x trainees to commence in 2022 has commenced.	Training to finish December 2023
August 2021	**Refugee Programme** (Minute 8.0)	Update to be provided on plans to meet the new standards and	EDSP&C	In order to meet 2024 interpreter certification requirements, SDHB is currently encouraging its eligible interpreter contractors to take	

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
		certification requirements for interpreters by 2024.		advantage of Ministry of Business Innovation and Employment (MBIE) funding for interpreter certification training. Meanwhile, we are advising Ministry of Health of the potential challenges and opportunities that required certification presents to migrant and refugee healthcare in the Southern district.	
August 2021	**People and Capability** (Minute 8.0)	▪ Comparative data from other DHBs on staff churn and vacancy rate to be provided. ▪ Paper and presentation on the Health workforce to go to the next Board meeting.	EDP&C EDP&C	Comparative data is released by TAS on a quarterly basis. Awaiting updated information for last quarter of FY21. CEO proposed that this be delayed due to COVID-19 response.	October 2021 November 2021
August 2021	**Strategic Progress Report – Finance** (Minute 8.0)	Where possible, timelines to be added to the Facilities box.	EDCS		
August 2021	**Patient Flow Taskforce** (Minute 10.00	Board to continue to receive patient flow metric graphs.	PACEO	Included in report.	Ongoing
August 2021	**Southern DHB Review Recommendations** (Minute 12.0)	Monthly progress updates to be provided. To include equity implications.	CEO	Included in CEO's report.	Ongoing
August 2021	**Policies** (Minute 17.0)	One page summary of the important policies to be published for Board members' reference.	EDCS	Yet to be actioned. Full policies available in Diligent Resource Centre.	
August 2021	**Methadone Treatment Waiting List** (CPHAC minute 10.0)	Further advice, including possible solutions, to be submitted to Board.	Acting ED MHAID	Waiting times update attached.	

FOR INFORMATION

5.1

Item:	Mental Health Addiction and Intellectual Disability (MHAID) Directorate Wait Times
Proposed by:	Gilbert Taurua, Chief Maori Health Strategy and Improvement Officer
Meeting of:	Board, 7 September 2021

Recommendation

That Board notes this paper and provides direction to management.

Purpose

1. To provide an overview of MHAID wait times as discussed at the August 2021 Community and Public Health Advisory Committee (CPHAC) meeting in Invercargill.

Specific Implications For Consideration

2. Financial

    - There are financial implications associated with any proposed changes associated with MHAID wait times.

3. Workforce

    - There are workforce consideration associated with the increase in service coverage and/or MHAID wait times.

4. Equity

    - Maori experience higher levels of mental illness and addiction than non-Maori.

5. Other

    - Services for Children and Young People are experiencing increased referrals which staff advise are more complex than they were pre covid.

    - Addiction Services, particularly the Opioid Substitution Programmes are under pressure, particularly in Dunedin and Queenstown.

Background

6. MHAID services across New Zealand are reporting increased demand and this is reflected in the Southern area. Adult MHAID team referrals are remaining stable, we suspect are due to the increased interventions provided in the Primary setting. This is also the case to a lesser extent for Children and Young People. However, Clinical staff advise the referrals to Addiction Service from the Primary (Mental Health and Addiction Brief Intervention and Access and Choice) and NGO sectors have increased.

Discussion

7. Overall Southern DHB MHAID see 74.5% of people referred within three weeks of referral with an average wait time of 17.1 days.

8. Child and Youth Services are experiencing the longest wait time at 28.4 days, followed by Specialist Addiction Services at 20 days. Opioid Substation Programmes have the longest wait time at 45.4 days with people in Dunedin and Queenstown waiting the longest.

Next Steps & Actions

Table this paper to the next Board meeting in September 2021.

Appendices

Appendix 1	Mental Health Wait Times – National and DHB
Appendix 2	Opioid Substitution Programme

Appendix one

Mental Health Wait Times - National / DHB

All teams and team types
2 years combined - March 2019 to February 2021
Data source: Ministry of Health

Measure 1 : Average days wait

DHB	Average wait (days)	Rank
Nationally / All DHBs	18.3	
Hawkes Bay DHB	10.8	1st
MidCentral DHB	13.3	2nd
Bay of Plenty DHB	15.0	3rd
Waitemata DHB	15.0	4th
South Canterbury DHB	15.4	5th
Whanganui DHB	15.8	6th
Counties Manukau DHB	16.0	7th
Northland DHB	16.3	8th
Southern DHB	17.1	9th
Auckland DHB	17.4	10th
Taranaki DHB	17.6	11th
Tairawhiti DHB	18.1	12th
West Coast DHB	19.3	13th
Hutt Valley DHB	19.9	14th
Waikato DHB	20.1	15th
Wairarapa DHB	23.0	16th
Capital and Coast DHB	24.4	17th
Canterbury DHB	26.5	18th
Lakes DHB	27.7	19th
Nelson Marlborough DHB	32.0	20th

Measure 2 : Percentage seen within 3 weeks

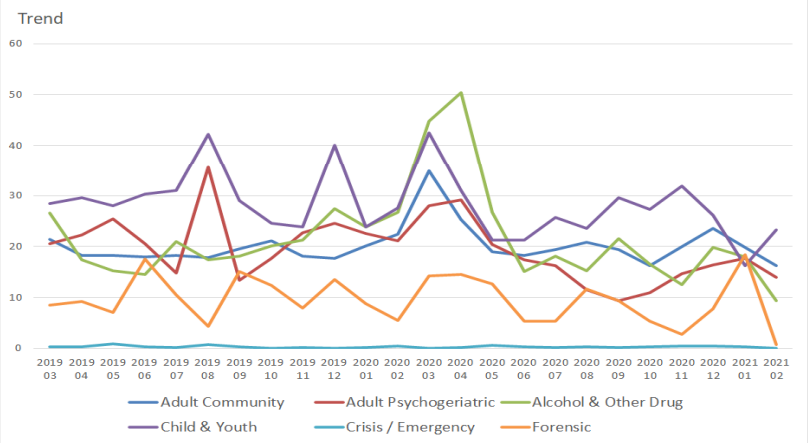
DHB	% seen within 3 weeks	Rank
Nationally / All DHBs	74.7%	
Hawkes Bay DHB	85.6%	1st
South Canterbury DHB	81.1%	2nd
MidCentral DHB	80.7%	3rd
Waitemata DHB	79.0%	4th
Counties Manukau DHB	78.6%	5th
Auckland DHB	78.1%	6th
Whanganui DHB	77.5%	7th
Bay of Plenty DHB	76.6%	8th
Taranaki DHB	75.7%	9th
Southern DHB	74.5%	10th
West Coast DHB	74.3%	11th
Northland DHB	74.1%	12th
Waikato DHB	74.0%	13th
Tairawhiti DHB	71.2%	14th
Hutt Valley DHB	70.0%	15th
Wairarapa DHB	68.9%	16th
Canterbury DHB	68.9%	17th
Capital and Coast DHB	67.1%	18th
Lakes DHB	57.3%	19th
Nelson Marlborough DHB	52.5%	20th

Mental Health Wait Times - Local

Community Treating and Crisis Teams
2 years combined - March 2019 to February 2021
Data source: Southern DHB

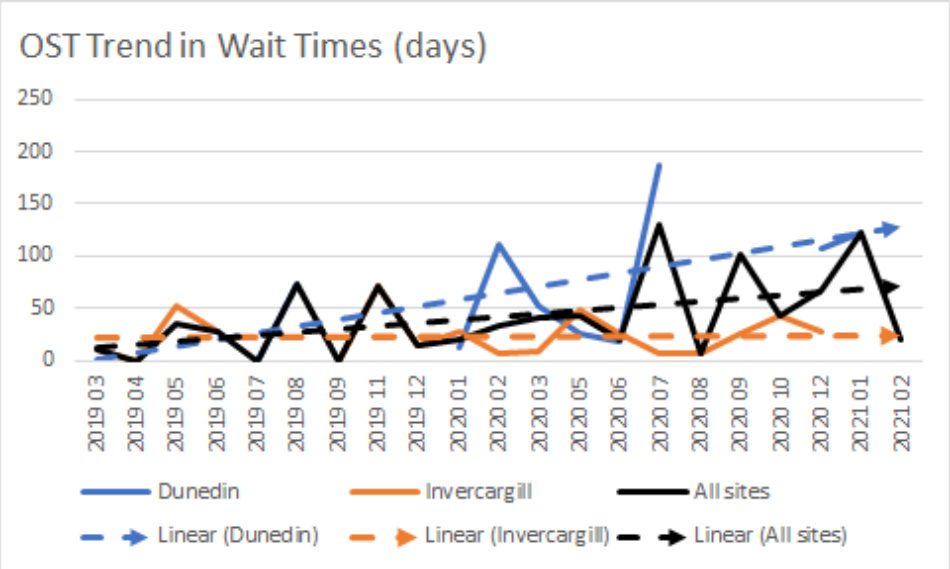
Measure : Average days wait

Group	Average wait (days)
Crisis / Emergency	0.3
Forensic	9.6
Adult Psychogeriatric	18.9
Adult Community	19.9
Alcohol & Other Drug	20.0
Child & Youth	28.4



Appendix two

Opiod Substitution Treatment Referral site	Nr referrals received (2 year period)	Average days wait
Queenstown	2	207.5
Invercargill	31	25.2
Dunedin	22	59.1
Grand Total	**55**	**45.4**



Specialist Addiction Services (SAS) –

SAS (Dunedin and Queenstown) have experienced a period of sustained high workload demand.

Opioid Substitution Treatment (OST) numbers remain well above contracted volumes and the team is actively working to reduce numbers, although this is creating a backlog of referrals for the programme.

There is a plan in place in the Dunedin based service which includes Queenstown to reduce the numbers and the wait time, but it will take time to have a significant impact. Recent resignations and retirements have exacerbated workload pressure in Dunedin. The vacancies have been advertised and Directorate and SAS leadership meetings are occurring to enhance the robustness of the service moving forward.

The current OST caseloads are:

	Specialist Services Actual Caseload (as at end of May 2021	General Practice Actual Caseload (as at end of May 2021
Otago	*385*	35
Southland	*108*	5
Total	*493*	40

Southern District Health Board

Minutes of the Community and Public Health Advisory Committee Meeting held on Monday, 2 August 2021, commencing at 1.00 pm, in the Board Room, Southland Hospital Campus, Invercargill

Present:	Mr Tuari Potiki	Chair
	Ms Ilka Beekhuis	Deputy Chair
	Prof Peter Crampton	
	Mrs Kaye Crowther	
	Dr Doug Hill	
	Dr Lyndell Kelly	
	Mr Terry King	
In Attendance:	Mr Pete Hodgson	Board Chair
	Dr John Chambers	Board Member
	Mrs Jean O'Callaghan	Board Member *(by Zoom)*
	Ms Lesley Soper	Board Member
	Dr Moana Theodore	Board Member
	Mr Chris Fleming	Chief Executive Officer
	Mr Rory Dowding	Acting Executive Director Strategy, Primary and Community
	Dr Hywel Lloyd	Interim Executive Director Quality and Clinical Governance Solutions *(from 3.15 pm)*
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications *(from 3.15 pm)*
	Mr Andrew Swanson-Dobbs	CEO, WellSouth Primary Health Network
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer/Acting Executive Director MHAID
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The Chair welcomed everyone, and the meeting was opened with a karakia.

2.0 APOLOGIES

Apologies were received from Mr Roger Jarrold, Crown Monitor, Dr Ben Pearson, Crown Monitor, Ms Kaye Cheetham, Chief Allied Health, Scientific and Technical Officer, and Mrs Jane Wilson, Chief Nursing and Midwifery Officer.

An apology for lateness was received from Dr Nicola Mutch, Executive Director Communications.

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 1 June 2021 be approved and adopted as a correct record."

T Potiki/I Beekhuis

5.0 MATTERS ARISING

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

6.0 CHAIR'S UPDATE

The Chair noted that there were increased expectations of Rūnaka from the Health system reform, the new Dunedin Hospital, etc, which was creating pressure, as there were a limited number of whānau to cover these issues.

7.0 REVIEW OF ACTION SHEET

The Committee reviewed the action sheet (tab 7) and received the following updates from management.

Mental Health and Addiction Services Waiting Times

The Acting Executive Director, Mental Health, Addictions and Intellectual Disability (MHAID) reported that the Methadone Programme was funded for 323 clients but currently had 419 clients. 40 new referrals were received each year, so there was a waiting list to access the programme.

Population Health Recovery

The Acting Executive Director Strategy, Primary and Community (EDSP&C) reported that Population Health believed they could manage the recovery within the existing team. Additional resources would be considered if required.

The Committee requested:

- Information on the oral health contract with the University of Otago Dental School, including what they are contracted to do and what they deliver;
- Requested that updates on Mental Health and Addiction Services waiting times remain on the action sheet and become a standing agenda item.

8.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

The Strategy, Primary and Community Report (tab 8) was taken as read. The Acting EDSP&C highlighted the following items, then took questions.

- *COVID-19 Vaccination Programme* - The programme being led by SDHB and WellSouth Primary Health Network (PHN) was gaining momentum, with many GPs and pharmacies coming on stream. There had been a few challenges arising from vaccine supply, moving to the new national booking system, nursing workforce shortages, and the impact of quarantine free travel. A lot of

work was going into ensuring equity, however that had not translated into results yet.

The CEO reported that, since the report was written, mariners aboard a ship docked in Bluff had tested positive for COVID-19 and two had been admitted to Southland Hospital. He advised that any more would have had to be transferred to Dunedin Hospital.

- *Health Needs Analysis* – A prototype had been loaded to an internal website. It had two parts: a self-service data portal and a high level narrative, which would be made publicly accessible.

The Committee requested clarification on how people in retirement villages were receiving information on COVID-19 vaccination.

9.0 PRESENTATIONS

Population Health and Water Fluoridation

The Committee received a presentation via Zoom from Dr Rob Beaglehole, National Public Health Advocate for DHB CEs and Chairs, on population health issues (tab 15.1).

Dr Beaglehole outlined the status of the 2020/21 work programme actions to:

- Establish the National Public Health Advocacy Team
- Tackle alcohol related harm
- Address the obesogenic environment, and
- Help achieve the Smokefree 2025 goal.

During his presentation, Dr Beaglehole advised that sugar reduction would decrease tooth decay, obesity and type 2 diabetes but would require years of public policy interventions, whereas water fluoridation would have an immediate and significant impact if implemented nationally. Ministry of Health data showed that it would reduce tooth decay rates in children by 40%.

The Committee was informed that the water fluoridation Bill was being re-introduced to Parliament the following week.

Dr Beaglehole recommended that Southern DHB adopt a water, unflavoured milk, tea and coffee only policy and advised that there was new evidence that artificially sweetened beverages and juices contributed to tooth decay, obesity and type 2 diabetes just as much as full sugar drinks.

Dr Beaglehole then responded to questions from members. During discussion, members noted their support, and willingness to show leadership for, fluoridating water supplies across +the whole district.

The Committee requested that a paper on adopting a water only beverage policy be submitted to the Board. This is to include information on artificially sweetened beverages, which Dr Beaglehole offered to supply.

Dr Beaglehole was thanked for his presentation.

Partnered Primary Care Service for Invercargill

Mr Andrew Swanson-Dobbs, Chief Executive, WellSouth, Mr Terry Nicholas, Te Rūnanga o Ngāi Tahu representative and t

+rustee, and Manager/Co-ordinator of Hokonui Rūnaka, Ms Mata Cherrington, Awarua Whānau Services, and Ms Helen Telford, Project Lead, were welcomed to the meeting and updated the Committee on progress in setting up a daytime partnered primary care service in Invercargill (tab 15.2). This included an outline of their vision for the service and rationale for being part of it, the revised model of care to address the needs of whānau and the community, the expected benefits and outcomes, the work under way, and current and future investment options.

Members of the Partnered Primary Care Service then responded to questions from Committee members on the proposed model, the challenges to success, and any assistance they may require.

Members expressed support for the development and noted the progress made.

10.0 STRATEGY, PRIMARY AND COMMUNITY REPORT (continued)

The Acting EDSP&C gave updates on the following issues.

Allied Health Vacancies

Three offers had been accepted by overseas candidates and emphasis was being placed on the new graduate intake.

Aged Residential Care Bed Availability

The number of people waiting for psychogeriatric care had reduced from 18 to 8.

Community Pharmacy

Southern DHB did not have a policy limiting the number of pharmacy contracts within the district. Advice on this issue would be submitted to the September Board meeting.

Waiting Times

The Committee requested further advice, including possible solutions, on:

1. The methadone waiting list, and
2. The Southland Dental Unit's general anaesthetic waiting list (to be submitted to the September Hospital Advisory Committee meeting).

11.0 PHO PERFORMANCE UDPATE

A report on primary care performance (tab 10) was taken as read and the Acting EDSP&C took questions.

It was agreed that the PHO would provide information to the next meeting on access to after-hours care within the district, including Central Otago.

The Executive Director Communications and Interim Executive Director Quality and Clinical Governance Solutions joined the meeting at 3.15 pm.

12.0 MĀORI HEALTH UPDATE

The Committee received a report on Māori Health Directorate activity and an update on Māori primary care enrolment (tab 11).

The Chief Māori Health Strategy and Improvement Officer (CMHS&IO) reported that information on General Practice enrolment was being collected at COVID-19 vaccination clinics and people not enrolled were being supported to get enrolled.

The Committee requested information on kaupapa Māori services provided within the district, including advice on gaps in service provision.

13.0 MENTAL HEALTH REVIEW

The Committee received a verbal update from the Acting Executive Director Mental Health and Intellectual Disability (MHAID) Services, on the Mental Health Review.

It was noted that the Review report would be released to stakeholders on Friday, 6 August 2021.

14.0 FINANCE REPORT

A report on Strategy, Primary and Community financial performance to 30 June 2021 (tab 13) was taken as read.

The Acting EDSP&C advised that pharmaceuticals were the biggest financial risk for 2021/22.

15.0 ITEMS FOR NOTING

Combined Oral Health Arrears and Spatial Equity Project Report

The Committee received an update on the recovery process from the impact of COVID-19 for children overdue for their scheduled oral health examinations (tab 14.1).

Population Health Update

The Committee received an update on the impact of COVID-19 on Population Health service provision during 2021/21, specifically B4 School Checks and the measles immunisation campaign, and work under way or planned to catch up on targets whilst continuing to support the COVID-19 vaccination programme (tab 14.2).

The meeting closed at 3.30 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, 2 August 2021, commencing at 3.30 pm, in the Board Room, Southland Hospital Campus, Invercargill

6.2

Present:	Dr Moana Theodore	Chair
	Mrs Kaye Crowther	Deputy Chair
	Mr Kiringāua Cassidy	*(by Zoom)*
	Dr John Chambers	
	Prof Peter Crampton	
	Dr Lyndell Kelly	
	Mr Terry King	
	Ms Paula Waby	*(by Zoom)*
In Attendance:	Mr Pete Hodgson	Board Chair
	Ms Ilka Beekhuis	Board Member
	Mrs Jean O'Callaghan	Board Member *(by Zoom)*
	Mr Tuari Potiki	Board Member
	Miss Lesley Soper	Board Member
	Mr Chris Fleming	Chief Executive Officer
	Dr Hywel Lloyd	Interim Executive Director Quality & Clinical Governance Solutions
	Mr Rory Dowding	Acting Executive Director Strategy, Primary and Community
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr John Marrable	Chair, Disability Working Group *(by Zoom)*
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer/Acting Executive Director MHAID
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The Chair welcomed everyone to the meeting, noting that it was Cook Island language week. A round of introductions followed.

2.0 APOLOGIES

Apologies were received from Mr Roger Jarrold, Crown Monitor, Dr Ben Pearson, Crown Monitor, Ms Kaye Cheetham, Chief Allied Health, Scientific and Technical Officer, and Mrs Jane Wilson, Chief Nursing and Midwifery Officer.

3.0 MEMBERSHIP

The Chair reported that, given the demands on Iwi members, it had been decided she would provide Dr Justine Camp, Co-Chair of the Iwi Governance Committee (IGC), with updates, rather than appointing an IGC representative to the Disability Support Advisory Committee (DSAC) at this time.

The Chair extended a warm welcome to Dr Lyndell Kelly, Mr Terry King and Prof Peter Crampton, who were attending their first meeting as members of DSAC, and Dr Hywel Lloyd, Interim Executive Director, Quality and Clinical Governance Solutions.

4.0 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.

5.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the meetings held on 1 June 2021 be approved and adopted as a correct record."

M Theodore/L Kelly

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 6) and requested that an expected completion date be added to the Annual Plan disability metrics action.

The Chair informed the Committee that patient stories would be a standing agenda item but had been replaced by the presentation from Koha Kai for this meeting.

8.0 CHAIR'S UPDATE

The Chair reported on a piece of research, undertaken by Massey University in 2019, with young people aged between 12 and 25 with mobility, vision, and hearing impairments. It examined factors that enabled or constrained their opportunities to fully participate in community life, including education, employment and recreation activities. They found the biggest barriers to living a good life for these young people was ableism, which is discrimination in favour of able bodied people. This resulted in those with physical disabilities feeling stereotyped and under-estimated, while those with less visible disabilities had to explain and justify themselves.

Toby Morris, graphic artist, had drawn up a comic explainer, which the Chair advised she was happy to share with members. The final message from that was, as a society, we need to shift our attitudes away from the dominant ableist way of thinking that suggests the *problem* is in the body of the disabled person. The *problem* is the people who say "no", "what's wrong with you" and "you can't".

9.0 PRESENTATION: KOHA KAI AND THE DISABILITY SECTOR

Mrs Crowther, DSAC Deputy Chair, introduced Janice Lee, Project Lead, Koha Kai.

Ms Lee informed the Committee that Koha Kai worked with people living with disability, some of whom had been marginalised and isolated in their homes, and support them, through a learning process, to the point where they could achieve and sustain employment.

She advised that one of the challenges for people living with a disability was not having the funds to sustain their nutritional wellbeing. Koha Kai therefore used two structures to develop their skills:

- Horticulture – participants grow their own food using inter-generational traditional growing methods;
- Cooking – people were taught to cook and provide for their own needs.

As a case study to illustrate how people could develop skills to become independent, Ms Lee described the journey of one of Koha Kai's early members who grew up with a mild disability and developed personal and mental health issues. The member was taught how to source fresh food and cook it, then assisted to develop to the point where she was able to support herself and acquire employable skills, which led to her taking on leadership roles in the workplace.

During her presentation Ms Lee outlined the genesis of Koha Kai's teaching and training and healthy lunches in schools programmes. Koha Kai's philosophy was that people should not be judged or limited because they are living with a disability; they should be given the same opportunities as everyone else.

Ms Lee was thanked with a round of applause for her presentation and the excellent work she was doing in the community.

10.0 DISABILITY STRATEGY AND ACTION PLAN IMPLEMENTATION

Disability Working Group Update

Mr John Marrable, Chair of the Disability Working Group (DWG), presented an update on the DWG and progress on implementing the disability strategy, including key messages from DWG's June and July 2021 meetings (tab 8).

Mr Marrable informed the Committee that:

- The DWG had been focusing on COVID-19 vaccination clinics and members had undertaken accessibility audits of the clinics in Dunedin and Invercargill;
- The DWG would be looking at the Disability Strategy action plan in the coming week;
- A pilot disability awareness training programme had been completed by administration staff in Dunedin and the DWG would be evaluating the feedback from that.

The Chair suggested that timelines be added to the action plan and that, in addition to the NZ Strategy outcomes, it be overlaid with the Southern Disability Strategy actions.

11.0 COVID-19 VACCINATION ROLLOUT

Hamish Brown, SDHB COVID-19 Vaccine Programme Incident Controller, and Demelza Halley, Project Manager, SDHB COVID-19 Vaccine Programme, joined the meeting by Zoom and presented an update on the immunisation programme and the work undertaken to support people living with disability to access COVID-19 vaccination (tab 9).

Update

Mr Brown reported that:

- 130,000 vaccinations had been given across the Southern district. During the previous week approximately 19,000 vaccines had been administered and the aim was to achieve in the mid-20,000s in the current week;
- 80% of people over 65 had been vaccinated or were booked to be vaccinated;
- 70% of people in the 60-64 age band were vaccinated or booked to be vaccinated;
- 763 of the 907 residential clients in the Southern district had been vaccinated;
- Invitations had been sent to people living with disabilities that fall into Group 3 of the vaccine roll-out. Reaching out to that cohort had been difficult due to issues with data on people living with disability, and the team were working with the Ministry of Health and other agencies, eg ACC, to obtain the information needed.
- Accessibility audits had been undertaken in Dunedin and Invercargill and the corrective actions from that were being implemented.

Mr Brown and Ms Halley then responded to questions on the vaccine programme.

The CEO left the meeting at 4.20 pm.

12.0 HOME AND COMMUNITY SUPPORT SERVICES

The Committee received a presentation from Mrs Sharon Adler, Health of Older People Portfolio Manager, on Home and Community Support Services (HCSS) in New Zealand, HCSS in the Southern District, Southern HCSS Alliance activity and accountability, and alignment between national work and Southern DHB HCSS (tab 10).

The Committee requested that management report back on the work being undertaken to quantify whether clients' casemix and hours were increasing or decreasing after being reassessed by their provider.

The Acting Executive Director Strategy, Primary and Community left the meeting at 4.53 pm.

Mrs Adler responded to members' questions, during which she advised that the three most pressing challenges in the service were:

1) *Workforce issues*. Providers were struggling to recruit and retain workforce - both registered nurses and support workers.
2) *The complexity of the older people being supported in the community*. Half of the 4,800 people being supported were complex clients. Of these, 65% had at least mild cognitive impairment, 31% had moderate to high levels of health instability, and 45% had a medium to high risk of having a fall.

3) *Meeting expectations.* A few people still thought of Health funded home support services as an entitlement to a cleaning service to help them when they were older. Due to issues outlined above, it could be challenging to provide a needs based service to work alongside older people to support them to retain their everyday abilities so they could continue living safely in their own homes.

The Chair thanked Mrs Adler for her presentation and advised that she would canvas members on what they would like covered in future updates.

The Chair thanked everyone for their attendance and the meeting closed with a karakia at 5.15 pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

HOSPITAL ADVISORY COMMITTEE MEETING
6 September 2021

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

FOR INFORMATION

Item: CEO Report to Board

Proposed by: Chris Fleming, Chief Executive

Meeting of: 7 September 2021

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.

As this is a Hospital Advisory Committee (HAC) meeting month the Chief Executive report assumes Board members would have reviewed the HAC papers and as such many issues raised in these papers are not repeated here, but the Board are welcome to refer to any issue for further discussion at the Board meeting.

I note that the Executive Leadership Team reports that feed into these reports were written prior to the move to Alert Level 4, so any out of date information is due to the timing of reporting. The board reporting this month has been impacted by our focus on managing the COVID-19 situation which has had to take precedence.

1. Organisational Performance

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

- Finance report
- High Level Volumes
- Performance Dashboard
- Quality Dashboard.

Financial performance for the month of July is a deficit of $0.472 million compared to a budgeted deficit of $1.224 million, and hence a favourable result against plan for the month of $0.754 million. Caution must be taken in terms of interpreting the results as the first couple of months results can be variable. Equally, we are aware that we have moved onto the national Finance and Procurement Information Management (FPIM) System and we have some concerns that there may be some teething issues which may be impacting the results as reported.

It is important to note that unlike the 2020/21 year the impact of both Holidays Act and accelerated depreciation of the existing Dunedin Hospital has been included in our budget and the results have these impacts accounted for now.

From a volumes perspective:

- Total case weighted discharges were up 123 or 2.5% for the month compared to the plan, but down 250 or 4.8% on the same time last year. Medical case weights are up year on year, while surgical acutes are up with electives being down. It is noted that there was considerable outsourcing of electives in July 2020 post coming out of lockdown restrictions.
- Raw discharges are up 284 or 5.6% for the month against plan, but down 148 or 2.7% compared to last July.
- Average case weight per discharge for medical cases have fallen by 2.1% suggesting that the average complexity as measured by case weights have reduced. For surgical case weights have increased by 6.7% suggesting that the average complexity has increased.
- Mental Health bed days are 728 or 22% below planned levels for the month and 3.9% down on July 2020.
- Emergency department attendances are up 396 or 4.9% compared to July 2020 with Dunedin up 1%, Southland up 4.2% and Lakes up 18.4%. The Lakes increase is significant and will be monitored over the coming weeks.

The Performance Dashboard update has been included as a separate agenda item (item 008.5), there is still a lot more work required on this. This should be read in conjunction with the high level volumes reporting which will be incorporated into the dashboard in due course.

2. 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 This category also captures outcomes from delays in care such as is being experienced in Oncology and previously Colonoscopy, Urology etc	Need to improve feedback loop and extend to near miss events Southern has developed a track record of addressing significant issues, however, has not historically been utilising information effectively enough to ensure that they are forward looking to identify emerging issues in a more timely manner
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, information technology (IT)	Interim works programme being implemented to maintain facilities, asset	Moderate effectiveness, state of facilities in Dunedin well documented, Mental

Risk	Management of Risk Avenue	Effectiveness
or equipment resulting in disruption to service	management plan developed, digital transformation business case in development, disaster recovery plans in place to address critical failures	Health business case 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	Delegation 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

3. COVID Alert Level 4

As all the Board will be aware the Government moved New Zealand to Alert Level 4 at 11:59pm on 17 August 2021. As a consequence of this we established a virtual Incident Management Team to oversee the timely actioning of needs over the time. There have effectively been four areas of focus:

- Supporting the Public Health Response as they have stepped up to support the contact tracing and management of close contacts. Our Public Health team have in essence been a part of a national team taking its allocation of contacts to support the national response. This has required significant work, we have trained a number of Southern DHB staff who volunteered to become contact tracers working with the Public Health Team. We are now intending on keeping this wider resource available and keep them up to date with any training needs even when they return to their substantive roles so that we are able to be more nimble in the event of further outbreaks
- Supporting the Vaccination programme. There were a few days where there was confusion with the initial advice to cancel all vaccinations for a 48 hour period only to be asked to stand them up again 24 hours later. This said, the vaccination team have responded admirably, as has the population with booking significantly increasing. While there is talk in the media about potential vaccine supply challenges in later September, from our understanding this is likely to be able to be mitigated, however if we do need to slow the process down to allow the national supply chain to be replenished this is actually a good problem to be having. Our vaccination rates continue to track ahead of the national position. It is unfortunate that we continue to be reported as being behind plan, but this reflected the aggressive assumptions that we set in our planning. We remain on track to complete vaccination of our population this year.
- Support the surges in demand for swabbing. WellSouth Primary Health Network has taken the lead on this and has responded very well with stepping up swabbing clinics across out region as the demand has varied. They also stood up additional call centre capacity to ensure that people across our district were able to be directed to the most appropriate place in a timely manner.
- Supporting the health system to respond. As a health system we took similar actions in terms of winding back all planned care from the point of lockdown. With the planned industrial action by both the New Zealand Nurses' Organisation (NZNO) and the Midwifery Employee Representation and Advisory Service (MERAS) most planned care was already cancelled to ensure that patient safety was optimised. The resurgence plans

were all reviewed and actions taken to mitigate risks where possible. An investment in ultra violet lights and additional high-efficiency particulate absorbing (HEPA) filters was supported to ensure we were able to optimise our ability to manage COVID positive patients where possible. There remain some outstanding issues associated with facilities, particularly at Southland Hospital, which we are addressing with engineers. These issues will not be resolved for this outbreak but important lessons learnt.

One of the changes with the COVID Delta variant is that for the rural hospitals and Lakes District Hospital the intention is that once a person is confirmed as a positive patient the plan is that the patient will be transferred to Dunedin for care. This still however requires the rural hospitals to be able to safely manage the 'orange' stream or the 'query COVID' patients within these facilities until they are transferred.

We have also been working with other parts of the sector to ensure we are able to actively support the workload pressures. WellSouth has been a part of the virtual Incident Management Team and we have effectively engaged together to address issues pertaining to their workforce where necessary. We have also engaged with the residential care sector to ensure contingency planning progressed in order to address any potential outbreak if it should occur. This is probably one of the more complex challenges as this sector's workforce challenges have amplified over the last 24 months with the border closure and the demand for nursing resources across the sector.

We have also engaged with the regional leadership groups coordinated by Civil Defence to ensure our planning is aligned.

The challenge that remains is the balance of supporting the wider Auckland region as their workforce are really under the pump, maximising planned care wherever possible, but remaining alert and ready in the event the virus appears in Southern. Overall the health system, and the community, has responded really well to the challenges that we have faced.

4. Annual Plan 2021/22

The final draft of the Annual Plan was submitted to the Southern DHB Board for approval at their meeting of 3 August.

The Ministry provided feedback on the final draft of the Annual Plan on 27 July. All sections have been approved, but the Ministry has requested additional information on the care capacity and demand management (CCDM) and childhood immunisation sections, as well as minor adjustments in some areas. Additionally, the Ministry's financial monitoring team are engaging with our finance team to confirm our financial plan and underlying narrative. The Ministry has requested a complete Board signed plan with all outstanding issues addressed by 10 August. Southern DHB's Annual Plan is in the first tranche of plans put forward to Ministers for approval.

Timeframe for Completion of the Annual Plan	
Activity	**Date**
Ministry approval of SLM Plan	31 July
Southern DHB Board reviews/approves Annual Plan	2 August
DHB Board approved plans put forward for Ministerial approval	10 August
20/21 SPEs tabled with 20/21 Annual Reports	December

Statement of Service Performance

The team is currently compiling information for the Statement of Service Performance (SSP), updating performance results and also updating the narrative in discussion with service managers. The 2020/21 SSP is required for review by auditors on 30 August.

Service Planning

The annual cycle for service planning for 2022/23 has started, with an October workshop planned for the Medicine, Women's and Children's Health Directorate, and one for the Surgical Services and Radiology Directorate at a later date. The aspiration is to have early alignment of the budget and capital expenditure process with the service planning annual timetable; regular catch-ups with the Executive Director Corporate Services are established to assist in this.

A brief discussion with the Clinical Council this month on service planning and changes in models of care prior to moving to New Dunedin Hospital was very useful. Service planning will include proposed changes to models of care; the challenge is how to involve the stakeholders from across directorates and across the sector (primary and community).

5. Māori Equity Investment

At the last Board meeting the discussion over investment in initiatives to address significant underfunding of both Kaupapa Māori Health services and initiatives to contribute to addressing inequities in health outcomes.

As noted at the meeting, the investment in Kaupapa Māori services by Southern DHB over the period 2015/16 to 2019/20 decreased by 1.1%, while the national average increased the investment by 32.7%. In 2020/21 there was a funding increase applied to non-government organisation (NGO) contracts as well as a targeted investment of $450k on top of this for Kaupapa Māori services. In 2021/22 we have applied a 2.78% increase to these contracts as well as a further $1.2 million. This means that since 2019/20, when the movement in funding from 2015/16 was a decrease of 1.1%, the movement has now changed to a circa 60% increase since 2015/16. This means that Southern has more than rectified the actions of the past. However, it should be pointed out that in 2019/20 total investment in Kaupapa Māori Health Services nationally was circa $241 million. Southern Māori make up approximately 4.2% of Māori nationwide, therefore if Southern was investing in these services on a population proportionate basis our investment should be closer to $10 million. The adjusted funding for Kaupapa Māori Health Services brings total investment to circa $4.5 million, so while we have made some significant steps forward we must be seen to be only just starting this investment journey.

On top of the increase to Kaupapa Māori Health Services the Board has asked for further investment to target improvements in Māori Health outcomes and these will be covered off in a separate paper.

6. NZNO and MERAS Industrial Action

Notice of intended strike action was received from the NZNO on 2 August for a full withdrawal of labour from 11:00am to 7:00pm on Thursday 19 August, and from MERAS on 3 August for a full withdrawal of labour from 8:00am to 8:00pm on Thursday 19 August.

Our teams undertook significant work to plan for these strikes and ensure that we could operate our facilities during the strike action.

Both notices were withdrawn on 18 August 2021 due to the COVID Alert Level 4, and replacement notices are expected to be received, however we are of the understanding that this will not be while we are in the heightened alert levels.

7. Action Plan from Leena Singh's Report

The action plan for the recommendations in Leena's Singh's report is attached as Appendix 1.

8. Health System Indicators Framework

The Government has recently released a new Health System Indicator framework, which will replace the national health targets as the monitoring and reporting for the health and disability system. An initial set of 12 high-level indicators have been chosen that focus on the Government Priorities:

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention
- Strong and equitable public health system
- Better primary health care
- Financially sustainable health system.

A letter from the Ministry of Health along which includes a table of the initial high-level indicators for the Health System Indicator framework is attached as Appendix 2.

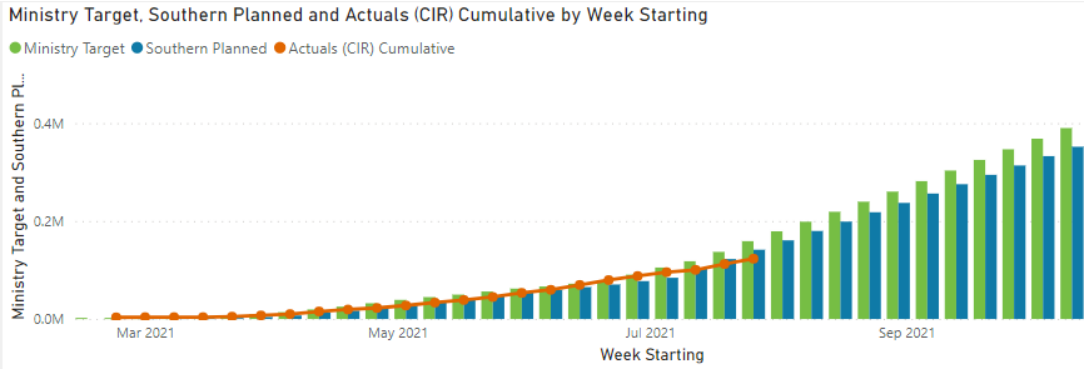
In the second half of 2021/22, DHBs and other stakeholders will partner to develop local actions to support improvement for each indicator. In anticipation of this, we are in the process of mapping indicators from the existing System Level Measures plan and non-financial reporting framework against the new indicators and will present this mapping, along with baseline information (where available) when this process is complete.

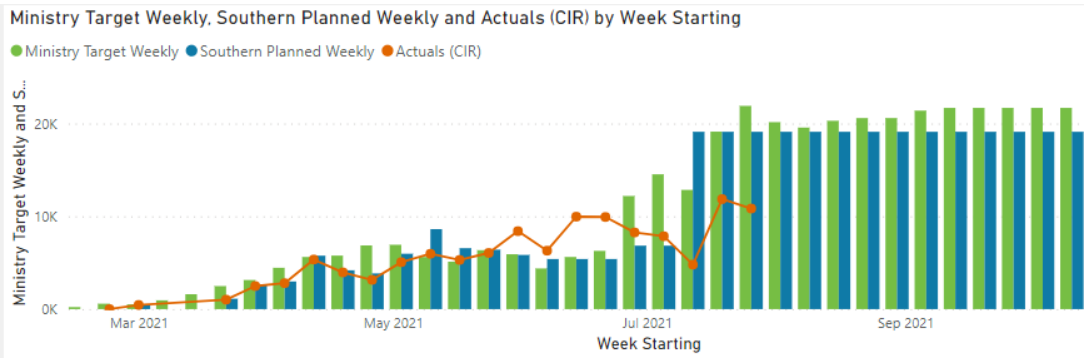
9. COVID-19 Vaccination Programme

In the first half of July we continued to have the challenge of vaccine supply constraints, with all existing vaccination sites having bookings capped until 19 July. Our priority was to scale up production considerably from 19 July to make up for the previous weeks' decrease. To mitigate this, the teams worked hard to onboard 22 additional vaccination sites across the district with more planned in the coming weeks, across both general practices and pharmacies. In the onboarding process, rural Southland and areas with high numbers of quintile five population were prioritised. The graphs below outline the impact this reduction has had on our production planning.

On 30 July, Southern DHB reached a milestone of 18,700 vaccinations, and in the week beginning 26 July we experienced our largest week ever with over 17,000 vaccinations.

The Ministry of Health tasked us with inviting our entire group three cohort by 23 July. We utilised both WellSouth enrolment data and Southern DHB data sets to increase our distribution. Over 100,000 invitations were sent via email, text message, letter mailout and an outbound call campaign to the over 85 years population.





Māori and Pacific Population Rollout

Rural rollout clinics have been held in Alexandra, Waitaki, Hokonui, Moeraki, Invercargill, Colac Bay, Milton, and Stewart Island at this stage for dose one, with some dose two having now been completed. Further clinics will be held at the Invercargill Pacific Island Advisory Cultural Trust, Ohai Community, Puketeraki Marae, Ōtākou Marae, Te Rau Aroha Marae and Awarua Whānau Services. We anticipate a significant increase in vaccination rates for Māori and Pacific populations as these clinics continue along with whānau receiving their vaccinations from general practice and community pharmacies.

The Stewart Island community received their dose one vaccine on 28 and 29 July. There was considerable interest and uptake from the community and the Ministry of Health media. There were 259 doses administered, 255 were residents of Stewart Island. This is 67% of the population.

Within the Ministry of Health sequencing, the current eligible population of 65 years and older for Māori is comparable to non-Māori based on Health Service Utilisation (HSU) data.

- 58.3% of over 65 year olds Māori for dose one compared to 60.2% of non-Māori (based on HSU data)
- 37.5% of over 65 year olds Māori for dose two compared to 42.7% of non-Māori (based on HSU data).

The table below shows our current rates by TLA (raw data) as at the start of August 2021.

TLA Breakdown Raw Numbers				
	Maori	Pasifika	Other	Total
Quenstown Lakes	435	134	15772	16341
Central Otago	395	142	10135	10672
Waitaki	125	39	4440	4604
Clutha	131	15	2715	2861
Southland	95	6	1086	1187
Gore	165	19	5425	5609
Dunedin	2186	910	44539	47635
Invercargill	1702	399	20584	22685
Total	5234	1664	104696	111594

Clinic Breakdown Raw Numbers				
	Maori	Pasifika	Other	Total
Mass Clinics	2741	881	55116	58738
Maori Providers	1185	517	6549	8251
GPs and Pharmacy	2244	57	50002	52303

TLA Breakdown by %				
	Maori	Pasifika	Other	Total
Quenstown Lakes	2.66%	0.82%	96.52%	100.00%
Central Otago	3.70%	1.33%	94.97%	100.00%
Waitaki	2.72%	0.85%	96.44%	100.00%
Clutha	4.58%	0.52%	94.90%	100.00%
Southland	8.00%	0.51%	91.49%	100.00%
Gore	2.94%	0.34%	96.72%	100.00%
Dunedin	4.59%	1.91%	93.50%	100.00%
Invercargill	7.50%	1.76%	90.74%	100.00%
Total	4.69%	1.49%	93.82%	100.00%

Clinic Breakdown by %				
	Maori	Pasifika	Other	Total
Mass Clinics	4.67%	1.50%	93.83%	100.00%
Maori Providers	14.36%	6.27%	79.37%	100.00%
GPs and Pharmacy	4.29%	0.11%	95.60%	100.00%

Aged Residential Care

From 27 April 2021 the vaccine was available to staff across the region. We surveyed all Aged Residential Care providers and results indicate that 75% of staff across the district are vaccinated. As of 21 July 2021, all Aged Residential Care providers have received both first and second doses.

Disability Vaccinations

The Ministry of Health updated the National Booking System to include the ability for individuals booking appointments to indicate if they require special assistance. This has created a significant amount of additional work to screen each of these requests individually. We have surveyed all sites around which of the special assistance options are available/possible at each site and provide this information to Whakarongarou who will be reviewing every appointment made with a special assistance request.

Disability assessments have been completed at both the Dunedin Meridian centre and Invercargill Victoria Rooms centre. The recommendations are to be undertaken according to priority.

Vaccinations are underway for 722 of 907 residential clients. Targeted invites have been sent to those of the 100 plus people who receive supported living payments. 600 first doses have been completed and 199 second doses as of 30 July.

10. Ongoing COVID Management Response

COVID Cases on the MS Mattina

On 19 July Public Health South undertook testing of two symptomatic crew members on board the MS Mattina and was notified later that day that they had returned positive test results for COVID-19.

This ship was quarantined at a berth in Bluff which was the first port of call in New Zealand. No one was allowed on or off the ship unless directed by health and the ship will remain in Bluff until further notice.

Further testing was undertaken for the crew on board which resulted in further positive COVID-19 test results. We had a total of 15 positive COVID-19 cases, three negative crew and three crew with past infections. Ultimately, two crew members required inpatient admission to Invercargill Hospital, and while the team managed the situation very well it clearly identified deficiencies in the configuration of Southland Hospital which is presently being worked through. The biggest issues from a facility perspective were:

- The Emergency Department (ED) does not have the configuration to allow the appropriate separation of red and green stream patients. While during the presence of COVID previously this was managed the Delta strain has brought new expectations. The present single isolation room in the ED does not have an ante room which is necessary to protect the staff caring for positive patients, as well as protect all other staff and patients in the department. This is being addressed in the proposed redevelopment of the ED which is in this Board agenda.
- The Medical Ward has four isolation rooms, but like the ED none of them have ante rooms. This means that plastic sheeting was required to be installed to create what at best were a makeshift ante room. The action resulted us in needing to take out more ward capacity than required to be able to ensure safety of staff and patients. The Facilities team are working up plans with a consultancy to propose modifications to bring this up to a required standard.

  While the Southland Hospital redevelopment is now 13 years old and standards may have changed, it is incredible that any planning process endorsed the development of isolation facilities which simply did not meet the infection prevention and control standards of the day. Through investigating, I know that the ante rooms were in the original plans but they were taken out as a cost saving against infection prevention and control advice.

This response has required an all of Government response which includes Ministry of Health, Customs, Maritime New Zealand and Ministry of Business, Innovation and Employment.

Through the response it was agreed that daily in-person checks of the cases should occur as best practice. This is provided in managed isolation and quarantine facilities. This proved challenging to achieve due to shortages of nurses across the sector and the competing priorities of COVID-19 vaccinations and testing. This was the first time in New Zealand there had been a need to have COVID-19 cases kept on board a maritime vessel and was complex to manage. Debriefs were need to be held to ensure we capture the learnings for the Public Health service locally and nationally, but also for the organisation.

Update on National Contact Tracing Solution (NCTS) Release 6 Training

As reported previously, there has been a significant upgrade of NCTS this month. Following training of three super-users we have now trained over half of our Public Health staff in the new functionality prior to the release. This has been achieved by running a two day training workshop for 20 staff with a scenario to practice. Following this we are running a two week training timetable and we will be providing additional opportunities for staff to practice in the training site with scenarios.

The recent outbreak has resulted in significantly higher demands on staff to support the contact tracing of the cluster. We have ramped up staffing and provided training to ensure that our services can support the national action required.

Queenstown Airport

The Health team at the airport continue to be involved in working with the Ministry of Health and Southern DHB Infection Prevention and Control staff to ensure that they are complying with the Quarantine Free Travel requirements. The Health team, in collaboration with the Health Protection team in Queenstown, continue to respond to emerging issues and the continuous changes for Quarantine Free Travel. This has been time consuming and demanding as any passenger who does not meet the Quarantine Free Travel requirements is required to enter a Managed Isolation Facility in Christchurch. The reasons passengers have not met the Quarantine Free Travel requirements have been because they have not had a pre-departure test within the appropriate 72-hour timeframe, or they have been through areas in Australia that are partially paused for travel. As of 23:59 on 30 July, Quarantine Free Travel will pause for an eight week period due to the increasing numbers of COVID-19 cases in Australia, in particular in New South Wales.

11. Oncology

We are continuing to work on the three services – radiation oncology, medical oncology and haematology. As we provide a weekly update to the Board we will provide a key summary of progress in this report rather than detailing all of the work that is occurring, as follows:

The radiation oncology wait list is now down to 108, compared to 160 several months ago. The movement has been achieved by being able to consistently lift the rate of outsourcing to St Georges in Christchurch, using Ikon in Wellington as an additional provider more recently, and through two of our own Radiation Oncology completing extra paid clinics for us in weekends. Our ability to continue to make progress may be challenged during the COVID lockdown as we will lack the ability to send new patients to the outsource providers. However, we are managing performance carefully on a weekly basis.

The medical oncology wait list has remained static at circa 60-70. Although this wait list hasn't seen the increases we saw in radiation oncology (prior to the successful establishment of regular outsourcing) we are concerned about the impending departure of a locum medical oncologist. We have put a call out to our colleague DHBs asking whether they may have medical oncologists looking for locum work and we have asked our recruitment partners, Haines Attract to prioritise these roles (both locum and permanent) in our recruitment campaign. We have recently put a job offer out for a permanent senior medical officer (SMO), and we have another SMO who is looking like we will be able to put an offer out to them, as well (found via the Haines Attract campaign). If successful with both we will have a good level of capacity in the service from early next year, but we do need to land on a solution to put additional temporary capacity in over the coming months.

The haematology wait list has also remained static at circa 60-70 with most of the waits in the low risk / low acuity category. We believe we have found a solution that will increase this services' capacity for new appointments by up to 30% per week. The solution involves using clinical nurse specialists to see other types of outpatient appointments and providing capacity for the SMOs to see more 'new' patients. We are now in the process of implementing this solution.

In addition to the above, we have gone 'live' with the Haines Attract recruitment campaign and will monitor it on a monthly basis. And we have verbally committed to the benchmarking exercise which Ernst & Young will complete for us. This will identify what our staffing levels are in all three of our oncology services and how these compare to the other cancer centres. This will enable us to propose additional investment to close any obvious gaps with the intention of ensuring that our first step in addressing resourcing challenges in the services is to ensure that we have comparable staffing levels to our peers.

12. Physiotherapy Service at Southland Hospital

The Southland physiotherapy service continues to have vacancies that are currently impacting on service delivery and staff wellbeing, especially for the inpatient team. Two rehab assistants have been put in place. There has been a lot of effort put into recruitment which is starting to show results. Three offers from overseas have been accepted, and all are waiting for managed isolation and quarantine (MIQ) placements, placing a significant amount of uncertainty of when they will arrive. One person from Australia who had initially accepted a role has since declined the role due to the complexities of travel and COVID. Offers have also been made to two other physiotherapists, one overseas, the other a new graduate.

Staff from Dunedin continue to support their colleagues in Invercargill with a rotational roster with a senior physiotherapist travelling to Invercargill for five days each week. This interim solution has been extended to September, but it should be noted this is now impacting on the Dunedin teams.

13. Aged Residential Care (ARC)

Registered Nurse (RN) Workforce

The situation with RN shortages in aged residential care has reached a tipping point. Three facilities reported risk under the Section 31 notifications, with nine shifts in hospital level facilities without an RN on site this month. In all cases, mitigations were put in place. We have discussed the situation with HealthCERT, including a facility which anticipates it will not be able to have an RN onsite during the night shifts for the next three months.

A survey to facilities, which about half responded to, shows that:

- 46% of ARC facilities do not have the RNs to safely staff their facility
- 47% have RNs who are regularly working more than 40 hours per week
- 83% have their Clinical Managers working more than one shift per week on the floor
- 21% have denied admission to potential residents due to staffing levels
- Leaders in the sector are struggling to maintain their leadership responsibilities under the current level of stress.

Activities underway to support added residential care workforce include:

- Approval has been given to appoint 1.0 FTE Workforce Co-ordinator for six months (while we are not fully recruited to CCDM FTE) to support the nurses to get through the NZ system and to identify barriers that could be resolved locally or nationally. The Workforce Co-ordinator will work with facilities to match candidates and identify facilities who can support nurses through the process.
- National lobbying – Jane Bodkin from the Ministry of Health Office of the Chief Nurse is meeting with Nursing Council in the next two weeks to discuss opportunities to support internationally qualified nurses (IQNs) further.
- Positive promotion of the ARC to new graduates utilising existing advanced nursing roles such as nurse practitioners (NPs) to showcase career pathways.
- The Older Persons Health Rotational Programme is being reviewed and modified for 2022. The aim is to increase opportunities for participation across the sector while supporting post graduate education. Also considering how the new graduate pathway could then offer transition into the rotational programme and meet the voluntary bonding system for Older Persons Health and Aged Residential Care.

Aged Residential Care Bed Availability

Bed availability in aged residential care continues to be problematic, exasperated by the RN Shortage.

Waiting Lists for Aged Residential Care as of 30 July 2021				
Care Type	**In Hospital**	**At Wrong Level in ARC**	**At Home in Community/ Hospice**	**Total**
Psychogeriatric Care (D6) District	0	5	1	**6**
Hospital Level Care (Dunedin)	2	1	2	**5**
Hospital Level Care (Southland)	0	1	0	**1**
Secure Dementia Care (Dunedin)	4	1	2	**7**

Secure Dementia Care (Southland)	0	0	3	**3**
Rest Home Care (Dunedin)	2	0	6	**8**

Southern DHB and Canterbury DHB have met to better understand drivers of high utilisation of psychogeriatric beds in both DHBs compared to other NZ DHBs. We will now engage with some North Island DHBs to understand why their utilisation of psychogeriatric beds appears to be considerably lower.

14. Oral Health

Over the past month Oral Health has continued to work hard on reduction of our arrears, we are making steady progress but need to acknowledge the impact of staff retention and recruitment. Currently there is a steady degree of movement within the Therapist staffing body due to injury, maternity leave and resignation, the service is in a constant recruitment mode.

The remaining staff are under enormous pressure to see as many patients as they can and then also manage students and then mentor new graduates next year. This is a huge issue for both assistants and therapists. There is a nationwide shortage and overseas candidates are not always suitable there is a likelihood that we will have to carry this vacancy for some time. If we are lucky enough to employ new graduates, they will be unable to start until next year and then require a lengthy orientation and mentoring process.

A mitigation plan has been drafted to reduce the Southland Dental Unit's General Anaesthetic wait list, which has grown to more than 200 Southland children. A paper will be submitted to the next HAC meeting, expanding on the below high level approach:

- The Oral Health service will ensure that any additional list that is offered is accepted – whether at Southland Hospital or Southern Cross.
- Maximise Mobile Surgical Bus opportunities (another nine full days of operating before Christmas) – this will be about another 80-90 cases.
- The Mobile Surgical Bus has been secured for a week at Southland Hospital – this will treat another 40-45 cases.
- Continued Senior Dental Officer completion of community based (Queenstown and Invercargill) assessments which has slowed flow into hospital services.

The ongoing lack of private dentists in Southland (there are currently six vacant positions in private practices) for adult dentistry is also impacting on the Dental Unit in Southland as people who are unable to get in to see a dentist are arriving at the Dental Unit for Emergency Dental Service (EDS) / removal of pain, as well as dentists advising people seeking assistance to just arrive at the unit. Going forward the management team are currently developing communication to all local dentists to help define the unit's criteria for EDS.

15. Rural Health

Primary Maternity Facilities

The Central Otago Maternity Unit (COMU) in Alexandra is operational under the Southern DHB, as of 1 July 2021. This facility will continue to service antenatal, birthing and postnatal stay women until it is transitioned across to the Clyde Primary Birthing Unit, at which point a new service provider will be contracted for the operational running of the facility.

Lakes District Hospital (LDH)

The July school holidays proved Queenstown is a popular destination for holiday makers. This resulted in record attendances at the Emergency Department (ED) at Lakes District Hospital (LDH). There was a 14% increase on 2019 numbers, and a 19% increase on July 2020 attendances. Additional staffing was required to meet this increased demand. The hospital reached a code red on three occasions where capacity was exceeded. Workforce planning to ensure adequate staffing of all disciplines is underway for the future, as the impact of inadequate staffing is unsustainable.

A number of people with musculo-skeletal injuries required sedation to reduce or treat their injuries which requires the input of two doctors. The complexity of patients attending ED also impacts on the numbers of patients requiring admission to the ward. This was increased by 39% on July 2020 numbers. On occasion, all beds in the ward were occupied, and five out of the six ED cubicles were full with patients waiting to be admitted.

The people who did not wait to be seen in ED increased by 83% on the previous July. Whilst some choose to leave quite quickly, the majority waited for several hours in the waiting area, with nursing oversight. These people often return later, when they realise their symptoms still require ED input.

Security has been established on site on Friday, Saturday and Sunday nights, which is a welcome support for staff.

LDH staff have been working with the Southland Hospital leadership team to explore opportunities to manage surge and also to improve access to different specialities via Outpatients.

Rural Trust Hospitals

All Rural Trust Hospitals have new Service Schedules and Heads of Agreement in place through to July 2022. They are working to define rural hospital catchments using the agreed definitions of rurality from Garry Nixon et al. research. Further analytics are required to enable a national comparison to occur.

Central Otago Health Services Ltd have been at capacity for much of July. This reflects the increase in activity over the whole Central Lakes region.

16. Safe Staffing

Significant staffing concerns persist with increasing vacancies across many areas and increasing negative shift variances experienced in many wards which is trending upwards. Delegates from Ward 4A wrote to the CEO with accompanying impact statements about workload pressures and unsafe staffing citing Schedule 2, Part 1 Health and Safety at Work Act 2015, Clause (a) and Clause (f). Bed numbers have been temporarily reduced by four as a last resort to maintain patient safety and improve staff wellbeing with everyone uncomfortable about this impact this has on delivering elective services to our community. Efforts to recruit are proving going reasonably well, however some nurses are coming from Singapore and have to wait to go through MIQ. Skill mix is a significant issue with many junior staff placing significant pressure and responsibility on more experienced nurses who need to orientate and provide ongoing oversight as nurses develop their skills and experience. Unfortunately this skill mix challenge is not evident in the TrendCare data on a shift by shift basis.

Health and safety delegates in Dunedin’s ED issued a Provisional Improvement Notice (PIN) due to workload pressures. In the short term work will continue on recruitment with the intention of recruiting into all vacancies so as to minimise roster gaps caused by vacant positions. We will also commit to additional triage area support, appropriate additional health care assistants overnight and the requested overnight associate charge nurse cover. The DHB will work in partnership with ED to undertake benchmarking work to determine whether

there are key gaps in our emergency department workforce. Once the benchmarking exercise has been concluded this will be presented to the Executive Leadership Team so that it can be reviewed and decisions can be made about how any gaps identified will be addressed.

Nursing Entry to Practice (NETP) and New Entry to Specialist Practice (NESP) – it is important to also point out the higher levels of stress in the 2021 cohort than even seen before – nationally the same is noted.

17. Care Capacity and Demand Management (CCDM)

The CCDM Operational Group meeting was held on 12 July chaired by Jo Morton in the absence of the Programme Manager. CCDM implementation is 80% as of 30 June and excluding the team (Allied Health) milestones. This is a 7% increase on the previous quarter.

The inclusion of TrendCare and CCDM key performance indicators in position descriptions for registered and enrolled nurses and charge nurse managers was discussed. We are awaiting a decision from Safe Staffing Health Workplace Unit (SSHWU), following submission of the CCDM self-assessment tool for evaluation against the CCDM standards and a request for an objective review.

18. Maternity

There is growing concern for the safety of women and babies due to the significant shortage of midwives. This is not peculiar to Southern DHB with the Southland maternity service often having only one midwife on duty supported by RNs. The service is having to go on divert either due to inadequate midwifery staffing or lack of bed availability. There are a number of times when the acting Southland CMM has had to take a full clinical load.

Queen Mary (Dunedin) staffing was improving; however they are also relying heavily on a registered nursing workforce and RNs require direction and delegation from midwives.

The General Manager Operations has elevated this risk to the Chief Nursing and Midwifery Officer and the Executive Director Specialist Services this month and placed this on the risk register. The Associate Director of Midwifery is liaising closely with national Director of Midwifery colleagues, MERAS and the NZ College of Midwives (NZCOM) to ensure all workforce strategies are being explored.

Director of Midwifery (DoM) Recruitment

Heather LaDell resigned from her position as Director of Midwifery to move to Wellington in June. Recruitment for a replacement DoM is well underway with the first round of interviews held virtually. Both senior MERAS and NZCOM leaders are on the selection panel. A preferred candidate has been identified and a plan to have a 'face to face' second round interview/meet with senior primary and secondary maternity leaders on in July. This was postponed due to the second COVID resurgence and will need to be rescheduled.

Associate Director of Midwifery

Fiona Thompson has been appointed to the role of Associate Director of Midwifery (formerly Charge Midwife Manager (CMM) of Queen Mary) and Adele McBride (previously Associate CMM) has been appointed as the Charge Midwife.

19. Pou Whakatere Māori Public Health Role

The Southern DHB is about to make an appointment to a Public Health Pou Whakatere role that will work with the Service Manager and Leadership Team to drive strategies and initiatives to improve population health outcomes for Southern.

The role has an emphasis on improving health equity and outcomes for Māori. It will provide strategic oversight to advances public health action that improves the health and wellbeing of Māori and their whānau across the Southern Health System. The role aims to utilise Te Pae Mahutonga, the principles of the Ottawa Charter, health in all policies frameworks, community development and collaborative partnership approaches.

The role will maintain a strategic relationship with the Māori Health Directorate and clearly will need to develop and maintain strategic relationships with Te Runanga o Ngai Tahu, its constituent papatipu Runaka, the Iwi Governance Committee, Māori Health Providers, Aukaha, Te Ao Mārama all of which will support health in all policies and collaborative approaches to address the social, economic and environmental determinants of health. The role will support Public Health with their recruitment strategy and workforce development plan to actively improve cultural safety practices among Public Health and increase Māori workforce within this directorate.

20. WellSouth Pou Tōkeke Māori Position

WellSouth welcomed Riiti Conway to the role of Pou Tōkeke Māori on 10 August by way of mihi whakatau. This role is to provide project support for Māori equity projects under the direction of the Associate Māori Health Strategy & Improvement Officer – Primary & Community.

The role has a focus on the coordination of efficient and effective delivery of Māori equity projects via project management. The role aims to track Māori equity projects, goals and deadlines and ensure they are kept on track, to improve and protect the health of Māori by increasing access to, and enrolment in, primary care services in the district. The role aims to contribute to the continuous improvement of Māori health equity and to contribute to iwi, hapū, whānau, Māori providers and communities being empowered and engaged with primary care services.

Riiti has a background in healthcare administration and public health and has just completed a Bachelor of Health Sciences majoring in Public Health at the University of Otago. She has demonstrated a commitment and passion to the advancement of both the Pasifika (Tuvaluan) and Māori (Kāi Tahu/Te Atiawa) communities and her whānau.

21. Review of Māori Health Provider Contracts

The Māori Leadership Team engaged Janice Donaldson from Canterbury in her role with the South Island Alliance to review our kaupapa Māori provider contracts. Janice has extensive Māori health experience and current contract knowledge responsible for the Canterbury DHB Māori health contracts. Janice firstly undertook a desktop review of all our provider contracts. The contracts being reviewed are our mauri ora, tamariki ora, mental health and nurse practitioner contracts. A final report has been submitted to the Executive Leadership Team for consideration of the recommendations in the context of an uplift in equity funding.

22. Māori Enrolment update

The below table shows Māori enrolment and is based of monthly files from the National Enrolment Service (register of national enrolment and health identity/demographic data).

	Feb-21	Apr-21	Jun-21
Central Otago	1,877	1,893	1,881
Clutha	1,838	1,856	1,863
Dunedin	9,495	9,530	9,597
Gore	1,821	1,843	1,861
Invercargill	9,291	9,356	9,353
Queenstown Lakes	1,932	1,969	2,019
Southland	1,760	1,785	1,817
Waitaki	1,924	1,930	1,917
Total	**29,938**	**30,162**	**30,308**

Source: NES file from the MoH
Ethnicity - Maori (21111)
Files used are dated 1st of the month following except February which is dated February

23. Te Kaika South Dunedin Wellbeing Hub

Southern DHB and the Ministry of Social Development (MSD) are currently working alongside Te Kaika (Otakou Health Limited) to develop a Health and Wellness Hub within the current Te Kaika Medical Centre grounds. Through a collaborative partnership model, the Te Kaika Hub will support local whānau in the South Dunedin (southern city population based) using a holistic Nuka Model of Care approach that see resources directed by indigenous communities via Tikaka (Māori lens approach). This partnership will enable local whānau to access high priority Southern DHB and MSD services in a seamless and integrated way, facilitated by the building design and co-design model of care.

The Community Hub project is currently in the Planning Phase (Building Design and Clinical Co-design). At this stage it is anticipated that a Southern DHB Mental Health Team will both co-locate and become part of the integrated model of Care within Te Kaika. In addition, visiting Southern DHB clinical paediatric and long-term condition specialists may become part of the integrated model of care alongside Te Kaika's current workforce and MSD Case Managers. Becky Wilson from the DHB is working as a project manager for this project, she has coordinated a series of DHB staff to have input into the model of care and foot plate for the building and is working up a business case for this project on behalf of the DHB.

24. Waitaki Family Harm Conference

The Chief Māori Health Strategy and Improvement Officer (CMHSIO) presented to a plenary session at the Safer Waitaki Family Harm Conference 2021 held in Oamaru 22-23 July. The plenary session looked at the Health and Disability System Review, the subsequent health reforms under the Department of the Prime Minister and Cabinet, Transition Unit and then looked at what are being called community wellbeing networks or localities. The presentation profiled what are being called local wellbeing networks and considered the potential opportunities on how this safer community networks could better respond to family/whānau harm in the Waitaki locality. The presentation stimulated interest from some participants and the CMHSIO has fielded several follow up requests as a result of this opportunity.

25. Tourism Recovery Fund – Psychosocial Mental Wellbeing Recovery

The group has been renamed, with the blessing of our Kaumātua we are now Te Hau Toka Southern Lakes Wellbeing.

Current work underway

- We have begun collaboration with Fiordland with meetings held and further meetings planned.

- We have welcomed Sarah Greaney, Chair of the Community Trust, Fiordland onto to our group.
- We have focussed on delivering psychological first aid into the communities with confirmed Mental Health101 workshops booked.
- 1737 posters are being tailored to make them more relatable to our communities.
- Directories of services are being completed.
- Relationship building with government agencies, community providers and local government.
- Development of briefing documents for co-design with focus on our priority groups - discussing this with iwi, government agencies and other providers.
- Considering wellbeing outcome measures in collaboration with interested parties.

26. Mental Health, Addictions and Intellectual Disability Directorate

Early Intervention Psychosis Team

The Early Intervention Service will relocate to new leaded premises at 27H Albany Street. The lease agreement for this change is signed with the change being part of decanting in the Fraser Building to accommodate a major project. The team is very excited about the move which is consistent with the Early Intervention philosophy of being community based and readily accessible to clients. The lease commences on 1 August, and it is expected there will be significant developments over the month.

Emergency Department (ED) Enhancement

The service continues to work collaboratively in a number of areas where we interface with ED departments namely through the provision of education along with providing specialist advice to rural ED SMOs on complex cases that may include a mental health issue. Recently a meeting was held at the request of the Dunstan Hospital Clinical Director attended by an SMO from Lakes and local expertise to advise on actual complex cases.

The working group made up by representatives from ED (Dunedin), Mental Health Service and Consumer Council have completed a proposal to provide an alternative waiting area for people who present in various degrees of distress.

27. Disability Strategy

The Disability Working Group has mapped six outcomes from the strategy as goals and priorities. To achieve the desired outcomes high level actions have been described with specific actions identified for delivery of the disability plan. When a milestone is flagged for completion in the next quarter a status update will be reported.

28. Organisational Development (OD)

Our strategic priorities and feedback from the 2020 staff engagement survey drives 4 areas of focus within organisational development:

- Change
  - New series of the 'Change Cycle' will be held in August – supports coping with change at an individual level
  - Diversity and Inclusion – Accessibility Game workshops were held in July and collaboration with Māori Health Directorate to develop LGBTQI+ workshops

- Performance
  - Essential corporate training continues with focus on performance management, crucial conversations and HR matters for managers
  - Team interventions and workshops held with the Child, Adolescent and Family Mental Health Service (CAFS), Neonatal Intensive Care Unit (NICU), Ophthalmology, Theatres (Southland)
- Leaders
  - LEADS program – three cohort session held in July
  - Engaging with Learning works – funded program focussed on Team Leadership and First line leadership – to commence in September 2021
  - Essential corporate training continues with focus on performance management, crucial conversations and human resource (HR) matters
  - Collaboration with the University of Otago for nursing leadership
- Wellbeing
  - Psychological First Aid training for staff and managers continues
  - Aukaha Kia Kaha exploring applications to support wellbeing for staff
  - Speak-up program refresh continues.

29. Communications

Media volumes have been consistent and busy, exceeding the same period in 2020.

The rollout of the COVID vaccine programme remains an intensive area of focus for communications. We are now vaccinating Group 4, and have scaled up capacity across the district to deliver this. Dedicated clinics in remote parts of the district have generated media interest, including New Zealand's southernmost clinics in Rakiura Stewart Island, and a feature on Seven Sharp tracking the vaccine from Brussels to Ohai.

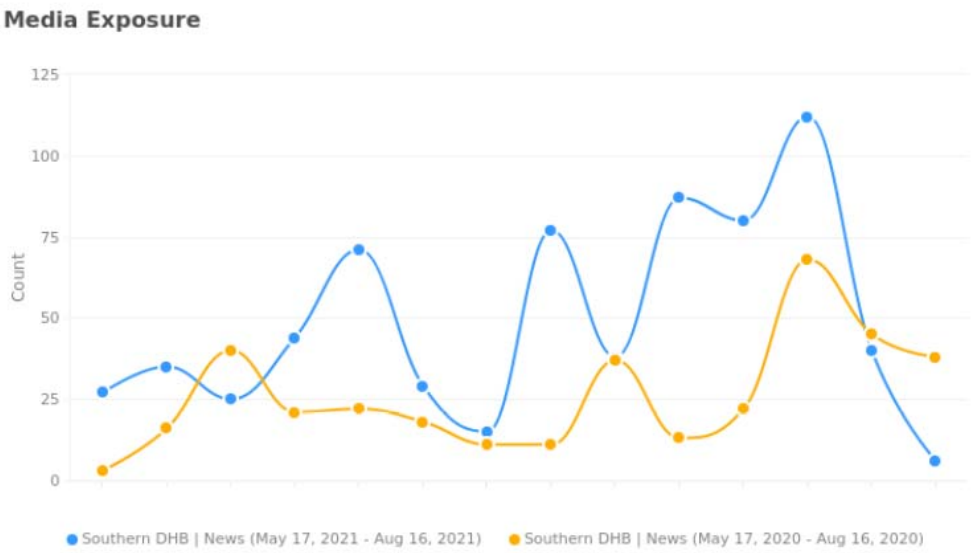
This vaccination effort has been in the context of managing the COVID-19 infections affecting the crew of SS Mattina, including the admission of two crew to Southland Hospital. Regular updates have been shared with staff, while the Ministry of Health has coordinated media communications.

Other areas of media interest and communications activity have included the launch of the mental health review. This was shared with numerous stakeholder groups, and is being followed up with a range of meetings and workshops to initiate the change ongoing activity in this area.

Several developments relating to the New Dunedin Hospital have been shared, including the release of new images of the proposed outpatients building, the former Cadbury silos coming down, and the signing of Memorandum of Understanding with mana whenua.

There has also been significant communications activity with internal and stakeholder audiences in preparation for the industrial action from NZNO and MERAS members. This has contributed to ongoing interest in nursing staffing levels and vacancies at the hospitals.

There is continued interest in the impact of the national RSV outbreak on our hospitals.



Chris Fleming
Chief Executive Officer

31 August 2021

Appendices

1. Action Plan from the recommendations in Leena Singh's report
2. Letter from the Ministry of Health regarding the Health System Indicator Framework

Recommendations from Leena Singh's Report – June 2021

Action Item	Action Required	Action timeframe	Action Owner	Comment
Within Three Months (July – Sept)				
1	All Datasets to be distinguished by Ethnicity and action areas of disparity	31 August 2021	Chief Māori Health	Plan to be in place by end of August 2021.
2	Realign Executive Portfolios to better focus on the key critical issues of each area. Consider aligning executive portfolios with Canterbury DHB	30 July 2021	Chief Exec	Proposal for change undertaken, submissions now closed feedback being reviewed before making final decisions. Process somewhat delayed as a consequence of the Covid lockdown but hopefully will have formed view by the time of the Board meeting.
3	Design and consult over the realignment of the provider arm structure to improve clinical engagement and integrated models of care Review the quality improvement team work functions and ensure that the resources are deployed to the greatest need for the DHB to enable improved clinical practice, operational efficiencies and financial payback.	31 August 2021	ED Specialist Services	Incorporated into the proposal for change above. To be considered as performance and accountability framework is developed
4	Design, implement and embed an accountability and performance framework		EDCQG ED Corporate Services ED Strategy, Primary & Community PACEO	Performance and Accountability framework being developed in partnership with Leena Singh. Elements agreed and now being developed through IT.
6	Improve risk identification, rollout the electronic reporting system as a matter of priority, embed a risk culture within the organisation Appropriately report risks to FARC and Board	30 September 2021	EDCQG ED Quality and Clinical Governance	Progress underway, reporting now being undertaken to FARC and copied to Board members. All critical and high risks now being reported to FARC

Action Item	Action Required	Action timeframe	Action Owner	Comment
		Completed	ED Quality and Clinical Governance	
11	Partner financial analysts/management accountants with GMs to ensure robust and documented financial analysis occurs	Complete end Aug 2021	ED Corporate Services	Partnering financial analysts / management accountants with GMs have always been a part of the structure. Executive Director Corporate Services will be meeting with colleagues and with General Managers to ensure expectations of support are clarified and agreed.
14	Review and revise delegations to align with the accountability framework	September 2021	ED Corporate Services	Submitted to September FARC and Board meeting for approval
21	Establish, communicate and implement recovery plans for FCT and ESPI compliance along with ensuring the additional CT is fully utilised post commissioning		ED Specialist Services	Oncology improvement planning underway in partnership with the Cancer Control Agency. Weekly reporting is occurring and a work plan has been developed. Replacement Business Support Manager is being recruited on the basis of leading an ESPI recovery programme across both sites which builds on the prioritisation tool implementation that has occurred to date. CT build work is happening in parallel to the shipment of the CT machine so that the machine can be commissioned immediately upon arrival. Approval has been given for the additional staffing that is required to operate the extra shifts and recruitment is underway for these roles.
22	Implement recovery plan for orthopaedics	Recovery Plan completed end of August 2021	ED Specialist Services	Orthopaedic cases being completed at Timaru hospital to assist with wait list. Discussions underway to complete higher volumes at Mercy Hospital in Dunedin in partnership with our orthopaedic surgeons to take

Action Item	Action Required	Action timeframe	Action Owner	Comment
				advantage of additional beds being opened at Mercy (with available budgets). Overall recovery plan being developed for the district which incorporates these initiatives. Will present completed plan once fully quantified but work up these initiatives ahead of this.
25	Revise the AT roster to improve the health and wellbeing of the staff and improve theatre utilisation		ED Specialist Services	Roster revised however implementation being delayed due to staffing shortages and recruitment challenges
Three to Nine Months (October to June)				
5	Establish a clear clinical governance framework, embed discipline around meeting structure, action follow through and focus		Chair of Clinical Council (once appointed)	Clinical Governance Framework developed, however discipline of process and leadership of Clinical Council to be reviewed. EOI process for new Chair completed and interviews occurring in early July. Chair to be on ELT and attend Board meetings
7	Board to set the risk appetite for the organisation and executive to roll out to the organisation and embed into process and system			
8	Reconcile budget to activity, identify clinical and cost variation against peer DHBs and assign appropriate costs savings against those areas. Implement formal reporting structures to monitor and manage progress Hold Executives and managers responsible for ensuring the achievement of targeted savings	Stage 1 – Sept 2021 to have completed reconciliation Stage 2 – ? – peer review	ED Corporate Services CEO	Through performance and accountability framework
12	Look to Canterbury for their costing system and consider expanding it into Southern to assist in understand cost structures	Costing system selected end Oct 2021	ED Corporate Services	14 DHBs use CostPro, Canterbury uses an Australian product which does not have much DHB utilisation. Undertake a closed RFP process to ensure we get a

Action Item	Action Required	Action timeframe	Action Owner	Comment
				good outcome.
15	Implement project discipline, require robust reporting around project milestones, financial performance against activity and benefit realisation	Have PM in place by end of August 2021.	PACEO	Establishment of ePMO – underway. Recruitment for Portfolio Manager in flight.
20	Prioritise data driven work practices, including production planning and forecasting	End of July – RFP closes End of August – selection of vendor	ED Specialist Services and ED Corporate Services	Production engineering resource being sourced through RFP currently and internal resource being reviewed also. Forecasting needs to be improved. Review of bed forecasting tools available elsewhere (Auckland) will occur as part of a visit to review their CCDM practice.
24	Appoint an HoD for ICU across both Dunedin and Southland and assign responsibility for improving clinical support and governance of both ICU		ED Specialist Services and Chief Medical Officer	Discussion required with CMO, EDSS and GM Surgery & Radiology. Discussion will be booked for early July and progress update provided once had.
26	Proceed with the planning of an expanded footprint in Southland ED in conjunction with the PHO and GPs around how to improve access outside of the core ED. Planning must include an emphasis on innovative models of care rather than just footprint. Investigate the possibility of an onsite GP service next to the ED with a combined triage and pathways		ED Specialist Services ED Strategy, Primary & Community	ED redevelopment business case on September Board agenda. PHO / Runaka led clinic being established as step 1, second step will be a new Community Health Hub focussed on Urgent Care / VLCA practice
27	Create a strategy and implement around a culture of performance and engagement to improve morale		ED People & Capability	
28	Embed operational, strategic and compliance KPIs in all rural contracts, networking them together where practical		ED Strategy, Primary & Community	To be developed during the 2021/22 year for implementation for the 2022/23 year (from 1 July 2022).

Action Item	Action Required	Action timeframe	Action Owner	Comment
Already in Place or Progressing				
10	*Implement annual asset replenishment targets, adjust frequently to ensure capital expenditure is spent within the financial year. Streamline and delegate the financial process of approval of capital items <$50k to service level*			*This is a part of the capital planning process, and wider Asset Management Plan development* *Process for capital approval contained within the delegations policy*
13	Focus on placing 80% of most commonly used data sets into Power BI, establish a data dictionary and rollout fully to all clinical leaders and service managers	Ongoing	ED Corporate Services	Progressively all data sets are being migrated to Power BI, and there is a data dictionary in place which needs re-socialisation and a process of agreement & embedding.
16	Incorporate the nursing and allied health model of care into the generalism work and roll out an integrated model.	Being implemented in line with the approved business case	ED Specialist Services	Already incorporated into the approved business case, and budgeted for. Nursing and allied components will be implemented to coincide with the completion of the new medical assessment unit.
17	Manage annual leave balances and have them incorporated as core KPI for managers	31 August 2021	ED People & Capability	Leave reporting now in place for all to utilise, roll out of leave management plans underway. Specific KPIs need to be agreed
19	Review all outside of MECA agreements and engage with the relevant services and union to realign pay rates with FTE support		ED Specialist Services / ED Strategy, Primary & Community / Mental Health	Only known arrangements outside MECA are Senior Doctors. Legal process already undertaken and identified that historical personal allowances (circa $1.6 million) are not able to be removed unless individual agreement reached. All additional hours have been turned into FTE and drive now needs to be to ensure each SMO has a timetable which matches their contractual arrangements
23	Take a reflective look on the work performed on the patient flow taskforce group, embed established procedures into BAU and move to focus on the areas of		Chief Medical Officer, Chief Nursing & Midwifery Officer, and Chief	Workshop planned for 7/8 July with senior leaders on each site to establish patient flow work back into BAU. Group already established to look at frail elderly. Group working through the feasibility of interim care beds.

Action Item	Action Required	Action timeframe	Action Owner	Comment
	production planning, community based beds/step down facility, frail pathways and stranded patients		Allied Health, Scientific & Technical Officer	Paper presented to exec on additional resourcing for stranded patient team
18	Centralise the management of the RMO unit	31 August 2021	ED Specialist Services	The centralisation of the RMO unit will be incorporated into the proposed position description for the General Manager's Dunedin and Southland Hospitals to align with the changes to the provider arm that are implemented coinciding with the CEO changes to structure.
30	Streamline the procurement approval pathway to Ensure timely decision making and implementation.		ED Corporate Services	Procurement approval process is streamlined, however structure challenges will be addressed in proposal for change
On Hold				
29	Investigate a combined Lakes/Dunstan/Private provider partnership for the lakes district improving access for the community with refined models of care including increased nursing support			Awaiting Strategic Refresh

133 Molesworth Street
PO Box 5013
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New Zealand

DHB Chief Executives

Tēnā koutou

I'm writing to let you know that on 6 August 2021 the Government will announce that the Health System Indicators framework is replacing the national health targets as the new monitoring and reporting framework for the health and disability system.

The Ministry of Health (the Ministry) and the Health Quality & Safety Commission (the Commission) have worked together over the past 18 months to develop the new framework, which builds on the System Level Measures programme that was co-designed with the health and disability sector.

The Government has selected an initial set of 12 high-level, national indicators for the framework that will help focus the health and disability system on the Government's priority areas. Many of the indicators have been drawn from the System Level Measures framework or are already included within non-financial reporting.

A key feature of the framework is that it emphasises continuous improvement at a local level rather than set performance targets. This will support and enable the Government's health and disability system reforms, which include a focus on empowering communities to develop services tailored to meet local needs.

The Commission has developed an online dashboard for reporting improvements on the high-level indicators. The first report presents baseline data at a national level for 10 of the 12 indicators. We expect the first update will be published in December 2021 and will report by district health board for the July – September quarter of 2021/22.

Reporting will also highlight equity gaps, so we have better information on where we need to focus our efforts to improve outcomes for Māori and Pacific peoples.

The Ministry and the Commission will work with the Transition Unit and sector stakeholders during 2021/22 to further develop the framework and ensure it complements overarching monitoring and accountability arrangements for the health and disability system.

A key role for DHBs during 2021/22 will be to partner with stakeholders to develop a set of local actions for improving performance for each indicator. These local actions will reflect the unique challenges and needs of each community and any barriers preventing equitable access to services. The Ministry and the Commission will support DHBs with this work to ensure all local actions are in place by 1 July 2022.

If you require any further information about the Health System Indicators framework or would like to discuss next steps, please do not hesitate to contact Catherine Gerard, Programme Manager System Improvement, at catherine.gerard@health.govt.nz.

Nāku noa, na

Robyn Shearer
Deputy Chief Executive
Sector Support and Infrastructure

cc: DHB GMs P&F, CFO, PHO CEs, and DHB Comms

Initial high-level indicators for the Health System Indicator framework

Government priority	Indicator	Description
Improving child wellbeing	Immunisation rates for children at 24-months	Percentage of children who have all their age-appropriate schedule vaccinations by the time they are two years old
	Ambulatory sensitive hospitalisations for children (age range 0-4)	Rate of hospital admissions for children under five for an illness that might have been prevented or better managed in the community
Improving mental wellbeing	Under 25s able to access specialist mental health services within three weeks of referral	Percentage of child and youth accessing mental health services within three weeks of referral
	Access to primary mental health and addiction services	In development
Improving wellbeing through prevention	Ambulatory sensitive hospitalisations for adults (age range 45-64)	Rate of hospital admissions for people aged 45 to 64 for an illness that might have been prevented or better managed in the community
	Participation in the bowel screening programme	In development
Strong and equitable public health system	Acute hospital bed day rate	Number of days spent in hospital for unplanned care including emergencies
	Access to planned care	People who had surgery or care that was planned in advance, as a percentage of the agreed number of events in the delivery plan
Better primary health care	People report they can get primary care when they need it	Percentage of people who say they can get primary care from a GP or nurse when they need it
	People report being involved in the decisions about their care and treatment	Percentage of people who say they felt involved in their own care and treatment with their GP or nurse
Financially sustainable health system	Annual surplus/deficit at financial year end	Net surplus / deficit as a percentage of total revenue
	Variance between planned budget and year end actuals	Budget versus actuals variance as a percentage of budget

FOR APPROVAL

Item: **Financial Report for the period ended 31 July 2021**

Proposed by: Nigel Trainor, Executive Director Finance, Procurement & Facilities

Meeting of: Board, 7 September 2021

Recommendation

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

Purpose

1. To provide the Board and Finance, Audit & Risk Committee with the financial performance of the DHB for the month and year to date ended 31 July 2021.

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 & Action

3. Executive Leadership Team to advise actions to recover under-delivery of elective services and implications on expenditure for remainder of financial year.

Appendices

Appendix 1 Financial Report for the Board

Appendix 1: Financial Report for the Board

Southern DHB Financial Report

Financial Report for:	31 July 2021
Report Prepared by:	Finance
Date:	20 August 2021

Report to Board

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

The net deficit for the month of 31 July 2021 was $0.5m, being $0.8m favourable to budget. The result includes Business as Usual net deficit of $0.4m and COVID-19 net deficit of $0.1m.

Financial Performance Summary

SOUTHERN DISTRICT HEALTH BOARD
Statement of Financial Performance
For the period ending 31 July 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
				REVENUE						
104,740	103,092	1,648	F	Government & Crown Agency	104,740	103,092	1,648	F	1,187,928	1,233,735
840	847	(7)	U	Non-Government & Crown Agency	840	847	(7)	U	12,489	10,168
105,580	103,939	1,641	F	*Total Revenue*	105,580	103,939	1,641	F	1,200,417	1,243,903
				EXPENSES						
40,256	40,499	243	F	Workforce Costs	40,256	40,499	243	F	481,056	502,352
4,141	3,950	(191)	U	Outsourced Services	4,141	3,950	(191)	U	47,751	46,095
9,534	9,424	(110)	U	Clinical Supplies	9,534	9,424	(110)	U	111,249	107,947
5,535	5,503	(32)	U	Infrastructure & Non-Clinical Supplies	5,535	5,503	(32)	U	62,390	64,767
43,429	42,679	(750)	U	Provider Payments	43,429	42,679	(750)	U	489,317	506,799
3,156	3,108	(48)	U	Non-Operating Expenses	3,156	3,108	(48)	U	37,059	40,249
106,051	105,163	(888)	U	*Total Expenses*	106,051	105,163	(888)	U	1,228,822	1,268,209
(471)	(1,224)	754	F	**NET SURPLUS / (DEFICIT)**	(471)	(1,224)	753	F	(28,405)	(24,306)

Revenue was $1.6m favourable to budget.

Government Funding included COVID-19 Surveillance & Testing funding $0.5m higher than budgeted, plus unbudgeted revenue for COVID-19 Vaccination Programme $1.1m and Mental Health $0.1m. Offsetting this is a reduction of $0.3m related to under-delivery of Planned Care procedures.

The revenue for COVID-19 Surveillance & Testing has been recognised to match expenditure. The recognition of $1.1m as accrued revenue is based on the understanding from Ministry of Health guidance of the intention to "wash up" the impact of the additional spend on Surveillance and Testing incurred by the DHBs.

Expenses were $0.9m unfavourable to budget.

The Workforce costs were $0.2m favourable inclusive of $0.7m unbudgeted Vaccination programme costs.

Medical personnel were a combined $0.2m and 7 FTE favourable while Nursing personnel were $0.1m and 88 FTE unfavourable including $0.4m and 53 FTE Vaccination programme costs. Management/Admin personnel were on budget overall but 75 FTE unfavourable, including $0.3m and 63 FTE Vaccination programme costs, offset by $0.3m and 12 FTE in BAU activity.

Outsourced Services were $0.2m unfavourable with additional activity continuing to meet demand and planned care targets.

Provider Payments were $0.8m unfavourable, reflecting unbudgeted Mental Health expenditure and COVID-19 Vaccination expenses (both offset by additional revenue).

Monthly Result – By Key Drivers

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

SOUTHERN DISTRICT HEALTH BOARD

Summary of Monthly Results - By Key Drivers

For the month of Jul 2021

	Month Actual Total $000	Month COVID-19 Incremental $000	Month COVID-19 Vaccination $000	Month Transtasman Border $000	Month BAU $000	Month Budget Total $000	Month BAU Variance $000	
REVENUE								
Government & Crown Agency	104,740	-	1,038	20	103,682	103,092	590	F
Non-Government & Crown Agency	840	-	-	-	840	847	(7)	U
Total Revenue	105,580	-	1,038	20	104,522	103,939	583	F
EXPENSES								
Workforce Costs	40,256	33	701	10	39,512	40,499	987	F
Outsourced Services	4,141	-	31	-	4,110	3,950	(160)	U
Clinical Supplies	9,534	-	7	-	9,527	9,424	(103)	U
Infrastructure & Non-Clinical Supplies	5,535	3	186	10	5,336	5,503	167	F
Provider Payments	43,429	-	113	-	43,316	42,679	(637)	U
Non-Operating Expenses	3,156	-	-	-	3,156	3,108	(48)	U
Total Expenses	106,051	36	1,038	20	104,957	105,163	206	F
NET SURPLUS / (DEFICIT)	(471)	(36)	-	-	(435)	(1,224)	789	F

While COVID-19 Surveillance & Testing activity was budgeted for the 2021/22 financial year, Incremental, Vaccination and Trans-Tasman service provision were not.

Financial Position Summary

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

Actual 30 June 2021 $000		Actual 31 July 2021 $000	Budget 31 July 2021 $000	Actual 30 June 2021 $000	Budget 30 June 2022 $000
	CURRENT ASSETS				
7,582	Cash & Cash Equivalents	27,666	2,728	7,582	7
63,687	Trade & Other Receivables	57,908	52,057	63,687	48,474
6,159	Inventories	6,525	5,665	6,159	5,235
77,428	*Total Current Assets*	92,099	60,450	77,428	53,716
	NON-CURRENT ASSETS				
325,558	Property, Plant & Equipment	324,588	326,757	325,558	362,457
6,258	Intangible Assets	6,072	6,350	6,258	20,704
331,816	*Total Non-Current Assets*	330,660	333,107	331,816	383,161
409,244	**TOTAL ASSETS**	422,759	393,557	409,244	436,877
	CURRENT LIABILITIES				
-	Cash & Cash Equivalents	-	-	-	33,663
72,818	Payables & Deferred Revenue	83,284	64,895	72,818	69,492
235	Short Term Borrowings	170	169	235	1,979
95,139	Employee Entitlements	98,052	87,964	95,139	88,211
168,192	*Total Current Liabilities*	181,506	153,028	168,192	193,345
	NON-CURRENT LIABILITIES				
856	Term Borrowings	912	856	856	10,754
82,596	Holidays Act 2003	83,212	85,872	82,596	90,628
19,411	Employee Entitlements	19,411	16,836	19,411	19,662
102,863	*Total Non-Current Liabilities*	103,535	103,564	102,863	121,044
271,055	**TOTAL LIABILITIES**	285,041	256,592	271,055	314,389
138,189	**NET ASSETS**	137,718	136,965	138,189	122,488
	EQUITY				
486,556	Contributed Capital	486,556	486,558	486,556	495,164
108,500	Property Revaluation Reserves	108,500	108,500	108,500	108,500
(456,867)	Accumulated Surplus/(Deficit)	(457,338)	(458,093)	(456,867)	(481,176)
138,189	*Total Equity*	137,718	136,965	138,189	122,488
	Statement of Changes in Equity				
165,993	Opening Balance	138,189	138,189	165,993	138,189
(28,405)	Operating Surplus/(Deficit)	(471)	(1,224)	(28,405)	(24,307)
1,308	Crown Capital Contributions	-	-	1,308	9,313
(707)	Return of Capital	-	-	(707)	(707)
138,189	Closing Balance	137,718	136,965	138,189	122,488

Cash Flow Summary

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

	YTD Actual $000	YTD Budget $000	Variance $000	Full Year Budget $000	LY YTD Actual $000
CASH FLOW FROM OPERATING ACTIVITIES					
Cash was provided from Operating Activities:					
Government & Crown Agency Revenue	110,398	108,748	1,650	1,240,738	97,878
Non-Government & Crown Agency Revenue	807	819	(12)	9,832	651
Interest Received	32	28	4	336	26
Cash was applied to:					
Payments to Suppliers	(50,094)	(59,146)	9,052	(719,719)	(57,817)
Payments to Employees	(39,347)	(49,748)	10,401	(498,453)	(42,263)
Capital Charge	-	-	-	(7,142)	-
Goods & Services Tax (net)	(188)	(1,487)	1,299	(2,604)	464
Net Cash Inflow / (Outflow) from Operations	21,608	(786)	22,394	22,988	(1,061)
CASH FLOW FROM INVESTING ACTIVITIES					
Cash was provided from Investing Activities:					
Sale of Fixed Assets	-	-	-	-	1
Cash was applied to:					
Capital Expenditure	(1,515)	(3,805)	2,290	(71,902)	(2,672)
Net Cash Inflow / (Outflow) from Investing Activity	(1,515)	(3,805)	2,290	(71,902)	(2,671)
CASH FLOW FROM FINANCING ACTIVITIES					
Cash was provided from Financing Activities:					
Crown Capital Contributions	-	-	-	8,556	-
Cash was applied to:					
Repayment of Borrowings	(10)	(66)	56	(879)	(74)
Repayment of Capital	-		-		
Net Cash Inflow / (Outflow) from Financing Activity	(10)	(66)	56	7,677	(74)
Total Increase / (Decrease) in Cash	20,083	(4,657)	24,740	(41,237)	(3,806)
Net Opening Cash & Cash Equivalents	7,582	7,582	0	7,582	31,011
Net Closing Cash & Cash Equivalents	27,665	2,925	24,740	(33,655)	27,205

Cash flow from Operating Activities is favourable to budget by $22.4m. Revenue received is in line with the Statement of Financial Performance. However Payments to Suppliers is favourable due to the higher payments in June before year end and FPIM cutover. Payments to Employees is favourable largely due to Employee Entitlements liabilities being $6.4m higher than budget.
Cash flow from Investing Activities is favourable to budget by $2.3m. The Capital Expenditure cash spend reflects project delays in addition to the capital plan not yet being approved.

Overall, Cash flow is favourable to budget by $24.7m.

Capital Expenditure Summary

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

Description	YTD Actual $000	YTD Budget $000	Variance $000	Over Under Spend	LY YTD Actual $000
Land, Buildings & Plant	413	1,380	967	U	713
Clinical Equipment	515	1,921	1,406	U	1,152
Other Equipment	9	99	90	U	85
Information Technology	493	144	(349)	O	342
Motor Vehicles	-	-	-	O	-
Software	85	262	177	U	380
Total Expenditure	1,515	3,806	2,291	U	2,672

At 31 July 2021, our Financial Position on page 5 shows Non-Current Assets comprising Property, Plant & Equipment and Intangible Assets totalling $330.7m, which is $2.4m less than the budget of $333.1m.

The Land, Buildings & Plant, Clinical Equipment and Information Technology variances reflect expenditure on carry-over projects from 2020/21. The 2021/22 capital plan was not Board approved until August 2021.

SERVICE PROVIDER CASEWEIGHTED DISCHARGES

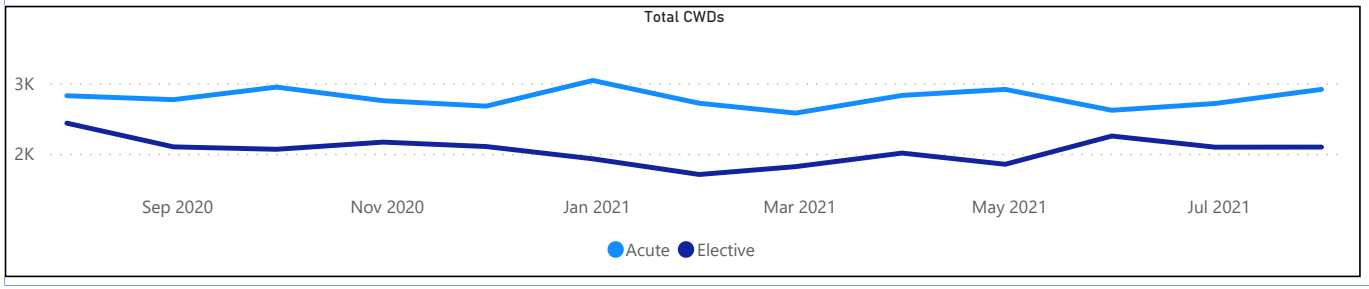
Caseweights	MTD Actual	MTD Target	MTD Variance	% Variance (MTD)	MTD LY Actual	Year on Year Monthly Variance	YTD Actual	YTD Target	YTD Variance	% Variance (YTD)	YTD LY Actual	Year On Year YTD Variance
Surgical Caseweights												
Surgical Elective	1,346	1,422	-76	-5	1,655	-309	1,346	1,422	-76	-5	1,655	-309
Surgical Acute	1,188	1,196	-8	-1	1,142	46	1,188	1,196	-8	-1	1,142	46
Total	**2,534**	**2,618**	**-84**	**-3**	**2,797**	**-263**	**2,534**	**2,618**	**-84**	**-3**	**2,797**	**-263**
Medical Caseweights												
Medical Elective	399	301	98	33	372	28	399	301	98	33	372	28
Medical Acute	1,599	1,503	95	6	1,578	20	1,599	1,503	95	6	1,578	20
Total	**1,998**	**1,804**	**194**	**11**	**1,950**	**48**	**1,998**	**1,804**	**194**	**11**	**1,950**	**48**
Maternity Caseweights												
Maternity Elective	349	371	-21	-6	409	-59	349	371	-21	-6	409	-59
Maternity Acute	128	94	35	37	105	24	128	94	35	37	105	24
Total	**478**	**465**	**13**	**3**	**513**	**-35**	**478**	**465**	**13**	**3**	**513**	**-35**
Total	**5,010**	**4,887**	**123**	**3**	**5,260**	**-250**	**5,010**	**4,887**	**123**	**3**	**5,260**	**-250**

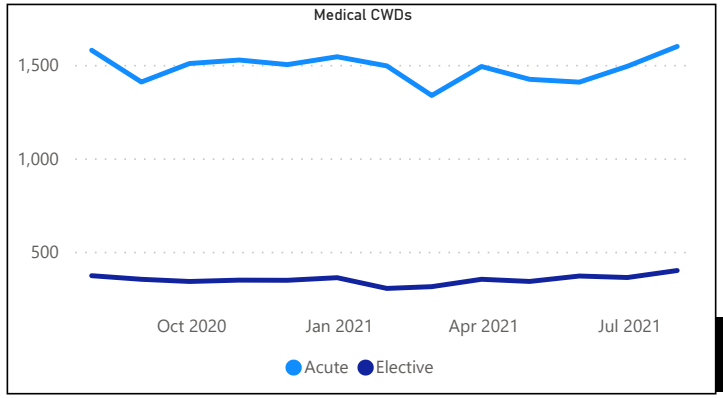
TOTALS

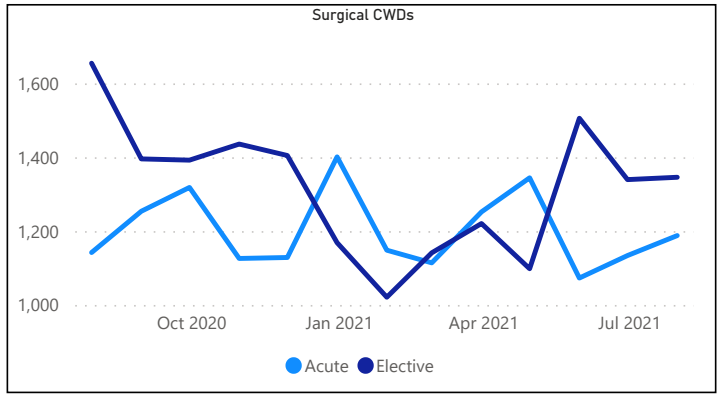
Acute	2,915	2,793	122	4	2,825	90	2,915	2,793	122	4	2,825	90
Elective	2,095	2,094	0	0	2,435	-340	2,095	2,094	0	0	2,435	-340
Total	**5,010**	**4,887**	**123**	**3**	**5,260**	**-250**	**5,010**	**4,887**	**123**	**3**	**5,260**	**-250**

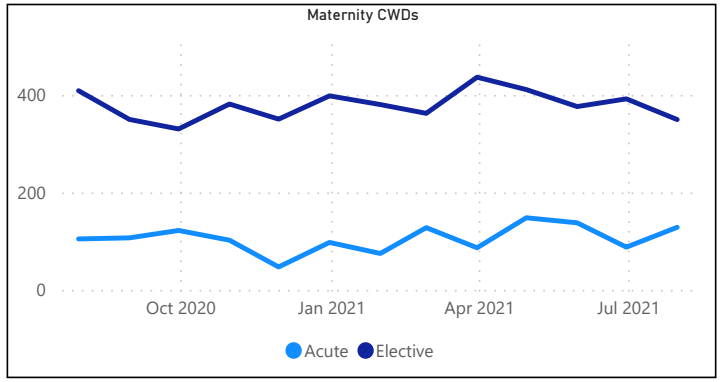
TOTALS excluding Maternity

Acute	2,787	2,699	88	3	2,720	66	2,787	2,699	88	3	2,720	66
Elective	1,745	1,723	22	1	2,026	-281	1,745	1,723	22	1	2,026	-281
Total	**4,532**	**4,422**	**110**	**2**	**4,747**	**-215**	**4,532**	**4,422**	**110**	**2**	**4,747**	**-215**









8.2

SERVICE PROVIDER RAW DISCHARGES

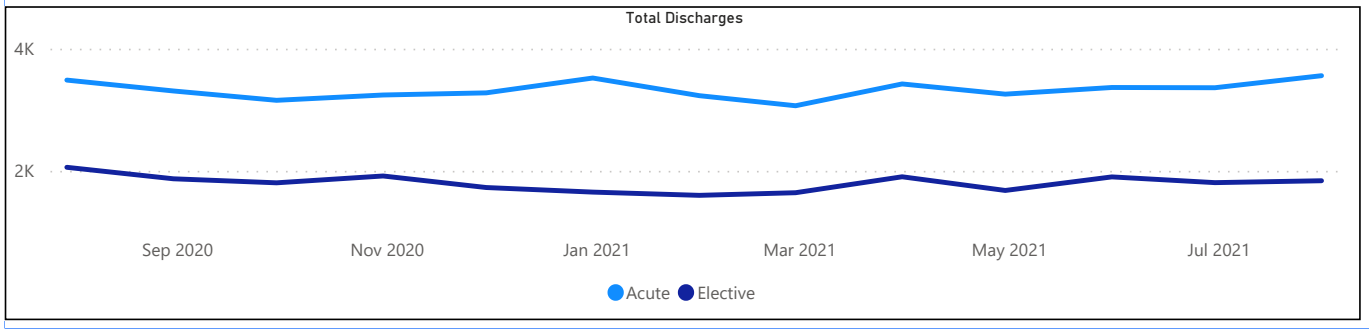
Discharges	MTD Actual	MTD Target	MTD Variance	% Variance (MTD)	MTD LY Actual	Year on Year Monthly Variance	YTD Actual	YTD Target	YTD Variance	% Variance (YTD)	YTD LY Actual	Year on Year YTD Variance
Surgical Discharges												
Surgical Elective	894	997	-103	-10	1,183	-289	894	997	-103	-10	1,183	-289
Surgical Acute	798	776	22	3	809	-11	798	776	22	3	809	-11
Total	**1,692**	**1,774**	**-82**	**-5**	**1,992**	**-300**	**1,692**	**1,774**	**-82**	**-5**	**1,992**	**-300**
Medical Discharges												
Medical Elective	448	348	100	29	389	59	448	348	100	29	389	59
Medical Acute	2,650	2,411	239	10	2,570	80	2,650	2,411	239	10	2,570	80
Total	**3,098**	**2,759**	**339**	**12**	**2,959**	**139**	**3,098**	**2,759**	**339**	**12**	**2,959**	**139**
Maternity Discharges												
Maternity Elective	496	496	0	0	486	10	496	496	0	0	486	10
Maternity Acute	110	84	26	31	107	3	110	84	26	31	107	3
Total	**606**	**580**	**26**	**4**	**593**	**13**	**606**	**580**	**26**	**4**	**593**	**13**
Total	**5,396**	**5,112**	**284**	**6**	**5,544**	**-148**	**5,396**	**5,112**	**284**	**6**	**5,544**	**-148**

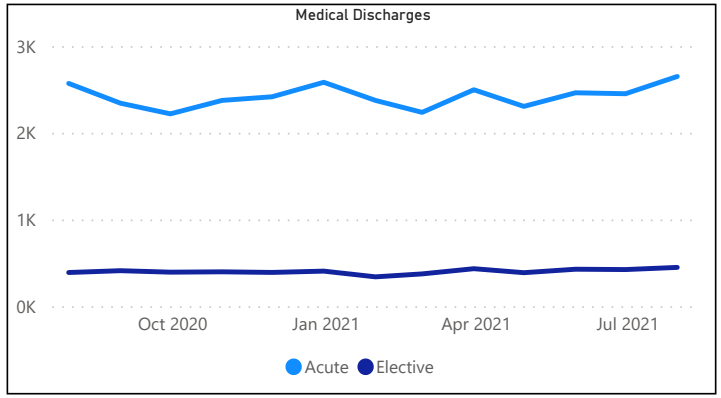
TOTALS

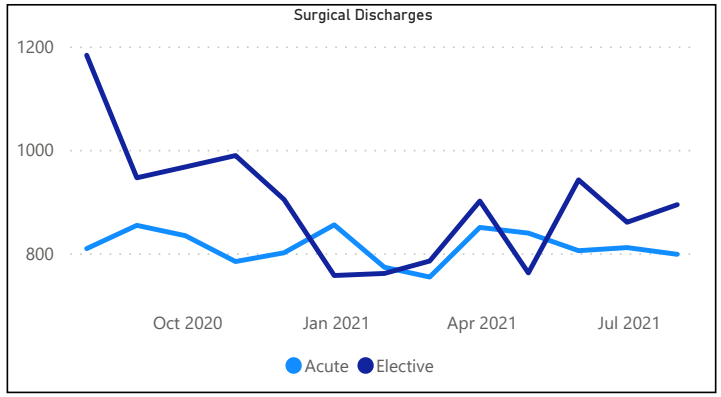
Acute	3,558	3,271	287	9	3,486	72	3,558	3,271	287	9	3,486	72
Elective	1,838	1,841	-3	0	2,058	-220	1,838	1,841	-3	0	2,058	-220
Total	**5,396**	**5,112**	**284**	**6**	**5,544**	**-148**	**5,396**	**5,112**	**284**	**6**	**5,544**	**-148**

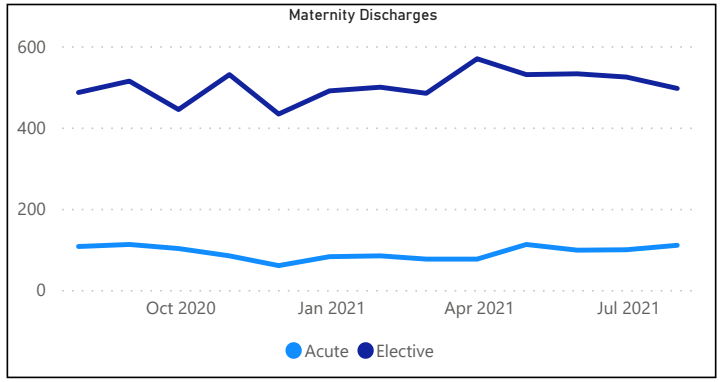
TOTALS excluding Maternity

Acute	3,448	3,187	261	8	3,379	69	3,448	3,187	261	8	3,379	69
Elective	1,342	1,345	-3	0	1,572	-230	1,342	1,345	-3	0	1,572	-230
Total	**4,790**	**4,532**	**258**	**6**	**4,951**	**-161**	**4,790**	**4,532**	**258**	**6**	**4,951**	**-161**



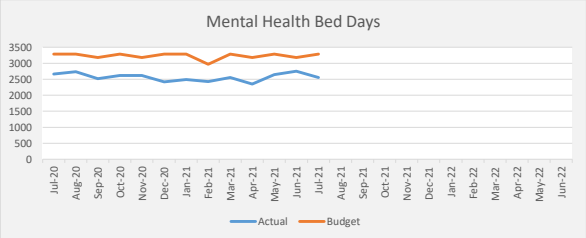




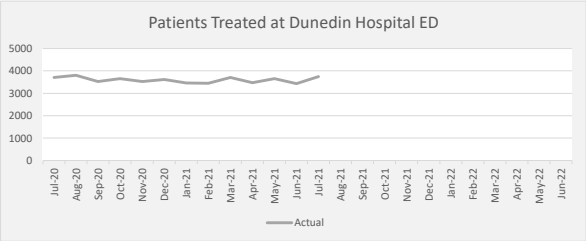


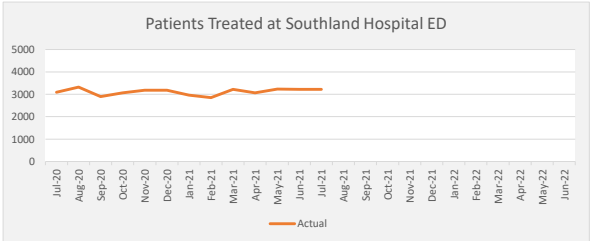
OTHER ACTIVITY

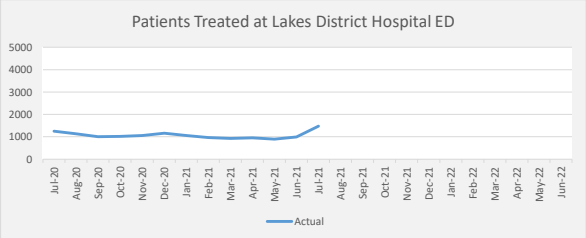
Jul-21				Jul-20	YEAR ON YEAR		YTD 2021/2022				YTD Jul-20	YEAR ON YEAR
Actual	Budget	Variance	% Variance	Actual	Monthly Variance		Actual	Budget	Variance	% Variance	Actual	YTD Variance
2,558	3,286	(728)	-22%	2,662	(104)	Mental Health bed days	2,558	3,286	(728)	-22%	2,662	(104)

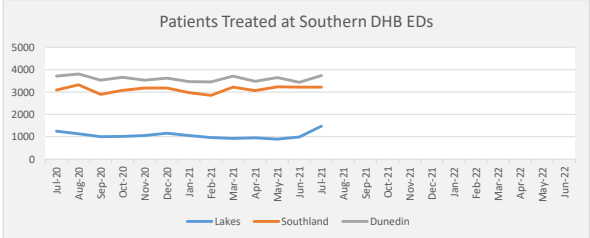


Jul-21	Jul-20	YEAR ON YEAR	Treated Patients (excludes DNW and left before seen)	YTD 2021/2022	YTD Jul-20	YEAR ON YEAR
Actual	Actual	Monthly Variance		Actual	Actual	YTD Variance
			Emergency department presentations			
3,741	3,704	37	Dunedin	3,741	3,704	37
1,477	1,247	230	Lakes	1,477	1,247	230
3,217	3,088	129	Southland	3,217	3,088	129
8,435	8,039	396	**Total ED presentations**	8,435	8,039	396









FOR INFORMATION

Item: Quality Dashboard – July 2021

Prepared by: Hywel Lloyd, Executive Director Quality & Clinical Governance

Patrick O'Connor, Quality Improvement Manager

Meeting of: Board – September 2021

Recommendation

That the Board notes the attached quality dashboards

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
   - A focus on equity is currently being prioritised, as a change in the graphs require IT resource to complete
4. Other
   - Please note comments in the discussion section

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 has 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: Southern includes hospitals in the Southern Region. Dunedin relates to Dunedin Public Hospital. Wakari is included in the Southern Region reporting. Unless otherwise stated any definitions in the commentary for Southern apply to Dunedin and Invercargill

Discussion

9. Complaints remain at high levels with little change in the last few months. Systemic issues driving complaint volumes will need to be addressed to drive a reduction in complaints.

10. Across the region there has been a rising number of deaths in hospital since March. This is not driven by more deaths in our major hospitals. Deaths in Dunedin and Invercargill are relatively stable. However there has been an increase in deaths in hospitals in the other hospitals in our region. This is coming off a very low base and the increased number of deaths, while at the higher end of the range, are not unusual. If this trend continues we will look at this issue in more depth using standardised mortality ratios and other tools to ascertain if this requires further action

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Next Steps & Actions

Give a clearer picture as to when the imaging graph will be corrected. IT are continuing to work with the Vendor. The timeframe for the fix is uncertain

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Appendices

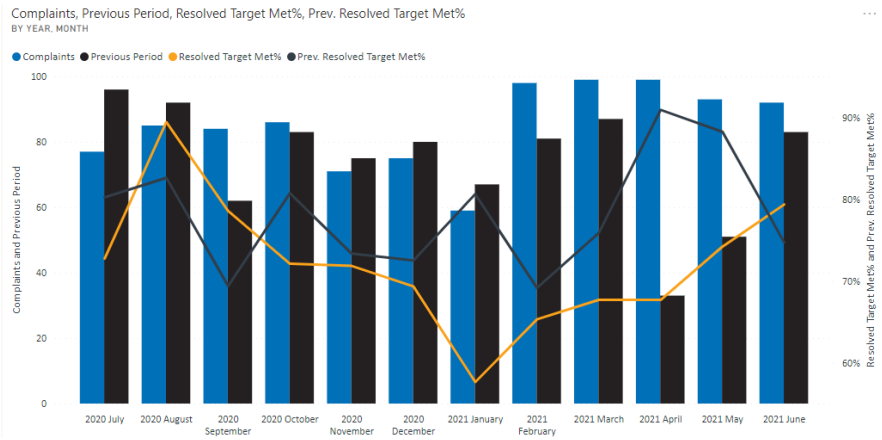
Appendix 1 **Executive Quality Dashboard – Southern Region,**

Appendix 2 **Executive Quality Dashboard – Dunedin Hospital**

Appendix 3 **Executive Quality Dashboard – Invercargill Hospital**

Executive Dashboard - Patient Experience

(Southern)



Safety 1st data.

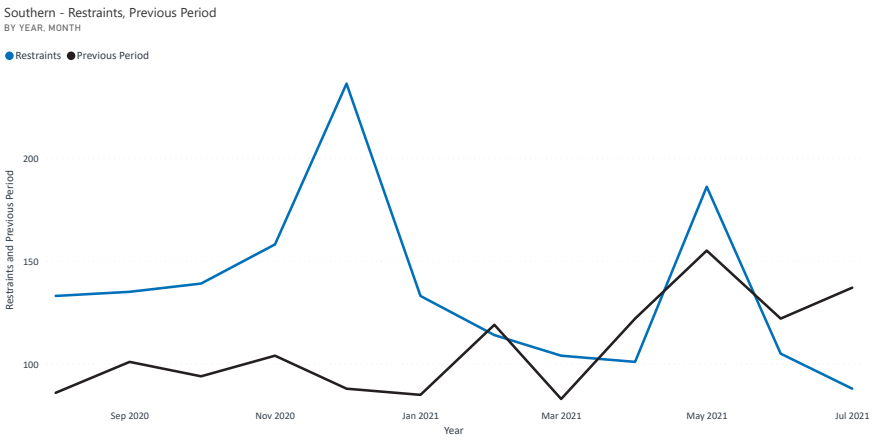
Complaints

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, or to communicate additional time required to the patient. For that reason the current reporting month will always appear as a lag.

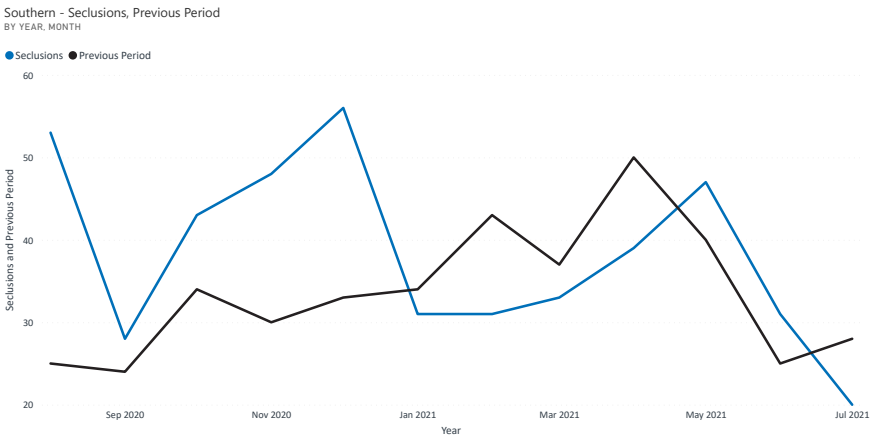
Complaints remain at high levels with little change in the last few months. Systemic issues driving complaint volumes will need to be addressed to drive a reduction in complaints.



Restraints

Safety 1st data. The number of restraint events per month.

Restraints data includes Dunedin, Invercargill, Wakari & Lakes.



Seclusions

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

Executive Dashboard - Effectiveness

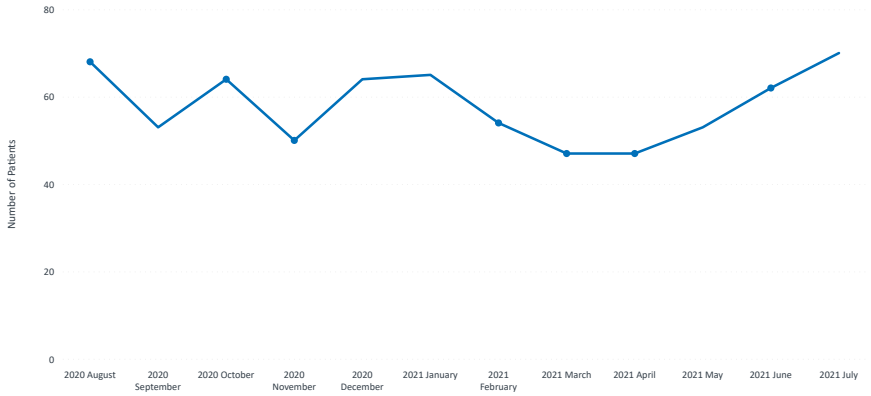
(Southern)

Executive Dashboard - Effectiveness

(Southern)

Southern - Deaths

NUMBER OF PATIENTS DECEASED BY DISCHARGE MONTH

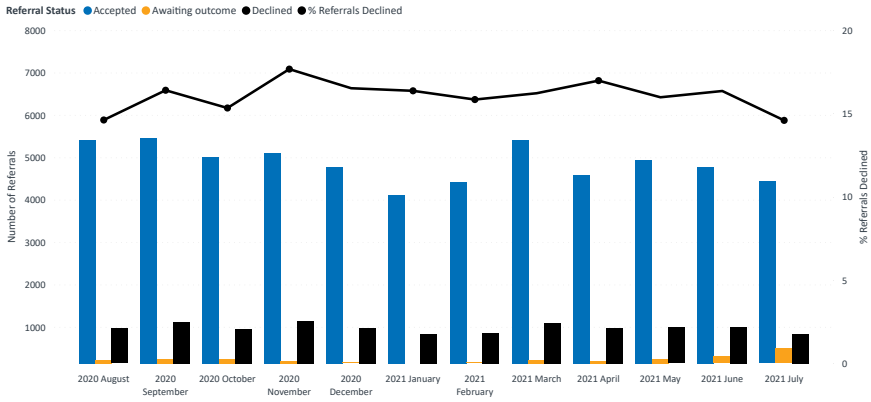


Deaths

Number of patients deceased by discharge month.

"Across the region there has been a rising number of deaths in hospital since March. This is not driven by more deaths in our major hospitals. Deaths in Dunedin and Invercargill are relatively stable. However there has been an increase in deaths in hospitals in the other hospitals in our region. This is coming off a very low base and the increased number of deaths, while at the higher end of the range, are not unusual. If this trend continues we will look at this issue in more depth using standardised mortality ratios and other tools to ascertain if this requires further action."

Southern - Referrals Accepted / Awaiting Outcome and Declined

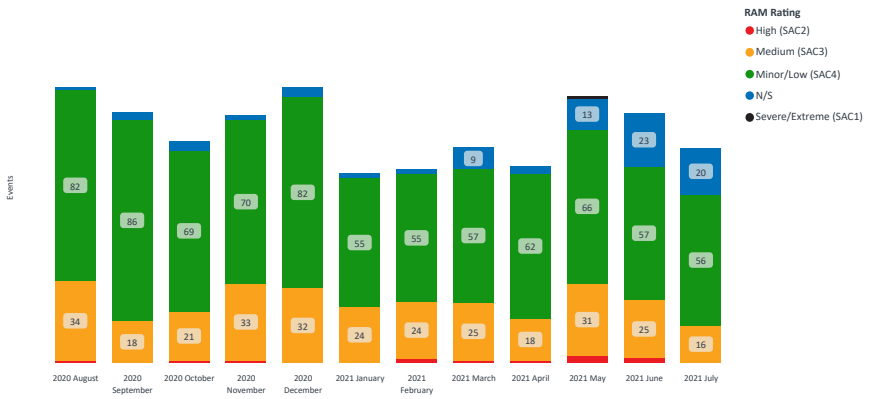


Referrals accepted (authorised), awaiting outcome or declined by month.

% 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).

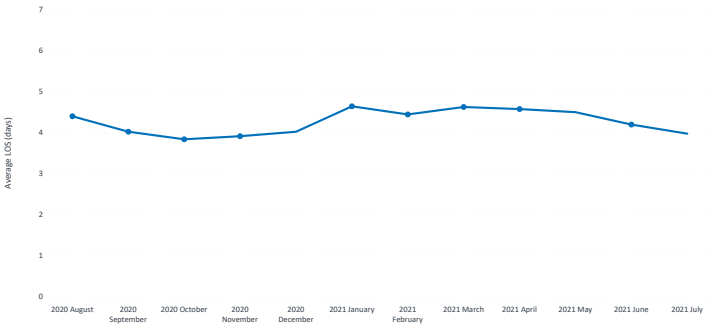
Staff events have historically included a small number of Employee events which appear as not scored. These relate to Privacy/Confidentiality, Building and Property, Security, Falls forms (visitor falls) which are not associated with clinical practice. These events are not assessed in the same way as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

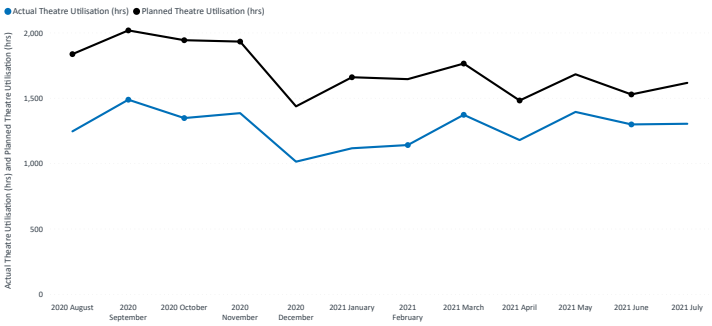


Average Length of stay

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

Southern - Planned vs Actual Theatre Utilisation (hrs)

BY HRS



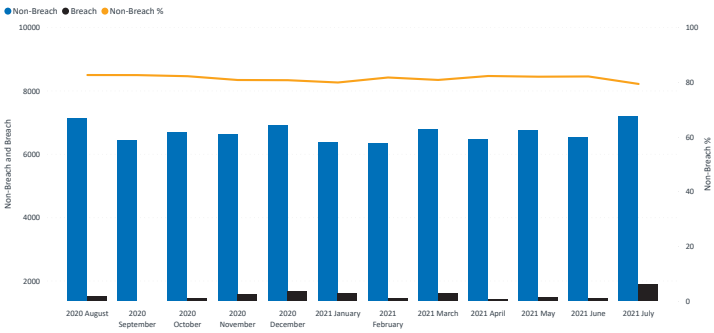
Actual Theatre Utilisation

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

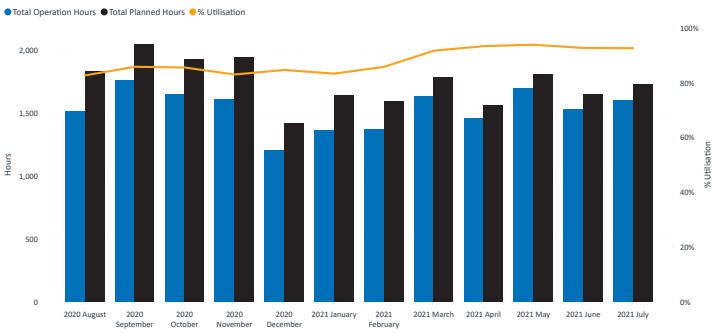
Southern - Monthly 6 Hour %



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 (%)

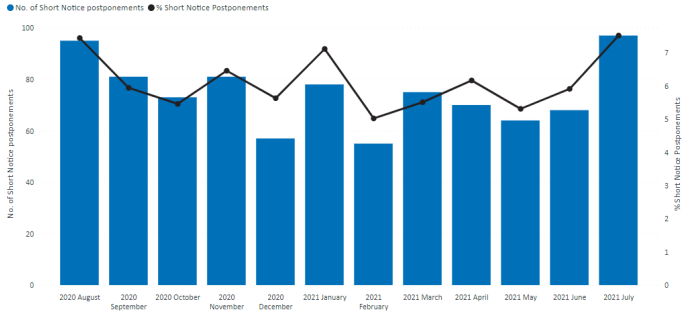
Numerator: Planned and acute operations from when the patient is brought into operating theatre to the patient leaves

"Theatre cleaning time included - Cleaning time of 12 mins per operation"

Denominator: Planned session time

Excluded: overruns (where an operation runs over the planned session time); out of theatre anesthetic

Southern DHB - Short Notice Postponements



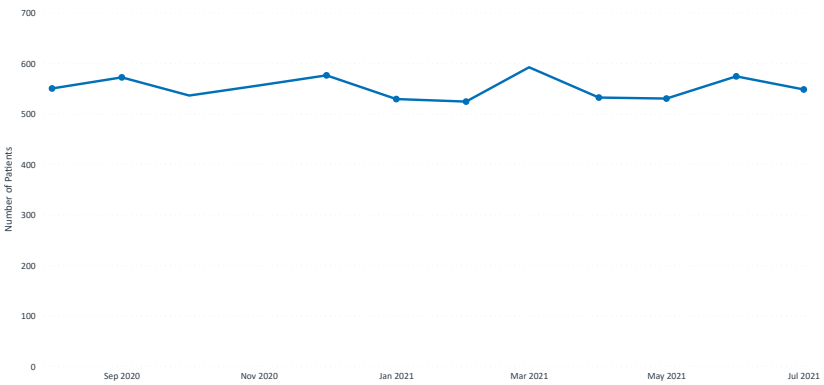
Short Notice Postponements

Theatre postponements within 24 hours of the scheduled procedure

Executive Dashboard - Timely

(Southern)

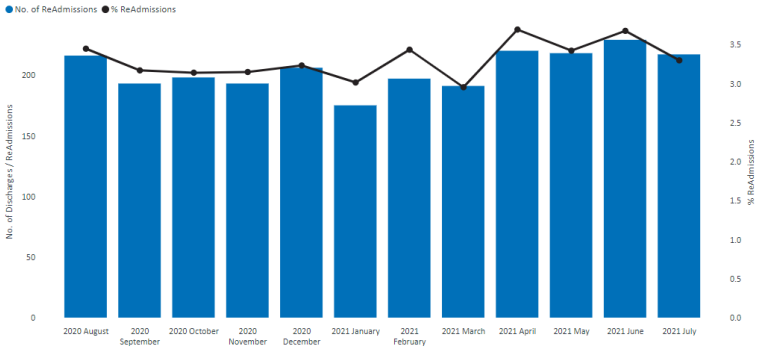
Southern - Number of Patients with LOS > 7 days



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

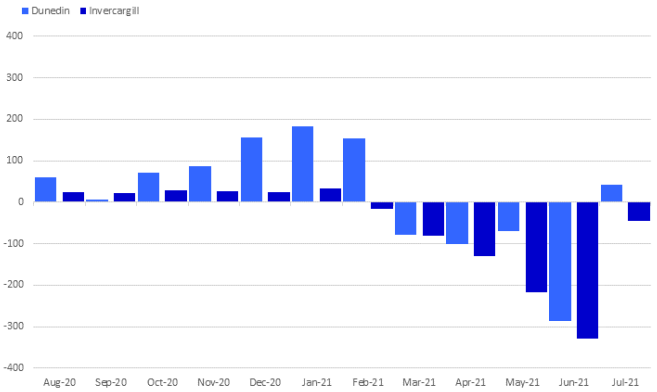


Unplanned Hospital Readmissions within 7 Days

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

Cummulative Variance Caseweight - Service Provider Southern

BY CALENDAR MONTH 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.

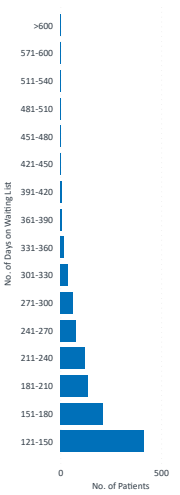
The graph shows how ahead or behind the actuals for Dunedin and Invercargill with 33 purchase units within the elective initiative in the last 12 months

Targets for this financial year have been received from the Ministry.
Phasing is currently being finalised

Southern - ESPI 2 Breaches

FOR THE LAST COMPLETED MONTH

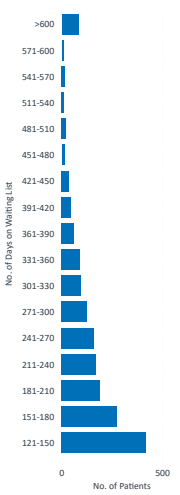
Month... 31/07/2021



Southern - ESPI 5 Breaches

FOR THE LAST COMPLETED MONTH

Month... 31/07/2021



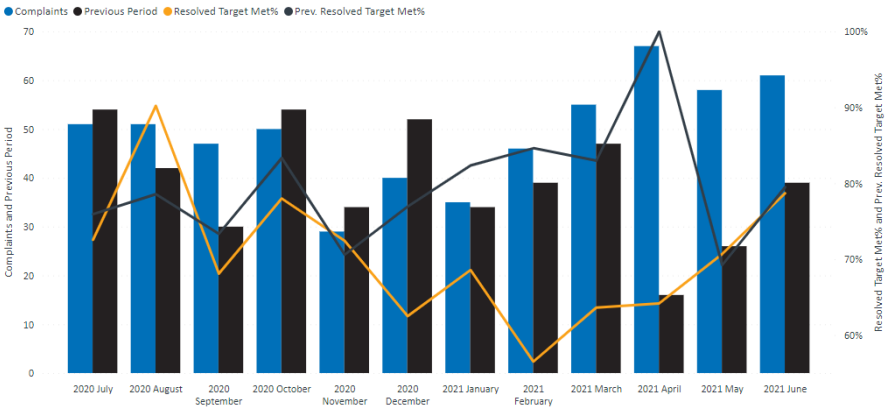
ESPI 2 and ESPI 5

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

Executive Dashboard - Patient Experience

(Dunedin)

Dunedin - Complaints and Previous Period



Safety 1st data.

Complaints

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

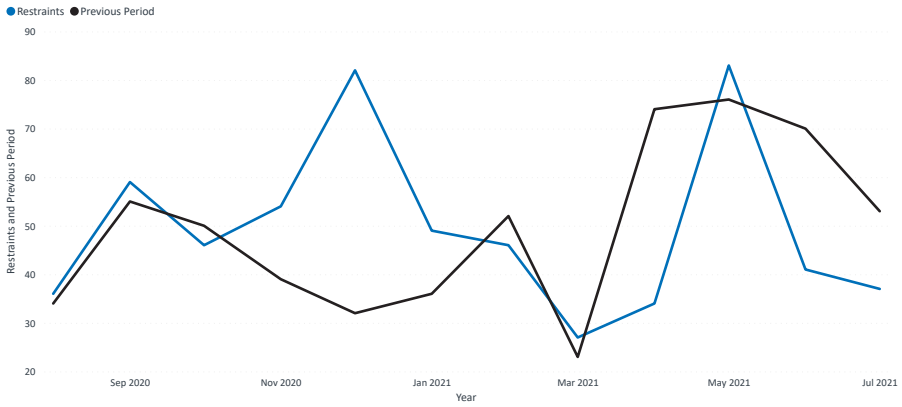
Resolutions

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

Complaints remain at high levels with little change in the last few months. Systemic issues driving complaint volumes will need to be addressed to drive a reduction in complaints.

Dunedin - Restraints and Previous Period

BY YEAR AND MONTH



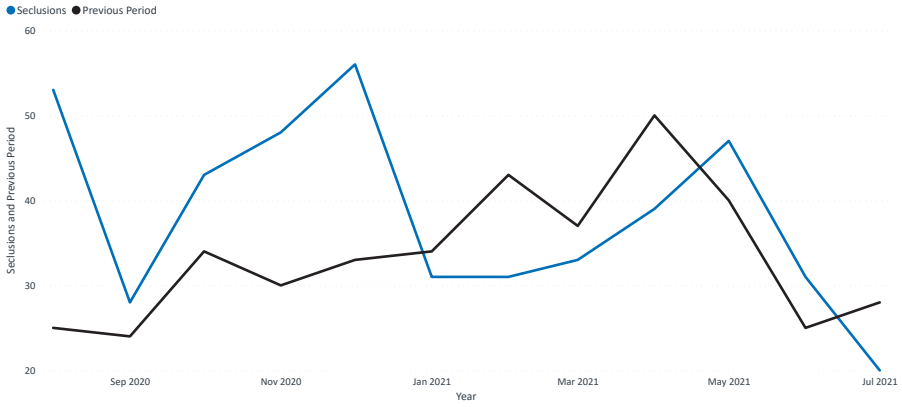
Restraints

Safety 1st data. The number of restraint events per month.

Restraints data for Dunedin only.

Dunedin - Seclusions and Previous Period

BY YEAR AND MONTH



Seclusions

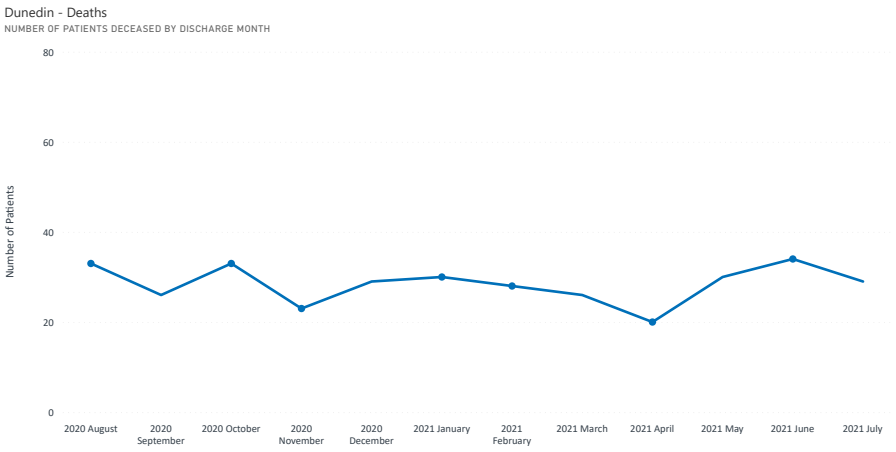
iPM and HCS data. The number of seclusion events per month.

Executive Dashboard - Effectiveness

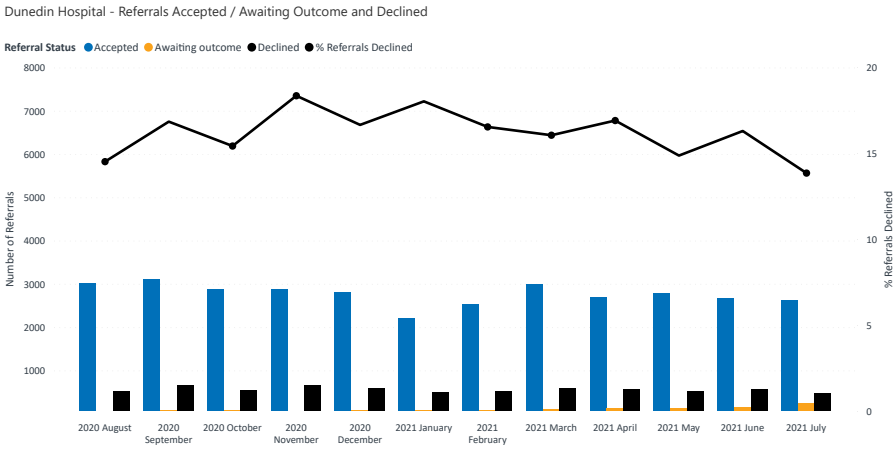
(Dunedin)

Executive Dashboard - Effectiveness

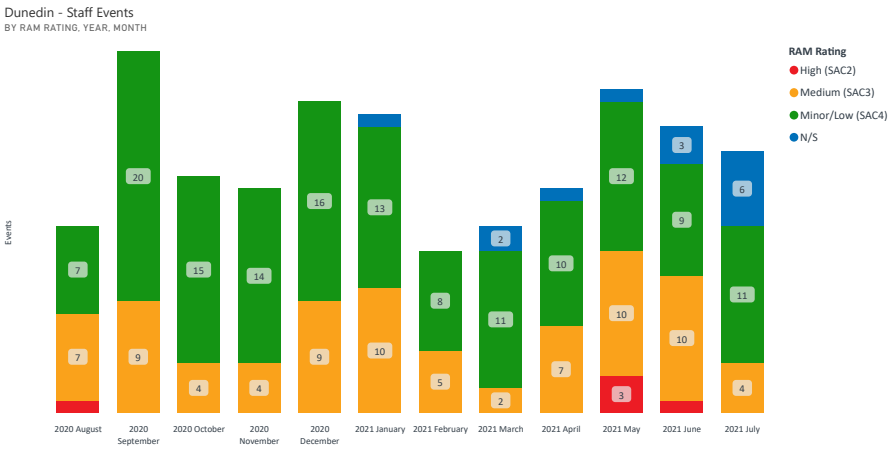
(Dunedin)



Deaths
Number of patients deceased by discharge month.



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



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

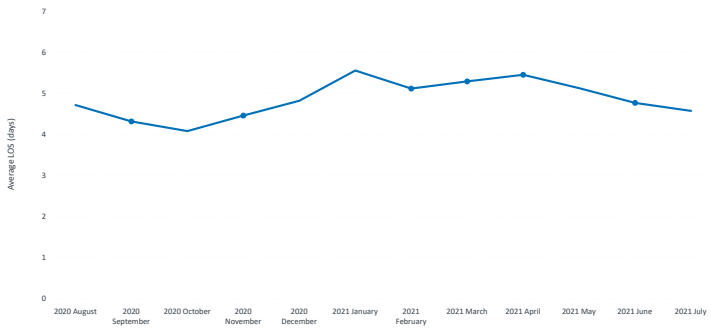
Executive Dashboard - Efficiency

(Dunedin)

Executive Dashboard - Efficiency

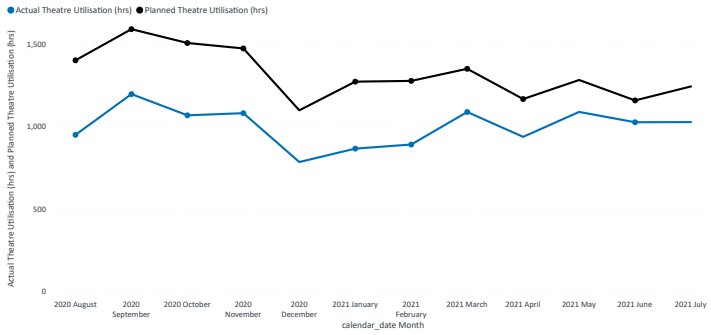
(Dunedin)

Dunedin - Average LOS



Average Length of stay
Average Length of stay by specialty 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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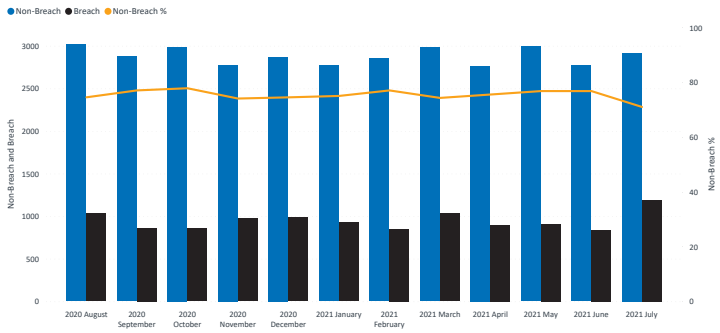
Dunedin - Monthly 6 Hour %



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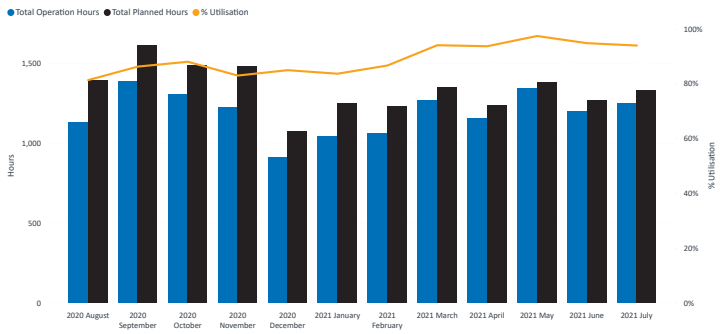
Dunedin - Average Theatre Utilisation (%)



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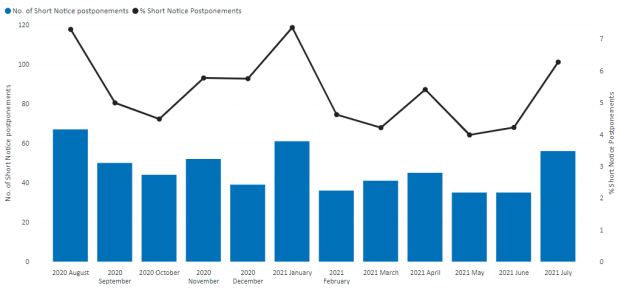
Dunedin - Short Notice Postponements



Short Notice Postponements
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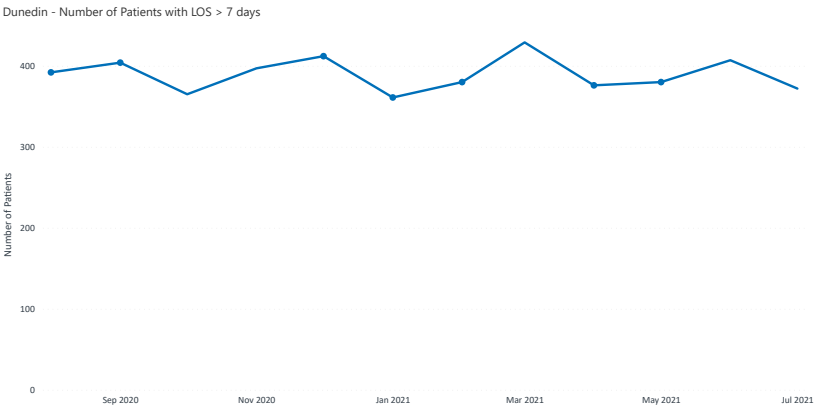
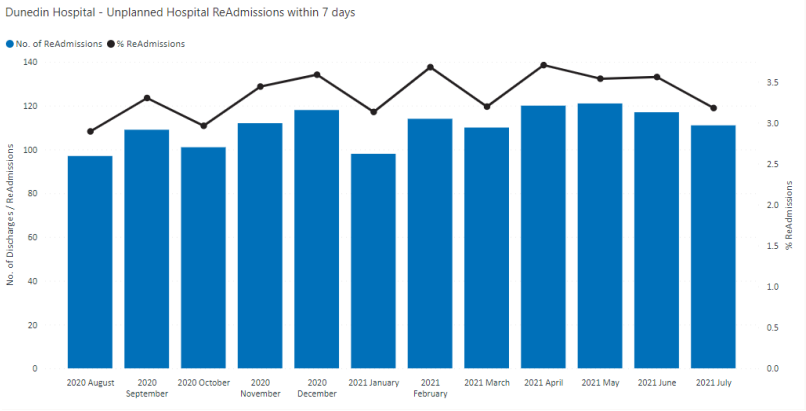
Executive Dashboard - Timely

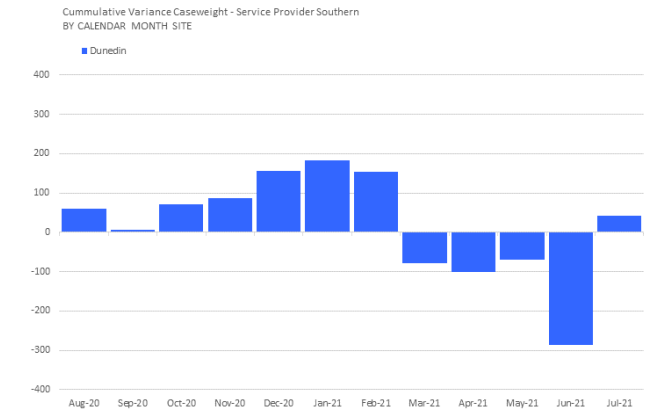
(Dunedin)



Number of Patients with LOS > 7 Days
Number of patients per month who have a LOS > 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



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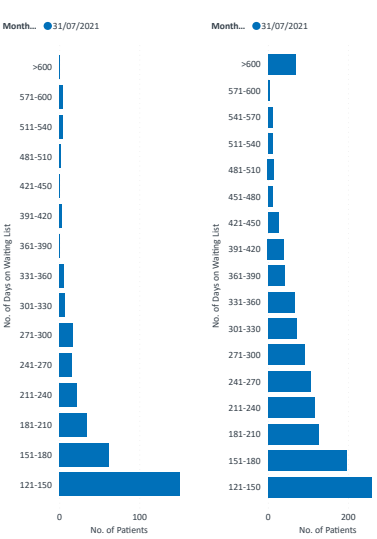
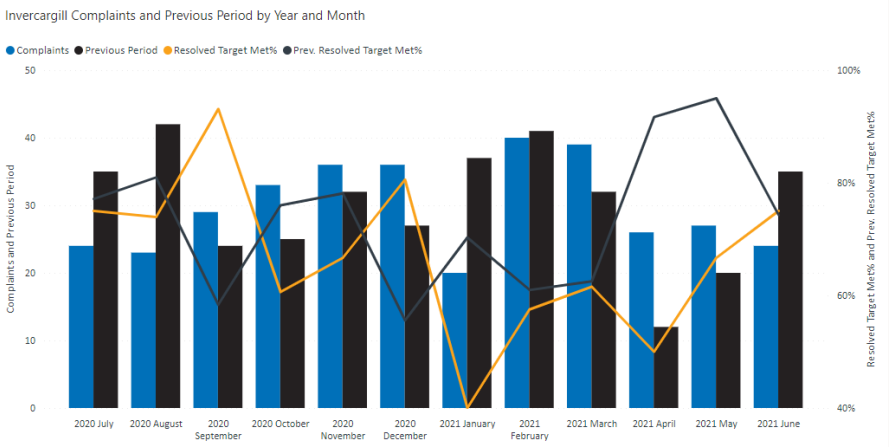


ESPI 2 and ESPI 5
ESPI 2 and ESPI 5 waitlists organised into the given time buckets

Executive Dashboard - Patient Experience

(Invercargill)



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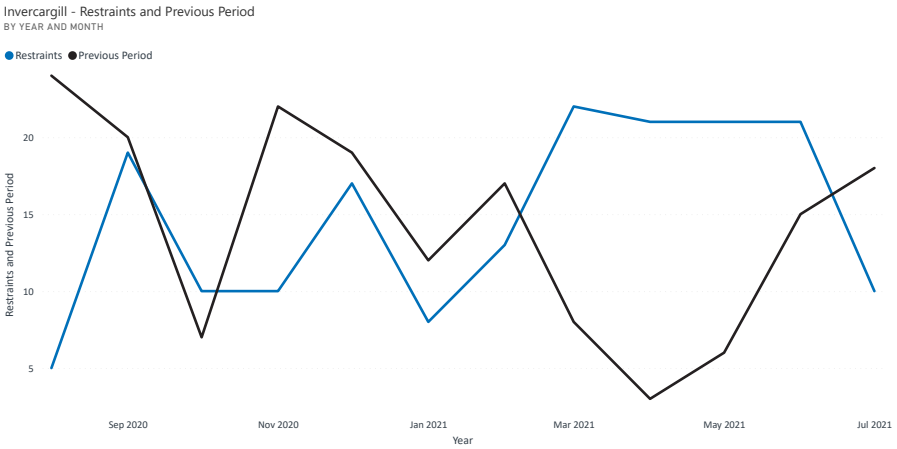
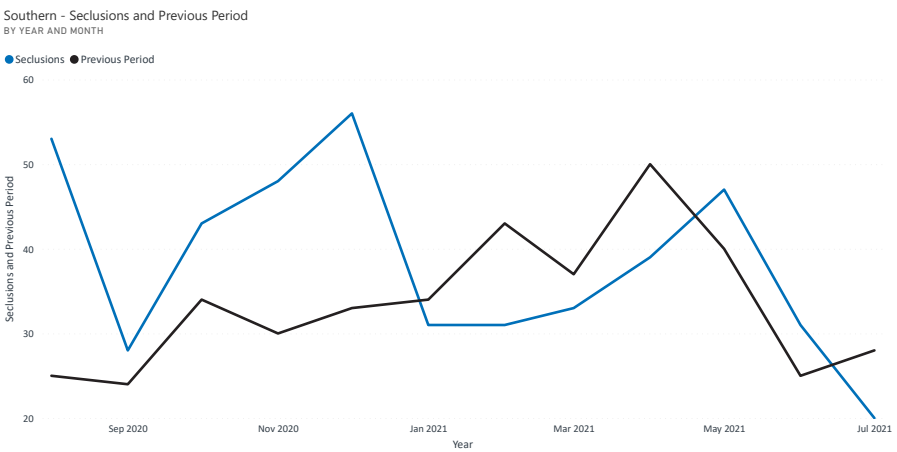


Restraints
Safety 1st data. The number of restraint events per month.
Restraints data for Invercargill only.



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Executive Dashboard - Effectiveness

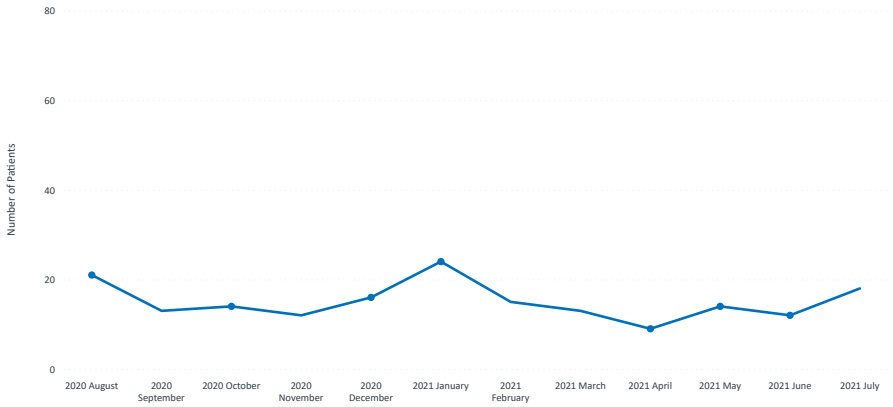
(Invercargill)

Executive Dashboard - Effectiveness

(Invercargill)

Invercargill - Deaths

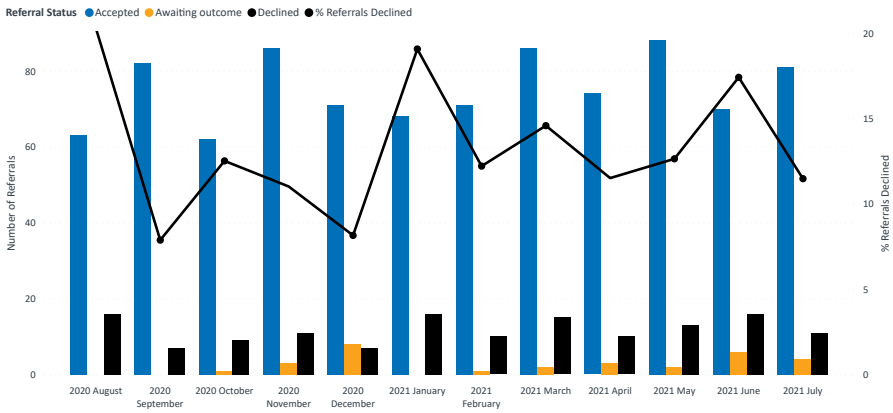
NUMBER OF PATIENTS DECEASED BY DISCHARGE MONTH



Deaths

Number of patients deceased by discharge month.

Invercargill Hospital - Referrals Accepted / Awaiting Outcome and Declined

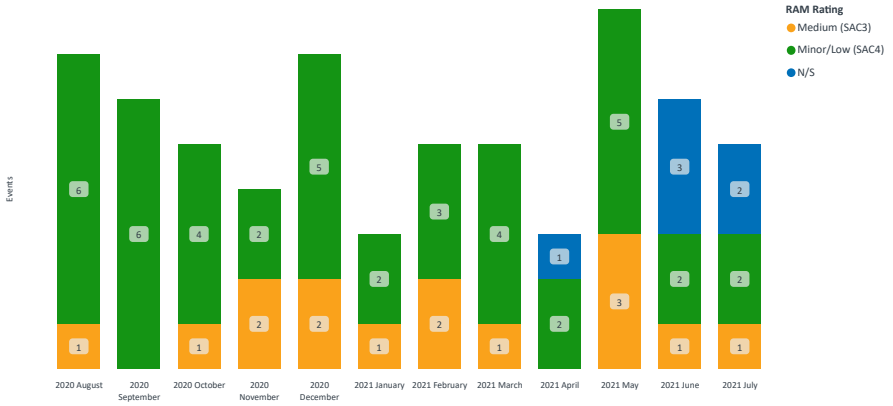


Referrals accepted (authorised), awaiting outcome or declined by month.

% referrals declined

Invercargill - Staff Events

BY RAM RATING, YEAR, MONTH



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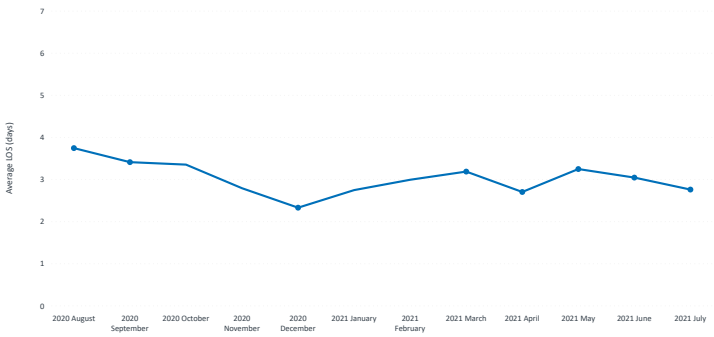
Executive Dashboard - Efficiency

(Invercargill)

Executive Dashboard - Efficiency

(Invercargill)

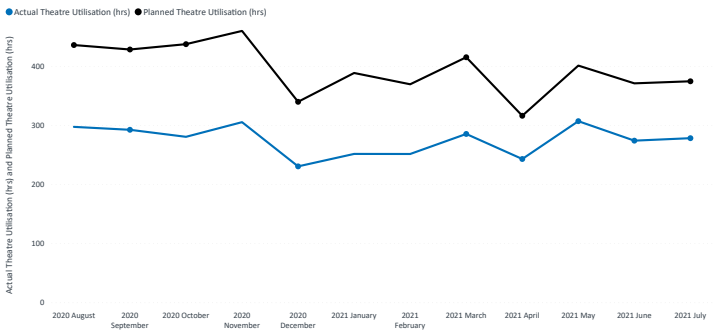
Invercargill - Average LOS (days)



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 months data

Invercargill - Planned vs Actual Theatre Utilisation (hrs)



Actual Theatre Utilisation

Actual theatre utilisation given by
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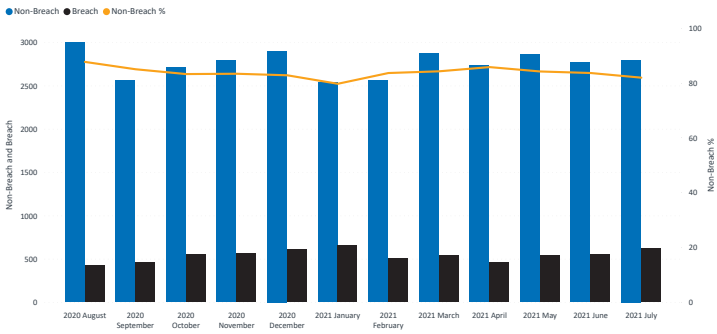
Procedure Time = Time duration between "Procedure Start Time" and "Procedure Complete Vs the scheduled / planned theatre time given by the scheduled session time

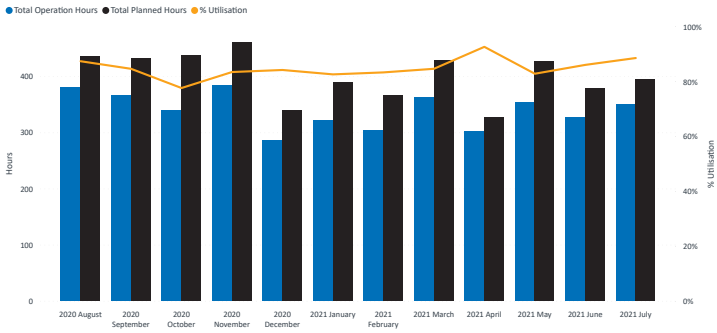
Invercargill - Monthly 6 Hour %



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

Invercargill - Average Theatre Utilisation (%)



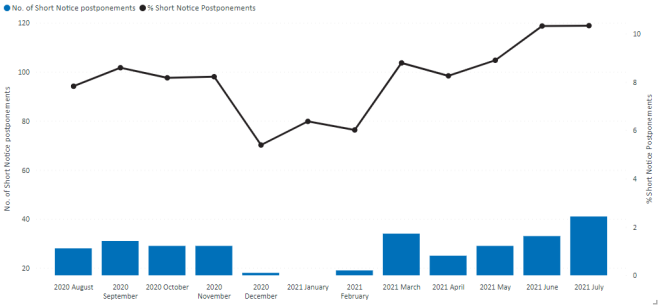
Average Theatre Utilisation (%)

Numerator: Planned and acute operations from when the patient is brought into operating theatre to the patient leaves
"Theatre cleaning time included - Cleaning time of 12 mins per operation"

Denominator: Planned session time

Excluded: overruns (where an operation runs over the planned session time); out of theatre anesthetic

Invercargill- Short Notice Postponements

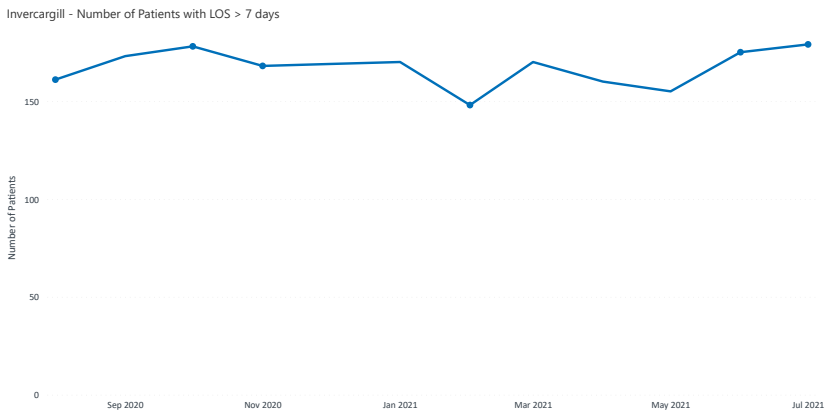


Short Notice Postponements

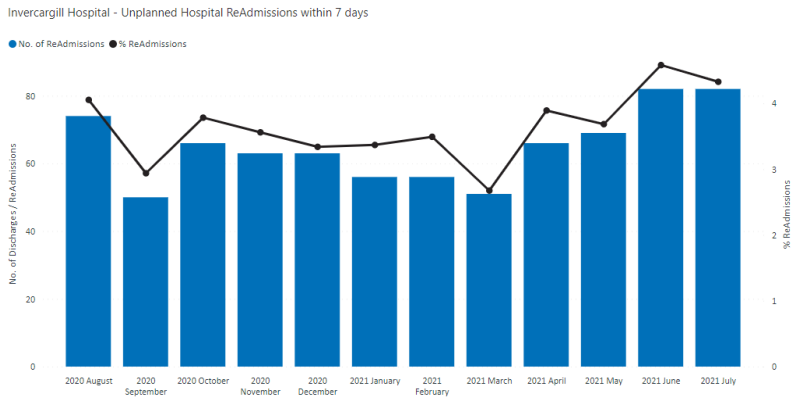
Theatre postponements within 24 hours of the scheduled procedure

Executive Dashboard - Timely

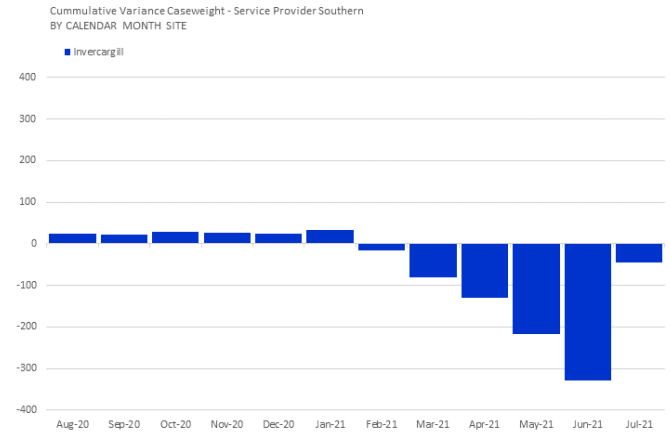
(Invercargill)



Number of Patients with LOS > 7 Days
Number of patients per month who have a LOS > 7 days

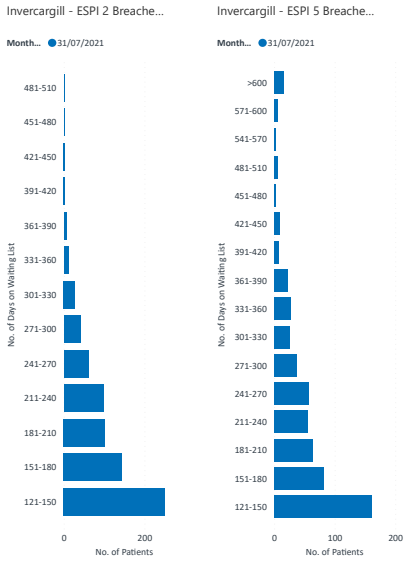


Unplanned Hospital Readmissions within 7 Days
Acute / Unplanned readmissions within 7 days of the initial discharge from hospital organised on the basis of the month of discharge



Cumulative Variance Caseweight
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.

Targets for this financial year have been received from the Ministry.
Phasing is currently being finalised



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

EDSS Report monthly change report: July 2021

EXECUTIVE SUMMARY – PATRICK NG

Staffing gaps continued to be a challenge in July due to illness and vacancies. Perioperative staff were of particular concern in Southland with 6 lists unable to run due to perioperative staff either off because of overnight acute workload or roster gaps. Some recent success with recruitment in Southland and situation will improve over the remainder of the calendar year. Overall elective delivery within 60 CWD of plan but disproportionate issues in Southland compared to Dunedin.

PERFORMANCE AREA	PREVIOUS MONTH	CURRENT MONTH	COMMENTS
Case weights surgery			Result for month within 60 CWD of plan. Current focus is on maximising surgical delivery whilst in L4 lockdown. Productivity loss due to IPC protocols and loss of staff. Recovery will be required when out of L4.
Discharges			Result for July and impact of L4 lockdown as per CWD.
ED six-hour target			ED volumes increased (and performance deteriorated) in Dunedin. ED business case for Southland on Board agenda for September Board Meeting.
Cancer target <62 days			62 day performance has improved from YTD average of 71% to 79%. Regular meetings established to robustly review cases and we anticipate improved reported results in the future. Radiation Oncology wait list down from 160 and now close to 100. Managing productivity through L4 now key focus.
FSA (ESPI 2)			Confirmed appointment of replacement Business Development Manager and a full recovery plan across all services will be a priority work programme. Key services for recovery are Orthopaedics, ENT (Sthld), Gynaecology (Sthld).
Elective treatment< 4 months			Orthopaedics (district) and ENT (Sthld) 64% of total breaches. Increased ortho outsourcing, including use of Timaru hospital key to recovery plan. ENT primarily Sthld. Surgery score being raised as capacity constrained.
Medical imaging CT			No machine outages and good capacity resulted in 80% + performance. Best overall result for some time. 2nd Dunedin CT machine is in Flyways depot in Christchurch. Will be transported as soon as permissible. Have requested exemption for installation staff to travel.
Medical imaging MRI			MRI performance improved from circa 42 to circa 47%. Tender process complete for 2nd MRI Machine in Dunedin and CAPEX raised. Parallel building work will occur as per CT to minimise critical path to completion.
Colonoscopy 14 days			Remains on target (with the exception of patient factors leading to a slight delay in a couple of cases).
Colonoscopy 42 days			Deterioration due to planned and staged added to symptomatic list and request from Ministry to prioritise some surveillance patients ahead of routine symptomatic. Service comfortable of recovering this. Urgent and most non-urgent symptomatic continuing through L4 (this didn't occur last year).
Colonoscopy 84 days			Surveillance recovery will be delayed because of reduced activity able to be completed during L4. Recovery will be replanned.

CURRENT ISSUES	UPDATE/ACHIEVEMENTS	UPCOMING KEY DELIVERABLES
Elective surgical delivery	Surgery has been tasked with standing up the additional acute capacity as soon as possible (starting with Saturday lists and then extended Mon-Fri lists). This will meaningfully improve internal capacity.	Recovery remains focused on lifting outsourcing volumes and using Timaru capacity + returning inpatient lists to normal capacity.
Financial performance	Specialist Services favourable to budget in July despite crica $300k of non-earned surgical revenue. New outsourced radiology system implemented and generating cost savings.	Work underway to change RMO run sizes per savings planning. Work underway to reduce theatre wastage per savings planning.

Oncology Sustainability Planning

- Radiation Oncology wait list has dropped from a peak of 160 to a current wait list of 109. Good levels of outsourcing to St Georges have been achieved and weekend clinics have been agreed with two of the Radiation Oncologists which have added additional capacity.
- Haines Attract recruitment campaign is underway and the first months' progress will be reviewed in 2 weeks' time so that the channels used can continue to be fine tuned.
- A clinical nurse specialist solution has been identified for Haematology which will add up to 30% additional first specialist assessment capacity into the service and the recruitment request has been raised.
- A similar option will be proposed to the clinical leader for medical oncology as we still cannot find a locum to replace the one that has just departed. A permanent SMO has been confirmed and the Haines Attract campaign has a promising second candidate.
- Ernst & Young benchmarking exercise is about to get underway.

Planned Care Recovery

- Maximising planned care during L4. Further recovery planning will be required once out of lockdown.

Production Planning Implementation

- Elective plan underway.
- Rudimentary production plan constructed indicating we will fall 1,200 CWD short of elective plan without additional steps. Acute capacity to be implemented as soon as possible (Dunedin). Additional inpatient beds to be implemented as soon as possible (Southland).
- Impact of CCDM (whilst not adding capacity), in terms of more consistent bed availability to be quantified and added to plan.

Generalism

- Progress with de-canting – leased accommodation for some staff confirmed, plans for de-canting in September for most services.
- 2 SMO start in September, 3rd in November. Full 3.7 SMO recruitment by December.

People & Capability monthly change report: July 2021

EXECUTIVE SUMMARY – TANYA BASEL

July was marked by high vacancies in leadership roles across SDHB.
Employment related matters and recruitment remain a challenging and time consuming with little positive results to show
Proposals for change in various departments including at Tier2/3 continues to be an area requiring support.
Health and Safety – an increase in Vitae utilization was noted for July.

PERFORMANCE AREA	PREVIOUS MONTH	CURRENT MONTH	COMMENTS
HR Dashboard Development			• The dashboard data is being reviewed due to ongoing errors and concerns with data integrity. Anticipate that this will be resolved in time for the October board meeting.
Workforce Strategy & Action Plan			• Work continues on key aspects of the Workforce Strategy and Action Plan with specific focus on Leadership Development, NDH Workforce planning and Equity in Recruitment processes.
Health & Safety			• Resignation of the GM H&S received. Interim plan in place and H&S Manager will act up in the role. • Action plan to address recommendations from the H&S Review for MH is progressing slowly.

Recruitment

- Graduate Nurses (55) will be appointed on permanent contracts.
- Number of recruitment campaigns underway for Oncology, Nursing, Anaesthetic Tech, Medical Imaging Technologists, Midwives
- Marked reduction in applications for Nursing and HCAs.

SOUTHERN DHB TOTAL VACANCIES

	Admin	RN / RM	AHS&T	SMO	RMO **	Mgmt	Support	July TOTAL
Budgeted FTE	609.18	1,871.04	774.17	326.74	334.59	137.3	102.6	4,155.62
FTE vacant	28	113.65	76.775	27.6	43.6	30.8	8.5	331.08
% of workforce vacant	4.60%	6.07%	9.92%	8.45%	13.03%	22.43%	8.28%	7.89%
Number of vacancies	41	166	95	33	44	35	18	433

Workforce Planning - NDH

- SDHB's workforce planning has completed the first iteration of modelling future workforce requirements for services located in the Outpatients' Building, and this modelling includes draft costings.
- Inpatients building (IPB) requires a different modelling methodology as the workforce based there will be prescribed by standards and regulations.
- At present it is not anticipated that there will be a material reduction in the workforce numbers for the IPB as inpatient and bed volumes will drive the workforce demand.
- Gap assessment will be followed by sourcing strategy which will require the engagement of various stakeholders including tertiary training institutions, unions, medical schools.

CURRENT ISSUES	SUMMARY OF RISK	MITIGATION STRATEGIES
Recruitment	• High vacancy rates for Management/ Leadership roles – 30.8 FTE vacant. Equates to 22.43% of budgeted Management FTE being vacant.	• National approach to concerns to higher turnover in leadership in relation to current Health Review and pay freezes.
Immigration	• Health care workers struggling to convert work visas to residence visas at present. • MIQ and visa process constraining international recruitment.	• Letter to MBIE from National CE's group asking for speed and clarity
Employment related matters	• Fitness to work, high sick leave usage and ongoing poor behaviours are being reported. • Team work continues as area of focus and high demand.	• Focus on wellbeing and crucial conversations for learning and development for managers.

Our strategic priorities and feedback from the 2020 staff engagement survey drives 4 areas of focus.

1 Change
- New series of the "Change Cycle" will be held in August – supports coping with change at an individual level.
- Diversity and Inclusion – Accessibility Game workshops were held in July and collaboration with Māori Health Directorate to develop LGBTQI+ workshops

2 Performance
- Essential corporate training continues with focus on performance management, crucial conversations and HR matters for managers.
- Team interventions and workshops held with CAFS, NICU, CDS, Ophthalmology, Theatres (Southland)

3 Leaders
- LEADS program – 3 cohort session held in July
- Engaging with Learning works – funded program focussed on Team Leadership and First line leadership – to commence in September 2021
- Collaboration with Otago Uni for Nursing Leadership

4 Wellbeing
- Psychological First Aid training for staff and managers continues
- Aukaha Kia Kaha exploring applications to support wellbeing for staff
- Speak-up program refresh continues

Corporate Services - Digital monthly change report: July 2021

EXECUTIVE SUMMARY – NIGEL TRAINOR
Digital services are operating within budget and making progress on strategic projects. A lot of work on and the environment is functioning well

PERFORMANCE AREA	PREVIOUS MONTH	CURRENT MONTH	COMMENTS
My Lab (Physical space developed to assist with Change in technology and behaviours)			• No Progress
New Dunedin Hospital – Digital Programme			• **Amber status due to tight timelines for DBC and risk of missing key dates, currently tracking to plan of final draft to Board November 2nd.** • **BC** complete pending cabinet approval • **DBC** – Sapere engaged to author the document, workshops held and first draft commenced • **EY engagement** for financial cost model, sample patient journeys & solutions requirements library **COMPLETE** • **Digital Infrastructure Design Consultant** – RFP complete, contract negotiations complete and board paper for approval submitted • **Systems Integrator** – Working group (NDH, MoH & Digital) submitting a recommendation on how best to procure and contract these services. RFI held with the market to obtain feedback on options. • **NDH Room design** – Digital continues to work with NDH to support standard & variant room designs • **NDH FF&E** – Work just begun with Digital team on detailing scope & specifications
Digital Strategy Update			
South Island PICS			• Capex for full programme budget($16.9m) raised • Project Board & Steering group being formalised • Initial project resources recruited and starting work • Planning session with regional team & Orion Health held • Discovery workstreams (Processes, Integration & Migration) commenced

CURRENT ISSUES	SUMMARY OF RISK	MITIGATION STRATEGIES
Recruitment of roles (Digital)	Finding & attracting quality resource to the Digital roles required	May need to engage consultants to fill gaps

Digital Strategy

Epiphany – Regional ECG repository – Replanning of project underway following incumbent PM resignation
Consult Request – 84 services live, 18 planned
Medchart 10.1 upgrade – Software quality issues raised with MoH, vendor (Dedalus) has responded with improved QA testing and now planned for October ’21.
Records Scanning – Final draft of business case in review with service
EDIS upgrade – Implementation plan with ED service underway, expected late Sep ’21
Microsoft 365 – New 365 specialist resource recruited, work on MS Teams & SharePoint solutions continues
Axe the Fax – Work with services to change processes & deploy shared mailboxes continues
Web Scheduler – Pilot continues, planning for BAU rollout underway
Risk Manager – Implementation complete, BAU handover underway
Printer replacement – Wakari & Queenstown underway
Cherwell upgrade – Configuration and design work continues
MDM room refit – RFP complete, final draft of business case underway
Allied Health Tracking solution – Final draft of business case complete
Eye Imaging software – Final draft of business case underway
Radiology systems upgrade & rurals rollout - PACS upgrade planned, planning with Dunstan & Oamaru underway
HCS ward handover – Dunedin sites now live, Invercargill planning underway
Vocera (Handsfree comms) – Vendor engaged and project planning underway
ICU Business case – Requirements workshops commenced
Fresenius Pumps – Server build underway with new pumps expected to arrive Sept ‘21

Corporate Services – Finance, Property & Facilities monthly change report: July 2021

EXECUTIVE SUMMARY – NIGEL TRAINOR

Very productive month of July, the financial result came in under budget, however we did not deliver the planned elective services. A number of projects in the Building and Property area making progress, these are covered below.

PERFORMANCE AREA	PREVIOUS MONTH	CURRENT MONTH	COMMENTS
Financial Sustainability			As reported the consolidated result for SDHB was under budget with a positive variance of $754k. The main risk areas are Pharmaceuticals, staff costs and potentially building and property. We are also seeing significant increases in insurance and energy costs together food costs driven by staff costs. Employee costs are a significant risk as the % increase assumed in the budget is well short of the staff and their representative unions expectations.
Holidays Act 2003			The MOH have appointed KPMG to provide a Program Management role to the national work on the Holidays Act. There are still a number of issues that require a decision. Locally we have received some system updates, but due to staff shortages these have not been tested, I have approved an additional resource to ensure the Payroll manager is freed up to do this testing.
ICU - Dunedin			Working with both the design and engineer team to progress the rectification of this work
Accountability and Performance Framework			Work has commenced on creating single location dashboard on links for existing reporting and implement minor changes, to be completed mid Sept, then the BA's will look to update the template and develop narrative and working with services for buy-in. At the same time we will be developing a scope of work and proposal to re-engineer the dashboard using power BI, this will involve work to address the underlying data layer to ensure long term maintainability, reliability and development of the data capability. The proposed solution and workplan will be completed at the end of Sept 2021

CURRENT ISSUES	SUMMARY OF RISK	MITIGATION STRATEGIES
Savings Plans	Finance, Property & Facilities will be meeting to ensure the directorate is aligned with the savings plan	Meeting will establish milestones ensure that progress is tracked and reported
Holidays Act 2003	National decisions	Raise nationally to ensure decisions are made in timely manner

Budget 2021/22

Finance, Property and Facilities are on budget, there are risks with costs of Insurance, energy, food and maintenance costs.

Property & Facilities	RAG Status
MAU – project is behind due to the complexity of decanting the Fraser building, once we have suitable accommodation for the Community team we will be able to make up time	
CT – Dunedin CT building work is on target, now just waiting the arrival of the CT	
ED Invercargill extension Plan and business case complete and on next Board agenda for approval	
5th Theatre Invercargill design has been complete now with the QS, it will be over the $3.0m budget, so will need to have conversation with MOH on the higher costs	
CSD – Dunedin, awaiting confirmation of decant and will meet with Oncology staff this month to confirm	

Strategy, Primary & Community monthly change report: July 2021

EXECUTIVE SUMMARY – RORY DOWDING

PERFORMANCE AREA	PREVIOUS MONTH	CURRENT MONTH	COMMENTS
COVID19 Response			• We came into July continuing with the challenge of vaccine supply constraints. All existing vaccination sites continued to have bookings capped until 19 July. Our priority was to scale up production considerably from 19 July to make up for the previous weeks decrease. • The Ministry of Health (MoH) tasked us with inviting our entire group 3 cohort by 23 July. We utilised both WellSouth Primary Health Organisation (PHO) enrolment data and Southern DHB data sets to increase our distribution. Over 100,000 invitations were sent via email, text, letter mailout and an outbound call campaign to the over 85 population. • Māori and Pacific Population Rollout - Rural rollout clinics have been held in Alexandra, Waitaki, Hokonui, Moeraki, Invercargill, Colac Bay, Milton, and Stewart Island at this stage for Dose 1, with some Dose 2 having now been completed. Further clinics will be held at Pacific Island Advisory Cultural Trust, Invercargill; Ohai Community, Puketeraki Marae, Ōtākou Marae, Te Rau Aroha Marae and Awarua Whānau Services, Invercargill. • We anticipate a significant increase in vaccination rates for Māori and Pacific populations as these clinics continue along with whānau receiving their vaccinations from General Practice (GP) and Community Pharmacies. Within the MoH sequencing, the current eligible population of 65 years and older for Māori is comparable to non-Māori based on Health Service Utilisation (HSU) data. • As of 21 July 2021 all Aged Residential Care providers have received both first and second doses. • The Ministry of Health updated the National Booking System to include the ability for individuals booking appointments to indicate if they require Special Assistance. This has created a significant amount of additional work to screen each of these requests individually.
Immunisation			• Southern has received the variation agreement to sign for the National Measles Campaign. This is to recommence the Southern campaign that had previously been put on hold at the direction of the Ministry of Health due to COVID prioritisation. Planning work will recommence in August with a view to recommence this programme later in the year. • The VPD immunisation team continue to provide support to the COVID19 vaccination programme, particularly in the Immunisation Coordinator space. There continues to be high demand on our VPD immunisation service including Public Health Nurses.
Maternity Central Otago			• The business case for MoH funding for construction of two rural Primary Birthing Units has been drafted and has been sent to the MoH for feedback before final submission. • Preparations are underway for Requests for Proposal (RFP) for both Service Provider(s) and Design/Architectural services. Work is underway to identify suitable land in Wanaka and discussions between various stakeholders are ongoing.

CURRENT ISSUES	SUMMARY OF RISK	MITIGATION STRATEGIES
ARC RN staffing	Aged care facilities continue to struggle with RN staffing	ARC Workforce Steering Committee developing strategies to recruit and retain RNs in aged care including a Rotational Programme and working closely with the new graduates training.
WellSouth PHO - Invercargill After Hours Primary Care	Clinical safety compromised if no overnight primary care is available to the population of the Invercargill	Engage with key stakeholders: WellSouth and Local General Practices (GPs). Hold contract holders to account.

Strategy and Planning

- The final draft of the Annual Plan was submitted to the Southern DHB Board for approval at their meeting of 3 August and was subsequently approved.
- MoH provided feedback on the final draft of the Annual Plan on 27 July. All sections have been approved but MoH requested additional information on the CCDM and childhood immunisation sections as well as minor adjustments in some areas. Additionally, the Ministry's financial monitoring team are engaging with our finance team to confirm our financial plan and underlying narrative. MoH has requested a complete Board signed plan with all outstanding issues addressed by 10 August. Southern DHB's Annual Plan is in the first tranche of plans put forward to Ministers for approval.
- The team is currently compiling information for the Statement of Service Performance, updating performance results and also updating the narrative in discussion with service managers. The 20/21 SSP is required for review by auditors on 30 August.
- Service Planning - The annual cycle for service planning for 22/23 has started, with an October workshop planned for the Medicine Women's and Children Directorate, and one for Surgery and Radiology at a later date. The aspiration is to have early alignment of the budget and Capex process with the service planning annual timetable; regular catch-ups with the CFO are established to assist in this.
- Service planning will include proposed changes to models of care; the challenge is how to involve the stakeholders from across Directorates and across the sector (primary and community).

Aged Residential Care

- The situation with RN shortages in aged residential care has reached a tipping point. Three facilities reported risk under the Section 31 notifications, with 9 shifts in hospital level facilities without an RN on site this month. In all cases, mitigations were put in place.
- We have discussed the situation with HealthCERT, including a facility which anticipates it will not be able to have an RN onsite during the night shifts for the next three months.
- Bed availability in aged residential care continues to be problematic, exacerbated by the RN Shortage.
- We plan to engage with North Island DHBs to understand why their utilisation of psychogeriatric beds appears to be considerably lower.

Primary Maternity Facilities

- The Central Otago Maternity Unit (COMU) in Alexandra is operational under the Southern DHB, as of 1 July 2021. This facility will continue to service antenatal, birthing and postnatal stay women until it is transitioned across to the Clyde Primary Birthing Unit, at which point a new service provider will be contracted for the operational running of the facility.

SP & C monthly change report for July Cont.

COVID cases – Public Health Response

- On 19 July Public Health South undertook testing of two symptomatic crew members on board the MV Mattina and was notified later that day that they had returned positive test results for Covid19. This ship is quarantined at a berth in Bluff which was the first port of call in New Zealand.
- Public Health South has mounted a public health response as required which entailed all of Government response including Ministry of Health, Customs, Maritime New Zealand and Ministry of Business, Innovation and Employment.
- This is the first time in New Zealand there has been a need to have COVID19 cases kept on board a maritime vessel and it has been complex to manage this. Debriefs will need to be held to ensure we capture the learnings for the Public Health Service locally and nationally, but also for the organisation.
- Additional one-off funding has been received to build capacity for Public Health response. A plan is being developed to use this funding.
- There has been a significant upgrade to the National Contact Tracing Solution (NCTS) in July - over half of our Public Health staff have undergone training on the new functionality.

COVID-19 vaccination programme - workforce

- Employment of a stand-alone workforce has occurred. Full Time Equivalent (FTE) forecasting methodology has been refined and circulated for feedback.
- Additional immunisation coordination workforce is still required to support the increasing number of vaccinators in the community undertaking peer assessments. This is underway in the vaccination programme but will in the short term place strain on the Population Health Immunisation Coordinators.

Oral Health

- Staffing shortage overall is a concern for the Oral Health Service. There is also a shortage of dentists in the Southland Area overall with 6 vacant positions in private practices. The ongoing lack of private dentists in Southland for adult dentistry is starting to impact on the Dental Unit in Southland as people who are unable to get in to see a dentist are arriving at the Dental Unit for Emergency Dental Service (EDS)/removal of pain, as well as dentist's advising people seeking assistance to just arrive at the unit.
- A mitigation plan has been drafted to reduce the Southland Dental Unit's General Anaesthetic wait list, which has grown to more than 200 Southland children. A paper will be submitted to the next HAC meeting, expanding on our high level approach which includes maximising use of the Mobile Surgical Bus.

Rural health

- All Rural Trust Hospitals have new Service Schedules and Heads of Agreement in place through to July 2022. They are working to define rural hospital catchments using the agreed definitions of rurality from Garry Nixon et al. research. Further analytics are required to enable a national comparison to occur.
- Central Otago Health Services Ltd have been at capacity for much of July. This reflects the increase in activity over the whole Central Lakes region.

Primary Health Care

Pharmacy

- A letter was received on June 29 sent on behalf of 57 community pharmacies in Southern requesting that the DHB consider a policy and contracting or commissioning process around the approval of new pharmacies. The letter asked that a moratorium be placed on new pharmacy contracts for the foreseeable future while a policy and process is developed. The GM Primary Care and Population Health & Pharmacy Advisor is formulating a Board paper in response.
- The SDHB Pharmacy Advisor has been seconded to COVID Vaccine programme, with recruitment underway for backfill. Recruitment has been very challenging and alternative arrangements are being implemented with COVAX teams.

Q & CG monthly change report July 2021

EXECUTIVE SUMMARY – HYWEL LLOYD

The FAR Committee has challenged Q&CG and Clinical Council (CC) to agree to all identified clinical risk by the end of August. This follows deep dive presentations to CC and review of existing and emerging risk with all directorates.

There are several vacancies in the directorate which highlight the current instability and impact on our efficiency and performance.

- Airborne isolation facilities remain an ongoing risk with immediate mitigating plans implemented in Southland for the COVID-19 admissions.
- The IPC team are experiencing a heavy workload creating additional burden and stress. The travel and accommodation requirements have grown, and the logistics is burdensome and impacting on their effectiveness.
- The single CNS reviewing and planning stranded (> 21-day) patients is feeling unsupported she is at risk of stepping down from her role.

Three formal HDC investigations have commenced this month

SERVICE UPDATES	PREVIOUS MONTH	CURRENT MONTH	COMMENTS
Consumer Experience			Complaints have reached over 100 this month access to services continues to be an issue.
Quality & Performance Improvement			The improvement team have a full catalogue currently. Southland QI team are being supported from Dunedin due to unpaid leave and secondments.
Patient Safety & Risk			The Risk register review has had good engagement from directorates to understand all Clinical risk by September. The risk register progressing to Safety1st remains delayed.
QUALITY IMPROVEMENT ACTIVITIES			
ALL	QI projects are all progressing with no roadblocks requiring Executive attention.		

CURRENT ISSUES	SUMMARY OF RISK	MITIGATION STRATEGIES
Risk of cross infection managing patients with infectious diseases	Airborne Isolation Rooms have poor compliance with current standards	Dunedin: Installation of three Negative Pressure Units -suboptimal, but better than neutral pressure.
Cyber attack on IT systems.	Business Impact Analysis for IT. Only BPS and Procurement have produced the requested BIA for a Waikato IT event	Current IT security policies. The Emergency Response team are following up with services to progress towards a
Poor system response to COVID-19 Resurgence	Health Services will not undertake a fast co-ordinated response to a COVID-19 outbreak	Resurgence Plans need to be reviewed and refreshed.

Risk Management Maturity Journey:

The Risk register review to establish a full list of clinical risk is progressing well. There has been good engagement for directorates. The Risk Management Advisor is in track to have all Clinical risk identified and agreed to by Clinical Council for August. This will then be presented to FARC in September.

The move to safety1st is delayed. The mitigating plans require more detail to identify metrics to better understand declining and increasing levels of risk.

There is still a lot of work to be done to embed risk management within services and directorates.

Clinical Governance, Performance & Accountability Framework.

Dr David Gow has been appointed as the new chair of Clinical Council. The council agenda will undertake a review in August and early September. The new format will ensure alignment with the Performance and Accountability framework to support the operationalising of clinical governance.

The Recognition & Response Committee has established its full membership and is due to meet in August.

Disability Strategy:

The disability working group has mapped six outcomes from the strategy as goals and priorities. To achieve the desired outcomes high level actions have been described with specific actions identified for delivery of the disability plan. When a milestone is flagged for completion in the next quarter a status update will be reported.

Annual Voluntary Turnover by DHB, Occupation Group and Ethnicity for the year ended 30 June 2021 (ref 2021-230)

Health Workforce Information Programme:
Health Workforce Information Programme (HWIP) – a programme within TAS, sponsored by the 20 DHB National General Managers of Human Resources.
The programme holds data on the DHB employed workforce providing a national, regional and local picture of the health and disability sector workforce in terms of its 'stocks and flows'.

https://tas.health.nz/employment-and-capability-building/workforce-information-and-projects/health-workforce-information-programme-hwip
If you have any queries please email dhbwi@tas.health.nz

Please note:

* All data was extracted from the HWIP database on 27 August 2021 and reflects people employed by the 20 DHBs within the year to 30 June 2021.
* **Data excludes** casuals, contractors, and people on parental leave or leave without pay.
* **Annual voluntary turnover is calculated** by adding up the number of employees who left in a year and dividing that by the average number of employees in the year.
Besides the exclusions above, **turnover calculations also exclude** fixed term staff and employees who left due to restructure, redundancy, dismissal, death, or for health reasons.
* Turnover rates will be affected by movement of staff between DHBs. For example, Mental Health and Addiction staff within the Wellington region were consolidated under Capital & Coast DHB in the 20/21 year, so this will inflate the turnover rates for Hutt Valley and Wairarapa DHBs.

Annual Voluntary Turnover by DHB and Occupation Group for the year ending 30 June 2021

DHB	Nursing	Corporate and Other	Allied and Scientific	Care and Support	Senior Medical Officer (SMO)	Midwifery	Total (excl RMOs)
Counties Manukau	6.1%	7.3%	7.9%	6.6%	3.7%	9.0%	6.6%
Whanganui	8.0%	10.6%	7.6%	8.7%	3.8%	0.0%	8.2%
Canterbury	8.4%	10.0%	8.6%	8.8%	3.7%	9.7%	8.6%
Taranaki	8.4%	8.7%	8.2%	10.7%	7.0%	24.3%	8.9%
Southern	9.2%	9.2%	11.4%	12.7%	2.8%	10.9%	9.4%
Northland	11.7%	9.7%	10.5%	12.8%	3.4%	6.7%	10.6%
Tairawhiti	7.6%	13.2%	11.0%	15.2%	16.9%	0.0%	10.7%
Auckland	12.0%	9.8%	11.1%	11.5%	4.4%	20.4%	10.7%
Mid Central	10.5%	12.9%	11.9%	8.8%	6.1%	9.0%	10.8%
Bay of Plenty	11.2%	10.8%	11.8%	13.0%	5.2%	7.4%	10.9%
Lakes	9.9%	11.0%	14.8%	13.4%	7.6%	11.5%	11.1%
Waikato	11.1%	13.1%	12.0%	12.6%	4.3%	14.1%	11.5%
Waitemata	12.6%	11.2%	13.0%	13.1%	5.1%	18.7%	12.1%
South Canterbury	11.9%	14.8%	16.9%	8.0%	7.0%	9.6%	12.4%
West Coast	13.8%	13.3%	13.3%	8.2%	15.0%	7.1%	12.5%
Hawke's Bay	13.7%	14.4%	12.3%	14.4%	5.7%	22.5%	13.4%
Nelson Marlborough	12.8%	12.7%	12.7%	18.0%	7.4%	12.8%	13.4%
Capital & Coast	13.8%	15.9%	13.4%	12.8%	4.4%	21.3%	13.5%
Hutt Valley	22.2%	22.3%	31.2%	21.0%	14.7%	26.5%	23.0%
Wairarapa	15.4%	27.3%	25.4%	53.2%	10.3%	46.4%	24.0%

Annual Voluntary Turnover by DHB and Ethnicity for the year ending 30 June 2021

DHB	Other	Asian	Māori	Pacific	Unknown	Total
Counties Manukau	7.9%	5.0%	8.9%	6.4%	5.5%	6.6%
Whanganui	8.6%	5.4%	4.3%	39.0%	N/A	8.2%
Canterbury	8.7%	4.5%	6.9%	6.4%	14.9%	8.6%
Taranaki	8.6%	7.8%	14.7%	0.0%	0.0%	8.9%
Southern	9.2%	10.6%	10.4%	19.8%	6.9%	9.4%
Northland	10.8%	7.3%	12.0%	14.4%	10.1%	10.6%
Tairawhiti	13.0%	6.9%	7.5%	20.0%	0.0%	10.7%
Auckland	11.4%	10.1%	11.1%	10.4%	6.7%	10.7%
MidCentral	10.9%	8.8%	14.5%	13.7%	4.9%	10.8%
Bay of Plenty	10.9%	10.2%	11.7%	3.5%	10.3%	10.9%
Lakes	9.7%	9.6%	16.3%	18.8%	N/A	11.1%
Waikato	12.6%	8.2%	13.3%	11.0%	15.3%	11.5%
Waitemata	13.4%	9.3%	17.4%	9.0%	0.0%	12.1%
South Canterbury	12.4%	13.5%	9.3%	40.0%	10.3%	12.4%
West Coast	10.2%	8.9%	11.0%	0.0%	24.8%	12.5%
Hawke's Bay	13.8%	9.5%	14.5%	13.2%	10.0%	13.4%
Nelson Marlborough	12.5%	19.2%	14.3%	16.3%	21.1%	13.4%
Capital & Coast	15.3%	10.4%	13.9%	11.2%	10.3%	13.5%
Hutt Valley	25.1%	14.3%	25.3%	28.7%	21.3%	23.0%
Wairarapa	24.0%	17.9%	62.7%	18.2%	15.2%	24.0%

FOR INFORMATION

Item: Performance Dashboard Progress Update August 2021

Proposed by: Principal Advisor to CEO

Meeting of: Board, 7 September 2021

Recommendation

That the Board notes the content of this update, supports the course of action to date, and moving forward.

Purpose

To summarise progress of the development of the Performance Dashboard.

Specific Implications for Consideration

1. **Operational Efficiency:** System performance information located centrally in PowerBi allowing for more transparency & visibility

Background

There was an agreed need at a Board level for a more effective way in which to access performance information relating to our system. Given adoption of PowerBi internally, an initiative was started at the end of 2020 to build a Performance Dashboard that would house 28 key indicators and be a platform that the Board, Exec and other staff could access to find information they needed all in one place.

Discussion

The build of the dashboard has taken longer than we initially anticipated due to various factors, but progress is being made as demonstrated in this update. Feedback, suggestions and questions are welcome.

Next Steps & Actions:

The dashboard build is ongoing.

Appendices

1. **Performance Dashboard Progress Update August 2021**

PERFORMANCE DASHBOARD INITIATIVE

Summary of progress to date:

To date the following tiles in the performance dashboard have been completed/still to complete:

Key:

UAT = User acceptance testing

*Denotes change from last update

Measure (complete or in process of)	Stage
6 Hr Target	Built/Complete
Resourced Occupancy	Built/In UAT needing sign off
Physical Occupancy	Built/In UAT needing sign off
ED Attendances (Rebuild of PoC)	Built/Complete
ESPI 5	Built/Complete
ESPI 2	Built/Complete
CCDM Shifts Below Target	In UAT /sign off requested
CCDM Bed Utilisation	In UAT/ sign off requested
CCDM Care Hours Variance	In UAT/ sign off requested
CCDM Patient Acuity	In UAT/sign off requested
CCDM Variance Indicator Score	In UAT/sign off requested
Caseweights	Built/Complete*
Planned Care Caseweights	Built/Complete*
Planned Care Discharges	Built/Complete*
Raw Discharges	Built/Complete*
Head Count (HR Dashboard)	In UAT/sign off requested – Tanya is requesting a restart vis Clem*
FTE (HR Dashboard)	In UAT/sign off requested – Tanya is requesting a restart via Clem*
Follow up metric	Built/In UAT*
HCSS	Built, handover to IS in progress
High-Cost Procedures	Coding underway, in progress
FSA's	In UAT*
Average length of stay	In UAT*
Measure (yet to build)	
Output per FTE	Not Started
Community Pharms	Not Started
Hospital events as per Escalation Plan	Not Started
High cost Pharms	Not Started
Worked vs Contracted FTE	Not Started
Primary Care (Enrolled Pop)	Not Started
IDF's	Not Started
Mental Health Bed Days	Not Started

Next Steps:

Since the last update, four additional measures/tiles have been given sign-off by the business owners as indicated above. The monthly narrative is also included for the first time this month for the ESPI's, 6HR target and ED presentations. This will increase each month as we bring more measures into production.

Getting sign-off from the business owners has taken longer than anticipated. Currently this group of people is 1-3 people in our organisation so represents a bottleneck that has been exacerbated by recent events including strike planning and covid.

In the last Board meeting it was asked whether we could look to incorporate national benchmarking data into this dashboard. This is possible in theory and so the team are exploring options at the moment, either Health Round table data or Health, Quality and Safety Commission data could potentially be used.

Figure 1:

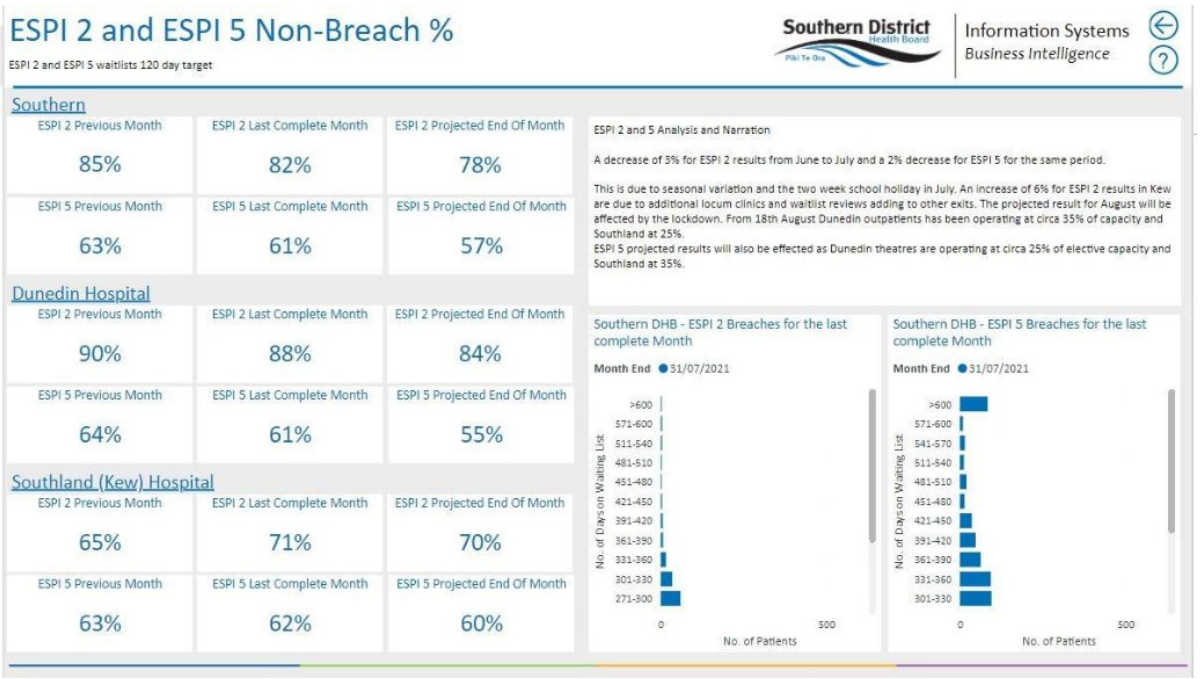


Figure 2:

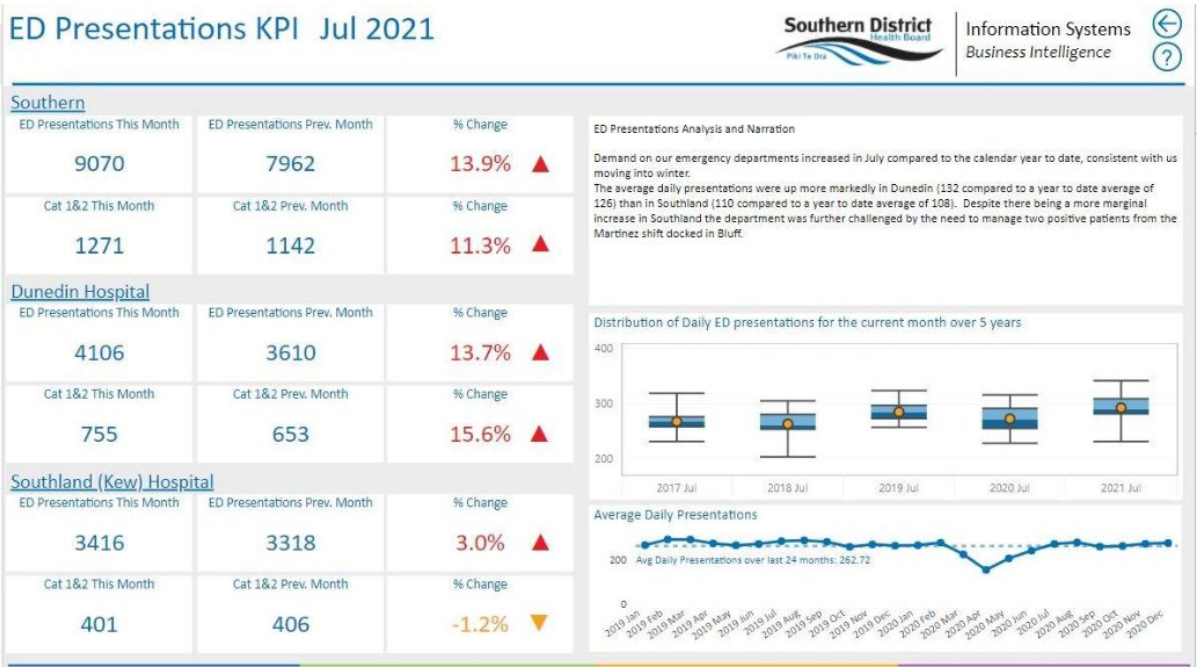
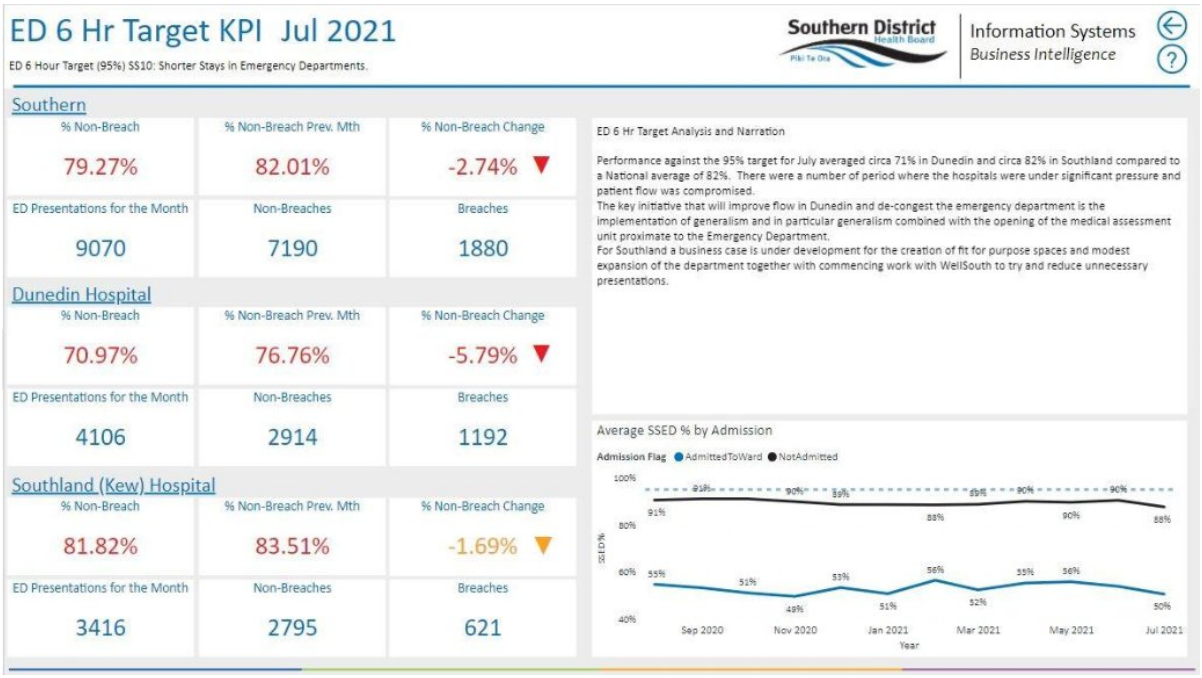


Figure 3:



Risks/dependencies/constraints:

- Since we started on this initiative in November of last year, we have encountered some IS resourcing challenges which has slowed progress, and this still represents an ongoing challenge, however a new Team Lead has joined the reporting team and is having a positive impact already. We have now committed to the development of the Performance & Accountability framework as well which also has a strong data component and will impact the resource in this team.

- There is a bottleneck getting sign-off from the business owners given they are a small group of people with competing priorities.

- Moving into a lockdown level 4 again has placed further constraints on all teams having to divert and manage additional covid related workloads.

FOR INFORMATION

Item:	**Quarter Four 2020/21 Reporting: Southern DHB Annual Plan Report to the Ministry of Health**
Proposed by:	Rory Dowding, Acting Executive Director, Strategy, Primary and Community
Meeting of:	Board, 7 September 2021

Recommendation

That the Board notes the content of these papers.

Purpose

To provide a summary of DHB Annual Plan Reporting to the Ministry of Health for Quarter Four 2020/21.

Specific Implications for Consideration

Financial

- Recovery due to missed targets may have financial implications.

Quality and Patient Safety

- Reports may signal need for improvements in service quality.

Operational Efficiency

- Reports may signal need for improvements in operational efficiency.

Workforce

- Recovery due to missed targets may have workforce implications.

Equity

- Gaps in equity are highlighted in some areas. Gaps need to be addressed to meet targets and ensure that there is equitable service delivery in the Southern district to improve outcomes for Māori and other vulnerable populations.

Other

- Not identified

Background

Annual Plan Quarterly Reports are prepared quarterly to demonstrate progress against Annual Plan actions. Reports are submitted to the Ministry of Health as part of the performance monitoring requirements.

Discussion

- The document, *Annual Plan Quarterly Report, Quarter Four 2020/21* summarises Annual Plan Reporting to the Ministry of Health.
- General Manager/Service Manager involvement in the COVID-19 vaccination programme has impacted on ability to complete implementation of quality improvement actions scheduled for quarter 4.

Next Steps & Actions

Southern DHB will submit the quarter one 21/22 Annual Plan report to the Ministry of Health on 20 October.

Appendices

Appendix 1 Annual Plan Quarterly Report Q4 2020/2021

Annual Plan Status Update Report
Quarter Four 2020/21

Overview

Southern DHB submits quarterly reports to the Ministry of Health against the actions within the Government Planning Priorities section of the Annual Plan.

Reports are summarised for the following Planning Priorities:

- Better Population Health Outcomes Supported by Strong and Equitable Public Health and Disability System
- Give Practical Effect to He Korowai Oranga – the Māori Health Strategy
- Improving Mental Wellbeing
- Improving Sustainability
- Better Population Health Supported by Primary Health Care
- Improving Wellbeing Through Prevention
- Improving Child Wellbeing- Improving Maternal Child and Youth Wellbeing

Each report includes an indication of whether actions are track, according to the Red, Amber, Green (RAG) Guidelines below. Comments are added where actions have not been achieved for the quarter.

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

Annual Plan Reporting Quarter 4 2020/21
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Acute Demand		
Performance improvement of our 6 hour ED target		
Embed learnings from COVID-19 related to primary care by continuing to support self-care/self-management through improving self literacy, including expansions of consumer portal access and provision of information through the Southern DHB website		Ongoing
50% of primary care BAU to be delivered virtually by Q4		Not at 50% of appointments – target not achievable.
Review the model of care for Health Care Homes – implement recommendations by Q4		Completed
Our Valuing Patient Time (VPT) strategy – implementation of strategies commences by Q4		
ED Performance Improvement Steering Group provides guidance		Steering group meeting fortnightly

Rural Health		
Programme of work to refresh and refocus the Rural Hospitals Alliance - Work programme monitored on a quarterly basis to determine progress towards goals		Patient Transfer service review delayed. Shared Human Resource managed has been established between WDHSL and COHSL. Currently developing a shared Allied Health lead across the two regions.
Identify barriers to use of telehealth and work with clinicians and providers to seek solutions – review document		Telehealth clinics established at Wanaka Maternity Hub and Central Otago Maternity Hospital.
Review of activity - Lakes District Hospital in Queenstown		Activity remains high with domestic visitors and intermittent international visitor adding to the local presentations

Planned Care		
Part one: DHB to identify milestone for actions identified to improve planned care		2021/22 waitlist trajectories have been agreed with the MoH with milestone dates for achieving compliance. Several recovery actions are already in place for orthopaedics and others will be implemented over the coming weeks.
Part one: Acuity tool rollout continues		Roll out is complete
Part one: Prioritisation tool rollout continues		Roll out is continuing with discussions with vascular and plastics regarding implementation
Part one: Progress report on new models of primary care		Contract with GP practices has been signed. GP's to provide triaging have been employed and start soon. In transition period as we move from lesions being done at the DHB to in GP clinics.

Annual Plan Reporting Quarter 4 2020/21
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Healthy Ageing		
Expand locality MDT meeting to include general practice and home care		Services currently use MDT as required. This includes relevant services such as GPs, home care, hospice and others.
Consultation on new model of care Q4 20/21 in preparation for HCSS procurement process to begin in Q1/2 2021/22		Procurement process has been postponed due to Health Services Review. We continue to align to national HCSS framework and consider locality based service provision.
Piloting and proof of concept undertaken with a view to new contracts being in place Q1 2021/22		Procurement process has been postponed due to Health Services Review. We continue to align to national HCSS framework and consider locality based service provision.
ARRC Steering Group identifies and implements improvements		
Identify and address the drivers of acute demand for people 75 plus presenting at ED – service development continues		Ongoing work, the team have all be allocated a group of primary practice and St John, to promote the Rapid Response function of the Home Team. Rapid Response aims to see people in their homes to prevent a presentation to ED. Close links have been developed with the OPH Nurse Practitioner and Community SMO to discuss complex cases.
Update our Sector Wide Falls and Fractures Prevention Workplan		

Healthy Ageing (continued)		
Link general practice into locality based MDT meetings for identified frail elderly where appropriate		Delayed due to General Practice involvement with COVID response. Southern DHB has commenced a project aiming to design services for the frail elderly population within the community. A steering Group has been created which will start to identify the areas where we need to gather and analyse further data.
Participation in the South Island survey (dementia education)		
Support ARRC and Home Based Support Services (HBSS) providers in readiness for the onset of COVID-19 - expand MDT		Services currently use MDT as required. This includes relevant services such as GPs, home care, hospice and others. Southern DHB has established 2 FTE of IPC CNS supporting ARC from Quarter 3.

Delivery of Whanau Ora		
Support provided , including through current and future investment, with whānau, hapu and iwi, and identify opportunities for alignment		Southern DHB continue to increase equity funding; this is making a difference for providers, including increased flexibility for service provision.

Annual Plan Reporting Quarter 4 2020/21
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Ola Manuia 2020-2025: Pacific Health and Well-being Action – Q4 Status Update		
Improve the health and wellbeing of Pacific children and young people by early intervention and provision of joined up services all with equity focus – Status update report Q4		
Implement "Early Engagement with your Midwife"		
Pregnancy and Parenting – Plunket to work with Pacific Trust Otago (PTO) to incorporate culturally appropriate content into training sessions which are to be delivered from PTO premises		Plunket are working to incorporating culturally appropriate training into sessions. The new PTO CEO is supporting ongoing engagement and delivery of sessions from PTO premises.
Socialise and implement newly released Safe Sleep Policy along with SUDI harm reduction messaging		
Continue Community Breast Feeding Pilot based at PTO to support		
Continue Pacific involvement in Well Child Tamariki Ora and the Child and Youth Networks to support enrolment within the WCTO programme and newborn enrolment in primary care		Pacific Trust Otago CEO resigned and there was a temporary manager for some time. Now have a new CEO who is committed to ongoing and increased engagement.

Ola Manuia 2020-2025: Pacific Health and Well-being Action		
Immunisation – ensure every immunisation is received on time for all Pacific pepi and children		8 month and 24-month immunisation has dropped for Pacific pepi/children – the 5 year immunisation rate has increased. Availability of the outreach immunisation team has been impacted by nurses being involved with COVID-19 vaccination clinics.
Engage with Pacific on the Measles immunisation catch up Programme targeting 15 to 29 year olds Q1-Q4		
Increase youth accessibility and utilisation of School Based Health Services by engaging with Pacific young people in decile 1 to 5 schools on how to do this		Public Health Nurses are delivering additional school-based health services in decile 1-5 schools. Nurses have engaged with Pacific students identified as needing additional support with some very positive outcomes. Ability to work with all Pacific in decile 1-5 schools has been limited due to nurses being involved with COVID-19 vaccination clinics.
Community Oral Health – evaluate the impact on Pacific children of the pilot community oral health outreach clinic		
Sexual health – undertake quality improvement survey to assess access barriers for Pacific young people		The survey has been completed. Awaiting help from a quality improvement facilitator to support analysis of the survey.

Annual Plan Reporting Quarter 4 2020/21
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Ola Manuia 2020-2025: Pacific Health and Well-being Action – Q4 Status Update		
Within the framework provided by Ola Manuia improve the health and wellbeing of Pacific people by early intervention and provision of joined up services all with equity focus: This framework integrates with existing programmes		
Implement a Māori COVID-19 Response Action Plan to look after the health and wellbeing of the Māori community by minimising and limiting the harm to Māori, as required		Southern Māori COVID-19 Resurgence Plan is in place and COVID vaccination implementation plan is in development in partnership with four lead Māori health providers – who will vaccinate their Māori and Pacific populations
Working with Sector Partners to Support Sustainable System Improvements		
Healthy Active Learning initiative: Survey Southern Schools with a particular focus on schools in high Māori & Pacific populations and gather data on current-water only policies and develop tailored water-only strategies in collaboration with individual schools (EOA) – Progress report		

Ola Manuia 2020-2025: Pacific Health and Well-being Action		
Breast Screening		Engagement with Pacific chorus groups to improve Pacific access took place Q1. Engagement with Industry (large employers) where high numbers of Pacific are employed, starting with Dunedin, took place in Q1.
Cervical Screening		This planned work on hold due to COVID impacts on GP practice. The GP practice has been identified and currently in discussion to commence Q2 21/22 when capacity allows.
Care Capacity Demand Management (CCDM) - Pacific FTE increased		There has been no increase in nursing/ HCA FTE identifying as Pacific Peoples in those staff employed as a result of CCDM.
Bowel Screening and Colonoscopy Wait Times - Arrange and attend meetings with Pacific Island groups by Q4		Meetings have taken place with all three Pacifica providers in 2020-21, including presentations to matua and presence at Moana Nui
Bowel Screening and Colonoscopy Wait Times - Target promotional activity to areas of high Pacific island populations		Through WellSouth, the DHB's bowel screening team works with community-based Pacifica health providers to promote the programme to the communities that they support. The team continues to engage with local providers.
Bowel Screening and Colonoscopy Wait Times - Target active follow-up of patients for Pacific island populations		WellSouth's outreach team is still contracted and participation in the south is still high at 67%. We are running a pilot whereby the outreach team in Invercargill is supported by the community link worker from one of the community-based providers to contact Pacifica people.

Annual Plan Reporting: Quarter 4 2020/21
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Bowel Screening and Colonoscopy Wait Times		
National Access Criteria utilised		
Quarterly waiting list review		
Regular review of participation data to direct activities and ensure equity gaps do not develop and take action if they do		Latest MoH data shows Māori participation rate in Southern at 76% (vs a target of 60%). Overall participation for the Southern region is 72%.
Visit Māori health providers on an annual basis, by Q4		Māori health providers are funded by WellSouth; good engagement with Associate Māori Health Strategy & Improvement Officer – Primary & Community, who frequently visits the providers, to facilitate relationships with the providers
Arrange and attend meetings with Māori groups by Q4		Meetings this year have included visits to an Invercargill primary school with 33% Māori enrolment and korero with Kaumatua across 3 sites in Otago facilitated through provider Tumai Ora
Target active follow-up of patients for Māori populations		WellSouth's outreach team still contracted and participation in the south is still high at 76%
Target promotional activity to areas of high Māori populations		Through WellSouth, the DHB's bowel screening team works with community-based Māori health providers to promote the programme to the Whānau they support. The team continues to engage with local providers.
Arrange and attend meetings with Pacific Island groups by Q4		Meetings have taken place with all 3 Pacifica providers in 2020-21, including presentations to matua and presence at Moana Nui

Bowel Screening and Colonoscopy Wait Times (continued)		
Target active follow-up of patients for Pacific island populations		WellSouth's outreach team still contracted and participation in the south is still high at 67%. We are running a pilot whereby the outreach team in Invercargill is supported by the community link worker from one of the community-based providers to contact Pacifica people
Target promotional activity to areas of high Pacific island populations		Through WellSouth, the DHB's bowel screening team works with community-based Pacifica health providers to promote the programme to the communities that they support. The team continues to engage with local providers.
Active promotion of Bowel Screening Programme with GPs, NGOs, community		A paid media campaign ran during Q4, using online, radio and outdoor (posters and bus backs) advertising. Further paid advertising will take place during Q3-4 as national advertising is unlikely to be available this FY
Active promotion of Bowel Screening Programme		A paid media campaign ran during Q4, using online, radio and outdoor (posters and bus backs) advertising. Further paid advertising will take place during Q3-4 as national advertising is unlikely to be available this FY
Review of facility and personnel resourcing and resource utilisation		Endoscopy user group has been meeting regularly to try to get traction and resolve resource issues. 3 FTE RN & 2 RFR for 1.0 FTE RN have been approved. Additional nurses will be commencing in Dunedin in Q1 2021-22

Annual Plan Reporting: Quarter 4 2020/21
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

New Zealand Cancer Action Plan		
Electronic flag developed		Additional 1.0 FTE FCT resource has allowed the FCT team to investigate the flagging issue more thoroughly including providing updates to the admin teams where there are gaps in the process. Work has commenced on joining up our electronic solutions to provide greater visibility of our patient pathways and to improve our data collection. Ethnicity data is being pushed into the electronic FCT tracker dashboard to allow easier identification of Māori patients.
Appointment of a Māori Cancer Nurse Coordinator by Q4		As of 30/03/21 this remains on track and with Iwi Governance approval confirmed. Awaiting finalisation of the position description and recruitment process to begin. As of 09/07/22 this role is outstanding, however the Cancer Nurse Coordinator team uses an equity tracker to identify Māori patients allowing them to be involved in care coordination at high suspicion of cancer.
Cancer pathways – Implement strategies for early stage breast cancer		No progress on implementing clinical quality and safety programmes in conjunction with Radiation Therapist (RT) and physics to improve quality and safety. Working with the MoH, Cancer Control Agency & Radiation Oncology Work Group (ROWG) to investigate & reduce unwanted variation in radiation oncology treatment as set out in the Radiation Oncology (RO) National Plan 2017-202. No progress on implementing the radiation oncology plan
Work with the MoH/ Cancer Control Agency to identify medical oncology variation. The standardization of anti-cancer treatment project (SACT)		Southern DHB has participated in the ACT-NOW workshops that were held in Q4 2020/21 •Upper GI (Hepatobiliary and Pancreas) – 13 May 2021 •Skin – 20 May 2021 Dr Chris Jackson of Southern DHB chaired the hepatobiliary and pancreas workshop. Work is currently underway between Te Aho o Te Kahu and Southern DHB to implement the regimens that have already been published, including colorectal, breast, prostate, lung and gastric/oesophageal.

New Zealand Cancer Action Plan (continued)		
Implement Improving the Cancer Pathway for Māori Plan		Work has commenced on a lung cancer pathway and approval to recruit to a Lung Cancer Nurse Specialist role
Monitor and navigate Māori newly diagnosed with cancer		System improvements will assist with identifying Māori patients along with the Māori cancer nurse when appointed
Analyse journey and wait times for 20 Māori patients with lung cancer		Next steps include presenting the findings of the 20 Māori lung cancer patient review to the Clinical Council and Public Health Organisation.
Report of end of treatment services provided		The Southern Regional Hub (SRH) is planning a pilot on survivorship to support transition at end of treatment in one DHB. There is no update but it is remaining on their workplan and they will be identifying an appropriate tumour stream to pilot in due course.
Measure data and identify any areas for improvement		Breach analysis is occurring routinely and a new forum is commencing in July to enable services to respond to near breaches. This will closely involve service managers who can support changes in process etc.
Work with Cancer Control Agency to explore evidence based equity tools/processes		
Work with MoH, Cancer Control Agency to Identify local actions in the Cancer Plan		The lung cancer pathway work has commenced. A lung cancer critical nurse specialist role is being worked up.

Annual Plan Reporting: Quarter 4 2020/21
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Workforce		
COVID Review and support planning processes re public health needs		Workforce planning and recruitment continues in support of CVIP with 2 super clinics in Dunedin and Invercargill. Good progress has been made. In addition, recruitment continues for the overarching resources required within the Public Health team to ensure adequate support and resourcing for COVID-19 response plans.
COVID Planning processes by Q4 for actions to be undertaken in 21/22		Work is underway with various services to assess gaps in resources for FY21/22 and beyond. Workforce planning continues for the New Dunedin Hospital and the outpatient building is near completion.
Training and development framework		Assessment of various providers aligned with broader leadership frameworks being developed Nationally continues. Progress for various leadership segments continues with the LEADS program scheduled for June having to be postponed due to bad weather and travel disruptions for presenters. No further progress has been made for additional OD resources and this remains a challenge to undertake the broader frameworks required.
Change management training		Application for funding for change management program of work has been submitted. Engagement with potential provider has been held and will require further exploration. Work will continue in FY21/22 in this regard.
Nurse practitioner (NP) funding allocated		All applications received for attendance at national NP or related conferences approved. Due to COVID-19, there have been no international requests for funding this quarter due to border restrictions.
HSW Continuing improvement process		As reported in Q3, security review is complete as well as the security review for information security. Discussions in relation to the appointment of a CSO and CISO still progressing but not yet complete.
System implemented for transfer of staff health records		System integration issues has led to a delay in implementation of MedTech evolution. Completion anticipated in Q2 FY21/22

Workforce (continued)		
EOCs implemented as required		
SDHB Health Emergency Plan maintained		
Support provided for staff with COVID related needs		Q4 focus was on staff within the vaccination clinics being trained and supported to be competent in various DHB policies and privacy related matters. In addition Aukaha Kia Kaha has provided numerous opportunities for staff to focus on wellbeing including offering online yoga, barre classes and a regular Pulse survey to check on staff wellness.
Implement a Māori Response Action Plan as required (COVID)		Southern Māori COVID-19 Resurgence Plan is in full implementation, through collaboration between Māori health providers, WellSouth, runaka and Southern DHB.

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Workforce		
Health Literacy Action Plan		
Community pharmacists supported in SDHB contracting to deliver influenza vaccine		
GP portal enrolment increased		Ongoing improvement
Consumer portal access expanded		Ongoing improvement
Cultural education programme executed		
Electronic prescribing rolled out by Q4		
Electronic lab tests increases by Q4		
Patient participation and partnership model implemented		
Continued improvements of Southern district website		
Health Info localised and updated		

Improving Quality		
Improving Equity		
Virtual diabetes forums delivered		
30% of consultations delivered virtually across the service by the end of Q4		Model for virtual diabetic consultations is underway.
Number of diabetics referred into secondary care		In planning stages at LDT
Improving community, whānau and patient engagement		
Quarterly updates sent through to ELT outlining where engagement is occurring with clinical services, opportunities for future engagement and what support staff need to engage with community, whānau and patients		Engagement with community, whānau and patients continues to occur throughout the Southern health system. This is continually monitored and fed through to ELT and other groups. Resources and support are available for both staff and Community Health Council advisors.
Information around engagement with community, whānau and patients is uploaded to the Quality Safety Marker dashboard as outlined by HQSC		Information was uploaded through the HQSC portal and feedback has been received.

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Data and Digital		
My Lab - Regular and ongoing reporting to the SPG		Executive Director has left SDHB and there is no SRO replacement as yet hence the status change to Amber. Funding options under review.
Continued recruitment of key roles to the Early Works Team		Project Coordinator appointed, Clinical Lead at offer stage. SDHB Board has approved additional funding for Tranche 1.2. Recruitment for additional roles now under planning.
Activity undertaken to expand access to HealthOne		There has been a slowdown in agency onboarding as HealthOne looks to replace the Citrix access for new agencies with Web access to H1. This is currently being tested at CDHB
Recruitment system complete		SuccessFactors recruitment system is live. Post implementation complete, project closed
Develop a business case for an Allied Health solution to monitor activity and data collection.		RFP and Business Case complete for new Allied Health Solution. Pending capex approval for the 21/22 year
Security Assessment completed		Security review completed with a number of actions. The recent event at Waikato has allowed us to accelerate remediation activities including patching and remediating of at-risk operating systems, updating anti malware software and implementation of a proactive security monitoring platform. Cyber security training has been implemented at SDHB as an ongoing education tool for raising staff awareness of modern cyber security threats. Planned table top exercise to simulate how a ransomware attack could play out at SDHB and how we would respond and recover in a timely manner.

Delivery of Regional Service Plan (RSP) Priorities		
South Island Regional Alliance activity		
Continue to participate in the SI Cancer Service Reducing Inequities		
Engagement with Māori providers		

Implementing the New Zealand Health Research Strategy		
Continued agreement with the University of Otago		
Provide a one-page summary update on progress to the Ministry and the Board		Not completed
Appointment of Māori member		Not completed
Policy and process development		

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Care Capacity Demand Management (CCDM)		
Governance - Completion of reports		
Governance - Reports to partners		Completed via updates to CCDM Council and Patient Acuity/TrendCare meetings
Standards assessment complete		In lieu of Standards Assessment the CCDM Implementation. Evaluation self-assessment is being completed with a submission date to SSHWU of 20 July to determine if an objective audit and site visit will proceed.
Governance - Annual plan status reported		Completed via updates to CCDM Council and Patient Acuity/TrendCare meetings
Governance - Monthly education reports		Completed via updates to CCDM Council and Patient Acuity/TrendCare meetings and line manager reports.
Governance - Reports on CCDM implementation		A Q3 plus Implementation Evaluation self-assessment package and tool has been circulated to CCDM Council members for input and feedback.
Governance - Local Data Councils meet		Reported against at CCDM Council; CCDM /TrendCare meetings; MHAID Steering group meetings and via monthly line manager report.
Validated Patient Acuity - Reports		Reporting continues via monthly meetings as above
FTE Calculation - Work plan agreed for wards		No longer applicable in this quarter. Work planning in preparation for undertaking FTE calcs in the 2021-22 year will occur early in Q2 2021-22.
FTE - data entered		Data revised and re-entered following FTE calc moderation by SSHWU. Changes made included revising sick leave to include work related ACC, revised AL and updated study requirements for specialty areas.
FTE – Roster testing		A second round of roster testing is underway following modifications to initial data inputs as a result of FTE calc moderation by SSHWU. 11 wards on the Dunedin site were completed in late June with remaining wards in Southland, Maternity and MHAID wards to be completed in early August.

Care Capacity Demand Management (CCDM) continued		
FTE - Report drafted		No further reports drafted.
FTE - Roster and FTE implemented		Recruitment underway in Q3 has been completed and new rosters implemented in the 3 aforementioned wards. No new FTE / rosters implemented in Q4 as a result of CCDM
FTE - Variance monitored		Medical ward in Southland reported no roster gaps for the first time in the May roster; the other 2 wards report being satisfied with their FTE / rosters.
Māori FTE increased		There has been no increase in nursing/ HCA FTE identifying as Māori in those staff employed as a result of CCDM.
Pacific FTE increased		There has been no increase in nursing/ HCA FTE identifying as Pacific Peoples in those staff employed as a result of CCDM.
Measurable reduction in variance, both positive and negative		Over this quarter there has been a small decrease each month in the number of positive shifts i.e. 1229 April/ 1198 May / 1150 June which equates to an overall reduction in positive shifts of 87 on the previous quarter. Negative shifts have ranged from 704 in April (a slight reduction on the previous month) to 804 in May and 775 in June. This takes into account formal minimum staffing levels in MHAID wards but does not take into account minimum staffing levels required for safety especially on PM and N shifts in other areas or staffing required in high acuity areas e.g. HDU/ICU/NICU etc.

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Disability and Disability Action Plan		
70% of all staff will have completed the Disability Awareness module by Q4		SDHB only gained access to the National Disability Equity course in July, so was not rolled out to all staff by the end of Q4. 77 SDHB staff have completed the Disability Responsiveness module.
Implementation of Disability Strategy & Action Plan		Disability Strategy is being implemented and the Disability Working Group established. Action plan has been developed for ratification by DSAC in August.
Processes in place to ensure that our key public information messages, public health alerts are able to be communicated using sign NZ sign- Number of messages reported to the Ministry by the end of Q4		SDHB has developed the capability to post messages in NZSL to the website and did this for the summary of the Disability Strategy. Key Messages/Minutes of the Disability Working Group will also be posted as NZSL videos. SDHB employs four NZSL interpreters: two in Dunedin and two in Invercargill. NZSL interpreters are provided for meetings, announcements, etc, as well as for consumer appointments and interactions. Key public information and public health alerts will be made available online as NZSL videos.
Robust data collection processes finalised - to enable more confident planning that will ensure equity for disabled people, tāngata whaikaha, and Deaf people accessing services (EOA).		
Staff education completed by Q4 - to include practical in-formation re tikanga, how to access interpreter services, and use of specialised equipment.		New staff are provided with practical information through the induction process. See below (Action 8) for details of initiatives for upskilling existing staff.

Disability and Disability Action Plan (continued)		
Workforce Strategy and Action Plan completed -to achieve a representative proportion of disabled employees at an organisational level.		Recruitment of disabled people is one of the main priorities in the Disability Action Plan and for the Disability Working Group. Improving accessibility to employment, including the online recruitment process is key to this deliverable.
Staff education will be completed Q4 – raising staff awareness of disabled people, tāngata whaikaha and Deaf people and their rights		Staff education is ongoing. HR have launched a new initiative – the Disability Game – that seeks to make front line staff more aware of the issues facing disabled people. It has been piloted with a group of 20 staff and this will be rolled out to the wider organisation over the next few months.

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Minister of Health's Planning Priorities: Give Practical Effect to He Korowai Oranga – the Māori Health Strategy

Reducing Health Inequities The Burden of Disease for Māori		
Long term conditions		
Identify Māori aged 50 years and older by General Practice		Detailed information and data available through the Thalamus Datacraft portal which has also been utilised for our targeted Māori COVID-19 vaccination role out.
Undertake assessment using the WellSouth Call Centre, providing free GP visit and screening services, with referrals made as appropriate		The WellSouth Call Centre continues to be utilised. More recently the call centre has been engaged in the coordination of COVID screening, enrolment into general practice, support to booking appointments and the management of COVID outbreak as a matter of priority.
Increase the number of Māori patients with current HbA1c to 90% Q4		Actions have been taken to support Māori to reduce their HbA1c to an optimal level within best practice guidelines. Result for any HbA1c for the quarter is 76.9%
Respiratory admissions in children - The WellSouth PHN and Southern DHB Māori Health Directorate will establish a new service targeting respiratory admissions for Māori children age 0-4 years in Dunedin (EOA)		
Māori respiratory admissions identified		The Harti Hauora under 5 years Māori hospital respiratory project is fully operational in the Southland Hospital.
Assessments completed		
Referrals made		
Cardiovascular disease		
Māori representation and participation across SI Alliance groups to progress and improve health equity		In addition to the South Island Cardiac Alliance Network, the Chief Māori Health Strategy and Improvement Officer participates in the South island Alliance Public Health Network.

Māori Health Action Plan – Shifting Cultural and Social norms		
Māori Cultural Education Programme – Attendance by 500 participants by Q4		620 attended Tikanga/ Te Tiriti o Waitangi training. 360 attended Micro credential sessions, orientation and mandatory training. 46 individual Te Reo Māori plans completed.
Te Reo Māori will be incorporated into the Southern Health website and strategic documents		

Māori Health Action Plan – Strengthening System Settings		
Māori Health Directorate participation in the SDHB local cancer control network, the Cancer Control Agency and Te Tumu Whakarae (National Māori DHB Network) - Report prepared detailing system activities, achievements and challenges		The Southern DHB supported running of the South Island Māori cancer hui held on 17 July 2021, held at Murihuki Marae in Invercargill run in collaboration with Nga Kete Matauranga Pounamu Charitable Trust. This hui was held with Te Aho o Te Kahu, the Cancer Control Agency (has run a series of national Māori cancer hui).

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Minister of Health's Planning Priorities: Give Practical Effect to He Korowai Oranga – the Māori Health Strategy

Engagement and Obligations as a Treaty Partner		
Total amount of funding increased by Q4		

Māori Health Action Plan – Accelerate the Spread and Delivery of Kaupapa Māori Services		
Improvement in number of kaupapa Māori health services and programmes by Q4		Southern DHB provided a $50,000 uplift to each of our Kaupapa Māori Health providers in the 2020/21 financial year. Janice Donaldson in her role with the South Island Alliance has undertaken a comprehensive review of all our Māori provider contracts and that will inform our additional equity investment for the 2021/22 financial year.
Increase in funding opportunities by Q4		The 2021/22 Māori Providers Development Scheme for our district has been released to our Kaupapa Māori providers on 30 June and closes on 30 July 2021. The Southern DHB will again support the approval processes in collaboration with Deborah Baird from the MoH.
Report on number of Kaupapa Māori health services undertaking the Southern Māori Cultural Education programme training and the Welcome Orientation programme to mainstream services		The Southern DHB Māori Cultural Education programme is running well and has been extended into the primary care and rural hospital networks. Plans to take our welcome to the DHB orientation programme to local marae has been postponed due to COVID-19.
Report on number of Kaupapa Māori health service workforce funded for Level 3-7 study by Q4		The Southern DHB continues to promote and offer training opportunities based on the service specification for the Hauora Health Workforce Fund.

Annual Plan Reporting Quarter 4 2020/21
Minister of Health's Planning Priorities: Improving Mental Wellbeing

Mental Health and Addiction System Transformation		
Placing People at the Centre		
Two listening groups are convened		Four listening groups convened over this period. In addition to these there were seven lived experience hui held as part of the Southern mental health and addiction system review.
HQSC programme milestones are met towards zero seclusion		
Reduction in number of Māori on Compulsory Treatment Orders by Q4		Continues to track downwards over time. Data from MH05 (PP36) confirms this trajectory.
Embedding a wellbeing and equity focus		
Work in partnership with primary care to Improve the physical health outcomes for people with mental health and addiction conditions - Report on number of new clinical pathways		4 new clinical pathways went live during Q2
Training sessions are held to ensure staff understanding of the refreshed guideline		Education and training on metabolic monitoring is embedded within our training and education programmes wherever this is relevant.
Links with Smokefree programmes by Q4		The rollout of Vape to Quit has been delayed. However, the Directorate is linked into the Public Health Smokefree team who assist the MHAID Directorate's staff with resources and reporting relating to mental health clients who are trying to stop smoking.
Increase access and choice of services across the continuum		
Expand the range of mental health and addiction services available in the southern district - Service model is implemented Q4		Waiting to hear if the Directorate's budget bids for 2021/22 have been successful. There is a specific bid for peer support funding.

Mental Health and Addiction System Transformation (continued)		
Training in inpatient settings (ED) commenced		The ED Educator has been busy with both delivering and facilitating others in providing relevant education to the two main ED departments. Highlights include, but not limited to the introduction, of Safewards to the ED settings, providing supervision to the Associate Charge Nurse group, SMO teaching on legal frameworks, coordinating teaching in the SMO CME programme on Alcohol and Opioid substitution.
Expand primary care services		
Report on activity- Health Improvement Practitioners, Health Coaches, Community Support Workers		Agreement reached with MoH to extend the programme by a further 5.1 FTE HIPs and 7.7 FTE HCs in 21/22. Contracts have been executed. Planning for extended programme completed.
Public health actions		
Measure resiliency in Southern Youth – process evaluation		The project is not yet at a stage where evaluation is possible. At this stage it is active in Logan Park High School for three years, is active in several other Dunedin High Schools and is in the process of being rolled out at Aurora College in Southland.
Suicide Prevention		
Specific district wide postvention group for Māori		A Southern response Māori suicide postvention group (Hapaitia) has been established in the southern region.
Establish effective linkages with the Suicide Mortality Review Q4		The suicide prevention team work closely with the suicide Mortality Review Committee and Child and Youth Mortality Review committee to strengthen the overall approach to suicide prevention.
Collection of suicide/self harm data		Data is used to inform discussions as part of monthly monitoring meetings between SDHB and the WellSouth Primary Health Network.

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Minister of Health's Planning Priorities: Improving Mental Wellbeing

Mental Health and Addiction System Transformation (continued)		
Workforce		
Workforce development on NLG agenda		Waiting to hear if funding bid has been successful.
Work in partnership with workforce centres		Regular forums and contact with mental health workforce centres
Develop a local action plan to realise the recently released national strategy by Q4		Development of an action plan on workforce development is dependent on the outcome from local mental health and addiction system Review.
Workshops designed and delivered Q4		Meetings/workshops continue to occur with Te Kaika.
Report on progress of Tokeke programme		The Tokeke programme has now been completed; although the full scope of the project was curtailed because of COVID-19 the project has reinforced the value of IPS for clients of mental health services. Our local partners at MSD have committed to fund 1.0 FTE to support more IPS placements locally.
Assist kaupapa Māori organisations to respond to RFP for He Ara Oranga implementation		
Forensic services		
Participate in New Zealand Forensic Advisory Group (NZFPAG		This is embedded as business as usual activity for our forensic leadership team.
Commitment to demonstrating quality services and positive outcomes		
The number of Māori on Compulsory Treatment Orders is monitored and reduced		Continues to track downwards over time. Data from MH05 confirms this trajectory

Addiction		
Participation in SI sector workshops		We participate in the regular AoD meetings/workshops as they occur.
NLG will develop a whole of system CEP workforce plan – Implementation to commence Q4		Is under consideration as part of the SDHB Mental Health and Addiction System Review.
Māori Mental Health Staff have increased role within MDTs		Completed
Participation in development of National AOD model of care		National AoD work still underway.

Maternal Mental Health Services		
Integration with Supporting Parents, Healthy Children (SPHC) programme of work including Single Session Family Therapy training being available to this workforce, inclusive of kaupapa Māori providers.		Involving Families Workshops held during the quarter. Staff from ABLE (NGO) and parent/caregivers attended. Was very well received. Further workshops planned for August and December.

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Minister of Health's Planning Priorities: Improving Mental Wellbeing

Mental Health and Addiction Improvement Activities		
Improvement in number/quality of transition plans		Q4 status remains stable in relation to previous quarters
Supported decision-making prioritised		Programme continues to be embedded into business as usual for the MHAID Directorate.
Review of opportunities to support delivery of services as close to home as possible		The Report from the Southern System Review for Mental Health and Addiction Services will be available shortly. This will be the catalyst for identifying opportunities for change resulting in improved outcomes for patients.
Use of seclusion reduced		The clinical project team continues to work with HQSC and various clinical areas to reduce the use of seclusion. There was an increase in May in response to patient need, which was against the general trend of reducing the average hours patients spend in seclusion.
Single Session Family Therapy training delivered		Focus continues on ensuring the needs of children and families are thought about at all levels of the service. A Family Connections pilot will be run in Southland later this year which will be jointly facilitated with a clinician present. The target group will be parents of children and adolescents up to the age of 24. Plan is to establish a pool of presenters. An Involving Families workshop has recently been held with another scheduled to be run in Invercargill in August. Planning to re-energise Single Session Family training with investigation about how it has been implemented elsewhere. The KPI Whanau Engagement continues to be reported to help identify gaps across the service. Family participation is collected and this data is looked at month by month to consider potential development.

Mental Health and Addiction Improvement Activities		
Single Session Family Therapy training delivered (continued)		Refreshment of CAPA in the Invercargill CAFS team has been underway with a review planned in October with Dr Bronwyn Dunnachie and Bronwyn Pagey. Our NGO partner, ABLE continues to work alongside with a range of activities, including promoting resources and developing community networks.

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Minister of Health's Planning Priorities: Improving Sustainability

Savings Plans – In Year Gains		
Pharmaceuticals		
Undertake analysis to understand pharmaceutical utilisation Ōritetanga - Development of actions to address underutilisation by Māori		Unable to progress. All resource has been allocated to COVID-19 immunisation response.
Outlier providers have education and support to have reduced outlier status Q3 and ongoing		Unable to progress. All resource has been allocated to COVID-19 immunisation response.
Collaborate with WellSouth to provide quality use of medicines practice support for general practice - target initiatives progressively rolled out Q2 and ongoing		Unable to progress. All resource has been allocated to COVID-19 immunisation response.
Age Related Residential Care		
Falls Steering Group self-review by Q4		ACC has conducted a comprehensive review of the Falls and Fracture Prevention Programme. This has resulted in an evidence based fracture liaison service.
Restorative Home Care Support Services (HCSS) – RFP		Procurement process has been postponed due to Health Services Review. We continue to align to national HCSS framework and consider locality based service provision.
Older Person's Assessment Liaison Unit (OPAL) Unit: continue quality improvements		OPAL Admission beds increased from 4 to 10 to support a model of care change. Patients continue to have a Comprehensive Geriatric Assessment within 48 hours – but those patients requiring therapy are not transferred to a rehabilitation bed but remain under the oversight of the OPAL geriatrician and the interprofessional team for continued input. This provides continuity of care and may reduce the overall LOS within the hospital.
Age Related Residential Care (continued)		
ARRC needs assessment with focus on Māori		Healthy and Disability Standards include criteria for culturally appropriate services. Regular audits of ARC are conducted and shortcomings identified. Southern DHB reviews findings and takes corrective action as required.
Management of workforce and annual leave		Mandatory training for all managers ongoing Leave reports are generated and available to managers on a monthly basis through PowerBI. More work is required to support managers in encouraging staff to take leave, however, vacancy and resource demands make it difficult to provide leave cover. This is being managed closely by the Specialist Services team but due to travel restrictions the use of annual leave has not improved or changed. Holiday Act remediation work is progressing albeit slowly following national issues requiring a joined up solution.
Procurement and clinical supplies		
Monthly reporting against the workplan for FY20/21 targeted to deliver expenditure management benefits from clinical and non-clinical products/services		
Valuing Patients Time		
Ongoing monitoring and reporting to ELT in respect to VPT baselines and targets		Regular reporting continues to the Board on a monthly basis with a refreshed suite of metrics in Power BI. The VPT work now sits under the Patient Flow Taskforce.

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Minister of Health's Planning Priorities: Improving Sustainability

Savings plans -Working with Sector Partners to Support Sustainable System Improvements		
DHB leadership involvement in Whāngaia Ngā Pā Harakeke (police initiative to reduce family harm)		
Evidence of strategies that support the improvement of health care in Puketai Care and Protection Residence		

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Minister of Health's Planning Priorities: Better Population Health Supported by Primary Health Care

Performance area – Diabetes and other Long Term Conditions		
Diabetes		
Number of diabetics referred into secondary care		Underway
Regular reporting to the LDT		Data trending towards target.

Primary Health Care Integration		
Reports to ALT as per HCH collaborative		Rollout of Health Care Homes third tranche.
Health Hubs – Reports to ALT and IGC		ALT has been disestablished so no longer able to report to them. This project is now sitting with CEO and Māori Health Directorate to progress.
Health Hubs - Plans for next stage of rollout 2021/22 completed end of Q4		

Pharmacy		
Remodel ICPSA LTC service - Data analysis of Māori LTC patients access		Delayed due to COVID-19 vaccination programme.
Remodel ICPSA LTC service – pilot evaluation		Delayed due to COVID-19 vaccination programme.
Support community pharmacists in their contracting with Southern DHB to deliver influenza immunisations for those over 65 years – reporting Q4		

Air Ambulance Centralised Tasking		
Southern DHB to participate in National Ambulance Collaborative to achieve high functioning and integrated National Air Ambulance service-status update Q4		The Southern DHB remains committed to supporting this piece of work. The NASO workplan is progressing slowly, and we are participating in the National Workplan.

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Minister of Health's Planning Priorities: Improving Wellbeing Through Prevention

Antimicrobial Resistance (AMR)		
Whole of system approach to AMR		
Six monthly report of professional development		
World Hygiene Day celebrated 5 May		
Work with ARRC IPC team members re Multi-Drug Resistant Organisms (MDRO)		
Surveillance and research		
Publication and dissemination of antibiograms		This is done by Southern Community Labs. They do a hospital antibiogram and community antibiogram. This is an annual report provided by SCL.
Active surveillance and review of data		Active surveillance & review of data, however iCNet delayed in implementation. Ongoing
IPC surveillance		
Report DHB rates of AMR at a governance level		
Infection prevention and control		
Active surveillance		
Report of policy review		ongoing

Antimicrobial stewardship		
Policy developed by Q4		Microguide guidelines launched. Minimal liaison with Canterbury.
Implement IV to oral switch programme		ongoing
Audits conducted		ongoing

Antimicrobial stewardship (continued)		
Reports on antibiotic prescribing rates		Prescribing rates still to be sent to GPs Completed within hospitals
Pharmacists work with GPs		
Regular meetings of Antimicrobial Stewardship Steering Group		First IP&C/AMS (under new TOR) held
Communication pathways for ARRC and primary care by Q4		HealthPathway development in progress for primary care
Reporting to clinical governance and senior leadership		Continued development
Work programme for Antimicrobial Resistance (AMR) services		

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Minister of Health's Planning Priorities: Improving Wellbeing through Prevention

Sexual Health		
Recommendations following assessment of district staff mix implemented		
Implementation of Syphilis plan		This has not been achieved to capacity issues. Will explore to commence Q2 2021/22 as capacity allows.
Regular updates on Syphilis Plan to the Sexual Health Steering Group		This has not been achieved to capacity issues. Will explore to commence Q2 2021/22 as capacity allows.
Syphilis Plan – progress reporting		This has not been achieved to capacity issues. Will explore to commence Q2 2021/22 as capacity allows.
Develop educational opportunities for cross sector health professionals to promote sexual health awareness across the Southern district. Micro credentialed workforce Q4.		This has not been achieved fully due to capacity issues. Will explore to commence Q2 2021/22 as capacity allows. Starting to work alongside Public Nurses in their education around LARCs.
Recommendations implemented to reduce barriers for Māori young people to access sexual health services		
Establish a Sexual Assault and Treatment (SAATs) six month pilot (Sep 2020 – Mar 2021) to assess and treat historical assault/abuse presentations –weekly clinics held		

Environmental and Border Health		
Border Health response plan exercises run at Dunedin Airport and Port Otago with the relevant stakeholders with a focus on communication and information sharing		The ill traveller protocol for Dunedin and Queenstown airport has just been updated. Currently Dunedin airport has no international flights, prior to international flights resuming an exercise will be completed. The PHEIC plans for Port Otago and Southport are in the process of being updated once these have been updated an exercise will be run.
Undertake surveillance of mosquitoes at international sea and airports (weekly over summer and monthly over winter) – MoH reporting Q4		Mosquito surveillance sampling was undertaken weekly over summer and monthly over winter. However, weekly monitoring at Queenstown airport was less frequent due to the fact that there were no international flights.
Coordinated Incident Management System (CIMS) 4 Training completed for statutory officers and relevant staff – reporting on training completed		All Health Protection Officers and several Health Promotion staff have CIMS4 training. We are currently trying to align training opportunities with the availability of our Medical Officers of Health
Engage with Te Ao Marama and Aukaha in relation to environmental health decision making		Regular engagement with Aukaha on Kia Haumaru te Kaika - the housing project as well as a meeting with their planners that will be set up as a quarterly meeting. No specific engagement with Te Ao Marama but we are on notice to introduce our Medical Officers of Health. We will take that opportunity to set up a regular programme of dialogue.

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Minister of Health's Planning Priorities: Improving Wellbeing through Prevention

Environmental Sustainability		
Energy Supply and Efficiency		
Measure, monitor and report the carbon footprint of SDHB – Report on progress		Investigating providers to provide baseline
Reduce electricity through behaviour education campaign Q1-Q4		Programme being developed
Waste		
Waste audit/stocktake		Investigation completed.
Behaviour education campaign on waste minimisation		
Procurement		
Paper use campaign		

Built Environment		
Environmental sustainability Design Plan implemented Q1-Q4		In progress
Engagement of staff and culture change		
Green Healthcare Workshops		
Research links with others Q1-Q4		Not formally established, work in progress
Promote strategy within the wider health care sector		Communications plan being developed

Drinking Water		
Reporting of activities		Work undertaken as required. Staff are also working to complete work for handover to Taumata Arowai as needed.
Number of compliant supplies increased by Q4		Work is continuing with suppliers especially those with expired water safety plans. This has been slowed due to the difficulty getting them approved under the new framework.
Complete risk assessment to identify priority supplies - Progress and outcome reported		All high risk supplies with non-compliances have been working with the designated officer and DWAP.

Cross sectoral collaboration		
Finalise a Health in All Policies (HiAP) action plan under the Southern Primary and Community Care Strategy to support intersectoral action – report on progress		Our input into all Council Long-Term Plans has provided a platform for on-going engagement in a number of Councils.
Evaluate the pilot Kia Haumaru te Kaika project that is focused on hospitalisation of Māori children age 0-4 in Dunedin with respiratory conditions attributable to their living conditions Q4 (EOA)		Owing to COVID-19, an ability to secure a fund holder, and the roll out of a project that cut across our referral process, has led to delays in the roll-out of this project. First referrals were received in Dunedin in Q4 and referrals are anticipated in Invercargill very early in Q1 20021-22

Annual Plan Report Quarter 4 2020/21

Minister of Health's Planning Priorities: Improving Wellbeing through Prevention

Healthy Food and Drink		
Implement Healthy Food and Drink Policy in Early Learning Services, primary, intermediate and secondary schools		Eligible schools = 57 (decile 1 to 4; Māori+pasifika rolls > 35%; schools with need identified by MoE) Eligible ECE= 55 (EQI 1-4; Māori+pasifika rolls > 35%) HAL website is on hold until toolkits finalised. 2 new Nutrition resources from MoE awaiting sign-off (garden to Table & Heart Foundation involved). Reporting templates developed. Secondment into COVID-19 work and training impacted on delivery component.
Implementation of Healthy Food and Drink Policy in school setting - progress report		Ongoing support is provided to eligible schools to further develop and implement water and milk only and healthy nutrition policies. Support is provided to link school community gardens into the curriculum, develop school active transport projects to encourage physical activity, and around healthy school lunches.
Annual audit to ensure ongoing compliance with the Southern DHB's healthy food and drink policy at cafeterias at Wakari, Invercargill and Dunedin Hospitals.		Annual audit for 2021 programmed for September 2021
Healthy food and drinks policy (HF&DP) clause appended to contracts		
Healthy Active Learning initiative: Survey Southern Schools with a particular focus on schools in high Māori & Pacific populations and gather data on current-water only policies and develop tailored water-only strategies in collaboration with individual schools (EOA) – Progress report		

Cervical Screening		
Support from Navigators on patient continuum of care		
Southern DHB Cervical Screening Service to regularly engage with kaupapa Māori health services		
Identification of a general practice to plan a trial for implementation in 21/22 targeting Māori women to increase cervical screening rates		This planned work on hold due to COVID impacts on GP practice. The GP practice has been identified and currently in discussion to commence Q2 21/22 when capacity allows.
Identify/engage with key industries to promote cervical screening		
Steering group meetings regularly occur		This has not been achieved to capacity issues. Will explore to commence Q2 2021/22 as capacity allows.

Breast Screening		
Engagement with kaupapa Māori health providers		
Provide education to GP registrars on the breast screening service		

Annual Plan Report Quarter 4 2020/21

Minister of Health's Planning Priorities: Improving Wellbeing through Prevention

Smokefree 2025		
Compliance and enforcement Undertake compliance and enforcement activities in relation to the Smoke-free Environments Act 1990. Report measures via the vital few reporting template. Reporting Q4		Smoke-free reporting exemplar template completed.
Assessment of postnatal extension to the Southern Stop Smoking(SSS) incentive scheme completed and recommendations made		Did not occur due to Portfolio Manager being involved in COVID-19 Clinic.
Assessment of referral approach/recommendations made (Maternal Smokefree Referral Pilot to increase engagement in SSS especially for young Māori mothers in Oamaru, Balclutha and Queen Mary birthing units		
Analysis completed		Data has been collected but analysis delayed as the Portfolio Manager being involved in COVID-19 Clinic.
Recommendations implemented		Once analysis is completed recommendations can be implemented.

Smokefree 2025 (continued)		
Increase the number of secondary care referrals to the Southern Stop Smoking Service by taking an opt off referral approach in secondary care – report Q4		Numbers are still being obtained. Referrals to the Southern Stop Smoking Service are only one possible intervention for hospital patients.
Vape to Quit pilot- Report number of vapes supplied		One vape supplied
Vape to Quit pilot- Report number of successful quits		Data not available
Vape to Quit pilot- Report number of Māori smokers quitting		Data not available
Smokefree Steering Group meets 2 monthly – reporting Q4		Two monthly meetings continue. One face to face monthly planning meeting.
Develop and implement a programme to promote Smokefree Cars legislation promotion (once legislation enacted) Progress report		Legislation to be enacted Q1 2021-22
Develop and implement a programme around Vaping legislation (once legislation enacted). Progress report.		Enforcement officers are still waiting on direction from the Ministry of Health around this thus there were limited CPO's conducted in the high priority groups. This is unlikely to be actioned until the legislation is able to be enacted.
Advocate with local councils for increased smoke free outdoor spaces. Progress report.		Long Term Plan process was a useful advocacy tool that resulted in traction with at least two Councils.

Annual Plan Report Quarter 4 2020/21

Minister of Health's Planning Priorities: Improving Wellbeing through Prevention

Reducing Alcohol Related Harm		
Undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012 – Reporting Q4		842 applications enquired into and 792 were reported to District Licencing Committees during this quarter.
Two Controlled Purchase Operations (CPOs) undertaken		There has been only one CPO undertaken this year due to the fact police drive CPO's.
Undertake an evaluation in Invercargill of the pilot of 'The Plan'. This an initiative that aims to support parents to delay drinking and reduce alcohol related risk to their teens. Progress reporting Q4.		The Plan is being rolled out in Alexandra in July 2021. The success associated with its implementation is that 18 organisations are collaborating with the intention of successful delivery. Media plan well executed and parent evenings have commenced.
Evaluate the 'Good One' Party Register. This is a programme in Dunedin where young people having a party can register it on a website. Progress reporting Q4.		The Department of Preventive and Social Medicine, University of Otago has been approached for assistance with a comprehensive evaluation. They have suggested that this would be a good masters thesis topic. Currently we are waiting to hear if the PostGrad Course Director and Student Research Convenors have any students looking for projects and it is being advertised on the research projects web page for students.
Evaluate the 'Good One' Party Register – evaluation completed Q4		Project appears to be being successfully implemented. Evaluation is planned for Q1 2021-22

Communicable Diseases		
Timely response to COVID 19 (Includes quality improvement plan) – ongoing activity		PH Staff are currently undergoing training to upskill in the new release 6 functionality of the National Contact Tracing System. We are required to have 20 staff competent in the system by the go-live date 20th July. Staff will be provided with new scenarios to work through to maintain competency. This requires us to review and update all training material.
Development of a quality improvement plan for the Public Health unit recording, managing and documenting notifiable disease cases and outbreaks - Audits of improvements implemented		Work has been completed on getting low risk enteric diseases onto REDcaps; this means that those with low risk enteric diseases have the opportunity to complete their questionnaire on REDcaps.
Evaluation of REDcaps (Research Electronic Data Capture) for notified enteric disease investigations.		REDcaps was operationalised this quarter.
Auditing of Dunedin and Invercargill needle exchanges.		Rescheduled for Q1 2021-22

Southern District Health Board
Piki Te Ora

Annual Plan Report Quarter 4 2020/21
Minister of Health's Planning Priorities: Improving Child Wellbeing

Maternity and Early Years		
Commence whole of system planning for Maternal, Child and Youth Health and Wellbeing Model of Care - Engagement continues on development of the model of care		MCWCP Coordinators in place in Dunedin and Southland, working in partnership with community, LMCs and WCTO services to improve engagement
Request for Proposals (RFP) for modifications to Pregnancy and Parenting course to increase participation for Māori women- Service specifications for new contract		An exemption from undertaking a competitive procurement process has been approved. The current contract is undergoing a renewal process.
Number attending Pregnancy and Parenting sessions reported		
Assessment completed and recommendation made on postnatal extension to SSS		Did not occur due to Portfolio Manager being involved in COVID-19 Clinic.
Assessment of referral approach and recommendations made and implemented on the Maternal Smokefree Referral Pilot		
Analysis of number of safe sleep devices completed		Data has been collected but analysis delayed as the Portfolio Manager being involved in COVID-19 Clinic.
Implementation of recommendations re safe sleep devices		Once analysis is completed recommendations can be implemented.

Maternity and Early Years (continued)		
Enhance Breast feeding peer support programme		A survey has been completed and we are now conducting interviews with Māori and Pacific women to understand their breast-feeding experiences. This will be presented at the hui.
Well Child/Tamariki Ora (WCTO) - WCTO providers to provide list of late referrers		
WCTO - Contact late referrers		DoM contacts persistent late referrers.
Quality improvement project		Did not occur due to Portfolio Manager being involved in COVID-19 Clinic.
Website information reviewed and updated		Did not occur due to Portfolio Manager being involved in COVID-19 Clinic.
WCTO Steering Group meets		Did not occur due to Portfolio Manager being involved in COVID-19 Clinic. Some online engagement around specific issues but the full Steering Group has not meet.
Outreach clinic for Māori established with regular monthly attendance		Initiative delayed due to supporting resources being diverted to support nation wide immunisation vaccination programme. Look to commence this work by October/November 21
Pilot programme up and running for Community Oral Health Service to be delivered via a mobile vehicle on two Southern district marae		Unable to get definitive direction/acceptance from local Iwi, continue to work with Māori Health Directorate but currently their support is temporarily diverted to support National Immunisation Programme.
Evaluate the pilot Kia Haumaru te Kaika project that is focused on hospitalisation of children with conditions attributable to their living conditions. Report on progress/ evaluation		Owing to COVID, inability to secure a fundholder, and the roll out of a project that cut across our referral process has led to delays in the roll-out of this project. Fist referrals were received in Dunedin in Q4 and referrals are anticipated in Invercargill very early in Q1 20021-22

Annual Plan Report Quarter 4 2020/21

Minister of Health's Planning Priorities: Improving Child Wellbeing

Maternity and Early Years (continued)		
Evaluate the pilot Kia Haumaru te Kaika project that is focused on hospitalisation of children with conditions attributable to their living conditions.		Owing to COVID, inability to secure a fundholder, and the roll out of a project that cut across our referral process has led to delays in the roll-out of this project. Fist referrals were received in Dunedin in Q4 and referrals are anticipated in Invercargill very early in Q1 20021-22
Implementation of MCWCP steering group recommendations		

Maternity and Midwifery Workforce		
Midwifery First Year of Practice (MFYP) recruitment in place		Have presented to year 3 cohort. Plans in place for early recruitment in August. Meetings set up with Otago Polytech (Otago and Southland) to determine potential intake and commence early discussions with third year students.
Review rural sustainability package that provides top-up payments to rural self-employed midwives working with remote-rural-living women, to include consideration of an extension to urban self-employed midwives in Dunedin		Changes agreed and implemented
Embed cultural competency education into midwifery education calendar		Mathew Kiore from MHD will be presenting an afternoon session at all of the mandatory midwifery education days 21/22 on emotional resilience from a Māori perspective, including cultural competency aspects

Family Violence and Sexual Violence (FVSV)		
Increase SDHB screening and disclosure rates in Paediatrics, Emergency Department and Maternity Services.		Work is currently underway. Some increases have occurred in Child Health.
Establish a reporting programme for the SDHB Executive Leadership/Board for the VIP programme and to include ethnicity patterns		Work is underway. VIP team currently have a specific focus on training and support to address both screening and disclosure rates in ED and Maternity. ED consultant training scheduled for 30 July 2021.
The Executive Team and relevant members of the Senior Leadership Team will undertake the VIP training - 100% Executive attend VIP training		A reporting programme has not been established. However reports have been prepared and tabled for ELT and Clinical Council regarding VIP activity.
Regular attendance at Whāngaia Nga Pa Harakeke with the VIP coordinator		Regular attendance at Whāngaia Nga Pa Harakeke both Dunedin and Invercargill.
Engagement with kaupapa Māori providers		
Draft plan for Elder Abuse		Not reported

Annual Plan Report Quarter 4 2020/21
Minister of Health's Planning Priorities: Improving Child Wellbeing

Immunisation		
Increase clinical governance to streamline Vaccine Preventable Disease (VPD)		
Vaccine Preventable Disease Steering Group (VPDSG) meets quarterly		Need to ratify drafted TOR for 22 (As per Q1 update).
Quality assurance plan implemented		This was not completed in Q4 due to impacts of COVID – staff supporting vaccination roll out.
Immunisation data checking via NIR to support early enrolment with general practice		
Data checking by National Immunisation Register (NIR) team		
NIR advises general practices of unenrolled babies		
General practices refer unimmunised babies to immunisation outreach service		
Measles Immunisation Campaign for 15 to 29 year olds and active recall of children 5 to 14 years who have not had any or had only one measles, mumps & rubella (MMR) vaccine		
MMR vaccines delivered to target groups and data collection processes are in place		Work on hold due to COVID-19 vaccination programme. Will recommence in Oct 2021 as per MOH direction
Evaluation processes established and information is collected		Work on hold due to COVID-19 vaccination programme. Will recommence in Oct 2021 as per MOH direction.

School Based Health Services (SBHS)		
A quantitative report will be submitted to the Ministry of Health (MOH) for decile 1 to 5 schools teen parent units and Alternative education facilities quarters two and four		
Youth training tool in place and training of public health nurses commenced – evaluation complete		Evaluation has not been completed as Youth training tool and training of public health nurses only commenced in Q4. Will need to be completed in Q1/Q2 2021/22
Priority populations identified within decile 1-5 schools and receive SBHS including psychosocial assessments		
Work programme for 2021/22 finalised by end of Q4		This was not completed in Q4 due to impacts of COVID – staff supporting vaccination roll out. Will need to be completed Q1 2021/22.
Increase youth accessibility and utilisation of School Based Health Services - Youth client feedback received and assessed		MoH has commenced 'School-based Health Service enhancement project'. MoH aim is to build assurance that the SBHS programmes contributes to improving outcomes for rangatahi and is equitable and effective. The programme will engage with stakeholders (Youth Clients and SDHB) for feedback. This is in progress and will continue into 2022. Once Client feedback received, will assess for opportunities for improvement.
The Youth Service Level Alliance Team meet no less than two monthly to monitor service delivery, identify gaps in service provision and make recommendations		One meeting occurred in the quarter due to Portfolio Manager being involved with the COVID Clinic.
Quarterly MoH reporting on SBHS		

FOR INFORMATION

Item: **Strategic Refresh Update August 2021**

Proposed by: Strategic refresh Steering group, Southern District Health Board

Meeting of: Board, 7 September 2021

Recommendation

That the Board notes the content of these papers, and supports the course of action to date.

Purpose

1. To summarise progress that SDHB in collaboration with Synergia have made on the Strategy Briefing project.

Specific Implications For Consideration

Background

2. SDHB embarked on an important piece of work refreshing the 2015 Strategic Plan. The evolving situation with regard to the Health reforms have intensified the need and importance of this work. Synergia are our chosen partner in this project and are leading the ongoing project rollout.

Discussion

As per the progress update.

Next Steps & Actions

Appendices

Synergia Board progress update August 2021

STRATEGIC BRIEFING FOR THE SOUTHERN HEALTH DISTRICT

August update to the Board

1. KEY POINTS

- At the July Steering Group meeting the project brief was reframed a little from a 'Strategy Refresh' to a 'Strategic Briefing for the Southern Health District'. This change was made to reflect the reality of the disestablishment of the DHB in June 2022 and the importance of producing a document that would provide guidance for the transition to the new health structures and to ensure that key priorities regarding the southern system were clearly identified for continuing attention and support.

- The August Steering Group has met and discussed the broad shape of the report and the key areas the report will focus on. Synergia is now working on detail with the aim of preparing the initial draft during September.

- Work is ongoing around the focus areas of:
  - Māori leadership
  - Thriving localities
  - Systems that empower integration
  - Networking specialist services
  - Effective enablers.

- There will also be guidance around improving the processes of implementation of strategic activity within the Southern system.

- The aim is to provide a positive and constructive advice in an accessible format, with a concise core briefing and then more detailed information for key areas where it is vital there is effective transformation in service delivery over the next five years.

- Engagement is ongoing with a range of stakeholders is continuing through interviews and focus groups relation to specific issues.

- Considerable effort has gone into data analysis to inform a series of data-driven and clinically engaged workshops. Amenable mortality data has been used to identify areas where our current service system is leading to inequitable outcomes for Māori. Workshops are exploring service level data to drill down and identify changes to serviced systems to improve equity.

- Data driven clinically engaged workshops are also being held looking at how the system is responding to the frail elderly and identifying areas for improvement. This area is important in terms of the sustainability of the new Dunedin Hospital.

- Further workshops are being held with the rural hospitals to discuss the future role and scope of practice of rural hospitals and also with a more detailed discussion on how services and care models will need to evolve to respond to population pressured in the Central Lakes District.

2. BOARD WORKSHOP – STRATEGIC BRIEFING

A workshop with the Southern DHB Board has been scheduled for Thursday 2 September 2021. Given the recent Covid-19 developments and national level 4 restrictions, it is assumed that this workshop will now be on Zoom.

Synergia will circulate an agenda for the Board workshop prior to the meeting. The focus will be on discussing the key priorities the Board sees as vital to be carried forward during the transition and into the future. We are also interested in the Board's perspectives of the key challenges and risks for the transition and that Health NZ and the Māori Health Authority should be aware of.

FOR INFORMATION

Item: **SDHB Change Programme Report August 2021**

Proposed by: Principal Advisor to the Chief Executive

Meeting of: Board, 7 September 2021

Recommendation

That the Board notes the contents of this progress update acknowledging the iterative approach.

Purpose

1. To summarise progress of the SDHB's overall Change Programme.

Specific Implications For Consideration

Background

In March 2020 the SDHB approved a change programme. This update aims to provide a high-level portfolio overview of that change programme which is a combination of strategic change initiatives and our business-as-usual activity.

Discussion

This is the second iteration of this report and will continue to adapt and develop. We have moved to using a SaaS cloud-based software platform (Cascade) to assist the organisation with the ongoing monitoring of this change programme which will offer an additional level of sophistication and transparency to our portfolio as monitored by the ePMO, but we are not at the reporting stage yet with this – we are still uploading the programme content.

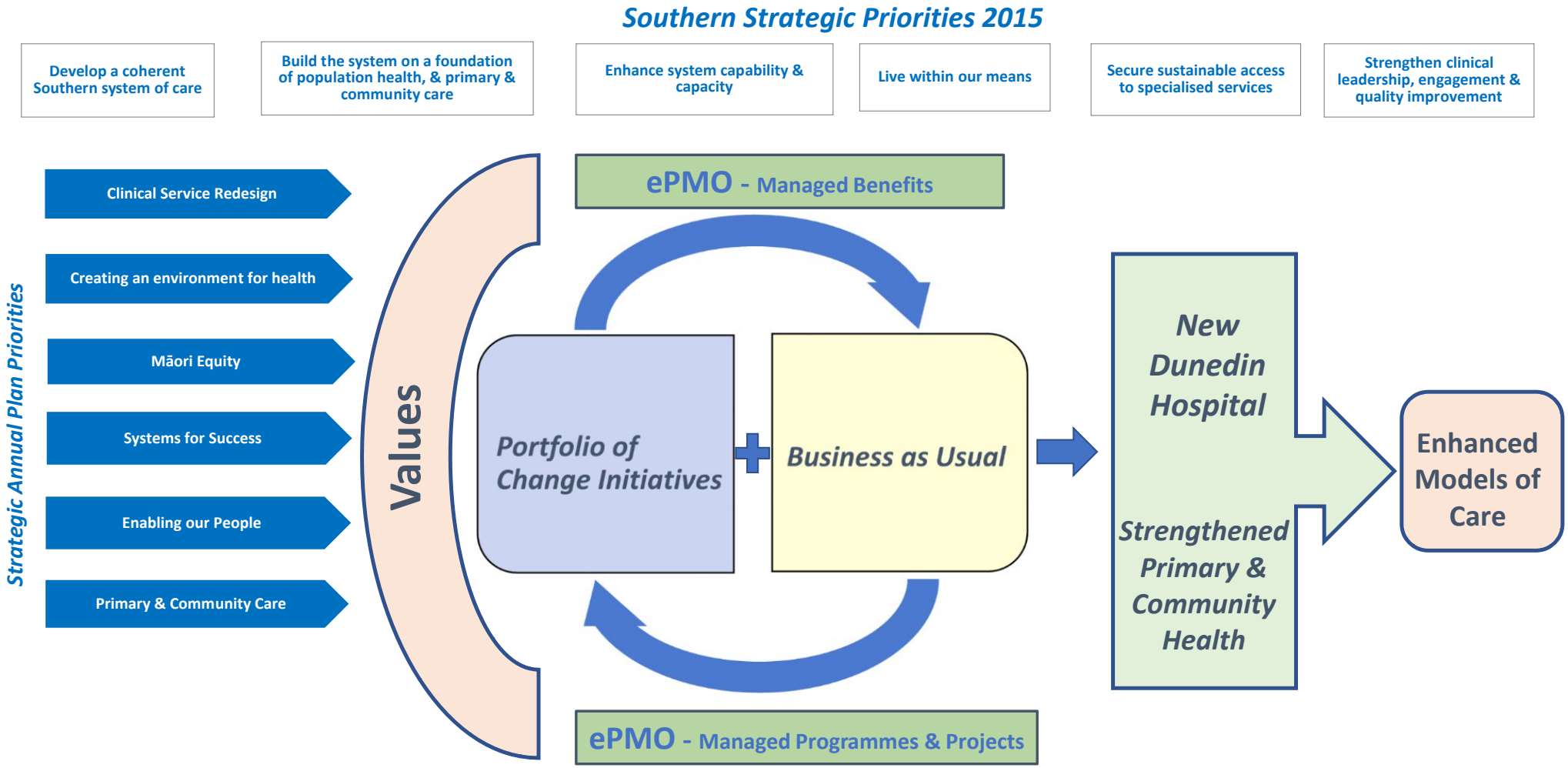
Next Steps & Actions

Continue uploading and refining content in Cascade. On-board exec team and a group of their delegates to assist with providing regular updates which will include some training on how to use the platform.

Appendices

SDHB Change Programme Update August 2021

Strategic Change Portfolio – Progress Update July 2021



Strategic Change Programme – Progress Update August 2021

Regional Lens & Alignment

Southern Strategic Briefing Project Underway

Southern Strategic Priorities 2015	*Strategic Annual Plan Priorities*
Develop a coherent Southern system of care	**Clinical Service Redesign**
Build the system on a foundation of population health, & primary & community care	**Creating an environment for health**
	Māori Equity
Secure sustainable access to specialised services	
Strengthen clinical leadership, engagement & quality improvement	**Systems for Success**
Enhance system capability & capacity	**Enabling our People**
Live within our means	**Primary & Community Care**

TRANCHE 1: 2021-23 SHORT TERM		*TRANCHE 2: 2023-26 MID TERM*	
Well underway with benefits starting to be realised	**Underway with activity taking place**	**Planning Underway**	**Not yet Started / Concept Stage**
Patient Flow/Implementation of the SAFER Bundle*	• Dunedin & Southland Master Site-Planning • **MAU*** • **Oncology Sustainability Planning *** • **Hospital escalation plan*** • Generalism* • Implementation of MH review recommendations * • Security Review*	• Discharge documentation re-design * • Operational Structure reset	• Operational Management system implementation (Integrated Operations Centre) • CETES (Clinical Engineering, Tech & Equipment Service • Acute Assessment & Planning Units • 23 Hour Unit
	• Health Needs Analysis • Primary & Community Work Programme		• Locality Network prototyping
	• Equity actions improvement plan • Implementing Whakamaua: Māori Health Action Plan		• Maori Health Authority Commissioning
• Virtual Health • FPIM Implementation • HRIS	• District-wide clinical partnerships • Transitions Improvement: Rural transfers & transfers to ARRC • Data & analytics reporting improvement plan • Risk Management maturity journey • Establishment of ePMO & Project Governance Framework* • NDH Workforce Modelling • PICS Implementation *	• Clinical Costing System • Right-sizing Southland ED • Quality Improvement Framework • South Island Digital Transformation • Performance & Accountability Framework* • Production Engineering *	• Central Decision Support Model • Transit Care Units (TCU) • Seven-Day Hospital
	• Wellbeing: Aukaha kia kaha programme • Strengthened Credentialing • **CCDM Implementation*** • Implementation of MH Health & Safety review* • **Disability Strategy Implementation***	• Building internal change capability (L&D/ePMO)	
• Health Care Homes	• Frail elderly pathway • Primary care in Southland • Health Hubs Implementation	• Maternity Central Otago	

Key: * = Shift from last update & Highlighted = contributing towards the NDH

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Strategic Change Portfolio – Progress Update August 2021

Initiative/Project	Achieved By	Responsible Owner	Month Status Current	Month Status Previous	Additional Comments	Key Risks/Key Dependencies
Tranche 1 (Shorter Term Initiatives: immediate, 1-3 years)						
Southern Strategic Briefing Project (nee refresh)	Oct 30th	Board/CEO			Project on-track – structure of final report shared with WP & SG	Anticipating that covid will delay this potentially.
MAU	Aug 2022	EDFPF			De-canting of areas underway slightly delayed, but overall programme progressing	
Oncology Sustainability Planning	Ongoing	EDSS			Multiple workstreams in flight.	Recruitment Success key dependency/risk
Discharge Summaries Re-design	Dec 2021	CMO/EDQCG			Paused as resource that was earmarked for this has been seconded elsewhere for 1 yr.	Availability of project resource dependency
Operational structure re-design	Sept 2021	CEO/ELT			Proposal for change in flight, but extension to consultation given due to unions and also to allow for review of feedback.	
Production Engineering	August 31st 2021	EDSS			Re-calibrating this work – Auckland trip to view IOC there being planned (covid will delay this) Recruitment for service improvement manager nearly complete.	New vacancies in team is a dependency now. Overall capability gap to drive this forward is a risk.
Clinical Costing System Implementation plan	Oct 30th 2021	EDFPF			On track, will be closed RFP process between 2 providers, project plan in production.	System integrations & resource management
Right-sizing Southland ED	30/08/21	EDFPF/EDSS			Work progressing, plan for improvement being validated against data	
ePMO & Project Governance framework	Oct 30th 2021	PACEO			Portfolio Manager recruitment has been delayed due to candidate pulling out of process. Second recruitment process underway.	Onboarding of Portfolio Mgr. is dependency.
Quality Improvement Framework	TBC	EDQCG			This may merge into Performance & Accountability framework – to be determined.	
Building internal change capability	Ongoing	ELT/EDP&C			Current covid situation has re-directed HR resource to workforce surge planning	Lockdown and covid has redirected HR workforce
Patient Flow/Implementation of SAFER Bundle	Ongoing	ELT			Regular 6 weekly SLT patient flow workshops underway to keep momentum up.	Continued collaboration between medical, nursing & allied.
Health hubs Implementation	Dec 2021	EDSPC			Concept designs completed for Dunedin, next stage rollout in progress with chosen partner. Co-design agreement in place.	
MHAID Review	TBC	CMHS&I			Senior change manager in place to drive project forward. Project plan being developed.	
Security Review	Dec 2021	EDFPF			Report has been received, reviewing currently.	
MHAID H&S Review	TBC	CMHS&I			Decision by Exec & Board to prioritise MHAID review first with view that this will follow.	Dependent on MHAID overall review being implemented

Strategic Change Portfolio – Progress Update August 2021

Initiative/Project	Achieved By	Responsible Owner	Month Status: Current	Prior	Additional Comments	Key Risks/Dependencies
Tranche 1 (Shorter Term Initiatives: immediate, 1-3 years)						
Hospital Escalation Planning/Standard Operating Procedures	Ongoing	EDSS			Dunedin is further embedded than Southland currently, but work progressing this is ongoing	
Health Needs Analysis	Dec 2021	EDSPC			Soft launch of 8/82 indicators complete with complete live site end of calendar year.	
Primary & Community Work Programme	Ongoing	EDSPC			Work is progressing but the COVID Vaccination programme has stalled progress in areas	COVID vaccination programme slowed progress
Equity Actions Improvement Programme	Ongoing	CMHS&I			As above	COVID vaccination programme slowed progress
Virtual Health	2023 embedded by	EDSS			Current covid situation has given telehealth a boost. New implementation manager driving uptake.	Technology dependency & model of care embedding/patient education.
FPIM Implementation	1/07/21	EDFPF			Complete, go live achieved on July 1st	
HRIS	Ongoing	EDP&C			Success Factors has been implemented 1st part of 2 part implementation	
NDH Workforce Modelling	Ongoing/No end date	EDP&C			Completed first iteration of modelling future workforce requirements for services in the Outpatients' Building: this modelling includes draft costings. Will be presented to ELT & CLG.	Health NZ reforms will have an impact from a wider environmental perspective.
Health Care Homes	2021-22	EDSPC			Third tranche completed in Q4.	
Risk Management Maturity	October 2021	EDQCG			The list of current clinical risks to be signed off by Clinical Council September Risk Register moved to Safety 1st by October.	

Strategic Change Portfolio – Progress Update August 2021

Initiative/Project	Achieved By	Responsible Owner	Month Status: Current	Month Status: Prior	Additional Comments	Key Risks/Dependencies
Tranche 2 (Mid to Long -Term Initiatives: 2-6 years)						
Maternity Central Otago	2024	EDSPC			Proceed with RFP & advancing of business case collaboratively with MoH. Components of BC have been agreed with Ministry. Draft Business case submitted to Ministry in mid August.	
Dunedin & Southland Master Site-Planning	TBC	EDFPF			Initial planning meeting with Sapere had and awaiting their project plan.	TBC once project plan signed off
CCDM Implementation	TBC	EDSS & CNMO			$ for full implementation in next financial year, implemented in pockets	Nursing resource constraints
Primary Care in Southland	31/10/21	EDSPC & EDSS			Joint work programme with PHO	Workforce risk specifically GP pool
Generalism	2023/2024	EDSS			Ontrack but large scale change programme	Dependency of MAU project
Digital Transformation (detailed business case)	September 2021	EDFPF			Complete pending cabinet approval.	Approval processes, overspends & potential resource/skill gaps
PICS implementation	Q4 2024	EDSS			Programme manager re-assigned COVID programme so has been delayed.	
Central Decision Support Model	N/A	PACEO			Conceptual stage – regional discussions South Island wide are occurring.	Robust data warehouse underpinning the model & capability uplift in analytics team.
Implementation of MH review recommendations	TBC	CMHS&I			Change Manager Toni Guschlag has been confirmed to help lead project.	On-Boarding of Exec Director MH.
CETES – Clinical Engineering, Tech & Equipment Service	2024/6	EDSS			New Build team/conceptual	
TCU – Transit Care Units	2024/5	EDSS			New Build Team/conceptual	
Seven-Day Hospital	2024/6	EDSS			Conceptual Stage	Workforce Implications as change in operating model.
Acute Assessment & Planning Units	2024	EDSS			New Build Team/Conceptual	
23 Hour Unit	2024	EDSS			New Build Team/Conceptual	

Strategic Change Portfolio – Progress Update July 2021

Initiative/Project	Achieved By	Responsible Owner	Month Status: Current	Prior	Additional Comments	Key Risks/Dependencies
Key Business as Usual Enablers						
Performance & Accountability Framework	November 2021	ELT			Plan with timeframes being developed by IS team which will involve some external assistance as well.	IS resource issue – being addressed by lead EXEC.
Develop Service Planning further	Ongoing	ELT			Additional investment into service planning has been identified as a need.	Currently 1 FTE.
Health & Safety Workplan	Ongoing/No end date	GM H&S, EDP&C			Workplan progressing, resource under more pressure due to covid	GM H&S resignation.
Wellbeing: Aukaha kia kaha programme	Ongoing/No end date	EDP&C				
Implementing use of Cascade – SaaS tool to monitor our execution of our Strategic Change Programme	Octobr 2021	PACEO			Cascade account is up and running and the change programme and annual plan are in the process of being populated into the platform.	User adoption.

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Legend

	Good Progress being made, on track, no major issues		Issues exist, significant delay in progress		Not started or due to start
	Issues exist or delay in progress		Item/Project Complete		

FOR INFORMATION

Item: **Psycho-social support in Te Anau/Milford and Queenstown Lakes District**

Proposed by: Gilbert Taurua, Chief Maori Health Strategy & Improvement Officer, SDHB

Meeting of: Board, 7 September 2021

Recommendation

That the Board notes the interim feedback provided to MBIE, requested by them to share with their stakeholders

Purpose

1. To update the Board on the activities of the Te Hau Toka Southern Lakes Wellbeing Group, and the project to deliver psychosocial support to promote and protect the social and mental wellbeing of people within the Targeted Communities, to assist with addressing the ongoing negative effects of COVID-19.

Specific Implications For Consideration

2. Financial
    - nil
3. Quality and Patient Safety
    - nil
4. Operational Efficiency
    - nil
5. Workforce
    - nil
6. Equity
    - nil
7. Other
    - nil

Background

8. The project is funded by the Ministry of Business, Innovation and Employment (1 July 2021 to 30 June 2023) as part of a package of support to assist these communities recover from the negative effects of COVID-19 broadly assist with a re-set of the tourism sector. The broader package includes business advice and psychosocial support targeted to these communities

9. This project is to deliver psychosocial support to promote and protect the social and mental wellbeing of people within the Targeted Communities, and to assist with addressing the ongoing impact of COVID-19. The operational blueprint for the project is underpinned by the national MOH Kia Kaha, Kia Maia, Kia Ora Aotearoa which sets out guiding principles which include uphold the Te Tiriti o Waitangi, community focus, collaboration, people and whanau at the centre and upholding human rights.

10. Te Hau Toka includes members from Southern DHB, WellSouth Primary Health Network, Queenstown Lakes District Council, Central Lakes Family Services, Tahuna-Whakatipu Māori Community, and Fiordland Community Board.

11. Te Hau Toka was formed as a collaborative in June 2020, in response to the community wide mental health impacts from COVID-19. Collaborative working across sectors and agencies requires much attention to communication and respect of each other's organisational interests, but the rewards are significant. The work that has been undertaken could not have been achieved by one organisation alone; delivering psychosocial support does not belong to one organisation or one agency.

12. Objectives include supporting resilience in the community, building on community's existing strengths and assets, sustainability, suicide prevention, delivery of psychological first aid, equity and innovation.

Discussion

Next Steps & Actions

None required

Appendices

Appendix 1	Psycho-social support in Te Anau/Milford and Queenstown Lakes District

Appendix 1:

Psycho-social support in Te Anau/Milford and Queenstown Lakes District

Interim feedback request for MBIE to share with their stakeholders

Purpose:	Urgent request from MBIE for information about rollout of the psychosocial/mental wellbeing support services that MBIE has contracted DHBs to provide as part of the Tourism Communities: Support, Recovery and Re-set Plan.
Request received:	Monday 23rd August 2021
Required by:	EOD Thursday 26 August 2021
To:	Chloe Miller, Graduate Policy Advisor, Tourism Policy, Tourism Branch Labour, Science and Enterprise Group
CC:	Chris Fleming, CEO, SDHB; Gilbert Taurua, Chief Maori Health Strategy & Improvement Officer, SDHB

Contact emails for this report:

Te Hau Toka general: tehautokasouthernlakeswellbeing@southerndhb.govt.nz

Te Hau Toka Southern Lakes Wellbeing Chair: Adell Cox, adell.cox@southerndhb.govt.nz

Te Hau Toka Southern Lakes Wellbeing Administration Contact: Chris Crane, chris.crane@southerndhb.govt.nz

Date: 26 August 2021

Sent by email: chloe.miller@mbie.govt.nz

BACKGROUND

Te Hau Toka Southern Lakes Wellbeing Group (Te Hau Toka) was set up in direct response to community-wide mental health impacts being seen as a result of COVID 19.

The group, including Southern DHB, WellSouth Primary Health Network, Queenstown Lakes District Council, Central Lakes Family Services and Tahuna-Whakatipu Māori Community, was formed in June 2020 and has now been expanded to incorporate Fiordland. It uses its extensive professional and personal networks to help co-ordinate an overall picture of ongoing needs which includes sharing wellbeing concerns, monitoring service capacity, and working together on ways to tackle the mental wellbeing effects in communities.

By combining knowledge and resources, Te Hau Toka hopes to build awareness of services that are available and connect people with the support they may need.

Te Hau Toka is a collaboration that exists to activate the local COVID-19 Psychosocial and Mental Wellbeing Recovery Plan, aligned to the national MOH Kia Kaha, Kia Maia, Kia Ora Aotearoa facilitate connections, provide trusted information, and drive actions to support the mental well-being and recovery of the Central Lakes and Fiordland communities.

Funding confirmed 1 July 2021.

TE HAU TOKA DELIVERABLES AND ACTIONS TO 24 AUGUST 2021

1. Mental Wellbeing Navigator

   With the support of local Charitable Trust funds, a Mental Health Wellbeing Navigator role was created. The role and function is underpinned by the Ministry of Health's Recovery Plan (Kia Kaha, Kia Māia, Kia Ora Aotearoa).

   Knowing what wellbeing resources are available can be a challenge. The role is to promote improved access to information resources specifically on mental wellness and services in the District. The Navigator has proactively reached out to vulnerable groups to connect them with relevant information and assist people to know how to look after their own mental wellbeing and where to get help if needed.

   The Navigator will actively contribute towards community collaboration, support innovative responses that help build mental and social wellbeing by providing key links and information for groups with specific mental wellbeing needs (e.g., older people, Maori, Pacific, families, & rural communities).

   a. Actions to date

   - Appointment of a Mental Wellbeing Navigator for Central Lakes. The Navigator role (and person appointed to that role) is proving to be a very effective mechanism for hearing the community voice

   - The Navigator has met with providers across the district in key priority groups (business, migrants, youth, older people, and new parents)

   - The navigator has identified current gaps and available services – Service Provider Directories have been created for each of the key priority groups.

- The navigator is building networks within the community of providers eg by assisting and/or facilitating with community events, including a Spring Gala, and a Carer Education Day in response to needs identified for older persons.

Plan to end of 2021

- Continue building, networking and maintaining community relationships
- Support co-design and delivery of mental wellbeing initiatives for the community

2. Support for the mental well-being needs of the communities

b. Delivery of psychosocial support to promote and protect the social and mental wellbeing of people within the Targeted Communities, to assist with addressing the ongoing negative effects of COVID-19.

c. Actions to date

- Developing Iwi relationships
- Building and maintaining key relationships, with leaders in Council, Southern DHB, WellSouth PHN and within the community, and also with Funders and NGOs
- Hosting Mental Health 101 (Blueprint for Learning) workshops which support best practice geared specifically for each community. The community response has been significant, with spaces in the workshops being quickly booked out.
- We have provided 5 “Mental Health 101” workshops as follows: 3 August 2021 and 17 August 2021 in Queenstown, planned for 10 September 2021 in Wanaka, 27 September in Te Anau, and 29 September 2021 in Cromwell. Attendance at MH101 has been well represented by the Business community
- Addiction 101 has been booked for Te Anau in November 2021
- Engaged National Directory of Suicide Prevention Office to meet with Queenstown Lakes District Councillors, and community providers in Queenstown Lakes and Fiordland (including emergency workers). The discussion will include the contributions we can all make to preventing suicides in our communities, the importance of language and well-managed responses when suicides occur.
- Planning for co-design workshops with the community, focusing on key communities such as business, as well as migrants, youth/whanau, older persons and new parents. The purpose of this is to hear the authentic community voice, both in articulating the issues, and identifying what actions would have most benefit. “working with” not “doing to” the community.
- Complete the process for requests for/receipt of proposals, assessment and decision to contract, and roll out following completion of co-design work . Part of this includes developing key messages to ensure a transparent and rigorous process for allocation of funding from MBIE.

- Ongoing discussions with Leadership Lab to springboard our co-design from the project "Te Kakau", established to provide direct support to key valuable and vulnerable leaders in the community.

- Gathered detailed information about available workshops, initiatives, events and programmes providing psychosocial wellbeing in the community, locally, nationally and internationally.

d. Plan to end of 2021

- Book more MH101 workshops and explore a webinar option.

- Continue to host / collaborate for events such as Mental Health 101, Addictions 101, Mental Health Awareness month.

- To complete co-design and begin procurement for targeted initiatives to support mental wellbeing in the community.

- Baseline measurements. Explore the design and delivery of wellness surveys using apps with the University of Otago. The co-design process will provide baseline information on community wellbeing, as well as ongoing benchmarking data.

- Continue to gather information on the wellbeing of the targeted communities, largely from face-to-face discussions in the community (individuals, providers, agencies, networks).

- Instigated an "Older persons Carers' Day" (September)

- Support the "Spring Gala" event for older persons (September)

- Free PADA "Perinatal Education Opportunity" workshop at Lake Hayes Pavilion (PADA – Perinatal Anxiety and Depression Aotearoa) 16 Sept 2021

- Assisting facilitation of a "Cultural Music Day" at Happiness House (with Red Cross) in Queenstown. As a pilot are looking at once a week, for 3 hours in the afternoon

- Community Knitting for Connection Project. Invitations via posters, and visits to the rest homes, GP practices and other community places. Target group is older persons

- Organising Child Adolescent and Family Mental Health (CAFM) stakeholders workshop in September as a forum for discussion of issues affecting youth

3. Communications

- Co-ordinate information about mental well-being and capacity of services and communicate it to key stakeholders, target audiences and influencers (e.g. media) in a way that is accurate, easy to understand, timely and accessible.

- Seek broad engagement, participation and collaboration with stakeholders and the wider Queenstown Lakes and Fiordland communities to create a sustainable, inclusive and transparent healthcare model for the region which supports everyone towards better health, now and in the future.

- Highlight Te Hau Toka-led initiatives and community benefits.

- Support and amplify specific community-led and industry initiatives and campaigns that keep our communities well.
- Create an army of wellbeing champions across the community who to help raise awareness of Te Hau Toka initiatives, share their experiences and promote wellbeing opportunities through their networks.
- Use storytelling to take people on the journey.

e. Actions to date

- Meeting including Mayors, the Chambers of Commerce, Business Services, MSD, MOE, community providers, migrant communities
- Participation in Queenstown Lakes District Council "Te Kakau" initiative on growing leaders in the community
- Engagement of Strategic Communications expert to review the communications strategy, wellbeing promotion and develop a stakeholder list
- Adapted 1737 posters to make them more relatable to one of the communities
- Distribution of posters for Suicide Awareness Day (10 September 2021) and planned attendance at events in Wanaka, Alexandra and Arrowtown.
- Developing and promoting the Mental Health Awareness Month calendar of events for September 2021
- Media coverage secured promoting wellbeing messaging, Te Hau Toka, and the Navigator role
- Stakeholder map for targeting communications completed

Plan to end of 2021

- Continue connecting with/establish new networks, and events with key stakeholders
- Continue to amplify resources in the community, through networks and the Navigator role
- Fully implement communications plan, including process for engaging with the community on codesigning psychosocial support
- Prepare a fact sheet for Te Hau Toka members to ensure consistent messages are shared with the community
- Continue poster roll out for 1737
- Provide communications responses specifically for Fiordland on the work of Te Hau Toka.

FOR INFORMATION

Item: Mental Health & Addiction System Review Update

Proposed by: Gilbert Taurua, Chief Māori Health Strategy & Improvement Officer

Meeting of: Southern DHB Board Meeting - 7 September 2021 via Zoom

Recommendation

That the Southern DHB notes this updated report on the Mental Health and Addiction System Review.

Specific Implications for Consideration

1. Financial

    - The current expectation is that the initial phase of review implementation will be within current ring-fenced mental health funding.

2. Quality and Patient Safety

    - There are significant implications for quality and patient safety as a result of this review.

3. Operational Efficiency

    - This review will improve operational efficiencies and support a whole of DHB approach inclusive of mental health and addictions.

4. Workforce

    - There are significant workforce issues associated with the full implementation of the review.

5. Equity

    - The review will have flow on equity improvements with the proposed increase in resourcing to this part of the system.

Background

6. The Mental Health and Addiction System Review was completed by Synergia during January to June 2021 and signed off by the Board in July 2021 meeting.

Discussion

7. This report provides an update on the approach for the implemention of the review recommendations and the plan to communicate the review to the sector. This update will be supported by Toni Gutschlag, Service Improvement Manager and Peter Cammock, Director Leadership Lab.

Next Steps & Actions

Provide regular reporting to the Board as a standing agenda item.

Appendices

Appendix 1	Mental Health and Addictions System Review Update

Appendix 1

Mental Health and Addictions System Review Update

The Mental Health and Addiction System Review was signed off by the Board at the 6 July 2021 Public excluded meeting. The report was released on 6 August 2021. This update provides an overview of short-term activities per Section 5.1.1 from the report. Below are the actions taken to date based on the short term first three months activities outlined in the report. Other activities outside the scope of the report are continuing to be advanced i.e. MHAID key identified risks now on the risk register.

1. **Develop a plan to increase crisis response options to support the Queenstown and Central Lakes and Waitaki regions:**

   We are in discussion with Jo Harry, looking at developing a crisis response for the Queenstown and Central Lakes. Jo is the ex-service manager of the Queenstown-Lakes Mental Health and Addiction service, is a registered nurse and lives in Wanaka. Adell Cox and Heather Casey are supporting these discussions which at this stage will focus on the development of a plan to manage a crisis response for this locality. This will require the development of a respite supported accommodation facility and services able to be called upon 24/7. This will require additional investment. A brief discussion with Safer Waitaki has been had and we will need to follow a similar process for the development of a crisis service for the Waitaki. We have no MHAID services based in the Waitaki Hospital so this plan will need to be worked up in collaboration with the community.

2. **Signal closure/change to the adult MH&A and ID inpatient facilities which currently operate from the Wakari site**:

   Chris Fleming and Gilbert Taurua have formally signalled the closure of Ward 11 on the Wakari site and have meet separately with that team on the release of the Mental Health and Addiction System Review. Heather Casey has been providing support for this team after this announcement. A draft Expression of Interest has been prepared to test the market for the transition of our long stay patients. The wider other facility issues for the Wakari site will be considered once the change manager is in place.

3. **Signal that the current Network Leadership Group will be disestablished, and a new cross-sector intelligence and stewardship group created with clear purpose, function, membership and roles. Develop new terms of reference and membership and hold first meeting:**

   The Network Leadership Group considered the Mental Health and Addiction System Review at their last meeting on 25 August 2021. The plan is to hold the last Network Leadership Group meeting on 29 September 2021. John McDonald will continue on in the short term to support the four mental health locality groups until we have some direction from the Transition office on the development of Locality Networks. The first meeting of the Southern Mental Health and Addiction Change Governance Group will be held in September under the Chairmanship of Dr Clive Bensemann. We are planning a series of groups which will need to be stood up to support the review recommendations including but not limited to an interagency government group, a service user group, a staffing group (as requested by the unions), an NGO group and an addictions specific group.

4. Commission external support to deliver organisational development programme:

We have engaged the Leadership Lab to support us with recommendation 4.3.7 from the Mental Health and Addiction System Review around organisational development and the role of culture. The Leadership Lab is an experienced organisational and leadership development group. They have worked with some of our local Southern communities on community development initiatives and have experience working with DHB specialist mental health services. We are looking for the Leadership Lab to lead us through an Appreciative Inquiry process to identify and highlight the strengths and views of staff of what is working well and where there is energy for change. We know there is a lot of passion and a real desire for things to be different within mental health services. The team that we will be working with includes Peter Cammock, Craig McDowell and Moira Mallon. More specifically we are focusing on the Organisation Development and the Role of Culture in Systems and the Invest in Change aspects of the Review (see Sections 14,15).

- Appreciative Inquiry support to "deepen understanding of the culture as part of the systems change process" (page 72).
- Leadership Development support to assist leaders in making "substantial positive shifts in organisational culture" (page 70) and develop a "learning system" (p.72) in line with the implementation recommendations of the Review.
- Fostering connection and collaboration across the system as part of engaging "consumers and other stakeholders as active agents and equal partners in the change process" (p.74).

We are also pleased to report that we have managed to consolidate the skills of Toni Gutschlag who will take up a part time position as Director of Service Improvement. She will support us in the change management processes required to implement the finding of the review. Toni comes to us directly from the Ministry and the role of Deputy Director General Mental Health and Addiction.

5. Scope initial by Māori for Māori investment and plan to execute – agree the investment and process in partnership:

We have a current vacancy of a Kaihautu Oranga Hinengaro which was a MHAID leadership position based out of Invercargill providing district wide support. The plan is to rework this position and expand the brief of this role towards commissioning of services and working towards addressing Section 4.3.1 in the review including the collection and use of reliable Māori specific performance data, identification of inequities, service utilisation and outcomes from care and routine progress tracking. The role will support the strategic commissioning under Section 4.3.5 around the reconfiguration of support functions and structures.

6. Finalise the plan to support Ward 11 patients to transition to alternative and appropriate community-based options (packages of care):

Per bullet point #2 from this report a draft Expression of Interest has been prepared to test the market for the transition of our long stay patients which may include community-based options and packages of care.

FOR INFORMATION

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

Proposed by: Patient Flow Taskforce

Meeting of: Board, 7 September 2021

Recommendation

That the Board notes the content of this update, supports the course of action to date, and moving forward.

Purpose

To summarise progress of actions of the Patient Flow Taskforce.

Specific Implications for Consideration

1. **Financial:** none
2. **Operational:**
3. **Workforce:** A transfer of ownership to the operational teams for the next phase of work.
4. **Equity:** none

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.

Discussion

The second round of workshops with the SLT and clinical leads on both sites had to be postponed due to strike action and now COVID lockdown has meant further delays. There are six workstreams identified that need to be formally handed over to operational teams to continue.

Next Steps & Actions:

- Scheduling of the follow up workshops and formal handover of workstreams to ops team.

Appendices

1. Patient Flow Taskforce Progress Update

PATIENT FLOW IMPROVEMENT PROGRAMME

Month #7 Progress Update -

Weekly activity by the taskforce has slowed due to the normal commitments of their substantive roles and various environmental factors have delayed the process of transferring this day-to-day activity to the operational teams within the hospitals. Despite this, activity in the following areas is still taking place:

- *Rapid rounds continue to be an effective way of bringing the team together to make efficient decisions. These are operating on all wards. Teams continue to grow in their skill in effectively utilising rapid rounds. The next step will be to do some audits of the process in areas to ensure it's working for the teams and they are being executed effectively in an ongoing manner.*
- *In order to expediate transfers to ARRC, particularly on a Friday, two teams on 8 MED are trialling house officers charting medication directly into Medimap to reduce the delays in general practice needing to immediately sign off on any medication changes. Licence for Medimap has been purchased and a local pharmacist will commence training of the system with the house officers. Should this prove to be an efficient way of expediating transfers it will be rolled out to other areas.*

The taskforce has identified six significant workstreams/projects that need to be the focus going forward to keep materially affecting patient flow in a positive manner, however these projects need to be stood up, owned and started within the Operations team rather than the taskforce. The taskforce will continue to provide executive sponsorship and support however and appropriate resourcing of these projects will need to occur. These workstreams/projects are:

- ED Processes – Bed request to bed access - *This has been operationalised with the ED team and Ops and an early September project implementation start date has been agreed on.*
- Model of care review for the MAU
- Parallel processes in ED
- AT&R beds in Southland being commissioned
- Discharge documentation project
- Set up of an Integrated Ops centre – *Aligns to the planned trip to Auckland to view their IOC.*

<u>Current Metrics (high-level)</u>

**Note, the patient flow dashboards do have the function to provide 'by specialty', 'by ward' and 'by clinician' which users can navigate too users the various filters. These dashboards have been shared with clinical leads and service managers.*

Fig 1. Dunedin – Bed Request to admission time

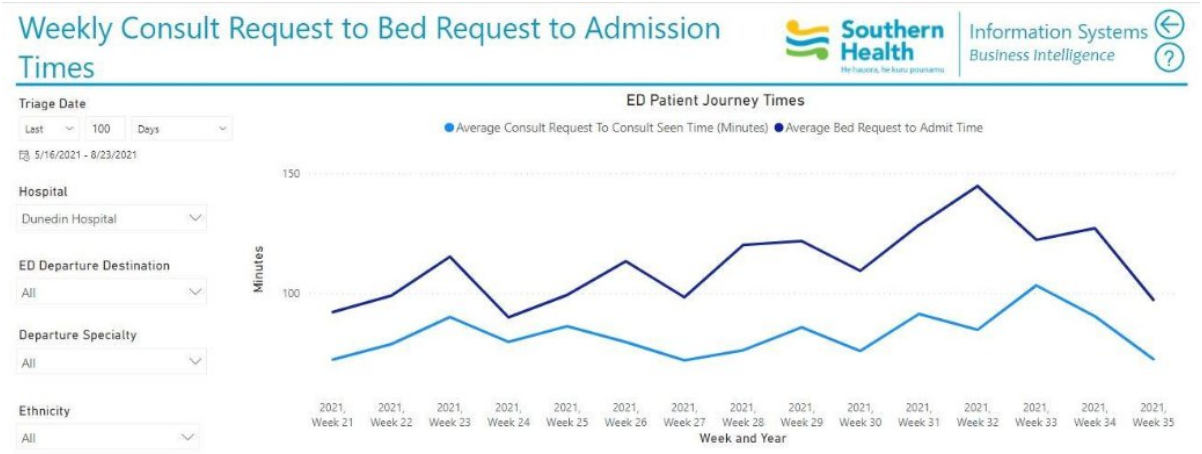


Fig. 2 Southland – Bed Request to admission time

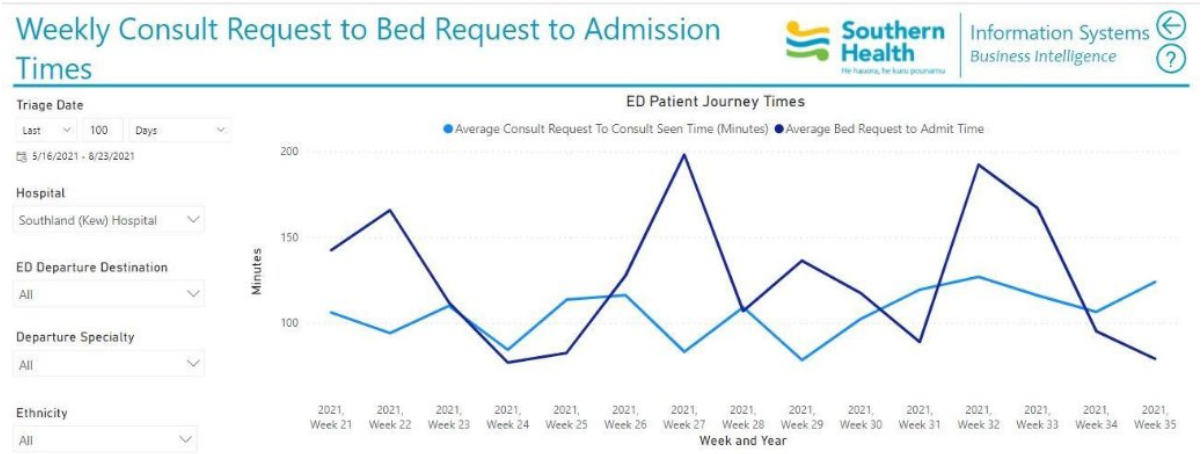


Fig. 3 Dunedin – Discharges before Noon

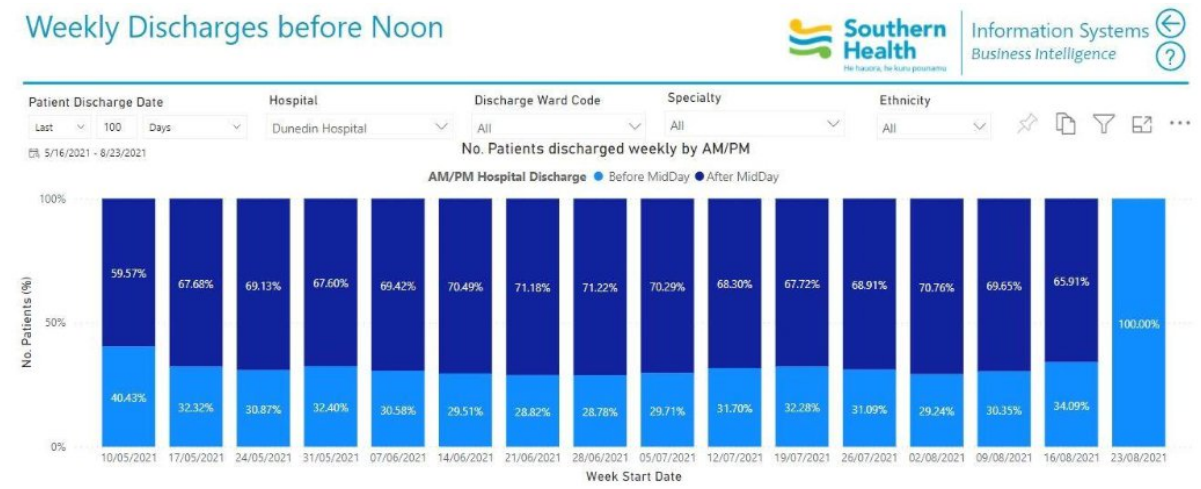


Fig. 4 Southland – Discharges before Noon

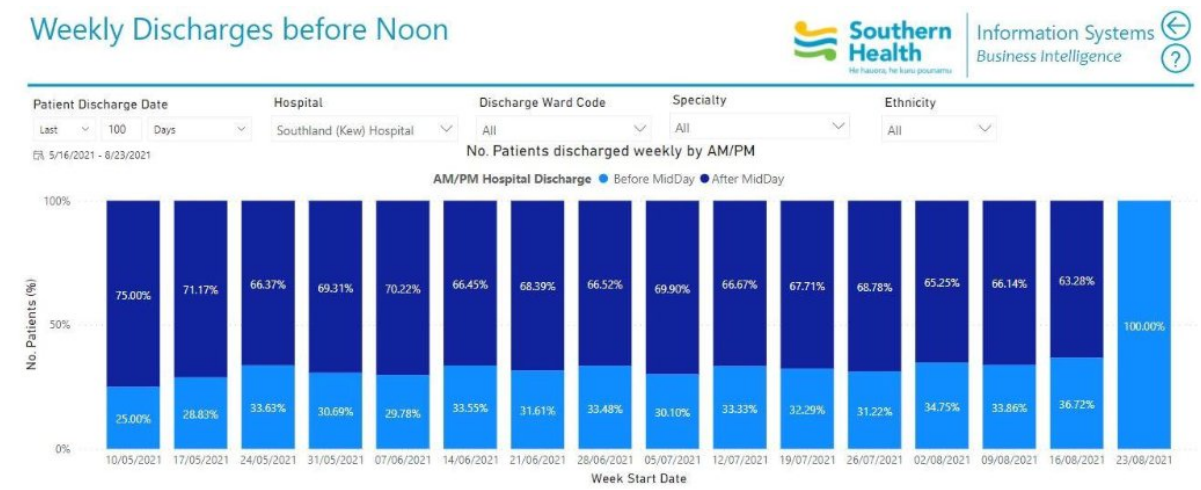


Fig 5. Dunedin – Did not wait

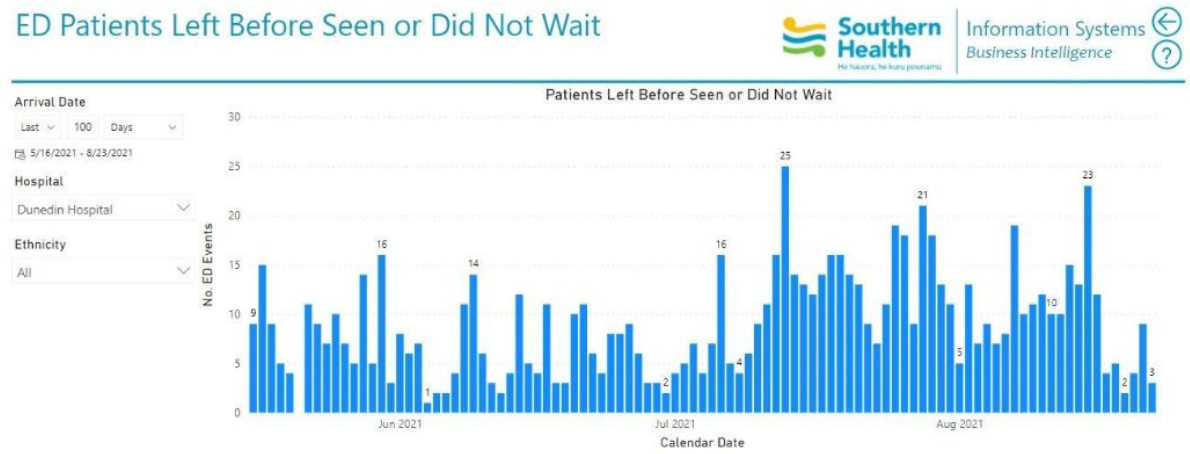


Fig. 6 Southland – Did not wait

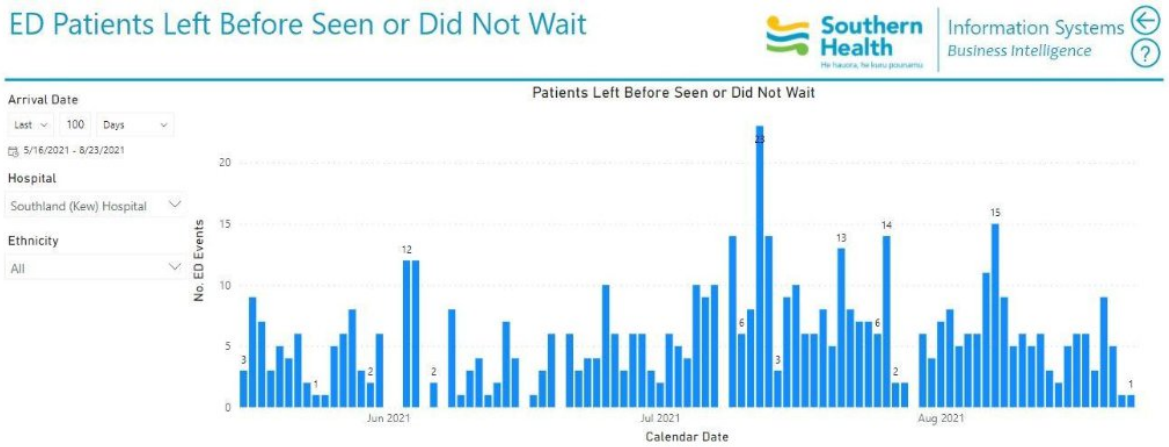


Fig. 7 Dunedin – Weekend vs weekday discharges

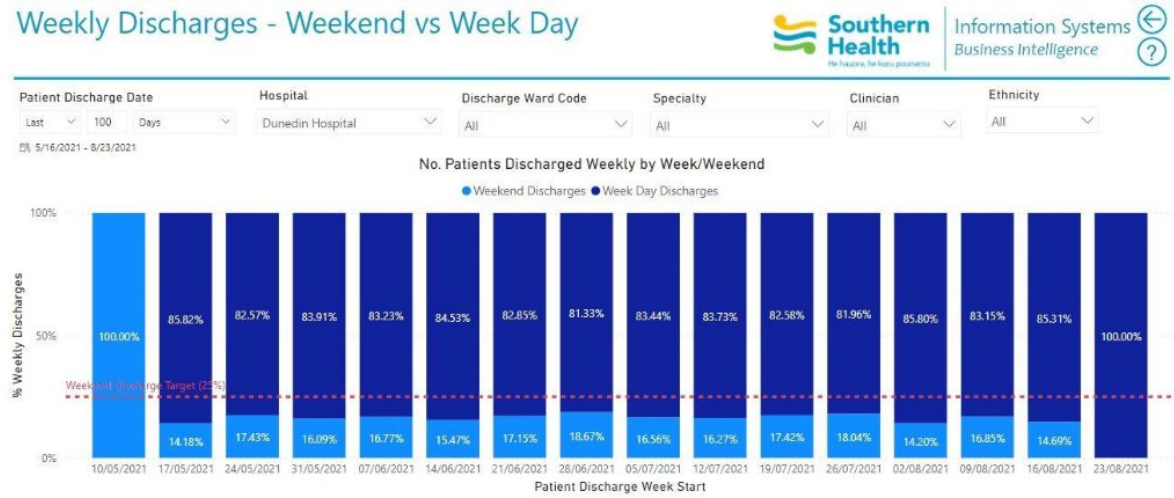


Fig. 8 Southland – Weekend vs weekday discharges

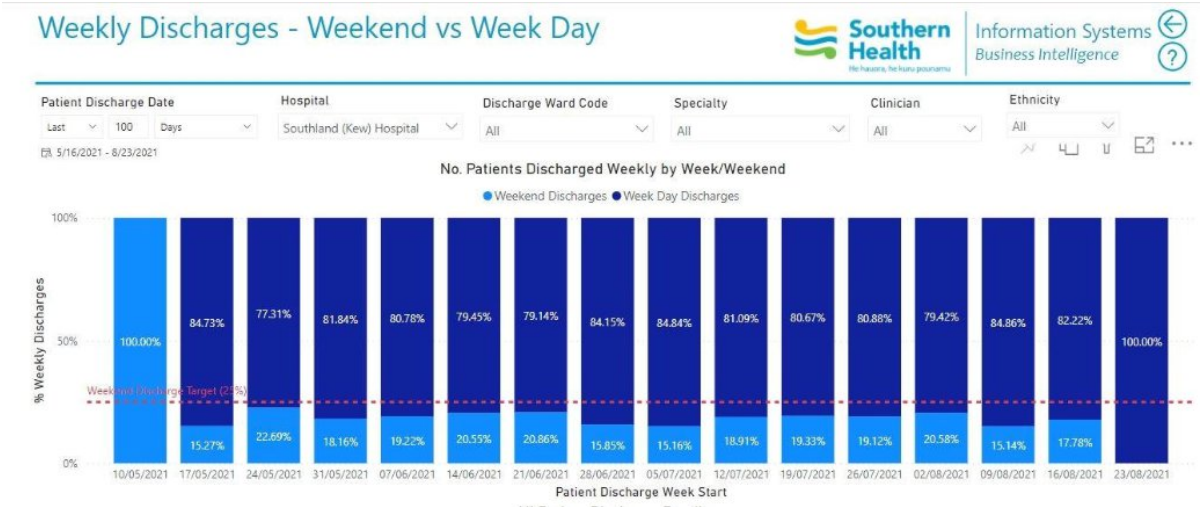


Fig. 9 Dunedin – LOS >21 Days

12.2

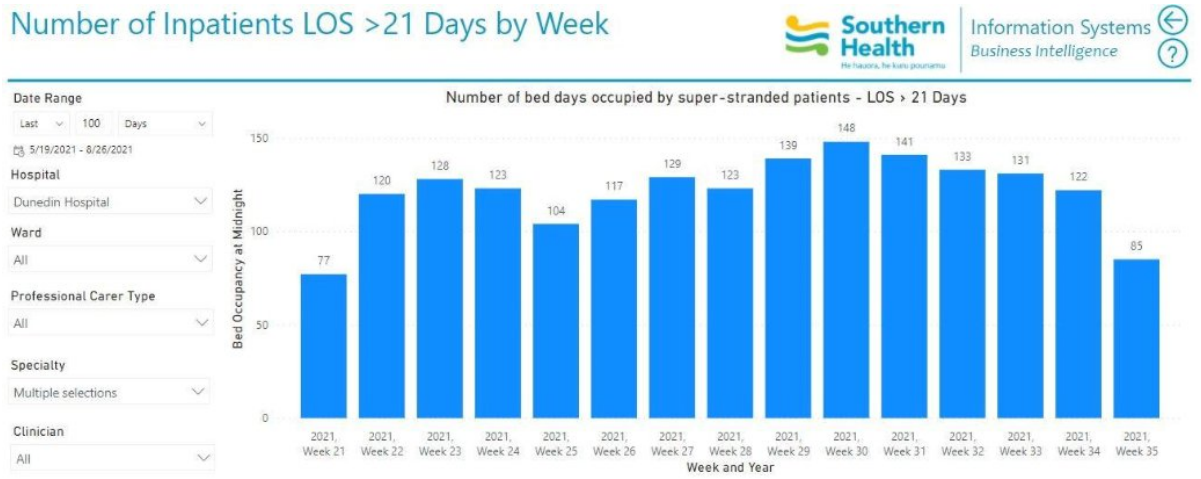
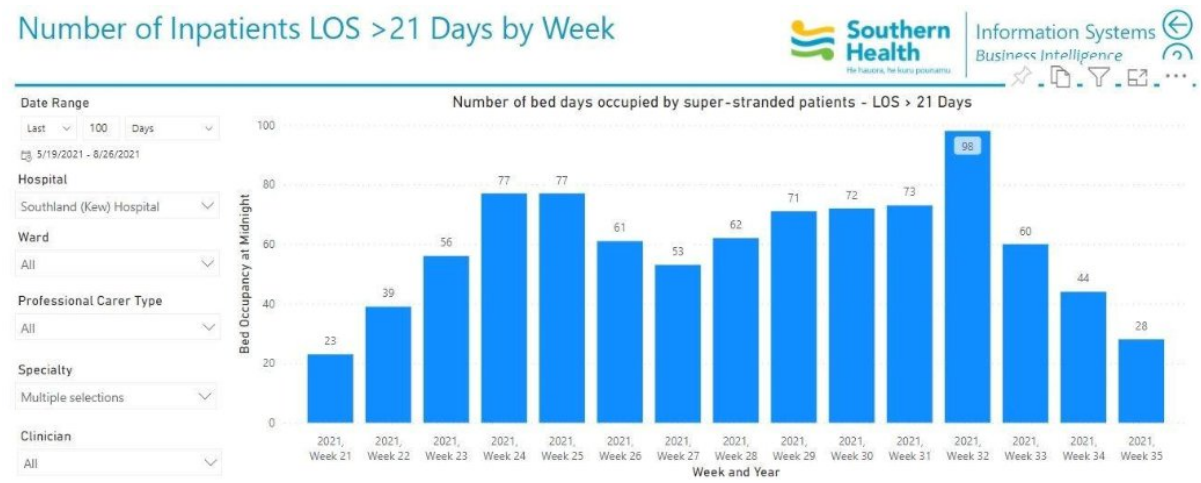


Fig. 10 Southland – LOS >21 Days



FOR INFORMATION

Item: Community Health Council Six Monthly Report

Proposed by: Karen Browne, Chair of Community Health Council
Charlotte Adank, Community Health Council's Facilitator

Meeting of: Board – September 2021

Recommendation

That the Board notes the Community Health Council Report

Purpose

1. **The report is to provide DHB Board members with an update of activities that have occurred at the Community Health Council over the last six months.**

Specific Implications for Consideration

2. Financial

    - There are financial implications with engaging community members; these expenses should be built into service planning.

3. Workforce

    - There are implications with community engagement work as it is about changing the culture of staff across the organisation and enabling staff/ clinicians, community, whānau and patients to work in partnership.

4. Equity

    - One of the principles of the CHC Engagement Framework is a respectful and equal process. Equity in terms of representation, equity in decision-making and underlying the Framework is the Treaty of Waitangi.

5. Other

    - The work undertaken by the CHC is focused on quality improvement.

Background

6. The Community Health Council (CHC) is an advisory council to the Southern DHB and WellSouth PHN. The Council brings together people from diverse backgrounds, ages, health and social experiences to give our communities, whānau and patients a stronger voice into decision-making within the Southern health system.

Community Health Council 6 Monthly Board Report, September 2012

Overview

The Community Health Council (CHC)[1] was embedded into the Southern health system in February 2018 and has achieved a number of milestones including:

a) The development of the *CHC Engagement Community, Whānau and Patient Engagement Framework and Roadmap*[2] which has allowed staff to have community engagement in projects they are undertaking;

b) Hosting the CHC Symposium for all registered CHC advisors in October 2019 with the purpose of sharing and learning what has been achieved from both staff and CHC advisors through engagement projects;

c) The creation of a CHC database with connections to over 300 persons/ organisations. This is an asset to the Southern health system when it needs to engage and /or communicate with the community on specific issues;

c) The CHC, through processes set up with the CHC Engagement Framework and Roadmap, has empowered CHC advisors to be involved in the new hospital build and contribute to the design process;

d) Allowing CHC Members/Advisors the opportunity to feed into multiple projects occurring across the Southern health system;

e) The CHC proposed the need for community engagement with the hospital build which has been seen positively by both clinical leaders, the Project Management Team for the new build and the wider community;

f) The CHC was also influential with supporting a Disability Strategy to be developed for Southern DHB.

Updates for Jan 2021 – June 2021

In the first quarter 20/21, CHC identified priorities for focus, which have continued into this period. These included:

- Continue raising the profile of the CHC Engagement Framework and Roadmap across the Southern health system. **Community, whānau and patient engagement may be increasingly seen as the "right thing to do", but without systematic evaluation how do we stop good intentions becoming tick-box tokenism?**
- Continue evaluating what difference engaging CHC advisors on projects is making, and ask the questions are staff genuinely engaging, listening and acting to what CHC advisors are raising on projects? A similar evaluation occurs with staff members.
- The CHC needs to continue to work closely with the Clinical Council and key clinicians across the Southern health system to raise the profile and ensure consistent messaging is going out about the CHC Engagement Framework.

[1] https://www.southernhealth.nz/sites/default/files/2019-05/Community%20Health%20Council%20%20ToR%202019.pdf

[2] https://www.southernhealth.nz/about-us/about-southern-health/community-health-council/chc-engagement-framework-road-map

- Profiling Clinical Champions who support engagement between staff, patients and whānau has been delayed due to Covid – 19, now the vaccination roll out as well as the Patient Flow Taskforce work, but will continue throughout the remainder of 2021. Although not profiled there are definitely key clinicians that have guided, supported and advised the work of the CHC to date these include Dr Nigel Miller, Jane Wilson, Kaye Cheetham, Mike Hunter, Jo Mitchell, Dr John Adams, Sally O'Connor, David Perez and more recently Dr Hywel Lloyd.
- Profile services where engagement has occurred with CHC advisors, identify what has been learnt, what could have been done better and what improvements have been made to service delivery.
- The CHC undertook a large amount of work around understanding the feedback process (commonly referred to as the Complaints Procedure) at the DHB and had developed some initiatives for change. The CHC is still keen to progress this work as members believe that there are valuable lessons to be learnt from the feedback process and also potentially with services where engagement with CHC advisors could be encouraged. This is important particularly as the amount of feedback coming into the DHB has increased exponentially.

- Patient Stories is again something the CHC believes provides a powerful and meaningful tool for allowing people/staff to listen about people's experiences. CHC has progressed some of this work related in particular to the Disability Strategy, and work had been collated around the process of collecting patient stories, the use and storage of these to ensure appropriate consent is applied to their application. CHC would like to see further discussion around this, and work on the formation of an organisation wide policy for this.
- A CHC plan on a page (Appendix 1) for the 20/21 year had been drafted up incorporating some of the above work streams but also allowing flexibility for items to flow into the CHC from services as needed. This will be a living document with changes made throughout the year.

What do we know 4 years on?

- The community (who are aware of the CHC) feel they have an opportunity to feed into the health system
- Staff working with consumers do need to explain aspects of the project clearly and logically – this can be challenging and does take more time.
- Staff will be held to account for the work they are undertaking.
- We have had acknowledgement that consumers can bring aspects of some groups into focus. A consumer presence and the consumer lens is bringing about positive change and professional collegiality between group members, e.g. in the Endoscopy Oversight Group.

Covid -19 and the community

With the recent changes to the alert levels and an outbreak of the more virulent Delta strain, CHC members are well positioned to maintain contact with their own networks and communities. The regular Southern Health Covid-19 Updates circulated to members informs of testing, vaccination locations and contact tracing, as well as hospital activities during this time. We are also kept up to date with monthly reports from the Covid Vaccination Team, who attend CHC meetings. This is valuable and enables up to date and correct information to be disseminated to our communities. This also provides the Team with solid feedback and comment from the community, which the Vaccination Team requested CHC members provide each month.

New Dunedin Hospital

Community engagement with the new Dunedin Hospital continues, with some FiT groups having now completed the design work in areas of the Ambulatory Services Building. A sound relationship is enjoyed with the PMO team, and in July 2021 John Adams presented to CHC meeting, thanking all consumers involved to date, with encouragement to remain active and involved as the In Patient Building moves through design phases, and also the transition into "moving into and occupying the ASB" is planned. CHC thanked John for his support during his tenure as Chair of the CLG, and his positive feedback on how our consumers have been accepted into the various FiT groups. The New Dunedin Hospital build has been an avenue for some services to be introduced to the CHC and CHC Advisors. This work will continue to be a big priority over the coming years.

Disability Strategy

The Disability Strategy was officially launched in April 2021. CHC members played a role in getting this work underway, and now have an active role in The Disability Working Group, of which John Marrable is the Chair. The Disability Working Group and the CHC will ensure that information is shared between these groups.

Paula Waby, CHC member, is also a member of the Disability Support Advisory Committee (DSAC).

After-Hours Access in Southland

CHC members have played a strong part in the work occurring in Invercargill with WellSouth, in the establishment of a Primary Health practice for those who are not enrolled in existing practices, and an After Hours service. CHC members originally raised community concern to WellSouth two years ago, and are pleased to see this work now occurring.

HQSC – QSM for Consumer Engagement

The Health Quality and Safety Commission (HQSC) launched the Quality Safety Marker (QSM) for Consumer Engagement[3] in July 2020, with the first upload of submitted data made in March 2021, and now available to view on HQSC website. https://www.hqsc.govt.nz/our-programmes/partners-in-care/consumer-engagement-qsm/

HQSC uses the SURE framework for DHBs to collect data. Appendix 4

[3] https://www.hqsc.govt.nz/our-programmes/partners-in-care/news-and-events/news/3909/

There needs to be support from and partnership with Clinical Council, with additional members needed to join the initial Oversight Group – it is considered this needs to be a mix of consumers, Executives and Clinical staff. The CHC Chair and Facilitator presented on the Consumer Engagement Marker to Clinical Council in April 2021.

The goal of this QSM is to address 'what does successful consumer engagement look like, and (how) does it improve the quality and safety of services?' The data will now be collected bi-annually.

CHC Engagement Framework and Roadmap

For the January – June 2021 period there were 31 CHC advisors working alongside staff on approximately 22 projects[4] across the Southern health system - Appendix 2 outlines engagement activities. The majority of these projects were at a strategic partnership level and not so many projects occurring at a service level. This may change with the incorporation of QSM for consumer engagement which will increase the profile of CHC. Information about the CHC engagement is incorporated into service planning so we will monitor how this progresses. Appendix 3 provides a summary of other work the CHC has fed into over the last six months.

In April 2021, CHC presented to Clinical Council about consumer engagement to date, and asked the question: "how can Clinical Council influence where engagement should be occurring?" Clinical Council agreed that CHC needs to be better known throughout the organisation and moved that Clinical Council members will ensure CHC will be discussed at Service Level Teams/Medical Directors meetings.

Health Care Homes

Health Care Homes have been introduced into Primary Care.

CHC has provided some guidance to WellSouth in regards to consumer engagement within HCH practices, and has regular updates from WellSouth about how this occurs. Further tranches of practices are moving to becoming HCH practices.

Patient Flow Taskforce

At the end of 2020, CHC raised serious community concerns about several aspects of healthcare in the Southern region. Since this time, CHC has been involved in the work of the Patient Flow Taskforce, adding the consumer voice and applying the consumer lens to some areas of this work. CHC is appreciative of this involvement, and can offer constructive feedback from real patient experience. CHC will seek to evaluate if this involvement has made a difference and assisted with this work.

[4] Due to staff resignation the actual number is not available at the time of reporting

Patient Tracer Audits

CHC has engaged in some work with the Director of Quality and her team, as updates to material was required. CHC members provided some valuable consumer insight into language used, presentation and ways to gain meaningful engagement with selected patients.

Patient Feedback report by Consumer Experience Manager

In June 2021, CHC received a presentation showing the number, type, reason and mode of complaints made to SDHB. Questions were asked about the sharp rise in the number of complaints, and also CHC expressed real concern for the staff working in this area as it is possible the high volume of complaints may have a negative impact for them.

SDHB Policies

CHC is now engaged with Sam Murray, Policy Advisor, around some specific policies, and also those identified by members as appropriate to have a consumer lens applied. (Note: Some DHBs routinely pass all policies due for review past their Consumer Council for comment).

Localities

CHC is engaged with the Project Manager as work progresses on drafting a pilot for submitting to the Transition Unit for the establishment of Localities under Health NZ. More consumers will become involved as this work progresses.

Appendix 1. Draft CHC Plan on a Page 2020-21

		Patients, whānau and community								Staff and Community					Staff DHB and WellSouth					Reporting			
		HQSC QSM	Patient Handbook	Health Care Homes	Patient Letters	Feedback process	Disability Strategy	Patient Stories- disability	Pacfica strategy??	CHC Community Forums	Community Hubs	Strategic Plan engagement	New Dunedin Hospital	CHC Engagement Framework	Rainbow tick	Clinical Champions	Profile services engaging CHC advisors- outcomes achieved	Disability Awareness training		CHC quarterly reporting CPHAC/DSAC	HQSC QSM- consumer engagement	CHC Annual Report	
2020	Aug	C	R	C			C																
	Sept	C	R	C			C	C	I		U		E	R	I	D						X	
	Oct	C			R	D	E					U		D	I	D	D			X		X	
	Nov			C							U	U	C	U			D				X		
	Dec	C												U									
2021	Jan			C				E				E	C			E	E			X			
	Feb	C						E		E		E				L	E						
	Mar							E		E		E	C										
	Apr	C								E		E								X	X		
	May		R		R								E										
	Jun	C																					
	Jul												C							X			

C-Connected **R**- Review **I** - Investigate **D**- Develop **U** –Updates **E**-Event/and or Launch

Key

System wide
WellSouth
Southern DHB

CHC Representation on Southern DHB/ WellSouth Committees

	CHC member	CHC Advisors
Clinical Council	Karen Browne	
CPHAC/DSAC	Paula Waby	
Central Otago Lakes Locality Network	Jason Searle	
Clinical Leadership Group		Naomi Duckett, Jo Miller
IT Governance Group	Jason Searle	

Appendix 2 . Summary of CHC advisors engaged with projects as at August 2020

31 Community Health Council Advisors

- Telehealth Steering group
- Evaluation of Primary and Community Care strategy
- Review of Allied Health Uniforms

- Rheumatology Service reconfiguration
- After hours Southland
- Endoscopy User Group
- Long term Conditions – primary care

- Clinical Leadership Group
- Alliance Leadership Team
- Clinical Council
- Disability action plan steering group
- Digital strategy governance group
- Falls governance group
- Sexual Health steering group
- Maternity Quality Improvement Programme
- Pressure injury steering group
- Laboratories advisory group
- Locality Network- Central Otago/Lakes
- Interviewing for Allied Health Director
- Member of CPHAC/DSAC

- 4 Service co-design projects
- 13 Strategic partnership projects
- 2 Evaluation and review project
- 1Projects focussed on establishing new systems and processes

Period June-August 2020

Southern Health | Community Health Council

8

Appendix 3. Items the Community Health Council has been updated or consulted on January – June 2021

Month	Topic	Person responsible
Feb	Patient Letters	Patrick O'Connor
	Advance Care Planning	Helen Sawyer
	Carpal Tunnel Syndrome pathway	Miranda Buhler
	Rib Fracture leaflet for patients	
March	Health Care Homes*	Stu Barson
	Patient Flow Taskforce*	Jane Wilson
	Disability Strategy*	Gail Thomson
April	Covid Vaccination Steering Group*	Emma Bell
	Primary & Community Care Strategy	Lisa Gestro
May	Patient Tracer Audits	Tina Gilbertson
	New Dunedin Hospital	John Adams
June	Patient Feedback	William Robertson
	Not for CPR Policy	Sam Murray

** these subjects have had either on-going monthly updates, or more than one presentation/update*

Appendix 4: HQSC SURE Framework

Consumer engagement quality and safety marker (QSM) framework **Supporting, Understanding, Responding, Evaluating**				
	1 – Minimal | Te itinga iho	**2 – Consultation | Te akoako**	**3 – Involvement | Te wāhi**	**4 – Partnership & shared leadership | Te mahi tahi me te kaiārahitanga ngātahi**
	What 'minimal' looks like:	**What 'consultation' looks like:**	**What 'involvement' looks like:**	**What 'partnership & shared leadership' looks like:**
Engagement The environment created to support community engagement. **Te Tūhononga** – ko te taiao kua hangaia hei tautoko i te tūhononga hapori.	• Consumers are involved in one of the following areas of the organisation: direct care, service delivery, policy, and governance. Representation and input does not reflect the population served. • Equity is a little known or discussed principle in the organisation. • The consumer council is newly established, with a lack of resources, systems, and processes. • Co-design is not used or understood by the service. • There is limited evidence that the organisation encourages a diverse workforce.	• Consumers are involved at some levels of the organisation in at least two of the following areas: direct care, service delivery, policy, and governance. Representation and input is partially reflective of the population served. Representation is not equitable. • Equity is a well understood principle in some parts of the organisation and there is intent to act upon achieving equity for the population served. • The consumer council is newly established, partially resourced, and evaluation has not yet occurred. • Co-design is a method understood by parts of the service. It has not been used to improve processes at this point. • The organisation encourages a diverse workforce through its recruitment strategy, although the broader population served is not reflected.	**What 'involvement' looks like:** • Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. Representation and input is mostly reflective of the population served, and there is a transparent process for recruiting membership at all levels. Representation is not equitable (e.g. a broader understanding of health care and the wider determinants of health is not possible). • Equity is a well understood principle throughout the organisation and there is intent to act upon achieving equity for the population served. • The consumer council is well established, partially resourced, and occasionally evaluated. • Co-design is a method used and applied by parts of the service. This means using co-design to improve the system for staff and consumers. • The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served.	**What 'partnership & shared leadership' looks like:** • Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. The representation and input reflect the broader population served (e.g. clubs and associations, educational institutions, cultural and social groups, churches and marae), and there is a transparent process for recruiting membership at all levels. Representation is equitable and covers a broader understanding of health care and the wider determinants of health. • Equity is a well understood principle throughout the organisation and achieving equity for the population served is acted upon. • The consumer council is well established, resourced, and regularly evaluated. • Co-design is a method used and applied within the service. This means using co-design to improve the system for staff and consumers. • The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served. Consumers are included on interview panels where appropriate. • Equity is incorporated as part of the recruitment strategy

	What 'minimal' looks like:	**What 'consultation' looks like:**	**What 'involvement' looks like:**	**What 'partnership & shared leadership' looks like:**
Responsiveness Responding to and acting on what consumers are saying about the service and having the right information at the right time for consumers accessing services. **Te Noho Urupare** – ko te urupare, ko te mahi i ngā kōrero a ngā kiritaki mō te ratonga me te whai i te mōhiohio tika i te wā e tika ana mō ngā kiritaki e uru ana ki ngā ratonga.	• There is a lack of systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. • Community voices are not brought to the attention of senior leaders • Consumers and staff do not have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). • It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	• There are emerging systems to a) understand the experiences and views of consumers and whānau, capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. • Community voices are brought to the attention of senior leaders within the organisation but not acted upon. • The input of the consumer council is heard, documened, but seldom acted upon. • Consumers and staff have limited skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). • It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	• There are established systems to a) capture and b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems work well for many who access services. • Community voices are brought to the attention of senior leaders within the organisation and sometimes acted upon (i.e. the loop is closed). • The input of the consumer council is heard, documented, and sufficiently linked to be acted upon. • Some consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). • Most people can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.	•There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems inolve broad representation, and allow for diverse feedback (e.g. different cultures including Māori and Pacific, younger and older, different socioeconomic groups, LGBTQI+) • Community voices are brought to the attention of senior leaders within the organisation and always acted upon (i.e. the loop is closed). • The input of the consumer council is heard, documented, and sufficiently linked to be acted upon. • Most consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). • Everyone can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding

	What 'minimal' looks like:	**What 'consultation' looks like:**	**What 'involvement' looks like:**	**What 'partnership & shared leadership' looks like:**
Experience The systems in place to capture consumer experience, and act upon the results. **Wheako** – ko ngā pūnaha kua whakaritea hei mau i te wheako kiritaki me te whakatinana i ngā mahi i runga i ngā hua.	• There is a lack of metrics in place to support the monitoring of patient experience surveys and patient feedback. • These metrics are reported on. • There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). It is not always clear whether feedback is acknowledged.	• There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback. • These metrics are reported on and shared with relevant stakeholder groups. • There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). Certain forms of feedback are acknowledged and responded to.	• There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback. • These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. • There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.	• There are specific metrics in place to support the monitoring of patient experience surveys and patient feedback. • These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. Reporting is timely, and feedback loops are closed. • There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.

FOR INFORMATION

Item: **Care Capacity Demand Management (CCDM) Implementation Update and Quarterly DHBs Milestone Report**

Proposed by: Jane Wilson, CNMO

Meeting of: Board, 7 September 2021

Recommendation

That the Board notes the content of this report.

Purpose

For information

Specific Implications for Noting

1. **Financial:** CCDM investment has already been considered and agreed as part of the 2021/22 Budget investments.
2. **Operational Efficiency:** Other efforts outside of CCDM require continued focus to improve workforce efficiencies such as: Releasing Time to Care (RTC) productive ward strategies to increase direct care time and reduce unnecessary indirect non-productive work, better matching workforce to production planning, improved variance response management through a more effective and resourced integrated operations centre (IOC), patient flow initiatives and ensuring nursing are supported to work to top of scope.
3. **Workforce:** CCDM is mandated under the 2018 signed Accord for nursing and midwifery workforces. The Allied Health workforces is also part of the CCDM programme.
4. **Equity:** Recruitment of additional CCDM nursing and midwifery FTE will focus on strategies to increase the Māori workforce.

Background

The CCDM Programme enables an organisation to more accurately predict and measure the demand on its system and more accurately determine its capacity to meet that demand. In addition CCDM facilitates the development of strategies and responses designed as counter measures to unexpected mismatch between demand and capacity (known as variance). A partnership between the District Health Boards and NZNO and the other health unions is key to the successful implementation of the CCDM programme. The work is facilitated and led by the Safe Staffing Healthy Workplaces (SSHW) Unit.

A **Safe Staffing and CCDM Effective Implementation 'Accord'** was signed by NZNO, DHBs and the Director General of Health in 2018 to ensure commitment and assurance of the Parties to safe staffing levels for nurses and midwives and describes the actions that will be taken. The Accord commits DHBs to fully rolling out CCDM by 2021.

Appendices

1. **CCDM Implementation Milestone Report for Q4 2020/2021**
2. **SDHB CCDM Update July 2021 (including explanatory narrative regarding FTE calculation milestone reporting)**

Care Capacity Demand Management (CCDM) - July 2021 Implementation Update

Please refer to the attached Q4 DHBs implementation milestone report

The latest quarterly DHB Milestone report has been received showing Southern DHB ranking 3rd of the largest six DHBs and 12th out of 20 DHBs for full implementation with a result of 80% as at end of March against the national average of 76%. FTE calculation implementation is the area where many DHBs score lowest in the 'subset' criteria for a number of reasons such as:

- New budgets and rosters come into effect 1 July
- DHB's in the process of approving the budget required for the FTE calculations CCDM councils have approved
- SSHW unit is providing moderation for FTEs at some DHBs on request to ensure accuracy prior to signing off

All three of the above reasons are relevant to Southern DHB last quarter meaning we were unable to meet all criteria before 1 July. Only five DHBs have fully implemented FTE calculations to 100% in inpatient wards. The FTE calculation subset criteria that need to be fully met are explained below and it is expected that Southern DHB will progress more rapidly over this quarter to achieve compliance with implementation by end of October (subject to matters outside of our control such as Covid lockdowns and industrial action). There are other criteria that need to be met for CCDM to be fully implemented including 23 measures in a core data set (of which 21 are met in Southern). The SSHWU will be assessing Southern DHB's implementation status in October 2021.

FTE calculations explained:

1. **Data is entered in the software as per CCDM methodology:**

There are 2 parts to this criteria - both parts need to be achieved for the criteria to be met.
1.1. The required data has been entered (e.g. shift coordination, other productive HPPD, staff available hours, expected turn over and new graduates).
1.2. The data inputs e.g. available staffing hours, are calculated as per the CCDM methodology or as advised by the SSHW Unit. Where this deviates the change is documented and agreed by the DHB and NZNO.

- This work is complete for all wards with the exception of 6 ATR/OPAL and Puāwai (previously named ISIS) as the twelve months of data capture was interrupted when ward configuration changed as part of our Covid response in 2020. These wards will be able to be completed after October 2021. Two other wards 4HDU and Te Puna Wai Ora (ICU) will not be done as staffing standards are based on Australasian Critical Care Standards and are therefore excluded.

2. **Recommended roster has been agreed:**

There are 3 parts to this criteria - all 3 parts should be achieved for the criteria to be met.
2.1. The recommended roster selected during roster testing meets the agreed number of surplus / deficit shifts based on SSHW guidance regarding deficit tolerances
2.2. The recommended roster can be practically implemented in accordance with MECA requirements
2.3. The recommended roster includes agreed staff mix (as per SSHW Unit recommendation)

a. This work could not proceed until the deficit tolerances were agreed and budget approved
b. Roster testing took place for all wards on the Dunedin site (excluding maternity) in July and the CCDM team are just awaiting confirmation of rosters and agreed mix of staff (RN/EN/HCA) for five wards

c. Roster testing took place for Southland wards in the second week of August (postponed earlier due to strike contingency planning). Roster confirmation and agreed mix of staff expected by end of August
d. Maternity wards will undertake roster testing the week of 13th or 20th September with LDC meetings in early October to confirm rosters and skill mix due to the increasing proportion of registered nursing workforce required to safely staff maternity units due to midwifery shortages
e. Roster testing will take place for MHAID wards in the week of 6 September with the aim to have rosters and skill mix confirmed by the end of September

3. New roster model and budgeted FTE are in place:

There are 2 parts to this criteria - both parts should be achieved for the criteria to be met.
3.1. The roster model agreed during the FTE calculation is in use
3.2. The budget has been set in the accounting system for the relevant cost centre. The budgeted FTE is the same as was calculated in the FTE calculation

a. Southland Children's Unit, Neonatal Unit and Medical ward have the roster model in use and budgeted FTE set in the accounting system based on the increases in FTE at the start of 2021.
b. Having the budgets set, will also depend on having a Business analyst available to input the new rosters
c. As soon as rosters are confirmed they can start to be set in the accounting system – this should progress now

Timeline for expected compliance with FTE calculations

- It was expected that the DHB would have met all the necessary FTE calculation criteria this quarter i.e. by end of Q1 30 September 2021 in time for the next quarterly report; however due to strike contingency planning, strike action, current Covid lockdown levels and related response work interrupting progress, this date will not be met
- The GM Operations responsible for the CCDM programme is a key subject matter expert and progress has been dependent on her availability. She will be needing to take well deserved planned leave in September. Access to a Business Analyst is also necessary to have budgeted rosters uploaded into the accounting system and there is currently no dedicated BA for the Operations directorate due to vacancies.
- The revised date to meet FTE calculation implementation for 20/21 is expected to be end of October 2021 subject to Covid levels and industrial action or other events beyond our control (excluding Lakes District hospital ward coming on this year)
- NB: It needs to be remembered that under the Accord, FTE calculations must be completed annually and work will commence for the 21/22 financial year late in 2021. The good news is that getting base rosters corrected this year should mean that there will be minimal change to rosters next year unless demand increases, such as planned care volumes.

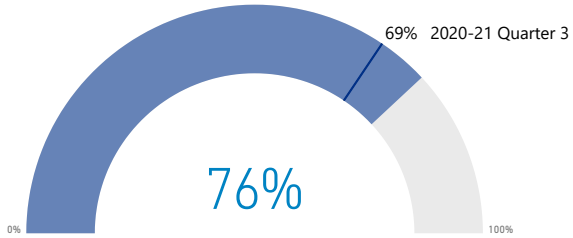
Progress on Recruitment

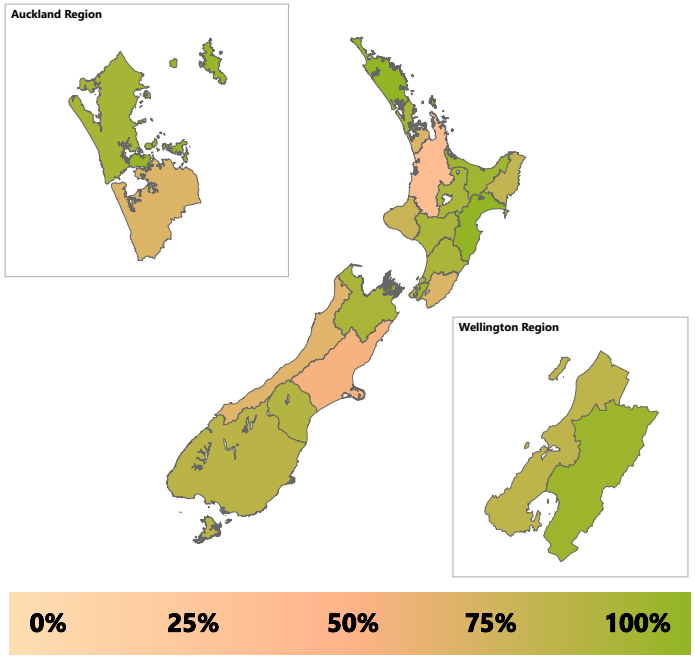
Despite more detailed work required to confirm workable rosters and skill mix, an active recruitment campaign has begun as reported verbally to the Board last month. This has involved identifying a lead nurse to focus on supporting system wide nursing recruitment. Fortnightly meetings are held with the recruitment team and a number of strategies are being put into action which are having positive results. Urgency has been given to focus on recruitment of health care assistants and centralising some of the recruitment practices such as assessment centres to streamline the interview process. Two staff have been seconded on a fixed term basis to support the on-boarding, orientation and clinical skills education/clinical coaching of Health Care Assistants to ensure they integrate safely with adequate direction and delegation from regulated staff working in a collaborative team-based model of care. Regular monthly ARC workforce meetings are being held with a focus on securing and supporting nurses returning to the workforce and assisting international qualified nurses (IQNs) who are in the Southern area but not able to work as nurses to secure registration with Nursing Council. We have made a fixed term joint appointment with an Otago Polytechnic senior lecturer who works with IQNs who will assist us in our recruitment endeavours taking a 'whole of system' approach.

Care Capacity Demand Management (CCDM) implementation overall progression

Rolling four quarters from July 2020 to June 2021

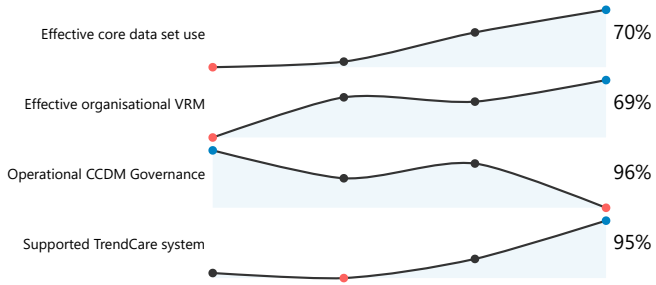
1. Overall implementation as at quarter 4 2020-21



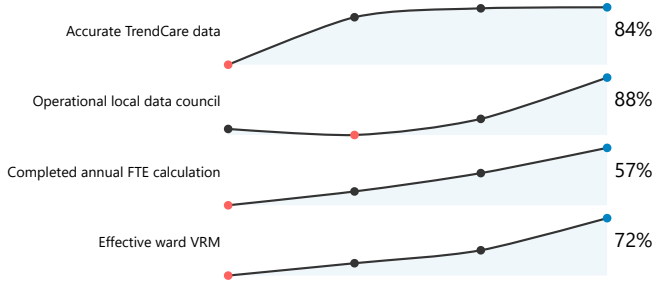


3. Progress against all milestones

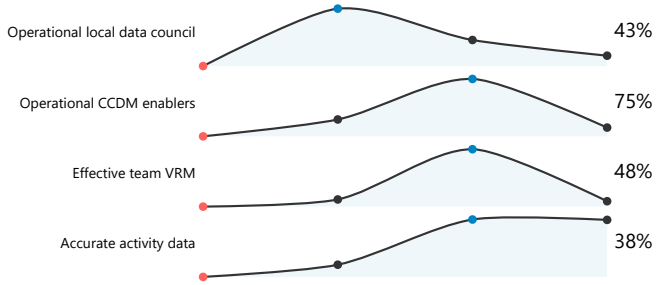
Site milestones progression as at quarter 4



Ward milestones progression as at quarter 4

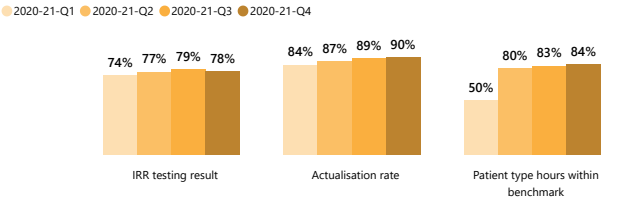


Team milestones progression as at quarter 4

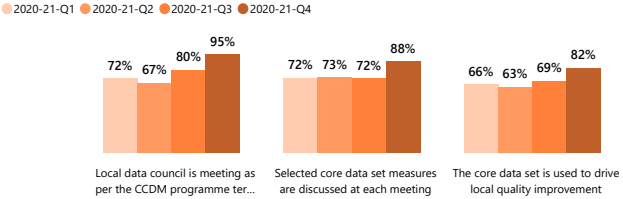


4. Breakdown of ward milestones

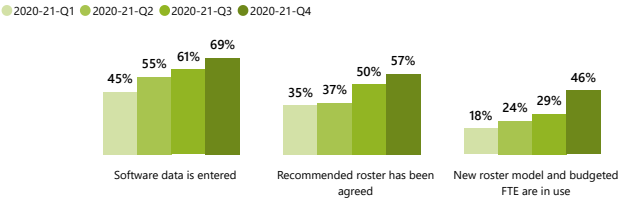
Accurate Trendcare Data



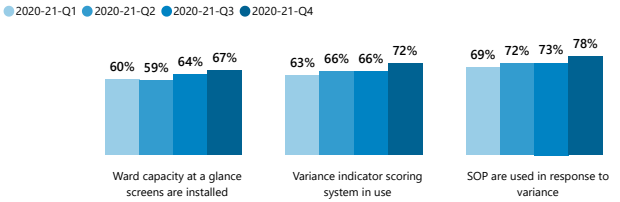
Operational Local Data Council



Completed Annual FTE Calculation



Effective Ward VRM

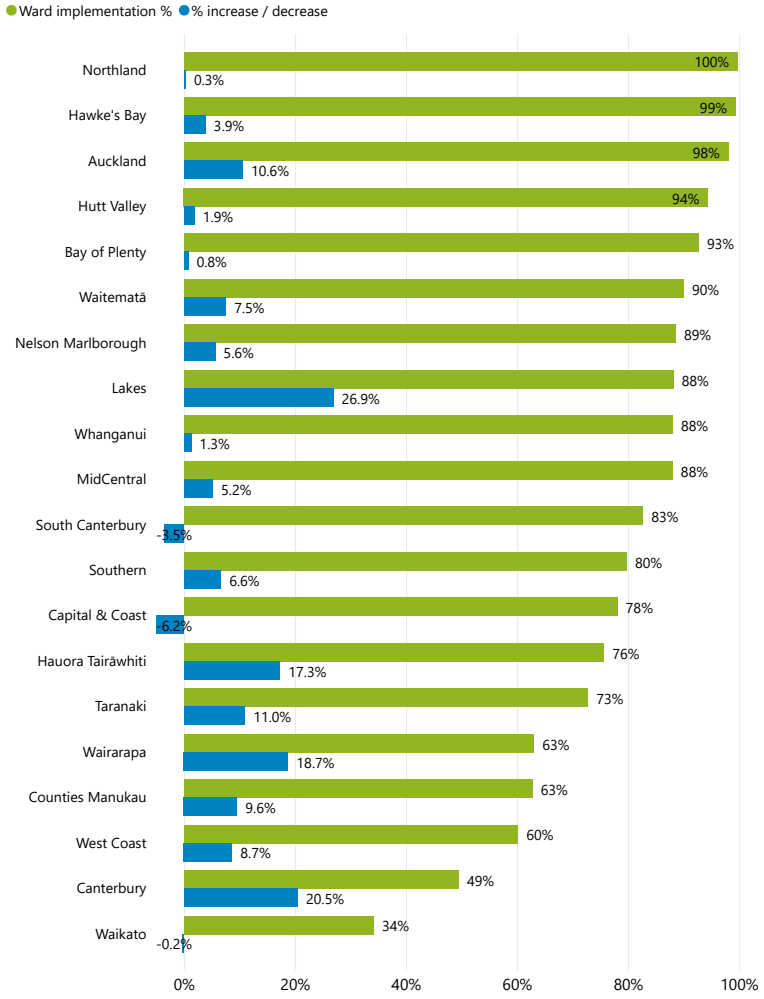


13

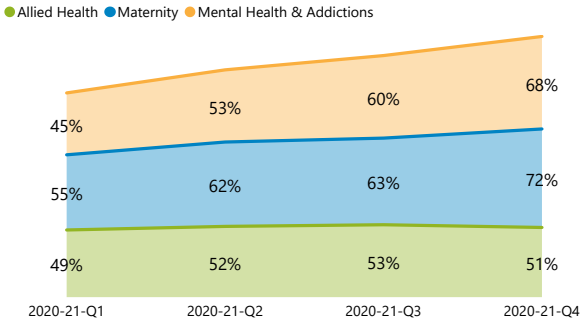
Care Capacity Demand Management (CCDM) progress by DHB

Rolling four quarters from July 2020 to June 2021

5. DHB implementation rate quarter 4 2020-21

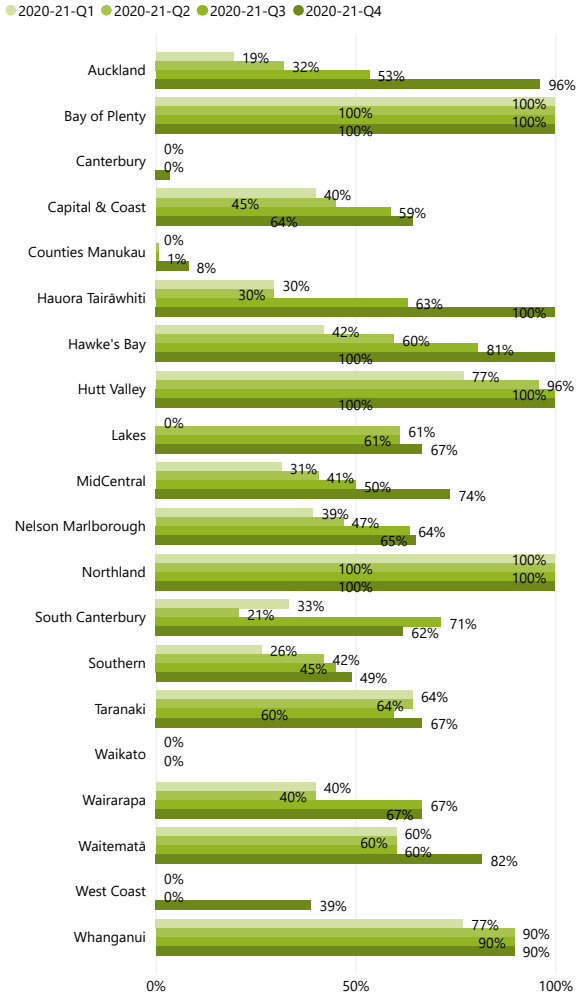


6. Progress in Allied Health, Maternity and Mental Health services



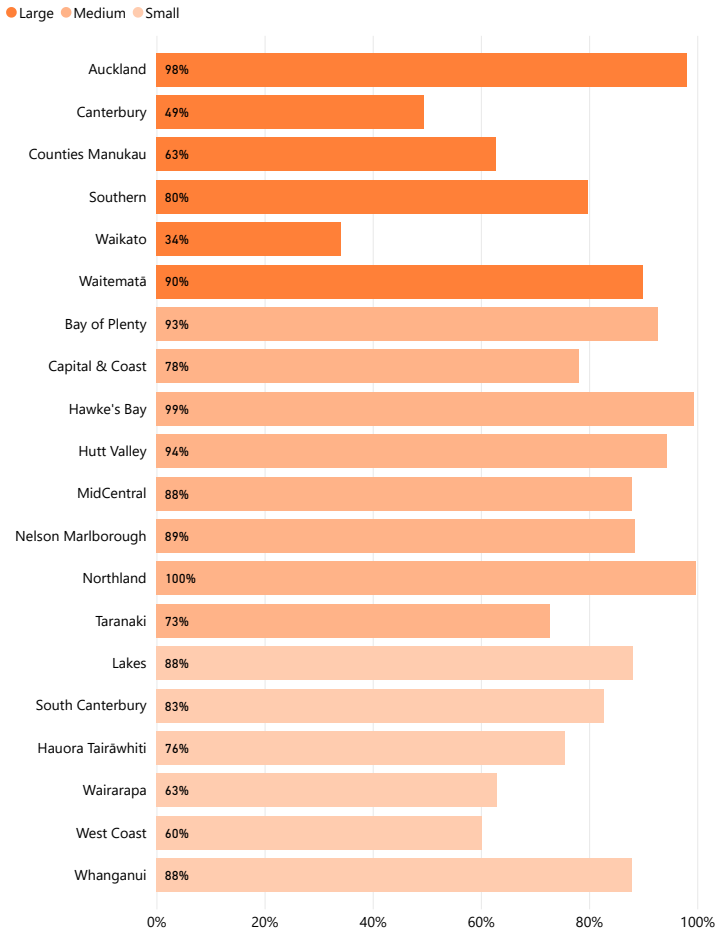
7. Count of total wards completed FTE calculations

8. Progress with annual FTE calculation as at quarter 4 2020-21

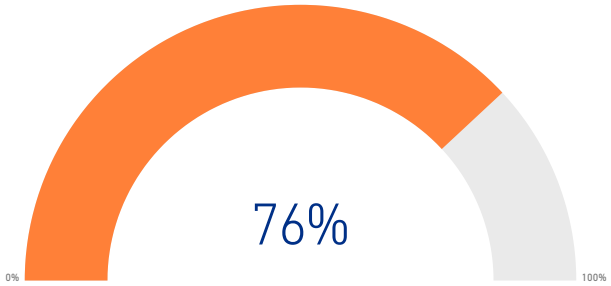


Care Capacity Demand Management (CCDM) Implementation April to June 2021 Quarter 4

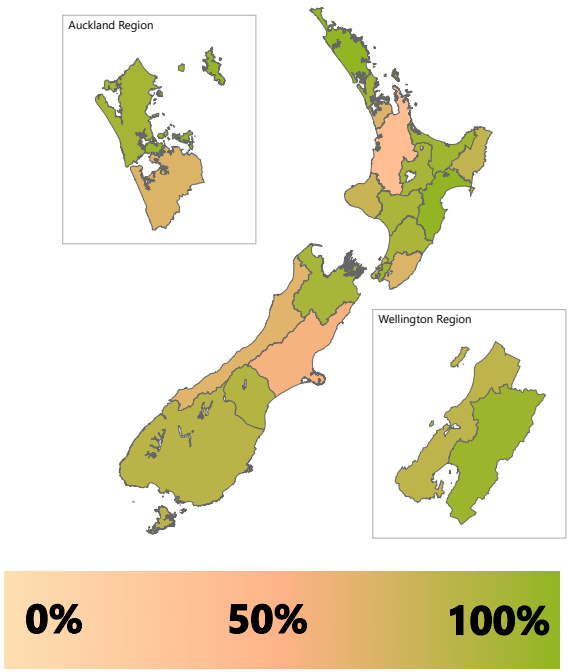
1. DHB implmentation varies by DHB size



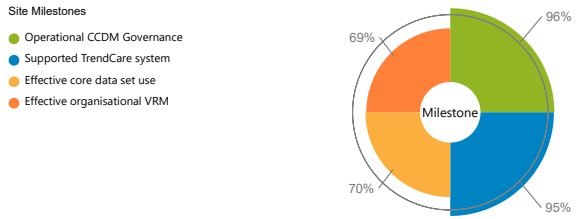
2. National implementation rate



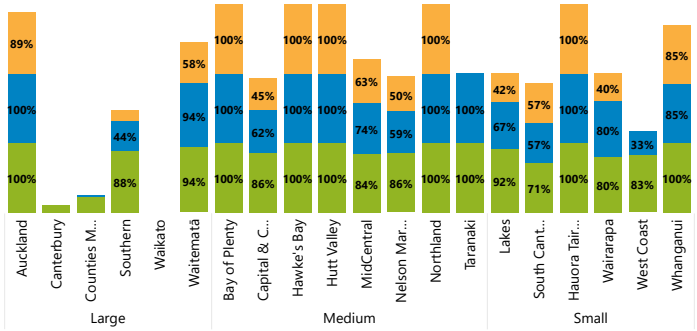
3. Implementation heat map by DHB



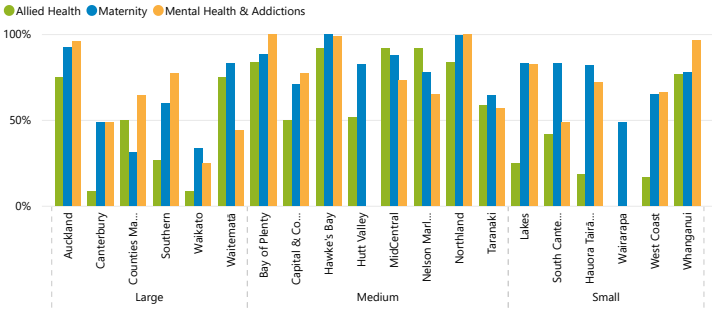
4. Milestone progression for Sites



5. 19 out of 20 DHBs are making progress with annual FTE calculations



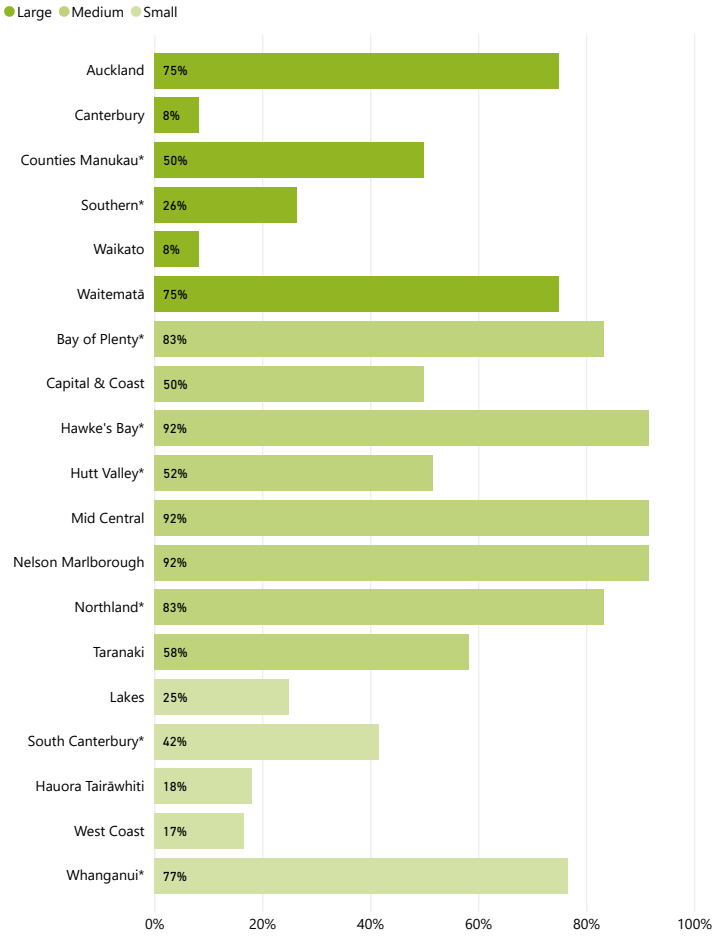
6. Allied health, Maternity and Mental health services are making varied progress across DHBs



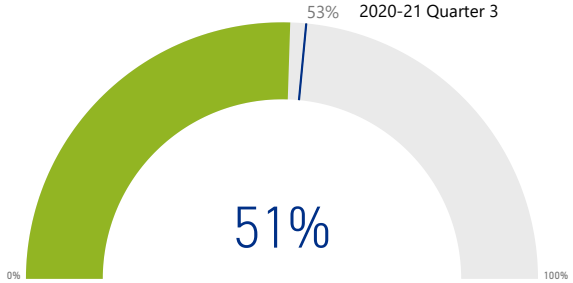
-Results approved for submission by each DHBs' CCDM Council.
-Allied Health team milestones are excluded from the overall implementation rate.
-Updated 22 July 2021.

Allied Health CCDM Implementation April to June 2021 Quarter 4

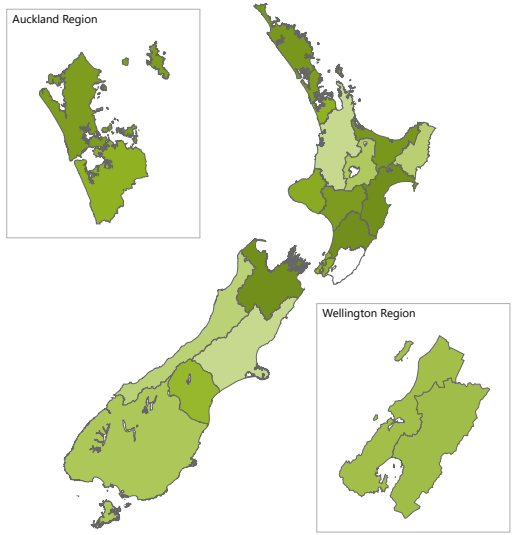
1. DHB implmentation varies by DHB size



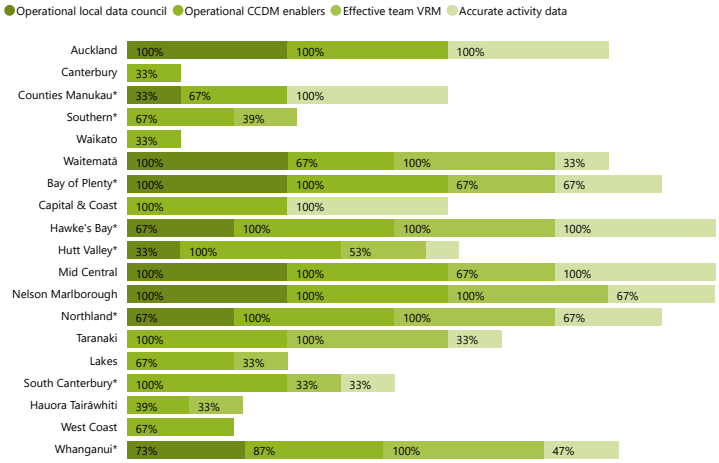
2. National implementation rate



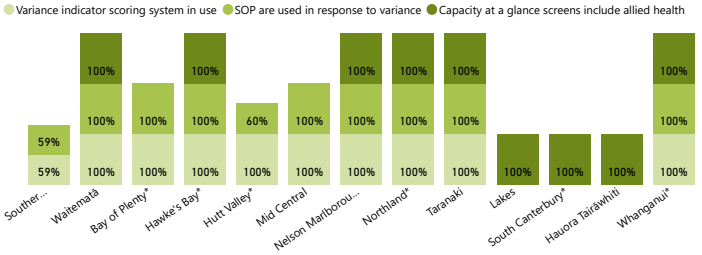
3. Implementation heat map by DHB



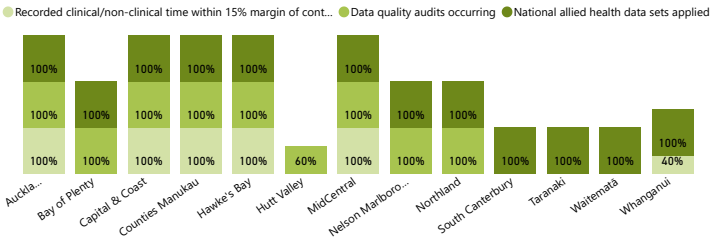
4. Milestone progression for all DHBs



5. 13 DHBs are making progress with Effective Team VRM



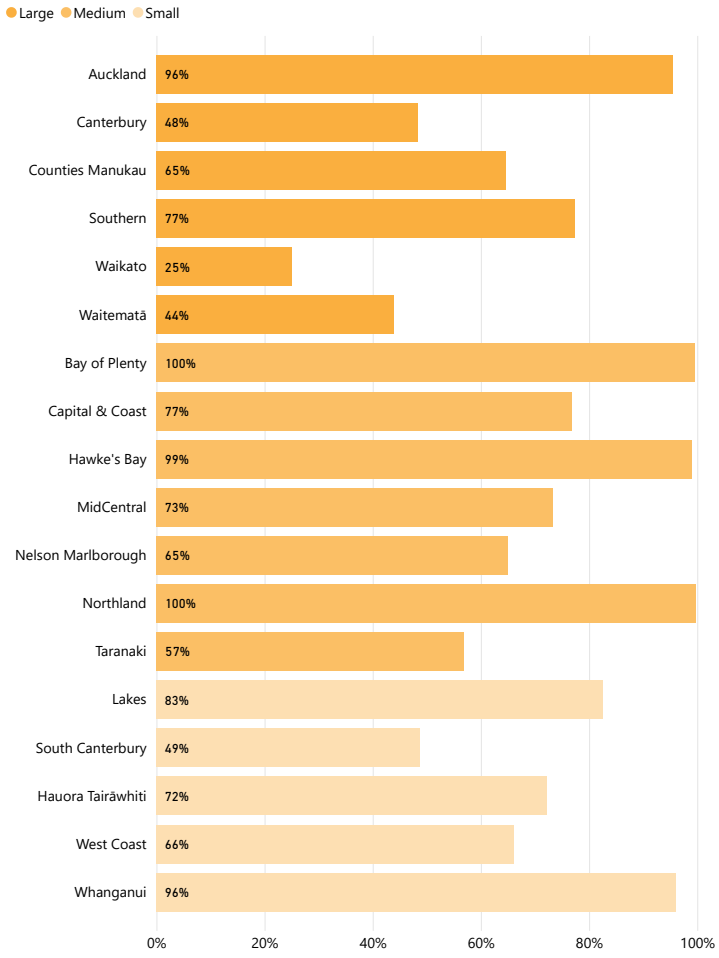
6. 13 DHBs are making progress with Accurate Activity Data



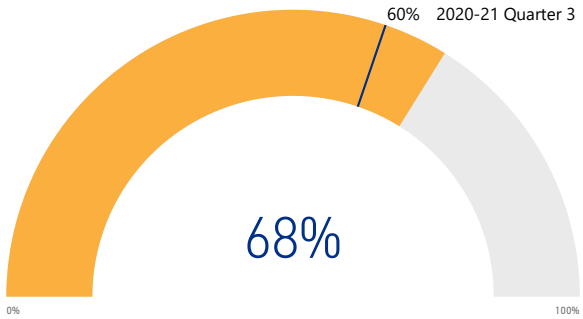
-Results approved for submission by each DHBs' CCDM Council.
-19 of 20 DHBs submitted team milestones data for the quarter.
-Allied Health team milestones are excluded from the overall implementation rate.
-Updated 22 July 2021.

Mental Health & Addictions CCDM Implementation April to June 2021 Quarter 4

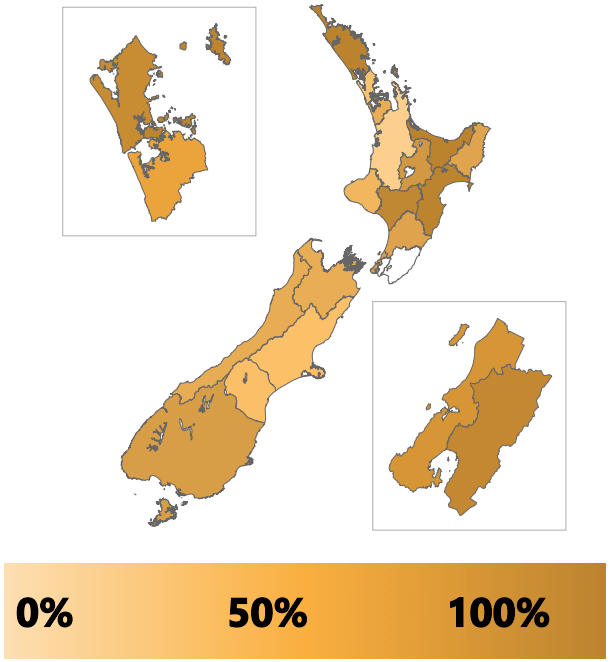
1. DHB implmentation varies by DHB size



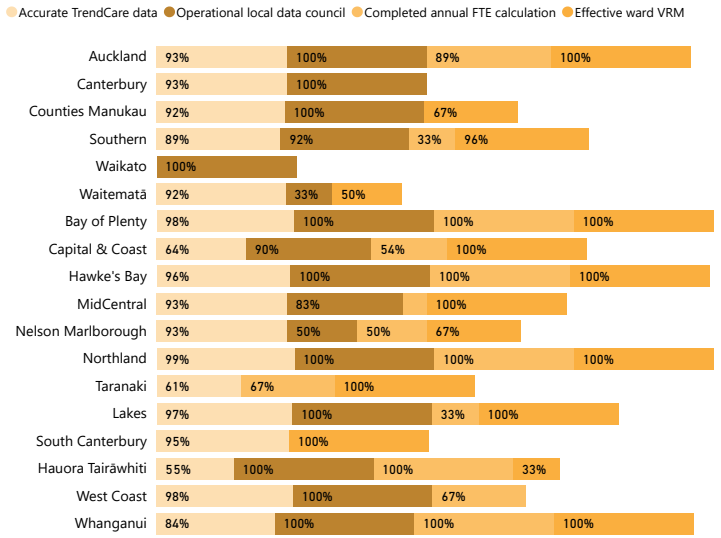
2. National implementation rate



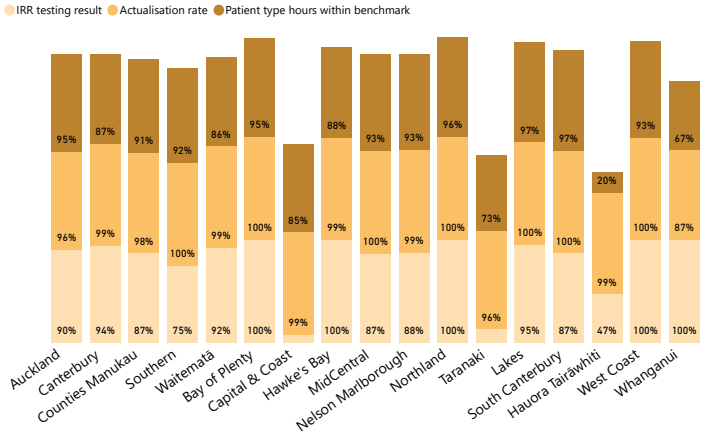
3. Implementation heat map by DHB



4. Milestone progression for all DHBs



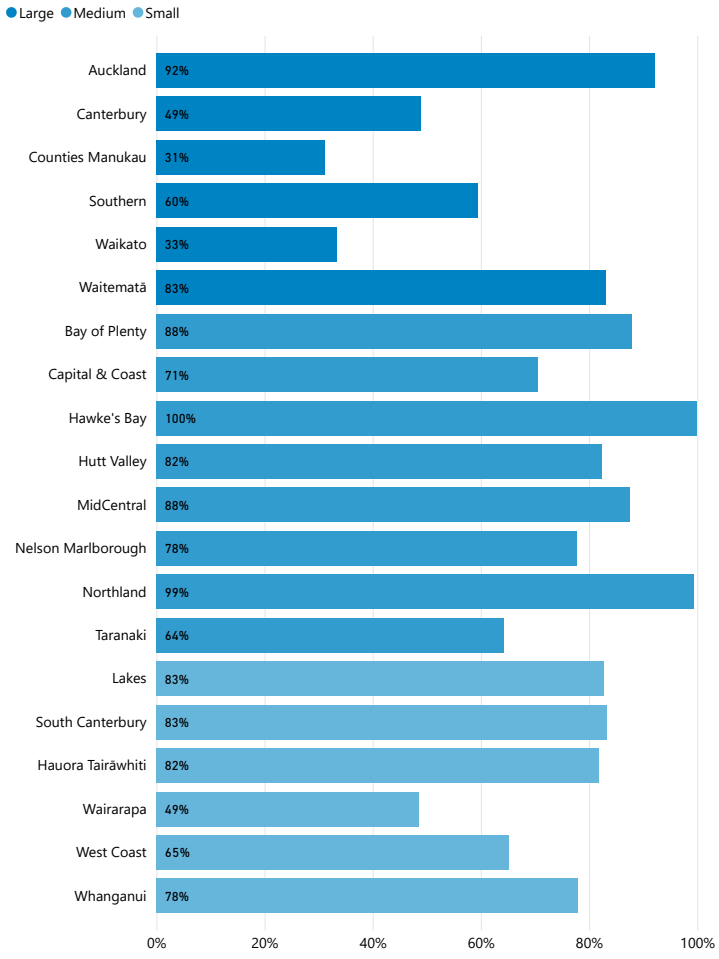
5. 17 DHBs are making progress with Accurate TrendCare data



-Results approved for submission by each DHBs' CCDM Council.
-The maximum number of DHBs with mental health and addiction services is 18.
-Updated 22 July 2021.

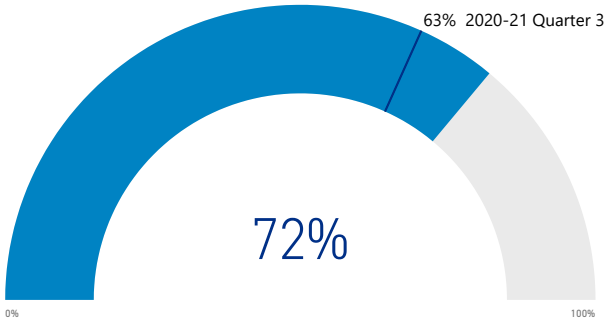
Maternity CCDM Implementation April to June 2021 Quarter 4

1. DHB implmentation varies by DHB size

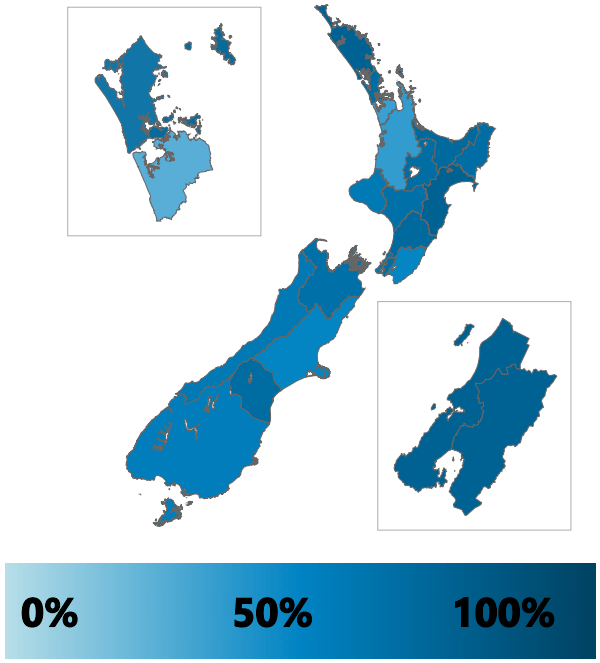


-Results approved for submission by each DHBs' CCDM Council.
-Updated 22 July 2021.

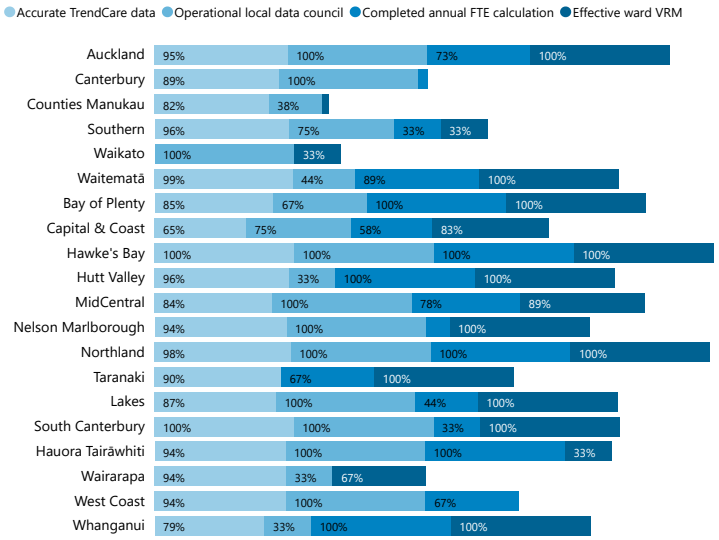
2. National implementation rate



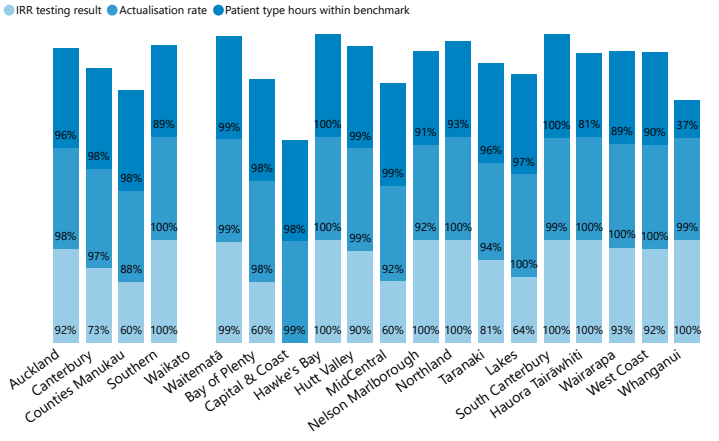
3. Implementation heat map by DHB



4. Milestone progression for all DHBs



5. Accurate TrendCare Data milestone progression for all DHBs



14.1

Southern DHB

Policy Statement

Delegation of Authority (District)

Date: August 2021~~February 2020~~

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1. Introduction

This policy sets the delegation of authority limits and all employees and board members of Southern District Health Board ('the DHB'), must comply with this policy.

Under the New Zealand Public Health and Disability Act 2000 ('the NZPHD Act') and the Crown Entities Act 2004 ('the CE Act') the DHB and the bBoard of the DHB have a number of functions, duties and powers. The NZPHD Act:

(a) Expressly authorises the board of the DHB to delegate any of the functions, duties or powers of the Board or of the DHB (clause 39(5) of Schedule 3);

(b) Requires the board of the DHB to make certain delegations to the DHB's chief executive (section 26(3)); and

(c) Requires the board of the DHB to formulate, keep under review and amend or replace (as it considers appropriate) a policy for the exercise of its powers of delegation (clause 39(1) of Schedule 3).

This policy has been formulated by the Bboard as its policy for the exercise of its powers of delegation under the act and replaces any previous delegation policies of the Bboard.

Every exercise by the Board of a power of delegation must comply with this policy (clause 39 (3) of Schedule 3 of the NZPHD Act).

14.1

1A Definitions

In this policy:

Finance Audit & Risk Committee (FARC) means the sub-committee appointed by the board to review matters pertaining to financial performance, audit and risk management.

Board means the members of the DHB board.

Employees includes temporary employees and contractors to the DHB.

Minister means the minister of health.

Conflict of interest has the meaning given to that expression in section 6 of the NZPHD Act.

The DHB refers to Southern DHB.

2. Governance

2.1 Functions, duties and powers of the DHB and the Board

The NZPHD Act and the CE Act set out the objectives, functions, duties and powers of the DHB and the Bboard, and restrictions on those functions, duties and powers. Those restrictions include, but are not limited to, the following:

- The DHB must pursue its objectives in accordance with its district strategic plan, its annual plan, its statement of intent, and any directions or requirements given to it by the minister under section 33 of the NZPHD Act or sections 103 or 107 of the CE Act (section 22(2) of the NZPHD Act). The DHB's objectives are set out in section 22(1) of the NZPHD Act.
- Acts of the DHB may be invalid if they are contrary to, or outside the authority of, an Act or are done otherwise than for the purpose of performing the DHB's functions (section 19 of the CE Act). The DHB's functions are set out in section 23 of the NZPHD Act and section 14 of the CE Act.
- The Bboard must ensure that the DHB acts in a manner consistent with the DHB's objectives, functions and current statement of intent (section 49 of the CE Act).
- The bBoard must ensure that the DHB performs its functions efficiently and effectively and in a manner consistent with the spirit of service to the public (section 50 of the CE Act).
- The Bboard must ensure that the DHB operates in a financially responsible manner, in a way that prudently manages the DHB's assets and liabilities and in a way that endeavours to ensure the DHB's long-term financial viability and that the DHB acts as a successful going concern (section 51 of the CE Act).
- The Regional Health Services Plan or its equivalent, including any significant amendments, requires the consent of the Mminister.
- The Annual Plan must be agreed upon with the Mminister.
- This policy and any amendments to it require the consent of the Mminister (clause 39(2) of Schedule 3 of the NZPHD Act).
- The board is required to put in place the following advisory committees:
  - Hospital Advisory Committee (HAC)
  - Community and Public Health Advisory Committee (CPHAC)
  - Disability Support Advisory Committee (sections 34-36 of the NZPHD Act) (DSAC)
- The terms and conditions of employment of the Cchief Eexecutive Oofficer ('the CEO'), while determined by the Bboard, require the consent of the statePublic Sservices Ccommissioner (clause 44 of Schedule 3 of the NZPHD Act).
- The Bboard (and its members and committees of the bBoard) must not interfere in respect of matters relating to decisions on individual employees (for example, relating to the appointment, promotion, demotion, transfer, personal grievances, disciplining, or cessation of employment, of an employee). These are the independent responsibility of the CEO (clause 44(4) of Schedule 3 of the NZPHD Act).
- The DHB may not borrow, amend the terms of any borrowing, give a guarantee or indemnity, or acquire shares or enter into agreements constituting a derivative, except in accordance with sections 160 – 1642 of the CE Act and section 45 of the NZPHD Act.

2.2 The Board's power to delegate

Clause 39 of Schedule 3 of the NZPHD Act authorises the ~~b~~Board to delegate any of the functions, duties or powers of the Board or of the DHB to -

(a) A committee of the Bb~~o~~ard
(b) A member of the Bb~~o~~ard
(c) An employee of the DHB
(d) A person or class of persons approved by the M~~m~~inister for the purpose

Every delegation of the Bb~~o~~ard of any of the functions, duties, or powers of the Board, or of the DHB, must

- Be in writing (clause 39 (4) and (5) of Schedule 3 of the NZPHD Act).
- Be revocable at will and does not prevent the Board or the DHB from performing the function or duty, or exercising the power (clause 39 (6) of Schedule 3 of the NZPHD Act).
- Be made to any named person or to any member of a specified class of persons; and, if made to a specified class of persons is, unless it provides otherwise, to each member of the class for the time being, even though the membership of the class has changed since the delegation was made (clause 39 (7) of Schedule 3 of the NZPHD Act).

2.3 The Powers Reserved for the Board

The ~~b~~Board reserves all its functions, duties, or powers with the exception of any of those specifically delegated.

14.1

3. Principles Governing All Delegations

3.1 General

Any delegated function, duty or power performed or exercised by a delegate must be performed or exercised:

- In pursuit of the DHB's objectives, as set out in section 22(1) of the NZPHD Act;
- ~~,~~ ~~l~~in accordance with the Regional Health Services Plan, Annual Plan, Statement of Intent, and any directions or requirements given to it by the Minister under section 33 of the NZPHD Act or section 103 or section 107 of the CE Act (section 22(2) of the NZPHD Act);~~,~~
- For the purpose of performing the DHB's functions as set out in section 23 of the NZPHD Act and section 14 of the CE Act (section 19(1)(b) of the CE Act);
- In a way that is not contrary to or outside the authority of an Act (section 19(1)(a) of the CE Act);~~,~~
- In a manner consistent with the DHB's objectives, functions and current Statement of Intent (section 49 of the CE Act);~~,~~
- Efficiently and effectively and in a manner consistent with the spirit of service to the public (section 50 of the CE Act);~~,~~
- In a financially responsible manner, in a way that prudently manages the DHB's assets and liabilities and in a way that endeavours to ensure the DHB's long-term financial viability and that the DHB acts as a successful going concern (section 51 of the CE Act);~~,~~
- In line with statutory requirements (in particular the requirements of the NZPHD Act);~~,~~
- With due regard for the need to obtain best value from the available health resources; and~~,~~
- In a manner which would withstand full public scrutiny of process and outcome.

3.2 Key Principles of all Delegations

Board approval is required for any action exceeding the limits delegated to the CEO.

All new ventures and changes of policy or practice, outside those signalled in the Bb~~o~~ard approved District Annual Plan that are likely to significantly affect outputs or change access to a service, require Board approval.

Notification to the Board when appropriate is required for any management proposal or action that might attract significant adverse publicity, or can with reasonable foresight be predicted to result in legal action against the DHB.

3.3 General Principles of all Delegations

A delegate may not assign any functions, duties or powers they have been delegated, unless expressly permitted by the delegation concerned or with the written consent of the Bb~~o~~ard (clause 40(1)(b) of Schedule 3 of the NZPHD Act).

No employee shall approve timesheets, leave, expenditure, benefit, etc. which relates to themselves or for the purpose of personal gain. In all such instances, the individual's manager must give approval. ~~ceo~~CEO expenses shall require the approval of the chair of the Bb~~o~~ard. Chair expenses require the approval of the chair of the Finance Audit & Risk Committee.

At least two people must be involved in each transaction or as specified in the delegation schedules outlined in this policy, for example, the same person should not perform all of the following functions:

- Raise a ~~manual~~ purchase order
- Receive the goods
- Authorise the invoice for payment

Monetary delegations refer to GST exclusive amounts in NZD.

3.4 Substitution (limited as set out below)

Substitution of approved operating expenditure can only be authorised by the CEO.

Substitution of approved capital items can only be authorised by the CEO (or delegated to joint authorisation of the acting CEO and E~~e~~xecutive D~~d~~irector Corporate ~~finance, procurement & facilities~~ if the CEO is absent and approval is urgent)

4. Delegate Responsibilities

4.1 Conflict of Interest

Delegates must comply with clauses 39(8) and (9) and 40(2) and (3) of Schedule 3 of the NZPHD Act regarding conflicts of interest. Section 6 of the NZPHD Act defines a conflict of interest as follows:

> Conflict of interest, in relation to a person and a DHB, includes:
> (a) The person's interest in a transaction (within the meaning of subsection (2)) of the DHB; and
> (b) The person's interest that would, if the person were a member of the board of the DHB or a member of a committee of that board or a delegate of that board, be an interest in a transaction (within the meaning of subsection (2)) of the DHB; and
> (c) To avoid any doubt, the employment or engagement of the person, or of the person's spouse or partner, as an employee or contractor of the DHB.

Section 6(2) of the NZPHD Act provides:

> For the purposes of this act, a person who is a member of a board of a DHB or a member of a committee of such board or a delegate of such board is interested in a transaction of a DHB if, and only if, the board member or member of the committee or the delegate—
>
> (a) Is a party to, or will derive a financial benefit from, the transaction; or
> (b) Has a financial interest in another party to the transaction; or
> (c) Is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is:
> (i) The Crown; or
> (ii) A publicly-owned health and disability organisation; or
> (iii) A body that is wholly owned by 1 or more publicly-owned health and disability organisations; or
> (d) Is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
> (e) Is otherwise directly or indirectly interested in the transaction.

Under clause 39(8) and (9) of Schedule 3 of the NZPHD Act, a delegate who on any day is to perform a function or duty or exercise a power:

(a) Must, before doing so, consider whether or not he or she has (or, as the case requires, will have) on that day any conflicts of interest with the DHB; and

(b) If the delegate has (or will have) any such conflicts of interest, must give the board a statement completed by him or her in good faith that discloses those conflicts of interest, together with any such conflicts of interest the delegate believes are likely to arise in the future. The delegate must inform the board of any relevant change in their circumstances affecting a matter disclosed in that statement, as soon as practicable after the change occurs.

(c) If the delegate ~~who~~ has (or will have) no such conflicts of interest, must inform the Board of any relevant change in the delegate's circumstances affecting that fact, as soon as practicable after the change occurs.

Clause 40(2) and (3) of Schedule 3 of the NZPHD Act provides that a delegate who is interested in a transaction of the DHB may not perform a function or duty, or exercise a power, under the delegation if the function, duty, or power related to the transaction. The only exception is if the

14.1

Bboard has given its prior written consent to the delegate performing the function or duty, or exercising the power, even though the function, duty, or power relates to the transaction.

4.2 Restrictions on the Board's right to Delegate

The Board will not delegate:

- To any person the authority to raise capital or to specifically borrow money or enter into lease agreements for a term of more than 5 years by any means whatsoever;
- The power to sell, exchange, mortgage, or charge land. Ministerial consent is required for the Board to enter into such agreements as outlined in clause 43 of Schedule 3 of the NZPHD Act.

The Board may exercise the power to delegate:

- In the case of appropriate risk management tools such as interest risk derivatives or forward exchange contracts within limits specified under this policy.
- In the case of interest rate derivatives, joint Mministers' approval must be obtained first as outlined in the CE Act. Where such instruments are entered into, appropriate reporting to the Board or the Finance Audit & Risk Committee is expected.

A delegate may, unless the delegation concerned provides otherwise, perform the functions or duties, and exercise the powers, they have been delegated in the same manner, subject to the same restrictions, and with the same effect, as if they were the bBoard or the DHB (including in accordance with all relevant policies and procedures set by the board from time to time) (clause 40(1)(a) of Schedule 3 of the NZPHD Act). All delegates must familiarise themselves with the relevant provisions of the NZPHD Act, CE Act, Operational Policy Framework and Crown Funding Agreement before performing delegated functions or duties, or exercising delegated powers.

4.3 Financial Delegations

Financial delegations will apply on a 'per transaction' basis provided that the item is within the annual budget; otherwise delegation limits for items outside of budget apply.
In determining if an item is within budget or not, it is assessed against each level 4 (chart of accounts) account code line, e.g. 5260 Staff Accommodation & Meals. Items may not be netted off across a range of account codes or against a ~~cost~~ responsibility centre total expenditure line unless it is a planned and approved service change, for example where a salary is used in replacement of an outsourced contract. It is recognised that when ordering supplies in a clinical environment that this identification at the point of order may not be practical and retrospective approval or notification may be required.

Where a contract for goods or services is in place the delegated authority level applicable for transactions under that contract is limited to the maximum per annum contract value. This applies where transactions are paid either singularly or by instalment so that the annual contract value cannot be exceeded. The person holding delegation is responsible for ensuring transactions authorised adhere to this maximum.

4.4 Avoidance

Any attempt to bring something within delegated authority which would otherwise not be including splitting items requiring approval into smaller components and so avoiding the need to obtain approval from a person with higher authorisation limits, or any action or inaction which has

this effect, is considered to be a failure to comply with delegated authority and may result in disciplinary action.

4.5 Monitoring and Enforcement

Delegators must inform the Finance Department in writing of any new delegations they make or any additions, changes or deletions to existing delegations they have made. Refer to Appendix 2 of this policy.

Electronic workflow is enabled via the Oracle Financial System and Payroll systems and a master list is held in Finance of those personnel holding delegated authority for each respnsibiitycost centre area. These electronic workflows therefore monitor ordering authority on purchase orders, invoice approvals and payroll / timesheet approvals. Changes to staff holding delegated authority must be notified to Finance to enable these electronic hierarchy systems to be updated.

5. Delegations to Board Committees

5.1 Board Committees and their Roles

The NZPHD Act requires the establishment of a Community and Public Health Advisory Committee, a Disability Support Advisory Committee and Hospital Advisory Committee (sections 34-36 of the NZPHD Act). The NZPHD Act gives the Bboard the power, after first obtaining the mMinister's approval, to establish or dissolve 1 or more other committees of the Bboard for a particular purpose or purposes (clause 38 of Schedule 3 of the NZPHD Act). The bBoard has established a Finance Audit & Risk Committee and an Iwi Governance Committee.

The bBoard may delegate to a committee of the board any of the functions, duties or powers of the bBoard (clause 39(4) of Schedule 3 to the NZPHD Act).

5.1.1 Community and Public Health Advisory Committee ("CPHAC")

The functions of CPHAC are to give the bBoard advice on the needs, and any factors that the Ccommittee believes may adversely affect the health status, of the DHB's resident population and priorities for use of the health funding provided. The aim of the CPHAC's advice must be to ensure that all service interventions the DHB has provided or funded or could provide or fund for that population and all policies the DHB has adopted or could adopt for that population maximise the overall health gain for the population the Ccommittee serves. The CPHAC's advice may not be inconsistent with the New Zealand Health Strategy (clause 2 of Schedule 4 of the NZPHD Act).

The CPHAC will oversee and monitor the DHB funder financial and operational performance, specifically this advisory committee will ensure that recommendations on allocation of funds are based on health and disability needs to advance the health and independence of people in the community. Responsibility and decision making remains with the Board.

5.1.2 Disability Support Advisory Committee ("DSAC")

The functions of the DSAC are to give the Bboard advice on the disability support needs of the DHB's resident population and priorities for use of the disability support funding provided. The aim of the DSAC's advice must be to ensure that the kinds of disability support services the DHB has provided or funded or could provide or fund for those people and all policies the DHB has adopted or could adopt for those people promote the inclusion and participation in society, and maximise the independence of the people with disabilities within the DHB's resident population. The DSAC's advice may not be inconsistent with the New Zealand Disability Strategy (clause 3 of Schedule 4 of the NZPHD Act).

This advisory committee will ensure that recommendations on allocation of funds are based on health and disability needs to advance the health and independence of people in the community. Responsibility and decision making remains with the ~~b~~Board.

5.1.3 Hospital Advisory Committee ("HAC")

The functions of the HAC are to monitor the financial and operational performance of the hospitals (and related services) of the DHB, to assess strategic issues relating to the provision of hospital services by or through the DHB and give the board advice and recommendations on that monitoring and that assessment (clause 4 of Schedule 4 of the NZPHD Act).

Responsibility and decision making remains with the ~~b~~Board.

5.1.4 Finance Audit & Risk Committee

The Finance Audit & Risk Committee has been established for the purpose of providing advice and recommendations to assist the Board in the proper auditing and scrutiny of its financial control environment and risk management issues. By approving this policy the Board delegates to the Finance Audit & Risk Committee the establishment purposes including administration and oversight of the internal audit function, liaison with external auditor, the annual report, insurance contracts and risk management issues.

Responsibility and decision making remains with the ~~b~~Board.

5.1.5 Iwi Governance Committee

This c~~C~~ommittee has been established for the purpose of reducing health inequalities and improving health outcomes for Māori in accordance with government's health strategies and policies, and in particular section 4 of the NZPHD Act (Treaty of Waitangi).

5.1.8 Short-term or Specific Issue Committees

After first obtaining the ~~m~~Minister's approval, the B~~b~~oard may, from time to time, establish one or more committees for particular purposes, and appoint to such committees members of the B~~b~~oard and/or other persons (s38, Schedule 3, NZPHDA).

5.2 Authorities of the Board and its Committees

5.2.1 Appointment of Members

The chair and membership of the advisory committees will be determined by the ~~b~~Board, with membership for a term up to three years.

The membership and operation of each advisory committee is determined by its Terms of Reference which have been approved by the ~~b~~Board.

Provisions applying to CPHAC, DSAC, and HAC are attached as Appendix 3. Provisions applying to other committees of the ~~b~~Board are attached as Appendix 4.

5.2.2 Levels of Authority

The ~~b~~Board has delegated to each committee the power to make recommendations to the ~~b~~Board on matters of service provision, service funding and service changes, and the power to advise the Board on issues and recommend actions.

The chairs of each committee may request management to provide information, assistance and prepare reports to their committee, to enable their committee to fulfil its particular purpose or purposes.

Each committee is accountable to the ~~b~~Board.

6. Delegations to the CEO

6.1 Delegation to CEO of Power to Make Decisions on Management Matters

Section 26(3) of the NZPHD Act requires the Board to delegate to the DHB's CEO the power to make decisions on management matters relating to the DHB, and any such delegation may be made on such terms and conditions as the Board thinks fit.

In accordance with section 26(3) of the NZPHD Act and by approving this policy the ~~b~~Board has delegated to the CEO the power to make decisions on management matters relating to the DHB. That delegation includes, without limitation, the power to make decisions on the following management matters of the DHB:

- Human resources
- Revenue and funding contracts up to the financial limitation delegated
- Capital expenditure up to the financial limitation delegated
- Expenditure for major maintenance up to the financial limitation delegated
- Financial delegations up to the financial limitation delegated
- Property matters subject to any conditions in respect of approval
- Legal matters subject to any conditions specified
- Administration matters subject to any conditions and relevant policies
- Supplies and services subject to any conditions and up to the financial limitation delegated
- Research matters subject to any conditions in respect of approval.

6.2 Delegation of other Functions, Powers and Duties to the CEO

The ~~b~~Board further delegates to the CEO its functions, powers and duties under any statutory enactment which authorises delegation to the CEO. The board may delegate the implementation of any decision it has made to the CEO.

6.3 Terms and Conditions of Delegations

Delegations made to the CEO are made on the following terms and conditions:

(a) The ~~b~~Board consents, in accordance with clause 40(1)(b) of Schedule 3 of the NZPHD Act, to the CEO assigning:
- Any non-financial powers, duties or functions set out in this Policy and
- The financial powers, duties or functions in accordance with Appendix 1.

(b) Delegations made do not include:

- Delegation of any function, duty or power of the Board or of the DHB which the Board currently retains or exercises; and

- Any delegation to a committee of the ~~b~~Board.

And otherwise on the terms and conditions set out in this policy.

6.4 CEO to Maintain Delegations Register

The CEO will maintain a register of delegation authorities (Oracle hierarchy system) in accordance with this policy. The delegations register will show what delegations are in force, and where they are not open-ended, the dates at which attention should be given to renewal. The register will also record the statutory power that has been delegated, the office held by the delegate, any conditions on the delegation, and whether consent is given to sub-delegation.

7. Delegations to Persons Outside DHB / Board

If the ~~b~~Board desires to delegate any functions, duties, or powers to persons who are neither members of the board nor employees of the DHB, the prior approval of the ~~m~~Minister is required.

8. Powers, Functions and Duties Reserved for Minister

In addition to those matters detailed in clause 4.2, the NZPHD Act, the Public Finance Act 1989 and government policy require approval by the ~~m~~inister of the following transactions:

- Sale of land and buildings
- Borrowing or financing transactions not conducted by The Treasury
- Cooperative arrangements
- Purchasing and holding of shares or securities
- Creating or settling trusts.

14.1

9. Related Matters

9.1 Governance

By approving this policy, the board has made the delegations in relation to governance matters to the persons listed in Appendix 1.

9.2 Process for Delegating Responsibilities

This clause applies where employees holding delegations wish to sub delegate any delegated authority they have. For delegating powers, duties or functions of the DHB or the board, the delegator will:

- Define the powers, duties or functions to be delegated specifically outlining the limits of the powers, duties or functions being delegated;
- Determine to whom it is proposed the powers, duties or functions are to be delegated ("the potential delegate"), particularly ensuring that the person is not 'interested' in the transaction;
- Define the criteria to be used in assessing whether to delegate the power;
- Assess the competence of the potential delegate to perform the powers, duties or functions being delegated;
- Determine and then approve the fitness of the potential delegate for delegation;
- Formally delegate in writing the powers, duties or functions as defined;
- Consider the question of sub-delegation of that power and any conditions attached to that sub-delegation.

9.3 Temporary Assignment

Whenever a manager of a DHB who has been delegated functions, duties or powers, and who has the power to assign all or part of his or her delegations takes leave or is going to be absent for a significant period, he or she should decide whether any of those functions, duties or powers ought to be temporarily assigned to another employee to ensure continuation of the service. For the purpose of this policy 'assign' includes 'sub-delegate'. Delegations may be assigned in part.

Temporary assignments are made using the financial system's AP approval workflow routing rules. This will notify the assignee and specifies the length of time the temporary assignment is to be in effect. It is mandatory to have this temporary assignment approved by the manager of the person temporarily delegating their authority at the time the absence is approved and such approval may be evidenced by email communication or through the leave approval process.

Permanent assignment using the forms in Appendix 2 (part B) requires 'one-up' approval.

9.4 Policy Review

This policy shall be reviewed annually. The DHB's Finance Audit & Risk Committee shall review and make recommendations to the Board. Any policy amendments require the further approval of the minister.

9.5 Related Policies:

- Code of Conduct Policy (District) (18679)
- Procurement and Tendering Policy (District) (11400)
- Sensitive Expenditure Policy (District) (48567)
- Conflict of Interest Guidelines (District) (81067)
- Treasury Policy (District) (47832)

Field Code Changed
Field Code Changed
Field Code Changed
Field Code Changed
Field Code Changed

Delegates must also consider and reference where appropriate the following guidelines:

- State Sector Standards of Integrity & Conducts
- Controller & Auditor General Controlling Sensitive Expenditure Guidelines

Appendices:

1. Delegation Schedule
2. Assignment of Delegated Authority
3. Provisions Applying to CPHAC, DSAC and HAC
4. Provisions Applying to Other Board Committees
5. Delegations under Other Enactments

Appendix 1 – Delegation Schedule

Level 1	Chief Executive Officer
Level 2	All Executive members
Level 3	Tier 3 & Tier 3A
Level 4	Tier 4
Level 5	~~Cost~~ Responsibility centre budget holders, Financial Controller (FC)
Level 6	Zero delegation ~~unless "sub-delegation" form completed~~

Note: All amounts are GST exclusive in New Zealand dollars.

Delegation of Authority	Ability To Sub-Delegate	Board	Level 1	Level 2	Level 3	Level 4	Level 5	Policy Statement and Comments
1.01 Annual Business Plan								
Approve Annual Plan	No	✓						Annual Plan, Regional Health Services Plan and Annual Report and associated financial statements require Board approval.
1.02 Expenditure outside of Annual~~Business~~ Plan								
>=$500~~250~~,000	No	✓						
<$500~~250~~,000	No		✓					
<$100,000	No			✓				
Approve capital programme	No	✓						
Approve operating budget	No	✓						
1.03 Capital Expenditure (including leased assets)								
>=$500,000	No	✓						Delegations must be aligned with the itemised approved capital plan and exercised relative to the complete item (i.e. not broken down into components).
<$500,000	No		✓					
<$100,000	No			✓				
Contingencies >$400~~250~~,000	Yes	✓						
=<$400~~250~~,000	No		*✓	~~✓~~				* In the absence of the CEO joint approval of Executive Director Finance, Procurement & Facilities and Executive Director Specialist Services required and only if urgent.
Substitution	Yes	~~✓~~	*✓					* In the absence of the CEO joint approval of Executive Director Finance, Procurement & Facilities and Executive Director Specialist Services required and only if urgent.

Delegation of Authority	Ability To Sub-Delegate	Board	Level 1	Level 2	Level 3	Level 4	Level 5	Policy Statement and Comments
1.04 Capital Asset Disposal (excluding land & buildings)								
Net market value >=$250,000	No	✓						Asset disposals must comply with asset disposal policies and in all cases the best net realisable value must be sought. Sales of land or buildings require minister's approval.
Net market value <$250,000	No		✓					
Book or market value <$50,000	yesN o			✓				
Book or market value <$10,000	yesN o				✓			
Book or market value <$1,000	yesN o					✓		
1.05 Operating Expenditure within Approved Budget other than gifts, sponsorship and staff travel, hospitality, entertainment & recruitment								
>=$750500,000	Yes		✓					All expenditure is expected to be generated in accordance with the purchasing policy & procedures.
<$750500,000	Yes			✓				
<$250,000	Yes				✓			
<$50,000	Yes					✓		
<$5,000	Yes						✓	
ACC, PAYE / GST / FBT / Capital charge & interest payments	Yes		Executive Director Finance, Procurement & Facilities or Financial Controller					
1.06 Human Resources / Dismissals								
Dismissal of any staff	Yes		✓					Can be delegated on a specific case by case basis. If a regulated health professional, then involve the relevant Level 2 manager.
1.07 Human Resources / Payroll								
Disciplinary for L3 and above3 & above	Yes		✓					In line with HR policies.
Disciplinary for L34 & below	Yes			✓				In line with HR policies.
Suspension of staff	No		✓	✓				All cases to be reported to the Cehief Eexecutive.
Signing of MECA documentation	No		✓					
New, replacement & temporary (excl SMO/RMO Locum) appointments and increases in FTE within budget - Salary >$200150,000 - Salary <$200,000 - Salary < $150,000	No No No		✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓	All staff appointments have an automated workflow that requires recommendation from L5 thru to L4 and approval by L3.
Unbudgeted appointments (permanent or temporary)	No		✓					

Delegation of Authority	Ability To Sub-Delegate	Board	Level 1	Level 2	Level 3	Level 4	Level 5	Policy Statement and Comments
SMO / RMO locum expenditure	No				✓			Within agreed organisational parameters established and maintained by HR.
Salary progression outside of contractual arrangements or budget parameters	No		✓					~~Salary progressions / appointments require 1 level further up counter approval.~~
Relocation expenses > HR policy	No		✓	✓				
Recruitment costs >= $40,000	No		✓					
Recruitment costs < $40,000	No			✓				
1.08 Human Resources Personal Grievance / Severances								
>=$50,000	No	✓						The limits referred to in this section exclude any contractual entitlement. Must be disclosed to Chief Executive and Finance, Audit & Risk Committee.
<$50,000	No		✓					
<$20,000	No			✓				
1.09 Write-Offs (Bad Debt and Stock)								
>=$50,000	No	✓						Finance Audit & Risk Committee recommends to the Board.
<$50,000	No		✓					
<$25,000	No			ED Corp~~FP~~F				
<$2,000	No				FC			
1.10 Receiving Gifts, Hospitality, Entertainment & Donations								
Non-financial gifts >=$1,000	No		✓					Gifts, hospitality, entertainment and the 3rd party provision of education/attendance at conferences and accompanying goods by 3rd parties with a value > $1000 must be cleared on a two up basis with the exception of the CEO which is one up (the Board). Any individual gift, donation or sponsorship offered over the value of $150, or cumulatively over $500 in any twelve month period from the same source, must be entered and approved into the electronic gift register that is available on the Intranet. A hierarchy will create automated workflow for approvals. If a conflict of interest exists the gift will be declined or donated towards a worthwhile cause as nominated by staff member with sign-off approval.
Non-financial gifts >=$500 & <$1,000	No			✓				
Non-financial gifts >=$200 & <$500					✓			
Non-financial gifts < $200 & >$100						✓		
Financial gratuities	No							Cash gifts are not to be accepted under any circumstances as set out in the Gifts and Sponsorship Policy.

Delegation of Authority	Ability To Sub-Delegate	Board	Level 1	Level 2	Level 3	Level 4	Level 5	Policy Statement and Comments
1.11 Giving of Gifts / Koha								
Koha / Gifts >$100	No		✓					The giving of gifts is generally not supported from public funds, however culturally there are circumstances by which a Koha will be given, these circumstances are covered in the related Koha policy, and any Koha given under this delegation must be in line with the policy. Gifts are also given for recognition of long service in accordance with the organisational approach determined over time by the Executive Leadership Team / Board. Generally gifts should not be cash or items transferrable to cash, and valid receipts must be produced.
Koha / Gifts >$50<=$100	No			✓				
Koha / Gifts <=$50					✓			
1.12 Staff Travel / Expenses and Hospitality (non CME)								
>=$10,000	No		✓					All staff travel approvals and expense reimbursements must be approved on a one-up basis and therefore must not be authorised by: • Themselves, • Their peers *or* • Their subordinates Claims for hospitality must be by the most senior employee present at the event. Approved hospitality and entertainment expenditure shall be limited to a maximum of $50 per person at any event. All staff expenses reimbursements must be authorised in accordance with the Sensitive Expenditure and Staff Travel Policies. All international travel (excluding the east coast of Australia) is to be signed off by a L3 or above within the above limits. All approval of travel is on a one-up basis. CEO reimbursements and travel are approved by the Board Chair.
<$10,000	No			✓				
<$5,000	No				✓			
<$1,000	No					✓		
<$500	No						✓	
Note: If > 6 people are attending the same conference, L1 signoff is required. If > 3 and <=6 people are attending the same conference L2 signoff is required.								

Delegation of Authority	Ability To Sub-Delegate	Board	Level 1	Level 2	Level 3	Level 4	Level 5	Policy Statement and Comments
								Note the limits are related to the entire event i.e. travel, registration, accommodation etc
1.13 Staff Travel / Expenses and Hospitality (CME)								
>=$25,000	No		✓					Note the limits are related to the entire event i.e. travel, registration, accommodation etc
<$25,000	No			✓				
<$15,000	No				✓			
1.14 DHB Contracts and Multi-Year Contracts for Revenue or Expenditure								
Contracts with a term > five years regardless of value unless it is a national procurement agreement	No	✓						• Contracts to follow Contract Approval Workflow / Policy agreed at the DHB. • Terms and conditions are specified in the DHB contractual documentation and are reviewed by legal and approved by management. • National procurement contracts still require approval under the specified annual value limits. • Any contract that has a right of renewal (whether automatic or not) shall be considered to have a term equal to the sum of its component terms (e.g. a 3 year contract with a 3 year right of renewal would be considered to be a 6 year contract for the purposes of this document and therefore need Board approval) . Revenue contracts are only to be approved if the cost of delivering the contract can be met within the contracted revenue (including overheads). • Any extension of term must consider the total contract value, not just the variation amount
>=$1,000,000 (annualised)	No	✓						
<$1,000,000 (annualised)	No		✓					
<$500,000 (annualised)	No			✓				
<$100,000 (annualised)	No				✓	Portfolio/ Service Manager for Funder Arm		
1.15 Trust, Bequest & Research Funds								
Use of trust, bequest or research funds must be in accordance with the stated purpose and by the nominated signatory to the funds. If signatories or purpose are not specified then the following applies.								
>=250,000		✓						
<$250,000	No		✓					
<$50,000	No			✓				Requires two approvals, one of which must be the Executive Director Finance, Procurement & Facilities.
<$5,000	No				✓			Requires two Level 3 approvals, one being relevant senior manager.
<$2,000	No					✓		Requires one approval.

Delegation of Authority	Ability To Sub-Delegate	Board	Level 1	Level 2	Level 3	Level 4	Level 5	Policy Statement and Comments
1.16 Treasury and Finance								
Set and amend treasury investment, forex, debt and trading policies	No	✓						The Treasury Policy sets out guidelines and requirements. National Banking Collective Arrangement will apply.
Approve investment in treasury bills, government stock, bank deposits and other securities	Yes	✓		EDFPF	FC			
Approve finance leases	No			EDFPF	FC			
Approve foreign exchange cover	No			EDFPF	FC			
Approve interest rate hedging	No	✓						
Approve main banking relationship	No	✓		EDFPF				Set under national procurement National Banking Collective Arrangement will apply
Approve all permanent bank facilities and overdraft arrangements	No	✓						
Approve drawdown of debt within arranged facilities	Yes			EDFPF				
Approve cheque signatories	No	✓	CEO	EDFPF				
Approve other bank accounts	No	✓						
Approve short-term investments per Treasury Policy	Yes			EDFPF	FC			

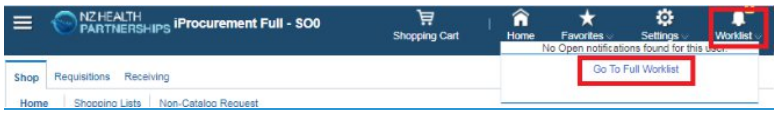
14.1

~~Appendix 2 – Assignment of Delegated Authority~~

Appendix 2 – Assignment of Delegated Authority

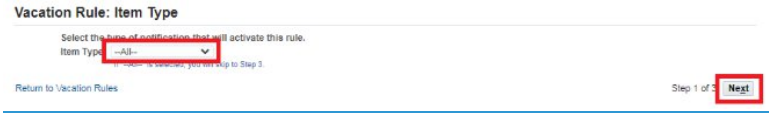
Part A - Temporary Assignment of Delegated Authority
Temporary assignments are made using the financial system's AP approval workflow routing rules per the instructions below. The assignee will need to have access to Oracle Financials (see Appendix 2 part C)

1. You need to log on to Oracle Financials.
2. From the Home Page click on Worklist > Go To Full Worklist

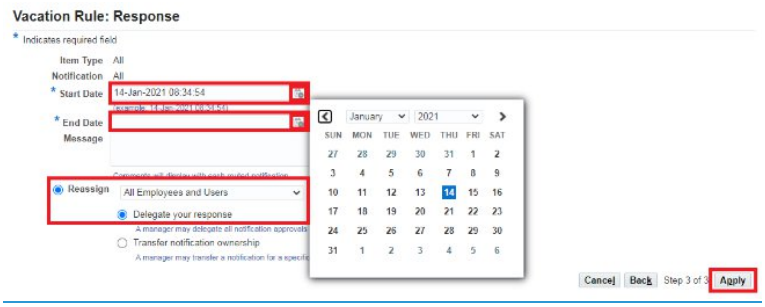


3. Click on the link for Vacation Rules

4. Click the option of Create Rule on the left side of the screen
5. Select All then click Next

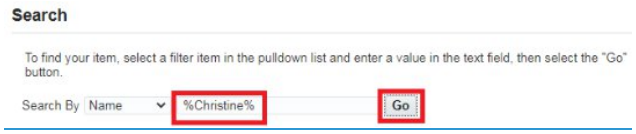


6. Rule Response - enter the following fields



a- Start Date – the first date of your absence, this can be a future start date set-up in advance. Click the button to select the date. The time defaults to the current time, you can over write this

b- End Date - the date of your first day back at work, therefore the delegation will be effective up and until that day
c- Message – An optional message that will be sent to the delegate
d- Reassign – Click on the Magnifying Glass A Search Screen will open. Type the name of the person you are delegating to and click go.

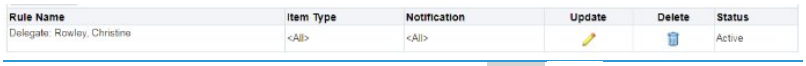


Use the Quick Select button to select that person

e- Delegate your response - make sure this is selected
f- Click Apply

Your rule has now been created

7. How to review, edit and delete your rules
   a. Complete steps 1,2 and 3 – this will show you the list of current rules in place



   b. If you need to edit a rule you can just click on the Update option on that rule and complete steps 5 and 6
   c. If you need to delete a rule you just click on the Delete option on that rule and that will remove that rule.

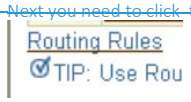
~~Part A - Temporary Assignment of Delegated Authority~~
~~Temporary assignments are made using the financial system's AP approval workflow routing rules per the instructions below. The assignee will need to have access to Oracle Financials (see Appendix 2 part C)~~

~~1. You need to log on to oracle Financials~~

~~2. Next you need to navigate through the following oracle menus~~

- ~~Select from the menu AP Approval~~
- ~~Select from the menu Work List~~

~~3. Next you need to click the option of Routing Rules, it is located on the bottom left side of the screen~~



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3. Next you need to click the option of Create Rule, it is located on the right side of your screen.
Please note that you can have one person approving purchase orders (requisitions) and another person approving invoices.

Next you need to select the relevant option you require from the drop down list

You may have several options the following are relevant to Delegating Authorities

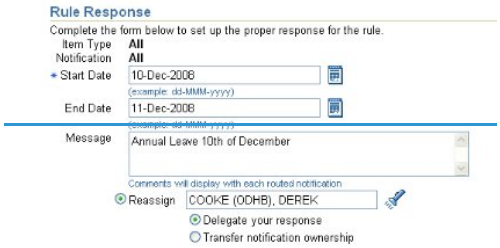
- Requisitions, will only delegate the Requisition for approve onto the delegate
- SA AP Invoice, will only delegate Invoices for approve onto the delegate

or

- All, will do both purchase orders and invoice approvals

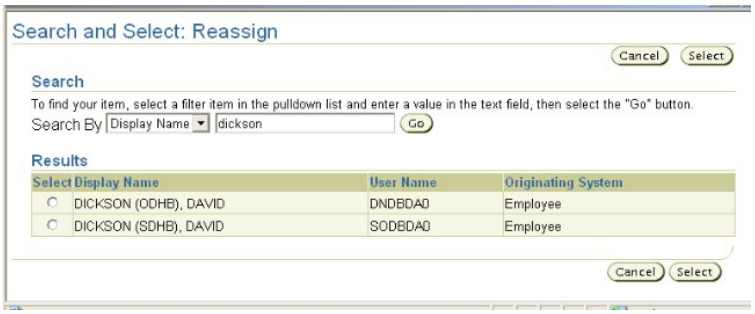
- After you have selected your type press Next

3. Rule Response - you need to enter the following fields



Start Date – the first date of your absence, this can be a future start date set up in advance

- End date – this is the date of your first day back at work, therefore the delegation will be effective up and until that day.
- Message regarding why this delegation is needed
  i.e. for your two week annual leave period or for one week while you are at conference
- Reassign – you then need to select who you are delegating to by clicking on the torch – if someone is listed twice choose the correct ledger (20) or (21). The torch brings up the search and select box where you need to enter the Surname of the person you are delegating to (make sure whoever you are delegating to has oracle access with AP approval menu).



- Select Delegate your response
- Press Submit to complete the delegation of your authority

3. How to review, edit and delete your rules
   - Complete steps 1,2 and 3 – this will show you the list of current rules in place
   - If you need to edit a rule you can just click on the Update option on that rule and complete step 5.
   - If you need to delete a rule you just click on the Delete option on that rule and that will remove that rule.

14.1

~~Part B –~~

~~Assignment of Delegated Authority~~

~~Why~~	~~For assignment of delegated authority to enable new / existing personnel to authorise requisitions or invoices over and above existing delegated responsibility.~~
~~Considerations~~	~~0. That the person you are delegating to is appropriate under the delegations policy, and familiar with the delegations policy.~~ ~~0. What type of authority and amount you wish to delegate~~ ~~That the person who you are delegating to has the correct oracle access. If they don't have the correct access please ensure that this is requested (allow two working days).~~
~~What needs done?~~	~~As part of delegating your authority you need to:-~~ ~~0. Complete all sections of this form.~~ ~~0. List all cost centres this delegation is to apply to.~~ ~~0. You need to decide the type and what $ value you intend to delegate (note this value can be different for catalogue requisitions, non-catalogue requisitions, and Invoice approvals).~~ ~~0. This form must be authorised by the delegating manager and also the appropriate manager's supervisor for the cost centres which the authority applies.~~

Part B – Assignment of Delegated Authority for new personnel and changes for existing personnel

Assignment of Delegated Authority

Why	For assignment of delegated authority to enable new personnel to authorise requisitions or invoices. For change in delegated authority to current personnel over and above existing delegated responsibility.
Considerations	1. That the person you are delegating to is appropriate under the delegations policy, and familiar with the delegations policy. 2. What type of authority and amount you wish to delegate That the person who you are delegating to has the correct Oracle access. If they don't have the correct access please ensure that this is requested from Systems Support <Systems.Support@southerndhb.govt.nz> (allow two working days).
What needs done?	As part of delegating your authority email Hierarchies Administrator HierarchiesAdministrator@southerndhb.govt.nz including the following information and approvals:- 1. Employee name, position and Employee number 2. List all responsibility centres this delegation is to apply to. 3. The delegation effective from date 4. The email must be authorised by the "one up" manager of the responsibility centres to which the authority applies.

Field Code Changed

Assignment of Delegated Authority

I ..... Position .....

Employee number: .....

Delegate name ..... Position.....

Employee number .....

This delegation is effective from ____/____/_____

Cost centre/s *(please state all applicable Cost Centres including those currently held)*

.....

.....

.....

Sub-delegation is: (*Tick where appropriate)*

☐ Purchasing: Catalogue orders $.....

☐ Non catalogue orders $ .....

☐ Invoice approval $ .....

Other / Special Conditions (if any, i.e. partial sub-delegation on specific duties).

.....

.....

.....

Signed by delegator

Approved and signed by delegator's supervisor

Print name

Print name

Date:

Date:

Send to: Hierarchy administrator, Finance Department
E-mail to: Hierarchy administrator

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PART C ~~C~~ – Request / Access to Financial System

Access to Oracle Financials

Why	For new and existing personnel requiring access to oracle financials.
Considerations	As part of this access you need to consider 1. The person you are giving access to is appropriate under the Delegations Policy. 2. Do you have the appropriate authority to delegate this position 3. Is the person able to complete their tasks under the current delegation level. 4. Does this affect an existing delegation. 5. Access is not immediate. (Allow two working days.)
What needs done?	As part of allowing access to Oracle you need to: 1. Confirm person is appropriate under Delegation Policy 2. This form must be authorised by the authorised manager (level 1-5) for the ~~cost~~ Responsibiltiy centres being allocated. 3. Select the appropriate level with your position - any additional delegation you will need to complete an Assignment of Delegated Authority Form 4. Complete all sections of the form and return to: Hierarchy administrator, Finance Department, Email: Hierarchy administrator 5. Access will be given once Oracle training is completed

Levels of Delegation

Level 1	Chief Executive Officer
Level 2	All Executive members
Level 3	Tier 3
Level 4	Tier 4
Level 5	Responsibility ~~Cost~~ centre budget holders, Financial Controller (FC)
Level 6	Zero delegation ~~unless "sub-delegation" form completed~~

Oracle Financials Set-up

Requirements for gaining Oracle access

- This form must be authorised by a suitable manager for the responsibility~~cost~~ centres listed below and returned to hierarchies administrator, Finance Department.
- All staff must attend a training session before being given their access to the Oracle system.
- You will be contacted to make a suitable time for training in Oracle financials and internet procurement.
- ~~Sub delegation other than below must have a sub delegation form completed .~~

Is this a new user Yes / No

Change to an existing Oracle user Yes / No

Start date: ……

Employee number ……..

Surname ……

First name ……

Hospital e-mail ……

Phone extension ……Network user ID ……

Job position /Title ……

Please specify ALL ~~cost~~ Responsibility centres ……

……

Please circle level of delegation as per delegations policy: 6. 5. 4. 3. 2. 1.

Levels of Delegation as per Delegations Policy

Level 1	Chief Executive Officer
Level 2	All Executive members
Level 3	Tier 3
Level 4	Tier 4
Level 5	~~Cost~~ Responsibiltiy centre budget holders, Financial Accountant (FA)
Level 6	Zero delegation ~~unless "sub delegation" form completed~~

Does this delegation replace an existing staff member Yes / No

(Note this will remove existing staff member's delegation permanently as at end date)

Employee name ……Employee number ……

End date: ……

Is this holiday cover Yes / No

_____ Date _____/_____/_____

Signed by manager

_____

Print name

14.1

Appendix 3 – Provisions Applying to CPHAC, DSAC and HAC

Extract from New Zealand Public Health and Disability Act 2000/Schedule 4. Provisions applying to community and public health advisory committees, disability support advisory committees, and hospital advisory committees:

6 Members

(1) Members of the committee:
- (a) Must each be appointed by the board by notice in writing to the member for a term, not exceeding 3 years, stated in the notice together with the date on which the member comes into office:
- (b) Are eligible for reappointment.

(2) A person who is a member of a board of a publicly-owned health and disability organisation may not be appointed as a member of a committee that regularly advises, or is likely regularly to advise, on matters relating to transactions of a kind in which the person is interested.

(3) Before the board of a DHB appoints a person who is not a member of that board to a committee, the person must give the board a statement completed by the person in good faith that—
- (a) Discloses any conflicts of interest that the person has with the DHB as at the date on which the statement is completed, or states that the person has no such conflicts of interest as at that date; and
- (b) Discloses any such conflicts of interest that the person believes are likely to arise in future, or states that the person does not believe that any such conflicts are likely to arise in future.

7 Terms or conditions of office, and remuneration

Members of the committee:
- (a) Have the terms or conditions of office, consistent with this Act, that the board determines; and
- (b) Are remunerated in accordance with section 47 of the Crown Entities Act 2004 and are entitled to be reimbursed for expenses in accordance with section 48 of that Act as if the members of the committee were members of the DHB.

8 Resignation

A member of the committee may resign from that office by notice in writing to the committee and board stating the date on which the resignation takes effect.

9 Vacation of office

(1) A member of the committee ceases to hold that office if:
- (a) the period of his or her appointment expires; or
- (b) he or she dies; or
- (c) the DHB to which the board relates is disestablished by an Order in Council made under section 19(2).

(2) For the purposes of subclause (1)(c), a DHB is not disestablished just because it—
- (a) is renamed; or
- (b) is involved in a reorganisation of districts (as described in clause 18 of Schedule 2); or
- (c) has its district altered (as described in clause 19 of Schedule 2).

(3) Subclause (1) overrides any deed or agreement.

10 Removal from office

(1) A member of the committee may be removed from that office by the board by notice in writing to the member and committee stating the board's reasons for the removal and the date on which the removal takes effect.

(2) A board may exercise the power under subclause (1) only if it has first consulted the member, and committee, about the removal.

(3) Subclauses (1) and (2) override any deed or agreement.

11 Chairperson and deputy chairperson

(1) A board:

(a) must appoint a member of the committee as chairperson of the committee; and

(b) may appoint another member of the committee as deputy chairperson of the committee.

(2) The appointment must be by notice in writing to the member and committee that—

(a) may be the same notice as the notice under clause 6(1)(a) appointing the member; and

(b) must state the period (starting at or after the time the member comes into that office, and ending at or before the time he or she must cease to be a member) for which the member is appointed chairperson or deputy chairperson and the date on which he or she comes into that office.

(3) A member appointed chairperson or deputy chairperson and whose appointment as such has expired—

(a) continues in that office until his or her successor is appointed; and

(b) is eligible for reappointment to that office so long as he or she continues to be a member of the committee.

12 Resignation

A chairperson or deputy chairperson of the committee:

(a) may resign from that office by notice in writing to the committee and board stating the date on which the resignation takes effect; but

(b) if he or she does so, continues to be a member of the committee unless he or she also resigns from that office, under clause 8.

13 Vacation of office

(1) A chairperson or deputy chairperson of the committee ceases to hold that office if he or she ceases to be a member of the committee.

(2) A deputy chairperson of the committee ceases to hold that office if he or she is appointed chairperson of the committee.

(3) Subclauses (1) and (2) override any deed or agreement.

14 Removal from office

(1) A chairperson or deputy chairperson of the committee may be removed from that office by the board by notice in writing to the chairperson or, as the case requires, deputy chairperson, and committee stating the board's reasons for the removal and the date on which the removal takes effect.

(2) A board may exercise the power under subclause (1) only if it has first consulted the chairperson or, as the case requires, deputy chairperson, and committee, about the removal.

(3) Subclauses (1) and (2) override any deed or agreement.

(4) A chairperson or deputy chairperson removed from that office continues to be a member of the committee unless also removed from that office, under clause 10(1).

15 Board to notify minister of appointments, etc.

(1) The board must give the Minister notice of any appointment, resignation, vacation of office, or removal from office, of any chairperson, deputy chairperson, or member of a committee, under any of clauses 6, or 8 to 14.

(2) The notice must be in writing and given as soon as practicable, and no later than 10 working days, after the board becomes aware of the appointment, resignation, vacation of office, or removal from office.

14.1

Appendix 4 – Provisions Applying to Other Board Committees

Extract from New Zealand Public Health and Disability Act 2000/Schedule 3. Provisions applying to DHBs and their boards:

38 Committees

(1) A board of a DHB may:
  (a) After first obtaining the minister's approval establish 1 or more committees of the board for a particular purpose or purposes:
  (b) Appoint, as members of a committee of the board, or as the chairperson or deputy chairperson of any such committee, either members of the board, or other persons, or both:
  (c) Dismiss any member, or chairperson, or deputy chairperson, of a committee of the board:
  (d) Dissolve any committee of the board.

(2) In making appointments to a committee of a board, the board must endeavour, where appropriate, to ensure representation of Māori on the committee.

(3) If a board of a DHB dismisses any member, or chairperson, or deputy chairperson, of a committee of the board, under sub clause (1)(c), the board must, on or as soon as reasonably practicable after the dismissal, give that person a written statement of the board's reasons for the dismissal.

(4) A board may regulate the procedure of each committee of the board in any manner not inconsistent with this act the board thinks fit.

(5) If meetings of a committee of a board involve making decisions or resolutions on behalf of the board, clauses 16 to 24, 28, and 31 to 35 apply to those meetings as if the committee were the board.

(6) Before a board of a DHB appoints a person who is not a member of the board to a committee of the board, the person must give the board a statement completed by the person in good faith that:
  (a) Discloses any conflicts of interest that the person has with the DHB as at the date on which the statement is completed, or states that the person has no such conflicts of interest as at that date; and
  (b) Discloses any such conflicts of interest that the person believes are likely to arise in future, or states that the person does not believe that any such conflicts are likely to arise in future.

Field Code Changed
Field Code Changed
Field Code Changed

Appendix 5 – Delegations under Other Enactments

Pursuant to section 26 and clause 39 of Schedule 3 of the act, the Board delegates to the CEO any function or duty required to be performed, or any power that may be exercised, by the DHB.

24622

Koha Policy (District)

Introduction

Koha is an important Māori cultural practice which symbolises an expression of deep gratitude and affection acknowledged by a gift, present, offering or contribution. In the modern context, koha may take the form of money (whether intended to defray the costs of a hui or not), food (whether presented on the marae or not) or an item of value.

At Southern District Health Board (Southern DHB) we define the gift as unconditional and spontaneous which is given or received for unsolicited services, as within tikanga Māori. Southern DHB further recognises that koha will be defined by the auditor general as a type of 'sensitive expenditure'.

Purpose

To detail the Southern DHB framework for the giving and receiving of koha.

Scope

This policy applies to Board members and all employees of Southern DHB.

Definitions:

Board members	Means the members of the Board of the Southern DHB. ~~and includes the Commissioner and Deputy Commissioners.~~
Employees	Includes all staff, temporary employees, contractors to the DHB and individuals acting on behalf of Southern DHB.
Kāi Tahu	The local Kāi Tahu dialect at times uses a "k" in place of "ng".
Kaumātua/Hākoro/Hākui	Male/Female elder.
Koha	Gift, present, offering, or contribution which is made voluntarily, is not intended to be income in the hands of the recipient and is focused on maintaining social relationships with connotations of reciprocity.
Taḳata Whenua	People of the land.
Tikaḳa	Rules and regulations as defined by Whānau, Hapū, and Iwi.

Reasons for Koha

A symbol of gratitude for people's hospitality and deep respect for any occasion:

- Towards welcoming ceremonies such as mihi whakatau and pōwhiri. For example, Taķata Whenua/Kaumātua/Hākoro/Hākui support in the traditional welcome of staff.
- Towards poroporoakī (farewell ceremony). For example, Taķata Whenua/Kaumātua/Hākoro/ Hākui support in the transfer of staff to new external positions (where appropriate) and the farewell from positions held.
- Towards hui, meetings, gatherings, events and whakawātea (blessing). For example, Taķata Whenua/Kaumātua/Hākoro/Hākui support in significant ceremonies, rituals or blessings.

Principles

Southern DHB is obliged to safeguard and use its resources in a responsible manner. Southern DHB must guard against actual or perceived conflicts of interest in regard to the use of those resources. This means that all staff involved in making or approving expenditure on, or receiving on behalf of Southern DHB, koha:

a) Do so only for Southern DHB purposes;

b) Exercise prudence and professionalism;

c) Do not derive personal financial gain;

d) Act impartially;

e) Ensure the expenditure is moderate and conservative in the context of the given situation;

f) Ensure that decision making in relation to the giving and receiving of koha is consistent with this and other relevant Southern DHB policies.

As a general rule, staff must not give or accept koha if it could be perceived by a reasonable person as an inducement or reward that might impact on Southern DHB's reputation. The Southern DHB Code of Conduct documents the required behavioural standards for staff in all areas of their work.

Organisational Koha

Southern DHB representatives are encouraged to give appropriate koha on behalf of their respective services in recognition of service being provided consistent with the Principles detailed above.

Southern DHB staff should organise the koha with their manager or service prior to the occasion.

The koha given to external parties must be appropriate to the circumstances and approved within the financial delegations and budget prior to the giving of the koha. A comprehensive description including the date, name of recipient(s), reasons for the koha and any other relevant information must be provided to Finance.

The amount of koha given is at the discretion of the person with the relevant delegated authority, with advice given by the Kaiwhakahaere Hauora Māori and (where appropriate) Kaumātua.

The tax treatment (if any) of koha will be assessed on a case by case basis depending on the type of payment.

Southern DHB Staff Accepting Koha

- All koha received are to be recorded in the gift register.
- The decision as to whether the koha is an acknowledgement of the Southern DHB or a personal acknowledgement of the staff member is to be made in consultation with the responsible manager with the assistance of the Kaiwhakahaere Hauora Māori (if applicable).
- Koha given to a Southern DHB service as recognition of the service, or the occasion, e.g. Te Whare Whānau, must be recorded separately from general operating expenditure, and be available for the service for activities or expenditure over and above the usual operating activities. This would recognise the gift appropriately.
- If koha is received in the form of cash, it is the property of Southern DHB and shall be given to the Finance Team for processing.

Associated documents:

- Delegation of Authority Policy (21584)
- Managing Gifts and Sponsorship Policy (81062)
- Sensitive Expenditure Policy (48567)
- Conflict of Interest Guidelines (81067)
- Tikaka Best Practice Policy (24624)
- Tikaka Best Practice - Definitions of Important Māori Principles (25034)
- Tikaka Best Practice - Spiritual, Family, and Other Support (25042)
- Tikaka Best Practice - Cultural Protocols (including Food, Valuables, and Linen) (25038)
- Mihi Whakatau (Official Welcome) and Poroporoakī (Farewell) (District) (74802)

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.

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
Minutes of Previous Public Excluded Meeting	As set out in previous agenda.	As set out in previous agenda.
Public Excluded Advisory Committee Meetings: a) Finance, Audit & Risk Committee ▪ 6 September 2021 Verbal Report b) Hospital Advisory Committee ▪ 6 September 2021 Verbal Report c) Iwi Governance Committee ▪ 2 August 2021 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.
CEO's Report - Public Excluded Business	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.
Māori Health	To allow activities (incl staffing) to be carried on without prejudice or disadvantage	Section 9(2)(i) of the Official Information Act.
Capex Approvals ▪ Southland ED Business Case	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.
Contract Approvals ▪ Strategy, Primary and Community ▪ Regional Intellectual Disability Secure Services ▪ Digital Design and Support for NDH Digital Programme ▪ Philips Healthcare – Service Maintenance ▪ Southern Cross Queenstown – Service Provision	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.
New Dunedin Hospital	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 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

The Board may also exclude the public if disclosure of information is contrary to a specified enactment or constitutes 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.