Southern DHB Board Meeting

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

07/12/2021 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 December 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 since the last Board meeting:

- Prof Crampton - entry updated to include wife's role as a Barrister
- Dr Lyndell Kelly – NZ Brain Tumour Trust and daughter's interests removed

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		
	02.11.2021	Wife, Alison Douglass, Barrister	Has had involvement with SDHB when representing patients.	
	25.06.2021	Director and Shareholder, Kiwood Limited	Nil (farm forestry plot).	
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.	
	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.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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~~	Updated 29/10/2021	
	25.06.2021	~~Trustee, New Zealand Brain Tumour Trust~~	Updated 29/10/2021 (Resigned as Trustee)	
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		
	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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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		
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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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	
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	Inde is part of WSP's Digital Health Collective, the consultancy service supporting the NDH Digital Infrastructure and Digital Facility Services
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.

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
	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, 2 November 2021, 9.30 am
By Zoom

Present:	Mr Pete Hodgson	Chair
	Prof Peter Crampton	Deputy Chair
	Ms Ilka Beekhuis	*(until 4.40 pm)*
	Dr John Chambers	
	Mrs Kaye Crowther	
	Dr Lyndell Kelly	
	Mr Terry King	
	Mrs Jean O'Callaghan	
	Mr Tuari Potiki	
	Miss Lesley Soper	
	Dr Moana Theodore	
In Attendance:	Mr Andrew Connolly	Board Advisor *(from 9.43 to 10.36 am)*
	Mr Roger Jarrold	Crown Monitor *(until 4.05 pm)*
	Dr Ben Pearson	Crown Monitor *(until 5.00 pm)*
	Mr Chris Fleming	Chief Executive Officer *(until 4.15 pm)*
	Ms Tanya Basel	Executive Director People and Culture
	Mr Hamish Brown	Programme Director, New Dunedin Hospital *(until 4.05 pm)*
	Ms Kaye Cheetham	Chief Allied Health, Scientific and Technical Officer *(until 4.25 pm)*
	Mr Rory Dowding	Acting Executive Director Planning, Funding and Population/Public Health
	Prof John Eastwood	Acting Chief Medical Officer *(until 5.00 pm)*
	Dr David Gow	Chair, Clinical Council *(until 4.45 pm)*
	Ms Greer Harper	Principal Advisor to the Chief Executive *(until 4.15 pm)*
	Dr Hywel Lloyd	Interim Director Quality and Clinical Governance Solutions
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr Patrick Ng	Chief Operating Officer
	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 *(until 4.00 pm)*
	Ms Jeanette Kloosterman	Board Secretary

1.0 KARAKIA AND WELCOME

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

2.0 APOLOGIES

An apology for a 20 minute departure at 10.00 am was received from Mr Jarrold, Crown Monitor.

An apology for a 30 minute departure at 3.00 pm was received from Miss Soper.

Apologies for early departures were received from Ms Beekhuis, the Crown Monitors, the CEO, Chief Nursing and Midwifery Officer, Chief Allied Health, Scientific and Technical Officer, Principal Advisor to the CEO, Clinical Council Chair, Programme Director, New Dunedin Hospital, and Prof Eastwood, Chief Medical Officer.

3.0 DECLARATION OF INTERESTS

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

Prof Crampton notified the Board that his wife, Alison Douglass, has had some involvement with Southern DHB in her role as a Barrister. She worked for a patient and Prof Crampton believed he knew nothing about the details of the case, and it was now in the past.

The Chair asked that any other 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 5 October 2021 be approved and adopted as a true and correct record."

5.0 ACTION SHEET

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

- The Quantitative Performance Dashboard was now live.
- A progress report on Southland site planning would be submitted to the December 2021 Board meeting.
- Four actions had been identified to put in place a Head of Department for ICU across Dunedin and Southland and staff were working to complete those by the end of December 2021.
- Management were proceeding as though the Heads of Agreement with Te Kaika was signed but approval for the lease needed to be sought from the Minister.

Management were asked to check if a digital solution to enable Intensive Care to operate as a single service was included in the current year's capital plan.

6.0 ADVISORY COMMITTEE REPORTS

<u>Community and Public Health Advisory Committee</u>

The unconfirmed minutes of the Community and Public Health Advisory Committee (CPHAC) meeting held on 4 October 2021 were taken as read (tab 6.1).

Disability Support Advisory Committee

The unconfirmed minutes of the Disability Support Advisory Committee (DSAC) meeting held on 2 November 2021 were taken as read (tab 6.2).

Dr Moana Theodore, DSAC Chair, noted the recent announcement that a new Ministry of Disabled People was being set up and advised that an update on that would be provided to the next DSAC meeting.

Hospital Advisory Committee

The Board received a verbal report from Mrs Jean O'Callaghan, Hospital Advisory Committee (HAC) Chair, on the HAC meeting held on 1 November 2021, during which she informed the Board that the Committee:

- Reviewed bed numbers;
- Noted as much work as practical was being done to improve patient letters until an electronic solution was put in place;
- Discussed a paper on equity and lung cancer;
- Received a very good presentation on the introduction of enhanced generalism;
- Received a report from the Chief Operating Officer on the lung cancer project and other initiatives to address awareness of the changes required to ensure equity, eg on unable to attend rates;
- Discussed surgical performance and the impact of COVID-19, which had resulted in growing waiting lists;
- Noted that workforce shortages were impacting a number of services and additional recruitment campaigns were being looked at;
- Noted that the development of a production plan was under way;
- Received outpatient breaches by specialty and directorate;
- Looked at orthopaedic performance in Southland, which remained a concern and recognised that outsourcing was required to a greater extent;
- Received a report on long waiting patients and the plans to reduce waiting times;
- Acknowledged Patrick Ng and Nigel Millar's input and looked forward to working with the new people in those roles.

Prof John Eastwood, incoming Chief Medical Officer, introduced himself to the Board.

Dr Andrew Connolly, Board Advisor, joined the meeting at 9.43 am.

7.0 CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer's monthly report (tab 7) was taken as read and management provided the following commentary and updates.

Organisational Performance

Overall financial performance for business as usual was on plan, however reduced pharmaceutical revenue, expenditure on COVID-19 resurgence and under delivery of planned care due to the COVID-19 lockdown, had impacted the September result.

Advice was awaited on whether the Ministry of Health would be funding the impact of COVID-19.

COVID-19 Endemic Planning

Most COVID-19 cases would be managed in the community, therefore Primary Care needed to be adequately supported.

The first dose COVID-19 vaccination rate in Southern had reached 90% and the second dose 78%.

Concern was raised that only 50% of Māori were fully vaccinated and inequities were being seen, particularly in the younger Māori age group.

Hamish Brown, COVID-19 Vaccination Programme Lead, reported that there were several actions planned for the coming weeks to target vulnerable groups, Māori, Pasifika and rural communities, and the team would not stop. The mayors of Southland and Gore were currently visiting 24 rural towns to increase uptake and the Māori Health Directorate and PHO were assisting with creative ways to engage with iwi, in particular young Māori.

Consideration of a motion expressing the Board's thanks to all concerned and its commitment to equity was deferred to later in the meeting.

Performance and Accountability

The performance and accountability framework was ready to be trialled in the Surgical Services and Radiology Directorate.

Anaesthetic Technicians

Management responded to questions on Anaesthetic Technician training and recruitment.

Oncology

The CEO and COO were meeting regularly with the Cancer Control Agency and performance had moved from red to orange; waiting times had reduced but there were still a range of issues to be addressed.

2021/22 Annual Plan

The Ministers had approved Southern DHB's Annual Plan and it was now available on the Southern Health website.

Aged Residential Care Registered Nurse Workforce

The CEO reiterated his significant concern about the shortage of Registered Nurses (RNs) in Aged Residential Care (ARC) and reported a number of DHBs and providers had raised the matter with him, as the national CE lead for Aged Care.

Executive Leadership Team Changes

A recruitment process for permanent appointments to the Chief Medical Officer and Chief Operating Officer positions would commence in the new year.

Colonoscopy

Mr Connolly presented his report on progress one year after the Endoscopy Oversight Group received the Board's instruction to implement the recommendations of various reviews of SDHB's colonoscopy service. Mr Connolly

advised that he was pleased with progress and colonoscopy provision in Southern DHB was well ahead of some other DHBs.

Mr Connolly and the Chief Medical Officer responded to questions on the provision of CT colonography and the review of acute cancers.

The Board thanked Mr Connolly for his report.

8.0 FINANCE AND PERFORMANCE

Financial Report

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

The Executive Director Corporate Services (EDCS) commented that:

- The $10.3m deficit for the year to date was predominantly due to COVID-19, ie revenue was lost from not being able to complete elective services and revenue budgeted for additional pharmacy costs had been reduced by PHARMAC, plus additional costs had been incurred for COVID-19 resurgence preparation.
- If the above three adverse variances had not occurred, the result would have been positive for business as usual.
- The one area of concern was infrastructure and non-clinical supplies.

Volumes Report

The volumes graphs (tab 8.2) were taken as read.

The CEO reported that there was some concern about whether caseweights were being captured adequately, as volumes were flat and average caseweights had declined, however CCDM acuity had increased and nursing staff were under pressure.

Quality Dashboard

Patrick O'Connor, Quality and Performance Improvement Manager, joined the meeting for this item.

The Interim Director Quality and Clinical Governance Solutions (DQ&CGS) presented the Quality Dashboard (tab 8.3), then management responded to questions on short notice postponements, length of stay greater than seven days, and plans to increase the number of complaints addressed within 20 working days.

The Quality and Performance Improvement Manager presented a proposed new Executive Quality Dashboard (Appendix 2) and sought members' feedback on the suggested new format.

The Board requested that pressure ulcers and falls be included in the dashboard indicators, and that longer term (3 year) trends continue to be shown.

Mr Connolly left the meeting at 10.36 am.

Performance

The Principal Advisor to the CEO presented a progress report on the development of the Performance Dashboard (tab 8.4), noting that it was almost complete.

The Board requested that the manager accountable for each measure be shown on the dashboard.

9.0 STRATEGIC CHANGE PROGRAMME

The Principal Advisor to the CEO presented the new Strategic Change Programme generated from the Cascade platform (tab 9).

10.0 MENTAL HEALTH REVIEW

The Board received an update from the Acting Executive Director Mental Health and Intellectual Disability (MHAID) on the implementation of the Mental Health Review recommendations (tab 10), during which he reported that:

- Good progress was being made, with interviews to take place soon for the Executive Director Mental Health, Addiction and Disability. When that role was appointed to, a General Manager would be recruited.
- Heather Casey, Director of Nursing, MHAID, was supporting the implementation of a number of the Review recommendations to build capacity.
- Patient, safety and quality was also being focused on, with assistance from Vicki Dent, Canterbury District Health Board, who was reviewing serious adverse events, education, mandatory training, and associated quality issues.
- Feedback had been received on strengthening the service user voice on the Mental Health and Addiction Change Governance Group, by including a youth perspective, addiction expertise and Southland representation.
- Work was being done in several other areas, including Central Otago/ Queenstown Lakes, and Waitaki crisis respite.
- There had been a good response to the invitation for expressions of interest to transition long stay Ward 11 patients.
- A lot of work was going into COVID-19 resurgence planning.
- Meetings had been held with Leadership Lab regarding organisational culture and leadership.
- The Ministry of Health's Infrastructure Unit had visited during the week of 20 September 2021.

The Acting ED MHAID responded to questions on access to SMOs for primary community providers, closure of Ward 11, and clinical leadership.

11.0 NUMBER 10 YOUTH ONE STOP SHOP

Candace Bangura, Director, Jude Crump, Clinical Manager, and Rachel Whiteman, Youth Coach, Number 10, Southland Youth One Stop Shop, were welcomed to the meeting.

The Board received a presentation from Ms Bangura outlining the services provided by Number 10, which included clinical and social services to about 1,000 young

people per year, 30% of whom were Māori. She advised that the eleven Youth One Stop Shops in Aotearoa specialised in youth development using a holistic wrap-around model, which included mentoring, advocacy, transition appointments, and group programmes (tab 14.1).

Ms Crump and Ms Whiteman then gave a brief overview of the free clinical and social services provided by Number 10, the issues young people were presenting with, and the feedback received from them on the services provided.

A copy of Number 10's 2020/21 Annual Report was circulated with the agenda and received (tab 14.2).

Ms Bangura and her colleagues responded to questions on the model of care Number 10 provided, their funding and referral process.

The Acting ED MHAID reported that he had recently visited Number 10 and hoped to be in a position soon to discuss strengthening child and youth services with community providers as part of the Mental Health Review response.

Ms Bangura, Ms Crump and Ms Whiteman were thanked for their presentation and left the meeting.

12.0 MĀORI HEALTH – EQUITY

An update from the Chief Māori Health Strategy and Improvement Officer (CMHS&IO) on the actions to address the Māori amenable mortality rate (tab 10) was taken as read. The CMHS&IO thanked the Board for the leadership it had shown in this area and highlighted the progress that had been made.

Dr Gow advised that the Clinical Council saw Māori amenable mortality as a key focus and the Council was happy to work with hospital providers and community organisations on reducing the burden of cardiovascular disease.

Prof Eastwood commented that, as well as cardiovascular disease, the Amenable Mortality Review highlighted the importance of the determinants of that, eg social deprivation, historical alienation from land and culture, and the impact of that on health behaviours and social determinants of health. As well as clinical and screening services, social care needed to be provided, along with culturally appropriate health promotion and interventions.

The Board requested a progress report on recruitment to the Māori workforce for their next meeting.

13.0 WORKFORCE

The Board received a presentation from the Executive Director People and Culture on the Southern DHB workforce (tab 12.2) covering the following topics:

- An Executive Dashboard (including staff demographics)
- Attraction and retention
- Sick and annual leave
- Diversity/ethnicity
- Mandatory/essential training

- Vision for a People Strategy
- Focus areas for 2021-2023
- Roadmap for employee experience

During her presentation, the EDP&C responded to questions on national benchmarking, staff recruitment, and equity issues.

The Board:

- Requested that disability and diversity data, by directorate, be included in the workforce dashboard;
- Suggested that median and mean figures be reported.

14.0 PATIENT FLOW TASKFORCE

Karen Brown, Chair of the Consumer Health Council, joined the meeting for this item.

A progress report from the Patient Flow Taskforce was circulated with the agenda and taken as read (tab 12.3).

The Chief Nursing and Midwifery Officer and Ms Brown summarised the findings of the first test patient experience survey conducted in Ward 8Med and advised the full survey results would be presented to the December 2021 Board meeting.

15.0 ENDEMIC COVID-19 PLANNING

The Board received a presentation from Dr Hywel Lloyd, Director of Quality and Clinical Governance Solutions (tab 15), on planning for:

1. Southern COVID response;
2. Co-ordinated health care service capability;
3. Service level health care capacity.

Dr Lloyd then gave an overview of:

- The composition of the Governance Group, Steering Group and the Planning Team;
- The Auckland COVID-19 situation and potential future scenarios;
- Controls, suppression measures and the traffic light system;
- Vaccination status in Southern by TLA and ethnicity;
- Southern data modelling and what could happen in 2022;
- The high level Southern health system plan.

In concluding, Dr Lloyd advised that the following key questions needed to be worked through:

- What level of additional resiliency is needed in Southland and rural facilities?
- How do we ensure the right balance between COVID and non-COVID health care in 2022?
- How much do we invest to ensure resilience for COVID-19 modelling?

- How much do we invest to maintain some degree of 'business as usual' (BAU) through parts of 2022?

Management responded to questions on the data modelling and mitigation factors.

16.0 COVID-19 VACCINATION

It was resolved:

> **"Southern DHB, thankful to all those involved in the Covid-19 vaccine rollout programme, acknowledges achieving the milestone of 90% of the population receiving at least one dose; and, with a commitment to the equitable protection of our people, is determined to meet a result of at least 90% double vaccinated for all ethnic groups (Māori, Pasifika, Asian, European, and other), all age groups, and all urban and rural communities across the district."**

Ms Beekhuis voted against the motion.

The CEO advised that the message from members' dialogue was clear: the most vulnerable groups, ie Māori, younger people and rural areas, had to be prioritised to ensure they reached the 90% double vaccination target.

PUBLIC EXCLUDED SESSION

***At 1.00 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) Community and Public Health Advisory Committee ▪ Unconfirmed minutes of 4 October 2021 meeting b) Finance, Audit & Risk Committee ▪ Verbal report of 1 November 2021 meeting c) Iwi Governance Committee ▪ Unconfirmed minutes of 4 October 2021 meeting	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.
Strategic Briefing	To allow activities and negotiations to be carried on without prejudice or disadvantage	Section 9(2)(i) of the Official Information Act.

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
Review of Māori Health Provider Contracts	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.
Capex Approvals ▪ Digital Business Case ▪ Neurosurgery Microscope ▪ COVID – Facility Upgrade	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.
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.

The meeting closed with a karakia at 5.05 pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board
BOARD MEETING ACTION SHEET

As at 30 November 2021

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
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	Data extract has been given to Sapere and analysis is in flight. A week long site visit by the Sapere team to Southland has been planned for the week of Nov 29th. Targeted engagement with Clinical leads has also occurred. Project on track.	~~Sept 2021~~ ~~December 2021~~ January 2022
Oct 2021	(Minute 5.0)	Interim report to be submitted to the December 2021 meeting.	CEO	Included in agenda.	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	Staff questionnaire has been distributed to staff for completion by mid-November. HR Dashboard will include diversity by profession and directorate but at this time we are unable to provide the recruitment rate due to system limitations Work is being undertaken to have staff update their personal information including ethnicity in Employee Connect.	February 2022 – In progress Completed 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.	DQCGS	This is done and ongoing. Input is sought from management as required. There will also be a renewed focus on the data from the Clinical Council.	
June 2021	(Minute 6.0)	Completion date to be supplied for adding calibration points.	DQCGS	To be added in January for the February meeting.	January 2022

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Nov 2021	(Minute 8.0)	▪ Pressure ulcers and falls to be included in the dashboard indicators; ▪ Longer term (3 year) trends to be shown in new report.	DQCGS	Complete.	
August 2021	**People and Capability** (Minute 8.0)	Comparative data from other DHBs on staff churn and vacancy rate to be provided.	EDP&C	Comparative data will be provided on a quarterly basis in relation to other DHBs and will be included in the HR Dashboard. Delay in reporting due to Health Order.	~~December 2021~~ February 2022
November 2021	**Workforce Dashboard** (Minute 13.0)	▪ Disability and diversity data by directorate to be included in the workforce dashboard. ▪ Median and mean figures to be reported.	EDP&C	Both items are WIP; due to the implementation of Health Order and endemic planning this was deprioritised.	February 2022
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.	January 2022
Sept 2021	**Mental Health Review Implementation** (Minute 11.0)	Board to be provided with bi-monthly progress reports.	Acting ED MHAID		February 2022
Oct 2021	**ICU** (Minute 7.0)	Appointment of an HoD for ICU across Dunedin and Southland to be progressed.	COO/ CMO	The Clinical Director of ICU (Dunedin) identified that wider support (from nursing) was required to fully engage both units in the changes needed to strengthen the ICU and HDU services across the district. The team are working through this with the aim to confirm the staffing and programme of work at the end of the year.	To be determined

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Nov 2021	(Minute 5.0)	Check to be made whether a digital solution to enable Intensive Care to operate as a single service was included in the capital plan.	COO	This has a capex that has been allocated within digital. This is part of a project led by the Digital team. A group has been formed to collate the requirements.	
Oct 2021	**Te Kaika Health and Wellness Hub** (Minute 9.0)	Heads of Agreement to be finalised and lease approval to be sought from the Minister.	CMHS&IO CEO		February 2022
Oct 2021	**Patient Flow Taskforce** (Minute 13.0)	Results of patient survey to be submitted to the December Board meeting.	CNMO CMO CAHSTO	The first patient experience survey related to patient flow was undertaken on Monday, 18 October. Further surveys to be undertaken with results presented at the December meeting.	December 2021
Sept 2021	**Māori Health – Actions to Address Amenable Mortality and Conditions** (Minute 24.0)	Monthly reporting to Board to include updates on: 1. Funded and yet-to-be funded positions (to be in place by May 2022); 2. Formation of the Māori clinical group and reorientation of district public health service; 3. Development of a Māori data policy.	CMHS&IO	Report included in agenda.	December 2022
Nov 2021	**Performance Dashboard** (Minute 8.0)	Manager accountable for each measure to be shown.	PA CEO	Complete – manager accountable added to each metric as evidenced in report.	Complete

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING

6 December 2021

- Verbal report from Tuari Potiki, Chair, Community and Public Health Advisory Committee

DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

6 December 2021

6.2

- Verbal report from Moana Theodore, Chair, Disability Support Advisory Committee

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Monday, 1 November 2021, commencing at 9.00am via zoom

Present:	Mrs Jean O'Callaghan	Chair
	Dr Justine Camp	Committee Member
	Dr John Chambers	Committee Member
	Hon Pete Hodgson	Board Chair and Committee Member
	Dr Lyndell Kelly	Committee Member
	Miss Lesley Soper	Committee Member
	Dr Moana Theodore	Committee Member
In Attendance:	Mr Roger Jarrold	Crown Monitor
	Mr Peter Crampton	Board Member
	Mrs Kaye Crowther	Board Member
	Mr Terry King	Board Member
	Mr Chris Fleming	Chief Executive Officer
	Dr Hywel Lloyd	Acting Executive Director Quality and Clinical Governance Solutions
	Mr Gilbert Taurua	Chief Māori Health Strategy & Improvement Officer and Interim Executive Director Mental Health
	Mr Patrick Ng	Executive Director Specialist Services
	Mr Hamish Brown	Pending Acting ED Specialist Services
	Professor John Eastwood	Pending Acting Chief Medical Officer
	Dr Nigel Millar	Chief Medical Officer
	Ms Kaye Cheetham	Chief Allied Health Scientific and Technical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr Rory Dowding	Interim Executive Director Strategy, Primary and Community
	Ms Tanya Basel	Executive Director People and Capability
	Mrs Jane Wilson	Chief Nursing and Midwifery Officer
	Ms Janine Cochrane	General Manager Surgical and Radiology
	Mr William Robertson	Consumer Experience Manager, Quality and Clinical Governance Solutions

1.0 WELCOME

Mrs Jean O'Callaghan, Chair of the HAC welcomed everyone to the meeting. Mr Gilbert Taurua, Chief Māori Health Strategy and Improvement Officer/Interim Executive Director Mental Health provided an opening karakia.

2.0 APOLOGIES

An apology was received from Crown Monitor, Mr Ben Pearson. An apology for lateness was received from the Chief Medical Officer, Dr Nigel Millar.

3.0 DECLARATION OF INTERESTS

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

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

It was resolved:

"That the Interests Registers be received and noted."

4.0 PREVIOUS MINUTES

***It was resolved**:*

"That the minutes of the meeting held on 6 September 2021 be approved and adopted as a true and correct record of the meeting."

5.0 MATTERS ARISING

Discussion was held on the final bullet point on page four of the minutes related to the Hospital Foyer of the existing Dunedin Hospital and the CEO will follow up with Gilbert Taurua and Nigel Trainor in relation to the further action required. It was agreed that this action is to be removed from the HAC action sheet.

6.0 REVIEW OF ACTION SHEET

The Committee considered the action sheet and attached information papers and the verbal update from the Executive Director, Specialist Services (EDSS), Mr Patrick Ng.

Workforce modelling for the future

The presentation on workforce modelling for the future for the new Dunedin Hospital will be presented to the Board at its meeting on 2 November 2021.

The HAC Chair advised on the correlation between service delivery and workforce shortages and the importance of reporting on this to the Hospital Advisory Committee.

Recruitment Update

The Chief Nursing and Midwifery Officer, Jane Wilson, advised that the data extract relating to core midwives working across Southern DHB and primary units was not available through TAS, as expected. Work is now being undertaken to extract the information through Southern DHB's systems and it is anticipated the information will be available by the end of December 2021. Rory Dowding and Jane Wilson will work together on extracting the data required.

EDSS Report – Surgical Performance CWD

Work is ongoing to understand the outpatient acceptance rates and will be progressed by the incoming Improvement Manager and reported back to the Committee.

EDSS Report – Performance Improvement Notice (PIN) ED Dunedin

An update was provided on the national study undertaken and the ongoing work required, including the need to provide comparative data for Southland so it can be benchmarked against similar sized Hospitals that participated in the study and to ascertain how Southern DHB compares to other DHBs.

Bed Numbers (tab 5.1)

The EDSS is to clarify the Rehabilitation Services bed numbers in Southland, currently recorded in the report as 26 physical beds and 18 resourced beds.

Letter Improvement Process (tab 5.2)

The Acting Executive Director Quality and Clinical Governance Solutions, Dr Hywel Lloyd provided a verbal update and responded to members' questions. Dr Moana Theodore sought an assurance around the long-term plans to address equity in terms of disability and ethnicity. Dr Hywel Lloyd advised that an overall strategy will be required with the move to Health New Zealand and the South Island Patient Information Care System (PICS). Members commended management on the progress made.

Equity – Lung Cancer (tab 5.3)

The EDSS provided a verbal update and responded to members questions. Mr Peter Crampton acknowledged the inequitable outcomes for Māori and noted the need for a systems response ensuring that every step of the way is measured accurately and with fidelity so that progress can be monitored towards equitable outcomes.

Janine Cochrane, General Manager Surgery and Radiology responded to queries, advising as follows:

- The pilot for national screening is to be undertaken in Northland and Auckland and is structured to ensure equity in ethnicity.
- The equity tool is used by the Cancer Care Co-ordinators to avoid having delays in referrals to them and for navigation purposes.
- A pilot is being done in Cardiology and Respiratory that involves phoning Māori and Pasifika people and speaking to them prior to a letter being sent with a view to reducing 'Unable to attend' (UAA) rates. Work is also being undertaken to identify areas within primary care where referrals are not being received into Cardiology and Respiratory
- The Chief Māori Health Strategy and Improvement Officer (CMHSIO), Mr Gilbert Taurua, advised that a job description has been developed for the Cancer Nurse Specialist role. The FTE for Cancer Navigators has increased – there is one based in Invercargill and one in Dunedin – and the role will support some of the activity into the community. A whole of system approach is needed.
- A person has been appointed to look specifically at equity data.
- The feedback has not yet been provided to General Practitioners on the outcomes of the project, but it is planned for conversations to be held. The CMHSIO advised that with the recent appointment of Dr David Gow as Chair of the Clinical Council, there is a good connection with the Well South team.
- A process is currently in place to employ a GP to assist with GP direct access into Radiology with the second Computed Tomography (CT) scanner in Dunedin. Oncology has been prioritised as part of the process.

In response to a suggestion that Southern DHB should roll out its own programme with the knowledge that CT is effective in detecting lung cancer, it was noted that this would need to be weighed against other resourcing and priority requirements.

7.0 PRESENTATION - GENERALISM

The following staff joined the meeting:

- Kathy Orr, Enhanced Generalism and Medical Assessment Unit (MAU) Project Manager

- Megan Boivin, General Manager, Operations
- Simon Donlevy, General Manager, Medicine, Women's and Children (MWC)
- Jenny Hanson, Director of Nursing, MWC, Dunedin
- Sarah Kalmakoff, Service Manager, ED, MWC

The Enhanced Generalism and MAU Project Manager, Kathy Orr spoke to the presentation attached to the agenda as tab 7.3.1 and the team responded to members' queries with key points noted below:

- National benchmarking data related to Average Length of Stay (ALOS) and Readmission Rates is being sourced through the Health Round Table (HRT) data.
- It was agreed that the use of data from the HRT is important for reporting to HAC on a wider basis.
- The correlation between the ALOS and Readmission Rates and how that is attributable to the Generalism model. The presentation provided a snapshot on where the project is currently at and the metrics will evolve over the coming months.
- Discussion was held on the merits of outpatient clinics as part of the Generalism model. There are plans and training in place to improve communications and Health Connect South, General Practitioners, General Medicine Doctors and other Sub-Specialty Physicians and community service providers will all have input to ensure that better plans for the patients can be developed and executed.
- An update was provided on recruitment and the number of SMOs and RMOs employed as part of the Generalism model.
- The Crown Monitor noted the importance of the data recording and outcomes given the significant investment of money in the Generalism model. The Project Manager confirmed that the metrics outlined with baselines in the presentation were taken from the original business case.
- Dr Moana Theodore advised the importance of ensuring that equity within the Generalism model continues to be monitored over time and noted the opportunity to achieve improved outcomes for Māori who have historically had poorer outcomes than non-Maori. She also noted the opportunity to include Kaiawhina within the Generalism model. The General Manager MWC acknowledged the importance of addressing equity and advised that he would work with the Chief Māori Health Strategy and Improvement Officer and his team on developing appropriate equity measures.

8.0 SPECIALIST SERVICES MONITORING AND PERFORMANCE REPORTS

Executive Director of Specialist Services Report

The EDSS monthly report (tab 7.1) was taken as read and the EDSS, Mr Patrick Ng, drew the Committee's attention to the following items:

Equity

- Southern DHB's equity programme and workshops being run by Janine Cochrane and Gilbert Taurua. The Southland workshops, previously postponed due to COVID were held in October 2021.
- Proposed research topics put forward to Mr Peter Crampton which would assist in understanding the intercept between ethnicity, rurality and deprivation. A further meeting with interested parties, who may potentially undertake research in this area, is pending.

Surgical Performance - Case Weight Discharges (CWD)

- Behind target by 117 CWD for the month of September against a target of 1580 CWD.
- The impact of workforce shortages in Southland and the impact on Southern DHB's ability to fully utilise Operating Theatres.
- Proposed actions to manage the staff shortages in Southland.
- Planned action at Southland Hospital using nursing trainees to resource 10 beds in the Assessment, Treatment and Rehabilitation (AT&R) area, which will free up Surgical beds and allow for more surgery to be delivered. In line with national and international trends, the nursing trainees will do this as part of their planned education training. This assists with providing placements for Southern Institute of Technology (SIT) students, with SIT increasing their intake of students to assist with workforce shortages in the future.
- The Crown Monitor expressed concern at how far behind Southern DHB is with planned care. He noted the need to outsource as rapidly as possible to catch up and this will be discussed further at the Finance Audit and Risk Committee meeting. The EDSS advised that the Surgical and Radiology team have been instructed to double the amount of outsourcing, noting the difficulty in outsourcing some of the more complex cases. A request was made for the EDSS to document what is being done in the area of outsourcing, noting that there is a lot of effort going into this area. The EDSS is to include tables within the HAC report to quantify what has been achieved. The CEO advised the potential staffing challenges for Southern DHB with the expansion of Mercy Hospital and the opening of Southern Cross in Queenstown.
- In response to a query around recruitment of Perioperative Nurses, the EDSS confirmed that consideration will be given to part time staff to assist with staffing shortages.
- The EDSS advised that there is an action underway for the Service Manager to provide an update on Ophthalmology to inform what is driving the wait times for both First Specialist Appointments and treatment. The Board Chair requested that if anything urgent is found it should be reported back to the Board next month, otherwise it will carry over for the first HAC meeting in 2022.
- An update was provided on the proposal to provide additional acute surgical time of up to 28 hours in Dunedin, noting the need for discussions as additional staffing is required to cover that. Meetings have been held with Anaesthesia staff to work through concerns they have raised.
- An update was provided on the wait times for ENT in Southland, which have been impacted by staffing gaps. One Surgeon has been recruited, but a second Surgeon due to commence has now pulled out. Support is being provided by Dunedin where possible.
- The CMO, Dr Nigel Millar, advised on acute and elective surgery and how they intersect and the impact on availability of beds and Theatre time within the Hospital.
- Concerns were raised in relation to the impact of the use of the prioritisation tool to limit tertiary or secondary access to services and the importance of a planned pathway for recruitment of SMOs.
- An update was provided on the difference between the prioritisation tools – the most common being the Cbac scoring tool for surgery (inpatients) and the other being the outpatient Ministry of Health (MoH) prioritisation tool. Due to capacity gaps in Orthopaedics in Southland the MoH outpatient prioritisation tool has not yet been rolled out to that service. Further work is needed to understand the difference in the way the fracture clinic and diagnostics are utilised in Dunedin and Southland and the reason for the

difference in the rate at which outpatient referrals are being accepted in Southland and Dunedin and use of the prioritisation tool. The overall aim needs to be to address the inequity of access to services across the district. The issues as outlined are to be looked at as part of the transition of the EDSS role between Patrick Ng and Hamish Brown. The EDSS confirmed that resourcing is part of the issue resulting in inequity of access across the district.

Inpatient Performance (ESPI 5) and recovery approach for long waiting patients on our waitlists (Inpatient and Outpatient)

- The EDSS advised on the work undertaken in recent weeks to better understand the long waiting patients on Southern DHB's waitlists, noting that a number of patients have been waiting over 12 months for their surgery. A working group has been set up and the group meets weekly. Key actions taken and next steps are outlined on page 16 and 17 of the EDSS report attached to the agenda.
- The CMO, Dr Nigel Millar, responded to a query around whether COVID vaccination status could prevent a patient from receiving surgery. Whilst vaccination status would not currently be used as a primary determinant of whether to operate, it is important that patients are advised that acquiring COVID in the perioperative phase could be catastrophic. If COVID patients are in the Hospital setting, consideration would need to be given to the risk to patients who may not be vaccinated. Arrangements have been made for the vaccination status of patients to be available on their clinical record.
- The EDSS advised on the process that should be followed where there are criteria to be met before a patient can receive surgery, e.g. where weight loss and/or smoking cessation is required. These patients need to be referred back to their GP to manage the requirements with them.
- The work undertaken when the new Hospital is up and running in Queenstown is expected to free up a small amount of capacity for Southland Hospital, noting that Hospital will be treating some minor trauma cases and some outsourcing may be done to that facility to negate the need for travel to Southland to receive surgery.
- Dr Moana Theodore noted the need to have an equity lens when considering prioritisation, taking into account the communities yet to be vaccinated. She highlighted the need to continue to support the widespread promotion of vaccinations in communities across Southern DHB.
- A report is to be provided for the next HAC meeting outlining what services the new Southern Cross Hospital in Queenstown is likely to provide for Southern DHB.

Financial Performance Summary

Crown Monitor, Mr Roger Jarrold, noted his concern relating to the Productivity Statistics on page 88 of the agenda (the final page of the Financial Performance Summary report). Further discussion is to be held at the Finance Audit and Risk Committee meeting, in particular relating to the drop off in electives.

The EDSS presented the Specialist Services financial results (tab 7.2) for the month of September 2021, noting the result for the month was $900K adverse, primarily driven by the following:

- Revenue was an adverse result of $630K, offset with positive variances elsewhere, but revenue overall was $332K negative, primarily driven by the inability to provide CWD during COVID lockdown in early September 2021.

- Workforce provided a positive contribution of $312K, primarily driven by the Care Capacity Demand Management (CCDM) budget for nursing that is available versus the success rate in recruiting into the budgeted roles. The under-recruitment has resulted in the positive variance.
- Other costs were negative $900K for the month. The high numbers reflect the year-to-date catch-up relating to the Finance, Procurement and Information Management (FPIM) implementation in July 2021, the Clinical Supplies and the Infrastructure and Non-Clinical costs.
- Year-to-date revenue is down significantly due to lost CWD during the COVID lockdown and positive on workforce and expenditure.
- The CEO, Mr Chris Fleming provided an update on the advice provided by the Ministry of Health (MoH) in relation to the loss of revenue due to COVID and Southern DHB has taken a conservative approach by not recognising the lost revenue.

Concern was noted over the high rates of leave liability.

***It was resolved**:*

"That the reports to the Hospital Advisory Committee be noted."

9.0 GENERAL

Acknowledgements

The HAC Chair:

- Noted a vote of thanks to Mr Patrick Ng and acknowledged his contribution to HAC and, in particular, the work undertaken to improve the quality of reporting for the HAC agenda. She wished him well in his new role as Chief Digital Officer, Southern DHB effective from 8 November 2021.

- Acknowledged the pending departure of Dr Nigel Millar, following his resignation earlier in the year, and wished him well, thanking him for his contribution to HAC.

- Welcomed the incoming Acting Executive Director of Specialist Services (EDSS), Mr Hamish Brown, and wished him all the best in the new role.

The meeting closed at 11.30am with a closing karakia by the CMHSIO, Mr Gilbert Taurua.

Confirmed as a true and correct record:

Chair: _____ Date: _____

FOR INFORMATION

Item: CEO Report to Board

Proposed by: Chris Fleming, Chief Executive

Meeting of: 7 December 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 Community and Public Health Advisory Committee (CPHAC) meeting month the Chief Executive report assumes Board members would have reviewed the CPHAC 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.

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 October is a deficit of $1.262 million compared to a budgeted surplus of $0.381 million, and hence an unfavourable result against plan for the month of $1.643 million. The year to date deficit is now $11.602 million compared to a budgeted deficit of $5.360 million, a variance of $6.242 million.

The Business as Usual (BAU) budget (which excludes COVID related revenue and expenditure) is a year to date deficit of $10.212 million against a plan of $5.360 million, so $4.852 million adverse to plan.

At a material level the major component of the BAU adverse result continues to be Pharmac reduction in revenue which is now circa $1.5 million and the unrecognised revenue from planned care which was not delivered during August / September which is circa $3 million. Subsequent to closing off the results we were advised that planned care revenue will be funded to budget level for August and September. This should enable us to improve the results in November, but we are ensuring our interpretation of the advice is correct before we proceed.

It is important to note that unlike the 2020/21 year, the impact of both the 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 down 212 or 4.4% for the month compared to the plan, and down 337 or 6.9% on the same month last year. Year to date case weighted discharges is down 723 or 3.6% year to date against plan and 917 or 4.6% against last year
- Medical case weights are down 65 or 0.9% year to date on plan, and down 231 or 3.1% compared to last year
- Surgical case weights are down on plan 822 or 7.7% with acutes down 219 or 4.4% with electives being down 603 or 10.4%. Compared to last year, surgical acute case weights are down 105 or 2.1% and electives are down 603 or 10.4%
- Raw discharges (actual number of patients) are up 189 or 3.8% for the month against plan, which is 41 or 0.8% compared to last September. Year to date raw discharges is down 577 or 2.8% compared to last year
- Mental Health bed days are 736 or 22.4% below planned levels for the month (indicating an 81.3% bed occupancy) and 262 or 2.5% down on year to date October 2020. This indicates overall bed occupancy is now only marginally lower than last year
- Emergency Department (ED) attendances are down 94 or 1.2% compared to October 2020 with Dunedin down 5.6%, Southland up 2.3% and Lakes up 3.7%. On a year to date basis ED presentations are down 3.4% with only Lakes having a very small increase.

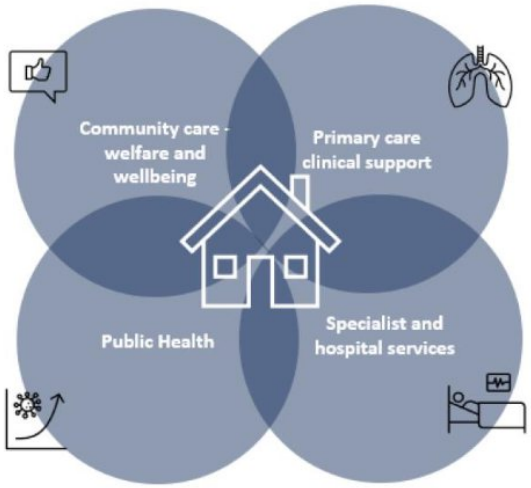
The Performance Dashboard update has been included as a separate agenda item. This should be read in conjunction with the high level volumes reporting which will be incorporated into the dashboard in due course.

2. COVID Endemic Planning

Significant work continues of planning for endemic COVID across the Southern Health System. Fortnightly Steering Group meetings have been held since 28 October and the first monthly Governance Group meeting was held on 18 November. In addition, there are multiple planning groups across the health system that feed into these.

On Monday 29 November the Ministry of Health will be undertaking a desk top exercise to review and test our plans which will be a helpful exercise which will identify their robustness and identify areas where we need to place more emphasis.

The below image is illustrative of the managing COVID in the community components interact.



Cultural Connector Position

The Public Health Service is looking to appoint two fixed term employees with a primary focus on the COVID-19 response. One of these positions will focus on Māori with the other focused on Pacific. The Māori role will take an active role in building strong relationships with manawhenua, Iwi and Māori Health providers in the Southern district. The role will support staff with their understanding and application of te reo me ōna tikanga Māori. To ensure any projects associated with COVID-19 address equity for Māori and meet Te Tiriti o Waitangi obligations. Advocating timely/appropriate manaaki and well-being support for cases, contacts, and whānau who are Māori. Leading a coordinated approach to develop and evaluate manaaki plans and pathways. Support the COVID-19 response team to deliver culturally appropriate services.

The Pacific role will provide cultural liaison support to the Public Health Service with a primary focus on the COVID-19 response and responsible for providing guidance and leadership in this space. They will support contact tracing with Pacific fanau, to advise and inform the development of processes and procedures that supports ongoing engagement with Pacific fanau in contact tracing and case management. They will provide guidance, support and leadership in developing plans for ensuring timely and appropriate well-being support for cases, contacts and fanua who are Pasifika. They will build strong relationships with Pacific Health providers and community in the Southern district.

Māori Provider Meeting

The Māori Health Directorate are holding a Kaupapa Māori provider hui to held on 19 November to socialise the Community Operating Guidelines under the recently published Managing COVID-19 in the Community. The guidelines are designed to empower the interface between the DHB, Primary Health care, and the health and community care sectors. It aims to develop a flexible regional response to managing COVID-19 positive people and whanau safety, effectively and equitably in the community. A further agenda item for this meeting will be to discuss the Māori provider contracts based on the recent discussion at the Board.

3. Top Six Risks

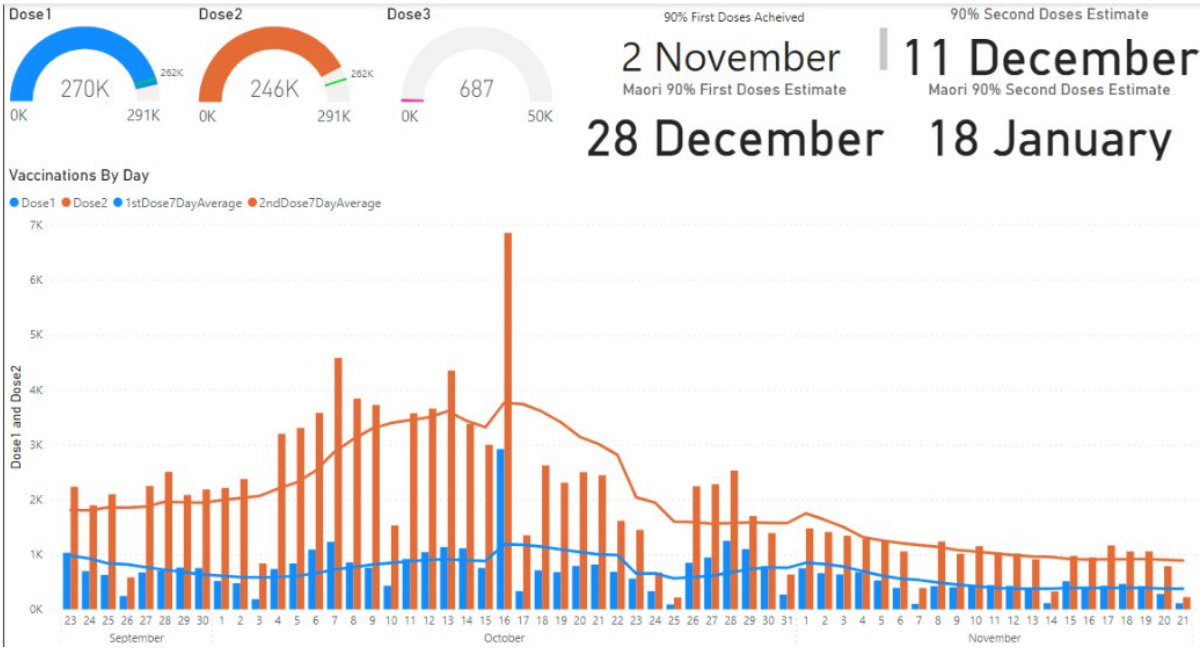
Risk	Management of Risk Avenue	Effectiveness
Overloaded Health System due to emergence of Covid Endemic within the community	Planning team in place with both a steering and a governance group to ensure systems, processes and practices are optimised. Resource plan being developed with unbudgeted capex and opex requirements.	To be determined. Continual focus essential
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) or equipment resulting in disruption to service	Interim works programme being implemented to maintain facilities, asset management plan developed, digital transformation business case in development, disaster recovery plans in place to address critical failures	Moderate effectiveness, state of facilities in Dunedin well documented, Mental 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

4. COVID-19 Vaccination Programme

Southern DHB continues to deliver COVID-19 vaccinations at a rate above the national average and is currently sitting greater than 92% for first doses and 82% for second doses with a total of 482,429 vaccinations delivered.

The largest event of October has been Super Saturday where 9,769 vaccinations were delivered, our largest day yet. We had fantastic engagement among rural and urban communities and providers alike.

Vaccination data as at Sunday 21 November is depicted below:



Māori and Pacific Population Rollout

Our Māori providers continue to deliver a significant proportion of vaccines. Te Kaika Caversham have continued with their Victoria Road clinic as well as staffing a vaccination bus. They have been working closely with Dunedin City Council and Southern DHB to develop a schedule based on our postcode level data to target the highest number of outstanding populations, including outreach to Clutha to provide workplace vaccinations, rural clinics, and school-based clinics. He Puna Waiora and Awarua whanau services have continued activity in both Invercargill and Southland rural areas also utilising data provided by Southern DHB.

Aged Residential Care

The recent mandates for health care workers have resulted in an improved vaccination uptake for staff. An education and support offer for hesitant staff and residents was made to all facilities this month. Next steps in the work stream include preparing for potential delivery of boosters.

Mental Health and Addictions

All mental health residential services in the Southern district have been contacted regarding their residents' eligibility for vaccination and booking information has been supplied. In some cases we have arranged onsite vaccinations by Pharmacists, General Practices and the Southern DHB Outreach teams where attendance at the mass clinics was not appropriate for individuals. An interrogation of service user data in October highlighted that there were 2,300 Mental Health and Addictions service users in our district who were yet to make a booking or receive a first dose, this figure has dropped to 1,800 this week. Next week Whakarongorau will call these remaining patients and discuss their vaccination options. A weekly outreach clinic has been established with the Dunedin Intravenous Organisation (DIVO) needle exchange.

Disability

Of the almost 1,000 recipients of Disability Residential Support Services in the Southern district, most are living in a residential facility. Their providers have all been contacted and a mixed delivery model was used to suit each provider, including vaccination clinics at tailored community-based locations. This work was supported by General Practices, Pharmacies and the Southern DHB outreach teams. All of these vaccinations are now

complete. The Specialist School onsite clinic is also now complete. Key Dunedin disability sector leaders were brought together this month and were filmed and featured on the vaxathon coverage, encouraging their peers to get vaccinated.

Rainbow Community

Following engagement with representatives from Dunedin Pride and Otago University Student Association (OUSA) Queer Support staff education is being undertaken at our mass clinics and processes amended to include pronoun/name cards for service users. These vaccination sites will be promoted as 'Rainbow' friendly sites through the district's 'Rainbow' networks. We are investigating hosting 'rainbow hours' and events, the need for these will be determined by the community.

Education

Providers across the Southern district have worked with 10 schools to vaccinate staff, students and whānau. This has been through a mixture of offering; staff and students walk-in access or group access to a nearby clinic, through onsite clinics, or a visit from Te Kaika's vaccination bus. Additionally, the Southern DHB ran two successful whānau-centred clinics at the Ruru Specialist School in Invercargill. We have contacted over 240 additional schools this month to offer informed decision-making support for school staff, eligible students and whanau, and also support to access a local vaccination clinic, including offering running clinics onsite or in the community.

Pharmacy

We have been working with pharmacies to get an understanding of who can run COVID-19 vaccination clinics over the Christmas and New Year period, and now have a good understanding of this in a business as usual environment. We need to confirm what they can do in a pandemic environment (COVID-19 in the community) over the Christmas and New Year period. 'Super Saturday' – 35 out of 36 pharmacies opened up a clinic for the national 'Super Saturday' event.

The Antidote Pharmacy team had their second pop up clinic in Balclutha on 24 October. 164 people were left to receive their second dose based on first clinic data, and the team vaccinated 238 people. We provided a free taxi service through Nathan's Taxi for people with accessibility issues and a free barbeque through the Balclutha Lions Club.

Trade Breakfasts

We have had five trade breakfasts around the district through partnering with Master Builders – two in Invercargill, one in Gore and one in Dunedin which have been well received. There is one more to come in Dunedin on 1 November at Place Makers.

Ethnic Communities including Migrants and Refugees

Four ethnic community clinics have taken place at tailored community-based locations across the Southern district, three in Dunedin and one in Queenstown, vaccinating former refugees and migrants. Through a collaborative approach, key community leaders within the ethnic community, interpreters, WellSouth Cross-Cultural Navigators and play specialists providing a child-minding service were in attendance. Furthermore, education sessions on the COVID-19 vaccine have taken place with ethnic community leaders across the district and students at the Dunedin English Language Learning Service.

COVID-19 Vaccination Outreach Service

In addition to one on one home visits, the COVID-19 Vaccination Outreach Service also completes specialist group clinics, targeting hard to reach workplaces, social services and communities across the district. Specialist outreach clinics at Southland Hospital and Dunedin Hospital have been stood up to ensure staff, patients and their whanau have direct access to a COVID-19 vaccine. As of 22 October 2021, the COVID-19 Vaccination Outreach Service has administered 1,315 vaccinations to hard-to-reach individuals

5. Otago Coastal (Dunedin) Co-Response Team

Southern DHB, the NZ Police and St John have signed a Memorandum of Understanding for a Co-Response Team in Dunedin. The Co-Response Team is a team that incorporates a Police Officer, Paramedic and Mental Health Professional working jointly together to provide a co-ordinated and responsive service to people experiencing mental health distress. The team engages with services to better meet the client needs in the community whilst working in a way that puts the client at the centre of decision-making.

Current responses to Mental Health emergencies almost always result in one emergency service attending the call, where in fact at most incidents several agencies are required to resolve effectively. Overseas evidence shows that having a Police Officer, Paramedic and Mental Health Professional attend these events will provide a better service to the Mental Health client, reduce transports to Emergency Departments and reduce use of arbitrary Police Mental Health detention powers.

The Co-Response Team is unique in that they will operate as one team, including operating from the same office, start and finish their shifts together and deploy to events together in one vehicle.

The Co-Response Team was launched as a pilot on 2 November 2021 with the pilot expected to last for one year. St John is commencing the trial for an initial six month period which may be extended if further funding is secured.

6. Performance and Accountability Framework

The first performance meeting was held on 22 November with the General Manager Surgical Services and Radiology, Chief Operating Officer and Clinical Chiefs. In attendance was also the Quality and Performance Manager and directorate business analyst. The meeting's action points were captured and there are adaptions and further improvements to make as we carry on to the next round. Overall, the team agreed it will be a valuable process and it highlighted some information that hadn't previously been surfaced at this level and gave opportunity for more effective conversations. There is a lot of further work to do refining the pack of information and settling in the underlying meeting cadence at the service level that provides the flow upwards to the General Manager and Chief Operating Officer.

In support of the process, work in the background refining both the quality/clinical information and from an IT perspective where the information is stored and accessed so there is a one-stop-shop for the analysts to access in PowerBI. Previously, the pack information lived in multiple different areas that makes collation difficult and time consuming.

7. Strategic Refresh

At the tail end of the process now – we have secured a local Te Reo translation expert who has confirmed his ability to translate the documents and website by Christmas. Collateral to support the consultation with community in the New Year is also in development now as well as final tweaks to the website and final documents.

8. Enterprise Project Management Office (ePMO) Implementation

We have secured Sara Kidd to the join the DHB as the ePMO Portfolio Manager from February 2022. Sara brings a great skillset especially around business case best practise and change management so will be an asset. The draft Portfolio Management framework document is currently with the Executive Leadership Team for feedback.

Set up of a change programme reporting system utilising Cascade software is ongoing, with automated report updates set up to be emailed to the goal owners to aid engagement with the tool.

9. Quantitative Dashboard Development

The Quantitative Dashboard is largely complete – the dashboard is live and ready to use; and has been distributed to the Executive Leadership Team. There will be further ongoing tweaks and managing of the dashboard as time progresses.

10. Southland Clinical Needs Analysis

Sapere have received the data extract from our DHB team and are working on that analysis now. They have booked a week of on-site engagement in Southland for the last week of November and have booked many appointments with a wide range of stakeholders.

11. Hauora Direct

Southern DHB has been awarded a Hauora Direct contract which aims to improve health outcomes for Māori. In 2020 Nelson Marlborough DHB, funded a trial of the Hauora Direct programme (in conjunction with several community providers) as "pop-up" events at eight Nelson and Marlborough community locations. The initiative aligns with two of the eight Whakamaua priority areas and supports four of the actions. Hauora Direct assessments are to identify physical and mental health, and social and wellbeing concerns. The assessment is to identify whānau needs to be addressed, and health and social services they are eligible to receive. The assessment will include a risk-identification process for possible and probable health issues so whānau can access early support. The contract aims to support on the spot interventions to include immunisations for children and adults, blood tests for diabetes, cardiovascular screening, cervical smears, smoking cessation support and tamariki hearing and vision testing. Whānau will be referred to other services where issues cannot be dealt with immediately. The contract is being considered by the team currently with view to working with our Māori providers to support service delivery.

12. Tourism Recovery Fund – Psychosocial Mental Wellbeing Recovery

Leadership Lab have been contracted to complete co-design to facilitate a better understanding of the issues confronting our target groups, (youth/whanau, business, migrants, older people and new parents). A resource poster and information leaflet has been produced based on the traffic light system. A range of wellbeing activities have been coordinated. There is a plan to allocate resources to activities that support community connections.

13. Collaboration to Transform the Way in Which Mental Health and Addiction Services Are Delivered

The procurement process calling for Registrations of Interest from potential partners to be involved in the development of community based services (including residential component) closed on Thursday 21 October. There were eight responses posted on the GETS site by the close off date.

An internal evaluation panel has been established to review the responses received. The panel is expected to meet and deliberate in early November.

14. Time for Change - Mental Health and Addiction System review Outcome Care

Momentum is gathering regarding the implementation of Time for Change. Meetings of the Southern Mental Health and Addictions Change Governance Group have commenced and will occur on a monthly basis moving forward. Toni Gutschlag from the Ministry of Health continues to support the directorate on a regular basis. Staff on Ward 11 were visited in relation to changes for that area during the month and the Registrations of Interest for a service to develop community based services have closed as advised above.

15. Gastroenterology

Colonoscopy performance continues to improve with urgent, non-urgent and bowel screening indicators largely being met with a small variance in the urgent target that was due to small numbers and patient choice. Surveillance continues to lag, however performance is significantly improved and significant reduction in patients waiting over maximum timeframe for 120 days (56 patients currently). Surveillance colonoscopy is being prioritised to reduce this number to zero – planned for January 2022 however working to resolve prior to this.

16. ESPI-2 Performance

Medicine and Women's Health

The majority of services are meeting ESPI performance indicators for ESPI-2 and are on track to receive incentive funding.

- Cardiology now compliant.
- Neurology have 54 patients breaching (up from 21). Service was gradually bringing breaches down however COVID negatively affected their delivery of care with the need to neurologically examine the patients.
- Respiratory – only 13 breaches anticipated for end October. New district service having positive impact. On track for compliance.
- Gynaecology – 350 patients awaiting FSA in Southland at end October following critical staffing levels over the last three months coupled with cancelled locum and COVID. Support has been provided from Dunedin but this has deteriorated the waiting list there too. Southland recruitment should be resolved by the February 2022 and is on track to be fully recruited at this time. Recovery plan required that will likely take two years once recruitment completed.
- Rheumatology have 78 patients breaching – service has been restricted and plans in place for additional clinics and short and long term recruitment to vacant position.

Surgical

Work continues in the area with use of locums and additional clinics. There is some pressure to introduce the national priority tool across all specialties. Analysis of effectiveness will be worked through for each list to show what mechanisms are in place to constrain in flow. An example is the Eyes, Neck and Throat (ENT) Service. From 1 September, ENT increased their surgical threshold and updated their Health Pathways to reflect the types of patients they would accept into outpatients. This increased the threshold. Over 50% of referrals to ENT at paediatric (which are not covered by the National Priority tool). This was seen as a far more effective way to reduce inflow. They have increased the threshold for six months with the view that they will catch up and reduce the score. This will require careful monitoring.

17. ESPI-5 Performance

Medicine and Women's Health

Gynaecology and paediatrics largely on track with continued small number of breaches.

Surgical

Compliance continues to be a challenge given our reduced capacity internally. We have cancelled a number of very long waiting patients over the month of October because they do not compete in priority with cancers and life/limb procedures. Whilst work has been undertaken to ensure all those waiting still require procedures, getting the procedures done will remain the main constraint.

18. Generalism and Medical Assessment Unit (MAU)

Implementation of Generalism at Dunedin Hospital continues with agreements reached with respiratory, rheumatology, neurology, endocrine, gastroenterology and cardiology.

Decanting of services from the Fraser Building taking longer than anticipated placing pressure on MAU being built in a timely manner – now due December 2022. Recruitment underway and commencing work on new models of care and ward configuration with current MAU on the seventh floor.

19. Increasing Inpatients Beds on the Southland Site

The "increasing inpatient beds working group" continues to progress implementation of an additional 12 resourced beds in the Assessment, Treatment and Rehabilitation (AT&R) Unit in Southland. A model of care has been developed with Southern Institute of Technology (SIT) which will enable a student led ward concept to be implemented – this work is being led by Sally O'Connor, Director of Nursing. To enable establishment of all 12 beds, the Home and Reach teams, will need to be relocated to an area outside of AT&R. The best location would be the current library space – however relocation of the library, which is predominantly the librarian as his feedback suggests that the small number of books in the library are not well utilised, will require some thought and discussion.

20. Care Capacity and Demand Management (CCDM)

On 18 and 19 October, the CCDM Evaluation Team visited our sites, including members from the Safe Staffing Healthy Workplaces Unit, NZNO and a representative from Canterbury DHB. We have not yet received the formal evaluation report, however overall, we believe the team were happy with our progress and the evidence we supplied. We anticipate that we will receive come corrective actions, however we do not believe these will be significant.

The TrendCare team are now preparing for the software upgrade, which will occur in the new year, and then we can proceed with an implementation at Lakes.

21. Dunedin ED Provisional Improvement Notice (PIN)

On 30 July one of the Health and Safety reps in the Dunedin ED presented the Executive Director of Specialist Services with a PIN. We have submitted our response to the WorkSafe Inspector and have met once with the WorkSafe representatives.

Some of the outcomes of this notice has been approval to appoint and now recruit into several keys nursing positions in ED including the addition of Associate Charge Nurse Managers on night shift. The ED leadership team continue to work through the recommendations and also develop up their service plan to represent the current status of

the department and the plans for the next three to five years. The team presented to the Executive Leadership Team on 18 November and will present at a future Hospital Advisory Committee meeting.

22. Recruitment Challenges

Ongoing recruitment challenges across Dunedin and Southland Hospitals has continued.

Southland Nursing

There are significant issues in Southland, with beds being closed in the Southland Medical Ward on most days in October to ensure safe staffing. Haines Recruitment have been engaged to develop a bespoke recruitment campaign for Southland. Vacancies in the Southland Medical and Surgical Wards are expected to cause concern until late January/ February. In the meantime, where possible staff are redeployed to cover shift gaps and the team have been able to obtain a locum registered nurse for a four week period in order to support the Medical Ward.

Management

There have been a number of Service Manager resignations leading to vacancies and/or moving staff into more senior roles meaning that their previous role is now vacant. The Southland Director of Nursing (DoN) and Associate Directorate of Nursing roles are currently vacant, with the incumbent Southland DoN currently seconded and having since resigned meaning she will not return her substantive role.

There has been mixed success in recruitment for these vacancies, so where vacancies are ongoing plans are being put in place.

Midwifery

Midwifery is an extreme risk, with only 52.5% of positions are filled in Dunedin and 17.3% in Southland, both sites have employed Registered Nurses to support the midwifery staff.

A significant amount of time has been spent on working through issues and the team has received good support from the Midwives' Union (MERAS). The new Director of Midwifery joined us in October and her experience and leadership is already evident.

CCDM

Whilst there has been significant investment for the inpatient areas as a result of the CCDM programme, we have been unable to recruit into these roles, and we have existing base vacancies also. The Dunedin ED and theatres are also experiencing vacancies, ED in particular are under extreme pressure.

As at the end of October 42.5 FTE of CCDM FTE for the Operations Directorate has been approved via the request for recruitment (RFR) system, 15.6 FTE has been recruited into, of which the majority have now commenced working.

Resident Medical Officer (RMO) Unit

Within the RMO unit, there have been a number of early resignations prior to the changeover date, these were not anticipated which is now creating some vacancies. We continue to work with the services as to best provide the support required.

The RMO unit is predicting a number of gaps on the Dunedin site within the House Officer runs and Medical Registrar run for quarter four, this is partially due to the delay in the House Officers from the United Kingdom arriving later than anticipated.

Dunedin Intensive Care Unit (ICU) / High Dependency Unit (HDU) Capacity Constraints

We continue to have vacancies within the ICU / HDU from a nursing perspective, which has resulted in ICU running 10 beds (eight ICU and two HDU) and only four beds in the HDU on the fourth floor. In addition to this the College of Critical Care Medicine requires at least 75% nursing staff working in ICUs to be qualified in a post graduate certificate for Critical Care. 50% qualified is acceptable if there is an extra access nurse provided. There has been good progression of nurses through the Critical Care course over the past two years which has improved the target. However, due to recent resignations the percentage of staff qualified has dropped to 53%. There is also a risk in that there are suitable candidates for undertaking the course for next year, but twelve of them are unable to do so because of visa restrictions and not being eligible for Health Workforce New Zealand funding. At present the total number of candidates for next year is 10 nurses who have applied for funding. 14 further nurses should qualify at the end of 2021 in Critical Care nursing which will put percentage up to 65%.

All of the above has at times impacted on cancellation of elective cases, to ensure there remains acute capacity.

23. End of Life Choice Act

The End of Life Choice Act came into effect on 7 November 2021, with implications and responsibilities for DHBs. Before he left, Dr Nigel Millar completed considerable work on this including: the formation of a working group; drafting of an consultation on a policy utilising the Ministry of Health template; drafting of a process for inpatient assisted dying events; drafting of a role description for a DHB coordinator for inpatient assisted dying events; communication material for staff; and agreement for a staff member to act as clinical lead for Southern DHB. Further work remains, with the Clinical Chiefs taking the lead on this. The Assisted Dying Service Policy was released for staff use on 19 November 2021.

Chris Fleming
Chief Executive Officer

29 November 2021

FOR APPROVAL

Item: Financial Report for the period ended 31 October 2021.

Proposed by: Nigel Trainor, Executive Director Corporate Services

Meeting of: Board Meeting, 7 December 2021

Recommendation

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

Purpose

1. To provide the Board with the financial performance of the DHB for the month and year to date ended 31 October 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 October 2021
Report Prepared by:	Finance
Date:	16 November 2021

Report to Board

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

The net deficit for October 2021 was $1.3m, being $1.6m unfavourable to budget.

Financial Performance Summary

SOUTHERN DISTRICT HEALTH BOARD
Statement of Financial Performance
For the period ending 31 October 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						
108,128	102,822	5,306	F	Government & Crown Agency	427,766	411,570	16,196	F	1,187,928	1,233,735
699	847	(148)	U	Non-Government & Crown Agency	3,676	3,389	287	F	12,489	10,168
108,827	103,669	5,158	F	*Total Revenue*	431,442	414,959	16,483	F	1,200,417	1,243,903
				EXPENSES						
39,400	38,984	(416)	U	Workforce Costs	164,370	161,638	(2,732)	U	481,291	502,352
4,495	3,976	(519)	U	Outsourced Services	17,252	15,905	(1,347)	U	47,821	46,095
9,963	9,208	(755)	U	Clinical Supplies	38,846	38,111	(735)	U	111,249	107,947
6,028	5,374	(654)	U	Infrastructure & Non-Clinical Supplies	24,337	21,812	(2,525)	U	62,476	64,693
47,010	42,550	(4,460)	U	Provider Payments	185,565	170,245	(15,320)	U	489,958	506,799
3,193	3,196	3	F	Non-Operating Expenses	12,674	12,608	(66)	U	37,059	40,324
110,089	103,288	(6,801)	U	*Total Expenses*	443,044	420,319	(22,725)	U	1,229,854	1,268,210
(1,262)	381	(1,643)	U	**NET SURPLUS / (DEFICIT)**	(11,602)	(5,360)	(6,242)	U	(29,437)	(24,307)

Month of October 2021

Revenue was $5.2m favourable to budget. This is made up as follows:

Variance area	**Variance**
Unbudgeted COVID-19 Vaccination Revenue	$5.427m
Planned care delivery catch up from past months	$0.7m
Mental Health & Public Health	$0.182m
Primary Care VLCH & CSC	$0.154m
Reduction PBF – Pharms COVID-19 revenue	($0.35)m
IDF's	($0.53)m
Other Govt – ACC	($0.33)m
Ineligible Patients	($0.14)m
Other	$0.045m

Total	$5.158m

Expenses were $6.8m unfavourable to budget.

Workforce costs were $0.4m unfavourable including $0.8m unbudgeted Vaccination programme costs.

Variance area	Variance
SMO – outsourced higher than budget in a number of areas due to vacancies	($0.2)m
RMOs - unfavourable with low current rates of leave taken plus overtime and FTE's over budget by 7, this is being investigated to understand the drivers behind the unfavourable variances.	($0.08)m
Nursing is $0.4m favourable with ($0.3)m unbudgeted Vaccination activity offset by un-recruited CCDM and other vacant positions.	$0.4m
Management/Admin is $0.4m unfavourable being unbudgeted Vaccination programme costs.	($0.4)m

Outsourced Services is $0.5m unfavourable with additional surgical activity including Urology and Ophthalmology. There is $0.2m Vaccination programme costs for delivery to Rural areas in the unfavourable variance.

Clinical Supplies are $0.8m unfavourable. This includes higher than budgeted costs in Treatment Disposables, Instruments & Equipment, Pharmaceuticals and Air Ambulance.

Infrastructure and Non-Clinical Supplies were $0.7m unfavourable in a range of areas, including Cleaning, Security, Maintenance and Energy costs.

Provider Payments were $4.5m unfavourable, reflecting $0.4m ARRC back-payments and $4.1m COVID-19 Vaccination expenses (offset by additional revenue).

Year To Date

Revenue was $16.5m favourable to budget. This is made up as follows:

Variance area	Variance
Unbudgeted COVID-19 Vaccination Revenue	$17.0m
Surveillance Testing COVID-19	$2.470m
Mental Health, Public Health	$1.321m
Primary Care	$0.641m
Other Income	$0.681m
Planned care under delivery due to COVID-19	($3.216)m
Reduction PBF – Pharms COVID-19 revenue	($1.417)m
IDF's	($0.27)m
Other Govt – ACC	($0.31)m
Ineligible Patients	($0.35)m
Total	$16.5m

Expenses were $22.7m unfavourable to budget.

Workforce costs were $2.7m unfavourable including $5.0m unbudgeted Vaccination programme costs.

Variance area	Variance
SMO – outsourced higher than budget in a number of areas due to vacancies	($1.0)m
RMOs - unfavourable with low current rates of leave taken plus overtime and FTE's over budget by 7, this is being investigated to understand the drivers behind the unfavourable variances.	($0.4)m
Nursing is $0.4m favourable with ($1.7)m unbudgeted Vaccination activity offset by un-recruited CCDM and other vacant positions.	$0.4m
Allied Health – due to vacancies	$0.4m
Management/Admin is $1.7m unfavourable being unbudgeted Vaccination programme costs.	($1.86)m

Outsourced Services is $1.18m unfavourable with additional surgical activity including Urology and Ophthalmology. There is $0.35m Vaccination programme costs for delivery to Rural areas in the unfavourable variance.

Clinical Supplies are $0.8m unfavourable. This includes higher than budgeted costs in Treatment Disposables, Instruments & Equipment, Pharmaceuticals and Air Ambulance.

Infrastructure and Non-Clinical Supplies were $2.5m unfavourable in a range of areas, including Cleaning, Security, Maintenance and Energy costs and software licenses.

Provider Payments were $15.3m unfavourable, reflecting $0.4m ARRC back-payments and $14.6m COVID-19 Vaccination expenses (offset by additional revenue).

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.

While COVID-19 Surveillance & Testing activity was budgeted for the 2021/22 financial year, Resurgence, Vaccination and Trans-Tasman service activity were not. Guidance is being sought from the MoH on what costs related to the resurgence activity will be covered, until this has been confirmed no resurgence activity funding has been recognised.

SOUTHERN DISTRICT HEALTH BOARD

Summary of YTD Results - By Key Drivers

For the period ending 31 October 2021

	YTD Actual Total $000	YTD COVID-19 Vaccination $000	YTD COVID-19 Resurgance $000	YTD Transtasman Border $000	YTD BAU $000	YTD Budget Total $000	YTD BAU Variance $000		YTD Actual COVID-19 Testing $000	YTD Budget COVID-19 Testing $000	YTD Variance	
REVENUE												
Government & Crown Agency	427,766	17,005	177	71	406,220	409,570	(3,350)	U	4,293	2,000	2,293	F
Non-Government & Crown Agency	3,676	-	-	-	3,676	3,389	287	F	-	-	-	
Total Revenue	431,442	17,005	177	71	409,896	412,959	(3,063)	U	4,293	2,000	2,293	
EXPENSES												
Workforce Costs	164,370	3,512	1,494	61	159,303	161,638	2,335	F	-	-	-	
Outsourced Services	17,252	398	-	-	16,854	15,905	(949)	U	-	-	-	
Clinical Supplies	38,846	55	12	-	38,779	38,111	(668)	U	-	-	-	
Infrastructure & Non-Clinical Supplies	24,337	754	61	10	23,512	21,812	(1,700)	U	-	-	-	
Provider Payments	185,565	12,286	-	-	168,986	168,245	(741)	U	4,293	2,000	(2,293)	U
Non-Operating Expenses	12,674	-	-	-	12,674	12,608	(66)	U	-	-	-	
Total Expenses	443,044	17,005	1,567	71	420,108	418,319	(1,789)	U	4,293	2,000	(2,293)	
NET SURPLUS / (DEFICIT)	(11,602)	-	(1,390)	-	(10,212)	(5,360)	(4,852)	U	-	-	-	

Financial Position Summary

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

Actual 30 June 2021 $000		Actual 31 October 2021 $000	Budget 31 October 2021 $000	Actual 30 September 2021 $000	Budget 30 June 2022 $000
	CURRENT ASSETS				
7,582	Cash & Cash Equivalents	22,006	7	2,285	7
61,439	Trade & Other Receivables	60,072	55,143	71,368	48,474
6,159	Inventories	6,525	5,658	6,310	5,235
75,180	*Total Current Assets*	88,603	60,808	79,963	53,716
	NON-CURRENT ASSETS				
325,558	Property, Plant & Equipment	321,664	326,323	319,340	358,043
6,258	Intangible Assets	10,357	18,690	10,268	25,118
331,816	*Total Non-Current Assets*	332,021	345,013	329,608	383,161
406,996	**TOTAL ASSETS**	420,624	405,821	409,571	436,877
	CURRENT LIABILITIES				
-	Cash & Cash Equivalents	-	10,502	-	33,663
72,840	Payables & Deferred Revenue	88,839	63,687	78,961	69,492
235	Short Term Borrowings	106	103	171	1,979
82,596	Holidays Act 2003	84,940	85,112	83,707	90,146
95,374	Employee Entitlements	102,565	89,953	101,288	88,211
251,045	*Total Current Liabilities*	276,450	249,357	264,127	283,491
	NON-CURRENT LIABILITIES				
856	Term Borrowings	820	856	827	10,754
19,411	Employee Entitlements	19,270	20,145	19,270	20,144
20,267	*Total Non-Current Liabilities*	20,090	21,001	20,097	30,898
271,312	**TOTAL LIABILITIES**	296,540	270,358	284,224	314,389
135,684	**NET ASSETS**	124,084	135,463	125,347	122,488
	EQUITY				
486,579	Contributed Capital	486,581	489,193	486,581	495,164
108,500	Property Revaluation Reserves	108,500	108,500	108,500	108,500
(459,395)	Accumulated Surplus/(Deficit)	(470,997)	(462,230)	(469,736)	(481,176)
135,684	*Total Equity*	124,084	135,463	125,345	122,488
	Statement of Changes in Equity				
165,991	Opening Balance	135,686	138,188	135,686	138,189
(30,933)	Operating Surplus/(Deficit)	(11,602)	(5,360)	(10,341)	(24,307)
1,333	Crown Capital Contributions	-	2,635	-	9,313
(707)	Return of Capital	-	-	-	(707)
135,684	Closing Balance	124,084	135,463	125,345	122,488

Cash Flow Summary

SOUTHERN DISTRICT HEALTH BOARD
Statement of Cashflows
For the period ending 31 October 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	433,954	417,392	16,562	1,240,738	394,831
Non-Government & Crown Agency Revenue	3,541	3,277	264	9,832	3,057
Interest Received	135	112	23	336	93
Cash was applied to:					
Payments to Suppliers	(257,807)	(250,236)	(7,571)	(719,719)	(247,458)
Payments to Employees	(155,526)	(165,723)	10,197	(498,453)	(148,770)
Capital Charge	-	-	-	(7,142)	-
Goods & Services Tax (net)	950	(1,970)	2,920	(2,604)	(64)
Net Cash Inflow / (Outflow) from Operations	25,247	2,852	22,395	22,988	1,689
CASH FLOW FROM INVESTING ACTIVITIES					
Cash was provided from Investing Activities:					
Sale of Fixed Assets	-	-	-	-	3
Cash was applied to:					
Capital Expenditure	(10,657)	(23,432)	12,775	(71,902)	(10,868)
Net Cash Inflow / (Outflow) from Investing Activity	(10,657)	(23,432)	12,775	(71,902)	(10,865)
CASH FLOW FROM FINANCING ACTIVITIES					
Cash was provided from Financing Activities:					
Crown Capital Contributions	-	2,635	(2,635)	8,556	928
Cash was applied to:					
Repayment of Borrowings	(166)	(132)	(34)	(879)	(312)
Repayment of Capital	-		-		
Net Cash Inflow / (Outflow) from Financing Activity	(166)	2,503	(2,669)	7,677	616
Total Increase / (Decrease) in Cash	14,424	(18,077)	32,501	(41,237)	(8,560)
Net Opening Cash & Cash Equivalents	7,582	7,582	0	7,582	31,011
Net Closing Cash & Cash Equivalents	22,006	(10,495)	32,501	(33,655)	22,451

Cash flow from Operating Activities is favourable to budget by $22.4m. Government revenue received is largely in line with the Statement of Financial Performance. Payments to Suppliers is unfavourable, being in line with the Statement of Financial Performance adjusted for higher Accrued Creditors accruals than budgeted. Payments to Employees is favourable largely due to Employee Entitlements liabilities being $10.5m higher than budget.

Cash flow from Investing Activities is favourable to budget by $12.8m. The Capital Expenditure cash spend reflects early project delays but is reducing as 2020/21 projects progress and 2021/22 projects gain momentum.

Cashflow from Financing Activities is $2.6m unfavourable with delays in Capital project drawdowns.

Overall, Cash flow is favourable to budget by $32.5m.

Capital Expenditure Summary

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

Description	YTD Actual $000	YTD Budget $000	Variance $000	Over Under Spend	LY YTD Actual $000
Land, Buildings & Plant	2,948	6,521	3,573	U	2,580
Clinical Equipment	5,776	7,020	1,244	U	5,164
Other Equipment	280	500	220	U	204
Information Technology	1,087	671	(416)	O	1,427
Motor Vehicles	-	-	-	O	-
Software	566	8,720	8,154	U	1,493
Total Expenditure	10,657	23,432	12,775	U	10,868

At 31 October 2021, our Financial Position on page 5 shows Non-Current Assets comprising Property, Plant & Equipment and Intangible Assets totalling $332.0m, which is $13.0m less than the budget of $345.0m.

The Land, Buildings & Plant, Clinical Equipment and Information Technology variances reflect continued expenditure on carry-over projects from 2020/21 (including Dunedin ED X-ray, CT Scanner and Volumetric pumps) plus new expenditure on approved 2021/22 projects.

SERVICE PROVIDER CASEWEIGHTED DISCHARGES

As at: 05/11/2021

01/07/2021 31/10/2021

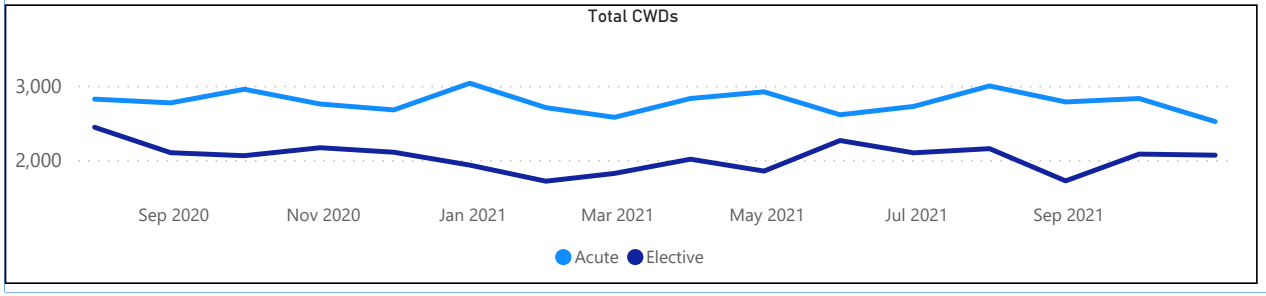
Caseweights	MTD Actual	MTD Target	MTD Variance	% Variance (MTD)	MTD LY Actual	Year on Year Monthly Variance	YTD Actual	YTD Target	YTD Variance	% Variance (YTD)	YTD LY Actual	Year on Year YTD Variance
Medical Caseweights												
Medical Acute	1,324	1,473	-149	-10%	1,526	-201	5,904	6,048	-144	-2%	6,020	-116
Medical Elective	290	285	5	2%	348	-58	1,297	1,218	80	7%	1,413	-116
Total	**1,615**	**1,758**	**-144**	**-8%**	**1,874**	**-259**	**7,201**	**7,266**	**-65**	**-1%**	**7,432**	**-231**
Surgical Caseweights												
Surgical Acute	1,097	1,202	-105	-9%	1,126	-29	4,735	4,954	-219	-4%	4,840	-105
Surgical Elective	1,362	1,380	-17	-1%	1,436	-73	5,175	5,778	-603	-10%	5,878	-703
Total	**2,460**	**2,582**	**-122**	**-5%**	**2,562**	**-102**	**9,910**	**10,732**	**-822**	**-8%**	**10,719**	**-809**
Maternity Caseweights												
Maternity Acute	96	90	5	6%	102	-6	484	377	108	29%	434	50
Maternity Elective	412	364	49	13%	382	31	1,545	1,489	56	4%	1,472	73
Total	**508**	**454**	**54**	**12%**	**483**	**25**	**2,029**	**1,866**	**164**	**9%**	**1,906**	**123**
Total	**4,582**	**4,794**	**-212**	**-4%**	**4,919**	**-337**	**19,140**	**19,863**	**-723**	**-4%**	**20,057**	**-917**

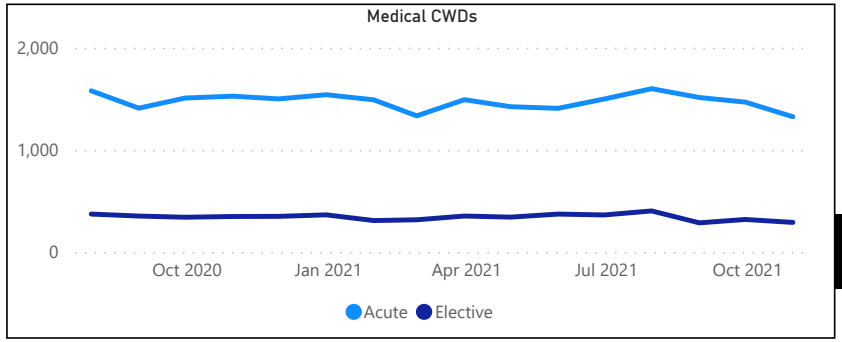
TOTALS

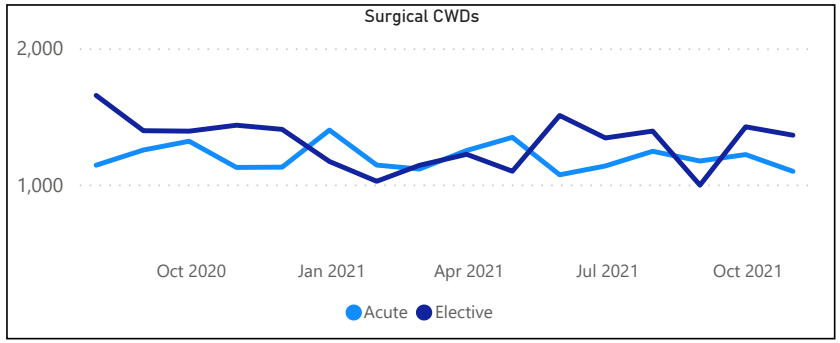
Acute	2,517	2,766	-249	-9%	2,753	-236	11,123	11,379	-256	-2%	11,294	-171
Elective	2,065	2,028	37	2%	2,165	-100	8,017	8,484	-467	-6%	8,763	-746
Total	**4,582**	**4,794**	**-212**	**-4%**	**4,919**	**-337**	**19,140**	**19,863**	**-723**	**-4%**	**20,057**	**-917**

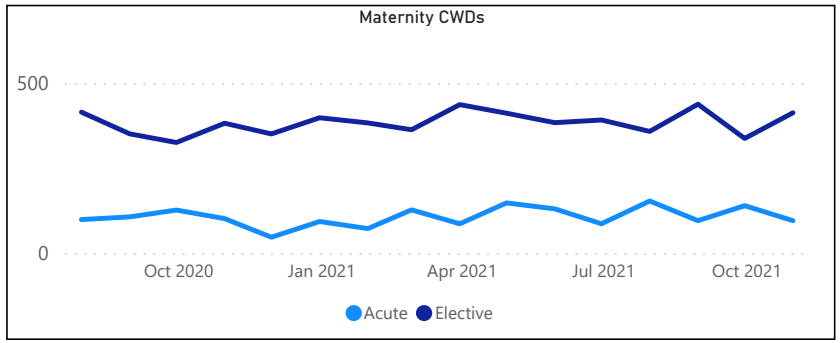
TOTALS excluding Maternity

Acute	2,422	2,676	-254	-9%	2,652	-230	10,639	11,002	-363	-3%	10,860	-221
Elective	1,653	1,665	-12	-1%	1,784	-131	6,472	6,995	-523	-7%	7,291	-819
Total	**4,074**	**4,340**	**-266**	**-6%**	**4,436**	**-361**	**17,111**	**17,998**	**-887**	**-5%**	**18,151**	**-1,040**









8.2

SERVICE PROVIDER RAW DISCHARGES

As at: 05/11/2021

01/07/2021 31/10/2021

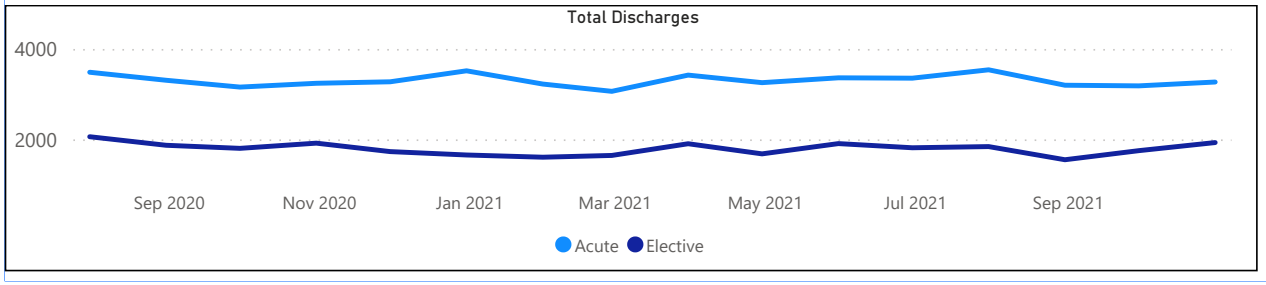
Discharges	MTD Actual	MTD Target	MTD Variance	% Variance (MTD)	MTD LY Actual	Year on Year Monthly Variance	YTD Actual	YTD Target	YTD Variance	% Variance (YTD)	YTD LY Actual	Year on Year YTD Variance
Medical Discharges												
Medical Acute	2,412	2,367	45	2%	2,374	38	9,766	9,688	78	1%	9,505	261
Medical Elective	407	330	77	23%	397	10	1,576	1,405	171	12%	1,589	-13
Total	**2,819**	**2,697**	**122**	**5%**	**2,771**	**48**	**11,342**	**11,093**	**249**	**2%**	**11,094**	**248**
Surgical Discharges												
Surgical Acute	766	779	-13	-2%	784	-18	3,037	3,213	-176	-5%	3,281	-244
Surgical Elective	950	964	-14	-1%	989	-39	3,384	4,026	-642	-16%	4,085	-701
Total	**1,716**	**1,743**	**-27**	**-2%**	**1,773**	**-57**	**6,421**	**7,239**	**-818**	**-11%**	**7,366**	**-945**
Maternity Discharges												
Maternity Acute	91	81	10	13%	83	8	387	336	51	15%	405	-18
Maternity Elective	573	488	85	17%	531	42	2,112	1,992	120	6%	1,974	138
Total	**664**	**569**	**95**	**17%**	**614**	**50**	**2,499**	**2,328**	**171**	**7%**	**2,379**	**120**
Total	**5,199**	**5,010**	**189**	**4%**	**5,158**	**41**	**20,262**	**20,660**	**-398**	**-2%**	**20,839**	**-577**

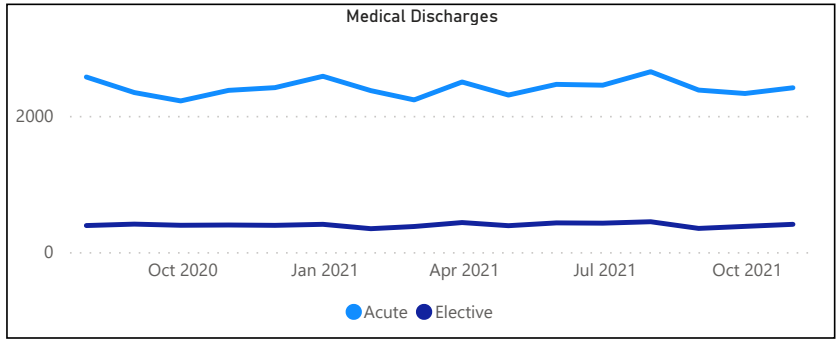
TOTALS

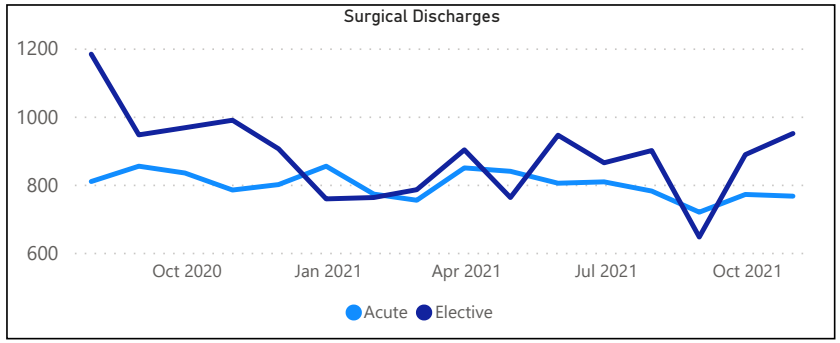
Acute	3,269	3,227	42	1%	3,241	28	13,190	13,237	-47	-0%	13,191	-1
Elective	1,930	1,783	147	8%	1,917	13	7,072	7,423	-351	-5%	7,648	-576
Total	**5,199**	**5,010**	**189**	**4%**	**5,158**	**41**	**20,262**	**20,660**	**-398**	**-2%**	**20,839**	**-577**

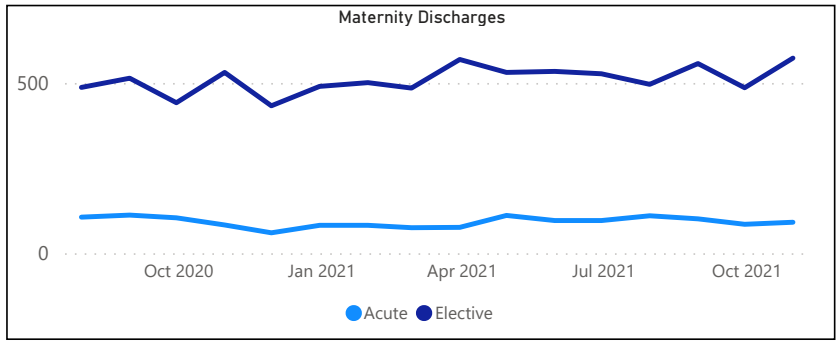
TOTALS excluding Maternity

Elective	1,357	1,294	63	5%	1,386	-29	4,960	5,431	-471	-9%	5,674	-714
Acute	3,178	3,146	32	1%	3,158	20	12,803	12,901	-98	-1%	12,786	17
Total	**4,535**	**4,441**	**94**	**2%**	**4,544**	**-9**	**17,763**	**18,332**	**-569**	**-3%**	**18,460**	**-697**



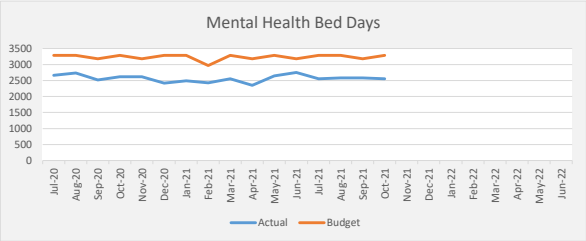




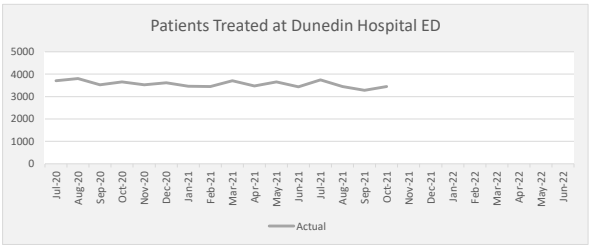


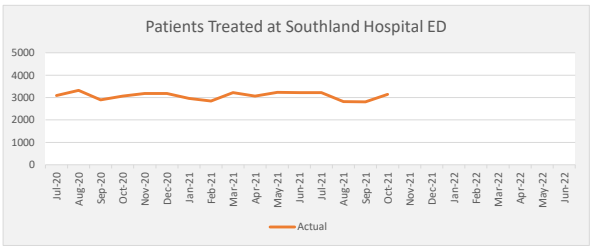
OTHER ACTIVITY

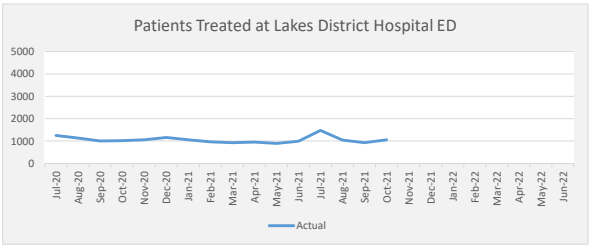
Oct-21				Oct-20	YEAR ON YEAR		YTD 2021/2022				YTD Oct-20	YEAR ON YEAR
Actual	Budget	Variance	% Variance	Actual	Monthly Variance		Actual	Budget	Variance	% Variance	Actual	YTD Variance
2,550	3,286	(736)	-22%	2,621	(71)	**Mental Health bed days**	10,273	13,038	(2,765)	-21%	10,535	(262)

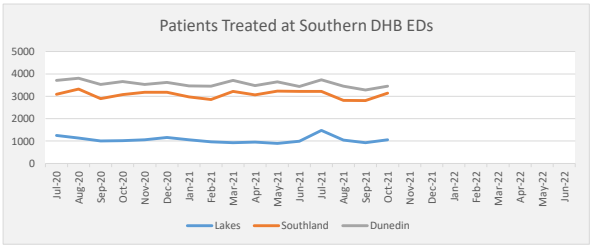


Oct-21	Oct-20	YEAR ON YEAR	Treated Patients (excludes DNW and left before seen)	YTD 2021/2022	YTD Oct-20	YEAR ON YEAR
Actual	Actual	Monthly Variance		Actual	Actual	YTD Variance
			Emergency department presentations			
3,455	3,659	(204)	Dunedin	13,923	14,702	(779)
1,062	1,024	38	Lakes	4,506	4,416	90
3,142	3,070	72	Southland	11,991	12,373	(382)
7,659	7,753	(94)	**Total ED presentations**	30,420	31,491	(1,071)









FOR INFORMATION

Item: Quality Dashboard – November 2021

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

Patrick O'Connor, Quality Improvement Manager

Meeting of: Board – 7 December 2021

Recommendation

That the Board notes the attached quality dashboards

Purpose

The Executive Quality Dashboard presents key quality metrics for the Southern region relating to quality of care, staff, patient experience and operations. 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
   - Better quality provides a better working environment for staff with less time and effort spent on incidents and remediating care issues
3. Equity
   - Equity reporting will be included in the report and is expected to be included from 2022
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.
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.
9. In response to feedback from the last Board Meeting the format has changed to a dashboard style rather than presenting multiple graphs. The graphs have been included in appendix 4 for completeness

Discussion

10. We have moved the reporting to the new format. A safety dashboard and safety walkabouts will be introduced early next year as part of the renewed focus on patient safety being led by the Clinical Council. A number of these measures will be used in that dashboard.

11. Please see commentary for further details on measures.

Next Steps & Actions

Equity reporting to be reviewed with the new equity analyst in IT and included in reporting. We should be able to give an update to timing in the new year.

Appendices

Appendix 1	**Executive Quality Dashboard – Southern Region, Dunedin Hospital and Invercargill Hospital**
Appendix 2	**Guide to interpreting the dashboard**
Appendix 3	**Commentary and data definitions**
Appendix 4	**Updated graphs**

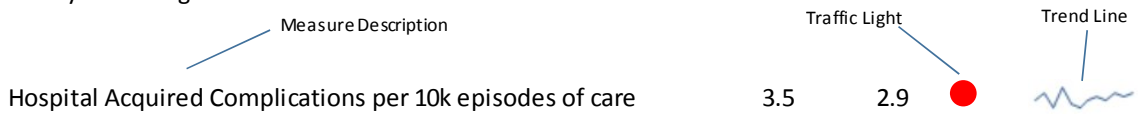
Appendix 1 Executive Quality Dashboard – Southern Region, Dunedin Hospital and Invercargill Hospital

	Southern			Dunedin			Invercargill		
Quality of care	*Actual*	*Benchmark /3 year average*	*Trend*	*Actual*	*Benchmark /3 year average*	*Trend*	*Actual*	*Benchmark/ 3 year average*	*Trend*
1 Hospital Acquired Complications per 10k episodes of care				3.5	2.9		2.2	2.2	
2 Healthcare Associated Infections per 10k episodes of care				148	97		114	77	
3 Medication Complications per 10k episodes of care				40.1	25.2		20.2	19.3	
4 Readmissions within 7 days %				3	3.4		3.3	3.1	
5 Mental Health Seclusions no	30	34							
6 Mental Health Restraints no	145	131		56	48		13	14	
7 Deaths no	57	58		26	28		12	15	
8 ED Wait Time - % patients discharged within 6 hours				76	95		82	95	
9 Vulnerable Patients (Aged 70 and over; Triage Category 1 2 3) in ED > 6 hours				156	153		160	137	
10 Falls (to be added)									
11 Pressure Injuries (to be added)									
Staff									
12 Staff Events - SAC 1 and 2 no				1	0		0	0	
13 Staff Events - SAC 3 and 4 no				16	20		4	4	
Patient Experience									
14 Complaints no	74	77		41	43		23	27	
15 Complaint response target met %	75	100		76	100		61	100	
16 Short Notice Postponments No				55	44		35	28	
17 Short Notice Postponments %				6.4	4.8		9.6	6.7	
Operations									
18 Referrals Declined %				16	15		9.88	14	
19 Length of stay days				3.8	4.7		2.8	3.4	
20 Patients with stay > 7 days no				367	385		164	170	
21 Patients with stay > 21 days no				70	84		40	41	

Appendix 2 **Guide to Interpreting the Executive Quality Dashboard**

Traffic Lights

For each measure a traffic light indicates how the quality measure rates either against a benchmark, target or where there are no benchmark or target against the three year average.



Traffic light colours

Traffic light	Traffic light criteria	Interpretation
	In top 25% of Health Round Table peer comparison or: On or better than target or: In line with 3 year average	Performing well and/or stable process
	In the middle 50% of Health Round Table peer comparison or: Within 10% of target or: Last 3 data points show worsening trend compared to long term average	Rates with majority of peers, close to reaching target, or shows slightly worsening trend. Requires watching
	In the bottom 25% of Health Round Table peer comparison or: Great than 10% away from target or: Last 6 data points show worsening trend compared to long term average	Rates lowly against peers, not reaching target, or shows worsening trend. Requires action

Trend Line
The trend line shows the last 36 months or, for Health Round Table measures the last 8 quarters

Comparators
Health Round Table Benchmarking: Hospital Acquired Complications, Care Associated Infections, Medication Complications
MOH Targets: ED Wait Time, Complaint Response Time
3 year average; Readmissions, Seclusions, Restraints, Vulnerable Patients, Staff Events, Complaints no, Short Notice postponements, Referrals, Length of stay, Patients over 7 & 21 days

Appendix 3 **Commentary and data definitions**

No	Measure	Commentary	Data Definition
1	Hospital Acquired Complications per 10k episodes of care	Dunedin continues to be placed in the lower performing quartile for Hospital acquired complications. 4.7% of admitted patients suffering a major hospital acquired complication as against 3.4% of patients for peer hospitals across Australasia Invercargill is in line with peers with 3% of admitted patients suffering a major hospital acquired complication	Data sourced from Health Round Table:% of episodes where the patient had one or more hospital acquired complications. An episode with a major hospital acquired complication is determined by the presence of one or more specified diagnosis codes with a condition onset flag indicating that the complication occurred during the episode of care. The list of complications is derived from the ACSQHC's Hospital Acquired Complications list
2	Healthcare Associated Infections per 10k episodes of care	Dunedin is newly red and is now placed in the lower performing quartile against peers (ranked 15 out of 20 peers) Invercargill is newly red and is showing an increasing trend over the last 8 periods. Ranked 14 out of 20 peers. We are reviewing this data to understand the drivers of this trend.	Data sourced from Health Round Table Description: Includes the diagnosis groups: 3.1 Urinary tract infection, 3.2 Surgical site infection, 3.3 Pneumonia, 3.4. Blood stream infection, 3.5 Multi-resistant organism, 3.6 Infection associated with prosthetics/implantable devices, 3.7 Gastrointestinal infections, 3.8 Central line and peripheral line associated bloodstream infection
3	Medication Complications per 10k episodes of care	Dunedin medication complications are trending down but still remain in red relative to peers (ranked 15 out of 20) Invercargill ranks solidly with peers (10 out of 20)	Data sourced from Health Round Table Description: Includes the diagnosis groups: 10.1 Drug related respiratory complications/depression, 10.2 Haemorrhagic disorder due to circulating anticoagulants, 10.3 Hypoglycaemia, 10.4 Movement disorders due to psychotropic medication, 10.5 Serious alteration to conscious state due to psychotropic medication
4	Readmissions within 7 days %	Readmissions continue to be stable across both hospitals	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
5	Mental Health Seclusions no	Seclusions continue to be stable across both hospitals	Seclusions iPM and HCS data. The number of seclusion events per month. Seclusions are reportable for district only
6	Mental Health Restraints no	There is a rising trend in restraints. The great majority of restraints are due to a very small number of patients. For example, one patient is responsible for 52 restraints from May to October this year. Staff are undergoing additional training, medication has been changed and Health & Safety	Restraints Safety 1st data. The number of restraint events per month.

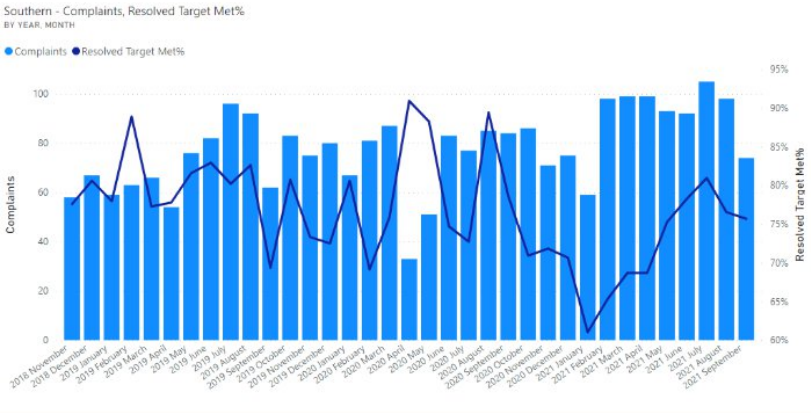
No	Measure	Commentary	Data Definition
		views have been sought to reduce the number of restraints required	
7	Deaths no	Deaths are stable over time.	Deaths Number of patients deceased by discharge month.
8	ED Wait Time - % patients discharged within 6 hours	Our EDs continue to be under pressure and are struggling to meet this target	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
9	Vulnerable Patients > 6 hours in ED	This metric echos 8 above with rising numbers of vulnerable patients staying over 6 hours in ED	Patients aged 70 and over, who are triage category 1, 2, 3 who spend over 6 hours in ED
10	Falls (to be added)	This will be added in February	
11	Pressure Injuries (to be added)	This will be added in February	
12	Staff Events - SAC 1 and 2 no	Continue at very low levels	Safety 1st data. The monthly number of reported staff adverse events. Categorised by severity assessment codes 1-2
13	Staff Events - SAC 3 and 4 no	Events are stable over time	Safety 1st data. The monthly number of reported staff adverse events. Categorised by severity assessment codes 3-4 and by 'N/S' (Not Specified).
14	Complaints no	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.	Safety 1st data. Complaints The number of internal complaints (from website, phone, email, letter, health and disability advocacy, comment form, etc) per month.
15	Complaints response target met %	Response times have risen from low levels and have plateaued with workloads still high due to complaint numbers	Safety 1st data. 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.
16	Short Notice Postponement No	Short notice postponements have stabilised after the spike due to covid cancellations	Short Notice Postponements Theatre postponements within 24 hours of the scheduled procedure

No	Measure	Commentary	Data Definition
17	Short Notice Postponement %	Short notice postponements have stabilised after the spike due to covid cancellations	Short Notice Postponements % Theatre postponements within 24 hours of the scheduled procedure
18	Referrals Declined %	Referrals declined and continue to be in line with the long term average	Referrals accepted (authorised), awaiting outcome or declined by month. % referrals declined
19	Length of stay days	Dunedin LOS dropped this month after being slightly higher for a number of months Invercargill LOS is stable	Average Length of stay From Triage Time in ED(if admitted from ED) or admission to ward to discharge from ward for each episode of care. No specialities are excluded. Only patients discharged in that month are included in each month's data
20	Patients with stay > 7 days no	Patients staying longer than 7 days are in line with long term trends	Number of Patients with LOS > 7 Days Number of patients per month who have a LOS > 7 days
21	Patients with stay > 21 days no	Patients over 21 days have dropped within the last period	Number of Patients with LOS > 21 Days Number of patients per month who have a LOS > 21 days

Appendix 4 **Updated graphs**

Attached

Executive Dashboard – Patient Experience (Southern)



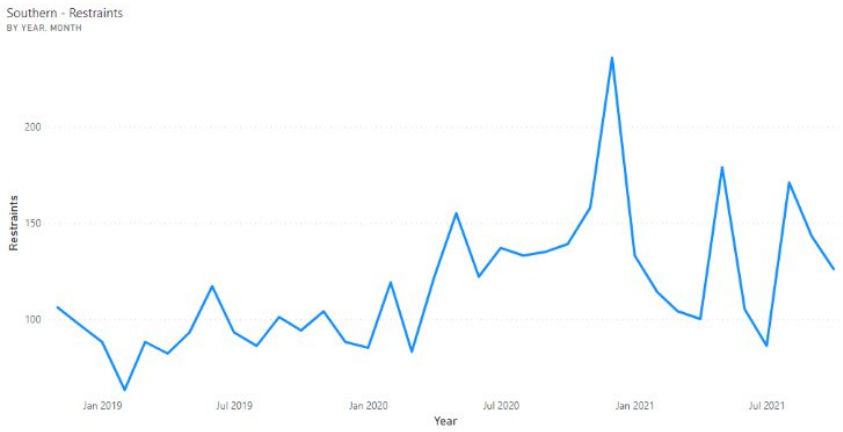
Safety 1st data.

Complaints

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

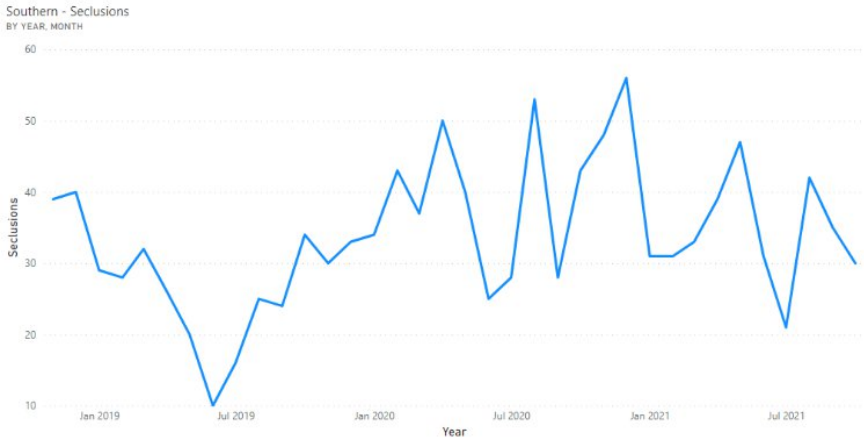
Resolutions

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.



Restraints

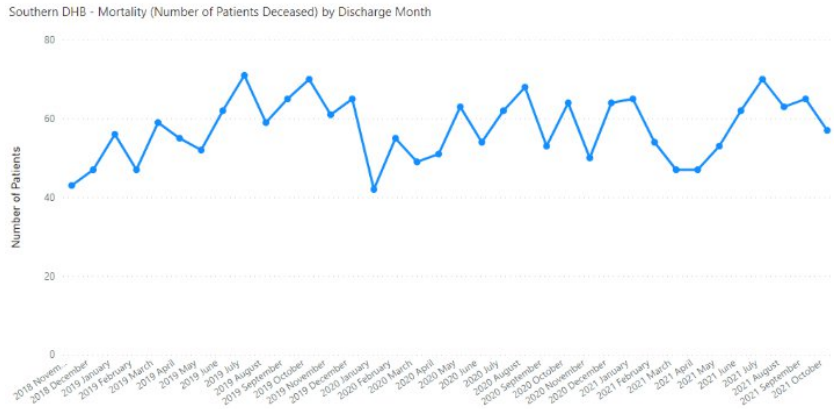
Safety 1st data. The number of restraint events per month. Restraints data includes Dunedin, Invercargill, Wakari and Lakes



Seclusions

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

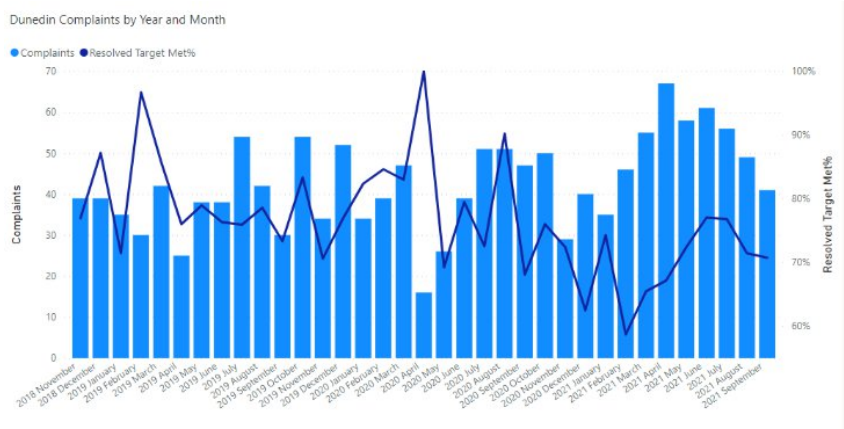
Executive Dashboard – Experience (Southern)



Deaths
Number of patients deceased by discharge month

8.3

Executive Dashboard – Patient Experience (Dunedin)



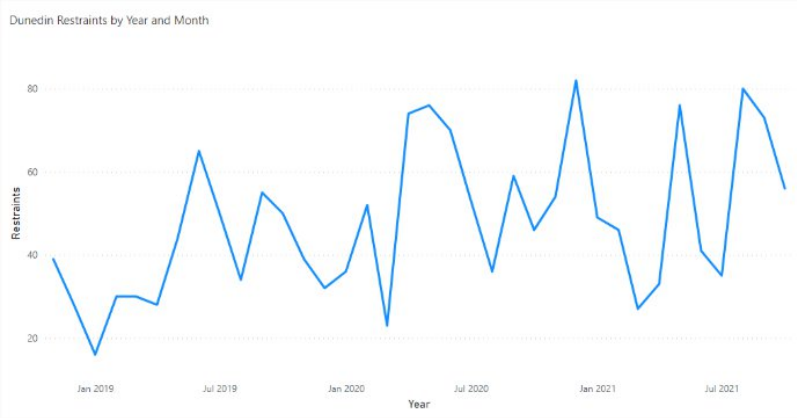
Safety 1st data.

Complaints

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

Resolutions

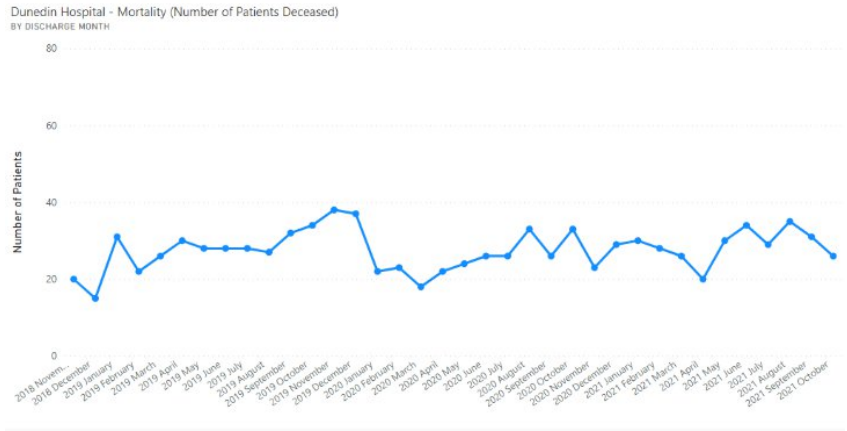
There is a one month (20 working days) time period for complaints to be resolved, or to communicate additional time required to the patient. For that reason the current reporting month will always appear as a lag.



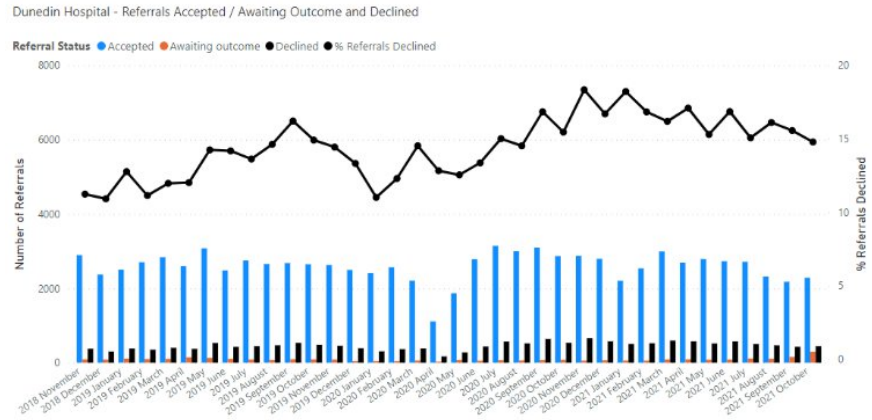
Restraints

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

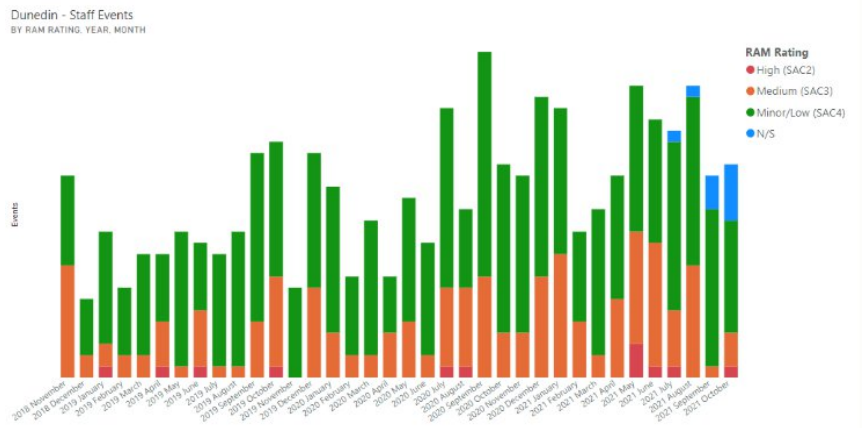
Executive Dashboard – Effectiveness (Dunedin)



Deaths
Number of patients deceased by discharge month.

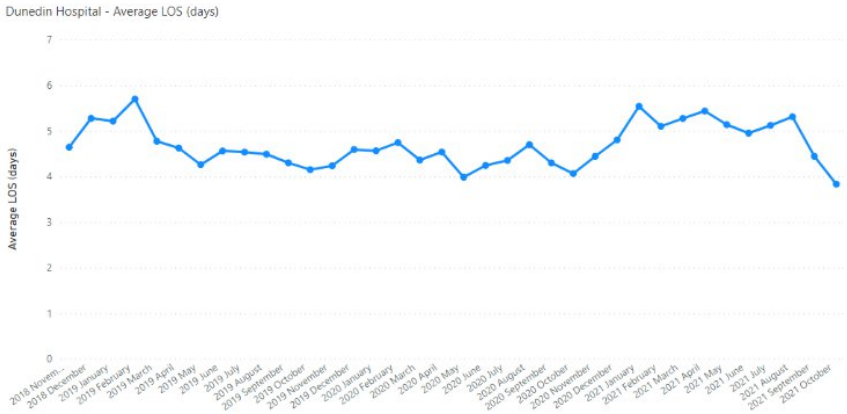


Referrals accepted (authorised), awaiting outcome or declined by month.
% referrals declined



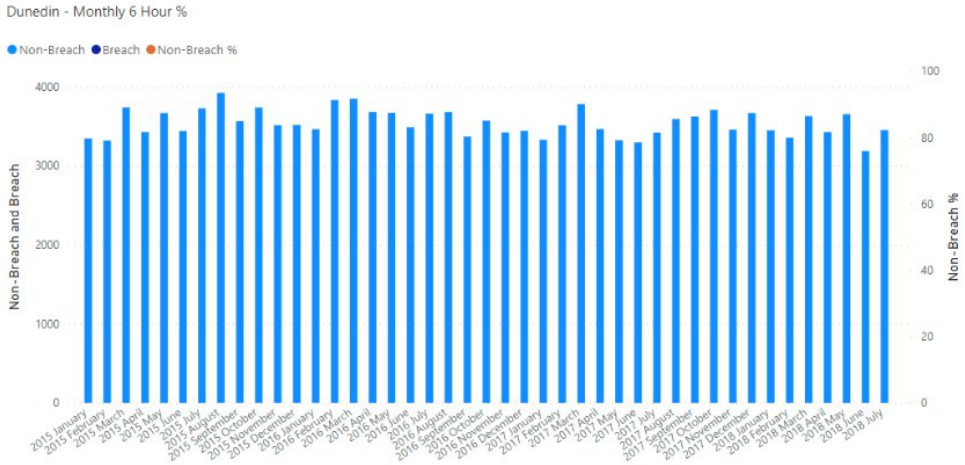
Safety 1st data.
The monthly number of reported staff adverse events Categorised by severity assessment codes 1-4 and by 'N/S' (Not Specified).

Executive Dashboard – Efficiency (Dunedin)



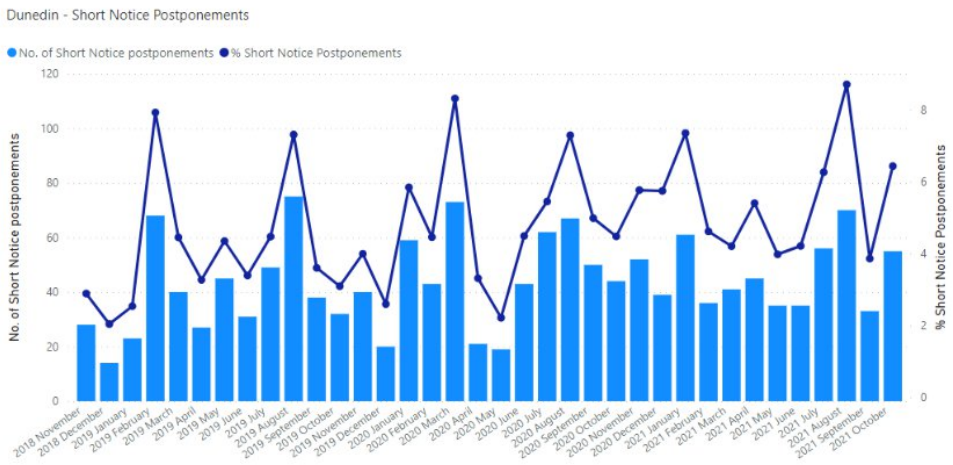
Average Length of Stay

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



Monthly 6 Hour %

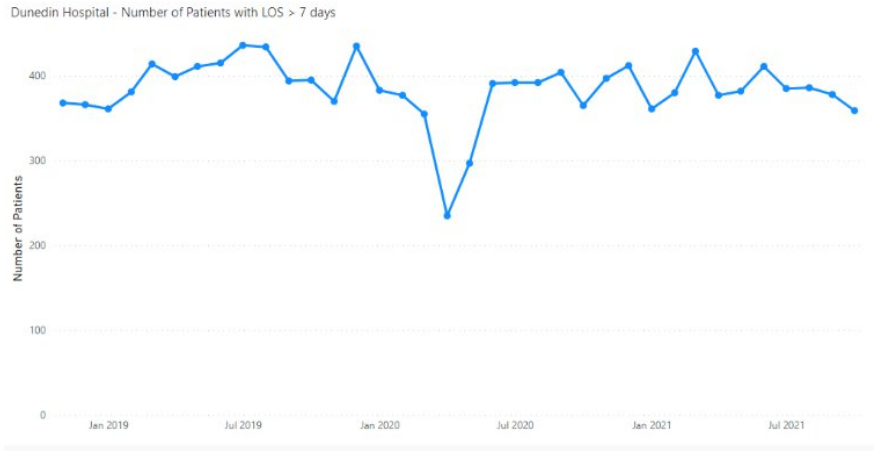
Short Stay in ED (SSED) time given by the percentage of patients discharged from ED within 6 hours of their Triage at ED. This excludes the time spent in ED observation.



Short Notice Postponements

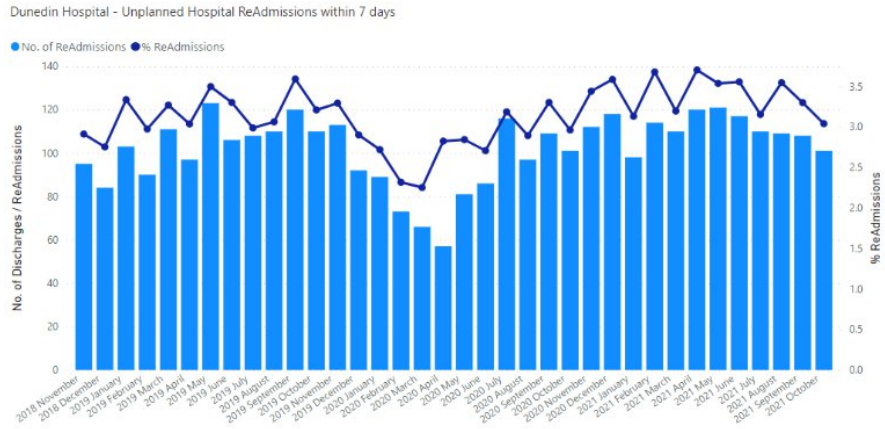
Theatre postponements within 24 hours of the scheduled procedure.

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.

Executive Dashboard – Patient Experience (Invercargill)

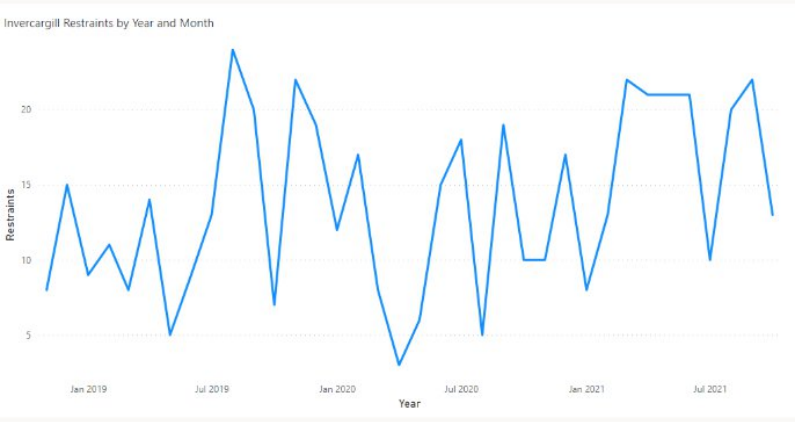
Safety 1st data.

Complaints

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

Resolutions

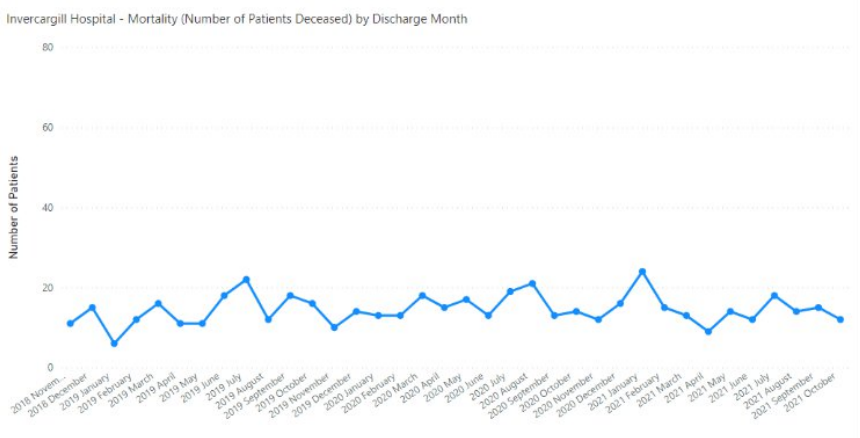
There is a one month (20 working days) time period for complaints to be resolved, or to communicate additional time required to the patient. For that reason the current reporting month will always appear as a lag.



Restraints

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

Executive Dashboard – Effectiveness (Invercargill)



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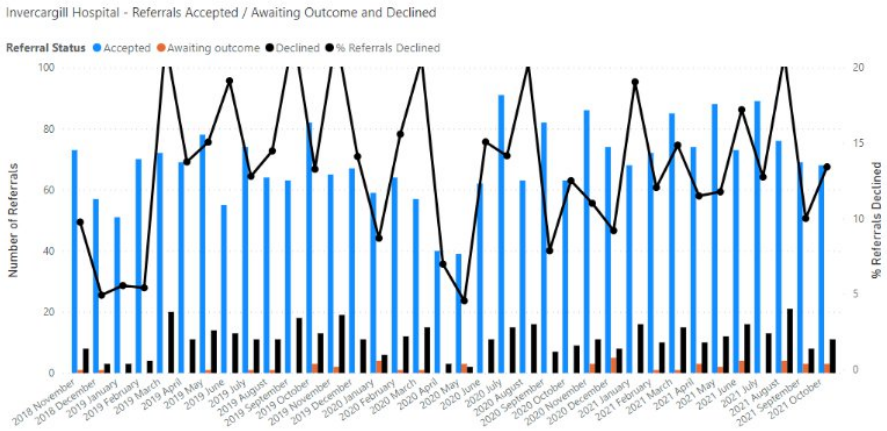
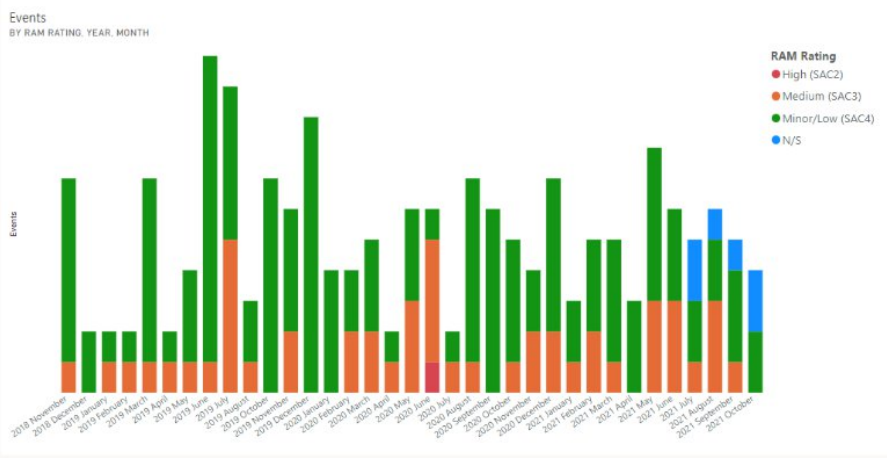
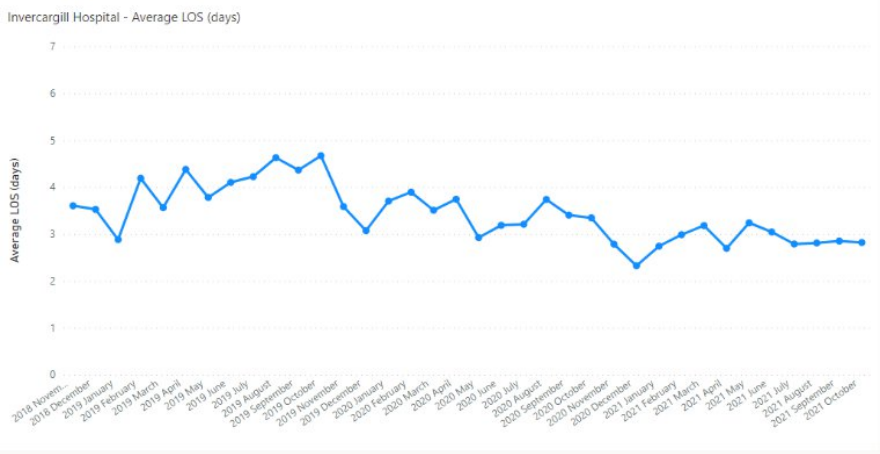


Referrals accepted (authorised), awaiting outcome or declined by month.
% referrals declined.



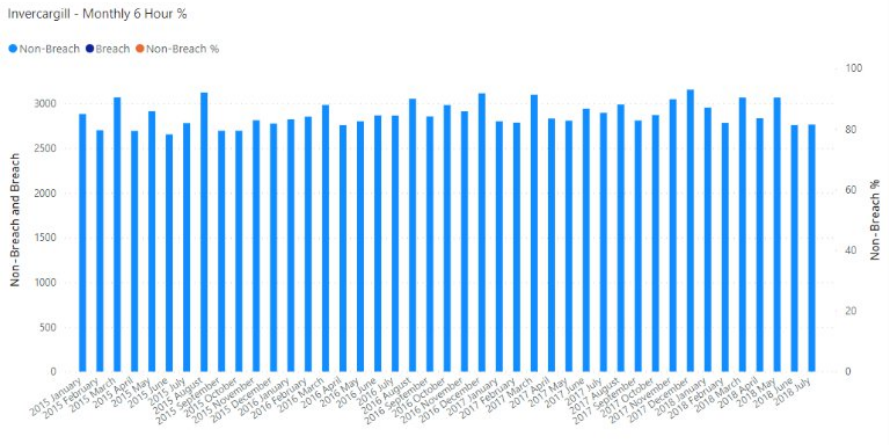
Safety 1st data.
The monthly number of reported
Staff adverse events.
Categorised by severity assessment Codes 1-4 and by 'N/S' (Not specified).

Executive Dashboard – Efficiency (Invercargill)



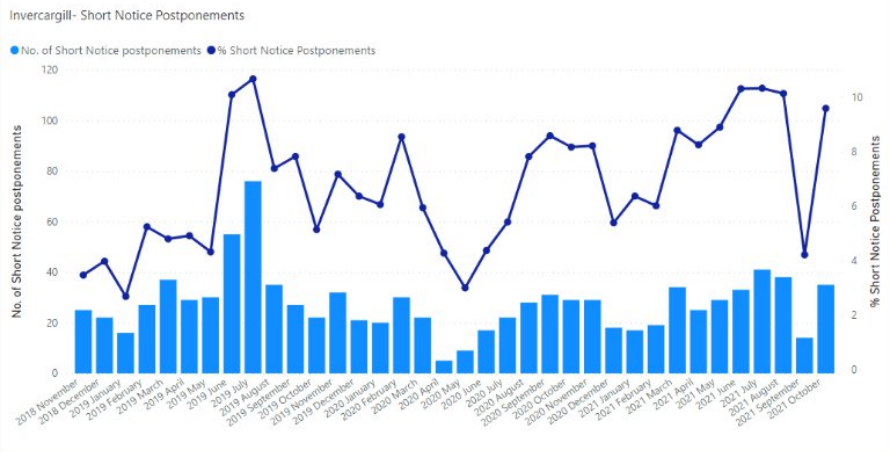
Average Length of Stay

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



Monthly 6 Hour %

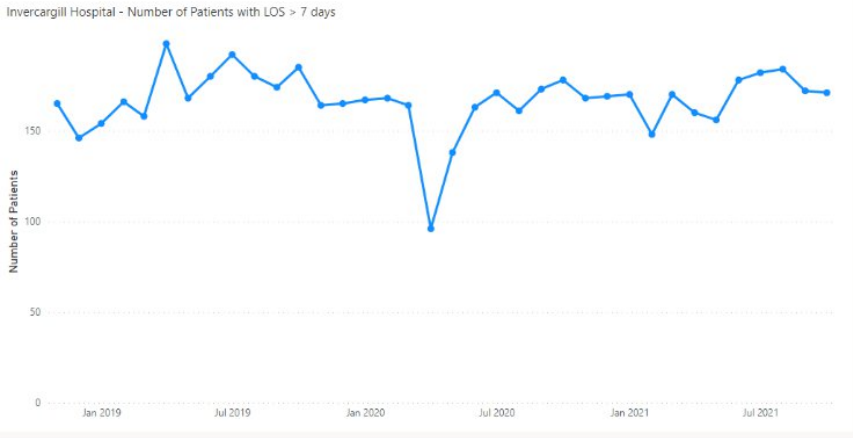
Short Stay in ED (SSED) time given by the percentage of patients discharged from ED within 6 hours of their Triage at ED. This includes the time spent in ED observation.



Short Notice Postponements

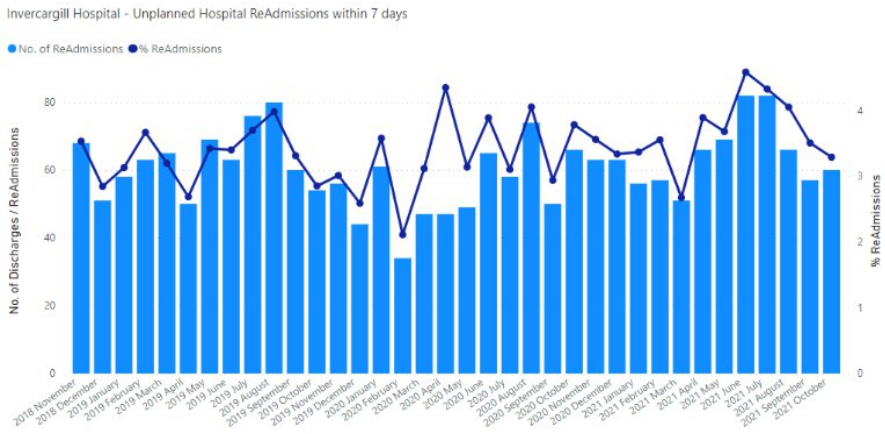
Theatre postponements Within 24 hours of the scheduled procedure.

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 readmission within 7 days of the initial discharge from hospital organised on the basis of the month of discharge.

FOR INFORMATION

Item: Performance Dashboard Update November 2021

Proposed by: P. Advisor to CEO

Meeting of: 7th Dec 2021

Recommendation

That the Board notes the content of this update.

Purpose

To provide a snapshot of DHB performance across a range of agreed metrics and advise that the dashboard is now largely complete and useable though there two main areas that are needing further refinement – CCDM & HR data.

Specific Implications for Consideration

1. **Operational Efficiency:** System performance information located centrally in PowerBi accessible to Board members and the Executive.

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 a range of 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 is largely complete and awaiting just some final tweaks to some HR data & CCDM sign-off but is useable and a good source of information. The metrics provided here as snips is only a snapshot and there are some not included here as they don't translate easily into a static document.

Next Steps & Actions:

The final tweaks to the HR data & CCDM need to be completed so that can be pulled into this dashboard.

Further work establishing an effective cadence for capturing the monthly narratives by each of the service areas.

Link to the PowerBi Dashboard: Executive Performance Dashboard Access is being organised for Board group.

Appendices

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

PERFORMANCE DASHBOARD INITIATIVE

Summary of progress to date:

The following tiles in the performance dashboard are yet to be completed:

Measure	Stage/Status
Head Count (HR Dashboard)	In UAT/on hold due to Performance & Accountability framework work
Output per FTE	Not Started/Complexity over how this is measured
Community Pharms	Not Started/No dataset available to prepare this currently
Primary Care (Enrolled Pop)	Not Started/requires a MoH dataset and an investment from IS to be able to bring this in.
CCDM Metrics	In User acceptance testing – almost complete but there are some further data adaptions that need to occur before final sign-off.

Monthly Snapshot of current metrics as of 24/11/21:

Figure 1: View of dashboard initially including where you navigate too to see measure definitions

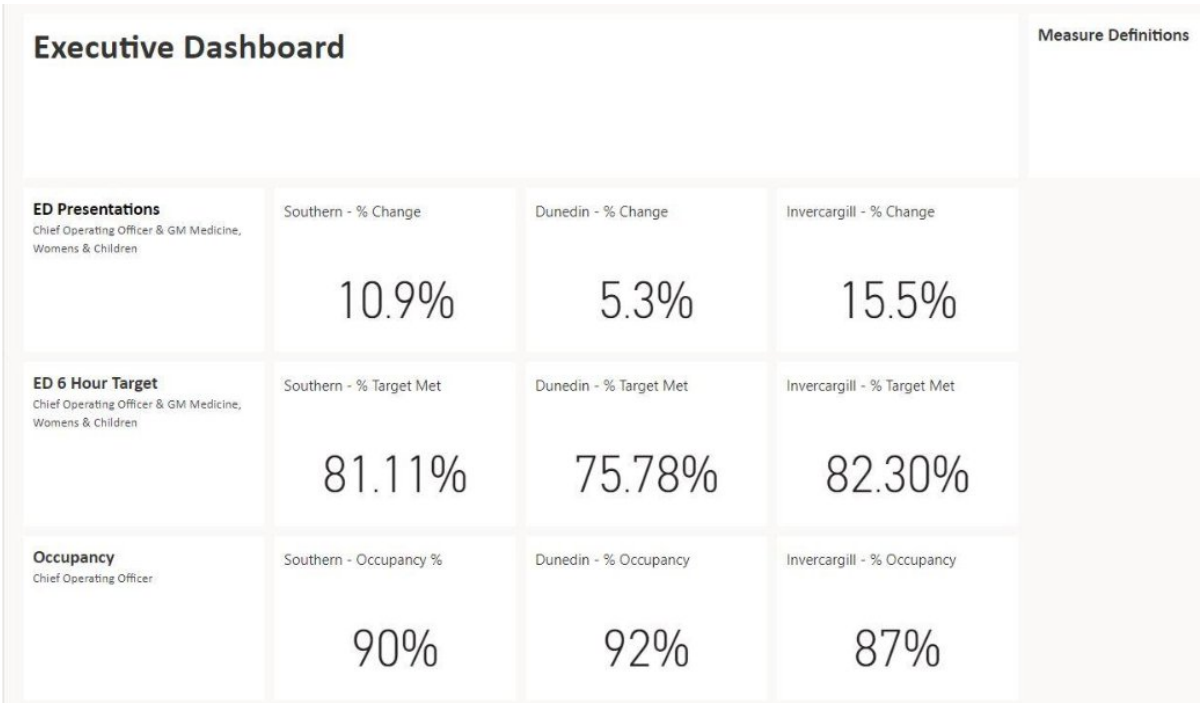


Figure 2:

Figure 3:

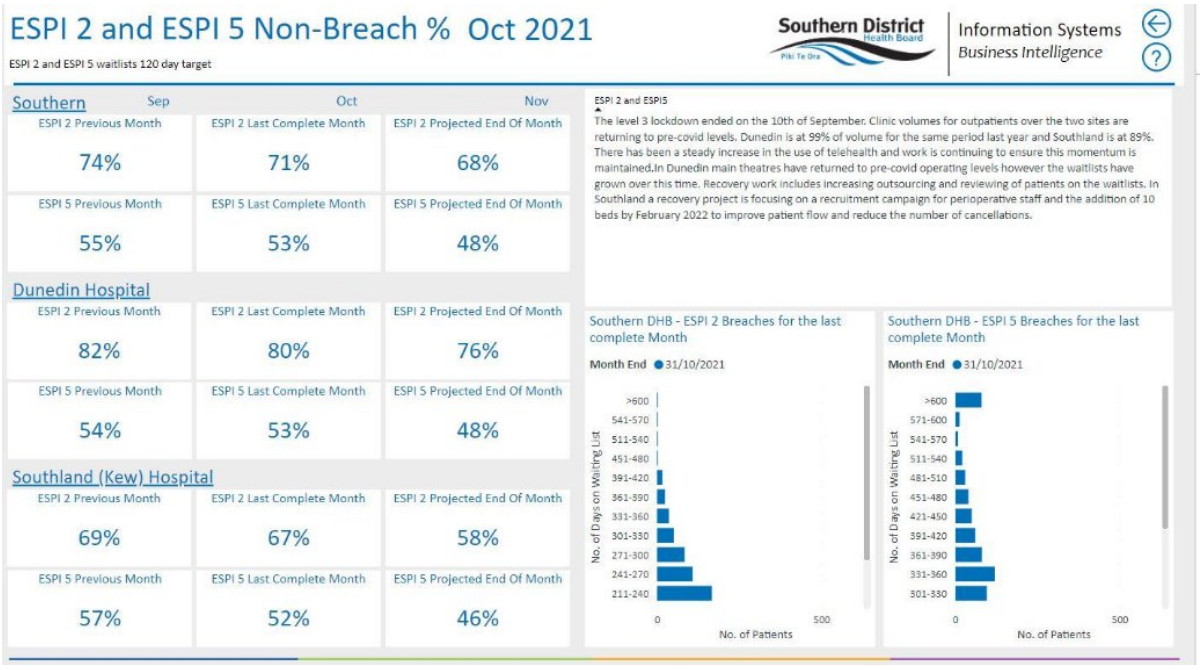


Figure 4:

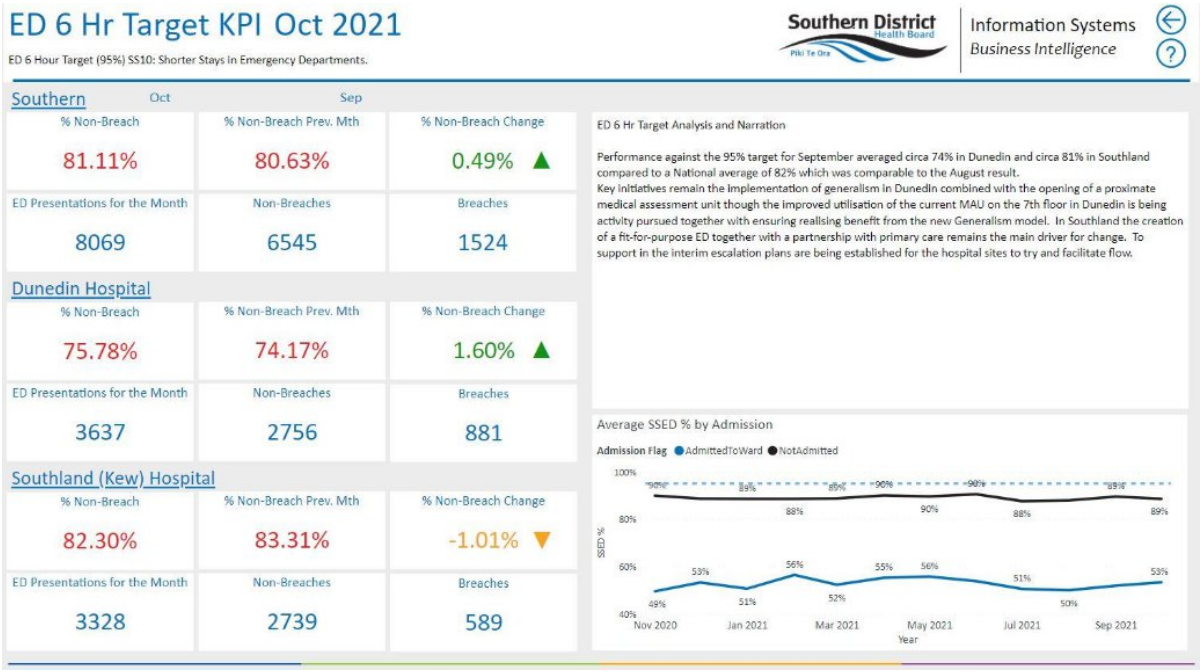


Figure 5.

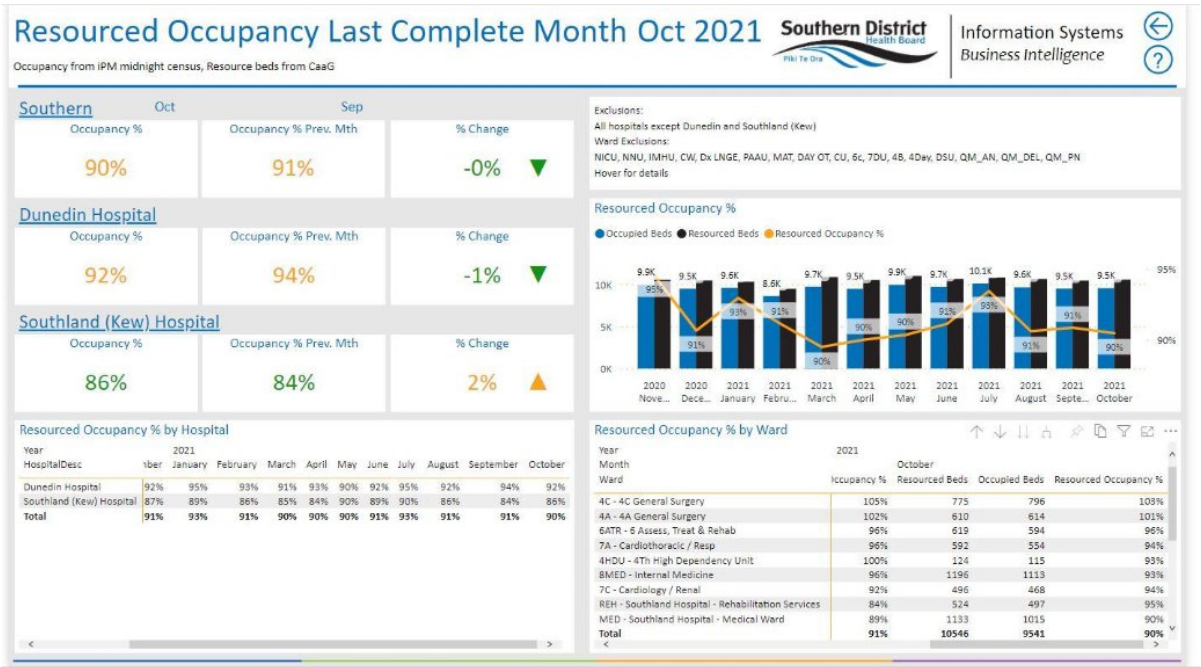


Figure 6.

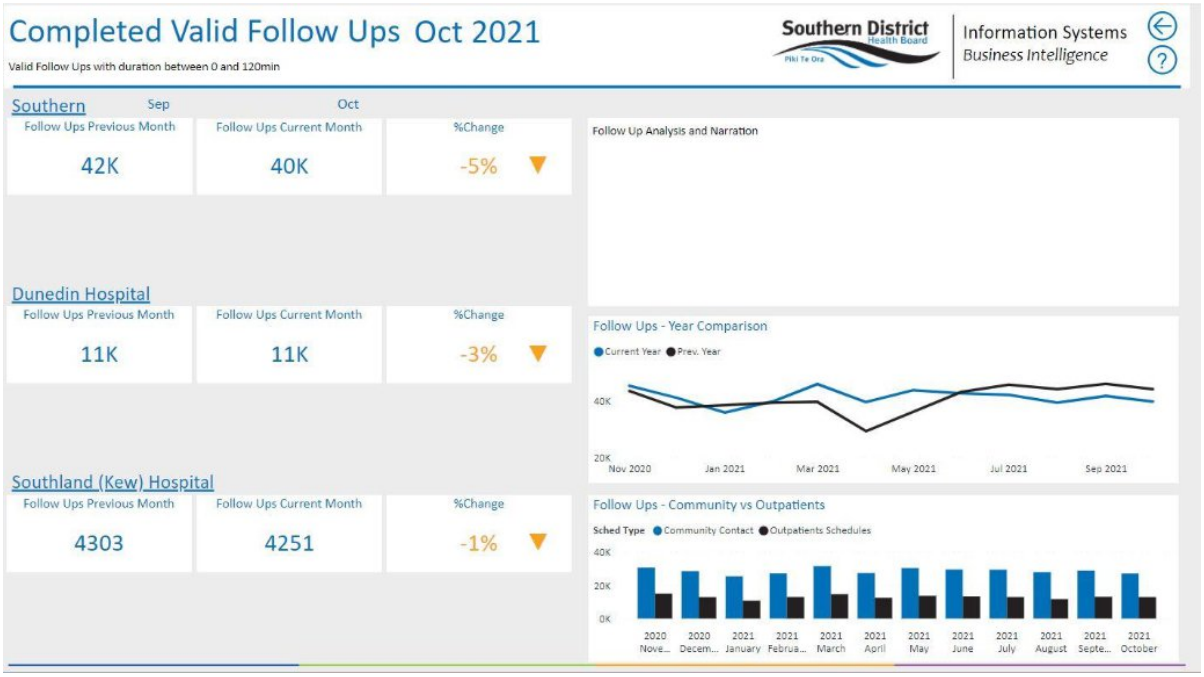


Figure 7.

Figure 8.

Figure 9.

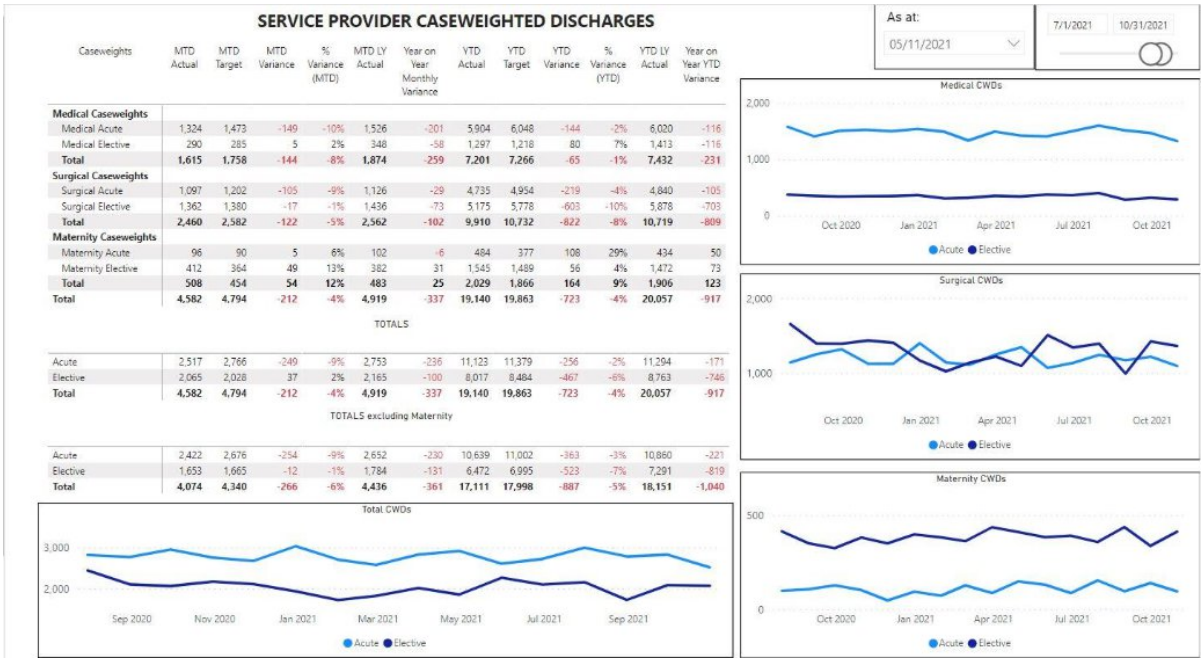


Figure 10.

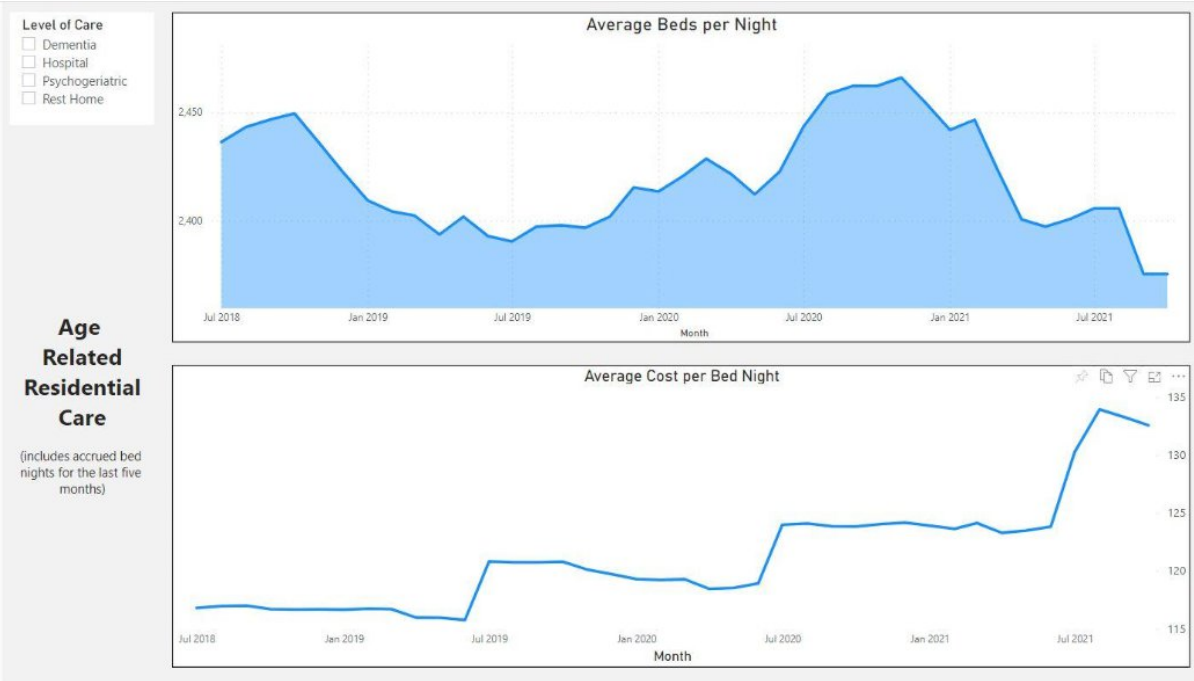


Figure 11.

Inflows

DHB	2019/2020	2020/2021	2021/2022
Auckland	77.40	100.93	24.01
Bay of Plenty	20.01	28.30	50.18
Canterbury	492.44	655.32	219.20
Capital and Coast	30.70	66.65	14.95
Counties Manukau	63.48	60.69	6.43
Hawkes Bay	13.12	24.79	7.10
Hutt Valley	9.81	17.85	9.80
Lakes	108.94	10.84	1.34
MidCentral	13.36	32.55	2.09
Nelson Marlborough	81.14	57.88	8.22
Northland	19.14	41.44	2.05
South Canterbury	264.47	289.67	118.07
Tairawhiti	1.27	19.13	0.44
Taranaki	5.53	13.94	1.39
Waikato	40.51	66.36	3.53
Wairarapa	15.90	5.15	2.85
Waitemata	62.54	92.20	16.38
West Coast	67.38	43.20	29.18
Whanganui	5.80	8.17	1.90
Total	**1,392.94**	**1,635.08**	**519.10**

Outflows

DHB	2019/2020	2020/2021	2021/2022
Auckland	685.04	727.58	186.71
Bay of Plenty	22.43	32.15	5.45
Canterbury	2,304.71	2,349.56	713.31
Capital and Coast	69.06	67.22	12.31
Counties Manukau	27.99	87.64	1.84
Hawkes Bay	34.12	15.81	2.44
Hutt Valley	13.74	17.64	4.30
Lakes	9.39	14.77	4.06
MidCentral	5.35	6.00	3.10
Nelson Marlborough	33.49	45.73	10.59
Northland	15.08	14.78	3.45
South Canterbury	59.06	123.79	47.22
Tairawhiti	1.54	2.05	
Taranaki	3.91	13.95	
Waikato	45.39	37.63	18.14
Wairarapa	2.06	3.94	0.92
Waitemata	31.22	27.57	12.35
West Coast	8.50	10.78	4.62
Whanganui	2.99	2.94	0.71
Total	**3,375.08**	**3,601.53**	**1,031.50**

Figure 12.

High Cost Procedure Events

(As some patients may have multiple procedures under multiple groups, this page looks at events by PUC)

Financial Year: 2020/2021 | Period: 1 – 12 | Funder: Multiple selections | Facility: All

Caseweighted Discharges for High Cost Procedures by PUC for the 2020/2021 financial year

Admission Type	Acute				Elective				Total			
PU Desc	Service Provider View	Inflows	Outflows	Population View	Service Provider View	Inflows	Outflows	Population View	Service Provider View	Inflows	Outflows	Population View
S45.01 - Orthopaedics - Inpatient Services (DRGs)	1,903.1	90.8	43.8	1,856.1	6,296.9	558.8	156.5	5,894.6	**8,200.0**	**649.6**	**200.3**	**7,750.7**
S15.01 - Cardiothoracic - Inpatient Services (DRGs)	1,229.1	18.7	19.6	1,229.9	2,357.2	32.8	23.7	2,348.1	**3,586.3**	**51.6**	**43.3**	**3,578.0**
M10.01 - Cardiology - Inpatient Services (DRGs)	179.9		35.1	215.1	833.3	15.1	171.5	989.7	**1,013.3**	**15.1**	**206.6**	**1,204.8**
S00.01 - General Surgery - Inpatient Services (DRGs)	278.7			278.7	660.1		16.2	676.3	**938.8**		**16.2**	**955.0**
S75.01 - Vascular Surgery - Inpatient Services (DRGs)	128.3	29.3		99.0	555.6			555.6	**683.9**	**29.3**		**654.5**
S60.01 - Plastic & Burns - Inpatient Services (DRGs)					139.2			139.2	**139.2**			**139.2**
S35.01 - Neurosurgery - Inpatient Services (DRGs)					90.8	34.1	8.0	64.8	**90.8**	**34.1**	**8.0**	**64.8**
S70.01 - Urology - Inpatient Services (DRGs)	68.9			68.9					**68.9**			**68.9**
M60.01 - Renal Medicine - Inpatient Services (DRGs)	57.3			57.3					**57.3**			**57.3**
M50.01 - Oncology - Inpatient Services (DRGs)	20.6			20.6					**20.6**			**20.6**
M00.01 - General Internal Medical Services - Inpatient Services (DRGs)	7.5		15.8	23.4	7.4			7.4	**14.9**		**15.8**	**30.7**
M10.05 - Specialist Paediatric Cardiac - Inpatient Services (DRGs)							176.5	176.5			**176.5**	**176.5**
S55.01 - Paediatric Surgical Services			9.7	9.7			21.4	21.4			**31.1**	**31.1**
T0103 - Specialised Heart/Lung Transplant Services - Heart transplant			51.3	51.3			102.6	102.6			**153.9**	**153.9**
T0106 - Specialised Heart/Lung Transplant Services - Lung transplant			41.3	41.3							**41.3**	**41.3**
Total	**3,873.4**	**138.9**	**216.6**	**3,951.1**	**10,940.6**	**640.8**	**676.3**	**10,976.2**	**14,814.0**	**779.6**	**892.9**	**14,927.3**

Notes:
* When the funder is ACC or Overseas Chargeable the PUC is EXCLU, by default these are excluded in the Funder slicer above.

FOR INFORMATION

Item: Annual Plan Quarterly Report, Quarter One 2021/22

Proposed by: Rory Dowding, Acting Executive Director, Planning, Funding and Population/Public Health

Meeting of: Board, 7 December 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 One 2021/22

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 performance monitoring requirements.

Discussion

- This document, *Annual Plan Quarterly Report, Quarter One 2021/22* 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 1.

Next Steps & Actions

Southern DHB will submit the quarter two 21/22 Annual Plan report to the Ministry of Health on 20 January 2022.

Appendices

Appendix 1 Annual Plan Quarterly Report, Q1 2021/2022

Southern District Health Board
Piki Te Ora

Annual Plan Quarterly Report
Quarter One 2021/22

Overview

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

Quarter one 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 RAG Guidelines below. Comments are added where actions have not been achieved for the quarter. Overall progress is also summarised for each Planning Priority.

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 1 2021/22
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Acute Demand		
Acute demand		
Complete and implement escalation plans in Dunedin and Southland Hospitals – Q1. Escalation plan in operation in Dunedin Hospital; commence planning of escalation plan for Southland Hospital		Completed in both hospitals
Implementation of Dunedin Generalism Business model of care - Clear project plan for implementation of Generalism including changes to model of care and clear timelines		In place
Dunedin and Southland EDs work collaboratively with Māori to improve cultural appropriateness of the service - Education for staff on Tikanga Q1		Underway

Acute Demand (continued)		
Implement comprehensive Telehealth Strategy to enable timely and more equitable access to medical care across the Southern DHB district – Employ Telehealth Implementation manager Q1		Manager in place
WellSouth to support the Heath Care Home programme through Tranche III. Increase in HCH practices delivering GP Triage and Acute Appointments Q1.		
Acute data capture		
Completion of EDIS upgrade		Delay due to release of new application. Discussions underway with the service for Q2.

Annual Plan Reporting Quarter 1 2021/22
Minister of Health's Planning Priorities: Better Population Health Outcomes
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Bowel Screening and Colonoscopy Wait Times		
Maintain the current communication and engagement strategy for the National Bowel Screening Programme - Participation rates for priority populations (Māori , Pacifica and Quintile 5) remain above 60%		As at end September participation for Māori is 76%, Pacifica 66% and Q5 70% (Q5 data as at end July 2021), versus a target of 60%
Participation rates for priority populations will be regularly reviewed and response targeted according to the demographic data that is provided – rates remains above 60% (as above)		As at end September participation for Māori is 76%, Pacifica 66% and Q5 70% (Q5 data as at end July 2021), versus a target of 60%
New reporting functionality and electronic referral to be in place by end Q1		Regular reporting in place. Three specialists have been onboarded for internal referrals.

Healthy Ageing		
Improve preparedness for a pandemic outbreak - Scenario tests conducted and feedback communicated		
As part of MoH Sustainability Funding, establish test sites to enable and empower providers to work collaboratively within a locality – test sites established		

Delivery of Whanau Ora		
Implementation of Māori COVID-19 Response and Resurgence Plan		

Annual Plan Reporting: Quarter 1 2021/22
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		
New Zealanders experience equitable cancer outcomes		
Participation in Te Aho o Te Kahu travel and accommodation project		SDHB awaits a progress report from Te Aho o Te Kahu as they have taken a national lead on this.
Participation in the national work programme for the delivery of local community-based Māori Hui in partnership with Te Aho o Te Kahu		
New Zealanders have better cancer survival, supportive care and end-of-life care		
Report progress against DHB Bowel Cancer Service Improvement Plan		
Ensure that 31 day and 62 day cancer waiting time measures are met – quarterly reporting		FCT data is continually being reviewed. Although the achievement rate has been poor for the 62 day target we saw a rise in Q4 to 80.7% - up from 57.5% in Q3. SDHB patient numbers being captured for FCT are proportionally higher than some of the larger DHBs.

New Zealand Cancer Action Plan (Continued)		
New Zealanders have better cancer survival, supportive care and end-of-life care (continued)		
		Confidence with FCT flagging is an issue as administration staff come and go – at times flagging patients drops off. Additional FCT resource has been allocated to assist with education of staff and to develop teaching tools regarding flagging of patients. Māori patients who breach the FCT target are being notified to the Māori Leadership Group for investigation. Te Aho o Te Kahu has released the Lung Cancer Quality Performance Indicators (QPI) were published in March 2021. A Māori lung cancer audit has been completed and will be presented to the SDHB Clinical Council in 2021- this has been delayed from August 2021
Monitor the impact of COVID-19 on cancer diagnostic and treatment services and use this information to plan and manage service volumes		Service plans are in place in the event of a COVID-19 resurgence in accordance with Te Aho o Te Kahu. SDHB collected data on postponements, cancellations and delays. Non surgical cancer treatments continued at the normal volumes during the most recent lockdown.

Annual Plan Reporting: Quarter 1 2021/22
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 (continued)		
New Zealanders have a system that delivers consistent and modern cancer care		
Work with Te Aho o Te Kahu Regional Hubs to contribute to and implement the recommendations of the national Radiation Oncology Service Plan		No progress on this to date
Implement ACT-NOW treatment regimens (national collection) for medical oncology and malignant haematology		There is a plan to update colorectal, lung and prostate regimens during October 2021.
Work with Te Aho o Te Kahu to plan and implement the adoption of the cancer related Health Information Standards Organisation (HISO) standards		Southern DHB will engage with Te Aho o Te Kahu to further explore.

Health quality and safety (quality improvement)		
Hand hygiene practice		
Spreading hand hygiene practice - Develop audit tool and schedule		A draft audit tool has been developed.
Hand hygiene - Engage and implement improvement plan with ED teams		Education and support has been provided in ED.
Improving consumer engagement		
Establish a Clinical Council subcommittee and structure to guide implementation of the Consumer Engagement Health Quality & Safety Marker (QSM) – Subcommittee established Q1		
Upload data onto the Consumer Engagement QSM dashboard and report against the framework twice yearly		
Improving equity		
Diabetic Annual Review (DAR) catch up programme		

Annual Plan Reporting: Quarter 1 2021/22
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Workforce		
Existing staff who are considered to be vulnerable, have been advised and have been trained where possible in alternate duties (e.g. contact tracing) should the need arise.		Vulnerable staff have been re-assigned to contact tracing and call centre support. Anticipate that this will need to change with the Delta variant and vulnerable staff will be required to Work from Home in future.
Work continues on establishing contingent workforce for Aged Residential Care facilities in the Southern district to support with surge workforce – workforce to be established Q1		Project has been established and work is underway for the recruitment of a surge workforce for ARC.
Engagement with unions as required		Local Bipartite Action Group (BAG) is used predominantly for discussions and where required interim meetings are scheduled as needed
Actions undertaken to drive sustainable improvement in the number of professions meeting standards of cultural competence and safety. Course is offered to staff in Otago and Southland, with capacity for 630 staff per annum		

Workforce (continued)		
Establishment of a Welfare Advisor position		People forum has not resumed in 2021. Welfare advisor role has not been approved as part of the 2021/22 budget cycle.
Provide a digital system to support the operational management of hazards and risks and to track H&S improvement actions. Progressive rollout of Risk Manager modules to H&S Reps and Managers commencing Q1		Risk Manager has been implemented and is being rolled out to managers and H&S Reps.

Ola Manuia 2020-2025: Pacific Health and Well-being Action		
Quarterly reporting re increased enrolment of newborns in General Practice and the Well Child Tamariki Ora (WCTO) programme		Pacific enrolment in General Practice exceeds target at 6 weeks and 3 months of age. Pacific Trust Otago provides a WCTO service focusing on Pacific whanau. Numbers will be reported in Q2, once made available through WCTO six monthly data.

Annual Plan Reporting Quarter 1 2021/22
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Data and Digital		
Actions for the upcoming year that Southern DHB considers to be the most important for data and digital enablement - Important Data and Digital Projects		
HCM – Human Capital Management System replacement Business case approval		Business Case has stalled. Review is anticipated as part of the wider Digital Transformation plan. Work continues to obtain approval of the BC as soon as possible.
Actions to digitally enable health services to support COVID-19 recovery, sustain changes to service delivery models and/or embed key learnings from your COVID-19 response		
Voicera Handsfree Clinical Communication – Business case approval		Business case approved, project underway.
iMedx transcription – complete roll out at SDHB		Rollout complete
Actions with the most significant impact on improved outcomes		
Southern Health Digital Footprint - Ministry approval of the Digital Indicative Business Case		Cabinet Approval received in Sept 21
Draft Digital Detailed Business Case		Draft BC is currently under review prior to approvals process

Data and Digital (continued)		
Actions for the upcoming year that Southern DHB considers to be the most important for improving equity of access to health services through digitally enabled means (e.g. telehealth)		
Work with services to assist with adoption of Telehealth		Ongoing
Increase use of telehealth by Māori providers and runanga - Feasibility and funding options explored		Early stages of planning activity and identifying key stakeholders
Work with services to assist with adoption of Microsoft 365 and MS Teams		Ongoing

Implementing the New Zealand Health Research Strategy		
Train 250 staff members in improvement methodology – course commencement Q1		
Carpal Tunnel Syndrome study – co-design Q1		Due to be completed, on target. Finalisation of pathway following patient workgroup recommendations (and implementation feedback from clinicians) due Jan 2022.
Carpal Tunnel Syndrome study – evaluation Q1		Qualitative evaluation of co-design process to be completed Nov 21, on target. Quantitative evaluation of co-design localised care pathway designed, planned as future action (Jan 2022 – Jan 2023); funding application submitted to Healthcare Otago Trust Sept 15 2021, awaiting outcome.

Annual Plan Reporting Quarter 1 2021/22
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Care Capacity Demand Management (CCDM)		
Governance - CCDM Council meets as per the Terms of Reference, with at least one meeting per quarter		
Allied Health to develop a framework for Local Data Council formation by 30 September 2021		
Report on CCDM Programme implementation progress/completion to Health Union Partners, SSHWU/MoH and staff		
Increase in overall nursing/midwifery CCDM implementation each quarter or <5% decrease in inpatient implementation.		2% increase
100% of Local Data Councils / wards have met as per TOR (at least twice per quarter)		
Lakes District Hospital added to quarterly report as new site		

Care Capacity Demand Management (CCDM) continued		
Patient acuity data - TrendCare 3.6.1 upgrade completed		3.6.1 Released in October. Due to workload commitments, resourcing & updating of the 'test' server the upgrade is planned for 1 February 2022. Planning for the upgrade is underway. Back up date 1 March 2022.
Report on % IRR testing completed Q1		Currently 100% of all wards have completed IRR testing. Testing will recommence in November.
Core data set - At least 19 of the 23 CDS measures available to staff on electronic dashboard		Further work is being done on the PowerBI dashboard. Although nearing completion, it has not yet been rolled out to staff.
FTE calculations - Number of completed FTE calculations Q1		In Q1, roster testing has been completed for 28 wards. Those excluded are: Te Puna Wai Ora (ICU) & 4HDU (both staffed to Australasian Critical Care Standards); 6 ATR & Puawai Rehab Unit (PRU) waiting on 12 months of TrendCare data following reconfigurations last year due to Covid; Children's Unit (Dunedin) which implemented their CCDM FTE in January; ATR Southland which is being reconfigured and increasing the number of beds. 17 wards have confirmed new roster models and are recruiting. The outcome for the wards with confirmed roster models are: 51.7 RN / 1 EN/ 17.8 HCA (these are 'recruit to' figures). The remaining wards expect to have confirmed roster models by end of October. Data entry for the next round of FTE calculations will begin in Quarter 2.
FTE calculations are agreed and budgeted		101 FTE for CCDM included in the 2021 – 2022 Budget. An additional 17.7 FTE have been included for patient watches (HCA's) and 1:1 in MHAID.

Annual Plan Reporting Quarter 1 2021/22
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Care Capacity Demand Management (CCDM) continued		
Number of additional FTE recruited		14.3 FTE have commenced work in quarter one, further roles have been accepted however the commencement date is from October forward and will be reported next quarter
% of total FTE recruited that are Māori		2 x RN's recruited in Q1; however, this is unrelated to CCDM FTE Calculations
Variance response management - Percentage of time in Red, Orange and Mauve each quarter for all 34 wards.		2..5% of time spent in orange VRM 1.7% of time in red VRM Mauve hours not available
Allied Health tool incorporated on Capacity at a Glance (CaaG) screen		Pending IT capacity to support changes.

Care Capacity Demand Management (CCDM) continued		
Disability Working Group established		
Reporting to Disability Support Advisory Committee, Community health Council and Iwi Governance		
Report on the number of staff who have completed the e-learning training module		We are currently in the process of moving our service provider for online training. The previous system is unable to provide the detail we require and the Org Development cannot provide reliable data at this time. Expect this to be addressed in Q2.
Mass media communication relating to COVID information includes captioning, national sign language, high contrast and large print information.		This is a work in progress. Some key messages are produced in accessible formats, but doing so on a larger scale would be dependent on resources and budgets being made available to the Communications Team.

Annual Plan Reporting Quarter 1 2021/22
Minister of Health's Planning Priorities: Better Population Health Outcomes
Supported by Strong and Equitable Public Health and Disability System

Planned Care		
Southern DHB will commence a programme of work to build upon the work already undertaken to systematically bring services onto the Telehealth platform.		
Skin lesion operations performed in the community – Contract signed with primary health care providers		
Ensure the Planned Care systems and supports are sustainable and designed to be fit for the future – 5th theatre in Southland. Steering group is established and a project manager appointed		A Project Manager has been appointed. A steering group has been established and includes the Portfolio Manager Capital Works, Executive Director Specialist Services, Executive Director Finance Procurement & Facilities, General Manager Southland Site and Service Manager Surgical Services Southland.
Computed tomography (CT) machine -install and operationalise a second CT scanner – Tender and equipment procurement process completed Q1		Completed ahead of schedule. Scanning in a limited capacity began and training of staff was going well. The scanner encountered an electrical fault which requires parts to be installed. Delays in getting these parts from Germany has halted all scanning until the machine is operational again. Anticipate a 2 week delay.
Rheumatology follow up service improvement: Specialist advice clinics for primary care have commenced. Physiotherapy led clinics have commenced.		Both actions have commenced

Rural Health		
Improve rural hospital's preparedness for a pandemic outbreak - Feedback to and from Rural Hospitals on developments from SDHB relating to COVID-19 management		Rurally focussed COVID group established. Planning underway for endemic COVID. Rural areas are contributing to SDHB planning. Processes to coordinate transport, infrastructure, workforce, and other essentials to manage BAU and endemic COVID are being developed.
Rural participation in SDHB TAB for COVID-19. Disseminate information to and from SDHB TAG and Rural Hospitals and Community Health Trusts.		Established
Review access to outpatient specialist clinics - Map where rural people are seeing specialists		The Planned Care Delivery group has established a system to see where rural people attend outpatients – this enables us to build a District wide view of where clinics are needed, so equity of access is facilitated.
Participate in the refresh of the Southern Health Strategy - Meet with team conducting the strategic refresh to convey key messaging		Rural Health is represented on the Steering Committee of the group undertaking this work. The Chair of Central Lakes Localities Network is working with WellSouth with project work to support rural localities to develop in a way to meet Health NZ goals.

Annual Plan Reporting: Quarter 1 20/21

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

Māori Health Action Plan 2020-2025		
Whakamaua Objective: Accelerate and spread the delivery of kaupapa Māori and whānau-centred services		
Establishment of a baseline for Māori employed with the Southern DHB across directorates by Q1		
Implementation of the newly developed Māori workforce strategy in collaboration with other national workforce agencies, universities, polytechnics and health organisations commencing Q1		
Southern DHB to monitor the roll out of the kaupapa Māori primary mental health and addiction service in the establishment phase		
Māori health leadership participation on the district telehealth working party under the GM Medicine, Women's and Children's directorate.		

Māori Health Action Plan 2020-2025 (continued)		
Whakamaua Objective: Shift cultural and social norms		
Develop an allied health affirmative Māori employment approach that supports increased Māori employment interviewing and recruitment. Baseline developed Q1.		
Whakamaua Objective: Reduce health inequities and health loss for Māori		
Publication of Māori Health Directorate work plan in the public section of the Board meeting		
Review of workplan		

8.5

Annual Plan Reporting: Quarter 1 20/21

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

Māori Health Action Plan 2020-2025 (continued)		
Whakamaua Objective: Strengthen System Accountability Setting		
Appointment of an Iwi representative onto the Southern Health and Disability Steering Group		
Provide information as required to the national team or systems to ensure that the national framework consider this as part of the national review to ensure that major system funding frameworks consider and adjust for unmet need and the equitable distribution of resources to Māori.		

Engagement and obligations as a Treaty partner		
Whakamaua Objective: Develop iwi partnerships that support local-level Māori development and kaupapa Māori service solutions.		
Advance tier one services in the community provided by Māori health providers, working with Māori health providers and other central government agencies to promote an integrated model of care in working with whānau.		

Annual Plan Reporting Quarter 1 2021/22
Minister of Health's Planning Priorities: Improving Mental Wellbeing

Improving Mental Wellbeing		
Psychosocial response to and recovery from COVID		
Central Lakes Wellbeing Recovery Group will confirm a communication strategy in Q1		
Mechanism to ensure connectivity between Iwi and all stakeholders to support advocacy for Māori and vulnerable populations scoped in Q1		
Navigator in the Central Lakes sub region will enhance the integration of primary mental health and addiction services with specialist mental health and addiction services as part of the psychosocial response. Q1 - orientation to the role, community and service stakeholders		
Activity reports submitted to Governance Group of Central Lakes Wellbeing Recovery Group monthly		
In response to COVID, the Mental Health, Addiction and Intellectual Disability Services (MHAID) Directorate will implement a mixed model of face to face consultations and telemedicine consultations for Child and Youth Specialist clinics. Implementation of model by Q1.		

Mental Health and Addiction System Transformation (continued)		
Evidence Based Equity Actions for Improving Mental Wellbeing for Māori		
Development of Mental health Advance Preferences/Statements (MAPS) tool for Māori		
Monitor use of seclusion on a monthly basis.		
The Independent Review of Southern Mental Health and Addiction System Continuum is made available in Q21		
Follow up within 7 days post discharge from an inpatient mental health unit (MH07)		
Data is subjected to quality review after each quarter and errors corrected/ individual follow up is undertaken as required		
Data are shared and discussed		
The Team reviews, identifies and implements measures to manage average length of stay (days) over each quarter.		

Annual Plan Reporting Quarter 1 2021/22
Minister of Health's Planning Priorities: Improving Mental Wellbeing

Improving mental wellbeing (continued)		
Improving mental health services using wellness and transition (discharge) planning (MH02)		
Raise understanding amongst staff of the importance of this KPI at every appropriate opportunity (e.g. team meetings) so that it is embedded as BAU thinking		
Managers actively monitor compliance on a regular basis and target service areas that are below compliance		
Monitoring system established and utilized so that all managers receive and review weekly compliance reports		
Quality audits undertaken on a regular basis. Results are reviewed to determine opportunities for improvement		
Ensure that there is competency and confidence in entering data into IPM through the provision of refresher training to staff		
Meet the programme milestones of the HQSC Programme for Connecting Care, improving service transitions		

Improving mental wellbeing (continued)		
Mental Health and Addiction Service Development – MH04 Focus Area 1 – Primary Mental Health		
Consolidate the Integrated Primary Mental Health Programme (Access and Choice) programme where it has been established in General Practice		
Extend the programme into additional General practice settings.		

Annual Plan Reporting Quarter 1 2021/22

Minister of Health's Planning Priorities: Improving Sustainability

Improving Sustainability - Short term focus 2021/22		
Sustainability funding initiatives Develop district-wide approach to connected and responsive clinical partnerships in relation to • Integrated services for frail elderly incorporating admission avoidance in Mosgiel (DN) • Integrated services for high needs whanau in South Dunedin, incorporating mental health • Primary maternity service configuration in Central Otago • Acute and urgent care incorporating community diagnostics in central Dunedin Q1 - districtwide approach developed		Integrated services for frail elderly incorporating admission avoidance in Mosgiel (DN) – to ensure a system based approach to these services, key steering groups in primary and secondary sectors have been merged to create an overall frailty council. Key workgroups have been identified to progress this initiative. Other initiatives are all on track.
Action initiated from/supported by national analytics – InterRAI analysis Comprehensive analysis of Psychogeriatric Age Related Residential Care cohort to better understand existing levels of Psychogeriatric utilisation and assess for variation against DHB's. Analysis will include: • Clinical and non-clinical characteristics • Inter DHB and Intra DHB (within Southern DHB) comparison Data scope and specification confirmed Q1		InterRAI data have not yet been released by SDHB data systems. This will be progressed when data are made available.

Improving Sustainability – Medium term focus (three years)		
Southern DHB will commence a programme of work to build upon the work already undertaken to systematically bring services onto the Telehealth platform. Programme of work to commence Q1.		Completed. Programme manager commenced and programme commenced as planned. COVID lockdown has increased interest in Telehealth and has changed strategy to respond to requests initially as opposed to staged and planned roll-out. This will be enacted once acute demand has been met.
Enhanced investment in some key areas will see operational efficiencies gained in the medium to long term.		
Establishment of an ePMO (enterprise portfolio management office). Programme of work underway Q1.		Recruitment underway
Investment in a Medical Assessment unit. Programme of work underway Q1.		Medical Assessment unit approved to be built proximal to ED in Dunedin. Anticipated completion by end 2022
Investment in Production Planning at the hospital level. Programme of work underway Q1.		Analysis of resource and system requirements to produce production planning model commenced. Visit to Auckland DHB has been delayed due to COVID.
Enhanced service planning to provide more support for services needing to consider their future models of care. Programme of work underway.		Additional investment into service planning has been identified as a need. Execution plan to be developed.
Introduction of a full supported Service & accountability framework that drives operational clarity, efficiency and capability building. Programme of work underway Q1.		Underway. Draft performance pack and framework in development.
Conversion of coal fired burners. Programme of work underway Q1.		
Mental health transformation. Programme of work underway Q1.		

Annual Plan Report Quarter 1 2021/22

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

Long term conditions		
New referral pathway developed and implemented from WellSouth Walking Away Programme to Green Prescription.		
Diabetic Annual Review (DAR) catch up programme delivered		
Assistance provided to General Practice to support the delivery of the regional hepatitis C work and objectives		Ongoing support as required; GP practices have our contact details to contact the nurses directly; Unsuccessfully tried to engage with Well South to provide updates in their GP newsletter; the restrictions associated with COVID have had an negative impact on face to face engagement.
Hep C - Report on number of practices engaged per quarter		One practice engaged quarter one
Education and advice provided to General Practice across the district in relation to hepatitis C		All GP practices in the SDHB were sent resources highlighting World Hepatitis Day and a reminder of our availability to support them in 'finding the lost'. An WHD hep C education board was set up in the DHP foyer.
General Practices provided support in the prescribing and monitoring of patients on Maviret		Ongoing support as required; GP practices have our contact details to contact the hep C nurses directly; Maintained established relationships with GP practices; Kept the Southern Community Pathways in HCS information up to date, based on best practice

Long term conditions (continued)		
Report on number of patients being treated for hepatitis C-with Maviret in the southern district		Seven patients treated for hepatitis C-with Maviret in the southern district

Primary care		
Client Led Integrated Care (CLIC) to be rolled out into primary care – Māori CLIC to 11.1% in Q1		
All Border workers are COVID-19 vaccinated during Q1		
WellSouth participation in COVID-19 resurgence planning – 100% participation at COVID-19 planning meetings		

Pharmacy		
Engagement with Pharmacy Sector to keep them inform of changes/actions re COVID-19		
Number of ICPSA providers who have Flu Vaccination schedule in their ICPSA		58 of 81 ICPSA providers have Flu Vac service in their ICPSA
Complete pharmaceutical benchmarking, comparing Southern to other DHBs		Unable to progress due to allocation of resource to COVID-19 immunisation response.

Reconfiguration of the National Air Ambulance Service Project – Phase Two		
Maintain our commitment to the national plan to achieve a high functioning and integrated National Air Ambulance service and actively participate through the National Ambulance and Retrieval Quality and Safety Group Support		We continue to contribute to the National discussions and are part of the National Air Ambulance Service Project
Design a flexible aero-medical workforce model that enables sustainable system improvements and supports service capacity in a COVID impacted health system – ongoing commitment		We have now established a nurse only Fixed wing service, which can function within our COVID environment, in addition to our NICU team. In addition, we are now exploring a full ICU retrieval service for the Fixed Wing Aircraft
Co-developed KPI framework with clinical leadership endorsed by DHBs		Participating in discussions nationally

Annual Plan Report Quarter 1 2021/22

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

Antimicrobial Resistance (AMR)		
COVID Recovery		
Infection prevention and control (IP&C) meetings scheduled and reporting to Clinical Council, established in line with the revised IP&C and Antimicrobial stewardship (AMS) Committee TOR. Representation and engagement across primary and community care, specifically ARC.		The IPC AMS committee has met. Further work is required re the governance and resourcing for the committee. The membership is yet to be finalised.
Advance progress towards managing the threat of antimicrobial resistance		
IP&C team have a clear understanding of the capability of the iCNet Surveillance system as applied to Southern DHB		The ICNet programme has been signed off by Southern DHB. Implementation will commence in January 2022.
Advance AMR management across primary care, community (in particular age-related residential care services) and hospital services		
Advance AMR management across primary care, community (in particular age-related residential care services) and hospital services		The IPC ARC CNS's have scheduled a monthly education session for ARC. AMR has been included in the session topic.

Smokefree 2025		
Work with stakeholders and Councils to expand the range of smoke-free environments in the Southern District – identification of new outdoor spaces created by councils		We are not aware of any specific new smoke free spaces but interest continues in several local authorities. This has been strengthened after our recent input into the Long-Term planning process.
Southern DHB clinical staff trained to make referrals into the Southern Stop Smoking Service		Staff who would be available to coordinate the training have been undertaking COVID duties this quarter.
Systems in place to ensure clinical staff can make referrals.		An e-referral system to Southern Stop Smoking Service was made operational this quarter. Early results are encouraging.
Complete the beta test for the Vape to Quit programme and initiate the pilot		Some Pharmacies have commenced dispensing, however review of documentation and claiming allocations/process underway to align project closer to national Tobacco Control/Smokefree guidelines. Back on track to progress following redeployment of both PHU and WellSouth staff to support COVID response work.

Annual Plan Report Quarter 1 2021/22

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

Cross-sectoral Collaboration including Health in All Policies		
Work with Regional Councils, Local Authorities, the National Institute of Water and Atmosphere (NIWA) and Iwi on strategies aimed at improving air quality in priority airsheds in the Southern District. Activity report Q1.		An intersectoral hui had to be rescheduled and then cancelled on account of COVID-19. Regular dialogue with stakeholders has continued however. We understand the Gore- Mataura air quality project is continuing despite the fact the NIWA Principal Investigator is Auckland-based.
Actively engage with Māori providers and local Runaka to identify common issues and develop joint work programmes. Activity report Q1.		Some work has occurred in the context of COVID-19
Regularly meet with all Southern Local Authorities to look at ways we can effectively support their activity as it relates to their statutory obligation for Community Wellbeing. Two joint projects to be developed in collaboration with local authorities. Activity report Q1.		No activity this quarter on account of COVID-19

Sexual Health		
Sexual Health, Cervical Screening and Screening Support Services Steering Group established and meetings commenced		This has been on hold since former General Manager resigned.
Implementation of actions within the Syphilis Action Plan, with oversight by Southern district's Syphilis Group		This has been on hold since former General Manager resigned.
Sexual health will have processes established to ensure services are accessible in any future lockdown events		

Reducing Alcohol Related Harm		
Develop a process for addressing applications for additional alcohol licences in high deprivation areas		A process has been developed on when we would or would not oppose a licence that does not comply with the object of the sale and supply act. When addressing applications with high deprivation areas officers take into account the point of density, which would be guided by case law, any alcohol policies and the act.
Undertake a review of the Southern district's Liquor Licencing functions to ensure that the programme is fit for purpose. Terms of Reference for review developed Q1.		COVID-19 response has put this on hold.

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

Communicable Disease		
Implement a timely response to COVID-19 including assurance around capacity for case management and contact tracing – narrative report		
Ensure that surge response planning is in place for any community COVID cases and contact tracing – narrative report		
Maintain ongoing training for current workforce and any surge workforce – narrative report		
Support activity at our maritime borders aimed at keeping COVID-19 out – narrative report		Processes and protocols are being updated after a real life situation that allowed us to exercise the current plans that needed to be updated. These process and protocol documents are being written in collaboration with the maritime agencies of each port.
Develop the public health unit business continuity plan for alert level responses		
Support the roll out of the COVID-19 vaccination programme and in particular advocate for ensuring its accessibility to vulnerable communities		Processes have been developed to ensure vaccinations are accessible for our most vulnerable populations. This work has involved working with local providers including primary care, Māori health providers and setting up outreach teams to offer vaccinations in homes or familiar locations.

Breast screening		
BSA will action a Māori and Pacifica priority booking process where appointments for mammography are held and prioritised for Māori and Pacific women.		
BSA will initiate a Kaimahi service that supports the wider needs of Māori and Pacific women when accessing the BSA service.		Three staff appointed

Healthy Food and Drink Environments		
Ongoing implementation of the Healthy Food and Drink Policy in all Southern DHB cafeterias		

Environmental Sustainability		
Increase use of telehealth by Māori providers and runanga – feasibility and funding options explored		Initial discussions indicate that systems are not in place for Māori providers. This will be further investigated by Q3.

Drinking Water		
Complete the annual review of compliance reporting for 20/21 for all supplies over 100 people		Due to changes in requirements for reporting from the Ministry of Health and the handover to Taumata Arowai all compliance reporting is done online through Drinking Water Online.

Cervical Screening		
Reducing the equity gap: Pacific		
Establish a collaborative initiative between Southern DHB and the Pacific Island Advisory and Cultural Trust (PIACT) in Invercargill and Pacific Trust Otago (PTO) in Dunedin, to provide a community based cervical screening programme for Pasifika women. Six weekly clinics will occur at PIACT Q1-Q4 (EOA)		
Eight clinics will be held at PTO Q1-Q4		
Reducing the equity gap: Māori		
Regular outreach cervical screening events will be held at sites with high numbers of Māori women to support participation - Two monthly clinics will be held in Dunedin at various sites commencing Q1 (EOA)		
Six monthly clinics will be held in Oamaru and Balclutha commencing Q1-Q2 (EOA)		

Cervical screening (continued)		
Two monthly clinics will be held in Bluff Q1 (EOA)		
Improve equitable access to diagnostic and treatment colposcopies for priority groups referred with a high-grade result		
Processes established to refer Māori and Pacific women with high grade results post colposcopy to WellSouth PHO Outreach Services		
Establish and implement processes to ensure clinical oversight of colposcopy outcomes and required follow-up within NCSP10 Guidelines are maintained in any future lockdown situation. Clinical processes, to ensure follow-up of colposcopy are in place and socialised for future lockdown situations by Q1		

Annual Plan Report Quarter 1 2021/2

Minister of Health's Planning Priorities: Improving Child Wellbeing

Maternity Care		
COVID-19 learnings		
Primary maternity facilities – Final board approval, RFP process initiated for identifying provider		The Business Case for the purchase of land in Wanaka, plus design and build of two Primary Birthing Units in Central Otago, has been endorsed by ELT and the Board. This Business Case has now been sent to the MoH for final approval. As part of this Business Case, a procurement plan has been developed. The RFP documents for the service provider, design consultant, and construction partner have been initiated. A cost analysis is being undertaken to better understand the most appropriate procurement timeframe.
Integrated Service Model		
Midwifery Coordinators appointed in Dunedin and Southland Hospitals, working implement Maternal Child Wellbeing and Child Protection (MCWCP) toolkit		Implemented on both sites. Working well, developing processes in line with national approaches
Formation of pregnancy ultrasound reference group		This will be further explored for next quarter.
Implement Māori outreach clinic, involving dental therapists with Te Kakano nurse led clinics		Plan ready but with COVID lockdown occurring again has created a delay in commencing this project.

Maternity Care (continued)		
Recommendations from the Perinatal and Maternity Mortality Review Committee		
10% of maternity staff sign up for new bicultural curriculum workshops		This is planned for quarter 3
New dashboard reporting software displays key quality maternity outcomes by ethnicity		MQSP coordinators appointed for Dunedin and Southland July / September will undertake this work alongside the MQSP plan.
Begin implementation of the GROW/GAP programme to improve identification of babies at risk for growth-restriction and offer package of care		GAP/GROW commenced in July 2021 on the Dunedin and Southland sites. Currently auditing previous baby notes to get a foundation on which to start. Education being rolled out to all professionals.

Annual Plan Report Quarter 1 2021/2

Minister of Health's Planning Priorities: Improving Child Wellbeing

Immunisation		
Immunisation engagement and communications plan		
Vaccine Preventable Disease, WCTO Steering Groups and the Child and Youth Network meetings meet regularly		Some meetings have occurred but not all. This is due to the lack of availability of different members due to COVID-19 work pressures. We are working to get the meeting schedules back on track.
Increased Immunisation at 2 years (CW05)		
Increased collaboration between Māori providers and outreach immunisation services to deliver childhood immunisations within local Māori communities		Released one staff member from Te Punaka Oraka – Public Health Nursing to external Māori Health provider until the end of the year 2022. This is to support a partnership model between SDHB and Te Kāika to support their growing workforce and skillset in immunisation cold chain processes. Feedback has been well received. Looking for further opportunities in this space. SDHB Immunisation Coordinators also working alongside.
Reporting on number of Māori vaccinators		All 12 Māori providers have received training and information specific to the vaccination programme. Māori providers are running multiple clinics across multiple sites. The first cohort of the non-regulated Māori provider workforce n=8) is receiving vaccination training in q1.
Increased vaccinations of Pacific children as reflected in national target results		Te Punaka Oraka Public Health Nursing Staff and Immunisation Coordinators have been working alongside Pacific community trust in Immunisation. Looking to continue to strengthen relationship to embed outreach services.
Increased vaccination of Māori children reflected in national target results		Released one staff member from Te Punaka Oraka – Public Health Nursing to external Māori Health provider until the end of the year 2022. This is to support a partnership model between SDHB and Te Kāika to support their growing workforce and skillset in immunisation cold chain processes. Feedback has been well received. Looking for further opportunities in this space. SDHB Immunisation Coordinators also working alongside. There is more to do in this space to embed practice and achieve desired targets

Immunisation (continued)		
Increased number of Māori vaccinators		All 12 Māori providers have received training and information specific to the vaccination programme. Māori providers are running multiple clinics across multiple sites. The first cohort of the non-regulated Māori provider workforce n=8) is receiving vaccination training in q1.
Utilise National Immunisation Register (NIR) data for the early identification of children who may need Immunisation Outreach Services to achieve immunisations on time. Immunisations on the National Immunisation Schedule are received on time for Māori and Pacific children – reflected in national target results.		Utilising MoH QLIK Data, NIR team are beginning to proactively utilise data available to lead action, particulaly driven by Projected Dashboards. There is a focus on Māori and Pacific children in this space. There is more work to be done in this space.

Immunisation (continued)		
MMR campaign		
Delivery of final vaccines for the MMR campaign completed		Due to COVID and need to achieve momentum in the COVID vaccination space, the MMR campaign had been delayed at MoH direction. The campaign restart had been further delayed due to the recent lockdown. Campaign planning is underway with a soft-launch having restarted via SDHB Immunisation Outreach services. The campaign is due to finish March 2022.
COVID-19 vaccine rollout		
Ongoing establishment and assessment of processes for the successful roll out of the COVID-19 vaccine according to the Ministry of Health's COVID-19 Immunisation Programme – narrative reporting		
Maintain immunisation coverage during the COVID-19 immunisation programme		
Additional support will be added to the immunisation workforce to address the equity gap for Māori		Training undertaken as above. Specific training has been held on equity for the Māori provider workforce and the general workforce. Additional support has been provided by Māori wardens and other Māori community organisations.

Immunisation (continued)		
Maintain immunisation coverage during the COVID-19 immunisation programme		
NIR produce and use reports to identify children who are close to missing their milestone immunisation		Work is being done in this space utilising MoH QLIK Dashboards, particularly projected dashboards to lead action. More work is required in this space.
0800 number used to address enrolment enquiries		Creation of an 0800 number to address enrolment enquiries had been created by PHO. Follow up needed to understand demand of this.

Youth health and wellbeing		
Additional School Based Health Services		
School nursing services delivered in decile 1-5 schools.		National work has commenced reviewing processes. More work to happen Q2-Q3 around this. Work in progress.
School nurses maintain contact with decile 1-5 schools and priority students		During recent lockdown, Public Health Nurses maintained contact with priority groups including youth/schools.
Confidentiality surveys completed in secondary schools receiving SBHS		
Improve the health and wellbeing of priority youth populations		
Ongoing of training of public health nurses on Whakamaua: Māori Health Action Plan 2020-2025 continues		Ongoing training and support provided to staff around this to embed knowledge and practice.
Exploration of youth focussed options e.g. Zoom		Ongoing work in this space in conjunction with Sexual Health and Public Health Nursing. Sexual Health and contraception services maintained during the recent lockdown via Telehealth.

Family Violence and Sexual Violence (FVSV)		
Development of programme portal with IT to include policies, procedures		
All Family Violence policies updated on MIDAS to incorporate links into the portal		Delays in updating all FV policies as a result of staff vacancies. Three policies have been completed though. Links have been incorporated into the newly created VIP Portal.
Launch of the portal within SDHB using Pulse, Comms, VIP champions and education groups.		
Regular attendance at Whāngaia Nga Pa Harakeke		Action complete as identified for the VIP team only.
Collaborate with mental health to ensure safe and appropriate response to SDHB family violence programme, policy and processes		
VIP team engagement with Māori Directorate for policy and programme development		
VIP team to develop a clear overview of kaupapa Māori services in relation to FV and SV services in the Southern district.		

Family Violence and Sexual Violence (FVSV) (continued)		
Standalone training/education package for elder abuse and neglect education is developed		Not reported
Elder Abuse and Neglect (EA&N) component strengthened into VIP core training		Not reported

FOR INFORMATION

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

Proposed by: Principal Advisor to CE

Meeting of: Board, 7 December 2021

Recommendation

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

Purpose

1. To communicate the totality of the SDHB's change portfolio and how it contributes to our strategic plan & focus areas. To also hone in on those initiatives that contribute directly to the New Dunedin Hospital.

Specific Implications For Consideration

None

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 month's change programme update is the second iteration generated out of the Cascade platform. This month's update is the combination of two reports: the first being the subset of initiatives that have been tagged in the system as directly contributing to the New Dunedin Hospital and the second is the wider portfolio. User engagement is continuing to increase with more people being brought on to use this tool which will keep enhancing its usefulness. It is important to note that there are still pockets where further content is needed to be built out. Feedback and comments are welcomed.

Next Steps & Actions

- Continue uploading and refining content within Cascade and upskilling further users.
- Align initiative risk with the other risk management tools (Safety 1st & project specific risk)

Appendices

1. SDHB Change Programme Total November 2021
2. SDHB Change Programme (NDH Contributing Specific November 2021)

46
GOALS

21%
GOAL COMPLETION

STRATEGIC CHANGE PORTFOLIO PLAN

MĀORI EQUITY

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Equity Actions Improvement Programme	Gilbert Taurua	0% -		**Greer Harper:** WIP - Programme delayed due to COVID Vaccination/Endemic planning re-directing resource. *Further work to build out this focus area within Cascade needed.* *24/11/2021*	0% -

POSITIONING PUBLIC HEALTH SERVICES FOR THE FUTURE

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Southern Strategic Briefing Project (nee refresh)	Greer Harper	**82%** ▲ 13% ahead	**Final polishing on full document including Te Reo transalation** ☐ **Community Consultation** ☐ **Web-based environment for strategy** ☑ **Implementation Guidance** ☑ **Detailed Strategic Design** ☑ **Synthesis, design/development Intesive co-design with Working Group** ☑ **Data Analysis** ☑ **Stakeholder Engagement** ☑ **Intensive Engagement with Working Group** ☑ **Document Review** ☑ **Project Set Up** ☑	**Greer Harper:** The Synergia team are making the final changes after the Board feedback to the main & summary document ready for December handover. Translation into Te Reo is also underway with a local expert. Consultation is on track with the community for Jan/Feb 2022. *15/11/2021*	**0%** 61% behind
Health Needs Analysis: Development of Tō Tātou Pūkete/Our Health Profile presenting information about who lives in Southern, what keeps us healthy, how we get healthcare, and how healthy we are.	Rory Dowding	**33%** ▲ 67% behind	**Remaining indicators live on website** ☐ **Soft Launch of website 8/82 indicators** ☑ **Development of health Indicators** ☐	**Greer Harper:** All project resource currently redirected to COVID Endemic Planning *19/11/2021*	**0%** 94% behind

PRIMARY & COMMUNITY CARE

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Implementation of the Primary & Community Strategy	Rory Dowding	18% 28% behind		**Greer Harper:** Programme of work is extensive but very delayed due to resource being redeployed to the Vaccination programme and now COVID Endemic Planning. *21/10/2021*	0% 44% behind
Health hubs Implementation: Te Kaika Community Wellness Hub	Rory Dowding	33% 61% behind	**Project Initiation, relationship agreement, preparation, RFP won** ☑ **"Go Live" opening date** ☐ **Initiate Co-Design Process (Te Kaika, MSD & SDHB)** ☑ **Property Frozen Floor Plan completed** ☐ **Heads of Agreement sign off** ☐ **Lease agreement sign off** ☐	**Greer Harper:** The signing of the agreement documents are still to come and a little behind. The frozen floor plan completed has been re-baselined to Dec 10th to ensure that the 3 parties' requirements (DHB, MSD & Te Kaika) have all been met. Co-design process has now been initiated. *19/11/2021*	0% 88% behind
Maternity Central Otago	Rory Dowding	9% 12% behind	**Build complete of Clyde PBU** ☐ **Build complete of Wanaka PBU** ☐ **Build started on Clyde PBU** ☐ **Build Started on Wanaka PBU** ☐ **Main contractor engagement: award of contract** ☐ **Tender released for main contractor** ☐ **Design complete for Wanaka & Clyde** ☐ **Design Tender** ☐ **Procurement of land in Wanaka** ☐ **Ministry of Health approval of Business Case** ☐ **Business case for the Primary Birthing Units completed and to CEO for sign off** ☑	**Greer Harper:** Overall project on track. Currently overdue are the BC approvals from the MoH and the design tender. *25/11/2021*	0% 19% behind
Primary Care in Southland	Rory Dowding	48% 52% behind		**Greer Harper:** Recruitment challenges are hampering the WellSouth Primary care initiative *25/11/2021*	0% -

CLINICAL SERVICE REDESIGN

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Oncology Sustainability Planning	Hamish Brown	0% -			0% -
Improving Patient Flow through the Implementation of the SAFER Bundle: A framework for improving patient flow	Jane Wilson	50% 33% behind	☐ **Discharge before Noon** ☑ **Flow from ED to inpatient wards** ☐ **Expected Date of Discharge & Clinical criteria for discharge** ☑ **Senior Review: Rapid Rounds & Red2Green**	**Greer Harper:** Work on the 6 workstreams associated with Patient Flow is ongoing. ED flow improvement work is being driven by the ED team and work to progress the Integrated Operations centre initiative is in development. A MoH weekend discharge pilot is in flight as well. *24/11/2021*	0% 75% behind
MHAID Review	Gilbert Taurua	100% -		**Greer Harper:** *Review Complete - Recommendations are being implemented currently.* *25/11/2021*	100% -
Embedding Virtual Health	Hamish Brown	67% 2% ahead	☑ **Continue to refine and resource developments** ☐ **Complete supported roll-out to services and support establishment of identified hubs in the community** ☐ **Identify potential hubs in the community for delivery** ☑ **Supported Rollout to services** ☑ **Development of Implementation Plan** ☑ **On-board Project Mgr & technical resource/support**	**Greer Harper:** The past month has seen the telehealth implementation manager & AV technician, further supporting teams. All outpatient clinic rooms at Dunedin and Southland Hospitals are getting extra monitors and cameras to enable hybrid clinics so clinicians are able to carry out both in-person and telehealth appointments. Training for admin staff and clinical champions in the use of MS Teams with a telehealth focus will also be running in Dunedin and Southland during the week commencing 6 December. *25/11/2021*	0% 62% behind

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Enhanced Generalism Model	Hamish Brown	**50%** 22% ahead	**MAU Decant & Build** ☐ **MAU Design** ☐ **Recruitment: PM, SMO & Allied Health** ☐ **GAMA Implementation** ☑ **Communications Plan** ☑ **SLA/Referral Guidelines** ☑	**Greer Harper:** Work to progress the new model of care needed to be fully operating as the Generalism model represents is underway. There is some improvement and further change that is needed before we can say that the generalism model of care is fully operational. *21/10/2021*	**0%** 25% behind
TCU – Transit Care Units		**0%** -			Not started

ENABLING OUR PEOPLE - OUR PEOPLE STRATEGY

Goal	Owner	Current Completion	Task	Comment	Historic Completion
CCDM Implementation	Hamish Brown	**54%** ▲ 54% ahead		**Greer Harper:** *WIP: Further content needed here.* *25/11/2021*	**0%** -
Talent Management - Attract, Support, develop & retain the talent we need	Greer Harper	**8%** − 8% ahead	**Effective retention startegies for each workforce group/location** ☐ **Align budget cycle with Workforce and Service Plans** ☐ **Equity and Diversity recruitment strategies** ☐ **Expand workforce and Service Planning** ☐	**Greer Harper:** Work is progressing in all milestone areas, but not complete. Long term initiatives. *24/11/2021*	Not started
Leadership Development	Tanya Basel	**33%** − 33% ahead	**Leadership Development Program for leadership layers: Fit for purpose** ☑ **Align Leadership Development with Health NZ** ☐ **Establish Leadership Framework** ☐		Not started
Diversity and Inclusion	Greer Harper	**25%** − 25% ahead	**Support Disability Strategy establishing essential practices** ☐ **Pro-equity recruitment pilot in Allied Health focus on Maori** ☑ **Progress Rainbow Tick (strategy alignment dependent)** ☐ **Implement Pro-Equity Recruitment across all areas** ☐		Not started
Culture and Engagement	Tanya Basel	**0%** − -	**Focus on Wellbeing** ☐ **Establish recognition and retention frameworks** ☐ **Refresh Speak-up** ☐		Not started
Capability Development	Tanya Basel	**33%** − 33% ahead	**Change Cycle Program to support response to change** ☑ **Identify scare skills** ☐ **Establish career programmes** ☐		Not started

SYSTEMS FOR SUCCESS

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Specialist Services Operational structure re-design	Chris Fleming	**0%** 100% behind		**Greer Harper:** Complete. *25/11/2021*	**0%** 100% behind
FPIM Implementation	Nigel Trainor	**100%** -			**100%** -
H R I S	Tanya Basel	**0%** -			**0%** -
Risk Management Maturity	Hywel Lloyd	**51%** 49% behind	**Adoption of Safety 1st as digital risk management tool** ☐	**Greer Harper:** Completion of move to Safety 1st will be complete in the coming few weeks. *25/11/2021*	**0%** -
Digital Transformation (detailed business case)	Patrick Ng	**29%** 23% ahead	**Board signoff of DBC** ☐ **Book DBC Clinic with Treasury** ☐ **Confirm & schedule interviewees for Gateway** ☑ **Gateway review** ☑ **Confirm TQA arrangements** ☐ **Confirm IQA of DBC** ☐ **Draft version of Detailed Business Case** ☐	**Greer Harper:** Feedback to be incorporated from Gateway review to be ready for the Board review in Feb 2022. *24/11/2021*	**0%** 3% behind
Scanning Project: The digitisation of clinical records	Patrick Ng	**0%** 18% behind	**Clinical Engagement** ☐ **Bureau Service: Process Design** ☐ **Bureau Service: Transition & Training** ☐ **Management of Change: Consultation & Response** ☐ **Management of Change: Definition of roles & responsibilities** ☐	**Greer Harper:** The change management section of the Business case is in final stages of being drafted ahead of consultation starting but this is slightly behind the desired schedule. *21/10/2021*	**0%** 9% behind
Establishment of an Integrated Operations Centre	Hamish Brown	**0%** -		**Greer Harper:** Project will be lead out of Patient Flow and is currently being planned for. A scoping exercise is underway with a view to wrapping project resource around this to take it forward. *24/11/2021*	Not started

SYSTEM IMPROVEMENTS

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Discharge Summaries Re-design	Kaye Cheetham	**75%** ▲ 13% behind	**Pilot of new documentation** ☐ **Pilot group of clincians established to trial NMDHB example** ☑ **NMDHB example shared with clinical leaders** ☑ **upload outline plan** ☑		**0%** -
Production Engineering	Hamish Brown	**70%** ▲ 30% behind			**0%** 100% behind
Clinical Costing System Implementation plan	Nigel Trainor	**0%** − -		**Greer Harper:** Re-baselined due to other priorities. *25/11/2021*	**0%** -
ePMO & Project Governance framework	Greer Harper	**38%** ▲ 29% behind	**Setting of Project prioritisation criteria with Exec Team.** ☐ **Update & socialise current PM Policy** ☐ **Embed Project Governance Framework** ☐ **On-Board Portfolio Manager** ☑ *25/11/2021* **ePMO service offering & governance structures endorsed by ELT** ☑	**Greer Harper:** Portfolio Manager starting in Feb 2022. Draft Portfolio management framework approved with edits by ELT in early Nov.	**0%** -
MHAID H&S Review	Gilbert Taurua	**0%** − -			**0%** -
Hospital Escalation Planning/Standard Operating Procedures	Hamish Brown	**0%** − -			**0%** -
PICS implementation: New regional Patient Information System which replaces IPM in Otago & Southland	Patrick Ng	**25%** ▲ 8% ahead	**Go Live** ☐ **Initial DM Complete** ☐ **Testing Complete** ☐ **Integration Solutions finalised** ☐ **Operational Processes Defined** ☐ **Enterprise Level Changes determined** ☐ **Data Migration approach agreed** ☑ **Change & Engagement Plan Developed** ☑ *24/11/2021*	**Greer Harper:** The project team are working through the data migration planning and implementing the comms plan which has been approved. Discovery work by project team around current systems/implications and integrations is ongoing.	**0%** 13% behind
Central Decision Support Model		**0%** − -			Not started

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Implementation of MH review recommendations	Gilbert Taurua	**20%** ▲ 20% ahead		**Greer Harper:** Implementation plan progressing well with Ministry support. Recruitment of Exec. Director MHAID continuing. *25/11/2021*	**0%** -
Performance & Accountability Framework	Greer Harper	**56%** ▲ 56% ahead	**Roll out Strategy, Primary & Community Pack** ☐ **Dry-run of new meeting cadence settled and implemented** ☑ **Agree and define monthly process for pulling together monthly reporting pack** ☐ **Creation of dedicated PowerBI dashboard for one-stop monthly reporting** ☑ **Audit of metrics that will form basis of monthly report pack** ☑	**Greer Harper:** First surgical performance meeting held and adjustments to be made. Further work to build out supporting cadence of meetings underway. *25/11/2021*	**0%** -
Health & Safety Workplan	Tanya Basel	**0%** ▬ -		**Greer Harper:** *WIP - Need content build here* *25/11/2021*	**0%** -

FACILITIES FOR THE FUTURE

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Medical Assessment Unit (sub-initiative of broader Generalism Model implementation)	Nigel Trainor	43% 43% ahead	**MAU Design** ☐ **MAU Build** ☑ **Decant Process: Physiology, Rheumatology**	**Greer Harper:** Activity is continuing. Further focus is being given to the generalism model as a model of care (building aside). Further development of best practise, multi-disciplinary approach and patient flow. Building and decanting still delayed but progressing despite covid and long lead time delays. *24/11/2021*	20% 20% ahead
Right-sizing Southland ED	Nigel Trainor	25% 25% ahead		**Greer Harper:** The clinical team have made some changes to the plan which we have shared with them and meeting with them to finalise the concept plan. Once the concept plan is finalised a timeline can be provided. *25/11/2021*	0% -
Security Review	Nigel Trainor	100% -			100% -
Dunedin Master Site Planning	Hamish Brown	35% -	**Deliver & Document** ☐ **Refine Preferred Scenario** ☐ **Explore Spatial Options** ☐ **Define Vision & Principles** ☑ **Mobilisation/Lead-In**	**Simon Crack:** Preparation for spatial analysis workshops (29 and 30) November almost complete. Agendas and pre-reading to be distributed ahead of the meeting. Design sprint with Aukaha held to help define vision and values, based on key foundational documents already prepared (e.g. Strategic Briefing; NDH CIA; and MoU). *25/11/2021*	0% 24% behind
CETES – Clinical Engineering, Tech & Equipment Service		0% -			Not started
Seven-Day Hospital		0% -			Not started
Acute Assessment & Planning Units		0% -			Not started

Goal	Owner	Current Completion	Task	Comment	Historic Completion
23 Hour Unit		0% -			Not started
Southland Master Site Planning	Chris Fleming	33% -			Not started

PROJECTS CONTRIBUTING TO DUNEDIN'S NEW HOSPITAL (STRAT. CHANGE PORTFOLIO)

25/11/2021

21
GOALS

23%
GOAL COMPLETION

STRATEGIC CHANGE PORTFOLIO PLAN

POSITIONING PUBLIC HEALTH SERVICES FOR THE FUTURE

Goal	Owner	Due Date	Current Completion	Comment	Task	Historic Completion
Health Needs Analysis: Development of Tō Tātou Pūkete/Our Health Profile presenting information about who lives in Southern, what keeps us healthy, how we get healthcare, and how healthy we are.	Rory Dowding	31/10/2021	33% 67% behind	**Greer Harper:** All project resource currently redirected to COVID Endemic Planning *19/11/2021* **Greer Harper:** Project is on track and progressing well despite resource being shared with COVID planning. *21/10/2021*	**Remaining indicators live on website** ☐ **Soft Launch of website 8/82 indicators** ☑ **Development of health Indicators** ☐	**0%** 94% behind

PRIMARY & COMMUNITY CARE

Goal	Owner	Due Date	Current Completion	Comment	Task	Historic Completion
Implementation of the Primary & Community Strategy	Rory Dowding	01/01/2024	**18%** ▲ 28% behind	**Greer Harper:** Programme of work is extensive but very delayed due to resource being redeployed to the Vaccination programme and now COVID Endemic Planning. *21/10/2021*		**0%** 44% behind
→ **Health hubs Implementation: Te Kaika Community Wellness Hub**	Rory Dowding	02/12/2021	**33%** ▲ 61% behind	**Greer Harper:** The signing of the agreement documents are still to come and a little behind. The frozen floor plan completed has been re-baselined to Dec 10th to ensure that the 3 parties' requirements (DHB, MSD & Te Kaika) have all been met. Co-design process has now been initiated. *19/11/2021* **Greer Harper:** Project is currently tracking well. *21/10/2021*	**Project Initiation, relationship agreement, preparation, RFP won** ☑ **"Go Live" opening date** ☐ **Initiate Co-Design Process (Te Kaika, MSD & SDHB)** ☑ **Property Frozen Floor Plan completed** ☐ **Heads of Agreement sign off** ☐ **Lease agreement sign off** ☐	**0%** 88% behind
→ **Health Care Home Collaborative (WellSouth) Supporting the establishment and ongoing development of the health care home model across New Zealand**	Rory Dowding	01/01/2023	**50%** ▲ 8% ahead		**Roll out of tranche 5** ☐ **Tranche 1-4** ☑	**0%** 37% behind

CLINICAL SERVICE REDESIGN

Goal	Owner	Due Date	Current Completion	Comment	Task	Historic Completion
Improving Patient Flow through the Implementation of the SAFER Bundle: A framework for improving patient flow	Jane Wilson	01/01/2022	**50%** ▲ 33% behind	**Greer Harper:** Work on the 6 workstreams associated with Patient Flow is ongoing. ED flow improvement work is being driven by the ED team and work to progress the Integrated Operations centre initiative is in development. A MoH weekend discharge pilot is in flight as well. *24/11/2021* **Greer Harper:** Overall behind on goal due to slower progress than hoped specifcally relating to engagement with the senior clinical staff. *04/10/2021*	**Discharge before Noon** ☐ **Flow from ED to inpatient wards** ☑ **Expected Date of Discharge & Clinical criteria for discharge** ☐ **Senior Review: Rapid Rounds & Red2Green** ☑	**0%** 75% behind

Goal	Owner	Due Date	Current Completion	Comment	Task	Historic Completion
Embedding Virtual Health	Hamish Brown	31/10/2022	**67%** ▲ 2% ahead	**Greer Harper:** The past month has seen the telehealth implementation manager & AV technician, further supporting teams. All outpatient clinic rooms at Dunedin and Southland Hospitals are getting extra monitors and cameras to enable hybrid clinics so clinicians are able to carry out both in-person and telehealth appointments. Training for admin staff and clinical champions in the use of MS Teams with a telehealth focus will also be running in Dunedin and Southland during the week commencing 6 December. *25/11/2021* **Greer Harper:** Currently have 22 groups at various stages of implementing telehealth across the DHB which is great. Many groups are now seeing telehealth as being a valuable "business as usual" tool and engagement remains high. However, we have seen telehealth appointments drop off post lockdown - we really need services to keep using telehealth and for more to start. *20/10/2021*	**Continue to refine and resource developments** ☑ **Complete supported roll-out to services and support establishment of identified hubs in the community** ☐ **Identify potential hubs in the community for delivery** ☐ **Supported Rollout to services** ☑ **Development of Implementation Plan** ☑ **On-board Project Mgr & technical resource/support** ☑	**0%** 62% behind

Goal	Owner	Due Date	Current Completion	Comment	Task	Historic Completion
Enhanced Generalism Model	Hamish Brown	02/01/2024	**50%** 22% ahead	**Greer Harper:** Work to progress the new model of care needed to be fully operating as the Generalism model represents is underway. There is some improvement and further change that is needed before we can say that the generalism model of care is fully operational. *21/10/2021*	**MAU Decant & Build** ☐ **MAU Design** ☐ **Recruitment: PM, SMO & Allied Health** ☐ **GAMA Implementation** ☑ **Communications Plan** ☑ **SLA/Referral Guidelines** ☑	**0%** 25% behind
TCU – Transit Care Units		02/01/2025	**0%** -			Not started

ENABLING OUR PEOPLE - OUR PEOPLE STRATEGY

Goal	Owner	Due Date	Current Completion	Comment	Task	Historic Completion
Talent Management - Attract, Support, develop & retain the talent we need	Greer Harper	23/12/2021	8% 8% ahead	**Greer Harper:** Work is progressing in all milestone areas, but not complete. Long term initiatives. *24/11/2021*	**Effective retention startegies for each workforce group/location** ☐ **Align budget cycle with Workforce and Service Plans** ☐ **Equity and Diversity recruitment strategies** ☐ **Expand workforce and Service Planning** ☐	Not started
NDH Workforce Modelling	Tanya Basel	01/01/2025	50% 29% ahead	**Greer Harper:** Gap between previous person leaving the DHB and new person moving into role has slowed progress a little. *23/11/2021* **Greer Harper:** Outpatients modelling was presented to ELT/CLG and work is now progressing on completing Inpatients modelling by December. *21/10/2021*	**Inpatients Modelling** ☐ **Outpatients Modelling** ☑	**0%** 19% behind
Expand Workforce and Service Planning	Tanya Basel	31/12/2022	0% -	**Greer Harper:** Further development of action plan on this will be informed by the outcomes of the workforce modelling work underway currently. *24/11/2021*		Not started

SYSTEMS FOR SUCCESS

Goal	Owner	Due Date	Current Completion	Comment	Task	Historic Completion
Digital Transformation (detailed business case)	Patrick Ng	02/07/2024	29% 23% ahead	**Greer Harper:** Feedback to be incorporated from Gateway review to be ready for the Board review in Feb 2022. *24/11/2021* **Greer Harper:** On Board agenda for Nov 2nd. *21/10/2021*	**Board signoff of DBC** ☐ **Book DBC Clinic with Treasury** ☐ **Confirm & schedule interviewees for Gateway** ☑ **Gateway review** ☑ **Confirm TQA arrangements** ☐ **Confirm IQA of DBC** ☐ **Draft version of Detailed Business Case** ☐	0% 3% behind
Scanning Project: The digitisation of clinical records	Patrick Ng	31/07/2022	0% 18% behind	**Greer Harper:** The change management section of the Business case is in final stages of being drafted ahead of consultation starting but this is slightly behind the desired schedule. *21/10/2021*	**Clinical Engagement** ☐ **Bureau Service: Process Design** ☐ **Bureau Service: Transition & Training** ☐ **Management of Change: Consultation & Response** ☐ **Management of Change: Definition of roles & responsibilities** ☐	0% 9% behind
Establishment of an Integrated Operations Centre	Hamish Brown	01/06/2023	0% -	**Greer Harper:** Project will be lead out of Patient Flow and is currently being planned for. A scoping exercise is underway with a view to wrapping project resource around this to take it forward. *24/11/2021* **Greer Harper:** Initiative that has been identified by Patient Flow team and added to MoH Intensive Support programme. *21/10/2021*		Not started

SYSTEM IMPROVEMENTS

Goal	Owner	Due Date	Current Completion	Comment	Task	Historic Completion
PICS implementation: New regional Patient Information System which replaces IPM in Otago & Southland	Patrick Ng	31/05/2023	**25%** ▲ 8% ahead	**Greer Harper:** The project team are working through the data migration planning and implementing the comms plan which has been approved. Discovery work by project team around current systems/implications and integrations is ongoing. *24/11/2021* **Greer Harper:** Whole project was delayed in kicking off as Programme Manager was redeployed to Vaccination programme. PICS has begun and is underway now. Steering group and operational steering group are in place and have had first meetings. *21/10/2021*	**Go Live** ☐ **Initial DM Complete** ☐ **Testing Complete** ☐ **Integration Solutions finalised** ☐ **Operational Processes Defined** ☐ **Enterprise Level Changes determined** ☐ **Data Migration approach agreed** ☑ **Change & Engagement Plan Developed** ☑	**0%** 13% behind

FACILITIES FOR THE FUTURE

Goal	Owner	Due Date	Current Completion	Comment	Task	Historic Completion
Medical Assessment Unit (sub-initiative of broader Generalism Model implementation)	Nigel Trainor	02/08/2022	43% 43% ahead	**Greer Harper:** Activity is continuing. Further focus is being given to the generalism model as a model of care (building aside). Further development of best practise, multi-disciplinary approach and patient flow. Building and decanting still delayed but progressing despite covid and long lead time delays. *24/11/2021* **Greer Harper:** Contractor has been selected, decant process delayed slightly which will push build out. *21/10/2021*	**MAU Design** ☑ **MAU Build** ☐ **Decant Process: Physiology, Rheumatology** ☑	**20%** 20% ahead
Dunedin Master Site Planning	Hamish Brown	15/04/2022	35% -	**Simon Crack:** Preparation for spatial analysis workshops (29 and 30) November almost complete. Agendas and pre-reading to be distributed ahead of the meeting. Design sprint with Aukaha held to help define vision and values, based on key foundational documents already prepared (e.g. Strategic Briefing; NDH CIA; and MoU). *25/11/2021* **Simon Crack:** Update to LAG presented on 16 November. Further workshops to follow on 29 and 30 November to agree the initial spatial principles (and vision and values) required to draw up a long-list of potential options to consider pre-Christmas. *16/11/2021*	**Deliver & Document** ☐ **Refine Preferred Scenario** ☐ **Explore Spatial Options** ☐ **Define Vision & Principles** ☐ **Mobilisation/Lead-In** ☑	**0%** 24% behind

Goal	Owner	Due Date	Current Completion	Comment	Task	Historic Completion
CETES – Clinical Engineering, Tech & Equipment Service		01/01/2027	0% -			Not started
Seven-Day Hospital		02/01/2026	0% -			Not started
Acute Assessment & Planning Units		02/01/2025	0% -			Not started
23 Hour Unit		02/01/2025	0% -			Not started

FOR INFORMATION

Item: **Southland Clinical Needs Analysis Project Update**

Proposed by: Sapere Research Group, PACEO

Meeting of: Board, 7 December 2021

Recommendation

That the Board notes the project update.

10

Purpose

1. To summarise progress that SDHB in collaboration with Sapere have made on the Clinical needs analysis project.

Specific Implications For Consideration

Background

2. SDHB embarked on an important piece of work analysing the clinical needs of the Southland region as a precursor to a later Master Site Plan development.

Discussion

The project is progressing. Sapere will be on-site in Southland next week (beginning the 29th) to undertake an intensive engagement piece. Progress has slightly been hampered by availability of people and competing priorities and also the time of the year. The data extracts are with Sapere however so analysis in that space continues in the background.

Next Steps & Actions

The next steps and actions are:

- Intensive engagement on the Southland site
- Iwi and CHC representation

Appendices

- Project update from Sapere.

Project progress update: Southland clinical needs analysis

Project Name	Southland clinical needs analysis	**Date of progress report**	23 November 2021
Project Director	David Moore	**Project start date**	October 2021
Case Manager	Rebecca Rippon	**Project finish date**	April/May 2022

Project Status	
Overall this project is[1]: **Green**/**Amber**	**Explanation**: Due to the time of year and competing priorities of stakeholders, data collection and booking meetings has taken longer than anticipated. Planning for endemic COVID-19 has made this a particularly busy pre-Christmas period. The programme allows for additional trips to meet with clinicians and other stakeholders early in the New Year.

Progress

Stage	Completion	Progress	Comments/outputs completed
Horizon scan	February 2022	-	Desktop review of emerging trends in healthcare to be undertaken.
Population analysis	December 2022	50%	Population estimates (locality level) and projections collected. Visitor numbers investigated. Initial population profiles almost complete. Additional scenarios may be added subsequent to engagement with local authorities. Social determinants to be compiled.
Burden of disease and intervention rates	February 2022	10%	In the process of gathering data. Requesting data from MoH for comparative intervention rates (with areas outside the Southern DHB).
Clinical service volume projections	Baseline - December 2022 Modifications – March 2022	40%	Initial baseline volume projections almost complete. Additional modelling to follow includes a projection of theatre time.
Engagement	First round Dec 2021 Second round late Jan/early Feb	10%	Initial round of meetings organised by DHB for Southland. Some difficulty recruiting primary and community due to time of year and COVID-19 planning.

[1] Green = High probability of success – on track
Amber = Requires active management to reduce risk and achieve scope
Red = Project in trouble – Unable to achieve agreed scope parameter

Progress			
	Third round late March/early April 2022?		
Clinical models of care	March 2022	-	Planned for next year: Investigate how service delivery models and models of care may need to change in future, considering demographic and population forecasts in the long term, and how this will impact the healthcare system and capacity implications (beds, theatres).
Financial and workforce modelling	April 2022	-	Planned for next year: Modelling of workforce requirements (and potentially financial modelling).
Consultation and reporting	May 2022	-	

Risks and mitigation		
Risk	**Mitigation**	**Update**
Unavailability of data.	Use multiple sources if required (e.g. MOH data as well as DHB).	Initial service volume data provided by the DHB. Request to MOH to supplement this. Statistics NZ population projections updated for small areas (but not by ethnicity yet). Contacted MBIE and Queenstown-Lakes District Council to determine if any projections of visitor numbers available.
Unavailability of key stakeholders for meetings.	Ideally have long lead in times. Use clinical and executive leadership to engage people. Tap into existing forums if possible/appropriate.	Southland Hospital administrative support has organised onsite meetings. Some feedback about review fatigue and lack of capacity due to endemic COVID-19 planning. Plan for another round of engagement early in the new year.
Competing expectations among key stakeholders can cause significant disruption to a project and compromise timeframes and overall buy-in.	Clear Terms of Reference to refer back to. Communication and a willingness to meet to discuss issues as they arise but with escalation via Steering Group if not resolved.	No issues identified to date.
Scope creep / emerging issues may detract from the timeframes and outputs.	Report up through a change control process any material changes to scope and negotiate a way forward.	No scope issues identified to date.

FOR INFORMATION

Item: Māori Health Actions to Address Amenable Mortality

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

Meeting of: Board, 7 December 2021

Recommendation

That the Southern DHB notes the report on Māori Health Actions to recruit positions to address amenable mortality.

Purpose

The purpose of this paper is to provide an update on amenable mortality actions specific to the recruitment of dedicated Māori position as previously directed by the board. This paper follows on from the November Board meeting and has been updated to provide the Board with additional developments since the previous meeting.

Specific Implication for Consideration

Financial
- There financial implications associated with out of budget expectations placed on management from the Board. This paper is broken down into funded and unfunded positions for the Board's additional information.

Quality and Patient Safety
- The appointment of dedicated new equity roles will improve quality and patient safety outcomes for the SDHB and wider health system.

Operational Efficiency
- These new roles will enhance operational efficiency, and milestones will be monitored over time to evidence service improvements.

Workforce
- This paper has a focus on workforce recruitment and challenges associated with appointing dedicated roles

Equity
- This report outlines some of the key activity underway in Māori Health Directorate and within Community, Primary, Secondary and Tertiary.

Other
- This paper also provides an update on the Māori Health Equity Strategy Group establishment.

Appendices

Appendix 1 Māori Health Actions to Address Amenable Mortality Report

Appendix 1

Māori Health Actions to Address Amenable Mortality

1. Already Funded Positions:

Kaiawhina Positions
The Māori Health Directorate were unsuccessful in making any appointments for the Kaiawhina positions in Invercargill and Dunedin in October and have readvertised. We also received a further resignation from Invercargill creating three Kaiawhina vacancies. On readvertisement of these roles we have since made one appointment to a Kaiawhina position in Invercargill and have received some interest in the role in Dunedin. We are currently going through a recruitment process for the Dunedin based Kaiawhina role. These are budgeted FTEs and we are currently carrying a .6 FTE position on long term sick leave. Part of the challenge is the MECA salary scale for these positions which don't reflect the current market and there is competition for similar roles in the community at this time.

Kaumātua
On readvertising the role of Kaumātua for Southland, we have been unsuccessful in gaining any interest in this role. The Kaumātua – Hākoro/Hākui aims to provide leadership guidance and oversight of Kawa and Tikaka for Te Korowai Hou Ora, Southland Forensic Team, Mental Health and Addictions and Intellectual services, Tangata Whaiora and whānau. The role has a key focus to assist the Māori Health Directorate and key services to develop strategies that reflect tikaka best practices that will enhance service delivery and reduce inequalities. This role is funded through what is know is the mental health ring fence and became vacant after the retirement of Mohi Timoko. Matapura Ellison has worked alongside local southern Runaka and Adrienne Lee, GM MHAID services.

Clinical Nurse Specialist Roles
The CMHSIO and DoN are still looking at the roles of Clinical Nurse Specialists (Kaiārahi Nāhi) in cancer and child health to ensure care pathways for our patients and their whānau/families are based on the newly developed approach implemented in the Auckland DHB. The two positions are already funded. The primary function of these role(s) look to include:

Te Ao Māori
- Ensure the provision of manaakitanga, pōwhiri, whanaungatanga, and tuku atu tuku mai throughout the patient's planned care journey.
- Understand and fulfil the strategies that best support Māori people to stay on their planned pathway journey.
- Advocacy, effective relationships management and community networks to ensure the culturally responsive care and treatment are accessed.

Te Ao Kawanatanga
- Connect PHOs, NGOs and community based services and Pae Ora/Whānau Ora tools/processes/pathways along the journey in and out of hospital based care.
- Health system knowledge, health system networks, clinical experience and credibility are keys to success.

Te Ao Hou
- Produce educational resources aimed at building the capacity and capability of the system to embed equitable outcomes and drive positive change, based on the stories and evidence from real examples.

Mental Health Leadership
We currently hold a vacancy for the Kaihautū Oranga Hinengaro position. This roles has provided cultural advice and support and oversight of the secondary based Kaupapa Māori Mental Health Services of Te Oranga Tonu Tanga and Te Korowai Hou Ora. The position is to liaise with primary care and community NGO providers to promote services. The Kaihautū Oranga Hinengaro position is to initiate quality improvement processes, monitor daily Māori admissions to MHAID and involvement in MHAID service level planning and delivery in partnership with the Southern DHB MHAID Service Managers with support from Southern DHB Kaumātua. We will go to the market in December to replace this role. This position is funded under the MHAID ring fence.

Pou Whakatere Māori Public Health
The Southern DHB has appointed Sarah Martin to the role of Public Health Pou Whakatere that will work with the Service Manager, CMHSIO 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 advance 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.

Cultural Connector Position
The Public Health Service is looking to appoint two fixed term employees with a primary focus on the COVID-19 response. One of these positions will focus on Māori with the other focused on Pacific. The Māori role will take an active role in building strong relationships with manawhenua, Iwi and Māori Health Providers in the Southern district. The role will support staff with their understanding and application of te reo me ōna tikanga Māori and to ensure any projects associated with COVID-19 address equity for Māori and meet Te Tiriti o Waitangi obligations. They will advocate timely and appropriate manaaki and provide well-being support for cases, contacts, and whānau, who are Māori. They will lead a coordinated approach to develop and evaluate manaaki plans and pathways and support the COVID-19 response team to deliver culturally appropriate services.

The Pacific role will provide cultural liaison support to the Public Health Service with a primary focus on the COVID-19 response and will be responsible for providing guidance and leadership in this space. The role will support contact tracing for Pacific fanau and they will guide the development of processes and procedures that supports ongoing engagement with Pacific fanau with contact tracing and case management. They will provide direction, support and leadership in developing plans to ensure timely and appropriate well-being support is given for Pasifika cases, contacts and fanau. They will build strong relationships with Pacific Health Providers and community in the Southern district.

Hauora Direct
The Southern District Health Board has been awarded a Hauora Direct contract which aims to improve health outcomes for Māori. In 2020 Nelson Marlborough DHB funded a trial of the Hauora Direct programme (in conjunction with several community providers) as "pop-up" events at eight Nelson and Marlborough community locations. The initiative aligns with

two of the eight Whakamaua priority areas and supports four of the actions. Hauora Direct assessments are to identify physical and mental health, social and wellbeing concerns. The assessment helps identify whānau needs that need to be addressed, and health and social services they are eligible to receive. The assessment will include a risk-identification process for possible and probable health issues so whānau can access early support. The contract aims to support on the spot interventions to include immunisations for children and adults, blood tests for diabetes, cardiovascular screening, cervical smears, smoking cessation support, tamariki hearing and vision testing. Whānau will be referred to other services where issues cannot be dealt with immediately. The contract is being considered by the team currently with view to working with our Māori Providers to support service delivery.

2. Newly Funded Positions Update:

Data Analyst Equity
Glenda Oben joined the Business Intelligence and Analytics section of the Digital team as Data Analyst Equity in November 2021. She has spent the last 10 years working in the New Zealand Child and Youth Epidemiology Service based in the Women's and Children's Health department of the University of Otago (Dunedin). At the university, she produced reports for DHBs and the Ministry of Health and undertook epidemiological analyses in the areas of Fetal, Child, Youth, and Maternal health and wellbeing, and on the Child Poverty Monitor. Prior to the university, she had worked at the Ministry of Health (Wellington) and in various health analytical capacities in the UK. This position was an unbudgeted FTE and signed off by Mike Collins. There was a delay in the start date of this role as the applicant was seen as the preferred candidate through the recruitment process and we had other commitments before she could start.

Māori Workforce Development Specialist Partner
The RFR for the recruitment of a Māori Workforce Development Specialist role has been approved and the role is now being advertised. The position will be responsible for leading, in partnership with People and Culture, a Māori workforce development strategy for the organisation. This includes strategic planning responsibilities, the ongoing development and delivery of initiatives and the monitoring and evaluation of programmes focused on increasing and developing our Māori workforce. The primary objectives of this position include:

- To lead, develop and implement strategy and programmes to improve the capacity and capability of Māori in the health workforce across the Southern district in line with a Māori workforce strategy.
- Ensure expert Māori leadership and advice is provided across workforce development planning for SDHB.
- Oversee all Māori workforce development reporting requirements from operations through to governance groups.
- Lead a continued focus on reducing inequalities and the integration of Māori values and worldview in across recruitment and retention processes in collaboration with the recruitment and HR teams.
- To build the Māori workforce pipeline from students in year 7 and 8's through to staff employed into the health sector.
- Develop processes and systems and provide support for hospital services to recruit more Māori into the workforce particularly in services where there is high utilisation by Māori.

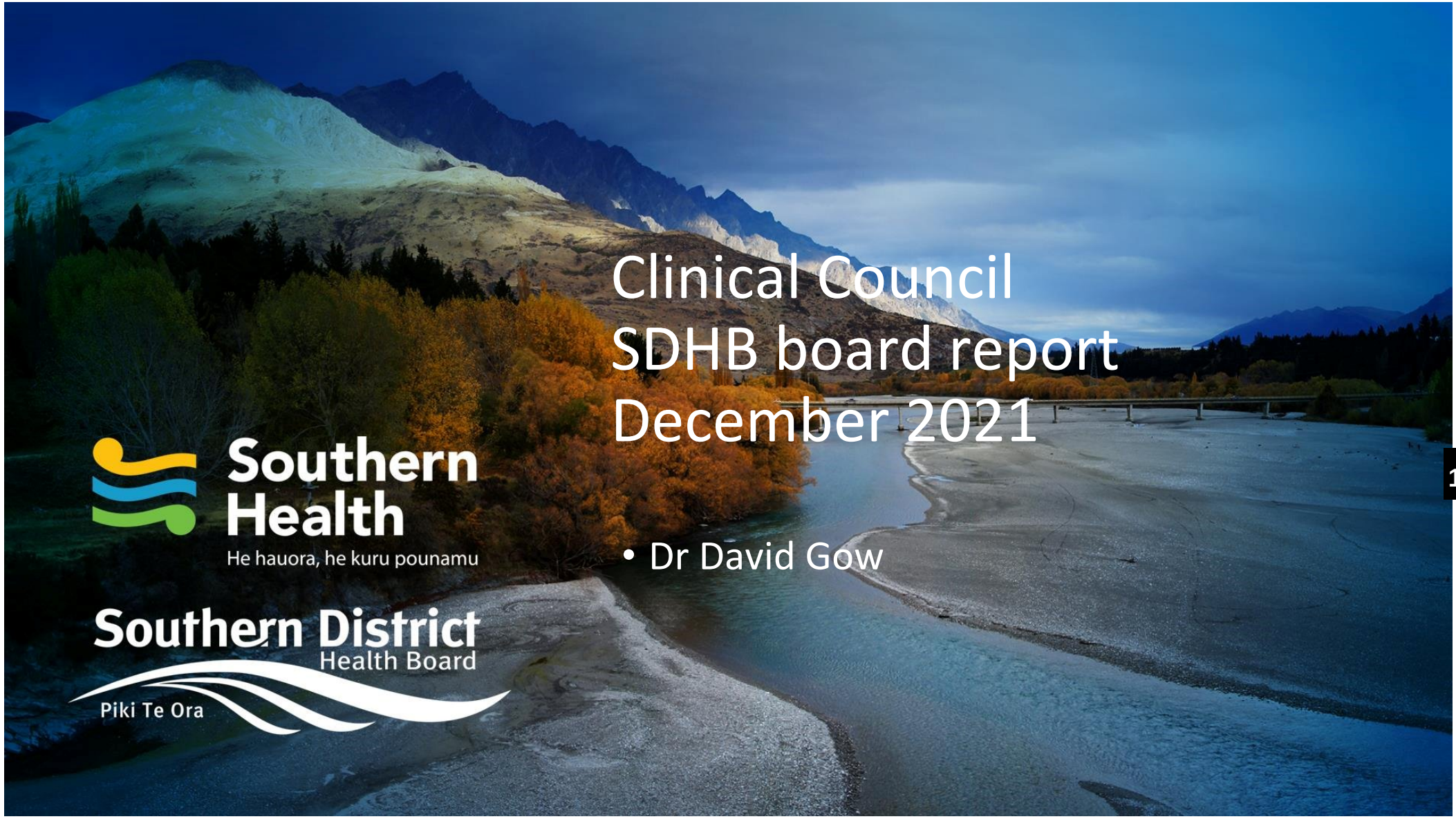
- Work collaboratively to build the necessary relationships with tertiary education. institutions, the Māori Alliance Leadership Team, Iwi and Māori Health Providers and other key stakeholders to assist with the workforce pipeline development.
- To oversee the administration and contracting of the HWNZ Hauora Māori funding through the Ministry of Health.

The position reports to the Executive Director People and Capability and the Chief Māori Health Strategy & Improvement Officer. This position is an unbudgeted FTE supported by Nigel Trainor, Tanya Basel and coded to the Māori Health Directorate budget at this stage, The RFR closes mid-December, and we plan to interview before Christmas.

3. Māori Health Equity Strategy Group:

The Southern DHB has approved the establishment of a Māori Health Equity Strategy Group that will provide oversight and advice on advancing equity strategies and plans across the Southern health system. Whakamaua, the Māori Health Action Plan 2021-2015 sets out a series of health priorities including Nga Kaiarahi Māori, Māori Leadership. Objectives in this Māori Health Action Plan included reducing health inequities and health loss for Māori. This Māori Equity Strategy Group will provide support to the Māori health directorate and to assist with the development of an appropriate Māori Health Strategy and Action Plan that will achieve equity in health outcomes for Māori. Dr Liza Edmonds, Neonatal Paediatrician and Clinical Senior Lecturer, Dunedin School of Medicine University of Otago has agreed to chair this Group and we are still approaching the other group members identified. It is proposed to have this group established in December with the aims of this group to include:

- Provide advice and support to the Māori Health Leadership Team, the Executive Leadership Team and the Board.
- Assist with the development of a Southern Māori Health Strategy and Action Plan.
- Provide a monitoring function on work being undertaken with the implementation of the Health Strategy.
- Report back to the Board on progress.



Clinical Council SDHB board report December 2021

- Dr David Gow

12.1

Clinical Council focus

Clinical governance oversight across the system

Clinical governance policy

Identifying harms

Managing risk

Monitoring consumer engagement and promoting equity

Implementing system improvements and sponsoring projects

Leadership

- Deputy Chair appointed:- Tracy Hogarty Director of Scientific and Technical.

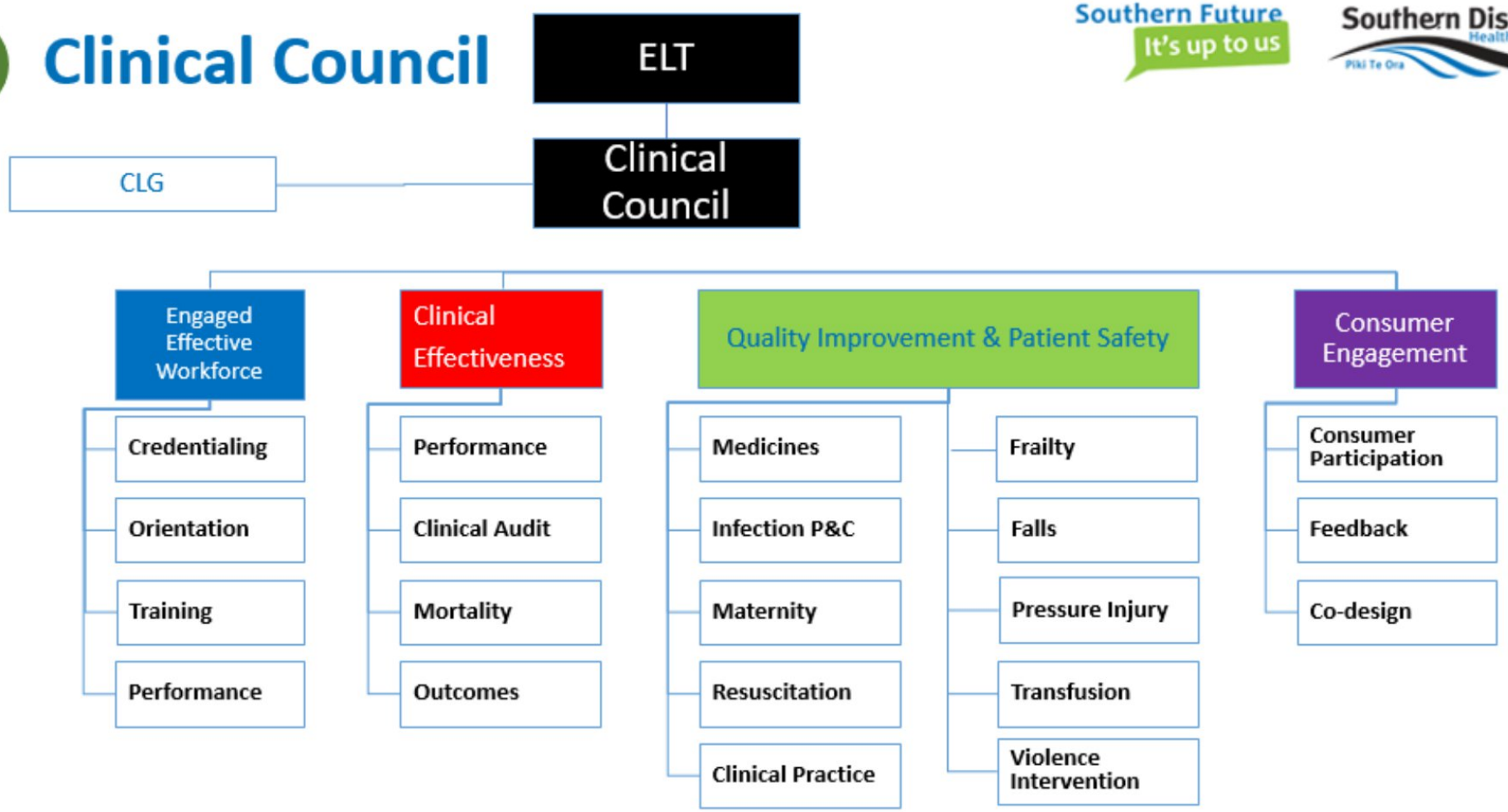
- Standing CC Wellsouth representative

- CC Chair sitting on DHB board, CHC, Wellsouth CG group and Covid steering group.

12.1

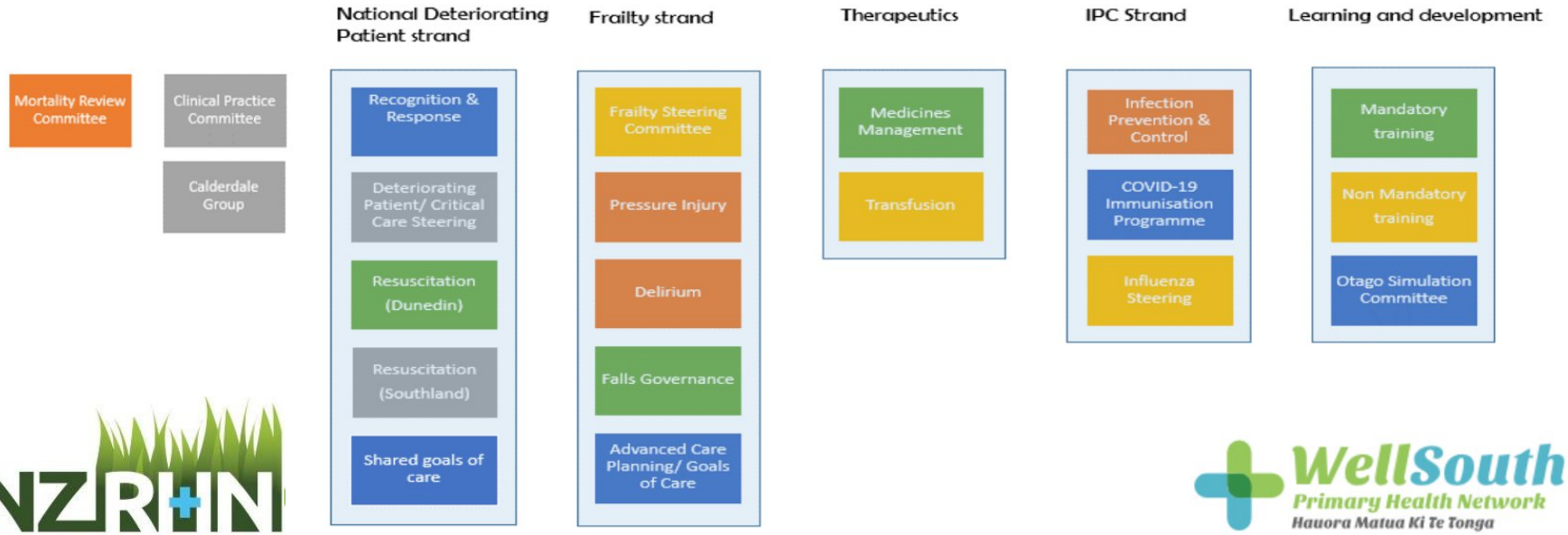
QF C2

Clinical Council



Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

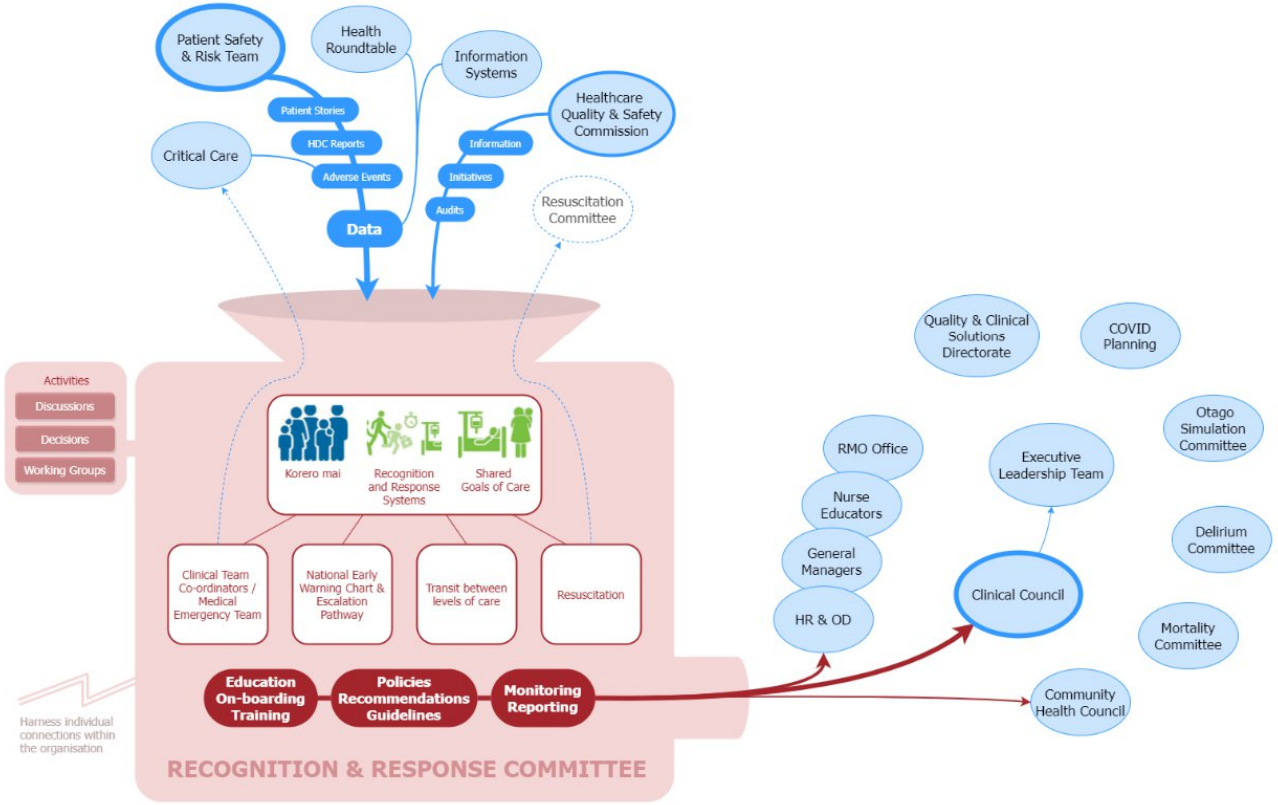
CG oversight:- Stranding & Whole system



Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

12.1

Dissemination of excellence.



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Implementing systems
SDHB Clinical Governance Policy:- Ward to Board

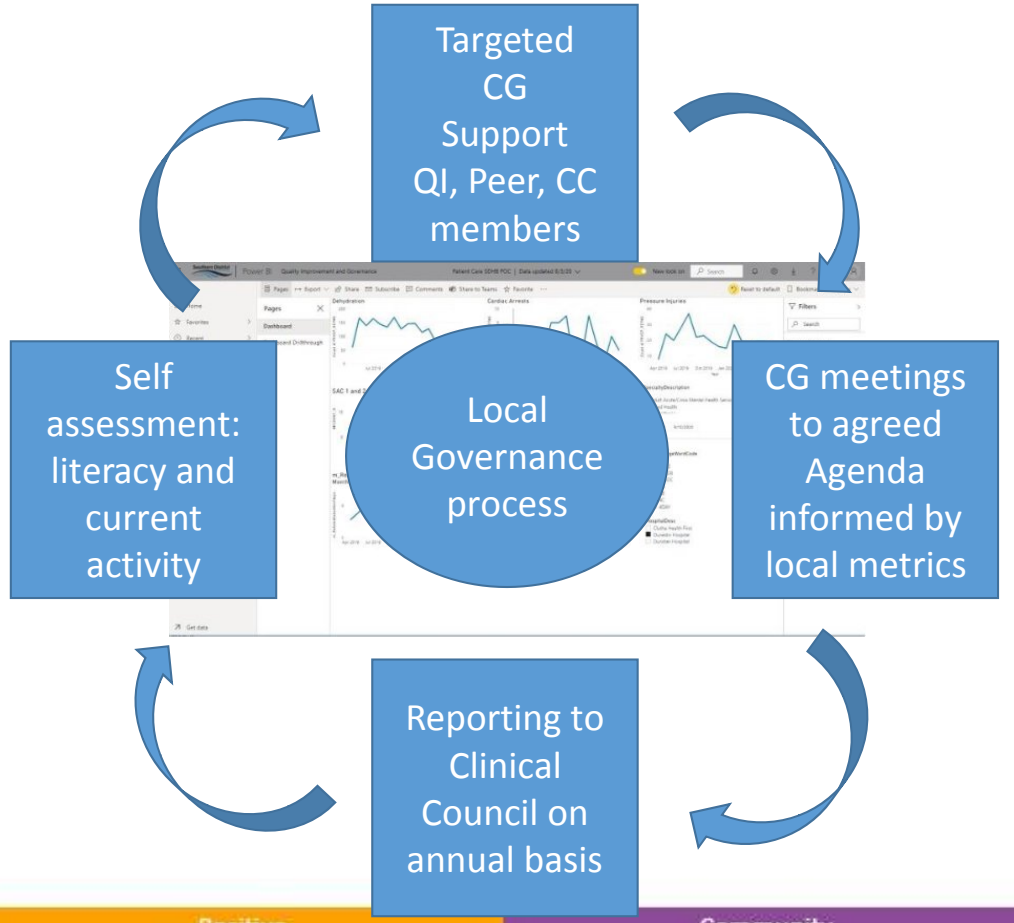
Quality & Clinical Governance
MEETING AGENDA

Date:

Service	
Time:	
Venue:	
Attendees:	
Attendance:	
Apologies:	

Time	Item	Presenter/Paper
	1. Karakia	
	2. Apologies	
	3. Minutes of last meeting	
	4. Matters arising	
	5. Review of Action Log and progress Completion mind-set	
	Consumer Engagement, Equity & Participation	
	1. Consumer Quality & Safety Marker Rating: Consumer Engagement Maturity Plan	
	2. Advance Care Plans & Shared Goals of Care	
	3. Patient Experience & Consumer Representative	
	4. Self-Management Support	
	5. Complaints/Compliments - rates/themes	
	Quality Improvement/Patient Safety	
	6. Adverse Events, Patient Safety, Harms. Measures Dashboard review	
	7. Infection Prevention & Control	
	8. Risk Register and Risk Management	
	9. Patient Safety Culture	
	10. Quality Improvements	

	Clinical Effectiveness	
	11. Clinical Outcomes: - Length of stay, Readmission rates, Cancelled procedures, Activity.	
	12. Patient Flow Metrics, SAFER Bundle, R2G	
	13. Mortality & Morbidity: - Review Themes and date of next formal M & M	
	14. Clinical Audit	
	Engaged Effective Workforce	
	15. Operational Status:- Nursing/SMO/Allied Health	
	16. Sickness & Absence, Turnover and outstanding annual leave	
	17. Education & Training: – mandatory compliance, opportunities	
	18. Credentialled Date and Recommendations	
	19. Annual Professional Development meetings (Appraisal) - Themes	
	20. Orientation and Induction	
	Items for action or escalation	
	1. Actions for attendees 2. Escalation to DLT (DON, Professional leads AH, MD, SM+/- GM, Clinical Council)	
	Closing Karakia	



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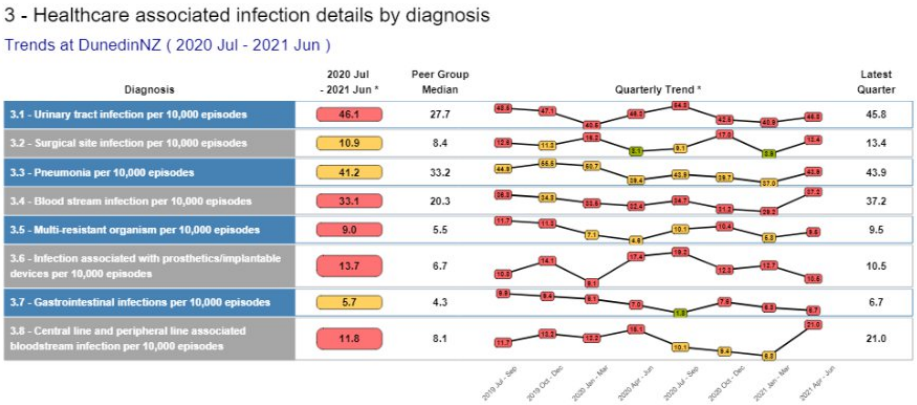
12.1

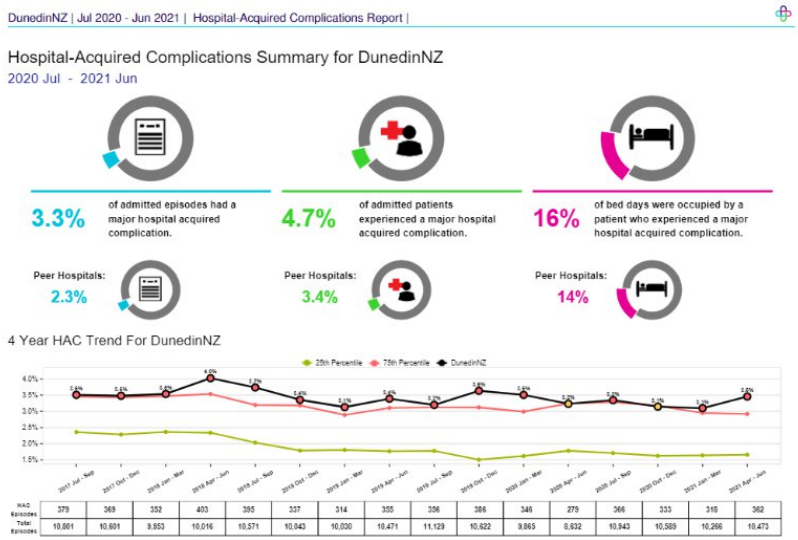
Identifying Harms:- We plan to own the data by making it a standing item.



3 - Healthcare associated infection details by diagnosis

Trends at DunedinNZ (2020 Jul - 2021 Jun)

Diagnosis	2020 Jul - 2021 Jun *	Peer Group Median	Quarterly Trend *	Latest Quarter
3.1 - Urinary tract infection per 10,000 episodes	46.1	27.7		45.8
3.2 - Surgical site infection per 10,000 episodes	10.9	8.4		13.4
3.3 - Pneumonia per 10,000 episodes	41.2	33.2		43.9
3.4 - Blood stream infection per 10,000 episodes	33.1	20.3		37.2
3.5 - Multi-resistant organism per 10,000 episodes	9.0	5.5		9.5
3.6 - Infection associated with prosthetics/implantable devices per 10,000 episodes	13.7	6.7		10.5
3.7 - Gastrointestinal infections per 10,000 episodes	5.7	4.3		6.7
3.8 - Central line and peripheral line associated bloodstream infection per 10,000 episodes	11.8	8.1		21.0



DunedinNZ | Jul 2020 - Jun 2021 | Hospital-Acquired Complications Report |

Hospital-Acquired Complications Summary for DunedinNZ

2020 Jul - 2021 Jun

3.3% of admitted episodes had a major hospital acquired complication.

Peer Hospitals: 2.3%

4.7% of admitted patients experienced a major hospital acquired complication.

Peer Hospitals: 3.4%

16% of bed days were occupied by a patient who experienced a major hospital acquired complication.

Peer Hospitals: 14%

4 Year HAC Trend For DunedinNZ

25th Percentile | 75th Percentile | DunedinNZ

HAC Episodes	379	369	352	403	385	337	314	355	356	386	346	379	366	333	316	362
Total Episodes	10,801	10,601	9,953	10,016	10,571	10,043	10,030	10,471	11,129	10,622	9,865	8,632	10,943	10,589	10,266	10,473

Goal is to provide guidance to ELT and board around harm reduction.

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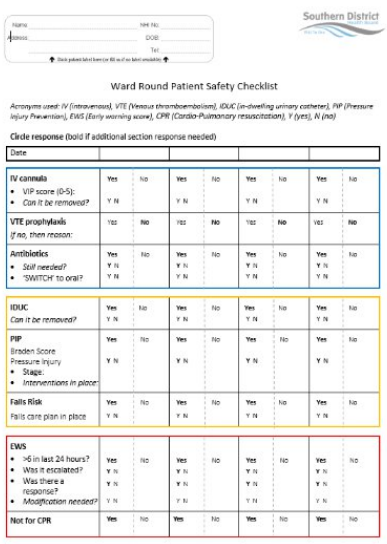
Project sponsorship

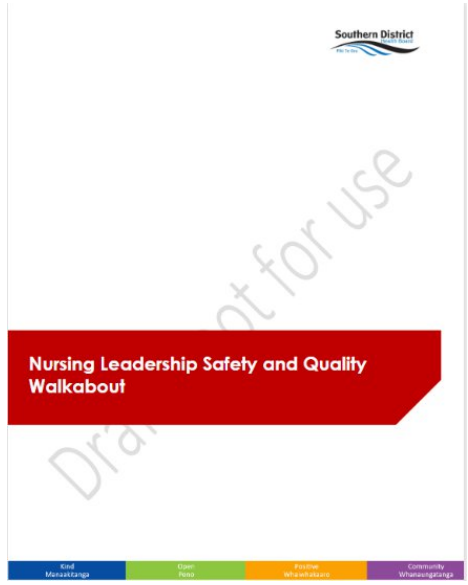


Ward Round Patient Safety Checklist

Acronyms used: IV (intravenous), VTE (Venous thromboembolism), IDUC (in-dwelling urinary catheter), PIP (Pressure Injury Prevention), EWS (Early warning score), CPR (Cardio-Pulmonary resuscitation), Y (yes), N (no)

Circle response (bold if additional section response needed)

Date								
IV cannula • VIP score (0-5): • *Can it be removed?*	Yes Y N	No	Yes Y N	No	Yes Y N	No	Yes Y N	No
VTE prophylaxis *If no, then reason:*	Yes	**No**	Yes	**No**	Yes	**No**	Yes	**No**
Antibiotics • *Still needed?* • "SWITCH" to oral?	Yes Y N Y N	No	Yes Y N Y N	No	Yes Y N Y N	No	Yes Y N Y N	No
IDUC *Can it be removed?*	Yes Y N	No	Yes Y N	No	Yes Y N	No	Yes Y N	No
PIP Braden Score Pressure Injury • Stage: • *Interventions in place:*	Yes Y N	No	Yes Y N	No	Yes Y N	No	Yes Y N	No
Falls Risk Falls care plan in place	Yes Y N	No	Yes Y N	No	Yes Y N	No	Yes Y N	No
EWS • >6 in last 24 hours? • Was it escalated? • Was there a response? • *Modification needed?*	Yes Y N Y N Y N	No	Yes Y N Y N Y N	No	Yes Y N Y N Y N	No	Yes Y N Y N Y N	No
Not for CPR	Yes	No	Yes	No	Yes	No	Yes	No



12.1

Adverse event assurance committee on boarding shortly.

- Inter-disciplinary committee
- Adverse Events (SAC1, 2, & ARR).
- Review proposed mitigation and seek assurance around implementation of required actions.
- Reporting quarterly to FARC, ELT and clinical council.
- Foster no repeats culture.

Managing Risk:- 3 monthly Birdseye view. Monthly review of top 15 clinical risks

FARC CLINICAL RISK REGISTER

KEY: Extreme | High | Medium | Low | Aqua text = Risk has been updated in this reporting period

Safety1st Item	Safety1st Value
Key Register:	**O** - Organisation Wide **D** - Directorate/Division
Risk Register Type:	FARC Extreme & High Clinical Risk
Risk Type/Category:	Patient Safety

HARM TO PATIENTS DUE TO DELAYED CARE, RELATED TO, INADEQUATE SERVICE PLANNING OR PROVISION OF CARE

Demand for healthcare is likely to exceed capacity for the foreseeable future. Therefore, good processes are essential to ensure that areas of stress in the system are continuously examined, resources are aligned as far as possible to risk and service provision is prioritised to those in greatest need and at greatest risk of harm if care is delayed.

RiskID	GroupID	Date Added	Key	S1st #	Sub-Category	Risk Title	SUMMARY OF RISK	INITIAL RISK	Service	CONTROLS/SOLUTIONS	RESIDUAL RISK	PROGRESS / COMMENTS	RISK OWNER
MWC-D-10001			D		Delayed Care	Colonoscopy Acceptance criteria	Harm to patients related to delays in diagnosis or treatment of bowel disease, due to differences of opinion regarding colonoscopy acceptance process.		colonoscopy	SD 04/05/2021 - Colonoscopy acceptance process has been better defined and refined such that any symptomatic referral from a GI Specialist is automatically accepted. The internal electronic referral form has been improved with further detail required and electronic ERMS has been introduced for GP referrals, external referral form developed and being implemented. All referrals that are not accepted by GI Nurse Specialist are reviewed by gastroenterologist and surgeon before any decision is made not to accept. Reporting has also been improved to allow for greater transparency.		SD 04/05/2021 All actions have been instigated with some relatively minor amendments and refinements still to be made especially with regard to referrals made on behalf of a GI specialist.	CEO PATRICK NG
SPC-O-10001 MWC-O-10001 SSR-O-10002	ORG-10001		O		Delayed Care	Patient Flow	Poor patient flow impacts bed space which in turn impacts electives and ED inpatient transfers, increasing the risk of patient harm caused by treatment delay.			WA - 01/02/2021 Implementation of SAFER Principles: - Patient review before 12pm - All patients to have Expected Discharge Date and Clinical Criteria for Discharge - Discharge before 12pm if possible - Systematic inter-professional team review of >7 and >21 day patients. Evidence of effectiveness is required before		WA 01/02/2021 - Patient Flow Taskforce created Positive outcomes to be measured.	CEO PATRICK NG RORY DOWDING GILBERT TAURUA

12.1

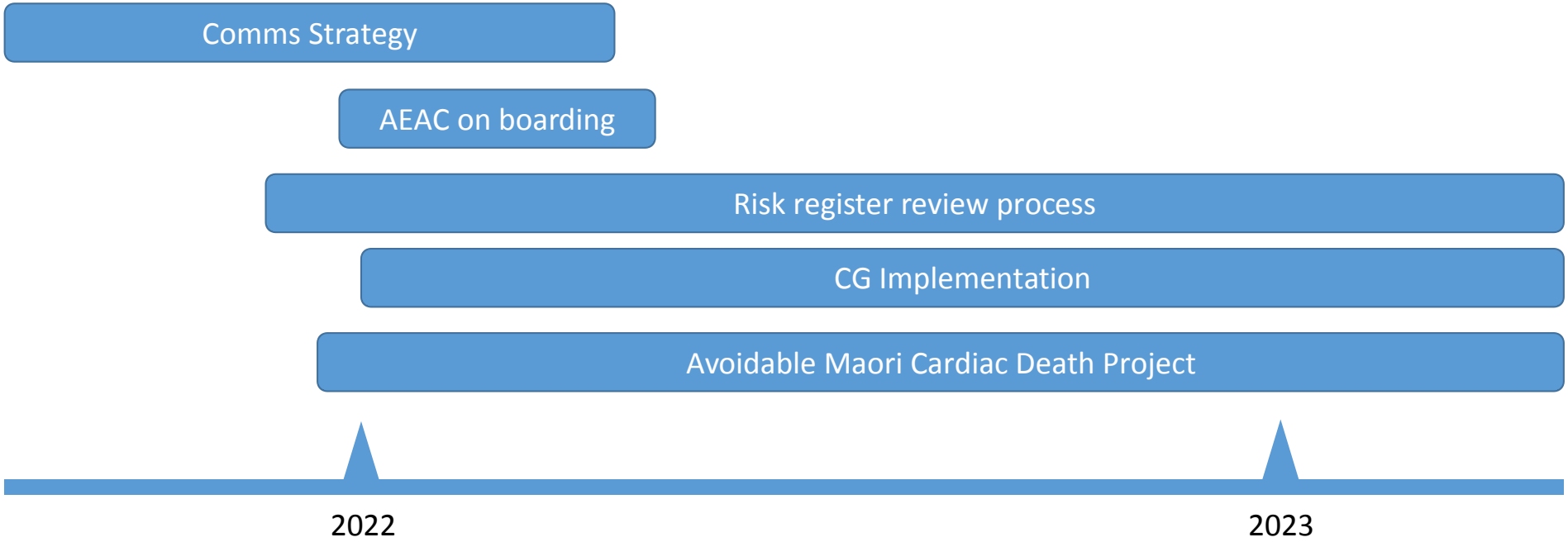
Monitoring consumer engagement and working with CHC to improve QSM.

		Patient Enquiries	Rheumatology	Gastro-enterology	Orthopaedics	Oncology	Mental Health	Average
Engagement	Consumer Input	1.00	3.00	3.00	1.00	1.00	3.00	2.00
	Co-design	2.00	3.00	2.00	2.00	2.00	3.00	2.33
	Equity	3.00	2.00	3.00	1.00	4.00	2.00	2.50
	Diverse Workforce	2.00	2.00	2.00	2.00	1.00	3.00	2.00
	Average	2.00	2.50	2.50	1.50	2.00	2.75	2.21
Responsiveness	Experience	3.00	3.00	2.00	2.00	1.00	2.00	2.17
	Community Voices	3.00	3.00	3.00	2.00	1.00	3.00	2.50
	Info and Resources	2.00	3.00	2.00	2.00	2.00	3.00	2.33
	Accessibility	2.00	1.00	3.00	2.00	2.00	2.00	2.00
	Co-design	2.00	3.00	2.00	2.00	2.00	3.00	2.33
	Average	2.40	2.60	2.40	2.00	1.60	2.60	2.27
Experience	Providing Feedback	3.00	3.00	3.00	3.00	1.00	3.00	2.67
	Feedback	3.00	4.00	3.00	2.00	2.00	2.00	2.67
	Measuring Feedback	2.00	3.00	3.00	2.00	2.00	2.00	2.33
	Average	2.67	3.33	3.00	2.33	1.67	2.33	2.56
Hospital Services	QSM	2.34	2.76	2.59	1.92	1.75	2.58	2.32

Promoting Equity

- Reviewing our terms of reference to include kaupapa Maori community representation.
- Strong rural voice with focus on involvement at all levels.
- Avoidable Maori cardiac death project first meeting December 2021.
- Respecting Te Tiriti o Waitangi throughout our processes.

Work plan:- Implementation is the key



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FOR INFORMATION

Item: Patient Flow Update Report November 2021

Proposed by: Patient Flow Taskforce

Meeting of: Board, 7 December 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. Operational: Patient Flow improvement work is the remit of all the operational teams working together in a patient-centred interprofessional manner. Strands of this work involves teams and people sometimes working in new ways which can take time and energy to embed sustainably.

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

As well as the 6 workstreams that are being monitored by the Patient flow taskforce there is also additional initiatives that are progressing in support of the SAFER bundle.

Next Steps & Actions:

- Move forward standing up Integrated Ops Centre Project
- Push forward with Discharge Documentation project

Appendices

1. Patient Flow Taskforce Progress Update

PATIENT FLOW IMPROVEMENT PROGRAMME

Activity over the past few weeks has still been constrained due to COVID endemic planning and settling of the new operational structure however work continues to progress in the 6 identified areas (albeit slowly). A further notable patient flow initiative is the Weekend Discharge Pilot project which has been initiated by the Ministry of Health and has four DHB's involved including Southern. The taskforce has been involved in the meetings to date and the Ministry rep is visiting our site in the next couple of weeks as well as providing some resource to support the pilot. What was refreshing to hear was that Southern was ahead of the curve in our attempts to embed the SAFER bundle of improvements compared to the other DHB's and as such should feel reassured with the forward and innovative thinking in this area we have shown already. All of the participating DHB's were experiencing the same frustrations as us relating specifically to making the various improvements stick.

Further, auditors visiting Southern also attended a 7th floor rapid round and provided positive commentary on how well the process seemed embedded and was working well which also highlighted the success we are having with rapid rounds. There is still further work to do in the other areas of criteria led discharge and estimated date of discharge in particular, however.

The next stage of the patient survey work has been delayed too with not being able to get up onto the Ward, but the second round in a different area is planned for the week beginning the 29th of November.

Specific workstreams/projects previously identified:

ED Processes – Bed request to bed access & Parallel Processes: The ED team came and provided the ELT with a very compelling, data driven presentation on the improvement work they are undertaking which was well received. There was some innovative thinking around how the outcomes could be achieved and their work is progressing, and further evaluative information will be forthcoming later.

Model of care review for the MAU: The team involved in the generalism model of care are going to lead a patient journey exercise to map in a detailed manner the experience from a patient's perspective to further enable the teams to work more in this model. Recruitment is progressing but is a little delayed and a full team is not expected to be in place until the new year.

AT&R beds in Southland being commissioned: Conversations are continuing with SIT around staffing the additional beds utilising nursing students that would come on board in February. This needs to be considered alongside the need for evening and night shift staffing with student holiday periods also needing to be covered. This is an initiative solution to challenges in staffing but will also facilitate high quality care. It is hoped other professional groups will enable several student placements to occur on this ward throughout the year enabling opportunities for interprofessional practice. This project is progressing and a decant space for the office staff that will need to move into has been identified and is being worked through now.

Discharge documentation project: The NMDHB example was on the agenda at the Clinical Leaders meeting and feedback was given from our clinical leaders. A small working group of clinical people have had a kick-off meeting to progress the project.

Set up of an Integrated Ops centre: Some further planning around this has occurred and the next steps will be to get project resource to work with the lead over the next year.

Current Metrics

Fig 1. Dunedin – Bed Request to admission time

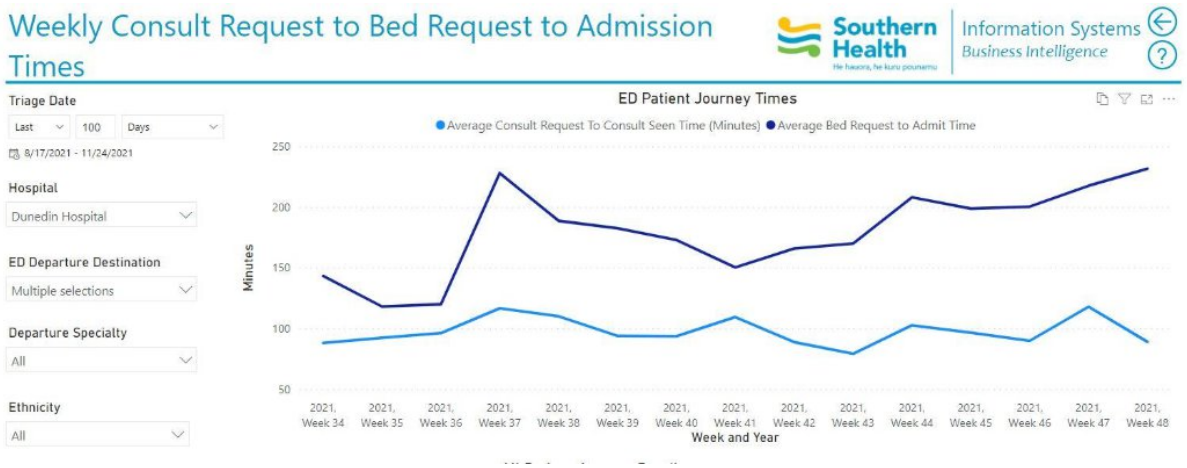


Fig. 2 Southland – Bed Request to admission time

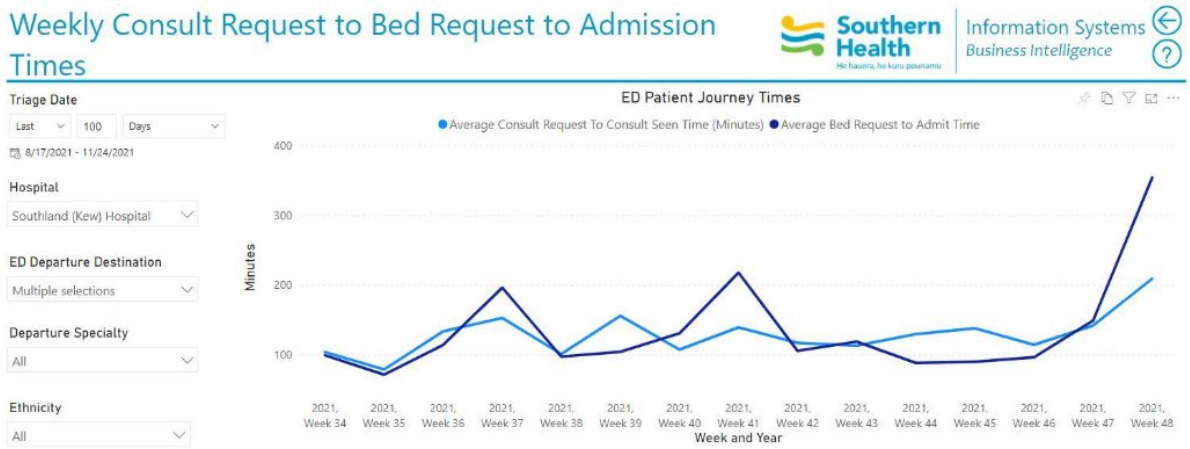


Fig. 3 Dunedin – Discharges before Noon

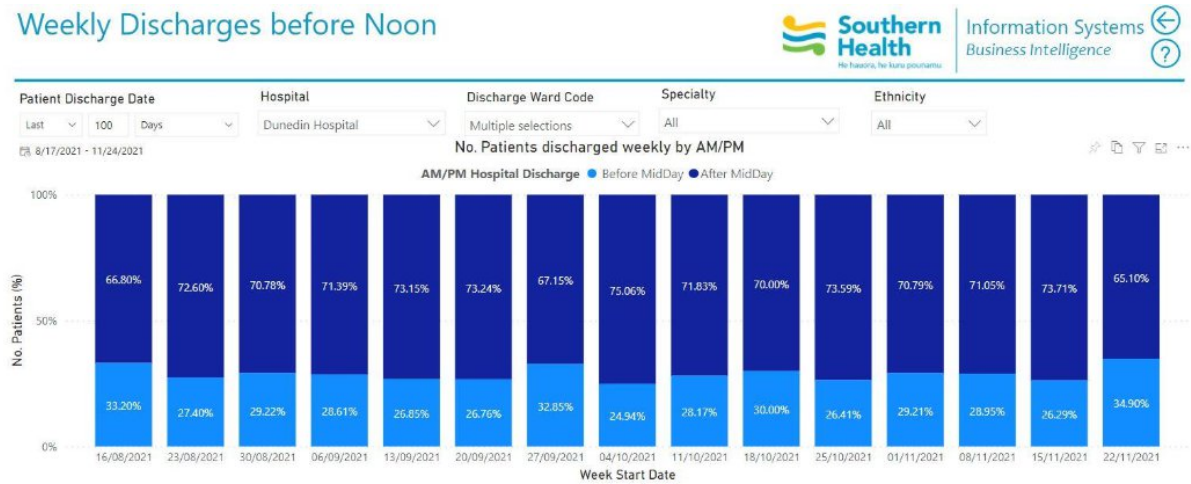


Fig. 4 Southland – Discharges before Noon

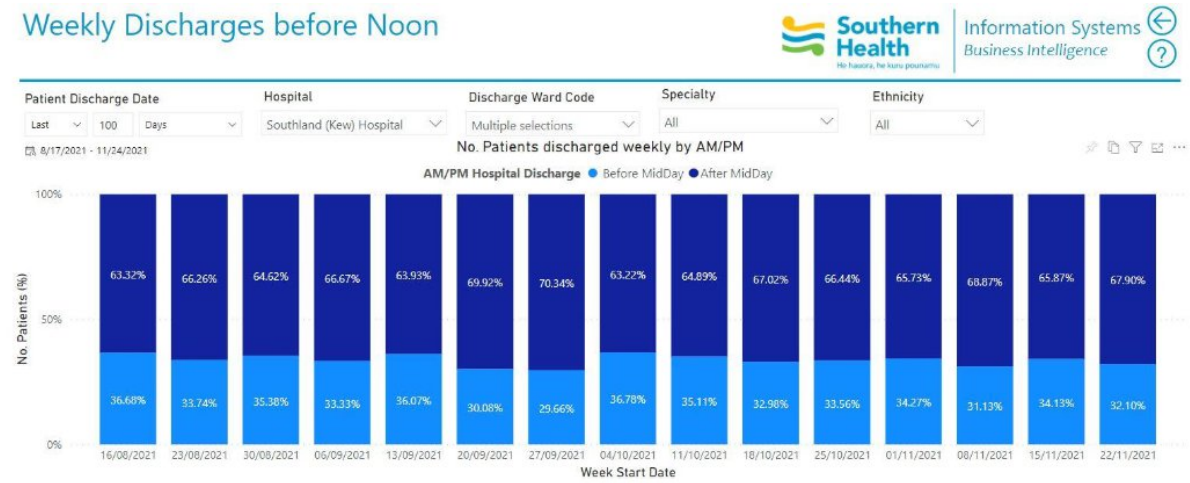


Fig 5. Dunedin – Did not wait

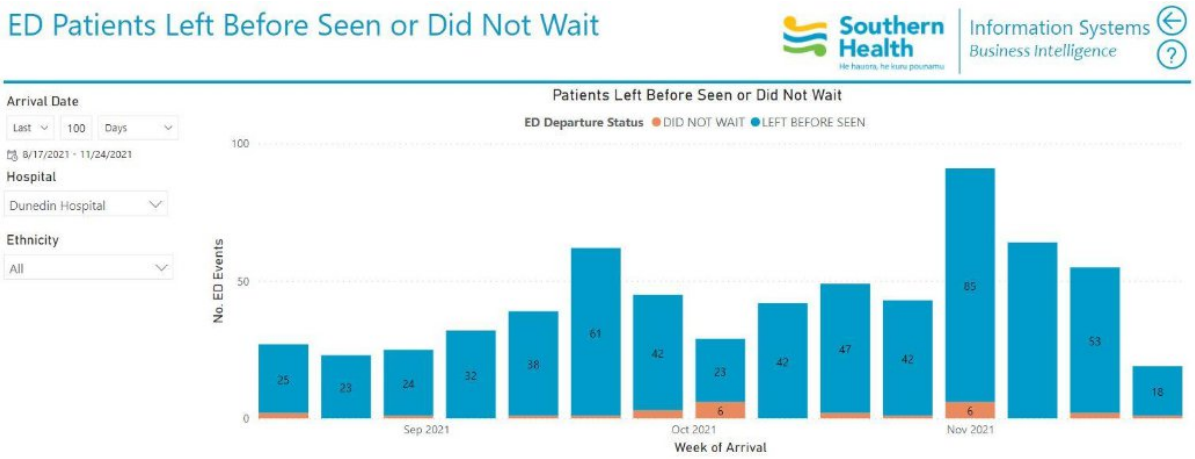


Fig. 6 Southland – Did not wait

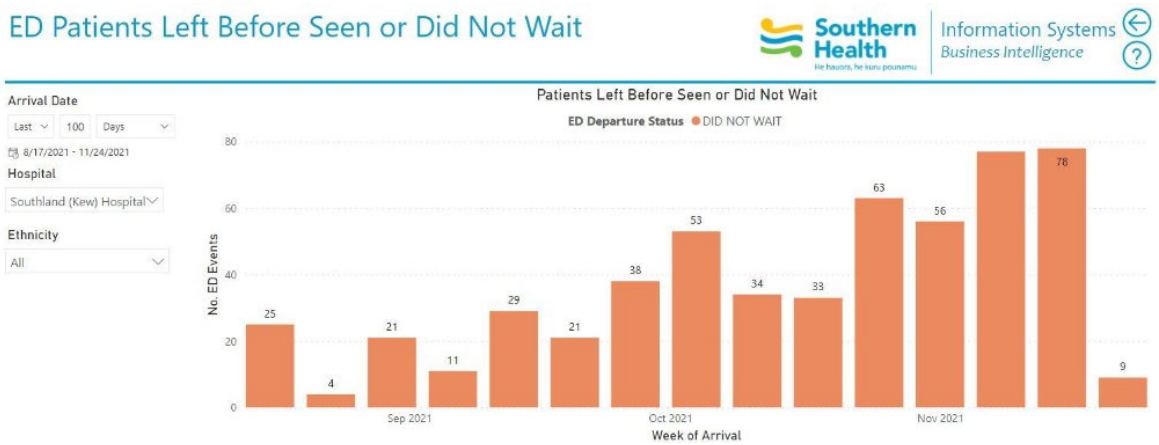


Fig. 7 Dunedin – Weekend vs weekday discharges

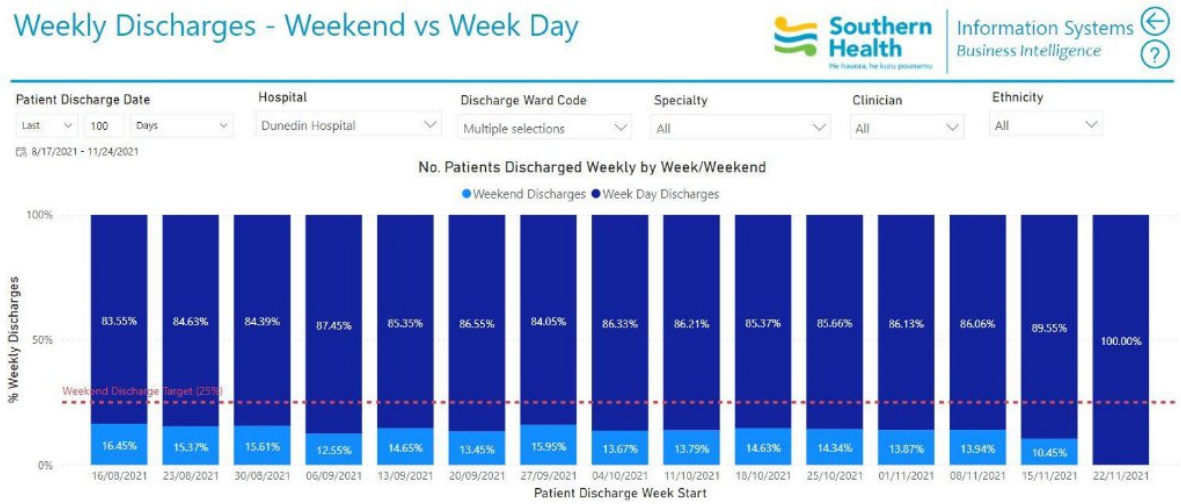


Fig. 8 Southland – Weekend vs weekday discharges

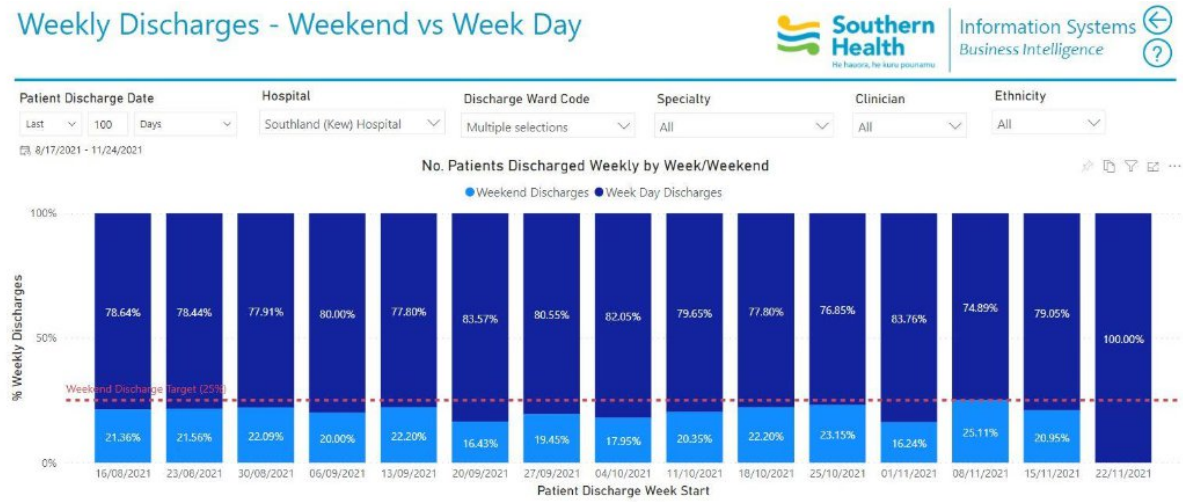


Fig. 9 Dunedin – LOS >21 Days

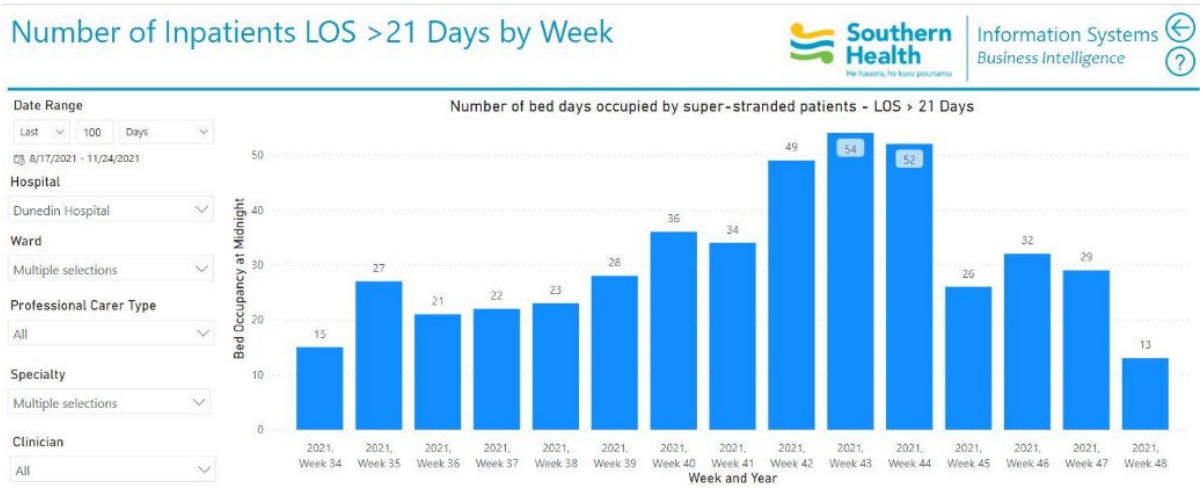


Fig. 10 Southland – LOS >21 Days

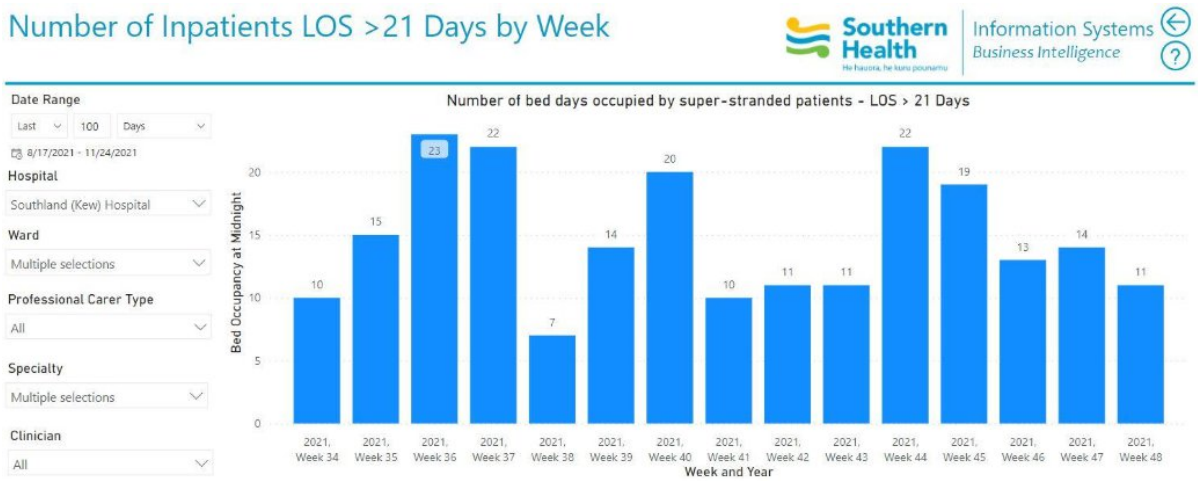


Fig. 12 Dunedin – LOS >7 Days

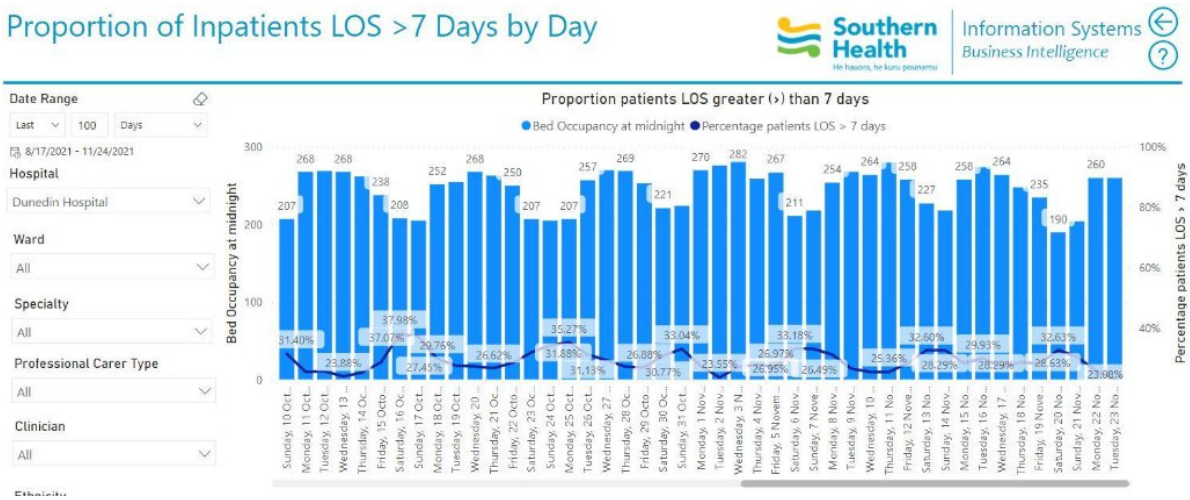
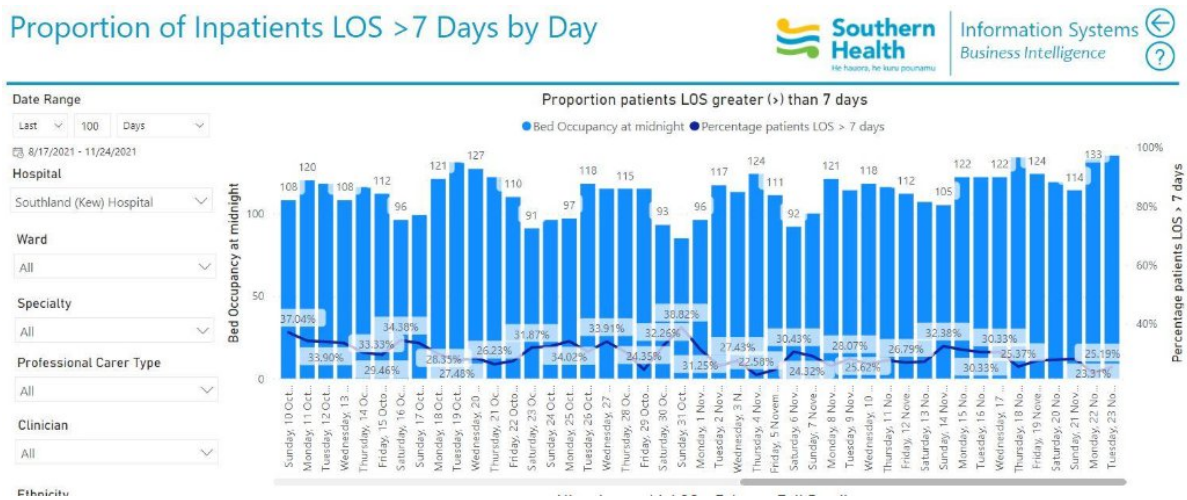


Fig. 13 Southland – LOS >7 Days




Southern Health
He hauora, he kuru pounamu
Community Health Council
July 2020 - June 2021
WellSouth
Primary Health Network
Hauora Matua Ki Te Tonga
Southern District Health Board
Piki Te Ora

12.3

Back: Jason Searle, Bob Barlin, June Mills, Kelly Takurua, Jocelyn Driscoll, Hana Halalele, Chris Fleming (CEO). Middle: Lesley Vehekite, Toni Hulls, Gail Thomson (ED Quality & Clinical Governance Solutions), Charlotte Adank (Community Health & Clinical Council's Facilitator), Paula Waby. Front: Rosa Flaherty, Karen Browne

Contents

12.3

Message from the Community Health Council Chair Karen Browne

The year 2020/2021 is one many would rather forget, as again there was the presence of Covid-19, fires and floods. Community Health Council (CHC) members are well aware of the consequences not only for the population but also for the health system should Covid-19 (Delta strain), gain a foothold. CHC members and Advisors remain grateful to all Public Health, Primary and Secondary health personnel in this region, who work so hard to maintain public safety whilst providing health services to all, and often at risk to their own health. CHC members know that the stop-start nature of restrictions has placed enormous strain on health services, and have offered, and provided, support in various ways over the last year.

Once again, plans to travel throughout Southern Health region to promote the CHC have been cancelled, due to a variety of factors. However, members have continued to network with their communities which in turn has fed back to the CHC and determined our course of action over the year. Most notably, in December 2020 our community reports and concerns were the catalyst for the formation of the Patient Flow Taskforce.

Changes are being worked towards with the announcement that Health NZ and the Māori Health Authority will come into being 1 July 2022. New Zealanders are assured that services will all be patient/whānau-centric, and as Chair of CHC I have attended many meetings, via Zoom, along with chairs of similar councils from around New Zealand, to gather information of the way forward for consumers and consumer councils, but at the time of writing, details are light.

CHC members and advisors have been involved in many and varied projects through the year. The CHC has enjoyed a solid relationship with the Project Management Office team for the New Dunedin Hospital build, and our advisors have reported favourably of their involvement with this work.

The achievements and engagement advances are down to everyone involved, and I especially want to thank the many and various project leaders who have worked hard to ensure consumers are heard, valued and included, and Executives of both Southern District Health Board and WellSouth, who have ensured CHC becomes more widely known throughout both organisations. Special thanks go to Chris Fleming and Andrew Swanson-Dobbs for their on-going encouragement and support. Most of all my thanks to Charlotte Adank for all her hard work, support and assistance this year – CHC would not be the success it is without her guidance and knowledge. Last but not least, to the CHC members and Advisors for giving of their time, knowledge, support and community reach, I give my personal thanks.

Message from Chris Fleming

The Community Health Council is now in its fifth year, and again I wish to congratulate them on another year of making a difference to the health services available to the people of the Southern district.

Where the previous year had introduced us to COVID-19, 2020/21 had a different character. On one hand it was a period of relative safety and stability, as the virus battered countries around the globe, but where our assiduous border control and public health measures protected New Zealand.

But we knew this could change at any time. So it was a year of watching the horizon, managing the impacts of the previous outbreak, and preparing for the future.

Throughout this, the support and contributions of the Community Health Council have been invaluable.

They have supported numerous clinical design projects, highlighted and constructively helped solve challenges such as after-hours access to primary care, and continued to contribute to planning for the New Dunedin Hospital, which will shape the health system of the future.

The Community Health Council have established themselves as critical friends and trusted advisors to the Southern Health system, and we are all better served because of it.

The need for strong consumer voices as we move into the health system reforms is greater than ever. I have every confidence the Community Health Council will continue to challenge, guide and assist us all as we move into this next era for health in New Zealand.

He waka eke noa, thank you all.

Message from Andrew Swanson-Dobbs

As CEO of WellSouth, I would like to personally thank the Community Health Council for their advice, guidance and advocacy in the design and delivery of primary care services in the Southern region.

During the past year, the guidance provided by the Council has helped change the way WellSouth has approached a number of areas. One that I wish to highlight is the challenges to enrol and access primary care in the Southland region. The outcome of this has been the decision by WellSouth, Awarua Rūnaka and Hokonui Runanga to enter a joint venture to create a new primary care service to help support unenrolled patients in Invercargill.

We look forward to CHC's continued input into the development of the Te Hau o Te ora, Partnered Primary Care Network, and other primary and community initiatives that have genuine benefits for the health and well-being of people in Southern, especially Māori and Pasifika.

12.3

Summary of the year

Who We Are

The Community Health Council is an advisory council for the Southern District Health Board and WellSouth Primary Health Network (hospital and community health services including GPs) and enables a stronger community, whānau and patient voice to be heard in decision-making across the Southern Health system.

The CHC has a rotational membership of up to 12 members, with members representing different areas of health journey experience or interest, as well as geographical representation from across the district. Current CHC membership is outlined in Appendix 1. As well as the CHC members on the Council we have a database of >100 CHC advisors, and we are grateful for the time and effort people put into having the voice of the community heard at often quite difficult meetings. Appendix 2 provides a summary of listed CHC advisors.

Our Strategic Goal

Our communities, whānau and patients are active partners in the Southern Health system design, planning and decision-making to achieve improved health processes and outcomes.

Our Guiding Principles

- Respectful & Equal Process
- Genuine & Trusting
- Meaningful & Purposeful
- Empowering & Sustainable
- Inclusive & Accessible

Underpinning the CHC goals and principles is a commitment to Te Tiriti o Waitangi.

Why is engagement with community, whānau and patients important?

When Southern DHB and WellSouth Staff work alongside community, whānau and patients who use the health service to build a partnership together, several things happen:

1. Health professionals and staff members work in partnership with their patients and their whānau, to allow collaborative decision making which is better for all and may save costs.
2. Communities, whānau and patients gain a greater understanding of how the health system works and have a better understanding of what health services can and cannot provide, and are more likely to be compliant with treatments and attend appointments if decisions are made in partnership.
3. Community, whānau and patient involvement improves all the paperwork used to communicate with communities across the district.
4. Health services will improve for you and other people living in the Southern district. Services become safer and the health outcomes for the population improves. Health services become easier for people to access and are more likely to meet your health care needs regardless of your cultural or social background.

What the CHC has done to support engagement?

Through the development of a CHC Engagement Framework & Roadmap, the CHC has enabled staff to engage with a range of community, whānau and patients (CHC Advisors) from across the district.

There are over 100 people throughout Southern Health region who have expressed a wish to be a CHC Advisor. It should be noted, the Council is aware that the people to date who are registered to be CHC Advisors are not fully representative of the Southern population but the CHC is able to provide guidance for services to better connect with other groups i.e., Pasifika, Māori, disability, as required.

CHC acknowledges that more can be done to make our profile more widely known and integrated throughout both organisations, and has reached out to Clinical Council for assistance in asking services to invite a brief CHC presentation at service planning meetings.

As well as connecting CHC Advisors into projects, the Council continues to collect feedback on the experiences of both staff and CHC Advisors involved with engagement activities. Feedback provides the tool to gauge how the engagement is going, and where there might be need for improvement. We have identified the need for better training for Advisors – we had arranged to begin with some Cultural education but as the DHB staff were seconded into the Covid -19 workstreams we have been unable to proceed, and this situation is still with us in this reporting year. There is a need to provide support for Advisors, and usually they are paired with a CHC member who can provide this in the first instance, and give encouragement to Advisors to question the status quo.

Additionally, staff have requested more assistance with bringing consumers into project groups if they have not had this experience before. We have an information pack for staff, and in order to increase consumer engagement at service level, we have asked that Clinical Directors and Service Managers invite us to their planning meetings so they can come to understand what consumer engagement is all about and begin to engage. Recently CHC presented to Allied Health, Technical and Scientific Clinical Leaders which was very well received.

"Your presentation outlined a robust framework and process for engagement leading to empowerment.

I feel that (our) Southern CHC is a leader from a national perspective.

I particularly liked the advice you provided to facilitate productive and collegial engagement with CHC advisors."

Tracy Hogarty, Director of Scientific and Technical.

Our Engagement Approaches

Provide health information in ways that assist understanding

Help to get feedback on a health issue (e.g. policy or decision)

Directly with people to ensure that their concerns and aspirations are understood and considered

Partner to address particular issues and help to apply solutions

Communities, whānau & patients are a key part of the decision-making in the Southern health district

Community Health Council Participation 2020/2021

Creating an Environment for Good Health

The environment and society we live in supports health and well-being.

Low Sensory Waiting Area, ED, Dunedin Hospital

Creating a safe place within ED waiting area, Dunedin Hospital, to avoid exacerbation of a patient's mental health state whilst waiting for treatment for a different medical condition, was identified by CHC as a priority for SDHB to consider.

CHC reported that the current waiting area was not suitable for patients presenting for a reason other than their existing mental health condition. The noisy, close confines with many others, the noise from TV, the harsh lighting and the constant flow of human traffic all had potential, and in fact did, cause harm to some of these patients, with some choosing to leave the department without being seen or treated for their presenting condition. As a result, a CHC member joined a project to look at this, and significant work has been undertaken to provide an adjacent waiting area for this patient cohort which will better meet their needs and greatly reduce the potential to cause further distress. CHC intends to continue to monitor this area and remain involved as necessary.

Primary and Community Care

Care is more accessible, coordinated and closer to home.

The Local Diabetes Team (LDT) was re-established in October 2020 after being disbanded in 2014. The purpose of the group is to meet Te Tiriti o Waitangi legislative obligations to protect the interests of Māori to provide effective, responsive, patient-centred diabetes services to achieve health equity. The LDT's key functions are as follows:

- To provide advice to support the development of the DHB's Annual Plan and other strategies related to Diabetes
- To provide, link and analyse diabetes data within the district and utilise this to provide advice.
- To provide for local involvement of key stakeholders in collaborative discussion and activity to improve services and health outcomes
- To act in an advisory capacity to ensure community and local involvement in ongoing diabetes service quality improvement.
- To provide advice to the Southern health system on diabetes service quality improvement activities
- To ensure efficient information sharing linkages between diabetes health care providers and diabetes support organisations
- To report on service effectiveness as assessed against service provider targets

The LDT has had a consumer representative as part of the Team from inception in the 1990s.

Enabling Our People

Our workforce has the skills, support and passion to deliver the care our communities have asked for.

Primary Care After-Hours Care

Through CHC raising the very real inequities in after-hours primary care, and access to primary care in general, in the Invercargill area, work is beginning to proceed in this area, led by WellSouth and in partnership with Awarua Rūnaka and Hokonui Runanga. CHC has an advisor working within this group, and this is a wonderful example of how the consumer, whānau and community voice has been heard and listened to, and once this service is operating it will result in a more equitable and accessible primary health care service for the Invercargill community.

However, similar inequities still exist in the Central Otago/Lakes region and the CHC will continue to monitor what happens in this area and raise issues up to the relevant CEOs.

Systems For Success

Our systems make it easy for our people to manage care, and work together safely.

Telehealth and Digital Introduction

The current pandemic has escalated the need for alternative methods of delivering healthcare along with the ongoing and future need to provide services closer to home for consumers. Models of care will change to make use of digital connectivity with the ability to have consultations via telephone and/or video links. These may be supported by the consumer and their GP/nurse being together and linking into a specialist service. Dental therapy is an area that benefits from digital use as the right people will have better access to the right care by using video and photographic links during consultations. Many issues are being evaluated in different settings throughout SDHB including inequities, availability of equipment, training of staff, and consistency of access and service delivery across the regions. Listening to what consumers want and need is paramount to the provision of future digital services to ensure high uptake and consumer satisfaction.

"I have been the Community Adviser attending Telehealth Steering Group meetings since March 2020. As the Steering Group had already been set up to meet online, the ability to meet was not significantly impacted by Covid restrictions. All members of the Steering Group have consistently been very welcoming of my input, with a slot on each meeting agenda for any comments I wish to make. I have valued seeing the depth and breadth of experience brought to the Steering Group by SDHB staff in a wide range of roles. The Steering Group members have welcomed my observations of (very) occasional areas where I felt the perspective of patients and whānau had been slightly overlooked."

Andrea Johnston, CHC Advisor, Telehealth Steering Group

Clinical Service Re-design

Primary and secondary/tertiary services are better connected and integrated. Patients experience high quality, efficient services and care pathways that value their time.

Rheumatology Service

Dr Jo Mitchell, Consultant Rheumatologist:

"Consumers have assisted the Rheumatology service with their Integrated Care Programme. This programme is implementing new models of care for Rheumatology patients to ensure patients receive timely and integrated care by the most appropriate person. The consumer advisory group has provided invaluable support and advice to the Rheumatology team by discussing these new models before implementation, and reviewing processes and communications. The group's contribution has improved the quality of our processes and communications for patients, and ensures that the consumer perspective is represented before any change is implemented. The Rheumatology consumer group are a committed, positive and resourceful group, who are great to work with, and their opinion and advice is greatly appreciated by the team."

5 minutes with CHC Advisor Kylie

What made you interested in this project?
I have been involved with the health sector via another channel and a colleague let me know about the vacancy. Being diagnosed with Arthritis at a young age and with young children was a hard journey and I really enjoying giving back as a volunteer. I also feel that Central Otago often misses out and it's good to represent our community here.

How long have you been part of this project?
Around a year.

As a consumer are you invited or able to contribute and do you feel this is valued?
Meeting around every 4 - 6 weeks, where time permits, is really valuable. It is really great to understand and feedback on the initiatives that are happening within the Southern DHB for Rheumatology. Reading different letters or pamphlets with a consumer eye provides a different perspective – consumer feedback is taken on board and the end product letters or pamphlets are reflective of this.

As a consumer, are your needs considered when meetings are planned and is meeting material delivered to you in a timely and appropriate way for you?
Yes absolutely! Although we all understand that the clinical leader/Rheumatologist's time is precious, everyone works together to ensure all needs are meet. We all have the information emailed to us in a timely manner.

What value do you see for the patients in the changes this project has introduced and continues to introduce?
As a patient I never knew that this initiative was in place. It wasn't until I was involved in WellSouth that I began to understand what went on behind the scenes of the DHB and the value in consumer groups. It shows the level of respect the staff have for their patients - to ensure the best possible communication and outcomes, and to value patients' time. It also ensures consistency and good practice with obtaining and delivering the right information.

What is one piece of feedback/comment/advice for the project lead now you have been part of this group for some time?
Just to ensure that open communication continues and to continue with the consumer group. Sometimes the consumers/patients can get lost in the processes and policies that affect them without a voice. Feedback from consumers ensure that best practices are followed and voices heard.

Facilities For The Future

Including Dunedin Hospital, Lakes District Hospital redevelopment and community hubs to accommodate and adapt to new models of care.

Facilities in Transformation (FiT) - The New Dunedin Hospital – report from the Project Management Team

The New Dunedin Hospital project has involved CHC advisors from the early stage of design. The project team appreciates the huge amount of time they have offered us preparing and attending meetings and grappling with the wealth of technical terms and information needed to understand the process.

In particular, it has helped to keep the end user of health facilities front and centre in the design process, ensuring that we think about the way the room will feel and be used.

As with any process there have been challenges. This is a large and complex process and while we have tried to support everyone to use the technology needed to access VC meetings and electronic documents it is clear that this has been a barrier for some of our advisors. In meetings, it is difficult when a community advisor speaks about their own experience as a truth for their whole community, or if they are drawn into commenting on medical issues and outcomes outside their area of expertise.

Overall, the presence of Community Advisors on our User Groups has been a great asset to the process and a unique aspect of the way the New Dunedin Hospital has been envisioned.

I am extremely grateful to CHC for having given me the opportunity to represent the community on the Clinical Leadership Group of the New Dunedin Hospital.

Whilst at times it can be very challenging it has given me a great insight into how dedicated our DHB staff members are to ensure it all works for everyone. It has been very gratifying to hear so many times "Is this in the patient's best interests?".

Our CHC representatives are treated with the greatest respect and there is a genuine effort by all members to explain clinical issues and involve us in all aspects of the proposed final outcome of the new hospital.

Jo Miller, CHC Advisor, Clinical Leadership Group, New Dunedin Hospital

12.3

The Year that Was

While 2020/2021 provided many challenges, the CHC still managed to report and advise on many community concerns, and engage in many projects and activities, including:

Patient Flow Taskforce: due to reporting from our communities, CHC has been able to identify several areas of service delivery falling short of consumer, whānau and community expectation. A member now works with a group to investigate the delays experienced for patients who present to ED, often with high complex needs which are not being met in a timely way. Once patients are admitted to a ward, there can be delays to their discharge and this is a focus of the Taskforce with the aim of having more patients knowing when they might be discharged and what needs to happen for them to meet this. The work also encompasses "My Care Plan" which is a tool aimed to assist both staff and patients achieve a seamless and predicted discharge from hospital.

"Having representation from the Community Health Council has been invaluable in the work of the Patient Flow Taskforce. The consumer has brought a strong, well informed consumer voice to the table and been an active member of the Taskforce ensuring patient experience and outcomes are central to planning and action to improve flow and value patients' time."

Jane Wilson, Chief Nursing and Midwifery Officer

Launch of the Disability Strategy: after much work involving consumers and CHC members, the Disability Strategy was launched in early 2021. Getting the strategy to this point was a lengthy undertaking, largely driven by CHC identifying the inequities for the disabled community members. The Disability Working Group has now been convened and this group will be closely monitoring and evaluating the strategy, as well as identifying gaps or inequities, in any facet of health service delivery adversely affecting disabled persons.

After Hours and Primary Care in Invercargill: this was a topic of concern dating back several years and is a great example of a consumer voice speaking on behalf of their community, being listened to, and now acted upon. Work in earnest began early in 2021, and continues with a CHC member actively involved which will ensure a more equitable access to these services for the community that does not already have access to these.

Consumer Engagement Marker: the CHC was very involved in working with HQSC as the first upload of Consumer Engagement data was uploaded to their platform at the end on March 2021. Prior to this, we had hosted HQSC, along with SDHB Executives, to learn more about the marker – the goal is to discover "what does successful consumer engagement look like, and (how) does it improve the quality and safety of service?" There is a requirement of services to self-evaluate using the HQSC "SURE" template, which is then critiqued by a CE Oversight Group before the final evaluation is uploaded.

Health Care Homes: WellSouth staff were invited by CHC to provide an update about the introduction of the HCH model of practice being taken up by many primary care providers in the Southern Health region. CHC members were able to give some guidance around the formation of Consumer Groups within these practices and also learnt how consumer input is being used in several different ways in primary care. CHC shared lessons CHC had learnt through the consumer engagement process.

Endoscopy Oversight Group: CHC had identified this as an area that did not serve the community well, and requested consumer involvement. The CHC advisor says:

"This group was established by SDHB and is led by Dr Andrew Connolly. For the past year we have met monthly as a group to provide strategy and support to ensure equitable and consistent services are delivered at both Dunedin and Southland hospitals by the Endoscopy service. Over the twelve months the group has met, the team has achieved a cohesive approach under the leadership of Dr Connolly, and more thought is given to communications to patients. My consumer input is sought and listened to and does add value to the project."

June Mills, CHC member

Frailty and Care of the Elderly: while work had started in this area and CHC advisors accepted into work streams, this project as a whole is facing changes which will better serve the Care of the Elderly. There will be a Council overseeing several workstreams and CHC advisors are committed to continuing in their roles.

"Having Community Representatives on our Frailty Project is invaluable. They provide a perspective and insight from a consumer perspective that we may not have considered. Consumer representatives also change the meeting dynamic; members are more considered about what they say and more respectful of each other."

Sally O'Connor, Director of Nursing; Strategy, Primary and Community

Pasifika Direction: CHC recognised that health services in Southern did not always align with the needs of the Pasifika population. Members drew up a Letter of Recommendation for a Pasifika Strategy and Action Plan in December 2020. This was discussed with Executive Director Quality Improvement and Clinical Governance. Due to the urgency of pandemic response work and the Patient Flow Taskforce, this was placed on hold. However, this is something CHC still believes needs to be given consideration.

Rainbow Tick: Some investigative work was undertaken by a CHC member and presented to the CHC, who are supportive of SDHB becoming an accredited Rainbow inclusive workplace. However, with the announcement of the Health and Disability Reforms, a decision was reluctantly made to place this on hold until Health NZ and Māori Health Authority are embedded, and re-visit this if appropriate at a later date.

Patient letters: Community members reported that letters sent from SDHB were often received after the event, were tersely worded and often caused anxiety to recipients. In November 2020 CHC members heard of the organisation wide plan to address concerns with the written communication to consumers and whānau. It was agreed that consumers would be involved in this exercise once the internal computerised letter repository was looked at. To date, there has been very limited consumer input and this has been on individual service request rather than the system wide review as was indicated, and CHC was advised that this would become part of the wider administrative review. CHC believes we can have a positive influence on this work, as we apply the consumer lens to these letters, and can advise on manner (such as showing some empathy) and appropriate wording.

Patient Tracer Audits: A presentation to CHC about Patient Tracer Auditing was delivered in May 2021. CHC members were asked to have input into reviewing the pamphlet given to the selected patients, as well as the letter sent to them after the event which outlined actions intended to be taken as a result. CHC members had many questions and suggestions, which were well received and, as appropriate, were included in the pamphlet and letter, and the staff took time to answer all the questions.

12.3

The Year Ahead

The Council is optimistic about the year ahead and the opportunities that will arise for community engagement. Community engagement with the build of the new Dunedin Hospital continues but to a lesser degree now that initial design stages have been completed. However, there will be opportunities for Advisors to be engaged in specific parts of the planning as this work continues.

CHC will liaise closely with the Disability Working Group now that it is working towards the implementation and evaluation of the Disability Strategy which was launched early in 2021. The chair of this group has a standing agenda item at CHC meetings which is an opportunity to keep each group informed and work collaboratively.

Council plans to continue with an active process around collection of stories from patients and whānau that can be used for staff training purposes. However, this does need resourcing, which in the current health climate, may not be feasible. Some stories which have already been collected are specifically for the use of the Disability Working Group in training programmes. The CHC is concerned about the process of gathering stories, the consenting for specific purposes and how the storage and issue of these will be managed, and CHC will work towards developing a policy for this activity.

CHC will be an active partner in forming a governance group to oversee the implementation of the Health Quality Safety Commission (HQSC) - Marker for Consumer engagement. Some work has already commenced and uploads managed, but the governance group needs to be formalised with membership of both consumers and staff. This is a Quality Improvement tool and SDHB will, over time, be able to measure the difference consumer engagement makes in the quality of service delivery to patients and whānau. Uploaded data is publicly available for viewing at

https://www.hqsc.govt.nz/our-programmes/partners-in-care/consumer-engagement-qsm/

There will be changes as the Health and Disability Reforms come into effect mid-2022. CHC members have been kept as well informed of changes for consumers as possible, by reports of the frequent zoom meetings with HQSC and also the National Consumer Council Chairs. At the time of writing, details of such changes are light, but there is a collective desire to make sure the gains and the strong relationships the consumers have made in the lead up to 1 July 2022 are not lost.

Kia huri a maatau kupu katoa ki nga mahi me te whakahaere i a tatou i tawhiti o nga tupuhi

May all our words turn to actions and steer us far from storms

Appendix 1 – Community Health Council Membership

Current Members to 30 June 2021

Mrs Karen Browne (Chair) Dunedin Term commenced: Feb 2019

Karen has worked in various locations around New Zealand as an Enrolled Nurse, Cardio-pulmonary Technician, CPR trainer, Ambulance Officer and as a shift supervisor of the Wellington Free Ambulance Communications Centre, and also in health administration.

The health system has always played a part of her working life, and, in more recent years, as a consumer of health services. She is well positioned to bring both a consumer perspective to discussions around health provision and service, particularly around musculoskeletal and long-term conditions, as well as an understanding of the delivery of health services. Karen has worked on various projects through being a member of the Health Consumer Advisory Service of Health Navigator, and is a member of the Health and Disability Commission's Consumer Advisory Group. Karen's health fields of interest include long term conditions, older person's health and primary health.

Mr Bob Barlin (MNZM) for humanitarian activities Dunedin Term commenced: Feb 2020

Bob is a retired Army Officer who has worked for various humanitarian aid agencies such as the United Nations and International Federation of Red Cross and Red Crescent Societies (IFRC) in many disaster zones throughout the world. At the present time Bob is being utilised by the IFRC as a volunteer to assist with identifying Lessons Learned from the IFRC Covid 19 Appeal reports submitted from many countries.

Bob is the President of the Dunedin RSA and a committee member of the Otago Officers Club. Bob is also a Member of the New Zealand Order of Merit for humanitarian activities.

Bob has undertaken roles in Logistics, Operations and Management during his service and has been a Logistics advisor on the new hospital build.

His years of work have impressed on him the need to provide care to those who need it.

Bob has seen at first hand that improvements in logistics supply, processes and procedures can increase savings that can then be channelled into direct medical funding.

In the case of Veterans, Bob is keen to help alleviate their medical concerns and to develop systems that will be of use in the future. Bob believes that we must learn from what has been, to better prepare for what is yet to come.

Mrs Jocelyn Driscoll Winton Term: July 2019 – December 2020

Jocelyn is a trained physiotherapist, dairy farm owner operator with her husband Tim, and mother to four young boys. Her fifteen-year career spans diverse areas of caring for people-including acute, community, child development, mental health, and more recently a small rural private physiotherapy clinic.

Jocelyn is involved with the Winton football club, both as a coach and a player; and St Thomas Aquinas School PTA. Both Jocelyn and her husband are part of a small dairy farm discussion group where we are challenged to create a sustainable and profitable farming business. Jocelyn is passionate about rural people accessing both services and information to assist with living healthy lifestyles. As both a provider for and consumer of our health service, her observation is rural people can miss out on opportunities to learn as well as access to services that would assist them to make good decisions regarding their current and future health.

Jocelyn's health fields of interest include youth and children's health, rural health, primary health, long term conditions, disability, older person's health, men's and women's health.

Ms Rosa Flaherty

Dunedin Term: Feb 2018

Rosa Flaherty is 21 years old. She was born at 24 weeks prematurity, in Hammersmith Hospital in London, and her family moved back to Dunedin when she was 15 months.

She attended Sacred Heart primary school and Kavanagh College high school, and is now pursuing a Bachelor of Laws and a Bachelor of Arts in Religious Studies at Otago University.

Rosa has been involved in community radio at Otago Access Radio for six years and will continue this year. During her time at Kavanagh College, she established a Lesbian, Gay, Bisexual, Trans, Queer/ Questioning and Others (LGBTQ+) support group for students. This group enabled her to participate in an Otago University Students Association (OUSA) facilitated Rainbow Leadership group involving leaders of LGBTQ+ groups in schools across Dunedin, which inspired her to join the Community Health Council.

Rosa has also been engaged with volunteering: this has involved supporting first-year students who are at home and flatting through the Otago University Locals Programme from 2018-2020; applying herself to Community Law Otago's Legal Education programme in 2020 to provide legal education to interested community members and groups; and volunteering as a legal advisor in 2021 through Community Law Otago's Volunteer programme, to enhance her client-focused skills and deliver accessible legal advice to all members of the Otago community.

Rosa's interests include LGBTQ+ rights and health care/ representation within the health system and youth representation within the health system.

Mrs June Mills QSM

Dunedin Term commenced: May 2019

June has worked in the Radio and Television industry for over 20 years in a variety of diverse professional roles including production and news directing. June has also worked as an employee in the role of Income Development and Promotions, both divisionally and nationally, followed by six years on the Cancer Society Board with the role of chair of Income Development and Strategic Planning.

June was a Rotarian for 24 years and is a member of the Rotary Club of Dunedin holding local and District (9980) roles during those years. She was the first woman to be inducted into the Club and first woman president (2001-2002). June was manager for seven years of Otago Peninsula Trust, Glenfalloch Gardens which included the role of Supervisor for the WINZ work scheme mainstreaming clients from institutions into the workforce.

Community involvement includes: volunteer with Presbyterian Support, Meals on Wheels, previous PACT Board member (10 years), previous Board Trustee for 10 years East Taieri Church, Saddle Hill Foundation Trust which developed and supports Youth Ministry for the East Taieri Church.

June's health fields of interest include long term conditions, palliative care and community support services.

Mr Jason Searle Cromwell

Term commenced: Apr 2018

Jason was born in Clyde and raised in Cromwell. He attended St Kevin's College in Oamaru before completing a Bachelor of Science majoring in zoology and ecology at Massey University.

Jason has returned home to Cromwell to work for a local company. He has a strong sporting background and has completed the GODZONE endurance race.

He is part of the Clyde Rugby Team and a volunteer of the Urban Fire Brigade. Jason is also the Deputy Chairperson of Community Health Council.

Jason's health fields of interest include rural health and men's health.

Mrs Kelly Takurua Tapanui Term commenced: Feb 2017

Kelly was born and raised in Gore until her family moved to Tapanui. This was followed by some time studying in Dunedin.

Kelly has undertaken a number of courses relating to social services and mental health addictions in Dunedin and Invercargill.

Kelly is currently working as a Social Worker/Manager for Te Iho Awhi Rito Social Service, a Marae-based Social Service provider in rural Southland.

Kelly's health fields of interest include mental health, alcohol and drugs, Māori health and primary health.

Ms Paula Waby Dunedin Term commenced: Feb 2017

Paula has lived experience of disability and is involved in a number of disability-related organisations, locally and nationally.

Paula has been involved with the Association of Blind Citizens of NZ, setting up an Audio Book Club at Dunedin Public Library, involved with the Disability Issues Advisory Group for the DCC and an active participant in the Otago Branch of Blind Citizens.

Paula is currently the Local Coordinator for the newly established Otago Blindness Network and President of the Dunedin branch of the Disabled Person's Assembly.

Paula's health fields of interest include disability (sensory, physical and intellectual), women's health, and primary health.

Mrs Lesley Vehekite Invercargill Term commenced: July 2019

Lesley is trained as a qualified accountant and works at the Pacific Island Advisory & Cultural Trust in Invercargill. Through her work she has had connections with Tongan, Cook Island and Samoan, Kiribati and Fijian communities to find out and support their health and social needs.

Lesley is a member of the Free Church of Tonga and her husband is an ordained Minister and both of them have been working and managing the Youth and Sunday school for over 20 years as well as raising their six children.

Lesley has found out through her community visits with work that there is a lack of knowledge regarding health, education and the government system and wants to support Pasifika families and communities to achieve maximum well-being and healthy lifestyle.

Lesley's health fields of interest include youth and children's health, Pacific health, primary health, mental health and long-term conditions.

Toni Huls Oamaru. Term commenced: March 2020

Toni is a mother, grandmother and wife. She has lived experience of mental distress and an Acquired Brain Injury (ABI). Toni is an advocate and wellness champion. In earlier years Toni was a Child Support Worker (Palliative) with Nurse Maude. She worked for IHC as a support worker both vocational and residential. Toni volunteered as a trainer for Youthline for 6 years. Toni's husband had terminal cancer and she cared for him while they were living rurally. Tonie has spent 20 years rehabilitating and recovering from an ABI. In later years she has volunteered in numerous roles.

Toni is involved with Waitaki Mental Health Support Group and Waitaki Mental Health and Addictions Network Group. She is a tall tree and regional leader with Rakau Roroa which is part of Changing Minds. Toni is recently married; her partner is living with long term health conditions. Toni is an Intentional Peer Support worker at Otago Mental Health Trust (Waitaki) and a Yale "fellow" Programme for Recovery and Community Health. Toni's health field area of interest is MHAID, equality and equity disabilities and rural health.

Appendix 2 – List of registered CHC Advisors, 2020/2021

*** Denotes FiT group member for New Dunedin Hospital**

Jennifer Anderson
LJ (Leo Junior) Apaipo*
Suzanne Bamford
Catkin Bartlett*
Marie Baynes
Winsome Blair
Caz Brigham
Barbara Brinsley
Cassie Campbell
Gemma Carroll
Jay Conway
Anne Coup*
Leslie Cowper
Ryan Craig
Rachel Cuthbertson
Susan Davidson
Anne-Marie Davis
Sarah Derrett
Lauren Dewhirst*
Kingi Dirks
Percy Donovan
Carmen Doran
Jocelyn Driscoll
Naomi Duckett
Emily Duncan
Tina East

Sue Edwards
Norman Evans
Joyce Falloon
Ilka Fedor*
Yvonne Fell
John Fenby
Lisa-Mdee Fleck
Simon Fogarty
Chris Ford*
Shona Fordyce
Emily Gardiner*
Barbara Gee*
Patsy Gordon
Bronnie Grant
Ruth Groffman
Hana Halele*
Sian Hannagan
Margaret Hathaway
Angela Hendry
Vivienne Hill
Adrian Hindes *
Kerry Hodge*
Stephen Hoffman
Lynley Hood
Chris Horan
Greg Hughson*

Emma Hunter
Denise Ives
Jo Jennings
Andrea Johnston
Lynn (George) Kerr*
David King*
Colin Lind*
Azlyn Lind
David Little
Rania Loughnan
Bill Lu
William Luslow
Madeline Mc Lay
Madeline McCoy
Anne McCracken
Tim McEvoy
Lisa McEvoy
Deborah McLeod
John Marrable*
Chris Middlemiss
Jo Millar*
Geoff Mitchell
Pippa Newstead
Kylie Murdoch
Kris NIicolau
Georgina Northcoat

Mary O'Brien
Gerald O'Connor
Jeanette Olga Bell
Sue O'Neil
Trish O'Neill
Nora Paicu
Tracey Peters
Angela Phillips*
Isabella Prattelly
Brendon Reid
Jean Park
Tanea Paterson
Gillian Perica
Lorie Roberts
Anna Rumbold
Lyneta Russell
Jo Shone
Hazel Sinclair
Peter Small *
Natakie Russell
Mohamed Rizwan*
Lux Selvanesa*
Sue Smith
Josh Spence
Megan Spence
Jo St Baker

Linda Strang
Marie Sutherland
Jasmin Taylor
Nicholas Tulloch
Annette Tulloch
Kath Tuna
Gemma Van Den Heuuel
Kathryn Van Beek
David Vaugh
Melissa Vining
Marie Wales
Anna Walls*
Ainsley Webb
Carolyn Weston
Leah White
Tess Williamson*
Margaret Willoughby
Kirsty Wing
Mervyn Wilson
Trish Wright
Marie Wales
Anna Walls

Council members in FiT groups: Bob Barlin, June Mills, Karen Browne
NOTE: This may not be the complete list due to a staff vacancy – not all files could be accessed

Appendix 3

– Projects CHC and CHC advisors have been involved with 2020/21

Clinical Council	Clinical Council provides advice on clinical governance for the DHB.	CHC chair	District wide	Ongoing
Clinical Leadership Group (CLG)	CLG provides clinical oversight and service inputs and puts recommendations to the Southern Partnership Group.	2 CHC advisors	District wide	Ongoing
Digital Strategy Governance Group (IT Governance Group)	Digital Strategy Governance Group which is guiding how the IT systems will function across the district.	1 CHC member	District wide	Ongoing
Frailty and Care of the Elderly – Frailty Steering Group	Encompasses several streams – will be re-configured end of 2021	4 CHC advisors	District wide	Ongoing
Maternity Quality & Safety Programme	This is a national programme which establishes and builds upon both national and local maternity quality improvement activities at a local level.	3 CHC advisors	District wide	Ongoing
CPHAC/DSAC	Community representative with lived experience of disability on this committee	1 CHC advisor	District wide	Ongoing
Steering group for evaluation of implementation of Primary and Community Care Strategy	Various groups are evaluating the implementation of aspects of this strategy.	1 CHC advisor	District wide	Ongoing
Evaluation of Allied Health Uniforms	CHC member worked alongside staff to make decisions on Allied Health staff uniforms	CHC member	District wide	Complete
Telehealth Steering Group	Two CHC advisors sit on this steering group advising from a patient/ whānau perspective	1 CHC advisor	District wide	Ongoing
Rheumatology service redesign	A patient advisory group established to support staff with designing service from a patient/ whānau perspective	3 CHC advisors 1 CHC member	District wide	Ongoing
Endoscopy Oversight Group	Two CHC advisors were appointed to this group in mid-2020.	2 CHC advisors	District wide	Ongoing
After-hours Primary Care Steering Group Southland	Two CHC members are on this steering group	2 CHC members	Southland	Ongoing

12.3

Mental Health Review	One CHC member is sitting on panel reviewing the RfPs.	1 CHC member	District wide	Ongoing
Facilities in Transformation (FiTs)	Engagement of CHC members and CHC advisors on the concept design stage of the new build of Dunedin Hospital workstreams has been occurring since May 2019	3 CHC members 23 CHC advisors	District wide	Ongoing
Patient Flow Taskforce	In response to CHC reports of concern from the community – set up Dec 2020 – reports to SDHB each month	1 CHC member	District wide	Ongoing
HQSC – Consumer Engagement Marker	Self - evaluation of services/departments showing level of consumer engagement using the SURE framework	All CHC informed; oversight group participation in final scores for uploading	District wide	Ongoing
National Chairs of Consumer Council Network	Monthly zoom meetings to discuss HQSC marker and Health and Disability Reforms	Chair of CHC	Nation wide	Ongoing
Health NZ – Locality pilot site planning	WellSouth and DHB	Chair CHC and Consumer Liaison	District wide	On hold
HQSC and Transition Unit for Health and Disability Reforms	Series of meetings to discuss consumer groups in Health NZ	Chairs of consumer councils, Transition Unit and HQSC	Nation wide	Ongoing
Rainbow Tick	Investigations to make a recommendation that SDHB become an accredited Rainbow Tick employer	1 CHC member investigated and reported to all members	District wide	Due to Covid-19 and announcement of implementation of Health and Disability reforms this is now on hold
Patient Letters	To look at all letters going to consumers and their whanau regarding the wording and timeliness	CHC received a presentation with a call to be involved once the internal digital files are sorted	District wide	Ongoing
Patient Tracer Audits	Feedback requested on a pamphlet and follow up letter to participants	All CHC members	District wide	Completed

Appendix 3

– Other involvement during 2020/2021

Pieces of work CHC has been informed about, advised on, and / or provided feedback on throughout 2020/2021

- Community Health Hubs – progress updates throughout year
- Primary Maternity Updates – progress updates throughout year and CHC
- Policy document – Not for CPR – single presentation and request for feedback
- Disability Strategy - progress updates throughout year
- Health Care Homes - progress updates throughout year
- Feedback on New Dunedin Hospital Public Facilities - CHC members asked to provide feedback and suggested a wider survey
- Mental Health Review – updates throughout the year
- Primary and Community Care Strategy – updates on the implementation and the evaluation throughout the year
- Public Health Covid-19 vaccination rollout and Steering Group - CHC members informed, one CHC member joined the Steering Group
- ACC information pamphlet – feedback provided on the wording and presentation
- MyLab – CHC was informed of the planning for this
- Improving Care for Older People – CHC was informed of the plans for this which will involve CHC members
- HQSC – updates throughout the year about the Consumer Engagement Marker

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) Community and Public Health Advisory Committee ▪ Verbal report of 6 December 2021 meeting b) Iwi Governance Committee ▪ Verbal report of 6 December 2021 meeting c) Finance, Audit & Risk Committee ▪ Unconfirmed minutes of 1 November 2021 meeting	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.
2022/23 Health New Zealand Budget	Annual Plans are subject to Ministerial approval.	Section 9(2)(f)(i).
Digital Transformation	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.
Capex Approvals ▪ Echocardiography Machines ▪ Autoclaves	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 ▪ Cleaning and Orderlies ▪ Electricity	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.
Annual Report 2021	Subject to approval and will be publicly available when tabled in Parliament	Section 9(2)(f)(i).
Mental Health Review	To allow activities and negotiations to be carried on without prejudice or disadvantage	Section 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.