Southern DHB Board Meeting

By Zoom

02/02/2022 09:30 AM

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11.	Presentations:		
	11.1 Nga Kete Matauranga Pounamu Charitable Trust	11.15 am Tracey Wright-Tawha	
	11.2 Awarua Whānau Services	11.30 am Amy De Vries	

APOLOGIES

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

FOR INFORMATION/NOTING

Item: **Interests Registers**

Proposed by: Jeanette Kloosterman, Board Secretary

Meeting of: Board, 2 February 2022

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 Peter Crampton – Expert Advisory Group for WAI removed, Transition Unit appointments added
- Dr Lyndell Kelly – employment status with SDHB updated and Healthcare Otago Charitable Trust added
- Dr Benjamin Pearson – Chief Medical Officer, South Canterbury DHB, added
- A/Prof Moana Theodore – nephew removed, employment changed to Associate Professor, University of Otago, and sister-in-law, Charge Nurse Manager, Wakari, SDHB added
- Dr David Gow, Mr Andrew Lesperance and Prof John Eastwood added

Background

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

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

Appendices

- Board and Executive Leadership Team Interests Registers

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Pete Hodgson (Board Chair)	22.12.2020	Trustee, Koputai Lodge Trust (unpaid)	Mental Health Provider	
	22.12.2020	Chair, Callaghan Innovation Board (paid)		
	22.12.2020	Chair, Local Advisory Group, New Dunedin Hospital		
	22.12.2020 (updated 26.08.2021)	Ex-officio Member, Executive Steering Group, New Dunedin Hospital		
	22.12.2020	Board Member, Otago Innovation Ltd (paid)		
	25.02.2021	Board Member, Quitta Ltd (unpaid)	Nicotine replacement therapy under development.	
Peter Crampton (Deputy Board Chair)	16.04.2021	Employment: Professor, Kōhatu Centre for Hauora Māori, University of Otago (appointed July 2018)		
	16.04.2021	Member, Health Quality and Safety Commission Board (appointed April 2020)		
	16.04.2021	~~Member, Expert Advisory Group for WAI claimants related to historical underfunding of Māori PHOs (appointed September 2020)~~	Removed 09.12.2021	
	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).	
	09.12.2021	Member, Transition Unit's Funding Flows and Incentives Expert Panel (appointed December 2021)		
	09.12.2021	Member: Transition Unit's Primary and Community Expert Panel (appointed October 2021)		
	09.12.2021	Member: Transition Unit's Review of the Primary Care Capitation Formula Expert Panel (appointed October 2021)		
John Chambers	09.12.2019	Employed as an Emergency Medicine Specialist, Dunedin Hospital		
	09.12.2019	Employed as Honorary Senior Clinical Lecturer, Dunedin School of Medicine	Possible conflicts between SDHB and University interests.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	09.12.2019	Elected Vice President, Otago Branch, Association of Salaried Medical Specialists	Union (ASMS) role involves representing members (salaried senior doctors and dentists employed in the Otago region including by SDHB) on matters concerning their employment and, at a national level, contributing to strategies to assist the recruitment and retention of specialists in New Zealand public hospitals.	
	09.12.2019	Wife is employed as Co-ordinator, National Immunisation Register for Southern DHB		
	09.12.2019	Daughter is employed as MRT, Dunedin Hospital		
Kaye Crowther	09.12.2019	Life Member, Plunket Trust	Nil	
	09.12.2019	Trustee, No 10 Youth One Stop Shop	Possible conflict with funding requests.	
	14.01.2020	Trustee, Director/Secretary, Rotary Club of Invercargill South and Charitable Trust		
	14.01.2020	Member, National Council of Women, Southland Branch		
	07.10.2020	Trustee, Southern Health Welfare Trust	Trust for Southland employees - owns holiday homes and makes educational grants.	
Lyndell Kelly	09.12.2019 Updated 04.12.2021	~~Employed as Specialist, Radiation Oncology~~, Locum SMO, Southern DHB	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)	
	04.12.2021	Trustee, Healthcare Otago Charitable Trust		
Terry King	28.01.2020	Member, Grey Power Southland Association Inc Executive Committee		
	28.01.2020	Life Member, Grey Power NZ Federation Inc		
	28.01.2020	Member, Southland Iwi Community Panel	ICP is a community-led alternative to court for low-level offenders. The service is provided by Nga Kete Matauranga Pounamu Charitable Trust in partnership with police, local iwi and the wider community.	
	14.02.2020	Receive personal treatment from SDHB clinicians and allied health.		
	03.04.2020	Client, Royal District Nursing Service NZ Ltd		
	12.01.2021	Nga Kete Matauranga Pounamu Trust Board Member		
Jean O'Callaghan	13.05.2019	St John Volunteer, Lakes District Hospital	No involvement in any decision making.	
	26.08.2021	Idea Services Board of IHC	Possible conflict with contracts and service delivery models.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
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		
	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	Employment: Associate Professor, University of Otago	Updated 08.12.2021	
	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)~~	Removed 08.12.2021	
	17.08.2020	Health Research Council Fellow		
	14.01.2022	Sister-in-law, Charge Nurse Manager, Wakari, SDHB		
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.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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		
	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		
	13.01.2022	Chief Medical Officer, 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	
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 Māori 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
	26.10.2017	Nephew, Tax Advisor, Treasury	

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
	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)
John EASTWOOD	19.01.2022	Clinical Director Localities, Interim Health New Zealand	Conflict with matters related to establishment of Localities. Possible conflict with matters related to the Health Reforms and the establishment of Māori Health Authority and Health New Zealand
	19.01.2022	Clinical Professor Department of Preventative and Social Medicine, University of Otago	Conflict with matters related to Department of Preventative and Social Medicine, and possible conflict with matters related to the three UoO Clinical Schools and the University of Otago
	19.01.2022	Adjunct Professor University of New South Wales	Nil
	19.01.2022	Clinical Professor University of Sydney, Sydney, Australia	Nil
	19.01.2022	Executive Clinical Advisor Sydney Local Health District, Sydney, Australia	Nil
	19.01.2022	Director Early Years Research Group, Ingham Institute of Applied Medical Science, Liverpool, New South Wales, Australia	Nil
	19.01.2022	Director of Centre of Research Excellence for Health and Social Care Integration, Sydney, Australia	Nil
	19.01.2022	Co-Chair Sydney Institute for Women Children and their Families, Sydney Local Health District	Nil
	19.01.2022	Co-Chair International Foundation of Integrated Care - Australia	Nil
	19.01.2022	Co-Chair International Foundation of Integrated Care - Aotearoa Steering Committee	Nil
	19.01.2022	Member Royal Australasian College of Physicians Policy and Advocacy Committee (CPAC)	Nil
	19.01.2022	Executive Member of the International Society of Social Paediatrics and Child Health (ISSOP)	Nil
	19.01.2022	Consultant to the World Health Organization, Geneva	Nil
	19.01.2022	Fellow of the New Zealand College of Public Health Medicine	Nil
	19.01.2022	Fellow of the Australasian Faculty of Public Health Medicine	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
	19.01.2022	Fellow of the Royal Australasian College of Physicians	Nil
	19.01.2022	Fellow of the Royal Australasian College of Medical Administrators	Nil
	19.01.2022	Fellow and Certified Health Executive of the Australasian College of Health Services Managers	Nil
	19.01.2022	Wife - General Practitioner at Mosgiel Health Centre, Mosgiel	Possible conflict with any SDHB contract negotiations with the General Practice
	19.01.2022	Wife - Contracted medical educator for the Royal New Zealand College of General Practice	Nil
	19.01.2022	Member of the Medical Assurance Society (MAS)	Nil
David GOW	07.12.2021	Private Clinic, Mercy Hospital	
	07.12.2021	Wife employed by SDHB as Nurse Consultant for Quality Improvement	
Andrew LESPERANCE	20.12.2021	Son, employee, HR Department, Ministry of Health (working with IT team recruitment)	
	20.12.2021	Director, Secretan Family Trust	
	20.12.2021	Former Director, North Island PHO (resigned when appointed to SDHB)	
	20.12.2021	Daughter, Project Co-ordinator, Ministry of Education	
	20.12.2021	Son, student, University of Otago (accounting major)	
Hywel LLOYD	16.06.2021	GP, Mosgiel Health Centre	
	16.0.2021	Wife, Nurse, Paediatric Outpatients	
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.

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
	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 Māori illicit drug use to primary care and in Māori communities funded by MoH Workforce NZ.
Nigel TRAINOR	17.05.2021	Daughter, Sonographer (works part-time for Dunstan Hospital)	
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil

Minutes of the Southern District Health Board Meeting

Tuesday, 7 December 2021, 9.30 am
Board Room, Wakari Hospital Campus, Dunedin

Present:	Mr Pete Hodgson	Chair
	Prof Peter Crampton	Deputy Chair
	Dr John Chambers	
	Mrs Kaye Crowther	
	Dr Lyndell Kelly	*(from 11.05 am)*
	Mr Terry King	
	Mrs Jean O'Callaghan	
	Mr Tuari Potiki	
	Miss Lesley Soper	
	A/Prof Moana Theodore	
In Attendance:	Mr Roger Jarrold	Crown Monitor *(by Zoom)*
	Dr Ben Pearson	Crown Monitor
	Ms Amy Adams	Board Member, Interim Health NZ *(by Zoom)*
	Mr Chris Fleming	Chief Executive Officer
	Mr Hamish Brown	Acting Chief Operating Officer
	Ms Kaye Cheetham	Chief Allied Health, Scientific and Technical Officer
	Mr Rory Dowding	Acting Executive Director Planning, Funding and Population/Public Health
	Prof John Eastwood	Chief Medical Officer *(from 10.22 am)*
	Dr David Gow	Chair, Clinical Council
	Ms Greer Harper	Principal Advisor to the Chief Executive
	Mr Andrew Lesperance	Executive Director Planning, Funding and Population/Public Health
	Dr Hywel Lloyd	Director Quality and Clinical Governance Solutions
	Dr Nicola Mutch	Executive Director Communications
	Mr Patrick Ng	Chief Digital Officer *(from 1.45 pm)*
	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 *(by Zoom)*
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME AND KARAKIA

The Chair welcomed everyone and introduced Ms Amy Adams, Board Member, Interim Health NZ, and Mr Andrew Lesperance, who had recently taken up the position of Executive Director Planning, Funding and Population/Public Health.

The Chair advised that Prof Sue Crengle and Ms Fiona Pimm, members of the interim Māori Health Authority, would also be attending future meetings.

The meeting was opened with a karakia.

2.0 APOLOGIES

Apologies for lateness were received from Dr Lyndell Kelly and the Chief Medical Officer.

An apology was received from Prof Sue Crengle, Māori Health Authority.

3.0 DECLARATION OF INTERESTS

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

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 2 November 2021 be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

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

6.0 ACTION SHEET

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

- *Southland Site Planning* – the Sapere team had completed a site visit to the Southland Hospital campus.
- *District Head of Department for ICU* – A preferred candidate had been identified for the Clinical Director of ICU.

7.0 ADVISORY COMMITTEE REPORTS

Community and Public Health Advisory Committee

The Board received a verbal report from Mr Tuari Potiki, Community and Public Health Advisory Committee (CPHAC) Chair, on the CPHAC meeting held on 6 December 2021, during which he advised that the Committee received:

- A presentation from Police on how they and SDHB could work jointly to help people dealing with alcohol and drug problems;
- A presentation from Dr Hywel Lloyd on managing COVID-19 in the community;
- A report on Planning, Funding and Population/Public Health activity;
- An informative report on access to after hours primary health care in the district;

- Updates on PHO performance, Māori Health, Public Health and financial performance.

Disability Support Advisory Committee

The Board received a verbal report from Dr Moana Theodore, Disability Support Advisory Committee (DSAC) Chair, on the DSAC meeting held on 6 December 2021, during which she advised the Committee:

- Noted the good work carried out in the Southern district for the Disability Awareness Week;
- Received an update from the Disability Working Group;
- Received a report on the announcement of a new Ministry for Disabled People and endorsed the need for a budget to be allocated for disability related activities and the funding of the implementation of the Southern DHB's Disability Strategy;
- Received a report on staff disability awareness training and endorsed a recommendation that disability responsiveness training be made mandatory for all staff from 1 January 2023 or earlier if practicable. DSAC members would also undertake the training;
- Received reports and presentations on aged care, COVID-19 vaccination, and community services for people living with disability.

Hospital Advisory Committee

The unconfirmed minutes of the Hospital Advisory Committee (HAC) meeting held on 1 November 2021 were taken as read (tab 6.3).

8.0 CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer's monthly report (tab 7) was taken as read and the CEO commented on the following items.

COVID-19 Endemic Planning

Dr Hywel Lloyd and Ms Chris Crane were doing an outstanding job of endemic planning within some very tight timeframes.

The CEO advised that he and the team were working on the following issues:

- *Transport:* work was being undertaken with St John's, particularly in relation to the Queenstown and Central Otago areas.
- *Support for Community Isolation/Quarantine (SIQ)* – An option to lease a facility in Kaikorai Valley was being discussed and meetings were scheduled with the Queenstown Mayor and Chamber of Commerce to discuss options for SIQ facilities for the Queenstown and Central Otago areas.
- *Testing Capability* – The PHO was managing COVID-19 testing capability and would be standing up facilities in Dunedin and Invercargill and ensuring testing in Central Otago was robust.
- *Workforce* – Ideally additional clinical staff would be engaged to manage COVID-19 but the reality was that Southern, along with DHBs throughout the country, was constrained by the ability to recruit staff. If COVID-19 numbers went beyond what was being planned for, business as usual would have to be curtailed.

The Board congratulated everyone involved in the COVID-19 vaccination programme, noting that the vaccination rate achieved was a remarkable feat in an area that was the most rural in the country.

Otago Coastal (Dunedin) Co-Response Team

Southern DHB, NZ Police and St John's had signed a Memorandum of Understanding to trial a co-response team in Dunedin to provide a co-ordinated and responsive service to people experiencing mental health distress.

Performance and Accountability Framework

A trial run of the performance and accountability framework had been completed in one service. It would take some work to roll it out to other services, then cascade it down the organisation.

Board members requested a high level view of the framework to give them an understanding of how performance would be measured.

Collaboration to Transform the Way in which Mental Health and Addiction Services are Delivered

Eight potential partners had registered an interest in developing community based services and three had been shortlisted.

Time for Change – Mental Health and Addiction System Review

The CEO informed the Board that a special Board meeting may be required late January 2022 to consider funding for the Mental Health and Addiction System Review implementation.

Generalism and Medical Assessment Unit (MAU)

The Executive Director Corporate Services reported that services would be decanted from the Fraser Building by February/March 2022 and the MAU would be open in December 2022.

The Chief Medical Officer joined the meeting at 10.22 am.

Care Capacity Demand Management (CCDM)

The Chief Nursing and Midwifery Officer reported that:

- The CCDM Evaluation Team, including members from the Safe Staffing Unit, had visited to carry out an audit of Southern DHB's progress towards implementing CCDM. A report had since been received endorsing Southern DHB as fully implemented.
- 76 FTE positions had been advertised, with 47 FTE being offered appointments, however a number were new graduates, so would not be commencing until January 2022. A third of the 47 FTE were Health Care Assistants and the remainder Registered Nurses (RNs).

During discussion, management responded to questions on the gynaecology first specialist assessment (FSA) wait list, midwifery services, surgical thresholds, staff morale, and increasing beds on the Southland site.

It was agreed that:

- The gynaecology waiting list and surgical threshold issues be referred to the Hospital Advisory Committee for further consideration;

- The Chief Nursing and Midwifery Officer would follow up a suggestion that the handover time from midwifery to WellChild services be shortened to relieve pressure on midwifery services.

9.0 FINANCE AND PERFORMANCE

Financial Report

The Financial Report for the period ended 31 October 2021 (tab 8.1) was taken as read. The Executive Director Corporate Services (EDCS) advised that the accounts continued to be distorted by COVID-19 costs and highlighted the following areas he was concerned about:

- The nursing workforce being under budget;
- The mismatch in the volume of outsourced services and the amount budgeted;
- Clinical supplies, in particular pharmacy and air ambulance;
- Infrastructure and non-clinical costs. There had been increased demand for security, plus maintenance, energy, and information, communication and technology (ICT) costs were increasing.

On the positive side, the EDCS informed the Board that the $3.2m of revenue for planned care that was unable to be delivered due to COVID-19 would be received. Additional revenue would also be received for the pay equity component of the Nurses MECA settlement, however there would be a negative gap for the pay settlement.

The EDCS responded to questions on the forecast, capital plan, cashflow, and accruals, and advised that he would submit a productivity analysis to the February Hospital Advisory Committee meeting.

Volumes Report

The EDCS presented and responded to questions on the volumes report for October 2021 (tab 8.2).

Quality Dashboard

The Quality Dashboard (tab 8.3) was taken as read and the Director Quality and Clinical Governance Solutions (DQ&CGS) highlighted:

- The new format for the dashboard, which included more commentary, data definitions and a three year comparison. Pressure injuries and falls were still to be added.
- Hospital acquired complications and infections remained stubbornly high in Dunedin, and Invercargill had become red for hospital acquired infections.
- A policy statement on clinical governance expectations of wards, services and departments was considered by the Clinical Council. This would set a clear agenda for addressing issues such as hospital acquired infections.
- The ED wait times reflected the pressure on the Emergency Departments and the services that support them.
- The variability in restraints was due to a small number of patients.

Management responded to questions on ED wait times, pressure injuries and falls.

The Board requested:

- A deeper dive into ED metrics and it was agreed that this commence with a presentation from Dr Richard Stephenson, Clinical Director, Dunedin Hospital ED, to the next Hospital Advisory Committee meeting;
- That Health Roundtable data be added to routine reporting to benchmark Southern's performance, including the areas where it performs well.

Dr Kelly joined the meeting at 11.05 am.

Performance

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

10.0 CLINICAL COUNCIL REPORT

Dr David Gow, Chair of the Clinical Council, presented a progress report on the Council's activity, including its areas of focus, membership, and work plan (tab 12.1), then received feedback from members and responded to their questions.

The Board thanked Dr Gow for his leadership and reiterated their offer of support.

Ms Karen Brown, Chair of the Community Health Council, joined the meeting for the following two items.

11.0 PATIENT FLOW TASKFORCE

A progress report from the Patient Flow Taskforce was circulated with the agenda and taken as read (tab 12.2).

The Chief Nursing and Midwifery Officer and Ms Brown presented the findings of the first test patient experience survey on flow conducted in Ward 8Med. Patients were asked four key questions, which were part of the SAFER bundle of best practices for patient flow internationally:

- What is the matter with me? (Main diagnosis)
- What is going to happen today? (Tests, interventions, etc)
- What is needed to get me home? (Clinical criteria for discharge)
- When am I going home? (Expected date of discharge)

Thirty-five surveys were handed out and 31 were completed. Of the 31:

- 27 knew why they were in hospital
- 24 had been told of the day's plan for them
- 23 were aware of what needed to be in place for them to be discharged
- 20 were told why they were not discharged over the weekend
- 15 were going home that day

Ms Brown advised that one of the key learnings from the survey was the importance of communication with patients and choosing the right time to communicate with them.

The Chief Allied Health, Scientific and Technical Officer, informed the Board that the Ministry of Health were visiting that day to assist with a weekend discharge pilot.

The Chief Medical Officer gave an update on the discharge summary process review, which had just commenced, and advised that ambulatory sensitive hospitalisation and making greater user of community resources were being explored to expedite the discharge process.

The Board thanked Ms Brown and the CHC member who assisted her with the survey, and emphasised the importance of improving patient flow.

12.0 COMMUNITY HEALTH COUNCIL ANNUAL REPORT

Ms Karen Brown, Chair of the Community Health Council (CHC), presented the CHC Annual Report (tab 12.3). In doing so, she advised that the CHC would like to present to the service departments at their planning days, so the Council becomes more widely known throughout the organisation.

Ms Brown highlighted the engagement successes throughout the year, which included participation in primary and after hours care in Invercargill, creating a low sensory waiting area in the ED at Dunedin Hospital, the HQSC consumer engagement marker, launching of the Disability Strategy and the formation of the Disability Working Group, telehealth, and the Patient Flow Taskforce. Positive feedback had been received on consumer input into the Endoscopy Oversight Group and the Frailty and Care of the Elderly Groups.

Work on a Pasifika strategy and the rainbow tick had been paused due to the endemic response and the Health and Disability Reforms but had not been forgotten. The CHC would also be involved in the review of patient letters.

The Board complimented and thanked Ms Brown and the Community Health Council for the work they were doing.

13.0 ANNUAL PLAN QUARTERLY REPORT

The Acting Executive Director Planning, Funding and Population/Public Health presented a summary of reporting to the Ministry of Health on performance against the 2021/22 Annual Plan (tab 8.5).

14.0 STRATEGIC CHANGE PROGRAMME

The CEO presented the new Strategic Change Programme report generated from the Cascade platform (tab 9). In doing so, he asked the Board to focus on the concept, rather than the actual results, as these were still being refined.

The CEO and Principal Advisor to the CEO were thanked for their work to date on developing the report.

15.0 SOUTHLAND SITE PLANNING

The Principal Advisor to the Chief Executive presented an update from Sapere on the clinical needs analysis for Southland (tab 10).

16.0 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 11) was taken as read and the CMHS&IO provided the following updates.

- Two appointments had been made to the Kaiawhina positions, one in Invercargill and the other in Dunedin.
- Two unsuccessful attempts had been made to appoint a Kaumātua in Invercargill, so consideration was now being given to diversifying the role.
- The CMHS&IO and the Chief Nursing and Midwifery Officer were still communicating with the Auckland DHB regarding the Clinical Nurse Specialist roles.
- A request for recruitment (RFR) had been issued for the Mental Health leadership role.
- An appointment had been made to the Pou Whakatere Māori position in Public Health.
- Southern DHB had been awarded a Hauora Direct contract, which would probably be tendered out.
- An equity data analyst had been appointed and a request for recruitment (RFR) had been issued for a Māori Workforce Development Specialist.
- The Māori Health Equity Strategy Group was being formed.

The CMHS&IO and Māori Health Directorate were congratulated and thanked for their efforts.

It was suggested that the Māori Health Equity Strategy Group's role include providing support and advice on equity across the organisation, to groups such as the Quality Directorate, Clinical Council and Community Health Council.

17.0 FAREWELL – EXECUTIVE DIRECTOR COMMUNICATIONS AND PRINCIPAL ADVISOR TO THE CHIEF EXECUTIVE

The Board thanked departing staff members Nicola Mutch, Executive Director Communications, and Greer Harper, Principal Advisor to the Chief Executive, and acknowledged their contributions to Southern DHB.

The Executive Director Planning, Funding and Population/Public Health left the meeting at 12.20 pm.

PUBLIC EXCLUDED SESSION

***At 12.20 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.

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

The meeting closed with a karakia at 3.30 pm.

Confirmed as a true and correct record:

Chairman: _____ Date: _____

Southern District Health Board
BOARD MEETING ACTION SHEET

As at 24 January 2022

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 took place the week of Nov 29th. Targeted engagement with Clinical leads has also occurred. Project on track.	
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.	March 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		
June 2021	(Minute 6.0)	Completion date to be supplied for adding calibration points.	DQCGS	Progress has been delayed due to other IT commitments. New timeline: To be added in March for the April meeting.	April 2022

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Dec 2021	(Minute 9.0)	Health Roundtable data to be added to routine reporting to benchmark Southern's performance, including the areas where it performs well.	DQCGS	For HRT data on the quality Dashboard benchmarking will be added in March for the April meeting.	April 2022
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~~ March 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.	March 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.	Feb 2022 for March meeting
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. Update 18/01/22 - A Professional Practice Facilitator has been appointed	

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
				to facilitate a district wide approach to critical care as of 23 December 2021.	
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	Update provided in CEO Public Excluded report due to commercial sensitivities.	
Sept 2021	**Māori Health – Actions to Address Amenable Mortality and Conditions** (Minute 24.0)	Monthly reports to be submitted to Board.	CMHS&IO	Ongoing	
Dec 2021	(Minute 16.0)	Suggested that the Māori Health Strategy Group's role include providing support and advice on equity across the organisation (incl. to Quality Directorate, Clinical and Community Health Councils).	CMHS&IO		
Dec 2021	**Performance and Accountability Framework** (Minute 8.0)	Members to be provided with a high level view of the framework to give an understanding of how performance will be measured.	CEO	Will be worked up for March Board meeting.	March 2022
Dec 2021	**Gynaecology Waiting List and Surgical Thresholds** (Minute 8.0)	To be referred to HAC for consideration.	COO	Update included in the COO report to HAC.	
Dec 2021	**Midwifery** (Minute 8.0)	Suggestion that handover from midwifery to WellChild services be shortened to be followed up.	CN&MO	A South Island group has just been established (o Te Waipounamu Kaitautoko Tamariki Roopu) with its main purpose to improve LMC transfer to Well Child Tamariki Ora (WCTO) providers with an equity lens. Other	Commenced and ongoing

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
				key functions of the group will focus on enhancing relationships, education, development of a process for antenatal and **early** postnatal referral to WCTO for whānau with complex needs. An example of this has already commenced in Oamaru e.g. a trial of an early "warm handover" which entails either a virtual or face to face handover with the LMC, WCTO and whānau. The group's ToR fits well with the WCTO review recommendations to have an Early Years approach with Maternity and WCTO working together. Recommendations for more formal changes will be made to the transition unit in due course.	
Dec 2021	**Productivity** (Minute 9.0)	Analysis to be submitted to the February Hospital Advisory Committee meeting.	EDCS COO		Feb 2022 for March meeting
Dec 2021	**ED Pressure** (Minute 9.0)	Dr Richard Stephenson, Clinical Director, Dunedin Hospital ED, to be invited to present to the February HAC meeting.	COO	Invite extended and accepted.	On agenda for HAC

Southern District Health Board

Minutes of the Community and Public Health Advisory Committee Meeting held on Monday, 6 December 2021, commencing at 1.00 pm, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mr Tuari Potiki	Chair
	A/Prof Moana Theodore	Deputy Chair
	Prof Peter Crampton	
	Mrs Kaye Crowther	
	Dr Lyndell Kelly	
	Mr Terry King	
In Attendance:	Mr Pete Hodgson	Board Chair
	Dr John Chambers	Board Member
	Mrs Jean O'Callaghan	Board Member
	Ms Lesley Soper	Board Member *(by Zoom)*
	Mr Roger Jarrold	Crown Monitor *(by Zoom)*
	Mr Chris Fleming	Chief Executive Officer
	Mr Rory Dowding	Acting Executive Director Planning, Funding and Population/Public Health
	Mr Andrew Lesperance	Executive Director Planning, Funding and Population/Public Health
	Prof John Eastwood	Chief Medical Officer
	Dr Hywel Lloyd	Director Quality and Clinical Governance Solutions
	Dr Nicola Mutch	Executive Director Communications
	Mr Andrew Swanson-Dobbs	Chief Executive, WellSouth Primary Health Network *(until 3.10 pm)*
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer/Acting Executive Director MHAID
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

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

2.0 APOLOGIES

Apologies were received from:

- Dr Ben Pearson, Crown Monitor
- Dr Doug Hill, who advised he was absenting himself due to his conflict with agenda item 10, Access to After Hours Primary Care
- Ms Kaye Cheetham, Chief Allied Health, Scientific and Technical Officer
- Ms Jane Wilson, Chief Nursing and Midwifery Officer

3.0 DECLARATION OF INTERESTS

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

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

4.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the meeting held on 4 October 2021 be approved and adopted as a correct record."

T Potiki/L Kelly

5.0 MATTERS ARISING

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

6.0 REVIEW OF ACTION SHEET

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

- *Dental Waiting List* – Oral health issues were still being worked through collaboratively with the Dental School to determine how services would be provided in the future.
- *Opioid Substitution Treatment* – an update should be available for the next meeting.

7.0 PLANNING, FUNDING AND POPULATION/PUBLIC HEALTH REPORT

The Planning, Funding and Population/Public Health Report (tab 9) was taken as read and the Acting Executive Director, Planning, Funding and Population/Public Health (EDPF&P/PH) highlighted the following items.

- *Public Health COVID-19 Response* - A significant amount of work was going into endemic planning whilst trying to maintain business as usual (BAU).
- *COVID-19 Vaccination Programme* – Southern DHB had reached 89.5% double vaccinated, with 76% of Māori double vaccinated. The focus of the programme had changed from mass vaccination to a targeted approach.
- *Public Health* – As Public Health staff were focused on COVID-19 activity, most of their business as usual had ceased. Efforts were being made to bolster the Public Health team.
- *Allied Health* – Southland physiotherapy recruitment continued to be a challenge. Two physiotherapists had commenced in the past month and another had arrived in Invercargill after clearing MIQ. Five new graduates, who would need to be supported by a clinical coach, would be starting in late January.
- *Aged Residential Care (ARC) Registered Nurse Workforce* – The COVID vaccination mandate had added another layer of complexity to recruiting and retaining ARC registered nurses. The Health of Older People Portfolio Manager and Director of Nursing, Planning, Funding, and Population/Public Health, were putting considerable effort into addressing this issue and a part-time workforce

co-ordinator had been employed to assist approximately 150 international nurses within the district gain registration.

Management responded to questions on resourcing for COVID community welfare checks, long COVID, community isolation facilities, and retaining medical and allied health graduates in the district.

8.0 PRESENTATIONS

New Zealand Police

Superintendent Paul Basham, District Commander, Southern Police District, Ian Futcher, Senior Advisor Partnerships and Harm Prevention, Senior Sergeant Cynthia Fairley, District Co-ordinator for Resilience to Organised Crime in Communities (ROCC), Marissa Cliff, National Drug Intelligence Bureau, and Constable Kerry Fegan, were welcomed to the meeting and a round of introductions followed.

In presenting the *Resilience to Organised Crime in Communities (ROCC)* programme (tab 17.2), Superintendent Basham advised that traditionally Police were the lead in dealing with organised crime, however over the years they had found enforcement on its own was insufficient to reduce harm from the illicit drug trade and demand needed to be "dialled down". They had therefore introduced a kaupapa for building resilience to organised crime in communities and were interested in partnering with others who had a good understanding of the issues.

ROCC was a Cabinet mandated response to the harm in communities and latterly had been weighted towards a programme rolled out in Northland called *Te Ara Oranga*, a joint programme between Police, the local DHB and other agencies with an interest in the problem of drug addiction and harm. ROCC was focused on partnering with iwi, central and local government and other agencies, and on community support and solutions. Three conditions for its success had been identified:

1. Understanding community aspirations
2. Strong local governance and leadership
3. Sustained investment and local decision making.

Mr Futcher advised that analysis had shown the programme in Northland to be successful.

Superintendent Basham sought Southern DHB's support for two things: increasing wastewater testing in the Southern district, particularly in areas where there was deprivation, to gain an understanding of the actual harm occurring in communities and, secondly, he invited Southern DHB to think about whether the *Te Ara Oranga* programme could be applied locally. Superintendent Basham advised that they came into the kaupapa with an open mind and were keen to be a good partner in reducing harm from illicit drugs.

The Police team then responded to questions on illicit drug use in the district, the health versus legal pathway for dealing with it, their views on local mental health and addiction services, equity and engagement with iwi, mechanisms and models for implementation, and what produced results.

The Chair thanked Superintendent Basham and his team for their presentation and noted the Committee's support for looking at opportunities to work together to help people. He noted sharing information from wastewater testing to inform the

provision of health services as an opportunity to achieve a mutually beneficial result.

Managing COVID-19 in the Community

The Committee received a high level presentation from Dr Hywel Lloyd, Director Quality and Clinical Governance Solutions, on the work being undertaken, and the interactions required, to support COVID-19 positive people and whānau in the community. This included an outline of the underpinning principles and the core components of managing COVID-19 in the community, ie community care (welfare and wellbeing), primary care (clinical support), public health, and specialist and hospital services (tab 17.1).

Dr Lloyd then responded to questions on support for community isolation/quarantine (SIQ) facilities and support for primary care.

The Committee thanked Dr Lloyd and his team, the PHO, and MSD for their hard work.

9.0 PLANNING, FUNDING AND POPULATION/PUBLIC HEALTH REPORT (Continued)

The Acting Executive Director, Planning, Funding and Population/Public Health (EDPF&P/PH) highlighted the following items from his report (tab 9), then took questions.

- *Annual Plan* - The Ministers of Health and Finance had approved and signed the Southern DHB Annual Plan for 2021/22.

- *Hepatitis C* – A query had been received about access to Hepatitis C treatments in Southern DHB and the team were currently collating that information.

  The Chair noted that Southern DHB had the highest incidence of Hepatitis C in the country and theoretically it was possible to eliminate it with the treatment now available.

10.0 ACCESS TO AFTER-HOURS PRIMARY HEALTH CARE IN SOUTHERN

The Acting EDPF&P/PH presented a report on current arrangements for the provision of, and access to, after-hours primary health care within the Southern district (tab 10). He advised that the paper had been written in response to a request for information from the Committee; it deliberately set out the facts and did not attempt to provide any answers.

Members thanked the Acting EDPF&P/PH for his report and noted the inequity across the district, the constraints, and pressures on the after-hours primary care system.

11.0 PHO PERFORMANCE UPDATE

The Acting EDPF&P/PH presented a report on primary care performance (tab 11), noting the work was undertaken in the context of COVID endemic preparations and the vaccination effort.

12.0 PUBLIC HEALTH UPDATE

The Committee received updates on public health issues, including the Water Fluoridation Bill, Taumata Arowai, the new drinking water regulator for Aotearoa, and the Vincent Spatial Plan (tab 14).

The Acting EDPF&P/PH reported that most of the Population/Public Health Service's 'business as usual' activity had been paused to respond to the Delta outbreak.

13.0 FINANCE REPORT

A report on Planning, Funding and Population/Public Health financial performance to 31 October 2021 (tab 15) was taken as read. The Acting EDPF&P/PH commented on the variances, then responded to questions.

ASD Treatment

In response to a member's query, the Acting Executive Director Mental Health, Addictions and Intellectual Disability (ED MHAID) and Chief Executive, WellSouth, agreed to report back on access to treatment for autism spectrum disorder (ASD).

The Chief Executive, WellSouth Primary Health Network, left the meeting at 3.10 pm.

14.0 MĀORI HEALTH UPDATE

The Chief Māori Health Strategy and Improvement Officer (CMHS&IO) presented an update on the Māori Health Directorate work programme and Māori primary care enrolment (tab 12), and reported the Iwi Governance Committee had a good meeting that morning.

The Committee congratulated the team on their work, particularly their COVID vaccination efforts, and acknowledged the leadership provided by the CMHS&IO and Professor Sue Crengle.

The CMHS&IO noted his concern about the welfare of the workforce and the risk of staff burnout.

15.0 GENERAL

Mr Rory Dowding was thanked for his work and commitment during his time as Acting Executive Director Planning, Funding and Population/Public Health.

PUBLIC EXCLUDED SESSION

***At 3.20 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.
Healthy Food and Drink Policy	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.

T Potiki/T King

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

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

The meeting closed at 3.30 pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

Southern District Health Board

Minutes of the Disability Support Advisory Committee meeting held on Monday, 6 December 2021, commencing at 3.30 pm, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	A/Prof Moana Theodore	Chair
	Mrs Kaye Crowther	Deputy Chair
	Dr John Chambers	
	Prof Peter Crampton	
	Dr Lyndell Kelly	
	Mr Terry King	
In Attendance:	Mr Pete Hodgson	Board Chair
	Mr John Chambers	Board Member
	Mr Tuari Potiki	Board Member *(until 4.00 pm)*
	Mrs Jean O'Callaghan	Board Member
	Miss Lesley Soper	Board Member *(by Zoom)*
	Mr Roger Jarrold	Crown Monitor *(by Zoom)*
	Mr Chris Fleming	Chief Executive Officer
	Dr Hywel Lloyd	Director Quality and Clinical Governance Solutions
	Ms Sharon Adler	Portfolio Manager, Health of Older People
	Mr Rory Dowding	Acting Executive Director Planning, Funding and Population/Public Health *(until 4.45pm)*
	Mr Andrew Lesperance	Executive Director Planning, Funding and Population/Public Health
	Prof John Eastwood	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr John Marrable	Chair, Disability Working Group
	Mr William Robertson	Consumer Experience Manager
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer/Acting Executive Director MHAID
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The Chair welcomed everyone to the meeting and acknowledged the passing of Paula Waby's mother. The Committee extended its heartfelt condolences to Ms Waby and her family.

The meeting commenced with a round of introductions.

2.0 APOLOGIES

Apologies were received from Ms Paula Waby, Dr Ben Pearson, Crown Monitor, the Chief Nursing and Midwifery Officer, and Chief Allied Health, Scientific and Technical Officer.

3.0 DECLARATION OF INTERESTS

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

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

4.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the meetings held on 4 October 2021 be approved and adopted as a correct record."

M Theodore/K Crowther

5.0 MATTERS ARISING

Parent to Parent, Southland

The Chair reported that the Southland Board members and Dr Liz Craig, Labour List MP, Invercargill, had met with Parent to Parent Southland, a group of parents raising children living with disabilities. The Chair received a summary report of that meeting the previous day, which included helpful feedback on access to services and DHB processes and practices.

It was agreed that the report would be referred to the Director Quality and Clinical Governance Solutions (DQ&CGS) for review, following which the Chair, Southland Board members and DQ&CGS would meet to determine the best way to address the issues raised.

6.0 REVIEW OF ACTION SHEET

The Committee received the action sheet (tab 6).

The Director Quality and Clinical Governance Solutions (DQ&CGS) reported that:

- Timelines and expected completion dates had been added to the Disability Strategy Action Plan;
- Papers on staff awareness training, community services, and aged residential care were included in the agenda papers.

The Acting Executive Director Planning, Funding and Population/Public Health informed the Committee that the Home and Community Support Services (HCSS) action had not been progressed, as implementation of the vaccine mandate and COVID endemic planning had been given priority.

7.0 CHAIR'S UPDATE

The Chair reported Southern DHB held an Accessibility Week commencing on Monday, 29 November and finishing with the International Day of People with Disabilities on Friday, 3 December 2021. This included a display in the Dunedin Hospital foyer and disability awareness education sessions.

8.0 PATIENT STORY

The Committee viewed a video recording of Dawn Wybrow's story and experience with the health system and what could be improved.

Mr Potiki left the meeting at 4.00 pm.

9.0 PRESENTATION – AGED RESIDENTIAL CARE

The Committee received a presentation from Sharon Adler, Health of Older People Portfolio Manager, on aged residential care in the Southern district (tab 11). This included:

- A description of Aged Residential Care (ARC) facilities within the district, the ARC certification and contracting processes, the referral pathway to ARC, and the quality and collegial support provided to ARC providers;
- An outline of the challenges ARC faced from: the funding model, workforce issues, facilities, and the complexity of residents;
- Details of how ARC providers are funded and Southern DHB's 2020/21 expenditure on ARC ($97,741,000);
- ARC utilisation compared to other DHBs and future utilisation trends, which showed an exponential increase in deaths in the older age ranges, with the greatest increase in cause of death being dementia.

Following her presentation, Ms Adler responded to questions on ARC registered nurse shortages, funding, and utilisation rates.

Ms Adler was thanked for her presentation and left the meeting.

10.0 DISABILITY STRATEGY AND ACTION PLAN IMPLEMENTATION

Mr John Marrable, Chair of the Disability Working Group (DWG), presented an update on DWG activity and progress on implementing the Disability Strategy and Action Plan (tab 9).

Mr Marrable advised that the DWG had considered three measures in the Southern DHB's 2021/22 Annual Plan at its last meeting:

1. Ongoing training for frontline staff;
2. The Health Passport's current format and the need to produce an improved version;
3. In relation to COVID-19, how information is conveyed in all formats.

   The DWG believed that a broad range of formats was needed, including sign language and Easy Read versions.

Mr Marrable informed the Committee that Living Well Disability Resource Centre had a contract with the government to provide free information on disability related subjects and an agreement with Southern DHB to have a display and pamphlet stands in the Dunedin Hospital foyer. It was suggested that Mr Marrable contact the Acting Programme Director, New Dunedin Hospital, to ensure this is carried over to the new hospital.

11.0 MINISTRY FOR DISABLED PEOPLE

The Committee considered a report from the Director Quality and Clinical Governance Solutions (DQ&CGS) on the potential impacts of the government announcement that a Ministry for Disabled People would be set up (tab 10).

The Acting Executive Director Planning, Funding and Population/Public Health left the meeting at 4.45 pm.

The Committee was informed that a budget may be needed to address accessibility issues and to remunerate members of the disabled community for participating in co-developing services, policies and resources, and consideration should be given to this in the 2022/23 budget planning round.

The CEO advised that it was not yet known whether the Ministry for Disabled People would be providing funding to address accessibility issues. It was agreed, however, that 'business as usual' should include implementing the Southern DHB Disability Strategy.

It was resolved:

"That the Committee note the report and endorse the need for a budget to be allocated for disability related activities and the funding of the implementation of Southern DHB's Disability Strategy."

M Theodore/K Crowther

12.0 COVID VACCINATION UPTAKE BY PEOPLE WITH DISABILITY

A report on the current COVID vaccination coverage for people living with a disability within the Southern district was taken as read (tab 12) and the DQ&CGS provided the following updated figures as at 28 November 2021:

	1st Dose	2nd Dose
Māori	86%	78%
Pacific Peoples	89%	76%
All	95%	90%

The DQ&CGS advised that the vaccination rate for people living with disabilities was lower than the above figures.

The Chair noted that a mixed delivery model was being used to suit disability residential support service providers and key disability sector leaders had been filmed to encourage their peers to get vaccinated. The DQ&CGS was asked to follow up on the usage of that footage.

13.0 STAFF DISABILITY AWARENESS TRAINING

The Committee considered an update on progress against the Annual Plan measure relating to disability awareness training (tab 13).

It was resolved:

"That the Committee receive the report and endorse the recommendation that disability responsiveness training be made mandatory for all staff from 1 January 2023 or earlier if practicable."

M Theodore/T King

Committee members requested access to the e-module, so they could also complete the training.

14.0 COMMUNITY SERVICES FOR PEOPLE LIVING WITH DISABILITY

The Director Quality and Clinical Governance Solutions (DQ&CGS) presented a high level introductory paper covering the types of services available to people in the Southern district living with disability (tab 14) and invited feedback from Committee members on what they would like to see in a follow up paper.

It was suggested that a map of services provided by NGOs in the community for people living with disability was required to support internal initiatives such as COVID endemic planning and externally for patients and whānau.

Mr Marrable advised that the Disability Working Group's Action Plan included ensuring "Southern DHB has an up to date directory of community groups that can support consumers, family and whānau and provide that information to clinicians". A lot of this information was held by Living Well and was listed on the Enable New Zealand website.

The Committee requested an update on progress on the directory as part of the Disability Strategy and Action Plan implementation report.

15.0 INFORMATION ITEM

A copy of the Aged Residential Care Registered Nurse recruitment and retention survey results for the period 1 January to 30 June 2021 were circulated with the agenda for Committee members' information (tab 15).

In closing, the Chair noted that it had been a difficult year and acknowledged the work of the Executive Leadership Team, DHB staff, the Disability Working Group, Board and Committee members.

The meeting closed with a karakia at 5.20 pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

HOSPITAL ADVISORY COMMITTEE MEETING
1 February 2022

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

FOR INFORMATION

Item: CEO Report to Board

Proposed by: Chris Fleming, Chief Executive

Meeting of: 2 February 2022

Recommendation

That the Board:

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

Purpose

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

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

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 December is very disappointing with a deficit of $4.494 million compared to a budgeted deficit of $1.977 million, and hence an unfavourable result against plan for the month of $2.517 million. The year to date deficit is now $16.731 million compared to a budgeted deficit of $11.102 million, a variance of $5.629 million.

The Business as Usual (BAU) budget (which excludes COVID related revenue and expenditure) is a year to date deficit of $11.102 million against a plan of $5.076 million, so $5.076 million adverse to plan.

At a material level the three major components of the BAU adverse result for the month are:

- Shortfall in the funding provided by the Ministry of Health for Nursing Pay Equity. This was to be fully funded, however there appears to be a circa $700k shortfall which we will discuss with the Ministry of Health
- Continued need to outsource activity above that planned which is $807k for the month
- Pharmaceuticals which unfortunately we have identified a significant error in the phasing of the budget for the provider arm pharmaceuticals that was loaded for this year which

front loaded July to November, has approximately half the budget for December and virtually nothing in January. This is compounded by the fact that the Pharmac forecast for which the budget was based on indicated $108 million whereas the current forecast is $115 million. The impact this month was $1.624 million, and the impact next month will be even greater. This is really disappointing however the phasing is reviewed by finance, by the service and by the Ministry of Health and all three missed what is now an obvious error. Whilst it is hard to comprehend how an error in excess of $1 million in a month could occur this is less than 1% of the total DHB expenditure in a month.

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 up 347 or 8.0% for the month compared to the plan, but down 265 or 5.3% on the same month last year. Year to date case weighted discharges are up 22 or 0.1% year to date against plan but down 758 or 2.5% against last year
- Medical case weights are up 506 or 4.8% year to date on plan, and down 160 or 1.4% compared to last year
- Surgical case weights are down on plan 739 or 4.7% with acutes down 30 or 0.4% with electives being down 708 or 8.4%. Compared to last year, surgical acute case weights are down 48 or 0.7% and electives are down 699 or 8.3%
- Raw discharges (actual number of patients) are up 693 or 15.4% for the month against plan, which is up 32 or 0.6% compared to the same month last year. Year to date raw discharges are down 289 or 0.9% compared to last year
- Mental Health bed days are 894 or 27.2% below planned levels for the month (indicating an 72.8% bed occupancy) and 562 or 3.6% down on the same year to date period last year. This indicates overall bed occupancy is now only marginally lower than last year
- Emergency Department (ED) attendances are up 116 or 1.5% compared to December 2021, with Dunedin up 1.8%, Southland up 2.1% and Lakes down 1.3%. On a year to date basis ED presentations are down 2.1% 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-19 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 monthly Governance Group meetings from 18 November. In addition, there are multiple planning groups across the health system that feed into these.

Since the implementation of New Zealand's COVID-19 elimination strategy, almost all COVID 19 positive people have been managed through dedicated quarantine facilities. This has included managing their health needs, accommodation support, welfare, and any broader needs. As New Zealand's double vaccination rate approaches 90% nationally, the government has signalled moving into a new phase where we will be managing COVID-19 more flexibly in the community. A coordinated and responsive delivery of quarantine support options is required when cases arise.

Over the last six weeks our focus has changed in terms of planning from the approach taken for Delta to the approach required for Omicron. A presentation is attached to this report and will be walked through at the Board meeting highlighting the fundamental difference. Omicron is far more transmissible with a R0 of >10 which means for every positive case

they are transmitting this to 10 or more people, and the incubation period has dramatically reduced. This means that if there are 10 cases in our community after 14 days this would have increased to 1,000 and after 19 days 5,000 cases. The good news however is that the severity is far less than previous strains. Ultimately, for Southern this means that the number of cases requiring care in the intensive care unit (ICU) is no longer the main concern. Modelling undertaken by the Northern Region Health Coordination Centre indicates that Southern is likely to see 18,247 positive cases over 2022, with 660 of these cases requiring hospital admission and 13 requiring ICU care. These numbers are significantly different in as much as the number of cases are much higher than previously seen, hospital admissions are higher, but ICU admissions are considerably lower. Approximately 70% of the cases are expected to occur in a two month window which is currently (at mid-January) predicted to be March and April.

The pressure on the hospitals will be significant for three fundamental reasons:

- With the volume of cases current testing strategies will not be fit for purpose
- The concentration of 70% of 660 hospital admissions over an eight week period will see 50 to 60 hospital admissions per week
- The number of presentations to the health system, either hospital or primary care for conditions unrelated to COVID, but where the patient is COVID positive will be significant
- The pressure on primary and community services given that the vast majority of all COVID cases will either be self managing or managed in the community
- The pressure on self isolation and supporting those who are not in a position to self-isolate in their own accommodation
- It is predicted that between 20 to 30% of the workforce may be out of action at the peak, some with covid, but the vast majority being required to isolate due to being close contacts, or needing to support their family in the event of education closures etc. This is going to place considerable pressure on the health system, as well as other related areas such as supply chain etc.

Significant work has been undertaken in preparedness; however, we are also having to identify what core services are in order to be able to prioritise the maintenance of these services in the height of the outbreak. Planned and non-essential services will be disrupted, and this will create further back logs in the health system post the resolution of the outbreak.

Public Health Response

The Public Health team continue to have two teams rostered on to cover a seven day operation to support the national COVID-19 response. Staff were rostered on to work over the holiday period to support the national response and ensure we had capacity on hand to respond to any local cases. As case numbers are reducing in Auckland, Southern has now started supporting the Toi Te Ora Public Health team with their cases. The teams are all doing a great job of keeping up with the continuous changes to processes that often need to be implemented in a very short timeframe. However, we have noticed a significant degree of fatigue among staff.

Progress is continuing to set up a COVID response unit within the Public Health Service. Susan Moore has been appointed as the Public Health COVID-19 Manager and will take on oversight of all the public health COVID work on behalf of the Service Manager. This includes the COVID-19 response team, Community Supported Isolation and Quarantine (SIQ), and airport border staff.

A number of new staff have been or are in the process of being recruited into this area. This includes a Medical Officer special scale, a Registrar, Registered Nurses, administration officers, Health Care Assistants, Clinical Nurse Specialist, communications advisor, and Māori and Pacifica Connectors. All new staff are recruited to work across a seven day roster. The purpose of this is to move our COVID response work into a business as usual space. This also enables many of the Public Health team to return to their normal work, much of which (unless considered essential or COVID related) has stopped since August 2021. In addition,

this will enable existing staff to take some leave which is needed as the cumulative impact of the response has left many staff exhausted. The Service Manager will continue to have overall oversight for the service.

Māori and Pasifika Case and Contact Management Process

Work is progressing to set up a case and contact management process to support our Māori and Pasifika communities. When Public Health South is notified of a positive result staff will check the record to see if the individual identifies with a Māori or Pasifika ethnicity. If so, our case and contact managers undertaking the investigation will offer the support of a Māori or Pasifika liaison to participate in the interview if they wish. If this option is taken up, then a three-way teleconference will be initiated for the interview to take place. The liaison will listen in on the interview, can assist with translation if required and note any welfare or manaaki requirements for the whānau. If the individual doesn't want a liaison person sitting in on the interview, then the case and contact managers can refer them onto the liaison at the end to check any welfare/manaaki needs the whānau might have. The liaison will remain connected with the whānau until the end of the isolation period.

Community Supported Isolation/Quarantine

Accommodation has been secured until 31 March 2022 in Invercargill (for two bubbles), Queenstown (for two bubbles) and Dunedin (for four bubbles) for COVID-19 cases to use as isolation if required.

Aaron Lodge in Dunedin was commissioned as an alternative site to cope with potentially a large number of cases over the summer. This will provide accommodation for up to 100 people should this be required. The site was available over the Christmas break in a limited capacity and further work this year.

We are working with a transport provider to provide fit testing and infection prevention and control training for drivers to ensure transport can be provided to COVID-19 cases if required.

With the Ministry of Social Development taking over a large portion of the delivery of welfare, we are working closely with the local team to ensure systems and processes are established which will enable high quality delivery of services. We are continuing to engage with local community groups and agencies to keep them updated on the situation and assist in developing plans if they have COVID-19 cases in their communities. We do have concern that Manaaki/Welfare needs are being means tested. Accommodation has already needed to be provided to a family that were not able to pay for extended accommodation to isolate. These concerns have been raised to the Ministry of Health.

Desktop Exercises

On Monday 29 November the Ministry of Health undertook a desktop exercise to review and test our overall plans. A separate desktop exercise was held by Public Health South in Queenstown in November in preparation for the three-day music festival over the New Year period. Key agencies attended including Rhythm and Alps Event Managers, Public Health South, Lakes District Hospital, Civil Defence, Police, Southern Community Laboratories, Primary Care, WellSouth and Queenstown Lakes District Council. This gave all stakeholders the opportunity to talk through their plans and help guide preparation for the festival. The exercise focused on a number of scenarios including what the multi-agency response would be in responding to a COVID-19 case/outbreak at the festival. A workshop is also being planned with the Queenstown Resort College to work through their plans and processes if they were to have a COVID-19 case on site and staying in their accommodation.

Large Events Sector

A number of queries are being fielded from the large event sector in Southern as they are planning for their summer events. There is a lot of uncertainty around whether these events can continue to go ahead and the implications of the new COVID-19 protection framework. A large events and gatherings information sheet has been provided to organisers and they

are strongly encouraged to keep checking the government websites for any further guidance that could assist them with their planning. We are receiving questions around vaccination passes and how that applies, who it applies to, how it works for children over 12 years who don't have other forms of identification, legalities on turning people away who aren't vaccinated and the safety of their staff etc. Some of these questions have been raised with the Ministry of Health and we are awaiting further information that can be shared with the event sector. In addition to this, information is being sought around whether there will be another summer campaign around large events as occurred last year and a toolkit that event organisers can use to assist with pre-event communications and signage at the event.

Many agencies in Queenstown continue to actively engage with our team on how they can be best prepared for living with COVID-19 and how they can ensure that their businesses will be able to operate. Work was done to help them start developing their own COVID-19 business plans and to ensure that they can work well under the new traffic light system.

COVID-19 Community Resiliency

Project work is underway to support COVID-19 resiliency in some of the Southern district's most poorly served communities. Our experience in supporting our Auckland colleagues has identified that those who access transitional housing are particularly at risk of spreading COVID-19. People who access transitional housing often have co-morbidities that will lead to poor health outcomes if they were to contract COVID-19. Contacts have been made with transitional housing providers, and pre-emptive risk templates completed for each which will be invaluable in facilitating future management of cases and contacts.

This work was supported by the public health analysts who created and monitor for COVID-19 cases in high-risk locations, such as campgrounds, transitional housing and boarding houses. This monitor will connect with the COVID case management system (NTCS) and at the same time link the pre-emptive risk templates that have been completed on these locations. Assessments of high-risk boarding-houses are almost complete.

COVID-19 Psychosocial Recovery

Te Hau Toka – the Southern Lakes COVID-19 psychosocial recovery group launched an online survey to gauge the wellbeing baseline survey of the Southern Lakes population. One of the analysts was responsible for developing a survey for the purposes on understanding the baseline wellbeing at a population level using World Health Organisation (WHO) criteria. In time they will also be collating the results and preparing the subsequent report. This project was a collaboration of health providers and the local Councils in the Southern Lakes (including Te Anau and Manapouri) and Central Otago, health providers and non-government organisations in the region and is an excellent example of collaboration with external stakeholders for wellbeing.

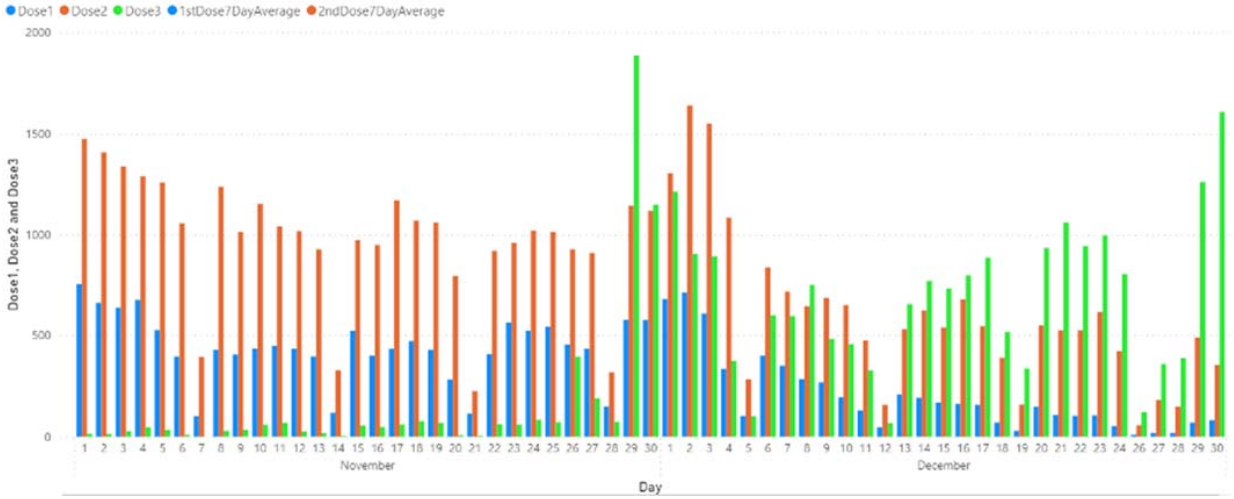
The connecting communities' initiative for this cycle has been completed with 27 recipients being funded for initiatives that support community connection and wellbeing. Summer focused activities have also been supported with financial support towards a Summerdaze programme coordinator and various activities. Te Hau Toka has partnered with New Zealand Police, Hospitality New Zealand, Public Health South and Queensland Lakes District Council to support a pilot project for "take 10" which aims to reduce alcohol drug related harm. Boosting for the Queenstown Lakes District Council Get Active community grant has been provided. The group have also worked in partnership with Southern District Health Board's public health unit to launch the World Health Organisation (WHO) Wellbeing Index (WHO-5) app as a measure of wellbeing. The group is meeting early in the New Year to consider the outcome of the co-design work.

Quarantine Free Travel

The team are working closely with airport stakeholders (airlines and Queenstown Airport Corporation) and the Ministry of Health in preparation for 're-connecting New Zealand' (the New Zealand border to open to the rest of the world).

3. COVID-19 Vaccination Programme

Southern DHB continues to deliver COVID-19 vaccinations at a rate above the national average. There were several key milestones across November and December. Both booster vaccinations and the AstraZeneca vaccine were introduced in November, and we celebrated the milestone of reaching 90% double vaccinated for our population and 90% first doses for our Māori population. For the period ending 31 December 2021 Southern reached a 96% vaccination rate for first doses and 94% for second doses, with 43,000 boosters and an overall total of 580,000 vaccinations delivered. Our providers encountered a strong vaccine hesitant community as the vaccine mandates came into action, this increased the pressure on vaccinators, causing an increase in security across sites and having to cancel a small number of rural clinics due to threats.



Māori and Pacific Population Rollout

Our Māori providers continue to deliver a significant proportion of vaccines. As a result, the programme hit the huge milestone by reaching 90% first doses for Māori on 26 December 2021. A concerted drive by Māori health providers, the Southern DHB, and WellSouth, achieved this milestone, including a drive-through vaccination clinic held in November in collaboration with Awarua Whānau Services, Invercargill, where approximately 250 vaccinations were administered. 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 TLA to provide workplace vaccinations, rural clinics, and school-based clinics. He Puna Waiora and Awarua Whānau services have continued activity in both Invercargill and Southland rural areas also utilizing data provided by Southern DHB.

Aged Residential Care

Administration of booster doses in Aged Residential Care facilities began on 1 December. We anticipate booster dose clinics to have been held at all 66 facilities in our district by 4 February.

Mental Health and Addictions

Administration of booster doses in Mental Health and Addiction facilities began on 12 December. We anticipate booster dose clinics to have been held at all facilities we have worked with previously by 4 February.

Disability

Administration of booster doses in partnership with Disability Support Services providers for their community and residential clients began on 17 December. Some providers have chosen

to utilise clients' General Practitioners (GPs) who were not initially vaccinating. We anticipate booster dose clinics for this cohort to be complete at the end of February. Rainbow Community competency sessions have begun and will continue into 2022.

Pharmacy

It was a busy November/December for pharmacies with the national announcements that vaccinating pharmacies could print out vaccine passes/international travel certificates. The Ministry of Health also brought forward the booster dose interval.

Ethnic Communities including Migrants and Refugees

Six ethnic community clinics have taken place at tailored community-based locations across the Southern district: four in Dunedin, one in Queenstown and one in Invercargill 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 across the district, including an education session entirely in Spanish for the Columbian former refugee community in Invercargill.

COVID-19 Vaccination Outreach Service

As of 11 January 2022, the COVID-19 Vaccination Outreach Service has administered 4,773 vaccinations to hard-to-reach individuals and health care workers. Of these, 3,108 were primary doses and 1,665 booster doses. We also begun staff booster clinics at both Invercargill Southland Hospital and Dunedin Hospital.

Addressing Rural Vaccination Gaps

To increase vaccinations in rural areas we continued our successful rural farmgate tours. Clinics were held in Waitaki and arranged in partnership with Oamaru Pacific Trust, Tu Mai Ora and the Waitaki District Council. Despite the significant promotion, there was low vaccine uptake at each location and the team are looking into what else we could do to improve vaccination rates in this area. Farmlands Oamaru held pop-up clinics over three Fridays and these were popular with the farming community.

The Southland Farmgate tour, where Mayors Gary Tong (Southland) and Tracy Hicks (Gore) toured with a vaccinating team around 26 rural Southland localities, was a success with 582 vaccinations administered over the two weeks. Of these, 253 were first doses, 313 were second doses, and 16 were boosters or third primary doses. In addition, 112 people who got their first dose on the tour also got their second dose. Local providers collaborated in two separate vaccination clinics at East Gore School.

Following extensive stakeholder engagement in Clutha, 20 additional community-based clinics were delivered to support the efforts of existing providers. These additional clinics extend into isolated areas where there are low vaccination rates and supported the first dose vaccination rate in Clutha to rise from 68.7% to over 90%.

AstraZeneca

In line with the Ministry of Health's approval of AstraZeneca as a second line vaccine, six providers have been set up to deliver AstraZeneca vaccines. Additionally, AstraZeneca pop-up clinics will be delivered in rural areas with demand. To date, 427 AstraZeneca vaccines have been administered.

5-11 year old Vaccinations

We began preparing for the roll out of vaccinations to the 5-11 years cohort in December. This included canvassing our 120 sites for their interest and ability to deliver to this cohort. Although, some vaccination providers have opted out of delivery at this stage, these providers have largely not immunised children previously. As a result, we anticipate that around 80 of our sites will deliver vaccinations to this age group. Updated operational

guidelines, a new vaccinator training module and updated business process are currently under development by the Ministry of Health to support the roll-out. The roll-out began in mid-January 2022.

4. 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.

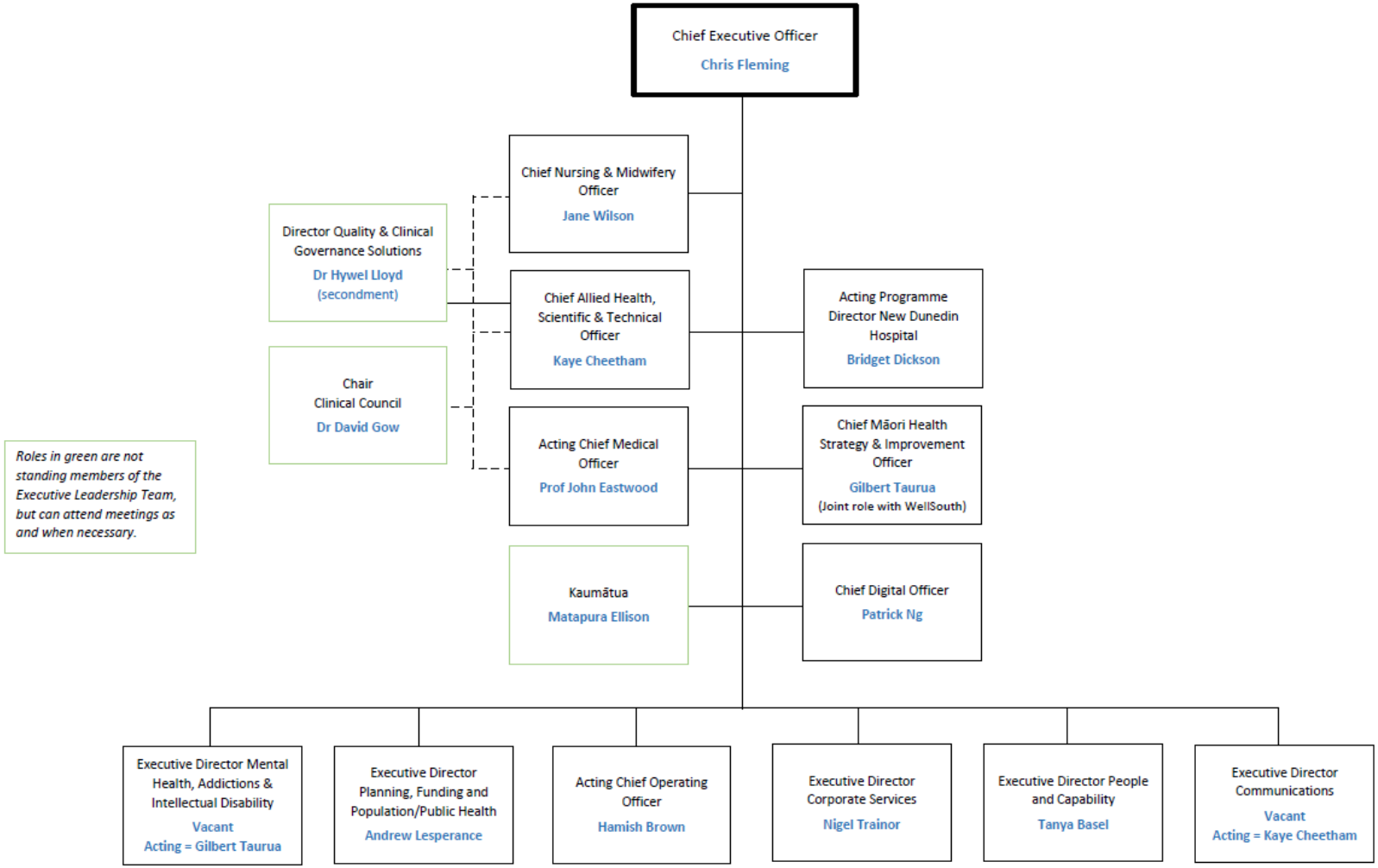
5. Leadership Changes

Over the last couple of months, we have been working through the finalisation of the leadership team changes, following the proposal for change, along with the resignation of a couple of the team. Most of the changes have now been finalised with the only vacancies now being:

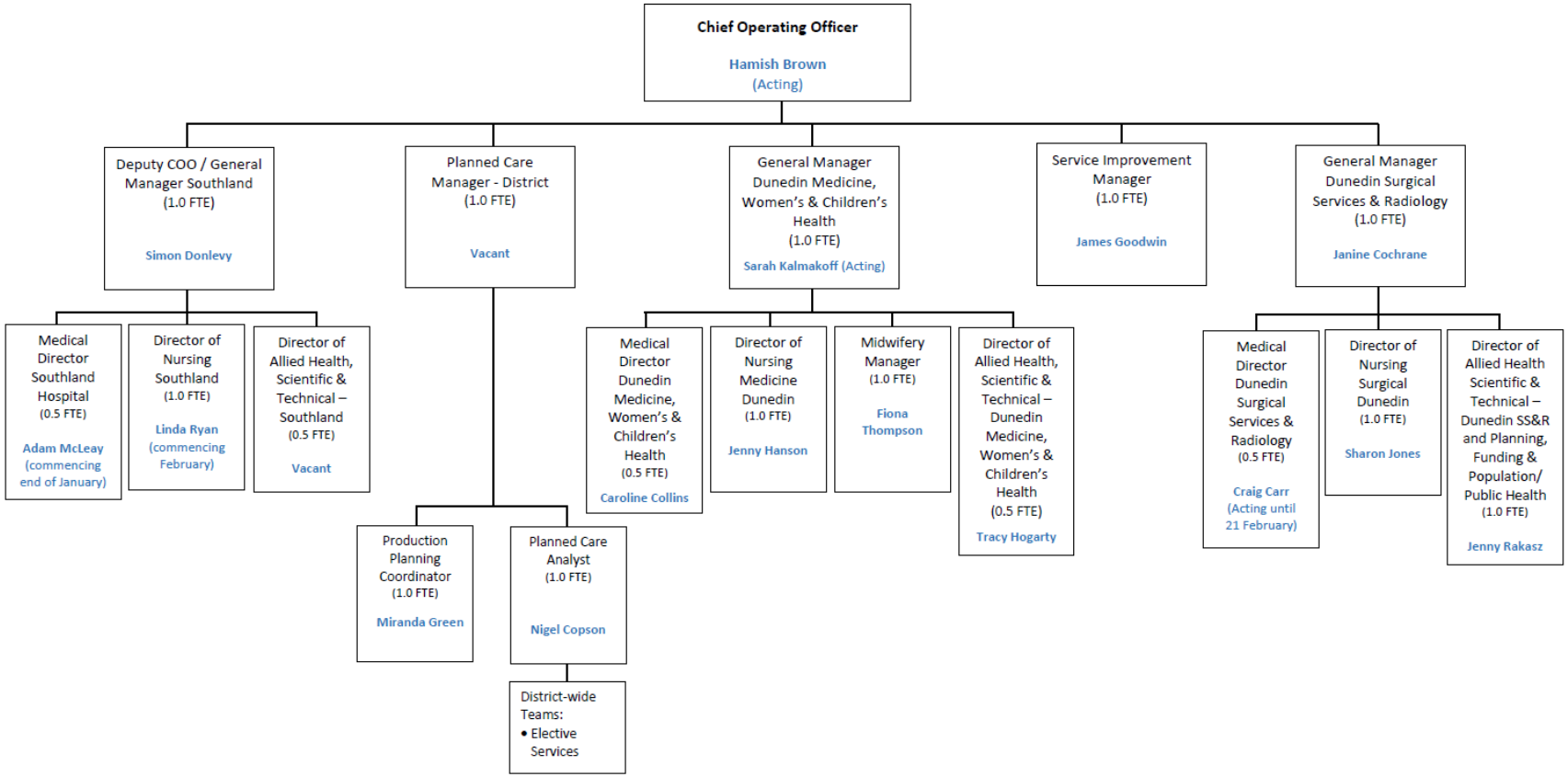
- Executive Director Communications
- Chief Māori Health Strategy & Improvement Officer
- General Manager Dunedin Medicine, Women & Children's Health.

The updated organisation charts along with the names of people in the respective roles are as set out on the following pages. I am pleased with how the team has come together. The positions of Acting Chief Operating Officer and Acting Chief Medical Officer were initially for a six month period, and we will be talking to Health New Zealand in terms of whether we look to fill these positions permanently or consider extending the people in the acting roles.

EXECUTIVE LEADERSHIP TEAM



CHIEF OPERATING OFFICER



6. Southern Orthopaedic Outpatient Programme

Planning continues for the Southern Orthopaedic Outpatient (SCOTs) Programme, a pilot programme utilising Ministry of Health sustainability funding. The pilot is a partnership between Southern DHB and two private allied health providers, with Southern DHB physiotherapy providing the expert triage and assessment skills and the private providers providing a programme for those referred. This service places orthopaedic outpatient's community facing – with a focus on knees and shoulders.

The overall goal of the SCOTs programme is to provide timely equitable access to appropriate community-based care for people with knee osteoarthritis and/or identified shoulder conditions.

Key Principles:

- Care closer to home
- Rapid community-based assessment and triage
- Right person right time first time
- Personalised and customisable programme
- Orientated towards enabling people to improve their ability to self-manage their condition
- Flexible delivery including virtual options
- Public private and education partnership.

First assessment will commence in January with the programme fully implemented in February. This programme will assist in reducing the number of people added to surgical waitlist and preventing deconditioning of those who do require surgery. It complements the orthopaedic waitlist programme (OWL) that was implemented earlier in 2021 as part of the non-surgical planned care intervention.

7. Primary Maternity Unit Business Case

The Business Case for the Primary Birthing Unit (PBU) was approved by Ministry of Health on 1 December 2021. The capital funding is conditional on the procurement of land in Wanaka. Significant progress has been made in this area, with identification of appropriate land which has been endorsed by Executive Leadership Team. Preliminary meetings have been held with Central Otago Hospital Services Limited (COHSL) who is also interested in creating a health hub in the same location. A concept plan has been drawn to show how co-location of complimentary services could look. A steering group meeting is planned for mid-January to discuss next steps with land purchase, along with a Board Memo submission for February Board meeting. The aim of which is to inform the Board of the health hub concept, and seek approval for moving ahead with land purchase, conditional on positive due diligence checks and MoH requirements being met.

A closed Request for Proposals (RFP) has been sent to Architects listed on the pre-approved provider list who expressed interest in the project. Out of the seven providers who expressed an interest initially, five continued through to the RFP. This tender closes on 28 January 2022.

8. Care Capacity Demand Management (CCDM)

All District Health Boards have a responsibility to fully implement CCDM. Our obligation was to have CCDM fully implemented by 30 June 2021. Whilst Southern DHB did not necessarily meet the 30 June deadline we had the Safe Staffing Healthy Workplaces Unit from Technical Advisory Services (TAS) undertake a CCDM Evaluation of Southern DHB's implementation

of CCDM. They completed this process and provided an evaluation report in November 2021. We have provided the board this report as an attachment to this report.

The report concludes that CCDM has been fully implemented at Southern DHB and that:

> *"Care Capacity Demand Management (CCDM) is business as usual (BAU) at Southern DHB. The DHB is working well to include outlying areas and is actively strengthening CCDM engagement for Mental Health and Maternity services. The appointment of a Director of Midwifery is an excellent step for maternity services.*
>
> *The evaluation team acknowledges the challenges with the current labour market and observed Southern DHB making every effort to advertise to identified vacancies.*
>
> *The evaluation team acknowledges the dedicated CCDM, TrendCare Team and the excellent nursing and midwifery leadership in place."*

There are a series of recommendations included in the report which we will progressively address.

It should be noted that "fully implemented" does not necessarily mean that we meet all the safe staffing requirements, we are still recruiting to the approved additional FTE that was incorporated into the 2021/22 budget and the calculations need to be rerun on an annual basis and FTE budgets adjusted as appropriate.

The Minister has also commissioned a review into the effectiveness of CCDM/Trendcare and we are awaiting the outcome of this review to guide both national and local use and development of the tool.

9. Māori Enrolment update

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

We are seeing a continued increase in Māori enrolment numbers, with significant growth (6.7%) in the Queenstown Lakes TLA over the most recent six month period.

	Feb-21	Apr-21	Jun-21	Aug-21	Nov-21
Central Otago	1,877	1,893	1,881	1,918	1,939
Clutha	1,838	1,856	1,863	1,855	1,844
Dunedin	9,495	9,530	9,597	9,611	9,655
Gore	1,821	1,843	1,861	1,854	1,860
Invercargill	9,291	9,356	9,353	9,363	9,363
Queenstown Lakes	1,932	1,969	2,019	2,062	2,054
Southland	1,760	1,785	1,817	1,835	1,845
Waitaki	1,924	1,930	1,917	1,941	1,966
Total	**29,938**	**30,162**	**30,308**	**30,439**	**30,526**

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

10. Immunisation Outreach Services

Te Punaka Oraka Public Health Nursing Staff and Immunisation Coordinators have been working alongside Pacific Community Trust in the immunisation space. Looking to continue to strengthen relationship to embed outreach services, one Māori staff member has been released to external Māori Health Provider Te Kāika until end of 2022. This is to support a partnership model between Southern DHB and Te Kāika to support their growing workforce

and skillset in immunisation cold chain processes. Feedback has been well received. The service is looking for further opportunities to partner across the region with other Māori and Pacific providers to increase positive population health outcomes.

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. Cultural Connector Positions

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 fanau who are Pasifika. They will build strong relationships with Pacific Health providers and community in the Southern district.

13. Allied Health

Recruitment to Southland physiotherapy is now showing results – three physiotherapists commenced in November and four new graduate physiotherapists are starting in late January.

While numbers have increased, the new staff are predominantly junior and inexperienced. This will mean the skill mix within the teams is not yet where we need it to be and will take time to develop. This will put pressure on the few remaining senior staff for supervision, training, and mentoring. We are putting in place plans and additional supports, including a clinical coach with the sole role is staff support.

Outsourcing of outpatient work continues, two external providers supporting inpatient work in a limited capacity. This outsourcing will be reduced as DHB capacity increases.

Dunedin is also noting some increasing challenges recruiting allied health, especially for people with higher/specialist skill levels.

14. Aged Residential Care (ARC) Registered Nurse (RN) Workforce

While positive actions are occurring to combat the ARC RN workforce shortage over the longer term, the current situation continues to worsen and implications are being felt system-wide.

Over December, two ARC audits showed High Risk Findings, both related to RN staffing issues. This is unprecedented.

Multiple ARC facilities have bed vacancies but are not admitting residents due to staffing shortages. These decisions are difficult for ARCs, as they are only funded for beds filled by residents. In addition, this month there were instances of ARC admitting residents to hospital who needed nursing care (not medical interventions) not able to be provided by the short-staffed ARC facility.

Whilst the ARC sector is very supportive of the mandatory vaccination order, facilities lost, on average, 5% (anecdotally) of staff across the board, ranging from cooks and caregivers to RNs and facility managers. Precious staff are recruited from one facility to another, or between the DHB and facilities, creating holes where they left. The sector is considering a voluntary Code of Conduct relating to recruitment.

Over November and December, five hospital level facilities continue to report shifts where there is no RN working onsite.

The ARC sector is very fragile with limited resiliency. Significant risks continue to be managed as best they can within the current environmental context. The emergence and imminent threat of Omicron poses new risks, and engagement has commenced with the sector on update contingency and response plans.

While these issues are multi factorial and can not be resolved easily there are two fundamental contributors to the crisis we now find ourselves in:

- The closure of the borders has resulted in effectively closing the international pipeline for new recruits. It is positive that the Ministry of Business, Innovation and Employment (MBIE) have allocated 300 beds within MIQ for health workforce, this will contribute but until the country is open again the international supply chain is fraught.
- Pay discrepancy between DHB nursing and ARC nursing. There has always been a pay difference between these sectors however with the recent New Zealand Nurses' Organisation (NZNO) settlement and the pay equity settlement the gap between them has grown to a point where the resignation of nurses from the ARC sector to go to DHB employment has now become very problematic. The Government directly funded the significant funding increases to support the DHB multi-employer collective agreement (MECA) settlements however no funding has been made available so address the wider flow on impact to the sector. It is important to note that this issue is not limited to ARC, but to all of the health sector publicly funded including Mental Health non-government organisations (NGOs), Māori providers, rural hospitals, primary care etc. We are awaiting the whole of government response to this issue, but it is well beyond the critical point now.

15. Aged Residential Care Bed Availability

Bed availability in aged residential care continues to be problematic, exasperated by the RN shortage, which results in closed vacant beds.

Waiting Lists for Aged Residential Care as of 12 January 2022

	In Hospital	At Wrong Level in ARC	At Home in Community/ Hospice	Total
Psychogeriatric Care (D6) District	2	0	0	2
Hospital Level Care (Dunedin)	1	0	1	2
Hospital Level Care (Southland)	1	1	1	3
Secure Dementia Care (Dunedin)	0	1	2	3
Secure Dementia Care (Southland)	1	2	2	5
Rest Home Care (Dunedin)	0		2	2
Total	*5*	*4*	*8*	*17*

16. Home and Community Support Services (HCSS) Workforce and Service Delivery

The Mandatory Vaccination Order had significant implications for the HCSS workforce, with all agencies experiencing significant loss of staff. HealthCare NZ had two extensions to the implementation of the Order, with final implementation a few weeks late. That agency stopped accepting new referrals for a number of weeks, with all agencies reducing their services to essential services only. This situation continues and we are not currently accepting referrals for household management services only. This will be reviewed again at the beginning of February.

The HCSS sector is very fragile with limited resiliency.

17. Tourism Recovery Fund – Psychosocial Mental Wellbeing Recovery

The connecting communities' initiative for this cycle has been completed with 27 recipients being funded for initiatives that support community connection and wellbeing. Summer focused activities have also been supported with financial support towards a Summerdaze programme coordinator and various activities. Te Hau Toka has partnered with New Zealand Police, Hospitality New Zealand, Public Health South and Queensland Lakes District Council to support a pilot project for "take 10" which aims to reduce alcohol drug related harm. Boosting for the Queenstown Lakes District Council Get Active community grant has been provided. The group have also worked in partnership with Southern DHB's Public Health team to launch the WHO Wellbeing Index (WHO-5) app as a measure of wellbeing. The group is meeting early in the New Year to consider the outcome of the co-design work.

18. 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 in late October. Eight responses were received by the close off date. An evaluation panel has been established, which includes a mix of clinical, non-clinical, Māori and consumer representation. The panel has completed its initial analysis of responses received. The next phase will involve meetings with potential suppliers of service.

19. Request for Proposal (RFP) – Community Based Withdrawal Service

The contract for service has now been released to the preferred supplier. Assuming sign off is forthcoming we can begin to work with the supplier on commissioning the service in the early part of the 2022 calendar year.

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

The implementation of Time for Change continues with the terms of reference and membership of the Change Leadership Group being finalised. Telford Consultants is working closely with Directorate and Executive leadership to develop the change programme charter which will go to the Leadership Group in January. Other key areas of work involve shortlisting of expressions of interest for the community/residential service for Ward 11 and other patients, and further refinement of the work undertaken by Jo Harry regarding crisis response capacity in the Central Lakes District.

21. Combined Response Team (CRT)

This new service led by police has been functioning for approximately six weeks. During this period the CRT has responded to 108 calls either face to face contact with the individual, phone contact with the person or liaison between services and/or advice to a service regarding a person of concern. Of the 108 jobs eight have resulted in transport to hospital for further emergency psychiatric service input. Feedback from the team indicates its functioning very well.

22. Organisational Development (OD) Team

Work undertaken by the OD Team over November and December 2021 driven by feedback from the 2020 staff engagement survey falls under four areas of focus:

- Change
  - Internally facilitated workshop with change cycle methodology held at Lakes Hospital
  - Team organised and led Accessibility Week for Southern DHB in support of Disability Strategy
  - Accessibility Workshop cohort 3 supported.
  - Agreement with Family Planning NZ regarding the development of Diversity and Inclusion Workshops for non-clinical staff which will be government funded. Due to start early next year. Family Planning NZ currently provide workshops for clinical staff which are also within the scope of this collaboration.
- Performance
  - Essential Corporate Training Workshops (x6) held – Appraisals, Performance Management and Having Courageous Conversations
  - Revised SMO Performance Review templates developed and finalised in support of Deputy Medical Director
- Leaders
  - Workshop with Allied Health Professional Leaders workshop on self care and leading others
  - Workshop held to support Strategy, Community and Primary Care Nursing Leadership Forum – emerging leadership strategy and tools
  - First Line Manager Workshop & Introduction to Team Leadership Workshop held this month – supported by Learning Works

- Wellbeing
  - Piloting of the Wellbeing app for ED staff progressing with the provider (chnnl). This will provide wrap-around wellbeing support to staff including push notifications and early warning system for senior managers. Full implementation late January to early February.
  - Held 14 team development workshops
  - New People and Capability SharePoint developed inhouse by OD launched. This includes management tools, team development workshops, eLearning resources, staff benefits and a variety of tools and resources for staff welfare and wellbeing.

Chris Fleming
Chief Executive Officer

24 January 2022

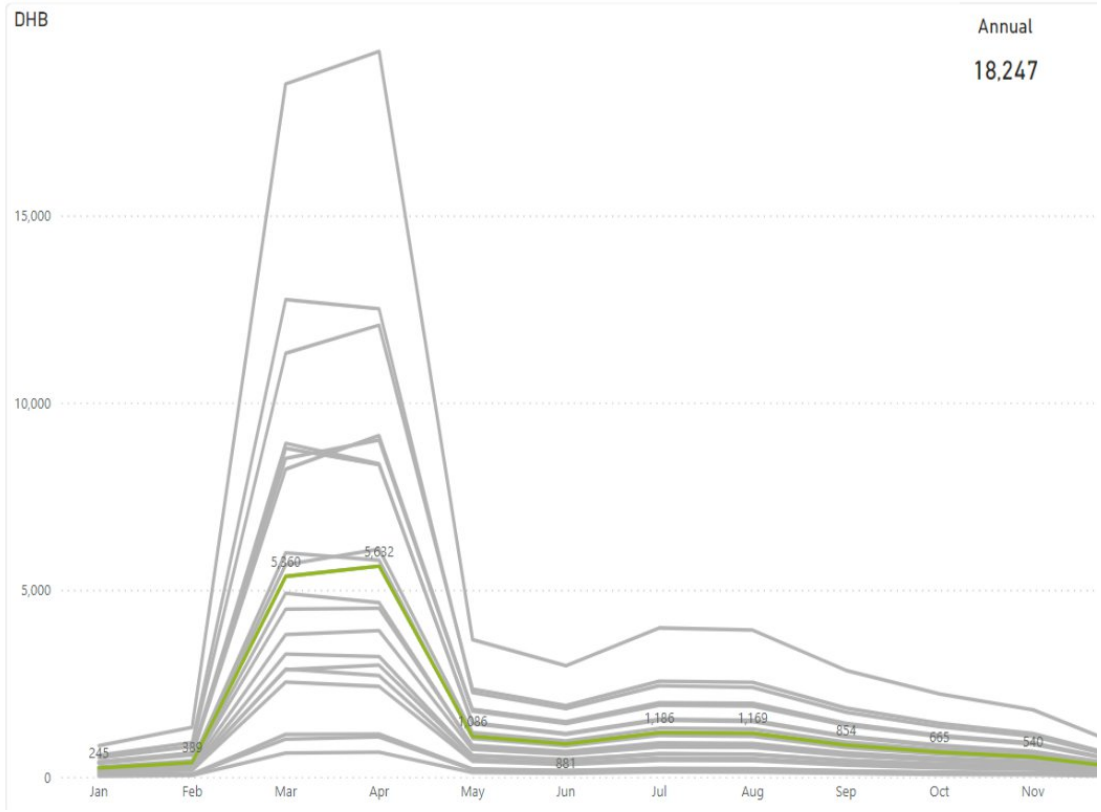
Omicron Update

Hywel Lloyd SDHB

Omicron Characteristics

- R_0 == 10 Much more infectious than Delta
- Case Surge will be twice that of Delta
  - Doubling time 2-3 days, some USA states 1.3 days
- Overseas after 10 case outbreak
  - 1000 cases a day after 14 days,
  - 5000 cases a day after 19 days
- Less severe infection == 45% less admissions
- In absolute terms hospital case numbers will be more than for Delta worse case scenario, which is a major concern
- Less people will require ICU support than for Delta
- Workforce reduced between 25-35%
- Looking at Life Preserving Services only

Omicron Expected new Cases per Month Southern DHB



SDHB in green

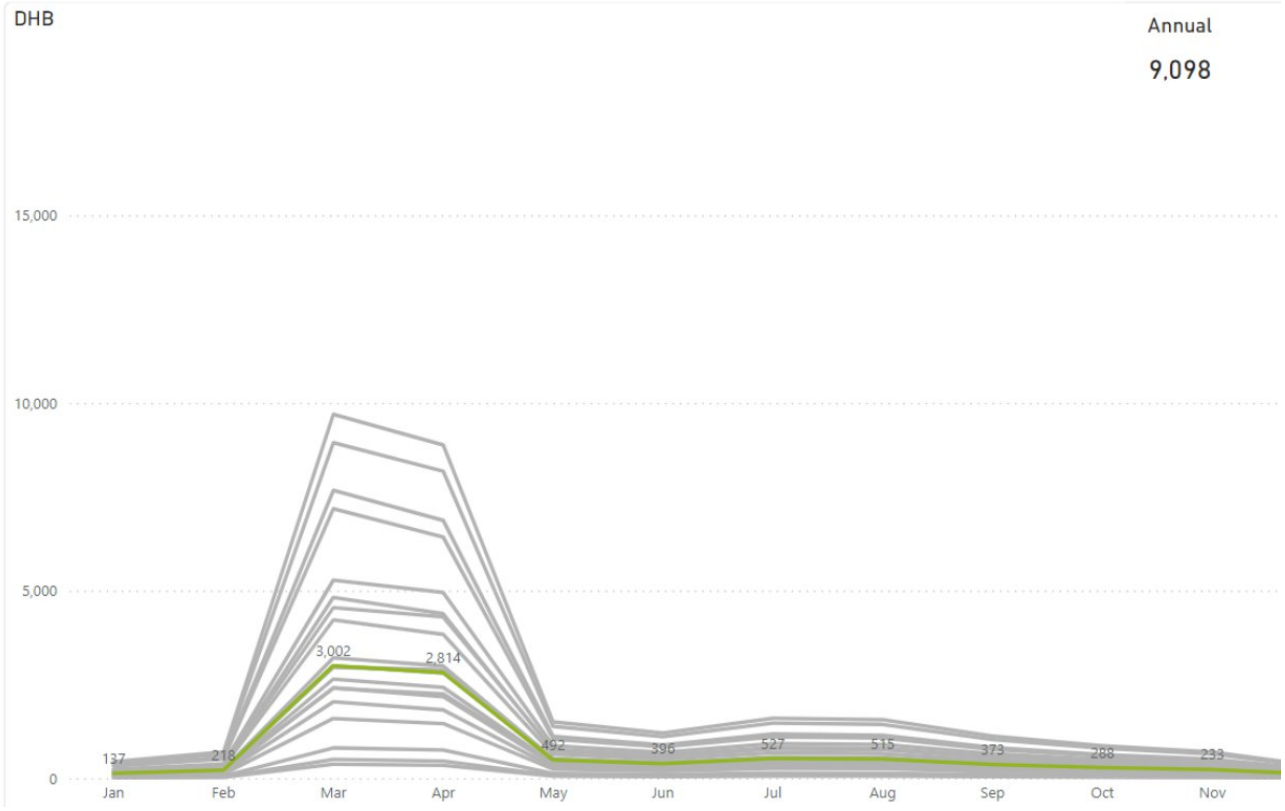
Kind
Manaakitanga

Open
Pono

Positive
Whaiwhakaaro

Community
Whanaungatanga

Omicron Expected new Cases per Month Māori, Southern DHB



SDHB in green

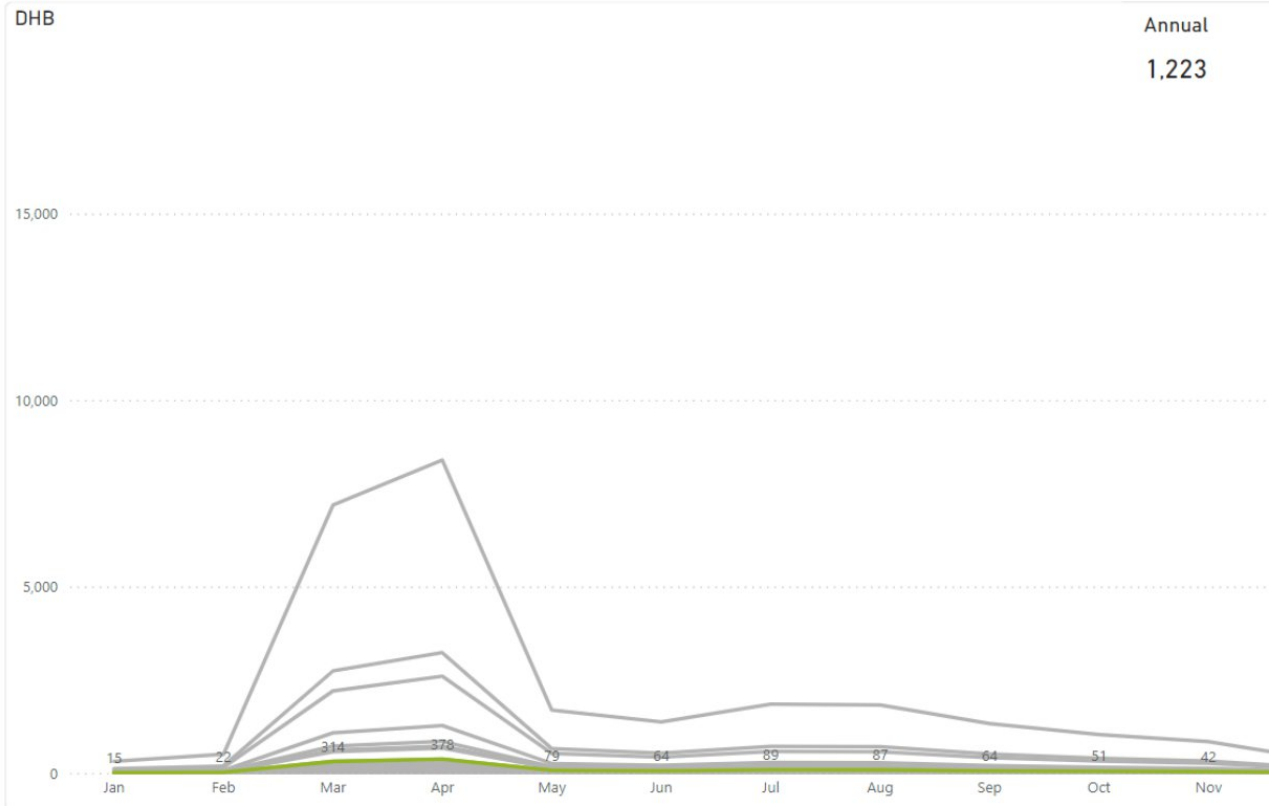
Kind
Manaakitanga

Open
Pono

Positive
Whaiwhakaaro

Community
Whanaungatanga

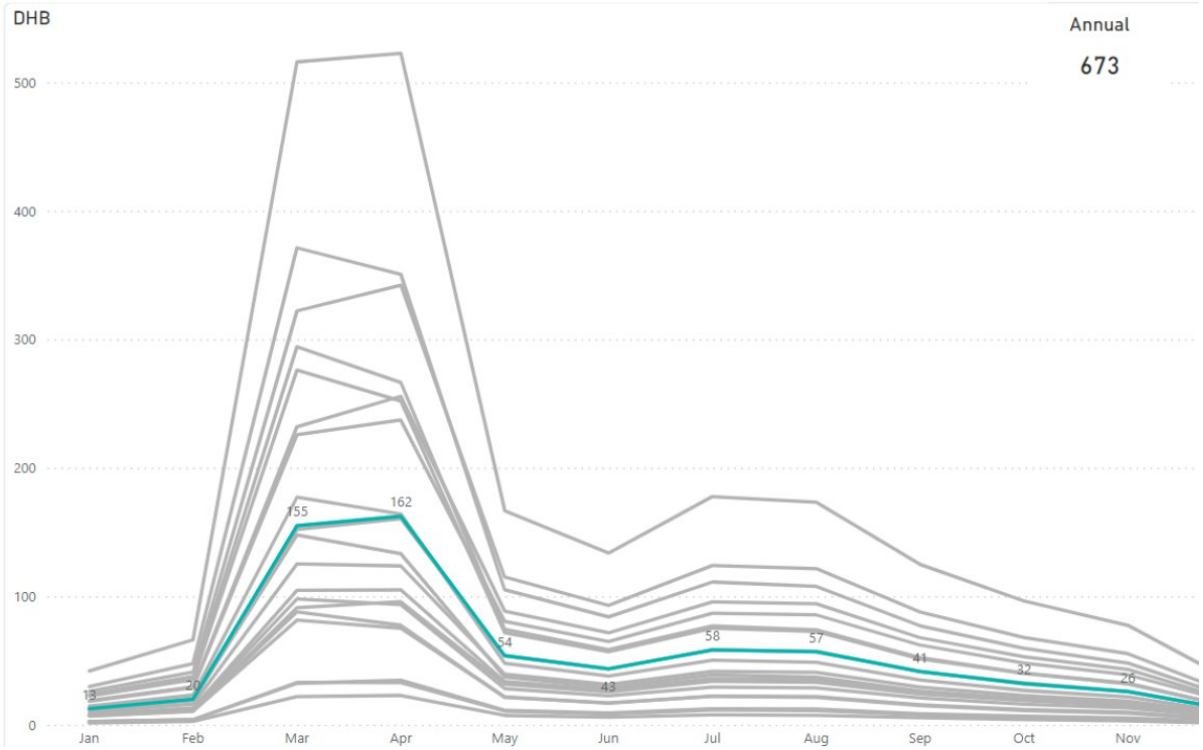
Omicron Expected new Cases per Month Pacifica, Southern DHB



SDHB in green

Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

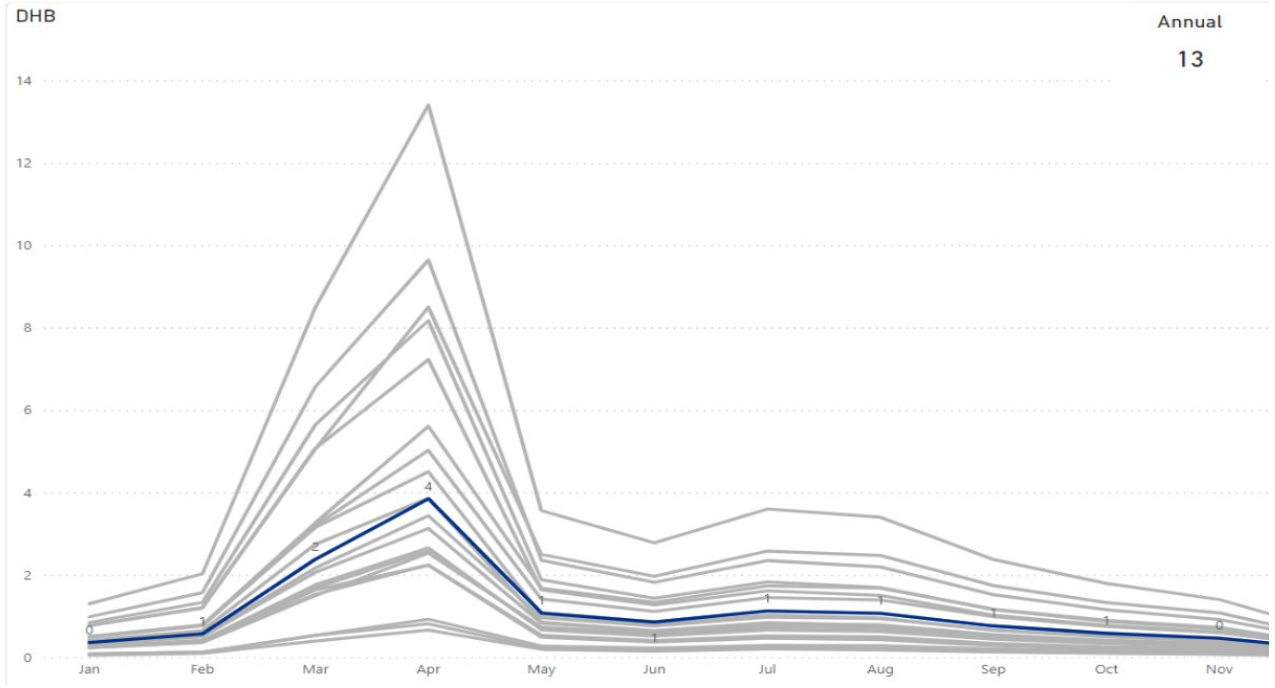
Omicron Expected new Hospitalisations per Month Southern DHB



SDHB in teal

Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

Omicron Expected new ICU cases per Month Southern DHB



SDHB in blue

Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

Omicron - Outbreak pattern

Current State	Outbreak	Initial Surge	Peak	Decline
No Cases	24-72 hours	6-8 weeks	4 weeks	6- 8 weeks
No confirmed omicron community cases Intermittent Delta exposure events	First confirmed case detected Policy pressure to contain omicron outbreak Public panic, pressure on testing, primary care, vaxx, Whakarongorau No staff sickness or COVID hospitalisations	Significant growth in: Cases Hospitalisations Staff sickness Supply chain issues Additional pressure on Welfare, CIQ, MIQ Cases across the Region Discharge delays to ARC and MH facilities	Up to about 200 cases a day 25 - 35% staff sickness absence •Nearly all cases omicron •All assumptions from (3) apply •Majority of community cases will be self managing	
Early warning and planning	Detect all cases	Impact mitigation	Impact mitigation	
Keep out Omicron Prepare the public and health system	Understand how widely omicron has spread Provide public reassurance Provide clear, consistent public messaging	Focus on protecting the most vulnerable Minimise hospitalisations and deaths Minimise impact on non-COVID health services Protect public health capacity – switch to EE management. Supply chain issues, begin to emerge	Focus on protecting the most vulnerable Minimise hospitalisations and deaths Minimise impact on non-COVID health services Impact on Supply chains	

Health System and COVID Response Implications

- COVID Care in the Community
  - Public Health and Primary Care – will be overwhelmed and unable to keep on top of the rapidly rising case numbers
  - Switch from the System contacting all, to system supporting self management
  - Release as much system resource as possible to focus on the most vulnerable
  - Omicron will impact significantly more on equity than Delta
  - Expect PCR result delays and then testing will be overwhelmed
    - RATs not as sensitive in early cases of Omicron
    - Testing may become futile
  - Primary Care switch to non face to face consultation

Health System and COVID Response Implications

- Secondary Care (Hospital Based Services)
  - Red and Green Streaming may be helpful in early stages
  - As case numbers increase, lots of incidental COVID Cases
  - Quickly the whole hospital will become Red
  - Increasing capacity to admit COVID cases in Southland and rural facilities
  - Switch to protecting the most vulnerable
  - Significant Workforce issues
  - Life preserving services

Health System and COVID Response Implications

- Aged residential Care and Home Community Support Services
  - Aim is to keep Omicron out
  - Any minimal impact on ARC staffing levels will create significant ability for ARC to maintain standards of care.
  - Maintain care at the facility whenever possible
  - Limited availability of additional workforce to support ARC
  - Ability to admit patients will be reduced or non existent, create hospital bed block and patient flow issues

  - Switch to essential HCSS only and encourage whanau self support.

Southern DHB CCDM Evaluation Report

To:	Southern DHB Chief Executive & Care Capacity Demand Management (CCDM) Council
From:	Safe Staffing Healthy Workplaces Governance Group
Subject:	Southern DHB Evaluation for CCDM Full Implementation
Date:	November 2021

The CCDM evaluation team would like to thank the DHB and its union partners for its commitment and engagement in the evaluation process.

Full details of the recommendations per standard can be found in the excel Standards evaluation report, embedded at the end of this report.

Summary of findings

Full implementation evaluation:

Implementation percentage for each standard	
Standard One	100%
Standard Two	100%
Standard Three	100%
Standard Four	100%
Standard Five	85%

	Scoring
Number of criteria Fully Attained items (max 22)	21
All criteria Partially Attained or better	YES
All Non-Negotiables Attained min of 85% per standard	YES
Full Implementation achieved	Fully Implemented

Care Capacity Demand Management (CCDM) is business as usual (BAU) at Southern DHB. The DHB is working well to include outlying areas and is actively strengthening CCDM engagement for Mental Health and Maternity services. The appointment of a Director of Midwifery is an excellent step for maternity services.

The evaluation team acknowledges the challenges with the current labour market and observed Southern DHB making every effort to advertise to identified vacancies.

The evaluation team acknowledges the dedicated CCDM, TrendCare Team and the excellent nursing and midwifery leadership in place.

Highlights:

- Local Data Council (LDC) in Mental Health – led by the Clinical Nurse Manager (CNM acute admissions). Excellent review of TrendCare (TC) data, TC education, good representation of staff. Mental Health also using workload allocation on TC.
- CCDM Council minutes reflect good attendance at meetings.
- The CCDM coordinator has an in-depth understanding of CCDM within the context of Southern DHB.
- Data quality for full-time equivalent (FTE) calculations is maintained at a high standard.
- Staff education resources are available for all staff and TrendCare education is included for new nursing and midwifery staff.
- The DHB has 21 core data set (CDS) metrics visualised in Power BI.
- FTE calculations are now business as usual at SDHB. This process is transparent and involves all relevant parties.
- The daily bed meeting utilises “in the moment” data to support patient and staff allocation.

Suggested recommendations

Standard 1: Governance

The CCDM governance councils (organisation and ward/unit) ensure that care capacity demand management is planned, coordinated and appropriate for staff and patients.	
Recommendations	*Rationale*
1. Schedule partnership training followed by an annual partnership survey of council members and operational staff.	This will strengthen the partnership and acknowledge the spirit of commitment.
2. Amend the CCDM Council Terms of Reference to include the director of midwifery as a member. Recommendation completed following evaluation.	The DoM is a key leadership role within the DHB. This role must attend the CCDM Council to ensure the safe staffing needs within maternity services are being addressed.
3. Ensure documented evidence of partnership check-ins occurs at the LDCs.	This will provide an auditable record of the bipartite commitment to CCDM at the clinical floor level.

Standard 2: Validated Patient Acuity

The validated patient acuity tool underpins care capacity demand management for service delivery.	
Recommendations	*Rationale*
1. Finalise the 2021 TC business rules currently in draft. Recommendation completed following evaluation.	This will ensure that the TrendCare champion groups have the most up to date information on TrendCare use at Southern DHB.
2. Consider investing in improved Wi-Fi for Wakari Mental Health, and Southland hospitals, and introducing Wi-Fi arrangements for Lakes.	This will ensure staff at the rural sites have access to available CCDM data. CCDM data supports effective decision-making and allocation of clinical resources.

Standard 3: Core Data Set

The organisation uses a balanced set of CCDM measures (core data set) to evaluate the effectiveness of care capacity and demand management over time and to make improvements	
Recommendations	*Rationale*
1. Provide power BI access across the organisation.	This will help strengthen the use of and engagement with the full data set across the organisation. Support information sharing, identification of themes and risks and ability to escalate through the CDDM governance structure. Enables ward-based staff to use data to benefit their workplace and make better use of resources. Provides opportunity and encouragement for staff to take up local QI projects.
2. Develop a sustainable process for responding to safe staffing events.	This will empower staff to raise concerns and know that these are actioned and addressed.
3. Consider replicating the comprehensive Safe and Effective nursing workforce report for midwifery and allied health (AH) workforces.	This will elevate and highlight workforce strengths and challenges.
4. Consider renaming the nursing dashboard to include midwifery and AH workforces.	This will help the midwifery and AH workforces engage with the dashboard.
5. Develop a clear timeline for uploading all metrics into Power BI and making available to external partners.	This will provide the DHB with a full set of metrics for robust data analysis. The intent is there but timeline not clear. This will support the partnership approach and ways of working, shared analysis and discussion of findings.
6. Inform staff of the actions or outcomes of the end of shift survey (EOSS). DHB waiting for the SSHWU national recommendation.	This will assure staff that concerns raised have visibility and are being responded to.

Standard 4: Staffing Methodology

A systematic process is used to establish and budget for staffing FTE, staff mix, and skill mix for to ensure the provision of timely, appropriate, and safe services.	
Recommendations	*Rationale*
1. Consider the skill mix in Mental Health and how this could be considered as part of the annual FTE calculations.	This will support sustainable workforce retention and recruitment strategies for Mental Health.
2. Share the FTE data with the union partners prior to the FTE meetings.	This supports the partnership approach and ensures that all parties can contribute effectively to the FTE process.

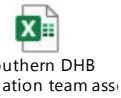
Standard 5: Variance Response Management

The DHB uses a variance response management system to provide the right staff numbers, mix and skills at all times for effective patient care delivery.	
Recommendations	*Rationale*
1. Strengthen variance response management (VRM) response strategies, in particular for specialist areas, Southern and Wakari hospitals.	This would support Southern and Wakari hospitals to build resilience into their VRM responses, and would also support the introduction of VRM at Lakes hospital To support timely and responsive match to acuity and need, particularly for specialised areas, SCBU, Maternity, ICU.
2. Develop a process for supporting CNMs and CMMs, including a leadership model for after hours.	Feedback from staff suggested that CNMs and CMMs need more support and need 24/7 leadership. This will ensure that out of hours teams have the required leadership. Strong leadership will support use of the VIS/VRM tools where appropriate. Allowing the whole organisation to manage variance as it arises.
3. Consider allocating some Business Analyst hours to CCDM work as well as some general information technology (IT) resource.	This would support timely progression of core data set (CDS) metrics into power BI, as well as a refresh of the VIS and VRM systems to the CCDM national VIS scoring tool (as per Jane Lawless report)**.**
4. Consider providing further education for clinical staff to refresh and invigorate VRM.	This will increase staff engagement with the current VRM tools and processes. DHB wide engagement with VRM and VIS will support a whole of hospital coordinated response.

Evaluation Team

Rebecca Oakes – Deputy Director, SSHW, TAS
Julie Arthur – National Midwifery Advisor, SSHW, TAS
Helen Kissel – NZNO Organiser
Janette Dallas – Nurse Director Care Capacity Demand Management

Quantitative evaluation


Southern DHB
evaluation team ass

FOR APPROVAL

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

Proposed by: Nigel Trainor, Executive Director Corporate Services

Meeting of: Finance, Audit and Risk Committee Meeting, 1 February 2022

Recommendation

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

Purpose

1. To provide the Board and Finance, Audit & Risk Committee with the financial performance of the DHB for the month and year to date ended 31 December 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 December 2021
Report Prepared by:	Finance
Date:	20 January 2022

Report to Board

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

The net deficit for December 2021 was $4.5m, being $2.5m unfavourable to budget.

Financial Performance Summary

SOUTHERN DISTRICT HEALTH BOARD
Statement of Financial Performance
For the period ending 31 December 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						
126,828	102,700	24,128	F	Government & Crown Agency	665,541	617,135	48,406	F	1,187,928	1,233,735
677	847	(170)	U	Non-Government & Crown Agency	4,969	5,084	(115)	U	12,489	10,168
127,505	103,547	23,958	F	*Total Revenue*	670,510	622,219	48,291	F	1,200,417	1,243,903
				EXPENSES						
60,426	42,449	(17,977)	U	Workforce Costs	267,497	246,587	(20,910)	U	481,291	502,352
4,491	3,684	(807)	U	Outsourced Services	26,206	23,597	(2,609)	U	47,821	46,095
10,687	7,860	(2,827)	U	Clinical Supplies	59,941	56,075	(3,866)	U	111,249	107,947
5,803	5,269	(534)	U	Infrastructure & Non-Clinical Supplies	36,748	32,432	(4,316)	U	62,476	64,693
47,293	42,906	(4,387)	U	Provider Payments	277,609	255,456	(22,153)	U	489,958	506,799
3,299	3,356	57	F	Non-Operating Expenses	19,240	19,174	(66)	U	37,059	40,324
131,999	105,524	(26,475)	U	*Total Expenses*	687,241	633,321	(53,920)	U	1,229,854	1,268,210
(4,494)	(1,977)	(2,517)	U	**NET SURPLUS / (DEFICIT)**	(16,731)	(11,102)	(5,629)	U	(29,437)	(24,307)

Drivers of the result:

The main drivers of the unfavourable variance is as follows:

Driver variance > $1.0m	Month Variance 000's	YTD Variance 000's
Outsourced clinical services	(807)	(2,609)
Pharmaceuticals – Budget lower than Pharmac forecast, plus incorrect phasing of budget	(2,859)	(2,800)
Air Ambulance mix usage and 10% price increase	(291)	(1,223)
ICT & Software	(138)	(1,421)
Sub Total	(4,095	(8,053)
Offset by		

Other Government Revenue – ACC back pay & price increase	1,774	1,774
Allied Health – vacancies off set locums	140	1,132
Total Variance	(2,181)	(5,147)

Nursing has a significant variance, but this is driven mainly by the settlement of the Nurses and Midwives MECAs. This included a component of pay equity that has been covered by revenue. The detail is as follows:

Crown Funded	000's
Pay equity components of MECAs settlement	$16,096
Funds received to cover above	$15,103
Variance	($993)
SDHB Cost	
MECAs settlement cost (other than pay equity)	$3,714
Accruals reverse	$4,010
Variance	$296
Overall net cost not funded	($697)

Pharmac forecast:

000's	2021/22 SDHB Budget	Oct 2020 Pharmac Forecast	Feb 2021 Pharmac Forecast	Dec 2021 Pharmac Forecast
Total Pharms Budget – per Pharmac Forecast	$108,347	$108,347	$113,572	$115,000
Savings Target	$2,000			
SDHB Net Budget	$106,347			

The SDHB Pharms budget was set using the Oct 20 forecast, however since then the forecast has increased significantly, in hindsight the budget should have been set using the Feb 21 Pharmac forecast.

SDHB year to date analysis agrees with the Pharmac Forecast, which will be an actual cost of $115m, which will be $8.6m adverse.

At this stage there is no evidence in the financials and forecast to suggest that the $2.0m savings is being achieved.

This is having a flow on effect to our year end forecast.

In addition to the Pharmacy budget for the Provider was phased incorrectly, this error happen late in the process and favoured the first 5 months of the budget with a very low budget for the months of Dec and even lower in Jan. This will create a large variance for theses months.

Month detail:

Revenue was $24.0m favourable to budget.

Variance area	Variance
Nursing Pay Equity	$14.84m
Unbudgeted COVID-19 Vaccination Revenue	$3.62m
Unbudgeted Public Health core contract uplift	$1.70m
ACC contract increase	$1.60m
COVID-19 Incremental Costs funding	$0.74m
COVID-19 Surveillance & Testing funding	$0.66m
Reduction PBF – Pharms COVID-19 revenue	$(0.35)m
Total	$22.81m

Expenses were $26.5m unfavourable to budget.

Workforce costs were $18.0m unfavourable including $15.8m relating to Nursing Pay Equity and $1.0m for unbudgeted Vaccination programme costs.

Variance area	Variance
SMOs – now 5 FTE favourable with continued vacancies, offset by additional overtime and outsourced in a number of areas to cover, plus $0.7m indirect costs being mostly CME adjustment (funded through COVID incremental)	$(0.71)m
RMOs – remain unfavourable with low rates of leave being taken plus overtime, over budget by 5 FTE	$(0.09)m
Nursing - reflecting Pay Equity settlement costs including direct pay, kiwisaver/super & accrued leave values totalling net $15.8m, plus $0.6m unbudgeted Vaccination activity. Net MECA settlement cost to SDHB (net of MoH funding) estimated at $0.7m to date.	$(16.57)m
Allied Health - remains favourable in a number of areas including Occupational Therapists, Physiotherapists, Psychologists & Technicians, 55 FTE overall, largely driven by continued unfilled vacancies.	$0.14m
Management/Admin - unfavourable including $0.4m unbudgeted Vaccination programme costs.	$(0.66)m

Outsourced Services is $0.75m unfavourable with additional surgical activity including Medical Imaging, Urology and Orthopaedics, plus $0.5m for Rural Hospital ACC payments related to the increased revenue above.

Clinical Supplies are $2.8m unfavourable. This includes higher than budgeted costs in Treatment Disposables, Instruments & Equipment, Implants & Prostheses, Air Ambulance and Pharmaceuticals.

Infrastructure and Non-Clinical Supplies were $0.5m unfavourable in a range of areas, including Facilities, Transport, IT Services & Licencing costs.

Provider Payments were $4.4m unfavourable, reflecting $2.6m COVID-19 Vaccination expenses (offset by additional revenue) and other costs unfavourable to budget including Community Pharmaceuticals $1.2m, Primary Health Care $0.4m and Residential Care $0.4m.

Year To Date

Revenue is $48.3m favourable to budget. This is made up as follows:

Variance area	Variance
Unbudgeted COVID-19 Vaccination Revenue (incl Maori)	$23.21m
Nursing Pay Equity	$15.10m
COVID-19 Surveillance & Testing funding	$2.81m
COVID-19 Incremental Costs funding	$2.55m
ACC Contract increase	$2.17m
Unbudgeted Public Health core contract uplift	$1.70m
Mental Health, Public Health	$1.49m
Primary Care	$1.01m
Other Income	$0.51m
Reduction PBF – Pharms COVID-19 revenue	($2.13)m
IDF's	($0.57)m
Ineligible Patients	($0.52)m
Total	$47.33m

Expenses are $53.9m unfavourable to budget.

Workforce costs are $20.9m unfavourable including $5.0m unbudgeted Vaccination programme costs.

Variance area	Variance
SMO – indirect costs $1.5m unfavourable being mostly CME, outsourced remains $0.2m higher than budget in a number of areas due to vacancies	$(1.57)m
RMOs – remain unfavourable with low rates of leave being taken plus overtime, FTE's over budget by 7.	$(0.58)m
Nursing - now $16.9m unfavourable with Pay Equity settlements including direct pay, kiwisaver/super & accrued leave values totalling net $15.8m, plus $2.7m unbudgeted Vaccination activity. Net MECA settlement cost for SDHB (net of MoH funding) estimated at $0.7m to date.	$(16.90)m
Allied Health – remains favourable in a number of areas including Occupational Therapists, Physiotherapists, Psychologists & Technicians, 48 FTE overall, largely driven by continued unfilled vacancies.	$1.11m
Management/Admin - unfavourable including $2.3m unbudgeted Vaccination programme costs.	$(2.73)m

Outsourced Services is $2.5m unfavourable with additional surgical activity including ENT, Plastic Surgery, Urology and Ophthalmology. Included in the unfavourable variance there is also $0.4m Vaccination programme costs for delivery to Rural areas and $0.5m for Rural Hospital ACC payments related to the increased revenue above.

Clinical Supplies are $3.9m unfavourable. This includes higher than budgeted costs in Treatment Disposables, Instruments & Equipment, Air Ambulance and Pharmaceuticals.

Infrastructure and Non-Clinical Supplies are $4.3m unfavourable in a range of areas, including Patient Meals, Cleaning, Facilities, Transport & Travel, IT Services and Licenses.

Provider Payments are $22.28m unfavourable, reflecting $0.4m ARRC back-payments, $1.9m Community Pharmaceuticals, $2.0m Primary Care and $19.4m 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 provision were not. Each of these unbudgeted activities are mostly covered by additional MoH funding.

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

	YTD Actual Total	YTD Nursing MECA Settlement	YTD COVID-19 Vaccination	YTD COVID-19 Resurgance	YTD Transtasman Border	YTD BAU	YTD Budget Total	YTD BAU Variance		YTD Actual COVID-19 Testing	YTD Budget COVID-19 Testing	YTD Variance	
	$000		$000	$000	$000	$000	$000	$000		$000	$000		
REVENUE													
Government & Crown Agency	665,541	15,103	23,207	2,546	90	618,781	614,635	4,146	F	5,814	2,500	3,314	F
Non-Government & Crown Agency	4,969		-	-	-	4,969	5,084	(115)	U	-	-	-	
Total Revenue	670,510	15,103	23,207	2,546	90	623,750	619,719	4,031	F	5,814	2,500	3,314	
EXPENSES													
Workforce Costs	267,497	15,800	5,067	2,251	75	244,304	246,587	2,283	F	-	-	-	
Outsourced Services	26,206		469	-	-	25,737	23,597	(2,140)	U	-	-	-	
Clinical Supplies	59,941		67	38	-	59,836	56,075	(3,761)	U	-	-	-	
Infrastructure & Non-Clinical Supplies	36,748		1,017	113	15	35,603	32,432	(3,171)	U	-	-	-	
Provider Payments	277,609		16,587	-	-	255,208	252,956	(2,252)	U	5,814	2,500	(3,314)	U
Non-Operating Expenses	19,240		-	-	-	19,240	19,174	(66)	U	-	-	-	
Total Expenses	687,241	15,800	23,207	2,402	90	639,928	630,821	(9,107)	U	5,814	2,500	(3,314)	
NET SURPLUS / (DEFICIT)	(16,731)	(697)	-	144	-	(16,178)	(11,102)	(5,076)	U	-	-	-	

Financial Position Summary

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

Actual 30 June 2021 $000		Actual 31 December 2021 $000	Budget 31 December 2021 $000	Actual 30 November 2021 $000	Budget 30 June 2022 $000
	CURRENT ASSETS				
7,582	Cash & Cash Equivalents	129,166	7	17,809	7
61,439	Trade & Other Receivables	66,440	53,544	64,804	48,474
6,159	Inventories	6,446	5,670	6,488	5,235
75,180	*Total Current Assets*	202,052	59,221	89,101	53,716
	NON-CURRENT ASSETS				
325,558	Property, Plant & Equipment	324,984	331,989	323,124	358,043
6,258	Intangible Assets	10,675	18,991	10,588	25,118
331,816	*Total Non-Current Assets*	335,659	350,980	333,712	383,161
406,996	**TOTAL ASSETS**	537,711	410,201	422,813	436,877
	CURRENT LIABILITIES				
-	Cash & Cash Equivalents	-	12,083	-	33,663
72,840	Payables & Deferred Revenue	208,466	73,133	86,570	69,492
235	Short Term Borrowings	107	103	107	1,979
82,596	Holidays Act 2003	86,191	86,346	85,546	90,146
95,374	Employee Entitlements	103,912	86,851	107,703	88,211
251,045	*Total Current Liabilities*	398,676	258,516	279,926	283,491
	NON-CURRENT LIABILITIES				
856	Term Borrowings	801	856	810	10,754
19,411	Employee Entitlements	18,706	20,169	18,706	20,144
20,267	*Total Non-Current Liabilities*	19,507	21,025	19,516	30,898
271,312	**TOTAL LIABILITIES**	418,183	279,541	299,442	314,389
135,684	**NET ASSETS**	119,528	130,660	123,371	122,488
	EQUITY				
486,579	Contributed Capital	487,154	490,131	486,580	495,164
108,500	Property Revaluation Reserves	108,500	108,500	108,500	108,500
(459,395)	Accumulated Surplus/(Deficit)	(476,126)	(467,971)	(471,709)	(481,176)
135,684	*Total Equity*	119,528	130,660	123,371	122,488
	Statement of Changes in Equity				
165,991	Opening Balance	135,684	138,188	135,684	138,189
(30,933)	Operating Surplus/(Deficit)	(16,731)	(11,102)	(12,313)	(24,307)
1,333	Crown Capital Contributions	575	3,574	-	9,313
(707)	Return of Capital	-	-	-	(707)
135,684	Closing Balance	119,528	130,660	123,371	122,488

Cash Flow Summary

SOUTHERN DISTRICT HEALTH BOARD
Statement of Cashflows
For the period ending 31 December 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	758,537	623,618	134,919	1,240,738	683,398
Non-Government & Crown Agency Revenue	4,763	4,916	(153)	9,832	5,519
Interest Received	207	168	39	336	141
Cash was applied to:					
Payments to Suppliers	(395,306)	(367,273)	(28,033)	(719,719)	(363,527)
Payments to Employees	(249,811)	(248,875)	(936)	(498,453)	(225,936)
Capital Charge	-	(3,507)	3,507	(7,142)	-
Goods & Services Tax (net)	22,549	2,633	19,916	(2,604)	18,408
Net Cash Inflow / (Outflow) from Operations	140,939	11,680	129,259	22,988	118,003
CASH FLOW FROM INVESTING ACTIVITIES					
Cash was provided from Investing Activities:					
Sale of Fixed Assets	-	-	-	-	4
Cash was applied to:					
Capital Expenditure	(19,747)	(34,779)	15,032	(71,902)	(16,545)
Net Cash Inflow / (Outflow) from Investing Activity	(19,747)	(34,779)	15,032	(71,902)	(16,541)
CASH FLOW FROM FINANCING ACTIVITIES					
Cash was provided from Financing Activities:					
Crown Capital Contributions	575	3,574	(3,000)	8,556	1,145
Cash was applied to:					
Repayment of Borrowings	(183)	(132)	(51)	(879)	(478)
Repayment of Capital	-		-		
Net Cash Inflow / (Outflow) from Financing Activity	392	3,442	(3,051)	7,677	667
Total Increase / (Decrease) in Cash	121,584	(19,657)	141,240	(41,237)	102,129
Net Opening Cash & Cash Equivalents	7,582	7,582	0	7,582	31,011
Net Closing Cash & Cash Equivalents	129,166	(12,075)	141,240	(33,655)	133,140

Cash flow from Operating Activities is favourable to budget by $129.3m. Government revenue received is distorted by the MoH funding for January 2022 being received early on 31 December 2021 and the Nursing Pay Equity funding receipt on 6 December 2021. Payments to Suppliers is unfavourable in line with the Statement of Financial Performance. Payments to Employees is favourable due to the Nursing Pay Equity payments of $14.8m, offset by Employee Entitlements liabilities being $15.6m higher than budget. Capital Charge is $3.5m favourable with the deferral by MoH of the due date for the sector to 20 January 2022 with the delays in sector Audit signing off 30 June 2021 financials.

Cash flow from Investing Activities is favourable to budget by $15.0m. The Capital Expenditure cash spend reflects project delays although this will reduce as larger projects gain momentum.
Cashflow from Financing Activities is $3.4m unfavourable with delays in Capital project drawdowns.
Overall, Cash flow is favourable to budget by $141.2m.

Capital Expenditure Summary

SOUTHERN DISTRICT HEALTH BOARD

Capital Expenditure - Cash Flow

For the period ending 31 December 2021

Description	YTD Actual $000	YTD Budget $000	Variance $000	Over Under Spend	LY YTD Actual $000
Land, Buildings & Plant	6,127	11,875	5,748	U	3,520
Clinical Equipment	10,520	11,296	776	U	8,829
Other Equipment	429	907	478	U	310
Information Technology	1,502	1,280	(222)	O	1,833
Motor Vehicles	-	30	30	U	14
Software	1,168	9,391	8,223	U	2,038
Total Expenditure	19,746	34,779	15,033	U	16,544

At 31 December 2021, our Financial Position on page 6 shows Non-Current Assets comprising Property, Plant & Equipment and Intangible Assets totalling $335.6m, which is $15.3m less than the budget of $350.9m.

The Land, Buildings & Plant, Clinical Equipment and Software variances reflect expenditure on carry-over projects from 2020/21 and expenditure to date on 2021/22 projects after approval of the capital plan in August 2021.

SERVICE PROVIDER CASEWEIGHTED DISCHARGES

As at: 14/01/2022

01/07/2021 31/12/2021

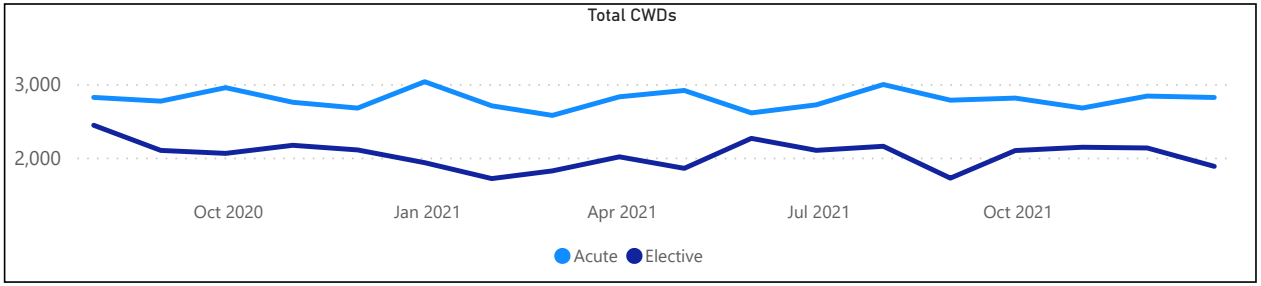
Caseweights	MTD Actual	MTD Target	MTD Variance	% Variance (MTD)	MTD LY Actual	Year on Year Monthly Variance	YTD Actual	YTD Target	YTD Variance	% Variance (YTD)	YTD LY Actual	Year on Year YTD Variance
Medical Caseweights												
Medical Acute	1,502	1,314	188	14%	1,540	-38	8,951	8,738	213	2%	9,059	-108
Medical Elective	341	271	70	26%	364	-23	2,074	1,780	293	16%	2,126	-52
Total	**1,843**	**1,585**	**258**	**16%**	**1,904**	**-61**	**11,025**	**10,519**	**506**	**5%**	**11,185**	**-160**
Surgical Caseweights												
Surgical Acute	1,252	1,156	97	8%	1,400	-148	7,320	7,351	-30	-0%	7,368	-48
Surgical Elective	1,149	1,209	-60	-5%	1,170	-20	7,756	8,464	-708	-8%	8,456	-699
Total	**2,402**	**2,365**	**37**	**2%**	**2,570**	**-168**	**15,076**	**15,815**	**-739**	**-5%**	**15,824**	**-748**
Maternity Caseweights												
Maternity Acute	64	83	-18	-22%	93	-29	647	544	103	19%	574	73
Maternity Elective	391	321	70	22%	398	-7	2,297	2,145	152	7%	2,220	77
Total	**455**	**403**	**52**	**13%**	**491**	**-36**	**2,944**	**2,690**	**255**	**9%**	**2,794**	**150**
Total	**4,700**	**4,353**	**347**	**8%**	**4,965**	**-265**	**29,046**	**29,024**	**22**	**0%**	**29,804**	**-758**

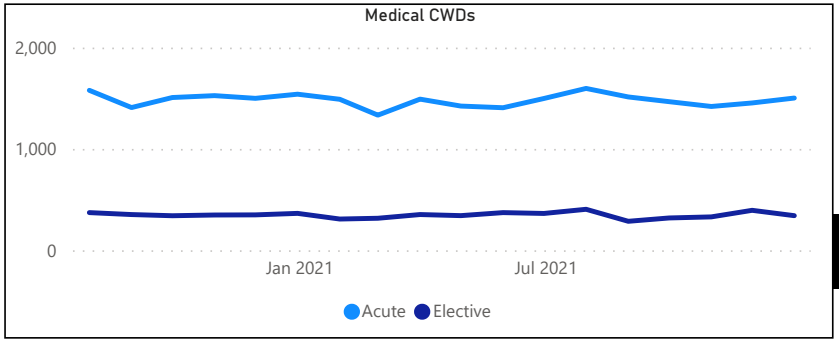
TOTALS

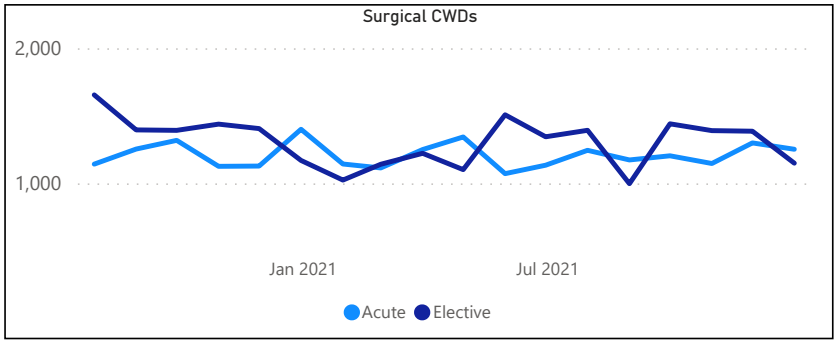
Acute	2,819	2,552	266	10%	3,033	-215	16,919	16,633	285	2%	17,002	-83
Elective	1,881	1,801	80	4%	1,932	-50	12,127	12,390	-263	-2%	12,802	-675
Total	**4,700**	**4,353**	**347**	**8%**	**4,965**	**-265**	**29,046**	**29,024**	**22**	**0%**	**29,804**	**-758**

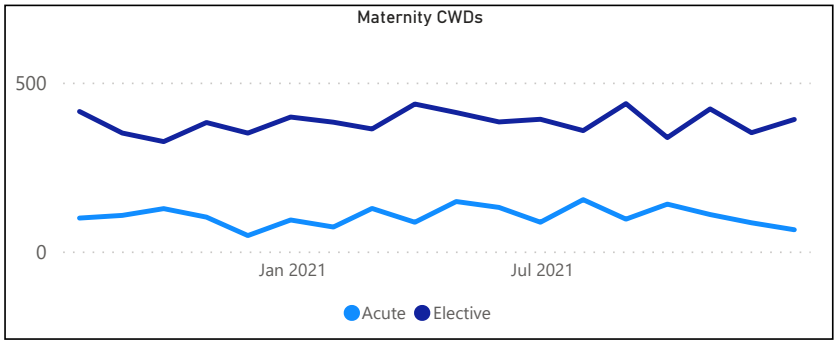
TOTALS excluding Maternity

Acute	2,754	2,470	285	12%	2,940	-186	16,271	16,089	182	1%	16,427	-156
Elective	1,491	1,481	10	1%	1,534	-43	9,830	10,245	-415	-4%	10,582	-751
Total	**4,245**	**3,950**	**295**	**7%**	**4,474**	**-229**	**26,101**	**26,334**	**-232**	**-1%**	**27,009**	**-908**









8.2

SERVICE PROVIDER RAW DISCHARGES

As at: 14/01/2022

01/07/2021 31/12/2021

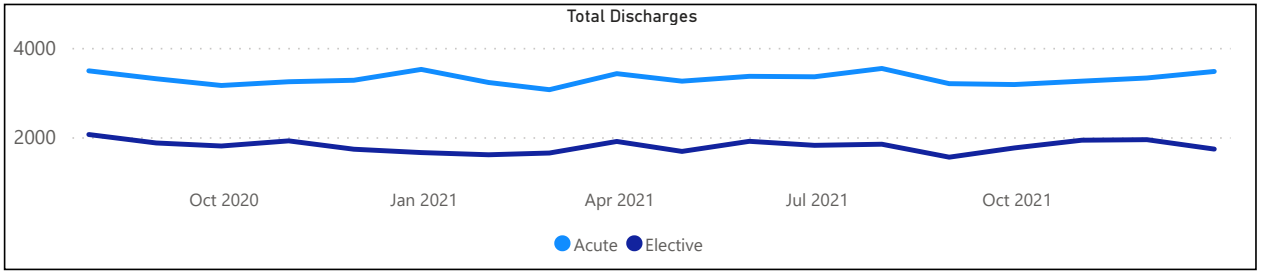
Discharges	MTD Actual	MTD Target	MTD Variance	% Variance (MTD)	MTD LY Actual	Year on Year Monthly Variance	YTD Actual	YTD Target	YTD Variance	% Variance (YTD)	YTD LY Actual	Year on Year YTD Variance
Medical Discharges												
Medical Acute	2,587	2,091	496	24%	2,581	6	14,791	13,973	818	6%	14,500	291
Medical Elective	419	316	103	33%	407	12	2,458	2,051	407	20%	2,388	70
Total	**3,006**	**2,407**	**599**	**25%**	**2,988**	**18**	**17,249**	**16,023**	**1,226**	**8%**	**16,888**	**361**
Surgical Discharges												
Surgical Acute	820	748	72	10%	854	-34	4,647	4,763	-116	-2%	4,935	-288
Surgical Elective	755	855	-100	-12%	758	-3	5,097	5,911	-814	-14%	5,748	-651
Total	**1,575**	**1,603**	**-28**	**-2%**	**1,612**	**-37**	**9,744**	**10,675**	**-931**	**-9%**	**10,683**	**-939**
Maternity Discharges												
Maternity Acute	64	74	-10	-13%	82	-18	526	485	41	8%	547	-21
Maternity Elective	559	427	132	31%	490	69	3,207	2,869	338	12%	2,897	310
Total	**623**	**501**	**122**	**24%**	**572**	**51**	**3,733**	**3,354**	**379**	**11%**	**3,444**	**289**
Total	**5,204**	**4,511**	**693**	**15%**	**5,172**	**32**	**30,726**	**30,052**	**674**	**2%**	**31,015**	**-289**

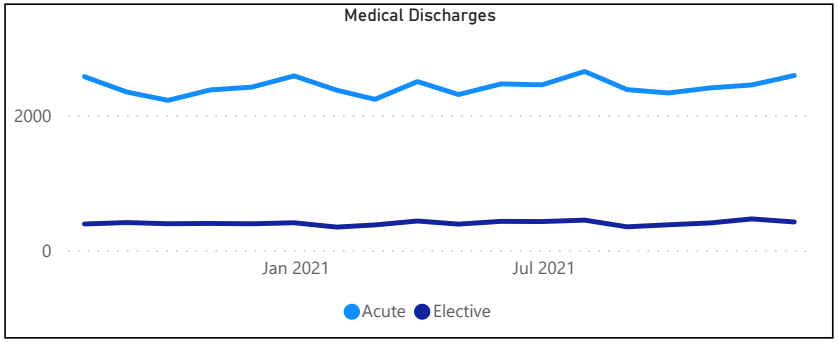
TOTALS

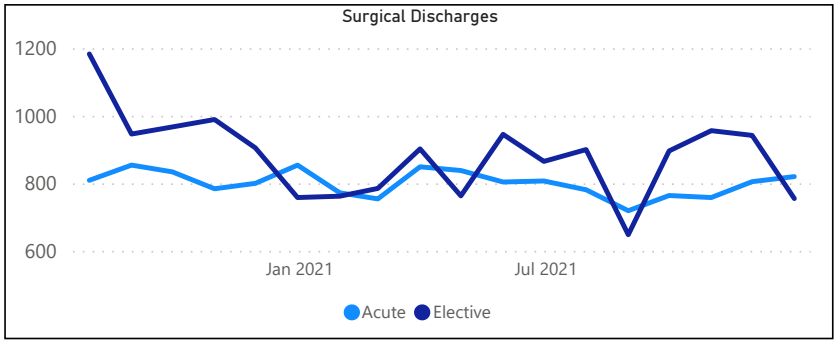
Elective	1,733	1,598	135	8%	1,655	78	10,762	10,831	-69	-1%	11,033	-271
Acute	3,471	2,913	558	19%	3,517	-46	19,964	19,221	743	4%	19,982	-18
Total	**5,204**	**4,511**	**693**	**15%**	**5,172**	**32**	**30,726**	**30,052**	**674**	**2%**	**31,015**	**-289**

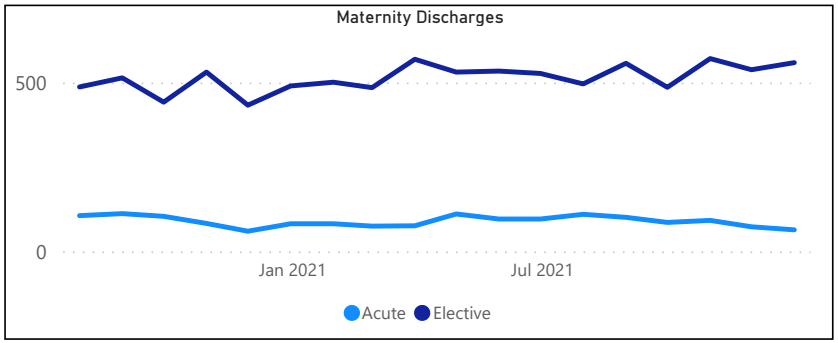
TOTALS excluding Maternity

Elective	1,174	1,171	3	0%	1,165	9	7,555	7,962	-407	-5%	8,136	-581
Acute	3,407	2,839	568	20%	3,435	-28	19,438	18,736	702	4%	19,435	3
Total	**4,581**	**4,010**	**571**	**14%**	**4,600**	**-19**	**26,993**	**26,698**	**295**	**1%**	**27,571**	**-578**



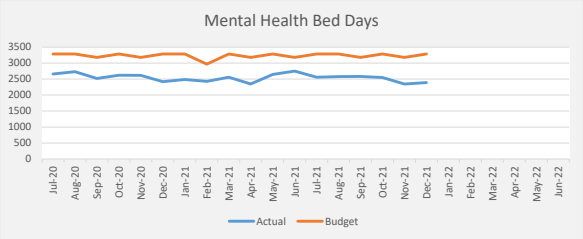




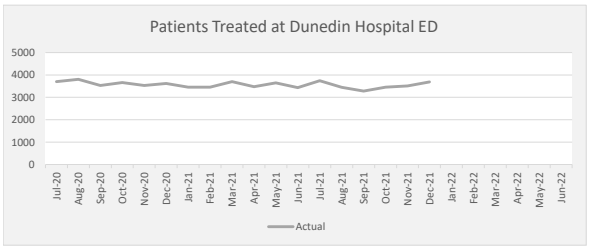


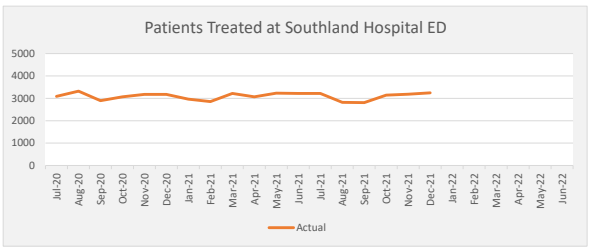
OTHER ACTIVITY

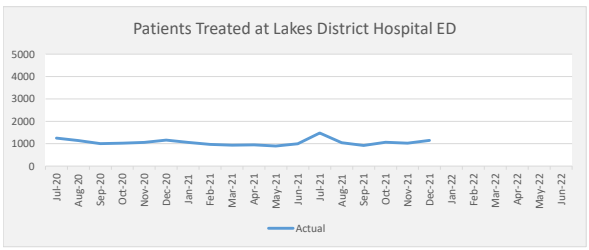
Dec-21				Dec-20	YEAR ON YEAR		YTD 2021/2022				YTD Dec-20	YEAR ON YEAR
Actual	Budget	Variance	% Variance	Actual	Monthly Variance		Actual	Budget	Variance	% Variance	Actual	YTD Variance
2,392	3,286	(894)	-27%	2,421	(29)	**Mental Health bed days**	15,011	19,504	(4,493)	-23%	15,573	(562)

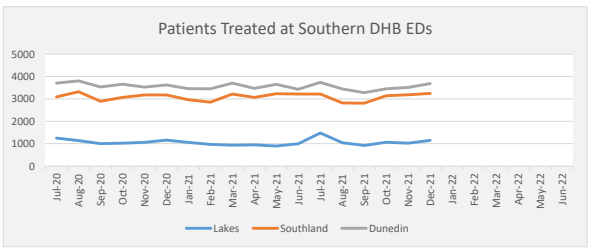


Dec-21	Dec-20	YEAR ON YEAR	Treated Patients (excludes DNW and left before seen)	YTD 2021/2022	YTD Dec-20	YEAR ON YEAR
Actual	Actual	Monthly Variance		Actual	Actual	YTD Variance
			Emergency department presentations			
3,686	3,622	64	Dunedin	21,119	21,854	(735)
1,148	1,163	(15)	Lakes	6,678	6,635	43
3,243	3,176	67	Southland	18,418	18,725	(307)
8,077	7,961	116	**Total ED presentations**	46,215	47,214	(999)









FOR INFORMATION

Item: Quality Dashboard – December 2021

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

Patrick O'Connor, Quality Improvement Manager

Meeting of: Board – February 2022

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 Board Meeting in October 2021 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 this 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. IT are currently working on the data for Falls and Pressure Injuries. Resource constraints and conflicting priorities have slowed progress, but we are hopeful that we will have something for the next Board meeting.

12. Patient flow has been a focus of our attention for some time. The length of stay would appear to be trending in the right direction.

13. Complaint resolution has improved steadily now for some months, which is encouraging.

14. The metrics for the emergency department 6-hour target is a whole of hospital metric not just an ED measure. There is a trend of gradual reduction in the ability to meet the 6-hour target. This is more noticeable for Dunedin.

15. The restraint metrics appears to be increasing while this is frequently related to individual patients requiring repeated restraints. Understanding the restraints metric with a deeper dive would be appropriate.

16. Please see commentary for further details on measures.

Next Steps & Actions

17. 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 first quarter of the year.

18. Request Clinical Council with MW&C to undertake a deeper dive into the detailed metrics for emergency department flow to understand the issues for Dunedin and Southland, report back to the Board with the issues and recommendations to address the flow problems.

19. Request Clinical Council with MHAID to undertake a deeper dive into the detailed metrics for restraints and report back to the Board with a more detailed perspective and possible recommendations.

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**

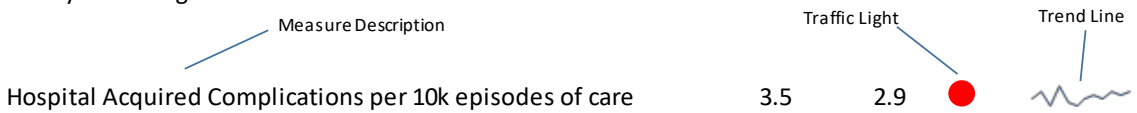
Appendix 1 **Executive Quality Dashboard – Southern Region, Dunedin Hospital and Invercargill Hospital**

	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 %				2.8	3.4		3.1	3.2	
5 Mental Health Seclusions no	26	32							
6 Mental Health Restraints no	195	131		102	48		13	14	
7 Deaths no	63	58		24	28		18	15	
8 ED Wait Time - % patients discharged within 6 hours				72	95		80	95	
9 Vulnerable Patients (Aged 70 and over; Triage Category 1 2 3) in ED > 6 hours				174	162		168	146	
10 Falls (to be added)									
11 Pressure Injuries (to be added)									
Staff									
12 Staff Events - SAC 1 and 2 no				0	0		0	0	
13 Staff Events - SAC 3 and 4 no				12	20		4	4	
Patient Experience									
14 Complaints no	107	81		70	42		29	30	
15 Complaint response target met %	81	100		80	100		62	100	
16 Short Notice Postponments No				55	44		32	28	
17 Short Notice Postponments %				8.6	4.5		10.4	6.7	
Operations									
18 Referrals Declined %				13	15		9.76	14	
19 Length of stay days				3.3	4.6		2.8	3.4	
20 Patients with stay > 7 days no				335	385		184	168	
21 Patients with stay > 21 days no				58	87		44	42	

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. 4.9% of admitted patients suffering a major hospital acquired complication as against 3.4% of patients for peer hospitals across Australasia. This is to the end of September 21 Invercargill is in line with peers with 3% of admitted patients suffering a major hospital acquired complication. We have not yet received an update from HRT on Southland so the data remains to the end of June	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 remains in red and is placed in the lower performing quartile against peers (ranked 14 out of 19 peers) Invercargill is newly red and is showing an increasing trend over the last 8 periods. Ranked 14 out of 20 peers. We are working with the Southland team to understand the drivers of this trend.	Data sourced from Health Round Table Description: Includes the diagnosis groups: 3.1 Urinary tract infection, 3.2Surgical site infection, 3.3 Pneumonia, 3.4.Blood stream infection, 3.5Multi-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	Restraints spiked in Dunedin in November and December. Mental Health are currently investigating. The great	Restraints Safety 1st data. The number of restraint events per month.

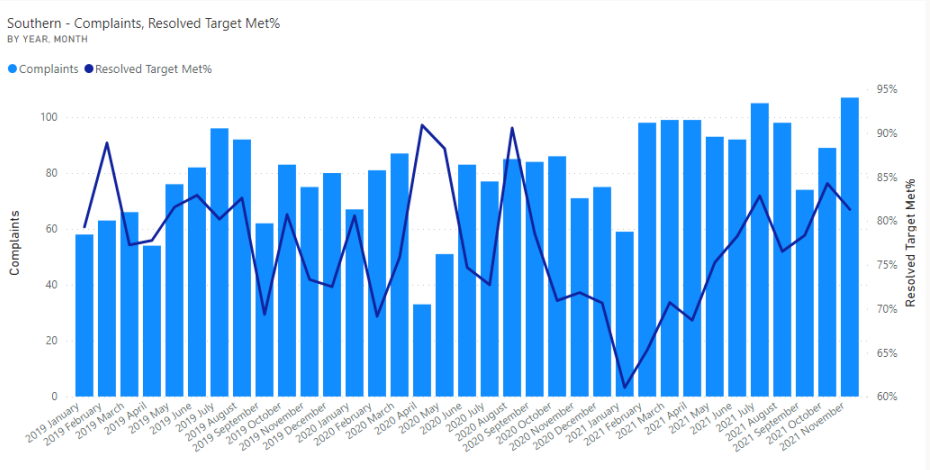
		majority of restraints are due to a very small number of patients. For example, one patient is responsible for 52 restraints from May to October this year. Staff are undergoing additional training, medication has been changed and Health & Safety views have been sought to reduce the number of restraints 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)		IT are currently working on this as we are planning to align to Health Round Table which will enable us to benchmark against our peers
11	Pressure Injuries (to be added)		IT are currently working on this as we are planning to align to Health Round Table which will enable us to benchmark against our peers
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 did stabilise after the spike due to covid cancellations but continue to show variance which is indicative of the pressure on surgical services	Short Notice Postponements Theatre postponements within 24 hours of the scheduled procedure
17	Short Notice Postponement %	Short notice postponements did stabilise after the spike due to covid cancellations but continue to show variance which is indicative of the pressure on surgical services	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

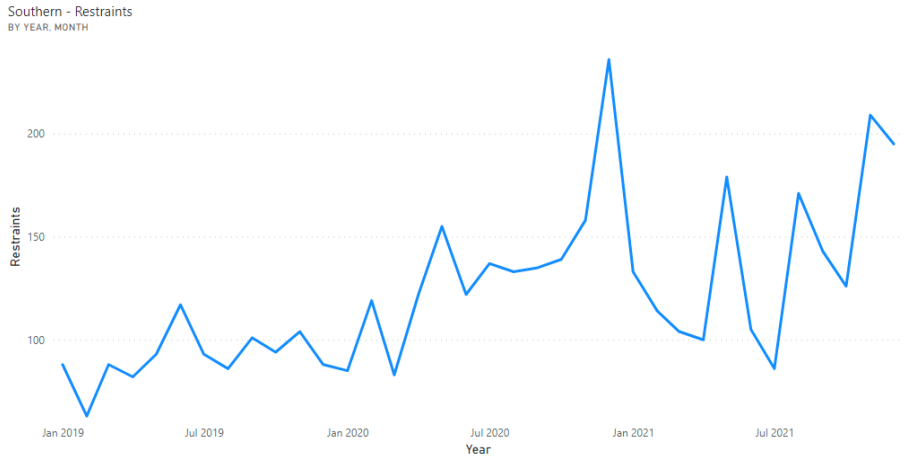
The number of internal complaints (from website, phone, email, letter, health and disability advocacy, comment form, etc) per month.

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.

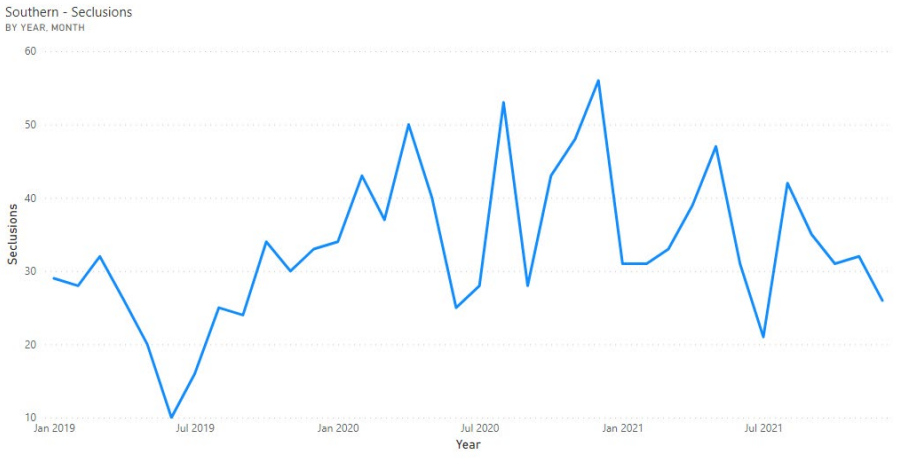
Complaints remain at high levels with little change in the last few months. Systemic issues driving complaint volumes will need to be addressed to drive a reduction in complaints.

We have increased the number of complaints where we are responding to the consumer within target (20 days). It has increased from 60% in January to the high 70s in recent months.



Restraints

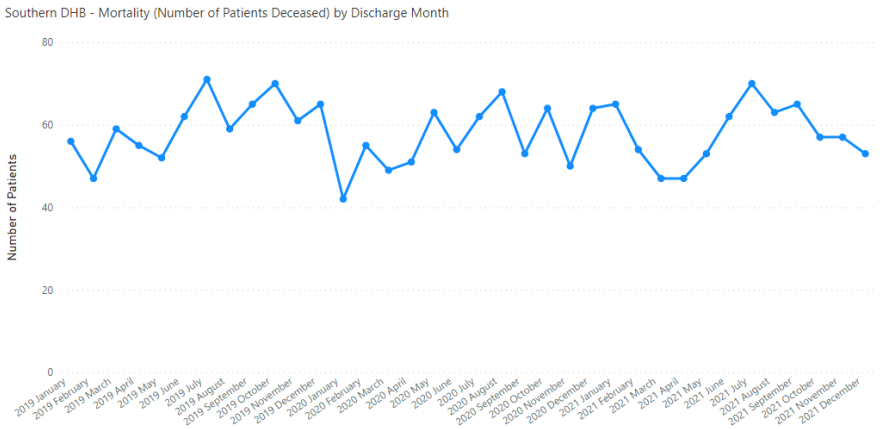
Safety 1st data. The number of restraint events per month. Restraints data includes Dunedin, Invercargill, Wakari and Lakes



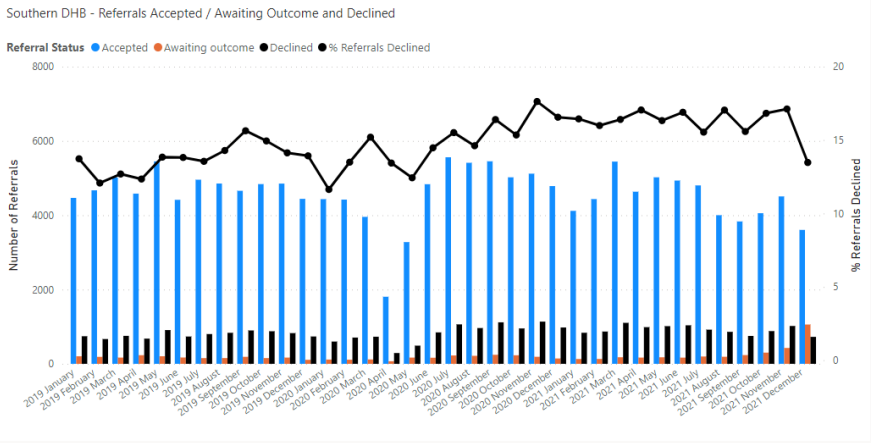
Seclusions

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

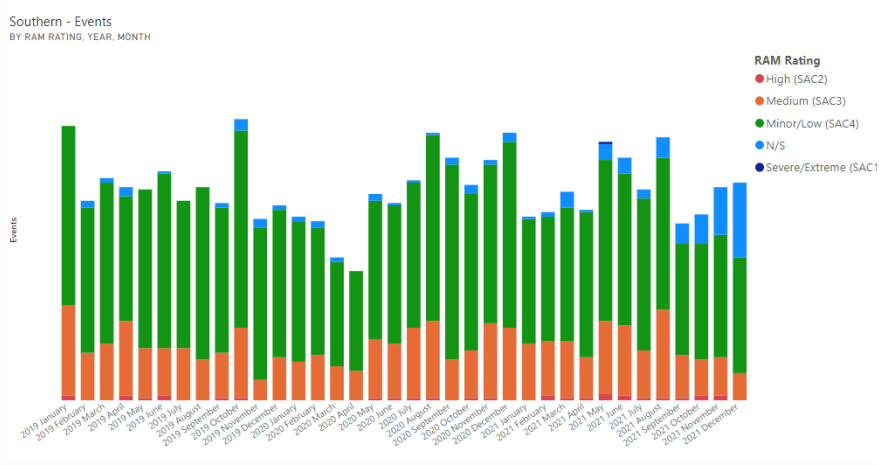
Executive Dashboard – Experience (Southern)



Deaths
Number of patients deceased by discharge month



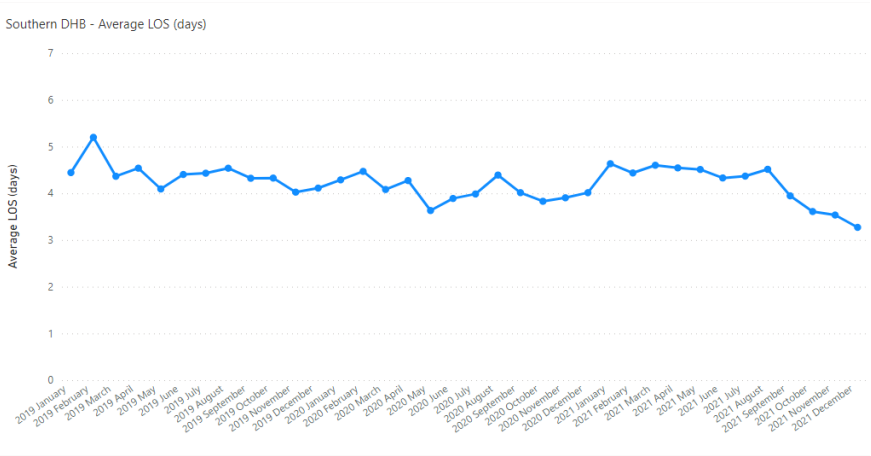
Referrals accepted (authorised), awaiting outcome or declined by month.
% referrals declined



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

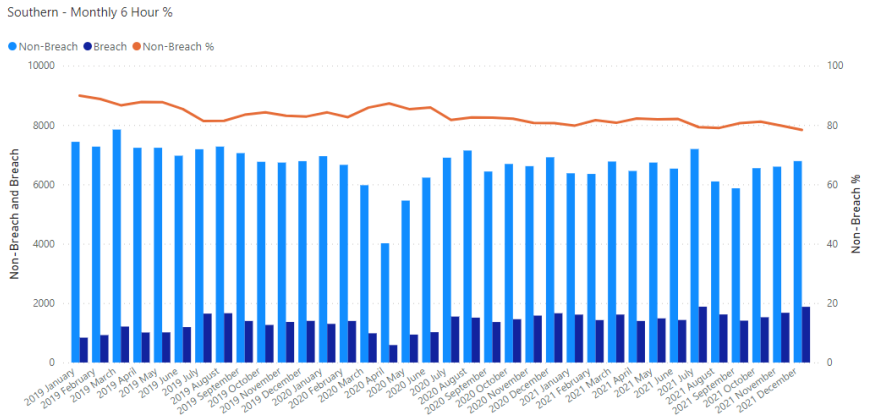
Staff events have historically included a small number of Employee events which appear as not scored. These relate to Privacy/Confidentiality, Building and Property, Security, Falls form (visitor falls) which were not associated with clinical practice. These events are not assessed in the same way as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

Executive Dashboard – Efficiency (Southern)



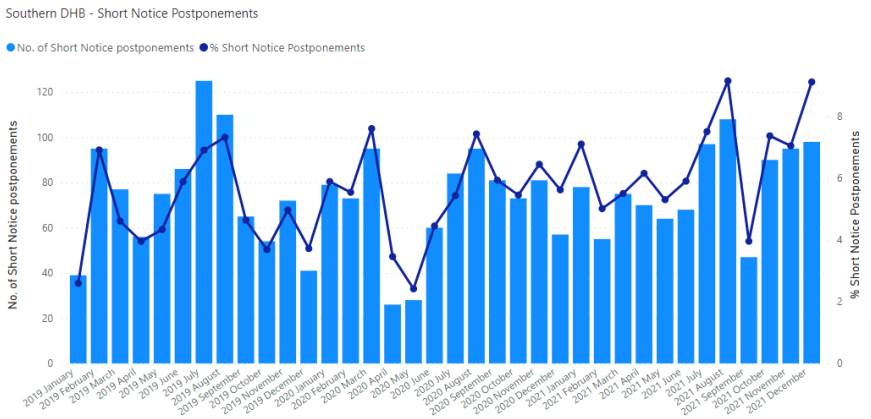
Average Length of Stay

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

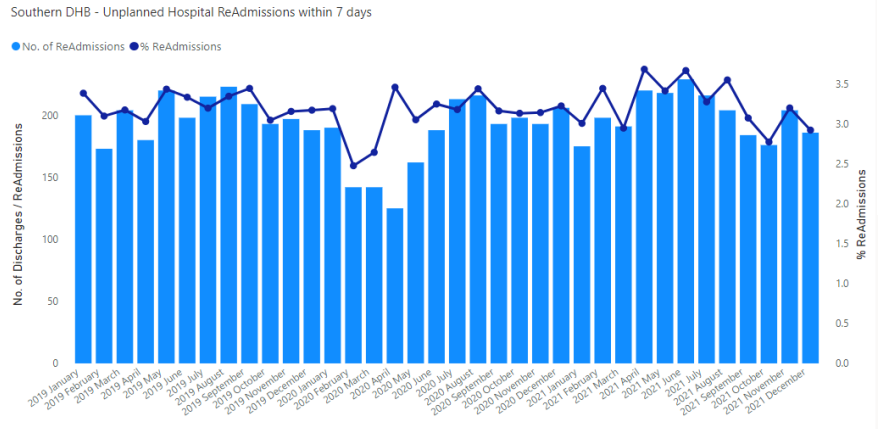
Theatre postponements within 24 hours of the scheduled procedure.

Short notice postponements have returned to more normal levels after a high in August due to the Covid lockdown.

Executive Dashboard – Timely (Southern)

Number of Patients with LOS > 7 days

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

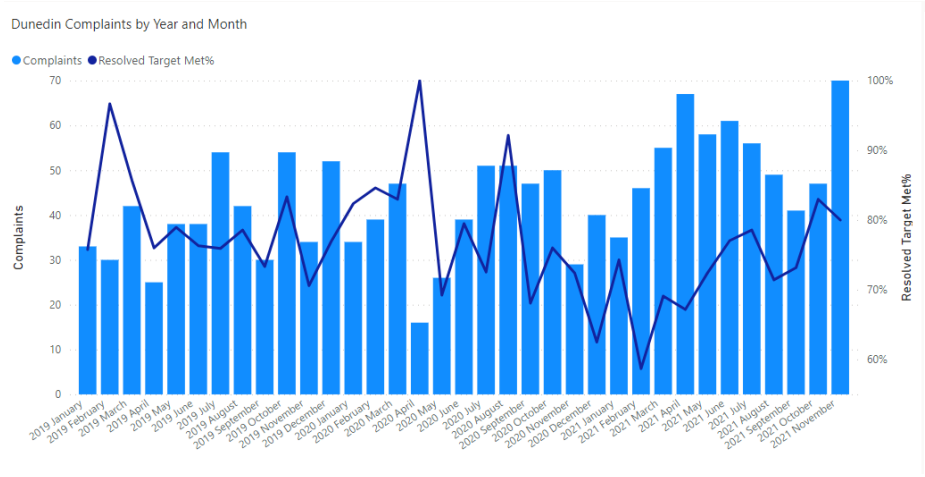


Unplanned Hospital Readmissions within 7 Days

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

8.3

Executive Dashboard – Patient Experience (Dunedin)



Safety 1st data.

Complaints

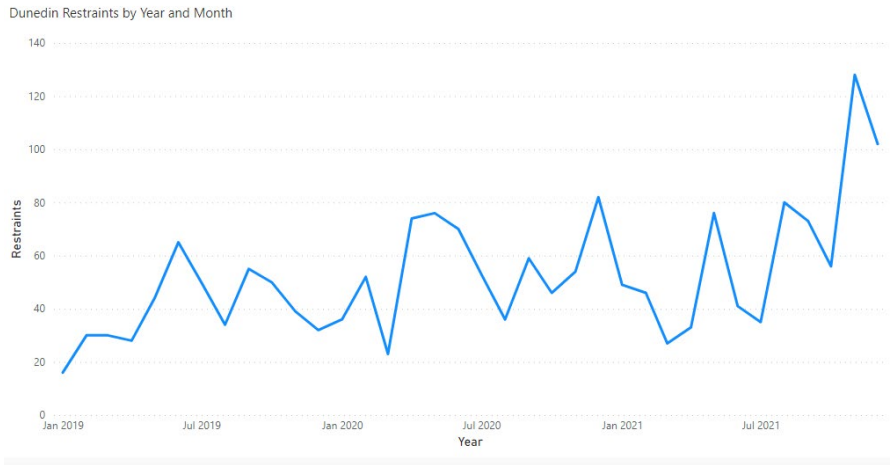
The number of internal complaints (from website, phone, email, letter, health and disability advocacy, comment form, etc) per month.

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.

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.

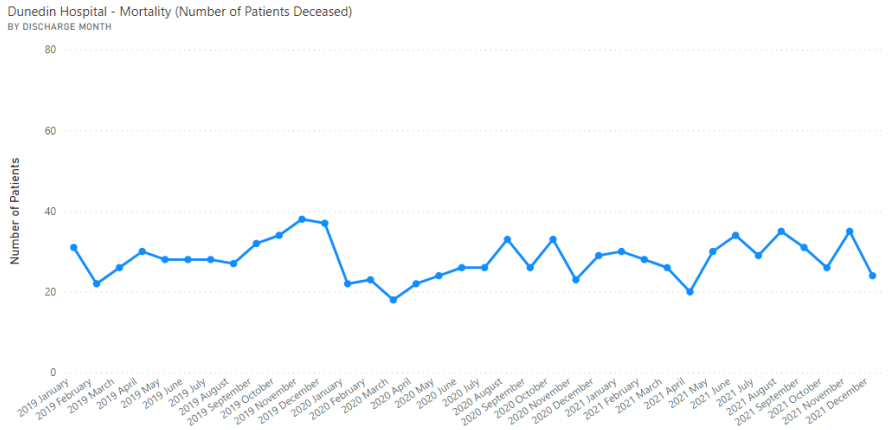
We have increased the number of complaints where we are responding to the consumer within target (20 days). It has increased from 60% in January to the high 70s in recent months.



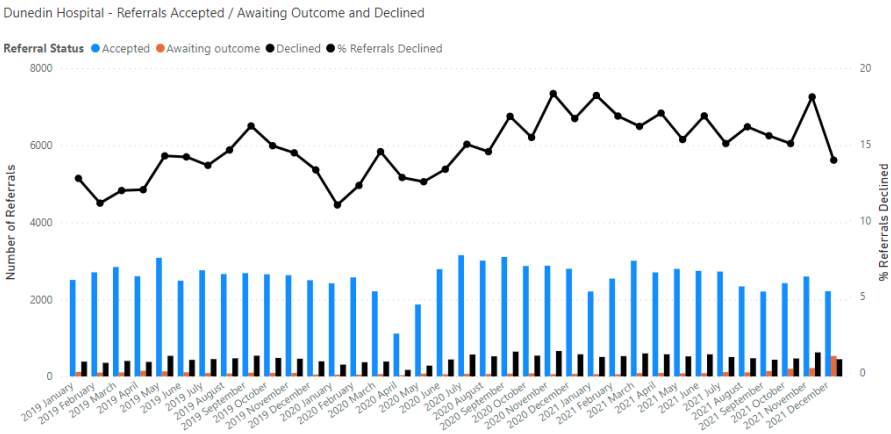
Restraints

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

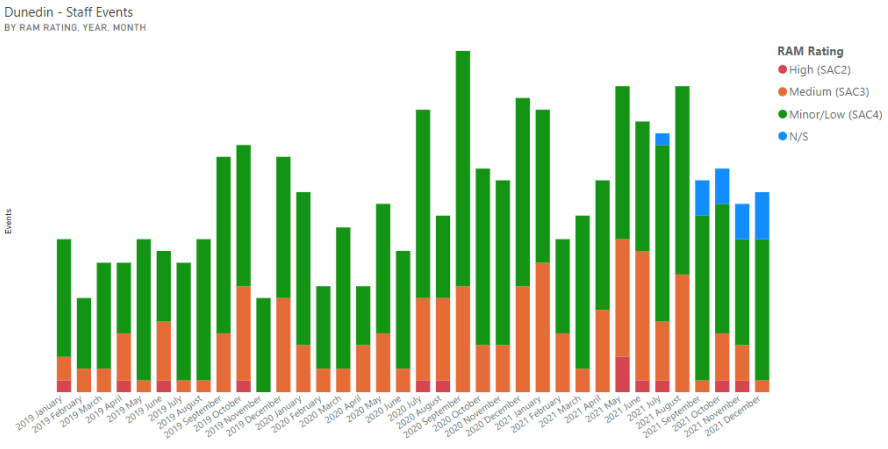
Executive Dashboard – Effectiveness (Dunedin)



Deaths
Number of patients deceased by discharge month.



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



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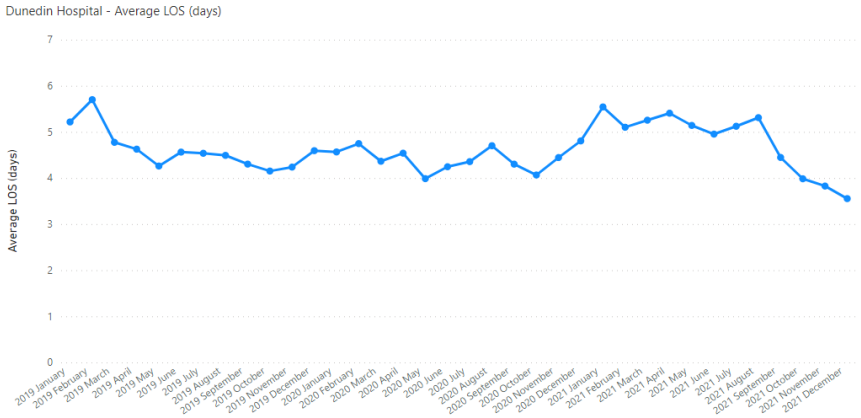
Executive Dashboard – Efficiency (Dunedin)



Average Length of Stay

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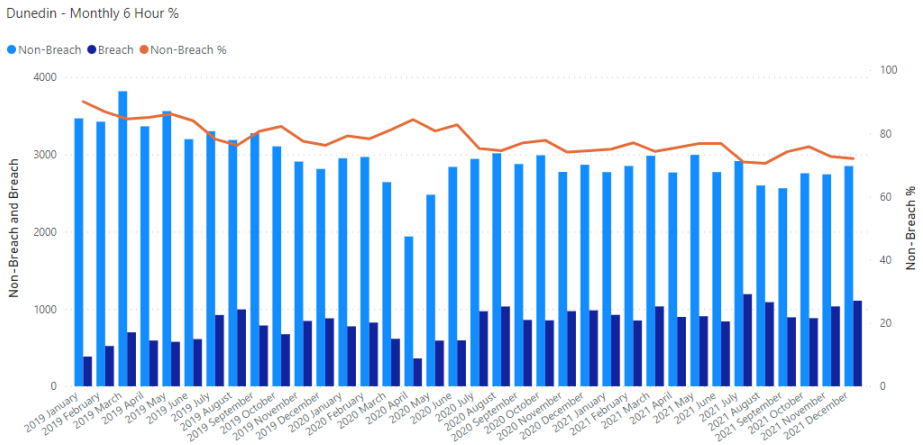

Monthly 6 Hour %

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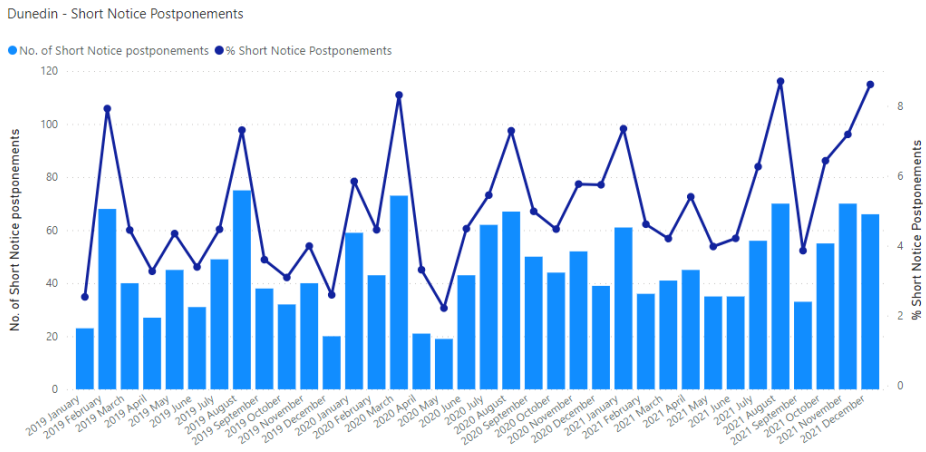

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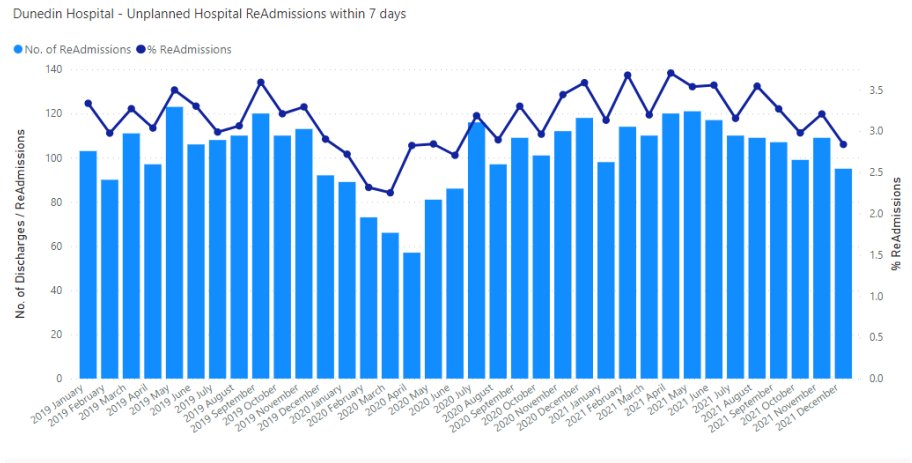
Executive Dashboard – Timely (Dunedin)

Number of Patients with LOS > 7 days

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

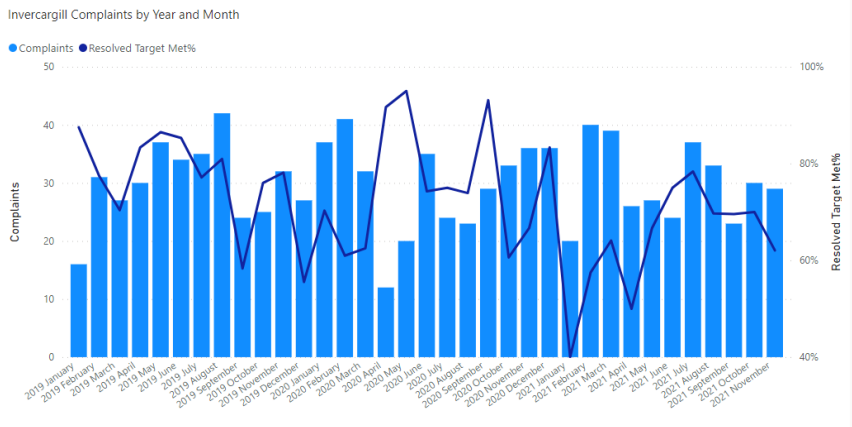


Unplanned Hospital Readmissions within 7 Days

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

8.3

Executive Dashboard – Patient Experience (Invercargill)



Safety 1st data.

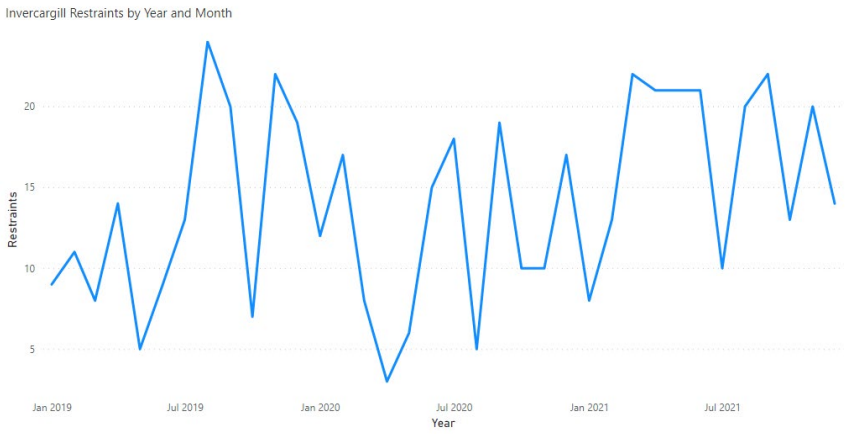
Complaints

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.

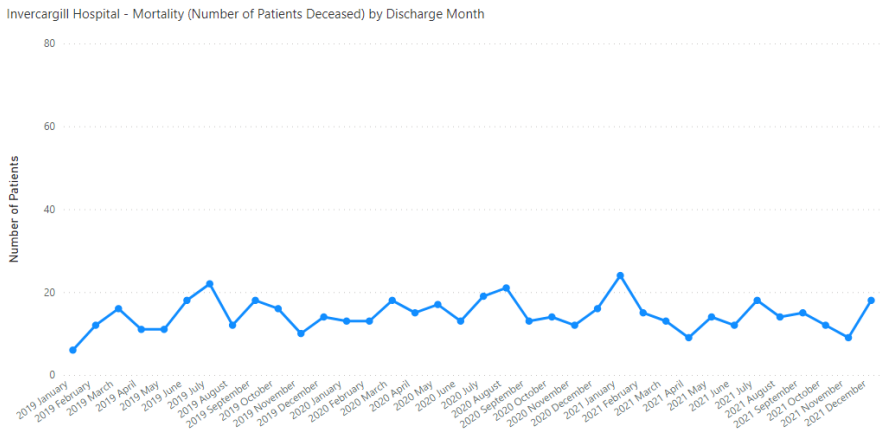
Complaints remain at high levels with little change in the last few months. Systemic issues driving complaint volumes will need to be addressed to drive a reduction in complaints.



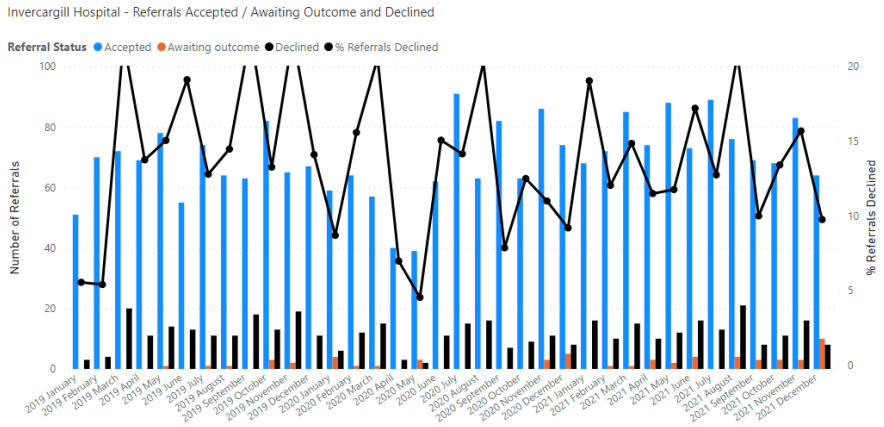
Restraints

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

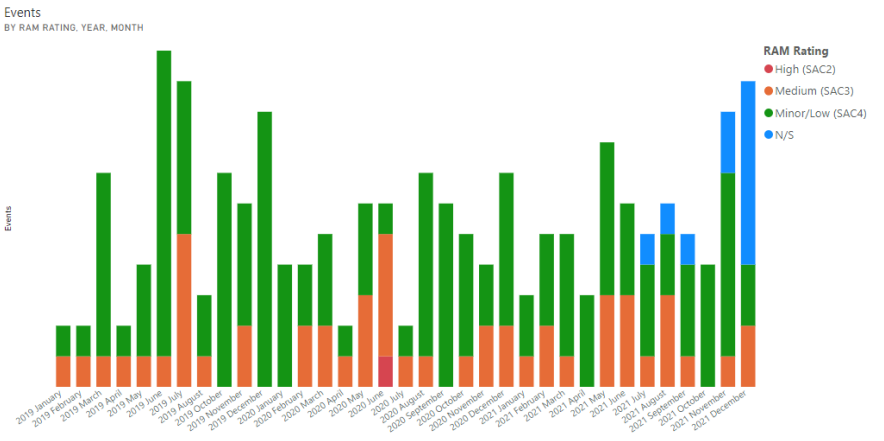
Executive Dashboard – Effectiveness (Invercargill)



Deaths
Number of patients deceased by discharge month.

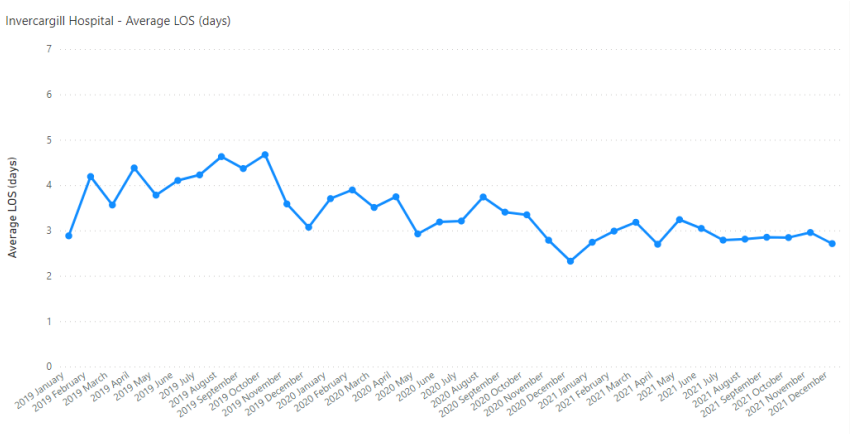


Referrals accepted (authorised), awaiting outcome or declined by month.
% referrals declined.



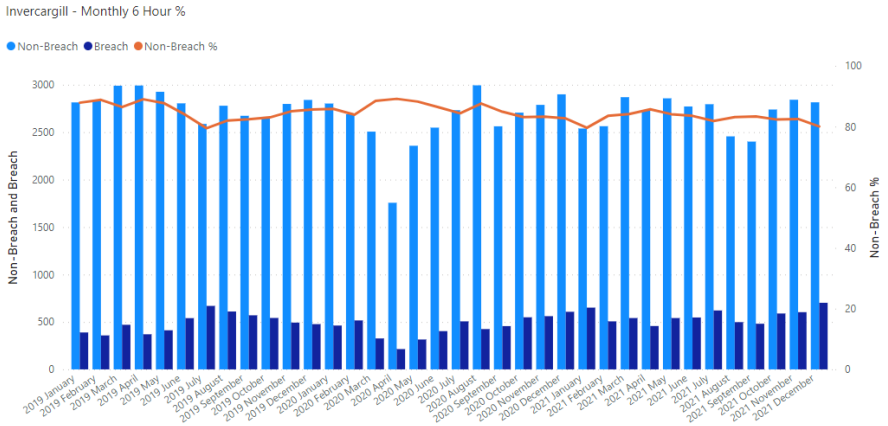
Safety 1st data.
The monthly number of reported
Staff adverse events.
Categorised by severity assessment Codes 1-4 and by 'N/S' (Not specified).

Executive Dashboard – Efficiency (Invercargill)



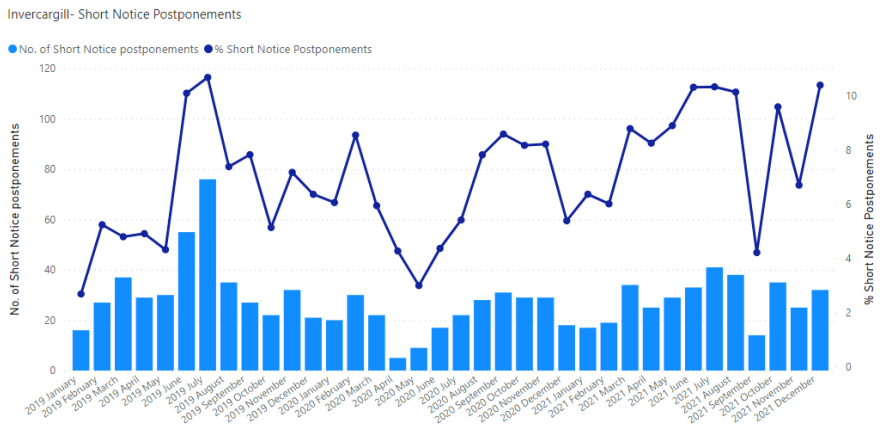
Average Length of Stay

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 %

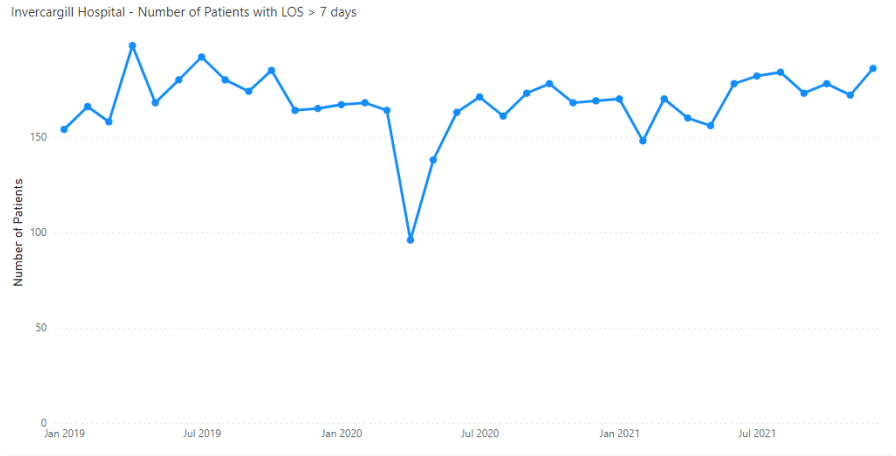
Short Stay in ED (SSED) time given by the percentage of patients discharged from ED within 6 hours of their Triage at ED. This includes the time spent in ED observation.



Short Notice Postponements

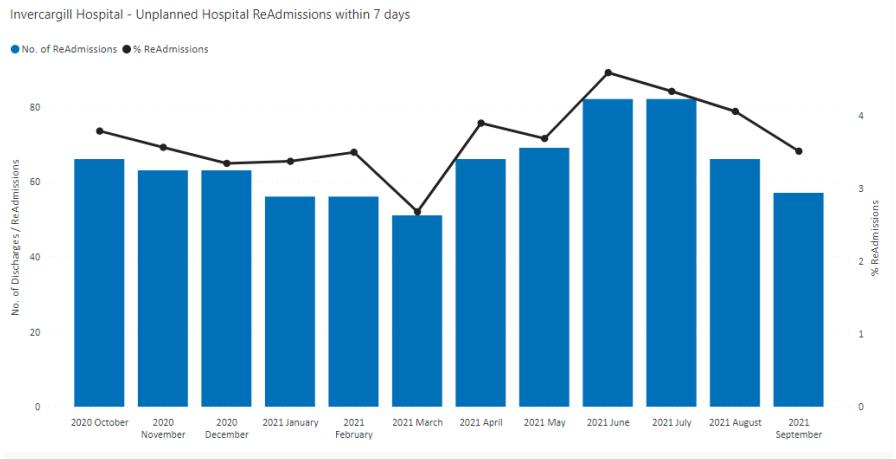
Theatre postponements Within 24 hours of the scheduled procedure.

Executive Dashboard – Timely (Invercargill)



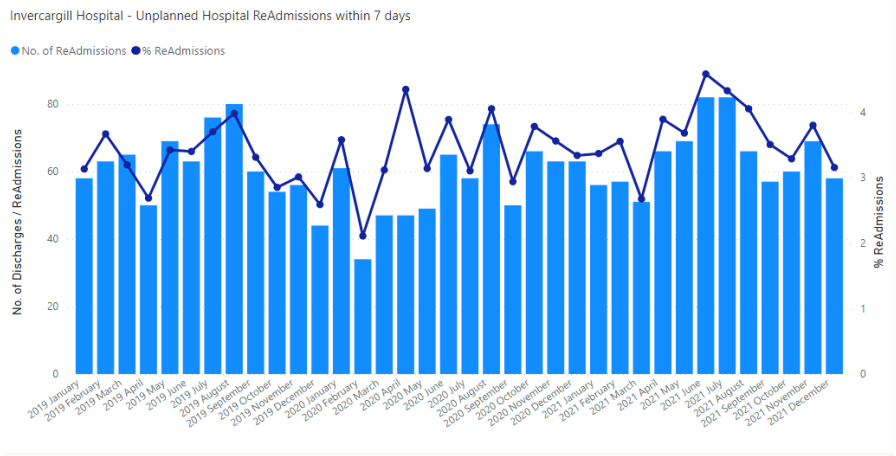
Number of Patients with LOS > 7 days

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 January 2022

Proposed by: Planning & Accountability Mgr

Meeting of: 2 February 2022

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.
- Note due to staff turnover and annual leave over the summer, these actions remain outstanding.

Appendices

1. **Performance Dashboard Progress Update January 2022**

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 20/01/22:

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

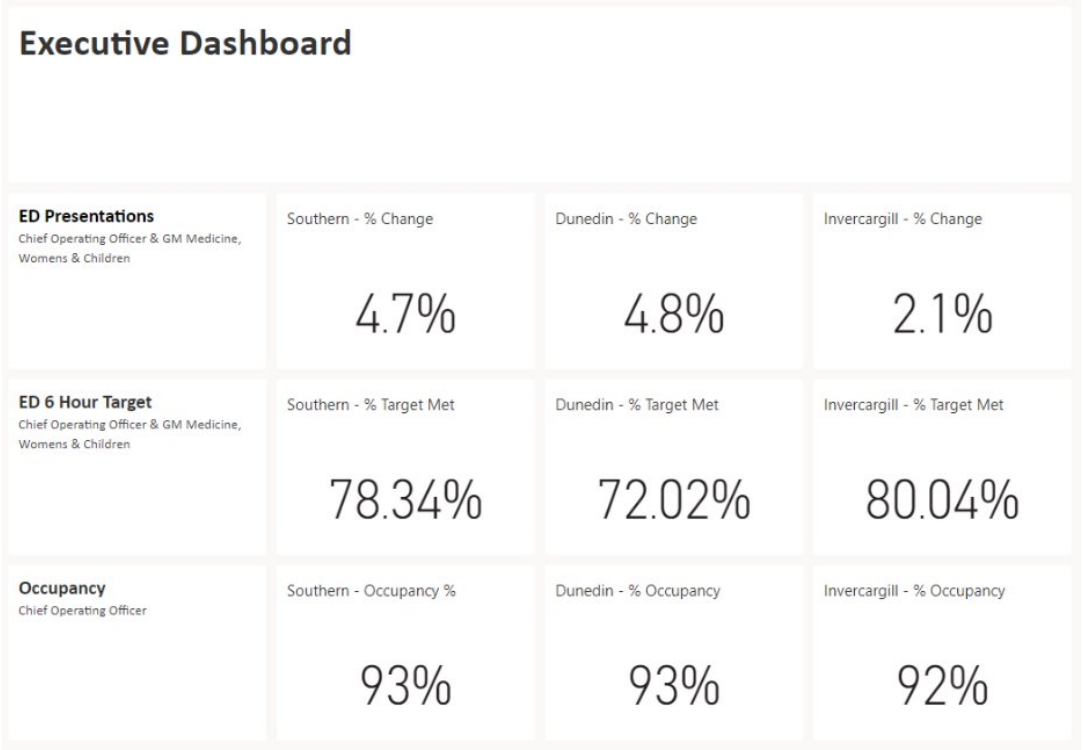
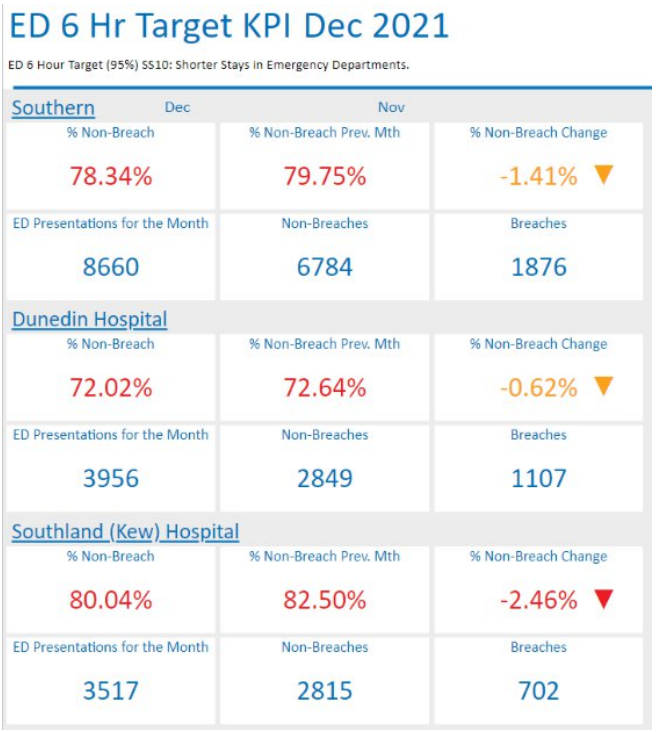


Figure 2:

ED Presentations KPI Dec 2021

Southern	Dec	Nov	
ED Presentations This Month	ED Presentations Prev. Month	% Change	
8660	8271	4.7%	▲
Cat 1&2 This Month	Cat 1&2 Prev. Month	% Change	
1388	1285	8.0%	▲
Dunedin Hospital			
ED Presentations This Month	ED Presentations Prev. Month	% Change	
3956	3775	4.8%	▲
Cat 1&2 This Month	Cat 1&2 Prev. Month	% Change	
826	717	15.2%	▲
Southland (Kew) Hospital			
ED Presentations This Month	ED Presentations Prev. Month	% Change	
3517	3445	2.1%	▲
Cat 1&2 This Month	Cat 1&2 Prev. Month	% Change	
464	473	-1.9%	▼

Figure 3:



ED 6 Hr Target KPI Dec 2021

ED 6 Hour Target (95%) SS10: Shorter Stays in Emergency Departments.

Southern	Dec	Nov	
% Non-Breach	% Non-Breach Prev. Mth	% Non-Breach Change	
78.34%	79.75%	-1.41%	▼
ED Presentations for the Month	Non-Breaches	Breaches	
8660	6784	1876	
Dunedin Hospital			
% Non-Breach	% Non-Breach Prev. Mth	% Non-Breach Change	
72.02%	72.64%	-0.62%	▼
ED Presentations for the Month	Non-Breaches	Breaches	
3956	2849	1107	
Southland (Kew) Hospital			
% Non-Breach	% Non-Breach Prev. Mth	% Non-Breach Change	
80.04%	82.50%	-2.46%	▼
ED Presentations for the Month	Non-Breaches	Breaches	
3517	2815	702	

Figure 4:

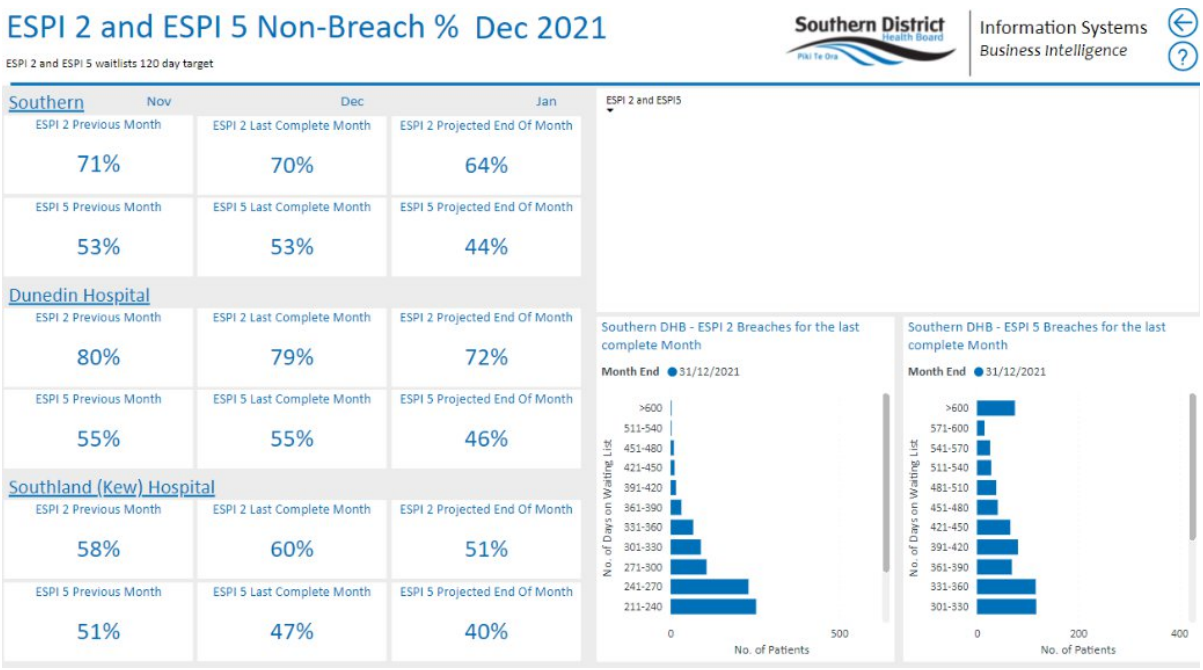


Figure 5.

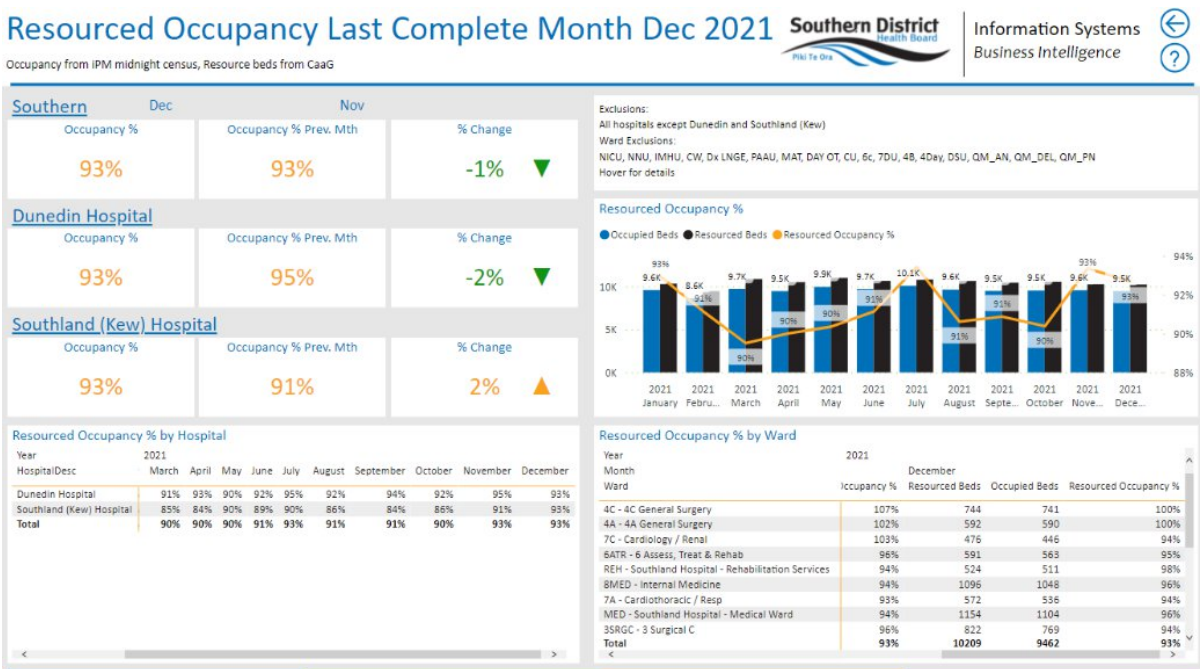


Figure 6.

Note January is incomplete due to the report being extracted 20 Jan, hence the dip in volumes.

Figure 7.

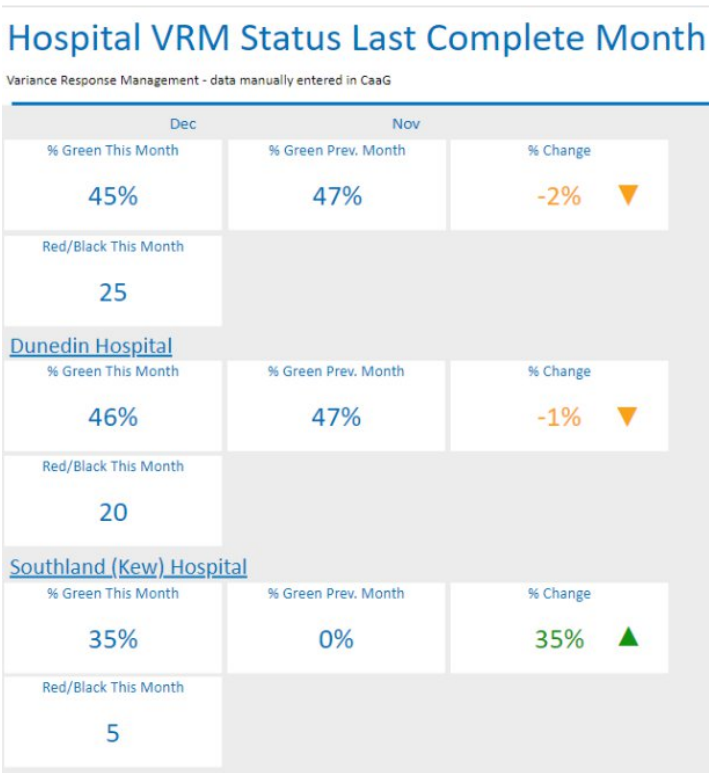
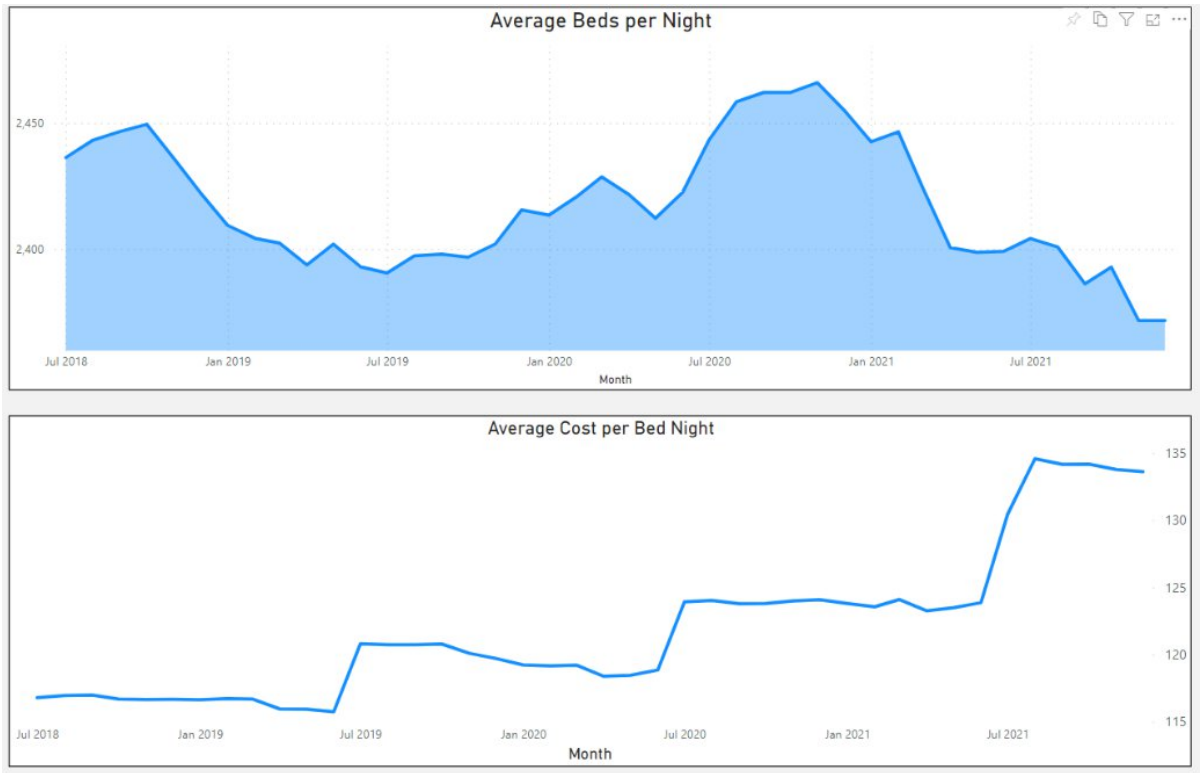


Figure 8.

Figure 9.



FOR INFORMATION

Item: Quarter One 2021.22 Reporting: Southern DHB Performance Reporting to the Ministry of Health

Proposed by: Andrew Lesperance, Executive Director Planning, Funding, and Population/Public Health

Meeting of: 2 February 2022

Recommendation

That the Board notes the content of these papers.

Purpose

1. To provide an overview of Southern DHB Performance Reporting to the Ministry of Health for quarter one 2021.22, including comment where targets or expectations have not been met.

Specific Implications for Consideration

2. Financial

    - Recovery due to missed targets may have financial implications.

3. Quality and Patient Safety

    - Reports may signal need for improvements in service quality.

4. Operational Efficiency

    - Reports may signal need for improvements in operational efficiency.

5. Workforce

    - Recovery due to missed targets may have workforce implications.

6. Equity

    - Gaps in equity are highlighted in some reports. 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.

7. Other

    - Not identified

Background

8. The monitoring framework sets out DHB requirements to report achievement against Non-Financial Performance Measures and Crown Funding Agreements (CFA). Progress towards each measure is assessed and reported to the Minister of Health according to the reporting frequency outlined in the indicator dictionary for each measure.

Discussion

9. The document, *Performance Monitoring Report Q1 21.22*, summarises Southern DHB quarter one performance reporting to the Ministry of Health. This report includes comments where targets or expectations have not been met.

Next Steps & Actions

10. Southern DHB will submit quarter two performance monitoring reports to the Ministry of Health on 20 January 2022. The compiled document, *Performance Monitoring Report Q2 21.22*, will be submitted to the Board following Ministry of Health ratings and final feedback.

Appendices

Appendix 1 *Performance Monitoring Report Q1 2021.22*

Southern DHB Non-Financial Performance and CFA Reporting Q1 2021/22

The monitoring framework sets out DHB requirements to report achievement against Non-Financial Performance Measures and Crown Funding Agreements (CFA).

Performance Measure Reporting

Performance Measures are categorised into five different areas related to Government planning priorities.

- Better population health outcomes supported by strong and equitable public health services
- Improving mental wellbeing
- Improving wellbeing through prevention
- Better population health outcomes supported by primary health care
- Improving child wellbeing

Progress towards each measure will be assessed and reported to the Minister of Health according to the reporting frequency outlined in the indicator dictionary for each measure (found on the NSFL https://nsfl.health.govt.nz/accountability/performance-and-monitoring/performance-measures/performance-measures-201920)

A resolution plan, that outlines the actions being taken to address poorer than planned performance, must be supplied where performance does not meet the agreed expectation. Where a performance measure description does not include specific assessment criteria, the following criteria will apply:

Assessment Criteria/Ratings for Performance Measures

Rating	Abbrev	Criteria
Outstanding performer/sector leader	O	1. This rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations. 2. This rating is applied when the DHB has met the target agreed in its Annual Plan and has achieved the target level of performance for the Māori population group, and the Pacific population group. Note: this rating can only be applied in the fourth quarter for measures that are reported quarterly or six-monthly. Measures reported annually can receive an 'O' rating, irrespective of when the reporting is due.
Achieved	A	1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. For those measures where reporting by ethnicity is expected, this rating should only be applied when the DHB has met the target agreed in its Annual Plan and has achieved significant progress for the Māori population group, and the Pacific population group.

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

Notes: 1) NR refers to 'No report has been received' 2) NA refers to 'Not applicable'

Annual Plan Reporting

Reporting against Annual Plan actions is provided through Status Update Reports. Reporting is categorised according to Planning Priority area.

CFA Variation Reporting

Reporting is required against Crown Funding Agreements (CFAs). Assessment criteria are different to the criteria applied to performance measures. The progress and developmental reporting nature for CFA variations is more compliance based, and therefore the target-oriented nature of performance measure assessment is not considered appropriate. The assessment criteria detailed below reflect the more qualitative nature of this component.

Assessment Criteria/Ratings for CFA Variations

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

Confirmed Ministry of Health Ratings: If a DHB receives a rating of P, B or N for a particular measure or CFA Variation, the Ministry's assessor will outline the reasons in the Ministry feedback section and the DHB will be expected to submit an updated report/further comment during the confirmed reporting round. Supplying the requested information may result in the DHB receiving an improved score in the Confirmed Assessment round. However, this is not guaranteed.

Poor Performance Reporting: If a DHB fails to submit a required report against any health target, performance measure or CFA Variation, receives an 'N' rating in the Confirmed assessment round, or is determined to have significant emerging performance issues or service coverage issues, these issues will be highlighted to the Minister in the Performance Issues Section of the DHB's Quarterly Dashboard Performance Report.

Index

Key to Owner Initials

Initial	Owner	Title/Directorate
HB	Hamish Brown	Acting Chief Operating Officer
RD	Rory Dowding	Acting Executive Director Planning, Funding and Population/Public Health
GT	Gilbert Taurua	Chief Māori Health Strategy & Improvement Officer
NT	Nigel Trainor	Executive Director Corporate Services
JW	Jane Wilson	Chief Nursing and Midwifery Officer
HL	Hywel Lloyd	Acting Executive Director Quality and Clinical Governance Solutions

Summary of Reports with 'N' Ratings

Code	Performance Measure	Final Rating	Change from previous rating	Page number	Owner initials
Child Wellbeing					
CW05	Immunisation coverage FA1: 8-month old immunisation coverage	N	→	10	RD
CW05	Immunisation coverage FA2: 5-year old immunisation coverage	N	→	12	RD
CW05	Immunisation coverage FA4: Influenza immunisation at 65 years and over	N	→	14	RD
CW06	Improving breastfeeding rates	N	→	15	RD
CW08	Increased immunisation at 2 years of age	N	→	19	RD
CW09	Better help for smokers to quit (maternity)	N	↓	21	RD
Better population health outcomes supported by strong and equitable public health services					
SS01	Faster Cancer Treatment (31 days)	N	↓	26	HB
SS11	Faster Cancer Treatment (62 days)	N	→	32	HB

Executive Summary: Southern DHB Non-Financial Performance and CFA Reporting

Performance Measures Overview

Performance area	Number of outstanding measures	Number of achieved measures	Number of partially achieved measures	Number of not achieved measures	Unreported measures	Unrated measures	Total number of measures
Child Wellbeing		3	2	6			11
Improving Mental Wellbeing		8	3				11
Better Population Health Outcomes supported by Strong and Equitable Public Health Services	1	5	6	2		1	15
Better Population Health Outcomes supported by Primary Health Care			2				2
Health System Indicators						7	7
Status Update Reports – Annual Plan Actions		3	4				7
Total	1	19	17	8		8	53

Crown Funding Agreements Overview

	Number of satisfactory ratings	Number of further work required ratings	Number of not acceptable measures	Unreported	Unrated	Total number
Crown Funding Agreements	5*					5

*One measure is rated A but is included as satisfactory for the purposes of this analysis

Summary of Quarter 1 Ratings 2021/22

Code	Performance Measure	Final Rating	Change from previous rating	Page number	Owner initials
Improving Child Wellbeing					
CW05	Immunisation coverage FA1: 8-month old immunisation coverage	N	→	10	RD
CW05	Immunisation coverage FA2: 5-year old immunisation coverage	N	→	12	RD
CW05	Immunisation coverage FA4: Influenza immunisation at 65 years and over	N	→	14	RD
CW06	Improving breastfeeding rates	N	→	15	RD
CW08	Increased immunisation at 2 years of age	N	→	19	RD
CW09	Better help for smokers to quit (maternity)	N	↓	21	RD
CW03	Improving the number of children enrolled and accessing the Community Oral Health Service	P	→	9	RD
CW07	Improving newborn enrolment in General Practice	P	→	18	RD
CW01/ CW02	CW01 and CW02 target confirmation for 2021/22	A	**New**	9	RD
CW10	Raising healthy kids	A	↓	22	RD
CW12	Youth mental health initiatives (Youth primary mental health and Improve the responsiveness of primary care to youth)	A	→	22	RD
Improving mental wellbeing					
MH02	Improving mental health services using wellness and transition (discharge) planning	P	→	23	GT
MH04	Mental Health and Addiction Service Development FA5: Improving employment and physical health needs of people with low prevalence conditions	P	↓	24	GT
MH05	Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	P	→	25	GT
MH03	Shorter waits for mental health services for under 25 year olds	A	↑	23	GT
MH04	Mental Health and Addiction Service Development FA1: Primary mental health	A	→	23	GT
MH04	Mental Health and Addiction Service Development FA2: District suicide prevention and postvention	A	→	23	GT
MH04	Mental Health and Addiction Service Development FA3: Improving crisis response services	A	→	23	GT
MH04	Mental Health and Addiction Service Development FA4: Improve outcomes for children	A	→	23	
MH06	Mental health output delivery against plan	A	→	26	GT
MH07	Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care	A	→	26	GT

Better population health outcomes supported by strong and equitable public health services						
SS01	Faster cancer treatment (31 days) indicator		N	↓	26	HB
SS11	Faster Cancer Treatment (62 days)		N	→	32	HB
SS07	Planned Care Measures		P	→	27	HB
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections FA2: Improving the quality of data submitted to National Collections		P	→	28	NT
SS10	Shorter stays in emergency departments		P	→	29	HB
SS13	Improved management for long term conditions FA4: Acute heart service		P	↓	33	HB
SS13	Improved management for long term conditions FA5: Stroke service		P	↓	35	RD
SS15	Improving waiting times for colonoscopies		P	→	38	HB
SS03	Ensuring delivery of service coverage		A	↑	26	RD
SS04	Implementing the Healthy Ageing Strategy		A	→	26	RD
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections FA3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)		A	→	29	NT
SS13	Improved management for long term conditions FA3: Cardiovascular health		A	→	33	RD
SS17	Whanau ora (retrospective report)		A	↑	40	GT
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections FA1: Improving the quality of identity data within the NHI		O	→	28	NT
	Care capacity demand management calculation		No rating		40	JW
Better Population Health Outcomes supported by Primary Health Care						
PH04	Better help for smokers to quit (primary care)		P	↑	40	RD
PH01	Improving system integration and SLMs		P	↓	40	RD
Health System Indicators (HSI)						
HSI	Strong and equitable public health system	Access to planned care	No rating	New	41	HB
		Acute hospital bed day rate	No rating	New	41	RD
HSI	Improving wellbeing through prevention	Ambulatory sensitive hospitalisations for adults (age range 45–64)	No rating	New	41	RD
HSI	Improving child wellbeing	Ambulatory sensitive hospitalisations for children (age range 0–4)	No rating	New	41	RD
		Immunisation rates for children at 24 months	No rating	New	42	RD
HSI	Better population health outcomes supported by primary care	Primary care patient experience	No rating	New	42	RD
HSI	Improving mental wellbeing	Under-25s able to access specialist mental health services within three weeks of referral	No rating	New	42	GT

Annual Plan Status Update Reports					
Updates	Annual Plan actions: Improving wellbeing through prevention	P	→	42	RD
Updates	Annual Plan actions: Improving sustainability	P	→	43	NT
Updates	Annual Plan actions: Better population health outcomes supported by primary health care	P	→	43	RD
Updates	Annual Plan actions: Better population health outcomes supported by strong and equitable public health services	P	→	44	HB
Updates	Annual Plan actions: Improving mental wellbeing	A	↑	46	GT
Updates	Annual Plan actions: Improving child wellbeing	A	→	46	RD
Updates	Annual Plan actions: Give practical effect to Whakamaua – the Māori Health Action Plan	A	→	46	GT

FA=Focus area

Crown Funding Agreements (CFA) Variations		Final Rating	Change from previous rating	Page number	Owner initials
CFA	DHB level service component of the National SUDI Prevention Programme	S	↑	47	RD
CFA	Primary Health Care Services	S	↑	47	RD
CFA	B4 School Check Services	S	→	47	RD
CFA	Additional School Based Health Services funding	A	→	47	RD
CFA	Health Services for Emergency Quota Refugees	S	→	47	RD

Southern DHB Performance Reporting – Quarter 1 2021/22

<table>
<tr><th>Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td>Child Wellbeing</td><td></td><td></td><td></td></tr>
<tr><td>CW01 and CW02: Target confirmation</td><td>A</td><td>RD</td><td></td></tr>
<tr><td>CW03: Improving the number of children enrolled and accessing the Community Oral health service</td><td>P</td><td>RD</td><td>Result: Number of enrolled pre-school and primary school children overdue for their scheduled examination, April to June performance as at 30 June 2021
<table>
<tr><th></th><th colspan="4">Percent overdue</th></tr>
<tr><th></th><th>All ethnicities</th><th>Māori only</th><th>Pacific only</th><th>Other</th></tr>
<tr><td>Preschool children (age 0-4)</td><td>30%</td><td>30%</td><td>31%</td><td>29%</td></tr>
<tr><td>Primary school children (age 5-8)</td><td>16%</td><td>19%</td><td>24%</td><td>15%</td></tr>
<tr><td>Total</td><td>20%</td><td>23%</td><td>26%</td><td>19%</td></tr>
</table>
MoH feedback:
• It is good to hear that you have plans to trial a Māori and Pacific Island outreach clinic. Please continue to maintain your focus and effort on services for high needs/risk children, while also reducing the number of children in arrears. We look forward to seeing improvements in the next quarter.

Southern DHB narrative report:
• Comment on coverage increase/decrease - Southern DHB Oral Health service has continued to work on arrears recovery and up until June we had a steady decrease in our arrears from 33% in January to 19% in June21. In July due to loss of staff there was a slight increase to 20%. We have deployed a mobile to Wakatipu to address their increasing arrears.
• Comment on equity - Southern Oral Health continues to have a high focus on Māori and Pacifica; these groups are identified as our priorities
• Updates on progress against action plans/resolution plans - Currently we are planning to trial a Māori and Pacific Island outreach clinic in Southland; talks around this have stalled over the COVID period

Actions to address issues/barriers impacting on performance
• Factors affecting coverage in the quarter - Loss of staff struggling to recruit experienced staff, currently having</td></tr>
</table>

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			to bring in new grads and try to grow the workforce that way. Retaining staff has been extremely difficult. Have developed tele-dentistry - have trialed it successfully and are now looking to apply it to our service as an assessment and triage tool. • Actions to address these factors - Constant recruitment and advertising, looking at options to draw people to the Southern District.
CW05: Immunisation coverage: FA1 eight-month old immunisation coverage	**N**	**RD**	Result: 91.8% total coverage; Māori infant immunisation coverage at 85.2%. Rank 5th out of 20 DHBs (total coverage). Target: 95%. National result: 87.3% for total population. MoH feedback: • National immunisation coverage has fallen further this quarter with coverage at the key 24-month point now down to 83.4 percent. • This was again driven by decreases for Māori (down 2.3 percent to 70.2 percent) and also notably Pacific rates (down 2.2 percent to 80.0 percent) in this age group. • National coverage at 8 months remains largely unchanged from last quarter at 87.3 percent, however at 5 years the rates have also decreased 1.7 percent to 83.2 percent overall with significant falls of 2.5 percent and 2.6 percent for Māori and Pacific populations respectively. • The impact of ongoing COVID-19-related disruption, and the volume of work required in the response is visible both across the sector and in how our whānau are responding. • We can see the effect of a continuing focus across DHBs on those key first-year immunisations reflected in the flat 8-month rates, and the challenge remains in the older 2-5 year age groups. • Thanks for your detailed report into the issues facing your teams. We hope to see improved coverage for this quarter as the alternative clinics get up and running and whānau hopefully feel more comfortable coming into practices for their vaccinations. Southern DHB narrative report: Southern DHB did not achieve the 8-month target this quarter. This was down on previous quarter. • Total 'Opt off & declined' is 4.0%, an increase of +0.3% on previous quarter • Total 'Missed' 4.2%, an increase of +1.0% on previous quarter It is disappointing to see that Southern has not achieved equity for Māori and Pacific this quarter. • The drop in Māori vaccination rates for 8 months on previous quarter was predominately due to an increase in the 'Opt off & declined' rate for Māori being 8.1%, an increase of 4.2% since the previous quarter • 'Missed' for Māori was 6.5% down 0.1% on previous quarter

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			• There were no 'Opt off or declines' for Pacific • However, 'Missed' for Pacific was 10.7% this quarter, up +6.1% on previous quarter. New initiatives and successes this quarter • We have continued our work with Kaupapa services this quarter and Outreach have been invited into Te Hou Ora Whanau Services and Te Kohanga Reo O Whakaari, to help families access immunisation services in an environment where they feel safe and supported. This has had a positive outcome for services involved and we continue to build on our relationships with Māori and Pacific providers. • Public Health Nurses have been supporting the Outreach service and have trained as childhood vaccinators to extend our workforce. This was particularly pertinent across the recent lockdown where there had been concerns that immunisation appointments were being cancelled in Primary care. • Outreach staff have been committed to reaching our more vulnerable population and offering accessibility and more after hour appointments especially in our rural areas where there is larger Māori and Pacific population. • Planning is underway to offer more flexible arrangements for vaccination services in the home and community setting. This will include extended evening hours and weekends. • During alert level restrictions Outreach services had an opportunity to contact more hard-to-reach families and offer vaccinations to all children in that family that were eligible. • NIR are running Qlik reports helping to identify gaps and trends in immunisation coverage especially for Māori and Pacific populations. This will inform future practice and Opportunities for Improvement (OFIs). An example being review of GP practice immunisation rates – 15 GP practices contribute to over half of missed events for all Immunisation Milestones. This is driving targeted actions to improve. Issues/barriers impacting on performance and actions taken • We have continued our work with Kaupapa services this quarter and Outreach have been invited into Te Hou Ora Whanau Services and Te Kohanga Reo O Whakaari, to help families access immunisation services in an environment where they feel safe and supported. This has had a positive outcome for services involved and we continue to build on our relationships with Māori and Pacific providers. • Public Health Nurses have been supporting the Outreach service and have trained as childhood vaccinators to extend our workforce. This was particularly pertinent across the recent lockdown where there had been concerns that immunisation appointments were being cancelled in Primary care. • Outreach staff have been committed to reaching our more vulnerable population and offering accessibility and more after hour appointments especially in our rural areas where there is larger Māori and Pacific population. • Planning is underway to offer more flexible arrangements for vaccination services in the home and community

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			setting. This will include extended evening hours and weekends. • During alert level restrictions Outreach services had an opportunity to contact more hard-to-reach families and offer vaccinations to all children in that family that were eligible. • NIR are running Qlik reports helping to identify gaps and trends in immunisation coverage especially for Māori and Pacific populations. This will inform future practice and Opportunities for Improvement (OFIs). An example being review of GP practice immunisation rates – 15 GP practices contribute to over half of missed events for all Immunisation Milestones. This is driving targeted actions to improve.
CW05 Immunisation coverage FA2: 5-year old immunisation coverage	**N**	**RD**	Result: 90.3% for total population and 85.7% for Māori population. Target: 95%. Southern DHB: rank 2nd out of 20 DHBs (total population). National result: 83.2% for total population. NB: Achievement requires that the target is met for the total population and the equity gap between Māori and non-Māori is no more than two percent. MoH feedback: • National immunisation coverage has fallen further this quarter with coverage at the key 24-month point now down to 83.4 percent. • This was again driven by decreases for Māori (down 2.3 percent to 70.2 percent) and also notably Pacific rates (down 2.2 percent to 80.0 percent) in this age group. • National coverage at 8 months remains largely unchanged from last quarter at 87.3 percent, however at 5 years the rates have also decreased 1.7 percent to 83.2 percent overall with significant falls of 2.5 percent and 2.6 percent for Māori and Pacific populations respectively. • The impact of ongoing COVID-19-related disruption, and the volume of work required in the response is visible both across the sector and in how our whānau are responding. • We can see the effect of a continuing focus across DHBs on those key first-year immunisations reflected in the flat 8-month rates, and the challenge remains in the older 2-5 year age groups. • Thanks for your detailed report into the issues facing your teams. We hope to see improved coverage for this quarter as the alternative clinics get up and running and whānau hopefully feel more comfortable coming into practices for their vaccinations. Southern DHB narrative report: Total population coverage for 5-years was 90%, therefore Southern DHB did not achieve the 24-month target this quarter. This was up on previous quarter (+0.1% change). • Total 'Opt off & declined' is 5.7%, an increase of 2.0% on previous quarter • Total 'Missed' 4.0%, a decrease of -0.2% on previous quarter

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			It is disappointing to see that Southern has not achieved equity for Māori this quarter, but pleasing to see that Pacific out-performed the average and NZE. • 'Opt off and declined' for Māori was 9.0%, down -2.1% on previous quarter • 'Missed' for Māori was 5.3%, an increase of +2.0% on previous quarter • 'Opt off and declined' for Pacific was 2.3%, up +2.3% on previous quarter • 'Missed' for Pacific was 4.7% this quarter, down -6.5% on previous quarter. New initiatives and successes this quarter • We have continued our work with Kaupapa services this quarter and Outreach have been invited into Te Hou Ora Whanau Services and Te Kohanga Reo O Whakaari, to help families access immunisation services in an environment where they feel safe and supported. This has had a positive outcome for services involved and we continue to build on our relationships with Māori and Pacific providers. • Public Health Nurses have been supporting the Outreach service and have trained as childhood vaccinators to extend our workforce. This was particularly pertinent across the recent lockdown where there had been concerns that immunisation appointments were being cancelled in Primary care. • Outreach staff have been committed to reaching our more vulnerable population and offering accessibility and more after hour appointments especially in our rural areas where there is larger Māori and Pacific population. • Planning is underway to offer more flexible arrangements for vaccination services in the home and community setting. This will include extended evening hours and weekends. • During alert level restrictions Outreach services had an opportunity to contact more hard-to-reach families and offer vaccinations to all children in that family that were eligible. • NIR are running Qlik reports helping to identify gaps and trends in immunisation coverage especially for Māori and Pacific populations. This will inform future practice and Opportunities for Improvement (OFIs). An example being review of GP practice immunisation rates – 15 GP practices contribute to over half of missed events for all Immunisation Milestones. This is driving targeted actions to improve. Issues/barriers impacting on performance and actions taken • The October 2020 schedule change and 12-month event is still impacting services. Families aren't responding to recalls for the 12-month event increasing Outreach referral numbers. • Alert level restrictions resulted in GPs delaying recalling their patients due to other demands, creating a barrier to families accessing the GP and increasing the demand for Outreach services. The Outreach service was able to support practices and providers to immunise children during alert level 4, due to the availability of Public Health Nurses working in the programme. Concerns were also raised to MOH around cancelled appointments in

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			Primary care and communications sent out by MOH 25 August around this • There is an increasing amount of opt offs and declines across the district. Families appear more hesitant to immunise in the current COVID climate. More families are choosing to delay immunisations rather than immunising as per the schedule. • NIR & Outreach services are contacting families to provide education and encourage families back to practices. Outreach nurses are attending Well Child meetings monthly to liaise with other Well Child Providers and address barriers to immunisation. • NIR are constantly running overdue reports and communicating with practices around overdue children and referring to Outreach Services. • NIR work closely with Outreach services and run reports to identify children and their siblings that are due their milestone immunisation.
CW05 Immunisation coverage FA4: Influenza immunisation at age 65 years and over	**N**	**RD**	Result: 62.2% total population Immunisation coverage for people aged 65 years and over to 30 September 2021. 56.4% for Māori. Target 75%. National results: 63.4% (total population) MoH feedback: • Thank you for your efforts this flu season and great to see that collaboration across providers which should see a strong foundation for 2022. We appreciate it has been a difficult and complicated task to deliver influenza immunisation during the ongoing pandemic and COVID-19 vaccination roll-out. Despite the impact of COVID-19, we have still managed to immunise 64% of people older than 65, however the lower coverage in Māori continues to be a concern. Please continue to build on the success and learnings, across both influenza and COVID-19 immunisation programmes, during your planning for 2022. Southern DHB narrative report: • Southern DHB did not achieve 75% immunisation coverage in total population, and Māori and Pacific populations. WellSouth were able to again identify that 10% of Flu Doses in the Over 65 Age Band have not been 'Messaged' to the NIR despite efforts from a number of individuals to fix the issues. WellSouth also noted that the timing of the initial COVID-19 Vaccine Rollout did cause some cross-over confusion and delay with the Flu Programme. Actions to achieve 75% immunisation coverage • Southern DHB, WellSouth PHN, four Papatipu Rūnuka/Rūnunga: Kāti Huirapa Rūnaka ki Puketeraki, Karitane; Te Rūnanga Ōtakou Inc, Ōtakou, Dunedin; Waihōpai Rūnaka Inc, Invercargill and Awarua Rūnanga, Bluff along with Kaupapa Māori Health Services - Awarua Whānau Services in Southland and Te Kāika in Dunedin continue to partner

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			to provide influenza vaccinations and childhood immunisations during the COVID campaign. However, COVID-19 vaccinations have taken priority with a balance between vaccination gaps. As a result of this, Māori communities have been encouraged to attend their General Practice with follow up at community-based clinics. Collaboration between those identified stake holders now provide a foundation to future clinics on those identified in this report, other Marae and in community settings for future influenza and whānau centred vaccinations including COVID vaccination. • WellSouth PHN and Southern DHB partnered with General Practices to identify Māori enrolled populations eligible for the influenza vaccination. The WellSouth Call Centre telephoned eligible populations on behalf of their General Practice to promote and book appointments to increase the uptake of vaccinations. WellSouth PHN Call Centre staff identified and addressed barriers to increase access. This included re-connection with Kaupapa Māori Health Providers for support and assistance with health literacy. The WellSouth PHN Call Centre have focused on employment of Māori and Pacific workforce to increase engagement and influenza uptake. • Southern DHB partnered with Kaupapa Māori Health Providers to identify opportunities to increase workforce capacity and capability with influenza and childhood vaccinations within the Māori community. Those identified providers with clinical capacity have undertaken the Vaccinator Training Course and assessment as Independent Vaccinators with resources such as Fridges and Vaccination Chilly-Bins. There has been a specific focus on COVID vaccination training and implementation of the programme. IMAC has supported the training of non-regulated Māori workforce as COVID-19 vaccinators. Vaccination contracting with Southern DHB and increased data capacity to NIR has occurred to ensure those providers can deliver, measure and report on service delivery. • Southern DHB continues to support other workforces to provide vaccination programmes to their populations. Community Pharmacy is a group identified who can expand their offering to include MMR and influenza vaccination.
CW06: Improving breastfeeding rates	**N**	**RD**	Result: Proportion of infants who are exclusively or fully breastfeeding at three months of age: total 63%; Māori 53%; Pacific 66%; High dep 46%. National total is 59%. Target 70%. Ministry of Health feedback: • Thank you for your comprehensive report. The pandemic notwithstanding, I look forward to receiving your action plan with your next quarterly report for this measure. I am also very interested to see what your cue card will look like. Great idea! Southern DHB narrative report: Population baseline performance • Of concern is the outcome that Southern DHB breast feeding performance rates have dropped for all population groups in this reporting period. The overall rate for the total population has remained the same i.e. 63%.

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			• It is presumed that the data is for the period soon after the first lockdown (2020) finished and pēpi at 3 months would have been born just before or as lockdown was finishing. This was a time of huge uncertainty for whānau, and it is known that children born in times of crisis sadly have worse outcomes. Understanding this, we worked hard to support WCTO providers and others during lockdown with information and guidance. We have been advised that some whānau would not engage due to fear and the associated risks. WCTO providers worked extremely hard to support new parents and kept in very close contact with those they had particular concerns about. The loss of ongoing face-to-face contact most likely impacted on breast feeding support and our results although changes are small, are of concern for us. Supply an action plan that outlines activities that the DHB is engaging in to meet each of Outcomes 1-6 of the National Breastfeeding Strategy. • Southern DHB, in collaboration with Well South PHO, were to hold a district wide breast-feeding hui with key providers of breast-feeding support to women/whānau. This has been postponed twice due to COVID lockdown and the different COVID-19 level restrictions. The action plan was to be developed following the hui. • The hui will be reorganised once announcement is made about moving to level 1. Everything is in place for it to proceed. Describe activities that the DHB is undertaking to increase the baseline breastfeeding rate towards the target for the total population, and also specifically for Māori. Activities described must be specific, time-bound and evidence based Southern Breastfeeding Hui • Southern DHB and WellSouth worked together with a small team to organise a district wide breast-feeding hui for key stakeholders. This included information gathering by conducting a survey of breast feeding (current and recent) and then interviewing Māori, Pacific and young mums to gain their perspective on antenatal and postnatal breastfeeding experiences. • Pacific Trust Otago (PTO) continue to deliver the community-based breast-feeding support contract for Māori, Pacific and those experiencing high deprivation. Half of those seen in the last quarter were Pacific, Māori and Asian. Whilst this is a very small contract it is seeing engagement particularly from Pacific mamas who are enrolled with PTO WCTO Services. Public Health South • World breast feeding week promotional activities.

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			• Workplaces – information on breast feeding rights when returning to work after parental leave and information for managers of staff has been finalised but to date has not been distributed. The next step is to advocate for this information to be utilised across the DHB.
			• A breast-feeding space is now available at the Wakari Hospital site for staff and visiting mamas.
			• Muma Aroha app information is included in distribution of safe sleep spaces across the district.
			• Gifting of messages when distributing safe sleep spaces includes discussion on breast feeding as a protective factor against SUDI.
			• Ongoing discussion with local councils to establish breast feeding friendly public spaces.
			• Wahakura wānanga held in the Southern district with Māori whānau includes discussions on breast feeding and how important it is pepe's health. The focus is on integrating all harm reduction and protective measures for health and wellbeing of Māori, Pacific and high dep pepe.
			• A sticker provided in every WCTO book which advises whānau of local breast-feeding support contacts.
			• Three breast feeding networks continue to meet across the southern district – the networks actively support many breast-feeding activities. For example, the Otago network is in discussion with Milton prison on having space for breast feeding mothers visiting the prison so they can breast feed.
			
			BFHI
			• All Southern DHB maternity facilities are BFHI accredited. Breast feeding support provided to women giving birth in Southern DHB facilities by LMCs, nurses working on maternity wards, core midwives, and lactation consultants in tertiary and secondary facilities. Leche League members visit Dunedin maternity ward.
			• SDHB Lactation Consultants are developing a cue card to support staff who may be working on the ward without experience in breast feeding. The card supports new/temporary staff to understand many important facts about breast feeding especially if being asked about formula feeding.
			
			WellSouth PHO activities:
			• Breastfeeding Support Otago/Southland
			  ○ WellSouth fund ongoing support of Peer Supporters across the district via four Peer Support Coordinators.
			  ○ WellSouth supported 13 Breastfeeding Peer Supporter to undertake professional development through the BreastEd programme.
			  ○ Eight Breastfeeding/mum4mum drop-in centres running on weekly/fortnightly basis across the region, these are supported by Well South through eight different coordinators. Organised a drop-in centre to open in Gore in October 2021.

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			• Breastfeeding Support Otago/Southland Peer Support Training
			  ○ WellSouth funded Invercargill learning course completed in May with eight new peer supporters graduating.
			  ○ WellSouth funded Cromwell learning course completed in June with six new peer supporters graduating.
			
			• Antenatal Classes
			  ○ WellSouth launched new online Breastfeeding Antenatal Classes with first class in September 2021 with eight participants and their whānau online.
			  ○ WellSouth fund ongoing Breastfeeding Antenatal classes monthly in Dunedin.
			
			World Breastfeeding Week
			• WellSouth coordinated or supported 15 World breastfeeding week events across the southern district - as diverse as the screening of Mothers Milk movie night; family focused celebration and fundraiser; celebration morning teas, family friendly, to attending library sessions of Wriggle and Rhyme.
			
			Promotion
			• WellSouth run ongoing promotion for Feedsafe, BURP and Breastfeeding Support Otago and Southland through World breastfeeding week, Mother's Day and mental health awareness week.
			
			BURP
			• Ongoing project with updating venues and information for the BURP App.
			
			Intervention logic
			• A new intervention logic will be developed following the breast-feeding hui. In the meantime, we will continue to use the Māori Health Strategic Plan. The hui will be reorganised once announcement is made about moving to level 1.
			• The action plan and logic model will:
			  ○ Identify action areas and intended outcomes – it will include activities required to achieve outcomes.
			  ○ Develop a monitoring framework by identifying performance measures and data that will help assess improvement in outcomes.
			  ○ Communicate to key stakeholders what outcomes are being focussed on and a structure to assess outcomes.
			  ○ Agree how we are going to assess outcomes and decide if we need to continue change what we are doing.
			• Monitoring will be detailed in the action plan and logic outline.

CW07: Improving the timeliness of newborn	**P**	**RD**	Result: Newborns enrolled by 6 weeks of age: total population 69.5%, target 55%. Newborns enrolled by 3 months of age: total population 94.1%, target 85%.

<table>
<tr><th>Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td>enrolment in General Practice</td><td></td><td></td><td>
<table>
<tr><th>Newborn enrolment</th><th>Results 6 weeks of age</th><th>Results 3 months of age</th></tr>
<tr><td>Māori</td><td>52.5%</td><td>80.3%</td></tr>
<tr><td>Pacific</td><td>73.1%</td><td>116.0%</td></tr>
<tr><td>Asian</td><td>72.3%</td><td>94.3%</td></tr>
<tr><td>Other</td><td>74.0%</td><td>96.9%</td></tr>
<tr><td>Total</td><td>69.5%</td><td>94.1%</td></tr>
</table>

MoH feedback:
• Well done for meeting your overall targets. it is good to see enrolling Māori tamariki at 3 months remains a focus.

Southern DHB (WellSouth) narrative report:
• WellSouth continues to work with practices to ensure that all babies referred to them are enrolled in their mother's practice. The WellSouth Health Care Home Programme works directly with practices to improve processes around enrolments and has a focus on equity to make practices more aware of service gaps in the community as this is still presenting as a challenge as reflected in the numbers above.
• The WellSouth Health Promotion team runs a breast feeding support network across the South, including recently linking in to Māori providers, which helps to connect mothers with the services to which their babies are entitled, including services at general practice. This is reflected in the increased in enrolments for 3 month old new born for this quarter and continues to be a focus going forward</td></tr>
<tr><td>CW08: Increased immunisation at 2 years of age</td><td>N</td><td>RD</td><td>Result: 92.2% for total population and 86.3% for Māori population. Rank 2nd out of 20 (total population).
National result: 83.4% for total population. Target: 95%. Achievement requires that the target is met for the total population and the equity gap between Māori and non-Māori is no more than two percent.

MoH feedback:
• National immunisation coverage has fallen further this quarter with coverage at the key 24-month point now down to 83.4 percent.
• This was again driven by decreases for Māori (down 2.3 percent to 70.2 percent) and also notably Pacific rates (down 2.2 percent to 80.0 percent) in this age group.
• National coverage at 8 months remains largely unchanged from last quarter at 87.3 percent, however at 5 years the rates have also decreased 1.7 percent to 83.2 percent overall with significant falls of 2.5 percent and 2.6 percent for Māori and Pacific populations respectively.</td></tr>
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			• The impact of ongoing COVID-19-related disruption, and the volume of work required in the response is visible both across the sector and in how our whānau are responding. • We can see the effect of a continuing focus across DHBs on those key first-year immunisations reflected in the flat 8-month rates, and the challenge remains in the older 2-5 year age groups. • Thanks for your detailed report into the issues facing your teams. We hope to see improved coverage for this quarter as the alternative clinics get up and running and whānau hopefully feel more comfortable coming into practices for their vaccinations. Southern DHB narrative report: Total population coverage for 24-months was 92%, therefore Southern DHB did not achieve the 24-month target this quarter. This was up previous quarter • Total 'Opt off & declined' is 3.9%, a decrease of -1.3% on previous quarter • Total 'Missed' 3.9%, an increase of +0.6% on previous quarter It is disappointing to see that Southern has not achieved equity for Māori this quarter. • 'Opt off and declined' for Māori was 6.1%, down -2.1% on previous quarter • 'Missed' for Māori was 7.5%, an increase of +3.0% on previous quarter • 'Opt off and declined' for Pacific was 2.9%, up +0.6% on previous quarter • 'Missed' for Pacific was 5.9% this quarter, down -1.1% on previous quarter. New initiatives and successes this quarter • We have continued our work with Kaupapa services this quarter and Outreach have been invited into Te Hou Ora Whanau Services and Te Kohanga Reo O Whakaari, to help families access immunisation services in an environment where they feel safe and supported. This has had a positive outcome for services involved and we continue to build on our relationships with Māori and Pacific providers. • Public Health Nurses have been supporting the Outreach service and have trained as childhood vaccinators to extend our workforce. This was particularly pertinent across the recent lockdown where there had been concerns that immunisation appointments were being cancelled in Primary care. • Outreach staff have been committed to reaching our more vulnerable population and offering accessibility and more after hour appointments especially in our rural areas where there is larger Māori and Pacific population. • Planning is underway to offer more flexible arrangements for vaccination services in the home and community setting. This will include extended evening hours and weekends.

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			• During alert level restrictions Outreach services had an opportunity to contact more hard-to-reach families and offer vaccinations to all children in that family that were eligible. • NIR are running Qlik reports helping to identify gaps and trends in immunisation coverage especially for Māori and Pacific populations. This will inform future practice and Opportunities for Improvement (OFIs). An example being review of GP practice immunisation rates – 15 GP practices contribute to over half of missed events for all Immunisation Milestones. This is driving targeted actions to improve. Issues/barriers impacting on performance and actions taken • The October 2020 schedule change and 12-month event is still impacting services. Families aren't responding to recalls for the 12-month event increasing Outreach referral numbers. • Alert level restrictions resulted in GPs delaying recalling their patients due to other demands, creating a barrier to families accessing the GP and increasing the demand for Outreach services. The Outreach service was able to support practices and providers to immunise children during alert level 4, due to the availability of Public Health Nurses working in the programme. Concerns were also raised to MOH around cancelled appointments in Primary care and communications sent out by MOH 25 August around this. • There is an increasing amount of opt offs and declines across the district. Families appear more hesitant to immunise in the current COVID climate. More families are choosing to delay immunisations rather than immunising as per the schedule. • NIR & Outreach services are contacting families to provide education and encourage families back to practices. Outreach nurses are attending Well Child meetings monthly to liaise with other Well Child Providers and address barriers to immunisation. • NIR are constantly running overdue reports and communicating with practices around overdue children and referring to Outreach Services. • NIR work closely with Outreach services and run reports to identify children and their siblings that are due their milestone immunisation.
CW09: Better help for smokers to quit-Maternity	**N**	**RD**	Results: 87.1% (total pregnant women) and 81.8% Māori pregnant women were given brief advice and/or support to stop smoking. Target: 90% MoH feedback: • Thank you for sending through Southern DHB's narrative report for Quarter one. The overall result this quarter was 87.1% and 81.8% Māori pregnant women were given brief advice and/or support to stop smoking. This is nearly at the target, and I hope you can meet the targets next quarter. • Thank you for providing information on how you have engaged with LMC services, and funded smokefree incentives to support pregnant women who smoke to quit. It's encouraging to hear that the smokefree resource midwives are

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			engaging and encouraging whānau through the stressful times associated with COVID. Keep up the good work, and we hope to see the overall result met the target next quarter. • The number of events is likely to be lower than the number of births recorded in any one quarter; however until the National Maternity Record is fully operational (approx. 2023) then reporting on this indicator will be from data collected from MMPO and DHB employed midwifes and remains developmental. • Next quarter please put in exact numbers into data tables, instead of percentages, as our spreadsheets need consistent data to input. Southern DHB narrative report: What planning has occurred in your DHB to support the maternity health target, specifically for Māori and Pacific women? • Continuing to ensure early engagement of Māori and Pasifika community agencies to connect pregnant women to LMC midwives in first trimester • Outreach service is available if women are unable to find LMC and this is well established as point of contact within the community • Smokefree champions on maternity wards • Automatic referral to stop smoking services for women booked by DHB midwifery service (opt off system) What actions and/or projects is your DHB undertaking that reduces smoking in pregnancy, specifically for Māori and Pacific women? • Continue to enable funding for Smokefree Incentives and providing education and support to improve chances that future pregnancies being smokefree locally Is there anything else you would like to tell the Ministry? • Our smoke free resource midwives are giving an extra push through this challenging time of COVID to support our whanau and engage them whilst in the maternity services
CW10: Raising Healthy Kids	**A**	**RD**	
CW12: Youth mental health initiatives	**A**	**RD**	

<table>
<tr><th>Measure</th><th colspan="2">Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td>Improving Mental Wellbeing</td><td colspan="2"></td><td></td><td>Achieving Government's Priority Goals/Objectives and Targets</td></tr>
<tr><td>MH02: Improving mental health services using well and transition (discharge) planning</td><td colspan="2">P</td><td>GT</td><td>Results: Improving mental health services using well and transition (discharge) planning
<table>
<tr><th></th><th>Percent of clients with a transition (discharge) plan</th><th>Target</th><th>Percent of clients with a wellness plan</th><th>Target</th></tr>
<tr><td>Community</td><td>62.1%</td><td>95%</td><td>80.1%</td><td>95%</td></tr>
<tr><td>Inpatient</td><td>100.0%</td><td>95%</td><td></td><td></td></tr>
</table>
Southern DHB narrative:
• We continue in Southern to maintain a focus on clients' transition plans and monitoring is occurring with unit managers. Ongoing work is occurring re the quality of the plans and sharing with GP's
• Across the Southern region we continue to maintain a focus on clients' transition plans, and that sharing of these plans is occurring with GP's and whanau

Inpatient clients
• All clients discharged from inpatient settings have in place a discharge plan that is uploaded into the clinical workstation (Health Connect South), accessible also by GPs / PHOs via HealthOne.
• Inpatient units continue to support all clients have a discharge plan which continues to be uploaded to HCS.

Community clients
• A more up-to-date analysis of community clients (current and discharged) shows trends and any improvements over time.</td></tr>
<tr><td>MH03: Shorter waits for mental health services for under 25- year olds</td><td colspan="2">A</td><td>GT</td><td></td></tr>
<tr><td rowspan="4">MH04: Mental health and addiction</td><td>FA1</td><td>A</td><td>GT</td><td>FA1: Primary mental health</td></tr>
<tr><td>FA2</td><td>A</td><td>GT</td><td>FA2: District suicide prevention and postvention</td></tr>
<tr><td>FA3</td><td>A</td><td>GT</td><td>FA3: Improving crisis response Services</td></tr>
<tr><td>FA4</td><td>A</td><td>GT</td><td>FA4: Improving outcomes for children</td></tr>
</table>

Measure		Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
service development	FA5	**P**	**GT**	FA5: Improving employment and physical health needs of people with low prevalence conditions Ministry of Health feedback: • Please outline progress relating to employment and the associated research programme along with what is being done for the physical health needs of those with low prevalence conditions outside of the IPMH&A services DHB response to Ministry of Health feedback: • As indicated in previous reports the research programme we were collaborating on with Te Pou was curtailed because of the impact of Covid19. However, we did take some valuable lessons from that experience that we are now applying. In particular we have developed a proposal for the utilisation of the Forensic Top Slice funding made available by the MoH Forensic Team. Our proposal is to utilise this funding to employ an Occupational Therapist who would have an employment focus for clients entering the community forensic service here at Southern. Our proposal is currently with the MoH Forensic Team for their consideration. Southern DHB narrative report: • Southern DHB were selected to be part of *Tōkeke: Building Equity in Access to Work* research project. This is a research project that *Te Pou o te Whakaaro Nui* have partnered with *Work Counts* and *Synergia* to undertake. We see this as an opportunity for learning and progressing our initiatives in this area. We understand that there are at least two other DHB sites participating in this project. The aim of the research is to identify effective approaches to collaboration which support people with mental health and addiction issues to gain and maintain employment. Data will be gathered during the development of case studies for each included site. The primary outcome from the research project is a framework that will include the attributes of a successful approach to collaborative case management and can support the development of implementation guidelines for Work and Income case managers. • In the case of Southern we agreed to work alongside Te Pou, the Ministry of Social Development and one of our contracted NGOs, Adventure Development Ltd to achieve the aims of the study. Ethics approval from Health Research South was sought and given to commence the study. An MoU between the parties described above was agreed and signed in March 2020.It is expected that the case sites would host 2-6 site visits from the research team which would include participation in a programme logic workshop, interviews with key stakeholders and interviews with whairoa/clients. The programme logic workshop was held in March along with an initial set of interviews with key stakeholders. Unfortunately, subsequent work has been curtailed with the COVID-19 situation. As a DHB we are keen to progress this important piece of research and will be in touch with Te Pou to determine whether there is a possibility of this work continuing, possibly through the use of teleconferencing or other means.

<table>
<tr><th colspan="2">Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td colspan="2"></td><td></td><td></td><td>Update Q1 2021/22
Progress on implementing the extended Integrated Primary Mental Health Service has been made in the past quarter despite delays caused by COVID impacts. Most of the additional FTE is in place. The volumes of activity for presentations of both Health Improvement Practitioners and Health Coaches continue to see increases during the July and August periods. The programme has identified an underspend on the first year of the agreement, we have subsequently agreed with the MoH contracts team that this underspend will be invested as follows:
<table>
<tr><td>Underspend Allocation</td><td>Amount</td></tr>
<tr><td>IPMHA Workforce Education and Resources</td><td>$20,000</td></tr>
<tr><td>Consumer Evaluation and involvement</td><td>$80,000</td></tr>
<tr><td>IPMHA Pathway Development</td><td>$40,000</td></tr>
<tr><td>IPMHA Workforce Cultural Development</td><td>$50,000</td></tr>
<tr><td>IPMHA Workforce Suicide Prevention Training</td><td>$75,106</td></tr>
<tr><td>Contribution to non MoH contracted FTE in 2021/21</td><td>$15,974</td></tr>
<tr><td>Early Start of additional 1 FTE HIP, 1 FTE HC and 1 FTE SW</td><td>$178,296</td></tr>
<tr><td>TOTAL</td><td>$459,376</td></tr>
</table></td></tr>
<tr><td colspan="2">MH05: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders</td><td>P</td><td>GT</td><td>Results: Number of clients under section 29 and rate per 100,000 in Southern DHB: Māori 233; non-Māori 81. National rates: Māori 305, non-Māori 97. Expectation: Reduce the rate of Māori under s29 of the Mental Health Act by at least 10% by the end of the reporting year. Due to data availability, data are 3 months in arrears for each quarter.

Southern DHB narrative report:
Following the review of the Southern DHB Māori Directorate, Māori health staff are settling into their roles, which we hope will achieve better integration and access to cultural care, particularly where Māori may present in crisis, and in the CMHT settings. MHA client numbers by ethnicity (including Māori) continue to be incorporated into SMO annual performance reviews to raise awareness of personal and relative numbers of Māori under the MH Act.
While this data is subject to ongoing scrutiny and monitoring, the Zero Seclusion strategy group continues to be re-energised, working closely with HQSC. The focus remains on the point of admission through the crisis teams and CMHT's, and emphasis on the quality of EWS and RPP's being completed with consumers. It is hoped the combination of this focus and increased cultural access may help to reduce use of the MH Act at the point of relapse or crisis and/or during the course of their inpatient stay overall, but in particular for Māori.
The DAMHS is intending to review the number of Māori who have been on section 29's for longer than 5 years. This will provide a good opportunity to understand the issues that are impacting on the use of compulsion to engage Māori service users in mental health care.</td></tr>
</table>

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
MH06: Mental health output delivery against plan	**A**	**GT**	
MH07: Improving mental health services by improving inpatient post discharge follow-up rates	**A**	**GT**	
Better Population Health Outcomes Supported by Strong and Equitable Public Health Services			**Achieving Government's Priority Goals/Objectives and Targets**
SS01: Faster cancer treatment (31 days)	**N**	**HB**	Result: 81.4% achievement (target 85%), ranked 19th out of 20 DHBs. National result: 87%. • Refer to SS11 Faster cancer treatment (62 days) for Southern DHB narrative. MoH feedback: • 81.4 percent achieved against a 85 percent target. Te Aho o Te Kahu looks forward to continuing to work with Southern DHB to achieve the target in the next three quarters.
SS03: Ensuring delivery of Service Coverage	**A**	**RD**	
SS04: Implementing the Healthy Ageing Strategy	**A**	**RD**	

<table>
<tr><th colspan="2">Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td>SS07 Planned care measures</td><td>Acute readmissions</td><td>P</td><td>HL</td><td>Overall MoH feedback for SS07 Planned care measures
• Good to hear of the plan to improve equity in DNA rates with scripted calls and patient centred appointments. Look forward to receive a plan to address ACR.

Southern DHB report: Planned care measure - Acute Readmissions
<table>
<tr><th></th><th>Result</th><th>Target</th><th>Actions to achieve compliance</th><th>When will compliance be achieved</th></tr>
<tr><td>Acute readmissions (12 months to June 2021)</td><td>12.2%</td><td>≤11.7%</td><td>• Readmission rate – Readmission analysis continues.
• Analysis is indicating General Medical and 8 Med as having higher readmission rates, especially within the Long Term Condition patients.
• Dunedin – COPD bundle continues to do well in lowering readmission rates.
• Southland – Unit Manager Medical, Quality Improvement and Clinical Director Medical have met to highlight areas where improvement could occur. However actions are delayed by COVID resurgence and endemic planning.</td><td>• Southland – Audit delayed by Covid resurgence and endemic planning. We now expect this to be run in March 22 on all COPD and Diabetes readmissions to uncover themes.
• Dunedin – Ongoing with COPD bundle and analysis of areas for improvement. Analysis has been delayed similar to the above.</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th colspan="2">Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td></td><td>FSA DNA</td><td></td><td>HB</td><td>Southern DHB report: First Specialist Appointment DNA, by ethnicity (data quality and variance)
<table>
<tr><th>FSA DNA by ethnicity</th><th>Result</th><th>Actions to achieve compliance</th><th>When will compliance be achieved</th></tr>
<tr><td>Data Quality</td><td>Developmental</td><td>• Develop a process (and application) for identifying high DNA risk patients referred for Radiology and Outpatients – using the Cancer Nurse Coordinator application as a basis for engaging with patients differently. This piece of work is being done by IT and is in progress. A power bi dashboard is in place that records DNA rates by ethnicity for FSA and follow-ups.</td><td>• By June 2022.</td></tr>
<tr><td>Variance</td><td>Developmental</td><td>• Five equity presentations, including DNA rates and the equity plan, were completed to the administration teams. From this week cardiology and respiratory outpatient services will start a 3 month trial. All Māori and Pasifika patients will be phoned before an appointment letter is sent. The phone call will be scripted to encourage attendance at a time that is convenient for the patient. Where there are issues related to attendance these will be raised to the service manager and addressed with the Māori liaison officer. At the end of the trial results will be collated and a de-brief of outpatient staff undertaken to identify opportunities and challenges.</td><td>• Goal by June 2022 to have decreased the DNA rates for cardiology and respiratory and to have the process embedded in other services.</td></tr>
</table></td></tr>
<tr><td rowspan="2">SS09: Improving the quality of identity data</td><td>Focus Area 1</td><td>O</td><td>NT</td><td>Focus Area 1: Improving the quality of data within the NHI</td></tr>
<tr><td>Focus Area 2</td><td>P</td><td>NT</td><td>Focus Area 2: Improving the quality of data submitted to National Collections</td></tr>
</table>

Measure		Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
within the National Health Index (NHI) and data submitted to National Collections				MoH feedback: • Indicator 1: NPF collection has accurate dates and links to NBRS, NMDS and NNPAC for FSA and planned inpatient procedures – thank you for keeping us informed of your progress and we are looking forward to receiving data submissions. Please contact operations@health.govt.nz if additional reports, advice, or training is required. • Well done on achieving good results for Indicator 2: National Collections Completeness and Indicator 3: Assessment of data reported to the National Minimum Data Set (NMDS). Southern DHB narrative report: Indicator 1: NPF collection has accurate dates and links to NBRS, NMDS and NNPAC for FSA and planned inpatient procedures (not achieved) • We have continued to experience issues / challenges with our Extract Tool and are working closely with our vendor (MKM) to resolve. As of 19 Oct we have approximately 70,000 records in a pending state which will be batched and sent through to MoH in the coming few days. This continues to be our focus at SDHB and we look forward to a better result next quarter. Indicator 2: National Collections Completeness (outstanding) • SDHB is pleased with getting an Outstanding rating on this indicator Indicator 3: Assessment of data reported to the National Minimum Data Set (NMDS) (achieved) • SDHB is pleased with getting an Achieved rating on this indicator
	Focus Area 3	**A**	**NT**	Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)
SS10: Shorter stays in emergency departments		**P**	**HB**	Result: 79.7% (down from 82.0% last quarter) admitted, discharged, or transferred from an Emergency Department (ED) within six hours (target is 95%). Ranked 15th out of 20 DHBs. National result is 80.2%. MoH feedback: • Overall, only a slight dip in performance this quarter, with Dunedin's drop compensated a little by improvement in Lakes District. This is mostly driven by the admitted stream, which is an ongoing concern that the DHB should take actions to address. • It will be interesting to see if the 'generalist' admission model helps improve care and flow for admitted patients. There is better performance for Māori at all your sites is a continuing trend that may reflect Māori presenting with more minor illness, which is possibly due to inequities of access to primary care. It would be useful for you to explore this further.

<table>
<tr><th>Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td></td><td></td><td></td><td>
The ED short stay rate is <15%. Subsequent admission to wards is at the maximum level at just over 20%. That just over 1% of ED attendances stay <15 min suggests that mostly you are counting appropriate patients in your target performance data.
Southern DHB narrative report:

Percent managed within 6 hours by facility
<table>
<tr><th>Facility</th><th>% managed within 6 hours</th></tr>
<tr><td>Dunedin ED</td><td>71.11%</td></tr>
<tr><td>Lakes District ED</td><td>96.16%</td></tr>
<tr><td>Southland ED</td><td>83.05%</td></tr>
<tr><td>Southern DHB</td><td>79.69%</td></tr>
</table>
Actions undertaken this quarter to maintain or improve the indicator

During COVID 19 Levels 3 and 4 SDHB, Eds were operating at 50% of normal demand during the acute phase.
Increased RN resource to provide dedicated triage/waiting room (to be termed Front of House, FoH) nurse 11:00-23:30 7 days/week
Increased ACNM resource to provide 24/7 cover
Increased HCA resource to provide 24/7 cover
Patient Flow task force to improve patient flow across hospitals continues
New equipment portable Ultrasound, interpersonal communication devices
Refurbishment of Resus spaces
New generalist model of care implementation 80% underway
Second scanner in place, improved access to CT, reduced wait times
Generalist admitting model of care in place

Planned work for next quarter

Patient flow work across the hospital continues
Continued progress with build and design of MAU in Dunedin hospital

Barriers to achieving or maintaining the indicator

COVID level 4 alert level in place
Bed pressures, elective delays continue throughout the hospitals with wards closing beds

</td></tr>
</table>

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses

- Southland ED continues to exceed capacity and overflows into other areas as required.

What support can the Ministry provide

- Support patient flow work

Data on acutely admitted patients

Data on target performance split by those patients who are discharged from the Emergency Department directly and those who are admitted to an inpatient hospital ward (not a statistical 'admission' based on the three-hour funding rule)

	Total Attendances	In ED over 6 hrs	% over 6 hrs
Not admitted	17,870	2,032	11.37%
Admitted	5,438	2,703	49.71%
Total	23,308	4,735	20.31%

For those Admitted to an inpatient ward, provide a separate report of target performance by service

	Total admitted from ED	In ED over 6 hrs	% over 6 hours
Medical (incl. all subspecialties	3,195	1,675	52.43%
Surgical (all subspecialties excl Ortho and O&G)	155	67	43.23%
Orthopaedics	572	247	43.18%
O&G	295	74	25.08%
Other	1,221	640	52.42%
Total	5,438	2,703	49.71%

Provide data on the number and proportion of patients admitted to an Emergency Department Short Stay Unit (SSU) that are subsequently admitted to an inpatient ward

	Admitted to SSU	Transferred to inpatients from SSU	% transferred
Total	2,607	540	20.71%

Provide data on what proportion of patients counted in your denominator that have an Emergency Department stay <15 minutes and where they go (discharged or admitted)

<table>
<tr><th>Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td></td><td></td><td></td><td>
<table>
<tr><th></th><th>Total ED attendances</th><th># under 15 mins and discharged</th><th># under 15 mins and admitted</th><th>Total stayed under 15 mins</th><th>% < 15 mins</th></tr>
<tr><td>Total</td><td>22,308</td><td>268</td><td>31</td><td>299</td><td>1.34%</td></tr>
</table>

Acute demand actions from Annual Plan
Acute Data Capturing: Please provide an update on your plan to implement SNOMED coding in Emergency Departments to submit to NNPAC by 2021
• Completion of EDIS upgrade – Delay due to new release of application. Discussions with the service are underway for Q2.
• There are constraints associated with iPM – it is anticipated that merging with SIPICS will resolve these issues. Interim options will be considered with the service to allow for this to be operationalised prior to May 23.

To improve Patient Flow, please report on actions from your Annual Plan that:

Improves patient flow for admitted patients
• Enhanced generalism, new model of care in place in Dunedin hospital. Work is occurring at Southland ED and approval given for facility upgrade to provide a dedicated short stay units (MAU)

Improves management of patients to ED with long-term conditions
• Supporting patients to remain at home or if an ED presentation or hospital admission is necessary to return home quickly and facilitated by allied health (HOME) Team established across Dunedin and Southland sites. Ongoing

Improve wait times for patients requiring mental health and addiction services who have presented to the ED
• Dedicated SMO liaison holding mental health portfolio and Mental Health Educator in place

Improves Māori patients experience in ED
• Dedicated FTE Monday to Friday is in Dunedin and Invercargill Eds</td></tr>
<tr><td>SS11: Faster cancer treatment (62 days)</td><td>N</td><td>HB</td><td>Result: 82.4% achievement, ranked 16th out of 20 DHBs. National average: 84.7%. Target is 90%

MoH feedback:
• Only 82.4percent achieved against a target of 90 percent. Te Aho o Te Kahu looks forward to continuing to work with Southern DHB over the next three quarters to achieve the target.</td></tr>
</table>

<table>
<tr><th colspan="2">Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td colspan="2"></td><td></td><td></td><td>Heat map of 62 day capacity breaches by treatment modality, 1 October 2020 to 30 October 2021
<table>
<tr><th></th><th>Brain/CNS</th><th>Breast</th><th>Gynaecological</th><th>Haematological</th><th>Head and neck</th><th>Lower GI</th><th>Lung</th><th>Other</th><th>Sarcoma</th><th>Skin</th><th>Upper GI</th><th>Urological</th></tr>
<tr><td>Chemotherapy</td><td>0</td><td>2</td><td>1</td><td>4</td><td>1</td><td>3</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td>Concurrent radiation therapy and chemotherapy</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>3</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Other</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td>Palliative care</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td></tr>
<tr><td>Radiation therapy</td><td>1</td><td>0</td><td>0</td><td>1</td><td>1</td><td>2</td><td>4</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td>Surgery</td><td>0</td><td>7</td><td>9</td><td>0</td><td>1</td><td>8</td><td>1</td><td>1</td><td>2</td><td>7</td><td>0</td><td>9</td></tr>
<tr><td>Targeted therapy</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td></tr>
</table>

Southern DHB narrative report:
• Fortnightly meeting with Service Managers, FCT team and management was started in July to discuss patients close to or breaching before the first definitive treatment. On going plans is to identify “themes” for quality improvement.
• Patient pathways have started to be developed and/or updated to enable the FCT team to “delay code” correctly, this is a continuing work in progress.
• Ethnicity identification is going to be a priority amendment for the FCT tracker to enable easier filtering and auditing. This has yet to be actioned.
• Invercargill trip planned in November by the FCT team to meet with admin staff across services, for education around FCT flagging in IPM. Laminated “prompt” cards have been developed along with the teaching brochure. Education at Dunedin has begun at ENT & Eye Depts, Women’s Health and Breast Services.
• Planning underway for annual study day with FCT team, CNC’s and MDM Coordinators for 18th November.</td></tr>
<tr><td rowspan="2">SS13: Improved management for long term conditions (LTC)</td><td>Focus Area 3</td><td>A</td><td>RD</td><td>Focus Area 3: Cardiovascular health</td></tr>
<tr><td>Focus area 4</td><td>P</td><td>HB</td><td>Focus area 4: Acute heart services

Ministry of Health feedback:
• Thank you for providing feedback on the Acute Heart Service Focus Area 4 measures. Please find below the national results of these measures.
○ Indicator 1 Indicator 4 DHB average: 77.55% DHB average: 75.98% DHB median: 78.80% DHB median: 84.10%
○ Indicator 2a Indicator 5a DHB average: 81.54% DHB average: 65% DHB median: 97.90% DHB median: 72%
○ Indicator 2b Indicator 5b DHB average: 94.25% DHB average: 67% DHB median: 97.30% DHB median: 94%
○ Indicator 3 DHB average: 79.94% DHB median: 83.60%</td></tr>
</table>

<table>
<tr><th colspan="2">Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td colspan="2"></td><td></td><td></td><td>
Congratulations and excellent effort on achieving the indicators 1, 2a and 3. Can you please advise what actions you will be putting in place to improve indicator 2b, in addition to how your Clinical Physiology Service Manager intends on increasing indicator 4.
Southern DHB report
<table>
<tr><th>Indicator</th><th>Definition</th><th>Performance</th><th>Achievement of target</th></tr>
<tr><td>Indicator 1</td><td>Door to cath within 3 days for ≥ 70% of ACS patients undergoing coronary angiogram.</td><td>124/152 (81.6%)</td><td>Target achieved</td></tr>
<tr><td>Indicator 2a</td><td>Registry completion- ≥95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge</td><td>153/156 (98.1%)</td><td>Target achieved</td></tr>
<tr><td>Indicator 2b</td><td>99% within 3 months</td><td>109/143 (76.2%)</td><td>Target not achieved</td></tr>
<tr><td>Indicator 3</td><td>ACS LVEF assessment- ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (i.e. have had an echocardiogram or Lvgram).</td><td>121/131 (93.1%)</td><td>Target achieved</td></tr>
<tr><td>Indicator 4</td><td>Composite Post ACS Secondary Prevention Medication Indicator – in the absence of a documented contraindication/intolerance ≥ 85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge -
Aspirin*, a 2nd anti-platelet agent*, and a statin (3 classes) and
an ACEI/ARB if any of the following – LVEF <50%, DM, HT, in-hospital HF (Killip Class II to IV) (4 classes), and
Beta-blocker if LVEF<40% ((5-classes).
An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents.</td><td>89/111 (80.2%)</td><td>Target not achieved</td></tr>
<tr><td>Indicator 5a</td><td>Device registry completion ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS-QI Device PPM forms completed within 2 months of the procedure</td><td>50/70 (71.4%)</td><td>Target not achieved</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Measure</th><th></th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td></td><td></td><td></td><td></td><td>
<table>
<tr><td>Indicator 5b</td><td>Device registry completion ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS-QI Device ICD forms completed within 2 months of the procedure.</td><td>2/3 (66.7%)</td><td>Target not achieved</td></tr>
</table>

Southern DHB narrative report:
Where the indicator has not been met, identify the indicator and provide narrative on any barriers/challenges to achieving the indicator and any mitigation strategies for these to be applied over the next quarter.
• Indicator 2b: Registry completion- ≥95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection ≥ 99% within 3 months has not been achieved.
• Indicator 4: Composite post ACS secondary completion: has not been achieved for a further quarter, no change from last quarter despite follow up.
• Indicator 5a 5b: Discuss with Service Manger (Clinical Physiology) re the Cardiac Physiology Team completing this.
• There has been a transition in the staff members completing this registry and managing the time outside of the lab to complete this work is challenging. Recent COVID-19 Level 3 & 4 has delayed follow up appointments especially LEVF. We will work with the team to further examine the barriers and apply corrective actions.
(1) Agenda at upcoming Nursing Team Meeting to discuss rostering of time out of lab
(2) Feedback to clinical lead/Service manager to plan around indicator 4</td></tr>
<tr><td></td><td>Focus Area 5</td><td>P</td><td>RD</td><td>Focus Area 5: Stroke service

Ministry of Health feedback:
• It was encouraging to see that the overall target for Indicators #2, #3 and #4 were met. Particularly for Māori.
• It is noted Indicator #1 was not met and you provided no narrative. It was reassuring to read of the positive working relationships and networks that have been set up in the delivery of effective and efficient stroke service around your region.
• You are encouraged to engage with the Stroke Foundation to identify community network to assist in working with Māori and Pacific communities.
• The interim rating is Partially Achieved. Please provide details about: 1. Reasons why the overall target for Indicator #1 was not met particularly for Māori 2. Plans to promote the FAST campaign. Your reporting has not yet been signed off by the lead stroke physician, lead stroke nurse and allied health lead.</td></tr>
</table>

Measure		Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses

Indicator 1: Acute stroke admissions (ASU) - Target 80% of acute stroke admissions admitted to an ASU or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital
Numerator = number of acute stroke admissions admitted to an ASU or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital.
Denominator = total acute stroke admissions

Southern DHB: % of acute stroke admissions admitted to an ASU or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital

Indicator One			
Site	Numerator	Denominator	Percentage
Dunedin	64	77	83.1%
Invercargill	54	70	77.1%
Dunstan	0	15	0.0%
Oamaru	0	9	0.0%
Total	118	171	69.0%

Indicator One (Māori)			
Site	Numerator	Denominator	Percentage
Dunedin	1	1	
Invercargill	2	3	
Dunstan	0	2	
Oamaru	0	1	
Total	3	7	42.9%

Indicator 2: Reperfusion - Target 12% Reperfusion – Thrombolysis /Stroke Clot Retrieval Service provision 24/7
Numerator = number of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval and counted by DHB of domicile.
Denominator = number of stroke admissions eligible for thrombolysis or stroke clot retrieval (ICD Codes I63, I64)

Southern DHB: % Reperfusion – Thrombolysis /Stroke Clot Retrieval Service provision 24/7

Indicator Two			
Site	Numerator	Denominator	Percentage
Dunedin	8	58	13.8%
Invercargill	8	60	13.3%
Dunstan	2	13	15.4%
Oamaru	2	7	28.6%
Total	20	138	14.5%

Indicator Two (Māori)			
Site	Numerator	Denominator	Percentage
Dunedin	0	1	
Invercargill	1	2	
Dunstan	0	2	
Oamaru	0	0	
Total	1	5	20.0%

Measure		Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses

Indicator 2 comments:

- Southland has seen significant improvement in providing stroke reperfusion treatments in this quarter. There is great communication happening between Southland and Christchurch with plans to further streamline the communication pathway to allow for more assessment from neurologists, and a quicker door to needle time.

Indicator 3: In-patient rehabilitation - Target 80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission
Numerator = number of acute stroke admissions transferred to in-pt rehab within 7 days of acute admission.
Denominator = number of stroke admissions eligible for rehabilitation

Southern DHB: % of patients admitted with acute stroke who are transferred to inpatient rehabilitation services and are transferred within 7 days of acute admission

Indicator Three					Indicator Three (Māori)			
Site	Numerator	Denominator	Percentage		Site	Numerator	Denominator	Percentage
Dunedin	26	33	78.8%		Dunedin	0	0	
Invercargill	12	14	85.7%		Invercargill	1	1	
Dunstan	0	0	0.0%		Dunstan	0	0	
Oamaru	0	0	0.0%		Oamaru	0	0	
Total	38	47	80.9%		Total	1	1	100.%

Indicator 3 comments:

- Dunedin continue to move patients to rehabilitation beds, although bed blockage and patient flow challenges across the hospital sometimes constrain bed availability within 7 days.
- Southland Hospital continues to perform well in this area due to the rapid and assessment and acceptance by geriatricians. There is currently a project to look in to increasing the bed capacity in the rehab area of the hospital.

Indicator 4: Community Rehabilitation – Target 60% of patients referred for community rehabilitation are seen face to face by a member of the community rehab team within 7 calendar days of hospital discharge
Numerator = number of patients referred for community rehabilitation who are seen face to face by a member of the community rehab team within 7 calendar days of hospital discharge.

<table>
<tr><th colspan="2">Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td colspan="2"></td><td></td><td></td><td>Denominator=number of patients discharged from hospital with a primary stroke diagnosis (I61, I63, I64) who are referred within 2 weeks of discharge for community rehabilitation.

Southern DHB: % of patients referred for community rehabilitation who are seen face to face by a member of the community rehab team within 7 calendar days of hospital discharge
<table>
<tr><th colspan="4">Indicator Four</th><th></th><th colspan="4">Indicator One (Māori)</th></tr>
<tr><th>Site</th><th>Numerator</th><th>Denominator</th><th>Percentage</th><th></th><th>Site</th><th>Numerator</th><th>Denominator</th><th>Percentage</th></tr>
<tr><td>Dunedin</td><td>23</td><td>34</td><td>67.6%</td><td></td><td>Dunedin</td><td>2</td><td>2</td><td></td></tr>
<tr><td>Invercargill</td><td>8</td><td>14</td><td>57.1%</td><td></td><td>Invercargill</td><td>0</td><td>0</td><td></td></tr>
<tr><td>Dunstan</td><td>0</td><td>0</td><td>0.0%</td><td></td><td>Dunstan</td><td>0</td><td>0</td><td></td></tr>
<tr><td>Oamaru</td><td>0</td><td>0</td><td>0.0%</td><td></td><td>Oamaru</td><td>0</td><td>0</td><td></td></tr>
<tr><td>Total</td><td>31</td><td>48</td><td>64.6%</td><td></td><td>Total</td><td>2</td><td>2</td><td>100.0%</td></tr>
</table>
Indicator 4 comments:
• Southland Hospital has seen significant improvement, and this will continue with successful recruitment of physiotherapists within the community rehab team. Southland are also looking at increasing the role of the stroke CNS within the community rehab team.

Please indicate if you have a contact person in local Iwi or Pacific Church who you could work with to support and promote the FAST message for this year's campaign. If not are these relationships that you could develop?
• There is not currently a contact person in local Iwi or Pacific Church, efforts will be made to establish this relationship.

Please comment on these services your DHB provides/participates in, either through services provided in your DHB or as part of an assisted regional service, or barriers that do not support your participation:
• Telestroke: Medical staff are managing after hours with phoning Christchurch. The Digital team are looking at the possibility of using a phone App for telestroke purposes.
• Stroke Clot Retrieval activity: Quarter 4 – 5 patients sent for SCR – 4 had intervention</td></tr>
<tr><td colspan="2">SS15: Improving waiting times for colonoscopies</td><td>P</td><td>HB</td><td>MoH feedback:
• Ministry acknowledges the ongoing impact of COVID-19 restrictions on the DHB's capacity to maintain improvements in colonoscopy wait time recovery.</td></tr>
</table>

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses

- We appreciate that the number of people waiting beyond maximum has reduced from 105 to 70 and consistent compliance with the non-urgent recommended target, as of Sept 2021.
- Please continue providing regular updates to your NBSP contract relationship manager: on the number of people waiting in each week beyond maximum for all categories; confirmation that people waiting beyond maximum are being prioritised for colonoscopies; when the DHB anticipates booking these people for their procedures; and updates on the anticipated recovery timeline. In line with the Ministry's colonoscopy performance escalation letter to your CE in March 2021, this information supports the Ministry to monitor the clinical risk to people waiting beyond maximum.

Southern DHB report: Improving waiting times for colonoscopies

	Indicator	Q1 Result			DHB Comments
		Jul	Aug	Sep	
		14 days or less			
Improving waiting times for colonoscopies	90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less, 100% within 30 days or less	90.9%	85.7%	82.6%	Just below target. 1 person outside 14 day and 30 day targets; was waiting for GA list, now booked for October
		42 days or less			
	70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less	83.3%	89.6%	78.6%	Achieved
		84 days or less			
	70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less	59.6%	59.2%	68.3%	79 patients outside 120 days Significant improvement but still behind where need to be. Primarily reflects Southland patients (75). Continued efforts to catch up being undertaken with Saturday lists and patients

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			<table><tr><td></td><td></td><td></td><td></td><td></td><td>being offered appointments in Dunedin where possible. Anticipated to have no maximum time breaches by January 2022, assuming no change in current delivery schedule.</td></tr></table> Bowel screening: Results: 98.9% (total population), 97.6% Māori and 100% Pacific who returned a positive FIT had a first offered diagnostic date that is within 45 calendar days of their FIT result being recorded in the NBSP IT system. Target: 95%
SS17 Delivery of Whānau Ora	**A**	**GT**	
Care capacity demand management calculation	**No rating**	**JW**	Ministry of Health does not provide ratings or feedback for this measure.
Better Population Health Outcomes supported by Primary Health Care			**Achieving Government's Priority Goals/Objectives and Targets**
PH01: Improving system integration and SLMs	**P**	**RD**	MoH feedback • In the absence of an Alliance, can the PHO CEO or Chair please also sign this report. It will be approved once we receive this. Southern DHB response: • WellSouth CEO (Andrew Swanson-Dobbs) has signed off this report via email communication.
PH04: Primary health care: Better help for smokers to quit (primary care)	**N**	**RD**	DHB Result: • 80.7% (total population) were given brief advice and support to quit smoking. Increase of 3.5% from last quarter. • 79.1% of Māori and 77.4% of Pacific people were given brief advice to quit smoking. Rank: 6th out of 20 DHBs (total population). National result: 76.2% (total population) • Target: 90% of enrolled patients who smoke and are seen by a health practitioner in primary care will be offered advice and help to quit. MoH feedback:

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			• We appreciate the response to COVID-19 continues to impact on this and other prevention performance measures, but also note the ongoing improvements. Well done. Dr. John McMenamin (Target Champion – Primary Care) is available via zoom/teams to discuss ways of improving the DHBs Target results. Southern DHB (WellSouth) narrative report: Do you think you have met the target for Māori and Pacific (as noted above) this quarter? If not, what issues are preventing the target from being met and sustained? What actions are being put in place to improve performance and how will these actions be monitored? • The actions that have been put in place in recent months are indicating an improvement on the 90% target. • Although not yet at target the preliminary result is 88% • General practice teams are at capacity with COVID swabbing and vaccinating that has taken a priority. Patient demands to be seen have increased over the quarter. Do you think you have met the target for Māori and Pacific (as noted above) this quarter? If not, what issues are preventing the target from being met and sustained? What actions are being put in place to improve performance and how will these actions be monitored? • For Māori the preliminary result is 85% • For Pacific Peoples the preliminary result is 84% • While the District is experiencing an equity gap in this measure, practices with large numbers of Māori and Pacific People in their patient registers are continuing to be targeted for addition to WellSouth's call centre work. The call centre does not contact a patient without practice permission. Is there anything else you would like to tell the Ministry? • General practice in the Southern District is seeing particularly high levels of patient demand this quarter.
Health System Indicators (HSI)			
Access to planned care	**No rating**	**HB**	We confirm the data is correct for Access to Planned Care on the understanding that the update of data will result in the volumes more closely matching those in the Planned Care Report run 2 August 2021.
Acute hospital bed day rate	**No rating**	**RD**	We confirm the data is correct for Acute Hospital Bed Day Rate.
Ambulatory sensitive hospitalisations for children (age range 0–4)	**No rating**	**RD**	Ambulatory sensitive hospitalisations for children (age range 0–4 We confirm the data is correct for Ambulatory Sensitive Hospitalisations for Children (age range 0-4).
Ambulatory sensitive hospitalisations for	**No rating**	**RD**	We confirm the data is correct for Ambulatory Sensitive Hospitalisations for Adults.

<table>
<tr><th>Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td>adults (age range 45–64)</td><td></td><td></td><td></td></tr>
<tr><td>Immunisation rates for children at 24 months</td><td>No rating</td><td>RD</td><td>We confirm the data is correct for Immunisation Rates for Children at 24 months.</td></tr>
<tr><td>Primary care patient experience</td><td>No rating</td><td>RD</td><td>We confirm the data is correct for Primary Care Patient Experience.</td></tr>
<tr><td>Under-25s able to access specialist mental health services within three weeks of referral</td><td>No rating</td><td>RD</td><td>We confirm the data is correct for Under-25s able to access specialist mental health services within three weeks of referral.</td></tr>
<tr><td colspan="4">Annual Plan Status Update Reports</td></tr>
<tr><td>Annual Plan Status Update Reports - Improving wellbeing through prevention</td><td>P</td><td>RD</td><td>MoH feedback and Southern DHB response to MoH feedback:
<table>
<tr><th>Government Planning Priority</th><th>MoH feedback</th><th>Southern DHB response</th></tr>
<tr><td>For Cross sectoral collaboration</td><td>• We note that activities have been impacted by COVID-19, and we acknowledge the work you have undertaken. We are interested in knowing pivot plans for going online/virtually when face to face engagements are not possible due to the COVID context.</td><td>• Our stakeholders are well aware of the COVID situation and are generally enabled to work virtually. When our current commitment to the COVID Case and Contact management effort abates, we will be using virtual options in the event the COVID context prohibits face to face meetings. It is our experience this will work well for established relationships. For new relationships, it is highly likely we would have to delay until face to face contact is possible.</td></tr>
<tr><td>For Reducing alcohol related harm</td><td>• It is noted that one Q1 milestone completed, the other Q1 milestone is not complete and has to be put on hold because of the COVID-19 response.</td><td></td></tr>
<tr><td>For Environmental sustainability (CNGP)</td><td>• It is noted that an update has been provided regarding the use of Telehealth and Māori providers.</td><td></td></tr>
</table></td></tr>
</table>

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			Initial discussions have taken place and further investigations expected by Q3.
Annual Plan Status Update Reports - Improving sustainability	**P**	**NT**	MoH feedback: • Thank you for your report we note the delay indicated for some items
Annual Plan Status Update Reports - Better population health outcomes supported by primary health care	**P**	**RD**	MoH feedback: • For long term conditions - We note that most of your milestones are on track. It is good to hear the DAR catch up programme is being delivered. • We encourage you to keep pushing in the Hepatitis C space. • The future approach to prevent and reduce the impact of diabetes and other long term conditions (LTC) will require a more comprehensive approach to early LTC risk assessment (CVDRA / DAR are well recognised tools) and to intensify early wrap-around supports and care planning for those most at risk. Integral to this will be accessible, evidence based and culturally appropriate self-management support for whanau to manage their own health. • There are improvements required for equitable access to specialist services at the right time to avoid complications from LTCs. Efforts in this space are required to make progress towards Pae ora and to actualise the objectives of Whakamau and Ola Manuia. Specifically for diabetes this relates to timely foot care, eye care, and renal care in the primary / community care setting. The Ministry's current LTC programme prioritises diabetes (including chronic kidney disease), cardiovascular disease (including stroke), gout, and COPD (to be developed).

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
Annual Plan Status Update Reports - Better population health outcomes supported by strong and equitable public health services	**P**	**HB**	MoH feedback and Southern DHB response to MoH feedback:

Government Planning Priority	MoH feedback	Southern DHB response
Ola Manuia 2020-2025: Pacific Health and Well-being Action Plan	• Thank you for the report. Good comprehensive actions addressing Pacific health in key areas (screening, cancer control, maternal, child & youth and mental health), however I was not able to see status and progress of actions when asked to refer to XXXXX template for milestones. Some information seems to be missing	• Milestones have now been itemised. These had been included in other templates as appropriate
CCDM	• Thanks for your thorough Q1 reporting. Good to see progress on FTE calculations. Why are ICU and HDU exempt from FTE calculations? I have not noticed this in other DHBs	• Te Puna Wai Ora (ICU) and 4 HDU have been excluded in the past as these areas are staffed to the New Zealand Standards for Critical Care Nurse staffing ref: https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Critical%20Care%20Nurses/20150918%20NZStandards%20for%20CC%20Nursing%20final.pdf • Further, the HDU was expected to merge with ICU (subsequently delayed). We expect that these areas will be included in the next round of calculations with the Critical Care staffing standards being the minimum base FTE
Delivery of Whānau Ora	Thank you for your report	
Disability Action Plan –	• Actions noted and reported progress accepted	
Planned Care	• It's good to hear a project manager has been appointed to work with Southland	

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses		
				on planned care work - we look forward to hearing about progress. Your actions are commended with the work to further implement telehealth.	
			Rural Health	• Thank you for your update.	
			Healthy Ageing	• Thanks for your report	
			Improving Quality – Hygiene	• We note that A draft audit tool has been developed and look forward to this being finalised.	
			Improving Quality - consumers	• On track with Subcommittee established and twice-yearly reports against the framework.	
			New Zealand Cancer Action Plan	• Progress on actions noted – Te Aho o Te Kahu will continue to work with Southern DHB to ensure key priorities are met.	
			Bowel Screening and colonoscopy wait times	• Ministry commends the DHB for consistently exceeding all NBSP participation rates. • We acknowledge the impact of COVID-19 on colonoscopy recovery. • Please refer to SS15 colonoscopy wait time report feedback and the actions required.	
			Data & Digital	• It is noted that the 'business case has stalled'. A further comment advises that 'work continues to obtain approval of the business case as soon as possible'. Please clarify as there appears to be a conflict between those two statements. • Please engage with the Ministry Digital Portfolio team to request access to specific Data & Digital guidance from relevant subject matter experts.	• The final sentence is to be deleted "Work continues to obtain approval of the BC as soon as possible."
			Implementing the New Zealand Health Research Strategy	• Thank you for your report. We look forward to hearing about your progress	

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			<table><tr><td></td><td>with the New Zealand Health Research Strategy.</td><td></td></tr><tr><td>Acute demand</td><td>• Good progress made for Q1</td><td></td></tr><tr><td>Health Workforce</td><td>• Is there a new milestone in relation to establishment of a surge workforce for ARC? The Q1 report advises that the Welfare Advisor position has not been approved as part of the 2021/22 budget cycle. • Other than the SharePoint site that has been implemented regarding wellbeing tools, does SDHB have any other plans to fulfil the need that was identified when the welfare advisor position was suggested? Does SDHB still intend to establish a welfare/wellbeing framework?</td><td></td></tr></table>
Annual Plan Status Update Reports - Improving mental wellbeing	**A**	**GT**	
Annual Plan Status Update Reports - Improving child wellbeing	**A**	**RD**	
Annual Plan Status Update Report - Give practical effect to Whakamaua: Māori Health Action Plan	**A**	**GT**	

Crown Funding Agreements (CFA) Variations

Measure	Final Rating	Owner initials	Ministry of Health Comments and DHB Responses
CFA DHB Level Service Component of the National SUDI Prevention Programme	S	RD	
CFA Primary Health Care Services	S	RD	
CFA B4 School Check Services	S	RD	
CFA Health Services for Emergency Quota Refugees	S	RD	
CFA Additional School Based Health Services	A	RD	

FOR INFORMATION

Item: **SDHB Change Programme Report**

Proposed by: CEO

Meeting of: Board, 1 February 2022

9

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 and 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. Further work to refine the portfolio will be led by the newly-formed ePMO from February 2022.

Discussion

This month's change programme update is the third 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.

It is abundantly clear that there are still some projects where the owner needs to identify the tasks that are associated with the goal, and they also need to get a weighting in the tasks. The current means of calculating the completion % is unfortunately as simple as if there are 5 tasks and three have been completed it calculates at 60%. More sophistication is required. Talis Leipens who has now started as the Planning & Accountability Manager will be working with the owners of each action to mature the system and reporting over the next two months.

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
2. SDHB Change Programme

47
GOALS

30%
GOAL COMPLETION

STRATEGIC CHANGE PORTFOLIO PLAN

MĀORI EQUITY

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Equity Actions Improvement Programme	Gilbert Taurua	0% − 0 / -			0% -

POSITIONING PUBLIC HEALTH SERVICES FOR THE FUTURE

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Southern Strategic Briefing Project (nee refresh)	Andrew Lesperance	**82%** ▲ **81.82 /** 3% behind	**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** ☑		**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%** ▲ **33.33 /** 67% behind	**Remaining indicators live on website** ☐ **Soft Launch of website 8/82 indicators** ☐ **Development of health Indicators** ☑ *19/11/2021*	**Greer Harper:** All project resource currently redirected to COVID Endemic Planning	**0%** 94% behind

PRIMARY & COMMUNITY CARE

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Implementation of the Primary & Community Strategy	Andrew Lesperance	**18%** ▲ **18 /** 32% 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**	Andrew Lesperance	**33%** ▲ **33.33 /** 67% 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**	Andrew Lesperance	**9%** ▲ **9.09 /** 16% 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** ☑		**0%** 19% behind
Primary Care in Southland	Andrew Lesperance	**28%** ▲ **28 /** 72% behind			**0%** -
Wanaka After-Hours Service	Andrew Lesperance	**0%** − **0 /** -			Not started

CLINICAL SERVICE REDESIGN

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Oncology Sustainability Planning	Hamish Brown	0% 0 / -			0% -
Improving Patient Flow through the Implementation of the SAFER Bundle: A framework for improving patient flow	Jane Wilson	50% 50 / 50% 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% 100 / -			100% -
Embedding Virtual Health	Hamish Brown	67% 66.67 / 4% behind	**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%** **50 /** 17% 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%** **0 /** -			Not started

ENABLING OUR PEOPLE - OUR PEOPLE STRATEGY

Goal	Owner	Current Completion	Task	Comment	Historic Completion
CCDM Implementation	Hamish Brown	**54%** ▲ **54 /** 54% ahead			**0%** -
Talent Management - Attract, Support, develop & retain the talent we need	Tanya Basel	**8%** − **8 /** 92% behind	**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%** − **33.33 /** 28% ahead	**Leadership Development Program for leadership layers: Fit for purpose** ☑ **Align Leadership Development with Health NZ** ☐ **Establish Leadership Framework** ☐		Not started
Diversity and Inclusion	Tanya Basel	**25%** − **25 /** 75% behind	**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%** − **0 /** 100% behind	**Focus on Wellbeing** ☐ **Establish recognition and retention frameworks** ☐ **Refresh Speak-up** ☐		Not started
Capability Development	Tanya Basel	**33%** − **33.33 /** 67% behind	**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	80% 80 / 20% behind	**External Recruitment of wider positions** ☐ **Initial Recruitment of Internal Positions** ☑ **Decision Document and Notification To Staff** ☑ **Consult on Proposal For Change** ☑ **Develop Proposal For Change** ☑		0% 35% behind
FPIM Implementation	Nigel Trainor	100% 100 / -			100% -
H R I S	Tanya Basel	0% 0 / -			0% -
Risk Management Maturity	Hywel Lloyd	51% 51 / 49% behind	**Adoption of Safety 1st as digital risk management tool** ☐		0% 93% behind
Digital Transformation (detailed business case)	Patrick Ng	29% 28.57 / 17% 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% 0 / 36% 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% 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%** ▲ **75 /** 25% behind	**Pilot of new documentation** ☐ **Pilot group of clincians established to trial NMDHB example** ☑ **NMDHB example shared with clinical leaders** ☑ **upload outline plan** ☑		**0%** 79% behind
Clinical Costing System Implementation plan	Nigel Trainor	**0%** − **0 /** -			**0%** -
ePMO & Project Governance framework	Patrick Ng	**38%** ▲ **37.5 /** 45% behind	**Setting of Project prioritisation criteria with Exec Team.** ☐ **Update & socialise current PM Policy** ☐ **Embed Project Governance Framework** ☐ **On-Board Portfolio Manager** ☑ **ePMO service offering & governance structures endorsed by ELT** ☑		**0%** 58% behind
MHAID H&S Review and Improvement Plan	Gilbert Taurua	**50%** ▲ **50 /** 16% ahead	**Recommendations implementation Plan** ☐ **External review by Purple Consulting** ☑		**0%** 24% behind
Hospital Escalation Planning/Standard Operating Procedures	Hamish Brown	**0%** − **0 /** 100% behind			**0%** -
PICS implementation: New regional Patient Information System which replaces IPM in Otago & Southland	Patrick Ng	**25%** ▲ **25 /** 1% behind	**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** ☑	**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*	**0%** 13% behind
Central Decision Support Model		**0%** − **0 /** -			Not started
Implementation of MH review recommendations	Gilbert Taurua	**20%** ▲ **20 /** 20% ahead			**0%** -

Goal	Owner	Current Completion	Task	Comment	Historic Completion
Performance & Accountability Framework	Andrew Lesperance	**56%** ▲ **55.56 /** 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** ☑		**0%** -
Health & Safety Workplan	Tanya Basel	**0%** − **0 /** -			**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	33% 33.33 / 33% 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 / 25% ahead			**0%** -
Security Review	Nigel Trainor	100% 100 / -			**100%** -
Dunedin Master Site Planning	Hamish Brown	47% 47 / 12% behind	**Deliver & Document** **Refine Preferred Scenario** **Explore Spatial Options** **Define Vision & Principles** **Mobilisation/Lead-In**	☐ ☐ ☐ ☐ ☑ **Simon Crack:** ELT session held on 16 Dec to review long-list of options and to refine down to a short-list, based on design principles and agreed evaluation criteria. Two short-listed options selected, which will be worked up for ELT and Board review in late Jan/early Feb 2022. Work to align to NDH planning continues and the team are seeking to connect with the Southland Service Planning activity to ensure alignment. *22/12/2021*	**0%** 24% behind
CETES – Clinical Engineering, Tech & Equipment Service		0% 0 / -			Not started
Seven-Day Hospital		0% 0 / -			Not started
Acute Assessment & Planning Units		0% 0 / -			Not started

Goal	Owner	Current Completion	Task	Comment	Historic Completion
23 Hour Unit		0% **0 /** -			Not started
Southland Master Site Planning	Chris Fleming	33% **33.33 /** -			Not started
Chris's Special MAU	Chris Fleming	43% **42.86 /** 12% behind	**Commissioning of MAU** ☐ **RFP & Contract Awarding For Construction** ☐ **Board Approval** ☑ **Develop Business Case** ☑ **MAU Build** ☐ **Decant Proess Physiology, Rheumatology** ☐ **MAU Design** ☑		**0%** 30% behind

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

14/01/2022

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% **33.33 /** 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	Andrew Lesperance	01/01/2024	18% 18 / 32% 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	Andrew Lesperance	02/12/2021	33% 33.33 / 67% 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% 50 / -		**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%** **50 /** 50% 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%** **66.67 /** 4% behind	**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%** **50 /** 17% 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%** **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	Tanya Basel	23/12/2021	8% 8 / 92% behind	**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% 50 / 25% 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% 0 / 9% behind	**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% **28.57 /** 17% 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% **0 /** 36% 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% **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%** ▲ **25 /** 1% behind	**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	**33%** **33.33 /** 33% 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

Goal	Owner	Due Date	Current Completion	Comment	Task	Historic Completion
Dunedin Master Site Planning	Hamish Brown	15/04/2022	**47%** **47 /** 12% behind	**Simon Crack:** ELT session held on 16 Dec to review long-list of options and to refine down to a short-list, based on design principles and agreed evaluation criteria. Two short-listed options selected, which will be worked up for ELT and Board review in late Jan/early Feb 2022. Work to align to NDH planning continues and the team are seeking to connect with the Southland Service Planning activity to ensure alignment. *22/12/2021* **Simon Crack:** Spatial analysis workshops held (x2). Aukaha assisting with vision and values activity. Update provided to Iwi Governance Committee (6 Dec). Out of cycle meetings held with SBCS & Mental Health. Preparation for ELT spatial analysis workshop underway (16 Dec). *08/12/2021*	**Deliver & Document** ☐ **Refine Preferred Scenario** ☐ **Explore Spatial Options** ☐ **Define Vision & Principles** ☐ **Mobilisation/Lead-In** ☑	**0%** 24% behind
CETES – Clinical Engineering, Tech & Equipment Service		01/01/2027	**0%** **0 /** -			Not started
Seven-Day Hospital		02/01/2026	**0%** **0 /** -			Not started
Acute Assessment & Planning Units		02/01/2025	**0%** **0 /** -			Not started
23 Hour Unit		02/01/2025	**0%** **0 /** -			Not started

FOR INFORMATION

Item: **Māori Health Actions to Address Amenable Mortality**

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

Meeting of: Board, 2 February 2022

Recommendation

That the Southern DHB notes the update report on Māori Health Actions that support Māori amenable mortality service improvement.

Purpose

The purpose of this paper is to provide an update on amenable mortality actions specific to the recruitment of dedicated Māori positions as previously directed by the Board. This paper follows on from the December 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 Boards 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.

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 has been successful in making two appointments to the Kaiawhina positions in Invercargill and Dunedin after readvertising. This leaves only one Kaiawhina vacancy in Invercargill and we have uploaded another RFR. Our.6 FTE position that has been on long term sick leave and thankfully returned back to work. The Māori Health Directorate welcomed Roger Fitzgerald and Lisa Whatuira by way of mihi whakatau at Te Taihoaho at Wakari on 18 January. This was also an opportunity to welcome Maryann Rangi who has taken up a Kaioranga Hauora as part of Te Korowai Hou Ora, whom no longer have any vacancies.

Kaumātua
On readvertising the role of kaumātua for Southland, we are shortlisting applicants that have applied for this position. 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. We are also exploring the option of employing Hata Temo in a .2 FET cultural consultancy position to support our Dunedin based Māori health teams.

Clinical Nurse Specialist Roles
The CMHSIO and DoN have ratified an RVR for two Kaiārahi Nāhi, Clinical Nurse Specialist roles. The RVR has adopted an expression of interest (EOI) approach to either appointing a Clinical Nurse Specialist (Kaiārahi Nāhi) role or Clinical Nurse Specialist trainee intern positions. The aim to this approach is based on our aspirations to reduce preventable deaths including a focus on cardiovascular, cancer and respiratory disease in Māori patients that are admitted into our hospitals. The EOI process has been initiated as we have no current Māori Clinical Nurse Specialist roles within the Southern DHB, therefore this approach aims to build our workforce capacity into the future.

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 Kaumatua. 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. We are working through the tendering process at the moment.

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. An invitation to Glenda has been issued so the Board can better understand her role in improving our equity data collection and systems.

Māori Workforce Development Specialist Partner
We have loaded an RFR for the recruitment of a Māori Workforce Development Specialist role. 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 and 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 Data Policy**

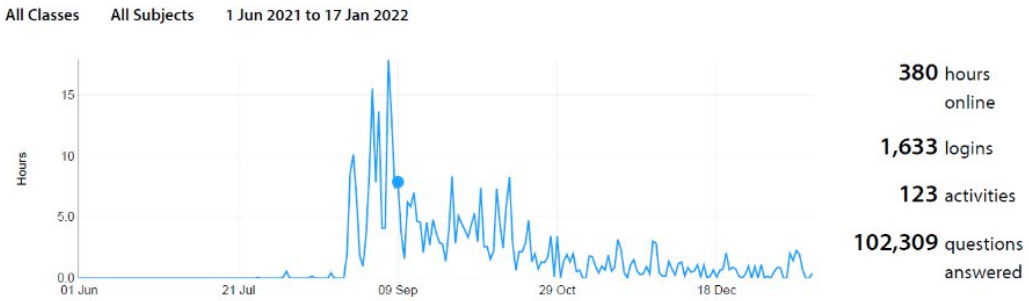
A series of meetings has been held with Damon Campbell, WellSouth Chief Digital Officer, and Matapura Ellison, Kaumātua on the development of a Māori data governance policy as part of the data sharing agreement between the Southern DHB and WellSouth. The plan is to delete the reference to Māori data governance in this agreement as instructed by the IGC in our December 2021. We are aware that Te Rūnanga o Ngāi Tahu has an interest in this space and the opportunity to advance this approach will need to be considered by the Iwi Māori Partnership Boards into the future. The data sharing agreement will be considered by IGC in their January 2022 meeting.

4. **Māori Health Equity Strategy Group**

The Southern DHB 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 chaired by Dr Liza Edmonds, Neonatal Paediatrician and Clinical Senior Lecturer, Dunedin School of Medicine University of Otago in early February.

5. **Te Reo Māori**

A collective response from WellSouth, Allied Health, Nursing and the Māori Health Directorate has provided 200 enrolments into an online platform, to support cultural education and address the need to persist with addressing equity and differential outcomes experienced by Māori. The training is being delivered in collaboration with Te Rau-o-te-Rangi Winterburn from Ōtaki. The training has a focus on cultural practices, NZ history, myths and legends, grammar and is a pipeline as well as higher level immersion. Each kete kōrero (learning module) contains vocabulary, comprehension, writing and speaking activities. They are broken into beginner and intermediate level learners. The platform is user friendly, flexible to meet the needs of busy staff, and has been reviewed by our Pou Taki and found to deliver a sound education program with good pedagogy and methodology. At stage we can report 380 online hours of engagement, learners have logged in 1,633 times, and answered more than 102,309 questions in Te Reo Māori successfully. Staff feedback and participation is providing confidence the platform is engaging learners well and supporting them on their reo journey's.



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 ▪ Unconfirmed minutes of 6 December 2021 meeting b) Iwi Governance Committee ▪ Unconfirmed minutes of 6 December 2021 meeting c) Finance, Audit & Risk Committee ▪ Verbal report of 1 February 2022 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.
Mental Health Review Update	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.
Digital Transformation Business Case – Progress Update	Commercial sensitivity	Sections 9(2)(i) of the Official Information Act.
Māori Provider Contracts Update	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 ▪ Monthly Update ▪ Site Master Planning	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 ▪ Primary Maternity Unit – Wanaka Land	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 ▪ PACT Group ▪ 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.

*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.