Hospital Advisory Committee

Via Zoom

04/04/2022 09:00 AM - 11:30 AM

	8.1.1	Southern DHB Output Trends, FTE Trends and Productivity	COO	11:00 AM-11:10 AM	94
	8.2	Financial Performance Summary	COO	11:10 AM-11:25 AM	104
9.	Next Meeting		7 June 2022		
10.	Closing Karakia			11:25 AM-11:30 AM	

APOLOGIES

At the time of publication no apologies had been received.

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.	
	24.02.2022	Representative, Southland Inter-Agency Forum	No foreseeable conflict apart from advocacy.	
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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	12.01.2021	Nga Kete Matauranga Pounamu Trust Board Member		
Jean O'Callaghan	13.05.2019	St John Volunteer, Lakes District Hospital	No involvement in any decision making.	
	26.08.2021	Idea Services Board of IHC	Possible conflict with contracts and service delivery models.	
Tuari Potiki	09.12.2019	Employee, University of Otago		
	09.12.2019	Chair, Te Rūnaka Ōtākou Ltd* (also A3 Kaitiaki Limited which is listed as 100% owned by Te Rūnaka Ōtākou Ltd)	Nil, does not contract in health.	Updated to include A3 Kaitiaki Limited on 19 October 2020.
	09.12.2019	Member, Independent Whānau Ora Reference Group		
	09.123.2019	*Shareholder in Te Kaika		
	24.06.2021	Te Rau Ora Directorship		
	24.06.2021	Needle Exchange Services Trust (NEST) member		
	28.08.2021 (Updated 23.02.2022)	Chair, NZ Drug Foundation		
	23.02.2022	Chair, Needle Exchange Services Trust (NEST)		
	23.02.2022	Board Member, Mental Health and Wellbeing Commission		
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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	21.01.2020 (updated 02.06.2021)	Clinical Advisor to the Board, Waikato DHB		
	21.01.2020	Health Quality and Safety Commission		
	21.01.2020	Health Workforce Advisory Board		
	21.01.2020	Fellow Royal Australasian College of Surgeons		
	21.01.2020	Member, NZ Association of General Surgeons		
	21.01.2020	Member, ASMS		
	05.05.2020	Member, Ministry of Health's Planned Care Advisory Group	Will be monitoring planned care recovery programmes.	
	06.05.2020	Nephew is married to a Paediatric Medicine Registrar employed by Southern DHB		
Roger Jarrold (Crown Monitor)	16.01.2020 (Updated 28.01.2021)	Advisor to Fletcher Construction Company Limited	Have had interaction with CEO of Warren and Mahoney, head designers for ICU upgrade.	
	16.01.2020 (Updated 28.01.2021)	Chair, Audit and Risk Committee, Health Research Council		
	16.01.2020	Trustee, Auckland District Health Board A+ Charitable Trust		
	16.01.2020	Former Member of Ministry of Health Audit Committee and Capital & Coast District Health Board		
	23.01.2020	Nephew - Partner, Deloitte, Christchurch		
	16.08.2020	Son - Auditor, PwC, Auckland	PwC periodically undertake work for SDHB, eg valuations	
	05.04.2021	Financial Advisor, DHB Performance, Ministry of Health		
	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	
Mata CHERRINGTON	18.03.2022	Chair, Community Trust South	Nil
		Associate, Centre for Social Impact	Nil
		Director, Hiringa Oranga o Awarua Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
		Director, MATA Consultancy Ltd	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	

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
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017 (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)
	19.02.2022	Helix Enterprises Limited (Director and Shareholder)	Nil. Family owned investment entity.
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

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 New Zealand College of Public Health Medicine	Nil
	19.01.2022	Fellow of the Australasian Faculty of Public Health Medicine	Nil
	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~~	Removed 10.03.2022
	10.03.2022	Daughter is a junior doctor at Middlemore Hospital and is undertaking a PhD.	PhD is in the field of general surgery and may involve engagement with general surgeons at SDHB in coming years.
	23.07.2020	~~Wife, Chief Data Architect, Inde Technology~~ - resigned (updated 10.03.2022)	Inde is part of WSP's Digital Health Collective, the consultancy service supporting the NDH Digital Infrastructure and Digital Facility Services

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
	10.03.2022	50% shareholder in wife's company *Ava Technology Solutions Limited*	Will avoid engaging with Southern Health system and the only health businesses that will be pursued will be private entities. No approach to public health will be made without the express pre-approval of the future HNZ and with the potential for conflicts noted. She will also expressly avoid recruiting from the Southern Health System.
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	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Tuesday, 1 February 2022, commencing at 9.00am via zoom

Present:	Mrs Jean O'Callaghan	Chair
	Dr John Chambers	Committee Member
	Hon Pete Hodgson	Board Chair and Committee Member
	Dr Lyndell Kelly	Committee Member
	Miss Lesley Soper	Committee Member
	Assoc Prof Moana Theodore	Committee Member
In Attendance:	Mr Ben Pearson	Crown Monitor
	Mr Peter Crampton	Board Member
	Mrs Kaye Crowther	Board Member
	Mr Terry King	Board Member
	Mr Chris Fleming	Chief Executive Officer
	Mr Hamish Brown	Chief Operating Officer
	Professor John Eastwood	Chief Medical Officer
	Ms Kaye Cheetham	Chief Allied Health Scientific and Technical Officer
	Ms Tanya Basel	Executive Director People and Capability
	Mrs Jane Wilson	Chief Nursing and Midwifery Officer
	Mrs Joanne Fannin	Personal Assistant (Minute taker)

1.0 WELCOME

Mrs Jean O'Callaghan, Chair of the HAC welcomed everyone to the meeting and acknowledged the Chief Operating Officer, Hamish Brown, attending his first Hospital Advisory Committee (HAC) meeting as lead Executive for the Committee. She advised that Dr Justine Camp has resigned from the Committee.

2.0 APOLOGIES

An apology was received from Crown Monitor, Mr Roger Jarrold and an apology for lateness was recorded from the Board Chair and Committee Member, Mr Pete Hodgson and the Chief Nursing and Midwifery Officer, Mrs Jane Wilson. The CEO, Mr Chris Fleming noted an apology for early departure from the meeting.

3.0 DECLARATION OF INTERESTS

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

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

It was resolved:

"That the Interests Registers be received and noted."

4.0 PREVIOUS MINUTES (tab 3)

It was resolved:

"That the minutes of the meeting held on 1 November 2021 be approved and adopted as a true and correct record of the meeting."

5.0 MATTERS ARISING

There were no matters arising from the Minutes that were not covered in the Agenda.

6.0 REVIEW OF ACTION SHEET

The Committee considered the action sheet (tab 5) and attached information papers and the verbal update from the Chief Operating Officer (COO), Mr Hamish Brown.

Performance Improvement Notice (PIN), Emergency Department (ED), Dunedin

An update was attached to the action sheet, noting the progress made in relation to the PIN. Additional staffing has been provided to mitigate the immediate clinical risk and further work is required in relation to the benchmarking exercise that was undertaken. WorkSafe formally withdrew the PIN in December 2021, but has issued another notice, asking for further information on worker engagement to identify risks.

Hon Pete Hodgson, Board Chair and Committee member joined the meeting at 9.10am.

Ministry of Health (MoH) Prioritisation Tool

There are two prioritisation tools – one is a tool for Elective Services Patient Flow Indicator (ESPI) 2, First Specialist Assessment (FSA) for prioritising the first outpatient contact and the second is a tool for prioritising surgery. The prioritisation tool for surgery is well utilised, but not all services are using the prioritisation tool for FSA. It is very labour intensive to collect the information prior and some services will use clinical criteria to restrict the flow, which is also a common practice within other DHBs.

Southern Cross Hospital, Queenstown

Members noted the list of elective day cases that will be performed at Southern Cross Hospital in Queenstown. A meeting has been held with Southern Cross Hospital staff and the team at Lakes District Hospital working on care pathways and acknowledging that surgery is being undertaken in a rural location and considering the disposition of patients should they require a longer stay than anticipated and/or have complications.

Dr Lyndell Kelly, Committee member, joined the meeting at 9.12am.

Discussion was held on the need to refine the action sheet and to ensure that key issues continue to be captured and the Committee updated on an ongoing basis. Whilst the tasks may be completed as captured on the action sheet, the HAC require an update on the underlying issues. This relates particularly to the action points related to Ophthalmology, Gynaecology waiting lists and when centralisation of RMOs will happen. Further refinement of the actions may be required, noting that the RMO issue is just a proposal at the current time.

Centralisation of Resident Medical Officer (RMO) Rosters

Members requested that centralisation of RMO Rosters remain on the action sheet and that a report be included for the next HAC meeting to provide an update/outcome.

The Chair noted the merits and efficacy of districtwide services.

Southland Gynaecology Outpatient Waiting List

The COO highlighted the key issues within the report, including the recovery and sustainability actions and responded to members' questions. The Executive Director People and Capability, Ms Tanya Basel, advised that a full-time Gynaecologist was appointed at Southland Hospital in December 2021. Members requested that Southland Gynaecology Outpatient Waiting List remain on the action sheet and that an update be provided for the next HAC meeting.

Mrs Jane Wilson, Chief Nursing and Midwifery Officer, joined the meeting at 9.27am.

7.0 PRESENTATION – EMERGENCY DEPARTMENT, DUNEDIN HOSPITAL

The following staff joined the meeting at 9.30am:

- Dr Rich Stephenson, Clinical Director, Emergency Department (ED), Dunedin Hospital
- Janet Andrews, Charge Nurse Manager, ED, Dunedin Hospital
- Sarah Kalmakoff, Acting General Manager (GM), Medicine, Women's and Children (MWC), Dunedin Hospital

The Clinical Director, ED, Dunedin Hospital, Dr Rich Stephenson, spoke to the presentation (tab 6.1) highlighting key issues and proposed solutions and the following key points were noted in discussion following the presentation:

- Members commended the team on the quality of the presentation and data provided.
- Crown Monitor, Mr Ben Pearson, advised that a lot of the issues highlighted relate to preventable disease that should be managed in the community. Dr Stephenson agreed that the issues are across the health system and need to be addressed in parallel with primary care.
- Clarification was provided that 29% of attendances at ED are admitted to Dunedin Hospital. It is likely that the acuity has increased in line with the aging population.
- Members noted that some patients not admitted to ED could be cared for in General Practice and through the Dunedin Urgent Doctor After hours Care (DUDAC).
- Dr Stephenson concurred with the importance of accountability and the Health and Disability Commissioner's call for an audit of the adequacy of clinical documentation within Dunedin Hospital and advised the need for adequate administrative resource to facilitate that.
- The data provided in the report for Dunedin Hospital is readily accessible for Southland Hospital ED.
- Dr Stephenson concurred that General Medicine patients shouldn't need to be admitted and readmitted through the ED and agreed that the provision of Outpatient Clinics and providing a step between Inpatient and Primary Care would assist with the flow through ED, noting that this is a successful model in other EDs.
- Whilst it is too early to comment on whether the investment in additional staffing for the Medical Assessment Unit (MAU) has made a difference, Dr Stephenson advised that positive discussions are being held with the General Physicians and there is a shared view on the model of care. There is still a risk that the MAU could get access blocked and needs to be managed.
- The Acting GM MWC, Sarah Kalmakoff, provided an update, noting that there has been a culture change, Outpatient Clinics are being held and statistics are available that indicate an increase in the number of direct

admissions through the General Physicians. Conversations are being held at management and Executive level, exploring the opportunity to run a pilot for a pathway between the General Medicine patients in the Hospital who get admitted acutely and the General Medicine patients who come through to the MAU and looking at establishing a Community Team who can work with the less unwell patients in the community so they don't need to come through into the MAU or the Hospital.

- The Board Chair requested budget amounts for the resource suggested by the presenting team for discussion at the Finance Audit and Risk Committee (FARC) meeting to be held on the afternoon of 1 February 2022.
- The Board Chair highlighted the importance of patient flow.
- The Charge Nurse Manager, Janet Andrews, provided an update on the nursing resource in the Dunedin Hospital ED, noting the extra nursing resource that is required for Triage 1 and Triage 2 patients.
- The flow of the low acuity patients through the Dunedin Hospital ED is not an issue for the service. The wider issue of managing people's health better, intervening earlier and having better access to rapid diagnostics in primary care has significant scope for avoiding people becoming unwell and having to go to the ED.
- Discussion was held on the need to move quickly with the recruitment process, should the request for additional resource be approved. The additional resource would be a solution to business as usual as well as the Omicron threat.
- The Chair summarised the main issues as the role of primary care and flow through the Hospital system and commended the presenting team on coming with possible solutions to the challenges the team is facing.

A brief five minute recess was held commencing at 10.23am.

8.0 PRESENTATION – OPHTHALMOLOGY

The following staff joined the meeting at 10.28am:

- Janine Cochrane, General Manager, Dunedin Surgical Services and Radiology
- Brad Aitcheson, Service Manager, Surgical Services and Radiology
- Dr Casey Ung, Ophthalmology Specialist

The Service Manager, Brad Aitcheson; GM, Janine Cochrane and Ophthalmology Specialist, Dr Casey Ung, spoke to the presentation (tab 6.2), highlighting key issues and the following key points were noted in discussion following the presentation:

- Members thanked the team for their informative presentation.
- Whilst a Sequre contract has been signed, it was noted that this is to mitigate the risk. It is costly and is seen as a short term solution only.
- The Chair noted the need to mitigate the risk of people going blind.
- The Deputy Chair inquired whether data was available on the socio demographics of the patient population and matching service delivery to need, referring to data produced by Geoff Duff, Canterbury DHB. The GM, Janine Cochrane, advised that rudimentary data for intervention rates on cataracts across NZ is the only data available to the team at the current time. The team need to do more cataracts in Southland as the intervention rate is lower. The only data available currently is by district, standardised for ethnicity.
- Dr Casey Ung responded to a query on the intersection between private and public Ophthalmology services and advised that in Dunedin most Specialists work in the public system, resulting in there being very little scope for work to be picked up in the private sector, with only two Specialists in that area.

The CEO confirmed that there was no response to a request for proposal (RFP) for private capacity. Dr Ung advised there was also likely to be very little capacity through Optometrists, with known waiting lists in some areas.

- The GM advised that Southern DHB does have one of the highest thresholds for access to surgery, which is similar to other DHBs. The backlog with the waiting list is being worked through. Southern DHB sits about middle of the pack for intervention rates compared with other DHBs, in a very similar position to Canterbury DHB.
- Southern DHB currently has a recruitment process underway seeking two Ophthalmologists.
- The Chair thanked the presenting team and summarised the main points from the presentation, noting the need to monitor the waiting list and the importance of preventing harm.

9.0 SPECIALIST SERVICES MONITORING AND PERFORMANCE REPORTS

Chief Operating Officer's (COO) Report

The COO report (tab 7.1) was taken as read and the COO, Mr Hamish Brown, drew the Committee's attention to the following items:

- Equity - there is a continued focus on equity, particularly in the Outpatient space. This is hampered by poor access to data and a very manual process in place.
- Activity - the majority of services are managing and have recovered well post COVID lockdowns. There are four services under significant pressure and the report includes more detail on this and actions around their recovery.
- Both the Southland Hospital and Dunedin Hospital Emergency Departments have had significant pressure points and the issues were covered in the presentation at the meeting.
- Radiology - CT targets have improved following additional CT resource. There is a continued lag with MRI, with the new MRI still on target for installation in April 2022. The physical build work is currently underway for the installation.
- There are continued operational challenges with workforce and planning for COVID is ongoing. There have been numerous beds opened and closed across both sites as workforce and the management of vacancies continues. This has resulted in deferral and cancellation of surgery, which has been challenging for both staff and patients.
- Associate Professor, Moana Theodore, commended the COO on the continued work in relation to equity.
- The proposal to run additional acute operating theatre sessions for the Orthopaedic Group on a Saturday, noting these should commence within the next few months. A select team will come on board to provide support in this area. Access to acute lists has been a challenge for both sites for a long time, but particularly for Dunedin Hospital. A number of people have had a longer length of stay and there are mitigations around that with the proposal being that those who can will go home whilst they wait. The additional challenges with the outbreak of Norovirus on the Dunedin site were noted.
- Crown Monitor, Ben Pearson, queried whether the staff employed to assist in April are available to assist with the MRI backlog at the current time and the COO is to follow up on this.
- In reference to the Orthopaedic Outpatient Waitlist and ESPI 2 (FSA) breaches, the COO advised that there are no pending remedies to the capacity challenges with long term vacancies in key orthopaedic surgery roles. Tight acceptance criteria in lieu of the prioritisation tool continues. Work is being done on an advertising campaign with HainesAttract for the Southland Hospital vacancies. The closed borders are problematic from a workforce perspective.

- Neurosurgery recruitment is an ongoing challenge.

Financial Performance Summary

The COO presented the Specialist Services financial results (tab 7.2) for the period ended 31 December 2021, noting the adverse result of $3.3M for the month, primarily driven by nursing workforce costs related to pay equity and clinical supplies. A number of budget lines are over, particularly in the area of outsourcing. The following key points were discussed:

- Despite the operational challenges, the plan is only 28 elective CWD below plan.
- Whilst CWD is largely on track, the raw discharges are up. Due to the bed pressures, a lot more day cases have been prioritised to keep throughput up and the system flowing.
- The team has been innovative around utilising beds in the private Hospitals for recovery, etc.
- There are numerous vacancies across all workforce groups.
- Nursing overtime is up as management attempts to fill the vacant positions.
- There are a lot of complex patients requiring watches.
- SMOs are on budget for the month.
- Allied Health is below budget and recruitment is going well.
- A request was made for a report on the vacancies across the hospital system, for both Southland and Dunedin Hospitals. The report is to include information on recruitment efforts, the gaps and where services are failing because of the gaps. The Executive Director People and Capability, Tanya Basel, is to provide the report for the next HAC meeting.
- The Chair advised there will be further discussion on the areas of focus and prioritisation at the Finance Audit and Risk Committee. Decisions need to be made on where the money should be spent to get the best outcomes.

***It was resolved**:*

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

The meeting closed at 11.20am.

Confirmed as a true and correct record:

Chair: _____ Date: _____

HOSPITAL ADVISORY COMMITTEE

ACTION SHEET

As at 28 March 2022

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
September 2021 February 2022	**RMO Rostering** (Minutes Item 8.0 and 6.0)	An update on the proposed centralisation of RMO rostering is to be provided for the April 2022 HAC meeting.	COO	Paper as appended to the action sheet 6.1.	Ongoing
November 2021 February 2022	**Ophthalmology** (Minutes Item 8.0)	Provide an update on Ophthalmology wait times for the April 2022 HAC meeting.	COO	Paper as appended to the action sheet 6.2.	Ongoing
December 2021 February 2022	**Gynaecology Waiting List and Surgical Thresholds** (Minutes Item 8.0 and 6.0)	An update is to be provided for the April 2022 HAC meeting.	COO	Paper as appended to the action sheet 6.3.	Ongoing
February 2022	**ED Presentation** (Minutes Item 7.0)	Budget amounts for proposed resource indicated by the ED presentation team to be provided for discussion at the FARC meeting on 1 February 2022.	COO	In progress, being worked up with the assistance of the Business Analyst.	May 2022
February 2022	**COO Report** (Minutes Item 9.0)	Check whether the staff employed to assist in April are available to assist with the MRI backlog at the current time.	COO	The additional staff are the New Graduates who start (January/February/March). They require orientation and will provide the backfill for the	

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
				MRI trained staff to take on the commissioning and training of the new machine. For noting, we currently have the maximum number of Medical Imaging Techs being trained in MRI (2 year post graduate training). Dunedin MRI already runs long days (8am to 8pm) and additional weekends (8 hrs each day), there are no further shifts that can be run on this current machine. For noting, we will aim to continue to run the long days on the current machine (which is the equivalent of running a machine 4 extra days per week) as well as roster to the new machine until the waiting list improves (and meets the MOH target). This will provide additional capacity for a period of time until the backlog is cleared. It is likely this will also coincide with expected resignations mid-year (which will reduce the staffing available for the MRI).	

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
February 2022	**COO Report –** Financial (Minutes Item 9.0)	A report is to be provided on the vacancies for Southland and Dunedin Hospitals. The report is to include information on recruitment efforts, the gaps and where services are failing because of the gaps.	EDP&C	The report provided by the Executive Director People and Capability is to be included in the agenda. Paper as appended to the action sheet 6.4.	Ongoing

For Information

Item: Centralisation of RMO Rosters
Proposed by: Hamish Brown, Chief Operating Officer
Meeting of: 04 April 2022

Recommendation

For information

Purpose

This information is to brief the committee on an update of the Centralisation of RMO Rosters

Specific Implications for Consideration

1. Discussions are currently occurring between key stakeholders to determine service need and to inform possible models of support from the RMO Unit
2. With the centralisation of more rosters to the RMO Unit a redistribution of resources will be required between services.

Update and Discussion

3. Progress on this project has slowed due to the impact of RMO changeover[1]
4. The RMO unit and operational teams have been engaged in supporting the SDHB Omicron response further negating significant progress.
5. Discussions continue with key stakeholders regarding the centralisation of RMO rosters to the RMO Unit.
6. The current discussions concern some Dunedin based RMOs only as the Southland RMO rosters and some within Dunedin are already centralised to the RMO Unit (appendix 1).
7. Information is currently being prepared for the Surgical Services and Radiology Directorate for discussion with Clinical Directors. This is due 31 March 2022 and will be shared with the Medicine Women's and Children's Directorate.
8. Key stakeholders continue to view the concept favourably with the next steps determining the breadth of activities that could be centralised to the RMO Unit (appendix 1).

Next Steps and Action

9. Information outlining options for centralisation provided to Directorates with RMOs by 31 March 2022.
10. Directorates to confirm preferred option by 01 May 2022.
11. Update provided to Hospital Advisory Committee June 2022 meeting, including identification of resources required for agreed processes to be transferred to the RMO Unit.
12. Depending on outcome of discussions with Directorates and HAC decision commence any change management and / or implementation steps.

[1] The RMO training year now runs January to January. At the commencement of the training year a number of RMOs will transfer to new employers, usually for the purpose of furthering their training. This year SDHB welcomed 103 new staff between 10 and 31 January.

Appendix 1

Current Models of RMO Rostering and General Administrative Functions Across SDHB

There are currently three models of managing RMO rostering within the Southern DHB.

1. *Full line management* by the RMO Unit including rostering and leave management. Responsibility for administrative processing such as expense claims. Performance management responsibilities.
2. Rostering and leave management as well as general administrative processing by the RMO Unit *on behalf of* line managers and services. Line Management remains with the service.
3. RMO Unit acts as an *advisory service* only to line managers and RMOs. In these situations, no rostering, leave or general administrative function held by the RMO Unit.

The meeting of training requirements continues to be the responsibility of the senior medical workforce, with some support from the RMO Unit, regardless of the model in place.

Of the discussions held thus far, model 3 is the least favoured however, it continues to remain an option.

Possible Activities That Could be Centralised to the RMO Unit

As noted, discussions are taking place regarding the breadth of activities that could be centralised to the RMO Unit as many are interrelated with the rostering function. These include:

- Planned leave management including annual leave, leave without pay, alternate statutory holidays and medical education leave.
- Unplanned leave management.
- Updating of timesheet databases with regards to individual RMO scheduled duties.
- Arranging RMO travel and accommodation for RMOs to attend medical education events.
- Expense claim processing including the reimbursement of annual practising certificates, medical indemnity insurance, training fees and costs of attending medical education events.
- MECA compliance with regards to the above.

Other activities are best managed in partnership, and lead by, services. These include:

- Recruitment and succession planning.
- Workforce planning.
- Matters directly related to training such as College accreditation and ensuring RMOs receive the education and training they require.

FOR INFORMATION

Item: Ophthalmology Update

Proposed by: Hamish Brown, Acting Chief Operating Officer

Meeting of: Hospital Advisory Committee, (04 April 2022)

Recommendation

That the Hospital Advisory Committee notes this update provided by Brad Aitcheson, Service Manager and Casey Ung, Clinical Director.

Purpose

1. To update the Hospital Advisory Committee on the risk associated with Ophthalmology patients being overdue for a follow up appointment.

Background

Overdue patients

The ophthalmology service updated the Hospital Advisory Committee on 1 February 2022 in regard to the overdue patients. At that time (as of 23 January 2022), it was reported that **3093 patients were greater than 1.5 on the acuity scoring system and 73 patients were listed as 'Do Not Delay' patients – meaning a total of 3166 patients were overdue.**

Currently, as of 14 March 2022, the ophthalmology service has **2046 patients greater than 1.5 on the acuity scoring system and 11 patients listed as 'Do Not Delay'– meaning a total of 2057 patients remain overdue.** This is summarised in Table 1.

Patients classified as Do Not Delay indicate that the medical staff feel that harm may come to the patient if they are not seen as close as possible to the recommended follow up timeframe. This is essentially a safety net to ensure the patients most in need are booked the soonest. As we reduce the numbers on the acuity tool – our priority focus is ensuring the Do Not Delay patients are booked first. Often the Do Not Delay patients may need to see multiple clinicians in the one appointment time – and this can, at times, be a reason for the slight delay as we work thorough the complex scheduling needs of the patient. For noting, there are always 'do not delay' patients – 11 is an appropriate number for the team to work with.

Table 1

Overdue Eye Department patients summary as at 14 March 2022

	Summary		
	Total Over 1.5	DND's	Total
January	3093	73	3166
March	2046	11	2057

This **reduction of 1109 overdue patients** is attributed to the use of Sequre Medical locum agency as well as other approved SMO locums, orthoptist locum and eye department staff doing additional shifts.

A breakdown of volumes seen by locums is demonstrated in Table 2.

Table 2

Locum type – 1 February 2022 – 14 March 2022

Locum	Qty
Sequre	557
SMO Locums	231
Orthoptist	117
	905

Recruitment

The service had vacancies across most staffing groups in January and February as reported previously in our February update.

Recruitment continues for a Senior Medical Officer. An interview was held for a suitable candidate in February, and we continue to progress.

Nursing, administration and health care assistant positions have now been filled or are in the final stages prior to commencing.

An Optometrist will be commencing in April and an Orthoptist (UK based) – will be commencing once their immigration visa is finalised.

Community

The service will issue an RFP (Request for Proposal) in the next month to community optometrists. This will cover clinically appropriate patients, such as Glaucoma patients for monitoring, routine post-operative reviews or lower risk prolonged overdue patients, to be seen by community optometrists, initially funded by the DHB. This option is significantly more cost effective than being seen by locums and will aid in our transition to decrease follow-ups for stable patients.

COVID

Covid-19 infection and isolating is impacting staffing and HAC should note the risk to delivery around this.

Current requirements around social distancing is a significant constraint within the department given the high patient volumes.

Discussion

2. The **locum work has been effective in reducing risk** in a short space of time.

3. A shortage of staffing (vacancy and COVID-19 absenteeism) remains the greatest risk in the Ophthalmology department, all efforts to reduce these shortages are being taken and are ongoing.

4. A reduction in patients requiring hospital Eye Department support is necessary in the short term and part of the longer-term planning. Support by the community Optometrists is critical to support a sustainable service. This strategy is supported by the SMOs.

Next Steps & Actions

Complete contract for Sequre, continue Locums to cover the gap in staffing.

Continue recruitment for SMOs.

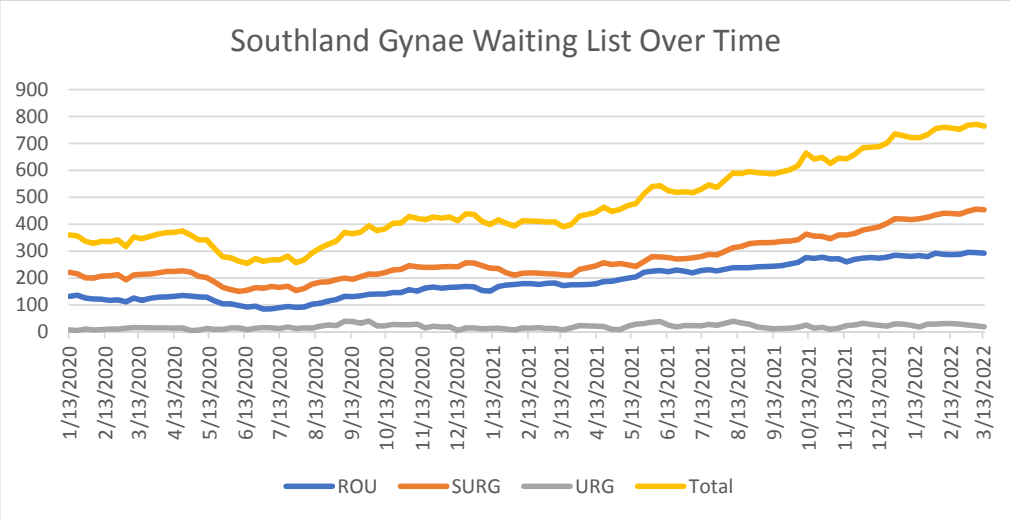
Issue Request for Procurement/Quote to start to move patients into the community including post-surgery cataracts reviews.

Southland Gynaecology Outpatient Waiting List

Waiting Lists

Waiting Blocks	1 Month	2 Month	3 Month	4 Month	5 Month	6 Month	7 Month	8 Month	9 Month >	Total
Start of Week	Patients Waiting for FSA									
3 January 2022	78	62	55	54	51	83	83	103	160	**729**
10 January 2022	64	63	54	59	43	75	81	103	179	**721**
17 January 2022	50	68	60	53	37	79	77	108	189	**721**
24 January 2022	44	70	66	50	41	70	81	82	228	**732**
31 January 2022	75	52	69	43	49	53	82	78	254	**755**
7 February 2022	77	53	57	52	56	43	74	77	271	**760**
14 February 2022	73	45	61	49	57	43	67	71	291	**757**
21 February 2022	62	38	58	63	48	43	64	76	301	**753**
28 February 2022	68	48	52	62	51	41	62	61	323	**768**
7 March 2022	64	54	50	54	46	56	43	66	338	**771**
14 March 2022	57	56	41	59	46	59	37	62	347	**764**

Waitng Time by Priority



As at 21/2/2022

Priority	1 Month	2 Month	3 Month	4 Month	5 Month	6 Month	7 Month	8 Month	9 Month >	Total
Routine	15	14	14	15	20	22	14	21	159	**294**
Semi-Urgent	23	30	34	39	33	29	24	38	203	**453**
Urgent	11	3		1	1				1	**17**

Overall, waiting lists have deterioated from 729 to 764 in 2022. The relative increase in SMO through this period has been counteracted by leave through the summer period. The number of urgent patients has reduced reflecting the prioritisation of this group.

Efforts of recovery are being further hampered with the Service Manager testing COVID positive, one SMO testing positive for COVID and another shortly going on maternity leave and currently unwell and in hospital.

Recovery and Sustainability

Updated table of actions for February 2022

No.	Area of focus	Action	Progress/timeframe
1	Administration processes	Reviewing administration processes and waitlist management to ensure that patients are booked on an acuity basis, appointments are booked a month in advance and that the waitlists are reviewed, and patients are properly removed from the waitlists.	Completed. Regular audit of process and waiting lists will continue.
2	Clinic roster	Introduction of a six-week roster for SMOs to improve clinic planning	Completed.
3	Long wait follow ups	An SMO on early maternity leave from April 2022 for one month to review overdue follow ups, and they will either be booked an appointment or discharged.	End of April 2022
3	FSA's over 365 days waiting	There are 51 FSA's waiting over 365 days. SMO's to run additional clinics in March/April to ensure these patients are seen over next 4 weeks.	Mid-April 2022.
4	SMO locum	12 month fixed term role as part of IAP funding from the MOH for waitlist reduction.	Interviewed a SMO from US in early March who is avaible from September 2022 for 12 months. Checking referees and medical council suitability.
5	Colposcopy outsourcing	Use of an external provider to undertake some colposcopy volumes – release SMO to undertake gynaecology clinic.	Colposcopy bus attending Gore and Queenstown with further sessions being negotiated.
6	SMO maternity leave	Proactive recruitment for known shortfalls of staff (recruiting now for maternity leave in April).	Advertising.
7	CNS clinic role	Releasing SMO time with the employment of a CNS to provide routine follow-up, waiting list management, straightforward ante-natal support, routine follow-up, colposcopy support and early pregnancy service.	Interviewing three applicants week of March 14th. Plan to make offer start date May 2022 once process complete

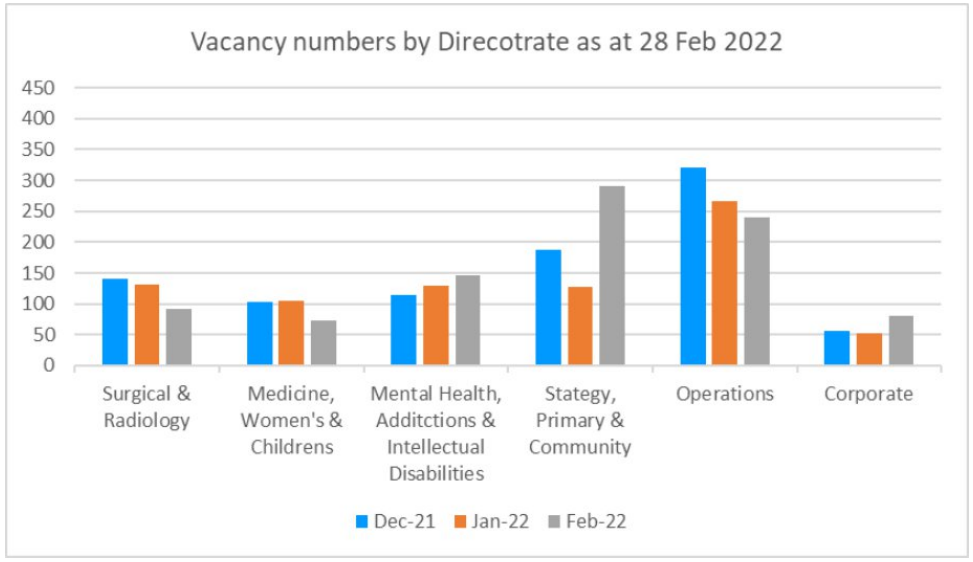
8	District triaging	Same criteria for accepting referrals to be adopted on both sites. In Souhtland the CNS (above) will do the triaging and free up SMO capacity. Both Clinical Leaders are keen to make this happen.	March 2022 CL's getting current triage criteria from triagers. Will collate and discuss unified approach. Commence once complete.
9	Primary care and minor operations	Seeking opportunity for primary care involvement in the gynaecology service to ensure they are working at the top of their scope. Use the ENT skin lesion model as an example.	Service Manager, Clinical Leader and Planned Care Manager meeting with GP Liaison in March 2022 to discuss how this would work.
10	District approach	Seeking opportunity for normalising waiting times across the District. There are many opportunities for collaboration to improve and standardise care to our patients alongside creating efficiencies. This may include the creation of a single waiting list. This initiative will likely be considered once Southland waiting list better controlled and once the new Service Managers and Clinical Leaders have established themselves in the respective services.	Monthly district meetings started March 2022. Attended by Clinical Leaders, Service Manager, Planned Care Manager and Director of Midwifery.
11	Recruitment	Engaging with a recruitment agency to attempt to address our inability to consistently recruit into the service.	Recruitment video for the Southland Site. Filming complete.
12	Referral boundaries	To improve equity of access to care for women across the district recommend changing the boundary temporarily for Gore north patients to be seen in Dunedin.	TBC.
13	Acceptance Criteria	The continued deterioation of the waiting list, additional absences and inability to recruit may necessitate the restriction of the service. To ensure equity this will need to be enacted across the District and would create additional capacity. Risk that women declined treatment will be re-refered in the future or their condition may worsen and necessitate being treated.	TBC.

RECRUITMENT

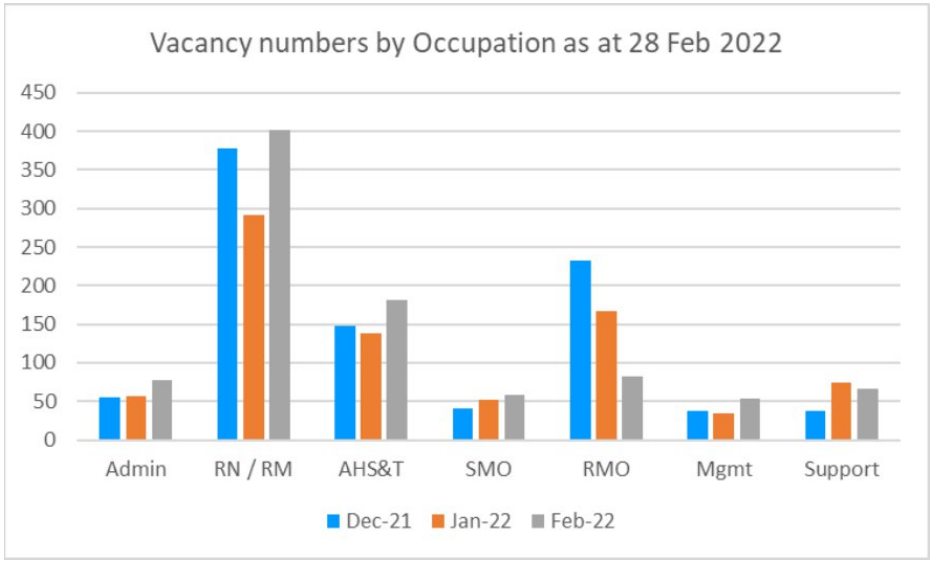
- The tables below illustrate vacancy headcount numbers, FTE & type of contract across the SDHB in total as at 28 February 2022. The previous month is included for comparison.
- This data and report simply record recruiting activity in SuccessFactors, not the RFR system.
- Note that the number of FTE is the true representation of open vacancies, because the number of vacancies is made up of "bits" of FTE as in the table of total vacancies below

SOUTHERN DHB TOTAL VACANCIES - FEBRUARY										
		Admin	RN / RM	AHS&T	SMO	RMO	Mgmt	Support	Feb TOTAL	Jan TOTAL
Budgeted FTE February		607.11	1,989.02	769.13	326	356.09	136.03	103.16	4286.54	4192.36
FTE		62.2	377.5	160.33	54.3	83	47.4	39	**823.73**	725.63
Number of vacancies		77	402	182	58	83	54	66	**922**	813
Vacancy as percentage of budgeted FTE		10.25% ↑	18.98% ↑	20.85% ↑	16.66% ↑	23.31% ↓	34.85% ↑	37.81% ↓	19.22%	17.31%
Type of Contract	*Permanent*	43	338	165	57	81	42	40	**766**	702
	Fixed Term	30	44	17	1	2	12	6	**112**	65
	Casual	4	20	0	0	0	0	20	**44**	46

- *healthcare assistant roles are often categorised as 'support' when advertised so are represented here under 'support'*



Note: Covid cost centres originally aligned with Strategy Primary & Community



Note: January data has not been analysed as no report completed for January 2022

Significant Vacancy / Recruitment Updates

Position	Status Update
Tier 2	
Executive Director – Quality & Clinical Governance Solutions	Acting
Executive Director – Mental Health, Addictions & Intellectual Disability	Started
Executive Director – Communications	Offer declined
Chief Operating Officer	Acting
Chief Medical Officer	Acting
Chief Māori Health Strategy & Improvement Officer	Interim Appointment In Place
Tier 3	
Emergency Management Manager	Offer Accepted
General Manager Building and Property Services	Started
General Manager Mental Health, Addictions & Intellectual Disability	Advertising via Hardy Group
General Manager – Medicine, Women's & Children's, Otago	Offer Accepted
Director of Nursing - Southland	Started
Director of Allied Health – Southland	Offer accepted
Medical Director – Southland	Offer accepted
Tier 4	
Patient flow/Operations Manager – Southland	Under Offer
Service Manager – Emergency & Medicine (Southland)	Started
Planned Care Manager	Started
Service Manager - Women's & Children's Health (Otago)	Started
Service Manager – Community Services & Rehabilitation	Advertising
Human Resources Manager	Interviewed, on hold
Patient Safety & Risk Manager	Under offer
Relationship Manager – MHAID	Offer accepted
SIQ Manager	Advertising
Recruitment Manager	Started

Position	Status Update
Tier 5 and below	
ePMO Portfolio Manager	Offer accepted
Charge Duty Manager	On hold
Charge Nurse Manager – Emergency Southland	Started
Charge Nurse Manager – Medical Southland	Advertising
Charge Nurse Manager – Ward 7B/C	Started
Charge Nurse Manager – Medical Assessment Unit	Started
Charge Nurse Manager – 8 Medicine	Started
Charge Nurse Manager – Specialist Addiction Services	Offer accepted
Charge Nurse Manager – Ward 9B	Offer accepted
Charge Nurse Manager – South Community MH Team (FT 1 year)	Offer accepted
Charge Anaesthetic Technician – Southland (long term vacancy)	Under review
Team Leader – Diagnostic Testing, Southland	Under offer
Team Leader – Cardiac Physiology, Southland	Under offer
Team Leader – Neurophysiology, Southland	Under offer
Team Leader – Public health (communities)	Interviewing
Team leader – Public health (Regulatory & Protection)	Secondment
Unit Manager – Communities (Southland)	Offer accepted
Unit Manager – Communities (Dunedin)	Under offer
Unit Manager – Allied Health Unit (Southland Hospital)	Offer accepted
Associate Charge Nurse Manager – Ward 7A	Interviewing
Associate Charge Nurse Manager – Ward 7B/C	Under offer
Associate Charge Nurse Manager – Ward Cardiology Labs	Interviewing
Associate Charge Nurse Manager – Gastroenterology	Under offer
Associate Charge Nurse Manager – Community Services	Under offer
Associate Charge Midwifery Manager – Queen Mary	Accepted
Associate Charge Nurse Manager – 8 medicine	Advertising
Chief Medical Physicist	Advertising
Professional Lead – Physiotherapy	Started
Team leader Clinical Engineering (Dunedin)	Started
Workforce Planning and HR Analyst	Offer accepted

Significant Vacancy / Recruitment Updates

Hard to fill medical/clinical roles – not exhaustive list of all vacancies. Itemised list of SMO vacancies is reflected below (next page).

Position	Status Update
Senior Medical Physicist (parental leave cover)	Under review
2 x Senior Physiotherapist – Dunedin Hospital	Offer accepted (starting early 2022)
Nurse Practitioner – Women's Health, Dunedin	interviewing
Nurse Practitioner – Southland Hospital	Offer accepted
Optometrist	Offer accepted
Clinical Engineer	Offer accepted
Registered Midwives:	
9.3FTE Dunedin, 7.68FTE Southland	Advertising
2.41FTE Coordinator Southland	Started
1FTE RN Obstetrics Dunedin	Offer accepted
2FTE RM Dunedin	Starting mid Feb 2022
1FTE Midwife Manager Lakes	Advertising
Total MIT vacancy in Invercargill = 5.5	1 x offer accepted 1 x ref checks
SMO – Dunedin:	
Public Health, Orthopaedic JC, Obstetric & Gynaecology, Anaesthesia MOSS x 2, Radiation Oncology, Medical Oncology x 2	Started
General Medicine	Offer accepted
Neurosurgery, Orthopaedic joint clinical, Orthopaedic	Medical Council
Ophthalmologist, Public Health, Vascular, Haematology, Radiology, Radiation Oncologist	Advertising
SMO – Southland:	
Emergency Medicine, RHM MOSS (X2), Gen Surg, Psychiatry(QTN), Medical Director, Sexual health MOSS	Started
Paediatrics	Offer accepted
ENT, Orthopaedics, Psychiatry	Interview, Pre-emp checks
Radiology, Obstetrics & Gynaecology	Advertising
RMO – Southland:	
Anaesthesia Registrar	Offer Accepted
O&G Registrar or Senior House Officer	Advertising
House Officers PGY2+	Advertising
Paediatric Registrar	Advertising
RMO – Dunedin:	
ENT Fellow	Offer Accepted
General Surgery (1 Registrar)	Offer Accepted
Orthopaedic Fellow	Offer Accepted
House Officers PGY2+	Offer Accepted
Paediatric Registrars	Advertising

Comprehensive list of SMO (including Joint Clinical) roles that are currently in an active recruitment process as at 28 February 2022

Job Title	Status	Vacancy Count	FTE
Medicine, Women's & Children's Health			
Medical Oncologist Dunedin - Permanent	Started Feb 2022	1	1
Medical Oncologist Dunedin - Permanent	Started Feb 2022	1	1
Rheum - Dunedin	Offer Accepted - Jan 2023 Start	1	1
Anaesthetist Dunedin - Permanent	Started Feb 2022	1	1
Anaesthetist Dunedin - Permanent	Advertising/Interview	1	1
Anaesthetist Dunedin - Permanent	Fixed Term to Perm	1	1
Anaesthetist PF - Dunedin - FT	Started Feb 2022	2	1
Medical Director - Southland	Started Feb 2022	1	0.5 Total
Anaesthetist Dunedin - Permanent	Starting April 2022	1	1
Clinical Haematologist Dunedin – Fixed Term	Advertising	1	1
Clinical Haematologist Dunedin – Perm	Advertising	1	1
Consultant Radiation Oncologist Dunedin	Advertising	1	1
Consultant Radiation Oncologist Dunedin	Started Feb 2022	1	1
Internal Medicine Physician Dunedin	April 2022 Start	1	1
Echo Cardiologist FT Dunedin	Advertising	1	1
Rheum FT Southland	Advertising	1	0.5
Gastro FT Southland	Advertising	1	0.5
Renal Consultant Fixed Term Dunedin	Advertising	1	1
Consultant Paediatrician - Southland	March 2023 Start	1	1
Consultant Neonatologist Dunedin	Reference Checking	1	1.0
Consultant Obstetrician and Gynaecologist - Southland	Interviewing	1	0.8
Consultant Obstetrician and Gynaecologist - Southland	Interviewing	1	0.5
Emergency Department Specialist - Southland	Advertising	1	1
Emergency Department Specialist - Southland	Started Feb 2022	1	1
Mental Health, Addictions & Intellectual Disabilities			
Consultant Psychiatrist - QTN	Started Feb 2022	1	1
Consultant Psychiatrist - Adult	June 2022 Start	1	1
Consultant Psychiatrist – Dun	Advertising	1	1
Consultant Psychiatrist – Dun (JCC)	Advertising	1	1
Consultant Psychiatrist – Dun	Advertising	1	1
Consultant Psychiatrist - Southland	Reference Check/ Offer	1	0.7

Job Title	Status	Vacancy Count	FTE
Surgical Services & Radiology			
Consultant Radiologist - Southland	Advertising	1	0.8
Consultant Radiologist - Dunedin	Advertising	1	0.8
Orthopaedic Consultant - General, Trauma, and Upper Limb Southland	Offer - August 2022 Start	1	1
Orthopaedics 2024	Ref check	1	1
Orthopaedics 2024	Ref check	1	1
Orthopaedics (JCC)	Feb 2022 Start	1	0.75
Orthopaedics (JCC)	Onboarding - MCNZ	1	0.75
Orthopaedics - Spinal	Advertising	1	1
Plastic Surgeon Dunedin	Advertising	1	1
Neurosurgery (JCC)	Onboarding- MCNZ	1	0.5
Vascular Surgeon with Interventional Radiology Interest Dunedin	Advertising	1	1
Urology Dunedin	Advertising/Shortlisting	1	1
Consultant Ophthalmologist Dunedin	Reference Checks/Offer	2	1
Consultant ENT - Dunedin	April 2022 Start	1	1
Consultant ENT - Southland	Offer - August 2022 Start	1	1
Gen med - Dunedin	Advertising	1	1
Medical Director - Surgical and Radiology Directorate	Starting 1 March	2	0.6
Gen Sur - Permanent	Accepted/ Offer 2023/2024 Starts	2	1
General Surgeon - Fixed Term Dunedin	Starting August 2022	1	1
Specialist Intensive Care - Dunedin	Advertising	1	1
Lakes District Hospital			
RHM	Advertising	2	1
Public Health			
Covid Clinical Pathways Editor	Fixed Term Started Feb 2022	1	0.6
Sexual Health Southland MO FT x2	Started Feb 2022	1	0.1
TOTAL		58	44.65

Recruitment Challenges

Immigration:

Restrictions on Immigration / Border closure challenges include:

- Paperwork required to support immigration is still a significant job with changes to the new visas to be on offer; the new residency process will also add to this with current employees requiring supporting paperwork, the number of which is unknown.

Corporate vacancies:

- Impacted by the government pay freeze and the impending Health NZ changes
- We are seeing candidates pull out, being offered higher salaries elsewhere, and significant decreases in candidate applications
- Administration vacancies across both clinical and non-clinical are facing many challenges, salaries are being declined and candidates being offered other roles at various steps through out the process. Some vacancies, especially where fixed term are not receiving any applications and needing to be readvertised

Nursing / Healthcare assistant recruitment:

- Observing a decline in numbers of applications across all vacancies and reduced quality of talent
- Vacancies are rising across all areas and becoming much harder to fill, hiring applicants we may not have considered in the past
- Advised not able to support Aged Residential Care nurses on Skilled Shortage visas – this will decrease our candidate pool for the rising number of vacancies

General:

Ideas being considered to support the attraction of talent to Southern DHB:

- Develop and implement employee referral programme
- Review relocation policy to include all disciplines (not just SMO and Exec)

Current campaigns:

- Southland attraction campaign in development with Video editing in final stages before overall campaign gets launched domestically and internationally
- Midwifery campaign – getting a refresh due to campaign having great engagement but very few applications. Going to try a DHB first – advertising on Spotify. And creating a tiktok video as it may appeal to the younger more transient audience.
- Generic Nursing – this is an 'always on' campaign, where we follow online activity of our target audience and serve up advertising to across multiple platforms – kind of like stalking!


www.southernhealth.nz
Kia Ora!
Southern DHB welcomes you
Southern Health
He hauora, he kuru pounamu
Southern District Health Board
Piki Te Ora
Orthopaedic Surgery SDHB 2022

Outpatient referrals

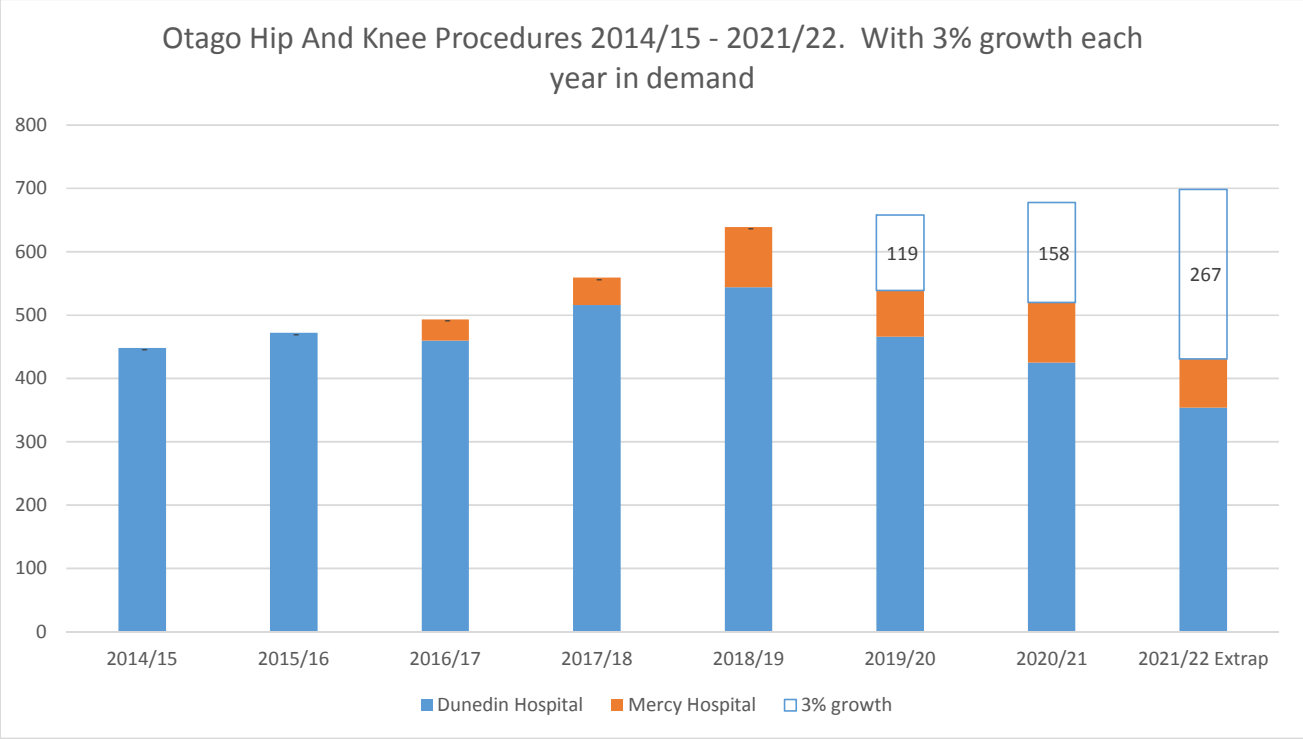
- There are 613 patients waiting to be seen, 1/3 are beyond 4 months
- On average 220 referrals per month
- Capacity to see approx. 180
- Therefore 45% of referrals returned to GP
- There is no spinal surgeon in Southland – spinal referrals to Dunedin have nearly doubled
- Conversion to surgery currently 74%

Growing waiting list for surgery

- Limited Beds and Operating time
  - 947 patients given certainty
  - 751 > than 4 months waiting
  - Many cancellations on the day due to bed block or lack of acute operating time

  - Bed block and acute theatre time has impacted on delivery for the last three years

Delivery of in-house joint surgery this year is anticipated to be 79% of the volume delivered in 7 years ago.



- With a 3% growth year on year expected in demand we should have been delivering around 700 joints this year
- The build up on the waiting list is due to the decrease in delivery over 3 years.

National prioritisation score 70

- Severe pain poorly controlled and/or significant impaired ADL
- Our CPAC (Clinical Priority Assessment Criteria) score for surgery is similar to 50% of the DHBs.

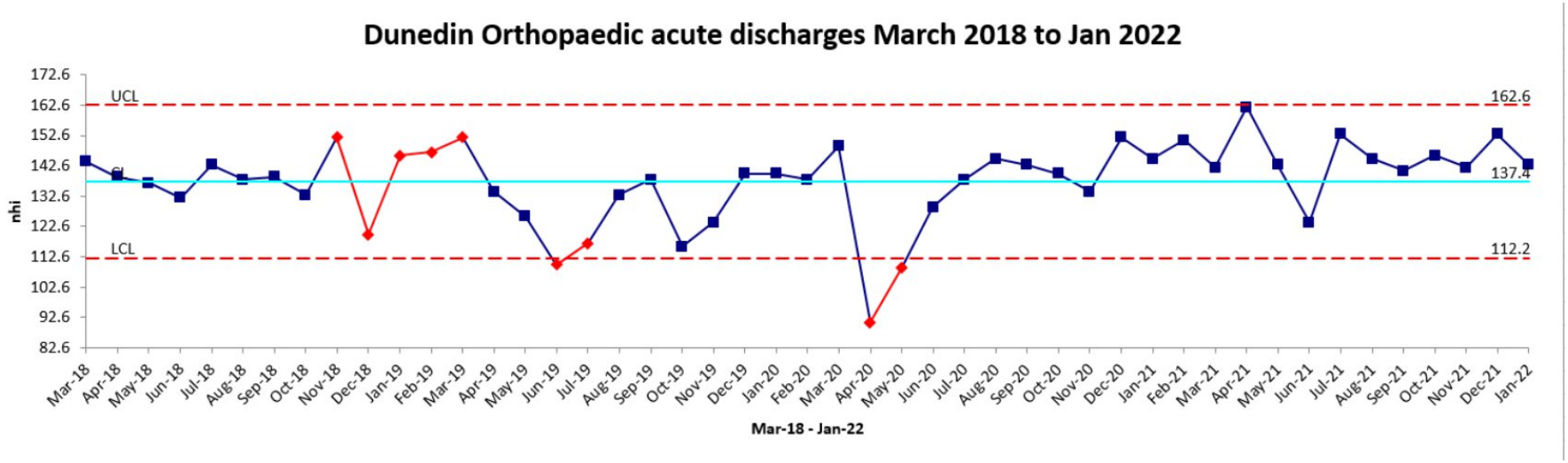
Orthopaedics	
DHB	Given certainty threshold
Lowest DHB	20
	47
	50
	50
	55
	57
	58
	63
	65
	68
	70
	70
	70
	70
Southern DHB	70
	70
	70
	72
	73
Highest DHB	80

High acute load

- Growing volume and complexity
  - General population growth, ageing in the 85+
- Surgical/medical/social
- Spinal patients from Southland

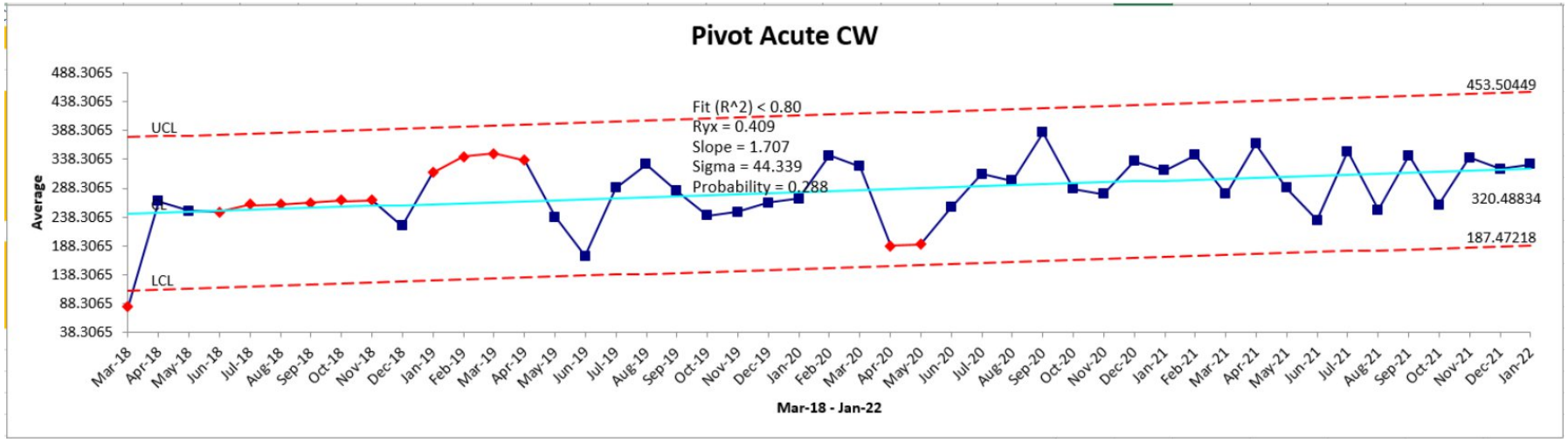
Increased numbers of acute patients

From March 2018 to Jan 2022 the average acute discharges have increased by 10 patients per month



Increased complexity of acute patients

From March 2018 to Jan 2022 the average month acute caseweight average has increased by 77 cw from 243.6 to 320.4



Inability to operate despite good SMO staffing

- Lack of operating time
  - Staff – anaesthetic techs, nursing staff, anaesthetists
  - After 4pm only one acute operating theatre for all specialities including urgent obstetrics
  - At weekends one operating theatre on Saturday, additional trauma theatre on Sunday 8-4pm

- Lack of beds
  - HDU/ICU upgrade remains incomplete
  - Ward staffing
    - Nurses
    - Allied health especially Physiotherapists

Some other challenges

- Dated facilities – unable to parallel process set up time which is extensive
- CSSD pressure curtailed sustainable production lists due to risk in processing errors
- Sustained high acute demand for orthopaedics and other acute work that was not anticipated and higher than pre-covid

Cancellations from October 2021 to March 2022

- Under estimates total losses from ‘unperformed surgery’
  - Recently - since October 2021 elective lists have been purposely under-booked to reduce ward workload so the cancellations are from an artificially lower level of bookings
  - First covid lockdown saw no elective patients booked over that period

Situation

- Growing load of people with pain and disability in our community that is not able to be managed effectively in Primary Care
- Growing load of acute orthopaedic problems with increasing complexity eg periprosthetic fracture vs 'simple' hip fracture
- Little capacity to increase throughput to manage the need
  - Physical constraints
  - Human resource

Contributors

- Creation of 3 surgical amalgamated ward
  - (ENT, neurosurgery, orthopaedics)
- Failure to implement ICU/HDU upgrade
- CSSD upgrade delayed
- COVID
  - Recruitment pipeline – overseas trained nurses
  - Reduced ward beds
  - Elective Orthopaedics is the most deferrable - few cancers
  - Rest-home staffing and covid – limits on transfers ,more long stay inpatients
- A hard few years for staff
  - Employment
  - Training
  - Recruitment

Initiatives (1)

- Second acute list on Sunday (implemented in 2018) - complete
- SCOTS (Southern Community Orthopaedic Triage Clinic) Clinic physio led Musculoskeletal clinics – hip, knee, shoulder
- Nursing staff review recognises over 100 FTE short across SDHB
  - Recruiting successful but offset by resignations
- CSSD upgrade
  - Approved 2 years ago, awaiting a start to build it
- Outsourcing
  - 47 to SCDHB since July 21
  - MOU with Mercy 150 patients per annum, consistency vs adhoc, but capacity limitations

Initiatives (2)

- Acute at home pathway
- Acute theatre coordinator - patient focussed
- Implementing the increased acute operating time, longer acute days and second list on Saturday
  - From Francis Group Operating Theatre review 2019
  - Starting to increase staffing but not the full complement
- ERAS concepts - revisit Orthopaedic Patient Pathway
  - Reduce patient bed day stays
  - Arthroplasty Nurse Specialist

Initiatives (3)

- Ring-fenced high turn over elective beds in our current ward set up
- Increased Nurse educator FTE
- Continuing SMO recruitment
- Carpal Tunnel Pathway
- Implement a GP with Special Interest programme back conditions

Invest in your greatest asset

- He Tanagta
- He Tangata
- He Tangata

- Employ , Educate, Value , Reward , Retain

7.2

Telehealth update March 2022

Matthew Pettersson – Telehealth Implementation Manager

Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

What is Telehealth

Telehealth is the use of information and communication technologies to deliver health care when patients and care providers are not in the same physical location.*(NZ Telehealth Forum)*

My Telehealth journey

Having engaged with numerous groups from across the DHB with the intent of facilitating the implementation of Telehealth it became obvious by early November there were some common fundamental obstacles preventing this.

These **obstacles** were:

- Lack of Equipment where is was required to perform Telehealth
- Key administrative and clinical staff had not received training for Telehealth and MS Teams
- A will to move how we deliver care and confidence in the technology – many previous false starts and cynicism with investment in technology

Resolutions:

- A stocktake of Telehealth equipment across Southland and Dunedin hospitals outpatient clinical consult rooms has been completed. Equipment has been procured and installed in December in Southland with Dunedin being completed late Jan / Feb
- Training has been designed and delivered in early December to administrative teams and clinical Telehealth champions – this training is ongoing and will run on a monthly cadence as demand dictates and will be tailored for either Administrative / Clinical as required

Obstacles to Telehealth uptake identified

Misconceptions and common objections to TH from both Clinical and Administrative staff –

"No support for the patients"

"Zoom is better"

"I had a go and it didn't work"

"It's too complex and I don't have the time.."

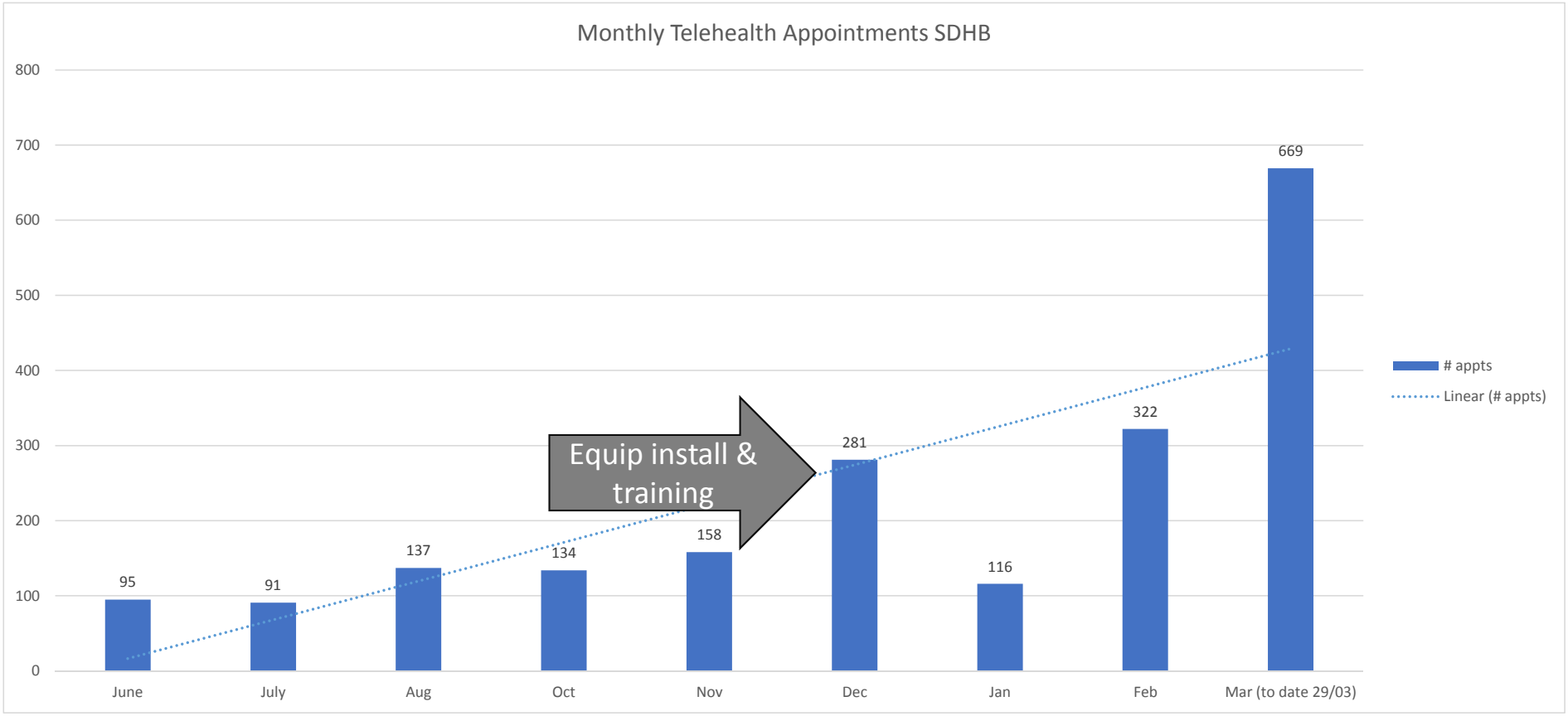
"We're different, it wont work here"

"My admin / clinician wont do it"

June 2021 – March 2022 –Headlines

- Outpatient Site Audits Oct – Nov 2021
- Procurement of equipment Nov 2021
- SI Alliance Telehealth Dashboard launched Nov 2021
- SI Alliance Telehealth RFI completed Nov 2021
- Installation of TH equipment (Southland) Dec 2021
- Carpal Tunnel Telehealth pilot commenced Dec 2021
- Commenced TH specific Staff training – Dec 2021 ongoing
- Clinician Telehealth survey Dec 2021
- Installation of TH equipment (Dunedin) Jan/Feb 2022
- 1st steps towards community hubs Jan – April 2022
    - Lumsden maternity trial pending candidates in the community

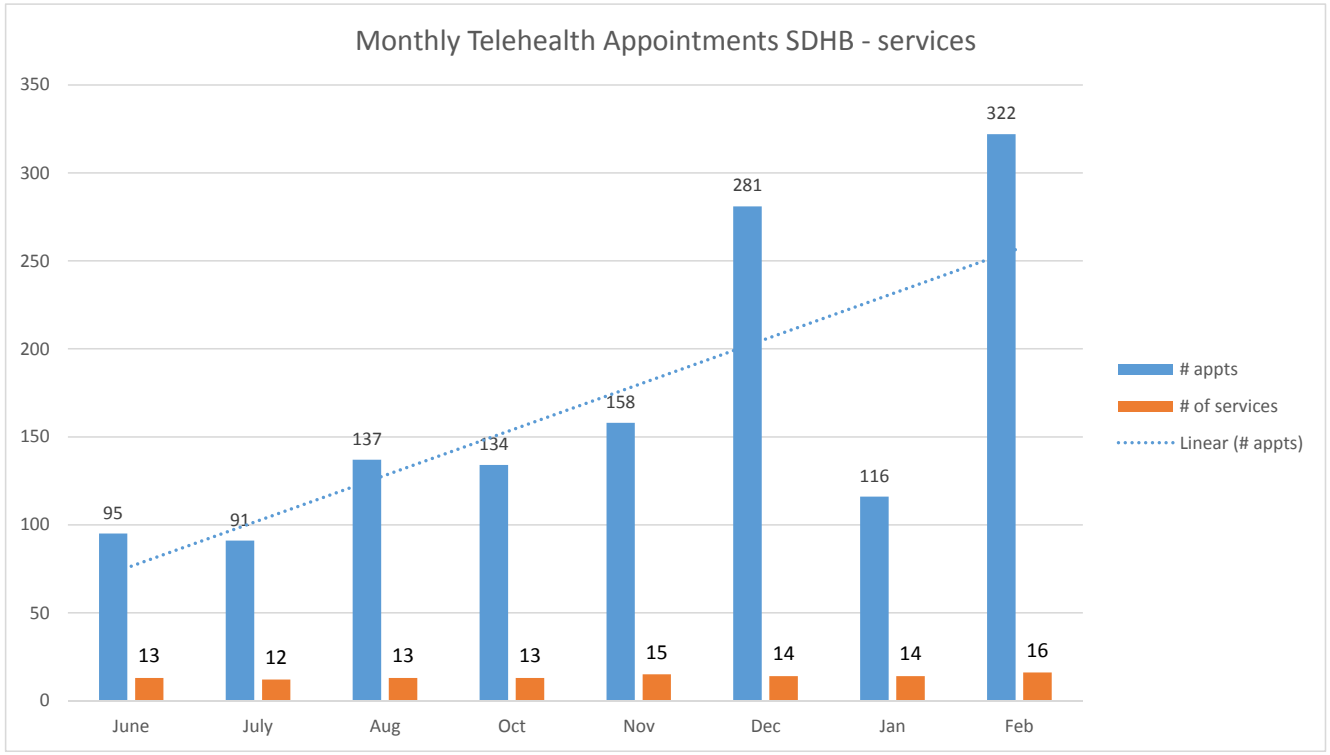
The numbers



Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

The detail

- # of services using TH has not changed significantly
- Cross referencing of reporting suggest there is some variability to the numbers due to the way Telehealth is captured in iPM - this requires further analysis
- The trend was present while cross referencing – its just the total #s that may vary
- Telehealth is predominantly present where there is a strong clinical desire or engagement



Telehealth distance & carbon emissions avoided Jul 2020 - Dec 2021

Financial Year, Month Name: 2020/21

DHB: All

Service: All

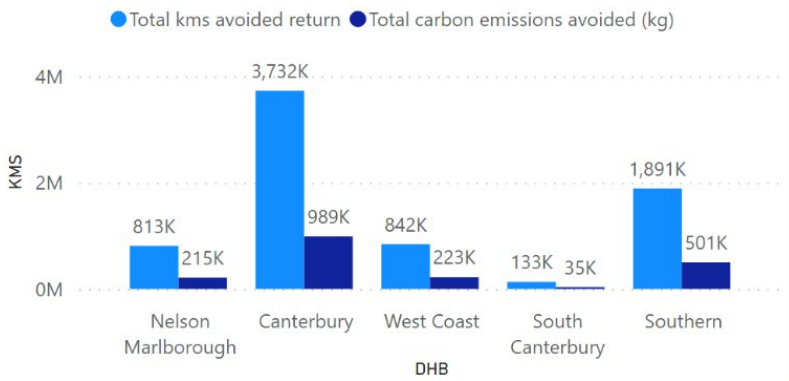
Health Specialty: All

Ethnicity (Prioritised): All

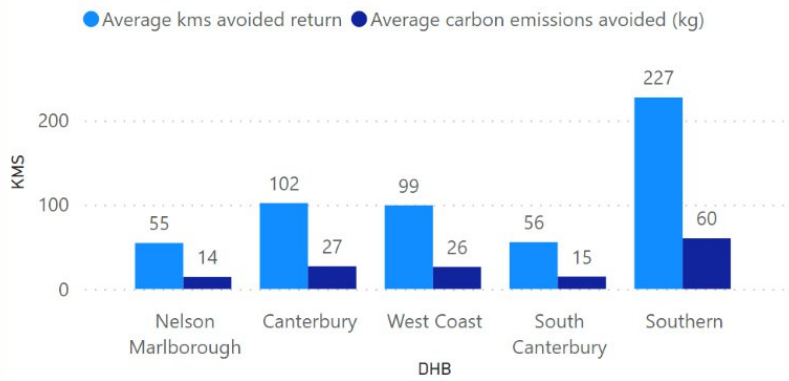
Patient distance & carbon emissions avoided

DHB	Total avoided kms return	Total carbon emissions avoided (kg)	Average avoided kms	Average carbon emissions avoided (kg)
Nelson Marlborough	812,742	215,377	55	14
Canterbury	3,731,572	988,867	102	27
West Coast	842,206	223,185	99	26
South Canterbury	132,750	35,179	56	15
Southern	1,891,182	501,163	227	60
Total	**7,410,452**	**1,963,770**	**105**	**28**

Total distance & carbon emissions avoided by DHB



Average distance & carbon emissions avoided by DHB



Carbon emission - kilometres * private car emission factor. **Private car emission factor** is sourced from the Ministry for the Environment report "Measuring-Emissions-Factors-Summary-2020-final", as 0.265 kg/kilometre (Petrol car).

Telehealth travel time avoided Jul 2020 - Dec 2021

Financial Year, Month Name
All

DHB
All

Service
All

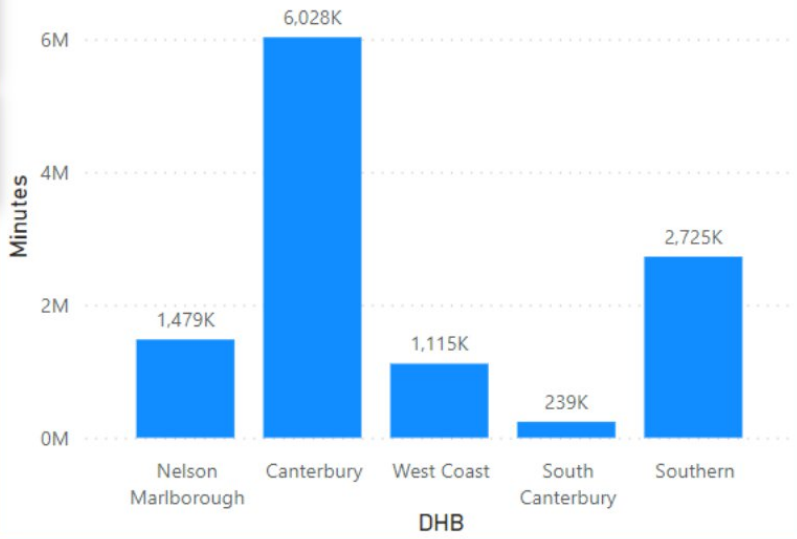
Health Specialty
All

Ethnicity (Prioritised)
All

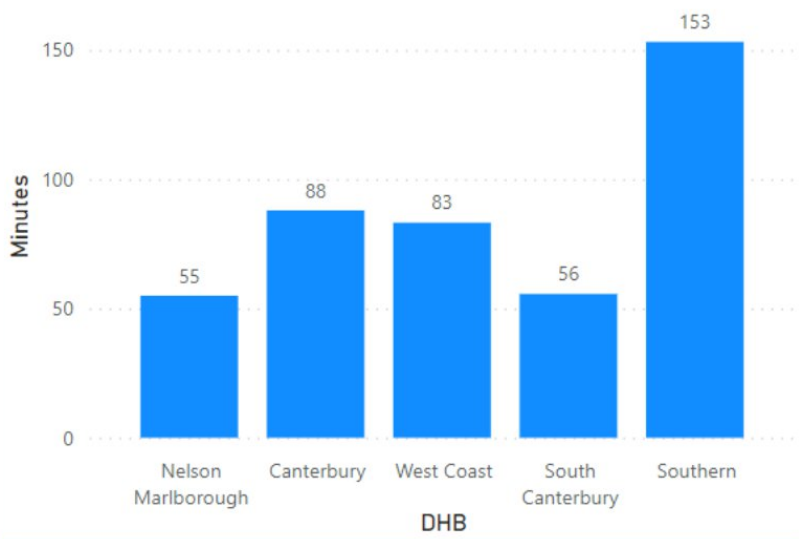
Patient travel time avoided

DHB	Total avoided minutes return	Average avoided minutes
Nelson Marlborough	1,478,854	55
Canterbury	6,027,990	88
West Coast	1,115,448	83
South Canterbury	238,986	56
Southern	2,725,008	153
Total	**11,586,286**	**88**

Total travel time avoided by DHB



Average travel time avoided by DHB



Telehealth appointment by facility Jul 2020 - Dec 2021

Financial Year, Month Name: All

DHB: Southern

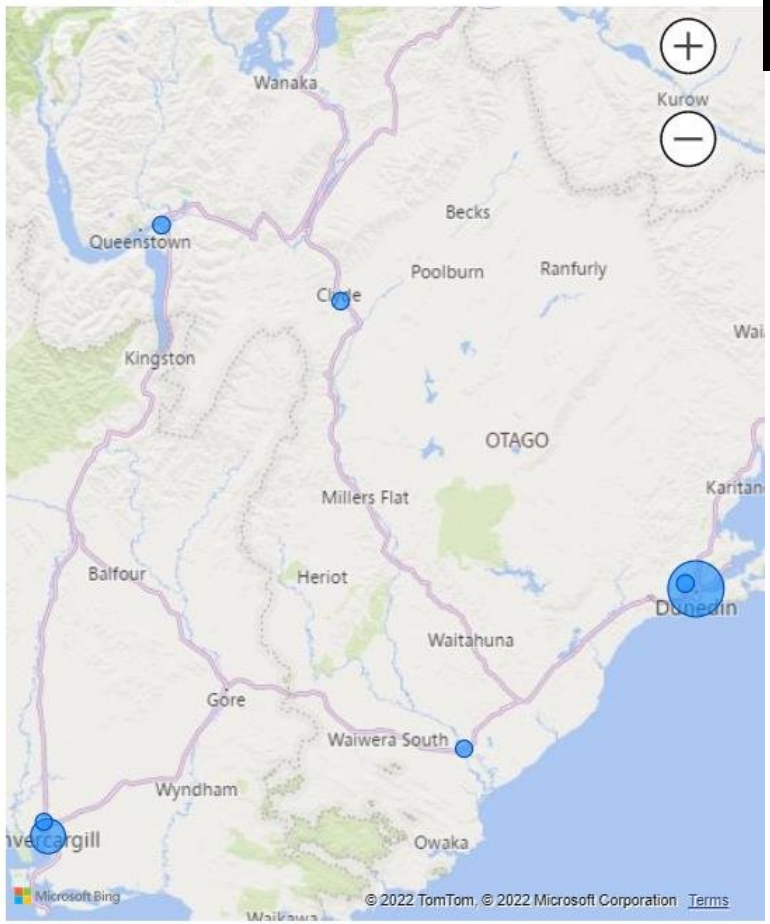
Service: All

Health Specialty: All

Ethnicity (Prioritised): All

DHB	Number of appointments	Number of DNAs
Southern	**18,574**	**779**
Clutha Health First	16	2
Dunedin Hospital	12,318	455
Dunstan Hospital	94	6
Invercargill Prison Health Centre	1	
Lakes District Hospital	209	11
Oamaru Hospital	61	4
Southland Hospital	5,658	282
Wakari Hospital	217	19
Total	**18,574**	**779**

Number of appointments



Telehealth appointment by ethnicity (prioritised) Jul 2020 - Dec 2021

Financial Year, Month Name
All

DHB
Southern

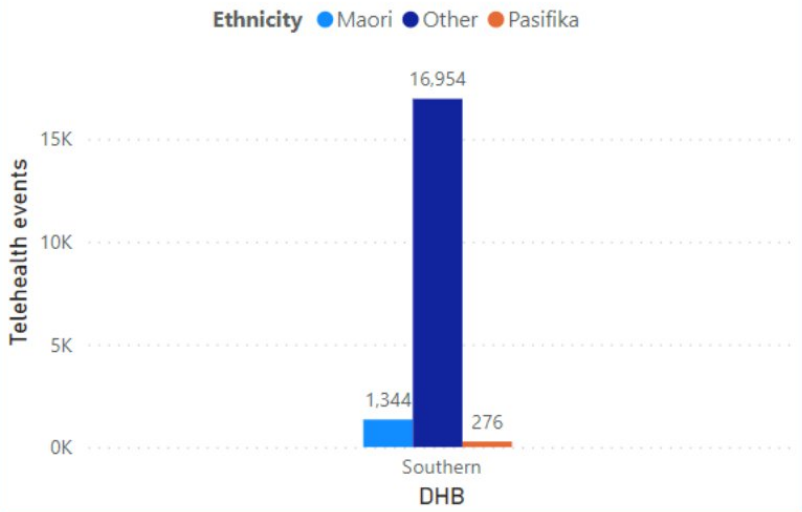
Service
All

Health Specialty
All

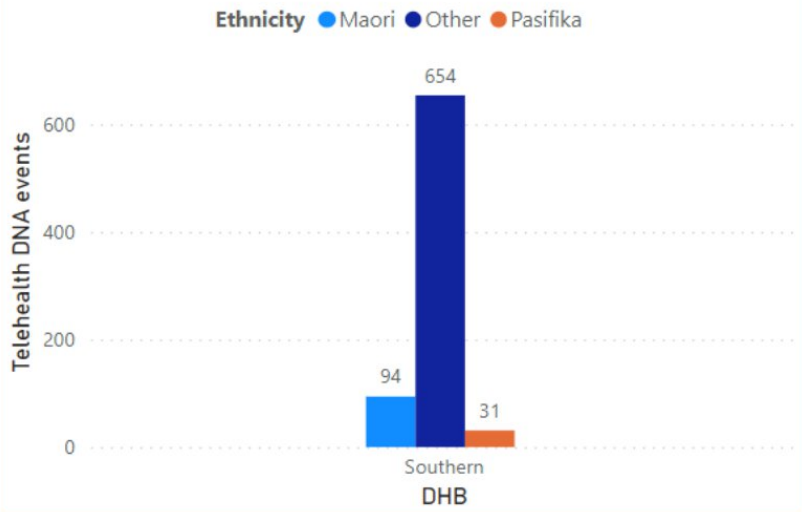
Number of visits by DHB and ethnicity (prioritised)

Ethnicity	Maori			Other			Pasifika		
DHB	Number of appointments	% of appointments	% of population	Number of appointments	% of appointments	% of population	Number of appointments	% of appointments	% of population
Southern	1,344	7.24%	10.99%	16,954	91.28%	86.67%	276	1.49%	2.36%
Total	**1,344**	**7.24%**	**10.99%**	**16,954**	**91.28%**	**86.67%**	**276**	**1.49%**	**2.36%**

DHB and ethnicity (prioritised)



DNA DHB and ethnicity (prioritised)



Upcoming activity

- Funding request approved from MOH for dedicated MS Teams equipment approved & received on 11th March 2022 – Next step is to order the equipment –
  - MS Teams dedicated room for Dunedin APAC plus additional TH kit to be deployed across the DHB / region
- Telehealth Roadshow in planning- April / May
  - Planned Care Manager (Nigel Copson) and I are looking to travel around the DHB region demonstrating TH equipment (above) and training where required
- Preliminary meetings with Māori Health Directorate to discuss best approach for working towards community based hubs e.g. Marae or community centre – March 2022
- Enabling TH within both Hospitals to help mitigate Covid exposures – devices have been set up and about half have been deployed with positive feedback thus far – onsite training and support when and as required
- Staff training for Telehealth and MS Teams - ongoing
  - Running monthly and as required at both Dunedin and Southland sites
- Ongoing internal and external promotion

Successful Teleheath Projects

- Endocrine service
- Respiratory service
- Sleep service
- Physiotherapy Carpal Tunnel Service
- Continence and Community Nursing
- Medical wards Dunedin & Southland – Covid exposure mitigation
- Children's Ward Southland - Covid exposure mitigation
- Anaesthetic Pre-Assessment Clinics
- Allied Health – Therapies and Rehabilitation
- Dunstan Hospital and GP after hours service – Piloting April 2022

Plus many more…

Upcoming Telehealth Pilots

Maternity and Obstetrics

- Lumsden based – pilot pending suitable candidate in the community
- At home observation equipment has been requested via Capex with pilot (equip pending) tentatively suggested for April / May

Continence – Dunedin

- TH equipment has been purchased and installed, Staff training completing 22 March – Pilot scheduled for late March, early April

Therapies (Allied health)

- Staff training completed March 15 – pilot pending for March/ April

Southland Anaesthetic Pre-Assessment Clinic (APAC)

- Initial TH experiences and appointments have been mixed - discussed and agreed to be preferable for non FSA appointments at this stage– ongoing – March / April

Dunedin APAC

- Currently using Zoom in order to continue using Telehealth while dedicated MS Teams room equipment is purchased and installed April – May 2022

NEXT STEPS…

Short term (now)

- Staff training and support continuing monthly and ad-hoc as required
- Continue engagement with groups onboarding Telehealth
- Progress discussions regarding community hubs in our rural and vulnerable communities

Medium term, March – July

- Telehealth roadshow around the DHB region – demonstrating the technology and providing some training as we go
- Pilot community hubs
- Piloting of in home remote monitoring – maternity are acquiring equipment for pilot trial

NEXT STEPS…

Long Term

SI Alliance completed an RFI late last year for Telehealth specific software / hardware – attracted vendors including some for the UK who have stood the test of UK Covid – recommendation document is being sent to MOH

NZ Health

We have ensured the equipment and technology we are deploying is software agnostic and can therefore get a full return on investment regardless of any possible changes as a result of NZ Health.

What can help get Telehealth more widely used?

- We need to stop discussing "IF" telehealth works – this has been categorically proven and many articles are available to support this
- We need to move to a *"how can Telehealth help our patient and ourselves?*
- We still need to win hearts and minds, the current model has been in place for decades and our staff have been trained in it. It will be a gradual process but we are moving towards a tipping point!

The Question needs to be:

- Is there any clinical reason why this patient appointment shouldn't be Telehealth?

FOR INFORMATION

Item: Chief Operating Officer (COO) – February 2022 report

Proposed by: Hamish Brown, Acting COO

Meeting of: Hospital Advisory Committee, 04 April 2022

Recommendation

That the Hospital Advisory Committee notes the content of this report.

Purpose

This report is to update the Hospital Advisory Committee on key activities and issues occurring within Specialist Services.

1. Equity

Radiology – High Tech Imaging

Dunedin MRI median waiting times are similar across all, Māori and Pacific. Southland shows the waiting times for Māori are longer due to waiting for cardiac scans. These patients are being prioritised but it is taking some time to work through.

Dunedin MRI waiting times	Number waiting	Average time waiting (days)	Median time waiting (days)
All patients	828	81	80
Māori	41	93	80
Pacific	16	76	72
Southland MRI Waiting times	Number waiting	Average time waiting (days)	Median time waiting (days)
All patients	194	82*	37
Māori	30	119	83
Pacific	2	27	27

19 patients awaiting Cardiac MRI – not done in Southland (7 Māori)

The median waiting times for CT at Dunedin and Southland are largely similar now for All Māori and Pacific. There are some very long waits due to specialty scanning. These are reviewed with a priority for Māori and Pacific.

Dunedin CT waiting times	Number waiting	Average time waiting (days)	Median time waiting (days)
All patients	304	48*	13
Māori	18	18*	6
Pacific	8	59*	18

* Averages effected CTS subwaits (e.g., CT cardiac, Guided injections, radiofrequency ablations)

Southland waiting times	Number waiting	Average time waiting (days)	Median time waiting (days)
All patients	110	46*	13
Māori	21	61*	20
Pacific	4	16	14

* Averages effected CTS subwaits (e.g., CT cardiac, Guided injections, radiofrequency ablations)

Equity training for Radiology was delayed however is now booked for mid April. This is to ensure that all staff understand the purpose and reason for a pro-equity booking approach.

Outpatients

With a focus to reduce DNAs for Māori and Pacific in Respiratory and Cardiology, we intended to run a pilot which involved phoning each patient prior to booking. A modification to this has been to book patients and then phone Māori and Pacific patients one week out from their planned appointment. This assists, confirming the appointment as well as identify any barriers to attending. A referral/review to the nursing team in clinic assists with problem solving any issues. This process started midway through January 2022. We are expecting both a reduction in Unable to Attend rates.

The unable to attend rate in Cardiology in February was 5% for Māori. The unable to attend rate in Respiratory in February was 8% for Māori. We are monitoring this closely.

	Attented/Non Specified				Unable to Attend				Total			
	Maori	Other	Pacific Peoples	Total	Maori	Other	Pacific Peoples	Total		Maori	Other	Pacific Peoples
Jul-21	34	493	14	541	2	18	4	24	565	6%	4%	22%
Aug-21	54	572	17	643	4	22	0	26	669	7%	4%	0%
Sep-21	40	476	17	533	5	14	1	20	553	11%	3%	6%
Oct-21	41	495	17	553	9	13	1	23	576	18%	3%	6%
Nov-21	54	558	11	623	4	23	1	28	651	7%	4%	8%
Dec-21	37	403	20	460	4	11	1	16	476	10%	3%	5%
Jan-22	28	339	7	374	4	13	0	17	391	13%	4%	0%
Feb-22	39	387	7	433	2	20	0	22	455	5%	5%	0%

Respiratory

	Attented/Non Specified				Unable to Attend				Total			
	Maori	Other	Pacific Peoples	Total	Maori	Other	Pacific Peoples	Total		Maori	Other	Pacific Peoples
Jul-21	44	463	6	513	8	54	6	68	581	15%	10%	50%
Aug-21	57	706	16	779	12	48	3	63	842	17%	6%	16%
Sep-21	55	626	16	697	5	20	2	27	724	8%	3%	11%
Oct-21	26	500	11	537	5	32	3	40	577	16%	6%	21%
Nov-21	51	656	7	714	9	48	4	61	775	15%	7%	36%
Dec-21	27	522	10	559	11	43	2	56	615	29%	8%	17%
Jan-22	47	479	14	540	7	40	2	49	589	13%	8%	13%
Feb-22	36	604	9	649	3	51	0	54	703	8%	8%	0%

8.1

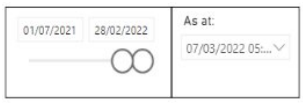
2. Surgical Performance – Case Weight Discharges

The following tables outline our case weight discharge (CWD) and discharge performance to February for the 2021/22 financial year and compares this to the elective plan (our target).

COO Comment: please note that as of 24/3/2022 due to coding lag rom when the reports are run the YTD result February is -665.82 CW behind target. This is a positive improvement of 51.08 CW when compared to -716.9 CWD.

The 'service provider' view in the case weight discharge (CWD) table is the target set for the hospital. For the February 2021/22 financial year to date we are -716.9 CWD and -967 discharges behind plan. Dunedin is –315.9 caseweights and -840 discharges behind plan and Southland is –401 caseweights and –127 discharges behind plan. This represents the nature of the work at both sites.

The 'population' view in the case weight discharge (CWD) table is an overall target which includes both the hospital delivered CWD and the net CWD delivered for us by other DHBs. The most up to date data from the Ministry of Health shows that for February year to date we are -669.4 CWD behind this target and -954 discharges behind target.



Southern District Health Board

YTD CASEWEIGHTS

	YTD Service Provider View			- YTD IFL			+ YTD OFL			YTD Population View			Previous FYTD Service Provider View		Previous FYTD Population View	
PUC	Actuals	Target	Variance	Actuals	Target	Variance	Actuals	Target	Variance	Actuals	Target	Variance	Actuals	Year on Year Variance	Actuals	Year on Year Variance
Non Surgical PUC																
Non Surgical PUC with Surgical DRG	913.8	799.4	114.4	4.5	18.1	-13.6	449.2	408.7	40.5	1,358.4	1,190.0	168.4	965.0	-51.2	1,243.4	115.0
PUC Total	**913.8**	**799.4**	**114.4**	**4.5**	**18.1**	**-13.6**	**449.2**	**408.7**	**40.5**	**1,358.4**	**1,190.0**	**168.4**	**965.0**	**-51.2**	**1,243.4**	**115.0**
Surgical PUC																
S00.01 General Surgery	1,966.1	2,002.1	-36.0	8.9	1.7	7.3	106.2	162.0	-55.8	2,063.3	2,162.4	-99.0	2,305.2	-339.1	2,429.6	-366.3
S05.01 Anaesthesia Services	4.6	0.0	4.6				6.8		6.8	11.4	0.0	11.4	5.8	-1.3	5.8	5.5
S15.01 Cardiothoracic	943.3	953.0	-9.7	3.4	12.5	-9.1	42.3	15.2	27.1	982.2	955.7	26.5	994.1	-50.8	1,009.5	-27.3
S25.01 Ear Nose and Throat	795.7	918.9	-123.2	5.2	1.0	4.1	7.7	13.8	-6.1	798.2	931.7	-133.4	896.8	-101.1	912.3	-114.1
S30.01 Gynaecology	636.0	761.1	-125.1	2.4	1.0	1.3	106.5	62.8	43.7	740.2	822.9	-82.7	691.0	-54.9	810.7	-70.5
S35.01 Neurosurgery	315.9	249.8	66.2		27.0	-27.0	99.9	117.4	-17.5	415.9	340.2	75.7	283.1	32.8	381.1	34.8
S40.01 Ophthalmology	523.5	800.3	-276.7		0.6	-0.6	8.5	4.6	4.0	532.1	804.3	-272.2	660.7	-137.1	672.0	-139.9
S45.01 Orthopaedics	2,764.6	3,212.9	-448.4	225.1	186.0	39.1	185.8	78.6	107.2	2,725.3	3,105.5	-380.2	2,966.9	-202.4	2,815.3	-90.0
S55.01 Paediatric Surgical Services	74.7	126.6	-51.9				67.1	55.3	11.7	141.8	182.0	-40.2	82.8	-8.1	180.8	-39.0
S60.01 Plastic & Burns	328.2	449.3	-121.0	3.5	1.6	1.9	37.6	128.8	-91.2	362.4	576.5	-214.1	381.1	-52.8	415.0	-52.6
S70.01 Urology	901.4	739.5	161.9	1.2	1.8	-0.5	10.3	25.0	-14.8	910.4	762.7	147.7	799.9	101.5	825.9	84.6
S75.01 Vascular Surgery	715.9	587.9	127.9	0.4	7.2	-6.9	7.8	19.8	-12.0	723.4	600.5	122.8	554.2	161.6	560.0	163.4
PUC Total	**9,970.0**	**10,801.3**	**-831.3**	**250.1**	**240.4**	**9.7**	**686.6**	**683.4**	**3.2**	**10,406.5**	**11,244.3**	**-837.8**	**10,621.6**	**-651.6**	**11,017.8**	**-611.3**
PUC Total	**10,883.8**	**11,600.8**	**-716.9**	**254.7**	**258.5**	**-3.9**	**1,135.7**	**1,092.1**	**43.6**	**11,764.9**	**12,434.3**	**-669.4**	**11,586.7**	**-702.8**	**12,261.2**	**-496.3**

Financial Year	As at:	Period
2022	07/03/2022 05:...	1 — 8

YTD DISCHARGES

	YTD Service Provider View			- YTD IFL			+ YTD OFL			YTD Population View		
PUC	Actuals	Target	Variance	Actuals	Target	Variance	Actuals	Target	Variance	Actuals	Target	Variance
Non Surgical PUC												
Non Surgical PUC with Surgical DRG	326	368	-42	1	5	-4	90	97	-7	415	460	-45
PUC Total	**326**	**368**	**-42**	**1**	**5**	**-4**	**90**	**97**	**-7**	**415**	**460**	**-45**
Surgical PUC												
S00.01 General Surgery	1,070	1,140	-70	6	5	1	52	59	-7	1,116	1,194	-78
S05.01 Anaesthesia Services	18	0	18				4		4	22	0	22
S15.01 Cardiothoracic	152	154	-2	1	2	-1	6	3	3	157	155	2
S25.01 Ear Nose and Throat	863	1,092	-229	5	1	4	10	21	-11	868	1,111	-243
S30.01 Gynaecology	705	728	-23	3	2	1	52	33	19	754	759	-5
S35.01 Neurosurgery	87	75	12		8	-8	33	40	-7	120	107	13
S40.01 Ophthalmology	918	1,482	-564		1	-1	10	5	5	928	1,486	-558
S45.01 Orthopaedics	1,184	1,378	-194	22	26	-4	92	61	31	1,254	1,412	-158
S55.01 Paediatric Surgical Services	108	134	-26				66	53	13	174	186	-12
S60.01 Plastic & Burns	348	437	-89	3	1	2	21	55	-34	366	491	-125
S70.01 Urology	826	684	142	2	3	-1	6	16	-10	830	698	132
S75.01 Vascular Surgery	335	235	100	2	4	-2	4	3	1	337	234	103
PUC Total	**6,614**	**7,539**	**-925**	**44**	**53**	**-9**	**356**	**349**	**7**	**6,926**	**7,834**	**-908**
PUC Total	**6,940**	**7,907**	**-967**	**45**	**58**	**-13**	**446**	**446**	**0**	**7,341**	**8,295**	**-954**

For the month of February 2022 service provider delivery was -180.4 CWD and -83 discharges behind plan. The population view for the same period was -183.8 CWD and -82 discharges behind plan.

COO Comment: please note that as of 24/3/2022 due to coding lag that the MTD result February is -129.5 CW behind target. This is a positive improvement of 50.8 CW when compared to -180.4 CWD from the report run date.

Financial Year	Period	As at:
2022	8	07/03/2022 05:...

MTD CASEWEIGHTS

	MTD Service Provider View			- MTD IFL			+ MTD OFL			MTD Population View		
PUC	Actuals	Target	Variance	Actuals	Target	Variance	Actuals	Target	Variance	Actuals	Target	Variance
Non Surgical PUC												
Non Surgical PUC with Surgical DRG	54.8	93.8	-38.9		2.1	-2.1	51.1	51.1	0.0	105.9	142.7	-36.8
PUC Total	**54.8**	**93.8**	**-38.9**		**2.1**	**-2.1**	**51.1**	**51.1**	**0.0**	**105.9**	**142.7**	**-36.8**
Surgical PUC												
S00.01 General Surgery	183.2	232.7	-49.5		0.2	-0.2	20.2	20.2	0.0	203.4	252.7	-49.3
S05.01 Anaesthesia Services							0.0		0.0	0.0		0.0
S15.01 Cardiothoracic	82.2	111.8	-29.6	3.4	1.4	2.0	1.9	1.9	0.0	80.6	112.2	-31.6
S25.01 Ear Nose and Throat	104.0	107.8	-3.8	1.2	0.1	1.1	1.7	1.7	0.0	104.5	109.4	-4.8
S30.01 Gynaecology	91.4	89.3	2.2	1.0	0.1	0.8	7.9	7.9	0.0	98.3	97.0	1.3
S35.01 Neurosurgery	35.7	29.3	6.4		3.2	-3.2	14.7	14.7	0.0	50.3	40.8	9.5
S40.01 Ophthalmology	69.2	92.0	-22.8				0.6	0.6	0.0	69.8	92.6	-22.8
S45.01 Orthopaedics	308.9	377.0	-68.1	26.4	21.1	5.3	9.8	9.8	0.0	292.3	365.7	-73.4
S55.01 Paediatric Surgical Services	11.4	14.8	-3.5				6.9	6.9	0.0	18.3	21.8	-3.5
S60.01 Plastic & Burns	47.9	52.7	-4.8		0.2	-0.2	16.1	16.1	0.0	64.0	68.6	-4.6
S70.01 Urology	119.1	86.7	32.4	1.0	0.2	0.8	3.1	3.1	0.0	121.2	89.6	31.6
S75.01 Vascular Surgery	68.7	69.0	-0.2		0.9	-0.9	2.5	2.5	0.0	71.2	70.6	0.6
PUC Total	**1,121.5**	**1,263.0**	**-141.4**	**33.0**	**27.4**	**5.6**	**85.4**	**85.4**	**0.0**	**1,174.0**	**1,321.0**	**-147.0**
PUC Total	**1,176.4**	**1,356.7**	**-180.4**	**33.0**	**29.6**	**3.4**	**136.5**	**136.5**	**0.0**	**1,279.9**	**1,463.7**	**-183.8**

Financial Year	Period	As at:
2022	8	07/03/2022 05:...

MTD DISCHARGES

	MTD Service Provider View			- MTD IFL			+ MTD OFL			MTD Population View		
PUC	Actuals	Target	Variance	Actuals	Target	Variance	Actuals	Target	Variance	Actuals	Target	Variance
Non Surgical PUC												
Non Surgical PUC with Surgical DRG	19	43	-24		1	-1	12	12	0	31	55	-24
PUC Total	**19**	**43**	**-24**		**1**	**-1**	**12**	**12**	**0**	**31**	**55**	**-24**
Surgical PUC												
S00.01 General Surgery	108	132	-24		1	-1	7	7	0	115	138	-23
S05.01 Anaesthesia Services							0		0	0		0
S15.01 Cardiothoracic	16	18	-2	1	0	1	0	0	0	15	18	-3
S25.01 Ear Nose and Throat	119	128	-9	1	0	1	3	3	0	121	131	-10
S30.01 Gynaecology	107	85	22	1	0	1	4	4	0	110	89	21
S35.01 Neurosurgery	10	9	1		1	-1	5	5	0	15	13	2
S40.01 Ophthalmology	124	176	-52				1	1	0	125	177	-52
S45.01 Orthopaedics	136	162	-26	2	3	-1	8	8	0	142	167	-25
S55.01 Paediatric Surgical Services	17	16	1				7	7	0	24	22	2
S60.01 Plastic & Burns	50	51	-1		0	0	7	7	0	57	58	-1
S70.01 Urology	113	80	33	1	0	1	2	2	0	114	82	32
S75.01 Vascular Surgery	26	28	-2		0	0	0	0	0	26	27	-1
PUC Total	**826**	**885**	**-59**	**6**	**6**	**0**	**44**	**44**	**0**	**864**	**923**	**-59**
PUC Total	**845**	**928**	**-83**	**6**	**7**	**-1**	**56**	**56**	**0**	**895**	**977**	**-82**

The large variance to YTD target reflects the impact that the August 2021 COVID-19 lockdown has had on surgical delivery in the months following. Surgical delivery (across all streams) was ramped up as quickly as possible for the remainder of September as lockdown restrictions were lifted. Additional spending on outsourcing and the fact that Dunedin was able to consistently fill their theatre lists across this period resulted in the district provider view being only -383.4 CW behind target by the end of December (Dunedin -1.2 CW behind target and Southland –382.2 CW behind target).

In Dunedin performance across the last two months has been affected by a large number of cancellations. Thirty-six operations were postponed due to bed availability the key drivers across this period being bed closures for Norovirus and continued vacancies within the nursing workforce. With the reduced capacity, theatre time is prioritised for non-deferrable and urgent patients and when beds are available, they are used for long waiting elective patients.

Key Actions

1. Theatre utilisation is being maintained by adding as many day cases as possible to ensure services are maintained
2. NetP Nurses have entered the workforce late January and early February. A greater number of beds will be open from mid-March.
3. Tight coordination of operating lists through this period to ensure appropriate clinical prioritisation and reduce on the day cancellations and the resulting impact on patients and staff.
4. Utilising private hospital beds for overnight stays rather than cancel lists.

Continuing workforce shortages in Southland had an impact on our ability to fully utilise the operating theatres during the second quarter of 2021. Recruitment for both perioperative nurses and physiotherapists in December 2021 on the Southland site was successful and staff commenced in January/February 2022 which took pressure off the

teams and brings them to near full staffing levels. Recruitment of AT's remains a challenge and all efforts to recruit or source locums is being made.

Key Actions

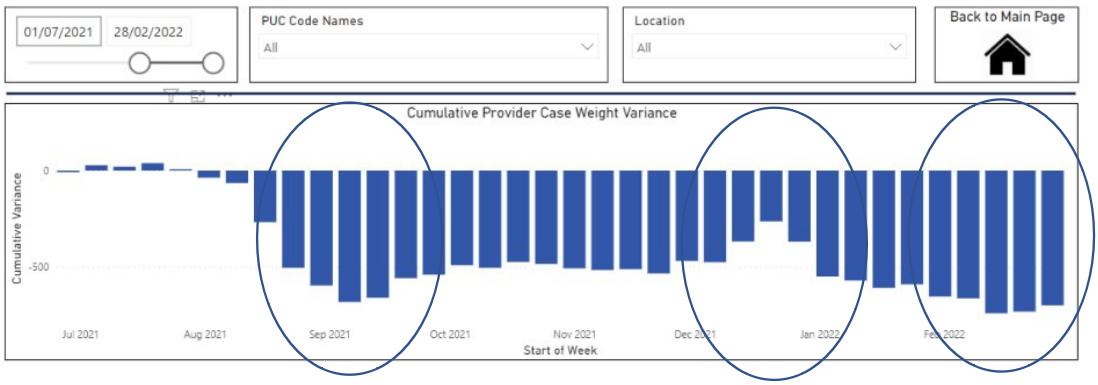
1. **Increase bed capacity** - 10 additional medical beds to open in Assessment, Treatment, and Rehabilitation ward with a planned start of March 2022. The opening of these beds has been postponed due to the omicron outbreak and will resume when we are able to recruit into the required roles. Progress has been made on the surgical ward using a team-based model of care supported by Health Care Assistants (HCA's) with the ward opening fully earlier than anticipated. This has been developed using CCDM methodology to maximise the team structure and support regulated staff.

2. **Bespoke recruitment campaign -** HainesAttract have developed an advertising concept specifically for Southland called "Fit in. Stand out" which includes video and still photos. The filming for the advert was completed in February and a draft presented for feedback in early March. The second draft will be reviewed this week and if approved the campaign will commence in April and coincide with the opening of the borders.

3. **Improved coordination of planned activity -** The planned care team have begun initiatives to improve coordination of theatre resources, inpatient beds, and allied health staff to improve flow and reduce the number of cancellations. These initiatives include, where possible, booking elective operations 6 weeks in advance. These improvements are continuing but have been hampered by the number of cancellations due to bed closures.

4. **Progression of the 5th Operating theatre planning** – this has moved through concept stage and is being costed by the Quantity Surveyor.

Cumulative weekly caseweight variance to plan



Since January bed capacity at both sites has had an impact on planned care delivery with cases being cancelled due to availability of ward, ICU and HDU beds. This has been driven by both vacancies and increased sickness within the nursing and theatre workforces and is forecast to continue, and possibly worsen in the coming weeks.

IAP funding update

The 2021/22 Improvement Action Plan (IAP) is a MOH funded initiative targeted to provide additional activity and reduce the number of long waiting patients. Southern and the MOH have agreed targets for inpatients (ESPI 5), outpatient (ESPI 2), diagnostics and ophthalmology follow-ups.

In order to achieve the target and receive the funding patients who have been waiting over the Ministry of Health target e.g., 4 months for an operation or First Specialist Assessment (FSA), can be counted towards the additional volume target. A substantial proportion of the funding has been allocated to additional outsourcing, locums and clinics. However, to achieve longer term positive results funding has been allocated to employ clinical nurse specialist (CNS) roles in General Surgery, Vascular Surgery, Gynaecology and Cardiothoracic surgery. These roles will initially be for 12 months and will improve patient flow through the service by running clinics, planning early discharges and improved waitlist monitoring.

As of end of February 2022 the Southern has achieved the target volume in eight services and will apply for $4.2 m worth of funding at the end of the first quarter.

IAP funding tracking for 2021/22

	Funding Target	Volume Target	Dec-21		Jan-22		Feb-22		Mar-22		Quarter 1 funding to apply for	Balance of funding	Balance of vol remaining		
ESPI 5			Funding	Volume	Funding	Volume	Funding	Volume	Funding	Volume				CW	Price per unit
Orthopaedics	$2,335,229	174	$791,831	59	$724,726	54	$818,672	61	$0		$2,335,229	$0	vol achieved	2.20	$6,100.39
ENT	$150,314	32	$150,314	32	$0	0	$0	0	$0	0	$150,314	$0	vol achieved	0.77	$6,100.39
Plastics	$135,795	21	$45,265	7	$64,664	10	$25,866	4	$0	0	$135,795	$0	vol achieved	1.06	$6,100.39
Ophthalmology	$197,653	60	$105,415	32	$72,473	22	$19,765	6	$0	0	$197,653	$0	vol achieved	0.54	$6,100.39
General Surgery	$329,055	31	$244,138	23	$84,917	8	$0	0	$0	0	$329,055	$0	vol achieved	1.74	$6,100.39
Cardiothoracic	$187,282	5	$149,826	4	$37,456	1	$0	0	$0	0	$187,282	$0	vol achieved	6.14	$6,100.39
Urology	$253,776	40	$25,378	4	$95,166	15	$114,199	18	$12,689	2	$247,432	$6,344	1	1.04	$6,100.39
Total	**$3,589,104**	**363**	**$1,512,165**	**161**	**$1,079,403**	**110**	**$978,503**	**89**	**$12,689**	**2**	**$3,582,759**	**$6,345**	**1**		
ESPI 2															
Gynaecology	$96,341	207	$1,476	36	$0	15	$19,082	41	$0	0	$20,558	$75,783	115		$465
Neurology	$18,627	27	$690	1	$17,937	26	$0	0	$0	0	$18,627	$0	vol achieved		$690
Dermatology	$29,961	70	$1,284	3	$3,424	8	$2,568	6	$0	0	$7,276	$22,685	53		$428
General Surgery	$15,797	30	$15,797	30	$0	0	$0	0	$0	0	$15,797	$0	vol achieved		$527
Vascular	$14,285	30	$4,286	9	$0	0	$1,905	4	$0	0	$6,190	$8,095	17		$476
Rheumatology	$30,196	40	$6,039	8	$2,265	3	$7,549	10	$0	0	$15,853	$14,343	19		$755
Total	**$205,207**	**404**	**$29,572**	**87**	**$23,626**	**52**	**$31,104**	**61**	**$0**	**0**	**$84,301**	**$120,906**	**204**		
Diagnostics															
MRI	$400,000	400	$8,000	8	$4,000	4	$62,000	62	$0	0	$74,000	$326,000	326		$1,000
Ultrasound	$250,000	1000	$59,250	237	$50,250	201	$114,750	459	$0	0	$224,250	$25,750	103		$250
Total	**$650,000**	**$1,400**	**$67,250**	**245**	**$54,250**	**205**	**$176,750**	**521**	**$0**	**0**	**$298,250**	**$351,750**	**429**		
Follow-ups															
Ophthalmology	**$537,300**	1500	$0	0	$99,938	279	$39,044	109	$125,370	350	**$264,352**	**$272,948**	762		$358
Other															
Colonoscopies	**$699,318**	450	$13,986	9	$13,986	9	$29,527	19	$0	0	**$57,499**	**$641,819**	413		$1,554
Total	**$5,680,929**										**$4,287,161**	**$1,393,768**			

3. Outpatient Performance ESPI 2

The following chart shows the total number of outpatient appointments on our waiting list over time. It shows growing waiting lists coming out of the first COVID lockdown in 2020 culminating in a high of 7,934 in early August 2021. The total waitlist then declined to circa 7,379 during the lockdown of August/September 2021 which was followed by a post-lockdown peak of 8,230. There is a seasonal trough and peak in December and January which saw the waitlist drop to 6,669 and then rise to 7,583 before settling at 6,999 in early March of this year.

8.1

ESPI 2 'breaches' (defined as those patients who had to wait longer than the Ministry target of 120 days) The number of ESPI 2 breaches has steadily increased from the beginning of August 2021, 1,579, and over the course of the second lockdown we saw an increase of 517 to reach a high of 2,152. Since mid-December 2021, the waitlist has increased by 383 to a current breach waitlist of 2,404 as of March 14th.

ESPI 2 (FSA) Breaches by Speciality and Directorate

Breaches down by speciality and site to highlight the key areas of ESPI non-compliance are listed below.

ESPI 2 performance has worsened in key specialities and several specialities in Southland account for a substantial proportion of our overall breaches.

All specialities	DN	Sthld	Total	
Neurosurgery	132	0	132	5%
Cardiothoracic	1	0	1	0%
Orthopaedics	246	53	299	12%
Haematology	22	0	22	1%
Gynaecology	73	552	625	26%
Vascular	35	0	35	1%
Cardiology	10	3	13	1%
Urology	5	1	6	0%
ENT	48	249	297	12%
Plastics	163	3	166	7%
Respiratory	10	3	13	1%
General Surgery	70	318	388	16%
Dermatology	85	49	134	6%
Renal Medicine	1	2	3	0%
Neurology	46	2	48	2%
Ophthalmology	44	32	76	3%
General Medicine	6	1	7	0%
Rheumatology	58	17	75	3%
Diabetes	1	2	3	0%
Endocrinology	7	1	8	0%
Gastroenterology	1	5	6	0%
Oncology	1	0	1	0%
Paed Medicine	1	19	20	1%
Paed Surgery	2	0	2	0%
Radiation Oncology	1	0	1	0%
Anaesthesia	23	0	23	1%
Total	**1092**	**1312**	**2404**	**100%**
% by site	**45%**	**55%**	**100%**	

Surgery	
Neurosurgery	132
Orthopaedics	299
Vascular	35
ENT	297
Plastics	166
General Surgery	388
Urology	6
Ophthalmology	76
Paed Surgery	2
Anaesthesia	23
Breach share	**60%**

Medicine	
Haematology	22
Gynaecology	625
Cardiology	13
Respiratory	13
Dermatology	134
Renal Medicine	3
Neurology	48
Diabetes	5
Rheumatology	75
General Medicine	7
Endocrinology	8
Gastroenterology	6
Oncology	1
Paed Medicine	2
Radiation Oncology	1
Breach share	**40%**

Orthopaedic Outpatient Waitlist and ESPI 2 (FSA) Breaches

The overall waitlist has increased by 8 patients since the December report and is now 757. The number of breaches has decreased by 3 over the same period to remain relatively stable at 299. The split between Dunedin and Southland is 73 and 552 respectively. Due to a long-term vacancy on the Southland site, all spinal patients are being seen on the Dunedin site.

HAC should note the following actions

1. Dunedin had a fellow start in January who has been seeing a larger proportion of FSA patients.
2. Discussions with Clutha Health to reduce their Orthopaedic Outpatient clinics from monthly to one every three months. This will add an additional 10 FSA and 8-10 follow-ups per month to Dunedin. The aim is to ensure patients wait a similar time across the district.

Gynaecology Outpatient Waitlist and ESPI 2 (FSA) Breaches

The overall waitlist has increased by 127 patients since the December report and is now 1,080. The number of breaches has increased by 130 over the same period and is currently 625. The split between Dunedin and Southland is 73 and 552 respectively. Actions being taken to address the challenges for both sites are covered in the attached addendum. (page 23)

ENT Outpatient Waitlist and ESPI 2 Breaches

The overall waitlist has decreased by 75 patients since the December report and is now 882. The number of breaches has decreased by 106 over the same period and is now 297. The split between Dunedin and Southland is 48 and 249 respectively.

HAC should note the following actions

1. A greater number of referrals for skin lesions go to GPSI's in primary care, this is working with well supported by health pathways.

2. Southland have been able to secure a SMO for a 12-month position from June 2022 which will improve service delivery on that site.
3. Changes in referral Criteria (via Health Pathways).

4. Inpatient Performance ESPI 5 (surgery)

The inpatient wait list is currently at 4,722 which is a decrease of 259 since the last HAC report in December when it was 4,981. There have been notable decreases during this period in the waitlists for Dental Surgery due to additional bus sessions and Urology due to additional outsourcing. Additional outsourcing has also been done in General Surgery and Ophthalmology and they have had small decreases in waitlist numbers. However, since December 2021 the number of breaches has increased by 162 from 2,632 to the current 2,794.

There has been reduced theatre capacity over both sites due to staff vacancies and sickness resulting in theatre and ward bed closures. On the Dunedin site planned care capacity has been limited by the number of available inpatient beds and has purposefully been aligned with that constraint so as to reduce the number of on the day cancellations. This has been managed with input and support of surgeons in order to maintain available theatre capacity for urgent and non-deferable patients. It has seen a greater focus on day surgery.

ESPI 5 breaches by speciality

Seventy-eight percent of our breaches are in the four specialties highlighted in red, below. In contrast to the ESPI 2 breach break-down by site in which Southland is the larger of the two, the ESPI 5 breaches are on the Dunedin site with 70% of the breaches and less so on the Southland site with 30% of the breaches.

Surgery	DN	Sthld	Total	
Neurosurgery	32	0	32	1%
Orthopaedics	752	302	1054	38%
Vascular	88	0	88	3%
ENT	373	141	514	18%
Plastics	165	0	165	6%
General Surgery	209	76	285	10%
Gynaecology	69	72	141	5%
Urology	56	38	94	3%
Paediatric Surgery	3	0	3	0%
Dental Surgery	0	78	78	3%
Ophthalmology	182	142	324	12%
Cardiothoracic	3	0	3	0%
Max Fax	13	0	13	0%
Total	**1945**	**849**	**2794**	**100%**
% by site	**70%**	**30%**	**100%**	

Orthopaedic ESPI 5 Breaches

The high number of breaches in the orthopaedics service reflects the impact of high demand the continued pressure on the nursing workforce of vacancies and sickness leading to bed closures, the sustained impact of high acute demand monopolising operating theatre time and restricted access to beds especially HDU and ICU. On both sites all opportunities to do additional outsourcing with current providers are being taken but unfortunately this is just keeping the overall list at a steady state rather than decreasing the number of long waiting patients. The Clinical Leader for Dunedin, Mr Michael Chin, will be presenting to the HAC in April regarding the current state of Orthopaedics.

HAC should note the following:

1. An additional Saturday acute theatre is being run on the Dunedin site when current staffing shortages permit.
2. Negotiations with Dunedin Orthopaedic Group for a long-term contract.
3. The focus on opening of additional beds and across both sites to ensure adequate beds for each service. Forecasts suggest that stability in bed numbers (COVID-19 aside) will be achieved mid-March.
4. Continued outsourcing as required. For example, Over the past 12 months forty-seven joints have been operated on at South Canterbury DHB and they have indicated they would like this to continue past 1 July 2022.
5. IAP funding has been allocated to employ a physio assistant and to fund unbudgeted outsourcing.

ENT ESPI 5 Breaches

Following the December HAC report the total ENT waitlist has decreased by 53 to now be 855. At its highest point the waitlist was 1,007 in late May 2021, a decrease of 152.

HAC should note the following

1. There has been an increase in the number of skin lesions being undertaken by the primary care.
2. A period of supervision for a Southland surgeon is now complete.
3. A locum surgeon in Southland has been appointed for 12 months from June 2022.

General Surgery ESPI 5 Breaches

The overall waitlist has decreased by 16 since the last HAC report, from 522 to the current number 506. The number of breaches over the same time period has increased by 36 from 249 to 285. The sustained reduction in theatre capacity has resulted in General Surgery operating only on urgent and cancer cases and non-urgent cases are waiting longer.

HAC should note the following

1. On the Southland site a new Colorectal Surgeon started in February.
2. A locum surgeon in Southland has indicated an extension to their contract.

5. Recovery Approach for Long Waiting Patients on our Waitlists (Inpatient and Outpatient)

Our largest challenge (and primary focus) is patients waiting for inpatient surgery.

ESPI 5 (Surgery Long Waiting) Patients

Weekly ESPI meetings with the General Manager for Surgery, Service Managers and Planned Care Manager are on-going and focus on plans to book the long wait patients.

ESPI 5 waiting over 365 days						
Date	**Normal**	**Planned**	**Staged**	**Booked**	**Total**	**% booked**
Oct-21	404	128	70	58	602	12%
Nov-21	420	132	66	43	618	11%
Dec-21	455	134	66	61	655	10%
Jan-22	480	131	64	32	675	9%
Feb-22	559	133	68	43	760	9%

The services that continue to be challenging are ENT, Plastics, General Surgery, Orthopaedics and Vascular Surgery.

ESPI 5 by service waiting over 365 days						
Service	**Normal**	**Planned**	**Staged**	**Booked**	**Not booked**	**Total**
ENT	81	24	1	4	106	110
Dental Surgery	1	2	0	0	3	3
General Surgery	56	9	4	2	69	71
Gynaecology	6	6	0	0	12	12
Neurosurgery	10	0	0	0	10	10
Orthopaedics	319	73	15	27	407	434
Plastics	20	4	48	2	72	74
Ophthalmology	27	7	0	3	34	37
Urology	4	4	0	2	8	10
Cardiothoracic	2	0	0	0	2	2
Vascular Surgery	33	4	0	3	37	40
Total	**559**	**133**	**68**	**43**	**760**	**803**

There are currently 117 patients waiting over 600 days for surgery. This number excludes planned or staged patients. Of these 8 have dates and 24 were booked but have been deferred due to hospital capacity issues and will be rescheduled. Long wait benign patients are outsourced when possible, however many are complex and require inhouse hospital care. The lists are reviewed regularly to ensure that patients who have gone private are removed and that their condition has not deteriorated and their priority has changed. When a patient is not able to have their surgery due to health or personal reasons their care is transferred back to their GP. They can be fast tracked back to the waitlist when their situation improves and they are able to have their operation. Dunedin General Surgery plan to run a regular benign list for long waiting patients and this will commence once the current omicron situation resolves.

Sub-Set Patients >= 600 days by Speciality

Count of NHI	Column Labels			
Row Labels	Booked	Deferred	Given Certainty	Grand Total
E.N.T	1	3	8	12
General Surgery	1		7	8
Gynaecology	1			1
Ophthalmology		1	1	2
Orthopaedics	3	16	57	76
Plastic Surgery	2	2	6	10
Vascular Surgery		2	6	8
Grand Total	**8**	**24**	**85**	**117**

ESPI 2 (Outpatient) Long Waiting Cases

ESPI 2 waiting over 365 days				
Date	Not booked	Booked	Total	% booked
Oct-21	91	21	112	19%
Nov-21	55	13	68	19%
Dec-21	69	19	88	22%
Jan-22	100	13	113	12%
Feb-22	149	14	163	9%

ESPI 2 by service waiting over 365 days				
Service	Not booked	Booked	Total	% booked
ENT	16	7	23	30%
General Surgery	13	2	15	13%
Gynaecology	50	2	52	4%
Neurosurgery	36	1	37	3%
Orthopaedics	2	1	3	33%
Plastics	6	0	6	0%
Vascular Surgery	13	0	13	0%
Rheumatology	13	1	14	7%
Total	**149**	**14**	**163**	**9%**

6. Emergency Departments

February 2022	Admit	Non-Admit	Admit %	Total Presentations	Average Presentation
Southland	588	2290	20.43%	2878	102
Dunedin	839	2624	24.23%	3463	123
Combined	1427	4914	22.50%	6341	225

Financial Year to February 2022	Admit	Non-Admit	Admit %	Total Presentations	Average Presentation
Southland	5145	20438	20.11%	25583	105.27(105)
Dunedin	8068	21794	27.02%	29862	122.88(123)
Combined	13213	42232	23.83%	55445	228.15(228)

Southland Hospital continue to experience higher demand than current year to date averages and this is continued throughout February, with Dunedin returning to close to the YTD average. Both emergency departments continue to experience significant ongoing bed block on regular occasions related to the number of beds that have been closed, the workflow challenges associated with COVID and the continued increase in acuity that is being experienced. Ongoing staff shortages compounded with sickness are creating additional challenges.

February 2022	Performance Against 95% Target
Southland	81.20%
Dunedin	72.83%
Combined	76.63%

Strategies for improving patient flow in the Emergency Department(s) continue and HAC should note the following

1. Generalism in Dunedin combined with an effective medical assessment unit (MAU). Planning for a proximate MAU continues and improved utilisation of the 7th floor MAU is occurring and this is being reflected in the metrics.
2. Discharge documentation.
3. Integrated Ops Center. A project brief has been worked up and some project support has been seconded.
4. A weekend discharge pilot programme is in place to improve discharge rates over the weekend.
5. The hospital-wide escalation plan remains the key strategy when the ED becomes overloaded or bed blocked and has been used with effect.
6. Emergency Q implementation is commencing in Southland.
7. The ED expansion in Southland remains the primary long-term strategy in resolving the issues of overcrowding in the Emergency Department Design has been finalised and is with the Quantity Surveyor for costing.

7. Radiology

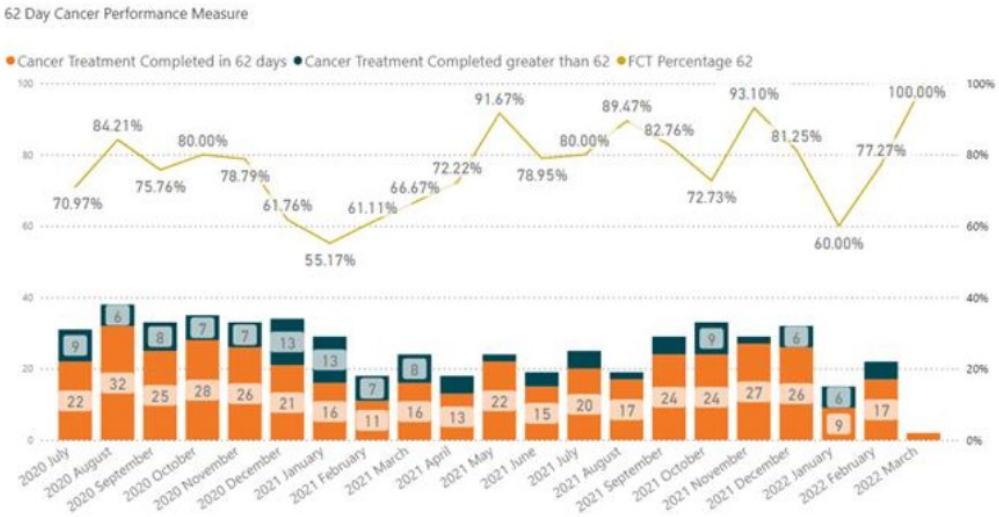
Preliminary results for February suggest that CT has effectively recovered to the earlier level of performance and should finish the month at c.91% (Dunedin: 84.4% Southland/Lakes: 99.1%). MRI appears to have recovered somewhat to 37.7% but is still down on December's 46% (Dunedin: 29.1% Southland: 63.7%). Dunedin has not recovered at all, so the change in the District result is solely down to an improvement in Southland.

Improving GP access to High tech Imaging, good progress made on GP direct access for CT Head pathway – awaiting pathway to be finalised. Other CT pathways being explored including CTU, Abdominal and TIA (Transient Ischemic Attack). Outside of CT, in US the focus is primarily on the demand side – looking at referral quality. In MRI - Asymmetrical hearing loss – would be of value for GPs to have access to MRI Intra Auditory Meatus (IAM) exam to exclude a schwannoma without necessarily having to refer on to ENT. GP liaison to be in contact with Clinical Director of ENT and work this up.

HAC should note the following.

Dunedin MRI install is progressing with delivery of the machine scheduled for 27th March.

8. Oncology

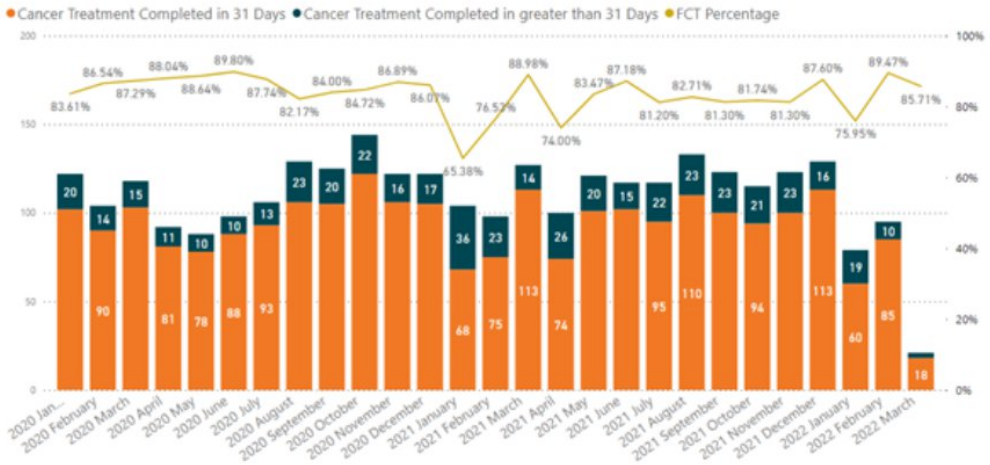


FCT Percentage 61

BY START OF QUARTER

Start of Quarter	FCT Percentage 61
1 July 2020	77.45%
1 October 2020	73.53%
1 January 2021	60.56%
1 April 2021	81.97%
1 July 2021	83.56%
1 October 2021	81.91%
1 January 2022	71.79%
Total	**76.20%**

Up from 75.89% last report Noting that this is not a full quarter.



FCT Percentage

BY START OF QUARTER

Start of Quarter	FCT Percentage
1 January 2020	85.76%
1 April 2020	88.85%
1 July 2020	84.44%
1 October 2020	85.82%
1 January 2021	77.81%
1 April 2021	81.95%
1 July 2021	81.77%
1 October 2021	83.65%
1 January 2022	83.59%
Total	**83.68%**

Up from 83.59% Noting that this is not a full quarter.

Tumour stream performance varies according to treatment modality and access to specialist care for example in urology. There is a long wait for laparoscopic radical proctectomy and therefore underperforming against the performance indicator at 50% as there is only one surgeon from Southland performing this operation across the district. Mitigation includes recruitment strategies.

Breast cancer treatment performance is 89% for the 62-day and 84% for the 31-day noting an incomplete quarter where surgery is the usual treatment is on track. This is due to access to screening, diagnostics, and surgery.

Lung cancer performance is poorer with 76% of 62-day indicator being met, however for the 31-day the time from decision to treat to treatment is good at 93%. Patients in both Otago and Southland have access to the Lung Fast Track Clinic so that the diagnostic pathway is accelerated as it the first definitive cancer treatment. And recently recognising the performance issues a lung cancer clinical nurse specialist is in place on both sites to manage and expedite this patient group.

Gynaecology patients are currently on target but at risk due to operating theatre constraints. There is not a gynae-oncologist on site which leaves SDHB dependent on the Christchurch team and their throughput.

Upon referral to oncology time from decision to treat to treatment (31-day) is generally at 100% for chemotherapy and radiotherapy noting that the patient has already transitioned the diagnostic pathway. Wait times may have preceded this. Too address poor access to first specialist assessment for radiation oncology and medical oncology, outsourcing to private has occurred as has investment for additional specialists both medical and nursing. There has been some outsourcing which has also helps to reduce wait times.

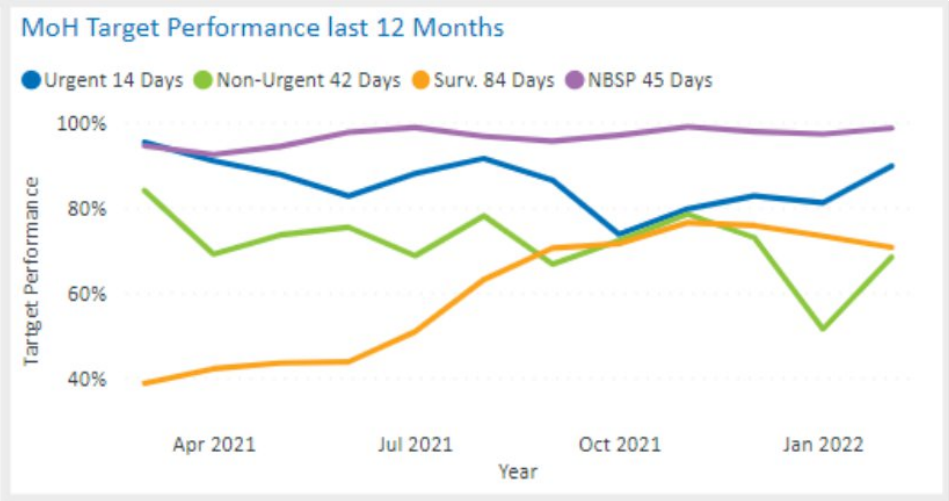
Radiology waits, prolonged wait times for ultrasound relates to demand and capacity issues and for interventional radiology this relates to specialist availability such as for radiofrequency ablation (RFA) which is a medical procedure in which part of the electrical conduction system of the tumour tissue is ablated.

There has been an improvement in CT wait times and capacity since the commissioning of the second CT in September 2021.

The Faster Cancer Treatment Project Team prospectively oversees tumour stream activity, performance and near breaches. Their role is to alert services to near breaches also with an equity focus across. Additional resource to this team has resulted in greater ability to track patients and to work with services. This is temporary.

9. Endoscopy

The Ministry wait time indicators are as follows:



Year	Month	Patients	Urgent 14 Days (90%)	Urgent Var.	Non-Urgent 42 Days (70%)	Non-Urgent Var.	Surv. 84 Days (70%)	Surv. Var.	NBSP 45 Days (95%)	NBSP Var.
2022	February	804	89.7%	-0.3%	68.3%	-1.7%	70.6%	0.6%	98.6%	3.6%
2022	January	830	81.1%	-8.9%	51.4%	-18.6%	73.3%	3.3%	97.2%	2.2%
2021	December	850	82.7%	-7.3%	72.9%	2.9%	75.8%	5.8%	97.8%	2.8%
2021	November	915	79.6%	-10.4%	78.4%	8.4%	76.4%	6.4%	98.9%	3.9%
2021	October	887	73.7%	-16.3%	72.2%	2.2%	71.5%	1.5%	96.9%	1.9%
2021	September	911	86.4%	-3.6%	66.7%	-3.3%	70.4%	0.4%	95.6%	0.6%
2021	August	892	91.5%	1.5%	78.0%	8.0%	63.1%	-6.9%	96.7%	1.7%
2021	July	903	88.0%	-2.0%	68.7%	-1.3%	50.8%	-19.2%	98.8%	3.8%
2021	June	927	82.6%	-7.4%	75.4%	5.4%	43.7%	-26.3%	97.6%	2.6%
2021	May	1026	87.8%	-2.2%	73.5%	3.5%	43.5%	-26.5%	94.3%	-0.7%
2021	April	983	90.9%	0.9%	69.0%	-1.0%	42.1%	-27.9%	92.5%	-2.5%
2021	March	1048	95.3%	5.3%	84.0%	14.0%	38.7%	-31.3%	94.4%	-0.6%
2021	February	1004	84.0%	-6.0%	74.9%	4.9%	31.7%	-38.3%	97.4%	2.4%
2021	January	1033	72.4%	-17.6%	59.1%	-10.9%	29.5%	-40.5%	95.6%	0.6%
2020	December	1122	90.9%	0.9%	82.7%	12.7%	31.0%	-39.0%	96.2%	1.2%
2020	November	1237	100.0%	10.0%	73.2%	3.2%	31.5%	-38.5%	95.3%	0.3%
2020	October	1313	90.7%	0.7%	77.7%	7.7%	31.0%	-39.0%	94.6%	-0.4%
2020	September	1371	93.5%	3.5%	71.8%	1.8%	33.7%	-36.3%	96.5%	1.5%
2020	August	1361	86.3%	-3.7%	66.4%	-3.6%	32.6%	-37.4%	94.9%	-0.1%
2020	July	1413	92.0%	2.0%	51.4%	-18.6%	37.0%	-33.0%	90.8%	-4.2%
2020	June	1461	86.1%	-3.9%	39.8%	-30.2%	35.7%	-34.3%	60.3%	-34.7%
2020	May	1370	74.5%	-15.5%	21.8%	-48.2%	42.0%	-28.0%	26.3%	-68.7%
2020	April	1160	80.0%	-10.0%	27.0%	-43.0%	47.0%	-23.0%	56.8%	-38.2%
2020	March	1264	77.1%	-12.9%	51.9%	-18.1%	51.1%	-18.9%	94.7%	-0.3%
2020	February	1192	90.2%	0.2%	50.2%	-19.8%	41.8%	-28.2%	91.3%	-3.7%
2020	January	1114	77.8%	-12.2%	46.5%	-23.5%	40.2%	-29.8%	94.9%	-0.1%

Colonoscopy performance is good with Urgent, Surveillance and Bowel Screening indicators largely being met for February 2022 with a very small (1.8%) variance in the non-urgent target. Significant catch-up on long waiting surveillance patients in Southland with only 23 patients breaching the maximum waiting time indicator. Additional lists and patients being offered appointments in Dunedin have driven the list down.

Surveillance

Hospital	Surv.	120 Day Breach	120 Day Compliance	84 Day Breach	84 Day Compliance
Southland	134	23	82.8%	56	58.2%
Dunedin	108	4	96.3%	5	95.4%
Total	**242**	**27**	**88.8%**	**61**	**74.8%**

10. A summary of key operational challenges

Risks are covered in the Audit and Risk reporting.

HAC should note the following key operation challenges.

1. The COVID-19 pandemic and the southern system response remains a key operational challenge. Central to this is the impact on COVID-19 on the wider health workforce, our ability to continue to provide service at a minimum level, support other areas of the health system and the strategies in place to manage patients with COVID-19 infection which add an additional layer of complexity to the care delivered.
2. High inpatient demand (acute) associated with reduced beds numbers driven by vacancy and sickness has led to daily fluctuations in resourced bed numbers impacting planned care delivery. The focus has been on urgent and non-deferable surgery requiring inpatient stay and a on day surgery.
3. Many areas already vulnerable due to vacancies are at further at risk of worsening absenteeism. Maternity remains a critical risk with supports in place.

11.Case weight, Discharges and Volumes

Planned Care Interventions Inpatient Surgical Discharges - Annual target 12,556	**7,341** Actual YTD vs 8,295 Plan YTD, as at February 2022

Note the above discharges exclude improvement action plan volumes.

Addendum:

Southland Gynaecology Outpatient Waiting List

Overall, waiting lists have slightly deterioated since mid-January 2022. The relative increase in SMO through this period has been counteracted by leave through the summer period. The number of urgent patients has reduced reflecting the prioritisation of this group.

Efforts of recovery are being further hampered with the Service Manager testing COVID positive, one SMO testing positive for COVID and another shortly going on maternity leave and currently unwell and in hospital.

Waitng Time by Priority

Southland Gynaecology patients days waiting by priority for an FSA															
Priority	0-39	40-79	80-119	120-159	160-199	200-239	240-279	280-319	320-359	360-399	400-439	440-479	480-519	520-559	Grand Total
Semi urgent	65	36	60	38	36	51	60	64	49	6	8	5	1		479
Routine	58	33	54	41	29	38	32	47	26	18	19	4	4	1	404
Urgent	16	1	2	2			1								22
Grand Total	**139**	**70**	**116**	**81**	**65**	**89**	**93**	**111**	**75**	**24**	**27**	**9**	**5**	**1**	**905**

Urgent Priority Waiting Time – further detail

Urgent patients days waiting and booked status										
Booking status	0-9	10-19	20-29	30-39	40-49	90-99	100-109	130-139	250-259	Grand Total
booked	5	1	2	2	1			2	1	14
not booked	3	1		2			1			8
Grand Total	**8**	**2**	**2**	**4**	**1**	**1**	**1**	**2**	**1**	**21**

*****Patient waiting longer than 40 days did not attend their FSA appointment, so is showing as not booked, and this is being followed up.*

Recovery and Sustainability

Updated table of actions for February 2022

No.	Area of focus	Action	Progress/timeframe
1	Administration processes	Reviewing administration processes and waitlist management to ensure that patients are booked on an acuity basis, appointments are booked a month in advance and that the waitlists are reviewed, and patients are properly removed from the waitlists.	Completed March 2022. Regular audit of process and waiting lists will continue.
2	Clinic roster	Introduction of a six-week roster for SMOs to improve clinic planning.	Completed.
3	Long wait follow ups	An SMO on early maternity leave from April 2022 for one month to review overdue follow ups, and they will either be booked an appointment or discharged.	End of April 2022.

3	FSA's over 365 days waiting	There are 51 FSA's waiting over 365 days. SMO's to run additional clinics in March/April to ensure these patients are seen over next 4 weeks.	Mid-April 2022.
4	SMO locum	12 month fixed term role as part of IAP funding from the MOH for waitlist reduction.	Interviewed a SMO from US in early March who is avaible from September 2022 for 12 months. Checking referees and medical council suitability.
5	Colposcopy outsourcing	Use of an external provider to undertake some colposcopy volumes – release SMO to undertake gynaecology clinic.	The COLP bus is booked every month to Queenstown and Gore, to cover off the rural patients.
6	SMO maternity leave	Proactive recruitment for known shortfalls of staff (recruiting now for maternity leave in April).	Advertising.
7	CNS clinic role	Releasing SMO time with the employment of a CNS to provide routine follow-up, waiting list management, straightforward ante-natal support, routine follow-up, colposcopy support and early pregnancy service.	Interviewing three applicants week of March 14th. Plan to make offer start date May 2022 once process complete.
8	District triaging	Same criteria for accepting referrals to be adopted on both sites. In Souhtland the CNS (above) will do the triaging and free up SMO capacity. Both Clinical Leaders are keen to make this happen.	March 2022 CL's getting current triage criteria from triagers. Will collate and discuss unified approach. Commence once complete.
9	Primary care and minor operations	Seeking opportunity for primary care involvement in the gynaecology service to ensure they are working at the top of their scope. Use the ENT skin lesion model as an example.	Service Manager, Clinical Leader and Planned Care Manager meeting with GP Liaison (Andy Shute) to discuss how this would work.
10	District approach	Seeking opportunity for normalising waiting times across the District. There are many opportunities for collaboration to	Monthly district meetings started March 2022. Attended by Clinical Leaders,

		improve and standardise care to our patients alongside creating efficiencies. This may include the creation of a single waiting list. This initiative will likely be considered once Southland waiting list better controlled and once the new Service Managers and Clinical Leaders have established themselves in the respective services.	Service Manager, Planned Care Manager and Director of Midwifery.
11	Recruitment	Engaging with a recruitment agency to attempt to address our inability to consistently recruit into the service.	Recruitment video for the Southland Site. Filming complete and draft has been given feedback. International recruitment drive for Southland to start April 2022.
12	Referral boundaries	To improve equity of access to care for women across the district recommend changing the boundary temporarily for Gore north patients to be seen in Dunedin.	Planned Care Manager collecting data of effects of this change and will discuss with the Clinical Leaders and Service Managers.
13	Acceptance Criteria	The continued deterioation of the waiting list, additional absences and inability to recruit may necessitate the restriction of the service. To ensure equity this will need to be enacted across the District and would create additional capacity. Risk that women declined treatment will be re-refered in the future or their condition may worsen and necessitate being treated.	Criteria for triaging being collated with SMO teams. Once agreed over the district this will be implemented.

Notes on SDHB Output Trends, FTE trends, and Productivity

Prepared by: Courtney McElwain, Grant Paris (SDHB Management Accountants)

Date of Draft: 22 March 2022.

Introduction and Summary

This report is a work in progress and is the start of analysing the productivity within SDHB.

The report is prepared at a high level, further drill down and analysis will be required. All data supporting this report has been prepared so that it can be drilled down into. Our next iteration will be to split the metrics by site, specialty and clinical support areas.

Methodology

To gain an overall perspective of productivity, we have looked at trends in 7 areas

- Acute throughput (discharges)
- Non acute throughput (discharges)
- ED Presentations
- Complexity measure (coarse proxy utilising Diagnostic Related Growth (DRG) coding)
- FSAs (Med / Surg)
- Population Growth
- FTE trends.

Work completed shows the following trends and comparison over the 5 years with national % increase.

Financial Year	2017/18	2018/19	2019/20	2020/21	SDHB Full Growth	National Growth
Acutes	1.5%	2.3%	-1.0%	6.7%	2.59%	0.69%
Electives/Arranged Admission	3.7%	1.0%	-15.6%	2.7%	-2.72%	-0.23%
ED	3.2%	2.4%	-1.0%	6.5%	1.65%	0.03%
Outpatients (FSAs Med/Surg)	-3.4%	5.5%	-8.1%	11.3%	3.1%	1%
Population	2.1%	1.9%	1.8%	*No data*	2.0%	2.0%
Productivity CWs/FTE	*No data*	4.24	3.85	3.93	-7.3%	-1.64%
Total Actual FTE	3.9%	0.8%	9.1%	-0.1%	3.7%	3.7%

Note: Population data sourced from Statistics NZ is recorded by calendar year, average between two years has been used.

In summary, from the above, we can state;

1. Acute volumes are growing at a rate higher than the national average. This is despite our over 65s growing at a rate lower than the national average 3.13% over the 5 year period compared to 3.47%.

2. Our elective delivery took a bigger hit during the 19/20 lockdown than the national average and has continued to run under the national average post lockdown.

3. FTE is growing at a rate higher than output although this is in line with the national average. We know there are reasons for the accelerated increase in certain staff groups, however given the reduction in volumes it makes SDHB appear more unproductive. Some of the staffing increases when taken at face value were always going to lead to this conclusion, for example;

- SDHB started measuring FTE on SMO additional hours 2 years ago that added approx.. 30FTE while not increasing the number of staff or time worked.
- RMO's in past MECA negotiations have negotiated guaranteed time off resulting in more FTE to cover the same runs.
- CCDM, based on the TrendCare model, has increased nursing staff over recent years and are based on patient safety (and staff wellbeing). There has not been an increase in beds associated with this increase in staff, more a realisation that more staff were needed to service the existing beds.

4. We have attempted to look at patient complexity however at this stage we need a better proxy that provides reliable information. This will be included in the next iteration.

5. ED volumes continue to grow in Southland and Lakes. The increase in Lakes is expected given the population increase however the continued growth in Southland ED volumes needs further review. The next iteration will look at the presentation by triage codes

6. As expected given the reduction in throughput and the increase in FTE the simple productivity measure of case weights divided by FTE shows a reduction during lockdown, with minimal recovery subsequent to this.

Conclusion

There has been a reduction in productivity as expected due to COVID however SDHB appears to have been affected by this more than the national average. Given that FTE increases are in line with the national average this suggests that production is a causal factor. Our next iteration will analyse:

a) Caseweights per bed night matched against caseweight per FTE (split acute / elective)
b) Extension of SDHB data to year to date 2021/22
c) Why SDHB acutes are growing higher than the national average
d) Why did COVID impact our elective production more than other DHBs
e) Whether one site has been affected more than another
f) Drill down by specialty
g) Analysis of the Clinical Support departments

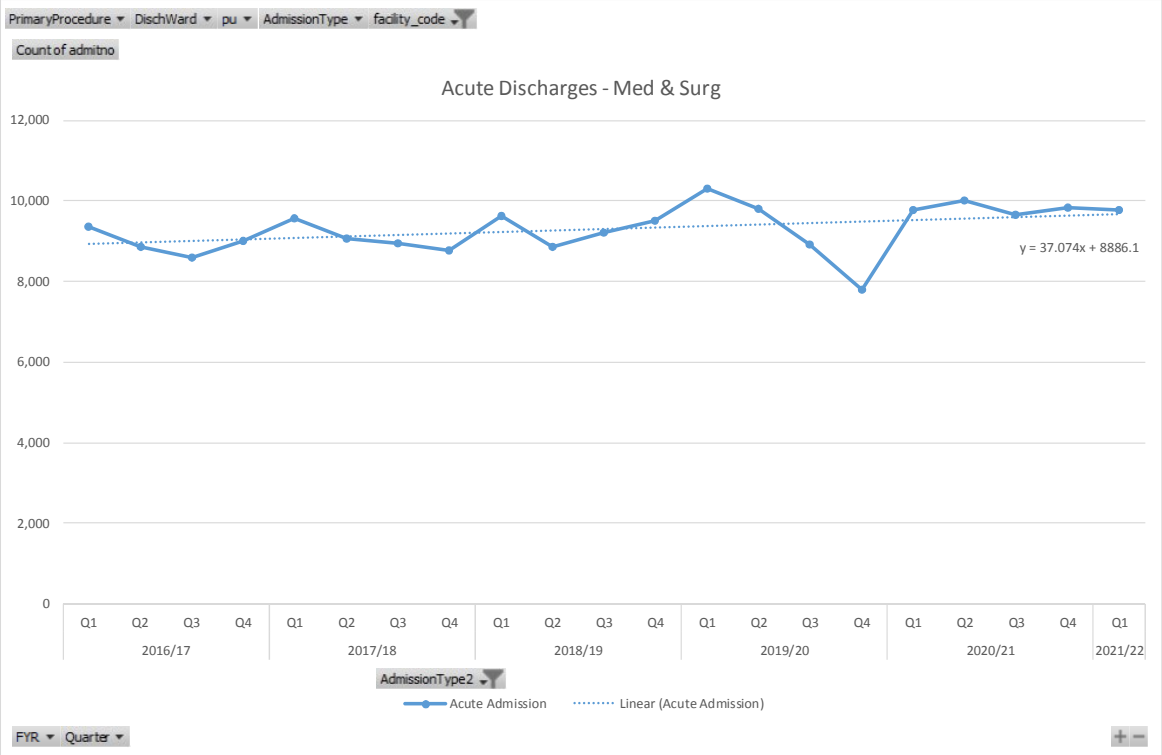
National Outcome

This question was also raised in a report prepared by TAS on national productivity, the outcome being that;

a) Using certain measures, a reduction in productivity did appear to exist, however;
b) The FTE growth and gradual volume decrease is not as alarming as the initial signalling implies, based on:
    a. The use of mean FTEs through a year rather than final quarter snapshots
    b. Health sector effects not captured in standard sources – evolution of service provision
    c. Other environmental factors not previously considered in this discussion

The SDHB data has been sourced from: District Reports - SDHB, Statistics NZ Census Population data. The national data has been sourced from TAS Productivity report.

I - Acute Throughput



Financial Year	2016/17	2017/18	2018/19	2019/20	2020/21
Total Discharges	35,792	36,346	37,190	36,805	39,262
% Change		1.5%	2.3%	-1.0%	6.7%

DHB Acute admission numbers show an upward trend, with a drop in the quarter of the lockdown period and a gradual return to historical levels.

Pre-covid

Average growth up to Quarter 3 of 2019/20 is 2.77% (National: 2.55%). Average quarterly discharges pre-covid were 9,223 per quarter.

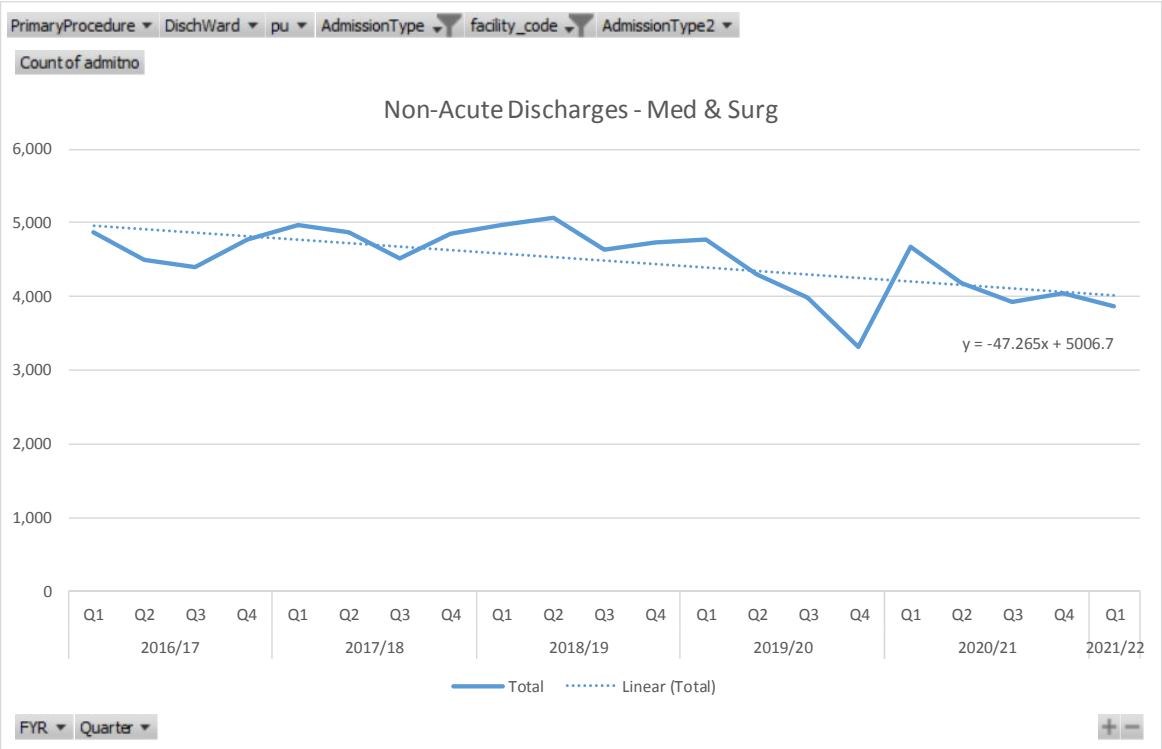
Post-covid

Average quarterly growth post-covid lockdown is 2.25% demonstrating that SDHB mostly recovered to pre-covid numbers. Average quarterly discharges post-covid were 9,471 per quarter, an increase of 250 acute discharges.

Full series

For the full series average growth is 2.59% (National: 0.69% to Q2 20/21), and illustrates the effects of the covid-19 lockdown period. Average quarterly discharges for the entire period was 9,294 per quarter.

II - Non-Acute Throughput



Financial Year	2016/17	2017/18	2018/19	2019/20	2020/21
Total discharges	18,542	19,227	19,410	16,375	16,811
% change		3.7%	1.0%	-15.6%	2.7%

Non –acute numbers show a downwards trend with a sharp decrease upon Q4 19/20 due to the covid lockdown and SDHB has not recovered to pre-covid levels.

Pre-covid

Average growth up to Quarter 3 of 2019/20 is 0.01% (National: 0.17%). Average quarterly discharges pre-covid were 4,733 per quarter.

Post-covid

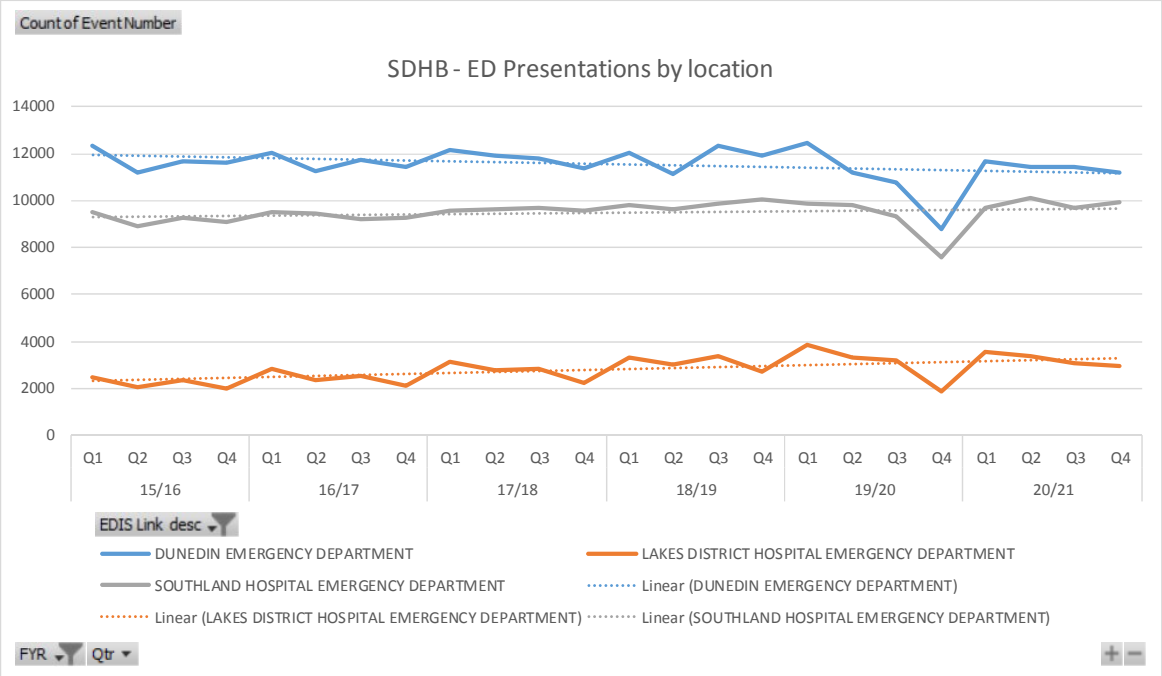
Average quarterly growth post-covid lockdown is -6.61% demonstrating that SDHB has not recovered to pre-covid numbers. Average quarterly discharges post-covid were 3,995 per quarter, a decrease of 738 elective discharges.

Full series

For the full series average growth is -2.72% (National: -0.23%), and illustrates the effects of the covid-19 lockdown period. Average quarterly discharges for the entire period was 4,487 per quarter.

To Q1 of 21/22, Southern DHB has not yet recovered its elective discharges to pre-covid levels, however is partly offset by a 250 increase in acute discharges.

III - ED Presentations



Overall ED presentations show a growing trend however this is driven by growth in both Lakes and Southland and a decline in Dunedin ED presentations. All sites show a drop in Q4 of 19/20 due to covid of 25% overall.

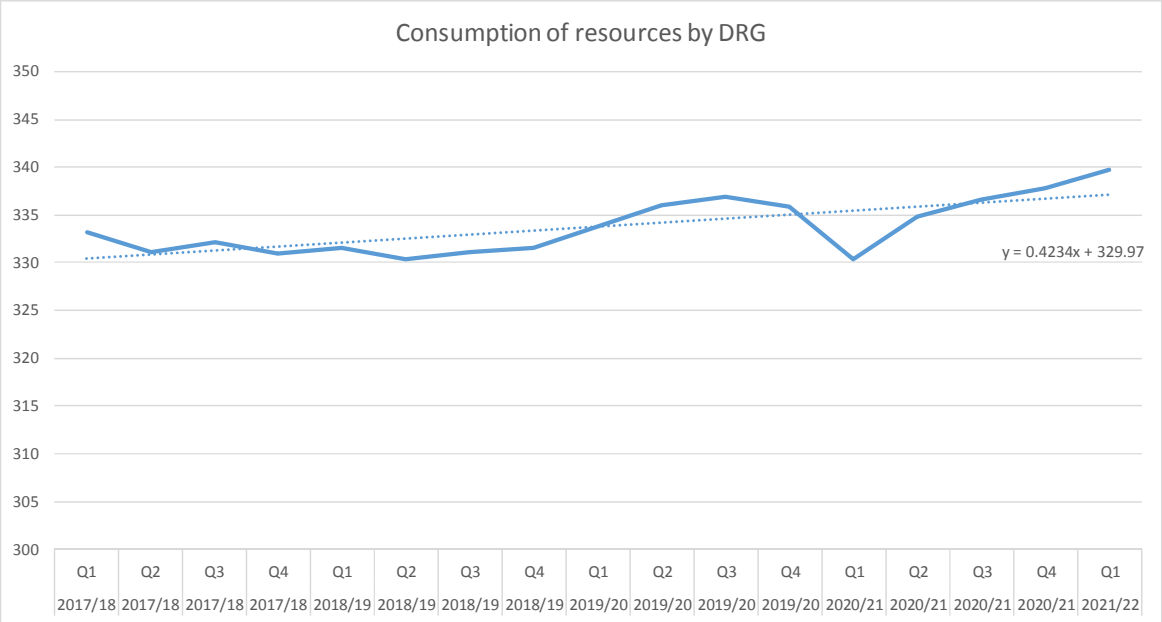
The Clinical Director for the Dunedin ED has presented to ELT that while the number of presentations is static, the complexity has increased as measured by triage codes –this will be included in the drill down.

Pre-covid the average quarterly increase was 1.74% (National: 2.3%), post-covid 8.24% and for the full series was 1.65% (National 0.03% to Q2 20/21).

IV - PCCL Trends

Due to restriction on obtaining complexity ratings the consumption of resources in the drg codes has been used as a measure. This will not be directly comparable to national figures. DRG codes end in either A,B, C, D or Z. Each letter has been given a numerical value from 1 to 5 (A, highest consumption = 5). The average consumption of resources has been calculated and multiplied by 100 to align with the national methodology.

*Due to questions around data, the 16/17 year has been excluded from the following chart.



The time series shows a steady climb in the consumption of resources from Q2 of 18/19 through to Q3 of 19/20 (pre-covid). The sharp drop in Q1 of 20/21 is due to the increased number of discharges post the covid lockdown. In Q4 of 19/20 there were 11,070 total discharges v Q1 of 20/21 with 14,395 discharges – all with lower consumption of resource measures. This is due to the catch up period of less severe/complicated patients post lockdown.

This data remains a work in progress.

V - NZ Populations 2015 – 2020

Year at 30 June	2015	2016	2017	2018	2019	2020	Average Annual Growth
Southern DHB	316,900	323,800	330,400	337,400	342,900	349,400	1.97%

The New Zealand and Southern population has grown at an average rate of almost 2% pa over the last five years.

It is known that the over 65 population uses more hospital services than other population age groups. Over the same time period this age group has increased at an annual average rate of 3.13% (National: 3.47%).

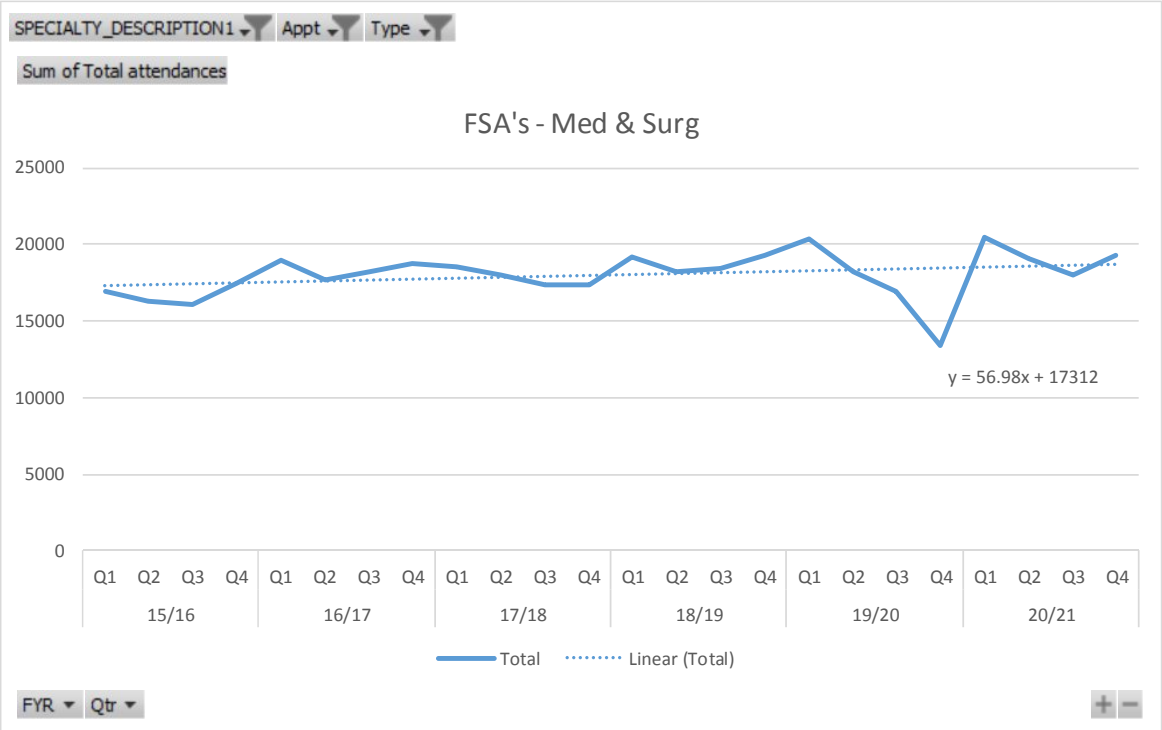
Year at 30 June	2015	2016	2017	2018	2019	2020	Average Annual Growth
Total Southern DHB 65+	50,500	52,000	53,500	55,000	56,800	58,900	3.13%

VI – Selected Outpatient Throughput

This chart shows rolling 12-month attendance volumes for selected outpatient activity. These are:

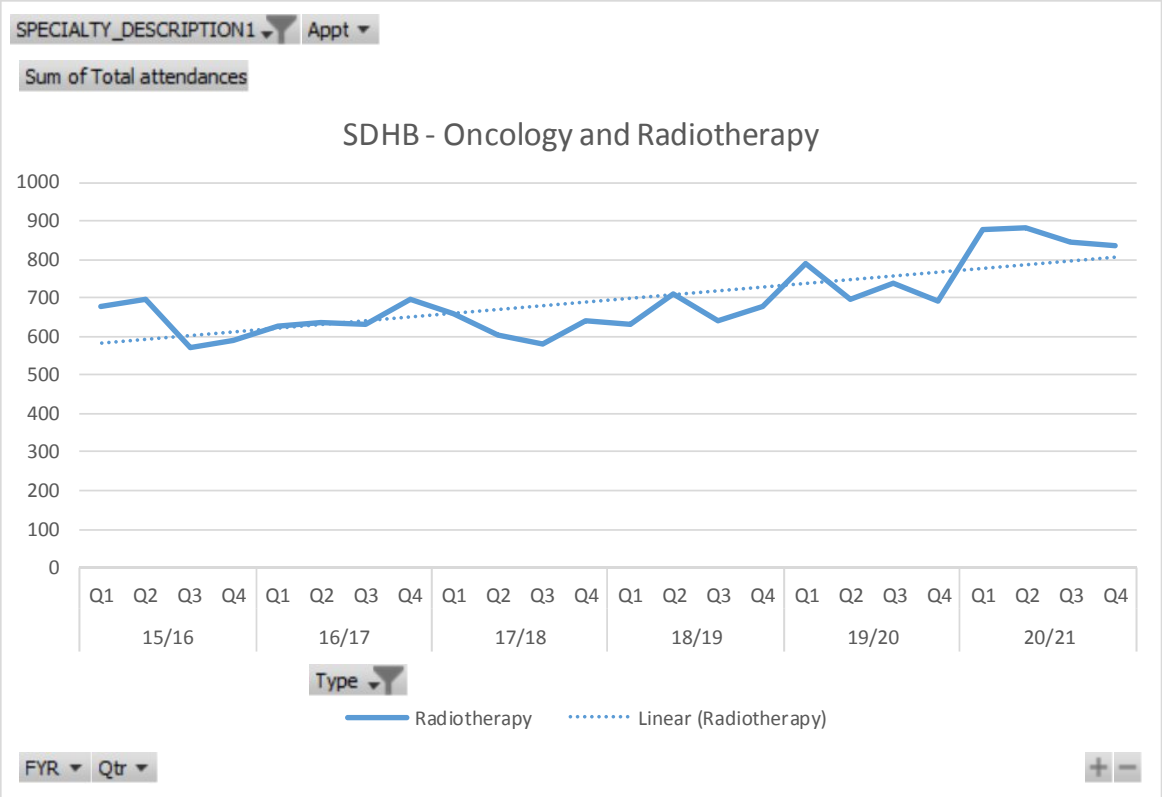
- First Specialist Assessments (FSAs) across all specialties
- Chemotherapy and related Oncology activities including specialist consults and transfusions, but not radiotherapy.

FSAs have been noticeably affected by the lockdown period. Overall this activity saw average annual change of 3.3% (National: 2.2%) through to March 2020, and 3.1% (National: 1% to December 2020) through to Q4 2021.

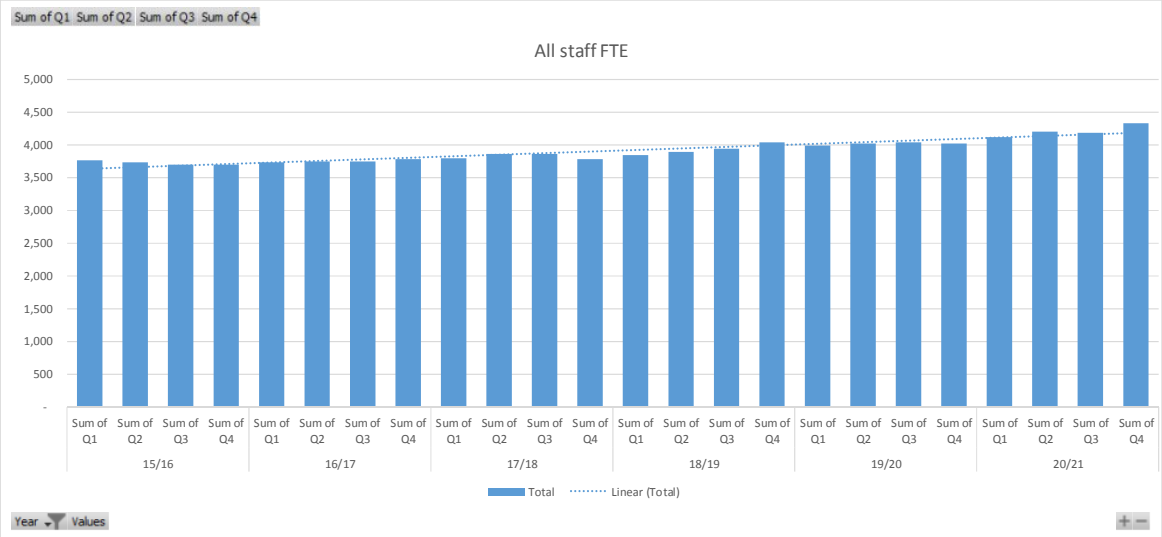


Financial Year	15/16	16/17	17/18	18/19	19/20	20/21
No. of FSA's	66,795	73,681	71,172	75,099	69,018	76,827
% change		10.3%	-3.4%	5.5%	-8.1%	11.3%

We have also looked at radiotherapy volumes which show an increase of 7% (National: -1% to end of 2020) to end of 2021, and 4% (National: 0.37%) to March 2020. Covid appears to have only had a minor impact on radiotherapy sessions.



VII – DHB Workforce and FTE Trend



This is the total FTEs excluding all covid cost centres. Annual leave taken and annual leave released subcodes have been excluded. Additional impacts across the years that have been included are:

- changing treatment from recognising annual taken to recognising annual leave accrued (increase FTE)
- changing treatment of allowances

Average annual growth is 3.3% (National: 3.68%), based on initial and final Q4s.

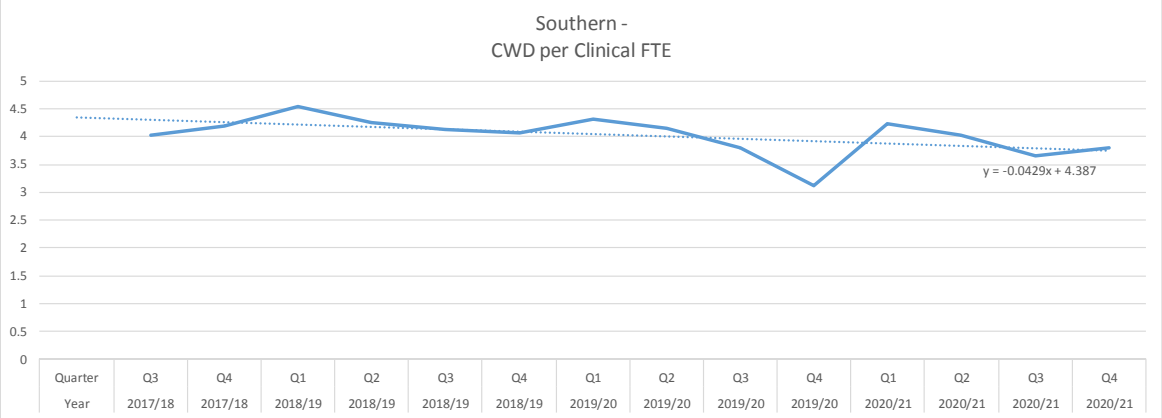
Annual growth for full financial years has been:

Staff type	15/16	16/17	17/18	18/19	19/20	20/21
Medical	562	565	587	613	651	689
		0.6%	*3.9%*	*4.3%*	*6.2%*	*5.9%*
Nursing	1,758	1,777	1,838	1,879	1,909	1,999
		1.1%	*3.4%*	*2.3%*	*1.6%*	*4.7%*
Allied	724	734	751	750	745	788
		1.4%	*2.2%*	*-0.1%*	*-0.7%*	*5.8%*
Support	182	107	108	102	102	109
		-41.3%	*0.9%*	*-6.0%*	*0.2%*	*7.1%*
Mgmt/Admin	757	754	807	780	788	822
		-0.5%	*7.0%*	*-3.3%*	*1.1%*	*4.3%*
Grand Total	**3,983**	**3,937**	**4,090**	**4,123**	**4,195**	**4,407**
		-1.1%	***3.9%***	***0.8%***	***1.7%***	***5.1%***

VIII – Partial Productivity Factor

This is the relevant throughput measure divided by the corresponding (in most cases) FTE measure.

The below chart filters out COVID cost centres and excludes Mgmt/Admin and Support staff types.



FOR INFORMATION

Item: Financial Report for the period ended 28 February 2022

Proposed by: Grant Paris, Management Accountant

Presented by: Hamish Brown, Acting Chief Operating Officer

Meeting of: 04 April 2022

Recommendation

That the Hospital Advisory Committee notes the Financial Report for the period ended 28 February.

Purpose

1. To provide the Hospital Advisory Committee with the financial performance for the month and year to date ended 28 February 2022.

Specific Implications for Consideration

2. Financial

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

Next Steps & Actions

The Finance team are continuing to refine and develop the presentation and content of the Financial Report to provide commentary on relationships between cost and productivity.

Appendices

Appendix 1 Financial Report for the Hospital Advisory Committee

Appendix 1: Financial Report for the Hospital Advisory Committee

SOUTHERN DHB FINANCIAL REPORT – Summary for HAC

Financial Report for: **February 2022**
Report Prepared by: **Grant Paris**
Management Accountant
Date: **14 March 2022**

Overview

Results Summary for Specialist Services

1. February 2022 Result

The Chief Operating Officer (COO) portfolio encompasses the delivery of services across Surgical and Radiology, Medicine, Women's and Children's from Dunedin, and Invercargill Hospitals. It excludes Mental Health and Addiction Services and the support services of Building and Property, Information Technology, Finance and Management.

Month				Year To Date			Year End
Actual $000	Budget $000	Variance $000		Actual $000	Budget $000	Variance $000	Budget $000
47,533	47,308	225	Revenue	388,116	378,712	9,404	568,129
25,680	24,570	(1,109)	Less Workforce Costs	214,774	204,116	(10,658)	313,371
12,809	12,747	(62)	Less Other Costs	107,121	101,023	(6,098)	153,123
9,045	**9,991**	**(946)**	**Net Surplus / (Deficit)**	**66,221**	**73,573**	**(7,352)**	**101,636**

For March 2022, the COO portfolio had a contribution to non-clinical and overhead costs of $9.0m, which is $0.95m unfavourable to budget. This is in line with the year-to-date unfavourable variance of $7.35m.

2. Surgical Performance – Case Weights and Discharges

Provider Activity View

Planned Care refers to the Government funding for specific purchase units to deliver healthcare services to our population. This view represents the specific purchase units against which the Planned Care is measured. The Ministry of Health determines planned Care targets annually.

Volumes – care delivered by SDHB (includes outsourcing and IDF inflows)

The table below shows the volumes delivered by our Provider arm; plus, any volumes the Provider arm outsources to meet targets. This Provider view **includes** any inter district flow (IDF) activity delivered within our facilities for people who are domiciled in other DHBs, although it **excludes** services delivered by other DHBs for our population. This shows whether the Provider arm is delivering to the expected budgeted volumes.

Appendix 1: Financial Report for the Hospital Advisory Committee

Feb-22				Feb-21	YEAR ON YEAR		YTD 2021/22				YTD Feb-21	YEAR ON YEAR
Actual	Budget	Variance	% Variance	Actual	Monthly Variance		Actual	Budget	Variance	% Variance	Actual	YTD Variance
						Medical Caseweights						
1,279	**1,314**	**(35)**	**-3%**	**1,333**	**(54)**	**Acute**	**11,754**	**11,398**	**356**	**3%**	**11,882**	**(128)**
862	*869*	*(7)*	*-1%*	929	(67)	Otago	*7,773*	7,527	246	3%	7,993	(220)
417	*445*	*(28)*	*-6%*	404	13	Southland	*3,981*	3,871	110	3%	3,889	92
339	**267**	**72**	**27%**	**315**	**24**	**Elective**	**2,689**	**2,296**	**393**	**17%**	**2,750**	**(61)**
294	235	59	25%	248	46	Otago	*2,359*	2,017	342	17%	2,405	(46)
45	32	13	41%	67	(22)	Southland	*330*	279	51	18%	345	(15)
1,618	**1,581**	**37**	**2%**	**1,648**	**(30)**	**Total Medical Caseweights**	**14,443**	**13,694**	**749**	**5%**	**14,632**	**(189)**
						Surgical Caseweights						
965	**1,148**	**(183)**	**-16%**	**1,114**	**(149)**	**Acute**	**9,295**	**9,640**	**(345)**	**-4%**	**9,625**	**(330)**
684	805	(121)	-15%	735	(51)	Otago	*6,434*	6,729	(295)	-4%	6,662	(228)
281	343	(62)	-18%	379	(98)	Southland	*2,861*	2,911	(50)	-2%	2,963	(102)
1,122	**1,263**	**(141)**	**-11%**	**1,141**	**(20)**	**Elective**	**9,962**	**10,801**	**(839)**	**-8%**	**10,621**	**(659)**
817	940	(123)	-13%	882	(65)	Otago	*7,605*	8,032	(427)	-5%	7,928	(323)
305	323	(18)	-6%	259	46	Southland	*2,357*	2,769	(412)	-15%	2,693	(336)
2,087	**2,411**	**(324)**	**-13%**	**2,255**	**(169)**	**Total Surgical Caseweights**	**19,258**	**20,441**	**(1,184)**	**-6%**	**20,246**	**(989)**
						Maternity Caseweights						
69	**81**	**(12)**	**-15%**	**127**	**(58)**	**Acute**	**785**	**708**	**77**	**11%**	**774**	**11**
49	59	(10)	-17%	97	(48)	Otago	*591*	516	75	15%	565	26
20	22	(2)	-9%	30	(10)	Southland	*194*	192	2	1%	209	(15)
305	**322**	**(17)**	**-5%**	**363**	**(58)**	**Elective**	**2,988**	**2,798**	**190**	**7%**	**2,965**	**23**
191	193	(2)	-1%	233	(42)	Otago	*1,779*	1,677	102	6%	1,832	(53)
114	129	(15)	-12%	130	(16)	Southland	*1,209*	1,121	88	8%	1,133	76
374	**403**	**(29)**	**-7%**	**490**	**(116)**	**Total Maternity Caseweights**	**3,773**	**3,506**	**267**	**8%**	**3,739**	**34**
						TOTALS						
2,313	**2,543**	**(230)**	**-9%**	**2,574**	**(261)**	**Acute**	**21,834**	**21,746**	**88**	**0%**	**22,281**	**(449)**
1,595	1,733	(138)	-8%	1,761	(166)	Otago	14,798	14,772	26	0%	15,220	(422)
718	810	(92)	-11%	813	(95)	Southland	7,036	6,974	62	1%	7,061	(25)
1,766	**1,852**	**(86)**	**-5%**	**1,819**	**(54)**	**Elective**	**15,639**	**15,895**	**(256)**	**-2%**	**16,336**	**(697)**
1,302	1,368	(66)	-5%	1,363	(61)	Otago	11,743	11,726	17	0%	12,165	(422)
464	484	(20)	-4%	456	8	Southland	3,896	4,169	(273)	-7%	4,171	(275)
4,079	**4,395**	**(316)**	**-7%**	**4,393**	**(315)**	**Total Caseweights**	**37,473**	**37,641**	**(168)**	**0%**	**38,617**	**(1,144)**
						TOTALS excl. Maternity						
2,244	**2,462**	**(218)**	**-9%**	**2,447**	**(203)**	**Acute**	**21,049**	**21,038**	**11**	**0%**	**21,507**	**(458)**
1,546	1,674	(128)	-8%	1,664	(118)	Otago	14,207	14,256	(49)	0%	14,655	(448)
698	788	(90)	-11%	783	(85)	Southland	6,842	6,782	60	1%	6,852	(10)
1,461	**1,530**	**(69)**	**-5%**	**1,456**	**4**	**Elective**	**12,651**	**13,097**	**(446)**	**-3%**	**13,371**	**(720)**
1,111	1,175	(64)	-5%	1,130	(19)	Otago	9,964	10,049	(85)	-1%	10,333	(369)
350	355	(5)	-1%	326	24	Southland	2,687	3,048	(361)	-12%	3,038	(351)
3,705	**3,992**	**(287)**	**-7%**	**3,903**	**(199)**	**Total Caseweights excl. Maternity**	**33,700**	**34,135**	**(435)**	**-1%**	**34,878**	**(1,178)**

Total caseweight delivery within the Provider Arm however was 287 caseweights less than plan. This is due to a combination of bed closures due to staff availability, closure of Ward 7A later in February for COVID patients and strike preparation for PSA Allied Health industrial action, which was averted late.

Planned Care Intervention

The total elective caseweights delivered in the table above can be reconciled to the service provider case weight report in the FARC Public report as follows:

Actuals	
Elective case weights excluding maternity actuals for February: (Medical 339 + Surgical 1,122)	1,461
Minus: elective medical case weights actuals for February:	-339
Add: medical case weights which count for elective plan for February:	55
Equals: Total elective Planned Care Interventions for February:	1,177
Plan	
Elective case weights excluding maternity plan for February: (Medical 267 + Surgical 1,263)	1,530
Minus: elective medical case weights plan for February:	-267
Add: medical case weights which count for elective plan for February:	+94
Equals: Total elective Planned Care Interventions target for February:	1,357
Variance Actual Delivery to Plan Care Intervention Target	**(180)**

On this basis we delivered 180 case weights (CWD) less than the elective plan for the month of February. In January, delivery was 153 case weights less than plan and year to date 717 case weights less than plan.

Appendix 1: Financial Report for the Hospital Advisory Committee
February 2022 Financials

Monthly							Year to date				Annual
Actuals	Budget	Variance	Actuals	Budget	Variance		Actuals	Budget	Variance	Variance	Budget
$000s	$000s	$000s	FTE	FTE	FTE		$000s	$000s	$000s	FTE	$000s
						REVENUE					
						Government & Crown Agency Sourced					
927	802	125				MoH Revenue	6,990	6,419	571		9,628
0	0	0				IDF Revenue	0	0	0		0
566	930	(364)				Other Government	6,365	7,686	(1,321)		11,590
1,493	**1,732**	**(239)**				**Total Government & Crown**	**13,355**	**14,105**	**(750)**		**21,218**
						Non Government & Crown Agency Revenue					
40	166	(125)				Patient related	498	1,325	(826)		1,987
118	178	(60)				Other Income	1,301	1,423	(121)		2,134
158	**343**	**(186)**				**Total Non Government**	**1,800**	**2,748**	**(948)**		**4,121**
45,882	45,232	650				Internal Revenue	372,962	361,860	11,102		542,790
47,533	**47,308**	**225**				**TOTAL REVENUE**	**388,116**	**378,712**	**9,404**		**568,129**
						EXPENSES					
						Workforce					
						Senior Medical Officers (SMO's)					
6,008	6,340	331	248	259	11	Direct	50,977	52,171	1,194	12	80,024
417	351	(67)				Indirect	3,159	2,805	(354)		4,207
244	128	(117)				Outsourced	2,207	1,142	(1,065)		1,696
6,670	**6,818**	**148**	**248**	**259**	**11**	**Total SMO's**	**56,342**	**56,117**	**(225)**	**12**	**85,927**
						Registrars / House Officers (RMOs)					
4,250	3,940	(309)	346	337	(9)	Direct	32,951	31,969	(982)	(5)	49,650
319	233	(86)				Indirect	1,786	1,864	78		2,796
27	25	(2)				Outsourced	187	223	36		331
4,596	**4,198**	**(397)**	**346**	**337**	**(9)**	**Total RMOs**	**34,925**	**34,056**	**(869)**	**(5)**	**52,777**
11,265	**11,016**	**(249)**	**594**	**596**	**2**	**Total Medical costs (incl outsourcing)**	**91,267**	**90,173**	**(1,093)**	**8**	**138,704**
						Nursing					
10,352	9,564	(788)	1,278	1,284	6	Direct	89,926	80,717	(9,209)	12	123,580
23	1	(22)				Indirect	66	8	(58)		12
23	3	(20)				Outsourced	201	25	(177)		37
10,398	**9,568**	**(830)**	**1,278**	**1,284**	**6**	**Total Nursing**	**90,194**	**80,749**	**(9,444)**	**12**	**123,629**
						Allied Health					
2,138	2,310	172	295	310	15	Direct	17,864	18,910	1,046	17	29,150
44	25	(18)				Indirect	349	204	(145)		472
88	42	(47)				Outsourced	812	362	(450)		544
2,271	**2,377**	**107**	**295**	**310**	**15**	**Total Allied Health**	**19,025**	**19,476**	**451**	**17**	**30,165**
						Support					
148	177	29	35	38	4	Direct	1,285	1,518	232	4	2,294
6	1	(5)				Indirect	4	8	3		11
1	0	(1)				Outsourced	1	0	(1)		(0)
155	**178**	**23**	**35**	**38**	**4**	**Total Support**	**1,291**	**1,525**	**235**	**4**	**2,306**
						Management / Admin					
1,587	1,418	(169)	283	265	(19)	Direct	12,856	12,078	(778)	(9)	18,397
(1)	9	9				Indirect	70	69	(1)		104
5	5	0				Outsourced	72	44	(28)		66
1,591	**1,431**	**(160)**	**283**	**265**	**(19)**	**Total Management / Admin**	**12,998**	**12,191**	**(806)**	**(9)**	**18,567**
25,680	**24,570**	**(1,109)**	**2,486**	**2,493**	**8**	**Total Workforce Expenses**	**214,774**	**204,116**	**(10,658)**	**32**	**313,371**
3,883	3,285	(598)				**Outsourced Clinical Services**	28,518	25,798	(2,720)		38,618
9	0	(9)				**Outsourced Corporate / Governance Services**	62	0	(62)		0
(8)	0	8				**Outsourced Funder Services**	28	0	(28)		0
6,923	7,682	759				**Clinical Supplies**	63,686	60,727	(2,959)		92,441
822	795	(26)				**Infrastructure & Non-Clinical Supplies**	6,862	6,863	1		10,313
						Non Operating Expenses					
1,062	984	(78)				Depreciation	7,848	7,635	(213)		11,750
0	0	0				Capital charge	(0)	0	0		0
0	0	0				Interest	0	0	0		0
117	0	(117)				Provider Payments - Personnel Health	117	0	(117)		0
12,809	**12,747**	**(62)**				**Total Non Personnel Expenses**	**107,121**	**101,023**	**(6,098)**		**153,123**
38,488	**37,317**	**(1,171)**				**TOTAL EXPENSES**	**321,895**	**305,139**	**(16,756)**		**466,493**
9,045	**9,991**	**(946)**				**Net Surplus / (Deficit)**	**66,221**	**73,573**	**(7,352)**		**101,636**

Appendix 1: Financial Report for the Hospital Advisory Committee

3. *Revenue*

- Revenue was $0.65m higher than budget due to revenue received from the Crown to offset the NZNO, PSA & MERAS MECA settlements.
- Patient Related Revenue was $0.12m unfavourable to budget made up primarily of non-resident income being less than budget due to current COVID border restrictions.
- Other Government revenue was $0.36m unfavourable to budget in February due to lower Orthopaedic ACC revenue, driven by lower capacity and over-accruals from prior months.
- MoH Revenue was $0.1m favourable relating to the release of revenue for service improvement projects (Endocrinology, Respiratory and Rheumatology)

4. *Workforce Costs*

Monthly result

Workforce costs (personnel plus outsourcing) were $1.17m unfavourable to budget in February 2022 with full time equivalent (FTE) 8 favourable to budget.

FTE

The FTE for the February accounts was based on the following pay dates;
- Nursing pay run –16th January to 13th February
- Medical, Allied, Support and Admin – 23rd January to 20th February (2 pay runs).

FTE is 8 under budget in February summarised in the following table. Budgeted FTE increases to 2,557FTE by June 2022 a planned and phased increase of 64FTE due to CCDM. (Care Capacity Demand Management) requirements as well as FTE phased in to address approved investments such as the Medical Assessment Unit.

The majority of the budgeted increase to come is in Nursing staff and depending on the success of recruitment will result in either a;
- More favourable FTE variance if actual FTE is held at similar levels to present or;
- A static variance as we are able to recruit into these positions which appears more likely given the difficulty, we're having filling vacant positions.

Staff Type	Actual FTE Feb22	Budget FTE Feb22	Monthly Variance	%	YE Budget FTE
SMO	248	259	11	4%	264
RMO	346	337	(9)	(3%)	336
Nursing	1,278	1,284	6	0%	1,317
Allied	295	310	15	5%	325
Support	35	38	4	9%	38
Mgmt / Admin	283	265	(19)	(7%)	277
	2,486	**2,493**	**8**	**0%**	**2,557**

Appendix 1: Financial Report for the Hospital Advisory Committee

Senior Medical Officer (SMOs)

SMOs were 11FTE under budget for the month and 12FTE favourable year to date. As has trended with SMOs, the FTE variance, the dollar variance is less than expected due to additional clinic payments made that have no hours associated with them.

Direct payroll costs are $0.33m favourable in February as per the table below. This is partially offset by outsourced costs which are $0.11m unfavourable.

Ordinary time	$324k favourable due to vacancies; partly offset with use of locums and overtime
Overtime	$368k unfavourable (we do not budget for overtime due to full rosters being budgeted): Monthly overrun is due to payments for additional clinics, call backs, SMO's covering RMO shifts and vacancies.
Training	$276k favourable due to less staff away on training days.
Sick Leave	$54k favourable due to less staff taking sick leave.
Leave	90% leave taken in month (in line with prior months). Leave management actions continue.

Indirect payroll costs are $0.06m unfavourable due to Professional Memberships payments which are now $0.24m over budget ytd and unbudgeted parental leave ($0.23m)

RMOs

RMOs were $0.40m unfavourable for the month and 9.3 FTE over budget. Leave taken continues to be low at 68% of levels budgeted (66.8% under year to date).

The unfavourable FTE variance is driven by

Leave Taken	68% leave taken in month (in line with prior months). This is equivalent to 10 FTE which is driving up ordinary time.
Overtime	Overtime is 5 FTE over budget. This is due to cover for vacancies and cover for PGY1 employed that cannot work night shifts
Training	2 FTE favourable due to less staff away on training days. Consistent YTD

Nursing

Nursing was $0.83m unfavourable and 6 FTE favourable in February.

To fully interpret the Nursing FTE position, we need to look at the components making up the 6FTE favourable variance to understand the components that make it up.

Payroll Component	Actual FTE MTD	Budget FTE MTD	Variance FTE MTD
10010 - Ordinary Time	994.83	1,059.42	64.59
10011 - Overtime	29.26	13.77	(15.49)
10021 - Leave Earned (including non-Stat Time in Lieu)	110.77	108.80	(1.97)
10022 - Statutory (including Stat Time in Lieu)	75.27	46.77	(28.50)
10023 - Sick Leave	35.45	26.39	(9.06)
10024 - Accident Leave	2.40		(2.40)
10025 - Other Leave	12.01	16.41	4.40
10026 - Training (including CME)/ Study Leave	16.28	12.64	(3.64)
10027 - Long Service Leave	2.61		(2.61)
Grand Total	**1,278.88**	**1,284.20**	**5.32**

Appendix 1: Financial Report for the Hospital Advisory Committee

As shown above, although Nursing FTE is close to budget, ordinary time, which represents "normal" hours worked is 64FTE (6%) less than budget. This broadly aligns with our vacancy factor within nursing.

Combining Ordinary and Statutory FTE together to remove the impact of timing differences between budget and actuals in the stat days, we have then looked at the responsibility centres with variances > 2 FTE (tabled below). This highlights significant variances across a wide range of responsibility centres some of which are resulting in bed closures.

The total positive and negative FTE variances can't be netted to give an overall statement about the number of nursing positions vacant as it fails to take into account;

- Positions that have been approved over and above the current budget (e.g., ED PIN), or
- Budgeted savings that are not driving the favourable variances (i.e., the favourable FTE variances are due mainly to the inability to recruit sufficient numbers of nurses, not because efficiencies have been put in place to run the wards at these lower numbers)

This table also shows leave taken versus plan in February. 82% of the cost centres have not taken budgeted leave which is creating strain on the existing workforce.

Responsibility Centre	Actual FTE MTD	Budget FTE MTD	Variance FTE MTD	Comment	Annual Leave Taken less than budget - Feb22
6818110 - General Manager Operations	0.10	(26.36)	(26.46)	Savings Valuing PT / Positive shifts / Generalism	3.14
6812365 - Emergency Department (ED)	69.21	54.79	(14.42)	PIN notice increase	(1.92)
6812511 - Ward 8 Medicine	71.52	61.04	(10.48)	Additional HCA's recruited above budget to address patient watches	(6.05)
6812502 - Ward 3 Surgical	67.94	58.77	(9.17)	Additional HCA's recruited above budget to address patient watches	(2.44)
6803507 - National Bowel Screening Programme	5.41		(5.41)	Offsets by Gastro below	0.35
6812504 - Ward 4A General Surgery	33.72	29.51	(4.21)	2FTE increase HCA's for CCDM not in budget	(1.61)
6808042 - General Manager Surgical Services & Radiology	1.59	(0.86)	(2.45)	Savings	0.80
6813659 - Ophthalmology Outpatients	8.36	6.18	(2.18)		(0.27)
6815213 - Nursing Resource Unit	13.21	15.69	2.48	VRM vacancies	1.02
6822366 - Neonatal (NICU) Unit	14.48	16.96	2.48	Vacancies	(1.28)
6822541 - Childrens Ward	14.17	17.05	2.88	Vacancies	(1.39)
6816250 - Patient Transport		2.92	2.92	Actuals in ICU	(0.42)
6812515 - Medical Assessment Unit	9.25	12.33	3.08	Vacancies	(0.06)
6812510 - Ward 7C Cardiology/Nephrology	17.35	20.60	3.25		(1.52)
6823450 - Perioperative	48.18	51.63	3.45	Closed beds	(1.53)
6813653 - Oncology/Haematology Outpatient Service	15.54	19.49	3.95		(0.43)
6813652 - Renal Unit/Nephrology	14.60	18.72	4.12		(2.08)
6812514 - Childrens Unit	18.05	22.25	4.20	Closed Beds	0.18
6812517 - Ward 7B Respiratory/Thoracic/Cardiac	16.59	21.03	4.44		(1.55)
6812366 - Neonatal (NICU) Unit	28.70	33.31	4.61	Vacancies	(2.28)
6822350 - Maternity Ward	18.78	23.83	5.05	Midwife vacancys	(1.78)
6812508 - Ward 7A Respiratory/Thoracic/Cardiac	27.09	32.16	5.07	Reduction in beds - COVID ward for part fo month	(2.09)
6813505 - Gastroenterology 8th Floor	12.90	20.18	7.28	Offset partially by Bowel Screening	(1.16)
6825213 - Nursing Resource Unit	6.14	13.61	7.47	Variable response team vacancies	(1.06)
6822543 - Surgical Ward	49.55	58.53	8.98	9 FTE budgeted for Medical overflow inito ATR beds	(3.59)
6812364 - Te Puna Wai Ora - Southern Critical Care (ICU)	75.35	87.81	12.46	FTE yet to be recruited for second pod	(6.41)
6812350 - Maternity Ward	28.52	43.31	14.79	Midwife vacancys	(3.41)
Add FTE in February covered by casuals			32.00		
Indicative level of vacancies	**686.30**	**714.48**	**60.18**		**(38.84)**

Appendix 1: Financial Report for the Hospital Advisory Committee

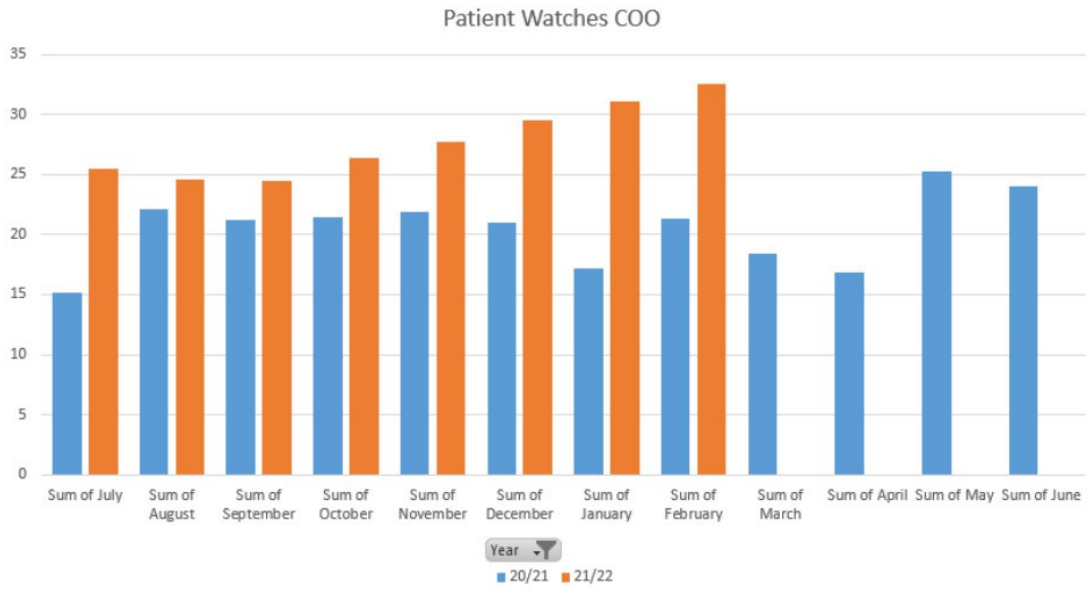
As shown below CCDM is budgeted in February at 90.83FTE which is 95% of the full year budget that has been budgeted from May 2022.

CCDM Allocation to cost centres

GL Code		GL Code Name	Sub	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
2210	Otago	Registered Nurses	40	3.80	16.10	28.29	32.29	41.99	45.19	46.19	54.39	55.79	57.59	59.29	59.29
2235	Otago	HCA	40	3.60	7.60	8.60	8.60	8.60	8.60	8.60	8.60	8.60	8.60	8.60	8.60
2210	Southland	Registered Nurses	40	7.34	7.34	11.84	14.74	16.32	17.32	17.32	21.22	21.22	21.22	21.22	21.22
2235	Southland	HCA	40	-	1.50	3.10	6.60	6.62	6.62	6.62	6.62	6.62	6.62	6.62	6.62
				14.74	**32.54**	**51.83**	**62.23**	**73.53**	**77.73**	**78.73**	**90.83**	**92.23**	**94.03**	**95.73**	**95.73**

8.2

Patient watches remain an area of focus with watch hours remaining high as per the graph below. The need for a patient watch is reviewed at each shift handover with an online log of all patient watches maintained that allows monitoring by managers. This includes the length of time the watch has been in place and the reason for the watch. To reduce cost where possible, patients are combined into rooms to allow one watch to be in place and family are asked if they can watch.



Allied Health

Allied Health costs were $0.11m favourable to budget in February. Direct payroll costs are $0.17m favourable and 15 FTE favourable, partially offset by outsourcing ($0.05m unfavourable) to cover vacancies.

The favourable FTE variance was driven by vacant roles in:

- Radiology service 4.8FTE favourable due to delays in recruitment of new MRT graduates.
- Dunedin Ophthalmology Outpatients 3.9FTE favourable is offset with nursing as HCAs employed but budgeted under Technicians
- Dunedin Anaesthesia Service and Southland Perioperative anaesthetic technicians are 6 FTE favourable, partially offset by outsourced costs which are $0.03m unfavourable.

Appendix 1: Financial Report for the Hospital Advisory Committee

Support

Support staff were under budgeted FTE in February due to continued vacancies in sterile services at both sites.

Management and Administration

Management/Admin dollars were $0.16m unfavourable and 18.6FTE over budget in February.

The variance is partly driven by annual leave not taken as only 79% of leave was taken to budget.

Leave Taken	79% leave taken in month (in line with prior months). This is equivalent to 6 FTE
Overtime	Overtime is 3 FTE over budget. This includes cover for leave not budgeted
Ordinary	Base FTE is over budget due to 4 FTE in Clinical Admin Southland (ongoing resourcing issues), 2 FTE in Oncology (offset by Radiation Oncology investment budgeted in Allied Health), 0.4 FTE COVID FTE not budgeted.

Most of this staff type (except for clinical related positions such as ward receptionists) are not budgeted to be covered when on annual leave. If annual leave taken is less than budgeted, this will result in higher costs and FTE recorded in the month, as the staff budgeted to be on annual leave will be working. This impacted in February by approximately 6 FTE.

Responsibility Centre	Actual FTE MTD	Budget FTE MTD	Variance FTE MTD	Comment	Annual Leave Taken less than budget - Feb22
				Ongoing FTE over budget, plus some additional impact due to Tier 2 & 3	
6828002 - Clinical Administration - Southlanc	39.39	33.37	(6.02)	Restructure (offset)	(0.83)
6808041 - General Manager Medicine,	10.64	6.64	(4.00)	Tier 2 & 3 Restructure (offset)	(0.09)
6808045 - General Manager Medicine and		(1.96)	(1.96)	Vacancy factor	0.21
6813654 - Radiation Oncology Outpatients	9.80	7.88	(1.92)	Offset in Nursing (Oncology Investment) and Medical Transcriptionist (Oncology Investment)	(0.37)
6813660 - 4th floor outpatients	8.19	6.70	(1.49)	Consistent YTD	(0.11)
6813029 - Ophthalmology Medical Staff	3.08	1.74	(1.34)	iMedx project. Casual FTE due to workload	0.12
6818132 - Service Manager General Surgery, Orthopaedics & Plastics Dunedin	3.37	2.16	(1.21)	Leave not covered in budget	0.01
6812365 - Emergency Department (ED)	9.81	8.63	(1.18)	Clerical team now 24/7	(0.55)
6808042 - General Manager Surgical Services	7.09	5.98	(1.11)	Tier 2 & 3 Restructure (offset)	(0.09)
6828150 - Clinical Administration	1.00		(1.00)	Tier 2 & 3 Restructure (offset)	0.00
6818166 - Maternity Quality Safety	1.15	2.19	1.04	1.0 FTE Vacant	(0.27)
6818136 - Service Manager Specialist Surgical	1.55	2.61	1.06	1.0 FTE Vacant	0.18
6815050 - Radiology	12.27	13.50	1.23	1.0 FTE Vacant	0.39
6813019 - General Surgery	3.58	4.83	1.25	Vacant FTE	0.20
6818110 - General Manager Operations	1.75	3.46	1.71	Tier 2 & 3 Restructure (offset)	(0.63)
6803507 - National Bowel Screening	0.00	1.74	1.74	Tier 2 & 3 Restructure (offset)	(0.18)
6803509 - National Bowel Screening South Isl	0.75	3.47	2.72	Long term vacancies in Supervors & Non Clinical Admin, used in Clinical Admin Southland	(0.12)

Appendix 1: Financial Report for the Hospital Advisory Committee

5. *Outsourced Clinical Services Costs*

Outsourced services were $0.6m unfavourable in February driven by Outsourced Surgical Services as shown below.

Object	Account Description	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD
3615	Laboratory Service	(1,499)	(1,492)	(8)	(12,013)	(11,933)	(80)
3620	Laboratory Sendaway Tests	0	(0)	0	(0)	(3)	3
3630	Breast screening	(115)	(112)	(3)	(845)	(919)	74
3640	Radiology Service	(105)	(160)	55	(1,288)	(1,316)	28
3642	CT Scans	(12)	(58)	45	(87)	(474)	387
3646	Lithotripsy	0	(6)	6	(21)	(51)	30
3647	MRI Scans	(95)	(33)	(62)	(480)	(267)	(213)
3650	Other Radiology Procedures	(126)	(34)	(92)	(453)	(281)	(172)
3651	Audiology	(3)	(2)	(1)	(24)	(16)	(8)
3653	Ophthalmology	(61)	(43)	(18)	(221)	(351)	130
3665	Surgical	(1,362)	(752)	(611)	(7,954)	(5,347)	(2,607)
3675	Vascular Assessments	(117)	(74)	(43)	(706)	(608)	(98)
3677	Out Sourced Clinical Services - Accom	(1)	0	(1)	(8)	0	(8)
3690	Outsourced Clinical Services - Other	(387)	(520)	133	(4,421)	(4,233)	(188)
		(3,883)	**(3,285)**	**(598)**	**(28,519)**	**(25,798)**	**(2,721)**

The $0.6m unfavourable variance in Outsourced Clinical Services is due to:

1. Increased surgical outsourcing partly offset by decreased outsourcing of cancer patients to St Georges Hospital in Christchurch. The increased surgical outsourcing is to meet / catch up CWD delivery and address surgery waiting lists, as measured by ESPI 5 - patients waiting longer than four months for surgery.

2. Saving of $0.1m loaded as part of the budget saving initiative (full year impact $1m).

6. *Clinical Supplies (excluding depreciation)*

Clinical supplies were favourable to budget by $0.76m in February and $2.96m unfavourable year to date.

Although the monthly variance was out of line with the year to date trend, it was not unexpected given the 7% reduction in actual caseweights to plan in February.

With the exception of Blood costs and Air Ambulance which do not necessary correlate with volumes, clinical supplies decreased reflecting the lower surgical activity and bed closures.

The monthly variances <> $50k are shown below:

Object	Account Description	$000 Monthly Actua	$000 Monthly Budge	$000 Monthly Varian	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	$000 Full Year Budge
4010	Blood and Tissue Supplies	(879)	(773)	(105)	(7,679)	(6,918)	(761)	(10,270)
4025	Catheters	(121)	(184)	63	(1,247)	(1,509)	263	(2,293)
4080	IV Supplies	(141)	(253)	112	(1,923)	(2,079)	156	(3,158)
4190	Patient Consumables	(235)	(339)	104	(2,555)	(2,782)	226	(4,225)
4235	Sterilising Consumables	(53)	(127)	74	(490)	(1,044)	555	(1,586)
4315	Disposable Instruments	(86)	(272)	186	(1,085)	(2,036)	951	(3,089)
4320	Laparoscopic Equipment	(168)	(43)	(125)	(1,613)	(324)	(1,289)	(491)
4530	Hip Prostheses	(158)	(282)	124	(1,514)	(1,875)	361	(2,968)
4590	Implants and Prostheses - Other	(11)	(84)	72	(86)	(688)	602	(1,045)
4955	Air Ambulance	(491)	(404)	(87)	(5,063)	(3,315)	(1,748)	(5,035)
		(6,923)	**(7,682)**	**759**	**(63,686)**	**(60,727)**	**(2,958)**	**(92,441)**

Appendix 1: Financial Report for the Hospital Advisory Committee

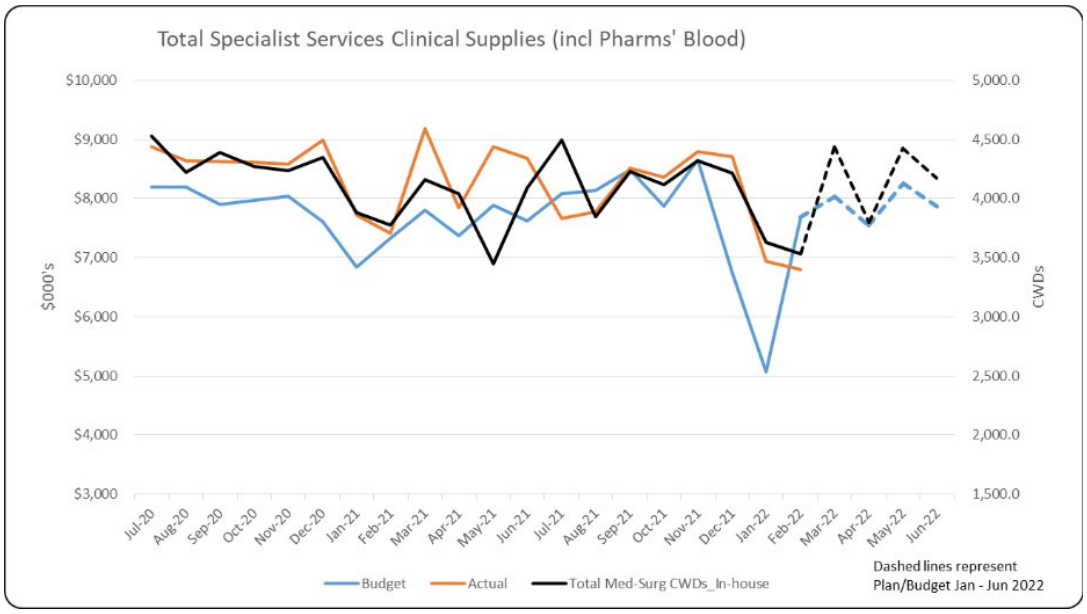
1) Blood & Tissue Supplies continue to track over budget and were $0.1m over budget for the month, partly offset by the Haemophiliac rebate of $0.04m. The main driver in non-haemophiliac costs is Intragam costs. This is an Immunoglobulin product used primarily in haematology and neurology. It is demand driven and usage is tightly controlled using clinical criteria.

2) Air ambulance was $0.09m over budget for the month and $1.75m YTD;

   - In February there were 38 flights compared to January which had 73 flights (monthly average of 53 flights).
   - Helicopter charges incurred a 10% price increase.
   - There were 4 flights due to Christchurch covering neurosurgical call.

3) Laparoscopic instruments are partly offset by disposable instruments, with the switch to the new Oracle financial system (FPIM), there was a change of classification for some items using the national catalogue.

We have graphed clinical supplies against Medical / Surgical and Maternity caseweights as below, with the planned CWD and Budget shown out to June 2022. This reflects a reduction in dollars and caseweights delivered in February as expected.



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Appendix 1: Financial Report for the Hospital Advisory Committee

7. *Infrastructure and Non-Clinical (excluding depreciation)*

Infrastructure and Non-Clinical supplies were over budget in February by $0.02m and favourable $0.22 year to date. Monthly variances > $10k are shown below.

Object	Account Description	$000 Monthly Actua	$000 Monthly Budge	$000 Monthly Varian	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	$000 Full Year Budge
5040	Patient Meals (Outsourced)	(335)	(314)	(21)	(2,845)	(2,726)	(119)	(4,094)
5045	Cleaning Supplies	(12)	(35)	24	(133)	(307)	174	(461)
5250	Staff Travel - Domestic	(98)	(71)	(27)	(728)	(671)	(57)	(1,030)
5355	Telecommunications - Line Rentals	(0)	(47)	47	(148)	(378)	230	(568)
5365	Telecommunications - Mobile Phones	(33)	(22)	(10)	(186)	(179)	(7)	(269)
5620	Other Equipment - Minor purchases	(62)	(24)	(38)	(351)	(190)	(161)	(285)
5650	Stock Adjustments	(11)	0	(11)	(95)	0	(95)	(0)
5670	Postage, Courier & Freight	(25)	(42)	17	(126)	(379)	253	(562)
		(576)	**(556)**	**(20)**	**(4,612)**	**(4,830)**	**218**	**(7,268)**

8. *Non-operating Expenses*

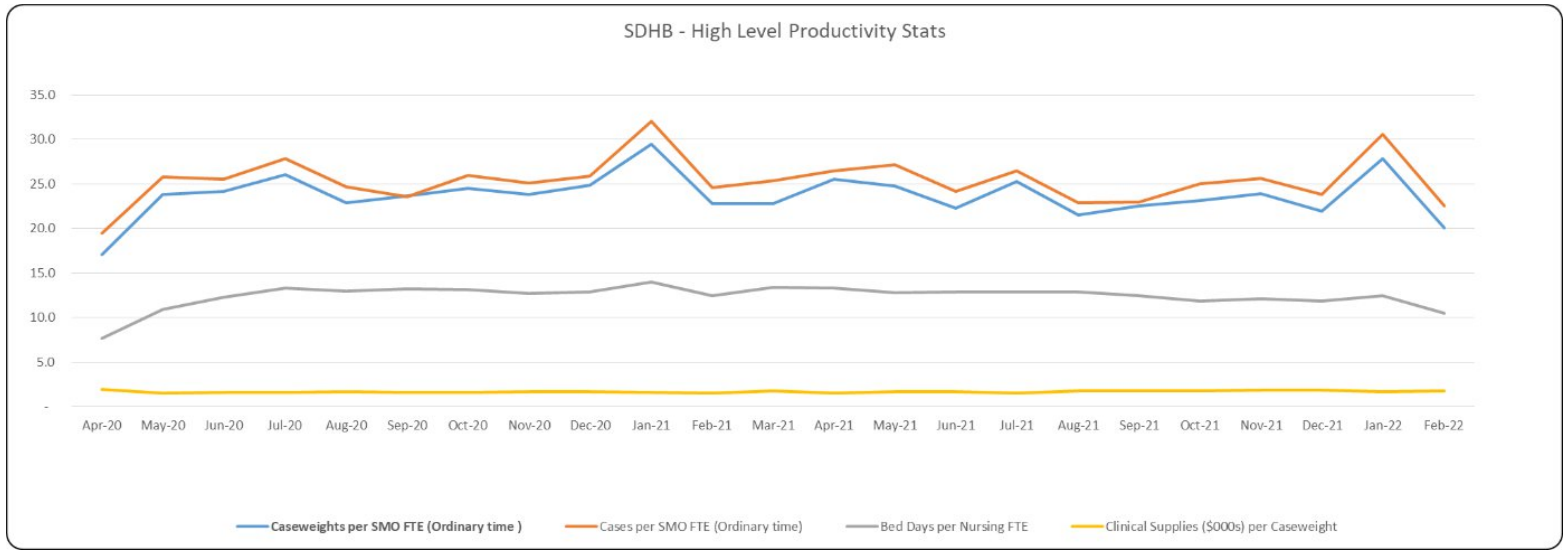
These costs relate to depreciation charges for clinical equipment and are close to the monthly budget.

Productivity Statistics

The graph below shows some high-level productivity statistics using certain FTE types and case-weights as the base. The details behind this are shown on the table on the following page.

The graph shows a fairly consistent picture over the 21 months with the exception of;

- April 20 where delivery was impacted by COVID,
- January 2021 & 2022 where although activity decreased, FTE decreased by a bigger % due to Christmas leave. This suggests that the utilisation of staff on hand during this period was higher while maintaining delivery,
- February 2022 shows a decrease in productivity driven by bed closures, reduced theatre, COVID ward set-up and strike preparation for PSA Allied Health industrial action, which was averted late.



Appendix 1: Financial Report for the Hospital Advisory Committee

SDHB Productivity Statistics

Medical/Surgical/Maternity

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Average
Caseweights	4,222.9	4,640.2	4,604.1	4,643.6	4,534.1	4,976.5	4,363.2	4,687.8	4,628.3	4,733.3	4,635.0	4,066.9	3,885.2	4,509.3
Cases	4,550.0	5,151.0	4,776.0	5,089.0	4,921.0	5,224.0	4,648.0	4,773.0	5,012.0	5,076.0	5,019.0	4,466.0	4,367.0	4,851.7
Caseweights per Case	0.9	0.9	1.0	0.9	0.9	1.0	0.9	1.0	0.9	0.9	0.9	0.9	0.9	0.9
Bed Days	10,495.0	11,216.0	11,172.0	11,177.0	11,265.0	11,455.0	11,308.0	11,139.0	10,638.0	10,819.0	10,893.0	9,893.0	9,281.0	10,827.0
Cases (excl Day Case)	2,686.0	3,058.0	2,882.0	3,015.0	2,964.0	3,174.0	2,821.0	2,781.0	2,886.0	2,923.0	2,914.0	2,610.0	2,438.0	2,857.8
ALOS	3.9	3.7	3.9	3.7	3.8	3.6	4.0	4.0	3.7	3.7	3.7	3.8	3.8	3.8
SMO FTE (Ordinary Time)	185.3	203.5	180.3	187.5	203.6	197.2	203.0	207.8	200.3	198.2	211.0	146.2	194.0	193.7
Nursing FTE (Ordinary Time)	844.3	837.8	839.6	872.4	876.7	888.7	878.3	892.8	897.2	894.9	919.2	794.6	886.3	871.0
Clinical Supplies ($000's)	7,389.7	9,118.8	7,826.6	8,847.6	8,670.6	8,549.7	8,664.3	9,403.6	9,308.2	9,771.9	9,690.7	7,847.3	7,803.0	8,684.0
Depreciation Clinical Supplies	-785.2	2,230.0	-77.1	1,075.2	-820.4	889.2	884.7	884.4	953.1	972.5	982.5	906.0	1,010.6	700.4
Clinical Supplies less Depreciation ($000's)	8,174.9	6,888.9	7,903.7	7,772.4	9,491.1	7,660.5	7,779.6	8,519.2	8,355.1	8,799.4	8,708.2	6,941.3	6,792.4	7,983.6
Caseweights per SMO FTE (Ordinary Time)	22.8	22.8	25.5	24.8	22.3	25.2	21.5	22.6	23.1	23.9	22.0	27.8	20.0	23.3
Cases per SMO FTE (Ordinary Time)	24.6	25.3	26.5	27.1	24.2	26.5	22.9	23.0	25.0	25.6	23.8	30.6	22.5	25.1
Bed Days per Nursing FTE (Ordinary Time)	12.4	13.4	13.3	12.8	12.8	12.9	12.9	12.5	11.9	12.1	11.9	12.4	10.5	12.4
Clinical Supplies per Caseweight	1.7	2.0	1.7	1.9	1.9	1.7	2.0	2.0	2.0	2.1	2.1	1.9	2.0	1.9

As expected, a reduction in all the volume metrics (caseweights, cases, bed days) has resulted in a drop in the productivity metrics (bed days per nursing FTE, caseweights per SMO FTE) as staffing numbers have remained close to the normal average. This was not unexpected in the current COVID environment

Quality measures such as average length of stay and clinical supplies per caseweight have not changed however which is pleasing to note.