SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Wednesday, 29 May 2019

HAC – commencing at the conclusion of the public DSAC/CPHAC meeting

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

A G E N D A

Lead Director: Patrick Ng, Executive Director Specialist Services

Item

1. **Apologies**
2. **Interests Register**
3. **Minutes of Previous Meeting**
4. **Matters Arising/Action Sheet**
5. **Specialist Services Monitoring and Performance Reports**
   - 5.1 Executive Director Specialist Services Report
   - 5.2 Key Performance Indicators
   - 5.3 Financial Performance Summary
6. **Resolution to Exclude Public**

Southern DHB Values			
Kind *Manaakitanga*	Open *Pono*	Positive *Whaiwhakaaro*	Community *Whanaungatanga*

APOLOGIES

No apologies noted at time of publishing the agenda.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**INTERESTS REGISTERS**
Report to:	Hospital Advisory Committee
Date of Meeting:	29 May 2019

Summary:

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

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

Changes to Interests Registers over the last month:

- Susie Johnstone - son, employee of Deloitte added;
- Jean O'Callaghan and David Perez, Deputy Commissioners, added.

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	n/a
Workforce:	n/a
Other:	

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 17/05/2019

RECOMMENDATION:

1. That the Interests Registers be received and noted.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
(Commissioner)	25.06.2015	~~Director~~, Deputy Chair, Dunedin City Holdings Limited (updated 15/04/2019)	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	~~Director~~, Deputy Chair, Dunedin City Treasury Limited (updated 15/04/2019)	Nil	
	18.09.2016	Food Safety Specialists Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Director, Warrington Estate Ltd	Nil - no pecuniary interest; provide legal services to the company.	
	18.09.2016	Tall Poppy Ideas Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Rangiora Lineside Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Otaki Three Limited	Nil. Co-trustee in client trusts - no pecuniary interest.	
	21.09.2018	Deputy Chair, Dunedin Stadium Property Ltd (from 1 July 2018, updated 24/04/2019)		
		Spouse:		
	25.06.2015	Consultant, Gallaway Cook Allan	Nil (Updated 8 June 2017)	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Director, South Link Health Services Limited	A SLH entity, Southern Clinical Network, has applied for PHO status.	Step aside from decision-making (refer Commissioner's meeting minutes 02.09.2015).
	25.06.2015	Board Member, Warbirds Over Wanaka Community Trust	Nil	
	25.06.2015	Director, Warbirds Over Wanaka Limited	Nil	
	25.06.2015	Director, Warbirds Over Wanaka International Airshows Limited	Nil	
	25.06.2015	Board Member, Leslie Groves Home & Hospital	Leslie Groves has a contract with Southern DHB for aged care services.	
	25.06.2015	Chair Dunedin Diocesan Trust Board	Nil (Updated 16 April 2018)	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil	
Jean O'Callaghan (Deputy Commissioner)	13.05.2019	Employee of Geneva Health	Provides care in the community; supports one long term client but has no financial or management input.	
	13.05.2019	St John Volunteer, Lakes District Hospital	Nil	Taking six months' leave.
David Perez (Deputy Commissioner)	13.05.2019	Director, Mercy Hospital, Dunedin	SDHB holds contracts with Mercy Hospital.	Step aside from decision making.
	13.05.2019	Fellow, Royal Australasian College of Physicians		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	13.05.2019	Trustee for several private trusts		
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	05.02.2015	One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician)		
	07.10.2015	Southern Partnership Group	The Southern Partnership Group will have governance oversight of the Dunedin Hospital rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	
	24.07.2018	Son's partner works for Southern DHB, Ophthalmology Service.		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Susie JOHNSTONE	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
(Consultant, Finance Audit & Risk Committee)	~~21.08.2015~~	~~Board Member, REANNZ (Research & Education Advanced Network New Zealand)~~ (Retired 30 June 2018)	~~REANNZ is the provider of Eduroam (education roaming) wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities.~~	
	21.08.2015	Advisor to a number of primary health provider clients in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	18.01.2016	Audit and Risk Committee member, Office of the Auditor-General	Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General.	
	16.09.2016	Director, Shand Thomson Ltd	Nil	
	16.09.2016	Director, Harrison Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Johnstone Afforestation Co Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees (2005) Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, McCrostie Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	28.05.2018	Clutha Community Health Company Co Ltd	Client of Shand Thomson. Two retired Shand Thomson partners are on the board, one is a long standing Chair.	
	23.07.2018	Trustee, Clutha Community Foundation (appointed June 2018)		
		Spouse is Consultant/Advisor to:		
	21.08.2015	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB.	
	21.08.2015	Wyndham & Districts Community Rest Home Inc	Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB.	
	21.08.2015	Roxburgh District Medical Services Trust	Roxburgh District Medical Services Trust has a contract with Southern DHB.	
	21.08.2015	A number of primary health care providers in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Daughter:		
	21.08.2015	Junior Doctor, Nelson Marlborough DHB	(Updated 25.01.2019)	
		Son:		
	29.04.2019	Employee of Deloitte	Deloitte are the inernal auditors of SDHB	
Donna MATAHAERE-ATARIKI	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
(IGC Member)	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Nil - charitable entity.	
	21.03.2018	Board Member, Otākou Health Limited	Registered Charity not contracting in Health.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	21.03.2018	Chair, NGO Council	Nil	
	07.06.2018	Chairperson, Te Rūnanga o Otākou Incorporated	Registered Charity - not contracting in Health.	
	07.06.2018	Director, Te Rūnanga Otākou Ltd	Nil does not contract in health.	Update to nature of interest 2 July 2018

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	07.06.2018	Trustee, Kaupapa Taiao	Registered Charity - not contracting in Health.	
	02.07.2018	Otakou Health Ltd - Shareholder of Te Kaika and its subsidiaries Mataora Health and Forbury Cnr Medical Centres	Possible conflict with SDHB contract funding.	Interest advised 2 July 2018
Odele STEHLIN	01.11.2010	Waihopai Rūnaka General Manager	Possible conflict with contract funding.	
Waihōpai Rūnaka – Chair IGC	01.11.2010	Waihopai Rūnaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
	23.02.2017	Te Rūnanga alternative representative for Waihopai Rūnaka on Ngai Tahu.	Nil	
	09.06.2017	Director, Waihopai Runaka Holdings Ltd	Possible conflict with contract funding.	
	07.06.2018	Director of Waihopai Hauora.	Possible conflict with contract funding.	
Sumaria BEATON	27.04.2017	Southland Warm Homes Trust	Nil	
IGC - Awarua Rūnaka	09.06.2017	Director and Shareholder, Sumaria Consultancy Ltd	Nil	
	09.06.2017	Director and Shareholder, Monkey Magic 8 Ltd	Nil	
	07.06.2018	Treasurer, Community Energy Network Incorporated	Nil	
Taare BRADSHAW	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka	07.06.2018	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict with contract funding.	
	07.06.2018	Vice Chairman, Hokonui Rūnanga Incorporated	Possible conflict with contract funding.	
Victoria BRYANT	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
IGC - Puketeraki Rūnaka	06.05.2015	Member - Te Rūnanga o Ōtākou	Nil	
	06.05.2015	Member Kati Huirapa Rūnaka ki Puketeraki	Nil	
	06.05.2015	President Fire in Ice Outrigger Canoe Club	Nil	
	24.05.2017	Member, South Island Alliance - Raising Healthy Kids	Nil	
	06.03.2018	SDHB, Te Punaka Oraka, Public Health Nursing, Charge Nurse Manager	Nil	
	06.03.2018	Member of the New Zealand Nurses Organisation	Possible conflict when negotiations are taking place.	
	06.03.2018	Member of the Public Service Association (PSA)	Possible conflict when negotiations are taking place.	
Justine CAMP	31.01.2017	Research Fellow - Dunedin School of Medicine - Better Start National Science Challenge	Nil	
IGC - Moeraki Rūnaka		Member - University of Otago (UoO) Treaty of Waitangi Committee and UoO Ngai Tahu Research Consultation Committee	Nil	
		Member - Dunedin City Council - Creative Partnership Dunedin	Nil	
		Moana Moko - Māori Art Gallery/Ta Moko Studio - looking at Whānau Ora funding and other funding in health setting	Possible conflict with funding in health setting.	
		Daughter is a member of the Community Health Council	Nil	
Terry NICHOLAS	06.05.2015	Treasurer, Hokonui Rūnanga Inc.	Nil	
IGC - Hokonui Rūnaka	06.05.2015	Member, TRoNT Audit and Risk Committee	Nil	
	06.05.2015	Director, Te Waipounamu Māori Cultural Heritage Centre	Nil	
	06.05.2015	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict when contracts with Southern DHB come up for renewal.	
	06.05.2015	Trustee, Ancillary Claim Trust	Nil	
	06.05.2015	Director, Hokonui Rūnanga Research and Development Ltd	Nil	
	06.05.2015	Director, Rangimanuka Ltd	Nil	
	06.05.2015	Member, Te Here Komiti	Nil	
	06.05.2015	Member, Arahua Holdings Ltd	Nil	
	06.05.2015	Member, Liquid Media Patents Ltd	Nil	
	06.05.2015	Member, Liquid Media Operations Ltd	Nil	
	09.06.2017	Director, Murihiku Holdings Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Owner Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Operator Ltd	Nil	
Ann WAKEFIELD	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
IGC - Ōraka Aparima Rūnaka	09.02.2011	Member of Māori Advisory Committee, Southern Cross	Nil	
	03.10.2012	Te Rūnanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.	Nil	

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
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
Matapura ELLISON	12.02.2018	Director, Otākou Health Services Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Director, Otākou Health Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kati Huirapa Rūnaka ki Puketeraki	Nil
	12.02.2018	Trustee, Araiteuru Kōkiri Trust	Nil
	12.02.2018	Otago Museum Māori Advisory Committee	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	Nil
	12.02.2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12.02.2018	Trustee, Waikouaiti Maori Foreshore Reserve Trust	Nil
	29.05.2018	Director & Shareholder (jointly held) - Arai Te Uru Whare Hauora Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
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	
	25.09.2016	Deputy Chair, InterRAI NZ	

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	Ex-officio Member, Southern Partnership Group	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
Lisa GESTRO	06.06.2018	Lead GM National Travel and Accommodation Programme	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
	04.04.2019	NASO Governance Group Member	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
	04.04.2019	Lead GM Perinatal Pathology	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
Lynda McCUTCHEON	19.08.2015	Member of the National Directors of Allied Health	Nil
	~~04.07.2016~~	~~NZ Physiotherapy Board: Professional Conduct Committee (PCC) member~~	~~No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC.~~ Deleted 11.04.2019
	18.09.2016	Shareholder, Marketing Business Ltd	Nil
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.

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
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.
	29.05.2018	Council Member of Otago Medical Research Foundation Incorporated	
Nicola MUTCH		Deputy Chair, Dunedin Fringe Trust	Nil
	02.04.2019	Husband - Registrar and Secretary to the Council, Vice-Chancellor's Advisory Group, University of Otago	Possible conflict relating to matters of policies, partnership or governance with the University of Otago.
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	17.11.2017	Wife works for key technology supplier CCL	Nil
	18.12.2017	Daughter, medical student at Auckland University and undertaking Otago research project over summer 2017/18.	
Julie RICKMAN	31.10.2017	Director, JER Limited	Nil, own consulting company
	31.10.2017	Director, Joyce & Mervyn Leach Trust Trustee Company Limited	Nil, Trustee
	31.10.2017	Trustee, The Julie Rickman Trust	Nil, own trust
	31.10.2017	Trustee, M R & S L Burnell Trust	Nil, sister's family trust
	23.10.2018	Shareholder and Director, Barr Burgess & Stewart Limited	Accounting services
		Specified contractor for JER Limited in respect of:	
	31.10.2017	H G Leach Company Limited to termination	Nil, Quarry and Contracting.
Gilbert TAURUA	05.12.2018	Prostate Cancer Outcomes Registry (New Zealand) - Steering Committee	Nil
	05.04.2019	South Island HepC Steering Group	Nil
	03.05.2019	Member of WellSouth's Senior Management Team	Reports to Chief Executives of SDHB and WellSouth.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Gail THOMSON	19.10.2018	Member Chartered Management Institute UK	Nil
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 27 March 2019, commencing at 10.45 am in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mr Richard Thomson	Deputy Commissioner (Chair)
	Mrs Kathy Grant	Commissioner
	Ms Odele Stehlin	Committee Member (by teleconference)
In Attendance:	Mr Chris Fleming	Chief Executive Officer
	Mr Patrick Ng	Executive Director Specialist Services
	Mrs Lisa Gestro	Executive Director Strategy, Primary & Community
	Dr Nicola Mutch	Executive Director Communications
	Mr Gilbert Taurua	Chief Māori Health Strategy & Improvement Officer
	Mrs Jane Wilson	Chief Nursing & Midwifery Officer
	Ms Jeanette Kloosterman	Board Secretary

1.0 APOLOGIES

An apology was received from Dr Nigel Millar, Chief Medical Officer.

2.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 2) and received at the preceding meeting of the Disability Support and Community & Public Health Advisory Committees.

3.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 30 January 2019 be approved and adopted as a true and correct record."

Agreed

4.0 MATTERS ARISING/REVIEW OF ACTION SHEET

The Committee reviewed the action sheet (tab 4).

Clerical and Administration Transformation

The Executive Director Specialist Services (EDSS) advised that clerical and administration transformation would be one of the key projects to be undertaken by the new Business Support Manager when she commences on 13 May 2019.

5.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

Executive Director Specialist Services' Report (tab 5.1)

The Executive Director Specialist Services (EDSS)' monthly report was taken as read and the EDSS highlighted the following items.

- *Elective Delivery* - At the end of February elective delivery was about 280 caseweights ahead of plan and to date about 250 caseweights ahead.

  To increase theatre capacity, a proposal was being developed to turn an anaesthetic procedure room at Dunedin Hospital into a minor theatre and consideration was being given to adding a fifth theatre at Invercargill Hospital.
- *Intensive Care Unit (ICU)* - The move into the new Dunedin ICU was completed on 5 March 2019 and a campaign was under way to recruit more critical care nurses.
- *Radiology* - Weekend and evening MRI sessions had commenced late January 2019.

  The radiology re-accreditation visit was confirmed for early May 2019.
- *Queen Mary Maternity* - A business case had been developed to improve infection control and flow inadequacies.
- *Elective Service Performance Indicator (ESPI) Delivery* - Dialogue had been held with the Ministry of Health, senior medical officers (SMOs) in Urology and Orthopaedics, and the Clinical Leader for General Surgery regarding the planned care recovery programme.

The EDSS answered questions on recruitment of ICU nurses, Stage II of the ICU redevelopment, refurbishment of the day surgery unit, and elective delivery compared to the rest of the country.

Financial Performance Summary (tab 5.3)

The EDSS presented the February 2019 financial report for Specialist Services, then answered questions on medical and nursing budget phasing.

Recommendation:

"That the reports be noted."

Agreed

CONFIDENTIAL SESSION

At 11.15 am it was resolved that the Hospital Advisory Committee reconvene at the conclusion of the public excluded section of the Disability Support and Community and Public Health Advisory Committees meeting and move into committee to consider the agenda items listed below.

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
2. Dunedin Hospital Redevelopment	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

Southern District Health Board
HOSPITAL ADVISORY COMMITTEE
ACTION SHEET

As at 27 March 2019

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Nov 2018	**Mental Health** (Minute item 5.0)	Consultation on the discussion paper on MH facilities to be widened.	EDSS	The report has been tabled with the Mental Health and Addictions Network Leadership Group. Initial discussion with MHAID GM and EDSS and members will feedback over the next month. Feedback will be collated into a consolidated report for the Executive and presented along with the report.	June 2019
Jan 2019	**Clerical and Administration Transformation** (Minute item 5.0)	Progress reports to be provided.	EDSS	With other competing priorities this initiative is yet to get underway fully.	July 2019

SOUTHERN DISTRICT HEALTH BOARD

5.1

Title:	**Executive Director of Specialist Services Report**		
Report to:	Hospital Advisory Committee		
Date of Meeting:	29 May 2019		
Summary: Considered in these papers are: ▪ April 2019 DHB activity.			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	Yes		
Workforce:	Yes		
Other:	No		
Document previously submitted to:	Not applicable, report only provided for the Hospital Advisory agenda.	**Date:**	
Approved by:		**Date:**	
Prepared by: Executive Director of Specialist Services **Date:** 09/05/2019		**Presented by:** Patrick Ng Executive Director of Specialist Services	
RECOMMENDATION: **That the Hospital Advisory Committee receive the report.**			

Executive Director of Specialist Services (EDSS) Report – April 2019

Recommendation

That the Hospital Advisory Committee notes this report.

1. Operational Overview Highlights

Elective Delivery

Elective delivery continued to exceed target and we were circa 440 c.w. (caseweight) ahead of the production plan on a year to date basis at the end of April, providing enough coverage for us to wind down outsourcing before Easter (we had originally planned to wind down after Easter) and enough coverage to ride out the strike. We lost approximately 93 c.w. during the strike. Some coding finalisation has since reduced our year to date surplus but nevertheless, we anticipate that despite halting outsourcing for the remainder of the year and despite the c.w. losses from the strike we will end the year very close to the +/- 100 c.w. range requested by the CEO (probably slightly ahead of this target).

Southland have undertaken significant planning recently to ensure that their lists are assigned to maximise c.w. delivery, and a regular weekly outplacement list has been agreed with Southern Cross. The changes will ensure that the orthopaedic trauma workload experienced at Southland can be delivered more consistently with reduced cancellation of elective lists in order to complete trauma work.

Initial planning is underway to ensure that when we start the new financial year in July we can immediately achieve our planned outsourcing of circa 20 c.w. per week. This will ensure a smoother flow of outsourcing cases which provides more certainty for Mercy and we will be able to better control and monitor the outsourcing case load on a weekly basis.

Permission was given to incur the design costs necessary to work up two robust proposals for additional theatre and PACU (post anaesthesia recovery) spaces at Dunedin hospital. Two robust options will allow us to offer well developed choices and an overall recommendation based on cost, functionality, flow and quality for consideration.

In discussion with the CEO, a proposal for a 5th theatre in Southland will be worked up as a standalone case, with input from the new Business Support Manager who commences in our team in May. We will work this up as a standalone case as we believe we can clearly show a business case with a positive return on investment once avoided outsourcing / outplacement costs, additional perioperative staffing and additional recovery beds are taken into account.

Elective Service Performance Indicator (ESPI) Recovery

Unlike elective delivery, our ESPI 2 recovery (seeing patients within 4 months once we have accepted their referral) was badly impacted by the strike, with over 700 outpatient appointments lost. This has set us back a little in terms of our ESPI recovery. Nevertheless, good progress has been made in some of the key services we are seeking to recover, which are orthopaedics, urology, ENT and general surgery (Dunedin), and orthopaedics in Southland.

For urology, we have implemented the Ministry of Health's prioritisation tool and simultaneously the number of EPSI breaches has dropped from 115 in early May to circa 32 breaches currently. The manner in which we have implemented the tool is as follows:

a. The prioritisation tool allows cases which are suspicion of cancer or obstruction to flow straight through, without prioritisation. These comprise approximately 2/3rd of referrals we receive.

b. For the remaining referrals the following process now occurs:

- We outbound call patients in order to complete an 'impact on quality of life' assessment.
- The triaging nurse considers the quality of life information, and the GP referral letter and completes the prioritisation tool.
- The tool stratifies referrals in priority order.
- We review referrals at the capacity level available in the service.
- We review the score of the referrals at this level from week to week so that we are progressively working to settling on a score that will be used consistently.
- Our clinicians are then asked to check and confirm that those patients not accepted are appropriate, routine and not at risk if they are not seen.
- We are forwarding all referrals not accepted to our Primary and Community Medical Director so that he can liaise with his GP colleagues if they have any concerns.

We have found that the prioritisation process is working well. The score our threshold is starting to settle on appears appropriate for returning cases to the GP and is in the area we are trying to target – routine cases of patients who would not be put at risk if they are not seen.

Unfortunately, we do not have programme resources we can assign to this initiative. However, not-withstanding this we have managed to get the processes established within urology using our business as usual resources.

Effective this week we are starting the same process in orthopaedics. This will be considerably more complex as orthopaedics has 7 triaging clinicians in any given week compared to a single triaging nurse in urology. Once have embedded the process in orthopaedics we will the commence implementation in general surgery.

Our new Electives Services Manager commences with us on the 27th of May. Once she has commenced, we will be undertaking a detailed review of our IPM processes and ensuring that regular audit of data occurs and necessary corrections are made. We are currently completing tidy up exercises that we will establish as business as usual process once completed.

In addition to FSA's, the services also see follow up appointments. We will be undertaking a review and clean up exercise for those services which are part of the recovery plan (utilising our new Electives Services Manager) as follow ups are also important and require clinic capacity.

Mental Health Facilities and Future Business Case

We have recently met with the Mental Health Network Leadership Group (NLG) to discuss the facilities report we commissioned with an external consultant. The report discusses the non-contemporary nature of our buildings, their lack of fitness for purpose to support contemporary care and the state of our facilities. In discussion with the NLG we concluded that we would provide them with clarification (in writing) about how they should prepare feedback on the report and how broadly they should consult prior to providing the feedback. We will then collate the feedback, combine it with the report and write our own covering paper for Commissioner consideration. We have also discussed the state of our facilities with the Ministry of Health Director of Mental Health and Addiction Services, Dr John Crawshaw during his recent visit.

Without pre-empting the feedback and the paper we will prepare we are likely to signal that:

a. Our belief is that any future mental health facilities development is many years away, e.g. 10 years to build the new public hospital, request for capital, collocation on the master site plan etc. unlikely to happen until after the big build.
b. In the meantime, our facilities are no longer fit for use in their current state – an investment is required to improve their fitness for use in the meantime.
c. In some cases our model of care delivery and the services we provide is out of date and no longer contemporary, we should be considering changes here at the same time as we improve our facilities.
d. The above is likely to translate into a proposal to develop a business case (possibly a single stage business case) according to Treasury Better Business case guidelines.

We are also likely to suggest that we should utilise the development of the business case as a catalyst for defining the changes we wish to make and the changes made to the buildings would be the catalyst for broader change management to facilitate change leading to both more contemporary facilities and more contemporary care delivery.

Intensive Care / Cardiothoracic

During the quiet period immediately after Easter some high level modelling was done based on what bed numbers would be required historically to ensure more consistent cardiothoracic flow and taking into account the improved nursing numbers we are expecting to see going forward.

The high level model suggested that in order to minimise historic cancellations we would need the equivalent of 1.6 full-time ICU beds which would be distributed as between 2-3 beds over

the period from Tuesday evening until Saturday afternoon (modelled on when the cardiothoracic lists are completed and with an average length of stay in the ICU of 48 hours).

In order to guarantee flow there would have to be a level protection for these extra beds which could be achieved by training and model of care changes from PACU through the ICU. This has not been modelled any further at this stage as we now await the outcome of broader pieces of work.

Radiology

As noted in earlier HAC reports the team believe they have completed the actions necessary to gain compliance against each of the 3 corrective action requests and now await the IANZ review at the end of May. To recap:

Corrective Action Request # 1. All building services now run below ceiling height (enabling them to be accessed without asbestos risk). An agreement has been signed with PRG for the supply of radiology services in the event of a complete failure of our buildings. Process for requesting building maintenance for radiology staff has been published on our Midas system.

Correction Action Request # 1. A contract has been signed with the existing radiology information system provider extending the support agreement out until 2021. A business case for replacement software (Kestral) has been completed and approved by the commissioner team, IS SLA, and the Director General. The project can now be established.

Corrective Action Request # 3. An additional evening CT shift has been put in place in response to staff concerns about high call backs and staff fatigue. CT capacity around the district is in use, helping us to retain improved CT performance of 76% of CT scans being completed within Ministry indicated timeframes of 42 days. MRI sessions are being run on weekends to lift MRI performance against Ministry targets.

Dunedin hospital CT capacity was touched on during the last visit (but is not part of the corrective actions). A positioning paper has been drafted to form an initial view of how CT capacity needs should be addressed in the short-medium and long term which is cognisant of the plans for the ambulatory block. We are planning to have further dialogue with the health planners as the most recent plans involved a CT and a CT shell in the ambulatory block but we believe 2 CT are required in the block.

Access to acute CT and MRI has been signalled by a number of parties (e.g. surgeons, the emergency department and others) as an inhibitor to efficient patient flow. We are therefore keen to see whether there is scope within valuing patient time to specifically investigate opportunities to improve access. A look into diagnostic queuing will also be put on the work programme for the new Business Development Manager who commences with us next week.

Termination of Pregnancy Service

We now have a set of finalised concept plans and these were circulated to key stakeholders last week for a full set of signatures / sign-offs. The next step is to put the concept plan to a quantity surveyor and then out to tender. The capital for this project was signed off last year but as the project is over $1m it requires Commissioner approval. To ensure the overall

delegations are completed correctly the selected tender will be put to Commissioners for approval which will then allow building works to proceed. The overall solution provides fit for purpose termination of pregnancy services and a fit for purpose facility for other procedures as well. It also provides suitable accommodation for sexual health services. The solution is in the community services block and requires a number of office and administration roles to be moved around and in some cases decanted to other facilities (e.g. Elm Court). This has necessitated engagement with a number of stakeholders.

2. Health Targets

Indicator	**Last Quarter – MOH**	**Current Quarter To Date Estimate**	**Actions if falling short of target**
Shorter Stays in Emergency Department – Target 95%	90%	88%	We Continue to look at patient flow through the Emergency Department and also across the whole hospital.
Colonoscopy Urgent – 85% Colonoscopy Non Urgent – 70% Colonoscopy Surveillance – 70%	86% 82% 70%	89% 92% 70%	
Coronary Angiograms 95%		98.3%	
Immunisation 95% of eight-month-olds will have their primary course of immunisation (six weeks, three months and five month events) on time.	N/A		

Healthy Children By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.	N/A		
Radiology Diagnostic indicator CT, 95% of patients referred for elective CT have report distributed within 42 days	October 2018 82% November 2018 78.2% December 2018 76.4%	January 2019 63.8% February 2019 75.1% March 2019 71.8%	As expected the March result saw a deterioration in performance, partly as a consequence of an equipment outage at Dunedin.
Radiology Diagnostic indicator MRI, 85% of patients referred for elective MRI have report distributed within 42 days	October 2018 47.19% November 2018 57.1% December 2018 56.4%	January 2019 38.16% February 2019 45% March 2019: 56.4%	Performance has now rebounded to levels last seen in December 2018. Southland MRI is in a good position with a low wait list (215 patients) and a large increase in performance (from 53.6% in February to 65.2% in March. Dunedin saw a more modest but sizeable increase from 45% to 52.2%.
Faster Cancer Treatment (FCT) – Target 90% of patients referred with a high suspicion of cancer and triaged as urgent receive their first definitive cancer treatment within 62 days of the date of receipt of referral (as of July 2017).	86%	86%	There are areas which require improvement and are a priority for the next quarter.

Elective Surgical Discharges - Annual target 13,190	**11,044** Actual YTD vs **11,072** Plan YTD, as at April 2019

Refer to page 9 - Caseweight and discharge volumes graph.

5.2 - KPI Summary, Discharges and CWD volumes

Patrick Ng, Executive Director of Specialist Services

Hospital Advisory Committee KPI Summary - Discharges and CWD Volumes

Elective Surgical Discharges April 2019

Elective Surgical Discharge Activity - Southern DHB population

	April 2019				Year to Date				Annual
	Actual	Plan	Variance	Var %	Actual	Plan	Variance	Var %	Plan
SDHB population treated in-house	754	776	(22)	(3%)	8,506	8,915	(409)	(5%)	10,875
SDHB population treated by other DHBs	42	42	-	-	331	420	(89)	-21%	506
SDHB population outsourced	80	39	41	105%	808	456	352	77%	552
SURGICAL ELECTIVE DISCHARGES	**876**	**857**	**19**	**2%**	**9,645**	**9,791**	**(146)**	**(1%)**	**11,933**
Surgical Arranged Admissions	90	62	28	45%	843	732	111	15%	893
Surgical Discharges from a Non-Surgical PUC - Elective	26	25	1	4%	303	288	15	05	350
Surgical Discharges from a Non-Surgical PUC - Arranged	14	23	(9)	(39%)	253	261	(8)	(3%)	326
HEALTH TARGET DISTCHARGES	**1,006**	**967**	**39**	**4%**	**11,044**	**11,072**	**(28)**	**(0%)**	**13,502**

Elective Surgical Caseweights April 2019

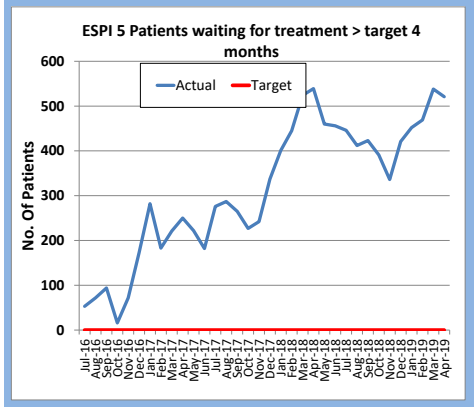
Elective Surgical Caseweights Activity - Southern DHB population

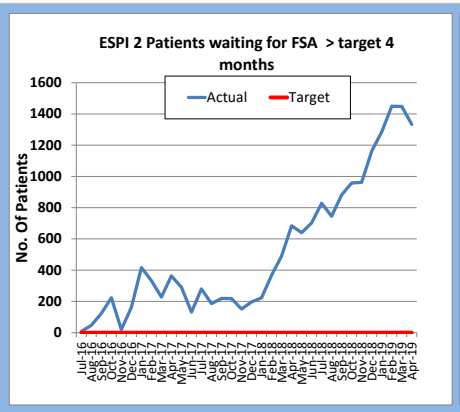
	April 2019				Year to Date				Annual
	Actual	Plan	Variance	Var %	Actual	Plan	Variance	Var %	Plan
SDHB population treated in-house	1,163.5	1,202.0	(38.5)	(3%)	12,846.8	12,858.6	(11.8)	(0%)	15,708.8
SDHB population treated by other DHBs	130.8	130.8	-	-	1,069.2	1,323.8	(254.6)	(19%)	1,589.7
SDHB population outsourced	138.7	75.5	63.3	84%	1,243.7	834.5	409.2	49%	1,012.2
SURGICAL ELECTIVE CWD	**1,433.0**	**1,408.2**	**24.8**	**2%**	**15,159.7**	**15,016.9**	**142.8**	**1%**	**18,310.7**

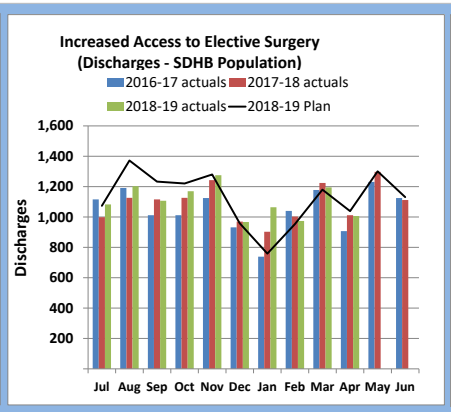
(1) IDF Outflow volumes are the latest available for July-March. April IDF Outflows are based on the planned numbers.

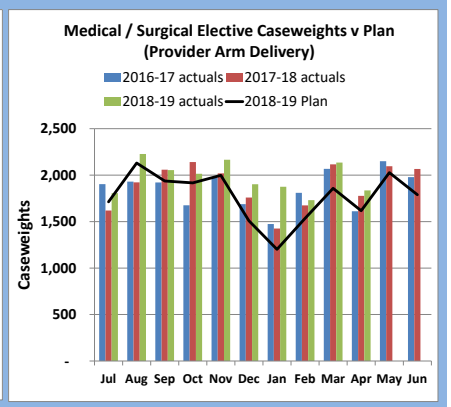
Southern DHB
Hospital Advisory Committee - Healthcheck Report April 2019 Data

Elective Care

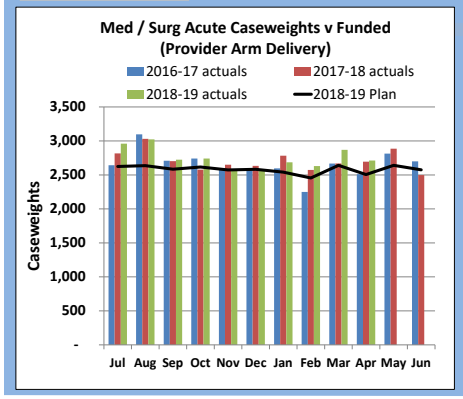








Acute Care



Southern DHB
Hospital Advisory Committee - KPIs April 2019 Data

Patient Safety and Experience - Hospital Healthcheck					
	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
3 - Improved access to Elective Surgical Services monthly (population based) Discharges Health Target	1,012	1,006	1,039	-33 (-3.2%)	
3a - Improved access to elective surgical services ytd (population based) Discharges Health Target	10,722	11,044	11,070	-26 (-0.2%)	

Patient Safety and Experience - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
Faster Cancer treatment; 90% of patients to receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer seen within 2 weeks *Reported in arrears	87.5%	P	90.0%	NA	
11 - Reduced stay in ED	89.5%	86.5%	95.0%	-8.5%	
15 - Acute Readmission Rates (Note 1)	11.0%	11.2%	9.9%	-1.3%	

Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
1 - Waits >4 months for FSA (ESPI 2)	684	1333	0	-1333	
2 - Treatment >4 months from commitment to treat (ESPI 5)	539	521	0	-521	
% of accepted referrals for CT scans receiving procedures within 42 days	80.5%	56.4%	95.0%	-38.6%	
% of accepted referrals for MRI scans receiving procedures within 42 days	27.5%	57.5%	90.0%	-32.5%	
% accepted referrals for Coronary Angiography within 90 days	85.0%	98.6%	95.0%	3.6%	
4a - All Elective caseweights versus contract (monthly provider arm delivered) (Note 4)	1,777	1,835	1,617	218 (13.5%)	
4b - All Elective caseweights versus contract (ytd provider arm delivered) (Note 4)	18,514	19,746	17,415	2331 (13.4%)	
7a - Acute caseweights versus contract (monthly provider arm delivered) (Note 4)	2,695	2,713	2,505	208 (8.3%)	
7b - Acute caseweights versus contract (ytd provider arm delivered) (Note 4)	27,129	27,476	25,758	1719 (6.7%)	

Key -

Meeting target or plan

Underperforming against target or plan but within thresholds or underperforming but delivering against agreed recovery plan

Underperforming and exception report required with recovery plan

Note 1 Awaiting new definition from Ministry

Note 2 DOSA rates excludes Cardiac/Cardiology

Note 3 Using SDHB historic definition not the one reported on by the MoH

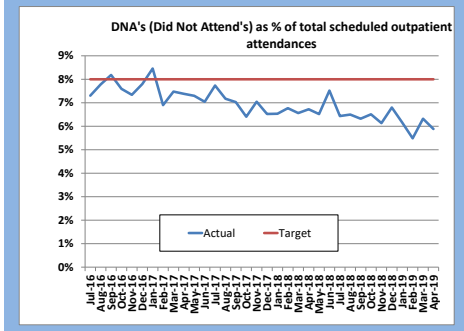
Note 4 Prior year figures restated to include Arranged admissions in Elective data rather than Acute

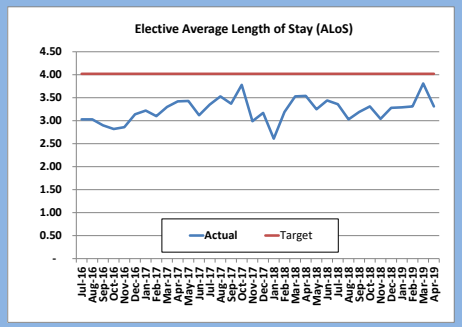
P = Pending

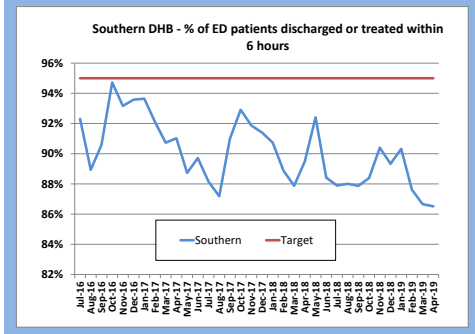
Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
5 - Reduction in DNA rates	6.7%	5.9%	8.0%	2.1%	
9 - ALoS (elective) (Note 3)	3.54	3.31	4.02	0.71 (17.7%)	
ALoS (Acute inpatient) (Note 3)	4.15	3.94	4.25	0.31 (7.3%)	
DOSA (Note 2)	95.6%	94.1%	95.0%	-0.9%	

Southern DHB
Hospital Advisory Committee - Performance Report April 2019 Data

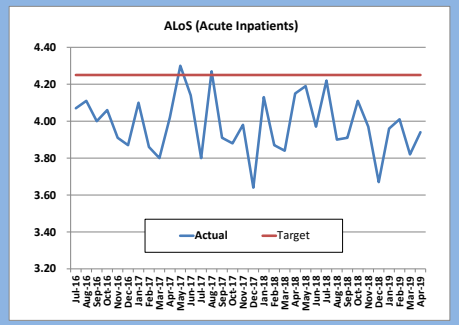
Elective Care

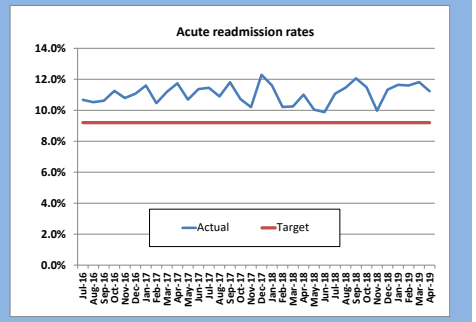






Acute Care





SOUTHERN DHB FINANCIAL REPORT – Commissioners Summary for HAC

5.1

Financial Report for: **April 2019**
Report Prepared by: **Grant Paris**
Management Accountant
Date: **12 May 2019**

Overview

Results Summary for Specialist Services

Specialist Services encompasses the delivery of services across Mental Health, Surgical and Radiology, Medicine, Women's and Children's and Operations at SDHB at Dunedin, Wakari and Invercargill Hospitals. It excludes support services such as building and property, Information Technology, Finance and SDHB Management.

Month				Year To Date		
Actual $000	Budget $000	Variance $000		Actual $000	Budget $000	Variance $000
51,588	50,611	977	Revenue	513,548	504,441	9,107
27,023	24,523	(2,500)	Less Personnel Costs	261,823	248,157	(13,666)
18,621	17,876	(745)	Less Other Costs	190,185	180,738	(9,447)
5,944	**8,213**	**(2,269)**	**Net Surplus / (Deficit)**	**61,540**	**75,547**	**(14,007)**

The April result for Specialist Services produced a surplus of $5.94m, which was adverse to the budgeted surplus of $8.21m. Year-to-date Specialist Services is reporting a $61.54m surplus which is $14.01m unfavourable to budget.

April Result:
Elective delivery including inter-district flows, were higher than budget by 16 caseweights in April. YTD delivery prior to the start of the strike week was 440 case weights ahead of plan. However, with the lost volumes due to the strike, final coding changes and halting outsourcing, the result in early May was around 320 case weights ahead of plan.

This analysis includes any Inter District Flow activity delivered within our facilities for people who are domiciled in other DHBs, however it excludes services delivered by other DHBs for our population. This view represents whether the provider arm is delivering to the expected / budgeted volumes.

Statement of Financial Performance

Monthly Actuals $000s	Monthly Budget $000s	Monthly Variance $000s	Monthly Variance FTE		Year to date Actuals $000s	Year to date Budget $000s	Year to date Variance $000s	Year to date Variance FTE
				REVENUE				
				Government & Crown Agency Sourced				
8,750	8,492	258		MoH Revenue	86,920	84,918	2,002	
40	40	0		IDF Revenue	401	401	0	
603	759	(156)		Other Government	7,171	7,543	(372)	
9,393	**9,291**	**102**		**Total Government & Crown**	**94,492**	**92,863**	**1,629**	
				Non Government & Crown Agency Revenue				
341	384	(43)		Patient related	3,584	2,552	1,032	
144	196	(52)		Other Income	1,751	1,962	(211)	
485	**580**	**(95)**		**Total Non Government**	**5,335**	**4,515**	**820**	
41,710	40,740	970		Internal Revenue	413,722	407,064	6,658	
51,588	**50,611**	**977**		**TOTAL REVENUE**	**513,548**	**504,441**	**9,107**	
				EXPENSES				
				Workforce				
				Senior Medical Officers (SMO's)				
6,653	6,098	(555)	(4)	Direct	65,305	61,628	(3,677)	2
465	292	(173)		Indirect	3,382	3,121	(261)	
318	223	(95)		Outsourced	4,676	4,256	(420)	
7,435	**6,613**	**(822)**	**(4)**	**Total SMO's**	**73,363**	**69,005**	**(4,358)**	**2**
				Registrars / House Officers (RMOs)				
3,682	3,555	(127)	0	Direct	36,014	34,925	(1,089)	(6)
219	252	33		Indirect	2,360	2,412	52	
4	23	19		Outsourced	1,059	254	(805)	
3,905	**3,830**	**(75)**	**0**	**Total RMOs**	**39,433**	**37,590**	**(1,843)**	**(6)**
11,340	**10,443**	**(897)**	**(4)**	**Total Medical costs (incl outsourcing)**	**112,796**	**106,596**	**(6,200)**	**(4)**
				Nursing				
11,343	9,907	(1,436)	(130)	Direct	102,554	97,351	(5,203)	(41)
0	(98)	(98)		Indirect	17	(785)	(802)	
13	5	(8)		Outsourced	118	53	(65)	
11,356	**9,813**	**(1,543)**	**(130)**	**Total Nursing**	**102,689**	**96,619**	**(6,070)**	**(41)**
				Allied Health				
2,448	2,508	60	5	Direct	26,364	26,061	(303)	3
37	36	(1)		Indirect	673	539	(134)	
57	1	(56)		Outsourced	780	8	(772)	
2,542	**2,545**	**3**	**5**	**Total Allied Health**	**27,817**	**26,607**	**(1,210)**	**3**
				Support				
149	160	11	3	Direct	1,581	1,673	92	2
0	1	1		Indirect	8	11	3	
0	0	0		Outsourced	0	0	0	
150	**162**	**12**	**3**	**Total Support**	**1,589**	**1,684**	**95**	**2**
				Management / Admin				
1,620	1,538	(82)	(14)	Direct	16,825	16,427	(398)	(10)
5	17	12		Indirect	54	172	118	
10	5	(5)		Outsourced	52	52	0	
1,635	**1,560**	**(75)**	**(14)**	**Total Management / Admin**	**16,932**	**16,651**	**(281)**	**(10)**
27,023	**24,523**	**(2,500)**	**(141)**	**Total Workforce Expenses**	**261,823**	**248,157**	**(13,666)**	**(50)**
2,689	2,386	(303)		**Outsourced Clinical Services**	28,054	25,108	(2,946)	
0	0	0		**Outsourced Corporate / Governance Services**	0	0	0	
0	0	0		**Outsourced Funder Services**	0	0	0	
6,213	6,001	(212)		**Clinical Supplies**	67,472	61,355	(6,117)	
1,048	1,003	(45)		**Infrastructure & Non-Clinical Supplies**	10,753	10,090	(663)	
				Provider Payments				
7,910	7,517	(393)		Mental Health	76,398	75,671	(727)	
				Non Operating Expenses				
761	969	208		Depreciation	7,508	8,514	1,006	
0	0	0		Capital charge	0	0	0	
0	0	0		Interest	0	0	0	
18,621	**17,876**	**(745)**		**Total Non Personnel Expenses**	**190,185**	**180,738**	**(9,447)**	
45,644	**42,398**	**(3,246)**		**TOTAL EXPENSES**	**452,008**	**428,895**	**(23,113)**	
5,944	**8,213**	**(2,269)**		**Net Surplus / (Deficit)**	**61,540**	**75,547**	**(14,007)**	

Revenue

Ministry of Health (MoH) Revenue

MoH revenue is $0.25m favourable to budget for the month and $2.00m favourable year-to-date. The main items making this up are:

Category	Source	Monthly Variance $000s	YTD Variance $000s	Comment
MoH Revenue				
Personal Health	Bowel Screening	0	50	Phasing of funding for service establishment & operation
	Safe staffing	168	719	Addition Nursing funding for FTE recruited to date
	Donor Liaison Coordinator	8	103	
	Organ donation	0	41	Organ Donation Link Nurses and Doctor
Public Health	Cervical Screening / Colposcopy	(44)	(57)	YTD catch up of volumes lower than budgeted
Devolved Funding – subcontracts	Mental Health Pay Equity	103	906	Funding for Pay Equity for eligible Mental Health workers at NGOs
	Sleepover settlement	0	(69)	Wash-up of prior year revenue
Disability Support Services	Fee for Service Beds	23	187	Mental Health usage of fee for service beds
Clinical Training		(7)	29	Reconciliation of eligible personnel to amounts billed
Other		6	92	
Total		**258**	**2,002**	

Other Government Revenue

Other Government revenue was $0.15m lower than budget in April due to ACC revenue being less than budget. Year-to-date revenue is $0.37m unfavourable driven by lower than budgeted ACC revenue & Other Government Revenue.

Patient related revenue is $0.04m under budget for the month and $1.43m favourable ytd driven by non-resident revenue.

Internal Revenue

Internal revenue was $0.97m favourable to budget for the month, driven by;

- $0.30m - additional funding provided for the Nursing MECA settlement above the rate budgeted,
- $0.49m additional PCT (pharmaceutical cancer treatments) funding (offset in expenditure),
- $0.04m – Community Pharmaceutical revenue above budgeted levels (cost offset),
- ($0.12m) – ACC Elective surgery revenue less than budget for the month however adjustment of $0.15m to be accrued in final accounts.

Year-to-date revenue is $6.65m favourable driven by the same areas as the monthly variance.

Workforce Costs

Workforce costs (personnel plus outsourcing) were $2.5m unfavourable to budget in the month and $13.67m unfavourable year-to-date. Operationally in April, FTE were 141 unfavourable to budget. Year-to-date FTE are 50 unfavourable.

Senior Medical Officers (SMOs)
SMOs direct costs were $0.56m unfavourable and 4 FTE unfavourable for the month.

The drivers of this variance were;

- Allowances over budget by $0.35m driven by budgets being incorrectly calculated in the 18/19 budget.
- Penal payments of $0.04m incurred due to night rates mainly in ICU, ED and Anaesthesia and not covered in the budget.
- Net leave (annual leave and sick leave) as well as statutory leave, were all adverse to budget.

Indirect costs were $0.17m unfavourable driven by unmet Patient Flow savings of $0.1m and relocation costs being $0.06m unfavourable

Outsourced costs were $0.09m unfavourable to budget in the month driven by vacancies and service cover in Gastroenterology ($0.03m), Obstetrics and Gynaecology ($0.04m), General Surgery ($0.03m) and Renal ($0.03m). Orthopaedic outsourcing is also over budget due to backdated ACC surgeon fee for service payments of $0.1m. Year to date outsourcing costs are over budget by $0.42m.

Registrars / House Officers (RMOs)

RMO direct costs were $0.13m unfavourable with FTE on budget for the month. The main driver was the payment of back pays on SToNZ members (Specialised Trainees of NZ) call-backs, additional hours & allowances. This was around $0.12m and had not been accrued.

Indirect costs were favourable both monthly and ytd.

Outsourced RMOs were under budget for the month however $0.81m over budget ytd due to the use of locums to cover roster requirements, vacant roles and workload in;

- Orthopaedics
- Paediatrics
- Obstetrics and Gynaecology
- RMO Unit

Nursing
Nursing direct costs were $1.44m and 131 FTE unfavourable to budget for the month.

A large proportion of the variance was due to the budget understating the various leave types and penal costs (actual movement of these costs compared to prior periods looked reasonable).

Of the approximately $400k left to explain safe staffing accounted for 23 FTE (approximately $170k and offset in revenue), ICU staffing accounted for 10 FTE (approximately $70k), and there appear to be some additional FTE movements across a number of other cost centres (which are being investigated). MECA settlement (offset in revenue) was approximately $170k.

Allied Health
Allied Health costs were on budget and 5 FTE unfavourable to budget for the month.

The Allied Health direct cost variance is due to;

- MRTs $0.06m unfavourable (7FTE) (YTD $0.46m unfavourable), with additional costs for extending CT and MRI shifts and resource required for theatre image intensifier.

- This was offset however by the transfer of project to date Radiation Oncology Physicist time to capital for time spent commissioning the LINAC. ($0.1m favourable and 11FTE favourable for the month)

Outsourced costs were $0.06m over budget for the month and $0.77m unfavourable ytd, the majority of this incurred to fill Anaesthetic Tech positions until the trainees can assume a workload.

Support
Support costs are on budget both for the month and ytd, both $'s and FTE.

Management / Administration
Management Admin personnel costs were over budget for the month by $0.07m and 14FTE. The main driver of the FTE was;

- Annual leave not taken to budgeted levels – 10FTE (thereby working and incurring unbudgeted ordinary hours. YTD annual leave is 47FTE less than budgeted)
- Erosion of the 58FTE vacancy factor set for the Directorate.
- Surgical Services admin (Invercargill) remains 4FTE over budget driven by Ophthalmology additional admin to clear the backlog plus additional FTE for the Dunedin General Surgery booking coordinator.

Outsourced Clinical Services costs
Outsourced services were $0.30m unfavourable to budget in the month and $2.95m ytd.

The monthly variance was driven by Orthopaedics ($0.30m), General Surgery ($0.12m) and unbudgeted Sequre Ophthalmology services of $0.8m.

Clinical Supplies (excluding depreciation)
Clinical supplies were unfavourable to budget by $0.21m for the month and $6.11m year-to-date.

The monthly unfavourable variance is driven by;

- $0.13m - Treatment disposables – driven by an overrun in a number of consumables (dressings, IV supplies, staples, tubes etc.) associated with volume delivery. Blood costs were favourable for the month due mainly to a reversal of a prior month over accrual ($0.45m unfavourable ytd). These were partially offset by continued savings in renal costs resulting from contracted volume savings (savings of $0.03m fav for the month and $0.28m ytd).

- $0.68m - Instruments and equipment, the largest variances being overruns in service contracts of $0.07m. Service contracts is driven by the expected reduction in the budget due to the service contract holiday on the new LINAC. As the commissioning of the new equipment has been delayed we have had to continue paying for the contract on the old machine.

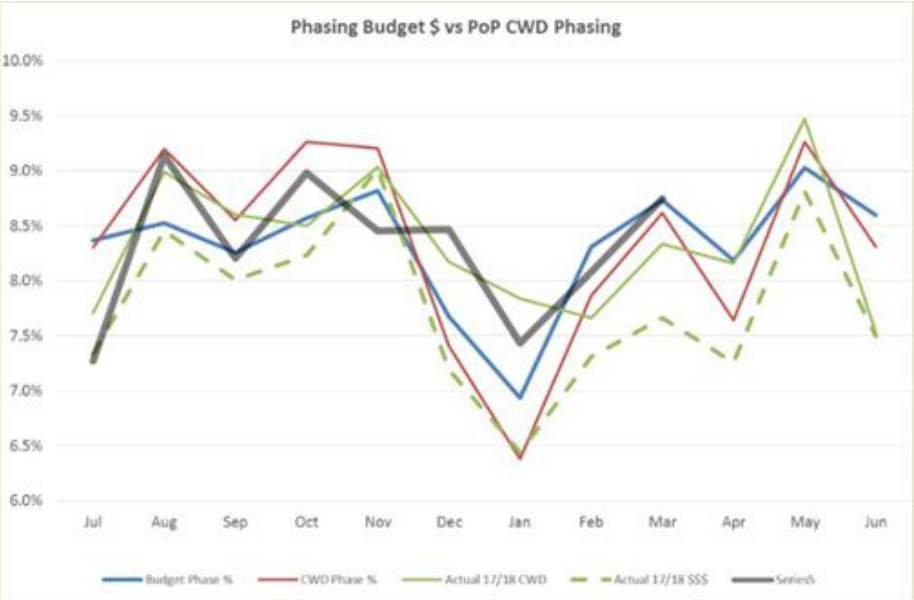
- $0.06m fav – Implant costs are directly related to patient activity. Although expenditure on Screws nails and plates remains over budget ($0.04m over budget for the month) and Hip implant costs remain high ($0.06m unfavourable), this is offset by lower than budgeted spend on Cardiac implants ($0.05m), Knee Prosthesis ($0.04m fav) and Shunts and Stents ($0.07m).

- $0.16m - Pharmaceuticals are driven by the prescription of cancer drugs via the Oncology Outpatient Service ($0.20m over budget for the month). This is offset by revenue.

- $0.08m fav – Other Clinical Supplies were favourable for the month due to lower volumes of Air Ambulance flights ($0.07m fav for the month however $0.87m unfavourable ytd)

The year to date unfavourable variance of $6.11m has similar drivers as the monthly variance with minor clinical equipment and disposable equipment purchases also being significant variations from budget. YTD the unfavourable pharmaceutical variance of $2.54m is offset by additional PCT and Community Pharmacy revenue in Internal Revenue ($2.68m).

A review of caseweight driven costs through the Surgical and Radiology Directorate continues to reflect a strong correlation giving us confidence the costs are reflective of the activity. (Note the thick grey line represents the $ spend)



Infrastructure and Non-Clinical

These costs were close to budget in April being $0.04m unfavourable to budget in the month and $0.66m unfavourable ytd.
The largest ytd variance is due primarily to consulting costs ($0.21m unfavourable) relating to theatre and acute flow diagnostic work.

The other major ytd variances by account are highlighted below;

Account	YTD Actual $000s	YTD Budget $000s	YTD Variance $000s
Consultants Fees	358	152	-206
Other Equipment - Minor purchases (< $500 - DHB to determine)	259	182	-77
Telecommunications - Local & Toll Charges	166	107	-59
Patient Meals (Outsourced)	3,830	3,781	-49
Legal Fees	105	56	-49
Cleaning Supplies	357	314	-43
Staff Travel - Domestic	1,489	1,446	-43
Utilities - Electricity	34	83	49

Provider Payments

These costs were $0.39m unfavourable for the month and $0.66m ytd.

- Mental Health Workforce Development unfavourable by $0.64m for the month and $1.14m ytd. This is offset by Mental Health Pay Equity funding in revenue.

- Other Home Based Residential Support under budget by $0.13m for the month and $0.05m ytd.
- Community Residential Beds and Services favourable by $0.09m for the month and $0.22m ytd.
- Minor Mental Health Expenditure unfavourable $0.25m ytd. The Quality Improvement Programme (QIPM) for Mental Health was unbudgeted.

Non-Operating Expenses

Depreciation continues to be favourable to budget in the month and year-to-date.

Closed Session:

RESOLUTION:
That the Hospital Advisory Committee reconvene at the conclusion of the public Disability Support and Community & Public Health Advisory Committees meeting and move into committee to consider the agenda items listed below.

The general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under section 34, Schedule 4 of the NZ Public Health and Disability Act (NZPHDA) 2000 for the passing of this resolution are as follows:

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Dunedin Hospital Redevelopment	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.