

SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Tuesday, 22 November 2016, 9.30 am

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

A G E N D A

Lead Director: Lexie O'Shea

Item

1. **Apologies**
2. **Interests Register**
3. **Minutes of Previous Meeting**
4. **Matters Arising**
5. **Review of Action Sheet**
6. **Provider Arm Monitoring and Performance Reports**
 - 6.1 Chief Operating Officer Report
 - 6.2 Key Performance Indicators
 - 6.3 Financial Performance Summary

Southern DHB Values

Kind <i>Manaakitanga</i>	Open <i>Pono</i>	Positive <i>Whaiwhakaaro</i>	Community <i>Whanaungatanga</i>
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APOLOGIES

At the time of going to print, no apologies had been received.

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Hospital Advisory Committee
Date of Meeting:	22 November 2016
Summary:	
<p>Commissioner 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.</p> <p>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).</p>	
Changes to Interests Registers since the last meeting:	
<ul style="list-style-type: none"> ▪ Councillor, Dunedin City Council, deleted from Richard Thomson's entry. 	
Specific implications for consideration (financial/workforce/risk/legal etc):	
Financial:	n/a
Workforce:	n/a
Other:	
Prepared by:	
<p>Jeanette Kloosterman Board Secretary</p>	
Date: 07/11/16	
RECOMMENDATION:	
<p>1. That the Interests Registers be received and noted.</p>	

Hospital Advisory Committee - Public - Interests Register

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 (Commissioner)	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	25.06.2015	Trustee, Sport Otago	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	Dunedin Sinfonia Board	Nil	
	25.06.2015	Director, Dunedin City Treasury Limited	Nil	
	25.06.2015	Director, Dunedin Venues Limited	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.	
			Spouse:	
	25.06.2015	Partner, Gallaway Cook Allan	Nil	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Chair, Parkside Quarries 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	Board Member, Dunedin Diocesan Trust Board	Nil		
25.06.2015	Director, Nominee companies associated with Gallaway Cook Allan	Nil		
25.06.2015	Trustee of numerous private trusts	Nil		
25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil		
Graham CROMBIE (Deputy Commissioner)	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	25.06.2015	Chairman, Otago Museum	Nil	
	25.06.2015	Chairman, New Zealand Genomics Ltd	Nil	
	25.06.2015	Independent Chairman, Action Engineering Ltd	Nil	
	25.06.2015	Trustee, Orokonui Foundation	Nil	
	25.06.2015	Chairman, Dunedin City Treasury Ltd	Nil	
	25.06.2015	Independent Chair, Innovative Health Technologies (NZ) Ltd	Possible conflict if Southern DHB purchased this company's product.	
	25.06.2015	Associate Member, Commerce Commission	Potential conflict if complaint made against Southern DHB.	
	18.09.2016	Director and Shareholder, Innovatio Ltd	Vehicle for governance and consulting assignments. Clients listed above.	
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.	
	06.04.2011	Councillor, Dunedin City Council	REMOVED 26.10.2016	
	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 CSB rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	

Hospital Advisory Committee - Public - Interests Register

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 (Consultant, Finance Audit & Risk Committee)	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
	21.08.2015	Trustee, Community Trust of Otago	Southern DHB may apply for funding.	
	21.08.2015	Board Member, REANNZ (Research & Education Advanced Network New Zealand)	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.	
			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	West Otago Health Ltd & West Otago Health Trust	West Otago Health Ltd & West Otago Health Trust have 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.		
21.08.2015	Director, Clutha Community Health Co. Ltd	Clutha Community Health Co. Ltd has a contract with Southern DHB.		
26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.		
		Daughter:		
21.08.2015	4th Year Medical School Student			
Suzanne CRENGLE (HAC Member)	10.10.2016	General Practitioner, Invercargill Medical Centre		
	10.10.2016	Member, Te Waipounamu Māori Leadership Group Cancer		
	10.10.2016	Executive Member, Ōraka Aparima Rūnaka		
Donna MATAHAERE-ATARIKI (CPHAC/DSAC and IGC Member)	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Deputy Chair, NGO Council, Ministry of Health	Nil	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	
	27.02.2014	Te Waipounamu Māori Cancer Leadership Group	Nil	
	27.02.2014	Ahuru Mowai National Māori Leadership Group Cancer	Nil	
17.06.2014	Gambling Commissioner	Nil		

Hospital Advisory Committee - Public - Interests Register

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
	05.09.2016	Board Member, Arai Te Uru Whare Hauora		
	05.09.2016	Board Member, Otākou Health Limited		
	05.09.2016	Southern DHB, Iwi Governance Committee		
Odele STEHLIN	01.11.2010	Waihopai Runaka General Manager	Possible conflict when contracts with Southern DHB come up for renewal.	
Waihopai Rūnaka – Chair IGC	01.11.2010	Waihopai Runaka 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	
Taare BRADSHAW	05.08.2010	Nil	Nil	
IGC - Hokonui Rūnaka				
Victoria BRYANT	06.05.2015	Charge Nurse Manager, Otago Public Health	Nil	
IGC - Puketeraki Rūnaka	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
	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	
Huhana (Hana) MORGAN	25.02.2009	Chair of Awarua Rūnaka Trust - Awarua Social and Health Services.	Possible conflict when contracts with Southern DHB come up for renewal.	
IGC - Awarua Rūnaka				
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	
Ann WAKEFIELD	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	
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
Sandra BOARDMAN	07.02.2014	Nil	
Richard BUNTON	17.03.2004	Managing Director of Rockburn Wines Ltd	The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.
	17.03.2004	Director of Mainland Cardiothoracic Associates Ltd	This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract.
	17.03.2004	Director of the Southern Cardiothoracic Institute Ltd	This company provides private cardiological services to Otago and Southland. A potential conflict would exist if the Southern DHB were to contract with this company.
	17.03.2004	Director of Wholehearted Ltd	This company is one used for personal trading and apart from issues raised in second line above no conflict exists.
	22.06.2012	Chairman, Board of Cardiothoracic Surgery, RACS	No conflict.
	29.04.2010	Trustee, Dunedin Heart Unit Trust	No conflict.
	29.04.2010	Chairman, Dunedin Basic Medical Sciences Trust	No conflict.
	16.09.2016	Director, Parkburn Water Co Ltd	Nil, non-trading company.
	16.09.2016	Director, Bunton Holdings Ltd	Nil, non-trading company.
	16.09.2016	Director, Devil's Staircase Wines Ltd	The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.
	16.09.2016	Director, Taste Otago Ltd	Nil
	16.09.2016	Director, Central Otago Fine Wines Ltd	Nil, non-trading company.
	16.09.2016	Director, NZ Premium Wines Ltd	Nil, non-trading company.

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	16.09.2016	Director, Central Otago Premium Wines Ltd	Nil, non-trading company.
Mike COLLINS	15.09.2016	Trustee, Dunedin Digital Trust	
	15.09.2016	Wife, NICU Nurse	
Pania COOTE	26.05.2016	Ngai Tahu registered.	Nil
	30.09.2011	Member, Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	30.09.2011	Member, SIT Social Work Committee	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	26.01.2015	SDHB Child and Youth Health Service Level Alliance Team	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	
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
	25.09.2016	Lead Chief Executive South Island Child Health Workstream	
	25.09.2016	Lead Chief Executive for Blood, including Chair of the National Haemophilia Management Group	
	25.09.2016	Deputy Chair, InterRAI NZ	
	25.09.2016	Chief Executive, Nelson Marlborough District Health Board (on leave of absence)	
Lynda McCUTCHEON	22.06.2012	Member of the University of Otago, School of Physiotherapy, Admissions Committee	Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.
	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.
	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.
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.
Nicola MUTCH	16.03.2016	Member, International Nominations Committee, Amnesty International	Nil
		Deputy Chair, Dunedin Fringe Trust	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
Lexie O'SHEA	01.07.2007	Trustee, Gilmour Trust	Southland Hospital Trust, no perceived conflict.
Dr Jim REID	22.01.2014	Director of both BPAC NZ and BPAC Inc	No conflict.
	22.01.2014	Director of the NZ Formulary	No conflict.
	22.01.2014	Trustee of the Waitaki District Health Trust	Possible conflict in negotiation of new contract.
	22.01.2014	Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine	Possible conflict in any negotiations with Dunedin School of Medicine.
	22.01.2014	Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.	No conflict.
	19.09.2016	Director, ProHealth Holdings Ltd	No conflict. Holding company for share of Caversham Health Centre.
Leanne SAMUEL	01.07.2007	Trustee, Southern Health Welfare Trust	Southland Hospital Trust
	01.07.2007	Member of Community Trust of Southland Health Scholarships Panel.	Nil
	16.04.2014	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil
Clive SMITH	31.03.2016	Nil	

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Tuesday, 27 September 2016, commencing at 9.30 am in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson	Commissioner Deputy Commissioner Deputy Commissioner
In Attendance:	Mr Chris Fleming Mrs Lexie O'Shea Dr Nicola Mutch Mrs Leanne Samuel Mr Clive Smith Mr Glenn Symon Ms Jane Wilson Ms Jeanette Kloosterman Ms Donna Matahaere-Atariki	Interim Chief Executive Officer Deputy CEO/Chief Operating Officer Director of Strategic Communications Executive Director Nursing & Midwifery (until 9.55 am) Chief Financial Officer Acting Executive Director Planning & Funding Implementation Manager, Commissioner's Office Board Secretary DSAC/CPHAC Member (until 10.22 am)

1.0 WELCOME

The Commissioner welcomed those present.

2.0 APOLOGIES

Apologies were received from Dr Sue Crengle, Committee Member, Dr Nigel Millar, Chief Medical Officer, and Mrs Sandra Boardman, Executive Director Planning & Funding.

An apology for an early departure was received from Mrs Leanne Samuel, Executive Director, Nursing & Midwifery.

3.0 PRESENTATION – IMPLEMENTING AN ELECTRONIC MEDICATION MANAGEMENT SYSTEM

Mrs Lynda McCutcheon, Executive Director Allied Health, Scientific and Technical, and Mr Richard Jocelyn, Senior Regional Programme Manager, gave a presentation on the implementation of the electronic medication management system, which they advised had provided the following benefits:

- Improvement in patient safety (reduction in errors and harm)
- Improvement in clinical flow
- Improvement in communication.

Mrs McCutcheon and Mr Jocelyn were thanked by acclamation.

Mrs Samuel, Executive Director Nursing & Midwifery, left the meeting at 9.55 am.

4.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3) and the Chair reminded everyone of their obligation to advise of any further conflicts that arise during discussions.

Recommendation:

“That the Interests Registers be received and noted.”

Agreed

5.0 PREVIOUS MINUTES

Recommendation:

“That the minutes of the meeting held on 27 July 2016 be approved and adopted as a true and correct record.”

Agreed

6.0 REVIEW OF ACTION SHEET

The Committee reviewed the action sheet (tab 6).

Immunisation

The Chief Operating Officer reported that immunisation was a joint effort between the Public Health Team and General Practice. As from January 2017, all declines would be followed up and a further update provided when three months data had been collected.

The Commissioner Team thanked Public Health for their leadership on this issue.

7.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

Chief Operating Officer’s Report (tab 7.1)

The Chief Operating Officer’s (COO) report was taken as read and the COO highlighted the following items.

- It had been a very busy start to the financial year, with a late winter influx. This contributed to elective caseweights being below plan and acute caseweights above plan. Overall, total caseweights were higher than the previous year.
- Performance against the Shorter Stays in Emergency Departments Health Target was 88% for August. Improving performance against this target continued to be a key focus.
- The Southern district continued to perform well against the immunisation target.
- External advice was being sought to improve performance against the Faster Cancer Treatment Target.

- Discharges against the Improving Access to Elective Services Health target were on track.
- Achieving Elective Service Performance Indicators (ESPIs) 2 and 5 had been a challenge due to capacity issues but a recovery plan was in place.

The COO then answered questions on the directorate reports and the 6000 bed days update (tab 7.1).

Key Performance Indicators (KPIs) (tab 7.2)

The Committee reviewed the Provider KPIs as at June 2016.

Financial Performance Summary (tab 7.3)

The financial report for June 2016 was taken as read and the Chief Financial Officer highlighted the key variances, noting that while the Provider result was slightly adverse for August, it was \$0.7m better than budget for the year to date.

8.0 2017 MEETING SCHEDULE

A meeting schedule for 2017 was circulated with the agenda (tab 8) and noted.

CONFIDENTIAL SESSION

At 10.22 am it was resolved 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.

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Serious Adverse Events	To protect information where the making available of the information would be likely to prejudice the supply of similar information and it is in the public interest that such information continue to be supplied.	Section 9(2)(ba) of the OIA.
3. Operational Issues	To allow activities and negotiations to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.
4. MSP and Urgent Interim Works Programme	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.

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
5. Contracts <ul style="list-style-type: none"> ▪ ACC Elective Surgery Schedule ▪ ACC High Tech Imaging Services ▪ Olympus NZ Ltd Service of Bronchoscopes 	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.
6. Capex <ul style="list-style-type: none"> ▪ Work at Height Stage 3 	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 11 November 2016

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
27 Sept 2016	Immunisation Health Target (Minute item 6.0)	Update to be provided when three months of decline data has been collected.	COO	<p>All declines of children who turned the milestone age of 8 months between 01 July 2016 and 30 September 2016 have been reviewed.</p> <p>There were 26 declines in total for this quarter (2.8%):</p> <ul style="list-style-type: none"> • 21 were full declines (i.e. declined all immunisations from birth). Records show these families have a low perception of disease risk and therefore do not see the need for immunisation. • 5 were partial declines (i.e. either starting and then declining after having the first event or choosing some vaccines). Records show families considered certain vaccines had more risk than benefit. In their cases this was informed by previous/potential reactions of 	Complete

Hospital Advisory Committee - Public - Review of Action Sheet

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
				<p>child/other family member.</p> <p>Records show all declines were followed up by General Practice or Outreach Immunisation Service at time, with informed decisions being made. Outbreaks such as the recent measles case in Queenstown provide an opportunity for families to reconsider risk vs benefit. Processes are in place to support this.</p>	
26 Oct 2016	KPIs (Minute item 6.0)	Elective surgery and caseweight graphs to include targets.	COO	Updated as requested in this month's KPIs.	Complete

SOUTHERN DISTRICT HEALTH BOARD

6.1

Title:	Chief Operating Officer Report	
Report to:	Hospital Advisory Committee	
Date of Meeting:	22 November 2016	
Summary: Considered in these papers are: <ul style="list-style-type: none"> ▪ October 2016 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 Committee agenda.	Date:
Approved by:		Date:
Prepared by: Chief Operating Officer/Deputy CEO Date: 10/11/2016		Presented by: Lexie O'Shea Chief Operating Officer/Deputy CEO
RECOMMENDATION: That the Hospital Advisory Committee receive the report.		

Chief Operating Officer Report – October 2016**Recommendation**

That the Hospital Advisory Committee notes this report.

1. Health Targets

Indicator	Current Quarter To Date Estimate
Shorter Stays in Emergency Department – Target 95% October achieved the target this month (95%) due to a combination of reduced numbers through the Emergency Department, reduced patient acuity and less pressure on beds. Work continues in the medical teams and ED at both sites to improve flow for patients being admitted. A weekly dashboard has been drafted and will monitor the known flow constraints. It is hoped that this will assist teams by providing weekly feedback on areas that they are working to improve.	95% (Quarter 2)
Faster Cancer Treatment – Target 85%	81% (Quarter 1)
Immunisation 95 percent 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 percent 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 – Target 95% Diagnostic indicator CT – measured monthly only. October data not available at time of report.	September 82.6%
Radiology – Target 85% Diagnostic indicator MRI – measured monthly only. October data not available at time of report.	September 70.7%
Colonoscopy Urgent – 85% Colonoscopy non urgent – 70% Colonoscopy Surveillance – 70%	88% (Quarter 2) 90% (Quarter 2) 95% (Quarter 2)
Coronary Angiograms	99% (Quarter 2)

Elective Surgical Discharges October 2016

	Elective Surgical Discharge Activity - Southern DHB population								
	October 2016				Year to Date				Annual
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	Plan
SDHB population treated inhouse	836	892	(56)	(6%)	3,655	3,742	(87)	(2%)	10,783
SDHB population treated by other DHB	43	45	(2)	(4%)	167	194	(27)	(14%)	555
SDHB population outsourced	66		66		203		203		-
ELECTIVE INITIATIVE	945	937	8	1%	4,025	3,936	89	2%	11,338
Surgical Arranged Admissions	72	70	2	3%	353	255	98	38%	831
Surgical Discharges from a Non-Surgical PUC - Elective	30	25	5	20%	121	120	1	1%	392
Surgical Discharges from a Non-Surgical PUC - Arranged	20	34	(14)	(41%)	97	130	(33)	(25%)	360
HEALTH TARGET	1,067	1,066	1	0%	4,596	4,441	155	3%	12,921

(1) IDF volumes for October, were as reported to MoH as at 1/11/16

(2) Clinical Records and Coding target is 95% of coding completed by end of 3rd working day (Dunedin) / 5th day (Southland) post month of discharge, which was achieved this month

(3) Note the Orthopaedic additional discharges/CWD are subject to the current RFP process

2. Contract Performance

- Total elective case weights delivered by Southern DHB Provider Arm were 86 below plan in October 2016 (6%). Year to date elective case weights are 300 below plan (6%).
- Total acute case weights delivered by the Southern DHB Provider Arm were 58 below plan in October 2016 (2%). Year to date acute case weights are 891 above plan (9%).

3. Operational Performance

Elective Service Performance Indicators (ESPI):

- The final ESPI position for August 2016 show Southern DHB with a red status for ESPI2 (Patients waiting for First Specialist Assessment (FSA) and ESPI5 (Inpatients).
- The preliminary ESPI graphs for September 2016 show Southern DHB with a red status for ESPI2 and ESPI5. ESPI 6 (patients in active review) data will be reviewed.
- It is predicted we will obtain ESPI5 compliance at the end of October but not for ESPI2. This will be the third month of non-compliance for ESPI2. The ESPI 2 compliance has been impacted in part by the industrial action during October. All services have a plan to ensure this target is met in November and this is reviewed daily by the elective services manager and weekly by a wider working group. The areas are orthopaedics district wide and Dunedin site urology. The services are working to reduce the risk, clinical engagement will be key to meeting the four month target and this will be led by the Medical Director for the surgical directorate.

4. Operational Overview

- District Plan Hearings - over the past two months Southern DHB has attended three hearings as part of the District Plan developments. These have been the second generation plan (2GP) with the Dunedin City Council and the Queenstown Lakes District plan. This first hearing was held mid-September which involved the Major Facilities Zoning for Dunedin and Wakari Hospitals as part of the 2GP. The second hearing held mid-October involved the heritage status of the Dunedin Physiotherapy Pool also being part of the 2GP. The third hearing was held mid-October which was the Queenstown Lakes proposed plan low density residential zone hearing which involved the Lakes District Hospital in Frankton. All three hearings went

well and the outcome of these hearings will not be known until next year. Southern DHB will be notified prior to the finalisation of the district plans in case further discussion or an appeal is required.

- Roll out of Safe Practice Effective Communication commenced which will replace all District Health Boards Mental Health Addictions Personal Restraint practices leading to a nationally standardised programme of training. Train the trainer training hosted in Dunedin involving 16 trainees from South Island District Health Boards. Planning has commenced for all eligible staff to be trained over the next 18 months.
- The majority of October was consumed with contingency planning for the full withdrawal of labour by Registered Medical Officers (RMO's) for two days. The planning was aligned with the national processes, but coordinated locally. A very good team effort from all team members ensured we were able to provide acute services, and some scheduled services during this time. We did not require any life preserving services during the period of industrial action. 725 outpatients were postponed or deferred and 52 inpatients were deferred or postponed. A recovery planning exercise is underway.
- Obstetric speciality telemedicine clinic commenced and is working well at Lakes District Hospital. The specialist obstetrician video links into the patient and midwife at Lakes District Hospital, and provides specialist advice and support.
- The Shaping Services Pathway for the Future paper was presented to all Dunedin and Wakari Hospital ATR (Assessment, Treatment and Rehabilitation) staff in July 2016. This document described the future direction of ATR services within Southern DHB, and had specific recommendations to move to a single inpatient ATR service. A significant recommendation in the paper was to put into place single nursing leadership across the service (previously the three wards that comprise ATR all had its own Charge Nurse Manager [CNM]), with capacity for nursing leadership on site seven days a week. Note, the service already had single medical and allied leadership. The Nurse Director has completed a change process, and appointed a CNM. The Directorate Leadership Team are now working with the Clinical Leadership of ATR service to prepare an action plan for implementing the other key recommendations. These are: single referral process for ATR, combined ward administration function, clinical pathway development, and looking at ATR capacity to support early rehabilitation into acute services.
- Ophthalmology has continued to be the key focus of activity in October, including the progress on the immediate action to increase resources to meet demand in particular on the Dunedin site. In addition, the serious adverse events from the 15/16 year have been contacted in person and letters are following. There has been significant media interest in this issue.
- The strategy to employ agency nursing staff in ICU (Intensive Care Unit) to complement the existing workforce has been successful through October thus ensuring Cardiac Surgery targets are met.
- A confirmed measles case notified in Queenstown triggered a large contact tracing exercise. A response team and Coordinated Incident Management System (CIMS) structure was put in place to manage the situation. A pool of nurses from the public health and immunisation teams assisted in following up 240 close contacts of the case, many who had English as a second language, and providing vaccinations. Contacts and others in the community were directed to vaccination clinics which were held at the Queenstown Medical Centre for a week

for anyone who was not sure if they had received two measles mumps rubella (MMR) vaccines in the past.

- Radiology discussion forums, facilitated by the radiology systems project group, have been held throughout the district to seek feedback from primary, secondary and rural services regarding a proposed single referral pathway for access to radiology services. This would be a whole of systems and whole of district solution. Further forums are planned. Feedback will inform the next steps.

Lexie O'Shea, Chief Operating Officer/Deputy CEO

Leanne Samuel, Executive Director of Nursing and Midwifery

6.1

Southern DHB

Hospital Advisory Committee - KPIs October 2016 Data

Patient Safety and Experience - Hospital Healthcheck					
	Prior year	Actual	Plan / Target	Variance % Plan /Target	Trend/rating
3 - Improved access to elective surgical services monthly (population based)	933	1,067	1,066	1 (0.1%)	
3a - Improved access to elective surgical services ytd (population based)	3,919	4,596	4,441	155 (3.5%)	

Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance % Plan /Target	Trend/rating
1 - Waits >4 months for FSA	18	223	0	-223	
2 - Treatment >4 months from commitment to treat	53	16	0	-16	
% of accepted referrals for CT scans receiving procedures within 42 days	83%	77%	95%	-18.0%	
% of accepted referrals for MRI scans receiving procedures within 42 days	49%	67%	85%	-18.0%	
% accepted referrals for Coronary Angiography within 90 days	85%	98%	95%	3.0%	
4a - Elective caseweights versus contract (monthly provider arm delivered)	1,367	1,181	1,267	-86 (-6.8%)	
4b - Elective caseweights versus contract (ytd provider arm delivered)	5,349	5,139	5,439	-300 (-5.5%)	
7a - Acute caseweights versus contract (monthly provider arm delivered)	2,767	2,762	2,820	-58 (-2.1%)	
7b - Acute caseweights versus contract (ytd provider arm delivered)	12,252	12,164	11,273	891 (7.9%)	

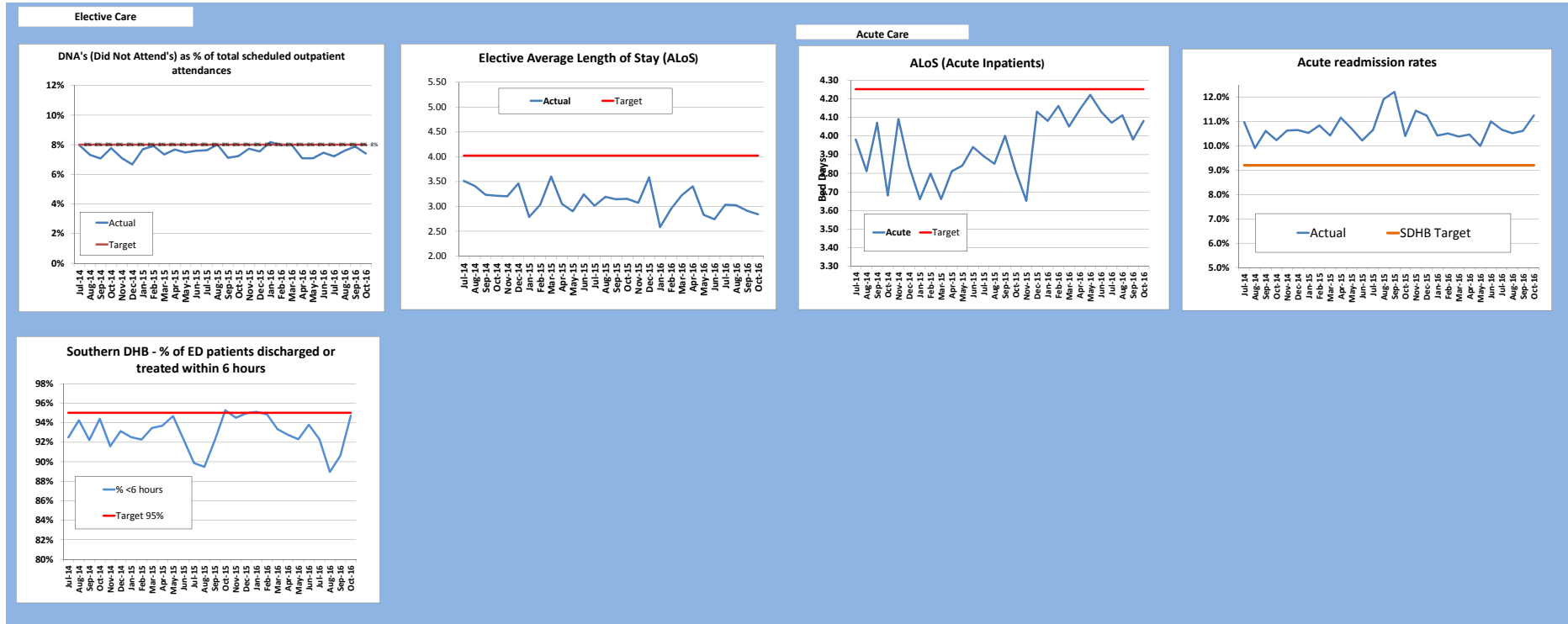
Patient Safety and Experience - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance % Plan /Target	Trend/ rating
Faster Cancer treatment; 85% of patients to receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer seen within 2 weeks	76%	78%	85%	-6.8%	
11 - Reduced stay in ED	95%	95%	95%	-0.3%	
15 - Acute Readmission Rates (note 1)	10.4%	11.3%	9.9%	-1.4%	

Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance % Plan /Target	Trend/ rating
5 - Reduction in DNA rates	7.2%	7.4%	8.0%	-0.6%	
9 - ALoS (elective) (Note 3)	3.15	2.84	4.02	1.18 (29.4%)	
ALoS (Acute inpatient) (Note 3)	3.81	4.08	4.25	0.17 (4%)	
DOSA (Note 2)	95%	0%	95%	-95%	

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 2 DOSA rates excludes Cardiac/Cardiology and Neurosurgery
Note 1 Awaiting new definition from Ministry	Note 3 Using SDHB historic definition not the one reported on by the MoH
P = Pending	

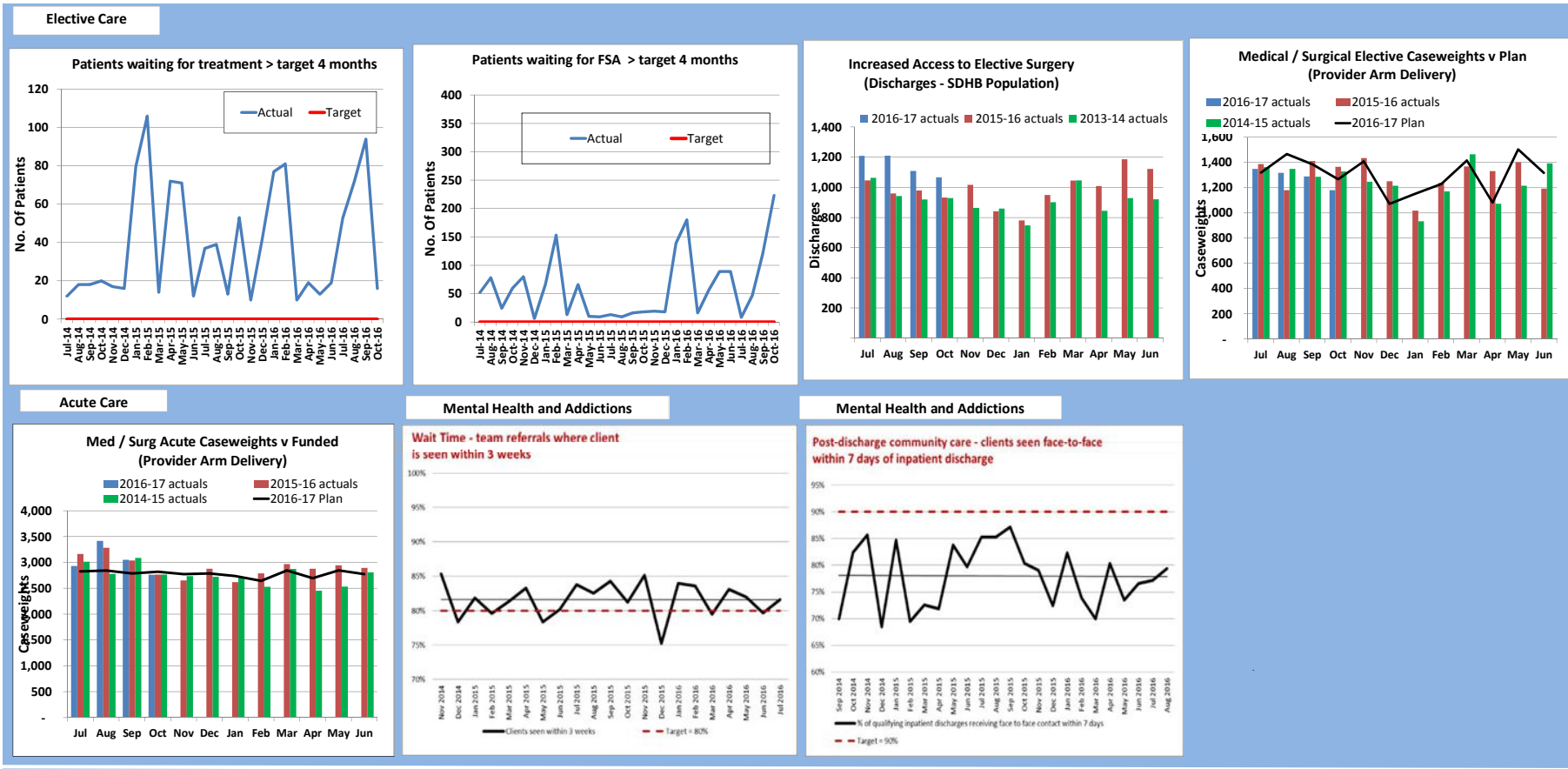
6.2

Southern DHB
Hospital Advisory Committee - Performance Report October 2016 Data



Southern DHB
Hospital Advisory Committee - Hospital Healthcheck
October 2016 Data

6.2



SOUTHERN DISTRICT HEALTH BOARD**6.3**

Title:	FINANCIAL REPORT	
Report to:	Hospital Advisory Committee	
Date of Meeting:	22 November 2016	
Summary:		
The issues considered in this paper are:		
<ul style="list-style-type: none"> ▪ October 2016 financial position. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	As set out in report.	
Workforce:	No specific implications	
Other:	n/a	
Document previously submitted to:		Date: n/a
Approved by Chief Executive Officer:		Date:
Prepared by: Finance staff Date: 11/11/2016	Presented by: Lexie O'Shea Chief Operating Officer	
RECOMMENDATION:		
That the report be noted.		

SOUTHERN DHB FINANCIAL REPORT Commissioners Summary for HAC

Financial Report for: October 2016
Report Presented by: Lexie O'Shea (Chief Operating Officer)
Report Prepared by: Murray Baker (Senior Business Analyst)
Date: 10 November 2016

- Overview**

Results Summary

Actual \$000	Month			Year to Date			Annual Budget \$000
	Budget \$000	Variance \$000		Actual \$000	Budget \$000	Variance \$000	
44,279	43,978	301	Revenue	177,151	175,880	1,271	527,706
(28,807)	29,188	381	Less Personnel Costs	115,699	(117,626)	1,927	(355,907)
(16,618)	15,825	(793)	Less Other Costs	(67,494)	64,746	(2,748)	(187,242)
(1,146)	(1,035)	(111)	Net Surplus / (Deficit)	(6,042)	(6,492)	450	(15,443)
			Other Costs				
(3,594)	(2,908)	(685)	Outsourced	(13,557)	(11,560)	(1,997)	(33,715)
(7,158)	(7,238)	80	Clinical Supplies	(29,912)	(29,054)	(857)	(85,435)
			Infrastructure & Non				
(5,867)	(5,680)	(188)	Clinical Supplies	(24,026)	(24,133)	107	(68,092)
(16,618)	(15,826)	(792)	Total Other Costs	(67,495)	(64,747)	(2,748)	(187,242)

The October result was a deficit of \$1.1m which was unfavourable to budget by \$0.1m. Year to date (YTD) the consolidated deficit is \$0.4m better than budget with a deficit of \$6.0m.

Revenue was over budget for the month, primarily due to the final allocation of funds from the Ministry of Health for electives volumes in 2015/16.

Personnel costs, although under budget were offset against additional outsourced costs, as these costs relate to cover of vacant positions.

Outsourced Clinical Services were higher than budgeted as procedures were outsourced, mainly orthopaedic, cardiothoracic and radiology.

Clinical supplies were under budget for the month due to volume related reduced treatment disposables costs, partially offset by pharmaceutical costs and cardiac implants being higher than budget.

• **Statement of Financial Performance**

Monthly				Year to date			
Actuals	Budget	Variance	Variance	Actuals	Budget	Variance	Variance
\$000s	\$000s	\$000s	FTE	\$000s	\$000s	\$000s	FTE
REVENUE							
Government & Crown Agency Sourced							
820	1,601	(781)		MoH Revenue	6,293	6,405	(112)
1,304	1,320	(16)		Other Government	5,219	5,297	(78)
2,124	2,921	(797)		Total Government & Crown	11,512	11,702	(190)
Non Government & Crown Agency Revenue							
119	191	(72)		Patient related	559	748	(189)
640	647	(7)		Other Income	2,508	2,556	(48)
759	838	(79)		Total Non Government	3,067	3,304	(237)
41,396	40,219	1,177		Internal Revenue	162,572	160,874	1,698
44,279	43,978	301		TOTAL REVENUE	177,151	175,880	1,271
EXPENSES							
Workforce							
Senior Medical Officers (SMO's)							
6,425	6,155	(270)	10	Direct	24,865	25,459	594
366	445	79		Indirect	1,519	1,788	269
477	338	(139)		Outsourced	1,895	1,323	(572)
7,268	6,938	(330)	10	Total SMO's	28,279	28,570	291
Registrars / House Officers (RMOs)							
2,887	2,914	27	5	Direct	11,951	11,953	2
76	205	129		Indirect	539	832	293
94	48	(46)		Outsourced	307	187	(120)
3,057	3,167	110	5	Total RMOs	12,797	12,972	175
10,325	10,105	(220)	15	Total Medical costs (incl outsourcing)	41,076	41,542	466
Nursing							
11,255	11,454	199	(5)	Direct	44,323	44,538	215
239	167	(72)		Indirect	764	718	(46)
22	5	(17)		Outsourced	37	18	(19)
11,516	11,626	110	(5)	Total Nursing	45,124	45,274	150
Allied Health							
3,763	3,977	214	12	Direct	15,884	16,367	483
75	108	33		Indirect	423	431	8
138	66	(72)		Outsourced	374	265	(109)
3,976	4,151	175	12	Total Allied Health	16,681	17,063	382
Support							
450	490	40	1	Direct	1,953	2,015	62
1	3	2		Indirect	85	14	(71)
123	44	(79)		Outsourced	258	174	(84)
574	537	(37)	1	Total Support	2,296	2,203	(93)
Management / Admin							
3,154	3,230	76	5	Direct	13,138	13,348	210
116	40	(76)		Indirect	255	163	(92)
31	2	(29)		Outsourced	284	8	(276)
3,301	3,272	(29)	5	Total Management / Admin	13,677	13,519	(158)
29,692	29,691	(1)	28	Total Workforce Expenses	118,854	119,601	747
2,632	2,325	(307)		Outsourced Clinical Services	10,083	9,269	(814)
77	80	3		Outsourced Corporate / Governance Service	318	314	(4)
6,446	6,574	128		Clinical Supplies	27,045	26,377	(668)
3,869	3,636	(233)		Infrastructure & Non-Clinical Supplies	15,998	15,965	(33)
Non Operating Expenses							
1,751	1,750	(1)		Depreciation	7,068	7,019	(49)
625	625	0		Capital charge	2,500	2,500	0
333	332	(1)		Interest	1,327	1,327	0
15,733	15,322	(411)		Total Non Personnel Expenses	64,339	62,771	(1,568)
45,425	45,013	(412)		TOTAL EXPENSES	183,193	182,372	(821)
(1,146)	(1,035)	(111)		Net Surplus / (Deficit)	(6,042)	(6,492)	450

6.3

Revenue

MoH Revenue

Ministry of Health (MoH) revenue was unfavourable by (\$0.8m) for the month and (\$0.1m) YTD. In October (\$0.6m) of the month's variance is due to accounting treatment of accrued 2015/16 revenue, this is offset in Internal Revenue. The balance of the month's variance was due to the timing of Clinical Training revenue and Disability Support contract revenue. The main drivers of the MOH revenue numbers are shown below:

Category	Source	Monthly Variance \$000s	YTD Variance \$000s	Comment
MoH Revenue				
Personal Health	Colonoscopy Funding		168	Advised year-end target volumes were met therefore revenue booked in earlier in the year.
Disability Support	ISIS beds	(85)	104	Additional ISIS beds used and invoiced as per contract.
FCT Funding	MoH		114	Lump sum payment for Faster Cancer Treatment work
Health Workforce	Training revenue	(146)	18	Timing variance as the actual revenue is being recognised as contracted, which is different to the budgeted timing.
2015/16 Accrued Revenue Treatment	MOH	(629)	(629)	Offset in Internal Revenue

Patient Related Revenue

The unfavourable YTD patient related variance of \$0.2m is due to non-resident revenue. The budget was set on prior year's actuals. The variance reflects lower volumes than expected at this stage of the year.

Internal Revenue

The internal revenue favourable monthly and YTD variance was driven by the receipt of accrued 2015/16 revenue (\$629k) originally reported in MOH revenue (refer above). Additional revenue related to the final MOH allocation of revenue based on elective volumes delivered across New Zealand of \$502k was also received in October.

Workforce Costs

Year to date workforce costs (personnel plus outsourcing), remain favourable by \$0.7m, with October being in-line with budget.

The monthly savings expected due to favourable FTE (28 FTE favourable in October and 47 on average YTD) were offset by additional outsourced costs, especially in Medical and Management/Admin staff, and costs associated with the two day strike by RMOs in October.

Senior Medical Officers (SMOs)

SMOs have unfavourable direct costs primarily due to the costs of covering the two day RMO strike in October. The favourable cost variances from having 10 FTE vacant roles in

October and 12 YTD is offset against an increase in outsourced staff required to resource these positions. Part of the overrun in outsourced clinical services also offsets the favourable SMO costs, as this is driven by radiology outsourcing (\$125k in October and \$496k YTD) that has been necessary due to vacancies.

Registrars/House Officers (RMOs)

RMOs were favourable versus budget for the month and YTD due to strike action in October and favourable variances in indirect costs. The favourable indirect costs include training, recruitment and relocation costs (\$0.4m YTD). This expenditure is variable and these favourable variances may reverse during the year.

Nursing

Nursing costs are favourable to budget both for the month and YTD due to the mix of employee types versus that assumed in the budget. FTE is over budget for the month by 5 FTE in October and 4 FTE YTD.

Allied Health

Allied Health costs are \$0.2m favourable budget for the month and \$0.4m YTD. The favourable variance in direct costs is driven by lower than budgeted FTE and mix of employee types, partially offset by increased Outsourced costs to cover vacant positions.

Support

Support costs are over budget for the month due to Outsourced costs associated with facilities maintenance work. Year to date indirect costs are over budget by \$0.1m due to the recognition of additional accruals relating to employee entitlements for food service staff transferred to Medirest.

Management/Administration

Management/Admin costs are over budget both for the month and YTD. Savings in direct payroll costs due to FTE being less than budget are offset by increased outsourced costs to cover some of these vacant positions.

Outsourced costs

Outsourced clinical services remain over budget both for the month (\$0.3m) and YTD (\$0.8m), due to additional radiology outsourcing to cover vacant positions and outsourced cardiology, orthopaedics and vascular procedures.

Clinical Supplies (excluding depreciation)

Clinical supplies were favourable to budget by \$0.1m for the month and over budget (\$0.8m) YTD. The monthly variance was due to volume driven reduction in Treatment Disposables, partially offset by additional use of cardiac implants and the cost of pharmaceuticals.

The YTD variance is primarily in pharmaceuticals, due to an increase in high cost drugs over a number of services. This includes high cost antibiotics as well as new drug treatments for melanoma. It also reflects an increasing use of "mabs" (e.g. rituximab and infliximab).

Infrastructure and Non-Clinical

These costs were higher than budgeted due to opex related systems costs in October.

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:

<i>General subject:</i>		<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Excluded Minutes	Public Meeting	As set out in previous agenda.	As set out in previous agenda.
2. Serious Events	Adverse	To protect information where the making available of the information would be likely to prejudice the supply of similar information and it is in the public interest that such information continue to be supplied.	Section 9(2)(ba) of the OIA.
3. MSP and Interim Programme	Urgent Works	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.