

SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Thursday, 26 January 2017, 9.30 am

Board Room, Community Services Building,
Southland Hospital Campus, Invercargill

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>

APOLOGIES

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

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Hospital Advisory Committee
Date of Meeting:	23 January 2017
<p>Summary:</p> <p>Committee, 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> <p>Changes to Interests Registers since the last meeting:</p> <ul style="list-style-type: none"> ▪ Susie Johnstone - Trustee, Community Trust of Otago, deleted; ▪ Graham Crombie – company name change to: Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd). 	
Specific implications for consideration (financial/workforce/risk/legal etc):	
Financial:	n/a
Workforce:	n/a
Other:	
<p>Prepared by:</p> <p>Jeanette Kloosterman Board Secretary</p> <p>Date: 16/01/2017</p>	
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, REMOVED 22.11.2016	
	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	

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
	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	Chairman (Removed 27.07.2016) Dunedin Venues Ltd (name change - see below)	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.	
	16.01.2017	Director, Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd)	Nil	
	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. REMOVED 19/12/2016.	
	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, 22 November 2016, commencing at 9.30 am in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant Dr Sue Crengle Mr Graham Crombie Mr Richard Thomson	Commissioner Committee Member Deputy Commissioner Deputy Commissioner
In Attendance:	Mr Chris Fleming Mrs Lexie O'Shea Mrs Sandra Boardman Dr Nicola Mutch Dr Jim Reid Mrs Leanne Samuel Mr Clive Smith Ms Jane Wilson Ms Jeanette Kloosterman	Interim Chief Executive Officer Deputy CEO/Chief Operating Officer Executive Director Planning & Funding Director of Strategic Communications Primary Care Advisor (until 10.35 am) Executive Director Nursing & Midwifery Chief Financial Officer Implementation Manager, Commissioner's Office Board Secretary

1.0 APOLOGIES

An apology for lateness was received from Dr Sue Crengle, Committee Member.

2.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 2) and the Commissioner reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

Recommendation:

"That the Interests Registers be received and noted."

Agreed

3.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 27 September 2016 be approved and adopted as a true and correct record."

Agreed

4.0 REVIEW OF ACTION SHEET

The Committee noted that all actions from previous meetings had been completed (tab 5).

Dr Sue Crengle, newly appointed committee member, was welcomed to the meeting at 9.33 am and this was followed by a round of introductions.

5.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

Chief Operating Officer's Report (tab 6.1)

The Chief Operating Officer (COO) presented the highlights of her monthly activity report and advised that she would provide a more detailed report on performance against the Faster Cancer Treatment Health Target next month. The COO then answered questions on plans to bring elective caseweights up to target.

During discussion, the efforts of staff who rose to the challenge during the Registered Medical Officers (RMOs) strike were acknowledged.

Key Performance Indicators (KPIs) (tab 6.2)

The Committee reviewed the Provider KPI results for October 2016.

The Chief Operating Officer noted that, despite the disruption caused by the RMO strike, elective discharges were one above plan for the month. She also reported that the Dunedin MRI was currently being replaced.

Financial Performance Summary (tab 6.3)

The Chief Operating Officer presented the financial report for October 2016 and advised that outsourced costs were a challenge.

The Committee requested that brackets be used consistently throughout the report.

CONFIDENTIAL SESSION

At 9.55 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.

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
3. 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.

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

Unconfirmed

**Southern District Health Board
HOSPITAL ADVISORY COMMITTEE
ACTION SHEET**

As at 19 December 2016

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Nov 2016	Finance Report (Minute item 5.0)	Use of brackets to be checked.	COO/ CFO	Noted for all finance reports.	Complete
Dec 2016	Health Targets (Minute item 6.0)	Updates on Faster Cancer Treatment and CT Health Targets to be provided.	COO	Updates will be included in the February 2017 agenda.	February 2017

SOUTHERN DISTRICT HEALTH BOARD

Title:	Chief Operating Officer Report	
Report to:	Hospital Advisory Committee	
Date of Meeting:	26 January 2017	
Summary: Considered in these papers are: <ul style="list-style-type: none"> ▪ December 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: 10/01/2017		Presented by: Lexie O'Shea Chief Operating Officer/Deputy CEO
RECOMMENDATION: That the Hospital Advisory Committee receive the report.		

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

That the Commissioner Team notes this report.

1. Health Targets

Indicator	Current Quarter To Date Estimate
Shorter Stays in Emergency Department – Target 95%	94%
Faster Cancer Treatment – Target 85%	86%
Immunisation 95% of eight-month-olds will have their primary course of immunisation (six weeks, three months and five month events) on time.	94.4%
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.	Data not available at time of uploading the report.
Radiology – Target 95% Diagnostic indicator CT – measured monthly only.	74.5%
Radiology – Target 85% Diagnostic indicator MRI – measured monthly only.	51.75%
Colonoscopy Urgent – 85% Non urgent – 70% Surveillance – 70%	92% 89% 94%
Coronary Angiograms Target 95%	99%

- Immunisation reached 94.4% coverage for children at 2 years of age – missing target by 1 child.
- Computerised Tomography (CT) in December 2016 achieved 74.5% against a target wait time of 95% reducing from 78.4% in November 2016. Dunedin especially is continuing to experience high volumes of inpatient demand and demand for CT guided procedures, which reduces elective capacity. A plan to manage wait time to target is being updated for February meeting.
- In December 2016 51.75% of elective patients referred to Magnetic Resonance Imaging (MRI) had their report distributed within the required timeframes against a target wait time of 85%. This is a decrease from the result of 65.1% in November. The MRI scanner at Dunedin Hospital was replaced between 08 November and 12 December 2016, disrupting service delivery during these months. A plan to manage wait time to target is being updated for February meeting.

2. Contract Performance

- Total elective case weights delivered by Southern DHB Provider Arm were 56 above plan in December 2016 (4%). Year to date elective case weights are 305 below plan (4%).
- Total acute case weights delivered by the Southern DHB Provider Arm were 79 below plan in December 2016 (3%). Year to date acute case weights are 1,170 above plan (7%).
- In comparison to actual year to date case weights delivered to December 2015, acute case weights delivered have increased by 195 case weights (1%) and elective case weights have decreased by 404 (5%). The elective volume decrease has been due to largely due to the strike action in October, a smaller impact of the postponed November action in orthopaedics where we have had resource shortage, cardiothoracic where we had an increase in acutes and constrained ICU capacity to manage both the acute and elective cardiac cases and general surgery where we have had an increased number of complex and lengthy procedures. Services are developing workout plans to meet target.

Elective Surgical Discharges December 2016

	December 2016				Year to Date				Annual Plan
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	
SDHB population treated in-house	749	771	(22)	(3%)	5,141	5,479	(338)	(6%)	10,783
SDHB population treated by other DHB	22	38	(16)	(42%)	217	283	(66)	(23%)	555
SDHB population outsourced	8		8		240		240		-
ELECTIVE INITIATIVE	779	809	(30)	(4%)	5,598	5,762	(164)	(3%)	11,338
Surgical Arranged Admissions	89	73	16	22%	513	403	110	27%	831
Surgical Discharges from a Non-Surgical PUC - Elective	24	34	(10)	(29%)	178	193	(15)	(8%)	392
Surgical Discharges from a Non-Surgical PUC - Arranged	21	32	(11)	(34%)	158	191	(33)	(17%)	360
HEALTH TARGET	913	948	(35)	(4%)	6,447	6,549	(102)	(2%)	12,921

(1) IDF volumes upto December 2016, were as reported to MoH as at 11/01/17

(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. Operational Performance

Elective Service Performance Indicators (ESPI):

- The final ESPI position for October 2016 show Southern DHB with a red status for both ESPI2 (Patients waiting for First Specialist Assessment (FSA)) and ESPI5 (Inpatients).
- The preliminary ESPI graphs for November 2016 show Southern DHB with a yellow status for ESPI2 and a red status for ESPI5.
- Predicted results for December 2016 has Southern DHB with a red status for ESPI 2 and status for ESPI5.

4. Operational Overview

- Health Quality and Safety Commission (HQSC) Patient Safety Markers Falls results. It is very pleasing to report that the present Audit for quarter 4 as of 20 December 2016 is tracking at **88%** against the **90%** target for both measures. The integrated and co-ordinated leadership from the Patient Safety/Releasing Time to care steering group through to the frontline with regular data provided to the directorate leadership teams from Quality and Safety have contributed to this outcome.

Lexie O'Shea, Chief Operating Officer/Deputy CEO

Leanne Samuel, Executive Director of Nursing and Midwifery

Hospital Advisory Committee - Public - Provider Arm Monitoring and Performance Reports

Southern DHB

Hospital Advisory Committee - KPIs December 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)	841	913	948	-35 (-3.7%)	
3a - Improved access to elective surgical services ytd (population based)	5,777	6,447	6,549	-102 (-1.6%)	

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	87%	93%	85%	8.0%	
11 - Reduced stay in ED	95%	94%	95%	-1.4%	
15 - Acute Readmission Rates (note 1)	11.3%	11.1%	9.9%	-1.2%	

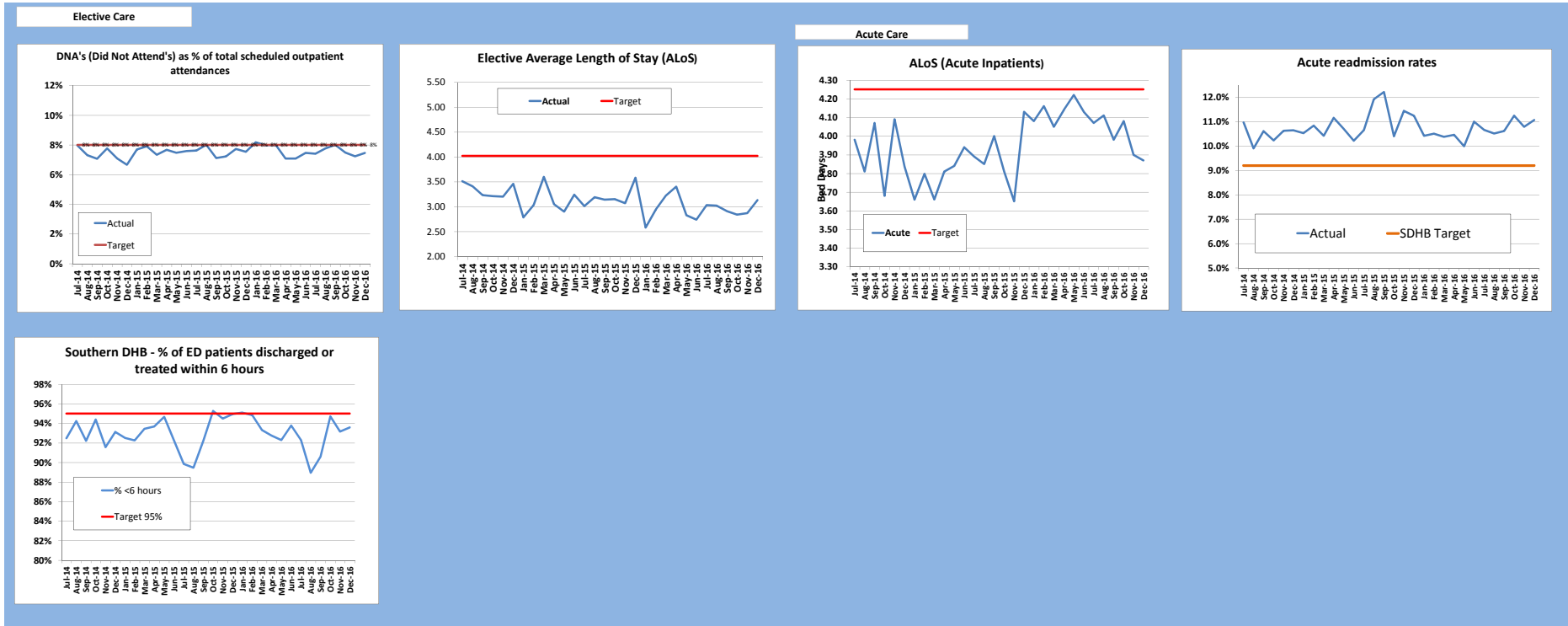
Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance % Plan /Target	Trend/rating
1 - Waits >4 months for FSA	18	162	0	-162	
2 - Treatment >4 months from commitment to treat	42	173	0	-173	
% of accepted referrals for CT scans receiving procedures within 42 days	82%	74%	95%	-21.0%	
% of accepted referrals for MRI scans receiving procedures within 42 days	47%	52%	85%	-33.0%	
% accepted referrals for Coronary Angiography within 90 days	85%	98%	95%	3.4%	
4a - Elective caseweights versus contract (monthly provider arm delivered)	1,252	1,131	1,076	56 (5.2%)	
4b - Elective caseweights versus contract (ytd provider arm delivered)	8,037	7,633	7,938	-305 (-3.8%)	
7a - Acute caseweights versus contract (monthly provider arm delivered)	2,881	2,702	2,781	-79 (-2.8%)	
7b - Acute caseweights versus contract (ytd provider arm delivered)	17,785	17,980	16,810	1171 (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 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	

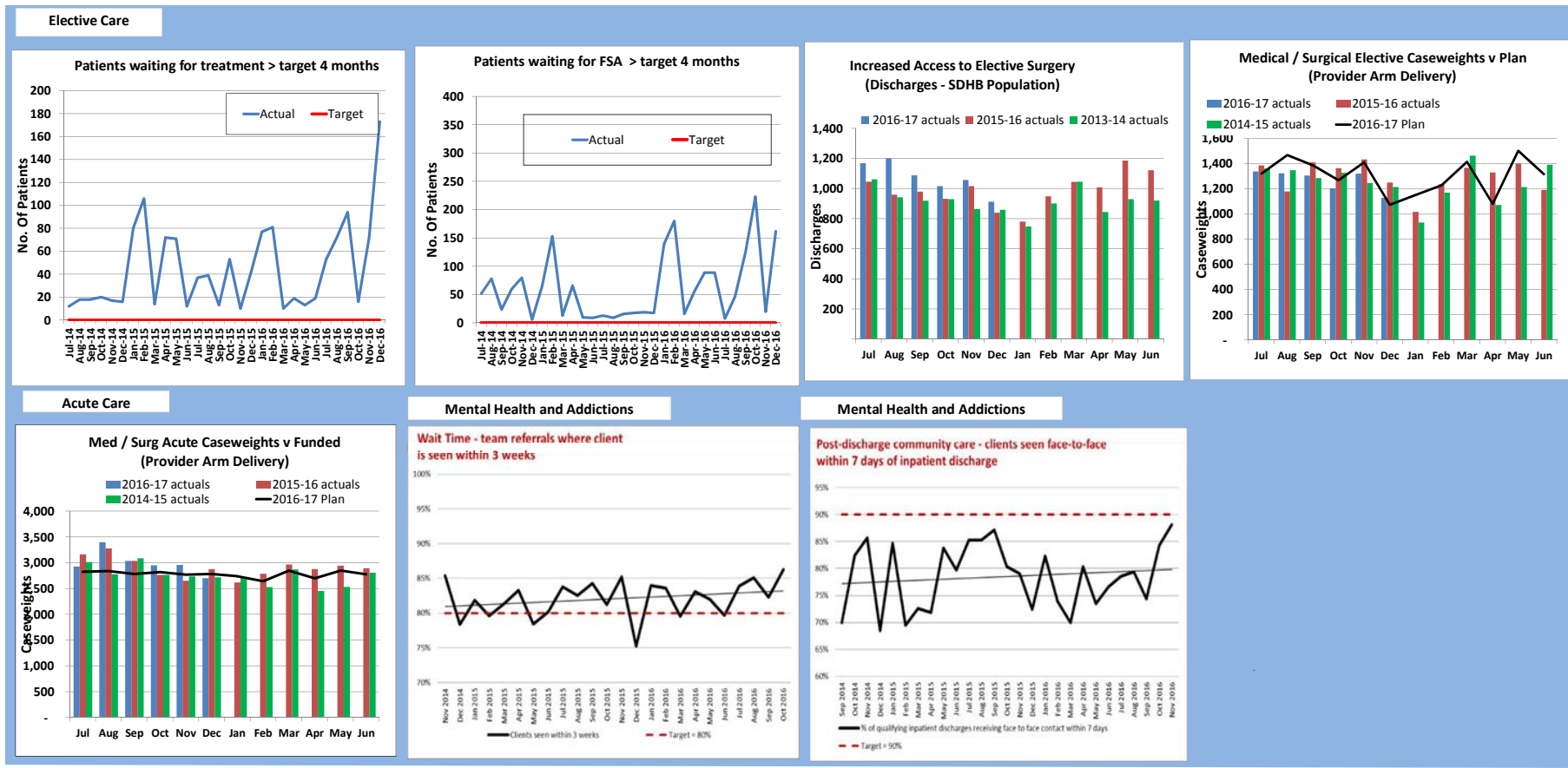
Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance % Plan /Target	Trend/ rating
5 - Reduction in DNA rates	7.5%	7.5%	8.0%	-0.5%	
9 - ALoS (elective) (Note 3)	3.58	3.13	4.02	0.89 (22.1%)	
ALoS (Acute inpatient) (Note 3)	4.13	3.87	4.25	0.38 (8.9%)	
DOSA (Note 2)	91%	94%	95%	-1%	

Southern DHB

Hospital Advisory Committee - Performance Report December 2016 Data



Southern DHB
December 2016 Data



SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Hospital Advisory Committee	
Date of Meeting:	26 January 2017	
Summary:		
The issues considered in this paper are:		
<ul style="list-style-type: none"> ▪ December 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: 18/01/2017
Prepared by: Senior Business Analyst Date: 17/01/2017		Presented by: Lexie O'Shea Chief Operating Officer
RECOMMENDATION:		
That the report be noted.		

SOUTHERN DHB FINANCIAL REPORT
Commissioner's Summary for HAC

Financial Report for:
Report Prepared by:
Date:

December 2016
Senior Business Analyst
17 January 2017

Overview

Results Summary

Actual \$000	Month			Year To Date			Annual Budget \$000
	Budget \$000	Variance \$000		Actual \$000	Budget \$000	Variance \$000	
43,565	43,879	(314)	Revenue	265,161	263,797	1,364	527,706
31,322	31,218	(104)	Less Personnel Costs	179,518	180,648	1,130	361,659
14,286	14,622	336	Less Other Costs	94,070	92,549	(1,521)	181,489
(2,043)	(1,961)	(82)	Net Surplus / (Deficit)	(8,427)	(9,400)	973	(15,442)

The December result was a deficit of \$2.0m, which was unfavourable to budget by \$0.82m. Year to date (YTD) the consolidated deficit is \$0.97m favourable to budget with a deficit of \$8.43m.

The unfavourable variance in revenue was due to unfavourable Ministry of Health (MOH) revenue partially offset by increased patient related (non-resident) revenue of \$0.11m and Other Income of \$0.11m.

December personnel costs were unfavourable to budget by \$0.10m. This was due to SMO backpays and higher RMO allowances and KiwiSaver costs than budgeted. Medical outsourcing was also over budget, reflecting cover for vacant positions.

Non personnel costs were favourable to budget by \$0.33m. This was primarily driven by a lower spend on capital charge of \$0.4m due to the six monthly invoice reflecting a lower rate than was accrued (7% compared to 8%).

Statement of Financial Performance

Monthly				Year to date				Annual	
Actuals	Budget	Variance	Variance	Actuals	Budget	Variance	Variance	Budget	
\$000s	\$000s	\$000s	FTE	\$000s	\$000s	\$000s	FTE	\$000s	
REVENUE									
Government & Crown Agency Sourced									
1,187	1,602	(415)		MoH Revenue	9,035	9,608	(573)	19,216	
1,207	1,267	(60)		Other Government	7,783	7,915	(132)	15,429	
2,394	2,869	(475)		Total Government & Crown	16,818	17,523	(705)	34,645	
Non Government & Crown Agency Revenue									
275	165	110		Patient related	1,155	1,132	23	2,848	
762	647	115		Other Income	4,018	3,851	167	7,734	
1,037	812	225		Total Non Government	5,173	4,983	190	10,582	
40,134	40,198	(64)		Internal Revenue	243,170	241,291	1,879	482,479	
43,565	43,879	(314)		TOTAL REVENUE	265,161	263,797	1,364	527,706	
EXPENSES									
Workforce									
Senior Medical Officers (SMO's)									
6,696	6,584	(112)	9	Direct	38,168	38,563	395	11	77,045
372	448	76		Indirect	2,247	2,683	436		5,517
369	323	(46)		Outsourced	2,651	1,954	(697)		3,815
7,437	7,355	(82)	9	Total SMO's	43,066	43,200	134	11	86,377
Registrars / House Officers (RMOs)									
3,266	3,110	(156)	1	Direct	18,274	18,075	(199)	6	36,339
183	209	26		Indirect	862	1,250	388		2,622
209	46	(163)		Outsourced	623	277	(346)		540
3,658	3,365	(293)	1	Total RMOs	19,759	19,602	(157)	6	39,501
11,095	10,720	(375)	10	Total Medical costs (incl outsourcing)	62,825	62,802	(23)	17	125,878
Nursing									
11,873	11,817	(56)	(16)	Direct	66,801	67,039	238	(5)	134,761
122	167	45		Indirect	1,030	1,051	21		2,462
15	5	(10)		Outsourced	73	27	(46)		55
12,010	11,989	(21)	(16)	Total Nursing	67,904	68,117	213	(5)	137,278
Allied Health									
4,188	4,277	89	0	Direct	24,219	24,861	642	8	49,254
79	108	29		Indirect	543	647	104		1,294
55	66	11		Outsourced	514	398	(116)		796
4,322	4,451	129	0	Total Allied Health	25,276	25,906	630	8	51,344
Support									
478	528	50	2	Direct	2,785	3,063	278	3	6,108
0	4	4		Indirect	91	21	(70)		83
49	44	(5)		Outsourced	367	261	(106)		522
527	576	49	2	Total Support	3,243	3,345	102	3	6,713
Management / Admin									
3,258	3,439	181	2	Direct	19,550	20,220	670	13	39,872
70	41	(29)		Indirect	306	246	(60)		549
40	2	(38)		Outsourced	414	12	(402)		25
3,368	3,482	114	2	Total Management / Admin	20,270	20,478	208	13	40,446
31,322	31,218	(104)	(2)	Total Workforce Expenses	179,518	180,648	1,130	36	361,659
2,320	2,187	(133)		Outsourced Clinical Services	14,660	13,750	(910)		27,055
78	77	(1)		Outsourced Corporate / Governance Service	476	464	(12)		906
5,941	6,099	158		Clinical Supplies	39,660	38,963	(697)		77,313
3,681	3,544	(137)		Infrastructure & Non-Clinical Supplies	23,388	23,110	(278)		43,461
Non Operating Expenses									
1,762	1,758	(4)		Depreciation	10,609	10,522	(87)		21,273
172	625	453		Capital charge	3,297	3,750	453		7,500
332	332	0		Interest	1,980	1,990	10		3,981
14,286	14,622	336		Total Non Personnel Expenses	94,070	92,549	(1,521)		181,489
45,608	45,840	232		TOTAL EXPENSES	273,588	273,197	(391)		543,148
(2,043)	(1,961)	(82)		Net Surplus / (Deficit)	(8,427)	(9,400)	973		(15,442)

Revenue**MoH Revenue**

Ministry of Health revenue was unfavourable by \$0.42m for the month and \$0.57m YTD. 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.
Public Health	Side Contracts	39	151	Timing variance
Disability Support	ISIS beds	(126)	(106)	Fewer ISIS beds used.
FCT Funding	Pharmac		114	Lump sum payment for Faster Cancer Treatment work
Health Workforce	Training revenue	(239)	(219)	Lower volumes invoiced as per contracts.
2015/16 Accrued Revenue Treatment	MOH		(629)	Additional electives revenue offset in Internal Revenue

Patient Related Revenue

A favourable monthly variance in non-resident revenue of \$0.11m has driven the monthly favourable variance. Patient related revenue is now close to budget YTD.

Internal Revenue

Internal revenue was close to budget for the month. YTD the favourable variance of \$1.88m is driven by the receipt of accrued 2015/16 revenue \$0.63m originally reported in MOH revenue (refer above) and additional revenue related to the final MOH allocation of revenue based on elective volumes \$0.50m. Community Pharmaceuticals and PCT are also \$0.78m higher than budget YTD.

Workforce Costs

Year to date workforce costs (personnel plus outsourcing) remain favourable YTD by \$1.13m, with December being \$0.10m unfavourable to budget.

The month unfavourable variance is due to Medical costs being over budget by \$0.38m due to additional backpay accruals plus additional RMO outsourcing. This was partially offset by savings across other staff types by staff taking more leave than budgeted.

Senior Medical Officers (SMOs)

SMOs have unfavourable direct costs for the month primarily due to back pay. This cost was partially offset by a favourable FTE variance.

Indirect costs were favourable primarily due to a favourable training variance.

Outsourced costs were higher than budget due to the use of locums to cover vacant roles.

Registrars / House Officers (RMOs)

RMOs direct costs for the month were over budget by \$0.16m.

The overrun in direct costs is due to higher allowances and KiwiSaver costs compared to budget plus additional backpay for new RMOs who have transferred in to the DHB.

Nursing

Nursing costs were unfavourable to budget for the month by \$0.04m and favourable YTD \$0.11m. Despite FTE being 18 FTE unfavourable for the month, increased leave taken to budget and reduced allowances offset the majority of the resulting unfavourable monthly variance.

Allied Health

Allied Health costs are \$0.13m under budget for the month and \$0.63m favourable YTD due to lower direct costs than budgeted driven by vacancies. The monthly favourable variance reflects lower rates than budgeted and more annual leave taken compared to budget.

Support

The savings in support costs for the month of \$0.05m is driven by staff taking more annual leave than was budgeted.

Management / Administration

Management / Administration costs are under budget for the month by \$0.13m and YTD by \$0.17m. The monthly favourable variance is due to lower FTE than budgeted combined with annual leave taken being higher than budget.

Outsourced costs

Outsourced clinical services are \$0.13m over budget for the month and unfavourable by \$0.91m YTD. The YTD variances are due to:

- Additional radiology outsourcing is unfavourable by \$0.76m, partially offset by personnel vacancies. This variance also includes \$0.14m of private MRI procedures to continue service when the MRI was being replaced in November-December.
- Outsourced clinical services are unfavourable by \$0.68m due to the outsourcing of Urology procedures and higher than usual presentation of cancer patients, Ophthalmology (microscope failure), Cardiac and Orthopaedics cases.
- This includes a favourable variance of \$300k for research funds, however this is incurred in Clinical Supplies.

Clinical Supplies (excluding depreciation)

Clinical supplies were under budget by \$0.16m for the month and unfavourable by \$0.69m YTD. The monthly variance was due to lower blood costs and pharmaceuticals offset partially by increased implants (Hips).

The YTD variance is due to:

- pharmaceuticals (\$0.55m unfavourable), 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)
- research costs are also over budget (\$0.57m unfavourable), however this is offset by additional revenue and unspent research costs budgeted in outsourcing;
- offsetting these is a favourable variance in treatment disposables due mainly to lower blood usage than budgeted (\$0.46m fav).

Infrastructure and Non-Clinical

These costs were unfavourable to budget in the month by \$0.13m. Budgeted savings of \$0.42m were partially offset by lower facility costs (maintenance and utilities) and professional fees.

Non-Operating Expenses

This was favourable to budget by \$0.45m in December due the six monthly invoice reflecting a lower rate than was accrued (7% compared to 8%).

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.