HOSPITALS ADVISORY COMMITTEE MEETING

Wednesday 9 November 2011 - 2.00pm
Board Room, 1st Floor, Dunedin Hospital

AGENDA

Time		Sections
2.00pm	**Welcome, Introduction and Apologies**	
	Interests Registers ▪ Members' Interests Register ▪ Executive Management Team Interests Register	**1**
	Confirmation of Minutes	**2**
	Review of Actions	**3**
	Regional Monitoring Reports ▪ Chief Operating Officers' Report ▪ Provider Arm Dashboard ▪ Health Targets ▪ Elective Services Performance Indicators ▪ Elective case weights ▪ Key Performance Indicators	**4**
	Otago Performance Reports ▪ Chief Operating Officer's Report ▪ Case Weight Activity Data ▪ Elective Services Performance Indicators ▪ Chief Medical Officer's Report ▪ Directorate Reports ▪ NHB & SDHB Joint Assessment of Systems, Dunedin Hospital ▪ Emergency Department Observation Unit	**5**
	Southland Performance Reports ▪ Chief Operating Officer's Report ▪ Case Weight Activity Data ▪ Elective Services Performance Indicators ▪ Chief Medical Officer's Report ▪ Directorate Reports ▪ Southland Incubator Programme	**6**
	Regional Performance Reports	
	▪ Chief Nursing and Midwifery Report	**7**
	▪ Financial Performance Summary	**8**
	▪ Information Group Report	**9**
	▪ Human Resources Report	**10**
	▪ Building and Property Report	**11**

Resolution

That the HAC moves into committee to consider the following agenda items.

The general subject of each matter is to be considered while the public is excluded. The reason and the specific grounds under Section 32, Schedule 3 of the NZ Public Health and Disability Act (2000) for the passing of this resolution are as follows:

General Subject	***Reason for passing this resolution***	***Grounds for passing the resolution***
Previous Public Excluded Minutes	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	• Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a) • Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)
Review of Public Excluded Action Sheet	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	• Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a) • Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)
Risk Register – Otago and Southland	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	• Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a) • Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	06.12.2010	**Son-in-law:** 1. Partner, Polson Higgs, Chartered Accountants. 2. Trustee, Corstorphine Baptist Community Trust	1. Does some accounting work for Southern PHO. 2. Has a mental health contract with Southern DHB.
Paul MENZIES (Deputy Chairman)	10.02.2010 10.02.2010 06.10.2011	1. Wife a member on the Southland Child Youth Mortality Review Group. 2. Wife a member on the Child and Youth Health Advisory Committee. 3. Trustee, Southern PHO	1. Nil. 2. Nil. 3. Appointed as a trustee by Southern DHB. PHO is contracted to the DHB.
Neville COOK	04.03.2008 04.03.2008 04.03.2008 26.03.2008	1. Board Member, Invercargill Licensing Trust. 2. Board Member, Invercargill Licensing Trust Foundation. 3. Councillor, Environment Southland. 4. Trustee, Norman Jones Foundation.	1. Possible conflict with funding requests. 2. Possible conflict with funding requests. 3. Nil. 4. Possible conflict with funding requests.
Sandra Cook	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.
Kaye CROWTHER	09.11.2007 14.08.2008 14.08.2008 14.08.2008 12.02.2009 05.12.2010	2. Employee of WHK South. 3. Trustee of Plunket Foundation. 4. Chair of the Management Committee for the car seat rental scheme for Plunket Southland. 5. Trustee of Wakatipu Plunket Charitable Trust. 6. Corresponding member for health and family affairs, National Council of Women. 7. Member of advisory panel for No 10, Invercargill.	2. Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of WHK. 3. Nil. 4. Nil. 5. Nil. 6. Nil.
Mary FLANNERY	17.11.2010	1. Trustee, Rural Otago Primary Health Organisation 2. Associate Solicitor, Bodkins Alexandra. 3. Partner, Tayside Farm Partnership.	1. Was contracted to Southern DHB – contracts assigned to Southern PHO (will be wound up) 2. Nil 3. Nil
James <u>Malcolm</u> MACPHERSON	28.06.2005 09.03.2011 16.10.2009 25.11.2010 25.11.2010	1. Member Otago Polytechnic Council. 2. Contractor and Tutor, Otago Polytechnic. 3. Member Otago Community Hospice Trust Board. 4. Member Central Lakes Trust. 5. Member Roxburgh Gorge Trail Charitable Trust.	1. (OP has training interests in common with the DHB, no) 2. (personal interest.) 3. OCH provides contracted services for Southern DHB, no personal involvement. 4. CLT is a community funder in its region, which includes

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	25.11.2010 28.08.2007 09.03.2011 09.03.2011 09.03.2011 13.12.2001 22.04.2003	6. Part owner, Alexandra Medical Centre. 7. Co-Principal, Brilliant New Zealand Ltd. 8. Chairman, Jolendale Charitable Trust. 9. Director, Medco Properties Ltd 10. Director, Centennial Health Ltd **Spouse - Susan Elizabeth Macpherson:** 11. GP Principal, Centennial Health Ltd, Alexandra. 12. Branch Medical Advisor, ACC, Alexandra.	Dunstan and Lakes District Hospitals, plus a wide range of community and primary services and service providers, and is a possible future funder. 5. Nil. 6. The AMC will be tenanted by all of Alexandra's current GPs and a pharmacy and may also house other related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts, real and theoretical. 7. BNZL is a consultancy which may have an involvement with health sector organisations. 8. Nil. 9. MPL will be responsible for the tenancy of all of Alexandra's current GPs and a pharmacy and may also house other related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts, real and theoretical. 10. (Any DHB decisions relating to or involving primary) 11. (health providers, PHOs or primary referred services) (are likely to have a direct personal (family) effect.) (Declare and withdraw as a matter of course.) 12. ACC is a major customer of the DHB. Remote possibility of an influence, no personal interest.
Tahu POTIKI	15.12.2007 03.04.2008 24.11.2009 03.06.2010	1. Director, Arataki Associates. 2. Representative to Te Runanga o Ngai Tahu. 3. Trustee of Ngai Tahu Charitable Trust. 4. Board Member, Relationship Services NZ. 5. Board Member, Environmental Science and Research	1. Contracted to Southern DHB, funded provider in the past ie Araiteuru Whare Hauora Ltd. 2. & 3. Treaty Partner - affiliated providers may contract to Southern DHB. Te Runanga o Ngai Tahu has right of first refusal on disposal of property. 4. No apparent conflict. 5. CRI involved in public health research.
Branko SIJNJA	07.02.2008 04.02.2009 22.06.2010	1. Director, Clutha Community Health Company Limited. 2. 0.5 FTE Director Rural Immersion Programme, Otago University School of Medicine. 3. Employee, Balclutha General Practitioners Limited	1. Operates publicly funded secondary health services under contract to Southern DHB. 2. Possible conflicts between Southern DHB and University interests. 3. Employed as a part-time GP.
Richard John THOMSON	13.12.2001	1. Managing Director, Thomson & Cessford Ltd. 2. Director, Susanna Shaya Imports Ltd 3. Chairperson and Trustee, Hawksbury Community Living Trust.	1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	23.09.2003 29.03.2010 06.04.2011	4. Trustee, HealthCare Otago Charitable Trust. 5. Director, Composite Retail Group. 6. Councillor, Dunedin City Council.	2. Susanna Shaya Imports is a homeware importing company. It has no dealings with Southern DHB. 3. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 4. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 5. May have some stores that deal with Southern DHB.
Tim WARD	14.09.2009 01.05.2010 01.05.2010	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT).	1. May have some Southern DHB patients and staff as clients. 2. Verdon is a participant in the employment incubator programme. 3. Supply of goods and services between Southern DHB and SIT.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at October 2011

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
John Adams	27.05.2003 24.02.2004 23.11.2004 22.04.2008 18.02.2010	1. Dunedin School of Medicine (Dean). 2. Southern DHB Mental Health Service (staff member). 3. Ashburn Hall Charitable Trust (Trustee). 4. NZ Institute of Rural Health (Trustee). 5. Medical Council of New Zealand (Chair).	1. Possible conflicts between Southern DHB and University interests. 2. Possible differences in priorities and view between governance and employee. 3. The Ashburn Clinic is both a contractor to and provides similar services to the Southern DHB. 4. DHBs contract NZIRH to provide services. 5. At times, NZMC policy or opinion may conflict with or be critical of Southern DHB policy.
Vivian Blake	23.04.2007 08.02.2009	1. Executive Director on the Board of the Health Roundtable (HRT). 2. New Zealand Benchmarking Group (Chair).	1. The HRT facilitates benchmarking activity for 130 Australasian hospitals. 2. NZBG is the New Zealand Chapter of the Australasian Health Roundtable.
Richard Bunton	17.03.2004 29.04.2010 23.02.2010	1. Managing Director of Rockburn Wines Ltd. 2. Director of Mainland Cardiothoracic Associates Ltd. 3. Director of the Southern Cardiothoracic Institute Ltd. 4. Director of Wholehearted Ltd. 5. Deputy Chairman, Board of Cardiothoracic Surgery, RACS. 6. Trustee, Dunedin Heart Unit Trust. 7. Chairman, Dunedin Basic Medical Sciences Trust. 8. Otago Rugby Union (Director).	1. The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions. 2. This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract. 3. 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. 4. This company is one used for personal trading and apart from issues raised in '2' no conflict exists. 5. No conflict. 6. No conflict. 7. No conflict. 8. No conflict. 9.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Donovan Clarke	02.02.2011	1. Te Waipounamu Delegate, Te Piringa, National Maori Disability Advisory Group. 2. Director, Great Western Steakhouse, New Lynn, Auckland.	1. Nil. 2. Nil.
Tina Gilbertson	16.11.2011	Nil	1.
Robert Mackway-Jones	28.08.2007	1. Close association (wife) employed by Dunedin Hospital.	2. Reporting line to Purchasing Team leader.
Lexie O'Shea	01.07.2007	1. Trustee, Gilmour Trust.	1. Southland Hospital Trust.
John Pine	17.11.201	Nil	
Leanne Samuel	01.07.2007 01.07.2007 01.07.2007 29.10.2009 01.10.2010	1. Southern Health Welfare Trust (Trustee). 2. Member of Community Trust of Southland Health Scholarships Panel. 3. Member of Board of Studies at Southern Institute of Technology. 4. Southland Medical Foundation Inc (Member) 5. Member of National Elective Services Productivity and Workforce Programme Steering Group.	1. Southland Hospital Trust. 2. Nil. 3. Potential conflict if the DHB purchases services from this organisation. 4. Southland Trust. 5. Nil.
John Simpson		Nil	
David Tulloch	23.11.2010 02.06.2011	1. Southland Urology (Director) 2. Southern Surgical Services (Director) 3. UA Central Otago Urology Services Limited (Director)	1. Potential conflict if DHB purchases services. 2. Potential conflict if DHB purchases services. 3. Potential conflict if DHB purchases services.
Ian Macara (in attendance at EMT as CEO of the Southern PHO)	26.08.2010	Nil	

Minutes of the Hospitals' Advisory Committee (HAC) Meeting

Wednesday, 5 October 2011, 2.00pm
Board Room, 1st Floor, Dunedin Hospital

Present:	Dr Malcolm Macpherson	(Acting HAC Chairman)
	Dr Branko Sijnja	
	Mr Richard Thomson	
	Mr Tim Ward	
In Attendance:	Mr Joe Butterfield	(Chairman, Southern DHB)
	Mrs Kaye Crowther	(Board Member, Southern DHB)
	Mrs Lexie O'Shea	(Acting Chief Executive Officer)
	Ms Megan Boivin	(Acting Chief Operating Officer Otago)
	Mrs Leanne Samuel	(Acting Chief Operating Officer Southland)
	Mr David Tulloch	(Chief Medical Officer, Southland)
	Ms Tina Gilbertson	(Acting Chief Nursing and Midwifery Officer)
	Mr Grant Paris	(Senior Business Analyst Otago)
	Ms Jo Harvey	(Communications Officer)
	Mrs Joanne Fannin	(Board Secretary Southland – minute taker)
Apologies:	Mr Paul Menzies	(HAC Chairman)
	Mr Neville Cook	(HAC Member)

1.0 WELCOME

The Acting HAC Chairman, Dr Malcolm Macpherson, welcomed everyone to the meeting.

2.0 APOLOGIES

Apologies were noted from Mr Paul Menzies and Mr Neville Cook.

It was moved:

"That the apologies from Mr Paul Menzies and Mr Neville Cook be accepted."

Moved: Dr Sijnja
Seconded: Mr Ward
Carried

3.0 BUSINESS INTELLIGENCE PRESENTATION

The Acting CEO, Mrs Lexie O'Shea, introduced the Acting COO Otago, Ms Megan Boivin, and the Chief Information Officer, Mr John Simpson, who provided a presentation demonstrating the advances made with Business Intelligence (BI). The work focussed on the six health targets and the demonstration related to the target 'shorter stays in Emergency Department (ED)'. The information demonstrated the management tool available on staff desk tops. The tool enables staff to drill right down to patient level information. The BI tool is available within the ED and to any other department who requires to understand where they are as part of the process. The tool allows staff to provide a report quickly. There are a significant number of breaches between 6 and 6.5 hours to the target for 95% of patients to be admitted, discharged or transferred from an ED within 6 hours. The Regional CMO advised that a survey in Southland had identified that 25% of the breaches were only slightly above the 6 hour target. He advised on a case where failure to input data in a timely way had resulted in a breach and the need for team work was highlighted. The information was available to staff on the Wards via the intranet and the colour coded red, amber, green system was outlined.

4.0 MEMBERS' INTERESTS REGISTER

The Chairman reminded members of their responsibility to declare any conflicts of interest throughout the course of the meeting.

5.0 CONFIRMATION OF PREVIOUS MINUTES

It was moved:

> "That the minutes of the Hospitals' Advisory Committee meeting held on 1 September 2011 be approved and adopted as a true and correct record of the meeting."

Moved: Dr Macpherson
Seconded: Mr Ward
Carried

In response to a query regarding the mix of salaried and locum doctors as noted under bullet point 10 Financial Report, the Acting CEO advised that the Southland site has more locums and more outsourced elective work is done on the Dunedin site.

6.0 ACTION SHEET

Action 60 Provision of 12 month rolling average for each KPI – the KPI graphs included in the agenda have been updated to include a rolling average and it has been suggested to the national group that they do the same

The Board Chairman, Mr Joe Butterfield, joined the meeting at 2.20pm.

Action 61 General acknowledgement of Provider Arm staff – an acknowledgement of staff will be included in the Year in Review, which is to be discussed at Board on 6 October 2011.

Action 62 COO Otago Report Enduring Power of Attorney (EPOA) – the Acting CEO is to raise the challenge with the EPOA process at the next national CEOs meeting and will provide an update at the HAC meeting to be held in November 2011.

7.0 CHIEF OPERATING OFFICERS' REPORT

The Acting COO Otago spoke to the report, with the following key points being highlighted:

Contract Performance – whilst both elective caseweights delivered (cwd) and elective discharges are behind plan year-to-date (YTD) for August 2011, a regional approach is in progress to ensure that targets are met by the end of the financial year. In response to a query by Mr Richard Thomson, it was noted that budget figure discharges YTD are the same as the previous year and cwd had changed slightly due to the purchasing methodology. In response to a query around the drop in elective cwd on the Southland site, it was noted that there were Anaesthetic vacancies and a number of Orthopods were out of the region in August 2011. The main areas of concern were around General Surgery and Orthopaedics and a recovery plan was in place. Early indications are that the result has improved for the month of September 2011. The Acting CEO advised that the Theatres in Southland were well utilised with additional delivery of 130 acute cwd.

Gastrointestinal Disease Centre (GIDC): Progress Update – in response to a query by Mr Tim Ward, the Acting CEO confirmed that a recommendation on the GIDC would be available for the November or December 2011 HAC meeting.

Hospital Acquired Infection rate – in response to a query by Mr Thomson, the Acting CEO confirmed that it had been agreed not to include Hospital Acquired Infection Rates as a Key Performance Indicator due to the small number of cases distorting the reporting. The reference in the report had been included in error.

Provider Arm Dashboard – it was noted that Clinical Leadership is now included in the Provider Arm Dashboard 2011/12. In response to a query by the Board Chairman, it was confirmed that the project 'shorter wait times for cancer treatment' is on track.

Health Targets – the improvement in the target for better help for smokers to quit was noted.

Elective Service Performance Indicators (ESPIs) – the new Southern DHB view ESPIs summary was noted.

Key Performance Indicators (KPIs) – in discussion on the timeliness of the KPI report, the Acting CEO highlighted that the report was provided on a quarterly basis and noted the time required to collate the national figures. The Senior Business Analyst (SBA) advised that achieving the data clean-up had been challenging.

Discussion was held on the percentage outpatients did not attend (DNA) rate for the Southland peer group. Management noted this was a complex and on-going issue and noted they would be reviewing this to validate the data and query some of the better performing DHBs to see how the lower DNA rates are being achieved.

8.0 CHIEF OPERATING OFFICER'S REPORT, OTAGO

Contract performance –the elective caseweights (cwd) for the Otago population during August were slightly above plan and the elective discharges were slightly below plan. Work continues with the Southland site to achieve the national target. In response to a query by Mr Richard Thomson, an update was provided on the mix of cwd versus discharges.

Operational Performance – the number of attendances through the Dunedin Hospital ED was consistent with the same time in the previous year.

Diagnostic and Support Services (Otago) Update – in response to concerns raised by Mr Thomson in relation to the section on emerging issues/risks/mitigation, the Acting CEO advised that there is a lot of activity happening over the next few months in relation to acute Theatre that will result in a different mitigation strategy being developed.

Emergency, Medicine and Surgery Group Update – in response to concerns raised by Mr Thomson in relation to the high number of renal dialysis treatments, the Acting COO Otago advised that the team is doing a full analysis in an attempt to identify the drivers for growth.

Mental Health and Community Directorate Update – it was noted that the reduced ACC revenue was due to a reduction in the number of referrals through rehabilitation.

National Health Board (NHB) and Southern DHB Joint Assessment of Systems, Dunedin Hospital – the Acting CEO advised that the report included in the agenda reflected what management believed should be provided for the HAC meeting and a similar report had been provided for Board. The new dashboard format was noted. Members were generally happy with the overall format and Mr Thomson advised the need for Board to be advised of any financial implications that are not covered within the Annual Plan. The Acting CEO provided an update on the vision, strategy and goals of the organisation, acknowledging the need for the Board to lead that process. In response to concerns raised, the Acting CEO provided an assurance that the planning was at a scoping stage only. The Acting HAC Chairman advised the need for the debate to be held at a Board level.

In response to concerns raised by the Board Chairman, the Acting CEO confirmed that the completion date for recommendation number 33 would be revised taking the NHB feedback into account. She also confirmed that the completion date for recommendation number 44 should read February 2012.

9.0 CHIEF OPERATING OFFICER'S REPORT, SOUTHLAND

Surgical Directorate Update (Southland) – the continuing challenges with the Elective Service Performance Indicators (ESPIs) were highlighted. The Acting COO Southland advised that a recovery plan was in place to achieve the target cwd. The recovery plan included the on-going commitment to locum Anaesthetists. A number of Specialist Surgeons for Orthopaedics, Urology, Ophthalmology and General Surgery are expected within the next six months. The Southland site is also working closely with the Dunedin site to assist in this area.

Operational Performance – in response to a query from Dr Branko Sijnja, management undertook to obtain figures showing the total number of patients admitted in relation to the 638 who attended ED at Lakes District Hospital.

Elective Service Performance Indicators – Dr Sijnja expressed concern over the number of patients waiting for an assessment. Management noted that the change in March 2011 was due to staff changes and resourcing the area. It was noted that green status is being maintained and steady progress was being made following the change identified in March 2011.

Chief Medical Officer's (CMO) Report – the CMO acknowledged the continual hard work of staff in keeping throughput as efficient as possible, despite the on-going challenges.

Medical Directorate Update – the CMO highlighted the reference indicating that after 28 October 2011 the Department of Medicine in Southland will have one vocationally registered Physician in acute medicine, which would create challenges with supervision.

Women and Children Directorate Update – brief discussion was held on the impact on the Obstetric and Gynaecology (O&G) staff following the resignation from a Senior Medical Officer (SMO) at the commencement of their contract.

10.0 CHIEF NURSING AND MIDWIFERY OFFICER'S (CNMO) REPORT

The Acting CNMO, Ms Tina Gilbertson, spoke to her report and noted that Southern DHB was performing in the top quarter of DHBs as highlighted in the Partner Abuse and Child Abuse and Neglect Intervention Programmes National League tables. It was noted that annual audits are undertaken in this area.

11.0 FINANCIAL REPORT

The Senior Business Analyst (SBA), Mr Grant Paris, provided an update on his financial report and the following areas were highlighted:

- The August 2011 Provider Arm result is favourable to budget by $314K and YTD favourable by $849K against budget.
- The favourable result is driven by FTE variances and some of this is offset by a reduction in revenue.
- Outsourced costs continue to run over budget, generally driven by the Dunedin site. This is being monitored to ensure the year-end result remains within budget.
- The unfavourable variance in Clinical Supplies was mainly due to higher blood supply costs (Intragram) and renal fluids. In discussion it was noted there were more patients requiring treatment and some of the costs were attributable to one treatment plan.
- Infrastructure costs are over-budget by $164K for the month due to increased insurance premiums and capital charge. Staff transport costs were high for the month and work is being done to establish the reasons for the increase.
- Forecasts will be provided in next month's report following the end of the first quarter.
- The capital report was noted. It was highlighted that the ED short stay unit was listed at the original $2M and should be showing at the approved amount of $2.7M. The remaining $700K will come out of the contingency fund.

- Mr Tim Ward queried the alignment between the positive variance of $249K and the reduced cwd which was 135 below target. The SBA confirmed that the main Orthopaedic costs were in line with the plan, but noted the potential impact of a large number of scoliosis cases being undertaken in August 2011 on the implants and prosthesis budget.

12.0 INFORMATION SYSTEMS (IS) DASHBOARD

The IS dashboard and the Business Intelligence (BI) report were noted and taken as read.

13.0 HUMAN RESOURCES (HR) DASHBOARD

The HR Dashboard was noted and taken as read.

14.0 BUILDING AND PROPERTY SERVICES

The Building and Property Services, Progress Report on the DSA Suite Upgrade at Dunedin Hospital and the Master Site Planning Report for Dunedin and Wakari Hospitals were noted and taken as read. Following a query by Mr Ward, the Acting CEO is to advise when the next meeting of the Master Site Planning Control Group is to be held.

It was moved:

"That the management and financial reports be noted."

Moved: Dr Macpherson
Seconded: Mr Thomson
Carried

It was moved:

"That the Committee move to the Public Excluded Session of the business at 3.20pm."

Moved: Dr Macpherson
Seconded: Dr Sijnja
Carried

Resolution

That the HAC moves into committee to consider the following agenda items.

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Risk Register – Otago and Southland	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	• Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a) • Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)
Serious and Sentinel Events Report	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	• Section 18(d), that the information will soon be publicly available

Capex – Fluoroscopy Machine Replacement and Relocation	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	• Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, commercial activities – section 9(2)(i)
National Health Board and Southern DHB Joint Assessment of Systems, Dunedin Hospital	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	• Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)

The meeting closed at 3.45pm.

Confirmed as a true and correct record:

Chairperson: _____ Date: _____

HOSPITALS' ADVISORY COMMITTEE (HAC)

Action Sheet from meeting held on 5 October 2011

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
61 2011/08	**General** (Minutes Item 14)	A message is to be sent to all Provider Arm staff, on behalf of the HAC, acknowledging the work done to achieve the positive result for 2010/11.	COO Otago and Southland	An acknowledgement will be made to staff on behalf of the HAC in the usual manner via the Year in Review.	November 2011
62 2011/09	**COO Otago Report** (Minutes Item 7)	The challenge with the Enduring Power of Attorney (EPOA) process is a national issue and is to be raised at a national CEO level.	Acting CEO	The Acting CEO is to provide an update as the situation progresses.	On-going
63 2011/09	**COO Otago Report** (Minutes Item 7)	Management is to identify the issues that could be handled at a management level and those that need to be handled at a Board/Advisory Committee level. A reporting template is to be provided for Board and Advisory Committees consisting of a matrix reporting on each of the 45 recommendations within the NHB Review Report.		Complete	
65 2011/10	**COOs' Report - KPIs** (Minutes Item 7)	Management is to review the DNA rate for the Southland peer group and query some of the better performing DHBs to see how the lower DNA rates are being achieved.	COOs Southland and Otago	See section 6, Southland COO Report.	9 November 2011
67 2011/10	**COO Report Otago – NHB and Southern DHB Joint Assessment of Systems** (Minutes Item 8)	The completion date for number 33 on the dashboard is to be revised taking the NHB feedback into account and number 44 is to be updated to read February 2012.	Acting CEO	The dashboard included in the agenda has been updated as outlined.	9 November 2011
68 2011/10	**COO Report Southland – Operational Performance** (Minutes Item 9)	Management is to advise the total number of patients admitted of the 638 who attended ED at Lakes District Hospital as identified in the report included in the October 2011 HAC agenda.	Acting COO Southland	An update is included in the November report.	9 November 2011

Chief Operating Officer's Report **September 2011**

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** delivered (cwd) for Southern DHB were 1% (12 cwd) behind plan for September 2011 and 2.79% (106.82 cwd) behind plan year to date. A recovery plan is in the process of being developed.
- Health Target Elective **discharges** delivered for Southern DHB were on plan for September 2011 and are 179 discharges behind plan year to date (2,515 against a target of 2,694).

2. Financial Performance

- An unfavourable variance of $717k was recorded in the provider arm for the month of September 2011. Year to date the result is a $132k favourable variance.
- Revenue for September 2011 was unfavourable against budget by $146k. Expenses for September 2011 were unfavourable against budget by $571k.

3. Operational Performance

Progress made this month toward achievement of the DAP strategic goals is outlined in the **attached** Provider Arm Dashboard.

Performance against the four health targets is outlined in the **attached** report, along with the Southern view of Elective Services Performance Indicators.

Elective caseweight reports are **attached**.

Vivian Blake
Chief Operating Officer (Otago)

Leanne Samuel
Acting Chief Operating Officer (Southland)

Southern District Health Board
September 2011

Provider Arm Dashboard DAP 2011/12

STRATEGIC GOALS:

1.0	Delivering the Ministers Health targets
2.0	Developing clinically and financially sustainable clinical services
3.0	Developing clinical-management partnerships
4.0	Creating a high performance culture

KEY PROJECTS and ACTIVITY AREAS 2011/12		PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
Delivering the Ministers Health targets						
Shorter stays in ED (1)	6 Hours It Matters			✓		An organisation wide, systems approach to raise the profile, spear headed by a Corporate Sponsor (Vivian Blake) and a Clinical Sponsor (Mike Hunter) to enable participation, engage staff, exemplify the desired behaviour, and encourage staff and patients to be involved. ***6 workstreams are in place: the admission process; labs and radiology; the ED process; the discharge process; referral to inpatient services and communications. A newsletter and posters have been distributed to raise the profile of the project. There has been a steady increase over the past month in % patients discharged from ED in under 6 hours (weekly to week ending 2nd October 2011 = 77.47%, 82.36%, 82.82%, 87.8%).***
Shorter stays in ED (2)	On The Right Track			✓		The approach taken to achieve this target is to improve the overall patient flow from admission through the ED to eventual discharge thereby improving the productivity of the whole of hospital system. 'On the Right Track' is an organisation wide programme to streamline the unscheduled patient journey in order to meet this target. An ED Fast track clinic for clinically appropriate patients operating under the clinical oversight of the senior doctor on duty and within the CNS scope of practice is being developed. Staff appointed with service to be operational October 2011. ***Resources have been committed to undertake a daily review of breaches and assist in clarifying the causes and potential solutions*** ***Data analysis across all projects that have been implemented is continuing to quantify improvements across the organisation. Communication of achievement across the organisation has been reviewed with changes being implemented.*** ***E-discharge summaries implemented September 2011.***
Improved access to elective services	Optimising the patient Journey - End to end transformational redesign of the orthopaedic patient journey			✓		The overall purpose of this programme of activity is to apply a whole of systems approach to improving the care pathway of the orthopaedic patient from presentation to the Emergency Department (Dunedin Hospital) to discharge from hospital, and thereby reducing the waiting time for patients to receive orthopaedic surgery and freeing resources for additional elective procedures. It is anticipated that this redesign will also have a positive effect on ED wait times by reducing bed block in the wards. ***Funding to support this project has been applied for via the MOH's Elective Services Productivity and***

						Workforce programme
Shorter Wait times for cancer treatment				✓		Establishment of a third linear accelerator to meet target of four weeks from assessment to radiation therapy. Implementation of cancer control plan strategies for South Island. Review of introduction of new medical oncology therapies assessed to develop necessary increased staffing business cases. Introduction of clinics in Central Otago for Queenstown domiciled patients.
Better Help for Smokers to Quit				✓		Steady improvement in organisation-wide performance on the ABC Approach to Smoking Cessation – at the end of ***September 83.8%*** of patients identified as smokers were provided with advice and help to quit. ***Smokefree Champions have been established in all Southland and most Dunedin/Warkari Hospital Wards. This project aims to increase the knowledge and competence of all staff in supporting smokers to become Smokefree, and provide better ward-level leadership for the Better Help for Smokers to Quit health target.*** ***Training of primary care staff in the ABC Approach continues.***
Increased Immunisation				✓ ✓		Striving for achievement of the Ministry of Health; Immunisation Health Target of 95% Coverage for children by their second birthday. ***September Coverage of 95%; tentative Coverage for Quarter 1 of 94%.*** Vaccine Preventable Diseases (VPD) Steering Group to guide the development of and oversee progress of the VPD Strategic Plan and Annual Plan. • Draft Annual Plan presented at Steering Group with feedback being incorporated for final review. • ***VPD Staff have reviewed activity on the Annual Plan, identify priority areas.***
Developing clinically and financially sustainable clinical services						
Southern clinical services				✓		The approach is to focus on the clinical aspects of a Southern Clinical Service, within the current management (structure, accountabilities, responsibilities, decision making) and budgets (cost centres, costs, budgets by site, PVS, assume the Southern budget assigned for 2010/11/12 for that service is fixed). A southern clinical service is a seamless provision of care by that service for the people of Otago and Southland. The infrastructure to provide the service has the following components: • Clinical prioritisation criteria applicable DHB-wide no matter where the patient is seen • A DHB-wide system for management of clinic schedules (includes consideration of clinician travel, clinics facilities) • A single point of entry for the waiting list and/or booking system • Service standards, protocols and pathways are the same for each facility where this service is delivered • A Duty of Care policy, applicable DHB-wide • One leadership team (clinical management partnership) Work towards a single reporting framework. • Rheumatology have progressed a single point of entry/contact for all Rheumatology referrals with an interim report completed. • ***Ophthalmology Group met in September 2011 and agreed to develop a blueprint to progress and plan a district wide service.*** • ***Gastroenterology services have recommenced developing a southern clinical service via the Gastrointestinal Diseases Centre Establishment***

						Board, a joint initiative between Southern DHB and the Dunedin School of Medicine, University of Otago. • ***Gastroenterology are reviewing production plans for colonoscopy and ERCP re a single access criteria.***
Optimise the patient selection for surgery				✓		The project to review our pre-admission pathway to minimise postponements for elective surgery continues and is on target with orthopaedics patients now flowing through the new pathway.
Redesign of the Management of Acute cases in General Surgery				✓		***Pilot phase extended to trial a new model of on call duties to ensure best utilisation of theatre space and include the new consultant surgeon who commenced in early October.***
Continue with staff recruitment and retention strategies				✓		Focus to permanent positions in anaesthetics, ophthalmology, internal medicine and ear nose throat (ENT).
Actively participate in South Island regional planning				✓		Contributing to South Island planning in all work streams.
The Productive Operating Theatre (TPOT) programme				✓		The team building component commences in September and the full team on 7 October, 2011. ***The themes that have come from the team building day will form the basis of the next module which is scheduling.***
Theatre Compass				✓		Surgeon scorecards from Theatre Compass have been finalised and have been distributed to the Clinical Directors of each service for the second month for further input. A follow up visit by the theatre compass occurred September 29, 2011. ***In addition this month each surgeon has received a scorecard with information specific to themselves.***
Health of Older People Review				✓		Planning and Funding led.
Mental Health and Addiction Planning Project				✓		Planning and Funding led.
Implementation of InterRAI Project				✓		Implementation of InterRAI comprehensive electronically based assessment and planning system for older people. This is based on the national InterRAI project implementation. Staff training is well advanced and involvement of wider clinical services is being planned.
Development of DHB Care Coordination Centre				✓		***Consultation on the implementation of the DHB Care Coordination Centre has been completed and a decision made to implement. A project plan is being developed and Steering Group established to progress this. The timeframe for completion is mid 2012.***
Optimising patient safety and service quality						
Community Oral Health Project			✓			<u>Planned activity:</u> Implementation of re-oriented oral health services in the Southern region by February 2012, including- • 9 new fixed clinics in Winton, Gore, Wakatipu, Wanaka, Alexandra, Balclutha, Mosgiel, Dunedin South & Oamaru • Provision of a hub clinic at the Faculty of Dentistry • Refurbishment of 2 clinics in Southland • Construction of 30+ mobile landing pads • Purchase of 7 new mobile dental units • Realignment of staffing ratios in Otago • Operational changes to accommodate the new model of care • Digital imaging and patient management system upgrade • Communication plan and public education campaign
Trendcare				✓		Planned roll out into all clinical areas by July 2012 is

						underway.
Hand Hygiene				✓		Completion of 3rd national hand hygiene audits with report prepared in July. Planning underway to support achieving the target of 90% compliance.
Safe Medication Management						Project on hold whilst await decision on continuing with the pilot on E prescribing from the national medication committee.
Falls project Southland				✓		Rolled into AT&R in May and completed. ***Surgical ward roll out November and Medical Ward Feb 2012.***
Clinical Leadership						
Clinical leadership and governance networks				✓		We have alignment into and active participation at National, South Island and District level. ***We are all working / involved in several DHB projects and the NHB review requirements with potential changes in models of care requirements.***
Clinical Education and Research				✓		We have strong ongoing relationships with tertiary education providers for both under and post grad students from all clinical disciplines. We have active participation with HWNZ re our respective programs and seek to actively engage around Regional training hubs etc.
Clinical workforce planning				✓		Recruitment/retention activities are ongoing with our HR and RMO teams and we also have multi disciplinary representation in activities such as the Regional training.
Clinical quality and safety				✓		Initiatives such as electronic prescribing, care capacity planning, early warning scores are all active programs to ensure quality and safety improvements that the clinical leadership teams are involved.

Health Targets

The target is everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010. Six regional oncology centres provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.

July	100%
August	100%
September	100%
October	
November	
December	
January	
February	
March	
April	
May	
June	

The target is 80% of hospitalised smokers will be provided with advice and help to quit by July 2010; 90% by July 2011; and 95% by July 2012.

July	84.4%
August	86.2%
September	83.8%
October	
November	
December	
January	
February	
March	
April	
May	
June	

The target is 95% of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again. To achieve this target with good, sustainable improvements is expected to take up to two years for many hospitals.

	Otago	Southland
July	76.53%	90.00%
August	76.22%	91.00%
September	81.12%	90.00%
October		
November		
December		
January		
February		
March		
April		
May		
June		

The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year.

Annual Target = 9,955 Discharges

	Actual YTD	Plan YTD
July	758	871
August	1,626	1,806
September	2,515	2,694
October		
November		
December		
January		
February		
March		
April		
May		
June		

MoH Elective Services Online

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: Southern

	2010 Oct			2010 Nov			2010 Dec			2011 Jan			2011 Feb			2011 Mar			2011 Apr			2011 May			2011 Jun			2011 Jul			2011 Aug			2011 Sep			
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Target
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	155	0.4%	0	229	0.6%	0	260	0.7%	0	294	0.8%	0	322	0.9%	0	308	0.8%	0	372	1.0%	0	341	0.9%	0	402	1.1%	0	449	1.2%	0	529	1.5%	0	554	1.5%	-7	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	134	1.4%	0	83	0.8%	0	104	1.1%	0	136	1.4%	0	135	1.4%	0	122	1.2%	0	121	1.3%	0	129	1.3%	0	99	1.0%	0	120	1.3%	0	138	1.5%	0	118	1.3%	0	< 5%
4.Clarity of treatment status.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%
5.Patients given a commitment to treatment but not treated within six months.	125	1.2%	0	143	1.4%	0	150	1.4%	0	206	2.0%	0	207	2.0%	0	186	1.8%	0	216	2.1%	0	190	1.9%	0	124	1.2%	0	113	1.1%	0	146	1.5%	0	112	1.1%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	10	2.1%	0	13	2.7%	0	19	3.7%	0	34	6.3%	0	49	9.1%	0	46	8.3%	0	28	5.1%	0	28	4.5%	0	21	3.7%	0	21	3.8%	0	19	3.2%	0	23	4.0%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	96	1.0%	0	110	1.1%	0	120	1.2%	0	163	1.7%	0	184	1.9%	0	162	1.6%	0	182	1.9%	0	158	1.6%	0	109	1.1%	0	110	1.2%	0	134	1.4%	0	99	1.1%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	802	100%	0%	861	100%	0%	753	100%	0%	449	100%	0%	726	100%	0%	870	100%	0%	646	100%	0%	900	100%	0%	976	100%	0%	660	100%	0%	818	100%	0%	820	100%	0%	> 90%

This report displays overall ESPI results for a DHB over a 12 month period. The ESPI results do not include non-electives or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools.
Medical specialties are currently included in ESPI 1 and 2 results but excluded from other ESPI results. In August 2010 the ESPI 2 threshold was reduced from 2% to 1.5%, and the ESPI 5 threshold was reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs. (elective_services@moh.govt.nz)).

Data Warehouse Refresh Date: 29/Oct/2011

Report Run Date: 31/Oct/2011

Elective Caseweight Performance for Southern DHB Population

Provider Arm caseweight activity

PUC	Purchase Unit Description	September Actual	September Plan	September Variance	September % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
D01.01	Inpatient Dental treatment (DRGs)	11.57	13.00	(1.43)	(11.03%)	30.85	39.01	(8.16)	(20.93%)	143.64	143.64
M10.01	Cardiology - Inpatient Services (DRGs)	52.93	54.22	(1.29)	(2.37%)	145.10	162.72	(17.62)	(10.83%)	585.55	585.55
S00.01	General Surgery - Inpatient Services (DRGs)	304.87	315.27	(10.40)	(3.30%)	844.27	940.67	(96.40)	(10.25%)	3,434.03	3,449.72
S15.01	Cardiothoracic - Inpatient Services (DRGs)	127.00	70.57	56.43	79.96%	317.30	199.93	117.37	58.71%	935.04	935.04
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	78.14	99.68	(21.54)	(21.61%)	264.81	306.80	(41.99)	(13.69%)	1,108.50	1,119.24
S30.01	Gynaecology - Inpatient Services (DRGs)	105.80	97.35	8.45	8.68%	287.17	292.05	(4.88)	(1.67%)	1,053.36	1,053.36
S35.01	Neurosurgery - Inpatient Services (DRGs)	16.51	23.43	(6.92)	(29.55%)	80.85	76.15	4.70	6.17%	307.56	307.56
S40.01	Ophthalmology - Inpatient Services (DRGs)	62.89	46.10	16.79	36.43%	137.02	130.81	6.21	4.75%	551.75	551.79
S45.01	Orthopaedics - Inpatient Services (DRGs)	319.60	317.31	2.29	0.72%	869.39	946.92	(77.53)	(8.19%)	3,464.25	3,498.25
S55.01	Paediatric Surgical Services (DRGs)	-	6.89	(6.89)	(100.00%)	18.50	30.07	(11.57)	(38.48%)	120.61	120.61
S60.01	Plastic & Burns - Inpatient Services (DRGs)	14.59	18.88	(4.29)	(22.74%)	64.40	56.80	7.61	13.40%	211.40	211.40
S70.01	Urology - Inpatient Services (DRGs)	64.38	72.62	(8.25)	(11.36%)	189.33	223.91	(34.58)	(15.44%)	800.10	816.64
		1158.27	1135.33	22.94	2.02%	3,248.99	3,405.84	(156.85)	(4.61%)	12,715.79	12,792.80

IDF Outflow Caseweights

PUC	Purchase Unit Description	August Actual	August Plan	August Variance	August % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
D01.01	Inpatient Dental treatment (DRGs)	-	5.59	(5.59)	(100.00%)	12.42	16.33	(3.90)	(23.90%)	58.67	58.67
M10.01	Cardiology - Inpatient Services (DRGs)	19.74	16.83	2.91	17.28%	85.24	50.47	34.77	68.88%	201.94	201.94
S00.01	General Surgery - Inpatient Services (DRGs)	-	8.94	(8.94)	(100.00%)	20.31	26.78	(6.46)	(24.14%)	102.78	102.78
S15.01	Cardiothoracic - Inpatient Services (DRGs)	-	0.47	(0.47)	(100.00%)	-	1.41	(1.41)	(100.00%)	5.64	5.64
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	0.67	1.64	(0.97)	(59.18%)	42.93	5.04	37.89	752.23%	18.78	54.44
S30.01	Gynaecology - Inpatient Services (DRGs)	3.74	5.41	(1.67)	(30.89%)	21.66	16.23	5.44	33.50%	62.05	62.05
S35.01	Neurosurgery - Inpatient Services (DRGs)	-	7.74	(7.74)	(100.00%)	11.63	23.23	(11.60)	(49.92%)	92.91	92.91
S40.01	Ophthalmology - Inpatient Services (DRGs)	-	7.11	(7.11)	(100.00%)	0.54	21.33	(20.79)	(97.47%)	85.26	85.26
S45.01	Orthopaedics - Inpatient Services (DRGs)	4.69	10.47	(5.78)	(55.20%)	17.98	31.32	(13.35)	(42.60%)	122.45	122.45
S55.01	Paediatric Surgical Services (DRGs)	-	7.96	(7.96)	(100.00%)	11.71	23.86	(12.15)	(50.91%)	95.47	95.47
S60.01	Plastic & Burns - Inpatient Services (DRGs)	6.14	5.36	0.77	14.41%	15.47	16.09	(0.62)	(3.87%)	64.36	64.36
S70.01	Urology - Inpatient Services (DRGs)	-	2.72	(2.72)	(100.00%)	-	8.16	(8.16)	(100.00%)	32.70	32.70
		34.97	80.24	(45.27)	(56.42%)	239.90	240.24	(0.34)	(0.14%)	943.01	978.67

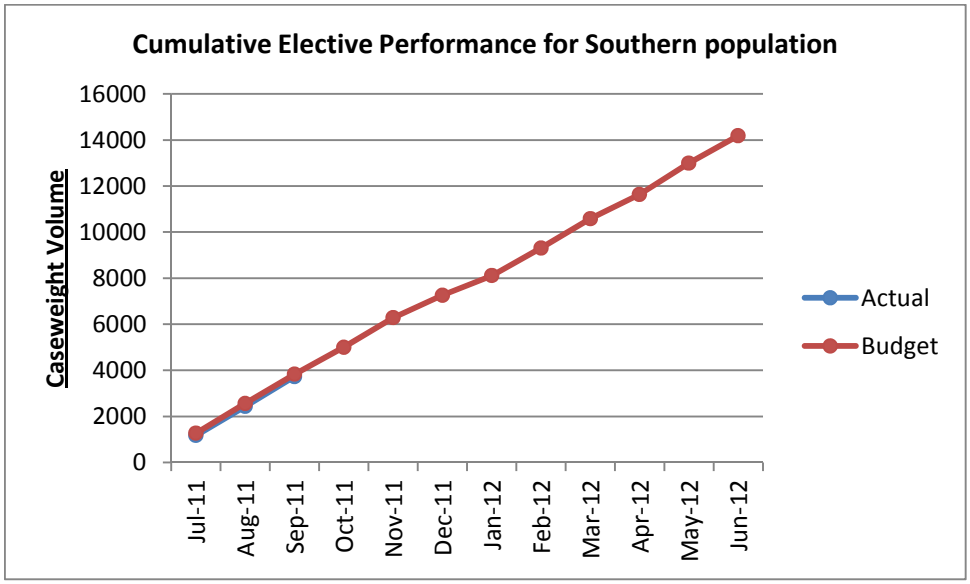
Contracted Out Caseweights

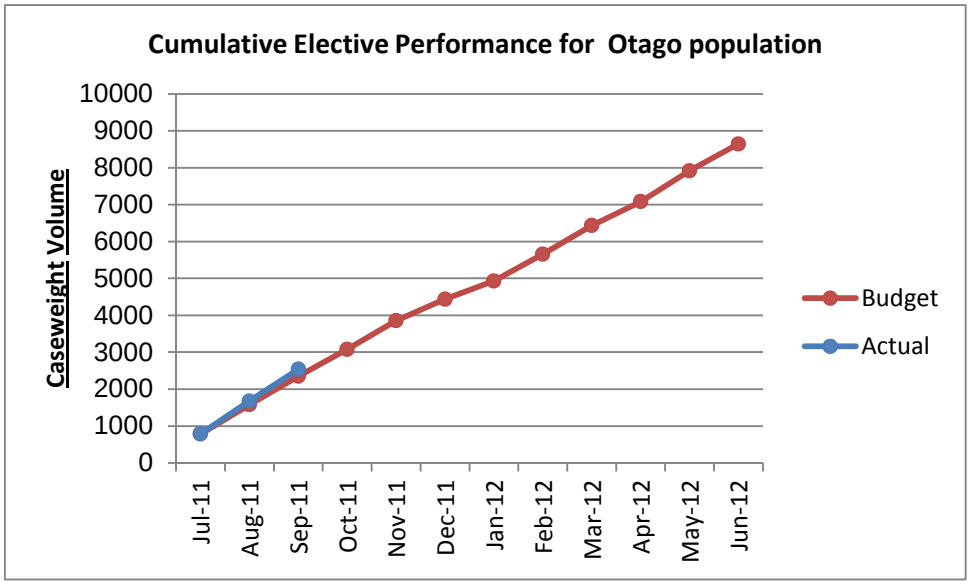
PUC	Purchase Unit Description	August Actual	August Plan	August Variance	August % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
D01.01	Inpatient Dental treatment (DRGs)	8.69	9.70	(1.01)	0.00%	34.45	27.16	7.29	26.85%	93.07	93.07
M10.01	Cardiology - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S00.01	General Surgery - Inpatient Services (DRGs)	13.09	11.00	2.09	0.00%	44.77	33.00	11.77	0.00%	100.00	97.20
S15.01	Cardiothoracic - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	5.75	4.53	1.21	0.00%	25.86	15.66	10.20	0.00%	41.22	38.62
S30.01	Gynaecology - Inpatient Services (DRGs)	4.08	4.30	(0.22)	0.00%	6.62	12.90	(6.28)	0.00%	39.10	39.10
S35.01	Neurosurgery - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S40.01	Ophthalmology - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S45.01	Orthopaedics - Inpatient Services (DRGs)	28.42	9.49	18.93	199.35%	101.28	57.13	44.16	0.00%	125.00	125.00
S55.01	Paediatric Surgical Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S60.01	Plastic & Burns - Inpatient Services (DRGs)	0.49	7.96	(7.47)	(93.83%)	8.63	23.99	(15.36)	0.00%	90.00	90.00
S70.01	Urology - Inpatient Services (DRGs)	1.17	4.39	(3.22)	(73.44%)	14.15	15.55	(1.40)	0.00%	40.00	37.45
		61.68	51.38	10.30	20.05%	235.77	185.39	50.37	27.17%	528.39	520.44

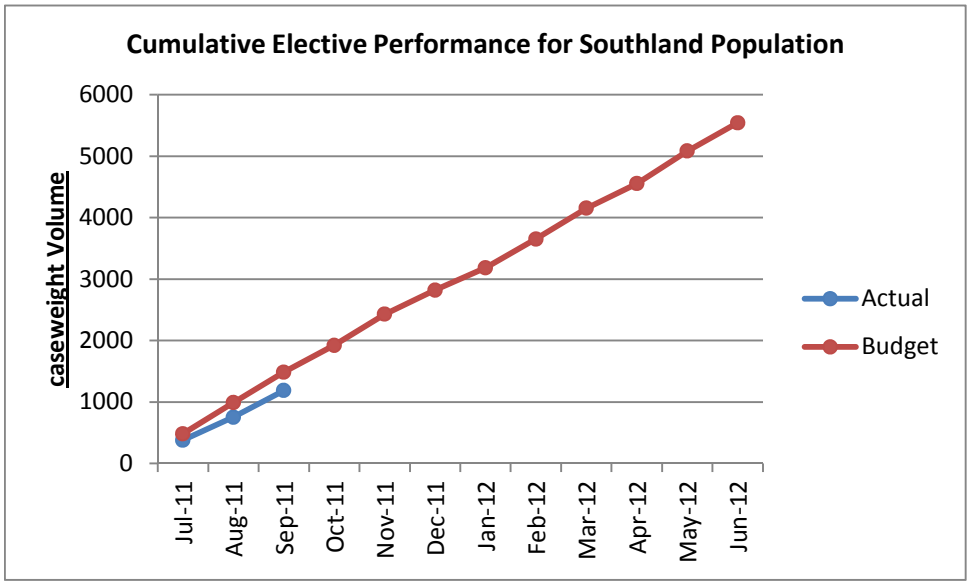
Total Southern DHB Population view

PUC	Purchase Unit Description	August Actual	August Plan	August Variance	August % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
D01.01	Inpatient Dental treatment (DRGs)	20.25	28.29	(8.04)	(28.42%)	77.72	82.50	(4.77)	(5.79%)	295.38	295.38
M10.01	Cardiology - Inpatient Services (DRGs)	72.67	71.05	1.62	2.28%	230.34	213.19	17.15	8.04%	787.49	787.49
S00.01	General Surgery - Inpatient Services (DRGs)	317.96	335.21	(17.25)	(5.15%)	909.34	1,000.44	(91.10)	(9.11%)	3,636.81	3,649.70
S15.01	Cardiothoracic - Inpatient Services (DRGs)	127.00	71.04	55.96	78.77%	317.30	201.34	115.96	57.60%	940.68	940.68
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	84.56	105.86	(21.30)	(20.12%)	333.61	327.50	6.10	1.86%	1,168.50	1,212.30
S30.01	Gynaecology - Inpatient Services (DRGs)	113.62	107.06	6.56	6.12%	315.46	321.18	(5.73)	(1.78%)	1,154.51	1,154.51
S35.01	Neurosurgery - Inpatient Services (DRGs)	16.51	31.17	(14.67)	(47.05%)	92.48	99.38	(6.90)	(6.94%)	400.47	400.47
S40.01	Ophthalmology - Inpatient Services (DRGs)	62.89	53.21	9.69	18.21%	137.56	152.14	(14.57)	(9.58%)	637.01	637.05
S45.01	Orthopaedics - Inpatient Services (DRGs)	352.71	337.27	15.44	4.58%	988.65	1,035.37	(46.72)	(4.51%)	3,711.70	3,745.70
S55.01	Paediatric Surgical Services (DRGs)	-	14.85	(14.85)	(100.00%)	30.21	53.93	(23.72)	(43.98%)	216.08	216.08
S60.01	Plastic & Burns - Inpatient Services (DRGs)	21.22	32.21	(10.99)	(34.12%)	88.50	96.87	(8.38)	(8.65%)	365.76	365.76
S70.01	Urology - Inpatient Services (DRGs)	65.54	79.74	(14.20)	(17.80%)	203.48	247.63	(44.15)	(17.83%)	872.80	886.79
		1,254.92	1,266.95	(12.03)	(0.95%)	3,724.65	3,831.47	(106.82)	(2.79%)	14,187.19	14,291.91

Cumulative Elective Performance







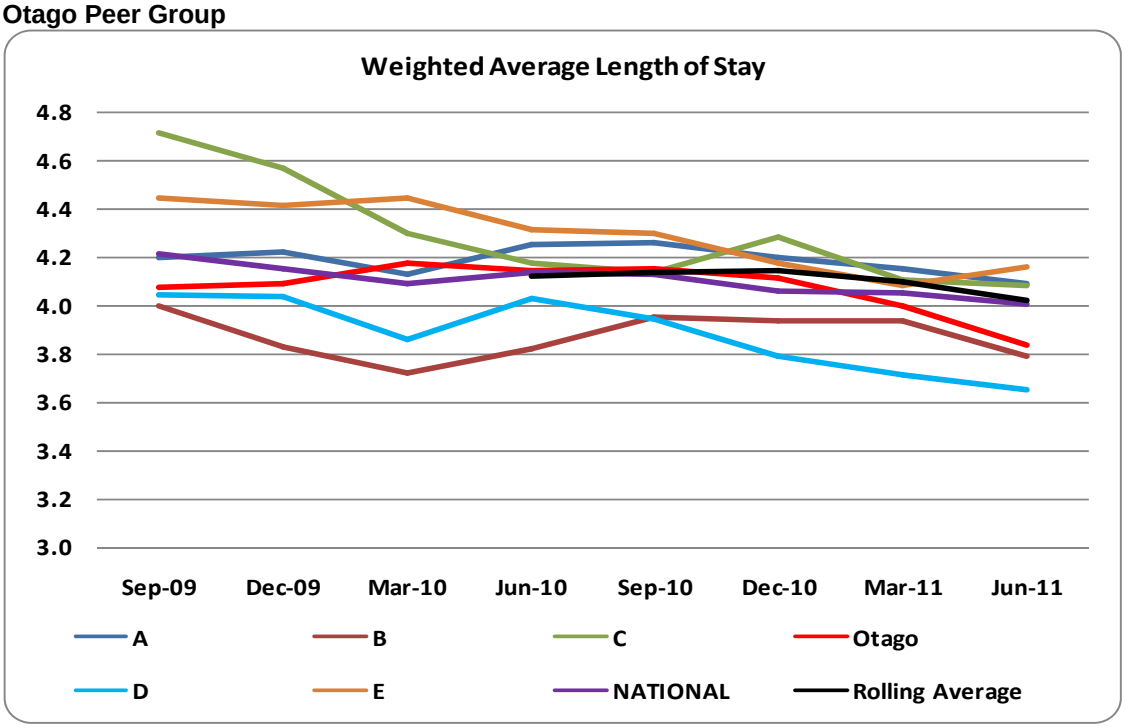
Hospital Quality and Productivity Indicators (HQP)

The definitions for the KPI's have been included at the back of the report.

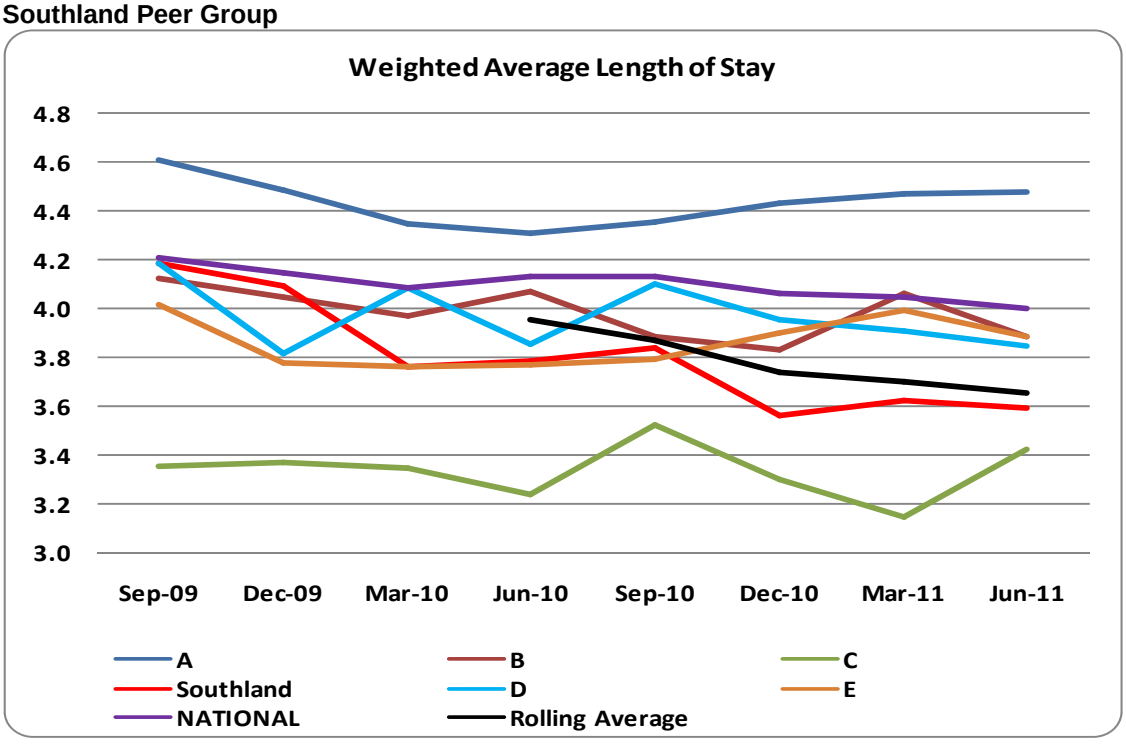
1. Weighted Average Length of Stay

Both sites remain at the middle to lower end of their peer group for this measure which indicates an efficient use of hospital resources associated with inpatient stay.

Otago Peer Group



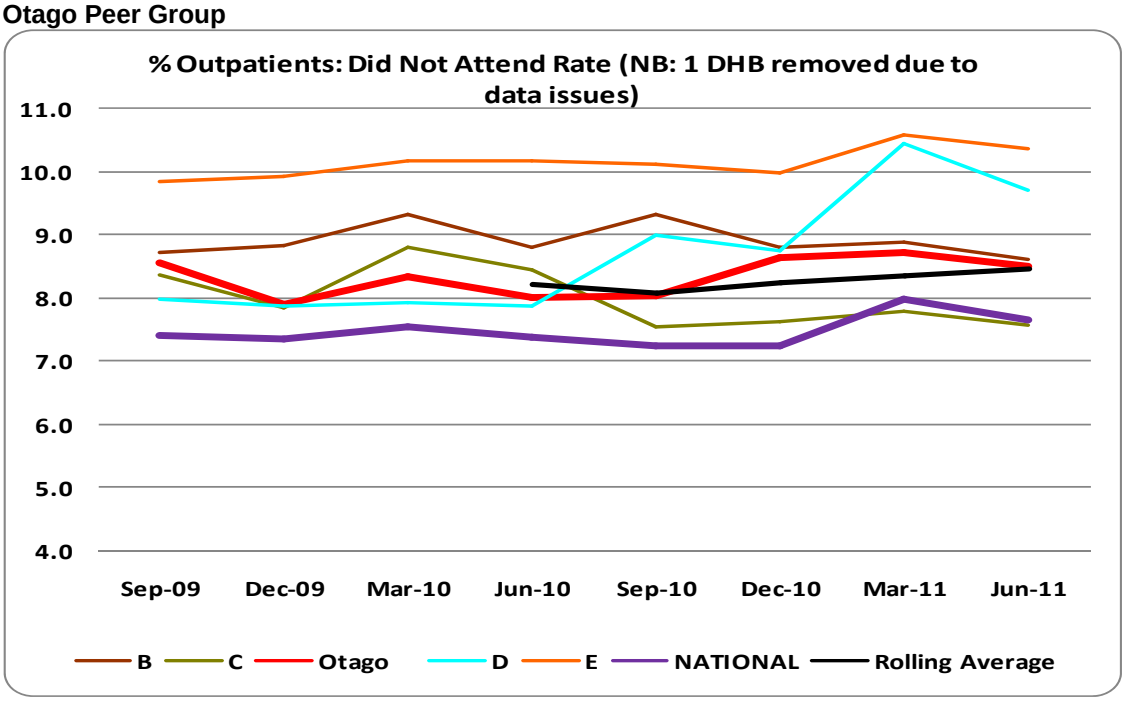
Southland Peer Group



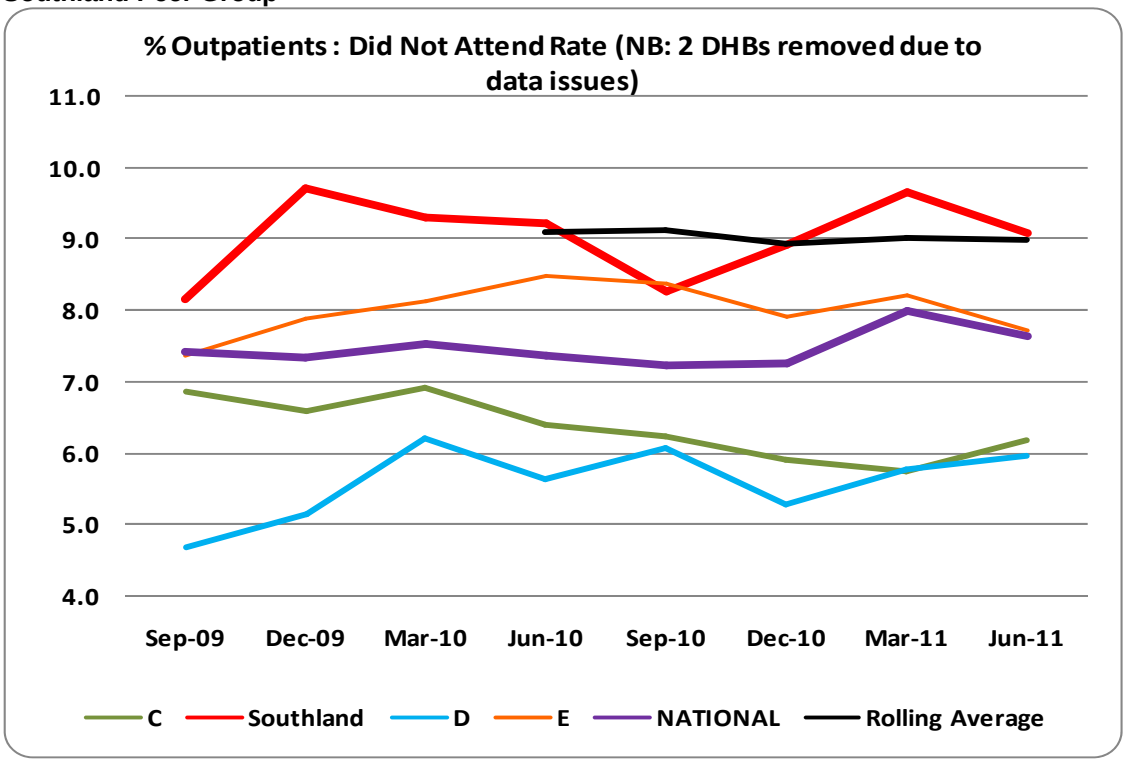
2. Outpatient DNA Rate

Otago site remains at the lower end of its peer group for this measure (favourable) which is indicative of less wasted resources.
Southland site continues to run the highest of its peer group, although only a slightly higher % than Otago. Work is continuing reviewing and validating this data and we will be querying the better performing DHBs within the peer group to see how lower DNA rates are being achieved.

Otago Peer Group



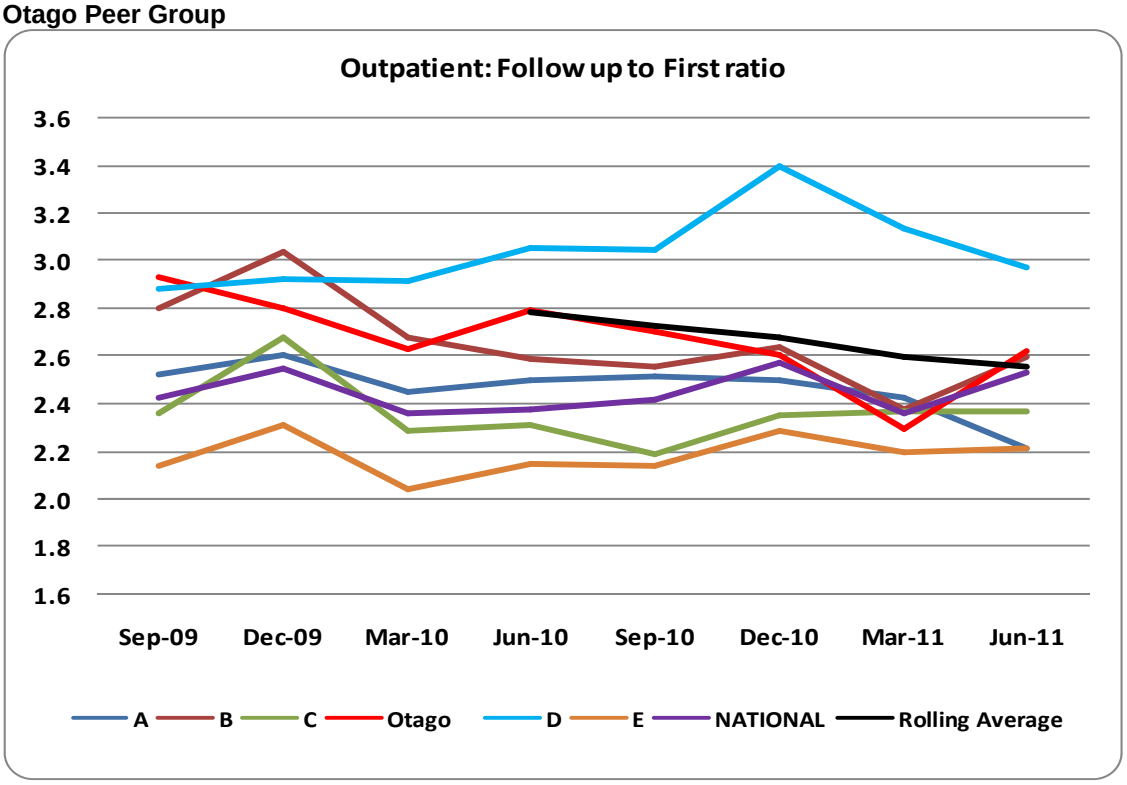
Southland Peer Group



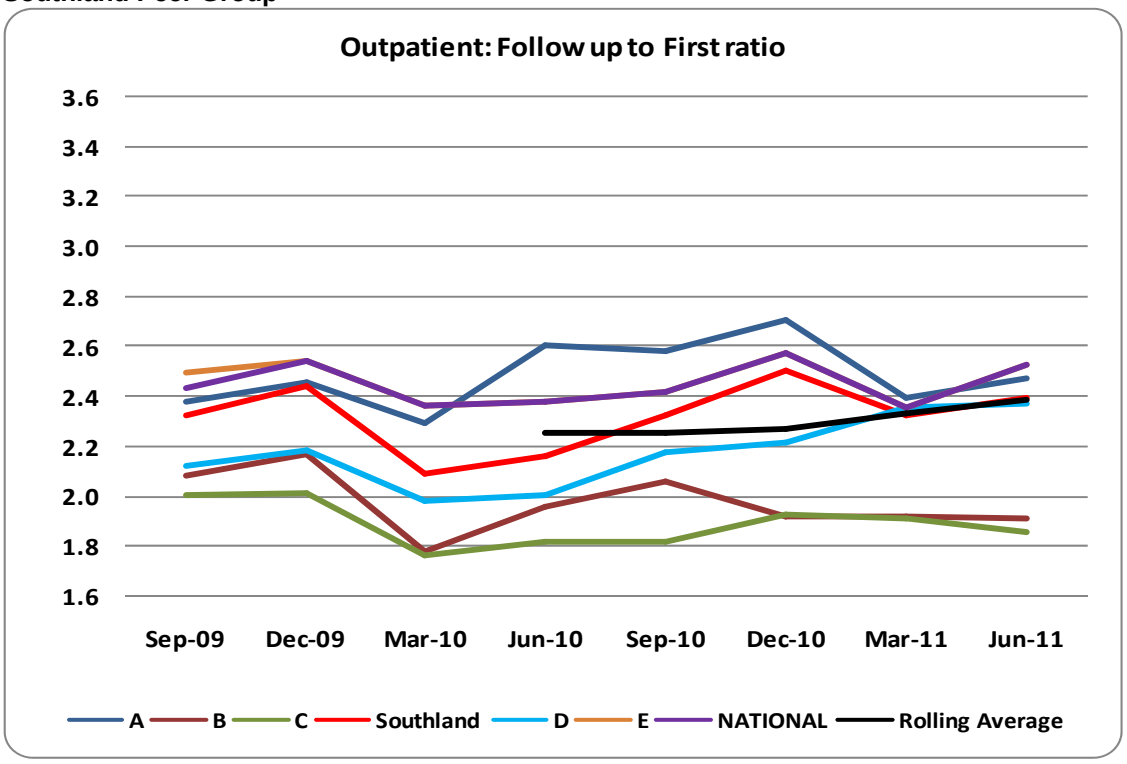
3. Outpatient Follow-up to First ratio

Both sites continue to sit in the middle of their peer group on the national average for the June quarter. (favourable)
As a rule of thumb, comparatively low 'follow up to first ratio' is an indication of more thorough diagnostic and care provision at the initial outpatient visit, meaning fewer repeat visits were required.

Otago Peer Group



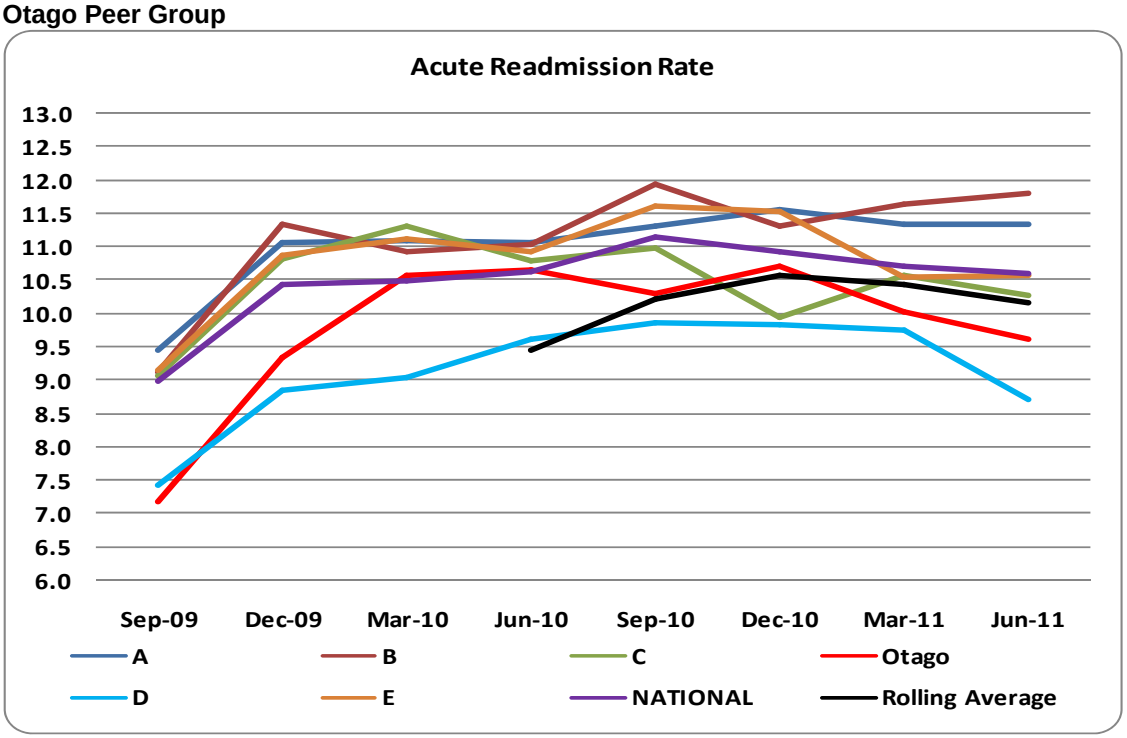
Southland Peer Group



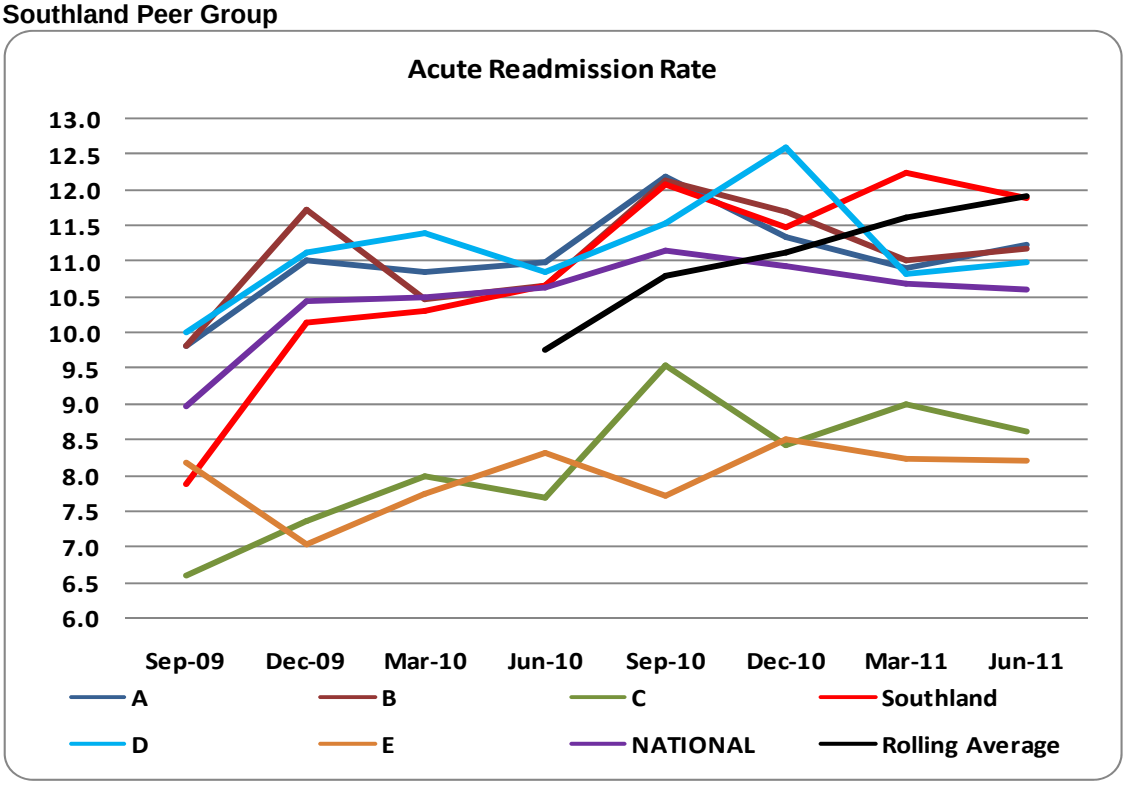
4. Unplanned Acute Readmission rate

Southland site is sitting at the high end of its peer group for the June quarter. (unfavourable) This KPI is seen as a counter-measure to the average length of stay, and we have to ensure this isn't related to the decrease shown in this indicator in 1 above. Otago remains stable at the lower end of its peer group. We have not yet commenced work to see why Southland site is comparatively high.

Otago Peer Group



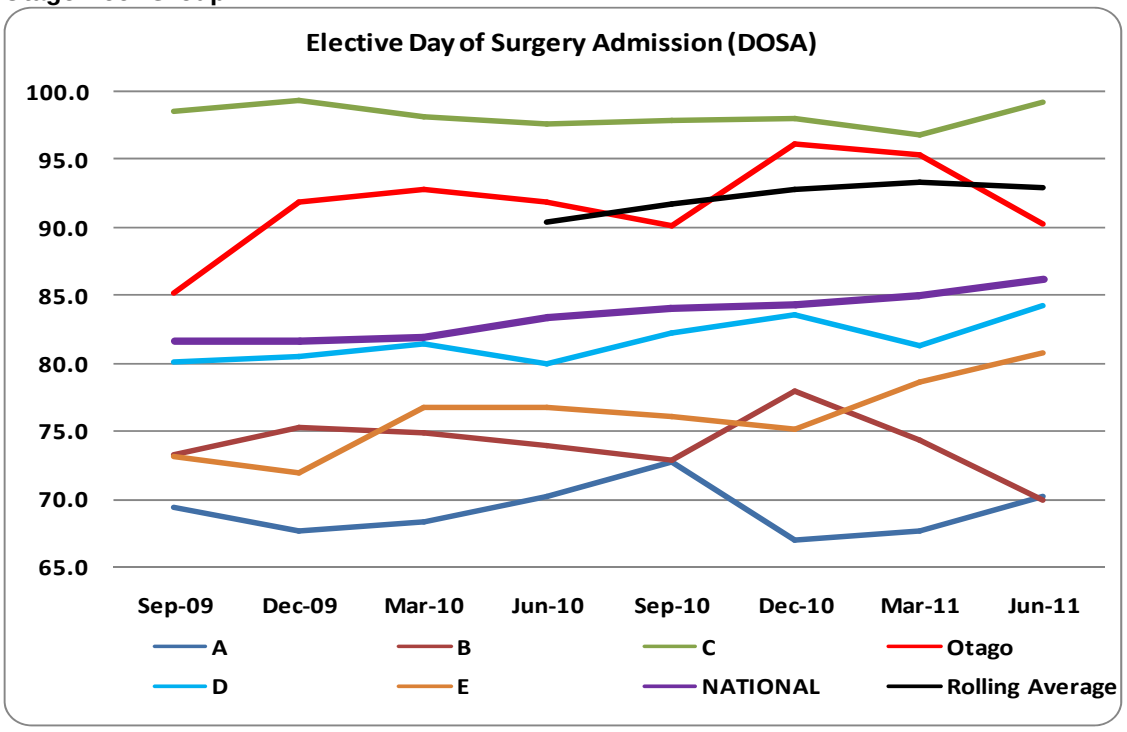
Southland Peer Group



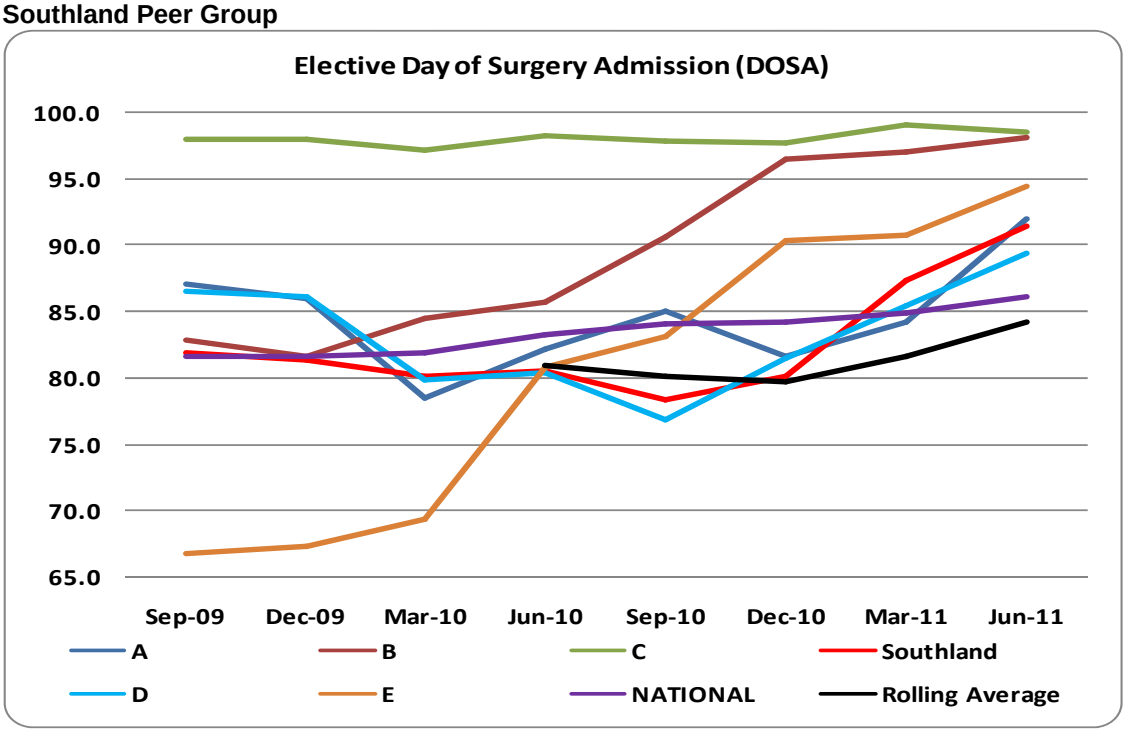
5. Elective Day of Surgery Admission (DOSA)

Both sites are above the national average (favourable) for this KPI with a continuing upswing in Southland in the June quarter, both sites having a DOSA of approximately 90%.
This is a measure of efficient use of hospital resources associated with inpatient stay, as hospital throughput can be increased by increasing the proportion of surgery carried out on the same day as the patient is admitted.

Otago Peer Group



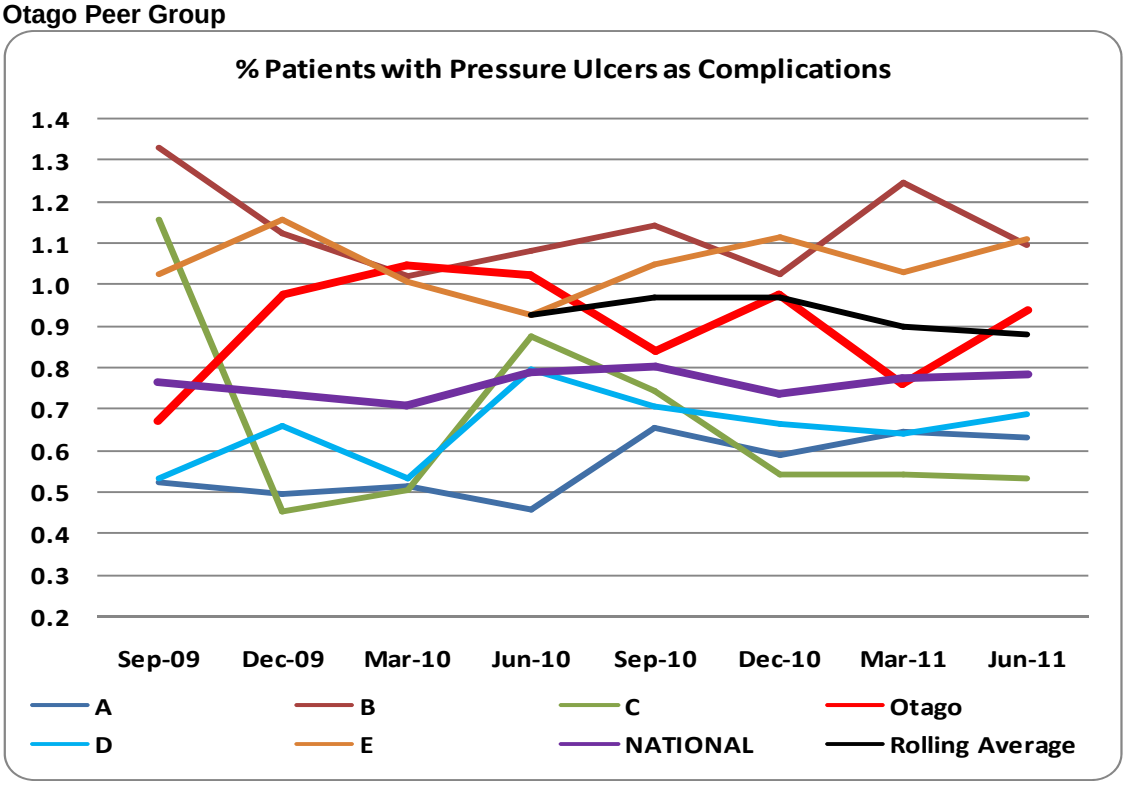
Southland Peer Group



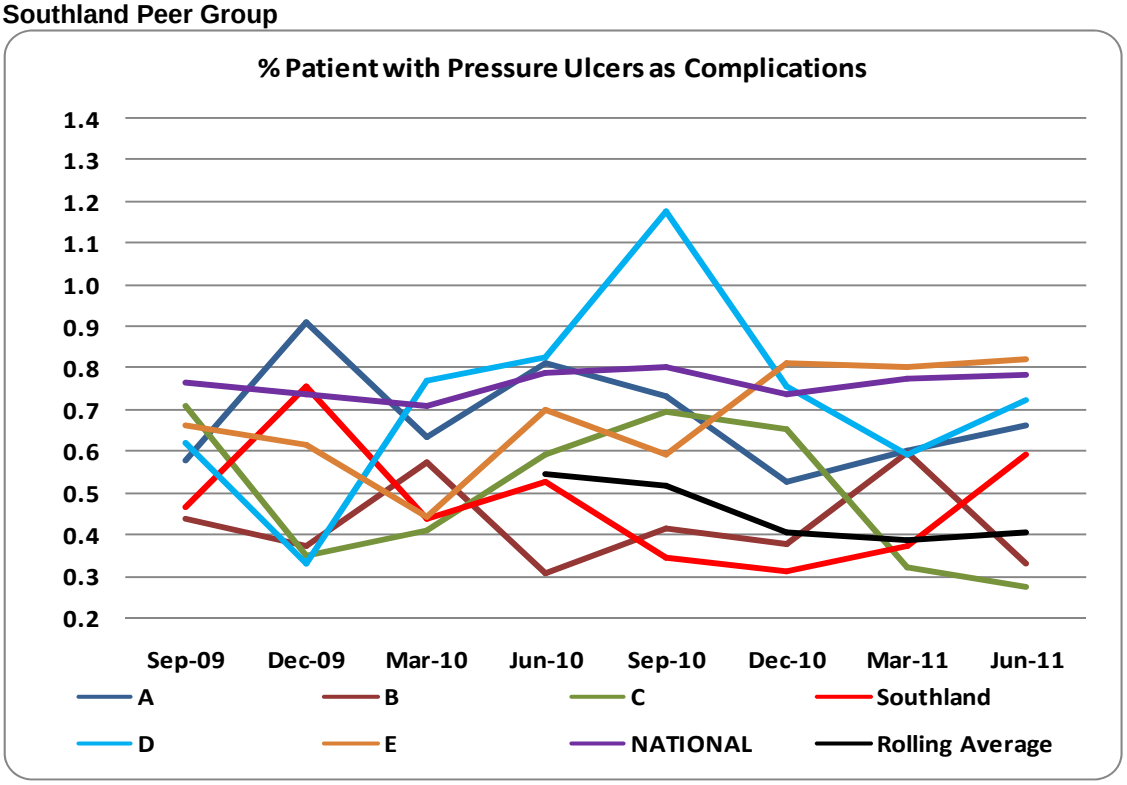
6. % of Patients with Pressure Ulcers as a complication

The June quarter has seen the Otago bounce back above the national average around the middle of its peer group while Southland continues to perform very favourably being one of the lowest in its peer group. This indicator is included in the HQ&P framework as a counter balance to the productivity measures, as there is a risk of compromising on the level of nursing care as hospitals strive to increase productivity.

Otago Peer Group



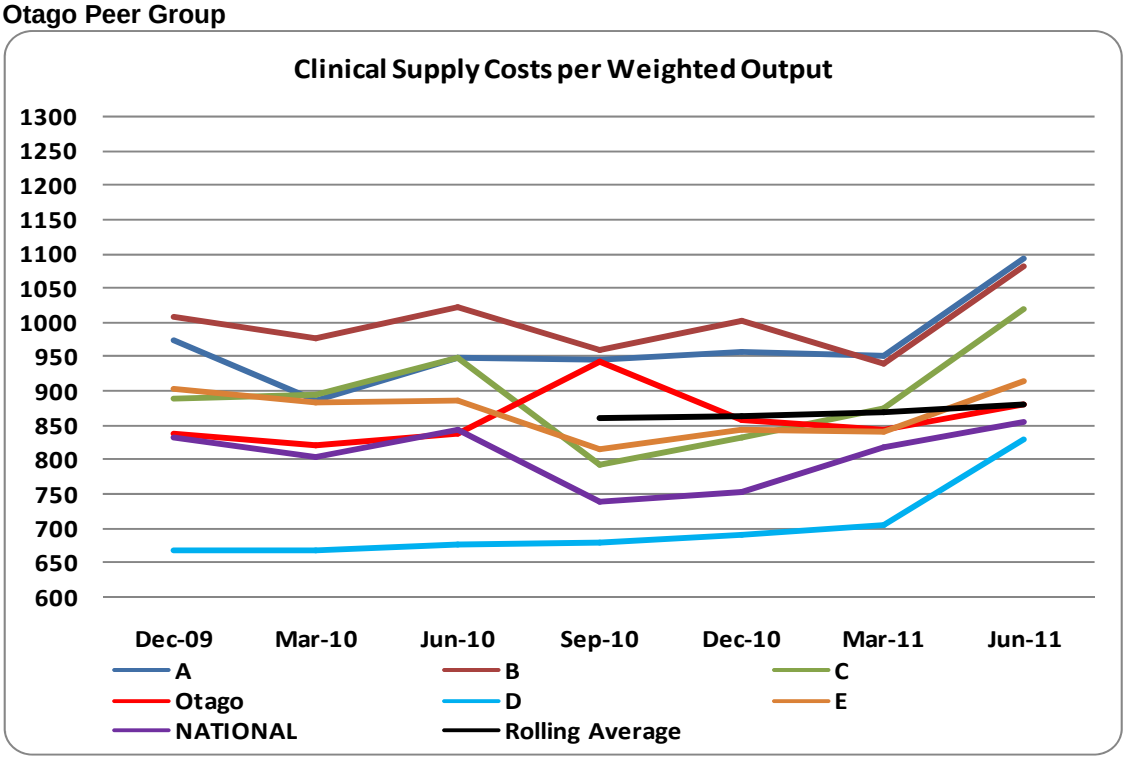
Southland Peer Group



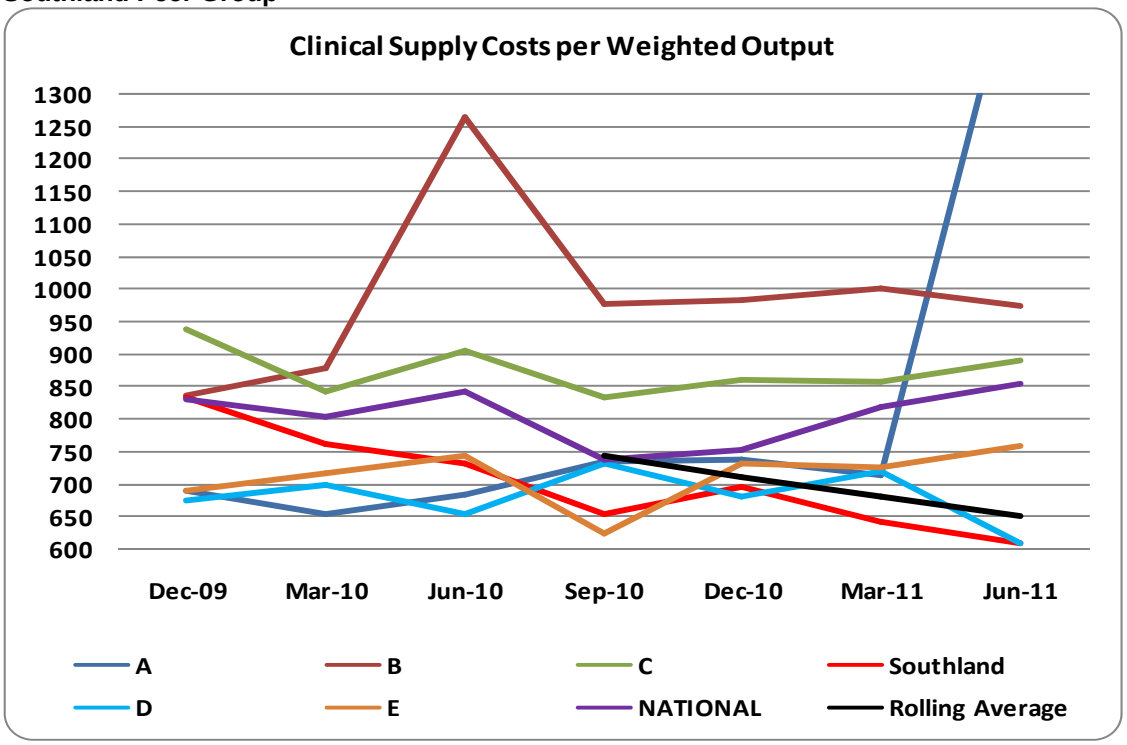
7. Clinical Supply Costs per Weighted Output

This KPI is still under final validation stage, although its has been consistent enough over the prior quarters to show that Otago is near the middle of its peer group while Southland is showing lower clinical costs per output than the majority of its peer group. The Southland graph highlights a data issue with DHB A , showing the importance of consistent accurate information.

Otago Peer Group



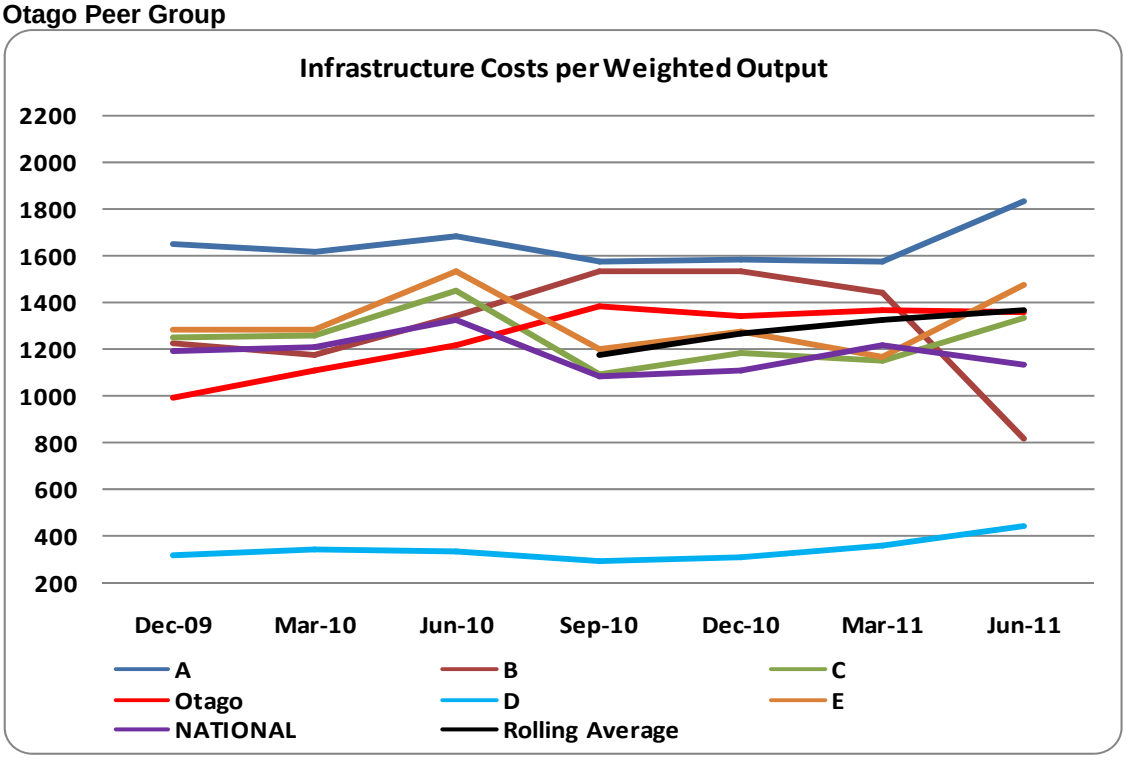
Southland Peer Group



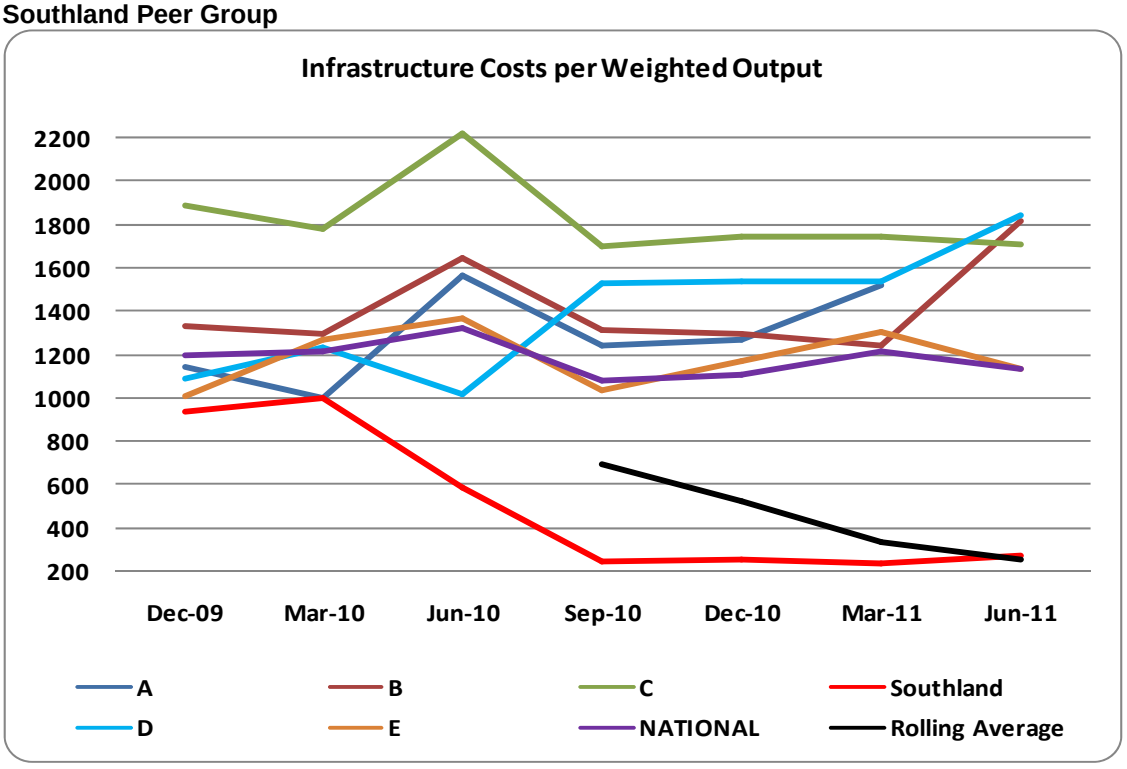
8. Infrastructure Costs per Weighted Output

This KPI continues to show that district costs are being accounted for within the Otago site (eg Building and Property / IT / Mgmt costs). We will have to look in future at allocating these costs over the two sites for this submission if this KPI is considered a key measure.

Otago Peer Group



Southland Peer Group



The following Hospital Quality and Productivity (HQP) benchmarks are still under development and will be provided as a KPI once completed and verified.

- Ratio of delivered surgery to planned surgery (elective only)
- Percentage of unplanned returns to theatre (within the same admission)

Other KPIs that are currently being worked up to align with targets set in the Statement of Intent are

- Operating theatre cancellations by hospital after admission.
- Proportion of resourced theatre elective minutes used to total resourced theatre minutes
- Hospital acquired infection rates (available next month)

Definitions of HQP Graphs

1. Weighted Average Length of Stay

This is a measure of efficient use of hospital resources associated with inpatient stay.
Over time, hospitals across the developed world have succeeded in shortening the hospital length of stay for patients. Generally speaking, it is desirable to continue making further reductions to the length of stay for inpatients (where clinically appropriate), since this allows more patients to pass through hospitals without additional capital investment in hospital beds.
This capacity to treat more patients is able to contribute to goals such as increasing delivery of elective surgery and decongestion of emergency departments. As well as the improvement in throughput, shortened hospital length of stay for patients reduces the risk of hospital-acquired infections and allows patients to return home. In some cases, it may also reflect lowered rates of patient complications, or improvements in the time clinical staff are able to give to direct patient treatment.

2. Outpatient DNA Rate

This is a measure of the extent to which resources were utilised as planned. The 'did not attend' (DNA) rate is an indication of wasted resources.
The reasons why a patient does not attend a clinic appointment are varied and may include them forgetting about the appointment, which may have been because their original appointment was cancelled and re-booked on a number of occasions. Equally, a patient's medical condition may have improved over time and they may no longer require an appointment with a specialist. DNA rates tend to be higher in follow-up clinics.
It is important the following points are considered when attempting to manage DNA rates:

- actively remind patients of appointments, e.g., by letter, text or phone
- promote the patient's choice in booking appointment slots, particularly for follow-up appointments
- ensure an agreed DNA policy is in place and is clearly understood by staff and patients.

3. Outpatient Follow-up to First ratio

As a rule of thumb, comparatively low 'follow up to first ratio' is an indication of more thorough diagnostic and care provision at the initial outpatient visit, meaning fewer repeat visits were required.

- Sometimes, a high follow up to first ratio is warranted. This measure will therefore have less relevance for certain specialities related to chronic diseases, as the patient requires life-long management and regular follow-up appointments. Hence this indicator is not proposed for oncology, haematology and renal.

- Some rural DHBs have arrangements with their larger neighbours to run the first attendance clinics. In these DHBs, the ratio of follow up to first will be unusual.

4. Unplanned Acute Readmission rate

Hospital unplanned acute readmission rates are a well-established measure of quality of care and appropriateness of discharge for hospital patients, particularly as a counter-measure to the average length of stay.
Unplanned acute readmissions may imply a possible failure in patient management such as discharge occurring too early, or inadequate support at home.

5. Elective Day of Surgery Admission

This is a measure of the efficient use of hospital resources associated with inpatient stay.

One important way in which DHBs can improve attainable bed days and increase hospital throughput is by increasing the proportion of surgery carried out on the same day as the patient is admitted.
The usual term for surgery received on the same day as patient admission is 'day of surgery admission' (DOSA). For planned admissions (elective) it should be possible to improve the management of surgery in order to improve DOSA rates. The number of patients for whom a pre-operative in-hospital overnight stay is clinically necessitated is relatively small.

6. % of Patients with Pressure Ulcers as a complication

International research has proven linkages between the level of nursing care and adverse patient outcomes, such as patients developing pressure ulcers. The intention is to measure the patients who develop pressure ulcers while receiving care at hospital.

However, the current data structure does not enable measurement of this indicator accurately. Therefore, this indicator has been designed to measure the proportion of patients having pressure ulcer as a complication. The changes to data structure are anticipated within the next few years, at which stage the indicator will be modified to accurately reflect the intention. This indicator is included in the HQ&P framework as a counter balance to the productivity measures, as there is a risk of compromising on the level of nursing care as hospitals strive to increase productivity.

7. Clinical Supply Costs per Weighted Output

Total Clinical Supplies Costs for the quarter divided by Clinical Supplies Costs Weighted Output for the quarter.

Total Clinical Supplies Costs is defined as follows:

- All costs falling in the range of CCoA Codes 4000 to 4999 or Common Costing Standard CS2 Groups DF to DH.

Clinical Supplies Cost Weighted Output is defined as follows:

- Clinical Supplies Cost Weighted Output should include the respective outputs for each service area weighted by the service weight.
- Clinical Supplies cost weight (Service weight) will be used to weight the output.
- Outputs should exclude price premium.
- Block purchase units should be converted into weighted outputs, by dividing the total funding by average purchase unit price.
- Include outputs funded by all funders that are including ACC funded, Non-Residents, etc.

8. Infrastructure Costs per Weighted Output

Total Infrastructure Costs for the quarter divided by Infrastructure Costs Weighted Output for the quarter.

Total Infrastructure Costs is defined as follows:

- All costs falling in the range of CCoA Codes 5000 to 5799 or Common Costing Standard CS2 Group DI.

Infrastructure Cost Weighted Output is defined as follows:

- Infrastructure Cost Weighted Output should include the respective outputs for each service area weighted by the service weight.
- Infrastructure cost weight (Service weight) will be used to weight the output.
- Outputs should exclude price premium.
- Block purchase units should be converted into weighted outputs, by dividing the total funding by average purchase unit price.
- Include outputs funded by all funders that are including ACC funded, Non-Residents, etc.

Chief Operating Officer's Report Otago September 2011

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** (cwds) delivered for the population of Otago during September was 7% (50.28 cwds) above plan. Elective cwd delivered year to date for the Otago population were 8.1% above plan (190 cwds).

- Elective **discharges** delivered for the population of Otago during September were 3% (13 discharges) above plan and 0.2% (3 discharges) below plan year to date.

2. Operational Performance

- Resourced occupancy during September 2011 was 96% against a target of 85%. Resourced occupancy for September 2010 was 93%.

- Elective Theatre Utilisation (main operating theatres) was 92% during September against a target of 85%. Utilisation of the main operating theatres during September 2010 was 86%.

- Staff Turnover during September was 0.98% against a target of 1.2%. Staff Turnover for September 2010 was 0.61%.

- There were 3,362 Emergency Department (ED) attendances during September of which 987 (29.36%) were admitted. ED attendances during September 2010 totalled 3,015.

3. Performance Reports & Updates

- Case Weight Activity Data
- Elective Services Performance Indicators
- Chief Medical Officer's Report – No report this month
- Directorate Reports
- NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

4. Emergency Department Observation Unit

Attached is a copy of the Letter from the Minister of Health approving the building of an ED Observation Unit.

Vivian Blake
Chief Operating Officer (Otago)
Southern District Health Board
21st October 2011

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

Dunedin Hospital Provider Arm Activity - September 2011 (includes outsourced activity)

Description	Monthly Volume	Budgeted Volume	Monthly Volume Variance	Actual YTD Volume	Budgeted YTD Volume	YTD Volume Variance	DAP Annual Volume 2011/12	2010/11 Actual Volume
Internal Medicine - Acute	292.11	283.59	8.52	864.16	826.35	37.82	3,163.53	2,921.87
Emergency Dept - Acute	36.88	36.41	0.47	121.40	114.39	7.01	496.93	631.80
Internal Medicine - Acute IDF	2.42	3.91	(1.49)	6.14	11.38	(5.24)	43.58	67.84
Cardiology - Acute	180.22	151.53	28.69	516.92	434.74	82.17	1,685.84	1,626.78
Cardiology - Acute IDF	-	4.30	(4.30)	11.04	12.35	(1.31)	47.87	74.56
Cardiology - Elective	60.37	54.22	6.15	152.54	162.73	(10.19)	585.56	503.24
Cardiology - Elective IDF	0.87	1.01	(0.14)	8.99	3.02	5.97	10.88	22.68
Endocrinology - Acute	2.76	0.71	2.05	7.23	2.13	5.10	8.50	20.09
Endocrinology - Acute IDF	-	-	-	-	-	-	-	-
Endocrinology - Elective	2.00	0.34	1.66	2.80	1.02	1.78	3.70	11.80
Endocrinology - Elective IDF	-	-	-	-	-	-	-	-
Gastroenterology - Acute	32.85	23.52	9.33	82.87	78.68	4.19	301.98	329.31
Gastroenterology - Acute IDF	-	0.40	(0.40)	0.56	1.35	(0.79)	5.19	3.35
Gastroenterology - Elective	16.79	6.96	9.83	42.28	20.89	21.39	73.75	97.78
Gastroenterology - Elective IDF	-	-	-	0.19	-	0.19	-	0.29
Haematology - Acute	40.53	32.94	7.59	142.32	81.60	60.72	354.75	438.11
Haematology - Acute IDF	-	0.07	(0.07)	-	0.19	(0.19)	0.81	6.30
Haematology - Elective	3.79	3.74	0.05	24.43	11.31	13.12	40.69	32.69
Haematology - Elective IDF	-	-	-	-	-	-	-	-
Neurology - Acute	58.42	19.59	38.84	89.74	58.76	30.98	235.17	217.38
Neurology - Acute IDF	10.90	0.42	10.47	10.90	1.27	9.62	5.10	3.03
Neurology - Elective	6.70	7.09	(0.40)	16.03	21.28	(5.25)	76.55	63.62
Neurology - Elective IDF	1.44	0.42	1.03	1.90	1.25	0.65	4.51	1.67
Oncology - Acute	55.45	78.15	(22.69)	228.48	236.75	(8.28)	916.08	999.89
Oncology - Acute IDF	1.98	2.84	(0.86)	13.61	8.61	5.01	33.30	70.43
Oncology - Elective	22.17	4.04	18.12	39.14	11.37	27.77	56.26	72.38
Oncology - Elective IDF	2.61	0.45	2.17	7.40	1.26	6.14	6.25	11.42
Paediatric Medical - Acute	60.36	59.35	1.01	218.38	170.27	48.11	660.23	693.06
Paediatric Medical - Acute IDF	-	0.83	(0.83)	2.47	2.38	0.09	9.24	20.81
Paediatric Medical - Elective	3.72	5.74	(2.03)	11.89	15.67	(3.78)	52.20	43.81
Paediatric Medical - Elective IDF	-	0.22	(0.22)	-	0.59	(0.59)	1.97	2.95
Renal - Acute	29.75	38.66	(8.91)	122.53	115.98	6.55	464.15	665.93
Renal - Acute IDF	-	0.14	(0.14)	-	0.42	(0.42)	1.68	1.22
Renal - Elective	4.14	7.59	(3.45)	10.32	22.77	(12.45)	81.91	80.63
Renal - Elective IDF	-	-	-	-	-	-	-	-
Respiratory - Acute	77.53	71.03	6.51	222.31	213.08	9.23	852.70	928.73
Respiratory - Acute IDF	-	0.30	(0.30)	0.66	0.91	(0.25)	3.63	20.86
Respiratory - Elective	2.54	4.66	(2.12)	11.35	13.99	(2.64)	50.37	33.39
Respiratory - Elective IDF	-	-	-	-	-	-	-	-
Rheumatology - Acute	3.86	11.19	(7.33)	17.79	33.58	(15.79)	134.40	113.75
Rheumatology - Acute IDF	-	0.21	(0.21)	-	0.62	(0.62)	2.48	1.83
Rheumatology - Elective	4.00	1.36	2.64	5.78	4.08	1.70	14.66	9.80
Rheumatology - Elective IDF	-	0.05	(0.05)	-	0.15	(0.15)	0.54	-
General Surgery - Acute	280.61	260.68	19.94	875.64	747.90	127.75	2,900.17	3,111.30
General Surgery - Acute IDF	12.57	6.28	6.29	41.53	18.02	23.50	69.89	103.40
General Surgery - Elective	229.70	221.01	8.69	645.18	657.63	(12.45)	2,390.66	2,381.30
General Surgery - Elective IDF	-	3.35	(3.35)	16.08	9.98	6.10	36.27	94.12
Pain - Acute	-	0.35	(0.35)	-	1.00	(1.00)	3.90	2.68
Pain - Elective	-	-	-	-	-	-	-	0.71
Cardiothoracic - Acute	43.68	112.29	(68.62)	270.38	318.17	(47.78)	1,487.92	1,446.03
Cardiothoracic - Acute IDF	3.87	6.07	(2.20)	5.64	17.19	(11.55)	80.41	101.58
Cardiothoracic - Elective	142.89	70.57	72.32	333.20	199.95	133.25	935.04	1,036.74
Cardiothoracic - Elective IDF	8.95	3.40	5.55	8.95	9.63	(0.68)	45.06	24.79
ENT - Acute	29.70	19.69	10.01	86.27	56.48	29.79	219.05	250.74
ENT - Acute IDF	1.15	0.89	0.26	1.71	2.55	(0.84)	9.87	11.68
ENT - Elective	79.41	83.80	(4.38)	255.33	260.30	(4.97)	934.22	952.22
ENT - Elective IDF	3.10	0.97	2.12	4.46	3.02	1.44	10.84	22.74
Gynaecology - Acute	29.66	33.46	(3.80)	82.25	96.00	(13.75)	372.26	366.26
Gynaecology - Acute IDF	0.26	0.40	(0.14)	0.85	1.15	(0.30)	4.46	12.56

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

Dunedin Hospital Provider Arm Activity - September 2011 (includes outsourced activity)

Description	Monthly Volume	Budgeted Volume	Monthly Volume Variance	Actual YTD Volume	Budgeted YTD Volume	YTD Volume Variance	DAP Annual Volume 2011/12	2010/11 Actual Volume
Gynaecology - Elective	73.63	58.92	14.71	189.28	176.77	12.51	630.04	751.26
Gynaecology - Elective IDF	0.85	0.13	0.72	0.85	0.38	0.47	1.34	6.72
Neurosurgery - Acute	89.78	74.86	14.91	262.25	214.78	47.47	832.86	925.44
Neurosurgery - Acute IDF	1.35	2.01	(0.65)	1.70	5.76	(4.06)	22.32	46.33
Neurosurgery - Elective	16.51	18.52	(2.02)	80.85	60.21	20.64	243.13	295.96
Neurosurgery - Elective IDF	-	1.31	(1.31)	-	4.24	(4.24)	17.14	5.16
Ophthalmology - Acute	4.56	7.78	(3.22)	23.54	22.32	1.22	86.58	97.41
Ophthalmology - Acute IDF	-	1.21	(1.21)	-	3.48	(3.48)	13.48	10.12
Ophthalmology - Elective	44.03	30.17	13.85	105.04	80.91	24.13	388.11	387.32
Ophthalmology - Elective IDF	-	0.17	(0.17)	-	0.45	(0.45)	2.14	3.12
Orthopaedics - Acute	265.21	253.15	12.06	775.39	726.29	49.10	2,816.33	3,022.42
Orthopaedics - Acute IDF	10.70	9.95	0.75	45.70	28.55	17.15	110.73	178.07
Orthopaedics - Elective	253.06	219.67	33.39	727.60	653.52	74.08	2,410.90	2,466.06
Orthopaedics - Elective IDF	35.26	25.58	9.68	57.64	76.10	(18.46)	280.74	194.24
Paediatric Surgery - Acute	4.53	3.96	0.57	9.19	11.37	(2.18)	44.09	44.89
Paediatric Surgery - Acute IDF	-	0.04	(0.04)	-	0.11	(0.11)	0.42	0.52
Paediatric Surgery - Elective	-	2.35	(2.35)	13.64	16.48	(2.84)	70.62	65.03
Paediatric Surgery - Elective IDF	-	-	-	-	-	-	-	0.84
Plastics - Acute	8.42	22.58	(14.17)	43.20	64.80	(21.60)	251.26	193.36
Plastics - Acute IDF	1.90	0.79	1.11	5.63	2.25	3.37	8.74	1.28
Plastics - Elective	8.56	18.86	(10.30)	54.74	56.84	(2.10)	213.29	245.34
Plastics - Elective IDF	-	0.44	(0.44)	1.14	1.32	(0.18)	4.94	0.41
Urology - Acute	34.25	19.48	14.77	70.14	55.90	14.24	216.73	209.20
Urology - Acute IDF	-	0.37	(0.37)	0.52	1.05	(0.53)	4.06	2.06
Urology - Elective	30.78	48.03	(17.25)	120.50	150.65	(30.15)	528.39	451.78
Urology - Elective IDF	-	0.30	(0.30)	0.32	0.94	(0.61)	3.29	2.91
Vascular Surgery - Acute	-	-	-	-	-	-	-	-
Vascular Surgery - Acute IDF	-	-	-	-	-	-	-	-
Vascular Surgery - Elective	-	-	-	-	-	-	-	-
Vascular Surgery - Elective IDF	-	-	-	-	-	-	-	-
Neonatal - Acute	97.09	90.68	6.41	251.20	278.09	(26.89)	1,106.29	1,122.12
Neonatal - Acute IDF	-	5.33	(5.33)	9.60	16.34	(6.75)	65.02	77.15
Acute Costweights	1,805.31	1,752.39	52.91	5,541.82	5,095.34	446.48	20,153.99	21,193.57
Elective Costweights	1,057.87	905.44	152.43	2,949.84	2,710.70	239.14	10,205.97	10,376.93
Total Costweights	2,863.17	2,657.83	205.34	8,491.65	7,806.04	685.62	30,359.96	31,570.50

MoH Elective Services Online

Comparison of surgical services for September 2011

DHB Name: Otago

	1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.			2. Patients waiting longer than six months for their first specialist assessment (FSA).			3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).			4.Clarity of treatment status.			5.Patients given a commitment to treatment but not treated within six months.			6. Patients in active review who have not received a clinical assessment within the last six months.			7. Patients who have not been managed according to their assigned status and who should have received treatment.			8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.		
Service Name	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**
Cardiothoracic	X	X	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	1	100.0 %	0. %
Ear, Nose & Throat	X	X	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	6	0.0 %	0	0	0.0 %	0	5	0.0 %	0	88	100.0 %	0. %
General Surgery	X	X	0	0	0.0 %	X	6	0.0 %	0	0	0.0 %	0	14	1.6 %	0	1	0.0 %	0	9	0.0 %	0	48	100.0 %	0. %
Gynaecology	X	X	0	0	0.0 %	X	3	0.0 %	0	0	0.0 %	0	3	0.0 %	0	0	0.0 %	0	3	0.0 %	0	43	100.0 %	0. %
Neurosurgery	X	X	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	3	100.0 %	0. %
Ophthalmology	X	X	0	0	0.0 %	X	1	0.0 %	0	0	0.0 %	0	0	0.0 %	X	3	0.0 %	0	1	0.0 %	0	58	100.0 %	0. %
Orthopaedics	X	X	0	0	0.0 %	X	24	3.1 %	0	0	0.0 %	0	8	0.0 %	0	1	0.0 %	0	6	0.0 %	0	46	100.0 %	0. %
Paediatric Surgery	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	X	X	X
Plastics	X	X	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	2	0.0 %	0	X	0.0 %	0	2	0.0 %	0	11	100.0 %	0. %
Urology	X	X	0	0	0.0 %	X	1	0.0 %	0	0	0.0 %	0	5	0.0 %	0	0	0.0 %	0	2	0.0 %	0	49	100.0 %	0. %
Total				**0**			**35**			**0**			**38**			**5**			**28**			**347**		

This report displays ESPI results for individual surgical services. The ESPI results do not include non-elective patients or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools. Medical specialties are currently included in ESPI 1 and 2 results, and are included in other ESPI results if reported by DHBs. From August 2010, compliance thresholds for ESPI 2 were reduced from 2% to 1.5%, and compliance thresholds for ESPI 5 were reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs (elective_services@moh.govt.nz).

Data Warehouse Refresh Date: 08/Oct/2011

Report Run Date: 11/Oct/2011

MoH Elective Services Online

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: Otago

	2010 Oct			2010 Nov			2010 Dec			2011 Jan			2011 Feb			2011 Mar			2011 Apr			2011 May			2011 Jun			2011 Jul			2011 Aug			2011 Sep			
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Target
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	22 of 22	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	0 of 0		0.	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	45.	0.2%	0.	60.	0.3%	0.	68.	0.3%	0.	110.	0.5%	0.	124.	0.5%	0.	90.	0.4%	0.	83.	0.4%	0.	81.	0.3%	0.	75.	0.3%	0.	59.	0.3%	0.	65.	0.3%	0.	0.		X	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	67.	1.2%	0.	32.	0.6%	0.	40.	0.7%	0.	65.	1.1%	0.	58.	1.0%	0.	50.	0.8%	0.	43.	0.7%	0.	44.	0.8%	0.	23.	0.4%	0.	23.	0.4%	0.	31.	0.6%	0.	35.	0.7%	0.	< 5%
4.Clarity of treatment status.	0.	0.0%	0.	0.	0.0%	0.	0.	0.0%	0.	0.	0.0%	0.	0.	0.0%	0.	0.	0.0%	0.	0.	0.0%	0.	0.	0.0%	0.	0.	0.0%	0.	0.	0.0%	0.	0.	0.0%	0.	0.	0.0%	0.	< 5%
5.Patients given a commitment to treatment but not treated within six months.	65.	1.1%	0.	70.	1.1%	0.	74.	1.2%	0.	118.	1.9%	0.	118.	1.8%	0.	99.	1.5%	0.	109.	1.7%	0.	94.	1.5%	0.	66.	1.0%	0.	48.	0.8%	0.	65.	1.1%	0.	39.	0.7%	0.	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	4.	0.0%	0.	5.	0.0%	0.	9.	0.0%	0.	17.	5.1%	0.	25.	7.7%	0.	14.	3.9%	0.	7.	0.0%	0.	4.	0.0%	0.	3.	0.0%	0.	5.	0.0%	0.	4.	0.0%	0.	5.	0.0%	0.	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	47.	0.8%	0	52.	0.9%	0	58.	1.0%	0	93.	1.6%	0	103.	1.8%	0	76.	1.3%	0	82.	1.4%	0	71.	1.2%	0	53.	0.9%	0	45.	0.8%	0	56.	1.0%	0	28.	0.5%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	461	100%	0.0%	552	100%	0.0%	440	100%	0.0%	197	100%	0.0%	469	100%	0.0%	540	100%	0.0%	385	100%	0.0%	522	100%	0.0%	581	100%	0.0%	301	100%	0.0%	375	100%	0.0%	347	100%	0.0%	> 90%

This report displays ESPI results for individual surgical services. The ESPI results do not include non-elective patients or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools. Medical specialties are currently included in ESPI 1 and 2 results, and are included in other ESPI results if reported by DHBs. From August 2010, compliance thresholds for ESPI 2 were reduced from 2% to 1.5%, and compliance thresholds for ESPI 5 were reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs (elective_services@moh.govt.nz).

Data Warehouse Refresh Date: 08/Oct/2011

Report Run Date: 11/Oct/2011

DIAGNOSTIC & SUPPORT SERVICES (OTAGO) UPDATE

HAC Meeting Date:	**9 November 2011**
Report Prepared By:	**Sonja Dillon, General Manager** **Dr Chris Lovell-Smith, Medical Director** **Kim Caffell, Nursing Director** **Lynda McCutcheon, Allied Health Director**
Date Prepared:	**11 October 2011 for the period ended 30 September 2011**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- A district coordination planning group is being set-up by Breast Care Services to comply with the National Screening Unit's directive around the recruitment and retention of priority women in the BreastScreen Aotearoa programme.
- Patient wait times for high tech imaging (MRI and CT) are being closely monitored and outsourcing of scans is being undertaken to assist in a reduction in wait times for patients. Referrals are outstripping the service's ability to deliver high tech imaging in a timely way especially inpatient CT volumes.

2. Quality Initiatives

- As a result of the implementation of the case weighting, prioritisation and caseload management tool, the Speech Language Therapy service has significantly enhanced service delivery and reduced wait times. The Dietetics service will also implement the tool within some inpatient and outpatient clinics.
- As part of the project to meet the 6 hour target in ED, the Acute Occupational Therapy service has worked with ED and the Short Term Loan Equipment service to enable ED to have some equipment available to issue evenings.

3. Emerging Issues/Risks/Mitigation

Emerging risks for the Diagnostic & Support Services Directorate, Otago, are:

Risk	Mitigation
Delays in progressing implementation of medicine reconciliation may impact upon the ability of the DHB to meet the certification corrective action.	Develop a clear strategy for medicines management that incorporates e-prescribing and medicine management with an implementation plan that is achievable and meets the objectives of the safe medication management (SMM) programme.

EMERGENCY, MEDICINE AND SURGERY GROUP UPDATE

HAC Meeting Date:	**9 November 2011**
Report Prepared By:	**Colleen Coop, General Manager** **Dr Shaun Costello; Jean Claude Theis, Medical Directors** **Kim Caffell; Sharon Jones, Nursing Directors**
Date Prepared:	**13 October for the period ended 30 September 2011**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- **Rheumatology:** Moving to one waiting list for the district is a key part of current work.

- **Neurosurgery:** Neurosurgery service delivery has been steady over September. The South Island Neurosurgery Project Manager presented the "Heads Up" project report to various groups within the hospital this month as we move to implementation of the new model of care.

- **Renal Dialysis Unit:** The unit is under pressure trying to meet acute demand. An option is to run the unit on Saturdays, for which a proposal for short term increase in staffing has been submitted. We are also commissioning a strategic review to inform planning for the longer term.

- **Southern Blood and Cancer service (SBCS):** The Oncology Day Unit (Dunedin) had a busy month with 336 patient attendances of which 255 were chemotherapy related. This work was supported by the 8C chemotherapy satellite unit which treated a further 68 patients, total for the month being 404. A rapid round has been introduced on ward 8C and is held at two o'clock daily. The aim of the rapid round is to ensure that any concerns regarding a patient's proposed discharge the following day are sorted, and discharge occurs according to plan. The VMAT application has received remedial attention from the suppliers and is expected to be functional in December.

- **Urology:** Two locum urologists have been recruited starting on 3 October. The recruiting for a permanent urologist continues with an applicant coming in October for a visit.

- **General Surgery:** Provisional results for Elective Services Patient Flow Indicators (ESPIs) for patients waiting greater than 6 months for treatment are green for Urology and General Surgery. Work continues to reduce the number of patients waiting greater than 6 months.

2. Quality Initiatives

- **Cardiology:** A business case was submitted this month requesting an increase of 0.40FTE in cardiac physiologist (CP) staff to enable the appointing of the first CP trainee in 12 years. This application will take advantage of Health Workforce New Zealand funding. Further development work continues in facilitating the electronic transfer of cardiology diagnostic test results directly into the iSoft system. This is a quality improvement initiative whereby diagnostic results, previously only available in CardioBase, will be accessible to any clinician with access to iSoft. This is a significant improvement in regards to clinicians accessing diagnostic results in a timely manner.

- **Internal Medicine:** Thrombolysis (for prevention of disability after stroke) has been extended from 6pm to 10 pm seven days per week.

- **Ear, Nose and Throat (ENT):** The introduction of patient reminder system has reduced DNA rate in children significantly (down to 1-2 per week from 5 or more).

3. Emerging issues/risks/mitigation

New and emerging risks for the Emergency, Medicine and Surgery Group:

Risk	Mitigation
Gastroenterology database and clinical management system is inadequate	Work with IT for immediate purchase and installation

MENTAL HEALTH & COMMUNITY DIRECTORATE UPDATE

HAC Meeting Date:	**9 November 2011**
Report Prepared By:	**Elaine Chisnall, General Manager; Heather Casey, Nursing Director; Jane Wilson, Nursing Director; Lynda McCutcheon, Allied Health Director; James Knight, Medical Director; Stephen Chalcroft, Medical Director**
Date Prepared:	**13 October 2011 for the period ended 30 September 2011**

Recommendation

That the Committee receives and notes this report.

1. Group Summary

Assessment and Service Co-ordination

- The InterRAI implementation project continues. Training of staff in the assessment process will be completed early in 2012. The timeframe for the roll out of the software upgrade is tentatively scheduled for mid November.
- A decision has been made and presented to staff to the effect that the DHB will proceed with implementing the DHB Care Coordination Centre. The timeframe for implementation is for completion by June 2012.

Community Services and Older Peoples Health

- Many staff from a number of services within the Directorate are involved in the OPEN FORUM, which is a Dunedin based multi agency forum for gaining an understanding of and promoting collaboration within services across the aged care sector. This will assist with effectively managing the level of support required for the increasing number of elderly in our community.

Mental Health and Intellectual Disability Services

- This acute ward relocation project continues with construction continuing on the Wakari site. The relocation timeframe is the end of January 2012. An official opening will be organised for early February 2012.
- Planning continues for the establishment of the Intellectual Disability (ID) Transition Unit on the Wakari site. Recruitment for additional staff required is underway. An official opening for this unit will be scheduled for mid-January 2012.
- The Forensic Service continues to work with a Ministry of Health led process to finalize planning for the transforation of Section 45 patients from 30 September 2011.

2. Quality Initiatives

- The Older Peoples Health service continues to work with some acute inpatient services and the Emergency Department to identify how to support patients at home following early discharge from acute ward or ED.

- The Mental Health Service in both Otago and Southland areas are working with the Primary and NGO sectors to implement a coordinated plan for managing people who have a co-existing problem. This is generally where a person has a mental health and addiction problem.

3. Emerging issues/risks/mitigation

Risk	Mitigation
InterRAI Implementation has the potential to increase delays due to requirements to change practice and undergo extensive training. Rollout of the software upgrade resulting in increased downtime and duplication in training.	The project plan has a robust risk management strategy to ensure business as usual can continue as well as meet key milestones of project on time. Good communication with referring services is being maintained. A workplan schedule is being updated to attempt to reduce delays in response. Communication with the national project team to identify barriers and identify solutions to minimize risk.
Increase in the number of patients and members of public presenting to staff and services with weapons.	Review and update the policy procedures around risk assessment and staff safety in the community, is ongoing and is expected to have an identified process by the end of October 2011.

WOMEN'S HEALTH, CHILDREN'S HEALTH & PUBLIC HEALTH DIRECTORATE (OTAGO) UPDATE

HAC Meeting Date: **9 November 2011**
Report Prepared By: **Pip Stewart, General Manager**
Dr David Barker, Dr Marion Poore, Dr Andre Smith, (Medical Directors)
Jane Wilson, Nursing Director
Jenny Humphries, Midwifery Director
Lynda McCutcheon, Allied Health Director
Date Prepared: **13 October 2011 for the period ended 30 September 2011**

1. Service Summary

Children's Health (**Otago)**

- The Children's Health Inpatient Relocation (CHIRP) project is tracking well against the project timeline. The underpinning model of care and concept plan has been peer reviewed externally.
- Discussions are continuing with Canterbury Paediatric Surgical services and Dunedin Hospital adult General Surgery and Anaesthesiology services regarding provision of surgical and anaesthesia services for babies and children. Discussions with Canterbury have resulted in several additional clinics being secured for 2011 and further discussion is occurring regarding 2012.
- The Paediatric ward received a donation from a charity fund raising event arranged by the Argentinean Ambassador in September.
- "Countdown Kids 2011" the fund raising initiative by Progressive Enterprises is underway.

Women's Health (Otago)

- The Fertility Service annual external audit was held in September, feedback received was positive.
- The use of Electronic Tablets for real time bedside data entry in Queen Mary is working well and has been well received by staff.

Public Health South – Primary Services (Otago)

- Implementation of the Southern DHB Community Oral Health project continues with the clinical team developing work flow processes for the new facilities and policies regarding the new model of care. A community open day was held at the Alexandra dental hub. The hub at the Faculty of Dentistry is scheduled to open early November. Construction continues for Mosgiel and at Macandrew Intermediate facilities.
- The third round of HPV (Human Papillomavirus Vaccinations) commences next month.

Public Health South – Public Health Services (Southern)

- Staff have been following up on a measles case who was a visitor from outside the region, information was distributed and a small number of unvaccinated people who came in contact with the person have been vaccinated.
- Whanau Ora Tool training occurred in Dunedin with representatives from Public Health, Community & Public Health (Canterbury DHB), Funding and Planning, Te Ao Marama and the Ministry of Health attending.

2. Quality Initiatives

- Otago and Southland oral health service clinical and operational management teams continue to work together to develop consistent practice in support of the new Community Oral Health service.
- The inaugural Maternity Quality & Safety meeting was held last month this resulted from the recent pilot project.

3. Emerging issues/risks/mitigation

Emerging risks for the Women's Health, Children's Health and Public Health Directorate are:

Risk	Mitigation
NICU and Children's inpatient facilities do not meet current day standards for clinical facilities.	Planning underway to support the relocation and redevelopment of NICU, Children's and Paediatric Assessment Unit.
Senior Medical Officer staffing in O&G due to a vacancy and ACC leave.	Recruitment underway, a business case for a locum SMO has been approved. In addition the SMO roster has been reworked and is being monitored.
Senior Medical Officer staffing in Paediatrics due to vacancy and upcoming retirement.	The Appointment made for the first position was to commence in February 2012, this has been extended to May to allow for completion of sub-specialty training. Recruitment has been successful for a locum to cover the interim period from October to February. Recruitment is underway for second position.
Senior Medical Officer staffing in Public Health due to secondment and vacancy	Recruitment continues for the vacant position. The SMO on secondment has returned to their role.
Paediatric Surgery service continuity following the retirement of the Dunedin based Paediatric Surgeon	Children's Health and Dunedin based Surgical and Anaesthesia services are working together to amend Paediatric Surgical Pathways. These will be aligned to the South Island Paediatric Surgery pathways currently being developed as part of a work stream under the South Island Child Health Alliance.

NHB & SDHB JOINT ASSESSMENT OF SYSTEMS,

DUNEDIN HOSPITAL

A progress report on the NHB recommendations that span the Provider Arm is attached for the HAC to note. A report on the recommendations that span the organisation will be submitted to the December Board meeting.

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
12	Review the number and purpose of all committees/project groups. Reinstate, adjust or establish committees/project groups that are relevant to the strategic direction and operational imperatives, with clearly stated purpose, membership, roles, accountabilities and deliverables.	Oct 2011			✓		In progress and will align this work with the strategic direction.
14	Commence service planning, involving clinicians, primary care and the University, which will result in each clinical service having a development plan which will see it delivered as 'one service' across the DHB. The service plans are to be focused on the patient pathway, ensuring care is delivered as close to the patient's home and as safely as possible. Six services to be operating through a 'one service' delivery model. Remaining services to be operating through a 'one service' delivery model.	 June 2012 June 2013	✓				The vision and strategy of Southern Clinical Services to be reviewed with the organisation. The strategy will dictate the plan and timeframes. Currently underway using this model are Mental Health and Addiction Services, Health of the Older Person and the Gastrointestinal Disease Centre. It is proposed that the Medical/Surgical Specialities are to follow.
16	Review the role and scope of the maintenance department against the strategic goals of the DHB.	***Complete***				✓	
20	Establish guidelines around the use, implementation and evaluation of pilots.	Nov 2011			✓		Guidelines are currently being written.
21	Establish 0.2 FTE pharmacist to maintain current 'e-prescribing' programme in medicine.	**Complete**				✓	
23	Confirm one prioritisation and access tool and one wait list for gastroenterology procedures across the DHB sites.	Dec 2011			✓		Agreed to use Northern DHBs tool on access criteria. ***One wait list is planned to be in place by December.***
24	Adopt national prioritisation and access tool for gastroenterology once confirmed by national working party.	Dec 2011			✓		Agreed to use the national standard for access to colonoscopies. ***It is expected the tool will be used from 17th October.***
25	Address backlog (outside of above agreed tool) of gastroenterology procedures.	Dec 2011			✓		A production plan for the Southern region with one set of access criteria is being developed. ***One wait list will be in place by December.***
26	Accept the global rating score for gastroenterology when national pilot programme completed.	Dec 2011			✓		Agreed.
27	Establish clinical pathways for the top ten common conditions admitted or discharged from the Emergency Department (e.g.	Dec 2011			✓		As part of the workstreams for "6 Hours – It Matters" ED Leadership group will be surveying data for ten top conditions and in conjunction with specialty services develop pathways. The

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
	abdominal pain, cellulitis).						pathways will reflect a Southern DHB approach and link with the PHO.
28	Develop, document and implement a process for acute referrals to internal medicine and the sub specialities to ensure a smooth transfer of patients to the inpatient service, and to provide clarification for admitting registrars.	Dec 2011			✓		As per above
29	Group medical day stay activity in one place.		✓				Agreed
30	Review the functions and outcomes of the newly approved short stay unit 12 months after implementation.	July 2013			✓		Agreed
31	Fast track the resolution to the back up generator issue; and Implement the solution.	March 2012			✓		Generator orders placed in July 2011.
32	Review, map and implement the number of surgical operating sessions (including length of) required to meet acute and elective demand within appropriate timeframes. This process will include: - Roster requirements - Performance indicators of quality and efficiency e.g. knife to skin times, late starts, list overruns, turnaround times, acute waiting times. This should be adopted as a consistent practice across all Southern DHB sites.		✓				Agree and will progress across the district sites. SDHB has a bid in for Elective services innovation funding to support this initiative.
33	Make one (of two) day case theatres fit for purpose for ophthalmology cases and move ophthalmology surgery to day surgery suite.	TBC			✓		Seeking costs with the assistance of Building & Property Services. ***A preliminary plan has been developed and is with the Quantity Surveyors.***
34	Determine and establish one standardised process for pre-operative assessments for all surgical services and group together. The use of nurse led pre-operative assessment clinics to be considered in this process.	Complete				✓	All surgical services operate one standardised process for preoperative assessments. Nurse-led assessment clinics operate for most surgical services. Master site planning (phase 3) which will contain a revamp of all outpatients' services.
35	Review the utilisation of elective pre-operative bed days compared with using motel accommodation for out of town domiciled elective patients.	Nov 2011			✓		In progress.
36	Increase day surgery rate to an average of 62%.	July 2012			✓		Result for Q4 2010/11 was 57.9%. Strategies to increase the rate are underway and will

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
							systemically work through surgical specialties.
37	Increase day of surgery admission rate to 90%.	July 2012			✓		***Rates as collected by the national reporting definitions include medical interventions. If day of surgery admissions for surgical specialties only is assessed our rate in September 2011 was 89.5%.*** ***An audit of the medical day or procedure admission practices has been undertaken and all admissions prior to medical procedure are required for clinical reasons.***
38	Establish <u>one</u> standardised process for all referral and wait list management (outpatients and surgery) inclusive of one person to lead, manage and monitor the process.		✓				Agreed.
39	Develop, implement and monitor an outpatient, inpatient, surgery, procedure and diagnostic demand and capacity plan for every service, encompassing all Southern DHB sites.		✓				Agreed. Population demand to be established.
40	Establish and monitor a pathway for acutely ill mental health patients to access the Emergency Psychiatric Service for when the acute mental health ward moves to Wakari.	Jan 2012			✓		In progress.
41	Establish and monitor a patient pathway for mental health acute inpatients needing medical or surgical input for when the acute ward moves to Wakari.	Jan 2012			✓		In progress.
42	Establish and monitor a patient pathway for medical and surgical inpatients needing mental health input for when the acute ward moves to Wakari.	Complete				✓	Complete.
43	Monitor and report waiting times for key modalities (CT, MRI and ultrasound) and maintain within regionally /nationally agreed timeframes.	Feb 2012			✓		Regional and national agreed timeframes and definitions to be established via multi regional radiology network. This is to be one of the initial pieces of work for the network.
44	Increase MRT hours of work during business hours to provide at least four hours of additional scanning time for CT and MRI each day Monday to Friday.	Oct 2011 Feb 2011	✓		✓		Phase 1 – Consultation within the service has commenced to identify possible staffing configurations and impact upon scanning throughput. Phase 2 – Implementation including appropriate Change management processes.
45	Develop, implement and monitor fast track patient pathways for CT, ultrasound and MRI from emergency department.	Nov 2011			✓		Dedicated ultrasound slots have been established and utilisation is being monitored. Access to CT and MRI is currently being investigated.

Office of Hon Tony Ryall

Minister of Health
Minister of State Services

15 SEP 2011

Joe Butterfield
Chairman
Southern District Health Board
Private Bag 1921
DUNEDIN 9054

Dear Joe

Approval of Southern District Health Board's Emergency Department Observation Unit

I have considered Southern District Health Board's (DHB) request to fund the build of an Emergency Department Observation Unit at Dunedin Hospital. I am pleased to advise that approval of this request has been made.

This letter is my approval of expenditure in line with the requirement of the Letter of Comfort I have provided to the DHB.

The conditions of approval of the capital funding request are that:

- the total project cost of the build for Observation Unit is not to exceed $2.7 million
- the additional operational costs will be managed within the already agreed financial path
- you provide me with a copy of the review of the functions and outcomes of the Observation Unit 12 months after implementation.

Congratulations on securing approval. I appreciate the work continuing to be made by your team in providing the necessary health services for the future of the South Island.

Yours sincerely

Hon Tony Ryall
MINISTER OF HEALTH

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand. Telephone 64 4 817 6804 Facsimile 64 4 817 6504

Chief Operating Officer's Report Southland
September 2011

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** (cwds) delivered year to date for the Southland population were below plan by 20.09% (298.26 cwds), of these 271 relate to provider arm throughput largely in the areas of general surgery and orthopaedics.

- Elective **discharges** delivered for the population of Southland year to date September 2011 are 175 below plan (900 against a total of 1,075). The discharge figure includes skin lesion and avastin procedures which are now not caseweighted.

2. Operational Performance

- Total admissions for September 2011 were 1,798 compared with 1,933 in September 2010.

- There were 2,627 Emergency department attendances at Southland hospital during September 2011 (2,405 September 2010). Of this total 808 were admitted. There were 543 Emergency Department attendances at Lakes District Hospital during September 2011 (464 September 2010). Of this total 113 were admitted.

- Resourced occupancy (Medical, Surgical and rehabilitation) during September 2011 was 88% against a target of 85%.

- Staff sick leave during September 2011 was 3.2%; September 2010 was 3.7%.

- Staff turnover during September 2011 was 2.8%; September 2010 was 1.9%.

- The Directorates have been focussing on some higher Did Not Attend (DNA) rates in some services. A number of techniques to improve patient attendance have been trialled including text messages to mobile phones, patient focussed booking where the patient is given the ability to book a time that suits them and also phone reminders the day before appointments in some service. The technique chosen will depend on the success and may be a combination of the various options. For example adolescent dental clinics e-texting is the best option, but this is not necessarily the case for say older women attending a colposcopy clinic. We are also engaging with other DHB's i.e. Nelson and Taranaki where they appear to have a lower than the sector average for DNA's.

3. Performance Reports and Updates

- Case weight activity data
- Elective Services Performance Indicators
- Chief Medical Officer's Report
- Directorate Reports

4. Southland Incubator Programme

Attached is the Southland Incubator Programme report.

Leanne Samuel
(Acting) Chief Operating Officer (Southland)
Southern District Health Board
September 2011

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

Description	Monthly Volume	Budgeted Volume	Monthly Volume Variance	Actual YTD Volume	Budgeted YTD Volume	YTD Volume Variance	DAP Annual Volume 2011/2012	2010/2011 Actual Volume
Dental Acute	8.90	2.37	6.52	11.72	8.28	3.43	19.33	14.74
Dental Elective	11.57	13.04	(1.48)	29.99	39.13	(9.14)	144.08	139.77
Plastics Acute	2.39	1.53	0.86	10.87	7.08	3.79	27.40	24.66
Plastics Elective	6.52	8.08	(1.56)	18.29	24.24	(5.95)	89.24	87.19
ENT Acute	-	-	-	1.98	7.69	(5.71)	20.35	13.23
ENT Elective	4.47	29.06	(24.59)	35.35	87.17	(51.82)	320.94	302.37
Ophthalmology Acute	-	-	-	-	1.50	(1.50)	15.08	2.24
Ophthalmology Elective	12.36	29.12	(16.76)	33.07	87.36	(54.29)	321.65	450.79
General Surgery Acute	104.92	196.29	(91.37)	485.20	440.30	44.90	1644.11	1935.98
General Surgery Elective	88.26	103.60	(15.34)	251.20	310.80	(59.61)	1144.32	1107.65
Gynaecology Acute	10.07	17.28	(7.21)	42.09	40.60	1.49	184.15	154.50
Gynaecology Elective	38.30	31.51	6.79	108.26	94.52	13.74	347.99	379.83
Orthopaedics Acute	138.26	176.16	(37.90)	478.52	544.80	(66.28)	1940.04	1858.88
Orthopaedics Elective	92.36	120.42	(28.06)	244.31	361.27	(116.96)	1302.75	1383.92
Paediatric Surgical Acute	-	-	-	-	-	-	-	1.62
Paediatric Surgical Elective	-	4.57	(4.57)	4.86	13.72	(8.86)	50.53	52.26
Urology Acute	7.72	9.43	(1.71)	27.55	24.10	3.46	135.01	134.65
Urology Elective	35.65	28.22	7.43	86.22	84.66	1.55	311.71	278.96
General Medicine Acute	359.25	434.67	(75.43)	1090.41	1044.80	45.61	4385.82	4452.40
General Medicine Elective	4.96	-	4.96	13.80	-	13.80	-	64.92
Paediatric Medicine Acute	66.47	86.27	(19.80)	220.51	223.68	(3.17)	730.95	758.28
Paediatric Medicine Elective	1.59	1.06	0.54	2.30	3.18	(0.87)	11.69	11.36
Specialist Neonates Acute	31.51	45.19	(13.68)	178.17	135.53	42.65	562.67	479.44
Maternity Acute	97.37	120.36	(22.99)	327.35	347.95	(20.61)	1337.68	1229.89
Maternity Elective	3.17	1.41	1.76	5.27	4.22	1.04	15.55	13.42
Acute Costweights	826.84	1089.55	(262.71)	2874.37	2826.31	48.06	11002.59	11060.51
Elective Costweights	299.20	370.09	(70.89)	832.92	1110.27	(277.35)	4060.45	4272.44
Total Costweights	1126.04	1459.64	(333.60)	3707.29	3936.58	(229.29)	15063.04	15332.95

MoH Elective Services Online

Comparison of surgical services for September 2011

DHB Name: Southland

	1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.			2. Patients waiting longer than six months for their first specialist assessment (FSA).			3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).			4.Clarity of treatment status.			5.Patients given a commitment to treatment but not treated within six months.			6. Patients in active review who have not received a clinical assessment within the last six months.			7. Patients who have not been managed according to their assigned status and who should have received treatment.			8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.		
Service Name	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**
Dental	1 of 1	100.0 %	0	X	0.0 %	X	5	0.0 %	0	0	0.0 %	0	5	0.0 %	0	0	0.0 %	0	5	0.0 %	0	23	100.0 %	0 %
Ear, Nose & Throat	1 of 1	100.0 %	0	270	34.4 %	-259	48	*11.2 %*	-27	0	0.0 %	0	52	12.1 %	-35	12	11.0 %	0	53	*12.4 %*	-32	8	100.0 %	0 %
General Surgery	1 of 1	100.0 %	0	13	0.6 %	0	3	0.0 %	0	0	0.0 %	0	5	0.0 %	0	1	0.0 %	0	6	0.0 %	0	57	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	68	7.8 %	-55	5	0.0 %	0	0	0.0 %	0	1	0.0 %	0	0	0.0 %	0	1	0.0 %	0	33	100.0 %	0 %
Neurosurgery	1 of 1	100.0 %	0	0	0.0 %	0	X	0.0 %	0	X	0.0 %	0	X	0.0 %	X	X	0.0 %	0	0	0.0 %	0	X	X	X
Ophthalmology	1 of 1	100.0 %	0	46	10.0 %	-40	17	2.4 %	0	0	0.0 %	0	4	0.0 %	0	3	0.0 %	0	4	0.0 %	0	71	100.0 %	0 %
Oral Maxillo	1 of 1	100.0 %	0	0	0.0 %	0	X	0.0 %	0	X	0.0 %	0	X	0.0 %	X	X	0.0 %	0	0	0.0 %	0	X	X	X
Orthopaedics	1 of 1	100.0 %	0	37	1.2 %	0	1	0.0 %	0	0	0.0 %	0	13	2.7 %	0	1	0.0 %	0	12	2.5 %	0	30	100.0 %	0 %
Paediatric Surgery	1 of 1	100.0 %	0	7	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	X	X	X
Plastics	1 of 1	100.0 %	0	0	0.0 %	0	3	0.0 %	0	0	0.0 %	0	7	0.0 %	0	1	0.0 %	0	5	0.0 %	0	8	100.0 %	0 %
Urology	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	2	0.0 %	0	0	0.0 %	0	1	0.0 %	0	32	100.0 %	0 %
Total				**441**			**82**			**0**			**89**			**18**			**87**			**262**		

This report displays ESPI results for individual surgical services. The ESPI results do not include non-elective patients or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools. Medical specialties are currently included in ESPI 1 and 2 results, and are included in other ESPI results if reported by DHBs. From August 2010, compliance thresholds for ESPI 2 were reduced from 2% to 1.5%, and compliance thresholds for ESPI 5 were reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs (elective_services@moh.govt.nz).

Data Warehouse Refresh Date: 08/Oct/2011

Report Run Date: 11/Oct/2011

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: Southland

	2010 Oct			2010 Nov			2010 Dec			2011 Jan			2011 Feb			2011 Mar			2011 Apr			2011 May			2011 Jun			2011 Jul			2011 Aug			2011 Sep			
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Target
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	110	0.8%	0	169	1.2%	0	192	1.3%	0	184	1.3%	0	198	1.4%	0	218	1.6%	-8	289	2.1%	-83	260	1.9%	-56	327	2.4%	-125	390	2.9%	-191	464	3.5%	-267	464	3.5%	-265	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	67	1.6%	0	51	1.3%	0	64	1.6%	0	71	1.8%	0	77	2.0%	0	72	1.8%	0	78	2.0%	0	85	2.2%	0	76	1.9%	0	97	2.5%	0	108	2.8%	0	82	2.2%	0	< 5%
4.Clarity of treatment status.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%
5.Patients given a commitment to treatment but not treated within six months.	60	1.5%	0	73	1.8%	0	76	1.9%	0	88	2.2%	0	89	2.3%	0	87	2.2%	0	108	2.8%	0	98	2.5%	0	60	1.5%	0	68	1.8%	0	86	2.3%	0	89	2.4%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	7	0.0%	0	9	0.0%	0	11	5.5%	0	18	8.7%	0	25	11.6%	0	33	*16.6%*	-4	21	9.9%	0	24	10.8%	0	18	8.0%	0	16	7.2%	0	15	6.0%	0	18	7.9%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	49	1.2%	0	58	1.4%	0	62	1.5%	0	70	1.8%	0	81	2.1%	0	86	2.2%	0	101	2.6%	0	89	2.3%	0	58	1.5%	0	68	1.8%	0	84	2.2%	0	87	2.4%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	341	100%	0.0%	309	100%	0.0%	313	100%	0.0%	252	100%	0.0%	257	100%	0.0%	330	100%	0.0%	261	100%	0.0%	377	100%	0.0%	386	100%	0.0%	271	100%	0.0%	318	100%	0.0%	262	100%	0.0%	> 90%

This report displays ESPI results for individual surgical services. The ESPI results do not include non-elective patients or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools. Medical specialties are currently included in ESPI 1 and 2 results, and are included in other ESPI results if reported by DHBs. From August 2010, compliance thresholds for ESPI 2 were reduced from 2% to 1.5%, and compliance thresholds for ESPI 5 were reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs (elective_services@moh.govt.nz).

Data Warehouse Refresh Date: 08/Oct/2011

Report Run Date: 11/Oct/2011

CHIEF MEDICAL OFFICER'S (CMO) REPORT

HAC Meeting Date: **9 November 2011**
Report Prepared By: **Mr David Tulloch, Chief Medical Officer**
Date Prepared: **14 October 2011**

Recommendation

That the Committee receives and notes this report.

1. Update

The early traction gained with clinical staff on the principles of service rationalisation according to Southern District Health Board wide needs, continues to be built on. There have been useful and productive sessions for the executive to forge the policy and learn how to disseminate the message of the direction of travel.

MEDICAL DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: **9 November 2011**
Report prepared by: **Ian Winwood, General Manager**
Dr Martin Watts, Medical Director
Jenny Hanson, Nursing Director
Date Prepared: **14 October 2011**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- There has been an increase in the number of patients breaching the 6 hour Emergency Department (ED) target. The Directorate has committed additional resource to review these on a daily basis to identify potential causes and assist with improving patient flow.
- New presentations for First Specialist Assessment (FSA) respiratory are 84% over budget, and the service still has a high number of patients (102) waiting for an FSA.

2. Quality

- A falls prevention project is fully implemented in the rehabilitation unit. After the expected rise in incidents reported at the beginning of the programme associated with increased awareness we are now anticipating a reduction in falls over the coming months.

3. Risks and Mitigation

Risk	Mitigation
Supervision of medical staff in general medicine.	Develop a supervision plan with available staff and explore options for supervision from outside the hospital.

MENTAL HEALTH DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: 09 November 2011
Report Prepared By: Louise Travers, General Manager, Southland
Dr Alfred Dell'Ario, Medical Director, Southland
Jane Collins, Nursing Director
Date Prepared: 14 October 2011

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- Inpatient Mental Health Unit continues to experience high acuity with a corresponding increase in specialing hours during the month.

2. Quality Initiatives

Systems and Information Improvements

- The Knowing the People Planning (KPP) initiative has been implemented and is about to commence a second psychosocial data collection (client survey). Aspects such as General Practitioner (GP) engagement, family involvement, accommodation, work, activity and study are collected on a six-monthly basis, which provides a rich set of information for planning and service development.

Workforce Development

- Two motivational interviewing workshops were facilitated for both non government organisations and Southland Mental Health and Addictions services.

Quality

- The MIDAS project to migrate all Southland Mental Health and Addiction Services documents onto the MIDAS document control has commenced.

Future Directions Network Representative Group (NRG)

- The Network Representative Group held a successful mental health open forum recently.

3. Emerging issues / risks / mitigation

No emerging issues / risks / mitigation to report.

SURGICAL DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: 9 November 2011
Report Prepared By: Lynley Irvine, General Manager, Southland
Murray Fosbender, Medical Director, Southland
Helen McKenzie, Nursing Director, Southland
Date Prepared: 14 October 2011

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- Southland hospital has a red status in September 2011 for Elective Service Performance Indicators (ESPI's) 2. In the August 2011 ESPI's, Southern DHB was sitting at the 1.5% allowable buffer with 529 patients waiting over 6 months across the district. The total number waiting in Southland has remained constant due to a decrease in orthopaedic and an increase in Ear Nose and Throat (ENT).
- Southland hospital provider arm is non compliant in 3 surgical specialities for ESPI 2; ENT, ophthalmology and gynaecology.
    - ENT situation continues to be challenging and a district review of the service is underway. Recruitment is continuing to the Southland site and there is one very positive candidate.
    - Ophthalmology, locum specialists are engaged as they are available to compliment visiting specialists. Discussions to support the recovery plan are occurring at a district level. A focus on recruitment continues.
    - Gynaecology continues to be managed proactively in the department.
- ENT is non compliant for the inpatient ESPIs 3, 5 and 7 in September 2011. ENT has implemented a recovery plan including seeking extra sessions from visiting specialists and use of locum staff as they become available. Nurse led follow up clinics have also commenced when consultant supervision is available.

2. Quality Initiatives

- The Productive Operating Theatre (TPOT) programme is focusing on the team building module with the full theatre team participating in a half day session in October 2011.
- Pre-admission pathway to minimise postponements for elective surgery continues to roll out and the general surgical speciality will be next.
- Theatre Compass continues to drive improvement and all surgeons now receive a report specific to themselves.

3. Contract Performance

- The key risk areas for meeting delivery of outpatient first specialist assessment remain ENT and ophthalmology.
- There is also a negative YTD variance in Orthopaedics and General Surgery. This is being monitored closely by the department and is expected to recover as the impact of two new fulltime orthopaedic consultants starting in November 2011 and February 2012 respectively is reflected in the volume of activity. A new general surgeon has commenced in early October 2011.

4. Risks and Mitigation

Risk	Mitigation
Shortage of anaesthetic consultants and resident ophthalmology and ENT consultants impacts on delivery of services.	Ongoing recruitment of additional senior consultants and good support from consultants in other DHB's for short term cover and availability of long term locums is minimising the risk in anaesthetics. ENT services are supported by visiting specialists from Dunedin. Some progress has been made on recruitment this month and one candidate is being progressed and is planned to visit the site in November 2011. Ophthalmology services are also supported by a variety of visiting specialists for both regular and for ad hoc visits. The new consultant confirmed to start in November 2011 is still waiting for Medical Council and College approval and this will delay his start.
Achieving the requirement to reduce the number of patients waiting over six months for assessment and treatment in all services.	Preparation of recovery plan across all services was complete by end February 2011. Weekly monitoring is occurring against those plans. Good progress being made in particular in orthopaedics. However in areas of consultant staff shortage the situation continues to be challenging.
Achieving the required target for scoping procedures.	A recovery plan is being prepared but this service is predicted to meet the contracted volume and gradually recover due to increased staffing resource in general surgery and in the medical department from October and November 2011 respectively.

WOMEN AND CHILDREN DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: 09 November 2011
Report Prepared By: Caroline Rain, General Manager, Southland
Dr Ian Shaw, Medical Director, Southland
Jenny Humphries, Regional Midwifery Director
Wendy Findlay, Director of Nursing, Southland
Date Prepared: 14 October 2011

Recommendation

That the Committee receives and notes this report.

1. Service Summary

Obstetrics and Gynaecology

- The department remains reliant on locums. This has impacted on the elective service performance indicator (ESPI) compliance of Gynaecology first specialist assessment (FSA's) and a recovery plan is being formulated.

Paediatrics

- The Children's ward has had a high occupancy at 81.54% resulting in increased overtime hours due to some children requiring intensive specialing.

Oral Health

- Adolescent clinics are behind for the year. A recovery plan is being formulated, part of which is the utilisation of a mobile dental clinic on site at Southland Hospital.

2. Service Highlights

- Before School Check (B4SC), the high needs and overall population target for Southern is exceeding the Ministry of Health (MOH) first quarter targets of 25%.

3. Emerging issues / risks / mitigation

Risk	Mitigation
O&G Senior Medical Staffing.	Recruitment initiatives have been augmented, short term locums contracted. A business case for an increase in FTE. In addition the SMO roster has been reworked and is being monitored.

Southland Incubator Programme

HAC Meeting Date: **09 November 2011**
Report Prepared by: **Leanne Samuel, Acting Chief Operating Officer, Southland**
Justine Greig, Workforce Development Manager
Date: **17 October 2011**

Recommendation:

That the HAC:

- **Notes this request;**
- **Recommends to the Southern DHB approval be given to submit Programme Funding Applications with the Invercargill Licensing Trust and the ILT Foundation for the 2012 programme;**
- **Recommends to the Southern DHB approval be given to submit Programme Funding Applications with other community funding organisations as required, across the Otago and Southland District for 2012 programme expansion activity.**

1. Programme Overview

1.1 Background

Programme Incubator is an interactive educational, experiential and information resource designed to:

- Create interest in health careers from Year 12 and 13 students;
- Provide a sense of work experience within the classroom;
- Provide health information in an engaging and interesting manner that both furthers interest in health careers, as well as increase health literacy of the students, their family and whanau;
- Provide access to health care workers who can act as informants and mentors for those wanting to find out more about health careers or health issues;
- Develop an e-learning tool that is responsive to the educational needs of professional development for staff in the health sector;
- Be delivered with equity and within a quality framework.

This initiative is an effective mechanism for addressing equity in workforce representation while also providing a conduit for directing healthy population information into communities. This innovation generates interest in a strategy of 'grow your own' for future workforce recruitment practices and has been evaluated by Massey University as being an internationally unique initiative.

1.2 History

In March 2007, Programme Incubator commenced with a decile 1A college in the Flaxmere community. Incubator provides a co-ordinated programme to establish in-depth information of health. This has been achieved by providing examples of possible career paths within health, in a blended style of engaging modern pedagogy

methods and mentoring techniques. This concept is built to the following principles of effective and experiential learning:

- Student connectedness (utilising adults in the classroom);
- Mixed Media resources (attention to multiple learning styles with smart media applications);
- Role models delivering experiences (behavioural delivery);
- Mentoring (maintaining engagement and ongoing support).

This programme has introduced health professional role models to students and whanau. It is also an effective conduit of information to students and whanau on matters of healthy population, wellness, primary health and emergency response information.

Programme Incubator has continued to develop throughout 2011 with additional schools from regional New Zealand District Health Boards. Currently discussions are being held regarding programme delivery during the 2012 academic year. It is anticipated that during 2012 there will be up to eight participating DHB's and an estimated 50 participating secondary schools.

Variations of the model are also now being delivered to Year 10 and also to second chance learning cohorts that include teen parenting and New Zealand Correspondence School.

1.3 Achievements of the Programme to date

- High conversion of year 13 students progressing onto tertiary education with equity across ethnicity and school decile;
- Work experience throughout the health sector (e.g. occupational therapy, physiotherapy) for year 13 students;
- 19 schools in Hawke's Bay and the New Zealand Correspondence School are now involved with Programme Incubator;
- Five further DHB's were contracted in 2009 for the use of Programme Incubator in their respective regions during the 2010 year namely Tairawhiti, Taranaki, West Coast, Southern and Northland District Health Boards involving 16 schools;
- Partnerships with Universities are in place to support students in transition (Auckland, Otago and Massey);
- Feedback from schools, parents and whanau endorse the programme;
- DHB employees are voluntarily engaging to participate in Programme Incubator;
- There have been six National Awards achieved to date providing external evaluation of the programme and the framework:

  TUANZ 2008 - *Telecommunications Users Association of New Zealand,* Education Category Award Winner 2008;

  HIA 2008 - *Health Innovations Awards,* Innovation of the Year Winners 2008 & Finalists Choice Winner 2008;

  IPANZ 2009 - *The Institute of Public Administration of NZ Excellence Awards,* Improving Performance Through People Award Winner 2009;

  EEO Trust 2011 - *Work and Life Awards,* Tomorrow's Workforce & Supreme Award.

2. Southland Incubator Programme

2.1 2011 Programme

The Southland programme has been supported by the ILT Foundation, the Invercargill Licensing Trust and The Community Trust of Southland since it's inception in 2009. The Programme Co-ordinator position is funded by the DHB.

Southern DHB's Incubator Pilot Programme was officially launched in March 2009 and the participating School was Aurora College. The programme has been offered to additional schools in 2010 and 2011. The participating schools for 2011 are:

- Verdon College, decile 5, Invercargill City
- Southland Boys' High School, decile 5, Invercargill City
- Menzies College, decile 4, Wyndham
- Aurora College, decile 2, Invercargill City

Key to the success of this programme is the involvement of our health sector workforce, sharing their first hand knowledge and experience with the students. As at 30th June approximately 100 employees were registered as Mentors for the programme. Many DHB and community agency staff support the programme and have chosen not to formally register. Therefore the total number of supporters is greater than the number registered.

Programme expansion activity has been a focus this year and included the piloting of a Health Careers Expo targeted towards Year 10 and 11 students of the participating schools.

A 2011 Programme Evaluation Report will be completed and submitted to our Funders.

2.2 2012 Programme

The nature of this programme is more that just simply introducing careers to secondary school students. By continuing to offer this programme in Southland we are:

- Focussing on developing partnerships and strengthening relationships with participating schools, the DHB and community organisations;
- Providing for a scalable work experience initiative that can be delivered within the school class within a unique and effective industry partnership model;
- Providing an innovative award winning programme to year 12 and 13 students that is not otherwise available and is unique to the health sector;
- Informing students of the diverse range of career opportunities available and the recommended or required courses of study;
- Providing a range of health related information through the various types of delivery activity thus supporting the development of the health literacy of the student and their respective families, carers or whanau;
- Providing an innovative workforce development solution at a local level which reaches our youth and supports the growth of our future health workforce from within the same communities that need support from the health sector ;
- Providing opportunities for our existing health workforce to participate in the programme in a variety of ways;
- Supporting the professional development of School Careers and Transition Educators through their participation in the programme;

- Looking to grow both Maori and Pacific workforce representation through this equity based programme.

As part of our 2011 funding application The Community Trust of Southland approved a three year funding commitment of $10,000.00 per annum towards the delivery of the Incubator Programme in Southland. Funding for Year two (2012) is scheduled to be confirmed at their December Board Meeting.

Subject to securing the required resources, inclusive of funding, Southland is seeking to run the Incubator Programme across the 2012 academic year. Whilst discussions are yet to be formally held we envisage continuing to work with Aurora College, Menzies College, Verdon College and Southland Boys' High School. Further consideration is yet to be given to the structure and engagement of additional school/s for the 2012 year and the inclusion of identified programme expansion activity within Southland.

3. Programme Costs

Programme Costs

The programme costs indicated below are based on the programme commencing in January 2012 and concluding in December 2012.

3.1 Programme Services

The cost of the Contract for Programme Services, for year 4, with Hawke's Bay DHB is approximately $35,000.00 (excluding GST). The scope of programme services provided by Hawke's Bay DHB includes:

- The development of Programme Incubator with identified schools or combined cohorts;
- The provision or programme resources which include session storybooks, card sorts, instruments and CD Roms, website infrastructure and programme support manuals including printed resources, anatomical models and infrastructure needed to support the collaborative expansion of the programme;
- Support to develop local capability and capacity to operate the programme in the Southland area and continue to phase in local content;
- As appropriate or required assist in the engagement of additional schools during the 2011 academic year;
- Participation and development within a collective best model practice, constantly evolving through the Quality Assurance Framework.

3.2 Programme Co-ordinator Position

It is proposed that Southern DHB will fund the costs associated with running the Incubator programme inclusive of the base salary for the position of the Programme Co-ordinator.

This role is critical for the delivery of Programme Incubator within Southland and has a key emphasis on working with the Hawke's Bay DHB Incubator team, the identified schools and the DHB team. The primary purpose of this position is to facilitate, support and deliver the programme within the schools and to maximise the experience and learning for the students and those involved within the DHB.

4. Funding Application Request

Board approval is requested for Southern DHB to submit Programme Funding Applications with:

- The Invercargill Licensing Trust and the ILT Foundation for the 2012 Southland Incubator Programme. The level of external funding being sought is approximately $30,000.00 (exclusive of GST);

- Other community funding organisations as required across the Otago and Southland District for 2012 programme expansion activity.

September 2011

Nursing and Midwifery Dashboard-SDHB

STRATEGIC GOALS:

1.0	Nursing and Midwifery Workforce High performing nursing and midwifery workforce able to effectively contributes to meeting the health needs of the community.
2.0	Nursing and Midwifery Practice/Professional Standards Professional excellence and safety in Nursing and Midwifery practice delivering optimal frontline care and maximising the potential of the nursing workforce.
3.0	Nursing and Midwifery Resource Utilisation Effectively deployed, managed and supported Nursing and Midwifery Resource able to meet the service needs.
4.0	Nursing and Midwifery Governance and Leadership Clinical governance and leadership roles and responsibilities are upheld professionally and within the wider organisations structures and functions within the multidisciplinary and management teams

KEY PROJECTS / ACTIVITY AREAS 2011		PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
1.0 Workforce development						
1.1	NETP and NETP expansion and MFYOP			✓		2011 cohort are going well. 2012 offers to be made October 2012
1.2	PDRP uptake			✓		Being monitored on both sites
1.3	HWNZ (previously CTA) program access/uptake			✓		***Prioritisation of programmes according to workforce development need and selection of applicant's for 2012 in progress.***
1.4	Nurse Practitioner development program			✓		Our region has five registered NPs. Further NP and NP candidate positions in mental health of the elderly, community mental health, aged care and rural areas are potentially the next areas for development to meet service gaps
1.5	Access to course conference support			✓		
1.6	Healthcare assistant/EN education			✓		A small number of EN undergoing support to transition to new scope Celebrations to mark the transition of the EN's
1.7	Management and leadership development for Senior nurses			✓		Planning for 2012 programme with University of Otago underway
2.0 Nursing and Midwifery Practice						
2.1	Clearly demonstrated integration of Evidenced based practice			✓		Needs ongoing evaluation. SDHB is joining CDHB nursing access to evidence based practice project that has MOH funding for one year
2.2	Contemporaneous models of care are delivered and evaluated continuously			✓		New models of care work being undertaken by the MDT teams in Gastroenterology and Paediatrics
2.3	Quality and HR processes and Policy, Procedure Alignment			✓		Recruitment and retention strategies aligned, gaps identified; and approval processes complied with
2.4	Regulatory Compliance				✓	Compliance Nursing and Midwifery councils of New Zealand re APCs, education programs etc. Nursing council audit visits ongoing

3.0 Nursing and Midwifery Resource Utilisation, Care Capacity Management– this is in the context of production, planning, value for money initiatives, models of care development, clinical leadership, expert opinion, audit, culture, organisational systems/relationships, District Annual Plan delivery						
3.1 Safe Staffing and Healthy Workplace						
3.1.1	Patient Forecasting			✓		***Permanent appointment of Trendcare co-ordinators*** ***Implementation of Trendcare commenced on both sites*** ***Care Capacity Demand Management/Safe Staffing Health Workplace pilot site now being considered.***
Establishing targeted tool kit sourcing strategy for senior nurses use on a shift by shift basis -Acuity/Capacity planning tools (prospective) -Integrated roster and bed management alignment electronically -Business Intelligence reporting platform-live time **Likely to participate in 2012 pilot for care capacity demand management national demonstration site**						
4.0 Nursing and Midwifery Governance and Leadership						
4.1	Clinical Governance, clinical leadership on the ground			✓		Putting the patient first, ***On the Patient Journey*** (OPJ), On the right track, value for money related projects for SDHB
Projects/Practice Development Initiatives						
	Falls			✓		Falls material from Otago being rolled out in Southland Rehabilitation Ward
	Early Warning Scores (Otago)/ UPs (Southland)			✓		Evaluations of both sites ongoing. ***Paediatrics*** and maternity also have specific tools
Clinical –Key performance indicators						
Failure to rescue				✓		Needleman nursing indicators from Health Round Table and Ministry of Health, Massey University are being evaluated for both sites
Falls				✓		Needleman nursing indicators from Health Round Table and Ministry of Health, Massey University are being evaluated for both sites
Pressure Injuries		✓				Needleman nursing indicators from Health Round Table and Ministry of Health, Massey University are being evaluated for both sites

FINANCIAL REPORT

HAC Meeting Date: **9 November 2011**
Financial Report as at: **30 September 2011**
Report Prepared by: **Grant Paris, Business Analyst**
Date: **13 October 2011**

Recommendation

That the committee receives and notes this report.

1. DHB Provider Summary Results

Revenue & Expenditure Summary

Description	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	$000 Full Year Budget
Revenue	38,938	39,084	(146)	117,291	117,253	38	469,551
Personnel	(24,984)	(25,176)	192	(74,813)	(75,737)	924	(304,697)
Expenditure							
Outsourced Services	(1,682)	(1,604)	(78)	(5,057)	(4,757)	(300)	(18,524)
Clinical Supplies							
Treatment Disposables	(2,716)	(2,247)	(469)	(7,365)	(6,821)	(544)	(27,645)
Diagnostic Supplies & Other Clinical Suppl	(177)	(158)	(19)	(469)	(457)	(12)	(1,717)
Instruments & Equipment	(1,272)	(1,183)	(89)	(3,722)	(3,536)	(186)	(14,375)
Patient Appliances	(193)	(185)	(8)	(413)	(571)	158	(2,312)
Implants & Prostheses	(1,047)	(927)	(120)	(2,537)	(2,641)	104	(9,730)
Pharmaceuticals	(1,381)	(1,695)	313	(4,614)	(4,934)	320	(18,728)
Other Clinical Supplies	(371)	(276)	(94)	(884)	(808)	(76)	(3,130)
Infrastructure & Non-Clinical Supplies	(5,806)	(5,606)	(200)	(17,308)	(17,014)	(294)	(68,202)
Net Surplus / (Deficit)	**(689)**	**28**	**(717)**	**108**	**(24)**	**132**	**491**

FTE Summary

Description	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	Full Year Budget FTE
Medical Personnel	457	455	(2)	452	453	1	452
Nursing Personnel	1,543	1,565	21	1,537	1,565	27	1,564
Allied Health Personnel	677	696	19	675	696	20	696
Support Personnel	189	193	4	188	193	5	196
Management & Administration Personnel	666	669	3	665	669	4	669
Total	**3,532**	**3,577**	**45**	**3,518**	**3,575**	**57**	**3,576**

The September result is a deficit of $689k compared to a budgeted surplus of $28k, unfavourable to budget by $717k. Year to date (ytd) the Provider Arm is $132k favourable to budget.

YTD Comment:
The ytd provider position remains favourable due to personnel being 57FTE under budget. This is split between the sites as follows;

- Dunedin Hospital (DH) 19FTE,
- Southland and Lakes Hospital (SLH) 30FTE and
- Shared Services 8FTE.

Components of the FTE variance are offset by reductions in revenue (eg Medium Secure Unit) and increased outsourcing costs, so it doesn't represent a net saving to the DHB.

Outsourced services continue over budget driven by Dunedin Hospital outsourcing more than planned in the first three months combined with a misalignment of the financial budget to the production plan. The

directorate has been asked to ensure planned outsourcing volumes aren't exceeded over the year thereby minimising any potential financial risk associated with over-delivery.

Treatment costs have been driven over budget by a number of demand driven areas, the major ones being;

- Blood costs (offset revenue received)
- Renal Fluids
- Continence Supplies
- Dressings / Sutures / Tubes / IV fluids

Infrastructure costs are over budget driven by IT / Telecommunication costs and transport costs to a lesser degree.

Monthly Outliers (areas that have reversed prior months trends), include

- Internal revenue unfavourable due to recognition of lower PCT costs. (rebate recognised in month). This rebate drives the lower Pharmaceutical costs.

- Treatment Disposables over budget

- Shunts and Stents over budget reflecting higher than usual vascular surgery volumes.

2. Revenue

Total revenue is $146k under budget in September, driving down the ytd favourable variance to $38k. Key variances within this are shown in the table below.

Revenue	Monthly Variance $(000)	Monthly Variance %	YTD Variance $(000)	YTD Variance %	YTD Comments
MoH - Disability Support Services	(102) U	(14%)	(298) U	(13%)	Revenue for Medium Secure Unit only partially recognised as unit not finished. Offsetting favourable variance in personnel costs.
Other Government	176 F	48%	130 F	12%	Additional revenue to partially offset increased blood costs
Internal - DHB Funder to DHB Provider	(317) U	(1%)	(206) U	0%	($450k) - Mental Health washup to funder. ($70k) - reduced PCT revenue offsetting costs $485k - Price Volume schedule adj - Renal ($222k) - Price Volume schedule adj - Community Cardiology Tests $185k- Breastscreening volumes > plan. ($70k) - Cervical screening volumes < plan.
Patient / Consumer Sourced	68 F	30%	139 F	19%	Non resident revenue
Other Income	51 F	5%	201 F	7%	$59k - Donations $92k - SSC subsidies for Kiwisaver
Revenue	**(124) U**		**(34) U**		

3. Personnel Costs

Row Labels	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	$000 Full Year Budget
Medical Personnel	(7,840)	(7,787)	(54)	(23,094)	(23,190)	97	(92,355)
Nursing Personnel	(9,179)	(9,423)	243	(28,072)	(28,760)	688	(118,599)
Allied Health Personnel	(3,938)	(3,988)	50	(11,709)	(11,861)	152	(46,574)
Support Personnel	(717)	(758)	41	(2,219)	(2,270)	51	(9,258)
Management & Administration Personnel	(3,310)	(3,220)	(89)	(9,719)	(9,657)	(63)	(37,911)
Total Personnel Costs	**(24,984)**	**(25,176)**	**192**	**(74,813)**	**(75,737)**	**924**	**(304,697)**

Description	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	Full Year Budget FTE
Medical Personnel	457	455	(2)	452	453	1	452
Nursing Personnel	1,543	1,565	21	1,537	1,565	27	1,564
Allied Health Personnel	677	696	19	675	696	20	696
Support Personnel	189	193	4	188	193	5	196
Management & Administration Personnel	666	669	3	665	669	4	669
Total	**3,532**	**3,577**	**45**	**3,518**	**3,575**	**57**	**3,576**

Total personnel costs are under budget both in September ($192k) and YTD ($924k). FTEs are under budget for the month by 45 and ytd by 57.

Medical Personnel

Medical salary costs are over budget in September by $54k, but are $97k under YTD.

The September $ variance is consistent with FTE being 2 over budget for the month. Medical FTE has increased by 7 FTE from August. The movement was predominately in the Invercargill District with the recruitment of 10 registrars and house officers, which along with some departures resulted in a net 8 FTE increase in registrars and house officers.

The combined medical salary lines and medical outsourcing costs show an overall favourable variance as shown below.

	Month						Year to Date					
	Actual $' 000	Budget $' 000	Var $' 000	Actual FTE	Budget FTE	Var FTE	Actual $' 000	Budget $' 000	Var $' 000	Actual FTE	Budget FTE	Var FTE
SMO Personnel	(5,150)	(5,312)	162	204.14	219.30	15.16	(15,355)	(15,767)	412	206.73	217.97	11.24
Outsourced SMO	(663)	(683)	20				(2,076)	(2,048)	(28)			
Total SMO	**(5,813)**	**(5,995)**	**182**	**204.14**	**219.30**	**15.16**	**(17,431)**	**(17,815)**	**384**	**206.73**	**217.97**	**11.24**
RMO Personnel	(2,690)	(2,474)	(216)	253.03	235.50	(17.53)	(7,739)	(7,423)	(316)	245.57	235.50	(10.07)
Outsourced RMOs	(204)	(239)	35				(481)	(718)	237			
Total RMO	**(2,894)**	**(2,713)**	**(181)**	**253.03**	**235.50**	**(17.53)**	**(8,220)**	**(8,141)**	**(79)**	**245.57**	**235.50**	**(10.07)**
Total Medical Resource	**(8,707)**	**(8,708)**	**1**	**457.17**	**454.80**	**(2.37)**	**(25,651)**	**(25,956)**	**305**	**452.30**	**453.47**	**1.17**

Non salary related costs are on budget for the month and $71k under budget YTD.

Nursing Salaries

Nursing costs are $243k favourable to budget for September, a continuation of the YTD trend which is now $688k favourable for the three months. FTEs are still continuing at their favourable level, 21 under for the month compared with 27 under YTD.

The key drivers for the FTE variance continue to be vacancies within the;

- incomplete medium secure unit,
- inpatient mental heath unit in Invercargill,
- mental health FTE contracts,
- and general vacancies within the orthopaedics ward, ISIS and community nursing in Dunedin and ED and paediatrics and maternity support in Invercargill.

The medium secure unit accounts for 13 of the variances within nursing. As this unit nears completion these vacancies will be filled.

Allied Health Personnel

Allied health costs are $50k favourable for the month ($152k favourable ytd). FTE for the month is 19 FTE favourable, 20 FTE favourable YTD.

The FTE variance continues to be driven by mental health (a component of which results in a reduction of revenue via the washup adjustment), school dental, and radiation oncology therapists and physicists.

Management Administration Personnel

Management administration costs are $89k unfavourable for the month, $63k unfavourable YTD. The monthly unfavourable variance is largely the result of annual leave not being taken at expected levels. The budget provided for 49 FTE of annual leave to be taken compared to the 34 FTE actually taken. YTD annual leave for management admin though is tracking close to budget, with 46 FTE of annual leave being taken compared to 49 FTE budgeted.

4. Outsourced Costs

Outsourced clinical services continue to run over budget in September with the ytd variance now sitting at $441k unfavourable.

This is being driven by DH, with 40% of its reduced annual budgeted outsourced volume being delivered in the first 3 months. The service is to work within plan to ensure overall annual outsourcing volumes will not be exceeded.

Outsourced Expenses	Monthly Variance $(000)	Monthly Variance %	YTD Variance $(000)	YTD Variance %	Annual Budget $(000)
Medical Personnel	55 F	(6%)	210 F	(8%)	(11,053)
Nursing Personnel	(3) U	121%	-	4%	(30)
Allied Health Personnel	(14) U	106%	(35) U	85%	(163)
Support Personnel	(2) U	10%	1 F	(1%)	(265)
Management / Administration Personnel	(19) U	832%	(48) U	674%	(28)
Outsourced Clinical Services	(100) U	18%	(441) U	27%	(6,023)
Outsourced Corporate / Governance Services	5 F	(6%)	13 F	(5%)	(962)
Outsourced Services Total	**(78) U**	**5%**	**(300) U**	**6%**	**(18,524)**

5. Clinical Supplies

Clinical supplies costs were $485k unfavourable against budget for the month (7% of budget); the ytd variance is also now unfavourable to budget by $236k (1% of budget)

Treatment Disposables has significantly overrun budget for the month by 21% ($469k), the ytd variance now unfavourable by $544k. Along with blood supply costs (Intragam) and renal fluids, this variance has been caused by overruns in most expenditure types (sutures, dressings, continence supplies, IV supplies). While generally demand driven items, we are still reviewing this for causal reasons mainly at the Dunedin site where 75% of the overrun has occurred.

The ytd favourable variance in implant costs is still expected to be a timing difference as the phasings of the costs and the production plan volumes have not quite aligned. This combined with the current under delivery of in-house volumes to plan has created the ytd favourable variance. This is not quite as large as expected however due to a higher number of high cost scoliosis cases than planned year to date.

Pharmaceuticals are materially under budget for the month due largely to the recognition of a rebate. This is offset by a reduction in revenue.

The table below presents the summary of the major cost categories within the clinical supplies area.

Clinical Supplies	Monthly Variance $(000)	Monthly Variance %	YTD Variance $(000)	YTD Variance %	Annual Budget $(000)
Treatment Disposables	(469) U	21%	(544) U	8%	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(19) U	12%	(12) U	3%	(1,717)
Instruments & Equipment	(89) U	8%	(186) U	5%	(14,375)
Patient Appliances	(8) U	4%	158 F	(28%)	(2,312)
Implants & Prosthesis	(120) U	13%	104 F	(4%)	(9,730)
Pharmaceuticals	313 F	(18%)	320 F	(6%)	(18,728)
Other Clinical Supplies	(94) U	34%	(76) U	9%	(3,130)
Clinical Supplies Total	**(485) U**	**7%**	**(236) U**	**1%**	**(77,637)**

6. Infrastructure and Non Clinical

Infrastructure and non clinical costs were $200k unfavourable against budget for the month, increasing the ytd unfavourable variance to $294k.

Infrastructure & Non Clinical Expenses	Monthly Variance $(000)	Monthly Variance %	YTD Variance $(000)	YTD Variance %	Annual Budget $(000)
Hotel Services, Laundry & Cleaning	(67) U	6%	(28) U	1%	(12,760)
Facilities	(56) U	3%	(37) U	1%	(20,332)
Transport	(17) U	5%	(72) U	8%	(3,814)
IT Systems & Telecommunications	(97) U	11%	(191) U	8%	(10,140)
Interest & Financing Charges	2 F	0%	(49) U	1%	(14,148)
Professional Fees & Expenses	34 F	(23%)	109 F	(25%)	(1,718)
Other Operating Expenses	1 F	0%	(26) U	2%	(5,289)
Infrastructure & Non-Clinical Supplies Total	**(200) U**	**4%**	**(294) U**	**2%**	**(68,202)**

IT costs is the most significant area of overspend driven by a continuing higher than budgeted spend in

- mobile phones
- Telecommunication repairs and maintenance, and minor purchases

Analysis of these areas shows that repairs to the Wakari PABX happened after cables were cut by a contractor. Discussions are underway to recover the cost of the repairs from the contractor. Overspend on mobile phones is due to budget savings phased in July 2011 and the new telecommunication contract commencing September 2011, with savings to begin in October 2011.

7. Year End Forecast

The provider arm year end result is expected to result in a break even position.

Assumptions that need to be noted include

- a positive balance against budget will be maintained within the medical salary and outsourcing costs given the pressure anticipated in Quarter 4 and Quarter 1 in the junior doctor area, it is assumed that the positive variance in the senior doctor area will continue and offset the above
- the nursing staff profile level on the Invercargill site is higher than what has currently been budgeted for this, is being monitored monthly, the impact of the trend care system is being tracked and is predicted to assist with offsetting any unfavourable variance with the profile
- lower FTEs against the Allied staff group are not correlating with the dollar variance as salary step increases are impacting
- it is assumed that wage settlements will stay within budgeted parameters, however this assumption could be a risk given the rejected managed bargaining offer by the unions
- outsourcing of clinical services will come back into line with budget, this assumption is built into the forecast position, currently this line is over plan by $400k
- pressure is already presenting on the clinical supplies costs in particular blood products (intragam) , renal supplies and disposable instruments. These lines are assumed to continue to be over- subscribed against plan at year end, extrapolating the current result would mean that these lines would be over spent by $1,376k. Noting that intragam and renal costs are demand driven
- Insurance charges will be over-subscribed against plan by $300k at year end due to large increase in material damage policy premiums following the Canterbury earthquake
- actual ACC levy rate is lower than what was included in payroll budgets this positive variance is expected to generate a positive fiscal variance of $600k
- no fiscal impacts have been factored in from the National Health Board review

8. Financial Result – Dunedin site

Description	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	$000 Full Year Budget
Revenue	26,273	26,247	26	79,353	78,682	671	314,710
Personnel	(16,617)	(16,781)	164	(50,447)	(50,436)	(12)	(203,200)
Expenditure							
Outsourced Services	(692)	(595)	(97)	(2,268)	(1,728)	(540)	(6,420)
Clinical Supplies							
Treatment Disposables	(2,051)	(1,617)	(433)	(5,411)	(4,934)	(477)	(19,632)
Diagnostic Supplies & Other Clinical Suppl	(140)	(132)	(9)	(366)	(379)	13	(1,387)
Instruments & Equipment	(413)	(409)	(4)	(1,258)	(1,237)	(21)	(4,949)
Patient Appliances	(105)	(131)	26	(223)	(411)	187	(1,629)
Implants & Prostheses	(838)	(762)	(76)	(1,966)	(2,148)	182	(7,627)
Pharmaceuticals	(882)	(1,232)	350	(3,251)	(3,549)	298	(12,969)
Other Clinical Supplies	(206)	(169)	(37)	(453)	(486)	34	(1,774)
Infrastructure & Non-Clinical Supplies	(1,444)	(1,335)	(108)	(4,206)	(4,030)	(176)	(15,940)
Net Surplus / (Deficit)	**2,885**	**3,085**	**(200)**	**9,503**	**9,343**	**160**	**39,183**

Description	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	Full Year Budget FTE
Medical Personnel	338	339	2	341	338	(3)	336
Nursing Personnel	1,062	1,083	20	1,063	1,083	20	1,082
Allied Health Personnel	480	484	4	480	484	4	484
Support Personnel	105	107	2	105	107	2	107
Management & Administration Personnel	332	328	(4)	332	328	(4)	328
Total	**2,317**	**2,341**	**24**	**2,320**	**2,340**	**19**	**2,337**

9. Financial Result – Southland site

Description	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	$000 Full Year Budget
Revenue	12,060	12,152	(92)	36,146	36,456	(310)	146,039
Personnel	(7,199)	(7,209)	10	(20,984)	(21,743)	759	(87,450)
Expenditure							
Outsourced Services	(908)	(916)	7	(2,536)	(2,747)	211	(10,988)
Clinical Supplies							
Treatment Disposables	(610)	(575)	(36)	(1,776)	(1,717)	(60)	(7,318)
Diagnostic Supplies & Other Clinical Suppl	(36)	(26)	(10)	(103)	(77)	(25)	(330)
Instruments & Equipment	(197)	(89)	(108)	(420)	(266)	(154)	(1,132)
Patient Appliances	(87)	(54)	(33)	(190)	(160)	(30)	(682)
Implants & Prostheses	(209)	(165)	(43)	(571)	(493)	(78)	(2,103)
Pharmaceuticals	(499)	(461)	(38)	(1,361)	(1,380)	19	(5,740)
Other Clinical Supplies	(165)	(108)	(57)	(431)	(322)	(109)	(1,355)
Infrastructure & Non-Clinical Supplies	(651)	(649)	(3)	(2,000)	(1,946)	(54)	(7,784)
Net Surplus / (Deficit)	**1,498**	**1,901**	**(403)**	**5,774**	**5,605**	**168**	**21,156**

Description	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	Full Year Budget FTE
Medical Personnel	120	115	(4)	112	115	4	116
Nursing Personnel	477	478	1	471	478	7	478
Allied Health Personnel	195	210	15	193	210	17	210
Support Personnel	36	38	1	36	38	2	38
Management & Administration Personnel	166	167	1	167	167	1	167
Total	**994**	**1,008**	**14**	**978**	**1,008**	**30**	**1,008**

10. Financial Result – Shared services

Description	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	$000 Full Year Budget
Revenue	605	685	(80)	1,791	2,115	(323)	8,802
Personnel	(1,168)	(1,186)	18	(3,381)	(3,559)	177	(14,048)
Expenditure							
Outsourced Services	(82)	(94)	12	(254)	(282)	28	(1,115)
Clinical Supplies							
Treatment Disposables	(55)	(55)	(0)	(177)	(171)	(7)	(695)
Diagnostic Supplies & Other Clinical Suppl	(0)	(0)	(0)	(0)	(0)	0	(1)
Instruments & Equipment	(661)	(684)	23	(2,044)	(2,033)	(11)	(8,294)
Patient Appliances	(0)	0	(0)	0	0	0	0
Pharmaceuticals	(0)	(2)	1	(2)	(5)	4	(19)
Other Clinical Supplies	0	(0)	0	0	(0)	0	(0)
Infrastructure & Non-Clinical Supplies	(3,710)	(3,622)	(89)	(11,102)	(11,038)	(65)	(44,478)
Net Surplus / (Deficit)	**(5,072)**	**(4,958)**	**(114)**	**(15,169)**	**(14,973)**	**(196)**	**(59,847)**

Description	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	Full Year Budget FTE
Medical Personnel							
Nursing Personnel	4	4	0	4	4	0	4
Allied Health Personnel	2	2	(0)	3	2	(1)	2
Support Personnel	48	48	1	47	48	1	52
Management & Administration Personnel	167	173	6	167	173	7	173
Total	**221**	**228**	**7**	**220**	**228**	**8**	**231**

11. Capital Report

Capital Item	Prior Year C/Fwd	2011 - 2012 Capital Plan	Total Capital Budget	Prior Year Approval yet to be spent	Current Year Approval	Total Approvals	Current Years Cashflows	Funds Available to Commit
Dunedin - Nurse Call - Queen Mary	5,579		5,579	5,579		5,579		
Security Infrastructure	19,536		19,536	19,536		19,536	19,536	
Base Page replacement	70,602		70,602	70,602		70,602	5,570	
Critical Alarms for MOT	76,518		76,518	76,518		76,518	27,501	
Fluoroscopy Room Upgrade	200,000		200,000				7,185	200,000
Mammo Building	189,882		189,882	189,882		189,882	152,785	
Boiler Dunstan		1,000,000	1,000,000					1,000,000
Installation on Standby generators from Dunedin		600,000	600,000		307,487	307,487	222,599	292,513
New Boiler - Southland		600,000	600,000					600,000
Fraser Building Roof Replacements		500,000	500,000					500,000
Security - Dunedin/Wakari		200,000	200,000					200,000
Audiology alterations		150,000	150,000					150,000
Nurse Call Replacement - Dunedin		140,000	140,000					140,000
DSA Room Upgrade	475,961		475,961	475,961		475,961	356,867	
Total Building and Property	1,038,078	3,190,000	4,228,078	838,078	307,487	1,145,565	792,042	3,082,513
Image Intensifiers for Main Operating Theatre	400,000		400,000		320,072	320,072		79,928
Fluoroscopy X-Ray Machine Upgrade	700,000		700,000					700,000
DR Machine for Mobile Screening Unit	400,000		400,000					400,000
Fundus camera - eyes - digital+fluroscene	45,120		45,120					45,120
Camera, light source tower	100,416		100,416					100,416
Replacement argon laser	120,000		120,000					120,000
Anaesthetic machine	160,000		160,000					160,000
Nuclear Medicine Gamma Camera / SPECT CT	750,000		750,000					750,000
Washer/Decontaminators x 2	149,884		149,884	149,884		149,884	139,154	
CT Scanner	964,997		964,997	964,997		964,997	935,454	
Mammography Machine Upgrade		800,000	800,000					800,000
Ultrasound Machines (Dunedin & Southland)		560,000	560,000					560,000
ED X-Ray DR Unit		500,000	500,000					500,000
MRI Upgrade		500,000	500,000					500,000
Urgent Doctors X-Ray Machine		350,000	350,000					350,000
Heart Lung Machine		300,000	300,000					300,000
Image Intensifier		220,000	220,000		159,849	159,849		60,151
Pool Tools		180,000	180,000		85,874	85,874	27,990	94,126
Anaesthesia machine monitors		160,000	160,000					160,000
NICU Mobile Unit		150,000	150,000					150,000
Provation Upgrade for scoping (IT Budget) - Sandra Brough		140,000	140,000					140,000
Giraffe Omnibed		130,000	130,000		99,750	99,750		30,250
Plethysomgraph		130,000	130,000					130,000
Endoscope/colonscope		129,000	129,000					129,000
C-Arm portable x-ray - #clinic to share with ED		120,000	120,000					120,000
CO2 Lazer		120,000	120,000					120,000
Instrument standardisation		120,000	120,000					120,000
Air Flow change to Endoscopy		100,000	100,000					100,000
Gynae/Obs Ultrasound		100,000	100,000					100,000
MRI Coil Replacement		100,000	100,000					100,000
Fixture and fittings - 1A		120,000	120,000		73,754	73,754	7,700	46,246
DSA Machine & Table-Mounted DSA Ultrasound Machine	1,534,405		1,534,405	1,534,405		1,534,405	1,517,517	
Total Clinical Equipment	5,324,821	5,029,000	10,353,821	2,649,286	739,299	3,388,585	2,627,816	6,965,237
Cboard Food Management System	278,854		278,854	278,854		278,854		
One iPM	478,324		478,324					478,324
E-Pharmacy	150,000		150,000					150,000
MKM Upgrade	98,560		98,560					98,560
PRA Project	60,133		60,133	28,133		28,133	9,448	32,000
Sharepoint	161,756		161,756	114,382		114,382		47,374
Business Intelligence	258,155	400,000	658,155	258,155	70,938	329,093	40,254	329,062
Backup & DR	100,000		100,000					100,000
Network - Upgrade & Expansion	437,756		437,756	437,756		437,756	12,421	
Imaging Systems Storage	81,843		81,843	20,603		20,603		61,240
Upgrade of Dental IT system - Titanium	275,000	52,657	327,657		327,657	327,657		
PC Replacements	226,146	18,968	245,114	226,146	18,968	245,114	50,268	
Server - Upgrades/Growth	94,680		94,680					94,680
Cisco Call Manager Upgrade	177,990		177,990	177,990		177,990		
Storage - Expansion	133,810		133,810					133,810
Hardware Replacement		250,000	250,000		155,331	155,331	84,186	94,669
One iPM		250,000	250,000				100	250,000
Trend Care		306,301	306,301		306,301	306,301	199,655	
Incedent System		180,000	180,000					180,000
SAN Replacement		170,000	170,000					170,000
Email Archiving		150,000	150,000					150,000
PRA Project		120,000	120,000					120,000
Server Growth		100,000	100,000					100,000
Video Conf		100,000	100,000					100,000
Data - Protection								
Total Information Technology	3,013,006	2,097,926	5,110,932	1,542,019	879,195	2,421,214	396,331	2,689,719
Total Major Assets	9,375,906	10,316,926	19,692,832	5,029,383	1,925,981	6,955,364	3,816,188	12,737,468

Asset Class	Prior Year C/Fwd	2011 - 2012 Capital Plan	Total Capital Budget	Prior Year Approval yet to be spent	Current Year Approval	Total Approvals	Current Years Cashflows	Funds Available to Commit
MINOR ASSETS								
Building & Property	302,141	362,000	664,141	302,141	108,096	410,237	147,010	253,904
Clinical Equipment	1,352,999	3,278,999	4,631,998	1,352,999	890,300	2,243,299	857,036	2,388,699
Information Technology	356,000	765,667	1,121,667	356,000	67,376	423,376	32,819	698,291
Motor Vehicle	25,821	25,000	50,821	25,821		25,821		25,000
Non Clinical Equipment	171,355	393,730	565,085	171,355	127,776	299,131	111,070	265,954
Total Minor	2,208,317	4,825,396	7,033,713	2,208,317	1,193,548	3,401,865	1,147,935	3,631,848
Building & Property - Contingency		150,000	150,000				72,999	150,000
Information Technology - Contingency	649,087	416,437	1,065,524	649,087	90,655	739,742	91,693	325,782
General - Dunedin	585,299	723,487	1,308,786		794,681	794,681	299,310	514,105
General - Southland	500,000	382,448	882,448		151,390	151,390	147,551	731,058
Strategic Contingency	2,378,290	(830,838)	1,547,452		110,116	110,116	110,116	1,437,336
Total Contingencies	4,112,675	841,534	4,954,209	649,087	1,146,842	1,795,929	721,670	3,158,280
INTERNALLY FUNDED ASSETS								
Linear Accelerator		4,384,000	4,384,000		3,774,613	3,774,613	1,108	609,387
Linear Accelerator Building		1,946,000	1,946,000		1,946,000	1,946,000		
Kew Building		3,400,000	3,400,000					3,400,000
ED Shortstay unit		2,714,000	2,714,000				34,328	2,714,000
Gastroenterology Unit		1,821,000	1,821,000					1,821,000
Total Internally Funded Capital Programme		14,265,000	14,265,000		5,720,613	5,720,613	35,436	8,544,387
Total Baseline Capital Programme	15,696,898	30,248,856	45,945,753	7,886,786	9,986,984	17,873,770	5,721,229	28,071,983

Asset Class	Total Budget	2011/12 Portion of Budget	Prior Years Cashflows	Total Approvals	Current Years Cashflows	Budget yet to spend
EXTERNALLY FUNDED ASSETS						
Master Site Planning	24,380,000	10,111,000	1,373,003	7,138,449	2,054,642	20,952,355
Oral Health	6,742,000	2,179,000	3,912,812	6,669,547	637,159	2,192,029
ID Transition Unit	2,307,000	1,538,000	67,550	2,306,771	183,029	2,056,421
Total Externally Funded Capital Programme	33,429,000	13,828,000	5,353,365	16,114,767	2,874,830	25,200,805

DONATED & SELF FUNDED ASSETS	Approved	Current Years Cashflows
Donated		
Donated	196,182	152,070
Donated	11,452	30,905
Donated	43,394	26,260
Southland Trust	5,521	12,950
Total of additional self funded capital expenditure	**256,549**	**222,185**
Total per cashflow statement		**8,818,244**

12. Financial Statements – Provider Arm

Part 2: DHB provider	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Annual Budget $(000)
REVENUE									
Ministry of Health									
MoH - Personal Health	-	20	(20) U		4	59	(55) U	94%	738
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	23	24		2%	70	72	(2) U	2%	286
MoH - Disability Support Services	639	741	(102) U	14%	1,924	2,223	(298) U	13%	8,890
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	469	531	(63) U	12%	1,615	1,594	21 F	(1%)	6,378
Internal - DHB Funder to DHB Provider	35,095	35,412	(317) U	1%	106,031	106,236	(206) U		424,861
Ministry of Health Total	**36,226**	**36,728**	**(502) U**	1%	**109,644**	**110,184**	**(540) U**		**441,153**
Other Government									
Other DHB's	18	25	(6) U	26%	79	74	5 F	(7%)	295
Training Fees and Subsidies	14	9	4 F	(46%)	66	28	38 F	(135%)	112
Accident Insurance	833	770	63 F	(8%)	2,336	2,272	65 F	(3%)	8,793
Other Government	544	368	176 F	(48%)	1,235	1,105	130 F	(12%)	4,420
Other Government Total	**1,409**	**1,173**	**237 F**	**(20%)**	**3,717**	**3,479**	**238 F**	**(7%)**	**13,621**
Government and Crown Agency Total	**37,635**	**37,901**	**(265) U**	**1%**	**113,360**	**113,663**	**(302) U**		**454,774**
Other Revenue									
Patient / Consumer Sourced	298	230	68 F	(30%)	857	718	139 F	(19%)	3,089
Other Income	1,005	954	51 F	(5%)	3,074	2,872	201 F	(7%)	11,688
Other Revenue Total	**1,303**	**1,183**	**119 F**	**(10%)**	**3,930**	**3,590**	**340 F**	**(9%)**	**14,777**
REVENUE TOTAL	**38,938**	**39,084**	**(146) U**		**117,291**	**117,253**	**38 F**		**469,551**
EXPENSES									
Personnel Expenses									
Medical Personnel	(7,840)	(7,787)	(54) U	1%	(23,094)	(23,190)	97 F		(92,355)
Nursing Personnel	(9,179)	(9,423)	243 F	(3%)	(28,072)	(28,760)	688 F	(2%)	(118,599)
Allied Health Personnel	(3,938)	(3,988)	50 F	(1%)	(11,709)	(11,861)	152 F	(1%)	(46,574)
Support Services Personnel	(717)	(758)	41 F	(5%)	(2,219)	(2,270)	51 F	(2%)	(9,258)
Management / Admin Personnel	(3,310)	(3,220)	(89) U	3%	(9,719)	(9,657)	(63) U	1%	(37,911)
Personnel Costs Total	**(24,984)**	**(25,176)**	**192 F**	**(1%)**	**(74,813)**	**(75,737)**	**924 F**	**(1%)**	**(304,697)**
Outsourced Expenses									
Medical Personnel	(867)	(922)	55 F	(6%)	(2,557)	(2,766)	210 F	(8%)	(11,053)
Nursing Personnel	(5)	(2)	(3) U	121%	(8)	(8)		4%	(30)
Allied Health Personnel	(28)	(13)	(14) U	106%	(76)	(41)	(35) U	85%	(163)
Support Personnel	(24)	(22)	(2) U	10%	(66)	(67)	1 F	(1%)	(265)
Management / Administration Personnel	(22)	(2)	(19) U	832%	(55)	(7)	(48) U	674%	(28)
Outsourced Clinical Services	(660)	(561)	(100) U	18%	(2,066)	(1,625)	(441) U	27%	(6,023)
Outsourced Corporate / Governance Service	(76)	(81)	5 F	(6%)	(230)	(243)	13 F	(5%)	(962)
Outsourced Funder Services	-	-			-	-			-
Outsourced Services Total	**(1,682)**	**(1,604)**	**(78) U**	**5%**	**(5,057)**	**(4,757)**	**(300) U**	**6%**	**(18,524)**
Clinical Supplies									
Treatment Disposables	(2,716)	(2,247)	(469) U	21%	(7,365)	(6,821)	(544) U	8%	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(177)	(158)	(19) U	12%	(469)	(457)	(12) U	3%	(1,717)
Instruments & Equipment	(1,272)	(1,183)	(89) U	8%	(3,722)	(3,536)	(186) U	5%	(14,375)
Patient Appliances	(193)	(185)	(8) U	4%	(413)	(571)	158 F	(28%)	(2,312)
Implants & Prosthesis	(1,047)	(927)	(120) U	13%	(2,537)	(2,641)	104 F	(4%)	(9,730)
Pharmaceuticals	(1,381)	(1,695)	313 F	(18%)	(4,614)	(4,934)	320 F	(6%)	(18,728)
Other Clinical Supplies	(371)	(276)	(94) U	34%	(884)	(808)	(76) U	9%	(3,130)
Clinical Supplies Total	**(7,155)**	**(6,670)**	**(485) U**	**7%**	**(20,004)**	**(19,768)**	**(236) U**	**1%**	**(77,637)**
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,125)	(1,058)	(67) U	6%	(3,226)	(3,198)	(28) U	1%	(12,760)
Facilities	(1,704)	(1,648)	(56) U	3%	(5,071)	(5,033)	(37) U	1%	(20,332)
Transport	(341)	(324)	(17) U	5%	(1,028)	(955)	(72) U	8%	(3,814)
IT Systems & Telecommunications	(945)	(848)	(97) U	11%	(2,731)	(2,540)	(191) U	8%	(10,140)
Interest & Financing Charges	(1,152)	(1,154)	2 F		(3,601)	(3,552)	(49) U	1%	(14,148)
Professional Fees & Expenses	(110)	(144)	34 F	(23%)	(328)	(438)	109 F	(25%)	(1,718)
Other Operating Expenses	(430)	(431)	1 F		(1,324)	(1,298)	(26) U	2%	(5,289)
Infrastructure & Non-Clinical Supplies Total	**(5,806)**	**(5,606)**	**(200) U**	**4%**	**(17,308)**	**(17,014)**	**(294) U**	**2%**	**(68,202)**
Total Expenses	**(39,627)**	**(39,056)**	**(571) U**	**1%**	**(117,183)**	**(117,277)**	**94 F**		**(469,060)**
Net Surplus/ (Deficit)	**(689)**	**28**	**(717) U**		**108**	**(24)**	**132 F**	**(545%)**	**491**

Information Systems Dashboard

September 15 2011

KEY PROJECTS / ACTIVITY AREAS 2011		PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
8241 Clinical Systems						
	Replacement of Gastroenterology System	✓				Discussions continue with Provation Medical and CDHB around a regional instance of the Provation System
	Oncology HW & SW upgrades			✓		Has rollout of VMAT, Metriq & BI reporting for Oncology as dependencies
	InterRAI Implementation			✓		Staged Training & HW rollout continues
	Maternity Plus to Southland	✓				***Scoping local installation as National direction some time off.***
	Titanium (School Dental)	✓				Replacement of Exactwin school Dental software in new clinics.
8242 BI & Reporting						
	Business Intelligence		✓			***Project ongoing. The next BI Board meeting is scheduled for 27 October 2011.***
	DHB Merge Project (MOH)	✓				Merge the two extract to align with the MOH warehouse changes. Now incorporated into National Project and with Planning and Funding
	Regionalised reporting for Southern	✓				Investigate potential for combined Waitlists, District Nursing and some shared services with data in both instances of the patient management system.

KEY PROJECTS / ACTIVITY AREAS 2011		PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
8243 Corporate Systems						
	Employee Connect (HRIS)		✓			The Recruitment team is working towards finalising the eRecruitment system and process for the Southern DHB
	Employee Connect (HRIS)			✓		The Project Team is working through the Project Plan currently focusing on Education / Decisions required for and from various Management Groups. There is considerable work being done by SI GM's on this topic which we are looking to leverage off. More detail will be available soon from the project team.
	Employee Connect (HRIS)			✓		Electronic forms project is near completion so testing can be started and pilot groups from both sites involved. The security access forms will be shown to a wider audience shortly before implementation plan is finalised.
	Public Records Act			✓		***Full audit of clinical and non-clinical records and work alongside the vendor to assist in the PRA compliance project has begun.***
	Capital Expenditure Management			✓		The Otago pilot has been successful with a couple of minor 'tweaks' required. The Southland pilot is continuing and a decision on roll out strategy from Finance will be available once full pilot feedback is received.
	Incident System including Risk Register, Hazard Register and Complaints Database.	✓				Business case being developed for RL6 across Southern DHB.
	Migration of Web Applications developed in older technologies	✓				To improve maintenance costs we are in the process of re-evaluating the need, requirements and the technology applications are developed in.
	Migration of Web Applications to CoARS			✓		Continuing work on the conversion of current Web applications from using the historic Chart of Accounts to CoARS
8244 Technology & Services						
	SDHB Wireless Infrastructure			✓		Design Completed. Capex & Business Case pending
	Video Conferencing - Desktop Sharing Solution				✓	***Production MS Lync environment established and rollout comencing.***
	Cisco Call Manager Upgrade			✓		Approved. Project started, discovery phase.
	Vascular Ultrasound connection to PACS	✓				Integrate Vascular Ultrasound to Hospital PACS system in Dunedin
6009/11 Clinical Records & Coding						
	Corporate Records Management – Phase 1 (Otago)	✓				***Recommendation accepted and scoping of workflow has begun.***

September 2011

Human Resources Dashboard

2011-2012 STRATEGIC GOALS:

1.0	Establish a Southern DHB recruitment infrastructure that enables and supports delivery of a strategic and proactive approach to recruitment, including improved efficiency, more effective selection outcomes and enhanced budget control
2.0	Cultivate and promote a positive, safe and healthy working environment
3.0	Develop an overarching Southern DHB framework for workforce development
4.0	Deliver human resources services (including a Human Resources Information System) that support the Clinician-Manager partnership roles in their management of workforce

	KEY PROJECTS / ACTIVITY AREAS 2011/2012	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
1.0	**RECRUITMENT**					
1.1	Implement regional centralized recruitment model		√			DHBs' national job portal was launched by the Minister of Health on 28 March 2011. Further development is being undertaken through 2011-12.
1.2	Recruitment metrics reported			√		Metrics being collected represent baseline data to establish trends of active recruitment. Reports being developed via Employee Connect database, (not yet implemented), and also from Adcorp via strategic work such as SMO newsletter and doctorsdownsouth micro site. ***The South island GMs HR are also looking at regional metrics.***
1.3	Implement e-recruitment platform module of HRIS		√			E-recruitment module trialled in June 2011, still some process issues to be worked through before go live.
1.4	Establish targeted sourcing strategy			√		Sourcing strategy work continuing in other areas, (SMO plan completed and running currently). Consideration will be made of new media and criticality of roles as they become vacancies. Other work continuing includes collaboration with KEA, Otago University, Mercy Hospital and DCC for sourcing projects.
2.0	**SAFE AND HEALTHY WORKING ENVIRONMENT**					
2.1	Engagement Survey	√				Full engagement survey on hold until leadership survey outcomes have been worked through.
3.0	**WORKFORCE DEVELOPMENT**					
3.1	Incubator Programme			√		***Programme activity for the month had a key focus on the co-ordination of Year 13 student work experience.***
3.2	Workforce Information	√				Scoping activity as part of HRIS Project.
3.3	Management and Leadership development			√		2011 HRM Series Module delivery continues for the months of October through to November.
3.4	Provider Arm Senior Management Group Development	√				Planned activity continues, further activity as outcome of NHB Report anticipated
4.0	**HUMAN RESOURCES SERVICES /HRIS**					
4.1	Complete Regional Policies			√		South Island DHBs are developing several key HR policies that requirement to support the South Island Regional Plan. This work will remain ongoing as policies come up for review and/or procedural differences across the Otago and Southland sites are identified.
4.2	Introduce Electronic Filing	√				Currently being scoped. May become a South Island DHB initiative depending on the extent that the South Island region

						DHBs move to a shared payroll/HRIS system. This may potentially also be looked at as a national project if the push towards a national payroll system gains momentum.
4.3	Payroll system upgrade	√				Datacom have advised the current payroll version will become unsupported in mid 2012, upgrade planning has commenced.
4.4	Electronic Performance Management			√		Development of electronic performance management system approved. System trialled with CEO-direct reports in June 2011. Ongoing development currently being scoped for wider organization, with phased roll out being planned for later 2011 through 2012.
4.5	Electronic “payroll” forms			√		Electronic payroll forms for Southern DHB being developed, using EmployeeConnect (HRIS system) as the platform. Target date for trialling, and implementation is late 2011.

1. General Overview

Operational activity across the district has increased for the month. Otago has had its second highest month for reactive requests for the year while Southland has recorded the highest reactive requests.

The carpentry team workload is backlogged at both Dunedin and Invercargill due to the teams being extremely busy with the relocations over the past three to four weeks. There have been a number of minor relocations, associated with the ED Observation Project at Dunedin and senior management moving into the old Mammo cottage at Southland.

Capital developments and MSP projects at Dunedin and Wakari have reached an all time high. Extremely high workloads will continue at Wakari until some of the projects are completed in January/February

We have completed the emission testing ports that were required to be installed in the Boiler chimney in Southland.

As part of our Regional Intellectual Disability Secure Service (RIDSS) and associated works project we are progressing with the security infrastructure work to order to link these new facilities on the Dunedin Sites.

2. Quality

We are starting to see the full potential of the Revit design software. We are currently trialling a demo version however were able to produce a quick 3D presentation drawing/concept for a new Operating Theatre plus the proposed new entrance to the Public Cafe from the foyer.

The Health and Safety Construction Manager is analysing ovr health and safety processes and is planning workshops to improve our risk assessment strategies.

3. Capital and Deferred Maintenance Project Status

Large Capital Projects

Otago - DSA Suite Refurbishment: The construction work on this project is now largely complete. The mechanical services contractor is currently fitting the final fan coil in the main CSB link corridor. The consultants have completed their final inspections and defect lists are being prepared ready for issuing. There have been some issues around heating and cooling; these issues are currently being addressed by the contractors.

Otago - Emergency Department Observation unit: The work for the office relocations associated with the ED Observation Unit has been tendered and work is now ready to commence. This stage of work will be split into 2 separate phases to allow the new 4 person office, conference room and the cleaners cupboard to be available before the existing areas are decommissioned. The Construction programme has been revised and is only a few days over the original preliminary programme.

Otago - Public Cafeteria leased space: Building Consent has been received for this work and a report for the tendered work is currently being prepared by Arrow to outline the quoted amounts.

Otago - Fluoroscopy Room Upgrade: The quote for this project has been forwarded to the client and we are awaiting approval to proceed.

Otago - Linac Bunker Refurbishment: Work has commenced on the documentation for the Linac bunker refurbishment. The project manager and all design consultants have been engaged and we are currently working with the service to establish their requirements and to clarify the built environment required by the supplier.

Southland – New Teaching/Office Accommodation: All secondary design consultants have been engaged and detailed design is due to commence. A preliminary timeframe has been issued for comment with an expected construction start date of May/June 2012.

Major Construction Project Summary

Location				Capital Construction Projects	Status				Update
Otago	Dunstan	Southland	Lakes		Scoping	Behind	On Track	Completed	
✓				Radiology: DSA suite refurbishment		✓			See one page report.
✓				Radiology: New Fluoroscopy machine			✓		***Waiting on project approval.***
✓				New Linac Bunker			✓		***Detailed design underway***
✓				E.D Observation Unit			✓		Design is progressing on main ED Observation unit. Associated decanting work is under construction.
✓				Gastrointestinal Disease Redevelopment	✓				Options have been provided to the GIDC Establishment Board. Waiting on further instructions.
		✓		DHB: Administration and Learning Centre (previously titled "office accommodation")	✓				***Design work underway for Stage 1.***
✓				Regional Intellectual Disability Secure Service (RIDSS)			✓		The Lockwood house is under construction, on track for completion 23 December.

Major Deferred Maintenance and Infrastructure Projects

Please see chart below for information on deferred maintenance and infrastructure projects.

Location					Status				
Otago	Dunstan	Southland	Lakes		Scoping	Behind	On Track	Completed	
✓				Wakari Boiler Replacement			✓		Tender completed. Resource Consent approved. Work to be scheduled.
✓				Security Infrastructure 2011/2012 Stage 2			✓		Design work underway.

Warren Taylor

Facilities and Site Development Manager

PROGRESS REPORT – DSA SUITE UPGRADE - DUNEDIN HOSPITAL

START DATE:	TARGET FINISH DATE:	% COMPLETE:	ACTUAL FINISH DATE:
1 March 2011	31 August 2011	100%	5 September 2011

PROGRESS THIS MONTH:

- Installation of the final fan coil unit has been completed.
- Consultants have completed final inspections.
- Facility is now fully operational.
- Final invoices to come.

FINANCIAL STATUS:

DSA UPGRADE	Approved Cost	Actual Costs to Date
Construction Costs	$ 775,303.00	$ 757,384.00
Project Contingency	$ 67,425.00	$ 67,425.00
TOTAL	$ 842,728.00	$ 824,809.00

PROJECT DESCRIPTION:

Upgrade of the existing DSA area on the 1st floor of the Clinical Services Building at Dunedin Hospital involving the following:

- Demolition
- New non load bearing partitions and suspended ceilings.
- Electrical, plumbing, mechanical, fire protection, painting and floor coverings.
- Medical gases and class 350 clean room construction for DSA room.

PROJECT PROGRESS FROM LAST MONTH:

- Work progressing well to completion.

RISKS AND RESOLUTIONS:

Access	Construction barriers and signage are in place to restrict access to the construction zone.
Noise	Consultation with occupants and communication with all users of the adjacent areas (verbal, global and localised noise notices)
Dust	Barriers in place and Carpet squares paired with Tacky mats are at both entrances to the site.
Asbestos	P2 masks and disposable overalls as necessary. All suspected Asbestos to be reported and removed immediately by SDHB contractor.

1. General Overview

1.1 General Overview – Construction

The construction activity on the Wakari site continues with the Acute Mental Health Inpatient Unit, Mechanical Reticulation and the Wakari component of the Office Relocations all progressing well. Construction commenced on the Main Block Lift Upgrade and the Carparking project in September.

The Wakari Conference Rooms project was completed this month, and some of the rooms are being used as a temporary decanting area in order for other projects to proceed. Once the carparks have been completed and the majority of the construction noise in the Main Block has ceased the conference centre will be made available for staff.

Wakari Office Relocations - The demolition of the Main Block 1st Floor IT and Finance offices was completed this month and framing is well underway. Demolition then commenced on the Main Block 2nd Floor CEO Corporate and Planning & Funding area in early October and this is progressing well.

The Southern DHB investigation into the contractor injury incident on the Acute Mental Health Inpatient Unit concluded this month. A formal investigation report was completed by the incident review committee and forwarded to the Department of Labour.

1.2 General Overview – Design

As reported last month, additional scope for the North Sub Switchboard has been identified due to capital developments since 2008 and recent changes to electrical regulations. Budget to undertake this work needs to be confirmed which we are currently working on.

The preliminary estimate for the Staff Cafeterias was received from the independent Quantity Surveyor this month, and came in within the budget approved by the Ministry. The design continues and the concept plans will be ready for approval by the Service in October.

1.3 General Overview – NICU and Paediatrics Preliminary Design

As we have tendered 7 of the 9 projects, and have received the preliminary estimate for the Staff Cafeterias, we are now at a variance total of $615,872.00 under budget. The surplus will be allocated to the NICU Paediatrics project, with the remaining amount left over being $50,955.00. This variance means that the total budget will not exceed the amount approved by the Ministry ($24.38 million), which was a condition of the approval.

As part of the NICU and Paediatrics preliminary design approval, we received the peer review report in September. Following this review, minor changes have been implemented and the updated concept plan will be forwarded to the Ministry for preliminary design approval. Along with this will be the Quantity Surveyor estimate and the CHFA review of costings.

We have received approval to proceed from the MSP Project Board and expect to send this to the Ministry in mid-October, which is two weeks earlier than the original programme. A great deal of work has been undertaken by both Building and Property Services and Children's Health staff to complete this preliminary design stage.

2. Project Update

- **Acute Mental Health Inpatient Unit (AMHIU)**
  Construction is progressing well and on track with the revised completion date.

- **Wakari Main Block Lifts**
  Work has commenced for the first lift and demolition and concrete cutting has been completed on all floors.

- **Mechanical Reticulation - Wakari**
  This work is progressing well and only 6 – 8 weeks of construction remains.

- **Wakari Conference Rooms**
  Project has been completed.

- **Wakari Carparks**
  Construction commenced on 5 September 2011 and is progressing well.

- **Office Relocations Wakari and Dunedin (Tender Six)**
  Demolition has been completed on the 1st floor and framing is well underway. Demolition has commenced on the 2nd floor. The rest of the projects will follow on after that.

- **Staff Cafeterias – Wakari and Dunedin**
  Good progress has been made on the design for this project and it is on time.

- **Generators – Dunedin Hospital**
  Final drawings, timeframe and position of flues were being sorted out this month. We have now applied for Resource Consent from the Otago Regional Council. Planning work has commenced for the extensive shutdowns which will be required from the start of next calendar year.

- **North Sub Switchboard – Dunedin Hospital**
  The North Sub Switchboard tender is ready to be sent to the MSP Project Board for approval in October.

- **NICU and Paediatrics – Dunedin Hospital**
  Documentation will be sent for preliminary design approval in October.

3. Risk

3.1 Master Site Planning Timeframe

No change since last month - the delay in the Acute Mental Health Inpatient Unit timeframe has affected the overall timeframe for some of the remaining Master Site Planning projects, but will not affect the overall completion date for the NICU/Paediatrics project.

3.2 Staff Cafeteria Financials

Although the preliminary estimate is within budget, the furniture and equipment component is still a risk, and will remain so until a formal tender process is undertaken. As reported last month, this is a risk because the 2008 furniture and equipment figure was based on the re-use of the Dunedin equipment throughout both cafeterias. A lot of the equipment is now too old for re-use and the risk is increased because the service has deferred replacement of some equipment in anticipation of the cafeteria upgrade.

3.3 Plumbing and Mechanical Financials

Last month we identified that there will be increased costs in the Acute Mental Health Inpatient Unit and Conference Rooms projects due to the termination of the contract with the plumbing and mechanical firm, who are in liquidation. We are still reviewing the extent of the cost increase.

4. Financial

The total budget approved by the Minister of Health is $24.38m. To date, 7 of the 10 tenders have been approved with a positive variance against forecast. The 8th tender (North Sub Switchboard) is yet to be approved by the MSP Project Board.

Tender	Project	Scoping	Behind	On Track	Completed	Approved Tender Variance	Comment
1	Acute Mental Health Facility		√			$ 287,137.00	Delay is acceptable and fits in with service due to Christmas and holiday activity.
2	Wakari Carparking			√		$ 97,362.00	
3	Wakari Main Block Lifts			√		$ 0.00	
4	Mechanical Reticulation			√		$ 1,789.00	
5	Wakari Conference Rooms			√		$ -199,338.00	Negative variance due to additional scope.
6	Wakari Central Stores			√		$ 321,170.00	
	Dunedin Office Relocations			√			
	Dunedin Provider Corporate			√			
	CEO, Board, Planning & Funding			√			
	IS and Finance			√			
	Corridors and Stairwells			√			
7	Staff Cafeteria – Dunedin	√					Still in design stage.
	Staff Cafeteria – Wakari	√					
8	Dunedin Hospital Generators			√		$ 107,752.00	
9	Dunedin Main Switchboard	√				0.00	Awaiting approval.
10	NICU and Paediatrics	√					Preliminary design stage.
Total Budget Variance						$ 615,872.00	

Warren Taylor

Facilities and Site Development Manager