Southern District Health Board

Hospitals' Advisory Committee

Agenda

To be held in the
Board Room, First Floor, Dunedin Hospital
at 2.00pm

1st February 2012

Remember to visit our Website at www.southerndhb.govt.nz

HOSPITALS ADVISORY COMMITTEE MEETING

Wednesday 1 February 2012 - 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**
	Review of Terms of Reference	**4**
	District Monitoring Reports ▪ Chief Operating Officers' Report ▪ Provider Arm Dashboard ▪ Health Targets ▪ Elective Services Performance Indicators ▪ Elective case weights and discharges ▪ Key Performance Indicators	**5**
	Otago Performance Reports ▪ Chief Operating Officer's Report ▪ Case Weight Activity Data ▪ Elective Services Performance Indicators ▪ Directorate Reports ▪ NHB & SDHB Joint Assessment of Systems, Dunedin Hospital	**6**
	Southland Performance Reports ▪ Chief Operating Officer's Report ▪ Case Weight Activity Data ▪ Elective Services Performance Indicators ▪ Chief Medical Officer's Report ▪ Directorate Reports	**7**
	District Performance Reports	
	▪ Chief Nursing and Midwifery Report	**8**
	▪ Financial Performance Summary	**9**
	▪ Information Group Report	**10**
	▪ Human Resources Report	**11**
	▪ Building and Property Report	**12**

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 10.11.2011	1. Trustee, Rural Otago Primary Health Organisation 2. Associate Solicitor, Bodkins Alexandra. 3. Partner, Tayside Farm Partnership. 4. New Zealand Irrigation Board	1. Was contracted to Southern DHB – contracts assigned to Southern PHO (will be wound up) 2. Nil 3. Nil 4. Nil
James <u>Malcolm</u> MACPHERSON	28.06.2005 09.03.2011 16.10.2009 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.	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.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	25.11.2010 25.11.2010 28.08.2007 09.03.2011 09.03.2011 09.03.2011 13.12.2001 22.04.2003	5. Member Roxburgh Gorge Trail Charitable Trust. 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.	4. CLT is a community funder in its region, which includes 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	1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	23.09.2003 29.03.2010 06.04.2011	Living Trust. 4. Trustee, HealthCare Otago Charitable Trust. 5. Director, Composite Retail Group. 6. Councillor, Dunedin City Council.	it. 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 January 2012

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.
Lynda McCutcheon		Nil	
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, 9 November 2011, 2.00pm
Board Room, 1st Floor, Dunedin Hospital

Present:	Mr Paul Menzies	(HAC Chairman)
	Mr Neville Cook	
	Dr Malcolm Macpherson	
	Dr Branko Sijnja	
	Mr Richard Thomson	
	Mr Tim Ward	
In Attendance:	Mr Joe Butterfield	(Chairman, Southern DHB)
	Mrs Vivian Blake	(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)

1.0 WELCOME

The HAC Chairman, Mr Paul Menzies, welcomed everyone to the meeting.

2.0 MEMBERS' INTERESTS REGISTER

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

3.0 CONFIRMATION OF PREVIOUS MINUTES

It was moved:

> "That the minutes of the Hospitals' Advisory Committee meeting held on 5 October 2011 be approved and adopted as a true and correct record of the meeting."

Moved: Mr Thomson
Seconded: Mr Ward
Carried

The HAC Chairman thanked Dr Macpherson for chairing the October 2011 meeting in his absence.

4.0 ACTION SHEET

A brief update was given on the action sheet and it was noted that there were no outstanding actions.

5.0 CHIEF OPERATING OFFICERS' REPORT

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

Contract Performance – both elective caseweights delivered (cwd) and health target elective discharges are behind plan year-to-date (YTD) and a recovery plan is being developed to address this. A dedicated resource is to be appointed to oversee the elective clinical services delivery.

Unconfirmed

HAC member, Mr Richard Thomson, expressed concern that the information now being provided within the HAC agenda was inadequate to allow members to fully understand the operational issues of Southern DHB. The HAC Chairman shared the concerns, acknowledging that the information provided did not allow members to identify the issues arising in individual hospitals across the district. The Chief Operating Officers and the HAC Chairman are to meet to discuss reporting for future agendas.

Financial Performance – whilst the Provider Arm (PA) variance for the month was unfavourable, the YTD result remained favourable.

Provider Arm Dashboard – members commended management and staff on the improvement to the Minister's Health Target for shorter stays in Emergency Department (ED) on both the Southland and Dunedin Hospital sites. A request was made that key projects within the PA dashboard contain a reference to identify when they relate to one particular Hospital.

Electronic referrals – in response to a query by HAC member, Dr Branko Sijnja, it was confirmed that the roll out of electronic referrals was being looked at and a business case is being developed at the current time. The Chief Medical Officer (CMO) Southland advised that there were some Information Technology (IT) risks with this and that the South Island IT alliance is working through an electronic referral programme at the current time with all South Island DHBs.

Health Targets – in discussion on the target for better help for smokers to quit, it was highlighted that reporting now included external providers. In response to a query regarding the target for radiation treatment within four weeks, it was noted that the issues experienced with the VMAT software would be remedied by December 2011 and this should result in improved efficiencies.

Elective Service Performance Indicators (ESPIs) – the elective cwd performance for Southern DHB was highlighted and it was noted that the three references to August 2011 contained in the report should read September. It was noted that the Inter District Flow (IDF) cwd was not included in the report as there was always a delay with the data coming through.

Key Performance Indicators (KPIs) – in discussion on the KPI report, the work being undertaken in Southland to better understand the 'did not attend (DNA)' rate was noted.

The Board Chairman joined the meeting at 2.25pm.

Dr Sijnja noted that DNA was also a problem within the primary care sector. In response to a query by HAC member, Mr Tim Ward, the Senior Business Analyst (SBA) confirmed the integrity of the rolling average, which is based on the national dataset. Mr Thomson queried the discrepancy between the data in the report and a national report recently received on the elective day of surgery admission. The CMO Southland advised that the national report included medical procedures as well as surgical procedures. The COO Otago advised that the data included in the agenda was derived through the Health Round Table (HRT) and was casemix adjusted.

6.0 CHIEF OPERATING OFFICER'S REPORT, OTAGO

Contract performance – the elective caseweights delivered (cwd) for the Otago population during September and YTD are above plan. The elective discharges were above plan for September, but slightly below plan YTD.

Operational Performance – in response to the information noted in the agenda, general discussion was held on resourced occupancy across the district and Elective Theatre Utilisation. It was noted that recruitment to key positions resulted in better utilisation of the main operating theatre and this resulted in higher occupancy. The COO Otago noted the high number of acute procedures and advised the need to manage these.

Unconfirmed

Performance Reports – Case Weight Activity Data – discussion was held on the comparison summary of actual volumes against budget. Whilst the Otago site was ahead of target, the COO Otago advised the need for a 'whole of district' approach.

Diagnostic and Support Services (Otago) Update – Mr Thomson expressed concern over the lack of data in relation to Magnetic Resonance Imaging (MRI) and Computed Tomography (CT). He commended the initiative taken to have equipment available within ED to issue in the evenings.

Emergency, Medicine and Surgery Group Update – an update was provided on the successful recruitment efforts within the Neurosurgery service. A review is being progressed to better understand the additional pressure the Renal Dialysis Unit is currently under.

Mental Health and Community Directorate Update – an update was provided on the construction on the Wakari site. Strategies put in place to address the disconnect between the Mental Health Service and the Acute Medical Services were outlined. In response to queries raised by HAC member, Mr Neville Cook, it was noted that the challenges with the InterRAI implementation project have been registered as a risk and Southern DHB is communicating with other DHBs who have implemented the system.

Women's, Children's Health and Public Health Directorate (Otago) Update – an update was provided on work being undertaken by Public Health staff and Medical Officers of Health to address the measles outbreak.

National Health Board (NHB) and Southern DHB Joint Assessment of Systems, Dunedin Hospital – the updated NHB and Southern DHB Joint Assessment of Systems – Dunedin Hospital dashboard was noted.

Southern DHB's Emergency Department Observation Unit – the letter of approval from Hon Tony Ryall, Minister of Health, was noted.

The Acting Chief Nursing and Midwifery Officer joined the meeting at 2.50pm.

7.0 CHIEF OPERATING OFFICER'S REPORT, SOUTHLAND

Contract Performance – Elective caseweights delivered (cwd) are below plan by 20.09% YTD and the continuing challenges, particularly in relation to general surgery and orthopaedics were noted. Elective discharges are also below plan YTD, with the figure including skin lesion and avastin procedures, which are no longer caseweighted A request was made for the variance to be further analysed for the next meeting, showing what number relates to the change in the treatment of skin lesion and avastin procedures.

Operational Performance – an update was provided on the work being done to address the high 'did not attend (DNA)' rates. The impact of the high rate of DNA in the adolescent dental clinic service was highlighted.

Elective Service Performance Indicators – the risk in relation to ESPI 2, patients waiting longer than six months for their first specialist assessment (FSA) was highlighted. The risk in the Ear Nose and Throat (ENT) specialty was noted and work is being done with a district wide recovery plan to manage the risk.

Chief Medical Officer's (CMO) Report – the CMO noted there was an improved and increased awareness amongst staff that Otago and Southland are now part of one Southern DHB. This was enhanced through the Provider Arm and Provider Arm Executive 'walking the walk' and 'talking the talk' in terms of operating as one DHB.

Surgical Directorate Update (Southland) – an update was provided on the mitigation strategies being put in place to address the ESPIs challenges in the areas of ENT, Ophthalmology and Gynaecology. A district review of ENT is in progress and recovery plans are in place across the district for both ENT and Ophthalmology. The use of Mercy Hospital and Southern Cross to catch up on volume is being looked at, along with the possibility of

Unconfirmed

super clinics. The quality initiatives outlined in the report are progressing favourably. With new Surgeons employed in the area of Orthopaedics and General Surgery, it is anticipated that volume in this area will be back in line with budget by February/March 2012. Mr Thomson expressed concern at the discrepancy in waiting times between Southland and Otago when there is one Southern DHB district and queried whether the emphasis is going into the right services. The CMO, COO Otago and Acting COO Southland shared the concerns expressed by Mr Thomson and advised the work going in to addressing the challenges being experienced to ensure equity of access across the district. It was noted that the actions being taken are resource intensive. .

Women and Children Directorate Update – the high occupancy in the children's ward with viruses and intensive care required for some children with whooping cough was noted.

Southland Incubator Programme – the report on the Southland Incubator Programme was noted and Mr Cook advised his conflict of interest through his involvement as one of the potential funders.

It was moved:

"That the Hospitals' Advisory Committee recommends to the Southern District Health Board that:

- Approval be given to submit Programme Funding Applications with the Invercargill Licensing Trust (ILT) and the ILT Foundation for the 2012 programme.
- 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."

Moved: Mr Thomson
Seconded: Mr Ward
Carried

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

The Acting CNMO, Ms Tina Gilbertson, spoke to her report and the following key points were noted:

- The activity around the Workforce Development with the intakes for Post Graduate Education Funding accessed through Health Workforce NZ.
- New graduates for 2012 have now been finalised, with an increase in numbers based on vacancies.
- Progress continues with the implementation of TrendCare across the Southland, Wakari and Dunedin sites.

In response to a query from the HAC Chairman, the Acting CNMO confirmed the quality of the information being generated through TrendCare and noted the value of the information available once the system was fully implemented. In the interim she advised on how the information can be used on a daily basis until full implementation is achieved.

In response to a query by Mr Thomson, the Acting CNMO advised that whilst there is no Nurse Practitioner Colonoscopist position pending at the current time, other models are being looked at in terms of nursing scope of practice in this specialty.

9.0 FINANCIAL REPORT

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

- The September 2011 Provider Arm result is unfavourable to budget by $717K and YTD favourable by $132K against budget.

Unconfirmed

- The unfavourable result for the month is driven by treatment disposables and infrastructure costs.
- Treatment disposables were over budget due to over-spends in demand areas such as renal fluids and blood costs.
- High theatre utilisation contributed to an increase in other costs such as dressings, sutures, IV fluids.
- Infrastructure costs are over-budget for the month driven by IT systems and telecommunications and infrastructure costs. It was noted that savings associated with the new mobile contracts were recognised in the budget three months too early, resulting in an unfavourable spend against budget. Increased food costs were noted, with some of this being offset by cash sales, but food costs in general are running over budget. An increase in repairs and maintenance in facilities is 1% over budget YTD.
- Outsourced Clinical Services is over budget for September 2011 ($440K YTD), driven by greater outsourcing than planned at the Dunedin site. This is being managed to come within budget by year end.
- The October 2011 result recently finalised reverses the September result and shows:
    - Treatment disposables back within budget for the month (still over YTD).
    - Outsourced clinical services back within budget for the month (still over YTD).
- The year-end forecast is expected to be a break even position. The decrease in the gap between actual versus budgeted FTE was noted with the gap reducing from 62 in July 2011 to 36 for October 2011. The SBA noted the potential impact this would have financially.

The SBA answered queries from members on the financial report relating to timing of funding for the FTE variance, Dunedin Hospital outsourcing, transport costs, the link between the reporting of cwd and timing for the dollar value for cwd being included in the HAC agenda and the impact of non-resident bad debts.

10.0 INFORMATION SYSTEMS (IS) DASHBOARD

The IS dashboard was noted and taken as read.

11.0 HUMAN RESOURCES (HR) DASHBOARD

The HR Dashboard was noted and taken as read.

12.0 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. A meeting of the Master Site Planning Control Group was held as the tender for the north sub switchboard was over budget. Consideration was given at that meeting to the overall budget costs for the projects being progressed. The HAC Chairman advised that members of the Control Group were satisfied that overall the project costs were within budget. The COO Otago advised that the preliminary design for the NICU and Paediatrics project has been forwarded to the MoH and approval for that is pending. Brief discussion was held on the completion date for the work at Wakari Hospital.

It was moved:

"That the management and financial reports be noted."

Moved: Mr Menzies
Seconded: Mr Ward
Carried

It was moved:

Unconfirmed

"That the Committee move to the Public Excluded Session of the business at 3.37pm."

Moved: Mr Menzies
Seconded: Mr Cook
Carried

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:

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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)

The meeting closed at 4.00pm.

Confirmed as a true and correct record:

Chairperson: _____ Date: _____

Unconfirmed

HOSPITALS' ADVISORY COMMITTEE (HAC)

Action Sheet from meeting held on 9 November 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 has been made to staff on behalf of the HAC in the usual manner via the Year in Review.	Complete
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
69 2011/11	**COOs' Report - Reporting** (Minutes Item 5)	The COOs and HAC Chairman are to meet to discuss reporting for future HAC agendas.	COO Otago and Southland and HAC Chairman	Discussed between Chair and Acting CEO.	Complete
70 2011/11	**COOs' Report – PA Dashboard** (Minutes Item 5)	Key projects within the PA Dashboard are to contain a reference to identify when they relate to one particular hospital.	COO Otago and Southland	The dashboard has been updated to reference site specific projects.	Complete
71 2011/11	**COO Southland Report – contract performance** (Minutes Item 7)	Elective discharges for Southland Hospital are to be further analysed to establish what number relates to the change in the treatment of skin lesion and avastin procedures.	COO Southland	The analysis data is included in the COO report.	Complete

HOSPITAL ADVISORY COMMITTEE (HAC)

Terms of Reference

Accountability

The Hospital Advisory Committee is constituted by section 36, part 3 of The New Zealand Public Health and Disability Act 2000 (The Act).

The procedures of the Committee shall also comply with Schedule 4 of the Act.

The committee is to further comply with the standing orders of the Southern DHB which may not be inconsistent with the Act.

Function and Scope

The statutory functions of HAC are to:

1) Monitor the financial and operational performance of the hospitals (and related services) of the DHB.

2) Assess strategic issues relating to the provision of hospital services by or through the DHB.

3) Give the Board advice and recommendations on that monitoring and that assessment.

Responsibilities

To give advice and recommendations to the Board on:

1) Strategic, Financial and Operational performance as set out in the statutory requirements above.

2) Assessing performance against relevant expectations set in the District Annual Plan, Statement of Intent and other relevant accountability documents, documented standards and legislation.

3) Monitoring other relevant and agreed key performance indicators.

4) Monitoring the capital expenditure programme.

5) Ensuring systems are developed to manage clinical and operational risks.

Membership

All members of the Committee are to be appointed by the Board. The Board will appoint the chairperson.

The Committee is to comprise of Board members, supplemented with external appointees as required.

Membership will provide for Maori representation on the Committee. The Committee may obtain additional advice as and when required.

Where a person, who is not a Board member, is appointed to the Committee, the person must give the Board a statement that discloses any present or future conflict of interest, or a statement that no such conflicts exist or are likely to exist in the future.

Conflicts of Interest

Where a potential conflict of interest exists with an agenda item, these are to be declared by members and staff. A register of interests shall form part of each Committee meeting agenda.

Quorum

The quorum of members of a committee is:

(a) if the total number of members of the committee is an even number, half that number; but
(b) if the total number of members of the committee is an odd number, a majority of the members.

Meetings

Meetings for this Committee are generally held monthly.

Review

The Terms of Reference for this Committee shall be reviewed annually.

Management Support

The Chief Executive Officer shall ensure adequate provision of management and administrative support to the Committee.

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

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** delivered (cwd) for Southern DHB were 15.5% (151 cwd) above plan for December 2011 and 3.7% (266 cwd) above plan year to date.
- Health Target Elective **discharges** delivered for Southern DHB were 103 above plan for December 2011 and 33 above plan year to date (5130 against a target of 5097).

2. Financial Performance

- An unfavourable variance of $151k was recorded in the provider arm for the month of December 2011. Year to date the result is a $600k favourable variance.
- Revenue for December 2011 was unfavourable against budget by $229k. Expenses for December 2011 were favourable against budget by $78k.

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 and discharges reports are **attached**.

Hospital Quality and Productivity Indicators are **attached.**

Vivian Blake
Chief Operating Officer (Otago)

Leanne Samuel
Acting Chief Operating Officer (Southland)

Southern District Health Board
December 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 ***(Otago)***	6 Hours It Matters			✓		A hospital 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. ***Substantial progress has been made in Dunedin, with December 2011 average of 84% of patients discharged from ED within 6 hours. The progress made reflects changes in behaviour in ED and on the wards.*** ***Much is due to "focus" rather than fundamental performance change. In particular, ACNMs are driving change around patient movement both within, and out of, the department. There is a perception from some medical staff, that the department feels "less chaotic" even though it is busier.*** ***The focus is now on understanding the reasons for not reaching the target, namely:*** ***1. ED Roster - staffing does not match up with arrivals*** ***2. Beds - we continue to have bed pressures, especially over holidays*** ***3. Responses from Registrars - many failures are due to response rate from inpatient registrars***
Shorter stays in ED ***(Southland)***	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 a hospital 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 was implemented October 2011. ***Fast Track nurses reviewing an average of 12 patients per day, staffing allowing.*** Resources have been committed to undertake a daily review of breaches and assist in clarifying the causes and potential solutions. ***Acute medicine practices identified as a significant opportunity for possible improvements and this will involve looking at medicine acute readmissions.*** Data analysis across all projects that have been implemented is continuing to quantify improvements across the organisation.

						Cellulitis treatment benchmarking exercise to confirm current contemporary practice undertaken. Pathway development work to commence Communication of achievement across the organisation has been reviewed with changes implemented. ***Dedicated 'On the Right Track' notice boards in place and updated weekly with performance graph.*** E-discharge summaries implemented September 2011.
Improved access to elective services ***(Otago)***	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 and we are waiting to hear from them if this project has been chosen as one to receive funding.
Shorter Wait times for cancer treatment				✓		The third Linac to reduce waiting times for radiation oncology has been ordered and is to be commissioned in the fourth quarter of the 2011/12 financial year. Recruitment to vacant Medical and Radiation Oncology Medical Officer positions is progressing well and it is expected all vacancies will be filled by the middle of 2012.
Better Help for Smokers to Quit				✓		***Improvement in organisation-wide performance on the ABC Approach to Smoking Cessation continues– the percentage of patients identified as smokers were provided with advice and help to quit increased from 86.1% at the end of October to 89.5% at the end of December (88.1% for the quarter).*** ***The Southern DHB Tobacco Control Plan has been submitted to the Planning & Funding portfolio managers and the Management Advisory Group – Māori Health for their feedback prior to wider consultation.*** ***Over 90% of practice nurses across Otago and Southland have completed ABC training and become registered Quit Card Providers.***
Increased Immunisation				✓ ✓		***For Quarter 2 Southern DHB has achieved 94% against the Target of 95% for two year old children being fully immunised by July 2012. Coverage for Maori and Pacific Island children continues to exceed that of the total population with 95% and 100% respectively.*** ***Implementation of the Vaccine Preventable Disease 2011-12 Annual Plan is progressing well.*** ***The Vaccine Preventable Disease Team have started working on the development of a Surge Capacity Plan for the Southern DHB; this is to provide effective management of mass vaccination (e.g. during pandemic influenza).***
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 planned a single point of entry/contact for all Rheumatology referrals with an interim report completed. • Ophthalmology Group ***met in December 2011 and will meet again in February 2012.*** • 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. • Gastroenterologyare reviewing production plans for colonoscopy and ERCP re a single access criteria. • ***A joint Gastroenterology meeting will be held on the Invercargill campus on 24 January 2012***. • The above are ongoing. In addition ENT have had a face to face meeting and are progressing. ED and Imaging are planning face to face meetings before the end of the year. • ***All of these criteria remain the same and progress occurs at a service level.***
Optimise the patient selection for surgery ***(Southland)***				✓		The project to review our pre-admission pathway to minimise postponements for elective surgery continues and is on target with ***all major specialities including general surgery rolled out. The remaining services are planned January, February and March which will complete the project according to the plan.*** Orthopaedic patients now flowing through the new pathway.
Redesign of the Management of Acute cases in General Surgery ***(Southland)***				✓		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. ***This is extended until the end of the February roster and is now being reviewed by the General surgeons.***
Continue with staff recruitment and retention strategies ***(Southland)***				✓		Focus to permanent positions in anaesthetics, ophthalmology, internal medicine and ear nose throat (ENT). ***There has been good progress in anaesthetics, ENT and Ophthalmology with a permanent appointment into anaesthetics, a one year appointment in ENT and a 2 year appointment in Ophthalmology. These consultants commence in Southland in January, February and April respectively. In addition two new fulltime Orthopaedic consultants commence in November and February. Also the new permanent Urologist commenced in November.***
Actively participate in South Island regional planning ***(Southland)***				✓		Contributing to South Island planning in all work streams. ***Southern DHB is represented on the Service Planning and Integration Team (SPaIT) group which is establishing its parameters.***
The Productive Operating Theatre (TPOT) programme **(Southland)**				✓		The team building component commenced in September and the full team on 7 October, 2011. The themes that have come from the team building day ***have formed the basis of the next phase of activity. This includes the development of resource teams for each surgeon and***

						subspecialty to support effective team work will form the basis of the next module which is scheduling.
Theatre Compass ***(Southland)***				✓		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. ***Individual surgeon's scorecards and Clinical Director packages are now distributed routinely on a monthly basis. The focus of the Theatre compass activity for the forseeable future will be to drive an improvement of on time starts for theatre session***
Health of Older People Review				✓		***Provider Arm Component. Clinical Advisory Group established including some Provider Arm staff. First Workshop to be held 26 January 2012.*** ***The InterRAI assessment and implementation of Care Coordination Centre is one of the work-streams that is being progressed.***
Mental Health and Addiction Planning Project				✓		***Provider Arm Component. Draft plan and peer review process completed. Provider Arm staff involved in Core Planning Group. Consultation due February/March 2012.***
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 almost complete. Involvement of wider clinical services is being investigated.*** ***InterRAI version upgrade completed in December 2011, with some unresolved host server issues still being addressed.***
Development of DHB Care Coordination Centre				✓		***A project plan is being finalised and Steering Group established to progress this. The timeframe for completion is mid 2012. The assessment work-stream is already in progress (InterRAI project) and the Single Point of Entry work-stream is currently being established.***
Optimising patient safety and service quality						
Community Oral Health Project			✓			***With the exception of the Wakatipu clinic all planned construction is now complete. Configuration and training for the new patient management system and digital imaging system (Titanium) is on track for Feb 2012. The project is scheduled to close on 29 February and hand remaining activity over to operations.***
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. ***Still awaiting confirmation of funding.***
Falls project ***(Southland)***				✓		Rolled into AT&R in May and completed. Surgical ward roll out November and Medical Ward February 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. ***Ongoing.***

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	100%
November	100%
December	100%
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	86.1%
November	88.0%
December	89.5%
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	83.07%	88.00%
November	88.81%	91.60%
December	84.88%	91.76%
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	3,339	3,511
November	4,328	4,412
December	5,130	5,097
January		
February		
March		
April		
May		
June		

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

DHB Name: Southern

	2011 Jan			2011 Feb			2011 Mar			2011 Apr			2011 May			2011 Jun			2011 Jul			2011 Aug			2011 Sep			2011 Oct			2011 Nov			2011 Dec			
	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).	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	505	1.4%	0	488	1.3%	0	208	0.6%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	136	1.4%	0	135	1.4%	0	122	1.2%	0	122	1.3%	0	132	1.4%	0	104	1.1%	0	125	1.3%	0	144	1.5%	0	125	1.3%	0	165	1.7%	0	163	1.7%	0	252	2.7%	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.	205	2.0%	0	206	2.0%	0	187	1.8%	0	218	2.1%	0	191	1.9%	0	124	1.2%	0	110	1.1%	0	140	1.4%	0	106	1.1%	0	103	1.0%	0	98	1.0%	0	112	1.1%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	35	6.5%	0	49	9.1%	0	46	8.3%	0	28	5.1%	0	29	4.6%	0	24	4.3%	0	25	4.6%	0	23	3.9%	0	27	4.7%	0	35	5.5%	0	29	4.6%	0	42	6.4%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	163	1.7%	0	184	1.9%	0	162	1.6%	0	184	1.9%	0	160	1.7%	0	113	1.2%	0	112	1.2%	0	133	1.4%	0	98	1.0%	0	94	1.0%	0	80	0.8%	0	99	1.0%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	449	100%	0%	726	100%	0%	870	100%	0%	648	100%	0%	900	100%	0%	979	100%	0%	689	100%	0%	868	100%	0%	855	100%	0%	845	100%	0%	927	100%	0%	747	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: 14/Jan/2012

Report Run Date: 16/Jan/2012

Elective Caseweight Performance for Southern DHB Population

Provider Arm caseweight activity

PUC	Purchase Unit Description	December Actual	December Plan	December Variance	December % 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)	6.72	10.05	(3.33)	(33.14%)	72.17	73.88	(1.71)	(2.32%)	143.64	143.64
M10.01	Cardiology - Inpatient Services (DRGs)	51.87	36.59	15.28	41.75%	282.17	307.75	(25.58)	(8.31%)	585.55	574.59
S00.01	General Surgery - Inpatient Services (DRGs)	289.13	237.52	51.61	21.73%	1,761.75	1,773.50	(11.75)	(0.66%)	3,434.03	3,408.92
S15.01	Cardiothoracic - Inpatient Services (DRGs)	56.25	70.57	(14.32)	(20.29%)	588.72	446.90	141.82	31.73%	935.04	1,063.75
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	96.21	76.53	19.69	25.72%	555.54	583.38	(27.84)	(4.77%)	1,108.50	1,098.86
S30.01	Gynaecology - Inpatient Services (DRGs)	67.02	70.22	(3.21)	(4.57%)	514.11	548.99	(34.88)	(6.35%)	1,053.36	1,046.21
S35.01	Neurosurgery - Inpatient Services (DRGs)	27.62	17.57	10.05	57.17%	150.27	143.52	6.75	4.71%	307.56	298.55
S40.01	Ophthalmology - Inpatient Services (DRGs)	34.10	34.55	(0.45)	(1.29%)	274.86	255.49	19.37	7.58%	551.75	484.10
S45.01	Orthopaedics - Inpatient Services (DRGs)	283.45	235.62	47.84	20.30%	1,835.93	1,760.02	75.91	4.31%	3,464.25	3,696.52
S55.01	Paediatric Surgical Services (DRGs)	7.61	5.86	1.75	29.87%	55.17	61.05	(5.88)	(9.63%)	120.61	123.01
S60.01	Plastic & Burns - Inpatient Services (DRGs)	26.27	15.20	11.07	72.77%	173.54	108.45	65.09	60.01%	211.40	273.34
S70.01	Urology - Inpatient Services (DRGs)	79.89	60.15	19.74	32.82%	434.77	426.75	8.01	1.88%	800.10	810.46
S75.01	Vascular Surgery - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	4.17
		1026.14	870.43	155.70	17.89%	6,699.01	6,489.68	209.32	3.23%	12,715.79	13,026.11

IDF Outflow Caseweights

PUC	Purchase Unit Description	November Actual	November Plan	November Variance	November % 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)	-	3.97	(3.97)	(100.00%)	21.42	30.62	(9.20)	(30.05%)	58.67	41.54
M10.01	Cardiology - Inpatient Services (DRGs)	25.00	16.83	8.18	48.59%	161.44	100.96	60.48	59.90%	201.94	280.03
S00.01	General Surgery - Inpatient Services (DRGs)	0.82	7.92	(7.10)	(89.61%)	52.09	52.25	(0.16)	(0.31%)	102.78	101.60
S15.01	Cardiothoracic - Inpatient Services (DRGs)	-	0.47	(0.47)	(100.00%)	-	2.82	(2.82)	(100.00%)	5.64	4.80
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	0.40	1.39	(0.99)	(71.55%)	45.01	9.75	35.26	361.50%	18.78	53.04
S30.01	Gynaecology - Inpatient Services (DRGs)	5.28	4.73	0.55	11.61%	38.62	31.62	7.00	22.14%	62.05	70.66
S35.01	Neurosurgery - Inpatient Services (DRGs)	13.08	7.74	5.34	68.92%	61.86	46.46	15.40	33.15%	92.91	115.61
S40.01	Ophthalmology - Inpatient Services (DRGs)	4.54	7.11	(2.56)	(36.10%)	7.69	42.64	(34.95)	(81.97%)	85.26	16.45
S45.01	Orthopaedics - Inpatient Services (DRGs)	12.27	9.63	2.64	27.38%	65.52	61.58	3.94	6.40%	122.45	133.54
S55.01	Paediatric Surgical Services (DRGs)	8.27	7.96	0.31	3.91%	49.69	47.72	1.97	4.13%	95.47	101.13
S60.01	Plastic & Burns - Inpatient Services (DRGs)	0.54	5.36	(4.83)	(89.98%)	31.95	32.18	(0.23)	(0.70%)	64.36	58.26
S70.01	Urology - Inpatient Services (DRGs)	6.30	2.72	3.57	131.16%	13.03	16.34	(3.31)	(20.25%)	32.70	32.80
S75.01	Vascular Surgery - Inpatient Services (DRGs)	2.53	-	2.53	0.00%	16.88	-	16.88	0.00%	-	29.82
		79.02	75.83	3.19	4.20%	565.20	474.94	90.26	19.00%	943.01	1,039.28

Contracted Out Caseweights

PUC	Purchase Unit Description	November Actual	November Plan	November Variance	November % 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)	3.86	5.81	(1.95)	0.00%	18.66	48.49	(29.83)	(61.52%)	93.07	88.27
M10.01	Cardiology - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S00.01	General Surgery - Inpatient Services (DRGs)	7.64	4.00	3.64	0.00%	69.22	52.00	17.22	0.00%	100.00	117.22
S15.01	Cardiothoracic - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	6.73	1.65	5.08	0.00%	27.94	23.08	4.86	0.00%	41.22	51.78
S30.01	Gynaecology - Inpatient Services (DRGs)	-	1.56	(1.56)	0.00%	7.44	20.33	(12.89)	0.00%	39.10	27.20
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)	-	5.92	(5.92)	(100.00%)	108.14	79.02	29.12	0.00%	125.00	137.06
S55.01	Paediatric Surgical Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S60.01	Plastic & Burns - Inpatient Services (DRGs)	-	6.60	(6.60)	(100.00%)	12.63	46.09	(33.46)	0.00%	90.00	58.37
S70.01	Urology - Inpatient Services (DRGs)	1.17	1.62	(0.45)	(27.96%)	14.15	22.79	(8.64)	0.00%	40.00	31.36
S75.01	Vascular Surgery - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
		19.39	27.16	(7.78)	(28.63%)	258.18	291.80	(33.62)	(11.52%)	528.39	511.26

Total Southern DHB Population view

PUC	Purchase Unit Description	November Actual	November Plan	November Variance	November % 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)	10.58	19.83	(9.26)	(46.67%)	112.25	152.99	(40.74)	(26.63%)	295.38	273.45
M10.01	Cardiology - Inpatient Services (DRGs)	76.87	53.42	23.45	43.90%	443.61	408.71	34.90	8.54%	787.49	854.61
S00.01	General Surgery - Inpatient Services (DRGs)	297.59	249.44	48.15	19.30%	1,883.06	1,877.75	5.31	0.28%	3,636.81	3,627.74
S15.01	Cardiothoracic - Inpatient Services (DRGs)	56.25	71.04	(14.79)	(20.82%)	588.72	449.72	139.00	30.91%	940.68	1,068.55
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	103.33	79.56	23.77	29.87%	628.50	616.21	12.29	1.99%	1,168.50	1,203.68
S30.01	Gynaecology - Inpatient Services (DRGs)	72.30	76.52	(4.22)	(5.52%)	560.17	600.94	(40.77)	(6.78%)	1,154.51	1,144.07
S35.01	Neurosurgery - Inpatient Services (DRGs)	40.69	25.31	15.38	60.77%	212.13	189.98	22.15	11.66%	400.47	414.15
S40.01	Ophthalmology - Inpatient Services (DRGs)	38.64	41.66	(3.01)	(7.23%)	282.55	298.13	(15.58)	(5.23%)	637.01	500.55
S45.01	Orthopaedics - Inpatient Services (DRGs)	295.72	251.16	44.56	17.74%	2,009.59	1,900.62	108.97	5.73%	3,711.70	3,967.13
S55.01	Paediatric Surgical Services (DRGs)	15.88	13.82	2.06	14.92%	104.87	108.77	(3.91)	(3.59%)	216.08	224.14
S60.01	Plastic & Burns - Inpatient Services (DRGs)	26.81	27.17	(0.37)	(1.34%)	218.13	186.72	31.41	16.82%	365.76	389.97
S70.01	Urology - Inpatient Services (DRGs)	87.36	64.50	22.86	35.45%	461.94	465.88	(3.94)	(0.85%)	872.80	874.62
S75.01	Vascular Surgery - Inpatient Services (DRGs)	2.53	-	2.53	0.00%	16.88	-	16.88	0.00%	-	33.99
		1,124.54	973.43	151.11	15.52%	7,522.38	7,256.42	265.96	3.67%	14,187.19	14,576.65

Elective Discharges Performance for Southern DHB Population

Provider Arm Discharge Activity

PUC	Purchase Unit Description	December Actual	December Plan	December Variance	December % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
S00.01	General Surgery - Inpatient Services (DRGs)	137	121	16	13%	934	903	31	3%	1,747	1,756
MS0201	Skin Lesion	19	26	(7)	(26%)	158	164	(6)	(4%)	323	306
S15.01	Cardiothoracic - Inpatient Services (DRGs)	10	10	()	(3%)	89	65	24	37%	136	153
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	131	119	12	10%	761	904	(143)	(16%)	1,718	1,724
S30.01	Gynaecology - Inpatient Services (DRGs)	72	65	7	10%	544	513	31	6%	986	990
S35.01	Neurosurgery - Inpatient Services (DRGs)	13	6	7	115%	71	48	23	48%	103	124
S40.01	Ophthalmology - Inpatient Services (DRGs)	57	61	(4)	(7%)	468	449	19	4%	968	823
S40.01A	Avastin	60	16	44	275%	263	104	159	153%	205	450
S45.01	Orthopaedics - Inpatient Services (DRGs)	126	123	3	2%	752	928	(176)	(19%)	1,828	1,749
S55.01	Paediatric Surgical Services (DRGs)	12	5	7	135%	72	54	18	32%	108	108
S60.01	Plastic & Burns - Inpatient Services (DRGs)	28	15	13	84%	192	105	87	83%	205	289
S70.01	Urology - Inpatient Services (DRGs)	75	55	20	37%	421	387	34	9%	726	732
S75.01	Vascular Surgery - Inpatient Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
S55.01	Paediatric Surgical Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
		740	623	117	19%	4,725	4,626	99	2%	9,053	9,204

IDF Outflow Discharges

PUC	Purchase Unit Description	December Actual	December Plan	December Variance	December % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
S00.01	General Surgery - Inpatient Services (DRGs)	1	4	(3)	(76%)	37	27	10	39%	52	57
MS0201	Skin Lesion	0	0	0	0%	0	0	0	0%	0	0
S15.01	Cardiothoracic - Inpatient Services (DRGs)	0	0	()	(100%)	0	0	()	(100%)	1	0
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	1	2	(1)	(53%)	10	15	(5)	(34%)	29	26
S30.01	Gynaecology - Inpatient Services (DRGs)	2	4	(2)	(55%)	22	30	(8)	(26%)	58	56
S35.01	Neurosurgery - Inpatient Services (DRGs)	3	3	0	16%	20	15	5	29%	31	31
S40.01	Ophthalmology - Inpatient Services (DRGs)	2	12	(10)	(84%)	9	75	(66)	(88%)	150	23
S40.01A	Avastin	0	0	0	0%	0	0	0	0%	0	0
S45.01	Orthopaedics - Inpatient Services (DRGs)	12	5	7	136%	39	32	7	20%	65	77
S55.01	Paediatric Surgical Services (DRGs)	6	7	(1)	(16%)	36	43	(7)	(16%)	85	81
S60.01	Plastic & Burns - Inpatient Services (DRGs)	1	5	(4)	(81%)	34	31	3	9%	62	71
S70.01	Urology - Inpatient Services (DRGs)	1	2	(1)	(60%)	7	15	(8)	(53%)	30	24
S75.01	Vascular Surgery - Inpatient Services (DRGs)	0	0	0	0%	3	0	3	0%	0	1
		29	46	(17)	(37%)	217	283	(66)	(23%)	563	447

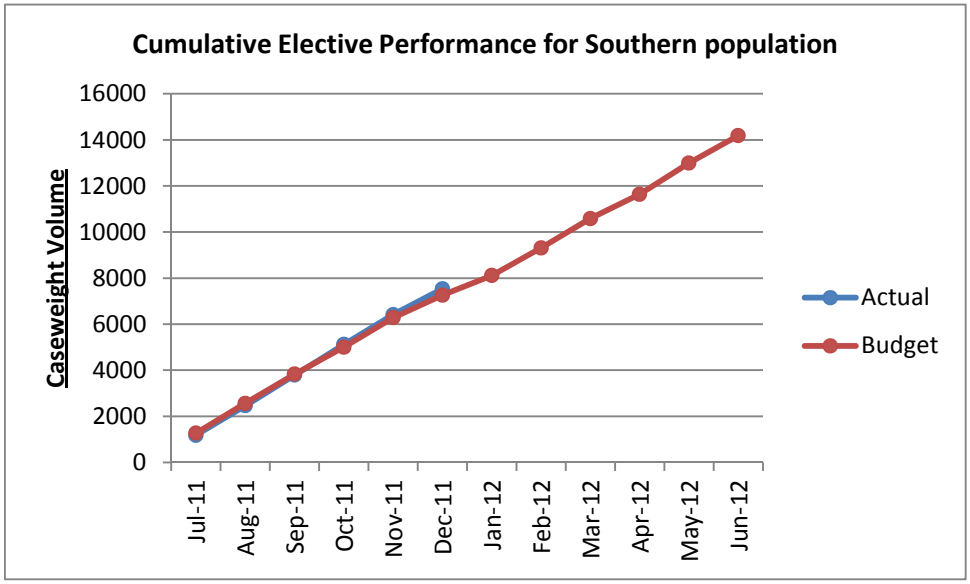
Contracted Out Discharges

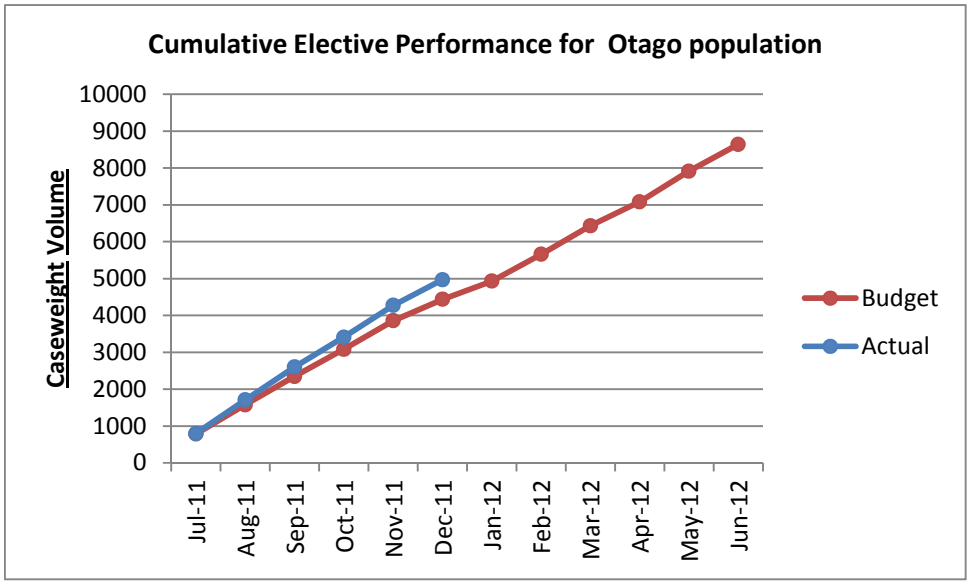
PUC	Purchase Unit Description	December Actual	December Plan	December Variance	December % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
S00.01	General Surgery - Inpatient Services (DRGs)	7	2	5	243%	60	26	34	127%	51	84
MS0201	Skin Lesion	0	0	0	0%	0	0	0	0%	0	0
S15.01	Cardiothoracic - Inpatient Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	12	3	9	369%	53	36	17	48%	64	81
S30.01	Gynaecology - Inpatient Services (DRGs)	0	1	(1)	(100%)	5	19	(14)	(74%)	37	23
S35.01	Neurosurgery - Inpatient Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
S40.01	Ophthalmology - Inpatient Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
S40.01A	Avastin	0	0	0	0%	0	0	0	0%	0	0
S45.01	Orthopaedics - Inpatient Services (DRGs)	0	3	(3)	(100%)	34	42	(8)	(18%)	66	58
S55.01	Paediatric Surgical Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
S60.01	Plastic & Burns - Inpatient Services (DRGs)	0	6	(6)	(100%)	16	45	(29)	(64%)	87	59
S70.01	Urology - Inpatient Services (DRGs)	1	1	()	(32%)	20	21	(1)	(3%)	36	36
S75.01	Vascular Surgery - Inpatient Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
		20	17	3	17%	188	188	()	(0%)	341	341

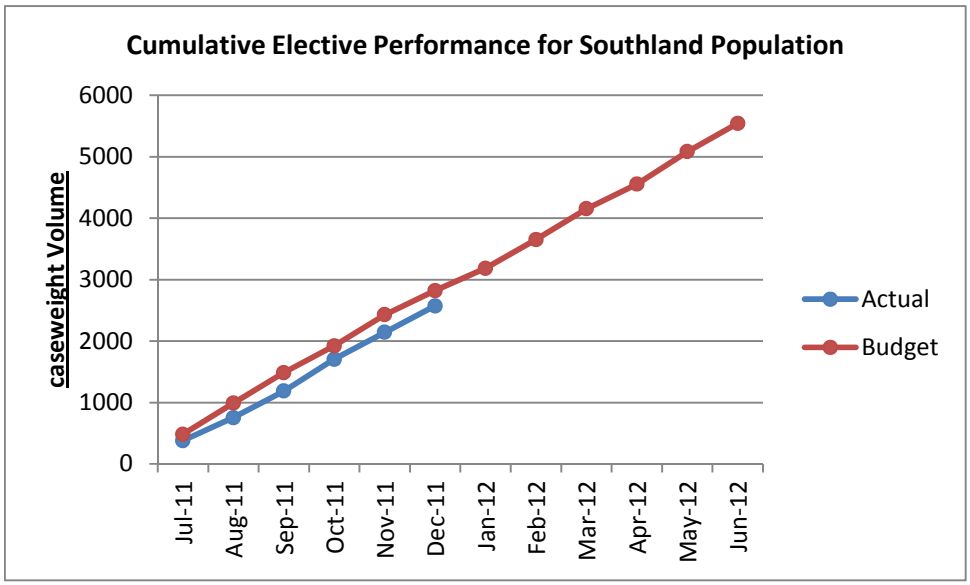
Total Southern Discharge Population view

PUC	Purchase Unit Description	December Actual	December Plan	December Variance	December % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
S00.01	General Surgery - Inpatient Services (DRGs)	145	128	17	13.59%	1,031	956	75	7.83%	1,851	1,897
MS0201	Skin Lesion	19	26	(7)	(25.65%)	158	164	(6)	(3.91%)	323	306
S15.01	Cardiothoracic - Inpatient Services (DRGs)	10	10	(0)	(3.19%)	89	66	23	35.77%	137	153
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	144	124	20	16.56%	824	955	(131)	(13.74%)	1,811	1,831
S30.01	Gynaecology - Inpatient Services (DRGs)	74	71	3	3.93%	571	562	9	1.66%	1,080	1,069
S35.01	Neurosurgery - Inpatient Services (DRGs)	16	9	7	85.40%	91	64	28	43.31%	133	155
S40.01	Ophthalmology - Inpatient Services (DRGs)	59	74	(15)	(19.76%)	477	523	(46)	(8.87%)	1,118	846
S40.01A	Avastin	60	16	44	275.00%	263	104	159	152.57%	205	450
S45.01	Orthopaedics - Inpatient Services (DRGs)	138	132	6	4.82%	825	1,002	(177)	(17.67%)	1,959	1,884
S55.01	Paediatric Surgical Services (DRGs)	18	12	6	47.30%	108	97	11	11.28%	193	189
S60.01	Plastic & Burns - Inpatient Services (DRGs)	29	27	2	8.37%	242	181	61	33.86%	354	419
S70.01	Urology - Inpatient Services (DRGs)	77	59	18	30.80%	448	423	25	5.95%	792	792
		789	686	103	15%	5,130	5,097	33	1%	9,956	9,992

Cumulative Elective Performance







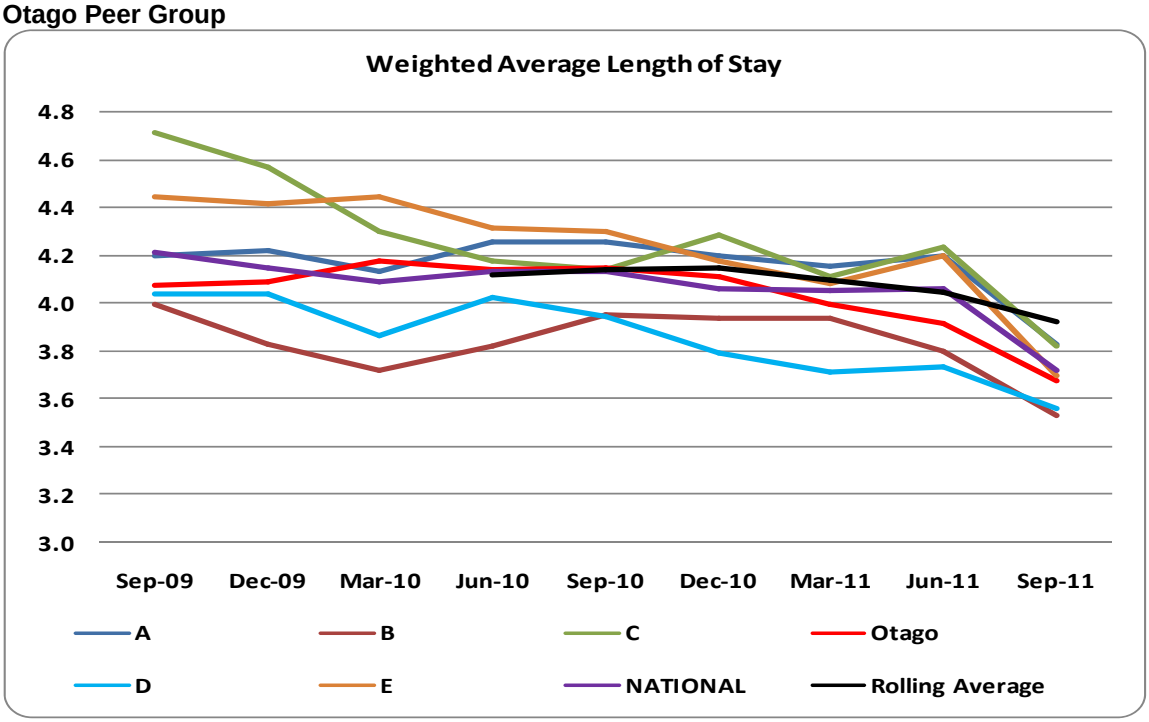
Hospital Quality and Productivity Indicators (HQP)

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

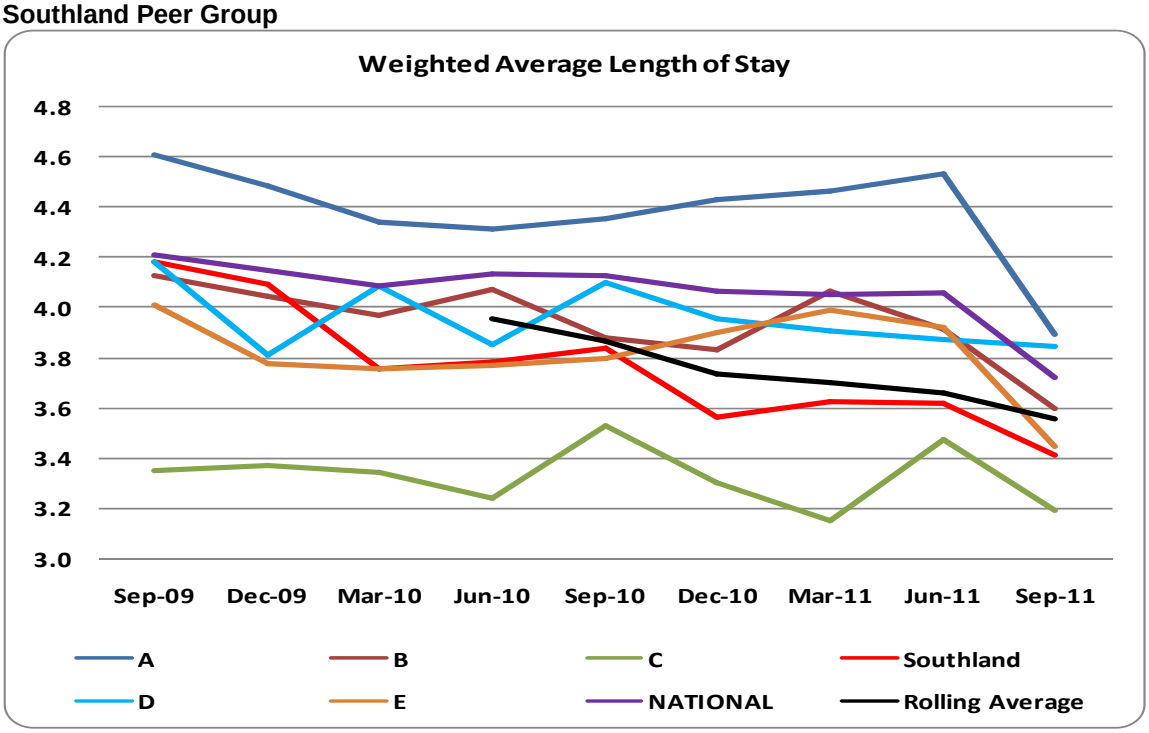
1. Weighted Average Length of Stay

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



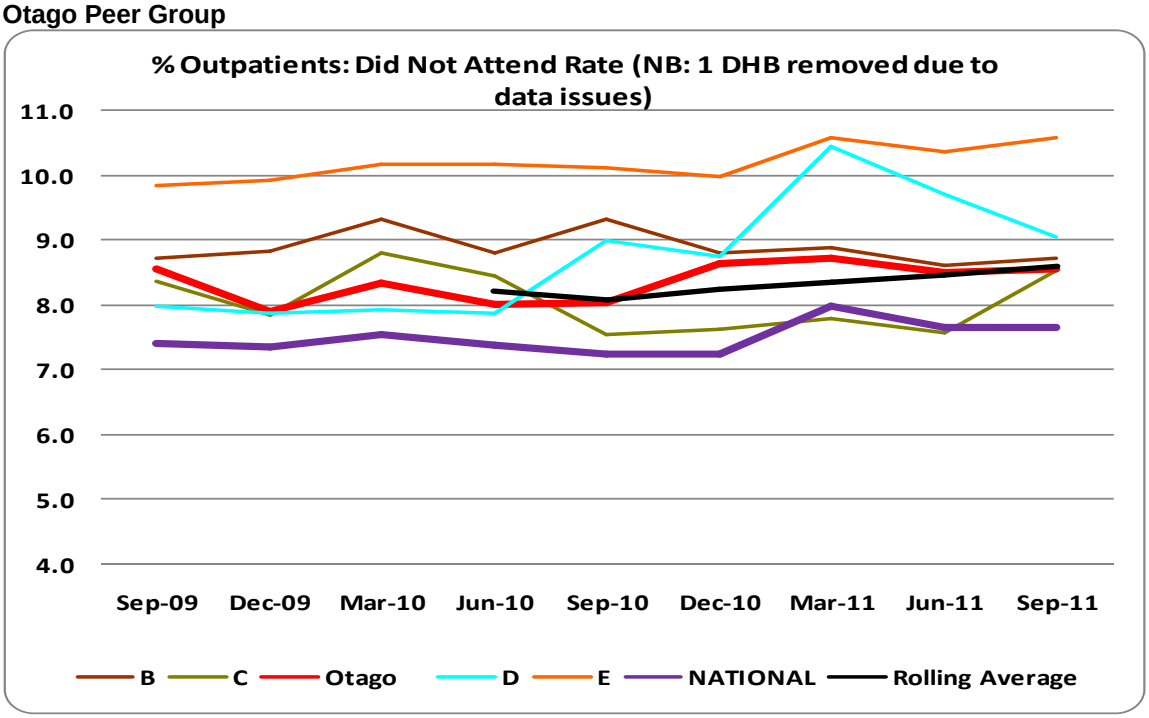
Southland Peer Group



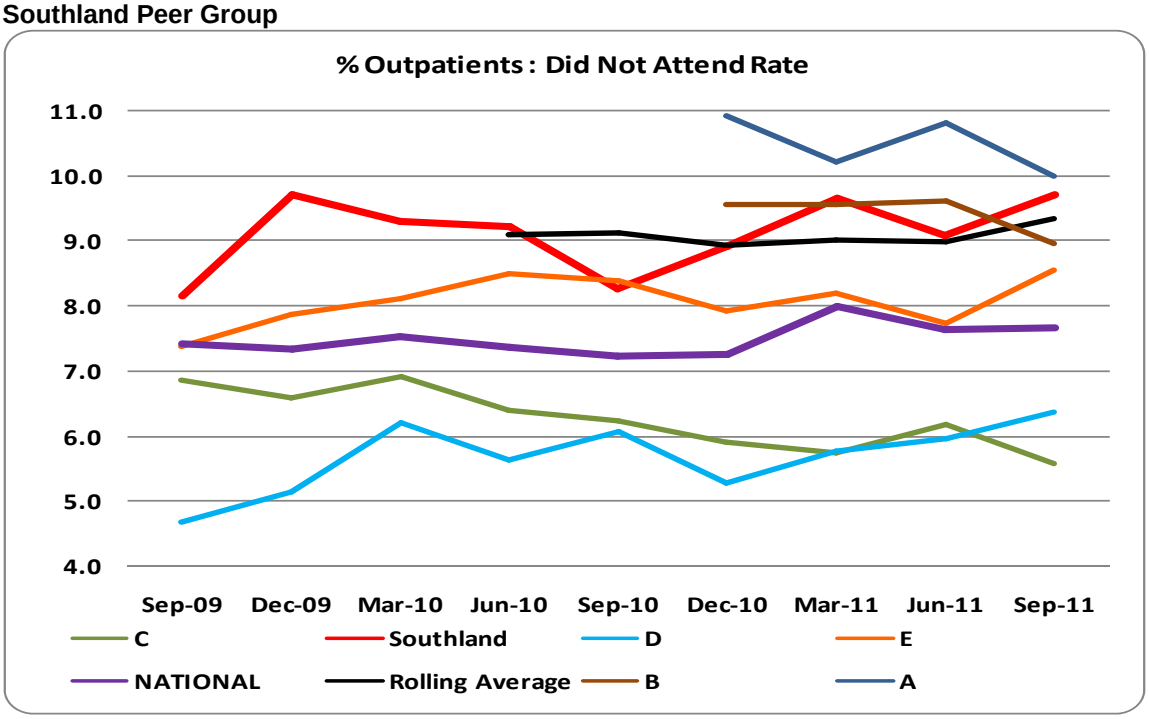
2. Outpatient DNA Rate

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 at the top end of its peer group, although only a slightly higher % than Otago. We still do not have a definitive answer to why Southland sits here although hope representation by one of our analysts in the coming months on an HQP benchmarking group will allow further insight into this. Work is continuing reviewing and validating this data.

Otago Peer Group



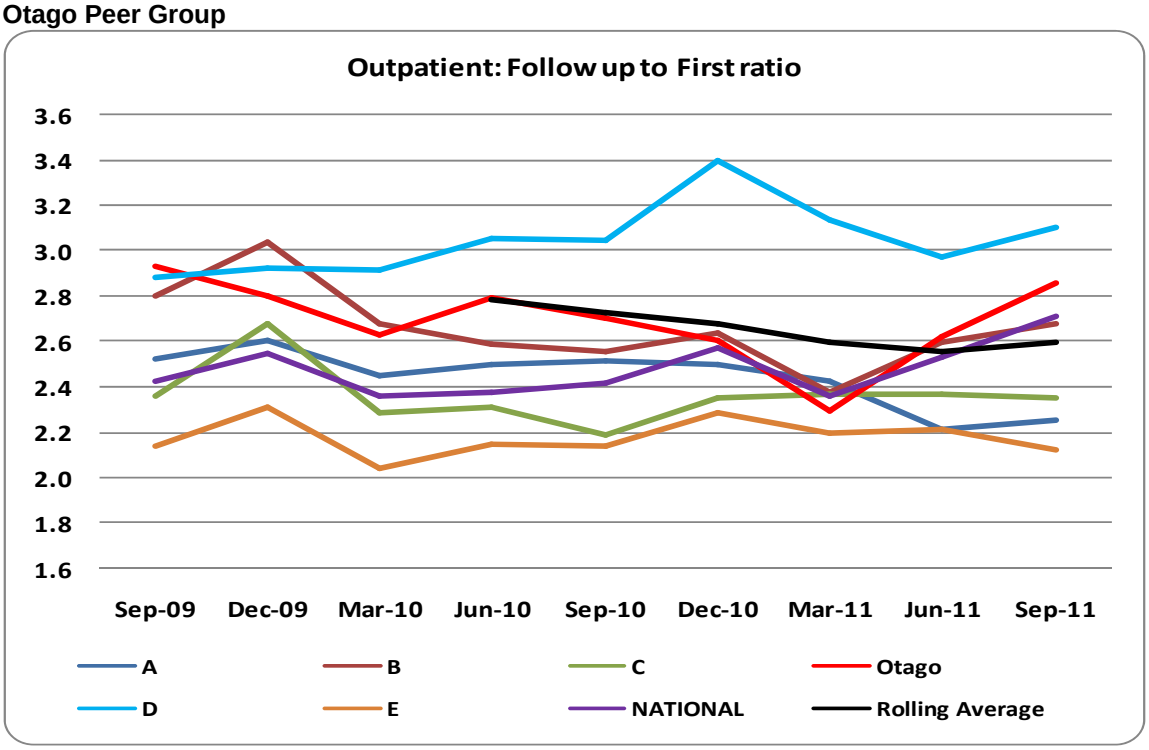
Southland Peer Group



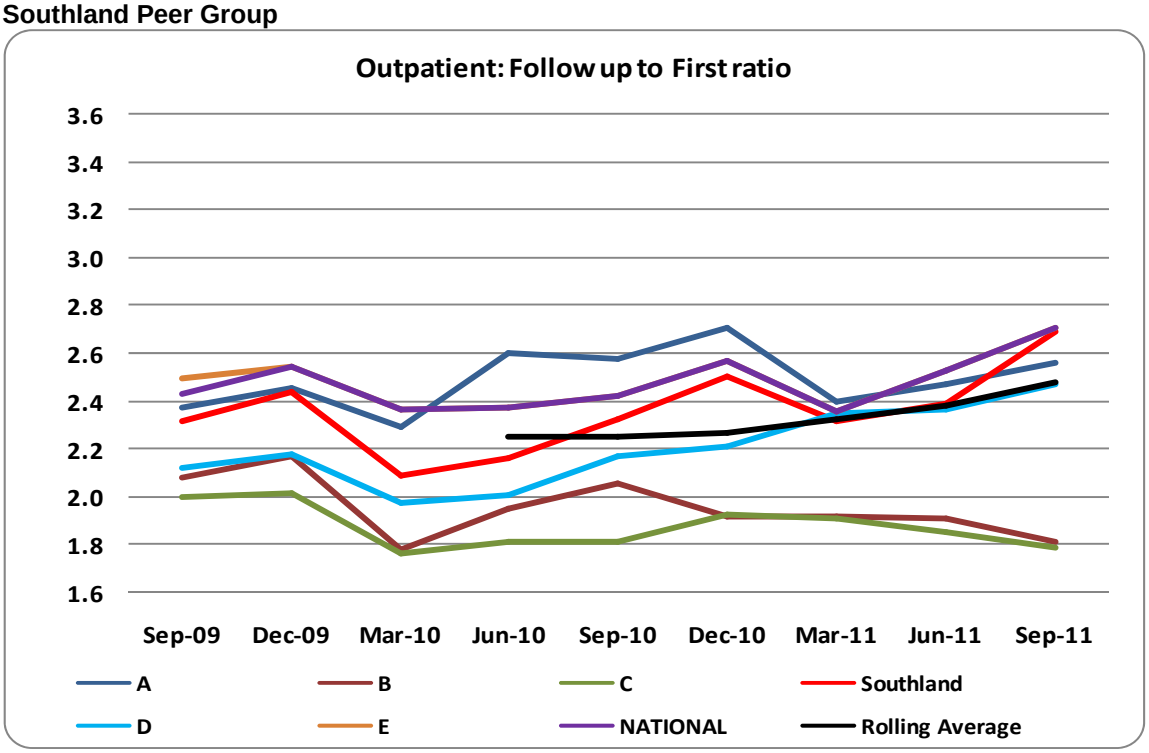
3. Outpatient Follow-up to First ratio

Both sites have shown an unfavourable increase over the last two quarters from the middle of their peer groups to one of the top in their group although both remain close to the national. It is too early to say if this represents a trend however will need to be watched over the coming quarters.
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



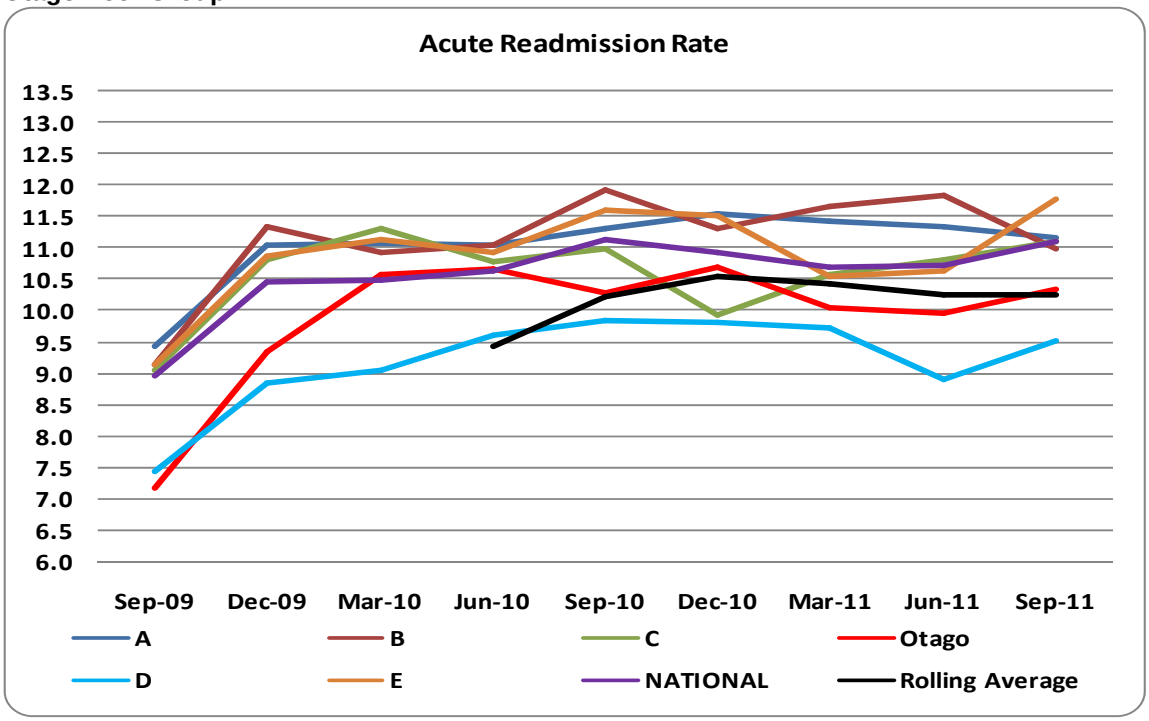
Southland Peer Group



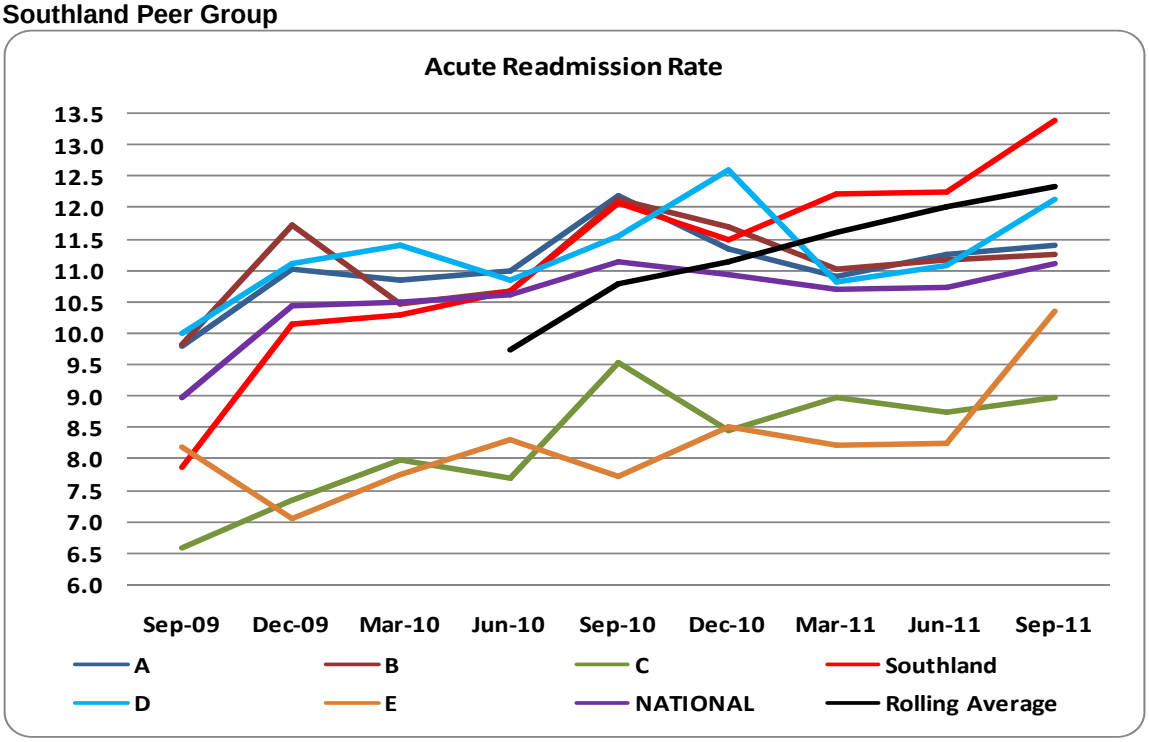
4. Unplanned Acute Readmission rate

Southland site continues to sit at the top of its peer group for the September quarter (unfavourable) continuing its upward trend. The predominate issue is with acute medicine readmissions. The On The Right Track project group has now included this KPI in its workstream. 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.

Otago Peer Group



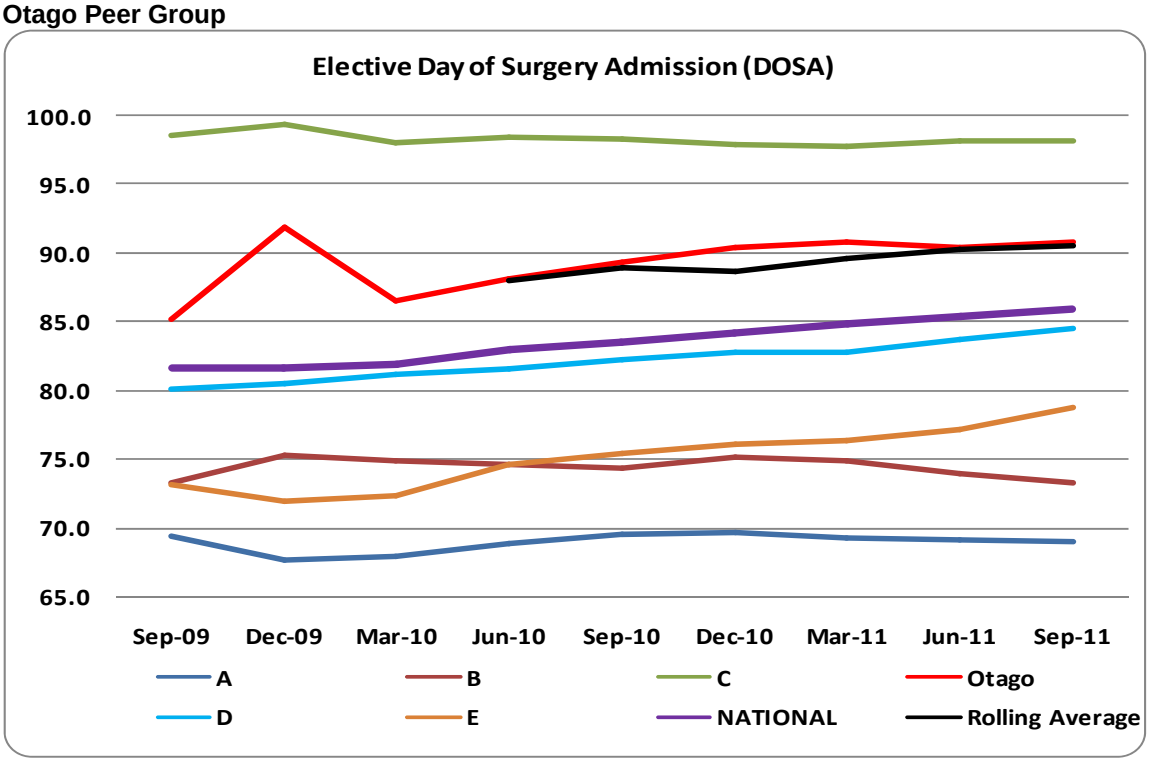
Southland Peer Group



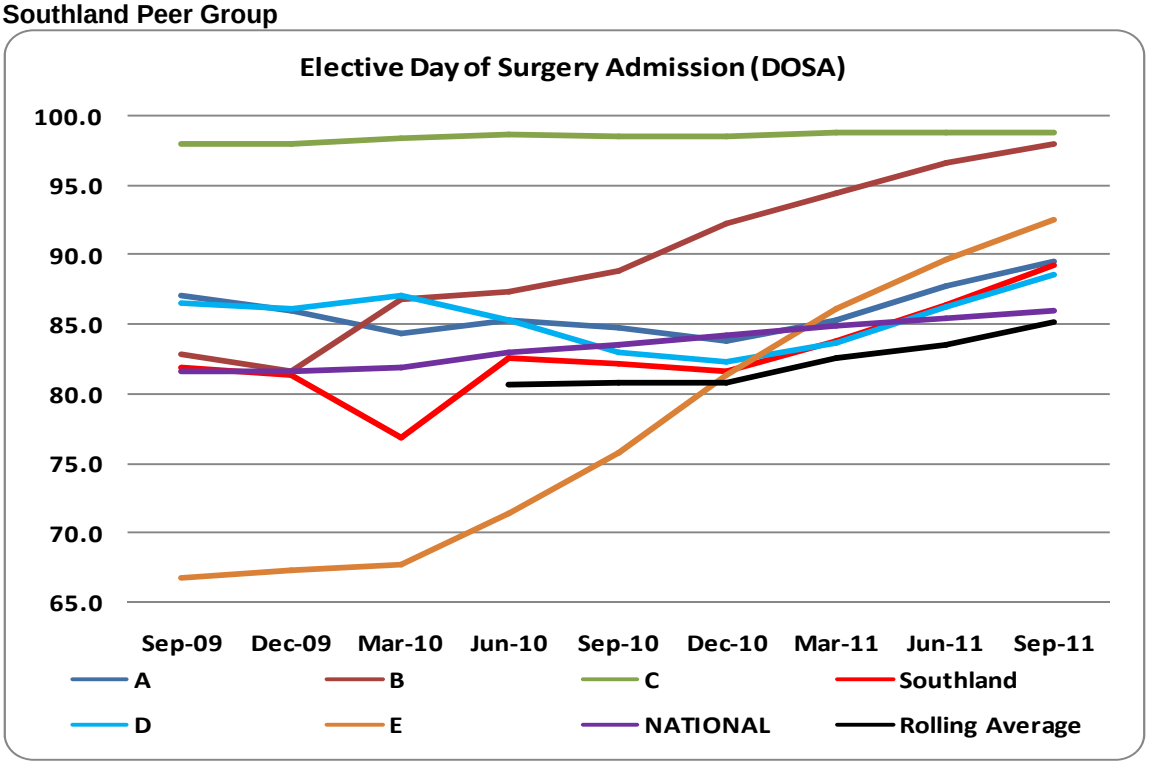
5. Elective Day of Surgery Admission (DOSA)

Both sites are above the national average (favourable) for this KPI with a continuing upswing in Southland in the September 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



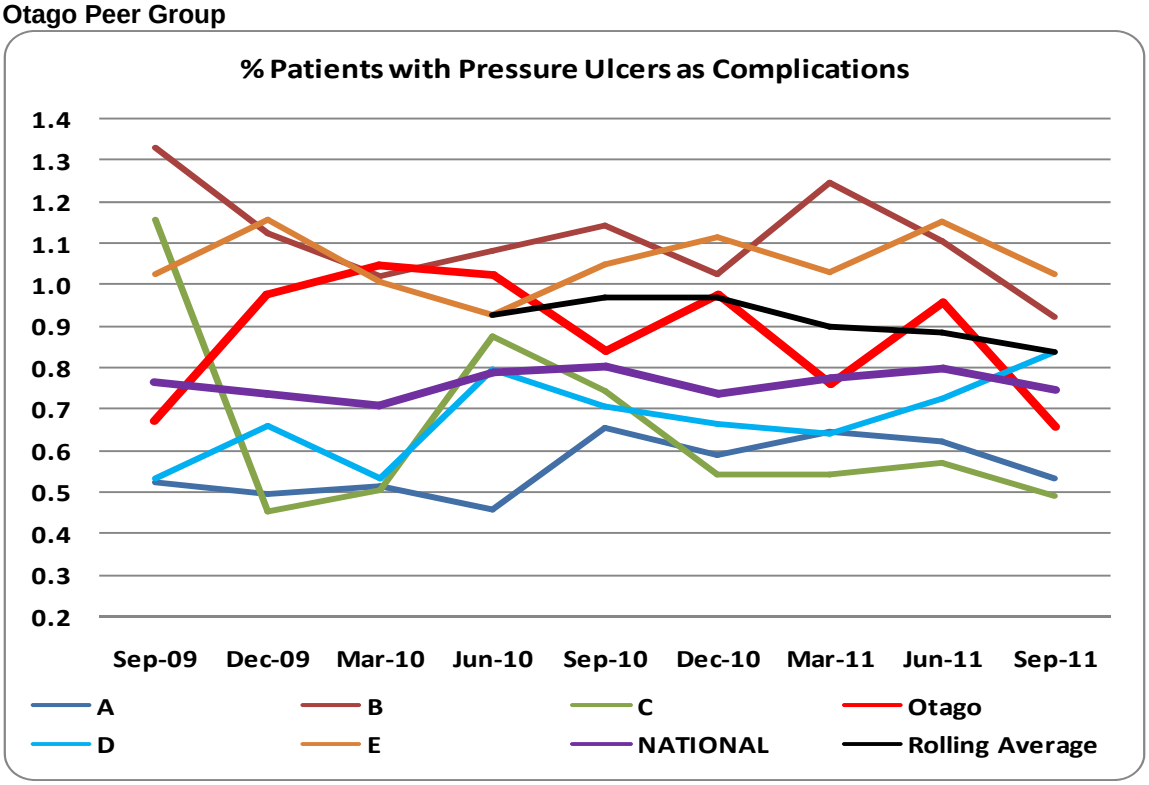
Southland Peer Group



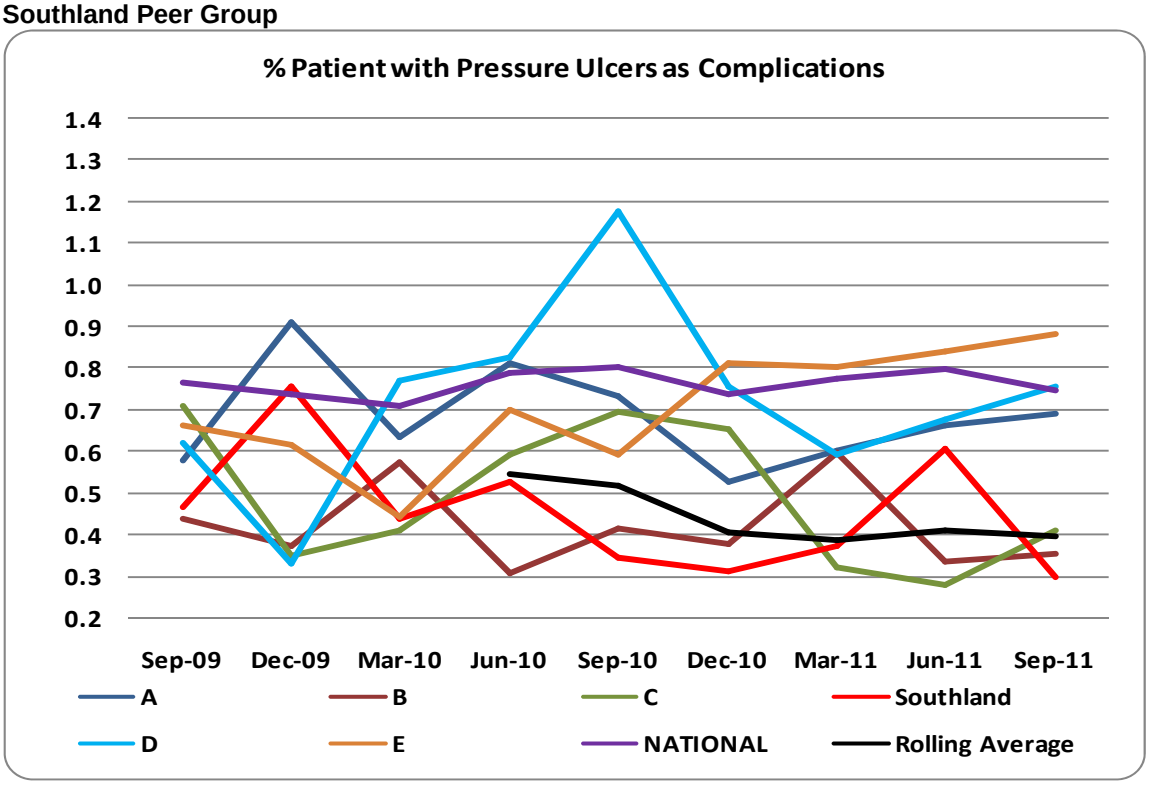
6. % of Patients with Pressure Ulcers as a complication

The September quarter has seen Otago move favourably from above the national average to the lower third of its peer group, while Southland continues to perform very favourably being 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



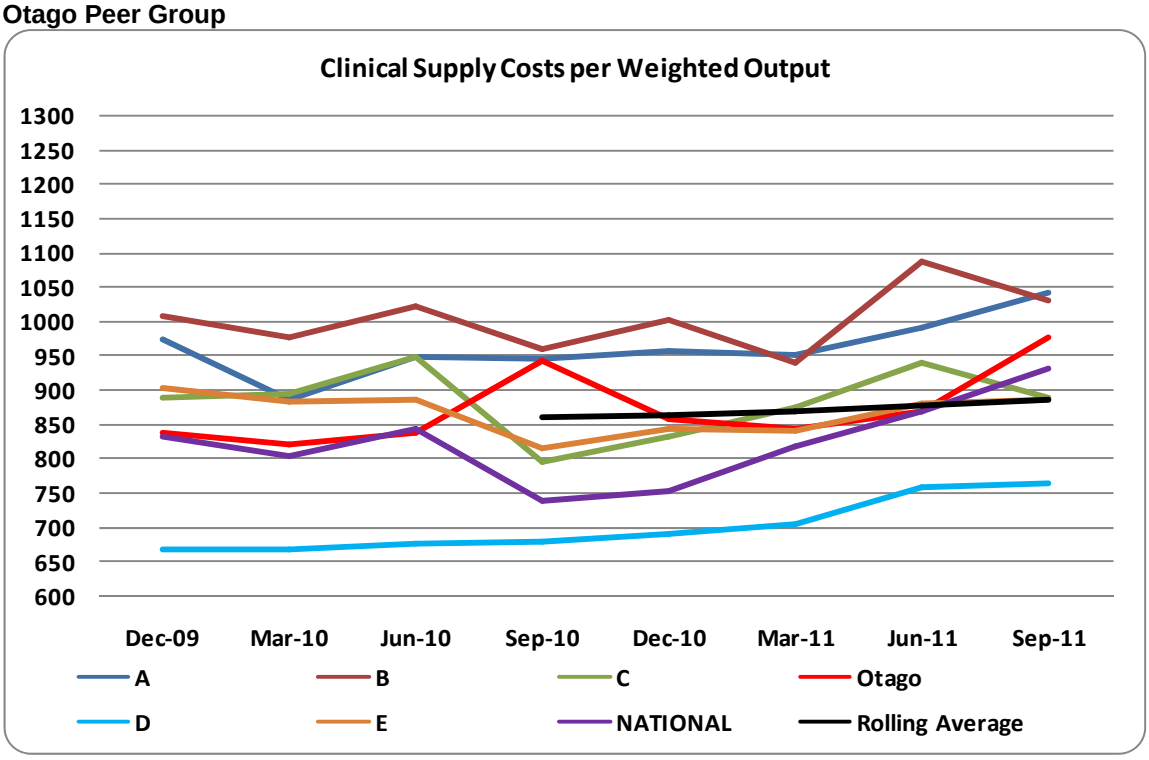
Southland Peer Group



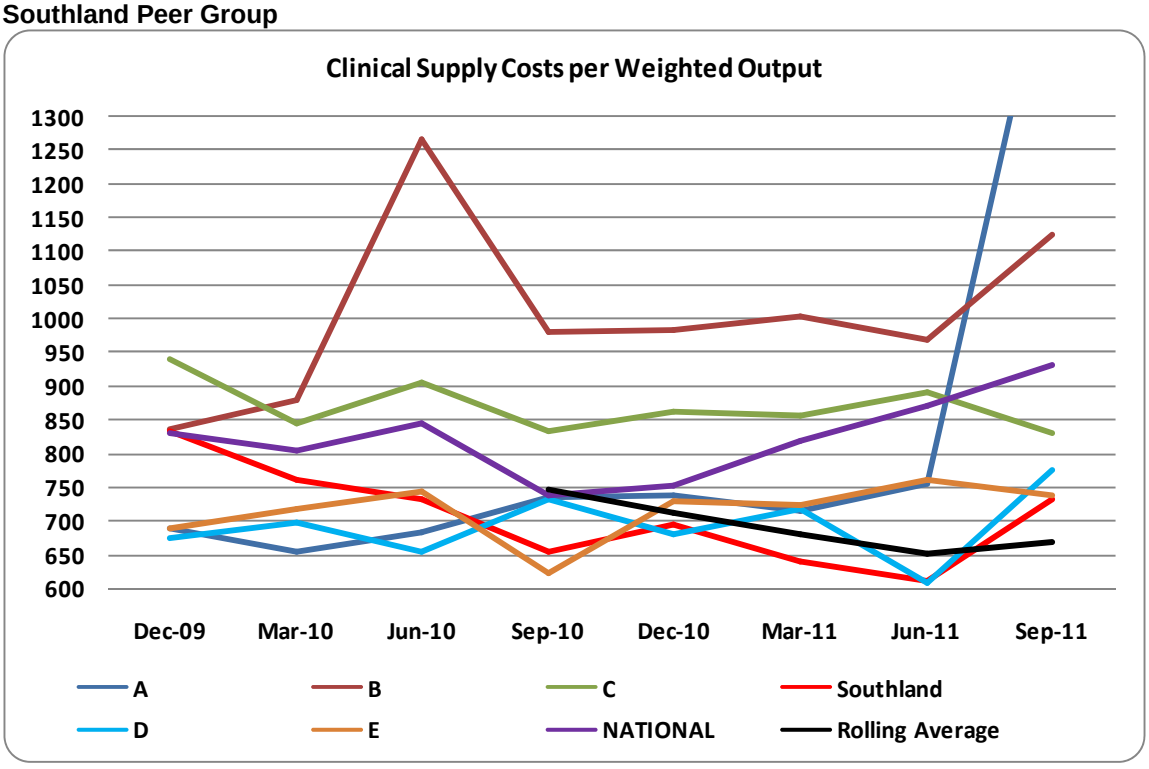
7. Clinical Supply Costs per Weighted Output

No change in the trend of this KPI with Otago being 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



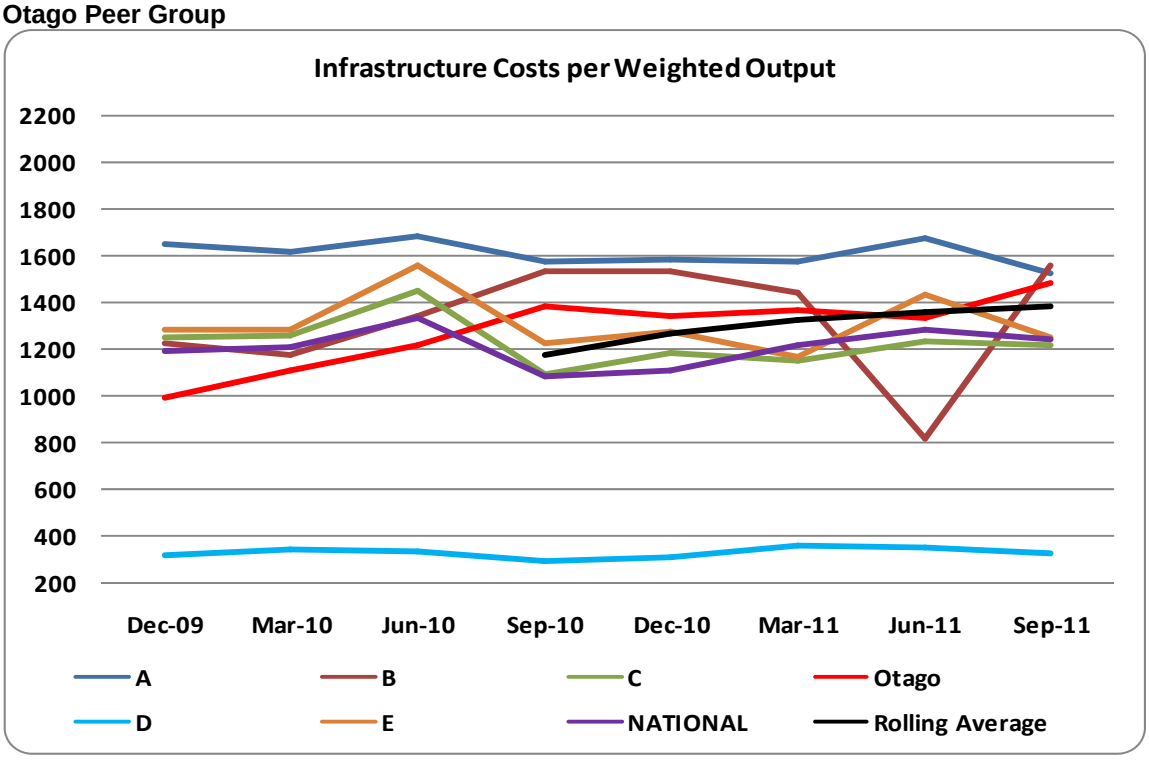
Southland Peer Group



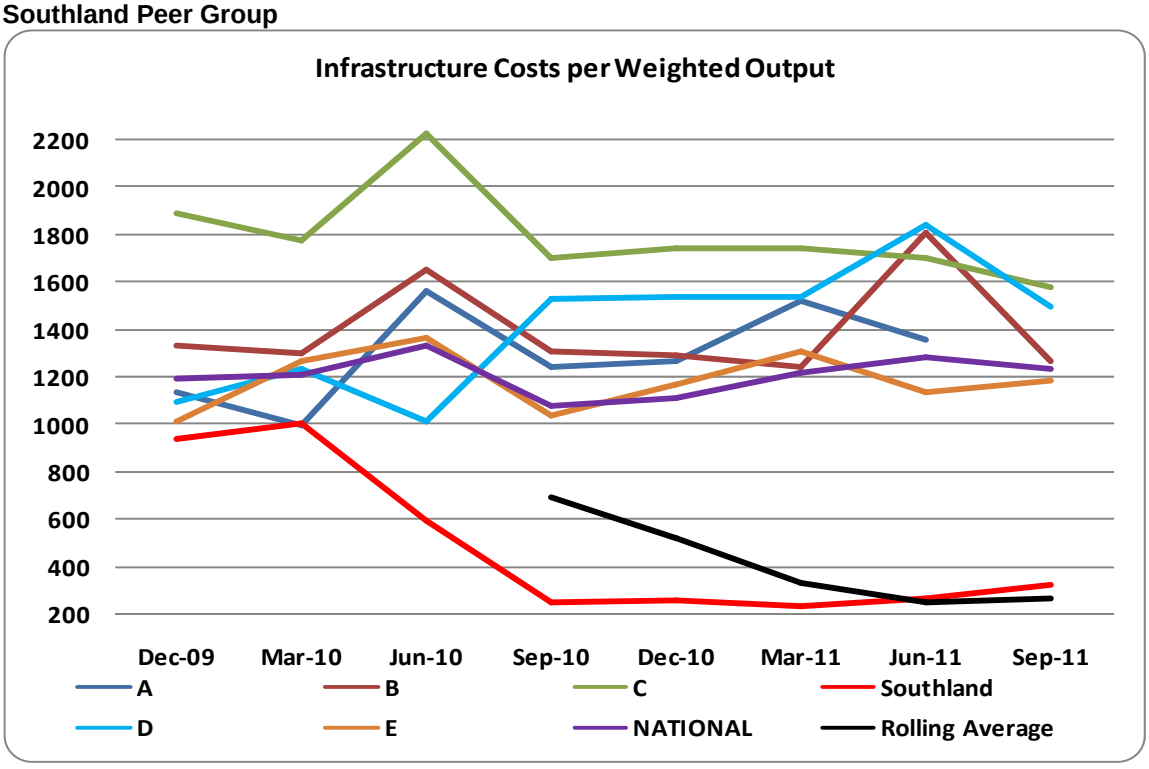
8. Infrastructure Costs per Weighted Output

This KPI continues to show that district costs are being accounted for within the Otago site (eg Building and Property / IT / Mgmt costs). We considered making an arbitrary allocation of costs to Southland site, however feel that as long as Otago is sitting on average and Southland site below average, then overall the DHB is in a favourable position. Continued inclusion of this KPI is being evaluated.

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

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 December 2011

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** (cwds) delivered for the population of Otago during December were 20% (116 cwds) above plan. Elective cwd delivered year to date for the Otago population were 12% above plan (532 cwds).
- Elective **discharges** delivered for the population of Otago during December were 14% (54 discharges) above plan and 6% (187 discharges) above plan year to date.

2. Operational Performance

- Resourced occupancy during December 2011 was 97% against a target of 85%. Resourced occupancy for December 2010 was 84%.
- Elective Theatre Utilisation (main operating theatres) was 92% during December against a target of 85%. Utilisation of the main operating theatres during December 2010 was 84%.
- Staff Turnover during December was 1.09% against a target of 1.2%. Staff Turnover for December 2010 was 1.29%.
- There were 3,340 Emergency Department (ED) attendances during December of which 1,014 (30%) were admitted. ED attendances during December 2010 totalled 3,138.

3. Operational Initiatives

Seismic Evaluations

The final report is still awaited on the seismic capacity of SDHB buildings; however, preliminary findings indicate that some facilities fall below the high risk level of 33%:

Southland site : Well Child Building, Boiler House and Boiler House Chimney

Otago site : 9 Union Street and 257 High Street (both accommodating Mental Health Services)

Discussions are taking place on the option to relocate the outpatient services accommodated on these sites. The 15 High Street (Hulme House) inpatient clients are being relocated to Ashburn Clinic on 25 January.

Master Site Planning

The Acute Mental Health Inpatient Unit work is now almost complete with final commissioning taking place in January. The date for the official opening is yet to be determined.

Wakari Carpark 1 was completed on 21 December and opened for use, which should alleviate the parking congestion on the site for the current number of occupants. Carpark 3 is awaiting road marking then will be opened in late January.

The Mechanical Reticulation project was completed in December and the final commissioning is scheduled for mid-January. The Wakari Main Block Lifts continue to progress well with no issues.

The Main Block 1st Floor IT and Finance offices project is on track, as are the 2nd Floor CEO Corporate and Planning and Funding offices.

The Generators and Switchboard projects are progressing well with generators being assembled and ready for commissioning testing. The generators and exhaust are scheduled to be delivered to the site in early March. The disruption to the upper & lower concourse during this time will be significant and will affect the access to the Emergency Department and car parking.

The Switchboard install is progressing as planned.

The tender for the Staff Cafeterias was evaluated and received MSP Project Board approval in December. In order for this project to commence, minor decanting relocations are required.

We are awaiting approval of our NICU and Paediatrics preliminary design from the Ministry of Health, which was sent in mid October.

6 hours – It Matters!

Significant progress has been made on this initiative. Whilst the December result shows Dunedin as achieving an average of 84.8% against the 95% target, the January average result to date is 90%. A whole of systems approach is being adopted with focus on ten key work streams. Rosters are being realigned to match attendances and the issues that result in breaches are being addressed. Construction has commenced on the ED Observation Unit which, once completed, will result in a further improvement in wait times of up to 10%.

Since this initiative was introduced there have been three additional Nurses and three additional Registrars allocated to the Emergency Department as well as a Discharge Planner for the inpatient wards and Acute Admitting Registrar.

4. Performance Reports & Updates

- Case Weight Activity Data
- Elective Services Performance Indicators
- Directorate Reports
- NHB & SDHB Joint Assessment of Systems – Dunedin Hospital (Provider Arm only)

Vivian Blake
Chief Operating Officer (Otago)
Southern District Health Board
20th January 2012

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

Dunedin Hospital Provider Arm Activity - December 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	227.17	271.57	(44.40)	1,606.27	1,635.93	(29.67)	3,163.53	2,921.87
Emergency Dept - Acute	38.96	43.45	(4.49)	230.60	236.00	(5.40)	496.93	631.80
Internal Medicine - Acute IDF	3.53	3.74	(0.21)	27.36	22.54	4.83	43.58	67.84
Cardiology - Acute	165.13	152.67	12.45	1,056.81	870.14	186.67	1,685.84	1,626.78
Cardiology - Acute IDF	2.26	4.34	(2.08)	25.15	24.71	0.44	47.87	74.56
Cardiology - Elective	45.28	36.60	8.68	282.17	307.77	(25.60)	585.56	503.24
Cardiology - Elective IDF	2.41	0.68	1.73	16.95	5.72	11.23	10.88	22.68
Endocrinology - Acute	2.82	0.71	2.11	12.89	4.26	8.63	8.50	20.09
Endocrinology - Acute IDF	-	-	-	-	-	-	-	-
Endocrinology - Elective	0.81	0.23	0.58	5.01	1.93	3.08	3.70	11.80
Endocrinology - Elective IDF	-	-	-	-	-	-	-	-
Gastroenterology - Acute	31.09	27.97	3.12	175.81	151.93	23.88	301.98	329.31
Gastroenterology - Acute IDF	-	0.48	(0.48)	1.70	2.61	(0.91)	5.19	3.35
Gastroenterology - Elective	4.13	5.38	(1.25)	73.76	39.57	34.19	73.75	97.78
Gastroenterology - Elective IDF	-	-	-	1.36	-	1.36	-	0.29
Haematology - Acute	55.28	24.63	30.65	260.55	180.65	79.90	354.75	438.11
Haematology - Acute IDF	-	0.06	(0.06)	-	0.41	(0.41)	0.81	6.30
Haematology - Elective	2.01	2.15	(0.14)	45.58	21.31	24.27	40.69	32.69
Haematology - Elective IDF	-	-	-	-	-	-	-	-
Neurology - Acute	13.85	19.59	(5.74)	159.25	117.51	41.73	235.17	217.38
Neurology - Acute IDF	1.45	0.42	1.03	12.94	2.55	10.39	5.10	3.03
Neurology - Elective	5.03	4.79	0.24	31.73	40.25	(8.51)	76.55	63.62
Neurology - Elective IDF	-	0.28	(0.28)	2.55	2.37	0.18	4.51	1.67
Oncology - Acute	92.41	76.24	16.17	480.79	480.20	0.59	916.08	999.89
Oncology - Acute IDF	2.08	2.77	(0.69)	23.06	17.46	5.60	33.30	70.43
Oncology - Elective	6.40	5.61	0.79	63.05	24.71	38.34	56.26	72.38
Oncology - Elective IDF	-	0.62	(0.62)	7.61	2.74	4.86	6.25	11.42
Paediatric Medical - Acute	40.70	59.79	(19.09)	369.84	340.78	29.06	660.23	693.06
Paediatric Medical - Acute IDF	1.46	0.84	0.62	6.54	4.77	1.77	9.24	20.81
Paediatric Medical - Elective	1.01	4.17	(3.16)	23.39	29.77	(6.37)	52.20	43.81
Paediatric Medical - Elective IDF	-	0.16	(0.16)	2.62	1.12	1.49	1.97	2.95
Renal - Acute	71.43	38.66	32.77	264.87	231.96	32.91	464.15	665.93
Renal - Acute IDF	-	0.14	(0.14)	1.11	0.84	0.27	1.68	1.22
Renal - Elective	3.17	5.12	(1.95)	17.40	43.07	(25.67)	81.91	80.63
Renal - Elective IDF	-	-	-	-	-	-	-	-
Respiratory - Acute	65.12	71.03	(5.91)	460.21	426.16	34.05	852.70	928.73
Respiratory - Acute IDF	0.47	0.30	0.17	6.64	1.82	4.82	3.63	20.86
Respiratory - Elective	1.06	3.15	(2.09)	22.71	26.46	(3.75)	50.37	33.39
Respiratory - Elective IDF	-	-	-	0.47	-	0.47	-	-
Rheumatology - Acute	9.23	11.19	(1.96)	51.43	67.16	(15.73)	134.40	113.75
Rheumatology - Acute IDF	-	0.21	(0.21)	-	1.24	(1.24)	2.48	1.83
Rheumatology - Elective	0.42	0.92	(0.50)	7.64	7.71	(0.07)	14.66	9.80
Rheumatology - Elective IDF	-	0.03	(0.03)	-	0.29	(0.29)	0.54	-
General Surgery - Acute	292.53	262.65	29.88	1,692.03	1,496.91	195.12	2,900.17	3,111.30
General Surgery - Acute IDF	9.48	6.33	3.15	64.22	36.07	28.14	69.89	103.40
General Surgery - Elective	209.07	164.41	44.67	1,244.99	1,237.10	7.89	2,390.66	2,381.30
General Surgery - Elective IDF	-	2.49	(2.49)	22.99	18.77	4.22	36.27	94.12
Pain - Acute	-	0.35	(0.35)	-	2.00	(2.00)	3.90	2.68
Pain - Elective	0.20	-	0.20	0.20	-	0.20	-	0.71
Cardiothoracic - Acute	170.60	112.29	58.31	662.71	711.20	(48.48)	1,487.92	1,446.03
Cardiothoracic - Acute IDF	-	6.07	(6.07)	24.35	38.43	(14.08)	80.41	101.58
Cardiothoracic - Elective	63.22	70.57	(7.35)	596.56	446.94	149.62	935.04	1,036.74
Cardiothoracic - Elective IDF	-	3.40	(3.40)	15.32	21.54	(6.22)	45.06	24.79
ENT - Acute	26.15	19.84	6.31	155.22	113.05	42.16	219.05	250.74
ENT - Acute IDF	0.19	0.89	(0.71)	2.07	5.10	(3.03)	9.87	11.68
ENT - Elective	70.59	64.19	6.40	474.90	495.64	(20.74)	934.22	952.22
ENT - Elective IDF	-	0.74	(0.74)	8.86	5.75	3.11	10.84	22.74
Gynaecology - Acute	25.81	33.72	(7.91)	178.00	192.14	(14.14)	372.26	366.26
Gynaecology - Acute IDF	1.05	0.40	0.65	2.66	2.30	0.36	4.46	12.56

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

Dunedin Hospital Provider Arm Activity - December 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	35.18	40.79	(5.61)	337.62	330.89	6.73	630.04	751.26
Gynaecology - Elective IDF	-	0.09	(0.09)	3.66	0.70	2.96	1.34	6.72
Neurosurgery - Acute	61.03	75.43	(14.39)	457.09	429.88	27.21	832.86	925.44
Neurosurgery - Acute IDF	1.81	2.02	(0.21)	7.25	11.52	(4.27)	22.32	46.33
Neurosurgery - Elective	29.15	13.89	15.26	154.56	113.46	41.10	243.13	295.96
Neurosurgery - Elective IDF	1.60	0.98	0.62	1.60	8.00	(6.40)	17.14	5.16
Ophthalmology - Acute	12.09	7.84	4.25	57.80	44.68	13.12	86.58	97.41
Ophthalmology - Acute IDF	0.49	1.22	(0.73)	0.89	6.96	(6.06)	13.48	10.12
Ophthalmology - Elective	28.82	21.94	6.88	214.66	163.20	51.46	388.11	387.32
Ophthalmology - Elective IDF	0.87	0.12	0.75	1.53	0.90	0.63	2.14	3.12
Orthopaedics - Acute	290.46	255.05	35.40	1,598.75	1,453.64	145.11	2,816.33	3,022.42
Orthopaedics - Acute IDF	16.35	10.03	6.32	83.55	57.15	26.40	110.73	178.07
Orthopaedics - Elective	207.34	159.26	48.08	1,465.64	1,230.16	235.48	2,410.90	2,466.06
Orthopaedics - Elective IDF	12.95	18.55	(5.60)	149.78	143.25	6.53	280.74	194.24
Paediatric Surgery - Acute	1.45	3.99	(2.54)	15.41	22.76	(7.35)	44.09	44.89
Paediatric Surgery - Acute IDF	-	0.04	(0.04)	-	0.22	(0.22)	0.42	0.52
Paediatric Surgery - Elective	2.08	2.35	(0.27)	30.36	35.31	(4.95)	70.62	65.03
Paediatric Surgery - Elective IDF	0.58	-	0.58	0.58	-	0.58	-	0.84
Plastics - Acute	12.02	22.76	(10.74)	73.26	129.69	(56.43)	251.26	193.36
Plastics - Acute IDF	-	0.79	(0.79)	6.65	4.51	2.13	8.74	1.28
Plastics - Elective	20.91	15.65	5.26	119.61	109.21	10.40	213.29	245.34
Plastics - Elective IDF	-	0.36	(0.36)	2.13	2.53	(0.40)	4.94	0.41
Urology - Acute	38.00	19.63	18.37	151.16	111.87	39.28	216.73	209.20
Urology - Acute IDF	-	0.37	(0.37)	1.74	2.10	(0.35)	4.06	2.06
Urology - Elective	59.44	41.48	17.96	303.51	288.20	15.31	528.39	451.78
Urology - Elective IDF	-	0.26	(0.26)	0.32	1.79	(1.47)	3.29	2.91
Vascular Surgery - Acute	-	-	-	-	-	-	-	-
Vascular Surgery - Acute IDF	-	-	-	-	-	-	-	-
Vascular Surgery - Elective	-	-	-	-	-	-	-	-
Vascular Surgery - Elective IDF	-	-	-	-	-	-	-	-
Neonatal - Acute	90.02	93.70	(3.68)	517.23	556.17	(38.94)	1,106.29	1,122.12
Neonatal - Acute IDF	0.23	5.51	(5.28)	18.14	32.69	(14.55)	65.02	77.15
Acute Costweights	1,874.20	1,751.72	122.48	11,003.97	10,282.67	721.30	20,153.99	21,193.57
Elective Costweights	813.73	691.41	122.32	5,753.37	5,208.13	545.24	10,205.97	10,376.93
Total Costweights	2,687.93	2,443.13	244.80	16,757.34	15,490.80	1266.54	30,359.96	31,570.50

MoH Elective Services Online

Comparison of surgical services for December 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	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	5	100.0 %	0. %
Ear, Nose & Throat	1 of 1	100.0 %	0	6	0.0 %	0	1	0.0 %	0	0	0.0 %	0	11	0.8 %	0	0	0.0 %	0	8	0.0 %	0	95	100.0 %	0. %
General Surgery	1 of 1	100.0 %	0	4	0.0 %	0	9	0.0 %	0	0	0.0 %	0	16	1.6 %	0	1	0.0 %	0	13	1.3 %	0	71	100.0 %	0. %
Gynaecology	1 of 1	100.0 %	0	2	0.0 %	0	15	2.7 %	0	0	0.0 %	0	5	0.0 %	0	0	0.0 %	0	3	0.0 %	0	31	100.0 %	0. %
Neurosurgery	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	10	100.0 %	0. %
Ophthalmology	1 of 1	100.0 %	0	2	0.0 %	0	2	0.0 %	0	0	0.0 %	0	8	0.0 %	0	1	0.0 %	0	9	0.0 %	0	44	100.0 %	0. %
Orthopaedics	1 of 1	100.0 %	0	1	0.0 %	0	115	*12.9 %*	-71	0	0.0 %	0	12	1.3 %	0	2	0.0 %	0	12	1.3 %	0	74	100.0 %	0. %
Plastics	1 of 1	100.0 %	0	5	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	21	100.0 %	0. %
Urology	1 of 1	100.0 %	0	3	0.0 %	0	0	0.0 %	0	0	0.0 %	0	6	0.0 %	0	0	0.0 %	0	0	0.0 %	0	72	100.0 %	0. %
Total				**23**			**142**			**0**			**59**			**4**			**46**			**423**		

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: 14/Jan/2012

Report Run Date: 18/Jan/2012

MoH Elective Services Online

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

DHB Name: Otago

	2011 Jan			2011 Feb			2011 Mar			2011 Apr			2011 May			2011 Jun			2011 Jul			2011 Aug			2011 Sep			2011 Oct			2011 Nov			2011 Dec			
	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.	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.	23 of 23	100%	0.	23 of 23	100%	0.	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	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.	90.	0.4%	0.	75.	0.3%	0.	41.	0.2%	0.	50.	0.2%	0.	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	65.	1.1%	0.	58.	1.0%	0.	50.	0.8%	0.	44.	0.8%	0.	47.	0.8%	0.	29.	0.5%	0.	29.	0.5%	0.	38.	0.7%	0.	43.	0.8%	0.	47.	0.8%	0.	53.	0.9%	0.	142.	2.5%	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.	118.	1.9%	0.	118.	1.8%	0.	99.	1.5%	0.	111.	1.7%	0.	94.	1.5%	0.	66.	1.0%	0.	48.	0.8%	0.	64.	1.0%	0.	39.	0.6%	0.	44.	0.7%	0.	47.	0.7%	0.	60.	0.9%	0.	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	17.	5.2%	0.	25.	7.7%	0.	14.	4.0%	0.	8.	0.0%	0.	6.	0.0%	0.	7.	0.0%	0.	9.	0.0%	0.	8.	0.0%	0.	9.	0.0%	0.	10.	2.7%	0.	2.	0.0%	0.	4.	0.0%	0.	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	94.	1.6%	0	104.	1.8%	0	77.	1.3%	0	85.	1.5%	0	73.	1.3%	0	57.	1.0%	0	49.	0.9%	0	58.	1.0%	0	32.	0.6%	0	35.	0.6%	0	30.	0.5%	0	46.	0.8%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	197	100%	0.0%	469	100%	0.0%	540	100%	0.0%	385	100%	0.0%	522	100%	0.0%	592	100%	0.0%	418	100%	0.0%	549	100%	0.0%	535	100%	0.0%	507	100%	0.0%	574	100%	0.0%	423	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: 14/Jan/2012

Report Run Date: 19/Jan/2012

DIAGNOSTIC & SUPPORT SERVICES (OTAGO) UPDATE

HAC Meeting Date: **1 February 2012**

Report Prepared By: **Heather Fleming, Acting General Manager**
Dr Chris Lovell-Smith, Medical Director
Kim Caffell, Nursing Director
Lynda McCutcheon, Allied Health Director

Date Prepared: **17 January 2012 for the period ended 31 December 2011**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- The National Screening Unit (NSU) completed a clinical and data audit of the Breast Care Service in November in Dunedin and Invercargill. The last clinical and data audit was held 3 years ago. The draft report has been received and feedback from staff is being collated.
- In order to keep wait times down for high tech imaging, the Radiology service continues to outsource work to Otago Radiology as their capacity allows. However, in spite of this the service is struggling to meet wait time targets due to high demand for imaging.

2. Quality Initiatives

- The Diagnostic and Support Services Directorate had 3 finalists in the 2011 Quality Improvement Awards, with the Security service winning the CEO Quality Award – Systems with their 'Non-Mental Health Restraint Training' project.
- The linen rationalisation project continues, with the team working to reduce linen levels on a weekly basis. The 8th floor is now complete, with linen levels reduced by 30% which will result in savings.

3. Emerging Issues/Risks/Mitigation

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

Risk	Mitigation
Inability or delays in progressing implementation of medicine reconciliation may impact upon the ability of the DHB to meet the certification corrective action. In addition, medicine reconciliation may become a health target from July 2012. As other DHBs have indicated implementation can take at least 6 to 12 months, we would not be in a position to meet a new health target in July. In addition, the ability of the DHB to implement both e-prescribing and medicines reconciliation over the same period would be challenging.	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:	**1 February 2012**
Report Prepared By:	**Colleen Coop, General Manager** **Dr Shaun Costello; Prof Jean Claude Theis, Medical Directors** **Kim Caffell; Sharon Jones, Nursing Directors**
Date Prepared:	**18 January 2012 for the period ended 31 December 2011**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- **Emergency Department (ED):** All involved services were very pleased that the organisation met the six hour target on four days in November and on one occasion achieved 100%. The result for November overall was 88.8% of patients admitted and/or discharged from ED within six hours. In December the result was reduced to 84.88%, much of this a consequence of long waits for beds/admission on the days of the long statutory weekend breaks. The ED Observation Unit is proceeding on track and it is expected to open in July as planned.

- **Gastroenterology:** With the standardisation of access criteria across the district the Otago service is noting an increase in patients being placed on waiting lists. We have increased volumes on the Dunedin site to ensure our contracted volumes are met.

- **Internal Medicine:** Following the end of a successful pilot of the discharge planner role and positive support from medical, nursing and allied health, approval has been granted for a permanent ongoing role. It is expected that the improvements noted in the key performance indicators (reduced length of stay, reduced medical outliers and reduced readmission rates) will continue and help the service cope with inexorable growth in demand.

- **General Surgery:** A key focus over November and December has been the number of outpatients waiting greater than six months for a first specialist assessment. Significant work has resolved the issues and further additional clinics have been carried out.

- **Urology:** Our backlog of patients waiting has been managed with very few patients waiting outside the timeframes.

- **ENT:** Prioritisation and standardised access criteria has been agreed across the district to ensure equity of access.

- **Orthopaedics:** Providing extra acute trauma lists in the evenings, designed to accommodate orthopaedic demand, has not been able to commence due to shortages of anaesthetist staff. A recruitment process is underway and we hope to introduce extended acute theatre access availability in February.

2. Quality Initiatives

- **Internal Medicine:** From 1 November patients admitted from residential care have had a transition of care checklist accompany them which has improved the discharge planning process.

- **Cardiology Ward:** The 7A Productive Ward Project was recognised at the Southern DHB Quality Awards winning the 'Quality Team Award' and a merit certificate for systems improvement.

- **Respiratory/Oncology:** The release of the 'Standards of Service Provision for Lung Cancer Patients in New Zealand' has prompted discussion in the respiratory and oncology services on how the standards can be implemented.

3. Emerging issues/risks/mitigation

New and emerging risks for the Emergency, Medicine and Surgery Group: no new risks this month

Risk	Mitigation
Lack of office space for newly arriving staff	Investigating office sharing -has implications for privacy breaches and inefficient work practices

MENTAL HEALTH & COMMUNITY DIRECTORATE UPDATE

HAC Meeting Date: **1 February 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: **18 January 2012 for period ended 31 December 2011**

Recommendation

That the Committee receives and notes this report.

1. Group Summary

Community Services and Older Peoples Health

- The evaluation of the Early Supported Discharge pilot will be completed by the end of January 2012.

Mental Health and Intellectual Disability Services

- This acute ward relocation project is nearing completion on the Wakari site. The relocation timeframe for clients to move from Ward 1A is the end of January 2012. The blessing of the new unit has been held and an official opening is being organised.
- The Intellectual Disability (ID) Transition Unit is almost complete. Clients are scheduled to move to the unit at the end of January. An official opening for this unit is being organised, and will coincide with the opening of the acute mental health unit.
- The Mental Health Commission completed their Sector visit to Southern DHB mid December 2011. The DHB awaits the follow-up report.

Rehabilitation and Community Services

- Following feedback from staff, a proposal document was presented to the Physical Rehabilitation Service proposing recommendations to manage the issues related to reduced ACC revenue. The consultation period closes at the end of January.

2. Quality Initiatives

- Work is commencing within the service, and in conjunction with the wider organization regarding establishing a co-ordinated stroke pathway across the patient continuum.

- The Older Peoples Health (OPH) 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. An evaluation of the first six months is underway.

3. Emerging issues/risks/mitigation

Risk	Mitigation
Reduced ACC revenue for rehabilitation contracts.	Work continues to identify and manage the impact of reducing ACC revenue. A plan to manage these issues has been developed and presented to staff and key stakeholders for consultation which closes at the end of January.
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. Increase in the number of outages in the Canterbury service is significantly increasing downtime.	The project plan and risk management strategy has been developed. Work with Canterbury is ongoing to resolve server issues.

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

HAC Meeting Date: **1 February 2012**
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: **18 January 2012 for the period ended 31 December 2011**

1. Service Summary

Children's Health

- A farewell afternoon tea was held to mark the retirement of Dr John Clarkson who served the Children's Health service, DHB and its predecessors for over 30 years.
- 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.
- Fund raising from Progressive Enterprises "Countdown Kids 2011" resulted in a cheque presented to the Dunedin Hospital Children's service for $62,000.

Women's Health

- The O&G SMO vacancy has necessitated the prioritisation of service delivery. Some non urgent referrals have been referred back to primary care. A locum SMO commences early January 2012 and a permanent appointee is anticipated to start in June.
- The third month of automated text reminding relating to outpatient appointments saw a 2.6% DNA rate for December, which was an improvement on results prior to this commencing.
- The project sent to the MOH relating to Office Gynaecology allowing some procedures to be undertaken in clinic under a local anaesthetic (rather than main operating theatre or day surgery unit) has been accepted.

Public Health South – Primary Services

- Implementation of the Southern DHB Community Oral Health project is nearing completion. Official openings were held for the Faculty of Dentistry, Mosgiel and South Dunedin facilities.
- District wide budgets for community oral health services are being developed.
- The final SAATS (Sexual Abuse Assessment Treatment Service) proposal was submitted to ACC for approval.

Public Health South – Public Health Services (Southern)

- No further cases of measles were reported in December. The service continues to monitor disease notifications as per usual practice.
- Two trainee Health Protection Officers were designated as Health Protection Officers doubling the number of designated officers in the Invercargill office.
- The coverage rate for December 2011 for children immunised at 2 years of age is 93.98% against a target of 95% by July 2012.

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 first issue of the Vaccine Preventable Disease newsletter 'VaxScene' was circulated, the next newsletter is due out in March.

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.
O & G Senior Medical Officer staffing due to a vacancy and ACC leave and two Registrar vacancies.	An SMO locum will start early January for a six month period and a permanent appointee will start in June. Registrar recruitment is ongoing with locums being sourced to cover the service.
Senior Medical Officer staffing in Paediatrics due to vacancy and 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. Interim locum cover is in place. Recruitment is underway for second position which became vacant in December due to retirement. A job offer has been made.
Senior Medical Officer staffing in Public Health due to a vacancy	Recruitment continues for the vacant position. A Public Health Registrar will stay on until February 2012.
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

	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. Stocktake has been completed and ***has been*** provided to the PAE for their review.
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			✓		The following recommendations as part of a report) have been made to the COO for consideration: 1. Address the NHB recommendation in respect of pilots as an organisation wide response to the management of projects, pilots being a sub-set of this 2. Properly resource the project office, which can then centrally direct all projects and apply basic project management tools and intelligence
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				✓	The same access criteria for gastroenterology is being used across Southern DHB. It is a modified Northern version. There are discussions about having one wait list but there are information technology barriers (no single patient management platform) and until these are surmounted the decision is that this would introduce clinical risk
24	Adopt national prioritisation and access tool for gastroenterology once confirmed by national working	Dec 2011				✓	Agreed to use the national standard for access to colonoscopies.

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
	party.						
25	Address backlog (outside of above agreed tool) of gastroenterology procedures.	Dec 2011			✓		A production plan for the Southern region is monitored weekly, and includes a plan to outsource scopes to address the backlog. ***Outsourced scopes have begun and the service is on track to meet the contracted volumes.***
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. abdominal pain, cellulitis).	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 pathways will reflect a Southern DHB approach and link with the PHO. Christchurch Hospital has been approached as they have already completed this work and the documentation is expected from them before the end of November.
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 (number 27) In addition, the 6 hours-It Matters! workstreams for "Referral to inpatient services" and "Achieving early Discharge by reducing variation in clinical care" is also addressing this.
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. ***New generators will be in place by end March 2012.***
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. SDHB awaiting the outcome of whether this project was accepted for funding.
33	Make one (of two) day case theatres fit for purpose for	July 2014			✓		Seeking costs with the assistance of Building &

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
	ophthalmology cases and move ophthalmology surgery to day surgery suite.						Property Services. A preliminary plan has been developed and is with the Quantity Surveyors. The Day Surgery suite has been scoped and there is not enough room in the footprint to enlarge the theatres. Instead floor plans to create a new theatre in the main operating suite are being developed. ***Business case for build of a 9th main operating theatre to be submitted by the end of February 2012 to Provider Arm Exec.***
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.	***June 2012***			✓		In progress. Next service to address this will be cardiac and thoracic surgery, review of pathway will be initiated with Clinical Leaders in January 2012.
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 systemically work through surgical specialties. Analysis of ENT rates has begun with meetings with the surgeons about list management and scheduling.
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.				✓		***Elective service team actioned with additional resource to set up processes across district.***
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	Jan 2012			✓		In progress.

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
	Wakari.						
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 ***Apr 2012***	✓	✓			***Phase 1 – All evaluation information collated and MRT Business Case to be submitted to COO for discussion and consideration (Business Case is with Southland General Manager for review).*** 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. ***Capacity does not allow for fast track booking at present, however approval of the MRT business case (mentioned above) will increase capacity.***

Chief Operating Officer's Report Southland
December 2011

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** (cwds) delivered year to date December 2011 for the Southland population were below plan by 9.42% (265.67), of these 293 relate to provider arm throughput largely in the areas of Ophthalmology, Ear Nose and Throat and Orthopaedics.

- Elective discharges delivered for the population of Southland year to date December 2011 are 153 below plan (1,888 against a total of 2,041). The discharge figure includes skin lesion and avastin procedures.

- Previous to this financial year some skin lesion and all avastin procedures were caseweighted and included in the electives target which therefore meant the volume completed was included in the elective discharge figure. This year the rules were aligned across all district health boards to ensure consistency of counting. This alignment meant the above procedures were counted with an outpatient methodology approach. This was a change for the Southland Hospital. Where DHB's had previously included the volumes in the electives total (which was now changing) those DHB's were to continue to count their volumes in the elective discharges target, but no cwd target.

- The annual avastin discharge target was set at 205; year-end prediction is to achieve 405. When the volume was caseweighted, it used to sit in the Ophthalmology line.

- The annual skin lesion discharge target was set at 101 year-end prediction is to achieve 101. When the volume was caseweighted it sat within the General Surgery line.

2. Operational Performance

- Total admissions for December 2011 were 1,759 compared with 1,713 in December 2010.

- There were 2,985 Emergency Department attendances at Southland hospital during December 2011 (2,729 December 2010). Of this total 779 were admitted. There were 708 Emergency Department attendances at Lakes District Hospital during December 2011 (587 December 2010). Of this total 117 were admitted.

- Resourced occupancy (Medical, Surgical and rehabilitation) during December 2011 was 86% against a target of 85%.

- Staff sick leave during December 2011 was 2.4%; December 2010 was 2.6%.

- Staff turnover during December 2011 was 2.7%; December 2010 was 2.3%.

3. Performance Reports and Updates

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

Leanne Samuel
(Acting) Chief Operating Officer (Southland)
Southern District Health Board
01 February 2012

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

DECEMBER 2011

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
Costweighted Contract Lines								
Dental Acute	-	1.76	(1.76)	14.73	12.03	2.70	19.33	14.74
Dental Elective	6.19	10.08	(3.89)	71.31	74.12	(2.81)	144.08	139.77
Plastics Acute	1.19	5.62	(4.42)	16.19	15.38	0.81	27.40	24.66
Plastics Elective	8.85	6.24	2.61	35.42	45.90	(10.48)	89.24	87.19
ENT Acute	-	5.53	(5.53)	2.66	16.24	(13.58)	20.35	13.23
ENT Elective	25.04	22.45	2.59	109.73	165.09	(55.36)	320.94	302.37
Ophthalmology Acute	-	2.47	(2.47)	1.05	9.77	(8.72)	15.08	2.24
Ophthalmology Elective	4.72	22.50	(17.79)	61.00	165.46	(104.45)	321.65	450.79
General Surgery Acute	209.18	165.44	43.74	966.93	859.88	107.05	1644.11	1935.98
General Surgery Elective	64.93	80.06	(15.13)	600.39	588.64	11.75	1144.32	1107.65
Gynaecology Acute	12.03	10.80	1.23	85.54	87.53	(1.99)	184.15	154.50
Gynaecology Elective	27.30	24.35	2.95	186.04	179.01	7.03	347.99	379.83
Orthopaedics Acute	172.68	153.55	19.13	983.84	1005.47	(21.63)	1940.04	1858.88
Orthopaedics Elective	77.34	93.05	(15.71)	485.37	656.85	(171.48)	1302.75	1383.92
Paediatric Surgical Acute	-	-	-	1.02	-	1.02	-	1.62
Paediatric Surgical Elective	5.53	3.54	2.00	24.81	25.99	(1.18)	50.53	52.26
Urology Acute	2.86	4.04	(1.18)	63.41	61.52	1.89	135.01	134.65
Urology Elective	22.78	21.81	0.98	159.65	160.34	(0.70)	311.71	278.96
General Medicine Acute	312.07	367.74	(55.67)	2177.81	2236.97	(59.16)	4385.82	4452.40
General Medicine Elective	3.73	-	3.73	23.56	-	23.56	-	64.92
Paediatric Medicine Acute	46.43	59.87	(13.44)	391.89	412.94	(21.04)	730.95	758.28
Paediatric Medicine Elective	2.04	0.82	1.22	6.19	6.01	0.17	11.69	11.36
Specialist Neonates Acute	38.61	46.84	(8.24)	302.23	269.44	32.80	562.67	479.44
Maternity Acute	96.15	123.54	(27.39)	630.99	704.88	(73.88)	1337.68	1229.89
Maternity Elective	1.22	1.09	0.13	6.74	8.00	(1.26)	15.55	13.42
Acute Costweights	891.20	947.19	(55.99)	5638.29	5692.03	(53.74)	11002.59	11060.51
Elective Costweights	249.67	285.98	(36.31)	1770.21	2075.42	(305.21)	4060.45	4272.44
Total Costweights	1140.88	1233.17	(92.29)	7408.50	7767.44	(358.95)	15063.04	15332.95

MoH Elective Services Online

Comparison of surgical services for December 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	3	0.0 %	0	0	0.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	14	100.0 %	0 %
Ear, Nose & Throat	1 of 1	100.0 %	0	40	4.2 %	-26	54	*12.7 %*	-33	0	0.0 %	0	17	4.0 %	-1	25	*19.7 %*	-6	22	*5.2 %*	-1	44	100.0 %	0 %
General Surgery	1 of 1	100.0 %	0	0	0.0 %	0	12	1.4 %	0	0	0.0 %	0	3	0.0 %	0	1	0.0 %	0	4	0.0 %	0	61	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	2	0.0 %	0	17	4.2 %	0	0	0.0 %	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	26	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	53	11.1 %	-46	11	1.3 %	0	0	0.0 %	0	1	0.0 %	0	7	0.0 %	0	1	0.0 %	0	96	100.0 %	0 %
Oral Maxillo	1 of 1	100.0 %	0	1	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	30	0.9 %	0	1	0.0 %	0	0	0.0 %	0	24	5.2 %	-6	1	0.0 %	0	19	4.1 %	0	31	100.0 %	0 %
Paediatric Surgery	1 of 1	100.0 %	0	0	0.0 %	0	5	0.0 %	0	0	0.0 %	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	9	100.0 %	0 %
Plastics	1 of 1	100.0 %	0	0	0.0 %	0	7	0.0 %	0	0	0.0 %	0	5	0.0 %	0	3	0.0 %	0	6	0.0 %	0	10	100.0 %	0 %
Urology	1 of 1	100.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	1	0.0 %	0	1	0.0 %	0	33	100.0 %	0 %
Total				**127**			**110**			**0**			**52**			**38**			**53**			**324**		

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: 14/Jan/2012

Report Run Date: 16/Jan/2012

MoH Elective Services Online

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

DHB Name: Southland

	2011 Jan			2011 Feb			2011 Mar			2011 Apr			2011 May			2011 Jun			2011 Jul			2011 Aug			2011 Sep			2011 Oct			2011 Nov			2011 Dec			
	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).	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	430	3.2%	-231	447	3.3%	-246	158	1.1%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	71	1.8%	0	77	2.0%	0	72	1.8%	0	78	2.0%	0	85	2.2%	0	75	1.9%	0	96	2.5%	0	106	2.8%	0	82	2.2%	0	118	3.2%	0	110	2.9%	0	110	2.9%	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.	87	2.2%	0	88	2.2%	0	88	2.2%	0	107	2.8%	0	97	2.5%	0	58	1.5%	0	62	1.6%	0	76	2.0%	0	67	1.8%	0	59	1.6%	0	51	1.3%	0	52	1.4%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	18	8.8%	0	24	11.2%	0	32	*16.2%*	-3	20	9.4%	0	23	10.4%	0	17	7.7%	0	16	7.2%	0	15	6.0%	0	18	7.9%	0	25	9.3%	0	27	10.5%	0	38	14.6%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	69	1.7%	0	80	2.0%	0	85	2.2%	0	99	2.6%	0	87	2.2%	0	56	1.4%	0	63	1.6%	0	75	2.0%	0	66	1.8%	0	59	1.6%	0	50	1.3%	0	53	1.4%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	252	100%	0.0%	257	100%	0.0%	330	100%	0.0%	263	100%	0.0%	378	100%	0.0%	387	100%	0.0%	271	100%	0.0%	319	100%	0.0%	320	100%	0.0%	338	100%	0.0%	353	100%	0.0%	324	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: 14/Jan/2012

Report Run Date: 16/Jan/2012

CHIEF MEDICAL OFFICER'S (CMO) REPORT

HAC Meeting Date: **01 February 2012**
Report Prepared By: **Mr David Tulloch, Chief Medical Officer**
Date Prepared: **12 January 2012**

Recommendation

That the Committee receives and notes this report.

1. Update

On the Southland campus, a new Orthopaedic consultant (permanent) a new Gynaecologist (permanent) and a new Ear Nose Throat (ENT) consultant (one year contract) have started and will be of great assistance to achieving ESPI compliance in those specialities.

As of 1 December 2011 all Southland General Practitioner's (GP's) have been receiving electronic discharges. The roll-out of this was smooth and has been well received by GP's.

The Southland campus has received notification from the New Zealand Association of General Surgeons (NZAGS) that a Board inspection of general surgery is to take place on 9 March 2012.

An Endoscopy clinical working group will be meeting on the Southland campus on 24 January 2012.

MEDICAL DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: **01 February 2012**
Report prepared by: **Ian Winwood, General Manager**
Dr Martin Watts, Medical Director
Jenny Hanson, Nursing Director
Date Prepared: **18 January 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- The Southland site has been static with the percentage of patients who are achieving the ED 6 hour target. In December 91.76% were discharged within the 6 hour target, compared to 91.6% in November 2011. The On the Right Track project will continue to review causes and consider additional options to improve patient flow.

- Gastroenterology has delivered 47% over plan for the Southland site, for First Specialist Assessment. The service has experienced high demand and there has been a focus on delivering additional volume to maintain Elective Service performance Indicators (ESPI) compliance.

- A new acting Clinical Director for Medicine commenced in December 2011.

2. Quality

- Falls Prevention Project – Assessments and Strategies are now being completed for patients on the Assessment Treatment and Rehabilitation Unit (AT&R) unit. Data for falls continues to be graphed and displayed on the notice board for all staff, patients and visitors. Data includes daily calendar of falls, monthly falls numbers, shifts on which they occurred and site. Incident reporting is continuing to rise however this is providing some excellent data with trend beginning to show. Falls are increasing however this is consistent with pattern at Dunedin Hospital when programme was initially introduced and reflects increased completion of incident form. Dunedin indicated this trend lasted about 10 months.

MENTAL HEALTH DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: **01 February 2012**
Report Prepared By: **Louise Travers, General Manager, Southland**
Dr Alfred Dell'Ario, Medical Director, Southland
Jane Collins, Nursing Director
Date Prepared: **18 January 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- Inpatient Mental Health Unit experienced high acuity during the month of December 2011.
- Inpatient Mental Health Unit went smoke free on 01 January 2012. This has been a well supported project with active consumer, family and staff involved in planning and learning from other DHB experiences over the last 18 months.

2. Quality Initiatives

Systems and Information Improvements

- The service is increasing participation, collaborating across the Southern region to improve data and clinical activity capture of regional services (via the Forensic data group) and, most recently, the Mental Health clinical workstation "Concerto" project with Orion.

Quality

- Work on the key performance indicator (KPI) framework for New Zealand Mental Health and Addiction Services project continues with a project focussing on "post-discharge community care" which is successfully improving systems and processes to result in improved quality of post-discharge care for our patients. Compliance rates have improved from 63% to 89% of patients discharged from hospital being seen by the service within seven days of discharge.
- Initial work has commenced to scope out a project related to KPI 18 – input by the service in the days prior to admission. This initial work is focusing on the inter relationship between the KPIs relating to the patient journey and will help us gain an improved understanding of the service work as a whole.

SURGICAL DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: **01 February 2012**
Report Prepared By: **Lynley Irvine, General Manager, Southland**
Murray Fosbender, Medical Director, Southland
Helen McKenzie, Nursing Director, Southland
Date Prepared: **18 January 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- Southland hospital has a green status in December 2011 for Elective Service Performance Indicators (ESPI's) 2.
- Southland hospital provider arm is non compliant in 3 surgical specialities for ESPI 2; Ear Nose and Throat (ENT), Ophthalmology and Paediatric medicine.
    - 360 new patients were seen in ENT clinics in December 2011. The majority of these patients were seen in additional clinics held over the Christmas period and the weekend of the 17 December 2011. Southland patients continue to be seen in Dunedin clinics. A full time locum consultant has started at Southland hospital on a one year term.
    - Ophthalmology, locum specialists are complimenting visiting specialists. Discussions to support the recovery plan are occurring at a district level. A short term locum who has worked in Southland previously is returning for a six week period and this will have a significant positive impact on the service. The appointment of a permanent consultant in Ophthalmology is progressing well and the candidate begins a two month period in Dunedin in early February 2012 and is scheduled to commence full time in Southland in mid April 2012.

2. Quality Initiatives

- The preadmission redesign project continues to progress and this project won the Chief Executive Officer (CEO) Quality Improvement award in the clinical improvement category, and this has been a highlight for the team working on this project.
- In addition the service is now planning to implement Early Recovery after Surgery (ERAS) which was approved by the Ministry of Health in the latest round of elective services initiative funding.

3. Contract Performance

- There is a negative year to date variance in Orthopaedics. This is being monitored closely by the department and is expected to recover with two new fulltime Orthopaedic consultants and one consultant has started in November 2011 and the other begins in February 2012.
- A new general surgeon has commenced in early October 2011 and this has seen some recovery in the general surgery area.

WOMEN AND CHILDREN DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: 01 February 2012
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: 18 January 2011

Recommendation

That the Committee receives and notes this report.

1. Service Summary

Obstetrics and Gynaecology

- The recovery plan for the Elective Service Performance Indicators (ESPI) compliance of Gynaecology first specialist assessment (FSA's) has greatly improved compliance.

Well Child

- Before School Check (B4SC) - Progress is being made to enhance communication of checks with other health care professionals to reduce duplication of assessment.

Oral Health

- Recovery plans continue for both Adolescent Service and Community Oral Health Service where arrears have occurred.

2. Quality

Southern DHB is a pilot site for the Maternity Quality Initiative programme. Successes illustrated by the pilot sites are being rolled out to all DHBs. A total of $12 million nationally over four years ($3 million per annum) is available to support the roll out, with the final individual DHB figures yet to be confirmed.

3. Service Highlights

- The Countdown Kids Appeal concluded with Children's ward being donated in excess of $44,000.00.
- Stewart Island has received a new Ambulance thanks to the ongoing partnership between St John's and Southern DHB.
- The reintroduction of the Royal Australian New Zealand College of Obstetrics and Gynaecology (RANZCOG) rural training programme on site at Southland Hospital has greatly enhanced the profile of Obstetrics and Gynaecology in the Southern region with both hospitals now able to host trainees.

December 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			✓		**2012 Recruitment completed 44 NETP RN's intake 1 & 2 (Feb & March) with a potentially of 5 places intake (3 July)**
1.2	PDRP uptake			✓		Being monitored on both sites.
1.3	HWNZ (previously CTA) program access/uptake			✓		**HWNZ funding accessed to provide Post Graduate (PG) Education opportunities for 64 Nurses across primary, community, aged care, rural secondary & tertiary sectors of the Southern DHB.**
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.
1.7	Management and leadership development for Senior nurses			✓		**Otago University Canterbury School of Medicine Nursing School will provide PG Cert papers within Southern District.**
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 -how many?			✓		Permanent appointment of Trendcare co-ordinators. Implementation of Trendcare commenced on both sites.

	-what type? -when? -specific needs? -required outcomes? -cost?					**Care Capacity Demand Management/Safe Staffing Health Workplace pilot will be progressed for Southland Dunedin & Wakari Hosptials in 2012**
3.1.2	Matching resources -how many staff? -what skill set required? -where? -with what resources? -what is the available budget?		✓			As above
3.1.3	Resource provision -Right number of staff? -Right type? -Right skill mix? -Right skills -Right environment -Right time? -Right resources?		✓			As above
3.1.4	Service Delivery -Safe -Effective -Appropriate -Timely -Sustainable -Flexible -Responsive		✓			As above
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 **Participate in 2012 pilot for care capacity demand management national demonstration site to be confirmed in Feb 2012**						
4.0 Nursing and Midwifery Governance and Leadership						
4.1	Clinical Governance, clinical leadership on the ground			✓		Putting the patient first, 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. Paeds 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.
Health care associated infection				✓		HAI data captured and reported via infection prevention and control. Being re-cut for HAC reports.

FINANCIAL REPORT

HAC Meeting Date: **1 February 2012**
Financial Report as at: **31 December 2011**
Report Prepared by: **Grant Paris, Business Analyst**
Date: **20 January 2012**

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	YTD $ Variance %
Revenue	38,902	39,131	(229)	234,845	234,684	161	469,551	0%
Personnel								
Personnel	(25,381)	(25,323)	(58)	(150,561)	(151,033)	472	(304,699)	0%
Expenditure								
Outsourced Services	(1,488)	(1,539)	51	(9,413)	(9,400)	(14)	(18,524)	0%
Clinical Supplies								
Treatment Disposables	(2,456)	(2,339)	(117)	(14,425)	(13,772)	(653)	(27,645)	-5%
Diagnostic Supplies & Other Clinical Su	(149)	(138)	(10)	(939)	(887)	(52)	(1,717)	-6%
Instruments & Equipment	(1,169)	(1,219)	50	(7,313)	(7,149)	(165)	(14,375)	-2%
Patient Appliances	(175)	(193)	18	(905)	(1,143)	238	(2,312)	21%
Implants & Prostheses	(925)	(731)	(194)	(4,984)	(5,081)	97	(9,730)	2%
Pharmaceuticals	(1,479)	(1,517)	38	(9,246)	(9,618)	372	(18,728)	4%
Other Clinical Supplies	(135)	(255)	119	(1,340)	(1,590)	250	(3,130)	16%
Infrastructure & Non-Clinical Supplies	(5,404)	(5,586)	182	(34,089)	(33,984)	(105)	(68,202)	0%
Net Surplus / (Deficit)	**139**	**290**	**(151)**	**1,628**	**1,027**	**601**	**489**	**59%**

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	YTD FTE Variance %
Medical Personnel	475	452	(23)	461	453	(8)	452	-2%
Nursing Personnel	1,537	1,564	28	1,542	1,565	22	1,564	1%
Allied Health Personnel	681	696	15	674	696	22	696	3%
Support Personnel	191	193	2	190	193	3	196	2%
Management & Administration Personnel	671	669	(2)	665	669	4	669	1%
Total	**3,555**	**3,574**	**19**	**3,532**	**3,575**	**43**	**3,576**	**1%**

NB: A breakdown of the above by site is shown in sections 8 to 10

The December result is a surplus of $139k compared to a budgeted surplus of $290k, unfavourable to budget by $151k. Year to date (ytd) the Provider Arm is $600k favourable to budget.

YTD Comment:
The ytd provider position remains favourable due to personnel being 43FTE under budget. This is split between the sites as follows;

- Dunedin Hospital (DH) 10FTE,
- Southland and Lakes Hospital (SLH) 26FTE and
- Shared Services 7FTE.

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

Outsourced services continue are on budget although when combined with increases in Medical staff, this actually shows an overrun at DH as explained in section 4 of the report.
Treatment costs continue to run over budget driven 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, transport costs and increased provision for doubtful debts.

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

- Internal revenue unfavourable due to lower than budgeted Breast screening volumes. YTD these are still over plan.
- Treatment Disposables over budget
- Implants and prosthesis over budget due to increased volumes at DH.
- Infrastructure costs under budget due to favourable maintenance and utility spends to budget.

2. Revenue

Total revenue is $229k under budget in December, driving down the ytd favourable variance to $161k. 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	(35) U	(5%)	(261) U	(6%)	Revenue for Medium Secure Unit only partially recognised as unit not finished. Offsetting favourable variance in personnel costs.
ACC	(109) U	(15%)	(371) U	(8%)	Dunedin site $356k unfavourable due to reduced ACC surgical volumes and Non acute rehab volumes. Invercargill site on budget however increased MRI volumes offsetting lower Rehab ward $'s
Other Government	69 F	19%	255 F	12%	Additional revenue to partially offset increased blood costs
Internal - DHB Funder to DHB Provider	(177) U	0%	(89) U	0%	($868k) - Mental Health washup to funder. ($171k) - reduced PCT revenue offsetting costs ($164k) - reduced Community Pharmacy revenue offsetting costs $557k - Oral Health Funding $969k - Price Volume schedule adj - Renal ($444k) - Price Volume schedule adj - Community Cardiology Tests $164k- Breastscreening volumes > plan. ($120k) - Cervical screening volumes < plan.
Patient / Consumer Sourced	(37) U	(16%)	203 F	14%	$246k - Non resident revenue
Other Income	135 F	13%	633 F	11%	$182k - Donations $213k - SSC subsidies for Kiwisaver
Revenue	**(154) U**		**370 F**		

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	(8,182)	(7,815)	(368)	(47,123)	(46,137)	(987)	(92,355)
Nursing Personnel	(9,336)	(9,651)	315	(56,516)	(57,752)	1,235	(118,599)
Allied Health Personnel	(3,818)	(3,859)	41	(23,115)	(23,427)	312	(46,574)
Support Personnel	(774)	(769)	(5)	(4,531)	(4,531)	(0)	(9,258)
Management & Administration Personnel	(3,270)	(3,229)	(41)	(19,275)	(19,186)	(89)	(37,912)
Total Personnel Costs	**(25,381)**	**(25,323)**	**(58)**	**(150,561)**	**(151,033)**	**472**	**(304,699)**

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	475	452	(23)	461	453	(8)	452
Nursing Personnel	1,537	1,564	28	1,542	1,565	22	1,564
Allied Health Personnel	681	696	15	674	696	22	696
Support Personnel	191	193	2	190	193	3	196
Management & Administration Personnel	671	669	(2)	665	669	4	669
Total	**3,555**	**3,574**	**19**	**3,532**	**3,575**	**43**	**3,576**

Total personnel costs are over budget in December by $58k and under YTD by $472k. FTEs are under budget for the month by 19 and ytd by 43.

Medical Personnel

Medical salary costs are over budget in December by $368k, and ytd by $987k.

The majority of the December $ variance has been driven by RMOs which were 20FTE over budget, 13 of these at the Dunedin site and 7 at the Southland site. This is due to;

- increased overtime FTE due to call backs and additional duties at both sites filling roster gaps.
- additional FTE that has been recruited into. At SLH this increase is offset by a decrease in outsourced expenditure.

The combined medical salary lines and medical outsourcing costs show an overall unfavourable variance as shown below. This is due primarily to the recruitment of additional medical FTE

	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	(5,382)	(5,291)	(91)	219.37	216.30	(3.07)	(31,299)	(31,270)	(29)	211.26	217.47	6.21
Outsourced SMO	(730)	(687)	(43)				(4,230)	(4,097)	(133)			
Total SMO	**(6,112)**	**(5,978)**	**(134)**	**219.37**	**216.30**	**(3.07)**	**(35,529)**	**(35,367)**	**(162)**	**211.26**	**217.47**	**6.21**
RMO Personnel	(2,801)	(2,523)	(278)	255.40	235.50	(19.90)	(15,824)	(14,867)	(957)	249.25	235.50	(13.75)
Outsourced RMOs	(155)	(240)	85				(898)	(1,436)	538			
Total RMO	**(2,956)**	**(2,763)**	**(193)**	**255.40**	**235.50**	**(19.90)**	**(16,722)**	**(16,303)**	**(419)**	**249.25**	**235.50**	**(13.75)**
Total Medical Resource	**(9,068)**	**(8,741)**	**(327)**	**474.77**	**451.80**	**(22.97)**	**(52,251)**	**(51,670)**	**(581)**	**460.51**	**452.97**	**(7.54)**

Total non salary related costs are under budget for the month and YTD by $191k and $676k respectively.

Nursing Salaries

Nursing costs are $315k favourable to budget for December, a continuation of the YTD trend which is now $1.2m favourable for the 6 months. FTEs are 28 under budget for the month compared with 22 YTD.

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

- incomplete medium secure unit, (10 FTE)
- ISIS rehab (4 FTE)
- 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 is opening late January and we expect these vacancies to be filled from February.

Allied Health Personnel

Allied health costs are $41k favourable for the month ($312k favourable ytd). FTE for the month is 15 FTE favourable, 22 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 vacancies at both sites, and radiation oncology therapists and physicists.

Partially offsetting the favourable $ variance due to vacancies is increased overtime and allowances.

Management Administration Personnel

Management administration costs are $41k unfavourable for the month, $89k unfavourable YTD. FTE is running 2FTE over budget for the month and 4FTE under budget ytd.

The unfavourable ytd $ variance is tracking opposite to FTE due to unbudgeted back-pay and leave taken lower than budgeted.

4. Outsourced Costs

Outsourced clinical services are on budget for the month, however remain $328k over budget ytd. As reported in prior months, this is being driven by DH with outsourced volumes being ahead of plan. Despite previously stating this will be managed to plan by year end, the recent dropping of elective lists to accommodate acute volumes now means this is likely to remain overspent at year end with additional volumes needing to be outsourced.

Outsourced medical personnel is due to an underspend in outsourced RMO costs by SLH. This is partially offset by increased RMO personnel costs as positions are successfully recruited into.

Outsourced Expenses	Monthly Variance $(000)	Monthly Variance %	YTD Variance $(000)	YTD Variance %	Annual Budget $(000)
Medical Personnel	42 F	5%	405 F	7%	(11,053)
Nursing Personnel	1 F	52%	-	(2%)	(30)
Allied Health Personnel	(16) U	(113%)	(49) U	(60%)	(163)
Support Personnel	8 F	35%	3 F	2%	(265)
Management / Administration Personnel	(6) U	(263%)	(74) U	(520%)	(28)
Outsourced Clinical Services	12 F	3%	(328) U	(10%)	(6,023)
Outsourced Corporate / Governance Services	9 F	11%	30 F	6%	(962)
Outsourced Services Total	**51 F**	**3%**	**(14) U**	**0%**	**(18,524)**

5. Clinical Supplies

Clinical supplies costs were $96k unfavourable against budget for the month (2% of budget) and $87k favourable ytd (0% of budget)

Treatment Disposables has overrun the monthly budget by 5% ($117k) in line with the 5% ytd overrun ($653k). Along with blood products ($224k) and renal fluids ($181k), this ytd variance has been caused by overruns in most expenditure types (dressings, continence supplies, IV supplies). This ytd overrun is totally attributable to the Dunedin site which correlates with volume delivery, DH currently exceeding volumes in some areas whereas SLH are under budget.

The unfavourable variance in Instruments and Equipment is driven by SH due to increase usage of disposable instruments Southland theatres (200% over budget). An increase in Laparoscopic surgery along with change of practice in General Surgery and Gynaecology is driving this. It is a trend that will continue and is being budgeted for in 2012-13.

Patient appliances are favourable due to savings in Orthotic costs at DH when the contract was renegotiated for the current year.

Implant costs exceeded budget for the month due to hip volumes being over plan in DH for the month. YTD hip and knee implants are still $136k favourable although some of this variance will be offset against outsourced clinical services. Associated with this was an unfavourable variance in screws, nails and plates. Shunts and Stents were also 50% over budget for the month, however on budget ytd.

Other clinical supplies were unusually low for the month driven by Air Ambulance costs. This was due to the receipt of SDHBs share of the 2010/11 refund for fixed wing core flights from the provider.

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	(117) U	(5%)	(653) U	(5%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(10) U	(8%)	(52) U	(6%)	(1,717)
Instruments & Equipment	50 F	4%	(165) U	(2%)	(14,375)
Patient Appliances	18 F	9%	238 F	21%	(2,312)
Implants & Prosthesis	(194) U	(27%)	97 F	2%	(9,730)
Pharmaceuticals	38 F	2%	372 F	4%	(18,728)
Other Clinical Supplies	119 F	47%	250 F	16%	(3,130)
Clinical Supplies Total	**(96) U**	**(2%)**	**87 F**	**0%**	**(77,637)**

6. Infrastructure and Non Clinical

Infrastructure and non clinical costs were $182k favourable against budget for the month, reducing the ytd unfavourable variance to $105k.

Infrastructure & Non Clinical Expenses	Monthly Variance $(000)	Monthly Variance %	YTD Variance $(000)	YTD Variance %	Annual Budget $(000)
Hotel Services, Laundry & Cleaning	62 F	6%	63 F	1%	(12,760)
Facilities	104 F	6%	64 F	1%	(20,332)
Transport	8 F	2%	(123) U	(6%)	(3,814)
IT Systems & Telecommunications	(7) U	(1%)	(176) U	(4%)	(10,140)
Interest & Financing Charges	(32) U	(3%)	(103) U	(1%)	(14,148)
Professional Fees & Expenses	68 F	48%	280 F	32%	(1,718)
Other Operating Expenses	(20) U	(5%)	(109) U	(4%)	(5,289)
Infrastructure & Non-Clinical Supplies Total	**182 F**	**3%**	**(105) U**	**0%**	**(68,202)**

A number of the above categories have trended against the ytd variance as follows;

Food costs at both sites were favourable for the month which was against the ytd unfavourable variance. We cannot ascertain anything from one month's result, as it may simply be patient numbers were lower than budgeted for the month driving these costs down.

Facility costs were favourable reversing last month's ytd unfavourable variance. This was due mainly to utility charges being under budget (electricity / gas)

Other operating expenses are unfavourable ytd, the major driver of this being the doubtful debts provision that has been increased and is $190k over budget. This effectively cancels out the majority of additional revenue invoiced to non residents as per section 2.

7. Year End Forecast

Tabled below is the revised forecast for 2011-12 that shows a break even position at year end.

Provider	YTD Variance $' 000	Forecast Jan-June 12 $' 000	Budget Jan-June 12 $' 000	Variance Jan-June 12 $' 000	YE Forecast $' 000	Annual Budget $' 000	Forecast Variance $' 000
Revenue	**161**	**234,670**	**234,867**	**(197)**	**469,472**	**469,551**	**(79)**
less Personnel Expenses							
Medical Personnel	(987)	(47,685)	(46,218)	(1,467)	(94,804)	(92,355)	(2,449)
Nursing Personnel	1,235	(59,446)	(60,847)	1,401	(115,965)	(118,599)	2,635
Allied Health Personnel	312	(22,844)	(23,147)	303	(45,959)	(46,574)	616
Support Services Personnel	0	(4,612)	(4,727)	115	(9,142)	(9,258)	116
Management/Admin Personnel	(90)	(18,790)	(18,725)	(65)	(38,068)	(37,911)	(157)
Personnel Costs Total	**470**	**(153,377)**	**(153,664)**	**287**	**(303,937)**	**(304,697)**	**760**
less Non Personnel Expenditure							
Outsourced Services	(14)	(8,885)	(9,124)	239	(18,298)	(18,524)	226
Clinical Supplies	87	(39,577)	(38,397)	(1,180)	(78,724)	(77,637)	(1,087)
Infrastructure & Non Clinical Supplies	(105)	(34,440)	(34,218)	(222)	(68,529)	(68,202)	(327)
Non Personnel Costs Total	**(32)**	**(82,902)**	**(81,739)**	**(1,163)**	**(165,551)**	**(164,363)**	**(1,188)**
Total Expenses	**438**	**(236,279)**	**(235,403)**	**(876)**	**(469,488)**	**(469,060)**	**(428)**
Net Surplus / (Deficit)	**599**	**(1,609)**	**(536)**	**(1,073)**	**(16)**	**491**	**(507)**

Key points to note from the forecast are;

- Medical costs increase, representing the cost load above budget due to the settlement of the award effective January 2012.

- Nursing costs continue to be favourable to budget. This forecast may be tested however once we see;
    - the impact of the Christmas leave on the January accounts, and
    - the impact of staffing up the Medium Secure Unit

- Outsourced costs decrease reflecting the continued underspend at SH and the projected reduction in volumes at DH. (due to additional acute lists starting in March.)

- Clinical supplies have been forecast to move from the favourable position at Dec-11 to an unfavourable position as at June-12. The movement within the respective categories are shown below.

Provider	YTD Variance $' 000	Forecast Jan-June 12 $' 000	Budget Jan-June 12 $' 000	Variance Jan-June 12 $' 000	YE Forecast $' 000	Annual Budget $' 000	Forecast Variance $' 000
Treatment Disposables	(653)	(14,395)	(13,873)	(522)	(28,820)	(27,645)	(1,175)
Diagnostic Supplies & Other Clinical Suppl	(52)	(914)	(830)	(84)	(1,853)	(1,717)	(135)
Instruments & Equipment	(165)	(7,759)	(7,226)	(533)	(15,073)	(14,375)	(697)
Patient Appliances	238	(1,057)	(1,169)	112	(1,961)	(2,312)	350
Implants & Prostheses	97	(5,000)	(4,649)	(351)	(9,984)	(9,730)	(254)
Pharmaceuticals	372	(8,865)	(9,110)	245	(18,106)	(18,728)	622
Other Clinical Supplies	250	(1,587)	(1,540)	(47)	(2,928)	(3,130)	202
	87	**(39,577)**	**(38,397)**	**(1,180)**	**(78,724)**	**(77,637)**	**(1,087)**

Instruments and equipment are forecast to increase with the commissioning of some major assets. We have also forecasting repairs and maintenance based on prior years spends rather than the first 6 months actuals which is unusually low.

Implants and Prostheses costs assume elective volumes will be maintained at both sites. Southland costs will increase as they catch up their elective volumes and DH costs will increase once more is bought in-house when additional acute lists start.

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	26,168	26,196	(29)	158,829	157,445	1,384	314,710
Personnel	(17,166)	(16,868)	(297)	(101,727)	(100,538)	(1,189)	(203,202)
Expenditure							
Outsourced Services	(500)	(525)	25	(3,874)	(3,342)	(532)	(6,420)
Clinical Supplies							
Treatment Disposables	(1,800)	(1,678)	(122)	(10,614)	(9,901)	(714)	(19,632)
Diagnostic Supplies & Other Clinical Su	(113)	(111)	(2)	(725)	(728)	3	(1,387)
Instruments & Equipment	(361)	(418)	57	(2,443)	(2,486)	43	(4,949)
Patient Appliances	(104)	(137)	33	(526)	(815)	289	(1,629)
Implants & Prostheses	(713)	(558)	(155)	(3,896)	(4,069)	173	(7,627)
Pharmaceuticals	(994)	(1,041)	48	(6,463)	(6,804)	341	(12,969)
Other Clinical Supplies	(25)	(143)	118	(662)	(933)	271	(1,774)
Infrastructure & Non-Clinical Supplies	(1,393)	(1,333)	(59)	(8,299)	(8,046)	(252)	(15,940)
Net Surplus / (Deficit)	**2,999**	**3,382**	**(384)**	**19,601**	**19,784**	**(183)**	**39,181**

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	351	336	(15)	344	337	(7)	336
Nursing Personnel	1,064	1,083	18	1,065	1,083	17	1,082
Allied Health Personnel	484	484	(0)	480	484	4	484
Support Personnel	110	107	(3)	107	107	(0)	107
Management & Administration Personnel	332	328	(4)	331	328	(3)	328
Total	**2,341**	**2,337**	**(4)**	**2,329**	**2,339**	**10**	**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	12,054	12,239	(185)	72,185	72,999	(814)	146,039
Personnel	(7,306)	(7,267)	(39)	(42,288)	(43,429)	1,141	(87,450)
Expenditure							
Outsourced Services	(903)	(916)	13	(5,036)	(5,494)	458	(10,988)
Clinical Supplies							
Treatment Disposables	(602)	(602)	(1)	(3,475)	(3,524)	49	(7,318)
Diagnostic Supplies & Other Clinical Su	(36)	(27)	(9)	(214)	(159)	(55)	(330)
Instruments & Equipment	(112)	(93)	(19)	(730)	(546)	(184)	(1,132)
Patient Appliances	(71)	(56)	(15)	(380)	(329)	(51)	(682)
Implants & Prostheses	(212)	(173)	(39)	(1,088)	(1,013)	(76)	(2,103)
Pharmaceuticals	(486)	(474)	(11)	(2,780)	(2,804)	24	(5,740)
Other Clinical Supplies	(110)	(112)	1	(678)	(657)	(21)	(1,355)
Infrastructure & Non-Clinical Supplies	(591)	(649)	58	(3,805)	(3,892)	87	(7,784)
Net Surplus / (Deficit)	**1,625**	**1,872**	**(246)**	**11,710**	**11,153**	**558**	**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	124	116	(8)	116	116	(0)	116
Nursing Personnel	469	478	9	473	478	5	478
Allied Health Personnel	195	210	15	191	210	18	210
Support Personnel	35	38	3	35	38	2	38
Management & Administration Personnel	168	167	(1)	166	167	1	167
Total	**991**	**1,008**	**17**	**982**	**1,008**	**26**	**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	630	695	(65)	3,723	4,240	(517)	8,802
Personnel	(909)	(1,188)	278	(6,544)	(7,066)	522	(14,048)
Expenditure							
Outsourced Services	(85)	(98)	13	(503)	(564)	60	(1,115)
Clinical Supplies							
Treatment Disposables	(54)	(60)	6	(335)	(347)	11	(695)
Diagnostic Supplies & Other Clinical Su	(0)	(0)	0	(1)	(1)	(0)	(1)
Instruments & Equipment	(695)	(707)	12	(4,140)	(4,117)	(23)	(8,294)
Patient Appliances	0	0	0	(0)	0	(0)	0
Pharmaceuticals	(0)	(2)	1	(3)	(10)	7	(19)
Other Clinical Supplies	0	(0)	0	0	(0)	0	(0)
Infrastructure & Non-Clinical Supplies	(3,420)	(3,604)	185	(21,971)	(22,045)	74	(44,478)
Net Surplus / (Deficit)	**(4,533)**	**(4,964)**	**431**	**(29,775)**	**(29,910)**	**135**	**(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	1	2	1	2	2	(0)	2
Support Personnel	46	48	2	47	48	1	52
Management & Administration Personnel	171	173	2	167	173	6	173
Total	**223**	**228**	**5**	**221**	**228**	**7**	**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	48,591	
Fluoroscopy Room Upgrade	200,000	45,845	245,845		245,845	245,845	21,596	
Mammo Building	189,882		189,882	189,882		189,882	167,377	
Boiler Dunstan		1,000,000	1,000,000				3,356	1,000,000
Installation on Standby generators from Dunedin		600,000	600,000				222,599	600,000
New Boiler - Southland		600,000	600,000					600,000
Fraser Building Roof Replacements								
Security - Dunedin/Wakari		200,000	200,000					200,000
Audiology alterations		150,000	150,000				3,143	150,000
Nurse Call Replacement - Dunedin		140,000	140,000					140,000
DSA Room Upgrade	475,961		475,961	475,961		475,961	407,338	
Total Building and Property	1,038,078	2,735,845	3,773,923	838,078	245,845	1,083,923	899,105	2,690,000
Image Intensifiers for Main Operating Theatre	400,000	(79,928)	320,072		320,072	320,072	315,072	
Fluoroscopy X-Ray Machine Upgrade	700,000	32,500	732,500		732,500	732,500		
DR Machine for Mobile Screening Unit	400,000	(21,000)	379,000		379,000	379,000		
Fundus camera - eyes - digital+fluroscene	45,120		45,120					45,120
Camera, light source tower								
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	144,397		144,397	144,397		144,397	139,154	
CT Scanner	964,997		964,997	964,997		964,997	935,454	
Mammography Machine Upgrade		512,000	512,000		512,000	512,000		
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	159,849	60,151
Pool Tools		180,000	180,000		146,359	146,359	123,242	33,641
Anaesthesia machine monitors								
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	252	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		54,805	54,805	3,182	65,195
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		107,763	107,763	53,152	12,237
DSA Machine & Table-Mounted DSA Ultrasound Machine	1,534,405		1,534,405	1,534,405		1,534,405	1,522,965	
Total Clinical Equipment	5,218,919	4,512,572	9,731,491	2,643,799	2,512,098	5,155,897	3,252,323	4,575,594
Cboard Food Management System	278,854		278,854	278,854		278,854	242,946	
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	120,000	180,133	28,133		28,133	30,324	152,000
Sharepoint	161,756		161,756					161,756
Business Intelligence	258,155	400,000	658,155	258,155	96,709	354,864	182,492	303,291
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	15,476	61,240
Upgrade of Dental IT system - Titanium	275,000	52,658	327,658		327,658	327,658	18,500	
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		184,689	184,689	256,772	65,311
One iPM		250,000	250,000				100	250,000
Trend Care		306,301	306,301		306,301	306,301	289,970	
Incedent System		280,067	280,067		280,067	280,067		
SAN Replacement		170,000	170,000					170,000
Email Archiving		150,000	150,000					150,000
Server Growth		100,000	100,000					100,000
Video Conf		100,000	100,000		90,552	90,552	89,600	9,448
Data - Protection								
Total Information Technology	3,013,006	2,197,994	5,211,000	1,427,637	1,304,944	2,732,581	1,188,870	2,478,419
Total Major Assets	9,270,003	9,446,411	18,716,414	4,909,514	4,062,887	8,972,401	5,340,298	9,744,013

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	185,409	487,550	183,337	176,591
Clinical Equipment	1,352,999	3,148,999	4,501,998	1,492,310	760,833	2,253,143	1,308,766	2,248,855
Information Technology	356,000	765,667	1,121,667	356,000	131,735	487,735	112,943	633,932
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	39,443	210,798	129,401	354,287
Total Minor	2,208,317	4,695,396	6,903,713	2,347,628	1,117,420	3,465,048	1,734,447	3,438,665
Building & Property - Contingency		650,000	650,000		217,965	217,965	192,087	432,035
Information Technology - Contingency	649,087	316,370	965,457		721,894	721,894	413,593	243,562
General - Dunedin	885,714	1,034,069	1,919,784		968,153	968,153	799,990	951,631
General - Southland	505,487	672,447	1,177,934		279,339	279,339	215,587	898,595
Strategic Contingency	2,178,290	(830,838)	1,347,452					1,347,452
Total Contingencies	4,218,578	1,842,049	6,060,626		2,187,351	2,187,351	1,621,257	3,873,275
INTERNALLY FUNDED ASSETS								
Linear Accelerator		4,384,000	4,384,000		3,774,613	3,774,613	392,756	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				17,940	3,400,000
ED Shortstay unit		2,714,000	2,714,000		2,714,000	2,714,000	134,586	
Gastroenterology Unit		1,821,000	1,821,000					1,821,000
Total Internally Funded Capital Programme		14,265,000	14,265,000		8,434,613	8,434,613	545,282	5,830,387
Total Baseline Capital Programme	15,696,898	30,248,856	45,945,753	7,257,142	15,802,271	23,059,413	9,241,284	22,886,340

Asset Class	Total Budget	2011/12 Portion of Budget	Prior Years Cashflows	Total Approvals	Current Years Cashflows	Budget yet to spend
EXTERNALLY FUNDED ASSETS						
Inter Rai	212,000	212,000		77,084	187,806	24,194
Energy Effiency Project	202,010	202,010		202,010	81,738	120,272
Master Site Planning	24,380,000	10,111,000	1,373,003	7,421,283	4,541,983	18,465,014
Oral Health	6,742,000	2,179,000	3,912,812	6,403,063	1,095,662	1,733,526
ID Transition Unit	2,307,000	1,538,000	67,550	2,346,122	1,088,282	1,151,168
Total Externally Funded Capital Programme	33,843,010	14,242,010	5,353,365	16,449,562	6,995,470	21,494,175

DONATED & SELF FUNDED ASSETS	Approved	Current Years Cashflows
Donated		
Donated	180,324	273,279
Donated	43,575	55,783
Donated	41,391	38,618
Southland Trust	17,193	10,860
Total of additional self funded capital expenditure	**282,483**	**378,539**
Total per cashflow statement		**16,615,293**

12. Financial Statements – Provider Arm

	Current Month				Year to Date				Annual
Part 2: DHB provider	**Actual**	**Budget**	**Variance**	**Variance**	**Actual**	**Budget**	**Variance**	**Variance**	**Budget**
	$(000)	**$(000)**	**$(000)**	**%**	**$(000)**	**$(000)**	**$(000)**	**%**	**$(000)**
REVENUE									
Ministry of Health									
MoH - Personal Health	-	20	(20) U		7	228	(221) U	97%	738
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	24	(13) U	56%	63	143	(80) U	56%	286
MoH - Disability Support Services	706	741	(35) U	5%	4,184	4,445	(261) U	6%	8,890
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	435	531	(96) U	18%	3,178	3,189	(11) U		6,378
Internal - DHB Funder to DHB Provider	35,236	35,412	(177) U		212,384	212,473	(89) U		424,861
Ministry of Health Total	**36,387**	**36,728**	**(341) U**	1%	**219,816**	**220,478**	**(662) U**		**441,153**
Other Government									
Other DHB's	34	25	9 F	(38%)	167	148	19 F	(13%)	295
Training Fees and Subsidies	54	9	45 F	(483%)	139	56	83 F	(148%)	112
Accident Insurance	612	721	(109) U	15%	4,149	4,519	(371) U	8%	8,793
Other Government	437	368	69 F	(19%)	2,465	2,210	255 F	(12%)	4,420
Other Government Total	**1,138**	**1,124**	**14 F**	**(1%)**	**6,919**	**6,933**	**(14) U**		**13,621**
Government and Crown Agency Total	**37,524**	**37,852**	**(327) U**	**1%**	**226,735**	**227,410**	**(676) U**		**454,774**
Other Revenue									
Patient / Consumer Sourced	195	232	(37) U	16%	1,645	1,441	203 F	(14%)	3,089
Other Income	1,182	1,047	135 F	(13%)	6,465	5,832	633 F	(11%)	11,688
Other Revenue Total	**1,377**	**1,279**	**98 F**	**(8%)**	**8,110**	**7,274**	**836 F**	**(11%)**	**14,777**
REVENUE TOTAL	**38,902**	**39,131**	**(229) U**	**1%**	**234,845**	**234,684**	**161 F**		**469,551**
EXPENSES									
Personnel Expenses									
Medical Personnel	(8,182)	(7,815)	(368) U	5%	(47,123)	(46,137)	(987) U	2%	(92,355)
Nursing Personnel	(9,336)	(9,651)	315 F	(3%)	(56,516)	(57,752)	1,235 F	(2%)	(118,599)
Allied Health Personnel	(3,818)	(3,859)	41 F	(1%)	(23,115)	(23,427)	312 F	(1%)	(46,574)
Support Services Personnel	(774)	(769)	(5) U	1%	(4,531)	(4,531)			(9,258)
Management / Admin Personnel	(3,270)	(3,229)	(41) U	1%	(19,275)	(19,186)	(90) U		(37,911)
Personnel Costs Total	**(25,381)**	**(25,323)**	**(58) U**		**(150,561)**	**(151,032)**	**471 F**		**(304,697)**
Outsourced Expenses									
Medical Personnel	(885)	(927)	42 F	(5%)	(5,128)	(5,533)	405 F	(7%)	(11,053)
Nursing Personnel	(1)	(3)	1 F	(52%)	(15)	(15)		2%	(30)
Allied Health Personnel	(29)	(14)	(16) U	113%	(131)	(82)	(49) U	60%	(163)
Support Personnel	(15)	(22)	8 F	(35%)	(131)	(134)	3 F	(2%)	(265)
Management / Administration Personnel	(9)	(2)	(6) U	263%	(88)	(14)	(74) U	520%	(28)
Outsourced Clinical Services	(474)	(486)	12 F	(3%)	(3,464)	(3,136)	(328) U	10%	(6,023)
Outsourced Corporate / Governance Services	(76)	(85)	9 F	(11%)	(456)	(487)	30 F	(6%)	(962)
Outsourced Funder Services	-	-			-	-			-
Outsourced Services Total	**(1,488)**	**(1,539)**	**51 F**	**(3%)**	**(9,413)**	**(9,400)**	**(14) U**		**(18,524)**
Clinical Supplies									
Treatment Disposables	(2,456)	(2,339)	(117) U	5%	(14,425)	(13,772)	(653) U	5%	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(149)	(138)	(10) U	8%	(939)	(887)	(52) U	6%	(1,717)
Instruments & Equipment	(1,169)	(1,219)	50 F	(4%)	(7,313)	(7,149)	(165) U	2%	(14,375)
Patient Appliances	(175)	(193)	18 F	(9%)	(905)	(1,143)	238 F	(21%)	(2,312)
Implants & Prosthesis	(925)	(731)	(194) U	27%	(4,984)	(5,081)	97 F	(2%)	(9,730)
Pharmaceuticals	(1,479)	(1,517)	38 F	(2%)	(9,246)	(9,618)	372 F	(4%)	(18,728)
Other Clinical Supplies	(135)	(255)	119 F	(47%)	(1,340)	(1,590)	250 F	(16%)	(3,130)
Clinical Supplies Total	**(6,488)**	**(6,392)**	**(96) U**	**2%**	**(39,153)**	**(39,240)**	**87 F**		**(77,637)**
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(996)	(1,058)	62 F	(6%)	(6,346)	(6,410)	63 F	(1%)	(12,760)
Facilities	(1,515)	(1,619)	104 F	(6%)	(9,853)	(9,917)	64 F	(1%)	(20,332)
Transport	(313)	(320)	8 F	(2%)	(2,024)	(1,901)	(123) U	6%	(3,814)
IT Systems & Telecommunications	(848)	(841)	(7) U	1%	(5,215)	(5,039)	(176) U	4%	(10,140)
Interest & Financing Charges	(1,201)	(1,169)	(32) U	3%	(7,200)	(7,097)	(103) U	1%	(14,148)
Professional Fees & Expenses	(75)	(144)	68 F	(48%)	(589)	(869)	280 F	(32%)	(1,718)
Other Operating Expenses	(455)	(435)	(20) U	5%	(2,861)	(2,752)	(109) U	4%	(5,289)
Infrastructure & Non-Clinical Supplies Total	**(5,404)**	**(5,586)**	**182 F**	**(3%)**	**(34,089)**	**(33,984)**	**(105) U**		**(68,202)**
Total Expenses	**(38,762)**	**(38,841)**	**78 F**		**(233,217)**	**(233,656)**	**439 F**		**(469,060)**
Net Surplus/ (Deficit)	**139**	**290**	**(151) U**	**(52%)**	**1,628**	**1,028**	**600 F**	**58%**	**491**

Information Systems Dashboard

December 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.
	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 has been approved. Project scoping underway.***
	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			✓		***Installation commenced.***
	Cisco Call Manager Upgrade			✓		***Project progressing according to plan.***
	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.

December 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 included awarding of scholarships, 2012 funding applications and end of year reporting requirements.***
3.2	Workforce Information	√				Scoping activity as part of HRIS Project.
3.3	Management and Leadership development			√		***2011 HRM Series Module delivery concluded last month.***
3.4	Provider Arm Senior Management Group Development			√		
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 **continues**.
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 ***as a key component of the refreshed people capability strategy to deliver on our vision, mission and purpose.***
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 ***has been deferred until after Christmas a/ New Year break so as not to interfere with the processing of the Dec/Jan pays***.

Building and Property Services	December 2011

Major Capital Construction Project Summary

Location				Capital Construction Projects	Status				Update
Otago	Dunstan	Southland	Lakes		Scoping	Behind	On Track	Completed	
✓				Radiology: New Fluoroscopy machine			✓		Construction underway.
✓				New Linac Bunker			✓		Design consultants and project manager has been engaged. Preliminary concept continues.
✓				E.D Observation Unit			✓		Project tendered. Evaluation underway
✓				Gastrointestinal Disease Redevelopment	✓				Options have been provided to the GIC committee. Waiting on further instructions.
		✓		DHB: Administration and Teaching Centre	✓				Design work underway for Stage 1.
✓				Regional Intellectual Disability Secure Service (RIDSS)			✓		See attached report.

Major 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. Parts ordered.
		✓		Building Management Controls (EPC III Project)			✓		Under construction 80% completed

Master Site Planning and Financial Update

The total budget approved by the Minister of Health is $24.38m. To date, 9 of the 10 tenders have been approved with a positive variance against forecast. The NICU and Paediatrics ward is the only project yet to be tendered.

Tender	Project	Scoping	Behind	On Track	Completed	Approved Tender Variance	Update
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	Construction on track.
3	Wakari Main Block Lifts			√		$ 0.00	Construction on track.
4	Mechanical Reticulation			√		$ 1,789.00	Construction on track.
5	Wakari Conference Rooms				√	$ -199,338.00	Negative variance due to additional scope. Project completed.
6	Wakari Central Stores			√		$ 321,170.00	Construction on track.
	Dunedin Office Relocations			√			
	Dunedin Provider Corporate			√			
	CEO, Board, Planning & Funding			√			
	IS and Finance			√			
	Corridors and Stairwells			√			
7	Staff Cafeteria – Dunedin			√		3,069,552	Construction to commence in January.
	Staff Cafeteria – Wakari			√			
8	Dunedin Hospital Generators			√		$ 107,752.00	Construction on track.
9	Dunedin Main Switchboard			√		0.00	Construction on track.
10	NICU and Paediatrics	√					Awaiting preliminary design approval.
Total Budget Variance						$ 616,918.30	

Warren Taylor

Facilities and Site Development Manager

PROGRESS REPORT – ED OBSERVATION UNIT - DUNEDIN HOSPITAL

START DATE:	TARGET FINISH DATE:	% COMPLETE:	ACTUAL FINISH DATE:
3rd October 2011	August 2012	25%	

PROGRESS THIS MONTH:

- Open plan office handed over.
- Drainage issues have delayed the handover of the change room which will now be completed on Friday 20 January 2012.
- Painting & floor preparation in Psych Services Building is progressing for Nurse Director's office.
- ED corridor work to begin the week of the 23rd of January 2012.
- ED data upgrade in progress.

FINANCIAL STATUS:

ED OBS UNIT	Approved Cost	Actual Costs to Date (WIP account)
Construction Costs	$ 2,430,000.00	$ 232,850.00
Project Contingency	$ 270,000.00	$ 0.00
TOTAL	$ 2,700,000.00	$ 232,850.00

PROJECT DESCRIPTION:
Construction of a Observation Unit in the Emergency Department on the Ground floor of the Ward Block at Dunedin Hospital involving the following:

- Slab to Slab refit of 3 separate stages in the Ward Block Ground floor.
- New Retail Space and Link to Ward Block on the Ground floor of the Psych Services building.
- Demolition including Concrete Cutting.
- New Partitions, Plumbing, Ventilation, Fire protection, Electrical services, Communication Services, Nurse Call, Security, Medical gases, Suspended Ceilings and Floor coverings
- Construction of N Class isolation rooms and an 8 Bed Observation unit with support areas.

PROJECT PROGRESS FROM LAST MONTH:

- Decanting Work has been completed to allow for establishment of construction zones.

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.

PROGRESS REPORT – REGIONAL INTELLECTUALLY DISABLED FACILITY - WAKARI HOSPITAL

START DATE:	TARGET FINISH DATE:	% COMPLETE:	ACTUAL FINISH DATE:
1 June 2011	24 January 2012	90%	

PROGRESS THIS MONTH:

- Associated work in Ward 10A is progressing well.
- Intellectually Disabled Facility - The interior fixtures and joinery is being completed.
- Exterior site works underway.
- Final commissioning has commenced.
-

FINANCIAL STATUS:

	Approved Cost	Actual Costs to Date
Construction Costs	$ 2,125,200.00	$ 1,046,034.00
Project Contingency	$ 184,800.00	$ 108,139.00
TOTAL	$ 2,310,000.00	$ 1,154,173.00

PROJECT DESCRIPTION:

Construction of a new Regional Intellectually Disabled Facility on the Wakari Hospital site involving the following:

- Excavation and earthworks
- Concrete work – foundations etc
- Construction of Lockwood type building including all associated services.
- Associated work in Ward 10A.

PROJECT PROGRESS FROM LAST MONTH:

- Earthworks and service trenches completed.
- Ward 10A work completed.
- Concrete pad completed.

RISKS AND RESOLUTIONS:

Access	The use of construction fencing, cones, orange netting, danger tape and physical barriers 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)