Southern District Health Board

Hospitals' Advisory Committee

Agenda

To be held in the

Board Room, Community Services Building,
Southland Hospital Campus, Invercargill
At 2.00pm

29 February 2012

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SOUTHERN DISTRICT HEALTH BOARD

HOSPITALS' ADVISORY COMMITTEE MEETING

Wednesday 29 February 2012 - 2.00pm
Board Room, Community Services Building, Southland Hospital Campus, Invercargill

A G E N D A

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**
	District Monitoring Reports ▪ Chief Operating Officers' Report ▪ Provider Arm Dashboard ▪ Health Targets ▪ Elective Services Performance Indicators ▪ Elective case weights and discharges ▪ Key Performance Indicators	**4**
	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	**5**
	Southland Performance Reports ▪ Chief Operating Officer's Report ▪ Case Weight Activity Data ▪ Elective Services Performance Indicators ▪ Chief Medical Officer's Report ▪ Directorate Reports	**6**
	District Performance Reports	
	▪ Chief Nursing and Midwifery Report	**7**
	▪ Financial Performance Summary	**8**
	▪ Information Group Report	**9**
	▪ Human Resources Report	**10**
	▪ Building and Property Report	**11**

Confidential Session:

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)
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)
Electronic Prescribing and Administration	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	• Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, commercial activities and negotiations – section 9(2)(i) and (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 February 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.
Steve Addison	21.02.2012	1. Mother-in-law (Anne Gover) Gore District Councillor 2. Father-in-law (Keith Gover) on Board of Gore Counselling Centre	
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	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.	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.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	23.02.2010	8. Otago Rugby Union (Director).	6. No conflict. 7. No conflict. 8. No conflict.
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	
Robert Mackway-Jones	28.08.2007	1. Close association (wife) employed by Dunedin Hospital.	1. Reporting line to Purchasing Team leader.
Lexie O'Shea	01.07.2007	1. Trustee, Gilmour Trust.	1. Southland Hospital Trust.
Lynda McCutcheon	24.01.2012	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	

Southern District Health Board

Minutes of the Hospitals' Advisory Committee Meeting held on Wednesday, 1 February 2012, commencing at 2.00pm in the Board Room, 1st Floor, Dunedin Hospital

Present:	Mr Paul E Menzies	Chairman
	Mr Neville M Cook	
	Dr J Malcolm Macpherson	
	Mr Tahu K Potiki	
	Dr Branko Sijnja	
	Mr Tim P Ward	
In Attendance:	Mr Joe G Butterfield	Board Chairman
	Mrs Kaye J Crowther	Board member
	Mrs Lexie O'Shea	Acting Chief Executive Officer
	Mrs Vivian Blake	Chief Operating Officer, Otago
	Mrs Tina Gilbertson	Acting Chief Nursing & Midwifery Officer
	Mrs Leanne Samuel	Acting Chief Operating Officer, Southland
	Mr David Tulloch	Chief Medical Officer
	Mr Grant Paris	Senior Business Analyst, Dunedin
	Ms Nyia Strachan	Acting Communications Officer
	Mrs Joanne Fannin	Board Secretary Southland
Apologies:	Mr Richard J Thomson	HAC Member

1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. An apology was noted from HAC member, Mr Richard Thomson.

It was resolved:

"That the apology from Mr Richard Thomson be accepted."

Moved: Mr Menzies
Seconded: Mr Ward
Carried

2.0 MEMBERS' DECLARATION OF INTEREST

The Chairman called for any adjustments or amendments to the Interests Register. None were advised.

The Chairman asked if members were aware of any agenda items with which they may have a potential conflict and reminded them of their responsibility to advise the meeting immediately should any potential conflict arise during discussions.

3.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 9 November 2011 Hospitals' Advisory Committee meeting be approved and adopted as a true and correct record."

Moved: Mr Cook
Seconded: Mr Ward
Carried

4.0 MATTERS ARISING

There were no matters arising from the previous minutes.

5.0 ACTION SHEET

The Committee reviewed the action sheet.

6.0 HOSPITALS' ADVISORY COMMITTEE TERMS OF REFERENCE

The Committee considered the Terms of Reference and discussion was held on the frequency of meetings.

It was resolved:

"That the Hospitals' Advisory Committee recommend to the Board that the Hospitals' Advisory Committee hold ten meetings per year and that the Hospitals' Advisory Committee Terms of Reference be reviewed again at the first meeting in 2013."

7.0 CHIEF OPERATING OFFICERS' REPORT

The Chief Operating Officer, Otago, Mrs Vivian Blake, provided an update on the Chief Operating Officers' Report and took questions from members and the following highlights were noted:

- Both elective caseweights delivered and health target elective discharges delivered were ahead of plan for the month and year-to-date.
- Whilst unfavourable for the month, the year-to-date financial result was favourable.
- When looking at the Provider Arm dashboard, the Committee was asked to note that there was less activity over the December 2011/January 2012 holiday period due to annual leave.
- Good progress against the Minister's health targets was noted.
- Whilst there was one area of amber highlighted in the Elective Services Performance Indicators (ESPIs) report, the issue was being worked through and there was no cause for concern. Mr Tim Ward acknowledged the efforts of staff in getting the ESPIs back on track.
- It is likely that indicator eight – infrastructure costs per weighted output – will be discontinued due to the change to the Southern DHB model.
- The Acting Chief Operating Officer, Southland, Mrs Leanne Samuel provided an update on the acute readmission rate for Southland. Investigations are continuing and an update will be provided on completion.
- There are 33 indicators reported on nationwide and individual DHBs decide on the most relevant for inclusion in their governance reports. Locally,

management keep a 'watching brief' to ensure that the most relevant indicators are reported through to the Hospitals' Advisory Committee.

8.0 CHIEF OPERATING OFFICER'S REPORT, OTAGO

The Chief Operating Officer, Otago, provided an update on her report and took questions from members, and the following highlights were noted:

- Both elective caseweights delivered and health target elective discharges delivered were ahead of plan for the month and year-to-date.
- Operational performance was busy, with an average of six additional attendances per day in the Emergency Department (ED), Dunedin Hospital for December 2011.
- An update was provided on the operational initiatives – seismic evaluations, master site planning and '6 hours – It Matters!' The Committee noted that subsequent to the agenda going to print, approval was given by the Minister of Health for the preliminary design for the Neonatal Intensive Care Unit (NICU) and Paediatrics. The construction work on the ED Observation Unit could impact the health target for shorter stays in the ED. However, once construction work is completed, the Minister's health target for shorter stays in ED is expected to improve by a further 5-10%.
- The ESPI showing as amber for Orthopaedics was due to a data error and this is being rectified.
- Six of the recommendations contained within the National Health Board and Southern DHB Joint Assessment of Systems – Dunedin Hospital, have been completed, with the remainder being either on track or in the process of being scoped.

9.0 CHIEF OPERATING OFFICER'S REPORT, SOUTHLAND

The Acting Chief Operating Officer, Southland, provided an update on the report for the Southland Hospital site and took questions from members, and the following highlights were noted:

- Both elective caseweights delivered and health target elective discharges are below plan year-to-date, with the reasons outlined in the report.
- The Committee noted the increased activity for December 2011 with 44 admissions more than the previous December and 250 additional attendances in ED. The impact on bed capacity and the ED target was noted.

The Acting CEO, Mrs Lexie O'Shea, joined the meeting at 2.30pm.

- An acknowledgement was made to staff in the Ear Nose and Throat (ENT) Department, who saw 360 new patients in December 2011. In addition to this, Southland patients continue to be seen every week in Dunedin.
- An Ophthalmologist currently working out of Dunedin is to commence work at the Southland Hospital site in April 2012.
- Southland Hospital has been successful in receiving early recovery after surgery funding from the MoH.
- The preadmission redesign project won the CEO Quality Improvement Award in the clinical improvement category.
- A new Orthopaedic consultant has started, along with a new General Surgeon.

10.0 CHIEF MEDICAL OFFICER'S REPORT

The Chief Medical Officer, Mr David Tulloch, provided an update on the radiology issue on the Southland Hospital site, noting the excellent clinical governance used

to address the issue. An update was also provided on the Endoscopy Clinical Working Group meeting that had taken place in Southland. The meeting was positive and was a good example for other clinical services to use.

11.0 CHIEF NURSING AND MIDWIFERY OFFICER'S REPORT

The Acting Chief Nursing and Midwifery Officer, Ms Tina Gilbertson, provided an update on the Nursing and Midwifery Dashboard and the following highlights were noted:

- The current cohort of new graduates is due to commence. There is an emphasis on supporting the home grown nursing workforce.
- Health Workforce NZ funding has been allocated to provide Post Graduate Education opportunities for nurses across different sectors within Southern DHB. Progress has been made on a South Island Regional approach, ensuring that funding is available for nurses regionally for training and education.
- Progress continues with TrendCare being rolled out across both the Dunedin Hospital and Southland Hospital sites.
- Clarification was provided on the skill set required by the Fast Track Nurses working in ED on the Southland Hospital site.
- Staff continue to look at how to build on the bedside delivery of care within the restricted funding available.

12.0 FINANCIAL REPORT

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

- The December 2011 result was unfavourable to budget by $151K and the year-to-date Provider Arm is $600K favourable to budget.
- Full time equivalents (FTEs) were under budget by 19 for December 2011 and 43 YTD.
- Revenue was under budget in December 2011 by $229K, with the variances outlined in the report. An update was provided on the lower than budgeted breast screening volumes and discussion was held on the continued decline in Accident Compensation Corporation (ACC) volumes. With the lower volumes, services are being realigned where possible to contain costs.
- The increase in Theatre activity on the Dunedin Hospital site resulted in treatment disposable costs and implants and prosthesis being over budget for the month. It is anticipated that disposable costs at the Southland Hospital site will also increase with a new Orthopaedic Surgeon commencing.
- With the Dunedin Hospital site bringing in additional work that was previously outsourced, costs will increase, but this will be offset by a reduction in the cost of outsourcing.
- Section seven outlined a forecast break even position at year end for the reasons outlined in the report.
- In discussion it was noted there would be no consequential savings due to the increase in Laparoscopic Surgery.
- The SBA clarified the assumption made regarding implants and prosthesis costs in the forecast.
- Brief discussion was held on the proposal for a ninth Theatre at the Dunedin Hospital site following a query by HAC member, Dr Branko Sijnja.
- Dr Sijnja advised on the impact the decline in ACC public funded referrals is having in the primary sector and the possible implications to the secondary and tertiary level hospital facilities into the future.
- The SBA advised that the actuarial allowance assumption had not been factored into the forecast.

13.0 INFORMATION SYSTEMS (IS) DASHBOARD

A brief update on the InterRAI implementation project was provided. Following a request from the Board Chairman, it was agreed that a brief report and timeline for both the InterRAI and Business Intelligence projects be provided to the Committee on a quarterly basis.

14.0 HUMAN RESOURCES (HR) DASHBOARD

The COO Otago confirmed that both the centralised recruitment model and the Human Resources Information Systems (HRIS) are being driven nationally and she undertook to provide further detail from a regional and national perspective for the next meeting.

15.0 BUILDING AND PROPERTY SERVICES

The COO Otago highlighted that the replacement of the Dunedin Hospital site generators would be significant and outlined the disruption this would create. She assured members that a communication plan would be put in place to ensure the public and emergency services are aware of the work-arounds during this period of time.

In response to a query by the Board Chairman regarding the gastrointestinal disease redevelopment, the COO Otago advised that Southern DHB was awaiting a response from the University of Otago, Dunedin School of Medicine request for capital support for this joint initiative.

It was confirmed that the amount for the staff cafeteria outlined on the 'Master Site Planning and Financial Update' was the total contract price, not a variance.

It was resolved:

"That the management and financial reports be noted."

Moved: Mr Menzies
Seconded: Mr Ward
Carried

CONFIDENTIAL SESSION

***At 3.00pm, it* was *resolved*:**

"That the public be excluded from the meeting for consideration of the following agenda items:

General subject:	***Reasons 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).

General subject:	*Reasons for passing this resolution:*	*Grounds for passing the resolution:*
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.	As above, sections 9(2)(a) and 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.	As above, sections 9(2)(a) and 9(2)(j).

Moved: Mr Menzies
Seconded: Dr Macpherson
Carried

The meeting closed at 3.30 pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

HOSPITALS' ADVISORY COMMITTEE (HAC)

Action Sheet from meeting held on 1 February 2012

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
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
72 2012/02	**HAC Terms of Reference** (Minutes Item 6)	The number of HAC meetings per annum is to be increased back to 10 and the HAC ToR are to be reviewed at the first meeting in 2013.	COOs/BSS	The BSS has updated the Board meeting schedule for 2012. The ToR are to be tabled at the HAC meeting in February 2013.	February 2013
73 2012/02	**IS Dashboard** (Minutes Item 13)	A report and timeline for both the InterRAI and Business Intelligence projects is to be provided to the Committee on a quarterly basis.	COOs	A report and timeline will be included in the May 2012 agenda.	May 2012
74 2012/02	**HR Dashboard** (Minutes Item 14)	Further details from a regional and national perspective on the HRIS and centralised recruitment model are to be provided for the Committee.	COOs	An update is to be provided for the Committee's meeting on 29 February 2012.	29 February 2012

Chief Operating Officer's Report **January 2012**

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** delivered (cwd) for Southern DHB were 14.57% (125 cwd) behind plan for January 2012. Year to date case weight volumes are 2.15% (174) above plan.
- Health Target Elective **discharges** delivered for Southern DHB were 43 below plan for January 2012. Year to date elective discharges are 16 above plan.

2. Financial Performance

An unfavourable variance of $1,516k was recorded in the provider arm for the month of January 2012. Year to date the result is unfavourable by $915k

Revenue for January 2012 was unfavourable against budget by $321k. Expenses for January 2012 were unfavourable against plan by $1,195k

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

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 ***January 2012 average of 89.3%*** of patients discharged from ED within 6 hours. ***The progress made reflects whole of systems change.*** The focus is 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 8 hour shift.*** ***A three month audit completed by the Fast track nurses indicated that 11.7% of the patients that have presented to the ED in this time were seen in the Fast Track Service.*** 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. ***Review of breaches where patient aged over 65 being undertaken to ascertain referral process, time of presentation, type of diagnosis and develop potential solutions.*** 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. ***DVT data reviewed to capture improvements in average length of stay since implementation of the DVT pathway. Average length of stay now 3 hours 51 minutes compared to 4 hours 32 minutes for the corresponding period in 2010.*** 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. ***After discussion with the MoH the project proposal has been re-scoped to be inclusive of other funding proposals related to the patient journey for the DHB. This new proposal is with the MoH and we are waiting to hear if the bid has been successful.***
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 process for a Radiation Oncologist continues.***
Better Help for Smokers to Quit				✓		***The percentage of patients identified as smokers were provided with advice and help to quit has reduced slightly in the last month from 89.5% at the end of December to 87.6% at the end of January. This is due to a slight decrease in Otago sites. No trend has been identified, a similar fluctuation occurred at the same time in 2011. Weekly reviews of data continue to identify areas to concentrate on.*** ***Southern DHB continues to engage with Southern PHO regarding obtaining the data set for the 4 smoking indicators at individual practice level on a more regular basis, i.e. monthly, as per the Ministry of Health's recommendation. Without this data there continue to be difficulties in monitoring progress towards the primary target.***
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				✓		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 in place the Gastrointestinal Diseases Centre Establishment Board, a joint initiative between Southern DHB and the Dunedin School of Medicine, University of Otago. • Gastroenterology ***have reviewed*** production plans for colonoscopy and ERCP, ***and introduced a single Southern DHB access criteria for colonoscopies***. • A joint Gastroenterology meeting ***was*** 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. • ***Reporting dashboard and template under development*** • ***The creation of a single gastroenterology service for the district has been agreed, with one set of access criteria and prioritisation.***
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. ***This month has seen the gynaecology service rolled out***
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). ***and radiology.*** 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				✓		Contributing to South Island planning in all work streams. Southern DHB is represented on the Service Planning and Integration Team (SPaIT) group which are establishing its

(Southland)						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. ***During this month the principles of TPOT for developing a new service have been utilised to ensure the successful introduction of bariatric surgery.*** ***In addition a trial of two staff members commencing work at 0700has been started. This to continue the focus of on time starts in the operating theatre***
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 foreseeable 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 was held 26 January 2012; the next workshop is 13 March 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. ***Supporting consultation process as required, for example, inpatients and younger people.***
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 now complete.*** Involvement of wider clinical services is being investigated. InterRAI version upgrade completed in December 2011, ***with most unresolved host server issues now resolved.***
Development of DHB Care Coordination Centre				✓		***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 which will put in place systems and processes to support Single Point of Entry.***
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.
Falls project				✓		Rolled into AT&R in May and completed. Surgical ward roll

(Southland)						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	100%
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	87.6%
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	89.31%	87.40%
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	5,702	5,686
February		
March		
April		
May		
June		

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

DHB Name: Southern

	2011 Feb			2011 Mar			2011 Apr			2011 May			2011 Jun			2011 Jul			2011 Aug			2011 Sep			2011 Oct			2011 Nov			2011 Dec			2012 Jan			
	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).	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	254	0.7%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	140	1.4%	0	126	1.3%	0	124	1.3%	0	136	1.4%	0	109	1.1%	0	129	1.4%	0	150	1.6%	0	131	1.4%	0	166	1.8%	0	163	1.7%	0	165	1.7%	0	144	1.5%	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.	207	2.0%	0	190	1.8%	0	222	2.2%	0	193	1.9%	0	126	1.2%	0	112	1.1%	0	141	1.4%	0	108	1.1%	0	102	1.0%	0	92	0.9%	0	106	1.0%	0	151	1.5%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	49	9.1%	0	46	8.4%	0	28	5.1%	0	29	4.7%	0	24	4.3%	0	25	4.6%	0	23	3.9%	0	27	4.7%	0	34	5.3%	0	28	4.5%	0	39	6.0%	0	41	6.2%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	185	1.9%	0	164	1.7%	0	188	1.9%	0	162	1.7%	0	115	1.2%	0	114	1.2%	0	136	1.4%	0	103	1.1%	0	94	1.0%	0	77	0.8%	0	88	0.9%	0	129	1.3%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	726	100%	0%	870	100%	0%	649	100%	0%	902	100%	0%	980	100%	0%	690	100%	0%	874	100%	0%	856	100%	0%	844	100%	0%	928	100%	0%	756	100%	0%	609	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: 18/Feb/2012

Report Run Date: 20/Feb/2012

Elective Caseweight Performance for Southern DHB Population

Provider Arm caseweight activity

PUC	Purchase Unit Description	January Actual	January Plan	January Variance	January % 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)	10.28	9.46	0.82	8.67%	82.45	83.34	(0.89)	(1.07%)	143.64	143.64
M10.01	Cardiology - Inpatient Services (DRGs)	19.03	24.30	(5.27)	(21.70%)	299.13	332.05	(32.92)	(9.91%)	585.55	553.25
S00.01	General Surgery - Inpatient Services (DRGs)	239.76	217.32	22.45	10.33%	2,010.34	1,990.82	19.52	0.98%	3,434.03	3,454.53
S15.01	Cardiothoracic - Inpatient Services (DRGs)	14.08	64.68	(50.60)	(78.23%)	602.80	511.58	91.22	17.83%	935.04	993.28
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	51.16	58.22	(7.06)	(12.13%)	606.70	641.60	(34.90)	(5.44%)	1,108.50	1,090.74
S30.01	Gynaecology - Inpatient Services (DRGs)	54.21	59.06	(4.86)	(8.22%)	568.31	608.05	(39.74)	(6.54%)	1,053.36	1,048.92
S35.01	Neurosurgery - Inpatient Services (DRGs)	13.93	17.57	(3.64)	(20.74%)	161.19	161.09	0.10	0.06%	307.56	294.18
S40.01	Ophthalmology - Inpatient Services (DRGs)	16.85	33.52	(16.67)	(49.74%)	290.48	289.01	1.47	0.51%	551.75	491.09
S45.01	Orthopaedics - Inpatient Services (DRGs)	208.04	220.27	(12.23)	(5.55%)	2,053.71	1,980.29	73.42	3.71%	3,464.25	3,735.38
S55.01	Paediatric Surgical Services (DRGs)	5.97	5.65	0.32	5.60%	61.14	66.70	(5.56)	(8.34%)	120.61	123.01
S60.01	Plastic & Burns - Inpatient Services (DRGs)	11.81	14.25	(2.44)	(17.14%)	185.35	122.71	62.64	51.04%	211.40	294.59
S70.01	Urology - Inpatient Services (DRGs)	56.74	46.76	9.98	21.34%	491.92	473.51	18.41	3.89%	800.10	809.56
S75.01	Vascular Surgery - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	4.17
		701.84	771.06	(69.21)	(8.98%)	7,413.52	7,260.75	152.77	2.10%	12,715.79	13,036.33

IDF Outflow Caseweights

PUC	Purchase Unit Description	January Actual	January Plan	January Variance	January % 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)	3.00	3.39	(0.39)	(11.49%)	24.42	34.01	(9.60)	(28.21%)	58.67	43.86
M10.01	Cardiology - Inpatient Services (DRGs)	3.58	16.83	(13.25)	(78.73%)	166.38	117.79	48.59	41.25%	201.94	285.23
S00.01	General Surgery - Inpatient Services (DRGs)	-	7.66	(7.66)	(100.00%)	52.09	59.91	(7.82)	(13.06%)	102.78	95.01
S15.01	Cardiothoracic - Inpatient Services (DRGs)	-	0.47	(0.47)	(100.00%)	-	3.29	(3.29)	(100.00%)	5.64	4.80
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	-	1.14	(1.14)	(100.00%)	45.01	10.89	34.12	313.25%	18.78	51.44
S30.01	Gynaecology - Inpatient Services (DRGs)	2.11	4.40	(2.29)	(51.98%)	44.22	36.02	8.20	22.75%	62.05	65.62
S35.01	Neurosurgery - Inpatient Services (DRGs)	-	7.74	(7.74)	(100.00%)	61.86	54.20	7.66	14.13%	92.91	107.57
S40.01	Ophthalmology - Inpatient Services (DRGs)	4.67	7.11	(2.44)	(34.30%)	12.35	49.75	(37.39)	(75.17%)	85.26	21.18
S45.01	Orthopaedics - Inpatient Services (DRGs)	-	9.47	(9.47)	(100.00%)	69.48	71.05	(1.57)	(2.21%)	122.45	123.61
S55.01	Paediatric Surgical Services (DRGs)	2.62	7.96	(5.33)	(67.05%)	52.31	55.68	(3.36)	(6.04%)	95.47	99.19
S60.01	Plastic & Burns - Inpatient Services (DRGs)	-	5.36	(5.36)	(100.00%)	31.95	37.54	(5.59)	(14.89%)	64.36	53.98
S70.01	Urology - Inpatient Services (DRGs)	1.86	2.72	(0.87)	(31.76%)	14.89	19.06	(4.18)	(21.91%)	32.70	32.98
S75.01	Vascular Surgery - Inpatient Services (DRGs)	1.89	-	1.89	0.00%	18.77	-	18.77	0.00%	-	29.36
		19.73	74.25	(54.52)	(73.43%)	593.73	549.19	44.53	8.11%	943.01	1,013.83

Contracted Out Caseweights

PUC	Purchase Unit Description	January Actual	January Plan	January Variance	January % 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)	1.71	3.87	(2.16)	0.00%	20.37	52.36	(31.99)	(61.09%)	93.07	61.08
M10.01	Cardiology - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S00.01	General Surgery - Inpatient Services (DRGs)	3.02	-	3.02	0.00%	72.24	52.00	20.24	0.00%	100.00	120.24
S15.01	Cardiothoracic - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	2.09	-	2.09	0.00%	30.04	23.08	6.95	0.00%	41.22	48.17
S30.01	Gynaecology - Inpatient Services (DRGs)	-	-	0.00	0.00%	7.44	20.33	(12.89)	0.00%	39.10	26.20
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)	1.23	2.17	(0.94)	(43.23%)	109.37	81.19	28.18	0.00%	125.00	134.39
S55.01	Paediatric Surgical Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S60.01	Plastic & Burns - Inpatient Services (DRGs)	3.02	6.18	(3.16)	(51.17%)	15.65	52.26	(36.62)	0.00%	90.00	53.38
S70.01	Urology - Inpatient Services (DRGs)	-	0.03	(0.03)	(100.00%)	25.92	22.81	3.10	0.00%	40.00	43.10
S75.01	Vascular Surgery - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
		11.07	12.24	(1.17)	(9.57%)	281.02	304.04	(23.02)	(7.57%)	528.39	486.56

Total Southern DHB Population view

PUC	Purchase Unit Description	January Actual	January Plan	January Variance	January % 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)	15.00	16.72	(1.73)	(10.32%)	127.24	169.71	(42.48)	(25.03%)	295.38	248.58
M10.01	Cardiology - Inpatient Services (DRGs)	22.61	41.13	(18.52)	(45.03%)	465.51	449.84	15.67	3.48%	787.49	838.47
S00.01	General Surgery - Inpatient Services (DRGs)	242.78	224.98	17.80	7.91%	2,134.66	2,102.73	31.93	1.52%	3,636.81	3,669.78
S15.01	Cardiothoracic - Inpatient Services (DRGs)	14.08	65.15	(51.07)	(78.38%)	602.80	514.87	87.93	17.08%	940.68	998.08
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	53.25	59.36	(6.11)	(10.29%)	681.75	675.57	6.17	0.91%	1,168.50	1,190.35
S30.01	Gynaecology - Inpatient Services (DRGs)	56.32	63.47	(7.15)	(11.26%)	619.96	664.40	(44.44)	(6.69%)	1,154.51	1,140.74
S35.01	Neurosurgery - Inpatient Services (DRGs)	13.93	25.31	(11.39)	(44.98%)	223.04	215.29	7.76	3.60%	400.47	401.75
S40.01	Ophthalmology - Inpatient Services (DRGs)	21.52	40.63	(19.11)	(47.04%)	302.83	338.76	(35.92)	(10.60%)	637.01	512.27
S45.01	Orthopaedics - Inpatient Services (DRGs)	209.27	231.90	(22.63)	(9.76%)	2,232.56	2,132.52	100.04	4.69%	3,711.70	3,993.38
S55.01	Paediatric Surgical Services (DRGs)	8.59	13.61	(5.02)	(36.88%)	113.45	122.38	(8.92)	(7.29%)	216.08	222.20
S60.01	Plastic & Burns - Inpatient Services (DRGs)	14.82	25.79	(10.97)	(42.52%)	232.95	212.52	20.43	9.61%	365.76	401.95
S70.01	Urology - Inpatient Services (DRGs)	58.59	49.51	9.09	18.36%	532.72	515.39	17.34	3.36%	872.80	885.64
S75.01	Vascular Surgery - Inpatient Services (DRGs)	1.89	-	1.89	0.00%	18.77	-	18.77	0.00%	-	33.53
		732.64	857.55	(124.91)	(14.57%)	8,288.26	8,113.98	174.29	2.15%	14,187.19	14,536.72

Elective Discharges Performance for Southern DHB Population

Provider Arm Discharge Activity

PUC	Purchase Unit Description	January Actual	January Plan	January Variance	January % 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)	115	111	4	4%	1,053	1,014	39	4%	1,747	1,802
MS0201	Skin Lesion	12	18	(6)	(34%)	170	183	(13)	(7%)	323	306
S15.01	Cardiothoracic - Inpatient Services (DRGs)	3	9	(6)	(68%)	92	75	17	23%	136	153
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	89	90	(1)	(1%)	850	995	(145)	(15%)	1,718	1,724
S30.01	Gynaecology - Inpatient Services (DRGs)	51	55	(4)	(8%)	595	568	27	5%	986	990
S35.01	Neurosurgery - Inpatient Services (DRGs)	4	6	(2)	(32%)	74	54	20	37%	103	124
S40.01	Ophthalmology - Inpatient Services (DRGs)	30	59	(29)	(49%)	498	507	(9)	(2%)	968	823
S40.01A	Avastin	42	12	30	263%	305	116	189	164%	205	450
S45.01	Orthopaedics - Inpatient Services (DRGs)	103	116	(13)	(11%)	861	1,044	(183)	(18%)	1,828	1,749
S55.01	Paediatric Surgical Services (DRGs)	8	5	3	58%	80	59	21	35%	108	108
S60.01	Plastic & Burns - Inpatient Services (DRGs)	13	14	(1)	(6%)	205	119	86	73%	205	289
S70.01	Urology - Inpatient Services (DRGs)	54	42	12	27%	478	430	48	11%	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
		524	538	(14)	(3%)	5,261	5,163	98	2%	9,053	9,250

IDF Outflow Discharges

PUC	Purchase Unit Description	January Actual	January Plan	January Variance	January % 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)	0	4	(4)	(100%)	37	31	6	21%	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)	0	2	(2)	(100%)	10	17	(7)	(41%)	29	26
S30.01	Gynaecology - Inpatient Services (DRGs)	1	4	(3)	(76%)	31	34	(3)	(8%)	58	43
S35.01	Neurosurgery - Inpatient Services (DRGs)	0	3	(3)	(100%)	20	18	2	11%	31	31
S40.01	Ophthalmology - Inpatient Services (DRGs)	5	12	(7)	(60%)	14	87	(73)	(84%)	150	23
S40.01A	Avastin	0	0	0	0%	0	0	0	0%	0	0
S45.01	Orthopaedics - Inpatient Services (DRGs)	0	5	(5)	(100%)	45	37	8	20%	65	63
S55.01	Paediatric Surgical Services (DRGs)	2	7	(5)	(72%)	38	50	(12)	(24%)	85	81
S60.01	Plastic & Burns - Inpatient Services (DRGs)	0	5	(5)	(100%)	34	36	(2)	(6%)	62	56
S70.01	Urology - Inpatient Services (DRGs)	2	2	()	(19%)	9	17	(8)	(48%)	30	24
S75.01	Vascular Surgery - Inpatient Services (DRGs)	1	0	1	0%	4	0	4	0%	0	1
		11	45	(34)	(75%)	242	328	(86)	(26%)	562	405

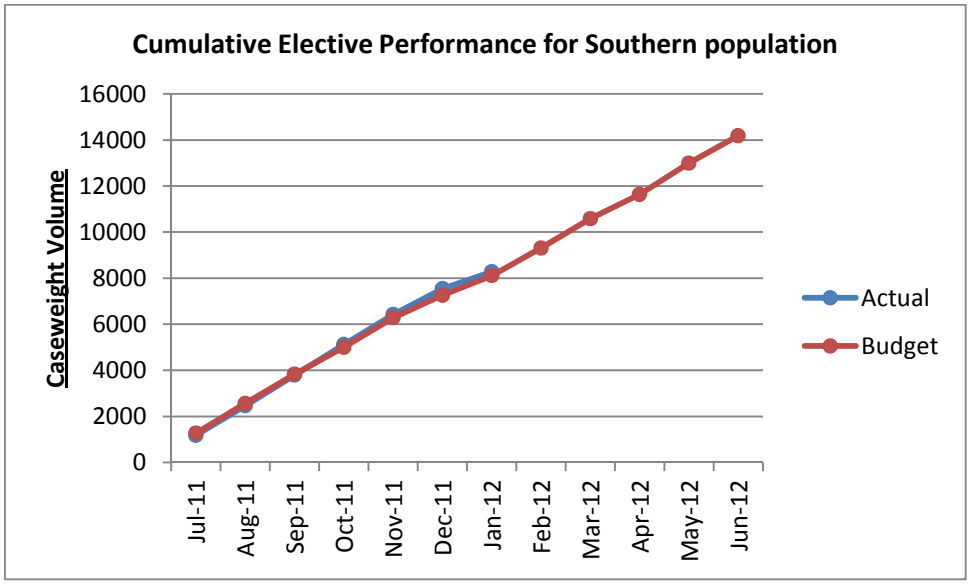
Contracted Out Discharges

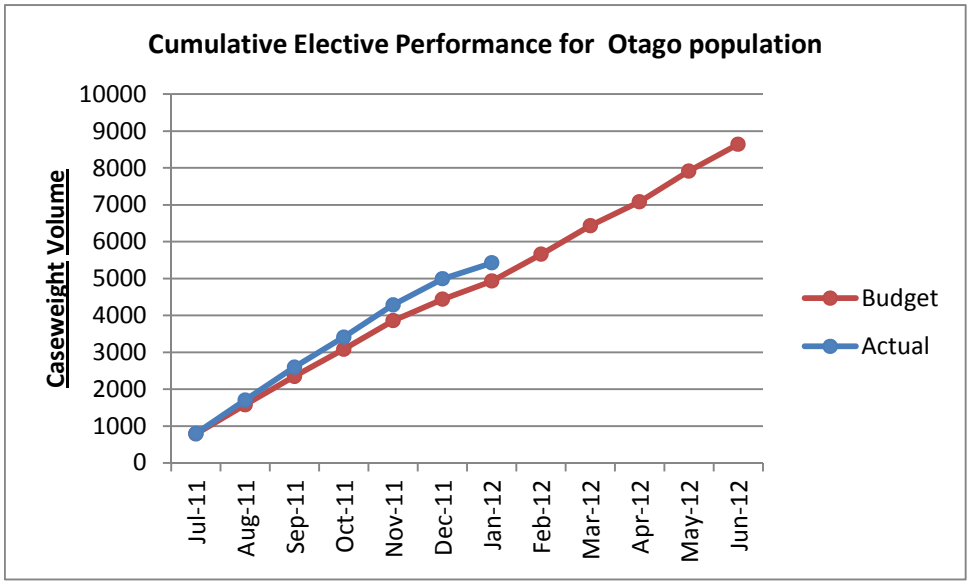
PUC	Purchase Unit Description	January Actual	January Plan	January Variance	January % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
S00.01	General Surgery - Inpatient Services (DRGs)	2	0	2	0%	62	26	36	134%	51	84
MS0201	Skin 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)	5	0	5	0%	58	36	22	62%	64	81
S30.01	Gynaecology - Inpatient Services (DRGs)	0	0	0	0%	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)	1	1	()	(12%)	35	43	(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)	3	6	(3)	(50%)	19	51	(32)	(62%)	87	59
S70.01	Urology - Inpatient Services (DRGs)	0	0	()	(100%)	20	21	(1)	(3%)	36	36
S75.01	Vascular Surgery - Inpatient Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
		11	7	4	54%	199	195	4	2%	341	341

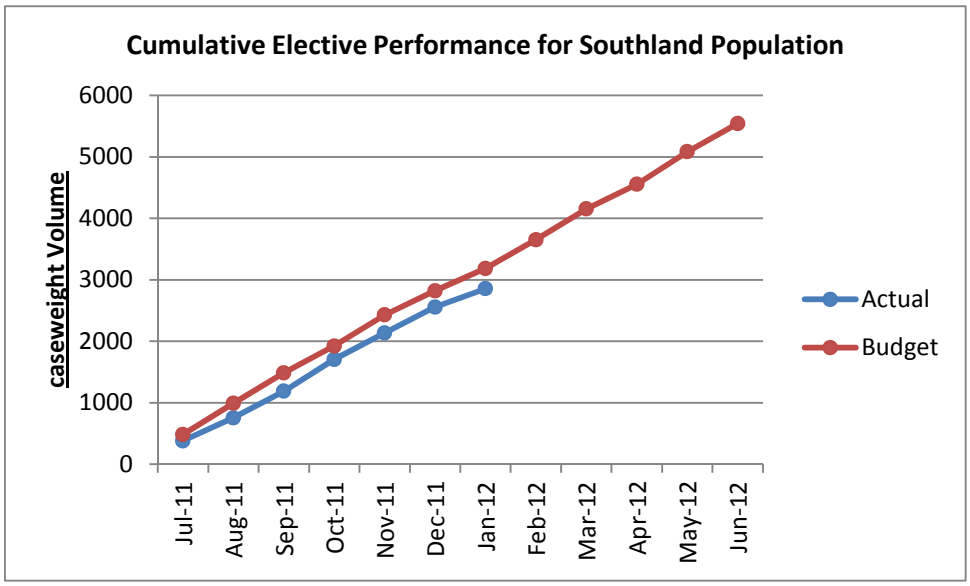
Total Southern Discharge Population view

PUC	Purchase Unit Description	January Actual	January Plan	January Variance	January % 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)	117	115	2	2.01%	1,152	1,071	81	7.60%	1,851	1,943
MS0201	Skin Lesion	12	18	(6)	(34.17%)	170	183	(13)	(6.93%)	323	306
S15.01	Cardiothoracic - Inpatient Services (DRGs)	3	10	(7)	(68.42%)	92	75	17	22.60%	137	153
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	94	92	2	2.19%	918	1,047	(129)	(12.35%)	1,811	1,831
S30.01	Gynaecology - Inpatient Services (DRGs)	52	59	(7)	(12.44%)	631	621	10	1.60%	1,080	1,056
S35.01	Neurosurgery - Inpatient Services (DRGs)	4	8	(4)	(52.61%)	94	72	22	30.66%	133	155
S40.01	Ophthalmology - Inpatient Services (DRGs)	35	71	(36)	(50.89%)	512	595	(83)	(13.90%)	1,118	846
S40.01A	Avastin	42	12	30	263.01%	305	116	189	163.61%	205	450
S45.01	Orthopaedics - Inpatient Services (DRGs)	104	122	(18)	(15.03%)	941	1,124	(183)	(16.32%)	1,959	1,870
S55.01	Paediatric Surgical Services (DRGs)	10	12	(2)	(17.56%)	118	109	9	8.05%	193	189
S60.01	Plastic & Burns - Inpatient Services (DRGs)	16	25	(9)	(35.95%)	258	206	52	25.39%	354	404
S70.01	Urology - Inpatient Services (DRGs)	56	45	11	24.67%	507	468	39	8.39%	792	792
		546	589	(43)	(7.38%)	5,702	5,686	16	0.28%	9,956	9,996

Cumulative Elective Performance







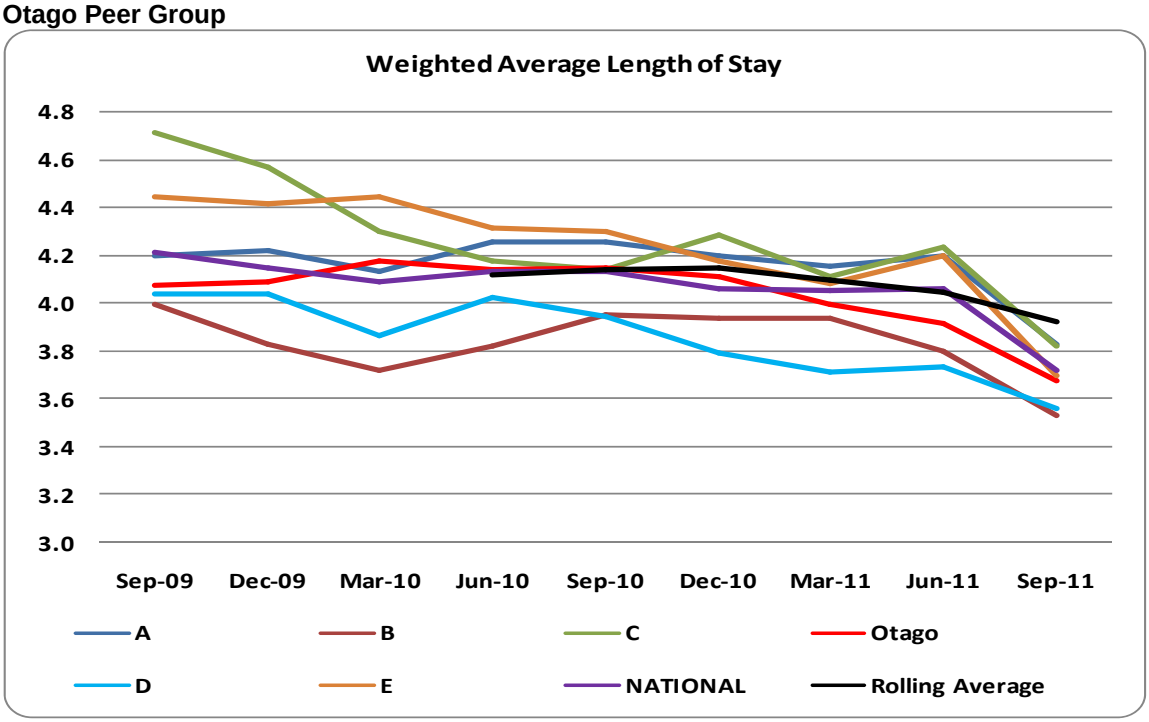
Hospital Quality and Productivity Indicators (HQP)

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

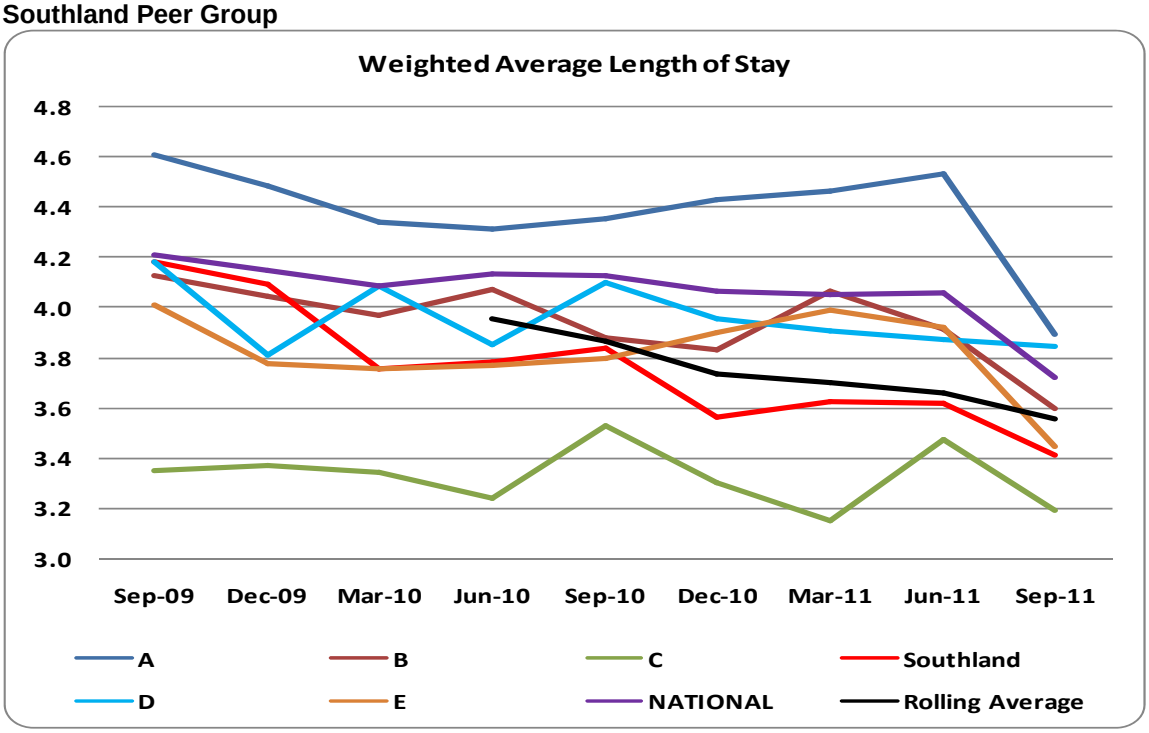
1. Weighted Average Length of Stay

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



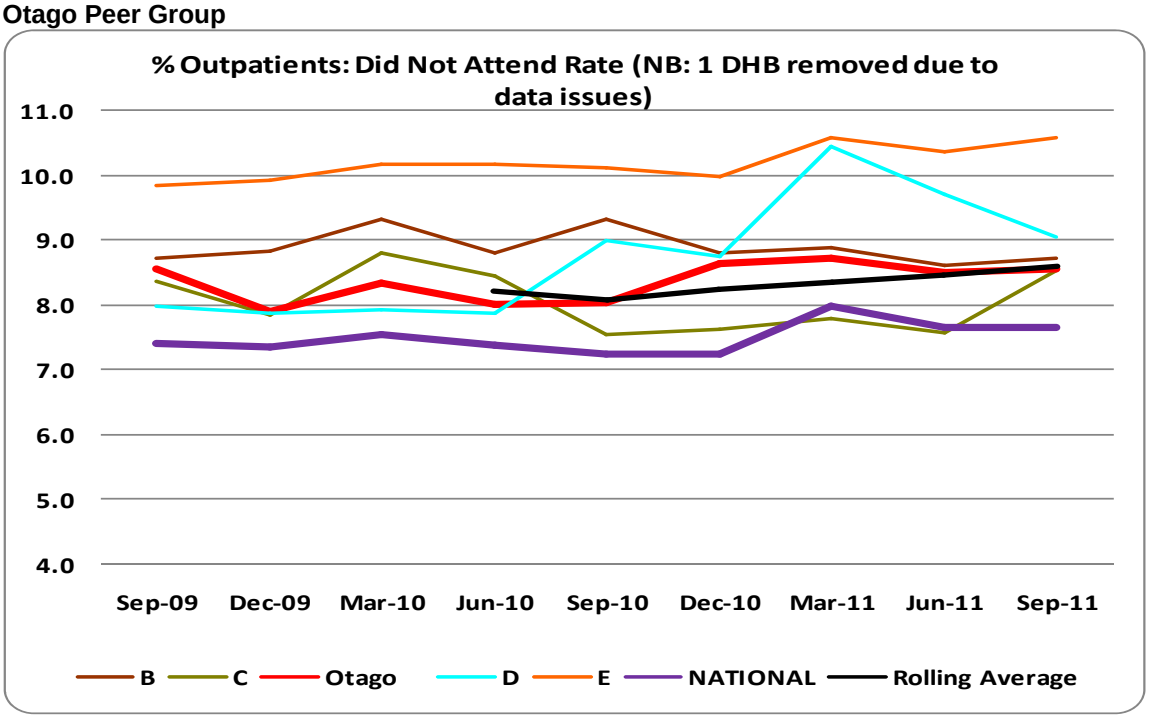
Southland Peer Group



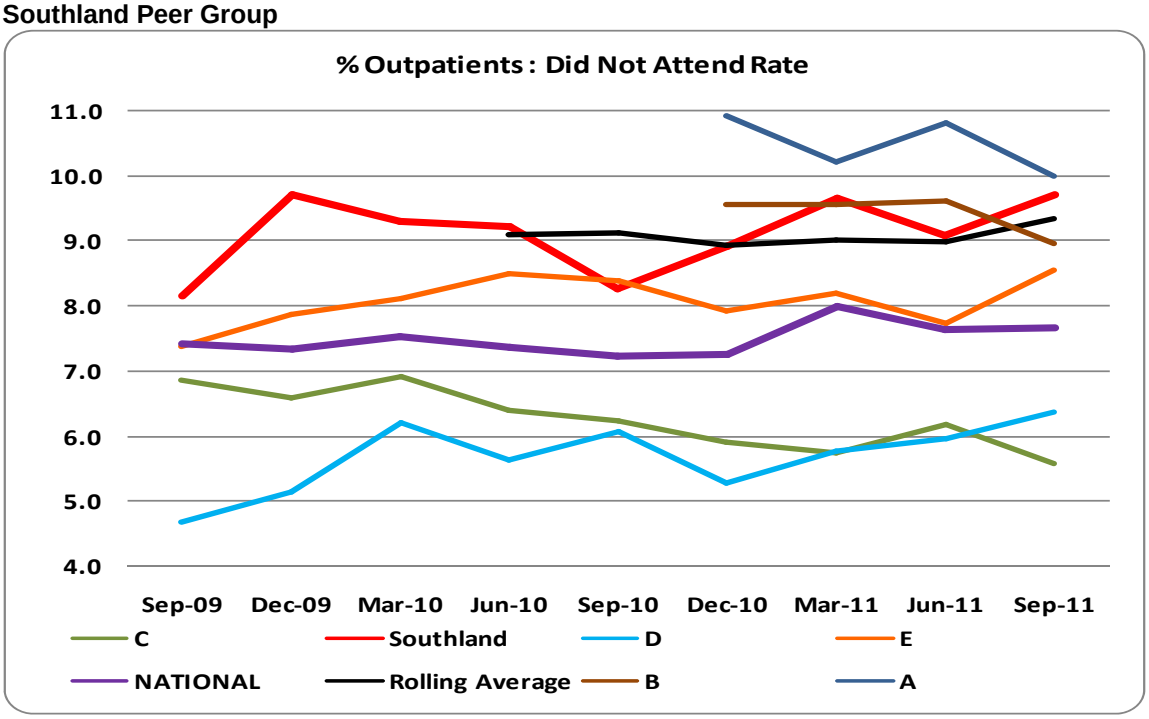
2. Outpatient DNA Rate

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



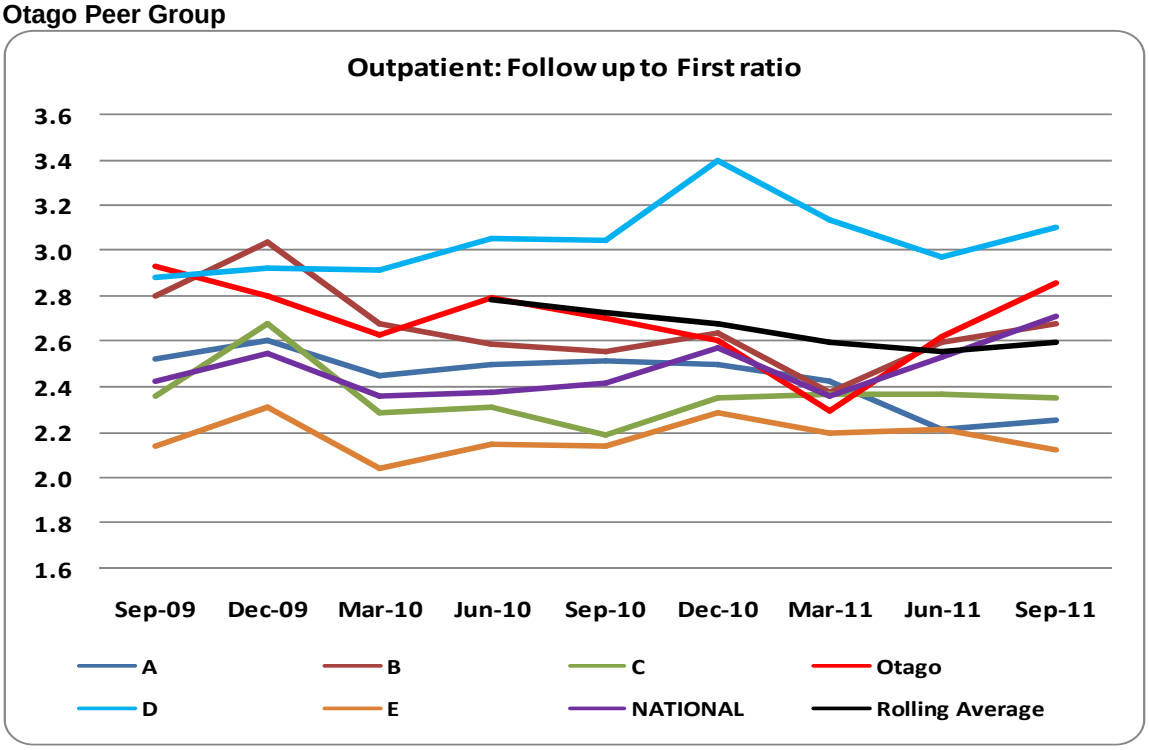
Southland Peer Group



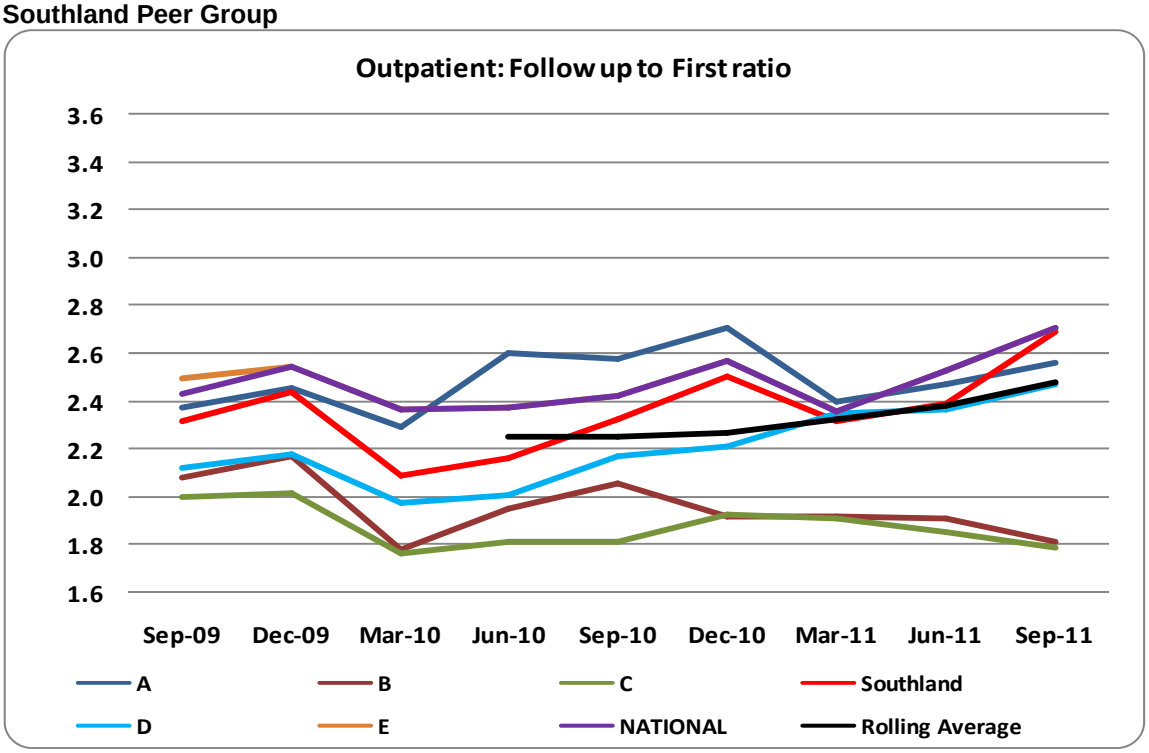
3. Outpatient Follow-up to First ratio

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



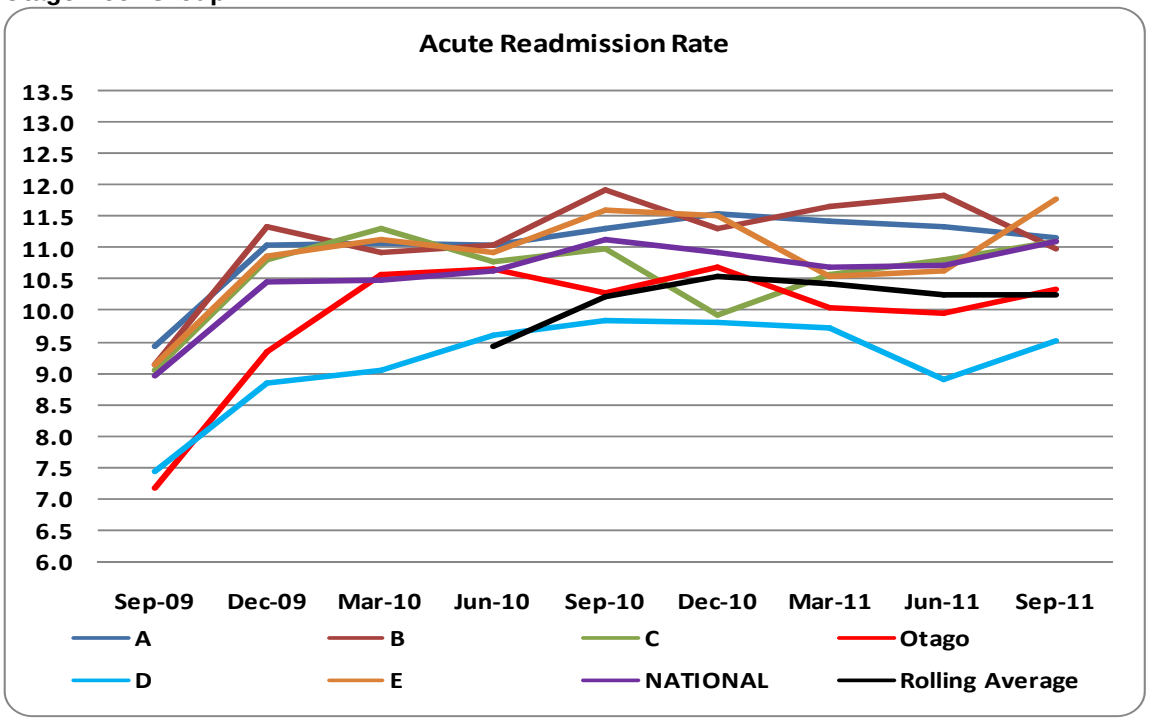
Southland Peer Group



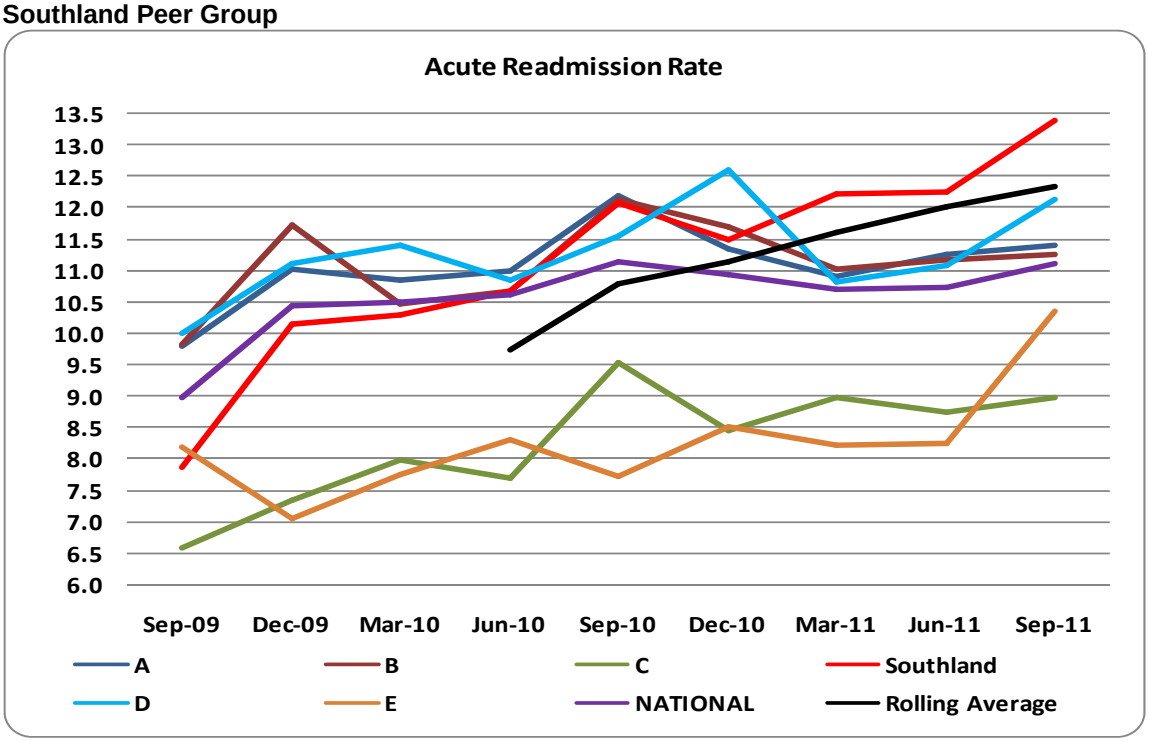
4. Unplanned Acute Readmission rate

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



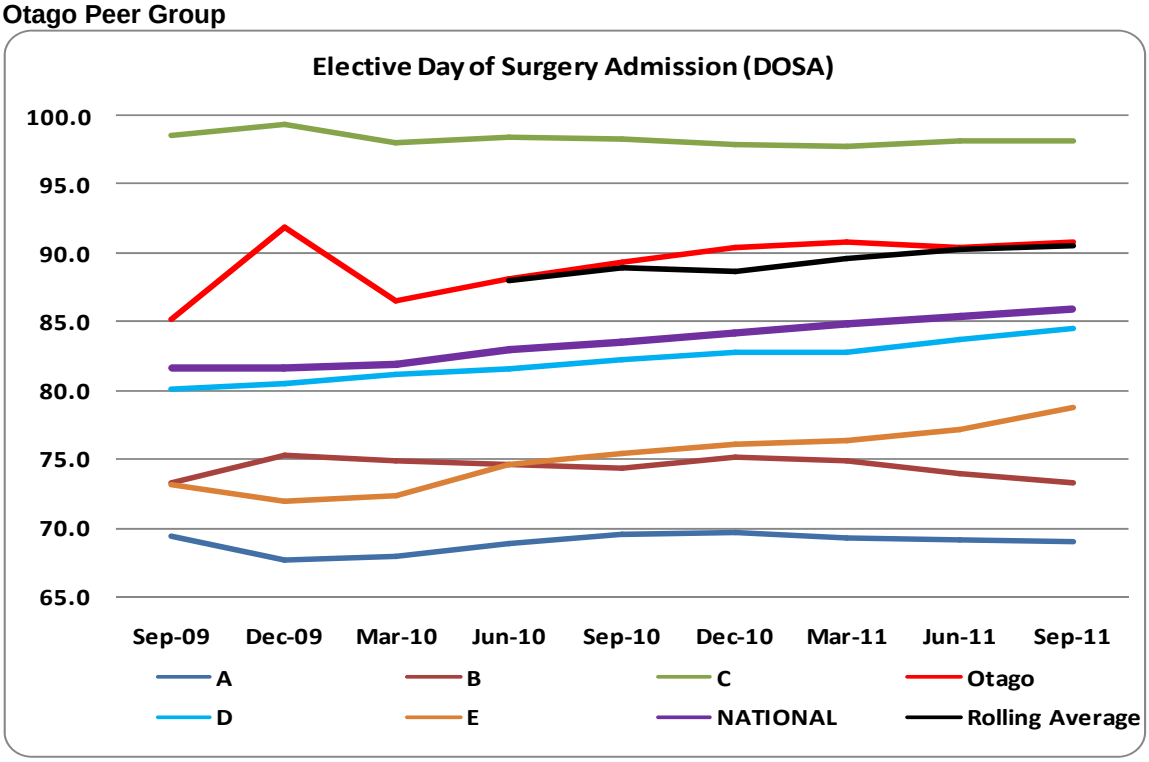
Southland Peer Group



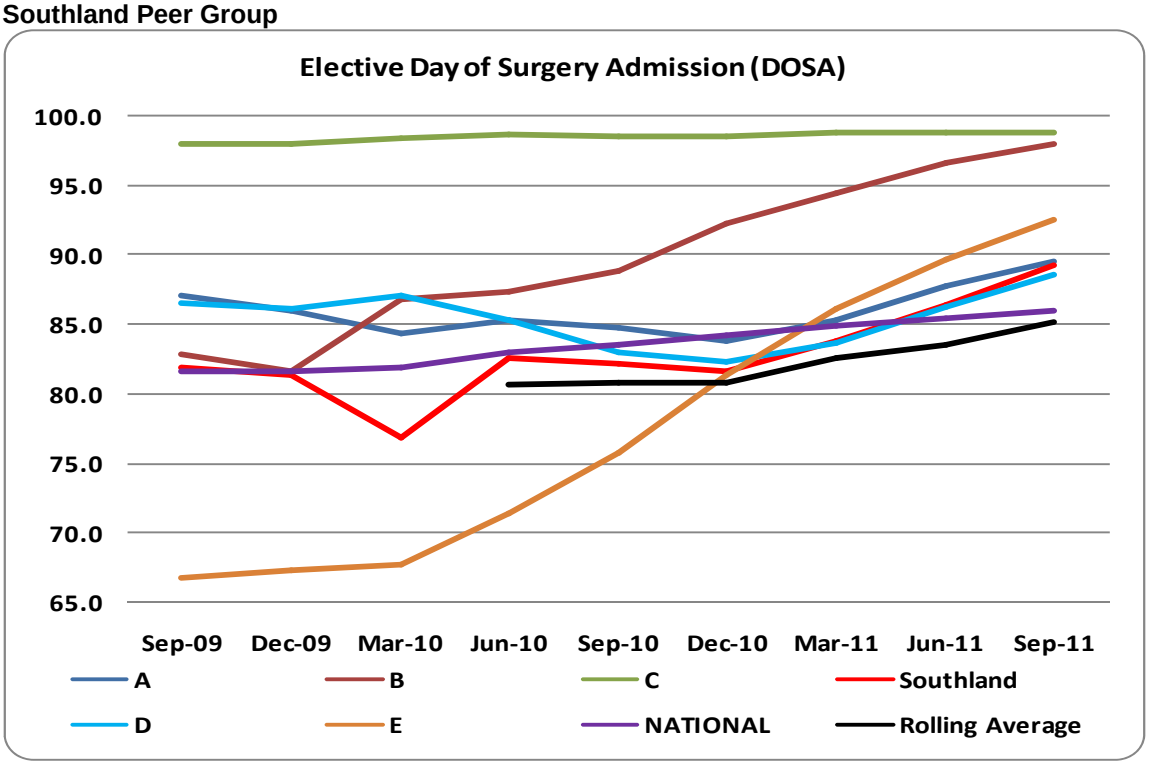
5. Elective Day of Surgery Admission (DOSA)

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



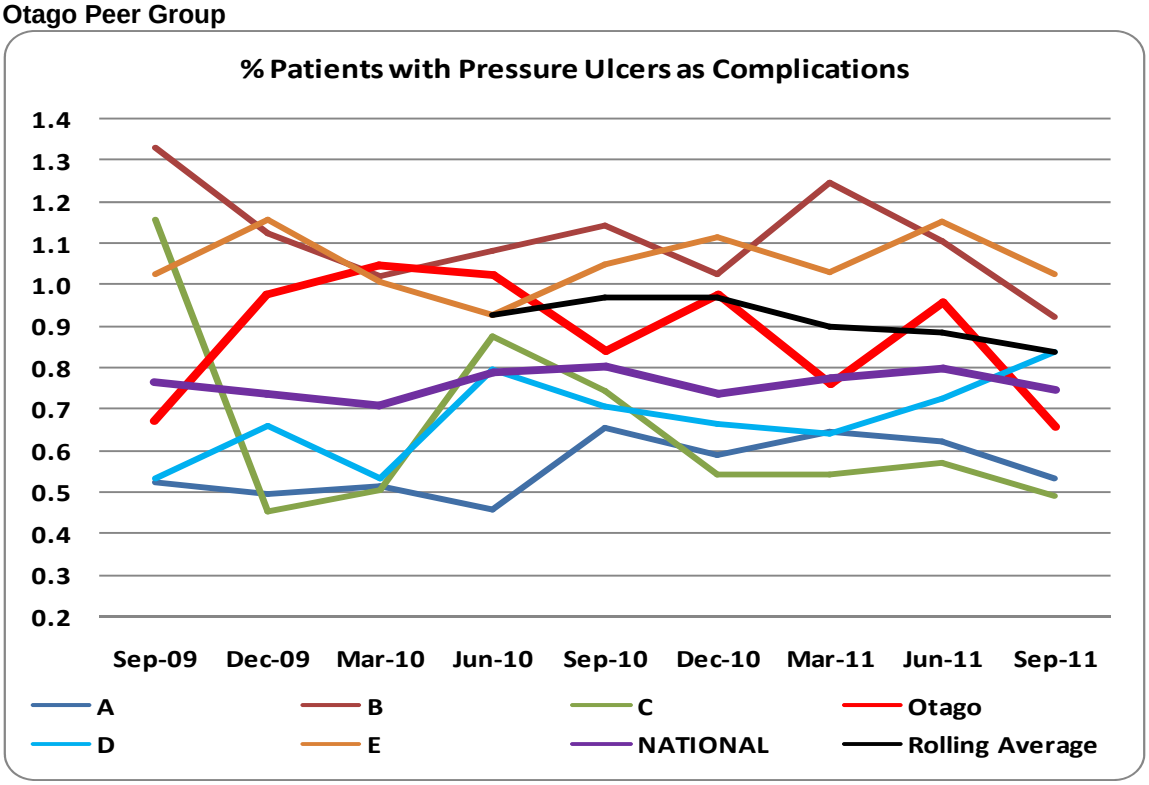
Southland Peer Group



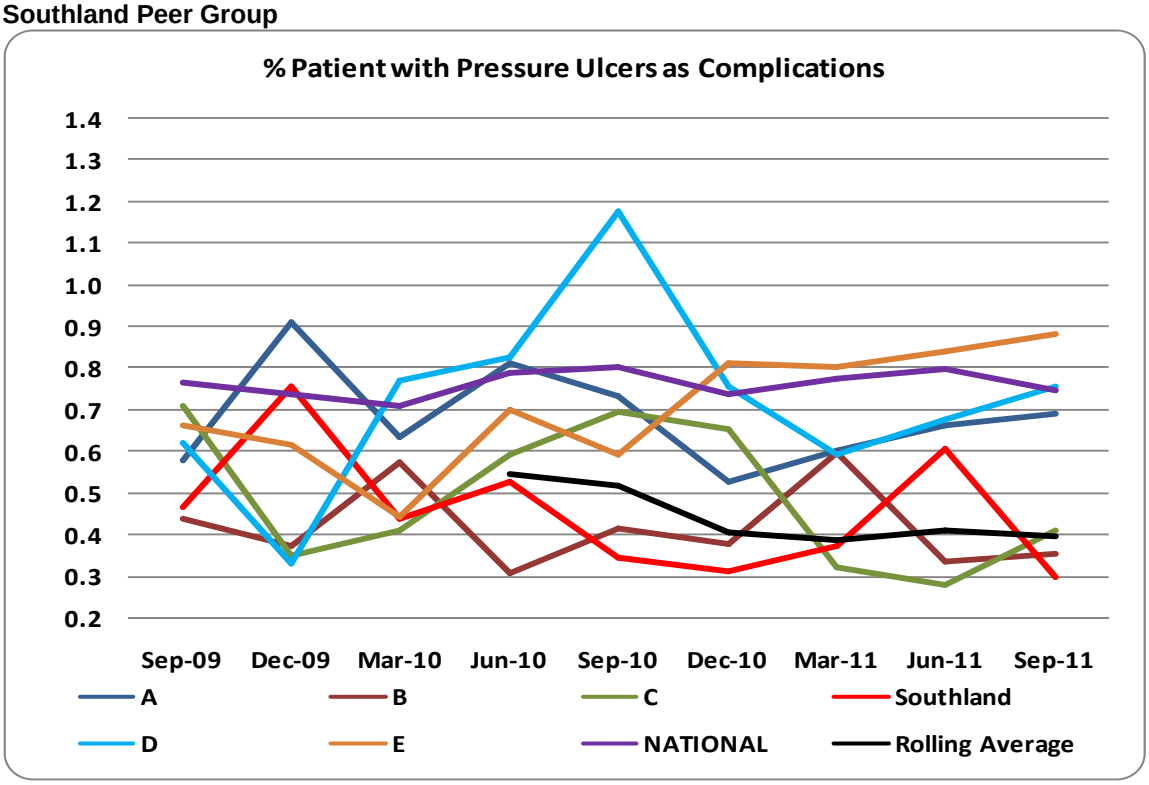
6. % of Patients with Pressure Ulcers as a complication

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



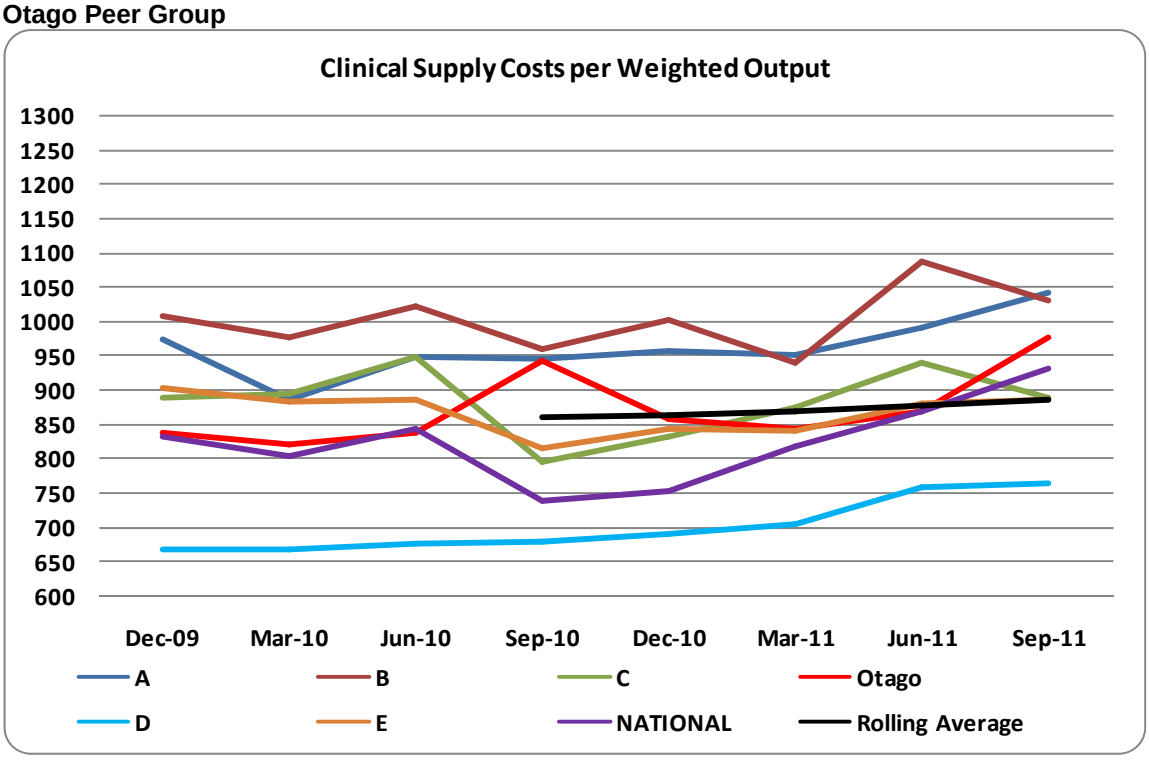
Southland Peer Group



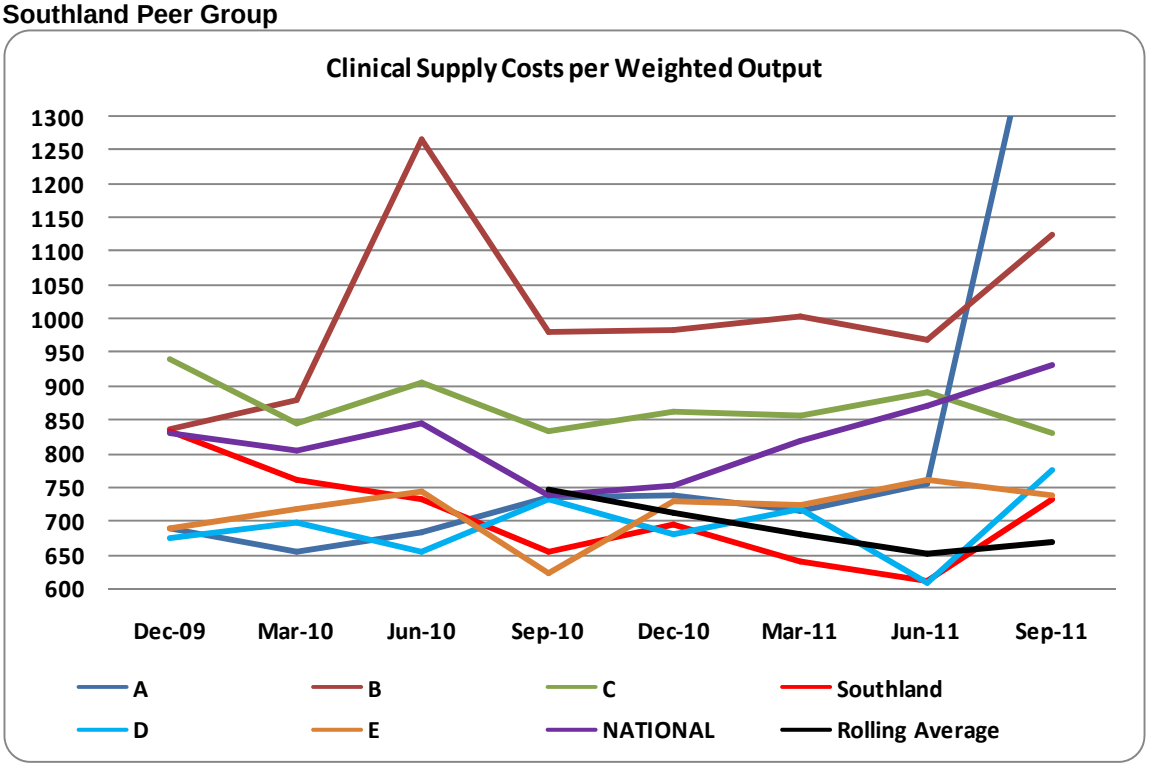
7. Clinical Supply Costs per Weighted Output

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



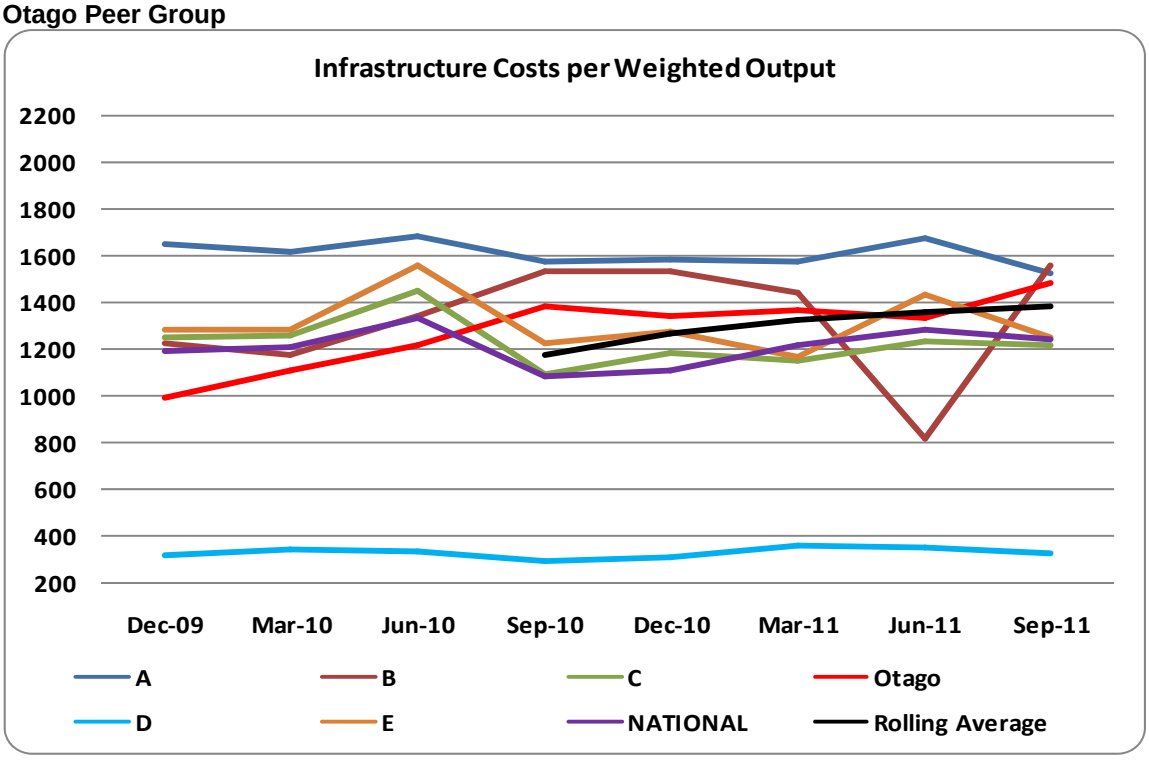
Southland Peer Group



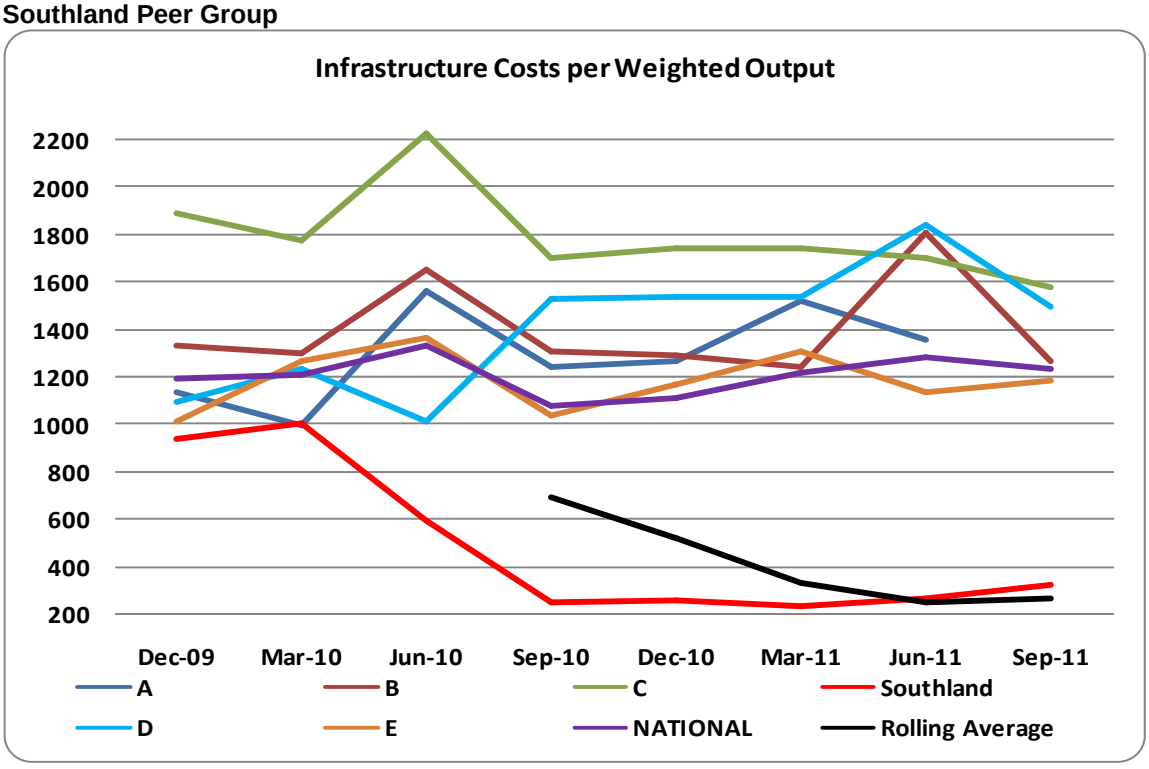
8. Infrastructure Costs per Weighted Output

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 **January 2012**

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** (cwds) delivered for the population of Otago during January were 12% (60 cwds) under plan. Elective cwd delivered year to date for the Otago population were 10.2% above plan (504 cwds).

- Elective **discharges** delivered for the population of Otago during January were 1% (5 discharges) under plan and 6% (208 discharges) above plan year to date.

2. Operational Performance

- There were 65 medical outlier bed days recorded during January against a target of 30. The number of medical outlier bed days recorded in January 2011 was 103.

- Resourced occupancy during January 2012 was 94% against a target of 85%. Resourced occupancy for January 2011 was 92%.

- There were 3,282 Emergency Department (ED) attendances during January of which 945 (29%) were admitted. ED attendances during January 2011 totalled 3,036.

3. Performance Reports & Updates

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

4. Seismic Assessment Report

Seismic Assessment Report structural grade summary is **attached.**

Vivian Blake
Chief Operating Officer (Otago)
Southern District Health Board
16th February 2012

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

Dunedin Hospital Provider Arm Activity - January 2012 (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	236.05	247.49	(11.44)	1,846.28	1,883.42	(37.15)	3,163.53	2,921.87
Emergency Dept - Acute	42.11	48.04	(5.94)	272.68	284.05	(11.36)	496.93	631.80
Internal Medicine - Acute IDF	0.54	3.41	(2.87)	39.18	25.95	13.23	43.58	67.84
Cardiology - Acute	151.79	131.69	20.10	1,209.95	1,001.83	208.12	1,685.84	1,626.78
Cardiology - Acute IDF	8.57	3.74	4.83	33.72	28.45	5.27	47.87	74.56
Cardiology - Elective	21.38	24.30	(2.92)	302.07	332.07	(30.00)	585.56	503.24
Cardiology - Elective IDF	-	0.45	(0.45)	16.95	6.17	10.78	10.88	22.68
Endocrinology - Acute	0.40	0.71	(0.31)	13.30	4.97	8.33	8.50	20.09
Endocrinology - Acute IDF	-	-	-	-	-	-	-	-
Endocrinology - Elective	-	0.15	(0.15)	5.01	2.08	2.93	3.70	11.80
Endocrinology - Elective IDF	-	-	-	-	-	-	-	-
Gastroenterology - Acute	32.11	20.82	11.29	207.52	172.75	34.77	301.98	329.31
Gastroenterology - Acute IDF	-	0.36	(0.36)	1.70	2.97	(1.27)	5.19	3.35
Gastroenterology - Elective	7.93	1.90	6.03	82.09	41.47	40.62	73.75	97.78
Gastroenterology - Elective IDF	-	-	-	1.36	-	1.36	-	0.29
Haematology - Acute	60.90	26.16	34.74	325.23	206.81	118.42	354.75	438.11
Haematology - Acute IDF	0.73	0.06	0.67	0.73	0.47	0.26	0.81	6.30
Haematology - Elective	4.35	1.88	2.47	49.63	23.19	26.44	40.69	32.69
Haematology - Elective IDF	-	-	-	-	-	-	-	-
Neurology - Acute	18.61	19.59	(0.97)	177.86	137.10	40.76	235.17	217.38
Neurology - Acute IDF	-	0.42	(0.42)	12.94	2.97	9.96	5.10	3.03
Neurology - Elective	3.67	3.17	0.49	35.40	43.42	(8.02)	76.55	63.62
Neurology - Elective IDF	0.65	0.19	0.46	3.20	2.56	0.64	4.51	1.67
Oncology - Acute	68.22	72.30	(4.09)	549.01	552.51	(3.50)	916.08	999.89
Oncology - Acute IDF	0.63	2.63	(2.00)	23.69	20.08	3.61	33.30	70.43
Oncology - Elective	2.53	3.35	(0.81)	65.58	28.05	37.52	56.26	72.38
Oncology - Elective IDF	-	0.37	(0.37)	7.61	3.12	4.49	6.25	11.42
Paediatric Medical - Acute	42.80	51.58	(8.77)	413.62	392.36	21.26	660.23	693.06
Paediatric Medical - Acute IDF	1.80	0.72	1.08	8.35	5.49	2.86	9.24	20.81
Paediatric Medical - Elective	10.79	2.61	8.18	34.19	32.38	1.81	52.20	43.81
Paediatric Medical - Elective IDF	-	0.10	(0.10)	2.62	1.22	1.40	1.97	2.95
Renal - Acute	35.18	38.66	(3.48)	306.97	270.62	36.35	464.15	665.93
Renal - Acute IDF	-	0.14	(0.14)	1.11	0.98	0.13	1.68	1.22
Renal - Elective	0.60	3.40	(2.80)	17.57	46.47	(28.90)	81.91	80.63
Renal - Elective IDF	-	-	-	-	-	-	-	-
Respiratory - Acute	65.96	71.03	(5.07)	526.17	497.19	28.98	852.70	928.73
Respiratory - Acute IDF	0.95	0.30	0.65	7.59	2.12	5.47	3.63	20.86
Respiratory - Elective	3.75	2.09	1.66	26.46	28.55	(2.09)	50.37	33.39
Respiratory - Elective IDF	-	-	-	0.47	-	0.47	-	-
Rheumatology - Acute	9.98	11.19	(1.21)	61.41	78.35	(16.95)	134.40	113.75
Rheumatology - Acute IDF	-	0.21	(0.21)	-	1.45	(1.45)	2.48	1.83
Rheumatology - Elective	0.53	0.61	(0.08)	8.17	8.32	(0.15)	14.66	9.80
Rheumatology - Elective IDF	-	0.02	(0.02)	-	0.31	(0.31)	0.54	-
General Surgery - Acute	248.62	226.55	22.07	1,931.46	1,723.46	208.00	2,900.17	3,111.30
General Surgery - Acute IDF	8.34	5.46	2.88	76.25	41.53	34.72	69.89	103.40
General Surgery - Elective	186.61	148.24	38.37	1,448.26	1,385.34	62.92	2,390.66	2,381.30
General Surgery - Elective IDF	-	2.25	(2.25)	23.39	21.02	2.37	36.27	94.12
Pain - Acute	-	0.30	(0.30)	-	2.30	(2.30)	3.90	2.68
Pain - Elective	-	-	-	0.20	-	0.20	-	0.71
Cardiothoracic - Acute	110.59	102.94	7.65	779.36	814.13	(34.77)	1,487.92	1,446.03
Cardiothoracic - Acute IDF	0.40	5.56	(5.17)	26.66	44.00	(17.33)	80.41	101.58
Cardiothoracic - Elective	17.33	64.69	(47.37)	606.99	511.64	95.35	935.04	1,036.74
Cardiothoracic - Elective IDF	-	3.12	(3.12)	15.32	24.65	(9.34)	45.06	24.79
ENT - Acute	34.98	17.11	17.87	190.20	130.16	60.04	219.05	250.74
ENT - Acute IDF	1.12	0.77	0.35	3.19	5.87	(2.68)	9.87	11.68
ENT - Elective	50.16	44.57	5.58	525.05	540.21	(15.16)	934.22	952.22
ENT - Elective IDF	-	0.52	(0.52)	8.86	6.27	2.60	10.84	22.74
Gynaecology - Acute	26.78	29.08	(2.31)	205.14	221.22	(16.08)	372.26	366.26
Gynaecology - Acute IDF	1.10	0.35	0.75	3.76	2.65	1.11	4.46	12.56

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

Dunedin Hospital Provider Arm Activity - January 2012 (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	31.59	31.73	(0.14)	369.21	362.62	6.59	630.04	751.26
Gynaecology - Elective IDF	-	0.07	(0.07)	3.66	0.77	2.89	1.34	6.72
Neurosurgery - Acute	109.44	65.06	44.38	561.83	494.94	66.89	832.86	925.44
Neurosurgery - Acute IDF	14.01	1.74	12.27	30.91	13.26	17.64	22.32	46.33
Neurosurgery - Elective	9.64	13.89	(4.25)	161.19	127.35	33.84	243.13	295.96
Neurosurgery - Elective IDF	-	0.98	(0.98)	1.60	8.98	(7.38)	17.14	5.16
Ophthalmology - Acute	8.46	6.77	1.69	65.74	51.45	14.29	86.58	97.41
Ophthalmology - Acute IDF	-	1.05	(1.05)	0.89	8.01	(7.12)	13.48	10.12
Ophthalmology - Elective	11.60	21.94	(10.34)	226.26	185.14	41.12	388.11	387.32
Ophthalmology - Elective IDF	0.54	0.12	0.42	2.07	1.02	1.05	2.14	3.12
Orthopaedics - Acute	205.24	220.00	(14.76)	1,818.38	1,673.64	144.74	2,816.33	3,022.42
Orthopaedics - Acute IDF	20.91	8.65	12.26	96.13	65.80	30.33	110.73	178.07
Orthopaedics - Elective	122.87	148.28	(25.41)	1,597.01	1,378.44	218.56	2,410.90	2,466.06
Orthopaedics - Elective IDF	12.95	17.27	(4.32)	161.21	160.52	0.69	280.74	194.24
Paediatric Surgery - Acute	3.90	3.45	0.45	19.31	26.21	(6.90)	44.09	44.89
Paediatric Surgery - Acute IDF	-	0.03	(0.03)	-	0.25	(0.25)	0.42	0.52
Paediatric Surgery - Elective	0.60	2.35	(1.75)	30.96	37.66	(6.70)	70.62	65.03
Paediatric Surgery - Elective IDF	-	-	-	0.58	-	0.58	-	0.84
Plastics - Acute	14.15	19.63	(5.47)	87.42	149.32	(61.90)	251.26	193.36
Plastics - Acute IDF	-	0.68	(0.68)	6.65	5.19	1.45	8.74	1.28
Plastics - Elective	8.05	14.64	(6.59)	127.66	123.85	3.80	213.29	245.34
Plastics - Elective IDF	-	0.34	(0.34)	2.13	2.87	(0.74)	4.94	0.41
Urology - Acute	24.38	16.93	7.45	173.99	128.80	45.19	216.73	209.20
Urology - Acute IDF	-	0.32	(0.32)	1.74	2.42	(0.67)	4.06	2.06
Urology - Elective	25.59	28.38	(2.79)	329.32	316.58	12.74	528.39	451.78
Urology - Elective IDF	-	0.18	(0.18)	0.32	1.97	(1.65)	3.29	2.91
Vascular Surgery - Acute	-	-	-	-	-	-	-	-
Vascular Surgery - Acute IDF	-	-	-	-	-	-	-	-
Vascular Surgery - Elective	-	-	-	-	-	-	-	-
Vascular Surgery - Elective IDF	-	-	-	-	-	-	-	-
Neonatal - Acute	39.16	93.70	(54.54)	556.39	649.87	(93.48)	1,106.29	1,122.12
Neonatal - Acute IDF	-	5.51	(5.51)	18.14	38.20	(20.06)	65.02	77.15
Acute Costweights	1,648.91	1,582.89	66.02	12,692.52	11,865.57	826.95	20,153.99	21,193.57
Elective Costweights	533.73	588.15	(54.42)	6,299.61	5,796.28	503.33	10,205.97	10,376.93
Total Costweights	2,182.64	2,171.04	11.60	18,992.13	17,661.85	1330.28	30,359.96	31,570.50

MoH Elective Services Online

Comparison of surgical services for January 2012

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	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	9	100.0 %	0. %
Ear, Nose & Throat	1 of 1	100.0 %	0	2	0.0 %	0	0	0.0 %	0	0	0.0 %	0	22	1.6 %	0	0	0.0 %	0	15	1.1 %	0	88	100.0 %	0. %
General Surgery	1 of 1	100.0 %	0	4	0.0 %	0	2	0.0 %	0	0	0.0 %	0	16	1.5 %	0	1	0.0 %	0	12	1.2 %	0	71	100.0 %	0. %
Gynaecology	1 of 1	100.0 %	0	2	0.0 %	0	8	0.0 %	0	0	0.0 %	0	4	0.0 %	0	0	0.0 %	0	2	0.0 %	0	37	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	3	100.0 %	0. %
Ophthalmology	1 of 1	100.0 %	0	7	0.0 %	0	5	0.0 %	0	0	0.0 %	0	9	0.0 %	0	1	0.0 %	0	10	1.6 %	0	23	100.0 %	0. %
Orthopaedics	1 of 1	100.0 %	0	3	0.0 %	0	30	3.2 %	0	0	0.0 %	0	12	1.3 %	0	0	0.0 %	0	10	1.1 %	0	72	100.0 %	0. %
Plastics	1 of 1	100.0 %	0	4	0.0 %	0	0	0.0 %	0	0	0.0 %	0	4	0.0 %	0	X	0.0 %	0	1	0.0 %	0	13	100.0 %	0. %
Urology	1 of 1	100.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	7	0.0 %	0	0	0.0 %	0	1	0.0 %	0	55	100.0 %	0. %
Total				**24**			**45**			**0**			**74**			**2**			**51**			**371**		

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: 18/Feb/2012

Report Run Date: 20/Feb/2012

MoH Elective Services Online

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

DHB Name: Otago

	2011 Feb			2011 Mar			2011 Apr			2011 May			2011 Jun			2011 Jul			2011 Aug			2011 Sep			2011 Oct			2011 Nov			2011 Dec			2012 Jan			
	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).	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.	38.	0.2%	0.	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	62.	1.1%	0.	54.	0.9%	0.	46.	0.8%	0.	51.	0.9%	0.	34.	0.6%	0.	33.	0.6%	0.	44.	0.8%	0.	49.	0.9%	0.	48.	0.8%	0.	53.	0.9%	0.	55.	1.0%	0.	45.	0.8%	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.	1.8%	0.	99.	1.5%	0.	111.	1.7%	0.	94.	1.5%	0.	66.	1.0%	0.	48.	0.8%	0.	63.	1.0%	0.	38.	0.6%	0.	40.	0.6%	0.	41.	0.6%	0.	54.	0.8%	0.	75.	1.1%	0.	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	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.	9.	0.0%	0.	1.	0.0%	0.	3.	0.0%	0.	2.	0.0%	0.	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	104.	1.8%	0	77.	1.3%	0	85.	1.5%	0	73.	1.3%	0	57.	1.0%	0	49.	0.9%	0	59.	1.0%	0	34.	0.6%	0	32.	0.6%	0	26.	0.5%	0	34.	0.6%	0	51.	0.9%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	469	100%	0.0%	540	100%	0.0%	385	100%	0.0%	522	100%	0.0%	592	100%	0.0%	419	100%	0.0%	554	100%	0.0%	536	100%	0.0%	507	100%	0.0%	575	100%	0.0%	425	100%	0.0%	371	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: 18/Feb/2012

DIAGNOSTIC & SUPPORT SERVICES (OTAGO) UPDATE

HAC Meeting Date:	**29 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:	**14 February 2012 for the period ended 31 January 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- To manage the high demand in Breast Care Services, outsourcing options are being explored whilst a more sustainable solution is determined.
- The final report from the National Screening Unit's (NSU) clinical and data audit of Breast Care Services is expected at the end of February.

2. Quality Initiatives

- In line with the relocation of services to Wakari hospital, the shuttle service has increased the number of runs between the two sites with the resultant feedback being very positive.
- Work on the new public café space is on schedule. Wishbone café is planned to open on 6 March.

3. Emerging Issues/Risks/Mitigation

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

Risk	Mitigation
Delays in progressing implementation of medicine reconciliation may impact upon the ability of the DHB to meet the certification corrective action	Develop a clear strategy for medicines management which incorporates the implementation of e-prescribing should this be approved.

EMERGENCY, MEDICINE AND SURGERY DIRECTORATE UPDATE

HAC Meeting Date:	**29 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:	**15 February 2012 for the period ended 31 January 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- **Emergency Department (ED):** The building of the ED Observation Unit is progressing well. The "six hour target" result for January was 89.3% which represents continued improvement over the past six months.

- **Gastroenterology**. The team is actively working with the Southland based teams to create one district wide service for gastroenterology. A Dunstan rural clinic has commenced with a resultant increase in colonoscopies.

- **Renal Dialysis Unit:** The volume of renal dialysis remains high with the rising incidence of diabetes and renal disease. A proposal has been developed to introduce Saturday dialysis in an effort to manage demand.

2. Quality Initiatives

- **Southern Blood and Cancer (SBCS):** Rural chemotherapy units are operating well with Clutha Health First having 9 patients in their area receiving treatment. Oamaru Hospital has 25 patients receiving treatment and Dunstan Hospital has 36 patients receiving treatment at present.

- **Intensive Care Unit (ICU):** The national Central Line Associated Bacteraemia (C.L.A.B) Prevention Programme is commencing in ICU in February.

3. Emerging issues/risks/mitigation

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

Risk	Mitigation
Cooling system for linear accelerators has started to corrode	Plan for replacement is in place and is not expected to materially affect access to radiation treatment

MENTAL HEALTH & COMMUNITY DIRECTORATE UPDATE

HAC Meeting Date: **29 February 2012**

Report Prepared By: **Elaine Chisnall, General Manager; Heather Casey, Nursing Director; Jane Wilson, Nursing Director; Lynda McCutcheon, Director of Allied Health; James Knight, Medical Director; Stephen Chalcroft, Medical Director**

Date Prepared: **15 February 2012 for period ended 31 January 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

Community Services and Older Peoples Health

- The first meeting was held on 26 January of the Southern DHB Health of Older Peoples Advisory Committee around the Community Service Planning for older people project. This involves significant work for older peoples health and community services.

Mental Health and Intellectual Disability Services

- This acute ward relocation took place on 30 January as planned, with the staff and clients well settled in. The new unit called Ward 9C is a much improved environment for our clients and staff.
- The establishment of the Intellectual Disability (ID) Transition Unit on the Wakari site was completed and clients transferred to the new unit on 30 January.
- The draft report from the Mental Health Commission from their Sector visit in December has now been received.
- The Southern DHB Mental Health Plan is due to be released for consultation in February.
- Hulme House residential service relocated to the Ashburn Clinic site on 25 January for a 6 month fixed period due to compliance issues identified in a recent seismic assessment of the High Street building. Planning is now underway to look at the long term delivery of the service.

Rehabilitation and Community Services

- The final outcome document was presented to the Physical Rehabilitation Service staff following consultation on managing the reduction in service delivery. The resourced beds will be reduced to within occupancy rates.

2. Quality Initiatives

- Services within the Mental Health and Community Directorate continue to take a lead role in developing collaborative processes with Residential Care Providers to improve the patient journey to and from the acute hospital setting.

- The Mental Health Service in both Otago and Southland sites are working with the Primary and NGO sectors to implement a coordinated plan for managing people who have a co-existing health concern.
- The Older Peoples Health Service is currently trialling the use of non-slip socks in the inpatient wards to reduce the number of patient falls.
- The Mental Health service is working closely with the Southern PHO in South Otago to develop an integrative model of care for clients of the Clutha Community Mental Health Team.

3. Emerging issues/risks/mitigation

Risk	Mitigation
InterRAI Implementation has the potential to increase delays due to requirements to change practice and undergo extensive training. Outages in the Canterbury server may also result in delays.	The project plan has a robust risk management strategy to ensure business as usual can continue as well as meet key milestones of project on time. A workplan schedule is being updated to reduce delays in response. Work with Canterbury is ongoing to resolve server issues.

WOMEN'S, CHILDREN'S & PUBLIC HEALTH DIRECTORATE UPDATE

HAC Meeting Date:	**29 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:	**15 February 2012 for the period ended 31 January 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

Overview

- The Vaccine Preventable Disease team received an Outstanding Achievement in Immunisation award from the Ministry of Health recognising outstanding performance in the 2010 / 2011 national immunisation health target.

Children's Health

- The short / fixed term nature of some Ministry of Health contracts has resulted in significant turnover and recruitment in the Public Health Nursing team.
- Children's Inpatient services continue to experience high occupancy and patient acuity.
- The Children's Health Inpatient Relocation Project (CHIRP) is tracking well within the master-site plan project timeline. The concept plan and model of care was approved by the Ministry of Health on 24th January 2012.

Women's Health

- Maternity continued to experience a lower number of births than usual for the time of the year but some cases were very complex.
- The maternity service continues to be involved with Health Round Table maternity service benchmarking. There is a multidisciplinary service improvement project looking at Vaginal Birth after Caesarean Section.
- The O&G SMO vacancy necessitated the prioritisation of service delivery in order to provide a safe acute service and deliver elective services within the timeframes set by the Ministry of Health. As a result, some non urgent referrals have been referred back to primary care.
- Funding has been obtained from the Ministry of Health to undertake a range of gynaecological procedures in an outpatient based setting as an alternative to these being done in an operating theatre environment. The flow on effect of this will be increased patient safety and will free up a significant amount of time in the acute and elective setting.

Public Health South – Primary Services

- The development and implementation of the new Oral Health district wide electronic patient management system 'Titanium' is progressing to plan. Staff training will occur early February with go live scheduled for 17th February.
- Positive feedback was received from the Ministry of Health regarding the district oral health promotion plan.
- Work is progressing with the development of the ACC funded SAATS (Sexual Abuse Assessment Treatment Service) service.

Public Health South – Public Health Services (Southern)

- A secondment has occurred to backfill the Tobacco Control plan portion of the District Programme Leaders role, this position will be based in Funding and Planning.
- Based on coded events, 87.6% of smokers admitted to public hospitals in the Southern region were provided with advice and help to quit (ABC) in January, this was a decrease from 89.5% in December. Of this, 87.6% were provided with advice and help to quit in Otago and 87.5% in Southland.
- The coverage rate for January for children immunised at 2 years of age is 93.74%.

2. Quality Initiatives

- Initiatives identified as part of the Maternity Quality and Safety pilot continue.
- The Public Health quality project relating to archiving and filing, although largely complete at the Invercargill site, has been accelerated in Dunedin due to the pending closure of the Vogel Street storage area, a business case is being developed to review the stored documents for either disposal or alternative storage.
- A review of Hepatitis B positive mother's pathway is underway, the aim is to align activities across the district.

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. The concept plan has received approval from the Ministry of Health.
O & G Senior Medical Officer staffing due to a vacancy and ACC leave and two Registrar vacancies.	A locum has been sourced on a part time basis until the permanent appointee commences June 2012. Two Registrars return part time from parental leave in March and a permanent appointment will start in June. A locum will be sourced in the meantime.
Senior Medical Officer staffing in Paediatrics due to vacancy and retirement.	The appointment made for the first position has been extended to June allowing for completion of sub-specialty training. Interim locum cover is in place. Recruitment underway for second position.
Senior Medical Officer staffing in Public Health due to a vacancy	Recruitment continues for the vacant position, interest has been received from several SMOs.
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	✓				***Mental Health and Addiction Services, Health of the Older Person and the Gastrointestinal Disease services are progressing well.*** ***The stocktake of services working towards the 'One Service Many Sites' model is being updated.***
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 party.	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	
25	Address backlog (outside of above agreed tool) of gastroenterology procedures.	***July 2013***			✓		A production plan for the Southern region is monitored weekly, and includes a plan to outsource scopes to address the backlog. ***Year to date the service is meeting volumes with a combination of internal increase in production and outsourced services. Surveillance scopes still have a back log but with the increase this year and a further increase in 2012/13 it is expected that by the end of 2012/13 these scopes will be up to date.***
26	Accept the global rating score for gastroenterology when national pilot programme completed.	***July 2012***			✓		Agreed. ***Service is still awaiting the roll out of the national programme tool.***
27	Establish clinical pathways for the top ten common conditions admitted or discharged from the Emergency Department (e.g. abdominal pain, cellulitis).	***July 2012***			✓		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. ***The "Referral to Inpatients" work group is currently looking at pathways for rapid access to the wards from ED. In train at the present time are fast track pathways for fractured neck of femur and chest pain.***
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				✓	***The "Principles of Care and Conduct" have been approved for release by the Clinical Board and the PAE. These principles detail the processes expected (and behaviours expected from staff) when patients must journey through different departments on their clinical journey.***
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. ***Theatre Compass and the Productive Operating Theatre projects due to start in March 2012.***

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
33	Make one (of two) day case theatres fit for purpose for ophthalmology cases and move ophthalmology surgery to day surgery suite.	July 2014			✓		Seeking costs with the assistance of Building & 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. ***Business case for build of a 9th main operating theatre to be submitted by the end of February 2012 to Provider Arm Executive if the planned volumes for the 2012/13 financial year are agreed to as part of the Ministry of Health elective plan.***
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. ***A review of cardiac services has been completed and shows that use of pre-operative bed days could be reduced by changing how referrals from cardiology are managed. Work plan to implement changes is currently being developed.***
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. ***Changes occurring in list order for ENT surgery so that large cases scheduled earlier in the day and can be discharged home after recovery period.***
37	Increase day of surgery admission rate to 90%.	July 2012				✓	Hospital Quality and Productivity day of surgery admission rate for Dunedin Hospital for the September Quarter is 90%.
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.	***Sept 2012***			✓		Elective service team actioned with additional resource to set up processes across district. Project manager has started the project to develop one process for management of elective services across the district in February 2012

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
39	Develop, implement and monitor an outpatient, inpatient, surgery, procedure and diagnostic demand and capacity plan for every service, encompassing all Southern DHB sites.		✓				Agreed. Population demand to be established.
40	Establish and monitor a pathway for acutely ill mental health patients to access the Emergency Psychiatric Service for when the acute mental health ward moves to Wakari.	Jan 2012				✓	Completed.
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.	***June 2012***			✓		***Medical/Surgical needs of the Mental Health Inpatient Services on the Wakari Hospital site are being progressively addressed.***
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. MRT business case in final stages of completion for submission to COO***. 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. ***Monitoring is on-going.*** 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 ***(#44)*** will increase capacity.

Seismic Assessment Reports – February 2012

Following the Christchurch earthquakes, seismic assessment reports were requested by the Ministry for all buildings. The reports assign a structural grade and corresponding pass/fail status; a rating between A – E. A failing grade of D or E represents a significantly greater level of risk, relative to an equivalent new building, that the buildings capacity will be exceeded due to earthquake actions. Building and Property Services have received most of the reports and we can now provide a summary and recommendation of actions.

Summary of Reports (High Risk -> Low Risk)

High to Medium Risk (less than 65%) – Action Required.

There are three buildings of concern: Wellchild building, Early Intervention and Hulme House, and the occupants have been evacuated. These buildings have been assessed as uneconomical to strengthen and a decision will need to be made whether we proceed with their demolition. We are obtaining fee proposals for the Structural Engineers to carry out a detailed assessment/design for remedial strengthening work to be undertaken in the other buildings.

Site	Building	Report Date	Rating	Current Status
Dunedin	Early Intervention (9 Union Street)	21-Dec-11	E 15%	Building has been evacuated. Locked shut with restricted access.
Dunedin	Hulme House (257 High Street)	21-Dec-11	E 16%	Building has been evacuated. Locked shut with restricted access.
Southland	Wellchild Building	23-Jan-12	E 17.6%	Building has been evacuated. Locked shut with restricted access.
Southland	Administration Building	13-Jul-11	E 20%	Building has been evacuated. Locked shut with restricted access.
Southland	Old Nurses Home	20-Jun-11	E 20%	Building has been evacuated. Locked shut with restricted access.
Southland	OBU Building	13-Apr-11	D 20% to 33%	Building is not occupied other than storage. Locked shut with restricted access.
Southland	Boilerhouse	23-Jan-12	D 25.1%	Obtaining fees for a detailed assessment/design for remedial action.
Southland	Boilerhouse Chimney	23-Jan-12	D 27.5%	Obtaining fees for a detailed assessment/design for remedial action.
Southland	Old Kitchen Dining Block	16-Mar-11	D 31%	Work is underway to improve the earthquake resistance to 100%.
Wakari	Ward 9A/9B	09-Dec-11	D 33%-100%	Some of the glazing needs to be replaced with bracing walls.
Southland	Bulk Store	23-Jan-12	C 39.8%	Obtaining fees for a detailed assessment/design for remedial action.
Wakari	Helensburgh House	21-Nov-11	C 40%	Extra bracing walls are required.
Southland	Doctors Accommodation	19-Dec-11	C 56%	Obtaining fees for a detailed assessment/design for remedial action.

Low Risk (More than 65%) – No action required - meet the requirements of the current code.

Site	Building	Report Date	Rating
Southland	Garage	23-Jan-12	C 65.1%
Southland	Workshops	23-Jan-12	B/C 67%
Dunedin	Childrens Pavilion	8-Feb-12	B 67%

No Risk (100% or more) - No action required - meet the requirements of the current code.

Site	Building	Report Date	Rating
Wakari	Main Block	28-Feb-06	A+ 100%
Dunedin	Ward Block	03-Sep-11	A+ 100%
Dunedin	Psychiatric Services Building	14-Oct-11	A+100%
Wakari	ISIS Building	08-Dec-11	A+100%
Dunedin	Fraser Building	13-Feb-12	A+100%
Dunedin	Clinical Services Building	14-Oct-11	A+100%
Dunedin	Oncology Building	19-Dec-11	A+100%
Wakari	Transport/Rehab Building	13-Dec-11	A+ 100%
Wakari	Padget House	24-Nov-11	A+ 100%
Wakari	New Ward 9C	28-Feb-06	A+ 100%
Lakes	Main Block	22-Jul-11	A+ 100%
Wakari	Chapel	21-Nov-11	A+ 100%
Wakari	Rehab Flats	21-Nov-11	A+ 100%
Wakari	Maori Mental Health	21-Nov-11	A+ 100%
Southland	Clinical Services Building	23-Jan-12	A+ 103%
Southland	Inpatient Mental Health	23-Jan-12	A+ 116%
Southland	Elm Court	23-Jan-12	A+ 116%
Southland	Community Services Building	23-Jan-12	A+ 126%
Southland	Mortuary	23-Jan-12	A+ 126%

The Structural Engineer is still working on the reports from Ribble Street at Oamaru, and the Dunstan buildings.

Chief Operating Officer's Report Southland
January 2012

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** (cwds) delivered year to date January 2012 for the Southland population were below plan by 10.37% (330.31), of these 338 relate to the 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 January 2012 are 192 below plan (2,110 against a total of 2,302). The discharge figure includes skin lesion and avastin procedures.

2. Operational Performance

- Total admissions for January 2012 were 1,699 compared with 1,682 in January 2011.

- There were 2,782 Emergency Department attendances at Southland hospital during January 2012 (2,646 January 2011). Of this total 792 (29%) were admitted. There were 721 Emergency Attendances at Lakes Hospital during January 2012 (605 January 2011). Of this total 155 (25%) were admitted.

- Resourced occupancy (Medical, Surgical and rehabilitation) during January 2012 was 87% against a target of 85%.

- Staff sick leave during January 2012 was 2.1%; January 2011 was 2.1%.

- Staff turnover during January 2012 was 2.7%; January 2011 was 2.6%.

3. Performance Reports and Updates

- Case weight activity data
- Elective Services Performance Indicators
- Directorate Reports

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

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

JANUARY 2012

Description	Monthly Volume	Budgeted Volume	Monthly Volume Variance	Actual YTD Volume	Budgeted YTD Volume	YTD Volume Variance	DAP Annual Volume 2011/2012	2010/2011 Actual Volume
Dental Acute	0.24	0.89	(0.65)	14.98	12.92	2.06	19.33	14.74
Dental Elective	10.28	9.49	0.79	81.59	83.60	(2.01)	144.08	139.77
Plastics Acute	1.40	0.44	0.96	17.60	15.82	1.78	27.40	24.66
Plastics Elective	2.58	5.88	(3.30)	38.00	51.78	(13.78)	89.24	87.19
ENT Acute	-	1.70	(1.70)	2.66	17.94	(15.28)	20.35	13.23
ENT Elective	5.52	21.13	(15.61)	115.25	186.22	(70.97)	320.94	302.37
Ophthalmology Acute	-	0.56	(0.56)	1.05	10.33	(9.28)	15.08	2.24
Ophthalmology Elective	3.76	21.18	(17.42)	64.76	186.64	(121.87)	321.65	450.79
General Surgery Acute	226.11	150.28	75.83	1202.11	1010.16	191.96	1644.11	1935.98
General Surgery Elective	54.21	75.35	(21.13)	658.24	663.99	(5.75)	1144.32	1107.65
Gynaecology Acute	13.12	16.13	(3.02)	99.86	103.66	(3.80)	184.15	154.50
Gynaecology Elective	19.77	22.91	(3.14)	206.54	201.92	4.62	347.99	379.83
Orthopaedics Acute	201.62	169.33	32.29	1187.46	1174.80	12.67	1940.04	1858.88
Orthopaedics Elective	79.83	87.58	(7.75)	567.15	744.43	(177.28)	1302.75	1383.92
Paediatric Surgical Acute	-	-	-	1.02	-	1.02	-	1.62
Paediatric Surgical Elective	5.36	3.33	2.04	30.18	29.32	0.86	50.53	52.26
Urology Acute	18.26	6.68	11.57	80.50	68.20	12.30	135.01	134.65
Urology Elective	29.90	20.52	9.38	190.79	180.87	9.92	311.71	278.96
General Medicine Acute	339.91	350.20	(10.29)	2526.15	2587.16	(61.02)	4385.82	4452.40
General Medicine Elective	8.66	-	8.66	32.21	-	32.21	-	64.92
Paediatric Medicine Acute	29.52	41.66	(12.14)	421.98	454.60	(32.62)	730.95	758.28
Paediatric Medicine Elective	0.49	0.77	(0.28)	6.68	6.78	(0.10)	11.69	11.36
Specialist Neonates Acute	21.67	89.44	(67.77)	323.90	358.87	(34.97)	562.67	479.44
Maternity Acute	89.26	104.38	(15.12)	721.24	809.26	(88.02)	1337.68	1229.89
Maternity Elective	0.62	1.02	(0.40)	7.36	9.03	(1.66)	15.55	13.42
Acute Costweights	941.10	931.70	9.40	6600.50	6623.72	(23.23)	11002.59	11060.51
Elective Costweights	220.99	269.16	(48.17)	1998.74	2344.57	(345.83)	4060.45	4272.44
Total Costweights	1162.08	1200.85	(38.77)	8599.24	8968.30	(369.06)	15063.04	15332.95

MoH Elective Services Online

Comparison of surgical services for January 2012

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	1	0.0 %	0	0	0.0 %	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	24	100.0 %	0 %
Ear, Nose & Throat	1 of 1	100.0 %	0	52	5.7 %	-39	54	*13.8 %*	-35	0	0.0 %	0	19	4.9 %	-4	24	*19.4 %*	-6	25	*6.4 %*	-6	9	100.0 %	0 %
General Surgery	1 of 1	100.0 %	0	0	0.0 %	0	7	0.0 %	0	0	0.0 %	0	6	0.0 %	0	3	0.0 %	0	8	0.0 %	0	45	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	18	1.9 %	-4	11	2.8 %	0	0	0.0 %	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	18	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	70	14.9 %	-63	9	0.0 %	0	0	0.0 %	0	2	0.0 %	0	8	0.0 %	0	3	0.0 %	0	61	100.0 %	0 %
Oral Maxillo	1 of 1	100.0 %	0	3	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	38	1.2 %	0	1	0.0 %	0	0	0.0 %	0	31	6.7 %	-13	1	0.0 %	0	22	4.8 %	0	39	100.0 %	0 %
Paediatric Surgery	1 of 1	100.0 %	0	0	0.0 %	0	6	0.0 %	0	0	0.0 %	0	9	0.0 %	0	0	0.0 %	0	9	0.0 %	0	6	100.0 %	0 %
Plastics	1 of 1	100.0 %	0	0	0.0 %	0	10	*8.0 %*	0	0	0.0 %	0	7	0.0 %	0	3	0.0 %	0	9	0.0 %	0	11	100.0 %	0 %
Urology	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	2	0.0 %	0	X	0.0 %	0	2	0.0 %	0	25	100.0 %	0 %
Total				**181**			**99**			**0**			**76**			**39**			**78**			**238**		

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: 18/Feb/2012

Report Run Date: 20/Feb/2012

MoH Elective Services Online

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

DHB Name: Southland

	2010 Feb			2010 Mar			2010 Apr			2010 May			2010 Jun			2010 Jul			2010 Aug			2010 Sep			2010 Oct			2010 Nov			2010 Dec			2011 Jan			
	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	25 of 26	96%	1	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).	243	1.7%	0	255	1.7%	0	235	1.6%	0	168	1.2%	0	125	0.9%	0	121	0.8%	0	101	0.7%	0	104	0.7%	0	110	0.8%	0	169	1.2%	0	192	1.3%	0	184	1.3%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	40	1.0%	0	67	1.7%	0	41	1.0%	0	30	0.7%	0	42	1.0%	0	33	0.8%	0	66	1.6%	0	83	2.0%	0	67	1.6%	0	51	1.3%	0	65	1.6%	0	72	1.8%	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.	90	2.2%	0	72	1.8%	0	93	2.3%	0	83	2.1%	0	73	1.8%	0	62	1.5%	0	59	1.4%	0	55	1.3%	0	60	1.5%	0	73	1.8%	0	77	1.9%	0	88	2.2%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	9	0.0%	0	10	5.0%	0	5	0.0%	0	8	0.0%	0	6	0.0%	0	3	0.0%	0	1	0.0%	0	2	0.0%	0	7	0.0%	0	9	0.0%	0	11	5.5%	0	18	8.8%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	72	1.8%	0	60	1.5%	0	76	1.9%	0	71	1.8%	0	61	1.5%	0	49	1.2%	0	43	1.1%	0	44	1.1%	0	49	1.2%	0	58	1.4%	0	63	1.6%	0	70	1.8%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	316	100%	0.0%	326	100%	0.0%	321	100%	0.0%	364	100%	0.0%	363	100%	0.0%	331	100%	0.0%	372	100%	0.0%	375	100%	0.0%	341	100%	0.0%	309	100%	0.0%	313	100%	0.0%	252	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: 18/Feb/2012

Report Run Date: 20/Feb/2012

MEDICAL DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date:	**29 February 2012**
Report prepared by:	**Ian Winwood, General Manager** **Dr Martin Watts, Medical Director** **Jenny Hanson, Nursing Director**
Date Prepared:	**15 February 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- There are three medical officer vacancies at Lakes District Hospital for a total of 2.5 FTE which is being back filled by locums. This will have an unfavourable impact on the personnel budget and predicted to be $354k over budget by year end. Two doctors will commence in late May/early June 2012. A training registrar will commence in June 2012 in line with the National Health Board report.

- Clinical staff raised concerns over radiology reports prepared by a locum radiologist. A thorough clinical review was performed by senior medical staff and it was confirmed that patients had not been adversely affected.

2. Quality

- A project to improve management of stroke patients has involved a ceiling hoist being transferred to Assessment, Treatment and Rehabilitation. Work has commenced with medical, allied and nursing staff to modify clinical pathways to cohort and improve the treatment and rehabilitation of stroke patients in the newly fitted room.

MENTAL HEALTH DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: **29 February 2012**
Report Prepared By: **Louise Travers, General Manager, Southland**
Dr Alfred Dell'Ario, Medical Director, Southland
Jane Collins, Nursing Director, Southland
Date Prepared: **15 February 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- A Service Level Agreement is being developed collaboratively with the Maori Health Directorate.
- The service has welcomed six new graduate nurses working within the Inpatient Mental Health Unit, Child Adolescent and Family Service and the Invercargill Community Mental Health Team.
- Initial work has commenced on a quality project to identify triggers and drivers behind the increased occupancy and acuity for the service, particularly the Inpatient Unit and South Community Mental Health Team (SMHET) between October and December 2011 which exceeded 100% occupancy at times over the Christmas and New Year period.

2. Quality Initiatives

- The service has completed the second Knowing the People Planning (KPP) psychosocial information collection. This information combined with consumer demographic, activity, referral and outcomes information provides a rich set of information to assist with service planning and developments.
- Work on the 'Key Performance Indicator (KPI) Framework for New Zealand Mental Health and Addiction Services' project continues on "post-discharge community care". Compliance rates have improved from 63% to 89% of patients discharged from hospital being seen by the service within seven days of discharge from the Inpatient Unit.

SURGICAL DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: **29 February 2012**
Report Prepared By: **Lynley Irvine, General Manager, Southland**
Murray Fosbender, Medical Director, Southland
Helen McKenzie, Nursing Director, Southland
Date Prepared: **15 February 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- Southland hospital has a green status in January 2012 for Elective Service Performance Indicators (ESPI's).
- Southland hospital provider arm is non compliant in 3 surgical specialities for ESPI 2; ENT, Ophthalmology and Paediatric Medicine.
    - ophthalmology, locum specialists are complimenting visiting specialists
    - discussions to support the recovery plan are occurring at a district level
- ENT continues to be non compliant for the inpatient ESPI's 3, 5, 6 and 7 in December 2011. ENT has implemented a recovery plan including seeking extra sessions from visiting specialists and use of locum staff as they become available. A full time locum consultant has starts at Southland hospital on a 1 year term on 20 February. A weekend of surgery is planned for 25 and 26 February 2012.

2. Quality Initiatives

- The preadmission redesign project continues to progress and gynaecology is rolled out.
- Planning is underway to implement Early Recovery after Surgery (ERAS) following approval by the Ministry of Health (elective services initiative funding). The project manager will soon be appointed.

3. Contract Performance

- The appointment of a permanent Ophthalmologist is progressing well and the candidate has begun a two month period in Dunedin and is scheduled to commence in Southland in mid April, 2012.
- There is a negative YTD variance in Orthopaedics. This is being monitored closely and is expected to recover with the recent appointment of two new fulltime Orthopaedic consultants.

WOMEN AND CHILDREN DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: **29 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: **15 February 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

Well Child

- Preschool facilities have created additional demand on Public Health Nurses and Vision Hearing Technicians due to the increased number of preschools over several years flowing on from a sustained increase in births in Southland and demographic changes in the Wakatipu area.

	2000	**2010**
Queenstown-Lakes District	13	25
Southland	27	25
Gore	9	9
Invercargill City	39	55
Total	**88**	**114**

Source: ECE Analysis Team, Ministry of Education

The Queenstown-Lakes district facilities have almost doubled over the noted 10 years and there has been another 16 facilities opened in the Invercargill area (approx 30%). The B4SC team has increased the full time equivalent as a result and involves staff from both Southland and Otago.

Oral Health

- The volume of enrolled children in the Community Oral Health Service and Adolescent service is placing pressure on the number of available clinics in the Invercargill area. A clinic in the city will remain open until our third mobile arrives in mid 2013. Analysis is underway to identify other options.
- The Titanium Dental Program is due to go live from 17 February 2012. Titanium will slow productivity while staff find their way around the system.

Sexual Health

- Trainee Interns have recommenced attending the Sexual Health Service during their Obstetric and Gynaecology placement.

2. Quality

- A pager audit in progress across directorates in commencement of a review of communications in use across the site.

3. Service Highlights

- One of the Obstetrician and Gynaecology team has commenced in post as a consultant Obstetrician and Gynaecologist. He had previously held a 12 month fixed term contract.

January 2012

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			✓		**First 2012 intake of Southern NETP programme to commence in February**
1.2	PDRP uptake			✓		**Significant increase in PDRP uptake**
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. **Additional funding sourced from SI Region.**
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				✓	**Nursing Council Focus groups planned for Feb Southland & Otago to provide input into the updated Code of Conduct.**
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? -what type?			✓		Implementation of Trendcare **progressing well** on both sites. Care Capacity Demand Management/Safe Staffing Health Workplace pilot will be progressed for Southland Dunedin & Wakari Hospital's in 2012.

	-when? -specific needs? -required outcomes? -cost?					**Proposal from National Safe Staffing Healthy Workplace Unit to work with Southern (Dunedin Wakari and Southland Hospitals) to achieve a full review of nursing FTE establishment and budgets. SSHWP Unit has identified the high quality of data that we are producing from Trendcare that positions us favourable for this work.**
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			✓		**Southern Nurse Director Teams workshop scheduled for February. Plan to refresh Dash Board report for Feb to better reflect the current activities of this component of the clinical leadership team.**
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: **29 February 2012**
Financial Report as at: **31 January 2012**
Report Prepared by: **Bron Anderson, Senior Business Analyst**
Date: **13 February 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
⊞ Revenue	38,798	39,118	(321)	273,643	273,803	(160)	469,551
⊟ Personnel							
⊟ Personnel							
Medical Personnel	(7,974)	(7,376)	(598)	(55,097)	(53,513)	(1,585)	(92,355)
Nursing Personnel	(9,992)	(10,481)	489	(66,509)	(68,233)	1,724	(118,599)
Allied Health Personnel	(3,247)	(3,138)	(109)	(26,362)	(26,565)	204	(46,574)
Support Personnel	(829)	(745)	(84)	(5,360)	(5,276)	(84)	(9,258)
Management & Administration Personnel	(2,757)	(2,636)	(121)	(22,032)	(21,822)	(210)	(37,911)
⊟ Expenditure							
⊞ Outsourced Services	(1,730)	(1,434)	(296)	(11,143)	(10,834)	(309)	(18,524)
⊞ Clinical Supplies	(6,265)	(5,613)	(653)	(45,418)	(44,853)	(566)	(77,637)
⊞ Infrastructure & Non-Clinical Supplies	(5,399)	(5,578)	179	(39,488)	(39,562)	74	(68,202)
Net Surplus / (Deficit)	**605**	**2,117**	**(1,512)**	**2,233**	**3,145**	**(912)**	**491**

FTE Summary

Description	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	Full Year Budget FTE
Medical Personnel	478	452	(26)	463	453	(10)	452
Nursing Personnel	1,544	1,563	19	1,543	1,564	22	1,564
Allied Health Personnel	672	696	24	674	696	22	696
Support Personnel	193	199	6	190	194	4	196
Management & Administration Personnel	667	669	1	665	669	3	669
Total	**3,554**	**3,578**	**24**	**3,535**	**3,575**	**40**	**3,576**

Summary Comment:

The January 2012 result is a surplus of $605k compared to a budgeted surplus of $2,117k which generates an unfavourable variance of $1,512k. Due to the monthly result the year to date position is now unfavourable by $912k.

- The revenue variance is unfavourable for the month against plan by $321k which brings the YTD position into an unfavourable position against plan.

- Overall Personal costs are in line with the plan but the medical costs when combined with outsourcing are greater than plan due to extra FTE appointed. The nursing result is driven by FTE variances.

- Out sourced services result is 21% worse than the January budget, due to expenditure in the outsourced clinical services area. YTD the result is closer to the YTD plan (3% greater)

- Clinical supplies has an unfavourable position against budget, it was planned that lower phasing of clinical supplies in January was expected, however higher pharmaceutical costs, blood product costs and implant and prostheses costs have contributed to the unfavourable variance against budget

- It is good to report a positive variance overall against Infrastructure and non clinical costs for the month and YTD

2. Revenue

Total revenue is $321k behind budget for the month and $160k behind plan YTD. Disability support income YTD is not fully recognised as the new medium secure unit has not been fully operational until early this calendar year; there is an offset against lesser salary costs. Other income including kiwisaver subsidies and donations have impacted favourably for the month with no associated costs. Please see the table below for further explanations;

Revenue	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	$000 Full Year Budget	Comment
MoH - Personal Health	0	158	(158)	7	386	(379)	738	Oral Health Business Case revenue now devolved through Internal revenue
MoH - Public Health	10	24	(13)	74	167	(93)	286	
MoH - Disability Support Services	705	741	(36)	4,890	5,186	(296)	8,890	Medium Secure Unit
Clinical Training Agency	446	531	(86)	3,623	3,720	(97)	6,378	Some Gaps in rosters impacting on CTA revenue
InterProvider Revenue (Other DHB's)	32	25	8	199	172	27	295	On plan
Training Fees and Subsidies	9	9	(0)	148	65	83	112	
Accident Insurance	782	605	177	4,931	5,124	(194)	8,793	Extra revenue this month for Disability Support services
Other Government (non DHBs)	184	368	(184)	2,649	2,579	71	4,420	Over accrual released this month hence unfavourable variance
Patient / Consumer sourced	309	263	46	1,954	1,704	250	3,089	Non resident activity has generated favourable result
Other Income	954	995	(41)	7,419	6,828	592	11,688	Kiwi Saver subsidies $248k and extra donations $169k are the key drivers of favourable variance
Internal Revenue (DHB Fund to DHB Provider)	35,365	35,398	(33)	247,749	247,871	(122)	424,861	Extra Oral Health Business case revenue, less PCT and Community Pharmaceutical revenue offset variance in expenses, less Mental Health revenue due to FTE contracts being washed up. Extra revenue reflected for Renal volumes and less revenue reflected for Community Referred Tests.
	38,798	**39,118**	**(321)**	**273,643**	**273,803**	**(160)**	**469,551**	**469,551**

3. Personnel Costs

		Monthly Actual $	Monthly Budget $	Monthly Variance $	YTD Actual $	YTD Budget $	Variance $ YTD	Full Year Budget
Direct	Medical Personnel	(7,327)	(6,827)	(499)	(51,379)	(49,679)	(1,700)	(85,627)
	Nursing Personnel	(9,896)	(10,322)	427	(65,766)	(67,123)	1,357	(116,099)
	Allied Health Personnel	(3,164)	(3,034)	(130)	(25,776)	(25,838)	62	(45,168)
	Support Personnel	(829)	(742)	(86)	(5,288)	(5,255)	(33)	(9,183)
	Management & Administration Personnel	(2,747)	(2,600)	(147)	(21,895)	(21,570)	(325)	(37,396)
Direct Total		(23,962)	(23,526)	(436)	(170,105)	(169,466)	(639)	(293,473)
Indirect	Medical Personnel	(646)	(549)	(98)	(3,717)	(3,833)	116	(6,728)
	Nursing Personnel	(97)	(159)	62	(742)	(1,110)	368	(2,501)
	Allied Health Personnel	(83)	(104)	22	(586)	(727)	141	(1,406)
	Support Personnel	(1)	(3)	3	(72)	(21)	(51)	(75)
	Management & Administration Personnel	(10)	(36)	26	(137)	(252)	115	(514)
Indirect Total		(836)	(851)	15	(5,254)	(5,944)	690	(11,225)
Total Personnel		(24,798)	(24,377)	(421)	(175,359)	(175,409)	50	(304,697)

	Monthly Actual $	Monthly Budget $	Monthly Variance $	YTD Actual $	YTD Budget $	Variance $ YTD	Full Year Budget
Medical Personnel	(7,973)	(7,376)	(597)	(55,096)	(53,513)	(1,584)	(92,355)
Nursing Personnel	(9,992)	(10,481)	489	(66,509)	(68,233)	1,724	(118,599)
Allied Health Personnel	(3,247)	(3,138)	(109)	(26,362)	(26,565)	204	(46,574)
Support Personnel	(829)	(745)	(84)	(5,360)	(5,276)	(84)	(9,258)
Management & Administration Personnel	(2,757)	(2,636)	(121)	(22,032)	(21,822)	(210)	(37,911)
Total Personnel	(24,798)	(24,377)	(421)	(175,359)	(175,409)	50	(304,697)

	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	Full Year Budget FTE
Medical Personnel	478.03	451.80	(26.23)	463.01	452.80	(10.21)	452.13
Nursing Personnel	1,543.61	1,563.05	19.44	1,542.57	1,564.38	21.81	1,563.80
Allied Health Personnel	672.30	695.81	23.51	673.96	695.82	21.86	696.06
Support Personnel	192.65	198.94	6.29	190.06	193.63	3.57	195.84
Management & Administration Personnel	667.39	668.53	1.14	665.41	668.70	3.29	668.63
Total	**3,553.98**	**3,578.13**	**24.15**	**3,535.00**	**3,575.33**	**40.32**	**3,576.46**

Total personnel costs sit within plan for the month $421k and $50 YTD. FTEs are under plan month by 24.15 and under plan YTD 40.32.

Medical Personnel

Medical salary costs for the month continue to reside above plan by $597k and $1.584m YTD. FTEs are also over plan by 26.23 for the month and 10.21 YTD

Additional FTE has been appointed and is contributing to the variance along with overtime costs being incurred which are higher compared to those budgeted; for the month $315k against a plan of $147k, (YTD $2,097k against plan of $1,021k) part of the reason is in the junior doctor area where permanent staff (junior and senior) pick up additional shifts to cover vacant positions. The overtime charge also reflects call backs for when junior doctors are working on call. There are additional costs also being incurred in the senior area where additional sessions are being worked.

When reviewing the medical costs it is important to combine the salary lines and medical outsourcing costs together as the Southland site has a portion of its medical establishment budgeted in the outsourced cost category. The following table shows the month and YTD picture. The overall result is negative primarily due to additional FTE appointed over budget.

	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	$000 Full Year Budget
SMO Personel	(4,808)	(4,797)	(11)	215.77	216.30	0.53	(36,107)	(36,067)	(40)	211.90	217.30	5.40	(62,504)
Outsourced SMO	(667)	(679)	12	0.00	0.00	0.00	(4,897)	(4,776)	(121)	0.00	0.00	0.00	(8,183)
Total SMO Cost	(5,475)	(5,476)	1	215.77	216.30	0.53	(41,004)	(40,843)	(161)	211.90	217.30	5.40	(70,686)
RMO Personel	(3,166)	(2,579)	(587)	262.26	235.50	(26.76)	(18,990)	(17,446)	(1,545)	251.11	235.50	(15.61)	(29,852)
Outsourced RMO	(217)	(239)	22	0.00	0.00	0.00	(1,115)	(1,675)	560	0.00	0.00	0.00	(2,870)
Total RMO Costs	(3,383)	(2,818)	(565)	262.26	235.50	(26.76)	(20,105)	(19,120)	(984)	251.11	235.50	(15.61)	(32,722)
Total Medical	(8,857)	(8,294)	(564)	478.03	451.80	(26.23)	(61,108)	(59,963)	(1,145)	463.01	452.80	(10.21)	(103,408)

Non salary related costs are over budget for the month, $98k but $116k under budget YTD. Recruitment and relocation costs reside above plan YTD. Professional fees and training costs are within plan YTD

Nursing Salaries

Nursing costs sit $489k favourably against budget for the month. YTD the fiscal result for nursing is favourable against budget by $1,724k. FTEs reside well within plan for the month; 19.44 and 21.81 YTD.

The FTE variance is the key component driving the fiscal result.

Last month nursing FTE of 1,537 was reported this month's figure has slightly increased to 1,544

The 2011-2012 budget includes the new medium secure unit which has 13.50 nursing FTE attached to it, this unit is close to completion but up until now there have been minimal salary cost incurred. The inpatient mental health team in Invercargill are tracking behind plan by 6 FTE for the month, there is no associated offset as this funding line is not washed back to the funder. There are however 5 FTE's in other parts of mental health which have an associated negative offset against budget due to these FTEs being washed up back to funder arm.

YTD accident leave and other leave have exceeded budget levels but sick leave has stayed within plan.

YTD overtime resides above budgeted parameters but is offset with a favourable variance against allowances. The overtime variation relates to patient watches, double shifts and call backs in those areas that work on call.

YTD Indirect nursing costs including training, recruitment and relocation expenses reside within plan, professional fees are over for the month but this variance is a timing issue and will be eliminated in future months.

Allied Health Personnel

Allied health costs reside over plan for the month but stay within plan YTD. FTEs are well within plan for the month 23.51 and 21.86 YTD. This result also includes the budgeted vacancy factors at each site so if these were removed then the result would be a lot better than reported.

The YTD result is being driven with the lower FTEs than what was budgeted, however this is offset with allowances, overtime, other leave and long service leave costs exceeding budgeted levels. The monthly result requires further investigation as to the setting of the statutory leave budget as an unfavourable variance of $237k exists.

It is important to remember that there is an associated unfavourable variance offset in the revenue line with a portion of these unfilled FTE positions particularly in the Mental Health area.

YTD the majority of all indirect costs including training, professional fees, recruitment, relocation and clinical supervision costs reside below plan. Parental leave costs are great than what was planned by $93k.

Support Personnel

Support salary costs reside outside of plan for the month due to the lates service and food workers employment agreement being implemented.

Management Administration Personnel

YTD management administration FTE are within plan by 3.29. Statutory leave costs for January 2012 reside $142k over plan which has impacted unfavourably on the monthly result.

4. Outsourced Costs

Outsourced costs have over run budget parameters for January 2012.The outsourced medical line needs to be considered with the medical salary costs, the favourable result is a good point to note. The outsourced clinical services line relates to activity being undertaken outside of the provider arm facilities with private providers, the use of this line has created the overspend for the month.

Outsourced Services	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	Monthly Variance %	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	YTD variance %	$000 Full Year Budget
Outsourced Medical Personnel	(883)	(918)	34	4%	(6,011)	(6,451)	439	7%	(11,053)
Outsourced Nursing Personnel	(5)	(3)	(3)	-114%	(21)	(18)	(3)	-18%	(30)
Outsourced Allied Health Personnel	(9)	(14)	5	38%	(140)	(96)	(44)	-46%	(163)
Outsourced Support Personnel	(24)	(22)	(2)	-8%	(155)	(156)	1	1%	(265)
Outsourced Management & Administration Personnel	(14)	(2)	(11)	-467%	(101)	(17)	(85)	-512%	(28)
Outsourced Clinical Services	(720)	(398)	(322)	-81%	(4,184)	(3,533)	(651)	-18%	(6,023)
Outsourced Corporate / Governance Services	(74)	(77)	3	4%	(531)	(564)	33	6%	(962)
Outsourced Services Total	**(1,730)**	**(1,434)**	**(296)**	-21%	**(11,143)**	**(10,834)**	**(309)**	-3%	**(18,524)**

5. Clinical Supplies

Clinical supplies costs incurred for the month equal $6,265k against a budget of $ 5,635k therefore resulting in a negative variance of $653k. This result has created a negative result for the YTD position.

The YTD result reflects higher than budgeted blood products, continence, renal supplies and dressing costs (treatment disposables), lower implant and prostheses costs this is a timing issue related to volume delivery but an overrun against screws nails and plates exists relating to the acute activity through-out the year. Disposable instruments costs are over plan due to a move to more disposable use along with a change in coding from patient consumables.

The above line items have been slightly offset with lower repair and maintenance costs (instrument and equipment costs), pharmaceutical costs are lower than plan due to rebates being received and lower air ambulance charges than planned.

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

Clinical Supplies	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	Monthly Variance %	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	YTD variance %	$000 Full Year Budget
Treatment Disposables	(2,306)	(2,092)	(214)	-10%	(16,731)	(15,864)	(867)	-5%	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(129)	(115)	(14)	-13%	(1,068)	(1,001)	(67)	-7%	(1,717)
Instruments & Equipment	(1,275)	(1,173)	(102)	-9%	(8,588)	(8,322)	(266)	-3%	(14,375)
Patient Appliances	(163)	(185)	22	12%	(1,068)	(1,328)	260	20%	(2,312)
Implants & Prostheses	(741)	(529)	(211)	-40%	(5,725)	(5,611)	(114)	-2%	(9,730)
Pharmaceuticals	(1,476)	(1,294)	(182)	-14%	(10,723)	(10,912)	190	2%	(18,728)
Other Clinical Supplies	(176)	(224)	48	22%	(1,516)	(1,814)	298	16%	(3,130)
Clinical Supplies Total	**(6,265)**	**(5,613)**	**(653)**	-12%	**(45,418)**	**(44,853)**	**(566)**	-1%	**(77,637)**

6. Infrastructure and Non Clinical

Infrastructure and non clinical costs for the month are $5,399k against a budget of $5,578k, resulting in a favourable variance against budget of $179k. The YTD variance is favourable by $74k against plan.

Infrastructure & Non-Clinical Supplies	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	Monthly Variance %	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	YTD variance %	$000 Full Year Budget
Hotel Services, Laundry & Cleaning	(1,033)	(1,056)	24	2%	(7,379)	(7,466)	87	1%	(12,760)
Facilities	(1,366)	(1,653)	287	17%	(11,219)	(11,570)	352	3%	(20,332)
Transport	(236)	(314)	78	25%	(2,260)	(2,214)	(46)	-2%	(3,814)
IT Systems & Telecommunications	(915)	(845)	(70)	-8%	(6,130)	(5,883)	(247)	-4%	(10,140)
Interest & Financing Charges	(1,251)	(1,174)	(77)	-7%	(8,452)	(8,271)	(180)	-2%	(14,148)
Professional Fees and Expenses	(152)	(144)	(8)	-6%	(741)	(1,012)	272	27%	(1,718)
Other Operating Expenses	(446)	(392)	(54)	-14%	(3,308)	(3,144)	(163)	-5%	(5,289)
Infrastructure & Non-Clinical Supplies Total	**(5,399)**	**(5,578)**	**179**	3%	**(39,488)**	**(39,562)**	**74**	0%	**(68,202)**

YTD Hotel Services, Laundry and Cleaning costs are within plan. Food and grocery costs are $83k over plan. Laundry charges are under budget $150k, cleaning supplies are also behind budget $55k.

Facilities costs YTD reside within planned parameters. The result includes lower utilities costs ($168k) (electricity, steam, gas and water), lower maintenance costs ($161k) partially due to the release of an accrual held last financial year, lower building and plant depreciation ($176k), lower security costs ($25k) and a lesser amount of rents incurred ($3k) these favourable variances are slightly offset with an over run against waste removal ($15k) and Insurance on plant and buildings ($199k).

Transport charges are above plan YTD. The financial position is unfavourable against staff travel and there is also an over run in motor vehicle leases and fuel costs.

The YTD position for Information Technology Systems and Telecommunications is a $247k unfavourable variance against budget. Depreciation is $124k greater than the phased amount YTD January 2012. Software charges – maintenance fees are $52k above budget. Telecommunication costs are $47k above budget due to mobile phone charges, repairs and maintenance and minor purchase costs being greater than plan.

YTD Interest and Financing charges reside over the allocated budget; the key line impacting this result is the capital charge costs.

YTD Professional fees and expenses are within planned parameters by $272k. There is lesser expenditure against consultant fees than what was budgeted for.

Other operating expenses are unfavourable YTD, The doubtful debt provision has increased and is $181k over budget.

7. Forecast

	Year to Date			Annual			5 Months left to forecast		
	Actual	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance
Revenue	273,643	273,803	(160)	469,153	469,551	(398)	195,510	195,748	(238)
Medical	(55,097)	(53,513)	(1,584)	(95,137)	(92,342)	(2,795)	(40,045)	(38,829)	(1,216)
Nursing	(66,509)	(68,233)	1,724	(115,910)	(118,599)	2,689	(49,399)	(50,366)	967
Allied	(26,362)	(26,565)	203	(45,648)	(46,574)	926	(19,286)	(20,009)	723
Support	(5,360)	(5,276)	(84)	(9,238)	(9,258)	20	(3,878)	(3,982)	104
Management Admin	(22,032)	(21,822)	(210)	(37,942)	(37,911)	(31)	(15,907)	(16,089)	182
Total Personnel	(175,360)	(175,409)	49	(303,875)	(304,684)	809	(128,515)	(129,275)	760
Outsourced Costs	(11,143)	(10,834)	(309)	(18,578)	(18,575)	(3)	(7,435)	(7,741)	306
Clinical Supplies	(45,419)	(44,853)	(566)	(78,593)	(77,637)	(956)	(33,174)	(32,784)	(390)
Infrastructure & Non Clinical supplies	(39,488)	(39,562)	74	(68,209)	(68,202)	(7)	(28,721)	(28,640)	(81)
Total Expenses	(271,410)	(270,658)	(752)	(469,255)	(469,098)	(157)	(197,845)	(198,440)	595
Net Surplus/ (Deficit)	2,233	3,145	(912)	(102)	453	(555)	(2,335)	(2,692)	357

The Year-end forecast position has moved within the categories but stay relatively constant overall for the provider arm. (December 2011 forecast position of $16k deficit)

The change includes the favourable impact of the nursing agreement, better leave movement than first predicted and a positive result in January against infrastructure costs, particularly in the facilities category.

Outsourcing costs are expected to climb a little in the next 5 months and revenue is reduced by $200k for the February to June period.

8. Financial Result – Dunedin site

Dunedin Site	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	$000 Full Year Budget
Revenue Total	**26,159**	**26,184**	**(25)**				**184,988**	**183,630**	**1,359**				**314,710**
Personnel Total	**(16,611)**	**(16,227)**	**(383)**	**2,346.81**	**2,335.66**	**(11.15)**	**(118,338)**	**(116,764)**	**(1,573)**	**2,331.37**	**2,338.43**	**7.05**	**(203,200)**
Expenditure													
Outsourced Services	(572)	(428)	(143)				(4,445)	(3,770)	(675)				(6,420)
Clinical Supplies	(3,890)	(3,294)	(596)				(29,219)	(29,029)	(190)				(49,967)
Infrastructure & Non-Clinical Supplies	(1,332)	(1,305)	(27)				(9,622)	(9,352)	(270)				(15,940)
Expenditure Total	**(5,794)**	**(5,027)**	**(767)**				**(43,286)**	**(42,151)**	**(1,136)**				**(72,328)**
Net Surplus / (Deficit)	**3,755**	**4,930**	**(1,175)**	**2,346.81**	**2,335.66**	**(11.15)**	**23,364**	**24,715**	**(1,350)**	**2,331.37**	**2,338.43**	**7.05**	**39,183**

9. Financial Result – Southland site

Invercargill and Lakes Sites	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	$000 Full Year Budget
Revenue Total	**12,049**	**12,188**	**(139)**				**84,342**	**85,187**	**(845)**				**146,039**
Personnel Total	**(6,970)**	**(7,138)**	**168**	**988.45**	**1,008.30**	**19.85**	**(49,259)**	**(50,567)**	**1,308**	**983.13**	**1,008.04**	**24.91**	**(87,450)**
Expenditure													
Outsourced Services	(1,077)	(916)	(161)				(6,113)	(6,410)	296				(10,988)
Clinical Supplies	(1,635)	(1,561)	(74)				(10,980)	(10,592)	(388)				(18,661)
Infrastructure & Non-Clinical Supplies	(611)	(649)	37				(4,431)	(4,541)	110				(7,784)
Expenditure Total	**(3,323)**	**(3,125)**	**(198)**				**(21,524)**	**(21,543)**	**19**				**(37,433)**
Net Surplus / (Deficit)	**1,757**	**1,925**	**(168)**	**988.45**	**1,008.30**	**19.85**	**13,559**	**13,078**	**482**	**983.13**	**1,008.04**	**24.91**	**21,156**

10. Financial Result – Shared services

Shared services	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	$000 Full Year Budget
Revenue Total	**590**	**746**	**(157)**				**4,312**	**4,986**	**(674)**				**8,802**
Personnel Total	**(1,219)**	**(1,012)**	**(207)**	**218.72**	**234.17**	**15.45**	**(7,763)**	**(8,078)**	**315**	**220.49**	**228.86**	**8.36**	**(14,048)**
Expenditure													
Outsourced Services	(81)	(90)	9				(585)	(654)	69				(1,115)
Clinical Supplies	(741)	(758)	17				(5,220)	(5,232)	12				(9,009)
Infrastructure & Non-Clinical Supplies	(3,455)	(3,624)	169				(25,435)	(25,669)	234				(44,478)
Expenditure Total	**(4,277)**	**(4,472)**	**195**				**(31,240)**	**(31,555)**	**315**				**(54,602)**
Net Surplus / (Deficit)	**(4,907)**	**(4,738)**	**(169)**	**218.72**	**234.17**	**15.45**	**(34,691)**	**(34,648)**	**(43)**	**220.49**	**228.86**	**8.36**	**(59,847)**

11. Capital 2011-12

SOUTHERN DISTRICT HEALTH BOARD

CAPITAL PLAN - Jan 12

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	5,730	
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	39,660	
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	416,294	
Total Building and Property	1,038,078	2,735,845	3,773,923	838,078	245,845	1,083,923	926,286	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	(10,395)	389,605		389,605	389,605		
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		182,547	182,547		182,547	182,547	137,057	
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	6,519	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	70,716	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	4,525,724	9,744,643	2,643,799	2,558,891	5,202,690	3,287,040	4,541,953
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	98,560		
PRA Project	60,133	120,000	180,133	28,133		28,133	37,557	152,000
Sharepoint	161,756		161,756					161,756
Business Intelligence	258,155	400,000	658,155	258,155	96,709	354,864	212,590	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	51,788	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		192,854	192,854	256,772	57,146
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	1,411,669	2,839,306	1,262,513	2,371,694
Total Major Assets	9,270,003	9,459,563	18,729,566	4,909,514	4,216,405	9,125,919	5,475,839	9,603,647

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	188,142	490,283	187,737	173,858
Clinical Equipment	1,352,999	3,148,999	4,501,998	1,492,310	825,199	2,317,509	1,476,560	2,184,489
Information Technology	356,000	765,667	1,121,667	356,000	131,735	487,735	121,716	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	132,547	354,287
Total Minor	2,208,317	4,695,396	6,903,713	2,347,628	1,184,519	3,532,147	1,918,560	3,371,566
Building & Property - Contingency		650,000	650,000		237,751	237,751	205,277	412,249
Information Technology - Contingency	649,087	316,370	965,457		765,160	765,160	448,220	200,296
General - Dunedin	885,714	1,020,917	1,906,632		1,174,389	1,174,389	1,045,379	732,243
General - Southland	505,487	672,447	1,177,934		289,413	289,413	218,266	888,521
Strategic Contingency	2,178,290	(830,838)	1,347,452					1,347,452
Total Contingencies	4,218,578	1,828,897	6,047,474		2,466,713	2,466,713	1,917,142	3,580,761
INTERNALLY FUNDED ASSETS								
Linear Accelerator		4,384,000	4,384,000		3,774,613	3,774,613	407,097	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	165,849	
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	590,886	5,830,387
Total Baseline Capital Programme	15,696,898	30,248,856	45,945,753	7,257,142	16,302,250	23,559,392	9,902,427	22,386,361

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	6,729,322	16,277,675
Oral Health	6,742,000	2,179,000	3,912,812	6,403,063	1,276,190	1,552,998
ID Transition Unit	2,307,000	1,538,000	67,550	2,346,122	1,151,565	1,087,885
Total Externally Funded Capital Programme	33,843,010	14,242,010	5,353,365	16,449,562	9,426,621	19,063,024

DONATED & SELF FUNDED ASSETS	Approved	Current Years Cashflows
Donated		
Donated	180,324	279,520
Donated	48,496	58,459
Donated	45,010	38,618
Southland Trust	17,193	10,860
Total of additional self funded capital expenditure	**291,023**	**387,456**
Total per cashflow statement		**19,716,505**

12. Financial Statements – Provider Arm

Part 2: DHB provider	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Current Month Variance %	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Year to Date Variance %	Annual Budget $(000)
Part 2.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Personal Health	-	158	(158) U		7	386	(379) U	(98%)	738
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	24	(13) U	(56%)	74	167	(93) U	(56%)	286
MoH - Disability Support Services	705	741	(36) U	(5%)	4,890	5,186	(296) U	(6%)	8,890
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	446	531	(86) U	(16%)	3,623	3,720	(97) U	(3%)	6,378
Internal - DHB Funder to DHB Provider	35,365	35,398	(33) U		247,749	247,871	(122) U		424,861
Ministry of Health Total	**36,527**	**36,853**	**(326) U**	**(1%)**	**256,343**	**257,330**	**(987) U**		**441,153**
Other Government									
Other DHB's	32	25	8 F	31%	199	172	27 F	15%	295
Training Fees and Subsidies	9	9		(1%)	148	65	83 F	126%	112
Accident Insurance	782	605	177 F	29%	4,931	5,124	(194) U	(4%)	8,793
Other Government	184	368	(184) U	(50%)	2,649	2,579	71 F	3%	4,420
Other Government Total	**1,008**	**1,007**			**7,926**	**7,940**	**(14) U**		**13,621**
Government and Crown Agency Total	**37,535**	**37,860**	**(325) U**	**(1%)**	**264,269**	**265,270**	**(1,001) U**		**454,774**
Other Revenue									
Patient / Consumer Sourced	309	263	46 F	18%	1,954	1,704	250 F	15%	3,089
Other Income	954	995	(41) U	(4%)	7,419	6,828	592 F	9%	11,688
Other Revenue Total	**1,263**	**1,258**	**5 F**		**9,373**	**8,532**	**841 F**	**10%**	**14,777**
REVENUE TOTAL	**38,798**	**39,118**	**(321) U**	**(1%)**	**273,643**	**273,803**	**(160) U**		**469,551**
EXPENSES									
Personnel Expenses									
Medical Personnel	(7,977)	(7,376)	(602) U	(8%)	(55,101)	(53,513)	(1,588) U	(3%)	(92,355)
Nursing Personnel	(9,992)	(10,481)	489 F	5%	(66,509)	(68,233)	1,724 F	3%	(118,599)
Allied Health Personnel	(3,247)	(3,138)	(109) U	(3%)	(26,362)	(26,565)	204 F	1%	(46,574)
Support Services Personnel	(829)	(745)	(84) U	(11%)	(5,360)	(5,276)	(84) U	(2%)	(9,258)
Management / Admin Personnel	(2,757)	(2,636)	(121) U	(5%)	(22,032)	(21,822)	(210) U	(1%)	(37,911)
Personnel Costs Total	**(24,803)**	**(24,377)**	**(426) U**	**(2%)**	**(175,364)**	**(175,409)**	**46 F**		**(304,697)**
Outsourced Expenses									
Medical Personnel	(883)	(918)	34 F	4%	(6,011)	(6,451)	439 F	7%	(11,053)
Nursing Personnel	(5)	(3)	(3) U	(114%)	(21)	(18)	(3) U	(18%)	(30)
Allied Health Personnel	(9)	(14)	5 F	38%	(140)	(96)	(44) U	(46%)	(163)
Support Personnel	(24)	(22)	(2) U	(8%)	(155)	(156)	1 F	1%	(265)
Management / Administration Personnel	(14)	(2)	(11) U	(467%)	(101)	(17)	(85) U	(512%)	(28)
Outsourced Clinical Services	(720)	(398)	(322) U	(81%)	(4,184)	(3,533)	(651) U	(18%)	(6,023)
Outsourced Corporate / Governance Services	(74)	(77)	3 F	4%	(531)	(564)	33 F	6%	(962)
Outsourced Funder Services	-	-			-	-			-
Outsourced Services Total	**(1,730)**	**(1,434)**	**(296) U**	**(21%)**	**(11,143)**	**(10,834)**	**(309) U**	**(3%)**	**(18,524)**
Clinical Supplies									
Treatment Disposables	(2,306)	(2,092)	(214) U	(10%)	(16,731)	(15,864)	(867) U	(5%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(129)	(115)	(14) U	(13%)	(1,068)	(1,001)	(67) U	(7%)	(1,717)
Instruments & Equipment	(1,275)	(1,173)	(102) U	(9%)	(8,588)	(8,322)	(266) U	(3%)	(14,375)
Patient Appliances	(163)	(185)	22 F	12%	(1,068)	(1,328)	260 F	20%	(2,312)
Implants & Prosthesis	(741)	(529)	(211) U	(40%)	(5,725)	(5,611)	(114) U	(2%)	(9,730)
Pharmaceuticals	(1,476)	(1,294)	(182) U	(14%)	(10,723)	(10,912)	190 F	2%	(18,728)
Other Clinical Supplies	(176)	(224)	48 F	22%	(1,516)	(1,814)	298 F	16%	(3,130)
Clinical Supplies Total	**(6,265)**	**(5,613)**	**(653) U**	**(12%)**	**(45,419)**	**(44,853)**	**(566) U**	**(1%)**	**(77,637)**
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,033)	(1,056)	24 F	2%	(7,379)	(7,466)	87 F	1%	(12,760)
Facilities	(1,366)	(1,653)	287 F	17%	(11,219)	(11,570)	352 F	3%	(20,332)
Transport	(236)	(314)	78 F	25%	(2,260)	(2,214)	(46) U	(2%)	(3,814)
IT Systems & Telecommunications	(915)	(845)	(70) U	(8%)	(6,130)	(5,883)	(247) U	(4%)	(10,140)
Interest & Financing Charges	(1,251)	(1,174)	(77) U	(7%)	(8,452)	(8,271)	(180) U	(2%)	(14,148)
Professional Fees & Expenses	(152)	(144)	(8) U	(6%)	(741)	(1,012)	272 F	27%	(1,718)
Other Operating Expenses	(446)	(392)	(54) U	(14%)	(3,308)	(3,144)	(163) U	(5%)	(5,289)
Democracy	-	-			-	-			-
Subsidiaries & Joint Ventures	-	-			-	-			-
Infrastructure & Non-Clinical Supplies Total	**(5,399)**	**(5,578)**	**179 F**	**3%**	**(39,488)**	**(39,562)**	**74 F**		**(68,202)**
Other Costs and Internal Allocations	-	-			-	-			-
Total Expenses	**(38,197)**	**(37,002)**	**(1,195) U**	**(3%)**	**(271,413)**	**(270,658)**	**(756) U**		**(469,060)**
Net Surplus/ (Deficit)	**601**	**2,117**	**(1,516) U**	**(72%)**	**2,229**	**3,145**	**(916) U**	**(29%)**	**491**
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	478	452			463	453			452
Nursing Personnel	1,544	1,563			1,543	1,564			1,564
Allied Health Personnel	672	696			674	696			696
Support Personnel	193	199			190	194			196
Management / Administration Personnel	667	669			665	669			669
Total Full Time Equivalents (FTE's)	3,554	3,578			3,535	3,575			3,576

Information Systems Dashboard

January 2012

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. ***Provation Medical will be presenting an updated regional quote for the supply of a system on the 23 February.***
	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. ***Project awaiting go-live date confirmation. Tentative 17 February at this stage.***
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.

BUSINESS INTELLIGENCE (BI) PROJECT UPDATE

HAC Meeting Date: **29 February 2012**
Report Prepared By: **John Simpson, Chief Information Officer**
Date Prepared: **21 February 2012**

Recommendation

That the Committee receives and notes this report.

1. Health Target Dash Boards Released

The BI dashboards for Emergency Department, Electives Surgery and Smoking Cessation Health Target where communicated in the recent edition of the Fortnightly Focus. The focus included a brief description of business intelligence and the project thus far.

2. Regional Wait-lists View

The last BI Project Board meeting agreed that a work package be scoped to provide a single view of wait lists across the district wide systems. Workgroups with subject matter experts have been established and the initial draft requirements are being drawn. A wider group of subject matter experts will be formed to review and discuss before the scope is agreed.

3. Data Warehouse Utilisation Increasing

The BI Data Warehouse (the central repository for all data used by the BI System) is being used extensively on a day to day basis for operational reporting with over 300 reports now available and being accessed by staff.

Additionally, projects such as the proposed Theatre Compass are investigating leveraging the Data Warehouse to provide the information there require from a number of systems. This approach reduces the time required to manually gather this information.

4. Project Manager Change

The original Project Manager for the BI Project, Wayne Phillips has left the organisation and Richard Jocelyn has been appointed to the role. Richard has just completed the very successful e-Prescribing Pilot and will be preparing this update to HAC in the future. The format of the reporting will also be aligned with organisational standards.

Business Intelligence Finance Report

Business Intelligence Project - Financial Summary as at January 2012 ($'000s)							
Description	**Approved Business Case $000's**	**PROJECT TOTAL**			**PROJECT TO DATEas at Jan**		
		Forecast $000's	**Original Budget $000's**	**Variance $000's**	**Actual $000's**	**Budget $000's**	**Variance $000's**
Hardware	80	135	135	(0)	108	135	27
Software	648	574	574	0	154	574	420
Implementation	648	868	737	(131)	751	629	(123)
Contingency / Unallocated	215	0	131	131	0	119	119
Total Incremental Capital Costs	**1,591**	**1,577**	**1,577**	**(0)**	**1,013**	**1,456**	**443**
Personnel (in-house)	817	833	833	0	353	566	213
TOTAL BI project	**2,408**	**2,410**	**2,410**	**(0)**	**1,366**	**2,022**	**656**
Personnel (in-house) FTE	**3.20**	**3.05**	**3.05**	**0.84**	**1.61**	**2.91**	**1.30**

Summary

The project to date is $656k favourable to budget. The incremental capital costs are favourable to the project to date budget by $443k due to software purchase delayed until go-live to ensure latest version of software is implemented. Additional implementation costs incurred for additional project management costs and external business analyst role has been covered from the contingency budget line. In-house personnel costs are $13k favourable to budget due to the project delay in start-up.

The total project is forecast to be on budget, with the in-house personnel savings to date of $213k forecast to be utilised in the coming months during implementation. The additional implementation costs of $131k are due to design and development ($55k), business analyst ($43k), and Project manager ($33k), are covered by the contingency budget.

January 2012

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 and is now well established in the on line recruitment marketplace (kiwihealthjobs.com). The site is utilized by all DHB's and the NZ Blood Service. Over time it is planned to make it available to other public health providers.
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 in place for over a year and we are consolidating on its current capability as part of HBL's work a scoping document is being developed for an all of DHB solution
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			√		***2012 programme funding secured and programme planning commenced this month.***
3.2	Workforce Information	√				Scoping activity as part of HRIS Project.
3.3	Management and Leadership development			√		***2012 HRM Series Module Calendar planning commenced.***
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 trialed 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.

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 have been engaged. Preliminary concept continues.
✓				E.D Observation Unit			✓		See attached report.
✓				Gastrointestinal Disease Redevelopment	✓				Options have been provided to the GIC committee. Waiting on further instructions.
		✓		DHB: Administration and Teaching Centre	✓				Design/tender documentation underway.
✓				Regional Intellectual Disability Secure Service (RIDSS)				✓	See attached report.
		✓		Staff Cafeteria	✓				Concept work underway.
		✓		Relocation of generators to Southland.	✓				Concept work underway.

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)			✓		90% 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	Update	Ministry Approved Budget ($)	Committed Tender Cost ($)	Variance ($)
1	Acute Mental Health Facility				√	Completed.	3,609,522	3,322,385	287,137
2	Wakari Carparking				√	Completed.	1,274,677	1,177,315	97,362
3	Wakari Main Block Lifts			√		Construction on track.	553,804	553,804	0
4	Mechanical Reticulation				√	Completed.	640,432	638,643	1,789
5	Wakari Conference Rooms				√	Negative variance due to additional scope.	702,879	902,217	-199,338
6	Wakari Central Stores			√		Construction on track.	4,262,639	3,941,469	321,170
	Dunedin Office Relocations			√					
	Dunedin Provider Corporate			√					
	CEO, Board, Planning & Funding			√					
	IS and Finance			√					
	Corridors and Stairwells			√					
7	Staff Cafeteria – Dunedin			√		Construction on track.	3,070,568	3,069,522	1046
	Staff Cafeteria – Wakari			√					
8	Dunedin Hospital Generators			√		Construction on track.	2,666,921	2,559,169	107,752
9	Dunedin Main Switchboard			√		Construction on track.	938,476	938,476	0
10	NICU and Paediatrics			√		Detailed design stage.	6,660,083	0	0
Total							24,380,000	17,103,000	616,888

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	30%	

PROGRESS THIS MONTH:

- Shower/change area completed and handed over to ED.
- Nurse Director's office in Psych Services Building handed over.
- Temporary access has been arranged via Fracture Clinic - Work on main ED access corridor has commenced – duration 2 weeks.
- Demolition of old Muffin Break area due to commence.

FINANCIAL STATUS:

ED OBS UNIT	Approved Cost	Actual Costs to Date (WIP account)
Construction Costs	$ 2,430,000.00	$ 235,054.00
Project Contingency	$ 270,000.00	$ 0.00
TOTAL	$ 2,700,000.00	$ 235,054.00

PROJECT DESCRIPTION:

Construction of an 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:

- 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 and ED data upgrade in progress.

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	27 January 2012	95%	

PROGRESS THIS MONTH:

- Associated work in Ward 10A is progressing well.
- Intellectually Disabled Facility – all interior work completed.
- Exterior site works completed.
- Final commissioning being finalised.
- Final invoices to come.

FINANCIAL STATUS:

	Approved Cost	Actual Costs to Date
Construction Costs	$ 2,125,200.00	$ 1,118,269.00
Project Contingency	$ 184,800.00	$ 135,869.00
TOTAL	$ 2,310,000.00	$ 1,254,138.00

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)