



HOSPITAL ADVISORY COMMITTEE MEETING

AGENDA

Wednesday, 2 May 2012

2.00pm

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



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SOUTHERN DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE MEETING

Wednesday, 2 May 2012, 2.00pm

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

A G E N D A

Item		Page No.
1.	Welcome, Introduction and Apologies	
2.	Interests Registers	2
3.	Minutes of Previous Meeting	7
4.	Review of Actions	14
5.	District Monitoring Reports	
	a) Chief Operating Officers' Report	16
	b) Provider Arm Dashboard	17
	c) Health Targets	22
	d) Elective Services Performance Indicators	23
	e) Elective case weights and discharges	24
	f) Key Performance Indicators	26
6.	Otago Performance Reports	
	a) Chief Operating Officer's Report	28
	b) Case Weight Activity Data	29
	c) Elective Services Performance Indicators	31
	d) Directorate Reports	33
	e) NHB and SDHB Joint Assessment of Systems, Dunedin Hospital	40
7.	Southland Performance Reports	
	a) Chief Operating Officer's Report	45
	b) Case Weight Activity Data	46
	c) Elective Services Performance Indicators	47
	d) Chief Medical Officer's Report	49
	e) Directorate Reports	50
8.	District Performance Reports	
	a) Chief Nursing and Midwifery Report	56
	b) Financial Performance Summary	58
	c) Information Group Report	72
	d) Human Resources Report	74
	e) Building and Property Report	76

Confidential Session:**RESOLUTION:**

That the Board move into committee to consider the agenda items listed below.

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Hospital Advisory Committee Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Risk Register	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Ninth Operating Theatre Dunedin Hospital, Business Case	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Chair in Neurosurgery – Invercargill Licensing Trust (ILT) Funding Application	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	01.03.2012 06.12.2010	1. Member, South Island Neurosurgical Board Son-in-law: 2. Partner, Polson Higgs, Chartered Accountants. 3. Trustee, Corstorphine Baptist Community Trust	1. 2. Does some accounting work for Southern PHO. 3. 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 12.02.2009 05.12.2010 01.03.2012	1. Employee of WHK South. 2. Trustee of Plunket Foundation. 3. Trustee of Wakatipu Plunket Charitable Trust. 4. Corresponding member for health and family affairs, National Council of Women. 5. Member of advisory panel for No 10, Invercargill. 6. DHB representative on the Gore Social Sector Trial	1. Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of WHK. 2. Nil. 3. Nil. 4. Nil.
Mary FLANNERY	17.11.2010 10.11.2011	1. Trustee, Rural Otago Primary Health Organisation 2. Associate Solicitor, Bodkins/AWS Legal, Alexandra. 3. Partner, Tayside Farm Partnership. 4. Director, 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 Malcolm MACPHERSON	28.06.2005 09.03.2011 25.11.2010	1. Member Otago Polytechnic Council. 2. Contractor and Tutor, Otago Polytechnic. 3. Member Central Lakes Trust.	1. (OP has training interests in common with the DHB, no) 2. (personal interest.) 3. CLT is a community funder in its region, which includes

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

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	23.09.2003 29.03.2010 06.04.2011	<ol style="list-style-type: none"> 4. Trustee, HealthCare Otago Charitable Trust. 5. Director, Composite Retail Group. 6. Councillor, Dunedin City Council. 	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT). 	<ol style="list-style-type: none"> 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 March 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	
Carole Heatly	14.03.2012	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 Hospital Advisory Committee Meeting held on Wednesday, 4 April 2012, commencing at 2.00pm in Conference Room 1, Copthorne Hotel, Queenstown

Present:	Mr Paul Menzies Dr Malcolm Macpherson Mr Tahu Potiki Dr Branko Sijnja Mr Richard Thomson Mr Tim Ward	Chairman
In Attendance:	Mr Joe Butterfield Ms Sandra Cook Mrs Kaye Crowther Ms Mary Flannery Ms Carole Heatly Mrs Lexie O'Shea Mrs Vivian Blake Mrs Leanne Samuel Mr David Tulloch Ms Bron Anderson Mrs Joanne Fannin	Board Chairman Board member Board member Board member Chief Executive Officer Chief Operating Officer, Southland/Deputy CEO Chief Operating Officer, Otago Chief Nursing and Midwifery Officer Chief Medical Officer Senior Business Analyst, Southland Board Secretary Southland
Apologies:	Mr Neville Cook	HAC Member

1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. An amended agenda was tabled for members' information and the additional item 'Annual Plan' included in the confidential section was highlighted. An apology was noted from HAC member, Mr Neville Cook.

It was resolved:

"That the apology be accepted."

**Moved: Mr Menzies
Seconded: Dr Sijnja
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 29 February 2012 Hospital Advisory Committee meeting be approved and adopted as a true and correct record."

**Moved: Mr Thomson
Seconded: Dr Sijnja
Carried**

4.0 MATTERS ARISING

There were no matters arising from the previous minutes.

5.0 ACTION SHEET

The Committee reviewed the action sheet and the following highlights were noted:

Action Point 62 – Enduring Power of Attorney – this is being managed and is to be removed from the action sheet.

Action Point 73 – IS Dashboard – the information requested is included in the IS dashboard and is to be removed from the action sheet.

Action Point 75 – Southern Clinical Services – the Programme Managers are collating the dashboard for the Clinical Advisory Committee (CAC) and following discussion at the CAC this will go to HAC.

Action Point 76 – COOs' Report, Hospital Quality and Productivity (HQP) Indicators – on-going discussions are taking place with input by the COOs, the HAC Chairman and the CEO on reporting to HAC. An updated benchmarking set is included in the current agenda.

6.0 CHIEF OPERATING OFFICERS' REPORT

The Chief Operating Officer, Southland/Deputy CEO, Mrs Lexie O'Shea, provided an update on the Chief Operating Officers' Report and took questions from members and the following highlights were noted:

- Elective caseweights delivered (c wd) were behind plan for February 2012, but 0.91% above plan year-to-date (YTD). Health target elective discharges delivered were 10 below plan for the month and 19 above plan YTD.
- The unfavourable financial result was noted.
- Reporting on the operational performance is included in the Provider Arm Dashboard DAP 2011/12. The impact of the high activity in the Emergency Departments (ED) was noted.
- Health targets – whilst there was a dip in Southland for the 'shorter stays in ED' target, the result for March 2012 shows an improvement.
- Overall the Elective Services Patient Flow Indicators (ESPis) remain compliant. The ESPis are being monitored closely as Southern DHB must remain compliant within six months for both the outpatient and surgical areas by the end of June 2012.
- Elective c wd and discharges are being monitored closely to ensure Southern DHB comes in on target at year-end.
- The Chairman highlighted that the month on month increase in ED was not abating and queried the sustainability of the continued increase. Activity across the District, the staffing related to that and streaming patients through EDs in a different way are all areas being looked at. A national champion has been engaged to work with staff on the challenges being faced within the EDs. In response to a query regarding

whether ED is being accessed appropriately, it was noted that admission rates have remained relatively stable at all EDs. The COO Otago noted the increased activity being experienced at Dunedin Hospital ED on weekends and highlighted the need to ensure safe cover at weekends. Work is being done to ensure processes are in place to cope with the busier periods.

- Considerable work has gone in to ensuring that the HQP Indicators data is clean. The change to the Elective Day of Surgery Admission (DOSA) graph is, in the main, a result of data cleansing.
- Southern DHB Imaging Wait Time Update - the targets in the report are local ones, with national and South Island wide targets currently being developed. Under the new targets there will be a number of diagnostic parameters that must be met and these will align to the ESPI targets.

7.0 CHIEF OPERATING OFFICER'S REPORT, OTAGO

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

- Whilst elective cwd were behind plan for the month of February 2012 they are 8.8% ahead of plan YTD. Elective discharges delivered are under plan by six discharges for the month of February 2012 and above plan by 216 discharges YTD.
- Operational performance was noted with the medical outlier bed days update highlighted. A pilot was put in place to look at medical outliers and surgical beds and the Discharge Planner role has been confirmed to manage the high needs patients. The significant number of bed days lost while patients wait to access Acute Theatre was noted. The adverse impact on clinical outcomes when patients are moved to an outlier area was highlighted by the CNMO, Mrs Leanne Samuel.
- The update on the InterRAI Implementation was noted.
- There were approximately 1000 more acute cwd than was budgeted for and 500 additional elective cwd year to date.

Mr Tahu Potiki joined the meeting at 2.30pm.

- In discussion around budgeting the following key issues were noted:
 - Due to affordability, the acute lines are not always supported by the funder.
 - The impact of the Christchurch earthquakes on flow and input throughout the South Island was highlighted.
 - Members expressed concerned and queried whether the acute forecast was being reduced in the budgeting process in order to balance the budget at the outset. The SBA is to provide members with the 2012/13 budget amount for acute procedures.
- Dr Sijnja queried whether the challenge with staffing in the rural sector may be impacting through a decrease in the acuity of cases being handled in the primary sector, with these being referred to the hospitals.
- Diagnostic and Support Services – the increased number of patients seen through the Dietetic outpatient service and the success of Sarah's Table luncheon featuring on Campbell Live television show were highlighted.
- Emergency Medicine and Surgery – the Otago University is not in a position to assist with a new facility build and alternatives are now being looked at.
- Mental Health and Community – the services relocated due to seismic risk have settled well. The long term plan for accommodation for those services is yet to be determined.
- Women's Children's and Public Health – as part of the priority improvement programme, the Gynaecology procedures are being undertaken in an outpatient based setting as an alternative to the secondary site.

Mr Joe Butterfield and Ms Carole Heatly joined the meeting at 2.40pm.

- The changes to the National Health Board and Southern DHB Joint Assessment of Systems – Dunedin Hospital were noted and the COO Otago responded to members questions.

8.0 CHIEF OPERATING OFFICER'S REPORT, SOUTHLAND

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

- Both elective cwd and health target elective discharges are below plan YTD for the reasons outlined in the report. The March 2012 results have been received and the full staffing within Orthopaedics has positively impacted on volume delivery and discharges to the end of March 2012. Ophthalmology continues to be a challenge, but the arrival of an Ophthalmologist is imminent. A plan is in place to handle additional volumes for Ear Nose and Throat (ENT).
- Operational Performance – the increased volume through the EDs at both Southland and Lakes District Hospitals was noted.
- The improvement to the ESPIs was noted. The fluctuations in Paediatrics due to having a visiting Surgeon from Canterbury were noted and a plan is being worked on for long wait plastics patients.
- An update was provided on the anomaly in the budget figure for Ophthalmology electives. Avastin procedures were caseweighted in the 2010/11 year, but not in the 2011/12 year, with the change occurring after the Price Volume Schedule (PVS) had been agreed. An adjustment has been made for the 2012/13 year. The impact is 100 cwd.
- The Chief Medical Officer's (CMO) report was noted and taken as read and an update is to be provided at the May 2012 HAC meeting on the executive leadership session where the emphasis is directed at quality and safety.
- The Directorate reports were noted and taken as read.

9.0 CHIEF NURSING AND MIDWIFERY OFFICER'S REPORT

The Chief Nursing and Midwifery Officer, Mrs Leanne Samuel, provided an update on the Nursing and Midwifery Dashboard, with the following key points highlighted:

- A second cohort of Nurses is going through the Undergraduate Programme at the Southern Institute of Technology. The Nursing Council is auditing the programme and the standard of the Enrolled Nurse graduates.
- The Liverpool Care Pathways are being rolled out across the Dunedin and Wakari Hospitals. This is an international best practice pathway for palliative care.
- Nursing sensitive performance indicators are getting a much greater focus from the Health Quality and Safety Commission and the Ministry of Health. Work is being done with academics to clarify the definitions to ensure nationally consistent data. This aligns to work around trigger tools and central line acquired bacteraemia.

10.0 FINANCIAL REPORT

The Senior Business Analyst (SBA) Southland, Ms Bron Anderson, provided an update on her financial report and the following areas were highlighted:

- The February 2012 result was unfavourable to budget by \$1,228K and the YTD Provider Arm is \$2,143K unfavourable to budget.
- The Annual forecast has been realigned and an unfavourable variance of \$2.9M against budget is now predicted. Operational teams are reviewing the result and salaries are the pressure area.

- The key area of concern is the Medical area and table three on page four of the Financial Report shows the trend that has been occurring throughout the financial year.
- The impact of the February result, leave liability, MECA settlements and outsourcing to private facilities was noted as the main reason for the forecast movement.
- The slight improvement in the Funder Arm forecast was noted.

An update was provided on the actions being taken to mitigate the unfavourable financial position and forecast. Mr Richard Thomson queried the budgeting process. The COO Otago advised on the impact of the high number of acutes (1000 additional cwd) and the action being taken to mitigate the risk. The Board Chairman expressed concern at the unfavourable financial position and forecast and highlighted the impact on the 2012/13 Annual Plan.

11.0 INFORMATION SYSTEMS (IS) DASHBOARD

Members noted the IS dashboard and the COO Southland/Deputy CEO highlighted that the Business Intelligence project is scheduled for completion mid 2013. It was confirmed that the server issues relating to InterRAI are now overcome.

12.0 HUMAN RESOURCES (HR) DASHBOARD

The HR dashboard was noted and taken as read and the COO Southland/Deputy CEO provided a brief update on the Incubator Programme.

13.0 BUILDING AND PROPERTY SERVICES

The Building and Property Services report was noted and taken as read.

It was resolved:

“That the management and financial reports be noted.”

**Moved: Mr Menzies
Seconded: Mr Ward
Carried**

CONFIDENTIAL SESSION

At 3.08pm, it was resolved:

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

<i>General subject:</i>	<i>Reasons for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
Previous Public Excluded Hospital Advisory Committee Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Risk Register	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	<i>As above, sections 9(2)(i) and 9(2)(j).</i>
Ninth Operating Theatre Dunedin Hospital, Business Case	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	<i>As above, sections 9(2)(i) and 9(2)(j).</i>
Annual Plan 2012/13	Plan is subject to Ministerial approval	<i>As above, sections 9(2)(f)(iv) and 9(2)(j).</i>

Moved: Mr Menzies
Seconded: Mr Thomson
Carried

The meeting closed at 3.50pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Unconfirmed

HOSPITAL ADVISORY COMMITTEE (HAC)

Action Sheet from meeting held on 4 April 2012

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
75 2012/02/29	COOs' Report (Minutes Item 6)	The report on progress with Southern Clinical Services is being developed and is to include a timeline. The report is to go to both CAC and HAC.	CMO	An update is to be provided for the Committee's meeting on 2 May 2012.	2 May 2012
76 2012/02/29	COOs' Report – HQP Indicators (Minutes Item 6)	The HAC Chairman, COOs and CEO are to establish what information should be provided for future HAC agendas. New patient safety requirements will need to be reported through to the HAC.	HAC Chairman/ COOs/CEO	Ongoing discussions being undertaken and an update is to be provided at the meeting on 2 May 2012.	2 May 2012
78 2012/02/29	COO Otago Report – Infection Control (Minutes Item 7)	A brief report is to be provided advising on the work being done in the area of infection control and the intended reporting mechanism to HAC in the future. The report is to include the proposed frequency of reporting.	CNMO	A report is to be included in the May 2012 agenda.	2 May 2012
80 2012/02/29	COO Otago Report - reporting (Minutes Item 7)	A brief report is to be included in the agenda advising where the contract performance pressure points are and whether or not the DHB is on target.	COOs Otago	A report is included in the agenda.	Completed
83 2012/04/04	COOs' Report – acute budget (Minutes Item 7)	The budget amount for acute cwd is to be provided for the 2012/13 year.	SBA Southland	The budget amount for acute cwd is included in the District COOs' report.	2 May 2012

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** delivered (cwd) for Southern DHB were 13.35% (170.27 cwd's) above plan for March 2012. Year to date case weighted volumes are 2.89% (306.03 cwd's) above plan.
- Health Target Elective **discharges** delivered for Southern DHB were 50 above plan for March 2012. Year to date elective discharges are 103 above plan.

2. Financial Performance

- An unfavourable variance of \$380k was recorded in the provider arm for the month of March 2012. YTD the result is unfavourable by \$2,524k.
- Revenue for March 2012 was favourable against budget by \$229k. Expenses for March 2012 were unfavourable against plan by \$609k.

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**. Southern DHB is on target to meet the elective service performance indicators requirement of no patients waiting over six months for assessment or treatment by 30 June 2012.

Key Performance Indicators for March 2012 are **attached**.

4. Acute Case weight delivery

Site	PU Description / Contract description	2010/2011 Actual	YTD March 2012 Actual	Extrapolation based on YTD March 2012 Actual	% movement from 2010/2011	2011/12 Contract	2012/13 Contract Contract
Otago	Medical Acute CWD's	9,857	7,602	10,136	2.83%	9,450	9,681
	Surgical Acute CWD's	10,137	7,808	10,411	2.70%	9,552	9,728
		19,994	15,410	20,547	2.76%	19,001	19,409
Southland	Medical Acute CWD's	5,117	3,812	5,082	-0.68%	5,117	5,150
	Surgical Acute CWD's	4,141	3,294	4,392	6.07%	3,985	4,127
		9,257	7,105	9,474	2.34%	9,102	9,277

Vivian Blake
Chief Operating Officer (Otago)

Lexie O'Shea
Chief Operating Officer (Southland)

Southern District Health Board

MARCH 2012 KEY PERFORMANCE INDICATORS

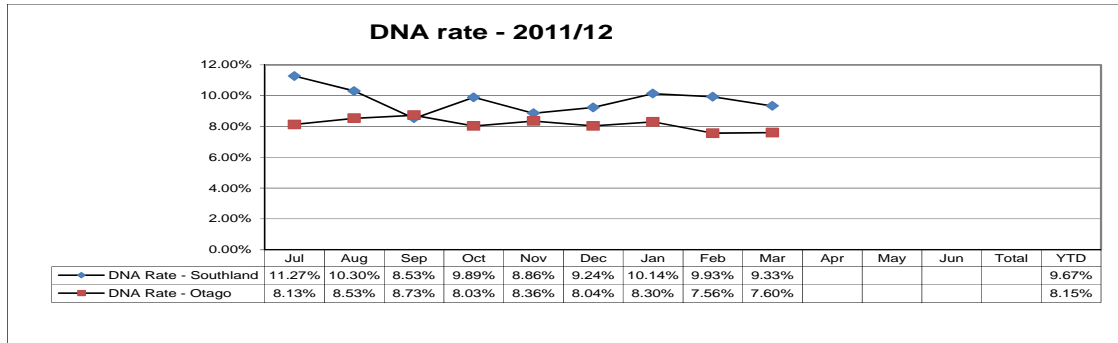
Did Not Attends (DNAs)

DEFINITION:

A rate based measure of the proportion of patients that do not attend their specialist clinic appointment at the scheduled time.

Numerator: Number of patient Did Not Attends for specialist clinic appointments
Divided By

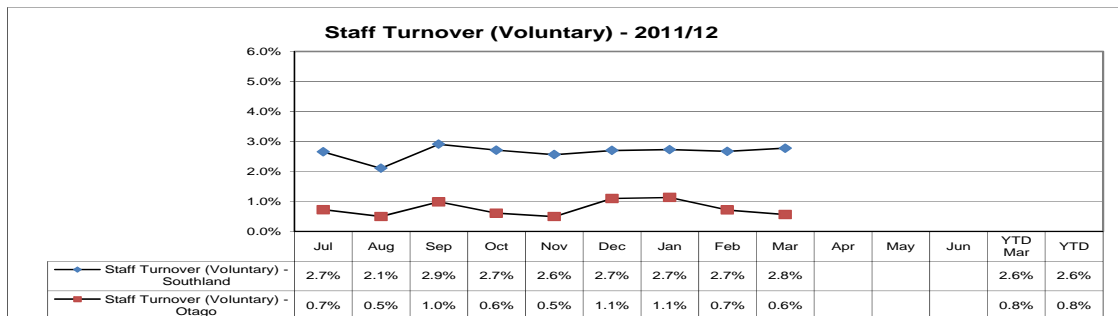
Denominator: Number of scheduled specialist clinic appointments



Staff Turnover (Voluntary)

DEFINITION:

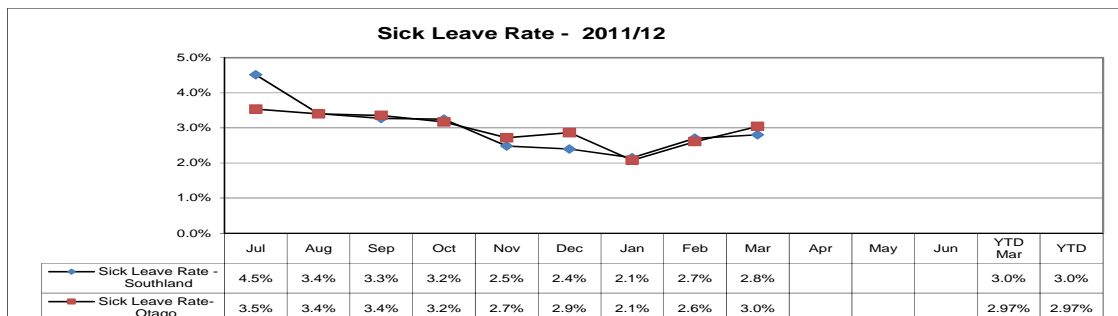
The number of Provider Arm employees who cease employment due to voluntary resignation during the period expressed as a percentage of the total headcount of Provider Arm employees at the beginning of the period.



Sick Leave

DEFINITION:

The total number of paid and unpaid sick leave hours taken by Provider Arm employees during the period, expressed as a percentage of the total of Provider Arm accrued full time equivalent hours.



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 Emergency Department (ED) <i>(Otago)</i>	6 Hours It Matters			✓		<p>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.</p> <p><i>In March 86.74%</i> of patients were discharged from ED within 6 hours. <i>The Emergency Department is experiencing significantly higher volumes than the same time last year and there is disruption and physical constraints as a result of the building activity which have reduced the available spaces in the department. Despite this, the department is still performing better than previously, showing a sustained performance of 88% for the quarter.</i></p>
Shorter stays in ED <i>(Southland)</i>	On The Right Track			✓		<p>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.</p> <p>'On the Right Track' is a hospital wide programme to streamline the unscheduled patient journey in order to meet this target.</p> <p><i>In March 92.6% of patients were discharged from ED within 6 hours.</i></p> <p><i>At their February meeting, the On the Right Track Project Board agreed that there was a need to refocus with the following key priorities identified:</i></p> <ul style="list-style-type: none"> • <i>Review of Project Board membership to ensure correct people involved</i> • <i>Project Board to meet fortnightly</i> • <i>Terms of Reference to be reviewed</i> • <i>Transfers from Lakes District, Patient Discharge, Acute Readmissions and Temporary Admission Holding orders identified as priority project areas.</i> <p><i>Work being undertaken to implement these priorities has included:</i></p> <ul style="list-style-type: none"> • <i>Confirmation of Project Board membership and acceptance of Terms of Reference.</i> • <i>Transfers from Lakes District to Southland Hospital Pilot to commence 16 April 2012</i> • <i>Rapid Ward Round trial implemented week commencing 12 March 2012</i> • <i>A questionnaire to gauge staff awareness of the target has been undertaken to inform development of future communications.</i>
Improved access to elective services <i>(Otago)</i>	Optimising the patient Journey - End to end transformational redesign of the orthopaedic patient	✓				<p>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</p>

	journey				<p>resources for additional elective procedures. This redesign will also have a positive effect on ED wait times by reducing bed block in the wards.</p> <p>Funding to support this project has been approved by way of the MOH's Elective Services Productivity and Workforce programme.</p> <p>A range of procedures are being considered that can be undertaken in an outpatient setting thereby freeing up theatre capacity.</p> <p>Theatre Compass technical group have met and activity underway. Data is presently being reviewed looking at what can be provided building on the Southland site experience.</p>
Shorter Wait times for cancer treatment				✓	<p>The third Linac to reduce waiting times for radiation oncology has been delayed as there is remedial work required on the cooling pipes of the other two linacs. The linac will now be installed in November 2012. The project however is still on track. A plan is being developed to continue to meet the waiting time target while cooling pipes are replaced.</p> <p>Recruitment process for a Radiation Oncologist continues.</p>
Better Help for Smokers to Quit				✓	<p>The percentage of patients identified as smokers that were provided with advice and help to quit has increased slightly to 87.4% at the end of March. Weekly reviews of data continue to identify areas to concentrate on. There are ongoing challenges in both ED areas in the DHB and we are working to address these.</p> <p>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, and we are developing an action plan for us to work together to support the PHO in improving their progress towards the target 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.</p>
Increased Immunisation				✓ ✓	<p>Consistently achieving 94% coverage; aiming for 95% for Quarter 3. Consistently achieving above 95% coverage for Maori children but lower coverage for Pacific children this month due to small cohort number of unvaccinated children.</p> <p>Southern DHB has been recognised as having good coverage of the 2012/13 8 Month of Age Immunisation Targets with a visit from Pat Tuohy; Ministry of Health Immunisation Champion scheduled for late April.</p> <p>VPD Steering Group met again 30 March 2012. The Immunisation Champions; Dr Pam Jackson (Otago) and Dr Vili Sotutu (Southland) have undertaken education sessions on the 2012 Flu vaccination programme, with future activities identified to promote Immunisation Week 23 – 29 April. 5 local pharmacists are due for assessment to prepare them for offering influenza vaccinations this season.</p> <p>Implementation of the Vaccine Preventable Disease 2011-12 Annual Plan is progressing well.</p> <p>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).</p> <p>VaxScene Newsletter Issue 2 is in final draft.</p>
Developing clinically and financially sustainable clinical services					
Southern clinical services				✓	<p>A southern clinical service is a seamless provision of care by that service for the people of Otago and Southland.</p> <p>A work plan is in place to review progress to date and consolidate current and proposed future work to</p>

					<i>establish district wide services. This is led by the Clinical Leader for Southern Clinical Services, David Tulloch.</i>
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 February and March which will complete the project according to the plan. Orthopaedic patients now flowing through the new pathway. February has seen the gynaecology service rolled out. During March Urology was commenced and this leaves the Oral Health service to complete the rollout. The Oral health service has begun using the preadmission pathway and this should be completed by the end of April.
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. The general surgeons have agreed to continue with the modified call regime from the original plan and each take one week on call.
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 two 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. A number of the newly appointed consultants are undergoing their vocational registration interview with their relevant colleges this month and are awaiting the results. The ophthalmologist is waiting for confirmation from the medical council meeting in April confirmation of supervision requirements for his practice in the New Zealand setting. Obstetrics and Gynaecology have seen the appointment of two permanent consultants and also a two year appointment in the first quarter of 2012. The Paediatric Department have appointed a permanent Paediatric Consultant who commenced duties in March.
Actively participate in South Island regional planning (Southland)				✓	Contributing to South Island planning in all work streams. Southern DHB is represented on the Service Planning and Integration Team (SPaIT) group which are establishing its parameters.
The Productive Operating Theatre (TPOT) programme (Southland)				✓	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. This month has seen a group from the perioperative area visited Tiwai Aluminium Smelter to observe the lean thinking methodology in that environment. This methodology is one of the basic tenants of the TPOT process.
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. 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

					<p>theatre session. There has been an improvement in the On Times starts in the most recent theatre compass data which relates to January 2012. <i>The improvement in "on time starts" has shown a continued significant improvement in the February data. There are a number of initiatives that have influenced this and one significant factor is starting one nurse early to ensure set up is complete. All staff are aware of the focus and The Productive operating Theatre (TPoT) team are developing tools for each operating theatre to monitor performance.</i></p>
Health of Older People Review			✓		<p>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.</p> <p>The InterRAI assessment and implementation of Care Coordination Centre is one of the work-streams that is being progressed.</p>
Mental Health and Addiction Planning Project			✓		<p>Provider Arm Component. <i>The Provider Arm continues to support consultation on 'Raise Hope'.</i></p>
Implementation of InterRAI Project			✓		<p>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.</p> <p>InterRAI version upgrade completed in December 2011. Planning underway to address increased waiting time and outstanding reviews which resulted from delays caused by implementation of InterRAI.</p>
Development of DHB Care Coordination Centre			✓		<p>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.</p>
Optimising patient safety and service quality					
Community Oral Health Project			✓		<p>With the exception of the Wakatipu clinic all planned construction is now complete.</p> <p><i>This project achieved closure in February 2012 and with the exception of the Wakatipu clinic all planned construction is complete. Any further reporting will be undertaken through operational reporting lines.</i></p> <p><i>The new patient management system and digital imaging system (Titanium) has been implemented. Outstanding issues are being worked through.</i></p> <p><i>Project closure and handover to clinical operations is well advanced. The last project board meeting is scheduled for April.</i></p>
Trendcare			✓		<p>Planned roll out into all clinical areas by July 2012 is underway.</p>
Hand Hygiene			✓		<p>Completion of the third national hand hygiene audits with report prepared in July. Planning underway to support achieving the target of 90% compliance.</p>
Safe Medication Management					<p>Project on hold whilst await decision on continuing with the pilot on E prescribing from the national medication committee.</p>
Falls project (<i>Southland</i>)			✓		<p>Rolled into Assessment Treatment and Rehabilitation (AT&R) in May and completed. Surgical ward roll out November and Medical Ward February 2012. Rollout for Lakes District Hospital commencing mid-March 2012.</p>
Clinical Leadership					
Clinical leadership and governance networks			✓		<p>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</p>

					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 Health Workforce New Zealand (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 four. 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	100%
March	100%
April	
May	
June	



The target is 95% of hospitalised smokers will be provided with advice and help to quit by July 2012. The data covers patients presenting to Emergency Departments, day stay and other hospital based interventions.

July	84.4%
August	86.2%
September	83.8%
October	86.1%
November	88.0%
December	89.5%
January	87.6%
February	86.1%
March	87.4%
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.

	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	88.11%	87.90%
March	86.81%	92.60%
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	6,540	6,521
March	7,492	7,389
April		
May		
June		

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

DHB Name: Southern

	2011			2011			2011			2011			2011			2011			2011			2011			2012			2012			2012			Target			
	Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb				Mar		
	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.				
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	> 90%			
2. Patients waiting longer than six months for their first specialist assessment (FSA).	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	198	0.5%	0	186	0.5%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	129	1.3%	0	141	1.5%	0	115	1.2%	0	136	1.4%	0	156	1.6%	0	137	1.5%	0	170	1.8%	0	168	1.8%	0	166	1.7%	0	144	1.5%	0	101	1.0%	0	99	1.0%	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.	224	2.2%	0	195	1.9%	0	127	1.2%	0	112	1.1%	0	144	1.4%	0	111	1.1%	0	106	1.0%	0	97	1.0%	0	105	1.0%	0	145	1.4%	0	143	1.4%	0	138	1.3%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	28	5.1%	0	29	4.7%	0	24	4.3%	0	25	4.6%	0	23	3.9%	0	27	4.8%	0	34	5.4%	0	26	4.2%	0	36	5.6%	0	39	6.0%	0	38	6.4%	0	22	3.7%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	190	2.0%	0	164	1.7%	0	116	1.2%	0	114	1.2%	0	139	1.5%	0	107	1.1%	0	100	1.1%	0	84	0.9%	0	88	0.9%	0	128	1.3%	0	115	1.2%	0	108	1.1%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	649	100%	0%	902	100%	0%	980	100%	0%	690	100%	0%	874	100%	0%	855	100%	0%	844	100%	0%	928	100%	0%	763	100%	0%	620	100%	0%	883	100%	0%	947	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: 21/Apr/2012

Report Run Date: 23/Apr/2012

Elective Caseweight Performance for Southern DHB Population

Provider Arm caseweight activity

PUC	Purchase Unit Description	March				Year to Date				Annual Plan	Year End Projection
		Actual	Plan	Variance	% Variance	Actual	Plan	Variance	% Variance		
D01.01	Inpatient Dental treatment (DRGs)	14.84	13.00	1.84	14.15%	112.28	108.16	4.12	3.81%	143.64	166.56
M10.01	Cardiology - Inpatient Services (DRGs)	64.77	54.22	10.55	19.47%	405.63	440.49	(34.86)	(7.91%)	585.55	550.05
S00.01	General Surgery - Inpatient Services (DRGs)	304.36	297.20	7.16	2.41%	2,579.39	2,570.64	8.75	0.34%	3,434.03	3,409.64
S15.01	Cardiothoracic - Inpatient Services (DRGs)	76.99	88.20	(11.21)	(12.70%)	744.99	687.98	57.01	8.29%	935.04	971.01
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	123.16	98.13	25.03	25.51%	849.98	833.87	16.11	1.93%	1,108.50	1,113.34
S30.01	Gynaecology - Inpatient Services (DRGs)	83.29	92.57	(9.27)	(10.02%)	727.35	789.98	(62.63)	(7.93%)	1,053.36	1,003.46
S35.01	Neurosurgery - Inpatient Services (DRGs)	47.99	29.29	18.70	63.84%	239.94	219.67	20.27	9.23%	307.56	309.66
S40.01	Ophthalmology - Inpatient Services (DRGs)	48.50	56.77	(8.27)	(14.57%)	379.67	398.35	(18.68)	(4.69%)	551.75	502.27
S45.01	Orthopaedics - Inpatient Services (DRGs)	377.94	312.29	65.65	21.02%	2,686.07	2,579.23	106.84	4.14%	3,464.25	3,567.97
S55.01	Paediatric Surgical Services (DRGs)	6.54	13.95	(7.41)	(53.12%)	77.79	89.47	(11.68)	(13.06%)	120.61	104.58
S60.01	Plastic & Burns - Inpatient Services (DRGs)	31.21	18.69	12.52	66.96%	250.49	158.73	91.76	57.81%	211.40	298.34
S70.01	Urology - Inpatient Services (DRGs)	77.72	70.60	7.12	10.09%	652.87	604.08	48.79	8.08%	800.10	809.76
		1257.32	1144.90	112.42	9.82%	9,706.46	9,480.65	225.81	2.38%	12,715.79	12,806.64

IDF Outflow Caseweights

PUC	Purchase Unit Description	March				Year to Date				Annual Plan	Year End Projection
		Actual	Plan	Variance	% Variance	Actual	Plan	Variance	% Variance		
D01.01	Inpatient Dental treatment (DRGs)	2.57	5.58	(3.01)	(53.92%)	29.13	44.45	(15.32)	(34.47%)	58.67	41.82
M10.01	Cardiology - Inpatient Services (DRGs)	43.43	16.83	26.60	158.06%	222.25	151.44	70.81	46.75%	201.94	291.95
S00.01	General Surgery - Inpatient Services (DRGs)	4.24	8.70	(4.46)	(51.23%)	63.16	77.14	(13.98)	(18.12%)	102.78	91.88
S15.01	Cardiothoracic - Inpatient Services (DRGs)	8.95	0.47	8.48	1,804.93%	8.95	4.23	4.72	111.57%	5.64	16.73
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	0.68	1.62	(0.94)	(58.05%)	50.46	14.11	36.35	257.63%	18.78	52.83
S30.01	Gynaecology - Inpatient Services (DRGs)	13.94	5.24	8.70	165.87%	66.39	46.51	19.89	42.76%	62.05	70.81
S35.01	Neurosurgery - Inpatient Services (DRGs)	12.80	7.74	5.05	65.26%	99.70	69.68	30.02	43.08%	92.91	115.82
S40.01	Ophthalmology - Inpatient Services (DRGs)	7.92	7.11	0.82	11.54%	28.32	63.96	(35.63)	(55.72%)	85.26	34.80
S45.01	Orthopaedics - Inpatient Services (DRGs)	5.63	10.39	(4.76)	(45.80%)	79.27	91.59	(12.32)	(13.45%)	122.45	116.24
S55.01	Paediatric Surgical Services (DRGs)	12.30	7.96	4.35	54.63%	78.82	71.59	7.24	10.11%	95.47	100.19
S60.01	Plastic & Burns - Inpatient Services (DRGs)	4.74	5.36	(0.63)	(11.71%)	36.68	48.27	(11.58)	(24.00%)	64.36	50.64
S70.01	Urology - Inpatient Services (DRGs)	1.95	2.72	(0.78)	(28.55%)	17.77	24.51	(6.74)	(27.49%)	32.70	33.26
		119.15	79.72	39.43	49.45%	799.68	707.48	92.21	13.03%	943.01	1,040.67

Contracted Out Caseweights

PUC	Purchase Unit Description	March				Year to Date				Annual Plan	Year End Projection
		Actual	Plan	Variance	% Variance	Actual	Plan	Variance	% Variance		
D01.01	Inpatient Dental treatment (DRGs)	3.00	9.70	(6.70)	0.00%	25.51	69.82	(44.31)	(63.46%)	93.07	95.69
M10.01	Cardiology - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S00.01	General Surgery - Inpatient Services (DRGs)	32.50	11.00	21.50	0.00%	108.09	72.00	36.09	0.00%	100.00	136.87
S15.01	Cardiothoracic - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	24.07	4.12	19.95	0.00%	66.41	30.50	35.91	0.00%	41.22	69.84
S30.01	Gynaecology - Inpatient Services (DRGs)	-	4.30	(4.30)	0.00%	10.52	28.15	(17.63)	0.00%	39.10	46.68
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)	-	10.31	(10.31)	(100.00%)	118.43	99.77	18.65	0.00%	125.00	180.28
S55.01	Paediatric Surgical Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S60.01	Plastic & Burns - Inpatient Services (DRGs)	10.10	7.82	2.28	29.18%	30.82	67.44	(36.61)	(54.15%)	90.00	84.51
S70.01	Urology - Inpatient Services (DRGs)	-	3.99	(3.99)	(100.00%)	25.92	30.00	(4.08)	(13.60%)	40.00	63.93
S75.01	Vascular Surgery - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
		69.67	51.25	18.42	35.95%	385.71	397.69	(11.98)	(3.01%)	528.39	677.80

Total Southern DHB Population view

PUC	Purchase Unit Description	March				Year to Date				Annual Plan	Year End Projection
		Actual	Plan	Variance	% Variance	Actual	Plan	Variance	% Variance		
D01.01	Inpatient Dental treatment (DRGs)	20.41	28.28	(7.87)	(27.83%)	166.92	222.43	(55.51)	(24.96%)	295.38	304.07
M10.01	Cardiology - Inpatient Services (DRGs)	108.20	71.05	37.15	52.29%	627.88	591.93	35.95	6.07%	787.49	842.00
S00.01	General Surgery - Inpatient Services (DRGs)	341.10	316.90	24.21	7.64%	2,750.64	2,719.77	30.87	1.13%	3,636.81	3,638.38
S15.01	Cardiothoracic - Inpatient Services (DRGs)	85.95	88.67	(2.72)	(3.07%)	753.94	692.21	61.73	8.92%	940.68	987.74
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	147.91	103.87	44.04	42.40%	966.86	878.49	88.37	10.06%	1,168.50	1,236.01
S30.01	Gynaecology - Inpatient Services (DRGs)	97.23	102.11	(4.88)	(4.78%)	804.27	864.64	(60.37)	(6.98%)	1,154.51	1,120.96
S35.01	Neurosurgery - Inpatient Services (DRGs)	60.78	37.03	23.75	64.14%	339.64	289.35	50.29	17.38%	400.47	425.47
S40.01	Ophthalmology - Inpatient Services (DRGs)	56.43	63.88	(7.45)	(11.66%)	408.00	462.31	(54.31)	(11.75%)	637.01	537.07
S45.01	Orthopaedics - Inpatient Services (DRGs)	383.57	332.99	50.58	15.19%	2,883.77	2,770.59	113.18	4.08%	3,711.70	3,864.49
S55.01	Paediatric Surgical Services (DRGs)	18.84	21.91	(3.06)	(13.99%)	156.61	161.06	(4.45)	(2.76%)	216.08	204.77
S60.01	Plastic & Burns - Inpatient Services (DRGs)	46.04	31.87	14.17	44.46%	317.99	274.43	43.56	15.87%	365.76	433.48
S70.01	Urology - Inpatient Services (DRGs)	79.67	77.32	2.35	3.04%	696.56	658.60	37.96	5.76%	872.80	906.95
S75.01	Vascular Surgery - Inpatient Services (DRGs)	-	-	0.00	0.00%	18.77	-	18.77	0.00%	-	23.71
		1,446.14	1,275.87	170.27	13.35%	10,891.85	10,585.81	306.03	2.89%	14,187.19	14,525.11

Elective Discharges Performance for Southern DHB Population

Provider Arm Discharge Activity

PUC	Purchase Unit Description	March				Year to Date				Annual Plan	Year End Projection
		Actual	Plan	Variance	% Variance	Actual	Plan	Variance	% Variance		
S00.01	General Surgery - Inpatient Services (DRGs)	137	152	(15)	(10%)	1,320	1,309	11	1%	1,747	1,809
MS0201	Skin Lesion	23	29	(6)	(21%)	204	238	(34)	(14%)	323	287
S15.01	Cardiothoracic - Inpatient Services (DRGs)	14	13	1	9%	117	100	17	17%	136	139
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	163	152	11	7%	1,177	1,293	(116)	(9%)	1,718	1,626
S30.01	Gynaecology - Inpatient Services (DRGs)	88	86	2	2%	762	738	24	3%	986	989
S35.01	Neurosurgery - Inpatient Services (DRGs)	15	10	5	54%	103	73	30	40%	103	131
S40.01	Ophthalmology - Inpatient Services (DRGs)	86	100	(14)	(14%)	656	700	(44)	(6%)	968	907
S40.01A	Avastin	50	19	31	163%	403	151	252	167%	205	537
S45.01	Orthopaedics - Inpatient Services (DRGs)	168	165	3	2%	1,148	1,360	(212)	(16%)	1,828	1,567
S55.01	Paediatric Surgical Services (DRGs)	7	12	(5)	(44%)	102	80	22	27%	108	131
S60.01	Plastic & Burns - Inpatient Services (DRGs)	34	18	16	89%	277	153	124	81%	205	376
S70.01	Urology - Inpatient Services (DRGs)	75	64	11	17%	643	548	95	17%	726	734
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
		860	821	39	5%	6,912	6,744	168	2%	9,053	9,232

IDF Outflow Discharges

PUC	Purchase Unit Description	March				Year to Date				Annual Plan	Year End Projection
		Actual	Plan	Variance	% Variance	Actual	Plan	Variance	% Variance		
S00.01	General Surgery - Inpatient Services (DRGs)	8	4	4	80%	54	39	15	37%	52	66
MS0201	Skin Lesion	0	0	0	0%	0	0	0	0%	0	0
S15.01	Cardiothoracic - Inpatient Services (DRGs)	1	0	1	1,329%	1	1	0	69%	1	1
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	1	3	(2)	(60%)	22	22	0	1%	29	29
S30.01	Gynaecology - Inpatient Services (DRGs)	6	5	1	22%	40	44	(4)	(8%)	58	52
S35.01	Neurosurgery - Inpatient Services (DRGs)	3	3	0	16%	30	23	7	29%	31	39
S40.01	Ophthalmology - Inpatient Services (DRGs)	8	12	(4)	(36%)	31	112	(81)	(72%)	150	42
S40.01A	Avastin	0	0	0	0%	0	0	0	0%	0	0
S45.01	Orthopaedics - Inpatient Services (DRGs)	3	5	(2)	(45%)	55	48	7	14%	65	68
S55.01	Paediatric Surgical Services (DRGs)	8	7	1	13%	52	64	(12)	(19%)	85	72
S60.01	Plastic & Burns - Inpatient Services (DRGs)	4	5	(1)	(23%)	38	47	(9)	(19%)	62	49
S70.01	Urology - Inpatient Services (DRGs)	1	2	(1)	(60%)	11	22	(11)	(51%)	30	17
S75.01	Vascular Surgery - Inpatient Services (DRGs)	0	0	0	0%	4	0	4	0%	0	5
		43	47	(4)	(9%)	338	422	(84)	(20%)	562	441

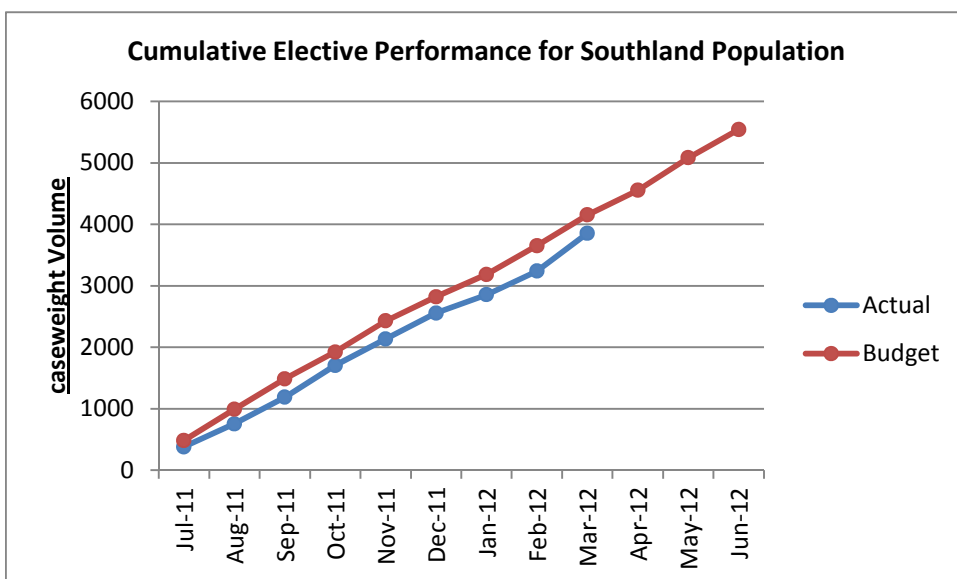
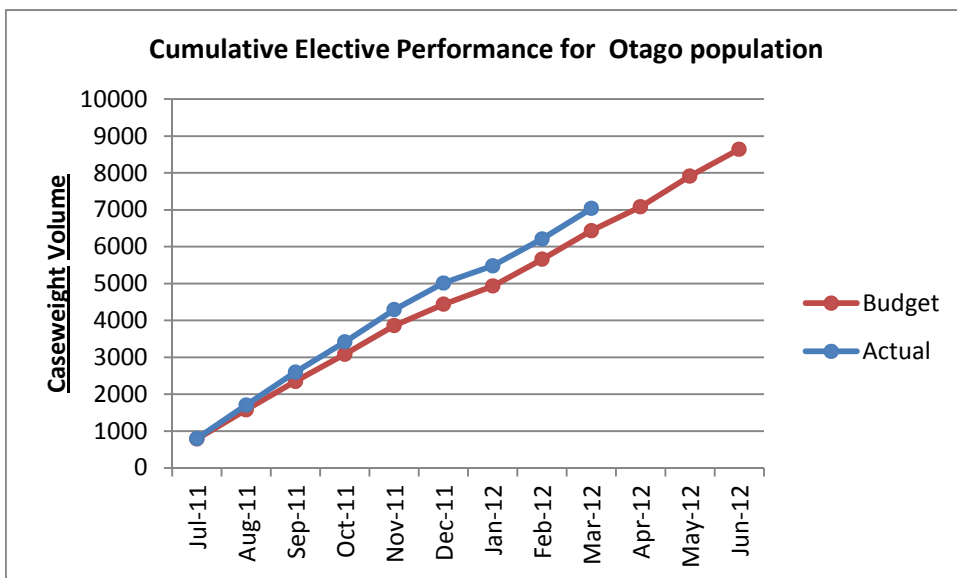
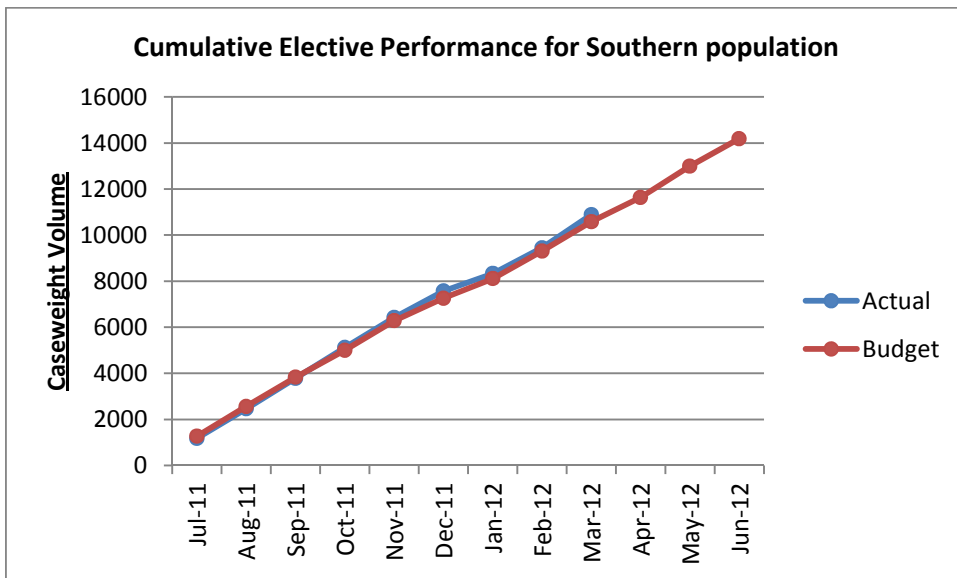
Contracted Out Discharges

PUC	Purchase Unit Description	March				Year to Date				Annual Plan	Year End Projection
		Actual	Plan	Variance	% Variance	Actual	Plan	Variance	% Variance		
S00.01	General Surgery - Inpatient Services (DRGs)	3	5	(2)	(34%)	65	31	34	110%	51	85
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)	28	5	23	448%	87	41	46	113%	64	110
S30.01	Gynaecology - Inpatient Services (DRGs)	2	3	(1)	(39%)	7	22	(15)	(69%)	37	21
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)	5	4	1	15%	40	47	(7)	(15%)	66	59
S55.01	Paediatric Surgical Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
S60.01	Plastic & Burns - Inpatient Services (DRGs)	4	7	(3)	(44%)	23	58	(35)	(60%)	87	52
S70.01	Urology - Inpatient Services (DRGs)	0	3	(3)	(100%)	20	24	(4)	(15%)	36	33
S75.01	Vascular Surgery - Inpatient Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
		42	27	15	54%	242	223	19	9%	341	360

Total Southern Discharge Population view

PUC	Purchase Unit Description	March				Year to Date				Annual Plan	Year End Projection
		Actual	Plan	Variance	% Variance	Actual	Plan	Variance	% Variance		
S00.01	General Surgery - Inpatient Services (DRGs)	148	161	(13)	(7.97%)	1,439	1,379	60	4.34%	1,851	1,959
MS0201	Skin Lesion	23	29	(6)	(21.33%)	204	238	(34)	(14.14%)	323	287
S15.01	Cardiothoracic - Inpatient Services (DRGs)	15	13	2	16.37%	118	101	17	17.01%	137	140
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	192	160	32	20.17%	1,286	1,356	(70)	(5.13%)	1,811	1,765
S30.01	Gynaecology - Inpatient Services (DRGs)	96	95	1	1.46%	809	804	5	0.62%	1,080	1,062
S35.01	Neurosurgery - Inpatient Services (DRGs)	18	12	6	45.99%	133	97	36	37.68%	133	171
S40.01	Ophthalmology - Inpatient Services (DRGs)	94	113	(19)	(16.51%)	687	812	(125)	(15.43%)	1,118	948
S40.01A	Avastin	50	19	31	163.16%	403	151	252	167.42%	205	537
S45.01	Orthopaedics - Inpatient Services (DRGs)	176	175	1	0.78%	1,243	1,456	(213)	(14.61%)	1,959	1,694
S55.01	Paediatric Surgical Services (DRGs)	15	19	(4)	(23.04%)	154	144	10	6.91%	193	203
S60.01	Plastic & Burns - Inpatient Services (DRGs)	42	30	12	38.43%	338	258	80	31.09%	354	477
S70.01	Urology - Inpatient Services (DRGs)	76	69	7	9.49%	674	594	80	13.43%	792	784
		945	895	50	5.57%	7,492	7,389	103	1.40%	9,956	10,033

Cumulative Elective Performance



Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** (cwds) delivered for the population of Otago during March were 7% (56 cwds) above plan. Elective cwd delivered year to date for the Otago population were 9.4% above plan (605 cwds).
- Elective **discharges** delivered for the population of Otago during March were 6% (33 discharges) above plan and 7% (297 discharges) above plan year to date.

2. Operational Performance

- Elective Theatre Utilisation (main operating theatres) was 95% during March against a target of 85%. Utilisation of the main operating theatres during March 2011 was 90%.
- Staff Turnover during March was 0.56% against a target of 1.2%. Staff Turnover for March 2011 was 0.99%.
- There were 3,674 Emergency Department (ED) attendances during March of which 1,048 (29%) were admitted. ED attendances during March 2011 totalled 3,440.

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)

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

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

Dunedin Hospital Provider Arm Activity - March 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	239.97	267.84	(27.87)	2,283.96	2,389.87	(105.91)	3,163.53	2,921.87
Emergency Dept - Acute	36.36	50.54	(14.18)	352.99	376.45	(23.46)	496.93	631.80
Internal Medicine - Acute IDF	2.64	3.69	(1.05)	29.29	32.92	(3.63)	43.58	67.84
Cardiology - Acute	173.53	148.20	25.32	1,533.08	1,275.85	257.23	1,685.84	1,626.78
Cardiology - Acute IDF	6.43	4.21	2.23	42.18	36.23	5.95	47.87	74.56
Cardiology - Elective	62.05	54.22	7.83	406.22	440.51	(34.29)	585.56	503.24
Cardiology - Elective IDF	2.41	1.01	1.41	19.36	8.19	11.18	10.88	22.68
Endocrinology - Acute	2.42	0.71	1.71	16.84	6.39	10.45	8.50	20.09
Endocrinology - Acute IDF	-	-	-	-	-	-	-	-
Endocrinology - Elective	0.40	0.34	0.06	5.81	2.76	3.05	3.70	11.80
Endocrinology - Elective IDF	-	-	-	-	-	-	-	-
Gastroenterology - Acute	41.88	27.47	14.41	282.44	222.11	60.32	301.98	329.31
Gastroenterology - Acute IDF	0.49	0.47	0.02	3.40	3.82	(0.41)	5.19	3.35
Gastroenterology - Elective	15.85	6.96	8.89	106.17	54.76	51.41	73.75	97.78
Gastroenterology - Elective IDF	-	-	-	1.36	-	1.36	-	0.29
Haematology - Acute	49.93	31.89	18.04	420.23	270.86	149.37	354.75	438.11
Haematology - Acute IDF	-	0.07	(0.07)	0.73	0.61	0.11	0.81	6.30
Haematology - Elective	-	5.14	(5.14)	59.26	33.34	25.92	40.69	32.69
Haematology - Elective IDF	-	-	-	-	-	-	-	-
Neurology - Acute	10.67	19.61	(8.95)	198.54	176.30	22.24	235.17	217.38
Neurology - Acute IDF	-	0.43	(0.43)	13.66	3.82	9.84	5.10	3.03
Neurology - Elective	6.41	7.09	(0.68)	50.93	57.60	(6.67)	76.55	63.62
Neurology - Elective IDF	-	0.42	(0.42)	3.20	3.40	(0.19)	4.51	1.67
Oncology - Acute	54.37	77.62	(23.25)	669.14	702.18	(33.04)	916.08	999.89
Oncology - Acute IDF	5.76	2.82	2.94	32.60	25.52	7.07	33.30	70.43
Oncology - Elective	14.09	7.99	6.10	86.61	38.03	48.58	56.26	72.38
Oncology - Elective IDF	-	0.89	(0.89)	7.61	4.22	3.38	6.25	11.42
Paediatric Medical - Acute	58.43	58.04	0.39	522.69	499.67	23.02	660.23	693.06
Paediatric Medical - Acute IDF	2.80	0.81	1.98	11.78	6.99	4.79	9.24	20.81
Paediatric Medical - Elective	2.77	3.65	(0.88)	38.48	39.16	(0.68)	52.20	43.81
Paediatric Medical - Elective IDF	-	0.14	(0.14)	2.62	1.48	1.14	1.97	2.95
Renal - Acute	39.27	38.71	0.56	384.46	347.99	36.47	464.15	665.93
Renal - Acute IDF	-	0.14	(0.14)	1.11	1.26	(0.15)	1.68	1.22
Renal - Elective	3.40	7.59	(4.19)	26.91	61.65	(34.74)	81.91	80.63
Renal - Elective IDF	-	-	-	-	-	-	-	-
Respiratory - Acute	87.92	71.12	16.80	688.92	639.34	49.59	852.70	928.73
Respiratory - Acute IDF	0.88	0.30	0.57	9.14	2.72	6.42	3.63	20.86
Respiratory - Elective	0.78	4.66	(3.88)	29.53	37.87	(8.34)	50.37	33.39
Respiratory - Elective IDF	-	-	-	-	-	-	-	-
Rheumatology - Acute	21.48	11.21	10.27	104.04	100.76	3.28	134.40	113.75
Rheumatology - Acute IDF	-	0.21	(0.21)	0.85	1.86	(1.01)	2.48	1.83
Rheumatology - Elective	0.53	1.36	(0.83)	8.70	11.04	(2.34)	14.66	9.80
Rheumatology - Elective IDF	-	0.05	(0.05)	-	0.41	(0.41)	0.54	-
General Surgery - Acute	278.30	254.95	23.35	2,514.01	2,194.85	319.16	2,900.17	3,111.30
General Surgery - Acute IDF	9.94	6.14	3.79	91.53	52.89	38.64	69.89	103.40
General Surgery - Elective	225.92	202.14	23.78	1,856.05	1,784.24	71.81	2,390.66	2,381.30
General Surgery - Elective IDF	0.84	3.07	(2.23)	24.23	27.07	(2.84)	36.27	94.12
Pain - Acute	-	0.34	(0.34)	0.19	2.93	(2.74)	3.90	2.68
Pain - Elective	0.20	-	0.20	0.41	-	0.41	-	0.71
Cardiothoracic - Acute	131.45	140.37	(8.92)	987.04	1,094.88	(107.84)	1,487.92	1,446.03
Cardiothoracic - Acute IDF	23.81	7.59	16.23	69.46	59.17	10.29	80.41	101.58
Cardiothoracic - Elective	61.79	88.21	(26.42)	745.92	688.05	57.87	935.04	1,036.74
Cardiothoracic - Elective IDF	13.29	4.25	9.04	28.61	33.16	(4.54)	45.06	24.79
ENT - Acute	19.32	19.25	0.06	220.13	165.77	54.37	219.05	250.74
ENT - Acute IDF	-	0.87	(0.87)	3.19	7.47	(4.28)	9.87	11.68
ENT - Elective	105.72	82.01	23.71	730.39	702.45	27.94	934.22	952.22
ENT - Elective IDF	0.53	0.95	(0.42)	9.39	8.15	1.24	10.84	22.74
Gynaecology - Acute	21.56	32.73	(11.17)	256.86	281.73	(24.87)	372.26	366.26
Gynaecology - Acute IDF	-	0.39	(0.39)	3.91	3.38	0.54	4.46	12.56

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

Dunedin Hospital Provider Arm Activity - March 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	46.53	54.39	(7.86)	473.65	471.41	2.24	630.04	751.26
Gynaecology - Elective IDF	0.85	0.12	0.73	4.51	1.00	3.50	1.34	6.72
Neurosurgery - Acute	67.87	73.22	(5.35)	689.66	630.31	59.35	832.86	925.44
Neurosurgery - Acute IDF	23.19	1.96	21.23	59.34	16.89	42.45	22.32	46.33
Neurosurgery - Elective	47.50	23.16	24.34	239.94	173.67	66.27	243.13	295.96
Neurosurgery - Elective IDF	-	1.63	(1.63)	-	12.24	(12.24)	17.14	5.16
Ophthalmology - Acute	2.91	7.61	(4.71)	76.19	65.53	10.66	86.58	97.41
Ophthalmology - Acute IDF	-	1.19	(1.19)	0.89	10.20	(9.31)	13.48	10.12
Ophthalmology - Elective	36.55	43.89	(7.33)	295.41	270.17	25.24	388.11	387.32
Ophthalmology - Elective IDF	-	0.24	(0.24)	2.07	1.49	0.58	2.14	3.12
Orthopaedics - Acute	257.79	247.58	10.22	2,344.76	2,131.40	213.36	2,816.33	3,022.42
Orthopaedics - Acute IDF	19.31	9.73	9.57	145.12	83.80	61.32	110.73	178.07
Orthopaedics - Elective	215.27	214.18	1.10	1,994.90	1,790.33	204.57	2,410.90	2,466.06
Orthopaedics - Elective IDF	44.36	24.94	19.42	232.04	208.48	23.56	280.74	194.24
Paediatric Surgery - Acute	5.34	3.87	1.46	33.70	33.37	0.33	44.09	44.89
Paediatric Surgery - Acute IDF	-	0.04	(0.04)	-	0.32	(0.32)	0.42	0.52
Paediatric Surgery - Elective	-	9.42	(9.42)	36.16	51.79	(15.63)	70.62	65.03
Paediatric Surgery - Elective IDF	-	-	-	0.58	-	0.58	-	0.84
Plastics - Acute	9.84	22.09	(12.25)	99.57	190.15	(90.59)	251.26	193.36
Plastics - Acute IDF	-	0.77	(0.77)	6.65	6.62	0.03	8.74	1.28
Plastics - Elective	30.42	18.53	11.89	184.28	159.81	24.47	213.29	245.34
Plastics - Elective IDF	0.99	0.43	0.56	3.66	3.70	(0.04)	4.94	0.41
Urology - Acute	17.18	19.05	(1.87)	204.01	164.03	39.98	216.73	209.20
Urology - Acute IDF	-	0.36	(0.36)	1.74	3.08	(1.33)	4.06	2.06
Urology - Elective	48.43	45.85	2.58	427.92	399.55	28.37	528.39	451.78
Urology - Elective IDF	-	0.29	(0.29)	0.32	2.49	(2.16)	3.29	2.91
Vascular Surgery - Acute	-	-	-	-	-	-	-	-
Vascular Surgery - Acute IDF	-	-	-	-	-	-	-	-
Vascular Surgery - Elective	-	-	-	-	-	-	-	-
Vascular Surgery - Elective IDF	-	-	-	-	-	-	-	-
Neonatal - Acute	57.41	93.70	(36.29)	813.45	831.23	(17.79)	1,106.29	1,122.12
Neonatal - Acute IDF	9.42	5.51	3.91	28.29	48.86	(20.57)	65.02	77.15
Acute Costweights	1,789.85	1,765.42	24.43	16,251.75	15,202.39	1049.37	20,153.99	21,193.57
Elective Costweights	987.91	919.21	68.70	8,143.20	7,583.67	559.53	10,205.97	10,376.93
Total Costweights	2,777.76	2,684.63	93.13	24,394.95	22,786.06	1608.89	30,359.96	31,570.50

MoH Elective Services Online

Comparison of surgical services for March 2012

DHB Name: Otago

Service Name	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.							
	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.					
Cardiothoracic	X	X	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	8	100.0 %	0
Ear, Nose & Throat	X	X	0	0	0.0 %	X	15	1.0 %	0	0	0.0 %	0	14	0.9 %	0	1	0.0 %	0	10	0.7 %	0	168	100.0 %	0	0	0.0 %	168	100.0 %	0
General Surgery	X	X	0	0	0.0 %	X	1	0.0 %	0	0	0.0 %	0	21	2.0 %	0	0	0.0 %	0	19	1.8 %	0	79	100.0 %	0	0	0.0 %	79	100.0 %	0
Gynaecology	X	X	0	0	0.0 %	X	1	0.0 %	0	0	0.0 %	0	8	0.0 %	0	0	0.0 %	0	6	0.0 %	0	38	100.0 %	0	0	0.0 %	38	100.0 %	0
Neurosurgery	X	X	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	8	100.0 %	0	0	0.0 %	8	100.0 %	0
Ophthalmology	X	X	0	0	0.0 %	X	18	2.7 %	0	0	0.0 %	0	14	2.1 %	0	0	0.0 %	0	13	2.0 %	0	61	100.0 %	0	0	0.0 %	61	100.0 %	0
Orthopaedics	X	X	0	0	0.0 %	X	21	2.3 %	0	0	0.0 %	0	10	1.1 %	0	1	0.0 %	0	7	0.0 %	0	42	100.0 %	0	0	0.0 %	42	100.0 %	0
Plastics	X	X	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	6	0.0 %	0	X	0.0 %	0	3	0.0 %	0	27	100.0 %	0	0	0.0 %	27	100.0 %	0
Urology	X	X	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	6	0.0 %	0	0	0.0 %	0	2	0.0 %	0	59	100.0 %	0	0	0.0 %	59	100.0 %	0
Total				0			56			0			79			2			60			490							

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: 07/Apr/2012

Report Run Date: 11/Apr/2012

MoH Elective Services Online

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

DHB Name: Otago

	2011			2011			2011			2011			2011			2011			2011			2011			2012			2012			2012			Target			
	Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb				Mar		
	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.				
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.	0 of 0	0.	> 90%				
2. Patients waiting longer than six months for their first specialist assessment (FSA).	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.	62.	0.3%	0.	0.	X	< 1.5%	
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	51.	0.9%	0.	56.	1.0%	0.	39.	0.7%	0.	40.	0.7%	0.	50.	0.9%	0.	56.	1.0%	0.	53.	0.9%	0.	59.	1.0%	0.	57.	1.0%	0.	47.	0.8%	0.	44.	0.7%	0.	56.	1.0%	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.	< 5%		
5. Patients given a commitment to treatment but not treated within six months.	113.	1.8%	0.	96.	1.5%	0.	68.	1.1%	0.	50.	0.8%	0.	67.	1.1%	0.	41.	0.6%	0.	44.	0.7%	0.	46.	0.7%	0.	58.	0.9%	0.	75.	1.1%	0.	72.	1.1%	0.	79.	1.2%	0.	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	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.	3.	0.0%	0.	4.	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.	87.	1.5%	0.	75.	1.3%	0.	59.	1.0%	0.	51.	0.9%	0.	63.	1.1%	0.	38.	0.7%	0.	37.	0.6%	0.	32.	0.6%	0.	39.	0.7%	0.	55.	0.9%	0.	49.	0.8%	0.	60.	1.0%	0.	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	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%	381	100%	0.0%	493	100%	0.0%	490	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).

DIAGNOSTIC & SUPPORT SERVICES (OTAGO) UPDATE

HAC Meeting Date: 2 May 2012
Report Prepared By: Sharon Mason, General Manager
Dr Chris Lovell-Smith, Medical Director
Kim Caffell, Nursing Director
Lynda McCutcheon, Allied Health Director
Date Prepared: 12 April 2012 for the period ended 31 March 2012

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- Radiology high tech imaging – Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) – outpatient wait times remain high. In order to ensure that target wait times are met, some outpatient referrals have been outsourced. A review of staffing in CT, MRI and Digital Subtraction Angiography (DSA) is also being undertaken to ensure that these modalities are fully utilised at all times.
- International Accreditation New Zealand (IANZ) undertook an audit of Radiology 27th-29th March 2012. We are awaiting the report.
- An external ACC accreditation midway assessment of the Physiotherapy Outpatients service was undertaken on 22nd March 2012. We are awaiting the report.

2. Quality Initiatives

- A review is being undertaken of Dietetics service wait list management to bring the service inline with the community allied health services use case weighting. The service is currently performing over contracted volumes but still has an increasing wait list.

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: 2 May 2012
Report Prepared By: Kim Caffell, Acting General Manager
Dr Shaun Costello; Prof Jean Claude Theis,
Medical Directors
Kim Caffell; Sharon Jones, Nursing Directors
Date Prepared: 13 April 2012 for the period ended 31 March 2012

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- **Emergency Department (ED).** The 6 Hour Target Performance for March is 86.6%, a slight decrease from last month's 88.1%. Several events impacted on ED this month – the generator install, disruption associated with the ED Observation unit build and increased attendances associated with the Hyde St Keg Party.
- **Ophthalmology.** A vitreoretinal surgeon has confirmed his acceptance of the job offer and will commence in September 2012. The back log of 1,500 patients who require follow up appointments has been discussed at a district meeting and agreed that a locum SMO would be used to help relieve this back log.
- **Anaesthesia:** Staffing continues to be problematic. This situation will improve with the successful recruitment to 3 vacancies between April and September this year.
- **Main Operating Theatres (MOT):** MOT continues to be very busy. The running of two acute theatres every day has seen a marked improvement in the movement of surgical patients and will have a positive flow on in the wards. Running two evening acute theatres is still not an option whilst there is a shortage of anaesthetists.
- **Coronary Care Wards.** As part of the '6 hours it matters project' a checklist is used the day prior to and on the day of discharge to identify patients suitable to move to a lounge or waiting area prior to discharge freeing up a bed space. The 'productive ward project', using lean principles, continues with the staff finding the improved system more intuitive.

2. Quality Initiatives

- A Wound care Study day for rest homes was held during the month with excellent attendance. The Wound Care Nurse Specialist attended the Australian Wound Care Conference and he presented his poster on Incidence and Prevalence of Pressure Areas.
- The CLAB (Central Line Associated Bacteraemia) initiative continues to be a focus introduction to the Main Operating Theatre and Anaesthesia.

- Planning for the revamp of the Diabetic Foot Clinic is making good progress. The clinic will have a combined approach with vascular, orthopaedic and endocrinology input along with podiatry, clinical nurse specialist and orthotics support. This will assist in reducing hospital admissions and improve quality of care.
- A proposal has been developed to pilot nurse-led medical oncology clinics. This will extend nursing roles and assist with medical oncologist staffing.

3. Emerging issues/risks/mitigation

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

Risk	Mitigation
Urology medical workforce vulnerable with reduced hours and vacancies.	Working to assess possible district wide solution.
Radiation Oncology workforce vulnerable with reduced hours and vacancies.	Recruitment efforts continue.

MENTAL HEALTH & COMMUNITY DIRECTORATE UPDATE

HAC Meeting Date: 2 May 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 Chalcraft, Medical Director
Date Prepared: 13 April 2012 for period ended 31 March 2012

Recommendation

That the Committee receives and notes this report.

1. Group Summary

Assessment and Co-ordination Service

- The Single Point of Entry (SPOE) process within the Care Coordination Centre will commence from end of April. All referrals from the Dunedin area will go through the SPOE at this time. The referrals from the rural providers and then Invercargill will follow in a phased approach with all referrals going through SPOE by July 2012.

Community Services and Older Peoples Health

- Work continues within the service and in conjunction with the wider organization, regarding establishing a co-ordinated stroke pathway across the patient continuum, this includes working up the establishment of dedicated stroke rehabilitation beds.

Mental Health and Intellectual Disability Services

- The Hulme House residential service relocated at the Ashburn Clinic site for a 6 month fixed period has settled in and the service is functioning well. Planning continues to look at the long term delivery of the service.
- Work is progressing looking at options for the relocation of the Early Intervention Service, located in Union Street due to seismic compliance. An option is being worked up currently with an expected outcome by the end of April.

Rehabilitation and Community Services

- The Directorate Clinical Partnership has received approval from the Ministry of Health to progress the review of the Specialist Rehabilitation Service which provides rehabilitation for those people under 65 years to investigate models of service delivery that includes a district wide approach and development. A district wide steering committee to manage this review will be established by mid May 2012.

2. Quality Initiatives

- The Mental Health Service in both Otago and Southland sites continue to work with the Primary and NGO sectors to implement a coordinated plan for managing people who have a co-existing problem.

3. Emerging issues/risks/mitigation

Risk	Mitigation
Potential disruption to services due to relocation of outpatient based mental health services during alterations to Psychiatric Services Building.	The Mental Health Community Day Programmes and Outpatient Groups have relocated to Wakari site. Emergency Psychiatric Services have relocated to North Community Mental Health team on Dunedin site. Good communication continues with all Stakeholders re location, contact details and how to manage any issues that the relocation presents.
There is an increased waiting time for aged care assessment for support and an increased number of overdue client reviews, due to the delays caused by the implementation of the InterRAI system.	A plan is being progressed currently to manage the waiting time and overdue reviews. It is expected to have this backlog of activity resolved by October. Communication to all key stakeholders continues.

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

HAC Meeting Date: 2 May 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: 13 April 2012 for the period ended 31 March 2012

1. Service Summary

Children's Health

- SMO vacancy and upcoming sabbatical leave requirements has resulted in the need for the Children's Health Outpatient service to review its waiting list management over the next few months.
- District wide service development planning has commenced with respect to the Gateway Assessment Programme. This is an interagency project involving Health, Education and Social Development aimed at addressing health and education needs of children and young people who come to the attention of Child, Youth and Family.

Women's Health

- Additional Gynaecology First Specialist Appointment clinics have been identified to assist with the management of the waiting list to ensure compliance of no First Specialist Appointments waiting longer than the six month Ministry of Health timeframe. Additional rural clinics and an additional Dunedin clinic will be held on a Tuesday afternoon during teaching time, staff will be rostered on a rotational basis to attend this clinic.
- Development of the Maternity Quality and Safety plan continues, a district wide meeting is planned by the Ministry of Health and Planning and Funding for May.

Public Health South – Primary Services

- The ACC funded SAATS (Sexual Abuse Assessment Treatment Service) is due to be implemented from April 2012.

Public Health South – Public Health Services (Southern)

- Based on coded events, 87.4 % of smokers admitted to public hospitals in the Southern region were provided with advice and help to quit (ABC) in March, this was an increase from 86.1% in February. Of this, 87% were provided with advice and help to quit in Otago and 88.1% in Southland.
- A Primary Care Better Help for Smokers to Quit health target working group has been established and have commenced work on developing an action plan.
- The coverage rate for March for children immunised at 2 years of age is 95.29%.
- The Vaccine Preventable Disease team will host Dr Pat Tuohy, the Immunisation Health Target Champion and a team from the Ministry of Health in April who are keen to explore the Southern DHB activities with the high coverage rate and the upcoming 2012/2013 Health Target coverage rate for immunisation at 8 months of age.

2. Quality Initiatives

- The quality improvement project looking at the increasing number of women attempting to have VBAC (vaginal birth after caesarean) is underway.
- A project to initiate GP training for insertion of pipelle and mirena's is underway in conjunction with GP Liaison and Funding and Planning.
- A review of Hepatitis B Positive Mothers pathway has seen Southland cases now aligned to the new process, a review has commenced on Otago cases.

3. Emerging issues/risks/mitigation

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

Risk	Mitigation
SMO vacancies in Obstetrics and Gynaecology, Paediatrics and Public Health.	Recruitment processes are on-going with some success in both Paediatrics and Obstetrics and Gynaecology.

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.
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. A permanent part time contract has been offered on the Southland site and work is being done on flexing some FTE to increase this further. The stocktake of services working towards the 'One Service Many Sites' model is being updated. <i>Several services are developing, or have developed, DHB wide clinical prioritisation criteria. However, the other components for a "Southern Clinical Service" are delayed due to infrastructure and resource reasons.</i> <i>A comprehensive stocktake of progress, future plans and barriers is being undertaken this month by the Programme Managers.</i>
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.	Complete			✓	The same access criteria for gastroenterology is being used across Southern DHB. It is a modified Northern version.
24	Adopt national prioritisation and access tool for gastroenterology once confirmed by national working party.	Complete			✓	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			✓		<p>A production plan for the Southern region is monitored weekly, and includes a plan to outsource scopes to address the backlog.</p> <p>Provision of colonoscopies have been progressing well and on track for achieving the contracted volumes by June 2012.</p>
26	Accept the global rating score for gastroenterology when national pilot programme completed.	July 2012			✓		<p>Agreed. Service is awaiting the roll out of the national programme tool. <i>The date for roll out of this tool is yet to be confirmed.</i></p>
27	Establish clinical pathways for the top ten common conditions admitted or discharged from the Emergency Department (e.g. abdominal pain, cellulitis).	July 2012			✓		<p>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.</p> <p>The “Referral to Inpatients” work group is currently looking at pathways for rapid access to the wards from ED.</p>
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.	Complete				✓	<p>The “Principles of Care and Conduct” have been approved. These principles detail the processes expected and behaviours expected from staff when patients journey through the various inpatient areas.</p>
29	Group medical day stay activity in one place.	Dec 2012	✓				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			✓		<p>The generators and exhaust flues have been installed on site. <i>The next step is to commission the generators to the new generator distribution board and new north sub switchboard.</i></p>
32	<p>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:</p> <ul style="list-style-type: none"> - Roster requirements - Performance indicators of quality and efficiency e.g. knife to skin times, late starts, list overruns, turnaround times, acute waiting times. <p>This should be adopted as a consistent practice across all Southern DHB sites.</p>	Dec 2013			✓		<p>Funding for The Productive Operating Theatre (TPO) has been approved.</p> <p>Theatre Compass has commenced.</p> <p>Program of work is being initiated.</p>
33	Make one (of two) day case theatres fit for purpose for ophthalmology cases and move ophthalmology surgery to day	July 2014			✓		<p>The Day Surgery suite has been scoped and there is insufficient room in the footprint to enlarge the Day Stay Theatres. Instead floor plans to create a new theatre in the main</p>

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
	surgery suite.						operating suite have been developed. Business case for build of a 9 th main operating theatre has been submitted for approval.
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.
35	Review the utilisation of elective pre-operative bed days compared with using motel accommodation for out of town domiciled elective patients.	Complete				✓	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. Changes to pathway have been made.
36	Increase day surgery rate to an average of 62%.	July 2012			✓		Result for Q3 of 2011/12 was 58.4% which shows steady progress is being made in increasing rate.
37	Increase day of surgery admission rate to 90%.	Complete				✓	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.
39	Develop, implement and monitor an outpatient, inpatient, surgery, procedure and diagnostic demand and capacity plan for every service, encompassing all Southern DHB sites.	TBD	✓				Agreed. Population demand to be determined.
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.	Complete				✓	Pathway in place.
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. The inpatients needing medical or surgical input attend Dunedin Hospital. Medical team developing a process for consultation between services.
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	TBD			✓		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.

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

Recommendation	Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
timeframes.						
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	✓			<p>Phase 1 – All evaluation information collated. MRT business case in final stages of completion for submission to COO. Business case completed.</p> <p>Phase 2 – Implementation if business case approved including appropriate change management processes. Business case withdrawn in preference for a wider review of district-wide Radiology services.</p> <p>✓ Terms of Reference developed.</p> <p>Short term strategy being developed to cover gaps.</p>
45	Develop, implement and monitor fast track patient pathways for CT, ultrasound and MRI from emergency department.	Nov 2011 Apr 2012		✓		<p>✓ Dedicated ultrasound slots have been established and utilisation is being monitored.</p> <p>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.</p> <p>Ability to fast track CT and MRI bookings will be developed as per #44 above, with a short term strategy while approval for an external review is being sought.</p>

**Chief Operating Officer's Report Southland
March 2012**

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective caseweights (cwnds) delivered year to date March 2012 for the Southland population are below plan by 7.20% (299.21 cwnd's), of these 338 cwnd's relate to the provider arm throughput mostly in the areas of Ophthalmology, Ear Nose and Throat and Orthopaedics. Improvement in Orthopaedic delivery during March 2012 is noted.
- Elective discharges delivered for the population of Southland year to date March 2012 are 146 below plan (2,850 against a plan of 2,996). The discharge figure includes skin lesion and avastin procedures.

2. Operational Performance

- Total admissions for March 2012 were 1,836 compared with 1,918 in March 2011.
- There were 2,897 Emergency Department attendances at Southland Hospital during March 2012 (2,958 March 2011). Of this total 780 26.92% were admitted.
- There were 541 Emergency Attendances at Lakes Hospital during March 2012 (535 March 2011). Of this 111 (20.51%) were admitted.
- Resourced occupancy (medical, surgical and rehabilitation) during March 2012 was 82% against a target of 85%.
- Staff sick leave rate during March 2012 was 2.8%; March 2011 was 2.6%.
- Staff turnover during March 2012 was 2.8%; March 2011 was 2.5%.

3. Performance Reports and Updates

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

Lexie O'Shea
Chief Operating Officer (Southland)
Southern District Health Board
16 April 2012

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

MARCH 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	-	1.06	(1.06)	15.53	16.18	(0.65)	19.33	14.74
Dental Elective	14.41	13.04	1.37	111.42	108.50	2.92	144.08	139.77
Plastics Acute	1.19	5.25	(4.06)	20.41	23.13	(2.72)	27.40	24.66
Plastics Elective	5.31	8.08	(2.77)	47.77	67.20	(19.43)	89.24	87.19
ENT Acute	0.33	-	0.33	3.38	17.94	(14.56)	20.35	13.23
ENT Elective	34.57	29.06	5.51	189.16	241.69	(52.53)	320.94	302.37
Ophthalmology Acute	-	1.70	(1.70)	7.99	12.03	(4.04)	15.08	2.24
Ophthalmology Elective	10.53	29.12	(18.60)	85.35	242.23	(156.88)	321.65	450.79
General Surgery Acute	135.46	122.09	13.36	1555.80	1233.31	322.49	1644.11	1935.98
General Surgery Elective	79.73	103.60	(23.87)	839.51	861.77	(22.27)	1144.32	1107.65
Gynaecology Acute	13.75	24.54	(10.79)	129.87	138.26	(8.39)	184.15	154.50
Gynaecology Elective	31.54	31.51	0.03	264.23	262.07	2.16	347.99	379.83
Orthopaedics Acute	127.94	176.18	(48.24)	1456.07	1498.42	(42.36)	1940.04	1858.88
Orthopaedics Elective	156.62	120.42	36.19	809.61	974.33	(164.72)	1302.75	1383.92
Paediatric Surgical Acute	-	-	-	1.02	-	1.02	-	1.62
Paediatric Surgical Elective	6.54	4.57	1.96	41.63	38.05	3.58	50.53	52.26
Urology Acute	12.54	9.65	2.89	103.88	89.29	14.59	135.01	134.65
Urology Elective	28.35	28.22	0.13	251.98	234.74	17.23	311.71	278.96
General Medicine Acute	354.48	370.90	(16.41)	3311.25	3278.22	33.03	4385.82	4452.40
General Medicine Elective	9.62	-	9.62	45.02	-	45.02	-	64.92
Paediatric Medicine Acute	36.49	50.05	(13.55)	500.27	545.51	(45.23)	730.95	758.28
Paediatric Medicine Elective	2.26	1.06	1.20	9.81	8.80	1.01	11.69	11.36
Specialist Neonates Acute	30.30	42.83	(12.53)	388.98	434.83	(45.85)	562.67	479.44
Maternity Acute	102.18	122.27	(20.09)	910.01	1033.54	(123.53)	1337.68	1229.89
Maternity Elective	3.65	1.41	2.24	11.32	11.71	(0.39)	15.55	13.42
Acute Costweights	814.67	926.52	(111.85)	8404.46	8320.66	83.80	11002.59	11060.51
Elective Costweights	383.11	370.09	13.02	2706.82	3051.11	(344.29)	4060.45	4272.44
<u>Total Costweights</u>	1197.78	1296.61	(98.83)	11111.28	11371.77	(260.49)	15063.04	15332.95

MoH Elective Services Online

Comparison of surgical services for March 2012

DHB Name: Southland

Service Name	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.		
	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	3	0.0 %	0	0	0.0 %	0	2	0.0 %	0	32	100.0 %	0 %
Ear, Nose & Throat	1 of 1	100.0 %	0	3	0.0 %	0	7	0.0 %	0	0	0.0 %	0	15	3.4 %	0	10	12.0 %	0	16	3.6 %	0	48	100.0 %	0 %
General Surgery	1 of 1	100.0 %	0	13	0.5 %	0	8	0.0 %	0	0	0.0 %	0	9	0.0 %	0	0	0.0 %	0	9	0.0 %	0	59	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	7	0.0 %	0	16	4.3 %	0	0	0.0 %	0	9	0.0 %	0	0	0.0 %	0	8	0.0 %	0	31	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	78	18.5 %	-72	4	0.0 %	0	0	0.0 %	0	4	0.0 %	0	10	25.0 %	0	3	0.0 %	0	88	100.0 %	0 %
Oral Maxillo	1 of 1	100.0 %	0	8	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	12	0.4 %	0	1	0.0 %	0	0	0.0 %	0	20	4.0 %	-1	1	0.0 %	0	12	2.4 %	0	73	100.0 %	0 %
Paediatric Surgery	1 of 1	100.0 %	0	0	0.0 %	0	3	0.0 %	0	0	0.0 %	0	7	0.0 %	0	0	0.0 %	0	7	0.0 %	0	7	100.0 %	0 %
Plastics	1 of 1	100.0 %	0	0	0.0 %	0	6	0.0 %	0	0	0.0 %	0	5	0.0 %	0	2	0.0 %	0	6	0.0 %	0	6	100.0 %	0 %
Urology	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	5	0.0 %	0	X	0.0 %	0	3	0.0 %	0	15	100.0 %	0 %
Total				121			46			0			77			23			66			359		

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: 07/Apr/2012

Report Run Date: 11/Apr/2012

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

DHB Name: Southland

	2011			2011			2011			2011			2011			2011			2011			2011			2012			2012			2012			Target			
	Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb				Mar		
	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.				
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	26 of 26	100%	0	> 90%			
2. Patients waiting longer than six months for their first specialist assessment (FSA).	289	2.1%	-83	260	1.9%	-56	327	2.4%	-125	390	2.9%	-191	464	3.5%	-267	464	3.5%	-265	430	3.2%	-231	447	3.3%	-246	158	1.1%	0	216	1.6%	-9	136	1.0%	0	154	1.1%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	77	2.0%	0	84	2.2%	0	75	1.9%	0	96	2.5%	0	106	2.8%	0	82	2.2%	0	118	3.2%	0	110	2.9%	0	110	2.9%	0	99	2.6%	0	59	1.5%	0	46	1.2%	0	< 5%
4. Clarity of treatment status.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%
5. Patients given a commitment to treatment but not treated within six months.	111	2.9%	0	99	2.5%	0	59	1.5%	0	62	1.6%	0	77	2.0%	0	70	1.9%	0	63	1.7%	0	52	1.4%	0	52	1.4%	0	74	2.0%	0	77	2.0%	0	77	2.0%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	20	9.6%	0	23	10.6%	0	17	7.7%	0	16	7.3%	0	15	6.1%	0	18	7.9%	0	25	9.4%	0	25	9.8%	0	34	13.2%	0	37	16.1%	-3	36	17.9%	-6	23	13.7%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	103	2.7%	0	89	2.3%	0	57	1.5%	0	63	1.6%	0	76	2.0%	0	69	1.8%	0	63	1.7%	0	52	1.4%	0	54	1.4%	0	77	2.0%	0	73	1.9%	0	66	1.7%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	264	100%	0.0%	380	100%	0.0%	388	100%	0.0%	271	100%	0.0%	320	100%	0.0%	319	100%	0.0%	337	100%	0.0%	353	100%	0.0%	331	100%	0.0%	239	100%	0.0%	380	100%	0.0%	359	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: 07/Apr/2012

Report Run Date: 11/Apr/2012

CHIEF MEDICAL OFFICER'S (CMO) REPORT

HAC Meeting Date:
Report Prepared By:
Date Prepared:

02 May 2012
Mr David Tulloch, Chief Medical Officer
17 April 2012

Recommendation

That the Committee receives and notes this report.

1. Update

Since the last report the senior team has been on a quality and safety course at Ko Awatea and have drafted a comprehensive framework which will be presented to the whole executive in the very near future for discussion.

In addition we have been heavily involved in the ongoing Breast Screening audit and implementation of the corrective actions. This has been a significant piece of work involving many man hours.

The Emergency Department timings have improved on both sites and the smoking cessation numbers are very pleasing indeed.

MEDICAL DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date:
Report prepared by:

02 May 2012
Ian Winwood, General Manager
Dr Martin Watts, Medical Director
Jenny Hanson, Nursing Director
13 April 2012

Date Prepared:

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- The Occupational Therapy wait list has reduced with additional community staffing.
- There has been some difficulty in recruiting permanently into the Palliative Care Nurse Specialist position, the role has been vacant since May 2011, however we are providing a part time service as an interim solution until we can find a suitable permanent applicant. This is a joint appointment with Hospice Southland to improve management for palliative patients.

2. Quality

- Some senior nursing staff have now completed the theoretical and practical components required to undertake nurse initiated x-rays in the Emergency Department (ED). This development is progressing well with support from the senior doctors and is a further initiative to improve the patient journey through the ED and meet the 6 hour target.

MENTAL HEALTH DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: 02 May 2012
Report Prepared By: Louise Travers, General Manager, Southland
Dr Alfred Dell'Ario, Medical Director, Southland
Jane Collins, Nursing Director, Southland
Date Prepared: 13 April 2012

Recommendation

That the Committee receives and notes this report.

1. Quality Initiatives

Systems and Information Improvements

- The service has recently engaged in a data integrity project to continue improvements in local and national reporting.
- A new project has commenced to review uploading of clinical documents into Healthviews.

Workforce Development

- A further workshop for advanced motivational interviewing with Co-Existing Problems was held in Cromwell, attracting attendees from Wakatipu, Dunstan and Oamaru community mental health teams. Non Government Organisation (NGO) attendees came from as far away as Alexandra, Te Anau and Christchurch.
- De-escalation training was provided for 30 attendees from Pact, Nga Kete and Te Kotuku, who learned the basic skills of de-escalation.

Future Directions Network Representative Group (NRG)

- The Network has been promoting the "Raise Hope" draft plan and has supported several groups to develop submissions, including the Southland NGO Forum and Southland-based family and consumer groups.
- A Southland NGO quality development workshop was held on 14 March. Thirty people attended and the topic was "building cultural confidence".
- A Drug and Alcohol Forum (Southland) was held on 23 March. More than 30 people attended to view in a range of presentations.

2. Emerging Issues / Risks / Mitigation

Risk	Mitigation
Difficulty recruiting a house officer for the Inpatient Mental Health Unit, potentially impacting on ability to meet the patients' physical health needs.	<ul style="list-style-type: none">• Active recruitment by Medical Officers Unit.• Limited service provided by a General Practitioner in the evenings.• Use of Unstable Patient System (UPS) in acute situations.

SURGICAL DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: 02 May 2012
Report Prepared By: Lynley Irvine, General Manager, Southland
Murray Fosbender, Medical Director, Southland
Helen McKenzie, Nursing Director, Southland
Date Prepared: 13 April 2012

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- Southland hospital has a green status in March 2012 for Elective Service Performance Indicators (ESPI's).
- Southland hospital provider arm is non compliant in two specialities for ESPI 2; Ophthalmology and Paediatric Medicine:
 - Ophthalmology, a locum specialist will start a six week term at Southland hospital. All patients waiting over six months by the end of June 2012 will be seen in these clinics with the exception of paediatric cases. Paediatric cases will be brought into clinics with appropriate consultants during this time.
 - Paediatric Medicine has a recovery plan and extra clinics will be scheduled as necessary to ensure all patients are offered a first specialist assessment within six months of referral.
- Orthopaedics is non complaint in March 2012 for ESPI5 by one patient. A recovery plan is in place to ensure there are no patients waiting longer than six months at the end of June 2012.

2. Quality Initiatives

- The preadmission redesign project continues to progress with dental being rolled out in April 2012 to complete the project.
- The service is now implementing Early Recovery after Surgery (ERAS) which was approved by the Ministry of Health in the latest round of elective services initiative funding, the project manager has commenced in the role, and the appointment of the nurses for both sites has begun.

3. Contract Performance

- The appointment of a permanent consultant in ophthalmology is progressing and a final decision regarding his practice in the New Zealand environment is expected following the Medical Council meeting scheduled for April, 2012. A locum ophthalmologist is arriving for a one month posting and will focus on ensuring all targets are met for the service and undertake a review of as many patients waiting for follow up, as possible.
- There is also a negative Year to Date (YTD) variance in the delivery of elective orthopaedic services. This is being monitored closely by the department and is recovering as expected as the impact of two new fulltime orthopaedic consultants is recorded. There has been a steady improvement in this service that is continuing through the first part of April 2012.

WOMEN AND CHILDREN DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: 02 May 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: 13 April 2012

Recommendation

That the Committee receives and notes this report.

1. Service Summary

Paediatrics

- **Ronald McDonald Family Rooms** – this project is well underway with a service level agreement between Southern DHB and Ronald McDonald South Island Trust under development.

Obstetrics and Gynaecology (O&G)

- Staffing has improved again this month with a fourth O&G Consultant commencing in post on a long term contract. This will place the service in a good position to continue to deliver planned volumes.

Māori Health

- There has been an increase in referrals to Te Huinga Tahī for the month of March in comparison to the first two months of the year.
- Te Huinga Tahī provided support to the whānau of the boating tragedy. This included within the community, at the respective marae as well as on the wards.

Oral Health

- One of our Dental Therapists has been invited to be a mentor for a Bachelor of Oral Health student this year for Te Ao Marama (NZ Maori Dental Association). She has just attended the NZ Maori Dental Association annual conference which was held in Rotorua with the opportunity to meet her student and start the mentoring program, financed by Te Ao Marama.

2. Quality

- **Maternity:** An action plan under development in response to the 2011 National Maternity Survey.

Quality Assurance (QA) projects

- The current status of Quality Assurance (QA) projects within the directorate:

Initiative	Department	Progress Update
Perineal Suturing Proforma	Maternity/ O&G	District approach, awaiting feedback.
Colposcopy Audit	O&G	Audit visit scheduled for 16 April.
Maternity Early Warning Score	O&G cross sites	100 copies to being trialled on both Dunedin and Invercargill sites.
District Guideline Group	District Wide Multidisciplinary	To establish district wide guideline group commencing with one day workshop for

		review of 10-20 guidelines.
Cannula Care Bundle for VIP (Visual infusion phlebitis) scoring	Hospital Wide	For follow up with IV Specialist.
Maternity Services Patient/Client Questionnaire	District Wide Multidisciplinary	Consultation underway.
Junior Doctor Orientation Programme	Paediatrics	For scoping and consultation.

3. Service Highlights

- **Paediatrics:** A fourth permanent specialist in Paediatrics, commenced this month.

Nursing and Midwifery Dashboard-SDHB

STRATEGIC GOALS:

- 1.0 Nursing and Midwifery Workforce
High performing nursing and midwifery workforce able to effectively contribute 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 (Nurse Entry to Practice) and NETP expansion and MFYOP (Midwifery First Year of Practice).			✓		Southern NETP programme progressing well and a new national ACE like trail for House Surgeons will start for NETP next intake.
1.2	PDRP (Professional Development and Recognition Programme) uptake			✓		Significant increase in PDRP uptake.
1.3	HWNZ (Health Workforce NZ previously CTA) program access/uptake			✓		HWNZ funding accessed to provide Post Graduate Education opportunities for 64 Nurses across primary, community, aged care, rural secondary and tertiary sectors of the Southern DHB. Additional funding sourced from South Island Region.
1.4	Nurse Practitioner (NP) 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 (HA) /Enrolled Nurse (EN) education			✓		SIT (Southern Institute of Technology) Enrolled Nurse undergraduate programme increasing demand for clinical placement. Southland site Nursing Directors working closely with SIT to manage this.
1.7	Management and leadership development for Senior nurses			✓		Otago University Canterbury School of Medicine Nursing School will provide Post Graduate Certificate 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 Canterbury DHB nursing access to evidence based practice project that has Ministry of Health funding.
2.2	Contemporaneous models of care are delivered and evaluated continuously			✓		Liverpool Care Pathway implementation underway for Dunedin and Wakari Hospitals.
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 held in Southland and 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? -when? -specific needs? -required outcomes? -cost?			✓	<p>Implementation of Trendcare progressing well on both sites.</p> <p>Care Capacity Demand Management/Safe Staffing Health Workplace pilot will be progressed for Southland Dunedin and Wakari Hospital's in 2012. Meeting to be held with National CCDM team in late April.</p> <p>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 (Safe Staffing Healthy Work Places) Unit has identified the high quality of data that we are producing from Trendcare that positions us favourable for this work.</p>
<p>Establishing targeted tool kit sourcing strategy for senior nurses use on a shift by shift basis</p> <p>-Acuity/Capacity planning tools (prospective)</p> <p>-Integrated roster and bed management alignment electronically</p> <p>-Business Intelligence reporting platform-live time</p> <p>Participate in 2012 pilot for care capacity demand management national demonstration site to be confirmed</p>					
4.0 Nursing and Midwifery Governance and Leadership					
4.1	Clinical Governance, clinical leadership on the ground			✓	<p>Southern Nurse Director Teams workshop very positive</p> <p>Reporting on Clinical KPI's a priority for this group and will be finalised following discussion with management to ensure alignment of reporting. Nursing to lead preparing a discussion paper re key leverage points for developing an improved patient safety platform.</p>
Projects/Practice Development Initiatives					
	Falls			✓	Pilot of non-slip socks (Otago site) for patients to reduce incidence of falls.
	Early Warning Scores (Otago)/ UPs (Southland)			✓	Evaluations of both sites ongoing. Paediatrics and maternity also have specific tools.
Clinical –Key performance indicators					
	Failure to rescue			✓	Needleman nursing indicators from Health Round Table and Ministry of Health, Massey University are being evaluated for both sites.
	Falls			✓	Needleman nursing indicators from Health Round Table and Ministry of Health, Massey University are being evaluated for both sites.
	Pressure Injuries	✓			Needleman nursing indicators from Health Round Table and Ministry of Health, Massey University are being evaluated for both sites.
	Healthcare Associated Infection (HAI)			✓	HAI data captured and reported via infection prevention and control. Being re-cut for HAC reports.

FINANCIAL REPORT

HAC Meeting Date: 2 May 2012
Financial Report as at: 31 March 2012
Report Prepared by: Bron Anderson, Senior Business Analyst
Date: 16 April 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	39,334	39,105	229	352,323	351,989	334	469,551
☒ Personnel							
☒ Personnel							
Medical Personnel	(8,880)	(7,894)	(986)	(72,248)	(68,809)	(3,439)	(92,355)
Nursing Personnel	(9,961)	(9,821)	(140)	(86,051)	(87,612)	1,561	(118,599)
Allied Health Personnel	(4,127)	(4,044)	(83)	(34,412)	(34,249)	(164)	(46,574)
Support Personnel	(787)	(791)	4	(6,881)	(6,831)	(50)	(9,258)
Management & Administration Person	(3,253)	(3,250)	(3)	(28,790)	(28,175)	(615)	(37,911)
☒ Expenditure							
☒ Outsourced Services	(1,300)	(1,581)	281	(14,029)	(13,926)	(103)	(18,524)
☒ Clinical Supplies	(6,634)	(6,662)	28	(58,444)	(57,877)	(567)	(77,637)
☒ Infrastructure & Non-Clinical Supplies	(5,669)	(5,958)	288	(50,587)	(51,106)	520	(68,202)
Net Surplus / (Deficit)	(1,276)	(896)	(380)	880	3,404	(2,524)	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	480	452	(28)	467	453	(14)	452
Nursing Personnel	1,583	1,563	(20)	1,548	1,564	16	1,564
Allied Health Personnel	685	696	10	676	696	20	696
Support Personnel	192	199	7	190	195	4	196
Management & Administration Personnel	670	669	(2)	666	669	2	669
Total	3,610	3,578	(32)	3,548	3,576	28	3,576

The February 2012 result is a deficit of \$1,276k compared to a budgeted deficit of \$896k which generates an unfavourable variance of \$380k. The year to date position is unfavourable by \$2,524k.

Key Issue:

Salary costs continue to exceed budget parameters caused by additional FTE appointments, lump sum collective agreement settlements and leave not being taken as budgeted

Summary Comment:

- The revenue variance is favourable for the month against plan by \$229k and the YTD position is also favourable; \$334k. The Year- end forecast has improved with this result.

- Overall Personal costs exceed the YTD budgeted position; medical costs when combined with outsourcing are greater than plan due to extra FTE appointed over and above budget and leave not being taken as budgeted. The nursing result is driven by FTE variances (YTD is positive but the monthly result reflects extra FTE). Leave liability impacts are adversely affecting the result across all staff types
- Outsourced services result is better than the March 2012 budget, but the use of the outsourced clinical services line continues to be over spent. YTD the result is 1% greater than plan. The forecast reflects further costs to be incurred with more outsourced expected to meet elective delivery and address long wait patients, there will be a partial offset against the clinical supplies area
- YTD clinical supplies cost has an unfavourable position against budget, \$567k (1% more than plan) the delivery of acute services is a key reason for this fiscal variance. There is no material impact on the year- end forecasted position
- March 2012 reflects another month with a positive fiscal variance against total Infrastructure and non-clinical expenses. YTD the position is favourable against plan by \$520k. There is no material impact on the forecast position

2. Revenue

Total revenue is \$229k better than budget for the month and \$334k better than plan YTD. Disability support income YTD is not fully recognised as the new medium secure unit was only fully operational early this calendar year; there is an offset against lesser salary costs. Other income including kiwi-saver subsidies and donations have impacted favourably with no associated costs. Please see the table below for further explanations;

Revenue	\$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	Comment
MoH - Personal Health	4	20	(16)	(80%)	43	425	(382)	(90%)	738	Oral Health Business Case revenue now devolved through internal revenue
MoH - Public Health	10	24	(14)	(56%)	95	215	(120)	(56%)	286	
MoH - Disability Support Services	774	741	33	4%	6,422	6,688	(266)	(4%)	8,890	Medium Secure Unit not fully operational until start of calendar year
Clinical Training Agency	540	531	9	2%	4,690	4,783	(93)	(2%)	6,378	Some gaps in positions impacting on CTA revenue
InterProvider Revenue (Other DHB's)	20	25	(5)	(19%)	239	221	18	8%	295	
Training Fees and Subsidies	14	9	5	50%	166	84	82	98%	112	
Accident Insurance	650	714	(64)	(9%)	6,387	6,533	(146)	(2%)	8,793	
Internal Revenue (DHB Fund to DHB Provider)	35,519	35,398	121	0%	318,670	318,667	3	0%	424,861	Extra Oral Health Business case revenue, less PCT and Community Pharmaceuticals revenue offset is the favourable variance in expenses, less mental health revenue due to FTE contracts being washed up. Extra revenue reflected for renal volumes and less revenue received for Community Referred Tests.
Patient / Consumer sourced	456	316	140	44%	2,849	2,348	501	21%	3,089	Non resident activity continues to impact favourably on the result
Other Income	1,020	959	61	6%	9,340	8,730	610	7%	11,688	Kiwi saver subsidies \$389k and donations \$161k are the key drivers of the favourable variance
Other Government (non DHBs)	325	368	(43)	(12%)	3,422	3,315	107	3%	4,420	
	39,332	39,105	228	0.58%	352,323	352,009	314	0.09%	469,551	

3. Personnel Costs

	\$000 Monthly Actual	\$000 Monthly Budget	\$000 Monthly Variance	\$000 YTD Actual	\$000 YTD Budget	\$000 Variance YTD	\$000 Full Year Budget
Direct							
Medical Personnel	(8,278)	(7,345)	(932)	(67,295)	(63,885)	(3,410)	(85,627)
Nursing Personnel	(9,846)	(9,662)	(184)	(85,055)	(86,185)	1,129	(116,099)
Allied Health Personnel	(3,954)	(3,940)	(14)	(33,558)	(33,316)	(242)	(45,168)
Support Personnel	(786)	(788)	2	(6,808)	(6,804)	(4)	(9,183)
Management & Administration Personnel	(3,239)	(3,214)	(25)	(28,602)	(27,852)	(750)	(37,396)
Direct Total	(26,102)	(24,949)	(1,153)	(221,318)	(218,041)	(3,277)	(293,473)
Indirect							
Medical Personnel	(602)	(549)	(54)	(4,952)	(4,924)	(28)	(6,728)
Nursing Personnel	(115)	(159)	44	(996)	(1,427)	432	(2,501)
Allied Health Personnel	(173)	(104)	(69)	(855)	(933)	78	(1,406)
Support Personnel	(1)	(3)	2	(73)	(27)	(46)	(75)
Management & Administration Personnel	(14)	(36)	22	(188)	(323)	135	(514)
Indirect Total	(905)	(851)	(54)	(7,064)	(7,635)	571	(11,225)
Total Personnel Costs	(27,007)	(25,800)	(1,207)	(228,382)	(225,676)	(2,707)	(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	480	452	(28)	467	453	(14)	452
Nursing Personnel	1,583	1,563	(20)	1,548	1,564	16	1,564
Allied Health Personnel	685	696	10	676	696	20	696
Support Personnel	192	199	7	190	195	4	196
Management & Administration Personnel	670	669	(2)	666	669	2	669
Total FTE	3,610	3,578	(32)	3,548	3,576	28	3,576

Total personnel costs sit outside plan for the month \$1,207k and \$2,707k YTD. FTEs are 32 over plan for the month but under plan YTD 28.

The YTD position includes the clerical collective's lump sum payment for their employment agreements (the budget reflected part year increments).

Medical Personnel

Medical salary costs continue to trend above budget, the March 2012 month resides above plan by \$932k, YTD costs are sitting \$3,410k greater than budget. FTEs are over plan by 28 for the month and 14 YTD.

Additional FTE has been appointed, leave has not been taken and overtime costs being incurred are higher than those budgeted; for the month \$314k against a plan of \$147k, (YTD \$2,651k against plan of \$1,308k) 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 together the salary lines and medical outsourcing costs 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 YTD Variance	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	\$000 Full Year Budget
SMO Personnel	(6,028)	(5,385)	(644)	222.26	216.30	(5.96)	(47,691)	(46,443)	(1,248)	214.06	217.08	3.02	(62,504)
Outsourced SMO	(431)	(687)	256	0.00	0.00	0.00	(5,853)	(6,138)	285	0.00	0.00	0.00	(8,183)
Total SMO Cost	(6,459)	(6,071)	(388)	222.26	216.30	(5.96)	(53,544)	(52,581)	(963)	214.06	217.08	3.02	(70,686)
RMO Personnel	(2,852)	(2,509)	(342)	257.88	235.50	(22.38)	(24,557)	(22,366)	(2,191)	252.86	235.50	(17.36)	(29,852)
Outsourced RMO	(74)	(240)	166	0.00	0.00	0.00	(1,393)	(2,153)	760	0.00	0.00	0.00	(2,870)
Total RMO Costs	(2,926)	(2,749)	(177)	257.88	235.50	(22.38)	(25,949)	(24,519)	(1,431)	252.86	235.50	(17.36)	(32,722)
Total Medical	(9,385)	(8,820)	(565)	480.14	451.80	(28.34)	(79,494)	(77,100)	(2,394)	466.92	452.58	(14.34)	(103,408)

The table below shows the monthly trend with medical costs, salary and outsourcing combined by site and junior and senior doctors.

Total variance medical and outsourcing dollars	Sum of Amount Jul	Sum of Amount Aug	Sum of Amount Sep	Sum of Amount Oct	Sum of Amount Nov	Sum of Amount Dec	Sum of Amount Jan	Sum of Amount Feb	Sum of Amount Mar	Total YTD variance
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
RMO's Dunedin (salaries & Outsourcing)	(22)	(182)	(75)	(113)	(170)	(225)	(421)	(271)	(294)	(1,773)
SMO's Dunedin (Salaries & Outsourcing)	(132)	50	173	(194)	(369)	(144)	(99)	(343)	(298)	(1,356)
Total Dunedin	(154)	(132)	99	(308)	(539)	(368)	(520)	(614)	(592)	(3,129)
RMO's Invercargill & Lake District (Salaries & outsourcing)	131	167	(106)	46	88	(18)	(84)	1	117	342
SMO's Invercargill & Lake District (Salaries & Outsourcing)	130	144	9	164	(8)	10	102	(68)	(89)	393
Total Southland	261	310	(97)	210	80	(8)	17	(66)	28	735
Total	106	178	1	(98)	(459)	(376)	(503)	(680)	(564)	(2,394)

Non salary related costs are over budget for the month, \$54k and \$26k over budget YTD. Relocation and professional fees reside above plan YTD. Recruitment and training costs are within plan YTD

Nursing Salaries

Nursing costs sit \$140k unfavourably against budget for the month. YTD the fiscal result for nursing is favourable against budget by \$1,561k. FTEs reside above plan for the month 20 but YTD are 16 under plan YTD.

The favourable YTD FTE variance is the key component driving the YTD fiscal result but as the trend below indicates FTE numbers have increased since the start of the financial year and now are impacting unfavourably.

	Jul-11 FTE	Aug-11 FTE	Sep-11 FTE	Oct-11 FTE	Nov-11 FTE	Dec-11 FTE	Jan-12 FTE	Feb-12 FTE	Mar-12 FTE	YTD FTE
Actual	1,535.42	1,532.84	1,543.43	1,549.33	1,556.55	1,537.08	1,543.71	1,548.18	1,583.00	1,547.73
Budget	1,564.63	1,564.65	1,564.63	1,564.58	1,564.64	1,564.48	1,563.05	1,562.97	1,562.98	1,564.07
Variance	29.21	31.81	21.20	15.25	8.09	27.40	19.34	14.79	(20.02)	16.34

The rise in FTE levels for the month relates to a number of items including;

- additional resource being required for Emergency Psychiatry Services while master site planning is undertaken
- higher sick leave than previous months
- higher training leave than previous months
- increased number of patient watches dealing mainly with confused patients
- services appointing to their budgeted FTE levels

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 partially 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 and relocation expenses reside within plan, professional fees, recruitment and parental leave payments are over YTD.

Allied Health Personnel

Allied health costs reside over plan for the month and YTD. FTEs are within plan for the month 10 and 20 YTD. This result also includes the budgeted vacancy factors at each site so if these were removed then the FTE result would be greater than reported.

The YTD FTE variance should be driving a favourable result with FTEs being lower than what was budgeted, however this is offset with leave not being taken, allowances, overtime, other leave and long service leave costs exceeding budgeted levels.

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 greater than what was planned by \$130k.

Support Personnel

YTD Support salary costs reside outside of plan due to overtime and allowance payments.

Management Administration Personnel

YTD management administration FTE are within plan by 2. YTD Salary costs are over plan due to the lump sum payment for the South Island Clerical and New Zealand Nursing Organisation, clerical awards. It is expected that this salary category will stay overspent at year end due to the lump sum component.

Indirect salary costs stay within plan YTD \$135k.

4. Outsourced Costs

YTD outsourced costs have over-run budget parameters by 103K (1%).The outsourced medical line needs to be considered alongside the medical salary costs, and the favourable result for this line is positive as there are more permanent doctors recruited. 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 once again contributed to the overspend for the month, YTD this line is overspent by \$1,043k

Outsourced Services	\$000 Monthly Actual	\$000 Monthly Budget	\$000 Monthly Variance	Monthly Variance %	\$000 YTD Actual	\$000 YTD Budget	\$000 YTD Variance	YTD variance %	\$000 Full Year Budget
Outsourced Medical Personnel	(505)	(927)	422	45%	(7,246)	(8,291)	1,045	13%	(11,053)
Outsourced Nursing Personnel	(1)	(3)	1	52%	(24)	(23)	(1)	(5%)	(30)
Outsourced Allied Health Personnel	(17)	(14)	(3)	(20%)	(190)	(122)	(67)	(55%)	(163)
Outsourced Support Personnel	(4)	(22)	18	80%	(173)	(199)	26	13%	(265)
Outsourced Management & Administration Personnel	(8)	(2)	(6)	(247%)	(120)	(21)	(99)	(467%)	(28)
Outsourced Clinical Services	(686)	(528)	(157)	(30%)	(5,590)	(4,547)	(1,043)	(23%)	(6,023)
Outsourced Corporate / Governance Services	(78)	(85)	7	8%	(687)	(722)	35	5%	(962)
Outsourced Services Total	(1,300)	(1,581)	281	18%	(14,029)	(13,926)	(103)	(1%)	(18,524)

5. Clinical Supplies

Clinical supplies costs incurred for the month equal \$6,634k against a budget of \$ 6,662k therefore resulting in a positive variance of \$28k. The YTD position is 1% (\$567k) worse than the budgeted position.

The YTD result reflects higher than budgeted blood products (\$398k), continence and hygiene supplies (\$168k), renal supplies (\$275k) and dressing costs (\$157k) (treatment disposables). Lower hip and knee prostheses costs were incurred compared to plan but this is a timing issue related to volume delivery, an overrun against screws nails and plates costs relating to the acute activity through-out the year offsets the above. Disposable instruments costs are over plan due to a move to more disposable use and laparoscopic type surgery there is a small offset 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. Health promotion costs are also tracking behind plan. Orthotics and surgical footwear costs are less than plan due to an over accrual.

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 YTD Variance	YTD variance %	\$000 Full Year Budget
Treatment Disposables	(2,419)	(2,335)	(83)	(4%)	(21,415)	(20,415)	(999)	(5%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(166)	(151)	(14)	(10%)	(1,371)	(1,292)	(79)	(6%)	(1,717)
Instruments & Equipment	(1,394)	(1,213)	(181)	(15%)	(11,389)	(10,762)	(628)	(6%)	(14,375)
Patient Appliances	(204)	(196)	(8)	(4%)	(1,461)	(1,714)	253	15%	(2,312)
Implants & Prostheses	(769)	(855)	86	10%	(7,106)	(7,274)	168	2%	(9,730)
Pharmaceuticals	(1,600)	(1,638)	38	2%	(13,665)	(14,076)	411	3%	(18,728)
Other Clinical Supplies	(81)	(272)	191	70%	(2,037)	(2,344)	307	13%	(3,130)
Clinical Supplies Total	(6,634)	(6,662)	28	0%	(58,444)	(57,877)	(567)	(1%)	(77,637)

6. Infrastructure and Non Clinical

Infrastructure and non clinical costs for the month are \$5,669k against a budget of \$5,958k, resulting in a favourable variance against budget of \$288k. The YTD variance is favourable by \$520k against plan.

Infrastructure & Non-Clinical Supplies	\$000 Monthly Actual	\$000 Monthly Budget	\$000 Monthly Variance	Monthly Variance %	\$000 YTD Actual	\$000 YTD Budget	\$000 YTD Variance	YTD variance %	\$000 Full Year Budget
Hotel Services, Laundry & Cleaning	(1,079)	(1,079)	(0)	(0%)	(9,440)	(9,565)	124	1%	(12,760)
Facilities	(1,652)	(1,735)	83	5%	(14,385)	(14,948)	563	4%	(20,332)
Transport	(316)	(325)	8	3%	(2,872)	(2,833)	(40)	(1%)	(3,814)
IT Systems & Telecommunications	(894)	(856)	(39)	(5%)	(7,945)	(7,579)	(366)	(5%)	(10,140)
Interest & Financing Charges	(1,206)	(1,303)	97	7%	(10,810)	(10,837)	27	0%	(14,148)
Professional Fees and Expenses	(103)	(141)	37	26%	(943)	(1,296)	353	27%	(1,718)
Other Operating Expenses	(418)	(520)	102	20%	(4,191)	(4,049)	(143)	(4%)	(5,289)
Infrastructure & Non-Clinical Supplies Total	(5,669)	(5,958)	288	5%	(50,587)	(51,106)	520	1%	(68,202)

YTD Hotel Services, Laundry and Cleaning costs are within plan. Food and grocery costs are \$92k over plan. Laundry charges are under budget \$179k, cleaning supplies are also behind budget \$70k.

Facilities costs YTD reside within planned parameters. The result includes lower utilities costs (\$338k) (electricity, steam, gas and water), lower maintenance costs (\$338k), lower building and plant depreciation (\$216k), lower security costs (\$33k) and a lesser amount of rents incurred (\$7k) these favourable variances are slightly offset with an over run against waste removal (\$11k) and Insurance on plant and buildings (\$260k).

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 \$366k unfavourable variance against budget. Depreciation is \$153k greater than the phased amount YTD March 2012. Software charges – maintenance fees are \$94k above budget. Telecommunication costs are \$77k above budget due to mobile phone charges, repairs and maintenance and minor purchase costs being greater than plan.

YTD Interest and Financing charges reside within the allocated budget.

YTD Professional fees and expenses are within planned parameters by \$353k. There is lesser expenditure against consultant fees than what was budgeted for.

YTD other operating expenses are unfavourable against plan; the doubtful debt provision has increased and is \$321k over budget.

7. Forecast

The forecast position is now \$3.2m deficit which is unfavourable against the \$491k budgeted surplus by \$3.6m (February 2012 forecast position \$2.5m deficit). Mitigation strategies are required to minimise the projected result.

The Year-end forecast position has once again moved adversely against the budgeted position due to;

- nursing FTE levels
- allied health costs
- medical costs continuing to reside over budget
- extra outsourcing costs to address long wait patients for the Southland population, but no revenue assumption included as target must be met in full for the district

The above movement has been slightly offset with an improvement in revenue mainly driven by a known catch up with Accident Compensation Corporation (ACC) invoicing

Leave not being taken continues to be a concern. The forecast assumes some of this issue will correct itself with the Easter break and school holidays (April result) particularly in the Allied and Management Administration staff types

Please see the table below showing the forecast detail at a category level.

	Year to Date			Annual			3 Months left to forecast		
	Actual	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance
Revenue	352,323	351,989	334	470,079	469,551	528	117,756	117,562	194
Medical	(72,248)	(68,809)	(3,439)	(96,950)	(92,355)	(4,595)	(24,702)	(23,546)	(1,156)
Nursing	(86,051)	(87,612)	1,561	(116,635)	(118,599)	1,964	(30,584)	(30,987)	403
Allied	(34,412)	(34,249)	(163)	(46,635)	(46,574)	(61)	(12,223)	(12,325)	102
Support	(6,881)	(6,831)	(50)	(9,242)	(9,258)	16	(2,361)	(2,427)	66
Management Admin	(28,790)	(28,175)	(615)	(38,129)	(37,911)	(218)	(9,339)	(9,736)	397
Total Personnel	(228,382)	(225,676)	(2,706)	(307,591)	(304,697)	(2,894)	(79,209)	(79,021)	(188)
Outsourced Costs	(14,029)	(13,926)	(103)	(19,260)	(18,524)	(736)	(5,231)	(4,598)	(633)
Clinical Supplies	(58,444)	(57,877)	(567)	(78,430)	(77,637)	(793)	(19,986)	(19,760)	(226)
Infrastructure & Non Clinical supplies	(50,587)	(51,106)	519	(67,951)	(68,202)	251	(17,364)	(17,096)	(268)
Total Expenses	(351,442)	(348,585)	(2,857)	(473,232)	(469,060)	(4,172)	(121,790)	(120,475)	(1,315)
Net Surplus/ (Deficit)	881	3,404	(2,523)	(3,153)	491	(3,644)	(4,034)	(2,913)	(1,121)

8. Financial Result – 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 YTD Variance	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	\$000 Full Year Budget	Full Year Budget FTE
Revenue														
Government & Crown Agency Sourced														
MoH - Personal Health	29	20	10				43	425	(382)				738	
MoH - Public Health	10	24	(13)				95	215	(120)				286	
MoH - Disability Support Services	718	688	30				5,911	6,191	(280)				8,254	
Clinical Training Agency	483	511	(28)				4,240	4,600	(360)				6,133	
InterProvider Revenue (Other DHB's)	4	5	(1)				108	47	61				63	
Training Fees and Subsidies	8	7	0				116	67	49				89	
Accident Insurance	430	451	(21)				4,010	4,169	(160)				5,642	
Other Government (non DHBs)	254	314	(60)				2,863	2,825	38				3,767	
Government & Crown Agency Sourced Total	1,936	2,020	(84)				17,386	18,539	(1,153)				24,972	
Non Government & Crown Agency Revenue														
Patient / Consumer sourced	318	(5)	323				1,684	278	1,407				397	
Other Income	321	338	(17)				3,393	3,042	351				4,056	
Non Government & Crown Agency Revenue Tot	639	333	306				5,077	3,320	1,757				4,453	
Internal Revenue														
Internal Revenue (DHB Fund to DHB Provider)	23,985	23,767	218				215,674	213,985	1,689				285,285	
Internal Revenue Total	23,985	23,767	218				215,674	213,985	1,689				285,285	
Revenue Total	26,560	26,120	440				238,137	235,844	2,293				314,710	
Personnel														
Personnel														
Medical Personnel	(6,239)	(5,650)	(589)	351.49	335.98	(15.51)	(52,198)	(49,386)	(2,812)	347.26	336.92	(10.33)	(66,289)	336.44
Nursing Personnel	(6,860)	(6,716)	(143)	1,096.99	1,081.13	(15.86)	(59,092)	(59,886)	794	1,070.41	1,082.20	11.78	(81,378)	1,081.93
Allied Health Personnel	(2,895)	(2,837)	(58)	490.01	484.01	(6.00)	(24,760)	(24,005)	(755)	481.79	484.02	2.23	(32,718)	484.27
Support Personnel	(404)	(403)	(1)	110.04	106.73	(3.31)	(3,683)	(3,556)	(127)	108.16	106.73	(1.43)	(4,831)	106.73
Management & Administration Personnel	(1,557)	(1,539)	(18)	335.63	327.81	(7.82)	(13,992)	(13,335)	(657)	332.34	327.94	(4.40)	(17,984)	327.91
Personnel Total	(17,955)	(17,146)	(809)	2,384.16	2,335.66	(48.50)	(153,726)	(150,168)	(3,558)	2,339.96	2,337.81	(2.15)	(203,200)	2,337.27
Personnel Total	(17,955)	(17,146)	(809)	2,384.16	2,335.66	(48.50)	(153,726)	(150,168)	(3,558)	2,339.96	2,337.81	(2.15)	(203,200)	2,337.27
Expenditure														
Outsourced Services														
Outsourced Medical Personnel	(78)	(101)	23				(1,163)	(858)	(305)				(1,142)	
Outsourced Nursing Personnel	(1)	(3)	1				(24)	(23)	(1)				(30)	
Outsourced Allied Health Personnel	(2)	(10)	8				(71)	(89)	18				(118)	
Outsourced Support Personnel	(0)	(6)	6				(70)	(57)	(13)				(76)	
Outsourced Management & Administration Per	(0)	(1)	1				(25)	(9)	(15)				(13)	
Outsourced Clinical Services	(501)	(447)	(54)				(4,304)	(3,812)	(492)				(5,042)	
Outsourced Services Total	(583)	(567)	(15)				(5,656)	(4,847)	(809)				(6,420)	
Clinical Supplies														
Treatment Disposables	(1,800)	(1,650)	(150)				(15,628)	(14,516)	(1,113)				(19,632)	
Diagnostic Supplies & Other Clinical Supplies	(134)	(123)	(11)				(1,065)	(1,048)	(17)				(1,387)	
Instruments & Equipment	(571)	(409)	(161)				(3,997)	(3,692)	(305)				(4,949)	
Patient Appliances	(99)	(138)	39				(820)	(1,211)	391				(1,629)	
Implants & Prostheses	(550)	(675)	125				(5,450)	(5,726)	276				(7,627)	
Pharmaceuticals	(1,121)	(1,149)	29				(9,583)	(9,805)	222				(12,969)	
Other Clinical Supplies	(85)	(157)	72				(1,032)	(1,342)	310				(1,774)	
Clinical Supplies Total	(4,358)	(4,301)	(57)				(37,575)	(37,341)	(235)				(49,967)	
Infrastructure & Non-Clinical Supplies														
Hotel Services, Laundry & Cleaning	(725)	(754)	29				(6,546)	(6,679)	132				(8,899)	
Facilities	(115)	(112)	(3)				(1,018)	(1,005)	(13)				(1,343)	
Transport	(181)	(171)	(10)				(1,710)	(1,501)	(208)				(2,020)	
IT Systems & Telecommunications	(105)	(78)	(27)				(1,006)	(701)	(304)				(934)	
Interest & Financing Charges	(0)	(0)	0				(0)	(0)	0				(1)	
Professional Fees and Expenses	(55)	(45)	(10)				(411)	(409)	(2)				(545)	
Other Operating Expenses	(166)	(190)	24				(1,458)	(1,651)	193				(2,198)	
Infrastructure & Non-Clinical Supplies Total	(1,346)	(1,350)	4				(12,149)	(11,947)	(202)				(15,940)	
Expenditure Total	(6,288)	(6,219)	(69)				(55,380)	(54,135)	(1,245)				(72,328)	
Net Surplus / (Deficit)	2,318	2,756	(438)	2,384.16	2,335.66	(48.50)	29,031	31,541	(2,510)	2,339.96	2,337.81	(2.15)	39,183	2,337.27

9. Financial Result – Southland 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 YTD Variance	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	\$000 Full Year Budget	Full Year Budget FTE
Revenue														
Government & Crown Agency Sourced														
MoH - Personal Health	(25)	0	(25)				0	0	0				0	
MoH - Disability Support Services	57	53	4				511	477	34				636	
Clinical Training Agency	57	20	36				450	183	266				245	
InterProvider Revenue (Other DHB's)	0	0	0				(2)	0	(2)				0	
Training Fees and Subsidies	7	2	5				49	17	32				23	
Accident Insurance	220	263	(43)				2,347	2,364	(16)				3,152	
Other Government (non DHBs)	15	8	7				126	72	54				96	
Government & Crown Agency Sourced Total	330	346	(16)				3,482	3,113	368				4,151	
Non Government & Crown Agency Revenue														
Patient / Consumer sourced	138	110	27				1,165	994	171				1,325	
Other Income	184	155	28				1,581	1,522	59				2,079	
Non Government & Crown Agency Revenue Tot	321	266	55				2,745	2,515	230				3,404	
Internal Revenue														
Internal Revenue (DHB Fund to DHB Provider)	11,436	11,540	(104)				102,401	103,863	(1,461)				138,483	
Internal Revenue Total	11,436	11,540	(104)				102,401	103,863	(1,461)				138,483	
Revenue Total	12,087	12,152	(65)				108,628	109,491	(863)				146,039	
Personnel														
Personnel														
Medical Personnel	(2,615)	(2,244)	(372)	128.65	115.82	(12.83)	(20,039)	(19,423)	(615)	119.66	115.65	(4.00)	(26,066)	115.70
Nursing Personnel	(3,068)	(3,074)	6	481.73	477.75	(3.98)	(26,764)	(27,456)	692	473.22	477.77	4.56	(36,859)	477.77
Allied Health Personnel	(1,213)	(1,190)	(23)	193.20	209.73	16.53	(9,491)	(10,098)	607	192.14	209.73	17.59	(13,660)	209.73
Support Personnel	(116)	(128)	12	34.70	37.61	2.91	(1,095)	(1,109)	14	35.23	37.61	2.38	(1,489)	37.61
Management & Administration Personnel	(812)	(805)	(7)	169.12	167.32	(1.80)	(7,148)	(6,970)	(178)	167.22	167.32	0.10	(9,376)	167.32
Personnel Total	(7,824)	(7,440)	(384)	1,007.40	1,008.23	0.83	(64,536)	(65,056)	520	987.47	1,008.08	20.62	(87,450)	1,008.12
Personnel Total	(7,824)	(7,440)	(384)	1,007.40	1,008.23	0.83	(64,536)	(65,056)	520	987.47	1,008.08	20.62	(87,450)	1,008.12
Expenditure														
Outsourced Services														
Outsourced Medical Personnel	(427)	(826)	399				(6,083)	(7,433)	1,349				(9,910)	
Outsourced Nursing Personnel	0	0	0				0	0	0				0	
Outsourced Allied Health Personnel	(14)	(4)	(11)				(118)	(34)	(85)				(45)	
Outsourced Support Personnel	(1)	(4)	3				(56)	(39)	(17)				(52)	
Outsourced Management & Administration Per	(8)	0	(8)				(80)	0	(80)				0	
Outsourced Clinical Services	(185)	(82)	(103)				(1,286)	(736)	(551)				(981)	
Outsourced Services Total	(636)	(916)	280				(7,624)	(8,241)	617				(10,988)	
Clinical Supplies														
Treatment Disposables	(559)	(628)	69				(5,281)	(5,390)	109				(7,318)	
Diagnostic Supplies & Other Clinical Supplies	(32)	(28)	(4)				(305)	(243)	(62)				(330)	
Instruments & Equipment	(136)	(97)	(39)				(1,201)	(834)	(367)				(1,132)	
Patient Appliances	(105)	(59)	(47)				(641)	(503)	(138)				(682)	
Implants & Prostheses	(220)	(180)	(39)				(1,656)	(1,549)	(107)				(2,103)	
Pharmaceuticals	(461)	(487)	26				(4,058)	(4,256)	198				(5,740)	
Other Clinical Supplies	3	(116)	119				(1,005)	(1,001)	(3)				(1,355)	
Clinical Supplies Total	(1,510)	(1,595)	85				(14,148)	(13,776)	(372)				(18,661)	
Infrastructure & Non-Clinical Supplies														
Hotel Services, Laundry & Cleaning	(342)	(307)	(35)				(2,775)	(2,762)	(13)				(3,683)	
Facilities	(53)	(62)	10				(515)	(561)	46				(749)	
Transport	(95)	(101)	6				(830)	(911)	82				(1,215)	
IT Systems & Telecommunications	(42)	(52)	10				(383)	(465)	82				(620)	
Professional Fees and Expenses	(9)	(19)	10				(111)	(175)	64				(233)	
Other Operating Expenses	(101)	(107)	6				(1,000)	(963)	(36)				(1,284)	
Infrastructure & Non-Clinical Supplies Total	(641)	(649)	7				(5,614)	(5,838)	225				(7,784)	
Expenditure Total	(2,787)	(3,159)	373				(27,385)	(27,855)	470				(37,433)	
Net Surplus / (Deficit)	1,477	1,553	(76)	1,007.40	1,008.23	0.83	16,707	16,580	127	987.47	1,008.08	20.62	21,156	1,008.12

10. Financial Result – 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	Full Year Budget FTE
Revenue														
Government & Crown Agency Sourced														
InterProvider Revenue (Other DHB's)	17	19	(3)				133	174	(42)				232	
Accident Insurance	1	0	1				30	0	30				0	
Other Government (non DHBs)	56	46	9				433	418	15				558	
Government & Crown Agency Sourced Total	73	66	7				596	592	3				790	
Non Government & Crown Agency Revenue														
Patient / Consumer sourced	0	210	(210)				0	1,077	(1,077)				1,368	
Other Income	515	466	49				4,367	4,166	201				5,552	
Non Government & Crown Agency Revenue Tot	515	676	(161)				4,367	5,242	(875)				6,920	
Internal Revenue														
Internal Revenue (DHB Fund to DHB Provider)	98	91	7				595	819	(224)				1,092	
Internal Revenue Total	98	91	7				595	819	(224)				1,092	
Revenue Total	686	833	(146)				5,558	6,654	(1,096)				8,802	
Personnel														
Personnel														
Medical Personnel	(26)	0	(26)				(11)	0	(11)				0	
Nursing Personnel	(34)	(31)	(3)	4.28	4.10	(0.18)	(195)	(270)	75	4.04	4.10	0.06	(363)	4.10
Allied Health Personnel	(19)	(17)	(2)	2.25	2.07	(0.18)	(162)	(146)	(16)	2.28	2.07	(0.21)	(196)	2.07
Support Personnel	(267)	(261)	(6)	46.99	54.60	7.61	(2,103)	(2,165)	63	46.93	50.47	3.53	(2,937)	51.50
Management & Administration Personnel	(883)	(906)	23	165.36	173.40	8.04	(7,651)	(7,871)	220	166.83	173.40	6.57	(10,551)	173.40
Personnel Total	(1,228)	(1,215)	(14)	218.88	234.17	15.29	(10,121)	(10,452)	331	220.08	230.04	9.95	(14,048)	231.07
Personnel Total	(1,228)	(1,215)	(14)	218.88	234.17	15.29	(10,121)	(10,452)	331	220.08	230.04	9.95	(14,048)	231.07
Expenditure														
Outsourced Services														
Outsourced Support Personnel	(3)	(12)	9				(47)	(103)	57				(138)	
Outsourced Management & Administration Per	0	(1)	1				(15)	(12)	(3)				(16)	
Outsourced Clinical Services	0	0	0				(0)	0	(0)				0	
Outsourced Corporate / Governance Services	(78)	(85)	7				(687)	(722)	35				(962)	
Outsourced Services Total	(81)	(98)	17				(749)	(838)	89				(1,115)	
Clinical Supplies														
Treatment Disposables	(60)	(57)	(2)				(505)	(510)	5				(695)	
Diagnostic Supplies & Other Clinical Supplies	(0)	(0)	0				(1)	(1)	(0)				(1)	
Instruments & Equipment	(687)	(707)	20				(6,191)	(6,236)	44				(8,294)	
Patient Appliances	0	0	0				(0)	0	(0)				0	
Pharmaceuticals	(18)	(2)	(17)				(24)	(14)	(9)				(19)	
Other Clinical Supplies	(0)	(0)	(0)				(0)	(0)	0				(0)	
Clinical Supplies Total	(765)	(766)	0				(6,721)	(6,761)	40				(9,009)	
Infrastructure & Non-Clinical Supplies														
Hotel Services, Laundry & Cleaning	(13)	(18)	5				(119)	(124)	5				(178)	
Facilities	(1,484)	(1,560)	76				(12,852)	(13,381)	530				(18,240)	
Transport	(41)	(52)	12				(332)	(420)	87				(579)	
IT Systems & Telecommunications	(747)	(726)	(21)				(6,556)	(6,413)	(143)				(8,586)	
Interest & Financing Charges	(1,206)	(1,303)	97				(10,810)	(10,836)	27				(14,148)	
Professional Fees and Expenses	(39)	(76)	36				(421)	(712)	291				(939)	
Other Operating Expenses	(151)	(223)	72				(1,734)	(1,434)	(299)				(1,807)	
Infrastructure & Non-Clinical Supplies Total	(3,682)	(3,959)	277				(32,825)	(33,321)	496				(44,478)	
Expenditure Total	(4,528)	(4,822)	294				(40,295)	(40,919)	625				(54,602)	
Net Surplus / (Deficit)	(5,070)	(5,204)	134	218.88	234.17	15.29	(44,858)	(44,718)	(140)	220.08	230.04	9.95	(59,847)	231.07

11. Capital 2011-12

SOUTHERN DISTRICT HEALTH BOARD

CAPITAL PLAN - Mar 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 Security Infrastructure	5,579		5,579	5,579		5,579		
Base Page replacement	19,536		19,536	19,536		19,536	19,536	
Critical Alarms for MOT	70,602		70,602	70,602		70,602	5,730	
Fluoroscopy Room Upgrade	76,518		76,518	76,518		76,518	48,591	
Mammo Building	200,000	45,845	245,845		245,845	245,845	163,286	
Boiler Dunstan	189,882		189,882	189,882		189,882	167,377	
Installation on Standby generators from Dunedin		1,000,000	1,000,000				3,356	1,000,000
New Boiler - Southland		600,000	600,000				1,733,236	600,000
Fraser Building Roof Replacements		600,000	600,000					600,000
Security - Dunedin/Wakari		200,000	200,000		200,000	200,000	100,955	
Audiology alterations		150,000	150,000				3,143	150,000
Nurse Call Replacement - Dunedin		140,000	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	585,845	1,423,923	2,661,505	2,350,000
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	1,500	
Fundus camera - eyes - digital+fluoroscene	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	500,000		
Urgent Doctors X-Ray Machine		350,000	350,000					350,000
Heart Lung Machine		300,000	300,000					300,000
Image Intensifier		159,849	159,849		159,849	159,849	159,849	
Pool Tools		203,782	203,782		203,782	203,782	144,723	
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	28,236	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	102,671	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	4,486,808	9,705,727	2,643,799	3,080,126	5,723,925	3,349,878	3,981,802
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	29,706	
PRA Project	60,133	120,000	180,133	28,133		28,133	54,125	152,000
Sharepoint	161,756		161,756					161,756
Business Intelligence	258,155	400,000	658,155	258,155	96,709	354,864	240,703	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	59,343	61,240
Upgrade of Dental IT system - Titanium	275,000	52,658	327,658		327,658	327,658	33,425	
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		198,822	198,822	266,314	51,178
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	1,417,637	2,845,274	1,368,922	2,365,726
Total Major Assets	9,270,003	9,420,647	18,690,650	4,909,514	5,083,608	9,993,122	7,380,304	8,697,528

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	197,367	499,508	230,984	164,633
Clinical Equipment	1,352,999	3,148,999	4,501,998	1,492,310	1,131,972	2,624,282	1,621,787	1,877,716
Information Technology	356,000	765,667	1,121,667	356,000	199,739	555,739	136,607	565,928
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	52,566	223,921	151,070	341,164
Total Minor	2,208,317	4,695,396	6,903,713	2,347,628	1,581,644	3,929,272	2,140,449	2,974,441
Building & Property - Contingency		650,000	650,000		253,503	253,503	265,871	396,497
Information Technology - Contingency	649,087	316,370	965,457		928,541	928,541	949,674	36,915
General - Dunedin	885,714	1,059,833	1,945,548		1,262,847	1,262,847	1,317,043	682,701
General - Southland	505,487	672,447	1,177,934		407,540	407,540	294,684	770,394
Strategic Contingency	2,178,290	(830,838)	1,347,452					1,347,452
Total Contingencies	4,218,578	1,867,813	6,086,390		2,852,431	2,852,431	2,827,271	3,233,959
INTERNALLY FUNDED ASSETS								
Linear Accelerator		4,384,000	4,384,000		3,929,324	3,929,324	416,091	454,676
Linear Accelerator Building		1,946,000	1,946,000		1,946,000	1,946,000		
Kew Building		3,400,000	3,400,000				74,566	3,400,000
ED Shortstay unit		2,714,000	2,714,000		2,714,000	2,714,000	815,568	
Gastroenterology Unit		1,821,000	1,821,000					1,821,000
Total Internally Funded Capital Programme		14,265,000	14,265,000		8,589,324	8,589,324	1,306,225	5,675,676
Total Baseline Capital Programme	15,696,898	30,248,856	45,945,753	7,257,142	18,107,007	25,364,149	13,654,250	20,581,604
2011/12								
Asset Class	Total Budget	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 Efficiency 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	8,416,292	14,590,705		
Oral Health	6,742,000	2,179,000	3,912,812	6,696,215	1,721,738	1,107,450		
ID Transition Unit	2,307,000	1,538,000	67,550	2,306,771	1,608,419	631,031		
Total Externally Funded Capital Programme	33,843,010	14,242,010	5,353,365	16,703,363	12,015,993	16,473,652		
DONATED & SELF FUNDED ASSETS								
Donated				20,820				
Donated				318,625	276,996			
Donated				49,539	59,215			
Donated				52,259	45,138			
Southland Trust				17,193	17,643			
Total of additional self funded capital expenditure				458,436	398,992			
Total per cashflow statement					26,069,235			

12. Financial Statements – Provider Arm

Part 2: DHB provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
REVENUE									
Ministry of Health									
MoH - Personal Health	4	20	(15) U	(79%)	43	425	(382) U	(90%)	738
MoH - Public Health	10	24	(13) U	(56%)	95	215	(120) U	(56%)	286
MoH - Disability Support Services	774	741	33 F	5%	6,422	6,668	(246) U	(4%)	8,890
Clinical Training Agency	540	531	9 F	2%	4,690	4,783	(94) U	(2%)	6,378
Internal - DHB Funder to DHB Provider	35,519	35,398	121 F		318,670	318,667	3 F		424,861
Ministry of Health Total	36,848	36,714	134 F		329,920	330,758	(838) U		441,153
Other Government									
Other DHB's	20	25	(4) U	(17%)	239	221	18 F	8%	295
Training Fees and Subsidies	14	9	5 F	55%	166	84	82 F	97%	112
Accident Insurance	650	714	(64) U	(9%)	6,387	6,533	(146) U	(2%)	8,793
Other Government	325	368	(43) U	(12%)	3,422	3,315	107 F	3%	4,420
Other Government Total	1,010	1,116	(106) U	(10%)	10,214	10,154	60 F	1%	13,621
Government and Crown Agency Total	37,858	37,830	28 F		340,134	340,911	(778) U		454,774
Other Revenue									
Patient / Consumer Sourced	456	316	140 F	44%	2,849	2,348	501 F	21%	3,089
Other Income	1,020	959	61 F	6%	9,340	8,730	611 F	7%	11,688
Other Revenue Total	1,476	1,275	201 F	16%	12,189	11,077	1,112 F	10%	14,777
REVENUE TOTAL	39,334	39,105	229 F	1%	352,323	351,989	334 F		469,551
EXPENSES									
Personnel Expenses									
Medical Personnel	(8,880)	(7,894)	(986) U	(12%)	(72,248)	(68,809)	(3,439) U	(5%)	(92,355)
Nursing Personnel	(9,961)	(9,821)	(140) U	(1%)	(86,051)	(87,612)	1,561 F	2%	(118,599)
Allied Health Personnel	(4,127)	(4,044)	(83) U	(2%)	(34,412)	(34,249)	(164) U		(46,574)
Support Services Personnel	(787)	(791)	4 F	1%	(6,881)	(6,831)	(50) U	(1%)	(9,258)
Management / Admin Personnel	(3,253)	(3,250)	(3) U		(28,790)	(28,175)	(615) U	(2%)	(37,911)
Personnel Costs Total	(27,007)	(25,800)	(1,207) U	(5%)	(228,382)	(225,676)	(2,707) U	(1%)	(304,697)
Outsourced Expenses									
Medical Personnel	(505)	(927)	422 F	45%	(7,246)	(8,291)	1,045 F	13%	(11,053)
Nursing Personnel	(1)	(3)	1 F	52%	(24)	(23)	(1) U	(5%)	(30)
Allied Health Personnel	(17)	(14)	(3) U	(20%)	(190)	(122)	(67) U	(55%)	(163)
Support Personnel	(4)	(22)	18 F	80%	(173)	(199)	26 F	13%	(265)
Management / Administration Personnel	(8)	(2)	(6) U	(247%)	(120)	(21)	(99) U	(467%)	(28)
Outsourced Clinical Services	(686)	(528)	(157) U	(30%)	(5,590)	(4,547)	(1,043) U	(23%)	(6,023)
Outsourced Corporate / Governance Services	(78)	(85)	7 F	8%	(687)	(722)	35 F	5%	(962)
Outsourced Funder Services	-	-	-		-	-	-		-
Outsourced Services Total	(1,300)	(1,581)	281 F	18%	(14,029)	(13,926)	(103) U	(1%)	(18,524)
Clinical Supplies									
Treatment Disposables	(2,419)	(2,335)	(83) U	(4%)	(21,415)	(20,415)	(999) U	(5%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(166)	(151)	(14) U	(10%)	(1,371)	(1,292)	(79) U	(6%)	(1,717)
Instruments & Equipment	(1,394)	(1,213)	(181) U	(15%)	(11,389)	(10,762)	(628) U	(6%)	(14,375)
Patient Appliances	(204)	(196)	(8) U	(4%)	(1,461)	(1,714)	253 F	15%	(2,312)
Implants & Prosthesis	(769)	(855)	86 F	10%	(7,106)	(7,274)	168 F	2%	(9,730)
Pharmaceuticals	(1,600)	(1,638)	38 F	2%	(13,665)	(14,076)	411 F	3%	(18,728)
Other Clinical Supplies	(81)	(272)	191 F	70%	(2,037)	(2,344)	307 F	13%	(3,130)
Clinical Supplies Total	(6,634)	(6,662)	28 F		(58,445)	(57,877)	(567) U	(1%)	(77,637)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,079)	(1,079)	-		(9,440)	(9,565)	124 F	1%	(12,760)
Facilities	(1,652)	(1,735)	83 F	5%	(14,385)	(14,948)	563 F	4%	(20,332)
Transport	(316)	(325)	8 F	3%	(2,872)	(2,833)	(40) U	(1%)	(3,814)
IT Systems & Telecommunications	(894)	(856)	(39) U	(5%)	(7,945)	(7,579)	(366) U	(5%)	(10,140)
Interest & Financing Charges	(1,206)	(1,303)	97 F	7%	(10,810)	(10,837)	27 F		(14,148)
Professional Fees & Expenses	(103)	(141)	37 F	26%	(943)	(1,296)	353 F	27%	(1,718)
Other Operating Expenses	(418)	(520)	102 F	20%	(4,191)	(4,049)	(143) U	(4%)	(5,289)
Infrastructure & Non-Clinical Supplies Total	(5,669)	(5,958)	288 F	5%	(50,587)	(51,106)	520 F	1%	(68,202)
Total Expenses	(40,610)	(40,001)	(609) U	(2%)	(351,443)	(348,585)	(2,858) U	(1%)	(469,060)
Net Surplus/ (Deficit)	(1,276)	(896)	(380) U	(42%)	880	3,404	(2,524) U	(74%)	491
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	480	452			467	453			452
Nursing Personnel	1,583	1,563			1,548	1,564			1,564
Allied Health Personnel	685	696			676	696			696
Support Personnel	192	199			190	195			196
Management / Administration Personnel	670	669			666	669			669
Total Full Time Equivalents (FTE's)	3,610	3,578			3,548	3,576			3,576

Information Systems Dashboard

March 2012

KEY PROJECTS / ACTIVITY AREAS 2011		PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
8241 Clinical Systems						
	Replacement of Gastroenterology System	✓				Design of Regional Solution underway. Meeting with vendor this week.
	InterRAI Implementation				✓	Training and roll-out complete. National project not scheduled for completion until 2012, however IS are now in a business as usual supporting mode for this application.
	Maternity Plus to Southland	✓				Awaiting NHB decision on preferred vendor.
	ePharmacy	✓				Awaiting NHB decision on direction. Possible Regional implementation.
	Titanium (School Dental)			✓		<i>Application now functioning and in use. Clinics continue to be brought onto the system progressively across the district.</i>
8242 Business Intelligence (BI) and Reporting						
	Business Intelligence		✓			The next phase of the BI Project, being the Wait List package, <i>has passed through phase 1 (delivery of a draft prototype for confirmation of ideas to the project board) and is progressing to expansion of the Subject Matter Experts group to ensure the quality and definition of the work package is suitable for the Southern DHB's entire needs. Once this work package has been completed the project scope for this phase will be drafted, referred to the Project Board for confirmation and be followed by planning of timescales for delivery to the requirements as defined.</i> The project is still expected to be completed mid 2013 as per the original project scope.
	DHB Merge Project (MOH)			✓		Merge the two extract systems to align with the MOH warehouse changes. Now incorporated into National Project and with Planning and Funding. <i>Software development is now complete and installed.</i>
	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. <i>Prototype completed for demonstration purposes and functional testing.</i>

KEY PROJECTS / ACTIVITY AREAS 2011		PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
8243 Corporate Systems						
	Employee Connect Human Resources Information Systems (HRIS) Recruitment			✓		Recruitment and IT will be finalising work flow and testing. Release TBC but expected within April.
	Employee Connect (HRIS) Electronic Forms			✓		The Electronic Forms involves Payroll, Security and Network Access forms for employees and contractors at Southern DHB. The security module is in final testing before going live in Otago. This will be followed by a pilot in Southland. The payroll forms have been developed and are going through the User Acceptance Testing (UAT) process. Once the above forms are operational we will then develop the new Network Access form. This will help to streamline the on, off and transfer of staff process within our organisation and also give us more visibility on admin changes required for access.
	Public Records Act			✓		There are two streams of work underway. Information Systems is the next pilot group to be migrated across to SharePoint 2010 (PULSE) using the adapted taxonomy (from Auckland DHB). This is currently in progress. The framework for the new Southern DHB Intranet page on PULSE has been signed off and we are now looking at the content that will be displayed with key staff from both sites.
	Incident System including Risk Register, Hazard Register and Complaints Database.	✓				Regional approach approved. Project being scoped and stakeholders identified. SDHB are leading this project under the South Island IT Alliance.
	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 and Services						
	SDHB Wireless Infrastructure			✓		Installation continues. Initial Southland based site(s) installed and operational. Planning for additional installations underway in conjunction with Master Site Planning.
	Cisco Call Manager Upgrade			✓		System installed and configured. Incoming and outgoing calls tested. Pilot delayed due to recent Wakari site issues. Now scheduled to commence with IS Group in Wakari in April.
	Vascular Ultrasound connection to PACS	✓				Integrate Vascular Ultrasound to Hospital PACS system in Dunedin.
6009/11 Clinical Records and Coding						
	Corporate Records Management – Phase 1 (Otago)	✓				Recommendation accepted and scoping of workflow continues.

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 centralised 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 utilised 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 (Senior Medical Officer) newsletter and doctorsdownsouth micro site. The National GMs HR (General Manager's Human Resources) are also looking at National metrics.
1.3	Implement e-recruitment platform module of Human Resources Information System (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 (a recruitment Company), Otago University, Mercy Hospital and Dunedin City Council 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			√		<i>Term one programme delivery continues with a number of classroom sessions and hospital site visits hosted this month.</i>
3.2	Workforce Information	√				Scoping activity as part of HRIS Project.
3.3	Management and Leadership development			√		2012 HRM (Human Resources Management) Series Module Calendar <i>published.</i>
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 Human Resources 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 (Human Resources Information Systems). 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 2012, upgrade planning continues. Implementation is expected in August.
4.4	Electronic Performance Management		√		Development of electronic performance management system approved. System trialed with Chief Executive -direct reports in June 2011. Ongoing development currently being scoped for wider organisation 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 Employee Connect (HRIS - Human Resources Information Systems) 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			✓		Minor remedial work to be undertaken.
✓				New Linac Bunker			✓		Tender documentation continues.
✓				Emergency Department Observation Unit			✓		See attached report.
✓				Gastrointestinal Disease Redevelopment	✓				Options have been provided to the GIC committee. Awaiting further instructions.
		✓		DHB: Administration and Teaching Centre		✓			Design/tender documentation underway. Timeframe to be extended due to changes in design.
✓				Regional Intellectual Disability Secure Service (RIDSS)			✓		See attached report.
		✓		Staff Cafeteria	✓				Detailed design work to commence.
		✓		Relocation of generators to Southland.	✓				Concept work underway.
		✓		Ronald MacDonald House Trust Family Room	✓				This project is being managed by Fletcher construction on behalf of RMH. We will assist as necessary and attend project meetings.

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)				✓	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. All current projects are on budget.

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 Car parking				√	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
Totals							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	50%	

PROGRESS THIS MONTH:

- First fix underway for building services.
- Electrical feed cables and sub-circuit cabling in progress.
- Plumbing and medical gases well into first fix stage.
- Wall framing 80% completed with wall linings being installed in some areas.
- Floor framing for central nurses station complete.
- Underfloor services installed into central nurse's station.

FINANCIAL STATUS:

ED OBS UNIT	Approved Cost	Actual Costs to Date
Construction Costs	\$ 2,430,000.00	\$ 580,331.00
Project Contingency	\$ 270,000.00	\$ 20,240.00
TOTAL	\$ 2,700,000.00	\$ 600,571.00

PROJECT DESCRIPTION:

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

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

PROJECT PROGRESS FROM LAST MONTH:

- The Main Access Corridor has been completed and handed back to the Services.
- Demolition of the main ED Observation area has been largely completed.
- Initial focus for this stage has been the toilet work in and around the Paediatric area to allow this to be handed back to the service.
- Data & Security Infrastructure in the area is becoming a significant bottleneck and is starting to impact on the planned programme of work. A data upgrade is 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: 1 June 2011	TARGET FINISH DATE: RIDS 27 January 2012 10A 30 April 2012	% COMPLETE: 98%	ACTUAL FINISH DATE: RIDS 27 January 2012
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PROGRESS THIS MONTH:

- Associated work in Ward 10A is nearing completion
- Exterior site works – tree and shrub planting and garden shed all completed.
- Final invoices yet to come.

FINANCIAL STATUS:

	Approved Cost	Actual Costs to Date
Construction Costs	\$ 2,125,200.00	\$ 1,467,103.00
Project Contingency	\$ 184,800.00	\$ 170,113.00
TOTAL	\$ 2,310,000.00	\$ 1,637,216.00

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.
- Intellectual Disability Facility is completed and occupied.

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)