Southern District Health Board

HOSPITAL ADVISORY COMMITTEE MEETING

AGENDA

Wednesday, 4 July 2012

2.00pm

Board Room, Level 2, West Wing, Main Block
Wakari Hospital Campus
271 Taieri Road, Dunedin

TELARC QUALITY HEALTH ACCREDITED

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SOUTHERN DISTRICT HEALTH BOARD
HOSPITAL ADVISORY COMMITTEE MEETING

Wednesday, 4 July 2012, 2.00pm

Board Room, 2nd Floor, West Wing, Main Block, Wakari Hospital

A G E N D A

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).
Southland Incubator Programme	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
SPECT/CT Purchase	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 07.06.2012	1. Director, Clutha Community Health Company Limited. 2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine. 3. 0.2 FTE Employee, Clutha Halth First General Practice 4. Director of Southern Community Laboratories	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.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Richard John THOMSON	13.12.2001 23.09.2003 29.03.2010 06.04.2011	1. Managing Director, Thomson & Cessford Ltd. 2. Director, Susanna Shaya Imports Ltd 3. Chairperson and Trustee, Hawksbury Community Living Trust. 4. Trustee, HealthCare Otago Charitable Trust. 5. Director, Composite Retail Group. 6. Councillor, Dunedin City Council.	1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it. 2. Susanna Shaya Imports is a homeware importing company. It has no dealings with Southern DHB. 3. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 4. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 5. May have some stores that deal with Southern DHB.
Tim WARD	14.09.2009 01.05.2010 01.05.2010	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT).	1. May have some Southern DHB patients and staff as clients. 2. Verdon is a participant in the employment incubator programme. 3. Supply of goods and services between Southern DHB and SIT.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at July 2012

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Richard Bunton	17.03.2004 22.06.2012 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. 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. 6. No conflict. 7. 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.
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	22.06.2012	1. Member of the University of Otago, School of Physiotherapy, Admissions Committee	
John Pine	17.11.201	Nil	
Leanne Samuel	01.07.2007 01.07.2007	1. Southern Health Welfare Trust (Trustee). 2. Member of Community Trust of Southland Health Scholarships Panel.	1. Southland Hospital Trust. 2. Nil. 3. Potential conflict if the DHB purchases services from this

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	01.07.2007 29.10.2009 01.10.2010	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.	organisation. 4. Southland Trust. 5. 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.

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 6 June 2012, commencing at 2.30pm in the Board Room, 1st Floor, Dunedin Hospital

Present:	Mr Paul Menzies	Chairman
	Mr Neville Cook	via videoconference
	Dr Malcolm Macpherson	
	Dr Branko Sijnja	
	Mr Richard Thomson	
	Mr Tim Ward	
In Attendance:	Mrs Kaye Crowther	Board member
	Ms Mary Flannery	Board member
	Ms Carole Heatly	Chief Executive Officer
	Mrs Lexie O'Shea	Chief Operating Officer, Southland/Deputy CEO
	Mrs Vivian Blake	Chief Operating Officer, Otago
	Mrs Leanne Samuel	Chief Nursing and Midwifery Officer
	Mr David Tulloch	Chief Medical Officer
	Mr Grant Paris	Senior Business Analyst, Otago
	Ms Nyia Strachan	Community Relations Officer, Otago
	Mrs Joanne Fannin	Board Secretary Southland

1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. An apology was noted from HAC member, Mr Tahu Potiki and Mr Neville Cook apologised in advance for his early departure from the meeting.

It was resolved:

"That the apologies be accepted."

2.0 MEMBERS' DECLARATION OF INTEREST

The Chairman called for any adjustments or amendments to the Interests Register. Mr Tim Ward advised of his appointment to the Southern Community Laboratory Otago and Southland. Dr Branko Sijnja advised that his hours at the Otago University had increased from 0.5 to 0.8.

3.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 2 May 2012 Hospital Advisory Committee meeting be approved and adopted as a true and correct record."

4.0 MATTERS ARISING

It was noted that the South Island Regional Capital Committee has approved the Ninth Operating Theatre for Dunedin Hospital.

5.0 ACTION SHEET

The HAC meeting action sheet was received.

HAC member, Mr Malcolm Macpherson, joined the meeting at 2.33pm.

6.0 CHIEF OPERATING OFFICERS' REPORT

The Chief Operating Officers' report was received and the Chief Operating Officers responded to members' questions.

Service Delivery – the correlation between the unfavourable financial position and the higher volumes and occupancy at Dunedin Hospital were highlighted.

Health Targets – it was noted that on a couple of occasions the Emergency Department (ED), Dunedin Hospital, had exceeded the Minister's target by achieving 100% of patients admitted, discharged or transferred from an ED within six hours.

Emergency Department – members noted the 14% growth in presentations through the ED and that Southland has more presentations per head of population than Dunedin. Continual process changes are being made within EDs to cope with the additional volumes presenting. A request was made for further information on the level of triage presenting at EDs across the district.

The Community Relations Officer joined the meeting at 2.45pm.

The Chief Operating Officer Otago joined the meeting at 2.50pm.

Imaging Wait Time Update - members noted the plan to establish consistent referral, prioritisation and wait time criteria across Southland and Dunedin Hospitals and requested that more definitive information be provided in future reports showing timelines and identifying the process.

7.0 CHIEF OPERATING OFFICER'S REPORT, OTAGO

The report was received and the Chief Operating Officer, Otago, Mrs Vivian Blake, responded to members' questions.

Dunedin Hospital Analysis – members noted the analysis for the 12 month period from April 2011 to April 2012:

- 244 additional hours of watches and specials for patients.
- 723 additional overtime hours worked.
- 123 additional patients admitted from the ED.
- Despite the additional volumes, length of stay has not increased.
- Bed days have increased by 234.

The Chief Executive Officer joined the meeting at 3.20pm.

HAC member, Mr Neville Cook, left the meeting at 3.30pm.

8.0 CHIEF OPERATING OFFICER'S REPORT, SOUTHLAND

The report was received and the Chief Operating Officer, Southland/Deputy CEO, Mrs Lexie O'Shea, responded to members' questions.

Theatre Compass – members noted the continual improvement pathway being pursued through the Theatre Compass model.

9.0 CHIEF NURSING AND MIDWIFERY OFFICER'S REPORT

The report was received and taken as read.

10.0 CHIEF MEDICAL OFFICER'S REPORT, SOUTHLAND

The report was received and a response provided to members' questions.

The CMO confirmed that Internal Medicine would be included in the dashboard for the meeting to be held on 4 July 2012.

11.0 FINANCIAL REPORT

The report was received and a response provided to members' questions.

The CEO highlighted the importance of working with primary care to ensure a strong primary care infrastructure is in place to enable early discharge and ensure the hospital is as efficient as it can be.

Preliminary results for May 2012 indicate that nursing FTE numbers have decreased, but the Senior Business Analyst (SBA) Otago cautioned it did not necessarily indicate a fiscal reduction.

The SBA Otago advised that the forecast was now for a deficit of $4.4M. This has the potential to be impacted further and escalate to $5.5M based on the following:

- Failure to secure Elective Service Performance Indicator (ESPI) funding.
- The actuarial valuation of gratuities.
- The trend in FTE, annual leave and associated payroll costs.

12.0 INFORMATION SYSTEMS (IS) DASHBOARD

The report was received and taken as read.

13.0 HUMAN RESOURCES (HR) DASHBOARD

The report was received and taken as read.

14.0 BUILDING AND PROPERTY SERVICES

The report was received and taken as read.

15.0 MAORI HEALTH ACTION PLAN DASHBOARD 2011/12

The report was received and taken as read.

16.0 GENERAL BUSINESS

In response to a request, an update was provided on the process and timeframe for Termination of Pregnancy and Abortion services in Southland. It was noted that Southland women already access the service, but currently have to travel to do so.

It was resolved:

"That the management and financial reports be received and noted."

17.0 CONFIDENTIAL SESSION

***At 4.10pm, it* was *resolved*:**

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

General subject:	*Reasons for passing this resolution:*	*Grounds for passing the resolution:*
Previous Public Excluded 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).*
Southland and Dunstan Hospitals Boiler Upgrade	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	*As above, sections 9(2)(i) and 9(2)(j).*
Southland Medical Officers' Unit Update	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	*As above, sections 9(2)(i) and 9(2)(j) and 9(2)(a).*

The meeting closed at 5.00pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

HOSPITAL ADVISORY COMMITTEE (HAC)

Action Sheet from meeting held on 6 June 2012

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
87 2012/06/06	**COOs' Report** (Minutes Item 6)	A request was made for further information on the level of triage presenting at EDs across the district.	CMO	A report is to be provided showing data and analysis of the level of triage presenting at EDs across the district.	1 August 2012
88 2012/06/06	**CMO's Report** (Minutes Item 10)	Internal Medicine is to be included in the dashboard for the meeting to be held on 4 July 2012.	CMO	The updated dashboard is included in the agenda.	4 July 2012

SOUTHERN DISTRICT HEALTH BOARD

Title:	**District Monitoring Reports**
Report to:	Hospital Advisory Committee
Date of Meeting:	04 July 2012

Summary:

Considered in these papers are:

- Monthly DHB activity.

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	No specific implications.
Workforce:	No specific implications.
Other:	No specific implications.

Document previously submitted to:	Not applicable, report only provided for the HAC agenda.	**Date:** N/A
Approved by:	N/A	**Date:** N/A

Prepared by: Chief Operating Officers' **Date:** 22/06/12	**Presented by:** Lexie O'Shea

RECOMMENDATIONS:

1. **That the Committee receive these reports.**

Chief Operating Officers' Report **May 2012**

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** delivered (cwd) for Southern DHB were 1.49% (20.37 cwd's) above plan for May 2012. Year to date case weighted volumes are 4.49% (584 cwd's) above plan.

- Health Target Elective **discharges** delivered for Southern DHB were 1 above plan for May 2012. Year to date elective discharges are 283 above plan.

2. Financial Performance

- An unfavourable variance of $2,853k was recorded in the provider arm for the month of May 2012. YTD the result is unfavourable by $6,262k.

- Revenue for May 2012 was favourable against budget by $1,454k. Expenses for May 2012 were unfavourable against plan by $4,307k.

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 May 2012 are **attached**.

Southern DHB Imaging wait time update is **attached.**

The Community Oral Health Project report is **attached.**

Lexie O'Shea
Chief Operating Officer (Southland)

Southern District Health Board

Provider Arm Dashboard DAP 2011/12

STRATEGIC GOALS:

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

KEY PROJECTS and ACTIVITY AREAS 2011/12		PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
Delivering the Ministers Health targets						
Shorter stays in Emergency Department (ED) ***(Otago)***	6 Hours It Matters			✓		***In May 88.34% of patients were discharged from ED within 6 hours. Workload continues to be high across the hospital, continuing the trend in March and April. From this month the Systems Improvement Manager will be process mapping patient journeys to identify key areas where more resource placed into facilitation of flow would improve our performance in this area.***
Shorter stays in ED ***(Southland)***	On The Right Track			✓		***In May 93.5 % of patients were discharged from ED within 6 hours.*** ***Analysis of the data breaches is continuing with some key themes identified that will inform future project work. Project groups have continued to progress new initiatives around rapid ward rounds, temporary admission holding orders and a streamlined process for transfers from Lakes District Hospital. Resources to support are in place.*** ***A three month audit of the Fast Track service indicates that 11.7% of patients that have presented to ED in that time were seen within the Fast Track service. Contingency planning to address some shortages of junior medical staff in particular in surgery and the Emergency Department over the coming months has commenced.***
Improved access to elective services ***(Otago)***	Optimising the patient Journey - End to end transformational redesign of the orthopaedic patient journey	✓				The overall purpose of this programme of activity is to apply a whole of systems approach to improving the care pathway of the orthopaedic patient from presentation to the Emergency Department (Dunedin Hospital) to discharge from hospital, and thereby reducing the waiting time for patients to receive orthopaedic surgery and freeing resources for additional elective procedures. This redesign will also have a positive effect on ED wait times by reducing bed block in the wards. The contract between the DHB and the NHB has been signed and the first report has been submitted. The programme is district wide and will use the learning's from each site in the implementation of the 6 projects under the programme. The 6 projects are: Joint Clinic, Inpatient Pathway Redesign, The Productive Operating Theatre (TPOT), Referral Procedures from Primary Care, Enhanced Recovery After Surgery and Redesign of Outpatient Clinic Management. ***The first governance group meeting of the Orthopaedic Pathway Programme will occur in early June and one of the key steps is to launch the TPOT project across the Otago services.***
Shorter Wait times for cancer treatment				✓		***Remedial work on cooling pipes has now concluded and plans are being made to install and commission the new linac, scheduled for November 2012.***

						Recruitment process for a Radiation Oncologist continues.
Better Help for Smokers to Quit				✓		***At the end of May ABC results for Southern DHB were 88.0% essentially holding steady from April's results.*** ***Daily monitoring of results is occurring in Southland with respect to two high priority areas – Maternity and Emergency Departments. This has been unable to be put in place for Dunedin departments due to coding of 3 hour admissions to ED placing additional workloads on clinical coding.*** ***The coding activity referred to above had a negative impact on results for May as numbers of smokers visiting ED from July 2011 were now coded as being admitted without having ABC. Advice was sought and obtained from the Ministry of Health about excluding these admissions from reporting against this target. The Ministry verbally advised that it would be appropriate to exclude these admissions, focusing instead on admissions for the reporting period. Written advice to this effect is anticipated. All reporting for May and in the future will exclude 2011 admissions.*** ***Primary care – Discussions continue with Southern PHO around collection of more regular reporting data.***
Increased Immunisation				✓ ✓	✓	***The Immunisation Health Target of 95% coverage is tracking towards being achieved in quarter 4***. ***Early indications are that Southern DHB is tracking well towards achieving the revised health target for 2012-2013 of 90% coverage for children at eight months of age.*** ***The DHB is to receive a one-off additional funding package in recognition of coverage to date and to assist 2012//13 planning. Funding initiatives under discussion.*** ***The community and staff 'Flu vaccine programme is nearing completion with indications of similar coverage to previous years. Pertussis vaccination uptake by staff working in high risk health areas has been positive.***
Developing clinically and financially sustainable clinical services						
Southern clinical services				✓		A southern clinical service is a seamless provision of care by that service for the people of Otago and Southland. A work plan is in place to review progress to date and consolidate current and proposed future work to establish district wide services. This is led by the Clinical Leader for Southern Clinical Services, David Tulloch.
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. All services have now been rolled out and final catch up clinics for all patients not previously included in the process are scheduled to be complete by the end of June 2012. ***All catch up clinics are now complete and all elective patients move through the new process. The project team is continuing to meet to prepare the final write up of the project and continues to audit the process and reviews specific cases to further refine it.***
Redesign of the Management of Acute cases in General				✓		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

Surgery ***(Southland)***						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. ***The management of acute surgical patients is well embedded into practice and now the team are reviewing the impact for particular conditions. There has been a sustained increase in acute patients noted.***
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. The Medical Council has deemed this applicant requires tertiary level experience before being eligible for vocational registration. 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. ***Internal medicine has appointed 2 Physicians to permanent positions. Ophthalmology and ENT continue to carry vacancies on the Southland site.***
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. During April scheduling meetings for specific specialties has commenced, with Orthopaedics trialling the process. This is consultant led with the manager of perioperative and is to ensure all schedules are accurate; equipment required is noted and sourced.
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 theatre session. There has been an improvement in the On Times starts in the most recent theatre compass data which relates to January 2012. 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. The improvement in" on time starts" has been maintained for the next data period and remains a focus for improvement. ***The initial improvement on time starts has not been maintained in this months data and is linked to a pilot of one or two nurses starting early. In this data period the pilot had ended. Given the improvement with this initiative it is planned to recommence.***
Health of Older People Review				✓		Provider Arm Component. Clinical Advisory Group established including some Provider Arm staff. Latest workshop held on 18 April 2012. The InterRAI assessment and implementation of Care Coordination Centre is one of the work-streams that is being progressed.
Mental Health and Addiction Planning Project				✓		Provider Arm Component. The Provider Arm continues to support consultation on 'Raise Hope'***.*** 'Raise Hope' has been accepted. The Provider Arm Services will support the implementation of this plan.
Implementation of InterRAI Project				✓		Implementation of InterRAI comprehensive electronically based assessment and planning system for older people. This is based on the national InterRAI project implementation. Work continues on reducing waiting times and outstanding reviews.
Development of DHB Care Coordination Centre				✓		The timeframe for completion is mid 2012. The Single Point of Entry (SPOE) within the Care Coordination Centre went live on 30 April for all Dunedin referrals. Rural based referrals scheduled for inclusion through SPOE at end of May. Continue to refine systems and processes to support SPOE.
Optimising patient safety and service quality						
Community Oral Health Project					✓	***With the exception of the Wakatipu clinic all planned construction is now complete and the project closed.***
Trendcare				✓		TrendCare fully implemented on Dunedin Wakari & Southland sites. Planned to commence Care Capacity Demand Management Programme mid-June to maximise the fully utilisation of TrendCare tool. This will include establishment of core data set, full roster re-engineering, reset of Nursing budget, and improvement in variance response management.
Hand Hygiene				✓		Completion of the third national hand hygiene audits with report prepared in July. Planning underway to support achieving the target of 90% compliance.
Safe Medication Management				✓		Project roll out about to commence.
Falls project ***(Southland)***				✓		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. The Surgical ward and Lakes District Hospital roll out complete. Medical ward completing their training packages with roll out due for completion June 2012.
Clinical Leadership						
Clinical leadership and governance networks				✓		We have alignment into and active participation at National, South Island and District level. We are all working/involved in several DHB projects and the NHB review requirements with potential changes in models of care requirements.
Clinical Education and Research				✓		We have strong ongoing relationships with tertiary education providers for both under and post grad students from all clinical disciplines. We have active participation with 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	100%
May	100%
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	88.8%
May	88.0%
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	83.99%	93.00%
May	88.34%	93.50%
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	8,297	8,114
May	9,372	9,089
June		

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

DHB Name: Southern

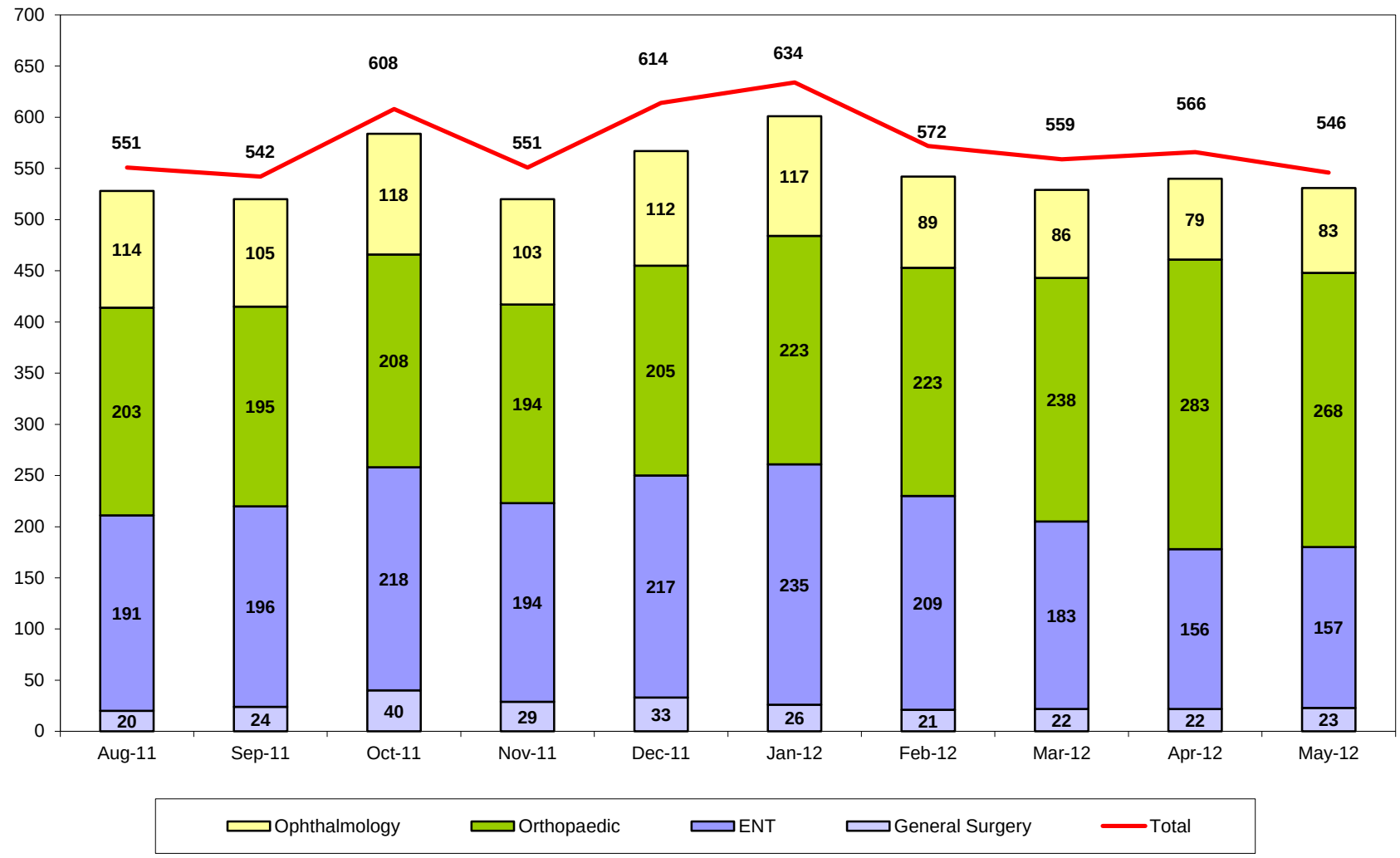
	2011 Jun			2011 Jul			2011 Aug			2011 Sep			2011 Oct			2011 Nov			2011 Dec			2012 Jan			2012 Feb			2012 Mar			2012 Apr			2012 May			
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Target
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	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	158	0.4%	0	47	0.1%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	114	1.2%	0	135	1.4%	0	155	1.6%	0	136	1.4%	0	168	1.8%	0	167	1.8%	0	164	1.7%	0	142	1.5%	0	101	1.0%	0	99	1.0%	0	126	1.2%	0	98	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.	126	1.2%	0	110	1.1%	0	142	1.4%	0	109	1.1%	0	103	1.0%	0	96	0.9%	0	104	1.0%	0	144	1.4%	0	141	1.3%	0	130	1.2%	0	129	1.2%	0	87	0.8%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	23	4.2%	0	24	4.5%	0	22	3.8%	0	26	4.6%	0	32	5.1%	0	23	3.8%	0	33	5.2%	0	36	5.6%	0	32	5.4%	0	14	2.4%	0	16	2.7%	0	12	2.1%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	115	1.2%	0	112	1.2%	0	137	1.4%	0	105	1.1%	0	97	1.0%	0	83	0.9%	0	87	0.9%	0	127	1.3%	0	112	1.1%	0	99	1.0%	0	94	0.9%	0	65	0.6%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	980	100%	0%	690	100%	0%	874	100%	0%	856	100%	0%	844	100%	0%	928	100%	0%	763	100%	0%	624	100%	0%	886	100%	0%	959	100%	0%	802	100%	0%	1009	100%	0%	> 90%

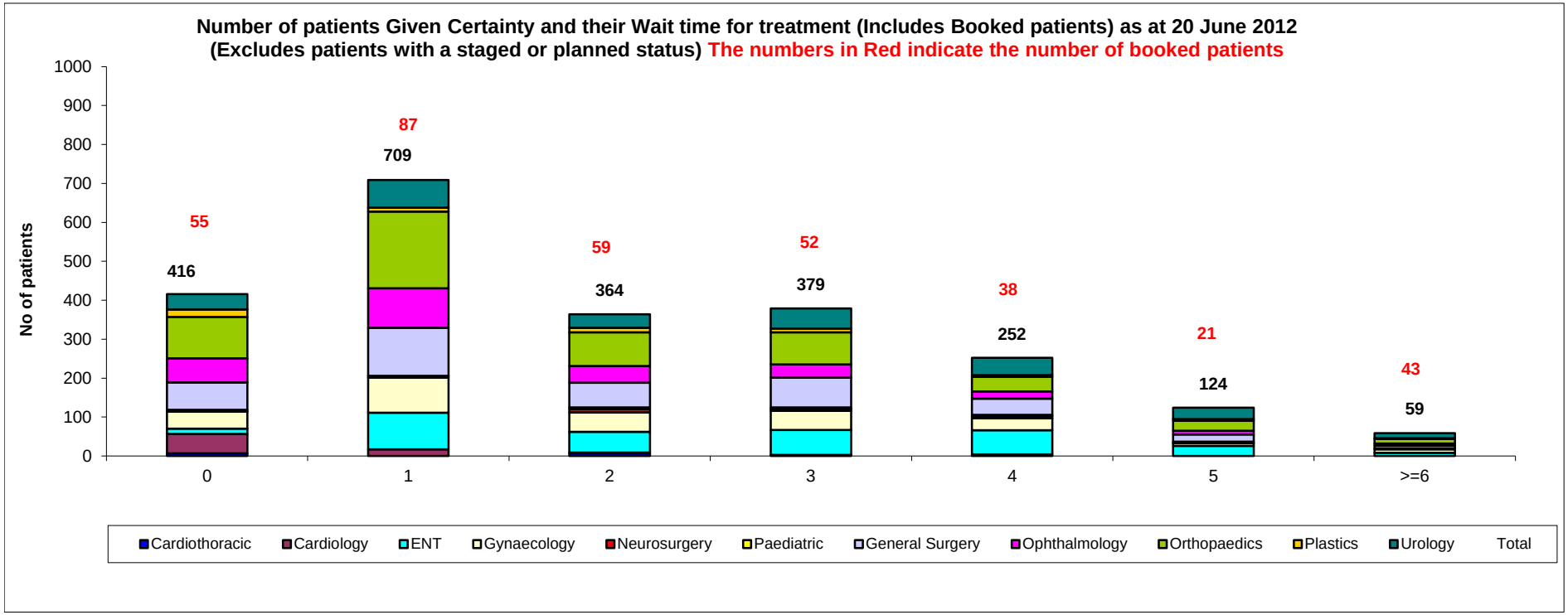
This report displays overall ESPI results for a DHB over a 12 month period. The ESPI results do not include non-electives or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools.
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: 16/Jun/2012

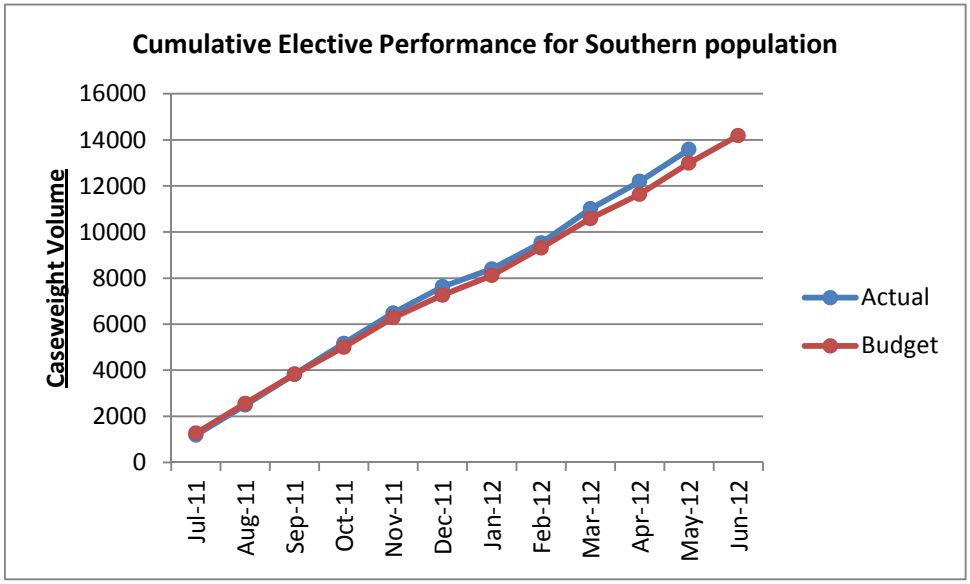
Report Run Date: 20/Jun/2012

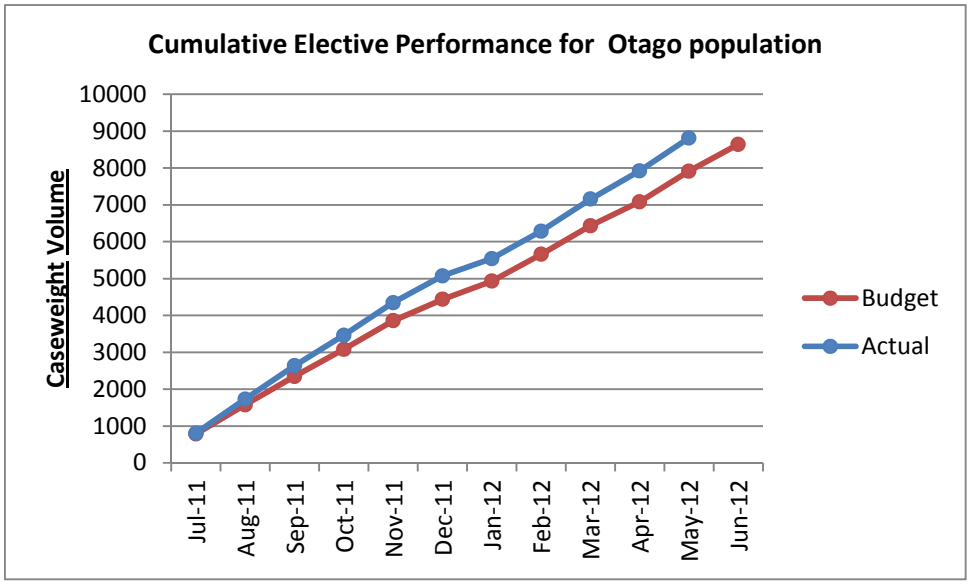
Number of Patients on Active Review Southern DHB
(Patients with a Staged/Planned Flag are excluded)
Stack represents only those services with volumes greater than 20

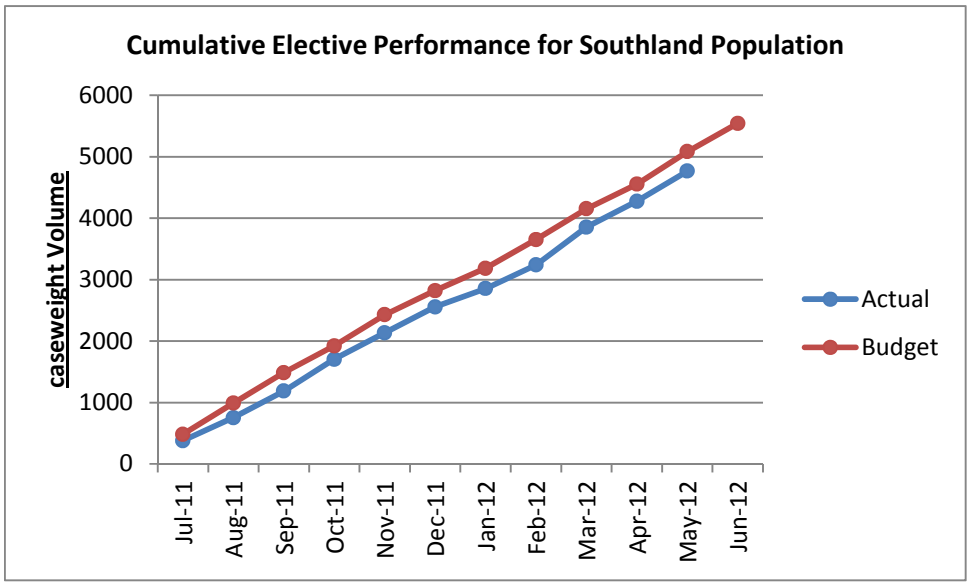



Number of patients Given Certainty and their Wait time for treatment (Includes Booked patients) as at 20 June 2012
(Excludes patients with a staged or planned status) The numbers in Red indicate the number of booked patients
No of patients
1000
900
800
700
600
500
400
300
200
100
0
55
416
87
709
59
364
52
379
38
252
21
124
43
59
0
1
2
3
4
5
>=6
Cardiothoracic
Cardiology
ENT
Gynaecology
Neurosurgery
Paediatric
General Surgery
Ophthalmology
Orthopaedics
Plastics
Urology
Total

Cumulative Elective Performance







Elective Caseweight Performance for Southern DHB Population

Provider Arm caseweight activity

PUC	Purchase Unit Description	May Actual	May Plan	May Variance	May % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
D01.01	Inpatient Dental treatment (DRGs)	15.10	13.60	1.50	11.03%	139.34	131.81	7.53	5.71%	143.64	160.31
M10.01	Cardiology - Inpatient Services (DRGs)	52.69	54.22	(1.53)	(2.83%)	489.77	531.30	(41.53)	(7.82%)	585.55	542.30
S00.01	General Surgery - Inpatient Services (DRGs)	310.66	325.15	(14.49)	(4.46%)	3,178.78	3,148.80	29.98	0.95%	3,434.03	3,504.51
S15.01	Cardiothoracic - Inpatient Services (DRGs)	63.57	99.98	(36.41)	(36.42%)	878.22	858.53	19.69	2.29%	935.04	969.83
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	115.51	104.00	11.52	11.08%	1,061.74	1,017.51	44.23	4.35%	1,108.50	1,156.74
S30.01	Gynaecology - Inpatient Services (DRGs)	88.83	103.74	(14.91)	(14.37%)	887.23	968.72	(81.49)	(8.41%)	1,053.36	980.59
S35.01	Neurosurgery - Inpatient Services (DRGs)	44.72	35.15	9.57	27.22%	320.52	281.19	39.33	13.99%	307.56	351.97
S40.01	Ophthalmology - Inpatient Services (DRGs)	76.59	57.79	18.80	32.54%	511.28	498.78	12.50	2.51%	551.75	481.55
S45.01	Orthopaedics - Inpatient Services (DRGs)	363.51	332.65	30.86	9.28%	3,385.85	3,172.59	213.26	6.72%	3,464.25	3,749.49
S55.01	Paediatric Surgical Services (DRGs)	3.48	14.15	(10.67)	(75.41%)	93.42	111.83	(18.41)	(16.46%)	120.61	105.75
S60.01	Plastic & Burns - Inpatient Services (DRGs)	39.70	19.78	19.92	100.69%	330.32	194.06	136.26	70.22%	211.40	365.26
S70.01	Urology - Inpatient Services (DRGs)	68.02	73.90	(5.88)	(7.96%)	755.95	740.16	15.79	2.13%	800.10	831.49
S75.01	Vascular Surgery - Inpatient Services (DRGs)	-	-	0.00	#DIV/0!	-	-	0.00	#DIV/0!	-	-
		1242.38	1234.11	8.27	0.67%	12,032.42	11,655.28	377.14	3.24%	12,715.79	13,199.78

IDF Outflow Caseweights

PUC	Purchase Unit Description	May Actual	May Plan	May Variance	May % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
D01.01	Inpatient Dental treatment (DRGs)	3.01	5.30	(2.30)	(43.32%)	110.65	53.72	56.93	105.97%	58.67	114.26
M10.01	Cardiology - Inpatient Services (DRGs)	16.63	16.83	(0.20)	(1.20%)	256.99	185.10	71.88	38.84%	201.94	241.94
S00.01	General Surgery - Inpatient Services (DRGs)	3.34	9.07	(5.74)	(63.23%)	77.23	94.69	(17.46)	(18.44%)	102.78	87.49
S15.01	Cardiothoracic - Inpatient Services (DRGs)	-	0.47	(0.47)	(100.00%)	8.95	5.17	3.78	73.11%	5.64	9.76
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	1.15	1.69	(0.53)	(31.67%)	52.29	17.24	35.05	203.31%	18.78	53.81
S30.01	Gynaecology - Inpatient Services (DRGs)	-	5.57	(5.57)	(100.00%)	80.26	56.98	23.27	40.84%	62.05	83.06
S35.01	Neurosurgery - Inpatient Services (DRGs)	22.00	7.74	14.26	184.18%	134.63	85.17	49.46	58.08%	92.91	144.93
S40.01	Ophthalmology - Inpatient Services (DRGs)	1.41	7.11	(5.70)	(80.19%)	31.97	78.17	(46.20)	(59.10%)	85.26	34.53
S45.01	Orthopaedics - Inpatient Services (DRGs)	1.52	10.62	(9.10)	(85.69%)	101.24	112.22	(10.98)	(9.78%)	122.45	110.48
S55.01	Paediatric Surgical Services (DRGs)	6.97	7.96	(0.99)	(12.42%)	91.67	87.50	4.17	4.76%	95.47	101.23
S60.01	Plastic & Burns - Inpatient Services (DRGs)	4.11	5.36	(1.26)	(23.42%)	43.97	58.99	(15.03)	(25.47%)	64.36	48.30
S70.01	Urology - Inpatient Services (DRGs)	-	2.72	(2.72)	(100.00%)	20.31	29.96	(9.65)	(32.21%)	32.70	22.16
S75.01	Vascular Surgery - Inpatient Services (DRGs)	-	-	0.00	#DIV/0!	19.60	-	19.60	#DIV/0!	-	20.95
		60.13	80.44	(20.32)	(25.26%)	1,029.74	864.91	164.83	19.06%	943.01	1,072.90

Contracted Out Caseweights

PUC	Purchase Unit Description	May Actual	May Plan	May Variance	May % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
								-			
D01.01	Inpatient Dental treatment (DRGs)	0.86	7.76	(6.90)	0.00%	28.33	83.39	(55.06)	(66.03%)	93.07	29.18
M10.01	Cardiology - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S00.01	General Surgery - Inpatient Services (DRGs)	23.88	11.00	12.88	0.00%	146.87	89.00	57.87	0.00%	100.00	170.74
S15.01	Cardiothoracic - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	26.66	4.12	22.54	0.00%	99.56	37.10	62.46	0.00%	41.22	110.62
S30.01	Gynaecology - Inpatient Services (DRGs)	9.36	4.30	5.06	0.00%	24.77	34.79	(10.03)	0.00%	39.10	27.83
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)	17.61	9.65	7.96	82.45%	161.21	115.75	45.46	0.00%	125.00	174.10
S55.01	Paediatric Surgical Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
S60.01	Plastic & Burns - Inpatient Services (DRGs)	3.24	8.35	(5.11)	(61.19%)	34.07	82.65	(48.58)	0.00%	90.00	37.10
S70.01	Urology - Inpatient Services (DRGs)	-	4.00	(4.00)	(100.00%)	25.92	36.01	(10.10)	0.00%	40.00	28.79
S75.01	Vascular Surgery - Inpatient Services (DRGs)	-	-	0.00	0.00%	-	-	0.00	0.00%	-	-
		81.61	49.19	32.42	65.91%	520.72	478.69	42.03	8.78%	528.39	578.36

Total Southern DHB Population view

PUC	Purchase Unit Description	May Actual	May Plan	May Variance	May % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
D01.01	Inpatient Dental treatment (DRGs)	18.96	26.66	(7.70)	(28.88%)	278.31	268.92	9.39	3.49%	295.38	303.76
M10.01	Cardiology - Inpatient Services (DRGs)	69.31	71.05	(1.74)	(2.44%)	746.76	716.40	30.36	4.24%	787.49	784.24
S00.01	General Surgery - Inpatient Services (DRGs)	337.87	345.22	(7.35)	(2.13%)	3,402.88	3,332.49	70.39	2.11%	3,636.81	3,762.74
S15.01	Cardiothoracic - Inpatient Services (DRGs)	63.57	100.45	(36.88)	(36.71%)	887.17	863.70	23.47	2.72%	940.68	979.60
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	143.33	109.81	33.52	30.53%	1,213.58	1,071.85	141.74	13.22%	1,168.50	1,321.17
S30.01	Gynaecology - Inpatient Services (DRGs)	98.19	113.61	(15.43)	(13.58%)	992.26	1,060.50	(68.25)	(6.44%)	1,154.51	1,091.47
S35.01	Neurosurgery - Inpatient Services (DRGs)	66.72	42.89	23.83	55.56%	455.15	366.36	88.80	24.24%	400.47	496.90
S40.01	Ophthalmology - Inpatient Services (DRGs)	78.00	64.90	13.11	20.20%	543.25	576.95	(33.70)	(5.84%)	637.01	516.08
S45.01	Orthopaedics - Inpatient Services (DRGs)	382.64	352.92	29.72	8.42%	3,648.31	3,400.56	247.75	7.29%	3,711.70	4,034.07
S55.01	Paediatric Surgical Services (DRGs)	10.45	22.11	(11.66)	(52.74%)	185.09	199.33	(14.24)	(7.14%)	216.08	206.98
S60.01	Plastic & Burns - Inpatient Services (DRGs)	47.05	33.50	13.55	40.45%	408.35	335.70	72.66	21.64%	365.76	450.65
S70.01	Urology - Inpatient Services (DRGs)	68.02	80.62	(12.60)	(15.63%)	802.18	806.14	(3.96)	(0.49%)	872.80	882.43
S75.01	Vascular Surgery - Inpatient Services (DRGs)	-	-	0.00	0.00%	19.60	-	19.60	0.00%	-	20.95
		1,384.11	1,363.74	20.37	1.49%	13,582.88	12,998.89	584.00	4.49%	14,187.19	14,851.03

Elective Discharges Performance for Southern DHB Population

Provider Arm Discharge Activity

PUC	Purchase Unit Description	May Actual	May Plan	May Variance	May % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
S00.01	General Surgery - Inpatient Services (DRGs)	138	165	(27)	(17%)	1,576	1,604	(28)	(2%)	1,747	1,733
MS0201	Skin Lesion	31	29	2	7%	266	295	(29)	(10%)	323	294
S15.01	Cardiothoracic - Inpatient Services (DRGs)	10	15	(5)	(33%)	137	125	12	9%	136	151
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	155	161	(6)	(3%)	1,478	1,577	(99)	(6%)	1,718	1,626
S30.01	Gynaecology - Inpatient Services (DRGs)	90	96	(6)	(7%)	920	904	16	2%	986	1,009
S35.01	Neurosurgery - Inpatient Services (DRGs)	14	12	2	16%	127	95	32	34%	103	139
S40.01	Ophthalmology - Inpatient Services (DRGs)	142	101	41	40%	884	877	7	1%	968	872
S40.01A	Avastin	25	18	7	39%	482	187	295	158%	205	526
S45.01	Orthopaedics - Inpatient Services (DRGs)	157	175	(18)	(10%)	1,451	1,673	(222)	(13%)	1,828	1,590
S55.01	Paediatric Surgical Services (DRGs)	4	12	(8)	(68%)	122	100	22	22%	108	142
S60.01	Plastic & Burns - Inpatient Services (DRGs)	28	20	8	43%	350	188	162	86%	205	381
S70.01	Urology - Inpatient Services (DRGs)	64	67	(3)	(4%)	742	672	70	10%	726	800
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
		858	872	(14)	(2%)	8,535	8,295	240	3%	9,053	9,263

IDF Outflow Discharges

PUC	Purchase Unit Description	May Actual	May Plan	May Variance	May % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
S00.01	General Surgery - Inpatient Services (DRGs)	2	5	(3)	(57%)	68	48	20	42%	52	78
MS0201	Skin Lesion	0	0	0	0%	0	0	0	0%	0	0
S15.01	Cardiothoracic - Inpatient Services (DRGs)	0	0	()	(100%)	1	1	0	41%	1	1
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	1	3	(2)	(62%)	25	27	(2)	(6%)	29	26
S30.01	Gynaecology - Inpatient Services (DRGs)	0	5	(5)	(100%)	52	53	(1)	(3%)	58	53
S35.01	Neurosurgery - Inpatient Services (DRGs)	5	3	2	94%	40	28	12	41%	31	43
S40.01	Ophthalmology - Inpatient Services (DRGs)	2	12	(10)	(84%)	36	137	(101)	(74%)	150	39
S40.01A	Avastin	0	0	0	0%	0	0	0	0%	0	0
S45.01	Orthopaedics - Inpatient Services (DRGs)	1	6	(5)	(82%)	60	59	1	1%	65	65
S55.01	Paediatric Surgical Services (DRGs)	6	7	(1)	(15%)	64	78	(14)	(18%)	85	71
S60.01	Plastic & Burns - Inpatient Services (DRGs)	3	5	(2)	(42%)	45	57	(12)	(21%)	62	49
S70.01	Urology - Inpatient Services (DRGs)	0	2	(2)	(100%)	12	27	(15)	(56%)	30	13
S75.01	Vascular Surgery - Inpatient Services (DRGs)	0	0	0	0%	5	0	5	0%	0	5
		20	48	(28)	(58%)	408	516	(108)	(21%)	562	444

Contracted Out Discharges

PUC	Purchase Unit Description	May Actual	May Plan	May Variance	May % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
S00.01	General Surgery - Inpatient Services (DRGs)	18	6	12	222%	115	45	70	154%	51	134
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)	43	6	37	573%	196	58	138	241%	64	218
S30.01	Gynaecology - Inpatient Services (DRGs)	5	4	1	24%	15	33	(18)	(54%)	37	17
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	5	()	(2%)	50	61	(11)	(18%)	66	54
S55.01	Paediatric Surgical Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
S60.01	Plastic & Burns - Inpatient Services (DRGs)	4	8	(4)	(51%)	33	58	(25)	(43%)	87	36
S70.01	Urology - Inpatient Services (DRGs)	0	4	(4)	(100%)	20	24	(4)	(15%)	36	22
S75.01	Vascular Surgery - Inpatient Services (DRGs)	0	0	0	0%	0	0	0	0%	0	0
		75	33	42	129%	429	278	151	55%	341	480

Total Southern Discharge Population view

PUC	Purchase Unit Description	May Actual	May Plan	May Variance	May % Variance	Year to Date Actual	Year to Date Plan	Year to Date Variance	Year to Date % Variance	Annual Plan	Year End Projection
S00.01	General Surgery - Inpatient Services (DRGs)	158	176	(18)	(9.99%)	1,759	1,697	62	3.66%	1,851	1,944
MS0201	Skin Lesion	31	29	2	7.15%	266	295	(29)	(9.77%)	323	294
S15.01	Cardiothoracic - Inpatient Services (DRGs)	10	15	(5)	(33.02%)	138	126	12	9.45%	137	152
S25.01	Ear, Nose and Throat - Inpatient Services (DRGs)	199	170	29	17.36%	1,699	1,661	38	2.31%	1,811	1,870
S30.01	Gynaecology - Inpatient Services (DRGs)	95	106	(11)	(10.15%)	987	990	(3)	(0.29%)	1,080	1,079
S35.01	Neurosurgery - Inpatient Services (DRGs)	19	15	4	29.43%	167	123	44	35.85%	133	182
S40.01	Ophthalmology - Inpatient Services (DRGs)	144	114	30	26.77%	920	1,015	(95)	(9.31%)	1,118	911
S40.01A	Avastin	25	18	7	38.89%	482	187	295	158.17%	205	526
S45.01	Orthopaedics - Inpatient Services (DRGs)	163	186	(23)	(12.41%)	1,561	1,793	(232)	(12.93%)	1,959	1,710
S55.01	Paediatric Surgical Services (DRGs)	10	19	(9)	(48.69%)	186	178	8	4.56%	193	213
S60.01	Plastic & Burns - Inpatient Services (DRGs)	35	33	2	6.51%	428	303	125	41.33%	354	467
S70.01	Urology - Inpatient Services (DRGs)	64	73	(9)	(12.22%)	774	723	51	7.08%	792	835
		953	952	1	0.07%	9,372	9,089	283	3.11%	9,956	10,187

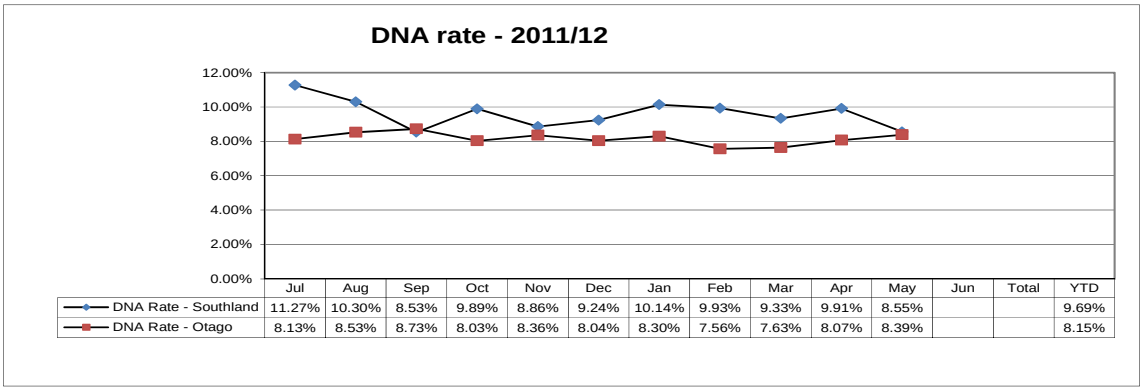
MAY 2012
KEY PERFORMANCE INDICATORS

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

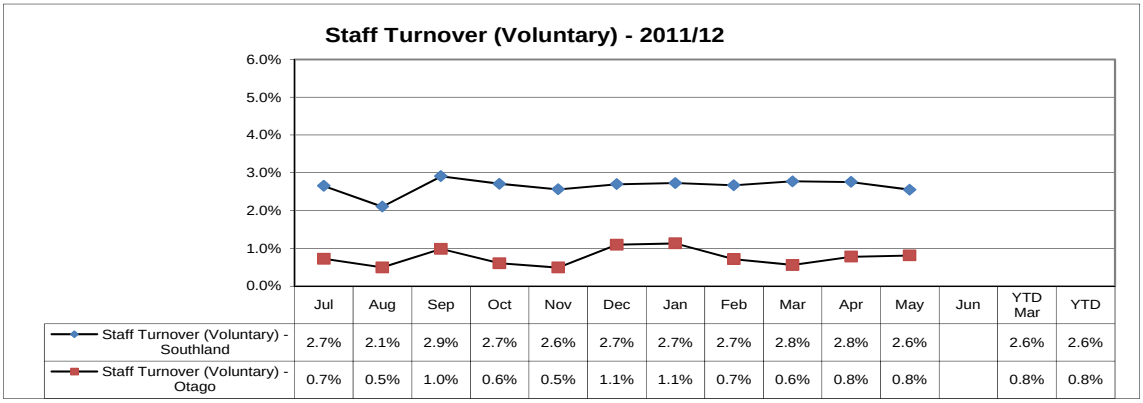


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	YTD
DNA Rate - Southland	11.27%	10.30%	8.53%	9.89%	8.86%	9.24%	10.14%	9.93%	9.33%	9.91%	8.55%			9.69%
DNA Rate - Otago	8.13%	8.53%	8.73%	8.03%	8.36%	8.04%	8.30%	7.56%	7.63%	8.07%	8.39%			8.15%

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.

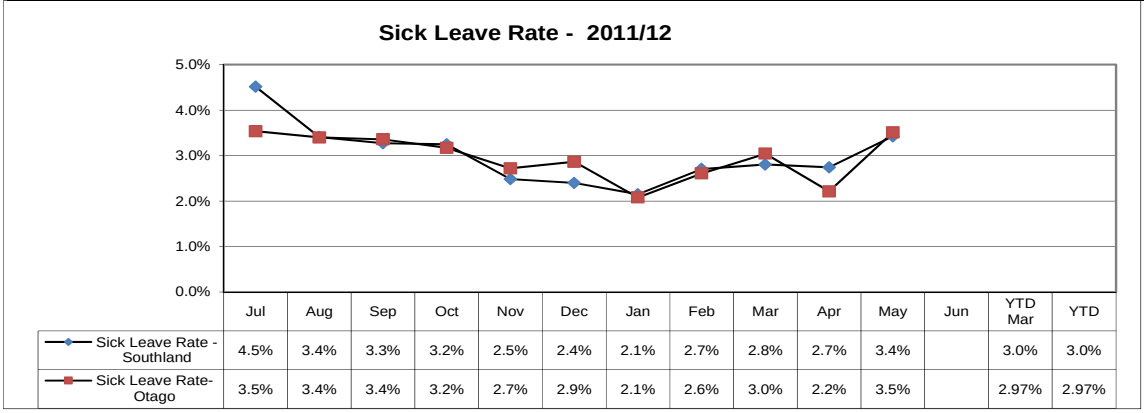


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Mar	YTD
Staff Turnover (Voluntary) - Southland	2.7%	2.1%	2.9%	2.7%	2.6%	2.7%	2.7%	2.7%	2.8%	2.8%	2.6%		2.6%	2.6%
Staff Turnover (Voluntary) - Otago	0.7%	0.5%	1.0%	0.6%	0.5%	1.1%	1.1%	0.7%	0.6%	0.8%	0.8%		0.8%	0.8%

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.



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Mar	YTD
Sick Leave Rate - Southland	4.5%	3.4%	3.3%	3.2%	2.5%	2.4%	2.1%	2.7%	2.8%	2.7%	3.4%		3.0%	3.0%
Sick Leave Rate- Otago	3.5%	3.4%	3.4%	3.2%	2.7%	2.9%	2.1%	2.6%	3.0%	2.2%	3.5%		2.97%	2.97%

SOUTHERN DHB IMAGING WAIT TIME UPDATE

HAC Meeting Date: **04 July 2012**
Report Prepared By: **Ian Winwood, General Manager, Medical Directorate, Southland**
Sharon Mason, General Manager, Diagnostic and Support Services Directorate, Otago
Date Prepared: **15 June 2012**

Recommendation

That the Committee receives and notes this report.

1 Summary

- All critical, acute and urgent cases have access to diagnostics within the target wait times set by the Radiology clinical teams, with the exception of CT and Ultrasound urgent cases in Dunedin which are over target wait times. Outsourcing of urgent CT cases to Otago Radiology has reduced the wait list from 5 to 3 weeks – one week over the target wait time.
- The Minister of Health has signalled that national diagnostics wait time criteria will be set in the future.
- A phased recovery plan was implemented in March 2011 to address long waits in routine categories for all modalities. This report is an update on the current state of wait times for imaging services.

2 Background

In February 2011, the Hospital Advisory Committee was provided with a combined wait time report of Southland and Dunedin hospital's imaging service. The report highlighted long waits, most notably for routine MRI at Dunedin hospital. As a result of the report a number of activities were implemented. Attached is an update on the current wait time status (appendix one).

The current situation remains one of long wait lists and inequitable wait times across the district for high tech imaging. (CT, MRI, Ultrasound, and Nuclear Medicine).

3 Actions Taken

A proposal for a programme of work 'Better way of working: Radiology' is being progressed. This work will consider factors such as staffing, service requirements, equipment availability and availability of private services.

The aim is to ensure equitable and timely access to all diagnostics under the auspices of "best for patient, best for service". It will identify opportunities for improvement and identify better ways of working district-wide.

A greater demand for high tech imaging created by expanded services (e.g. neurology) and new expectations of wait times for cancer patients, combined with increasing demand for scans that take longer to perform (particularly in MRI), a review of diagnostics is required to assist with the challenge of meeting future demand.

Imaging Wait Time Summary

Dunedin Hospital

Modality	Priority	Unscheduled waitlist[1]	Target Wait Time	Actions / Number of additional tests planned	Target Completion Timeframe
MRI	Routine	Part outsourced 217	16 weeks	Wait time is 20-28 weeks – over target Outsourcing of scans to Otago Radiology and offering all Otago patients the opportunity to be scanned in Invercargill (previously this had been offered only to Balclutha and Central Otago patients). A workstream project has been initiated and is reviewing all high tech imaging at Dunedin Hospital with the aim of identifying short term measures to reduce the wait lists in anticipation of a district review.	30 June 2012
CT	Routine	Outsourced 64	12 weeks	Wait time is 16 weeks – over target As above. Part of the workstream review. Outsourcing to Otago Radiology.	30 June 2012
Ultrasound Musculoskeletal	Routine Routine	155 114	12 weeks 12 weeks	Wait time is 16-18 weeks – over target Machine upgrade planned and the installation of new machines in July 2012 will assist with reducing the wait list. In the interim, a new machine has been lent to the service for a month while an ongoing fault in the Antarres ultrasound machine is investigated. This has held the wait list and ensured that it has not extended. The loan machine will be returned on 22 June. The Antarres machine has been successfully serviced and the second machine will be sent to Auckland for servicing in the next week.	July 2102 Complete
Nuclear Medicine – Cardiac	Routine	4	8 weeks	Wait time is 3 weeks – within target	

[1] The number of patients who have not yet received an appointment as at 30 May 2012

Southland & Lakes District Hospitals

Modality	Priority	Unscheduled waitlist[2]	Target Wait Time	Actions / Number of additional tests planned	Target Completion Timeframe
MRI	Routine	27	16 weeks	Wait time is within target Upgrade and subsequent delay has caused postponements and increased unscheduled waitlist from 0 to 27.	Review monthly
CT	Routine	Nil	12 weeks	Wait time is within target	Review monthly
Ultrasound	Routine	150	12 weeks	Wait time is within target The unscheduled waitlist is planned to significantly reduce with a locum Sonographer contracted until August 2012. Has reduced from 10 weeks to 8 weeks from April to May 2012	10 August 2012
Nuclear Medicine – Cardiac	Routine	43	8 weeks	Wait time at 10 weeks currently. Commencing a review of the service to plan for improvement.	Review monthly
Plain Film	Routine	Nil	6 weeks	Wait time is within target	Review monthly
Fluoroscopy	Routine	28	4 weeks	Wait time is within target To be closely monitored with potential impact of radiologist vacancy	Review monthly

[2] The number of patients who have not yet received an appointment, as at 22 May 2012.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**CHIEF OPERATING OFFICER'S REPORT (Otago)**
Report to:	Hospital Advisory Committee
Date of Meeting:	04 July 2012

Summary:

Considered in this paper is

- Monthly DHB activity.

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	No specific implications.
Workforce:	No specific implications.
Other:	No specific implications.

Document previously submitted to:	Not applicable, report only provided for the HAC agenda.	**Date:** N/A
Approved by:	N/A	**Date:** N/A

Prepared by: Vivian Blake **Date:** 19/06/12	**Presented by:** Lexie O'Shea

RECOMMENDATIONS:

1. **That the Committee receive the report.**

Chief Operating Officer's Report Otago **May 2012**

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective **caseweights** (cwds) delivered for the population of Otago during May were 7% (58.5 cwds) above plan. Elective cwd delivered year to date for the Otago population were 11.4% above plan (900 cwds).
- Elective **discharges** delivered for the population of Otago during May were 2% (9 discharges) below plan and 7% (363 discharges) above plan year to date.

2. Operational Performance

- The readmission rate during May 2012 was 3.9% against a target of 4.5%. The readmission rate for May 2011 was 3.6%
- Resourced occupancy during May 2012 was 98% against a target of 85%. Resourced occupancy for May 2011 was 98%.
- Elective Theatre Utilisation (main operating theatres) was 90% during May against a target of 85%. Utilisation of the main operating theatres during May 2011 was 90%.
- Staff Turnover during May was 0.71% against a target of 1.2%. Staff Turnover for May 2011 was 0.65%.
- There were 3,413 Emergency Department (ED) attendances during May of which 987 (29%) were admitted. ED attendances during May 2011 totalled 3,228.

5. 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
19th June 2012

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

Dunedin Hospital Provider Arm Activity - May 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	226.10	255.45	(29.35)	2,758.58	2,901.36	(142.78)	3,163.53	2,921.87
Emergency Dept - Acute	100.01	38.22	61.80	669.90	461.55	208.34	496.93	631.80
Internal Medicine - Acute IDF	0.56	3.52	(2.96)	35.78	39.97	(4.19)	43.58	67.84
Cardiology - Acute	214.64	135.04	79.60	1,900.53	1,547.51	353.01	1,685.84	1,626.78
Cardiology - Acute IDF	9.97	3.83	6.14	60.86	43.95	16.91	47.87	74.56
Cardiology - Elective	61.82	54.22	7.60	500.65	531.34	(30.68)	585.56	503.24
Cardiology - Elective IDF	2.32	1.01	1.32	22.84	9.87	12.96	10.88	22.68
Endocrinology - Acute	1.22	0.71	0.51	18.06	7.81	10.25	8.50	20.09
Endocrinology - Acute IDF	-	-	-	-	-	-	-	-
Endocrinology - Elective	-	0.34	(0.34)	7.22	3.33	3.89	3.70	11.80
Endocrinology - Elective IDF	-	-	-	-	-	-	-	-
Gastroenterology - Acute	38.45	24.12	14.34	371.45	274.85	96.61	301.98	329.31
Gastroenterology - Acute IDF	-	0.41	(0.41)	3.40	4.72	(1.32)	5.19	3.35
Gastroenterology - Elective	11.81	6.96	4.85	129.04	67.42	61.62	73.75	97.78
Gastroenterology - Elective IDF	-	-	-	1.36	-	1.36	-	0.29
Haematology - Acute	32.89	33.82	(0.93)	533.80	327.79	206.01	354.75	438.11
Haematology - Acute IDF	-	0.08	(0.08)	12.16	0.74	11.41	0.81	6.30
Haematology - Elective	0.53	3.44	(2.91)	58.02	38.91	19.11	40.69	32.69
Haematology - Elective IDF	-	-	-	0.88	-	0.88	-	-
Neurology - Acute	13.41	19.61	(6.20)	249.26	215.53	33.73	235.17	217.38
Neurology - Acute IDF	-	0.43	(0.43)	13.66	4.67	8.99	5.10	3.03
Neurology - Elective	9.79	7.09	2.70	67.89	69.48	(1.59)	76.55	63.62
Neurology - Elective IDF	-	0.42	(0.42)	3.85	4.10	(0.24)	4.51	1.67
Oncology - Acute	105.06	60.92	44.14	880.04	845.77	34.28	916.08	999.89
Oncology - Acute IDF	2.53	2.21	0.32	40.28	30.74	9.54	33.30	70.43
Oncology - Elective	8.28	3.96	4.32	106.93	52.12	54.81	56.26	72.38
Oncology - Elective IDF	-	0.44	(0.44)	7.61	5.79	1.82	6.25	11.42
Paediatric Medical - Acute	54.23	52.88	1.35	633.08	606.06	27.03	660.23	693.06
Paediatric Medical - Acute IDF	-	0.74	(0.74)	12.80	8.48	4.32	9.24	20.81
Paediatric Medical - Elective	6.32	4.43	1.89	50.99	47.77	3.22	52.20	43.81
Paediatric Medical - Elective IDF	-	0.17	(0.17)	2.62	1.80	0.82	1.97	2.95
Renal - Acute	37.04	38.71	(1.67)	469.37	425.41	43.96	464.15	665.93
Renal - Acute IDF	-	0.14	(0.14)	1.11	1.54	(0.43)	1.68	1.22
Renal - Elective	8.84	7.59	1.25	46.34	74.36	(28.02)	81.91	80.63
Renal - Elective IDF	-	-	-	-	-	-	-	-
Respiratory - Acute	82.73	71.12	11.61	837.54	781.57	55.97	852.70	928.73
Respiratory - Acute IDF	0.90	0.30	0.59	11.85	3.33	8.52	3.63	20.86
Respiratory - Elective	2.75	4.66	(1.91)	35.66	45.68	(10.02)	50.37	33.39
Respiratory - Elective IDF	-	-	-	-	-	-	-	-
Rheumatology - Acute	6.95	11.21	(4.26)	120.88	123.18	(2.30)	134.40	113.75
Rheumatology - Acute IDF	-	0.21	(0.21)	2.56	2.28	0.29	2.48	1.83
Rheumatology - Elective	0.91	1.36	(0.45)	9.61	13.32	(3.71)	14.66	9.80
Rheumatology - Elective IDF	-	0.05	(0.05)	-	0.49	(0.49)	0.54	-
General Surgery - Acute	361.83	232.30	129.53	3,177.46	2,662.19	515.27	2,900.17	3,111.30
General Surgery - Acute IDF	7.70	5.60	2.10	113.07	64.15	48.91	69.89	103.40
General Surgery - Elective	248.49	226.40	22.09	2,352.99	2,191.22	161.78	2,390.66	2,381.30
General Surgery - Elective IDF	6.27	3.43	2.83	47.98	33.24	14.74	36.27	94.12
Pain - Acute	-	0.31	(0.31)	0.19	3.56	(3.37)	3.90	2.68
Pain - Elective	0.20	-	0.20	1.02	-	1.02	-	0.71
Cardiothoracic - Acute	151.27	159.08	(7.81)	1,265.80	1,366.26	(100.46)	1,487.92	1,446.03
Cardiothoracic - Acute IDF	-	8.60	(8.60)	72.71	73.83	(1.13)	80.41	101.58
Cardiothoracic - Elective	81.45	99.97	(18.52)	897.04	858.60	38.44	935.04	1,036.74
Cardiothoracic - Elective IDF	9.73	4.82	4.91	45.24	41.37	3.87	45.06	24.79
ENT - Acute	30.84	17.55	13.29	270.61	201.07	69.54	219.05	250.74
ENT - Acute IDF	-	0.79	(0.79)	3.19	9.06	(5.87)	9.87	11.68
ENT - Elective	108.16	87.36	20.81	888.21	857.55	30.66	934.22	952.22
ENT - Elective IDF	1.15	1.01	0.14	12.38	9.95	2.43	10.84	22.74
Gynaecology - Acute	35.68	29.81	5.87	338.80	341.72	(2.91)	372.26	366.26
Gynaecology - Acute IDF	-	0.36	(0.36)	5.39	4.09	1.29	4.46	12.56

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

Dunedin Hospital Provider Arm Activity - May 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	57.59	63.45	(5.86)	591.01	580.18	10.82	630.04	751.26
Gynaecology - Elective IDF	-	0.14	(0.14)	4.08	1.24	2.85	1.34	6.72
Neurosurgery - Acute	83.78	66.71	17.07	830.13	764.52	65.61	832.86	925.44
Neurosurgery - Acute IDF	5.86	1.79	4.07	65.64	20.49	45.15	22.32	46.33
Neurosurgery - Elective	44.72	27.79	16.93	320.53	222.30	98.23	243.13	295.96
Neurosurgery - Elective IDF	-	1.96	(1.96)	0.82	15.67	(14.85)	17.14	5.16
Ophthalmology - Acute	8.19	6.93	1.25	88.99	79.48	9.52	86.58	97.41
Ophthalmology - Acute IDF	-	1.08	(1.08)	2.08	12.37	(10.29)	13.48	10.12
Ophthalmology - Elective	33.35	43.89	(10.54)	371.96	346.98	24.98	388.11	387.32
Ophthalmology - Elective IDF	-	0.24	(0.24)	2.61	1.91	0.70	2.14	3.12
Orthopaedics - Acute	273.63	225.58	48.05	2,955.11	2,585.23	369.88	2,816.33	3,022.42
Orthopaedics - Acute IDF	15.41	8.87	6.54	165.29	101.64	63.65	110.73	178.07
Orthopaedics - Elective	254.08	230.66	23.42	2,470.54	2,207.71	262.83	2,410.90	2,466.06
Orthopaedics - Elective IDF	38.85	26.86	11.99	271.43	257.08	14.35	280.74	194.24
Paediatric Surgery - Acute	5.29	3.54	1.75	40.14	40.48	(0.34)	44.09	44.89
Paediatric Surgery - Acute IDF	-	0.03	(0.03)	-	0.39	(0.39)	0.42	0.52
Paediatric Surgery - Elective	-	9.42	(9.42)	43.96	65.92	(21.96)	70.62	65.03
Paediatric Surgery - Elective IDF	-	-	-	0.58	-	0.58	-	0.84
Plastics - Acute	10.40	20.13	(9.73)	114.15	230.65	(116.50)	251.26	193.36
Plastics - Acute IDF	-	0.70	(0.70)	10.27	8.02	2.25	8.74	1.28
Plastics - Elective	34.12	19.80	14.31	235.35	195.86	39.50	213.29	245.34
Plastics - Elective IDF	-	0.46	(0.46)	3.66	4.53	(0.88)	4.94	0.41
Urology - Acute	15.93	17.35	(1.42)	238.58	198.95	39.63	216.73	209.20
Urology - Acute IDF	-	0.33	(0.33)	2.24	3.73	(1.49)	4.06	2.06
Urology - Elective	35.79	48.03	(12.24)	480.57	491.25	(10.69)	528.39	451.78
Urology - Elective IDF	-	0.30	(0.30)	0.32	3.06	(2.73)	3.29	2.91
Neonatal - Acute	85.16	93.70	(8.55)	986.12	1,015.62	(29.49)	1,106.29	1,122.12
Neonatal - Acute IDF	-	5.51	(5.51)	49.51	59.69	(10.18)	65.02	77.15
Acute Costweights	2,017.65	1,660.32	357.32	20,432.42	18,506.01	1926.41	20,153.99	21,193.57
Elective Costweights	1,067.33	992.13	75.20	10,093.80	9,351.40	742.40	10,205.97	10,376.93
Total Costweights	3,084.97	2,652.45	432.52	30,526.22	27,857.41	2668.81	30,359.96	31,570.50

MoH Elective Services Online

Comparison of surgical services for May 2012

DHB Name: Otago

	1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.			2. Patients waiting longer than six months for their first specialist assessment (FSA).			3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).			4.Clarity of treatment status.			5.Patients given a commitment to treatment but not treated within six months.			6. Patients in active review who have not received a clinical assessment within the last six months.			7. Patients who have not been managed according to their assigned status and who should have received treatment.			8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.		
Service Name	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**
Cardiothoracic	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	0	0.0 %	0	2	100.0 %	0. %
Ear, Nose & Throat	X	X	0	X	0.0 %	X	5	0.0 %	0	0	0.0 %	0	14	1.0 %	0	0	0.0 %	0	11	0.7 %	0	124	100.0 %	0. %
General Surgery	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	27	2.7 %	0	0	0.0 %	0	22	2.2 %	0	49	100.0 %	0. %
Gynaecology	X	X	0	X	0.0 %	X	2	0.0 %	0	0	0.0 %	0	10	1.9 %	0	0	0.0 %	0	8	0.0 %	0	30	100.0 %	0. %
Neurosurgery	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	7	0.0 %	0	X	0.0 %	0	6	0.0 %	0	3	100.0 %	0. %
Ophthalmology	X	X	0	X	0.0 %	X	31	4.6 %	0	0	0.0 %	0	2	0.0 %	0	0	0.0 %	0	2	0.0 %	0	59	100.0 %	0. %
Orthopaedics	X	X	0	X	0.0 %	X	23	2.4 %	0	0	0.0 %	0	16	1.7 %	0	0	0.0 %	0	13	1.4 %	0	76	100.0 %	0. %
Plastics	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	3	0.0 %	0	X	0.0 %	0	1	0.0 %	0	16	100.0 %	0. %
Urology	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	17	2.1 %	0	1	0.0 %	0	6	0.0 %	0	39	100.0 %	0. %
Total				**X**			**61**			**0**			**97**			**1**			**69**			**398**		

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: 03/Jun/2012

Report Run Date: 05/Jun/2012

MoH Elective Services Online

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

DHB Name: Otago

	2011 Jun			2011 Jul			2011 Aug			2011 Sep			2011 Oct			2011 Nov			2011 Dec			2012 Jan			2012 Feb			2012 Mar			2012 Apr			2012 May			
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Target
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	23 of 23	100%	0.	0 of 0		0.	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	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.	32.	0.1%	0.	37.	0.2%	0.	0.		X	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	40.	0.7%	0.	41.	0.7%	0.	51.	0.9%	0.	56.	1.0%	0.	53.	0.9%	0.	59.	1.0%	0.	56.	1.0%	0.	47.	0.8%	0.	46.	0.8%	0.	57.	1.0%	0.	64.	1.1%	0.	59.	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.	68.	1.1%	0.	50.	0.8%	0.	67.	1.1%	0.	41.	0.6%	0.	43.	0.7%	0.	45.	0.7%	0.	57.	0.9%	0.	75.	1.1%	0.	73.	1.1%	0.	67.	1.0%	0.	74.	1.1%	0.	92.	1.4%	0.	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	7.	0.0%	0.	9.	0.0%	0.	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.	0.	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.	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	56.	0.9%	0	50.	0.8%	0	49.	0.8%	0	51.	0.8%	0	67.	1.1%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	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%	382	100%	0.0%	497	100%	0.0%	595	100%	0.0%	440	100%	0.0%	428	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: 09/Jun/2012

DIAGNOSTIC & SUPPORT SERVICES (OTAGO) UPDATE

HAC Meeting Date: **4 July 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: **13 June 2012 for the period ended 31 May 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- The Emerging priorities of Faster Cancer Treatment Times and Improved Diagnostic Waiting Times will have an impact on the Radiology waiting list. However the district-wide programme 'Better Way of Working: Radiology' will encompass future requirements as part of the appreciative enquiry component.
- Good progress is being made through the South Island Alliance for the Laundry and Food Services HBL workstreams. Southern DHB is working in close partnership with other South Island DHBs.

2. Quality Initiatives

- The linen rationalisation project continues, with the team working with wards to reduce linen levels on a weekly basis. Work is complete on the 8th, 7th, 6th and 3rd floors and will now start on the 4th and 5th floors. Since the project started in October 2011, the organisation has made a saving of $27,000. Stage 2 of the project will involve working with satellite sites around Dunedin.

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 tomeet the certification corrective action.	Develop a clear strategy for medicines management that incorporates the implementation of e-prescribing.
BreastScreen HealthCare (BSHC) currently has a 0.8 FTE vacancy for a breast radiologist. The impact of the vacancy is an inability to meet service delivery obligations and extends into service provision for the diagnostic pathway.	The Counties Manukau BreastScreen service has agreed to provide radiologist support for a 6 month period. Outsourcing is also continuing.

EMERGENCY, MEDICINE AND SURGERY DIRECTORATE UPDATE

HAC Meeting Date:	**4 July 2012**
Report Prepared By:	**Colleen Coop, General Manager** **Dr Shaun Costello; Prof Jean Claude Theis, Medical Directors** **Kim Caffell; Sharon Jones, Nursing Directors**
Date Prepared:	**14 June 2012 for the period ended 31 May 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- **Emergency Department (ED).** May was an exceptionally busy month for the hospital and the flow on effects of reduced bed access compromised the result for the Six Hour target. However, the May result was still over 10% better than last year (75.34%) at 88.34%.

- **Internal Medicine**. Internal medicine is to be part of a pilot looking at requesting tasks to be performed by junior medical staff via a computer programme specifically designed for this group of staff. It is hoped that this will reduce the interruptions these staff face and make their work shifts more efficient.

- **Gastroenterology.** Good progress is being made in introducing a district wide service and with pleasing responses to the recent advertising for three SMO positions for the service.

- **Ophthalmology.** Vitreoretinal patients will travel to Christchurch for treatment until the new specialist surgeon starts work in September. The service continues to work through processes to manage the increasing number of follow up patients it must see. Unlike many other medical specialities, primary care is unable to follow up most ophthalmologic conditions. We are looking alongside the funding and planning team to address how we manage this growth in demand into the future.

- **Neurosurgery.** Consultation is occurring with nursing staff regarding changes to the model of care used for neurosurgical patients. Interviews for the Neurological Foundation Professor of Neurosurgery were held this month and an offer has been made to one of the candidates. We hope to have the successful candidate in place by the beginning of February 2013.

- **Cardiology.** A busy month where the catheter lab was utilized 96% of the time available. 60 cardiac interventions were performed – the highest monthly figure for the year.

- **Renal Dialysis Unit.** Our acute patient load increased this month. The service is in discussions with Funding and Planning regarding a community service to reduce the demand on the renal unit by employing community based staff to assist elderly, sicker, and

difficult to train patients in Otago and Southland to dialyse at home instead of in the hospital centre. A service such as this would free up much needed space in the unit for new training or acute patients, place less demand on nursing staff and be more cost effective.

- **Southern Blood and Cancer Service.** Despite having to work around maintenance on the linear accelerators the staff have succeeded in meeting the four week target for receiving radiation therapy. Staff who are currently on parental leave have been coming in to help with the shifts as well as part time staff members who have increased their hours. A plan to ensure access to treatment is maintained over the next 8-9 months whilst the new machine is being installed and the old machine is removed is under development. It is likely that the plan will involve increasing the daily running from 16 to 18 hours and running an extra shift on some weekends.

- **Surgery.** Work continues on our long wait patients in an effort to have no patients waiting for surgery longer than six months as at the 30 June.

- **Urology.** The urologists from, Dunedin and Invercargill, met during the month to discuss ways of working together in the future. The Dunedin service continues with one urologist and work to recruit a permanent and a locum continues.

2. Quality Initiatives

- **Respiratory/Cardio-thoracic Ward 7A.** All individual falls continue to be investigated to identify a root cause and these are discussed at quality meetings. To raise the profile of falls prevention on the ward a graph showing number of falls in the last twelve months has been displayed on the notice board and nonslip socks are being investigated for patients.

- **Surgery.** A very successful diabetic foot study day was held on the 5 May. Nurses from primary and secondary care and allied staff came from across the district – 167 in total. There was very positive feedback on the study day and the revamped service.

- **Acute Pain Service.** A patient-controlled analgesia (PCA) pump training checklist has been developed for use on the wards to focus on training deficits most frequently noted by nursing staff. The plan is to cover all nurses using these pumps and the checklist will be made available to the ward educators.

3. Emerging issues/risks/mitigation

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

Risk	Mitigation
Reduced Urology Medical Workforce – due to long term sickness	Medical workforce vulnerable in two person service. Locums have been secured for June and cover district wide is being used to address immediate issues.

MENTAL HEALTH & COMMUNITY DIRECTORATE UPDATE

HAC Meeting Date: **4 July 2012**

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

Date Prepared: **14 June 2012 for the period ended 31 May 2012**

Recommendation

That the Committee receives and notes this report.

1. Group Summary

Assessment and Co-ordination Service

- The formal InterRAI Implementation project comes to an end at the end of June 2012. Strategies continue to be progressed to manage the waiting times for an assessment. A version upgrade is scheduled for September 2012. District wide roadshows are scheduled for late June, to assist in updating the sector.
- The Single Point of Entry (SPOE) process within the Care Coordination Centre went live for Dunedin based referrals on 30 April and is working well. All referrals from the Dunedin area now go through the SPOE. The referrals from the rural providers and Invercargill will follow in a phased approach in June.
- Updates on the Care Coordination Centre including the SPOE processes, will be included in the district-wide roadshows which have been scheduled between late June.

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

- A document has been released for consultation regarding a proposed integrated model of care for provision of Hulme House services. Consultation closes on early July 2012.
- The Early Intervention Service, located in Union Street relocated in mid June to the ground floor of the Fraser Building at Dunedin Hospital. This was necessary due to the outcome of a seismic report on the Union Street building.
- A number of Mental Health staff recently participated in a nationally led workshop regarding the use of KPP (Knowing the People Planning) in the development of local mental health services.

Rehabilitation and Community Services

- A request for the proposed provision of a new sector wide ACC Community Service was released in May. The DHB worked together to submit a district wide proposal for this contract.
- The Terms of Reference and project mandate has been developed for a district-wide steering committee to manage the process for the Specialist Rehabilitation Service, currently based at Wakari to move to a district-wide service.
- Resourced bed numbers in the Specialist Rehabilitation Service will reduce to 16 beds, from the end of June. The process for the transition of the social respite service to an NGO provider will be completed by the end of June 2012.

2. Quality Initiatives

- The Mental Health and Community Directorate is taking the lead in providing orientation to hospital services for an aged care consumer group who is part of the Otago based Aged Care Open Partners for Elders Needs forum.
- The Mental Health service continues to work closely with the Southern PHO in South Otago to develop an integrative model of care for clients of the Clutha Community Mental Health Team.

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

HAC Meeting Date:	**4 July 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**
Date Prepared:	**14 June 2012 for the period ended 31 May 2012**

1. Service Summary

Children's Health

- SMO recruitment will see Dr Liza Edmonds returning to the service as a Consultant Paediatrician on 2 July, Dr Edmonds previously worked as a Paediatric Registrar at Dunedin Hospital. The offer of employment for a replacement Paediatrician following Dr Clarkson's retirement has been formally accepted with a start date in March 2013.
- District wide service development planning has commenced for the Gateway Assessment Programme. This interagency project involves Health, Education and Social Development and is aimed at addressing the health and education needs of children and young people who come to the attention of Child, Youth and Family.

Women's Health

- Development of the Maternity Quality and Safety plan is underway, a district wide meeting facilitated by the Ministry of Health and Planning and Funding was held in May and was well attended by maternity professionals and stakeholders.
- Planning is underway to celebrate the 75th anniversary of the opening of the Queen Mary Maternity unit in Dunedin.
- Several Midwives received funding / awards relating to research / clinical excellence resulting from the Health Research awards and International Nurses and Midwives day.

Public Health South – Primary Services

- The district Community Oral Health clinical and operational leadership teams continue to meet regularly to formulate and progress implementation of the district wide approach service delivery.

Public Health South – Public Health Services (Southern)

- Based on coded events, 88% of smokers admitted to public hospitals in the Southern region were provided with advice and help to quit (ABC) in May, this was a decrease from 88.8% in April. Of this, 90% were provided with advice and help to quit in Otago and 86% in Southland.
- World Smokefree day was celebrated on 31 May with a high level of support from staff across the DHB supporting the day with the World Smokefree Day T-Shirts, and supporting the promotion of Smokefree and ABC for all patients.

- The May coverage rate for children immunised at 2 years of age is 93.71*%.*
- Public Health and IT are developing a project to support the introduction of a share point system, PULSE, for electronic filing.

2. Quality Initiatives

- Initiatives identified from the Maternity Quality and Safety pilot continue. Meetings have been held with several community agencies looking at ways of supporting initiatives within the community. A district maternity quality and safety workshop was held in May in Balclutha.
- The quality improvement project looking at the increasing number of women attempting to have VBAC (vaginal birth after caesarean) is progressing well. This was also presented at the May Health Roundtable meeting in Wellington with the meeting providing an opportunity to learn from other DHB's.

3. Emerging issues/risks/mitigation

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

Risk	Mitigation
NICU and Children's inpatient facilities do not meet current day standards for clinical facilities.	Planning underway to support the relocation and redevelopment of NICU, Children's and Paediatric Assessment Unit.
O & G Medical staffing due to an SMO vacancy and upcoming Joint Clinical retirement.	The permanent SMO will commence later than originally anticipated in August. A resignation has been received from a Joint Clinical SMO; the University is leading the recruitment process.
Senior Medical Officer staffing in Paediatrics due to vacancy and retirement.	The appointee for the first vacancy will commence 2nd July following completion of sub-specialty training. Recruitment has been completed for the second position (resulting from a retirement), with an anticipated start date of March 2013.
Senior Medical Officer staffing in Public Health due to a vacancy	A job offer has been accepted with the successful appointee starting late September 2012.

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.				✓		Mental Health and Addiction Services, Health of the Older Person, Gastrointestinal Disease services and Paediatrics are progressing.
	Six services to be operating through a 'one service' delivery model.	June 2012		✓			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.
	Remaining services to be operating through a 'one service' delivery model.	June 2013					The comprehensive stocktake of progress, future plans and barriers will be completed before the end of the month.
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		✓			Pilot processes will be picked up once the Project Office is fully resourced.
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.
25	Address backlog (outside of above agreed tool) of gastroenterology procedures.	July 2013			✓		***Southern DHB will deliver its contracted volume by the end of June. A stocktake of patients who require surveillance colonoscopies has been carried out and plans will be made to progressively reassess these patients and scope where appropriate.***
26	Accept the global rating score for gastroenterology when national pilot programme completed.	July 2012				✓	***Agreed. Service is awaiting the roll out of the national programme tool. The date for roll out of this tool is yet to be confirmed. A version is already in use based on the expected tool however and it is not***

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
							expected the final national release will be different.
27	Establish clinical pathways for the top ten common conditions admitted or discharged from the Emergency Department (e.g. abdominal pain, cellulitis).	July 2012			✓		As part of the workstreams for "6 Hours – It Matters!" ED Leadership group will be surveying data for ten top conditions and in conjunction with specialty services develop pathways. The pathways will reflect a Southern DHB approach and link with the PHO. The "Referral to Inpatients" work group is currently looking at pathways for rapid access to the wards from ED.
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				✓	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.
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.	August 2012			✓		The generators are installed and completed. Electrical load is now being transferred to new north sub switchboard.
32	Review, map and implement the number of surgical operating sessions (including length of) required to meet acute and elective demand within appropriate timeframes. This process will include: - Roster requirements - Performance indicators of quality and efficiency e.g. knife to skin times, late starts, list overruns, turnaround times, acute waiting times. This should be adopted as a consistent practice across all Southern DHB sites.	Dec 2013			✓		Funding for The Productive Operating Theatre (TPOT) has been approved. ***A Programme Manager for the Orthopaedic Patient Journey programme of work has commenced. A large part of this programme will be focussing on Productive Operating Theatre modules to improve theatre productivity, starting in the orthopaedic theatres and moving out to other services.***
33	Make one (of two) day case theatres fit for purpose for ophthalmology cases and move ophthalmology surgery to day surgery suite.	July 2014			✓		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 operating suite have been developed. ***The business case for the commissioning of a 9th main operating theatre has been approved by the Regional Capital Committee and concept plans have been developed for release for expressions of interest from contractors. It is expected the build will be complete late December or early January 2012.***

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
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 improvement. ***Recent changes to ENT theatre scheduling has increased day stay rates.***
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.
42	Establish and monitor a patient pathway for medical and surgical inpatients needing mental health input for when the acute ward moves to Wakari.	Complete				✓	Complete.
43	Monitor and report waiting times for key modalities (CT, MRI and ultrasound) and maintain within regionally /nationally agreed timeframes.	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.
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	Oct 2011				✓	Phase 1 – All evaluation information collated. MRT business case in final stages of completion for submission to COO. Business case

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

	Recommendation	Completion Date	PROGRESS				COMMENT
			Scoping	Behind	On Track	Completed	
	Monday to Friday.	June 2012	✓			✓	completed. 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. Terms of Reference for District wide review developed. Short term strategy being developed to cover gaps.
45	Develop, implement and monitor fast track patient pathways for CT, ultrasound and MRI from emergency department.	Nov 2011 June 2012	✓	✓		✓	Dedicated ultrasound slots have been established and utilisation is being monitored. Access to CT and MRI is currently being investigated. Capacity does not allow for fast track booking at present. CT service continues to be outsourced. 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. Working with departments to establish clinical pathways for patients to access dedicated CT and MRI slots. Work has commenced with Neurology services.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**CHIEF OPERATING OFFICERS' REPORT (Southland)**
Report to:	Hospital Advisory Committee
Date of Meeting:	04 July 2012

Summary:

Considered in this paper is:

- Monthly DHB activity.

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	No specific implications.
Workforce:	No specific implications.
Other:	No specific implications.

Document previously submitted to:	Not applicable, report only provided for the HAC agenda.	**Date:** N/A
Approved by:	N/A	**Date:** N/A

Prepared by: Lexie O'Shea **Date:** 21/06/12	**Presented by:** Lexie O'Shea Chief Operating Officer (Southland)

RECOMMENDATIONS:

1. **That the Committee receive the report.**

Chief Operating Officers' Report Southland
May 2012

Recommendation

That the Hospital Advisory Committee notes this report.

1. Contract Performance

- Elective case weights (cwds) delivered year to date May 2012 for the Southland population were below plan by 6.21% (315.74).
- Elective discharges delivered for the population of Southland year to date May 2012 are 80 below plan (3,584 against a target of 3,664). The discharge figure includes skin lesion and avastin procedures.

2. Operational Performance

- Total admissions for May 2012 were 1,878 compared with 1,934 in May 2011.
- There were 2,884 Emergency Department attendances at Southland Hospital during May 2012 (2,822 May 2011) of this total 737 (26%) were admitted.
- There were 476 Emergency attendances at Lakes Hospital during May 2012 (409 May 2011). Of this total 76 (16%) were admitted.
- Resourced occupancy (medical, surgical and rehabilitation) during May 2012 was 75% against a target of 85%.
- Staff sick leave rate during May 2012 was 3.4%; May 2011 was 3.2%.
- Staff turnover during May 2012 was 2.6%; May 2011 was 2.8%.

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
21 June 2012

COMPARISON SUMMARY OF ACTUAL VOLUMES AGAINST BUDGET

MAY 2012

Description	Monthly Volume	Budgeted Volume	Monthly Volume Variance	Actual YTD Volume	Budgeted YTD Volume	YTD Volume Variance	DAP Annual Volume 2011/2012	2010/2011 Actual Volume
Dental Acute	0.93	1.81	(0.88)	21.01	17.99	3.02	19.33	14.74
Dental Elective	15.53	13.64	1.89	139.34	132.22	7.12	144.08	139.77
Plastics Acute	3.79	2.34	1.45	26.49	26.92	(0.43)	27.40	24.66
Plastics Elective	8.12	8.45	(0.32)	64.66	81.89	(17.23)	89.24	87.19
ENT Acute	1.69	-	1.69	5.07	19.04	(13.97)	20.35	13.23
ENT Elective	36.25	30.38	5.88	280.39	294.52	(14.13)	320.94	302.37
Ophthalmology Acute	1.53	1.25	0.28	10.06	14.19	(4.13)	15.08	2.24
Ophthalmology Elective	40.60	30.44	10.16	129.35	295.18	(165.82)	321.65	450.79
General Surgery Acute	145.14	139.56	5.58	1848.97	1494.51	354.46	1644.11	1935.98
General Surgery Elective	83.26	108.31	(25.05)	986.32	1050.14	(63.82)	1144.32	1107.65
Gynaecology Acute	17.32	16.63	0.69	157.52	167.28	(9.76)	184.15	154.50
Gynaecology Elective	39.89	32.94	6.95	323.11	319.35	3.76	347.99	379.83
Orthopaedics Acute	119.52	119.40	0.12	1717.48	1786.50	(69.02)	1940.04	1858.88
Orthopaedics Elective	127.28	125.90	1.38	1076.97	1193.28	(116.31)	1302.75	1383.92
Paediatric Surgical Acute	3.07	-	3.07	4.08	-	4.08	-	1.62
Paediatric Surgical Elective	3.48	4.78	(1.30)	49.46	46.37	3.08	50.53	52.26
Urology Acute	10.36	11.94	(1.58)	128.88	119.09	9.78	135.01	134.65
Urology Elective	31.27	29.50	1.77	302.40	286.05	16.35	311.71	278.96
General Medicine Acute	363.95	351.03	12.92	4040.90	3974.98	65.92	4385.82	4452.40
General Medicine Elective	8.94	-	8.94	58.06	-	58.06	-	64.92
Paediatric Medicine Acute	53.34	74.55	(21.21)	600.30	671.50	(71.20)	730.95	758.28
Paediatric Medicine Elective	-	1.11	(1.11)	11.36	10.73	0.63	11.69	11.36
Specialist Neonates Acute	32.14	33.16	(1.02)	473.99	523.77	(49.78)	562.67	479.44
Maternity Acute	103.12	105.80	(2.67)	1138.27	1239.16	(100.89)	1337.68	1229.89
Maternity Elective	2.46	1.47	0.99	14.04	14.27	(0.23)	15.55	13.42
Acute Costweights	855.89	857.46	(1.57)	10173.03	10054.94	118.09	11002.59	11060.51
Elective Costweights	397.08	386.91	10.17	3435.46	3724.00	(288.54)	4060.45	4272.44
Total Costweights	1252.98	1244.37	8.60	13608.49	13778.94	(170.45)	15063.04	15332.95

MoH Elective Services Online

Comparison of surgical services for May 2012

DHB Name: Southern

	1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.			2. Patients waiting longer than six months for their first specialist assessment (FSA).			3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).			4.Clarity of treatment status.			5.Patients given a commitment to treatment but not treated within six months.			6. Patients in active review who have not received a clinical assessment within the last six months.			7. Patients who have not been managed according to their assigned status and who should have received treatment.			8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.		
Service Name	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**
Cardiothoracic	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	0	0.0 %	0	11	100.0 %	0 %
Dental	1 of 1	100.0 %	0	X	0.0 %	X	1	0.0 %	0	0	0.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	44	100.0 %	0 %
Ear, Nose & Throat	1 of 1	100.0 %	0	0	0.0 %	0	29	1.4 %	0	0	0.0 %	0	12	0.6 %	0	4	0.0 %	0	9	0.0 %	0	221	100.0 %	0 %
General Surgery	1 of 1	100.0 %	0	2	0.0 %	0	0	0.0 %	0	0	0.0 %	0	22	1.2 %	0	0	0.0 %	0	17	0.9 %	0	144	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	2	0.0 %	0	6	0.0 %	0	0	0.0 %	0	10	1.1 %	0	0	0.0 %	0	9	0.0 %	0	92	100.0 %	0 %
Neurosurgery	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	14	100.0 %	0 %
Ophthalmology	1 of 1	100.0 %	0	5	0.0 %	0	32	1.9 %	0	0	0.0 %	0	5	0.0 %	0	3	0.0 %	0	4	0.0 %	0	180	100.0 %	0 %
Oral Maxillo	1 of 1	100.0 %	0	0	0.0 %	0	X	0.0 %	0	X	0.0 %	0	X	0.0 %	X	X	0.0 %	0	0	0.0 %	0	X	X	X
Orthopaedics	1 of 1	100.0 %	0	12	0.2 %	0	26	1.7 %	0	0	0.0 %	0	18	1.2 %	0	1	0.0 %	0	16	1.0 %	0	174	100.0 %	0 %
Paediatric Surgery	1 of 1	100.0 %	0	2	0.0 %	0	3	0.0 %	0	0	0.0 %	0	0	0.0 %	X	2	0.0 %	0	2	0.0 %	0	9	100.0 %	0 %
Plastics	1 of 1	100.0 %	0	11	4.3 %	-8	1	0.0 %	0	0	0.0 %	0	0	0.0 %	X	1	0.0 %	0	1	0.0 %	0	27	100.0 %	0 %
Urology	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	18	1.6 %	0	1	0.0 %	0	7	0.0 %	0	93	100.0 %	0 %
Total				**34**			**98**			**0**			**87**			**12**			**65**			**1009**		

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: 16/Jun/2012

Report Run Date: 20/Jun/2012

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

DHB Name: Southern

	2011 Jun			2011 Jul			2011 Aug			2011 Sep			2011 Oct			2011 Nov			2011 Dec			2012 Jan			2012 Feb			2012 Mar			2012 Apr			2012 May			
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Target
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	27 of 27	100%	0	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	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	158	0.4%	0	47	0.1%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	114	1.2%	0	135	1.4%	0	155	1.6%	0	136	1.4%	0	168	1.8%	0	167	1.8%	0	164	1.7%	0	142	1.5%	0	101	1.0%	0	99	1.0%	0	126	1.2%	0	98	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.	126	1.2%	0	110	1.1%	0	142	1.4%	0	109	1.1%	0	103	1.0%	0	96	0.9%	0	104	1.0%	0	144	1.4%	0	141	1.3%	0	130	1.2%	0	129	1.2%	0	87	0.8%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	23	4.2%	0	24	4.5%	0	22	3.8%	0	26	4.6%	0	32	5.1%	0	23	3.8%	0	33	5.2%	0	36	5.6%	0	32	5.4%	0	14	2.4%	0	16	2.7%	0	12	2.1%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	115	1.2%	0	112	1.2%	0	137	1.4%	0	105	1.1%	0	97	1.0%	0	83	0.9%	0	87	0.9%	0	127	1.3%	0	112	1.1%	0	99	1.0%	0	94	0.9%	0	65	0.6%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	980	100%	0%	690	100%	0%	874	100%	0%	856	100%	0%	844	100%	0%	928	100%	0%	763	100%	0%	624	100%	0%	886	100%	0%	959	100%	0%	802	100%	0%	1009	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: 16/Jun/2012

Report Run Date: 20/Jun/2012

MEDICAL DIRECTORATE UPDATE

HAC Meeting Date: **04 July 2012**
Report prepared by: **Ian Winwood, General Manager**
Jenny Hanson, Nursing Director
Mr Murray Fosbender, Medical Director
Date Prepared: **14 June 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- A respiratory clinic commenced at Lakes District Hospital (LDH) in May 2012 enhancing service delivery. The plan is to conduct three monthly clinics initially while monitoring demand. The patients who can be seen in this clinic are limited by the availability of specialised respiratory testing.
- The diagnostic testing service is undertaking overtime to maintain the waiting times for echocardiography. This has stabilised wait times at approximately 10 weeks for a routine examination. All referrals are prioritised and urgent referrals are being scanned in priority order. The team is recruiting overseas to fill a vacancy for an echocardiographer and anticipate this will be complete in July 2012.
- Nurse led clinic volumes in medicine have increased and year to date are 88 (73%) over budget. Demand has increased with treatment of hepatitis C patients and rheumatology patients on biological agents requiring intensive monitoring by senior nurses in clinic.
- Volume of Emergency Department (ED) attendances for Southland Hospital is 12.75% over budget, representing 2,455 presentations. This reflects higher than anticipated demand on the Emergency Department. A feature article is to be run in community newspapers to remind the people to see their General Practitioner (GP) early and to keep the ED for emergencies.

2. Quality

- A geriatrician has worked with the team in the Assessment, Treatment and Rehabilitation unit (AT&R) to improve the identification and management of delirium in patients. A simple tool for identifying delirium and patients at risk of developing delirium has been implemented, and also a chart for documenting prevention interventions. AT&R has implemented this process and will re-audit in 4-6 months to evaluate progress.
- The Emergency Department has identified a potential risk for a privacy breach where information could be forwarded to the incorrect General Practitioner. They are modifying the patient labels to minimise this risk.

3. Risks and Mitigation

Risk	Mitigation
Gaps on the Emergency Department junior doctor roster commencing June 2012 through to August 2012, may increase wait times for patients	Contingency planning across all services. Source locums as available. Optimise use of our remaining junior medical staff. Maximise use of nurse led service such as fast track.

MENTAL HEALTH DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: **04 July 2012**
Report Prepared By: **Louise Travers, General Manager, Southland**
Dr Alfred Dell'Ario, Medical Director, Southland
Jane Collins, Nursing Director, Southland
Date Prepared: **14 June 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

Youth Court Liaison role is now implemented and the staff member is establishing relationships with stakeholders.

Mental Health Day Activity Centres are developing plans to support clients who had attended Inroads, a drop-in centre which has recently closed.

2. Quality Initiatives

Systems and Information Improvements

- The service has participated in the Southern region development of a mental health module within Concerto.

Workforce Development

- Eight mental health service locations in Otago and Southland linked in via videoconference to the two training sessions on "second health professional responsibilities in providing reports for Mental Health Act Hearings" presented by Dr Brian McKenna from Auckland University.
- Eating Disorders service and Mothers and Babies regional service visited and both provided one day workshops.
- Otago Mental Health workforce development provided four days of supervision training in Invercargill, to assist us in developing our own supervision training.

Future Directions Network Representative Group (NRG)

- Future Directions Network participated in a rural mental health and addictions meeting held in Lumsden, attended by local community representatives.
- The Network is currently developing its 2012 – 2013 strategic quality plan with contributions from all contracted mental health and addiction service providers in Southland and Wakatipu.

3. 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.	• 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: **04 July 2012**
Report Prepared By: **Lynley Irvine, General Manager, Southland**
Murray Fosbender, Medical Director, Southland
Helen McKenzie, Nursing Director, Southland
Date Prepared: **14 June 2012**

Recommendation

That the Committee receives and notes this report.

1. Service Summary

- Southland hospital has a green status in May 2012 for Elective Service Performance Indicators (ESPI's).
- Southland hospital provider arm is compliant in all specialities for all outpatient and inpatient ESPIs.

2. Quality Initiatives

- The Productive Operating Theatre (TPOT) programme is focusing on the scheduling component of the programme. The ongoing development of nursing teams to work with specific specialities is continuing.
- Theatre compass continues to drive improvement but the significant improvement in the on time starts reported previously has not been maintained in the April 2012 data. The timing is linked to a pilot of one or two nursing staff commencing one hour earlier. The pilot was stopped and not continued for the period of the April data. The practice has recommenced and the May data will be carefully reviewed to confirm whether this is an efficiency that should be continued.
- The preadmission redesign project has now been rolled out to all services. The catch-up clinics have been completed and all elective patients now follow the preadmission pathway. The project group still meet and are preparing the final write up report for the Ministry of Health.
- The Southland site surgical service is taking the lead for the implementation of Early Recovery after Surgery (ERAS) for colorectal surgery project, across the district. The May district wide workshop was held in Dunedin and the evaluation of that day reviewed and feedback incorporated into the work plan for the project. The project manager has noted widespread buy in and enthusiasm for this project, across the district.

3. Contract Performance

- The key risk areas for meeting delivery of outpatient First Specialist Assessment (FSA) remain Ear Nose and Throat (ENT) and Ophthalmology. There has been a sustained improvement since a one year locum commenced. However there is still a risk to achieving the volumes before the end of this year.
- A locum Ophthalmologist on site during April and May 2012 focused on ensuring all ESPI targets were met for the service and undertook a review of as many patients waiting for follow up, as possible.
- During this month of a possible 135 elective theatre sessions, 36 were unscheduled due to a number of surgeons on leave. All of these sessions were allocated to other surgeons.

4. Risks and Mitigations

Risk	Mitigation
Shortage of anaesthetic consultants and resident ophthalmology and Ear Nose Throat (ENT) consultants impacts on delivery of services.	Ongoing recruitment of additional senior consultants and good support from consultants in other DHB's for short term cover and availability of long term locums is minimising the risk in anaesthetics. ENT services have secured a one year locum consultant who has completed his time in Dunedin for orientation and has commenced in Southland. Ongoing recruitment is being undertaken to find a permanent clinician for this role. Ophthalmology services are also supported by a variety of visiting specialists for both regular and for ad hoc visits. Active recruitment is continuing.
Achieving the requirement to reduce the number of patients waiting over six months for assessment and treatment in all services.	Weekly monitoring is occurring against those plans. Excellent progress to meet this target has continued in particular in orthopaedics. A plan is in place to ensure all services meet this target by end of June 2012.
Achieving the required target for scoping procedures.	A recovery plan is being implemented and this service is predicted to meet the contracted volumes due to improved staffing resource in general surgery and in the medical department. In addition 250 scopes are planned to be delivered by a private provider by end June, 2012.
Shortage of registered nurses and anaesthetic technician within the perioperative area.	Recruitment is ongoing. There are 2.2 FTE remain vacant with further advertising being undertaken.

WOMEN AND CHILDREN DIRECTORATE UPDATE (SOUTHLAND)

HAC Meeting Date: 04 July 2012
Report Prepared By: Caroline Rain, General Manager, Southland
Dr Ian Shaw, Medical Director, Southland
Jenny Humphries, Midwifery Director, Southern DHB
Wendy Findlay, Nursing Director, Southland
Date Prepared: 14 June 2012

Recommendation

That the Committee receives and notes this report.

1. Service Summary

Obstetrics and Gynaecology

- A collaborative approach between the Southland and Otago sites has been taken to ensure long wait gynaecological patients receive their surgery prior to 30 June. To date six long wait patients domiciled in the Otago province have had their surgery completed at Southland Hospital.
- Additional gynaecology outpatient sessions have been undertaken to ensure no patients are waiting over six months at end of June 2012.

Paediatrics

- Work continues with the South Island Child Health Alliance to formulate agreed secondary to tertiary pathways with, at this stage, Paediatric Surgery.
- Southern representation on the National Child Cancer Network is supporting formulation of agreed service level agreement guidelines and documents in a consistent manner across all DHBs providing shared care centre arrangements for Paediatric Oncology.
- The initial lease period for the Ronald McDonald Family Rooms is for longer than five years and therefore the Minister of Health is required to approve this under clause 43 of schedule 3 of the New Zealand Public Health and Disability Act.

Well Child

- **Before School Check (B4SC**) to May end, Southern DHB has achievements of overall and high deprivation targets 102% and 107% respectively.
- The Well Child service is in preparation to relocate to the PHO offices on Clyde Street.

Oral Health

- The Titanium Computer system for patient management is up and running across Oral Health in Southern with a few teething problems. A refresher training course is being planned to ensure consistency across the DHB.

Sexual Health

- A Sexual Health education session was provided to Year 9, 10 and 11 students at Southland Boys High School which is a new addition to the regular schools. Positive feedback was received from both students and teachers.
- The staff from the Sexual Health Service are taking an active role in supporting and assisting the students from the Murihiku Youth Parent Learning Centre (MYPLC) with the development of a Sexual Health educational DVD (funding provided by a Primary Health Organisation grant.)

2. Quality

- Complaints and incident action plans have been established and are available to heads of departments and ward managers to ensure risk reduction and improvement in service provision as well as providing assurance that practice changes are being made.
- In response to the Ministry of Health's Consumer Survey 2011, the Maternity Service has replicated the question regarding women's perceptions of their postnatal stay in hospital in the revised consumer feedback questionnaire. The revised questionnaire will also be offered to primary maternity units for them to adopt, or to consider including the same questions in their local questionnaires to ensure that the feedback from all women in the district can be collated and compared to the national findings.
- Update and migration of maternity policies and procedures is ongoing.

3. Service Highlights

- The commencement in post of a Respiratory Specialist Nurse in Paediatrics has improved the support to Southland Children with respiratory illness and created equity in access to this type of care across the district.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**District Performance Reports**
Report to:	Hospital Advisory Committee
Date of Meeting:	04 July 2012

Summary:

Considered in these papers are:

- Monthly DHB activity.

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	No specific implications.
Workforce:	No specific implications.
Other:	No specific implications.

Document previously submitted to:	Not applicable, report only provided for the HAC agenda.	**Date:** N/A
Approved by:	N/A	**Date:** N/A

Prepared by:	**Presented by:**
Chief Nursing and Midwifery Report	Leanne Samuel
Chief Medical Officer	David Tulloch
Senior Business Analyst	Grant Paris
Chief Information Officer	John Simpson
General Manager Human Resources	John Pine
Facilities and Site Development Manager	Lexie O'Shea
Date: 22/06/12	

RECOMMENDATIONS:

1. **That the Committee receive these reports.**

May 2012

Nursing and Midwifery Dashboard-SDHB

STRATEGIC GOALS:

1.0 Nursing and Midwifery Workforce

High performing nursing and midwifery workforce able to effectively contributes to meeting the health needs of the community.

2.0 Nursing and Midwifery Practice/Professional Standards

Professional excellence and safety in Nursing and Midwifery practice delivering optimal frontline care and maximising the potential of the nursing workforce.

3.0 Nursing and Midwifery Resource Utilisation

Effectively deployed, managed and supported Nursing and Midwifery Resource able to meet the service needs.

4.0 Nursing and Midwifery Governance and Leadership

Clinical governance and leadership roles and responsibilities are upheld professionally and within the wider organisations structures and functions within the multidisciplinary and management teams

KEY PROJECTS / ACTIVITY AREAS 2011		PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
1.0 Workforce development						
1.1	NETP (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 progressing well and first new grad being appointed in Southland Rehab services
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				✓	

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, 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?			✓		Implementation of Trendcare progressing well on both sites. Care Capacity Demand Management/Safe Staffing Health Workplace pilot will be progressed for Southland Dunedin and Wakari Hospital's. **Planning underway with National CCDM team and we plan to roll out the program across the District from June 2012.** This involves 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.
Establishing targeted tool kit sourcing strategy for senior nurses use on a shift by shift basis -Acuity/Capacity planning tools (prospective) -Integrated roster and bed management alignment electronically -Business Intelligence reporting platform-live time **Participate in 2012 pilot for care capacity demand management national demonstration site project plan being developed**						
4.0 Nursing and Midwifery Governance and Leadership						
4.1	Clinical Governance, clinical leadership on the ground			✓		Southern Nurse Director Teams workshop very positive Reporting on Clinical KPI's a priority for this group and **will be finalised following national consultation by QHSC**
Projects/Practice Development Initiatives						
	Falls			✓		Pilot of non-slip socks (Otago site) for patients to reduce incidence of falls progressing well.
	Early Warning Scores (Otago)/ UPs (Southland)			✓		Evaluations of both sites ongoing. Paediatrics and maternity also have specific tools.
Clinical –Key performance indicators- We are also learning to use the trigger tool process process on both sites and also will embark with our other Clinical colleagues on a HSMR (Hospital Standardised Mortality Rate) review process soon.						
Failure to rescue				✓		Needleman nursing indicators from Health Round Table and Ministry of Health, Massey University are being evaluated for both sites.
Falls				✓		Incident reporting data from all sites is being split between injurious and non-injurious falls. Also looking at HRT data and ongoing strategies for reduction.
Pressure Injuries		✓				Exploring ICD10 data, Prevalence and incidence data and HRT data from both sites to get a clearer picture of current rates and strategies for reduction
Healthcare Associated Infection (HAI)				✓		HAI data (blood born staph aureas) captured and reported via infection prevention and control. CLAB (Central Line Acquired Bacteraemia) project rolling out in Dunedin ICU.

CHIEF MEDICAL OFFICER'S (CMO) REPORT

HAC Meeting Date: **04 July 2012**
Report Prepared By: **Mr David Tulloch, Chief Medical Officer**
Date Prepared: **25 June 2012**

Recommendation

That the Committee receives and notes this report.

1. Update

The focus on quality and safety improvements continue with a renewed energy on incident reporting, distribution of the lessons learned from Root Cause Analyses and planning on aligning all our individual quality improvements under one umbrella of supporting the drive to perform better and more efficiently to the benefit of the patient, first and foremost.

It has been very heartening to see the overall improvement in the 6 Hours It Matters and On the Right Track projects with a very commendable increase in the numbers. On one day the Dunedin site achieved 100% compliance and the Invercargill site has been hovering above and just below the 95% target with great consistency. This reflects a huge amount of hard work and dedication from all concerned.

Regionally, the South Island Alliance is driving new work streams to adapt to new models of care that align more closely with "Better, Sooner, More Convenient" convincing all clinical staff that the whole construct needs to change is one that continues to tax the minds of this group.

Nationally, there are ongoing plans and developments for the introduction of new technologies in a fair and practicable way whilst still bearing in mind the fiscal constraints on all District Health Board's.

FINANCIAL REPORT

HAC Meeting Date: **4 July 2012**
Financial Report as at: **31 May 2012**
Report Prepared by: **Grant Paris, Senior Business Analyst**
Date: **14 June 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	40,504	39,050	1,454	432,093	430,207	1,887	469,551
Personnel							
Personnel							
Medical Personnel	(9,041)	(8,246)	(795)	(89,228)	(84,638)	(4,590)	(92,355)
Nursing Personnel	(10,500)	(10,258)	(241)	(107,348)	(108,180)	832	(118,599)
Allied Health Personnel	(4,901)	(4,341)	(560)	(43,332)	(42,462)	(870)	(46,574)
Support Personnel	(859)	(838)	(21)	(8,559)	(8,451)	(108)	(9,258)
Management & Administration Personn	(3,509)	(3,416)	(93)	(35,552)	(34,713)	(839)	(37,911)
Expenditure							
Outsourced Services	(2,779)	(1,526)	(1,252)	(18,646)	(17,011)	(1,636)	(18,524)
Clinical Supplies	(7,578)	(6,595)	(983)	(72,409)	(71,163)	(1,246)	(77,637)
Infrastructure & Non-Clinical Supplies	(6,158)	(5,797)	(361)	(62,290)	(62,599)	309	(68,202)
Net Surplus / (Deficit)	**(4,820)**	**(1,967)**	**(2,853)**	**(5,271)**	**991**	**(6,262)**	**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	468	451	(18)	468	452	(15)	452
Nursing Personnel	1,574	1,563	(11)	1,555	1,564	9	1,564
Allied Health Personnel	689	697	8	679	696	17	696
Support Personnel	187	199	11	190	196	5	196
Management & Administration Personnel	666	669	2	667	669	1	669
Total	**3,585**	**3,578**	**(7)**	**3,558**	**3,576**	**18**	**3,576**

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

FTE Definition
FTE as discussed in this report is "paid FTE", calculated on ordinary time worked, overtime and leave taken. Paid FTE is not recorded on additional hours or call-backs, paid to SMOs by way of allowance payments.

FTE does not measure ordinary time worked for junior doctors (RMOs). RMOs work varying hours depending on what run they are on, however they are always recorded as 1FTE.

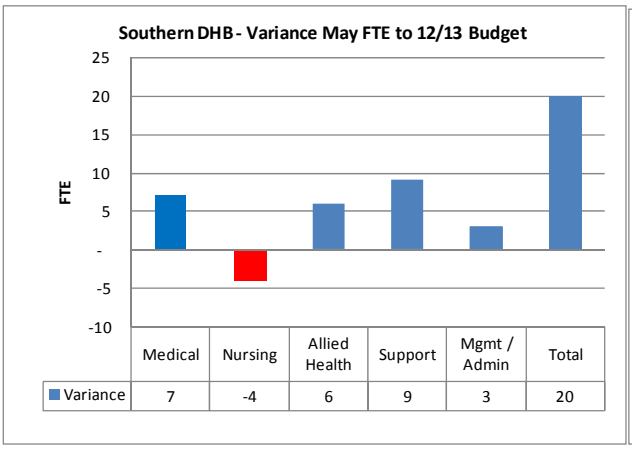
This report does not report on contracted FTE (i.e. it is not a direct measure of the contracted positions) and therefore increases / decreases shown are not a direct measure of new staff hired / terminated.

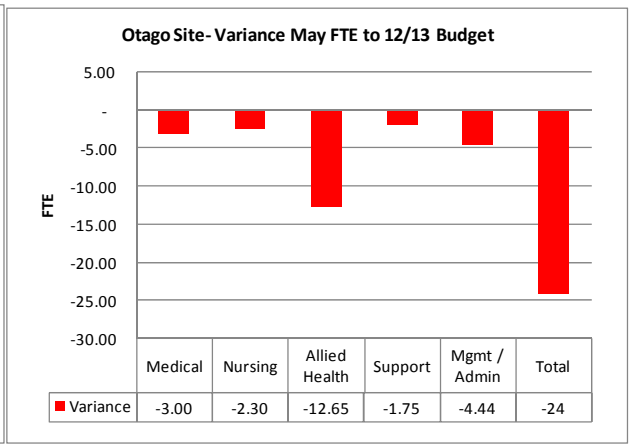
The May 2012 result is a deficit of $4.8m compared to a budgeted deficit of $2m resulting in an unfavourable variance of $2.8m. The year to date position is unfavourable by $6.3m.

Key Issues:

Despite a decrease in FTE, salary costs continue to exceed budget caused by additional paid FTE, lump sum collective agreement settlements and leave not being taken as budgeted.

May FTE for SDHB was 20 under the 2012-13 budget FTE (draft) as per the graph below. FTE at the Otago site is still a key concern.





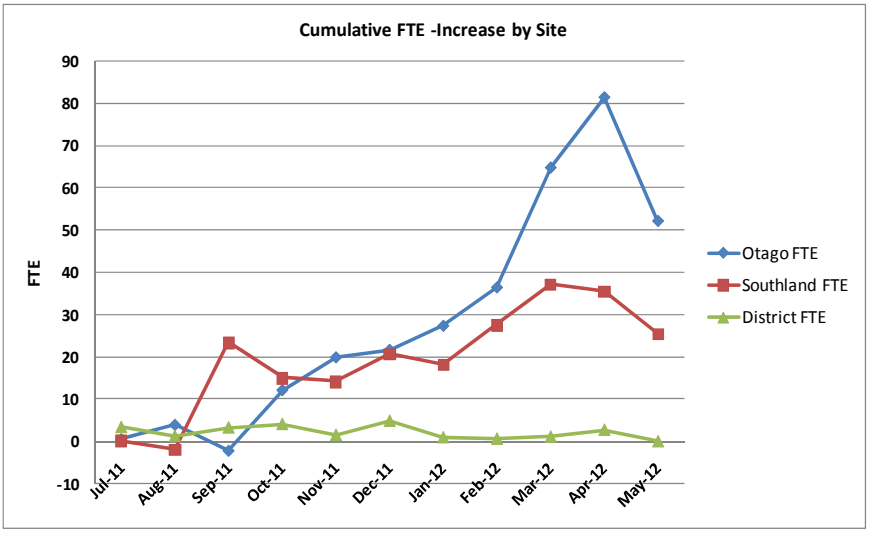
Outsourced Clinical Services expenditure was significantly over budget in May as the DHB attempts to meet ESPI targets for long wait patients and also meet clinical safety requirements. There is $580k of incentive revenue recognised in the accounts that the DHB will receive if it meets the target of no patient waiting for longer than 6 months at 30 June 2012.

Summary Comment

Monthly outliers

- Revenue is significantly over budget due primarily to the recognition of incentive revenue for meeting the long wait targets and invoicing Auckland DHB for cardiac cases.

- FTE has dropped 42 from April, now being only 7 over budget. Nursing drove down this decrease at the Otago site however along with Medical personnel are still over their budgeted FTE levels.



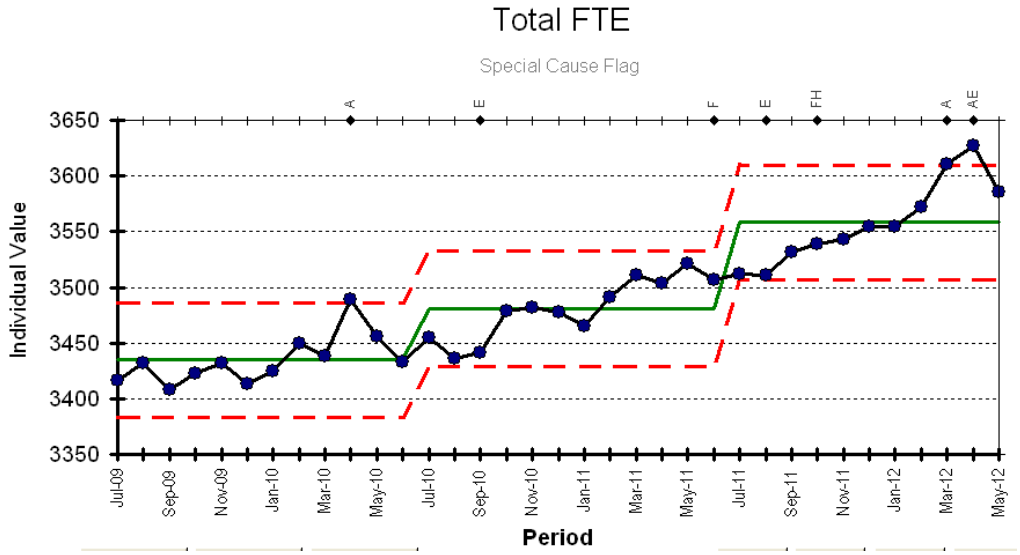
- Allied Health staff costs impacted by lump sum award settlement paid out (over $500k)

- Clinical Supplies is 15% over budget with Implants, Pharmaceuticals and Instruments and Equipment making up 86% of the variance. Only the latter is a material concern on a ytd basis.

YTD Comment

- Favourable revenue variance is driven by increased non resident revenue (partially offset by increased doubtful debts) ,kiwisaver subsidies received > budget (DHBs will cease receiving this in 12/13 year) and ESPI incentive funding accrued.

- Personal costs exceed the ytd budgeted position due to;
    - o increased FTE, a component of which has offsetting revenue increases (eg Medium Secure Unit) or cost decreases (eg outsourced medical personnel)
    - o leave not being taken as budgeted.
    - o lump sum award settlements paid out.



- Outsourced clinical services unfavourable to budget by $2.4m driven by both sites. Both sites pushing to achieve the ESPI target (addressing long wait patients) resulting in higher levels of outsourcing than usual. Other specific outsourcing mainly around radiology / mammography has contributed to the ytd overspend.

- Clinical Supplies has been driven up by the monthly result.

- Infrastructure & Non Clinical supplies favourable to budget by $309k due to lower than budgeted laundry, maintenance, electricity and gas costs, building depreciation and consultant fees. Offset partially by higher food costs, insurance, doubtful debts and IT costs (mainly depreciation).

2. Revenue

Total revenue is $1,454k better than budget for the month and $1,887k better than plan YTD. The table below highlights the major variances.

Revenue	Monthly Variance $(000)	Monthly Variance %	YTD Variance $(000)	YTD Variance %	YTD Comments
MOH - Personal Health	(15) U	(74%)	(546) U	(95%)	Oral Health budget. Actuals in Internal Revenue
MoH - Disability Support Services	33 F	5%	(187) U	(2%)	Revenue for Medium Secure Unit only partially recognised as unit finished later than budgeted. Offsetting favourable variance in personnel costs.
Other DHBs	211 F	857%	223 F	82%	Cardiac cases invoiced to Auckland DHB
ACC	184 F	25%	67 F	1%	Dunedin site unfavourable due to reduced ACC surgical volumes. Invercargill site on budget however increased MRI / Orthopaedic volumes offsetting lower Rehab ward $'s
Other Government	36 F	10%	259 F	6%	
Internal - DHB Funder to DHB Provider	773 F	2%	728 F	0%	($1,294k) - Mental Health washup to funder. ($240k) - reduced PCT revenue offsetting costs ($490k) - reduced Community Pharmacy revenue offsetting costs $580k - Elective waiting time incentive accrual $814k - Oral Health Funding $1,777k - Price Volume schedule adj - Renal ($814k) - Price Volume schedule adj - Community Cardiology Tests $154k- Breastscreening volumes > plan. ($192k) - Cervical screening volumes < plan.
Patient / Consumer Sourced	(69) U	(28%)	436 F	15%	$606k - Non resident revenue
Other Income	110 F	11%	673 F	6%	$115k - Donations $529k - SSC subsidies for Kiwisaver
Revenue	**1,263 F**		**1,653 F**		

3. Personnel Costs

A summary of the monthly and ytd FTE and $ variances by site is tabled below.

Site FTE Variance Analysis

	Monthly FTE Variance				YTD FTE Variance			
Description	Otago	Southland	Shared	Total Provider	Otago	Southland	Shared	Total Provider
Medical	(15)	(2)	0	**(18)**	(11)	(4)	0	**(15)**
Nursing	(6)	(5)	0	**(11)**	7	2	0	**9**
Allied Health	(10)	19	(0)	**8**	(0)	18	(0)	**17**
Support	(1)	5	8	**11**	(2)	3	4	**5**
Mgmt / Admin	(3)	(4)	9	**2**	(4)	(1)	7	**1**
Total	**(36)**	**13**	**16**	**(7)**	**(11)**	**18**	**11**	**18**

Site $ Variance Analysis

	Monthly $000s Variance				YTD $000s Variance			
Description	Otago	Southland	Shared	Total Provider	Otago	Southland	Shared	Total Provider
Medical	(819)	24	(1)	**(795)**	(3,978)	(601)	(12)	**(4,590)**
Nursing	(290)	44	5	**(241)**	176	573	83	**832**
Allied Health	(463)	(89)	(8)	**(560)**	(1,453)	610	(27)	**(870)**
Support	(28)	5	2	**(21)**	(179)	6	65	**(108)**
Mgmt / Admin	(93)	(32)	32	**(93)**	(835)	(276)	271	**(839)**
Total	**(1,693)**	**(48)**	**31**	**(1,710)**	**(6,269)**	**313**	**380**	**(5,576)**

A summary by staff type highlights the following drivers for the $ variances

- **Medical** – largely due to increase in RMO numbers, with partial offset in Southland outsourcing costs (see below). SMO settlement also > budget. (see 3. below)
- **Nursing** – 11FTE over budget for the month as above, a component in each site. Costs continue to be over budget at Otago due to annual leave not being taken.
- **Allied Health** – driven by Otago, with increasing FTE now being greater than budget. Vacancy factor that was previously relied upon has been eroded. Lump sum award settlement paid out in May having a significant impact on the accounts (over $500k). YTD annual leave not being taken to levels required adding to the ytd $ variance. (see 2. below)
- **Management / Admin** – unfavourable $ variance driven by higher FTE levels, lump sum award settlement impacting ytd variances and annual leave not being taken to budget. (see 2. below)

Although FTE dropped for the month, we still saw a significant unfavourable variance in payroll costs for the month. Lump sum award settlements accounted for over $600k of this variance, however non budgeted FTE and annual leave issues continue to drive costs above budget.

The main risks faced by the DHB are as follows;

1. FTE Growth

FTE dropped 42 from April levels and were only 7 FTE above budget. This is skewed by site however with Otago being 36FTE over budget offset by favourable variances in Southland / District services. This is not a true offset however as favourable FTE variances may be offset by things like

- reduced contracted revenue
- increased outsourced revenue
- increase in additional duty payments that do not always attract an FTE component.

FTE is now within the 12/13 budget (3,606FTE) although this has not been approved at this stage.

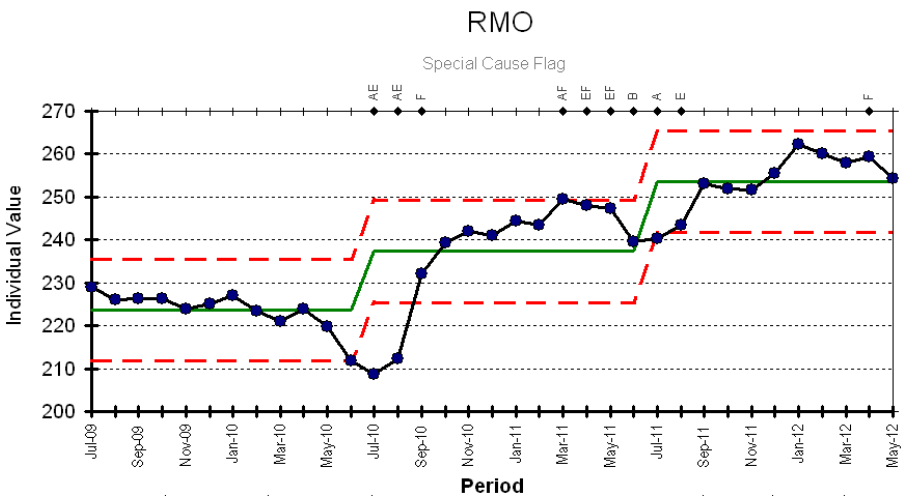
Paid FTE has grown across the DHB by 78 since the start of the financial year as per the table below with both sites contributing to this increase.

	Southern		Otago		Southland		Shared	
	(Increase) / Decrease	% (Increase) / Decrease	(Increase) / Decrease	% (Increase) / Decrease	(Increase) / Decrease	% (Increase) / Decrease	(Increase) / Decrease	% (Increase) / Decrease
Medical	(18.86)	(4.2%)	(11.19)	(3.3%)	(7.67)	(2.3%)		0.0%
Nursing	(34.00)	(2.2%)	(24.69)	(2.3%)	(9.66)	(0.9%)	0.35	0.0%
Allied Health	(26.34)	(4.0%)	(19.88)	(4.2%)	(6.48)	(1.4%)	0.02	0.0%
Support	7.34	3.8%	5.14	4.5%	3.38	3.0%	(1.18)	(1.0%)
Mgmt / Admin	(6.11)	(0.9%)	(1.55)	(0.5%)	(5.14)	(1.6%)	0.58	0.2%
	(77.97)		**(52.17)**		**(25.57)**		**(0.23)**	

Below are statistical run charts showing the actual FTE from July 2009 to May 2012 for the 3 areas of major growth this year – Medical (specifically RMOs, Nursing and Allied Health.

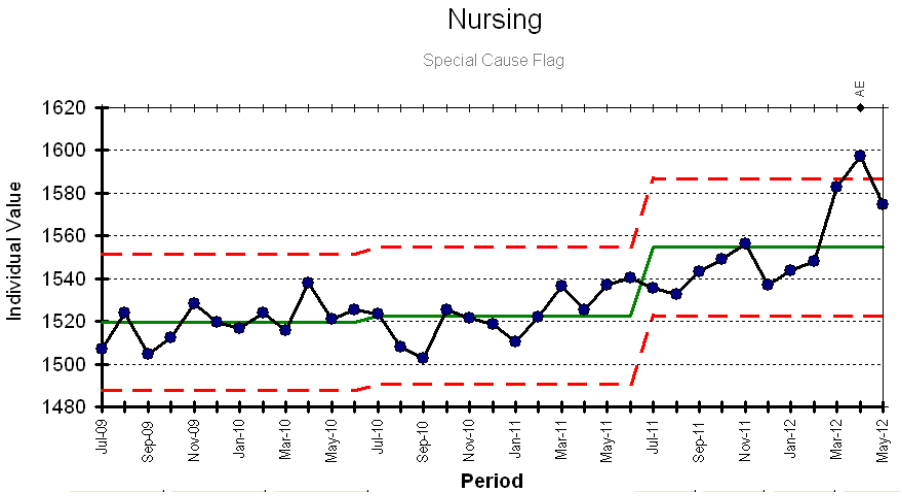
Note these graphs have different scales and do not start from 0 thereby highlighting increases

RMO's



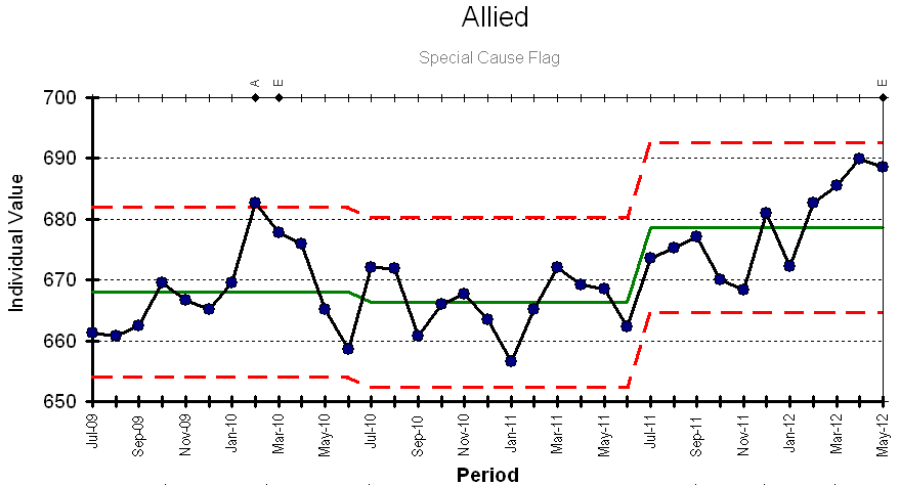
This shows an increase of around 25FTE over the last 3 years (approx 11%), with an increase of around 14FTE in the current year. This increase in largely in the Dunedin site as per section 3 below.

Nursing



As reported last month, increased activity combined with an increased number of "specials" saw FTE spike in April. We expected a drop in FTE and have seen this in May although activity still sees this run above the mean.

Allied Health



As expected, FTE for Allied Health staff has stayed fairly constant from last month. The increase of 26FTE since June 12 has occurred gradually over the last four months as vacant positions are appointed into. Allied Health has traditionally supported a large % of the vacancy savings budgeted in Otago and this is now being eroded as staff turnover stays low. Our expectations are that this level of FTE will continue.

2. Annual Leave

One factor that continually impacts the DHB from year to year is the level of annual leave taken to budget. The budgeting process assumes every employee will take their annual allocation of leave each year. Over the last few years standard allocations have increased from 4 to 5 weeks leave after 5 years service for most staff types.

The table below shows monthly and ytd variances in annual leave taken to budget.

	Monthly Variance		YTD Variance		Budgeted YTD	
	FTE	$000s	FTE	$000s	FTE	Variance %
SMO	- 16	- 233	- 4	- 588	35	-11%
RMO	- 23	- 202	- 7	- 638	35	-21%
Nursing	- 30	- 158	- 15	- 765	200	-7%
Allied	- 14	- 71	- 13	- 656	96	-14%
Support	- 9	- 32	- 3	- 95	24	-11%
Mgmt / Admin	- 40	- 179	- 11	- 489	90	-12%
	- 132	**-$ 875**	**-52**	**-$ 3,232**	**481**	**-11%**

As shown above, ytd annual leave taken is 11% under budget across all staff types. The financial impact of this is difficult to assess as it depends on whether the staff are covered or not while on leave.
A negative financial impact occurs when staff not covered do not take annual leave. Looking at the above table, a large percentage of SMOs, Allied, Support and Admin staff would not be covered while on leave. The ytd impact of this is over $1.5m.

3. Outsourcing

This financial year has seen a shift at Southland Hospital towards less outsourcing of SMOs and RMOs. Budget overruns in medical FTE / costs should therefore be compared alongside medical outsourced costs to get a true picture

The following table shows the month and YTD picture. The overall result is negative, primarily due to additional FTE appointed over budget. This is driven by RMOs at the Otago site which were 16FTE over budget for the month and 13FTE over budget ytd. Unlike the Southland site, Otago has no corresponding offset in outsourcing costs, FTE increases primarily being the result of increases to address

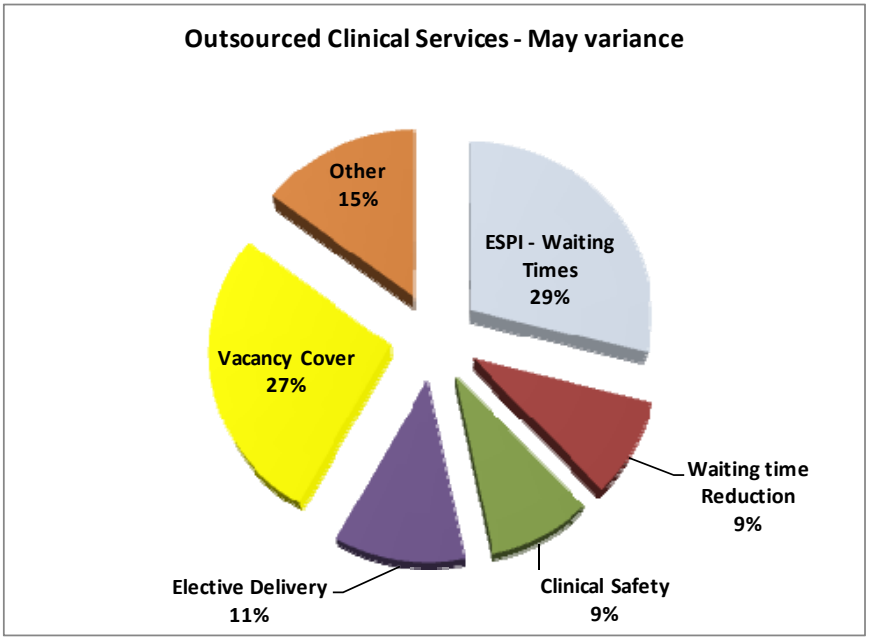
- safety (e.g. weekend ED rosters)
- efficiency (e.g. acute admitting registrar) and
- new requirements (e.g. Neurosurgery)
- filling existing vacancies.
- additional overtime required to cover call-backs. (5FTE over budget ytd)

	Month						Year to Date					
	Actual $' 000	Budget $' 000	Var $' 000	Actual FTE	Budget FTE	Var FTE	Actual $' 000	Budget $' 000	Var $' 000	Actual FTE	Budget FTE	Var FTE
SMO Personnel	(5,963)	(5,610)	(353)	214.03	215.30	1.27	(58,741)	(57,197)	(1,544)	214.06	216.75	2.69
Outsourced SMO	(683)	(683)	-				(7,206)	(7,500)	294			
Total SMO	**(6,646)**	**(6,293)**	**(353)**	**214.03**	**215.30**	**1.27**	**(65,947)**	**(64,697)**	**(1,250)**	**214.06**	**216.75**	**2.69**
RMO Personnel	(3,078)	(2,636)	(442)	254.35	235.50	(18.85)	(30,487)	(27,441)	(3,046)	253.60	235.50	(18.10)
Outsourced RMOs	(267)	(239)	(28)				(1,855)	(2,631)	776			
Total RMO	**(3,345)**	**(2,875)**	**(470)**	**254.35**	**235.50**	**(18.85)**	**(32,342)**	**(30,072)**	**(2,270)**	**253.60**	**235.50**	**(18.10)**
Total Medical Resource	**(9,991)**	**(9,168)**	**(823)**	**468.38**	**450.80**	**(17.58)**	**(98,289)**	**(94,769)**	**(3,520)**	**467.66**	**452.25**	**(15.41)**

4. Outsourced Costs

YTD outsourced costs are over budget by $1.25m for the month (82%) driving the ytd unfavourable variance. The outsourced medical line, although favourable by $1.1m, needs to be considered alongside the unfavourable medical salary costs as there has been a shift from outsourced to permanent FTE.

The outsourced clinical services line relates to activity being undertaken outside of the provider arm facilities with private providers. An analysis of the monthly variance ($1.1m) highlights the following reasons;

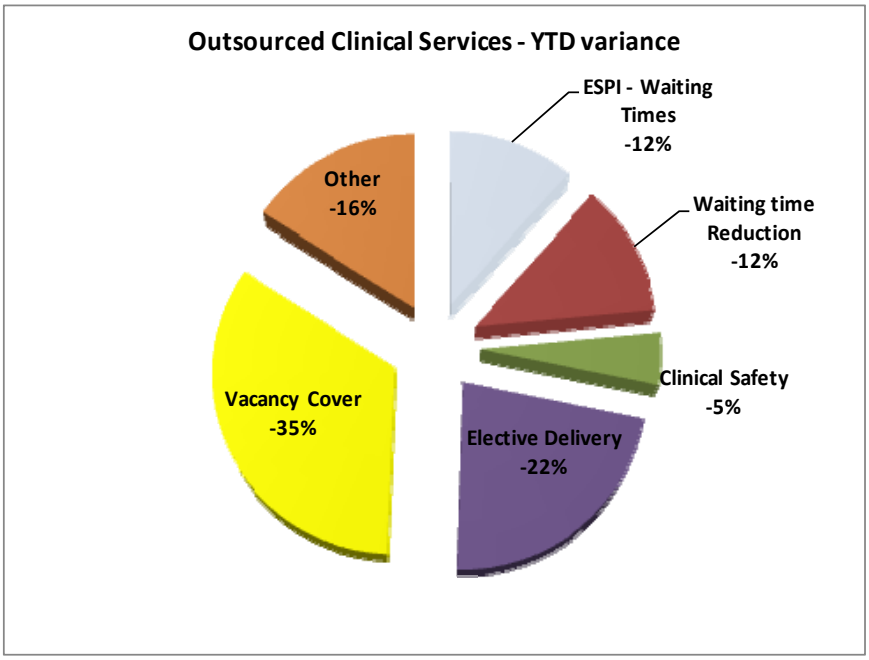


Vacancy cover relates to outsourced retinal procedures with DPH losing its Vitreoretinal surgeon as well as outsourcing in Invercargill to cover Radiologist and ENT vacancies.

Clinical safety relates to new requirements to outsource reads in DPH for Mammography

Other includes prior period invoicing received from the Dental School (SDHB receives offset revenue), as well as Southern Cross invoicing for Orthopaedic procedures offset by ACC revenue. We are also incurring a monthly charge for the rehousing of the Hulme house patients due to the seismic results.

A comparison with the YTD variance shows



Reasons mirror the monthly variance although we can see elective delivery basically swapping with ESPI waiting times.

This was due to DPH outsourcing more elective procedures midway through the year as acute throughput caused elective lists to be cancelled in-house.

5. Clinical Supplies

Clinical supplies costs incurred for the month equal $7,578k against a budget of $ 6,595k resulting in a negative variance of $983k. The YTD position is $1,246k worse than the budgeted position.

Clinical Supplies	Monthly Variance $(000)	Monthly Variance %	YTD Variance $(000)	YTD Variance %	Annual Budget $(000)
Treatment Disposables	(147) U	(6%)	(1,081) U	(4%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(36) U	(26%)	(104) U	(7%)	(1,717)
Instruments & Equipment	(198) U	(17%)	(956) U	(7%)	(14,375)
Patient Appliances	15 F	7%	288 F	14%	(2,312)
Implants & Prosthesis	(411) U	(50%)	(216) U	(2%)	(9,730)
Pharmaceuticals	(241) U	(16%)	385 F	2%	(18,728)
Other Clinical Supplies	34 F	13%	437 F	15%	(3,130)
Clinical Supplies Total	**(983) U**	**(15%)**	**(1,246) U**	**(2%)**	**(77,637)**

The monthly outliers are;

Implants and Prosthesis
Driven by volume and patient type, this months overspend is due to increased hip volumes, spinal surgery and cardiac implants (latter offset by revenue from ADHB) at DPH. As well as the actual implant cost, associated costs within this cost category such as screws nails and plates also increase in direct relationship to activity.
On a ytd basis the Dunedin site is on budget, the overspend driven by activity at Invercargill.

Pharmaceuticals
The overspend in this months accounts is due to increased charges through the DPH Oncology/Haematology Outpatient service. This has been over budget consistently this year due to a combination of

- new drugs being approved by Pharmac (eg Bortezomib)
- drugs being opened up for a wider range of patients (eg Rituximab)
- different cohort of patients from year to year affecting the spend (eg Herceptin spend a lot higher in 2012-13 in Dunedin than previous)

Underspends in other cost centres have been masking the unfavourable variance in this cost centre. Now that the other cost centres are spending their budget, this overspend is highlighted.

Instruments and Equipment
Continued overspends in disposable instruments due to a move to more disposable use and laparoscopic type surgery partially drive this variance, combined with an overspend in minor clinical equipment purchases (due to increased acute activity in main operating theatres and more ERCPs being performed in gastroenterology). Laundry costs are favourable ytd by approx $200k which may reflect lower volumes being laundered.

Treatment Disposables
The monthly and ytd unfavourable variance have the same drivers, being higher than budgeted blood products ($360k ytd), continence and hygiene supplies ($208k ytd), renal supplies ($330k ytd) and dressing costs ($209k ytd)

Air ambulance charges are lower than planned related directly to volume. Health promotion costs are also tracking below budget.

6. Infrastructure and Non Clinical

Infrastructure and non clinical costs for the month are $6,158k against a budget of $5,797k, resulting in an unfavourable variance against budget of $361k. The YTD variance is still favourable by $309k against plan.

Infrastructure & Non Clinical Expenses	Monthly Variance $(000)	Monthly Variance %	YTD Variance $(000)	YTD Variance %	Annual Budget $(000)
Hotel Services, Laundry & Cleaning	(81) U	(8%)	84 F	1%	(12,760)
Facilities	131 F	7%	805 F	4%	(20,332)
Transport	(74) U	(22%)	(195) U	(6%)	(3,814)
IT Systems & Telecommunications	(68) U	(8%)	(359) U	(4%)	(10,140)
Interest & Financing Charges	(66) U	(6%)	(187) U	(1%)	(14,148)
Professional Fees & Expenses	(97) U	(69%)	267 F	17%	(1,718)
Other Operating Expenses	(105) U	(26%)	(106) U	(2%)	(5,289)
Infrastructure & Non-Clinical Supplies Total	**(361) U**	**(6%)**	**309 F**	**0%**	**(68,202)**

YTD Hotel Services, Laundry and Cleaning costs are within plan ytd, overspends in food costs offset by lower than budgeted laundry charges.

Facilities costs ytd are favourable $805k. This is a result of lower than budgeted utility costs $474k (electricity, steam, gas and water), lower maintenance costs $381k, lower building and plant depreciation $300k, offset partially by increased insurance costs which are unfavourable ytd by $316k.

Transport charges over budget by $195k ytd driven by staff domestic travel.

The ytd position for Information Technology Systems and Telecommunications is a $359k unfavourable variance against budget. Depreciation is $187k greater than budget ytd and telecommunication costs are $85k above budget due to mobile phone charges, repairs and maintenance and minor purchase costs being greater than plan.

YTD Interest and Financing charges are unfavourable $187k due to higher than budgeted interst costs and capital charge.

YTD Professional fees and expenses are within planned parameters by $267k. Lower expenditure against consultant fees and affiliation fees than what was budgeted for.

YTD other operating expenses are unfavourable $106k, the major variances in this area is the doubtful debt provision which is $296k over budget (offset by increase in non resident revenue) and HEHA grants which are over $62k (also offset by revenue).The expense group – “other operating expenses” is on budget ytd due to underspends in stationery, printing, books and corporate training.

7. Financial Result – Dunedin site

Row Labels	$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														
MoH - Personal Health	5	20	(15)				28	574	(546)				738	
MoH - Public Health	10	24	(13)				116	262	(146)				286	
MoH - Disability Support Services	718	688	30				7,338	7,566	(228)				8,254	
Clinical Training Agency	669	511	158				5,512	5,622	(110)				6,133	
InterProvider Revenue (Other DHB's)	219	5	214				329	58	272				63	
Training Fees and Subsidies	8	7	0				147	82	65				89	
Accident Insurance	563	466	97				4,996	5,108	(112)				5,642	
Other Government (non DHBs)	329	314	15				3,570	3,453	117				3,767	
Government & Crown Agency Sourced Total	**2,521**	**2,035**	**486**				**22,036**	**22,725**	**(690)**				**24,972**	
Non Government & Crown Agency Revenue														
Patient / Consumer sourced	109	136	(27)				1,975	1,632	342				1,765	
Other Income	360	338	22				4,080	3,718	361				4,056	
Non Government & Crown Agency Revenue Total	**469**	**474**	**(5)**				**6,054**	**5,351**	**704**				**5,821**	
Internal Revenue														
Internal Revenue (DHB Fund to DHB Provider)	24,418	23,767	652				263,988	261,519	2,470				285,285	
Internal Revenue Total	**24,418**	**23,767**	**652**				**263,988**	**261,519**	**2,470**				**285,285**	
Revenue Total	**27,408**	**26,276**	**1,133**				**292,078**	**289,594**	**2,484**				**316,078**	
Personnel														
Personnel														
Medical Personnel	(6,720)	(5,902)	(819)	350.46	334.98	(15.48)	(64,699)	(60,722)	(3,978)	347.90	336.57	(11.33)	(66,289)	336.44
Nursing Personnel	(7,321)	(7,031)	(290)	1,087.31	1,081.13	(6.18)	(73,902)	(74,078)	176	1,075.31	1,082.00	6.69	(81,378)	1,081.93
Allied Health Personnel	(3,515)	(3,052)	(463)	495.25	485.01	(10.24)	(31,234)	(29,781)	(1,453)	484.40	484.20	(0.21)	(32,718)	484.27
Support Personnel	(460)	(432)	(28)	108.05	106.73	(1.32)	(4,577)	(4,397)	(179)	108.49	106.73	(1.76)	(4,831)	106.73
Management & Administration Personnel	(1,709)	(1,616)	(93)	330.49	327.81	(2.68)	(17,263)	(16,428)	(835)	332.25	327.92	(4.33)	(17,984)	327.91
Personnel Total	**(19,726)**	**(18,033)**	**(1,693)**	**2,371.56**	**2,335.66**	**(35.90)**	**(191,676)**	**(185,407)**	**(6,269)**	**2,348.36**	**2,337.42**	**(10.94)**	**(203,200)**	**2,337.27**
Personnel Total	**(19,726)**	**(18,033)**	**(1,693)**	**2,371.56**	**2,335.66**	**(35.90)**	**(191,676)**	**(185,407)**	**(6,269)**	**2,348.36**	**2,337.42**	**(10.94)**	**(203,200)**	**2,337.27**
Expenditure														
Outsourced Services														
Outsourced Medical Personnel	(142)	(96)	(46)				(1,462)	(1,046)	(416)				(1,142)	
Outsourced Nursing Personnel	(3)	(3)	(1)				(31)	(28)	(3)				(30)	
Outsourced Allied Health Personnel	(11)	(10)	(1)				(109)	(109)	(0)				(118)	
Outsourced Support Personnel	(17)	(6)	(11)				(104)	(69)	(35)				(76)	
Outsourced Management & Administration Personn	(0)	(1)	1				(25)	(11)	(13)				(13)	
Outsourced Clinical Services	(1,262)	(400)	(862)				(6,128)	(4,654)	(1,474)				(5,042)	
Outsourced Services Total	**(1,436)**	**(517)**	**(919)**				**(7,859)**	**(5,917)**	**(1,942)**				**(6,420)**	
Clinical Supplies														
Treatment Disposables	(1,986)	(1,749)	(238)				(19,244)	(17,936)	(1,308)				(19,632)	
Diagnostic Supplies & Other Clinical Supplies	(136)	(110)	(26)				(1,304)	(1,280)	(23)				(1,387)	
Instruments & Equipment	(498)	(407)	(91)				(4,935)	(4,533)	(402)				(4,949)	
Patient Appliances	(105)	(142)	37				(1,030)	(1,488)	458				(1,629)	
Implants & Prostheses	(969)	(625)	(344)				(7,022)	(7,020)	(2)				(7,627)	
Pharmaceuticals	(1,266)	(1,030)	(236)				(11,848)	(11,971)	123				(12,969)	
Other Clinical Supplies	(130)	(140)	10				(1,262)	(1,638)	375				(1,774)	
Clinical Supplies Total	**(5,091)**	**(4,203)**	**(888)**				**(46,645)**	**(45,866)**	**(779)**				**(49,967)**	
Infrastructure & Non-Clinical Supplies														
Hotel Services, Laundry & Cleaning	(810)	(754)	(56)				(8,064)	(8,165)	101				(8,899)	
Facilities	(109)	(114)	5				(1,260)	(1,231)	(29)				(1,343)	
Transport	(249)	(174)	(75)				(2,234)	(1,849)	(385)				(2,020)	
IT Systems & Telecommunications	(130)	(78)	(52)				(1,231)	(857)	(375)				(934)	
Interest & Financing Charges	(0)	(0)	0				(0)	(0)	0				(1)	
Professional Fees and Expenses	(31)	(45)	14				(474)	(500)	26				(545)	
Other Operating Expenses	(214)	(184)	(30)				(1,813)	(2,014)	201				(2,198)	
Infrastructure & Non-Clinical Supplies Total	**(1,543)**	**(1,349)**	**(195)**				**(15,076)**	**(14,616)**	**(460)**				**(15,940)**	
Expenditure Total	**(8,070)**	**(6,068)**	**(2,002)**				**(69,580)**	**(66,399)**	**(3,180)**				**(72,328)**	
Net Surplus / (Deficit)	**(388)**	**2,175**	**(2,563)**	**2,371.56**	**2,335.66**	**(35.90)**	**30,823**	**37,788**	**(6,965)**	**2,348.36**	**2,337.42**	**(10.94)**	**40,551**	**2,337.27**

8. Financial Result – Southland site

Row Labels	$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														
MoH - Personal Health	0	0	0				0	0	0				0	
MoH - Disability Support Services	57	53	4				625	583	41				636	
Clinical Training Agency	63	20	43				614	224	390				245	
InterProvider Revenue (Other DHB's)	0	0	0				(2)	0	(2)				0	
Training Fees and Subsidies	3	2	1				55	21	35				23	
Accident Insurance	343	263	80				3,028	2,889	139				3,152	
Other Government (non DHBs)	34	8	27				213	88	125				96	
Government & Crown Agency Sourced Total	**501**	**346**	**155**				**4,534**	**3,805**	**729**				**4,151**	
Non Government & Crown Agency Revenue														
Patient / Consumer sourced	69	110	(42)				1,308	1,214	94				1,325	
Other Income	164	155	9				1,847	1,833	15				2,079	
Non Government & Crown Agency Revenue Total	**233**	**266**	**(33)**				**3,155**	**3,047**	**108**				**3,404**	
Internal Revenue														
Internal Revenue (DHB Fund to DHB Provider)	11,601	11,540	61				125,400	126,943	(1,543)				138,483	
Internal Revenue Total	**11,601**	**11,540**	**61**				**125,400**	**126,943**	**(1,543)**				**138,483**	
Revenue Total	**12,335**	**12,152**	**183**				**133,089**	**133,795**	**(706)**				**146,039**	
Personnel														
Personnel														
Medical Personnel	(2,320)	(2,344)	24	117.92	115.82	(2.10)	(24,517)	(23,916)	(601)	119.76	115.68	(4.07)	(26,066)	115.70
Nursing Personnel	(3,151)	(3,195)	44	483.15	477.83	(5.32)	(33,196)	(33,769)	573	475.27	477.76	2.49	(36,859)	477.77
Allied Health Personnel	(1,360)	(1,271)	(89)	191.19	209.73	18.54	(11,891)	(12,501)	610	191.90	209.73	17.83	(13,660)	209.73
Support Personnel	(130)	(135)	5	32.38	37.61	5.23	(1,361)	(1,366)	6	34.76	37.61	2.85	(1,489)	37.61
Management & Administration Personnel	(882)	(850)	(32)	171.15	167.32	(3.83)	(8,873)	(8,597)	(276)	168.20	167.32	(0.88)	(9,376)	167.32
Personnel Total	**(7,843)**	**(7,795)**	**(48)**	**995.79**	**1,008.31**	**12.52**	**(79,837)**	**(80,150)**	**313**	**989.89**	**1,008.11**	**18.22**	**(87,450)**	**1,008.12**
Personnel Total	**(7,843)**	**(7,795)**	**(48)**	**995.79**	**1,008.31**	**12.52**	**(79,837)**	**(80,150)**	**313**	**989.89**	**1,008.11**	**18.22**	**(87,450)**	**1,008.12**
Expenditure														
Outsourced Services														
Outsourced Medical Personnel	(807)	(826)	19				(7,599)	(9,084)	1,486				(9,910)	
Outsourced Nursing Personnel	(41)	0	(41)				(65)	0	(65)				0	
Outsourced Allied Health Personnel	(22)	(4)	(18)				(153)	(41)	(112)				(45)	
Outsourced Support Personnel	(41)	(4)	(36)				(99)	(48)	(51)				(52)	
Outsourced Management & Administration Personr	(11)	0	(11)				(94)	0	(94)				0	
Outsourced Clinical Services	(328)	(82)	(247)				(1,830)	(899)	(931)				(981)	
Outsourced Services Total	**(1,250)**	**(916)**	**(335)**				**(9,840)**	**(10,072)**	**232**				**(10,988)**	
Clinical Supplies														
Treatment Disposables	(583)	(665)	82				(6,473)	(6,683)	210				(7,318)	
Diagnostic Supplies & Other Clinical Supplies	(40)	(30)	(10)				(381)	(301)	(80)				(330)	
Instruments & Equipment	(150)	(103)	(48)				(1,495)	(1,034)	(461)				(1,132)	
Patient Appliances	(83)	(62)	(21)				(793)	(623)	(169)				(682)	
Implants & Prostheses	(258)	(191)	(66)				(2,135)	(1,920)	(215)				(2,103)	
Pharmaceuticals	(503)	(505)	2				(4,968)	(5,249)	281				(5,740)	
Other Clinical Supplies	(97)	(121)	24				(1,177)	(1,239)	62				(1,355)	
Clinical Supplies Total	**(1,714)**	**(1,677)**	**(37)**				**(17,422)**	**(17,050)**	**(373)**				**(18,661)**	
Infrastructure & Non-Clinical Supplies														
Hotel Services, Laundry & Cleaning	(343)	(307)	(36)				(3,411)	(3,376)	(35)				(3,683)	
Facilities	(58)	(62)	4				(625)	(686)	61				(749)	
Transport	(117)	(101)	(16)				(1,044)	(1,114)	70				(1,215)	
IT Systems & Telecommunications	(31)	(52)	21				(459)	(568)	109				(620)	
Professional Fees and Expenses	(24)	(19)	(5)				(213)	(214)	1				(233)	
Other Operating Expenses	(92)	(107)	15				(1,153)	(1,177)	24				(1,284)	
Infrastructure & Non-Clinical Supplies Total	**(667)**	**(649)**	**(18)**				**(6,906)**	**(7,136)**	**230**				**(7,784)**	
Expenditure Total	**(3,631)**	**(3,242)**	**(389)**				**(34,168)**	**(34,258)**	**90**				**(37,433)**	
Net Surplus / (Deficit)	**861**	**1,116**	**(254)**	**995.79**	**1,008.31**	**12.52**	**19,084**	**19,388**	**(304)**	**989.89**	**1,008.11**	**18.22**	**21,156**	**1,008.12**

9. Financial Result – Shared services

Row Labels	$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)				166	213	(47)				232	
Accident Insurance	8	0	8				40	0	40				0	
Other Government (non DHBs)	40	46	(6)				528	511	17				558	
Government & Crown Agency Sourced Total	**64**	**66**	**(1)**				**734**	**724**	**10**				**790**	
Non Government & Crown Agency Revenue														
Other Income	545	466	79				5,389	5,092	297				5,552	
Non Government & Crown Agency Revenue Total	**545**	**466**	**79**				**5,389**	**5,092**	**297**				**5,552**	
Internal Revenue														
Internal Revenue (DHB Fund to DHB Provider)	152	91	61				803	1,001	(198)				1,092	
Internal Revenue Total	**152**	**91**	**61**				**803**	**1,001**	**(198)**				**1,092**	
Revenue Total	**761**	**623**	**138**				**6,926**	**6,817**	**109**				**7,434**	
Personnel														
Personnel														
Medical Personnel	(1)	0	(1)				(12)	0	(12)				0	
Nursing Personnel	(28)	(33)	5	3.96	4.10	0.14	(250)	(333)	83	4.04	4.10	0.06	(363)	4.10
Allied Health Personnel	(26)	(18)	(8)	2.15	2.07	(0.08)	(207)	(180)	(27)	2.27	2.07	(0.20)	(196)	2.07
Support Personnel	(269)	(272)	2	47.02	54.60	7.58	(2,622)	(2,687)	65	46.90	51.22	4.32	(2,937)	51.50
Management & Administration Personnel	(917)	(950)	32	164.68	173.40	8.72	(9,415)	(9,687)	271	166.70	173.40	6.70	(10,551)	173.40
Personnel Total	**(1,241)**	**(1,272)**	**31**	**217.81**	**234.17**	**16.36**	**(12,506)**	**(12,887)**	**380**	**219.91**	**230.79**	**10.88**	**(14,048)**	**231.07**
Personnel Total	**(1,241)**	**(1,272)**	**31**	**217.81**	**234.17**	**16.36**	**(12,506)**	**(12,887)**	**380**	**219.91**	**230.79**	**10.88**	**(14,048)**	**231.07**
Expenditure														
Outsourced Services														
Outsourced Support Personnel	(10)	(12)	2				(74)	(126)	53				(138)	
Outsourced Management & Administration Personr	0	(1)	1				(15)	(14)	(1)				(16)	
Outsourced Clinical Services	0	0	0				(0)	0	(0)				0	
Outsourced Corporate / Governance Services	(82)	(81)	(1)				(859)	(881)	22				(962)	
Outsourced Services Total	**(92)**	**(94)**	**2**				**(947)**	**(1,022)**	**74**				**(1,115)**	
Clinical Supplies														
Treatment Disposables	(55)	(64)	8				(616)	(633)	17				(695)	
Diagnostic Supplies & Other Clinical Supplies	(0)	(0)	(0)				(1)	(1)	(0)				(1)	
Instruments & Equipment	(709)	(649)	(60)				(7,688)	(7,596)	(92)				(8,294)	
Patient Appliances	(0)	0	(0)				(0)	0	(0)				0	
Pharmaceuticals	(9)	(1)	(7)				(36)	(17)	(19)				(19)	
Other Clinical Supplies	(0)	(0)	(0)				(0)	(0)	0				(0)	
Clinical Supplies Total	**(773)**	**(715)**	**(59)**				**(8,342)**	**(8,247)**	**(95)**				**(9,009)**	
Infrastructure & Non-Clinical Supplies														
Hotel Services, Laundry & Cleaning	(7)	(18)	12				(143)	(160)	17				(178)	
Facilities	(1,506)	(1,628)	122				(15,851)	(16,624)	773				(18,240)	
Transport	(37)	(54)	17				(408)	(527)	119				(579)	
IT Systems & Telecommunications	(762)	(725)	(37)				(7,955)	(7,862)	(93)				(8,586)	
Interest & Financing Charges	(1,253)	(1,187)	(66)				(13,298)	(13,111)	(187)				(14,148)	
Professional Fees and Expenses	(181)	(76)	(106)				(624)	(864)	240				(939)	
Other Operating Expenses	(203)	(113)	(90)				(2,030)	(1,699)	(331)				(1,807)	
Infrastructure & Non-Clinical Supplies Total	**(3,948)**	**(3,800)**	**(148)**				**(40,309)**	**(40,847)**	**538**				**(44,478)**	
Expenditure Total	**(4,814)**	**(4,609)**	**(205)**				**(49,598)**	**(50,115)**	**518**				**(54,602)**	
Net Surplus / (Deficit)	**(5,293)**	**(5,258)**	**(36)**	**217.81**	**234.17**	**16.36**	**(55,178)**	**(56,185)**	**1,007**	**219.91**	**230.79**	**10.88**	**(61,215)**	**231.07**

10. Capital 2011-12

SOUTHERN DISTRICT HEALTH BOARD

CAPITAL PLAN - May 12

Capital Item	Prior Year C/Fwd	2011 - 2012 Capital Plan	Total Capital Budget	Prior Year Approval yet to be spent	Current Year Approval	Total Approvals	Current Years Cashflows	Funds Available to Commit
Dunedin - Nurse Call - Queen Mary	5,579		5,579	5,579		5,579		
Security Infrastructure	19,536		19,536	19,536		19,536	19,536	
Base Page replacement	70,602		70,602	70,602		70,602	25,520	
Critical Alarms for MOT	76,518		76,518	76,518		76,518	48,591	
Fluoroscopy Room Upgrade	200,000	45,845	245,845		245,845	245,845	231,364	
Mammo Building	189,882		189,882	189,882		189,882	167,377	
Boiler Dunstan		1,000,000	1,000,000					1,000,000
Installation on Standby generators from Dunedin		600,000	600,000				7,700	600,000
New Boiler - Southland		600,000	600,000					600,000
Security - Dunedin/Wakari		200,000	200,000		200,000	200,000	145,994	
Audiology alterations		150,000	150,000					150,000
Nurse Call Replacement - Dunedin		140,000	140,000		140,000	140,000	93,400	
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	1,155,776	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	699,500	
DR Machine for Mobile Screening Unit	400,000	(10,395)	389,605		389,605	389,605	20,273	
Fundus camera - eyes - digital+fluroscene	45,120		45,120					45,120
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	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	195,591	
NICU Mobile Unit		150,000	150,000					150,000
Provation Upgrade for scoping (IT Budget)		140,000	140,000					140,000
Giraffe Omnibed		99,750	99,750		99,750	99,750	99,769	
Plethysomgraph		130,000	130,000					130,000
Endoscope/colonscope		129,000	129,000		103,214	103,214		25,786
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	53,731	65,195
Air Flow change to Endoscopy		100,000	100,000					100,000
Gynae/Obs Ultrasound		100,000	100,000		34,842	34,842		65,158
MRI Coil Replacement		100,000	100,000					100,000
Fixture and fittings - 1A		120,000	120,000		108,316	108,316	104,954	11,684
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	4,456,558	9,675,477	2,643,799	3,218,735	5,862,534	4,758,313	3,812,943
Cboard Food Management System	278,854		278,854	278,854		278,854	247,412	
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	59,736	
PRA Project	60,133	120,000	180,133	28,133	63,000	91,133	65,543	89,000
Sharepoint	161,756		161,756					161,756
Business Intelligence	258,155	400,000	658,155	258,155	96,709	354,864	274,640	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	172,650	
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		200,244	200,244	291,092	49,756
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	1,482,059	2,909,696	1,612,775	2,301,304
Total Major Assets	9,270,003	9,390,397	18,660,400	4,909,514	5,286,639	10,196,153	7,526,864	8,464,247

Capital report continued

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	231,769	533,910	291,343	130,231
Clinical Equipment	1,352,999	2,543,866	3,896,865	1,492,310	1,266,564	2,758,874	1,875,095	1,137,991
Information Technology	356,000	765,667	1,121,667	356,000	215,011	571,011	176,564	550,656
Motor Vehicle	25,821	25,000	50,821	25,821		25,821		25,000
Non Clinical Equipment	171,355	393,980	565,335	171,355	141,192	312,547	172,597	252,788
Total Minor	2,208,317	4,090,512	6,298,829	2,347,628	1,854,536	4,202,164	2,515,600	2,096,665
Building & Property - Contingency		650,000	650,000		366,408	366,408	355,760	283,592
Information Technology - Contingency	649,087	516,370	1,165,457		1,112,549	1,112,549	1,186,345	52,907
General - Dunedin	885,714	1,381,280	2,266,994		1,671,592	1,671,592	1,652,451	595,402
General - Southland	5,487	786,134	791,621		524,644	524,644	458,485	266,977
Strategic Contingency	2,178,290	(830,838)	1,347,452					1,347,452
Total Contingencies	3,718,578	2,502,946	6,221,524		3,675,193	3,675,193	3,653,042	2,546,330
INTERNALLY FUNDED ASSETS								
Linear Accelerator		4,384,000	4,384,000		3,933,635	3,933,635	491,971	450,365
Linear Accelerator Building		1,946,000	1,946,000		1,946,000	1,946,000		
Kew Building		3,400,000	3,400,000		3,400,000	3,400,000	132,305	
ED Shortstay unit		2,714,000	2,714,000		2,714,000	2,714,000	1,416,922	
Gastroenterology Unit		1,821,000	1,821,000					1,821,000
Southland site staff café	500,000		500,000				4,388	500,000
Total Internally Funded Capital Programme	500,000	14,265,000	14,765,000		11,993,635	11,993,635	2,045,585	2,771,365
Total Baseline Capital Programme	15,696,898	30,248,856	45,945,753	7,257,142	22,810,003	30,067,145	15,741,090	15,878,608

Asset Class	Total Budget	2011/12 Portion of Budget	Prior Years Cashflows	Total Approvals	Current Years Cashflows	Budget yet to spend
EXTERNALLY FUNDED ASSETS						
Inter Rai	212,000	212,000		80,790	187,806	24,194
Energy Effiency Project	202,010	202,010		202,010	81,738	120,272
Master Site Planning	24,380,000	10,111,000	1,373,003	7,421,283	11,620,309	11,386,688
Oral Health	6,742,000	2,179,000	3,912,812	6,731,778	1,853,923	975,265
ID Transition Unit	2,307,000	1,538,000	67,550	2,306,771	1,675,527	563,923
Total Externally Funded Capital Programme	33,843,010	14,242,010	5,353,365	16,742,632	15,419,304	13,070,341

DONATED & SELF FUNDED ASSETS	Approved	Current Years Cashflows
Donated	20,820	
Donated	360,943	399,159
Donated	62,259	62,215
Donated	73,619	79,132
Southland Trust	17,193	17,643
Total of additional self funded capital expenditure	**534,834**	**558,149**
Total per cashflow statement		**31,718,543**

11. 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)
Part 2.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Personal Health	5	20	(15) U	(74%)	28	574	(546) U	(95%)	738
MoH - Public Health	10	24	(13) U	(56%)	116	262	(146) U	(56%)	286
MoH - Disability Support Services	774	741	33 F	5%	7,963	8,149	(187) U	(2%)	8,890
Clinical Training Agency	732	531	201 F	38%	6,126	5,846	280 F	5%	6,378
Internal - DHB Funder to DHB Provider	36,171	35,398	773 F	2%	390,191	389,463	728 F		424,861
Ministry of Health Total	**37,694**	**36,714**	**980 F**	**3%**	**404,423**	**404,295**	**129 F**		**441,153**
Other Government									
Other DHB's	235	25	211 F	857%	494	271	223 F	82%	295
Training Fees and Subsidies	11	9	2 F	18%	202	103	99 F	97%	112
Accident Insurance	913	729	184 F	25%	8,064	7,997	67 F	1%	8,793
Other Government	404	368	36 F	10%	4,311	4,052	259 F	6%	4,420
Other Government Total	**1,564**	**1,131**	**433 F**	**38%**	**13,071**	**12,422**	**649 F**	**5%**	**13,621**
Government and Crown Agency Total	**39,257**	**37,845**	**1,412 F**	**4%**	**417,494**	**416,717**	**777 F**		**454,774**
Other Revenue									
Patient / Consumer Sourced	178	246	(69) U	(28%)	3,283	2,847	436 F	15%	3,089
Other Income	1,069	959	110 F	11%	11,316	10,643	673 F	6%	11,688
Other Revenue Total	**1,247**	**1,206**	**41 F**	**3%**	**14,599**	**13,489**	**1,109 F**	**8%**	**14,777**
REVENUE TOTAL	**40,504**	**39,050**	**1,454 F**	**4%**	**432,093**	**430,207**	**1,887 F**		**469,551**
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,041)	(8,246)	(795) U	(10%)	(89,228)	(84,638)	(4,590) U	(5%)	(92,355)
Nursing Personnel	(10,500)	(10,258)	(241) U	(2%)	(107,348)	(108,180)	832 F	1%	(118,599)
Allied Health Personnel	(4,901)	(4,341)	(560) U	(13%)	(43,332)	(42,462)	(870) U	(2%)	(46,574)
Support Services Personnel	(859)	(838)	(21) U	(3%)	(8,559)	(8,451)	(108) U	(1%)	(9,258)
Management / Admin Personnel	(3,509)	(3,416)	(93) U	(3%)	(35,552)	(34,713)	(839) U	(2%)	(37,911)
Personnel Costs Total	**(28,810)**	**(27,099)**	**(1,710) U**	**(6%)**	**(284,019)**	**(278,443)**	**(5,576) U**	**(2%)**	**(304,697)**
Outsourced Expenses									
Medical Personnel	(949)	(922)	(27) U	(3%)	(9,061)	(10,131)	1,069 F	11%	(11,053)
Nursing Personnel	(44)	(3)	(42) U		(96)	(28)	(68) U	(249%)	(30)
Allied Health Personnel	(33)	(14)	(19) U	(140%)	(262)	(150)	(112) U	(75%)	(163)
Support Personnel	(68)	(22)	(45) U	(202%)	(277)	(243)	(33) U	(14%)	(265)
Management / Administration Personnel	(12)	(2)	(9) U	(383%)	(134)	(26)	(108) U	(419%)	(28)
Outsourced Clinical Services	(1,590)	(482)	(1,108) U	(230%)	(7,958)	(5,553)	(2,405) U	(43%)	(6,023)
Outsourced Corporate / Governance Services	(82)	(81)	(1) U	(1%)	(859)	(881)	22 F	3%	(962)
Outsourced Funder Services	-	-			-	-			-
Outsourced Services Total	**(2,779)**	**(1,526)**	**(1,252) U**	**(82%)**	**(18,646)**	**(17,011)**	**(1,636) U**	**(10%)**	**(18,524)**
Clinical Supplies									
Treatment Disposables	(2,624)	(2,478)	(147) U	(6%)	(26,333)	(25,252)	(1,081) U	(4%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(177)	(140)	(36) U	(26%)	(1,686)	(1,582)	(104) U	(7%)	(1,717)
Instruments & Equipment	(1,357)	(1,159)	(198) U	(17%)	(14,118)	(13,163)	(956) U	(7%)	(14,375)
Patient Appliances	(189)	(204)	15 F	7%	(1,823)	(2,111)	288 F	14%	(2,312)
Implants & Prosthesis	(1,227)	(816)	(411) U	(50%)	(9,157)	(8,941)	(216) U	(2%)	(9,730)
Pharmaceuticals	(1,778)	(1,536)	(241) U	(16%)	(16,853)	(17,238)	385 F	2%	(18,728)
Other Clinical Supplies	(227)	(262)	34 F	13%	(2,439)	(2,877)	437 F	15%	(3,130)
Clinical Supplies Total	**(7,578)**	**(6,595)**	**(983) U**	**(15%)**	**(72,409)**	**(71,163)**	**(1,246) U**	**(2%)**	**(77,637)**
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,160)	(1,079)	(81) U	(8%)	(11,618)	(11,702)	84 F	1%	(12,760)
Facilities	(1,673)	(1,804)	131 F	7%	(17,737)	(18,541)	805 F	4%	(20,332)
Transport	(403)	(329)	(74) U	(22%)	(3,685)	(3,490)	(195) U	(6%)	(3,814)
IT Systems & Telecommunications	(923)	(854)	(68) U	(8%)	(9,645)	(9,287)	(359) U	(4%)	(10,140)
Interest & Financing Charges	(1,253)	(1,187)	(66) U	(6%)	(13,298)	(13,111)	(187) U	(1%)	(14,148)
Professional Fees & Expenses	(237)	(141)	(97) U	(69%)	(1,310)	(1,577)	267 F	17%	(1,718)
Other Operating Expenses	(509)	(404)	(105) U	(26%)	(4,996)	(4,890)	(106) U	(2%)	(5,289)
Democracy	-	-			-	-			-
Subsidiaries & Joint Ventures	-	-			-	-			-
Infrastructure & Non-Clinical Supplies Total	**(6,158)**	**(5,797)**	**(361) U**	**(6%)**	**(62,290)**	**(62,599)**	**309 F**		**(68,202)**
Total Expenses	**(45,324)**	**(41,018)**	**(4,307) U**	**(10%)**	**(437,364)**	**(429,215)**	**(8,149) U**	**(2%)**	**(469,060)**
Net Surplus/ (Deficit)	**(4,820)**	**(1,967)**	**(2,853) U**	**(145%)**	**(5,271)**	**991**	**(6,262) U**	**(632%)**	**491**

Information Systems Dashboard

KEY PROJECTS / ACTIVITY AREAS 2012	PROGRESS				COMMENT
	Scoping	Behind	On Track	Completed	
8241 Clinical Systems					
EDIS (Emergency Department Information System) Upgrade	✓				Upgrade of Emergency Department system to allow for integration with iSoft to allow more visibility of ED data.
ORMIS (Operating Room Information System) & iPM (Patient Management System) Event Link	✓				Interface ORMIS and iPM to enable data on patient journey around Theatres to be complete.
Labs into Mosaiq		✓			Allow interface of Labs into Mosaiq to allow for better utilization of Medical Oncology functionality.
Maternity Plus Electronic bookings			✓		Maternity bookings are now able to be sent electronically but LMCs (Lead Maternity Carer) if they use Maternity Plus. These bookings now include antenatal, medical history, pregnancy history, labs/scans. Staged rollout to rest of LMCs.
Titanium (School Dental)			✓		Application now functioning and in use. Clinics continue to be brought onto the system progressively across the district.
Intensive Care Unit (ICU)			✓		New ICU system being developed to replace existing STATIC (ICU's Information System application), currently in the testing/refining stage.
Sleep			✓		Rewriting existing in house developed system with significant requirement changes. Phase 1 complete and ready for data migration and phase 2 in initial development.
Acute Pain System			✓		***Redevelopment of a system to manage patients of the acute pain system in Otago. Plan to go live in late June.***
CBORD			✓		***The new Food Service system has 2 x modules (FSS - Food Service Suite and NSS – Nutritional Service Suite). The vendor is continuing the onsite training for users of this system periodically. There are interfaces into this new system that are being finalized.***
Clinical Task Manager			✓		***Development of a system to manage tasks requested by nursing staff for RMO to reduce the number of pages. Plan to go live in late June.***
Image Intensifier Request			✓		***Small prototype for managing request for Image Intensifiers by theatres in Southland. Currently being reviewed by business owner.***
Student Immunisations (Public Health South Immune)			✓		A replacement system developed to support Public Health South (PHS) in managing student immunisations.
Stereotactic Radiosurgery Service			✓		Developing a new system to assist in managing stereotactic radiosurgery service. Initial requirement prototype developed and being reviewed.
8243 Corporate Systems					
Employee Connect Human Resources Information Systems (HRIS) Recruitment			✓		***There has been some detailed work done on this module with now only a few questions outstanding. The recruitment team are reviewing this with a view to starting the pilot at the end of June***
Employee Connect (HRIS) Electronic Forms			✓		***The Electronic Forms involves Payroll, Security and Network Access forms for employees and contractors at Southern DHB. The pilot for Southland will start on the 25th June and will include staff based in Lakes Hospital, Pharmacy and AT&R Unit. The Otago pilot has started for Information Systems and Building and***

Information Systems Dashboard

KEY PROJECTS / ACTIVITY AREAS 2012	PROGRESS				COMMENT
	Scoping	Behind	On Track	Completed	
					Property Teams.
Public Records Act			✓		***Development work on the new Southern DHB Intranet is almost complete and the new Intranet, called PULSE is planned to going live towards the end of June.*** ***Information Systems and Public Health Service have finalized the taxonomy (file classification) and are working the migration plan of moving their documents from their file shares into the appropriate area under the new taxonomy.***
Incident System including Risk Register, Hazard Register and Complaints Database.	✓				Currently in discussions with vendor regarding the licence model for a South Island regional solution.
8242 Infrastructure					
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. Training completed. Pilot begun using IS Group and Exec area at Wakari.***
Cisco Access Control System (ACS) Upgrade to Identity Service Engine (ISE)	✓				Obtaining quotes. ISE controls and monitors access to the wireless by mobile devices such as iPad's and iPhones.
Storage Area Network (SAN) upgrade			✓		Additional storage capacity required for Imaging
Network Room relocation			✓		Significant work underway moving fibre links and network services from old Server Room as it is being repurposed as part of Master Site Planning. University Links, 3rd Party networks and Safecom link to be moved.
8242 BI & Reporting					
Business Intelligence			✓		Currently working on Wait times across the board. Once work on providing a robust method of accessing the data from the various source systems has been completed access can be given to users. This is a dependent task that is external to the project, and includes implementing a failover process to ensure that data feeds are continually available.
Faster Cancer Treatment	✓				***Looking into the possibility of creation of a linked patient record to provide data to the MOH for journeys through the hospital systems.***
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. Underway with a combined inpatient waitlist delivered for verification to the project group and Outpatients almost completed.
Theatre Compass	✓				External data for Bench marking Theatres. Southland sites are completed and scoping has started for Otago sites as there is differing systems in use.
New single Web interface for southern DHB reporting			✓		This single interface is the second phase of reducing risk with the overnight southland warehouse coming to the end of its useful life and will reduce duplication of effort. The Webserver is complete and a soft roll out has started with full notification to begin in two weeks if no issues are

Information Systems Dashboard

KEY PROJECTS / ACTIVITY AREAS 2012	PROGRESS				COMMENT
	Scoping	Behind	On Track	Completed	
					identified.
8246 Imagining Systems					
Replacement Radiology Information System (RIS)	✓				Scoping of a regional implementation of the RIS system is on-going with work being undertaking by the vendor to demonstrate a viable "multisite" solution
6009/6011 Clinical Records and Coding					
Reduction in Retention Period project	✓				Awaiting reports to be finalised for both Otago and Southland before flagging, culling and disposal can take place
8240 Regional/Alliance					
Orion Concerto Clinical Desktop	✓				***Working with the Alliance Program Director and vendor to establish tentative project plan for implementation of Concerto Clinical Desktop into the SDHB. Monitoring the WCDHB implementation to gain learning's.***
ProVation MD (Gastroenterology System)	✓				***Regional architecture now finalised. Regional costings gathered and comparison with existing Business Case underway. New/Updated business case to be presented June 2102.***
Regional Patient Administration System	✓				***A project undertaken by the SI Alliance in conjunction with the National Health IT Board to select a preferred Regional PAS Solution. Project has been scoped and awaiting sign-off by Alliance.***

Human Resources Dashboard

2011-2012 STRATEGIC GOALS:

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

KEY PROJECTS / ACTIVITY AREAS 2011/2012		PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
1.0 RECRUITMENT						
1.1	Implement regional centralized recruitment model		√			DHBs' national job portal was launched by the Minister of Health on 28 March 2011 and is now well established in the on line recruitment marketplace (kiwihealthjobs.com). The site is utilized by all DHB's and the NZ Blood Service. Over time it is planned to make it available to other public health providers.
1.2	Recruitment metrics reported			√		Metrics being collected represent baseline data to establish trends of active recruitment. Reports being developed via Employee Connect database, (not yet implemented), and also from Adcorp via strategic work such as SMO (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 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			√		***Gore High School commenced in the programme this month. Planning and co-ordination of the Health Careers Expo was also a focus this month.***
3.2	Workforce Information	√				***Scoping activity as part of HRIS Project.***
3.3	Management and Leadership development			√		***2012 HRM Series Module delivery continues.***
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 October.
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 organization as a key component of the refreshed people capability strategy to deliver on our vision, mission and purpose.
4.5	Electronic “payroll” forms		√			Electronic payroll forms for Southern DHB being developed, using EmployeeConnect (HRIS - Human Resources Information Systems) as the platform.

Building and Property Services **May 2012**

Major Capital Construction Project Summary

Location				Capital Construction Projects	Status				Update
Otago	Dunstan	Southland	Lakes		Scoping	Behind	On Track	Completed	
✓				New Linac Bunker			✓		See one page report.
✓				E.D Observation Unit			✓		See one page report.
✓				Gastrointestinal Diseases Centre	✓				Preliminary concept work to begin in August.
		✓		Administration and Teaching Centre		✓			Design/tender documentation almost complete, discussion with Historic Places Trust around resource consent continuing.
		✓		Southland Staff Cafeteria			✓		Detailed design work underway.
		✓		Relocation of Otago Generators to Southland	✓				Currently out to tender.
		✓		Ronald MacDonald House Trust Family Room	✓				Design underway, Quantity Surveyor to provide estimate so costs can be accurately measured.

Deferred Maintenance and Infrastructure Projects

Location					Status				
Otago	Dunstan	Southland	Lakes		Scoping	Behind	On Track	Completed	
✓				Wakari Boiler Replacement			✓		Programme has been submitted and contractors have been selected.
✓				Lamson Tube Upgrade				✓	See one page report.

Andy Syme
Acting Building & Property Services Manager

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.

Note that the figures for Staff Cafés and the Office Relocations project have altered by $49,250.00 to reflect the changes as detailed in 2.1 above.

Tender	Project	Scoping	Behind	On Track	Completed	Update	Ministry Approved Budget ($)	Committed Tender Cost ($)	Variance ($)
1	Acute Mental Health Facility				√	Completed.	3,609,522	3,322,385	287,137
2	Wakari Carparking				√	Completed.	1,274,677	1,177,315	97,362
3	Wakari Main Block Lifts			√		Construction on track.	553,804	553,804	0
4	Mechanical Reticulation				√	Completed.	640,432	638,643	1,789
5	Wakari Conference Rooms				√	Negative variance due to additional scope.	702,879	902,217	-199,338
6	Wakari Central Stores			√		Construction on track.	4,262,639	3,892,219	370,420
	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	3,118,772	-48,204
	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	616,918

Warren Taylor

Facilities and Site Development Manager

PROGRESS REPORT – LINAC BUNKER UPGRADE

START DATE:	TARGET FINISH DATE:	% COMPLETE:	ACTUAL FINISH DATE:
28 April 2012	10 December 2012	20%	

PROGRESS THIS MONTH:

- Chilled water upgrade to Bunker 3 is completed.
- Chilled water upgrade to Bunker 1 is also completed.
- Documentation for Bunker 2 nearing completion/tender.

FINANCIAL STATUS:

Linear Accelerator Upgrade	Approved Cost	Actual Costs to Date
Construction Costs	$ 1,790,320.00	$ 176,258.00
Project Contingency	$ 155,680.00	$
TOTAL	$ 1,946,000.00	$ 176,258.00

PROJECT DESCRIPTION:

Construction to allow for a new Linear Accelerator Machine involving the following:

- Demolition of existing partitions and ceilings.
- New internal partitions with lead equivalent linings.
- Electrical work including Body Protected areas.
- Painting and floor coverings.

PROJECT PROGRESS FROM LAST MONTH:

- New Project.

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.
Continuance of Clinical Services	Disruptive work to be scheduled around Clinical Schedule as necessary.

PROGRESS REPORT – ED OBSERVATION UNIT - DUNEDIN HOSPITAL

START DATE:	TARGET FINISH DATE:	% COMPLETE:	ACTUAL FINISH DATE:
3rd October 2011	August 2012	65%	

PROGRESS THIS MONTH:

- Wall linings nearing completion. Gib Stopping progressing well.
- Medical gases pipe work completed with only final fix and commissioning to be done.
- Plumbing installed and inspected with drainage well underway.
- Electrical first fix underway.
- Mechanical first fix has been completed.

FINANCIAL STATUS:

ED OBS UNIT	Approved Cost	Actual Costs to Date
Construction Costs	$ 2,430,000.00	$ 1,348,046.00
Project Contingency	$ 270,000.00	$ 24,761.00
TOTAL	$ 2,700,000.00	$ 1,372,807.00

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:

- 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.

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.