

SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Thursday, 25 January 2018, 9.30 am

Board Room, Level 2, Main Block,
Wakari Hospital Campus, 371 Taieri Road, Dunedin

A G E N D A

Lead Director: *Patrick Ng, Executive Director Specialist Services*

Item

1. **Apologies**
2. **Interests Register**
3. **Minutes of Previous Meeting**
4. **Matters Arising**
5. **Provider Arm Monitoring and Performance Reports**
 - 5.1 [Executive Director Specialist Services Report](#)
 - 5.2 [Key Performance Indicators](#)
 - 5.3 [Financial Performance Summary](#)

Southern DHB Values			
Kind <i>Manaakitanga</i>	Open <i>Pono</i>	Positive <i>Whaiwhakaaro</i>	Community <i>Whanaungatanga</i>

APOLOGIES

At the time of going to print, no apologies had been received.

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Hospital Advisory Committee
Date of Meeting:	25 January 2018
<p>Summary:</p> <p>Commissioner, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.</p> <p>Interests declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).</p> <p>Changes to Interests Registers over the last month:</p> <ul style="list-style-type: none"> ▪ Graham Crombie - Commerce Commission removed ▪ Chris Fleming - Ex-officio Member, Southern Partnership Group, added ▪ Patrick Ng - Daughter, medical student, added 	
Specific implications for consideration (financial/workforce/risk/legal etc):	
Financial:	n/a
Workforce:	n/a
Other:	
<p>Prepared by:</p> <p>Jeanette Kloosterman Board Secretary</p> <p>Date: 22/12/2018</p>	
<p>RECOMMENDATION:</p> <p>1. That the Interests Registers be received and noted.</p>	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT (Commissioner)	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	Dunedin Sinfonia Board	Nil	
	25.06.2015	Director, Dunedin City Treasury Limited	Nil	
	18.09.2016	Food Safety Specialists Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Director, Warrington Estate Ltd	Nil - no pecuniary interest; provide legal services to the company.	
	18.09.2016	Tall Poppy Ideas Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Rangiora Lineside Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Otaki Three Limited	Nil. Co-trustee in client trusts - no pecuniary interest.	
			Spouse:	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil (Updated 8 June 2017)	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Chair, Parkside Quarries Limited	Nil	
	25.06.2015	Director, South Link Health Services Limited	A SLH entity, Southern Clinical Network, has applied for PHO status.	Step aside from decision-making (refer Commissioner's meeting minutes 02.09.2015).
	25.06.2015	Board Member, Warbirds Over Wanaka Community Trust	Nil	
	25.06.2015	Director, Warbirds Over Wanaka Limited	Nil	
	25.06.2015	Director, Warbirds Over Wanaka International Airshows Limited	Nil	
	25.06.2015	Board Member, Leslie Groves Home & Hospital	Leslie Groves has a contract with Southern DHB for aged care services.	
	25.06.2015	Board Member, Dunedin Diocesan Trust Board	Nil	
25.06.2015	Director, Nominee companies associated with Gallaway Cook Allan	Nil		
25.06.2015	Trustee of numerous private trusts	Nil		
25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil		
Graham CROMBIE (Deputy Commissioner)	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	
	25.06.2015	Chairman, Otago Museum	Nil	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	25.06.2015	Chairman, New Zealand Genomics Ltd	Nil	
	25.06.2015	Independent Chairman, Action Engineering Ltd	Nil	
	25.06.2015	Trustee, Orokonui Foundation	Nil	
	25.06.2015	Chairman, Dunedin City Treasury Ltd	Nil	
	25.06.2015	Independent Chair, Innovative Health Technologies (NZ) Ltd	Possible conflict if Southern DHB purchased this company's product.	
	25.06.2015	Associate Member, Commerce Commission	Potential conflict if complaint made against Southern DHB.	Removed 18.12.2017
	16.01.2017	Director, Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd)	Nil	
	08.02.2017	Independent Chair, TANZ eCampus Ltd		
	13.03.2017	Chair, South Island Alliance Information Services		
	23.11.2017	Director, A G Foley Ltd	Possible conflict if Southern DHB contracts this company's services.	
	18.09.2016	Director and Shareholder, Innovatio Ltd	Vehicle for governance and consulting assignments. Clients listed above.	
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust.	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	05.02.2015	One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician)		
	07.10.2015	Southern Partnership Group	The Southern Partnership Group will have governance oversight of the Dunedin Hospital rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Susie JOHNSTONE	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
(Consultant, Finance Audit & Risk Committee)	21.08.2015	Board Member, REANNZ (Research & Education Advanced Network New Zealand)	REANNZ is the provider of Eduroam (education roaming) wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities.	
	21.08.2015	Advisor to a number of primary health provider clients in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	18.01.2016	Audit and Risk Committee member, Office of the Auditor-General	Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General.	
	16.09.2016	Director, Shand Thomson Ltd	Nil	
	16.09.2016	Director, Harrison Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Johnstone Afforestation Co Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees (2005) Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, McCrostie Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Spouse is Consultant/Advisor to:		
	21.08.2015	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB.	
	21.08.2015	Wyndham & Districts Community Rest Home Inc	Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB.	
	21.08.2015	Roxburgh District Medical Services Trust	Roxburgh District Medical Services Trust has a contract with Southern DHB.	
	21.08.2015	West Otago Health Ltd & West Otago Health Trust	West Otago Health Ltd & West Otago Health Trust have a contract with Southern DHB.	
	21.08.2015	A number of primary health care providers in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	21.08.2015	Director, Clutha Community Health Co. Ltd	Clutha Community Health Co. Ltd has a contract with Southern DHB.	
	26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Daughter:		
	21.08.2015	6th Year Medical School Student	(Updated 20.10.2017)	
Donna MATAHAERE-ATARIKI	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
(CPHAC/DSAC and IGC Member)	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Deputy Chair, NGO Council, Ministry of Health	Nil	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Ahuru Mowai National Māori Leadership Group Cancer	Nil- REMOVED 23 February 2017	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Board Member and Shareholder, Otākou Health Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	

Hospital Advisory Committee - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	01.09.2016	Southern DHB, Disability and Support Advisory Committee	Possible conflict with SDHB contract funding.	
Odele STEHLIN	01.11.2010	Waihopai Runaka General Manager	Possible conflict when contracts with Southern DHB come up for renewal.	
Waihopai Rūnaka – Chair IGC	01.11.2010	Waihopai Runaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
	23.02.2017	Te Rūnanga alternative representative for Waihopai Rūnaka on Ngai Tahu.	Nil	
	09.06.2017	Director, Waihopai Runaka Holdings Ltd	Possible conflict with contract funding.	
Sumaria BEATON	27.04.2017	Southland Warm Homes Trust	Nil	
IGC - Awarua Rūnaka	09.06.2017	Director and Shareholder, Sumaria Consultancy Ltd	Nil	
	09.06.2017	Director and Shareholder, Monkey Magic 8 Ltd	Nil	
Taare BRADSHAW	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka				
Victoria BRYANT	06.05.2015	Charge Nurse Manager, Otago Public Health	Nil	
IGC - Puketeraki Rūnaka	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
	06.05.2015	Member - Te Rūnanga o Ōtākou	Nil	
	06.05.2015	Member Kati Huirapa Rūnaka ki Puketeraki	Nil	
	06.05.2015	President Fire in Ice Outrigger Canoe Club	Nil	
	24.05.2017	Puketeraki representative for Te Kaika VLCA located in College Street	Possible conflict with funding in health setting.	
	24.05.2017	Member, South Island Alliance - Raising Healthy Kids	Nil	
Justine CAMP	31.01.2017	Research Fellow - Dunedin School of Medicine - Better Start National Science Challenge	Nil	
IGC - Moeraki Rūnaka		Member - University of Otago (UoO) Treaty of Waitangi Committee and UoO Ngai Tahu Research Consultation Committee	Nil	
		Member - Dunedin City Council - Creative Partnership Dunedin	Nil	
		Moana Moko - Māori Art Gallery/Ta Moko Studio - looking at Whānau Ora funding and other funding in health setting	Possible conflict with funding in health setting.	
		Daughter is a member of the Community Health Council	Nil	
Terry NICHOLAS	06.05.2015	Treasurer, Hokonui Rūnanga Inc.	Nil	
IGC - Hokonui Rūnaka	06.05.2015	Member, TRoNT Audit and Risk Committee	Nil	
	06.05.2015	Director, Te Waipounamu Māori Cultural Heritage Centre	Nil	
	06.05.2015	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict when contracts with Southern DHB come up for renewal.	
	06.05.2015	Trustee, Ancillary Claim Trust	Nil	
	06.05.2015	Director, Hokonui Rūnanga Research and Development Ltd	Nil	
	06.05.2015	Director, Rangimanuka Ltd	Nil	
	06.05.2015	Member, Te Here Komiti	Nil	
	06.05.2015	Member, Arahua Holdings Ltd	Nil	
	06.05.2015	Member, Liquid Media Patents Ltd	Nil	
	06.05.2015	Member, Liquid Media Operations Ltd	Nil	
	09.06.2017	Director, Murihiku Holdings Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Owner Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Operator Ltd	Nil	
Ann WAKEFIELD	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	
IGC - Ōraka Aparima Rūnaka	09.02.2011	Member of Māori Advisory Committee, Southern Cross	Nil	
	03.10.2012	Te Rūnanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.	Nil	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Management of staff conflicts of interest is covered by SDHB's Conflict of Interest Policy and Guidelines.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
Pania COOTE	26.05.2016	Ngai Tahu registered.	Nil
	08.12.2017	Ngāi Tahu, Ngāti Kauwhata and Ngāti Porou registered.	Nil
	30.09.2011	Member, South Island Alliance Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	30.09.2011	Member, SIT Social Work Committee	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	26.01.2015	SDHB Child and Youth Health Service Level Alliance Team	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	Nil
	08.12.2017	South Island Alliance, Strategic Planning and Integration Team (SPaIT)	Nil
Lisa GESTRO	06/09/2017	Nil	
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	25.09.2016	Deputy Chair, InterRAI NZ	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs.
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017	Ex-officio Member, Southern Partnership Group	
Lynda McCUTCHEON	22.06.2012	Member of the University of Otago, School of Physiotherapy, Admissions Committee	Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.
	19.08.2015	Member of the National Directors of Allied Health	Nil
	04.07.2016	NZ Physiotherapy Board: Professional Conduct Committee (PCC) member	No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC.
	18.09.2016	Shareholder, Marketing Business Ltd	Nil
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Nicola MUTCH	16.03.2016	Member, International Nominations	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	17.11.2017	Wife works for key technology supplier CCCL	Nil
	18.12.2017	Daughter, medical student at Auckland University and undertaking Otago research project over summer 2017/18.	
Dr Jim REID	22.01.2014	Director of both BPAC NZ and BPAC Inc	No conflict.
	22.01.2014	Director of the NZ Formulary	No conflict.
Julie RICKMAN	31.10.2017	Director, JER Limited	Nil, own consulting company
	31.10.2017	Director, Joyce & Mervyn Leach Trust Trustee Company Limited	Nil, Trustee
	31.10.2017	Trustee, The Julie Rickman Trust	Nil, own trust
	31.10.2017	Trustee, M R & S L Burnell Trust	Nil, sister's family trust
		<i>Specified contractor for JER Limited in respect of:</i>	
	31.10.2017	PWC New Zealand Limited to 31 December 2017	Nil
	31.10.2017	Ministry for Primary Industries to 31 December 2017	Nil
	31.10.2017	H G Leach Company Limited to termination	Nil
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Thursday, 23 November 2017, commencing at 9.25 am in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson	Commissioner Deputy Commissioner Deputy Commissioner
In Attendance:	Mr Chris Fleming Ms Joy Farley Mrs Lisa Gestro Mrs Jenny Hanson Dr Nigel Millar Dr Nicola Mutch Mr Patrick Ng Ms Julie Rickman Ms Jeanette Kloosterman	Chief Executive Officer Acting Executive Director Specialist Services Executive Director Strategy, Primary & Community Director of Nursing, Medicine (deputising for Chief Nursing Officer) Chief Medical Officer (from 9.35 am) Director of Strategic Communications Executive Director Specialist Services Executive Director Finance, Procurement & Facilities Board Secretary

1.0 WELCOME AND INTRODUCTORY REMARKS

The Commissioner welcomed everyone to the meeting, and extended a special welcome to Patrick Ng, recently appointed Executive Director Specialist Services, and Jenny Hanson, who was standing in for the Chief Nursing & Midwifery Officer.

The resignation of Dr Sue Crengle, Committee Member, was noted. The Commissioner reported that she had sent a letter of thanks to Dr Crengle and had discussed the appointment of a successor with the Chair of the Iwi Governance Committee.

The Commissioner noted that Joy Farley, Acting Executive Director Specialist Services, would soon be leaving Southern DHB. In thanking Ms Farley for her contribution, the Commissioner acknowledged the experience, knowledge, and wisdom that she had brought to the role.

2.0 APOLOGIES

Apologies were received from the Chief Nursing & Midwifery Officer and the Executive Director People, Culture & Technology.

3.0 PRESENTATION: FASTER CANCER TREATMENT

Simon Pointer, Faster Cancer Treatment Project Manager, Therese Duncan, Associate Director of Nursing, Medicine, Janine Cochrane, General Manager, Surgical Services and Radiology (via videoconference), Stephen Packer, Medical

Director, Surgical Services and Radiology, and Dr Ursula Jewell, Southern Cancer Network, joined the meeting for this item.

The Chief Medical Officer joined the meeting at 9.35 am.

Simon Pointer gave an overview of the *Faster Cancer Treatment* (FCT) programme, which included an outline of the rationale for the programme, its aims, expected outcomes, current performance, the tools and systems used, and service improvement projects. Mr Pointer then gave an update on the Urology mega clinics and the work being undertaken on a long term plan to streamline clinics.

Following the presentation, the FCT team answered questions from the Commissioner Team on the Cancer Nurse Co-ordinator Whiteboard, opportunities for further improvement, and the impact of bowel screening.

In thanking the team for their attendance, the Commissioner acknowledged the innovative approach being used to improve outcomes for patients.

4.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3).

Mr Graham Crombie, Deputy Commissioner, advised that he was in the process of being appointed a director of A G Foley Ltd.

The Commissioner reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

Recommendation:

"That the Interests Registers be received and noted."

Agreed

5.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 28 September 2017 be approved and adopted as a true and correct record."

Agreed

6.0 MATTERS ARISING

All matters arising from the previous minutes were covered in the agenda papers.

7.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

Executive Director Specialist Services' Report (tab 6.1)

The Acting Executive Director Specialist Services (EDSS)' monthly report was taken as read and the Acting EDSS answered questions on activity to improve CT and MRI waiting times, which included extending MRI hours of operation into the evening. Consideration was also being given to holding additional clinics at weekends.

The Chief Executive Officer (CEO) advised that the elective services recovery plan would be considered at the Commissioner's meeting due to commercial sensitivity.

Key Performance Indicators (KPIs) (tab 6.2)

The KPI report was taken as read.

Financial Performance Summary (tab 6.3)

The financial report for October 2017 was taken as read. The Commissioner noted that it had been considered in-depth by the Finance, Audit & Risk Committee.

The CEO reported that he had concerns about the accuracy of volume reporting and had sought assistance from the Nelson Marlborough DHB. The review had identified some areas for further consideration.

The EDSS reported that the cardiac surgery waiting list, at 16 patients, was well below the maximum of 25 and no-one was waiting for surgery greater than 60 days.

CONFIDENTIAL SESSION

At 10.15 am it was resolved that the Hospital Advisory Committee reconvene at the conclusion of the public Disability Support and Community & Public Health Advisory Committees meeting and move into committee to consider the agenda items listed below.

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Serious Adverse Events	To protect information where the making available of the information would be likely to prejudice the supply of similar information and it is in the public interest that such information continue to be supplied.	Section 9(2)(ba) of the Official Information Act (OIA).
3. MSP and Urgent Interim Works Programme	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

SOUTHERN DISTRICT HEALTH BOARD

Title:	Executive Director of Specialist Services Report		
Report to:	Hospital Advisory Committee		
Date of Meeting:	25 January 2018		
Summary:			
Considered in these papers are:			
<ul style="list-style-type: none"> ▪ December 2017 DHB activity 			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	Yes		
Workforce:	Yes		
Other:	No		
Document previously submitted to:	Not applicable, report only provided for the Hospital Advisory Committee agenda.		Date:
Approved by:			Date:
Prepared by: Executive Director of Specialist Services		Presented by: Patrick Ng Executive Director of Specialist Services	
Date: 11/01//2018			
RECOMMENDATION:			
That the Commisioner Team receive the report.			

Executive Director of Specialist Services Report – December 2017

Recommendation

That the Hospital Advisory Committee notes this report.

1. Operational Overview Highlights

Priority areas that are being worked on in the Directorate include:

1. Elective recovery planning for the remainder of this financial year.
2. Ophthalmology recovery planning.
3. MRI modality performance improvement (against Ministry targets).
4. Emergency Department performance improvement (against Ministry targets).

In terms of elective recovery planning, conversations have progressed well with South Canterbury, who are preparing to do orthopaedic day cases at Oamaru from early February, and who, with additional planning will do more complex orthopaedic cases from mid to late February at Timaru hospital. Meetings are also being planned to progress with general surgery cases.

We aim to finalise an outplacing agreement with Mercy Hospital when their CEO is back from leave in late January. In the meantime, planning for moving ophthalmology and general surgery lists to Mercy has continued over the summer break.

In terms of the Ophthalmology recovery plan we managed to recruit two locums who ran clinics from early January, which has allowed us to cover SMO annual leave and also to improve performance slightly, with the number of follow up patients whose wait times are > 50% past their appointment date continuing to fall. We are also close to a solution for two additional clinic rooms for the eye department within the hospital footprint (using the vacated audiology space). We hope to have this solution in place by mid-February, which would enable us to retain the locums after the SMO's return and would allow us to achieve the June 2018 target of having zero cases > 50% whilst simultaneously planning / implementing longer term model of care solutions.

We have developed a draft plan for MRI modality performance improvement. The plan involves running weekend sessions using an outsource provider on our own machines in the first instance, but also with the potential to utilise our own staff in weekend sessions. The plan quantifies the effort and likely cost that would be required to lift MRI performance from current levels of performance at 33% of patients referred having their scans completed within 42 days to the Ministry target of 85%. Further work is required on the demand side and to determine how this solution will be funded. We hope to present a paper in February, once this further work has been completed.

In our papers this month we have proposed forming a new Steering Group / Working Group who would focus on improving the flow of patients through the ED in Dunedin. We have identified that the ability to get patients seen by the specialities, and then admitted (if required), together with clearing access issues (e.g. to beds) is a key focus area for improving ED results in Dunedin. A similar initiative, but with a focus on working with primary care to reduce admissions is already underway in Southland and we will ensure that the initiatives are kept separate so that they can focus on the specific issues at each site, but are linked to share knowledge and learning.

Our next area of focus will be on the development of an ESPI (elective services patient flow indicators) recovery plan which seeks to recover ESPI performance in services where these targets are not being met. We are currently missing on targets for ESPI 2 (patients waiting longer than 4 months for their first specialist assessment), and ESPI 5 (patients given a commitment to treatment but not treated within 4 months) for a number of services. Solving ESPI flow issues requires us to match what we accept for treatment with our capacity to treat.

2. Health Targets

Indicator	Last Quarter - MOH	Current Quarter To Date Estimate	Actions if falling short of target
Shorter Stays in Emergency Department - Target 95%	88.7%	92%	<ul style="list-style-type: none"> • Quantify a data collection approach for the HOME team and Inpatient Medical Assessment Unit initiatives to validate the impact that these initiatives are having. • Quantify the extent to which non-timely review and admission of patients by the speciality services is impacting on ED breaches (data from the daily reports suggests the majority of breaches are impacted by this). • Define the problem in terms of specialist retrieval of patients from the Emergency Department and outline solutions to this problem. • Quantify the extent to which access blockage is impacting on ED breaches. • Formulate an initial recovery plan which is focused on specialist retrieval and access blockage.

<p>Radiology Diagnostic indicator CT, 95% of patients referred for elective CT have report distributed within 42 days</p>	<p>September 2017 71.38%</p>	<p>December 2017 85%</p>	<p>December 2017 saw a marked improvement in performance against target. Dunedin saw the greatest improvement, increasing from 68.5% in November to 79.4% in December 2017. Since July 2017, 10 additional elective CT scans per week have been funded to be undertaken at Oamaru, alongside a shift in the Southland CT catchment area, which now includes South Otago. As of 5 January 18, 178 elective patients are waiting for CT at Dunedin, a reduction from 448 in June 2017. Southland CT, with 64 elective patients currently waiting, achieved 91.5% in December 2017, its best result since April.</p>
<p>Radiology Diagnostic indicator MRI, 85% of patients referred for elective MRI have report distributed within 42 days</p>	<p>September 2017 28.28%</p>	<p>December 2017 33.2%</p>	<p>MRI performance continues to be lower than that required to meet target. Whilst quarter two saw a small improvement on Quarter one performance it is clear that additional capacity must be provided if we are to see patients within expected timeframes. A paper proposing weekend sessions in order to increase capacity has been prepared in draft and we aim to present the paper next month.</p>
<p>Faster Cancer Treatment (FCT) – Target 90%(as of July 2)</p>	<p>Q2 2017/18 88.3%</p>	<p>December 2017 90% (incomplete)</p>	<p>Performance has improved in Quarter 2 2017/18, compared to Quarter 1. Case ascertainment of 62-day records has also improved. Based on current completed records, Southern DHB met the FCT target for both November and December 2017 and is close to reaching the target of 90% in Quarter 2, 2017/18.</p>

Colonoscopy Urgent – 85% Colonoscopy non-urgent – 70% Colonoscopy Surveillance – 70%	Quarter 4 16/17 – 90% Quarter 4 16/17 – 85% Quarter 4 16/17 – 93%	Q2 17/18 so far – 73% 74% 65%	Significant extra work undertaken five years ago to bring the surveillance colonoscopy waiting lists to an acceptable timeframe has meant that there is a hump of patients that are now due again to be seen at their five year surveillance interval. A new surgeon commencing in January in Southland should also assist in filling available lists. The urgent waiting indicator has a small number of patients and relates to one or two patients not receiving their scope within the prescribed timeframe (two weeks), often due to patient factors (availability for appointments).
Coronary Angiograms Target 95%	Quarter 4 - 100%	100%	
Immunisation 95% of eight-month-olds will have their primary course of immunisation (six weeks, three months and five month events) on time.	94.2%	95%	
Healthy Children By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.	First Quarter Target achieved 96%	Second Quarter (December target) Target achieved 97% (based on 6 month report)	

Elective Surgical Discharges - Annual target 13,190	6,656 Actual YTD vs 6,671 Plan YTD, as at December 2017.
------------------------------------------------------------	----------------------------------------------------------

Elective Surgical Discharge Activity - Southern DHB population									
	December 2017				Year to Date				Annual Plan
	Actual	Plan	Variance	Var %	Actual	Plan	Variance	Var %	
SDHB population treated in-house	748	814	(66)	(8%)	5,341	5,578	(237)	(4%)	11,055
SDHB population treated by other DHBs	36	36	-	-	234	243	(10)	(4%)	484
SDHB population outsourced	49	-	49	-	214	-	214	-	-
SURGICAL ELECTIVE DISCHARGES	833	849	(17)	(2%)	5,789	5,821	(32)	(1%)	11,539
Surgical Arranged Admissions	93	88	5	6%	537	509	28	-	975.0
Surgical Discharges from a Non-Surgical PUC - Elective	20	24	(4)	(16%)	173	171	2	-	350.0
Surgical Discharges from a Non-Surgical PUC - Arranged	22	34	(12)	(35%)	158	170	(12)	(7%)	325.9
HEALTH TARGET DISCHARGES	347	395	(48)	(12%)	6,656	6,671	(15)	(0.2%)	13,190.0
Additional Orthopaedic and General Surgery Discharges	4	3	1	33%	4	18	(14)	(78%)	39

Elective Surgical Caseweights Activity - Southern DHB population									
	December 2017				Year to Date				Annual Plan
	Actual	Plan	Variance	Var %	Actual	Plan	Variance	Var %	
SDHB population treated in-house	957.6	1,083.4	(125.8)	(12%)	6,836.4	7,442.7	(606.3)	(8%)	14,747.8
SDHB population treated by other DHBs	98.8	98.8	-	-	687.8	677.0	10.8	-	1,342.0
SDHB population outsourced	88.0	-	88.0	-	261.1	-	261.1	-	-
SURGICAL ELECTIVE CWD	1,144.1	1,182.0	(37.9)	(3%)	7,785.2	8,119.7	(334.5)	(4%)	16,089.8
Additional Orthopaedic and General Surgery CWD	14.0	10.5	3.5	33%	14.0	63.2	(49.2)	(78%)	137.8

(1) IDF Outflow volumes are the latest available for July-November. December IDF Outflows are based on the planned numbers.
 (2) Currently 0 unoded discharges for December 2017 have estimated CWD values.
 (3) Clinical Records and Coding target is 95% of coding completed by end of third working day post discharge. 1.00% achieved this month.
 (4) Total YTD Major Joints are 14 unfavourable to Additional Orthopaedic Initiative target due to Usual Expected Delivery being 0 discharges unfavourable to target.

Note:

This table represents the Population View of case weight delivery, which equates to case weights delivered in our own DHB, plus case weights purchased by us for our population purchased from other DHBs (IDF outflows). This is what the Health Target is based on. The other view found elsewhere in our reporting is the Service Provider view, which represents the case weights delivered within our DHB both to our own population and to members of other DHB populations purchased from us as IDF inflows.

Refer to appendix A, KPI Summary, Discharges and CWD volumes.

3. Contract Performance with hospital provider

The delivery through the provider arm mirrors the above population view trends:

- Total elective case weights delivered by Southern DHB Provider Arm were 33 below plan in December 2017 (3%). Year to date elective case weights are 289 below plan (4%).
- Total acute case weights delivered by the Southern DHB Provider Arm were 226 above plan in December 2017 (8%). Year to date acute case weights are 1,772 above plan (10%).
- In comparison to actual year to date case weights delivered to December 2016, acute case weights delivered have increased by 673 case weights (3%) and elective case weights have decreased by 293 (4%).

4. Operational Performance

Elective services Performance

- The final ESPI position for October 2017 show Southern DHB with a red status for both ESPI 2 (Patients waiting for First Specialist Assessment (FSA)) and ESPI 5 (Inpatients). The preliminary ESPI graphs for November 2017 show Southern DHB with a red status for ESPI 2, ESPI 5. Predicted results for December 2017 has Southern DHB with a red status for ESPI 2 and ESPI 5.

Patrick Ng, Executive Director of Specialist Services




Hospital Advisory Committee - Public - Provider Arm Monitoring and Performance Reports

Southern DHB
Hospital Advisory Committee - KPIs December 2017 Data

Patient Safety and Experience - Hospital Healthcheck					
	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
3 - Improved access to Elective Surgical Services monthly (population based) Discharges Health Target	939	967	995	-28 (-2.8%)	Yellow
3a - Improved access to elective surgical services ytd (population based) Discharges Health Target	6,476	6,656	6,671	-15 (-0.2%)	Green

Patient Safety and Experience - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
Faster Cancer treatment; 85% of patients to receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer seen within 2 weeks	93%	78%	85%	-7.2%	Red
11 - Reduced stay in ED	94%	91%	95%	-3.6%	Yellow
15 - Acute Readmission Rates (note 1)	11.1%	12.4%	9.9%	-2.5%	Yellow

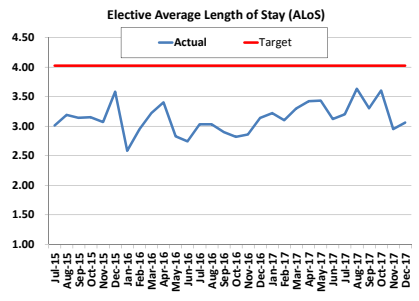
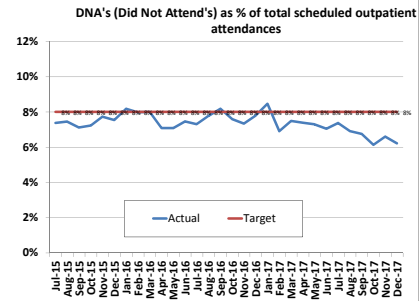
Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
1 - Waits >4 months for FSA (ESPI 2)	162	196	0	-196	Red
2 - Treatment >4 months from commitment to treat (ESPI 5)	173	337	0	-337	Red
% of accepted referrals for CT scans receiving procedures within 42 days	74%	85%	95%	-10.0%	Red
% of accepted referrals for MRI scans receiving procedures within 42 days	52%	33%	85%	-52.0%	Red
% accepted referrals for Coronary Angiography within 90 days	85%	100%	95%	5.0%	Green
4a - All Elective caseweights versus contract (monthly provider arm delivered)	1,235	1,166	1,198	-32 (-2.7%)	Yellow
4b - All Elective caseweights versus contract (ytd provider arm delivered)	8,176	7,882	8,170	-289 (-3.5%)	Yellow
7a - Acute caseweights versus contract (monthly provider arm delivered)	3,034	3,211	2,984	226 (7.6%)	Red
7b - Acute caseweights versus contract (ytd provider arm delivered)	19,325	19,999	18,226	1773 (9.7%)	Red

Key -	
	Meeting target or plan
	Underperforming against target or plan but within thresholds or underperforming but delivering against agreed recovery plan
	Underperforming and exception report required with recovery plan
	Note 1 Awaiting new definition from Ministry
	Note 2 DOSA rates excludes Cardiac/Cardiology
	Note 3 Using SDHB historic definition not the one reported on by the MoH
	P = Pending

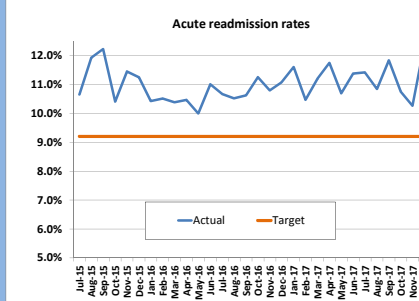
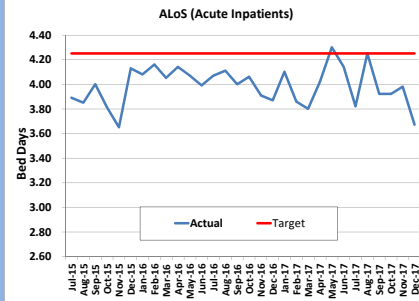
Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
5 - Reduction in DNA rates	7.8%	6.2%	8.0%	1.8%	Green
9 - ALoS (elective) (Note 3)	3.14	3.06	4.02	0.96 (23.9%)	Green
ALoS (Acute inpatient) (Note 3)	3.87	3.67	4.25	0.58 (13.6%)	Green
DOSA (Note 2)	93%	97%	95%	1.7%	Green

Southern DHB
Hospital Advisory Committee - Performance Report December 2017 Data

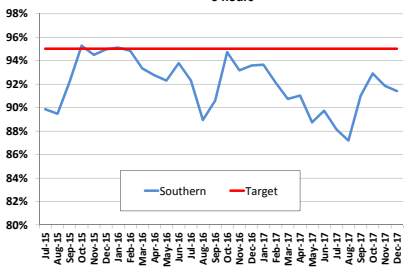
Elective Care



Acute Care

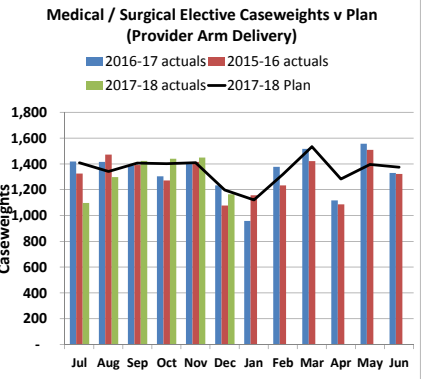
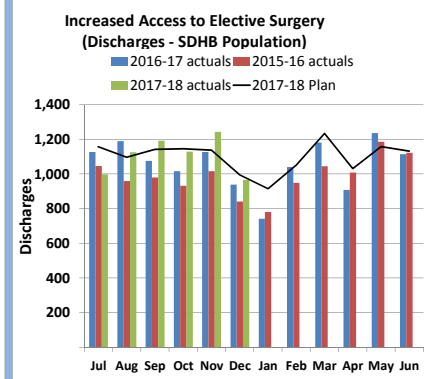
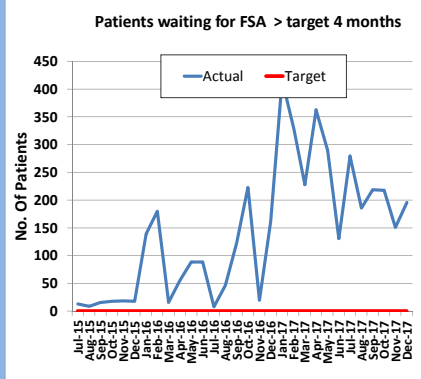
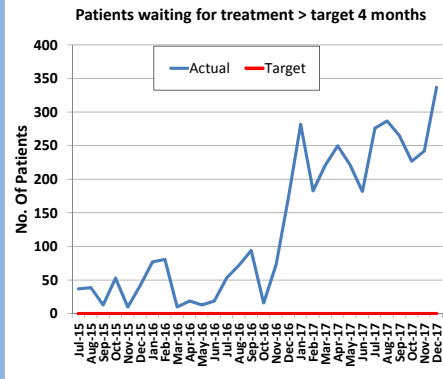


Southern DHB - % of ED patients discharged or treated within 6 hours

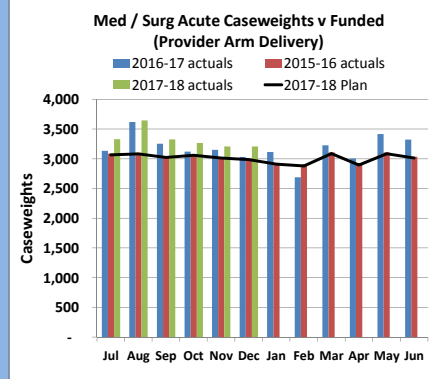


Southern DHB
Hospital Advisory Committee - Healthcheck Report December 2017 Data

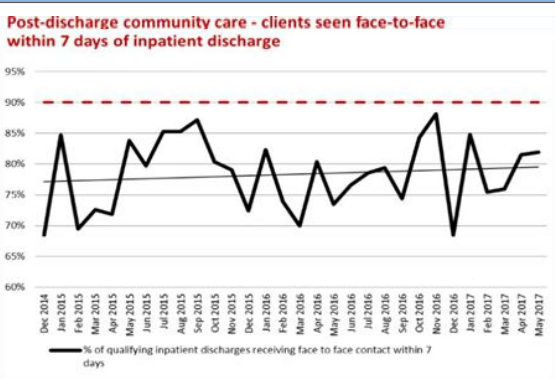
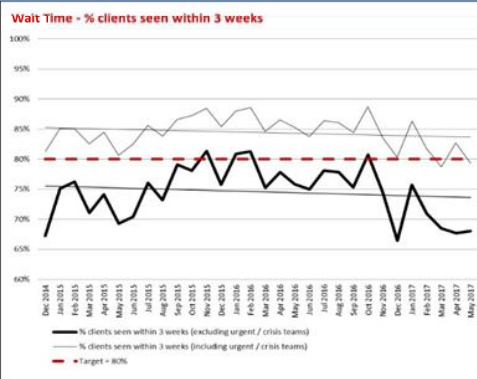
Elective Care



Acute Care



Mental Health and Addictions *due to staff turnover these graphs have not been updated since June 2017



SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Hospital Advisory Committee	
Date of Meeting:	25 January 2018	
Summary:		
The issues considered in this paper are:		
<ul style="list-style-type: none"> ▪ December 2017 financial position. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	As set out in report.	
Workforce:	No specific implications	
Other:	n/a	
Document previously submitted to:	Not applicable, report submitted directly to Hospital Advisory Committee.	Date:
Approved by Chief Executive Officer:		Date:
Prepared by: Murray Baker Management Account – Clinical Analysis Date: 17 January 2018	Presented by: Patrick Ng Executive Director of Specialist Services	
RECOMMENDATION:		
1. That the report be noted.		

SOUTHERN DHB FINANCIAL REPORT – Commissioners Summary for HAC

Financial Report for:
Report Prepared by:
Date:

December 2017
Management Accountant - Clinical
17 January 2017

Overview

Results Summary

Actual \$000	Month			Year To Date			Annual Budget \$000
	Budget \$000	Variance \$000		Actual \$000	Budget \$000	Variance \$000	
45,941	46,049	(108)	Revenue	276,383	276,152	231	552,818
30,969	31,674	705	Less Personnel Costs	184,005	185,862	1,857	374,362
16,074	14,982	(1,092)	Less Other Costs	98,026	93,574	(4,452)	186,456
(1,102)	(607)	(495)	Net Surplus / (Deficit)	(5,648)	(3,284)	(2,364)	(8,000)

The December result was a deficit of \$1.10m, which was unfavourable to budget by \$0.49m.

December Result:

Elective caseweights were lower than budget in December whilst Acute caseweights were significantly higher than budget. Total caseweights for December were 194 higher than budget. Year-to-date higher than budgeted acute volumes have impacted Elective caseweights delivery. Total caseweights are also higher than last year, driven by increased acute volumes.

Actual	Month			Year To Date			Annual Budget	YTD December 2016	
	Budget	Variance		Actual	Budget	Variance		Actual	Variance
			Elective Caseweights						
7	29	(23)	Maternity	75	175	(100)	351	484	(409)
141	94	47	Medical	1,030	616	413	1,220	870	159
1,018	1,076	(57)	Surgical	6,777	7,379	(602)	14,634	6,822	(45)
1,166	1,198	(33)	Total Elective Caseweights	7,882	8,171	(289)	16,205	8,176	(294)
			Acute Caseweights						
402	331	71	Maternity	2,567	2,180	387	4,296	2,056	511
1,422	1,438	(16)	Medical	9,439	8,829	610	17,478	9,705	(266)
1,386	1,215	171	Surgical	7,993	7,218	776	14,328	7,565	428
3,211	2,984	226	Total Acute Caseweights	19,999	18,227	1,772	36,102	19,326	673
4,376	4,183	194	Total Caseweights	27,881	26,397	1,483	52,306	27,502	379

Revenue was unfavourable in the month due to lower than budgeted delivery of elective caseweights in December, partially offset by nursing training revenue.

December workforce expenses were favourable to budget. Direct payroll costs were favourable for all employee types, primarily driven by favourable FTE variances. Allied Health had an unfavourable FTE variance but the cost impact of this was offset by favourable rate variances. Outsourced personnel costs were unfavourable, particularly in the Medical employee group, where there were a number of vacant roles.

Non personnel costs were unfavourable to budget by \$1.09m. This was primarily driven by volume related clinical supplies and outsourced clinical procedures costs.

Statement of Financial Performance

Monthly				Year to date			
Actuals	Budget	Variance	Variance	Actuals	Budget	Variance	Variance
\$000s	\$000s	\$000s	FTE	\$000s	\$000s	\$000s	FTE
REVENUE							
Government & Crown Agency Sourced							
1,578	1,635	(57)		10,518	9,811	707	
0	0	0		0	0	0	
1,393	1,260	133		9,099	7,898	1,201	
2,972	2,896	76		19,617	17,709	1,908	
Non Government & Crown Agency Revenue							
275	274	1		1,202	1,079	123	
632	646	(14)		3,790	3,873	(83)	
907	920	(13)		4,992	4,952	40	
42,062	42,233	(171)		251,774	253,491	(1,717)	
45,941	46,049	(108)		276,383	276,152	231	
EXPENSES							
Workforce							
Senior Medical Officers (SMO's)							
6,462	6,776	314	17	38,071	40,117	2,046	12
417	468	51		2,370	2,819	449	
409	227	(182)		2,574	1,741	(833)	
7,289	7,471	182	17	43,015	44,677	1,662	12
Registrars / House Officers (RMOs)							
3,189	3,401	212	6	19,727	19,825	98	10
271	204	(67)		1,185	1,236	51	
51	15	(36)		291	108	(183)	
3,511	3,620	109	6	21,203	21,169	(34)	10
10,800	11,091	291	22	64,218	65,846	1,628	22
Nursing							
12,078	12,211	133	15	68,820	69,229	409	11
192	165	(27)		1,097	1,041	(56)	
8	4	(4)		28	23	(5)	
12,279	12,380	101	15	69,945	70,293	348	11
Allied Health							
4,018	4,078	60	(8)	24,932	24,524	(408)	(13)
123	120	(3)		575	720	145	
45	31	(14)		400	185	(215)	
4,186	4,229	43	(8)	25,907	25,429	(478)	(13)
Support							
470	516	46	5.41	2,885	3,111	226	3
5	7	2		77	41	(36)	
59	54	(5)		358	319	(39)	
534	577	43	5.41	3,320	3,471	151	3
Management / Admin							
3,277	3,344	67	(2)	20,275	20,498	223	5
(131)	51	182		150	311	161	
24	2	(22)		190	14	(176)	
3,170	3,397	227	(2)	20,615	20,823	208	5
30,969	31,674	705	33	184,005	185,862	1,857	27
Outsourced Clinical Services							
2,522	2,172	(350)		13,943	13,779	(164)	
79	80	1		475	484	9	
0	0	0		0	0	0	
6,906	6,053	(854)		43,166	38,801	(4,365)	
3,981	3,918	(63)		24,851	24,038	(813)	
Non Operating Expenses							
1,796	1,878	81		10,857	11,179	322	
789	882	93		4,733	5,292	559	
0	0	0		2	0	(2)	
16,074	14,982	(1,092)		98,026	93,574	(4,452)	
47,043	46,656	(387)		282,031	279,436	(2,595)	
(1,102)	(607)	(495)		(5,648)	(3,284)	(2,364)	

Revenue**Ministry of Health (MoH) Revenue**

MoH revenue is unfavourable to budget by \$0.06m for the month and favourable to budget by \$0.71m year-to-date. The main items making this up are:

Category	Source	Monthly Variance \$000s	YTD Variance \$000s	Comment
MoH Revenue				
Personal Health	Ophthalmology	45	204	Funding for reducing patient waiting lists
	Colonoscopy	0	272	
	Bowel Screening	20	346	Funding for service establishment
	Faster Cancer Treatment	19	145	
Disability Support Services	Mental Health Bed Utilisation	(47)	(268)	Bed utilisation is lower than budgeted
Training		(77)	119	Phasing of revenue
Public Health		(11)	(59)	

Other Government Revenue

Other Government revenue was \$0.13m favourable to budget due to the phasing of nursing training revenue. Year-to-date revenue is \$1.20m favourable, primarily driven by contributions to lecture theatre refurbishment from the University of Otago.

Internal Revenue

Internal revenue was \$0.17m unfavourable to budget for the month, driven by the under delivery of elective caseweights. Year-to-date revenue is \$1.72m unfavourable primarily due to lower than budgeted elective caseweight delivery.

Workforce Costs

Workforce costs (personnel plus outsourcing) were \$0.70m favourable to budget in December. Operationally in December FTE were 33 favourable to budget. Year-to-date workforce costs are \$1.86m and 27 FTE favourable to budget.

Senior Medical Officers (SMOs)

SMOs direct costs were \$0.31m and 17 FTE favourable for the month. The favourable FTE drove the favourable cost variance, partially offset by unfavourable leave and overtime variances. Year-to-date direct costs are \$2.05m favourable, driven by FTE variances and reassessment of balance sheet personnel provisions.

Indirect costs were favourable in the month due to the phasing of professional membership and recruitment costs. Year-to-date costs are \$0.45m favourable for the same reasons.

Outsourced costs were higher than budget in the month and year-to-date due to the use of locums to cover leave and vacant roles.

Registrars / House Officers (RMOs)

RMOs direct costs were \$0.21m and 6 FTE favourable for the month. The favourable FTE and leave drove the favourable cost variance. Year-to-date costs are largely in-line with budget.

Indirect costs were \$0.07m unfavourable, driven by the phasing of training costs. Year-to-date costs are largely in-line with budget.

Outsourced costs were higher than budget in the month and year-to-date due to the use of locums to cover leave and vacant roles.

Nursing

Nursing costs were favourable to budget for the month by \$0.10m.

FTE were 15 favourable to budget for the month.

Direct costs were \$0.01m favourable in December driven by the favourable FTE variance and training costs. This was partially offset by overtime. Year-to-date costs are largely in-line with budget.

Indirect costs were unfavourable due to the phasing of gratuities costs. Year-to-date costs are largely in-line with budget.

Allied Health

Allied Health costs were \$0.04m favourable to budget for the month.

FTE were 8 unfavourable to budget for the month.

The monthly favourable variance was driven by favourable pay rate variances in December, reflecting the actual mix of employees working in the month. This was mostly offset by the unfavourable FTE variance, overtime and leave costs. Year-to-date costs are \$0.48m unfavourable, driven primarily by the unfavourable FTE variance.

Support

Support costs were \$0.04m favourable to budget for the month.

Management / Administration

Management Admin staff were \$0.23m favourable to budget whilst FTE were 2 higher than budget. Direct costs were favourable by \$0.06m due to the ratio of administrative to management/professional FTE and leave taken. Indirect costs were favourable due to the allocation of restructuring costs to the balance sheet. Year-to-date costs are largely in-line budget.

Outsourced costs

Outsourced clinical services are \$0.35m unfavourable budget in the month and \$0.16m unfavourable year-to-date. This reflects the phasing of outsourced services in the first 6 months of the year and the demand being placed on hospital services by increased acute volumes.

Clinical Supplies (excluding depreciation)

Clinical supplies were unfavourable to budget by \$0.85m for the month. Higher than budgeted acute volumes were reflected clinical supply costs in the month. Blood costs were also higher than budgeted reflecting haemophiliac and immune disorder case numbers, other treatment disposables largely increased in-line with caseweight volumes.

Hip and Knee implant costs were \$0.07m unfavourable to budget in the month, reflecting actual versus budgeted volumes in December. Year-to-date costs are largely in-line with budget.

Pharmaceutical costs were overstated in the month with further investigation indicating higher stock being ordered in December. This has been corrected for. Year to date pharmaceutical over-run is not yet well understood and needs further investigation.

Air ambulance costs are above budget in the month and Year-to-date reflecting higher than budgeted acute volumes.

Year-to-date Clinical Supplies are \$4.36m unfavourable, driven by combined acute and elective volumes. This is an area of focus for the DHB.

Infrastructure and Non-Clinical

These costs were \$0.06m unfavourable to budget in the month. Telecommunications costs were a significant diver of the variance due to software licence fees along with cost savings initiatives not delivering to expected levels. This was partially offset by the phasing of utility and maintenance costs over the holiday period.

Year-to-date these costs are \$0.81m unfavourable to budget.

Non-Operating Expenses

Depreciation was favourable to budget in the month and year-to-date. Capital charge costs were favourable, reflecting the expected liability.

Closed Session:**RESOLUTION:**

That the Hospital Advisory Committee reconvene at the conclusion of the public Disability Support and Community & Public Health Advisory Committees meeting and 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 34, Schedule 4 of the NZ Public Health and Disability Act (NZPHDA) 2000 for the passing of this resolution are as follows:

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Serious Adverse Events	To protect information where the making available of the information would be likely to prejudice the supply of similar information and it is in the public interest that such information continue to be supplied.	Section 9(2)(ba) of the Official Information Act (OIA).
3. Dunedin Hospital Redevelopment	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.
4. Contracts	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the OIA.