

SOUTHERN DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Thursday, 27 September 2018

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/Action Sheet**
5. **Specialist Services Monitoring and Performance Reports**
 - 5.1 Executive Director Specialist Services Report
 - 5.2 Key Performance Indicators
 - 5.3 Financial Performance Summary
6. **Resolution to Exclude Public**

Southern DHB Values

Kind <i>Manaakitanga</i>	Open <i>Pono</i>	Positive <i>Whaiwhakaaro</i>	Community <i>Whanaungatanga</i>
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SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Hospital Advisory Committee
Date of Meeting:	27 September 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"> ▪ Nil 	
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: 11/09/2018</p>	
<p>RECOMMENDATION:</p> <p>1. That the Interests Registers be received and noted.</p>	

**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	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
(Commissioner)	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	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	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	Chair Dunedin Diocesan Trust Board	Nil (Updated 16 April 2018)	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil	
Graham CROMBIE	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
(Deputy Commissioner)	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	
	25.06.2015	Chairman, Otago Museum	Nil	
	25.06.2015	Chairman, New Zealand Genomics Ltd (Removed 24.07.2018)	Nil	
	25.06.2015	Independent Chairman, Action Engineering Ltd	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	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.	
	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.	
	06.06.2018	WJ Investments Ltd	Trustee for lawyer's trust, which owns this company.	Will withdraw if any conflict arises.
	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.	
	24.07.2018	Son's partner works for Southern DHB, Ophthalmology Service.		

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) (Retired 30 June 2018)	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.	
	28.05.2018	Clutha Community Health Company Co Ltd	Client of Shand Thomson. Two retired Shand Thomson partners are on the board, one is a long standing Chair.	
	23.07.2018	Trustee, Clutha Community Foundation (appointed June 2018)		
		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	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.	
	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.	
(IGC Member)	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Nil - charitable entity.	
	21.03.2018	Board Member, Ōtākou Health Limited	Registered Charity not contracting in Health.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	21.03.2018	Chair, NGO Council	Nil	
	07.06.2018	Chairperson, Te Rūnanga o Ōtākou Incorporated	Registered Charity - not contracting in Health.	
	07.06.2018	Director, Te Rūnanga Ōtākou Ltd	Nil does not contract in health.	Update to nature of interest 2 July 2018
	07.06.2018	Trustee, Kaupapa Taiao	Registered Charity - not contracting in Health.	

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	02.07.2018	Otakou Health Ltd - Shareholder of Te Kaika and its subsidiaries Mataora Health and Forbury Cnr Medical Centres	Possible conflict with SDHB contract funding.	Interest advised 2 July 2018
Odele STEHLIN	01.11.2010	Waihopai Rūnaka General Manager	Possible conflict with contract funding.	
Waihopai Rūnaka – Chair IGC	01.11.2010	Waihopai Rūnaka 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.	
	07.06.2018	Director of Waihopai Hauora.	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	
	07.06.2018	Treasurer, Community Energy Network Incorporated	Nil	
Taare BRADSHAW	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka	07.06.2018	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict with contract funding.	
	07.06.2018	Vice Chairman, Hokonui Rūnanga Incorporated	Possible conflict with contract funding.	
Victoria BRYANT	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
IGC - Puketeraki Rūnaka	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	Member, South Island Alliance - Raising Healthy Kids	Nil	
	06.03.2018	SDHB, Te Punaka Oraka, Public Health Nursing, Charge Nurse Manager	Nil	
	06.03.2018	Member of the New Zealand Nurses Organisation	Possible conflict when negotiations are taking place.	
	06.03.2018	Member of the Public Service Association (PSA)	Possible conflict when negotiations are taking place.	
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	

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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	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
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Monitoring Equity Group (National Screening Unit) – MMEG.	Nil
	26.01.2015	Member, Child Health Network (Alliance South)	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	Nil
	08.12.2017	South Island Alliance, Strategic Planning and Integration Team (SPaIT)	Nil
	28.05.2018	SDHB National Bowel Screening Programme Governance Group	Nil
	28.05.2018	Hei Ahuru Mowai (Māori Cancer Leadership Aotearoa)	Nil
Matapura ELLISON	12.02.2018	Director, Otākou Health Services Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Director, Otākou Health Ltd	Nil
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kati Huirapa Rūnaka ki Puketeraki	Nil

**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
	12.02.2018	Trustee, Araiteuru Kōkiri Trust	Nil
	12.02.2018	Otago Museum Māori Advisory Committee	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	Nil
	12.02.2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12.02.2018	Trustee, Waikouaiti Maori Foreshore Reserve Trust	Nil
	29.05.2018	Director & Shareholder (jointly held) - Arai Te Uru Whare Hauora Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
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	
	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	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
Lisa GESTRO	06.06.2018	Lead GM National Travel and Accommodation Programme	

**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
Lynda McCUTCHEON	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.
	29.05.2018	Council Member of Otago Medical Research Foundation Incorporated	
Nicola MUTCH		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 CCL	Nil
	18.12.2017	Daughter, medical student at Auckland University and undertaking Otago research project over summer 2017/18.	

**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
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	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.
	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, 26 July 2018, commencing at 9.30 am in the Board Room, Southland Hospital Campus, Invercargill

Present:	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson	Commissioner Deputy Commissioner Deputy Commissioner (by videoconference)
In Attendance:	Mr Chris Fleming Mrs Lisa Gestro Dr Nigel Millar Dr Nicola Mutch Mr Patrick Ng Ms Julie Rickman Mrs Jane Wilson Ms Jeanette Kloosterman	Chief Executive Officer Executive Director Strategy, Primary & Community Chief Medical Officer (by videoconference) Executive Director Communications Executive Director Specialist Services Executive Director Finance, Procurement & Facilities Chief Nursing Officer Board Secretary (by videoconference)

1.0 APOLOGIES

An apology was received from Ms Odele Stehlin, Committee Member.

2.0 PRESENTATION: SOUTHLAND HOSPITAL OPHTHALMOLOGY SERVICE

The Commissioner welcomed Judith Kissell, Service Manager, Surgical Services, Southland, to the meeting.

Ms Kissell gave a presentation on the redevelopment of the Southland Ophthalmology Service and the changes implemented to improve service delivery, then outlined the work planned to further improve various models of care (tab 2).

In concluding, Ms Kissell acknowledged the dedication and commitment of staff in achieving the improvements made, then answered questions from the Commissioner Team.

The Commissioner Team thanked Ms Kissell for her presentation and congratulated the Ophthalmology Team for their achievements.

3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3). It was noted that amendments to the Registers had been declared at the Finance, Audit & Risk Committee meeting earlier in the week.

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

4.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 24 May 2018 be approved and adopted as a true and correct record."

Agreed

5.0 MATTERS ARISING/REVIEW OF ACTION SHEET

DSS Mental Health

The Committee reviewed the action sheet (tab 5) and noted that management would be ensuring all contracts are adequately reviewed in future.

6.0 PROVIDER ARM MONITORING AND PERFORMANCE REPORTS

Executive Director Specialist Services' Report (tab 6.1)

The Executive Director Specialist Services (EDSS)' monthly report was taken as read and the EDSS highlighted the following items.

- *Ophthalmology* - No patients were waiting more than the recommended limit of 1.5 times their appointment date.
- *Elective Delivery* - All the combined elective and ambulatory initiative funding available from the Ministry had been able to be recognised.
- *Radiology Accreditation* - A letter had been sent to International Accreditation New Zealand (IANZ) regarding reaccreditation and a positive response had been received.
- *Elective Service Performance Indicators (ESPIs)* - The Elective Services Manager had undertaken some analysis and reviewed all ESPIs >120 days. Further work would be undertaken on how people are booked into iPM, along with training.

General Surgery had been the first area of focus, with acuity based booking identified as the best approach to ensuring the highest priority cases are seen first.

The '100 days' programme used in Christchurch (where the target is to see patients within 100 days) was being considered, with the intention of tying it into the 'Improving the patient journey' work.

- *Clerical and Administration* - Discussions had been held with the PSA regarding improving the process for handling referrals to Dunedin and Southland Hospitals, with the intention of designing solutions together.

Financial Performance Summary (tab 6.3)

In presenting the financial report for June 2018, the EDSS advised that the key items affecting the year-end result were outsourced elective costs and clinical supplies. Management outlined the strategies intended to manage these items in the future.

The CEO reported that the pharmaceuticals budget would be consolidated into one cost centre, as PHARMAC now had responsibility for community and hospital pharmaceuticals.

Did Not Attend (DNA) Rate (tab 6.4)

An update on the DNA rate across all services was noted and the Committee requested that it continue to receive quarterly DNA reports.

CONFIDENTIAL SESSION

At 10.35 am it was resolved that the Hospital Advisory Committee reconvene at the conclusion of the 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. 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.

The Chief Medical Officer left the meeting.

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

**Southern District Health Board
HOSPITAL ADVISORY COMMITTEE
ACTION SHEET**

As at 26 July 2018

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
July 2018	DNA Rate (Minute item 6.0)	Committee to receive quarterly reports.	EDSS		November 2018

SOUTHERN DISTRICT HEALTH BOARD

Title:	Executive Director of Specialist Services Report		
Report to:	Hospital Advisory Committee		
Date of Meeting:	27 September 2018		
Summary:			
Considered in these papers are:			
<ul style="list-style-type: none"> ▪ August 2018 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 agenda.		Date:
Approved by:			Date:
Prepared by: Executive Director of Specialist Services Date: 07/09/2018		Presented by: Patrick Ng Executive Director of Specialist Services	
RECOMMENDATION:			
That the Hospital Advisory Committee receive the report.			

Recommendation

That the Hospital Advisory Committee notes this report.

1. Operational Overview Highlights

Elective Delivery

In the month of July elective delivery was 260 case weights behind plan. 160 was attributable to the nursing strike and a further 60 case weights were explained by under delivery against our planned outsourcing in July. In the month of August (after correcting reporting) we are 256.5 case weights behind plan, which suggests that August was on plan. We had a good month of cardiothoracic delivery which was a key contributor to August delivery.

We have implemented full list reporting at our daily elective call. This means that we go through what is on every theatre list for every day for the remainder of the week and prospectively for the following list, and where there appears to be less than 100% list utilisation we follow up with the relevant booking clerk. This additional visibility appears to be complementing the existing weekly process that exists to discuss bookings and in the case of Southland we have seen extra cases ultimately going onto lists.

We remain very conscious that we have a year to date deficit which needs to be caught up, nursing strike impact not with-standing. To address this we have the following actions underway:

- a. We have broadened the outsourcing we are making available. Our plan had previously focused on Orthopaedic outsourcing and cardiothoracic outsourcing. However, we have found that there are constraints in terms of how much outsourcing capacity is available for orthopaedics. For cardiothoracic surgery we are currently achieving Ministry targets. We are planning to implement a regular outsourced cardiothoracic list from February of 2019.
- b. We have therefore broadened the specialities we are outsourcing to other specialities which currently have red ESPI 5 performance.
- c. We are continuing to work with the nursing teams to get ourselves to the point where we can put extra orthopaedic cases on each week in Dunedin and Southland.
- d. We are starting a coding optimisation programme from mid-September. We completed a proof of concept that suggested between 20-30 case weights per month could be achieved through this programme (using November 2017 data for the proof of concept).
- e. We are working towards having extra joints on orthopaedic lists in Dunedin from October.

We recognise the stretch and challenge that exists in terms of our elective plan and we are targeting December to propose whether we should outsource to catch-up the nurse strike related case weight deficit, or to advise that we think we can catch this up without additional outsourcing.

ELECTIVE SERVICE PERFORMANCE INDICATOR (ESPI) Performance

We have communicated to the team that we have an aggressive target to achieve which is to halve the number of ESPI breaches between September and December 2018 and to get ESPI breaches to zero by 30 June, 2019. We are focusing on ESPI 2 breaches initially.

The levers available to us to control ESPI performance include:

- a. Improving patient administration processes. For example, we have discovered that patients are not being properly suspended in a number of specialties if they do not show up for clinic, as is the accepted practice in use in other DHBs. We believe that improving administrative process could significantly add to our performance against target.
- b. IPM super user. There was previously a super user role and we now need to find a way of consistently getting reports/audits done on the wait list to identify corrections where

appropriate and ensure that these are made so that we do not unnecessarily breach on ESPI.

- c. Running additional clinics. In some cases, completing additional clinics should be sufficient to catch up the breach backlog and we have tasked the Service Manager to run the required extra clinics. In the case of general surgery, we believe extra 'special' rectal bleeding clinics may make an important difference and we are currently quantifying how this could be established.
- d. Better forecasting and planning. We are currently under resourced in this area and we need to identify a resource who can build a robust forecasting and planning approach.

To date we have:

- a. Established a focused Working/Steering Group for general surgery and included Ministry representatives. This will be a key basis for engaging relevant Clinicians, whom we have invited into the meeting.
- b. Identified an individual who is working on processing corrections/re-booking for patients.
- c. Identified an individual who can perform some super user functions and will play a key part in overseeing IPM corrections.
- d. Tasked all Service Managers with undertaking the relevant tweaks to their services which they can make to bring their ESPI results under control.

CAPEX 'Clinic'

Consistent with our goal to spend 75% of our CAPEX list by the end of the financial year we have sought to push CAPEX's through efficiently. We are also checking progress against the lists at the monthly operational and financial meeting with each service.

However, to achieve the overarching target, we need to ensure that the big ticket items move forward efficiently, and these require sign-off at Commissioner level (e.g. MRI machine). To ensure that these are progressing and that consistent information is provided in the business case for these items we will run a CAPEX 'clinic' with the General Managers and Service Managers to take stock of where the big ticket items are at in October and to get appropriate cases prepared as required.

Clerical and Administration

We have previously advocated for the implementation of a centralised referral centre, together with the relevant technology and process changes (e.g. receiving referrals electronically in Health Connect South). There would be a programme investment required to affect the necessary changes (which would coincide nicely with changes required to how first specialist appointments are booked to optimise ESPI outcomes), but with high payback in terms of reducing the risk of patient appointments being missed and the consequential negative impact this can have on patients. The referrals concept would also include processes to ensure that other appointment types (e.g. follow ups) can only be entered into source systems (rather than written into diaries), that robust calendar processes are in operation, and that internal referrals are managed electronically. A discussion document is being drafted that will be socialised with key stakeholders, including our PSA colleagues. The intention would be to develop a solution in partnership with our PSA colleagues under a high performance high engagement framework.

Ophthalmology

Additional clinics have been organised with Sequire to bring the 1.5 X waiting list back to zero and maintain it there. We currently have 350 patients who are greater than 1.5 X wait and are planning extra outsourcing clinics to have this back at zero by the end of November. An initial piece of work has now been completed to determine the permanent workforce which is required to manage volumes internally. The permanent workforce required includes hard to recruit to roles such as an Orthoptist, so it is likely that we will need to continue with outsourcing and locums on an ongoing basis as we complete recruitment. Work is also underway to develop a programme of work in response to the report from the visiting Ophthalmologist.

Radiology

Good progress has been made with Radiology, with responses developed by the team, not just for the Corrective Action Requests (CARS), but also other observations, as previously advised by IANZ. We plan to write to IANZ before the end of September to invite them to inspect us for re-accreditation.

Mental Health Business Case

We are now turning our attention to the facilities needs of the mental health service. The mental health service is in the master site planning for the major hospital re-build and we will start to run workshops to determine the facilities needed and to raise options and recommendations to the Executive Leadership Team and Commissioner team concerning the future of the mental health facilities. Depending on the options selected (e.g. to move the facilities to the master site) and the mandate given, we will then determine if the process we follow needs to flow into a Treasury Better Business Case to validate requirements and unlock funding for the future of the mental health facilities.

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%	90%	88%	Continuing to look at patient flow through the Emergency Department and also across the whole hospital.
Colonoscopy Urgent – 85%	93%	76%	There are very few patients in the urgent category. This represents one patient.
Colonoscopy non-urgent – 70%	91%	93%	
Colonoscopy Surveillance – 70%	77%	94% August to date	
Coronary Angiograms 95%	100%	98.7%	
Immunisation 95% of eight-month-olds will have their primary course of immunisation (six weeks, three months and five month events) on time.		N/A	
Healthy Children By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be		N/A	

offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.			
Radiology Diagnostic indicator CT, 95% of patients referred for elective CT have report distributed within 42 days	April 2018 84.9% May 2018 87.3% June 2018 85.3%	July 2018 82.9% August 2018 76.5%	Performance decreased slightly in July when compared to May figures. Dunedin performance has dropped to around 76% and Southland has risen to 92% when using the self-populating reporting tool. The data for Dunedin is being reviewed to understand the rationale for the decrease.
Radiology Diagnostic indicator MRI, 85% of patients referred for elective MRI have report distributed within 42 days	April 2018 27.9% May 2018 32.8% June 2018 35.2%	July 2018 35.5% August 2018 47%	MRI performance continues to improve, albeit modestly. In August this improvement is occurring at Dunedin, which is at 40.5%. Southland's performance decreased due to additional sessions, the percentage of patients scanned within target being a lower proportion overall. This will correct itself as the waitlist reduces.
Faster Cancer Treatment (FCT) – Target 90% of patients referred with a high suspicion of cancer and triaged as urgent receive their first definitive cancer treatment within 62 days of the date of receipt of referral (as of July 2017).	Q1 2017/18 84.7% Q2 2017/18 88.9% Q3 2017/18 90.2%	Q4 2017/18 84.8%	Performance reduced in the last quarter due to treating a higher number of gastrointestinal cancers. An increase in endoscopies were carried out before this time (in preparation for bowel screening and coinciding with opening the new endoscopy unit in Dunedin). This meant that the performance dropped 10% in May and June. The teams are working hard to get this back on track.

Elective Surgical Discharges - Annual target 13,190	Data unavailable due to technical issue.
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Data unavailable due to technical issue for the caseweight and discharge volumes graph.

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

Patrick Ng, Executive Director of Specialist Services

**Southern DHB
Hospital Advisory Committee - KPIs August 2018 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 (Note 4)	1,109	1,145	-	NA	
3a - Improved access to elective surgical services ytd (population based) Discharges Health Target (Note 4)	2,108	2,232	-	NA	

Patient Safety and Experience - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
Faster Cancer treatment; 90% of patients to receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer seen within 2 weeks *Reported in arrears	90.5%	P	90.0%	NA	
11 - Reduced stay in ED	87.2%	88.0%	95.0%	-7.0%	
15 - Acute Readmission Rates (note 1)	10.9%	11.5%	9.9%	-1.6%	

Cost/Productivity - Hospital Healthcheck					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/rating
1 - Waits >4 months for FSA (ESPI 2)	186	745	0	-745	
2 - Treatment >4 months from commitment to treat (ESPI 5)	287	412	0	-412	
% of accepted referrals for CT scans receiving procedures within 42 days	58.0%	76.5%	95.0%	-18.5%	
% of accepted referrals for MRI scans receiving procedures within 42 days	26.7%	47.0%	90.0%	-43.0%	
% accepted referrals for Coronary Angiography within 90 days	85.0%	98.7%	95.0%	3.7%	
4a - All Elective caseweights versus contract (monthly provider arm delivered) (Note 4)	1,335	1,552	-	NA	
4b - All Elective caseweights versus contract (ytd provider arm delivered) (Note 4)	2,468	2,840	-	NA	
7a - Acute caseweights versus contract (monthly provider arm delivered) (Note 4)	3,618	3,115	-	NA	
7b - Acute caseweights versus contract (ytd provider arm delivered) (Note 4)	6,920	6,138	-	NA	

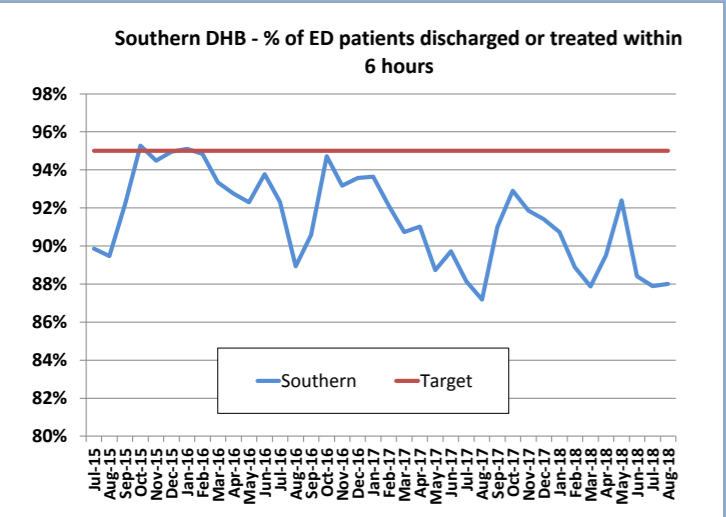
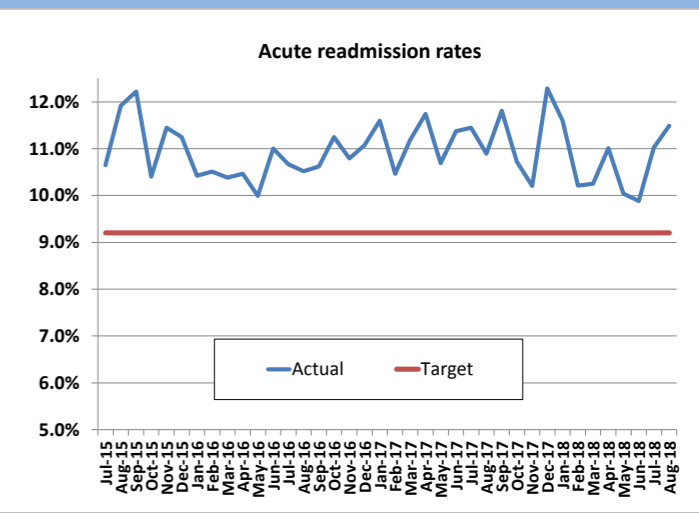
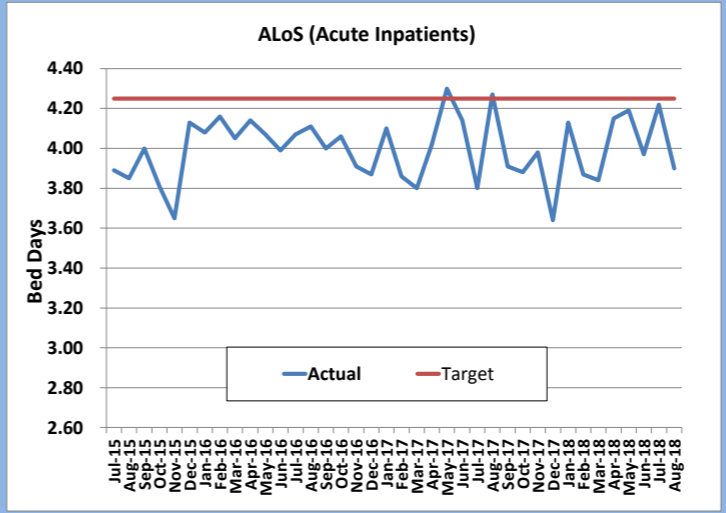
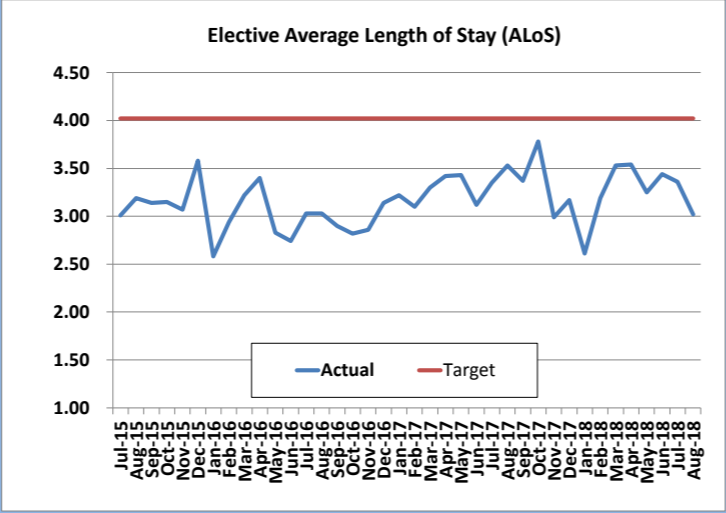
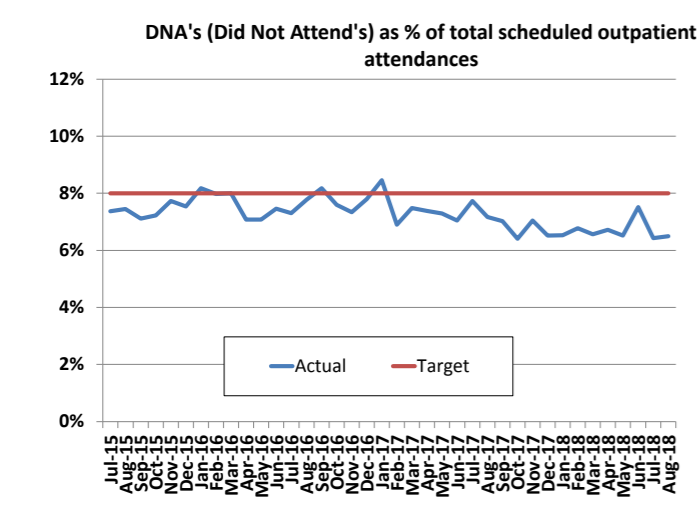
Key -	
	Meeting target or plan
	Underperforming against target or plan but within thresholds or underperforming but delivering against agreed recovery plan
	Underperforming and exception report required with recovery plan
	Note 1 Awaiting new definition from Ministry
	Note 2 DOSA rates excludes Cardiac/Cardiology
	Note 3 Using SDHB historic definition not the one reported
	Note 4 Final caseweight plan not yet available
	P = Pending

Cost/Productivity - Performance Report					
Monthly	Prior year	Actual	Plan / Target	Variance 'v Plan /Target	Trend/ rating
5 - Reduction in DNA rates	7.2%	6.5%	8.0%	1.5%	
9 - ALoS (elective) (Note 3)	3.53	3.02	4.02	1 (24.9%)	
ALoS (Acute inpatient) (Note 3)	4.27	3.90	4.25	0.35 (8.2%)	
DOSA (Note 2)	92.7%	92.5%	95.0%	-2.5%	

Southern DHB Hospital Advisory Committee - Performance Report August 2018 Data

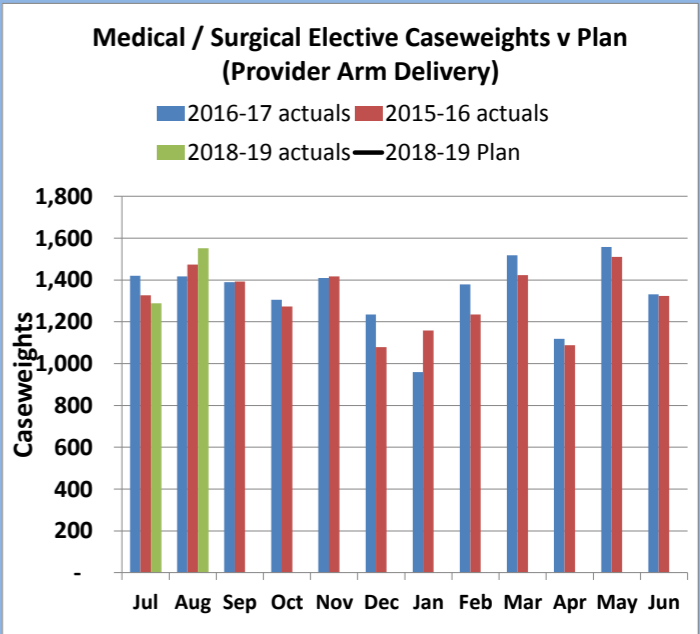
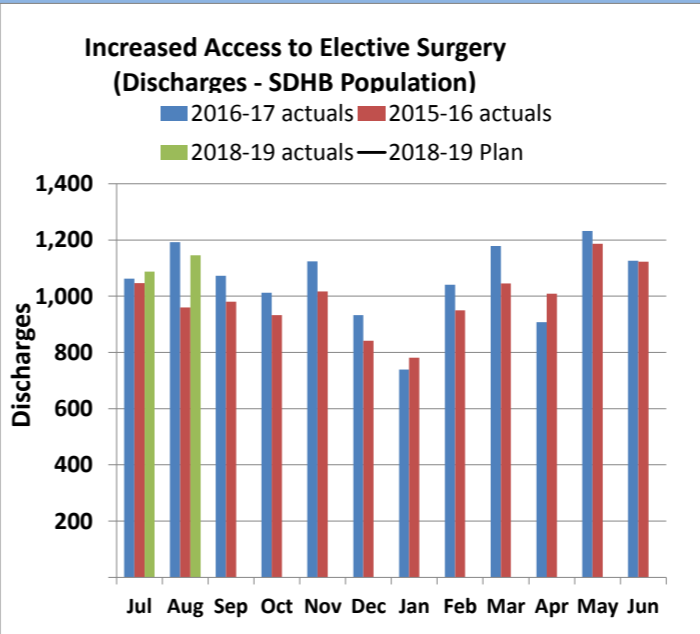
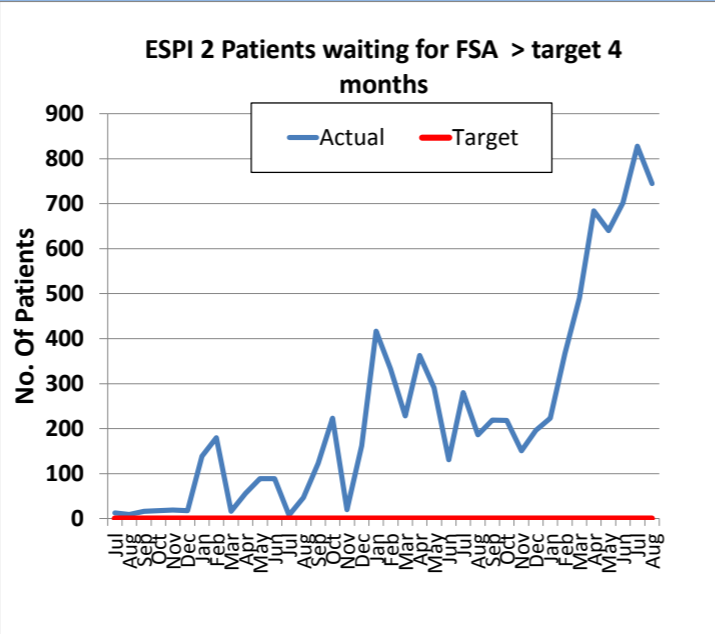
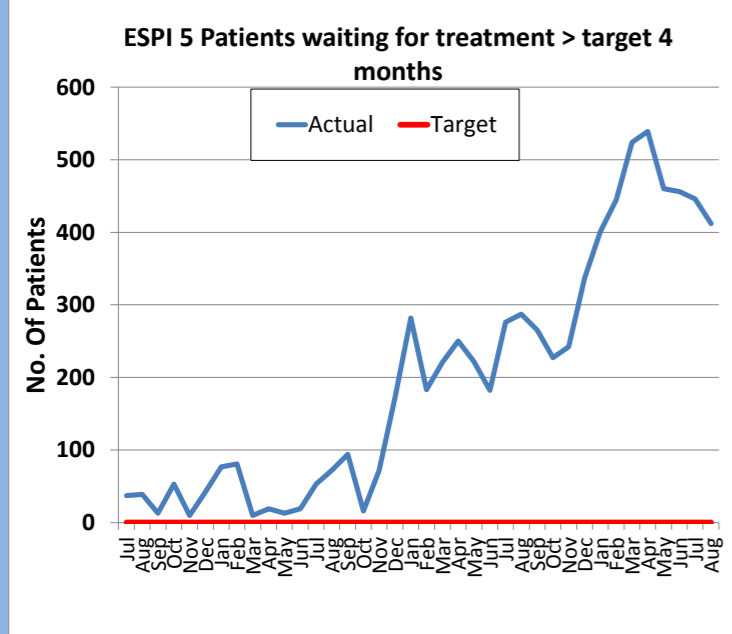
Elective Care

Acute Care

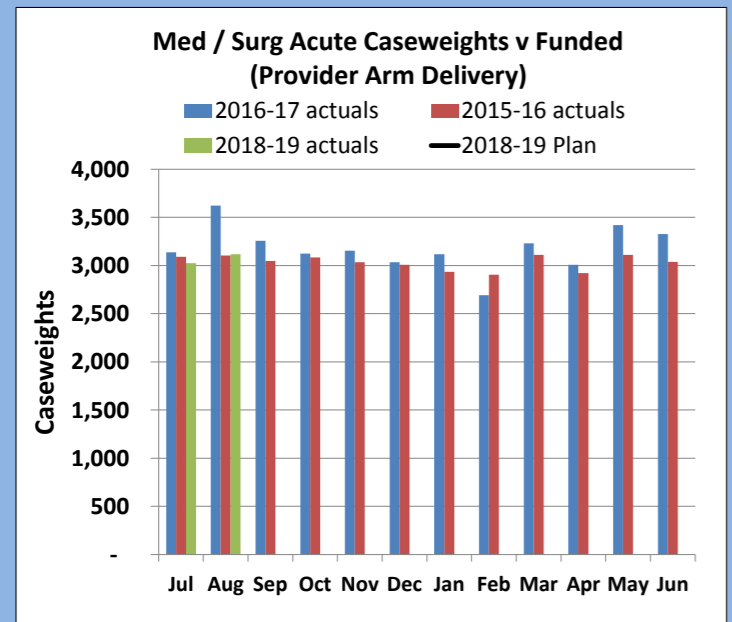


Southern DHB Hospital Advisory Committee - Healthcheck Report August 2018 Data

Elective Care



Acute Care



SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT		
Report to:	Hospital Advisory Committee		
Date of Meeting:	27 September 2018		
Summary:			
The issues considered in this paper are:			
<ul style="list-style-type: none"> ▪ August 2018 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:		Presented by:	
Murray Baker Management Account – Clinical Analysis		Patrick Ng Executive Director of Specialist Services	
Date: 14 September 2018			
RECOMMENDATION:			
1. That the report be noted.			

SOUTHERN DHB FINANCIAL REPORT – Commissioners Summary for HAC

Financial Report for:
Report Prepared by:

August 2018
Murray Baker
Management Accountant - Clinical
13 August 2018

Date:

Overview

Results Summary for Specialist Services

Specialist Services encompasses the delivery of services across Mental Health, Surgical and Radiology, Medicine, Women's and Children's and Operations at SDHB at Dunedin, Wakari and Invercargill Hospitals. It excludes support services such as building and property, Information Technology, Finance and SDHB Management.

Month				Year To Date		
Actual \$000	Budget \$000	Variance \$000		Actual \$000	Budget \$000	Variance \$000
50,792	50,367	425	Revenue	100,402	100,576	(174)
29,100	28,766	(334)	Less Personnel Costs	51,504	51,417	(87)
19,509	18,276	(1,233)	Less Other Costs	37,751	36,395	(1,356)
2,183	3,326	(1,143)	Net Surplus / (Deficit)	11,147	12,764	(1,617)

The August result for Specialist Services produced a surplus of \$2.18m. Year-to-date Specialist Services is reporting an \$11.15m surplus.

August Result:

Elective case weights, including inter-district flows, were lower than budget. Acute caseweights were higher than budget, impacting delivery of elective caseweights.

Aug-18					YTD 2018			
Actual	Budget	Variance	% Variance		Actual	Budget	Variance	% Variance
1,752	1,377	375	27%	Medical Caseweights				
336	242	94	39%	Acute	3,437	2,754	683	25%
				Elective	560	463	97	21%
2,088	1,619	469	29%	Total Medical Caseweights	3,997	3,217	780	24%
1,235	1,092	143	13%	Surgical Caseweights				
1,459	1,666	(207)	-12%	Acute	2,386	2,172	214	10%
				Elective	2,649	3,102	(453)	-15%
2,694	2,758	(64)	-2%	Total Surgical Caseweights	5,035	5,274	(239)	-5%
45	91	(46)	-51%	Maternity Caseweights				
358	309	49	16%	Acute	170	182	(12)	-7%
				Elective	743	617	126	20%
403	400	3	1%	Total Maternity Caseweights	913	799	114	14%
TOTALS								
3,032	2,560	472	18%	Acute	5,993	5,108	885	17%
2,153	2,217	(64)	-3%	Elective	3,952	4,182	(230)	-5%
5,185	4,777	408	9%	Total Caseweights	9,945	9,290	655	7%
TOTALS excl. Maternity								
2,987	2,469	518	21%	Acute	5,823	4,926	897	18%
1,795	1,908	(113)	-6%	Elective	3,209	3,565	(356)	-10%
4,782	4,377	405	9%	Total Caseweights excl. Maternity	9,032	8,491	541	6%

MOH Revenue was higher than budgeted due to the phasing of Clinical Training revenue and pay equity funding. Other Government revenue was than higher than budgeted due to ACC billing.

August workforce expenses were unfavourable to budget by \$0.33m, driven mainly by the timing of annual leave in medical, allied health and management/admin personnel groups. FTE numbers were 8 FTE unfavourable. Direct payroll costs were in-line with budget, Outsourced personnel costs were unfavourable by \$0.15m.

Non personnel costs were unfavourable to budget by \$1.23m. This was primarily driven by clinical supplies and outsourced clinical services. Outsourced clinical services are slightly favourable to plan year to date. However, we have outsourced 92 case weights less than plan, suggesting that the phasing of the budget and the production plan need to be aligned. We are investigating this.

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							
8,866	8,492	374		17,452	16,984	468	
40	40	0		80	80	0	
794	772	22		1,700	1,559	141	
9,700	9,304	396		19,233	18,623	610	
Non Government & Crown Agency Revenue							
137	115	22		232	229	3	
163	179	(16)		292	359	(67)	
300	294	6		524	588	(64)	
40,792	40,769	23		80,645	81,366	(721)	
50,792	50,367	425		100,402	100,576	(174)	
EXPENSES							
Workforce							
Senior Medical Officers (SMO's)							
8,427	8,073	(354)		14,046	13,424	(622)	
289	292	3		537	685	148	
647	688	41		1,315	1,457	142	
9,364	9,054	(310)		15,897	15,566	(331)	
Registrars / House Officers (RMOs)							
4,547	4,598	51		7,485	7,427	(58)	
285	227	(58)		435	449	14	
133	28	(105)		210	55	(155)	
4,964	4,853	(111)		8,131	7,931	(200)	
14,328	13,906	(422)		24,028	23,497	(531)	
Nursing							
9,080	9,444	364		17,776	18,624	848	
0	(99)	(99)		0	(98)	(98)	
24	5	(19)		95	11	(84)	
9,105	9,351	246		17,871	18,537	666	
Allied Health							
3,176	3,085	(91)		5,340	5,253	(87)	
63	33	(30)		121	66	(55)	
71	1	(70)		137	2	(135)	
3,311	3,119	(192)		5,598	5,321	(277)	
Support							
166	210	44		296	352	56	
0	1	1		2	2	0	
0	0	0		0	0	0	
166	211	45		298	354	56	
Management / Admin							
2,179	2,156	(23)		3,699	3,662	(37)	
7	17	10		3	34	31	
5	5	0		8	11	3	
2,191	2,178	(13)		3,709	3,707	(2)	
29,100	28,766	(334)		51,504	51,417	(87)	
Non Personnel Expenses							
2,737	2,511	(226)		4,981	4,989	8	
0	0	0		0	0	0	
0	0	0		0	0	0	
7,220	6,384	(836)		13,844	12,680	(1,164)	
1,149	1,046	(103)		2,271	2,092	(179)	
7,673	7,581	(92)		15,178	15,129	(49)	
729	753	24		1,476	1,505	29	
0	0	0		0	0	0	
0	0	0		0	0	0	
19,509	18,276	(1,233)		37,751	36,395	(1,356)	
48,609	47,042	(1,567)		89,255	87,812	(1,443)	
2,183	3,326	(1,143)		11,147	12,764	(1,617)	

Revenue

Ministry of Health (MoH) Revenue

MoH revenue is favourable to budget for both the month and the year. The main items making this up are:

Category	Source	Monthly Variance \$000s	YTD Variance \$000s	Comment
MoH Revenue				
Personal Health	Organ Donor Liaison	8	16	Funding for improvement in donor rates
	Ophthalmology	15	30	
	Bowel Screening	0	52	Phasing of funding for service establishment & operation
Devolved Funding	Mental Health Pay Equity	182	182	Funding for Pay Equity for eligible Mental Health workers at NGOs
Clinical Training		169	137	Reconciliation of eligible personnel to amounts billed

Other Government Revenue

Other Government revenue was \$0.02m favourable to budget, primarily due ACC billing. Year-to-date revenue is \$0.14m favourable, primarily driven by ACC and other income.

Internal Revenue

Internal revenue was \$0.02m favourable to budget for the month, driven by lower elective case weight delivery, offset by favourable Cancer drug revenue. Year-to-date revenue is \$0.99m unfavourable due to lower than budgeted elective case weight delivery. July caseweight delivery was adversely affected by the Nurses strike.

Workforce Costs

Workforce costs (personnel plus outsourcing) were \$0.334m unfavourable to budget in the month and \$0.087m unfavourable year-to-date. Operationally in August FTE were 8 unfavourable to budget and 7 unfavourable year-to-date.

Senior Medical Officers (SMOs)

SMOs direct costs were \$0.35m unfavourable and 5 FTE favourable for the month.

Direct costs were unfavourable despite the favourable FTE due to the phasing of leave and allowances for additional duties. This is still being investigated.

Indirect costs were in-line with budget for the month.

Outsourced costs were \$0.04m lower than budget in the month.

Registrars / House Officers (RMOs)

RMOs direct costs were \$0.05m favourable and 12 FTE unfavourable for the month. Direct costs and favourable due to leave phasing, largely offset by the unfavourable FTE and overtime worked in the month.

Indirect costs were \$0.06m unfavourable in the month, driven by training and recruitment costs.

Outsourced costs were higher than budget in the month due to the use of locums to cover roster requirements and workload.

Nursing

Nursing costs were \$0.25m favourable and 8 FTE unfavourable to budget for the month. The unfavourable FTE variance was primarily driven by workload requirements.

Direct costs were \$0.36m favourable in the month, driven by leave phasing, allowances and the mix of Nurses types in August. This more than offset the unfavourable FTE variance. The costs indicated by the payroll budgeting tool were higher than the actual costs incurred, which was a key determinant in the favourable budget. This is being investigated with the software provider.

Indirect costs were \$0.10m unfavourable.

Allied Health

Allied Health costs were \$0.19m unfavourable and 8 FTE favourable to budget for the month.

Direct costs were \$0.09m unfavourable, driven by overtime and leave costs.

Indirect costs were 0.03m unfavourable due to parental leave and the phasing of professional fees.

Outsourced costs were \$0.07m unfavourable to budget, reflecting costs for Brief Intervention Services in central Otago.

Support

Support costs were \$0.05m favourable to budget for the month.

Management / Administration

Management Admin staff were -\$0.013m and 3 FTE unfavourable to budget.

Outsourced Clinical Services costs

Outsourced clinical services were \$0.23m unfavourable to budget in the month and in-line with budget year-to-date. 30 more caseweights were performed than budgeted in August, accounting for the unfavourable spend. Orthopaedic and General Surgery procedures accounted for most of the unfavourable variance.

Clinical Supplies (excluding depreciation)

Clinical supplies were unfavourable to budget by \$0.84m for the month. Year-to-date Clinical Supplies are \$1.16m unfavourable, driven by pharmaceutical, air ambulance and treatment disposable costs. The unfavourable pharmaceutical variance is partially offset in Internal Revenue.

Treatment disposable costs were \$0.21m unfavourable, driven by the phasing of blood costs and consumables required for treatment of patients. Year-to-date costs are \$0.19m unfavourable.

Implants and prostheses were \$0.09m unfavourable to budget in the month, driven by the number of TAVI procedures performed in the month (4 versus a budget average of 1.4). Year-to-date costs are in-line with budget.

Pharmaceutical costs were \$0.32m unfavourable in the month. This was driven primarily by the prescription of cancer drugs, with offsetting internal revenue of \$0.27m. The balance of the variance is driven by hospital patient needs and volumes. The drugs with the largest cost increases, year-on-year, are used in the treatment of bowel disease, haematology, cancer and HIV. Year-to-date costs are \$0.65m unfavourable and are offset by favourable internal revenue of the same amount.

Air ambulance costs are above budget in the month by \$0.18m relating to the volume of hospital transfers and helicopter missions.

Infrastructure and Non-Clinical

These costs were \$0.1m unfavourable to budget in the month and \$0.18m year-to-date, driven primarily by work being undertaken on the perioperative initiative.

Provider Payments

These costs were unfavourable to budget by \$0.09m in the month. This relates to pay equity costs, offset in revenue as noted above.

Non-Operating Expenses

Depreciation was favourable to budget in the month and year-to-date.

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 Excluded Minutes Public Meeting	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.