Distribution:
Committee Members:
E Borrows, Chairman
K Eagles, Deputy Chairman
A Ballantyne,
M Bourke
P Catt
K Denness,
F Gilkison,
B Jeffares
P Lockett
A Rumball
P Moeahu (Co-opted member)
C Tuuta

Management:
CEO
GM Finance & Corporate Services
GM Hospital Services
GM Planning & Funding & Population Health
Chief Advisor Maori Health
Chief Medical Advisor
Nursing Director
GM HR & Organisational Development
Quality Risk Manager
Management Accountant
PA to Board
Advisors:
S Carrington, Media Advisor
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Health Centres – Stratford, Patea, Opunake, Mokau
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Tui Ora Limited
Corporate Reception

TARANAKI DISTRICT HEALTH BOARD

AGENDA

HOSPITAL ADVISORY COMMITTEE

ORDINARY MEETING

OPEN

Thursday 5 July 2012
10am

Corporate Meeting Room 1
Taranaki Base Hospital
David Street
New Plymouth

HOSPITAL ADVISORY COMMITTEE

MEETING AGENDA

Thursday 5 July 2012
10am
Corporate Meeting Room 1 Base Hospital
David Street
New Plymouth

1. Declaration to Open Meeting

2. Apologies –Alison Rumball

3. Conflicts of Interest

4. Public Comment

5. Minutes

5.1 Minutes of meeting held 10 May 2012 and record of meeting scheduled for 7 June 2012.

Pages 1 - 9

Resolution
That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 10 May 2012 and records of meeting scheduled for 7 June 2012 as a true and correct record.

6. Arising From Minutes

7. Management Reports

7.1 General Manager Hospital Services and attachments.

Pages 11 - 28

Resolution
That the Hospital Advisory Committee note and receive the report and attachments.

8. Other Business

9. Next Meeting

9 August 2012 in New Plymouth

HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 10 May 2012
10am
Corporate Meeting Room 1
Base Hospital
David Street
New Plymouth

Present:
Ella Borrows (Chair), Mary Bourke, Karen Eagles, Flora Gilkison, Brian Jeffares, Pauline Lockett, Alison Rumball, Peter Moeahu (Co-opted member)

In Attendance:
Tony Foulkes (Chief Executive), Sandra Boardman (General Manager Planning, Funding & Population Health), Rosemary Clements (General Manager Hospital & Specialist Services), Ngawai Henare (Chief Advisor Maori Health), Anne Kemp (Quality & Risk Manager), Katherine Fraser-Chapple, Ramon Tito (Kaumatua), Sue Carrington (Communications Advisor), Jenny McLennan (PA to Chief Executive)

The Chair welcomed Chief Executive, Tony Foulkes to the table.

723.0 Declaration to Open Meeting
The Chair declared the meeting open and invited Matua Ramon Tito to open the meeting with a karakia.

724.0 Leave of Absence
It was noted that Alex Ballanytne had previously been granted Leave of Absence.

725.0 Apologies
The apologies Peter Catt, Kura Denness, Colleen Tuuta, and George Thomas were received and noted.

726.0 Conflict of Interest
The Register had been circulated was circulated to Members for signing. No new interests were declared

727.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 5 April 2012

Gilkison/Eagles
Carried

728.0 General Manager Hospital & Specialist Services Report

The General Manager Hospital & Specialist Services took the report as read noting the following:

- Total elective delivery 20% ahead of contract for the reporting period.
- Financial forecast remains unchanged from the previous month.
- Provider Arm FTE 37 above budget with the variance noted to be Enrolled Nurses and Health Care Assistants.
- Overall casemix delivery was 17% ahead of plan for March
- Year to date 90 hip and 82 knee operations had been performed.
- On track to achieve waiting time objective by end of June 2012, of patients waiting no longer than 6 months.
- First newly recruited Orthopaedic Surgeon commenced duties with the second arriving in July. This will see the department fully recruited for the first time in 2 years.

Discussion

- Ms Lockett referred to the financial results noting that there does not appear to be an alignment with the Annual Plan. Mr Foulkes advised that savings assumptions were reflected in the bottom line and had not been allocated to specific lines of expenditure.
  Ms Lockett noted the importance of having KPIs that reported on financial progress against planned activity and hoped that the new financial year would provide a breakdown of savings. Mr Foulkes sought clarification and advised that financial reports presented to the committee in the new financial year would align with the Annual Plan.
  Mr Moeahu concurred with Ms Lockett and questioned the reasons for the unrealised savings.
  Mr Foulkes understood the issues raised and would consider how reporting could address this without the need to revisit budget allocations at this stage in the financial year. The General Manager would provide an update against the savings assumptions.
  Miss Bourke supported the discussion, advising that this had been raised before and noted the importance of having this addressed in advance of the financial year.
  It was noted that the reporting format be considered by Ms Locket, Miss Bourke, Dr Gilkison and either Mr Foulkes or his nominated person.
  Mrs Borrows advised that in working with Mrs Clements a template was underdevelopment for the new financial year and that this should be available for consideration at the next meeting.
  Mr Foulkes indicated his willingness to assist in any discussions, noting that reports had varied in their format over the years in response to various request from Board members.

- While noting that waiting list management changes would result in meeting Ministry waiting time objectives, and that Orthopaedics were to be fully staffed, these improvements would not result in associated savings. There would however be improvements for the patient.
- Dr Gilkison referred to the ongoing financial situation, but acknowledged that throughout the reports the enthusiastic approach people had to their work was apparent and that patients continued to receive a good service.
  Mr Foulkes noted the huge amount of work associated with the range of clinical services provided and acknowledged the increasing demands that continue to be placed on the sector. All staff had done a great job in delivering the increased services.
- Mr Moeahu noted the smokefree health target results and applauded the efforts that were being made.
- Dr Gilkison advised members that on reviewing current reports to those presented three years ago, it was pleasing to note that FTE had increased by only 10, but that output during this time had increased significantly. Dr Gilkison noted the importance of a realistic budget and a pragmatic approach to its setting.
- Miss Bourke questioned the reference to patient transportation and the various components of this. Mrs Clements advised that there was travel both within the region and out of the province with both National and local guidelines in place, noting that some travel decisions are made at other hospitals when Taranaki patients return home.
  It was noted that a decision to increase the engagement of the fixed wing aircraft when transferring patients had recently been made and was proving to be a positive move.
- Miss Bourke noted the reference to the exit of service notice for the STEP (Alcohol and Drug Short Term Emergency Placement) and the need to ensure that the stages of service change, including the ensuring alternative options are available, occur in the correct order

728.1 General Manager Human Resources & Organisation Development Report

The General Manager Human Resources & Organisation Development took the report as read noting the following:

- Maori employees leaving TDHB employment are moving into positions that are career advancement opportunities. Pleasing to note that recent Maori appointments have been into substantive positions within TDHB.
- Operating within the revised (reduced) Management/Administration FTE cap which was set with effect from 1 April 2012.
- Detailed business case from HBL regarding Finance, Procurement and Supply Chain was due for receipt following which details would be provided to the Board with associated recommendations.
- It was noted that the analysis of the survey regarding the organisation learning needs was currently underway. Miss Bourke referred to the importance of communication as an area of training and development, with Mr Woolley advising that a Communication and Change Management training model was in place.

Miss Bourke also noted the importance of 'dealing with cultural differences' within training.

- Mr Moeahu questioned the shortage of personnel in key areas and that if frequent turnover was occurring were there strategies in place to manage this. Mr Woolley advised that KPIs were in place to track reasons for leaving, with an emphasis placed on areas where recruitment was difficult.
  Mr Woolley applauded the recruitment skills of Mr Hunt – Medical Recruitment Manager and his proactive approach. It was noted that Human Resources continues to focus on specific units to meet identified needs, while improving its interaction through social media and community networks.
  Mr Foulkes referred to the importance of the work undertaken by the New Plymouth District Council and Venture Taranaki and others in creating an environment with plenty of social events to compliment the beautiful surroundings. The huge benefits that these organisations provide to TDHB and other Taranaki businesses and industry, in helping recruitment and retention of skilled staff, was noted.

728.2 Chief Advisor Maori Health Report

The Chief Advisor Maori Health took the report as read noting the following:

- Ms Henare noted the planned national, regional and local priorities detailed in the Maori Health Plan that will require Provider Arm input and/or management for 2012/13.
- It was noted that the Midland GM's Maori have sponsored the development of a Regional Maori Health Accountability Framework which seeks to guide the 11 health priority work streams within the Regional Services Plan. Ms Henare advised that this included the intention to learn from, and develop areas of excellence within the Midland area.

<u>Discussions</u>

- On referring to the reports presented for consideration Mr Jeffares noted the ease of reviewing graphs and tables that included keys in their presentation.
- Mrs Eagles questioned the status of the HEHA programme following the advice received with regards to its funding. It was noted that the General Manager Planning & Funding would be able to provide details of this at the next CPHAC/DSAC meeting.
  Mrs Clements advised that as there were initiatives / activities within the Maori Health Plan that involved the Provider Arm, that there may be areas of duplication reporting between the two committees.
- Mrs Eagles referred to questions from the public regarding the early mortality rate of Maori. Mr Moeahu advised that the publication 'Fair Society, Healthy Lives – The Marmot Review' was an informative publication on health inequalities.

728.3 Quality & Risk Report

The Quality & Risk Manager took the report as read noting the following:

- While the Patient Satisfaction Survey was no longer a mandatory requirement work continues on this in-house, with an update on progress to be provided at a further committee meeting.
- Although actual numbers were small, as noted in the Health & Disability Commissioner DHB Complaints Report the rate of complaints about Taranaki DHB was above the national average, with all complaints closed in the six month period. Resolution options including the referral to advocacy and well as the standard investigation process.
- Mr Moeahu referred to time recently spent in Ward 2 and the excellent services received. Mr Moeahu requested that this feedback be provided back to the ward personnel.

Resolution

That the Hospital Advisory Committee receive and note the Management Reports and attachments.

Gilkison/Eagles
Carried

729.0 Next Meeting

It was noted that the next meeting was scheduled to be held Thursday, 7 June in New Plymouth. Mrs Eagles put in her apologies for the meeting

…….. ……

Chairman Date

HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 7 June 2012
10am
Corporate Meeting Room 1
Base Hospital
David Street
New Plymouth

Leave of Absence – Alex Ballantyne

Apologies - Peter Catt, Kura Denness, Karen Eagles, Pauline Lockett, Alison Rumball, Peter Moeahu

Due to lack of a quorum the meeting was

TDHB Hospital Advisory Committee Task List as at 5 July 2011						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
~~11~~	~~10 May 2012~~	~~Fair Society, Health Lives – The Marmont Review~~	~~Complete~~	~~PA to CE~~	~~asap~~	~~Distributed to members~~
~~10~~	~~10 May 2012~~	~~**HEHA Funding –** Details of funding status and options for continuing initiatives~~	~~Feedback to be provided at CPHAC/DSAC~~	~~GM P&F~~	~~26 June 2012~~	
9	10 May 2012	**Financial Reporting –** Alignment with Annual Plan. Meeting of sub-group (M Bourke, P Lockett, F Gilkison and T Foulkes or nominee	On going	CEO	Before 2012/13 financial reporting	
8	6 October 11	**New Facilities –** Consideration of acknowledging former Chairman		Chair	2013	

TO	CEO and Hospital Advisory Committee
FROM	General Manager Hospital & Specialist Services
DATE	25 June 2012
SUBJECT	Exception Report for May 2012

TARANAKI DISTRICT HEALTH BOARD

MEMORANDUM

1 OVERVIEW

This report provides an overview for the Hospital Advisory Committee (HAC) of hospital activity for May 2012.

Overall casemix delivery was 13% ahead of plan for May (177 cwd) and moves to 4% over year to date (535cwd). Acute delivery for the provider arm was 10% ahead of contract for the month (1% ytd). Total with total elective delivery was 19% above contract for May (11% ahead year to date). Medical casemix for the month was 2% ahead of plan, however it remains 7% behind year to date.

The Provider Arm FTE is 21.9 FTE on over for the year to date with the majority in nursing (12.8 FTE). Nursing FTE have been significantly over budget since February 2012 and this variance continues to be related to the complexity and demand driven care of patients and the elective service program meeting the 0% waiting over 6 months for elective interventions The staff have worked very hard in all disciplines to achieve this measure with a result of increased expenditure on staffing.

The occupancy remained a little lower for the month within the acute wards, however Wards 1 and 3 experienced 90% occupancy with NNU 107%. Mental Health occupancy also decreased to 85% against 90.9% in April.

1.1 Financial Comment

The Provider Arm financial result for the month of May was $1.58M worse than the budgeted surplus of $13K. This was made up of revenue $186K above budget and expenditure $1.77M higher than budget.

For the year to date the Provider deficit is $5.03M worse than budgeted. Contributing to this is reduced revenue from ACC ($1.34M below budget) and higher than expected costs in Personnel ($2.9M), Clinical Supplies ($1.2M), and Infrastructure ($1.51M). Total expenses for the year to date are $6.31M above budget or 4%.

Year to date personnel costs are higher than budget primarily in clinical and associated services including nursing ($1.09M) and allied health ($1.21M).

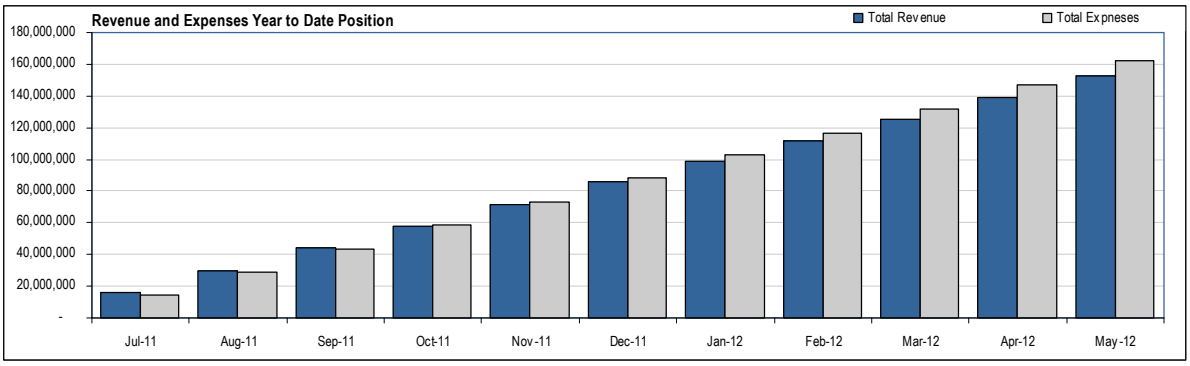
Medical staff costs are significantly below budget ($456K and 3.9 FTE), however this relates to vacancies and is partially off set by the use of additional locum staffing. The total cost of medical labour including locums is $26.76M YTD, $526K higher than budgeted. Medical staff costs have been impacted in recent months by the ASMS settlement and significant increases to base salaries.

High demand and complexity of inpatient services has impacted on clinical supply costs. These remain higher than budget in a number of areas resulting in expenditure $1.17M (5.6%) higher than budget to date. Elective surgery volumes are 11% higher than budgeted for the year to date and, as can be expected, this has impacted on areas such as patient consumables (9% above budget), implants and prostheses (11% above budget) and patient transport and accommodation (8% above budget). Savings have been made in other clinical supply areas that offset these overspends.

Infrastructure and Non-Clinical costs are $1.5M above budget for the year to May and have been impacted by ongoing high facility costs (12% above budget). Facilities costs relate to accelerated depreciation on Stainton Block prior to demolition as part of Project Maunga. This depreciation was budgeted over the expected life of the building which has been shortened inline with timeframes for the new build.

Professional fees and expenses are also $673K (8%) above budget year to date. This includes interest payments, Ministry of Health capital charges and increased insurance premiums.

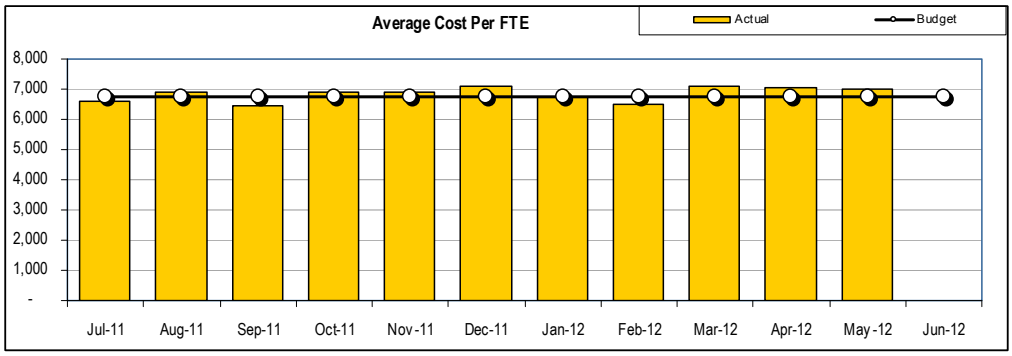
Significant impact is being felt by the Provider Arm from budgeted but unrealised savings (South Taranaki Alive with Opportunities and Health Benefits Ltd intiatives) with a combined variance to budget of $2.1M. If the unrealised savings are excluded true expenses in this category are $349K or 1.2% higher than budget.



Provider Arm FTE are 21.9 FTE year to date above budget. The majority of this has been in nursing staff (12.8 FTE) increasing significantly since February 2012, while medical staff vacancies have decreased to 3.8 FTE under budget for the month. Management and Administration FTE are below budget and within the Ministry of Health FTE cap.

New work programmes (both funded and unfunded), projects and contractual requirements can impact directly on employed FTE. Ongoing work is done to monitor any FTE employed outside budgeted positions.

Costs per FTE are close to budget year to date at $74,639 per employed FTE; $1078 per FTE more than budgeted.



The Project Whakapai Overall Performance Dashboard is attached for information and gives an overview of staff costs, FTE and other metrics related to efficient use of staff resources. Please note due to the natures of the KPI report and TDHB financial reporting there are number of differences between the two reports. An explanation regarding this is also attached.

2 ACTIVITY

DHB Funded Activity

Patient Activity Summary

Metric	May 2012				YTD		
	Act	Budget	Var	Var %	Act	Budget	Var %
Total Patient Discharge	1862	1716	146	8%	19,678	19,234	2%
Elective Surgical Discharge	439	408	31	8%	4,169	4,009	4%
Occupied bed days	4,790	4772	18	0.4%	51,313	52,771	(3%)
ED attendance	2,738	2,516	222	9%	30,857	27,678	11%
Outpatient Attendance	3,803	2,759	1,044	38%	37,707	30,351	24%
Theatre visits	704	618	86	14%	7,093	6,046	17%
Deliveries	114	121	(7)	(6%)	1279	1,330	(4%)

2.1 Casemix and Non Casemix Activity

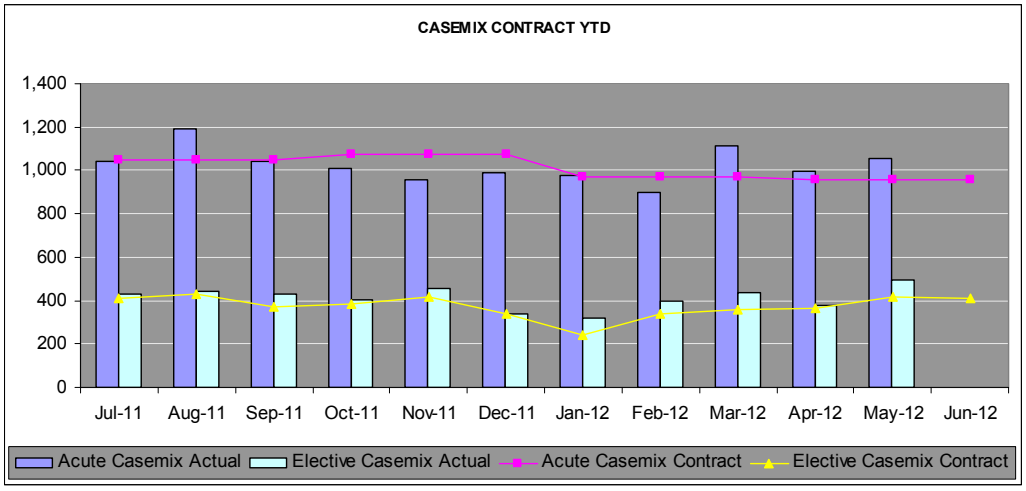
2.1.1 Casemix Delivery for 2011/12

Overall casemix delivery was 13% ahead of plan for May (177 cwd) and moves to 4% above year to date (535 cwd).

May acute delivery was 10% ahead of contract for the month and was 1% ahead year to date. Total elective delivery was 19% ahead for May and 11% ahead year to date (448 cwd).

May medical casemix was 2% ahead of plan however remains 7% behind year to date. Surgical delivery was 22% ahead for May (162 cwd) and 10% ahead year to date (783 cwd). May over delivery was in acutes which were 29% over (94 cwd), ((predominantly in orthopaedics 49% and Gen Surg 20%) and 9% ahead year to date (361 cwd). Electives increased to 17% ahead (68 cwd) for May, and the year to date figure was 11% (421 cwd).

May 2012 YEAR TO DATE result Case Mix delivery						
	Dschg	Total Cwd's	Contract	Cwd var	Avg Cwd.	% Variance
Medical	9680	5522.1	5914.3	-(392.24)	0.57	-7%
Surgical Acute	3326	4250	3889	361.53	1.28	9%
Surgical Elective	3855	4348	3926	421.75	1.13	11%
Total Surgical	7181	8598	7815	783.28	1.20	10%
Maternity	2817	1684	1540	144.09	0.59	9%



2.1.2 Specialty breakdown

Acute delivery
It was another busy month regarding Acute delivery in May. Cardiology is still well above contract at 124%. General Surgery is now ahead at 20% and Orthopaedics 49%, significantly over for the month of May and continue to track ahead year to date, (148%, 6%, 17% respectively). Urology was ahead for May, 28% but is 4% behind year to date. ENT was under contract this month at 18% behind but is still ahead year to date at 13%. Ophthalmology dropped significantly behind for May; -65% and is 36% behind year to date. Gynaecology was also behind this month -24% and 5% behind year to date.

Elective delivery
All surgical specialties except Dental were ahead for May and are ahead year to date. Dental remains significantly behind, 28% for May and 11% year to date.

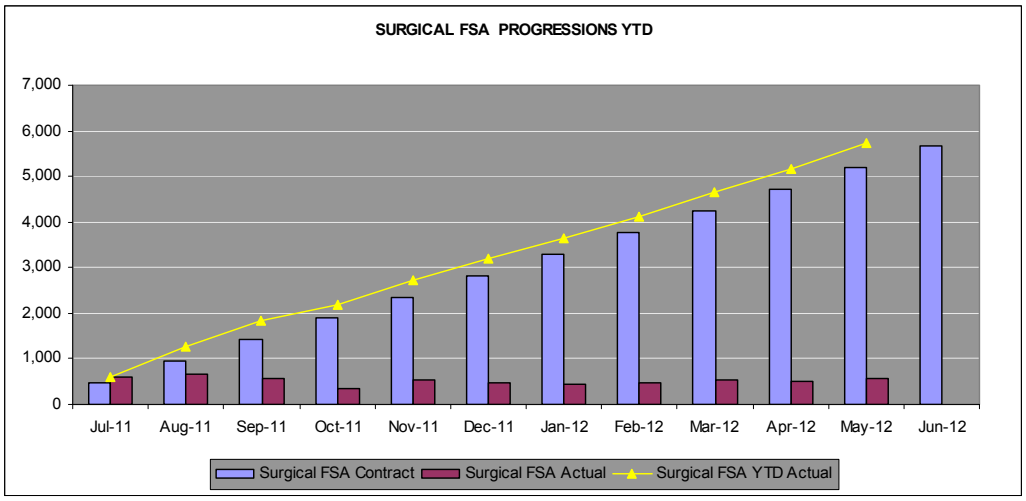
Procedure targets

Joints: Year to date performance was 109 hip and 106 knee operations. With 5 IDFs known to date, this is 60 below target however this is expected with the focus on long wait and certainty expiry patients.

Cataracts: 388 cataracts have been completed (including IDFs) and we remain ahead of plan.

2.2 Outpatient FSA Delivery for 2011/12

Surgical First Specialist Assessments (FSA)



	Act Vols	Ctrct Vols	Var	% Var
General Surgery - FSA	1689	1467	222	15%
Ear Nose and Throat - FSA	599	655	-56	-9%
Gynaecology - FSA	718	779	-61	-8%
Ophthalmology - FSA	1304	1008	296	29%
Orthopaedics - FSA	922	715	207	29%
Plastics - FSA	76	60	16	28%
Urology - FSA	425	504	-79	-16%
Totals	5733	5188	545	10%

May delivery was again ahead of plan, now at 545 year to date. ENT remains 9% behind however there has been consultant leave in a small service.

Orthopaedics are ahead of plan from 18% in April to 29% in May. Having 6 orthopaedic surgeons has greatly assisted allowing the requirement of having no patients waiting for FSA over 6 months to be met. Urology is still behind at 20%. There is no concerns with wait times in this specialty however so volumes may need to be reviewed.

Ophthalmology, General surgery and plastics continue to make up the rest of the over delivery.

2.3 Waiting List Management

We remain compliant with the current expectations for patients waiting over 6 months for assessment (ESPI 2). There has been a slight increase in the number of patients waiting longer than 6 months for assessment due to some reschedules but all have been booked. DNAs and rescheduling are being well managed with

the new DNA and rescheduling policies drafted and nearly ready to be circulated to Heads of Departments for comment.

Weekly monitoring of ESPI 2 and ESPI 5 inflows and outflows continues.

The new booking changes have been implemented to ensure that patients are being booked within their certainty expiry timeframes are now well imbedded. We are still on track to have no patients waiting over 6 months for surgery by the end of June and reports are being closely scrutinised. The focus will now be on reducing the wait times in preparation for tighter timeframes in 2013.

2.4 ACC

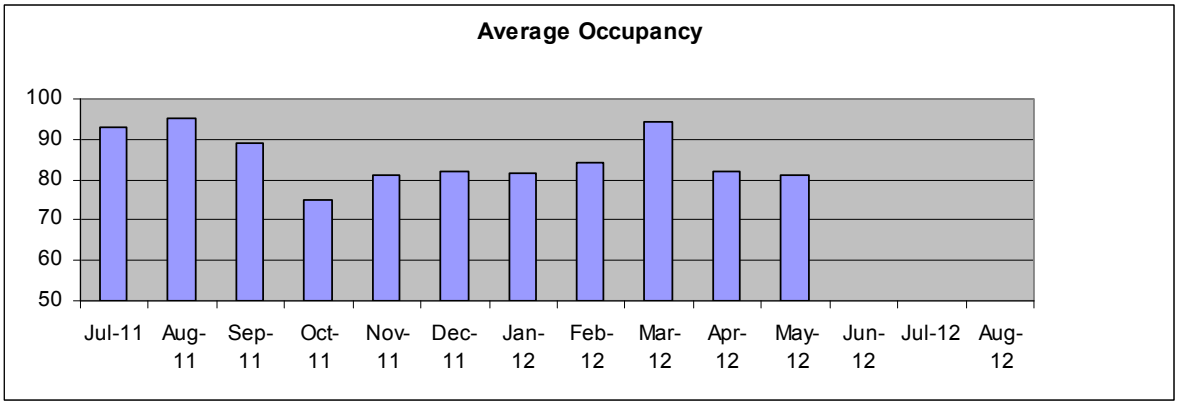
- **Clinical Services Contract:** TDHB continues to pay the surgeons privately for this contract. Since July 2011, TDHB has paid over $65,000.00 to the surgeons in their private rooms for this service. A fracture/minor injury clinic will be given further consideration once the Orthopaedic department and staffing is consolidated.

- **Elective Surgery:** We are 3.9% behind budget currently. The new budget has resulted in a 2% increase in prices for 2012-2013 and in addition, a 2% increase overall.

- **Nursing Services:** The RFP for the new contract has been submitted to ACC. New administration and data collection will need to be put in place if we are successful and decide to pursue the contract. Other issues ie clinic space for District Nurses will also require consideration.

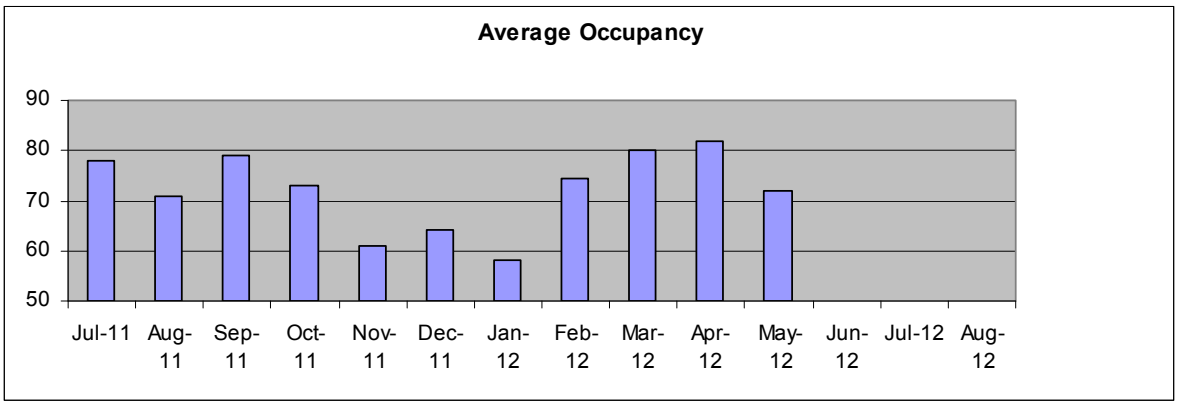
2.5 Inpatient Delivery

Graph One (A): AVERAGE OCCUPANCY FOR ADULT INPATIENT WARDS (includes WARDS 1, 3, 4 & 5 - a total of 126 beds)



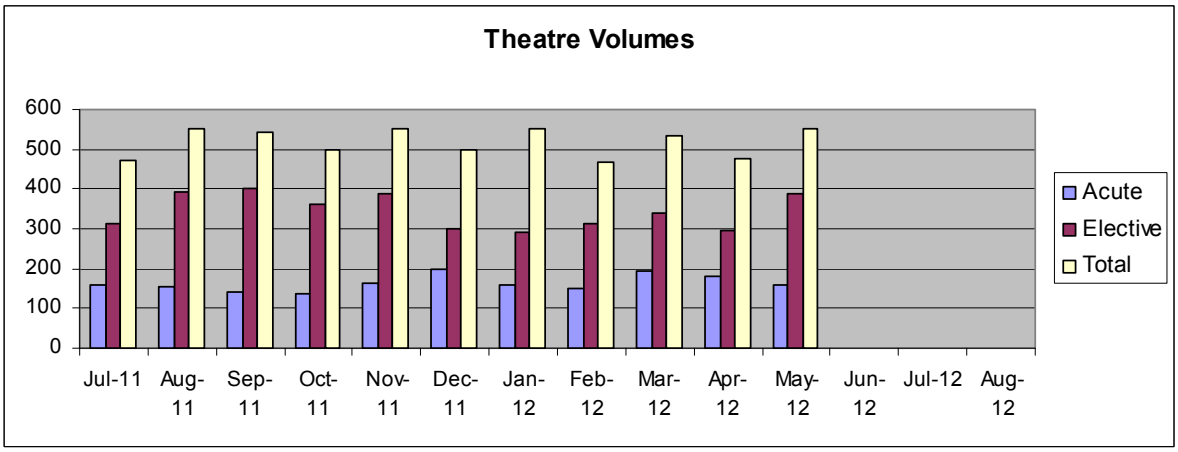
(This table reflects how many patient beds are occupied each day on average. It therefore provides an indicator of the busyness of the 4 main inpatient wards and because they make up the greater number of total hospital beds, usually the general busyness of the whole hospital. It includes a mix of acute ie. unplanned patients and elective ie. planned patients.)

Graph One (B): AVERAGE OCCUPANCY FOR SPECIALIST UNITS (includes ICU, NNU, WD 2 & MATERNITY – a total of 53 beds)



(This table reflects how many beds are occupied each day on average for the specialist units. Typically specialist units do not run with a high occupancy and their busyness is more often dictated by the acuity of their current patients – see Graph 4 B)

Graph Two: THEATRE VOLUMES



Comment:
Ward 3 had 90% occupancy for the month, Ward 1 90% and NNU 107% however overall occupancy was slightly lower in May.

2.5.1 Hawera Inpatient Ward

May occupancy for Hawera was 43%, which was the same as April.

2.6 Emergency Departments

Lower than average numbers presented to both EDs in May, compared to April.

Hawera ED

Triage Attendance	Attendance	% Admitted
Triage 1	1	0%
Triage 2	88	70%
Triage 3	256	37%
Triage 4	528	7%
Triage 5	148	0%
Total ED Attendance	1,021	16%

Base ED

	May 2012	Average 2011/12	Average 2010/11
Total Visits	2525	2521	
Triage 1	10	10	
Triage 2	157	169	
Triage 3	950	922	
Triage 4	1201	1225	
Triage 5	177	195	

2.7 Mental Health

TPW: Combined Occupancy for May 85%. This compared with an occupancy rate of 90.9%, for the month of April.

This figure was made up of the following patient groups: Adult = 79.8%, Elderly = 121%, Intensive Psychiatric Care = 71% (there were 16 clients through IPC in May).

There were 41 admission to TPW for the month of May.

Te Whare Whakauhuru (4 bed residential facility for high and complex MH cases): occupancy was 70.2 %. This was an increase from 84% last month.

3 TARGET UPDATES

The provider arm are continuing to liaise with the Ministry of Health and Target champions to assisting our progress towards achieving each of the targets below.

ED Shorter Stays

Target 95%	May 2011-12	Average 2011/12	Average 2010/11
TBH ED	85.48%	84.93%	88.32%
Hawera ED	99.75%	99.79%	99.44%
Total TDHB	90.13%	89.98%	92.24%

Comment: There has been no change to this target when compared to previous 3 months, both BED and HED results are unchanged.
This month has seen the implementation of Ward 5 initiatives including rapid rounds, estimated date of discharge, early discharge paperwork completion and change to how ward rounds are structured. All these initiatives are starting to show change of practice in Ward 5 but yet to reflect on improvement in patient flow.

Implementation of CNS led minor injury/illness and observation units is underway, with timeframe for these to be fully operational by July 2012.

Breach report analysis has been completed for all patients with LOS greater than 12 hours and a random sample for those between 6 and 12 hours. This analysis continues to confirm that we have multifactorial issues within the patient pathway, **which we are continuing to explore and plan against.**

Smokefree Health Target

Target 95%	May 2011/12	Average 2011/12	Average 2010/11
TDHB	86.74%	91.38%	66.78%

This is a very disappointing result after improvement seen. We continue to look at ways to keep smokefree assessment, education and awareness as a key area for all clinical staffs. How to make smokefree ABC processes sustainable remains a priority. We have identified two key areas to assist in achieving our target. Targeted Smokefree education sessions in clinical areas/wards have been introduced. A resource package has been developed and is available for staff to use when talking to patients who smoke. Particular emphasis is being given to clinical areas with high turnover of short stay admissions such as ED, Dayward, Outpatients and Maternity.

We are currently recruiting to the smokefree liaison role, and are hoping to have appointee commenced in role during July

4 PROJECTS

Hospital and Specialist Services is now taking a formal Programme approach to work that has commenced across a suite of surgical projects with the aid of funding from the Ministry of Health.

The projects (Pre-admission pathway, T-POT and Enhanced Recovery After Surgery (ERAS)) are focused on improving processes and pathways to support staff to provide a high quality service for patients. All three have a role in ensuring the that the new theatre complex to be commissioned as part of Project Maunga is supported by improved processes and approaches across the surgical pathway.

The surgical pathway work also impacts on a number of Ministry of Health indicators of DHB Performance and in part, the success of each of the three projects will be monitored against these. The measures included - the Average Length of Stay for Elective Surgical patients, Day Surgery rate, Day of Surgery Admissions (DOSA), Operating Theatre Utilisation and Acute re-admission rates.

Initially the DHB was funded by the Ministry of Health for the Pre-Admission Pathway and the Productive Operating Theatre and these two projects were linked – with the addition of the ERAS project the entire surgical pathway from First Specialists Assessment to discharge home is covered.

The links between all three projects quickly became clear and they are now being overseen by a Surgical Projects Steering group that has a multidisciplinary membership with a wide knowledge and experience.

5 GENERAL

Delivery of elective volumes have been planned to ensure “green light” status in the ESPI compliance by end of June. This is looking to be on track, however the costs of the extraordinary activity have also flowed into this month.

STEP Programme: Current actions to exit programme 30 June 2012 ongoing. Communication with all affected staff, stakeholders and interested parties is being maintained. Work with an alternate local provider is progressing.

Éclair, the IT database for results management, has gone live in ED and Ward 1 this month with roll out planned for the rest of the areas over June.

South Taranaki Community Oral Health Clinic planning is well underway with plans tabled with planning group, communication maintained with the staff, community, key stakeholders and interested parties being maintained.

Midwifery operational annual plan, submitted to the MoH has received excellent feedback. There is a requirement to submit the final plan by end of July. The plan is linked to national planning and initiatives and the quality and safety programme for maternity services.

RECOMMENDATION

That the Hospital Services Reports for the month of May 2012 be noted and received.

Rosemary Clements
General Manager
Hospital & Specialist Services

Appendices

1. Financials
2. Project Whakapai – Overall performance (dashboard)

TARANAKI DISTRICT HEALTH BOARD

FISCAL YEAR : 2011-12

Statement of Financial Performance : Hospital Provider

$'000	YTD May'12	YTD May'12	YTD May'12	Previous Year	Year on Year (YTD)	
				2010/11	Movement	
(*) MOH Revenue budget = contract with DHB Funder	actual	budget	variance			
REVENUE						
MOH hospital revenue (thru TDHB Funder)	141,487	139,407	2,080	139,794	*1,693*	*1%*
Other MoH funding (CTA, new initiatives etc)	1,941	2,027	(86)	2,036	*(95)*	
Total MoH Revenue (*)	**143,428**	**141,434**	**1,994**	**141,830**	***1,598***	*1%*
ACC Revenue	3,820	5,161	(1,341)	5,925	*(2,105)*	
Other Revenue	5,696	5,077	619	3,940	*1,756*	
Total Other Revenue	**9,516**	**10,238**	**(722)**	**9,865**	***(349)***	*-4%*
TOTAL REVENUE	**152,944**	**151,672**	**1,272**	**151,695**	***1,249***	*1%*
OPERATING EXPENDITURE						
Personnel costs	92,210	89,245	(2,965)	88,485	*(3,725)*	*-4%*
Outsourced services - personnel	2,335	1,331	(1,004)	3,173	*838*	*26%*
- clinical services	17,397	18,012	615	17,785	*388*	
Clinical supplies	22,002	20,833	(1,169)	20,191	*(1,811)*	*-9%*
Infrastructure and establishment costs	19,868	18,350	(1,518)	21,371	*1,503*	*7%*
Interest & financing charges	7,356	7,086	(270)	7,059	*(297)*	*-4%*
TOTAL OPERATING EXPENDITURE	**161,168**	**154,857**	**(6,311)**	**158,064**	*(3,104)*	*-2%*
OPERATING SURPLUS / (DEFICIT)	**(8,224)**	**(3,185)**	**(5,039)**	**(6,369)**	***(1,855)***	*29%*
NET SURPLUS / (DEFICIT)	**(8,224)**	**(3,185)**	**(5,039)**	**(6,369)**	***(1,855)***	*29%*
Full time employees	**1,234**	**1,184**	**-50**	**1,180**	***-54***	*-5%*

TARANAKI DISTRICT HEALTH BOARD FISCAL YEAR : 2011-12

VARIANCE REPORT: **HOSPITAL SERVICES** ($'000) (materiality level: +/- 5%)

Account	YTD May'12 actual	YTD May'12 budget	YTD May'12 variance	Movement	% variance	Notes
EXPENDITURE:						
* Clinical supplies	22,002	20,833	1169	-ve	6%	The cost overrun is arising from: - Pharmaceuticals ($ 400K) - Treatment consumables ($ 694K) - Implants & Prostheses ($ 213K)
* Infrastructure and est. costs	19868	18350	1518	-ve	8%	- Cumulative effect of small variances against budgetary outlay in several miscellaneous expenditure lines. - Budget reduction of $ 2.70M gains from initiatives spread over the last 6 months of 2011/12. Impact: $ 535 K per month partially offset by miscellaneous gains and cost efficiencies achieved.

TARANAKI DISTRICT HEALTH BOARD

CAPITAL EXPENDITURE SUMMARY - PERIOD : JULY 2011 TO JUNE 2012

(Amounts in $)		Capital Expenditure 2011-12		
Asset Class	*Notes*	*YTD May 12 Actual*	*2011/12 Budget*	*Variance*
Plant & Equipment				
-Theatre		122,532	**1,000,000**	877,468
-OPD + Pathology +Wards		23,439	**200,000**	176,561
-ICU & ED		492,418	**700,000**	207,582
-Other Clinical Equipment		315,269	**450,000**	134,731
-Beds & other Misc.		272,636	**100,000**	(172,636)
		1,226,295	**2,450,000**	**1,223,705**
IT & Computers				
-Projects		3,392,332	**3,000,000**	(392,332)
-Hardware Replacements		134,972	**500,000**	365,028
-Software.			**500,000**	500,000
		3,527,304	**4,000,000**	**472,696**
Buildings & site redevelopment				
-Minor site Redevelopment & Alterations		731,546	**450,000**	-281,546
-Ground & car parks			**50,000**	50,000
		731,546	**500,000**	**-231,546**
Motor Vehicles				
- Replace Leased Vehicles & Equipment		16,435	**50,000**	33,565
		16,435	**50,000**	**33,565**
Total DHB		**5,501,581**	**7,000,000**	**1,498,419**
Capital Contingency			**1,000,000**	
PROJECTS				
-Project Maunga	*life to date*	28,604,277	**80,000,000**	
-Project Oral Health Building	*life to date*	1,382,239	**3,402,000**	*MoH Funded*
-Project Oral Health Equipment	*life to date*	161,879		*MoH Funded*

TARANAKI DISTRICT HEALTH BOARD forecast as @ 31 may 2012

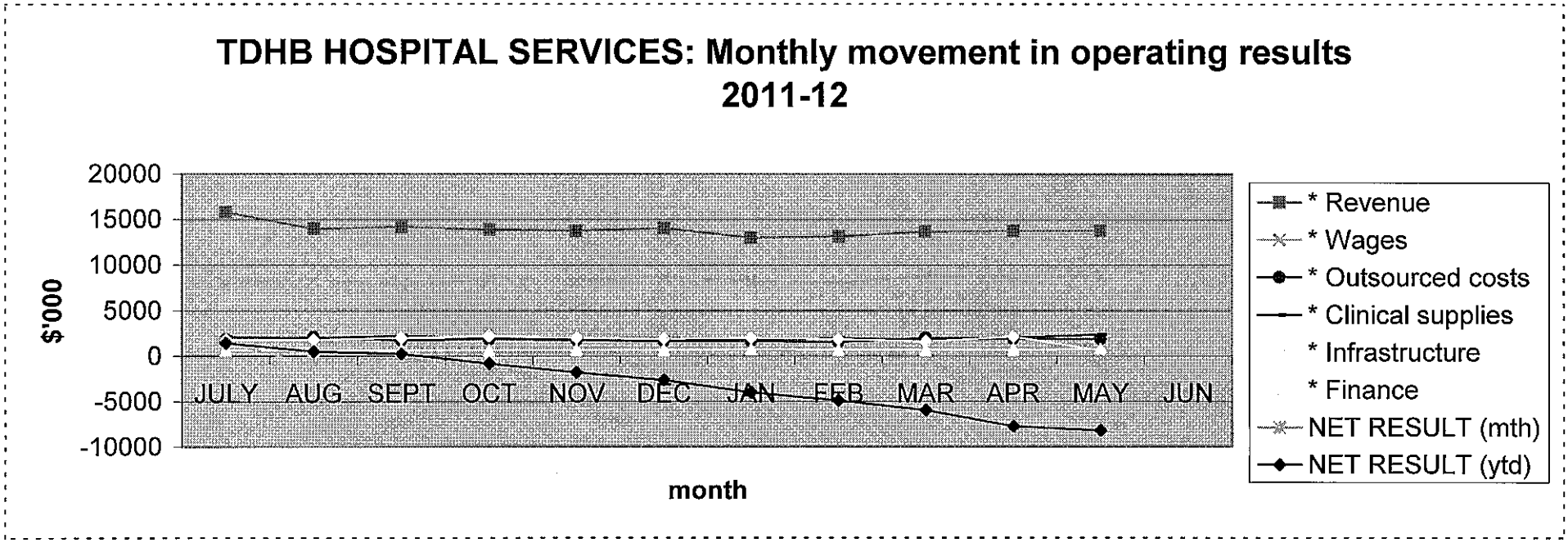
HOSPITAL AND ASSOCIATED SERVICES - FINANCIAL FORECAST FOR THE FISCAL YEAR ending 30 JUNE 2012

(Amounts in $'000)		Forecast 2011/12	Budget 2011/12	Variance	Var: %
		..... 2011/12			
REVENUE					
* MOH revenue	- ph+ mh+ public health	156,250	154,137	2,113	1.4%
* Other revenue	- acc + other revenue	11,200	11,653	- 453	-4%
TOTAL REVENUE		**167,450**	**165,790**	**1,660**	1%
OPERATING COSTS					
* Personnel costs	- medical	26,850	27,526	676	
	- nursing	41,460	40,170	- 1,290	
	- allied + support	18,150	16,187	- 1,963	
	- mgt & admin	13,500	13,475	- 25	
		99,960	**97,358**	**- 2,602**	-3%
* Outsourced services	- medical staff	2,250	1,452	- 798	
	- outsourced services	19,340	19,650	310	
		21,590	**21,102**	**- 488**	-2%
* Clinical supplies	- consumables	20,100	18,746	- 1,354	
	- pharmaceuticals	4,420	3,980	- 440	
		24,520	**22,726**	**- 1,794**	-8%
* Infrastructure & non-clinical costs	- interest	7,800	7,730	- 70	
	- other op.costs	21,580	19,546	- 2,034	
		29,380	**27,276**	**- 2,104**	-8%
TOTAL OPERATING COSTS		**175,450**	**168,462**	**- 6,988**	-4%
OPERATING SURPLUS/(DEFICIT)		**- 8,000**	**- 2,672**	**- 5,328**	
Extraordinary expenses		-	-	-	
NET SURPLUS/(DEFICIT)		**- 8,000**	**- 2,672**	**- 5,328**	

TARANAKI DISTRICT HEALTH BOARD

MONTHLY MOVEMENTS IN FINANCIAL PERFORMANCE: HOSPITAL SERVICES: FISCAL YEAR 2011-12

($'000)	2011						2012						2011-12	
	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD ACT	YTD BUD
* Revenue	15774	13961	14188	13872	13770	14057	12987	13140	13665	13725	13805		152944	151672
* Wages	7978	8414	7831	8374	8335	8676	8240	8023	8812	8749	8778		92210	89245
* Outsourced costs	1814	2071	1765	1825	1753	1625	1640	1514	1972	1897	1856		19732	19343
* Clinical supplies	2091	1971	2204	1951	1993	1993	1754	1950	1718	2015	2362		22002	20833
* Infrastructure	1815	1788	2015	2171	2006	1933	1983	1856	1585	2122	594		19868	18350
* Finance	648	651	635	625	672	668	719	685	660	691	702		7356	7086
NET RESULT (mth)	**1428**	**-934**	**-262**	**-1074**	**-989**	**-838**	**-1349**	**-888**	**-1082**	**-1749**	**-487**		**-8224**	**-3185**
NET RESULT (ytd)	**1428**	**494**	**232**	**-842**	**-1831**	**-2669**	**-4018**	**-4906**	**-5988**	**-7737**	**-8224**			
FTE's	**1196**	**1201**	**1200**	**1198**	**1195**	**1207**	**1201**	**1221**	**1221**	**1223**	**1234**		**1234**	**1184**



Overall performance (dashboard)

Appendix 2

Table Performance results for 30/04/2012 to 27/05/2012

Type	Key Performance Indicator	Unit Measure	Target	19 30/04/2012	20 07/05/2012	21 14/05/2012	22 21/05/2012
Process	Advance fill rate	Percentage	>80%	25.9%	29.2%	31.0%	29.3%
	Compliance	Percentage	>90%	74.6%	76.7%	66.2%	73.7%
	Double bookings and error rate	Shift	0	(0.0)	(0.0)	(0.0)	(0.0)
Budget Dollar	Salary & wage budget variance	Percentage	<0%	-2.0%	-1.1%	-1.4%	-1.9%
	Increased patient acuity variance	Percentage	<0%	111.8%	125.3%	60.3%	52.6%
	Additional beds open variance	Percentage	<0%	2.8%	-46.7%	-63.1%	-45.5%
	Special budget variance	Percentage	<0%	88.0%	146.6%	74.8%	95.0%
Staff type	Budget EFT variance	EFT	<1	(30.3)	(41.8)	(34.7)	(29.7)
	Bank (casual) use	EFT	<50	(59.5)	(65.7)	(63.5)	(59.5)
	Part-time extra	EFT	<30	(47.4)	(47.8)	(48.8)	(47.3)
	Overtime use	EFT	<10	(9.3)	(9.2)	(8.8)	(8.5)
	Pool use	EFT	<12	(9.2)	(9.2)	(8.4)	(8.4)
	Agency use	EFT	<1	(1.7)	(0.6)	(0.9)	(0.3)
Shortfall	True shortfall	EFT	<50 EFT	(62.4)	(56.6)	(61.4)	(60.0)
	Overall staff vacancy	Percentage	<5%	5.3%	4.8%	5.2%	5.1%
	Allied Health vacancy	Percentage	<5%	4.0%	1.9%	1.7%	1.2%
	Medical vacancy	Percentage	<5%	4.6%	3.1%	3.5%	5.7%
	Nursing vacancy	Percentage	<5%	6.4%	6.7%	6.9%	6.7%
	Support vacancy	Percentage	<5%	4.9%	4.7%	5.7%	5.1%

1. Analysis

- Specials remained over budget and continue to be a focus for the operational teams. Whilst occupancy has not been as high this month in some areas, increased patient acuity has contributed to the supplementary requirements.
- There is still significant use of part time extra and shortfall remains high.

2. Actions

- Key Performance indicators are being reassessed in line with organisational requirements and will alter from 1 July.
- Specialling report now available daily to assess staffing requirements for each shift.
- A specific working group has been established.

3. Note to HWS KPI Report

The Health E-Workforce Solutions KPI report for TDHB gives an overview of staff costs, FTE and other metrics related to efficient use of staff resources. Due to the nature of the KPI report and TDHB financial reporting there are a number of differences between the two reports on staff costs. This does not imply that either report is incorrect, however they are looking at staff costs from differing perspectives.

- The KPI report is based on data gathered over 3 staff pay periods and translated back to 4 week blocks corresponding to the current month for reporting, where as the Financial Report is based on a 30 or 31 day calendar month. The impact of this can be up to $675K, based on the average total daily staff costs of $225K.

- The KPI report uses payroll data based on hours worked and actual dollars paid to staff. This means that there are a number of staff related expenses that are not collected as part of this data set, yet included in the total personnel costs. Exclusions are as follows:

    - Accruing annual leave (i.e. the value of outstanding leave balances)
    - Long service leave (i.e. the movement in value of the outstanding leave)
    - ACC levies payable
    - Employer superannuation contributions
    - Practising Certificates and registration fees
    - Recruitment and relocation costs
    - Staff meals
    - Clinical supervision costs
    - Training and study costs
    - Continuing Medical Education
    - Parental leave payments, gratuities and redundancies

