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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:

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Coastal News, Stratford Press,
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Opunake, Mokau
Base Hospital Library
Hawera Hospital Library
Tui Ora Limited
Corporate Reception



AGENDA

HOSPITAL ADVISORY COMMITTEE

ORDINARY MEETING

OPEN

**Thursday 7 June 2012
10am**

**Corporate Meeting Room 1
Taranaki Base Hospital
David Street
New Plymouth**



HOSPITAL ADVISORY COMMITTEE

MEETING AGENDA

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

1. **Declaration to Open Meeting**
2. **Leave of Absence – Alex Ballantyne**
3. **Apologies – Peter Catt, Karen Eagles Alison Rumball and George Thomas**
4. **Conflicts of Interest**
5. **Public Comment**
6. **Minutes**
 - 6.1 Minutes of meeting held 10 May 2012

Pages 1 - 7

Resolution
That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 10 May 2012 as a true and correct record.
7. **Arising From Minutes**
8. **Management Reports**
 - 8.1 General Manager Hospital Services and attachments.

Pages 9 - 29

Resolution
That the Hospital Advisory Committee note and receive the report and attachments.
9. **Other Business**
10. **Next Meeting**

5 July 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 Lockett, 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.

Discussions

- 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

TDHB Hospital Advisory Committee Task List as at 5 April 2011

Action No	Date Raised	Action Description	Status	Assigned	Due Date	Updates
11	10 May 2012	Fair Society, Health Lives – The Marmon 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 28 May 2012

MEMORANDUM

SUBJECT Exception Report for April 2012

1 OVERVIEW

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

Overall casemix delivery was 3% ahead of plan for April (33 cwd) and remains 3% above year to date (360 cwd). Acute delivery for the provider arm was 7% ahead of contract for the month with total elective delivery 9% below contract for April (4% ahead year to date). April medical casemix was 13% behind plan and remains 7% behind year to date.

Provider Arm FTE is 39.2 above budget this month with the majority in nursing. Analysis shows that the variance in nursing staff continues to be related to demand driven care of patients. 83% of the total Hospital Provider FTE variance is Enrolled Nurses and Health Care Assistants in acute wards (32.6 FTE total).

The occupancy of the acute wards reduced over April with only Ward 1 over 90%. For the specialist units, NNU were 131% occupied and a busy month for maternity at 83%. Mental Health occupancy also decreased against the previous month (90% for April – 98% March) for the inpatient ward.

1.1 Financial Comment

The Provider financial result for the month of April was \$1.76M worse than the budgeted surplus of \$13K. This was made up of revenue \$107K above budget and expenditure \$1.85M higher than budget.

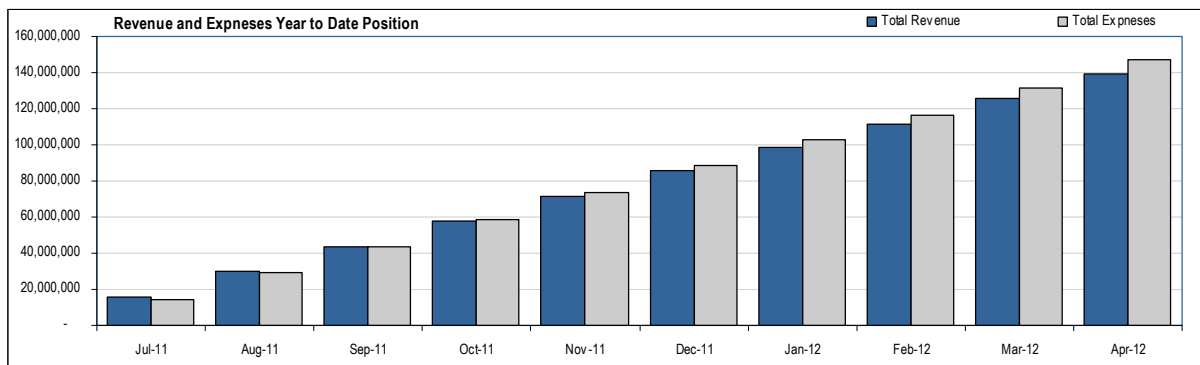
For the year to date the Provider deficit is \$7.7M, \$4.5M worse than budgeted. Contributing to this is reduced revenue from ACC (\$1.15M below budget) and higher than expected costs in Personnel (\$2.3M), Clinical Supplies (\$701K), and Infrastructure (\$2.3M).

Year to date Personnel costs are higher than budget primarily in clinical and associated services including Nursing (\$1.07M) and Allied Health (\$833K).

Medical staff costs are significantly below budget (\$562K and 4.9 FTE), however this relates to vacancies and is partially offset by the use of additional locum staffing. The total cost of medical labour including locums is \$24.08M YTD, \$234K less than budgeted.

Clinical supply costs remain higher than budget relating to demand earlier in the year, and as expected the variance is showing a downwards trend as the year progresses, with April expenditure \$121K above budget, reflecting abnormally high activity in the month. Costs remain high in Pharmaceuticals and Patient Travel, with reduction in Equipment and Diagnostic supplies.

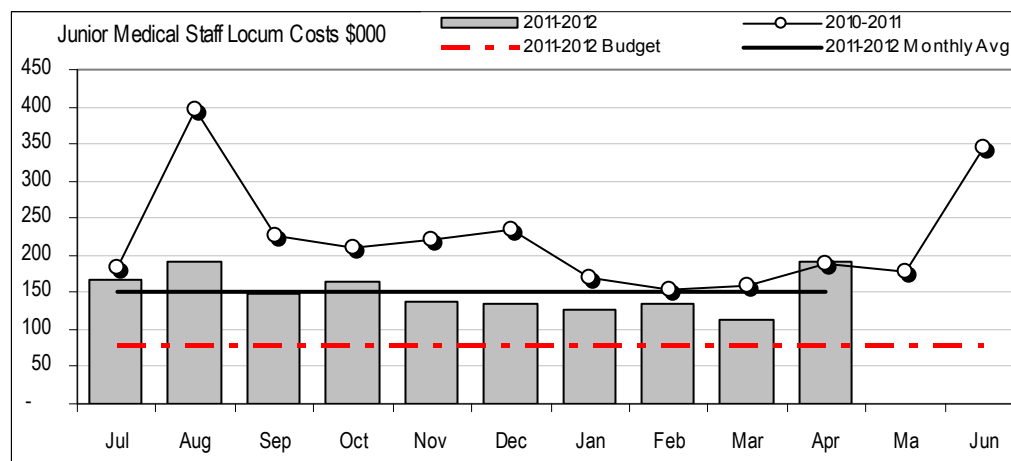
Infrastructure and Non-Clinical costs have been impacted by ongoing high facility and transportation costs. An increasing variance to budget relates to unrealised savings initiatives that were budgeted in the second half of the year. If the unrealised savings are excluded true expenses are \$518K or 2% higher than budget.

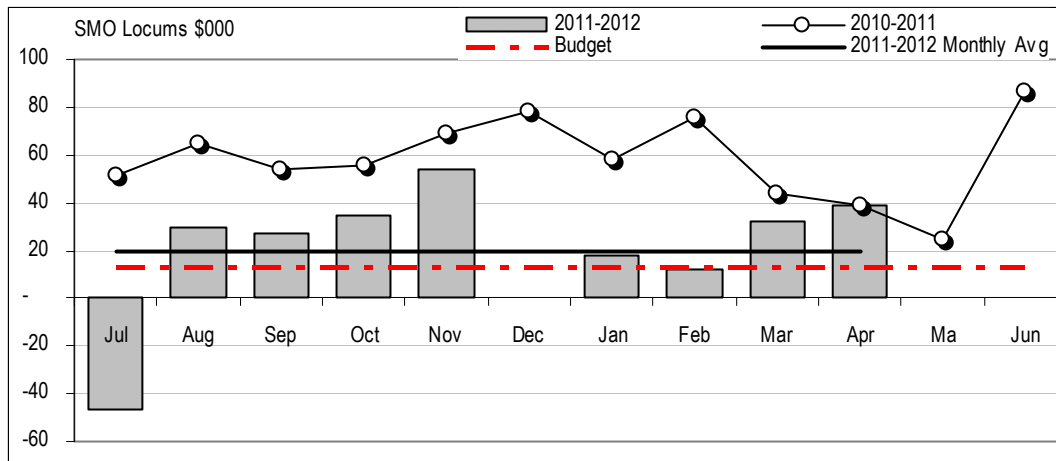


Provider Arm FTE is 39.2 above budget. The majority of this is in nursing staff (23.2 FTE above budget), while medical staff vacancies have increased to 5.4 FTE under budget for the month. Management and Administration FTE are below budget and within the Ministry of Health FTE cap.

Ongoing analysis of nursing staffing for the month shows that the variance in nursing staff continues to be related to demand driven care of patients. 83% of the total Hospital Provider FTE variance is Enrolled Nurses and Health Care Assistants in acute wards (32.6 FTE total) with other nurses below budget. The nature of the care required dictates that these staff are used as required, leading to ongoing budget variance in times of high activity.

It is interesting to note that both the junior and senior locum costs have reduced to 71% and 34% respectively of last years costs, as shown in the graphs below.





2 ACTIVITY

DHB Funded Activity

Patient Activity Summary

Metric (Volumes)	April 2012				YTD		
	Act	Contract	Var	Var %	Act	Contract	Var %
Total Patient Discharge	1,660	1,672	(12)	0.0%	17,832	17,589	(6%)
Elective Surgical Discharge	284	367	(83)	22%	3,587	3,696	(2%)
Occupied bed days	5,315	4,714	601	(13%)	54,146	47,142	(7%)
ED attendance	2,704	2,516	188	7%	28,119	25,162	12%
Outpatient Attendance	2,449	2,168	281	13%	26,482	21,675	22%
Theatre visits	601	583	18	3%	6,324	5,834	8%
Deliveries	115*	120	5	(4%)	1172	1,200	(2%)

*note that as coding is incomplete, this may be understated

2.1 Casemix and Non Casemix Activity

2.1.1 Casemix Delivery for 2011/12

Overall casemix delivery was 3% ahead of plan for April (33 cwd) and remains 3% above year to date (360 cwd).

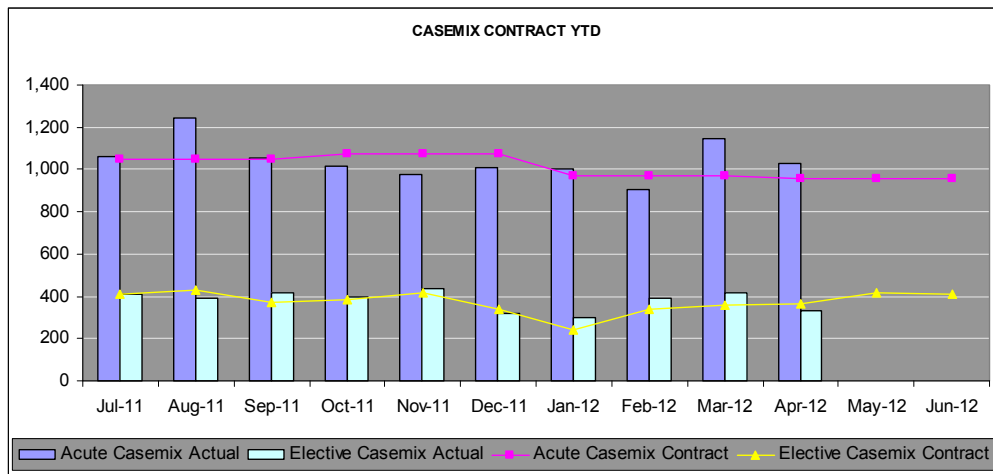
April acute delivery was 7% ahead of contract for the month and is now 2% ahead year to date. Total elective delivery was 9% behind for April and now at 4% ahead year to date (151.27 cwd).

April medical casemix was 13% behind plan and remains 7% behind year to date. Surgical delivery was 6% ahead for April (40.78 cwd) and 9% year to date (650

cwd). April over delivery was in acutes which were 24% over (79 cwd), and now 14% ahead year to date (494 cwd). Electives dropped to 11% behind (-39 cwd), and the year to date figure is now at 4% (156 cwd).

CWD and FSA Performance against Contract (Summary)

	YTD	YTD previous year	Target	Var	Var %
Surgical Acute	4,053	3,815	3,558	495	14%
Surgical Elective	3,683	3,495	3,527	156	4%
Total Surgical CWD	7,736	7,310	7,085	651	9%
Medical CWD	5,006	5,534	5,411	(405)	(7%)
Surgical FSA	5,121	4,940	4,717	404	8%
Medical FSA	2,159	1,964	2,300	(141)	(6%)



2.1.2 Specialty breakdown

Acute delivery

Acute delivery was again high this month with the corresponding pressure on resources. Cardiology is still well above contract at 116%. General Surgery is now at 8%, with Urology 52%, Ophthalmology 65% and Orthopaedics 35%, all significantly over for the month of April and continues to track well ahead year to date. ENT was under contract this month at 27% behind but is still ahead year to date at 22%.

Elective delivery

Cardiology and Urology are both ahead for April. Extra angiograms have been performed this month in line with the Midland Region direction for Cardiology however remains behind year to date (4%). Most other specialties are slightly behind for April but most remain ahead year to date except Orthopaedics, Urology and Dental.

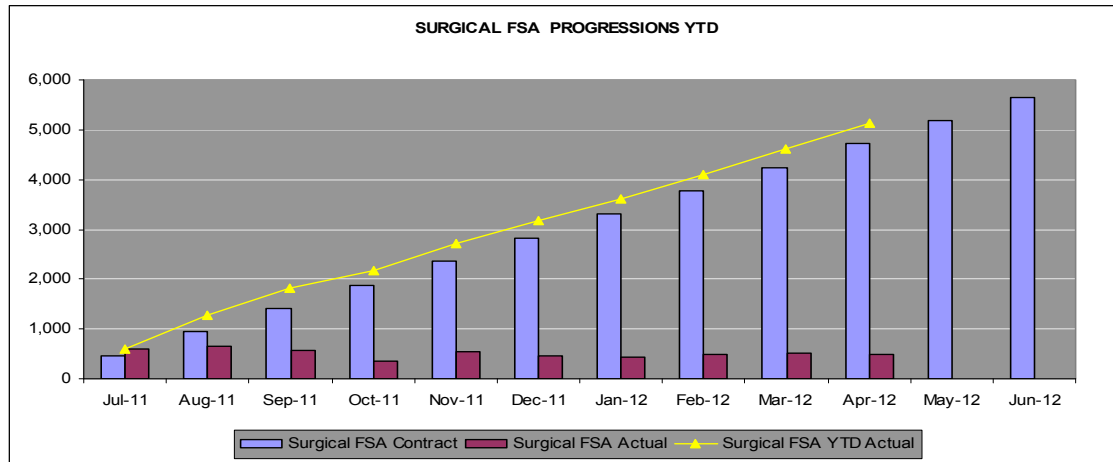
Procedure targets

Joints: Year to date performance was 97 hip and 85 knee operations. This is 32 below target however this is expected with the focus on long wait and certainty expiry patients.

Cataracts: 356 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	1534	1333	201	15%
Ear Nose and Throat - FSA	540	596	-56	-9%
Gynaecology - FSA	650	708	-58	-8%
Ophthalmology - FSA	1192	917	275	30%
Orthopaedics - FSA	770	650	120	18%
Plastics - FSA	68	54	14	26%
Urology - FSA	367	458	-91	-20%
Totals	5121	4717	404	9%

April delivery was again ahead of plan, 404 now for YTD. ENT dropped slightly again from 8% to 9% due to consultant leave.

Orthopaedics has improved again to 18% ahead of plan with the new Orthopaedic surgeon responsible for most of this increase. Urology is still behind at 20%. There are 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). The numbers have reduced significantly since December and are continuing to reduce. We are on track to have no patients waiting longer than 6 months by end of June as long as DNAs and rescheduling is managed correctly. New DNA and rescheduling policies are being developed to ensure that we continue to meet Ministry targets.

2.4 ACC

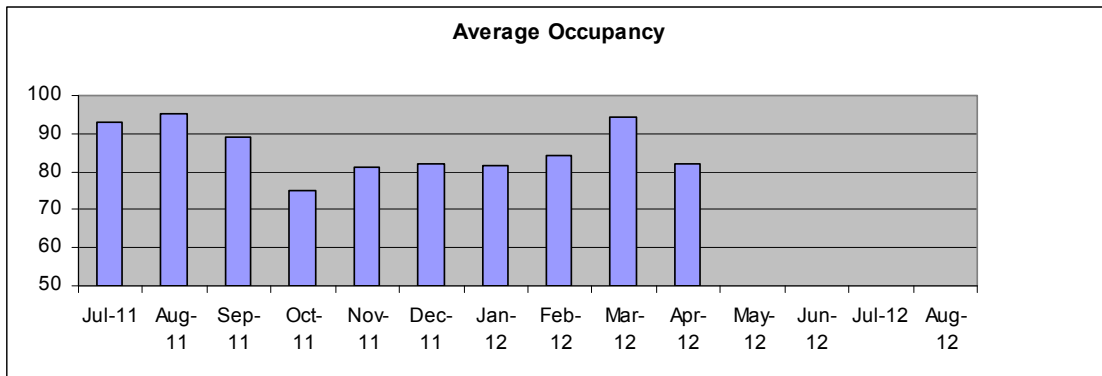
- **Non Acute Rehabilitation Contract:** The new Key worker has commenced and is well on her way to getting settled in the role. This will enable TDHB to

meet the terms of the non acute rehab contract which is being rewritten and changes will be discussed at the next National DHB meeting in June.

- **Nursing Services:** A new contract has been developed that will replace our Community nursing contract. There are significant changes that will need to be implemented to meet the terms of this contract so an analysis is being carried out to work out the impact and benefits of this.
- **Pain:** All contracts continue to be under utilised.

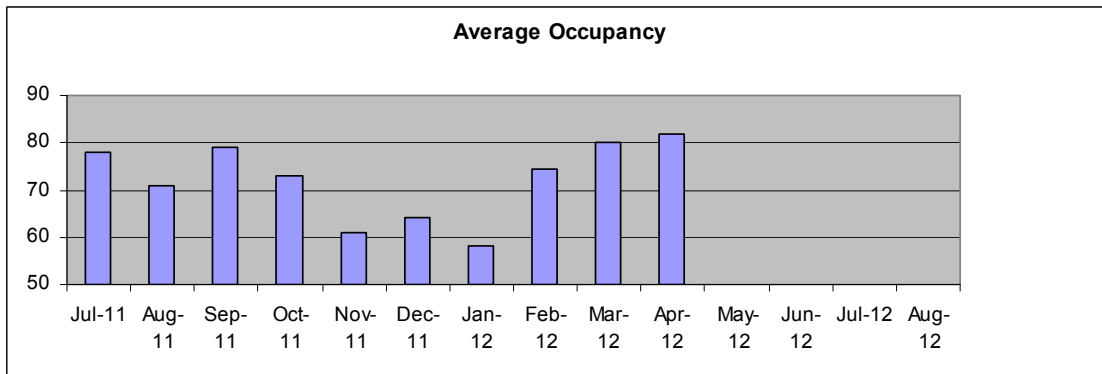
2.5 Inpatient Delivery

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



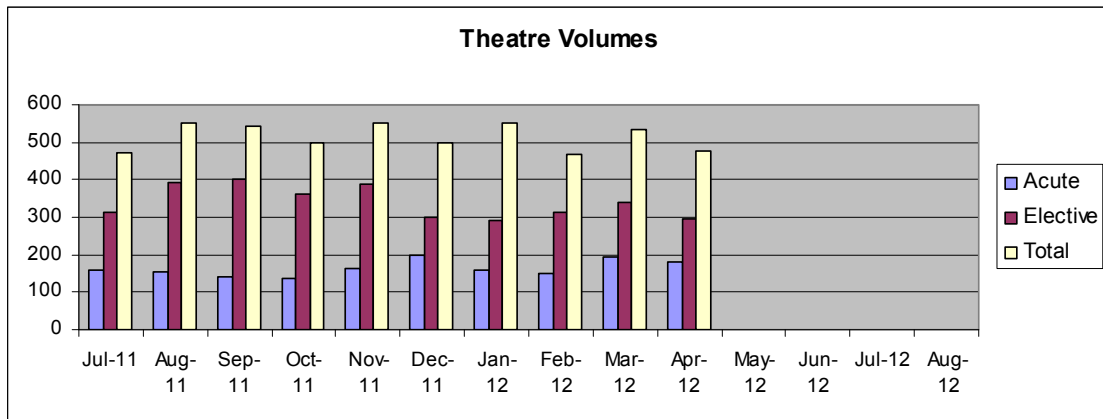
(This table reflects how many patient beds are occupied each day on average. It therefore provides an indicator of the busyness of the 4 main inpatient wards and because they make up the greater number of total hospital beds, usually the general busyness of the whole hospital. It includes a mix of acute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

The occupancy of the acute wards reduced over April with only Ward 1 over 90%. For the specialist units, NNU were 131% occupied and a busy month for maternity at 83%.

2.5.1 Hawera Inpatient Ward

April occupancy for Hawera was 43%, compared to 47% for March.

2.6 Emergency Departments

Lower than average numbers presented to both EDs in April. Pressure remains on timely transfer for patients being admitted and large number of lower acuity patients.

Hawera ED

Triage Attendance	Attendance	% Admitted
Triage 1	3	33%
Triage 2	80	42%
Triage 3	348	23%
Triage 4	581	4%
Triage 5	233	0%
Total ED Attendance	1,245	11%

Base ED

Triage Attendance	Attendance	% Admitted
Triage 1	7	85%
Triage 2	171	52%
Triage 3	849	35%
Triage 4	1,153	11%
Triage 5	169	8%
Total ED Attendance	2,349	23%

2.7 Mental Health

Despite April 2012 having fewer discharges than the prior year TPW's bed nights, occupancy and number of discharges have increased materially in 2012. The ALOS YTD remains fairly constant for both years despite the current month being up on the same month in the prior year.

TPW: Occupancy for April was 90.9%. This compared with an occupancy rate of 98%, for the month of March.

Te Whare Whakauhuru (4 bed residential facility for high and complex MH cases): occupancy was 84%. This was an increase from 79% last month and reflects the additional client admissions.

3 TARGET UPDATES

ED Health Target

Target 95%	Apr 2011-12	Average 2011/12	Average 2010/11
TBH ED	85.88%	84.93%	88.32%
Hawera ED	99.92%	99.79%	99.44%
Total TDHB	90.79%	89.98%	92.24%

There has been no change to this target when compared to March, both BED and HED results are unchanged

This month has seen the final planning for 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 will be implemented during May.

Implementation of CNS led minor injury/illness and observation units is underway, with timeframe for these to be fully operational by July 1012.

Smokefree Health Target

Target 95%	Apr 2011/12	Average 2011/12	Average 2010/11
TDHB	92.48%	91.38%	66.78%

Results have increased again slightly this month. 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.

Currently recruiting to the smokefree liaison role.

4 GENERAL

Delivery of elective volumes has slowed this month in line with the expected delivery by year end; however, it has remained busy for acute delivery. The costs of the extraordinary activity have also flowed into this month.

Work has been ongoing identifying services that require assessment and altered methods of delivery to achieve optimal care for the patients and ensure efficiency in the care delivery for those patients.

Taranaki DHB and the wider Mental Health and Addictions sector are committed to continuing to provide clinically effective service provision for all our clients requiring drug and alcohol addictions services. The Provider Arm commissioned a Short Term Emergency Placement (STEP) facility in the community some years ago when there was no other local options available for this clientele. A recent audit showed that the service had shifted from being an emergency placement to predominantly a medical detox facility, which was not the original intent. A consultation process took place to determine whether the Provider Arm would continue the provision of this service. Clients referred to STEP are screened through Taranaki DHBs AoD service and any clients that would otherwise have utilised the STEP programme are being accommodated by other alcohol and drug services within Taranaki. This facility will close by the end of June.

Planning for the faster cancer treatment target is well underway. This pathway could have resource implications which are not completely clear at this juncture.

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

A fulltime midwife has resigned from Hawera Maternity. The workforce vulnerability around this service has been well acknowledged. Work has been commenced with staff regarding ongoing more sustainable support for this service/unit.

RECOMMENDATION

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

Rosemary Clements
General Manager
Hospital & Specialist Services

Statement of Financial Performance : Hospital Provider

	YTD Apr'12		YTD Apr'12		YTD Apr'12
	actual	budget	budget	variance	
\$'000					
REVENUE					
(*) MOH Revenue budget = contract with DHB Funder					
MOH hospital revenue (thru TDHB Funder)	128,552	126,757		1,795	
Other MoH funding (CTA, new initiatives etc)	1,648	1,843		(195)	
Total MoH Revenue (*)	130,200	128,600		1,600	
ACC Revenue	3,539	4,692		(1,153)	
Other Revenue	5,400	4,761		639	
Total Other Revenue	8,939	9,453		(514)	
TOTAL REVENUE	139,139	138,053		1,086	
OPERATING EXPENDITURE					
Personnel costs	83,432	81,132		(2,300)	
Outsourced services - personnel	2,013	1,210		(803)	
- clinical services	15,863	16,375		512	
Clinical supplies	19,640	18,939		(701)	
Infrastructure and establishment costs	19,274	17,153		(2,121)	
Interest & financing charges	6,654	6,442		(212)	
TOTAL OPERATING EXPENDITURE	146,876	141,251		(5,625)	
OPERATING SURPLUS / (DEFICIT)	(7,737)	(3,198)		(4,539)	
NET SURPLUS / (DEFICIT)	(7,737)	(3,198)		(4,539)	
Full time employees	1,223	1,184		-39	

Previous Year	Year-on Year (YTD)
2010/11	Movement
126,870	1,682
1,711	(63)
128,581	1,619
5,444	(1,905)
3,579	1,821
9,023	(84)
137,604	1,535
80,661	(2,771)
2,945	932
16,190	327
18,133	(1,507)
19,091	(183)
6,413	(241)
143,433	(3,443)
(5,829)	(1,908)
(5,829)	(1,908)
1,192	-31

1% 1% -1% 1% -3% 32% -8% -1% -4% -2% 33% 33% -3%

TARANAKI DISTRICT HEALTH BOARD

FISCAL YEAR : 2011-12

VARIANCE REPORT: HOSPITAL SERVICES

(\$'000)

(materiality level: +/- 5%)

Account	YTD Apr'12	YTD Apr'12	YTD Apr'12	Movement	% variance	Notes
	actual	budget	variance			
<u>EXPENDITURE:</u>						
* Clinical supplies	19,640	18,939	701	-ve	4%	The cost overrun is arising from: - Pharmaceuticals (\$ 321K) - Treatment consumables (\$ 519K) - Implants & Prostheses (\$ 78K)
* Infrastructure and est. costs	19274	17153	2121	-ve	12%	- 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

TARANAKI DISTRICT HEALTH BOARD

CAPITAL EXPENDITURE SCHEDULE - PERIOD : JULY 2011 TO JUNE 2012

Asset Class	Capital Expenditure 2011 - 2012						Year-to-Date			Forecast	
	Apr-12			Note	Variance	Actual	Budget	Variance	Forecast	Budget 2011/12	Variance
	Actual	Budget	Variance								
A											
Plant & Equipment - Clinical	119,715	120,000	285		949,496	975,000	25,504	1,700,000	2,350,000	650,000	
Plant & Equipment - Other	8,838	10,000	1,162		253,159	165,000	(88,159)	350,000	100,000	(250,000)	
Information Technology	120,565	125,000	4,435	1	3,083,689	2,800,000	(283,689)	4,000,000	4,000,000	-	
Buildings & site redevelopment	57,999	65,000	7,001		698,827	735,000	36,173	900,000	500,000	(400,000)	
Motor Vehicles			0		16,435	20,000	3,565	50,000	50,000	-	
Total	307,117	320,000	12,883		5,001,607	4,695,000	(306,606)	7,000,000	7,000,000	-	
B											
Capital Contingency						1,000,000			1,000,000		

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C Projects

Project	Actual	Budget	Variance	Note	Actual	Budget	Variance	life to Date	Forecast
Project Maunga	3,432,923				24,747,117			life to Date	80,000,000
Project Oral Health- Buildings	5,971				1,378,181			life to Date	3,402,000
Project Oral Health- Equipment					161,879			life to Date	MoH Funded
Total	3,438,894				26,287,177				

1 Includes capitalisation of Software Projects, commenced in prior years

2 Project expenses since inception (2008)

TARANAKI DISTRICT HEALTH BOARD

CAPITAL EXPENDITURE SUMMARY - PERIOD : JULY 2011 TO JUNE 2012

(Amounts in \$)		Capital Expenditure 2011-12		
Asset Class	Notes	YTD Apr 12 Actual	2011/12 Budget	Variance
Plant & Equipment				
-Theatre		122,532	1,000,000	877,468
-OPD + Pathology +Wards		20,086	200,000	179,914
-ICU & ED		492,418	700,000	207,582
-Other Clinical Equipment		314,461	450,000	135,539
-Beds & other Misc.		253,157	100,000	(153,157)
		1,202,655	2,450,000	1,247,345
IT & Computers				
-Projects		2,963,863	3,000,000	36,137
-Hardware Replacements		119,826	500,000	380,174
-Software.			500,000	500,000
		3,083,689	4,000,000	916,311
Buildings & site redevelopment				
-Minor site Redevelopment & Alterations		698,827	450,000	-248,827
-Ground & car parks			50,000	50,000
		698,827	500,000	-198,827
Motor Vehicles				
- Replace Leased Vehicles & Equipment		16,435	50,000	33,565
		16,435	50,000	33,565
Total DHB		5,001,607	7,000,000	1,998,393
Capital Contingency			1,000,000	
PROJECTS				
-Project Maunga	life to date	24,747,117	80,000,000	MoH Funded
-Project Oral Health Building	life to date	1,378,180	3,402,000	MoH Funded
-Project Oral Health Equipment	life to date	161,879		MoH Funded

TARANAKI DISTRICT HEALTH BOARD

forecast as @ 30 april 2012

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

..... 2011/12.....

(Amounts in \$'000)	Forecast 2011/12	Budget 2011/12	Variance	Var: %
REVENUE				
* MOH revenue	156,250	154,137	2,113	1.4%
* Other revenue	11,200	11,653	453	-4%
TOTAL REVENUE	167,450	165,790	1,660	1%
OPERATING COSTS				
* Personnel costs	26,850	27,526	676	
- medical				
- 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	2,250	1,452	798	
- medical staff				
- outsourced services	19,340	19,650	310	
	21,590	21,102	488	-2%
* Clinical supplies	20,100	18,746	1,354	
- consumables				
- pharmaceuticals	4,420	3,980	440	
	24,520	22,726	1,794	-8%
* Infrastructure & non-clinical costs	7,800	7,730	70	
- interest				
- 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

2011-12

2012

(\$'000)

	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			139139	138053
* Wages	7978	8414	7831	8374	8335	8676	8240	8023	8812	8749			83432	81132
* Outsourced costs	1814	2071	1765	1825	1753	1625	1640	1514	1972	1897			17876	17585
* Clinical supplies	2091	1971	2204	1951	1993	1993	1754	1950	1718	2015			19640	18939
* Infrastructure	1815	1788	2015	2171	2006	1933	1983	1856	1585	2122			19274	17153
* Finance	648	651	635	625	672	668	719	685	660	691			6654	6442
NET RESULT (mth)	1428	-934	-262	-1074	-989	-838	-1349	-888	-1082	-1749			-7737	-3198
NET RESULT (ytd)	1428	494	232	-842	-1831	-2669	-4018	-4906	-5988	-7737				
FTE's	1196	1201	1200	1198	1195	1207	1201	1221	1221	1223			1223	1184

**TDHB HOSPITAL SERVICES: Monthly movement in operating results
2011-12**

