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
P Franklin, Legal Advisor
File Copy

Public:
Relationship Manager, MoH
Te Whare Punanga Korero (7)
Midlands Health Network
Health Care NZ
Agnes Lehrke, Grey Power
Public Libraries – New Plymouth, Hawera, Stratford, Opunake, Patea, Manaia, Kaponga, Waverley, Oakura, Waitara, Bell Block, Inglewood, Eltham
Media – Daily News, Newstalk ZB, Hawera Star, Midweek, Opunake & Coastal News, Stratford Press,
Health Centres – Stratford, Patea, Opunake, Mokau
Base Hospital Library
Hawera Hospital Library
Tui Ora Limited
Corporate Reception

TARANAKI DISTRICT HEALTH BOARD

AGENDA

HOSPITAL ADVISORY COMMITTEE

ORDINARY MEETING

OPEN

Thursday 4 October 2012
10am

Corporate Meeting Room 1
Taranaki Base Hospital
David Street
New Plymouth

HOSPITAL ADVISORY COMMITTEE

MEETING AGENDA

Thursday 4 October 2012
10am
Corporate Meeting Room 1, Base Hospital
David Street
New Plymouth

1. Declaration to Open Meeting

2. Apologies – Mary Bourke

3. Conflicts of Interest

4. Public Comment

5. Minutes

5.1 Minutes of meeting held 6 September 2012

Pages 1 - 5

Resolution
That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 6 September 2012.

6. Arising From Minutes

7. Management Reports

7.1 General Manager Hospital Services and attachments.

Pages 7 - 35

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

8. Other Business

9. Next Meeting

7 November 2012 in New Plymouth

HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 6 September 2012
10am
Corporate Meeting Room 1
Base Hospital
David Street
New Plymouth

Present:
Ella Borrows (Chair), Alex Ballantyne, Peter Catt, Kura Denness, Karen Eagles, Brian Jeffares, Alison Rumball, Colleen Tuuta,

In Attendance:
Tony Foulkes (Chief Executive), Rosemary Clements (General Manager Hospital & Specialist Services), George Thomas (General Manager Finance & Corporate Services), Greg Simmons (Chief Medical Advisor), Katherine Fraser-Chapple (Management Accountant) Ramon Tito (Kaumatua), Sue Carrington (Communications Advisor), Jenny McLennan (PA to Chief Executive)

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

Mrs Borrows welcomed Dr Greg Simmons, Chief Medical Advisor to the meeting

744.0 Apologies
Resolution
That the apologies from Pauline Lockett, Flora Gilkison, Alison Rumball and Ngawai Henare be received and noted.

Borrows/Catt
Carried

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

746.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 9 August 2012 as a true and correct record subject to the following amendment under item 741.3:-:

- *Mrs Eagles sought clarification regarding the policy regarding the employment of people who smoked and was advised that prospective employee were offered assistance to stop smoking if required.*

Catt/Eagles
Carried

747.0 General Manager Hospital & Specialist Services Report

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

- Overall casemix delivery was 3% ahead of plan with medical casemix 3% ahead of plan, surgery acute delivery was 2% above plan and elective surgical delivery was 5% behind for the month.
- Gynaecology and Orthopaedics experienced over delivery against plan of 15% and 13% respectively.
- Zero patient waiting over 6 months on both ESPI 2 and 5, with some specialities already managing waitlists at 5 months.
- TBH ED target results at 88.1% compared to 85% average for 2011/12.
- Emergency Department Observation (EDO) commenced 3 July and provides opportunity for observation of patients rather than an admission – eg. cardiac rule out which take over 6 hours.
- ED Clinical Nurse Specialist training to commence in August 2012.

Discussion

- Dr Catt questioned the availability of ultrasound data and was advised that it was anticipated information would be available for the October meeting.
- Ms Denness asked whether it was possible to have radiology health target information portrayed with 'opening balance / number scanned / closing balance.

  Mrs Clements advised that the information provided was that reported to the Ministry and that the request would be followed up. It was noted that Ms Denness did not wish the request to cause any excessive additional work.
- Mrs Clements referred to the appendices which included the Peri-Operative Pathway Programme and Productivity Programme Reports for:
  - Enhanced Recovery (ERAS) for colorectal patients
  - Preadmission Process Redesign
  - TPOT

  Dr Catt noted the reference to delayed input from surgeons and anaesthetist and was advised that the project is proceeding with all stakeholders onboard.

Mrs Eagles questioned whether the Acute readmission target was inline with other DHBs and was advised that performance indicators were consistent with DHBs of a similar size. It was noted a degree of readmission was acceptable.

- In response to a question from Mrs Eagles regarding senior clinical staff engagement Mrs Clements advised that meetings with smaller groups of staff, with improved timing meant improved engagement with clinical staff.
- Mrs Eagles commended the level of throughput provided in the theatre summary. Mrs Clements advised that while services were currently reasonably efficient already, the continuous drive for improvements would continue with planning for the new facility.
- Mr Moeahu referred to the recent publication of Health Target results – 'How is my DHB performing' in newspapers and noted areas where Taranaki could improve. Mrs Clements advised that the full results were presented to the Board and while performance was good in some areas there was always opportunities for improvement.
  Mr Moeahu reported on a recent experience in ED and the positive results from the Smoking Cessation Co-ordinator.
- Miss Bourke sought clarification on the recent media article in the North Taranaki MidWeeker regarding the Governments acknowledgement of TDHBs outstanding performance in meeting elective surgery targets, noting that the media article included a statement from a Hawera-based GP that Taranaki DHB must be manipulating waiting list figures.
  Mrs Clements reported that TDHB had worked very hard in preceding months to meet the waiting list target and that this work had included reviewing each patient to ensure those on the list still required surgery and FSA appointments; additional speciality sessions were run; sending of some cases to Wanganui and another initiatives to ensure the waiting list target was met.
  Mrs Clements assured the committee that the processes implemented were transparent with associated reporting to the Ministry each month.

747.1 Financial Report

Mrs Fraser-Chapple took the financial report as read, advising that

- The budget for there was a slight increase in staffing budgets for the new financial year and that a breakdown of these increases was provided within the financial report.

<u>Discussion</u>

- Dr Catt noted the over expenditure in nursing personnel was a reflection of the increased activity during the reporting period.
  Mrs Clements added that Project Whakapai was able to provide alignment between additional staffing and high occupancy.
- Ms Denness noted her conflict of interest and reported that the reported laundry costs were more a timing issue as opposed to high laundry costs.
- In response to a question from Ms Denness, Mr Thomas advised that all leased vehicles had been replaced and were now vehicles purchased by TDHB and the $50k noted in the capital expenditure summary was provided as a contingency amount.

- Mr Ballantyne noted the alarming reference to Doctors not checking lab results in the Preadmission Process Redesign report and the note that there was no associated plan. Mrs Clements and Dr Simmons referred to the plan and the implementation of the Éclair system, advising that the transition phase was currently underway and the while the complete implementation would take time it would be well worth the wait.
- Ms Denness referred to ACC contracting and questioned the provision of ACC Nursing Services with the Taranaki region. Mrs Clements advised that while TDHB had only tendered for specific areas within the region the DHB now held the contract for the whole region, including such as Mokau and Inglewood. The provision of nursing services in these areas would continue with the usual providers and TDHB would ensure they received the associated funding from the ACC contract.

Resolution
Resolved that the Hospital Advisory Committee receive and discuss the report and attachments of the General Manager Hospital & Specialist Services

Bourke/Catt
Carried

748.0 Next Meeting
It was noted that the next meeting was scheduled to be held Thursday, 4 October in New Plymouth.

…….. ……
Chairman Date

TDHB Hospital Advisory Committee Task List as at 6 September 2012						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
~~10~~	~~9 August 2012~~	~~**BAU Workshop** – date to be arrange~~	~~Date confirmed – 4 September 12~~	~~GM H&SSS and PA to CEO~~		
~~9~~	~~10 May 2012~~	~~**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 reporting~~	~~Revised format progressively introduced following feedback~~
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	24 September 2012
SUBJECT	Exception Report for August 2012

TARANAKI DISTRICT HEALTH BOARD

MEMORANDUM

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1 OVERVIEW

This report provides an overview for the Hospital Advisory Committee (HAC) of hospital activity for August 2012, the second month of the new 20012/13 financial year.

The overall casemix delivery for August resulted in an over delivery of 7% against plan. Contributing to this result was the medical casemix (12% ahead of plan), acute surgical delivery (6% above plan) and elective surgical delivery (2% behind plan) for the month.

The average occupancy in the adult inpatient wards reached 95%. Contributing to this were Ward 1 (102%), Ward 3 (95%) and Ward 5 (94%), NNU (110%) and Ward 2 (106%). These levels of occupancy had significant impact on staffing and clinical supply costs.

Mental Health occupancy was 81.9 % (compared to 91.7% in July).

Financially the year has not commenced in a positive note with the deficit sitting at $885k two months into the financial year. The main impact on the budget has been Personnel costs and Clinical Supplies.

2 ACTIVITY

DHB Funded Activity

Patient Activity Summary

Metric	Month				YTD		
	Actual	Budget	Var	Var%	Actual	Budget	Var%
Total Patient Discharge Base	1,782	1,668	114	7%	3,465	3,316	4%
Total Patient Discharge Hawera	205	172	33	19%	435	344	26%
Elective Surgical Discharge	399	424	-25	-6%	748	828	-10%
ED Attendance Base	1,124	1,466	-342	-23%	2,858	2,933	-3%
ED Attendance Hawera	758	1,050	-292	-28%	2,020	2,100	-4%
Outpatient Attendances	3,420	2,787	633	23%	6,652	5,574	19%
Theatre Visits	662	597	65	11%	1,267	1,165	9%
Deliveries Base	118	108	10	9%	226	217	4%
Deliveries Hawera	8	9	-1	-11%	18	18	0%

The total discharges through both Base and Hawera hospitals reflect a busy month acutely, mainly in medicine, the ED volumes also reflect this.

The acute trends are hard to predict at this stage of the financial year, however the past three calendar months have been extremely busy in line with previous years winter months.

Electively, OPD experienced a busy month at 23% variance from contract for the month (19% YTD). Some of this activity can be explained by the two new Orthopaedic surgeons who are actively seeing patients in order to build up their waiting lists for surgery.

2.1 Casemix and Non Casemix Activity

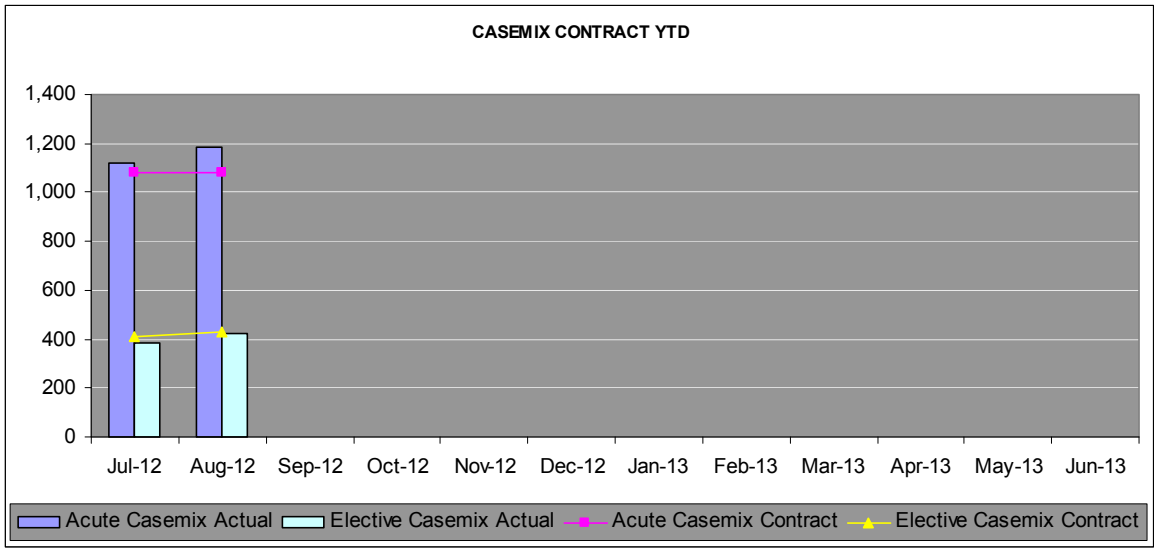
2.1.1 Casemix Delivery for 2011/12

Overall casemix delivery has increased since July, from 3% to 7% (103.89 cwd) ahead for August (4% ahead of plan YTD).

August medical case mix was 12% ahead reflecting a very busy month (8% ahead of plan YTD).

Acute Surgical delivery was 6% over contract (23.20 cwd) for the month of August. Elective Surgical Delivery was 2% behind contact (-10.10 cwd) for the month of August.

August 2012 YEAR TO DATE result Case Mix delivery						
	Dschg	Total Cwd's	Contract	Cwd var	Avg Cwd.	% Variance
Medical	2070	1227	1140	86.88	0.59	8%
Surgical Acute	635	758	762	-3.70	1.19	0%
Surgical Elective	678	771	812	-40.80	1.14	-5%
Total Surgical	1313	1529	1573	-44.50	1.16	-3%
Maternity	517	360	286	74.12	0.70	26%



Aug-12	YTD Volumes - Actual v Contract				
	Actual	Contract	Var	% Var	Comment
Casemix	**cwd**	**cwd**	**cwd**		
Dental	41.62	45.69	-(4.07)	-9%	
Acute	10.85	12.80	-(1.95)	-15%	
Elective	30.77	32.89	-(2.12)	-6%	Demand driven and waitlists are within current guidelines
ENT	54.60	72.91	-(18.31)	-25%	
Acute	6.82	8.51	-(1.69)	-20%	
Elective	47.78	64.40	-(16.62)	-26%	Small service affected by leave of clinicians
Gen Med	780.52	726.35	54.17	7%	As noted a busy month
Base	656.72	618.18	38.54	6%	
Hawera	123.80	108.17	15.63	14%	
Cardiology	86.68	92.05	-(5.37)	-6%	
Acute	47.44	61.25	-(13.81)	-23%	Offset by over delivery in elective
Elective	39.24	30.80	8.44	27%	
Gynae	104.44	94.32	10.12	11%	
Acute	26.68	29.03	-(2.35)	-8%	Demand driven
Elective	77.76	65.29	12.47	19%	
Ophth	55.35	59.74	-(4.40)	-7%	Elective contract well administered
Acute	1.60	3.03	-(1.43)	-47%	
Elective	53.75	56.72	-(2.97)	-5%	
Paed Med	136.99	87.80	49.19	56%	Reflective of busy month
Base	136.99	87.80	49.19	56%	
Hawera	0.00	0.00	0.00	-	
Urology	46.63	70.70	-(24.07)	-34%	
Acute	12.06	23.82	-(11.76)	-49%	Demand driven
Elective	34.56	46.88	-(12.31)	-26%	Contracted service affected by availability of clinicians
Maternity	217.98	205.64	12.33	6%	
Neonatal	141.75	79.97	61.78	77%	

2.1.2 Specialty breakdown

Acute delivery

- Cardiology, Urology and General Surgery remain behind contract, however this is demand driven.
- Orthopaedics remains busy acutely with a result of 6% ahead of plan for the month.

Elective delivery

- Cardiology is now 26% ahead of contract for August and reflects the additional delivery that has been required as part of the Midland Cardiology plan.
- General Surgery, Gynaecology and Dental are also ahead for the month (18%, 30% and 19% respectively), although Dental remains at 6% behind year to date.
- Orthopaedics is significantly behind for August due to unexpected consultant leave (25%), although has improved year to date (-11%). This is

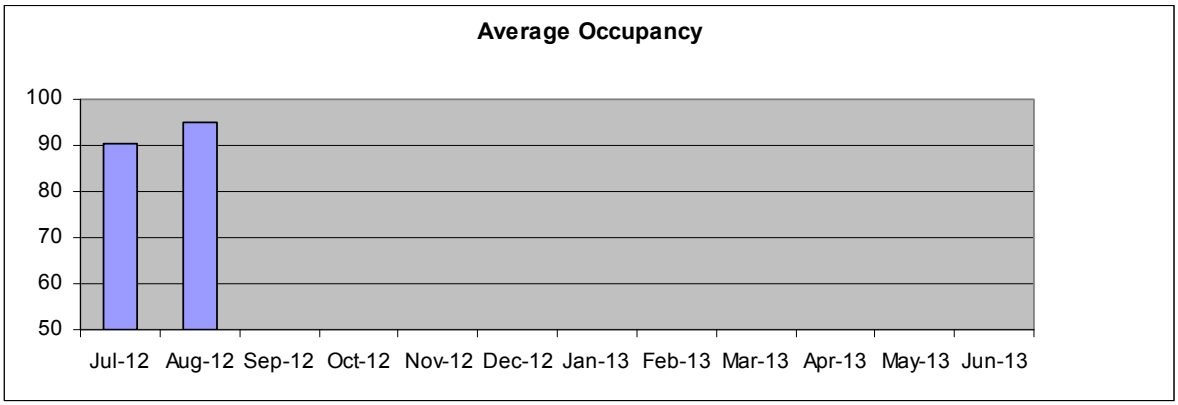
a focus for planning and reflective of acute demand and caseweight mix of lists.

- Urology and ENT are also a concern, both at 26% behind for year to date and 26% and 30% behind for August. Plans will be developed with these services.

Procedure targets
Joints: Year to date 36 joints have been completed.
Cataracts: 73 cataracts have been completed, 3 ahead of plan.

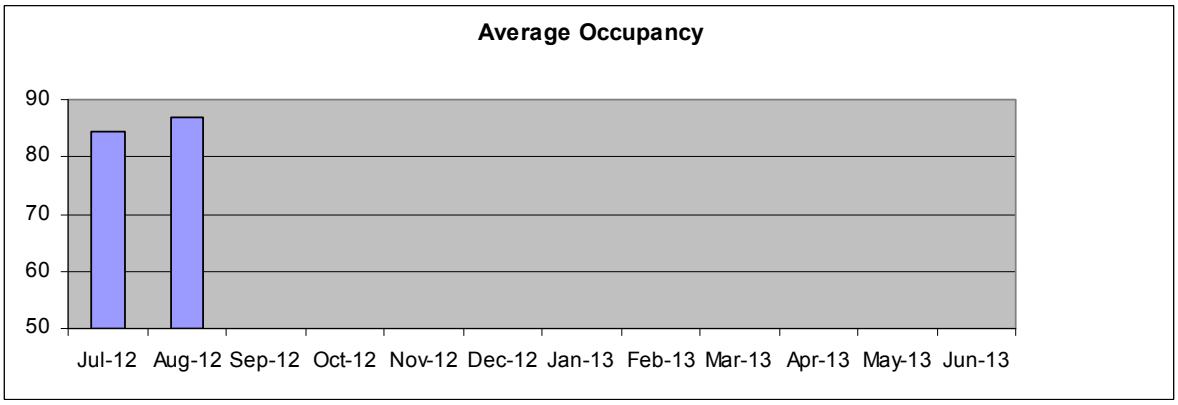
2.2 Inpatient Delivery

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



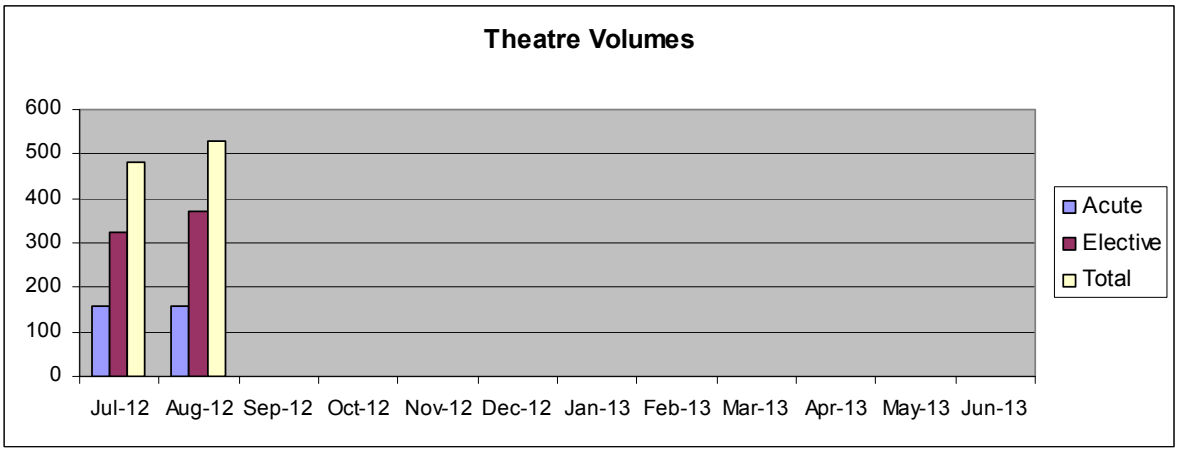
(This table reflects how many patient beds are occupied each day on average. It therefore provides an indicator of the busyness of the 4 main inpatient wards and because they make up the greater number of total hospital beds, usually the general busyness of the whole hospital. It includes a mix of acute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



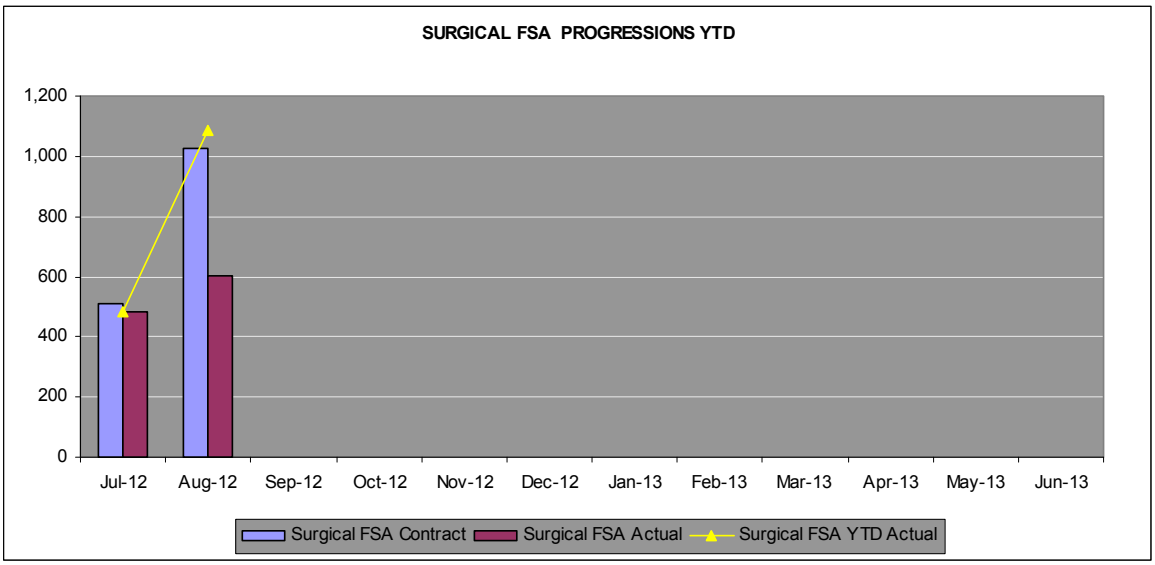
Comment:
Of note, the average occupancy in the adult inpatient wards reached 95%. Contributing to this were Ward 1 (102%), Ward 3 (95%) and Ward 5 (94%), NNU (110%) and Ward 2 (106%). These levels of occupancy had significant impact on staffing and clinical supply costs. There was an additional impact of a continued high staff sick leave which made it a difficult month for the acute areas.

2.2.1 Hawera Inpatient Ward

August occupancy for Hawera was 75%, which was increased from 61% in June.

2.3 Outpatient FSA Delivery for 2012/13

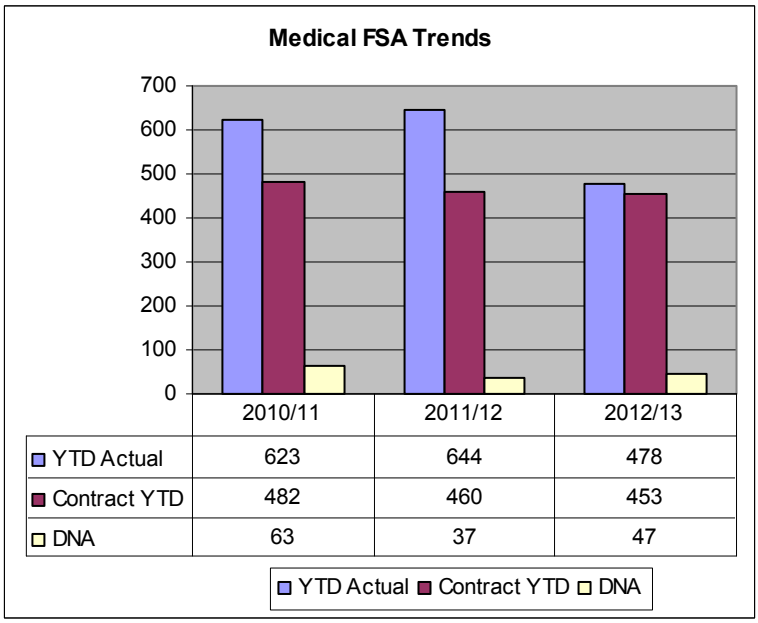
Surgical First Specialist Assessments (FSA)



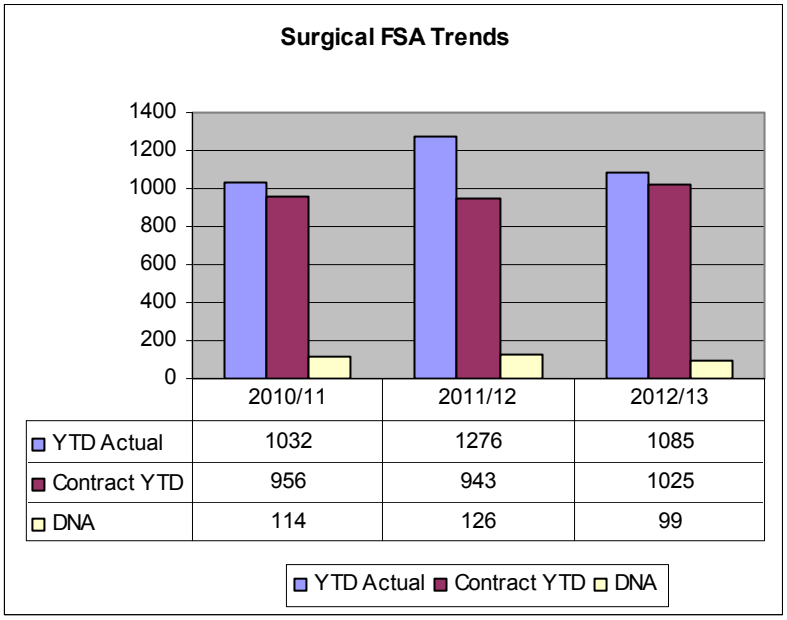
	Act Vols	Ctrct Vols	Var	% Var
General Surgery - FSA	335	317	18	6%
Ear Nose and Throat - FSA	112	120	-8	-7%
Gynaecology - FSA	180	142	38	27%
Ophthalmology - FSA	216	169	47	28%
Orthopaedics - FSA	171	183	-12	-7%
Plastics - FSA	10	11	-1	-8%
Urology - FSA	61	83	-22	-27%
Totals	1085	1025	60	6%

Gynaecology and Ophthalmology are significantly above contract and need close monitoring. Most specialties are slightly behind contract, with General surgery the exception and Urology significantly behind but meeting demand. We are now 6% ahead compared with 7% behind for July.

2.3.1 FSA Trends



The contract for medical FSA has reduced – this will better reflect the specialty delivery as the volumes now appear in each subspecialty, i.e. the overall volumes remain the same. This month's delivery is close to contract.



This month's delivery close to contract.

2.4 Waiting List Management

TDHB has continue to achieved the Ministry of Health's requirements to have zero patients waiting over 6 months in ESPI 5 (surgical waiting list). In ESPI 2 (waiting list for FSA) we also remain compliant and maintaining zero patients waiting over 6 months. Some specialties are already managing waitlists at 5 months, even with a relaxing of the access threshold.

The new DNA protocol was circulated to HODs for feedback by 31 August and all seem to be happy with this. Letters have been updated to align with this policy which will be circulated throughout the DHB in the next few weeks. Adhering to this policy will allow us to maintain ESPI 2 compliance and improve communication with GPs.

The focus currently is the improvement of access to services for our patients, especially in Orthopaedics, with new resource in that area. We are currently undertaking a piece of work to look at demand and contracted cwds in Orthopaedics with a view to managing patients in way that will match these in a more appropriate way. This approach will also be used for General Surgery.

2.5 ACC

- **Elective Surgery:** The second month of the new contract was also under budget. Continuing under budget will put our funding from ACC at risk, especially as some of the Surgeons are not accessing our contract at all. We are looking at options to increase this available revenue with a view to using it more actively when the new theatres become available.

- **Nursing Services:** The new contract is up and running following a huge project with many areas involved. There is considerable work to be done towards invoicing and working in the transition period between the two contracts. It will be very important to monitor this contract as we move forward.

2.6 Emergency Departments

An average month for the Hawera ED.

Hawera ED

	August 2012	% Admitted	Average 2012/13 YTD	Average 2011/12
Triage 1	3	66%	3	2
Triage 2	88	65%	102	87
Triage 3	383	33%	419	345
Triage 4	647	4%	665	630
Triage 5	216	2%	213	219
Total Visits	1337	16%	1403	1283

Base ED had higher than average presentations in August, with much higher numbers of triage 1 and 2 which impacted on the workload for this area.

Base ED

	August 2012	% Admitted	Average 2012/13 YTD	Average 2011/12
Triage 1	11	91%	8	7
Triage 2	220	67%	177	186
Triage 3	992	43%	953	981
Triage 4	1240	15%	1188	1138
Triage 5	212	8%	179	176
Total Visits	2675	29%	2510	2488

2.7 Mental Health

TPW: Combined Occupancy for August was 81.9.7%. This compared with an occupancy rate of 91.7% for the month of July.

This figure was made up of the following patient groups: Adult = 108.2%; Elderly = 22.6.1%; Intensive Psychiatric Care = 42.7% (there were 12 clients through IPC in August).

There were 40 admissions to TPW for the month of August compared to 44 for July.

Supplementary staff usage in August from the HWS report for TPW and Brixton House = 3.11 FTE as compared to 8.63 for the previous month.

Discharge from the acute ward, where a step down or community facility is required, still remains a challenge for this client group impacting adversely on the length of stay for TPW.

3 TARGET UPDATES

The Provider Arm are continuing to liaise with the Ministry of Health and Target Champions to assist our progress towards achieving each of the targets below.

3.1 ED Shorter Stays

Target 95%	August 2012	Average 2012/13	Average 2011/12
TBH ED	87.02	87.57	85%
Hawera ED	99.92	99.67	99.81%
Total TDHB	91.37	91.74	90.01%

This result shows ongoing improvement in this target compared to previous year, despite above average presentations and high number of admissions (25 per day compared to average 19 acute admissions).

Emergency Department

- EDO commenced 3 July 2012, 152 admissions to the Emergency Department Observation Beds (EDO) in August (71 admissions in July).
- Minor Injuries' Unit commenced 4 August. CNS and senior medical staff are working to develop this service with initial feedback positive.

The below initiatives to improve the 6 hour target result continue:

Ward 5

- Rapid Rounding is continuing to be very successful. There are improvements in overall patient management and knowledge by the Multi Disciplinary Team (MDT). Earlier identification of estimated date of discharge (EDD) and appropriate planning taking place.
- Discharges are continuing to be earlier overall, for August 20% of patients were discharged before 11am.
- Early completion of discharge documentation to meet discharge time of 11 am has improved.

Department of Medicine

- Review of rostering for SMO and RMO within Department of Medicine to improve ability to meet needs of acute admission, reduce length of stay, and deliver elective delivery.

- A registrar based in the ED from 1400-2200 has proved to be successful in meeting work load peak during these hours.

Acute Pathway Project

- Key pieces of work identified include bed block procedure and escalation pathway, transfer of patient procedure and communication plan, TDHB communication.

3.2 Smokefree Health Target

Target 95%	August 2012	Average 2012/13	Average 2011/12
	84.64%	86.63%	91.38%

Smokefree target has remained static for past few months. New Smokefree liaison nurse is orientated to role and action plan and training schedule reviewed and implementation plan. Expect improvement in this target next month.

3.3 Radiology Health Target

Monthly Return for Taranaki Health		CT	MRI
Month = August 2012			
1	**Overall Patient events (Community and Outpatient referrals)**		
a)	Total number accepted referrals waiting for scan at month end	154	258
b)	Total number of referrals accepted for scanning during month	284	125
c)	Total number scanned and reported during month	239	64
d)	Total number of DNAs during month	3	2
e)	Total number of referrals not accepted during month	17	6
2	**Waiting times for Community and Outpatient referrals except planned procedures**		
a)	Total number accepted referrals waiting for scan at month end	95	188
b)	Number of accepted referrals waiting for scan after 6 weeks (42 days)	70	63
c)	Number of accepted referrals waiting within 21 weeks (147 days)	85	183
3	**Monthly activity and demand for Community and Outpatient except planned procedures**		
a)	Total number of referrals for scan accepted during the month	245	105
b)	Total number of accepted referrals scanned and reported in month	212	53
c)	Total number of accepted referrals scanned and reported in month within 6 weeks	99	23
d)	Total number of accepted referrals scanned and reported in month within 21 weeks	203	42

Monthly Return for Taranaki Health		US
Month = August 2012		
1	**Overall Patient events (Community and Outpatient referrals)**	
a)	Total number accepted referrals waiting for scan at month end	741
b)	Total number of referrals accepted for scanning during month	484
c)	Total number scanned and reported during month	451
d)	Total number of DNAs during month	6 TBC
e)	Total number of referrals not accepted during month	30
2	**Waiting times for Community and Outpatient referrals except planned procedures**	
a)	Total number accepted referrals waiting for scan at month end	635
b)	Number of accepted referrals waiting for scan after 6 weeks (42 days)	374
c)	Number of accepted referrals waiting within 21 weeks (147 days)	249
3	**Monthly activity and demand for Community and Outpatient except planned procedures**	
a)	Total number of referrals for scan accepted during the month	424
b)	Total number of accepted referrals scanned and reported in month	430
c)	Total number of accepted referrals scanned and reported in month within 6 weeks	147
d)	Total number of accepted referrals scanned and reported in month within 21 weeks	327

PROJECTS *(see Appendices)*

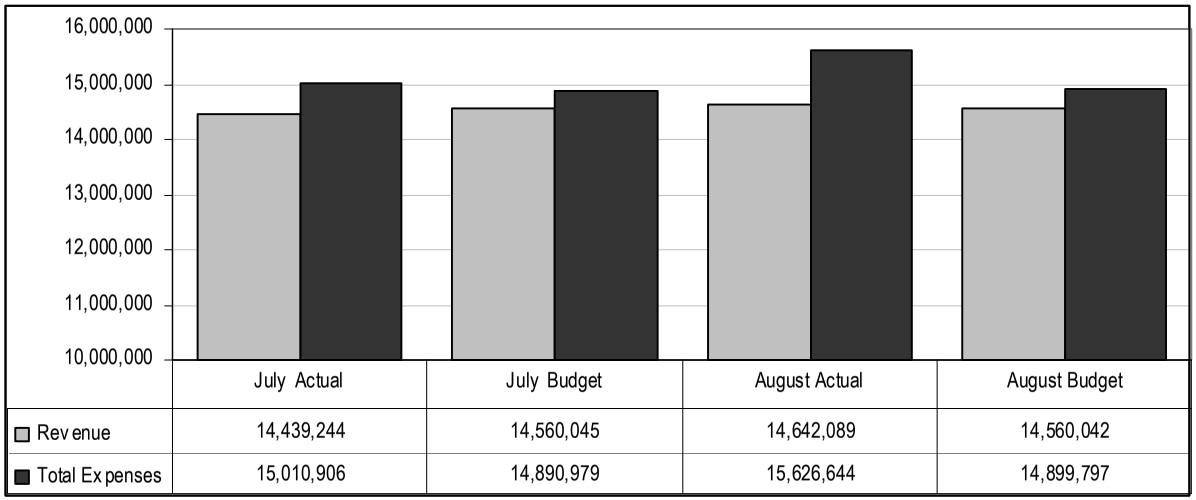
This month we have included the Releasing Time to Care (RTC) and Care Capacity Demand Management (CCDM) programme reports. These pathways while assisting the areas with demand and workflow management in the areas currently are also aimed to be in place and a part of "business as usual" for the move into the new facility. Both projects are well underway and meeting timeframes.

4 FINANCIAL COMMENT

Financial Comment for the Month Ending 31 August 2012

The Provider financial results for the two months to the end of August are $885K worse than the budgeted deficit of $671K. This was made up of revenue $39K below budget and expenditure $847K higher than budget. Total expenses are 3% above budget to date. There are significant variances to budget for the month of August and each variance has been analysed in conjunction with Service Managers in order that they are fully understood and actions to mitigate are in place. Overall expenses are 4% higher than the same period in 2011 and 2% higher than August 2010.

Summary	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Percentage Variance	Comments
Revenue	(14,642,089)	(14,560,042)	(82,043)	(29,081,333)	(29,120,087)	38,750	0%	ACC Revenue $180K less than budgeted
Personnel Costs	8,936,401	8,455,973	480,437	17,425,048	16,904,318	520,732	3%	High costs in clinical staff areas, offset by Administration staff under budget
Outsourced Services	1,623,510	1,629,274	(5,768)	3,253,791	3,258,556	(4,760)	0%	
Clinical Supplies	2,222,413	1,969,457	252,972	4,116,361	3,939,274	177,090	4%	High costs in implants. Pharmaceutical expenditure offset by additional revenue
Infrastructure/Non Clinical Supplies	2,847,680	2,846,773	929	5,847.960	5,691,997	155,957	3%	High facilities costs
Internal Allocations	(340)	(1,680)	1,345	(662)	(3,369)	2,691	-80%	
Total Expenses	15,629,683	14,899,797	726,866	30,642,471	29,790,776	851,702	3%	
Grand Total	**987,574**	**339,705**	**647,869**	**1,561,133**	**670,689**	**890,449**		



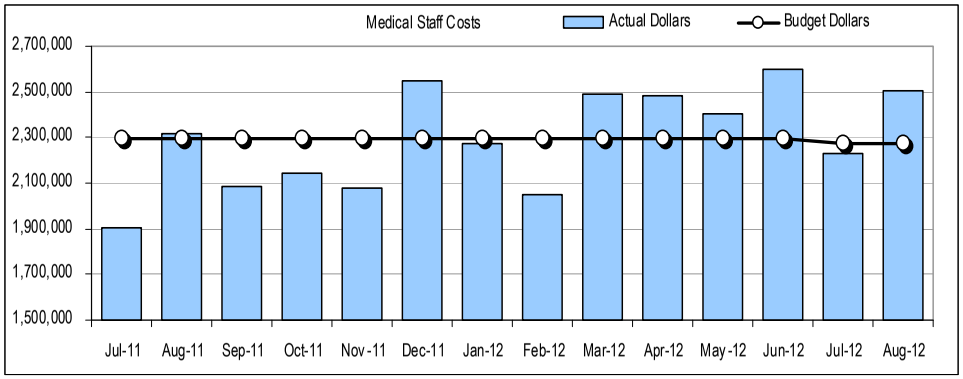
	July Actual	July Budget	August Actual	August Budget
Revenue	14,439,244	14,560,045	14,642,089	14,560,042
Total Expenses	15,010,906	14,890,979	15,626,644	14,899,797

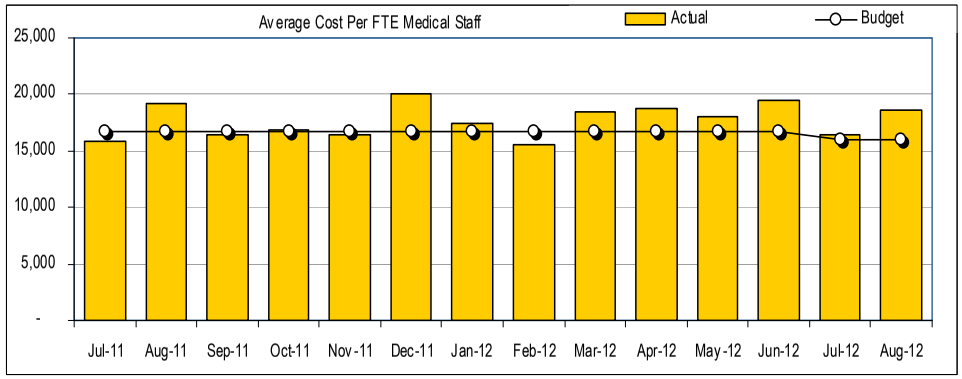
August personnel costs are higher than budget in clinical and associated services including medical staff ($234K), nursing ($174K) and allied health ($112K). The total year to date variance is $520K or 3% above budget.

	August Actual	August Budget	Variance	August Actual FTE	August Budget FTE	FTE Variance	YTD Actual	YTD Budget	YTD Variance		Comments
Medical Staff	2,506,710	2,272,787	233,920	134.7	142.3	(7.6)	4,739,590	4,545,579	194,012	4%	High costs relating to retirement of long serving employee and high costs in acute cost centres
Nursing Staff	3,616,345	3,442,062	174,282	571.8	545.7	26.1	7,140,714	6,890,728	249,992	4%	High costs in acute services and mental health
Allied Health Staff	1,317,053	1,205,260	111,799	226.9	222.0	4.9	2,604,044	2,396,296	207,745	9%	Additional project staff in OPD and Pharmacy
Support Staff	332,341	302,988	29,353	87.5	81.2	6.3	682,728	605,969	76,756	13%	
Management/Admin Staff	1,163,953	1,232,876	(68,917)	224.5	235.5	(11.0)	2,257,972	2,465,746	(207,773)	-8%	
Total Cost of Employed Staff	**8,936,401**	**8,455,973**	**480,437**	**1,245.4**	**1,226.7**	**18.7**	**17,425,048**	**16,904,318**	**520,732**	**3%**	
Medical Staff	2,506,710	2,272,787	233,920	134.7	142.3	(7.6)	4,739,590	4,545,579	194,012	4%	
Locum Medical Staff	140,504	100,269	40,235	0.0	0.0	0.0	316,056	200,538	115,518	58%	High use in Hawera Medical, off set by vacancies
Total Cost of Medical Staffing	**2,647,214**	**2,373,056**	**274,155**	**134.7**	**142.3**	**(7.6)**	**5,055,646**	**4,746,117**	**309,530**	**7%**	

Provider Arm FTE are 18.7 above budget. The majority of this is in nursing staff (26.1 FTE above budget), while medical staff vacancies have increased to 7.6 FTE under budget for the month. Employed medical staff vacancies are high (3.7 FTE) at Hawera Hospital where the roster is filled with a combination of employed and locum medical staff. The total cost of medical labour including locums is $5.05M YTD, $309K higher than budgeted. Management and Administration FTE are below budget and within the Ministry of Health FTE cap.

High medical staff costs year to date are impacted by a number of factors including vacancies and retirement of a long standing staff member. Analysis of previous history shows that significant peaks and troughs in medical staff costs are experienced through out the year, with the cost per FTE averaging out over time. Current monthly cost per FTE of $18,610 higher than budget of $15,972, yet less than August 2011 ($19,153 per FTE) and the December 2011 peak of $20,072.

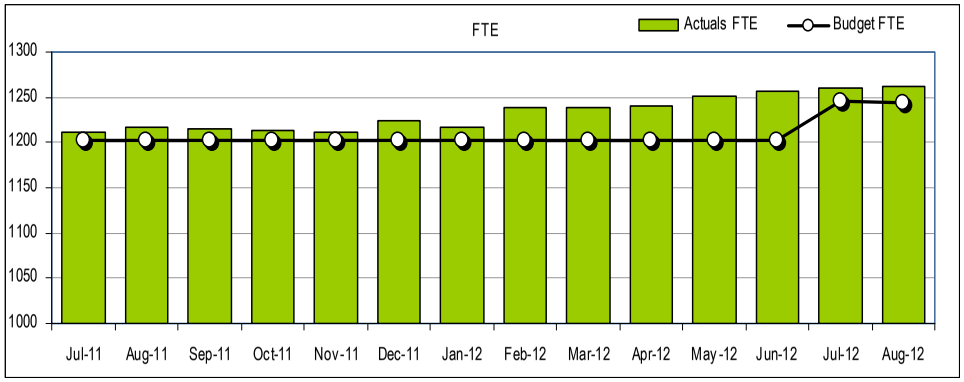


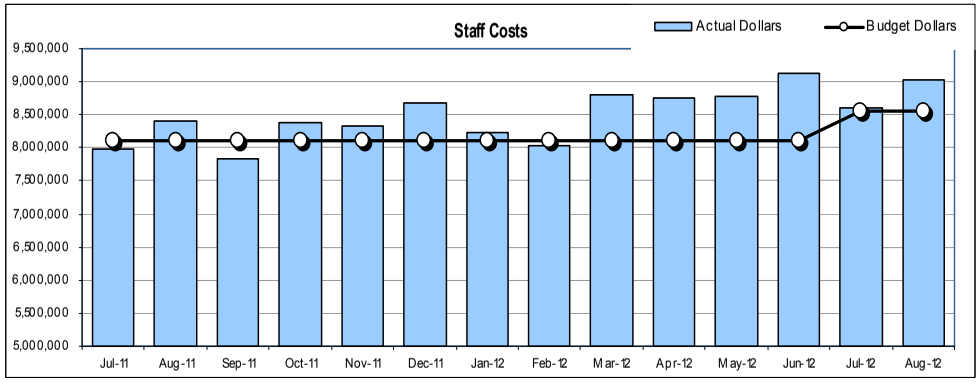


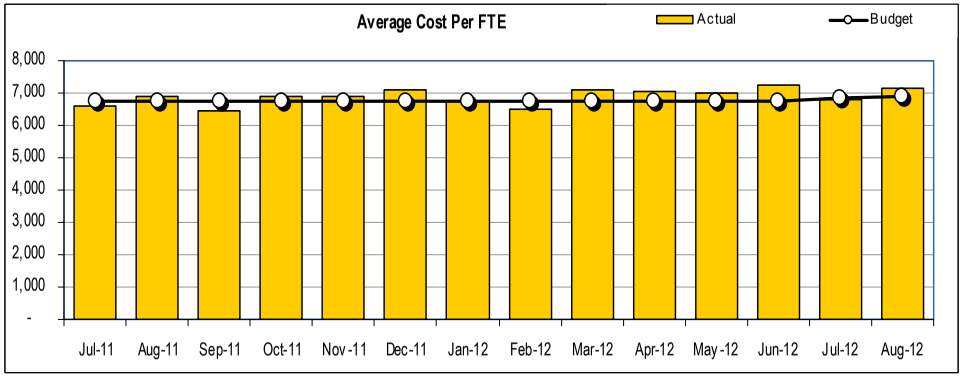
Nursing staff is above budget for acute wards and emergency services in particular Mental Health inpatients, maternity, ED and wards. Nursing staff in these areas are 34.8 FTE above budget, with 19.8 FTE being Enrolled Nurses and Health Care Assistants. The balance of the variance is made up by midwives and registered nurses. There are vacancies in other areas of the hospital offsetting the budget variance.

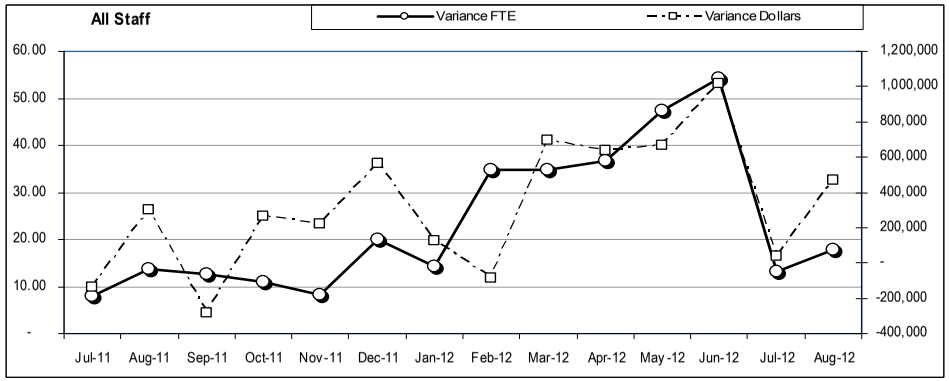
High levels of occupancy in wards have impacted on staff usage for the month, with all general wards between 90% and 106% occupancy. Mental Health inpatient occupancy was 86%, Neonatal unit 110% and ICU 74%. Acuity and the need for one on one care of patients added further demand on services.

Allied Health staff continue to be involved in significant amounts of project work including the medicines management suite of work and theatre productivity. This is estimated to be 3.5 FTE and $41,000 for the year to date. These costs are capitalised against projects quarterly.





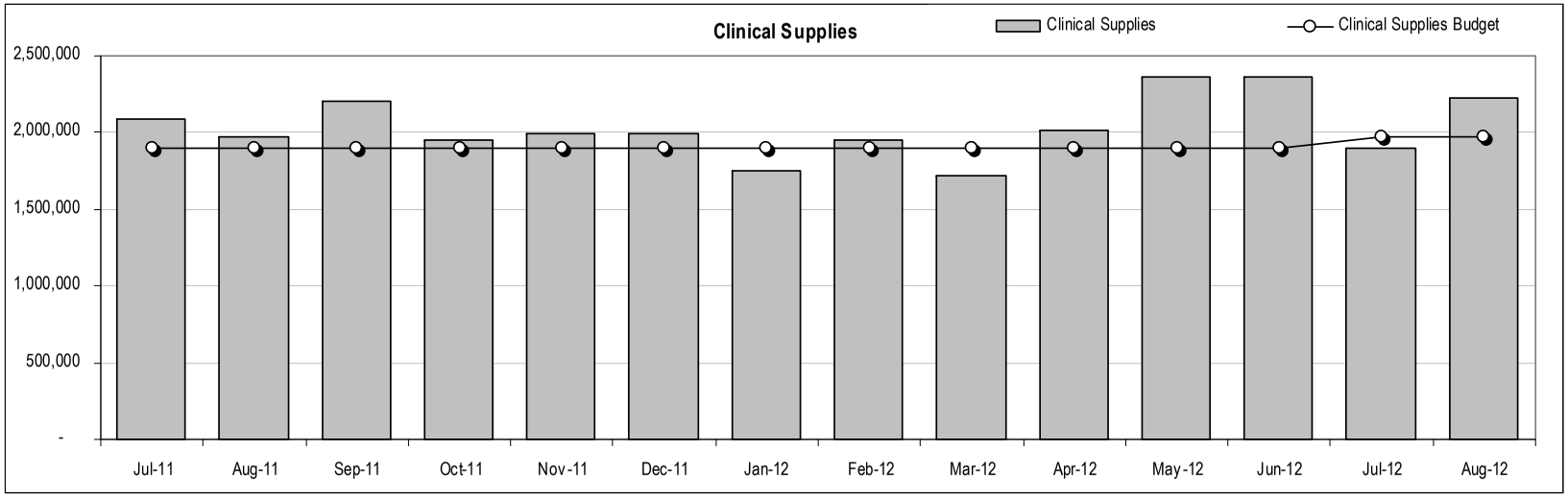




** Graphs represent all TDHB staff including 17.4 FTE from Governance division*

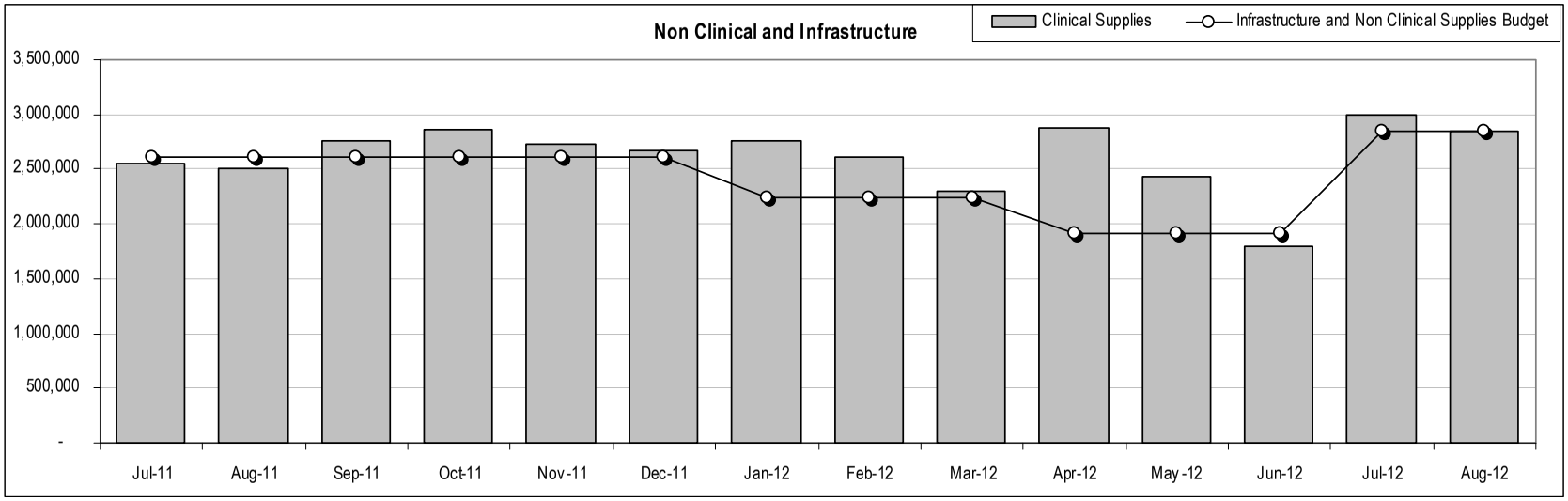
Clinical supply costs are over budget for the month of August and for the year to date by $177K. Overspend in Pharmaceuticals relates to demand for cancer treatments, where over delivery is funded through internal revenue from the DHB Funder. There are increased costs in implants relating to knee replacement and spinal surgery.

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	% Variance	Annual Budget	% Expended	Comments
Patient Consumables	794,158	738,301	55,862	1,529,776	1,476,581	53,198	4%	8,859,475	17%	High costs in patient dressings
Diagnostic Supplies	130,749	116,229	14,526	232,400	232,460	(62)	(0%)	1,394,754	17%	
Clinical Equipment	197,210	227,779	(30,569)	378,011	455,952	(77,933)	(17%)	2,680,510	14%	
Patient Appliances	77,597	90,460	(12,862)	178,798	180,920	(2,122)	(1%)	1,085,512	16%	
Implants and Prostheses	273,102	167,532	105,571	466,477	335,061	131,416	39%	2,010,370	23%	High costs in knee and spinal implants
Pharmaceuticals	444,740	331,676	113,067	790,260	663,343	126,912	19%	3,980,070	20%	High costs in cancer drugs offset by additional revenue
Patient Transport and Accommodation	293,301	288,501	4,801	532,345	576,999	(44,654)	(8%)	3,462,000	15%	
Other Clinical Supplies	11,555	8,979	2,576	8,294	17,958	(9,665)	(54%)	107,748	8%	
	2,222,413	**1,969,457**	**252,972**	**4,116,361**	**3,939,274**	**177,090**	4%	**23,580,439**	17%	



Infrastructure and Non-Clinical costs are $151K (5%) above budget for the month and have been impacted by hotel costs (occupancy related) and facility costs.

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	% Variance	Annual Budget	% Expended	Comment
Hotel	255,796	272,787	(16,992)	591,013	545,565	45,452	8%	3,273,383	18%	Occupancy related - patient meals and laundry
Facilities	891,013	752,160	138,853	1,697,072	1,504,256	192,812	13%	9,029,696	19%	Higher than budgeted depreciation and utilities costs
Staff Transport and Accommodation	116,719	75,481	41,237	192,411	153,902	38,502	25%	904,103	21%	High fleet vehicle costs
IT and Telecommunications	859,848	780,479	79,367	1,544,553	1,556,346	(11,793)	(1%)	9,589,026	16%	High software costs in August
Interest and Financing Charges	587,147	659,633	(72,486)	1,333,345	1,319,267	14,078	1%	7,915,600	17%	
Professional Fees and Expenses	135,724	154,939	(19,215)	156,559	309,873	(153,316)	(49%)	1,859,250	8%	
Other Operating Expenses	889	151,211	(150,306)	332,116	302,621	29,487	8%	1,802,193	18%	
Democracy	547	83	463	897	167	730	437%	1,000	90%	
Cost Savings	0	0	0	0	0	0		(2,000,000)	0%	
	2,847,679	**2,846,773**	**929**	**5,847,960**	**5,691,997**	**155,957**	3%	**32,374,251**	18%	


Non Clinical and Infrastructure
Clinical Supplies
Infrastructure and Non Clinical Supplies Budget
3,500,000
3,000,000
2,500,000
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1,500,000
1,000,000
500,000
-
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12

5 GENERAL

- Certificate of congratulations received from the Minister of Health via local MP regarding elective service achievement (attaining no patients waiting over 6 months for either a FSA or an Elective Procedure).

- We anticipate the reduction of an afternoon shift in the renal unit due to a reduction in patients requiring in-centre Haemo Dialysis.

RECOMMENDATION

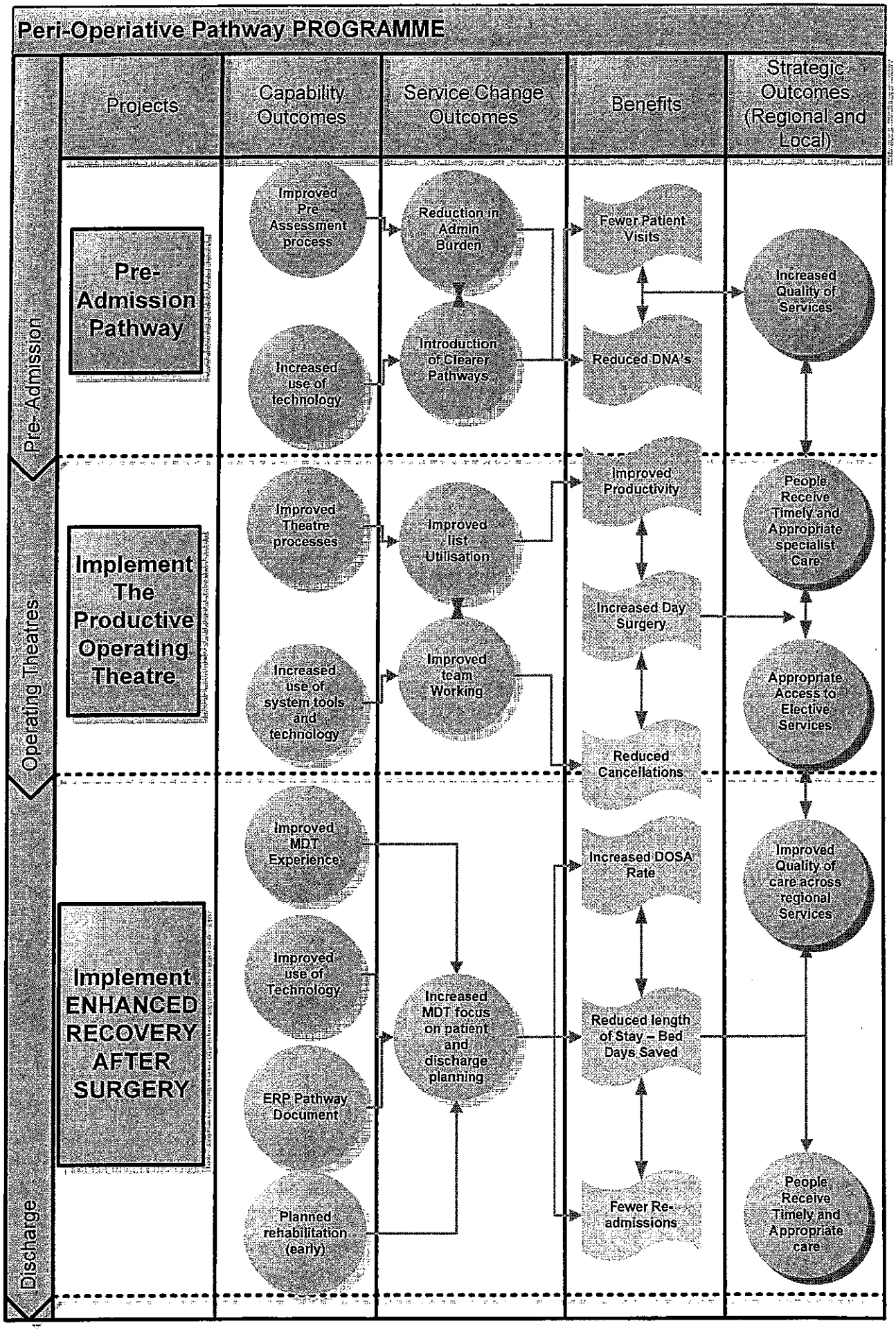
That the Hospital Services Reports for the month of August 2012 be noted and received.

Rosemary Clements
General Manager
Hospital & Specialist Services

Appendices:

1. RTTC and CCDM Programme Overview
2. Productivity Programme Reports for:
    a. Releasing Time To Care (RTTC) Programme
    b. Care Capacity Demand Management (CCDM)
3. Whakapai Dashboard

Appendix 1


Peri-Operiative Pathway PROGRAMME
Projects
Capability Outcomes
Service Change Outcomes
Benefits
Strategic Outcomes (Regional and Local)
Pre-Admission
Operating Theatres
Discharge
Pre-Admission Pathway
Implement The Productive Operating Theatre
Implement ENHANCED RECOVERY AFTER SURGERY
Improved Pre Assessment process
Increased use of technology
Reduction in Admin Burden
Introduction of Clearer Pathways
Fewer Patient Visits
Reduced DNA's
Increased Quality of Services
Improved Theatre processes
Increased use of system tools and technology
Improved list Utilisation
Improved team Working
Improved Productivity
Increased Day Surgery
Reduced Cancellations
People Receive Timely and Appropriate specialist Care
Appropriate Access to Elective Services
Improved MDT Experience
Improved use of Technology
ERP Pathway Document
Planned rehabilitation (early)
Increased MDT focus on patient and discharge planning
Increased DOSA Rate
Reduced length of Stay – Bed Days Saved
Fewer Re-admissions
Improved Quality of care across regional Services
People Receive Timely and Appropriate care

Summary Status Report

Project Name	**Releasing Time to Care Programme**	**Project Phase**	Executing
Project Sponsor	Director of Nursing	**Project Status**	On Plan
Project Manager	Kareen McLeod	**Month**	September 2012

Description

Releasing Time to Care – the productive ward is part of the productive series developed by the English National Health Service (NHS). The aim of the programme is to free up time in our nurses' day so they can increase the amount of time they have for direct patient care and thus improve the safety, reliability and efficiency of the care delivered to the patient.

Key Achievements	***Number of staff involved/trained this month*** **= 36** ***Total number of staff involved/trained to date*** **= 199** ***Total number of wards and beds implementing programme*** **= 5 wards and 129 beds**
Issues and Risks	• The wards remain busy, however the Nurse Managers are working hard with RTC and have managed to start rostering staff off for RTC days to start working on the process modules, these days are booked for the end of the month and hopefully the staff will not be taken off the study days and required to work. • ICU however are having difficulty getting some staff to engage in the patient safety daily audits, which include auditing care plans and more recently the IV cannulae and IV tubing. They have not managed to hold their weekly meetings around the Know How We Are Doing Boards which may have contributed to a lack of engagement, as this is where any issues regarding the audits and possible solutions to these issues are discussed. The importance of daily auditing and the importance of completing care plans has been discussed with the ICU staff by Nurse Manager Stephanie Besseling and weekly board meetings have been established.
Critical Delays	• Reduced ability to release staff – remains an issue this month. • Lack of engagement by ICU staff.
Next Period Plans	• Ward 4 have RTC days booked to work on the Meals Module on 25 September. They have started by videoing all 3 meal rounds. • Ward 3 are videoing a Ward round this week in preparation for the Ward Round module. • Ward 3 will also be starting the Handover Module this month. • Ward 2 have had their first KHWD days and will start auditing Oxygen and Suction units to make sure they are always ready for use. This audit will commence on 1 August. • Ward 2 have their first WOW day booked for the end of October. • Ward 5 have had their first launch day on 21 September, which will be followed by their second on 27 September.

	• ICU have WOW days booked this month to sort the procedure room and ventilator storage.
Action Items for Sponsor	Note pressure on staff and difficulty in recruiting pool staff is impacting on ability to deliver aspects of the programmes and release staff.

Summary Status Report

Project Name	**Care Capacity Demand Management Programme**	**Project Phase**	Executing
Project Sponsor	General Manager Hospital and Specialist Services	**Project Status**	On Plan
Project Manager	Brenda Hall	**Month**	September 2012

Description

Care Capacity Demand Management is a programme that supports DHB's to achieve their core mandate to safely and consistently match the demand it places on its services (care required by patients) with the resources required to meet this (staff, knowledge, equipment, facility).

That is balancing DEMAND v CAPACITY.

Key Achievements	• MOU signed. • Union agreement for joint initiative. • Council formed. • Discovery phase underway.
Issues and Risks	• Delay due to resignation of Project Manager, new Project Manager appointed. • Number of projects underway – tight time frames (new build) – could impact on timing for CCDM.
Critical Delays	• Nil
Next Period Plans	• Confirm plans for implementation following discovery phase. • CCDM Governance Council Meeting scheduled for 25 October.
Action Items for Sponsor	• Nil

Appendix 3

Overall performance (dashboard)

Table Performance results for 30/07/2012 to 26/08/2012

Type	Key Performance Indicator	Unit Measure	Target	32 30/07/2012	33 06/08/2012	34 13/08/2012	35 20/08/2012
Process	Advance fill rate	Percentage	>40%	19.8%	19.2%	20.6%	18.5%
	Compliance	Percentage	>80%	71.8%	77.6%	75.4%	68.3%
	Double bookings and error rate	Shift	0	(0.0)	(0.0)	(0.0)	(0.0)
Budget Dollar	Salary & wage budget variance	Percentage	<0%	1.0%	0.4%	0.2%	0.0%
	Increased patient acuity variance	Percentage	<0%	150.9%	100.1%	179.1%	43.8%
	Additional beds open variance	Percentage	<0%	-15.3%	33.1%	24.8%	48.6%
	Special budget variance	Percentage	<0%	186.7%	151.6%	50.9%	48.0%
Staff type	Budget EFT variance	EFT	<1	(30.2)	(24.9)	(19.1)	(12.8)
	Bank (casual) use	EFT	<50	(61.8)	(59.5)	(62.3)	(59.7)
	Part-time extra	EFT	<30	(53.6)	(52.8)	(52.4)	(48.7)
	Overtime use	EFT	<10	(12.9)	(10.8)	(10.9)	(10.0)
	Pool use	EFT	<12	(7.2)	(7.8)	(7.8)	(7.0)
	Agency use	EFT	<1	(0.8)	(0.6)	(0.0)	(0.1)
Shortfall	True shortfall	EFT	<50	(69.8)	(70.4)	(78.0)	(76.3)
	Overall staff vacancy	Percentage	<5%	5.9%	5.9%	6.5%	6.4%
	Allied Health vacancy	Percentage	<5%	5.5%	5.7%	5.5%	5.4%
	Medical vacancy	Percentage	<5%	5.9%	7.7%	10.5%	10.6%
	Nursing vacancy	Percentage	<5%	4.4%	3.9%	4.0%	3.6%
	Support vacancy	Percentage	<5%	7.7%	7.6%	8.5%	8.5%

Analysis

- Advance Fill rate of shifts average of 19.5% of all shifts booked in advance. This reflects high sick leave rate, increase acuity and ongoing will also reflect consult leave where units will staff down through these times.
- Slight improvement with compliance since the last report. Work continues with this.
- Increased budget dollar required for patient care as highlighted in the special and increased patient acuity budget variances
- True shortfall appears to be trending up within this report period – [average shortfall of 73.6FTE], however there is also evidence of recruitment as the average true shortfall for last month was 78.1 FTE.
- The data infers successful recruitment in areas such as nursing and to a lesser extent allied health skill group.