Distribution:
Committee Members:
K Eagles, Chair
A Ballantyne
E Borrows
M Bourke
P Catt
K Denness
F Gilkison
B Jeffares
P Lockett
A Rumball
C Tuuta

Management:
CEO
GM Finance & Corporate Services
GM Hospital Services
GM Planning & Funding & Population Health
Chief Advisor Maori Health
Chief Medical Advisor
Quality Risk Manager
Management Accountant
PA to Board

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Corporate Reception

TARANAKI DISTRICT HEALTH BOARD

AGENDA

HOSPITAL ADVISORY COMMITTEE

ORDINARY MEETING

OPEN

Thursday 6 June 2013
10am

Corporate Meeting Room 1
Taranaki Base Hospital
David Street
New Plymouth

HOSPITAL ADVISORY COMMITTEE

MEETING AGENDA

Thursday 6 June 2013
10 am
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 9 May 2013

Pages 1 - 7

Resolution
That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 9 May 2013 as a true and accurate record.

6. Arising From Minutes

7. Management Reports

7.1 General Manager Hospital Services.

Pages 8 - 34

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

8. Other Business

9. Next Meeting

4 July 2013 in New Plymouth

TARANAKI DISTRICT HEALTH BOARD

M I N U T E S Open (unconfirmed)

HOSPITAL ADVISORY COMMITTEE

9 May 2013
9.30am
Corporate Meeting Room 1
Base Hospital David Street
New Plymouth

Present:
Karen Eagles (Chair), Alex Ballantyne, Ella Borrows, Mary Bourke, Peter Catt, Brian Jeffares, Pauline Lockett, Alison Rumball, Colleen Tuuta

In Attendance:
Tony Foulkes (Chief Executive), Rosemary Clements (General Manager Hospital & Specialist Services), Greg Simmons (Chief Medical Advisor), Katherine Fraser-Chapple (Management Accountant), Ramon Tito (Kaumatua), Gemma Gibson (Communications Advisor), Jenny McLennan (PA to Chief Executive), Lee Mathias

Angela Castle, Lead Human Resource Advisor

783.0 Declaration to Open Meeting
The Chair welcomed Angela Castle - Lead Human Resource Advisor, Gemma Gibson - Communications Advisor and Agnes Lehrke - Greypower to the meeting. The Chair then invited Matua Ramon Tito to open the meeting.

784.0 Apologies
Apologies from Flora Gilkison, Kura Denness (Board members) and George Thomas (General Manager Finance & Corporate Services were received and noted. An apology for lateness was also received from Ella Borrows.

785.0 Conflict of Interest Register underway to address
Members were invited to declare any new conflicts of interest and the register was circulated for signing. No new interests were declared.

786.0 General Public
Mrs Lehrke advised that she had attended a very positive community forum in Inglewood held by the Midland Health Network. She was following with interest the reported performance of Fulford against the Radiology health target.

787.0 Minutes of Previous Meeting
Resolution
That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 11 April 2013 as a true and correct record.

Catt/Ballantyne
Carried

787.1 Matter arising
787.2 Task list
Dr Catt requested an update on the end to end report on Cardiology Services and was advised that the report had been completed and an update of this would be provided at the June meeting.

788.0 General Manager Hospital & Specialist Services Reports
788.1 General Manager Hospital & Specialist Services
The General Manager Hospital & Specialist Services took her report as read, highlighting the following:

- Casemix delivery was -1% with the YTD overall casemix delivery reduced by 1%.
- March medical casemix YTD results showing 2% productivity ahead of plan.
- Adult inpatient ward occupancy continuing to be low with an average occupancy of 67% across acute areas.
- Medicine remained at lower than usual occupancy of 65% for March.
- Financial result for the year to 31 March was $3.43M worse than the budgeted deficit of $6.41M
- While a disappointing March result given the current focus on improving the financial results, it was noted that the work undertaken had resulted in tangible savings of $284K, some of which had been outstripped by other cost increases.
- Total discharges through Base and Hawera hospitals YTD show 1% variance to contract.
- High cardiology volumes.
- YTD 181 joint replacements completed, which is only 1 behind the Ministry Surgical Intervention rate.
- 287 cataracts completed, 33 ahead of plan.
- Contracted ED volumes ahead of contracts, Base – 13% and Hawera 17%.
- March occupancy for Hawera inpatients was 32%, a decrease from 47% in February and 50% in January.
- FSA delivery has most specialities slightly behind contracts. Plans are in place to address these.
- Continue to be compliant with the tighter Ministry of Health's requirements to have zero patients waiting over 5 months.
- Agreement has now been received from ACC to recognise patients through the non acute rehabilitation contract and associated transfer into the Enhanced intermediate care beds.
- YTD total surgical delivery now at 2% behind contract.
- Mental Health combined occupancy was high for March at 81.6% and continued into April.
- Health Target updates provided pleasing results.
    - Smokefree Health Target 95%, Result 98.44%
- An update of the following projects was provided:
    - Enhanced Recovery (ERAS) for colorectal
    - Preadmission Process Redesign
    - TPOT
    - Releasing Time to Care
    - Care Capacity Demand Management

Discussion

- Dr Mathias referred to financial outcomes identified as a direct result of low occupancy levels.
  Mrs Clements advised that low occupancy was in addition to the closed beds and that the reduced use of supplementary staff was a noted reflection of low occupancy rates.
- In response to questions on the part-time to full-time positions, Mrs Clements advised that there had been a change in the skill mix of registered nursing staff, with increased engagement of new graduates.
- Dr Mathias questioned the strategy in place for managing the high acute cardiology demand. Mrs Clements advised that an additional permanent angiography session each week had been put in place, with more acute cardiology intervention performed than in the past. Increased activity in cardiology primary care was also occurring.
  The impact of changes in primary care and intervention rates was discussed with Mrs Clements noting that changes would likely result in changes in the treatment required from Waikato for Taranaki patients ie further intervention rather than angiographies.
  Mr Foulkes noted the IDF information previously presented to CPHAC/DSAC which noted the predominance of Waikato cardiology activity.
- Mrs Clements advised that advice had been received from ACC that they agreed to the transferring of patients from the Non Acute Rehabilitation Contract in the Enhanced Intermediate care beds contract and that the question of retrospective payments would be raised.

Mrs Borrows joined the meeting.

- Miss Bourke questioned whether the waiting list target was on track for the year end and was advised that waiting lists were well managed and it was anticipated that the target would be reached.
- Ms Lockett questioned the reference to more work required to achieve the DNA target and was advised that developments in this area continues with the focus on specialities that have poorer results eg colposcopies.
- Dr Catt referred to the trend data provided for Medical and Surgical FSA and questioned whether information for followup appointments could be provided.
- Dr Catt also referred to the radiology information presented and asked if trend data could also be provided.

788.2 Financial Report

Mrs Fraser-Chapple took her report as read, highlighting the following:

- March results were disappointing, given the current focus on improving the financial position and the continued work by all staff. Tangible savings of $281k have been achieved but these have to some extent been outstripped by other cost increases.
- Result for the year to 31 March was $3.43M worse than the budgeted deficit of $6.41M.
- Expenditure was $3.11M higher than budget, with $2.9M of this being staffing and locum costs. The majority of these were at Hawera Hospital.

Discussion

- Dr Mathias noted that changes primary care underway in Hawera Hospital may provide the opportunity to reduce the locum expenditure.
  Mr Foulkes noted that the priority in the short term was to manage the transition of current service provision and providing continuity of service to the community.
  Mrs Clements advised that the permanent clinical staff in place felt they were in a position to be able to provide permanent staff more efficiently.
  Mr Jeffares questioned whether the engagement of permanent clinical staff provided the opportunity to implement advance care systems as were available at Base Hospital. Mrs Clements advised that the employment of a second doctor with rural qualifications would provide opportunities for development of the service within Hawera Hospital.
- Ms Lockett referred to the variances in personnel costs and the correlation to budget, noting the reference to high sick leave in the financial report and the reduction in sick leave compared to the previous quarter. It was also noted that Taranaki DHB on average has a lower sick leave rate compared to other DHBs.
  Mrs Clements confirmed the advice that while sick leave was high for March it was low for the previous quarter.
  Mrs Clements also referred to the information provided regarding positions that were not included in the budget. Dr Catt questioned the reference to 0.8 FTE Immunisation Co-ordinator included as one of these positions and it was noted that Mrs Clements would seek clarification on this.
- Mrs Clements advised that an update on the Long Term Chronic Care Project would be available at the next meeting.

788.3 Human Resources & Organisational Development Report

Ms Castle presented the report on behalf of Mr Thomas advising:

- Notable decrease in new hires compared to previous quarter.
- Higher amount of annual leave has been taken.

Discussion

- Dr Mathias noted with concern that 10.5% of employees have extraordinary levels of annual leave.
  Mrs Clements agreed, noting the financial impact of this. It was advised that annual leave management plans were in place, with Mr Foulkes adding that the school holidays would assist in reducing levels. Whilst this was being actively managed, reported reductions would be gradual over the year ahead as leave continues to be accrued.

788.4 Quality & Risk Report

Mrs Kemp took her report as read highlighting the following:

- As from 1 January 2013 all DHBs will be certified for three years.
- Progress continues with actioning of the corrective actions received at the last certification audit.
- Significant work around the HQSC National Patient Campaign scheduled to be launched 17 May 2013. The focus of the campaign is on preventing falls/reduction in harm from falls.

- Work continuing on Patient Satisfaction Results to ensure meaningful results can be extracted from data collected.
- Complaints relatively quiet during December and January.
- Report from HDC – Complaints to HDC involving DHBs for the period 1 July – 31 December 2012 was included for members information.
- Second EMERGO training held 28 February 2013, which focused on testing Taranaki Base Hospital's Emergency Response Plan (HERP).

Discussion

- Mrs Eagles noted the move in complaints received to 'attitude and manner' rather than treatment received.
- Dr Catt questioned why the national thresholds noted in the formulation of the Quality Accounts framework were not set at 100% rather than 90%.
  Mrs Kemp advised that local targets were higher than national targets.
  Dr Mathias suggested that the committee make such a recommendation to HQSC.
  Mrs Kemp noted the targets for Maori were different and that it was important to aim for what was attainable. Dr Mathias advised that the Waitemata CPHAC had commented to the MOH that there was an expectation that targets should be the same.
  Miss Bourke noted the importance of doing what was right for Taranaki regardless of any expectations.

  Resolution
  That the Hospital & Specialist Services Advisory Committee recommend that a recommendation be made to HQSC that national thresholds in the formulation of the Quality Accounts framework be set at 100%.

  Catt/Ballantyne
  Carried

Discussion continued

- Dr Catt noted the blood stream infection rate and questioned the outcome of any root cause analysis undertaken.
  Mrs Kemp advised that while Infection Control would have detailed information she was aware that one may have been acquired in another hospital and one other was an IV drug user.
- Dr Catt noted the good work associated with the decline in Clostridium Difficile infection rate.
- Mr Jeffares noted that infection control data for surgical site infections was not available for January – March and was advised that information is collated one month post discharge and that two months followed for nurse followup and data collation.
- The HDC report on complaints data July – Dec 2012 was discussed with interest, however it was noted that the figures relating to the three Taranaki Complaints were not statistically significant.
- Miss Bourke referred to the patient complaints which mentioned attitude and manner which may be a reflection of deeper issues and was an area that needed to be considered carefully and monitored.

789.0 Exclusion of Public

Resolution

That the Hospital Advisory Committee exclude the public from the meeting on the basis of the following matters:

1. To present Hospital Advisory Committee Minutes pursuant to an earlier resolution publicly excluding the item.

Catt/Rumball
Carried

789.1 Committee Minutes - Closed

Minute Secretary Note

The receipt of the closed committee minutes of 11 April 2013 were subsequently moved into the open section of the meeting.

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 11 April 2013 as a true and correct record.

Catt/Lockett
Carried

789.2 Fulford Radiology

Mr Foulkes advised that the contract meetings were proceeding in accordance with the plan.

790.0 Next Meeting

It was noted that the next meeting was scheduled to be held Thursday, 6 June 2013.

…… ……

Chairman Date

TDHB Hospital Advisory Committee Task List as at 9 May 2013						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
20	9 May 2013	**Unbudgeted positions –Immunisations Co-ordinator** – confirmation that this position should be included	To be provided	GM H&SS / Management Accountant		To be provided at June meeting
~~19~~	~~9 May 13~~	~~**Radiology Trend Data**~~	~~To be provided~~	~~GM H&SS~~		~~To be considered for future reports~~
~~18~~	~~9 May 13~~	~~**Followup Appointment Trend Data –** Request for data to be provided as per FSA tend data already provided~~	~~To be provided~~	~~GM H&SS~~		~~To be considered for future reports~~
17	11 April 13	**Cardiology Services –** End to End Report	To be provided	GM H&SS		Verbal Update to be provided

TO CEO and Hospital Advisory Committee

FROM General Manager Hospital & Specialist Services

DATE 27 May 2013

SUBJECT Exception Report for April 2013

TARANAKI DISTRICT HEALTH BOARD

MEMORANDUM

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1 OVERVIEW

Please find the report for April 2013 providing the Hospital Advisory Committee (HAC) with an overview of hospital activity for YTD.

The overall casemix delivery for April was -6% with the YTD overall casemix delivery reducing by 1%, resulting in productivity meeting planned volumes.

Medical casemix for April was 3% behind plan for the month, with the YTD result showing 1% productivity ahead of plan.

Surgical delivery for April was 8% behind plan with Elective Surgery 7% behind for the month and acute delivery behind by 10%. YTD total surgical delivery stands at 2% behind contract (162.66 cwd).

The adult inpatient ward occupancy continues to be low with an average occupancy of 74% across the acute areas and 81% for the specialist units (NNU in particular experienced a very busy April). The operational meeting overseeing the staffing for the Hospital and Specialist Services continues ensuring staff redeployment according to area requirements across most areas, thereby reducing the need for supplementary staff.

The Provider financial result for the year to 30 April is $4.07M worse than the budgeted deficit of $6.45M. All areas of expenditure are lower than March 2013 by a total of $539K, which is validation of the current focus on improving the financial result. Good progress is being made on the savings plan, with $451K saved in April, and $732K against the plan to date, achieving 70% of the required targeted savings.

2 ACTIVITY

DHB Funded Activity

Patient Activity Summary

Metric	Month				YTD		
	Actual	Budget	Var	Var%	Actual	Budget	Var%
Total Patient Discharge Base	1,611	1,571	40	3%	16,718	16,523	1%
Total Patient Discharge Hawera	157	159	-2	-1%	1,777	1,711	4%
Elective Surgical Discharge	330	333	-3	-1%	3,549	3,364	6%
ED Attendance Base	1,777	1,466	311	21%	16,755	14,664	14%
ED Attendance Hawera	1,344	1,050	294	28%	12,371	10,498	18%
Outpatient Attendances	3,332	2,787	545	20%	32,125	27,870	15%
Theatre Visits	526	557	-31	-6%	6,038	5,386	12%
Deliveries Base	95	108	-13	-12%	1,064	1,084	-2%
Deliveries Hawera	5	10	-5	-50%	59	95	-38%

The total discharges through both Taranaki Base and Hawera Hospitals YTD show a variance to contract YTD of 1%, with both EDs presenting a busy picture at 14% and 18% above contract respectively (YTD).

Electively, OPD delivery in totality (Surgical, Medical, Allied Health) YTD was 15% above contract. We also continue to maintain our ESPI compliance.

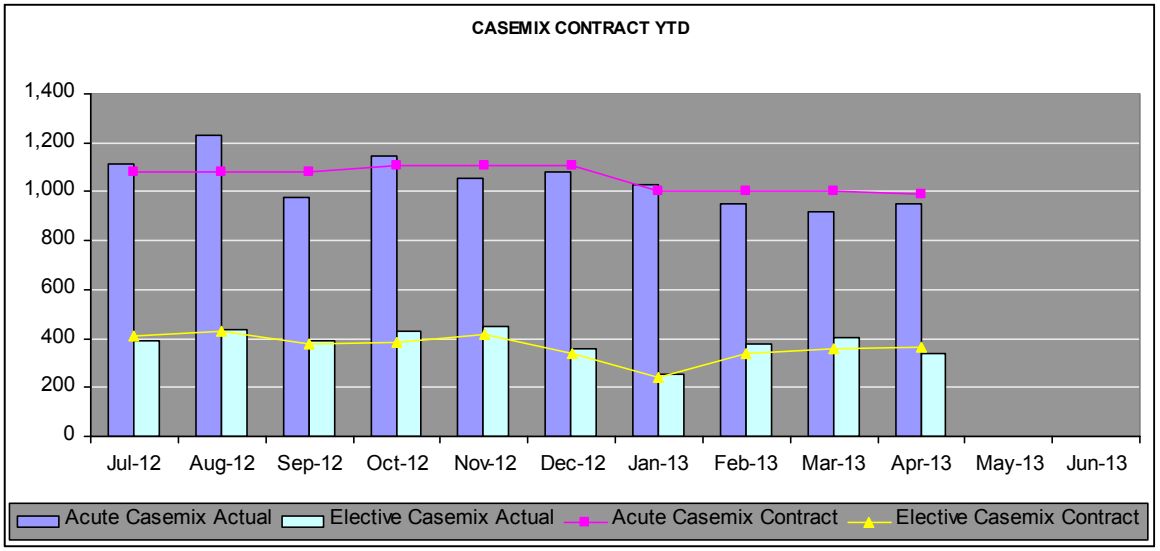
2.1 Casemix and Non Casemix Activity

2.1.1 Casemix Delivery for 2011/12

Overall casemix delivery for April is at -6% (-61.11 cwd). Year to date casemix is meeting planned volumes.

April 2013 YEAR TO DATE result Case Mix delivery						
	Dschg	Total Cwd's	Contract	Cwd var	Avg Cwd.	% Variance
Medical	9573	5481	5435	45.65	0.57	1%
Surgical Acute	3172	3537	3824	-286.90	1.12	-8%
Surgical Elective	3221	3655	3531	124.24	1.13	4%
Total Surgical	6393	7192	7355	-162.66	1.13	-2%
Maternity	2529	1608	1428	180.07	0.64	13%

April medical case mix was 3% behind plan for the month and is 1% ahead year to date. April had some under delivery for elective surgery, however this was planned with the school holiday reduction as part of the savings plan. YTD total surgical delivery now stands at 2% behind contract (-162.66 cwd).



2.1.2 Specialty breakdown

Acute delivery

- Cardiology continues to deliver high volumes again resulting in a 58% over delivery in April, this is a significant increase from the previous month.. Cardiology is 34% ahead of contract YTD.
- Most specialities are behind in acute activity, this is having a positive effect on occupancy.

Elective delivery

- Cardiology continues to deliver above contract both monthly and YTD.
- Most other specialities are tracking well, with General Surgery and Gynaecology both continuing ahead of contract. Plans are in place to reduce over-delivery.

Apr-13	YTD Volumes - Actual v Contract				
	Actual	Contract	Var	% Var	Comment
Casemix	cwd	cwd	cwd		
Dental	185.12	207.33	-(22.21)	-11%	
Acute	48.15	64.25	-(16.11)	-25%	Demand driven
Elective	136.98	143.07	-(6.10)	-4%	
ENT	294.17	322.90	-(28.73)	-9%	
Acute	32.58	42.71	-(10.13)	-24%	Demand driven
Elective	261.59	280.18	-(18.59)	-7%	Small contracted service affected by leave of clinicians
Cardiology	589.61	440.98	148.63	34%	
Acute	412.75	306.99	105.77	34%	Over delivery is demand driven however alternate ways of addressing this are being explored for both acute and elective
Elective	176.86	134.00	42.86	32%	
Gynae	458.17	429.77	28.40	7%	
Acute	147.51	145.74	1.77	1%	
Elective	310.66	284.03	26.62	9%	
Ophth	237.94	261.94	-(24.00)	-9%	
Acute	6.53	15.20	-(8.66)	-57%	Demand driven
Elective	231.40	246.74	-(15.34)	-6%	
Paed Med	494.13	440.72	53.41	12%	Reflective of busy month
Base	494.13	440.72	53.41	12%	
Hawera	0.00	0.00	0.00	-	
Neonatal	534.24	399.83	134.41	34%	A busy month

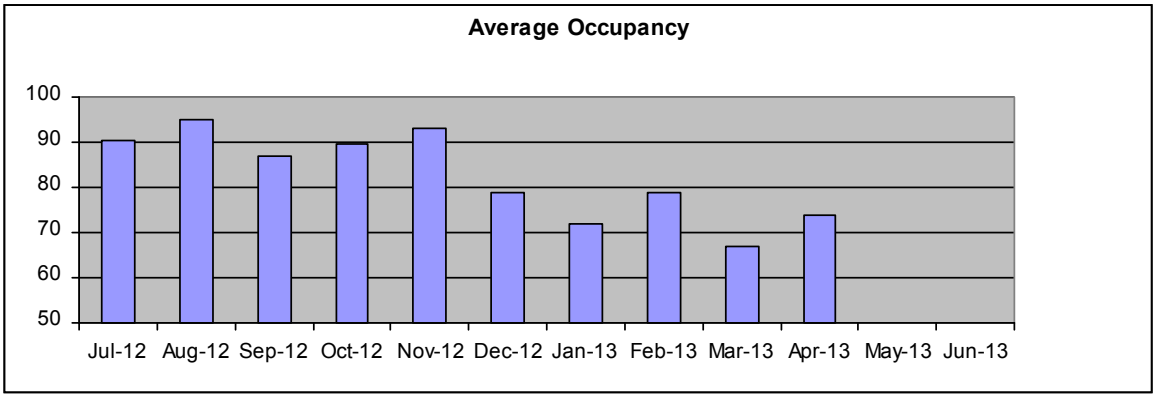
Procedure Targets

Joints: YTD 191 joints have been completed, which is now only 18 behind the Ministry Surgical intervention rate.

Cataracts: 304 cataracts have been completed, 24 ahead of plan.

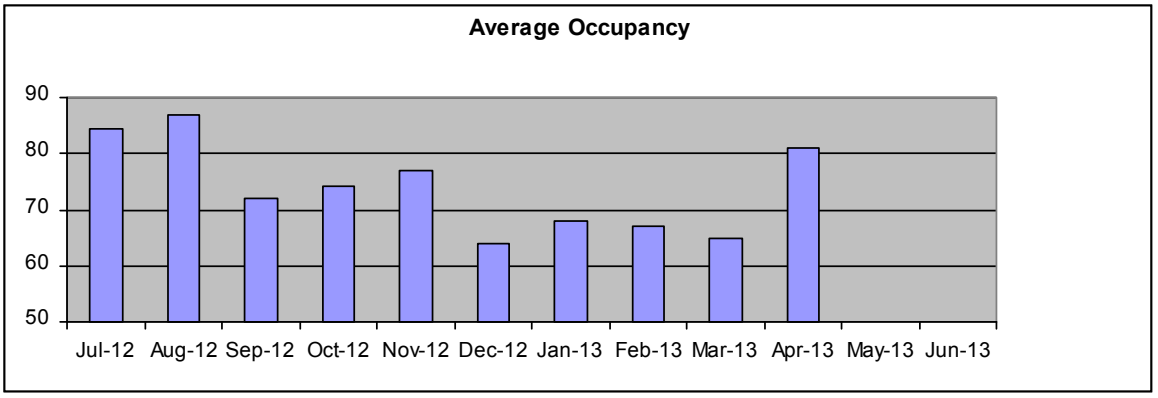
2.2 Inpatient Delivery

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



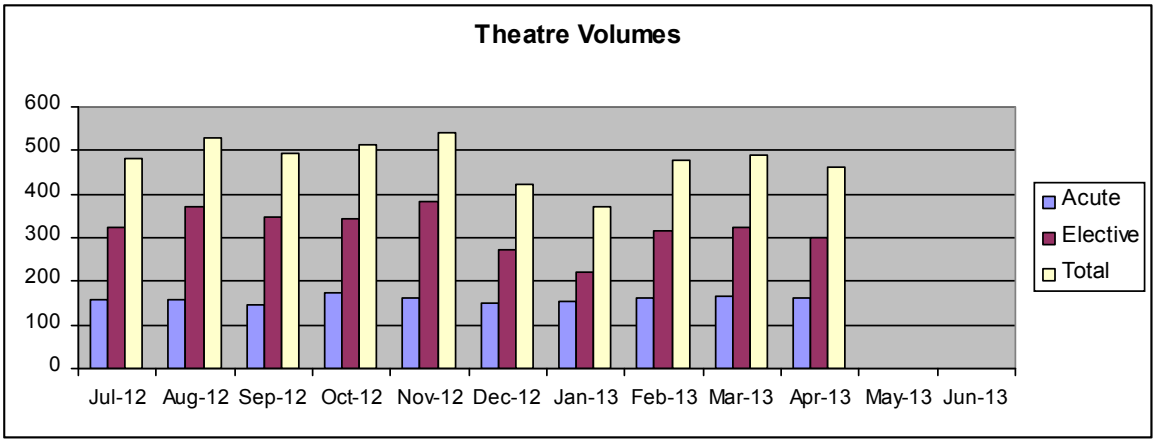
(This table reflects how many patient beds are occupied each day on average. It therefore provides an indicator of the busyness of the 4 main inpatient wards and because they make up the greater number of total hospital beds, usually the general busyness of the whole hospital. It includes a mix of acute 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: the average occupancy in the adult inpatient wards continues to remain at a lower than expected level during the April period. NNU had a particularly busy month with 137% occupancy.

Of Note: The Taranaki Base Inpatient Wards have had the following % increases / decreases when compared to 2011-12:

Ward 1 - 0.33% increased admissions, 3.95% decrease bedday usage
Ward 2 - 2.91% increased admissions, 7.49% increase bedday usage
Ward 3 - 7.41% increased admissions, 4.26% decrease bedday usage
Ward 4 - 0.92% increased admissions, 4.6% decrease bedday usage
Ward 5 - 4.15% increased admissions, 0.29% decrease bedday usage

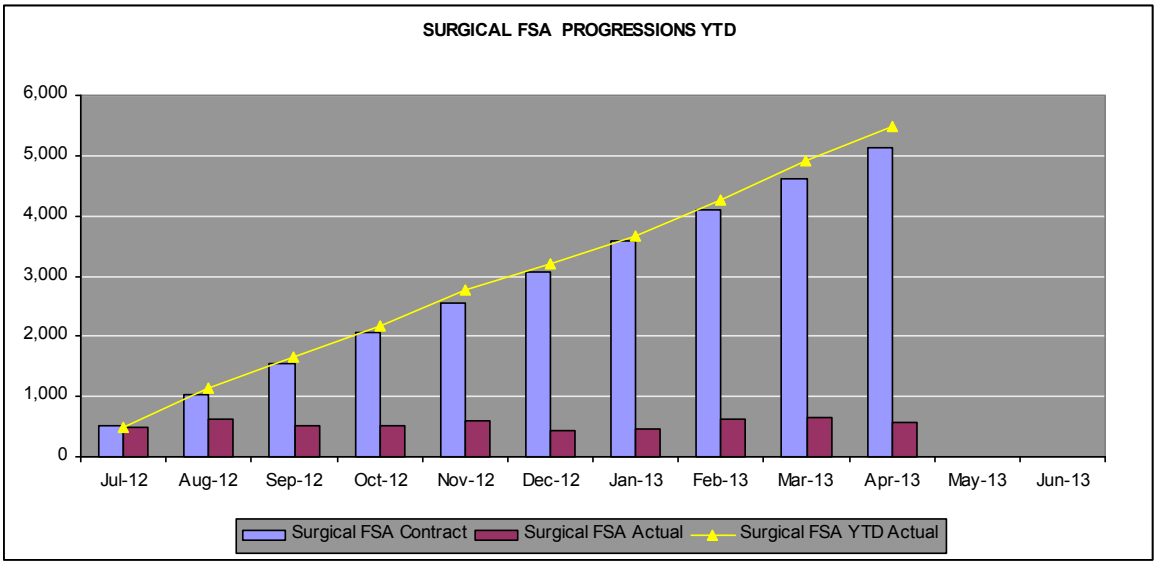
2.2.1 Hawera Inpatient Ward

April occupancy for Hawera inpatients was 40%, a increase from 32% in March and 34% in February. The table below show the last 5 months trend for HIP:

Dec	Jan	Feb	Mar	Apr
50%	47%	34%	32%	40%

2.3 Outpatient FSA Delivery for 2012/13

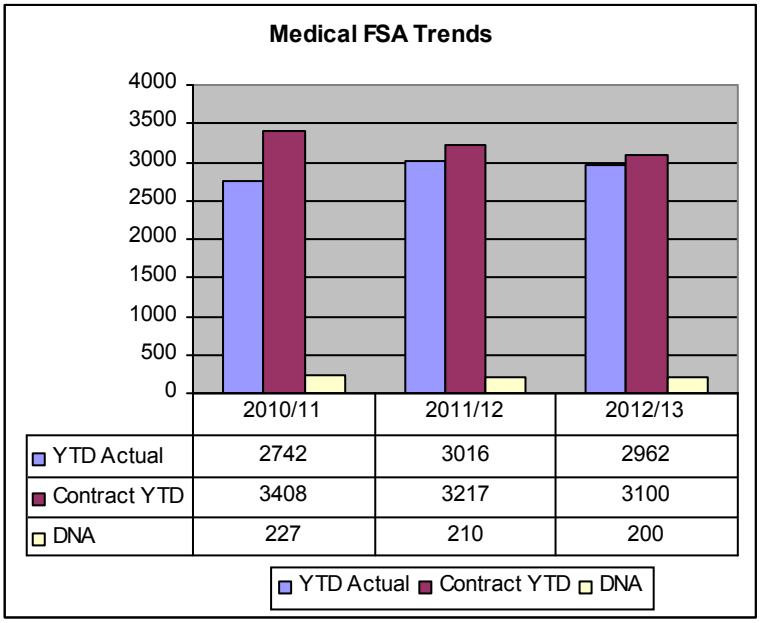
Surgical First Specialist Assessments (FSA)



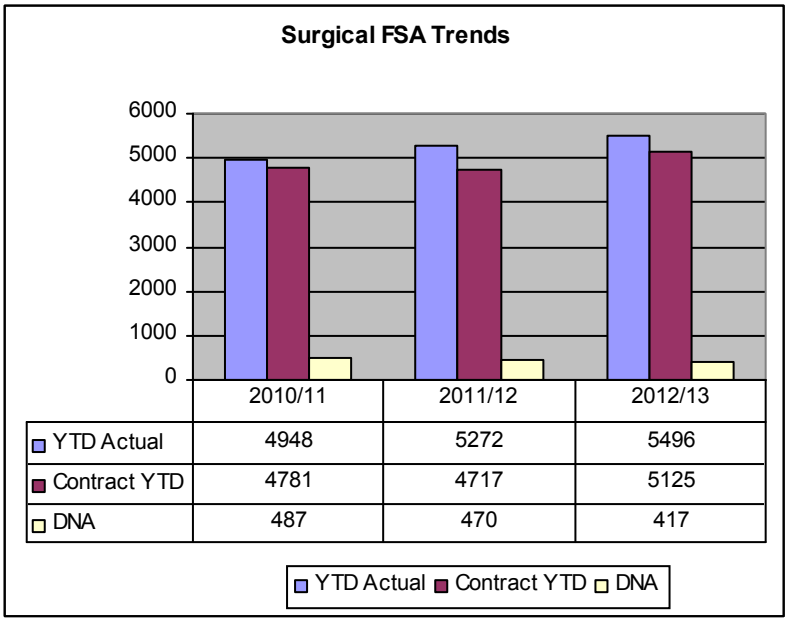
	Act Vols	Ctrct Vols	Var	% Var
General Surgery - FSA	1470	1583	-113	-7%
Ear Nose and Throat - FSA	538	600	-62	-10%
Gynaecology - FSA	674	708	-34	-5%
Ophthalmology - FSA	1106	846	260	31%
Orthopaedics - FSA	1250	917	333	36%
Plastics - FSA	68	54	14	26%
Urology - FSA	390	417	-27	-6%
Totals	5496	5125	371	7%

- Most specialties are slightly behind contract, with Plastics, Orthopaedics and Ophthalmology the exceptions. Plans are in place to address these.
- We are now at 7% ahead of contract YTD for surgical services. .

2.3.1 FSA Trends

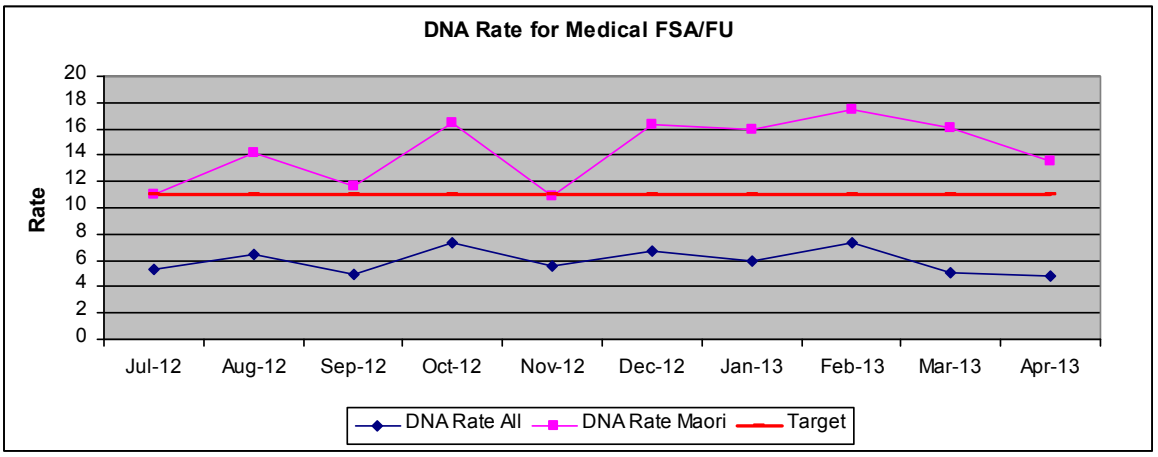


This month's delivery is slightly over contract for the month but under YTD.

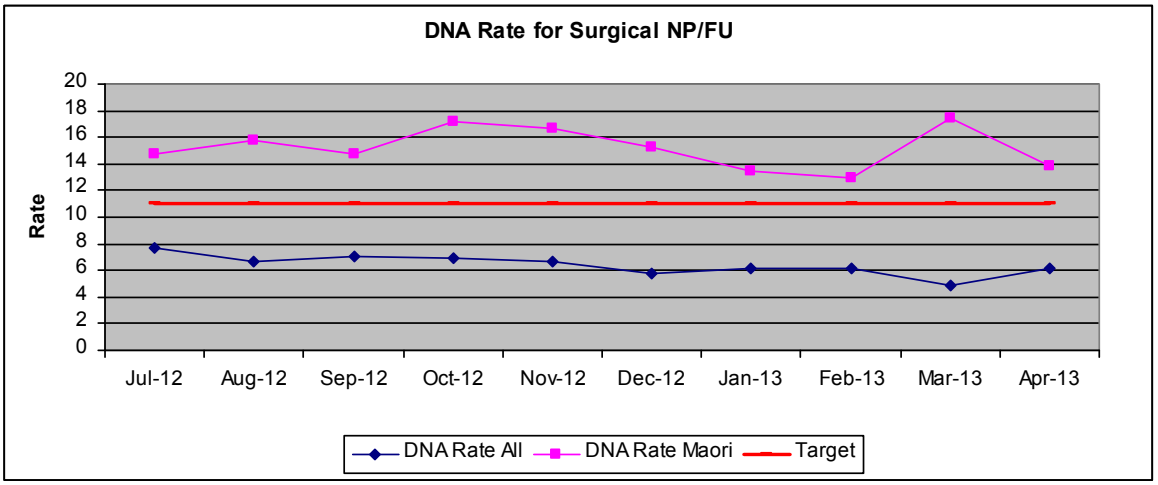


This delivery is over contract for the month, however YTD is close to contract.

2.3.2 Did Not Attend (DNA) FSA/Follow Up Trends



April shows an overall DNA rate of 4.8% with the Maori DNA rate 13.6% for Medical FSA and FU.



April shows an overall DNA rate of 6.2% with the Maori DNA rate 13.8% for Surgical FSA and FU.

The target for TDHB is less than 11%. Work has commenced with the Maori Health team to assess the progress of the strategies already in place with a view to adapting for maximum success when addressing the DNA rate for Maori.

2.4 Waiting List Management

TDHB continue to be compliant with the tighter Ministry of Health's requirements to have zero patients waiting over 6 months in ESPI 5, being yellow (1 patient), for April. TDHB was red in ESPI 6 for active review, however this is a result of the change in Orthopaedic model and will be rectified by the end of May. TDHB is confident that there will be no patients waiting over 5 months by the end of June.

2.5 ACC

- **Non Acute Rehabilitation Contract:** This contract remains behind budget and early identification of eligible patients remains a focus for staff. ACC have confirmed that EICATT patients can be considered under our contract whilst at Tainui. This will assist with increasing the revenue from this contract.

- **Clinical Services Contract:** This contract is being closely monitored.

- **Elective Surgery:** While we do continue to be under budget YTD, this has improved and we have delivered ACC lists during the school holiday period. This will show in the May budgets. The Elective Surgery contract has been confirmed for 2013/2014 with no change.

2.6 Emergency Departments

The average number of patients per day in HED for April 2013 was 51.4 compared to 48 for March. In April 2012 the daily average was 41.5 and in 2011 it was 43. We believe this increase reflects the change in Primary care services in Hawera.

A slightly busier month for Hawera in terms of the total throughput into ED and associated admissions. Less triage 1 or acute admissions, more triage 4-5 admissions which will also be monitored in light of the above.

Hawera ED

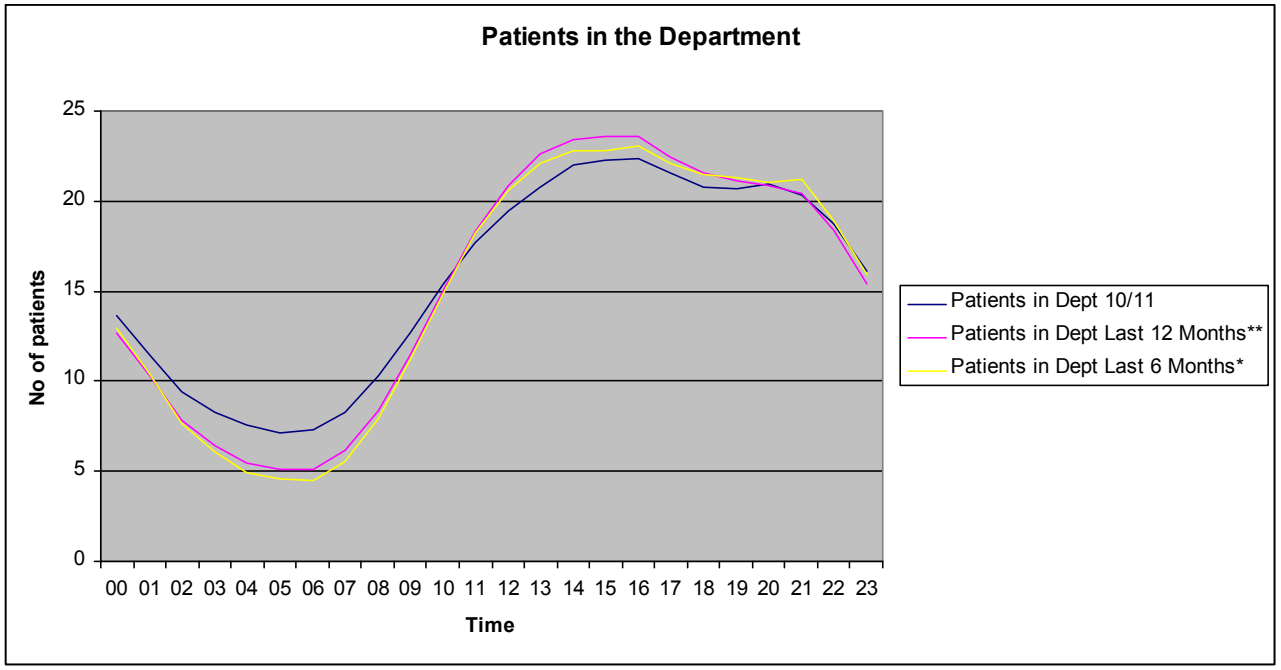
	April 2013	% Admitted	Average 2012/13 YTD	Average 2011/12
Triage 1	2	0%	2.7	2
Triage 2	89	46%	83	87
Triage 3	373	22%	389	345
Triage 4	801	3%	720	630
Triage 5	277	1%	244	219
Total Visits	**1542**	10%	1440	1283

Base ED

	April 2013	% Admitted	Average 2012/13 YTD	Average 2011/12
Triage 1	11	91%	10	7
Triage 2	226	58%	196	186
Triage 3	1020	40%	987	981
Triage 4	1244	16%	1264	1138
Triage 5	251	6%	215	176
Total Visits	**2752**	**27%**	**2673**	**2488**

Presentations to the Base ED continue to be above 2011/12 average volumes. There was a 17% increase from April 2012 numbers. The increase in volume is across all triage categories.

Base ED



There has been a slight move in the pattern of patients in the department with increasing volumes and decreasing length of stay. This graph depicts the net effect of patients within the ED at any given time.

2.7 Mental Health

TPW: Combined occupancy for April was 80.4%. This figure was made up of the following patient groups:

- Adult = 92.9.2%
- Elderly = 63.3%
- Intensive Psychiatric Care = 50.8%

There were 12 clients through the Intensive Psychiatric Care Unit (IPC) in April compared to 14 for the month of March.

April saw an unprecedented number of patients requiring 1:1 nursing, they were patients who were either acutely mentally unwell or behaviourally challenging. In

turn, the numbers of these patients increased the acuity of the area, resulting in 5.37 FTE required for 1:1 nursing in April compared to 2 FTE for the month of March. Existing rostered staff were utilised whenever possible and were used for a CAMHS client, an adult client with an intellectual disability and several MHSOP clients. Wherever practical the service attempted to group clients to minimise the 1:1 staffing.

3 TARGET UPDATES

The Provider Arm continues 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%	April 2013	Q3 2012/13	Average 2011/12
TBH ED	94.93%	94.39%	85%
Hawera ED	99.87%	99.95%	99.81%
Total TDHB	96.70%	96.36%	90.01%

- Total target has been achieved across both EDs.
- Dropped slightly this month, reflective of the ongoing increase in volumes and admissions. This is being closely monitored.
- The achievement of this target continues, inclusive of the ongoing increase in presentations.

3.2 Smokefree Health Target

Target 95%	March 2013	Q3 2012/13	Average 2011/12
	97.51%	95.41%	91.38%

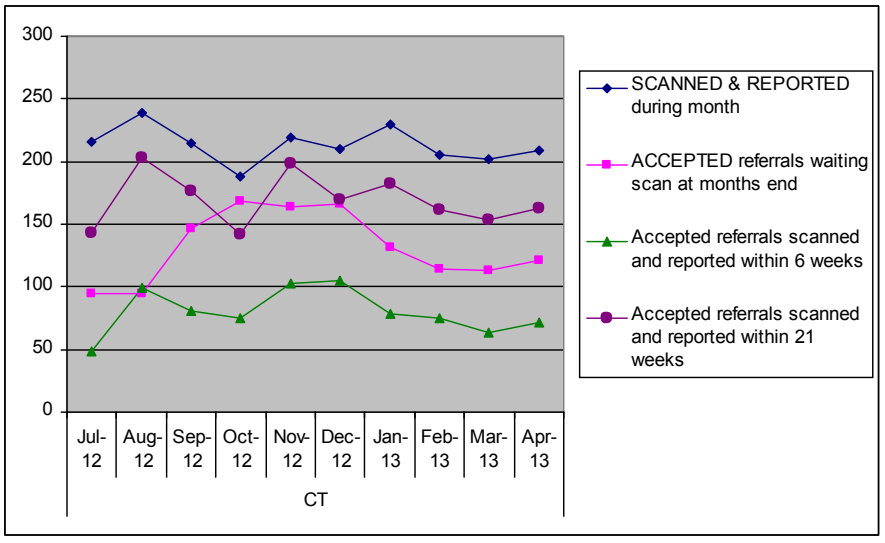
Smokefree target has been achieved again this month with well established systems in place. Monitoring at unit level continues.

3.3 Radiology Health Target

Monthly Return for Taranaki Health (Computed Tomography, Magnetic Resonance Imaging Statistics and Ultrasound)		CT	MRI	US
Month = April 2013				
1	Overall Patient events (Community and Outpatient referrals)			
a)	Total number accepted referrals waiting for scan at month end	**201**	**334**	**910**
b)	Total number of referrals accepted for scanning during month	**218**	**100**	**421**
c)	Total number scanned and reported during month	**209**	**86**	**299**
d)	Total number of DNAs during month	**3**	**1**	**13**
e)	Total number of referrals not accepted during month	**6**	**3**	**23**
2	Waiting times for Community and Outpatient referrals except planned procedures			
a)	Total number accepted referrals waiting for scan at month end	**121**	**245**	**773**
b)	Number of accepted referrals waiting for scan within 6 weeks (42 days)	**95**	**54**	**333**
c)	Number of accepted referrals waiting within 21 weeks (147 days)	**121**	**164**	**762**
3	Monthly activity and demand for Community and Outpatient except planned procedures			
a)	Total number of referrals for scan accepted during the month	**192**	**98**	**419**
b)	Total number of accepted referrals scanned and reported in month	**166**	**70**	**256**
c)	Total number of accepted referrals scanned and reported in month within 6 weeks	**71**	**16**	**105**
d)	Total number of accepted referrals scanned and reported in month within 21 weeks	**163**	**42**	**256**

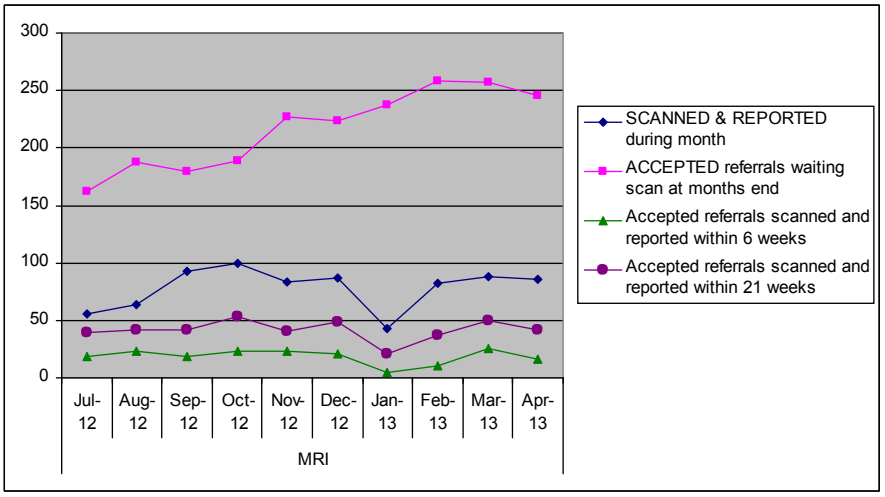
3.3.1 Radiology Wait Times

Computed Tomography (CT)



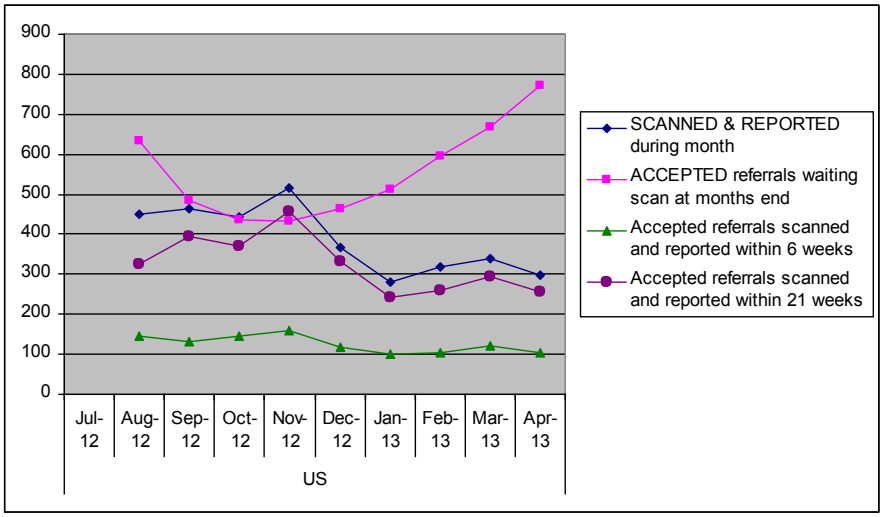
Comment: numbers waiting have seen only a slight increase.

Magnetic Resonance Imaging (MRI)



Comment: numbers waiting increase following the shutdown and upgrade of equipment. Fulford are currently working extended hours in an attempt to reduce the current number waiting.

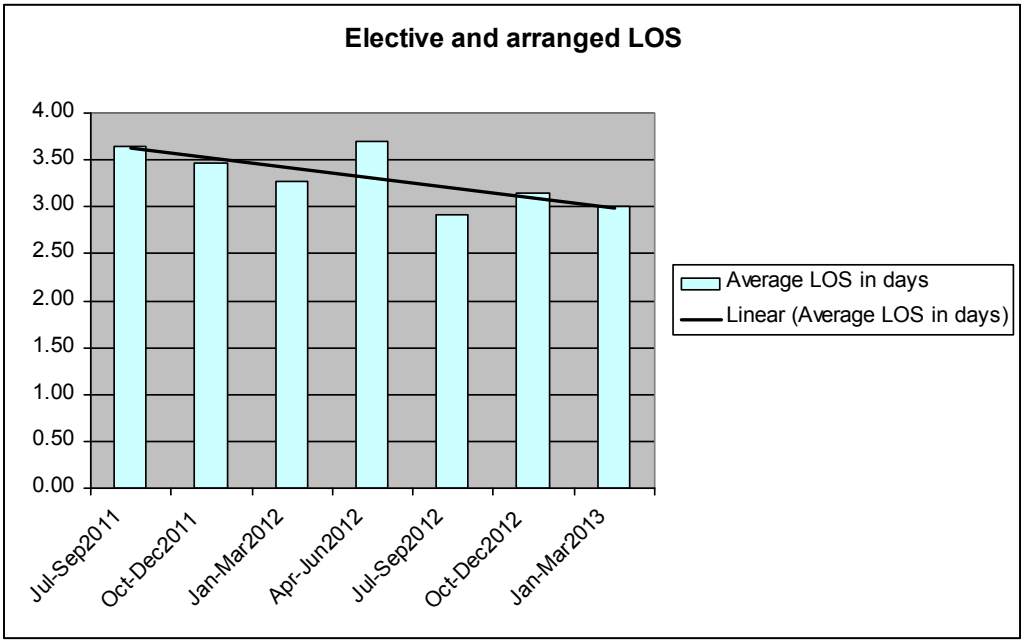
Ultrasound (US)



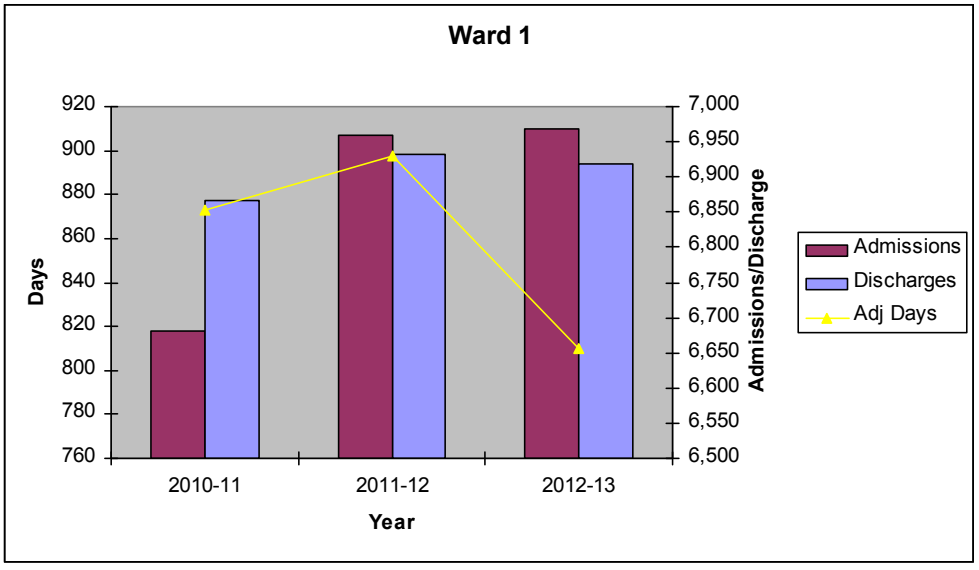
Comment: numbers waiting has increased significantly with a sonographer on maternity leave and Fulford being unable to recruit to that position.

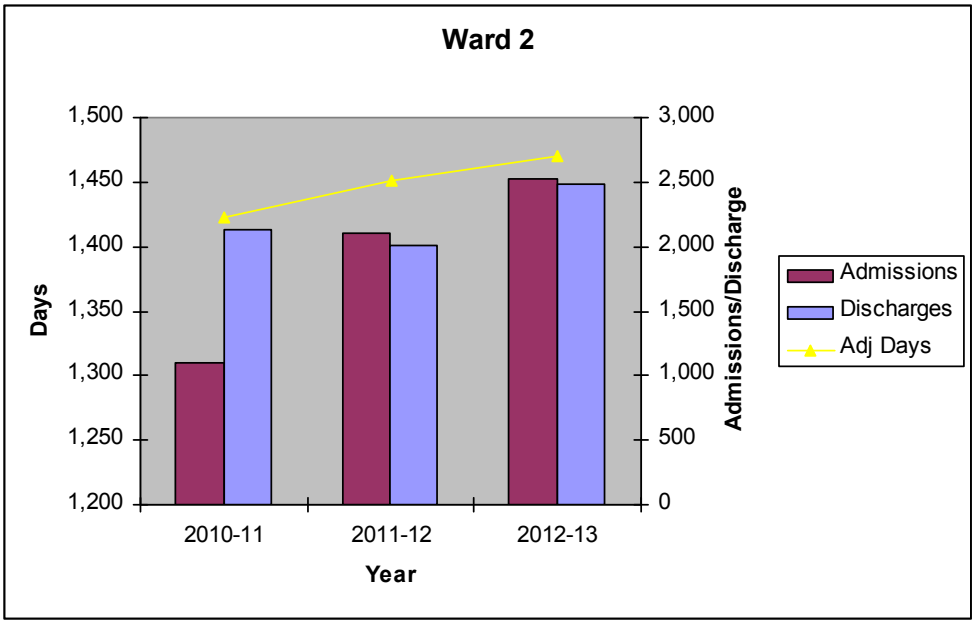
3.4 Projects

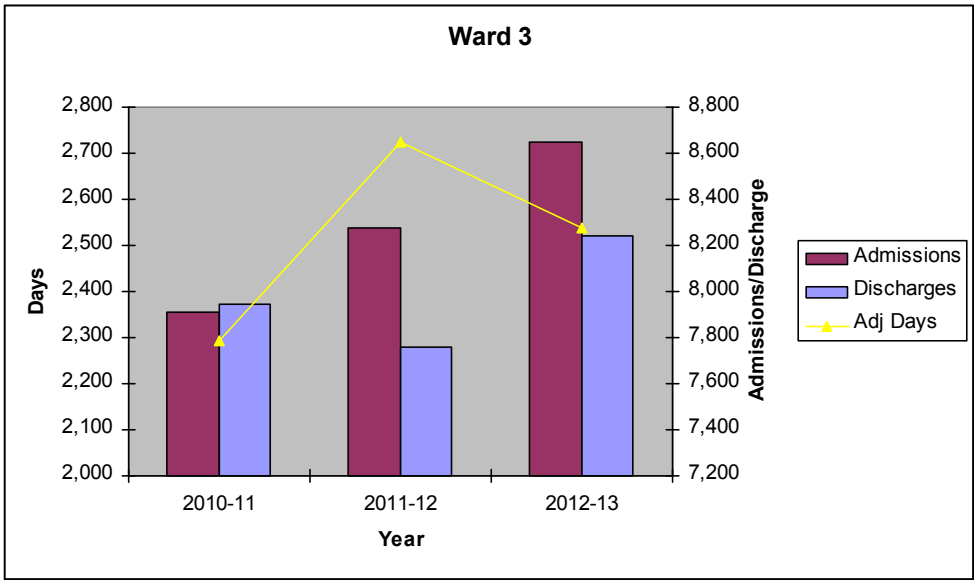
As described in section one of this report (1 Overview), hospital occupancy has remained low for some time. Data analysis has been completed which shows that the likely driving factor for this is reduced length of stay. The below graph shows a continued reduction in LOS for elective procedures (taken from the Preadmission Project Evaluation Report):

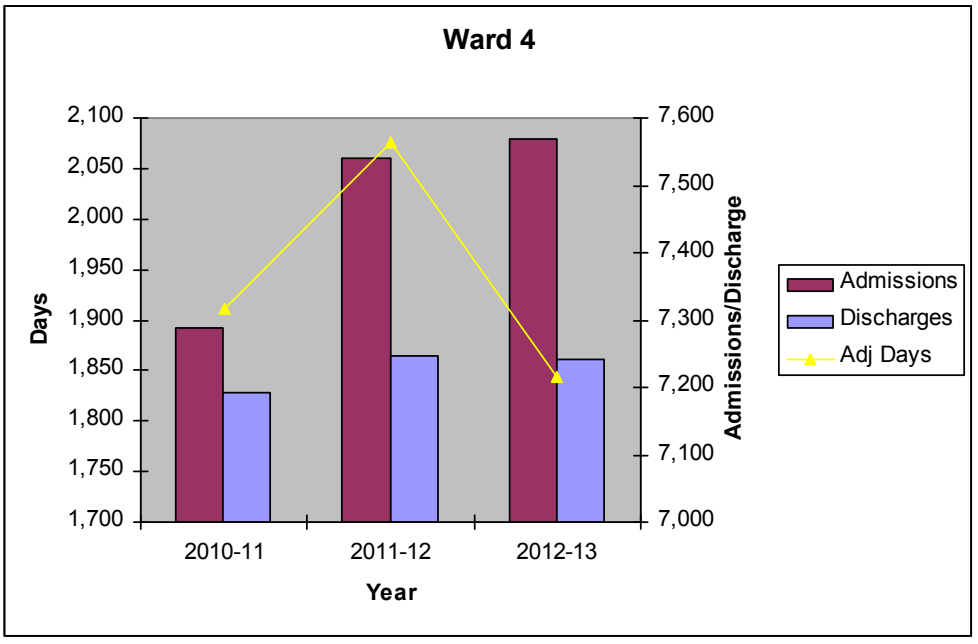


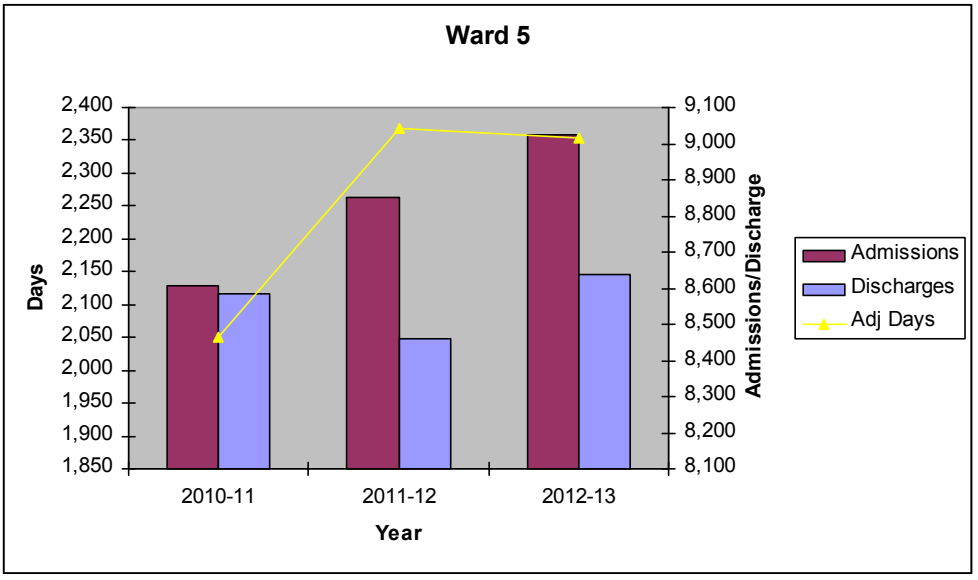
The Hospital can be relatively confident that the low occupancy is not being caused by fewer patients being seen or treated. The below graphs show, by Ward, that the number of admissions for the period YTD compared to the same period in the two previous years have increased whilst number of bed days used has decreased.




Ward 2
1,500
1,450
1,400
1,350
1,300
1,250
1,200
Days
3,000
2,500
2,000
1,500
1,000
500
0
Admissions/Discharge
2010-11
2011-12
2012-13
Year
Admissions
Discharges
Adj Days

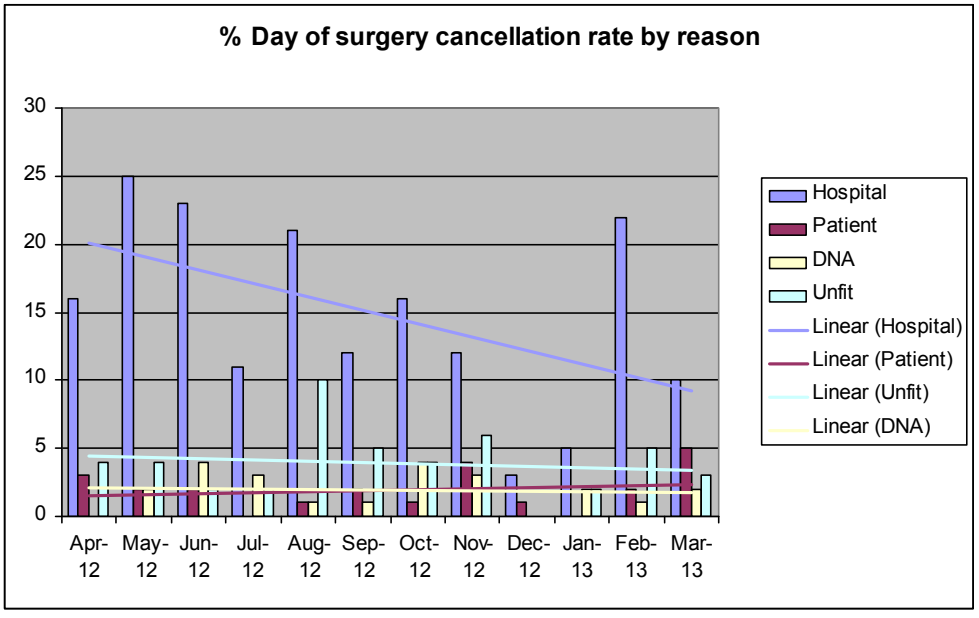

Ward 3
2,800
2,700
2,600
2,500
2,400
2,300
2,200
2,100
2,000
Days
8,800
8,600
8,400
8,200
8,000
7,800
7,600
7,400
7,200
Admissions/Discharge
2010-11
2011-12
2012-13
Year
Admissions
Discharges
Adj Days


Ward 4
2,100
2,050
2,000
1,950
1,900
1,850
1,800
1,750
1,700
Days
7,600
7,500
7,400
7,300
7,200
7,100
7,000
Admissions/Discharge
2010-11
2011-12
2012-13
Year
Admissions
Discharges
Adj Days

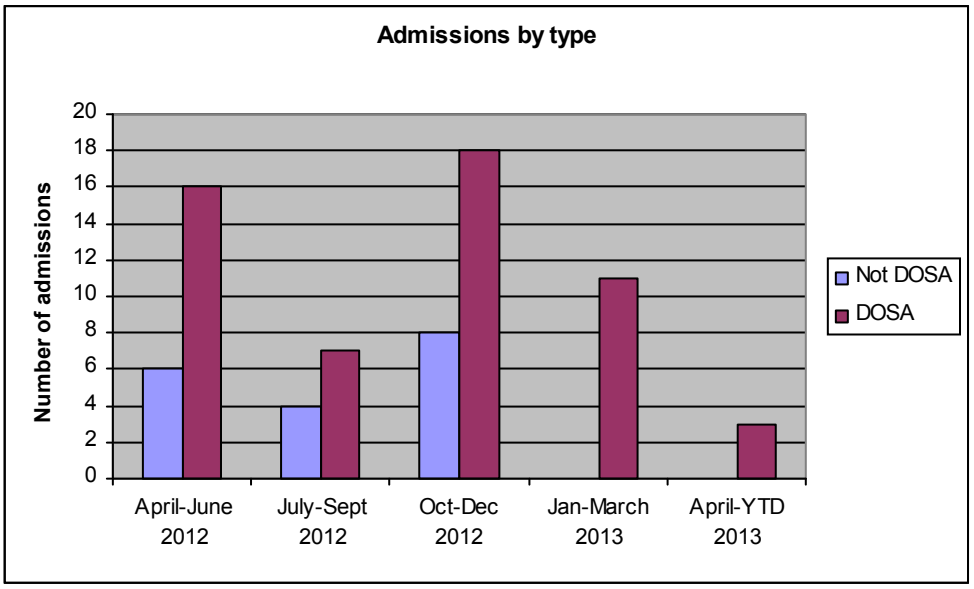


There appears to be no obvious difference in case mix or acuity of patients, and therefore with rising admission rates and reduced number of bed days used it can be concluded that reduced length of stay has caused a shift in the Hospital's occupancy baseline. The above charts by Ward highlight that the Surgical Wards have made the most progress with both the steepest increase in admissions and decrease in bed days used. It is likely that this can be attributed to a the year long programme of work that has been completed through the Preadmission, ERAS and TPOT Projects. It is likely that similar improvement work could result in similar gains if used for OPH, Medicine and Paediatrics.

Other indicators are also showing positive results. The below data shows that patients are being cancelled on the day of surgery much more infrequently. Feedback from theatre indicates that this is because patients are better prepared for surgery since the review of the preadmission pathway.



DOSA Improvements in ERAS procedures:



Overall the Hospital has moved to a 92% DOSA rate, with 100% rates being seen in groups of procedures such as colorectal surgery.

CCDM held a successful Churchill Exercise and groups are now being set-up to explore implementation of principles around Variance Response Management.

The Acute Pathway Review Group are turning their focus to initiatives that will support reducing LOS such as Rapid Rounds on all Wards and reordering of the Ward Rounds.

The Endoscopy User Group have endorsed the use of a new prioritisation tool (in-line with National Guidelines) to ensure our capacity can better match demand. The Group has also begun to look at implementation of the Global Rating Scale for continuous quality improvement.

The Surgical Booking Office have finalised their Mission Statement and a new planning tool has been developed for pilot.

3.4.1 Health of Older People: Enhanced Intermediate Care (EICATT)

A six month post implementation audit (1 July 2012 - 31 December 2012) of this new service has recently been completed.

As with all new services there were some initial teething problems related to equipment and working with a new provider, the outcome resulting in a comprehensive understanding by the provider arm specialist team around utilising the service to its full potential in regards to the types of patients that suit an EICATT setting, the turnover required to keep the greatest occupancy of the beds, etc. The provider we work with has also noted the benefits of the education and upskilling of the staff involved in looking after the patients in the rest home.

The original service objectives

- reducing inappropriate length of stay in a TDHB acute setting
- avoiding preventable / premature admission to long term care
- avoiding unnecessary readmission to hospital

are all being met. Anecdotal evidence also suggests that patients are finding the EICATT experience a very positive one.

Financially the audit demonstrates that EICATT provides cost effective, quality rehabilitation and care and has proved itself a more efficient and effective option to acute inpatient care.

Considerations for the future will be focused on whether to increase the bed numbers by a further two, i.e. from 4-6 in North Taranaki. Discussions are also underway around how best to enable patients from throughout Taranaki to enjoy the benefits of this service model.

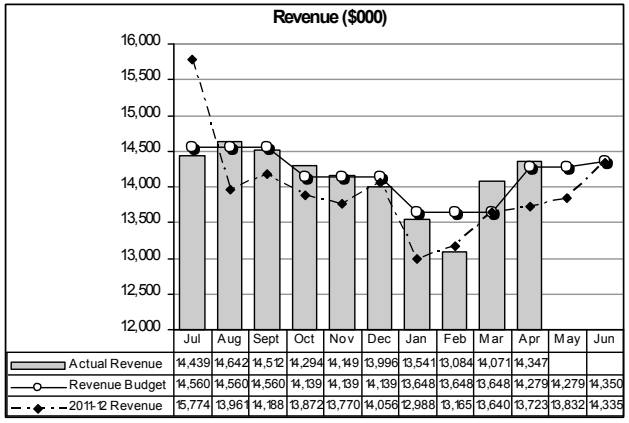
4 FINANCIAL COMMENT

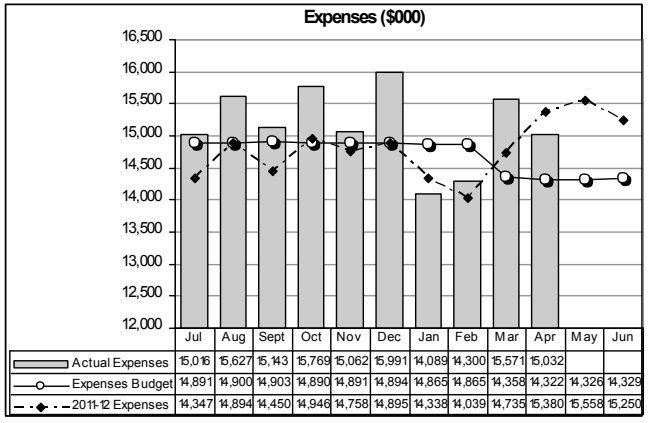
Financial Comment for the Month Ending 30 April 2013

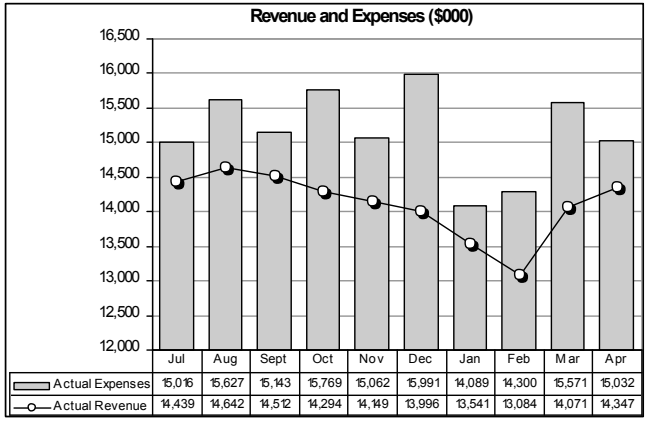
The Provider financial result for the year to 30 April is $4.07M worse than the budgeted deficit of $6.45M. This was made up of revenue $245K below budget and expenditure $3.82M higher than budget. Total expenses are 3% above budget to date and 3 % higher than the same period last year. For the month of April the result is $642K higher than the budgeted deficit of $42K.

All areas of expenditure are lower than March 2013 by a total of $539K, which is validation of the current focus on improving the financial result. Continued work by all staff resulted in tangible savings of $451K against the programme initiatives, with additional savings in other areas.

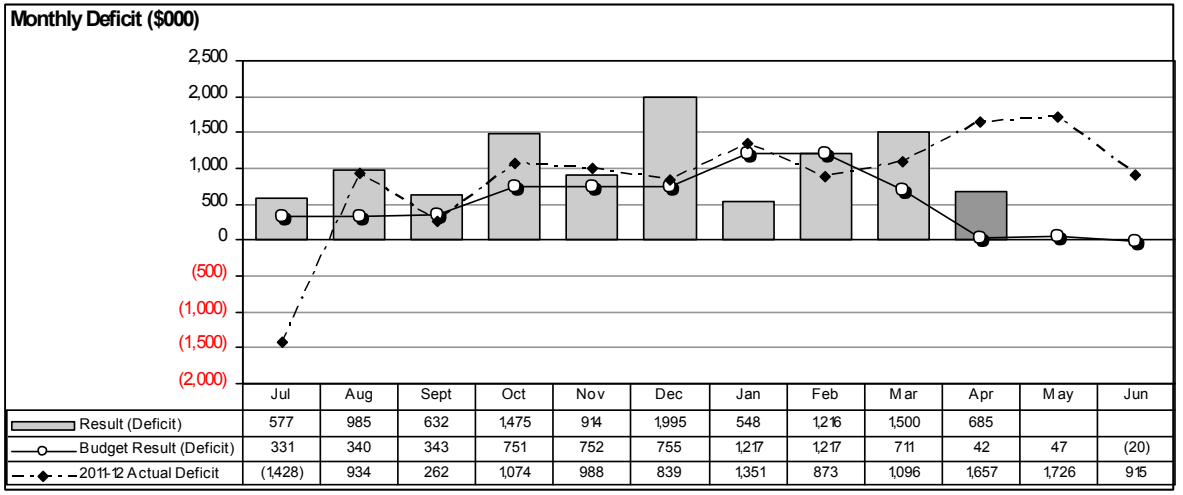
	April 2013 Actual	April 2013 Budget	Variance	April 2012 Actual	Year on Year Movement	Year to Date Actual	Year to Date Budget	Variance	Percentage Variance	April 2012 YTD	Year on Year Movement	Percentage Movement	Comment
Revenue	**(14,346,954)**	**(14,279,379)**	**(67,574)**	**(13,724,807)**	**5%**	**(141,074,812)**	**(141,320,310)**	**245,499**	**0%**	**(139,139,137)**	**(1,935,675)**	**1%**	Decreased revenue from ACC and MOH sources
Personnel Costs	8,951,279	8,355,790	595,501	8,748,733	2%	86,763,701	84,236,171	2,527,544	3%	83,431,972	3,331,729	4%	Low worked hours, high sick leave and study leave
Outsourced Services	1,720,873	1,629,274	91,598	1,897,345	-9%	17,648,762	16,292,758	1,356,008	8%	17,876,184	(227,422)	-1%	High cost of locums, reducing costs in other areas
Clinical Supplies	1,854,724	1,959,132	(104,407)	2,014,917	-8%	19,573,049	19,664,090	(91,035)	0%	19,640,215	(67,166)	0%	Majority under budget, implants costs reducing from earlier months
Infrastructure & Non Clinical Supplies	2,505,469	2,379,193	126,289	2,813,007	-11%	27,622,139	27,602,178	19,951	0%	25,931,092	1,691,047	7%	High variance to budget relating to budgeted savings
Internal Allocations	(337)	(1,680)	1,350	(268)	26%	(4,681)	(16,829)	12,135	-72%	(3,792)	(889)	23%	
Total Expenses	**15,032,009**	**14,321,709**	**710,331**	**15,473,733**	**-3%**	**151,602,970**	**147,778,368**	**3,824,603**	**3%**	**146,875,671**	**4,727,299**	**3%**	
Result	**(685,055)**	**(42,330)**	**(642,757)**	**(1,748,926)**	**-61%**	**(10,528,158)**	**(6,458,058)**	**(4,070,102)**		**(7,736,534)**	**(2,791,624)**		



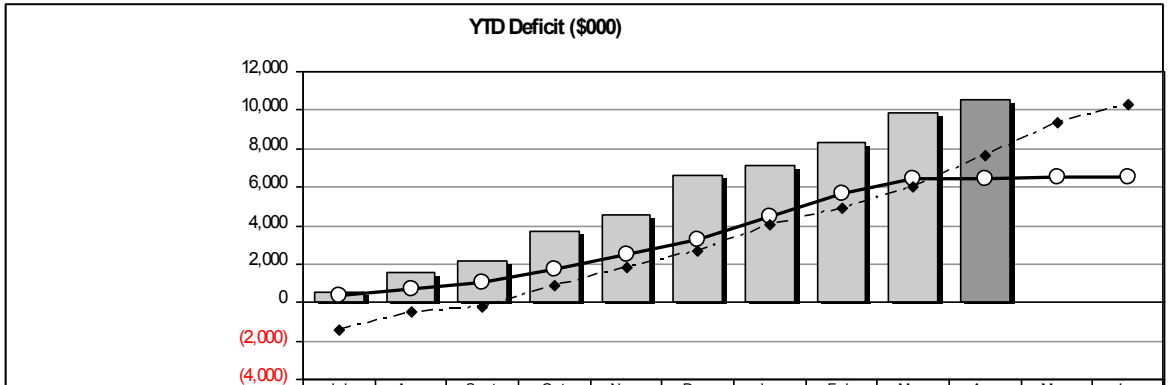




The budgeted monthly deficit follows a similar pattern to 2011-2012 actuals and has reduced in April 2013. The current year budget deficit reduces to close to zero in the fourth quarter due to budgeted savings of $2M.



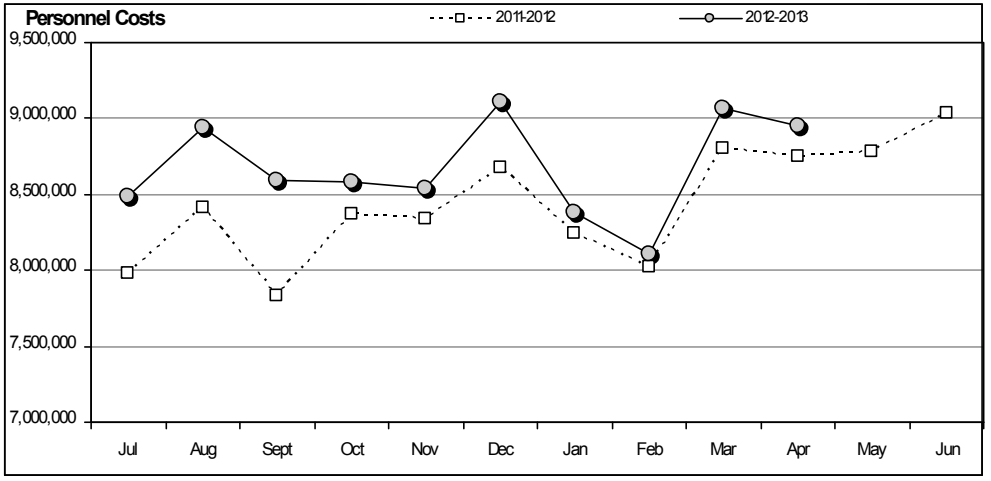
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Result (Deficit)	577	985	632	1,475	914	1,995	548	1,216	1,500	685		
Budget Result (Deficit)	331	340	343	751	752	755	1,217	1,217	711	42	47	(20)
2011-12 Actual Deficit	(1,428)	934	262	1,074	988	839	1,351	873	1,096	1,657	1,726	915



	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2012-2013 YTD Deficit	577	1,561	2,193	3,668	4,582	6,577	7,126	8,342	9,841	10,528		
2012-2013 YTD Budgeted Deficit	331	671	1,014	1,765	2,517	3,272	4,489	5,705	6,416	6,458	6,505	6,485
2011-12 Actual Deficit	(1,428)	(494)	(232)	842	1,831	2,669	4,020	4,893	5,989	7,646	9,372	10,287

Year to date personnel costs are higher than budget by $2.52M. The total year to date variance is 3% above budget. High costs continue in nursing staff ($1.77M above budget YTD) and Allied Health ($704K YTD). Overall FTE use has reduced by 8.5 FTE from March 2013, and the ongoing variance to budget is reducing, relating to lower activity and less use of casual staffing.

Group	April 2013 Actual	April 2013 Budget	Variance	Percentage Variance	April 2013 Actual FTE	April 2013 Budget FTE	FTE Variance	YTD Actual	YTD Budget	YTD Variance	Percentage Variance	Annual Budget	Comments
Medical Staff	2,589	2,273	316	14%	139.4	142.3	(2.9)	23,599	22,728	871	4%	27,273	
Nursing Staff	3,654	3,345	308	9%	549.5	529.2	20.3	35,909	34,135	1,774	5%	40,826	Low ongoing occupancy has
Allied Health Staff	1,319	1,205	114	9%	225.5	222.1	3.4	12,742	12,038	704	6%	14,449	impacted on FTE usage in
Support Staff	323	303	20	6%	85.6	81.2	4.4	3,363	3,030	333	11%	3,636	personal health
Management and Administration Staff	1,067	1,229	(163)	(13%)	220.3	234.1	(13.8)	11,150	12,305	(1,154)	(9%)	14,763	
	8,951	**8,356**	**595**	**7%**	**1,220.3**	**1,208.9**	**11.4**	**86,764**	**84,236**	**2,528**	**3%**	**100,948**	
Medical Staff	2,589	2,273	316	14%	139.4	142.3	(2.9)	23,599	22,728	871	4%	27,273	
Locum Medical Staff	150	100	50	50%				2,077	1,003	1,075	107%	1,203	
Total Cost of Medical Staffing	**2,740**	**2,373**	**367**	**15%**	**139.4**	**142.3**	**(2.9)**	**25,677**	**23,731**	**1,946**	**8%**	**28,477**	



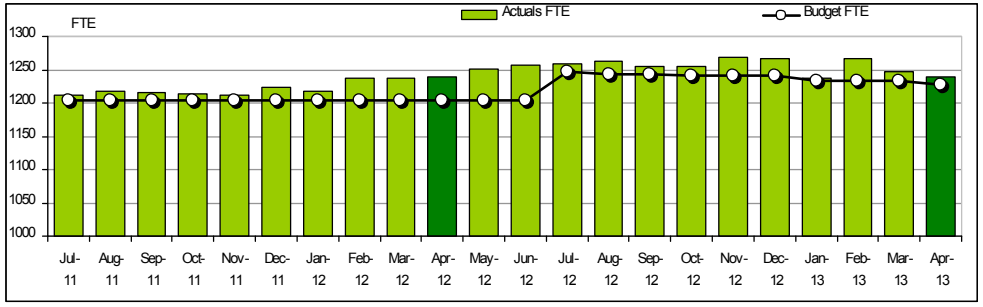
Provider Arm FTE are 11.4 FTE above budget, including 20.3 FTE Nursing staff, slightly higher than the March low. Areas with Nursing usage above budget were Mental Health Acute Services, Maternity, Theatre and Emergency Department. Vacancies in medical staff are 2.9 FTE, including ongoing vacancies at Hawera Hospital.

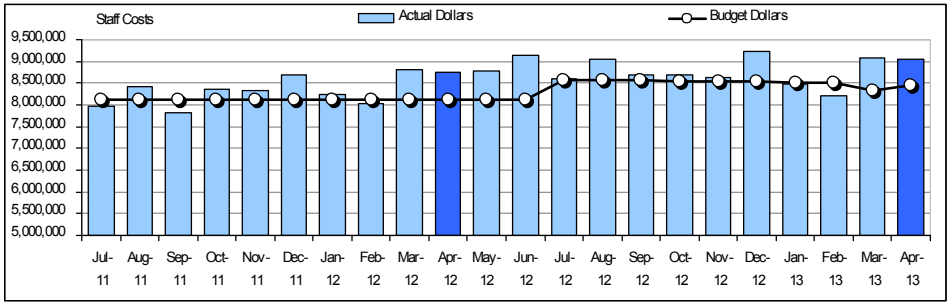
The total cost of medical labour including locums is $25.67M YTD, $1.95M higher than budgeted. Management and Administration FTE continue to be under budget for both FTE and costs.

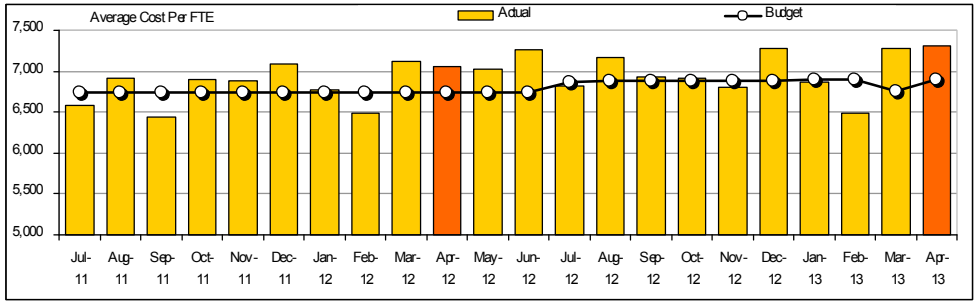
As discussed in the March 2013 report Budget FTE do not include any new or short term positions established since the budget allocations were made. Adjusting the budget to allow for these positions reduces the FTE variance to zero, with the variance in costs reducing to $509K for the month of April.

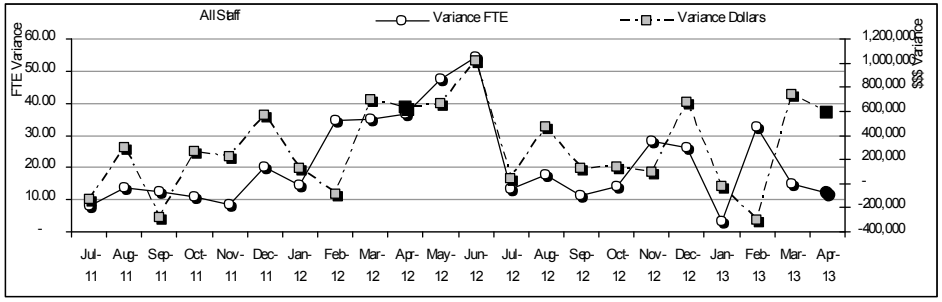
Group	April 2013 Actual	April 2013 Budget	Cost of Additional Approved FTE	Total Budget for Adjusted FTE	Variance	Percentage Variance	2013 Actual FTE	2013 Budget FTE	Additional Approved FTE	Adjusted FTE Budget	FTE Variance
Medical Staff	2,589	2,273	21	2,294	296	13%	139.4	142.3	1.0	143.3	(3.9)
Nursing Staff	3,654	3,345	47	3,392	261	8%	549.5	529.2	7.1	536.3	13.3
Allied Health Staff	1,319	1,205	12	1,218	101	8%	225.5	222.1	2.1	224.2	1.3
Support Staff	323	303	0	303	20	6%	85.6	81.2	-	81.2	4.4
Management and Administration Staff	1,067	1,229	6	1,235	(169)	(14%)	220.3	234.1	1.2	235.3	(15.0)
	8,951	**8,356**	**86**	**8,442**	**509**	**6%**	**1,220.3**	**1,208.9**	**11.4**	**1220.3**	**0.0**

FTE numbers have reduced through-out the year as shown in the graphs below, with FTE at the lowest level for a regular working month since March 2012. Actual staff costs have risen with March and April 2013 higher than previous months. When drilling down to a cost per FTE level, there is a variance in senior medical staff dollars per FTE of 20%, with other staff groups sitting at an average variance of 2% per FTE. The high cost per FTE for medical staff relates to timing of contracted Continuing Medical Education and long term sick leave expenses, the year to date average variance is 4%.









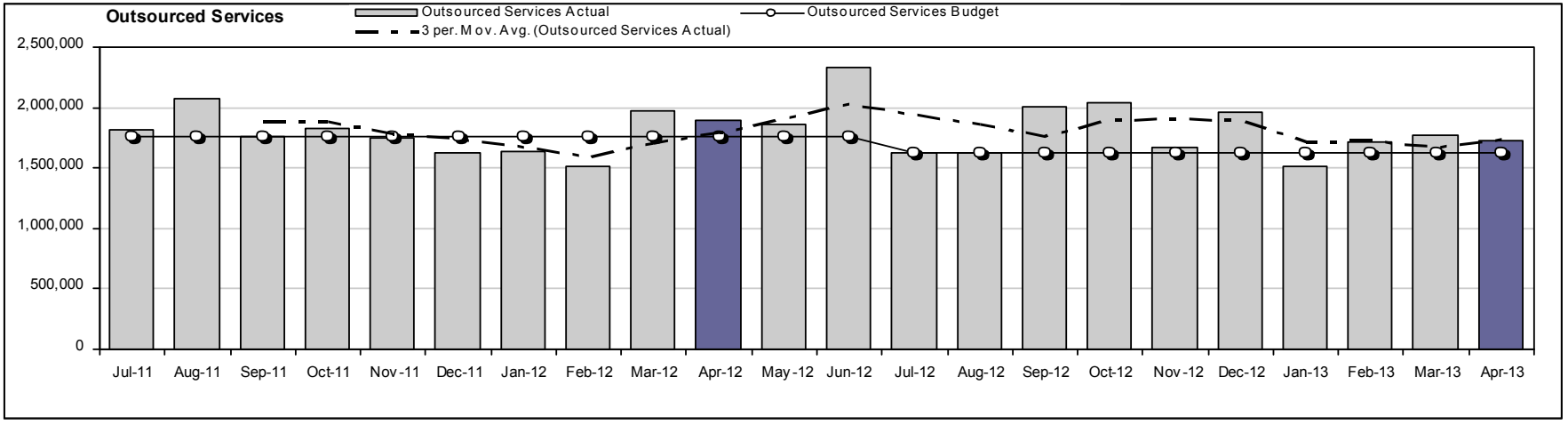
* Graphs include all TDHB staff including 17.8 FTE from Governance

Outsourced Services costs are $1.36M higher than budget year to date. While still above budget costs continue to trend downwards in the third quarter.

Outsourced Medical staff costs are higher than budget by $1.07M, with the $895K of this variance relating to locum costs at Hawera Hospital. This is offset by lower staff costs, and the total cost of medical staffing at Hawera is $2.09M YTD, $400K less than budgeted.

Referred services costs are higher than budget, relating to radiology volumes. Outsourced clinical services are under budget, relating to reduced costs from ACC surgery and reduced activity.

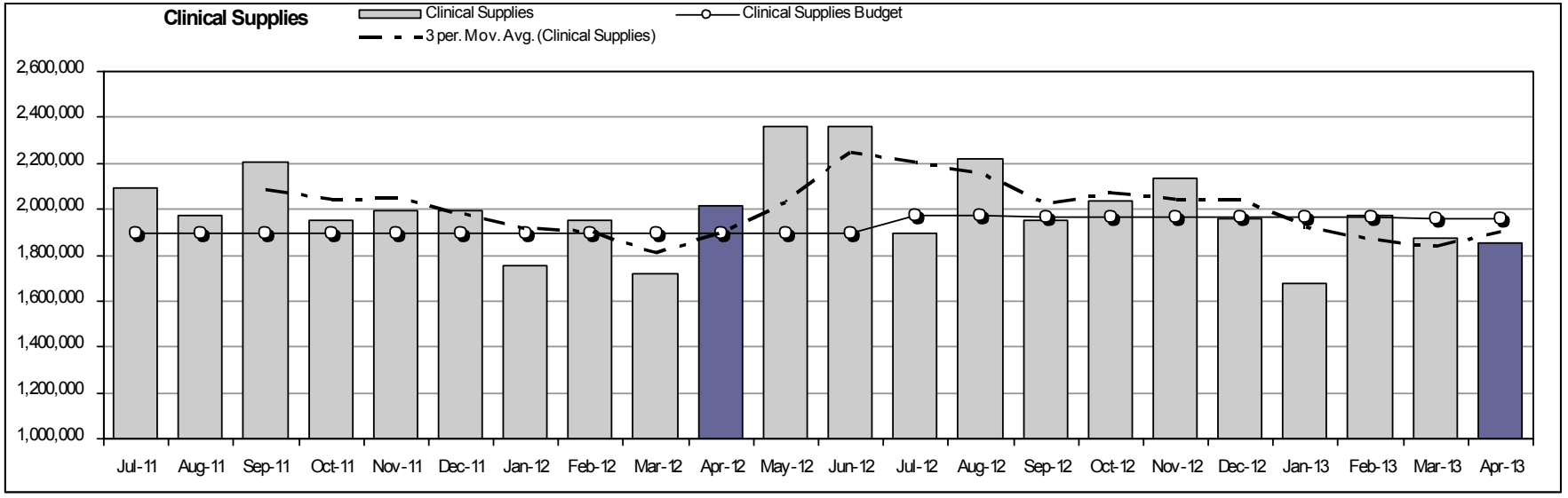
	April Actual	April Budget	Variance	YTD Actual	YTD Budget	Variance	Percentage Variance	Sum of Annual Budget	Percent Expended (target 83%)	
Outsourced Medical Staff	150,429	100,269	50,160	2,077,377	1,002,687	1,074,690	107%	1,203,225	173%	High costs relate to Hawera Medical staff
Other Outsourced Staff	36,845	32,694	4,151	408,240	326,943	81,297	25%	392,332	104%	Allied Health staff offset by staff vacancy, home support staff, Stratford Health Centre management
Referred Services	693,678	610,860	82,818	6,959,013	6,108,605	850,408	14%	7,330,326	95%	Radiology costs higher than budgeted, increased Laboratory costs
Outsourced Clinical Services	839,921	885,451	(45,530)	8,204,132	8,854,523	(650,391)	-7%	10,625,425	77%	Reduced due to less ACC work
	1,720,873	**1,629,274**	**91,599**	**17,648,762**	**16,292,758**	**1,356,004**	8%	**19,551,308**	**90%**	



Clinical supply costs continue to be under budget, with April expenses $104K below the budget of $1.96M. Year to date costs are also below budget by $91K. Expenditure is closely related to activity and has reduced in line with outputs. Overall clinical supply costs are consistently trending down wards from December 2012.

Ongoing overspending in Implants and Prostheses has reduced following a major project by the Orthopaedic department to standardise implants, reducing expenditure by around $70K in the first month of the programme.

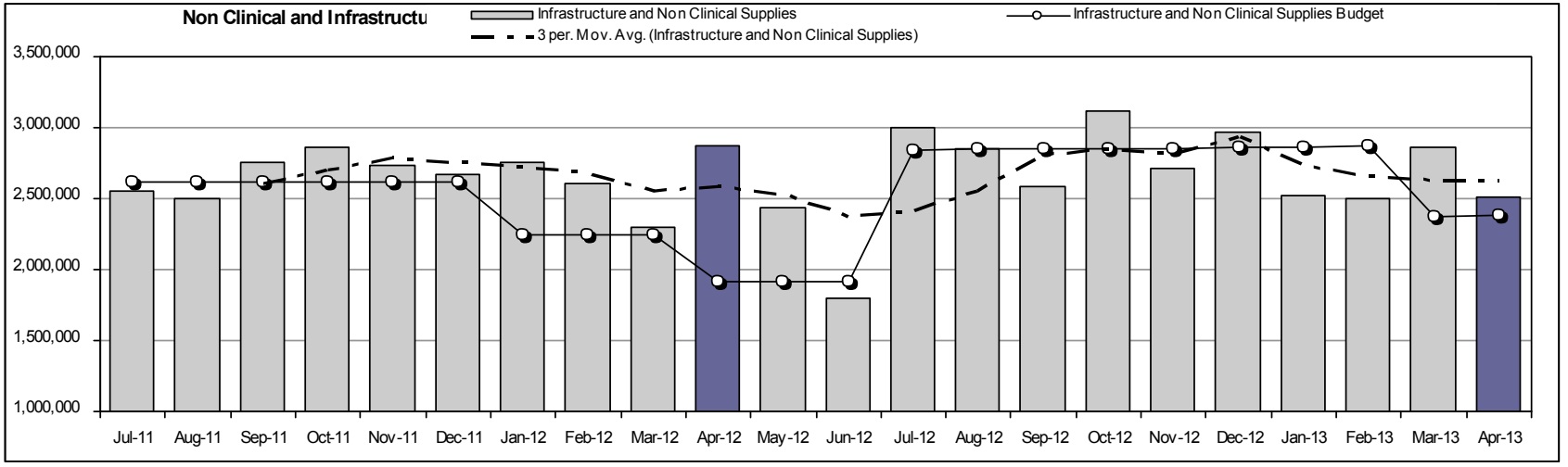
	April Actual	April Budget	Variance	YTD Actual	YTD Budget	Variance	Percentage Variance	Sum of Annual Budget	Percent Expended (target 83%)	Comments
Patient Consumables	662,570	738,301	(75,731)	7,158,409	7,382,898	(224,489)	-3%	8,859,475	81%	
Diagnostic Supplies	108,600	116,229	(7,629)	1,085,403	1,162,294	(76,891)	-7%	1,394,754	78%	
Clinical Equipment	204,329	217,454	(13,125)	2,036,583	2,247,477	(210,894)	-9%	2,680,510	76%	
Patient Appliances	101,317	90,460	10,857	850,637	904,593	(53,956)	-6%	1,085,512	78%	
Implants and Prostheses	145,162	167,532	(22,370)	2,151,376	1,675,310	476,066	28%	2,010,370	107%	High costs in Orthopaedics reducing in April through initiatives
Pharmaceuticals	402,949	331,676	71,273	3,357,583	3,316,727	40,856	1%	3,980,070	84%	Costs for Cancer Treatments offset by Revenue
Patient Transport and Accommodation	222,595	288,501	(65,906)	2,850,827	2,885,001	(34,174)	-1%	3,462,000	82%	
Other Clinical Supplies	7,201	8,979	(1,778)	82,231	89,790	(7,559)	-8%	107,748	76%	
Clinical Supplies Total	**1,854,724**	**1,959,132**	**(104,408)**	**19,573,049**	**19,664,090**	**(91,041)**	**0%**	**23,580,439**	**83%**	



Infrastructure and Non-Clinical costs are $126K (5.3%) above budget for the month and $20K (0%) above budget for the year to date. The high April variance relates to cost savings budgeted in the last 4 months of the current year, offset by savings in most other areas.

Year to date hotel services costs continue to be less than budget relating to low occupancy. Facilities costs again exceed budget, however the monthly variance is lower than previous months. Year to date variance in professional fees and expenses relates to TDHB's share of costs for regional services. Other operating expenses are significantly less than budget relating to capitalisation of staff costs from capital projects.

	April Actual	April Budget	Variance	YTD Actual	YTD Budget	Variance	Percentage Variance	Sum of Annual Budget	Percent Expended (target 83%)	Comments
Hotel	223,855	272,787	(48,932)	2,633,204	2,727,818	(94,614)	-3%	3,273,383	80%	Volume related costs such as patient meals and laundry
Facilities	805,881	752,715	53,166	8,070,421	7,524,052	546,369	7%	9,029,696	89%	Higher than budgeted depreciation costs, insurance expenses transferred between categories
Staff Transport & Accommodation	73,464	75,071	(1,607)	760,153	753,773	6,380	1%	904,103	84%	Costs relating to TDHB vehicles, other travel costs reducing
IT & Telecommunications	607,925	814,194	(206,269)	7,254,567	7,946,754	(692,187)	-9%	9,589,026	76%	
Interest & Financing Charges	622,343	659,633	(37,290)	6,594,858	6,596,333	(1,475)	0%	7,915,600	83%	
Professional Fees & Expenses	157,366	154,939	2,427	1,602,307	1,549,377	52,930	3%	1,859,250	86%	Reduced insurance expenses, high affiliation costs related to shared services
Other Operating Expenses	14,634	149,771	(135,137)	705,558	1,503,247	(797,689)	-53%	1,802,193	39%	
Democracy	0	83	(83)	1,071	833	238	29%	1,000	107%	
Cost Savings	0	(500,000)	500,000	0	(1,000,000)	1,000,000	0%	(2,000,000)	0%	Budgeted Cost Savings
Total	**2,505,468**	**2,379,193**	**126,275**	**27,622,139**	**27,602,187**	**19,952**	**0%**	**32,374,251**	**85%**	



5 GENERAL

Good progress is being made on the savings plan, with $451K saved in April, and $732K against the plan to date, achieving 70% of the required savings. There are variances between the achieved savings and the target/planned savings in a number of areas, however overall we are ahead of the planned savings target to date.

Areas where savings are greater than anticipated are unfilled staff vacancies, managing demand and capacity and reduced expenditure on clinical supplies.

Positive engagement continues across the organisation, with high attendance at staff forums and ongoing support of the initiatives.

The Cardiology project has been completed with feedback from stakeholders being compiled and the final report is due this week. The draft report includes recommendations which could be addressed immediately. These include:

- Review of cardiac diagnostic wait lists, with review and implementation of referral guidelines
- Improvements in access to angiography to deliver acute angiography with the 72 hour guideline
- Review of discharge criteria for Cardiac Heart Failure (CHF) service

Further information will be provided to the Board once available.

The National Endoscopy Group visited TDHB, meeting with clinicians and endoscopy staff regarding the roll out of Global Rating Scale (GRS). Financial assistance for roll out of the tool is available.

Hawera Maternity services review is almost completed. The new staffing model of care planned to commence in June 2013.

First reporting round of the Faster Cancer Treatment (FCT) data has been completed. The collection of this data has had some challenges, which are resolving.

Migration planning for Project Maunga is well underway with “train the trainer“ sessions for staff commencing mid May.

RECOMMENDATION

That the Hospital Services Reports for the month of April 2013 be noted and received.

Rosemary Clements
Chief Operating Officer
Chief Nursing Advisor
Taranaki District Health Board