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 29 August 2013
1 pm

Corporate Meeting Room 1
Taranaki Base Hospital
David Street
New Plymouth

HOSPITAL ADVISORY COMMITTEE

MEETING AGENDA

Thursday 29 August 2013
1 pm
Corporate Meeting Room 1, Base Hospital
David Street
New Plymouth

1. Declaration to Open Meeting

2. Apologies – Peter Catt, Alison Rumball and Colleen Tuuta

3. Conflicts of Interest

4. Public Comment

5. Minutes

5.1 Minutes of meeting held 4 July 2013

Pages 1 - 7

Resolution
That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 4 July 2013 as a true and accurate record.

6. Arising From Minutes

7. Management Reports

7.1 General Manager Hospital Services.

i) Exception Report for June 2013 and Year End
ii) Report – July 2013

Pages 8-79

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

8. Other Business

9. Next Meeting

26 September 2013 in New Plymouth

TARANAKI DISTRICT HEALTH BOARD

M I N U T E S Open (unconfirmed)

HOSPITAL ADVISORY COMMITTEE

4 July 2013
10.00am
Corporate Meeting Room 1
Base Hospital David Street
New Plymouth

Present:
Karen Eagles (Chair), Alex Ballantyne, Ella Borrows, Mary Bourke, Peter Catt, Kura Denness, Flora Gilkison, Pauline Lockett, Alison Rumball

In Attendance:
Tony Foulkes (Chief Executive), Rosemary Clements (Chief Operating Officer / Chief Nursing Advisor) Greg Simmons (Chief Medical Advisor), Simon Barrett (Group Financial Manager), Ramon Tito (Kaumatua), Sue Carrington (Communications Advisor), Fran Davey (Acting PA to Chief Executive.
Lee Mathias

798.0 Declaration to Open Meeting
The Chair welcomed everyone to the meeting and invited Matua Ramon Tito to open the meeting.

799.0 Apologies
The apologies from Alex Ballantyne for lateness, Brian Jeffares, Colleen Tuuta (Board members) and Sandra Boardman (General Manager Planning, Funding and Population Health) were noted.

800.0 Conflict of Interest Register
Members were invited to declare any new conflicts of interest. The register was circulated for members to sign, with no new interests declared.

801.0 Minutes of Previous Meeting
Resolution
That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 6 June 2013 as a true and correct record, subject to the following amendment:- "Dr Mathias advised that there still remained for the Board to consider how services are to be provided in the future as further savings would be needed in the next financial year."

Gilkison/Catt
Carried

801.1 Matters arising
801.2 Action List items
It was agreed that action points be formally noted at the time of discussion with an indication the item be placed on the Action List.

801.3 DNA Rates
The challenges around higher DNA rates for Maori patients were likely to fall into accessibility, modesty and or cultural categories. The implementation of strategies to improve this performance is timely.

802.00 Chief Operating Officer Hospital & Specialist Services Reports
The Chief Operating Officer took her report as read, and highlighting the following from the executive summary:

Discussion
- The end of May saw $395k saved against a forecast of $40k resulting in 108% of the plan for March-June delivered. The forecast result for the consolidated DHB for 2012-13 is close to breakeven, a significant achievement. Additional revenue through a good performance payment for achieving elective service and waiting targets this year, along with ACC and Clinical Training funding has also assisted this improvement in forecast.
- The Provider financial result for the year was $4.04M worse than the budgeted deficit of $6.50M. This was made up of revenue $1.28M above budget and expenditure $5.32M higher than budget.
- The expenditure for May 2013 was above average by $604K with the majority of this in personnel and outsourced services. Continued work by all staff resulted in tangible savings of $1.13M against the programme initiatives, with additional savings in other areas.
- Mrs Clements noted though the focus has been on achieving improved financial performance, TDHB has also achieved health targets and elective and non-financial indicators.

Discussion
- Ms Lockett sought clarity of the $395K savings, had this not been achieved against the expenditure of $604k, an overspend of $1M would show. Mrs Clements agreed, confirming the key drivers are around personnel and outsourcing services and the ten strategies that have been put in place will assist this noting the over delivery is likely to become business as usual for Cardiology as it is required for equity of access for the population of Taranaki.
- Ms Lockett asked if patients TDHB had experienced a flow on effect of patients presenting to Mental Health following the use of synthetic cannabis. Mrs Clements advised that the ED were certainly seeing patients in this category however she was unsure if these patients were also being admitted to the Mental Health areas.
- Ms Lockett enquired if Radiology health targets overall will be received at full Board level not only at HAC. Mr Foulkes advised that all DHBs were experiencing similar to our local ones. The Ministry, DHBs and Radiology providers are putting together Action Plans to estimate volumes of patients, current waiting times, waiting list implications and monitoring tools with the possibility of MoH resources to assist with the management of this piece of work. Ms Lockett asked if it is possible to get international assistance clinically. Mrs Clements advised we currently access international assistance through an after hours service with the use of technology and NZ accredited Radiologists.

- Ms Lockett enquired what is being discouraged with regards to Elective surgery new pricing calculations. Mrs Clements advised the comments in her paper refer to the ACC contracts, consultants are employed in a private capacity to carry out ACC work which means the DHB competes in the market for the delivery of this contract.

Mr Ballantyne joined the meeting.

- Ms Denness enquired whether when reporting on Specialty breakdown, if the reason for the overs and unders and the cost involved can be included in the report. Mrs Clements advised depending on the time of reporting that information is available i.e. quarterly reporting will provide this information.
- Ms Denness enquired if Theatre Volumes are able to be shown against the budget.
- With regards to Fulford radiology Ms Denness enquired why contracting is not meeting the demand with regards to an increase in numbers scanned and reported within time frames plus a small reduction in those waiting scan at months end. Mrs Clements advised Radiology services are in the position Elective Services as a whole were in five years ago. The focus currently will be on making sure we match our capacity to appropriate demand (through thresholds and prioritisation). This is a new process for diagnostics and a plan is being put together to ensure we address the waiting list and harness the volumes. The volumes set within the Fulford contract currently is open ended which is not sustainable for the Board. Moving forward is about addressing the waiting list and coming to an agreement with Fulford Radiology on how to address the requirements for acceptance of appropriate referrals and prioritisation. Mrs Clements notedmost DHBs are in the same situation, TDHB is the only DHB with a public /private arrangement.
- Ms Lockett advised details from a news article stated the drive for clinicians to use the diagnostic tools has gone up due to the risks they manage.
- Dr Mathias advised management of Acute Demand and Diagnostics requires a full discussion by clinicians to look at the clinical pathways and plan guidelines moving forward. In terms of the risk, this is minimal.
- Mr Foulkes advised agreement has been made for a scope of work with the major primary health organisation and other stakeholders in Taranaki to engage with them around managing Acute Demand. A major activity is scheduled with these stakeholders, the outcomes of the thinking will be reported to this Committee and the Board.
- Dr Mathias noted the efficiency around reducing the length of stay and that in the production planning for the electives and allowance for the acutes, how many of the acutes could have been done as electives, managing acutes and converting them to electives.
- Ms Denness asked what the cost of an MRI is as opposed to admitting a patient, is an MRI cheaper. Mrs Clements advised this is a complex decision - is it the appropriate modality, is it going to make a difference, is it best for the condition of the patient? Mrs Clements advised in the planning is the establishment of a Clinical Team of radiologists and consultants that would look at this.

- Dr Catt advised GPs were given access to ultra sound scans many years ago. Radiologists commented if the criteria that was given to GPs was the same as that given to specialists, a set criteria, a quality referral would be received. This is the piece of work that needs to happen in the hospital system. The Royal Australasian College of Radiologists has the criteria and many Radiologists would like to enforce these.
- Dr Gilkison advised from the Radiologist's view point they don't have any way of being able to control demand from the hospital. They often speak with the clinician and advise accordingly. Weekly meetings with surgeons clinicians and orthopods are held.
- Five years ago there was a standard contract for Relative Value Units (RVUs) for $47.56 and excess RVUs for $15.00. Twenty per cent of RVUs were paid at $15. Today, 49% pay $15.00. The average cost is going down which means they feel there is no ability to employ extra resources. There are no Clinical pathways in place despite requests for these. At its recent meeting Fulford Radiology have agreed to three different pathways moving forward.
- Mr Foulkes noted that Fulford Radiology is a business and historically has made a substantial profit, therefore the Board and shareholders have the ability to invest some of the profit into addressing some the issues.
- Dr Mathias highlighted an issue around understanding what the case weighted discharge values are from the graph of Casemix Delivery for 2012/13. Mrs Clements advised the overall case mix for everything is at 1%, with the YTD casemix result at -3% for everything.
- Ms Lockett noted that in order to understand the reports that the Board receives, productivity planning and casemix, what is the overall plan for 2013/2014, where are the pressure points, what are the mitigating actions to relieve the tensions? Mrs Clements advised she would provide a presentation on this.
- Dr Mathias sought clarity from the Board members about understanding the production plan, the allocation of resources and the financial aspects of budgeting and cashflow. Miss Bourke advised it is about getting the reporting right to get the understanding to come through. It is the expectation of the Minister that the Board has monthly reporting.
- Mrs Borrows noted the Board has asked for different formats numerous times over the term and Mrs Clements and her management has patiently adapted the reports to reflect this, however the Board needs to clearly identify the type of reporting required.
- Miss Bourke enquired why some revenue appears at year end and some within budgets. Mrs Clements advised some revenue cannot be relied upon until it is certain to be achieved.
- Mrs Clements noted the vulnerability with Neurology and the number of Neurologists in NZ. TDHB have always used Auckland with a varying degree of provision of services with so many sessions per month. With the use of technology and the use of TeleMedicine, the Neurologists have come up with a plan about how they are going to prioritise the patients with face to face and TeleMedicine appointments.
- Following a recent teleconference, Miss Bourke passed on the Minister's acknowledgement and thanks for the way everyone has dealt with Electives.

- Mrs Clements advised the key findings of the Cardiology report were regarding process and efficiency issues that can be managed as business as usual. The second finding was to use the information now gathered locally and regionally to ensure our population receives appropriate access and service regionally. The third aspect of the report is the possible introduction of further technologies which can be accessed in Taranaki. These technologies include PCI and pacemaker services. (TDHB do offer emergency pacemaker services). In summary Mrs Clements advised Cardiology is at a stage of, what can be done straight away to make it more efficient, what can be done regionally with capacity and what is best with some strategic guidance from the Board. Mrs Clements advised there is no plan to introduce new Cardiology services in Taranaki in the next financial year at this stage.
- Mr Foulkes advised the Annual Plan does not include significant change in terms of the provision of Cardiology, and that an explanation type session with Management, Cardiologists and Board is required to understand the plan. Findings from this would inform decision making moving forward. Mrs Clements advised she commissioned the report for operational usage.

803.0 Financial Report
Mrs Fraser-Chapple took the report as read and invited questions.

Discussion

- Dr Catt commented there is $15M per month to spend in the hospital for the next financial year, however the current spend is $15.2M. Mr Foulkes advised in the longer term what is required is a system change and redesign which is broader than just the hospital. A broader piece of work is required, with broader stakeholders to look at the whole continuum of care in the full health system, realigning what its done where, where the costs lie and the consequence of that are, to be able to get a more sustainable position for the hospital specialist services in particular. To be able to provide the opportunity to invest in non hospital services is sought. It was noted this was in the Annual Plan for the comng years.
- Mrs Clements advised the new secondary services co located at 188 Powderham Street include Sexual Health, Public Health nurses B4 school checks, TOP services, Gateway and Whanau Pakari.
- Mrs Rumball gave credit to the South Taranaki Community Forum for all the positive work they are doing as stated in their recent newsletter.
- Ms Denness enquired if the implications of the non smoking policy with regards to patients in the mental health wards is a good thing. Mrs Clements advised DHB is awaiting outcomes of the Waitemata DHB case.
- Mrs Lockett sought an understanding for the Board on how on one hand advice to patients is given with regards to no smoking and on the other hand the DHB is unable to advise patients that, for your health, you cannot eat certain foods.

Gilkison/Borrows
Carried

804.0 Next Meeting

It was noted that the next meeting was scheduled to be held Thursday, 8 August 2013. Mrs Borrows offered to chair the meeting in August in the absence of Mrs Eagles,

…… ……

Chairman Date

TDHB Hospital Advisory Committee Task List as at 29 August 2013						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
~~24~~	~~4 July 2013~~	~~Discussion with Management, Cardiologists and Board re significant change in the provision of Cardiology.~~	~~To be established~~	~~GM H&SS~~		~~Transferred to workplan~~
~~23~~	~~4 July 2013~~	~~Theatre volumes are shown against the budget~~	~~To be provided~~	~~GM H&SS~~		~~See new report~~
~~22~~	~~4 July 2013~~	~~A workshop on Management of Acute Demand and Diagnostics, clinical pathways and guidelines~~	~~To be provided~~	~~GM H&SS~~		~~Transferred to workplan~~
~~21~~	~~4 July 2013~~	~~Presentation to the Board on Productivity Planning and Casemix~~	~~To be provided~~	~~GM H&SS~~		~~Transferred to workplan~~

TO CEO and Hospital Advisory Committee

FROM Chief Operating Officer TDHB

DATE 30 July 2013

MEMORANDUM

SUBJECT Exception Report for June 2013 and Year End

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1 OVERVIEW

Please find the report to the Hospital Advisory Committee (HAC) encompassing June 2013 and year end (2012/13) with an overview of hospital activity.

The year has been an exciting one with regards to the ongoing financial pressures, planning for Project Maunga and the challenges of meeting the non financial targets. We have been pleased with the progress made against each of these challenges. The financial results have reflected tangible savings of $1.46M (end of June) against the programme initiatives. The shift into the new building is set to commence the week of 5 August and all the non financial targets have been met at year end.

The financial result for June 2013 saw the Provider Arm $723K better than the budgeted deficit of $20K. The result of this progress has seen the Provider Arm year end $3.32M worse than budget.

As noted previously, there has been an increased workload pressure in some services (especially mental health, acute services and neo-natal) which has offset some savings and as always remain a challenge to balance. The pressure on services is reflected in the increased FTE count this month, however the pleasing 5% reduction in the use of supplementary staff (overtime, casuals, etc) over the year compared to last year is a signal that this continues to be well managed.

We are also delighted that whilst the focus has been on striving to achieve an improved financial performance, we have also achieved our health targets and elective and non-financial indicators.

2 ACTIVITY

DHB Funded Activity

Patient Activity Summary

Metric	Month Actual	Budget	Var	Var%	YTD Actual	Budget	Var%
Total Patient Discharge Base	1,571	1,628	-57	-4%	20,074	19,894	1%
Total Patient Discharge Hawera	133	159	-26	-16%	2,029	2,028	0%
Elective Surgical Discharge	330	379	-49	-13%	4,218	4,124	2%
ED Attendance Base	1,743	1,466	277	19%	20,252	17,597	15%
ED Attendance Hawera	1,139	1,050	89	9%	14,751	12,597	17%
Outpatient Attendances	3,015	2,787	228	8%	38,438	33,444	15%
Theatre Visits	558	585	-27	-5%	7,241	6,556	10%
Deliveries Base	98	108	-10	-9%	1,291	1,192	8%
Deliveries Hawera	4	10	-6	-60%	65	105	-38%

The total discharges through both Taranaki Base and Hawera Hospitals at year end show a variance to contract YTD of 1% and 0% respectively, a significant achievement.

Both EDs presented a busy picture with the year end showing a variance to contract of 15% (Base) and 17% (Hawera) over contract. A focus by the Taranaki Alliance Leadership Team has been placed on the appropriateness of the ED attendances and pathways which would ensure patients know how to access correct service against their Health needs.

OPD delivery in totality (Surgical, Medical, Allied Health) at year end was 15% above contract. While this is a reduction in over delivery from last year there is work in progress to reduce further in the next financial year.

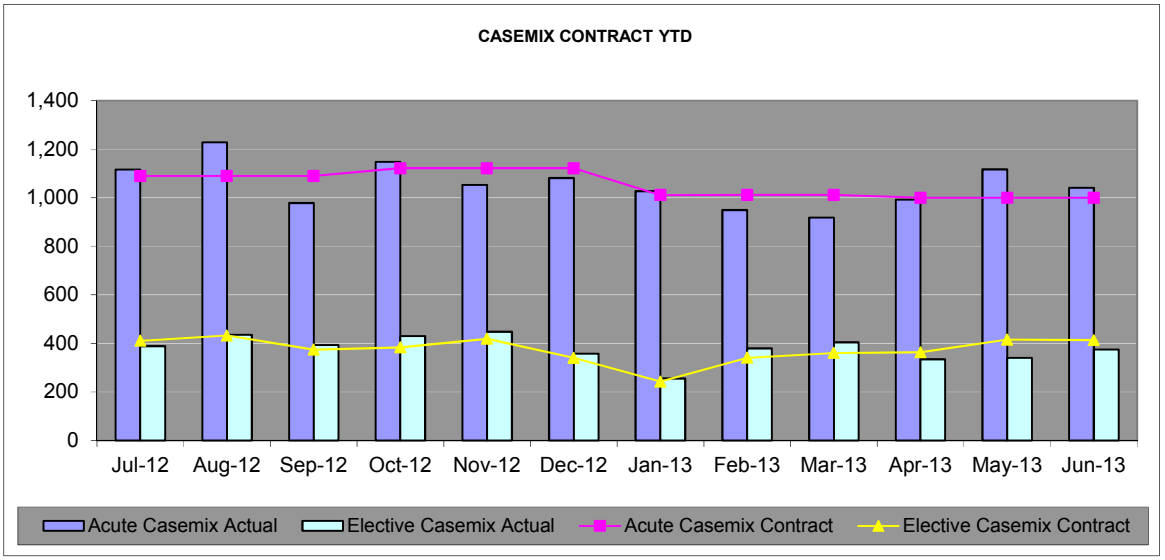
2.1 Casemix and Non Casemix Activity

2.1.1 Casemix Delivery for 2012/13

Overall casemix delivery at year end is 0% (2.26 cwd) variance to contract.

June 2013 YEAR TO DATE result Case Mix delivery						
	Dschg	Total Cwd's	Contract	Cwd var	Avg Cwd.	% Variance
Medical	11430	6557	6499	57.73	0.57	1%
Surgical Acute	3817	4310	4534	-223.88	1.13	-5%
Surgical Elective	3824	4329	4329	-0.11	1.13	0%
Total Surgical	7641	8639	8863	-223.98	1.13	-3%
Maternity & Neonatal	3032	1994	1801	193.55	0.66	11%

- Delivery to contract has been the aim for the Provider Arm over the past 12 months. This aim has been realised at year end.
- Medical casemix delivery at year end was 1% ahead of plan.
- Total surgical delivery at year end was 3% behind contract with Elective Delivery at contract, reflecting the planning that has occurred.



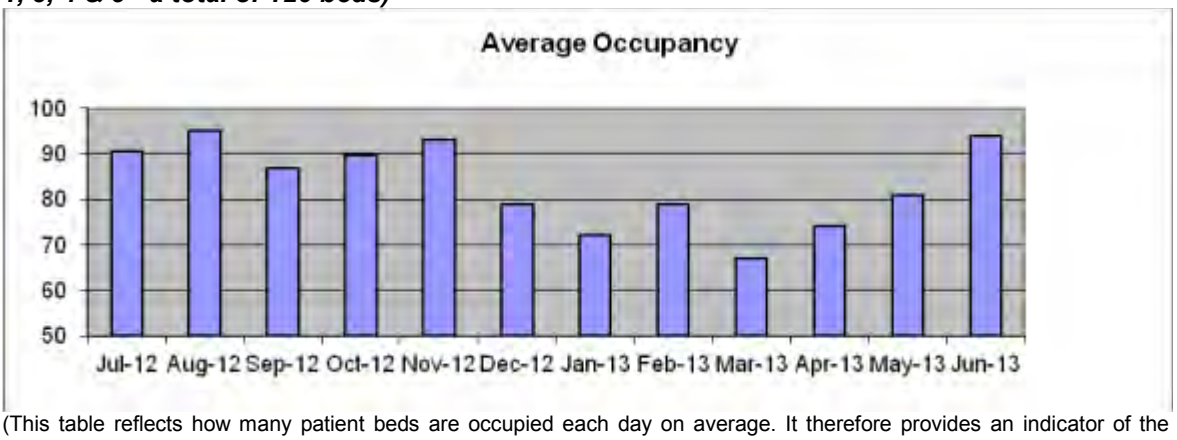
Procedure targets

Joints: 218 joints have been completed at TDHB at year end. IDF numbers are not yet finalised for June. This figure is 57 behind the Ministry Standard Intervention Rate and14 less than was completed at TDHB last year. The loss of an Orthopaedic surgeon for May and June, as well as significant surgeon leave in May, has contributed to this result.

Cataracts: 375 cataracts have been completed at TDHB at year end, 35 ahead of plan.

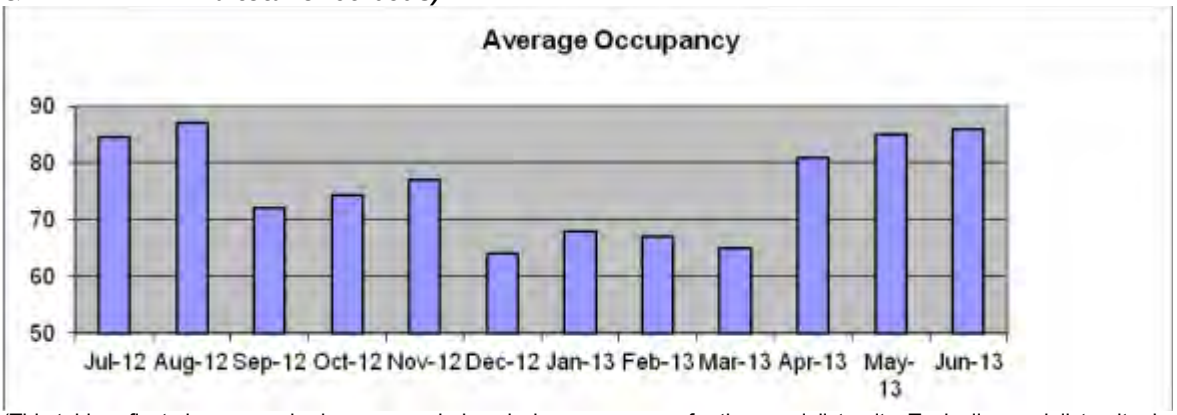
2.2 Inpatient Delivery

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



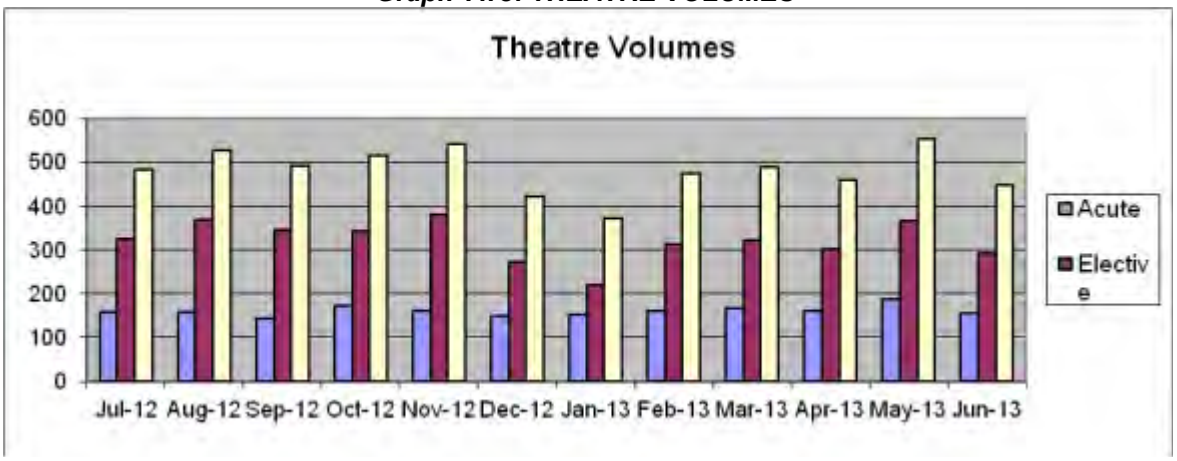
(This table reflects how many patient beds are occupied each day on average. It therefore provides an indicator of the busyness of the 4 main inpatient wards and because they make up the greater number of total hospital beds, usually the general busyness of the whole hospital. It includes a mix of acute 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 increased significantly in June, with the medical volumes higher than has been experienced this year.

Ward 1 was at 108% occupancy against the agreed 20 beds. NNU again had a particularly busy month with 135% occupancy.

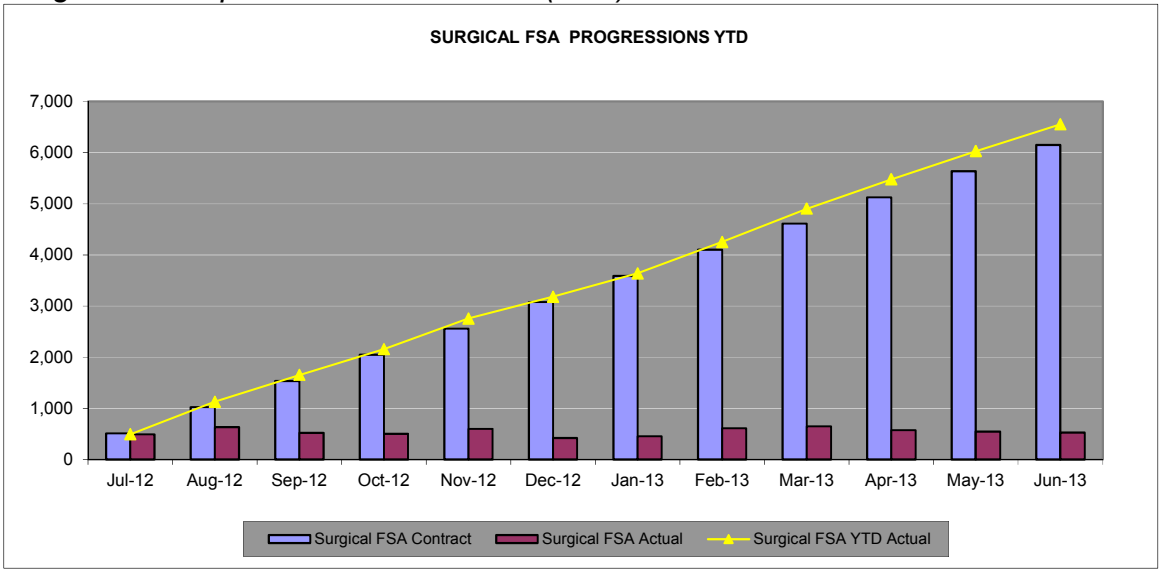
2.2.1 Hawera Inpatient Ward

June occupancy for Hawera inpatients was 52%, an increase from 40% in May and 32% in April. The table below shows the last 5 months trend for HIP:

Feb	Mar	Apr	May	June
47%	34%	32%	40%	52%

2.3 Outpatient FSA Delivery for 2012/13

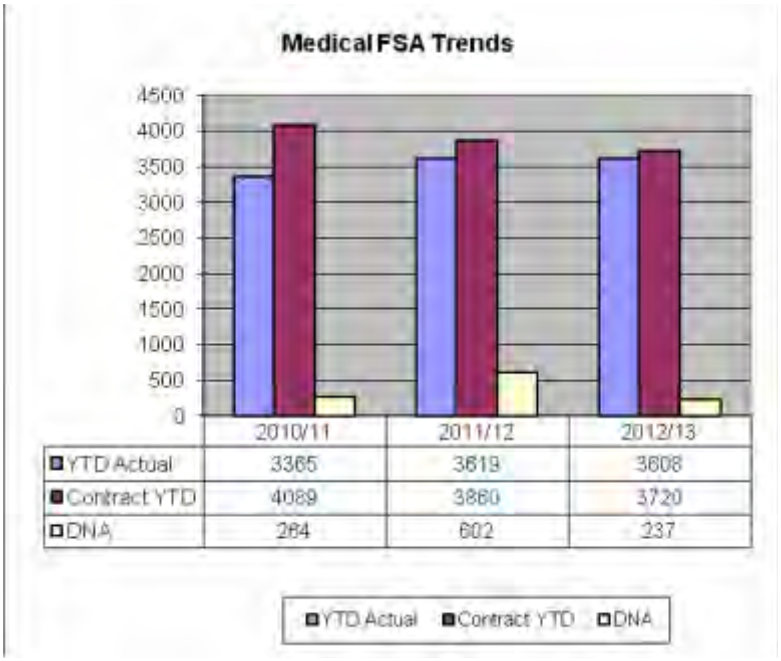
Surgical First Specialist Assessments (FSA)



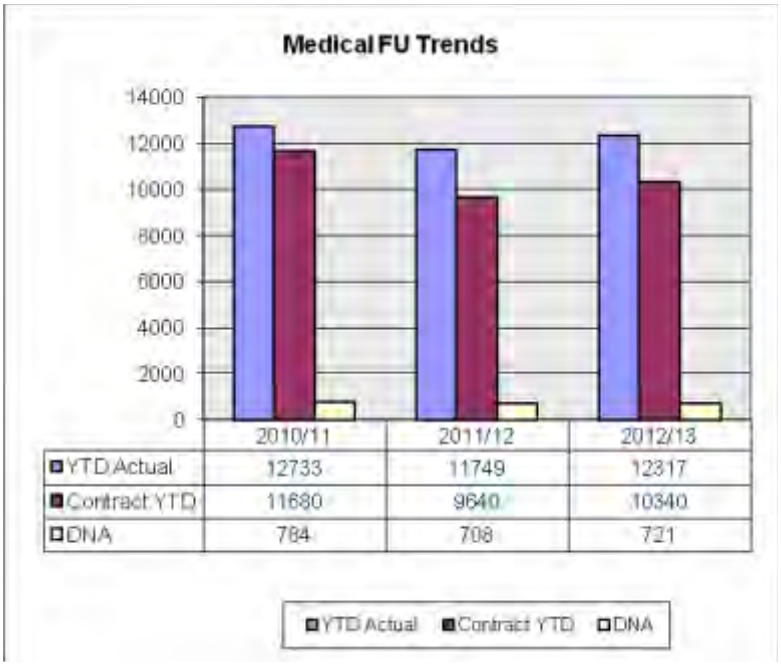
	Act Vols	Ctrct Vols	Var	% Var
General Surgery - FSA	1718	1900	-182	-10%
Ear Nose and Throat - FSA	678	720	-42	-6%
Gynaecology - FSA	812	850	-38	-4%
Ophthalmology - FSA	1355	1015	340	33%
Orthopaedics - FSA	1410	1100	310	28%
Plastics - FSA	85	65	20	31%
Urology - FSA	495	500	-5	-1%
Totals	6553	6150	403	7%

- Overall, Surgical Outpatient delivery has ended the year 7% ahead of contract. This over delivery is primarily in Ophthalmology, Orthopaedics and Plastics. Plans are in place with all specialties to meet, but not exceed, FSA volumes for the 2013/14 year.

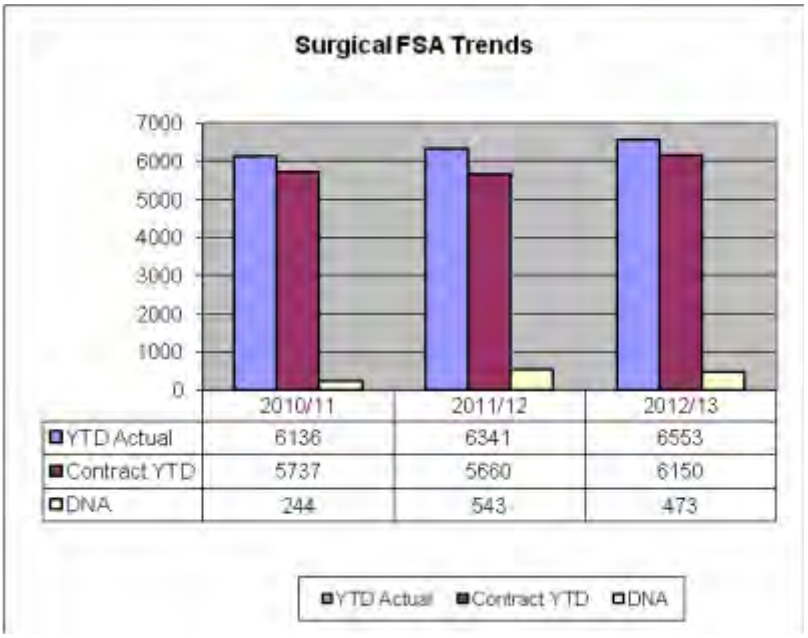
2.3.1 FSA/Follow Up Trends



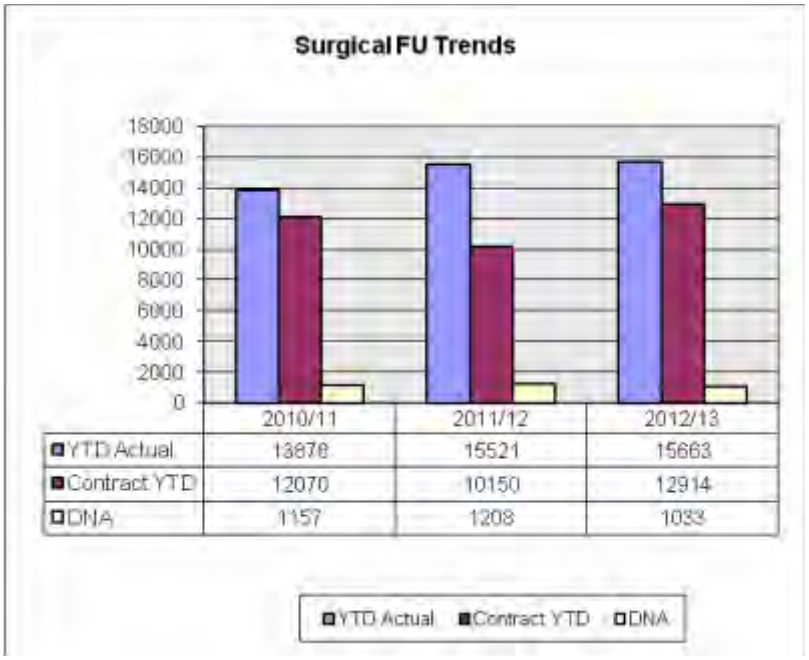
The year end saw the Medical FSA volumes slightly under delivered for Medicine. This area has carried a vacancy for the greater part of the year, making this a significant achievement.



The year end saw an over delivery in Follow ups for the Medical services as a whole. Planning is underway to ensure this is more controlled over the coming year.

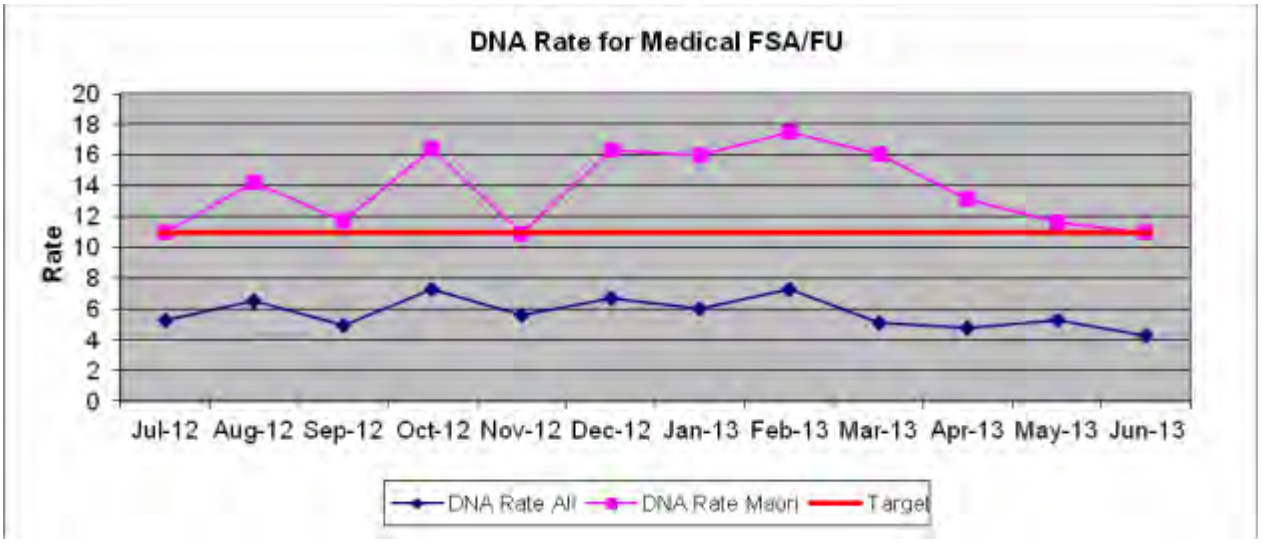


The delivery against contract at year end for Surgical FSA is very close. Work is continuing to improve this further over the coming year.

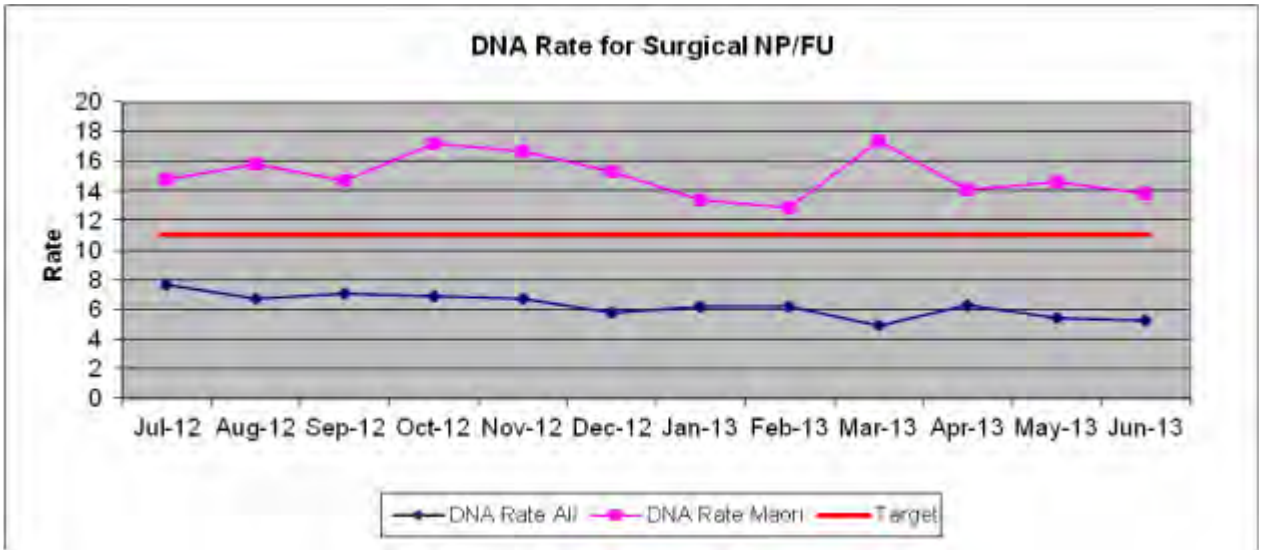


As with other specialties work is continuing to reduce the number of follow ups seen by the Surgical Services.

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



June shows an overall DNA rate of 4.3% with the Maori DNA rate 11.0% for Medical FSA and FU. The past four months have seen a reduction in the DNA rates for Maori.



June shows an overall DNA rate of 5.2% with the Maori DNA rate 13.8% for Surgical FSA and FU. The focus of the recent colposcopy work, aimed at improving pre appointment education specifically for Maori, has been implemented and outcomes will be monitored. As previously reported cardiovascular disease, diabetes, dental and respiratory have been identified as other high need areas to be targeted as part of this on going work.

2.4 Waiting List Management

1. **ESPI 5 (Elective Procedures performed within 5 Months)**
   TDHB was the first DHB in the country to reach the target of no patients waiting over 5 months by the end of June. This is a reflection of the hard work the Booking Office Staff and the implementation of various new processes and reports. Improvement to 4 months over the next 12-18 months should be more streamlined now these processes are in place.

2. **ESPI6 (Active Review)**
   We no longer have an active review list for Orthopaedics. The only specialty using this category is the contracted service of Ophthalmology. This is a significant achievement focused on patients receiving certainty of treatment by consultant surgeons.

3. **ESPI 2 (FSA within 5 Months)**
   TDHB had no patients waiting over 5 months by the end of June. This is continuing, however visiting specialities such as Neurology and Respiratory continue to be a challenge. Our progress towards the 4 month timeframe is pleasing. We have approximately 20 patients waiting over 4 months at the time of writing this report.

We continue to monitor ESPI 2 and ESPI 5 inflows and outflows each weeks.

General
Access onto the public surgical waitlist is now through a single point of entry via the Referral Centre. This is a positive way of managing the prioritisation and equity of access for patients.

2.5 ACC

- **Non Acute Rehabilitation Contract**: We anticipate the first invoicing for our Enhanced Intermediate care patients will occur next month.

- **Elective Surgery**: We have utilised 74.5% of the ACC budget for the year. Plans are in progress to improve this for 2013/14 with the aim to deliver more ACC within the new facility.

- **Nursing Services**: We continue to work to streamline processes with this contract.

2.6 Emergency Departments

The Hawera ED (HED) experienced a very busy month of June with a total of 1328 people accessing our services. Average number of patients per day in HED for the month was 44.2 (compared to 44.3 for May and 46 for June 2012).

Hawera ED

	June 2013	% Admitted	Average 2012/13 YTD	Average 2011/12
Triage 1	2	0%	2.5	2
Triage 2	78	36%	83	87
Triage 3	380	19%	385	345
Triage 4	675	3%	713	630
Triage 5	193	0.5%	242	219
Total Visits	**1328**	**9%**	**1425**	**1283**

Presentations to the Base ED continue to be above 2011/12 average volumes. There was a 9% increase from June 2012 numbers. The increase in volume continues across all triage categories. The month on month increase in presentations in the ED resulted in a 8.2% increase for 2012/13.

Base ED

	June 2013	% Admitted	Average 2012/13 YTD	Average 2011/12
Triage 1	9	100%	11	7
Triage 2	201	65%	202	186
Triage 3	1076	38%	1001	981
Triage 4	1248	15%	1260	1138
Triage 5	211	5%	217	176
Total Visits	**2745**	**27%**	**2691**	**2488**

2.7 Mental Health

TPW: Combined occupancy for June was 91.8%. This figure was made up of the following patient groups:

- Adult = 102.4%
- Elderly = 51.7%
- Intensive Psychiatric Care = 80%

There were 11 clients through the Intensive Psychiatric Care Unit (IPC) in June, compared to 14 for the month of May.

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%	June 2013	Q4 2012/13	Average 2011/12
TBH ED	92.42%	93.32%	85%
Hawera ED	99.76%	99.85%	99.81%
Total TDHB	94.79%	95.52%	90.01%

Total target across both EDs achieved for Q4 target, however further reduced for Base ED in June. The increase in volumes continues to put significant pressure on the flow through ED. Work continues on how to manage the flow out of ED, when unwell patients coming into the ED take focus.

3.2 Smokefree Health Target

Target 95%	June 2013	Q4 2012/13	Average 2011/12
	98.03%	97.53%	91.38%

Smokefree target of 95% has been achieved this month and for Q4. Processes are well embedded to ensure we maintain this result.

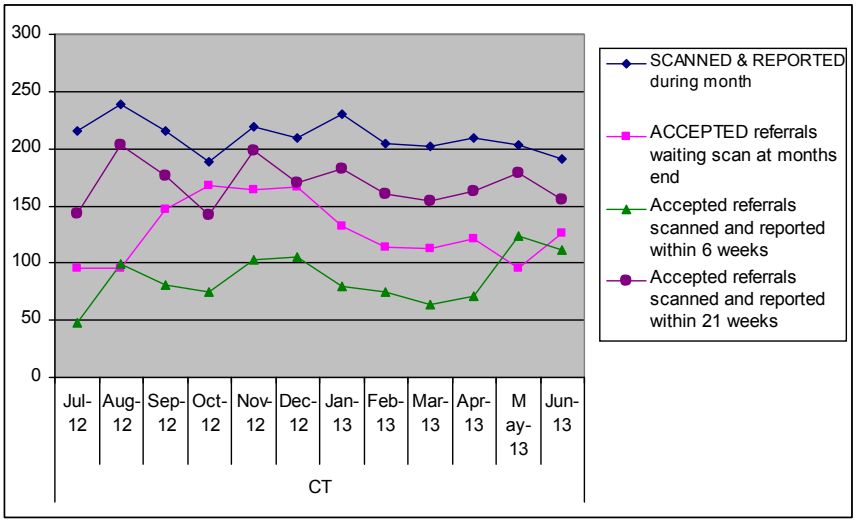
3.3 Radiology Health Target

The Provider Arm has offered to work with Fulford Radiology to ensure compliance with the new Radiology Targets set for commencement in the next financial year. This offer has been made in various ways including process and clinical expertise/input as well as financial support. The MoH have signalled assistance with funding for the sector to address the waiting lists for both CT and MRI. We are awaiting the result of the application for this funding.

Monthly Return for Taranaki Health (Computed Tomography, Magnetic Resonance Imaging Statistics and Ultrasound)		**CT**	**MRI**	**US**
Month = June 2013				
1	Overall Patient events (Community and Outpatient referrals)			
a)	Total number accepted referrals waiting for scan at month end	**232**	**287**	**908**
b)	Total number of referrals accepted for scanning during month	**228**	**103**	**440**
c)	Total number scanned and reported during month	**191**	**114**	**386**
d)	Total number of DNAs during month	**5**	**1**	**14**
e)	Total number of referrals not accepted during month	**3**	**2**	**24**
2	Waiting times for Community and Outpatient referrals except planned procedures			
a)	Total number accepted referrals waiting for scan at month end	**126**	**194**	**770**
b)	Number of accepted referrals waiting for scan within 6 weeks (42 days)	**108**	**63**	**302**
c)	Number of accepted referrals waiting within 21 weeks (147 days)	**126**	**179**	**749**
3	Monthly activity and demand for Community and Outpatient except planned procedures			
a)	Total number of referrals for scan accepted during the month	**186**	**76**	**358**
b)	Total number of accepted referrals scanned and reported in month	**156**	**97**	**332**
c)	Total number of accepted referrals scanned and reported in month within 6 weeks	**111**	**32**	**149**
d)	Total number of accepted referrals scanned and reported in month within 21 weeks	**156**	**44**	**323**

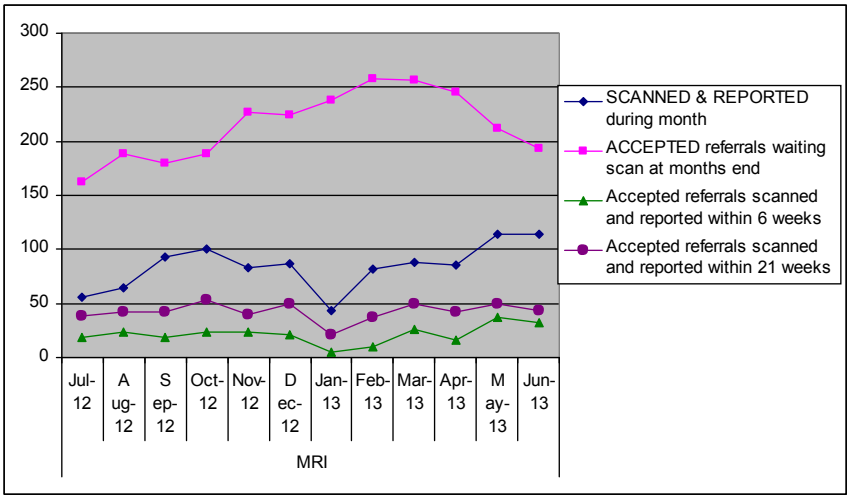
3.3.1 Radiology Wait Times

Computed Tomography (CT)



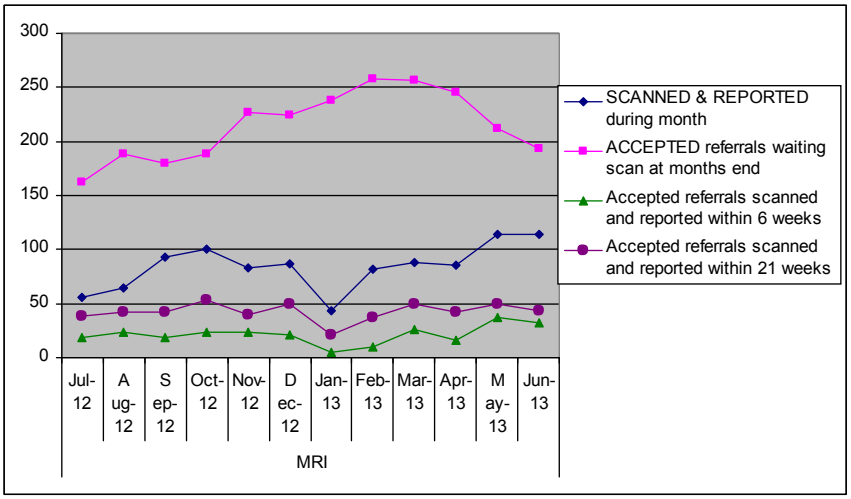
CT: Minimal change noted.

Magnetic Resonance Imaging (MRI)



MRI: There has been a small reduction in referrals waiting at months end and an increase in referrals scanned and reported. Volume has doubled since July 2012.

Ultrasound (US)



Ultrasound: Fulford still unable to recruit to the sonographer position.

3.4 Projects

Please see appendices for Status Reports.

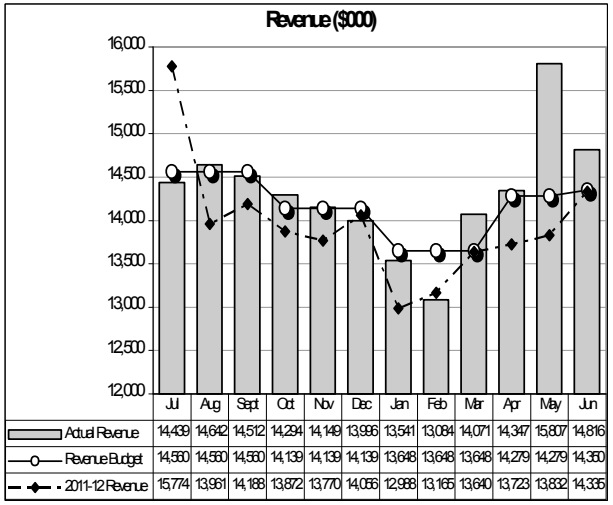
4 FINANCIAL COMMENT

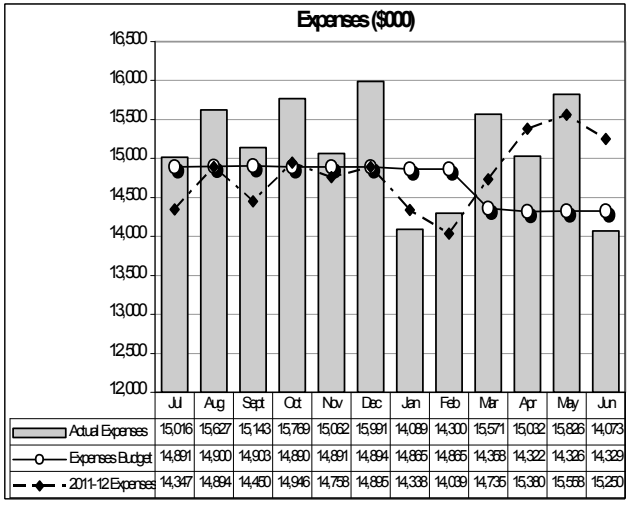
Financial Comment for the Month Ending 30 June 2013

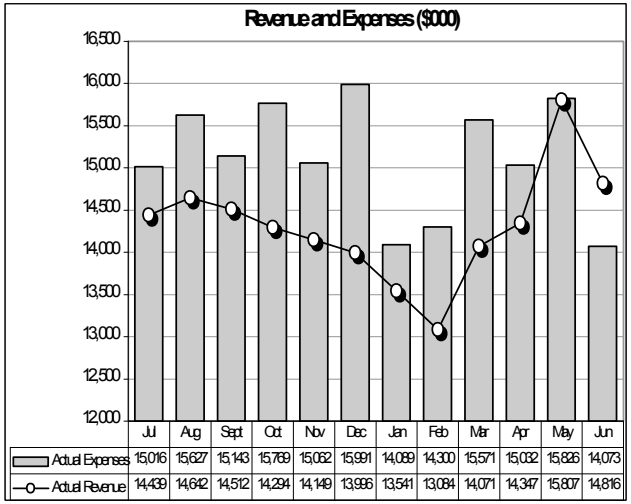
The Provider financial result for the month of June was $723K better than the budgeted deficit of $20K. The year to date result is $3.32M worse than the budgeted deficit of $6.48M (a significant improvement on the forecasted deficit 5 months ago). The result was made up of revenue $1.75M above budget and expenditure $5.07M higher than budget. Total expenses are 3% above budget to date and 2 % higher than the same period last year.

Expenditure is below average for June 2013 by $1.20M, this is a combination of factors including the results of the savings campaign and year end capitalisation of expenses. Continued work by all staff resulted in tangible savings of $1.46M against the programme initiatives, with additional savings in other areas.

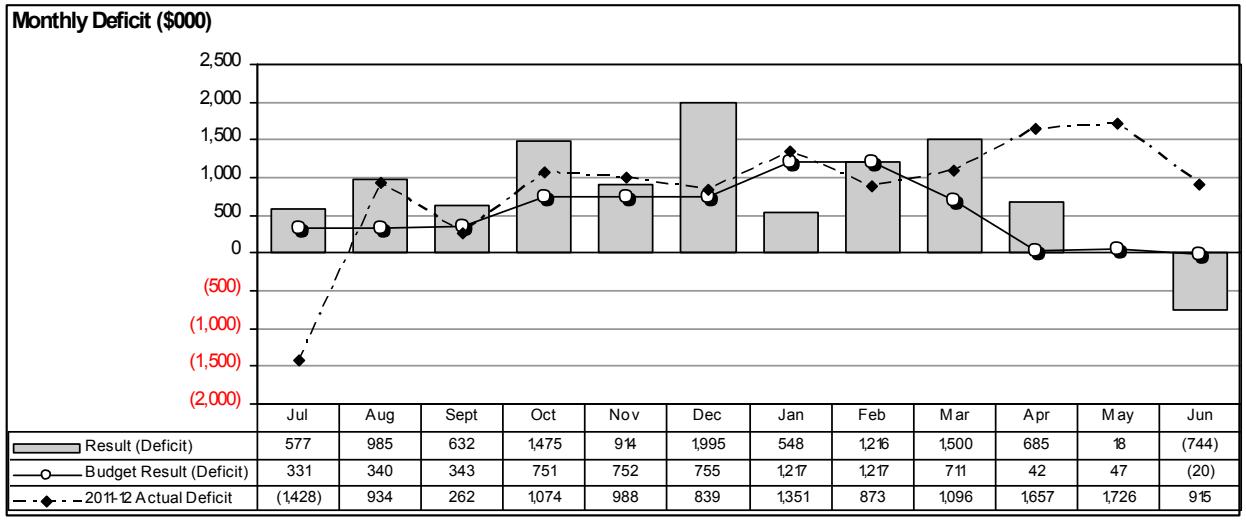
	June2013 Actual	June2013 Budget	Variance	June2012 Actual	Year on Year Movement	Year to Date Actual	Year to Date Budget	Variance	Percentage Variance	June2012 YTD	Year on Year Movement	Percentage Movement	Comment
Revenue	**(14,816,181)**	**(14,349,545)**	**(466,638)**	**(14,307,259)**	**4%**	**(171,698,423)**	**(169,949,232)**	**(1,749,191)**	**1%**	**(167,250,799)**	**(4,447,624)**	**3%**	Increased Internal Revenue towards year end, increased ACC revenue
Personnel Costs	9,012,090	8,355,787	656,304	9,101,709	-1%	104,831,445	100,947,708	3,883,737	4%	101,311,296	3,520,149	3%	Increase in worked hours, significant increase in sick leave
Outsourced Services	2,012,640	1,629,274	383,366	2,283,740	-12%	21,608,622	19,551,308	2,057,312	11%	22,015,772	(407,150)	-2%	High cost of locums, reducing costs in other areas
Clinical Supplies	1,395,596	1,957,613	(561,998)	2,367,911	-41%	22,997,515	23,580,439	(582,938)	-2%	24,370,297	(1,372,782)	-6%	Majority under budget, implants costs reducing from earlier months
Infrastructure & Non Clinical Supplies	1,650,757	2,388,323	(737,564)	1,477,702	12%	32,067,374	32,374,251	(306,883)	-1%	29,786,406	2,280,968	8%	High variance to budget relating to budgeted savings
Internal Allocations	1,467	(1,680)	3,152	1,343	9%	(3,732)	(20,200)	16,464	-82%	(2,789)	(943)	34%	
Total Expenses	**14,072,550**	**14,329,317**	**(256,740)**	**15,232,405**	**-8%**	**181,501,224**	**176,433,506**	**5,067,692**	**3%**	**177,480,982**	**4,020,242**	**2%**	
Result	**743,631**	**20,228**	**723,378**	**(925,146)**	**-180%**	**(9,802,801)**	**(6,484,274)**	**(3,318,501)**		**(10,230,183)**	**427,382**		



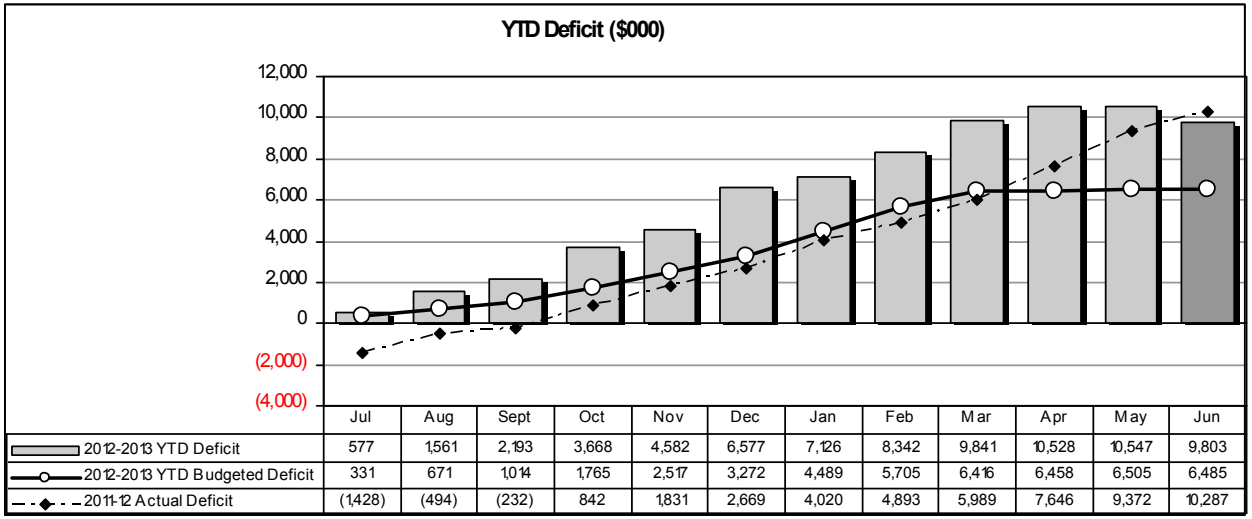




The budgeted monthly deficit follows a similar pattern to 2011-2012 actuals and is significantly less than budget for June 2013, with a surplus of $743K. The year to date deficit has reduced in line with the monthly result. The full year budget deficit is current year budget deficit reduces to close 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	18	(744)
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

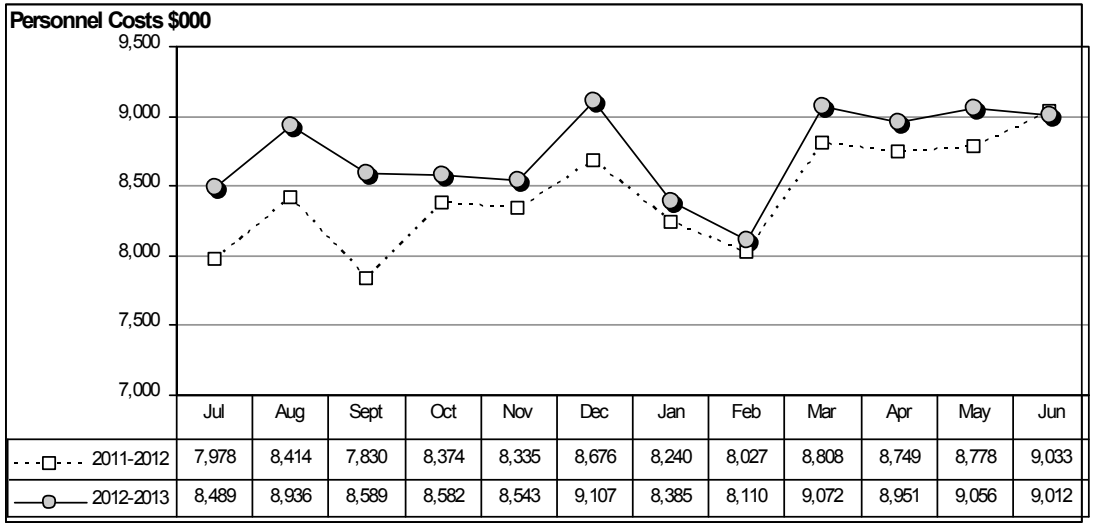


	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2012-2013 YTD Deficit	577	1,561	2,193	3,668	4,582	6,577	7,126	8,342	9,841	10,528	10,547	9,803
2012-2013 YTD Budgeted Deficit	331	671	1,014	1,765	2,517	3,272	4,489	5,705	6,416	6,458	6,505	6,485
2011-12 Actual Deficit	(1,428)	(494)	(232)	842	1,831	2,669	4,020	4,893	5,989	7,646	9,372	10,287

Year to date personnel costs are higher than budget by $3.88M. The total year to date variance is 4% above budget. High costs continue in nursing staff ($2.5M above budget YTD) and Allied Health ($941K YTD). Overall staff costs follow the seasonal patterns of 2011-2012, with June 2013 costs similar to April and May 2013.

The total cost of medical labour including locums is $30.9M YTD, $2.51M higher than budgeted. Management and Administration FTE continue to be under budget for both FTE and costs.

Group	June 2013 Actual	June 2013 Budget	Variance	Percentage Variance	June 2013 Actual FTE	June 2013 Budget FTE	FTE Variance	YTD Actual	YTD Budget	YTD Variance	Percentage Variance	Annual Budget	Comments
Medical Staff	2,428	2,273	155	7%	134.2	142.3	(8.1)	28,552	27,273	1,279	5%	27,273	Occupancy and sick leave have
Nursing Staff	3,758	3,345	413	12%	558.7	529.4	29.3	43,352	40,826	2,526	6%	40,826	increased, coupled with higher
Allied Health Staff	1,324	1,205	119	10%	226.9	222.0	4.9	15,390	14,449	941	7%	14,449	worked FTE to increase personnel
Support Staff	343	303	40	13%	88.9	81.2	7.7	4,065	3,636	429	12%	3,636	costs in the month - approx $300K
Management and Administration Staff	1,159	1,229	(70)	(6%)	220.3	234.5	(14.2)	13,473	14,763	(1,291)	(9%)	14,763	higher than monthly average.
	9,012	**8,356**	**656**	**8%**	**1,229.0**	**1,209.4**	**19.6**	**104,831**	**100,948**	**3,884**	**4%**	**100,948**	
Medical Staff	2,428	2,273	155	7%	134.2	142.3	(8.1)	28,552	27,273	1,279	5%	27,273	
Locum Medical Staff	234	100	134	133%				2,438	1,203	1,235	103%	1,203	
Total Cost of Medical Staffing	**2,662**	**2,373**	**289**	**12%**	**134.2**	**142.3**	**(8.1)**	**30,990**	**28,477**	**2,514**	**9%**	**28,477**	



	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2011-2012	7,978	8,414	7,830	8,374	8,335	8,676	8,240	8,027	8,808	8,749	8,778	9,033
2012-2013	8,489	8,936	8,589	8,582	8,543	9,107	8,385	8,110	9,072	8,951	9,056	9,012

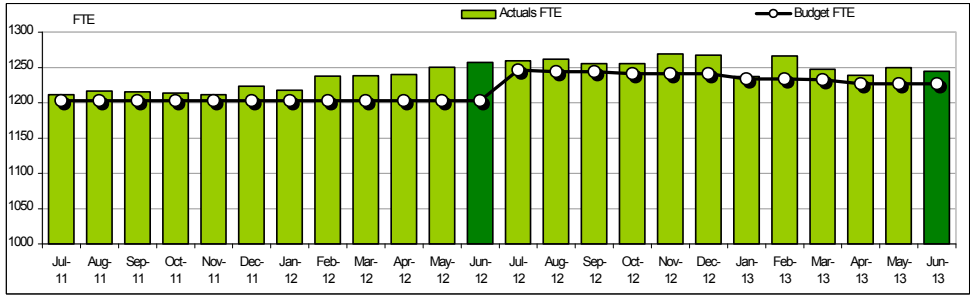
Provider Arm FTE are 19.6 FTE above budget, including 29.3 FTE Nursing staff. Areas with nursing usage above budget were Mental Health Acute Services, Neonatal Unit and Maternity. Vacancies in medical staff have increased to 8.1 FTE, including ongoing vacancies at Hawera Hospital.

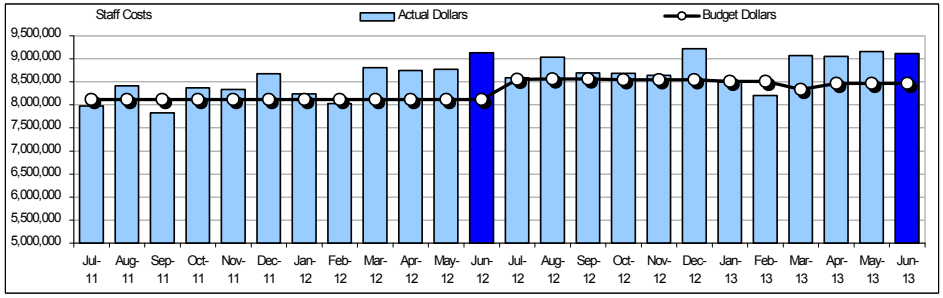
Overall FTE use has decreased 4.0 FTE from May 2013, the majority in nursing staff. Overall occupancy has increased from previous months with continued extraordinary staffing requirements in Te Puna Waiora for complex patients and high occupancy in the Neonatal Unit.

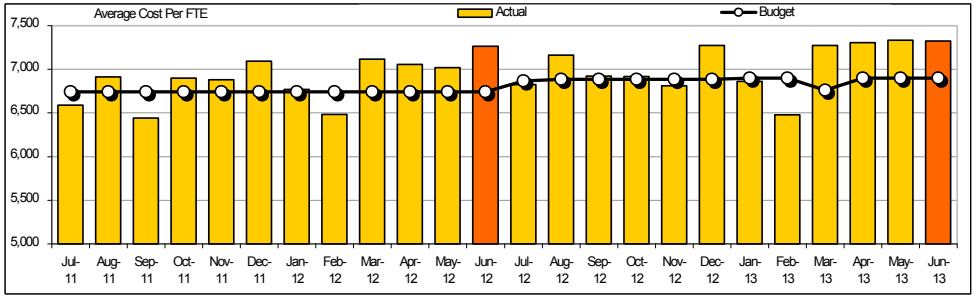
Ongoing comparison of FTE to budget plus additional approved FTE (new or short term positions established since the budget allocations were made) shows a smaller variance of 8.3 FTE and $570K for the month of June.

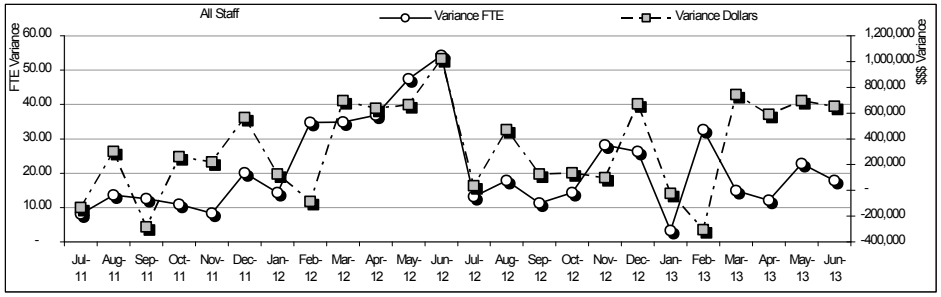
Group	June2013 Actual	June2013 Budget	Cost of Additional Approved FTE	Total Budget for Adjusted FTE	Variance	Percentage Variance	June2013 Actual FTE	2013 Budget FTE	Additional Approved FTE	Adjusted FTE Budget	FTE Variance
Medical Staff	2,428	2,273	21	2,294	134	6%	134.2	142.3	1.0	143.3	(9.1)
Nursing Staff	3,758	3,345	47	3,392	366	11%	558.7	529.4	7.1	536.5	22.3
Allied Health Staff	1,324	1,205	12	1,218	107	9%	226.9	222.0	2.1	224.1	2.8
Support Staff	343	303	0	303	40	13%	88.9	81.2	-	81.2	7.7
Management and Administration Staff	1,159	1,229	6	1,235	(76)	(6%)	220.3	234.5	1.2	235.7	(15.4)
	9,012	**8,356**	**86**	**8,442**	**570**	**7%**	**1,229.0**	**1,209.4**	**11.4**	**1220.8**	**8.3**

FTE numbers have reduced through-out the year as shown in the graphs below. Actual staff costs have risen with the three months from March to June 2013 higher than previous months. When drilling down to a cost per FTE level, there is an average variance of 6% in the rate per FTE against budget for the month. The average cost per FTE for the full year is $84.5K, this is 2% higher than the budget per FTE of $82.5K.









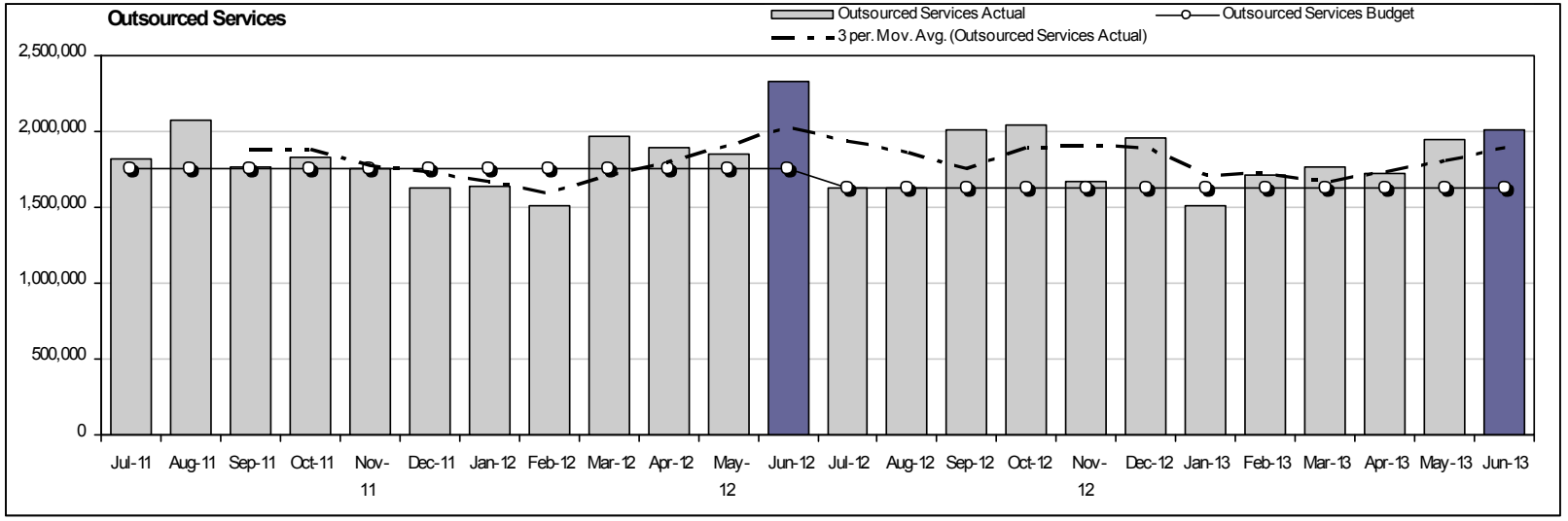
* Graphs include all TDHB staff including 17.8 FTE from Governance

Outsourced Services costs are $2.05M higher than budget year to date. Costs have risen in the final two months of the year.

Outsourced Medical staff costs are higher than budget by $1.23M, with the $986K of this variance relating to locum costs at Hawera Hospital.

Referred services costs are higher than budget, relating to laboratory tests ($291K) and radiology volumes ($678K). Radiology volumes are 8% higher for the year than 2011-2012. The reduction in costs in June relates to the reversal of a provision for a price increase in the contract with Fulford Radiology.

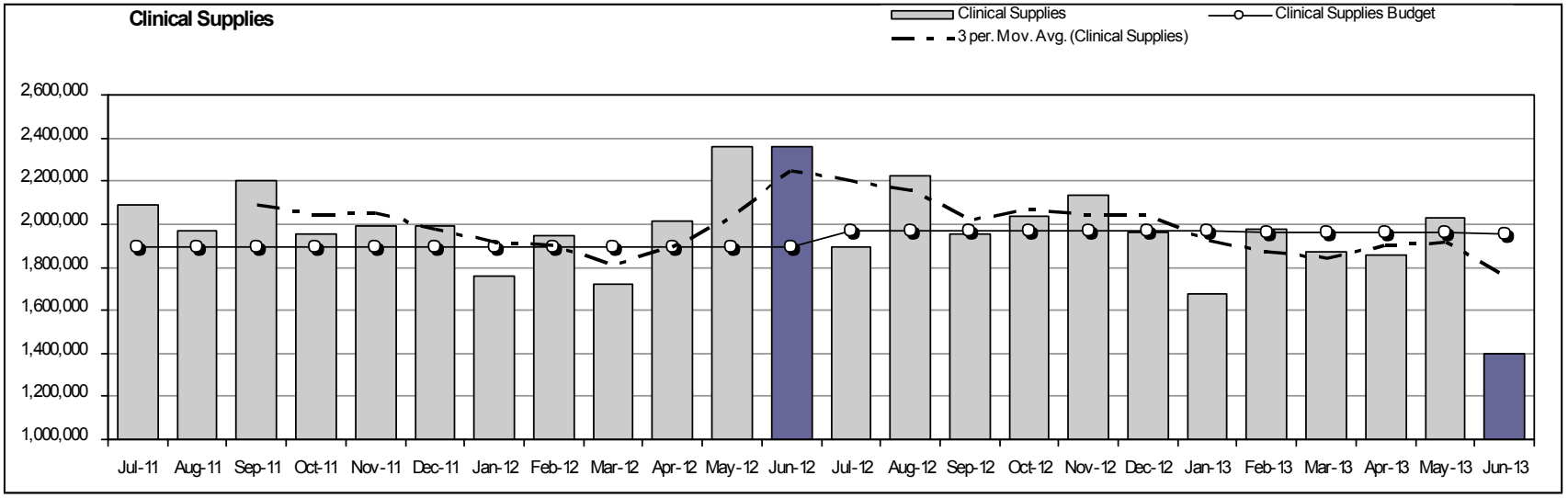
	June Actual	June Budget	Variance	YTD Actual	YTD Budget	Variance	Percentage Variance	Sum of Annual Budget	Percent Expended (target 100%)	
Outsourced Medical Staff	234,039	100,269	133,770	2,438,062	1,203,225	1,234,837	103%	1,203,225	203%	High costs relate to Hawera Medical staff
Other Outsourced Staff	44,844	32,694	12,150	483,384	392,332	91,052	23%	392,332	123%	Allied Health staff offset by staff vacancy, home support staff, Stratford Health Centre management
Referred Services	575,933	610,860	(34,927)	8,293,468	7,330,326	963,142	13%	7,330,326	113%	Radiology costs higher than budgeted, increased Laboratory costs
Outsourced Clinical Services	1,157,824	885,451	272,373	10,393,708	10,625,425	(231,717)	-2%	10,625,425	98%	Reduced due to less ACC work
	2,012,640	**1,629,274**	**383,366**	**21,608,622**	**19,551,308**	**2,057,314**	11%	**19,551,308**	111%	



Clinical supply costs are under budget for the year, with a positive variance of $582K for the full year. Expenditure is closely related to activity and overall clinical supply costs are consistently trending downwards from December 2012. The significant positive result in June relates to the year end capitalisation of minor equipment purchases.

The project relating to orthopaedic implants continues to have a positive impact on supply costs.

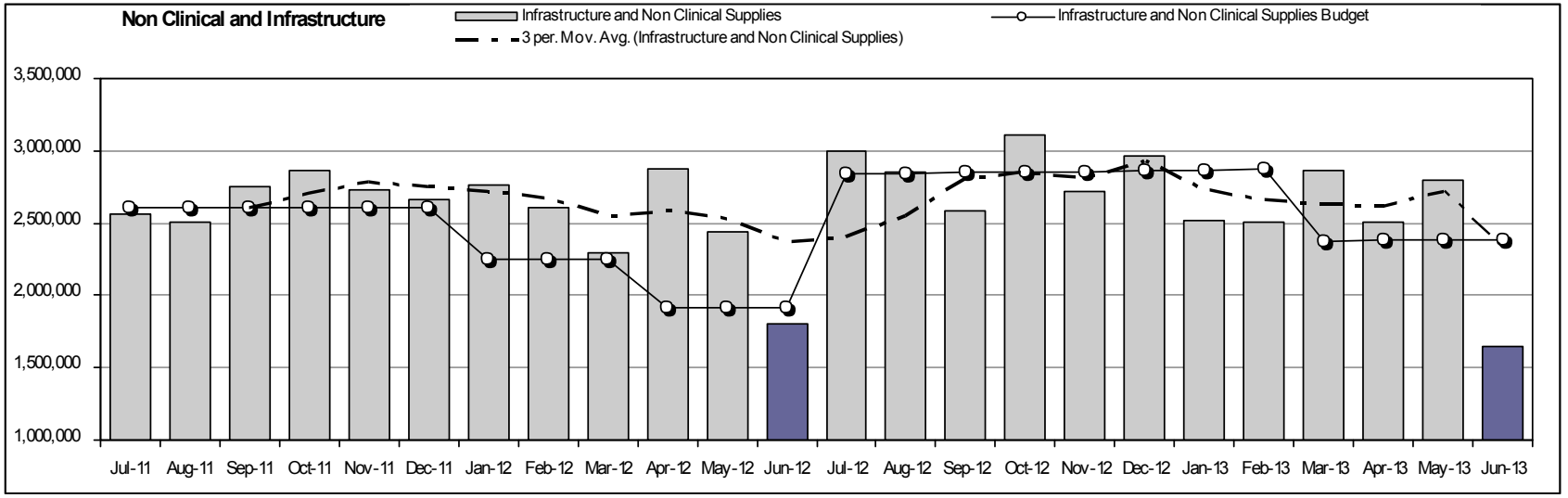
	June Actual	June Budget	Variance	YTD Actual	YTD Budget	Variance	Percentage Variance	Sum of Annual Budget	Percent Expended (target 100%)	Comments
Patient Consumables	663,830	738,301	(74,471)	8,615,549	8,859,475	(243,926)	-3%	8,859,475	97%	
Diagnostic Supplies	101,398	116,229	(14,831)	1,306,449	1,394,754	(88,305)	-6%	1,394,754	94%	
Clinical Equipment	(88,195)	215,935	(304,130)	2,142,967	2,680,510	(537,543)	-20%	2,680,510	80%	
Patient Appliances	62,614	90,460	(27,846)	986,796	1,085,512	(98,716)	-9%	1,085,512	91%	
Implants and Prostheses	135,194	167,532	(32,338)	2,443,356	2,010,370	432,986	22%	2,010,370	122%	High costs in Orthopaedics reducing in Q4 through savings initiatives
Pharmaceuticals	263,216	331,676	(68,460)	3,993,984	3,980,070	13,914	0%	3,980,070	100%	Costs for Cancer Treatments offset by Revenue
Patient Transport and Accommodation	247,587	288,501	(40,914)	3,411,328	3,462,000	(50,672)	-1%	3,462,000	99%	
Other Clinical Supplies	9,951	8,979	972	97,086	107,748	(10,662)	-10%	107,748	90%	
Clinical Supplies Total	**1,395,595**	**1,957,613**	**(562,018)**	**22,997,515**	**23,580,439**	**(582,924)**	**-2%**	**23,580,439**	**98%**	



Infrastructure and Non-Clinical costs are $737K (30%) above budget for the month and $306K (1%) below budget for the year to date. The movement in June relates to the capitalisation of staff against ongoing projects including Project Maunga and IT programmes.

Year to date hotel services costs are less than budget, with other areas within budget.

	June Actual	June Budget	Variance	YTD Actual	YTD Budget	Variance	Percentage Variance	Sum of Annual Budget	Percent Expended (target 100%)	Comments
Hotel	270,745	272,787	(2,042)	3,170,788	3,273,383	(102,595)	-3%	3,273,383	97%	Volume related costs such as patient meals and laundry
Facilities	918,247	752,854	165,393	9,727,313	9,029,696	697,617	8%	9,029,696	108%	Higher than budgeted depreciation costs, insurance expenses transferred between categories
Staff Transport & Accommodation	65,657	75,196	(9,539)	891,398	904,103	(12,705)	-1%	904,103	99%	Costs relating to TDHB vehicles, other travel costs reducing
IT & Telecommunications	623,244	823,455	(200,211)	8,629,709	9,589,026	(959,317)	-10%	9,589,026	90%	
Interest & Financing Charges	656,633	659,633	(3,000)	7,877,858	7,915,600	(37,742)	0%	7,915,600	100%	
Professional Fees & Expenses	116,827	154,939	(38,112)	1,836,201	1,859,250	(23,049)	-1%	1,859,250	99%	Reduced insurance expenses, high affiliation costs related to shared services
Other Operating Expenses	(1,000,597)	149,376	(1,149,973)	(66,964)	1,802,193	(1,869,157)	-104%	1,802,193	-4%	Net effect of staff costs capitalised against projects
Democracy	0	83	(83)	1,071	1,000	71	7%	1,000	107%	
Cost Savings	0	(500,000)	500,000	0	(2,000,000)	2,000,000	0%	(2,000,000)	0%	Budgeted Cost Savings
Total	**1,650,756**	**2,388,323**	**(737,567)**	**32,067,374**	**32,374,251**	**(306,877)**	**-1%**	**32,374,251**	**99%**	



GENERAL

Staff forums occurred in both Hawera and Base Hospitals with mainly positive engagement continuing across the organisation.

The move dates are set for week commencing 5 August for Project Maunga.

As we find ourselves at the end of the 2012-2013 financial year, it is appropriate to acknowledge and thank the staff who work within the Provider Arm for all their hard work over the year. Without the team work and savings initiatives they identified and implemented over the past months, we would not have achieved the positive financial result at year end. It is also recognised by everyone within Hospital and Specialist Services that the next year 2013-2014 will be extremely challenging with the new facility costs, the DAP initiatives and the savings plans all needing to be implemented.

RECOMMENDATION

That the Hospital Services Reports for the 2012/13 year end and the month of June be noted and received.

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

Appendices:

1. Status Reports for:
    a. Enhanced Recovery (ERAS) for colorectal patients
    b. Preadmission Process Redesign
    c. TPOT

Reporting Notes

Reporting by Clinical Service

Reporting for the 2013-2014 year and subsequent years has been structured by Clinical Service Group. These groups are based on those departments delivering clinical outputs that report to the individual Service Managers. Any department that does not have a clinical output but contributes to other departments is treated as an "overhead" and allocated across the services, outside direct reporting lines to Service Managers.

Revenue is received at a Service Group level, based on contracted volumes from the Price:Volume Schedule or any other revenue received. Any revenue received by an "overhead department" remains with that department and is allocated as part of the overhead allocation process.

Overhead Allocation

Overhead allocation to each service is proportional, based on data from CostPro and national costing standard guidelines.

The overhead component is 45% of total budgeted expense. This includes facilities, corporate services, management and clinical overheads that support delivery across services such as health centres, diagnostics and patient transport.

Internal Revenue

For the 2013-2014 year Internal Revenue will be passed over from the TDHB Funder in monthly instalments based on **actual** activity delivered against the Price:Volume Schedule. In previous years internal revenue has been paid based on contracted volumes, phased quarterly.

Because the Internal Service Level Agreement between the TDHB Funder and the TDHB Provider has fixed revenue, and the DAP budget expectations are fixed for both Arms, a wash up back to the budget revenue position will be undertaken at the end of each quarter.

The TDHB Funder will continue to receive funding from the Ministry of Health in twelve equal instalments, so will report a variance in expenditure based on the volumes delivered and payments made to the Provider arm.

Activity is counted by the Management Information Unit, and translated to revenue using the contracted price for each service. Careful management of delivered volumes is an underpinning strategy for operating within budget for the 2013-2014 year.

Any additional services agreed in addition to the Price:Volume Schedule will follow this framework, however the revenue (and associated expenses) will be in addition to budgets.

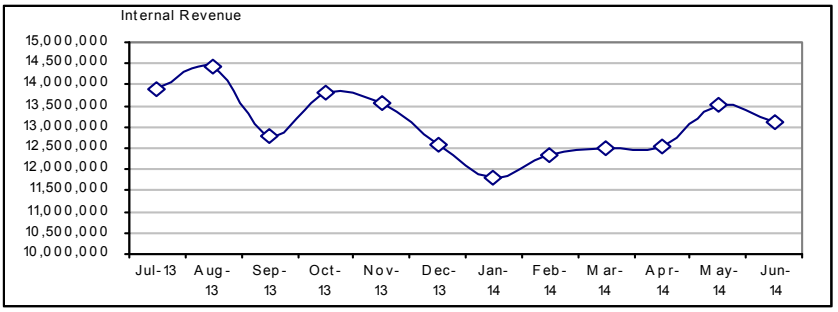
Budget Phasing

All 2013-2014 budgets have been phased to match expected productivity and occupancy, with different revenue and cost elements assessed separately. Phasing has been undertaken on the following basis:

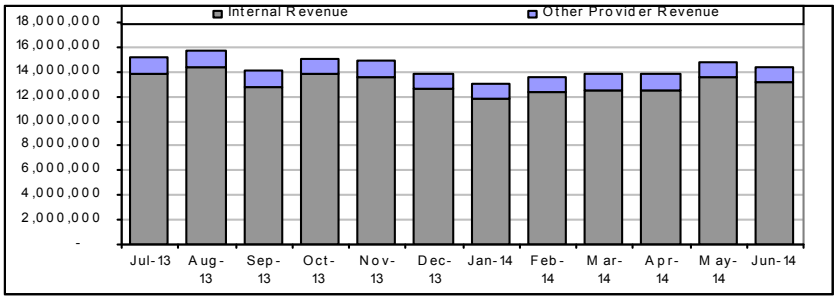
Revenue
Internal Revenue - Based on Historical Trends and Production Plan - per Purchase Unit

Case Mix Revenue	Elective	- Based on 2013-2014 approved Production Plan
	Acute	- Based on historical seasonal trends
Non Case Mix Revenue	Outpatients	- Based on 2012-2013 actual delivery trends
	Inpatients	- Based on 2012-2013 actual delivery trends
	Mental Health Outpatients	- Based on equal monthly values (FTE based contracts)
	Mental Health Inpatients	- Based on 2012-2013 actual delivery trends
Other Provider Revenue	Spread to twelfths	

Internal Revenue Phasing



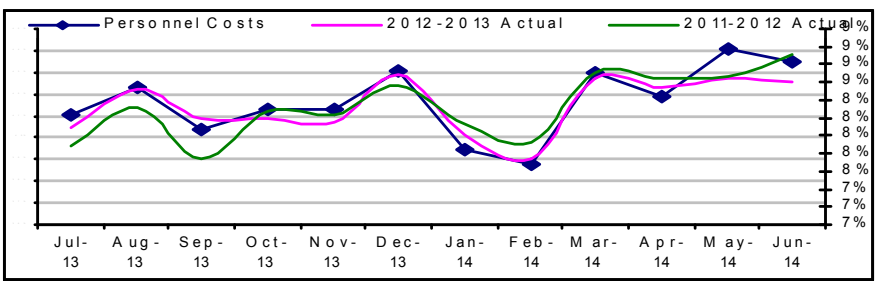
All Provider Revenue Phasing



Personnel Costs

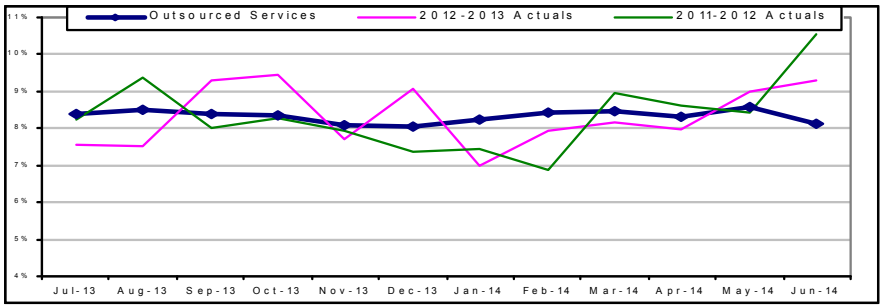
Nursing	Based on productive days, public holidays and closedown impacts
Medical	Historical Trends - Two Year averages
Allied	Historical Trends - Two Year averages
Support	Historical Trends - Two Year averages
Management and Admin	Historical Trends - Two Year averages

Total Personnel Costs Budget Phasing



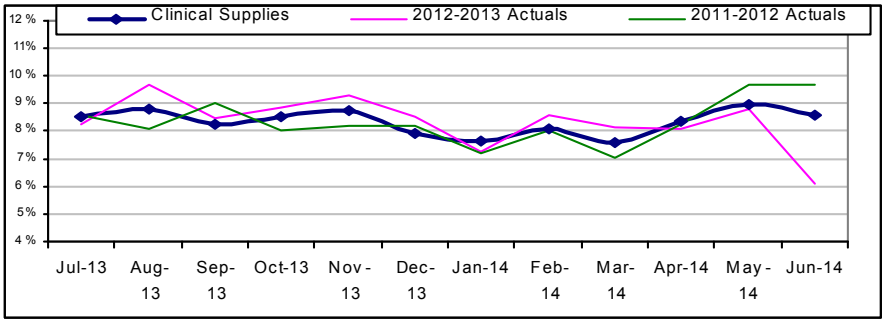
Outsourced Services	
Locums	Twelfths - requirements unknown in advance
Radiology	Historical Trends - Two Year averages
Outsourced Clinical Services	Twelfths - contracted services

Total Outsourced Services Budget Phasing



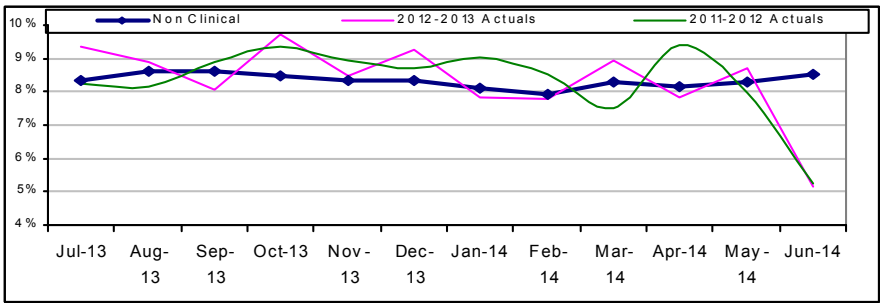
Clinical Supplies	
Treatment Disposables	Historical Trends - Two Year averages
Diagnostic Supplies & Other Clin Supplies	Historical Trends - Two Year averages
Instruments & Equipment	Twelfths - requirements unknown
Patient Appliances	Historical Trends - Two Year averages
Implants & Prostheses	Historical Trends - Two Year averages
Pharmaceuticals	Historical Trends - Two Year averages
Other Clinical & Clients Costs	Historical Trends - Two Year averages

Total Clinical Supplies Budget Phasing

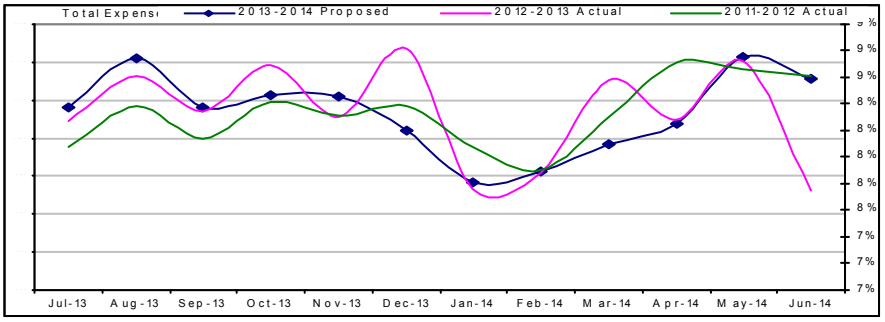


Non Clinical and Infrastructure	
Hotel Services ,Laundry & Cleaning	Historical Trends - Two Year averages
Facilities	Historical Trends - Two Year averages
Transport	Historical Trends - Two Year averages
IT Sytems & Telecommunications	Twelfths
Interest & Financing Charges	Twelfths
Professional Fees & Expenses	Twelfths
Other Operating Expenses	Twelfths
Democracy	Twelfths
Subsidiaries, Joint Venture & Minority Interests	Twelfths
Internal Allocations	Twelfths

Total Non Clinical and Infrastructure Budget Phasing



Total Expense Phasing



TO: Hospital Advisory Committee

TARANAKI DISTRICT HEALTH BOARD

FROM: Chief Operating Officer /
Chief Nursing Advisor

DATE: 23 August 2013

MEMORANDUM

Report for July 2013

The following report is in revised format with Provider Overview for Hospital & Specialist Services including:

1. Scorecard
2. Health Targets
3. Financial Performance
4. Volume Performance

Followed by Clinical Service Reports:

5. Maternal and Child Health
6. Medical Services
7. Mental Health and Addictions
8. Older Peoples Health and Rehabilitation Services
9. Surgical Services

To assist in understanding the basis upon which the reports have been compiled the first section is some 'reporting notes' which provides a glossary type explanation of key components such as revenue allocation and phasing. These will be reference for future reports.

As discussed it is expected that the reports will be refined in the next couple of months and then finalised as a standard format.

Rosemary Clements
Chief Operating Officer/Chief Nursing Advisor

Contents

Provider Overview – Rosemary Clements

Clinical Services Reports

1. Scorecard– July 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Patient Falls*	# Patients				
Hospital Acquired Infections*	# Patients				
Pressure Areas*	# Patients				
Better Quality Care					
FSA waiting longer than 5 months	# Patients	0	0		Ongoing management
ESPI2 Elective waitlist FSA< 5 months	# Patients	0	0		Ongoing management to meet Ministry of Health Targets
ESPI5 Elective waitlist Surgery < 5 months	# Patients	0	0		
Shorter Stays in the Emergency Department - < 6 Hours	% of patients	92.9%	95%	↓	Reflective of increased demand and acuity
Complaints actioned in appropriate timeframes	% of complaints	100%	100%		
Financial Performance					
Operating Surplus/Deficit Variance to budget	$000	$848K U	$0		Variance relates to internal revenue where volumes are less than budget, and donation revenue, expenditure less than budget
Volumes delivered to contract target	% variance	(1%)	0%		Lower than budget for Procedures, Casemix delivery on target
Business Improvement Savings	$000				
FTE Employed variance to budget	FTE	(24.2) F	0		Reduced FTE in Allied Health and Management and Admin staffing, 13.5 FTE Medical staff vacancies.
Improved Health Status					
DNA Rate - All ethnicities and patient categories	% of total patients	9.2%	9%		DNA Project underway
Better Help for Smokers to Quit	% of patients offered advice & support	98.07%	95%	↑	All units continue to achieve the 95% target
Avoidable Admissions *	# Patients				
Engaged Workforce					
Staff Turnover	% of total staff	5.7%	8%	↑	Very small increase, remains lower than Midland and national turnover
Unplanned Leave	% of all leave	4.7%	2.5%	↑	Increase related to high sick leave
Excess Annual Leave (> 2 years entitlement)	% of employees	11.3%	8%	↑	A large proportion relates to Senior medical staff – management plans are in place for a number of staff

* Reported Quarterly

1.1 Key Achievements

- Plans for migration to the new facility completed with stocking, cleaning and equipment in place.
- The Hawera Maternity Unit 'on call' trial concluded with a positive outcome around the processes of managing the roster. There are a number of areas for further discussion, this will be ongoing.
- The Hospital Wide DNA project to reduce non-attendance at scheduled appointments has commenced, with the project scope and initial data collection completed. Project being co-led and managed between hospital services and Maori Health. The overall Maori DNA rate for July 21.2%, so this will be a particular focus to improve health status.
- Improvement in acute length of stay continues within medical wards. July 2013 showed a further reduction in length of stay from 4.44 days to 3.95 days. Much of this achievement is due to improved/earlier discharge planning through rapid rounding, estimated date of discharge (EDD) initiatives and significant increase in discharge by 11am.
- Appointment of an addiction specialist Consultant Psychiatrist confirmed for Q4 2013. Cover for this position will be provided by a combination of in-house and locum until then.
- Mental Health Crisis Respite Service has been tendered with the Pathways Trust submitting the successful tender. The roll out of the service is targeted for early September. Staff have been recruited and facilities secured. Regular stakeholder meetings to plan and agree client and services processes are being held.
- The initiative to ensure capture of revenue from ACC contracted services continues, with the reconfiguration and co-location of the ACC Team agreed from 31 August.
- The electronic Hospital at a Glance tool development has progressed. This allows a real time view of occupancy and staffing deficits/surpluses across all units in a single screen. This will complement the work on CCDM and Variance Response Management across the Hospital.

1.2 Areas off Track and Remedial Actions

- Waiting times for urgent Endoscopy cases are compliant with guidelines, however semi-urgent priority waiting times are a focus for improvement. Weekly meetings regarding this will commence in the week of 19th August with clinicians and endoscopy staff.

1.3 Key Issues/Initiatives identified in coming months

- An improved roster has been developed by the Hawera Medical Staff to better

align start and finish times to patient demand. The shared roster between Base ED and Hawera Hospital is also giving improved continuity of care across the two sites. It is envisaged that by October reliance on locums will be significantly reduced for normal roster cover at either Base ED or Hawera Acute Services. Financial savings from this will be significant.

- Planning for the new approach to transportation from South Taranaki to New Plymouth which TDHB has been a part with the Taranaki Regional Council is almost complete with a decision likely in the near future. The proposal entails stopping the TDHB shuttle and investing in a more frequent bus service with other stakeholders.

- Planning with the Psychiatrists has commenced with the aim of agreeing a more flexible and sustainable staff model across the service. This should ensure less vulnerability in the roster and less requirement for locum cover.

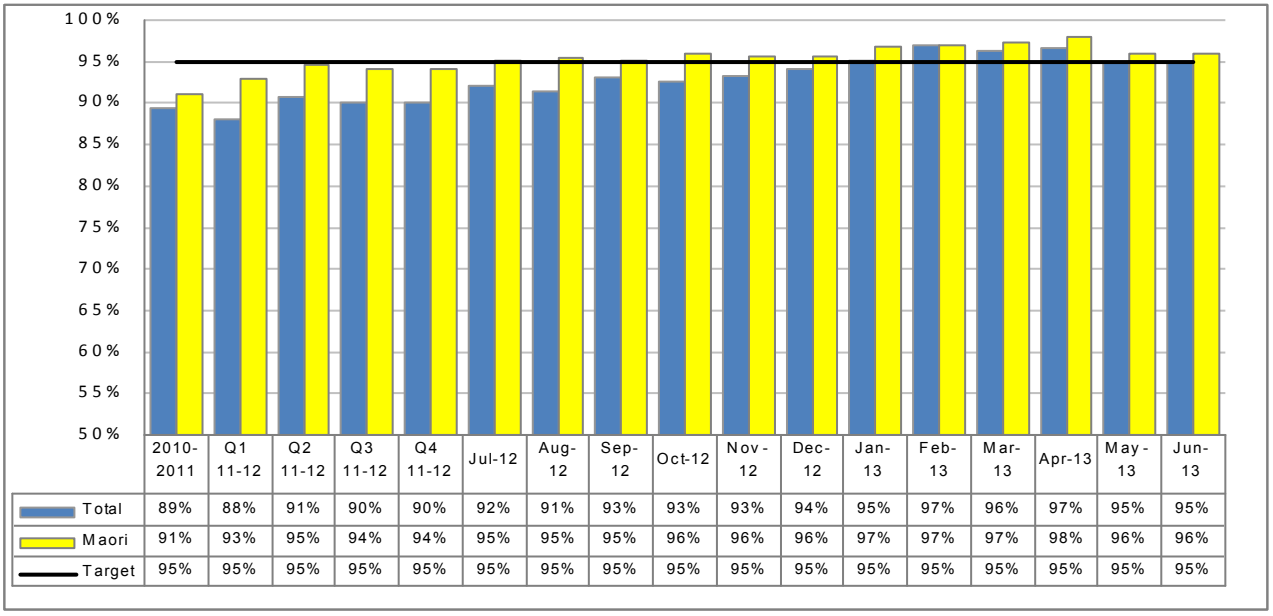
- As identified we have implemented ongoing monitoring of endoscopy wait times. Additional service delivery will be required to reduce the waitlist to a level that will support the expected delivery times. This may have implications around the funding of additional volumes outside the contracted levels. Planning has commenced around this.

- In order to maximise ACC revenue some additional specialised theatre equipment will be required for the Orthopaedic team. A business case is being developed to progress this.

2. Health Targets

Shorter stays in emergency departments

Performance

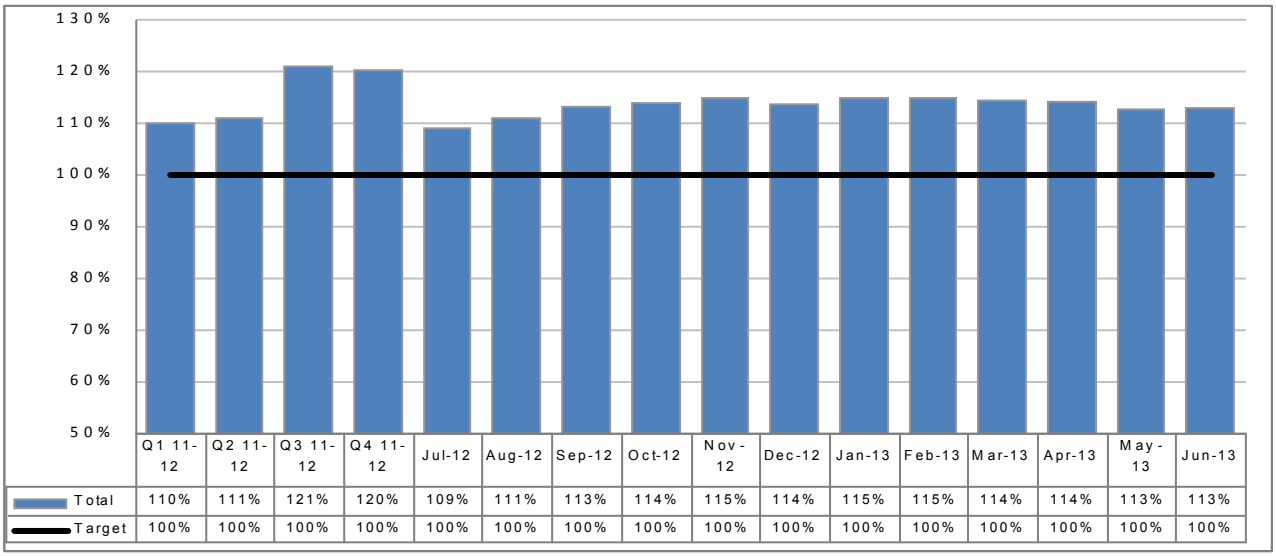


	2010-2011	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total	89%	88%	91%	90%	90%	92%	91%	93%	93%	93%	94%	95%	97%	96%	97%	95%	95%
Maori	91%	93%	95%	94%	94%	95%	95%	95%	96%	96%	96%	97%	97%	97%	98%	96%	96%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Issues/Mitigations	Comments
• Increased demand and acuity has put the target at risk at Base ED, a Flow Co-ordinator position has been put in place to manage demand	As expected seasonal demand has placed pressure on our processes however we are pleased that overall the slippage in our target has been minimal due to more robust pathways.

Increased access to elective surgery

Performance

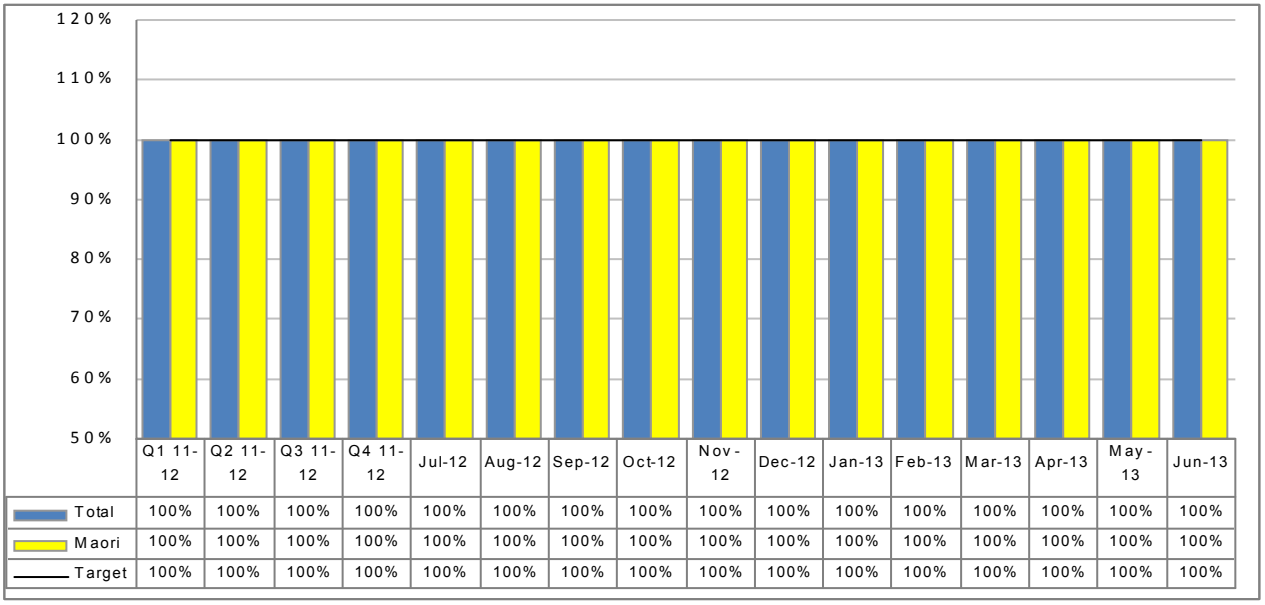


	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total	110%	111%	121%	120%	109%	111%	113%	114%	115%	114%	115%	115%	114%	114%	113%	113%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Issues/Mitigation	Comments
• No current issues	Target achieved and local Elective Services incentive funding has been received from the Ministry of Health for 2012-2013

Shorter waits for cancer treatment (radiotherapy & chemotherapy)

Performance

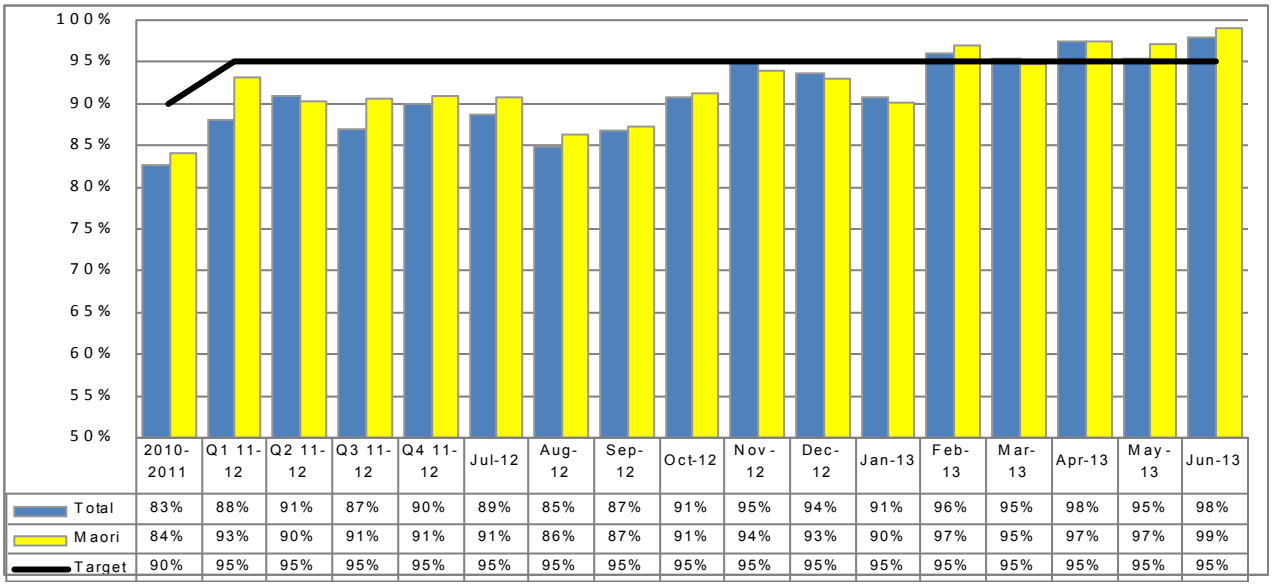


	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Maori	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Issues/ Mitigation	Comments
• No current issues	Target waiting times achieved

Better help for smokers to quit – hospitals

Performance



	2010-2011	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total	83%	88%	91%	87%	90%	89%	85%	87%	91%	95%	94%	91%	96%	95%	98%	95%	98%
Maori	84%	93%	90%	91%	91%	91%	86%	87%	91%	94%	93%	90%	97%	95%	97%	97%	99%
Target	90%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Issues/ Mitigation	Comments
• No current issues	Targets achieved consistently for the six months to July 2013

3. Financial Performance

Statement of Financial Performance TDHB Provider Arm

Jul-13	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
1 Revenue	(14,442,649)	(15,357,872)	915,222	(14,442,651)	(15,357,872)	915,222	(174,358,432)
2 Personnel Costs	9,195,430	8,999,998	195,447	9,195,429	8,999,998	195,447	107,637,530
3 Outsourced Services	1,599,379	1,645,290	(45,913)	1,599,379	1,645,290	(45,913)	19,519,664
4 Clinical Supplies	1,989,891	2,075,369	(85,479)	1,989,892	2,075,369	(85,479)	25,056,315
5 Infrastructure & Non Clinical Supplie	2,481,413	2,611,787	(130,380)	2,481,418	2,611,787	(130,380)	35,596,613
6 Internal Allocations	70	4	74	87	4	74	(3)
Grand Total	**823,535**	**(25,424)**	**848,971**	**823,554**	**(25,424)**	**848,971**	**13,451,687**

TDHB Provider Arm Performance Summary by Clinical Service Group

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Allied Health	1,780,463	1,744,603	35,867	1,780,468	1,744,603	35,867	21,058,500
Maternal and Child Health	(62,466)	(252,988)	190,516	(62,465)	(252,988)	190,516	906,977
Medical Services	(1,127,395)	(1,445,428)	318,034	(1,127,383)	(1,445,428)	318,034	(11,557,219)
Mental Health	27,932	(226,936)	254,869	27,935	(226,936)	254,869	(927,901)
OPHRS	34,164	(104,358)	138,522	34,162	(104,358)	138,524	681,639
Surgical Services	170,837	259,680	(88,844)	170,836	259,680	(88,844)	3,289,691
Total	**823,535**	**(25,424)**	**848,971**	**823,553**	**(25,424)**	**848,971**	**13,451,687**

Comment on Major Variances

The Provider financial result for the month of July was $848K worse than the budgeted position of a $25K surplus. The majority of this deficit was the result of revenue being less than budgeted by $915K. This comprised of

- internal revenue was $489K less than budget relating to less acute activity,
- ACC revenue was $250K less than budget
- donations $250K less than budget.

Internal revenue from the Funder has, for the first time in many years, moved to being paid on actual delivered activity, rather than as budgeted. This will have some implication for the Provider on a monthly basis. Budgets have been phased in line with agreed production plans and historical seasonal trends.

Internal revenue for July has been impacted in several ways. The largest being reduced acute activity predominantly in medicine, AT&R and Mental Health impacted on revenue.

Total expenses are $66K (0.4%) less than the phased budget of $15.33M. Personnel costs are over budget by $195K with other expenses less than budget. The Provider Arm budgets now include all costs for HIQ IT services including 50.4 FTE. This appears as significant movement in some areas of the budgets (particularly FTE), however the overall impact on the bottom line is neutral to TDHB.

Supply Costs
All supply lines are significantly less than budget for the first month of the new financial year. There has been ongoing focus on cost reduction to maintain the gains made during the last quarter of 2012-2013.

Statement of Personnel Costs by Professional Group

Jul-13	Month Actual	Month Budget	Month Variance	Month Actual FTE	Month Budget FTE	Month Variance FTE	Sum of Annual Budget
1 Medical Staff	2,388,199	2,187,244	200,953	135.9	148.9	(13.0)	28,989,703
2 Nursing Staff	3,667,537	3,545,074	122,476	555.5	541.0	14.5	40,311,912
3 Allied Health Staff	1,287,363	1,299,068	(11,703)	228.5	237.8	(9.3)	15,534,527
4 Support Staff	334,675	361,087	(26,414)	90.4	87.5	2.9	4,188,608
5 Management /Administration Staff	1,517,656	1,607,525	(89,866)	273.4	292.7	(19.3)	18,612,780
	9,195,430	**8,999,998**	**195,447**	**1,283.7**	**1,307.9**	**(24.2)**	**107,637,530**

Personnel Costs
For the month of July personnel costs are higher than budget by $195K (2.2%). Costs are higher than budget for Medical staff ($201K) and Nursing staff ($122K) and less than budget for other groups, notably Management and Administration.

The total cost of medical labour including locums is $2.60M, $244K higher than budgeted. High requirements for locums were experienced in Mental Health and Hawera Medical Staff. Successful recruitment of permanent staff at Hawera Hospital will reduce the need for locum staff by the beginning of quarter two.

Provider Arm FTE are 24.2 FTE below budget, including 13.5 FTE vacancies for medical staff and 14.5 FTE above budget for nursing staff. High use of nursing staff occurred in Te Puna Waiora (5.8 FTE) and Hawera Acute Services (5 FTE). There were smaller variances on the acute wards where rosters had been planned to accommodate the new ASB bed configuration, however the confirmed move date resulted in redeployment across units to meet requirements.

4. Volume Performance

4.1 TDHB Provider Arm contracted volumes

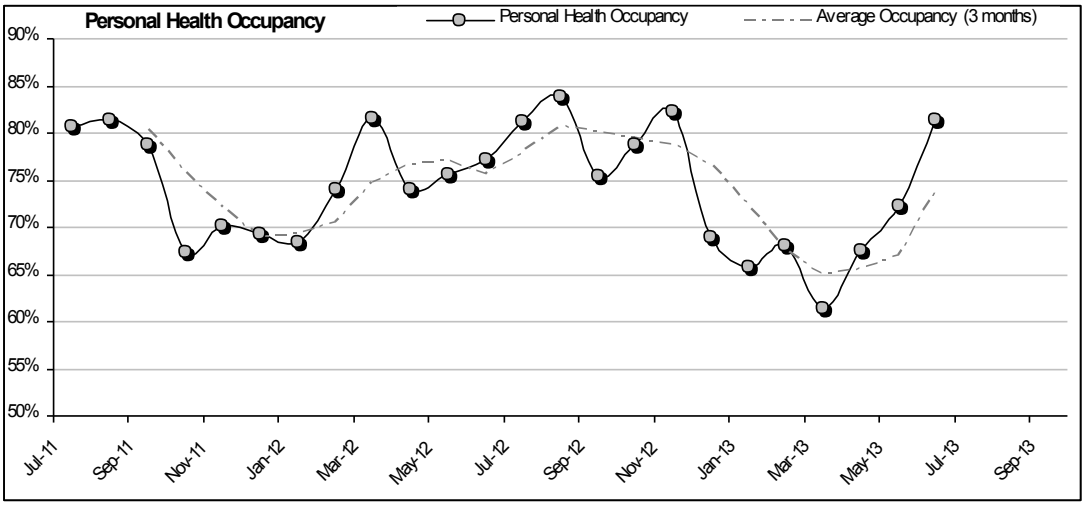
	YTD Actual Volumes	YTD Contract Volumes	Variance	Percentage Variance
Emergency Department (< 3 hours)	2,916	2,617	299	11%
Inpatient Acute Casemix	1,005	1,110	(105)	(9%)
Inpatient Elective Casemix	393	392	1	0%
Inpatient Rehabilitation Bed Days	464	630	(166)	(26%)
Outpatients Encounters	17,608	17,673	(65)	(0%)
Procedures	266	220	46	21%
Services	2	2	0	0%
Community Mental Health	64	64	0	0%
Mental Health Inpatients Bed Days	574	713	(139)	(19%)
Total Volumes	**23,292**	**23,421**	**(129)**	**(1%)**

Overall delivered volumes are close to contracted, however there are some variances in acute inpatients in personal and mental health, and lower occupancy for rehabilitation inpatients. Elective inpatient volumes are on target.

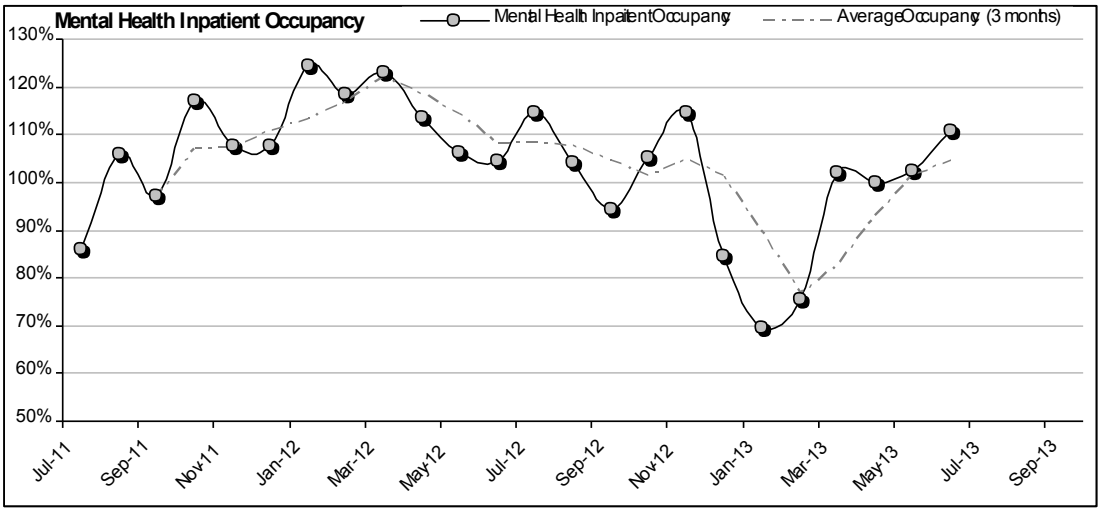
Emergency Department volumes at Hawera and Base Hospital are higher than budget, with high presentations for both patients staying less than 3 hours (16% above contract) and greater than 3 hours (14% above contract) at New Plymouth.

There are a number of ongoing projects in coming months to improve efficiency of volume delivery, with a focus on areas such as same day procedures, earlier discharge and decreasing length of stay. While these will impact minimally on counted volumes and therefore revenue they will increase the effective use of resources across units.

4.2 Occupancy

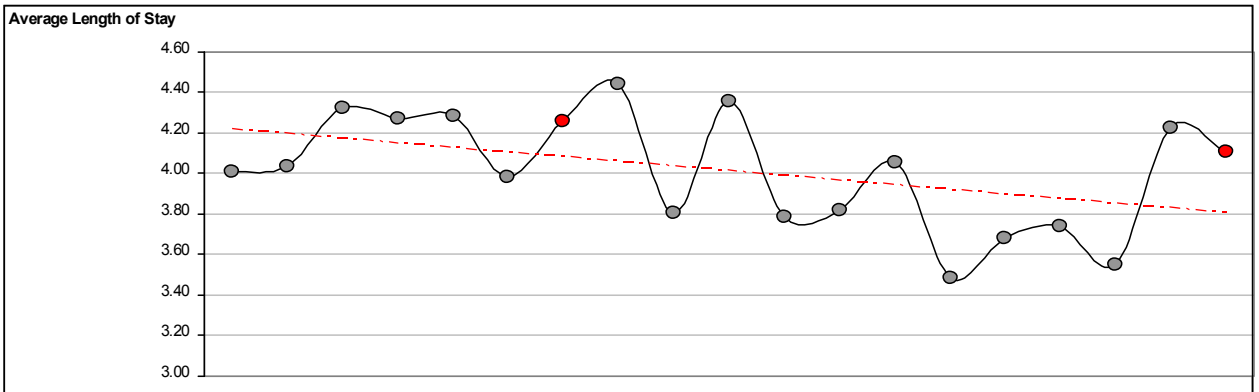


Occupancy has returned to average winter levels following a period of very low occupancy at the end of summer. This trend is expected to continue in coming months, with planned volumes based on seasonal trends and planned surgical interventions.



Mental health acute inpatient occupancy has also returned to high occupancy from the beginning of the year, however this service has lower bed numbers and small movements in patients can translate to high percentage movement. This service has a component of high and complex needs patients that require a corresponding higher use of staff resources per occupied bed.

4.2 Length of stay



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Grand Total	4.01	4.03	4.32	4.27	4.28	3.99	4.26	4.45	3.80	4.36	3.79	3.82	4.06	3.48	3.68	3.74	3.55	4.23	4.11
Movement - prior mth							0.27	0.19	-0.64	0.56	-0.57	0.03	0.24	-0.57	0.20	0.06	-0.19	0.68	-0.12
Movement - prior yr							-0.02	-0.08	-0.51	0.45	0.25	-0.12	0.04	-0.55	-0.64	-0.53	-0.73	0.24	-0.15

Length of stay continues to reduce against last month and the same period in the previous year. While the change in ALOS is small, when extrapolated across the total number of patients it represents a considerable reduction in admission times and effective use of resources.

5. Maternal and Child Health Group

5.1 Service Overview

The Maternal and Child Health Group is responsible for Maternity, Neonatal, Paediatric Medicine, Gynaecology, Child Health, Public Health Nursing and Sexual Health. The Clinical Services Manager is Leigh Cleland.

5.2 Scorecard – July 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Patient Falls*	# Patients				
Hospital Acquired Infections*	# Patients				
Pressure Areas*	# Patients				
Better Quality Care					
FSA waiting longer than 5 months	# Patients	0	0		
Complaints actioned in appropriate timeframes	% of complaints	100%	100%		
Financial Performance					
Operating Surplus/Deficit Variance to budget	$000	$190K U	$0		Variance relates to internal revenue where volumes are less than budget
Volumes delivered to contract target	% variance	(10%)	0%		Lower than budget for Procedures, Casemix delivery on target
Business Improvement Savings	$000				
FTE Employed variance to budget	FTE	(4.4) F	0		Reduced FTE in Allied Health and Administration staff
Improved Health Status					
Immunisation Targets	% of children immunised at 8 months	89	85		On track
DNA Rate - Oral Health	% of total patients	17.3%	10%		Working with the Maori health unit team to reduce DNA rates for Maori children..
Avoidable Admissions 0-16 years*	# Patients				
Family Violence Screening*	% of eligible women screened				Initiatives being discussed at governance group 0% screening poor
Elective Caesarean Rate	% of births	20%	25%		Plans in place to reduce this further
Breastfeeding	% exclusively breastfeeding on discharge	81%	75%		BFHI national target is 75%, Hawera currently at 75%
Whanau Pakari Referrals	# of referrals	33	35		On track but an increase above 35 referrals per quarter would be ideal
Gateway Assessments Undertaken	% assessments	89%	85%		On target, top in NZ at 100% for month

	Measure	Actual	Target	Change	Commentary
					prior.
Engaged Workforce					
Staff Turnover*	% of total staff				
Midwifery Vacancies*	Number of vacancies				
Unplanned Leave*	% of all leave				
Excess Annual Leave (> 2 years entitlement)*	# of employees		0		

* Reported Quarterly

5.3 Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP Initiatives						
1. Cement and Building on Gains in Resilience and Recovery for the Most Vulnerable – Secondary					❍	
2. Oral Health			❍		❍	
3. More Timely Access to Specialist and Referred Services			❍	❍	❍	
4. Quality Improvement – Maternity		❍	❍			
5. Expanding the use of HEEADSSS Wellness Checks in Schools and Primary Care Settings			❍		❍	
6. Reduce the Number of Assaults and Children/Implement the Children's Action Plan		❍			❍	
Living Within our Means Initiatives						
7. Acute Length of Stay			❍	❍		
8. Hawera Maternity and Community Midwifery Reviews			❍	❍		
9. Leave Management				❍		❍
10. Medical TOPs		❍	❍	❍		
Other Initiatives						
11. Maternity Annual Plan			❍	❍		
12. Whanau Pakari					❍	
13. Hospital at a Glance			❍	❍		❍
14. Care Capacity and Demand Management/Variance Response Management			❍	❍		❍
15. Rangiatea Community Dental Clinic			❍		❍	

Key achievements in the Month:

- Community Midwife role in North Taranaki discontinued as not funded, saving 1.2 fte
- Hawera maternity unit on call trial concluded with positive outcomes around the processes of managing on call, areas for further discussion are predictability of on call.
- Whanau Pakari referrals increasing, this service has moved to 188 Powderham this week

- Emergency Dental clinic planning underway to introduce in Hawera COHS facility
- HEEADSSS assessments expanded into YMCA and moved to 188 Powderham this month.
- Maternity Quality and Safety annual report accepted by the MoH this month
- MTOPs continue to increase, new consultant on board this month to certify assisting the service. MTOPs increasing decreases Surgical TOP's and associated costs both social and operational.
- Gateway assessments continue to be achieved at 89%, high achievement nationally. The gateway service moved to 188 Powderham this month also.

Areas off Track and Remedial Actions

- Elective Caesareans moving to the elective gynae list has commenced this month. This is impacting on our ability to manage larger elective cases. This has been managed by adding an additional elective caesarean list on alternate weeks.

5.4 Key Issues/Initiatives identified in coming months

- Elective Caesarean management
- Hawera Maternity Unit on call 24/7
- 188 Powderham St - growth around HEEADSSS assessments, colocating with Gateway, Whanau Pakari and Sexual health.
- Evaluation of medical staff FTE required in Paediatrics and Obstetrics and Gynaecology in line with the initiative savings
- Planning for viable improved psychologist/Mental Health support for paediatric services.

5.5 Financial Results

Jul-13		Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	YTD Percentage Variance
1 Revenue	1 Internal Revenue	(1,895,983)	(2,088,942)	192,959	(1,895,983)	(2,088,942)	192,959	(21,775,819)	
	2 Patient Revenue	(8,811)	(4,122)	(4,689)	(8,811)	(4,122)	(4,689)	(49,470)	
	3 Other Income	(6,257)	0	(6,258)	(6,258)	0	(6,258)	0	
1 Revenue Total		**(1,911,051)**	**(2,093,064)**	**182,012**	**(1,911,052)**	**(2,093,064)**	**182,012**	**(21,825,289)**	**(9%)**
2 Personnel Costs	1 Medical Staff	337,743	292,090	45,653	337,742	292,090	45,653	3,946,784	
	2 Nursing Staff	561,744	566,990	(5,246)	561,744	566,990	(5,246)	6,689,779	
	3 Allied Health Staff	185,781	189,819	(4,039)	185,780	189,819	(4,039)	2,316,420	
	5 Management and Administration Sta	48,457	50,382	(1,926)	48,457	50,382	(1,926)	602,198	
2 Personnel Costs Total		**1,133,725**	**1,099,281**	**34,442**	**1,133,723**	**1,099,281**	**34,442**	**13,555,181**	**3%**
3 Outsourced Services	1 Outsourced Medical Staff	17,658	3,920	13,738	17,658	3,920	13,738	47,040	
	4 Outsourced Clinical Services	6,208	30,862	(24,655)	6,208	30,862	(24,655)	370,351	
3 Outsourced Services Total		**23,866**	**34,782**	**(10,917)**	**23,866**	**34,782**	**(10,917)**	**417,391**	**(31%)**
4 Clinical Supplies	1 Patient Consumables	52,448	45,894	6,554	52,448	45,894	6,554	531,474	
	2 Diagnostic Supplies	1,194	725	469	1,194	725	469	9,537	
	3 Clinical Equipment	19,030	18,804	225	19,029	18,804	225	219,572	
	4 Patient Appliances	3,881	4,894	(1,013)	3,880	4,894	(1,013)	47,066	
	8 Other Clinical Supplies	0	957	(957)	0	957	(957)	13,434	
4 Clinical Supplies Total		**76,554**	**71,274**	**5,278**	**76,551**	**71,274**	**5,278**	**821,083**	**7%**
5 Infrastructure & Non Clinical Supplies	1 Hotel	30,611	39,527	(8,922)	30,612	39,527	(8,922)	421,500	
	2 Facilities	6,903	7,354	(450)	6,904	7,354	(450)	98,125	
	3 Staff Transport & Accommodation	8,229	8,481	(253)	8,229	8,481	(253)	101,768	
	5 IT & Telecommunications	98	53	45	98	53	45	636	
	8 Other Operating Expenses	5,003	7,547	(2,541)	5,004	7,547	(2,541)	90,522	
5 Infrastructure & Non Clinical Supplies Total		**50,844**	**62,962**	**(12,121)**	**50,847**	**62,962**	**(12,121)**	**712,551**	**(19%)**
6 Internal Allocations	1 Internal Transport Costs	14,607	13,486	1,121	14,608	13,486	1,121	161,820	
	2 Internal Charges	0	(1,000)	1,000	0	(1,000)	1,000	(12,000)	
6 Internal Allocations Total		**14,607**	**12,486**	**2,121**	**14,608**	**12,486**	**2,121**	**149,820**	**17%**
Total Direct Costs		**(611,457)**	**(812,279)**	**200,815**	**(611,457)**	**(812,279)**	**200,815**	**(6,169,263)**	
Indirect Costs Allocation		**548,990**	**559,291**	**(10,299)**	**548,992**	**559,291**	**(10,299)**	**7,076,240**	**(2%)**
Operating (Surplus)/Deficit		**(62,466)**	**(252,988)**	**190,516**	**(62,465)**	**(252,988)**	**190,516**	**906,977**	

Personnel Costs FTE	Group	Month Actual FTE	Month Budget FTE	Variance	YTD Actual FTE	YTD Budget FTE	Variance
	1 Medical Staff	15.8	17.0	(1.2)	15.8	17.0	(1.2)
	2 Nursing Staff	86.3	85.7	0.6	86.3	85.7	0.6
	3 Allied Health Staff	39.5	41.7	(2.2)	39.5	41.7	(2.2)
	4 Support Staff						
	5 Management and Administration Staff	11.5	13.1	(1.6)	11.5	13.1	(1.6)
	Direct FTE	**153.1**	**157.5**	**(4.4)**	**153.1**	**157.5**	**(4.4)**
	Allocation of Overhead/Facility FTE	**62.3**	**63.9**	**(1.6)**	**62.3**	**63.9**	**(1.6)**
	Total FTE	**215.4**	**221.4**	**(6.0)**	**215.4**	**221.4**	**(6.0)**

Comments on Major Financial Variances (+/- 10% YTD)

Area	Comment	Strategies to Mitigate
Revenue		
Personnel Costs		
Outsourced Services	This relates to one less Obstetrician invoicing for services including colposcopy	
Clinical Supplies		
Non Clinical Supplies and Infrastructure	This is occupancy related (Neonatal Unit)	
Internal Allocations	This is the use of fleet vehicles for staff transport and relates to higher than expected use by Public Health Nurses	

6. Medical Services Group

6.1 Service Overview

The Medical Services group is responsible for Medicine, Renal Services, Cardiology, Emergency Departments, Health Centres, Outpatients Department and Community Nursing. The Clinical Services Manager is Gillian Campbell.

6.2 Scorecard – July 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Patient Falls*	# Patients				
Hospital Acquired Infections*	# Patients				
Pressure Areas*	# Patients				
Better Quality Care					
Shorter Stays in Emergency Department - < 6hours	% of presentations	92.93%	95%		Reflective of increased demand and acuity
Percentage of Acute Admissions from ED	% of presentations	8%	30%		12% at TBH, 1% at Hawera Hospital. 23% of triage 1-3 are admitted at TBH and 3% of Hawera triage 1-3 are admitted or transferred to TBH.
Change in ED Presentation Volumes (Hawera and Base Emergency)	% Change from Previous Year	0.6%	0%		4% increase at TBH, 8% decrease at Hawera Hospital
FSA waiting longer than 5 months	# Patients	0	0		
Faster Cancer Treatment – Average time between referral and first treatment*	Days	70	62		
Complaints actioned in appropriate timeframes	% of complaints		100%		
Financial Performance					
Operating Surplus/Deficit Variance to budget	$000	$318K U	0		High costs relating to staff and reduced internal revenue relating to volume delivery
Volumes delivered to contract target	% variance	1%	0		Higher than budget ED volumes
Business Improvement Savings	$000				Savings target phased to later in the financial year
FTE Employed variance to budget	FTE	(5.9) F	0		Reduced FTE in medical staff and nursing
Improved Health Status					
Better help for smokers to quit	% of patients offered advice	98.07%	95%		Continue to achieve the 95% target across all units
DNA Rate (all ethnicities)	% of total patients	9.2%	9%		

	Measure	Actual	Target	Change	Commentary
Avoidable Admissions – adult*	# Patients				
Engaged Workforce					
Staff Turnover*	% of total staff		5%		Retention strategies are proving successful
Unplanned Leave*					
Excess Annual Leave (> 2 years entitlement)*	# of employees		0		Management Plans in place

* Data reported quarterly

6.3 Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP Initiatives						
1. Shorter Stays in Emergency Department	On Track		❍		❍	
2. Implement Faster Cancer Treatment Work Programme	On Track		❍		❍	
3. Shorter Wait Times for Cancer Treatment	On Track		❍		❍	
4. Acute Coronary Syndrome	On Track		❍		❍	
5. Cardiac Services – Cardiology Project	Behind Plan		❍		❍	
6. Cardiac Surgery	On Track		❍		❍	
7. Access to Services - DNAs	On Track			❍	❍	
8. Cardiovascular Disease, Tertiary Cardiac Interventions	Behind Plan		❍		❍	
9. Better Support for Smokers to Quit in Secondary Care	BAU				❍	
10. Better Support for Pregnant Women to Quit	On Track				❍	
Living Within our Means Initiatives						
11. Acute Length of Stay - medical	On Track		❍	❍		
12. Discharge Before 11 am - medical	BAU		❍	❍		
13. Leave Management	On Track			❍		❍
Other Initiatives						
14. Community Ambulatory	On Track		❍	❍		
15. Acute Pathway	On Track	❍	❍	❍	❍	
16. Regional Renal Services	On Track		❍		❍	
17. ACC Pain Service Review	Behind Plan		❍	❍		

Key achievements in the Month:

- DNA project – project scope and initial data collection completed. Project being co-lead and managed between hospital services and Maori Health. Maori DNA rate for July 21.2%
- Acute length of stay continues to show improvements for the medical wards, July 2013 showed a further reduction in length of stay from 4.44 days to 3.95 days. Much of this achievement is due to improved/earlier discharge planning through rapid round and EDD initiatives and significant increase in discharge by 11am
- Community Ambulatory project is launched with a stocktake of adult community ambulatory services being undertaken currently.

Areas off Track and Remedial Actions
• Cancer treatment – ensuring accurate baseline data collection remains a priority. Early data suggests lung cancer is an area of focus for TDHB • Cardiology Project – regional work continues but focused TDHB internal plan to be developed. Working group to be established in August • Initial meeting for pain services to be completed August and direction for service delivery determined following this

6.4 Key Issues/Initiatives identified in coming months

- An improved roster has been developed by the Hawera Medical Staff to better align start and finish times to patient demand. The shared roster between Base ED and Hawera Hospital is also giving improved continuity of care across the two sites. It is envisaged that by October reliance on locums will be significantly reduced for normal roster cover at either Base ED or Hawera Acute Services. Financial savings from this will be significant.

6.5 Financial Results

Jul-13		Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	YTD Percentage Variance
1 Revenue	1 Internal Revenue	(4,445,148)	(4,516,860)	71,711	(4,445,149)	(4,516,860)	71,711	(49,373,260)	
	3 Other Income	(4,055)	0	(4,055)	(4,055)	0	(4,055)	0	
1 Revenue Total		(4,449,203)	(4,516,860)	67,656	(4,449,204)	(4,516,860)	67,656	(49,373,260)	(1%)
2 Personnel Costs	1 Medical Staff	723,143	560,505	162,636	723,144	560,505	162,636	7,570,661	
	2 Nursing Staff	1,063,289	931,647	131,642	1,063,289	931,647	131,642	10,992,307	
	3 Allied Health Staff	56,098	46,276	9,822	56,098	46,276	9,822	564,747	
	5 Management and Administration Sta	57,297	48,603	8,694	57,298	48,603	8,694	580,921	
2 Personnel Costs Total		1,899,828	1,587,031	312,794	1,899,829	1,587,031	312,794	19,708,636	20%
3 Outsourced Services	1 Outsourced Medical Staff	110,674	54,017	56,657	110,674	54,017	56,657	648,210	
	3 Referred Services	0	450	(450)	0	450	(450)	5,400	
	4 Outsourced Clinical Services	(44,499)	49,231	(93,730)	(44,499)	49,231	(93,730)	590,762	
3 Outsourced Services Total		66,175	103,698	(37,523)	66,175	103,698	(37,523)	1,244,372	(36%)
4 Clinical Supplies	1 Patient Consumables	247,520	264,827	(17,306)	247,522	264,827	(17,306)	3,067,005	
	2 Diagnostic Supplies	9,185	7,790	1,395	9,187	7,790	1,395	102,291	
	3 Clinical Equipment	22,165	16,253	5,914	22,167	16,253	5,914	192,278	
	4 Patient Appliances	56,132	47,612	8,521	56,132	47,612	8,521	457,953	
	8 Other Clinical Supplies	0	75	(75)	0	75	(75)	1,066	
4 Clinical Supplies Total		335,002	336,557	(1,551)	335,008	336,557	(1,551)	3,820,593	(0%)
5 Infrastructure & Non Clinical Supplies	1 Hotel	68,334	77,833	(9,503)	68,336	77,833	(9,503)	829,941	
	2 Facilities	2,160	2,438	(279)	2,160	2,438	(279)	32,533	
	3 Staff Transport & Accommodation	726	150	576	726	150	576	1,795	
	5 IT & Telecommunications	163	125	38	163	125	38	1,500	
	8 Other Operating Expenses	10,471	8,343	2,129	10,470	8,343	2,129	99,865	
5 Infrastructure & Non Clinical Supplies Total		81,854	88,889	(7,039)	81,855	88,889	(7,039)	965,634	(8%)
6 Internal Allocations	1 Internal Transport Costs	15,180	14,154	1,027	15,183	14,154	1,027	169,831	
6 Internal Allocations Total		15,180	14,154	1,027	15,183	14,154	1,027	169,831	7%
Total Direct Costs		(2,051,164)	(2,386,531)	335,364	(2,051,154)	(2,386,531)	335,364	(23,464,194)	
Indirect Costs Allocation		923,769	941,103	(17,330)	923,771	941,103	(17,330)	11,906,975	(2%)
Operating (Surplus)/Deficit		(1,127,395)	(1,445,428)	318,034	(1,127,383)	(1,445,428)	318,034	(11,557,219)	(21%)

Personnel Costs FTE	Group	Month Actual FTE	Month Budget FTE	Variance	YTD Actual FTE	YTD Budget FTE	Variance
	1 Medical Staff	31.0	34.9	(3.9)	31.0	34.9	(3.9)
	2 Nursing Staff	139.1	142.1	(3.0)	139.1	142.1	(3.0)
	3 Allied Health Staff	8.5	8.3	0.2	8.5	8.3	0.2
	4 Support Staff						
	5 Management and Administration Staff	13.4	12.6	0.8	13.4	12.6	0.8
	Direct FTE	**192.0**	**197.9**	**(5.9)**	**192.0**	**197.9**	**(5.9)**
	Allocation of Overhead/Facility FTE	**104.8**	**107.5**	**(2.7)**	**104.8**	**107.5**	**(2.7)**
	Total FTE	**296.8**	**305.4**	**(8.6)**	**296.8**	**305.4**	**(8.6)**

Comments on Major Financial Variances (+/- 10% YTD)

Area	Comment	Strategies to Mitigate
Revenue		
Personnel Costs	High costs in Hawera Acute services for nursing staff where there are 5 FTE above budget High costs in Emergency Department medical staff where FTE are also above budgeted	Plans to reduce FTE in this area are being addressed as part of operationalising the Annual plan objectives Management of medical staff FTE will be addressed in coming months
Outsourced Services	The large credit in outsourced services relates to the reversal of a year end accrual	
Clinical Supplies		
Non Clinical Supplies and Infrastructure		

7. Mental Health and Addiction Services Group

7.1 Service Overview

The Mental Health and Addiction Services Group is responsible for a 23 bed Acute Inpatient Mental Health Ward (nominally assigned as Adult Beds 15, Psychogeriatric beds 4, Intensive Psychiatric Care beds-4), Acute Intervention Mental Health Services (Crisis and Acute Home Based Services) Community Mental Health (North and South, & Perinatal Services), Child & Adolescent and Alcohol and Other Drug Services. The Clinical Service Manager is Wendy Langlands.

7.2 Scorecard – July 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Seclusion	# of patients	5			For June there were 5 patients in total
	# of seclusion episodes	5		↓	For June there were 16 seclusion episodes
Restraint	# of Patients	3		↓	For the month of June there were 4 patients compared to 3 this month.
	# of Restraints	5		↓	For the month of June there were 12 restraints
Better Quality Care					
7 day follow up post discharge					Service wide results ie TPW, Community (North, South, CAMHS, and MHSOP.
CAMHS	% of Patients	67%	90%		
North	% of Patients	71%	90%		
South	% of Patients	100%	90%		
MHSOP	% of Patients	100%	90%		
Inpatient Services Occupancy					
Te Puna Waiora- 23 bed unit	% of patients	80.5 %			This is a combined percentage made up of 84.5 % Adult, Elderly 75.8 % and IPC 70.2 % Average occupancy for yr 12/13 78.54 %
Brixton House- 4 bed facility	% of patients	94.4 %			Average occupancy for yr 12/13 76.20 %
Financial Performance					
Operating Surplus/Deficit Variance to budget	$000	$254K U			Relates to reduced revenue from activity and high locum costs
Volumes delivered to contract target	% variance	0%	0		
Business Improvement Savings	$000				
FTE Employed variance to budget	FTE	2.3 U	0		Recruitment ongoing
Improved Health Status					
Relapse prevention planning	% of patients with plans	43%	60%		See remedial actions comments

	Measure	Actual	Target	Change	Commentary
Engaged Workforce					
Casual nursing utilisation / overtime*					Quarterly reporting
Accrued Annual Leave (> 2 years entitlement)*					Quarterly reporting
Specialling	FTE used	4.13 FTE	2 FTE		TPW only- use of constants remained high due to patient acuity
Vacancies	FTE	5.9 FTE	0		Service Wide-comprises RNs, SMOs, PsychAss

* Data reported quarterly

7.3 Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP Initiatives						
1. Deliver Increased Access for All Age Groups – Hospital Specialist Services			❍	❍	❍	
2. Make Better Use of Resources/ Value for Money				❍		
3. Improve Primary, Secondary Integration – Hospital Services			❍		❍	
Living Within our Means Initiatives						
4. Leave Management						
Other Initiatives						
5. IPC Facility Redesign		❍	❍	❍		
6. Staff Duress Alarms		❍				❍
7. Crisis Respite			❍	❍		
8. Co-existing Problems (CEP) Capabilities			❍		❍	

Key achievements in the Month:

- Appointment of an addiction specialist Consultant Psychiatrist confirmed for Q4 2013. Cover for this position will be provided by a combination of in-house and locum until then.
- Mental Health Crisis Respite Service has been tendered with the Pathways Trust submitting the successful tender. The roll out of the service is targeted for early September. Staff have been recruited and facilities secured. Regular stakeholder meetings to plan and agree client and services processes are being held.
- Cross Sector CEP champions group has been mobilised- now meeting monthly

Areas off Track and Remedial Actions

- Staff Duress Alarm- ongoing staff compliance with use of the fob gadgets in relation to what they were intended for. This impacts on staff confidence in the system. Vendor has been contacted re ways to improve compliance, and to gain feedback on lessons learned from other DHBs. At TDHB following extensive use of the alarm system- to ensure the safety of the patients and staff the intent will be to phase out fobs over time to be replaced by pagers only. (Our current system uses pagers and fobs)
- Relapse Prevention Planning- this matter is to be addressed at the service wide clinical governance forum with a specific focus on how to improve completion of relapse prevention plans

7.4 Key Issues/Initiatives identified in coming months

- Over Delivery of Opiate Substitute Programme- plan is reduce wait list and identify clients for transfer into the GP programme
- Review of Psychiatry Service Model – aim to agree a more flexible staff model
- Complete workforce stock take to inform Stepped Care initiative.
- Continue work to progress IPC redesign

7.5 Financial Results

Jul-13		Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	YTD Percentage Variance
1 Revenue	1 Internal Revenue	(1,680,697)	(1,877,445)	196,748	(1,680,697)	(1,877,445)	196,748	(21,321,061)	
	2 Patient Revenue	(6,313)	(500)	(5,813)	(6,313)	(500)	(5,813)	(6,000)	
	3 Other Income	0	(3,036)	3,036	0	(3,036)	3,036	(36,427)	
1 Revenue Total		**(1,687,010)**	**(1,880,981)**	**193,971**	**(1,687,010)**	**(1,880,981)**	**193,971**	**(21,363,488)**	**(10%)**
2 Personnel Costs	1 Medical Staff	287,236	262,846	24,391	287,236	262,846	24,391	3,551,663	
	2 Nursing Staff	619,831	609,415	10,417	619,831	609,415	10,417	7,190,335	
	3 Allied Health Staff	210,984	213,217	(2,235)	210,984	213,217	(2,235)	2,601,813	
	5 Management and Administration Sta	25,383	25,019	364	25,383	25,019	364	299,036	
2 Personnel Costs Total		**1,143,434**	**1,110,497**	**32,937**	**1,143,434**	**1,110,497**	**32,937**	**13,642,847**	**3%**
3 Outsourced Services	1 Outsourced Medical Staff	73,238	7,037	66,202	73,238	7,037	66,202	84,439	
	4 Outsourced Clinical Services	8,255	38,491	(30,237)	8,256	38,491	(30,237)	461,889	
3 Outsourced Services Total		**81,493**	**45,528**	**35,965**	**81,494**	**45,528**	**35,965**	**546,328**	**79%**
4 Clinical Supplies	1 Patient Consumables	1,747	1,293	457	1,747	1,293	457	14,962	
	2 Diagnostic Supplies	87	146	(59)	87	146	(59)	1,917	
	3 Clinical Equipment	95	133	(37)	96	133	(37)	1,581	
	4 Patient Appliances	0	8	(8)	0	8	(8)	79	
	6 Pharmaceuticals	70	852	(783)	70	852	(783)	10,000	
	7 Patient Transport and Accommodati	0	55	(55)	0	55	(55)	775	
	8 Other Clinical Supplies	211	433	(222)	212	433	(222)	6,084	
4 Clinical Supplies Total		**2,210**	**2,920**	**(707)**	**2,212**	**2,920**	**(707)**	**35,398**	**(24%)**
5 Infrastructure & Non Clinical Supplies	1 Hotel	16,484	18,256	(1,773)	16,484	18,256	(1,773)	194,686	
	2 Facilities	1,064	0	1,064	1,064	0	1,064	0	
	3 Staff Transport & Accommodation	1,010	478	532	1,010	478	532	5,730	
	8 Other Operating Expenses	3,629	4,280	(653)	3,628	4,280	(653)	51,117	
5 Infrastructure & Non Clinical Supplies Total		**22,188**	**23,014**	**(830)**	**22,186**	**23,014**	**(830)**	**251,533**	**(4%)**
6 Internal Allocations	1 Internal Transport Costs	22,429	20,583	1,847	22,430	20,583	1,847	246,991	
6 Internal Allocations Total		**22,429**	**20,583**	**1,847**	**22,430**	**20,583**	**1,847**	**246,991**	**9%**
Total Direct Costs		**(415,256)**	**(678,439)**	**263,183**	**(415,254)**	**(678,439)**	**263,183**	**(6,640,391)**	
Indirect Costs Allocation		**443,187**	**451,503**	**(8,314)**	**443,189**	**451,503**	**(8,314)**	**5,712,490**	**(2%)**
Operating (Surplus)/Deficit		**27,932**	**(226,936)**	**254,869**	**27,935**	**(226,936)**	**254,869**	**(927,901)**	

	Group	Month Actual FTE	Month Budget FTE	Variance	YTD Actual FTE	YTD Budget FTE	Variance
	1 Medical Staff	11.8	13.7	(1.9)	11.8	13.7	(1.9)
	2 Nursing Staff	95.2	92.1	3.1	95.2	92.1	3.1
	3 Allied Health Staff	34.8	36.6	(1.8)	34.8	36.6	(1.8)
	4 Support Staff						
	5 Management and Administration Staff	5.8	6.2	(0.4)	5.8	6.2	(0.4)
	Direct FTE	**147.6**	**148.6**	**(1.0)**	**147.6**	**148.6**	**(1.0)**
	Allocation of Overhead/Facility FTE	**50.3**	**51.6**	**(1.3)**	**50.3**	**51.6**	**(1.3)**
	Total FTE	**197.9**	**200.2**	**(2.3)**	**197.9**	**200.2**	**(2.3)**

Comments on Major Financial Variances (+/- 10% YTD)

Area	Comment	Strategies to Mitigate
Revenue	Reduced due to lower than budgeted inpatient activity	
Personnel Costs		
Outsourced Services	High use of locum medical staff in July, there are some timing issues with invoices relating to previous months	Recruitment of SMO FTE to budget base
Clinical Supplies	Low cost for this service	
Non Clinical Supplies and Infrastructure		

8. Health of Older People Services Group

8.1 Service Overview

The Health of Older People Services Group is responsible for Geriatricians & Psychogeriatricians, Inpatient Rehabilitation, Intermediate Care Services (ICATT& E-ICATT), Community Support Services/NASC (Care Managers, Screener/Assessors, Lead InterRAI Practitioner), Psychogeriatric Services- Inpatient and Community and Home Support Services. The Clinical Service Manager is Wendy Langlands.

8.2 Scorecard – July 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Patient Falls	# Patients	5	0		Across the HOP service there were 5 falls. All occurred in the General Rehabilitation Ward. Of the 5 documented falls one of the patients accounted for 4 of the falls.
Better Quality Care					
Dedicated area for management of people with stroke*	% of patients are admitted to dedicated stroke area	77%	80%		Quarterly Reporting Regionally
Thrombolysis *	% of eligible stroke patients. Thrombolysed	0	6%		Quarterly Reporting Regionally
Enhanced Intermediate Care Service (E-ICATT)	% of clients that return to the community following discharge from service	100%	75%		8 clients were accepted into the service. All of the clients were discharged home.
Dementia Pathway	# of Living Well Programmes	2	2		These programmes are aimed at people with Dementia and their Carers
Financial Performance					
Operating Surplus/Deficit Variance to budget	$000	$138k U			Reduced internal Revenue relating to volume delivery
Volumes delivered to contract target	% variance	(37%)	0		Below contract, mainly domiciliary and inpatient AT&R bed days
Business Improvement Savings	$000				Savings target phased to later in the financial year
FTE Employed variance to budget	FTE	2.3	0		Increased use of casual staff due to the delay in move to the new block. Specials were also required for a large proportion of July.
Improved Health Status					
Re admission rate for over 75+, 8.66 %*	% of total patients				Quarterly report (Source: Ownership Dimension 8 MOH) Report next due in

	Measure	Actual	Target	Change	Commentary
					October
Engaged Workforce					
Staff Turnover*	% of total staff		5%		
Unplanned Leave*	% of employees	0			
Excess Annual Leave (> 2 years entitlement)*	% of employees		0		

* Data reported quarterly

8.3 Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP Initiatives						
1. Stroke Services			❍		❍	
2. Community Specialist Health of Older People Team			❍		❍	
3. Wrap Around Services for Older People			❍		❍	
4. Fracture Liaison Service		❍	❍			
5. Dementia Pathway			❍		❍	
Living Within our Means Initiatives						
6. Leave Management				❍		❍
Other Initiatives						
7. Palliative Care – End of Life Home Based Support Services		❍	❍			
8. InterRAI Roll out		❍	❍		❍	
9. Thrombolysis Pilot		❍	❍			

Key achievements in the Month:

Thrombolysis Pilot- The thrombolysis pilot commenced at the beginning of July. To date – of the seven people identified as potential candidates for thrombolytic therapy only one person met the criteria following assessment by the lead stroke clinician (Dr Bhavesh Lallu). Thrombolytic Therapy was administered with an excellent outcome. The patient has since discharged home (within 7 days of admission) with no residual disability.

InterRAI- InterRAI rollout across specialist hospital services staff is on going. With the End of Life Palliative Care contract transferring back to the Community Support Service InterRAI assessments are now provided for all palliative care clients that require home based support services and rest home placement. Prior to this, assessments were carried out by the hospice service utilising an in house tool, therefore, it pleasing to be able to use the same comprehensive clinical assessment across the board.

Areas off Track and Remedial Actions

InterRAI- TDHBs post assessment guidelines for InterRAI have not been completed due to current resourcing capacity. This piece of work is still a priority and will commence when the full quota of Care Managers are in place. The target date for being September 2013.

Patient Falls – At a ward level the 100 % target of all patients at risk of falls having a falls risk assessment completed was not met for the month of July. As an agreed strategy- the Clinical Nurse Manager will be using the fortnightly staff meeting to remind staff of the importance of this assessment and how it is a reflection of patient safety in the workplace.

8.4 Key Issues/Initiatives identified in coming months

- Consideration of developing enhanced ICATT service further- ie increase in beds and community rehabilitation.

8.5 Financial Results

Jul-13		Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	YTD Percentage Variance
1 Revenue	1 Internal Revenue	(576,630)	(735,534)	158,903	(576,630)	(735,534)	158,903	(7,060,728)	
	2 Patient Revenue	(10,643)	(13,348)	2,705	(10,643)	(13,348)	2,705	(160,178)	
1 Revenue Total		(587,273)	(748,882)	161,608	(587,273)	(748,882)	161,608	(7,220,906)	(22%)
2 Personnel Costs	1 Medical Staff	77,549	72,175	5,374	77,549	72,175	5,374	975,262	
	2 Nursing Staff	169,895	185,071	(15,176)	169,897	185,071	(15,174)	2,183,609	
	3 Allied Health Staff	92,471	90,644	1,829	92,470	90,644	1,829	1,106,178	
	5 Management and Administration Sta	9,308	15,647	(6,338)	9,308	15,647	(6,338)	187,006	
2 Personnel Costs Total		349,223	363,537	(14,311)	349,224	363,537	(14,309)	4,452,055	(4%)
3 Outsourced Services	2 Other Outsourced Staff	7,798	15,042	(7,244)	7,798	15,042	(7,244)	180,508	
	4 Outsourced Clinical Services	23,925	22,099	1,826	23,925	22,099	1,826	265,183	
3 Outsourced Services Total		31,723	37,141	(5,418)	31,723	37,141	(5,418)	445,691	(15%)
4 Clinical Supplies	1 Patient Consumables	7,384	5,299	2,084	7,382	5,299	2,084	61,366	
	2 Diagnostic Supplies	385	285	100	384	285	100	3,740	
	3 Clinical Equipment	748	389	359	748	389	359	4,672	
	4 Patient Appliances	0	8	(8)	0	8	(8)	75	
	7 Patient Transport and Accommodati	848	508	339	848	508	339	7,146	
	8 Other Clinical Supplies	0	59	(59)	0	59	(59)	828	
4 Clinical Supplies Total		9,364	6,548	2,815	9,362	6,548	2,815	77,827	43%
5 Infrastructure & Non Clinical Supplies	1 Hotel	33,265	34,737	(1,474)	33,263	34,737	(1,474)	370,387	
	3 Staff Transport & Accommodation	58	26	32	58	26	32	312	
	8 Other Operating Expenses	1,680	3,289	(1,609)	1,680	3,289	(1,609)	39,475	
5 Infrastructure & Non Clinical Supplies Total		35,003	38,052	(3,051)	35,001	38,052	(3,051)	410,174	(8%)
6 Internal Allocations	1 Internal Transport Costs	6,716	6,283	432	6,716	6,283	432	75,400	
6 Internal Allocations Total		6,716	6,283	432	6,716	6,283	432	75,400	7%
Total Direct Costs		(155,245)	(297,321)	142,075	(155,247)	(297,321)	142,077	(1,759,759)	
Indirect Costs Allocation		189,409	192,963	(3,553)	189,409	192,963	(3,553)	2,441,398	(2%)
Operating (Surplus)/Deficit		34,164	(104,358)	138,522	34,162	(104,358)	138,524	681,639	

Personnel Costs FTE	Group	Month Actual FTE	Month Budget FTE	Variance	YTD Actual FTE	YTD Budget FTE	Variance
	1 Medical Staff	3.7	3.7	0.0	3.7	3.7	0.0
	2 Nursing Staff	38.5	33.1	5.4	38.5	33.1	5.4
	3 Allied Health Staff	15.9	17.0	(1.1)	15.9	17.0	(1.1)
	4 Support Staff						
	5 Management and Administration Staff	2.6	4.6	(2.0)	2.6	4.6	(2.0)
	Direct FTE	60.7	58.4	2.3	60.7	58.4	2.3
	Allocation of Overhead/Facility FTE	21.5	22.0	(0.6)	21.5	22.0	(0.6)
	Total FTE	82.2	80.4	1.7	82.2	80.4	1.7

Comments on Major Financial Variances (+/- 10% YTD)

Area	Comment	Strategies to Mitigate
Revenue	Relates to lower volumes in ATR	
Personnel Costs		
Outsourced Services	Reduced outsourced staffing for Home Support	
Clinical Supplies	High costs in patient consumables in Ward 2A OPHRS for various supplies. This was a reflection of preparation for the shift to the new ward ie. more supplies required to set	

Area	Comment	Strategies to Mitigate
	up. This is a quarterly expense.	
Non Clinical Supplies and Infrastructure		

9. Surgical Services Group

9.1 Service Overview

The Surgical Services group is responsible for surgical services and theatres, surgical wards, dental services (excluding child & youth dental), endoscopy, ICU, Nurse Educators, medical staff management and supplementary staffing. The Clinical Services Manager is Lee McManus.

9.2 Scorecard – July 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Patient Falls*	# Patients				
Hospital Acquired Infections*	# Patients				
Pressure Areas*	# Patients				
Better Quality Care					
ESPI 2 Elective waitlist FSA < 5 months	# Patients	0	0		Ongoing management to meet ministry waitlist requirements
ESPI 5 Elective waitlist Surgery <5 months	# Patients	0	0		
Complaints actioned in appropriate timeframes	% of complaints	90%	100%		
Financial Performance					
Operating Surplus/Deficit Variance to budget	$000	$88K F			July variance is $88K favourable to the budget position
Volumes delivered to contract target	% variance	18%	0		Higher than contract for Outpatient and Procedures Casemix delivery on target
Business Improvement Savings	$000				Savings target phased to later in the financial year
FTE Employed variance to budget	FTE	4.6 F	0		Reduced staffing against budget for medical and nursing staff
Improved Health Status					
Day of Surgery Admission Rate	Percentage of Cases	90.34%	95%		Improving
Theatre Cancellation Rate (same day)	Percentage of Cases	5.74%	5%		
Engaged Workforce					
Staff Turnover*	% of total staff		5%		
Unplanned Leave*					
Excess Annual Leave (> 2 years entitlement)*	% of employees		0		

* Data reported quarterly

9.3 Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP Initiatives						
1. Achieving Elective Targets	On target		❍	❍	❍	
2. Improvements in Access and Wait Times for Elective Surgery. Use of Standard Intervention Ratios to Improve Service	In progress		❍	❍	❍	
3. Improve Waiting times for Diagnostic Services – Colonoscopy	In progress		❍		❍	
Living Within our Means Initiatives						
4. Increase ACC Revenue	In progress			❍		
5. Production Plans in Place	In progress					
6. Acute Length of Stay – Surgical Services	In progress		❍	❍		
7. Leave Management	In progress			❍		❍
Other Initiatives						
8. Single Point of Entry	On target		❍			
9. Booking Office Project	In Progress		❍			
10. Endoscopy Project	Behind target	❍	❍		❍	
11. Hospital at a Glance	In progress		❍	❍		❍
12. Care Capacity and Demand Management/Variance Response Management	In progress		❍	❍		❍
13. Midland Regional Planning	In progress		❍		❍	
Key achievements in the Month:						
• ACC team reconfiguration agreed • Acute LOS for surgery project commenced • Hospital at a glance screen progressed in development						
Areas off Track and Remedial Actions						
• ACC surgery at base – working with surgeons to define equipment requirements for specific procedures • Endoscopy wait times – achieving wait times for urgent cases however semi urgent priority is not yet achieved. Weekly meeting regarding this group to commence week of 19th August with clinicians and endoscopy staff						

9.4 Key Issues/Initiatives identified in coming months

- Ongoing monitoring of endoscopy wait times required. Additional delivery will be required in order to reduce the waitlist to a level that will support the expected delivery times.
- Some additional equipment will be required for Orthopaedic theatre in order to increase ACC revenue, business case under development
- TDHB needs to manage elective inflows closely in order to meet the 4 month target by December 2014

9.5 Financial Results

Jul-13		Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	YTD Percentage Variance
1 Revenue	1 Internal Revenue	(3,698,113)	(3,630,386)	(67,727)	(3,698,113)	(3,630,386)	(67,727)	(44,800,438)	
	1a Government Revenue	(340,414)	(420,901)	80,487	(340,414)	(420,901)	80,487	(5,050,808)	
	2 Patient Revenue	(6,615)	(14,911)	8,296	(6,615)	(14,911)	8,296	(178,927)	
	3 Other Income	(682)	0	(682)	(682)	0	(682)	0	
1 Revenue Total		**(4,045,823)**	**(4,066,198)**	**20,374**	**(4,045,824)**	**(4,066,198)**	**20,374**	**(50,030,173)**	**(1%)**
2 Personnel Costs	1 Medical Staff	989,768	938,049	51,719	989,767	938,049	51,719	12,647,121	
	2 Nursing Staff	805,165	880,004	(74,836)	805,167	880,004	(74,836)	10,382,838	
	3 Allied Health Staff	44,765	61,012	(16,249)	44,764	61,012	(16,249)	744,440	
	4 Support Staff	29,594	31,544	(1,950)	29,594	31,544	(1,950)	365,886	
	5 Management & Administration Staff	43,659	36,648	7,012	43,660	36,648	7,012	438,044	
2 Personnel Costs Total		**1,912,951**	**1,947,257**	**(34,304)**	**1,912,952**	**1,947,257**	**(34,304)**	**24,578,329**	**(2%)**
3 Outsourced Services	1 Outsourced Medical Staff	10,786	16,667	(5,881)	10,786	16,667	(5,881)	200,000	
	4 Outsourced Clinical Services	537,268	515,749	21,519	537,267	515,749	21,519	6,188,992	
3 Outsourced Services Total		**548,054**	**532,416**	**15,638**	**548,053**	**532,416**	**15,638**	**6,388,992**	**3%**
4 Clinical Supplies	1 Patient Consumables	223,048	254,741	(31,700)	223,044	254,741	(31,700)	2,950,214	
	2 Diagnostic Supplies	16,660	12,870	3,790	16,660	12,870	3,790	169,012	
	3 Clinical Equipment	155,436	122,940	32,495	155,437	122,940	32,495	1,445,777	
	4 Patient Appliances	14,883	16,191	(1,309)	14,881	16,191	(1,309)	155,716	
	5 Implants and Prostheses	197,738	267,255	(69,514)	197,739	267,255	(69,514)	2,987,630	
	8 Other Clinical Supplies	0	222	(222)	0	222	(222)	3,130	
4 Clinical Supplies Total		**607,764**	**674,219**	**(66,460)**	**607,761**	**674,219**	**(66,460)**	**7,711,479**	**(10%)**
5 Infrastructure & Non Clinical Supplies	1 Hotel	92,332	88,118	4,213	92,331	88,118	4,213	939,620	
	3 Staff Transport & Accommodation	670	3,349	(2,679)	669	3,349	(2,679)	40,181	
	5 IT & Telecommunications	318	216	102	319	216	102	2,600	
	8 Other Operating Expenses	7,928	13,056	(5,128)	7,929	13,056	(5,128)	156,616	
5 Infrastructure & Non Clinical Supplies Total		**101,248**	**104,739**	**(3,492)**	**101,248**	**104,739**	**(3,492)**	**1,139,017**	**(3%)**
6 Internal Allocations	1 Internal Transport Costs	424	1,396	(973)	424	1,396	(973)	16,746	
6 Internal Allocations Total		**424**	**1,396**	**(973)**	**424**	**1,396**	**(973)**	**16,746**	**(70%)**
Total Direct Costs		**(875,382)**	**(806,171)**	**(69,217)**	**(875,386)**	**(806,171)**	**(69,217)**	**(10,195,610)**	
Indirect Costs Allocation		**1,046,219**	**1,065,851**	**(19,627)**	**1,046,222**	**1,065,851**	**(19,627)**	**13,485,301**	**(2%)**
Operating (Surplus)/Deficit		**170,837**	**259,680**	**(88,844)**	**170,836**	**259,680**	**(88,844)**	**3,289,691**	

Personnel Costs FTE		Month Actual FTE	Month Budget FTE	Variance	YTD Actual FTE	YTD Budget FTE	Variance
	1 Medical Staff	72.6	77.6	(5.0)	72.6	77.6	(5.0)
	2 Nursing Staff	138.3	135.6	2.7	138.3	135.6	2.7
	3 Allied Health Staff	7.4	10.1	(2.7)	7.4	10.1	(2.7)
	4 Support Staff	7.4	7.4	0.0	7.4	7.4	0.0
	5 Management and Administration Staff	10.2	9.8	0.4	10.2	9.8	0.4
	Direct FTE	**235.9**	**240.5**	**(4.6)**	**235.9**	**240.5**	**(4.6)**
	Allocation of Overhead/Facility FTE	**118.6**	**121.7**	**(3.1)**	**118.6**	**121.7**	**(3.1)**
	Total FTE	**354.5**	**362.2**	**(7.7)**	**354.5**	**362.2**	**(7.7)**

Comments on Major Financial Variances (+/- 10% YTD)

Area	Comment	Strategies to Mitigate
Revenue		
Personnel Costs		
Outsourced Services		
Clinical Supplies	Implants and Prostheses costs have been the target of a major project by Othopaedic clinicians, with significant cost reductions in this area	
Non Clinical Supplies and Infrastructure		

TO General Manager Hospital & Specialist Services

FROM George Thomas
General Manager
Finance & Corporate Services

TARANAKI DISTRICT HEALTH BOARD

MEMORANDUM

DATE 23 July 2013

SUBJECT **Human Resources and Organisational Development Report for Quarter 4, 2012/13**

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1 INTRODUCTION

The purpose of this report is to provide a summary of the activity that occurred from a Human Resources and Organisational Development perspective (Organisational Development, Learning and Development, Employment Relations, and Recruitment) which had a direct impact on the Hospital Services Provider during the quarter ending 30 June 2013.

2 ACTIVITY

2.1 Organisational Development

2.1.1 Learning and Development

Work is now completed developing e-learning modules for General Induction and orientation of new employees. This replaces parts of the face-to-face induction to allow people to conduct learning at their own pace and prior to starting in their role. Another four eLearning courses are currently being developed along with specific areas for Induction for Nursing roles. This will enable more timely delivery of training and less time spent away from the workplace.

As discussed in the last report, the Learning and Development Unit (within HR) have finalised TDHB Management Education Plan for 2013/14. Three of the nine sessions that are planned for people leaders have already been delivered. These topics include communication skills, difficult conversations and managing through change. Further six sessions are planned over the next eight months.

The process for rationalising the centralised training fund (non MECA, non contractual training) was put in place for the period between 1 March and 30 June 2013. This rationalisation has ceased in the new financial year however a greater emphasis on prioritising "essential" training is being adopted, consequently the budget has been adjusted to reflect this.

2.2 New Hires

There were 38 new hires (24.2 FTE) in April to June 2013:

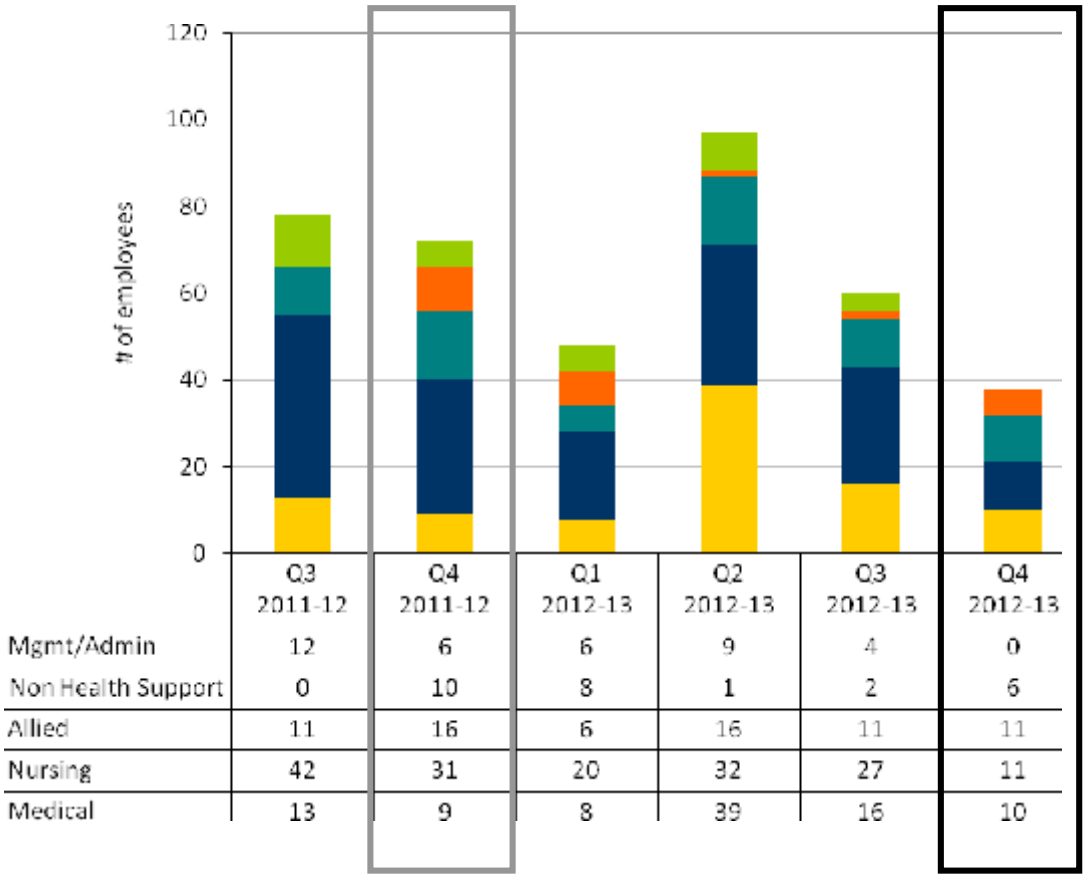
- 10 casual positions (nil FTE)
- 19 full time positions (19 FTE)
- 9 part time positions (5.2 FTE)

This was a notable decrease in new hires compared to the previous quarter (60 employees, 47.4 FTE) and also compared to the quarter 4 in 2011/12 (72 employees and 36.6 FTE).

Quarter 4 new hires included 6 (4.075 FTE) temporary contracts, primarily to support staff shortfall and key projects/secondments, broken down as follows:

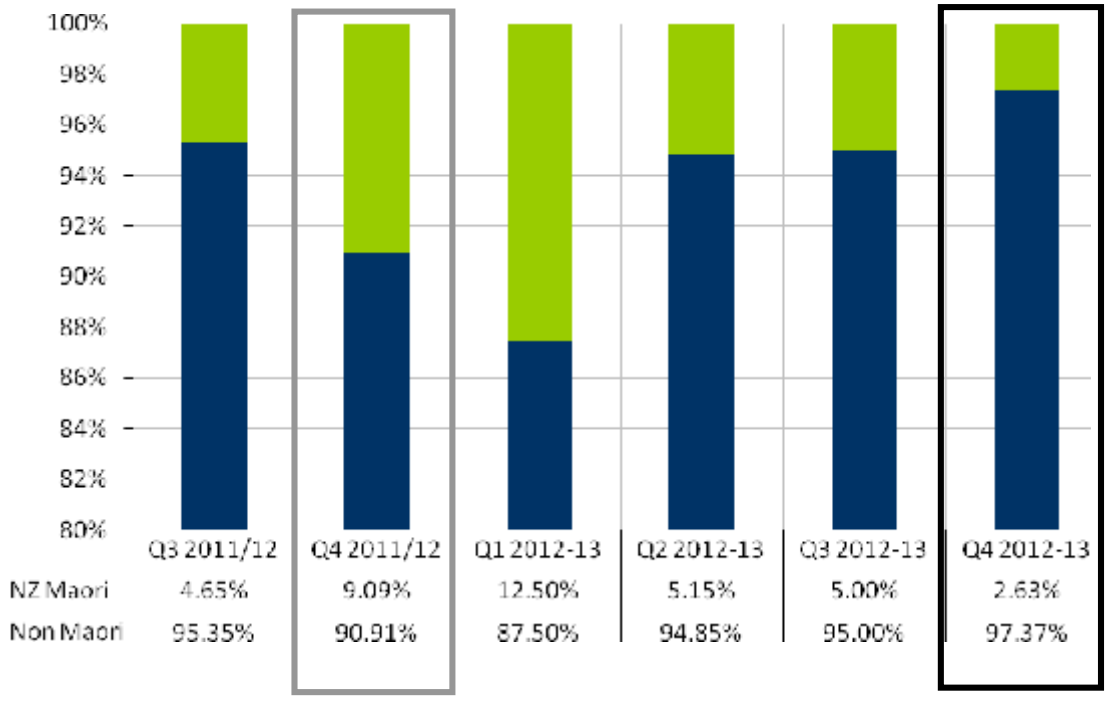
- 1 medical employee (1.0 FTE)
- 2 nursing employees (1.2 FTE)
- 3 allied employees (1.875 FTE)

Graph 1: Breakdown of new hires by position type



	Q3 2011-12	Q4 2011-12	Q1 2012-13	Q2 2012-13	Q3 2012-13	Q4 2012-13
Mgmt/Admin	12	6	6	9	4	0
Non Health Support	0	10	8	1	2	6
Allied	11	16	6	16	11	11
Nursing	42	31	20	32	27	11
Medical	13	9	8	39	16	10

Graph 2: % of new hires identified as New Zealand Maori



	Q3 2011/12	Q4 2011/12	Q1 2012-13	Q2 2012-13	Q3 2012-13	Q4 2012-13
NZ Maori	4.65%	9.09%	12.50%	5.15%	5.00%	2.63%
Non Maori	95.35%	90.91%	87.50%	94.85%	95.00%	97.37%

Table 1: Breakdown of new hires identified as New Zealand Maori

Position Type	No. of employees	FTE
Allied 1 x Physiotherapist	1	0.375

2.3 Position Changes

75 employees had a position/role/FTE change (increased/reduced work hours) in April to June 2013.

2.4 Terminated Employees

27 employees (23.8 FTE) left TDHB between April to June 2013 (excluding casuals and staff employed on temporary contracts). Reasons given for leaving as follows:

Table 2: Reasons for leaving

Personal/Family/Whanau Reason	22%
Career development opportunity/advancement	19%
End of Fixed Term Employment	15%
Retirement	11%
Other	7%
Career Development Opportunities/ Advancement	4%
Career development/lack of job satisfaction	4%
Deceased	4%
Health	4%
Lack of Job Satisfaction	4%
Professional Development	4%
Work conditions or environment	4%

There are no employees who identify themselves as New Zealand Maori on this list.

14 temporary employees (11.8 FTE) left TDHB between April to June 2013:

- 7 x Medical (7.0 FTE), including five RMOs
- 1 x Nursing (1.0 FTE)
- 3 x Allied (1.8 FTE)
- 3 x Administration/Management (1.5 FTE)

2.5 Recruitment

A summary of recruitment activity below:

2.5.1 Senior Medical Officer Positions

Table 3: Appointments made

The SMO workforce has been stable throughout this quarter with 2 appointments compared to 11 in the previous quarter, as follows:

Position	Headcount	FTE	Start date
Consultant Dermatologist	1	1.0	Apr 2013
Medical Officer, Rural Hospital Medicine - Hawera	1	1.0	May 2013

Pending commencements in the next quarter 2013:

- Consultant Emergency Medicine , 3.0 FTE

Offers have been accepted for the following positions to commence during 2013:

- Medical Officers, Hawera Hospital (1)
- Consultant Psychiatrist - Addictions Specialist

Recruitment campaigns are being conducted for the following:

- Medical Officers under the Rural Hospital Medicine (RHM) scope of practice for Hawera Hospital
- Consultant Community Paediatrician
- Consultant Physician - interest on Respiratory Medicine
- Consultant Physician - General medicine 12 Temporary contract
- Consultant Urologists - we are seeking to replace the current contracted service

2.5.2 Resident Medical Officers

The annual national RMO recruitment process has commenced and offers of employment will be made in the coming month (for commencement in November and December 2013).

Taranaki DHB has been designated a "hard-to-staff-community" for doctors with the Voluntary Bonding Scheme.

2.5.3 Nursing and Midwifery

In comparison to the previous quarter where we reported no vacant FTE for midwifery, we have conducted recruitment and selection processes for 3.4 FTE. Three offers of appointment have been made and interviews have been conducted to fill the remaining FTE.

Taranaki DHB has been designated a "hard-to-staff-community" for midwifery with the Voluntary Bonding Scheme.

2.5.4 Voluntary Bonding Scheme

This scheme is currently being reviewed and feedback sought from DHBs on designation and number of hard-to-staff communities and specialities, and proposed additions to the scheme.

Our submission was

We agree:

- *That TDHB remains as a hard-to-staff community for both Doctors and Midwives.*
- *With the current nominated hard-to-staff specialties for Doctors however we recommend the expansion of this list.*

- *With the proposal to expand the hard-to-staff specialties and hard-to-staff communities for Nursing.*

Therefore TDHB recommends:

- *To retain Taranaki as a hard-to-staff community for Doctors and Midwives, this being in recognition of the recruitment and retention challenges we experience. There are high risks to reduced service delivery due to the potential for an increase in vacant posts and high costs of engaging self employed locums;*
- *The inclusion of Obstetrics and Gynaecology as a hard-to-staff speciality for Doctors. There is a high reliance on overseas trained specialist to fill our Consultant vacancies therefore the VBS can encourage resident doctors to consider training in this specialty. This will support Midwifery as a hard-to-staff community in Taranaki;*
- *Introducing rural health and primary care as hard-to-fill specialities for Nursing that will support other workforce initiatives targeting these areas;*
- *Designating TDHB as a hard-to-staff community for nursing due to rural isolation and limited access to services for these communities.*

2.5.5 Scholarships

Scholarships have been awarded for 2013 and the priority areas for selection were:

- Maori
- Rural schools
- Critical occupations, midwifery
- Adult students requiring financial support and
- Participants on current workforce development initiatives such as the Incubator programme delivered by the Maori Health team.

Scholarships have been awarded to 26 students studying medicine, nursing, midwifery, pharmacy, physiotherapy, occupational therapy, dental surgery, dental therapy, social work and dietetics.

58% of the recipients identify as Maori and there is representation from rural secondary schools - Waitara, Hawera, Opunake and Inglewood.

2.6 Human Resources Management and Employment Relations

Management/Admin FTE Cap

TDHB provide MoH updated FTE figures for the Management/Admin FTE cap each month. A revised (reduced) cap was set with effect from 1 April 2012 (down from 300 FTE to 291 FTE). The DHB operates within the revised cap.

2.6.1 Bargaining Activity

Human Resources continue to work with health sector unions and DHB Shared Services on various collective employment agreements.

National

- DHB Shared Services have negotiated a 'terms of settlement' for the Senior Medical and Dental Officers' Collective Agreement which expired on 28 February 2013. The agreement is out for ratification by the union.
- The next main collective after this is the Resident Medical Officers' collective which expires in August 2013. The RDA has initiated bargaining.
- The Bargaining Strategy Group has been established in preparation for the SFWU negotiations over the next few months.

Local

- TDHB Management/Union Meetings - TDHB Management, HR and unions continue to have a number of forums in which they meet to discuss operational matters. These include:
    - the Bipartite Action Group (BAG)
    - TDHB/NZNO Joint Action Committee (JAC)
    - Local Resident Doctor Engagement Group (LREG) for RMOs
    - Local Laboratory Engagement Group (LLEG) for LabCare staff
    - Association of Salaried Medical Specialists (ASMS)
    - Joint Consultative Committee (JCC) for SMOs
    - PSA Delegates' Meeting

2.6.2 Health Benefits Limited (HBL)

HBL is a crown-owned company. It is working with TDHB staff to develop ideas for reducing costs and achieving greater operational efficiencies. It operates in a commercial manner to identify, for all DHBs, the best way of reducing the cost of shared services, as well as facilitating and leading initiatives to make the savings.

Finance Procurement and Supply Chain (FPSC) Programme

- HBL is working through a detailed implementation plan, which includes the employee consultation phase and employee transition processes. The consultation is expected to commence in Sept/Oct 2013.
- A single procurement policy is being developed for all DHBs.

Information Services

- The Indicative Case for Change (ICC) document has received feedback from CEs.
- Feedback to be considered before ICC sent to staff and unions.

FMSS - Linen/Laundry and Food Services

- Request for Binding Offer (RBO) to be release shortly.
- Site visits to Taranaki DHB occurred on 18 July 2013 for both Linen/Laundry, and for Food Services.
- Will have limited impact on TDHB (re: FTE) with laundry and food services being outsourced. The cost benefit impact will be apparent after the business cases are received and its local impact understood.

Human Resources and Workforce Management

- HBL have tested the market for national HRIS systems.
- An Indicative Case for Change (ICC) is being developed.

2.7 Human Resources Information

The following is a summary of the workforce statistics.

2.7.1 Ethnicity Statistics

Maori participation in the TDHB workforce has increased further to 7.04% in Quarter 4 (6.77% in Quarter 3).

Table 4: Bi-cultural Overview by Occupation

Bi-cultural overview by occupation group (headcount) is as follows:

	Maori	Non Maori	Not Stated	TOTAL	% Maori	% Non Maori	% Unknown
Medical	3	144	9	**156**	1.92%	92.31%	5.77%
Nursing	50	714	68	**832**	6.01%	85.82%	8.17%
Allied	27	256	15	**298**	9.06%	85.91%	5.03%
Non Hlth Supp	12	80	17	**109**	11.01%	73.39%	15.60%
Admin	24	216	9	**249**	9.64%	86.75%	3.61%
Management	2	29	1	**32**	6.25%	90.63%	3.13%
Total	**118**	**1439**	**119**	**1676**	**7.04%**	**85.86%**	**7.10%**

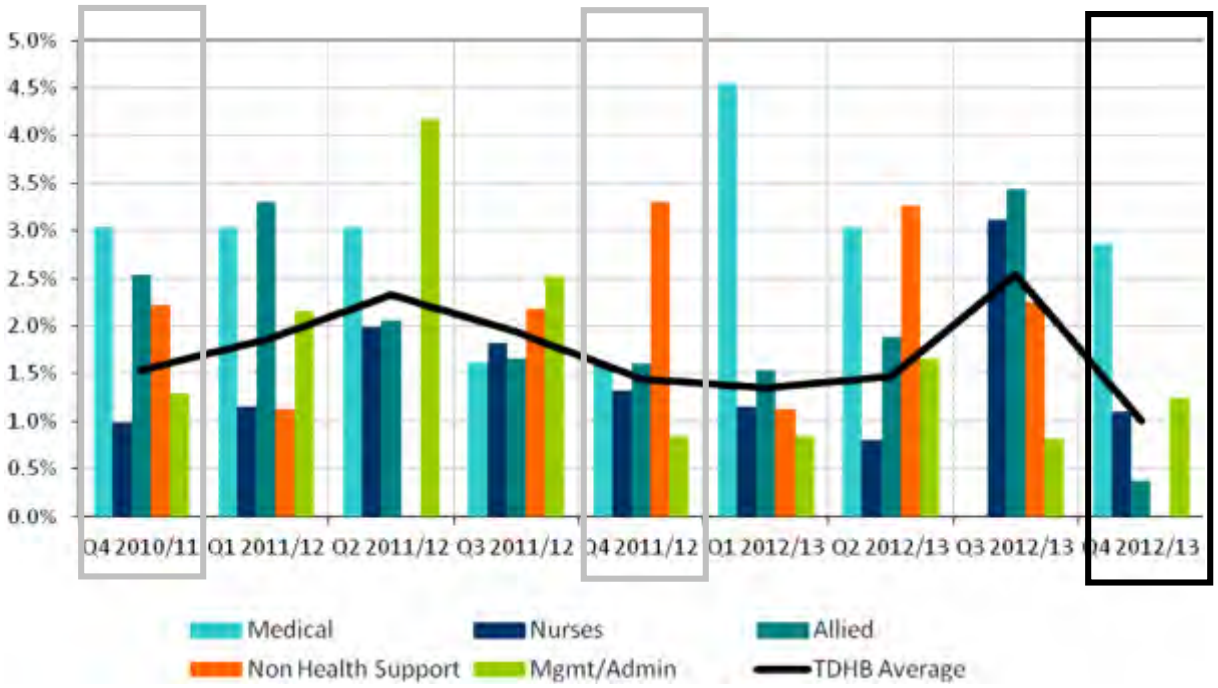
** Figures include casuals, exclude HIQ*

2.7.2 Turnover (excluding casuals)

The average rolling turnover for the last 12 months is 6.03%.

TDHB's average quarterly turnover rate for quarter 4 is 1.00% which is lower than the same quarter in 2011/12 at 1.45%. The quarter 3 national average is 2.4%, and the Midland DHB region average is 2.5% (quarter 4 results not yet available).

Graph 3: Turnover



2.7.3 Sick Leave

Sick leave for this quarter is 2.9% (2.2% in the previous quarter). Sick leave was 2.6% in the corresponding quarter in 2011/12.

2.7.4 Annual Leave

Annual leave taken is noticeably lower at 7.9% (11.8% in the previous quarter). This is due to leave taken at higher levels during January and is slightly higher than 7.1% in the corresponding 2011/12 quarter.

In quarter 4, 11.3% of TDHB employees have an annual leave balance that is at least double that of their entitlement which is an increase on 10.5% in the previous quarter. This figure is notably higher than Midland (4.8%) and national (7.9%) quarter 3 figures (current quarter not yet available). A work plan is being developed in the Hospital Services operations to reduce the annual leave accrual. Human Resources continues to work with managers in an effort to reduce these leave balances and ensure appropriate time off work is taken by employees – contexed with operational realities and impacts.

2.7.5 Planned/Unplanned Leave

Planned/unplanned leave for this quarter is as follows:

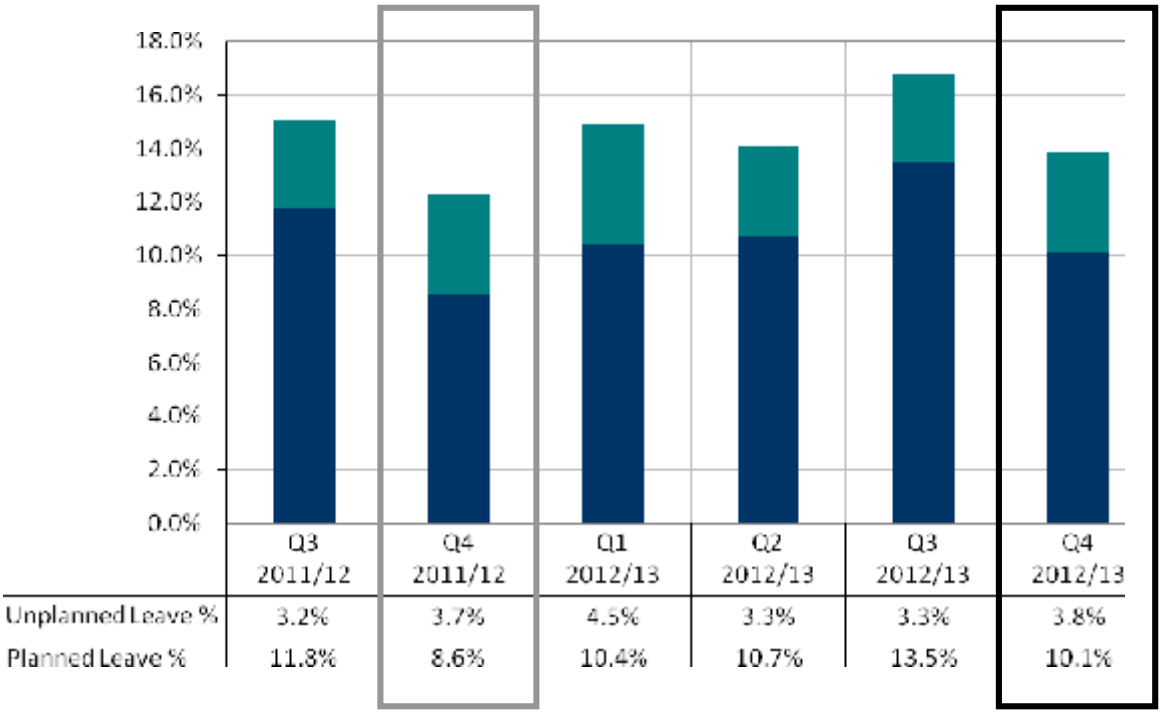
- Planned Leave 10.1%

  (Annual/Public Holiday/Study, Course and Conference leave)

- Unplanned Leave.....3.8%

  (Sick/Other leave, e.g. bereavement leave)

Graph 4: Planned and Unplanned Leave



	Q3 2011/12	Q4 2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Unplanned Leave %	3.2%	3.7%	4.5%	3.3%	3.3%	3.8%
Planned Leave %	11.8%	8.6%	10.4%	10.7%	13.5%	10.1%

RECOMMENDATION

It is recommended that the Human Resources Report for Q4 (April to June 2013) is noted.

George Thomas
General Manager
Finance & Corporate Services

Appendix 1

Agreement	HR Code	Expiry Date	Headcount Non-Union	Headcount Union	Non-Union FTEs	Union FTEs	Approx salary value of CEA	Update
Senior Medical and Dental Officers' MECA (ASMS union)	SM01, SMO2, SM03, SM11, SMBF, SMCC SMIA	28 Feb 13	9	79	6.1	68.5	$16.5m	Settled – subject to union ratification. MECA is a 40 month term commencing 01 July 2013.
NZNO Nurses & Midwifery MECA	NS01, NS11, NSCC, NSIA, NURS	28 Feb 15	91	703	24.3	467.0	$50.8m	Operational
PSA Allied, Public Health & Technical (APT) MECA	CATH, PAIA, PATH, PSAB, PS11, PTHB	30 Apr 14	37	187	21.9	155.5	$11.2m	Operational
PSA Administration/ Clerical MECA	CACT, CAT, PACT, PAEX, PCIA, PCTB	31 Dec 13	46	161	26.0	129.6	$7.0m	Operational
PSA Nursing MECA	PUBH	30 Apr 14		20		12.5	$1.4m	Operational
Service and Food Workers' Union MECA	SS01, SS02, SSCC, SSIA	30 Sept 13		21		13.5	$738K	Operational
Resident Doctors' Association MECA (RDA union)	RM01, RM02, RM03, RM11, RMIA	31 Aug 2013	14	42	10.0	41.6	$4.1m	Operational
Midwifery Employee Representation & Advisory Services (MERAS union)	MER1	28 Feb 2015		12		5.6	$770K	Operational

Agreement	HR Code	Expiry Date	Headcount Non-Union	Headcount Union	Non-Union FTEs	Union FTEs	Approx salary value of CEA	Update
Medical Laboratory Workers' MECA (for LabCare) (NZMLW union)	LABC, LB01, LB11, LBBF, LBIA	7 Aug 14	5	39	3.6	31.4	$2.2m	Operational
TDHB/CHICCU SECA (Cleaners and Orderlies)	CHIA, CHIC	31 Mar 2014	5	42	1.0	30.3	$1.5m	Operational
Apex Psychologists MECA	AP01	30 Apr 2014		1		0.7	$85K	Operational