Northland District Health Board

Hospital Advisory Committee

AGENDA

DATE: Monday 11 July 2016

TIME: 9.00am

VENUE: Tangihua Meeting Room
Tohora House
Whangarei Hospital

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Tai Tokerau

AGENDA

HAC MEETING
MONDAY 11 JULY 2016

9.00am		Karakia	
		Apologies	
		Register of Interests	3
		• Does any member have an interest they have not previously disclosed? • Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?	
		Attendance Register	5
9.05am	1.0	Committee Minutes	6
		1.1 Confirmation of Minutes 30 May 2016	7
		1.2 Matters/Actions Arising	12
9.30am	2.0	Chair's Report	13
9.35am	3.0	General Business	14
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9.40am	4.0	System Performance	17
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	5.0	Next Meeting Details	87
10.30am		Closure	

HAC INTERESTS REGISTER

Name	Nature of Interest	Date Updated
SANDERSON Bill (Chair)	• Director - Northland Orthopaedic Ltd • Shareholder - Kensington Hospital Ltd • Trustee - Northland Medical Museum Trust	17/11/14
BAIN John	• Councillor - Northland Regional Council • Chairman - Order of St John Whangarei • Member – St John Chapter • Member – St John Northern Region Trust Board • Board Member - Sport Northland • Director - Club 21 Ltd • Director - Noble Imports Ltd. • Director - Banjo Trading Co Ltd • Trustee – Northland Road Safety Trust	14/7/14
BENNETT Win	• Employee - University of Auckland – Academic Co-ordinator for Northland DHB site for University School of Medicine • Employee - Northland DHB	2/2/14
JENSEN Denise	• Chief Financial Officer and Company Secretary - New Zealand Refining Company Limited • Chair - Independent Petroleum Laboratories Limited • Director - New Zealand Refining Nominees Limited • Chair of Trustees - The New Zealand Refining Company Pension Fund	4/3/16
JONES Libby	• Lead Professional for Whangarei Children's Team • Deputy Chair Paparoa Medical Society • Trustee Otamatea High School • Trustee Rural Support Northland • Member Rural Health Alliance Aotearoa New Zealand (RHAANZ) • Member Rural Women NZ • It's Not Ok Family Violence Awareness Champion Rodney/Otamatea • Clinical Supervisor Staff member Manaia PHO • Former Social Work Advisor for NDHB	21/1/16
MACAULEY Sally	• Councillor - Far North District Council • Member - FNDC Chairman Community Development & Service Committee, FNDC Economic Development Committee FNDC Delegations: Tourism, Governance The Centre Trust - Director • Visiting Justice – Northland Regional Corrections Facility • Judicial and Ministerial Justice of the Peace • Northern Regional Representative – Benefits Review Committee (WINZ) • Trustee - Kerikeri International Piano Competition • Chairman - Bay of Islands Festival of the Arts • Chair - NZ Lotteries Board – Environment and Heritage • Chair - NZ Lotteries Board World War I Commemorations • Member – Make It Happen Te Hiku Community Governance Group • Chair – Northland Community Response Forum	5/10/15

Name	Nature of Interest	Date Updated
	Peter Macauley (Husband) • Partner - Palmer Macauley (Lawyers, Kaikohe) • Member - St John, Area Chairman, Kaikohe; elected member Northern Region Trust Board; appointee Priory Chapter	
NORMAN Tony	• Trustee - Kerikeri International Piano Competition Trust • Partner - Mill Bay Haven, Mangonui (accommodation provider) • Member - DHB Shared Services Executive Committee • Deputy Chair – Waitemata DHB	30/6/16
REID Chris	• GP Kerikeri Medical Centre • Board member - Northland Faculty Royal New Zealand College of General Practitioners • Member – National Advisory Council Royal New Zealand College of General Practitioners • Trustee – Russell Medical Trust • Member Green Cross Health Advisory Committee • Medical Advisor - Adventure for Good • Member - Practices Steering Group, Royal NZ College of General Practitioners	18/4/16

MEMBER ATTENDANCE - 1 JULY 2015 - 30 JUNE 2016

	2015						2016					
HAC	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**
Bill Sanderson (Chair)	✓	✓		✓	✓		✓		✓	☒	✓	
John Bain	✓	☒		✓	✓		✓		✓	✓	✓	
Win Bennett	✓	✓		✓	✓		✓		✓	✓	☒	
Greg Gent	✓	✓										
Denise Jensen									✓	✓	✓	
Libby Jones	✓	✓		✓	✓		☒		✓	✓	✓	
Sally Macauley	☒	✓		✓	✓		✓		✓	✓	✓	
Tony Norman	✓	✓		✓	☒		✓		✓	☒	✓	
Chris Reid	✓	✓		✓	✓		✓		✓	✓	✓	
Ariana Roberts	☒	✓		✓	☒							

No meeting held
Member resigned
Appointed 4.3.16

1.0 COMMITTEE MINUTES

1.1 Confirmation of Minutes – Meeting 30 May 2016
1.2 Matters/Actions Arising

DRAFT MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD
HOSPITAL ADVISORY COMMITTEE

HELD ON MONDAY 30 MAY 2016
COMMUNITY SERVICES CONFERENCE ROOM, DARGAVILLE HOSPITAL

COMMENCING AT 9.00 AM

PRESENT

Bill Sanderson (Chair)
Tony Norman
Sally Macauley
Chris Reid
John Bain
Libby Jones
Denise Jensen

IN ATTENDANCE

Meng Cheong, Jeanette Wedding, Andrew Potts, Neil Beney, Sam Bartrum, Craig Brown, Jodie Moselen (notes)

FIRE PROCEDURES

The fire exits were noted

APOLOGIES

Win Bennett Nick Chamberlain, Margareth Broodkoorn, Kathryn Leydon, Mike Roberts,

CONFLICTS OF INTEREST

The Chair reminded Board members that in keeping with agreed protocol, conflicts of interest should be declared on a meeting-by-meeting basis as issues arise

1. COMMITTEE MINUTES

1.1 Confirmation of Minutes

It was moved that the minutes of the meeting held on 18 April 2016 be approved

MOVED John Bain SECONDED Chris Reid CARRIED

1.2 Matters/Actions Arising

No actions from previous meeting held 18 April 2016

2. CHAIR'S REPORT

- No formal report from Chair

3. GENERAL BUSINESS

3.1 Dargaville Hospital ABFAB Programme: Presentation – Karen Katipa, Clinical Nurse Manager, Marion Steven, Physiotherapist

- AB FAB stands for Absolutely Fabulous and is a monthly staff award. Nominations are given by fellow staff members when someone has gone over and above their call of duty
- The award was created as a way to focus on good behaviour within the wards and is a fun concept that relates back to the NDHB values
- A third party goes through all of the monthly nominations and decides on the winner, this can be based on the most nominations or why a person was nominated
- The winner receives a certificate and a $20 voucher
- All those who have been nominated within the month will get and email to state why they were nominated and how this relates back to the NDHB values. The staff member who nominated remains anonymous
- The creators of the initiative were expecting some negative feedback when implementing the AB FAB programme but were surprised at how positive the reaction from staff has been
- There are approximately 20 nominations per month
- This initiative has also been rolled out in May to Bay of Islands Hospital to a positive response
- There has been a noted improvement in morale since AB FAB was started four months ago

3.2 Clinical Integration Report

- No Clinical Report

4. SYSTEMS PERFORMANCE

4.1 Operational Report

Overview

It was noted acute services are busier than this time last year. The influenza vaccine campaign is well underway with NDHB having set a target to have 85% of all staff vaccinated this year. NDHB are currently at 70% and are on course to beat last year's overall target.

A project is underway aiming to make the acute inpatient mental health unit smoke free by 31 May 2016. This is an on-going process and has the support of the Service Managers within the mental health unit

Safety & Quality

- Performance remains good.
- March had a rise in the amount of pressure injuries. The causes for these are being investigated

Health Targets

- Smoking cessation advice and elective surgery targets had a strong performance this month. There has also been more progress in regards to faster cancer treatment targets
- The Oncology unit has now been up and running for almost 18 months, though there were some more difficult times in the beginning the unit is now running well. They are fully staff with one staff member on maternity leave currently. Population growth in Northland and an ageing population are however pushing demand in this area
- It was noted that there will be an increase in funding from PHARMAC to help supply new cancer drugs in the future
- Work is continuing in regards to IDF's as more Oncology work is being done locally. No confirmation on details or gross amounts at this stage
- The Jim Carney Cancer Centre was built to allow for the expected population growth which has already happened faster than expected

- It was noted that the role NDHB Maori & Pacific Navigator which is filled by Queenie Mahanga has worked well with great feedback from patients who state they feel more supported after working with her. This has proven a positive development for the cancer centre

Service Delivery

- We became ESPI compliant in April. NDHB are on track to make compliance for elective surgery in June

Population Health Status

- There was a higher than normal level of ambulatory sensitive hospitalisations in March

Financial Sustainability

- Acute workload pressures continue to present financial challenges

Surgical

- As of the end of March the acute surgical case weights have exceeded the planned level by almost 8%
- Colonoscopy wait times are edging upwards. More work is scheduled to reduce this in May and June which should reduce the backlog
- There has been no further details as yet in regards to the Bowel Screening announcement made in the new budget released by Government last week
- The Ministry of Health has signalled the likelihood of a substantial increase in elective surgery being required in 16/17, this will help manage wait lists
- It was noted that there is a new Clinical Director of Anaesthesia, Kylie McGregor due to start late June 2016

Outpatients/Cancer and Blood Services

- The performance against the faster cancer treatment 62 day target has improved to 81% in March. The National reported result for the January to March quarter is expected to be 78.6% placing NDHB slightly above the average
- The increased access to cancer drugs for 2016/17 announced by PHARMAC will have an increase in workload. The New Zealand Cancer Network as written to PHARMAC with their concerns on this, there has been no outcome from the letter reported

Radiology

- Growth in demand for CT scanning has become a pressure point
- Direct referrals from GP's now account for around 10% of the CT scan demand
- A DEXA scanner has been ordered and will allow these scans to be provided in house which will result in cost savings for Northland DHB

Pathology Services

- Steady growth in workload continues for Pathology Services

Older People and Clinical Support

- The stroke unit has had an increase of four extra beds this year
- Though there were a number of vacancies earlier this year for Physiotherapists these have now all been filled
- There was an increase in the number of pressure injuries this month which are all being investigated. This higher number can be attributed to an increased risk as patients gain more independence as part of their recovery process
- There is some investigation work being done into the use of soft restraints but nothing confirmed as yet

Medical

- The Medical service has been incredibly busy this month and is benefitting from the recruitment done for new doctors
- Ward 16 has had an improved patient pathway that has gained momentum with a focus on an estimated date of discharge
- There is work going on to reduce the number of locums being used in this service. Careful recruitment is being done and as a result locums have to be used during this time
- Readmission rates are being looked at thoroughly as these were unfavourable to target with NDHB at 14% for the month. There is some work being done to look at the process around when a patient is discharged and the follow up they receive as to whether this can lead to reduced readmissions. Neil to continue to follow up on this and report back with any updates.

Renal

- A new Renal physician has been appointed
- All of the district hospitals are full with only very limited space in Whangarei for dialysis
- It was noted the age group receiving dialysis is getting younger
- There has been a move towards home-based dialysis as this is a cheaper option and it is better to have people in their own homes when receiving this treatment

Emergency

- There has been a reduction in the number of people presenting to the Emergency Department though this is still higher than this time last year and is an average 100 patients per day
- A key issue is the type patients we are admitting, for example those who are surgical patients who we know we are going to have to admit have to wait until there is a registrar available which can lead to longer wait times
- The key driver for overspend this month is due to added medical staff

Mental Health

- It was noted the new General Manager for Mental Health Services is Ian McKenzie who is due to start 13 June 2016
- There is continued high occupancy in both the inpatient unit and community based services
- The new General Manager will be working on the development of the new model of care
- There have been six suicides this month and 21 this financial year, there is no pattern or trend identified

District Hospitals

- While other district hospital volumes are down overall, Bay of Islands hospital continues to go against this trend with an increase in reported bed days and ED presentations
- It was noted that since Dargaville Hospital has taken back the delivery of medical services there has been an increase in more patients being discharged from Whangarei to Dargaville Hospital as oppose to waiting for full recovery at Whangarei

Paediatric

- There have been an increased number of births since the new maternity unit opened.
- There has also been a lot of good feedback coming in about the new facilities

Facilities and Hotel Management

- There have been early discussions regarding the use of local food suppliers with Northland DHB. Meng to report on this once more information has been received

4.2 Financial Report

The Chief Financial Officer spoke to the financial report for April 2016

- It was a pleasing month in April which has broken the trend of unfavourable results
- This has been helped by an increase in revenue from ACC and discretionary costs such as travel being reduced
- There has been a reduction in stock and theatre consumables
- Northland DHB are looking at leave management

It was moved that the Operational Report and the Financial Report be taken as received

MOVED Chris Reid SECONDED Tony Norman CARRIED

5. NEXT MEETING DETAILS

The next meeting will be held at 9.00am, Monday 11 July 2016, Tohora House, Whangarei Hospital

There being no further business the meeting closed at 10.56am

Confirmed that these minutes constitute a true and correct record of the proceedings of the meeting.

CHAIR **DATE**

ACTIONS ARISING FROM THE MINUTES OF NORTHLAND DHB HOSPITAL ADVISORY COMMITTEE MEETING MONDAY 30 MAY 2016

	ACTION	BY	WHEN
1.	Presentation from Head of Oncology *Presentation to meeting*	General Manager Surgical, Pathology and Ambulatory Services	July 2016
2.	Presentation from Erin Doherty on obesity and Nicole McGrath diabetes	General Manager Medicine, Health of Older People, Emergency and Clinical Support	TBC
2.	Presentation on the new Mental Health model of care	General Manager Mental Health and Addiction Services	TBC

2.0 CHAIR'S REPORT

3.0 GENERAL BUSINESS

3.1 Clinical Integration Report

Clinical Integration Report for HAC Meeting to be held on 11 July 2016
Dr Win Bennett, GP Liaison

Public health services delivered in community is an area where integration and coordination is important. Agencies and providers deliver services to the poorest communities often these services are provided by Maori providers. The benefit for the Hospital when these services are successful is reduced avoidable hospital admissions such as respiratory disease and rheumatic fever in children and chronic disease in adults and the benefit to the wider DHB is improvement in health outcomes and reduce ethnic inequity.

This report focuses on a couple of examples.

1. The integration provided by the Governance group of Our Healthy Homes Tai Tokerau. This group includes the Energy Efficient and Conservation Authority (EECA), NDHB, Northland PHOs, and local representatives of MSD, Te Puni Kokiri and Housing NZ. Funding is provided by DHB, EECA and ASB Community Trust. The services provided include housing assessment, insulation and curtains for families who meet the criteria. Habitat Humanity provides basic furniture. Referrals come from the school based throat swabbing service (three positive swabs in one family), SCBU and the Paediatric team, GPs and Maori providers. Since inception in 2008, over 8000 homes have been retrofitted in Northland. Recent changes in national funding priorities are a potential threat to ongoing service.

2. Changes are taking place in the contribution of Maori providers in Te Tai Tokerau with an increased emphasis on integration, collaboration, good governance and a Northland wide approach. An example is the establishment of the Rheumatic Fever steering group (RFSG) which brings together DHB, PHO and Maori providers to run the school based throat swabbing service (SBTSS) for 5-15yr olds. These services were previously run as individual programmes but now the governance group is ensuring equity in selection of schools, agreed clinical pathways and agreed communications and messages. This will provide a more effective and equitable service while leaving room for local innovation and initiative.

A further example is the Tobacco Control Level Alliance team. Here the DHB, Public Health Unit, Maori Providers, Iwi and the PHOs are joined together to realign tobacco control services in Northland for smoking cessation services, health promotion and clinical services in the hospital and general practice. The work involves developing clinical pathways, identifying intervention points, increased collaboration and focus on outcomes. The expectation is that a Northland-wide integrated service will be more effective in reducing smoking rates particularly amongst Maori. There is a great opportunity with better coordination between hospital services identifying smokers in hospital ready to quit and referral to the appropriate service.

Further examples of the same approach include the reorganisation of the cardiac rehabilitation service. It will be delivered by the hospital and Maori NGOs; Maori NGOs would get referrals from hospital or GP services for those who have had a cardiac event to then be supported in their rehabilitation. There will be agreed clinical pathways, clear goals and monitoring of outcomes. In the screening programme the cervical screening programme is a collaborative effort which involves PHOs/NGOs and DHB services to screen more priority women. The NDHB Breast

Screening services work with Maori NGOs to reduce the DNAs to either transport, educate or whanau tautoko to bring more eligible Maori women in for screening

The same themes apply across all these services of collaboration, integration, good governance and contracting, common evidence based clinical pathways and an emphasis on good data and outcomes all informed by local input and initiative.

4.0 SYSTEM PERFORMANCE

4.1 Operational Report
4.2 Financial Report

Report to the Hospital Advisory Committee

Northland District Health Board

Reporting Period: May 2016

For the meeting held 11 July 2016

Executive Summary

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora A Rohe O Te Tai Tokerau

Overview

Acute services remain very busy. Acute medical caseweighted activity is around 13% above plan while acute surgical caseweighted activity is around 11% above plan. Mental health services continue to experience high demand although in the Tumanako Inpatient Unit occupancy has reduced to around 95%. Maternity services have also seen an increase in workload.

Commentaries

Safety and Quality	Good performance has been maintained generally with respect to patient safety although there was an increase in the number of falls with harm in medical services.
Health Targets	Strong performance continued with regard to the smoking cessation advice and elective surgery discharges target. The DHB remains a better than average performer with regard to the faster cancer treatment target. The ED length of stay target remains challenging.
Service Delivery	The DHB remained ESPI non-compliant in May with regard to elective surgery. Compliance is expected to be regained in June.
Population Health Status	Waiting times for children to be assessed for autism spectrum disorder are exceeding Ministry of Health timeframes.
Financial Sustainability	Acute workload pressures are presenting financial challenges.
Engaged Workforce	Sick leave rates have increased as per the usual seasonal pattern.

Information to assist with understanding the scorecards:
The scorecards provide a high level status of performance. The indicators are summarised where appropriate for the organisation and service specific indicators are presented within separate service area sections of the report. Indicators are usually updated monthly or as soon as information becomes available.

Performance Colours	
Green	Green indicates achieved
Light Green	Light Green indicates just missed achieving target
Orange	Orange indicates significantly missed target
Red	Red indicates substantially missed target
Grey	Grey indicates no data available

Please refer to Scorecard Definitions for threshold tolerances

Performance Indicators	
↑	Indicates performance has improved
●	Indicates no change from previous month
↓	Indicates performance has deteriorated

Denotes a cell where no data is being collected

1. Overview

Surgical services remain busy with the acute workload being a particular pressure in addition to additional elective surgery and colonoscopy activity funded by the Ministry of Health.

2. Scorecard

IP Events Coded For Period - 100%

	Surgical Scorecard - Whangarei Hospital							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Safety and Quality	Reducing Acute Readmissions to Hospital	↑	5.0 %	5.7 %	5.1 %	5.9 %	5.0 %	6.8 %
	Elective Day of Surgery Admission rate - DOSA	↓	90 %	94 %	100 %	92 %	90 %	94 %
	Hospital Acquired Pressure Injuries	↓	0	2	0	2	0	21
	Falls with harm within facility	↓	0	2	0	2	0	20
Health Targets	Improved Access to Elective Surgery – (All NDHB)	↓	799	827	173	585	7504	9,094
	Better help for smokers to quit – Hospital	↑	95 %	97 %	98 %	96 %	95 %	96 %
Service Delivery	Inpatient Average Length of Stay (ALOS) Acute (excludes Day Cases)	↑	3.9	4.0	3.6	4.2	3.9	3.8
	Inpatient Average Length of Stay (ALOS) Elective (excludes Day Cases)	↓	3.1	9.8	2.4	11.9	3.1	3.6
	Elective Caseweights to contract	↑	552	632			6,070	5,927
	Acute Caseweights to contract	↑	538	705			5,917	6,593
	Patients on the Surgical Booking List given a commitment to treatment but not treated within four months	↑	1.00 %	2.83 %				
	Theatre cancellations by Hospital	↑	2.0 %	2.1 %			2.0 %	3.6 %
	% Overdue Surveillance colonoscopy within twelve weeks	↓	65 %	78 %			65 %	88 %
	% Urgent Colonoscopy within two weeks	↓	75 %	57 %			75 %	73 %
	% Non-Urgent Patients Receiving a Colonoscopy within 42 days	↑	65 %	39 %			65 %	40 %
Population Health Status	Ambulatory sensitive (avoidable) hospital admissions by weighted value.			56	28	28		589
Financial Sustainability	YTD Variance to net Result ($000)	↑					0	(3,929)
	YTD Variance to Savings plan ($000)	↓					(1,413)	(679)
Engaged Workforce	FTE employed to budget	↑	390.5	380.6			390.5	380.6
	Percentage Sick Leave Taken	↓	3.00 %	3.08 %			3.00 %	2.67 %

	Total Employees in Excess of 240 hours Accrued Leave	↑				0	105
	Percentage Annual Leave Taken	↓	11.0 %	8.7 %		11.0 %	10.7 %

Commentaries for Scorecard

Safety and Quality

The number of hospital acquired pressure injuries and falls with harm remains relatively low.

Health Targets

The elective discharges target continues to be exceeded by a wide margin, principally as a consequence of high numbers of minor procedures performed in clinics.

Service Delivery

The number of acute surgical caseweights delivered at the end of May exceeded the planned level by 11%.

Population Health Status

The rate of ambulatory sensitive hospitalisations in May was unremarkable.

Financial Sustainability

Anaesthetics has 2.6 vacancies being covered by locums. Salary costs are favourable to budget by $44k due to vacancies, however additional duties expenditure of $177k and locum expenditure of $49k for May mean the service is significantly adverse to budget. The new Clinical Director has been appointed and will commence at the end of June 2016.

Neil Harding-Roberts and Peter Swan have been contracted to assist in delivery of the additional Colonoscopy contract funded by the Ministry of Health. $40k of General Surgery locum costs incurred in May related to services provided in previous months. Salary costs are favourable to budget for May 2016, however locum expenditure and additional duties exceeds the available funding by $97k.

ENT has contracted locums on a sporadic basis to cover an SMO vacancy pending the arrival of the new appointee in October 2016.

Orthopaedics have contracted a registrar for short-term cover due to coincidental unavoidable registrar absences.

The locum expenditure pattern in May is comparable to the previous month and is the costliest month of the year to date. Between one and three specialties have required significant locum input in any given month throughout the year.

Locum expenditure by month for the YTD by specialty

Specialty	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
General Surgery	$ 98,314	$ 85,824	$ 135,712	$ 80,538	$ 701	$ 26,476	$ 27,776	$ 7,254	$ 76,758	$ 82,648	$ 116,503	$ 738,502
Anaesthesiology	-$ 12,754	-$ 50,132	$ 86,089	$ 98,471	$ 108,344	$ 115,625	$ 70,489	$ 70,713	$ 29,178	$ 82,077	$ 48,631	$ 646,730
ENT	$ 21,442	-$ 50	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,096	$ 18,359	$ 21,198	$ 79,045
Gynae	$ -	$ 608	$ -	$ 334	$ 15	$ -	$ -	$ 4,830	$ -	$ 386	$ -	$ 6,172
Ophthalmology	$ 481	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 481
Orthopaedics	$ -	$ -	$ -	$ 3,463	$ 11,494	$ -	$ 580	$ -	$ -	$ 18	$ 4,929	$ 20,484
Urology	$ 4,020	$ 2,240	$ 320	$ 640	-$ 1,280	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,940
HO Relievers	$ 7,457	$ -	$ -	$ -	$ -	$ 2,843	$ -	$ -	$ -	$ -	$ -	$ 10,300
Mgmt	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Variance	**$ 118,960**	**$ 38,490**	**$ 222,121**	**$ 183,446**	**$ 119,274**	**$ 144,944**	**$ 98,844**	**$ 82,797**	**$ 124,032**	**$ 183,486**	**$ 191,260**	**$ 1,507,653**

Additional duties payments in May were $76k, higher than most previous months; $37k of this expenditure was in Orthopaedics and a further $23k in ENT.

Acute Caseweights delivered in May 2016 were 742; this is 29.5% ahead of plan, the highest figure in the year-to-date and the third consecutive month of increase from February's on-plan delivery.

General Surgery and Orthopaedics are the two main areas of growth, with General Surgery (103 CWD; 39.8%), ENT (22 CWD; 157.1%) and Orthopaedics (44 CWD; 18.2%) all materially affected.

Elective Caseweights delivered in May 2016 were 580; this is 18.4% ahead of plan and the highest figure in the year-to-date by 54 CWDs. This additional volume has been commissioned in order to ensure achievement of ESPI 5 compliance, the additional discharges contract and the Colonoscopy additional volume contract.

Prosthesis expenditure in May was the highest in the year to date, $35k more than the previous highest in

March. The expenditure of $504k was $61k (19.0%) higher than the run rate. Expenditure was $126k adverse to budget.

Hips ($79k), Screws and Nails ($25k) and Spines ($15k) were the 3 main sources of adverse variance. Knees contributed a further $10k.

Prostheses financial performance for May 2016 and the YTD

	Budget	Actual	Variance	Budget	Actual	Variance
Hips	$ 103,047	$ 182,316	-$ 79,269	$ 1,100,277	$ 1,463,364	-$ 363,086
Knees	$ 124,515	$ 134,312	-$ 9,797	$ 1,329,501	$ 1,404,969	-$ 75,468
Other	$ 150,337	$ 187,762	-$ 37,425	$ 1,605,212	$ 1,873,229	-$ 268,016
Subtotal prostheses	**$ 377,899**	**$ 504,390**	**-$ 126,491**	**$ 4,034,991**	**$ 4,741,561**	**-$ 706,571**

Outsourcing to Kensington Hospital was limited to 8 Ophthalmology lists in May. The need for use of Kensington will continue on this limited basis until such a time that a long-term solution to the shortfall in cataract capacity can be addressed within Whangarei Hospital.

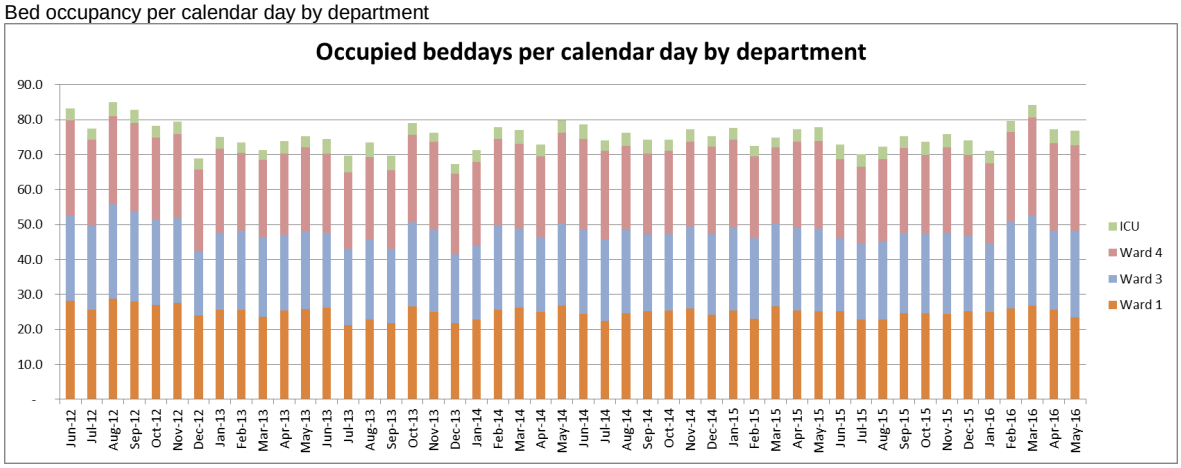
25 cataracts were outsourced to private providers in May as part of the additional volumes contract funded by the Ministry of Health.

50 Colonoscopies at a cost of $65k were outsourced to Rodney Surgical Centre as part of the additional Colonoscopy contract funded by the Ministry of Health.

Non-Medical staff salaries were $47k adverse to budget. Expenditure was $33k greater than the prior month, commensurate with additional acute and elective volumes. ICU ($10k) and Theatres ($46k) have the largest adverse variances in the month while Wards 3 and 4 ($25k) had a notable favourable performances.

Bed occupancy per calendar day figures demonstrate that the last 4 months have been the busiest cohort of months since the beginning of the 2012/13 financial year.

Bed occupancy per calendar day by department



Clinical equipment, disposable instrumentation and repairs and maintenance costs were $45k (36%) adverse to budget in perioperative services in May. Theatre disposables made up $22k (48%) of this variance.

ACC revenue financial performance in May was favourable. Elective revenue was still short of target.

Engaged Workforce

Staff sickness at 3.08% in May is slightly adverse to the 3% target. This is consistent with the expected seasonal pattern.

105 staff have a leave balance in excess of 240 hours, a decrease from 109 in April.

3. Strategic Initiatives / Health Services Planning

The site planners, Kleins, are undertaking a 'test to fit' exercise to determine whether the vacated former maternity accommodation provides sufficient space for an elective operating theatre and endoscopy suite.

4. Emergent Issues and Initiatives Identified

A plan is being formulated regarding the need to deliver around 300 additional elective surgical caseweights in 2016/17.

5. Other Highlights

Additional elective surgery activity has been commissioned by the Ministry of Health in May and June.

1. Overview

The Cancer and Blood Service remains very busy with an increasing range of treatments being provided to a growing cohort of patients.

2. Scorecard

	Outpatients/Cancer and Blood Services Scorecard - Whangarei Hospital							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Service Delivery	Patients waiting longer than four months for their FSA	↑	0.40 %	0.35 %				
Health Targets	Patients referred with high suspicion of cancer commencing treatment within 62 days	↑	85%	76%			85%	77%
Financial Sustainability	YTD Variance to net Result ($000)	↑					0	(2,272)
	YTD Variance to Savings plan ($000)	↑					(79)	(228)
Engaged Workforce	FTE employed to budget	↑	96.6	108.3			96.6	107.4
	Percentage Sick Leave Taken	↓	3.00 %	3.68 %			3.00 %	2.86 %
	Total Employees in Excess of 240 hours Accrued Leave	↓					0	11
	Percentage Annual Leave Taken	↓	11.0 %	6.3 %			11.0 %	8.8 %

Commentaries for Scorecard

Service Delivery

The DHB remained ESPI compliant with regard to first specialist assessments in May.

Health Targets

Performance against the faster cancer treatment target remained relatively high in May at 76%, but significantly below the 85% target. Improvement in the breast and colorectal cancer pathways is required for the target to be achieved.

Financial Sustainability

12.1 of FTE has been deployed above funded budget of 93.7 FTE (12.9%), giving rise to an adverse variance of $65k. In addition to this, cost per FTE deployed is $13k favourable to budget, meaning a net adverse in month performance of $52k.

The key areas of adverse performance are Senior Nurses in Oncology (1.3 FTE, 19%), Senior Nurses in Medical OPD (2.8 FTE, 117%), admin and clerical in Medical OPD (3.2 FTE, 43%) and Relief HCAs (1.8 FTE, 100%). This over-deployment has been consistent in outpatients for a number of months. 5.30 nursing posts, 2.00 Allied Health posts, including social worker, and 1.60 admin posts have been approved for funding from 2016-17.

Pharmaceutical expenditure in Outpatients was $83k higher than run rate in May with PCT drugs in Oncology driving this high expenditure ($61k); however some of this apparent increase was due to favourable adjustments in prior periods. Performance in the month was close to breakeven with adverse performance in Ophthalmology being offset by favourable in GI and Immuno drugs in Medical OPD.

There are a small number of on-going financial pressures; Dermatology triaging is unfunded with a YTD cost of $16k ($6k relates to the last financial year); Cardiology clinics in Kaitaia and Pacing clinics have increased in frequency and the medical liver service is exceeding its funding by $61k (64%).

Depreciation variance is a consequence of the capital purchase programme. Some budget movement has taken place in year; however pressures remain in Oncology and Medical Outpatients for clinical equipment. These two services make up $97k of the $129k variance.

The unfunded use of locum medical staff, in part due to maternity cover, and the unfunded registrar position in Oncology have used the surplus generated from the provision of funding for the third SMO post from July 2015 and the appointment in September.

Engaged Workforce

Oncology (4.0 FTE, 22.2%), Medical Outpatients (6.6 FTE, 31.6%) and EENT Clinic (2.5 FTE, 16.5%) are the principal areas of adverse to budget FTE deployment. Oncology has 1.8 FTE of nursing posts and a Registrar for which the budget will be provided in 2016/17. Senior Nurse and Administration and Clerical roles in Medical Outpatients are pressure points.

Staff sickness at 3.68% is above the 3% maximum target.

11 staff have a leave balance in excess of 240 hours, this is a slight increase from 10 in April.

3. Strategic Initiatives / Health Services Planning

A plan is being developed to expand capacity in the clinical haematology service to meet the increased workload following the development of a local service and the reduction in transfer of patients to Auckland.

4. Emergent Issues and Initiatives Identified

The impact of recent PHARMAC decisions on new treatments being funded in oncology and hepatology is being assessed. Additional staff will be required to manage the associated increase in workload.

5. Other Highlights

Improvements in the lung cancer pathways are reducing waiting times with 21 out of 22 patients (96%) commencing treatment within 62 days over the past six months.

1. Overview

The demand for CT and MRI scans continues to increase. Reporting capacity is a limitation with two radiologist posts vacant at present.

2. Scorecard

	Radiology Scorecard - Whangarei Hospital							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Service Delivery	Improving waiting times for diagnostic services - CT % receiving CT scans within 6 weeks	↑	85 %	63 %			85 %	74 %
	Improving waiting times for diagnostic services - MRI % receiving MRI scans within 6 weeks	↑	85 %	45 %			85 %	49 %
Financial Sustainability	YTD Variance to net Result ($000)	↓					0	(1,382)
	YTD Variance to Savings plan ($000)	↑					(347)	(175)
Engaged Workforce	FTE employed to budget	↓	70.6	67.6			70.6	64.4
	Percentage Sick Leave Taken	↓	3.00 %	2.03 %			3.00 %	2.18 %
	Total Employees in Excess of 240 hours Accrued Leave	↓					0	25
	Percentage Annual Leave Taken	→	11.0 %	7.4 %			11.0 %	9.5 %

Commentaries for Scorecard

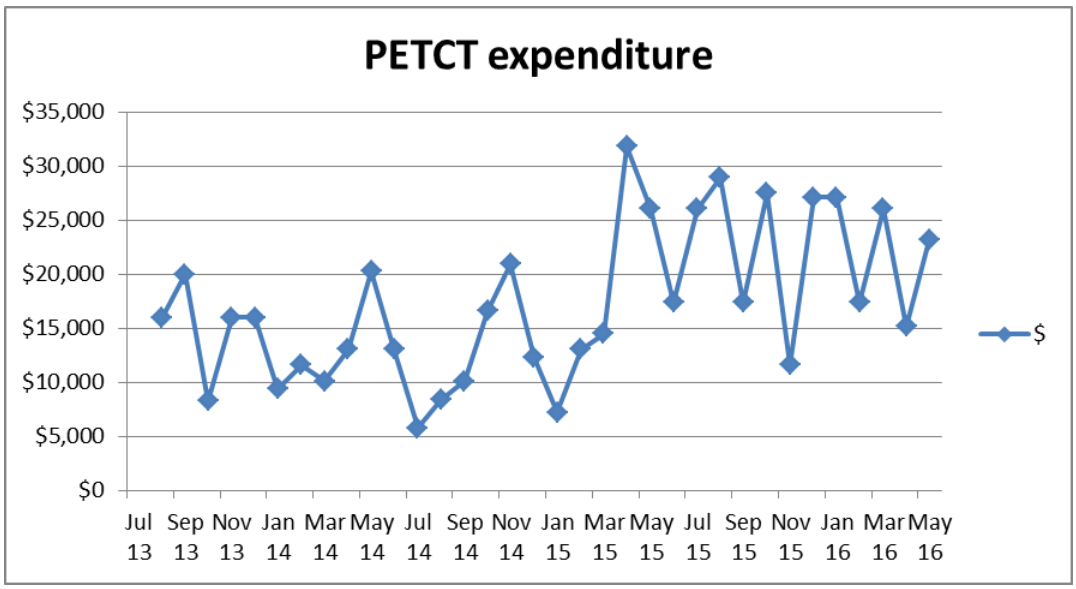
Service Delivery

Waiting times for CT scanning reduced in May. Performance remains well below the national target.

Financial Sustainability

Radiology incurred expenditure of $48k for the month against a budget of $15k. The budget is provided for out of hours reporting when medical staff are not on site to report on urgent images with all other requirements unfunded.

PETCT expenditure has increased from March 2015 as shown in the graph below:



Additional reads averaged $70k per month in the first quarter; this dropped to $41k in the second quarter and $26k in the third quarter. May saw an increase to $41k. Only plain film additional reads will be required on an on-going basis.

Recruitment is underway for two radiologist vacancies (a locum is in place to partially cover one of the vacancies). Due to a budget setting error, CME budget was not supplied in 2015/16 which has caused an adverse variance of $103k YTD.

Paid vs. budget FTE is 1.0 (1.9%) posts adverse to budget in Radiology, 1.5 (21.0%) in Sonography and, 0.8 (32.8%) at Dargaville. The number of deployed FTE has generated a favourable variance of $1k while the costs per deployed FTE are $35k adverse to budget, with basic pay, penals, overtime and allowances the source of the variance.

The variance in May for all departments was $34k adverse to budget. Sonography was $2k adverse to budget in May and $34k favourable for the year-to-date; Dargaville was on budget in May and is $39k favourable to budget for the year; and Radiology is $31k adverse to budget for April and $282k for the year-to-date. The overall adverse variance is due to the skill-mix of the vacancies, with MRT posts over-established and the vacancies existing for lower cost student roles.

There is an unmet savings target around MRI scanner due to mismatch in deliverables and budget from July to January. This has a budgetary impact of $79k adverse for that period but the cost reduction is now being observed. A $25k receipt of a rebate from the new MRI vendor was received in March.

Engaged Workforce

Favourable FTE performance for SMO/Medical Officer (2.2 FTE, 16.6%) and qualified/student MRTs (1.8 FTE, 5.3%) gives the service a net favourable variance of 3.1 FTE (4.3%) against budget. 3 new SMO posts have been funded from July with only 1 appointment in post; recruitment for 3 posts is on-going.

Staff sickness is 2.03% for May 2016.

25 staff have leave balances in excess of 240 hours, a slight increase from 24 in the previous month.

3. *Strategic Initiatives / Health Services Planning*

Full output is now being achieved on the MRI scanner which will help contain increases in waiting times.

4. *Emergent Issues and Initiatives Identified*

An in-house bone densitometry service is expected to commence in July 2016.

5. *Other Highlights*

There are now three radiologists able to report CT colonography scans which will enable increased output and reduced waiting times for the investigation.

1. Overview

The laboratories remain busy as demand for tests and blood products continues to grow. Use of blood products will be reviewed.

2. Scorecard

	Pathology Services Scorecard							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Service Delivery	Laboratory Test Orders	●						
Financial Sustainability	YTD Variance to net Result ($000)	↓					0	(501)
	YTD Variance to Savings plan ($000)	●					(2)	
Engaged Workforce	FTE employed to budget	↓	77.4	81.0			77.4	79.1
	Percentage Sick Leave Taken	↓	3.00 %	2.48 %			3.00 %	2.54 %
	Total Employees in Excess of 240 hours Accrued Leave	↑					0	24
	Percentage Annual Leave Taken	↓	11.0 %	7.3 %			11.0 %	9.8 %

Commentaries for Scorecard

Service Delivery

Histopathology has been particularly busy with a large number of biopsies requiring analysis as a result of the additional colonoscopy activities.

Financial Sustainability

Blood Product expenditure was $48k adverse to budget in May.

Paid FTE is 3.1 FTE (5.3%) adverse to the funded budget with Scientists in Histopathology making up around 73% of the net adverse variance. The total additional FTE has contributed additional cost of around $23k in May with a further $10k of adverse variance attributable to cost per FTE variances, particularly in scientist roles.

The schedule for service contracts has been established and this has allowed the release of some favourable variance from the previous financial year. To date $51k of benefit has been released from previous financial years.

A $6k (3.4%) adverse variance for diagnostic supplies was recorded in May; year-to-date performance is $140k (7.6%) favourable to budget.

Engaged Workforce

Favourable FTE performance for Phlebotomists (1.6 FTE, 27.0%) is offset by an adverse variance for SMOs (1.0 FTE, 19.6%) and Scientists (3.2 FTE, 7.2%) with the net for the service at 3.6 FTE (4.6%) adverse to budget.

Staff sickness is 2.48% for May.

24 staff have leave balances in excess of 240 hours, a decrease from 26 in April.

3. Strategic Initiatives / Health Services Planning

The plans for an interim laboratory upgrade scheme have been agreed. The upgrade will enable IANZ accreditation to be maintained.

4. Emergent Issues and Initiatives Identified

The four yearly IANZ peer review audit took place in May. The final report is awaited.

5. Other Highlights

1. Overview

Most clinical areas are at full staff resource coming into the winter period.

2. Scorecard

	Older People and Clinical Support Scorecard							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Safety and Quality	Falls with harm within facility	↓	0	2	0	2	0	14
	Hospital Acquired Pressure Injuries	●	0	0	0	0	0	10
Health Targets	Better help for smokers to quit – Hospital	●	95 %	100 %	100 %	100 %	95 %	100 %
Service Delivery	Assessment and Rehabilitation Bed Days	↑	595	584			6,352	6,425
	Inpatient Contacts	↑	2,383	2,428			24,329	25,204
	Outpatient Contacts	●	1,275	959			11,980	9,588
	Community Contacts	●	2,633	2,654			25,936	25,974
	Retinal Screens	↓	339	432			3,729	4,051
	Breast Screens	↓	980	1,158			9,800	1,129
Financial Sustainability	YTD Variance to net Result ($000)	↓					0	1,250
	YTD Variance to Savings plan ($000)	●					(110)	0
Engaged Workforce	FTE employed to budget	↓	205.1	197.6			205.1	198.1
	Percentage Sick Leave Taken	↑	3.00 %	2.70 %			3.00 %	3.39 %
	Total Employees in Excess of 240 hours Accrued Leave	↓					0	24
	Percentage Annual Leave Taken	↓	11.0 %	8.5 %			11.0 %	9.9 %

Commentaries for Scorecard

Safety and Quality

The service had two falls with harm and no hospital acquired pressure injuries during the month. YTD there have been 14 falls with harm and 10 hospital acquired pressure injuries. The target for each of these measures is nil.

Health Targets

The service exceeded the 95% target with 100% of patients receiving smoking cessation advice for the month and YTD.

Service Delivery

Most annual targets are based on average delivery over the past three years, phased to allow for holiday periods and seasonal variations. Retinal Screening is based on NDHB internal targets, and Breast Screening is based on the Ministry of Health contract. Service delivery measures with greater than 2% under-delivery against target YTD are detailed below.

	Outpatient Contacts - 20.0% behind target YTD The key driver of YTD under delivery is physiotherapist vacancies. The physiotherapy department had a number of resignations earlier in the year and has had difficulty recruiting to these positions. All vacant physiotherapist roles have now been recruited to and were filled as at the end of April. Partly offsetting under-delivery in this area is over-delivery on Inpatient Contacts (3.6% over delivery YTD) In some areas, outpatient clinicians have had to be released to assist inpatient areas experiencing high demand resulting from a busy hospital and additional elective surgeries to meet waiting list targets.
Financial Sustainability	YTD May 2016, Health of Older People & Clinical Support was $1.250m favourable to budget. YTD Revenue was favourable to budget by $717k including $340k ACC, $161k Breast Screening, $96k InterRai and $79k DSS Additional. Personnel Costs (excluding Savings Lines) were $483k under budget due to vacancies. Clinical Supplies are underspent by $143k YTD. This relates to the accrual of PHARMAC rebate at May month end. This will be allocated out across the organisation in June when the actual credit comes through. Infrastructure & Non Clinical Supplies are under budget by $112k YTD. The service has overspends in Internal Allocations ($83k - higher than budgeted transport costs and volume driven food and laundry charges relating to additional beds) and Outsourced Personnel ($12k - Acute Home Based Support Services) Savings lines total $110k YTD.
Engaged Workforce	As at 20 June, 24 employees within Health of Older People & Clinical Support had annual leave balances in excess of 240 hours. Annual leave is behind the 11% target YTD at 9.9% of total hours. High leave balances are actively managed by managers, with plans in place for these staff members.

3. Strategic Initiatives / Health Services Planning

Deliverable / Action	Planned Outcome	Status
Home Based Support Services (HBSS) Review	Waiting for Ministry of Health guidelines	On Hold
Safe use of Opioid to Reduce Harm	Actions from learning sessions are underway	On Track

4. Emergent Issues and Initiatives Identified

The service will be carrying one Geriatrician vacancy as the current locum is no longer available due to ill health.

5. Other Highlights

1. Overview

The service was generally able to hold beds closed due to lower occupancy through May until June, flexing to meet demand.

2. Scorecard

IP Events Coded For Period - 100%

	Medical Scorecard - Whangarei Hospital							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Safety and Quality	Reducing Acute Readmissions to Hospital	↑	10 %	10 %	8 %	11 %	10 %	15 %
	Hospital Acquired Pressure Injuries	↓	0	2	1	1	0	23
	Falls with harm within facility	↓	0	8	2	6	0	40
Health Targets	Better help for smokers to quit – Hospital	↓	95 %	93 %	94 %	91 %	95 %	94 %
Service Delivery	Inpatient Bed Days	●		1,713	516	1,197		19,069
	Inpatient Average Length of Stay (ALOS) Acute (excludes Day Cases)	↓	4.1	3.7	3.6	3.7	4.1	4.1
	Acute Caseweights to contract	↑	427	475			4,702	5,297
Population Health Status	Ambulatory sensitive (avoidable) hospital admissions by weighted value.			98	38	61		995
Financial Sustainability	YTD Variance to net Result ($000)	↓					0	(2,531)
	YTD Variance to Savings plan ($000)	●					(185)	
Engaged Workforce	FTE employed to budget	↓	114.6	130.5			114.6	130.6
	Percentage Sick Leave Taken	↓	3.00 %	2.77 %			3.00 %	3.04 %
	Total Employees in Excess of 240 hours Accrued Leave	↓					0	38
	Percentage Annual Leave Taken	↑	11.0 %	10.8 %			11.0 %	9.7 %

Commentaries for Scorecard

Safety and Quality

Acute readmissions were on target for the month of May at 10%, but behind target YTD at 15%.

The service had two hospital acquired pressure injuries and eight falls with harm during the month. YTD there have been 23 hospital acquired pressure injuries and 40 falls with harm. The target for each of these measures is nil.

Health Targets

93% of patients received smoking cessation advice for the month, and 94% YTD against a target of 95%.

Service Delivery	Medical Services delivered 1,713 inpatient bed days in May, and 19,069 inpatient bed days YTD. Average length of stay was below the 4.2 day target both for the month and YTD at 3.7 days and 4.1 days respectively. The service has over-delivered caseweights for both the month and YTD.
Population Health Status	Medical Services had 98 ambulatory sensitive admissions during May, and 995 YTD (average of just under 90 per month)
Financial Sustainability	As of May 16, Medical Services was unfavourable to budget by $2.531m YTD. May 16 month overspend of $123k was a decrease on the YTD run rate to the end of April. The key driver of YTD overspend is Personnel Costs at $1.786m over budget YTD. Note that the overspend includes a number of additional roles approved from centrally held funds: 13.01 FTE Nursing, and 0.4 FTE Allied Health for the additional eight medical beds, plus a further three physician posts (currently two roles filled and one vacant). The YTD impact of these additional roles to the end of May was approximately $1.367m. $123k in cover payments and additional sessions has been incurred, plus $96k CME. A further $52k in Recruitment and Relocation costs has also been incurred. The service has been unable to achieve savings planned via bed closures over the summer period due to high demand. Significant demand for patient watches on the wards has further contributed to staffing cost pressure. Watches are now being managed more closely and cohorted where possible. Bed numbers have been managed in April/May. Outsourced Personnel expenditure was $613k against zero budget due to utilisation of locums to cover medical vacancies. Where possible, locum costs are being reduced by direct rather than agency sourcing. Active recruitment campaigns are underway for vacant positions. The service has savings lines contributing a further $104k negative variance YTD.
Engaged Workforce	As at 20 June, 38 staff within Medical Services had annual leave balances in excess of 240 hours. Annual Leave is behind the 11% target YTD at 9.7% of total hours. High leave balances are actively managed by Clinical Nurse Managers, with plans in place for these staff members.

3. Strategic Initiatives / Health Services Planning

The Acute Medical Pathway Project (AMPP) is underway with good collaboration between specialties. Progress is reported under Whangarei Hospital Urgent Care Group.

4. Emergent Issues and Initiatives Identified

Ward 16 zoned nursing and MDT dashboard have contributed to increased nurse visibility of patients. Medical staff now have information to hand when attending wards.

The number of falls during May is being investigated.

5. Other Highlights

1. Overview

Demand is consistently high.

2. Scorecard

IP Events Coded For Period - 100%

	Renal Scorecard - Whangarei Hospital							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Safety and Quality	Reducing Acute Readmissions to Hospital	↓					15 %	18 %
	Hospital Acquired Pressure Injuries	↓	0	2	2	0	0	4
	Falls with harm within facility	↓	0	1	1	0	0	3
Health Targets	Better help for smokers to quit – Hospital	●	95 %	100 %	100 %	100 %	95 %	100 %
Service Delivery	Inpatient Bed Days	↑	100	149	120	29	1,100	1,319
	Inpatient Average Length of Stay (ALOS) Acute (excludes Day Cases)	↓	5.0	5.3	6.0	3.3	5.0	4.8
	Acute Caseweights to contract	↓	25	38			277	371
Population Health Status	Ambulatory sensitive (avoidable) hospital admissions by weighted value.			10	6	4		83
Financial Sustainability	YTD Variance to net Result ($000)	↑					0	(468)
	YTD Variance to Savings plan ($000)	●					(212)	
Engaged Workforce	FTE employed to budget	↓	62.2	63.2			62.2	62.6
	Percentage Sick Leave Taken	↑	3.00 %	3.17 %			3.00 %	3.04 %
	Total Employees in Excess of 240 hours Accrued Leave	↓					0	26
	Percentage Annual Leave Taken	↓	11.0 %	7.7 %			11.0 %	10.4 %

Commentaries for Scorecard

Safety and Quality

Acute readmissions are unfavourable to the 15% target at 18% YTD

The service had two hospital acquired pressure injuries and one fall with harm during the month. YTD there have been four hospital acquired pressure injuries and three falls with harm. The target for each of these measures is nil.

Health Targets

The service has exceeded the 95% target with 100% of patients receiving smoking cessation advice for the month and YTD.

Service Delivery	Renal Services has delivered 1,319 inpatient bed days YTD, well ahead of the 1,100 bed day target. Average length of stay is above the 5.0 day target for the month at 5.3 days, but slightly below target YTD at 4.8 days. The service is over-delivered in terms of caseweights for both the month and YTD.
Population Health Status	Renal Services had 10 ambulatory sensitive admissions during May, and 83 YTD.
Financial Sustainability	As at May 16, Renal Service was unfavourable to budget by $468k YTD. The key driver of overspend is Personnel Costs, at $357k over budget YTD. A further $13k in additional sessions and cover payments has been incurred. Nursing Personnel costs are $220k over budget YTD. Overspend includes $84k relating to additional nursing positions approved from centrally held funds - 1.0 FTE Registered Nurse, 0.4 FTE Donor Liaison Coordinator. $44k allowances over and above budget has been incurred YTD, most of which relates to on call and callback for peritoneal dialysis patients. The service has experienced an increase in callbacks this financial year due to higher levels of acuity for this patient group. A further $35k unbudgeted overtime has been incurred. Clinical Supplies costs are $167k under budget due to savings on Renal Fluids and Supplies; this is partially offset by $136k savings lines in this areas. Infrastructure & Non Clinical Supplies are $82k over budget due to higher than budgeted cleaning costs.
Engaged Workforce	As at 20 June, 26 staff within Renal Services had annual leave balances in excess of 240 hours. Annual leave is behind the 11% target YTD at 10.4% of total hours. High leave balances are actively managed by the Clinical Nurse Managers, with plans in place for these staff members.

3. Strategic Initiatives / Health Services Planning

Service planning for capacity for the next year is nearing completion.

4. Emergent Issues and Initiatives Identified

5. Other Highlights

1. Overview

The current month had been steady, with some days in June reaching very high number of presentations and admissions.

2. Scorecard

IP Events Coded For Period - 100%

	Emergency Scorecard							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Health Targets	Shorter Stays in Emergency Departments (All NDHB)	↑	95 %	93 %	94 %	93 %	95 %	92 %
	Better help for smokers to quit – Hospital	↓	95 %	97 %	98 %	96 %	95 %	95 %
Service Delivery	Percentage proportion of Triage patients seen within the recommended time for their category	↓	75 %	46 %	48 %	45 %	75 %	41 %
	Level 4 attendances to Contract – Discharges			1,532				15,806
	Level 4 attendances to Contract – Admissions (includes ED 3 Hour)			1,529				16,662
Financial Sustainability	YTD Variance to net Result ($000)	↑					0	(1,463)
	YTD Variance to Savings plan ($000)	●						
Engaged Workforce	FTE employed to budget	↓	75.6	80.5			75.6	81.3
	Percentage Sick Leave Taken	↑	3.00 %	3.85 %			3.00 %	3.24 %
	Total Employees in Excess of 240 hours Accrued Leave	↓					0	31
	Percentage Annual Leave Taken	↓	11.0 %	8.1 %			11.0 %	11.7 %

Commentaries for Scorecard

Health Targets

Emergency Department is behind the 95% target for shorter stays at 93% for the month and 92% YTD.

97% of patients received smoking cessation advice for the month, and 95% YTD against a target of 95%.

Service Delivery

Emergency Department is not meeting the 75% target for proportion of triage patients seen within the recommended time for their category - a rate of 46% was achieved for the month of May and 41% YTD.

Financial Sustainability

As at May 16, Emergency Department was unfavourable to budget by $1.463m YTD

The key driver of overspend is Personnel Costs at $1.172m over budget YTD.

Medical Personnel costs are unfavourable to budget by $685k YTD. Note that this overspend includes an additional ED Consultant post approved from centrally held funds, and the conversion of an ED MOSS to ED Consultant. The YTD impact of these roles is approximately $297k. In addition to these roles, two house officers that were approved in 2013 have not been incorporated into the budget (estimated YTD

impact of $156k). Remaining Medical Personnel overspend relates to additional payments to SMOs for vacancy and leave cover ($152k). A further $62k of locum costs has been incurred YTD.

Nursing Personnel expenditure is $424k over budget YTD. In earlier months of the year, the service had relatively high levels of annual and sick leave, plus two staff members on non-work related ACC leave. In recent months the service has also had relatively high turnover. The impact of high turnover is reflected in higher than budgeted annual leave costs (paid out at average hourly rate) and supernumery FTE during the two week orientation period for new starts. Nursing Personnel expenditure is also over budget in Penals ($77k), Kiwisaver ($24k) and Long Service Leave ($13k).

Mgmt/Admin Personnel costs are over budget by $63k YTD due to utilisation of additional resource.

Overspend on Supplies relates to timing of one off expenditure, higher than budgeted Depreciation costs and volume driven Clinical Supplies.

Engaged Workforce	As at 20 June, 31 staff within Emergency Department had annual leave balances in excess of 240 hours (30 in April, 30 in March, 33 in February) Annual Leave was above the 11% target YTD at 11.7% High leave balances are actively managed, with plans in place for these staff members.

3. Strategic Initiatives / Health Services Planning

The Acute Medical Pathways Project (AMPP) ED patient flow continues. Good initiatives have commenced such as the daily 7:45am ED huddle – this is a proactive plan for the day in comparison to the retrospective ED breach report from the previous day.

4. Emergent Issues and Initiatives Identified

5. Other Highlights

1. Overview

A new General Manager, Ian McKenzie commenced on 13 June 2016. Funding for a number of the recommendations (including additional IPU beds and community team FTE's) has been approved in the 2016-17 budget with implementation dates between July 2016 and October 2016.

The NDHB Mental Health & Addiction Service (MHAS) continues to experience ongoing high demand and acuity levels for both community and inpatient services. However the occupancy of the Tumanako Inpatient Unit for the fifth month in a row was below 100% occupancy at 94.7% in May 2016. The three sub-acute units (Whangarei, Kaikohe and Kaitaia) averaged 97% occupancy. Demand for respite, sub-acute and the community medications run are also at capacity and has limited ability to reduce the acute services pressure.

There is continuing high demand for access to older persons beds in the Acute Inpatient Unit. These older persons are typically high and complex needs, are physically and medically fragile, needing high staff input to manage combined mental and physical health needs. As part of the Tumanako Plan the aim is to establish an alternative model of inpatient care for older persons, involving a specialist facility either in the community or on the Whangarei hospital site. Project work to date has identified no suitable alternative site option and the option is being explored to build additional older persons beds onto the existing Tumanako building footprint.

The May financial result for Mental Health was unfavourable to budget $71k for May, and is $656k unfavourable YTD. The major reason for the unfavourable result was high medical locum costs, and medical additional sessions costs. There are currently 3 psychiatrist vacancies and a psychiatrist on sabbatical leave, all requiring locum cover. High overtime and call back in the crisis teams in Mid and Far North and Whangarei also contributed to the adverse result..

Work is continuing on a community location for Whangarei community mental health teams, with possible buildings identified, in Whangarei CBD and Kamo.

2. Scorecard

IP Events Coded For Period - 100%

	Mental Health Scorecard							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Safety and Quality	Reducing Acute Readmissions to Hospital	↓	13 %	17 %	28 %	9 %	13 %	9 %
Health Targets	Better help for smokers to quit – Hospital	↓	95 %	92 %	95 %	89 %	95 %	89 %
Service Delivery	Inpatient Bed Days – Ward 6	↓	659	760	394	366	7,140	8,627
	Detox Bed Days - Dargaville	↑	132	123	31	92	1,428	1,279
	Sub Acute Bed Days (Kaitaia, Kaikohe, Whangarei)	↓	474	540	319	221	5,141	5,610
	Inpatient Average Length of Stay (ALOS) (excludes Day Cases)	↑	24	15	9	22	24	18
Financial Sustainability	YTD Variance to net Result ($000)	↑					0	(656)
	YTD Variance to Savings plan ($000)	↓					(458)	(282)
Engaged Workforce	FTE employed to budget	↑	322.3	307.6			322.3	308.3
	Percentage Sick Leave Taken	↑	3.00 %	3.55 %			3.00 %	4.26 %

	Total Employees in Excess of 240 hours Accrued Leave	↓				0	54
	Percentage Annual Leave Taken	↓	11.0 %	6.7 %		11.0 %	9.3 %

Commentaries for Scorecard

Safety and Quality

Readmissions within 28 days were high this month at 15%, with 10 patients readmitted. Two were readmitted to Tumanako IPU from a sub-acute, and the other 8 readmitted from ED/medical/surgical ward.

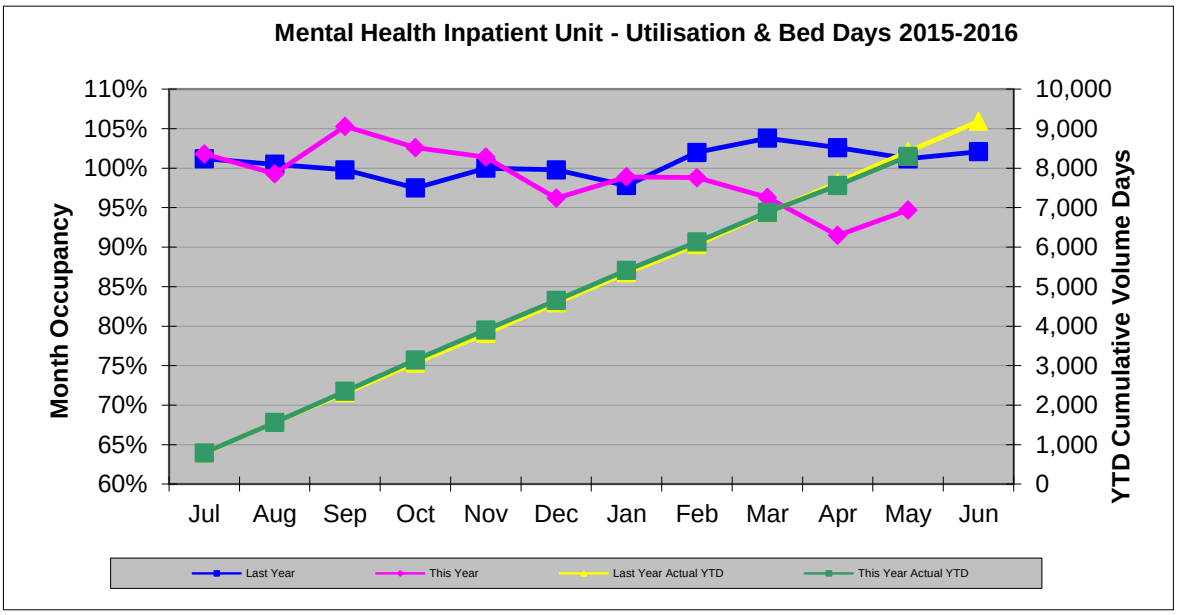
Tumanako IPU occupancy is reducing at 94.7%, with planning occurring to convert four existing rooms into bedrooms and increase capacity to 29 beds.

Health Targets

Smoking cessation advice given is slightly under target at 92% this month. 94 patients were admitted to mental health inpatient beds, including the sub-acute units and detox unit. 58 were current smokers, and the smoking rate was 62%, compared to 22% average smoking rate for the whole hospital. Tumanako IPU and He Manu Pae sub-acute unit both became smoke free on 31 May 2016.

Service Delivery

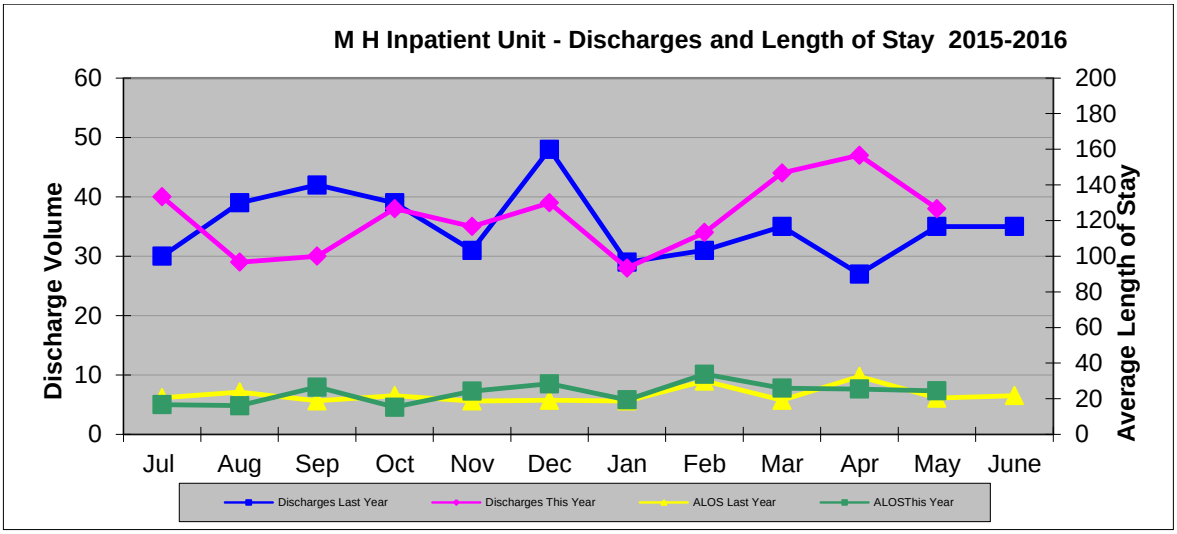
Tumanako Inpatient Unit had occupancy this month of 94.7% and 101% including patients on leave. Prior to discharge patients commonly go on leave to home with family on a trial basis, or go into community respite or sub-acute beds. Occupancy in Tumanako IPU has trended down for the last five months, and previously averaged 100%.



Result	Occupancy		
	Last Year	This Year	Change
Month	101%	95%	6% ▼
YTD	101%	99%	2% ▼

	Bed Days		
	Last Year	This Year	Change
Month	784	734	6% ▼
YTD	8,421	8,299	1% ▼

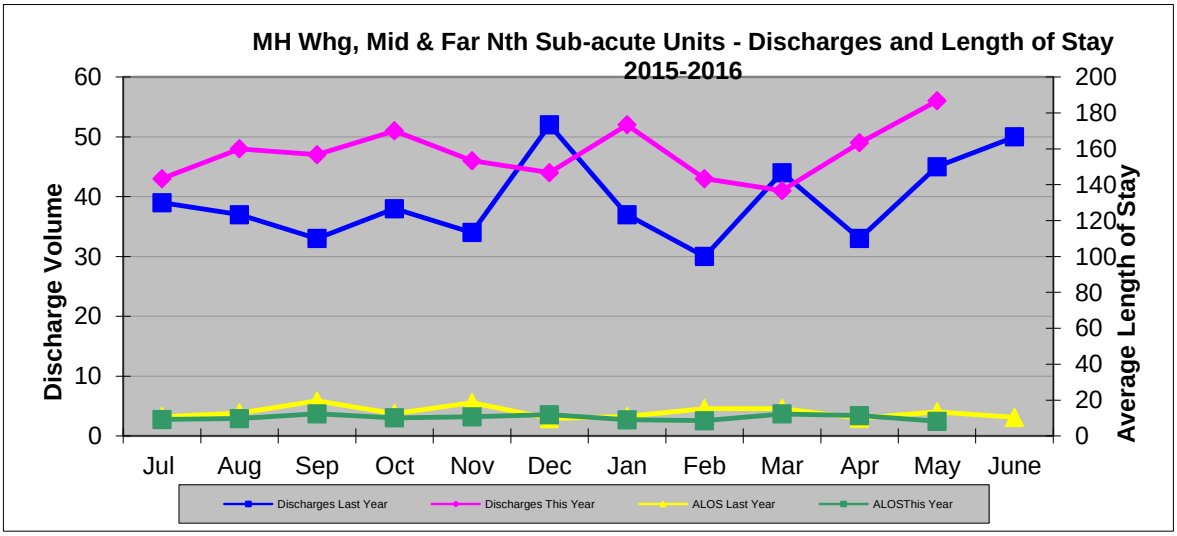
There were 39 admissions this month and 38 discharges, with an average length of stay of 24 days in Tumanako IPU. The average length of stay in the Service Delivery Table above is 15 days, which is the combined average length of stay of the inpatient unit, sub-acutes and detox unit.



	Discharges		
	Last Year	This Year	Change
Month	35	38	9%▲
YTD	386	402	4%▲

	Average Length of Stay		
	Last Year	This Year	Change
Month	20	25	21% ▼
YTD	22	23	5%▲

The three sub-acute units, (Whangarei He Manu Pae, Kaitaia Te Kohanga and Kaikohe Tu Kaha), remain busy with occupancy of 97% and an average length of stay of 8 days. The average length of stay in the sub-acute units was Far North Kaitaia – 20 days; Mid North Kaikohe – 8 days, and Whangarei – 4 days.

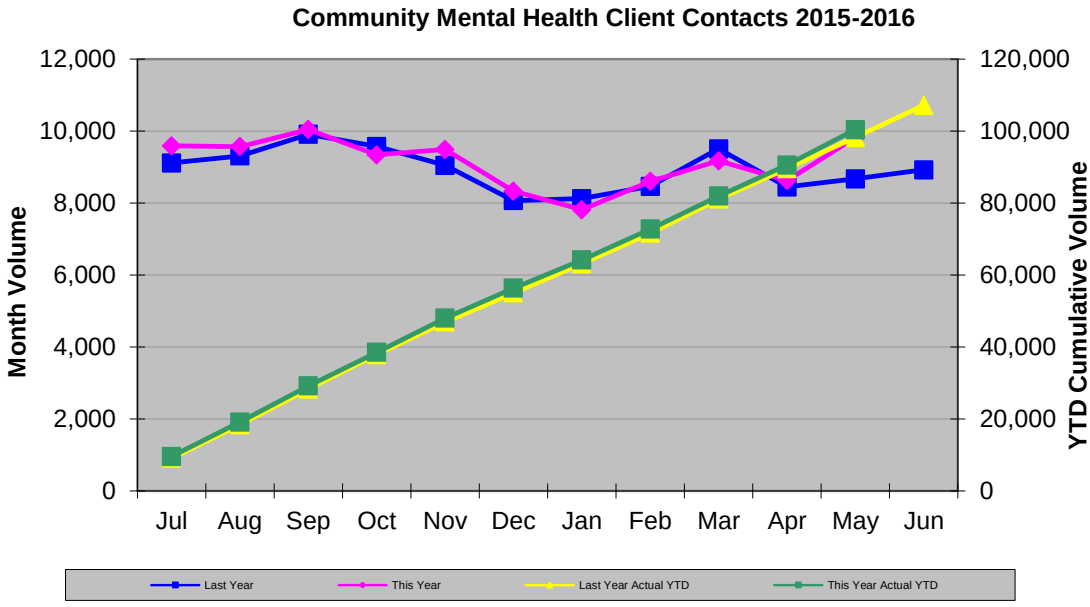


	Discharges		
	Last Year	This Year	Change
Month	45	56	24% ▲
YTD	422	520	23% ▲

	Average Length of Stay		
	Last Year	This Year	Change
Month	14	8	43% ▼
YTD	14	10	29% ▼

Community Mental Health

The community mental health teams had 9,823 client contacts in April and a further 2,266 care coordination contacts (with persons or agencies other than the client or whanau, such as WINZ). This is up slightly on the previous April due to the Easter holiday being in March this year.

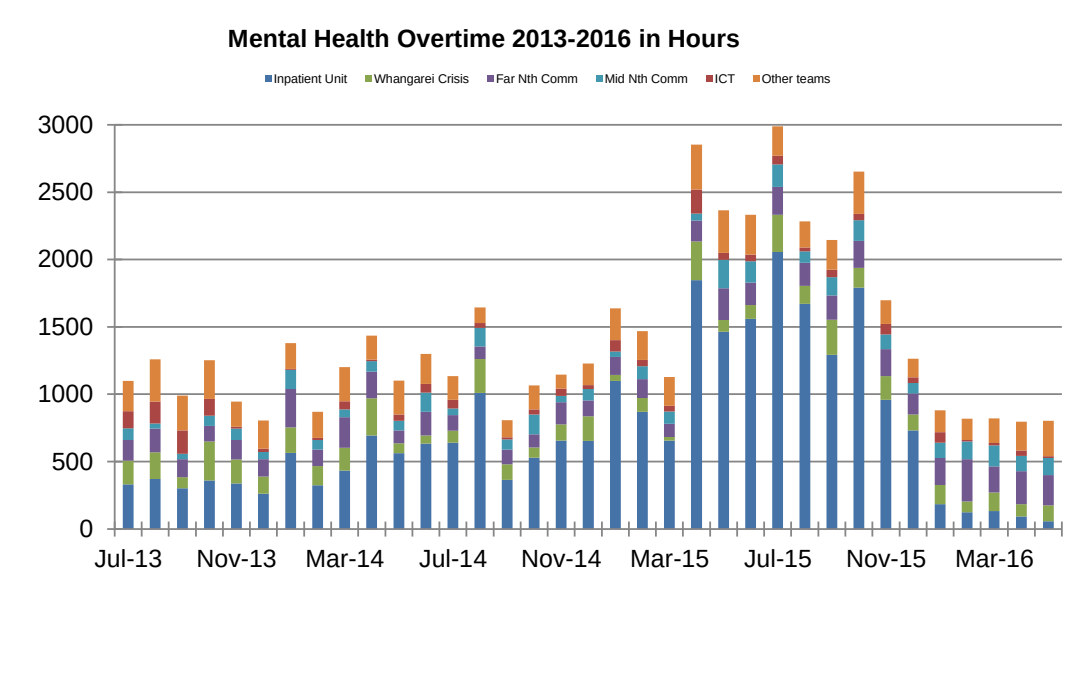


Result	Client Contacts		
	Last Year	This Year	Change
Month	8,675	9,823	2% ▲
YTD	98,269	100,429	1% ▲

Financial Sustainability

Mental Health was unfavourable to budget $71k for May, and is $656k unfavourable YTD. The major reason for the unfavourable result was high medical locum costs, and medical additional session costs. Currently there are 3 psychiatrist vacancies and a psychiatrist on sabbatical leave, all requiring locum cover.

Tumanako IPU was unfavourable to budget $17k this month. For the sixth month in a row overtime has been under 200 hours and sick leave is slowly declining, and has contributed to an improved financial result for the unit compared to the first half of the year.



Engaged Workforce	Mental Health FTEs are 14.7 FTE favourable to budget for the month. Annual leave taken at 6.7% is low. There are 56 staff with over 240 hours annual leave owing: 23 – in Tumanako IPU; 9 in Doctors; 24 in Community. Managers review staff with over 240 hours annual leave monthly. Sick leave taken was 3.5%, above the NDHB target of 3.0%.

3. Strategic Initiatives / Health Services Planning

1. **MHAS Leadership Structure** – all Service Managers and Team Leaders in place. Maori Development Leader not yet advertised.

2. **Tumanako IPU Transformation Plan** – to convert the 25 bed adult and older person unit to a 29 bed solely adult unit.
    - **Safe Staffing Levels –** draft core provisional staffing levels set. Nurses moved back to standard flexible roster in November 2015. MH Nursing and MHAW Project Improvement group set up, with graduated move to 70% registered nursing staff/30% unregistered underway. CCDM analysis received in June 16 which will inform optimal core staffing levels.
    - **Increase IPU beds –** four existing rooms to be changed to bedrooms. Work has been scoped by architect and fire engineers. Completion of two rooms by July and other two by October 2016.
    - **Child & Youth Admissions** – admissions to Tumanako stopped in 2015. Interim agreement with Starship Child and Family Unit to take under 18 year olds. Formalised access to these beds is being negotiated.
    - **Older People Admissions** – Project with Health of Older People started for a separate 8 bed unit for older people. No suitable NGO options, so preferred solution is a unit attached or adjacent to Tumanako IPU. Population trends indicate a 8 bed unit with 5 years and 12 bed unit within 10 years.

3. **Review of Crisis Service**
    - **Whangarei Crisis Service** - to add an awake night shift, swing shift and social worker to the service. Draft rosters are with staff for discussion, then consultation with staff and unions in June.
    - **Far & Mid North Services –** to add an afternoon shift and week end shift to the service. Draft rosters are with staff for discussion. This is a major change to the service, driven by health and safety concerns (long hours worked). Consultation with staff has just begun, and implementation is not expected till October 2016.
    - **Full time Crisis Doctor –** the Whangarei crisis doctor currently only works 3 days a week. Full time cover is required, and recruitment will start shortly.

4. **Additional Community Positions** – In Intensive Team, Whitiora, Alcohol and Drug and Consult Liason have been approved, with recruitment for some starting in July, and the balance in October.

5. **Model of Care** – Funding approves for a facilitator to assist with model of care development. May not start until a Clinical Director is appointed.

4. Emergent Issues and Initiatives Identified

Work is continuing on a community location for Whangarei community mental health teams, with possible buildings identified, in Whangarei CBD and Kamo.

5. Other Highlights

New revenue contracts have been negotiated with Corrections Department for AoD Level 2 and 3 programmes at Ngawha and an Aftercare Navigator position.

1. Overview

Aggregate key clinical volumes across the three district hospitals continue to decline, with Bay of Islands the only facility currently seeing a trending increase.

The directorate continues to report a large unfavourable variance to budget. The total YTD variance across all three hospitals is $1.257m

2. Scorecard

IP Events Coded For Period - 100%

	District Hospitals Scorecard							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Safety and Quality	Reducing Acute Readmissions to Hospital	↑	10 %	7 %	6 %	8 %	10 %	7 %
	Falls with harm within facility	↓	0	1	0	1	0	11
	Hospital Acquired Pressure Injuries	●	0	0	0	0	0	7
Health Targets	Better help for smokers to quit – Hospital	↑	95 %	96 %	99 %	90 %	95 %	96 %
Service Delivery	Inpatient Average Length of Stay (ALOS) (excludes Day Cases)	↑	3.0	2.5	2.2	2.8	3.0	2.8
	Acute Caseweights to contract	↑	270	259			2,971	3,073
	Elective Caseweights to contract	↑	36	49			396	427
	Percentage Attendance rate for all OP Appointments in District Hospitals	↑	95 %	87 %			95 %	87 %
	Percentage Attendance rate for all OP Appointments in Whangarei Hospital	↓	95 %	91 %			95 %	92 %
	Percentage Outpatient Bay of Islands Domicile Attendances in BOI (Quarterly)	↑	22 %	25 %			22 %	24 %
	Percentage Outpatient Dargaville Domicile Attendances in DRG (Quarterly)	↓	18 %	13 %			18 %	15 %
	Percentage Outpatient Kaitaia domicile attendances in KTA (Quarterly)	↓	55 %	64 %			55 %	63 %
Population Health Status	Ambulatory sensitive (avoidable) hospital admissions by weighted value.			81	60	22		1,035
Financial Sustainability	YTD Variance to net Result ($000)	●					0	
	YTD Variance to Savings plan ($000)	●						
Engaged Workforce	FTE employed to budget	↑	204.5	211.7			204.5	207.1
	Percentage Sick Leave Taken	↓	3.00 %	2.53 %			3.00 %	2.30 %
	Total Employees in Excess of 240 hours Accrued Leave	↑					0	39
	Percentage Annual Leave Taken	↓	11.0 %	7.4 %			11.0 %	10.4 %

Commentaries for Scorecard

Safety and Quality	There was one fall with harm within at Dargaville Hospital this month. The incident is being reviewed. YTD falls and pressure injuries compare favourably with those recorded at the same time last year.
Health Targets	The smoking cessation advice rate for District Hospital is sitting somewhat comfortably above target.
Service Delivery	Aggregate key clinical volumes across the three district hospitals continue to decline, with Bay of Islands the only facility currently seeing a trending increase. A&M presentations at Bay of Islands hospital in May were up 12% on April, 5% on May 2015, and total year to date presentations up 4.7% on last year. Total recorded discharges for Bay of Islands hospital in May were up 2.2% on April, but 7.7% down on May 2015. Total recorded year to date discharges are up 3.4% on last year. The total number of outpatient clinics held at Bay of Islands hospital in the financial year to date is up 14% on last year. A&M presentations at Kaitaia Hospital in May were down 1% on April, 23% on May 2015, with total year to date presentations down 14.8% on last year. Total recorded discharges for Kaitaia Hospital in May were down 13.9% on April and 9.1% down on May 2015. Total recorded year to date discharges are down 10.4% on last year. The total number of outpatient clinics held at Kaitaia Hospital in the financial year to date is down 10.4% on last year. There were a total of 122 surgical cases through Kaitaia theatres in May. This is an 18.6% reduction on April volumes, but a 13% increase on May 2015 volumes. Year to date total surgical cases reported are 2.3% down from the same time last year – this amounts to approximately 31 fewer cases year to date. Total recorded discharges for Dargaville Hospital in May were up 27.8% on April, but 25% down on May 2015. Total recorded year to date discharges are down 16.2% on last year. The changes in month are largely attributable to the variable month to month activity within the maternity ward, with the general YTD trend driven by a reduction in social/low triage admissions as result of the changed medical staffing model. The total number of outpatient clinics held at Dargaville Hospital in the financial year to date is down 10% on last year.
Population Health Status	
Financial Sustainability	The financial result for district hospitals in May shows a slight reduction in net expenditure when compared against the monthly average of the very adverse four months immediately prior. This turnaround is small and still results in an overall unfavourable in-month budget result, but is a promising trend nonetheless. A large part of the overall overspend in district hospitals is due to initiatives driven by need outside the directorate. Additional surgical locum resource has been brought in over the past 6 months to assist with the scope list, additional house officers and registrars are currently onsite at Kaitaia Hospital, while the budget for these positions sits elsewhere in the organisation. These budget allocations are corrected in the 2016/17 draft budget for the service. In addition to the above variances, Bay of Islands continues to experience high year on year growth with clinical volumes, and general acuity
Engaged Workforce	YTD, the rate of annual leave being taken is close to target (11% of all hours) within year, however, accrued leave from prior years is still a problem and there are 39 staff across the directorate with very high levels of accrued leave. Discussions continue with these staff - there is currently a focus to ensure leave is being taken where appropriate, particularly by those who don't require full cover during their absence.

3. Strategic Initiatives / Health Services Planning

4. Emergent Issues and Initiatives Identified

5. Other Highlights

1. Overview

The Paediatric ward has been quieter than expected during May and this has assisted in the ability to deploy staff to SCBU who have been extremely busy with a higher volume of babies with higher acute needs. The volume and acuity demands in SCBU are expected to remain high, given the fact that the forecasted birth rate is high over the next couple of months. SCBU relied heavily on NDHB's bureau staff, deployed staff from the Paediatric ward and additional shifts being worked to meet the clinical demands.

The service has been reviewing the model of care in which children with eating disorders are cared for and discussions are underway with a multidisciplinary team from the Regional Eating Disorder Service to align the current model to theirs with the intention of providing more family orientated care which is more beneficial to the patient and should also help to reduce the current length of stay. Length of stay for these patients is currently 26 days (2016 fiscal year).

The service was able to clear the waiting list for food challenges during summer.

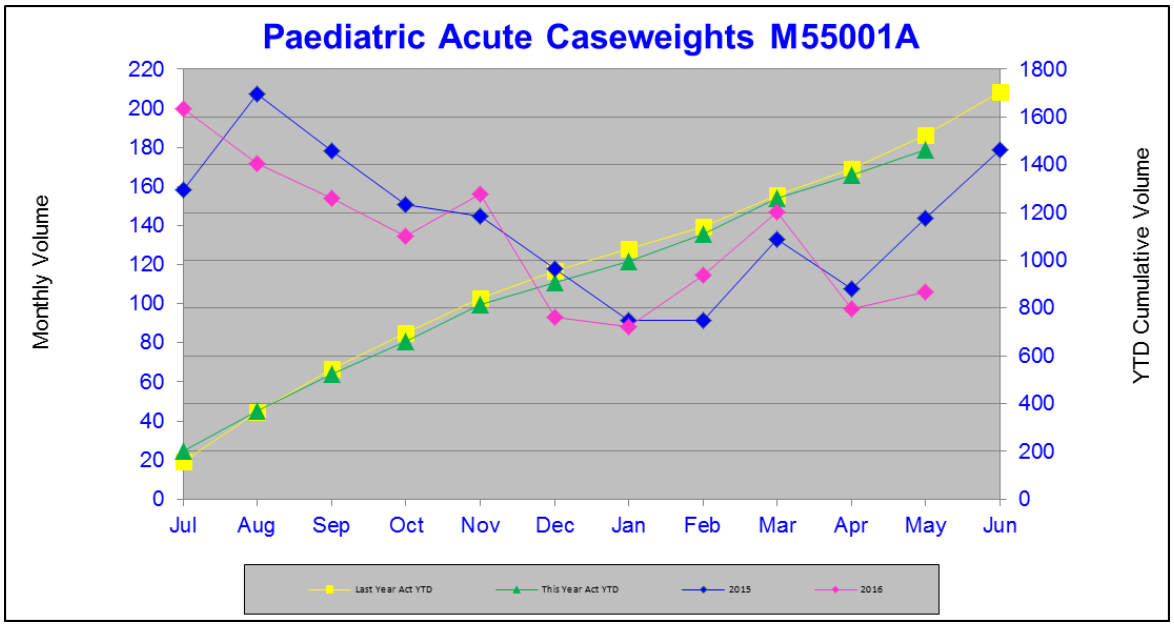
2. Scorecard

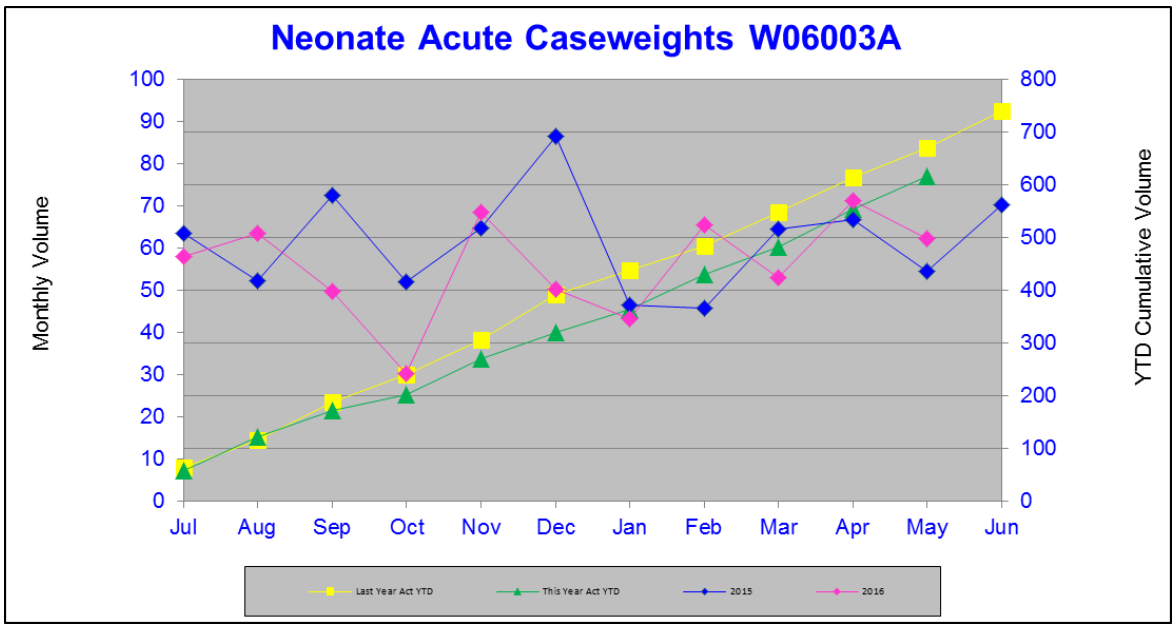
IP Events Coded For Period - 100%

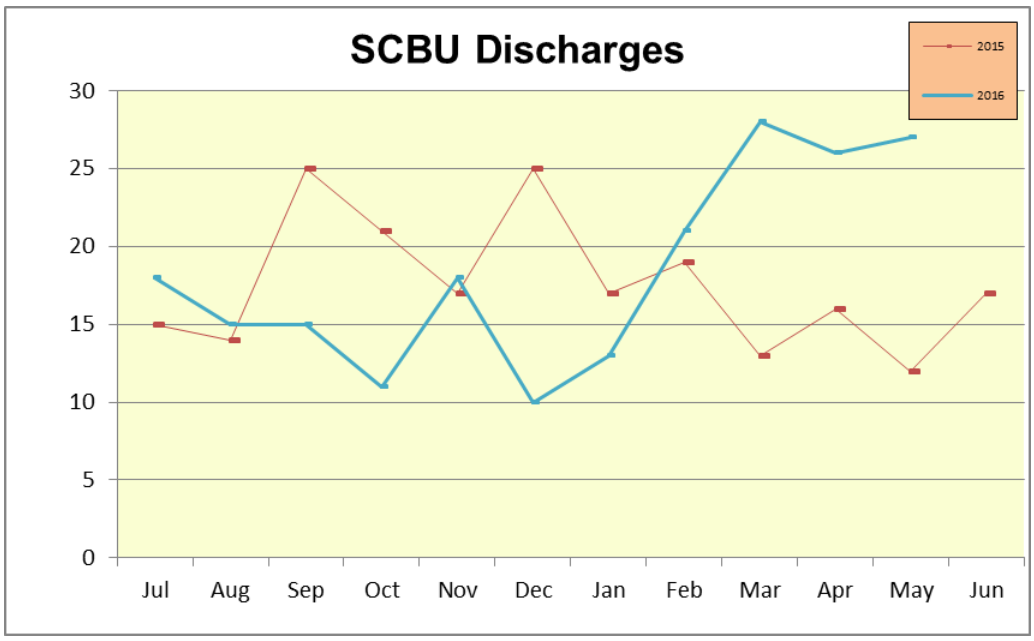
	Paediatric Scorecard - Whangarei Hospital							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Safety and Quality	Reducing Acute Readmissions to Hospital	↓	5 %	10 %	15 %	5 %	5 %	10 %
Service Delivery	Inpatients with LOS > 21 days			2	1	1		9
	Inpatient Average Length of Stay (ALOS) Acute (excludes Day Cases)			2.6	2.3	3.0		2.7
	Acute Caseweights to contract	↓	159	156			1,753	1,914
	Number of Discharges from Ward 2			213				2,581
	Number of Discharges from SCBU			27				202
	Bed Utilisation for Ward 2			86.8				89.0
	Bed Utilisation for SCBU			98.7				83.0
Population Health Status	Ambulatory sensitive (avoidable) hospital admissions by weighted value.			25	17	8		485
Financial Sustainability	YTD Variance to net Result ($000)	↑					0	(279)
	YTD Variance to Savings plan ($000)	●						0
Engaged Workforce	FTE employed to budget	↑	96.5	94.7			96.5	97.2
	Percentage Sick Leave Taken	↓	3.00 %	3.24 %			3.00 %	2.85 %
	Total Employees in Excess of 240 hours Accrued Leave	↓					0	11
	Percentage Annual Leave Taken	↑	11.0 %	9.7 %			11.0 %	10.6 %

Commentaries for Scorecard

Safety and Quality	Paediatrics is undertaking tracer audit work in preparation for the certification visit next month.
Service Delivery	There were 213 discharges from Ward 2 in May, down by 4 on the previous month and bed utilisation averaged 86.8% for the month. The Neonatal ward (SCBU) had 27 discharges, up by 4 on the previous month at an average length of stay of 12.1 days and utilisation was 98.7%. Paediatric caseweights were down on target by 10.5% for the month and are 11.1% above target year to date. There were 2,715 nursing hours required for clinical care in ward 2 and this was down by 853 hours on the previous month.







Population Health Status	Complex Developmental Assessment Clinic (CDAC), Psychology and Dietician Service have recently reviewed referral criteria and pathways.
Financial Sustainability	Child services were unfavourable to budget by $26k for May. The primary reason for this variance was due to additional demand experienced in SCBU where volumes and acuity levels were unexpectedly high. This meant additional resource in nursing staff was required. Ward 2 was comparatively quiet for May and this enabled the Ward to share some of its resource which SCBU when it was needed.
Engaged Workforce	There were 1,546 hours of annual leave taken in May which was up by 46 hours on the previous month. Sick leave was up by 101 hours with a total of 414 hours taken. There were 413 hours of training leave taken which was up by 5 hours on the previous month. There are 24 staff with more than 200 hours annual leave owing to them and 10 of these staff have more than 240 hours owing. Leave plans have been submitted for these staff.

3. Strategic Initiatives / Health Services Planning

NDHB Mental Health Services and Child Health Services have met to discuss the management of young people with Eating Disorders. We briefly looked at length of stay and watch costs. A decision was made to invite the Regional Eating Disorders Services team (REDS) up from Auckland for a meeting with a wider group of nurses and consultants to discuss management plans and the possibility of utilising the REDS team more for in patient management of young people with eating disorders.

Food Challenges were run from November through to April 2016 on Ward 2 at Whangarei Hospital. We aimed to assess and trial food challenges for at least 40 children during this seasonal testing. Food challenges can be an essential part of the assessment of food allergic reactions, and of the ongoing management of children with food allergies. Each challenge must be individualised for the patient in question taking in to account their clinical history, skin or serum specific IgE (ssIgE) test results, and other medical problems. Challenges are undertaken with caution, but used appropriately are a safe tool in determining the presence and/or persistence of food allergy. Last year the waitlist of children awaiting Food Challenges was cleared by the seasonal approach to testing during the less hectic months on the Paediatric Ward.

The Food Challenge list has been blitzed yet again over the summer period. We cleared the waitlist apart from a few that we couldn't proceed with due to the children or family circumstances.

We have completed 7 challenges from November to December and 31 challenges January to May = total 38
•25 tolerated challenges
•10 reacted challenges (4 required adrenaline with one requiring overnight admission)
•3 incomplete challenges

In the 2014/15 season we completed 44 challenges.
In the 2013/14 season we completed 41 challenges
In the 2012/13 season we completed 31 challenges which was the beginning of the new changes to the protocol and required competencies.

4. Emergent Issues and Initiatives Identified

With winter fast approaching and increased presentations of children and babies with infectious diseases, the challenge of managing to isolate the cases whilst in hospital presents its head again. The current Paediatric ward has 6 isolation rooms only which means when a child requiring isolation comes into hospital, if there is no isolation room available, they will be cohorted into a four bedded room with children of similar disease process. This is an on-going issue and one which will be addressed as part of the site master planning currently occurring.

5. Other Highlights

Over three hundred children visiting Whangarei Hospital's Ward Two will be that much cosier this winter thanks to a donation from Mangawhai's Causeway Church.

Members of the church delivered 316 pairs of new winter pyjamas and 50 singlets. Donations had been made by the local community at the church's third annual movie night, held in May. The Kaiwaka Knitters Club who closely associate with the church have also donated booties, hats and blankets for our smallest patients in SCBU.

1. Overview

Maternity services have had a sudden increase in births over the last 3 months in Whangarei Hospital with another 143 during May. The service had looked at the number of bookings due to give birth in July and the numbers also look high, therefore we are expecting another busy month assuming a majority birth on time as expected. The service was over spent by $11k due to higher demand, some one-off costs and costs associated to the “parents in care” initiative. A number of quality initiatives are being implemented including the consideration of a clinical coordinator role for the afternoon shift to improve patient safety and clinical leadership.

2. Scorecard

IP Events Coded For Period - 100%

	Maternal Scorecard - Whangarei Hospital							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Safety and Quality	Reducing Acute Readmissions to Hospital	↓	5 %	7 %	7 %	7 %	5 %	6 %
Health Targets	Better help for smokers to quit – Hospital	↓	95 %	97 %	100 %	86 %	95 %	97 %
Service Delivery	Inpatient Average Length of Stay (ALOS) Acute (excludes Day Cases)			3.2	2.2	4.1		2.8
	Acute Caseweights to contract	↓	112	117			1,233	1,207
	Number of Births in Whangarei Hospital			143				1,396
	Number of Discharges from Post Natal Ward (Ward 11)			252				2,474
	% Exclusive Breastfeeding Rates at Hospital Discharge	↑	90 %	97 %			90 %	97 %
Financial Sustainability	YTD Variance to net Result ($000)	↑					0	586
	YTD Variance to Savings plan ($000)	●						0
Engaged Workforce	FTE employed to budget	↓	59.2	56.9			59.2	53.7
	Percentage Sick Leave Taken	↓	3.00 %	2.93 %			3.00 %	3.48 %
	Total Employees in Excess of 240 hours Accrued Leave	↓					0	18
	Percentage Annual Leave Taken	↓	11.0 %	8.7 %			11.0 %	11.0 %

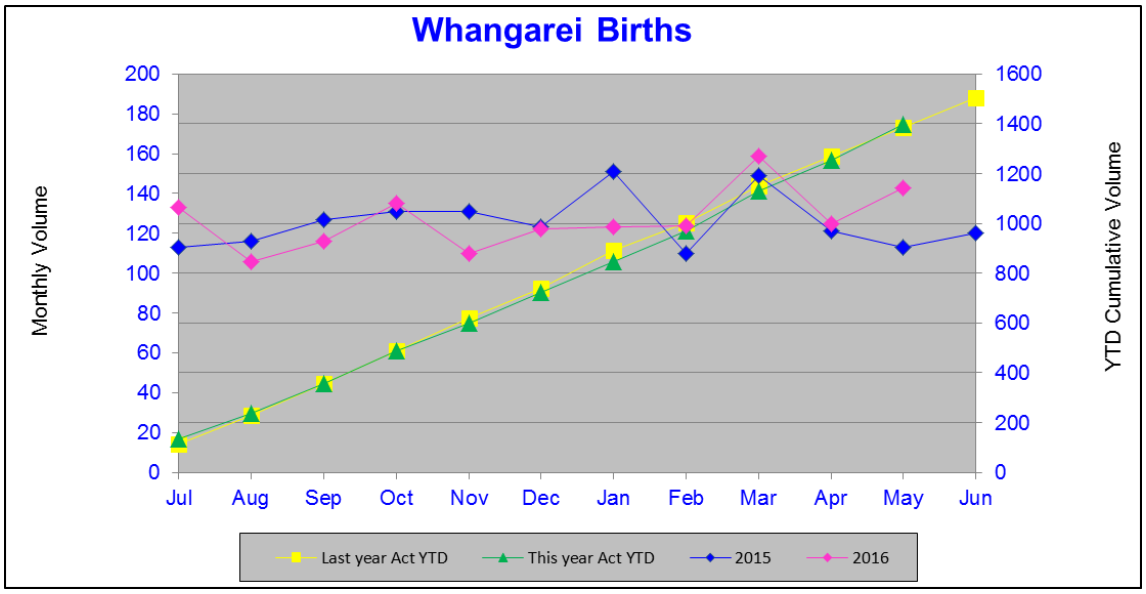
Commentaries for Scorecard

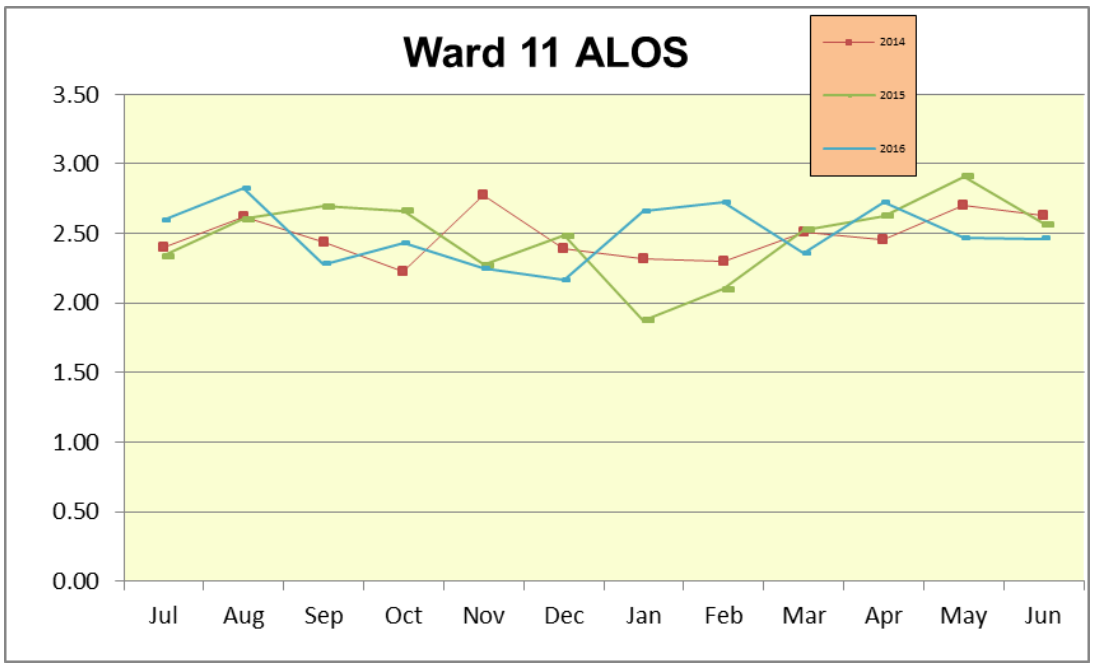
Safety and Quality

The annual report of the Maternity Quality and Safety Programme is due.

Health Targets

Service Delivery	In May there were 143 births in Whangarei Hospital and for the same period last year there were 113. Year to date we have had 11 more births than last year for the same period (8% more). The reduction in volume experienced over the last five consecutive years has meant that we have been able to operate the unit with less resource than normally required, which has resulted in vacancies being carried and in turn we are favourable to budget. Utilisation in Ward 11 was 74.8%





Financial Sustainability	Maternity services were $11k unfavourable to budget for May. Because of the higher demand, the service relied more on Bureau Nursing resource as well as additional shifts being worked by the nursing staff. There were some one off costs associated to the new build which contributed unfavourably and the costs related to the parents in care initiative also had an unfavourable impact on the periods result. Year to date the service is now $586k favourable to budget.
Engaged Workforce	There were 799 hours of annual leave taken in May which was down by 155 hours from last month. Sick leave was up by 55 hours with a total of 271 hours taken. There were 230 hours of training leave taken which was up by 114 hours on last month. There are 31 staff with more than 200 hours annual leave owing to them and 23 of these staff have more than 240 hours owing. Leave plans have been submitted for these staff.

3. Strategic Initiatives / Health Services Planning

Deliverable / Action	Planned Outcome	Status
Northland SUDI prevention project	Significant reduction in the 5 year rolling number of SUDI in Northland	On Track
Breastfeeding Community Education	Increase in exclusive breastfeeding rates at 6 weeks and 6 months	On Track
Clinical Risk Management	Improved maternity care for women of Northland in response to case reviews.	On Track
Maternity New Build and development of New Service Delivery Model	Purpose built maternity unit ready to move into in 2015 with new Service Delivery Model implemented	On Track
Smoke free	All women are screened at booking and on each admission to hospital and are offered brief intervention advice. Reduction in number of smoking mothers in Northland	On Track
Immunisation	On time immunisations for babies in Northland.	On Track
Flu and Pertussis	Pregnant women are vaccinated against flu and pertussis	On Track
Timing of Registration with an LMC	Increase in the number of pregnant women booked with a Lead Maternity Carer by 10 weeks gestation.	On Track

We have begun the process of reviewing all cases of perinatal death over 28 weeks since 2012. We then plan to look at babies from 20 – 28 weeks as well. We are aware that our perinatal death rate is higher than the national average. We review each case when it occurs but this project will use a similar audit tool to look at all cases to see if we can identify factors which may be contributing to our increased rate in Northland. Our intention is then to look at ways of improving services in any areas identified. We expect to complete this audit around September/October 2016.

4. Emergent Issues and Initiatives Identified

Maternal Case Coordination Multidisciplinary Forum:
Progress towards implementation is well underway. It is intended to provide a discussion forum for cases with significant social, mental health or other complexities. The intention is to enable all services to develop a co-ordinated plan for the woman and her whanau which supports her to ensure best outcomes for her and her child without her having to access each member of the multidisciplinary team separately. This process has been implemented in some other DHBs with success. Our process is specifically developed to work in Northland. We have recently appointed a Team Leader for our community team and part of the role will be to coordinate this process and chair the meetings. The appointee will commence her role on 4 July and we expect our first multidisciplinary meeting to be in August 2016.

Implementation of the National Gestational Diabetes Screening and Management Guidelines:
This project is well underway. It includes the development and updating of all inpatient treatment guidelines for women with various forms of diabetes in pregnancy. The guideline for management of type 1 diabetes has been uploaded to our Clinical Knowledge Centre and the management of type 2 diabetes has been presented to Clinical Governance Group for ratification.

Staff, Community Midwives and women are really enjoying Te Kotuku, however as expected there are some operational processes that need fine-tuning in the new environment and this is on-going.

Access for women to between Te Kotuku and SCBU continues to be worked on. Cameras have now been installed in maternity so that ambulatory women will be able to request exit or return via SCBU. Further discussion is underway to look at a better process to enable seamless access for women in Te Kotuku to their babies in SCBU.

Preparation for Certification is underway. We have undergone a mock audit which helped us highlight issues to consider and address and we are working to deal with those we can.

New staff are starting over the next month to address our current occupancy and acuity which has been higher than previous years.

5. Other Highlights

We are in the process of planning for recruitment of our first Clinical Coordinating Midwives. This is a part of our planned midwifery staffing and leadership model implementation and will extend our current shift leadership to include the afternoon shift which we know will improve safety and efficacy of services within the unit for mums and babies.

School based, Community and Oral Health

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora A Rohe O Te Tai Tokerau

1. Overview

May has been busy at the Oral Health hospital sites, the Community oral health facilities and mobiles. The low income adult dental clinics happening one day each week in Dargaville are very busy and there is now a three week waitlist.

School Based & Community Services are running at full capacity, with many cases complex and on-going in nature. We are collaboratively working with other agencies and providers to enable the best outcome for the client and their whanau remains our priority. This included the March for MOKO and Mindset training with the Police (Violence Intervention Programme).

Measles cases in the Mid North area called for re-prioritisation of public health nurses schedules for 3 weeks while the localised outbreak was contained. With flu season expected to start in the next few weeks public health nurses are proactively offering the flu vaccine to all the rheumatic fever clients.

2. Scorecard

	School based, Community and Oral Health Scorecard							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Service Delivery	Mobile Ear Clinic Contacts (one month retrospective)			291				3,310
	Public Health Nurse Contacts			2,466				22,450
	Adult Dental Treatments	↑	225	208			2,475	1,970
	Number of Pre-School, School children and Adolescents Receiving an Annual Dental Examination	●	90 %	89 %			90 %	89 %
	Sexual Health Contacts			451				4,536
Population Health Status	Number of Reports of Concern to Child Youth and Family			42				371
	Number of Family Violence Positive Disclosures			29				324
	Newborn Hearing Screening Rates (3 Months Retrospective)	↑	85 %	92 %			85 %	87 %
	Preschool Dental Enrolments	●	95 %	70 %			95 %	70 %
	School Dental Enrolments			120 %				118 %
	Adolescent Dental Enrolments	↑	85 %	51 %			85 %	50 %
Financial Sustainability	YTD Variance to net Result ($000)	↑					0	681
	YTD Variance to Savings plan ($000)	●					(424)	0
Engaged Workforce	FTE employed to budget	↓	162.8	155.3			162.8	152.8
	Percentage Sick Leave Taken	↓	3.00 %	3.36 %			3.00 %	3.26 %
	Total Employees in Excess of 240 hours Accrued Leave	↑					0	3
	Percentage Annual Leave Taken	↓	11.0 %	5.0 %			11.0 %	9.7 %

Commentaries for Scorecard

Service Delivery	Oral Health service has completed 14 general anaesthetic sessions at Kaitaia, Whangarei and the surgical bus in Kaikohe and Dagraville - 61 patients in total have been seen. These include patients seen by the visiting oral maxillofacial surgeon, children and special needs patients. School based and community service delivery statistics are consistent with previous months except for public health nurses which are higher due to not having school holidays this month as we did in April. The measles cases and associated follow up in the Mid North area also made for a busy month for public health nurses. The Sexual Health Clinic has had an increase in numbers and there is currently a one week wait for a doctor's appointment. Nurses can see clients in their clinics each day.
Population Health Status	The MoH oral health team sent through new population projections for pre-schoolers, school children and adolescents. These denominators are derived from the latest population projections for the 2015 calendar year from Statistics NZ based on Census 2013 information. These population projections have seen a 2% increase in the number of 5-12 year olds and 1% decrease in the 13-17 year olds. The adolescent enrolment numbers reflect the numbers enrolled with NDHB provider and Ngati Hine Health Trust. Up to 20% more adolescents will be enrolled with private providers.
Financial Sustainability	The service is underspent by $22k for May and $681k YTD. Additional revenue is $110k favourable and relates to monies released from Income in Advance to offset spend on Rheumatic Fever and Public Health projects. Outsourced Supplies are overspent by $70k which relates to the Rheumatic Fever Sore Throats contract. Salaries are overspent by $16k which is related to the dental staff that have transferred from Hokianga Health.
Engaged Workforce	There were 1249 hours of annual leave taken in May. There are currently 12 staff with more than 200 hours annual leave and 6 staff with more than 240 hours. Leave plans are being discussed with these staff. There were 836 hours of sick leave taken in May - a decrease of 170 hours from April.

3. Strategic Initiatives / Health Services Planning

Contracts with the Coalition of Rheumatic Fever Prevention Programme providers are currently being finalised for the 2016/17 year. Public health nurses will work alongside several of the Maori providers to deliver the school programme.

Public health nurses are currently investigating offering flu vaccination to our existing rheumatic fever clients which would provide them with an enhanced opportunity to remain well through the winter months. These clients are often hard to reach and a visit to the GP for flu vaccination can be difficult to achieve. Flu vaccination for rheumatic fever clients was noted in the feedback from the recent Ministry visit.

The Violence Intervention Programme team is working closely with an ED Registrar to implement an initiative to enhance the use of the Paediatric Injury Assessment Flow (PIAF) chart. The initiative will measure how well ED clinicians are utilising the national PIAF. We will focus on both Whangarei and Kaitaia ED. The aim is to improve the percentage of children presenting with injury who are assessed using the Paediatric Injury Assessment Flowchart. This information will be reported via the Child Health Plan.

4. Emergent Issues and Initiatives Identified

Northland had 6 measles cases all related to a case in Hamilton (Kapa Haka festival). Public health nurses contact traced and provided immunisations (where consented) to those students who weren't fully immunised via a series of school and community clinics.

BCG vaccination for tuberculosis is again out of stock within the country. At this stage it looks as though it won't be back in supply until 2017.

The Oral Health Service has a complete workforce. The Dental Therapy workforce is extremely vulnerable as the average age of a dental therapist in Northland is 58. We will continue to engage with the two universities (Otago and AUT) and provide clinical placements for undergraduates throughout the year hoping to entice some of these students to take up positions next year as graduates.

5. Other Highlights

The Violence Intervention Programme (VIP) team have participated in Mindset training which has been organised by Police and Child Youth & Family Services (CY&FS) to train front line staff. Work and Income Support, Corrections and Health were allocated 1 or 2 seats at each training. The training includes presentations from both a perpetrator and victim and was very powerful in its messages.

March for Moko: This month VIP where involved in supporting the march to demonstrate the community's stand against family violence. Other partners, Police, CY&FS, Women's Refuge also supported the cause.

1. Overview

One of the key highlights for May was the measles outbreak. A CIMS, (Coordinated Incident Management Structure), team was set-up, walk-in clinics were opened, and several media releases were made to raise awareness and increase the vaccination coverage for prevention of the spread of measles. Close to 400 vaccinations were given in Kerikeri with GPs also actively participating in combating and containing the outbreak.

2. Scorecard

	Public Health Scorecard							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Service Delivery	Drinking Water Activities			21				274
	Early Childcare Centres			0				0
	Environmental Health Activities			3				43
	Port Health			11				156
	Prevention of Alcohol Related Harm			65				922
	Tobacco Control			0				0
Financial Sustainability	YTD Variance to net Result ($000)						0	0
	YTD Variance to Savings plan ($000)							0
Engaged Workforce	FTE employed to budget		33.4	33.7			33.4	32.2
	Percentage Sick Leave Taken		3.00 %	0.82 %			3.00 %	2.43 %
	Total Employees in Excess of 240 hours Accrued Leave						0	1
	Percentage Annual Leave Taken		11.0 %	5.3 %			11.0 %	10.0 %

Commentaries for Scorecard

Service Delivery

Whangarei District Council's fizzy-free policy - WDC has now finalised their "fizzy free" policy, which is similar to Northland DHB's. We believe it is only the second council in NZ (after Nelson) to do so. We are now working with Healthy Families Far North to support Far North District Council to take this on.

Water only policies in schools – An initial collaborative agency meeting was held to support schools to develop and implement 'water only' policies. The key stakeholders involved were Healthy Families Far North, Heart Foundation, Project Energise, Enviro Schools, and Health Promoting Schools (HPS). PHN's will also be engaged to support the initiative.

Financial Sustainability

The Core Public Health underspend of $30k has been accrued to Income in Advance. Salaries are overspent by $25k which includes costs incurred in the measles outbreak in the mid-north. Revenue is favourable by $13k and Clinical Supplies is favourable by $11k.

Public & Population Health service is underspent by $24k for May and $211k YTD. The underspends are in Salaries where we have two vacancies and in Outsourced Supplies where our shellfish sampling costs are less than expected.

Engaged Workforce	Core Public Health had a total of 289 hours of annual leave taken in May. There are currently no staff with more than 200 hours but one with more than 240 hours of annual leave. There were a total of 46 hours of sick leave taken in May - a decrease of 19 hours from in April. Public & Population Health had a total of 116 hours of annual leave taken in May. There are no staff member with balances of more than 200 hours and two with more than 240 hours. Leave plans will be discussed with these staff. There was no sick leave taken in May - a decrease of 40 hours from April.

3. Strategic Initiatives / Health Services Planning

PHU annual plan 2016/17 – Feedback has been received from the Ministry of Health on the draft annual plan. The feedback and necessary amendments will be considered and incorporated and then the final version will be submitted to the Ministry for approval and sign-off.

4. Emergent Issues and Initiatives Identified

Measles - 6 confirmed cases occurred in Northland in May, linked to the Waikato outbreak. Containment through isolation of infectious cases and follow up of contacts appears to have been successful, with no new cases reported as of June 2. However, there have been more than 50 cases in this outbreak across New Zealand, so we expect more cases are possible in the coming months.

Measles outbreak management - A CIMS structure was set up in response to the measles outbreak, and the MOoH and Public Health Nurse's (PHN's) worked intensively with Kerikeri High school and Mid-North GPs to establish the immunisation status of students, and offered additional walk-in clinics at the school, sports grounds, youth training programmes and for recognised seasonal workers from the Pacific. Over 100 MMR vaccinations were given at the school to students, with a total of close to 400 vaccinations given overall in the 2-week period (20/5/16-1/6/16). General practitioners have also actively recalled patients who were not immunised.

5. Other Highlights

The Drinking Water Assessment Unit was successfully assessed by International Accreditation New Zealand and will retain their accreditation as a Unit.

1. Overview

The following multi-employer collective agreements (MECAs) have been implemented:
Northern Region & PSA Clerical and Administrative Staff
APEX Medical Radiation Technologists

Bargaining is underway to renew the following MECAs:
NZRDA Resident Medical Officers (expired 29 February 2016)
ASMS Senior Medical and Dental Officers (expired 30 June 2016)
APEX Psychologists (expired 31 May 2016)

Preparation for bargaining has commenced for the NZMLWU Laboratory Workers MECA which expires on 20 August 2016.

The quarterly Bipartite Forum was held on 11 May 2016.

The regular training programme of HR Modules has been delivered during May, including a trip to Kaitaia to offer the training opportunity to managers in the Far North without the burden of travel. These sessions have value for the HR team as a better understanding of the local work environment assists the team to support these managers well. Learning & Development noted 669 online successful course completions took place on Moodle and 209 attendances on face-to-face courses. Five new courses have been introduced: Finance, Project Management for non-Project Managers, WorkSmart, Meetings that get Results, Mindfulness for Resilience and Wellbeing.

During May 2016, 33 vacant RMO shifts were filled of which 10 were covered by 2 different external locums with the remaining shifts covered by RMO/SMO additional duties. Quarter 3 commenced 30 May 2016. One house officer commenced in May. Two house officers will commence the third quarter run 6 weeks late.

Registrar roles continue to be filled for the second half of 2016. We are awaiting confirmation from applicants for offers made. There are several outstanding vacancies.

Following a meeting with the CMO in early May allocation planning for 2017 is nearly complete.

Health & Safety Committee structure (and terms of reference) are under review with our union partners. A desktop review has been completed on lone worker risk management performance and procedures. Preliminary findings include; inconsistent department protocols; insufficient staff training on specific risks (e.g. driver fatigue, animal attacks, asbestos and chemical contamination), and lack of a personal risk management culture. Recommendations and an action plan will follow.

2. Scorecard

	Human Resources and Corporate Support Scorecard							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Financial Sustainability	YTD Variance to net Result ($000)	↓					0	49
	YTD Variance to Savings plan ($000)	↑					(64)	(64,200)
Engaged Workforce	FTE employed to budget	↓	47.6	50.1			47.6	49.3
	Percentage Sick Leave Taken	↑	3.00 %	2.11 %			3.00 %	2.32 %
	Total Employees in Excess of 240 hours Accrued Leave	↓					0	3
	Percentage Annual Leave Taken	↓	11.0 %	9.3 %			11.0 %	10.8 %

Commentaries for Scorecard

Financial Sustainability	HR and Corporate Support Services were unfavourable for the month of May at $41,896 but favourable YTD of $48,540. This was due to the payment of an invoice that had been phased for payment in June 2016. This cost will be recovered against June 2016.
Engaged Workforce	There were 744 hours (9.3%) of annual leave taken. There are currently 4 staff with a leave balance of over 240 hours. This equates to a total of 129 hours above the benchmark of 240 hours. There was 2.1% sick leave in May (169 hours).

3. *Strategic Initiatives / Health Services Planning*

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4. *Emergent Issues and Initiatives Identified*

5. *Other Highlights*

From an organizational perspective, the following workforce indicators summarize employee activity with regards to FTE and hours for May 2016.

	Actual	*Budget*	*Difference*
FTE – Month (Paid)	***2,249***	***2,121***	***-128***
FTE – Month (Accrued FTE)	***2,362***	***2,121***	***-241***
FTE – YTD (May 2015- May 2016) (Average)	***2,226***	***2,121***	***-105***

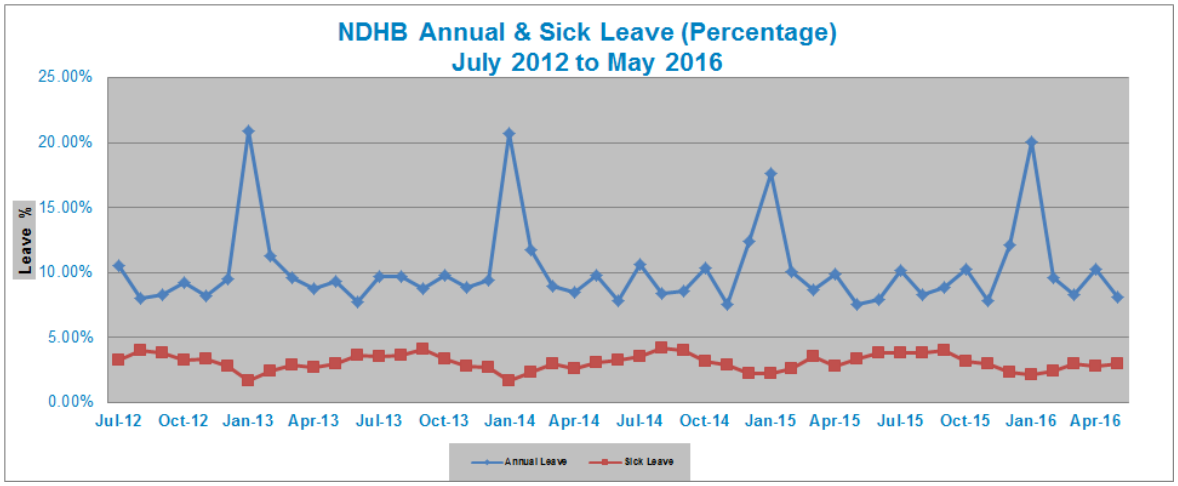
	Previous Month Hours (April 2016)	*Current Month Hours (May 2016)*	*% of Total Hours (May 2016)*	
Actual Hours – Productive[1]	415,845	312,972	86.4%	
Actual Hours - Annual leave	59,802	29,295	8.1%	
Actual Hours - Sick leave	11,104	10,945	3.0%	
Actual Hours – Training	3,200	5,982	1.7%	
Actual Hours - Other Leave	3,172	2,888	0.8%	
Actual Hours – Overtime	2,934	2,332	0.6%	
Actual cost – locums	338,212	427,025		

Staffing Analysis

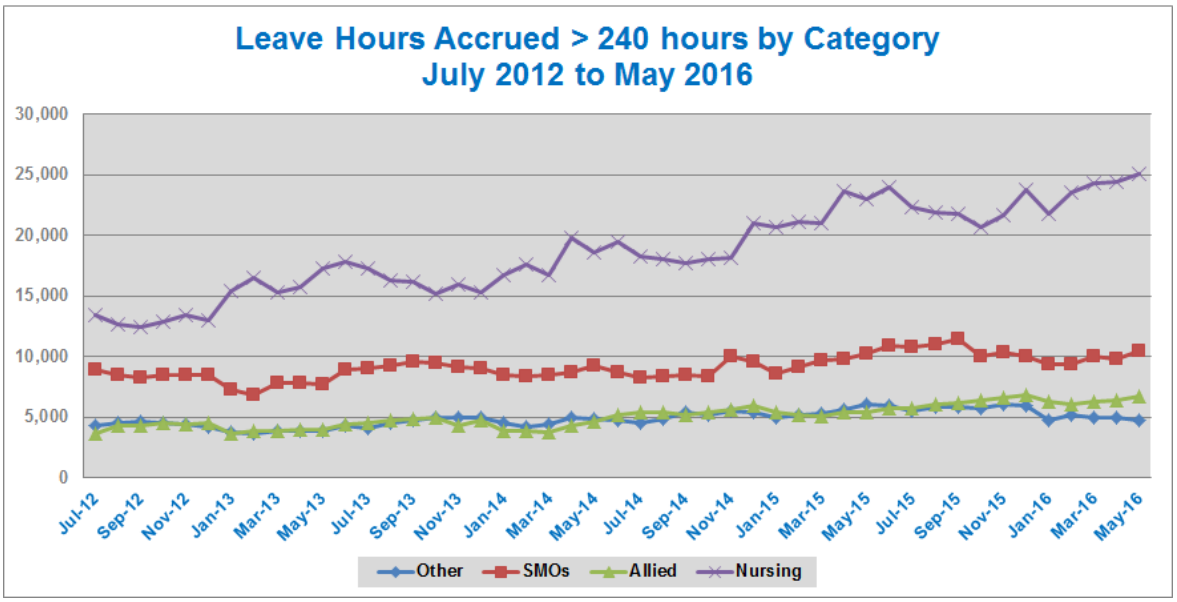
Sick leave increased in May 2016 (3%) against April 2016 (2.8%). This activity is consistent with April 2015 (2.8%) and May 2015 (3.4%).

The Annual leave taken percentage of 8.1% in May 2016 is a decrease on the April 2016 percentage of 10.3% and an increase against May 2015 (7.6%) of 0.5%.

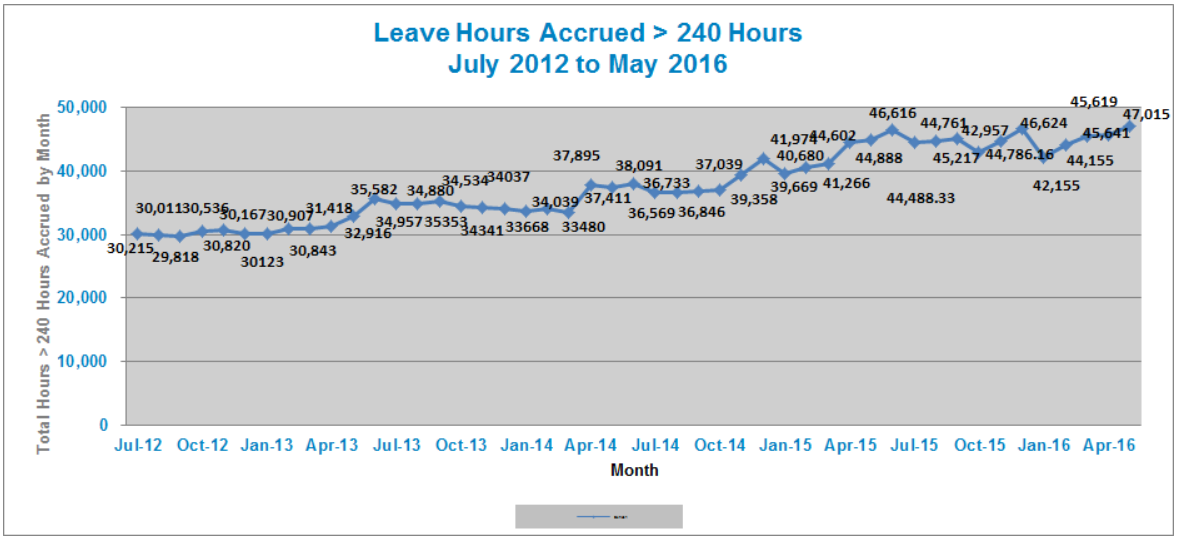
[1] Productive Hours – Ordinary Hours exclusive of Overtime and Call back



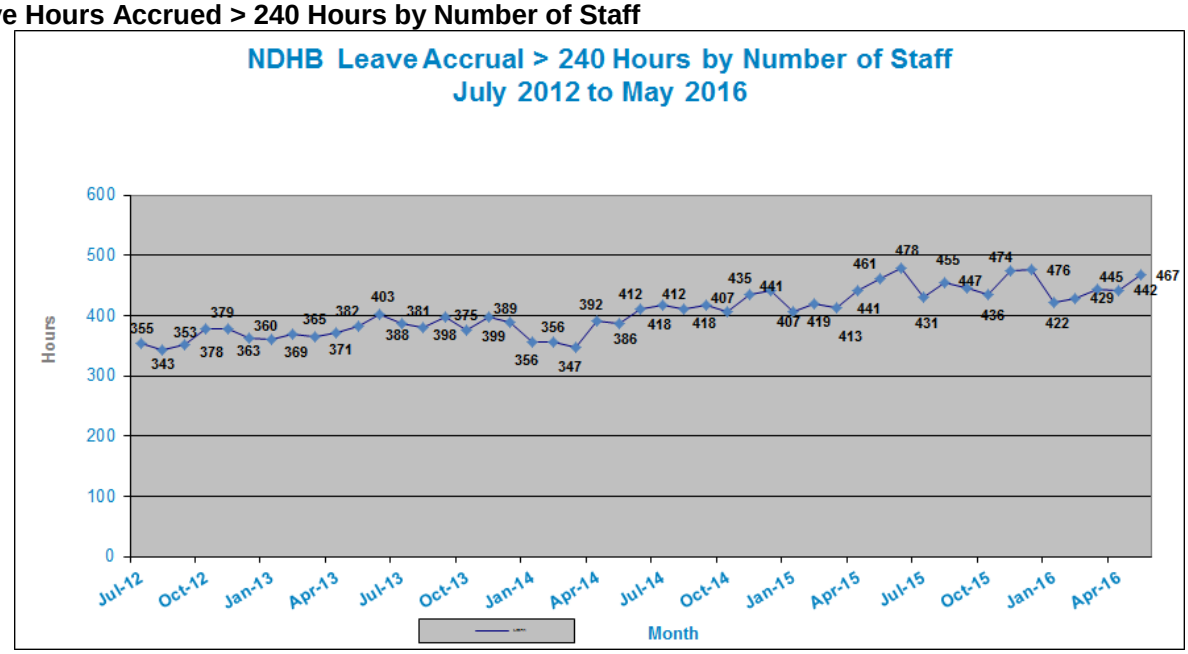
Leave Balance Accrued > 240 Hours



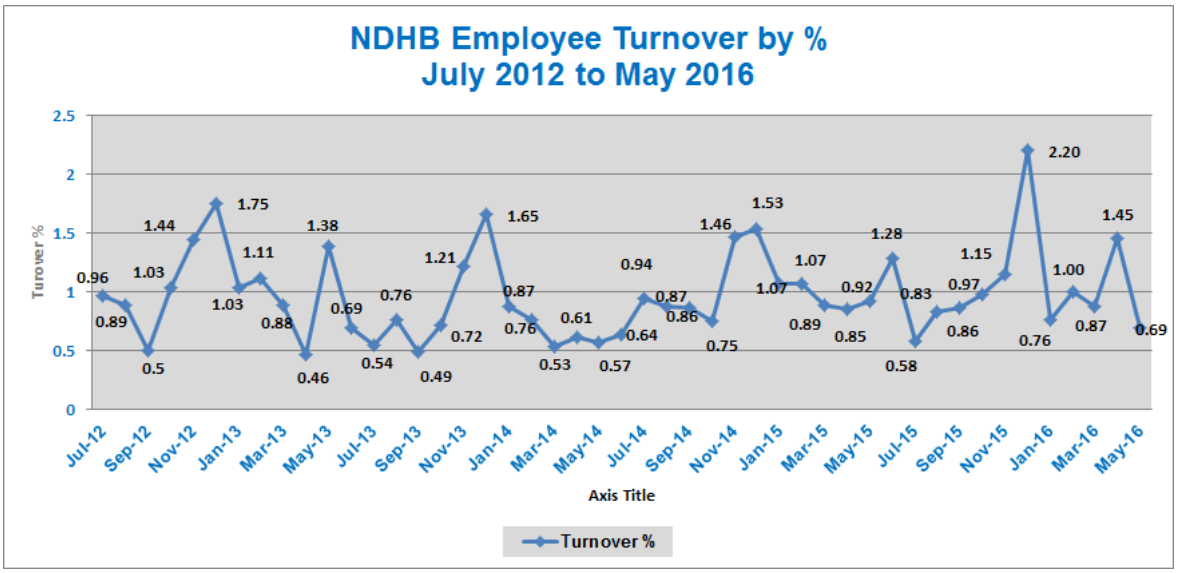
Total Leave Hours Accrued > 240 Hours



Leave Hours Accrued > 240 Hours by Number of Staff



Staff Turnover Percentage



1. Overview

Facilities and Hotel Management services continue to provide excellent non-clinical services for the NDHB hospitals. There have been no major issues for any of the services in May 2016.

2. Scorecard

	Facilities and Hotel Management Scorecard - Whangarei Hospital							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Safety and Quality	Food Complaints received	↑	0	1			0	9
	Cleaning Audits – results All hospitals	●	99 %	91 %			99 %	90 %
	Cleaning Complaints received	↓	0	1			0	9
	Laundry and Porter Staff Injuries	↑	0	0			0	7
	Estate Services Staff Injuries	↑	0	0			0	5
Service Delivery	BEIMS – Requests Completed	↑	90 %	98 %			90 %	92 %
	Energy Consumption – All Hospitals - Kilowatt (kWh)	↓	700,000	804,969			7,700,000	9,107,295
	Natural Gas – Whangarei Hospital - Gigajoules (GJ)	↑	590,000	546,951			6,490,000	6,352,864
	Fuel Usage – All Vehicles (petrol and diesel) - Litres (Ltrs)	↓	43,000	51,276			473,000	528,705
	Medical Waste Volumes - Kilograms (Kgs)	↓	6,000	7,049			66,000	70,669
	Completed Programmed Maintenance Jobs for Clinical Engineering	↓	300	409			3,300	4,243
	Outstanding Programmed Maintenance Jobs for Clinical Engineering	↓	0	2,069			0	2,069
	Number of Patient Meals (All Sites)	↓	22,000	27,288			242,000	298,687
	Number of Meals on Wheels (All Sites)	↓	550	442			6,050	5,419
	Spotless Patient Satisfaction Survey – All Hospital Patient Meals	●	90 %	97 %			90 %	96 %
	Spotless Patient Satisfaction Survey – All Hospital Cleaning	●	90 %	96 %			90 %	94 %
	Laundry Washes (Wet Kg's) - Kilograms (Kgs)	↑	82,000	94,629			902,000	982,904
	Laundry Issued Out - Kilograms (Kgs)	↑	80,000	81,037			880,000	891,148
	Laundry Re Washes - % of Total Laundry Washes	●	3.60 %	3.20 %			3.60 %	3.00 %
Financial Sustainability	YTD Variance to net Result ($000)	↓					0	(1,074)
	YTD Variance to Savings plan ($000)	●						0
Engaged	FTE employed to budget	↑	77.1	73.1			77.1	73.5

Workforce	Percentage Sick Leave Taken		3.00 %	2.68 %		3.00 %	3.03 %
	Total Employees in Excess of 240 hours Accrued Leave					0	17
	Percentage Annual Leave Taken		11.0 %	7.8 %		11.0 %	9.6 %

Commentaries for Scorecard

Safety and Quality	Estate services had no work injuries in May 16 Hotel Management had one porter recovering from surgery as well as a few minor sprains reported and followed up.
Service Delivery	Actions have been taken to ensure all staff adhere to the new health and safety regulations which started on 1 April 2016. Patient meals have slightly increased in May across all sites. Provision for the after hour food availability systems are in place and working well. Adoption of the new NDHB healthy food and drink policy continues for café and catering services. NDHB is also monitoring statistics with Spotless in regards to the percentage of food products that are able to be sourced locally. Menus for the café and catering services have been aligned to the policy with on-going adaptions and improvements. Weekly joint cleaning audits throughout the campus continue and areas of improvement monitored with several re visits continuing to ensure achieved results. There has been a high focus on surgical ward bathroom areas, and there continues to be a high use of Isolation clean requests which are being monitored. Business as usual for the laundry & porter services with no major service issues throughout the period for both services. The laundry was operational for 22 days in May 16. The Porters received a new Tow Tug which has been working well. The laundry has had an increase in production figures and particular product demand for slide sheets, therefore the laundry has increased the stock volume of this item.
Financial Sustainability	Facilities are unfavourable to budget YTD by $1,098k at the end of May 2016. Electricity costs have been higher than expected this year due to new buildings and plant. Car Parking Revenue has also not been as high as budgeted. Although all planned maintenance has been stopped, there still continues to be a high number of repairs around all hospitals that need to be rectified due to compliance and health & safety issues. Depreciation of new buildings sits with facility services and has not been budgeted for correctly in FY1516. Hotel Management is favourable to budget YTD by $24k at the end of May 2016. This is mainly due to depreciation of laundry equipment depreciation ending in December 15 and the 3 vacancies that are currently open.
Engaged Workforce	Laundry staff are undertaking the NZ laundry certificate qualification with the NZ facilitator from Competenz. The finish timeline for this course is November 16.

3. Strategic Initiatives / Health Services Planning

Deliverable / Action	Planned Outcome	Status
Site Master Plan	We are engaging Kleins to undertake this piece of work for NDHB and this is planned to be completed by July 2016	On Track

4. Emergent Issues and Initiatives Identified

5. Other Highlights

Scheduled visit to ADHB cleaning services in June 16 to complete feasibility of future service options.
Successful installation of fresh vending machine at Whangarei Hospital

1. Overview

Renal Transport has had a slight increase in the number of patients than the previous month and the service is still managing an excellent service and also performing under budget YTD. Other patient transport services such as the helicopter, fixed wing flights and the ambulance continue to provide an excellent service based on demand, the demand is continuing at a steady pace and less than budget YTD. The National Travel Assistance team have seen more claims being paid out in May than in April, there were a few backdated claims that had come through at once.

2. Scorecard

	NDHB Wide Patient Transport Scorecard -							
	Measure		**Goal**	**Month All**	**Month Maori**	**Month Non Maori**	**YTD Goal**	**YTD**
Service Delivery	Number of Fixed Wing Flights in Northland (excluding ACC)	●	5	4			55	41
	Number of Fixed Wing Flights outside Northland (excluding ACC)	↓	1	1			11	4
	Total Cost (excl GST) of fixed wing flights	↓	21,250	25,470			233,750	234,378
	Number of Helicopter Flights in Northland (excluding ACC)	↑	35	24			385	364
	Number of Helicopter Flights Outside Northland (excluding ACC)	●	1	0			11	0
	Total Cost (excl GST) of Helicopter flights	↓	183,000	151,966			2,013,000	1,910,303
	Number of patient transfers using St John road Ambulance in Northland (excluding private, hospice and ACC transfers)	↓	230	250			2,530	2,370
	Number of patient transfers using St John road Ambulance outside Northland (excluding private, hospice and ACC transfers)	↓	10	12			110	132
	Total Cost (excl GST) of road ambulance patient transfers	↑	77,500	80,144			852,500	813,372
	Number of renal patients transported by NDHB	↓	110	104			1,210	104
	Total KM's travelled by renal transport drivers	↑	100,377	98,812			1,104,147	973,225
	Total cost of Renal transport service (excl GST)	↑	122,516	114,219			1,347,676	1,312,246
	Total cost of National Travel Assistance to eligible NDHB patients (excl GST)	↓	212,500	224,165			2,337,500	2,261,781
Financial Sustainability	YTD Variance to net Result ($000)	↑					0	332
	YTD Variance to Savings plan ($000)	●						0
	YTD variance to Net Result – Patient Transport Positive /(Adverse)							332,217
Engaged	FTE employed to budget	↑	22.5	21.7			22.5	22.4

Workforce	Percentage Sick Leave Taken	↓	3.00 %	6.18 %		3.00 %	3.20 %
	Total Employees in Excess of 240 hours Accrued Leave	↓				0	3
	Percentage Annual Leave Taken	↓	11.0 %	8.3 %		11.0 %	8.9 %

Commentaries for Scorecard

Financial Sustainability	Patient transport is under budget by $332k year to date. This is mainly due to a decreased number of helicopter and fixed wing flights required. Renal patient transport costs have reduced now that the service is up and running efficiently even with an increase in the drivers needed.
Engaged Workforce	
Service Delivery	Service delivery has once again been excellent from all patient transport staff and providers

3. Strategic Initiatives / Health Services Planning

4. Emergent Issues and Initiatives Identified

5. Other Highlights

	Scorecard Definitions	
	Measure	**Notes**
Overview	IP Events Coded for period - 68%	Coding data is used to generate many of the indicators, including complications of care, Falls, Better help for smokers to Quit. While the denominator includes all events, only those coded as having one of the indicators will be included in the result. The coding pie should be used to understand how close the results are to being finalized. Results are being updated as new information becomes available.
	Service and Hospital	The service is defined in 2 ways. Patient events whether they are Inpatient, Outpatient or Community events, belong to a Health Service such as Medical, Surgical, Paediatric etc. In this way any indicators that are patient related are grouped. Note that some services report specifically for a hospital. In this way you will find Surgical Discharges for Whangarei hospital reported in the Surgical Service and Surgical discharges for Kaitaia reported under the District hospitals service. Where the indicators are non patient related, (for example indicators in the financial sustainability area), indicators are reported under the service that manages that area. In this way costs relating to ICU are reported under Medical for example even though the Health Service of patients in ICU may be various.
	Timeliness of information	The latest data available is reported. This means that some data may change after the report is released. Some results are updated daily and others may be quarterly.
	Performance Indicators	Most measures have standard threshold tolerances for measuring performance and these are displayed below. Where tolerances differ from the standard, the light green and orange variances are displayed with the Measure description. Green always means achieved and red is always outside the orange indicator tolerance.
	Standard threshold tolerances	Green indicates achieved or better than target Light Green indicates within 2% variance from target Orange indicates between 2% and 10% variance from target Red means outside the orange indicator tolerance
Safety and Quality	Cleaning Audits – results All hospitals	NDHB complete monthly cleaning audits with spotless services. This shows the result of those audits
	Cleaning Complaints received	Number of complaints received from patients for cleaning through the NDHB Safety & Quality complaints process
	Elective Day of Surgery Admission rate - DOSA	Admissions where Surgery occurs on the day of admission are counted here. This excludes Day cases and counts Elective cases only
	Estate Services Staff Injuries	Number of staff injuries for NDHB estate services
	Falls with harm within facility **Threshold Tolerance** Within 1.0% of target Between 1.0% and 2.0% of target	Falls are only coded when there is injury involved. The date of the fall and the 'Service Area' occurrence location code are used to determine if the fall happened within the DHB facility. This count should be similar to the 'with injury' figures in the Incident Reporting system. Recent month figures may be under-reported if coding is not complete.
	Food Complaints received	Number of complaints received from patients for food through the NDHB Safety & Quality complaints process

	Hospital Acquired Pressure Injuries **Threshold Tolerance** Within 1.0% of target Between 1.0% and 2.0% of target	Pressure Injuries are counted using inpatient coding and the Health Round Table rules. Effective July 2013, hospital acquired pressure injuries are based on the Condition Onset Flag. We exclude any patient whose primary diagnosis is a pressure injury and anyone that is a day case. Recent month figures may be under-reported if coding is not complete
	Laundry and Porter Staff Injuries	Number of staff injuries for the NDHB Laundry and porter services
	Reducing Acute Readmissions to Hospital	A readmission is counted when any admission (the original admission) results in a subsequent acute admission to the same hospital within 28 days. This follows Health Round Table rules and counts readmissions regardless of relation to the original admission. The Original admission is only flagged for inclusion once 28 days have passed and the % reflects that.
Health Targets	Better help for smokers to quit – Hospital	Health Target 5 requires that 95% of patients are given advice and help to quit. Coding data is used to identify ABC (ABC = Ask, Brief Advice, Cessation Support). Includes hospitalised smokers only.
	Improved Access to Elective Surgery – (All NDHB)	NDHB is required to deliver a certain number of elective discharges. This includes all admitted patients including day cases for our population. The cases can be delivered in any hospital e.g. Auckland.
	Shorter Stays in Emergency Departments (All NDHB)	95 percent of patients admitted, discharged, or transferred from Whangarei or Kaitaia Emergency Departments, do so within six hours.
Service Delivery	% Exclusive Breastfeeding Rates at Hospital Discharge	The breastfeeding counts exclude the following records:
	% Non-Urgent Patients Receiving a Colonoscopy within 42 days	P2 Non Urgent Colonoscopies are required to be seen within 42 days of referral.
	% Overdue Surveillance colonoscopy within twelve weeks	Surveillance Colonoscopies are for patients at increased risk of colorectal cancer. This may be due to a family history or patients who need to be monitored on a regular basis due to previous colorectal cancer or polyps found. They are required to have a colonoscopy which is determined by the NZGG (New Zealand Guidelines Group) guidelines for surveillance colonoscopies – in either a 1, 3 or 5 year time frame.
	% Urgent Colonoscopy within two weeks **Threshold Tolerance** Within 5.0% of target Between 5.0% and 10.0% of target	P1 Urgent Colonoscopies are required to be seen within 14 days of referral.
	Acute Caseweights to contract	Caseweights can be used to measure the volume of actual activity against plan. A certain number of Elective Caseweights are planned to be delivered each year. Performance is managed to avoid both under and over delivery. Acute Caseweights are managed in conjunction with population health needs and initiatives such as 'better, sooner, more convenient".
	Adult Dental Treatments	
	Assessment and Rehabilitation Bed Days	Counts total number of days in a hospital bed.
	Bed Utilisation for SCBU	Bed Utilisation is based on the number of patients in a bed divided by the number of beds available.
	Bed Utilisation for Ward 2	Bed Utilisation is based on the number of patients in a bed

	divided by the number of beds available.
BEIMS – Requests Completed	Number of Building maintenance and new work requests completed by estate services in the month for all hospitals.
Breast Screens	
Community Contacts	
Completed Programmed Maintenance Jobs for Clinical Engineering	Number of completed programmed maintenance jobs on clinical equipment completed by clinical engineering
Detox Bed Days - Dargaville	Beds dedicated to the Detox service for Drug and Alcohol addiction.
Drinking Water Activities	Number of Drinking Water Activities
Early Childcare Centres	Information about Early Childcare Centres
Elective Caseweights to contract	Caseweights can be used to measure the volume of actual activity against plan. A certain number of Elective Caseweights are planned to be delivered each year. Performance is managed to avoid both under and over delivery. Elective Caseweights are managed in conjunction with waiting times and demand.
Energy Consumption – All Hospitals - Kilowatt (kWh)	The energy consumption for all hospitals. Kilowatts
Environmental Health Activities	Information about Environmental Health Activities
Fuel Usage – All Vehicles (petrol and diesel) - Litres (Ltrs)	The total fuel (petrol & diesel) consumed for all hospitals. Litres
Improving waiting times for diagnostic services - CT % receiving CT scans within 6 weeks	Improving waiting times for diagnostic services – MRI and CT 85% of accepted referrals for CT scans, and 75% of accepted referrals for MRI scans will receive their scan within than 6 weeks (42 days)
Improving waiting times for diagnostic services - MRI % receiving MRI scans within 6 weeks	Improving waiting times for diagnostic services – MRI and CT 85% of accepted referrals for CT scans, and 75% of accepted referrals for MRI scans will receive their scan within than 6 weeks (42 days)
Inpatient Average Length of Stay (ALOS) (excludes Day Cases)	The length of time between all admits and discharges averaged over all inpatient stays. The time is included in the calculation, to include part days.
Inpatient Average Length of Stay (ALOS) Acute (excludes Day Cases)	The length of time between all admits and discharges averaged over all acute inpatient stays. The time is included in the calculation, to include part days.
Inpatient Average Length of Stay (ALOS) Elective (excludes Day Cases)	The length of time between all admits and discharges averaged over all elective inpatient stays. The time is included in the calculation, to include part days.
Inpatient Bed Days	Counts total number of days in a hospital bed for all patients. Will give a similar result to total length of stay, but does not count part days.
Inpatient Bed Days – Ward 6	
Inpatient Contacts	
Inpatients with LOS > 21 days	The number of patients who had a length of stay > 21 days. 21 days is considered by the Health Round table to be an indicator for stranded patients, i.e. those patients that stay in hospital longer than they need to.
Laboratory Test Orders	
Laundry Issued Out - Kilograms (Kgs)	Total dry kilograms of Laundry issued out in the month
Laundry Re Washes - % of Total Laundry Washes	% of total laundry washes that had to be rewashed due to not being clean enough.
Laundry Washes (Wet Kg's) - Kilograms (Kgs)	Total wet kilograms of Laundry washed in the month
Level 4 attendances to Contract – Admissions (includes ED 3 Hour)	Annual plans provide for a certain number of Emergency department attendances to occur. Whangarei Emergency

	department is a Level 4 Emergency department and Bay of Islands is level 2 and Kaitaia is level 3
Level 4 attendances to Contract – Discharges	Annual plans provide for a certain number of Emergency department attendances to occur. Whangarei Emergency department is a Level 4 Emergency department and Bay of Islands is level 2 and Kaitaia is level 3
Medical Waste Volumes - Kilograms (Kgs)	The kilograms of medical waste for all hospitals
Mobile Ear Clinic Contacts (one month retrospective)	Number of individual children receiving assessment and treatment at the 3 MEC
Natural Gas – Whangarei Hospital - Gigajoules (GJ)	The natural gas consumption for all hospitals. Gigajoules
Number of Meals on Wheels (All Sites)	Number of meals on wheels provided for all hospitals by Spotless services
Number of Births in Whangarei Hospital	Total number of births at Whangarei Hospital, includes caesarean and vaginal births.
Number of Discharges from Post Natal Ward (Ward 11)	Count of total number of patients discharged from hospital in a period. Does not count admissions still in hospital.
Number of Discharges from SCBU	Count of total number of patients discharged from hospital in a period. Does not count admissions still in hospital.
Number of Discharges from Ward 2	Count of total number of patients discharged from hospital in a period. Does not count admissions still in hospital.
Number of Fixed Wing Flights in Northland (excluding ACC) **Threshold Tolerance** Within 3.0% of target Between 3.0% and 5.0% of target	Number of Fixed Wing Flights in Northland (excluding ACC)
Number of Fixed Wing Flights outside Northland (excluding ACC) **Threshold Tolerance** Within 3.0% of target Between 3.0% and 5.0% of target	Number of Fixed Wing Flights outside Northland (excluding ACC)
Number of Helicopter Flights in Northland (excluding ACC) **Threshold Tolerance** Within 5.0% of target Between 5.0% and 10.0% of target	Number of Helicopter Flights in Northland (excluding ACC)
Number of Helicopter Flights Outside Northland (excluding ACC) **Threshold Tolerance** Within 3.0% of target Between 3.0% and 5.0% of target	Number of Helicopter Flights Outside Northland (excluding ACC)
Number of Patient Meals (All Sites)	Number of patient meals provided for all hospitals by Spotless services
Number of patient transfers using St John road Ambulance in Northland (excluding	Number of patient transfers using St John road Ambulance in Northland (excluding private, hospice and ACC transfers)

private, hospice and ACC transfers) **Threshold Tolerance** Within 5.0% of target Between 5.0% and 10.0% of target	
Number of patient transfers using St John road Ambulance outside Northland (excluding private, hospice and ACC transfers) **Threshold Tolerance** Within 3.0% of target Between 3.0% and 5.0% of target	Number of patient transfers using St John road Ambulance outside Northland (excluding private, hospice and ACC transfers)
Number of Pre-School, Schoolchildren and Adolescents Receiving an Annual Dental Examination	All pre schoolers, school children and adolescents are required to receive an annual examination appointment as per MOH contract
Number of renal patients transported by NDHB **Threshold Tolerance** Within 5.0% of target Between 5.0% and 10.0% of target	Number of renal patients transported by NDHB
Outpatient Contacts	
Outstanding Programmed Maintenance Jobs for Clinical Engineering	Number of outstanding programmed maintenance jobs on clinical equipment completed by clinical engineering.
Patients on the Surgical Booking List given a commitment to treatment but not treated within four months	Those patients that have been on the Surgical waiting list for more than 4 months.
Patients waiting longer than four months for their FSA	Those patients waiting for a First Specialist appointment that have been waiting longer than 4 months.
Percentage Attendance rate for all OP Appointments in District Hospitals	
Percentage Attendance rate for all OP Appointments in Whangarei Hospital	
Percentage Outpatient Bay of Islands Domicile Attendances in BOI (Quarterly)	Of all of the attendances of the people who live in the Bay of Islands hospital area, how many attendances were carried out in the Bay of Islands hospital area.
Percentage Outpatient Dargaville Domicile Attendances in DRG (Quarterly)	Of all of the attendances of the people who live in the Dargaville hospital area, how many attendances were carried out in the Dargaville hospital area.
Percentage Outpatient Kaitaia domicile attendances in KTA (Quarterly)	Of all of the attendances of the people who live in the Kaitaia hospital area, how many attendances were carried out in the Kaitaia hospital area.
Percentage proportion of Triage patients seen within the recommended time for their category	
Port Health	Information about Port Health
Prevention of Alcohol Related Harm	Information about Prevention of Alcohol Related Harm
Public Health Nurse Contacts	Number of 0-18 year olds and their whanau who receive an assessment, treatment, education, communicable disease follow-up or clinic visit from a PHN.
Retinal Screens	

Sexual Health Contacts	Number of clients who attend sexual health clinics for assessment, education or treatment
Spotless Patient Satisfaction Survey – All Hospital Cleaning	Spotless services complete random patient feedback surveys every month at each hospital for cleaning. This shows the result of those surveys
Spotless Patient Satisfaction Survey – All Hospital Patient Meals	Spotless services complete random patient feedback surveys every month at each hospital for meals. This shows the result of those surveys
Sub Acute Bed Days (Kaitaia, Kaikohe, Whangarei)	Comprehensive goal-oriented inpatient care designed for a patient who has had an acute illness. It is rendered either immediately after or instead of acute care hospitalization, to treat specific active or complex mental health conditions in the context of the person's underlying long-term condition.
Theatre cancellations by Hospital	Counts planned theatre procedures cancelled by the hospital. Reasons for cancellation include; Patient unfit; Equipment failure; lack of time etc.
Tobacco Control	Information about Tobacco Control
Total Cost (excl GST) of fixed wing flights **Threshold Tolerance** Within 5.0% of target Between 5.0% and 10.0% of target	Total Cost (excl GST) of fixed wing flights
Total Cost (excl GST) of Helicopter flights **Threshold Tolerance** Within 5.0% of target Between 5.0% and 10.0% of target	Total Cost (excl GST) of Helicopter flights
Total Cost (excl GST) of road ambulance patient transfers **Threshold Tolerance** Within 5.0% of target Between 5.0% and 10.0% of target	Total Cost (excl GST) of road ambulance patient transfers
Total cost of National Travel Assistance to eligible NDHB patients (excl GST) **Threshold Tolerance** Within 5.0% of target Between 5.0% and 10.0% of target	Total cost of National Travel Assistance to eligible NDHB patients (excl GST)
Total cost of Renal transport service (excl GST) **Threshold Tolerance** Within 5.0% of target Between 5.0% and 10.0% of target	Total cost of Renal transport service (excl GST)
Total KM's travelled by renal transport drivers	Total KM's travelled by renal transport drivers

	Threshold Tolerance	
	Within 5.0% of target	
	Between 5.0% and 10.0% of target	
Population Health Status	Adolescent Dental Enrolments	
	Ambulatory sensitive (avoidable) hospital admissions by weighted value.	Counts those admissions that may be able to be better treated in the community. Patients who need services that can be provided in community settings receive them there rather than at hospitals.
	Newborn Hearing Screening Rates (3 Months Retrospective)	Percentage of all new born babies who receive their new born hearing screen within 3 months of birth. Includes total eligible population not just consented population
	Number of Family Violence Positive Disclosures	Number of people who disclose to staff following routine screening that they have suffered family violence in its many forms
	Number of Reports of Concern to Child Youth and Family	Number of reports of concern from NDHB staff to Child Youth and Family e.g. concern of physical, sexual, emotional abuse, neglect, family violence.
	Preschool Dental Enrolments	
	School Dental Enrolments	
Financial Sustainability	YTD Variance to net Result ($000)	% variance of Actual Net Result (Revenue less Expenditure) to Plan
	YTD variance to Net Result – Patient Transport Positive /(Adverse)	YTD variance to Net Result – Patient Transport Positive /(Adverse)
	Threshold Tolerance	
	Within 5.0% of target	
	Between 5.0% and 10.0% of target	
	YTD Variance to Savings plan ($000)	This is the total savings determined for each service, by financial year, and incurred YTD against annual budget. Total savings will vary for each service. The target objective is for each service to align its actual costs to the savings objective on a monthly basis concluding with the achievement of the total savings plan at financial year end.
Engaged Workforce	FTE employed to budget	Measures the number of staff by converting the paid ordinary hours of full time, part-time and casual staff into FTEs. The conversion is assumed on the standard paid ordinary hours of 40hours per week for all groups. All ordinary hours worked over 40 i.e. overtime, call hours and extra paid hours are excluded. The maximum worked FTE for an employee is 1 FTE. All annual, sick and other paid leave types are included, with the exception of annual leave paid out on termination.
	Percentage Annual Leave Taken	Annual Leave taken as a percentage of Total Hours. This is calculated using the following formula: annual leave hours * 100 / base hours. The benchmark for this across all services is between 11%, anything under should be flagged as amber or red depending on the variance
	Percentage Sick Leave Taken	Sick Leave taken as a percentage of Total Hours. This is calculated using the following formula: sick leave hours * 100 / base hours. The benchmark for this across all services is between 0% to 3%, anything over the 3% should be flagged as red
	Total Employees in Excess of 240 hours Accrued Leave	This is the total headcount of employees that have accrued leave > 240 hours. Any service operating with zero or minimal headcount over 240 hours is in the clear. We will

		need to determine the levels of clearance for this.

FINANCIAL REPORT TO THE HOSPITAL ADVISORY COMMITTEE FOR MAY 2016

Author: Meng Cheong, CFO

OPERATING RESULT

	Month ($000)			YTD ($000)		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
DHB Owned Services	(1,259)	(559)	(700)	(7,921)	433	(8,354)

1. Result for the Month

Summary

The financial result for the month is an operating deficit of $1,259k against a budgeted deficit of $559k, an unfavourable variance of $700k. The year to date financial result is an operating deficit of $7,921k against a budgeted surplus of $433k, an unfavourable variance of $8,354k.

Revenue

The month's revenue was $202k favourable to budget. Year to date revenue is favourable to budget by $3,711k.

Expenditure

Expenditure excluding capital charge was $870k unfavourable to budget for the month and is $11,072k unfavourable year to date.

Personnel costs were $252k unfavourable to budget for the month and $5,629k unfavourable to budget year to date.

Overall outsourced services were unfavourable to budget for the month by $252k and overspent year to date by $1,745k. Outsourced salaries are unfavourable in the month by $292k and unfavourable year to date by $1,641k. Outsourced supplies are favourable for the month by $40k and unfavourable year to date by $104k.

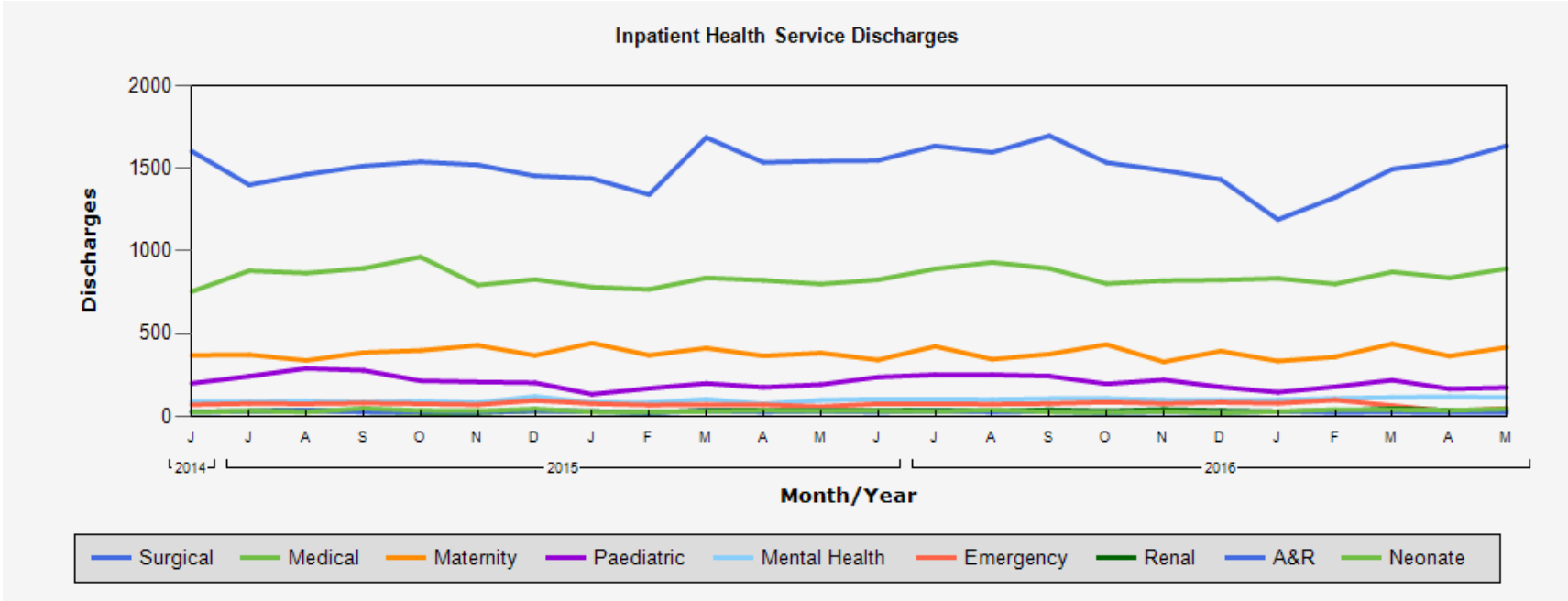
Clinical supplies were unfavourable to budget in the month by $148k and are unfavourable year to date by $2,726k. Infrastructure & non-clinical supplies excluding capital charge were unfavourable to budget in the month by $218k and unfavourable year to date by $972k.

Provider Contract Volumes (Caseweights)

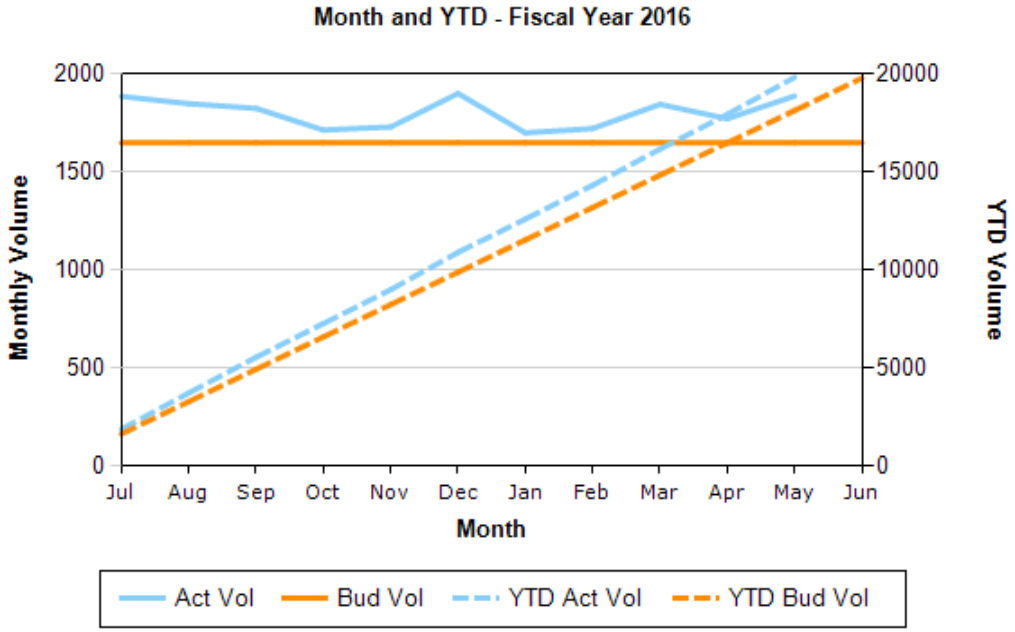
Summary of Volume Variance Analysis									
Contract Measure	**Annual Volume**	**Month Volume**				**YTD Volume**			
		Bud	**Act**	**Var**	**Var %**	**Bud**	**Act**	**Var**	**Var %**
Total Caseweights Acute	19,793	1,649	1,889	239.1	14.5%	18,143	19,836	1,693.1	9.3%
Total Caseweights Elective	7,347	612	694	81.4	13.3%	6,735	6,545	(189.7)	(2.8%)
Total	**27,140**	**2,262**	**2,582**	**320.5**	**14.2%**	**24,878**	**26,382**	**1,503.4**	**6.0%**

Staffing Full Time Equilavents (whole of DHB)

Staffing Full Time Equivalents Accrued															
	Jun	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Mth Bud**	**Mth Var**	**Var to Jun**
Medical	274	301	272	267	270	283	278	270	293	298	295	290	291	1	(16)
Nursing	1,047	1,000	1,024	1,047	1,026	1,064	1,047	954	1,077	1,058	1,035	1,061	992	(69)	(14)
Allied Health	496	491	491	498	483	508	490	435	512	523	508	521	522	1	(25)
Support	95	95	96	96	100	103	102	97	104	100	101	100	100	(1)	(6)
Mgmt/Admin	393	388	390	386	382	398	371	329	398	396	385	389	386	(3)	4
Total (FTEs)	**2,305**	**2,274**	**2,272**	**2,294**	**2,262**	**2,355**	**2,288**	**2,085**	**2,383**	**2,374**	**2,324**	**2,362**	**2,291**	**(71)**	**(57)**

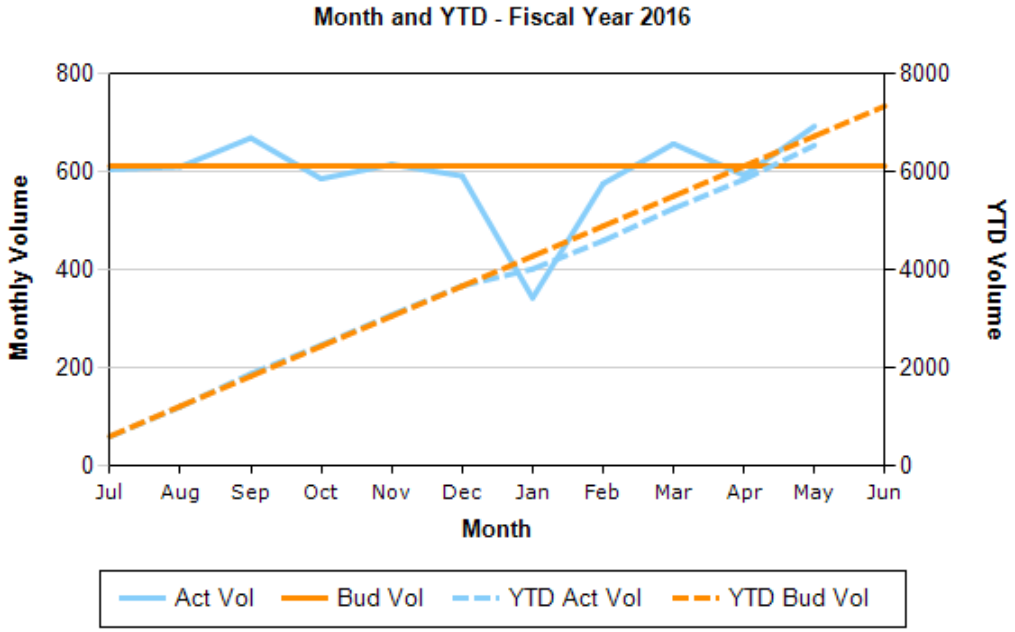

Inpatient Health Service Discharges
Discharges
2000
1500
1000
500
0
J J A S O N D J F M A M J J A S O N D J F M A M
2014
2015
2016
Month/Year
Surgical
Medical
Maternity
Paediatric
Mental Health
Emergency
Renal
A&R
Neonate

Caseweights Acute



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Month Budget	1,649	1,649	1,649	1,649	1,649	1,649	1,649	1,649	1,649	1,649	1,649	1,649
Month Actual	1,886	1,849	1,825	1,715	1,730	1,901	1,700	1,722	1,846	1,772	1,889	
Month Variance	237	200	176	66	81	252	51	73	196	123	239	
Month Variance %	14%	12%	11%	4%	5%	15%	3%	4%	12%	7%	14%	
YTD Budget	1,649	3,299	4,948	6,598	8,247	9,896	11,546	13,195	14,845	16,494	18,143	19,793
YTD Actual	1,886	3,736	5,561	7,276	9,006	10,907	12,607	14,330	16,176	17,948	19,836	
YTD Variance	237	437	613	678	759	1,011	1,062	1,135	1,331	1,454	1,693	
YTD Variance %	14%	13%	12%	10%	9%	10%	9%	9%	9%	9%	9%	

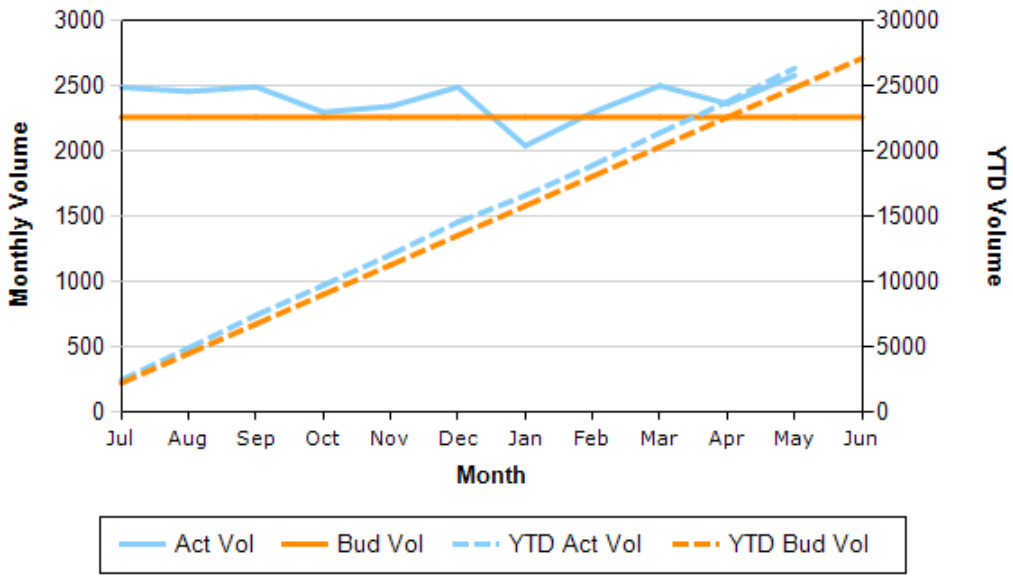
Caseweights Elective



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Month Budget	612	612	612	612	612	612	612	612	612	612	612	612
Month Actual	606	611	670	586	616	592	343	576	658	594	694	
Month Variance	(7)	(1)	57	(26)	3	(20)	(269)	(36)	45	(19)	81	
Month Variance %	-1%	0%	9%	-4%	1%	-3%	-44%	-6%	7%	-3%	13%	
YTD Budget	612	1,225	1,837	2,449	3,061	3,674	4,286	4,898	5,510	6,123	6,735	7,347
YTD Actual	606	1,216	1,886	2,473	3,088	3,681	4,024	4,600	5,258	5,852	6,545	
YTD Variance	(7)	(8)	49	24	27	7	(262)	(298)	(252)	(271)	(190)	
YTD Variance %	-1%	-1%	3%	1%	1%	0%	-6%	-6%	-5%	-4%	-3%	

Caseweights Acute, Caseweights Elective

Month and YTD - Fiscal Year 2016



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Month Budget	2,262	2,262	2,262	2,262	2,262	2,262	2,262	2,262	2,262	2,262	2,262	2,262
Month Actual	2,492	2,460	2,495	2,301	2,346	2,493	2,044	2,299	2,503	2,366	2,582	
Month Variance	230	199	233	40	84	231	(218)	37	242	104	321	
Month Variance %	10%	9%	10%	2%	4%	10%	-10%	2%	11%	5%	14%	
YTD Budget	2,262	4,523	6,785	9,047	11,308	13,570	15,832	18,093	20,355	22,617	24,878	27,140
YTD Actual	2,492	4,952	7,447	9,749	12,095	14,588	16,631	18,930	21,434	23,800	26,382	
YTD Variance	230	429	662	702	786	1,018	800	837	1,079	1,183	1,503	
YTD Variance %	10%	9%	10%	8%	7%	8%	5%	5%	5%	5%	6%	

Northland District Health Board - Hospital Services & Governance **REVENUE STATEMENT** Page 1

For the Month and Year-to-Date ended : 31-May-16

Hospital Services & Governance	CURRENT MONTH				YEAR TO DATE				ANNUAL
	ACTUAL	BUDGET	VAR	VAR	ACTUAL	BUDGET	VAR	VAR	BUDGET
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%	$(000)
Operating Income									
MOH Non-Devolved Contracts (provider arm side contracts)	1,033	1,007	26	2.6%	12,926	11,154	1,772	15.9%	12,241
Other Government (not MoH or other DHBs)	464	428	37	8.5%	5,198	4,706	492	10.5%	5,134
Non-Government & Crown Agency Sourced	460	513	(53)	10.4%	5,532	5,700	(168)	2.9%	6,209
InterProvider Revenue (Other DHBs)	143	91	52	57.6%	1,160	999	161	16.1%	1,090
Internal Revenue (DHB Fund to DHB Provider)	24,183	24,043	140	0.6%	265,922	264,469	1,453	0.5%	288,511
Total Operating Income	**26,283**	**26,081**	**202**	**0.8%**	**290,739**	**287,028**	**3,711**	**1.3%**	**313,185**
Cost of Services									
Personnel Costs	17,506	17,254	(252)	1.5%	190,840	185,211	(5,629)	3.0%	202,423
Outsourced Services	2,183	1,931	(252)	13.1%	22,747	21,002	(1,745)	8.3%	22,940
Clinical supplies	3,858	3,710	(148)	4.0%	42,411	39,684	(2,726)	6.9%	43,350
Infrastructure & Non-clinical supplies	3,232	3,014	(218)	7.2%	33,627	32,656	(972)	3.0%	35,700
Total Cost of Services	**26,779**	**25,909**	**(870)**	**3.4%**	**289,625**	**278,553**	**(11,072)**	**4.0%**	**304,413**
Operating Surplus /(Deficit)	**(496)**	**172**	**(668)**	**388.4%**	**1,113**	**8,474**	**(7,361)**	**86.9%**	**8,772**
Capital Charge	763	731	(32)	4.4%	9,034	8,041	(993)	12.4%	8,772
Surplus/(Deficit)	**(1,259)**	**(559)**	**(700)**	**125.1%**	**(7,921)**	**433**	**(8,354)**	**1929.3%**	**0**

Northland District Health Board - Hospital Services **REVENUE STATEMENT** Page 1

For the Month and Year-to-Date ended : 31-May-16

	CURRENT MONTH				YEAR TO DATE				ANNUAL
	ACTUAL	BUDGET	VAR	VAR	ACTUAL	BUDGET	VAR	VAR	BUDGET
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%	$(000)
Operating Income									
MOH Non-Devolved Contracts (provider arm side contracts)	1,033	1,007	26	2.6%	12,926	11,154	1,772	15.9%	12,241
Other Government (not MoH or other DHBs)	464	428	37	8.5%	5,198	4,706	492	10.5%	5,134
Non-Government & Crown Agency Sourced	460	513	(53)	10.4%	5,532	5,700	(168)	2.9%	6,209
InterProvider Revenue (Other DHBs)	143	91	52	57.6%	1,160	999	161	16.1%	1,090
Provider)	23,855	23,715	140	0.6%	262,317	260,864	1,453	0.6%	284,579
Total Operating Income	**25,956**	**25,753**	**202**	**0.8%**	**287,134**	**283,423**	**3,711**	**1.3%**	**309,253**
Cost of Services									
Personnel Costs	17,374	17,174	(200)	1.2%	189,577	184,355	(5,222)	2.8%	201,486
Outsourced Services	2,118	1,869	(249)	13.3%	22,017	20,338	(1,679)	8.3%	22,214
Clinical supplies	3,858	3,647	(211)	5.8%	42,415	39,005	(3,410)	8.7%	42,608
Infrastructure & Non-clinical supplies	3,104	2,883	(221)	7.7%	32,449	31,250	(1,199)	3.8%	34,164
Total Cost of Services	**26,454**	**25,573**	**(881)**	**3.4%**	**286,458**	**274,948**	**(11,510)**	**4.2%**	**300,472**
Operating Surplus /(Deficit)	**(498)**	**180**	**(678)**	**377.0%**	**676**	**8,475**	**(7,799)**	**92.0%**	**8,781**
Capital Charge	763	731	(32)	4.4%	9,034	8,041	(993)	12.4%	8,772
Surplus/(Deficit)	**(1,261)**	**(551)**	**(710)**	**128.9%**	**(8,359)**	**434**	**(8,793)**	**2025.9%**	**9**

5.0 NEXT MEETING DETAILS

The next meeting will commence **9.00am** on **Monday 22 August 2016**, in the **Tangihua Meeting Room, Tohora House, Whangarei Hospital.**

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NORTHLAND DISTRICT HEALTH BOARD

GLOSSARY OF ACRONYMS ***January 2016***

Acronym	Meaning
A&D	Alcohol and Drug
A&E	Accident and Emergency Department
A&M	Accident & Medical Centre
AAU	Acute Assessment Unit *(part of child health services)*
ACP	Advanced Care Planning
A&C	Audit & Compliance
ACA	Access Criteria for First Assessment
ACC	Accident Compensation Corporation
ADON	Assistant Director of Nursing
ADHD	Attention Deficit and Hyperactivity Disorder
ALOS	Average Length Of Stay
AMI	Acute Myocardial Infarction
AOD	Alcohol and Other Drugs
AP	Annual Plan
AR	Active Review
ARRC	Age Related Residential Care
ARC	Aged Residential Care
ASH Rates	Ambulatory Sensitive Hospitalisation Rates
ASMS	Association of Salaried Medical Specialists
BAU	Business As Usual
BOI	Bay of Islands
BSMC	"Better Sooner More Convenient"
BSC	Balanced Scorecard
BSI	Blood Stream Infections
CABG	Coronary Artery Bypass Graft
CAPD	Chronic Ambulatory Peritoneal Dialysis
CATT	Crisis Assessment Treatment Team
CBA	Cost Benefit Analysis
CCP	Contribution to Cost Pressures
CCU	Coronary Care Unit
CEA	Collective Employment Agreement
CEO	Chief Executive Officer
CFA	Crown Funding Agreement
CGB	Clinical Governance Board
CHC	Child Health Centre
CHS	Community Health Services
CIPP	Community Injury Prevention Programme
CMO	Chief Medical Officer
CME	Continuing Medical Education
COPD	Chronic Obstructive Pulmonary Disease
CPAC	Clinical Priority Assessment Criteria
CPSOG	Clinical Pharmacy Services Operational Group
CPHAC	Community and Public Health Advisory Committee
CPR	Cardio pulmonary resuscitation
CSC	Community Services Card
CSU	Central Sterilising Unit
CT	Computerised Tomography
CVD	Cardiovascular Disease
CWD	Caseweighted Discharge
DAO	Duly Authorised Officer

Acronym	Meaning
DHB	District Health Board
DHBSS	District Health Board Shared Services
DIAS	Disability Information Advisory Service
DiSAC	Disability Support Advisory Committee
DN	District Nurse
DNA	Did not attend
DOA	Dead on arrival
DONM	Director of Nursing and Midwifery
DRG	Diagnostic Related Group
DSAC	Doctors for Sexual Abuse Care
DSS	Disability Support Services
EAP	Employee Assistance Programme
ECG	Electrocardiogram
ED	Emergency Department
EENT	Eyes, Ears, Nose and Throat
EEO	Equal Employment Opportunity
ELT	Executive Leadership Team
ENT	Ear Nose and Throat
EOI	Expressions of Interest
ERA	Employment Relations Act
ESS	Elective Services Statistics
ESPI	Elective Services Performance Indicators
FAQ	Frequently Asked Questions
FBT	Fringe Benefit Tax
FFT	Future Funding Track
FRS	Financial Reporting Standard
FSA	First Specialist Assessment
FST	Financial Sustainable Threshold
FTE	Full time equivalent
GETS	Government Electronic Tender Service
GDB	General Dental Benefit
GM	General Manager
GMS	General Medical Services Benefit
GSE	Government Special Education
hA	healthAlliance
HAC	Hospital Advisory Committee
HBSS	Home Based Support Services
HDC	Health and Disability Commissioner
HRT	Health Round Table
HHC	Home Health Care
HIN	Health Information Network
HNA	Health Needs Analysis
HOD	Head of Department
HOP	Health of Older People
HPO	Health Protection Officer
HPV	Human Papillomavirus
HQSC	Health Quality & Safety Commission
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
IAT	Income and Asset Testing
ICU	Intensive Care Unit
ICT	Intensive Care Team (Mental Health)
IDF	Inter District Flows
IEA	Individual Employment Agreement
IFHC	Integrated Family Health Centre
IIA	Income in Advance

Acronym	Meaning
InterRAI	International Research and Assessment Instruments
IR	Industrial Relations
IS	Information Systems / Information Services
ISSP	Information Systems Strategic Planning
IT	Information Technology
JV	Joint Venture
KPI	Key Performance Indicator
LMC	Lead Maternity Carer
LOS	Length of stay
LTC	Long Term Conditions
MDO	Maori Development Organisations
MECA	Multi Employer Collective Agreement
MERAS	Midwifery Employee Representation & Advisory Services
MF (score)	Missing Filled (score) *(dental services)*
MHGC	Maori Health Gains Council
MHIPU	Mental Health Inpatient Unit
MI	Myocardial infarction
MIF	Monitoring and Intervention Framework
MMR	Measles-mumps-rubella
MoH	Ministry of Health
MOH	Medical Officer of Health
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MPDS	Maori Provider Development Scheme
MRI	Magnetic Resonance Imaging
MRT	Medical Radiation Technologist
MSD	Ministry of Social Development
MVS	Meningococcal Vaccine Strategy
NASC	Needs Assessment and Service Co-ordination
NDHB	Northland District Health Board
NEST	Northland Emergency Services Trust
NGO	Non-Government Organisation
NHB	National Health Board
NHI	National Health Index
NHSP	Northland Health Services Plan
NHSS	National Health Supply Service
NIF	Northland Intersectoral Forum
NIR	National Immunisation Register
NRA	Northern Region Alliance (formerly NDSA Northern DHB Support Agency)
NRHP	Northern Region Health Plan
NRTH	Northern Regional Training Hub
NTA	National Travel Assistance
NZBS	New Zealand Blood Service
NZCOM	New Zealand College of Midwives
NZHS	New Zealand Health Strategy
NZHPL	New Zealand Health Partnerships Ltd
NZMC	New Zealand Medical Council
NZNO	New Zealand Nurses' Organisation
O&G	Obstetrics and Gynaecology
OIA	Official Information Act
OMG	Operational Management Group
OP	Outpatient
ORL	Otorhinolaryngology (=ENT)
OSH	Occupational Safety and Health
OT	Occupational Therapy *(sometimes also* Operating Theatre*)*

Acronym	Meaning
PACU	Post Anaesthetic Care Unit
PBFF	Population Based Funding Formula
PCO	Primary Care Organisation
PDRP	Professional Development Recognition Programme
PGY	Post Graduate Year
PHO	Primary Health Organisation
PHN	Public Health Nurse
PHU	Public Health Unit
PN	Practice Nurse
POID	Planning, Outcomes, Integrated Care & District Hospitals
POPN	Primary Options Programme Northland
PQ	Parliamentary Questions
PSA	Public Service Association
PSAAP	PHO Service Agreement Amendment Protocol
PUC	Purchase Unit Cost
QID	Quality & Improvement Directorate
RBA	Results Based Accountability
RDA	Resident Doctors' Association
RFF	Regional Funding Forum
RFP	Request for Proposal
RG	Referral Guidelines
RICF	Reducing Inequalities Contingency Funding
RMO	Resident Medical Officer
RWL	Residual Waiting List
SAT	Self Assessment Tool
SAU	Surgical Admission Unit
SBL	Surgical Booking List
SCBU	Special Care Baby Unit
SCOPE	Service Coordination – Primary Care Navigation for Older People in their Environment
SDS	School Dental Service
SHO	Senior House Officer
SIA	Service to Improve Access
SLT	Speech Language Therapy
SMO	Senior Medical Officer
SOI	Statement of Intent
SPNIA	Service Planning and New Intervention Assessment
SSSG	Shared Support Services Group
STV	Single Transferable Voting
SUDI	Sudden Unexplained Death in Infancy
TAS	Technical Advisory Services
TLA	Territorial Local Authorities
TOR	Terms of Reference
TOW	Treaty of Waitangi
TPK	Te Puni Kokiri
TPOT	The Productive Operating Theatre
TROTR	Te Runanga O Te Rarawa
WERO	Whanau End smoking Regional whanau Ora Challenge
WHO	World Health Organisation
WIIE	Whanau Integration Innovation & Engagement Fund
WOC	Whanau Ora Collective
YTD	Year-to-date

Any additions/amendments, please contact Kathryn Leydon on 430 4100 Ext 60640, or e-mail kathryn.leydon@northlanddhb.org.nz