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K Eagles, Deputy Chairman
A Ballantyne,
M Bourke
P Catt
K Denness,
F Gilkison,
B Jeffares
P Lockett
A Rumball
P Moeahu (Co-opted member)
C Tuuta

Management:

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GM Finance & Corporate Services
GM Hospital Services
GM Planning & Funding & Population
Health
Chief Advisor Maori Health
Chief Medical Advisor
Nursing Director
GM HR & Organisational Development
Quality Risk Manager
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Corporate Reception



TARANAKI DISTRICT HEALTH BOARD

AGENDA

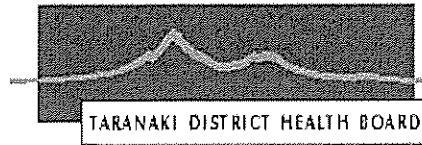
HOSPITAL ADVISORY COMMITTEE

ORDINARY MEETING

OPEN

**Thursday 10 November 2011
10am**

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



HOSPITAL ADVISORY COMMITTEE

MEETING AGENDA

Thursday 10 November 2011
10 am

Corporate Meeting Room 1 Base Hospital
David Street
New Plymouth

1. **Declaration to Open Meeting**
2. **Apologies**
3. **Conflicts of Interest**
4. **Public Comment**
5. **Minutes**
 - 5.1 Minutes of meeting held 6 October 2011 Pages 1 - 6
Resolution
That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 6 October as a true and correct record.
6. **Arising From Minutes**
7. **Chairman's Report**
8. **Management Reports**
 - 8.1 General Manager Hospital Services and attachments. Pages 7 - 53
Resolution
That the Hospital Advisory Committee note and receive the report and attachments.
9. **Other Business**
10. **Next Meeting**
8 December 2011 in New Plymouth



HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 6 October 2011

9.45am

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present:

Ella Borrows (Chair), Kura Denness, Karen Eagles, Flora Gilkison, Pauline Lockett, Alison Rumball, Colleen Tuuta (Board Members), Peter Moeahu (Co opted member), Mary Bourke and Peter Catt (ex-officio)

In Attendance:

Tony Foulkes (Chief Executive), George Thomas (General Manager Finance & Corporate Services), Rosemary Clements (General Manager Hospital and Specialist Services), John Doran, Chief Medical Advisor), Kerry-Ann Adlam (Director of Nursing), Katherine Fraser-Chapple (Management Accountant), Sue Carrington (Communications Advisor), Ramon Tito (Kaumatua), Jenny McLennan, (PA to Chief Executive),

Mike Burr – Customer Services/Privacy Officers

Susan Stewart - Customer Services/Privacy Officers

684.0 Declaration to Open Meeting

The meeting was declared open at 9.45am with a Karakia.

685.0 Apologies

Resolution

That the apology from Brian Jeffares and Alex Ballantyne be received.

Catt/Rumball

Carried

686.0 Conflict of Interest

The Register was circulated for signing with members asked to advise of any new interests to declare.

687.0 Public Comment

Ms Moira Paterson was attending the meeting on behalf of the Multiple Sclerosis Group and interested Neurological Groups.

Ms Paterson addressed the committee about the groups concerns regarding the quality and availability of neurological services provided within the region including the time patients are having to wait for a neurological appointment. Ms Paterson advised that the group would like to see a neurological nurse/coordinator position established.

Mrs Borrows thanked Ms Paterson for her comments and invited members to comment.

Mr Moëahu questioned whether there was any provision within the current budget for the support that had been requested.

Mrs Clements advised that historically funding had been provided for visiting neurological services and that while there was currently no holistic service support was available through the employment of a private neurologist and a locum Physician.

Ms Tuuta joined the meeting and apologised for lateness.

688.0 Presentation

The Manager Quality and Risk advised that Customer Services practices and protocols had been established in accordance with the Health & Disability Act and the Code of Patient Rights. Taranaki DHB Patient Satisfaction Surveys, which covered both in and out patients had high satisfaction results of 91%.

Mr Mike Burr and Ms Susan Stewart – Customer Services/Privacy Officers were welcomed to the meeting and gave a powerpoint presentation as follows:

- Opportunities for Improvement
- *What we do all day...*
 - **Education**
 - Induction courses for new staff
 - Refresher courses for:
 - Clinical
 - Non-clinical
 - Community
 - Return nursing
 - Privacy
 - Challenging Behaviours
 - **External Collaboration**
 - ACC
 - CYFS
 - Police
 - Privacy Commissioner
 - Health & Disability

- **Complaints and Compliments**
 - Accept by phone, letter, email or directly
 - Process and monitor complaints
 - Provide reports and report trends emerging
 - Share our successes
- **Quality Improvement**
 - Identify areas for development
 - Conduct ward audits
 - Monitor compliance with Privacy standards
- **Outcomes and evaluation**
 - Increased awareness of standards and expectation.
 - Changes to policies, procedures and guidelines.
 - Treatment plans and agreements specific to patient.
 - Information pamphlets.
 - Identified actions completed
 - Complaint process monitoring
 - External review
- **Keeping it in perspective**
 - Average figures over a three month period
 - Total patients – 10,873
 - Inpatients – 1,891
 - Outpatients – 8,982
 - Formal inpatient related complaints received – 16 (0.85%)
 - Formal outpatient related complaints received – 26 (0.29%)
 - The HDC has received 37 complaints related to the DHB since 2006 of which 3 have been formally investigated. Of the three investigated, no breaches were found.
- **Partnership between clinical services, staff and the consumer is key.**

Points of interest and clarification was sought by members throughout the presentation with the following points noted during discussion:

- Members were asked to encourage community members with concerns or complaints to go through Customer Services to ensure monitoring and responses are made within appropriate timeframes.
- Complaints are acknowledged within five working days, with an outcome response to be provided within 10 days. If ten day timeframe cannot be met customers advised that response will be within twenty days. A twenty day response timeframe was within the timeframe outlined within the code.
- Majority of complaints are managed within the ten day timeframe with the recent implemented initiative of customers invited to provide feedback on the complaints process.
- Up to 60% of customers provide feedback with virtually 100% expressing satisfaction with the process. Additional KPIs on process feedback under consideration.
- It was noted that areas that had repeat complaints were managed proactively and there were instances of repeat complainers.
- Mr Burr advised that a Challenging Behaviour training session provided appropriate skills that were beneficial for varying roles and proven useful to those who had attended.

- Ms Stewart advised that visits to hospital department were undertaken as part of the informal audit process.
- It was noted there were obligations on the part of the DHB to provide appropriate information to the Police as part of a criminal investigation.
- Complaints process was seen and managed as an opportunity for improvement, with issues discussed with appropriate wards or departments. Outcome of investigations can result in additional training required.

689.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 8 September 2011.

*Catt/Moeahu
Carried*

689.1 Matters Arising

689.2 Maori Workforce Development

Mr Moeahu thanked the Chief Executive for the Maori employment information that had been provided. It was noted that in the last year 21% of Maori candidates and 16% of non-Maori candidates were hired by the DHB. The information would be presented formally to the committee in the next HR quarterly report.

689.3 Rheumatic Fever Incidence

Mrs Eagles acknowledged the rheumatic fever incidence information that had been provided and noted that all reported cases were monitored.

690.0 Management Reports

690.1 General Manager Hospital & Specialist Services Report

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

Discussion

- Mrs Eagles was advised that the Bariatric case management was on track to complete eight procedures over a two year period.

Dr John Doran left the meeting

- To assist in understanding the impact of acute volumes against budget Ms Lockett queried the breakdown of the acute casemix. Mrs Clements advised that anticipated acute volumes were set using historic information and strategies to assist in managing and/or reducing these numbers were constantly under consideration. It was noted that patient pathways were consistently reviewed to ensure optimal patient management. Mrs Clements added that the prime focus of any reviews and patient pathways consideration was to improve models of care rather than financial outcomes.
- It was noted that the Do Not Attend (DNA) and rescheduling policy was to be tightened and an improved texting system used to manage DNAs.

- It was noted that it was positive that Mental Health actual inpatient days were below the contracted level.
- Mrs Clements reported that some data issues had been identified in the capture of the ED Health Target. Statistics in the report would be updated for future reports.
- Mr Moeahu reminded the committee of an earlier suggestion regarding the possible acknowledgement of former Chairman – Mr John Young in the new build. Miss Bourke acknowledged the suggestion which would need further consideration in due course.

690.2 Financial Report for Hospital and Specialist Services

Mrs Fraser-Chapple took the report as read and was available to respond to any questions:

- Mrs Clements advised that RMO locum costs were generally standardised across the country through National agreements.
- It was noted that patient consumables were included as part of the total service costs for ACC.

Resolution

That the Hospital Advisory Committee receive and note the Management Reports and attachments.

*Eagles/Borrows
Carried*

690.3 Neurological Services

Ms Lockett suggested that in considering the points raised in the public comment section earlier in the meeting that technology be considered as part of a possible solution. Miss Bourke noted that it was essential to ensure good utilisation of the neurologist time when here.

Mrs Clements acknowledged this and referred to her earlier comments on service arrangements.

691 Date of Next Meeting

The next meeting of the Hospital Advisory Committee was scheduled to be held on Thursday, 10 November 2011

.....
Chairman

.....
Date

TDHB Hospital Advisory Committee Task List as at 6 October 2011

Action No	Date Raised	Action Description	Status	Assigned	Due Date	Updates
8	6 October 11	New Facilities – Consideration of acknowledging former Chairman		Chair		
7	6 October 11	ED Health Target Data – some data issues identified and to be updated for future HAC meeting	Progressing	GM HSS		closed
6	8 Sept 11	Maori Workforce Development – Update on approach, of employment numbers and opportunities.	Progressing	GM HR	40 Nov 11	To be included in HR quarterly report – closed
5	8 Sept 11	Rural Nursing Speciality – Current status and options available for future planning and development	Progressing	GM HR	10 Nov 11	To be included in HR quarterly report
2	4 August 11	Annual Plan Status Reports – aligns activities against Annual Plan – to be presented to committees with exception report only to Board Request feedback on approach from members	No feedback received to date	Board members	Following September Board meeting	Proposal format to be utilised for future reporting – closed

TO CEO and Hospital Advisory
Committee



FROM General Manager Hospital &
Specialist Services

DATE October 2011

MEMORANDUM

SUBJECT Exception Report for September
2011

1 OVERVIEW

This report provides an overview for the Hospital Advisory Committee (HAC) of hospital activity for September and the end of the first quarter of the 2011/12 financial year.

The first quarter has been a busy one with the focus over this period on South Taranaki Alive with Opportunities project, regional planning with our Midland region, focus on electives planning and a hospital management team restructure.

Ward occupancy in the adult inpatient wards eased slightly this month but remained high in the specialist units. Average turnover of patients also remains consistently high overall.

1.1 Financial Comment

The TDHB Provider result for the month of September is \$48K worse than the budgeted deficit of \$213K. The YTD surplus of \$231K is \$730K lower than the budgeted surplus of \$961K.

TDHB Provider revenue is above budget for the year by \$46K. Internal revenue from the DHB funder is above budget, with lower than expected revenue from other sources, including ACC revenue.

For September 2011 the overall TDHB Provider expenditure is \$144K over budget for the month and \$776K for the year to date, with total budgeted expenditure of \$42.92M. The variance is made up of under spend in personnel costs offset by over spend in clinical supplies.

More detailed financial information is contained in the Financial Report for Hospital and Specialist Services for the month ending 30 September 2011 (attachment 1 and 2).

2 ACTIVITY

DHB Funded Activity

2.1 Casemix and Non Casemix Activity

2.1.1 Casemix Delivery for 2011/12

Overall casemix delivery is still above plan with a September result of 2% above and year to date result of 4% above. Overall the total discharges are the same as last year but caseweight is 1% ahead.

September over delivery was mostly elective surgical (17%), this has improved the year to date position, which is now 3% above plan. Medical casemix met plan and is 1% ahead year to date. Surgical acute delivery dropped 10% behind plan in September, however is 13% ahead year to date.

Compared to the same time last year medical caseweight was 5% less, although only 9 discharges less (average cwd is less than last year). Surgical caseweight remains significantly ahead at 7% (electives 3% ahead and acutes 13%). However discharges were only 41 ahead as this increase was mostly due to a higher surgical elective average caseweight (17% higher this year).

September -11 YEAR TO DATE result Case Mix delivery						
	Dschg	Total Cwd's	Contract	Cwd var	Avg Cwd.	% Variance
Medical	2904	1714	1705	8.94	0.59	1%
Surgical Acute	867	1199	1063	135.91	1.38	13%
Surgical Elective	1103	1201	1171	30.25	1.09	3%
Total Surgical	1970	2400	2234	166.17	1.22	7%
Maternity	714	332	300	31.78	0.47	11%
Neo natal	64	107	120.34	-(13.22)	1.67	-11%
Total Acute	4482	3320	3145	175	0.74	6%
Total Elective	1170	1234	1215	18.77	1.05	2%
Total	5652	4554	4360	193.67	0.81	4%

Note: September casemix is partially estimated due to incomplete coding. There were 568 uncoded potential casemix cases of the 1910 total so 29.7% of the casemix result is estimated.

2.1.2 Specialty breakdown

Acute delivery

September was quieter for acute delivery with only ophthalmology, cardiology and ENT above contract. However year to date most specialties are close to or above contract.

Elective delivery

Ophthalmology, orthopaedics, ENT and general surgery achieved plan for September (2%, 10%, 11% and 28% above respectively). The last two months trend continued and September delivery for dental, cardiology and urology remained behind plan – these specialties continue to be significantly behind year to date at 12%, 26% and 30% respectively. Orthopaedics is also behind plan but September's result improved the year to date position to 4% behind (vs 7% last month). It is very pleasing to note that the hospital has recruited two new

orthopaedic surgeons who will commence at the end of the third and fourth quarters of this financial year.

Procedure targets

Joints: Year to date performance was 34 hip and 36 knee operations, a total of 70, which is 8 behind plan.

Cataracts: 123 year to date, which was 17 ahead of plan.

2.2 Outpatient FSA Delivery for 2010/11

Medical First Specialist Assessments (FSA)

Overall medical FSAs are close to contract. In general medical and cardiology, there has been a slight improvement this month and there is a plan to increase cardiology FSAs next month while equipment for angiography is being replaced.

Planned over delivery continues in order to address waiting lists, particularly: rheumatology, respiratory and gastroenterology. Benefits of the Specialist nursing roles are being seen in the specialties concerned.

Neurology continues to be supported by regular visiting specialists and extra clinics intermittently as required. In December our clinicians are meeting with the MidCentral Neurology team to consider future options for service delivery.

	Act Vols	Ctrct Vols	Var	% Var	Comment
General Medicine - FSA	116	153	-37	-24%	An improvement from last month
Cardiology - FSA	126	185	-59	-32%	A slight improvement limited by consultant resource
Dermatology - FSA	57	38	20	52%	A South Care GP has joined the team working alongside Dr Oakley. Advertising for a Dermatologist, seeking assistance from Waikato for Paeds.
Endocrinology - FSA	53	50	3	6%	
Gastroenterology - FSA	31	0	31	0%	Shows significant improvement since August with nursing resource now in place.
Haematology - FSA	24	33	-9	-26%	Meeting demand
Neurology - FSA	57	50	7	14%	
Oncology - FSA	41	48	-7	-14%	Meeting demand
Renal Medicine - FSA	34	45	-11	-24%	
Respiratory - FSA	99	50	49	98%	
Rheumatology - FSA	63	40	23	58%	CNS position supports the physician and sees F/Up patients.
Totals	701	690	11	2%	

Surgical First Specialist Assessments (FSA)

The trend of over delivery continues with September FSA delivery significantly above plan at 26% however is trending down due to less additional FSA clinics.

	Act Vols	Ctrct Vols	Var	% Var	Comment
General Surgery - FSA	603	400	203	51%	No further additional FSAs planned
Ear Nose and Throat - FSA	157	179	-22	-12%	
Gynaecology - FSA	245	213	33	15%	
Ophthalmology - FSA	338	275	63	23%	
Orthopaedics - FSA	301	195	106	54%	Additional clinics completed.
Plastics - FSA	15	16	-1	-8%	
Urology - FSA	121	138	-17	-12%	Urologist now back from leave, however no

					improvement – extra FSA clinics required
Totals	1780	1415	365	26%	

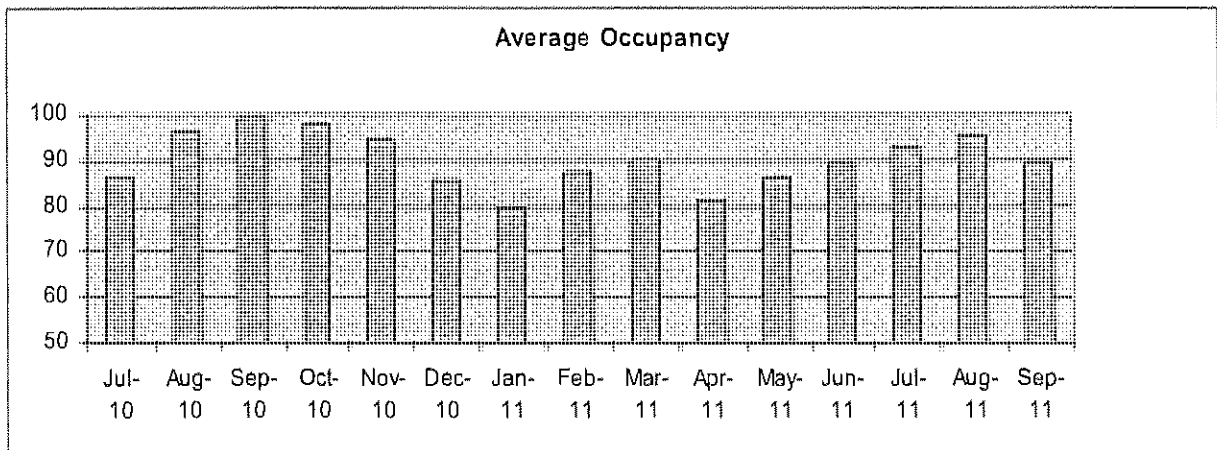
2.3 ACC

Elective surgery contract: We have slipped slightly behind contract; however we expect this will be made up later in the year.

Non Acute Rehabilitation contract: DHB COOs have been discussing this and most DHBs have not yet signed the variation offered. Negotiations continue.

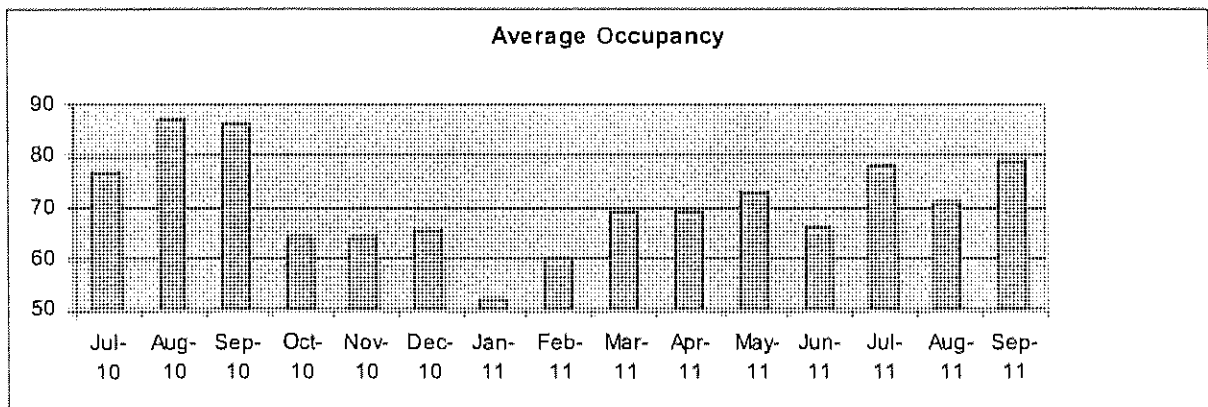
2.4 Inpatient Delivery

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



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

Graph One (B): AVERAGE OCCUPANCY FOR SPECIALIST UNITS (includes ICU, NNU, WD 2 & MATERNITY – a total of 53 beds)



(This table reflects how many beds are occupied each day on average for the specialist units. Typically specialist units do not run with a high occupancy and their busyness is more often dictated by the acuity of their current patients – see Graph 4 B)

Ward occupancy in the adult inpatient wards eased slightly this month but remained high in the specialist units. Average turnover of patients also remains consistently high overall.

2.4.1 Hawera Inpatient Ward

September HIP occupancy was higher than last month with an average of 12.5 patients per day (11.5 last month). This was the same as last September. There were 11 transfers from Hawera inpatients to Base.

2.5 Emergency Departments

Hawera ED

There were 1212 presentations to the Hawera ED in September. This was similar to September volumes for the last two years. The average number of patients per day was 39 compared to the 2010/11 average of 44. Transfers to Base for September was 43, which was the 2010/11 average. There were less transfers on the afternoon shift than the average of 60% over the 2010/11 year. The proportions by night, morning and afternoon shifts were 14%, 40% and 46%.

Base ED

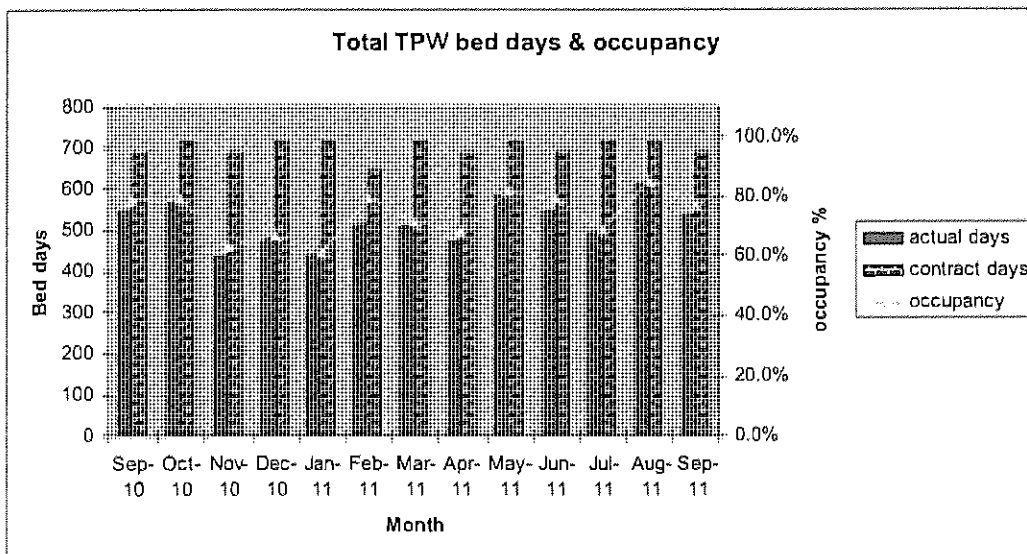
Trends in Base ED presentations are shown below. There were 2,491 presentations in August, which was similar to last month and also September for the last two years. Average daily presentations for September 2011 was 83, which was one more than the 2010/11 average.

Of note was the high volume of status code 1 in September. Between January and September 2011 the total volume of triage 1s was 73. Seventeen (23%) presented in September alone. Five Triage 1s were trauma related and the rest were medical/surgical in nature. This is particularly demanding on hospital and ED resources

2.5.1 ED Health Target

The data issues with this target have been clarified. The first quarter performance due to be released next month will be 88%. The acute pathway project is commencing this month with dedicated project management resource.

2.6 Mental Health



TPW Occupancy combined (adult, elderly, inpatient care, and CAMHS clients) slightly down from previous month at 77%.

3 PROJECT UPDATES

3.1 Project Maunga Update

- Construction continues at good pace and on schedule. Drain laying across the main public car park is nearly complete and as soon as fine weather allows, final repairs and sealing will take place. This has been the main disruption so far with very few complaints reported so far.
- Regular meetings are occurring with the HIQ Project Maunga Manager and we are working to clarify with more certainty our future IT needs in the new facility including those required for new models of care. Assisting in this process is planning for the E-Prescribing pilot, which is scheduled to occur early next year. This pilot will be the first time we have utilised IT as a fully integrated component of our actual day to day clinical practice and will be a significant step forward in the direction of future clinical practice.

3.2 Planning Updates

- **Taranaki Community Oral Health Service**

This major capital and service change project is now operating largely on a Business as usual basis. The capital works programme has been completed with the exception of the Hawera Community Oral Health Facility and the delivery of the final Mobile Dental Unit.

The newly delivered second Mobile Dental Unit has been prepared for service and will be treating patients from the beginning of the fourth school term.

Service planning has commenced on strategies to increase Adolescent (12-17 year old) enrolment both with the Community Oral Health Service or with one of 18 contracted Private Dentists in Taranaki. Currently there are approximately 70% of eligible patients access these publicly funded services in the region – well below the 85% target set by the Ministry of Health.

Detailed service planning and Oral Health Promotion activities will take on more significance in the coming years given the recent decision by the New Plymouth District Council to remove Fluoride from the district water supplies.

- **Theatre Productivity and Planning**

As noted in previous reports, Hospital and Specialist Services has been working with the Ministry of Health to develop a stochastic simulation (using prioritised queuing theory) of the Project Maunga Theatre suite.

As part of the planning for the Project Maunga Acute Services block, Taranaki DHB initiated a process to adopt current best practice “lean” methodologies across the Hospital provider. The intent of this was to set in motion a process of incremental, systematic, cultural change in the way productivity and improvement initiatives are addressed.

Taranaki DHB intends to extend this general approach to include operating theatres with the development of a funding bid to the Ministry of Health for a linked Pre-Admission and Operating Theatre project under the umbrella of “The Productive Operating Theatre programme”.

This programme offers the DHB the ability to utilise internationally proven evidence based processes to enhance both theatre productivity and support the transition to the new theatre complex. The programme is also seen as a critical component of the delivery of the objectives of the DHB's 2011-2012 Annual Plan. The proposal includes dedicated programme resource FTE and clinical backfill funding to ensure that ongoing expertise is available to support the work.

We expect to hear the outcome of our funding request in the coming weeks, with initial feedback on the submitted proposals being extremely positive.

- **Management Restructure**

The restructure of the hospital services team has been completed with a structure confirmed. Some appointments to positions have been made, with the balance of positions advertised currently. It is envisaged the transition to the new management structure will take us into the new calendar year.

Phase two of this restructure will focus on configuring the Senior Medical staff leadership to ensure maximum opportunity to further strengthen the clinical partnership with this valuable group of staff.

Part of the restructure has included a safe staffing unit which will be pivotal to allocation of staff, monitor all allocations of staff and assisting with ensuring efficient staffing with appropriate skill levels.

4 GENERAL

- The Releasing Time To Care (RTTC) programme continues to progress well in Wards 3 and 4 with the Intensive Care Unit launching in November. Morale has improved in Ward 3 with several changes being made within the ward to assist with workloads.
- The hospital trauma team continues to meet regularly and has made significant improvements to process and documentation for trauma patients.
- Work is underway on improving the pathway for the acute patient through their inpatient experience. This will be led by a Senior Registered Nurse alongside Clinical Champions for each service.

RECOMMENDATION

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

Rosemary Clements
General Manager
Hospital & Specialist Services

Appendices

1. Financials
2. Financial Report for Hospital and Specialist Services for the month ending September 2011
3. Human Resources and Organisational Development Report for July, August, September 2011
4. Maori Health Report
5. Quality & Risk Report for August and September

Statement of Financial Performance : Hospital Provider

	YTD Sept'11		YTD Sept'11	YTD Sept'11
	actual	budget	variance	
\$'000				
REVENUE				
MOH hospital revenue (thru TDHB Funder)	39,786	39,368	418	
Other MoH funding (CTA, new initiatives etc)	599	553	46	
Total MoH Revenue (*)	40,385	39,921	464	
ACC Revenue	1,214	1,408	(194)	
Other Revenue	2,324	2,548	(224)	
Total Other Revenue	3,538	3,956	(418)	
TOTAL REVENUE	43,923	43,877	46	
OPERATING EXPENDITURE				
Personnel costs	24,223	24,340	117	
Outsourced services - personnel	592	363	(229)	
- clinical services	5,058	4,912	(146)	
Clinical supplies	6,266	5,682	(584)	
Infrastructure and establishment costs	5,618	5,685	67	
Interest & financing charges	1,934	1,933	(1)	
TOTAL OPERATING EXPENDITURE	43,691	42,915	(776)	
OPERATING SURPLUS / (DEFICIT)	232	962	(730)	
NET SURPLUS / (DEFICIT)	232	962	(730)	
Full time employees	1,200	1,184	16	

Previous Year	Year on. Year (YTD)
2010/11	Movement
38,998	788
549	50
39,547	838
1,868	(654)
1,080	1,244
2,948	590
42,495	1,428
23,739	(434)
1,055	463
5,336	278
5,748	(518)
5,920	302
1,961	27
43,759	68
(1,264)	1,496
(1,264)	1,496
1,211	11

2% 2% 20% 3% -2% 44% -9% 5% 1% 0% -118% -118% 1%

TARANAKI DISTRICT HEALTH BOARD

FISCAL YEAR : 2011-12

VARIANCE REPORT: HOSPITAL SERVICES

(\$'000)

(materiality level: +/- 5%)

Account	YTD Sept'11		YTD Sept'11		Movement	% variance	Notes
	actual	budget	budget	variance			
EXPENDITURE:							
* Outsourced services	5,650	5,275	375		-ve	7%	Primarily: - Outsourced medical personnel (\$ 240K incl mental health) - Outsourced clinical services (\$ 145K)
* Clinical supplies	6,266	5,682	584		-ve	10%	The cost overrun is arising from: - Pharmaceuticals (\$ 157K) - Treatment consumables (\$ 325K) - Implants & Prostheses (\$ 137K)

TARANAKI DISTRICT HEALTH BOARD

CAPITAL EXPENDITURE SCHEDULE - PERIOD : JULY 2011 TO JUNE 2012

(Amounts in \$)	Capital Expenditure 2011 - 2012											
	Sep-11					Year-to-Date					Forecast	
	Actual	Budget	Variance	Note	Actual	Budget	Variance	Forecast	Budget 2011/12	Variance		
A												
Plant & Equipment - Clinical	392,492	400,000	7,508		601,844	615,000	13,156	2,350,000	2,350,000	-		
Plant & Equipment - Other	25,341	25,000	(341)		43,594	45,000	1,406	100,000	100,000	-		
Information Technology	1,874,620	255,000	(1,619,620)	1	2,735,464	955,000	(1,780,464)	4,000,000	4,000,000	-		
Buildings & site redevelopment	19,113	20,000	887		108,857	105,000	(3,857)	500,000	500,000	-		
Motor Vehicles			0				0	50,000	50,000	-		
Total	2,311,566	700,000	(1,611,566)		3,489,759	1,720,000	(1,769,759)	7,000,000	7,000,000	-		
B												
Capital Contingency						1,000,000			1,000,000			

C Projects

Project	Actual	Budget	MotH Funded	2	Life to Date	Forecast	MotH Funded
Project Maunga	2,980,588			2	11,059,091		80,000,000
Project Oral Health- Buildings	86,504			2	1,343,244		3,402,000
Project Oral Health- Equipment				2	158,695		MotH Funded

1 Includes capitalisation of Software Projects, plus national projects undertaken by HIQ, on behalf of the sector
 2 Project expenses since inception (2008)

TARANAKI DISTRICT HEALTH BOARD

CAPITAL EXPENDITURE SUMMARY - PERIOD : JULY 2011 TO JUNE 2012

(Amounts in \$)		Capital Expenditure 2011-12		
Asset Class	Notes	YTD Sep 11 Actual	2011/12 Budget	Variance
Plant & Equipment				
-Theatre		98,960	1,000,000	901,040
-OPD + Pathology +Wards		11,897	200,000	188,103
-ICU & ED		453,673	700,000	246,327
-Other Clinical Equipment		37,313	450,000	412,687
-Beds & other Misc.		43,593	100,000	56,407
		645,436	2,450,000	1,804,564
IT & Computers				
-Projects		2,715,693	3,000,000	284,307
-Hardware Replacements		19,770	500,000	480,230
-Software.			500,000	500,000
		2,735,463	4,000,000	1,264,537
Buildings & site redevelopment				
-Minor site Redevelopment & Alterations		108,857	450,000	341,143
-Ground & car parks			50,000	50,000
		108,857	500,000	391,143
Motor Vehicles				
- Replace Leased Vehicles & Equipment			50,000	50,000
			50,000	50,000
		3,489,756	7,000,000	3,510,244
Total DHB				
			1,000,000	
Capital Contingency				
PROJECTS				
-Project Maunga	life to date	11,059,091	80,000,000	MoH Funded
-Project Oral Health Building	life to date	1,343,244	3,402,000	MoH Funded
-Project Oral Health Equipment	life to date	158,695		MoH Funded

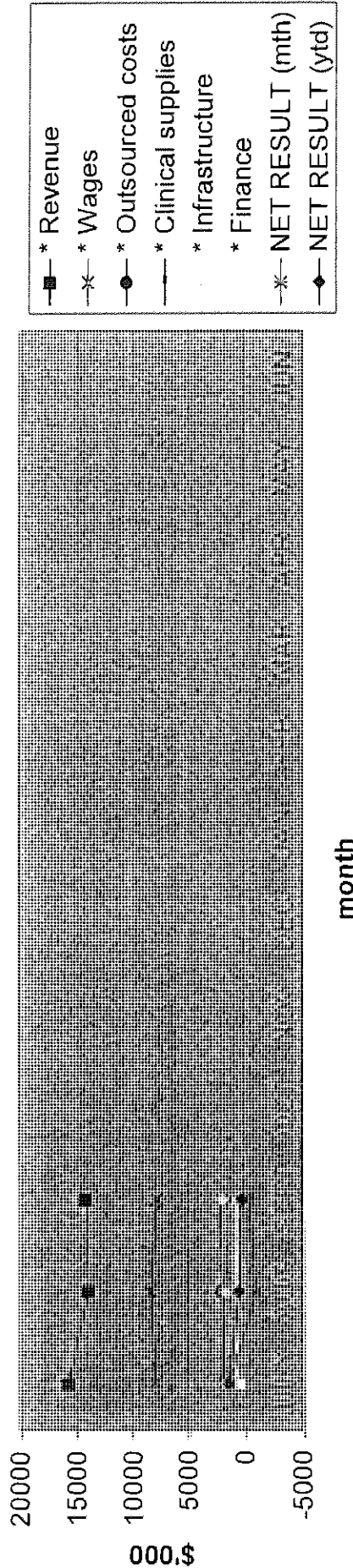
TARANAKI DISTRICT HEALTH BOARD

MONTHLY MOVEMENTS IN FINANCIAL PERFORMANCE: HOSPITAL SERVICES: FISCAL YEAR 2011-12

(\$'000) 2011 2012 2011-12

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD ACT	YTD BUD
* Revenue	15774	13961	14188										43923	43877
* Wages	7978	8414	7831										24223	24340
* Outsourced costs	1814	2071	1765										5650	5275
* Clinical supplies	2091	1971	2204										6266	5682
* Infrastructure	1815	1788	2015										5618	5685
* Finance	648	651	635										1934	1933
NET RESULT (mth)	1428	-934	-262										232	962
NET RESULT (ytd)	1428	494	232											
FTE's	1196	1201	1200										1200	1184

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



TO: Rosemary Clements
 General Manager Hospital and
 Specialist Services

MEMORANDUM

FROM: Katherine Fraser-Chapple
 Management Accountant

DATE: 19 October 2011

SUBJECT: Financial Report for Hospital and
 Specialist Services for the month
 ending 30 September 2011

1. SUMMARY

The TDHB Provider result for the month of September is \$48K worse than the budgeted deficit of \$213K. The year to date surplus of \$231K is \$730K lower than the budgeted surplus of \$961K.

\$000	Month			YTD				Progress to Annual (Target =25%)
	Actual (\$)	Budget (\$)	Var over/(under)	Actual (\$)	Budget (\$)	Var over/(under)	Variance (%)	
Internal Revenue	(12,908)	(12,743)	165	(38,574)	(38,230)	344	1%	26.2%
Other Revenue	(1,280)	(1,349)	(69)	(5,349)	(5,647)	(298)	(5%)	29.2%
Total Revenue	(14,188)	(14,092)	96	(43,923)	(43,877)	46	0%	26.5%
Personnel Costs	7,830	8,113	(283)	24,223	24,340	(117)	(0%)	24.9%
Outsourced Services	1,765	1,758	7	5,650	5,275	375	7%	26.8%
Clinical Supplies	2,204	1,894	310	6,266	5,682	584	10%	27.6%
Infrastructure & Non Clinical Supplies	2,651	2,541	110	7,554	7,624	(70)	(1%)	27.7%
Internal Allocation	0	(2)	2	(1)	(5)	4	(80%)	5.0%
Total Expenses	14,449	14,305	144	43,692	42,916	776	2%	25.9%
Net Result Profit/(Loss)	(261)	(213)	(48)	231	961	(730)		

2. REVENUE

TDHB Provider revenue for is above budget for the year to date by \$46K. Internal revenue from the DHB funder is above budget, with lower than expected revenue from other sources, including ACC revenue.

The majority of revenue received by the Provider is Internal Revenue from the TDHB Funder. Revenue received internally from the Funder for the Price:Volume Schedule and other services is received into the DHB Provider accounts. The total internal revenue received for the year to date is \$38.57M, against budgeted revenue of \$38.23M.

Additional revenue has been received for programmes and services additional to the Price: Volume Schedule in Disability Support (\$147K) for the Needs Assessment and Co-ordination Service, in Public Health (\$18K) for Health Eating Health Action Initiatives, Maori Health for Family Violence Intervention Programmes (\$12K) and Personal Health for Pharmaceuticals and other smaller services (\$167K).

3. EXPENDITURE

For September 2011 the overall TDHB Provider expenditure is \$144K over budget for the month, and \$776K for the year to date, with total budgeted expenditure of \$42.92M. The variance is made up of under spend in personnel costs offset by over spend in clinical supplies and outsourced services.

3.1 Personnel Costs

For the TDHB Provider personnel costs are \$283K under the total monthly budget of \$8.11 M. Overall FTE's are 16.0 FTE over budget, 10.1 of these FTE are in nursing staff, with overs and unders in other areas. The year to date staffing expense is \$117K below the budget of \$24.34M.

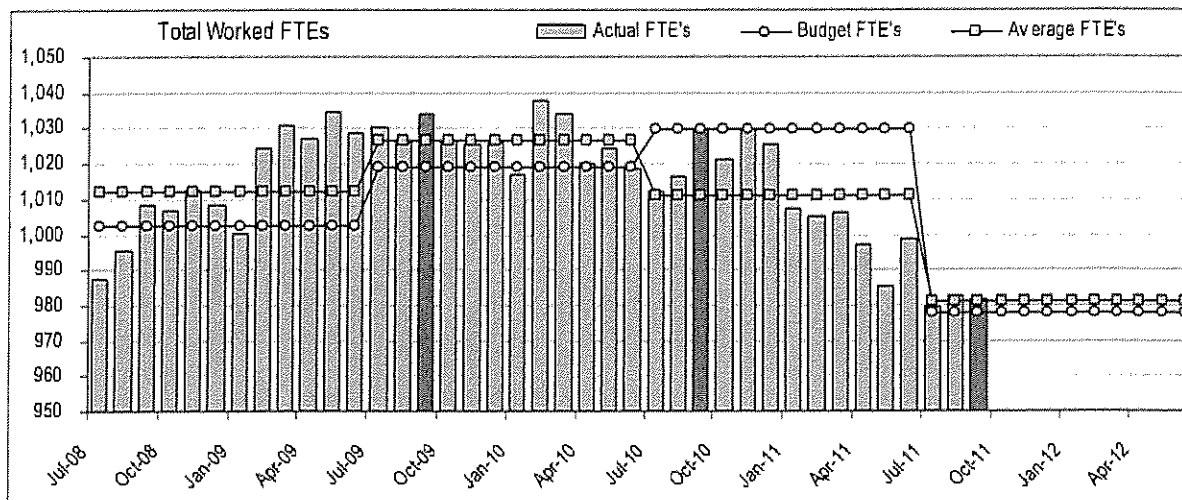
Hospital and Specialist services total FTE's for September are 981.0, which is 3.4 FTE above the budgeted level. The variance is made up of nursing staff over budget by 20.2 FTE, offset by unfilled positions in medical staff (10.5 FTE) and other groups. The number of actual FTE's also includes staff time spent on Project Maunga by staff from the Hospital Provider.

The average daily cost of staffing Hospital Services and Mental Health and Addiction Services is \$221K per day for September, with a decrease of \$6K against August 2011 and a decrease of \$5K from September 2010.

Of the professional groupings medical staff costs are under budget for the month by \$258K and under in FTE's by 10.2. There is a year to date under spend in SMO's (\$232K under and 0.7 FTE's under budget) and RMOs (\$260K and 6.5 FTE under budget). MOSS are under budget (\$105K YTD and under 3.3 FTE). Overall medical staff vacancies are around 8% of established FTE's, and costs are 8.6% under budget.

When looking at the total cost of medical staffing we need to include the cost of positions filled by locums. For the year to September this brings the total cost of medical staff to \$6.75M, \$346K less than budgeted. Budgets are based on positions being filled by employed staff with a contingency amount for locum cover. There is a significant cost differential between employed staff and locum rates, which can lead to a budget variance.

The majority of nursing staff above budget were Health Care Assistants (19.6 FTE). This was mainly in personal health inpatients (11.7 FTE) and mental health inpatients (7.1 FTE). The cost of these staff was \$55K above the budget of \$215K for the month, and \$200K above budget for the year to date.



Variances in staff costs by professional group for Hospital and Specialist Services are as follows:

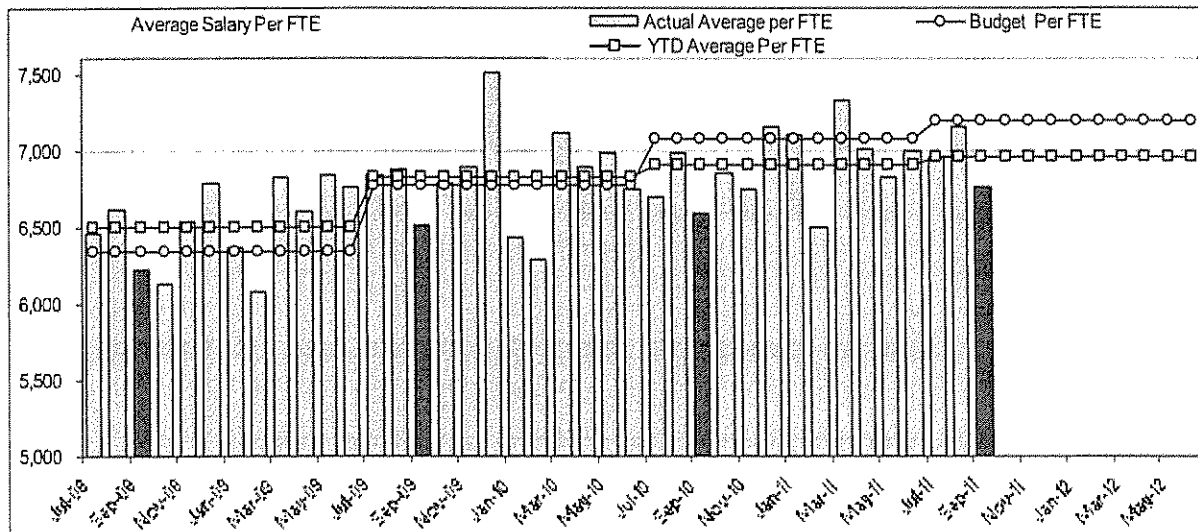
Total Costs (Hospital and Specialist Services Only)	September Variance (under)/over		YTD Variance
	\$000	FTE's	over/(under) \$000
	SMO's	(132,732)	(0.7)
MOSS	(55,028)	(3.3)	(105,400)
RMO's	(74,051)	(6.5)	(260,173)
All Medical Staff	(258,281)	(10.5)	(586,079)
Nursing	(200,458)	20.2	(98,129)
Allied Health	76,956	(2.8)	102,627
Support Staff	(12,753)	(4.2)	(35,561)
Management/Admin	(6,030)	1.2	(2,698)
Total	(400,566)	3.4	(619,840)

Budgeted monthly salary costs of for 2010-2011 are \$7198 per FTE, an increase of \$118 over last year. For the month of September average staff costs per FTE are under budget at \$6760 per FTE. The year to date average cost is also favourable at \$240 per FTE under budget.

Average FTE Costs (Salary costs only)	Monthly Budget	Sep-11		Year to date average	
		Actual	Variance	Actual	Variance
SMO	23,990	21,786	(2,204)	22,907	(1,083)
MOSS	18,399	18,858	459	21,119	2,720
RMO	10,200	10,072	(128)	10,534	335
ALL Medical Staff	16,537	15,836	(701)	16,925	388

Average FTE Costs (Salary costs only)	Monthly Budget	Sep-11		Year to date average	
		Actual	Variance	Actual	Variance
Nursing Staff	6,247	5,629	(618)	5,903	(343)
Allied Health Staff	5,379	5,968	589	5,666	288
Support Staff	3,629	3,841	212	3,830	202
Management and Admin Staff	4,246	4,164	(82)	4,227	(19)
All Staff	7,198	6,760	(438)	6,959	(240)

Salary costs fluctuate widely between months with factors impacting on the costs including the timing of leave taken and timing of staff salary settlements.



3.2 Outsourced Services

Hospital and Specialist Services outsourced services were on budget for the month of September and over spent by \$384K for the year to date. Major variances to budget are in Locum Medical Staff (\$239K over budget YTD), and outsourced clinical services (\$241K over budget YTD). These overspends are offset by under spending in outsourced radiology by \$79K.

3.2.1 Outsourced Clinical Services

For Hospital and Specialist Services Outsourced Clinical Services is over budget for the year to date at \$241K, the cost of outsourcing ACC and some elective services work accounts for almost a quarter of the total spending.

3.2.2 Outsourced Personnel

Locum use in September was a total of \$83K over budget, and \$239K over budget YTD. Total Outsourced Personnel costs are \$84K over budget for the month and \$229K above the budget of \$363K for the year to date. Approximately 40% (\$210K) of the total year to date locum costs are for MOSS at Hawera Hospital, where circumstances have dictated that this is the predominant method of staffing.

		Year to Date (\$000)		
		Actual	Budget	Variance
Total Outsourced Staff	SMO Locums	10	38	(28)
	MOSS Locums	286	168	118
	RMO Locums	219	69	150
	Other	77	88	(11)
	Total	592	363	229
Laboratory Services		168	175	(7)
Radiology		1,800	1,879	(79)
Outsourced Clinical Services	Inpatient Medical Services (1)	1,207		
	Outpatient Medical Services (2)	262		
	Facility Fees (4)	210		
	Other DHB's (5)	88		
	Other (6)	565		
	<i>Subtotal</i>	2,332	2,041	291
	ACC Outsourced Services (7)	721	768	(47)
	Total Outsourced Clinical Services	3,051	2,809	242
Total Outsourced Services		5,611	5,226	385

Notes:

- 1, 2, Long term contracted medical services (opposed to locums) for ENT, Urology, Anaesthetics, Ophthalmology. Also includes some additional theatre sessions.
- 4 Fees for access to other facilities, mainly Southern Cross Hospital
- 5 Fees paid to other DHBs for medical and allied health services such as visiting clinics
- 6 This is all other outsourced services - Mental Health (Supervision, Patient Assessments, Pharmacy, ECT, Home Based Treatment, Community Supported Living, Physical Health Project); Allied Health (Audiometry, Audiology)
- 7 Fees paid for contracted ACC services including inpatient, outpatient and facility fees

3.3 Clinical Supplies

There is an over spend in Hospital and Specialist Services clinical supplies for the month of September of \$329K against the budgeted expenditure of \$1.817M. The year to date variance is \$685K, a total of 13% over budget.

The main contributor for the year to date is patient consumables (\$276K over YTD), impacted by high volumes. Contributing to the overspend in clinical equipment is depreciation expense of \$290K year to date, \$105K over budget.

The cost of pharmaceuticals is \$158K over budget for the year to date, however additional revenue of \$160K has been received from the Funder to offset the expense.

Hospital Services including Mental Health and Addictions Services \$000	Month			Year To Date			Var. %
	Actual	Budget	Variance	Actual	Budget	Variance	
Blood Products	159	144	15	460	432	27	6%
Patient Consumables	640	540	100	1,896	1,620	276	17%
Diagnostic Supplies	80	113	(33)	304	339	(35)	-10%
Clinical Equipment	279	157	121	608	472	136	29%

Hospital Services including Mental Health and Addictions Services \$000	Month			Year To Date			Var. %
	Actual	Budget	Variance	Actual	Budget	Variance	
Patient Appliances and Therapeutic Garments	52	93	(41)	216	279	(63)	-23%
Prostheses and Implants	198	178	21	671	534	137	26%
Pharmaceuticals	397	332	65	1,152	995	158	16%
Patient Transport and Accommodation	340	259	82	826	776	50	6%
Other	0	1	(1)	4	4	(1)	-25%
	2,145	1,817	329	6,137	5,451	685	13%

**Katherine Fraser-Chapple
Management Accountant**

TO General Manager Hospital &
Specialist Services



FROM Gavin Woolley,
General Manager
Human Resources and
Organisational Development

MEMORANDUM

DATE 24 October 2011

SUBJECT Human Resources and
Organisational Development
Report for July, August, September
2011

1. INTRODUCTION

The purpose of this report is to provide a summary of the activity that occurred from a Human Resources and Organisational Development perspective (Organisational Development, Learning and Development, Employment Relations, and Recruitment) which had a direct impact on the Hospital Services Provider during the quarter ending 30 September 2011.

2. ACTIVITY

2.1 Organisational Development

2.1.1 Project Whakapai

HR continues to support all HWS tools, provide training, coaching, detailed analysis and systems administration support to the General Manager Hospital and Specialist Services.

2.2 Learning and Development

A comprehensive Learning and Development Framework has been developed for TDHB and is currently undergoing consultation with key stakeholders. The Framework takes a broad perspective on learning and development activities across TDHB including clinical skills, leadership and management development, individual capability development, talent management and organisational change / transformation skills. A draft Talent Management Framework is also being developed to outline the work being done in L&D, recruitment and workforce planning.

Between July and September 2011, 126 training sessions were conducted with 348 external and 1689 internal staff attending the sessions. There were 5 full Nursing study days which included work-life balance, paediatrics, surgical/orthopaedics and alcohol and drug awareness. The Midlands Regional Leadership in Practice Programme is being held locally in Taranaki and 25 TDHB employees are undergoing this programme. The programme runs from August 2011 through to March 2012 and is a series of six one-day workshops. A number of managers modules have also been run and include topics such as giving feedback, having difficult conversations and managing performance and appraisals. Leadership Action Learning Sets have also been trialled with the possibility of further implementation via the training of internal facilitators for these sets.

An eLearning Pilot Programme has been underway since August 2011 to trial the use of the Midland eLearning site developed by BOP DHB. The pilot covers two courses adapted for TDHB (Hand Hygiene and IV Credentialling) and around 41 staff. The pilot finishes in October 2011 and the outcomes of the pilot will be evaluated. A proposal paper outlining recommendations for the further roll out and use of eLearning via the Midland eLearning site will be developed for consideration.

A local committee has been established to consult with key TDHB stakeholders around the proposed establishment and delivery of the Regional Training Network.

The Professional Development Reference Group is now meeting on a monthly basis to discuss recommendations for improvement and provide a view on the development and enhancement of Learning and Development at TDHB.

2.3 Recruitment

A summary of the recruitment activity is below for information.

2.3.1 Senior Medical Officer Positions

Recent recruitment campaigns have realised success as follows:

- An Anaesthetist joined the team on 3 October 2011.
- TDHB will have 3 Psychiatrists join the service in the 4th quarter of 2011.
- Two Orthopaedic Surgeons have accepted offers of employment to commence in April and July 2012. One of the Surgeons is returning to Taranaki, having worked at TDHB previously as a Registrar.

Ongoing campaigns include the following:

- Medical Officers for the Hawera Hospital though we are refining the actual requirements in relation to rural hospital medicine.

- Consultant Psychiatry – Adult and Child and Adolescent to replace an incumbent leaving in 2012..
- General Consultant Paediatrician to temporarily replace for maternity and sabbatical leave cover.
- Consultant Dermatologist for both public and private employment.

2.3.2 Resident Medical Officers

Offers of employment for the 2011-2012 year to House Officers and Registrars are being finalised for November and December commencement respectively.

90% of the current 1st Year House Officers will remain with TDHB for at least 6 months of next year.

We continue to have a very low reliance on the use of RMO Locums in comparison to previous years.

2.3.3 Nursing and Midwifery

Two overseas trained Midwives are due to commence in October 2011. We have 3 midwifery students graduate in 2012 which will assist some of the critical shortages evidenced in the maternity during this year.

2.3.4 Scholarships

Paid work placements are being confirmed for the scholarship students this year.

2.3.5 Targeting new entrants into the health workforce

Meetings with secondary schools will take place in October and November in relation to participating on the Incubator programme in 2012. An opportunity will be taken to coordinate a plan to have Career Advisor here at the hospital for a familiarisation day. This is conducted every 2-3 years that ensures this group have sufficient knowledge to inform students who are considering a career in the health sector.

2.4 Human Resources Management and Employment Relations

Management/Admin FTE Cap

Every month, TDHB provide MoH updated accrued FTE figures for the Management/Admin FTE cap. A capped level has been determined that includes contractors, students and vacancies as at 31 December 2008. The DHB continues to operate within its cap.

2.4.1 Bargaining Activity

Human Resources continue to work with health sector unions and CERTAS (Central Region Technical Advisory Services) on various Collective Employment Agreements. Below is an update of the national collective agreements.

National:

The CTU unions (NZNO, PSA, SFWU and a number of smaller unions e.g. EPMU, Trades) and CERTAS attempted to conclude a centralised bargaining process across the 20 DHBs within a common fiscal parameter (Managed Bargaining). The NZNO and SFWU however did not ratify their agreements, whereas the PSA did. As a result of this scenario, the DHBs will continue single union negotiations with the SFWU and NZNO.

ASMS - Bargaining with ASMS for the senior doctor collective agreement recommenced on Friday 30 September with discussions focused on a project process (the implementation document) aimed at increasing SMO engagement in clinical leadership programmes and activities at a DHB level. The advocates report a very positive engagement that included setting a timeline to complete bargaining by mid November.

Non-CTU Unions:

CHICCU - Bargaining has been initiated and an initial meeting conducted. Advice will be sought from CERTAS as to whether to continue or await the SFWU outcome from the Managed Bargaining process.

2.4.2 Union/Management Meetings

TDHB Management, HR and unions continue to have a number of forums in which they meet to discuss operational matters. These include the Bipartite Action Group (BAG), TDHB/NZNO Joint Action Committee (JAC), Local Resident Doctor Engagement Group (LREG), and PSA Delegates.

2.5 Human Resources Information

The following is a summary of the workforce statistics.

a) Ethnicity Statistics

Maori participation in the TDHB workforce has remained stable at 6%.

Ethnicity split by headcount is as follows:

	Maori	Non Maori	Not Stated	Total	% Maori	% Unknown
Medical	2	123	22	147	1.36%	14.97%
Nursing	47	674	86	807	5.82%	10.66%
Allied	26	236	20	282	9.22%	7.09%
Non Health Support	12	73	19	104	11.54%	18.27%
Administration	24	242	23	289	8.30%	7.96%
Management	2	32	3	37	5.41%	8.11%
Total	113	1380	173	1666	6.78%	10.38%

TDHB's ethnicity mix can also be presented by the following:

Ethnicity	Headcount	FTE	%
NZ European	1046	742.41	62.79%
Other European	246	189.91	14.77%
NZ Maori	113	84.73	6.78%
Pacific Island	8	6.80	0.48%
Indonesian	12	7.55	0.72%
Chinese	6	5.00	0.36%
Indian	23	20.00	1.38%
Other Asian	14	11.09	0.84%
Middle Eastern	2	1.00	0.12%
Latin American	1	0.80	0.06%
African	12	7.98	0.72%
Other - not defined	10	8.90	0.60%
Unknown	173	111.37	10.38%
Total	1666	1192.54	100.00%

Following a media article on 14 September 2011, several queries were received in relation to Maori recruitment at TDHB, including the success rates of Maori applicants. The year to date data (as at the end of August) was reviewed and indicates that Maori are not any less likely to be hired than non-Maori. Table 1, below, indicates that the rate of recruitment by TDHB of Maori candidates is tracking well, with 21% of Maori candidates being hired compared to 16% of non-Maori candidates

Table 1: Candidates hired by Ethnicity:

Candidates hired by Ethnicity – 1/09/2010 – 31/08/2011			
	Candidates	Candidates hired	% Candidates hired
All	2834	473	17%
Maori	261	56	21%
Non-Maori	2573	417	16%

The DHB has both fair and culturally appropriate and responsive recruitment processes in place and coordinates comprehensive workforce development, learning and talent management practices to ensure that the DHB has a supply of talented and qualified staff to provide quality health care services to the people of Taranaki. Taranaki DHB is also a founding member of Whakatipuranga Rima Rau, an intersectoral workforce development initiative with aims to increase the number of Maori working in the Taranaki health sector over the next 10 years.

This programme has introduced a number of initiatives and interventions to promote health as a career choice and includes Programme Incubator (career mentoring), cadetships, internships and the foundations required to develop employer relationships and promote employment opportunities for Maori.

b) Turnover (excluding casuals)

The average turnover for the first quarter is 7%.

c) Sick Leave

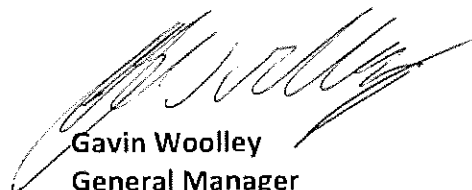
Sick leave for this quarter is 3% and reflects seasonal trends.

d) Annual Leave

A small number of TDHB employees have an annual leave balance double that of their entitlement. Human Resources continues to work with managers in an effort to reduce these leave balances and ensure appropriate time off work is taken by employees.

RECOMMENDATION

It is recommended that the Human Resources Report for July, August, September 2011 is noted.



Gavin Woolley
General Manager

Human Resources and Organisational Development

Appendix One

TDHB COLLECTIVE AGREEMENTS UPDATE

Agreement	HR Code	Expiry Date	Headcount Non-Union	Headcount Union	Non-Union FTEs	Union FTEs	Approx salary value of CEA	Update
Senior Medical and Dental Officers' MECA (ASMS union)	SM01, SM03, SM11, SM1A	30 Apr 10 <i>(expired)</i>	24	58	18.3	46.6	\$14.1m	Variation now expired. Being renegotiated. New employees offered IEA based on the terms and conditions of the expired MECA.
NZNO Nurses & Midwifery MECA	NS01, NS11, NS1A, NURS	31 Sep 11	76	694	15.0	461.4	\$45.1m	Operational.
PSA Allied, Public Health & Technical (APT) MECA	CATH, PAIA, PATH, PSAB	31 Apr 12	60	170	33.4	139.7	\$12.6m	Operational.
PSA Administration/Clerical MECA	CACT, CAT, PACT	31 Dec 11	31	144	20.9	120.2	\$7.3m	Operational.
PSA Nursing MECA	PPHN	30 Apr 12		17		13.1	\$1.2m	Operational.

Agreement	HR Code	Expiry Date	Headcount Non-Union	Headcount Union	Non-Union FTEs	Union FTEs	Approx salary value of CEA	Update
Service and Food Workers' Union MECA	SS01, SS02, SSIA,	31 Aug 11	5	14	2.4	9.7	\$648K	Operational. Currently in negotiations to re-new.
Resident Doctors' Association MECA (RDA union)	RM01, RM03, RM11 RMIA	31 Mar 12	17	42	16.5	41.1	\$5.5m	Operational.
Midwifery Employee Representation & Advisory Services (MERAS union)	MER1	31 Sep 11		14		8.7	\$865K	Operational.
Medical Laboratory Workers' MECA (for LabCare) (NZMLW union)	LB01, LABC, LBIA	30 Dec 11	7	36	4.6	29.1	\$2.3m	Operational.
TDHB/CHICCU SECA (Cleaners and Orderlies)	CHIA, CHIC	30 Jun 11	2	47	0.5	34.6	\$1.7m	Operational.

TO General Manager, Hospital and
Specialist Services



FROM Ngawai Henare, Chief Advisor
Māori Health

DATE 28 October 2011

SUBJECT MĀORI HEALTH REPORT

1. INTRODUCTION

This report summarises Maori health activities that affect Provider Arm services for the period ended 30 September 2011.

2. MAORI HEALTH PLAN

2.1. Attached is 'Tumanako' the Maori Health Plan 2011-12 monitoring report completed as at 31 August 2011 together with action plans completed to 30 September 2011. The actions attributable to the Provider Arm are those with project responsibilities allocated to the General Manager Hospital Services.

2.2. The exception report for the following three "behind plan" actions, follows:

- a. Local Priority - Outpatients DNA (Did Not Attend) Rates: Profile those that do not attend by age, ethnicity, domicile, NZDep

The exercise is more time-consuming than was originally envisaged due to the large number of Outpatients specialities. TDHB Provider Arm management (Outpatients department) is leading discussions to prioritise the 34 specialty areas involved. This will be followed by progressive profiling of prioritised areas.

- b. Local Priority - Outpatients DNA (Did Not Attend) Rates: Development of an Action Plan and targets based on the profile. This action is dependant upon the completion of profiling as discussed above.
- c. Local Priority - Respiratory Health - Profile those presenting to hospital, and those going on to admission by age, ethnicity, domicile, NZDep, and other variables. MIU developing a template to report on this action. Workload has impacted on ability to generate the report within the timeframe indicated i.e. September 2011. Extension of all actions within this indicator to end March 2012 will still enable this important priority to be met.

2.3. This is the first year of nationally standardised Maori Health Planning and the first year of involving Provider Arm services in delivery against specific Maori health improvement indicators.

- 2.4. The engagement of and with Provider Arm managers and staff, particularly the Management Information Unit, has been very positive as we come to terms with the practical realities of monitoring progress against the Maori Health Plan.
- 2.5. Regular review of timeframes set in the inaugural Plan will be undertaken by the Maori Health Plan Steering group.

3. ETHNICITY DATA MONITORING

- 3.1. Ethnicity data quality is a national indicator for the purposes of the Maori Health Plan 2011/12. It's relevance is due to the need for accurate ethnicity data for tracking progress in Maori health outcomes.
- 3.2. Preparations are under way to trial an ethnicity data accuracy audit of Mental Health services as well as one additional unit, yet to be decided. The audit will lead to establishment of a baseline of ethnicity data accuracy within TDHB, inform data accuracy performance targets, and inform targeted training to support TDHB's achievement of the targets.

4. HE RITENGA: TREATY OF WAITANGI PRINCIPLES HEALTH AUDIT FRAMEWORK

- 4.1. He Ritenga: Treaty of Waitangi Principles Health Audit Framework is a tool for monitoring Maori responsiveness of health sector organisations.
- 4.2. Through Quality Visions Ltd, a local experienced auditor (Maori) has been engaged to undertake TDHB's first two trial audits using the framework. These are scheduled to take place in the Paediatrics and Dental Departments during the week beginning 5 December.
- 4.3. The experience of the trial audits will enable an assessment to be done as to whether and how the tool will be implemented through-out the TDHB.
- 4.4. Rowan Betts, Internal Auditor and Anne Kemp, Quality and Risk Manager are important advisors to the exercise ensuring appropriate alignment with other quality and audit functions and activities.

5. WHAKATIPURANGA RIMA RAU – MAORI HEALTH WORKFORCE DEVELOPMENT

Incubator

- 5.1. The final sessions for 2011 have been delivered to four school clusters – Waitara / Inglewood High Schools, Spotswood College, Hawera High School and Stratford / Patea High Schools. 111 students enrolled in the program in 2011 while around 60% of these were regular participants.
- 5.2. In 2011, 49 health professionals from NGO and TDHB Allied Health, Mental Health and hospital services including a wide range of clinicians contributed as mentors to the Incubator program. These people are key to its success by stimulating the interest of potential recruits. Thanks and appreciation are extended to TDHB staff and managers for their willing participation in this initiative.

- 5.3. The opportunity to participate in the program will be extended to an additional four schools in 2012. The continued participation of TDHB staff as mentors will be important to the program's on-going success.

Internships

- 5.4. Of the six internships implemented by WRR in 2011, four have been with TDHB departments. This is indicative of the excellent support the TDHB has given to this particular approach.
- 5.5. All placements have resulted in positive outcomes for the interns, each one having committed to health career pathways – one each in medicine, psychology / mental health, physiotherapy and paramedics.
- 5.6. The WRR Trust's plan is to support 10 new internships in 2012. The on-going commitment of TDHB to host some of these placements will be important moving forward.

Cadetship

- 5.7. Following the outstanding success of the inaugural dental services cadet this year, work is under way to recruit a new cadet to begin in 2012. This year's cadet has enrolled in Dental Therapy School at Otago University in 2012, along with another colleague (Maori) who had been working as a Dental Assistant in the team. This has added to the success of this particular cadetship. It demonstrates also the value of peer support for young people who have to leave the province to pursue their chosen careers.
- 5.8. The TDHB Dental Services management and team, in particular Heather Krutz and Deneille Walden are to be congratulated on their support of the cadetship program and in particular for their support of the cadet herself.
- 5.9. The reciprocal benefits to the team have been evident in the ability of the department to improve its cultural responsive.

Employment

- 5.10. There is good evidence that the rate of recruitment by TDHB of Maori job applicants is tracking well with indicative figures showing that 21% of Maori job candidates were hired compared to 16% of non-Maori candidates. Further comment on Maori recruitment into TDHB is in the HR Quarterly report.
- 5.11. Maori workforce development is a national priority in the 2011-12 Maori Health Plan. TDHB has set a target of increasing its Maori workforce to 8% by 30 June 2012. The baseline as at 1 July 2011 was 6.4%.

6. WHANAU ORA NEEDS ASSESSMENT

- 6.1. Together with the GM Planning, Funding and Population Health a commitment has been made to undertake a comprehensive assessment of the health needs of the Taranaki Maori population within a Whanau Ora context. This will include analysis of social indicators that are known determinants of health status, such as income, educational achievement, access to cars and phones and other relevant indicators.

- 6.2. As key players in the local Whanau Ora landscape, representatives of MSD and TPK as well as from the PHO's and the Maori Health services strategic alliance, are being invited to contribute to project oversight. TDHB provider arm membership will bring important provider arm intelligence to the exercise as well.
- 6.3. The needs assessment report is due to be completed by the end of December 2011.

7. HAUORA MAORI SCHOLARSHIPS

- 7.1. TDHB supported 10 Maori staff to undertake study during 2011 through its administration of the Hauora Maori Scholarship Funds allocated by HWNZ.
- 7.2. Nine applicants have successfully completed their study while one is still in training. Three of the students are TDHB staff with the remaining seven from the NGO sector.

8. WHANAU ORA

- 8.1. More work is needed to socialise the TDHB position on Whanau Ora as described in the Taranaki Maori Health Strategy, Te Kawau Maro, and more generally in the Whanau Ora discussion papers presented to the Board in June 2011.
- 8.2. Arrangements are in hand for the RLG board to meet with the TDHB Board and other Taranaki stakeholders on 13 December 2011 at Whakaahurangi Marae. The purpose of the meeting is to share our respective views on Whanau Ora and to agree a common pathway forward.

9. PROJECT MAUNGA – LAYING OF MAURI STONE

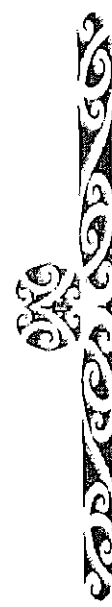
- 9.1. Ngati Te Whiti hapu led the important milestone of laying the Mauri stone on the building site. Ngati Te Whiti as tangata whenua of this area, laid the Mauri to exercise kaitiakitanga, or guardianship over the land to provide sustenance and knowledge to human life now and for future generations to come.
- 9.2. Ngati Te Whiti and the Maori Health team also participated in the ceremony which marked the commencement of construction of the building.

10. RECOMMENDATION

That the Hospital Advisory Committee receives this report as tabled.



Ngawai Henare
Chief Advisor Māori Health

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V																	
1					Profile patterns of immunisation uptake in Taranaki by Māori and location													X																				
2					Prioritise interventions to address low immunisation rates through the Taranaki Immunisation Steering													X																				
3					Implement interventions to increase immunisation rates for Maori													X																				
4					Ensure monthly immunisation rates are reported for Maori and non Maori through the Health Targets													X																				
5					Establish a reporting system which provides monthly immunisation rates													X																				
6					Provide quarterly reporting to the MHSG													X																				
7					Assess immunisation rates for all Māori and non-Māori aged 65 years and over													X																				
8					Establish a reporting system which provides monthly immunisation rates													X																				
9					Establish a reporting system which provides monthly immunisation rates													X																				
10					Provide quarterly reporting to the MHSG													X																				
11					Determine baseline TDHB staffing by ethnicity												X																					
12					Establish workforce targets within TDHB over a five-year period												X																					
13					Review recruitment procedures to incorporate affirmative Māori recruitment strategies												X																					
14					Provide education on implementation of Māori recruitment strategies												X																					
15					Monitor recruitment to TDHB												X																					
16					Provide quarterly reporting to the MHSG												X																					
17					<div style="text-align: center;"> <p>Projects 2011-12</p> <p>TDHB Māori Health Plan -</p> <p>National Priorities -</p> <p>Immunisation & Māori Health</p> <p>Workforce</p>  <p>Indicator Status</p> <p>Behind Target</p> <p>On track</p> <p>Exceeding Target</p> <p>No Results available for this period</p> </div>																																	
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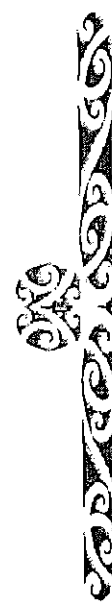
Projects 2011-12

TDHB Māori Health Plan -

National Priorities -

Immunisation & Māori Health

Workforce



Indicator Status

Behind Target

On track

Exceeding Target

No Results available for this period

Outcome/Project Indicators	1	2	3	Project Responsibilities
Increased Immunisation - Maori				
Immunisation - Seasonal influenza immunisation rates for Maori aged 65 years and over				
Maori Health Workforce - Percentage of Maori staff in Management, Clinical, Allied Health, non-health support, Administrative positions in TDHB				
Chief Advisor Maori Health				
General Manager Planning, Funding and Population Health				
General Manager Hospital Services				
Midland RHNT				
National Hauora Coalition				

X = Primary
O = Support

Taranaki District Health Board - Māori Health Plan Indicator Monitoring - Aug 2011

National Priorities		Regional Priorities	
Indicator	Description	Target	Result
NI1	Data Quality - Ethnicity data accuracy in TDHB Provider Arm services	>0.5% and <=2%	1.70%
NI1	Data Quality - Ethnicity data accuracy in PHO registers	TBA	
NI2.1	Access to Care - Percentage of Māori enrolled in PHOs	95%	
NI2.2	Ambulatory sensitive avoidable hospital admissions - 0-74 Maori	95	0
NI2.2	Ambulatory sensitive avoidable hospital admissions - 0-4 Maori	95	0
NI2.2	Ambulatory sensitive avoidable hospital admissions - 45-64 Maori	95	0
NI3	Improving breast-feeding rates - 6 weeks Maori	62%	
NI3	Improving breast-feeding rates - 3 Months Maori	55%	
NI3	Improving breast-feeding rates - 6 Months Maori	18%	
NI4.1	Cardiovascular Disease - Number of tertiary cardiac interventions	TBA	
NI4.2	Better diabetes and cardiovascular services - CVORA Maori	90%	
NI5.1	Better diabetes and cardiovascular services - DABs Maori	95%	
NI5.2	Better diabetes and cardiovascular services - Management Maori	90%	
NI6.1	Cancer - Breast screening rate among the eligible population	TBA	
NI6.2	Cancer - Cervical screening rate among the eligible population	TBA	
NI7.1	Better help for smokers to quit - Secondary - Maori	95%	
NI7.2	Better help for smokers to quit - Primary Maori	90%	
NI8.1	Increased immunisation - Maori	95%	
NI8.2	Immunisation - Seasonal influenza immunisation rates for Māori aged 65 years and over	>68%	
NI9	Māori Health Workforce - Percentage of Māori staff in Management, Clinical, Allied Health, non-health support, Administrative positions in TDHB	8%	
R1	Cardiovascular Disease - Number of tertiary cardiac interventions	TBA	
R2	Māori Health Workforce - Report on the total number of Māori recruited to Kia Ora Hauora	200	
R3.1	Agreed funding for Māori Health and disability initiatives	Qualitative	
R3.2	Māori Provider Capacity Development - Results-based Accountability contracts in place for provision of Māori health services	Qualitative	
R4	Monitoring Performance - Report on completion of 2 He Ritenga - Treaty of Waitangi principles cultural audits across selected service areas within the Taranaki DHB Provider Arm	2	
Local Priorities			
L1	Access to Services - Did-Not-Attend (DNA) rate for outpatient appointments	4%	
L2.1	Children carries free and 5 years of age Maori	43%	0
L2.2	Oral Health DMFT Score at year 8 Maori	1.25	0
L3	Respiratory Health - Asthma hospitalisation rate 0-14 years ASR per 100,000	TBA	
L4	Sudden Unexplained Death of Infants Syndrome - SUDI mortality rate per 1,000 live births of Maori infants by 2015	0.5	
L4	Maintain Baby Friendly Accreditation	Qualitative	
L5	120 Students enrolled in the incubator programme by June 2012	120	
Performance Highlights		Performance Issues	

TO General Manager Hospital &
Specialist Services



FROM Anne Kemp
Quality & Risk Manager

MEMORANDUM

DATE 20 October 2011

SUBJECT Quality & Risk Report for July,
August & September 2011

1 QUALITY

1.1 Certification and Accreditation

Our combined full accreditation and certification audits are scheduled for four days commencing on the 31st October. There are a total of 13 auditors/surveyors onsite at differing times during the week. Preparation continues.

1.2 Patient Satisfaction

Since 2000, all DHBs have been required to send out Patient Satisfaction Survey forms twice a month. These are addressed to a sample of both inpatients discharged and outpatients seen since the previous selection. Individual patient satisfaction responses are converted to percentages for the purpose of analysis.

I have included an update from the Health Services Consumer Research report that we receive on a quarterly basis. Inpatients (Appendix A) and Outpatients (Appendix B) reflect our adjusted figures for the June 2011 quarter with the control chart reflecting our progress since the commencement of the survey in 2000. As from the June 2008 quarter, the way the upper and lower control limits are calculated have been slightly amended so as to show the difference before December 2005 and after this date. This small improvement makes it clear whether overall satisfaction within the DHB has increased or decreased between these two time periods. It is noted that the Outpatients overall satisfaction has decreased slightly from 91% to 89% over the last four quarters.

The ratings obtained by Taranaki on every question in the surveys are shown over the last 12 months (MAT = Moving Annual Total). Both Very Good (VG) and the Very Good/Good (VG/G) combined percentages are shown. The +/-% columns indicate the increase or decrease in satisfaction compared to the same 12 month period one year earlier, thus the MAT ending June 2011 is compared to the MAT ending June 2010.

On the last page of the Patient Satisfaction Survey, there is an opportunity for patients to document what they were impressed with, what they were disappointed about and a section for documenting any general comments or suggestions for improvement they might have. A total of 500 comments were received within the quarter with 316 (63%) representing compliments and 184 (37%) representing complaints. Appendix C outlines the categories and percentage of feedback received in the September 2011 quarter from a compliments and complaints perspective respectively.

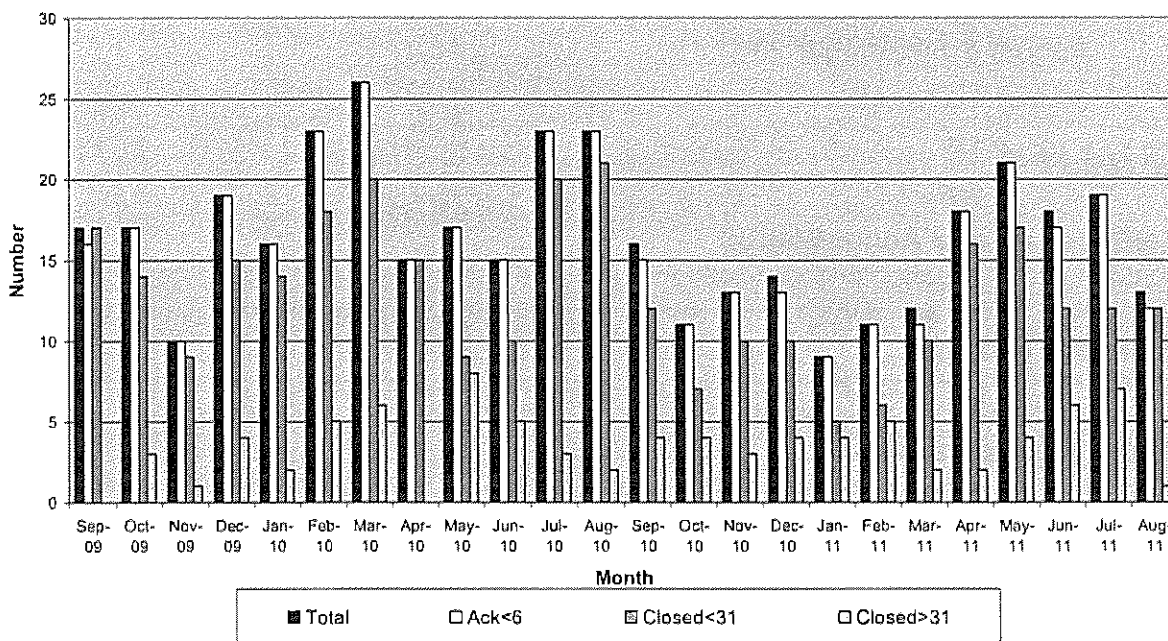
1.4 Patient Complaints

50 complaints were received during the months of June, July and August 2011 compared to 51 complaints received in the previous three month period.

Utilising the patient satisfaction survey numbers for inpatients and outpatients, the DHB received 29 complaints (0.3%) from the 10,143 outpatients that utilised an outpatient service during this three month period. 21 complaints (1.1%) related to inpatients and there were 1,891 admitted to hospital during the three month period.

48 out of the 50 complaints were acknowledged within 6 working days and 72% were considered closed within the 31 day Ministry timeframe.

Formal Complaints Received By Month
2009 - 2011



The most common issues captured during these months were as follows:

- Access to services 9
- Attitude of nurses/midwives 9
- Attitude of doctors 8
- Attitude of other staff 5
- Medical treatment 5
- Delays 5

1.5 Health & Disability Commissioner and Privacy Commissioner

There are three events before the Health & Disability Commissioner at the present time. Appropriate actions have been undertaken.

2 EMERGENCY PREPAREDNESS

2.1 Rugby World Cup

The DHB has contributed to local planning related to the three games held in New Plymouth. A debrief re the events has been held.

2.2 E-SPonder

E-sPonder is the communication system that the Ministry of Health, Ministry of Civil Defence and Emergency Management and Ministry of Foreign Affairs and Trade have purchased. For health, this system will replace the WebEOC communication system that we have had since 2007. Some training of the trainers has occurred and we are working with a limited version during the World Cup that has identified issues that require correction. The system has huge potential to positively support communication, task and information requests and our ability to communicate effectively with other health partners and the wider civil defence emergency response sector.

3. HEALTH AND SAFETY

3.1 Workplace Injuries or Illnesses

Description	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11
No. of staff injured from the previous month(s)	1	1	0	0	3	5	2	2	3	1	1	0
No. of staff injured this month	0	0	0	3	2	2	0	1	0	0	0	0
TOTAL	1	1	0	3	5	7	2	3	3	1	1	0
Serious Harm	0	0	0	0	0	0	0	0	0	0	0	0

Outcome by end of month												
• Off Work	1	0	0	2	1	3	0	2	1	0	0	0
• Return to Work*	0	1	0	1	4	4	2	1	2	1	1	0

* Return to work incorporates selected hours/selected duties or full hours/selected duties or complete return to work

- During the period July – September 2011, one staff member, injured originally in January, returned to full duties in August. There have been no new staff injuries requiring time off work and a rehabilitation plan since May.

4.0 INFECTION CONTROL

Description	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11
Hospital Acquired Blood Stream Infections	2	4	1	2	3	2	2	1	1	0	4	6
Surgical Site Infections within 30 days post discharge	1	1	1	2	1	NA	0	1	5	1	0	NA

NA - data not available

- There were 10 Hospital Acquired Blood Stream Infections during June, July and August. Of these 10, two were patients that had their procedure at another DHB, two had abdominal surgery, one was related to peritoneal dialysis undertaken in the community and two were infections post chemotherapy. All cases were followed up and monitored by the Infection Control team.
- For the period May through to July 2011, six surgical site infections were identified through patient survey. Three of these related to breast lump removals (all superficial), one related to an elective caesarean section that required readmission, one related to an open reduction and external fixation of an ankle and one related to a laparoscopic cholecystectomy (superficial). All infections were confirmed by laboratory evidence or hospital staff review.

4.1 Clostridium Difficile Infection

There were 19 cases in the September quarter that came in waves, however this is lower than our incidence for the same time period last year. The working party, under the auspices of the Infection Control Committee, have identified three key work streams:

- Environment (including cleaning) and isolation
- Prescribing, antibiotics used and education
- Microbiological testing – sending samples off for culture to Auckland from cases with ongoing diarrhoea, despite treatment, to rule out any new/more toxic strain

Input from Infection Control, our Physicians, and the Medical Microbiologist and Infectious Diseases Physician from Canterbury, is ongoing.

RECOMMENDATION

That the Quality and Risk Report for July, August and September 2011 be noted and received.

Anne Kemp
Quality & Risk Manager

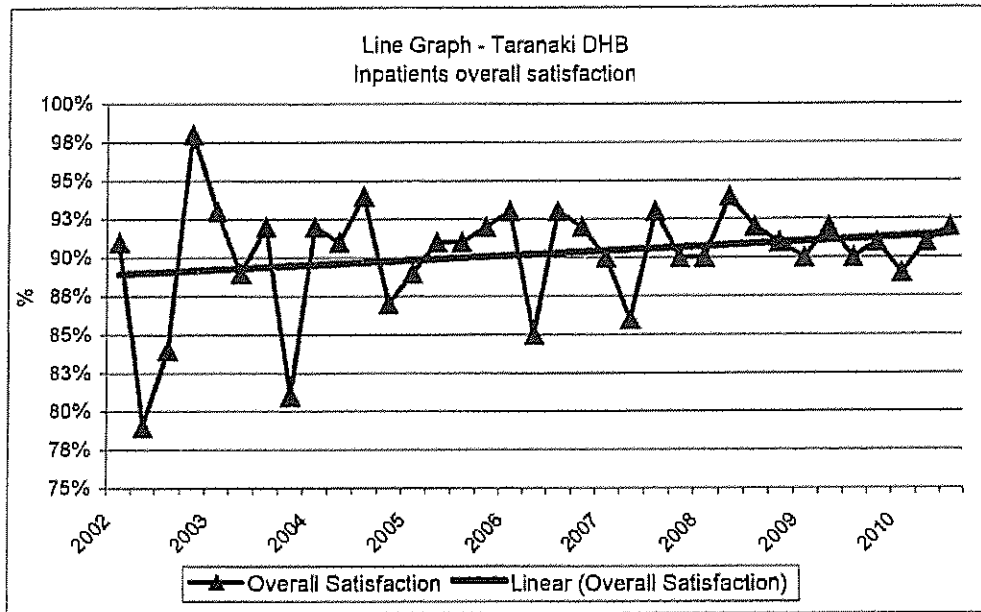
Appendices

A - Control Chart – Taranaki DHB Overall Inpatient Satisfaction

B - Control Chart – Taranaki DHB Overall Outpatient Satisfaction

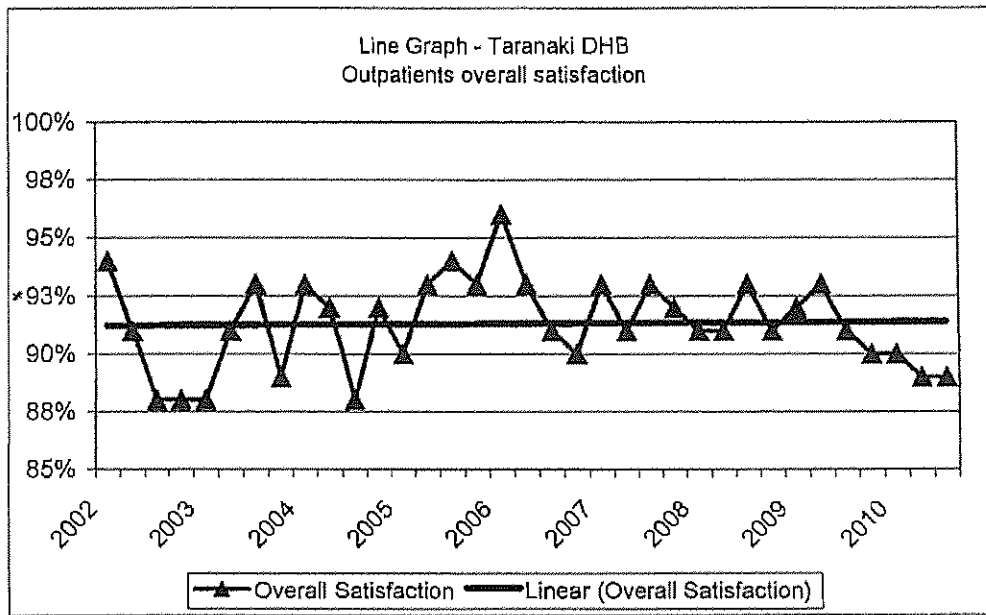
C - Patient Satisfaction Compliments & Complaints Received for the September 2011 Quarter

3.3.17 Taranaki DHB



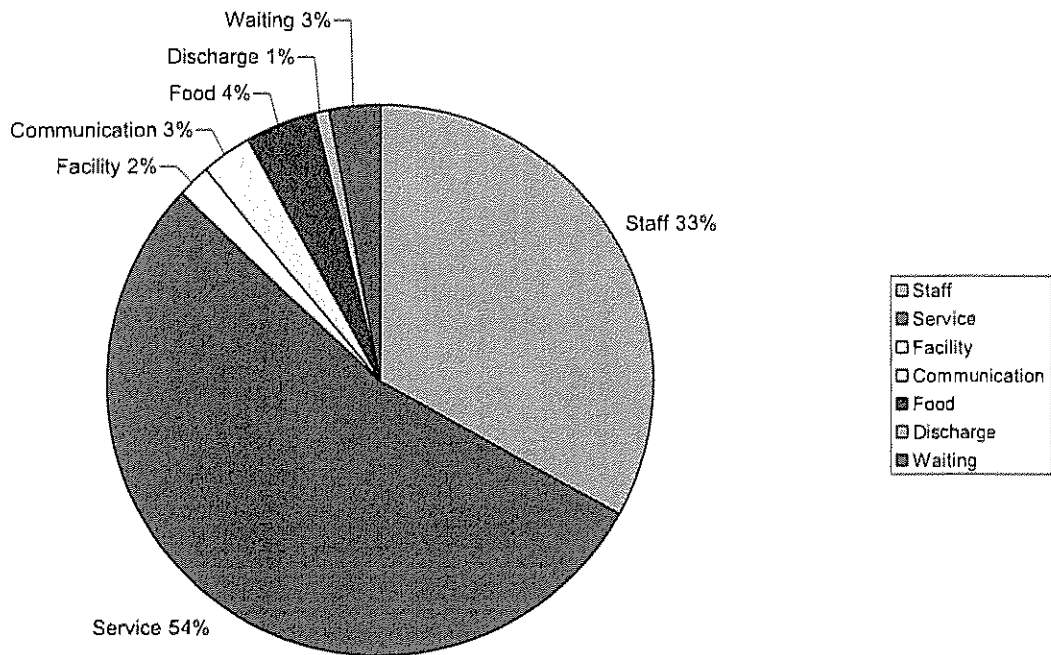
Taranaki DHB	No of patients	Very Poor	Poor	Average	Good	Very Good	MAT 11/10 +/- VG	MAT 11/10 +/- VG
ED keep you informed of wait	1,087	5%	8%	15%	27%	46%	2%	0%
How ED would treat problem	1,093	3%	5%	13%	27%	52%	2%	1%
Explaining what was wrong	1,342	1%	3%	8%	28%	61%	2%	1%
Info on treatment options	1,216	1%	4%	10%	27%	57%	3%	-1%
Asking your permission	1,367	2%	2%	7%	23%	66%	1%	-2%
Listening to you	1,534	1%	2%	7%	24%	66%	2%	-1%
Involving family/whanau	1,331	1%	2%	6%	24%	66%	0%	0%
Offering cultural choices	595	4%	3%	9%	21%	63%	7%	-2%
Dignity and respect	1,574	1%	1%	4%	18%	76%	-1%	-1%
Internal co-ordination	1,267	0%	1%	6%	18%	74%	2%	0%
Preparation for discharge	1,530	2%	4%	9%	22%	63%	4%	-1%
External co-ordination	1,225	2%	4%	7%	23%	65%	3%	0%
Staff availability	1,684	1%	2%	9%	25%	63%	-1%	-1%
Cleanliness of ward/unit	1,679	1%	2%	10%	25%	62%	-1%	-2%
Quality of Hospital food	1,654	5%	6%	23%	35%	31%	0%	1%
Safety and Security	1,691	0%	0%	6%	25%	68%	-2%	-1%
Overall satisfaction	1,703	1%	2%	6%	25%	65%	-3%	-1%

4.3.17 Taranaki DHB



Taranaki DHB	No of patients	Very Poor	Poor	Average	Good	Very Good	MAT 11/10 +/- VG	MAT 11/10 +/- VG
How well time suited you	1,472	1%	2%	7%	35%	55%	-2%	0%
Effort to make time to suit	1,308	2%	3%	7%	33%	55%	-4%	0%
Information for appointment	1,371	1%	2%	7%	30%	60%	-6%	-2%
Making you welcome	1,607	0%	1%	8%	26%	64%	-3%	-1%
How long to wait	1,421	5%	10%	14%	27%	43%	-2%	-1%
Explaining what was wrong	1,236	1%	3%	10%	26%	60%	-3%	-4%
Different treatment options	1,024	3%	4%	10%	25%	58%	-3%	-3%
Permission to treat	1,132	1%	4%	5%	24%	65%	1%	0%
Listening to you	1,477	2%	2%	6%	27%	64%	-3%	-1%
Choices specific to culture	512	2%	3%	9%	31%	55%	-2%	3%
Dignity and respect	1,561	1%	1%	4%	23%	72%	-5%	-1%
External co-ordination	872	1%	2%	6%	26%	65%	-3%	-1%
Cleanliness of facilities	1,592	0%	1%	6%	32%	61%	-5%	1%
How to manage your condition	1,211	1%	3%	8%	28%	60%	-6%	-1%
Overall satisfaction	1,560	1%	2%	7%	26%	63%	-6%	-2%

Patient Satisfaction Compliments 2011-12 September Quarter



Patient Satisfaction Complaints 2011-12 September Quarter

