

## Memo

**To:** DHB BOARD

**From:** Chris Fleming, Chief Executive Officer

**Date:** 21 January 2010

**Re:** CHIEF EXECUTIVE REPORT

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This month has been exceptionally busy with District Annual Planning, Budgeting, and discussions regarding the recommendations from the Primary Health Establishment Board. This has placed significant pressure on the whole team but progress has been positive on all fronts.

### 1. Monthly Performance

Following last months financial performance considerable effort was put into ensuring that plans were put in place in the areas identified. Last months reporting indicated concerns regarding Locum Costs, Talbot Part, Operating Theatre Staffing and Pharmaceutical Drugs.

While we are still overspending in locum costs, the impact of being successful in terms of negotiations with locum agencies, as well as success in recruiting are starting to show signs of improvements on this front. We would expect to see further gains this month where we have have seen 5 permanent Senior Medical Staff commence. Similiarly in Pharmaceuticals we have seen an improvement, however this is an area which is very much demand driven.

In both Talbot Park, and Operating Theatre action plans have been developed and management will be monitoring performance against these plans in order to ensure the gains continue.

It needs to be pointed out that while the results for the month show a \$215k favourable variance to plan (\$237k year to date), \$170k of the favourable result were adjustments that should have been made in the December results. While the year to date result remains unchanged, the correct comparison for the result for the month of January would therefore be \$45k (or 0.3% of budget). This result is what was expected and ensures that we remain on track for our forecast.

## **2. Planning 2010/11**

The draft District Annual Plan has now been prepared and will be submitted to the Ministry of Health upon support from the Board. Until finalised the plan however remains confidential to the Board. It is pleasing that the plan however sees the Board's strategic priorities reinforced, particular the maintenance of services for the people of South Canterbury and the continued financial sustainability. The fiscal position, whilst sustainable, will be a challenge and we will have to optimise achievement against the efficiencies, productivity and quality goals.

## **3. Health Select Committee**

The Chair and Chief Executive, along with the GM Planning & Funding and Chief Medical Officer, attended the Health Select Committee Hearing of our 2008/09 performance on 17<sup>th</sup> February. The hearing was a positive meeting where the committee was very complementary of our performance, and showed an interest in a number of areas, including Oral Health, Home Based Support Services, Aged Residential Care, Primary Care Developments, and Regional Collaboration amongst other issues.

## **4. Discharge Planning**

The District Annual Plan set a target of having 75% of patients discharged by 11am. On a year to date basis we are only discharging approximately 14% of all discharges by 11am. There are a number of reasons why targeting a 11am discharge is a priority. These include:

- Having a target discharge time focuses discharge planning. This enables engagement with the patient and their family to plan for the discharge. This provides certainty for the patient in order to make arrangements for travel home etc.
- Patients being discharged in the morning have more time in daylight hours to settle into their home. If they need to get prescriptions filled from the pharmacy, or other incidentals from town they are still open.
- Focussing on discharging also means that services will be structured around them. Presently if the Doctor sees a patient late in the day and says the patient can go home after they are seen by allied health, or have a blood test etc, often this delays the patient until the next day. Earlier planning allows these requests to be carried out quicker.
- Current patterns see discharges occurring more later in the day. There is a mismatch between the time people are being discharged and the time when admissions are requiring beds. This puts undue pressure on beds and can result in people being placed in the less than ideal location simply as a consequence of capacity (i.e. medical patients being put in the surgical ward). Bringing discharge times forward to the morning will result in a better matching with demand.

The DAP Discharge by 11am Project s fully commenced at Timaru Hospital in January 10. An analysis of the discharge patterns for each of the inpatient units is complete. The project plan and meeting forums are underway and the working party has commenced.

Currently there is little concerted effort to discharge by the agreed time of 11am. This is most part due the custom and practice of a low priority given to formalised early discharge planning and the use of the tools to enable this to occur in a pre determined way to the benefit of the patient and staff.

The project method that was developed in the ED and primary care project is being applied to this DAP project too as this empowers the staff involved to lead and make decisions that advance towards the project outcome.

#### **5. Planned Respite Care**

All parties have been notified of the decision at the last Board meeting where Presbyterian Support have been selected as Lead Provider for Planned Respite Care, with Lister Home and McKenzie Healthcare providing service in the rural locations. Discussions with all three parties are occurring to finalise the operational detail.

#### **6. South Canterbury Health Foundation**

Due to other priorities, no progress has been made on addressing the issues raised at the last Board meeting, action will commence on this front in March.

#### **7. Emergency Department / Primary Care Attendances**

The Emergency Department / Primary Care initiative has continued go from strength to strength. The Ministry of Health sent Professor Mike Ardagh down during the month to review what we have been doing in ED, and while we are awaiting his formal report, the preliminary feedback has been very positive and he affirms that the actions as being positive for our community.

#### **8. National Health Targets**

The National Health Targets are about to be released, and we have two areas where we need to pay additional attention.

Firstly is the target on Smoking. Our performance is unfortunately very poor. It was not until early in the new year that we identified that the changes required to our Information Systems to capture the information had not been actioned. This was then further frustrated by the modification to the forms which were to be progressed had also not occurred. This can only be attributed to poor communication between the Smokefree Team, IT, and Clinical Services. These corrections have been made and validated. From February month end this indicator will be reported and monitored monthly.

The other indicator where we have concern is in Elective Surgery. While on a year to date basis Timaru Hospital Elective Surgery performance was marginally ahead of target at the end of the second quarter. Elective Surgery performed on South Canterbury District Health Board residents in Christchurch are running behind contract. In reviewing referrals held by Canterbury for our residents this does not appear to be because of Canterbury District Health Board performance but rather simply there appears to be fewer referrals being made to Canterbury.

The General Manager Planning & Funding, and the General Manager Clinical Services are meeting to discuss potential actions to remedy. This may include increasing internal production within Timaru Hospital to compensate for the lower outflows. An action plan is required by 5th March.

#### 9. Shared Services Establishment Board

A regional workshop was held with representatives from South Island District Health Boards in early February. The focus was on gaining an understanding about what is being undertaken on shared service activity (largely focussed around Back Office functions) and sought input and advice from DHBs around where priorities should be focussed.

The Establishment Board will be collating the input from the 4 regional forums with a goal of identifying early priorities by the end of March.

#### 10. Management & Administration FTE

FTE's remain within the cap for the month as follows.

|  | Ministerial<br>Cap Set | Number As At<br>31 December<br>2009 | Variance |
|--|------------------------|-------------------------------------|----------|
| <b>FTEs employed (accrued) (as per monthly financial template)</b> | 122                    | 123                                 | (1)      |
| <b>+ Contractors</b>   | 1                      | 1                                   | 0        |
| <b>+ Advertised Vacancies</b>                                      | 7                      | 6                                   | 1        |
| <b>+ Subsidiaries</b>  | 0                      | 0                                   | 0        |
| <b>+ Other</b>   | 0                      | 0                                   | 0        |
| <b>= TOTAL</b>   | 130                    | 130                                 | 0        |

## **Recommendation**

That the Board:

- **Receives** this report

**Chris Fleming**