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Committee Members:

K Eagles, Chair
A Ballantyne
E Borrowes
M Bourke
P Catt
K Denness
F Gilkison
B Jeffares
P Lockett
A Rumball
C Tuuta

Management:

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

Advisors:

S Carrington, Media Advisor
P Franklin, Legal Advisor
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Corporate Reception



TARANAKI DISTRICT HEALTH BOARD

AGENDA

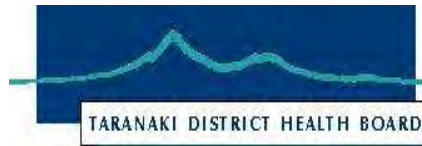
HOSPITAL ADVISORY COMMITTEE

ORDINARY MEETING

OPEN

**Thursday 26 September 2013
1 pm**

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



HOSPITAL ADVISORY COMMITTEE

MEETING AGENDA

Thursday 26 September 2013

1 pm

Corporate Meeting Room 1, Base Hospital

David Street

New Plymouth

		Pages	Action
1	Apologies Kura Denness, Alison Rumball, Karen Eagles and Brian Jeffares		Resolution
2.	Conflict of Interest Register		Circulation and signing
3.	Public Comment		Verbal
4.	Chairman's Report		Verbal
4.	Attendance Schedule	2	Noting
6.	Terms of Reference	3 - 6	Resolution
7.	Minutes 7.1 Minutes of meeting held 29 August 2013 7.2 Matters Arising	7 - 12	Resolution
8.	Management Report Hospital & Specialist Services Monthly Report	13 - 54	Resolution
9.	Date of Next Meeting Next TDHB meeting 24 October 2013		Noting

Hospital Advisory Committee

Resolutions/ Recommendations

Agenda Item No	Resolution	✓
1.	<p>Apologies That the Hospital Advisory Committee receive and note the apologies from Kura Denness, Alison Rumball, Karen Eagles and Brian Jeffares</p>	
6.	<p>Terms of Reference That the Hospital Advisory Committee receive the HAC Terms of Reference and approve for three years , subject to any appropriate changes received in response to legal consideration.</p>	
7.	<p>Committee Minutes That the minutes of the Hospital Advisory Committee held 29 August 2013 received as a true and accurate record</p>	
8	<p>Management Reports That the Hospital Advisory Committee receive and note the Hospital & Specialist Services Monthly Report.</p>	

Attendance Records 2013 - 2014
TDHB Hospital Advisory Committee Meetings

Date	4 July 2013	29 August 2013	26 September 2013	24 October 2013	21 November 2013	19 December 2013	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	TOTAL
HAC													
Mary Bourke	✓	✓											
Peter Catt	✓	A											
Alex Ballantyne	✓	✓											
Ella Borrowes (Chair)	✓	✓											
Kura Denness	✓	A	A										
Karen Eagles	✓	✓	A										
Flora Gilkison	✓	✓											
Brian Jeffares	A	A	A										
Pauline Lockett	✓	✓											
Alison Rumball	✓	A	A										
Colleen Tuuta	LOA	LOA											
					NO MEETING								

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent

TO: Hospital Advisory Committee



FROM: Jenny McLennan
PA to CEO

DATE: 25 September 2013

MEMORANDUM

Terms of Reference – Hospital Advisory Committee

Recommendation

That the Hospital Advisory Committee receive the Terms of Reference and approve for three years, subject to any appropriate changes received in response to legal consideration.

Please find attached a copy of the Hospital Advisory Committee Terms of Reference for review.

The Boards lawyer is currently reviewing the Boards Members Manual, which includes all committee Terms of Reference to ensure that all requirements of legislation are met.

Jenny McLennan
Personal Assistant to
Chief Executive



HOSPITAL ADVISORY COMMITTEE (HAC)
TERMS OF REFERENCE
(Established Under Section 36)

Title of Policy Manual: Members' Manual

Date Issued: February 2009

Review By Date: February 2012

Responsibility: Chief Executive

Authorised By: Board

Version: 5

Page: 1 of 3

In accordance with the NZ Public Health and Disability Act 2000, the Board shall create a Hospital Advisory Committee whose members and chairperson shall be as determined by the Board from time to time.

Functions

The functions of the Hospital Advisory Committee of the Taranaki District Health Board (TDHB) are to:

- (a) Monitor the financial and operational performance of the hospitals (and related services) of the TDHB; and
- (b) Assess strategic issues relating to the provision of hospital services by or through the TDHB; and
- (c) Give the TDHB advice and recommendations on that monitoring and that assessment.

Responsibilities

The Committee is responsible to the Board for:

- (a) Providing advice on the overall performance of the hospital and related specialist services delivered by the TDHB.
- (b) Providing advice on strategic issues related to the delivery of hospital and related specialist health services.
- (c) Monitoring the hospital and related specialist services performance against expectations set in the District Annual Plan and other relevant accountability documents.
- (d) Ensuring a framework is developed and implemented to manage clinical and operational risk.
- (e) Ensuring a framework is developed to oversee the hospital's capital development programme.
- (f) To report regularly to the Board on their findings (generally the minutes of each meeting will be placed on the agenda of the next Board meeting).

Accountability

- (a) The Committee is accountable to the Board.
- (b) The Committee may only give advice or release information to other parties under authority from the Board.
- (c) The Committee is to comply with the standing orders of the Taranaki District Health Board.

Delegations

The following authorities are delegated to the Hospital Advisory Committee:

- (a) To require the Chief Executive Officer (or delegate) to attend its meetings, provide advice and prepare reports as requested.
- (b) To interface with any other committee(s) that may be formed from time to time.

Membership

- (a) Members of the Committee are to be appointed by the Board.
- (b) The Chair and Deputy Chair are to be appointed by the Board Chair.
- (c) Non-Board members co-opted to the Committee may be appointed for a term not exceeding three years.
- (d) Members must provide a statement in good faith that discloses any conflicts of interest that the person has or believes are likely to arise in future, with the DHB.
- (e) Members must comply with Board Policies, including the Code of Ethics, Code of Conduct and Communications Policy adopted by the Board.

Meetings

- a) The Committee shall hold meetings as frequently as it considers necessary.
- (b) The Chief Executive (or delegate) will ensure provision of management and administrative support to the Committee.



MINUTES Open (unconfirmed)

HOSPITAL ADVISORY COMMITTEE

29 August 2013

1pm

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

Present:

Ella Borrows (Chair), Alex Ballantyne, Karen Eagles, Mary Bourke, Flora Gilkison, Pauline Lockett,

In Attendance:

Tony Foulkes (Chief Executive), Rosemary Clements (Chief Operating Officer / Chief Nursing Advisor), George Thomas (General Manager Finance & Corporate Services/Human Resources), Greg Simmons (Chief Medical Advisor), Sandra Boardman (General Manager Planning, Funding & Population Health), Anne Kemp (Quality & Risk Manager), Katherine Fraser-Chapple (Management Accountant), Ngawai Henare (Chief Advisor Maori Health), Ramon Tito (Kaumatua), Sue Carrington (Communications Advisor), Jenny McLennan (PA to CEO)
Lee Mathias

Lee McManus, Leigh Cleland, Gill Campbell and Wendy Langland (H&SS Management Team members)

805.0 Declaration to Open Meeting

The Chair welcomed everyone to the meeting and invited Matua Ramon Tito to open the meeting.

806.0 Apologies

Resolution

That the Taranaki District Health Board receive and note apologies from Peter Catt, Alison Rumball, Brian Jeffares, Kura Denness and Colleen Tuuta.

*Eagles/Ballantyne
Carried*

807.0 Conflict of Interest Register

Members were invited to declare any new conflicts of interest. The register was circulated for members to sign.

It was noted that Mr Foulkes amended his conflict of interest regarding the Midland Health Network.

808.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 4 July 2013 as a true and correct record subject to the spelling correction of 'orthopaedic' and deletion of 'In terms of the risk, this is minimal' from the bullet point regarding Acute Demand and Diagnostics.

*Eagles/Ballantyne
Carried*

808.1 Matters arising

808.2 Acute Demand Diagnostics

Mrs Clements advised that initial discussions have been held with clinicians regarding acute demand and diagnostics and that these will be ongoing and would also be included in the Work Programme.

808.3 Length of Stay

Mrs Clements advised that work on Length of Stay (LOS) efficiencies was continuing.

809.0 Chief Operating Officer Reports

809.1 Report for period ending 31 July 2013

Mrs Clements took the Exception report for June 2013 and Year End as read, highlighting the following from the executive summaries:

- H&SS management team members were available to discuss the new reporting format.
- The Exception report for year end noted the challenges in meeting the financial target, with positive results for the non-financial targets.
- Patient Activity Summary shows a 1% variance for total patient discharges at Base Hospital for year end.
- Huge challenge in ED in terms of volumes, with work commencing with the primary sector on how to reduce volumes. Results showed a 15% variance above contract (year end).
- Dr Gilkison questioned what conversion rate of First Specialist Assessment (FSA) through to surgery and whether this had been increased in order to meet the target. Mrs Clements advised that the conversion rate into surgery was higher as referral rate was more robust and provides the opportunity to make clinical judgement, noting that not all FSAs should convert to surgery.
- Dr Gilkison referred to the integration of primary / secondary sector and the introduction of e-referral which had attracted some negative feedback from some users and asked what TDHB could do to assist.

Mrs Clements advised that e-referrals was a work in progress and that there was a link into the Map of Medicine project which would include e-referrals.

Dr Simmons advised that training was underway for the e-referral and it was acknowledged that while there was a need to ground proof the system it had potential to improve efficiencies.

- Mrs Clements advised that 218 joints had been completed at TDHB for year end, noting that this was 57 behind the Ministry Standard

Intervention Rate. 375 cataracts had been completed over the same period, which was 35 ahead of plan.

- Mrs Clements reported that Medical FSA and Follow up (FU) DNA rates for Maori were 11% and that planning was proceeding to improve these figures. It was noted that data by speciality had been reviewed to enable key areas to be targeted eg respiratory, diabetes and colonoscopy. Mrs Eagles asked what strategies were under consideration. Mrs McManus advised that some strategies that had been put in place were not working as planned and that an over arching approach of targeting services and looking at how these are delivered was part of the reconsideration process. Mrs Clements advised that texting was still occurring and engaging Kiawhina was not sufficient to improve the rate. Mr Ballantyne advised that the option of ringing people and picking them up may warrant consideration.
- Elective Surgery utilised 74.5% of the ACC budget with planning underway to increase this.
- Ms Lockett noted that there was no longer an active review list for orthopaedics as a significant achievement.
- Combined occupancy for June was 91.8% with a very high complexity rate of 86%.
- Planning underway to improve radiology health target results with a reduction in waiting lists over future months.
- Ms Lockett noted the reference in the COO report to the significant efforts of staff within the Provider Arm for their hard work over the 2012/13 year to achieve the positive results at year end. It was also reported by Mrs Clements that 2013/14 would be extremely challenging with the new facility costs, the DAP initiatives and the saving plans all needing to be implemented.

Resolution

That the Hospital Advisory Committee recommend to the TDHB Board that staff be acknowledged and thanked for their efforts in achieving the 2012/13 year end results.

*Lockett/Ballantyne
Carried*

809.2 Chief Operating Officer/Chief Nursing Advisor Report for period ending 31 July 2013

Mrs Clements took her report as read and welcomed any feedback on the new reporting format, advising that members of the H&SS management team were available to receive any feedback.

Discussion

- Mrs Clements advised that the introduction of the 'Hospital at a Glance' tool had been significant in harnessing improvements within the hospital and was used every morning at the operations and had enabled a reduction in supplementary staffing levels. A brief orientation of the tool was given by Mrs McManus and it was agreed that this could be included at the next workshop.
- Mrs Clements advised the colorectal medicine was a currently a topic of national service provision. It was noted that Taranaki was included in the national nurse lead project regarding endoscopies with the

implementation of national guidelines and clinicians keen to participate. This would assist with the current focus on semi-urgent waiting times.

- Health Targets on track.
- A think tank for Primary Options Acute Care (POAC) was recently held with all stake holders. The financial barriers of implementing due to capacity funding was noted. Mrs Boardman advised that there was a need to invest in primary care capacity. This would not release savings from the hospital, rather it would prevent step increases in hospital costs in the future.

Dr Mathias advised that management of acute demand was a challenge as it would assist in the major change required to cease provider arm over expenditure.

Miss Bourke noted the issue of ED numbers and the significance of this issue if primary services are not working well.

Mrs Clements advised that the capacity of primary identified that if there was a dependence that GPs are a solution to the problem then it was unlikely to be resolved. It was noted that there was a will of the think tank to think and consider laterally. This would include new pathways of care for patients from primary care, ED, St John, Healthlink and Rest Homes.

809.2 Financial Report for period ending July 2013

Mrs Fraser-Chapple referred to the reporting notes of the new format noting the significant change that if any department that does not have a clinical output but contributes to other departments is treated as an 'overhead' and allocated across the services, outside direct reporting lines to Service Managers.

Mrs Fraser- Chapple was able to resolve the early question from Ms Lockett regarding the difference in revenue between the H&SS report and the consolidated financial report, this was was that 'governance' had not been included in the H&SS report.

Discussion

- Mrs Fraser-Chapple advised that internal revenue was \$489K less than budget due to less acute activity and donations were \$250k less than budget.
- Mrs Eagles note that the provider arm was 24.2 FTE below budget and it was advised that this included HIQ that were now 40 FTE which is below the budget of 50FTE.
- Dr Mathias commented positively on the reporting and was interested in feedback from the management team present who contribute to the report and whether they found the information useful from a management perspective.
Managers present advised that the information presented was certainly beneficial and moving forward weekly and monthly reports could be modified to assist in populating the report presented.
- Comments from members present included:
 - Clear and easy to understand snapshot information
 - Beneficial to have key issues for coming months.
 - Well done from an accounting perspective
- It was noted that child and maternal and allied health report would be available next month.

- Marginal costs and their impact on financial results were discussed. Mrs Fraser-Chapple advised that quarterly washups will manage marginal cost adjustments.
- The target rate of caesarian sections was raised as an area of concern by Mrs Eagles, as was the increased level of procedures. Dr Mathias noted that the caesarian section rate for Taranaki compared favourably with the national picture and was considerably lower than that of Auckland DHB.
- Mrs Cleland advised that progress with Hawera Maternity Services was continuing.
- Ms Lockett referred to the section at the bottom of each report where key initiatives will be reported, noting that efficiency gains will be an integral part of the reporting process.
- The increased use of fleet vehicles by Public Health Nurses was noted.
- Members were pleased to note the significant cost reductions for implants and prostheses that have occurred as a result of a major project lead by Orthopaedic specialists.

Miss Bourke reminded members that while the reports had been very well received it was important that any required changes are made within the first three months of the new financial year, as following this reports will be locked in for at least a three year period.

809.3 Human Resources and Organisation Development Report for Quarter 4, 2012/13

Mr Thomas took the report as read, noting the downward trend in KPIs.

809.4 Quality & Risk Report April, May and June 2013

The report was tabled for members information and will be presented formally at the September meeting

Mrs Kemp was pleased to advise that the downward trend of Clostridium Difficile infection occurrence continues and it was noted that the Infection Control Nurse had been invited to speak at a National Conference on TDHB Infection Control management.

Resolution

That the Hospital Advisory Committee receive the Exception Report for June 2013 and Year and Report for July 2013 and attachments from the Chief Operating Officer.

*Eagles/Lockett
Carried*

810.0 Next Meeting

26 September in New Plymouth

.....
Chairman

.....
Date

TDHB Hospital Advisory Committee Task List as at 29 August 2013						
Action No	Date Raised	Action Description	Status	Assigned	Due Date	Updates
Up to date						

Hospital and Specialist Services Monthly Report – August 2013

Contents

Provider Overview – Rosemary Clements

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

Clinical Services Reports

- 5 Allied Health and Technical Services
- 6 Maternal and Child Health
- 7 Medical Services
- 8 Mental Health and Addictions
- 9 Older Peoples Health and Rehabilitation Services
- 10 Surgical Services
- 11 Reporting Notes

Recommendation:

That the Hospital Advisory Committee receive and note the Hospital and Specialist Services monthly report

1. Scorecard– August 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Patient Falls*	# Patients				
Hospital Acquired Infections*	# Patients				
Pressure Areas*	# Patients				
Better Quality Care					
FSAwaiting longer than 5 months	# Patients	0	0		On-going management
ESP2 Elective waitlist FSA< 5 months	# Patients	0	0		On-going management to meet Ministry of Health Targets
ESP5 Elective waitlist Surgery < 5 months	# Patients	0	0		
Shorter Stays in the Emergency Department - < 6 Hours	% of patients	94.5%	95%	▲	Reflective of demand and acuity
Complaints actioned in appropriate timeframes	% of complaints	97%	100%	▼	
Financial Performance					
Operating Surplus/Deficit Variance to budget	\$000	\$480K U	\$0	▼	Variance relates to internal revenue where volumes are less than budget, and donation revenue, expenditure less than budget
Volumes delivered to contract target	% variance	(3%)	0%	▼	Lower than budget due to reduced services in preparation for move. EDvisits 18% higher than budget.
Business Improvement Savings	\$000				
FTE Employed variance to budget	FTE	(20.9) F	0	▲	Reduced FTE in Allied Health and Management and Admin staffing, 12.5 FTE Medical staff vacancies.
Improved Health Status					
DNA Rate - All ethnicities and patient categories	% of total patients	4.3%	9%	▼	DNA Project underway
Better Help for Smokers to Quit	% of patients offered advice & support	96%	95%	▼	All units continue to achieve the 95% target
Avoidable Admissions *	# Patients				
Engaged Workforce					
Staff Turnover	% of total staff	5.9%	8%	▲	Very small increase, remains lower than Midland and national turnover
Unplanned Leave	% of all leave	4.9%	2.5%	▲	Increase related to high sick leave
Excess Annual Leave (> 2 years entitlement)	% of employees	11.3%	8%	-	A large proportion relates to Senior medical staff – management plans are in place for a number of staff

* Reported Quarterly

1.1 Key Achievements

- The move to the new acute services facility was undertaken in early August and was very successful. Both patients and staff are well settled and enjoying the new environment.
- The Mental Health and Addictions service has seen the implementation of the Crisis Respite Service, with the Youth and South Taranaki houses now accepting clients. This should have a positive impact on the acute inpatient service.
- The emergency dental service for Hawera and Waitara has been agreed. This will provide an improved emergency dental service for low income clients in these communities.
- The multi-DHB contract for pharmaceutical supplies with Baxter Healthcare has been assessed after 12 months, and savings of \$415K have been realised for TDHB through both the contract and initiatives driven by Pharmacy staff.
- DNA project – the project scope and initial data collection are complete. Meetings with key services have been undertaken and the likely focus of intervention determined around bookings for some services. There is some excellent work being done in pockets around the hospital to minimise DNAs and this needs to be extended to other areas

1.2 Areas off Track and Remedial Actions

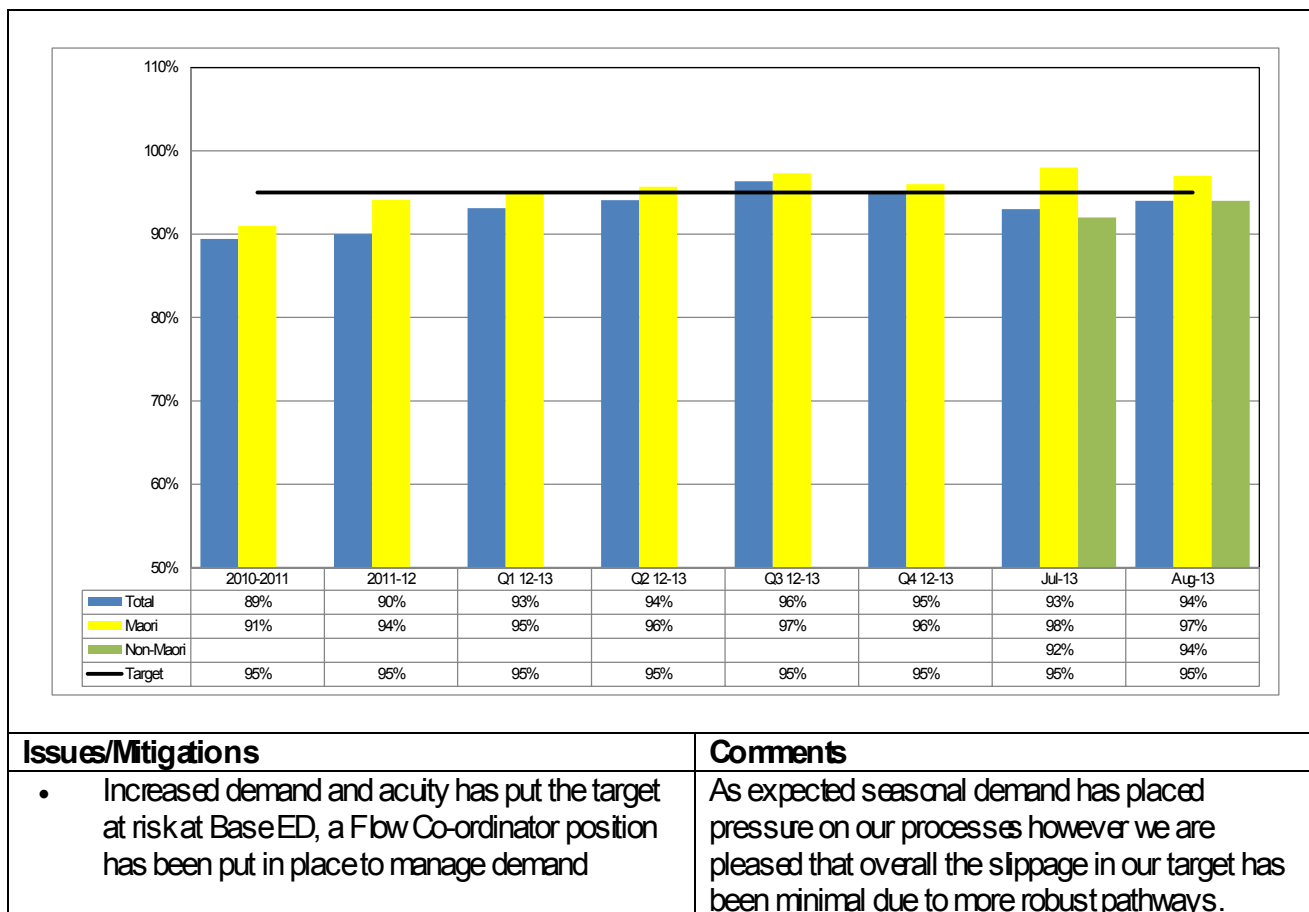
- Cancer treatment – ensuring accurate baseline data collection remains a priority. Early data suggests lung cancer is an area of focus for TDHB. Investigations are underway around establishing weekly lung cancer medical clinics with improved physician staffing next year.

1.3 Key Issues/Initiatives identified in coming months

- The Care Capacity and Demand Management/Variance Response work is being embedded in Te Puna Waiora, with steadily improving results. This will bring the unit in line with the personal health wards.
- Implementation of the Vacancy Status and Occupancy report for Aged Residential Care facilities is planned to occur in October. This online report will give real time updates of occupancy and bed types across the ARRC sector, reducing the time spent by OPHRS staff locating available beds for patients.
- An on-going focus on increasing day case surgical procedure rates to bring us in line with Ministry of Health recommended rates. This initiative links with the Quality and Productivity savings programme for 2013-2014, and will make more effective use of resources while maintaining revenue.
- On-going work with the Hawera Maternity Unit to provide quality of care and sustainability of the service

2. Health Targets

2.1 Shorter stays in emergency departments



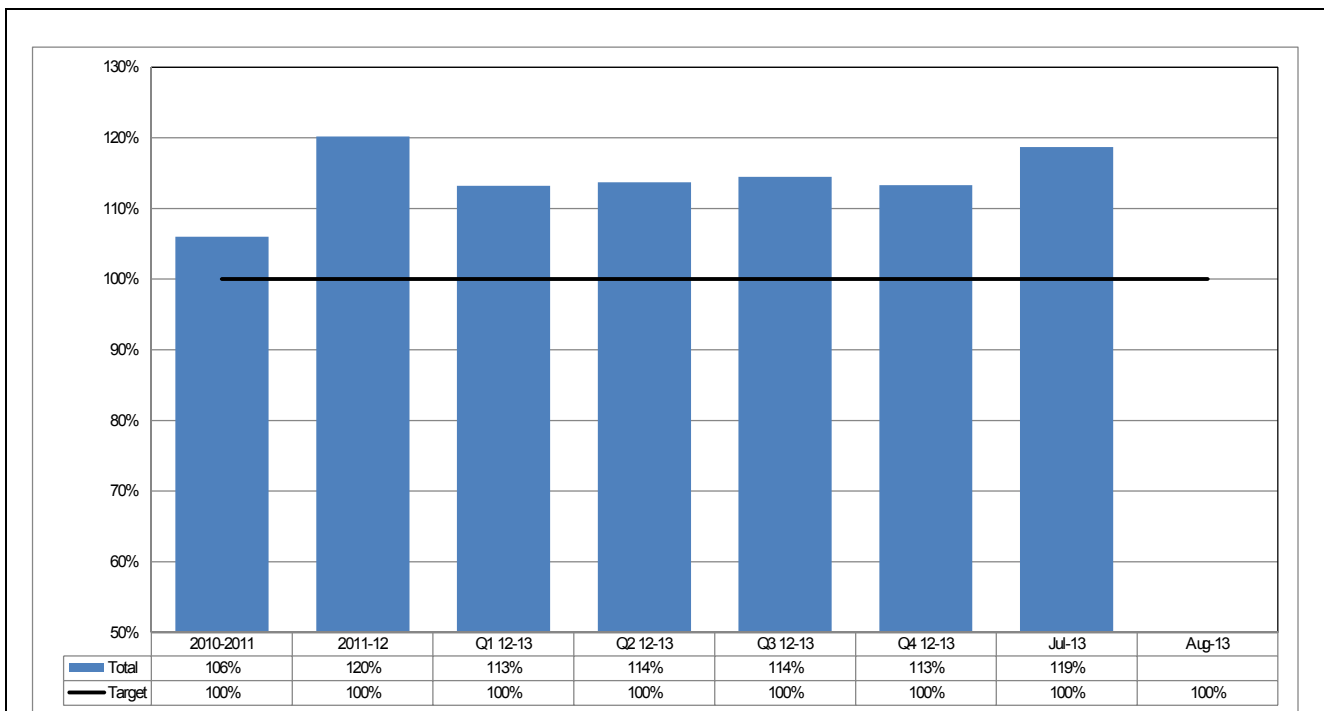
Issues/Mitigations

- Increased demand and acuity has put the target at risk at Base ED, a Flow Co-ordinator position has been put in place to manage demand

Comments

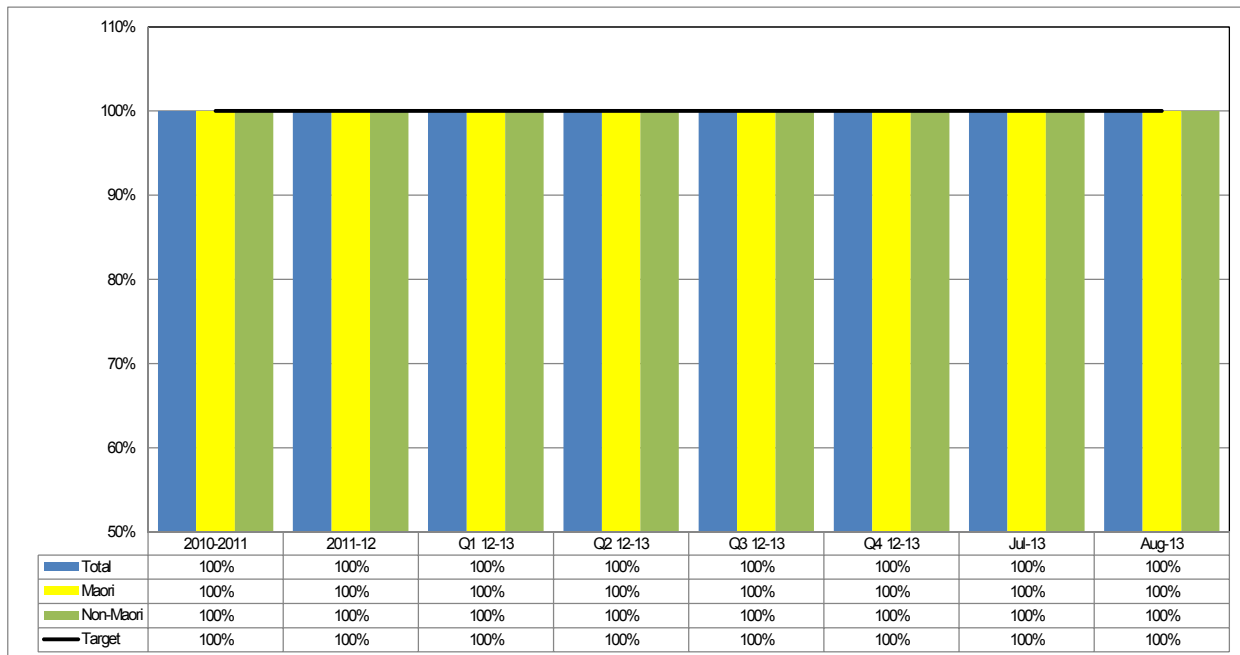
As expected seasonal demand has placed pressure on our processes however we are pleased that overall the slippage in our target has been minimal due to more robust pathways.

2.2 Increased access to elective surgery



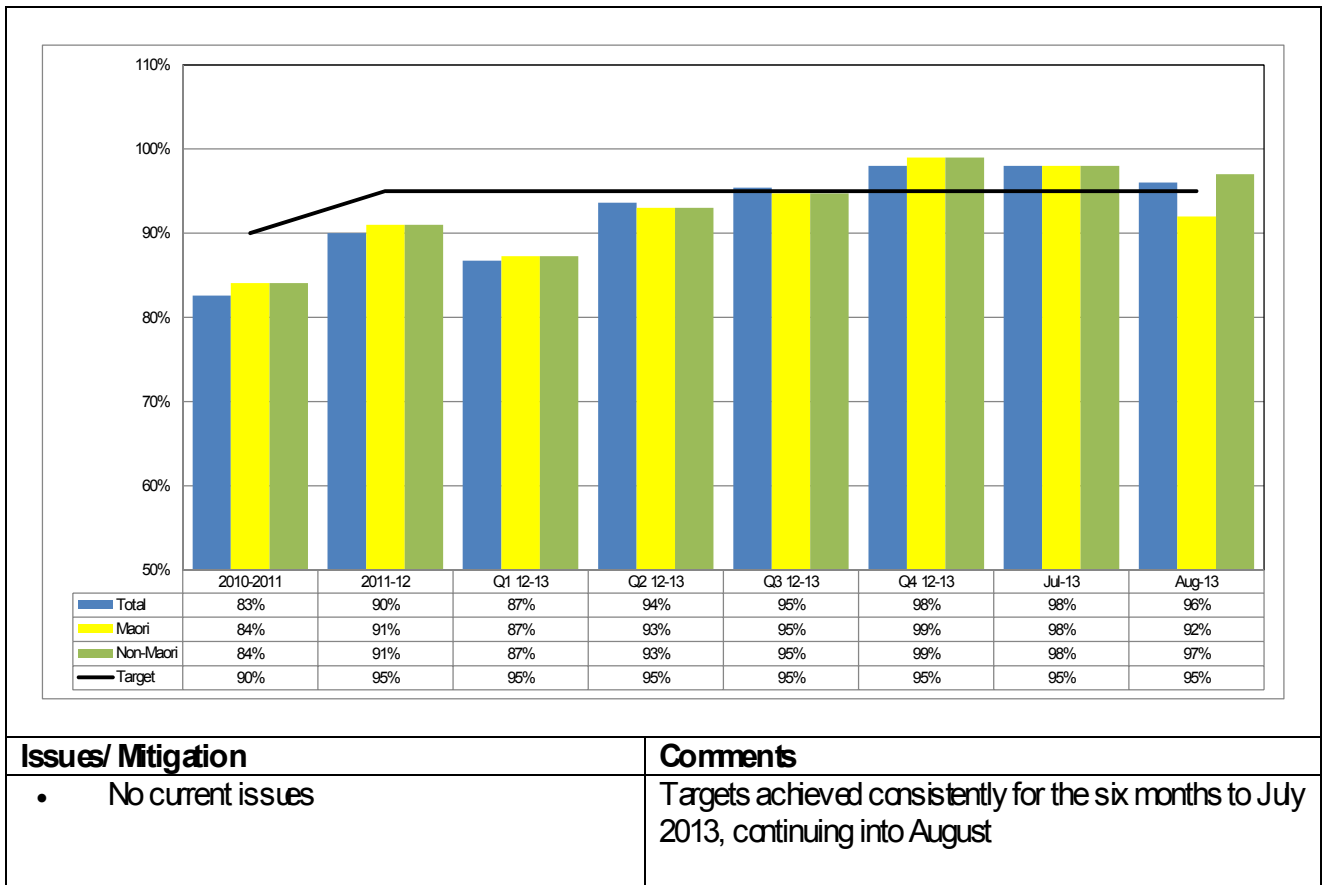
Issues/Mitigation	Comments
<ul style="list-style-type: none"> No current issues 	Target achieved and local Elective Services incentive funding has been received from the Ministry of Health for 2012-2013

2.3 Shorter waits for cancer treatment (radiotherapy & chemotherapy)



Issues/ Mitigation	Comments
<ul style="list-style-type: none"> No current issues 	Target waiting times achieved

2.4 Better help for smokers to quit – hospitals



Issues/ Mitigation

- No current issues

Comments

Targets achieved consistently for the six months to July 2013, continuing into August

3. Financial Performance

3.1 Statement of Financial Performance TDHB Provider Arm

August 2013	Month Actual	Month Budget	Variance		YTD Actual	YTD Budget	Variance		Annual Budget	YTD Percentage Variance	
1 Revenue	(14,421,523)	(15,693,817)	1,272,294	U	(28,694,175)	(30,881,685)	2,187,511	U	(172,318,432)	7%	U
2 Personnel Costs	8,906,146	9,294,877	(388,726)	F	17,999,143	18,191,682	(192,526)	F	106,405,398	(1%)	F
3 Outsourced Services	1,581,876	1,670,967	(89,088)	F	3,181,254	3,316,254	(135,000)	F	19,519,664	(4%)	F
4 Clinical Supplies	2,128,923	2,275,225	(146,294)	F	4,118,825	4,350,565	(231,751)	F	25,056,315	(5%)	F
5 Infrastructure & Non Clinic	2,736,189	2,904,951	(168,737)	F	5,184,822	5,454,195	(269,351)	F	34,846,233	(5%)	F
6 Internal Allocations	(405)	(870)	469	U	(675)	(1,753)	1,061	U	(10,493)	(61%)	F
Grand Total	931,206	451,333	479,918	U	1,789,194	429,258	1,359,944	U	13,498,685		

3.2 TDHB Provider Arm Performance Summary by Clinical Service Group

	Month Actual	Month Budget	Variance		YTD Actual	YTD Budget	Variance		Annual Budget	YTD Percentage Variance	
Allied Health	710,711	673,930	36,778	U	1,317,107	1,310,767	6,342	U	7,890,371	0%	U
Maternal and Child Health	282,463	61,396	221,068	U	405,880	(2,193)	408,077	U	3,205,738	18606%	U
Medical Services	(749,707)	(902,644)	152,953	U	(1,450,453)	(1,976,942)	526,494	U	(6,988,313)	27%	U
Mental Health	133,250	110,252	23,009	U	311,244	36,204	275,030	U	927,030	760%	U
Older Peoples Health	61,551	90,679	(29,123)	F	159,852	115,222	44,629	U	2,224,191	39%	U
Surgical Services	492,938	417,717	75,235	U	1,045,564	946,200	99,374	U	6,239,671	11%	U
Total	931,206	451,331	479,919	U	1,789,193	429,258	1,359,945	U	13,498,688		

3.3 Comment on Major Variances

The Provider financial result for the month of August was \$480K worse than the budgeted position of a \$451K deficit. The majority of this deficit was the result of revenue being less than budgeted by \$1.27M. This comprised of

- internal revenue was \$1.17M less than budget relating to less acute activity,
- ACC revenue was \$58K higher than budget,
- donations \$250K less than budget.

Internal revenue from the Funder is paid on actual delivered activity, rather than as budgeted. Variances to internal revenue for August are in several areas, the largest being reduced inpatient activity. In acute services this was in medicine, orthopaedics and paediatrics/neonates. Elective services were reduced in line with planning for the shift to the new facility, with reduced volumes across the majority of specialties. This variance is expected to be brought back in line with budget by the end of quarter one.

Total expenses are \$827K (3%) less than the phased budget of \$31.31M. Personnel costs are under budget by \$192K, with all other budget areas also less than budget.

Supply Costs

All supply lines are significantly less than budget (\$636K favourable) for the first two months of the new financial year. This is heartening given the focus on living with in our means, and the work going forward to achieve the budgeted \$3.5M year end deficit.

3.4 Statement of Personnel Costs by Professional Group (Salary costs only)

\$000	Month Actual \$\$\$	Month Budget \$\$\$	Variance		August Actual FTE	August Budget FTE	Variance		YTD Actual \$\$\$	YTD Budget \$\$\$	Variance	% Variance		YTD FTE	YTD Budget FTE	Variance
1 Medical Staff																
2005 Specialist Medical Officer	1,201	1,702	(501)	F	61.8	73.1	(11.3)	F	2,681	3,162	(481)	(15%)	F	61.9	73.1	(11.3)
2015 MOSS	188	92	96	U	11.9	6.8	5.1	U	448	171	278	163%	U	11.5	6.8	4.7
2035 Registrars	441	386	55	U	30.2	33.0	(2.8)	F	834	717	116	16%	U	30.1	33.0	(2.9)
2045 House Officers	286	294	(8)	F	32.5	36.0	(3.5)	F	576	547	29	5%	U	32.8	36.0	(3.3)
1 Medical Staff Total	2,116	2,474	(358)	F	136.4	148.9	(12.5)	F	4,539	4,596	(58)	(1%)	F	136.2	148.9	(12.8)
2 Nursing Staff Total	3,375	3,514	(139)	F	556.4	541.0	15.4	U	7,052	7,028	23	0%	U	556.0	541.0	15.0
3 Allied Health Staff Total	1,395	1,314	80	U	228.4	237.8	(9.4)	F	2,681	2,590	91	4%	U	228.5	237.8	(9.3)
4 Support Staff Total	377	339	38	U	88.5	87.5	1.0	U	711	700	11	2%	U	89.5	87.5	2.0
5 Management and Administration Staff Total	1,536	1,532	4	U	257.9	273.3	(15.4)	F	2,949	3,036	(86)	(3%)	F	257.9	274.3	(16.5)
	8,800	9,174	(374)	F	1,267.6	1,288.5	(20.9)	F	17,932	17,950	(18)	(0%)	F	1,267.9	1,289.5	(21.7)

Personnel Costs

For the month of August personnel costs are lower than budget by \$388K and the salary component lower than budget by \$374K. Costs are lower than budget for Medical staff (\$358K) and Nursing staff (\$139K) and close to budget for other groups, notably Management and Administration. Year to date salary costs are on budget with a favourable variance to budget of \$18K.

The total cost of medical labour including locums is \$4.9M, \$145K lower than budgeted. High requirements for locums were experienced in Mental Health and Hawera Medical Staff however this was offset by lower demand in other specialities.

Provider Arm FTE are 20.9 FTE below budget, including 12.5 FTE vacancies for medical staff and 15.4 FTE above budget for nursing staff. High use of nursing staff occurred in Te Puna Waiora (2.8 FTE), Intensive Care Unit (3.8 FTE) and Hawera Acute Services (3.8 FTE). The variance across all five personal health wards totalled 2.2 FTE, where rosters are planned to meet the new bed configuration.

3.5 2013-2014 Financial Recovery Plan

All services are engaged with the ALMA Group and the on-going development of financial recovery plans for 2013-2014. Action plans and progress report templates are in place for the majority of initiatives, with the balance to be finalised by the end of the first quarter. At this stage planning for all initiatives is on track.

These will be reported at a high level in this report, with detailed reporting against to the Finance Audit and Compliance Committee from October 2013.

4. Volume Performance

4.1 TDHB Provider Arm contracted volumes

TDHB Internal Service Level Agreement - All volumes	YTD Actual Volumes	YTD Contracted Volumes	Variance	Percentage Variance
Emergency Department < 3 hours	6,090	5,153	937	18%
Inpatient Acute	2,082	2,327	(245)	(11%)
Inpatient Elective	734	820	(86)	(10%)
Inpatient Rehabilitation	848	1,242	(394)	(32%)
Outpatients	34,889	36,409	(1,520)	(4%)
Procedures	463	446	17	4%
Service	5	5	0	0%
Community Mental Health	61	127	(66)	(52%)
Mental Health Inpatients	1,394	1,643	(248)	(15%)
Grand Total	46,567	48,172	(1,605)	(3%)

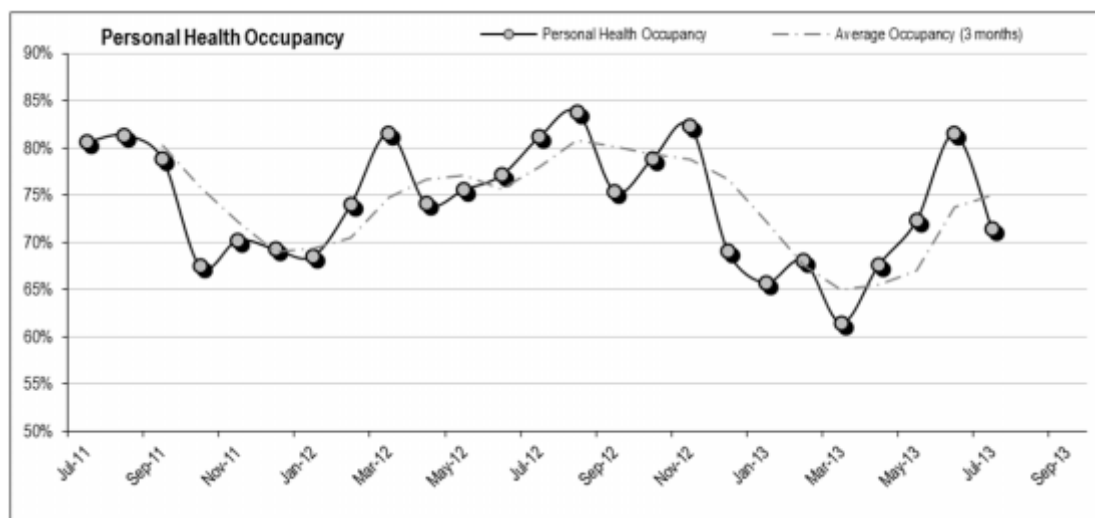
Personal Health Inpatient Casemix Detail	YTD Actual Volumes	YTD Contracted Volumes	Variance	Percentage Variance
Inpatient Acute				
Cardiology	51	36	15	43%
Dental	14	14	0	2%
Ear Nose and Throat	21	7	14	215%
Emergency Medicine	241	228	13	6%
General Medicine	701	808	(107)	(13%)
General Surgery	340	386	(46)	(12%)
Gynaecology	48	27	20	74%
Maternity Inpatient	190	218	(27)	(13%)
Neonatal Inpatient	74	114	(40)	(35%)
Ophthalmology	2	2	(0)	(18%)
Orthopaedics	270	344	(73)	(21%)
Paediatric Medicine	112	130	(18)	(14%)
Urology	19	15	4	27%
Inpatient Acute Total	2,082	2,327	(245)	(11%)
Inpatient Elective				
Cardiology	24	29	(4)	(15%)
Dental	13	33	(19)	(60%)
Ear Nose and Throat	36	53	(16)	(31%)
General Surgery	276	277	(0)	(0%)
Gynaecology	62	76	(13)	(17%)
Ophthalmology	48	58	(10)	(17%)
Orthopaedics	213	266	(53)	(20%)
Urology	60	30	31	103%
Inpatient Elective Total	734	820	(86)	(10%)
Grand Total	2,816	3,147	(331)	(11%)

Overall delivered volumes are close to contracted, however there are some variances in acute inpatients in personal and mental health, and lower occupancy for rehabilitation inpatients. Elective inpatient volumes are less than contracted relating to planned reduction to accommodate the move to the new facility. This variance is expected to be back on track by the end of quarter one.

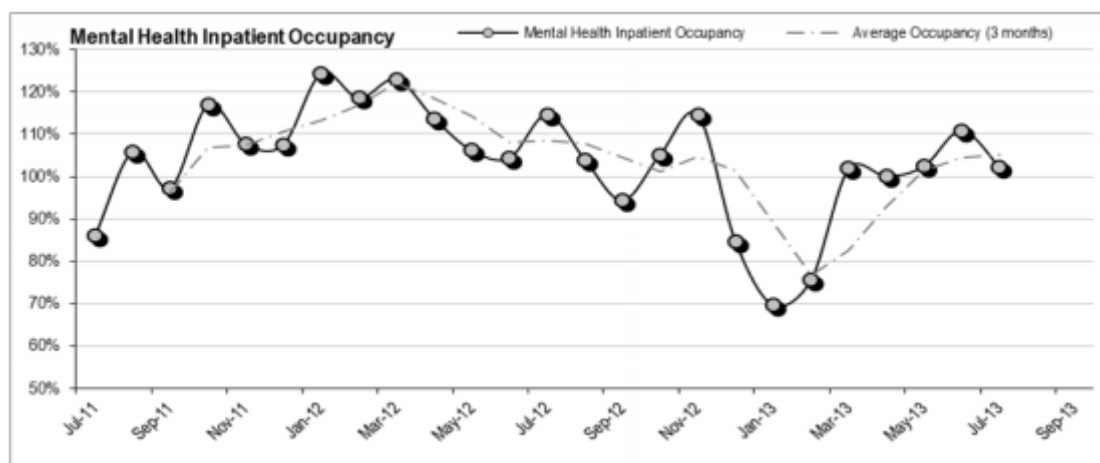
Emergency Department volumes at Hawera and Base Hospital are higher than budget, with high presentations for both patients staying less than 3 hours (18% above contract) and greater than 3 hours (12% above contract) at New Plymouth ED.

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

4.2 Occupancy

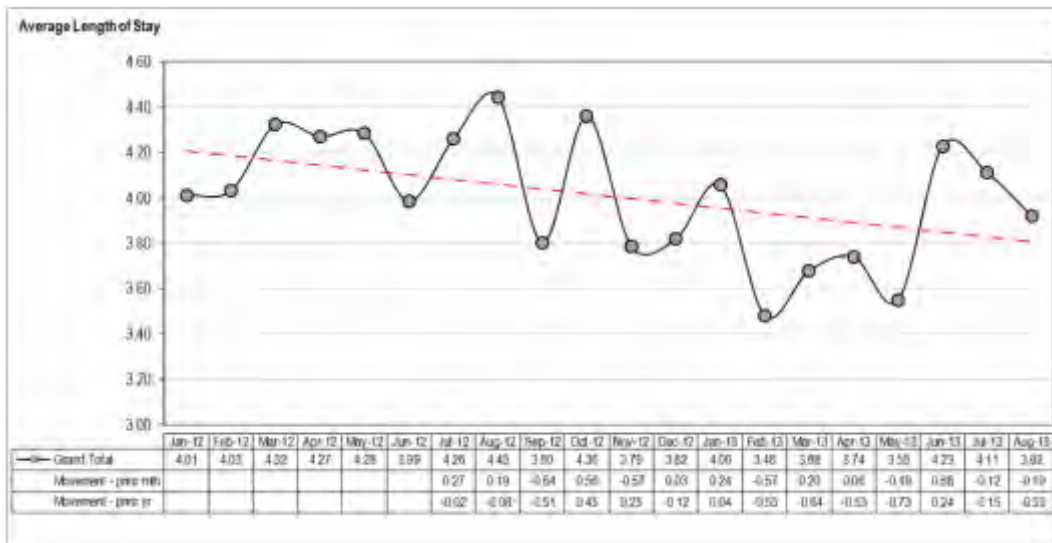


Occupancy has returned to average winter levels following a period of very low occupancy at the end of summer. This trend is expected to continue in coming months, with planned volumes based on seasonal trends and planned surgical interventions.



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

4.2 Length of stay



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

5. Allied Health, Scientific and Technical Services Group

5.1 Service Overview

The Allied Health, Scientific and Technical Services Group is responsible for Diagnostic Services (Laboratory and Radiology), Pharmacy, Physiotherapy, Occupational Therapy, Social Work, Personal Health Psychology, Orthotics, Dietetics, Speech Language Therapy, Newborn Hearing Screening, Audiology and Podiatry. The Clinical Services Manager is Gloria Crossley.

5.2 Scorecard – July 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Better Quality Care					
MRI Waiting Times*	# Patients Waiting > 6 Weeks for Scans		85%	▼	Increased volume scanned coupled with reduced requests is assisting here.
CT Waiting Times*	# Patients Waiting > 6 Weeks for Scans		75%		Currently meeting this target.
Complaints actioned in appropriate timeframes	% of complaints		100%		None received
Financial Performance					
Operating Surplus/Deficit Variance to budget year to date	\$000	\$6 U	0	▼	Result related to increased Allied Health staff costs. (overtime)
Volumes delivered to contract target	% variance	4%	0	▼	Slightly higher than budget for outpatient contacts in therapy services
Business Improvement Savings	\$000				Savings target phased to later in the financial year
FTE Employed variance to budget (year to date figure)	FTE	0.4 U	0	▼	Small variances across a number of professions
Improved Health Status					
DNA Rate (all ethnicities)	% of total patients				
Engaged Workforce					
Staff Turnover*	% of total staff	4%	5%	▼	Retention strategies are proving successful
Unplanned Leave*	% of				
Excess Annual Leave (> 2 years entitlement)*	# of employees	12	0		Management Plans in place

*Data reported quarterly

5.3 Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP Initiatives						
1. Diagnostic Services			○	○	○	
Living Within our Means Initiatives						
2. Leave Management				○		○
Other Initiatives						
3. Allied Response Teams in Emergency Department			○	○		
4. Allied Health Project			○	○	○	
Key achievements in the Month:						
<ul style="list-style-type: none"> Information has just been received from Baxter Healthcare Ltd with regards a multi DHB contract that was agreed last year with 4 other DHBs. The current contract has now run a year and has seen a TDHB cost reduction for 2012-13 of \$415K. There is some relation to patient mix but much can be attributed to better management of compounded products through initiatives being driven by the Pharmacy. Laboratory savings in relation to closer monitoring of some tests and the decision to remove others from general panels has seen an average saving of \$10K per month for the last two months. On Sept 2nd Fulford Radiology went live with digital screening of mammograms which are then sent electronically to Palmerston North for reporting. This project has taken two years to complete. AROC have agreed to allow FIM training for Hawera to be provided by Base AROC Coordinator which will ensure continuity and also minimise the need for this training to be provided for two sites, which had financial implications. 						
Areas off Track and Remedial Actions						
<ul style="list-style-type: none"> Requests for Ultrasound have increased. Fulford have been able to employ locum staff until the end of the year which may assist with reducing the current wait times. InterRAI assessment data completion continues to take a considerable amount of Allied Health staff time, other avenues for inputting this data may need to be considered. Pharmacy budget may be challenged in light of the changes that have been made to the Hospital Medicines List, this will be monitored closely. 						

5.4 Key Issues/Initiatives identified in coming months

- Allied Health Group working on how they can assist in reducing length of stay. This work includes reviewing referral policies to ensure meet current clinical best practise, explore participation in Rapid Rounds. Referral criteria across all teams also being reviewed.
- Work relating to provision of laboratory services will continue.
- The Allied Response Team initiative to assist in the Emergency Department is intended to be advanced in coming months.

Area	Comment	Strategies to Mitigate
	community visits and demand	

6. Maternal and Child Health Group

6.1 Service Overview

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

6.2 Scorecard – August 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Patient Falls*	# Patients				
Hospital Acquired Infections*	# Patients				
Pressure Areas*	# Patients				
Better Quality Care					
FSAwaiting longer than 5 months	# Patients	0	0		
Complaints actioned in appropriate timeframes	% of complaints	100%	100%		
Financial Performance					
Operating Surplus/Deficit Variance to budget	\$000	\$221K U	\$0	▲	Variance relates to internal revenue where volumes are less than budget
Volumes delivered to contract target	% variance	(18%) U	0%	▼	Lower than budget for Procedures, Casemix lower than contract – mainly maternity and neonatal
Business Improvement Savings	\$000				
FTE Employed variance to budget	FTE	(4.4) F	0	-	Reduced FTE in Allied Health and Administration staff
Improved Health Status					
Immunisation Targets	% of children immunised at 8 months		85%		
DNA Rate - Oral Health	% of total patients	17.1%	10%	▼	Reduced slightly but work continues with Maori health to improve our DNA rate.
Avoidable Admissions 0-16 years*	# Patients				
Family Violence Screening*					
Elective Caesarean Rate	% of births	30%	25%	▲	Increased this month, high pre term births, twin deliveries
Breastfeeding	% exclusively breastfeeding on discharge	85%	75%		Hawera now at 83%
Whanau Pakari Referrals	# of referrals	8	11		Target of 33 per quarter
Gateway Assessments Undertaken	% of assessments	85%	85%		On Track
Engaged Workforce					
Staff Turnover*	% of total staff		8%		
Midwifery Vacancies*	# of vacancies		0		
Unplanned Leave*	% of all leave		2.5%		
Excess Annual Leave (> 2 years entitlement)*	# of employees		8%		

* Reported Quarterly

6.3 Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP Initiatives						
5. Cement and Building on Gains in Resilience and Recovery for the Most Vulnerable – Secondary					○	
6. Oral Health			○		○	
7. More Timely Access to Specialist and Referred Services			○	○	○	
8. Quality Improvement – Maternity		○	○			
9. Expanding the use of HEEADSSSWellness Checks in Schools and Primary Care Settings			○		○	
10. Reduce the Number of Assaults and Children/Implement the Children's Action Plan		○			○	
Living Within our Means Initiatives						
11. Acute Length of Stay			○	○		
12. Hawera Maternity and Community Midwifery Reviews			○	○		
13. Leave Management				○		○
14. Medical TOPs		○	○	○		
Other Initiatives						
15. Maternity Annual Plan	Achieved		○	○		
16. Whānau Pakari	On Track				○	
17. Hospital at a Glance			○	○		○
18. Care Capacity and Demand Management/Variance Response Management			○	○		○
19. Rangiatea Community Dental Clinic	Completed		○		○	
Key achievements in the Month:						
<ul style="list-style-type: none"> Ongoing progress with planning in relation to Hawera maternity unit service model with the aim of achieving unit sustainability Emergency Dental service provision agreed for both Hawera and Waitara, providing an improved emergency dental service for these communities. Children's ward moved into new area, (now Ward 2b). Move was safe and uneventful; staff should be commended on their hard work in achieving this. 						
Areas off Track and Remedial Actions						
<ul style="list-style-type: none"> Elective caesareans being scheduled onto the elective gynaecology lists (ongoing challenge). We continue to work to ensure major gynaecology cases and wait times for patients are not impacted. 						

6.4 Key Issues/Initiatives identified in coming months

- Planning occurring to increase HEEADSSS assessments for Decile 3 schools.
- Planning for improved Psychologist/mental health nurse support for paediatrics, thus assisting paediatricians with management of FSA/ follow up volumes.
- Achievement of a 24/7 on call roster for midwives for the Hawera Maternity service thus achieving a viable and sustainable service for south Taranaki women.

6.5 Financial Results

\$000		Month Actual	Month Budget	Variance		YTD Actual	YTD Budget	Variance		Annual Budget	YTD Percentage Variance	
Revenue	1 Internal Revenue	(1,828)	(2,111)	283	U	(3,724)	(4,200)	476	U	(21,776)	11%	U
	1a Government Revenue	(18)	0	(18)	F	(18)	0	(18)	F	0		F
	2 Patient Revenue	(1)	(4)	3	U	(10)	(8)	(1)	F	(49)	(16%)	F
	3 Other Income	1	0	1	U	(6)	0	(6)	F	0		F
Revenue Total		(1,846)	(2,115)	270	U	(3,757)	(4,208)	452	U	(21,825)	11%	U
Personnel Costs	1 Medical Staff	295	340	(45)	F	633	632	0	U	3,947	0%	U
	2 Nursing Staff	536	567	(31)	F	1,098	1,134	(36)	F	6,690	(3%)	F
	3 Allied Health Staff	207	196	12	U	393	385	8	U	2,317	2%	U
	5 Management and Administration Staff	50	52	(2)	F	99	103	(4)	F	602	(4%)	F
Personnel Costs Total		1,089	1,155	(66)	F	2,223	2,254	(31)	F	13,556	(1%)	F
Outsourced Services	1 Outsourced Medical Staff	21	4	17	U	39	8	31	U	47	392%	U
	4 Outsourced Clinical Services	34	31	3	U	40	62	(21)	F	370	(33%)	F
Outsourced Services Total		55	35	20	U	79	70	9	U	417	13%	U
Clinical Supplies	1 Patient Consumables	49	47	2	U	101	93	9	U	531	9%	U
	2 Diagnostic Supplies	3	1	2	U	4	2	2	U	10	114%	U
	3 Clinical Equipment	21	19	2	U	40	38	3	U	220	7%	U
	4 Patient Appliances	6	3	3	U	10	8	2	U	47	30%	U
	8 Other Clinical Supplies	0	1	(1)	F	0	2	(2)	F	13	(100%)	F
Clinical Supplies Total		79	71	8	U	156	142	14	U	821	10%	U
Infrastructure & Non Clinical Supplies	1 Hotel	28	36	(8)	F	59	76	(17)	F	422	(22%)	F
	2 Facilities	5	8	(3)	F	12	16	(3)	F	98	(22%)	F
	3 Staff Transport & Accommodation	11	8	2	U	19	17	2	U	102	13%	U
	5 IT & Telecommunications	0	0	(0)	F	0	0	0	U	1	36%	U
	8 Other Operating Expenses	12	8	5	U	17	15	2	U	91	15%	U
Infrastructure & Non Clinical Supplies Total		57	60	(4)	F	108	123	(16)	F	713	(13%)	F
Internal Allocations	1 Internal Transport Costs	14	13	0	U	28	27	1	U	162	4%	U
	2 Internal Charges	0	(1)	1	U	0	(2)	2	U	(12)	(100%)	F
Internal Allocations Total		14	12	1	U	28	25	3	U	150	13%	U
Total Expenses		1,294	1,334	(40)	F	2,593	2,614	(21)	F	15,657	(1%)	F
Operating (Surplus)/Deficit prior to Allocation of Overheads		(552)	(782)	230	U	(1,163)	(1,594)	431	U	(6,168)	27%	U
Overhead Allocation		834	843	(9)	F	1,569	1,592	(23)	F	9,374	(1%)	F
Operating (Surplus/Deficit)		282	61	221	U	406	(2)	408	U	3,206		

Personnel Costs FTE		Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
1 Medical Staff	2005 Specialist Medical Officer	8.9	10.7	(1.8)	F	8.9	10.7	(1.8)	F
	2015 MOGS	3.1	2.3	0.8	U	3.1	2.3	0.8	U
	2035 Registrars	4.0	4.0	0.0	U	3.9	4.0	(0.1)	F
1 Medical Staff Total		16.0	17.0	(1.0)	F	15.9	17.0	(1.1)	F
2 Nursing Staff	2205 Senior Nurses	7.1	8.0	(0.9)	F	6.9	8.0	(1.2)	F
	2210 Registered Nurses	50.5	51.5	(1.0)	F	50.7	51.5	(0.9)	F
	2215 Enrolled Nurses	2.4	1.7	0.7	U	2.3	1.7	0.6	U
	2225 Registered Midwives	20.4	16.2	4.2	U	20.4	16.2	4.2	U
	2235 Health Service Assistants	6.7	8.3	(1.6)	F	6.5	8.3	(1.8)	F
2 Nursing Staff Total		87.1	85.7	1.4	U	86.7	85.7	1.0	U
3 Allied Health Staff	2408 Dental Therapists	14.3	15.4	(1.1)	F	14.3	15.4	(1.1)	F
	2412 Occupational Therapists	1.3	1.8	(0.5)	F	1.3	1.8	(0.5)	F
	2414 Physiotherapists	1.8	2.0	(0.2)	F	1.8	2.0	(0.2)	F
	2418 Speech Therapists	1.2	1.2	0.0	U	1.2	1.2	0.0	U
	2420 Therapist Aids/Assistants	17.7	18.3	(0.6)	F	17.5	18.3	(0.9)	F
	2428 Other Therapists	1.4	0.7	0.7	U	1.5	0.7	0.8	U
	2454 Social Workers	0.6	0.6	0.0	U	0.6	0.6	0.0	U
	2512 Hearing / Vision Testers	1.2	1.2	0.0	U	1.2	1.2	0.0	U
	2520 Other Allied Health Staff	0.4	0.5	(0.1)	F	0.4	0.5	(0.1)	F
3 Allied Health Staff Total		39.9	41.7	(1.8)	F	39.7	41.7	(2.0)	F
5 Management and Administration Staff	2815 Managers	1.0	1.0	0.0	U	1.0	1.0	0.0	U
	2824 Professional (Business)	0.9	0.0	0.9	U	0.9	0.0	0.9	U
	2830 Admin Clerical (Clinical)	10.2	12.1	(1.9)	F	9.9	12.1	(2.2)	F
5 Management and Administration Staff Total		12.1	13.1	(1.0)	F	11.8	13.1	(1.3)	F
Direct FTE		155.1	157.5	(2.4)	F	154.1	157.5	(3.4)	F
Allocation of Overhead/Facilities FTE		66.7	68.7	(2.0)	F	64.5	66.3	(1.8)	F
Total FTE		221.8	226.2	(4.4)	F	218.6	223.8	(5.2)	F

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

Area	Comment	Strategies to Mitigate
Revenue	Lower than budgeted due to reduction in delivered volumes (activity)	

Area	Comment	Strategies to Mitigate
Personnel Costs		
Outsourced Services	<p>Higher than expected costs for locum junior medical staff in Gynaecology. This was required to ensure roster compliance and legality.</p> <p>Additional costs for the new Whanau Pakari Programme, implemented after budgets were set.</p>	<p>Careful monitoring of locum use</p> <p>Additional revenue has been received for the Whanau Pakari programme from the DHB Funder – timing issue around budgeting. Net effect neutral.</p>
Clinical Supplies	High costs in Neonatal ward YTD this is related to the high numbers (and related complexity) of babies in the unit	
Non Clinical Supplies and Infrastructure	Hotel and Facilities costs less than budget	None required
Internal Allocations	Internal transfer of costs between Public Health and Public Health Nurses for work has not yet occurred	None required, internal impact only

7. Medical Services

7.1 Service Overview

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

7.2 Scorecard – August 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Patient Falls*	# Patients				
Hospital Acquired Infections*	# Patients				
Pressure Areas*	# Patients				
Better Quality Care					
Shorter Stays in Emergency Department - < 6hours	% of presentations	94.5%	95%	▲	Reflective of increased demand and acuity (91.75% BED 99.86% HED).
Percentage of Acute Admissions from ED	% of presentations	15 %	30%		Data from previous month had errors. Correct reporting for Aug 21% of BED 2.5% HED.
Change in ED Presentation Volumes (Hawera and Base Emergency)	% Change from Previous Year	13%	0%	▲	Continued significant increase in demand across EDs (13.2% BED 14.1% HED). Biggest month recorded for both EDs.
FSAwaiting longer than 5 months	# Patients	0	0	-	
Faster Cancer Treatment *					
- 14 day indicator	%		100%		
- 31 day indicator	%		100%		
- 62 day indicator	%		100%		
Complaints actioned in appropriate timeframes	% of complaints	100%	100%		
Financial Performance					
Operating Surplus/Deficit Variance to budget	\$000	\$153K U	0	▲	Result closer to budget than previous months with reduced activity and revenue paired with reduced expenditure.
Volumes delivered to contract target	% variance	2%	0	▲	Very high volumes for Emergency Department. Casemix volumes below budget due to move to new wards.
Business Improvement Savings	\$000				Savings target phased to later in the financial year.
FTE Employed variance to budget	FTE	(3.2) F	0	▼	

Improved Health Status					
Better help for smokers to quit	% of patients offered advice	95.6%	95%	▼	Continue to achieve the 95% target across all units.
DNA Rate (all ethnicities)	% of total patients	4.3%	9%	▼	
Avoidable Admissions – adult*	# Patients				
Engaged Workforce					
Staff Turnover*	% of total staff		5%		
Unplanned Leave*					
Excess Annual Leave (> 2 years entitlement)*	# of employees		0		Management Plans in place.

* Data reported quarterly

7.3 Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP Initiatives						
20. Shorter Stays in Emergency Department	On Track		○		○	
21. Implement Faster Cancer Treatment Work Programme	On Track		○		○	
22. Shorter Wait Times for Cancer Treatment	On Track		○		○	
23. Acute Coronary Syndrome	On Track		○		○	
24. Cardiac Services – Cardiology Project	Behind Plan		○		○	
25. Cardiac Surgery	On Track		○		○	
26. Access to Services - DNAs	On Track			○	○	
27. Cardiovascular Disease, Tertiary Cardiac Interventions	Behind Plan		○		○	
28. Better Support for Smokers to Quit in Secondary Care	BAU				○	
29. Better Support for Pregnant Women to Quit	On Track				○	
Living Within our Means Initiatives						
30. Acute Length of Stay - medical	On Track		○	○		
31. Discharge Before 11 am - medical	BAU		○	○		
32. Leave Management	On Track			○		○
Other Initiatives						
33. Community Ambulatory	On Track		○	○		
34. Acute Pathway	On Track	○	○	○	○	
35. Regional Renal Services	On Track		○		○	
36. ACC Pain Service Review	Behind Plan		○	○		
Key achievements in the Month:						
<ul style="list-style-type: none"> DNA project – project scope and initial data collection completed. Meetings with key services undertaken and likely focus of intervention will be cardiology booking and a model of booking likely to be colposcopy. We have some excellent work being done in pockets around the hospital to minimise DNAs and need to extend this work to other areas. Acute length of stay continues to show improvements for the medical wards, August 2013 showed a further reduction in length of stay from 4.34 days to 4.1 days. For the days prior to the move to the new wards length of stay was 3.44, impact of the move on LOS will be monitored. Community Ambulatory project continues with a stocktake of adult community ambulatory services nursing completion. 						
Areas off Track and Remedial Actions						

- Cancer treatment – ensuring accurate baseline data collection remains a priority. Early data suggests lung cancer is an area of focus for TDHB. Looking at establishing lung cancer medical clinics weekly with improved physician staffing next year.
- Cardiology Project – regional work continues but focused TDHB internal plan to be developed. Working group meeting in September.
- Initial meeting for pain services held, model for service delivery to be developed in September for consideration.

7.4 Key Issues/Initiatives identified in coming months

- Volume of patients attending the ED is significant area of pressure. Temporary staffing plans have been put in place and are being reviewed weekly. Patient presentation growth is in the triage 4 and 5 categories. Slippage in 6 hour target is being noticed on days of presentations greater than 100 at TBH
- Recruitment to ED and Hawera SMO staff is now complete. New Hawera SMO roster is being trialled.
- Stratford and Patea District Nursing transition of palliative patients is under way and will be complete by 1 October. Service reconfiguration under way as result of change in district nursing volumes.

7.5 Financial Results

		Month Actual	Month Budget	Variance		YTD Actual	YTD Budget	Variance	Annual Budget	YTD Percentage Variance	
\$000											
Revenue	1 Internal Revenue	(4,327)	(4,598)	271		(8,772)	(9,114)	342	(49,373)	4%	U
	3 Other Income	(8)	0	(8) F		(12)	0	(12) F	0		F
Revenue Total		(4,335)	(4,598)	263 U		(8,784)	(9,114)	330 U	(49,373)	4%	U
Personnel Costs	1 Medical Staff	528	653	(125) F		1,251	1,213	38 U	7,571	3%	U
	2 Nursing Staff	856	868	(12) F		1,920	1,736	183 U	10,243	11%	U
	3 Allied Health Staff	53	48	6 U		110	94	16 U	565	17%	U
	5 Management and Administration Staff	67	50	17 U		125	99	26 U	581	26%	U
Personnel Costs Total		1,505	1,619	(114) F		3,405	3,142	262 U	18,959	8%	U
Outsourced Services	1 Outsourced Medical Staff	79	54	25 U		190	108	82 U	648	76%	U
	3 Referred Services	0	0	(0) F		0	1	(1) F	5	(100%)	F
	4 Outsourced Clinical Services	51	49	2 U		7	98	(92) F	591	(93%)	F
Outsourced Services Total		130	104	26 U		196	207	(11) F	1,244	(5%)	F
Clinical Supplies	1 Patient Consumables	267	270	(3) F		514	535	(20) F	3,067	(4%)	F
	2 Diagnostic Supplies	5	11	(5) F		14	19	(4) F	102	(22%)	F
	3 Clinical Equipment	15	16	(1) F		37	32	5 U	192	15%	U
	4 Patient Appliances	40	30	10 U		96	78	18 U	458	23%	U
	8 Other Clinical Supplies	0	0	(0) F		0	0	(0) F	1	(100%)	F
Clinical Supplies Total		327	327	0 U		662	663	(1) F	3,821	(0%)	F
Infrastructure & Non Clinical Supplies	1 Hotel	67	71	(4) F		135	149	(14) F	830	(9%)	F
	2 Facilities	0	3	(3) F		2	5	(3) F	33	(58%)	F
	3 Staff Transport & Accommodation	0	0	(0) F		1	0	1 U	2	180%	U
	5 IT & Telecommunications	0	0	(0) F		0	0	(0) F	2	(4%)	F
	8 Other Operating Expenses	9	8	1 U		20	17	3 U	100	19%	U
Infrastructure & Non Clinical Supplies Total		76	82	(6) F		158	171	(13) F	966	(8%)	F
Internal Allocations	1 Internal Transport Costs	14	14	(0) F		29	28	1 U	170	3%	U
Internal Allocations Total		14	14	(0) F		29	28	1 U	170	3%	U
Total Expenses		2,052	2,146	(94) F		4,450	4,213	237 U	25,159	6%	U
Operating (Surplus)/Deficit prior to Allocation of Overheads		(2,283)	(2,452)	169 U		(4,334)	(4,902)	568 U	(24,214)	12%	U
Overhead Allocation		1,533	1,549	(16) F		2,883	2,925	(41) F	17,226	(1%)	F
Operating (Surplus/Deficit)		(750)	(903)	153 U		(1,450)	(1,977)	526 U	(6,988)		

Personnel Costs FTE		Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance
1 Medical Staff	2005 Specialist Medical Officer	14.3	21.2	(6.9) F		14.6	21.2	(6.7) F
	2015 MOGS	8.1	3.7	4.4 U		7.7	3.7	4.0 U
	2035 Registrars	9.0	10.0	(1.0) F		9.0	10.0	(1.0) F
	2165 Medical Meals	0.0	0.0	0.0 U		0.0	0.0	0.0 U
1 Medical Staff Total		31.4	34.9	(3.5) F		31.2	34.9	(3.7) F
2 Nursing Staff	2204 Nurse Practitioners	0.0	1.2	(1.2) F		0.0	1.2	(1.2) F
	2205 Senior Nurses	15.1	11.7	3.4 U		14.0	10.7	3.3 U
	2210 Registered Nurses	106.9	104.8	2.1 U		90.4	92.0	(1.6) F
	2215 Enrolled Nurses	5.1	5.8	(0.7) F		3.7	4.3	(0.6) F
	2235 Health Service Assistants	16.2	18.6	(2.4) F		13.3	16.2	(3.0) F
2 Nursing Staff Total		143.3	142.1	1.2 U		121.3	124.4	(3.1) F
3 Allied Health Staff	2412 Occupational Therapists	0.0	0.0	0.0 U		0.0	0.0	0.0 U
	2440 Health Education Workers	4.8	4.3	0.5 U		4.9	4.3	0.6 U
	2508 Technicians	3.9	4.0	(0.1) F		3.8	4.0	(0.3) F
3 Allied Health Staff Total		8.7	8.3	0.4 U		8.6	8.3	0.3 U
5 Management and Administration Staff	2830 Admin Clerical (Clinical)	15.0	12.6	2.4 U		14.2	12.6	1.6 U
5 Management and Administration Staff Total		15.0	12.6	2.4 U		14.2	12.6	1.6 U
Direct FTE		198.4	197.9	0.5 U		175.3	180.2	(4.9) F
Allocation of Overhead/Facilities FTE		122.5	126.2	(3.7) F		113.6	116.9	(3.2) F
Total FTE		320.9	324.1	(3.2) F		288.9	297.0	(8.1) F

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

Area	Comment	Strategies to Mitigate
Revenue		
Personnel Costs		
Outsourced Services		
Clinical Supplies		
Non Clinical Supplies and Infrastructure		

Area	Comment	Strategies to Mitigate
Overall Result	Overall result is 12% unfavourable to budget, relating to lower than budgeted revenue from activity	Careful monitoring of activity and budgets in coming months

8. Mental Health and Addiction Services Group

8.1 Service Overview

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

8.2 Scorecard – August 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Seclusion	# of patients	3		▼	There were 3 patients in total compared to 5 the previous month
	# of seclusion episodes	8		▲	There were 8 seclusion episodes compared to 5 the previous month. This was a direct reflection of the acuity of patients
Restraint	# of Patients	2		▼	2 patients compared to 3 for the previous month.
	# of Restraints	2		▼	2 restraint episodes occurred compared to 5 for the previous month.
Better Quality Care					
7 day follow up post discharge					
					Service wide results ie TPW, Community (North, South, CAMHS, and MHSOP)
CAMHS	% of Patients	100%	90%		
North	% of Patients	100%	90%		
South	% of Patients	N/A%	90%		No clients discharged from the South
MHSOP	% of Patients	100%	90%		
AoD	% of Patients	67%	90%		
Inpatient Services Occupancy					
Te Puna Waora- 23 bed unit	% of patients	80.9%	85%		This is a combined percentage made up of 89.9% Adult, Elderly 88.7% and IPC 39.5% Average occupancy for yr 12/13 78.7%
Brixton House- 4 bed facility	% of patients	91.1%	100%		Average occupancy for yr 12/13 79.9%
Financial Performance					
Operating Surplus/Deficit Variance to budget	\$000	\$30K U		▼	Relates to reduced revenue from activity and high locum costs
Volumes delivered to contract target	% variance	0%	0		
Business Improvement Savings	\$000				Savings targeted for the second half of the financial year.

	Measure	Actual	Target	Change	Commentary
FTE Employed variance to budget	FTE	(5.4) F	0	▼	Vacancies in medical staff and allied health staff. Medical staff vacancies are reflected in the high locum costs as above.
Improved Health Status					
Relapse prevention planning	% of patients with plans	44%	60%		See remedial actions comments
Engaged Workforce					
Casual nursing utilisation / overtime*					Quarterly reporting
Accrued Annual Leave (> 2 years entitlement)*					Quarterly reporting
Specialling	FTE used	0.99 FTE	2 FTE		Resourcing for Specialling also managed via other means ie additional staffing and casual /pool resourcing
Vacancies	FTE	3.8 FTE	0		Service Wide-comprises RNs, SMOs, Psyche Ass

* Data reported quarterly

8.3 Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP Initiatives						
37. Deliver Increased Access for All Age Groups – Hospital Specialist Services			○	○	○	
38. Make Better Use of Resources/ Value for Money				○		
39. Improve Primary, Secondary Integration – Hospital Services			○		○	
Living Within our Means Initiatives						
40. Leave Management				○		○
Other Initiatives						
41. IPC Facility Redesign		○	○	○		
42. Staff Duress Alarms		○				○
43. Crisis Respite			○	○		
44. Co-existing Problems (CEP) Capabilities			○		○	
Key achievements in the Month:						
Crisis Respite Service Implementation- Youth & South Respite houses now accepting clients – this should impact positively on the inpatient service.						
Areas off Track and Remedial Actions						
North Crisis Respite Service planned for October- TDHB MH&A working closely with Pathways to ensure deadline is met.						

8.4 Key Issues/Initiatives identified in coming months

- Implementation of Care Capacity Demand Management/Variance Response- Embedding Trendcare in TPW steadily improving. 88% actualisations completed (target 90%)

8.5 Financial Results

\$000		Month Actual	Month Budget	Variance	YTD Actual	YTD Budget	Variance	Annual Budget	YTD Percentage Variance
Revenue	1 Internal Revenue	(1,717)	(1,819)	102 U	(3,397)	(3,696)	299 U	(21,321)	8% U
	2 Patient Revenue	(5)	(1)	(5) F	(11)	(1)	(10) F	(6)	(1036%) F
	3 Other Income	0	(3)	3 U	0	(6)	6 U	(36)	100% U
Revenue Total		(1,722)	(1,822)	100 U	(3,409)	(3,703)	294 U	(21,363)	8% U
Personnel Costs	1 Medical Staff	238	306	(68) F	525	569	(44) F	3,552	(8%) F
	2 Nursing Staff	561	609	(49) F	1,180	1,219	(38) F	7,190	(3%) F
	3 Allied Health Staff	221	220	1 U	432	433	(1) F	2,602	(0%) F
	5 Management and Administration Staff	25	26	(0) F	51	51	(0) F	299	(0%) F
Personnel Costs Total		1,045	1,161	(116) F	2,188	2,272	(83) F	13,643	(4%) F
Outsourced Services	1 Outsourced Medical Staff	56	7	48 U	129	14	115 U	84	815% U
	4 Outsourced Clinical Services	37	38	(1) F	46	77	(31) F	462	(41%) F
Outsourced Services Total		93	46	47 U	174	91	83 U	546	91% U
Clinical Supplies	1 Patient Consumables	1	1	(0) F	3	3	(0) F	15	(2%) F
	2 Diagnostic Supplies	0	0	0 U	0	0	0 U	2	14% U
	3 Clinical Equipment	0	0	0 U	0	0	(0) F	2	(2%) F
	4 Patient Appliances	0	0	(0) F	0	0	(0) F	0	(100%) F
	6 Pharmaceuticals	2	1	1 U	2	2	(0) F	10	(5%) F
	7 Patient Transport and Accommodation	0	0	(0) F	0	0	(0) F	1	(100%) F
	8 Other Clinical Supplies	0	0	(0) F	0	1	(1) F	6	(63%) F
Clinical Supplies Total		3	3	(0) F	5	6	(1) F	35	(13%) F
Infrastructure & Non Clinical Supplies	1 Hotel	14	17	(3) F	31	35	(4) F	195	(13%) F
	2 Facilities	0	0	0 U	2	0	2 U	0	0% U
	3 Staff Transport & Accommodation	1	0	0 U	2	1	1 U	6	90% U
	8 Other Operating Expenses	5	4	1 U	9	9	0 U	51	2% U
Infrastructure & Non Clinical Supplies Total		20	21	(1) F	43	44	(2) F	252	(4%) F
Internal Allocations	1 Internal Transport Costs	20	21	(0) F	43	41	2 U	247	4% U
Internal Allocations Total		20	21	(0) F	43	41	2 U	247	4% U
Total Expenses		1,182	1,252	(70) F	2,453	2,455	(1) F	14,723	(0%) F
Operating (Surplus)/Deficit prior to Allocation of Overheads		(540)	(570)	30 U	(955)	(1,249)	293 U	(6,640)	(23%) F
Overhead Allocation		673	680	(7) F	1,267	1,285	(18) F	7,567	(1%) F
Operating (Surplus/Deficit)		133	110	23 U	311	36	275 U	927	

Personnel Costs FTE		Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance
1 Medical Staff	2005 Specialist Medical Officer	10.8	12.7	(1.9) F	10.8	12.7	(1.9) F
	2015 MOSS	0.0	0.0	0.0 U	0.0	0.0	0.0 U
	2035 Registrars	0.5	1.0	(0.5) F	0.8	1.0	(0.3) F
1 Medical Staff Total		11.3	13.7	(2.4) F	11.6	13.7	(2.2) F
2 Nursing Staff	2205 Senior Nurses	9.6	14.4	(4.8) F	9.6	14.4	(4.8) F
	2210 Registered Nurses	65.7	65.2	0.5 U	66.6	65.2	1.4 U
	2215 Enrolled Nurses	3.1	1.7	1.4 U	3.1	1.7	1.4 U
	2235 Health Service Assistants	13.6	10.8	2.8 U	14.3	10.8	3.5 U
2 Nursing Staff Total		92.0	92.1	(0.1) F	93.6	92.1	1.5 U
3 Allied Health Staff	2412 Occupational Therapists	3.3	3.4	(0.1) F	3.3	3.4	(0.1) F
	2428 Other Therapists	0.0	0.0	0.0 U	0.0	0.0	0.0 U
	2434 Case Managers	2.7	0.0	2.7 U	2.5	0.0	2.5 U
	2436 Community Support Workers	8.3	11.1	(2.8) F	8.6	11.1	(2.6) F
	2438 Cultural Workers	0.9	1.0	(0.1) F	1.0	1.0	(0.1) F
	2448 Psychologists	7.9	9.8	(1.9) F	7.9	9.8	(1.9) F
	2454 Social Workers	6.8	10.0	(3.2) F	6.5	10.0	(3.5) F
	2456 Trainee Psychologists	1.0	0.0	1.0 U	1.0	0.0	1.0 U
	2458 Youth Workers	4.6	0.3	4.3 U	4.5	0.3	4.2 U
	2520 Other Allied Health Staff	0.0	1.0	(1.0) F	0.0	1.0	(1.0) F
3 Allied Health Staff Total		35.5	36.6	(1.1) F	35.2	36.6	(1.4) F
5 Management and Administration Staff	2822 Supervisors (Business)	0.0	1.0	(1.0) F	0.0	1.0	(1.0) F
	2824 Professional (Business)	0.8	0.0	0.8 U	0.8	0.0	0.8 U
	2830 Admin Clerical (Clinical)	5.2	5.2	(0.0) F	5.1	5.2	(0.1) F
5 Management and Administration Staff Total		6.0	6.2	(0.2) F	5.9	6.2	(0.3) F
Direct FTE		144.8	148.6	(3.8) F	146.2	148.6	(2.4) F
Allocation of Overhead/Facilities FTE		53.8	55.5	(1.6) F	52.1	53.5	(1.5) F
Total FTE		198.6	204.1	(5.4) F	198.3	202.1	(3.9) F

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

Area	Comment	Strategies to Mitigate
Revenue		
Personnel Costs		
Outsourced Services	High use of locum medical staff in July and August, there are some timing issues with invoices relating to previous months	Recruitment of SMO FTE to budget base and careful management of rosters to enable in house coverage of roster gaps
Clinical Supplies	Less than budget, however the actual dollars are very low for clinical supplies in this area	None required at this stage
Non Clinical Supplies and Infrastructure		

9. Health of Older People Services Group

9.1 Service Overview

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

9.2 Scorecard – August 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Patient Falls	# Patients	4	0	▼	Across the HOP service there were 4 falls, (2 patients fell twice) AI occurred in the General Rehabilitation Ward.
Better Quality Care					
Dedicated area for management of people with stroke*	% of patients are admitted to dedicated stroke area	77%	80%		Quarterly Reporting Regionally
Thrombolysis *	% of eligible stroke patients. Thrombolysed		6%		Quarterly Reporting Regionally
Enhanced Intermediate Care Service (E-ICATT)	% of clients that return to the community following discharge from service	62.5 %	75%		8 clients were admitted in August Of these 5 were discharged home, 1 readmitted to hospital and 1 deceased.
Financial Performance					
Operating Surplus/Deficit Variance to budget	\$000	\$29K F		▼	Reduced internal revenue relating to volume delivery matched with reduced expenditure on staffing and other areas
Volumes delivered to contract target	% variance	11% U	0	▼	Below contract mainly Domiciliary and AT&R Bed Days
Business Improvement Savings	\$000				Savings target phased to later in the financial year
FTE Employed variance to budget	FTE	(4.9) F	0	▼	
Improved Health Status					
Re admission rate for over 75+,	% of total patients		8.66 %*		Quarterly report (Source: Ownership Dimension 8 MOH) Report next due in October
Engaged Workforce					
Staff Turnover*	% of total staff		8%		
Unplanned Leave*	% of employees	0	2.5%		
Excess Annual Leave (> 2 years entitlement)*	% of employees		8%		

* Data reported quarterly

9.3. Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP Initiatives						
45. Stroke Services			○		○	
46. Community Specialist Health of Older People Team			○		○	
47. Wrap Around Services for Older People			○		○	
4. Fracture Liaison Service		○	○			
5. Dementia Pathway			○		○	
Living Within our Means Initiatives						
6. Leave Management				○		○
Other Initiatives						
7. Palliative Care – End of Life Home Based Support Services		○	○			
8. InterRAI Roll out		○	○		○	
9. Thrombolysis Pilot		○	○			
Key achievements in the Month:						
<ul style="list-style-type: none"> August saw the successful shift from the old rehabilitation ward to the new. As expected with any new area there are some small issues / challenges to resolve however both patients and staff are thoroughly enjoying the new environment. 						
Areas off Track and Remedial Actions						
<ul style="list-style-type: none"> Nil 						

9.4 Key Issues/Initiatives identified in coming months

- Consideration need to be given to developing the enhanced ICATT service further- ie increase in beds and community rehabilitation.
- Implementation of the vacancy status and occupancy report for Aged Residential Care Facilities. Planning is underway for this to be implemented at TDHB in October. Eldernet are the owners of this tool/initiative which has been progressed and implemented within 13 DHBs to date. This web based online report gives real time updates on bed occupancy across the ARC sector and the type of bed available. This initiative is expected to provide huge efficiencies in time as currently staff telephone around looking for beds. Access will be provided to a range of clinicians ie Medical, Nursing, Allied Health.

9.5 Financial Results

\$000		Month Actual	Month Budget	Variance		YTD Actual	YTD Budget	Variance		Annual Budget	YTD Percentage Variance
Revenue	1 Internal Revenue	(615)	(714)	100	U	(1,191)	(1,450)	259	U	(7,061)	18% U
	2 Patient Revenue	(12)	(13)	1	U	(22)	(27)	4	U	(160)	16% U
Revenue Total		(627)	(728)	101	U	(1,214)	(1,477)	263	U	(7,221)	18% U
Personnel Costs	1 Medical Staff	56	84	(28)	F	133	156	(23)	F	975	(15%) F
	2 Nursing Staff	165	249	(84)	F	335	497	(163)	F	2,933	(33%) F
	3 Allied Health Staff	103	93	9	U	195	184	11	U	1,106	6% U
	5 Management and Administration Staff	9	16	(7)	F	19	32	(13)	F	187	(42%) F
Personnel Costs Total		332	442	(110)	F	682	869	(188)	F	5,202	(22%) F
Outsourced Services	2 Other Outsourced Staff	8	15	(7)	F	16	30	(14)	F	181	(48%) F
	4 Outsourced Clinical Services	22	22	0	U	46	44	2	U	265	5% U
Outsourced Services Total		30	37	(7)	F	62	74	(12)	F	446	(17%) F
Clinical Supplies	1 Patient Consumables	4	5	(1)	F	12	11	1	U	61	8% U
	2 Diagnostic Supplies	0	0	(0)	F	0	1	(0)	F	4	(36%) F
	3 Clinical Equipment	1	0	0	U	1	1	0	U	5	86% U
	4 Patient Appliances	0	0	0	U	0	0	0	U	0	62% U
	7 Patient Transport and Accommodation	1	1	0	U	2	1	1	U	7	60% U
	8 Other Clinical Supplies	0	0	(0)	F	0	0	(0)	F	1	(100%) F
Clinical Supplies Total		6	7	(1)	F	15	13	2	U	78	14% U
Infrastructure & Non Clinical Supplies	1 Hotel	26	32	(6)	F	59	66	(8)	F	370	(11%) F
	3 Staff Transport & Accommodation	0	0	0	U	0	0	0	U	0	617% U
	8 Other Operating Expenses	(0)	3	(4)	F	1	7	(5)	F	39	(78%) F
Infrastructure & Non Clinical Supplies Total		26	35	(9)	F	61	73	(12)	F	410	(17%) F
Internal Allocations	1 Internal Transport Costs	6	6	0	U	13	13	0	U	75	4% U
Internal Allocations Total		6	6	0	U	13	13	0	U	75	4% U
Total Expenses		400	528	(127)	F	832	1,043	(210)	F	6,211	(20%) F
Operating (Surplus)/Deficit prior to Allocation of Overheads		(226)	(200)	(26)	F	(382)	(434)	52	U	(1,010)	12% U
Overhead Allocation		288	291	(3)	F	541	549	(8)	F	3,234	(1%) F
Operating (Surplus/Deficit)		62	91	(29)	F	160	115	45	U	2,224	

Personnel Costs FTE		Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance
1 Medical Staff	2005 Specialist Medical Officer	3.0	3.0	0.0	U	3.0	3.0	0.0
	2015 MOSS	0.7	0.7	0.0	U	0.7	0.7	0.0
1 Medical Staff Total		3.7	3.7	0.0	U	3.7	3.7	0.0
2 Nursing Staff	2205 Senior Nurses	2.7	4.4	(1.7)	F	3.0	4.4	(1.4)
	2210 Registered Nurses	18.6	20.8	(2.2)	F	19.4	20.8	(1.5)
	2215 Enrolled Nurses	5.0	4.7	0.3	U	5.3	4.7	0.6
	2235 Health Service Assistants	5.7	3.2	2.5	U	7.6	3.2	4.4
2 Nursing Staff Total		32.0	33.1	(1.1)	F	35.3	33.1	2.2
3 Allied Health Staff	2412 Occupational Therapists	1.6	1.4	0.2	U	1.6	1.4	0.2
	2414 Physiotherapists	0.0	0.4	(0.4)	F	0.0	0.4	(0.4)
	2434 Case Managers	6.9	7.0	(0.1)	F	6.9	7.0	(0.1)
	2436 Community Support Workers	3.0	3.8	(0.8)	F	3.0	3.8	(0.8)
	2446 Home Aides	0.0	0.0	0.0	U	0.0	0.0	0.0
	2448 Psychologists	1.5	1.9	(0.4)	F	1.5	1.9	(0.4)
	2454 Social Workers	2.0	2.2	(0.2)	F	2.0	2.2	(0.2)
	2520 Other Allied Health Staff	0.9	0.3	0.6	U	0.9	0.3	0.6
3 Allied Health Staff Total		15.9	17.0	(1.1)	F	15.9	17.0	(1.1)
5 Management and Administration Staff	2830 Admin Clerical (Clinical)	2.6	4.6	(2.0)	F	2.6	4.6	(2.0)
5 Management and Administration Staff Total		2.6	4.6	(2.0)	F	2.6	4.6	(2.0)
Direct FTE		54.2	58.4	(4.2)	F	57.5	58.4	(0.9)
Allocation of Overhead/Facilities FTE		23.0	23.7	(0.7)	F	22.2	22.9	(0.6)
Total FTE		77.2	82.1	(4.9)	F	79.7	81.3	(1.6)

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

Area	Comment	Strategies to Mitigate
Revenue	Revenue is below budget relating to inpatient volumes	Careful monitoring of volumes delivered is one of the underpinning strategies of the 2013-2014 savings plan.
Personnel Costs	Personnel Costs are favourable to budgets, with a high variance in nursing staff, relating to FTE 1.1 FTE below budget.	
Outsourced Services	Outsourced staff are below budget in Home Support Unit, this relates to the Fee for Service	

Area	Comment	Strategies to Mitigate
	costs of providing service in these areas	
Clinical Supplies	Over budget in previous months relating to set up for moving to the new ward. Current month costs have reduced to below budget	None required
Non Clinical Supplies and Infrastructure	Patient Meal costs are reduced for the Home Support Unit, based on demand Other operating expenses are reduced across the majority of units – relates to expenses for stationery, books etc.	None required

10. Surgical Services Group

10.1 Service Overview

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

10.2 Scorecard – August 2013

	Measure	Actual	Target	Change	Commentary
Increased Patient Safety					
Patient Falls*	# Patients				
Hospital Acquired Infections*	# Patients				
Pressure Areas*	# Patients				
Better Quality Care					
ESP2 Elective waitlist FSA < 5 months	# Patients	0	0		Ongoing management to meet ministry wait list requirements
ESP5 Elective waitlist Surgery < 5 months	# Patients	0	0		
Complaints actioned in appropriate timeframes	% of complaints	90%	100%		
Financial Performance					
Operating Surplus/Deficit Variance to budget	\$000	\$75K U		▲	Reduced revenue from volumes, paired with significantly reduced expenditure, however the net result was unfavourable
Volumes delivered to contract target	% variance	10 % U	0	▼	Over delivery in outpatients, with inpatient volumes less than budget due to shifting to new facility early in the month
Business Improvement Savings	\$000				Savings target phased to later in the financial year
FTE Employed variance to budget	FTE	1.7 F	0	▼	Higher than budgeted use of nursing staff, however other areas close to or less than budget
Improved Health Status					
Day of Surgery Admission Rate	Percentage of Cases	97%	95%	▲	Exceeded target
Procedures Performed as Day Case	Percentage of appropriate cases				Targets to be confirmed
Theatre Cancellation Rate (same day)	Percentage of Cases	5.6%	5%	▼	Requires monitoring
Engaged Workforce					
Staff Turnover*	% of total staff		8%		
Unplanned Leave*			2.5%		Experienced high sick leave in some areas this month
Excess Annual Leave (> 2 years)	% of employees		8%		

	Measure	Actual	Target	Change	Commentary
entitlement)*					

* Data reported quarterly

10.3 Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP Initiatives						
48. Achieving Elective Targets	On target		○	○	○	
49. Improvements in Access and Wait Times for Elective Surgery. Use of Standard Intervention Ratios to Improve Service	In progress		○	○	○	
50. Improve Waiting times for Diagnostic Services – Colonoscopy	In progress		○		○	
Living Within our Means Initiatives						
51. Increase ACC Revenue	In progress			○		
52. Production Plans in Place	In progress					
53. Acute Length of Stay – Surgical Services	In progress		○	○		
54. Leave Management	In progress			○		○
Other Initiatives						
55. Single Point of Entry	On target		○			
56. Booking Office Project	In Progress		○			
57. Endoscopy Project	Behind target	○	○		○	
58. Hospital at a Glance	In progress		○	○		○
59. Care Capacity and Demand Management/Variance Response Management	In progress		○	○		○
60. Midland Regional Planning	In progress		○		○	
Key achievements in the Month:						
<ul style="list-style-type: none"> Weekly meeting for the management of endoscopy volumes commenced, additional lists booked and achieved. The number of treated patients are now exceeding the inflows. Acute LOS for surgery project has identified further areas for improvement, engagement has commenced with key clinicians to consult and implement. Capacity at a glance (Caag) screen almost completed and ready for wider roll out Operational meeting daily supporting close monitoring of staff and activity 						
Areas off Track and Remedial Actions						
<ul style="list-style-type: none"> ACC surgery at base – continue to work with theatre staff and surgeons to ensure we are able to provide regular ACC lists – there will be some capital expenditure required to maximise this revenue stream. 						

10.4 Key Issues/Initiatives identified in coming months

- Ongoing monitoring of endoscopy wait times required. Additional delivery is now being achieved on an ad hoc basis however this needs to occur in a more sustainable way.
- Challenge to maintain contracted volumes for Outpatient visits for both First Specialist Assessment and Follow Up appointments
- Some additional equipment will be required for Orthopaedic theatre in order to increase ACC revenue, business case under development
- TDHB needs to manage elective inflows closely in order to meet the 4 month target by December

2014

- Focus on increasing day procedure rates across all specialties

10.5 Financial Results

\$000		Month Actual	Month Budget	Variance		YTD Actual	YTD Budget	Variance		Annual Budget	YTD Percentage Variance
Revenue	1 Internal Revenue	(3,651)	(4,077)	426	U	(7,349)	(7,707)	358	U	(44,800)	5%
	1a Government Revenue	(395)	(338)	(57)	F	(500)	(676)	176	U	(4,056)	35%
	2 Patient Revenue	(15)	(15)	(0)	F	(22)	(30)	8	U	(179)	36%
	3 Other Income	(3)	0	(3)	F	(4)	0	(4)	F	0	(100%)
Revenue Total		(4,064)	(4,430)	366	U	(7,874)	(8,413)	539	U	(48,035)	7%
Personnel Costs	1 Medical Staff	695	775	(80)	F	1,375	1,441	(66)	F	8,990	(5%)
	2 Nursing Staff	862	880	(18)	F	1,667	1,760	(92)	F	10,383	(5%)
	3 Allied Health Staff	51	63	(12)	F	95	124	(29)	F	744	(23%)
	4 Support Staff	32	30	3	U	62	61	1	U	366	1%
	5 Management and Administration Staff	49	38	11	U	93	75	18	U	438	24%
Personnel Costs Total		1,689	1,786	(96)	F	3,292	3,460	(168)	F	20,921	(5%)
Outsourced Services	4 Outsourced Clinical Services	450	516	(66)	F	987	1,031	(44)	F	6,189	(4%)
Outsourced Services Total		450	516	(66)	F	987	1,031	(44)	F	6,189	(4%)
Clinical Supplies	1 Patient Consumables	251	259	(8)	F	474	514	(40)	F	2,950	(8%)
	2 Diagnostic Supplies	10	18	(7)	F	27	31	(4)	F	169	(11%)
	3 Clinical Equipment	122	123	(0)	F	278	246	32	U	1,446	13%
	4 Patient Appliances	8	10	(2)	F	23	26	(3)	F	156	(12%)
	5 Implants and Prostheses	208	302	(94)	F	406	569	(163)	F	2,988	(29%)
	8 Other Clinical Supplies	0	0	(0)	F	0	0	(0)	F	3	(100%)
Clinical Supplies Total		601	712	(112)	F	1,208	1,387	(178)	F	7,711	(13%)
Infrastructure & Non Clinical Supplies	1 Hotel	85	80	5	U	177	167	9	U	934	6%
	3 Staff Transport & Accommodation	0	3	(3)	F	1	7	(6)	F	40	(85%)
	5 IT & Telecommunications	0	0	(0)	F	0	0	0	U	3	11%
	8 Other Operating Expenses	13	13	(0)	F	20	26	(5)	F	155	(21%)
Infrastructure & Non Clinical Supplies Total		98	96	1	U	199	200	(2)	F	1,131	(1%)
Internal Allocations	1 Internal Transport Costs	0	0	(0)	F	1	1	(0)	F	5	(17%)
Internal Allocations Total		0	0	(0)	F	1	1	(0)	F	5	(17%)
Total Expenses		2,838	3,110	(273)	F	5,687	6,079	(393)	F	35,958	(6%)
Operating (Surplus)/Deficit prior to Allocation of Overheads		(1,226)	(1,319)	93	U	(2,188)	(2,334)	146	U	(13,077)	(6%)
Overhead Allocation		1,719	1,737	(18)	F	3,233	3,280	(46)	F	19,317	(1%)
Operating (Surplus)/Deficit		493	418	75	U	1,046	946	99	U	6,240	

Personnel Costs FTE		Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance
1 Medical Staff	2005 Specialist Medical Officer	23.7	24.4	(0.7)	F	23.5	24.4	(0.9)
	2015 MOSS	0.0	0.1	(0.1)	F	0.0	0.1	(0.1)
	2036 Registrars	16.7	17.0	(0.3)	F	16.5	17.0	(0.6)
	2165 Medical Meals	0.0	0.0	0.0	U	0.0	0.0	0.0
1 Medical Staff Total		40.4	41.5	(1.1)	F	40.0	41.5	(1.6)
2 Nursing Staff	2205 Senior Nurses	8.8	9.2	(0.4)	F	9.0	9.2	(0.2)
	2210 Registered Nurses	106.4	103.0	3.4	U	104.6	103.0	1.6
	2215 Enrolled Nurses	2.6	2.5	0.1	U	2.7	2.5	0.2
	2235 Health Service Assistants	23.6	20.9	2.7	U	23.6	20.9	2.7
2 Nursing Staff Total		141.4	135.6	5.8	U	139.9	135.6	4.3
3 Allied Health Staff	2420 Therapist Aids/Assistants	1.9	2.2	(0.3)	F	2.0	2.2	(0.3)
	2448 Psychologists	0.0	0.0	0.0	U	0.0	0.0	0.0
	2508 Technicians	5.5	7.9	(2.4)	F	5.5	7.9	(2.5)
3 Allied Health Staff Total		7.4	10.1	(2.7)	F	7.4	10.1	(2.7)
4 Support Staff	2607 Cleaners	0.0	0.4	(0.4)	F	0.0	0.4	(0.4)
	2625 Laundry and Sterile Supply Super	1.0	0.6	0.4	U	1.0	0.6	0.4
	2627 Sterile Supply Assistants	6.5	6.4	0.1	U	6.5	6.4	0.0
4 Support Staff Total		7.5	7.4	0.1	U	7.5	7.4	0.0
5 Management and Administration Staff	2815 Managers	1.0	0.0	1.0	U	1.0	0.0	1.0
	2830 Admin Clerical (Clinical)	9.2	9.8	(0.6)	F	9.2	9.8	(0.6)
	2832 Admin Clerical (Business)	0.0	0.0	0.0	U	0.0	0.0	0.0
5 Management and Administration Staff Total		10.2	9.8	0.4	U	10.2	9.8	0.4
Direct FTE		206.9	204.4	2.5	U	204.9	204.4	0.4
Allocation of Overhead/Facilities FTE		137.4	141.6	(4.2)	F	128.0	131.6	(3.6)
Total FTE		344.3	346.0	(1.7)	F	332.8	336.0	(3.2)

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

Area	Comment	Strategies to Mitigate
Revenue		
Personnel Costs		
Outsourced Services		
Clinical Supplies	Reduction in costs in most areas with on-going significant savings against budget in Implants and Prostheses	None required
Non Clinical Supplies and Infrastructure		
Internal Allocations	Reduced use of pool cars by staff	None required

11. Reporting Notes

11.1 Reporting by Clinical Service

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

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

Overhead Allocation

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

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

11.2 Internal Revenue

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

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

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

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

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

11.3 Budget Phasing

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

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

Case Mix Revenue
 Elective - Based on 2013-2014 approved Production Plan
 Acute - Based on historical seasonal trends

Non Case Mix Revenue
 Outpatients - Based on 2012-2013 actual delivery trends
 Inpatients - Based on 2012-2013 actual delivery trends
 Mental Health Outpatients - Based on equal monthly values (FTE based contracts)
 Mental Health Inpatients - Based on 2012-2013 actual delivery trends

Other Provider Revenue Spread to twelfths

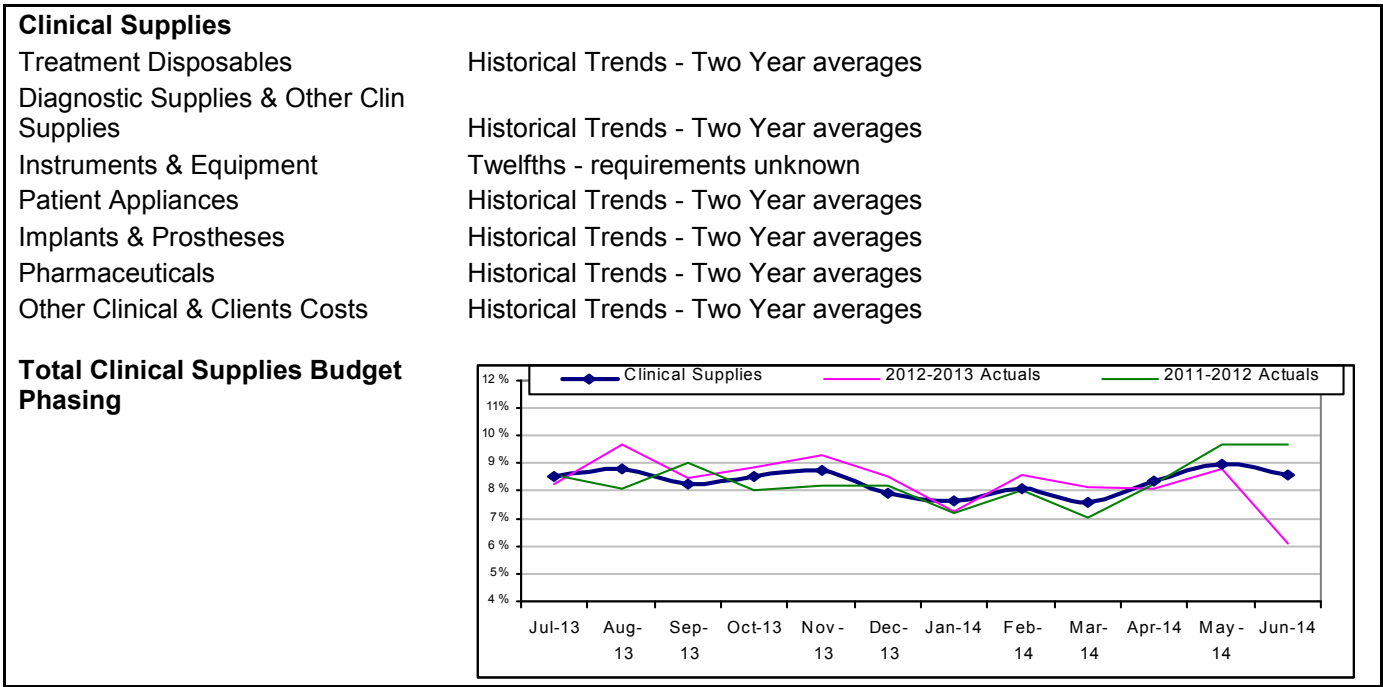
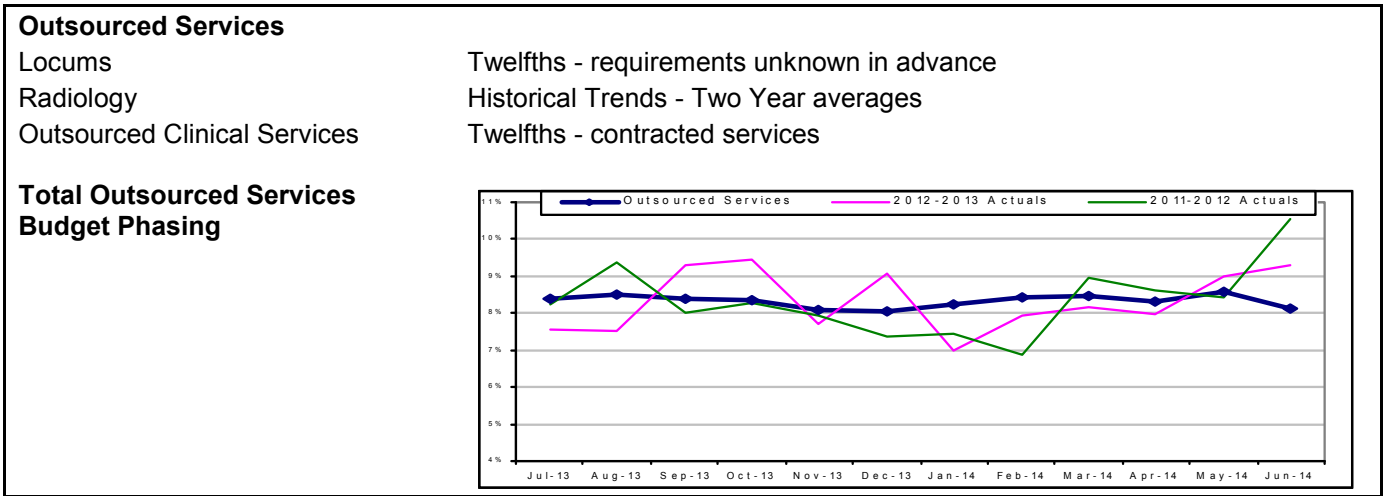
Internal Revenue Phasing

All Provider Revenue Phasing

Personnel Costs
 Nursing
 Medical
 Allied
 Support
 Management and Admin

Based on productive days, public holidays and closedown impacts
 Historical Trends - Two Year averages
 Historical Trends - Two Year averages
 Historical Trends - Two Year averages
 Historical Trends - Two Year averages

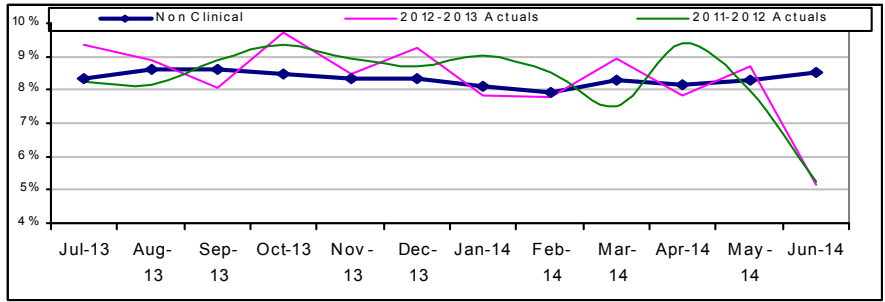
Total Personnel Costs Budget Phasing



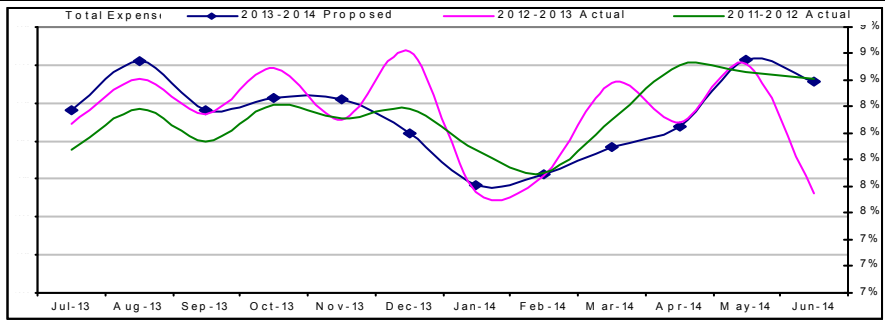
Non Clinical and Infrastructure

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

Total Non Clinical and Infrastructure Budget Phasing



Total Expense Phasing



11.4 Clinical/Overhead Departments

Clinical Service and Overhead Allocation		Revenue (Internal and MOH Direct)	\$160,838,712				
		Clinical Services	\$97,722,745				
		Overheads	\$76,614,652				
		2013-2014 Provider Arm Budget surplus/(deficit)	(\$13,498,685)				
Clinical Service Departments		Overhead Departments					
Reporting Group	Cost Centre	Annual Budget	Service Manager	Cost Centre	Annual Budget		
Allied Health	250 5300 Allied Health	684	Allied Health	250 5000 Laboratory (Blood Mgmt)	1,700,099		
	250 5302 Dietitians	385,212		250 5021 Labcare	5,673,586		
	250 5303 Audiology	207,859		250 5050 Radiology	7,375,316		
	250 5306 Occupational Therapy	1,061,345		250 5100 Pharmacy	5,904,368		
	250 5307 Physiotherapy	1,665,284	Allied Health Total		20,653,369		
	250 5308 Podiatry	133,204	Business Manager	250 6000 Ward Cleaning Supplies	100,106		
	250 5309 Speech Therapy	158,879		250 6001 Orderlies	1,080,296		
	250 5314 Orthotics	317,841		250 6002 Cleaning Services	977,592		
	250 5315 Social Work	449,628		250 6009 Clinical Records	824,902		
	250 5319 Personal Health Psychologists	93,122		250 6010 Clinical Transcription Service	394,853		
	250 8308 Newborn Hearing Screening	27,823		250 6016 Call Centre	565,340		
	Allied Health Total			4,500,881	250 8032 Management Information Unit	388,817	
	Maternal and Child Health	230 4000 Hearing and Vision Screening		62,781	250 8206 Regional Transport	4,449,069	
		230 4011 Public Health Nurses		1,119,406	Business Manager Total		8,780,975
		230 4016 Community Oral Health Project		2,508,834	CEO	250 8000 Executive Management	3,114,845
230 4252 Whanau Pakan		0	250 8001 Management	5,764,407			
250 2285 Ward 2B Childrens Ward		2,083,680	CEO Total		8,879,252		
250 2350 Maternity Ward Base		2,747,229	Corporate	250 8021 Site Services	1,204,084		
250 2366 Neonatal Ward		1,240,335		250 6400 General Facilities	6,996,804		
250 3012 Paediatric Medicine		2,877,595		250 6404 Engineers Workshop	593,444		
250 3027 Gynaecology		1,364,407		250 6412 Overnight Units	(8,686)		
250 3051 Clinical Community		140,038		250 6413 Hostel Base	(27,973)		
250 3520 Sexual Health Clinic		103,063		250 6414 Electrical Workshop	179,512		
250 4001 Child Development		330,034		250 6416 Bio-Medical Workshop	215,643		
250 5304 Child Therapy		366,064		250 6453 25 David Street	4,772		
250 8033 Maternity and Child Management		213,994		250 8201 Procurement	507,822		
251 2350 Maternity Ward Hawera		450,136		250 8205 Transport	(112,018)		
Maternal and Child Health Total		15,607,556		250 8207 Circulating Stores	392,280		
Medical Services	230 4212 New Plymouth District Nursing	1,178,916		250 8220 Finance	5,213,935		
	250 2288 Ward 4A Medical 1	4,033,407		250 8223 Payroll	328,314		
	250 2365 Emergency Department (ED)	4,077,272		250 8240 Information Ser	7,416,620		
	250 3000 General Medicine Base	4,973,197	Corporate Total		22,904,553		
	250 3001 Emergency Department Medical	2,197,106	GM Hospital	250 8024 Project Maunga	761		
	250 3003 Cardiology	8		250 8030 Clinical Management	1,130,958		
	250 3511 Cardiac Investigation Unit (CIU)	425,588	GM Hospital Total		1,131,719		
	250 3518 Renal Clinic	2,088,662	Hawera Hospital	251 6002 Hawera Cleaners and Orderlies	273,923		
	250 3521 Cardiology Clinic	418,196		251 6406 Grounds	32,173		
	250 3524 Cardiac Failure	69,376		251 6407 Works General	98,240		
	250 4010 Pain Educators	87,157		251 8002 Administration	408,980		
	250 5219 Cardiac Education	126,210		251 8106 Management	209,020		
	250 5312 Asthma Education	250,137		251 8215 Transport	79,224		
	250 5313 Diabetes Educators	288,484		Hawera Hospital Total		1,101,560	
	250 5600 Ambulance	0	Human Resources	250 6008 Library	296,808		
251 2365 Hawera Acute Services	2,760,288	250 8040 Workforce Developmen		179,698			
251 2367 Hawera District Nursing	393,191	250 8260 Human Resources		780,756			
251 3000 Hawera Medical Staff	1,646,630	250 8262 Education & Dev		200,000			
251 3613 Hawera Outpatients	145,448	Human Resources Total		1,457,262			
Medical Services Total		25,159,273	Maori Health	250 5509 Maori Health Service	327,674		
Mental Health	225 2470 Te Puna Waiora	3,892,658		250 8041 Maori Health Se	79,945		
	225 2471 TWW	739,228	Maori Health Total		407,619		
	225 3047 Acute Mental Health (Psychiatry)	3,640,169	Medical Services	230 4214 Stratford Health Centre	440,882		
	225 4504 Maori Clinical Services	123,618		230 4215 Opuake Health Centre	25,919		
	225 4509 Intensive Community	1,153,595		230 4217 Patea Health Centre	21,321		
	225 4511 Mental Health Team	1,614,689		230 3500 Outpatients	1,891,036		
	225 4512 Child and Youth Ment	1,384,200		Medical Services Total		2,379,158	
	225 4515 Alcohol and Drug Uni	1,070,859	Mental Health	225 8023 Mental Health Management	580,687		
	225 4516 Home Based Support	374,230		Mental Health Total		580,687	
	225 4518 Alcohol and Drug Support	2,450	Nursing	250 5215 CTA Nurse Training	(420,650)		
	225 4611 South Mental Health	684,974		250 5216 Clinical Facilitator	12,741		
	Mental Health Total			14,680,670	250 8013 Director of Nursing	582,733	
	OPHRS	225 4500 Psychogeriatric Comm		738,944	250 8267 Nursing Professional Developme	(180,448)	
		230 4012 Home Support	1,106,648	Nursing Total		(5,624)	
		250 2284 Ward 2A OPHRS	1,926,070	Public Health	250 5316 Cervical Screening	486,251	
250 3040 Geriatric A & R		985,003	250 5700 Health Protection		857,675		
250 3515 Geriatric Day Stay		228,519	250 5701 Environment Health		80,411		
250 8035 NASC		239,371	250 5702 Health Promotion		458,433		
250 8052 Enhanced Intermediate Care		321,358	250 8034 Managerial Publ	333,696			
250 8053 Care Managers	504,849	Public Health Total		2,216,466			
OPHRS Total		6,050,762	Risk Management	250 8280 Risk Management	561,253		
Surgical Services	230 4015 Essential Dental Treatment	49,529		250 8284 Emergency and Pandem	82,959		
	250 2286 Ward 3A Surgical	2,584,015	Risk Management Total		644,212		
	250 2287 Ward 3B Orthopaedic	2,406,203	Surgical Services	250 3050 Clinical RMOs	2,881,225		
	250 2364 Intensive Care Unit (ICU)	3,292,565		250 5202 Internal Bureau Nursing	102,700		
	250 3019 General Surgery	2,560,613		250 5213 Nursing Resources	1,128,374		
	250 3020 Anaesthesiology	5,479,366		250 5508 Case Management	369,953		
	250 3024 Dental Surgeons	703,684		250 6020 Booking Office	507,132		
	250 3026 Otorhinolaryngology	813,089		250 6023 Referral Centre	206,909		
	250 3029 Ophthalmology	1,451,673		250 8006 Allocations Unit	287,151		
	250 3030 Orthopaedic Surgery	2,201,373		Surgical Services Total		5,483,444	
	250 3034 Urology	570,000				76,614,652	
	250 3150 ACC Contracts	(2,875,924)					
	250 3300 Operating Theatre	5,301,727					
	250 3303 Ophthalmology Theatre	18,819					
	250 3304 ENT Theatre	74,328					
	250 3305 Urology Theatre	90,060					
	250 3306 Gynaecology Theatre	160,758					
	250 3307 Orthopaedic Theatre	2,862,957					
	250 3308 General Surgery Theatre	1,034,432					
	250 3309 Anaesthetics	547,749					
	250 3508 Dental Clinic	175,370					
	250 3543 PACU2	1,373,058					
	250 5208 Additional Elective Services	0					
	250 5214 Pain Nurses	137,559					
	250 5507 Decontamination Sterilisations (663,798					
	250 8481 Elective Services Project	46,802					
	Surgical Services Total		31,723,603				
			97,722,745				

