

**Distribution:**

**Committee Members:**

A Ballantyne  
K Eagles (Committee Deputy Chair)  
F Gilkison  
R Handley  
T A Hohaia  
P Lockett  
K Nielsen (Committee Chair)  
U Ritai  
A Rumball  
A Tamati  
S Webb

**Management:**

Chief Executive  
General Manager Finance / Commercial  
Chief Operating Officer & Chief Nursing  
Advisor Hospital Services  
General Manager Planning & Funding &  
Population Health  
Chief Advisor Maori Health  
Chief Medical Advisor  
Quality Risk Manager  
Management Accountant  
PA to Board

**Advisors:**

C Gates-Thompson, Media Advisor  
P Franklin, Legal Advisor  
P Mayes, Relationship Manager, MoH

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**AGENDA**

**HOSPITAL ADVISORY  
COMMITTEE**

**ORDINARY MEETING**

**OPEN**

**Thursday 27 August 2015  
1pm**

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

**Public:**

Tui Ora Limited  
Midlands Health Network  
Relationship Manager, MoH  
HealthCare Providers  
Te Whare Punanga Korero (7)  
Dr Keith Blayney  
J Nager  
Agnes Lehrke, Grey Power

Public Libraries –

- New Plymouth
- Hawera
- Stratford
- Opunake
- Patea
- Manaia
- Kaponga
- Waverley
- Oakura
- Waitara
- Bell Block
- Inglewood
- Eltham

Media –

- Daily News
- Newstalk ZB
- Hawera Star
- Midweek
- Opunake & Coastal News
- Stratford Press
- TV One News

Health Centres –

- Stratford
- Patea
- Opunake
- Mokau

Base Hospital Library  
Hawera Hospital Library  
Corporate Reception



## HOSPITAL ADVISORY COMMITTEE MEETING AGENDA

**Thursday 27 August 2015**  
**1 pm**  
**Corporate Meeting Room 1, Base Hospital**  
**David Street**  
**New Plymouth**

		Action
1.	<b>Apologies</b> Apologies from Karen Eagles as received at earlier meeting.	For noting
2.	<b>Interest Register &amp; Conflicts of Interest</b> <ul style="list-style-type: none"> <li>• Members to verbally advise all changes to the interest register, and amend the register circulated; and</li> <li>• Members need to advise the Chair of any conflict with any matter that is part of the agenda papers.</li> </ul>	Members to advise Chair
3.	<b>Public Comment</b>	Verbal
4.	<b>Chair's Report</b>	Verbal
5.	<b>Attendance Schedule</b>	Verbal
6.	<b>Minutes</b> 6.1 <b>Minutes of meeting held 30 July 2015</b> <u>Resolution</u> <i>That the Hospital Advisory Committee receives and notes the minutes of the meeting held 30 July 2015 as a true and accurate record.</i>  6.2 <b>Matters Arising</b>	Resolution
7.	<b>Management Report</b> <b>Hospital &amp; Specialist Services Monthly Report.</b>  <u>Resolution</u> <i>That the Hospital Advisory Committee receives and notes the report of the Chief Operating Officer and associated quarterly reports.</i>	Resolution
8.	<b>Date of Next Meeting</b> 24 September 2015 – New Plymouth	For noting

Attendance Records 2015 - 2016  
 TDHB Hospital Advisory Committee Meetings

Date	30/07/2015	27/08/2015	24/09/2015	29/10/2015	26/11/2015	17/12/2015	00/00/2016	00/00/2016	00/00/2016	00/00/2016	00/00/2016	TOTAL
<b>Board</b>												
Pauline Lockett	✓											
Sally Webb	A											
Alex Ballantyne	✓											
Karen Eagles - Deputy Chair	A											
Flora Gilkison	✓											
Richard Handley	✓											
Te Aroha Hohaia	✓											
Kevin Nielsen - Chair	✓											
TeUrumairangi Ritai	✓											
Alison Rumball	✓											
Aroaro Tamati	✓											

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent

✓



## **MINUTES OPEN (unconfirmed)** **HOSPITAL ADVISORY COMMITTEE**

**30 July 2015**

**1.30pm**

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

**Present:**

Kevin Nielsen (Chair), Alex Ballantyne, Flora Gilkison, Richard Handley, Te Aroha Hohaia, Pauline Lockett, Te Urumairangi Ritai, Alison Rumball, Aroaro Tamati

**In Attendance:**

Rosemary Clements (Acting Chief Executive), George Thomas (General Manager Finance & Corporate Services), Ngawai Henare (Chief Advisor Maori Health), Greg Simmons (Chief Medical Advisor), Gillian Campbell (Acting Chief Operating Officer), Becky Jenkins (General Manager Planning & Funding), Simon Barrett (Group Financial Manager), Katherine Fraser-Chapple (Financial Accountant), Cressida Gates-Thompson (Communications Advisor), Matua Ramon Tito (Kaumatua), Jenny McLennan (PA to CEO)

Lee McManus – Clinical Services Manager, Surgical

**957.0 Opening of Meeting**

Mr Nielsen welcomed those in attendance and declared the meeting open.

**958.0 Apologies**

The apologies formally received at the previous meeting from Sally Webb (Deputy Chair) and Karen Eagles (HAC Deputy Chair) and an apology from Tony Foulkes (Chief Executive) and Anne Kemp (Quality & Risk Manager) were noted.

Mr Handley advised that he would be leaving the meeting early.

**959.0 Conflict of Interest**

Members were asked to verbally advise all changes to the interest register and amend the register circulated; and members to advise the Chair of any conflict with any matter that is part of the agenda papers.

**960.0 Chairs report**

Mr Nielsen advised that he was looking forward to 2015/16 and advised that the new scorecard looked promising.

**961.0 Attendance Schedule**

The attendance schedule was received and noted.

Aroaro Tamati joined the meeting.

## **962.0 Minutes of Previous Meeting**

### Resolution

*That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 25 June 2015 as a true and correct record.*

*Handley/Hohaia  
Carried*

962.1 Matters Arising

962.2 Neurological Services

Mrs Campbell advised that Specialist Neurological Services were to be provided from Auckland, physiology testing provided from Waikato, with the option of bringing a service to New Plymouth under consideration.

## **963.0 Presentation – Elective Update**

Mr Nielsen welcomed Mrs McManus - Clinical Services Manager, Surgical to the meeting to provide an Elective Services Update as follows:

Ms Ritai joined the meeting during the presentation.

- Elective Services
  - Hospital services for people who do not need immediate treatment
  - Encompasses both Outpatient and Surgical services
  - Outpatient – FSAs and Procedures
  - Surgical – all non acute – now includes arranged admission (FSA and treatment within 7 days)
- Out Obligations
  - To provide clarity regarding assessment and treatment options and whether these will be provided
  - To offer or decline assessment or treatment within the timeframes directed by the MOH
  - To deliver assessment or treatment within the timeframes directed by the MOH (4 months)
  - To ensure that patients are prioritised and treated with fairness in comparison to others with the same level of need
- Contract
  - TDHB has a contract with the MOH for Elective Delivery
  - Population view – includes locally delivered and IDF volumes
  - Measured by Caseweight and Discharges – need to balance
  - Planning and Funding then contract the provider for the locally delivered volumes
  - Challenges
    - IDF data historical and slow to adjust to changing referra; patterns
    - Ongoing monitoring to ensure population targets are met
    - Planning & Funding and the Provider Arm meet monthly to monitor progress
    - Relies on coding both locally and at a tertiary level to be up to date
    - Continually re-evaluating the needs of the community

- Unexpected changes in department capacity
- Volumes and Discharges – 2015/16 expectations
  - Total planned Health Target Discharges – 5,424
- Access Pathway
  - Referrals are received and prioritised on the basis of the information provided by the referrer – GP, visiting Specialist or cross referral from another Speciality
  - Referrals can be managed several ways
    - Accepted and patient given a commitment to be seen within the MOH timeframes
    - Accepted and responded to via a virtual consultation – includes a full review and response with a plan of care to the referrer, however the patient does not need to come for a clinic appointment – works very well in specific specialities – particularly medicine.
    - Declined – unfortunately not all referrals can be accepted due to limited resources. Where able, referrers are given advice for ongoing care of the patients if publically funded care is not available
  - For the 2014/15 year TDHB received just over 20,000 referrals and delivered 46,000 outpatients visits
- Referral for Treatment
  - Following the Outpatient assessment the specialist determines the best option of care for the patient, this may include that they may benefit from surgery
  - If this is the case then the patient will be prioritised to assess the level of need
  - National prioritisation tools are in place
  - ENT and Gynaecology have implemented electronic tools that send data directly to the MOH
  - Patient and referrer will be advised in writing if they have been accepted or declined for publically funded treatment
  - As for assessment, not all referrals for treatment can be accepted
- Two case study processes were presented
- Managed Capacity and Demand
  - Production planning with clinical teams
  - Close liaison with Planning & Funding to consider population view
  - Monthly progress against Health Targets and Price Volumes schedule
  - Forecasting future demands/capacity issues
  - Utilisation of SIRs – standard intervention rates
  - Challenge of balancing of Acute/Elective work
- Alternative Options
  - DHBs are not able to offer all patients the opportunity for assessment and/or treatment
  - Public hospitals have a set amount of funding to deliver elective treatments and demand is often greater than the hospital is able to meet
  - Public hospitals have to treat the patients with the highest clinical need first



- There are a range of alternative options including
  - Return to primary care
  - The Taranaki Community Trust has some funding for patients who meet their criteria – a pamphlet is given to those patients who are not accepted for publically funded surgical treatment
  - Private specialist appointment and/or surgery

#### Discussion

- It was noted that the average case weight measure is 1.8 – this is driven by the complexity of the individual case.
- Mr Nielsen asked whether there were instances when the threshold moves and patients do then not meet according to their individual needs.  
Ms McManus advised that threshold may alter in response to capacity issues but that this was minimal.
- Ms Lockett asked whether patients ever remained in hospital after they had been admitted and their surgery then cancelled.  
Ms McManus advised that this is dependent on the acuity of patient concerned.
- It was noted that there were mandatory entries required for electronic referrals and that the supported the referral guidelines and Map of Medicine.  
Further development of the referral templates would only strengthen the referral pathway.

Dr Simmons joined the meeting.

Mr Handley left the meeting and his apology for the remainder of the day was noted.

#### **964.0 Management Reports**

Mrs Campbell introduced her report advising that feedback on the revised consolidated report would be appreciated, and highlighted the following points of interest:

- Health Targets continue to be exceeded.

Mrs Jenkins joined the meeting.

- Increased activity was a reflection of winter ailments.
- Family Violence Screening has been fully rolled out at both Base and Hawera ED, with the numbers identified indicating the importance of the screening programme.

#### Discussion

- Mr Nielsen noted the inability to perform Modified Barium Swallows locally and the associated delay in the treatment of acute patients. It was noted that there were alternative tests available.
- Mrs Campbell reported that the next initiative the Mental Health Acute Service is committed to developing is a brief intervention model for people with mild to moderate Mental Health problems.  
The importance of ensuring that patients are back to their own GPs in a timely manner following discharge.  
Ms Lockett referred to the negative decline in the dairy industry and the impact this may have on the service and NGOs,  
Mrs Campbell advised that there had been some very unwell patients through the service and the complexity of their illnesses was proving a challenge to staff.

- Ms Lockett questioned what mitigating strategies were put in place before the winter season, especially for those patients prone to chronic respiratory conditions. This would enable reporting to occur against the strategies put in place and improve the following year.  
Mrs Campbell advised that work had been undertaken in this area and that presentation rates had decreased.

#### 964.1 Management Report Template

The revised report template was discussed and it was agreed that the important bottom line results as opposed to the contributing information was an important aspect of reports presented for discussion

Mrs Clements advised that the front part of the report provided an overview of hospital activities and that variance reports would provide appropriate information for consideration of the committee.

Mrs Jenkins advised that reporting against the Annual Plan was included in the report of the Chief Executive that was received by the Board.

#### 964.2 Human Resource and Organisation Development

Mr Thomas advised that the report for Quarter 4 provided a summary of movements and tracking of key targets.

#### 964.3 Quality & Risk for April, May and June 2015

Mrs Campbell spoke to the report on behalf of Mrs Kemp, advising that:

- Surveillance Certificate Audit occurred at the end of May. Currently ensuring appropriate follow up in a timely manner.

#### Discussion

- Mr Nielsen questioned whether we were managing complaints received in accordance with the DHB policy given only 55% of the complaints received were considered closed within the 20 working day timeframe.  
Mrs Campbell advised that there was pressure in dealing with the range of complaints received and that there were lessons to be learnt in regards to the processes in place.
- It was noted that the national average for the influenza vaccine was 61% and Taranaki was only sitting at 50.  
Ms Lockett advised that the Board needed to be seen as leaders in the vaccine drive and that it would be appropriate for initiatives to be considered and in place by March 2016 in advance of the vaccine season.

#### Resolution

*That the Hospital Advisory Committee receives note the report of the Chief Operating Officer and associated quarterly reports.*

*Gilkison/Rumball  
Carried*

#### **965.0 Next Meeting**

27 August 2015 in New Plymouth

The meeting concluded at 2pm

.....  
Chairman

.....  
Date

<b>TDHB Hospital Advisory Committee Task List as at 30 July 2015</b>						
<b>Action No</b>	<b>Date Raised</b>	<b>Action Description</b>	<b>Status</b>	<b>Assigned</b>	<b>Due Date</b>	<b>Updates</b>
40	30 June 2015	<b>Influenza Vaccine Programme 2016</b>	WIP	Q&R Manager	By March 2016	
39	<del>28 May 2015</del>	<del><b>Elective Surgery Process and Criteria</b></del> — possibly accompanied by patient story	To be prepared for future meeting	<del>Acting COO</del>		

**TO** Hospital Advisory Committee



**FROM** Gillian Campbell  
Acting Chief Operating Officer

**DATE** 20 August 2015

## MEMORANDUM

**SUBJECT** Hospital and Specialist Services Report for  
July 2015

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**Recommendation:**

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

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Please find attached the Hospital and Specialist Services monthly report for July 2015 providing an overview of Hospital activity. This gives details of progress against District Annual Plan initiatives, Health Targets, financial results and activity for the month.

Please note that the KPI scorecard as presented for feedback to the committee last month is now in production and we anticipate it will be available for the September meeting.



Gillian Campbell  
**ACTING CHIEF OPERATING OFFICER**

# Hospital and Specialist Services Monthly Report – July 2015

## Contents

### **Provider Overview – Gillian Campbell**

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

### **Appendices -**

- A Allied Health and Technical Services
- B Maternal and Child Health
- C Medical Services
- D Mental Health and Addictions
- E Health of Older People
- F Surgical Services
- G Reporting Notes

# 1. Scorecard – July 2015

	Measure	Actual	Target	Change from last month	Commentary
<b>Increased Patient Safety</b>					
Patient Falls*	# Patients	5		-	Transitioning to Midlands regional integrated quality solution  Change of data source now reports falls from patient records and coded information, so base numbers have been adjusted.
Hospital Acquired Infections*	# Patients				TBA
Pressure Area Injuries*	# Patients	7		-	New target
<b>Better Quality Care</b>					
ESPI 2 Elective waitlist FSA < 5 months	# Patients	0	0	No change	Ongoing Monitoring
ESPI 5 Elective waitlist Surgery < 5 months	# Patients	0	0	No change	Ongoing Monitoring
Shorter Stays in the Emergency Department - < 6 Hours	% of patients	94%	95%	Decline	Reduced from previous month, slightly below target
Complaints actioned in appropriate timeframes	% of complaints	100%	100%	No change	On target
<b>Financial Performance</b>					
Operating Surplus/Deficit Variance to budget (current month)	\$000	\$4K U	\$0	New target	Very small variance to budget
Volumes delivered to contract target (CWD volumes)	% variance	3% below contract	0%	New Target	Close to target for acute inpatients, with variance in Maternity
FTE Employed variance to budget	FTE	1.4 FTE F	0	New Target	New budget
<b>Improved Health Status</b>					
DNA Rate - All ethnicities and patient categories	% of total patients	9.4%	9%	Improvement	DNA rate has declined, with work continuing to reduce DNA rate for Maori in particular (22%)
Better Help for Smokers to Quit	% of patients offered advice & support	92.2%	95%	Decline	Slightly below target.
Avoidable Admissions *	# Patients				Reported quarterly – data reporting being developed
<b>Engaged Workforce</b>					
Staff Turnover	% of total staff	9.8%	8%	Decline	Slightly above target, focus on retention of staff in affected areas
Unplanned Leave	% of all FTE	4.9%	2.5%	Decline	Slight increase, however is consistent with winter sick leave patterns
Excess Annual Leave (> 2 years entitlement)	% of employees	11.1%	8%	No change	Plans are in place with staff, and are in line with service resourcing requirements

## Overview

Please find the report for July 2015 providing the Hospital Advisory Committee with an overview of hospital activity.

Overall health targets have continued to meet or exceed target. Production planning for 2015/16 has been undertaken to ensure electives targets continue to be achieved and close management and established processes will continue. The Emergency Department Shorter Stay target was achieved for Q4 of 2014-2015 and the new visibility of this target within the ED has provided the final push for achievement. The FCT target continues to provide challenges and is driving improved patient pathways across all tumour streams.

The Provider Arm's financial result for the first month of the new financial year is a deficit of \$1.11M, \$4K higher than budget. Expenses were less than budgeted with the variance coming from reduced revenue. This is expected to be a timing related issue.

### 1.2 Key Achievements

- ED Acute Demand: The acute demand project has been underway for 12 months, an evaluation of the year is being undertaken. An evaluation of the ED CNS roles is also being undertaken separately to determine how this role now fits within the ED service delivery model.
- Uro-oncology Coordination: Taranaki has been successful in securing funding for Round 2 of the Faster Cancer Treatment (FCT) initiative. Phase 2 of the uro-oncology pathway will focus on surveillance strategies for this patient group.
- Psychology and Social Work staff will join with the Cancer Nurse Coordinator to provide support for cancer patients. This is part of the FCT initiative.
- Maternity staffing meetings are reviewing ways to staff maternity; a proposal for a 6 month trial has been approved and we are currently implementing this.
- Stroke Pathway: Code Stroke has now been implemented. Key staff (stroke Clinician, Nurse) will be paged for anyone that meets the 3 ½ hour timeframe and criteria for thrombolytic therapy.
- Workwise Supported Employment: out of a total of 137 Mental Health Acute Service (MHAS) clients referred across the 2014/15 year, a total of 80 clients were supported into jobs and off benefits, and 11 into training. We are increasingly working towards more integration with this provider.
- Taranaki Co-Existing Problems (CEP): e-Learning package has been progressed. This is being reviewed within the Midland region.
- TDHB is participating in Cohort 1 for the Health Quality Safety Commission (HQSC) Improving Communication and Teamwork in Theatre project. This is being led by a Senior SMO and work is already underway. A theatre team will be attending the first workshop at the end of August.
- The project for increasing Day Procedure rates for General Surgery is progressing well. Over the last 2 months, there has been an 18% increase in the number of patients who have specific procedures as a day case patient. There has been excellent clinical engagement and improvements in all aspects of the Day Case approach.

### 1.3 Areas off Track and Remedial Actions

- Work continues to establish a more appropriate pathway for patients requiring modified Barium Swallows locally.
- Over Delivery of Opiate Substitute Treatment (OST) Programme: the plan has been reviewed with the Addictions Doctor. It will take some time to see the longer term impact in this programme.
- Fracture Liaison: issues identified with data entry issues around admin support and lag time for entry completion. This is being reviewed with the relevant staff.



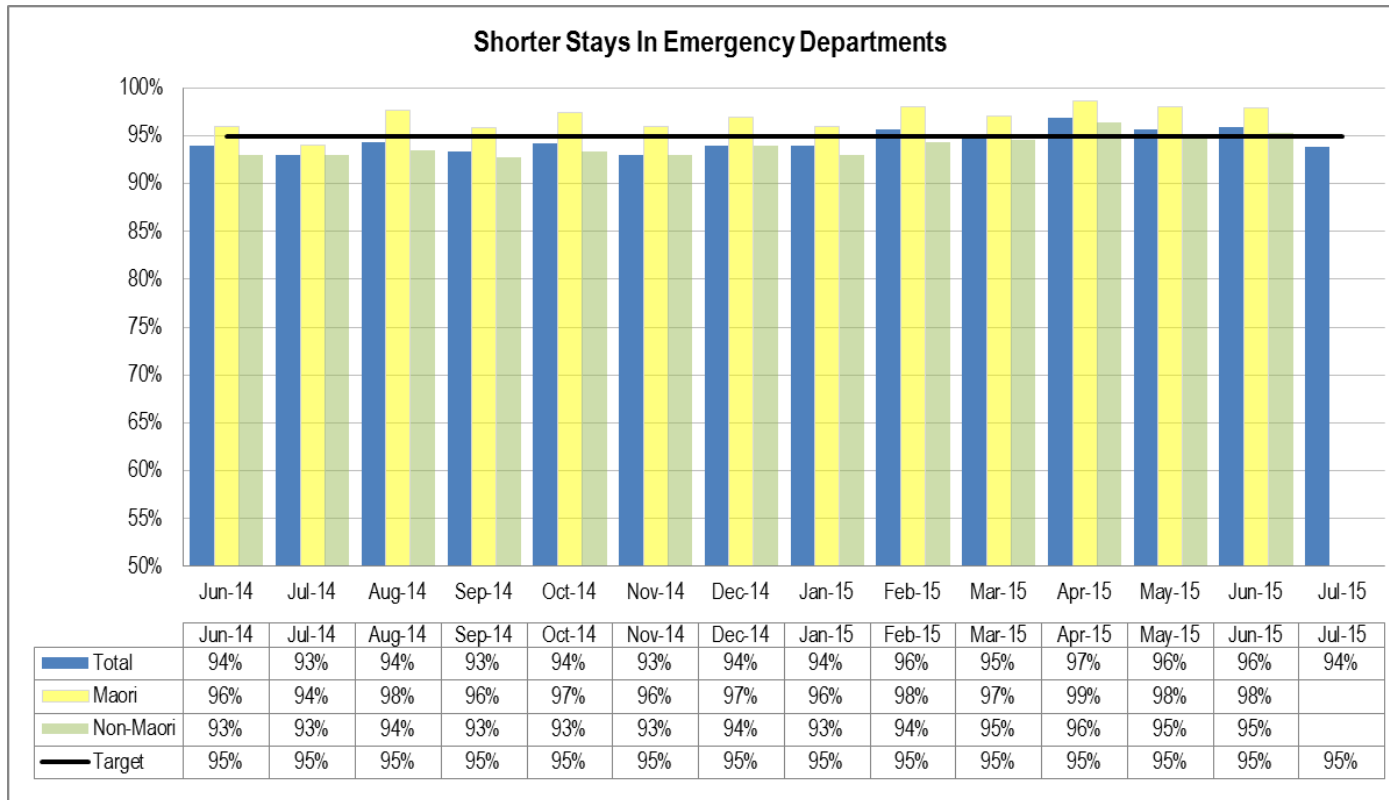
- Hawera Maternity has received a resignation from a midwife, with a total FTE of just 4.2 this will have an impact. Working with staff around innovative ways to support the Hawera Maternity Service to ensure it continues in a safe manner within staff collective agreements.
- The uncoupling of pharmacy electronic systems has increased the workload in pharmacy. This workload, with difficulty in recruiting pharmacists, has provided some challenges for maintaining levels of service delivery.
- Recruitment to Occupational Health and Physiotherapy positions continues. Continued changes to staffing in both these areas is challenging and requiring ongoing work.
- The replacement biochemistry analyser will be available next month but the reverse osmosis water unit that is required has been delayed. The haematology analysers are all starting to cause concern and will have to be considered for replacement very soon.
- Length of stay in the medical ward continues to be evaluated and strategies to reduce the length of stay developed and progressed. The length of stay for medical patients' year to date is 4.45 days. 11am discharges are at 31% for July. A focussed piece of work will commence to continue to develop strategies to improve length of stay and early discharge.

#### **1.4 Key Issues/Initiatives identified in coming months**

- MOH has indicated the roll out of a National Bowel screening project. Clinical Lead for Endoscopy and a Clinical Service Manager will be attending a meeting in Wellington to identify strategic focus for this project.
- Delirium Proposal: A draft proposal was presented to the Clinical Board for consideration. This has been endorsed in principle, now needs full project scope to be finalised. This will improve management of patients with delirium in the acute setting.
- Relapse Action Plan (RAP) project. The aim of this project is to improve the recovery outcomes of people and their family / whanau who access health services for mental health and addiction issues. This is currently being scoped by the Mental Health Acute Services family and consumer advisor.

## 2. Health Targets

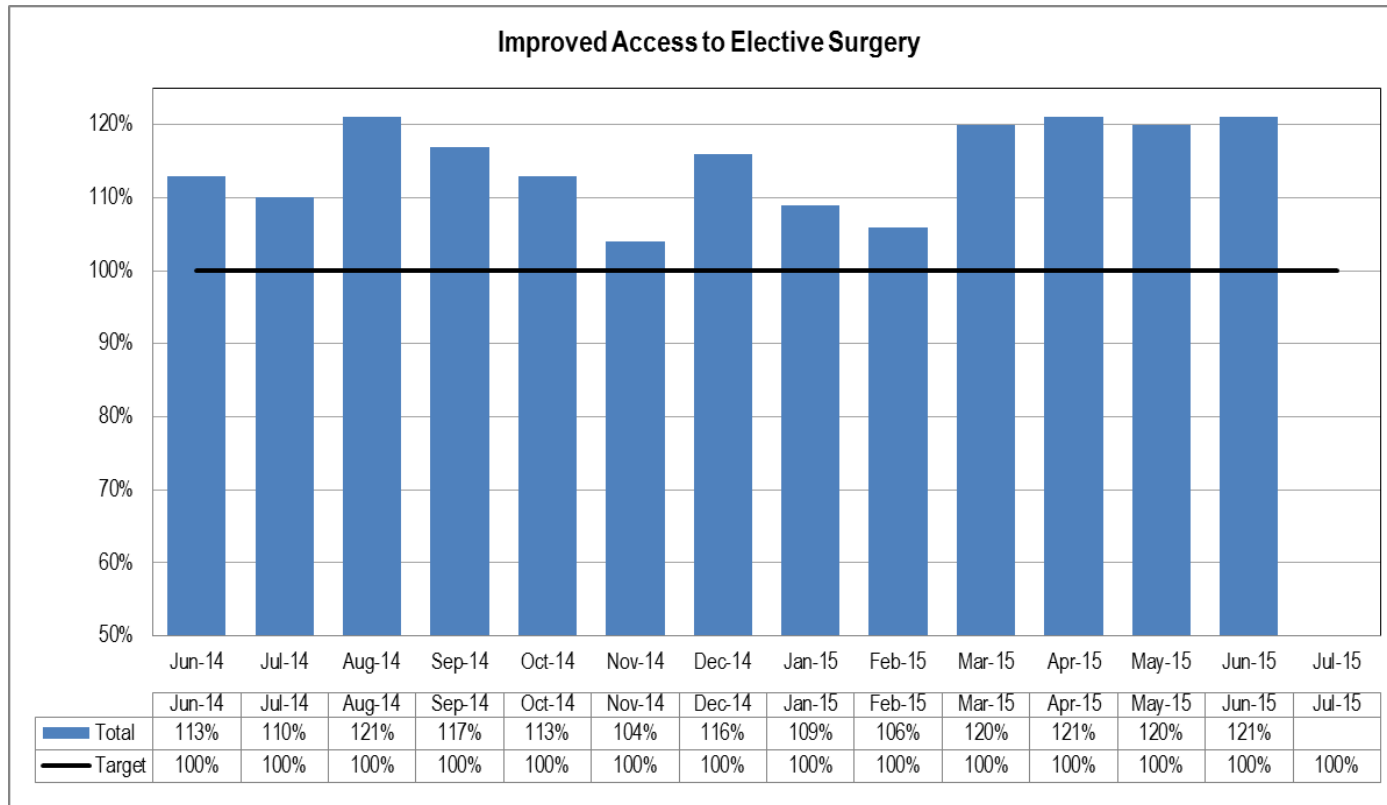
### 2.1 Shorter stays in emergency departments



\*Complete July data not yet available from National Data Source

Issues/Mitigations	Comments
<ul style="list-style-type: none"> <li>No current issues</li> </ul>	Slightly below target – working on achieving targets

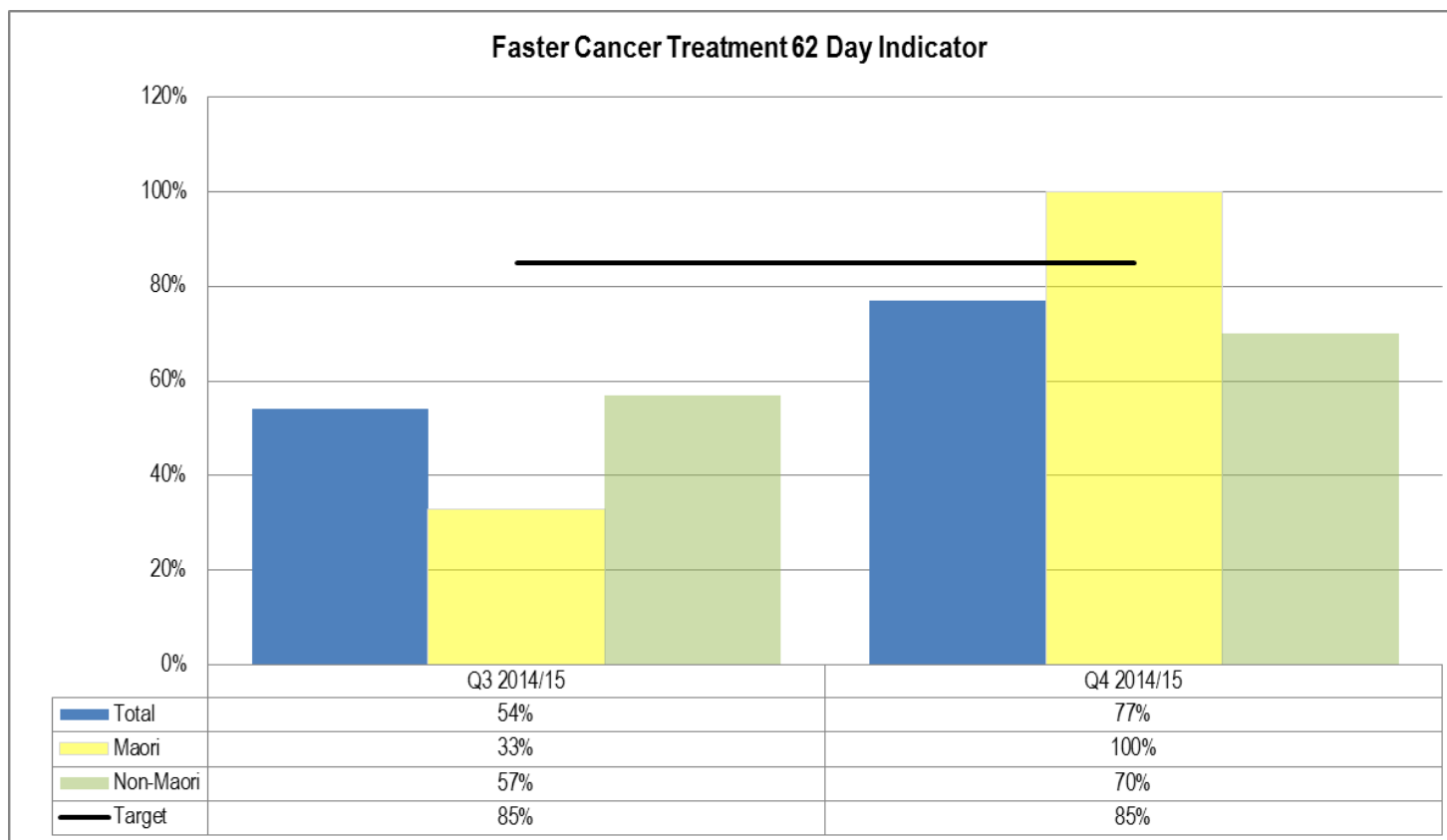
2.2 Increased access to elective surgery



\*July data not yet available from National Data Source

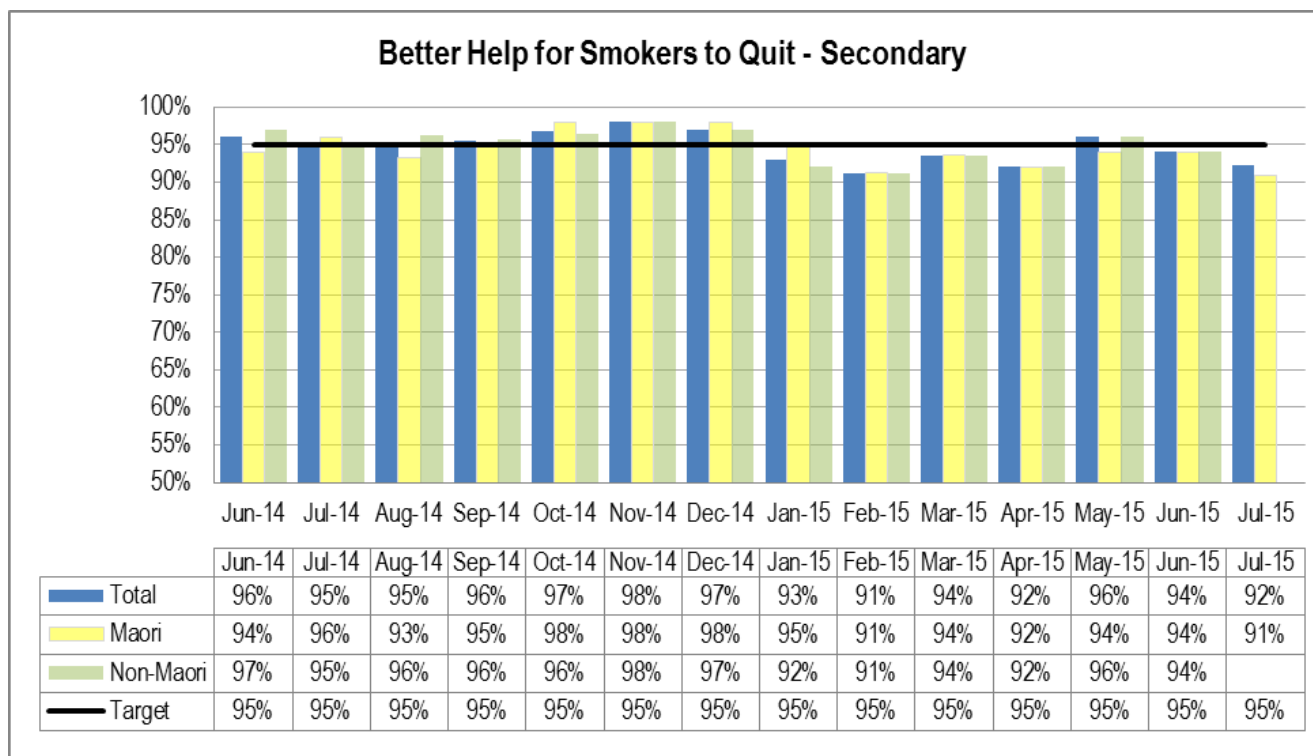
Issues/Mitigation	Comments
<ul style="list-style-type: none"> <li>No current issues</li> </ul>	Target consistently exceeded

2.3 Shorter waits for cancer treatment (Patients to receive their first cancer treatment within 62 days of being referred)



Issues/ Mitigation	Comments
<ul style="list-style-type: none"> <li>No current issues</li> </ul>	New Target from Q2. Project Teams are working on pathway development and progressing towards targets.

2.4 Better help for smokers to quit – hospitals



\*Complete July data not yet available from National Data Source

Issues/ Mitigation	Comments
<ul style="list-style-type: none"> <li>No current issues</li> </ul>	Slightly below target

### 3. Financial Performance

#### 3.1 Statement of Financial Performance TDHB Provider Arm

\$000	Month Actual	Month Budget	Month Variance	F/ U	YTD Actual	YTD Budget	YTD Variance	F/ U	YTD % Variance	Annual Budget
<b>Revenue</b>	<b>(15,206)</b>	<b>(15,457)</b>	<b>251</b>	<b>U</b>	<b>(15,206)</b>	<b>(15,457)</b>	<b>251</b>	<b>U</b>	<b>(2%)</b>	<b>(182,133)</b>
Personnel Costs	9,555	9,519	36	U	9,555	9,519	36	U	0%	114,363
Outsourced Services	1,395	1,739	(343)	U	1,395	1,739	(343)	U	(20%)	17,864
Clinical Supplies	2,095	1,972	123	U	2,095	1,972	123	U	6%	23,393
Infrastructure and Non Clinical Supplies	1,264	1,319	(56)	F	1,264	1,319	(56)	F	(4%)	13,871
Internal Allocations	(0)	(1)	0	F	(0)	(1)	0	F	(44%)	(7)
Financial Expenses	2,013	2,020	(8)	U	2,013	2,020	(8)	U	(0%)	24,752
<b>Total Expenses</b>	<b>16,321</b>	<b>16,568</b>	<b>(248)</b>	<b>U</b>	<b>16,321</b>	<b>16,568</b>	<b>(248)</b>	<b>U</b>	<b>(1%)</b>	<b>194,237</b>
<b>(Surplus)/Deficit</b>	<b>1,115</b>	<b>1,111</b>	<b>4</b>	<b>U</b>	<b>1,115</b>	<b>1,111</b>	<b>4</b>	<b>U</b>	<b>0%</b>	<b>12,104</b>

#### 3.2 TDHB Provider Arm Performance Summary by Clinical Service Group

\$000	Month Actual	Month Budget	Month Variance	F/ U	YTD Actual	YTD Budget	YTD Variance	F/ U	YTD % Variance	Annual Budget
Allied Health	660	701	(41)	F	660	701	(41)	F	(6%)	7,918
Maternal and Child Health	503	477	26	U	503	477	26	U	5%	5,473
Medical Services	(750)	(566)	(184)	F	(750)	(566)	(184)	F	33%	(6,780)
Mental Health and Addiction Services	130	21	109	U	130	21	109	U	508%	109
Health of Older People	144	122	22	U	144	122	22	U	18%	1,392
Surgical Services	429	357	72	U	429	357	72	U	20%	3,993
<b>(Surplus)/Deficit</b>	<b>1,115</b>	<b>1,111</b>	<b>4</b>	<b>U</b>	<b>1,115</b>	<b>1,111</b>	<b>4</b>	<b>U</b>	<b>0%</b>	<b>12,104</b>

#### 3.3 Comment on Major Variances

The new financial year has begun well, with Hospital Provider services under budget by \$248K for the month of July 2015. Revenue is slightly less than budget – relating to delayed payments for referred services and ACC. Notably staff costs are within budget for all areas, with other supply lines within budget in total.

Staff costs are \$36K (0%) above budget. The new budget of \$114.36M and 1307.4 FTE includes changes to staffing that have taken place in the last financial year, and is on par with actual FTE for June 2015 of 1308.9.

High costs in clinical supplies relate to the referred services, with increased expenditure on Laboratory supplies and Pharmaceutical cancer treatments.

Infrastructure and non-clinical supplies are below budget overall, with some movement in professional fees/expenses offset by other savings.

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

\$000	Month Dollars	Month Budget Dollars	Month Variance Dollars	% Variance	Month FTE	Month Budget FTE	Month Variance FTE
<b>Medical Staff</b>							
Specialist Medical Officer	1,547	1,501	46	3.1% U	67.6	67.3	0.3 U
MOSS	323	308	15	4.9% U	13.5	18.4	(4.9) F
Registrar	392	348	44	12.6% U	30	33.1	(3.1) F
House Officers	317	290	27	9.3% U	35	35	0.0 F
<b>Medical Total</b>	<b>2,579</b>	<b>2,447</b>	<b>132</b>	<b>5.4% U</b>	<b>146.1</b>	<b>153.8</b>	<b>(7.7) F</b>
Nursing	3,694	3,812	(118)	(3.1%) F	574.6	560.2	14.4 U
Allied Health	1,379	1,300	78	6.0% U	234.6	244.5	(9.9) F
Support Staff	366	399	(34)	(8.4%) F	94.3	79.8	14.5 U
Admin and Management	1,503	1,390	114	8.2% U	256.4	269.1	(12.7) F
<b>TOTAL</b>	<b>9,521</b>	<b>9,347</b>	<b>173</b>	<b>1.9% U</b>	<b>1306</b>	<b>1307.4</b>	<b>(1.4) F</b>

## Personnel Costs

Year to date total personnel costs are higher than budget by \$36K (4% U), with salary costs unfavourable by \$173K (shown in table above) offset by savings in non-salary costs. Reduced costs for locum staff brings the total cost of medical labour including locums is \$2.62M, \$37K lower than budget.

Nursing staff costs have started the year lower than budget and managing staff costs across all groups remains a focus of all services. We remain at winter staffing levels with all acute units employed to budget levels and additional staffing has been required in some areas including Te Puna Waioira and Ward 2A OPHRS.

Variance for both FTE and costs are closer to budget for other staff groups, particularly Allied Health staff where there are a considerable number of staff vacancies.

## 4. Volume Performance

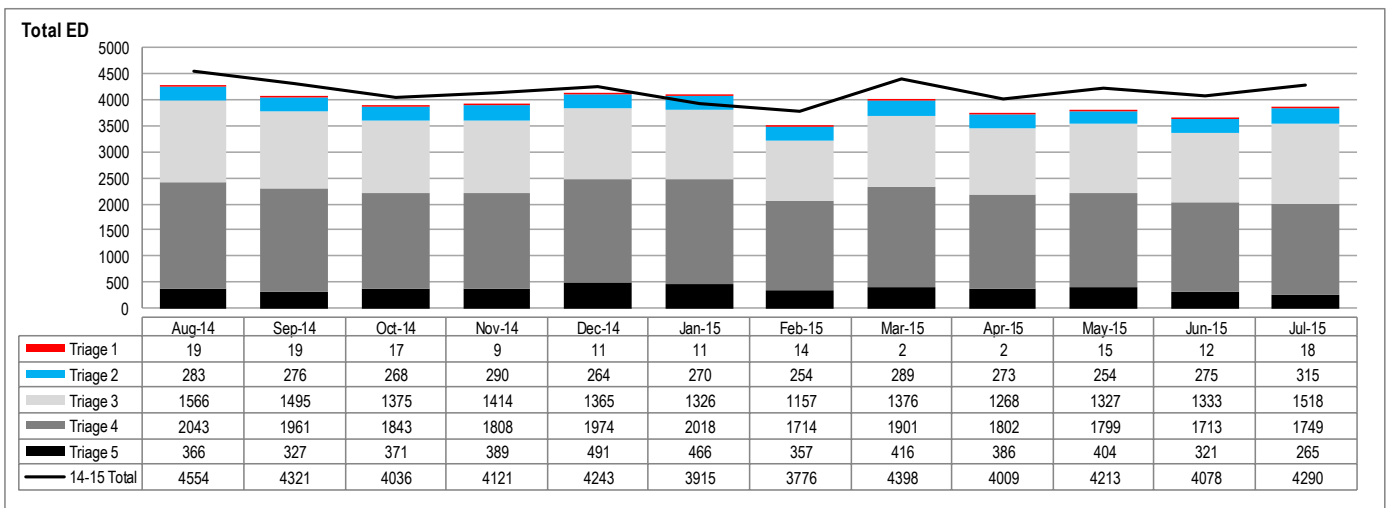
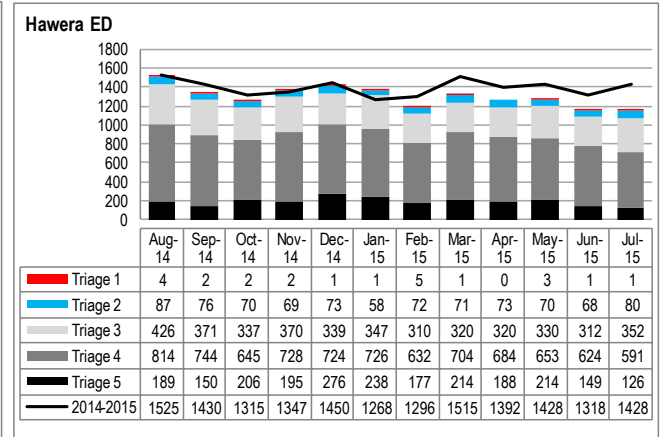
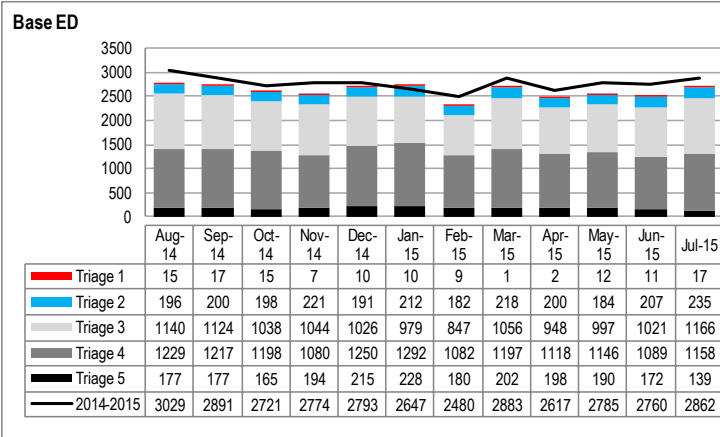
### 4.1 TDHB Provider Arm contracted volumes – for the year to 31 July 2015

	Patient Discharges	Caseweight	Contracted Caseweight	Caseweight Variance	% Variance	Average Caseweight per Discharge
<b>Medical Inpatients</b>	<b>1118</b>	<b>606</b>	<b>598</b>	<b>8</b>	<b>1%</b>	<b>0.5</b>
<b>Surgical Inpatients</b>						
<i>Acute</i>	378	383	351	32	9%	1.0
<i>Elective</i>	381	369	386	(17)	(4%)	1.0
<b>Total Surgical</b>	<b>759</b>	<b>752</b>	<b>737</b>	<b>15</b>	<b>2%</b>	<b>1.0</b>
<b>Maternity Inpatients</b>	<b>221</b>	<b>114</b>	<b>180</b>	<b>(66)</b>	<b>(37%)</b>	<b>0.5</b>
<b>Total Personal Health Inpatients</b>	<b>2098</b>	<b>1472</b>	<b>1515</b>	<b>(43)</b>	<b>(3%)</b>	<b>0.7</b>

Outpatient and Non CWD Services	Actual Volume	Contracted Volume	Variance	Percentage Variance
<b>Medical Specialties</b>				
FSA	534	479	55	11%
Subsequent	1024	1009	15	1%
<b>Total</b>	<b>1558</b>	<b>1488</b>	<b>70</b>	<b>5%</b>
<b>Surgical Specialties</b>				
FSA	651	526	125	24%
Subsequent	1497	1251	246	20%
<b>Total</b>	<b>2148</b>	<b>1777</b>	<b>371</b>	<b>21%</b>
<b>Mental Health Services</b>				
Acute Inpatient Bed Days	629	713	(84)	(12%)
Community FTE Funded	55.3	57.6	(2.3)	(4%)

## 4.2 Emergency Department Presentations

		Current Month	Number Admitted Current Month	Percentage Admitted	YTD Average	Monthly Average 2014-2015	Movement in Average	12 Month Trend
Base Emergency	Triage 1	17	13	76%	17	10	7	
	Triage 2	235	121	51%	235	202	33	
	Triage 3	1,166	407	35%	1,166	1,030	136	
	Triage 4	1,158	174	15%	1,158	1,185	(27)	
	Triage 5	139	8	6%	139	189	(50)	
	<b>Total</b>	<b>2,715</b>	<b>723</b>	<b>26.6%</b>	<b>2,715</b>	<b>2,616</b>	<b>99</b>	
Hawera Emergency	Triage 1	1	-	0.0%	1	2	(1)	
	Triage 2	80	10	12.5%	80	72	8	
	Triage 3	352	37	10.5%	352	351	1	
	Triage 4	591	10	1.7%	591	701	(110)	
	Triage 5	126	1	0.8%	126	199	(73)	
	<b>Total</b>	<b>1,150</b>	<b>58</b>	<b>5.0%</b>	<b>1,150</b>	<b>1,324</b>	<b>(174)</b>	
Total ED Volumes	Triage 1	18	13	72.2%	18	12	6	
	Triage 2	315	131	41.6%	315	274	41	
	Triage 3	1,518	444	29.2%	1,518	1,381	137	
	Triage 4	1,749	184	10.5%	1,749	1,886	(137)	
	Triage 5	265	9	3.4%	265	388	(123)	
	<b>Total</b>	<b>3,865</b>	<b>781</b>	<b>20.2%</b>	<b>3,865</b>	<b>3,941</b>	<b>(76)</b>	



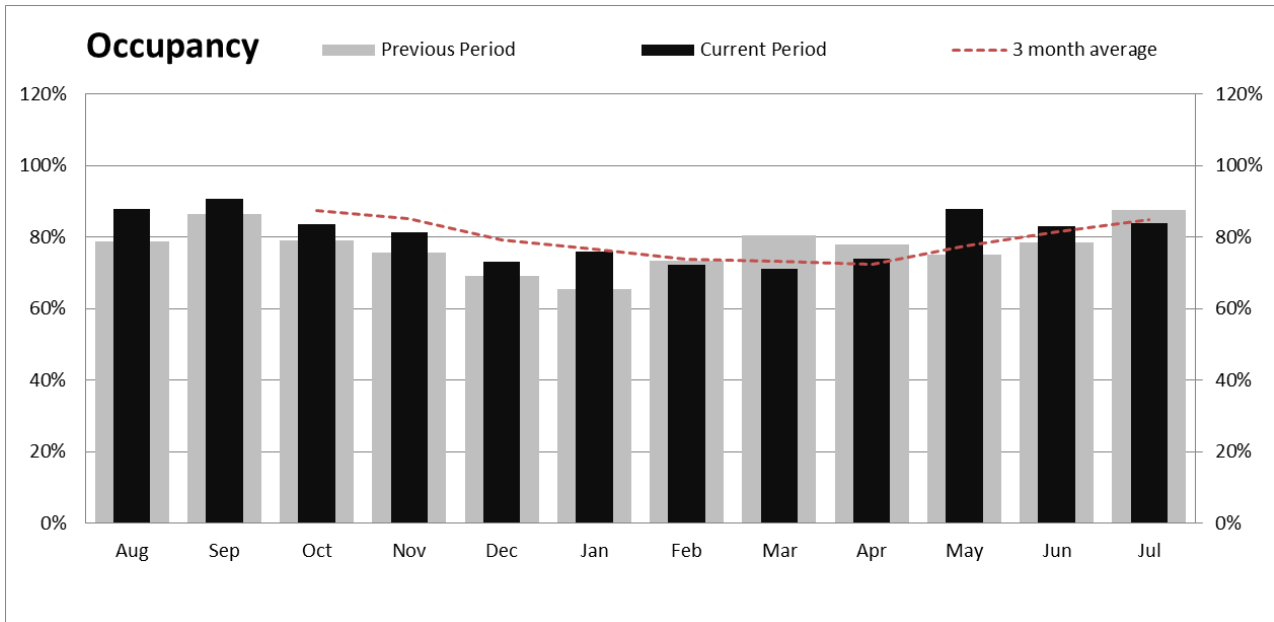
Emergency Department presentations continue to show the reduction in presentations from the same period 12 months ago. For the month of July 2015 presentations are 10% lower than July 2014. The



reduction at Hawera Emergency Department is 19%, with a 22% reduction in low acuity presentations. This result is a significant gain on previous years, and stems from the significant work undertaken as part of the Acute Demand Project.

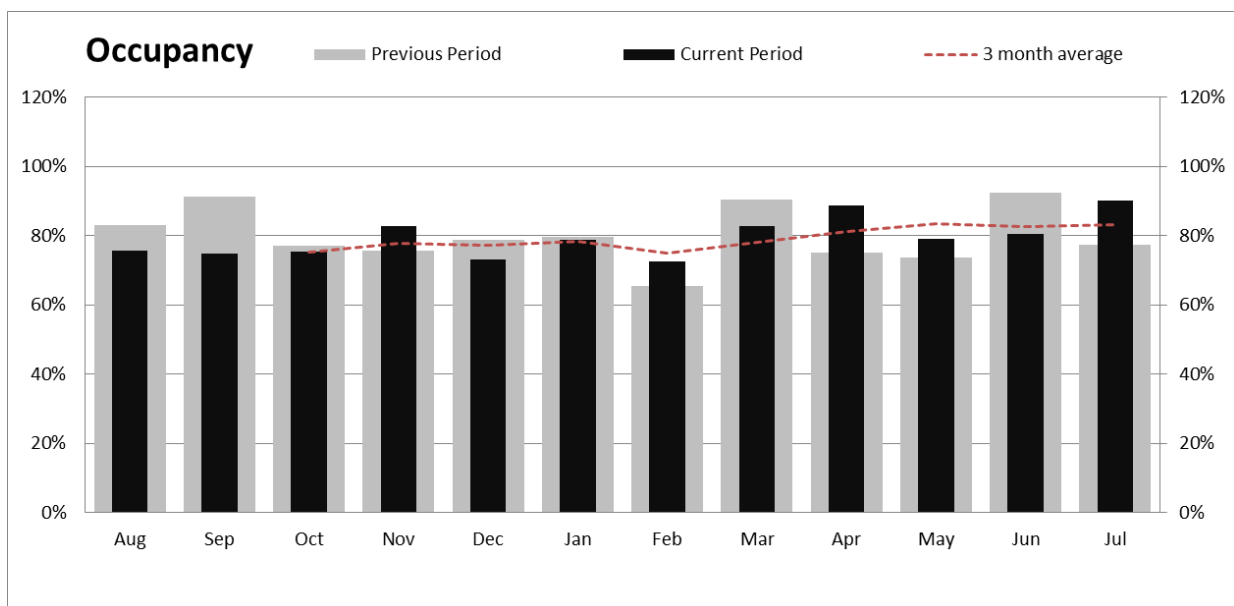
### 4.3 Occupancy

#### 4.3.1 All Services Occupancy



Occupancy remains steady as we near the end of winter and is lower than the same period in 2014. Careful watch will be kept on occupancy over the winter months, with staffing levels managed appropriately.

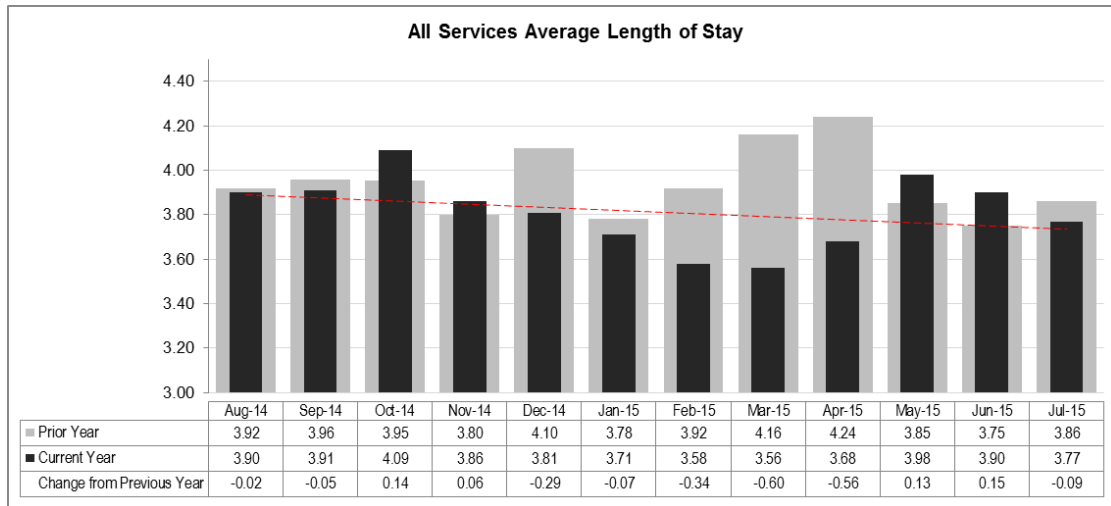
#### 4.3.2 Mental Health Occupancy



Mental Health acute inpatient occupancy is rising and 15% higher than the same period last year. Three month average occupancy is steady when compared with the same months last year. The nature of acute mental health inpatient services means that occupancy can vary, and is not necessarily a predictor of resources required to manage patients appropriately.

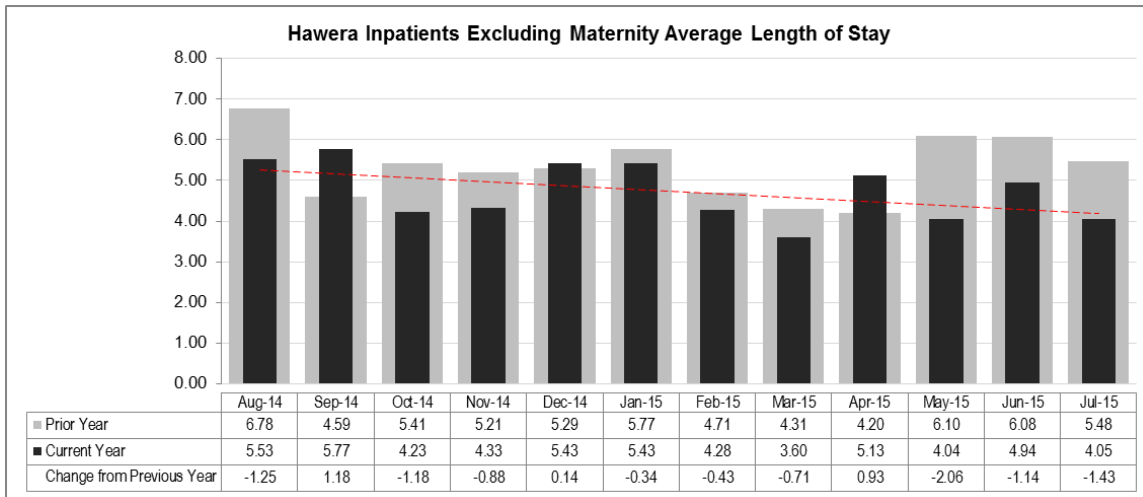
#### 4.4 Length of stay

##### Hospital Services including Mental Health and Addictions and Hawera Hospital



Length of stay has decreased, however occupancy remains at the level of resourced beds and any increase in length of stay would impact negatively.

##### Hawera Hospital – Excluding Maternity



Hawera length of stay is steady and has reduced significantly from the same period last year.

## Appendices -

- A Allied Health and Technical Services
- B Maternal and Child Health
- C Medical Services
- D Mental Health and Addictions
- E Health of Older People
- F Surgical Services
- G Reporting Notes

## **A. Allied Health, Scientific and Technical Services Group**

### **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.

### **2 Key Achievements in the Month**

- Generic Assistant trial on Ward 2A has had great results and their ability to work across the Allied profession responsibilities was shown during the month. When our Speech Language Therapy (SLT) staff were unwell and unable to cover the wards for 5 days, they were able to provide patients with some daily SLT input.
- New Professional Lead - Dietetics commenced work at the end of July.
- Psychology and Social Work staff will join with the Cancer Nurse Coordinator to provide support for cancer patients. This is part of the FCT initiative.

### **3 Areas off Track and Remedial Actions**

- Work continues to establish a more appropriate pathway for patients requiring modified Barium Swallows locally.
- The uncoupling of pharmacy electronic systems has increased the workload in pharmacy. This workload, with difficulty in recruiting pharmacists, has provided some challenges for maintaining levels of service delivery.
- Recruitment to Occupational Health and Physiotherapy positions continues. Continued changes to staffing in both these areas is challenging and requiring ongoing work.
- The replacement biochemistry analyser will be available next month but the reverse osmosis water unit that is required has been delayed. The haematology analysers are all starting to cause concern and will have to be considered for replacement very soon.

### **4 Key Issues/Initiatives identified in coming months**

- Point of care testing remains on the agenda but is proving challenging due to equipment evaluation showing some areas of concern which will need to be addressed before proceeding to work with all necessary parties.
- Éclair upgrade is on track and dates have been confirmed in mid-August for this upgrade to occur.

5 Financial Results

Summary (\$000)	Group	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance		YTD % Variance	Annual Budget
1 Revenue	1 Government Revenue	-	-	-	-	-	-	-	-	-	-
	2 Patient Revenue	(21)	(9)	(12)	F	(21)	(9)	(12)	F	(131%)	(108)
	3 Other Income	-	(27)	27	U	-	(27)	27	U	100%	(322)
	Internal Revenue	(285)	(287)	2	U	(285)	(287)	2	U	1%	(3,375)
<b>1 Revenue Total</b>		<b>(306)</b>	<b>(323)</b>	<b>17</b>	<b>U</b>	<b>(306)</b>	<b>(323)</b>	<b>17</b>	<b>U</b>	<b>5%</b>	<b>(3,804)</b>
2 Personnel Costs	1 Medical Staff	-	-	-	-	-	-	-	-	-	-
	2 Nursing Staff	0	0	(0)	F	0	0	(0)	F	(100%)	3
	3 Allied Health Staff	319	330	(10)	F	319	330	(10)	F	(3%)	3,881
	4 Support Staff	-	-	-	-	-	-	-	-	-	-
	5 Mgmt & Admin Staff	19	20	(1)	F	19	20	(1)	F	(5%)	233
<b>2 Personnel Costs Total</b>		<b>338</b>	<b>350</b>	<b>(12)</b>	<b>F</b>	<b>338</b>	<b>350</b>	<b>(12)</b>	<b>F</b>	<b>(3%)</b>	<b>4,117</b>
3 Outsourced Services	1 Outsourced Medical Staff	-	-	-	-	-	-	-	-	-	-
	2 Other Outsourced Staff	6	7	(1)	F	6	7	(1)	F	(11%)	85
	3 Referred Services	-	-	-	-	-	-	-	-	-	-
	4 Outsourced Clinical Services	17	22	(5)	F	17	22	(5)	F	(23%)	263
<b>3 Outsourced Services Total</b>		<b>23</b>	<b>29</b>	<b>(6)</b>	<b>F</b>	<b>23</b>	<b>29</b>	<b>(6)</b>	<b>F</b>	<b>(20%)</b>	<b>348</b>
4 Clinical Supplies	1 Patient Consumables	3	6	(2)	F	3	6	(2)	F	(40%)	68
	2 Diagnostic Supplies	1	2	(0)	F	1	2	(0)	F	(26%)	19
	3 Clinical Equipment	2	3	(0)	F	2	3	(0)	F	(14%)	24
	4 Patient Appliances	37	31	6	U	37	31	6	U	18%	376
	5 Implants and Prostheses	-	-	-	-	-	-	-	-	-	-
	6 Pharmaceuticals	-	-	-	-	-	-	-	-	-	-
	7 Patient Transport & Accommod	-	-	-	-	-	-	-	-	-	-
	8 Other Clinical Supplies	0	0	(0)	F	0	0	(0)	F	(18%)	1
<b>4 Clinical Supplies Total</b>		<b>44</b>	<b>41</b>	<b>3</b>	<b>U</b>	<b>44</b>	<b>41</b>	<b>3</b>	<b>U</b>	<b>6%</b>	<b>489</b>
5 Infrastructure & Non Clinical Supplies	1 Hotel	4	4	0	U	4	4	0	U	11%	47
	2 Facilities	-	-	-	-	-	-	-	-	-	-
	3 Staff Transport & Accommod	0	-	0	U	0	-	0	U	100%	-
	5 IT & Telecommunications	-	-	-	-	-	-	-	-	-	-
	6 Interest & Financing Charges	-	-	-	-	-	-	-	-	-	-
	7 Professional Fees & Expenses	-	-	-	-	-	-	-	-	-	-
	8 Other Operating Expenses	(48)	3	(51)	F	(48)	3	(51)	F	(1588%)	37
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidiaries	-	-	-	-	-	-	-	-	-	-
<b>5 Infrastructure &amp; Non Clinical Supplies Total</b>		<b>(44)</b>	<b>7</b>	<b>(51)</b>	<b>F</b>	<b>(44)</b>	<b>7</b>	<b>(51)</b>	<b>F</b>	<b>(714%)</b>	<b>84</b>
6 Internal Allocations	1 Internal Transport Costs	8	8	(0)	F	8	8	(0)	F	(4%)	98
	2 Internal Charges	-	-	-	-	-	-	-	-	-	-
<b>6 Internal Allocations Total</b>		<b>8</b>	<b>8</b>	<b>(0)</b>	<b>F</b>	<b>8</b>	<b>8</b>	<b>(0)</b>	<b>F</b>	<b>(4%)</b>	<b>98</b>
7 Contribution to DHB Savings	1 Savings	-	-	-	-	-	-	-	-	-	-
<b>7 Contribution to DHB Savings Total</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Expenses</b>		<b>369</b>	<b>435</b>	<b>(66)</b>	<b>F</b>	<b>369</b>	<b>435</b>	<b>(66)</b>	<b>F</b>	<b>(15%)</b>	<b>5,135</b>
<b>Operating (Surplus)/Deficit prior to application of Overheads</b>		<b>63</b>	<b>112</b>	<b>(49)</b>	<b>F</b>	<b>63</b>	<b>112</b>	<b>(49)</b>	<b>F</b>	<b>(44%)</b>	<b>1,331</b>
Overhead Allocation		597	588	9	U	597	588	9	U	1%	6,587
<b>Operating (Surplus)/Deficit</b>		<b>660</b>	<b>701</b>	<b>(41)</b>	<b>F</b>	<b>660</b>	<b>701</b>	<b>(41)</b>	<b>F</b>	<b>(6%)</b>	<b>7,918</b>

Hospital Advisory Committee - 27 August 2015 - Management Reports

FTE	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
1 Medical Staff	-	-	-	-	-	-	-	-
2 Nursing Staff	-	0.1	(0.1)	F	-	0.1	(0.1)	F
3 Allied Health Staff	57.0	57.2	(0.2)	F	57.0	57.2	(0.2)	F
4 Support Staff	-	-	-	-	-	-	-	-
5 Mgmt & Admin Staff	4.9	6.0	(1.1)	F	4.9	6.0	(1.1)	F
<b>Direct FTE</b>	<b>61.9</b>	<b>63.3</b>	<b>(1.4)</b>	F	<b>61.9</b>	<b>63.3</b>	<b>(1.4)</b>	F
Overhead FTE Allocation	46.6	46.2	0.4	U	46.6	46.2	0.4	U
<b>Total FTE</b>	<b>108.5</b>	<b>109.5</b>	<b>(1.0)</b>	F	<b>108.5</b>	<b>109.5</b>	<b>(1.0)</b>	F

Comments on Variances +/- 10%

Group	Variance	Comment
Outsourced Services	20% F	Reduced costs for outsourced Orthotics Services
Infrastructure and Non Clinical Supplies	714% F	Reversal of provisions for a claim that has now been settled

## **B. Maternal and Child Health Group**

### **1 Service Overview**

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

The vision for Child Maternal Health is to provide safe, equitable and patient focused maternity and paediatric services within Ministry of Health guidelines.

### **2 Key achievements in the month**

- Paediatric Service project underway to better manage children through the service with the objective of children being cared for as close to primary care as possible. Improved recording of what is an First Specialist Assessment (FSA) and what is a follow up (FU). Introduction of phone clinics for paediatricians is reducing the face to face visits for patients. Also introducing virtual FSA's for patients, including paediatrics in Map of Medicine.
- Paediatric Script line has now been ceased for one month. Transition of returning responsibility back to the GPs for patient scripts has gone smoothly.
- Family violence screening continues to improve in the Emergency Department across Base and Hawera Hospitals.
- BFHI audit completed, awaiting report but early indications around findings are positive.
- Maternity staffing meetings are reviewing ways to staff maternity; a proposal for a 6 month trial has been approved and we are currently recruiting to this.

### **3 Areas off Track and Remedial Actions**

- Hawera Maternity has received a resignation from a midwife, with a total FTE of just 4.2 this will have an impact. Working with staff around innovative ways to support the Hawera Maternity Service to ensure it continues in a safe manner within staff collective agreements.

### **4 Key Issues/Initiatives identified in coming months**

- NCHIP: a national project that will see all childhood health records being kept in a single repository and accessible by nominated/designated staff. Information sharing that will support improved provision of care and communication across all caregivers.

5 Financial Performance

Summary (\$000)	Group	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance		YTD % Variance	Annual Budget
1 Revenue	1 Government Revenue	-	(6)	6	U	-	(6)	6	U	100%	(70)
	2 Patient Revenue	(7)	(4)	(3)	F	(7)	(4)	(3)	F	(79%)	(44)
	3 Other Income	(2)	(3)	2	U	(2)	(3)	2	U	55%	(41)
	Internal Revenue	(1,810)	(1,822)	11	U	(1,810)	(1,822)	11	U	1%	(21,436)
<b>1 Revenue Total</b>		<b>(1,819)</b>	<b>(1,835)</b>	<b>16</b>	<b>U</b>	<b>(1,819)</b>	<b>(1,835)</b>	<b>16</b>	<b>U</b>	<b>1%</b>	<b>(21,591)</b>
2 Personnel Costs	1 Medical Staff	349	312	37	U	349	312	37	U	12%	3,677
	2 Nursing Staff	613	602	10	U	613	602	10	U	2%	7,385
	3 Allied Health Staff	275	279	(4)	F	275	279	(4)	F	(1%)	3,286
	4 Support Staff	-	-	-	-	-	-	-	-	-	-
	5 Mgmt & Admin Staff	54	43	10	U	54	43	10	U	24%	511
<b>2 Personnel Costs Total</b>		<b>1,291</b>	<b>1,237</b>	<b>54</b>	<b>U</b>	<b>1,291</b>	<b>1,237</b>	<b>54</b>	<b>U</b>	<b>4%</b>	<b>14,858</b>
3 Outsourced Services	1 Outsourced Medical Staff	-	16	(16)	F	-	16	(16)	F	(100%)	193
	2 Other Outsourced Staff	-	-	-	-	-	-	-	-	-	-
	3 Referred Services	-	-	-	-	-	-	-	-	-	-
	4 Outsourced Clinical Services	(1)	34	(34)	F	(1)	34	(34)	F	(102%)	406
<b>3 Outsourced Services Total</b>		<b>(1)</b>	<b>50</b>	<b>(51)</b>	<b>F</b>	<b>(1)</b>	<b>50</b>	<b>(51)</b>	<b>F</b>	<b>(101%)</b>	<b>599</b>
4 Clinical Supplies	1 Patient Consumables	54	61	(7)	F	54	61	(7)	F	(12%)	734
	2 Diagnostic Supplies	4	3	1	U	4	3	1	U	38%	33
	3 Clinical Equipment	22	20	1	U	22	20	1	U	7%	237
	4 Patient Appliances	4	3	1	U	4	3	1	U	19%	39
	5 Implants and Prostheses	-	-	-	-	-	-	-	-	-	-
	6 Pharmaceuticals	-	-	-	-	-	-	-	-	-	-
	7 Patient Transport & Accommodations	-	0	(0)	F	-	0	(0)	F	(100%)	3
	8 Other Clinical Supplies	1	2	(1)	F	1	2	(1)	F	(63%)	21
<b>4 Clinical Supplies Total</b>		<b>84</b>	<b>89</b>	<b>(5)</b>	<b>F</b>	<b>84</b>	<b>89</b>	<b>(5)</b>	<b>F</b>	<b>(6%)</b>	<b>1,066</b>
5 Infrastructure & Non Clinical Supplies	1 Hotel	32	35	(3)	F	32	35	(3)	F	(9%)	417
	2 Facilities	9	7	2	U	9	7	2	U	21%	89
	3 Staff Transport & Accommodations	13	14	(1)	F	13	14	(1)	F	(7%)	169
	5 IT & Telecommunications	0	0	0	U	0	0	0	U	60%	1
	6 Interest & Financing Charges	-	-	-	-	-	-	-	-	-	-
	7 Professional Fees & Expenses	-	-	-	-	-	-	-	-	-	-
	8 Other Operating Expenses	11	10	1	U	11	10	1	U	11%	116
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidiaries	-	-	-	-	-	-	-	-	-	-
<b>5 Infrastructure &amp; Non Clinical Supplies Total</b>		<b>65</b>	<b>66</b>	<b>(1)</b>	<b>F</b>	<b>65</b>	<b>66</b>	<b>(1)</b>	<b>F</b>	<b>(2%)</b>	<b>792</b>
6 Internal Allocations	1 Internal Transport Costs	15	15	0	U	15	15	0	U	1%	177
	2 Internal Charges	-	(0)	0	U	-	(0)	0	U	(100%)	(1)
<b>6 Internal Allocations Total</b>		<b>15</b>	<b>15</b>	<b>0</b>	<b>U</b>	<b>15</b>	<b>15</b>	<b>0</b>	<b>U</b>	<b>2%</b>	<b>176</b>
7 Contribution to DHB Savings	1 Savings	-	-	-	-	-	-	-	-	-	-
<b>7 Contribution to DHB Savings Total</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Expenses</b>		<b>1,454</b>	<b>1,457</b>	<b>(3)</b>	<b>F</b>	<b>1,454</b>	<b>1,457</b>	<b>(3)</b>	<b>F</b>	<b>(0%)</b>	<b>17,490</b>
<b>Operating (Surplus)/Deficit prior to application of Overheads</b>		<b>(365)</b>	<b>(378)</b>	<b>14</b>	<b>U</b>	<b>(365)</b>	<b>(378)</b>	<b>14</b>	<b>U</b>	<b>(4%)</b>	<b>(4,101)</b>
Overhead Allocation		867	855	13	U	867	855	13	U	1%	9,573
<b>Operating (Surplus)/Deficit</b>		<b>503</b>	<b>477</b>	<b>26</b>	<b>U</b>	<b>503</b>	<b>477</b>	<b>26</b>	<b>U</b>	<b>5%</b>	<b>5,473</b>



FTE	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
1 Medical Staff	18.5	17.7	0.8	U	18.5	17.7	0.8	U
2 Nursing Staff	94.9	94.3	0.6	U	94.9	94.3	0.6	U
3 Allied Health Staff	50.9	54.4	(3.5)	F	50.9	54.4	(3.5)	F
4 Support Staff	-	-	-	-	-	-	-	-
5 Management and Administration	12.2	11.1	1.1	U	12.2	11.1	1.1	U
<b>Direct FTE</b>	<b>176.5</b>	<b>177.5</b>	<b>(1.0)</b>	<b>F</b>	<b>176.5</b>	<b>177.5</b>	<b>(1.0)</b>	<b>F</b>
Overhead FTE Allocation	67.8	67.1	0.6	U	67.8	67.1	0.6	U
<b>Total FTE</b>	<b>244.3</b>	<b>244.6</b>	<b>(0.4)</b>	<b>F</b>	<b>244.3</b>	<b>244.6</b>	<b>(0.4)</b>	<b>F</b>

**Comments on Variances +/- 10%**

Group	Variance	Comment
Outsourced Services	101% F	Reduced locum costs, and Whanau Pakari service transferred to "in-house"

## C. Medical Services Group

### 1 Service Overview

The Medical Services group is responsible for Medicine, Renal Services, Cardiology, Emergency Departments, Hawera Hospital, Health Centres, Outpatients Department and Community Nursing. The Acting Clinical Services Manager is Janet Gibson.

### 2 Strategic Intent

The vision for Medical Services is to provide timely, consistent, equitable access to high quality medical care whilst working within the guidelines directed by both the Ministry of Health and TDHB.

### 3 Key achievements in the Month:

- ED Acute Demand: The acute demand project has been underway for 12 months, an evaluation of the year is being undertaken. An evaluation of the ED CNS roles is also being undertaken separately to determine how this role now fits within the ED service delivery model.
- Family Violence: ED at Base and Hawera Hospitals have fully rolled out FV screening. The Project component of this implementation is complete and FV screening within both Hawera and Base ED is now considered business as usual.
- Oncology: Tumour stream work continues. The regional colonoscopy project is underway where we are aligned with Midlands. Significant improvements have been seen in the Lung cancer pathway work, e.g.; implementation of e-referral for PH and prompter access to radiological tests. The breast cancer audit is continuing.
- Uro-oncology Coordination: Taranaki has been successful in securing funding for Round 2 of the Faster Cancer Treatment (FCT) initiative. Phase 2 of the uro-oncology pathway will focus on surveillance strategies for this patient group.

### 4 Areas off Track and Remedial Actions

- Length of stay in the medical ward continues to be evaluated and strategies to reduce the length of stay developed and progressed. The length of stay for medical patients' year to date is 4.45 days. 11am discharges are at 31% for July. A focussed piece of work will commence to continue to develop strategies to improve length of stay and early discharge.

Year	2013/2014	2014/2015	2015/2016 YTD
Length Of Stay	4.01 days	4.40 days	4.45 days

### 5. Key Issues/Initiatives identified in coming months

- Ongoing work with improving inter-hospital transfers; working closely with St John to improve the timeliness and co-ordination of transfers for acutely unwell patients. A committee has been formed to work on transfer processes. The transfer process for transfer of neonates and paediatrics has been finalised.
- The Stratford Health Centre Project Steering Group has been formed. Project lead from Midlands Health Network and project assistance from TDHB.
- Hawera Hospital Administration Needs Analysis continues to look at capacity versus demand across the administrative areas.

- Smoking target: evaluation whether smoking assessment can be electronically captured in ED to assist with coding and ensuring the target is met.
- Electronic Whiteboards to be rolled out in Hawera ED and Inpatient Unit.

6. Financial Results

Summary	Group	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance		YTD % Variance	Annual Budget
1 Revenue	1 Government Revenue	-	-	-	-	-	-	-	-	-	-
	2 Patient Revenue	2	-	2	U	1	-	1	U	100%	-
	3 Other Income	(6,900)	(5,951)	(950)	F	(69,350)	(71,417)	2,067	U	3%	(71,417)
	Internal Revenue	(4,013,138)	(4,013,138)	-	-	(51,978,604)	(51,975,004)	(3,600)	F	(0%)	(51,975,004)
<b>1 Revenue Total</b>		<b>(4,020,037)</b>	<b>(4,019,089)</b>	<b>(948)</b>	<b>F</b>	<b>(52,047,953)</b>	<b>(52,046,421)</b>	<b>(1,532)</b>	<b>F</b>	<b>(0%)</b>	<b>(52,046,421)</b>
2 Personnel Costs	1 Medical Staff	771,283	765,018	6,263	U	8,594,432	8,943,260	(348,828)	F	(4%)	8,943,260
	2 Nursing Staff	1,019,269	1,015,997	3,270	U	11,919,473	12,064,655	(145,183)	F	(1%)	12,064,655
	3 Allied Health Staff	52,777	35,177	17,600	U	595,819	406,615	189,204	U	47%	406,615
	4 Support Staff	-	-	-	-	-	-	-	-	-	-
	5 Mgmt & Admin Staff	63,775	54,415	9,359	U	820,600	638,996	181,604	U	28%	638,996
<b>2 Personnel Costs Total</b>		<b>1,907,104</b>	<b>1,870,607</b>	<b>36,492</b>	<b>U</b>	<b>21,930,324</b>	<b>22,053,526</b>	<b>(123,203)</b>	<b>F</b>	<b>(1%)</b>	<b>22,053,526</b>
3 Outsourced Services	1 Outsourced Medical Staff	62,283	115,930	(53,647)	F	730,186	1,033,071	(302,885)	F	(29%)	1,033,071
	2 Other Outsourced Staff	2,302	-	2,302	U	3,007	-	3,007	U	100%	-
	3 Referred Services	-	262	(262)	F	116	3,010	(2,894)	F	(96%)	3,010
	4 Outsourced Clinical Services	78,738	56,998	21,740	U	834,447	461,350	373,097	U	81%	461,350
<b>3 Outsourced Services Total</b>		<b>143,322</b>	<b>173,190</b>	<b>(29,867)</b>	<b>F</b>	<b>1,567,756</b>	<b>1,497,431</b>	<b>70,325</b>	<b>U</b>	<b>5%</b>	<b>1,497,431</b>
4 Clinical Supplies	1 Patient Consumables	271,977	241,546	30,428	U	3,295,129	2,975,313	319,817	U	11%	2,975,313
	2 Diagnostic Supplies	4,402	7,075	(2,671)	F	76,339	90,850	(14,511)	F	(16%)	90,850
	3 Clinical Equipment	16,002	19,280	(3,278)	F	238,301	223,101	15,199	U	7%	223,101
	4 Patient Appliances	46,378	27,325	19,053	U	544,567	533,905	10,659	U	2%	533,905
	5 Implants and Prostheses	-	-	-	-	-	-	-	-	-	-
	6 Pharmaceuticals	-	-	-	-	-	-	-	-	-	-
	7 Patient Transport & Accommodations	-	-	-	-	-	-	-	-	-	-
	8 Other Clinical Supplies	-	45	(45)	F	5,161	399	4,762	U	1193%	399
<b>4 Clinical Supplies Total</b>		<b>338,759</b>	<b>295,271</b>	<b>43,487</b>	<b>U</b>	<b>4,159,497</b>	<b>3,823,568</b>	<b>335,926</b>	<b>U</b>	<b>9%</b>	<b>3,823,568</b>
5 Infrastructure & Non Clinical Supplies	1 Hotel	62,106	65,659	(3,552)	F	792,482	812,423	(19,944)	F	(2%)	812,423
	2 Facilities	1,714	1,726	(11)	F	6,997	20,707	(13,710)	F	(66%)	20,707
	3 Staff Transport & Accommodations	2,174	983	1,191	U	16,226	11,816	4,411	U	37%	11,816
	5 IT & Telecommunications	120	132	(12)	F	1,531	1,589	(58)	F	(4%)	1,589
	6 Interest & Financing Charges	-	-	-	-	-	-	-	-	-	-
	7 Professional Fees & Expenses	-	-	-	-	-	-	-	-	-	-
	8 Other Operating Expenses	12,381	8,556	3,825	U	154,634	102,719	51,915	U	51%	102,719
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidiaries	-	-	-	-	-	-	-	-	-	-
<b>5 Infrastructure &amp; Non Clinical Supplies Total</b>		<b>78,495</b>	<b>77,056</b>	<b>1,441</b>	<b>U</b>	<b>971,870</b>	<b>949,254</b>	<b>22,614</b>	<b>U</b>	<b>2%</b>	<b>949,254</b>
6 Internal Allocations	1 Internal Transport Costs	13,965	13,951	13	U	174,870	167,422	7,447	U	4%	167,422
	2 Internal Charges	-	-	-	-	-	-	-	-	-	-
<b>6 Internal Allocations Total</b>		<b>13,965</b>	<b>13,951</b>	<b>13</b>	<b>U</b>	<b>174,870</b>	<b>167,422</b>	<b>7,447</b>	<b>U</b>	<b>4%</b>	<b>167,422</b>
7 Contribution to DHB Savings	1 Savings	-	(23,570)	23,570	U	-	(282,820)	282,820	U	(100%)	(282,820)
<b>7 Contribution to DHB Savings Total</b>		<b>-</b>	<b>(23,570)</b>	<b>23,570</b>	<b>U</b>	<b>-</b>	<b>(282,820)</b>	<b>282,820</b>	<b>U</b>	<b>(100%)</b>	<b>(282,820)</b>
<b>Total Expenses</b>		<b>2,481,646</b>	<b>2,406,505</b>	<b>75,136</b>	<b>U</b>	<b>28,804,317</b>	<b>28,208,381</b>	<b>595,929</b>	<b>U</b>	<b>2%</b>	<b>28,208,381</b>
<b>Operating (Surplus)/Deficit prior to application of Overheads</b>		<b>(1,538,391)</b>	<b>(1,612,584)</b>	<b>74,188</b>	<b>U</b>	<b>(23,243,636)</b>	<b>(23,838,040)</b>	<b>594,397</b>	<b>U</b>	<b>(2%)</b>	<b>(23,838,040)</b>
Overhead Allocation		1,355,859	1,363,953	(8,094)	F	16,474,556	17,026,604	(552,048)	F	(3%)	17,026,604
<b>Operating (Surplus)/Deficit</b>		<b>(182,532)</b>	<b>(248,631)</b>	<b>66,094</b>	<b>U</b>	<b>(6,769,080)</b>	<b>(6,811,436)</b>	<b>42,349</b>	<b>U</b>	<b>(1%)</b>	<b>(6,811,436)</b>

FTE	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
1 Medical Staff	35.2	40.0	(4.8)	F	35.2	40.0	(4.8)	F
2 Nursing Staff	151.3	166.2	(14.9)	F	151.3	166.2	(14.9)	F
3 Allied Health Staff	7.6	4.0	3.6	U	7.6	4.0	3.6	U
4 Support Staff	-	-	-	-	-	-	-	-
5 Management and Administratio	15.7	10.5	5.2	U	15.7	10.5	5.2	U
<b>Direct FTE</b>	<b>209.8</b>	<b>220.7</b>	<b>(10.9)</b>	F	<b>209.8</b>	<b>220.7</b>	<b>(10.9)</b>	F
Overhead FTE Allocation	124.5	123.4	1.2	U	124.5	123.4	1.2	U
<b>Total FTE</b>	<b>334.3</b>	<b>344.1</b>	<b>(9.7)</b>	F	<b>334.3</b>	<b>344.1</b>	<b>(9.7)</b>	F

**Comments on Variances +/- 10%**

Group	Variance	Comment
Outsourced Services	109% F	Reduced Locum costs and outsourced services

## **D. Mental Health and Addiction Services Group**

### **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 Services Manager is Wendy Langlands.

### **2 Key achievements in the Month**

- Alcohol and Drug Outcome Measure (ADOM) went live 1 July with only minor problems that were easily resolved. Developing a system for monitoring compliance is the next phase of work with IT input.
- Workwise Supported Employment: out of a total of 137 Mental Health Acute Service (MHAS) clients referred across the 2014/15 year, a total of 80 clients were supported into jobs and off benefits, and 11 into training. We are increasingly working towards more integration with this provider.
- Taranaki Co-Existing Problems (CEP): e-Learning package has been progressed. This is being reviewed within the Midland region.

### **3 Areas off Track and Remedial Actions**

- Over Delivery of Opiate Substitute Treatment (OST) Programme: the plan has been reviewed with the Addictions Doctor. It will take some time to see the longer term impact in this programme.

### **4 Key Issues/Initiatives identified in coming months**

- Relapse Action Plan (RAP) project. The aim of this project is to improve the recovery outcomes of people and their family / whanau who access health services for mental health and addiction issues. This is currently being scoped by the Mental Health Acute Services family and consumer advisor.
- Risk Framework: A service wide framework is under development.
- Community Treatment Orders: Discussion and planning still ongoing around how to approach this work to reduce number of s29 Maori Clients.

5 Financial Results

Summary (\$000)	Group	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance		YTD % Variance	Annual Budget
1 Revenue	1 Government Revenue	-	-	-	-	-	-	-	-	-	-
	2 Patient Revenue	(2)	(4)	2	U	(2)	(4)	2	U	53%	(48)
	3 Other Income	-	-	-	-	-	-	-	-	-	-
	Internal Revenue	(1,718)	(1,729)	11	U	(1,718)	(1,729)	11	U	1%	(20,338)
<b>1 Revenue Total</b>		<b>(1,720)</b>	<b>(1,733)</b>	<b>13</b>	<b>U</b>	<b>(1,720)</b>	<b>(1,733)</b>	<b>13</b>	<b>U</b>	<b>1%</b>	<b>(20,387)</b>
2 Personnel Costs	1 Medical Staff	380	318	61	U	380	318	61	U	19%	3,747
	2 Nursing Staff	551	482	69	U	551	482	69	U	14%	5,889
	3 Allied Health Staff	153	162	(9)	F	153	162	(9)	F	(5%)	1,910
	4 Support Staff	-	-	-	-	-	-	-	-	-	-
	5 Mgmt & Admin Staff	15	23	(7)	F	15	23	(7)	F	(33%)	269
<b>2 Personnel Costs Total</b>		<b>1,099</b>	<b>985</b>	<b>115</b>	<b>U</b>	<b>1,099</b>	<b>985</b>	<b>115</b>	<b>U</b>	<b>12%</b>	<b>11,815</b>
3 Outsourced Services	1 Outsourced Medical Staff	1	42	(40)	F	1	42	(40)	F	(97%)	500
	2 Other Outsourced Staff	-	-	-	-	-	-	-	-	-	-
	3 Referred Services	-	-	-	-	-	-	-	-	-	-
	4 Outsourced Clinical Services	2	2	1	U	2	2	1	U	50%	18
<b>3 Outsourced Services Total</b>		<b>3</b>	<b>43</b>	<b>(40)</b>	<b>F</b>	<b>3</b>	<b>43</b>	<b>(40)</b>	<b>F</b>	<b>(92%)</b>	<b>518</b>
4 Clinical Supplies	1 Patient Consumables	1	1	0	U	1	1	0	U	30%	11
	2 Diagnostic Supplies	0	0	(0)	F	0	0	(0)	F	(21%)	2
	3 Clinical Equipment	0	0	0	U	0	0	0	U	17%	2
	4 Patient Appliances	-	-	-	-	-	-	-	-	-	-
	5 Implants and Prostheses	-	-	-	-	-	-	-	-	-	-
	6 Pharmaceuticals	1	1	0	U	1	1	0	U	4%	11
	7 Patient Transport & Accommodations	-	-	-	-	-	-	-	-	-	-
	8 Other Clinical Supplies	5	1	4	U	5	1	4	U	581%	9
<b>4 Clinical Supplies Total</b>		<b>7</b>	<b>3</b>	<b>5</b>	<b>U</b>	<b>7</b>	<b>3</b>	<b>5</b>	<b>U</b>	<b>162%</b>	<b>34</b>
5 Infrastructure & Non Clinical Supplies	1 Hotel	19	15	4	U	19	15	4	U	25%	178
	2 Facilities	0	0	0	U	0	0	0	U	329%	0
	3 Staff Transport & Accommodations	2	0	1	U	2	0	1	U	301%	5
	5 IT & Telecommunications	0	-	0	U	0	-	0	U	100%	-
	6 Interest & Financing Charges	-	-	-	-	-	-	-	-	-	-
	7 Professional Fees & Expenses	-	-	-	-	-	-	-	-	-	-
	8 Other Operating Expenses	3	3	1	U	3	3	1	U	27%	32
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidiaries	-	-	-	-	-	-	-	-	-	-
<b>5 Infrastructure &amp; Non Clinical Supplies Total</b>		<b>24</b>	<b>18</b>	<b>6</b>	<b>U</b>	<b>24</b>	<b>18</b>	<b>6</b>	<b>U</b>	<b>32%</b>	<b>215</b>
6 Internal Allocations	1 Internal Transport Costs	15	15	0	U	15	15	0	U	0%	184
	2 Internal Charges	-	-	-	-	-	-	-	-	-	-
<b>6 Internal Allocations Total</b>		<b>15</b>	<b>15</b>	<b>0</b>	<b>U</b>	<b>15</b>	<b>15</b>	<b>0</b>	<b>U</b>	<b>0%</b>	<b>184</b>
7 Contribution to DHB Savings	1 Savings	-	-	-	-	-	-	-	-	-	-
<b>7 Contribution to DHB Savings Total</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Expenses</b>		<b>1,150</b>	<b>1,064</b>	<b>85</b>	<b>U</b>	<b>1,150</b>	<b>1,064</b>	<b>85</b>	<b>U</b>	<b>8%</b>	<b>12,767</b>
<b>Operating (Surplus)/Deficit prior to application of Overheads</b>		<b>(570)</b>	<b>(669)</b>	<b>98</b>	<b>U</b>	<b>(570)</b>	<b>(669)</b>	<b>98</b>	<b>U</b>	<b>(15%)</b>	<b>(7,620)</b>
Overhead Allocation		700	690	10	U	700	690	10	U	1%	7,728
<b>Operating (Surplus)/Deficit</b>		<b>130</b>	<b>21</b>	<b>109</b>	<b>U</b>	<b>130</b>	<b>21</b>	<b>109</b>	<b>U</b>	<b>508%</b>	<b>109</b>

FTE	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
1 Medical Staff	14.2	13.5	0.7	U	14.2	13.5	0.7	U
2 Nursing Staff	86.2	75.0	11.2	U	86.2	75.0	11.2	U
3 Allied Health Staff	25.2	27.7	(2.5)	F	25.2	27.7	(2.5)	F
4 Support Staff	-	-	-	-	-	-	-	-
5 Management and Administratio	4.2	5.1	(0.9)	F	4.2	5.1	(0.9)	F
<b>Direct FTE</b>	<b>129.8</b>	<b>121.3</b>	<b>8.5</b>	<b>U</b>	<b>129.8</b>	<b>121.3</b>	<b>8.5</b>	<b>U</b>
Overhead FTE Allocation	54.7	54.2	0.5	U	54.7	54.2	0.5	U
<b>Total FTE</b>	<b>184.5</b>	<b>175.5</b>	<b>9.0</b>	<b>U</b>	<b>184.5</b>	<b>175.5</b>	<b>9.0</b>	<b>U</b>

**Comments on Variances +/- 10%**

Group	Variance	Comment
Revenue	1% U	N/A
Personnel Costs	12% U	High nursing staff costs in TPW, relating to constant care for high needs patients
Outsourced Services	92% F	Reduced locum costs
Clinical Supplies	162% U	High costs year continue for interpreters for a long term client – the actual variance is \$4K unfavourable to budget
Infrastructure and Non Clinical Supplies	32% U	High linen and meal costs for acute inpatients – actual variance \$4K unfavourable to budget



## **E. Health of Older People Services Group**

### **1 Service Overview**

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

### **2 Key Achievements**

- Stroke Pathway: Code Stroke has now been implemented. Key staff (stroke Clinician, Nurse) will be paged for anyone that meets the 3 ½ hour timeframe and criteria for thrombolytic therapy.

### **3 Areas off Track and Remedial Actions**

- Fracture Liaison: issues identified with data entry issues around admin support and lag time for entry completion. This is being reviewed with the relevant staff.

### **4 Key Initiatives/Areas identified in coming months**

- Delirium Proposal: A draft proposal was presented to the Clinical Board for consideration. This has been endorsed in principle, now needs full project scope to be finalised. This will improve management of patients with delirium in the acute setting.

5 Financial Performance

Summary (\$000)	Group	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance		YTD % Variance	Annual Budget
1 Revenue	1 Government Revenue	-	-	-	-	-	-	-	-	-	-
	2 Patient Revenue	(9)	(11)	2	U	(9)	(11)	2	U	21%	(137)
	3 Other Income	-	-	-	-	-	-	-	-	-	-
	Internal Revenue	(607)	(611)	4	U	(607)	(611)	4	U	1%	(7,190)
<b>1 Revenue Total</b>		<b>(616)</b>	<b>(623)</b>	<b>6</b>	<b>U</b>	<b>(616)</b>	<b>(623)</b>	<b>6</b>	<b>U</b>	<b>1%</b>	<b>(7,328)</b>
2 Personnel Costs	1 Medical Staff	86	62	24	U	86	62	24	U	38%	733
	2 Nursing Staff	191	177	14	U	191	177	14	U	8%	2,188
	3 Allied Health Staff	102	99	3	U	102	99	3	U	4%	1,163
	4 Support Staff	-	-	-	-	-	-	-	-	-	-
	5 Mgmt & Admin Staff	15	30	(15)	F	15	30	(15)	F	(50%)	350
<b>2 Personnel Costs Total</b>		<b>394</b>	<b>367</b>	<b>26</b>	<b>U</b>	<b>394</b>	<b>367</b>	<b>26</b>	<b>U</b>	<b>7%</b>	<b>4,433</b>
3 Outsourced Services	1 Outsourced Medical Staff	-	-	-	-	-	-	-	-	-	-
	2 Other Outsourced Staff	7	13	(6)	F	7	13	(6)	F	(48%)	154
	3 Referred Services	-	-	-	-	-	-	-	-	-	-
	4 Outsourced Clinical Services	22	22	(0)	F	22	22	(0)	F	(0%)	269
<b>3 Outsourced Services Total</b>		<b>29</b>	<b>35</b>	<b>(6)</b>	<b>F</b>	<b>29</b>	<b>35</b>	<b>(6)</b>	<b>F</b>	<b>(18%)</b>	<b>423</b>
4 Clinical Supplies	1 Patient Consumables	4	6	(2)	F	4	6	(2)	F	(28%)	69
	2 Diagnostic Supplies	0	0	0	U	0	0	0	U	80%	2
	3 Clinical Equipment	1	1	(0)	F	1	1	(0)	F	(0%)	10
	4 Patient Appliances	0	0	0	U	0	0	0	U	150%	0
	5 Implants and Prostheses	-	-	-	-	-	-	-	-	-	-
	6 Pharmaceuticals	-	-	-	-	-	-	-	-	-	-
	7 Patient Transport & Accommodations	1	1	(0)	F	1	1	(0)	F	(20%)	9
	8 Other Clinical Supplies	0	-	0	U	0	-	0	U	100%	-
<b>4 Clinical Supplies Total</b>		<b>6</b>	<b>8</b>	<b>(2)</b>	<b>F</b>	<b>6</b>	<b>8</b>	<b>(2)</b>	<b>F</b>	<b>(20%)</b>	<b>90</b>
5 Infrastructure & Non Clinical Supplies	1 Hotel	25	31	(6)	F	25	31	(6)	F	(20%)	370
	2 Facilities	-	-	-	-	-	-	-	-	-	-
	3 Staff Transport & Accommodations	-	0	(0)	F	-	0	(0)	F	(100%)	0
	5 IT & Telecommunications	0	-	0	U	0	-	0	U	100%	-
	6 Interest & Financing Charges	-	-	-	-	-	-	-	-	-	-
	7 Professional Fees & Expenses	-	-	-	-	-	-	-	-	-	-
	8 Other Operating Expenses	1	2	(1)	F	1	2	(1)	F	(46%)	27
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidiaries	-	-	-	-	-	-	-	-	-	-
<b>5 Infrastructure &amp; Non Clinical Supplies Total</b>		<b>26</b>	<b>33</b>	<b>(7)</b>	<b>F</b>	<b>26</b>	<b>33</b>	<b>(7)</b>	<b>F</b>	<b>(21%)</b>	<b>396</b>
6 Internal Allocations	1 Internal Transport Costs	6	6	0	U	6	6	0	U	0%	74
	2 Internal Charges	-	-	-	-	-	-	-	-	-	-
<b>6 Internal Allocations Total</b>		<b>6</b>	<b>6</b>	<b>0</b>	<b>U</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>U</b>	<b>0%</b>	<b>74</b>
7 Contribution to DHB Savings	1 Savings	-	-	-	-	-	-	-	-	-	-
<b>7 Contribution to DHB Savings Total</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Expenses</b>		<b>461</b>	<b>449</b>	<b>11</b>	<b>U</b>	<b>461</b>	<b>449</b>	<b>11</b>	<b>U</b>	<b>3%</b>	<b>5,416</b>
<b>Operating (Surplus)/Deficit prior to application of Overheads</b>		<b>(155)</b>	<b>(173)</b>	<b>18</b>	<b>U</b>	<b>(155)</b>	<b>(173)</b>	<b>18</b>	<b>U</b>	<b>(10%)</b>	<b>(1,911)</b>
Overhead Allocation		299	295	4	U	299	295	4	U	1%	3,303
<b>Operating (Surplus)/Deficit</b>		<b>144</b>	<b>122</b>	<b>22</b>	<b>U</b>	<b>144</b>	<b>122</b>	<b>22</b>	<b>U</b>	<b>18%</b>	<b>1,392</b>

FTE	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
1 Medical Staff	3.7	3.7	(0.0)	F	3.7	3.7	(0.0)	F
2 Nursing Staff	32.9	29.8	3.1	U	32.9	29.8	3.1	U
3 Allied Health Staff	16.7	17.1	(0.4)	F	16.7	17.1	(0.4)	F
4 Support Staff	-	-	-	-	-	-	-	-
5 Management and Administration	4.7	6.7	(2.0)	F	4.7	6.7	(2.0)	F
<b>Direct FTE</b>	<b>58.0</b>	<b>57.3</b>	<b>0.7</b>	<b>U</b>	<b>58.0</b>	<b>57.3</b>	<b>0.7</b>	<b>U</b>
Overhead FTE Allocation	23.4	23.2	0.2	U	23.4	23.2	0.2	U
<b>Total FTE</b>	<b>81.4</b>	<b>80.5</b>	<b>0.9</b>	<b>U</b>	<b>81.4</b>	<b>80.5</b>	<b>0.9</b>	<b>U</b>

**Comments on Variances +/- 10%**

Group	Variance	Comment
Outsourced Services	18% F	Reduced outsourced staffing for the Home Support Unit, actual variance is \$6K favourable to budget
Clinical Supplies	20% F	Reduced patient consumables, actual variance is \$2K favourable to budget
Infrastructure and Non Clinical Supplies	21% F	Reduced meal costs for Meals on Wheels and other small savings

## **F. Surgical Services Group**

### **1 Service Overview**

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

The vision for Surgical Services is to provide timely, consistent, equitable access to high quality surgical care whilst working within the guidelines directed by both the Ministry of Health and TDHB.

### **2 Key achievements in the Month**

- TDHB continues to monitor ESPI compliance closely and have regained green status in ESPI 1 and 2. We are awaiting July finals for ESPI 5, however anticipate they will be green.
- TDHB is participating in Cohort 1 for the Health Quality Safety Commission (HQSC) Improving Communication and Teamwork in Theatre project. This is being led by a Senior SMO and work is already underway. A theatre team will be attending the first workshop at the end of August.
- There is a continued increase in ACC delivery at Taranaki Base Hospital with Orthopaedic Surgeons committing to regularly scheduled lists.
- The project for increasing Day Procedure rates for General Surgery is progressing well. Over the last 2 months, there has been an 18% increase in the number of patients who have specific procedures as a day case patient. There has been excellent clinical engagement and improvements in all aspects of the Day Case approach.

### **3 Areas off Track and Remedial Actions**

- National Patient Flow: training will be commenced shortly for changes that the organisation will experience after the go live date in October.

### **4 Key Issues/Initiatives identified in coming months**

- Continue to monitor Inter District Flows (IDF) closely.
- MOH has indicated the roll out of a National Bowel screening project. Clinical Lead for Endoscopy and a Clinical Service Manager will be attending a meeting in Wellington to identify strategic focus for this project.

5 Financial Performance

Summary (\$000)	Group	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance		YTD % Variance	Annual Budget
1 Revenue	1 Government Revenue	(349)	(421)	72	U	(349)	(421)	72	U	17%	(5,053)
	2 Patient Revenue	(18)	(13)	(5)	F	(18)	(13)	(5)	F	(42%)	(153)
	3 Other Income	(1)	(1)	0	U	(1)	(1)	0	U	41%	(10)
	Internal Revenue	(3,900)	(3,924)	25	U	(3,900)	(3,924)	25	U	1%	(46,170)
<b>1 Revenue Total</b>		<b>(4,267)</b>	<b>(4,359)</b>	<b>92</b>	<b>U</b>	<b>(4,267)</b>	<b>(4,359)</b>	<b>92</b>	<b>U</b>	<b>2%</b>	<b>(51,386)</b>
2 Personnel Costs	1 Medical Staff	762	664	98	U	762	664	98	U	15%	7,833
	2 Nursing Staff	910	896	14	U	910	896	14	U	2%	11,130
	3 Allied Health Staff	52	65	(14)	F	52	65	(14)	F	(21%)	789
	4 Support Staff	33	27	5	U	33	27	5	U	19%	334
	5 Mgmt & Admin Staff	62	40	22	U	62	40	22	U	56%	470
<b>2 Personnel Costs Total</b>		<b>1,819</b>	<b>1,692</b>	<b>126</b>	<b>U</b>	<b>1,819</b>	<b>1,692</b>	<b>126</b>	<b>U</b>	<b>7%</b>	<b>20,556</b>
3 Outsourced Services	1 Outsourced Medical Staff	(0)	1	(1)	F	(0)	1	(1)	F	(172%)	7
	2 Other Outsourced Staff	-	-	-	-	-	-	-	-	-	-
	3 Referred Services	-	-	-	-	-	-	-	-	-	-
	4 Outsourced Clinical Services	319	510	(190)	F	319	510	(190)	F	(37%)	6,114
<b>3 Outsourced Services Total</b>		<b>319</b>	<b>510</b>	<b>(191)</b>	<b>F</b>	<b>319</b>	<b>510</b>	<b>(191)</b>	<b>F</b>	<b>(37%)</b>	<b>6,121</b>
4 Clinical Supplies	1 Patient Consumables	244	243	1	U	244	243	1	U	1%	2,913
	2 Diagnostic Supplies	17	13	4	U	17	13	4	U	29%	156
	3 Clinical Equipment	179	157	22	U	179	157	22	U	14%	1,835
	4 Patient Appliances	18	14	4	U	18	14	4	U	31%	164
	5 Implants and Prostheses	208	219	(11)	F	208	219	(11)	F	(5%)	2,629
	6 Pharmaceuticals	-	-	-	-	-	-	-	-	-	-
	7 Patient Transport & Accommodations	-	-	-	-	-	-	-	-	-	-
	8 Other Clinical Supplies	-	0	(0)	F	-	0	(0)	F	(100%)	0
<b>4 Clinical Supplies Total</b>		<b>666</b>	<b>646</b>	<b>20</b>	<b>U</b>	<b>666</b>	<b>646</b>	<b>20</b>	<b>U</b>	<b>3%</b>	<b>7,698</b>
5 Infrastructure & Non Clinical Supplies	1 Hotel	91	91	(0)	F	91	91	(0)	F	(0%)	1,097
	2 Facilities	-	-	-	-	-	-	-	-	-	-
	3 Staff Transport & Accommodations	1	1	(0)	F	1	1	(0)	F	(29%)	15
	5 IT & Telecommunications	0	0	(0)	F	0	0	(0)	F	(4%)	3
	6 Interest & Financing Charges	-	-	-	-	-	-	-	-	-	-
	7 Professional Fees & Expenses	-	-	-	-	-	-	-	-	-	-
	8 Other Operating Expenses	12	13	(1)	F	12	13	(1)	F	(7%)	160
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidiaries	-	-	-	-	-	-	-	-	-	-
<b>5 Infrastructure &amp; Non Clinical Supplies Total</b>		<b>105</b>	<b>106</b>	<b>(1)</b>	<b>F</b>	<b>105</b>	<b>106</b>	<b>(1)</b>	<b>F</b>	<b>(1%)</b>	<b>1,274</b>
6 Internal Allocations	1 Internal Transport Costs	0	0	(0)	F	0	0	(0)	F	(4%)	2
	2 Internal Charges	-	-	-	-	-	-	-	-	-	-
<b>6 Internal Allocations Total</b>		<b>0</b>	<b>0</b>	<b>(0)</b>	<b>F</b>	<b>0</b>	<b>0</b>	<b>(0)</b>	<b>F</b>	<b>(4%)</b>	<b>2</b>
7 Contribution to DHB Savings	1 Savings	-	-	-	-	-	-	-	-	-	-
<b>7 Contribution to DHB Savings Total</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Expenses</b>		<b>2,909</b>	<b>2,955</b>	<b>(46)</b>	<b>F</b>	<b>2,909</b>	<b>2,955</b>	<b>(46)</b>	<b>F</b>	<b>(2%)</b>	<b>35,652</b>
<b>Operating (Surplus)/Deficit prior to application of Overheads</b>		<b>(1,358)</b>	<b>(1,404)</b>	<b>46</b>	<b>U</b>	<b>(1,358)</b>	<b>(1,404)</b>	<b>46</b>	<b>U</b>	<b>(3%)</b>	<b>(15,734)</b>
Overhead Allocation		1,787	1,761	26	U	1,787	1,761	26	U	1%	19,728
<b>Operating (Surplus)/Deficit</b>		<b>429</b>	<b>357</b>	<b>72</b>	<b>U</b>	<b>429</b>	<b>357</b>	<b>72</b>	<b>U</b>	<b>20%</b>	<b>3,993</b>

Hospital Advisory Committee - 27 August 2015 - Management Reports

FTE	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
1 Medical Staff	38.2	39.8	(1.6)	F	38.2	39.8	(1.6)	F
2 Nursing Staff	145.3	146.0	(0.7)	F	145.3	146.0	(0.7)	F
3 Allied Health Staff	8.0	11.2	(3.2)	F	8.0	11.2	(3.2)	F
4 Support Staff	8.1	7.0	1.1	U	8.1	7.0	1.1	U
5 Management and Administratio	13.7	10.9	2.8	U	13.7	10.9	2.8	U
<b>Direct FTE</b>	<b>213.3</b>	<b>214.9</b>	<b>(1.6)</b>	<b>F</b>	<b>213.3</b>	<b>214.9</b>	<b>(1.6)</b>	<b>F</b>
Overhead FTE Allocation	139.7	138.3	1.3	U	139.7	138.3	1.3	U
<b>Total FTE</b>	<b>353.0</b>	<b>353.2</b>	<b>(0.3)</b>	<b>F</b>	<b>353.0</b>	<b>353.2</b>	<b>(0.3)</b>	<b>F</b>

Comments on Variances +/- 10%

Group	Variance	Comment
Outsourced Services	37% F	Reduced Costs for outsourced services in surgical sub-specialties

## **G Reporting Notes**

### **1 Reporting by Clinical Service**

Reporting is 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.

### **2 Internal Revenue**

Internal Revenue will be passed over from the TDHB Funder in monthly instalments based on **actual** activity delivered against the Price:Volume Schedule. Prior to the 2013-2014 year 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.

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.



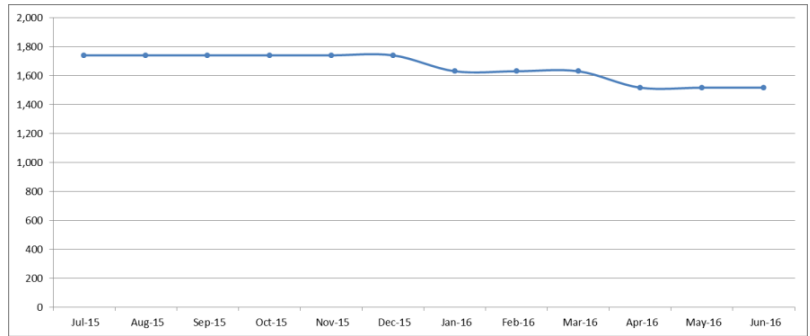


**Outsourced Services**

- Locums
- Radiology
- Outsourced Clinical Services

- Twelfths - requirements unknown in advance
- Projected expense patterns
- Twelfths - contracted services

**Total Outsourced Services Budget Phasing**

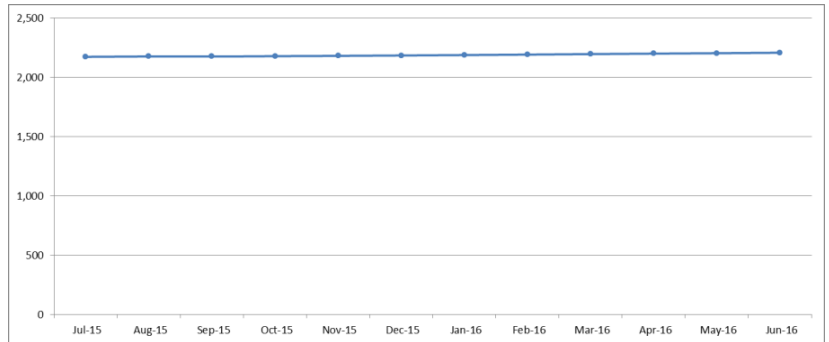


**Clinical Supplies**

- Treatment Disposables
- Diagnostic Supplies & Other Clin Supplies
- Instruments & Equipment
- Patient Appliances
- Implants & Prostheses
- Pharmaceuticals
- Other Clinical & Clients Costs

- Twelfths - requirements unknown
- Twelfths - requirements unknown
- Twelfths - requirements unknown, depreciation in line with expected cost
- Twelfths - requirements unknown
- Twelfths - requirements unknown
- Twelfths - requirements unknown
- Twelfths - requirements unknown

**Total Clinical Supplies Budget Phasing**



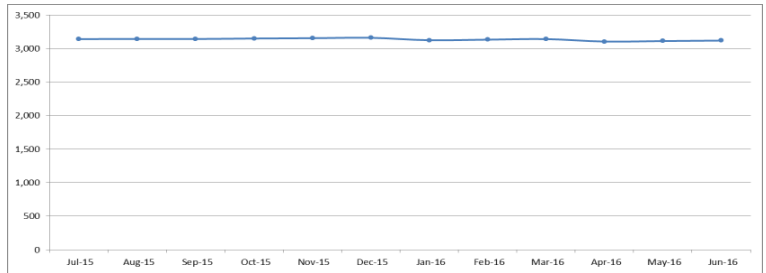
**Non Clinical and Infrastructure**

- Hotel Services ,Laundry & Cleaning
- Facilities
- Transport
- IT Systems & Telecommunications
- Interest & Financing Charges
- Professional Fees & Expenses
- Other Operating Expenses
- Democracy
- Subsidiaries, Joint Venture & Minority Interests

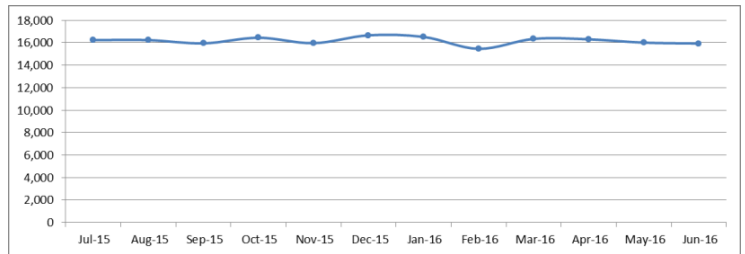
- Historical expense patterns
- Twelfths
- Twelfths
- Historical expense patterns
- Twelfths
- Twelfths
- Twelfths
- Twelfths
- Twelfths
- Twelfths

**Internal Allocations**

**Total Non Clinical and Infrastructure Budget Phasing**



**Total Expense Phasing**



## 4 Clinical/Overhead Departments

Clinical Service and Overhead Allocation		Internal and MOH Direct Revenue	(\$168,266,038)
		Clinical Services	\$99,202,100
		Overhead Services	\$81,167,931
			<b>\$12,103,993</b>

Clinical Services	Cost Centre Name	Budget (\$000)	Overhead Services	Cost Centre Name	Budget (\$000)		
<b>Allied Scientific and Technical</b>	250 5300 Long Term Conditions	(295)	<b>Allied Scientific and Technical</b>	250 5000 Laboratory (Blood Mgmt)	1,529		
	250 5302 Dietitians	527		250 5021 Labcare	6,732		
	250 5303 Audiology	198		250 5050 Radiology	7,336		
	250 5306 Occupational Therapy	1,239		250 5100 Pharmacy	5,621		
	250 5307 Physiotherapy	1,730		<b>Allied Scientific and Technical Total</b>	<b>21,218</b>		
	250 5308 Podiatry	49		<b>Business Manager</b>	250 6001 Orderlies	1,052	
	250 5309 Speech Therapy	147		250 6002 Cleaning Services	1,117		
	250 5314 Orthotics	446		250 6016 Call Centre	571		
	250 5315 Social Work	494		250 8206 Regional Transport	4,048		
	250 5319 Personal Health Psychologists	105		<b>Business Manager Total</b>	<b>6,787</b>		
	250 8308 Newborn Hearing Screening	65		<b>CEO</b>	250 8000 Executive Management	2,648	
	<b>Allied Scientific and Technical Total</b>	<b>4,706</b>		250 8001 Management	8,798		
	<b>Hawera Hospital</b>	251 2365 Hawera Acute Services		3,043	<b>CEO Total</b>	<b>11,447</b>	
		251 2367 Hawera District Nursing		604	<b>Corporate</b>	250 6021 Site Services	234
		251 3613 Hawera Outpatients		68	250 6400 General Facilities	10,197	
<b>Hawera Hospital Total</b>	<b>3,715</b>		250 6404 Engineers Workshop	738			
<b>Health of Older People</b>	225 4500 Psychogeriatric Comm	781	250 6412 Overnight Units	(6)			
	230 4012 Home Support	1,153	250 6413 Hostel Base	(29)			
	250 2284 Ward 2A OPHRS	2,098	250 6414 Electrical Workshop	323			
	250 3040 Geriatric A & R	738	250 6416 Bio-Medical Workshop	272			
	250 3515 Geriatric Day Stay	243	250 6453 25 David Street	4			
	250 8052 Enhanced Intermediate Care	265	250 8099 Efficiencies and Cost Reductions	194			
	250 8053 Care Managers	2	250 8201 Procurement	504			
<b>Health of Older People Total</b>	<b>5,279</b>		250 8205 Transport	(230)			
<b>Maternal and Child Health</b>	225 4512 Child and Youth Ment	1,419	250 8207 Circulating Stores	274			
	230 4000 Hearing and Vision Screening	57	250 8220 Finance	(856)			
	230 4011 Public Health Nurses	964	250 8223 Payroll	331			
	230 4016 Community Oral Health Project	2,668	250 8231 HBL Shared Services	441			
	230 4252 Whanau Pakari	126	250 8237 HealthShare Ltd	237			
	250 2285 Ward 2B Childrens Ward	1,966	250 8238 Central Technical Advisory Services	253			
	250 2350 Maternity Ward Base	2,761	250 8240 Information Ser	11,755			
	250 2366 Neonatal Ward	1,414	<b>Corporate Total</b>	<b>24,635</b>			
	250 3012 Paediatric Medicine	2,575	<b>GM Hospital</b>	250 8024 Project Maunga	0		
	250 3027 Gynaecology	1,475	250 8030 Clinical Management	897			
	250 3051 Clinical Community	83	<b>GM Hospital Total</b>	<b>897</b>			
	250 3520 Sexual Health Clinic	112	<b>Hawera Hospital</b>	251 6002 Hawera Cleaners and Orderlies	235		
	250 4001 Child Development	438	251 6406 Grounds	36			
	250 5304 Child Therapy	378	251 6407 Works General	457			
	250 8033 Maternity and Child Management	443	251 8002 Administration	451			
	251 2350 Maternity Ward Hawera	457	251 8106 Management	192			
<b>Maternal and Child Health Total</b>	<b>17,335</b>		251 8215 Transport	(47)			
<b>Medical Services</b>	230 4212 New Plymouth District Nursing	3,038	<b>Hawera Hospital Total</b>	<b>1,325</b>			
	250 2288 Ward 4A Medical 1	4,345	<b>Human Resources</b>	250 6008 Library	320		
	250 2289 Ward 4B Medical 2	11	250 8040 Workforce Developmen	50			
	250 2365 Emergency Department (ED)	4,250	250 8260 Human Resources	1,395			
	250 3000 General Medicine Base	4,971	250 8262 Education & Dev	284			
	250 3001 Emergency Department Medical	2,309	<b>Human Resources Total</b>	<b>2,049</b>			
	250 3511 Cardiac Investigation Unit (CIU)	19	<b>Maori Health</b>	250 5509 Maori Health Service	315		
	250 3518 Renal Clinic	1,792	250 8041 Maori Health Se	68			
	250 3521 Cardiology Clinic	1,153	<b>Maori Health Total</b>	<b>383</b>			
	250 3524 Cardiac Failure	1	<b>Medical Services</b>	230 4214 Stratford Health Centre	118		
	250 4010 Pain Educators	87	230 4215 Opunake Health Centre	25			
	250 5219 Cardiac Education	0	230 4217 Patea Health Centre	26			
	250 5312 Asthma Education	7	250 3500 Outpatients	743			
	250 5313 Diabetes Educabrs	2	250 6010 Clinical Transcription Service	386			
	251 3000 Hawera Medical Staff	2,441	250 8022 Medicine Management	250			
	250 3527 Medical OPD and Oncology	586	<b>Medical Services Total</b>	<b>1,548</b>			
<b>Medical Services Total</b>	<b>25,012</b>		<b>Mental Health and Addictions</b>	225 8023 Mental Health Management	594		
<b>Mental Health and Addictions</b>	225 2470 Te Puna Waiora	3,704	<b>Mental Health and Addictions Total</b>	<b>594</b>			
	225 2471 TWW	0	<b>Nursing</b>	250 5215 CTA Nurse Training	(311)		
	225 3047 Acute Mental Health (Psychiatrists)	4,255	250 5216 Clinical Facilitator	4			
	225 4504 Maori Clinical Services	0	250 8013 Director of Nursing	757			
	225 4509 Intensive Community	1,478	250 8267 Nursing Professional Development	(128)			
	225 4511 Mental Health Team	1,665	<b>Nursing Total</b>	<b>323</b>			
	225 4515 Alcohol and Drug Uni	954	<b>Public Health</b>	250 5316 Cervical Screening	444		
	225 4611 South Mental Health	661	250 5700 Health Protection	917			
	225 4516 Home Based Support	1	250 5701 Environment Health	62			
<b>Mental Health and Addictions Total</b>	<b>12,719</b>		250 5702 Health Promotion	442			
<b>Surgical Services</b>	250 2286 Ward 3A Surgical	3,089	250 8034 Managerial Publ	311			
	250 2287 Ward 3B Orthopaedic	2,357	<b>Public Health Total</b>	<b>2,176</b>			
	250 2364 Intensive Care Unit (ICU)	3,282	<b>Risk Management</b>	250 8280 Risk Management	585		
	250 3019 General Surgery	2,684	250 8284 Emergency and Pandem	84			
	250 3020 Anaesthesiology	4,639	<b>Risk Management Total</b>	<b>669</b>			
	250 3024 Dental Surgeons	672	<b>Surgical Services</b>	250 3050 Clinical RMOs	2,265		
	250 3026 Otorhinolaryngology	700	250 5202 Internal Bureau Nursing	229			
	250 3029 Ophthalmology	1,463	250 5213 Nursing Resources	1,820			
	250 3030 Orthopaedic Surgery	2,085	250 5508 Case Management	372			
	250 3034 Urology	595	250 6020 Booking Office	745			
	250 3150 ACC Contracts	(3,994)	250 8006 Allocations Unit	252			
	250 3300 Operating Theatre	5,496	<b>Surgical Services Total</b>	<b>5,682</b>			
	250 3301 Endoscopy Theatre	358	<b>Planning &amp; Improvement Manag</b>	250 6009 Clinical Records	876		
	250 3303 Ophthalmology Theatre	21	250 8007 Programme Office	201			
	250 3304 ENT Theatre	50	250 8032 Management Information Unit	357			
	250 3305 Urology Theatre	103	<b>Planning &amp; Improvement Manager Total</b>	<b>1,434</b>			
	250 3306 Gynaecology Theatre	138	<b>Grand Total</b>	<b>81,168</b>			
	250 3307 Orthopaedic Theatre	2,623					
	250 3308 General Surgery Theatre	937					
	250 3309 Anaesthetics	563					
	250 3508 Dental Clinic	144					
	250 3543 PACU2	1,415					
	250 5214 Pain Nurses	144					
	250 5507 Decontamination Sterilisations (CSSD)	848					
	250 8481 Elective Services Project	24					
<b>Surgical Services Total</b>	<b>30,436</b>						
<b>Grand Total</b>	<b>99,202</b>						