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General Manager Planning & Funding &
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Chief Advisor Maori Health
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AGENDA

**HOSPITAL ADVISORY
COMMITTEE**

ORDINARY MEETING

OPEN

**Thursday 24 September 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 24 September 2015
1 pm
Corporate Meeting Room 1, Base Hospital
David Street
New Plymouth

		Action
1.	Apologies Apologies from Tony Foulkes as received at earlier meeting.	For noting
2.	Interest Register & Conflicts of Interest <ul style="list-style-type: none"> • Members to verbally advise all changes to the interest register, and amend the register circulated; and • Members need to advise the Chair of any conflict with any matter that is part of the agenda papers. 	Members to advise Chair
3.	Public Comment	Verbal
4.	Chair's Report	Verbal
5.	Attendance Schedule	Verbal
6.	Minutes 6.1 Minutes of meeting held 27 August 2015 <u>Resolution</u> <i>That the Hospital Advisory Committee receives and notes the minutes of the meeting held 27 August 2015 as a true and accurate record.</i> 6.2 Matters Arising	Resolution
7.	Presentation Topic – Stroke / thrombolysis Presenter - Dr Bhavesh Lallu	
8.	Management Report Hospital & Specialist Services Monthly Report. <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
9.	Date of Next Meeting 29 October 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
Board												
Pauline Lockett	✓	✓										
Sally Webb	A	✓										
Alex Ballantyne	✓	✓										
Karen Eagles - Deputy Chair	A	A										
Flora Gilkison	✓	✓										
Richard Handley	✓	✓										
Te Aroha Hohaia	✓	✓										
Kevin Nielsen - Chair	✓	✓										
TeUrumairangi Ritai	✓	✓										
Alison Rumball	✓	✓										
Aroaro Tamati	✓	A										

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent

7



MINUTES OPEN (unconfirmed)

HOSPITAL ADVISORY COMMITTEE

27 August 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, TeUrumairangi Ritai, Alison Rumball, Sally Webb

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)

1072.0 Opening of Meeting

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

1073.0 Apology

The apologies/leave of absence formally received at the previous meeting from Karen Eagles (Board member) and Tony Foulkes and Anne Kemp were noted. An apology from Aroaro Tamati was also received noted.

1074.0 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. The following amendments to the register were noted:

- Sally Webb, Bectolee Partnership (Removed – has been disestablished)
- Te Aroha Hohaia, Puke Ariki Trust – Trustee (Removed – resigned 26 August 2015)
- Te Aroha Hohaia, Louise Rauhuia Manuera Hohaia Whanau Trust – Trustee (Removed – entity will never have transactions with TDHB)
- TeUrurumairangi Ritai – Member of Hei Ahuru Moewai – Maori Cancer Leadership Group

1075.0 Chairs report

Mr Nielsen congratulated the team on the results for the first month of the new financial year, noting that there remained the need to keep an 'eye on the ball'.

Mr Nielsen also referred to discussion at the previous meeting regarding the reporting format and while any further feedback was welcome he was happy with the reporting framework as it stands.

1076.0 Attendance Schedule

The attendance schedule was received and noted.

1077.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 30 July 2015 as a true and correct record.

*Rumball/Ballantyne
Carried*

1077.1 Matters Arising

1077.2 Influenza Vaccination Programme

It was noted that the vaccination rate for TDHB staff was 50%, which was better than previous years but remains below the national average.

Following discussion Mrs Clements advised that policies and learnings from other DHBs was currently under consideration to determine successful strategies.

Mrs Campbell advised that trends of what portion of staff not vaccinated who had time off of the flu/cold compared to those that had been vaccinated could be obtained.

1078.0 Management Reports

Mrs Campbell took her report as read acknowledging the positive financial and target results. Other points of interest were highlighted as below:

- ED has been able to maintain good management of acute demand as a result of a successful project.
Evaluation of the first 12 months of the project is underway with a report due in October.
A separate evaluation of the ED CNS role which manages minor illnesses and injuries has been undertaken to determine how the role fits into the ED model of care.
- Electronic white-board in ED provides visual demonstration of 6 hour wait-time monitoring.
- Key achievements included:
 - Success in securing funding for Round 2 of the Faster Cancer Treatment initiative. This phase will focus on surveillance strategies for this patient group.
 - Funding also secured for Psychology and Social Work staff to join the Cancer Nurse Coordinate to provide support for cancer patients.
 - Participation in Cohort 1 for the HQSC 'Improving Communication and Teamwork in Theatre' project.

- Through Workwise Supported Employment 80 Mental Health Acute Service clients out of 137 were supported into jobs and off benefits, and 11 into training.
- Hawera Maternity has received a resignation from a midwife, with a total FTE of 4.2 this will have an impact on service provision.
- Uncoupling of pharmacy electronic systems has been progressing with an increased workload in pharmacy.
- Work progresses on the roll out of a National Bowel screening project with the clinical lead for endoscopy and a Clinical Service Manager attending a meeting in Wellington to identify strategic focus for this project.
- Delirium project proposal has been presented to the Clinical Board for consideration. The aim of the project is to improve the recovery outcomes of people and their family/whanau who access health services for mental health and addiction issues.

Discussion

- It was noted that the reporting of the FCT covered two quarters and that a number of complex patients had feed into the results.
- Ms Lockett questioned whether there had been any negative impact on services following the down turn in diary payouts.
Mrs Jenkins advised that she had attended a meeting the previous day and that while it was anticipated that the impact may increase over time there was also an increase in support and awareness within the community.
- Mrs Campbell advised that there was a pathway in place for clients requiring a Barium Swallow. It was noted the procedure would be undertaken in Waikato and there were low volumes.
- Ms Lockett questioned whether midwifery recruitment was a New Zealand wide problem and was advised that midwives were a vulnerable profession group, with constant recruitment activities.
- Ms Lockett referred to a previous presentation regarding the expansion of mental health services into the community and considered a update of this would be useful as a future presentation

Resolution

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

*Handley/Hohaia
Carried*

1079.0 Next Meeting

24 September 2015 in New Plymouth

The meeting concluded at 1.40pm

.....
Chairman

.....
Date

TDHB Hospital Advisory Committee Task List as at 27 August 2015						
Action No	Date Raised	Action Description	Status	Assigned	Due Date	Updates
41	27 August 2015	Mental Health Community Services – expansion of services into the community	To be prepared for future meeting	COO	Tbc	Update on previous presentation
40	30 June 2015	Influenza Vaccine Programme 2016	WIP	Q&R Manager	By March 2016	

TO Hospital Advisory Committee



FROM Gillian Campbell
Acting Chief Operating Officer

DATE 16 September 2015

MEMORANDUM

SUBJECT Hospital and Specialist Services Report for
August 2015

Recommendation:

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

Please find attached the Hospital and Specialist Services monthly report for August 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.

A handwritten signature in cursive script that reads "Gillian Campbell".

Gillian Campbell
ACTING CHIEF OPERATING OFFICER

Hospital and Specialist Services Monthly Report – August 2015

Contents

Provider Overview – Gillian Campbell

- 1 Health Targets
- 2 Financial 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

Overview

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

Overall health targets have continued to meet or exceed target. The close planning and monitoring of elective delivery ensures the electives targets continue to be achieved. The Emergency Department Shorter Stay target has been under pressure with increased numbers of patients requiring admission over the busy winter period.. 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 year to date is a deficit of \$2.77M, \$548K higher than budget. Expenses were very close to budget, with reduced revenue from other government sources impacting. This is expected to be timing related.

1.2 Key Achievements

- ED Acute Demand: The acute demand project has been underway for 12 months including the initiatives of redirection, primary options, frequent flyers and communication strategy. An updated communication strategy has commenced. An evaluation of the ED CNS roles is also being undertaken to determine how this fits in the new model of care.
- Éclair upgrade has been completed. Credit must be given to all the members of the team as this went ahead with only minor hiccups and will enable a platform for further enhancements.
- The Pharmacy has been making considerable gains over the last three years in aseptic compounding costs, with costs reduced by 14% in the 2014-2015 year. The cost reduction was \$324K over the financial year in the main due to the move to a Midlands/Lower North Island agreement and economies of scale.
- Family violence screening continues to improve in the Emergency Department across Base and Hawera – now at approximately 20%. The initial target of 25% is expected to be achieved shortly.
- Mental Health and Addiction Services Regional Clinical Work Station is making good progress with all service provision frameworks completed with the exception of AOD/OST. Document mapping and correlation work has begun.
- Commencement of the Clinical Nurse Specialist for Residential Care/Community. The primary focus of this role is on supporting and enhancing patient care. This will include training and development of nurses and staff involved with the care of the older person in the residential /community sector.
- We continue to monitor Elective Surgery Productivity Indicator compliance closely and have maintained green status in ESPI 1. There was one patient

seen outside of the 120 days for ESPI 2 due to consultant leave. We are awaiting August final results for ESPI 5 and anticipate we will meet targets

- We are participating in Cohort 1 for the Health Quality and Safety Commission project for Improving Communication and Teamwork in Theatre. A team attended the first workshop at the end of August and we are commencing briefing and debriefing in General Surgery theatres this week. There is very positive engagement from all clinical groups.
- The Visitors Policy is under review. We are using a co-design model incorporating patient, visitor and staff feedback in the review.

1.3 Areas off Track and Remedial Actions

- Hawera Maternity Unit staffing continues to be impacted by resignations and illness. We are working with staff on innovative ways to support the service to ensure it continues in a safe manner.
- Patient length of stay in the medical ward continues to be evaluated and further strategies to reduce the length of stay and improve early discharge are being progressed.
- The significant focus on achieving the MOH colonoscopy waiting times has affected our ability to perform gastroscopies in a timely manner. This is now a clinical focus for the Endoscopy team. Capacity to maintain both colonoscopy and gastroscopy waiting times within the desired limits is challenging.

1.4 Key Issues/Initiatives identified in coming months

- Pharmacy staffing levels are very low due to resignations, staff leave and sickness. Recruitment of suitable staff is proving challenging but is progressing with a new staff member recruited to start next month.
- National Child Health Information Platform: Hospital Child services are participating in this national project that will see all childhood health records being kept in a single repository and accessible by nominated/designated staff. Information sharing will support improved provision of care and communication across all caregivers.
- Ongoing work in conjunction 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 protocol for transfer of neonates and paediatric patients has been finalised.
- A number of renal patients who require an operation to develop an AV fistula at Waikato DHB will now have surgery at TDHB (visiting Vascular Surgeon). This will prevent two trips to Waikato per patient.

- Faster Cancer Treatment: A visit from the MOH regarding the unmet 62 day FCT target occurred this month to identify areas for improvement and offer support. Latest FCT results indicate that TDHB is making good progress at population view. Small numbers cause month to month variation.
- Perinatal Mental Health Pathway is experiencing a considerable increase in client case load and significant pressure on existing resources. We are reviewing the impact and reasons for this.
- The redesign of the Delirium Pathway has been endorsed by the Clinical Board. The plan is in place with Stage 1 Pre Audit and Stage 2 Pathway development completed. Stage 3 Feedback is underway with Education and Roll out to be undertaken in early 2016. Key changes are the clinical assessment tool to replace the Cognitive Assessment Measure (this is internationally recognised as a better tool) and ownership at the ward level through identified champions
- The Ministry of Health have indicated the roll out of a National Bowel screening project. The Clinical Lead for Endoscopy and a Clinical Service Manager attended a meeting in Wellington and there will now be a regional approach to discuss the issues in more detail. We will be participating with the Midland region in forums over the next month.

2. Financial Performance

2.1 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
Revenue	(15,576)	(15,457)	(118)	F	(30,782)	(30,915)	133	U	(0%)	(182,133)
Personnel Costs	9,938	9,519	419	U	19,493	19,038	455	U	2%	114,363
Outsourced Services	2,002	1,739	264	U	3,398	3,477	(80)	F	(2%)	17,864
Clinical Supplies	2,124	1,972	153	U	4,219	3,944	276	U	7%	23,393
Infrastructure and Non Clinical Supplies	1,162	1,319	(157)	F	2,426	2,639	(213)	F	(8%)	13,871
Internal Allocations	(0)	(1)	0	U	(1)	(1)	0	U	(40%)	(7)
Financial Expenses	2,009	2,025	(16)	F	4,021	4,045	(24)	F	(1%)	24,752
Total Expenses	17,235	16,574	662	U	33,556	33,142	415	U	1%	194,237
(Surplus)/Deficit	1,660	1,116	544	U	2,774	2,227	548	U		12,104

2.2 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	672	701	(29)	F	1,331	1,401	(71)	F	(5%)	7,918
Maternal and Child Health	593	477	116	U	1,095	954	141	U	15%	5,473
Medical Services	(508)	(565)	57	U	(1,253)	(1,131)	(122)	F	11%	(6,780)
Mental Health and Addiction Services	91	22	69	U	220	43	176	U	406%	109
Health of Older People	138	122	16	U	282	244	38	U	16%	1,392
Surgical Services	674	358	315	U	1,100	715	385	U	54%	3,993
(Surplus)/Deficit	1,660	1,116	544	U	2,774	2,227	548	U		12,104

2.3 Comment on Major Variances

Revenue

- Revenue is slightly over budget for the month relating to additional internal revenue, however this is timing related.
- Year to date revenue from other government sources is under budget, mainly ACC revenue, this is expected to correct over coming months

- Other Income is below budget, relating to the interest received on investments.

Expenditure

- **Personnel** costs are over budget by \$455K year to date, the majority of this relates to medical staff (offset by savings in locum staff below), with savings in nursing and support services
- **Outsourced Services** are \$80K less than budget, with significant savings in locum medical staff (\$144K) and higher than budgeted costs for outsourced radiology and laboratory services
- **Clinical Supplies** are over budget by \$181K, relating to pharmaceuticals, patient transport and diagnostic supplies.
- **Infrastructure and Non Clinical Supplies** are \$143K less than budget with savings in IT and Telecommunications (\$104K), Financing costs (\$46K) and Professional Fees and Expenses (\$33K). High costs were incurred for patient meals and laundry (\$28K over budget) and Staff Transport and Accommodation (\$52K unfavourable, where \$25K is timing related).

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

Salary Costs Only \$000	Month								Year to Date											
	\$\$\$				FTE				\$\$\$				FTE							
	Actual	Budget	Var.	%	Actual	Budget	Var.	%	Actual	Budget	Var.	%	Actual	Budget	Var.	%				
Medical Staff																				
Specialist Medical Officer	1,725	1,501	224	15%	U	69.1	67.3	1.8	3%	U	3,272	3,001	270	9%	U	68.4	67.3	1.1	2%	U
MOSS	293	308	(15)	(5%)	F	14.1	18.4	(4.3)	(23%)	F	616	616	0	0%	U	13.8	18.4	(4.6)	(25%)	F
Registrars	446	348	97	28%	U	30.5	33.1	(2.6)	(8%)	F	838	697	141	20%	U	30.3	33.1	(2.9)	(9%)	F
House Officers	290	290	1	0%	U	34.5	35.0	(0.5)	(1%)	F	607	579	28	5%	U	34.8	35.0	(0.3)	(1%)	F
Total Medical Staff	2,754	2,447	307	13%	U	148.2	153.8	(5.6)	(4%)	F	5,333	4,893	440	9%	U	147.2	153.8	(6.7)	(4%)	F
Nursing Staff	3,846	3,812	34	1%	U	587.0	560.2	26.8	5%	U	7,540	7,623	(83)	(1%)	F	580.8	560.2	20.6	4%	U
Allied Health Staff	1,419	1,300	119	9%	U	233.6	244.5	(10.9)	(4%)	F	2,798	2,601	197	8%	U	234.1	244.5	(10.4)	(4%)	F
Support Staff	371	399	(28)	(7%)	F	94.0	79.8	14.2	18%	U	737	799	(62)	(8%)	F	94.2	79.8	14.4	18%	U
Management & Admin Staff	1,465	1,390	76	5%	U	254.6	269.1	(14.5)	(5%)	F	2,969	2,779	190	7%	U	255.5	269.1	(13.6)	(5%)	F
Total Costs	9,856	9,348	508	5%	U	1,317.4	1,307.4	10.0	1%	U	19,376	18,695	681	4%	U	1,311.7	1,307.4	4.3	0%	U

Personnel Costs

- Overall staff costs are \$455K higher than budget year to date. This is broken down to wages and salary costs \$681K higher than budget, offset by other staff costs \$226K less than budget.
- **Medical** staff salary costs are over budget by \$440K for the year to date, the majority of the variance is in Emergency Department staffing. When locum costs are included the total cost of medical staffing is \$5.49M YTD, \$186K higher than budget.
- **Nursing** staff wage costs are under budget by \$83K year to date and offset by a further \$63K under budget in non-salary expenses. This is a positive sign and all efforts will be made to continue to meet budgets in this area.
- **Allied Health** staff are over budget \$197K for salary costs with savings in other areas reducing the total overspend to \$162K YTD. The majority of this is in Laboratory and Pharmacy, with the remainder spread across a number of services. Careful watch will be kept on this area.

- **Support staff** are \$63K below budget, with high costs in Cleaning and Orderly staff offset by savings in other areas
- **Management and Administration** staff are over budget by \$174K year to date

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
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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 Strategic Initiatives

Deliverable	Status	Increased Patient Safety	Better Quality Care	Financial Performance	Improved Health Status	Engaged Workforce
DAP						
Long Term Conditions Programme					○	
Improved Access to Diagnostics			○		○	
Whanau Ora - Building Capacity and Capability to strengthen Maori Health Services			○		○	
MAORI HEALTH PLAN						
LIVING WITHIN OUR MEANS						
Allied Health Service Consolidation				○		○
Diagnostics Service Efficiency			○	○	○	
Organisation Wide Savings Initiatives				○		
OTHER INITIATIVES AND PROGRAMMES						

Key Achievements in the Month

- Éclair upgrade has been completed. Credit must be given to all the members of the team as this went ahead with only minor hiccups and will enable a platform for further enhancements.
- Information was received from Baxter that identified over the 14/15 financial year we had a 13.9% decrease in our aseptic compounding costs. The cost reduction was \$324K over the financial year. Some of this was due to patient casemix but also due to the move to a Midlands/Lower North Island agreement and economies of scale. We have been making considerable gains over the last three years as we have been able to get collaboration with other Midland members. However moving forward our gains will be considerably less more in the line of \$20-30K.
- Savings in the laboratory continue to be monitored. The reduction of send away tests due to closer monitoring saw a saving of \$70K last financial year. Changing the ordering process for another test set has seen a saving of \$8K over the last four months.

- Cancer Team: Psychology and Social Work positions are being advertised and recruited to.
- Orthotist now working 3 days per week, staffing and process changes within this service have enabled us to improve quality of service.

Areas off Track and Remedial Actions

- Physiotherapy vacancies and staff sickness are impacting on the waitlists. Recruitment is in progress.
- Dietetics Paediatric waitlist is under some strain at present and being monitored.
- The lack of ability to perform Modified Barium Swallows continues to concern to the Speech Language Therapists.
- Pharmacy staffing levels are very low due to resignations, staff on previously approved overseas annual leave coupled with sickness. Recruitment of suitable staff is proving challenging but is progressing. New staff member recruited to start next month.
- 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 and reverse osmosis water unit are both due to arrive early September.

3 Key Issues/Initiatives identified in coming months

- Point of care testing remains on the agenda.

4 Financial Results August 2015

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	(16)	(9)	(7)	F	(36)	(18)	(18)	F	(103%)	(108)
	3 Other Income	(0)	(27)	27	U	(0)	(54)	54	U	100%	(322)
	Internal Revenue	(291)	(287)	(4)	F	(576)	(574)	(2)	F	(0%)	(3,375)
1 Revenue Total		(307)	(323)	16	U	(612)	(645)	33	U	5%	(3,804)
2 Personnel Costs	1 Medical Staff	-	-	-	-	-	-	-	-	-	-
	2 Nursing Staff	0	0	(0)	F	0	1	(1)	F	(100%)	3
	3 Allied Health Staff	326	330	(4)	F	645	659	(14)	F	(2%)	3,881
	4 Support Staff	-	-	-	-	-	-	-	-	-	-
	5 Mgmt & Admin Staff	16	20	(4)	F	34	39	(5)	F	(13%)	233
2 Personnel Costs Total		342	350	(8)	F	679	699	(20)	F	(3%)	4,117
3 Outsourced Services	1 Outsourced Medical Staff	-	-	-	-	-	-	-	-	-	-
	2 Other Outsourced Staff	7	7	(0)	F	13	14	(1)	F	(6%)	85
	3 Referred Services	-	-	-	-	-	-	-	-	-	-
	4 Outsourced Clinical Services	18	22	(4)	F	34	44	(9)	F	(21%)	263
3 Outsourced Services Total		25	29	(4)	F	48	58	(10)	F	(18%)	348
4 Clinical Supplies	1 Patient Consumables	5	6	(1)	F	8	11	(3)	F	(30%)	68
	2 Diagnostic Supplies	2	2	0	U	3	3	0	U	2%	19
	3 Clinical Equipment	2	2	(0)	F	4	5	(1)	F	(11%)	24
	4 Patient Appliances	33	31	2	U	71	63	8	U	12%	376
	5 Implants and Prostheses	-	-	-	-	-	-	-	-	-	-
	6 Pharmaceuticals	-	-	-	-	-	-	-	-	-	-
	7 Patient Transport & Accommodations	-	-	-	-	-	-	-	-	-	-
	8 Other Clinical Supplies	0	0	(0)	F	0	0	(0)	F	(16%)	1
4 Clinical Supplies Total		42	41	1	U	86	82	4	U	5%	489
5 Infrastructure & Non Clinical Supplies	1 Hotel	2	4	(2)	F	6	8	(1)	F	(19%)	47
	2 Facilities	-	-	-	-	-	-	-	-	-	-
	3 Staff Transport & Accommodations	-	-	-	-	0	-	0	U	100%	-
	5 IT & Telecommunications	-	-	-	-	-	-	-	-	-	-
	6 Interest & Financing Charges	-	-	-	-	-	-	-	-	-	-
	7 Professional Fees & Expenses	-	-	-	-	-	-	-	-	-	-
	8 Other Operating Expenses	3	3	(0)	F	(45)	6	(51)	F	(795%)	37
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidiaries	-	-	-	-	-	-	-	-	-	-
5 Infrastructure & Non Clinical Supplies Total		5	7	(2)	F	(39)	14	(53)	F	(371%)	84
6 Internal Allocations	1 Internal Transport Costs	7	8	(1)	F	15	16	(1)	F	(6%)	98
	2 Internal Charges	-	-	-	-	-	-	-	-	-	-
6 Internal Allocations Total		7	8	(1)	F	15	16	(1)	F	(6%)	98
7 Contribution to DHB Savings	1 Savings	-	-	-	-	-	-	-	-	-	-
7 Contribution to DHB Savings Total		-	-	-	-	-	-	-	-	-	-
Total Expenses		421	435	(14)	F	790	870	(80)	F	(9%)	5,135
Operating (Surplus)/Deficit prior to application of Overheads		114	112	2	U	178	225	(47)	F	(21%)	1,331
Overhead Allocation		557	589	(31)	F	1,153	1,177	(24)	F	(2%)	6,587
Operating (Surplus)/Deficit		672	701	(29)	F	1,331	1,401	(71)	F	(5%)	7,918

FTE

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	57.1	57.2	(0.1)	F	57.1	57.2	(0.1)	F
4 Support Staff	-	-	-	-	-	-	-	-
5 Mgmt & Admin Staff	5.1	6.0	(0.9)	F	5.1	6.0	(0.9)	F
Direct FTE	62.2	63.3	(1.1)	F	62.2	63.3	(1.1)	F
Overhead FTE Allocation	46.7	46.2	0.5	U	46.7	46.2	0.5	U
Total FTE	108.9	109.5	(0.6)	F	108.9	109.5	(0.6)	F

Comments on Variances +/- 10%

Group	Variance	Comment
Revenue	5%	N/A
Personnel	(3%)	N/A
Outsourced Services	(18%)	Reduced costs for the outsourced Orthotics service, this is timing related and not expected to continue
Clinical Supplies	5%	N/A
Infrastructure and Non Clinical Supplies	(371%)	Timing related to the Long Term Conditions programme

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 Strategic Initiatives

Initiative	Status	Increased Patient Safety	Better Quality Care	Financial Perform	Improved Health Status	Engaged Workforce
DAP						
Prime Ministers Youth Mental Health Project - Public Health Nursing	On track				○	
Vulnerable Children - Children's Teams					○	
Reducing Assaults on Children - Family Violence Intervention Programme	On track				○	
Improved Breast Feeding Rates	On track		○		○	
Primary Care Access to Services - Specialist Advice and Support Paediatrics	Behind plan		○		○	
Maternity Quality and Safety Plan - continued implementation	Ahead of plan	○	○		○	
Whanau Ora - Building Capacity and Capability to strengthen Maori Health Services	On track		○		○	
MAORI HEALTH PLAN						
Improved Breast Feeding Rates - Maori	Behind plan		○		○	
Oral Health – Menemene mai and Early enrolment	On track				○	
LIVING WITHIN OUR MEANS						
Outpatient Volume Delivery				○	○	

Key achievements in the month
<ul style="list-style-type: none"> • 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. Phone clinics for paediatricians, reducing the face to face visits for patients, commencing at the end of September. Also introducing virtual FSA's for patients via Map of Medicine. • Family violence screening continues to improve in the Emergency Department across Base and Hawera – now at approximately 20%. The initial target of 25% is expected to be achieved shortly. • Maternity staffing meetings are reviewing ways to staff maternity, proposal for a 6 month trial of a third staff member on nights Wednesday to Sunday has been approved and we are currently recruiting to this. • Review of the use of clinic and developmental rooms in CACC and CAMHS. The objective to unitise space more efficiently and enable the relocation of dental into the CACC community environment. • Plans are underway to move Sexual Health into the old dental area to save on rental of 188 Powderham and the provision of service in remote areas.
Areas off Track and Remedial Actions
<ul style="list-style-type: none"> • Hawera Maternity Unit staffing continues to be impacted by resignations and illness. We are working with staff on innovative ways to support the service to ensure it continues in a safe manner.

3 Key Issues/Initiatives identified in coming months

- National Child Health Information Platform – Hospital Child services are participating in this national project that will see all childhood health records being kept in a single repository and accessible by nominated/designated staff. Information sharing will support improved provision of care and communication across all caregivers.
- Maternity Information System is on hold for Taranaki as it beds in the trial areas nationally.
- Planning is underway to have wireless connectivity in CACC.

4 Financial Performance August 2015

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	-	(12)	12	U	100%	(70)
	2 Patient Revenue	(8)	(4)	(4)	F	(14)	(7)	(7)	F	(97%)	(44)
	3 Other Income	0	(3)	4	U	(1)	(7)	6	U	82%	(41)
	Internal Revenue	(1,848)	(1,822)	(26)	F	(3,658)	(3,644)	(14)	F	(0%)	(21,436)
1 Revenue Total		(1,855)	(1,835)	(20)	F	(3,674)	(3,670)	(4)	F	(0%)	(21,591)
2 Personnel Costs	1 Medical Staff	408	312	96	U	757	624	133	U	21%	3,677
	2 Nursing Staff	652	602	49	U	1,264	1,205	60	U	5%	7,385
	3 Allied Health Staff	272	279	(7)	F	548	558	(10)	F	(2%)	3,286
	4 Support Staff	-	-	-	-	-	-	-	-	-	-
	5 Mgmt & Admin Staff	49	43	6	U	103	87	16	U	18%	511
2 Personnel Costs Total		1,381	1,237	144	U	2,672	2,474	198	U	8%	14,858
3 Outsourced Services	1 Outsourced Medical Staff	-	16	(16)	F	-	32	(32)	F	(100%)	193
	2 Other Outsourced Staff	-	-	-	-	-	-	-	-	-	-
	3 Referred Services	-	-	-	-	-	-	-	-	-	-
	4 Outsourced Clinical Services	75	34	42	U	75	68	7	U	11%	406
3 Outsourced Services Total		75	50	26	U	75	100	(25)	F	(25%)	599
4 Clinical Supplies	1 Patient Consumables	59	61	(2)	F	113	122	(9)	F	(7%)	734
	2 Diagnostic Supplies	2	3	(1)	F	6	5	0	U	9%	33
	3 Clinical Equipment	24	20	4	U	46	40	6	U	15%	237
	4 Patient Appliances	7	3	3	U	11	7	4	U	62%	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	(0)	F	2	4	(1)	F	(41%)	21
4 Clinical Supplies Total		94	89	5	U	178	178	(0)	F	(0%)	1,066
5 Infrastructure & Non Clinical Supplies	1 Hotel	40	35	5	U	72	69	2	U	3%	417
	2 Facilities	8	7	0	U	17	15	2	U	12%	89
	3 Staff Transport & Accommodations	16	14	2	U	29	28	1	U	5%	169
	5 IT & Telecommunications	0	0	0	U	0	0	0	U	124%	1
	6 Interest & Financing Charges	-	-	-	-	-	-	-	-	-	-
	7 Professional Fees & Expenses	-	-	-	-	-	-	-	-	-	-
	8 Other Operating Expenses	10	10	0	U	21	19	1	U	7%	116
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidiaries	-	-	-	-	-	-	-	-	-	-
5 Infrastructure & Non Clinical Supplies Total		74	66	8	U	139	132	7	U	5%	792
6 Internal Allocations	1 Internal Transport Costs	15	15	0	U	30	29	1	U	3%	177
	2 Internal Charges	(2)	(0)	(2)	F	(2)	(0)	(2)	F	1215%	(1)
6 Internal Allocations Total		14	15	(1)	F	29	29	(1)	F	(2%)	176
7 Contribution to DHB Savings	1 Savings	-	-	-	-	-	-	-	-	-	-
7 Contribution to DHB Savings Total		-	-	-	-	-	-	-	-	-	-
Total Expenses		1,638	1,457	182	U	3,093	2,913	179	U	6%	17,490
Operating (Surplus)/Deficit prior to application of Overheads		(217)	(378)	162	U	(581)	(756)	175	U	(23%)	(4,101)
Overhead Allocation		810	856	(46)	F	1,676	1,710	(34)	F	(2%)	9,573
Operating (Surplus)/Deficit		593	477	116	U	1,095	954	141	U	15%	5,473

FTE

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	98.2	94.3	3.9	U	98.2	94.3	3.9	U
3 Allied Health Staff	49.9	54.4	(4.5)	F	49.9	54.4	(4.5)	F
4 Support Staff	-	-	-	-	-	-	-	-
5 Management and Administratio	11.9	11.1	0.8	U	11.9	11.1	0.8	U
Direct FTE	178.5	177.5	1.0	U	178.5	177.5	1.0	U
Overhead FTE Allocation	67.8	67.1	0.7	U	67.8	67.1	0.7	U
Total FTE	246.3	244.6	1.7	U	246.3	244.6	1.7	U

Comments on Variances +/- 10%

Group	Variance	Comment
Revenue	(0%)	N/A
Personnel	8%	N/A
Outsourced Services	(25%)	Reduced locum RMO costs in Paediatrics
Clinical Supplies	(0%)	N/A
Infrastructure and Non Clinical Supplies	5%	N/A

C. Medical Services Group

1 Service Overview

The Medical Services group is responsible for Medicine, Renal Services, Cardiology, Emergency Departments, 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. Strategic Initiatives

Initiative	Status	Increase d Patient Safety	Better Quality Care	Financial Perform	Improve d Health Status	Engaged Workfor ce
DAP						
Shorter Stays in ED	On Track		○		○	
Appropriate Presentations and Emergency Departments and Primary Care	On Track		○	○	○	
Shorter Waiting Times for Cancer Treatment	On Track		○		○	
Better Support for Smokers to Quit in Secondary Care	On Track				○	
Acute Coronary Syndrome	On Track				○	
Faster Cancer Treatment	On Track		○		○	
Cardiac Services	On Track				○	
Whanau Ora - Building Capacity and Capability to strengthen Maori Health Services	On Track		○		○	
MAORI HEALTH PLAN						
Better Support for Smokers to Quit Maori	On Track		○		○	
DNAs	On Track		○		○	
Cardiovascular Disease	On Track				○	
LIVING WITHIN OUR MEANS						
ED Capacity Funded Model	On Track		○	○		
Outpatient Volume Delivery	On Track			○	○	
Pain Service Review	Deferred		○	○		

Key achievements in the Month:			
<ul style="list-style-type: none"> ED Acute Demand: The acute demand project has been underway for 12 months including the initiatives of redirection, primary options, frequent flyers and communication strategy. An updated communication strategy has commenced. An evaluation of the ED CNS roles is also being undertaken to determine how this fits in the new model of care. 			
Areas off Track and Remedial Actions			
<ul style="list-style-type: none"> Patient length of stay in the medical ward continues to be evaluated and further strategies to reduce the length of stay and improve early discharge are being progressed. The length of stay for medical patients' year to date is 4.23 days. 11 am discharges at 29% for August. 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	2015/16 YTD
Length Of Stay	4.01 days	4.40 days	4.23 days

4. Key Issues/Initiatives identified in coming months

- Ongoing work with improving Inter-hospital transfers - working closely with St Johns 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 - ongoing.
- Stratford Health Centre Project Steering Group has been formed. Project lead from Midlands Health Network and project assistance from TDHB - ongoing.
- A number of renal patients who require an operation to develop an AV fistula at Waikato DHB will now have surgery at TDHB (visiting Vascular Surgeon). This will prevent two trips to Waikato per patient.
- Faster Cancer Treatment: A visit from the MOH regarding the unmet 62 day FCT target occurred this month to identify areas for improvement and offer support. Latest FCT results indicate that TDHB is making good progress at population view. Small numbers cause month to month variation.
- Hawera Hospital Administration Needs Analysis continues to look at capacity versus demand across the administrative areas - ongoing.
- Smoking target: A temporary manual solution to data collection in ED is being developed until an electronic solution can be identified.
- Electronic Whiteboards to be rolled out in Hawera ED and Inpatient Unit - ongoing.

5. Financial Results August 2015

Summary (\$000)	Group	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance		YTD % Variance	Annual Budget
1 Revenue	1 Government Revenue	-	(3)	3	U	-	(6)	6	U	(100%)	(34)
	2 Patient Revenue	-	-	-	-	-	-	-	-	-	-
	3 Other Income	(2)	(6)	4	U	(12)	(12)	0	U	2%	(72)
	Internal Revenue	(4,577)	(4,513)	(64)	F	(9,062)	(9,027)	(35)	F	(0%)	(53,100)
1 Revenue Total		(4,579)	(4,522)	(56)	F	(9,074)	(9,044)	(29)	F	(0%)	(53,206)
2 Personnel Costs	1 Medical Staff	850	704	146	U	1,509	1,407	101	U	7%	8,287
	2 Nursing Staff	998	1,047	(49)	F	1,927	2,094	(168)	F	(8%)	12,959
	3 Allied Health Staff	51	21	30	U	102	42	60	U	142%	249
	4 Support Staff	-	-	-	-	-	-	-	-	-	-
	5 Mgmt & Admin Staff	68	43	25	U	132	86	45	U	52%	508
2 Personnel Costs Total		1,968	1,815	153	U	3,669	3,630	39	U	1%	22,004
3 Outsourced Services	1 Outsourced Medical Staff	74	62	12	U	94	124	(30)	F	(24%)	745
	2 Other Outsourced Staff	-	-	-	-	-	-	-	-	-	-
	3 Referred Services	-	0	(0)	F	-	0	(0)	F	(100%)	0
	4 Outsourced Clinical Services	66	70	(4)	F	33	141	(107)	F	(76%)	845
3 Outsourced Services Total		140	133	8	U	128	265	(137)	F	(52%)	1,590
4 Clinical Supplies	1 Patient Consumables	281	267	14	U	570	534	36	U	7%	3,203
	2 Diagnostic Supplies	8	7	2	U	16	13	3	U	20%	78
	3 Clinical Equipment	24	24	0	U	49	48	1	U	2%	276
	4 Patient Appliances	46	44	2	U	95	88	8	U	9%	527
	5 Implants and Prostheses	-	-	-	-	-	-	-	-	-	-
	6 Pharmaceuticals	-	-	-	-	-	-	-	-	-	-
	7 Patient Transport & Accommodations	-	1	(1)	F	-	1	(1)	F	(100%)	8
	8 Other Clinical Supplies	1	0	1	U	1	0	1	U	1176%	0
4 Clinical Supplies Total		360	342	18	U	730	684	46	U	7%	4,092
5 Infrastructure & Non Clinical Supplies	1 Hotel	84	70	14	U	150	140	10	U	7%	838
	2 Facilities	-	1	(1)	F	2	1	1	U	110%	7
	3 Staff Transport & Accommodations	2	0	2	U	5	1	4	U	568%	4
	5 IT & Telecommunications	0	0	0	U	0	0	0	U	20%	2
	6 Interest & Financing Charges	-	-	-	-	-	-	-	-	-	-
	7 Professional Fees & Expenses	-	-	-	-	-	-	-	-	-	-
	8 Other Operating Expenses	14	9	5	U	26	19	7	U	38%	113
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidiaries	-	-	-	-	-	-	-	-	-	-
5 Infrastructure & Non Clinical Supplies Total		100	80	19	U	183	161	22	U	14%	964
6 Internal Allocations	1 Internal Transport Costs	15	15	(1)	F	30	30	(0)	F	(0%)	183
	2 Internal Charges	-	-	-	-	-	-	-	-	-	-
6 Internal Allocations Total		15	15	(1)	F	30	30	(0)	F	(0%)	183
7 Contribution to DHB Savings	1 Savings	-	-	-	-	-	-	-	-	-	-
7 Contribution to DHB Savings Total		-	-	-	-	-	-	-	-	-	-
Total Expenses		2,582	2,385	197	U	4,741	4,771	(30)	F	(1%)	28,833
Operating (Surplus)/Deficit prior to application of Overheads		(1,996)	(2,137)	140	U	(4,333)	(4,274)	(59)	F	1%	(24,373)
Overhead Allocation		1,488	1,572	(84)	F	3,080	3,143	(63)	F	(2%)	17,592
Operating (Surplus)/Deficit		(508)	(565)	57	U	(1,253)	(1,131)	(122)	F	11%	(6,780)

FTE

FTE	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
1 Medical Staff	37.7	40.0	(2.3)	F	37.7	40.0	(2.3)	F
2 Nursing Staff	153.6	166.2	(12.6)	F	153.6	166.2	(12.6)	F
3 Allied Health Staff	7.8	4.0	3.8	U	7.8	4.0	3.8	U
4 Support Staff	-	-	-	-	-	-	-	-
5 Management and Administration	15.3	10.5	4.8	U	15.3	10.5	4.8	U
Direct FTE	214.4	220.7	(6.3)	F	214.4	220.7	(6.3)	F
Overhead FTE Allocation	124.7	123.4	1.3	U	124.7	123.4	1.3	U
Total FTE	339.1	344.1	(5.0)	F	339.1	344.1	(5.0)	F

Comments on Variances +/- 10%

Group	Variance	Comment
Revenue	(0%)	N/A
Personnel	1%	N/A
Outsourced Services	(52%)	Reduced outsourced services costs in General Medicine, however this is timing related and not expected to continue
Clinical Supplies	7%	N/A
Infrastructure and Non Clinical Supplies	14%	Patient meals and cleaning supplies higher than budget, staff transport higher than expected for ED Medical staff

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 Strategic Initiatives

Initiative	Status	Increased Patient Safety	Better Quality Care	Financial Perform	Improved Health Status	Engaged Workforce
DAP						
Prime Minister's Youth Mental Health Project - CAMHS and AoD Services	Ongoing		○		○	
Service Development - Improved Integration between Primary and Specialist Care	Ongoing		○		○	
Primary Care Access to Services - Specialist Advice and Support Mental Health	Ongoing		○		○	
Whanau Ora - Building Capacity and Capability to strengthen Maori Health Services	Ongoing		○		○	
MAORI HEALTH PLAN						
Community Treatment Order Rates	Behind Plan				○	
LIVING WITHIN OUR MEANS						
Community Mental Health Model of Care	Ongoing		○	○		
Organisation Wide Savings Initiatives				○		

Key achievements in the Month

- Mental Health and Addiction Services Regional Clinical Work Station is making good progress with all service provision frameworks completed with the exception of AOD/OST. Document mapping and correlation work has begun.

Areas off Track and Remedial Actions

- Risk Framework: A service wide framework is under development-requires key input from IT as an electronic version is seen as the best way to progress. Good discussions and support in progress from IT.

- Community Treatment Orders. Discussion and planning still ongoing around how to approach this work to reduce number of s29 Maori Clients. Update: student placement application has been submitted to HR to support some of this work.

3 Key Issues/Initiatives identified in coming months

- Perinatal Mental Health Pathway is experiencing a considerable increase in client case load and significant pressure on existing resources. We are reviewing the impact and reasons for this.

4 Financial Results August 2015

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	(4)	(4)	0	U	(6)	(8)	2	U	30%	(48)
	3 Other Income	-	-	-	-	-	-	-	-	-	-
	Internal Revenue	(1,753)	(1,729)	(24)	F	(3,471)	(3,457)	(14)	F	(0%)	(20,338)
1 Revenue Total		(1,757)	(1,733)	(24)	F	(3,477)	(3,465)	(11)	F	(0%)	(20,387)
2 Personnel Costs	1 Medical Staff	391	318	73	U	770	636	134	U	21%	3,747
	2 Nursing Staff	572	482	90	U	1,123	963	160	U	17%	5,889
	3 Allied Health Staff	163	162	1	U	316	324	(8)	F	(2%)	1,910
	4 Support Staff	-	-	-	-	-	-	-	-	-	-
	5 Mgmt & Admin Staff	16	23	(7)	F	31	46	(14)	F	(31%)	269
2 Personnel Costs Total		1,142	985	157	U	2,241	1,970	272	U	14%	11,815
3 Outsourced Services	1 Outsourced Medical Staff	2	42	(40)	F	3	83	(80)	F	(96%)	500
	2 Other Outsourced Staff	-	-	-	-	-	-	-	-	-	-
	3 Referred Services	-	-	-	-	-	-	-	-	-	-
	4 Outsourced Clinical Services	1	2	(1)	F	3	3	(0)	F	(6%)	18
3 Outsourced Services Total		3	43	(41)	F	6	86	(80)	F	(93%)	518
4 Clinical Supplies	1 Patient Consumables	1	1	0	U	2	2	0	U	27%	11
	2 Diagnostic Supplies	0	0	(0)	F	0	0	(0)	F	(47%)	2
	3 Clinical Equipment	0	0	0	U	1	0	0	U	88%	2
	4 Patient Appliances	-	-	-	-	-	-	-	-	-	-
	5 Implants and Prostheses	-	-	-	-	-	-	-	-	-	-
	6 Pharmaceuticals	1	1	0	U	2	2	0	U	10%	11
	7 Patient Transport & Accommodations	-	-	-	-	-	-	-	-	-	-
	8 Other Clinical Supplies	1	1	0	U	6	1	5	U	307%	9
4 Clinical Supplies Total		4	3	1	U	11	6	5	U	95%	34
5 Infrastructure & Non Clinical Supplies	1 Hotel	21	15	7	U	40	30	10	U	35%	178
	2 Facilities	1	0	1	U	1	0	1	U	892%	0
	3 Staff Transport & Accommodations	4	0	4	U	5	1	5	U	626%	5
	5 IT & Telecommunications	0	-	0	U	0	-	0	U	100%	-
	6 Interest & Financing Charges	-	-	-	-	-	-	-	-	-	-
	7 Professional Fees & Expenses	-	-	-	-	-	-	-	-	-	-
	8 Other Operating Expenses	4	3	2	U	8	5	2	U	42%	32
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidiaries	-	-	-	-	-	-	-	-	-	-
5 Infrastructure & Non Clinical Supplies Total		30	18	12	U	54	36	18	U	51%	215
6 Internal Allocations	1 Internal Transport Costs	16	15	0	U	31	31	0	U	1%	184
	2 Internal Charges	-	-	-	-	-	-	-	-	-	-
6 Internal Allocations Total		16	15	0	U	31	31	0	U	1%	184
7 Contribution to DHB Savings	1 Savings	-	-	-	-	-	-	-	-	-	-
7 Contribution to DHB Savings Total		-	-	-	-	-	-	-	-	-	-
Total Expenses		1,194	1,064	130	U	2,343	2,128	215	U	10%	12,767
Operating (Surplus)/Deficit prior to application of Overheads		(563)	(669)	106	U	(1,133)	(1,337)	204	U	(15%)	(7,620)
Overhead Allocation		654	691	(37)	F	1,353	1,381	(28)	F	(2%)	7,728
Operating (Surplus)/Deficit		91	22	69	U	220	43	176	U	406%	109

FTE

FTE	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
1 Medical Staff	14.3	13.5	0.8	U	14.3	13.5	0.8	U
2 Nursing Staff	86.7	75.0	11.7	U	86.7	75.0	11.7	U
3 Allied Health Staff	25.9	27.7	(1.8)	F	25.9	27.7	(1.8)	F
4 Support Staff	-	-	-	-	-	-	-	-
5 Management and Administratio	4.0	5.1	(1.1)	F	4.0	5.1	(1.1)	F
Direct FTE	130.9	121.3	9.6	U	130.9	121.3	9.6	U
Overhead FTE Allocation	54.8	54.2	0.6	U	54.8	54.2	0.6	U
Total FTE	185.7	175.5	10.2	U	185.7	175.5	10.2	U

Comments on Variances +/- 10%

Group	Variance	Comment
Revenue	(0%)	N/A
Personnel	14%	High costs for specialist medical staff largely offset by reduced locum costs below. Enrolled Nurses and HCAs in TPW are over budget relating to constants
Outsourced Services	(93%)	Reduced costs for medical staff locums
Clinical Supplies	95%	Continuing high costs for interpreting services for a long term client, unfortunately this was not foreseen during the budgeting process and will have to be absorbed
Infrastructure and Non Clinical Supplies	51%	High one off travel costs for the staff members in Community Mental Health

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 Strategic Initiatives

Initiative	Status	Increase d Patient Safety	Better Quality Care	Financial Perform	Improved Health Status	Engaged Workforc e
DAP						
Stroke Services	Ongoing		○		○	
Health of Older People Rapid Response Service	Service level discussion	○	○		○	
Health of Older People Fracture Liaison Service	Complete		○		○	
Primary Care Access to Services - Primary Care and Aged Residential Services			○		○	
Whanau Ora - Building Capacity and Capability to strengthen Maori Health Services			○		○	
MAORI HEALTH PLAN						
LIVING WITHIN OUR MEANS						
Enhanced Intermediate Care - Expansion of service	Complete. (not required at this stage)			○	○	
OTHER INITIATIVES AND PROGRAMMES						
Implement Clinical Nurse Specialist Role Residential Care	Complete	○	○		○	
CCDM	On going	○	○		○	

Key Achievements
<ul style="list-style-type: none"> • Commencement of the Clinical Nurse Specialist for Residential Care/Community. The primary focus of this role is on supporting and enhancing patient care. This will include training and development of nurses and staff involved with the care of the older person in the residential /community sector.
Areas off Track and Remedial Actions
Nil

4 Key Initiatives/Areas identified in coming months

Redesign of the Delirium Pathway which has been endorsed at Clinical Board. The plan is:

- **Stage 1 – completed**

Pre - Audit undertaken by Dr H Badenhorst (Geriatrician)

- **Stage 2 – completed**

Development of comprehensive pathway reflecting best practice in liaison with MHSOP
Dr Riccitelli and Dr Fox (Psychogeriatrician)

- **Stage 3 – underway**

Share with wider group for feedback

- **Stage 4 – Education and roll out next year**

Key Changes

- 4AT clinical assessment tool – to replace Cognitive Assessment Measure (CAM) which is easier to use and is being identified internationally as a better tool.
- Ownership at the ward level via the identification of ward based champions.

5 Financial Performance August 2015

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	(8)	(11)	4	U	(17)	(23)	6	U	27%	(137)
	3 Other Income	-	-	-	-	-	-	-	-	-	-
	Internal Revenue	(620)	(611)	(9)	F	(1,227)	(1,222)	(5)	F	(0%)	(7,190)
1 Revenue Total		(628)	(623)	(5)	F	(1,244)	(1,245)	1	U	0%	(7,328)
2 Personnel Costs	1 Medical Staff	68	62	6	U	153	124	29	U	23%	733
	2 Nursing Staff	204	177	28	U	395	353	42	U	12%	2,188
	3 Allied Health Staff	106	99	7	U	208	198	10	U	5%	1,163
	4 Support Staff	-	-	-	-	-	-	-	-	-	-
	5 Mgmt & Admin Staff	16	30	(13)	F	31	59	(28)	F	(47%)	350
2 Personnel Costs Total		394	367	27	U	787	734	53	U	7%	4,433
3 Outsourced Services	1 Outsourced Medical Staff	-	-	-	-	-	-	-	-	-	-
	2 Other Outsourced Staff	26	13	13	U	33	26	7	U	27%	154
	3 Referred Services	-	-	-	-	-	-	-	-	-	-
	4 Outsourced Clinical Services	24	22	2	U	46	45	2	U	4%	269
3 Outsourced Services Total		50	35	15	U	79	70	9	U	12%	423
4 Clinical Supplies	1 Patient Consumables	4	6	(2)	F	8	11	(3)	F	(29%)	69
	2 Diagnostic Supplies	0	0	0	U	1	0	0	U	43%	2
	3 Clinical Equipment	1	1	0	U	2	2	0	U	0%	10
	4 Patient Appliances	-	0	(0)	F	0	0	0	U	25%	0
	5 Implants and Prostheses	-	-	-	-	-	-	-	-	-	-
	6 Pharmaceuticals	-	-	-	-	-	-	-	-	-	-
	7 Patient Transport & Accommod	0	1	(0)	F	1	1	(0)	F	(31%)	9
	8 Other Clinical Supplies	0	-	0	U	0	-	0	U	100%	-
4 Clinical Supplies Total		6	8	(2)	F	12	16	(3)	F	(20%)	90
5 Infrastructure & Non Clinical Supplies	1 Hotel	29	31	(2)	F	54	62	(8)	F	(13%)	370
	2 Facilities	-	-	-	-	-	-	-	-	-	-
	3 Staff Transport & Accommod	-	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	2	2	(1)	F	3	4	(2)	F	(39%)	27
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidiaries	-	-	-	-	-	-	-	-	-	-
5 Infrastructure & Non Clinical Supplies Total		31	33	(2)	F	57	66	(10)	F	(14%)	396
6 Internal Allocations	1 Internal Transport Costs	6	6	(0)	F	12	12	(0)	F	(3%)	74
	2 Internal Charges	-	-	-	-	-	-	-	-	-	-
6 Internal Allocations Total		6	6	(0)	F	12	12	(0)	F	(3%)	74
7 Contribution to DHB Savings	1 Savings	-	-	-	-	-	-	-	-	-	-
7 Contribution to DHB Savings Total		-	-	-	-	-	-	-	-	-	-
Total Expenses		487	449	37	U	947	899	49	U	5%	5,416
Operating (Surplus)/Deficit prior to application of Overheads		(141)	(173)	32	U	(296)	(346)	50	U	(14%)	(1,911)
Overhead Allocation		279	295	(16)	F	578	590	(12)	F	(2%)	3,303
Operating (Surplus)/Deficit		138	122	16	U	282	244	38	U	16%	1,392

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	34.0	29.8	4.2	U	34.0	29.8	4.2	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 Administratio	4.1	6.7	(2.6)	F	4.1	6.7	(2.6)	F
Direct FTE	58.5	57.3	1.2	U	58.5	57.3	1.2	U
Overhead FTE Allocation	23.4	23.2	0.2	U	23.4	23.2	0.2	U
Total FTE	81.9	80.5	1.4	U	81.9	80.5	1.4	U

Comments on Variances +/- 10%

Group	Variance	Comment
Revenue	0%	N/A
Personnel	7%	N/A
Outsourced Services	12%	Additional Home Support Unit staff for home help and personal care. Relates to demand.
Clinical Supplies	(20%)	Relates to reduced use of patient consumable items such as dressings etc
Infrastructure and Non Clinical Supplies	(14%)	Ongoing impact of reduced patient meals in July 2015

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 Strategic Initiatives

Initiative	Status	Increased Patient Safety	Better Quality Care	Financial Perform	Improved Health Status	Engaged Workforce
DAP						
Improved Access to Elective Surgery	Ahead of target		○		○	
Improved Access to Diagnostics - Colonoscopy	On track		○		○	
Whanau Ora - Building Capacity and Capability to strengthen Maori Health Services			○		○	
MAORI HEALTH PLAN						
LIVING WITHIN OUR MEANS						
Medical Staff Capacity	On track			○	○	○
Outpatient Volume Delivery	On track			○	○	
Reduced Reliance on Outsourced Facilities	Ahead of target			○		
Organisation Wide Savings Initiatives	On track			○		
OTHER INITIATIVES AND PROGRAMMES						
Increasing Day Procedures in Surgery	On track			○	○	

Key achievements in the Month

- TDHB continues to monitor ESPI compliance closely and have maintained green status in ESPI 1. There was one patient seen outside of the 120 days for ESPI 2 due to consultant leave. We are awaiting August finals for ESPI 5 however anticipate they will be green
- We are participating in Cohort 1 for the HQSC Improving communication and teamwork in theatre project. A team attended the first workshop at the end of August and we are commencing briefing and debriefing in General Surgery theatres this week. Very good engagement from all clinical groups.

Areas off Track and Remedial Actions

- National Patient Flow: TDHB is ready to go live with phase 2 on 30 September. This continues to be a complex project with multiple teams working together to achieve the required outcomes.
- The significant focus on achieving the MOH colonoscopy waiting times has affected our ability to perform gastroscopies in a timely manner. This is now a clinical focus for the team. Capacity to maintain both colonoscopy and gastroscopy waiting times within the desired limits is challenging.

3 Key Issues/Initiatives identified in coming months

- Continue to monitor Inter District Flows closely.
- MOH has indicated the roll out of a National Bowel screening project. The Clinical Lead for Endoscopy and a Clinical Service Manager attended a meeting in Wellington and there will now be a regional approach to discuss the issues in more detail. We will be participating with the Midland region in forums over the next month.
- Ongoing focus on maintaining the four month waiting times with the aim of reducing them to three months to allow for cancellations and rescheduling.

4 Financial Performance August 2015

Summary (\$000)	Group	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance		YTD % Variance	Annual Budget
1 Revenue	1 Government Revenue	(401)	(421)	20	U	(750)	(842)	92	U	11%	(5,053)
	2 Patient Revenue	(9)	(13)	4	U	(27)	(26)	(1)	F	(5%)	(153)
	3 Other Income	(1)	(1)	0	U	(1)	(2)	1	U	41%	(10)
	Internal Revenue	(3,980)	(3,924)	(55)	F	(7,879)	(7,848)	(31)	F	(0%)	(46,170)
1 Revenue Total		(4,390)	(4,359)	(31)	F	(8,657)	(8,718)	61	U	1%	(51,386)
2 Personnel Costs	1 Medical Staff	719	664	55	U	1,481	1,328	153	U	12%	7,833
	2 Nursing Staff	942	896	46	U	1,852	1,791	61	U	3%	11,130
	3 Allied Health Staff	52	65	(14)	F	103	131	(27)	F	(21%)	789
	4 Support Staff	32	27	5	U	65	55	10	U	18%	334
	5 Mgmt & Admin Staff	53	40	13	U	115	80	35	U	44%	470
2 Personnel Costs Total		1,798	1,692	105	U	3,616	3,384	232	U	7%	20,556
3 Outsourced Services	1 Outsourced Medical Staff	5	1	4	U	4	1	3	U	277%	7
	2 Other Outsourced Staff	-	-	-	-	-	-	-	-	-	-
	3 Referred Services	-	-	-	-	-	-	-	-	-	-
	4 Outsourced Clinical Services	757	510	247	U	1,076	1,019	57	U	6%	6,114
3 Outsourced Services Total		762	510	252	U	1,081	1,020	61	U	6%	6,121
4 Clinical Supplies	1 Patient Consumables	255	243	12	U	499	486	14	U	3%	2,913
	2 Diagnostic Supplies	13	13	(0)	F	29	26	3	U	13%	156
	3 Clinical Equipment	199	157	42	U	378	314	64	U	20%	1,835
	4 Patient Appliances	15	14	1	U	33	27	5	U	19%	164
	5 Implants and Prostheses	231	219	12	U	439	438	0	U	0%	2,629
	6 Pharmaceuticals	-	-	-	-	-	-	-	-	-	-
	7 Patient Transport & Accommodations	-	-	-	-	-	-	-	-	-	-
	8 Other Clinical Supplies	0	0	0	U	0	0	0	U	294%	0
4 Clinical Supplies Total		712	646	67	U	1,378	1,291	87	U	7%	7,698
5 Infrastructure & Non Clinical Supplies	1 Hotel	102	91	11	U	193	183	10	U	6%	1,097
	2 Facilities	-	-	-	-	-	-	-	-	-	-
	3 Staff Transport & Accommodations	6	1	5	U	7	2	5	U	187%	15
	5 IT & Telecommunications	0	0	0	U	1	0	0	U	17%	3
	6 Interest & Financing Charges	-	-	-	-	-	-	-	-	-	-
	7 Professional Fees & Expenses	-	-	-	-	-	-	-	-	-	-
	8 Other Operating Expenses	14	13	1	U	27	27	0	U	0%	160
	9 Democracy	-	-	-	-	-	-	-	-	-	-
	10 Subsidaries	-	-	-	-	-	-	-	-	-	-
5 Infrastructure & Non Clinical Supplies Total		123	106	17	U	228	212	15	U	7%	1,274
6 Internal Allocations	1 Internal Transport Costs	0	0	0	U	1	0	0	U	23%	2
	2 Internal Charges	-	-	-	-	-	-	-	-	-	-
6 Internal Allocations Total		0	0	0	U	1	0	0	U	23%	2
7 Contribution to DHB Savings	1 Savings	-	-	-	-	-	-	-	-	-	-
7 Contribution to DHB Savings Total		-	-	-	-	-	-	-	-	-	-
Total Expenses		3,395	2,954	441	U	6,304	5,909	395	U	7%	35,652
Operating (Surplus)/Deficit prior to application of Overheads		(995)	(1,405)	410	U	(2,354)	(2,809)	456	U	(16%)	(15,734)
Overhead Allocation		1,669	1,763	(94)	F	3,454	3,524	(71)	F	(2%)	19,728
Operating (Surplus)/Deficit		674	358	315	U	1,100	715	385	U	54%	3,993

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	149.4	146.0	3.4	U	149.4	146.0	3.4	U
3 Allied Health Staff	7.3	11.2	(3.9)	F	7.3	11.2	(3.9)	F
4 Support Staff	8.1	7.0	1.1	U	8.1	7.0	1.1	U
5 Management and Administratio	12.7	10.9	1.8	U	12.7	10.9	1.8	U
Direct FTE	215.7	214.9	0.8	U	215.7	214.9	0.8	U
Overhead FTE Allocation	139.8	138.3	1.5	U	139.8	138.3	1.5	U
Total FTE	355.5	353.2	2.3	U	355.5	353.2	2.3	U

Comments on Variances +/- 10%

Group	Variance	Comment
Revenue	1%	N/A
Personnel	7%	N/A
Outsourced Services	6%	N/A
Clinical Supplies	7%	N/A
Infrastructure and Non Clinical Supplies	7%	N/A

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.

3 Budget Phasing

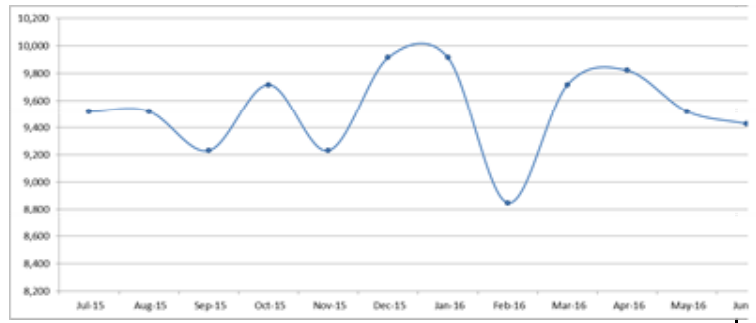
All 2015-16 budgets have been phased to match expected productivity and occupancy, with different revenue and cost elements assessed separately. Phasing has been undertaken on the following basis:

Revenue		
Internal Revenue - Based on Historical Trends and Production Plan - per Purchase Unit		
Case Mix Revenue	Elective Plan	- Based on 2014-2015 approved Production Plan
	Acute	- Based on historical seasonal trends
Non Case Mix Revenue	Outpatients	- Based on historical delivery trends
	Inpatients	- Based on historical delivery trends
	Mental Health Outpatients	- Based on equal monthly values (FTE based contracts)
	Mental Health Inpatients	- Based on historical delivery trends
Other Provider Revenue	Spread to twelfths	
Internal Revenue Phasing		
All Provider Revenue Phasing		

Personnel Costs

Salary and Wage Expenses	Historical expense patterns
Other Payments including meals, training etc	Historical expense patterns

Total Personnel Costs Budget Phasing

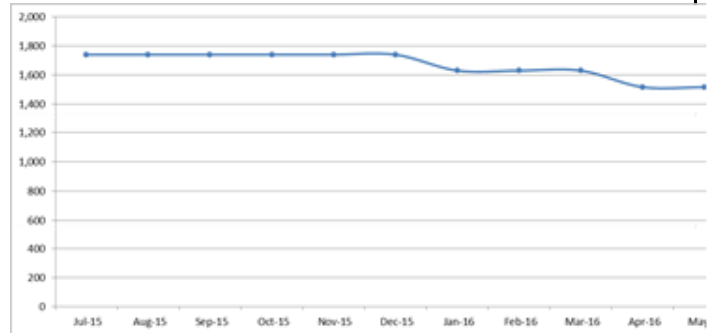


Outsourced Services

Locums
Radiology
Outsourced Clinical Services

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

Total Outsourced Services Budget Phasing



Clinical Supplies

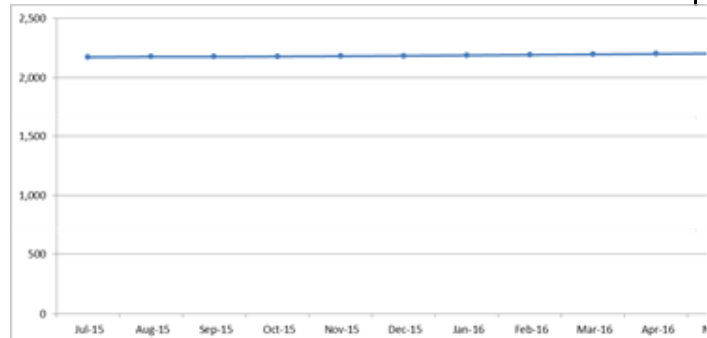
Treatment Disposables
Diagnostic Supplies & Other Clin Supplies

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	Historical expense patterns Twelfths
Transport	Twelfths
IT Systems & Telecommunications	Historical expense patterns
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	
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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
				\$12,103,993

Clinical Services			Overhead Services		
Cost Centre Name	Budget (\$000)		Cost Centre Name	Budget (\$000)	
Allied Scientific and Technical	250 5300 Long Term Conditions	(295)	Allied Scientific and Technical	250 5000 Laboratory (Blood Mgmt)	1,529
	250 5302 Dieffens	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	Allied Scientific and Technical Total		21,218
	250 5308 Podiatry	49	Business Manager	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	Business Manager Total		6,787
	250 8308 Newborn Hearing Screening	65	CEO	250 8000 Executive Management	2,648
Allied Scientific and Technical Total		4,706		250 8001 Management	8,798
Hawera Hospital	251 2365 Hawera Acute Services	3,043	CEO Total		11,447
	251 2367 Hawera District Nursing	604	Corporate	250 6021 Site Services	234
	251 3613 Hawera Outpatients	68		250 6400 General Facilities	10,197
Hawera Hospital Total		3,715		250 6404 Engineers Workshop	738
Health of Older People	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
Health of Older People Total		5,279		250 8205 Transport	(230)
Maternal and Child Health	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	Corporate Total		24,635
	250 3012 Paediatric Medicine	2,575	GM Hospital	250 8024 Project Maunga	0
	250 3027 Gynaecology	1,475		250 8030 Clinical Management	897
	250 3051 Clinical Community	83	GM Hospital Total		897
	250 3520 Sexual Health Clinic	112	Hawera Hospital	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
Maternal and Child Health Total		17,335		251 8215 Transport	(47)
Medical Services	230 4212 New Plymouth District Nursing	3,038	Hawera Hospital Total		1,325
	250 2288 Ward 4A Medical 1	4,345	Human Resources	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	Human Resources Total		2,049
	250 3511 Cardiac Investigation Unit (CIU)	19	Maori Health	250 5509 Maori Health Service	315
	250 3518 Renal Clinic	1,792		250 8041 Maori Health Se	68
	250 3521 Cardiology Clinic	1,153	Maori Health Total		383
	250 3524 Cardiac Failure	1	Medical Services	230 4214 Stratford Health Centre	118
	250 4010 Pain Educators	87		230 4215 Opunake Health Centre	25
	250 5219 Cardiac Education	0		230 4217 Patua Health Centre	26
	250 5312 Asthma Education	7		250 3500 Outpatients	743
	250 5313 Diabetes Educators	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	Medical Services Total		1,548
Medical Services Total		25,012	Mental Health and Addictions	225 8023 Mental Health Management	594
Mental Health and Addictions	225 2470 Te Puna Waiora	3,704	Mental Health and Addictions Total		594
	225 2471 TWW	0	Nursing	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	Nursing Total		323
	225 4515 Alcohol and Drug Uni	954	Public Health	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
Mental Health and Addictions Total		12,719		250 5702 Health Promotion	442
Surgical Services	250 2286 Ward 3A Surgical	3,089		250 8034 Managerial Publ	311
	250 2287 Ward 3B Orthopaedic	2,957	Public Health Total		2,176
	250 2364 Intensive Care Unit (ICU)	3,282	Risk Management	250 8280 Risk Management	585
	250 3019 General Surgery	2,684		250 8284 Emergency and Pandem	84
	250 3020 Anaesthesiology	4,639	Risk Management Total		669
	250 3024 Dental Surgeons	672	Surgical Services	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	Surgical Services Total		5,682
	250 3301 Endoscopy Theatre	358	Planning & Improvement Manag	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	Planning & Improvement Manager Total		1,434
	250 3306 Gynaecology Theatre	138	Grand Total		81,168
	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			
Surgical Services Total		30,436			
Grand Total		99,202			

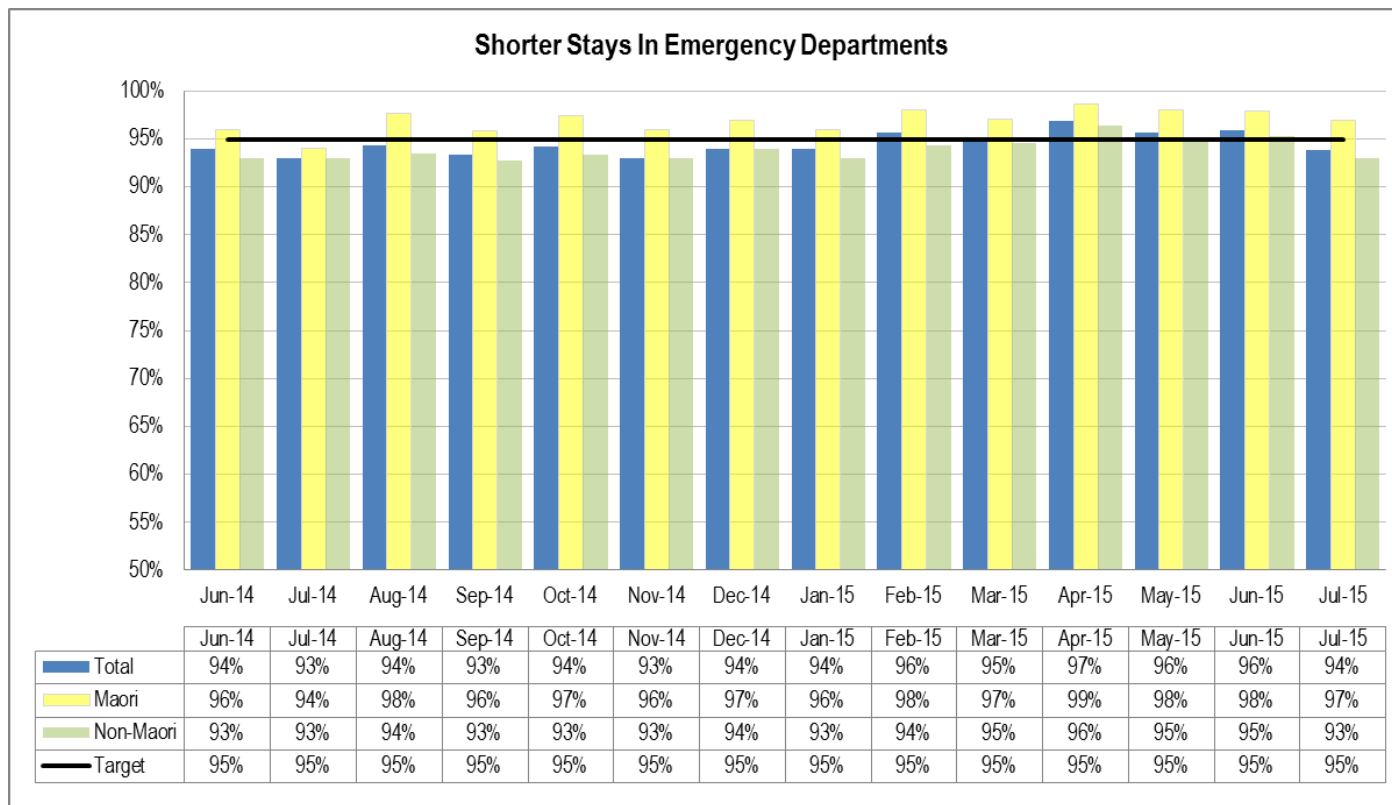
Hospital and Specialist Services Key Activities & Volumes – August 2015

Contents

- 1 Health Targets
- 2 Volume and Occupancy Performance

2. Health Targets

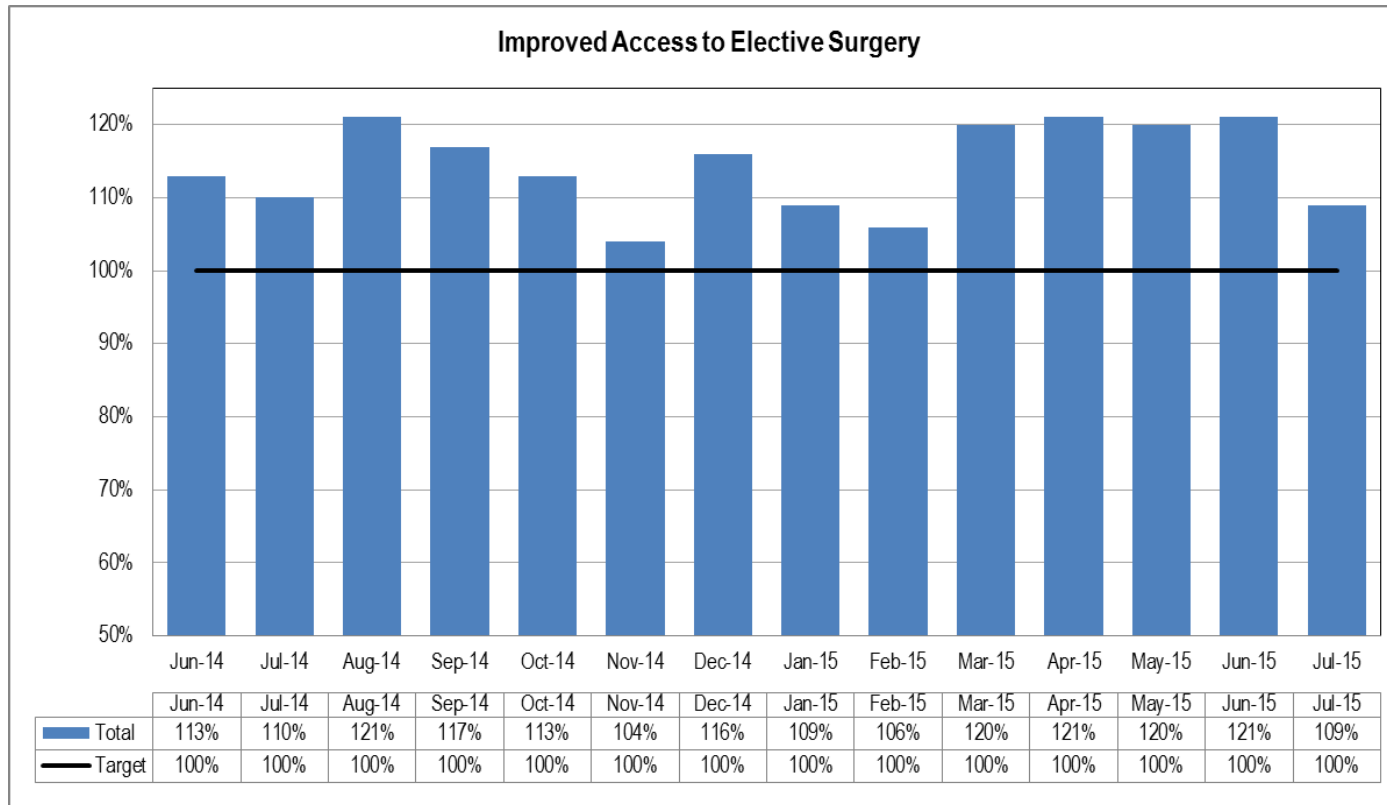
2.1 Shorter stays in emergency departments



*Data is one month in arrears due to national data collection processes

Issues/Mitigations	Comments
<ul style="list-style-type: none"> No current issues 	Slightly below target overall however target is achieved for Maori

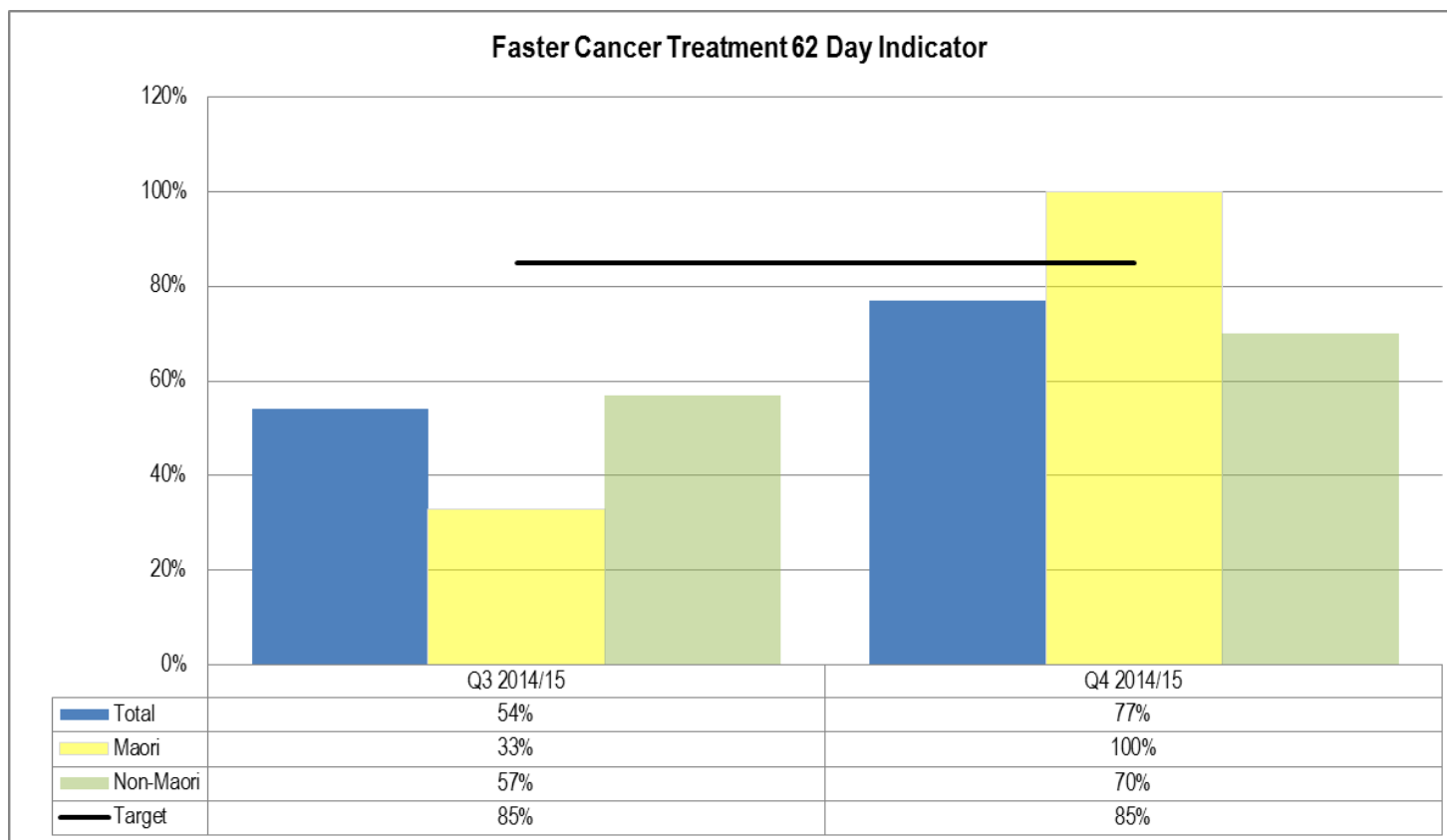
2.2 Increased access to elective surgery



*Data is one month in arrears due to national data collection processes

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

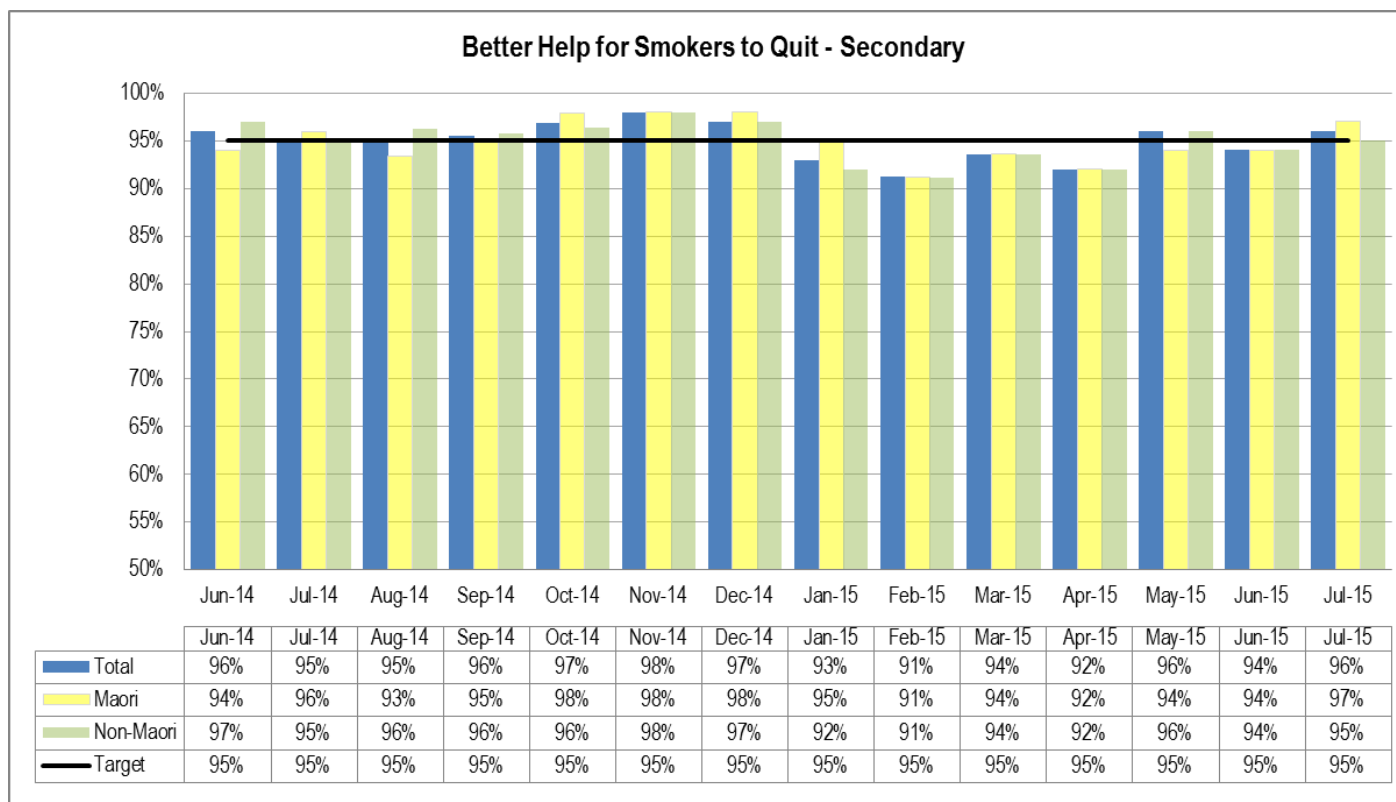
2.3 Shorter waits for cancer treatment (Patients to receive their first cancer treatment within 62 days of being referred)



*Data is one month in arrears due to national data collection processes

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

2.4 Better help for smokers to quit – hospitals



*Data is one month in arrears due to national data collection processes

Issues/ Mitigation	Comments
<ul style="list-style-type: none"> No current issues 	At or above target for all patient types

4. Volume Performance

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

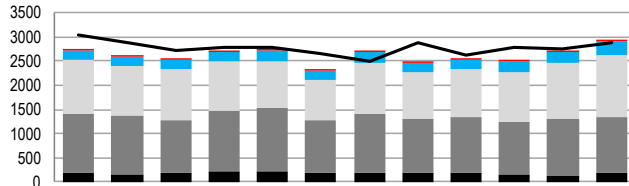
	Patient Discharges	Caseweight	Contracted Caseweight	Caseweight Variance	% Variance	Average Caseweight per Discharge
Medical Inpatients	2351	1339	1243	95	8%	0.6
Surgical Inpatients						
<i>Acute</i>	741	758	775	(17)	(2%)	1.0
<i>Elective</i>	764	764	766	(2)	(0%)	1.0
Total Surgical	1505	1522	1541	(19)	(1%)	1.0
Maternity Inpatients	486	326	251	75	30%	0.7
Total Personal Health Inpatients	4342	3187	3035	151	5%	0.7

Outpatient and Non CWD Services	Actual Volume	Contracted Volume	Variance	Percentage Variance
Medical Specialties				
FSA	781	684	97	14%
Subsequent	1920	1892	28	1%
Total	2701	2576	125	5%
Surgical Specialties				
FSA	1294	1199	95	8%
Subsequent	2846	2627	219	8%
Total	4140	3826	314	8%
Mental Health Services				
Acute Inpatient Bed Days	1310	1426	(116)	(8%)
Community FTE Funded	16.3	16.3	0.0	-

4.2 Emergency Department Presentations

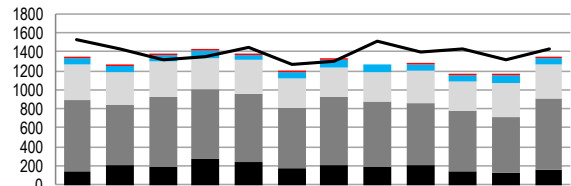
		Current Month	YTD Average	Monthly Average 2014-2015	Movement in Average	12 Month Trend
Base Emergency	Triage 1	10	14	10	3	
	Triage 2	285	260	202	58	
	Triage 3	1,265	1,216	1,030	185	
	Triage 4	1,168	1,163	1,185	(22)	
	Triage 5	187	163	189	(26)	
Total		2,915	2,815	2,616	199	
Hawera Emergency	Triage 1	3	2	2	0	
	Triage 2	73	77	72	5	
	Triage 3	366	359	351	8	
	Triage 4	750	671	701	(31)	
	Triage 5	152	139	199	(60)	
Total		1,344	1,247	1,324	(77)	
Total ED Volumes	Triage 1	13	16	12	3	
	Triage 2	358	337	274	63	
	Triage 3	1,631	1,575	1,381	194	
	Triage 4	1,918	1,834	1,886	(53)	
	Triage 5	339	302	388	(86)	
Total		4,259	4,062	3,941	121	

Base ED



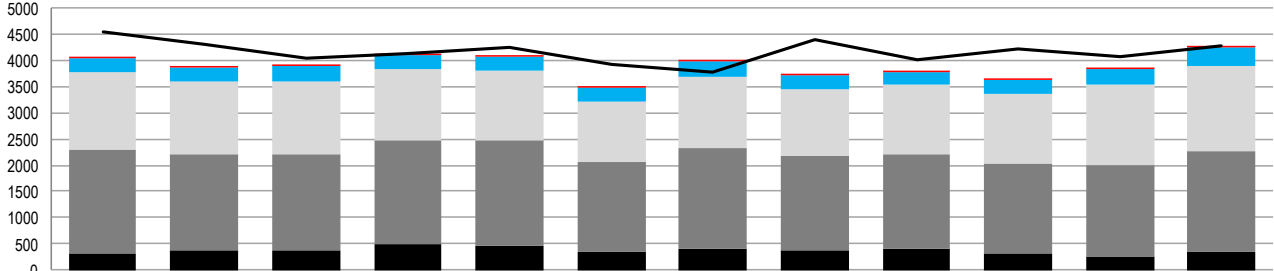
	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Triage 1	17	15	7	10	10	9	1	2	12	11	17	10
Triage 2	200	198	221	191	212	182	218	200	184	207	235	285
Triage 3	1124	1038	1044	1026	979	847	1056	948	997	1021	1166	1265
Triage 4	1217	1198	1080	1250	1292	1082	1197	1118	1146	1089	1158	1168
Triage 5	177	165	194	215	228	180	202	198	190	172	139	187
2014-2015	3029	2891	2721	2774	2793	2647	2480	2883	2617	2785	2760	2862

Hawera ED



	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Triage 1	2	2	2	1	1	5	1	0	3	1	1	3
Triage 2	76	70	69	73	58	72	71	73	70	68	80	73
Triage 3	371	337	370	339	347	310	320	320	330	312	352	366
Triage 4	744	645	728	724	726	632	704	684	653	624	591	750
Triage 5	150	206	195	276	238	177	214	188	214	149	126	152
2014-2015	1525	1430	1315	1347	1450	1268	1296	1515	1392	1428	1318	1428

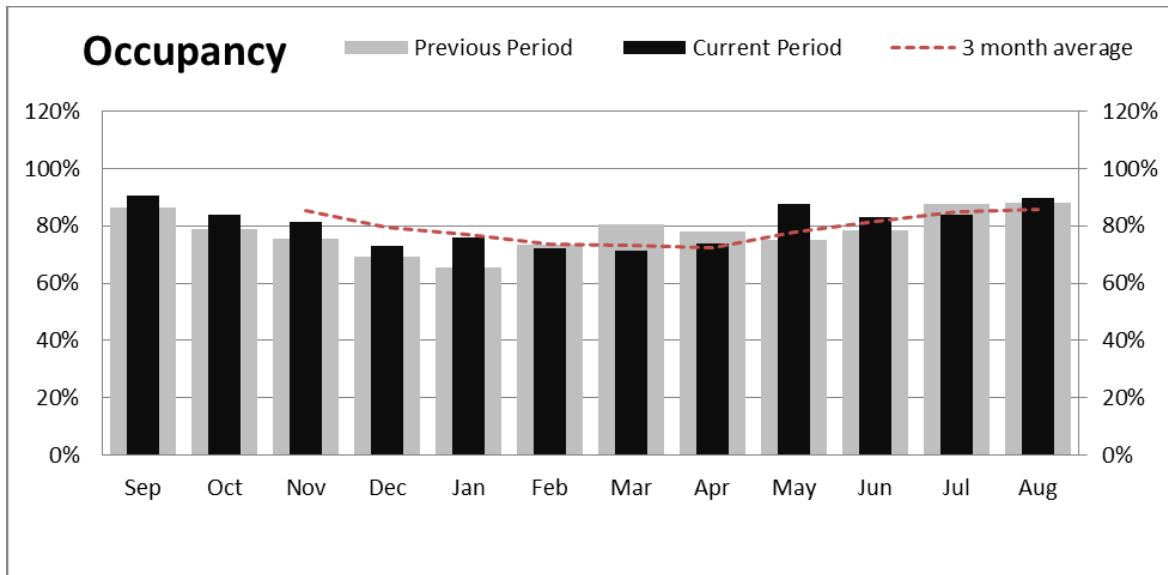
Total ED



	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Triage 1	19	17	9	11	11	14	2	2	15	12	18	13
Triage 2	276	268	290	264	270	254	289	273	254	275	315	358
Triage 3	1495	1375	1414	1365	1326	1157	1376	1268	1327	1333	1518	1631
Triage 4	1961	1843	1808	1974	2018	1714	1901	1802	1799	1713	1749	1918
Triage 5	327	371	389	491	466	357	416	386	404	321	265	339
14-15 Total	4554	4321	4036	4121	4243	3915	3776	4398	4009	4213	4078	4290

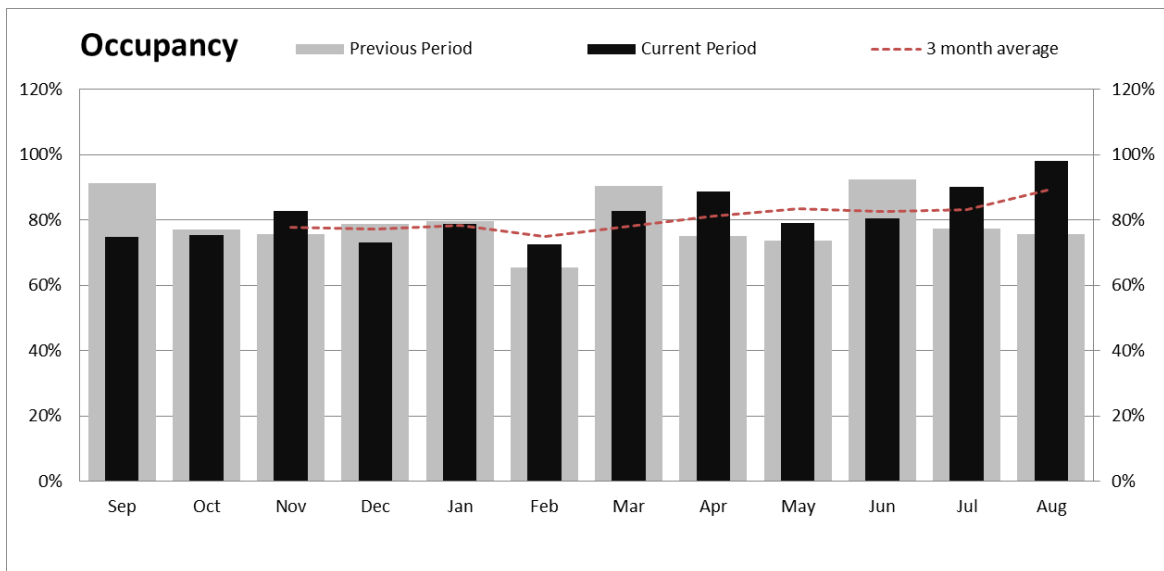
4.3 Occupancy

4.3.1 All Services Occupancy



Occupancy has slowly increased over the past three months and is now higher than the same period in 2014. We are very carefully monitoring bed and staffing levels, in light of the peak in September 2014 and pressure this created in the system.

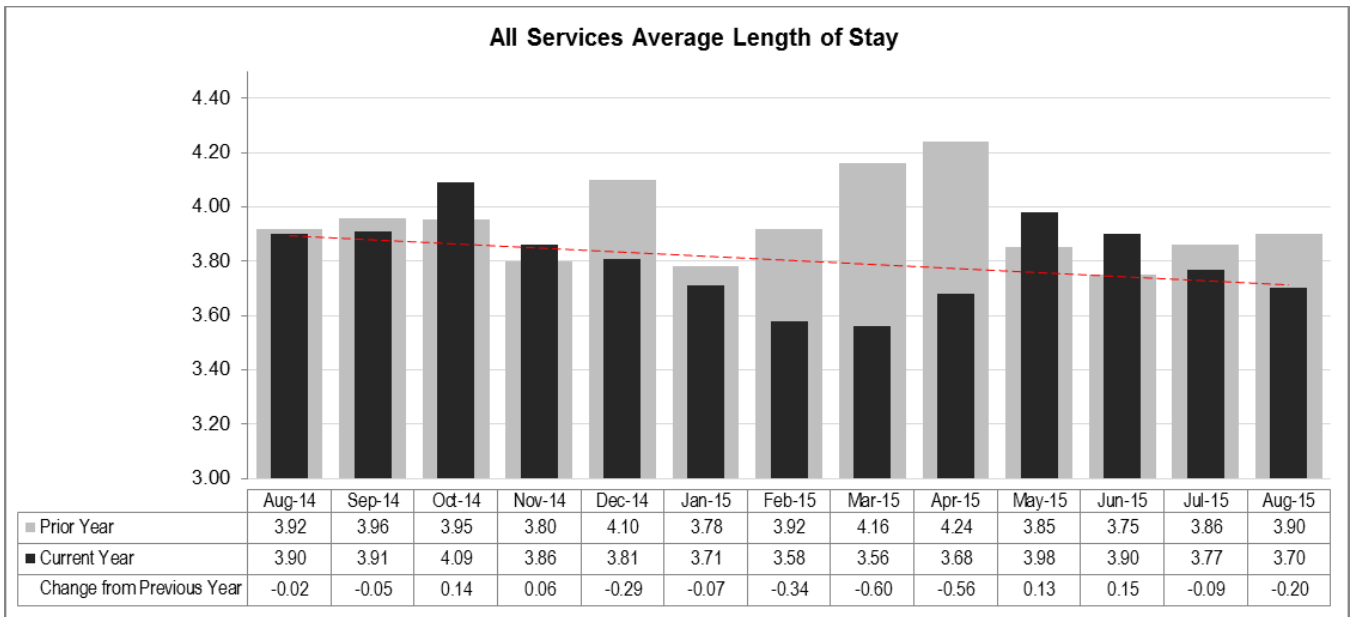
4.3.2 Mental Health Occupancy



Mental Health acute inpatient occupancy is rising and more than 20% higher than the same period last year. Three month average occupancy is also 10% higher than the same period in 2014, placing increasing pressure on staffing and other resources, particularly where constant care is required for acutely unwell patients.

4.4 Length of stay

Hospital Services including Mental Health and Addictions and Hawera Hospital



Length of stay has decreased, however occupancy is slightly higher than the level of resourced beds and any increase in length of stay would impact negatively.

