

HAC COMMITTEE AGENDA

NOTICE OF MEETING

OPEN

**A meeting of the Advisory Committee Members of
Nelson Marlborough District Health Board
will be held on Tuesday 22 November 2011 at
9.30a.m.**

**Support Services Meeting Room 1
Wairau Hospital
Blenheim**



Our VISION is: *"leading the way to health conscious families"*

Our MISSION is to: *"work with the people of our community to promote, encourage and enable their health, wellbeing and independence."*

Our VALUES are:

Respect

We care about and will be responsive to the needs of our diverse people, communities and staff

Innovation

We will provide an environment where people can challenge current processes and generate new ways of working and learning

Teamwork

We create an environment where teams flourish and connect across the organisation for the best possible outcome

Integrity

We support an environment which expects openness and honesty in all our dealings and maintains the highest integrity at all times



HOSPITAL ADVISORY COMMITTEE AGENDA

Nelson Marlborough District Health Board
Support Services Meeting Room 1, Wairau Hospital, Blenheim
Tuesday, 22 November 2011 commencing at 9.30 am

Public Forum		9.30am	
SECTION 1	Welcome, Karakia and Apologies	9.40am	3
SECTION 2	Registration of Interest	9.45am	4
SECTION 3	Confirmation of Minutes from the previous meeting	9.55am	8
	Matters arising	10.05am	16
	Correspondence	10.10am	16
SECTION 4	Reports	10.15am	16
	Chairperson's Report		16
	Management Reports		17
	<i>Updates/Standard Reporting Items:</i>		
	<i>Medical / Surgical</i>		
	General		17
	Decision		17
	Quality		17
	Utilisation/Activity		18
	Performance to KPIs		24
	Financial Results and Forecasts		25
	Emerging Issues		28
	Project Reports or Status		28
	Health Alliance/Collaboration		28
	Progress Against Service Improvement Plans		28
	Directorate Profile		28
	<i>Clinical Services Support Directorate</i>		
	General		29
	Decision		29
	Quality		29
	Utilisation/Activity		29
	Performance to KPIs		29
	Financial Results and Forecasts		30
	Emerging Issues		32
	Project Reports or Status		32
	Health Alliance/Collaboration		33
	Progress Against Service Improvement		33
	Directorate Profile		33

SECTION 5	For Information	11.50am	35
SECTION 6	Members Issues	11.55am	36
SECTION 7	Glossary of Commonly Used Acronyms, Abbreviations And Maori Translation		37
SECTION 8	Appendices		43
	Resolution to Exclude Public	12.00pm	

**PUBLIC EXCLUDED MEETING
RECOMMENDATION**

THAT the Committee resolve itself into a Committee of the whole and that in terms of the NZ Public Health & Disability Act 2000, the public be excluded while the following items are considered:

- ***Minutes of a meeting of HAC Committee held on 27 September 2011 Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000).***

SECTION 1: WELCOME, KARAKIA AND APOLOGIES

Apology

Jane Anderson-Bay

SECTION 2: REGISTRATIONS OF INTEREST – HAC MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Judy Crowe (Chair)	<ul style="list-style-type: none"> Chairperson of Nelson Marlborough Hospitals' Charitable Trust 	<ul style="list-style-type: none"> Member of the Gladys Amelia Pascoe Trust 	<ul style="list-style-type: none"> Provision of trust funds towards equipment, training and patient support 	
Russell Wilson (Deputy Chair)	<ul style="list-style-type: none"> Sister in law is an employee of NMDHB 	<ul style="list-style-type: none"> Member of NZ National Party (Regional Office holder) Managing Director of Carat Investments; Principal Consultant at Wilson Consultants (HR and Business Management consultancy) 	<ul style="list-style-type: none"> NMDHB Board Office NZ National Party Carat Investments Wilson Consultants 	
Francis Gargiulo	<ul style="list-style-type: none"> Nil 			<ul style="list-style-type: none"> Sister-in-law is an employee at Alexandra Hospital An executor of the Gladys Amelia Pascoe Estate Nelson GPs Number of roles in investment companies
Ian MacLennan	<ul style="list-style-type: none"> Honorary Treasurer of Nelson Centre of the Cancer Society of NZ 		<ul style="list-style-type: none"> Tenancy and IT hosting 	<ul style="list-style-type: none"> Accommodation for the Cancer Society
Jane Anderson-Bay	<ul style="list-style-type: none"> Nil 			
Jenny Black (Board Chair) ex-officio	<ul style="list-style-type: none"> Life member of Diabetes NZ 			
John Inder	<ul style="list-style-type: none"> Board Member St Mark's Society 		<ul style="list-style-type: none"> Alcohol and other drug residential treatment. NGO part funded by NMDHB 	
Roma Hippolite	<ul style="list-style-type: none"> Chair, Te Rau Matatini Ltd Member of Ngati Koata 		<ul style="list-style-type: none"> Contracts for services to NMDHB 	

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Trisha Falleni	<ul style="list-style-type: none">▪ Employee, Nelson Bays PHO▪ Supervisor, Te Kahui Hauora o Ngati Koata		<ul style="list-style-type: none">▪ Contracts held▪ Contracts held	

As at 1 November 2011

REGISTRATIONS OF INTEREST – NMDHB EXECUTIVE LEADERSHIP TEAM (ELT) MEMBERS

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
MEDICAL SURGICAL SERVICES DIRECTORATE					
	Dr Bruce King	Nil			
	Dr Elizabeth Wood	<ul style="list-style-type: none"> ▪ Self employed contractor at the Mapua Health Centre as a GP ▪ Work at NRAHDD and a shareholder 			
	Dr Peter Bramley	Nil			
MENTAL HEALTH SERVICES DIRECTORATE					
	Dr Heather McPherson	Nil			
	Dr Jocy Wood	<ul style="list-style-type: none"> ▪ Partner of Nelson East Family Medical Centre. Group GP practice ▪ Shareholder – Nelson Regional After Hours 			
	Robyn Byers	Nil			
COMMUNITY BASED SERVICES DIRECTORATE					
	Dr Nick Baker	<ul style="list-style-type: none"> ▪ Sr Clinical Lecturer, Community Child Health, University of Otago Wellington School of Medicine ▪ Member Steering Group NZ Child and Youth Epidemiology Service (previously Chair of and co-founder of the service) ▪ Chair NZ Child and Youth Mortality Review Committee ▪ Member Child and Youth Network Advisory Group – MOH/PSNZ/NHB ▪ Member NZ Paediatric and Child Health Committee Royal Australasian College of Physicians ▪ Instructor for Advanced Paediatric Life Support NZ 	<ul style="list-style-type: none"> ▪ Wife is a graphic artist who does some health related work 		

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
	Dr Bev Nicholls	<ul style="list-style-type: none"> ▪ Board of NRADD and Shareholder ▪ Nelson Bays PHO Clinical Governance Group ▪ GP and recipient of Nelson Bays PHO funds ▪ Member of IT Development, National IT Board ▪ Member National Information Clinical Leadership Group 	<ul style="list-style-type: none"> ▪ Wife and close friend GPs. 		
	Peter Burton	Nil	<ul style="list-style-type: none"> ▪ NMDHB Representative on Tasman Council's Regional Land Transport Committee 		
CLINICAL SERVICES SUPPORT DIRECTORATE					
	Dr Stephen Busby	<ul style="list-style-type: none"> ▪ Shareholder Director, Nelson Radiology Limited 			
	Dr Neil Whittaker	<ul style="list-style-type: none"> ▪ General Practice owner ▪ Contracted to RNZCGP Medical Educator 		<ul style="list-style-type: none"> ▪ Clinical Director Community 	
	Hilary Exton	Nil			
	James Bowyer		<ul style="list-style-type: none"> ▪ Wife a nurse on Paediatric Ward Nelson Hospital 		
MARLBOROUGH SERVICES DIRECTORATE					
	Dr Ros Gellatly	<ul style="list-style-type: none"> ▪ Practice Partner Scott St Health ▪ GP Liaison NMDHB ▪ Executive Clinical Director Marlborough Services NMDHB ▪ Clinical Advisor Electives, NHB, MOH ▪ Kimi Hauora Wairau Marlborough PHO Clinical Governance Committee Chair ▪ Representative, National Health IT Board Clinical Leadership Group RNZCGP ▪ Advisory Group Member, Royal NZ College GPs Professional Practice Expert Advisory Group 			

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
	Carey Virtue		<ul style="list-style-type: none"> Partner works in the Ministry of Health 		
CORPORATE SUPPORT					
	Nick Lanigan		<ul style="list-style-type: none"> Wife consultant for 2 Degrees 		
	Denise Hutchins	Nil			
	Dr Sharon Kletchko	<ul style="list-style-type: none"> Member Exceptional Circumstances Panel – PHARMAC Treasurer, International Society for Health Care Priorities Member St John South Island Region Trust Board Member RACP NZ Policy and Advocacy Committee. South Island Representative on RACP NZ Joint Executive. Member of the Medicine’s Review Committee (Medicine’s Act) MEDSAFE Member DHBRF Governance 	<ul style="list-style-type: none"> Deputy Chair of the New Zealand Standards Council Member of the Board – EVIDEM Collaboration. 	<ul style="list-style-type: none"> EVIDEM is a Not-for-Profit international research collaboration whose purpose is “To promote public health through transparent and efficient healthcare decision making via systematic assessment and dissemination of the evidence for and value of healthcare interventions.” 	
DONM	Robyn Henderson	Nil			
CMO	Heather McPherson	Nil			
DMH & Whanau Ora	Harold Wereta	<ul style="list-style-type: none"> Ngati Toarangatira Connections 		<ul style="list-style-type: none"> Tribal Interest 	
CHIEF EXECUTIVE’S OFFICE					
	John Peters	<ul style="list-style-type: none"> Director of SISSAL Trustee of Nelson Marlborough Hospitals’ Charitable Trust Trustee Churchill Trust 	<ul style="list-style-type: none"> Director of Management and Industrial Services Ltd. 	<ul style="list-style-type: none"> Shared services provision, administration of trust funds for health purposes & provision of private health services at Wairau Hospital MIS Ltd previously provided consultant services to other DHBs 	

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
	Keith Rusholme	<ul style="list-style-type: none"> ▪ Wife provides first aid training and complimentary help services 		<ul style="list-style-type: none"> ▪ Provision of services to DHB staff or contracted providers 	<ul style="list-style-type: none"> ▪ Sister works for IDSS.
	Mike Cummins	<ul style="list-style-type: none"> ▪ Wife works for medical practice 			

As at 1 November 2011

SECTION 3: CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

MINUTES OF A MEETING OF HOSPITAL ADVISORY COMMITTEE OF NELSON MARLBOROUGH DISTRICT HEALTH BOARD HELD AT THE SEMINAR CENTRE MEETING ROOM 1, BRAEMAR CAMPUS, NELSON ON TUESDAY 27 SEPTEMBER 2011 AT 9.30 AM

Present:

Judy Crowe (Chair), Russell Wilson (Deputy Chair), Ian MacLennan, Francis Gargiulo, Roma Hippolite, John Inder, Jane Anderson-Bay, Jenny Black, Gordon Currie, Tahi Takao and John Moore (from 10.30am)

Apologies:

Nil

In Attendance:

Peter Bramley (Service Director Medical/Surgical Services Directorate), James Bowyer (Service Director Clinical Services Support Directorate), John Peters (CE), Mike Cummins (Board Secretary), Nick Lanigan (GM Corporate Services), Sharon Kletchko (GM Strategy and Planning), Katherine Rock (Communications Advisor)

Karakia:

Russell Wilson

SECTION 1: APOLOGIES

Nil

SECTION 2: REGISTRATIONS OF INTEREST

Nil

Moved: Russell Wilson

Seconded: Jane Anderson-Bay

RECOMMENDATION:

THAT THE REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Minutes of the Committee Meeting 26 July 2011.

Moved: Russell Wilson
Seconded: Francis Gargiulo

RECOMMENDATION:
THAT THE MINUTES OF THE MEETING 26 JULY 2011 BE ACCEPTED.

AGREED

SECTION 3.1: MATTERS ARISING

Nil

SECTION 4: REPORTS

4.1 Chair's Report

No report.

4.2 Medical Surgical Directorate Report

4.2.1 General

Taken as read.

Noted that elective activity is 95% of budgeted YTD due to higher acutes. Some surgery being rescheduled today due to RWC and the high occupancy rate (95%).

Members noted the cardiology volumes are well ahead of budget. These reflect acute demand and under estimation when budgeting for a new service. The impact on IDF of the changes to be identified. It was also noted that constraints on capacity may be required if demand is not seen as a priority.

Members were briefed on the requirement to continue to deliver at the same volumes as the previous year. ESPI targets also have had an impact on volumes.

Presentation

Peter Bramley outlined the challenges for Medical Surgical Services in the future.

Nationally have reached the point where significant reform is required of service configuration and models of care. Changes are expected through innovation, the use of technology, differing roles, settings of care, genetic research and removal of structural boundaries.

These changes will be through communications, shifts in mind sets, being nimble, shifts in learning while balancing affordability and funding lines.

Members discussed how NMDHB can be innovative, the costs of human intervention versus technology, use of robotics for surveillance of home based care, data collection and monitoring and that there can't be more of the same.

Annual Plan initiatives need to be meaningful, reviewed and where necessary replaced each year. Some will be service driven and need to encourage change and set out expectations.

4.2.2 For Decision

Nil

4.2.3 Quality

Discussed the changes for some minor surgical procedures, the audit processes and education being provided to general practices.

Clinical Leadership

Noted this is being established at both sites and are expected to work together on district wide service delivery. These Heads of Departments are to work in partnership with the Service Manager with shared accountability.

4.2.4 Utilisation and Activity

Taken as read.

4.2.5 Performance MOH Targets KPIs

Taken as read.

4.2.6 Financial

Noted the medical personnel costs are under budget. This includes adjustments to CME eligibility and leave following an audit.

4.2.7 Emerging Issues

Nil

4.2.8 Project Reports or Status

Nil

4.2.9 Health Alliance/Collaboration

Nil

4.2.10 Progress against service improvement plans

Nil

4.2.11 Directorate Profile

Presentation

Tom Morton, Clinical Director ED joined the meeting

Emergency Departments

The structure of the emergency services at Nelson and Wairau Hospitals were outlined.

ED is not the same as primary, there are differing reasons for attending but recognised there will be some crossover.

Tom noted that changes at both hospitals have reduced the number of attendances at ED since 2009/10. Changes have included public education, community based delivery and greater involvement of primary.

There are a number of challenges:

- Information systems
- Primary care co-locations
- Primary care capacity
- Inappropriate referrals
- Access blocks
- Recruitment for Wairau ED
- Different models of care between the hospitals e.g. AAU at Wairau only.

A number of initiatives have been put in place or are planned:

- Vouchers to access primary care (limited up take)
- Nurse led pathways
- Primary care informing the public on their capacity
- Allied Health teams co-locating
- New ways of service delivery / nurse practitioners
- Rapid response team to work with ARC providers and elderly in community.

It was agreed that we should do things more cleverly:

- AAU at Nelson to be explored
- GP as gate keeper
- Work with ambulance providers to ensure patients delivered where care most appropriate (doesn't need to be ED)
- Enabling ED to be able to refer direct for HBSS
- Life care plans.

4.3 Clinical Services Support Directorate Report

4.3.1 General Nil

4.3.2 Decision Nil

4.3.3 Quality Taken as read.

4.3.4 Utilisation/Activity Taken as read.

4.3.5 Financial Results and Forecasts Taken as read. Discussed changes to timing of the replacement of PACS, the extension of the leases for the CT scanners and MRI. NMDHB working with other SI DHBS on solutions for PACS.

4.3.6 Emerging Issues Taken as read. Members were briefed on the variance YTD on expenditure on cancer drugs. Noted that the number of patients have nearly doubled in one year (108 to 200) particularly in Nelson. A number of factors have created this position including possible changes in practice, drug availability through decisions by Pharmac and underestimated budget signals on likely demand.

Noted Ministry of Health plans to introduce reporting on waiting lists in Radiology.

An update was given on the process used by HBL to introduce procurement changes. Date when new contracts expected to be available to be checked with HBL. Risk that the benefit of planned savings will be reduced by delays in issuing these contracts.

4.3.7 Inter-directorate engagement Taken as read.

4.3.8 Workforce Taken as read.

4.3.9 Progress against service improvement plans Nil

4.3.10 Directorate profile Nil

Moved: John Inder
Seconded: Ian MacLennan

RECOMMENDATIONS:

1. THAT THE DIRECTORATE REPORTS BE RECEIVED
2. THAT THE FINANCIAL REPORTS BE ADOPTED.

AGREED.

SECTION 5: GENERAL

Nil

SECTION 6: MEMBER ISSUES

The Committee acknowledged the contribution by Tahi Takao, who has resigned from HAC as the IHB representative.

PUBLIC EXCLUDED

Moved: Jane Anderson-Bay
Seconded: Ian MacLennan

THAT the Committee resolve itself into a Committee of the whole and that in terms of the NZ Public Health & Disability Act 2000, the public be excluded while the following items are considered:

- *Minutes of a meeting of Hospital Advisory Committee held on 26 July 2011 (Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000)*

Meeting Closed at: 12.38pm

Members of the Public

Nil

ACTIONS ARISING FROM THE MEETING

Action	Responsible	Time Frame
Karakia	John Inder	22 November
Future presentation - Preadmission changes	Peter Bramley	22 November

SECTION 3.1: MATTERS ARISING

Nil

SECTION 3.2: CORRESPONDENCE

From	To	Reason
Joe Puketapu, Chair, IHB	Judy Crowe, Chair, HAC Committee	Resignation of Tahi Takao from the HAC Committee
Judy Crowe, Chair, HAC Committee	Tahi Takao	Thank you for his contributions to HAC.

SECTION 4: REPORTS

4.1 CHAIRPERSON'S REPORT

Nil

Judy Crowe
Chairperson

Status

This report contains:

- For decision
- Update
- Regular report
- For information

4.2 MEDICAL SURGICAL SERVICES DIRECTORATE REPORT

4.2.1 General

The Medical Surgical Directorate has delivered the required Caseweights for October. The DHB remains ESPI compliant overall.

The Directorate has delivered a YTD surplus of \$15.78M compared to a budgeted surplus of \$ 16.83M giving a negative variance of \$ 1.05M.

Status

This report contains:

- For decision
- ✓ Update
- ✓ Regular report
- ✓ For information

4.2.2 For Decision

Nil

4.2.3 Quality

Following is an update for key quality initiatives for the Medical Surgical (M/S) Directorate:

1) **Quality Framework**

The Quality and Safety Governance committee is now meeting monthly. The Quality framework is being communicated across the directorates. Work is being done to improve our processes around reportable events and management of risk, the terms of reference for the various committees, and the management of policies within the organisation.

2) **Theatre Productivity**

New reports around key theatre metrics are ready for distribution. Theatre schedule is being changed to spread elective cases and improve theatre utilisation. Dedicated acute lists have been added to reduce cancellations of elective cases. Electronic display of theatre bookings is being implemented.

3) **Scoping Review**

Discussion on a shared Endoscopy waiting list is being held district wide. There is a need to match demand with capacity, and better manage those waiting for a colonoscopy.

4) **Surgical Pre-Admission Redesign**

The team has process-mapped the pre-admission pathway and highlighted the key bottlenecks. Currently we are designing improved criteria-based nurse supported preadmission pathway. The Ministry of Health has approved funding to support the redesign of our pre-admission pathway.

5) **Minor Surgical Skin Lesions**

The aim is to provide a Better, Sooner, and more Convenient service for patients requiring the removal of a skin lesion. The focus is on involving primary care more fully in the delivery of the service. Referral information in Nelson is being reviewed by General Practitioners with a view to enhancing the service. A Wairau trial of a new pathway for skin lesion removal was due to begin 11th November 2011 for a four month period.

6) Strengthening Clinical Leadership

We are ready to advertise the roles of Head of Department for the various specialty groups. The investment in clinical leadership is with the purpose of strengthening clinical engagement in service leadership and improvement.

7) Plastics Surgical Review

We are reviewing our delivery of plastic procedures for the district. We are working closely with clinicians and our tertiary providers to evaluate whether we can provide a better and more financially sustainable service.

4.2.4 Utilisation/Activity

The service delivered 1631 Caseweights (95% of plan) for October and has delivered 6883 Caseweights (101% of plan) YTD. (See tables below).

Acute activity was 106% of plan for the month of October. Elective activity was 76% of budget for the month. Elective caseweight delivery YTD was 461 CWDs (76% of plan) compared to a budget of 606 CWDs. Higher than anticipated acute presentations continues to significantly impact bed availability, reducing the capacity for elective delivery.

Dental, ENT, Urology, Orthopaedics all delivered under plan for the month. Dental reflected a lower than anticipated demand, ENT still has one SMO on maternity leave, Urology – some sick leave and CME taken resulting in less delivery, and Orthopaedics – leave taken by majority of Orthopaedic Surgeons to attend NZ/Australia conference with no locum replacement sought.

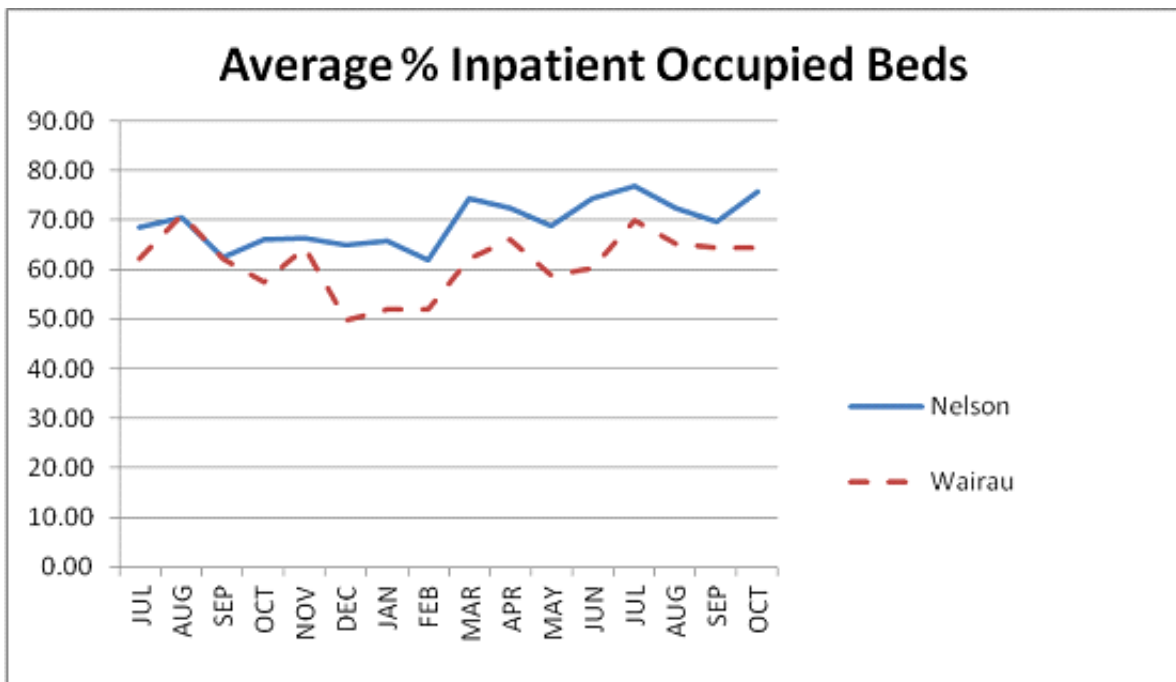
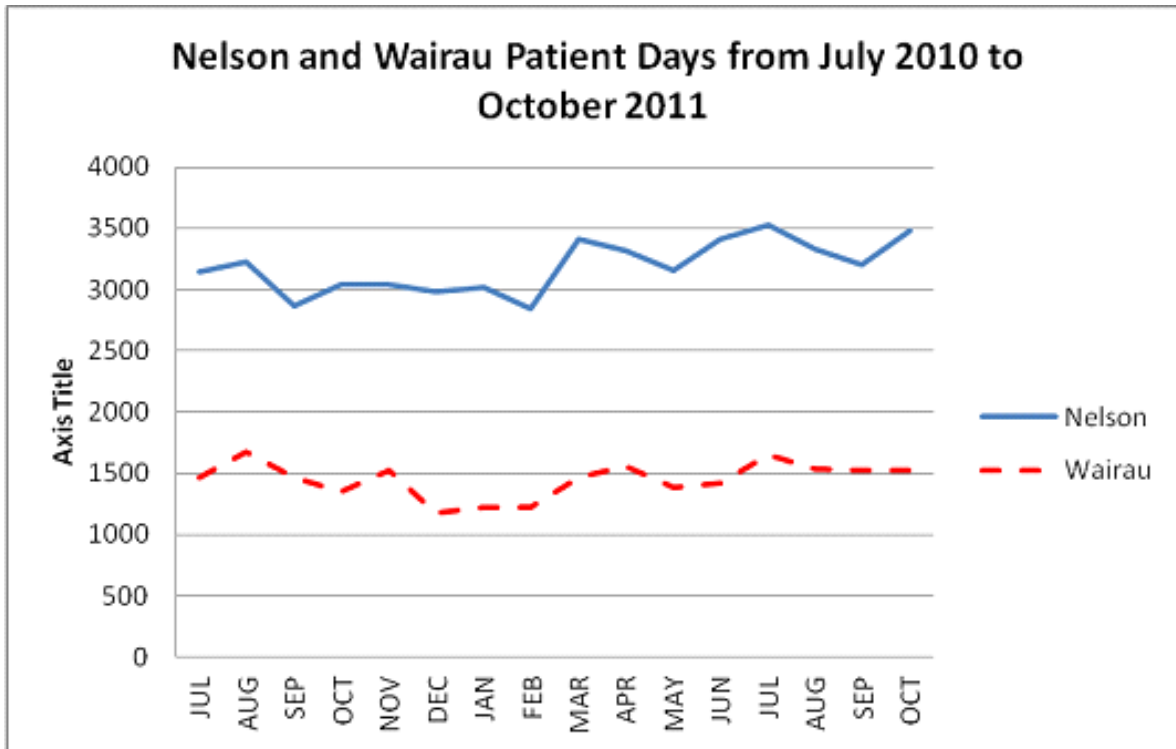
Cancellation rate for elective cases was 6% for October for Nelson and Wairau hospitals combined.

The DHB remains green overall in terms of ESPI compliance.

There are still a number of patients waiting > 6 months for FSA and Surgical treatment but numbers are continuing to decrease every month. As at 7th November 41 patients are waiting > 6 months for FSA and 79 surgical patients waiting > 6 months for surgery.

The Ministry of Health has confirmed it expects DHBs to have no patients waiting greater than six months by June 2012. We are working to reduce the time of waiting without having to restrict access to services.

Both Nelson and Wairau Hospitals continue to experience higher than expected admissions, reflected in high levels of occupancy (see graphs below).



Medical & Surgical Acute/ Elective

Caseweights

NMDHB

October 2011

Service	Unit Code	Description	Type	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Med	M00001	General Medical Inpatient DRG's	Acute	4797	1688	1770	82	105%
		General Medical Inpatient DRG's	Elective	114	40	25	-15	62%
	General Medical Inpatient DRG's Total			4911	1728	1795	67	104%
	M10001	Cardiology Inpatient DRG's	Acute	623	219	331	112	151%
Cardiology Inpatient DRG's		Elective	338	119	93	-26	78%	
Cardiology Inpatient DRG's Total			961	338	424	86	125%	
Med Total				5872	2066	2219	153	107%
Specialist	D01001	Dental Inpatient DRG's	Acute	27	10	7	-3	70%
		Dental Inpatient DRG's	Elective	196	69	53	-16	77%
	Dental Inpatient DRG's Total			223	78	60	-19	76%
	M55001	Paediatric Medical Inpatient DRG's	Acute	697	245	256	11	104%
		Paediatric Medical Inpatient DRG's	Elective	28	10	9	-1	93%
	Paediatric Medical Inpatient DRG's Total			725	255	265	10	104%
	S25001	Ear, Nose and Throat Inpatient DRG's	Acute	112	39	34	-5	87%
		Ear, Nose and Throat Inpatient DRG's	Elective	479	168	86	-83	51%
	Ear, Nose and Throat Inpatient DRG's Total			591	208	120	-88	58%
	S30001	Gynaecology Inpatient DRG's	Acute	203	71	84	13	118%
		Gynaecology Inpatient DRG's	Elective	758	267	250	-16	94%
	Gynaecology Inpatient DRG's Total			961	338	335	-4	99%
	S40001	Ophthalmology Inpatient DRG's	Acute	30	11	9	-2	84%
		Ophthalmology Inpatient DRG's	Elective	420	148	140	-8	95%
	Ophthalmology Inpatient DRG's Total			450	158	149	-10	94%
	S70001	Urology Inpatient DRG's	Acute	156	55	72	17	131%
Urology Inpatient DRG's		Elective	571	201	157	-44	78%	
Urology Inpatient DRG's Total			727	256	230	-26	90%	
W06003	Neonates Inpatient DRG's	Acute	416	146	163	17	111%	
	Neonates Inpatient DRG's	Elective	416	146	163	17	111%	
Neonates Inpatient DRG's Total			416	146	163	17	111%	
W10001	Maternity Inpatient DRG's	Acute	1345	473	683	210	144%	
	Maternity Inpatient DRG's	Elective	1345	473	683	210	144%	
Maternity Inpatient DRG's Total			1345	473	683	210	144%	
Specialist Total				5438	1913	2004	91	105%
Surg	S00001	General Surgery Inpatient DRG's	Acute	2273	800	750	-50	94%
		General Surgery Inpatient DRG's	Elective	1710	602	533	-69	89%
	General Surgery Inpatient DRG's Total			3983	1401	1282	-119	92%
	S05001	Anaesthesia Services Inpatient DRG's	Acute	20	7	1	-6	16%
		Anaesthesia Services Inpatient DRG's	Elective	30	11	12	2	116%
	Anaesthesia Services Inpatient DRG's Total			50	18	13	-4	76%
	S45001	Orthopaedics Inpatient DRG's	Acute	1766	621	620	-1	100%
		Orthopaedics Inpatient DRG's	Elective	2040	718	684	-33	95%
Orthopaedics Inpatient DRG's Total			3806	1339	1304	-35	97%	
S75001	Vascular Inpatient DRG's	Acute	8	3	15	12	539%	
	Vascular Inpatient DRG's	Elective	172	61	45	-15	75%	
Vascular Inpatient DRG's Total			180	63	61	-3	96%	
Surg Total				8019	2821	2661	-161	94%
Grand Total				19329	6800	6883	83	101%

Elective Discharges

NB. These discharges are the same cases that are shown as the Elective Caseweights in the table above

Service	Unit Code	Description	Type	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Med	M10001	Cardiology - Inpatient Services (DRG's)	Elec Disch	378	133	119	-14	89%
Med Total				378	133	119	-14	89%
Specialist	D01001	Dental - Inpatient Services (DRG's)	Elec Disch	439	154	112	-42	73%
	S25001	Ear, Nose and Throat - Inpatient Services (DRG's)	Elec Disch	760	267	134	-133	50%
	S30001	Gynaecology - Inpatient Services (DRG's)	Elec Disch	728	256	310	54	121%
	S40001	Ophthalmology - Inpatient Services (DRG's)	Elec Disch	688	242	230	-12	95%
	S70001	Urology - Inpatient Services (DRG's)	Elec Disch	443	156	159	3	102%
Specialist Total				3058	1076	945	-131	88%
Surg	MS02016	Skin Lesions - Procedures (Cases)	Elec Disch	600	211	223	12	106%
	S00001	General Surgery - Inpatient Services (DRG's)	Elec Disch	1136	400	402	2	101%
	S05001	Anaesthesia Services - Inpatient Services (DRG's)	Elec Disch	234	82	44	-38	53%
	S45001	Orthopaedics - Inpatient Services (DRG's)	Elec Disch	886	312	286	-26	92%
	S75001	Vascular - Inpatient Services (DRG's)	Elec Disch	66	23	23	0	99%
Surg Total				2922	1028	978	-50	95%
Grand Total				6358	2237	2042	-195	91%

Outpatient Attendances

First Attendances

NMDHB

October 2011

Service	Unit Code	Description	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Act % Complete vs YTD Plan
Med	M00002	General Medicine - 1st attendance	1901	669	679	10	102%
	M10002	Cardiology - 1st attendance	1690	595	167	-428	28%
	M15002	Dermatology - 1st attendance	400	141	149	8	106%
	M20004	Diabetes - 1st attendance	350	123	50	-73	41%
	M25002	Gastroenterology - 1st attendance	920	324	495	171	153%
	M45002	Neurology - 1st attendance	682	240	252	12	105%
	M50002	Oncology - 1st attendance	550	193	154	-39	80%
	M60002	Renal Medicine - 1st attendance	51	18	12	-6	67%
	M65002	Respiratory - 1st attendance	100	35	58	23	165%
M70002	Rheumatology (incl immunology) - 1st att	306	108	102	-6	95%	
Med Total			6950	2445	2118	-327	87%
Specialist	M55002	Paediatric Medical Outpatient - 1st at	1045	368	312	-56	85%
	S25002	Ear Nose and Throat - 1st attendance	1350	475	289	-186	61%
	S30002	Gynaecology - 1st attendance	1200	422	561	139	133%
	S40002	Ophthalmology - 1st attendance	1445	508	506	-2	100%
	S70002	Urology - 1st attendance	1100	387	296	-91	76%
	W03002	First obstetric consults	730	257	221	-36	86%
Specialist Total			6870	2417	2185	-232	90%
Surg	PC0001	Pain 1st Specialist assessment	110	39	35	-4	90%
	S00002	Gen Surgery 1st attendance	3215	1131	1018	-113	90%
	S45002	Orthopaedics - 1st attendance	3600	1267	1189	-78	94%
	S75002	Vascular Surgery 1st Attendance	139	49	74	25	151%
Surg Total			7064	2485	2316	-169	93%
Grand Total			20884	7347	6619	-728	90%

Subsequent Attendances

NMDHB

October 2011

Service	Unit Code	Description	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Med	M00003	General Medicine - Subsequent attendance	3204	1127	1076	-51	95%
	M10003	Cardiology - Subsequent attendance	2214	779	775	-4	99%
	M15003	Dermatology - Subsequent attendance	395	139	130	-9	94%
	M20005	Diabetes - Subsequent attendance	550	193	191	-2	99%
	M25003	Gastroenterology - Subsequent attendance	791	278	208	-70	75%
	M45003	Neurology - Subsequent attendance	526	185	187	2	101%
	M50003	Oncology - Subsequent attendance	3400	1196	1145	-51	96%
	M60003	Renal Medicine - Subsequent attendance	550	193	134	-59	69%
	M65003	Respiratory - Subsequent attendance	44	15	34	19	220%
M70003	Rheumatology (incl immunology) - Subsequ	1094	385	304	-81	79%	
Med Total			12768	4492	4184	-308	93%
Specialist	M55003	Paediatric Medical Outpatient - Subsequ	2600	915	860	-55	94%
	S25003	Ear Nose and Throat - Subsequent attenda	1950	686	533	-153	78%
	S30003	Gynaecology - Subsequent attendance	1250	440	423	-17	96%
	S40003	Ophthalmology - Subsequent attendance	6000	2111	2078	-33	98%
	S70003	Urology - Subsequent attendance	2200	774	575	-199	74%
	W03003	Subsequent obstetric consults	628	221	260	39	118%
Specialist Total			14628	5146	4729	-417	92%
Surg	PC0003	Pain Specialist Appointment - Follow-up	200	70	34	-36	48%
	S00003	Gen Surgery Subsequent	4108	1445	1274	-171	88%
	S45003	Orthopaedics - Subsequent attendance	6000	2111	2067	-44	98%
	S75003	Vascular Surgery Subsequent Attendance	209	74	124	50	169%
Surg Total			10517	3700	3499	-201	95%
Grand Total			37913	13338	12412	-926	93%

Medical & Surgical Procedures

NMDHB

October 2011

Service	Unit Code	Description	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Med	M00006	General Medicine - blood transfusions	700	246	265	19	108%
	M10004	Cardiac Education and Management	900	317	428	111	135%
	M15004	Dermatology - UV Treatment	420	148	138	-10	93%
	M20006	Diabetes Education and Management	1210	1210	723	-487	60%
	M20007	Diabetes - Fundus Screening	1800	633	514	-119	81%
	M45004	Neurology - Botulinum toxin therapy	60	21	23	2	109%
	M60008	Renal Medicine - Incentre Haemodialysis	1750	616	608	-8	99%
	M65005	Respiratory - Bronchoscopy	30	11	7	-4	66%
	M65006	Sleep apnoea - assessment	220	77	36	-41	47%
	M65007	Sleep apnoea - long term treatment	200	70	253	183	360%
	MS02009	IV Chemotherapy - cancer - Any health sp	1900	668	860	192	129%
Med Total			9190	4017	3855	-162	96%
Specialist	S25006	ENT Minor operations	1000	352	294	-58	84%
	S30006	Termination of Pregnancy - 1 st trimester	450	158	128	-30	81%
	S30008	Gynae Minor Procedure - High Cost	90	32	26	-6	82%
	S40004	Minor Eye Procedures	50	18	9	-9	51%
	S40004A	Avastin	700	246	362	116	147%
	S40005	Eye - Argon Laser	180	63	91	28	144%
	S70005	Urology - Cystoscopy	500	176	161	-15	92%
	S70006	Urology - Lithotripsy	30	11	5	-6	47%
	S70007	Urodynamics	60	21	14	-7	66%
		W03005	Amniocentesis	50	18	7	-11
Specialist Total			3110	1094	1097	3	100%
Surg	MS02005	Gastroscopy - Any Health Speciality	900	317	299	-18	94%
	MS02007	Colonoscopy - Any Health Specaility	1415	498	472	-26	95%
	MS02014	Colonoscopy and Gastroscopy (Performed togeth	92	32	33	1	102%
	MS02016	Skin Lesion excisions	600	211	228	17	108%
	S00008	Minor Operations	750	264	163	-101	62%
Surg Total			3757	1322	1195	-127	90%
Grand Total			16057	6433	6147	-286	96%

ESPI REPORTS

MoH Elective Services Online

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: Nelson Marlborough

	2010			2010			2010			2011			2011			2011			2011			2011			2011			2011			Target						
	Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul				Aug			Sep		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.		Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	20 of 20	100%	0	20 of 20	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	> 90%			
2. Patients waiting longer than six months for their first specialist assessment (FSA).	145	0.8%	0	171	0.9%	0	186	1.0%	0	250	1.4%	0	236	1.3%	0	216	1.2%	0	139	0.6%	0	113	0.6%	0	81	0.5%	0	121	0.6%	0	58	0.3%	0	55	0.3%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	54	1.0%	0	57	1.0%	0	37	0.7%	0	41	0.7%	0	47	0.9%	0	42	0.8%	0	35	0.6%	0	42	0.8%	0	44	0.8%	0	45	0.8%	0	48	0.9%	0	46	0.8%	0	< 5%
4. Clarity of treatment status.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%
5. Patients given a commitment to treatment but not treated within six months.	115	2.0%	0	132	2.3%	0	148	2.5%	0	169	2.9%	0	147	2.5%	0	143	2.4%	0	85	1.4%	0	84	1.4%	0	94	1.6%	0	84	1.4%	0	95	1.6%	0	77	1.3%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	20	4.1%	0	23	4.8%	0	39	8.5%	0	33	7.4%	0	27	6.0%	0	25	5.5%	0	45	10.8%	0	46	10.9%	0	27	5.8%	0	15	3.2%	0	4	0.0%	0	9	0.0%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	96	1.7%	0	119	2.2%	0	103	1.9%	0	126	2.3%	0	107	1.9%	0	116	2.1%	0	70	1.3%	0	69	1.2%	0	72	1.3%	0	71	1.3%	0	74	1.3%	0	63	1.1%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	430	100%	0%	478	100%	0%	465	100%	0%	326	100%	0%	413	100%	0%	521	100%	0%	458	100%	0%	507	100%	0%	561	100%	0%	402	100%	0%	545	100%	0%	536	100%	0%	> 90%

This report displays overall ESPI results for a DHB over a 12 month period. The ESPI results do not include non-electives or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialities where patients are prioritised using nationally recognised tools. Medical specialities are currently included in ESPI 1 and 2 results but excluded from other ESPI results. In August 2010 the ESPI 2 threshold was reduced from 2% to 1.5%, and the ESPI 5 threshold was reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs. (elective_services@moh.govt.nz).

Data Warehouse Refresh Date: 05/Nov/2011

Report Run Date: 07/Nov/2011

4.2.5 Performance MoH Targets KPIs – Medical / Surgical Services

(i) Shorter Stays in Emergency Departments

This information is only available every quarter. The latest reports continue to indicate excellent performance by our Emergency Department teams with 97% of patients admitted or discharged within six hours of presenting. The high hospital occupancy through August and September, which puts pressure on access to beds, will increase the length of stay in the Emergency Department.

(ii) Shorter Waits for Cancer Treatment Radiotherapy

This information is only available every quarter. The latest reports indicate that patients needing radiation treatment are currently receiving this within the target time.

(iii) Improved Access to Elective Surgery

Elective Services

Ambulatory FSA at end September 2011 has delivery of 5,748 FSAs against plan of 4,328 (132.8%). Of this total surgical FSAs are 3,156 actual delivery against plan of 2,813 (112.2%).

High delivery of FSAs in the following specialities (for YTD at end September 2011):

General Medicine	201%
Cardiology	268%
Gastroenterology	323%
Respiratory	400%
Gynaecology	193%

Ambulatory Procedure at end September 2011 has delivery of 95 procedures against plan of 287 (33%). Ambulatory Procedure includes Colonoscopy procedures across both Medical and Surgical specialities. We believe low volumes may be due to implementation of a new PUC this year and data not being submitted accurately – this is being investigated.

Electives Initiative

- Health Target. NMDHB is required to deliver 6029 discharges every year. At end September 2011 we have delivered 1,594 discharges against a plan of 1,572 (101.4%)
- Case Weights (CWDs). Planned case weight delivery (September 2011) was 1,990.6 with actual case weight delivery 2,356.3 (118.4%).

Individual specialities below CWD plan are:

ENT	79%
Neurosurgery	69%
Vascular Surgery	60%
MS02016 – Skin Lesion	88%

High case weights still being undertaken with Orthopaedic patients being targeted to reduce long waiting times to ensure all patients treated within six months of being given certainty.

4.2.6 Financial Report for the Month Ended 31 October 2011

Medical Surgical Services Directorate Statement of Financial Performance

\$000	October 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
Revenue							
MoH Revenue	125	123	1	525	494	31	1,481
Other Govt Revenue	239	301	(62)	1,102	1,190	(88)	3,637
Other Income	230	210	20	971	851	120	2,559
Internal Revenue							
PVS	10,916	10,916	0	43,662	43,662	0	130,986
NGO & IDF	2,485	2,485	-	9,939	9,939	-	29,718
Total Revenue	13,994	14,035	(41)	56,199	56,135	64	168,380
Expenditure							
Personnel Costs	5,231	5,147	(84)	21,223	21,084	(139)	65,168
Outsourced services	337	172	(164)	974	677	(296)	1,930
Clinical Supplies	1,308	1,178	(129)	5,455	4,895	(560)	14,260
Infrastructure and Non Clinical	469	378	(91)	1,743	1,567	(176)	4,608
Provider Payments							
IDF & NGO							
Personal Health	2,345	2,481	136	9,776	9,925	150	29,676
Disability Support	(20)	4	23	(9)	14	23	42
Internal (PVS)							
Internal Expenses	291	271	(21)	1,256	1,145	(111)	3,405
Total Expenditure	9,960	9,631	(330)	40,417	39,308	(1,109)	119,089
Net Surplus/(Loss)	4,033	4,404	(371)	15,782	16,827	(1,045)	49,292

Funder - Service View

\$000	October 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
PFM1 - Medical Surgical Portfolio	160	(0)	160	173	(0)	173	(0)
	160	(0)	160	173	(0)	173	(0)

Provider - Service View

\$000	October 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
HMG - Hospital Management	(88)	(71)	(17)	(366)	(295)	(71)	(993)
MED - Medical Services	2,141	2,250	(109)	8,568	8,975	(407)	26,458
NMGR - Nurse Manager	(102)	(98)	(3)	(395)	(379)	(16)	(1,180)
SPEC - Specialties Services	1,209	1,286	(77)	4,968	4,983	(15)	14,594
SUR - Surgical Services	2,762	2,956	(193)	11,205	11,446	(240)	34,201
WAI - Wairau	(2,049)	(1,917)	(132)	(8,371)	(7,901)	(470)	(23,788)
	3,874	4,404	(531)	15,609	16,827	(1,218)	49,292

FTE's - Medical Surgical Services Directorate

Staff Type	October 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
Medical Personnel	145.5	140.3	(5.3)	138.7	137.4	(1.3)	139.1
Nursing Personnel	440.8	390.9	(49.9)	410.7	386.9	(23.8)	393.7
Allied Health	30.2	28.3	(1.9)	29.7	28.4	(1.3)	28.3
Hotel Services	28.2	24.5	(3.7)	25.1	24.2	(0.9)	24.7
Management/Administration	7.4	10.0	2.6	7.1	10.0	2.9	10.0
Total FTEs	652.3	594.1	(58.2)	611.3	586.9	(24.4)	595.8

REVENUE

MOH revenue is \$31k favourable with \$13k due to higher screening volumes than budgeted and \$17k in Child Development DSS contract arising from a higher inflation increase than budgeted.

Other Government revenue is \$88k unfavourable with ACC Elective revenue \$66k unfavourable and ACC Non Acute Rehab \$35k unfavourable with fewer patient days billed. This is partly offset by CTA revenue which is currently \$11k favourable.

Other Income is \$120k favourable, primarily from additional private surgery revenue at Wairau Hospital.

EXPENDITURE

Personnel costs overall is \$139k unfavourable (14.7 FTE) unfavourable.

Medical Personnel \$379k favourable (1.3 FTE) unfavourable

The positive dollar variance is mainly caused by a cleanup of annual leave not previously captured and by a significant credit for re-based CME entitlement. The variance was significantly impacted on by payment in September of backdated allowances (\$250k) for a number of Specialists. October was favourable with Wairau Services being under budgeted FTE and \$49k favourable to budget mainly due to MOSS vacancies. Nelson ED was \$22k favourable for the month through using more Registrars instead of the more costly MOSS resource.

Nursing Personnel \$564k (23.8 FTE) unfavourable
DAP savings of \$101k have not been achieved.

Medical Services \$164k (8.6 FTE) unfavourable

\$74k (4.7 FTE) is in Medical Unit Nelson where Occupancy (+12%), Patient Days (+12%) and Discharges (+15%) all show a considerable increase on the same quarter in 2010-11; \$40k (2.4 FTE) is in ED Nelson where total YTD presentations are 2.5% higher than for the same period last year. ICU Nelson is \$33k (0.9 FTE) unfavourable driven by higher occupancy levels (average of 74% compared to 68% for the same period last year).

Specialties \$104k (8.7 FTE) unfavourable

\$70k (3.0 FTE) in Paediatrics Nelson with Sick Leave being significant (1.5 FTE). Occupancy has been 8% higher than the same period last year; AT&R Nelson is \$21k (1.5 FTE) unfavourable driven by Admissions being 12% higher than the same period last year.

Surgical \$99k (3.2 FTE) unfavourable

Ward 10 Nelson is unfavourable by \$55k (1.9 FTE) where Ordinary time is the main factor. This is driven by a 12% increase in Occupancy over the same quarter for 2010-11. Patient throughput has been greater (+18%) achieved by reduced average Bed Days Stay (-5%).

Wairau is \$80k (6.0 FTE) unfavourable with Ordinary Time \$55k unfavourable and Overtime \$33k unfavourable

Hospital Occupancy is up 4% on the same period in 10-11 and Discharges are 10% higher. This has been achieved with higher turnaround in patients with Average bed Days being 5% lower than in the same period in 2010-11.

Management and Administration \$91k favourable to budget (2.9 FTE) favourable

In Directorate Management where Managers are \$50k under budget; and including budget savings of \$43k.

Outsourced Services are \$133k unfavourable overall.

Outsourced Medical is \$297k unfavourable

The bulk of the variance is in Wairau with:

- Med – Obstet/Gynae Wairau is \$74k over with a locum covering Medical vacancy. This is expected to cease now that an appointment has been made
- Med - Anaesthetists Wairau is over budget \$99k offsetting the \$85k under spend in Anaesthetist Medical Staff. This is due to a vacant position which has been filled starting later in the financial year
- Med - Orthopaedic Wairau is \$55k over with a locum covering Medical leave and call cover.

Clinical Supplies are \$560k unfavourable

This includes \$144k of budget savings planned to be identified. Higher occupancy and acute care provision flows though to higher use of clinical supplies in all services. The balance of the variance is largely in.

Medical Services \$98k unfavourable

PCI and Physicians are \$64k over in Cardiology and related supplies driven by Cardiology Inpatient DRGs being 24% above contract for Year to Date. Expenditure on Pacemakers is also \$17k unfavourable to budget. Expenditure on ICU consumables is unfavourable by \$14k reflecting increased occupancy as noted in Nursing Personnel (above).

Wairau Services \$250k unfavourable

The bulk of this is in Theatre and Private Surgery. Orthopaedic surgery to reduce long wait patients has high clinical costs associated. Increased throughput in private surgery also brings increased clinical costs offsetting the increased revenue.

Infrastructure is \$176k unfavourable

There are particular pressures in: Patient Meals are now showing as unfavourable (-\$46k) because of a contract-driven price increase commencing in October; Laundry costs (-\$28k) where there has been a 9.5% price increase; Cleaning Supplies are also unfavourable (-\$13k) across a number of departments; and Maintenance costs (-\$19k) relating to unbudgeted office alterations. There has also been \$19k of unbudgeted spending on Security Services in Wairau Inpatient Unit for patient watches.

From a Service perspective, Wairau Services account for \$129k of the total variance.

Provider Payments are favourable by 173k with the 2010-11 wash-ups for Inpatient activity being \$132k favourable.

Internal Allocations are \$111k unfavourable with \$121k unfavourable in Pharmacy allocations, once again reflecting high volumes of patient care.

4.2.7 Emerging Issues

Nil

4.2.8 Project Reports or Status

Nil

4.2.9 Health Alliance / Collaboration

Nil

4.2.10 Progress against service improvement plans

Nil

4.2.11 Directorate Profile

Nil

**RECOMMENDATION:
THAT THE MEDICAL / SURGICAL SERVICES DIRECTORATE REPORT BE
RECEIVED.**

4.3 CLINICAL SERVICES SUPPORT DIRECTORATE

4.3.1. General

Financial Results YTD adverse variance against Budget of \$987k

Areas on concern:

Cancer drugs spend continues to exceed Budget due to much higher volume of patients than in the past 12 months, especially in Nelson.

Blood costs are higher than budget due to higher occupancy and acuity.

Patient travel in both scheduled and unscheduled flights have exceeded budget due to significant cost of one off expensive evacs to Auckland, \$100k, and trends over past five months have shown more patients travelling to Wellington by air instead of Christchurch (mileage costs).

Status

This report contains:

- For decision
- ✓ Update
- ✓ Regular report
- ✓ For information

4.3.2. Decision

Nil

4.3.3. Quality

Roll out of Quality and Safety Framework commencing in Directorate, with a view to consolidated reporting upwards of Directorate issues and activity.

4.3.4. Utilisation / Activity

- Work in progress on Radiology Clinical pathways
- Laboratory contract negotiations continuing, although almost reaching a conclusion
- Patient Shuttle Wairau, 6 month pilot launched 5 September, 14.4% utilisation to date as of 7 November.

4.3.5 Performance MoH Targets KPIs

Clinical Services Support does not have currently any MoH Targets KPIs.

4.3.6 Financials Results and Forecasts

Progress against Annual Plan - Report for October 2011:

Clinical Services Support Directorate Statement of Financial Performance

\$000	October 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	DAP	Variance
Revenue									
MoH Revenue	87	90	(2)	330	358	(29)	1,049	1,075	(26)
Other Govt Revenue	73	91	(17)	335	363	(28)	1,079	1,090	(11)
Other Income	162	180	(18)	666	724	(58)	2,146	2,186	(40)
Internal Revenue									
PVS	1,076	1,053	23	4,453	4,212	241	13,022	12,636	387
NGO & IDF	3,847	3,847	-	15,257	15,257	-	45,339	45,339	0
Internal Charge	555	450	105	2,423	1,921	502	6,101	5,703	398
Total Revenue	5,800	5,710	90	23,464	22,836	629	68,736	68,029	707
Expenditure									
Personnel Costs	1,550	1,412	(137)	6,039	5,890	(149)	18,065	18,065	0
Outsourced services	503	471	(33)	1,954	1,881	(72)	5,695	5,605	(91)
Clinical Supplies	1,211	1,058	(154)	4,967	4,360	(608)	13,543	12,853	(690)
Infrastructure and Non Clinical	161	166	5	713	680	(33)	1,981	1,943	(38)
Provider Payments									
IDF & NGO									
Personal Health	3,839	3,835	(4)	15,555	15,210	(345)	45,572	45,198	(374)
Disability Support	12	12	0	47	47	0	140	140	0
Internal (PVS)									
Internal Expenses	293	208	(86)	1,290	882	(409)	2,943	2,620	(323)
Total Expenditure	7,570	7,161	(409)	30,566	28,950	(1,616)	87,940	86,426	(1,515)
Net Surplus/(Loss)	(1,770)	(1,451)	(319)	(7,101)	(6,114)	(987)	(19,204)	(18,397)	(807)

Funder - Service View

\$000	October 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	DAP	Variance
PFM2 - Primary & Referred Port	(4)	(0)	(4)	(345)	(0)	(345)	(374)	(0)	(374)
	(4)	(0)	(4)	(345)	(0)	(345)	(374)	(0)	(374)

Provider - Service View

\$000	October 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	DAP	Variance
ADM - Administration	(494)	(409)	(86)	(1,878)	(1,709)	(169)	(5,203)	(5,120)	(83)
CLS - Clinical Support	(1,315)	(1,068)	(247)	(4,991)	(4,479)	(512)	(13,844)	(13,473)	(371)
FAC - Support Works	58	41	17	175	137	38	408	387	20
MAR - Maori Health	(15)	(15)	1	(62)	(63)	1	(191)	(191)	0
	(1,766)	(1,451)	(315)	(6,756)	(6,114)	(642)	(18,830)	(18,397)	(433)

FTE's - Clinical Services Support Directorate

Staff Type	October 2011			Year to Date			Full Year	
	Actual	Budget	Variance	Actual	Budget	Variance	DAP	Variance
Medical Personnel	6.0	5.4	(0.7)	5.9	5.3	(0.6)		5.3
Nursing Personnel	8.4	7.2	(1.2)	8.4	7.3	(1.1)		7.3
Allied Health	134.0	133.0	(1.1)	132.0	133.1	1.2		133.2
Hotel Services	2.5	2.5	(0.0)	2.6	2.6	(0.0)		2.6
Management/Administration	148.8	137.4	(11.4)	146.6	137.1	(9.5)		137.8
Total FTEs	299.8	285.5	(14.3)	295.4	285.3	(10.1)		286.2

Commentary	Variance (\$'000)
REVENUE	629
Pharmacy Healthpac claims are higher than budget - see Clinical Supplies (Pharmaceuticals) below	241
Internal Pharmacy allocations are higher than budgeted	502
<i>Other variances</i>	-114
PERSONNEL COSTS	-149
Medical Personnel favourable in CME Leave	33
Nursing is unfavourable: \$16k in unbudgeted Patient Transport; \$10k in Radiology Departments driven by activity	-32
Allied Health unfavourable with: Long Service Leave \$12k; Annual Leave \$29k, Sick Leave \$10k; one-off correction of Radiology CME balances relating to 10-11 year (\$46k); Call-related Allowances in Radiology (\$14k); Maternity Lump Sum payments (\$22k). Partly offset by favourable variances in Courses and Conferences (+\$22k) and Professional Fees (+\$18k)	-124
Management & Admin unfavourable with extra resources used in Administration at Wairau because of Clinical Records catch up on filing plus Sick Leave cover. Partly offset by Chief Pharmacist position not appointed	-36
<i>Other variances</i>	10
OUTSOURCED SERVICES	-72
Audiology costs related to cover for vacant positions	-68
<i>Other variances</i>	-4
CLINICAL SUPPLIES	-608
Pharmaceuticals are over budget in:	
Immunosuppressive/cytotoxic - covered by Pharmacy Healthpac revenue above	-233
Nutrition	-36
Cardiovascular	-19
Infections	-39
Anaesthetics	-30
Treatment Disposables are over budget in:	
Blood Products - prior year invoices	-44
Blood Products - current year spend reflects ongoing high activity in the Hospitals together with increased use of Prothrombinex which is now recognised as the best treatment for Warfarin overdose.	-92
Instruments & Equipment are unfavourable with Radiology depreciation accounting for \$36k	-53
Air Ambulance costs are unfavourable reflecting several high cost emergency patient transfers	-75
Support Works client-related costs are favourable to budget	40
<i>Other variances</i>	-27

INFRASTRUCTURE AND NON CLINICAL	-33
Stationery costs in Medical Records departments reflecting bulk purchase	-35
<i>Other variances</i>	2
PROVIDER PAYMENTS	-345
Over accrual of prior year Community Pharmaceuticals partly offset by higher current year costs.	24
Pharmacy services variance relates to payments for Discretionary Pharmaceuticals Fund held by Pharmac	-204
Patient Travel & Accommodation payments are estimated at a higher level than budgeted based on recent figures. Increase is due to switching of patients from Christchurch to Wellington post earthquakes.	-201
<i>Other variances</i>	36
INTERNAL ALLOCATIONS	-409
Unfavourable in:	
Pharmacy - cost driven by PCT drugs recovered via HealthPac claims (see revenue above)	-407
<i>Other variances</i>	-2

4.3.7 Emerging Issues

Radiology

We have had two full time Ultrasound Sonographers go on Maternity leave, one in Nelson, one in Wairau, which is going to put pressure on Ultrasound Wait lists, more so in Wairau at this time, than Nelson.

Opportunities for replacement during this leave period are proving problematic, but continue to be explored.

Allied Health Equipment Store Nelson

Currently about to be relocated from Dalton House due to Earthquake risk, and challenges in finding temporary store whilst new one built.

4.3.8 Project Reports or Status

- Rutherford - working on Pharmacy in the Community and Hospital, expect finalised report for consultation mid December
- Customer Service Training for all Clerical and Admin staff now being rolled out
- Improving Outpatient Processes – The referral and Booking process , currently working on project brief, design and expected outcomes
- ACC Accreditation in Radiology, working on, policies, procedures and protocols with a view to achieving this by June 2012.

For Allied Health(AH)

- NZ DHB stock take of AH based within ED
- Falls Stakeholder Meeting occurred, Pathways Group updated. Proposed whole of Health Service NM Falls Strategy
- Service Accreditation for Long Term equipment continues
- Specific AH information for localized Pathways being developed

- Involvement with Pain, Cardiac and Pulmonary Rehabilitation projects
- Combining two Community Rehabilitation Teams (CRT) together – ATR and Allied Health CRT – HOP focus, a team leader needed
- National Review of MoH Service Specifications – New Tier 1 to pull a number together: “Community Health, Rehabilitation and Support services” and specific AH Review to set Minimum requirements across all DHBs.

4.3.9 Health Alliance / Collaboration

Nil

4.3.10 Progress against service improvement plans

For the main ones, Radiology, Laboratory and Pharmacy are covered above.

4.3.11 Directorate Profile

Nil

RECOMMENDATION:

THAT THE CLINICAL SERVICES SUPPORT DIRECTORATE REPORT BE RECEIVED.

SECTION 5: FOR INFORMATION

Nil

SECTION 6: MEMBERS ISSUES

Nil

SECTION 7 - GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

ABC	Ask about their smoking status; brief advice to quit; cessation
A4HC	Action for Healthy Children
A&D / AOD	Alcohol and Drug / Alcohol and Other Drugs
ACC	Accident Compensation Corporation
ACNM -	Associate Charge Nurse Manager
ACU	Ambulatory Care Unit
AE	Alternative Education
AEP	Accredited Employer Programme
AIR	Agreed Information Repository
ALOS	Average Length of Stay
AOD	Alcohol and Drug
AOHS	Adolescent Oral Health Services
AP	Annual Plan with Statement of Intent
ARC	Aged Residential Care
ARF	Audit Risk and Finance
ARCC	Aged Residential Care Contract
ASD	Autism Spectrum Disorder
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
BSCQ	Balanced Score Card Quadrant
BA	Business Analyst
BCTI	Buyer Created Tax Invoice
BFCI	Breast Feeding Community Initiative
BFCI	Baby Friendly Community Initiative
BS	Business Support
BSI	Blood Stream Infection
BSMC	Better, Sooner, More Convenient
CAMHS	Child and Adolescent Mental Health Services
CBAC	Community Based Assessment Centres
CBF	Capitation Based Funding
CE (CEO)	Chief Executive (Chief Executive Officer)
CEA	Collective Employee Agreement
CDHB	Canterbury District Health Board
CCDHB	Capital & Coast District Health Board (also called C & C)
CCF	Chronic Conditions Framework
CCT	Continuing Care Team
CCU	Coronary Care Unit
CDEM	Civil Defence Emergency Management
CDHB	Canterbury District Health Board
CDM	Chronic Disease Management
CEG	Coordinating Executive Group (for emergency management)
CeTas	Central Technical Advisory Support
CFA	Crown Funding Agreement <u>or</u> Crown Funding Agency
CFO	Chief Financial Officer
CHFA	Crown Health Financing Agency
CHS	Community Health Services
CIMS	Coordinated Incident Management System
CIO	Chief Information Officer
CME	Continuing Medical Education

CMI	Chronic Medical Illness
CMS	Contract Management System
CNM	Charge Nurse Manager
Concerto	IT system which provides clinician's interface to systems
COO	Chief Operating Officer
COPMI	Children of Parents with Mental Illness
CPHAC	Community and Public Health Advisory Committee
CPIP	Community Pharmacy Intervention Project
CPNE	Continuing Practice Nurse Education
CPO	Controlled Purchase Operations
CPU	Critical Purchase Units
CSR	Contract Status Report
CSSD	Central Sterile Supply Department
CTA	Clinical Training Agency
CTC	Contributions to Cost
CTANAG	Clinical Training Agency Nursing Advisory Group
CTU	Combined Trade Unions
CVD	Cardiovascular Disease
CVDR	Cardiovascular/Diabetes Risk Assessment
CWD	Case Weighted Discharge
CYAERG	Child Youth Advisory & Expert Reference Group.
CYF	Child, Youth and Family
CYFS	Child, Youth and Family Service
DAP	District Annual Plan
DAR	Diabetes Annual Review
DHB	District Health Board
DHBNZ	District Health Boards New Zealand
DHBRF	District Health Boards Research Fund
DiSAC	Disability Support Advisory Committee
DGH	Director General of Health
DMH	Director of Maori Health
DNA	Did Not Attend
DRG	Diagnostic Related Group
DSP	District Strategic Plan
DSS	Disability Support Services
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EFI	Energy For Industry
ELT	Executive Leadership Team
EMPG	Emergency Management Planning Group
ENT	Ears, Nose and Throat
EOI	Expression of Interest
EQP	Earthquake Prone Building Policy
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
EVIDEM	Evidence and Value: Impact on Decision Making
FF&E	Furniture, Fixtures and Equipment
FFT	Future Funding Track

FMIS	Financial Management Information System
FOMHT	Friends of Motueka Hospital Trust
FOUND	Found Directory is an up-to-date listing of community groups and organisations in Nelson/Tasman
FRC	Fee Review Committee
FSA	First Specialist Assessment
FST	Financially Sustainable Threshold
FTE	Full Time Equivalent
FVIP	Family Violence Intervention Programme
GM	General Manager
GMS	General Medical Subsidy
GP	General Practitioner
GRx	Green Prescription
HAC	Hospital Advisory Committee
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
H&DC / HDC	Health and Disability Commissioner
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
HEA	Health Education Assessments
He Kawenata	Covenant, agreement, treaty, testament (PM Ryan Maori Dictionary pg 104)
HEeADSSS	Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety
HEHA	Healthy Eating Healthy Action
HEP	Hospital Emergency Plan
HESDJ	Ministries of Health, Education, Social Development, Justice
HFA	Health Funding Authority
HHS	Hospital and Health Services
HIA	Health Impact Assessment
HM	Household Management
HMS	Health Management System
HODs	Heads of Department
HOP	Health of Older People
HP	Health Promotion
HPI	Health Practitioner Index
HPV	Human Papilloma Virus
HR	Human Resources
HR & OD	Human Resources and Organisational Development
IANZ	International Accreditation New Zealand
IBA	Information Builders of Australia
IDF	Inter District Flow
IDSS	Intellectual Disability Support Services
IFRS	International Financial Reporting Standards
IHB	Iwi Health Board
IM	Information Management
InterRAI	Inter Residential Assessment Instrument
IPAC	Independent Practitioner Association Council
IPC	Intensive Patient Care
IPC Units	Intensive Psychiatric Care Units
IPG	Immunisation Partnership Group
IPU	In-Patient Unit
IS	Information Systems
ISSP	Information Services Strategic Plan
IT	Information Technology

JAMHWSAP	Joint Action Maori Health & Wellness Strategic Action Plan
JOG	Joint Oversight Group
KIM	Knowledge and Information Management
Kotahitanga	Unity, accord, coalition, solidarity (PM Ryan Maori Dictionary pg 127)
KPI	Key Performance Indicator
KHW	Kimi Hauora Wairau (Marlborough PHO)
LA	Local Authority
LCN	Local Cancer Network
LIS	Laboratory Information Systems
LOS	Length of Stay
LSCS	Lower Segment Caesarean Section
LTC	Long Term Care
LTCCP	Long Term Council Community Plan
LTO	Licence to Occupy
LTS-CHC	Long Term Supports – Chronic Health Condition
LTSFSG	Long Term Service Framework Steering Group
Manaakitanga	Goodwill, show respect, or kindness to ((PM Ryan Maori Dictionary pg 172)
Manawhenua	Power, prestige, authority over land (HW Williams Maori Dictionary pg 172)
Manawhenua O Te	Tau Ihu O Te Waka A Maui – Referring to the eight iwi who hold tribal authority over the top of the South Island (no reference)
MHDSF	Maori Health and Disability Strategy Framework
MHFS	Maori Health Foundation Strategy
MPDS	Maori Provider Development Scheme
MA	Medical Advisor
MCT	Mobile Community Team
MDC	Marlborough District Council
MDO	Maori Development Organisation
MDS	Maori Development Service
MDT	Multi Disciplinary Team
MECA	Multi Employer Collective Agreement
MHAU	Mental Health Admission Unit
MHC	Mental Health Commissioner
MHD	Maori Health Directorate
MHINC	Mental Health Information Network Collection
MHWSF	Maori Health and Wellness Strategic Framework
MOH	Ministry of Health
MOH	Medical Officer of Health
MOA	Memorandum of Agreement
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MOW	Meals on Wheels
MRI	Magnetic Resonance Imaging
MRT	Medical Radiation Technologist (or Technician)
MSD	Ministry of Social Development
NPA	Nutrition and Physical Activity
NRAHDD	Nelson Region After Hours & Duty Doctor Limited
NRT	Nicotine Replacement Therapy
MRSA	Methicillin Resistant Staphylococcus Aureus
NHBIT	National Health Board IT
NASC	Needs Assessment Service Coordination
NBPH	Nelson Bays Primary Health
NCC	National Capital Committee
NCC	Nelson City Council
NCSP	National Cervical Screening Programme
NETP	Nursing Entry to Practice

NGO	Non Government Organisation
NHCC	National Health Coordination Centre
NHI	National Health Index
NIR	National Immunisation Register
NMDHB	Nelson Marlborough District Health Board
NMDS	National Minimum Dataset
NMIT	Nelson Marlborough Institute of Technology
NPA	Nutrition and Physical Activity (Programme)
NPV	Net Present Value
NRAHDD	Nelson Regional After Hours and Duty Doctor Ltd
NSU	National Screening Unit
NTOS	National Terms of Settlement
NZHIS	NZ Health Information Services
NZMA	New Zealand Medical Association
NZNO	NZ Nurses Organisation
NZPH&D Act	NZ Public Health and Disability Act 2000
OAG	Office of the Auditor General
OIA	Official Information Act
OIS	Outreach Immunisation Services
OPD	Outpatient Department
OPF	Operational Policy Framework
OPJ	Optimising the Patient Journey
OSH	Occupational Health and Safety
OT	Occupational Therapy
PACS	Picture Archiving Computer System
P&F	Planning and Funding
PANT	Physical Activity and Nutrition Team
PBF(F)	Population Based Funding (Formula)
PC	Personal Cares
P&C	Primary & Community
PCI	Percutaneous Coronary Intervention
PCO	Primary Care Organisation
PCT	Pharmaceutical Cancer Treatments
PDR	Performance Development Review
PDRP	Professional Development and Recognition Programme
PDSA	Plan, Do, Study, Act
PFG	Performance Framework Group (formerly known as Services Framework Group)
PHS	Public Health Service
PHCS	Primary Health Care Strategy
PHI	Public Health Intelligence
PHO	Primary Health Organisation
PHOA	PHO Alliance
PHONZ	PHO New Zealand
PHS	Public Health Service
PHU	Public Health Unit
PIA	Performance Improvement Actions
PN	Practice Nurse
PPP	PHO Performance Programme
PSAAP	PHO Service Agreement Amendment Protocol
PT	Patient
PTAC	Pharmacology and Therapeutics Committee
PRIMHD	Project for the Integration of Mental Health Data
PVS	Price Volume Schedule
QA	Quality Assurance

QHNZ	Quality Health NZ
QIC	Quality Improvement Council
QIPPS	Quality Improvement Programme Planning System
Rangatiratanga	Autonomy, evidence of greatness (HW Williams Maori Dictionary pg 323)
RDA	Resident Doctors Association
RDA	Riding for Disabled
RIF	Rural Innovation Fund
RFI	Request for Information
RFP	Request for Proposal
RICF	Reducing Inequalities Contingency Funding
RM	Registered Midwife
RMO	Resident Medical Officer
RN	Registered Nurse
ROI	Registration of Interest
RSE	Recognised Seasonal Employer
RSL	Research and Sabbatical Leave
SAN	Storage Area Network
SCBU	Special Care Baby Unit
SCN	Southern Cancer Network
SDB	Special Dental Benefit Services
SHSOP	Specialist Health Services for Older People
SIA	Services to Improve Access
SICF	South Island Chairs Forum
SICSP	South Island Clinical Services Plan
SI HSP	South Island Health Services Plan
SIRCC	South Island Regional Capital Committee
SISSAL	South Island Shared Service Agency
SLH	SouthLink Health
SLT	Strategic Leadership Team
SMO	Senior Medical Officer
SNA	Special Needs Assessment
SOI	Statement of Intent
SOPD	Surgical Outpatients Department
SOPH	School of Population Health
TDC	Tasman District Council
TLA	Territorial Local Authority
TOW	Treaty of Waitangi
TOR	Terms of Reference
TRTT	Te Roopu Tupu Tahī
UG	User Group
VLCA	Very Low Cost Access
VRA	Vascular Risk Assessment
WAM	Wairau Accident & Medical Trust
WAVE (Project)	Working to Add Value through E-Information
WEII	Whanau Engagement, Innovation and Integration
WIP	Work in Progress
YTD	Year to Date
YTS	Youth Transition Service

November 2011

SECTION 8: APPENDICES

Nil