



NOTICE OF MEETING

OPEN MEETING

THE FOLLOWING AGENDA WILL BE CONSIDERED AT A MEETING OF THE HOSPITAL ADVISORY COMMITTEE OF THE NELSON MARLBOROUGH DISTRICT HEALTH BOARD ON TUESDAY 24 AUGUST, 2010 AT 1.00PM IN THE SUPPORT SERVICES MEETING ROOM 1, WAIRAU HOSPITAL, BLENHEIM

Meeting Dates for Hospital Advisory Committee 2010

19 October	DHB Seminar Centre Room 1, Braemar Campus	Nelson Hospital
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**Nelson Marlborough
District Health Board**

HOSPITAL ADVISORY COMMITTEE AGENDA

Nelson Marlborough District Health Board
Support Services Meeting Room 1
Wairau Hospital
BLLENHEIM
Tuesday, 24 August 2010 commencing at 1.00pm

		Indicative Time
OPEN SECTION:		
Public Forum		1.00pm
SECTION 1	Welcome and Apologies	1.10pm
SECTION 2	Registration of Interest	1.12pm
PRESENTATION:		
Echo Technician Led Services and Valve Clinic Mr Steve White, Cardiac Sonographer Physiology Department, NMDHB		1.15pm
SECTION 3	Confirmation of Minutes: Previous meeting	2.00pm
	Matters arising	
SECTION 4	Reports Chief Operating Officer's Report	2.20pm

SECTION 1: WELCOME AND APOLOGIES

SECTION 2: REGISTRATIONS OF INTEREST

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Lynette Jones	<ul style="list-style-type: none"> ▪ Convenor of “Friends of Marlborough Hospice” ▪ Patron of Marlborough Red Cross. 			
Joe Puketapu	<ul style="list-style-type: none"> ▪ Member IHB Executive Committee ▪ Chair IHB ▪ Chairperson Waikawa Marae Committee ▪ Employee, Te Hauora O Ngati Rarua Ltd ▪ Trustee on the Board of Kimi Hauora Wairau PHO. 	<ul style="list-style-type: none"> ▪ Trustee Te Atiawa Manawhenua Trust ▪ Former Director Tainui Taranaki Ki Te Tau Ihu. 	<ul style="list-style-type: none"> ▪ Health Services 	
Ian MacLennan	<ul style="list-style-type: none"> ▪ Treasurer of Nelson Centre of the Cancer Society of NZ. 			<ul style="list-style-type: none"> ▪ Accommodation for the Cancer Society.
Suzanne Win	<ul style="list-style-type: none"> ▪ Director of Split Ridge Associates Ltd that provides consultancy services to health & disability organisations ▪ Trustee of Gracelands Group ▪ Member of DHBNZ Chairs Executive with lead responsibility for workforce and participant on Tripartite Forum ▪ Partner is a part-time employee of NMDHB Provider Division. 		<ul style="list-style-type: none"> ▪ Provision of consultancy services to health and disability organisations for DHBs or Ministry of Health. 	Partner is <ul style="list-style-type: none"> ▪ Member on PHO Alliance Executive ▪ Chair of West Coast PHO ▪ Contracted to MOH to coordinate the implementation of the Cardiac Network ▪ Chair of the Board of Access Home Health Ltd ▪ Director on Management Board of Jack Inglis Friendship Hospital.
Janet Kelly	Nil			
Jo Mickleson	<ul style="list-style-type: none"> ▪ Proprietor of community pharmacy ▪ Deputy Chair of Pharmacy Council of New Zealand ▪ Chair of the Pharmacy Advisory Group. 		<ul style="list-style-type: none"> ▪ Health care provider in primary sector 	

Rawenata (Lovey) Gieger	▪ Iwi Health Board Member	▪ Committee member, Whakatu Marae ▪ Member CYPS Care & Protection Panel ▪ Member Ngati Koata Kaumatua Council ▪ Member Parikaranga ki Rangitoto Trust.	▪ Contracts Held	
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As at 13 August 2010

REGISTRATIONS OF INTEREST – NMDHB STRATEGIC LEADERSHIP TEAM (SLT) MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Denise Hutchins	<ul style="list-style-type: none"> ▪ Member DHBNZ Workforce Group ▪ Surveyor/Team Leader Quality Health NZ. 		<ul style="list-style-type: none"> ▪ Certification/Accreditation. 	
Heather McPherson (Acting CMA)	Nil		<ul style="list-style-type: none"> ▪ 	
Harold Wereta	<ul style="list-style-type: none"> ▪ Ngati Toarangatira Connections 		<ul style="list-style-type: none"> ▪ Tribal Interest 	
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. 	
Keith Rusholme	<ul style="list-style-type: none"> ▪ Wife provides first aid training and confidential 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	Nil			
Peter Burton	Nil	<ul style="list-style-type: none"> ▪ NMDHB Representative on Tasman Council's Regional Land Transport Committee. 		
Robyn Henderson	Nil	<ul style="list-style-type: none"> ▪ 		

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Sharon Kletchko	<ul style="list-style-type: none"> ▪ Member Exceptional Circumstances Panel – PHARMAC ▪ Treasurer, International Society for Health Care Priorities ▪ Member St John Northern Region South Island 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. 	<ul style="list-style-type: none"> ▪ Deputy Chair of the New Zealand Standards Council. 		

SECTION 3: CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

MINUTES OF THE PUBLIC MEETING OF THE HOSPITAL ADVISORY COMMITTEE OF THE NELSON MARLBOROUGH DISTRICT HEALTH BOARD HELD IN THE DHB OFFICE MEETING ROOM, BRAEMAR CAMPUS, NELSON HOSPITAL, NELSON ON TUESDAY 22 JUNE 2010

Present:

Lynette Jones (Chairman) Ian MacLennan, Suzanne Win, Joanne Mickleson

In Attendance:

Keith Rusholme, Nigel Trainor, Pat Davidsen, Kathryn Rock, Dr Fiona McGill and Dr Peter McIlroy

Glenda Crichton (Minutes)

SECTION 1: APOLOGIES

Apologies were received for Janet Kelly

Moved: Jo Mickleson
Seconded: Suzanne Win

RECOMMENDATION:
THAT THE APOLOGIES BE ACCEPTED.

SECTION 2: REGISTRATION OF INTEREST

Moved: Jo Mickleson
Seconded: Ian MacLennan

RECOMMENDATION:
THAT THE REGISTRATIONS OF INTEREST BE NOTED.

AGREED

PRESENTATION:

Mr Pat Davidsen, District Manager of Women, Child and Oral Health addressed the meeting and introduced Paediatricians Dr Peter McIlroy and Dr Fiona McGill to HAC.

The Paediatric Service spans across several different areas which include hospital based, community based and primary/preventative services. Mr Davidsen acknowledged the hard work of his team to move the different areas into a seamless district wide service, describing them as “quiet achievers who often go unnoticed”.

Dr McIlroy spoke about the Neonatal Service and the Nelson Hospital Special Care Baby Unit (SCBU). SCBU is an eight to ten bed intensive care unit for babies with Level II (moderate) complications. It is part of a national network of six Level III units and sixteen Level II units.

The definition of Level II is that if a baby is born from 30-32 gestation onwards, Nelson Hospital would provide complete care, but babies born prior to that gestation period would go to Wellington Hospital (Level III).

Wairau Hospital runs a Level I-II SCBU Unit and both hospitals work in close liaison with Wellington Hospital.

SCBU is demand driven, has no elective volumes and does not appear in HAC reporting. Each year the unit admits from 160 to 200 babies and up to ten percent of these babies require transport to a Level III unit. The average length of stay in the unit is 9.7 days which is much higher than other services.

Babies are admitted to the unit because of prematurity; low birth weight; congenital infection; congenital malformations; birth complications, maternal risk factors or severe jaundice.

Dr McIlroy provided impressive breastfeeding data for the service:

During Inpatient stay:

- 90% breastfed or receive Expressed Breast Milk (EBM)
- 20 – 30% have exclusive breastfeeding

Upon Discharge

- 90% fully breastfed
- 10% formula fed

At three months after discharge

- 80% breastfed

At six months after discharge

- 50% breastfed.

These results compare favourably to normal term babies. Accreditation for breastfeeding at all NMDHB facilities has recently been achieved and compares very well with other DHBs.

Following an incident in Maternity in 2004 a new 'Maternity At Risk Alert Process' has been introduced to Nelson and Wairau Hospitals. This process allows for alerts to be registered through the pregnancy process prior to birth so that all staff know what is going to happen and provides safety for the baby, the mother and hospital staff.

The initiative is a local success story which has taken a large amount of resource, coordinating a multi disciplinary team approach and involving functional relationships between Child Youth and Family; NZ Police; Lead Maternity Carer; SCBU, Women's Refuge, Maori Providers, and the Family Violence Intervention Programme.

Other initiatives in the service include: SCBU nurses maintaining expertise by training at other Level III units; district wide planning for nurse training and models of care; a neonatal outreach programme upon discharge for transition to primary care; the provision of a two bedroom cottage on hospital grounds for long-term stay of mothers of extremely premature infants; and provision of parental education in the areas of safe sleep, smoking, breastfeeding, car seat safety and infant CPR.

One of the challenges facing the service is managing safe staffing ratios with the widely fluctuating admission volumes.

Discussion followed on special care babies in Wairau being transported to Nelson or Wellington. The Obstetrician makes this decision. It is not viable to have an in-house transport service in Wairau because of the small numbers and the need for incubators and specialist staff. The safest option is to transport a mother to the hospital prior to delivery. The Wairau unit has introduced CPAP (continuous positive airways pressure) to assist in respiration which has reduced the number of babies needing to be transferred out of Blenheim.

The service has a good relationship with the midwives who provide input and assist in the planning of possible premature deliveries.

There is no seasonality to premature birth rates although the increasing maternal age is leading to increased complications.

HAC acknowledged the work done in the SCBU unit and suggested that to give more prominence to the service, the NMDHB could provide a story to the media. This will be followed up by the Communications Coordinator.

Dr Fiona McGill spoke to HAC on Child Cancer Services in Nelson Marlborough.

Statistics show that in New Zealand one in five hundred children will suffer cancer in their first fifteen years with one hundred and fifty new cases each

year. There are a further one hundred cases per year for the fifteen to twenty year age group. Nelson Marlborough has five to eight patients per year.

In 1998 the Ministry of Health announced a "Through the Eyes of a Child" strategy as the paediatric oncology services in New Zealand were fragmented and disorganised. An independent tertiary services review was carried out and recommendations were implemented in August 2000 by the Paediatric Oncology Steering Group.

The main principal is that all children with malignancy are managed by a Paediatric Oncologist, but can be treated as near to home as possible with shared care between tertiary and secondary centres. As a result child mortality has dropped significantly over the past decade nationally.

There are two main centres for child cancer treatment in New Zealand, one in Auckland and the other in Christchurch. All shared care for South Island children is provided through the Haematology and Oncology Centre at Christchurch Hospital (CHOC).

The Nelson team consists of a nominated shared care Paediatrician; two dedicated Paediatric Oncology Outreach Nursing Nurses; four appropriately trained nurses (chemotherapy certified); at least one nurse with central line care and protective isolation skills; a social worker and psychological support (privately funded through CCF). A teacher is provided by the Ministry of Education on a daily basis.

Discussion followed on the provision of a play therapist, but this resource is not available at NMDHB.

Marlborough patients travel to Nelson for Chemotherapy, blood support, outpatient clinics and inpatient care.

Five years after the child has been treated for cancer and until puberty a Late Effects Follow Up Programme commences whereby clinics are held to monitor the child's progress. Currently there are 46 patients in this programme.

Dr McGill acknowledged that the Nelson Child Cancer Service has good medical and nursing communication with the CHOC unit in Christchurch; great oncology / outreach nursing skills; good social work input; good CCF/Canteen support; good palliative care back up from Christchurch and input from regional hospice staff.

SECTION 3: MINUTES

Moved: Jo Mickleson
Seconded: Ian MacLennan

**RECOMMENDATION:
THAT THE MINUTES OF 20 APRIL 2010 ARE ADOPTED AS A TRUE AND
CORRECT RECORD**

AGREED

SECTION 3.1: MATTERS ARISING

3.1.1 Smoking Cessation Figures

In June we are expecting to meet the Government Health Target of eighty percent of admitted patients being assisted to quit smoking.

The Board Chairman and HAC Member raised the matter of a tobacco outlet store based in Richmond. It is believed that the store is providing cut price tobacco supplies, is very well supported by its customers and is in contradiction to the Government stance on tobacco advertising.

A HAC member will, in the first instance, speak to the CEO whether the DHB or the MoH have any remedies around this and will also speak to the Chairman of CPHAC regarding the matter.

3.1.2 Emergency Power Supply Installation

The GM Finance and Commercial advised that the project is four months behind schedule. Because of commercial sensitivity it was agreed that the matter would be discussed In Committee.

3.1.3 Mental Health KPIs/Variance Report CAMS New Referrals Seen

Noted.

3.1.4 Emergency Department Information

HAC noted the discussion between the GM Finance and Commercial and the Clinical Director of Emergency Medicine Services had not taken place.

SECTION 4: REPORTS

4.1 Chief Operating Officer's Report

The COO spoke to the Report.

4.1.2 Smoking Cessation

The COO acknowledged the work of the Quit Coaches and the hospital teams for their input in achieving the excellent results to date.

4.2 Treatment Lists

There are fewer people being given certainty for surgery because of a previous over-commitment from clinicians, despite having thresholds in place. We are working very closely with the SMOs and expect to see the numbers decreasing to within our funded capacity. The total number given certainty

will be reduced further as we have been significantly exceeding our contract volumes.

HAC discussed the issue of exceeding the contract. There is a need to develop a better system for a more centralised approach to accepting first specialist assessment.

The National COO's group have commissioned benchmarking information on treatment ratios and the COO will investigate what information we could use from this.

4.3 KPIS/Variance Report

HAC noted the Government Health Targets had been added to the KPIs/Variance Report for Nelson and Wairau Hospitals. In the next KPI report the Government Health Target percentage figure would also be included.

It was noted that the 'Did Not Attend (DNA's) as a Percentage of Out Patient Presentations' reporting line had dropped to 5.8% for the month of May. This was a credit to the administration staff and HAC wished to acknowledge the effort staff had made to reduce the number of DNAs over the past year.

4.4 Elective Service Report

HAC appreciated the report and credited the surgical teams for keeping on top of the ESPIs. The General Surgery and Urology Services report was noted.

4.5 Property Management

4.5.1 Mental Health – Braemar Redevelopment

The GM Finance and Commercial advised that a paper had just been sent to the Strategic Leadership Team on the Montrose Villa on Braemar campus. This was for the redevelopment of the Mobile Community Team exiting the Kawhai Street property which would be on-sold.

Other projects currently under action in Property Management were spaces being upgraded for two new physicians in Medical Outpatients; the laundry roof issue caused by condensation effecting the concrete floor; selling off excess land; the emergency generator; redevelopment of Iona Villa for Mental Health; scoping for extending the Ortho clinic and the slumping building issue in the Mental Health Unit.

4.6 Mental Health KPIs/Variance Report

Noted.

4.7 Health of Older Person and Rural Hospitals

HAC were advised that the number of continuing care patients at Alexandra Hospital is down to eighteen.

4.8 Financial Report

The General Manager Finance and Commercial spoke to the report.

With only one month to go the Finance team have gone through the Forecast and compared what we have year to date. Revenue will be down on budget mainly due to bloods; Staff Costs will be \$1.1m over; Outsource will be over; as will Clinical Supplies and Non Infrastructure. There will be offsets with other parts of the provider however which will bring overheads down. The consolidated DHB position is forecast to be a deficit of \$5.4m, this includes some accruals for organisational development.

The additional electives have been over delivered, but it is not known if we will get paid for these until the overall wash up from the MOH has been completed. Currently we are running at 105% over inpatient volumes overall.

There is concern around our inability to control staffing numbers. Some medical staff were employed earlier than planned, additional education leave for Nurses was to be absorbed and the new models in Wairau are taking longer than planned. Trendcare is being utilised as much as possible.

The Overall Provider has a small deficit which is getting close to a breakeven.

HAC raised concern about our planning and questioned whether we were too ambitious in our numbers. We need to be smarter and that as time goes on we will get less opportunity to benefit of offsets at the bottom line of the plan. We need to understand the resources and the trends behind the resources.

HAC agreed that the CEO, following the restructure, should make the decision about the changed reporting that had been requested by HAC along service lines.

Moved: Suzanne Win

Seconded: Jo Mickleson

RECOMMENDATION:

THAT THE HOSPITAL ADVISORY COMMITTEE RECEIVE THE CHIEF OPERATING OFFICER'S REPORT.

AGREED

5. MEMBERS ISSUES

Nil.

Public Excluded

Moved: Lynette Jones
Seconded: Jo Mickleson

RECOMMENDATION:

THAT THE COMMITTEE RESOLVE ITSELF INTO A COMMITTEE OF THE WHOLE AND THAT IN TERMS OF THE NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000, THE PUBLIC BE EXCLUDED WHILE THE FOLLOWING ITEMS ARE CONSIDERED:

- Minutes of the Meeting of 20 April 2010 (Section 32(a) Schedule 3 of New Zealand Public Health and Disability Act 2000).

AGREED

MEMBERS OF THE PUBLIC

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The meeting closed at 11.40am

ACTION ITEMS

Item from Minutes	Action - Who/When
<p>HAC acknowledged the work done in the SCBU unit and suggested that to give more prominence to the service, the NMDHB could provide a story to the media. This will be followed up by the Communications Coordinator.</p>	<p>Communications Coordinator</p>
<p>A member raised the matter of a tobacco outlet store based in Richmond. It is believed that the store is providing cut price tobacco supplies, is very well supported by its customers and is in contradiction to the Government stance on tobacco advertising.</p> <p>The Board Chairman and HAC member will, in the first instance, speak to the CEO whether the DHB or the MoH have any remedies around this and will also speak to the Chairman of CPHAC regarding the matter.</p>	<p>Board Chairman</p>
<p>HAC discussed the issue of exceeding contract. There is a need to develop a better system for a more centralised approach to accepting first specialist assessment. CPHAC has a new way of doing things where their challenge is only to do what we are paid for. The question needs to be asked do we need it, or is it just nice to have? Do we have external benchmarking for people being appropriately followed up in primary?</p>	

SECTION 3.1: MATTERS ARISING

3.1.1 Special Care Baby Unit

The NMDHB Communications Coordinator has spoken to the Nelson Mail regarding the newspaper doing a feature on the SCBU Unit. This is under discussion with the Paediatric Service and the reporters.

3.1.2 Tobacco Outlet Store

HAC member Suzanne Win will provide feedback at the meeting.

3.1.3 National Benchmarking on Outpatient: Follow up to First

A consultative paper has been presented to the 21 DHBs to develop a Hospital Quality and Productivity (HQ&P) framework and a regular provider-arm report on DHB performance. Amongst the service detail measure suggested in the framework is the Medical Indicator for Efficiency and Productivity entitled '*Outpatient: Follow up to First*'. The Definition used is:

$$\frac{\text{Total Follow-Up Attendances}}{\text{Total First Attendances}}$$

These comments provide a guide for DHBs:

Comparatively low followup to first ratio indication of more thorough diagnostic and care provision at the initial outpatient visits, thus not requiring too many repeat visits. Desirable to monitor for "handover" to primary care.

Comparison longitudinally and with peers will identify excess variance.

This document is still in the early discussion stage with the HQ&P Working Group, but any resulting benchmarking that relates to this matter will be provided to future HAC meetings.

3.1.4 KPI Reports

This will be discussed at later HAC meetings following the restructure of the Strategic Leadership Team and the Rutherford Initiative.

SECTION 4: REPORTS

4.1 CHIEF OPERATING OFFICER'S REPORT - PROVIDER DIVISION

4.1.1 Activity

Overall July was an average winter month in terms of volume throughput for both acute and elective. The first two weeks of July saw relatively low numbers of acutes and electives due, in part, to the school holidays. As is usually the case post holidays activity picked up with both elective and acutes.

Acute volumes although not unduly high, were problematic more in terms of their acuity and the resultant increased length of stay that had a knock on effect in week three with some elective cancellations.

Both Nelson and Wairau Hospitals' occupancies for the beginning of July were down on what you would normally expect to see for a winter month. The figures for the latter half of the month were consistent with winter running. As an observation peaks in occupancy for the month of July nearly always coincide with the elective peaks, this is more evident in Nelson than Wairau, but evident this month in Wairau.

Overall for Nelson occupancy was on average 6% less than the same time last year, with the same trend at the beginning of July and end of July as of this year.

It is also noteworthy with the acutes that there is a current trend of higher than normal acute presentations on a Monday and Tuesday for both sites. This in combination with higher electives on these days has produced Wednesday having a knock on effect with Thursday likely to be impacted by orange/red occupancy alerts and cancellations of surgery.

Acute Medical cws are down by 9.6% (41 cwd) compared to July 2009. However Surgical cws are up by 25% (81 cws) compared to July 2009 bringing overall acute demand above same period in 2009.

4.1.2 END OF YEAR STATISTICS NELSON AND WAIRAU HOSPITALS 09/10

The following three tables give a three year comparison on key statistics for Nelson and Wairau Hospitals and the associated FTE and cost growth.

	Nelson			Wairau			Total			Variance
	07/08 FY	08/09 FY	09/10 FY	07/08 FY	08/09 FY	09/10 FY	07/08 FY	08/09 FY	09/10 FY	07/08 to 09/10
Admissions	16,958	17,989	17,174	8,841	9,017	8,619	25,799	27,006	25,793	-0.02%
Discharges	16,965	17,975	17,199	8,829	9,016	8,618	25,794	26,991	25,817	0.09%
Daycases	7,024	7,460	7,049	3,695	3,818	3,482	10,719	11,278	10,531	-1.75%
DHB funded caseweights										
Acute CWD - Medicine	3,482	3,790	3,435	2,009	1,999	1,779	5,491	5,789	5,214	-5.04%
- Surgical	3,036	2,970	3,185	1,342	1,331	1,482	4,378	4,301	4,667	6.60%
- Women, Child & Oral Health	840	880	1,696	323	315	835	1,163	1,195	2,531	117.63%
Total Acute	7,358	7,640	8,316	3,674	3,645	4,096	11,032	11,285	12,412	12.51%
Elective CWD - Medicine	347	580	420	2	6	34	349	586	454	30.09%
- Surgical	2,977	3,950	4,180	1,397	1,567	1,632	4,374	5,517	5,812	32.88%
- Women, Child & Oral Health	646	655	670	324	320	283	970	975	953	-1.75%
Total Elective	3,970	5,185	5,270	1,723	1,893	1,949	5,693	7,078	7,219	26.80%
Total CWDs	11,328	12,825	13,586	5,397	5,538	6,045	16,725	18,363	19,631	17.38%
FSA's	12,433	13,658	14,780	5,587	6,042	6,319	18,020	19,700	21,099	17.09%
F/ups	24,204	25,403	26,503	12,357	12,171	12,599	36,561	37,574	39,102	6.95%
Minor procedures	7,824	9,430	10,721	3,393	3,771	4,112	11,217	13,201	14,833	32.24%
IP Patient Days	39,934	39,748	38,220	19,849	18,798	18,190	59,783	58,546	56,410	-5.64%
IP average LoS	4.02	3.78	3.77	3.87	3.62	3.54	3.97	3.73	3.69	-7.05%
IP average occupancy **	74.9%	75.1%	72.2%	74.6%	72.5%	70.2%	74.8%	74.3%	71.5%	-4.41%
Non DHB-funded caseweights	236	272	241	10	37	19	246	309	260	5.69%
Discharges to other hospital or DHB	543	374	322	346	337	329	889	711	651	-26.77%
Deaths	180	180	169	75	73	78	255	253	247	-3.14%
Births	1,046	995	978	515	530	515	1,561	1,525	1,493	-4.36%
ED Presentations	25,053	26,479	25,800	11,503	18,124	17,733	36,556	44,603	43,533	19.09%

** Identifies that maternity includes births.*

*** Occupancy based on IP beds as per Trendcare as available, otherwise on Oracare bed counts. 'IP' is as at midnight ie excludes Day cases
Occupancy is counted as at midnight, and based on those wards that service overnight patients ie the total beds available (which is the denominator for the occupancy %) does NOT includes Day Stay Units or ED Wards*

All non-cwd data is based on ALL admissions/ discharges/LoS/Funder etc. There are NO exclusions

*Caseweights are shown as per the current NZ Casemix Model ie Exclusions are not included, but maternity is included in all three years
In 07/08 and 08/09 FY's, Maternity was NOT part of the Casemix model and thus was NOT shown on the PVS & CSR. This was changed in
the 09/10 FY, and so to show a common view over all years has been included in the 08/09 count
In addition, because the CSR is a snapshot of all data as at the beginning of each month, the volumes change over time as
uncoded cases formerly calculated as an average are later coded and their true cwd shown. This is particularly true for the
08/09 FY, and to a lesser extent even for the 09/10 FY since the June 2010 CSR was extracted less than 4 weeks ago*

*Caseweights are driven by the LoS within each DRG, and so a reducing LoS overall will mean a cwd reduction
They also reflect PVS expectations, as the 09/10 PVS had an overall cwd reduction of 214 when adjusted for maternity's inclusion over 08/09
and also the extra contracted demand for Additional Electives and Initiatives in 08/09 over that contracted in 09/10*

*ED presentations are also higher as that figure shown in the CSR. That is because the figure given is the sum of all
presentations, whilst the CSR figure shows only those cases that were NOT admitted, in line with the casemix model
and the PVS*

Wairau ED visit increase after 07/08 reflects the cessation of WAM

Points of Interest

- Acute demand for medicine is down for 09/10 compared to previous two years, however it is growing in surgery.
- Ed presentations are down for both Nelson and Wairau hospitals compared to 08/09, a reduction in triage 5 presentations is the major contributor. This is in part due to models of care changing, working with the community sector and improving skill base.
- We met and exceeded our surgical elective cwd targets.
- We exceeded our elective discharge target.
- Elective volumes grew in 08/09 due to additional cwd being purchased and over servicing of planned volumes.
- Ratio of Followups to FSAs are improving. FSAs grew 17%, Followups 7%. This is a very good trend.
- It is very pleasing to note the continued reduction in average length of stay, patient days and occupancy given that inpatient volumes overall has increased.

SUMMARY OF FTE AND COSTS

StaffGroup2	Data						Variance to 07-08 Base		
	Actuals 0708	FTE 0708	Actuals 0809	FTE 0809	Actuals 0910	FTE 0910	Cost increase %	FTE	%age
Allied	1,801,102	35.64	1,902,744	36.02	2,090,670	39.41	16.1%	3.77	10.6%
medical	18,695,796	90.74	22,820,121	100.05	24,532,170	112.47	31.2%	21.73	23.9%
Nurse	20,973,805	297.17	23,038,820	312.59	23,271,616	308.54	11.0%	11.36	3.8%
Support	631,203	16.84	668,573	16.77	687,122	16.47	8.9%	-0.36	-2.2%
Admin	982,685	29.00	1,089,279	28.45	931,306	23.57	-5.2%	-5.43	-18.7%
Grand Total	43,084,591	469.39	49,519,538	493.88	51,512,883	500.46	19.6%	31.07	6.6%

Cost Per FTE	91,789	100,267	102,932	12.1%
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Points of Interest

- FTE Costs for Hospital Staff excluding Emergency Department have grown by 19.6% between 07/08 and 09/10.
- The related FTE's have grown by 31 i.e. 6.6% in the same period.
- Cost per FTE has increased by 12.1% over that time.
- FTE cost per cwd has grown by \$48 – 1.9%
- CWD completed per FTE: 07/08 - 35.6 cwd; 09/10 - 39.2 cwd - a growth of 10.1%.
- The increase in Medical FTE/costs between 08/09 and 09/10 of \$1.7m almost matches the reduction in outsourced medical costs.
- Overall FTE costs have gone up disproportionately to FTE numbers. Partly because the mix of staff has changed. Our highest cost personnel (Medical) has increased by 31% which is more than all of the other lower costs groups.

Comparative Expenditure 2007/08 to 2009/10

	2007-08	2008-09	2009-10	% Change 07-08 to 0910
Clinical Supplies				
4002TREATMENT DISPOSABLES	7,833,366	8,892,935	9,170,964	17%
4202DIAGNOSTIC SUPPLIES	577,426	624,720	696,357	21%
4302INSTRUMENTS & EQUIPMENT	3,905,147	4,413,516	4,678,226	20%
4402PATIENT APPLIANCES	1,163,048	1,309,229	1,388,221	19%
4502IMPLANTS & PROSTHESES	4,087,806	4,633,812	4,920,598	20%
4602PHARMACEUTICALS	5,684,565	6,117,759	5,966,755	5%
4902OTHER CLINICAL SUPPLIES	1,941,682	2,112,919	2,118,166	9%
Total Clinical Supplies	25,193,040	28,104,890	28,939,288	15%

	2007-08	2008-09	2009-10	% Change 07-08 to 0910
Outsourced				
3102OUTSOURCED MEDICAL STAFF	2,936,209	3,409,746	1,622,279	-45%
3202OUTSOURCED NURSING STAFF	278,030	312,710	102,400	-63%
3302OUTSOURCED ALLIED HEALTH STAFF	39,334	32,363	24,260	-38%
3402OUSOURCED SUPPORT STAFF	43,003	13,212	1,066	-98%
3502OUTSOURCED MANAG/ADMIN STAFF	65,037	84,399	21,765	-67%
3602OUTSOURCED CLINICAL SERVICES	5,861,660	6,397,784	6,386,559	9%
Total Outsourced Services	9,223,273	10,250,214	8,158,330	-12%

Excludes Mental Health and HOP

Treatment Disposables excludes Haemophilia Supplies - reimbursed by Other DHBs

ED Outsourced figures are included in summary table above.

Other clinical supplies in mainly patient travel.

Point of Interest:

- Clinical supply costs per cwd have reduced by 2.1% despite an increase in clinical supply costs of 15% overall in 09/10 compared to 07/08. This is related to procurement managing to keep some price growth down and less waste related to increased throughput. It should also be noted that not all clinical supply costs relate to cwds, eg other clinical costs are mainly patient travel. Patient appliances costs relate to continence products and Ostomy supplies.

4.1.3 CAPEX LIST

Attached is the final Consolidated CAPEX list which has been provided for information and discussion. The programme is within the parameters set within the DAP for 10/11. Attached as Appendix 2 is the detailed CAPEX list for your information.

Capital Programme Summary 2010-11

Category	Service	Total
Buildings	Property Management	18,521,000
Buildings Total		18,521,000
Site Works/Other Buildings	Property Management	585,000
Site Works/Other Buildings Total		585,000
Clinical Equipment	Clinical Support	724,234
	Health of Older People & Rurals	86,700
	Medical Services	139,500
	Mental Health	9,023
	Purchasing	165,000
	Surgical Services	998,819
	Women Children & Oral Health	143,000
	School Dental Project	532,000
Hospital Management	250,224	
Clinical Equipment Total		3,048,500
Other Equipment	Health of Older People & Rurals	3,500
	Hotel Services	150,000
	Disability Support Services	36,500
	Mental Health	63,500
	Women Children & Oral Health	14,000
	Wairau Furniture, Fittings & Equipment	500,000
Other Equipment Total		767,500
Vehicles	Health of Older People & Rurals	45,000
	Disability Support Services	165,000
	Mental Health	91,000
	School Dental Project	239,000
Vehicles Total		540,000
Information Technology	Information Technology	3,128,000
Information Technology Total		3,128,000
Grand Total		26,590,000

RECOMMENDATION:

HOSPITAL ADVISORY COMMITTEE RECOMMEND THAT THE BOARD ENDORSE THE CAPITAL PROGRAMME FOR THE 10/11 FINANCIAL YEAR.

4.1.4 WAIRAU SITE DEVELOPMENT STEERING GROUP REPORT – AS AT 29 July, 2010

Tracking - Milestones

Anticipated and actual completion dates, revised Preliminary Design (Option 4a)

Milestone	Original target	Revised target (option 4a)	Contractual Completion Date	Actual	Forecast
Preliminary Design	Aug 2007	June 2008	June 2008	Ph 1 Mar 08 Ph 2 Jun 08	Ph 1 Mar 08 Ph 2 Jun 08
Developed Design	Oct 2007	July 2008	Aug 2008	Ph 1 Apr 08 Ph 2 Aug 08	Ph 1 April 08 Ph 2 Aug 08
Commence Construction	Nov 2007	July 2008	Sept 2008	Sept 2008	Sept 2008
<i>Complete Construction</i>					
Stage 1	N/A	March 2009	May 2009	May 2009	May 2009
Stage 2	N/A	Nov 2009	March 2010	March 2010	March 2010
Stage 3	N/A	Aug 2010	Nov 2010		Nov 2010
Stage 4	Sept 2009	Nov 2010	Feb 2011		Feb 2011
Certification & Migration	20 Working Days after construction works completed				

Notes

Major delays to the original target completion dates contained in the approved business case, are a result of delays by the Ministry of Health for the approval of the initial Preliminary Design proposal. Revised target dates for completion were set when the revised Preliminary Design (Option 4a) was submitted for approval by the Ministry of Health.

Contractual completion dates are based on the actual contracted completion dates agreed with the project consultants and contractors.

The forecast date for the completion of the final project Stage (Stage 4) ready for occupation is 20 working days after construction completion (current forecast February 2011 plus 20 days).

Stage 1: Inpatients, AT&R, Allied Health, Chapel, CAMHS and Pharmacy.

Stage 1A: Third Theatre – Construction completed 31 May 2010.

Stage 2: ED/HDU/AAU, Imaging, Laboratory, Clerical and Admin.

Stage 3: Maternity, Child & Youth, Day Stay, Outpatients/Oncology, Main Entrance, Cafe

Stage 4: AOD/Adult Mental Health, Kitchen.

Churchill Trust wish to build new facilities in the location partly occupied by existing Ward 5 (demolition scheduled to commence at the end of Stage 3) subject to a lease agreement.

A new Dental Clinic is now to be provided under Stage 3 of the redevelopment project.

Facilities Progress

During the last reporting period the key activities have been:

- The Café and Main Entrance cladding is complete. Outpatients/Oncology first fix services are partially completed and linings are due to commence soon. Finishings and second fix services to the Day Stay Unit extension have commenced.
- The concrete foundations and floor slab for Paediatric Inpatients is complete.
- Progress on the Stage Three construction works has been delayed during the reporting period due to inclement weather; however the contractor has undertaken measures to prevent any increases on the previously reported ten working days delay to the programme.
- Further potential delays to Stage Three construction have been reported due to procurement delays resulting from time expended undertaking a cost savings review. The reported procurement delays may result in a further ten working days delay to the completion of the project if the delays cannot be mitigated. The building contractor and project team are continuing to seek mitigation opportunities.
- A concept design is being developed for the kitchen following the confirmation of the building services peak loads. Concept estimates are being finalised for alternative structural options. The programme for the kitchen design and construction is being further reviewed to establish how the delays to the design process can be accommodated within the overall project programme.
- The new dental clinic design has been submitted for building consent.
- The furniture, fittings and equipment schedule for Stage Three has been signed off and procurement has commenced.
- A site plan for the proposed new Churchill Trust ward is required to establish the interface with the redeveloped campus buildings, infrastructure and access roads.

Change Management Progress

- Optimising the Patient Journey project activities are focusing on monitoring existing initiatives until a replacement is provided to cover parental leave.
- Enhancements to the pager component of the nurse call system have reported to have caused operational problems with the overall functionality of the system. A review is being undertaken with the supplier to resolve the issues.
- The clinic and theatre scheduling subgroup meetings are progressing with key stakeholders including SMOs, CNMs, District Managers, HR and the Change Manager with the Elective Services Manager providing input as required. The current issues and challenges have been identified and further data is being gathered to help inform the future state.
- The Stage Three clerical hub development is progressing well. The Dental/Day Stay/Theatre hub development is being monitored closely to ensure clarity of purpose and the consistent presentation of key information.
- Further data collection and analysis has been undertaken in the clerical area of secretarial support. The information being gathered is being used to help define future roles and activities in the hubs.

- The Inpatient nursing model working has been reviewed by the operational management team and the Director of Nursing & Midwifery. The development plan will be detailed to support the collaborative model of nursing and be positioned to link with the vision for nursing development described by the Director of Nursing & Midwifery.
- A Co-Leaders workshop was held on 13 July 2010 with a focus on transition plans and using change management tools for assessments to help focus the effort.
- A communication process for linking with visiting clinicians regarding scheduling and Stage Three activities and migration has been established.

Budget

- The latest capital cost estimate notes that some areas of design are over budget and the project team is investigating potential mitigation options.
- The trade tender for the redesigned mechanical services installation for Stage Three has been accepted.
- The ten working day delay reported on Stage Three construction activities may result in a claim for some additional costs if an extension of time is granted.

Activity Planned for Next Reporting Period

- Continue with construction activities for Stage Three.
- Progress the finalisation of the remaining trade works packages procurement for Stages Three and Four.
- Progress the procurement of furniture, fittings and equipment requirements for Stage Three.
- Obtain building consent and prepare a tender report for the new dental clinic.
- Confirm the cost estimate for the kitchen structure and review the programme.
- Review potential mitigation strategies to negate potential flow-on delays to the construction programme, resulting from delays to the procurement of Stage Three key trade contracts.
- Report on issues raised in the '90 Day Review' of the completed Stage Two facilities.
- Continue Stage Three migration planning meetings with user representatives.
- Commence building an awareness of the need to change with the scheduling group.
- Continue to develop the Inpatient nursing model with the working group, including implementation planning.
- Continue with clerical hub development meetings with Stage Three clerical staff and monitor progress closely.
- Review the staffing model for ED/Acute Assessment Unit/High Dependency Unit.

Communications

- The Wairau Site Redevelopment web site has been updated with the latest project information and may be viewed using the URL <http://nmdhb.govt.nz/wairau>.

- Edition 44 of the project newsletter 'Ex-Site' was issued on 28 July 2010.
- The Community Liaison Group continues to progress various projects:
 - A meeting has been scheduled for the landscape designer to present his design for the main entrance area to the gardening subgroup for feedback.
 - The internal spaces subgroup and the art subgroup are proactively approaching members of the community regarding further donations of art and funding for the purchase of art.
 - Funding for the construction of a therapeutic mobility courtyard for AT&R has been secured through the Marlborough Hospital Equipment Trust. Trust representatives will meet with the users to review the proposed design in the first week of August 2010.
 - Funding for a washing machine for the AT&R ADL Laundry (Activities of Daily Living) has been secured through the Isabel Livingstone Trust.
- Weekly construction impact meetings with staff continue through 2010.
- Site visits for the Day Stay Unit will commence on 30 July 2010. Sites visits for the remaining Stage Three departments will commence in approximately three weeks time.

Key Risks

- MEDIUM RISK – There is no 'float' remaining in the overall project programme, and completion of the construction programme relies upon design and procurement information being issued on time. Progress on programme will continue to be monitored on a weekly basis with ongoing reviews to seek potential mitigation measures where potential delays are identified. There is a risk that the building contractor may submit a claim for additional costs if the construction programme is delayed.
- MEDIUM RISK - The revised staffing efficiency benefits for delivering additional 'throughput' volumes without increasing staffing may not compare as favourably with the proposed staffing efficiencies in the business case associated with reducing FTEs, and is therefore being kept under review.
- MEDIUM RISK – Capital costs may have been underestimated. The design, cost plan, and Contract Instructions are being reviewed frequently, including the remaining contingency allowance, to provide early cost alerts. Mitigation measures will be implemented as necessary if any cost alerts are raised.
- MEDIUM RISK – The implementation of new clinic and theatre schedules, together with the introduction of new models of care for the services included in Stage Three of the redevelopment, will have a significant impact on the current SMO work practices and rosters. If there is not sufficient management and clinical leadership support for these changes there is a risk that the proposed efficiency benefits may not be achieved. In order to help minimise these risks, senior management needs to continue to champion the change processes and support the SMO group to implement the required changes.
- MEDIUM RISK – The delays to the confirmation of the catering strategy and the peak services demand has resulted in a delay to the proposed kitchen redevelopment programme. Mitigation measures including alternative design, procurement and construction methodologies are being investigated.
- MEDIUM RISK – Disestablishment of some Senior Leadership Team and Provider Team management roles may result in distraction and disengagement of some personnel for achieving project objectives. Mitigation measures including

regular communications and a transitional period of incumbent personnel with personnel in newly established roles will help mitigate this risk.

Key Issues

- The remaining project contingency fund is quite low and requires careful control and monitoring. Increased frequency of cost monitoring and increased focus on change control measures have been implemented to ensure that the project remains within budget.

4.1.5 COMMUNITY ORAL HEALTH PROJECT UPDATE

Clinics

This project is progressing in a satisfactory manner, with three Nelson schools having signed leases for the new Oral Health clinics on their grounds. The fourth Nelson clinic is having the final design to occupy a proposed site on DHB land. The tender process has been completed for three of the Nelson/Tasman clinics and work should begin mid September. It is expected that the larger clinics will take 20 weeks to completion. The lease is being negotiated for the one Blenheim clinic at Innes House and further meetings will be held this month to finalise the site.

Blenheim – Innes House	New 4 chair fixed clinic
Motueka – Parklands School	New 2 chair fixed clinic
Richmond – Henley School	New 4 chair fixed clinic
Nelson – NMDHB land	New 3 chair fixed clinic
Stoke – Nayland Primary	New 2 chair fixed clinic

4.1.6 BETTER HELP FOR SMOKERS TO QUIT – JULY 2010

Coded Data from 1 JULY to 31 JULY 2010

Hospitalised smokers:	Number of patients coded with ICD Code F17.1 or F17.2 or Z72.0	224
Smoking prevalence	Numerator: Number of hospitalised smokers	224
	Denominator: Number of admissions of patients	1391
Percent of smokers offered advice and support to quit	Numerator: Number of patients coded with Z71.6	135
	Denominator: Number of patients coded with ICD Code F17.1 or F17.2 or Z72.0	224
2009/10 Target	% of hospitalised smokers are provided with advice and help to quit by July 2010	80%

Data based on coded population for July 2010 and includes both general hospital and mental health admissions

Raw data:

July 2010: Mental Health

Admissions Mental Health = 35

Number receiving ABC = 35 (100%)

Smoking prevalence = 29 (83%)

Number receiving B/C = 29 (100%)

General Hospital

July 2010

Number of coded admissions = 1356

Smoking prevalence = 195

Number receiving B and C = 74 *

Number of patients referred to cessation support: 106*

The above table uses the combined data of coded hospital admissions at the time of measuring and Mental Health inpatient admissions for July.

* Please note:

When entering data for the number of general hospital admissions receiving B and C the higher figure (106) is used. 74 patients were coded as having received B and C, However, research shows that 1 in 4 patients that receive the offer of cessation support will accept. 106 patients were referred to cessation support services in July 2010, suggesting that closer to 400 patients received the B and C.

The challenge we face currently is staff not recording the ABC activity on the stickers.

After the June results we introduced an auditing process for Departments to compete each month, to help track the activity (Attachment 1)

In July 2010, the Wairau Quit Coach resigned, accepting a position with the Heart Foundation.

Prior to her departure Wairau averaged approximately 34 cessation support / AKP and Quit line referrals each month.

Due to the absence of a Quit Coach on the wards, we received just 4 referrals for the month of July.

The delay in reappointing to this position is compromising the introduction of the ABC approach in Wairau.

4.2 TREATMENT LISTS

Wait List Inpatient Report July 2010

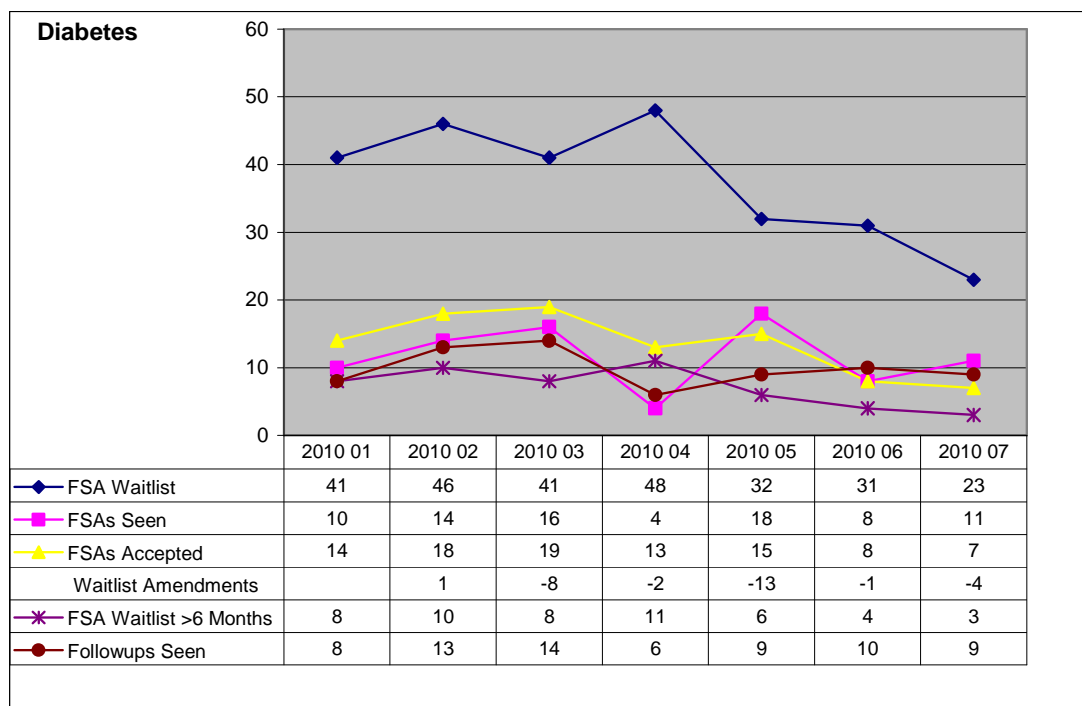
Treatment List

Hospital Name	Department	Status					Total
		Booked	Given Certainty	Active Review	Planned/Staged	Not Defined	
Nelson	CARDIOLOGY	19	74				93
	DENTAL	17	21				38
	ENT	59	136	37	27		259
	GENERAL SURGERY	45	189	173	2		409
	GYNAECOLOGY	36	116				152
	OPHTHALMOLOGY	49	68	34	21		172
	ORTHOPAEDIC & FRACTURE	41	208	105	71		425
	UROLOGY	41	24	48	13	1	127
	VASCULAR SURGERY	1		1			2
Nelson Total		308	836	398	134	1	1677
Wairau	DENTAL	3	14				17
	GENERAL SURGERY	27	94	58	1		180
	GYNAECOLOGY	13	114				127
	OPHTHALMOLOGY	18	14	82			114
	ORTHOPAEDIC & FRACTURE	45	114	26	16		201
	UROLOGY	4	16	15	2		37
Wairau Total		110	366	181	19		676
Total		418	1202	579	153	1	2353

Time as per Status

Status	Hospital Name	Department	<5 Months	5-6 Months	>6 Months	Total
Active Review	Nelson	ENT	37			37
		GENERAL SURG	163	9	1	173
		OPHTHALMOLO	26	6	2	34
		ORTHOPAEDIC	90	6	9	105
		UROLOGY	44	2	2	48
		VASCULAR SUR	1			1
	Nelson Total		361	23	14	398
	Wairau	GENERAL SURG	49	9		58
		OPHTHALMOLO	68	7	7	82
		ORTHOPAEDIC	26			26
UROLOGY		15			15	
Wairau Total		158	16	7	181	
Active Review Total		519	39	21	579	
Given Certainty	Nelson	CARDIOLOGY	70	4		74
		DENTAL	20		1	21
		ENT	122	5	9	136
		GENERAL SURG	175	5	9	189
		GYNAECOLOGY	107	6	3	116
		OPHTHALMOLO	49	8	11	68
		ORTHOPAEDIC	192	13	3	208
		UROLOGY	20	2	2	24
		Nelson Total		755	43	38
	Wairau	DENTAL	14			14
		GENERAL SURG	90	2	2	94
GYNAECOLOGY		87	11	16	114	
OPHTHALMOLO		14			14	
ORTHOPAEDIC		100	10	4	114	
UROLOGY	16			16		
Wairau Total		321	23	22	366	
Given Certainty Total		1076	66	60	1202	

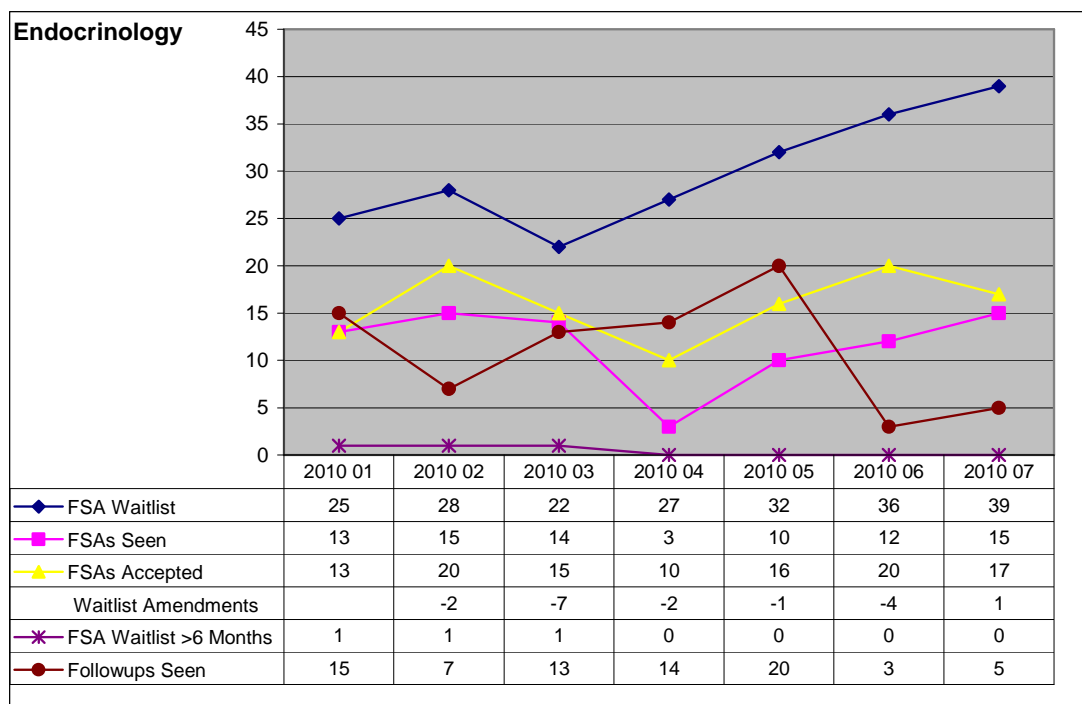
4.3 OUTPATIENT REPORTS



Diabetes - 1st attenda Annual Contracted Volumes are 280 FSAs and 550 Followups.
YTD FSAs Contract: 23 Actual: 18. YTD Followups Contract: 46 Actual: 38

The Diabetes service has accepted 7 referrals in July and undertaken 11 FSAs. The number of patients waiting greater than 6 months for FSA has dropped to 3.

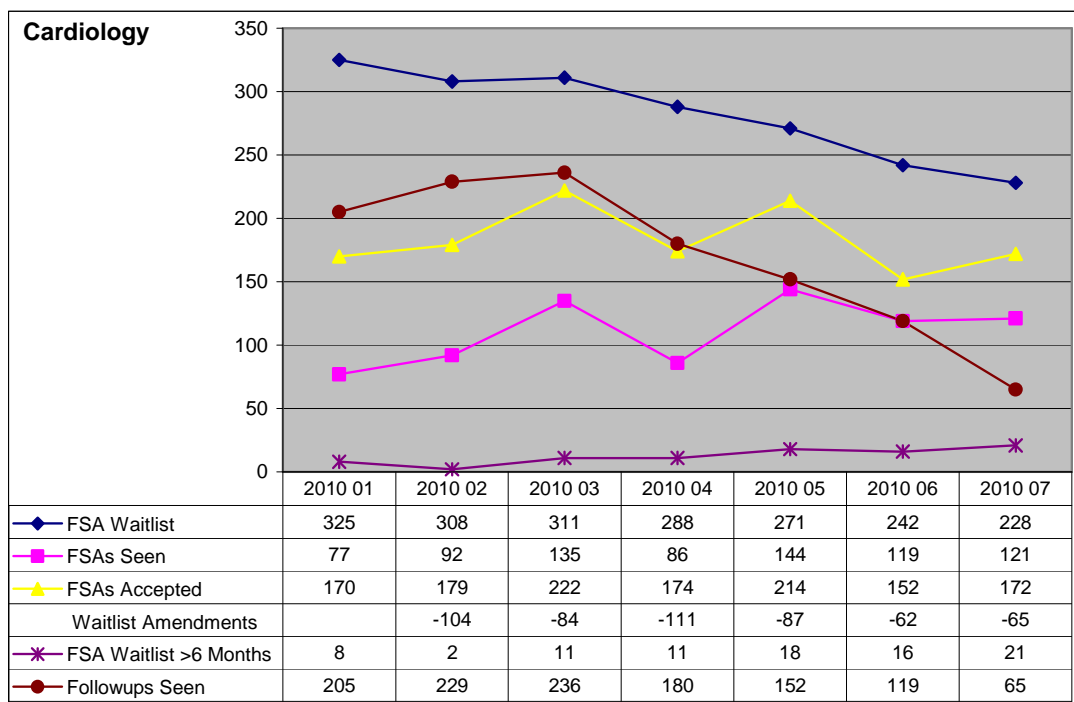
FSAs are under Plan year-to-date by 5 and follow-ups are under plan by 8.



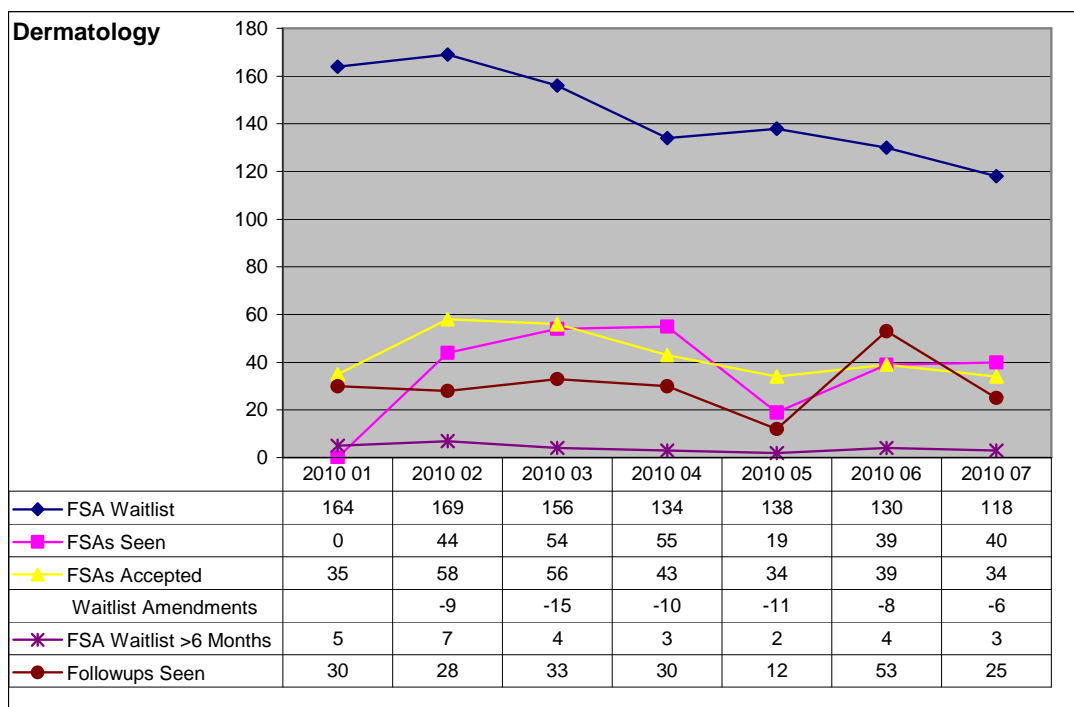
Annual contracted volumes are included in General Medicine.

Endocrinology

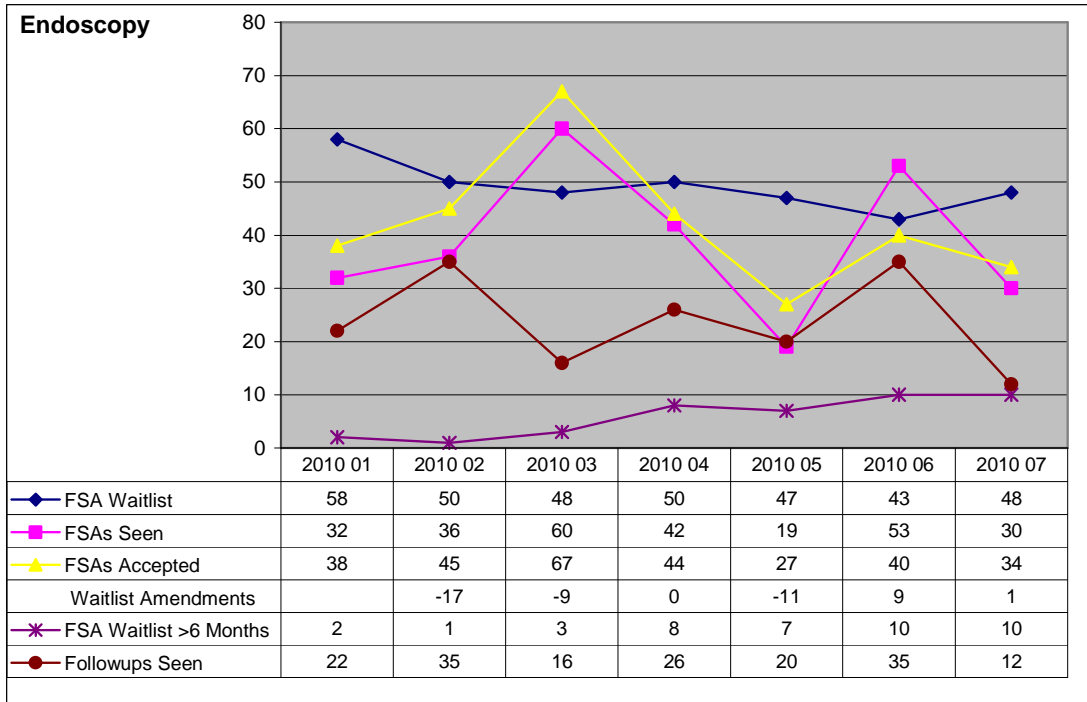
The Endocrinology Service has accepted 17 referrals during the month of July 2010 and seen 15 patients for First Specialist Assessment. There are now 10 patients waiting greater than 6 months for FSA.



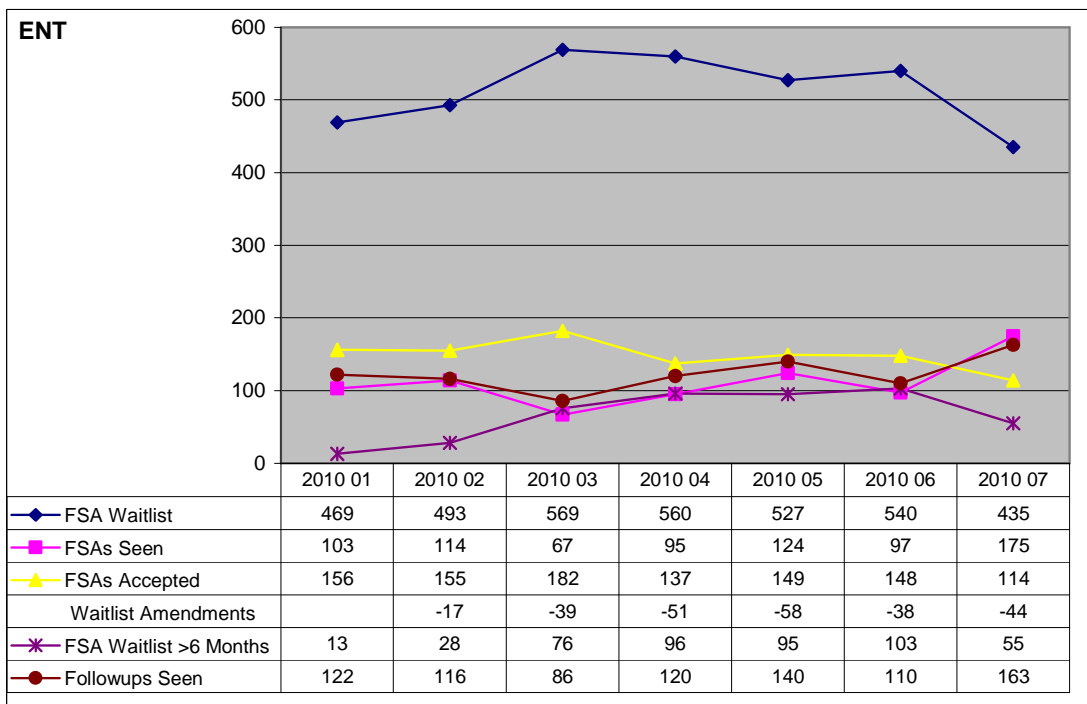
Cardiology - 1st attend Annual Contracted Volumes are 1500 FSAs and 2394 Followups.
YTD FSAs Contract: 125 Actual: 148. YTD Followups Contract: 199 Actual: 152



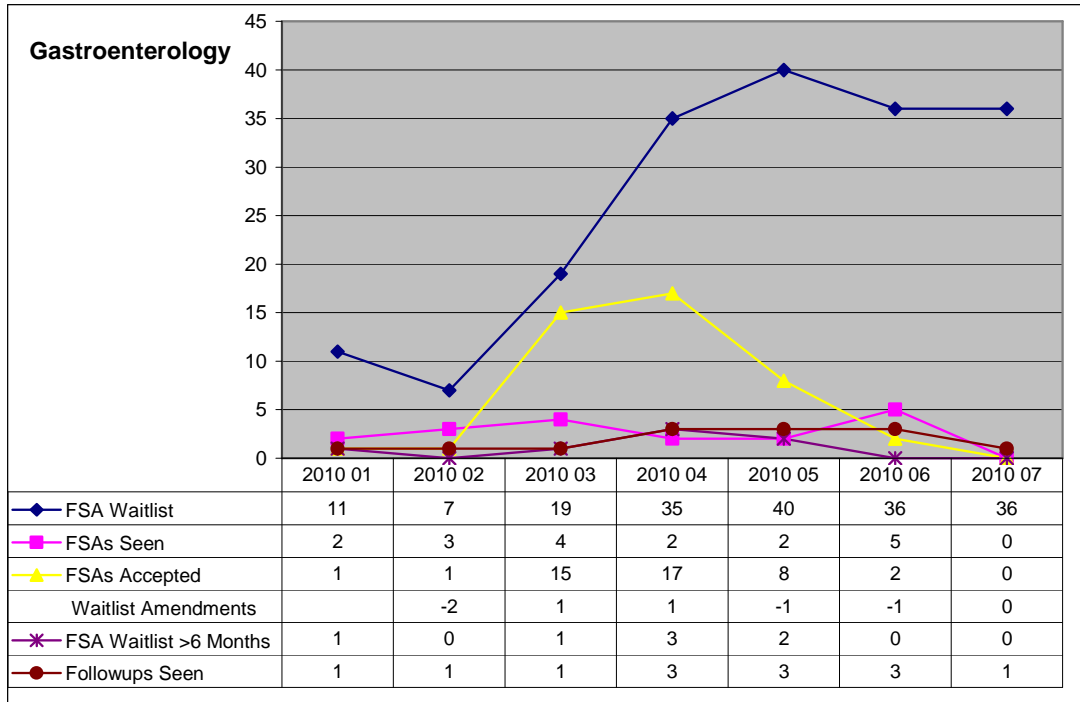
Dermatology - 1st attend Annual Contracted Volumes are 400 FSAs and 420 Followups.
YTD FSAs Contract: 33 Actual: 41. YTD Followups Contract: 35 Actual: 26



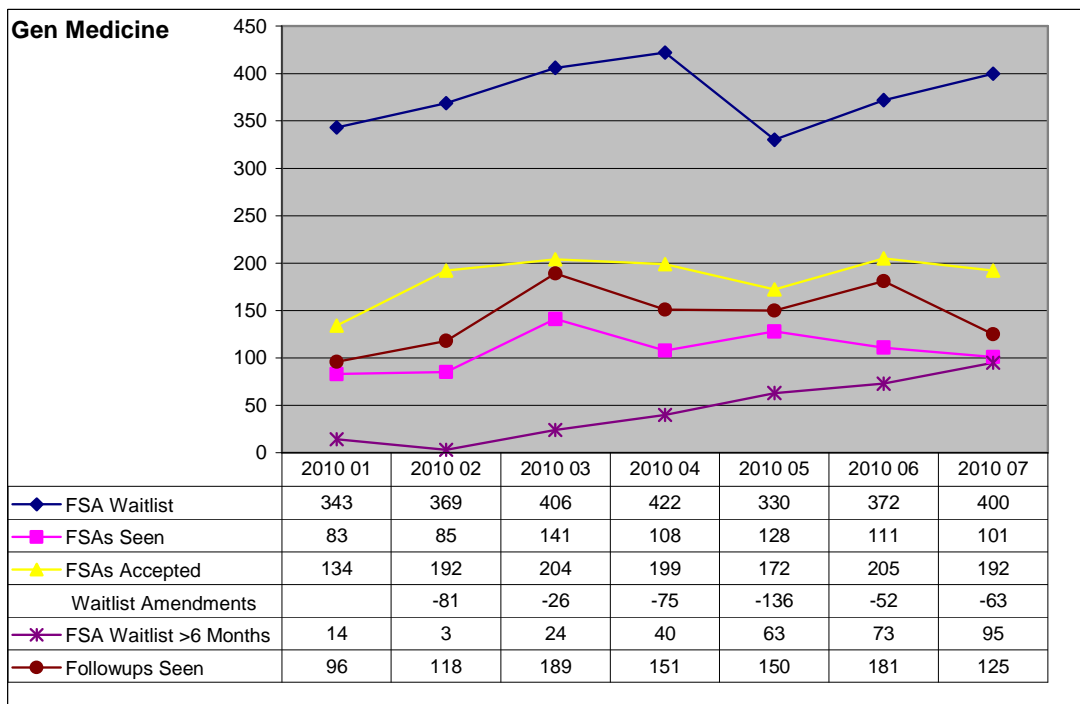
Endoscopy Annual contracted volumes are 2306 procedures.
Year To Date Contract: 192 Year To Date Actual: 160



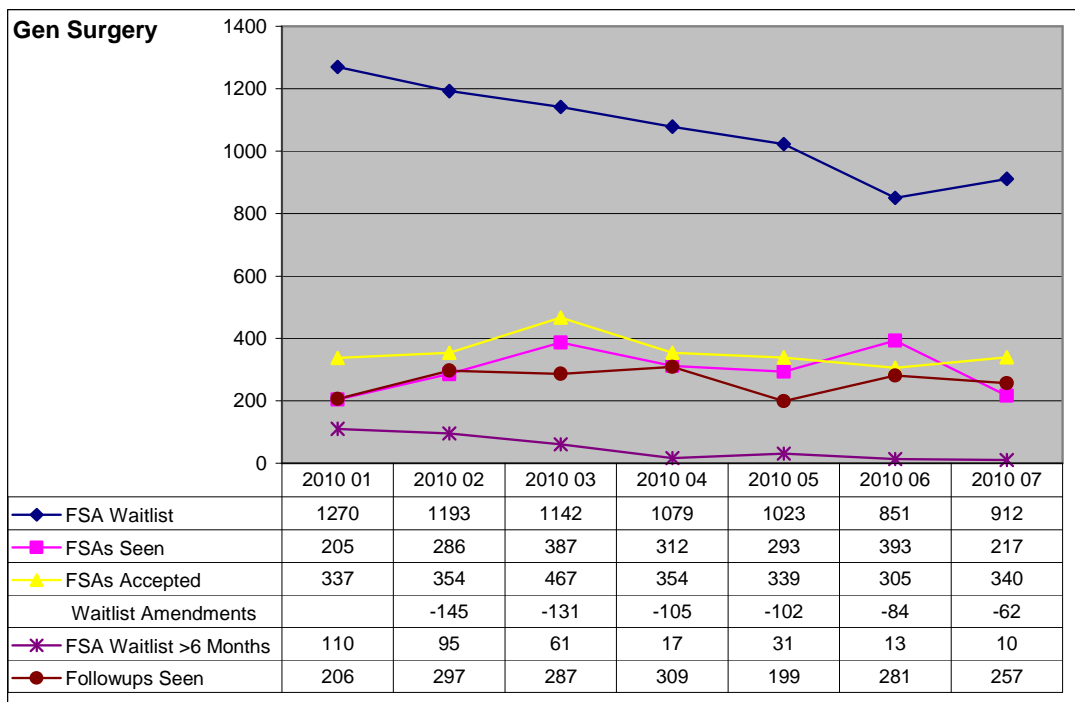
Ear Nose and Throat - Annual Contracted Volumes are 1500 FSAs and 1800 Followups.
YTD FSAs Contract: 125 Actual: 151. YTD Followups Contract: 150 Actual: 193



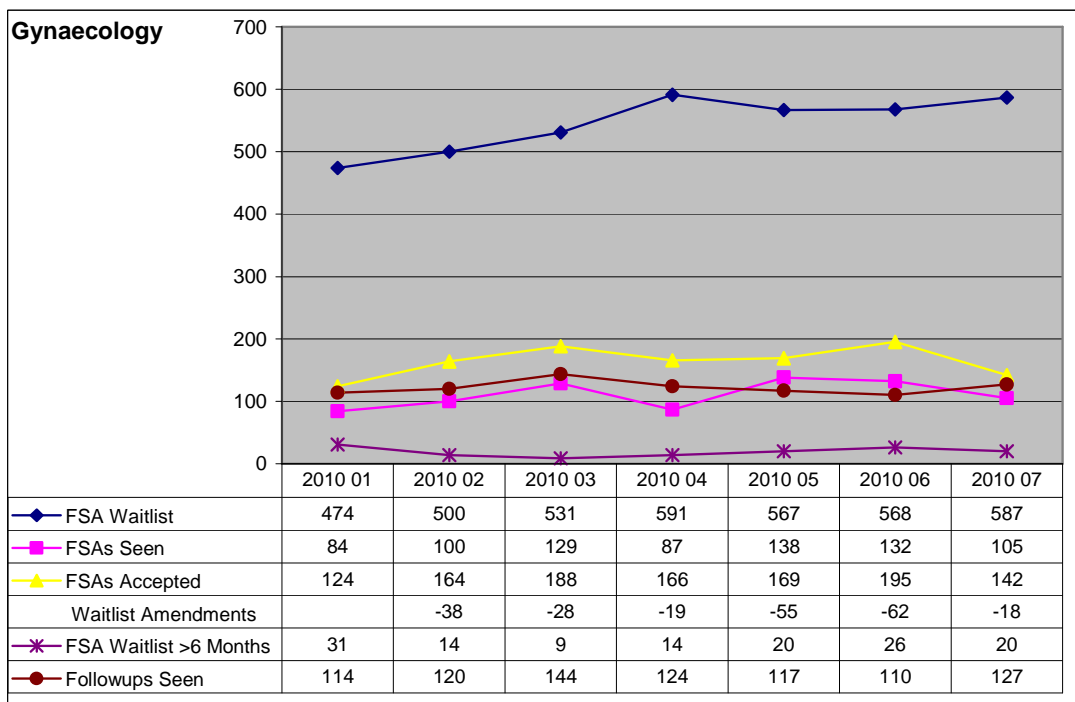
Gastroenterology - 1st Annual Contracted Volumes are 920 FSAs and 991 Followups.
YTD FSAs Contract: 77 Actual: 82. YTD Followups Contract: 83 Actual: 40



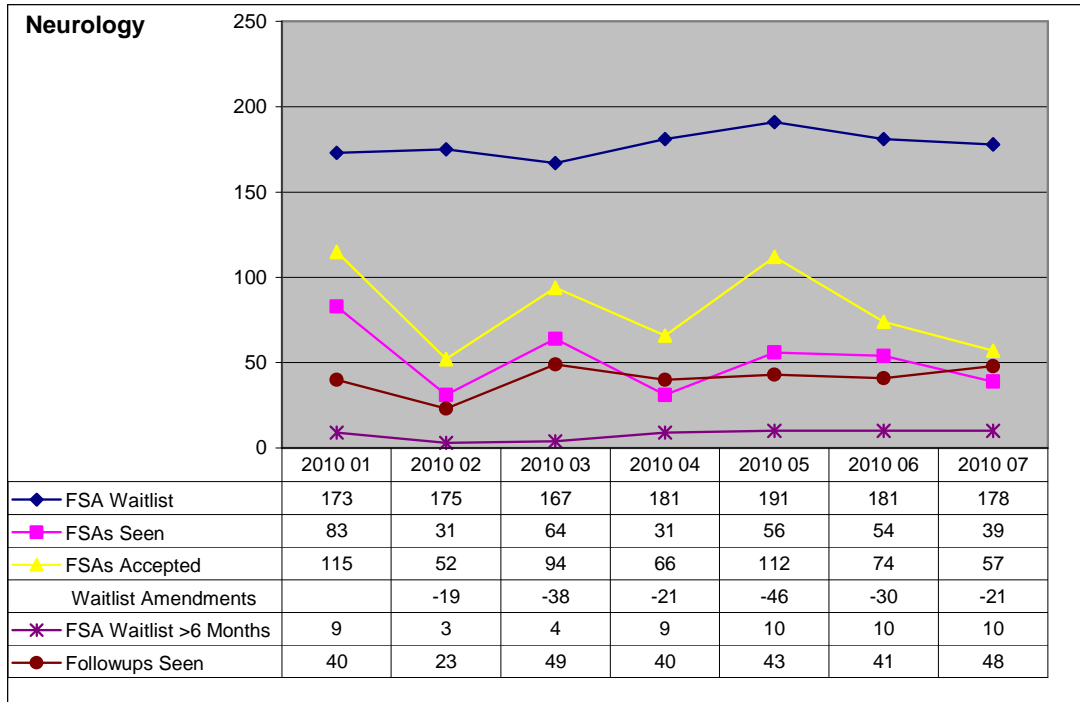
General Medicine - 1st Annual Contracted Volumes are 1450 FSAs and 2500 Followups.
YTD FSAs Contract: 121 Actual: 120. YTD Followups Contract: 208 Actual: 160



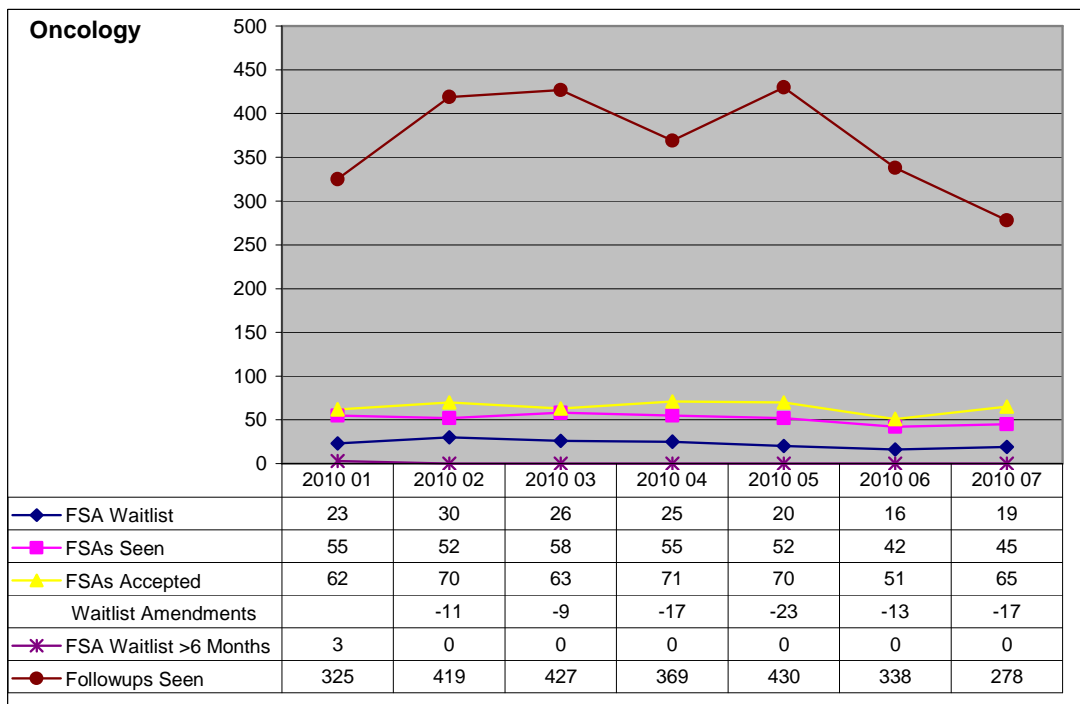
General Surgery - 1st ; Annual Contracted Volumes are 3454 FSAs and 4617 Followups.
YTD FSAs Contract: 288 Actual: 227. YTD Followups Contract: 384 Actual: 339



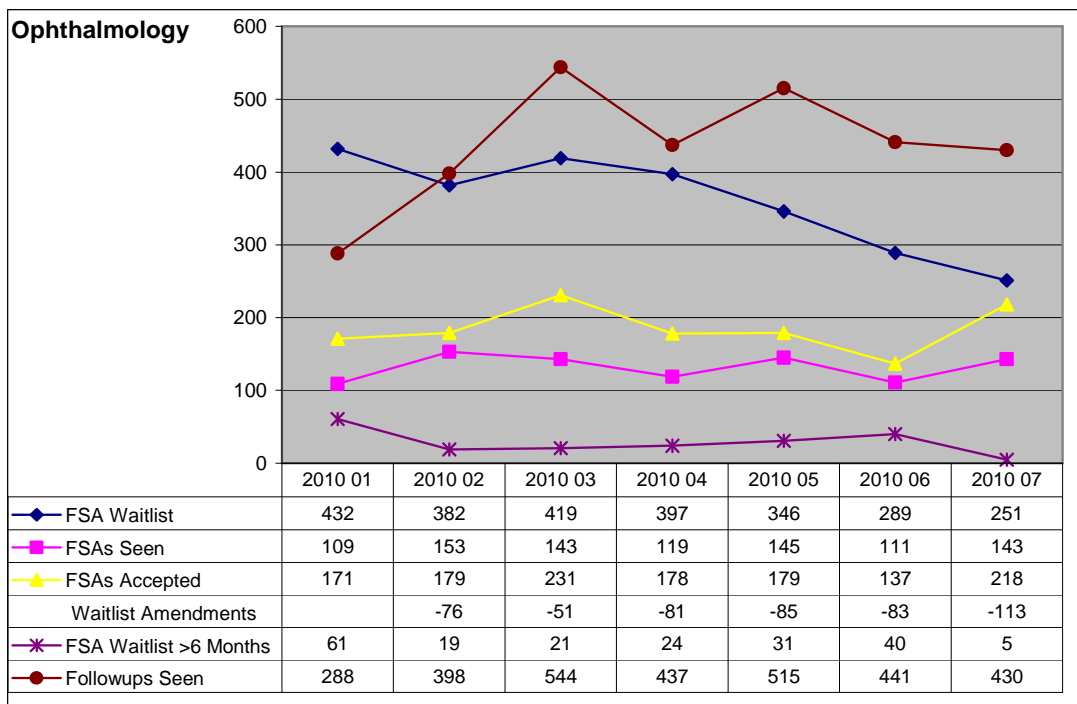
Gynaecology Annual Contracted Volumes are 1200 FSAs and 1250 Followups.
YTD FSAs Contract: 100 Actual: 93. YTD Followups Contract: 104 Actual: 76



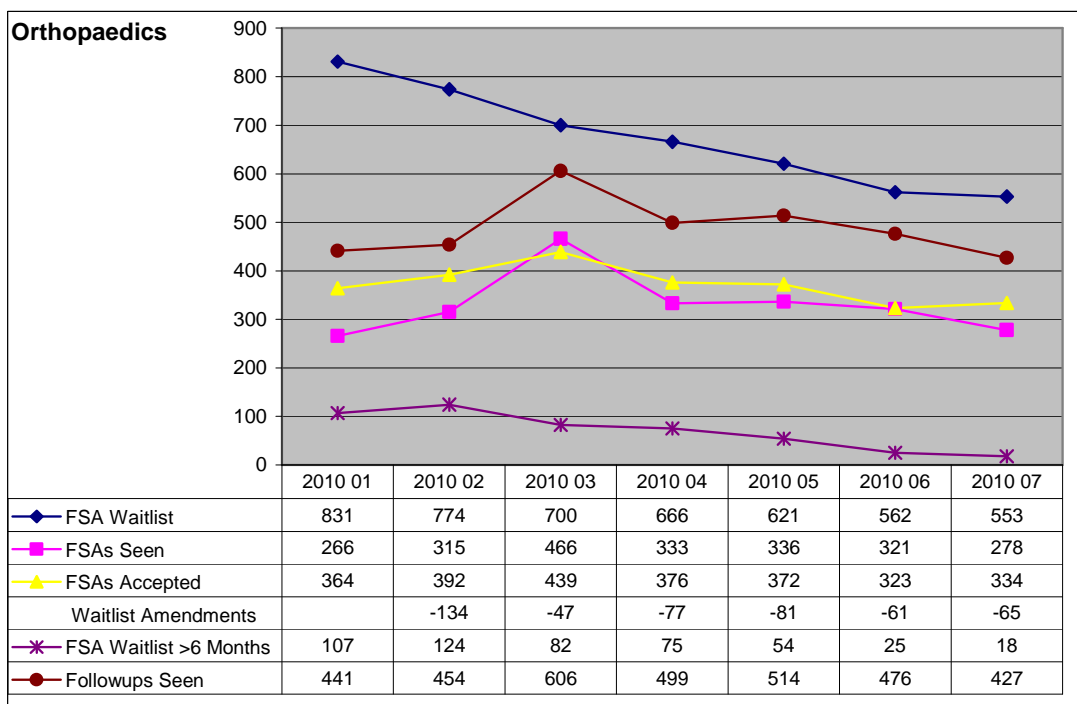
Neurology - 1st attend: Annual Contracted Volumes are 632 FSAs and 476 Followups.
YTD FSAs Contract: 53 Actual: 36. YTD Followups Contract: 40 Actual: 45



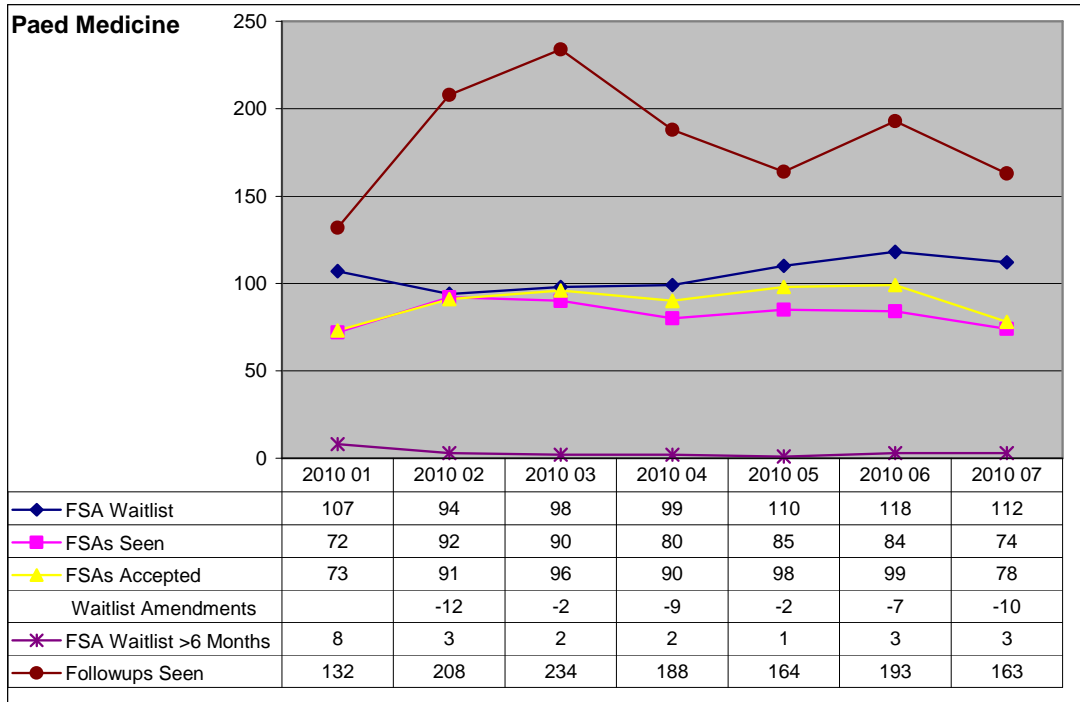
Oncology - 1st attenda Annual Contracted Volumes are 574 FSAs and 3800 Followups.
YTD FSAs Contract: 48 Actual: 43. YTD Followups Contract: 316 Actual: 253



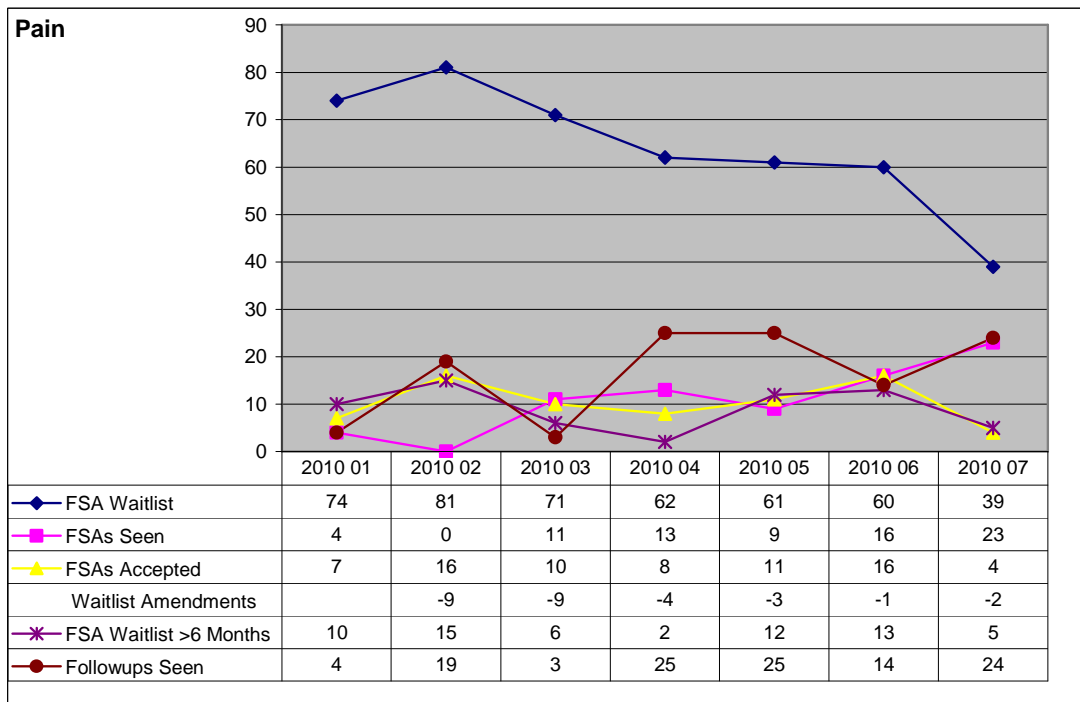
Ophthalmology - 1st at Annual Contracted Volumes are 1445 FSAs and 6000 Followups.
YTD FSAs Contract: 120 Actual: 137. YTD Followups Contract: 500 Actual: 488



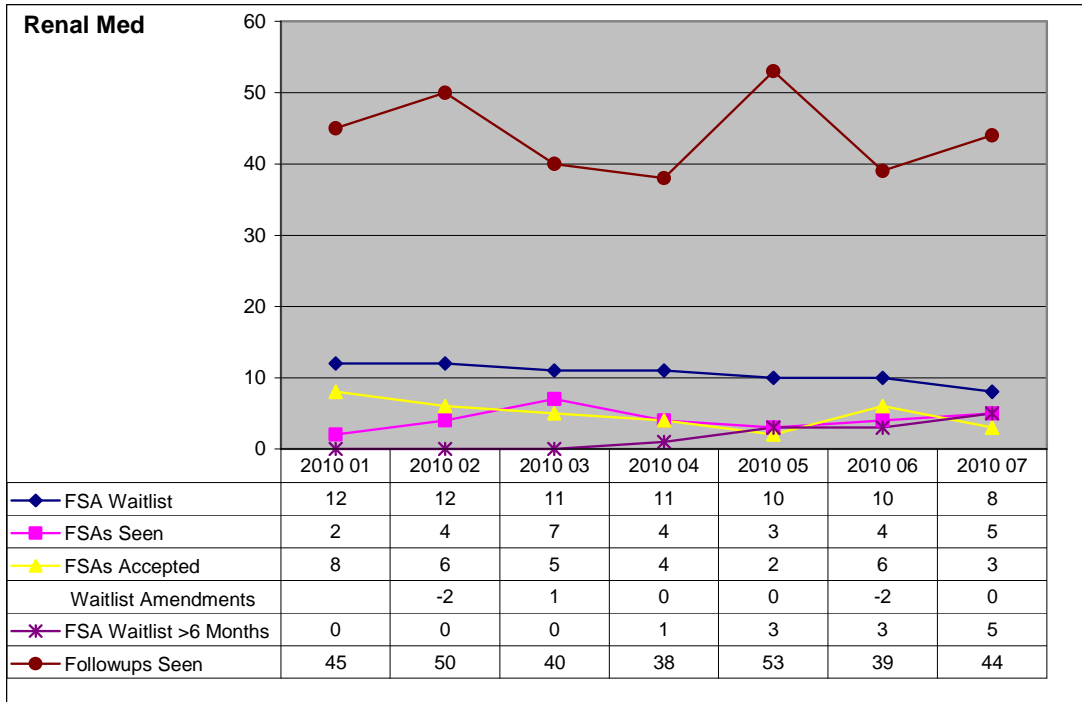
Orthopaedics - 1st at Annual Contracted Volumes are 3800 FSAs and 6600 Followups.
YTD FSAs Contract: 316 Actual: 260. YTD Followups Contract: 549 Actual: 441



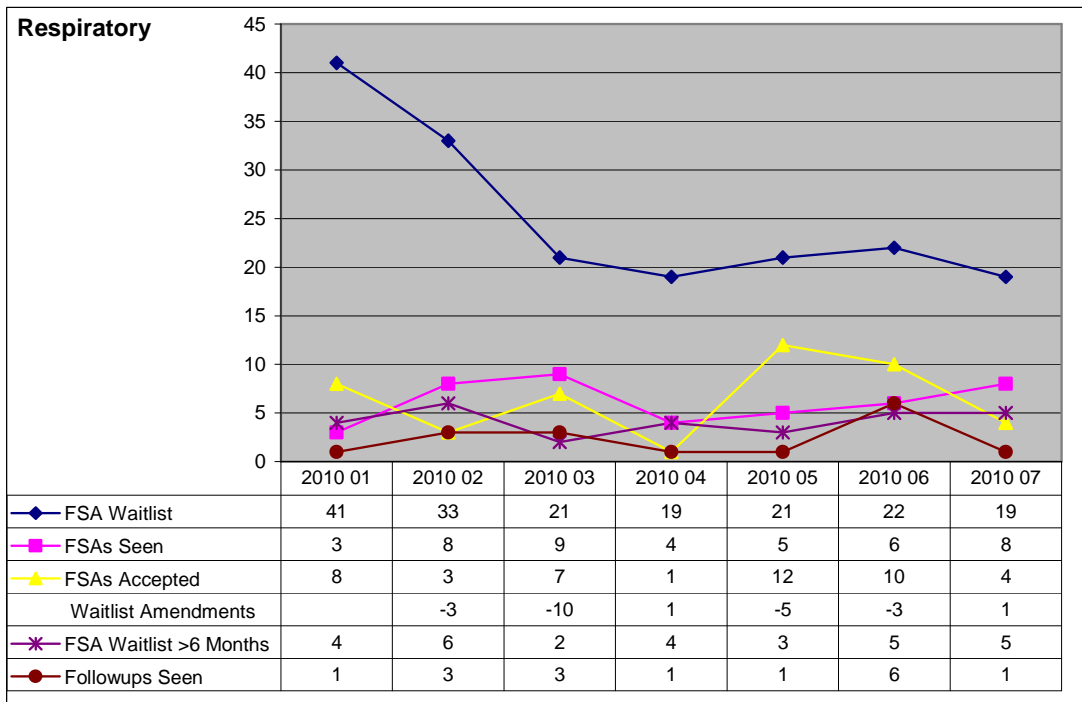
Paed Medicine Annual Contracted Volumes are 1045 FSAs and 2600 Followups.
YTD FSAs Contract: 87 Actual: 87. YTD Followups Contract: 216 Actual: 211



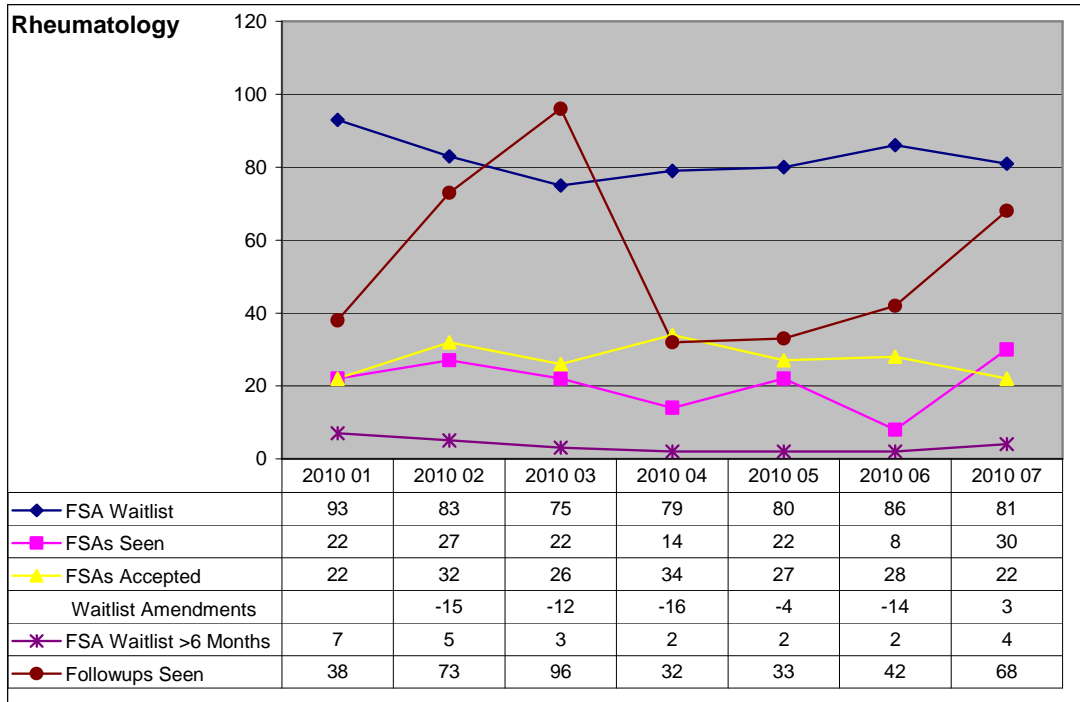
Pain Clinic - 1st attend Annual Contracted Volumes are 110 FSAs and 200 Followups.
YTD FSAs Contract: 9 Actual: 20. YTD Followups Contract: 17 Actual: 18



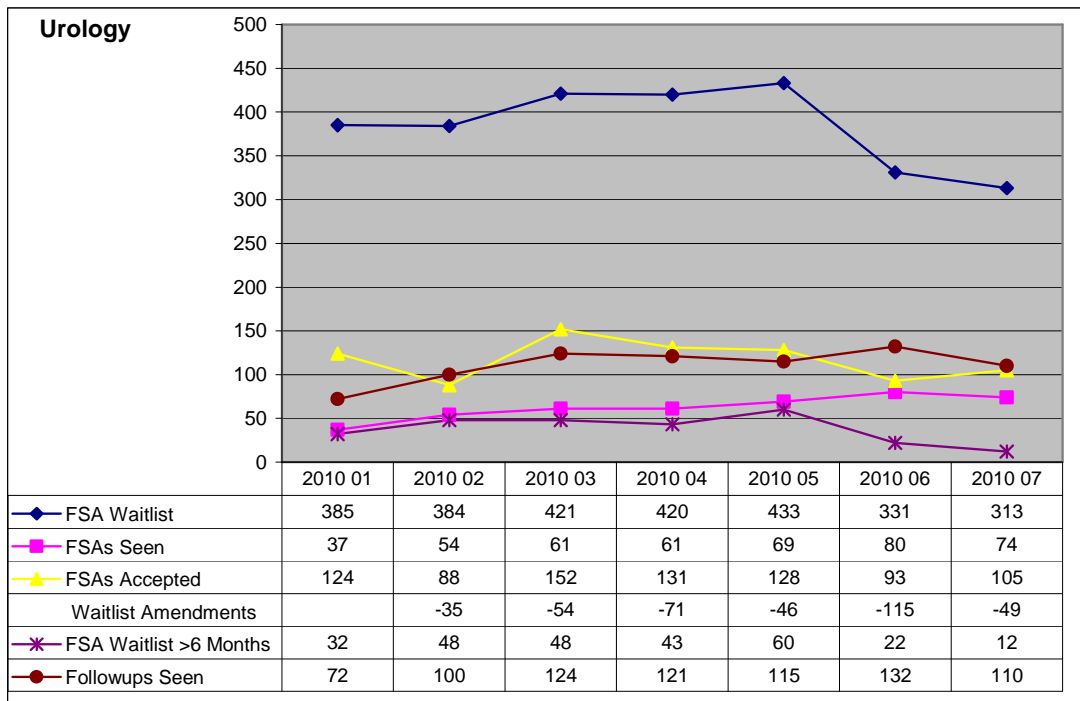
Renal Medicine - 1st Annual Contracted Volumes are 60 FSAs and 550 Followups.
YTD FSAs Contract: 5 Actual: 5. YTD Followups Contract: 46 Actual: 41



Respiratory - 1st Annual Contracted Volumes are 100 FSAs and 70 Followups.
YTD FSAs Contract: 8 Actual: 9. YTD Followups Contract: 6 Actual: 1



Rheumatology (incl im Annual Contracted Volumes are 290 FSAs and 1110 Followups.
YTD FSAs Contract: 24 Actual: 38. YTD Followups Contract: 92 Actual: 106



Urology - 1st attendan Annual Contracted Volumes are 1100 FSAs and 2000 Followups.
YTD FSAs Contract: 92 Actual: 90. YTD Followups Contract: 167 Actual: 144

Full Descriptions of Data Elements

FSA Waitlist	Total number waiting for FSA at the end of the month
FSAs Seen	Number of new referrals seen during the month
FSAs Accepted	Number of new referrals accepted during the month
Waitlist Amendments	Waitlist - (Previous Waitlist + FSAs Accepted - FSAs Seen)
FSA Waitlist >6 Months	Number who have been waiting for FSA for > 6 months
Followups Seen	Number seen for followup during the month

4.3 KPIS/VARIANCE REPORT (NELSON/WAIRAU HOSPITALS)

Provider Division – One Page Monthly Report								
Performance Areas and KPI's	Jun-09	08/09 YTD	Jun-10	Current YTD	Trend	Forecast EOY	Target	Notes
Access								
ESPI's - overall green light status maintained	Y	Y	N	N	—	Maintain green overall		
DNA's as % of OP presentations	7.3%	7.8%	6.0%	6.4%	▲		< 6%	1
Elective as % of Total Discharges,	37.1%	34.3%	35.3%	34.7%	▲		33.8%	
Day Case Throughput	886	11,420	817	10,520	▼		9,672	
Triage 1 (Immediate)	100%	100%	100%	100%	—		100%	
Triage 2 (< 10 mins)	79%	79%	81%	80%	▲		80%	
Triage 3 (< 30 mins)	68%	68%	74%	73%	▼		75%	
% discharged from ED within 6 hours	97%	97%	98%	98%	▲		95%	
Staff								
Sick Leave rate	3.6%	2.9%	3.2%	3.0%	▲		< 4%	
Staff Turnover(excl casuals)	0.7%	0.8%	1.2%	1.1%	▲		< 2.5%	
Paid Overtime (\$000)	106	1339	81.6	1130.8	▼		<\$1.2 mill	
Staff with Ann Leave balance > 2 yrs entitlement	38	38	45	45	—		< 30	
Trendcare actualisation			96.5%	96.5%	▼		100%	
Contract Performance								
Service Level Provided;								
- CWDS	1,595	18,364	1,600	19,631	▼		18,845	
- FSA's	1,661	19,700	1,873	21,099	▲		19,548	
- FU's	3,210	37,574	3,774	39,102	▲		37,113	
- Procedures	1,225	13,201	1,174	14,833	▼		13,767	
Contract gross variance	3.2%	3.2%	2.6%	2.6%	▼		+/-2%	2
Total Elective Discharges	676	7,827	619	7,473	▲		6,169	
Financial Viability & Value for money								
Contribution to Overheads	44	(5,922)	(71)	(2,427)	▼		0	Budget 11,942
Revenue	2992	5,012	492	(938)	▲		0	194,501
Expenditure (Exc Personnel)	(920)	(6,856)	(399)	(10)	▲		0	74,386
Personnel	(2,028)	(4,078)	(164)	(1,479)	▲		0	108,173
Discharges/FTEs	1.65	1.78	1.64	1.70	▼		1.87	
ALOS – Medical	3.50	3.62	3.08	3.26	▼		3.73	3
– Surgical	3.96	3.70	3.60	3.71	▼		3.76	3
CWD per Dr FTE	13.5	14.8	11.9	12.4	▼		13.6	
Readmission rate	0.60%	0.87%	0.48%	0.57%	▲			
Quality								
Patient Satisfaction Survey	1	1	2	2	—	Remain in top quartile		
Coding > 21 days	87	87	409	409	▼		< 20	4
Achieve accreditation/certification								
Patient flow								
Management of incidents								
Smoking cessation % (admitted patients)	8.1%	11.3%	46.4%	27.3%	▲			
Government Health targets								
09/10 FY Qtr 3 Results			Score	DHB Placing	Target			
Shorter Stays in ED			98%	3	95%			
Improved access to Elective Surgery			106%	8	4,000 nationally			
Shorter waits for cancer treatment radiotherapy			91%	20	< 6 weeks			
Increased immunisation			86%	12	85% of 2 yr olds			
Better help for smokers to quit			47%	6	80% hospitalised smokers			
Better Diabetes & Cardiovascular services			66%	18	increased % risk assess & control			
Notes - Specific to aligned key performance indicator:								
1. Includes Medical and Surgical Specialist clinics only								
2. A negative variance indicates a result BELOW budget, a positive figure indicates ABOVE budget								
3. Day Cases excluded from calculation, as per national definition								
4. Uncoded discharges as at 21st of the month for all cases discharged to the end of the previous month								
Trend - Indicates change from the previous month								

4.3.1 KPIS/VARIANCE REPORT (NELSON/WAIRAU HOSPITALS) JULY 2010

Performance Areas and KPI's	Jul-09	09/10 YTD	Jul-10	Current YTD	Trend	Forecast EOY	Target	Notes
Access								
ESPI's - overall green light status main	100.0%	N	Y	Y	—	Maintain green overall		
DNA's as % of OP presentations	7.4%	6.4%	5.9%	5.9%	▼		< 6%	1
Elective as % of Total Discharges,	36.7%	34.7%	34.8%	34.8%	▼		35.0%	
Day Case Throughput	934	10,520	868	868	▲	10,416	10,520	
Triage 1 (Immediate)	100%	100%	100%	100%	—		100%	
Triage 2 (< 10 mins)	81%	80%	84%	84%	▲		80%	
Triage 3 (< 30 mins)	73%	73%	75%	75%	▲		75%	
% discharged from ED within 6 hours	97%	98%	98%	98%	▲		95%	
Staff								
Sick Leave rate	4.3%	3.0%	3.1%	3.1%	▲		< 4%	
Staff Turnover(excl casuals)	2.6%	1.1%	2.8%	2.8%	▲		< 2.5%	
Paid Overtime (\$000)	131.6	1130.8	87.2	87.2	▲	1,046	\$1.2 mill	
Staff with Ann Leave balance > 2 yrs e	37	45	47	47	▲		< 30	
Trendcare actualisation	92.5%	96.5%	95.7%	95.7%	▼		100%	
Contract Performance								
Service Level Provided;								
- CWDS	1,788	19,631	1,685	1,685	▲	19,386	19,412	
- FSA's	1,711	21,099	1,629	1,629	▼	20,496	20,690	
- FU's	3,053	39,102	2,817	2,817	▼	38,066	38,656	
- Procedures	2,020	14,833	2,132	2,132	▲	15,423	14,576	
Contract gross variance	7.5%	2.6%	-1.7%	-1.7%	▼		+/-2%	2
Total Elective Discharges	700	7,473	626	626	▲	7,512	7,475	
Financial Viability & Value for money								
Contribution to Overheads	(0)	(2,427)	920	920	▲		0	Budget 29,639
Revenue	114	(938)	(115)	(115)	▼		0	199,256
Expenditure (Exc Personnel)	(24)	(10)	210	210	▼		0	55,084
Personnel	(90)	(1,479)	825	825	▲		0	114,533
Discharges/FTEs	1.83	1.70	1.84	1.84	▲		1.75	
ALOS – Medical	3.55	3.25	3.63	3.63	▲		3.26	3
– Surgical	3.79	3.71	3.47	3.47	▼		3.71	3
CWD per Dr FTE	13.0	12.4	13.5	13.5	▲		12.4	
Readmission rate	0.35%	0.57%	0.59%	0.59%	▲		< 0.6%	
Quality								
Patient Satisfaction Survey	1	2	2		—	Remain in top quartile		
Coding > 21 days	223	409	287	287	▼		< 20	4
Achieve accreditation/certification								
Patient flow								
Management of incidents								
Smoking cessation % (admitted patient)	16.5%	27.3%	36.2%	36.2%	▼		80.0%	
Government Health targets								
09/10 FY Qtr 3 Results				Score	DHB Placing	Target		
Shorter Stays in ED				98%	3	95%		
Improved access to Elective Surgery				106%	8	4,000 nationally		
Shorter waits for cancer treatment radiotherapy				91%	20	< 6 weeks		
Increased immunisation				86%	12	85% of 2 yr olds		
Better help for smokers to quit				47%	6	80% hospitalised smokers		
Better Diabetes & Cardiovascular services				66%	18	increased % risk assess & control		
Notes - Specific to aligned key performance indicator:								
1. Includes Medical and Surgical Specialist clinics only								
2. A negative variance indicates a result BELOW budget, a positive figure indicates ABOVE budget								
3. Day Cases excluded from calculation, as per national definition								
4. Uncoded discharges as at 21st of the month for all cases discharged to the end of the previous month								
Trend - Indicates change from the previous month								

4.3.2 Variance Report of KPIs for Nelson and Wairau Hospital Services – July 2010

We have tightened the targets in Elective as a percentage of discharges, Day Case throughput, and Medical ALOS.

4.4 ELECTIVE SERVICE REPORT (July Data)

The DHB has received a letter from the National Director, National Health Board on 12th July 2010 advising that ESPI compliance levels will be decreasing from August ESPI results.

ESPI 2 will now have a compliance threshold of 1.5% (down from 2%), and ESPI 5 now has a compliance threshold of 4% (down from 5%).

The letter also states that further threshold reductions may be introduced in December 2010. This means the DHB needs to ensure that it matches its capacity to referrals accepted and work is continuing to ensure that this is achieved.

In a number of specialities this has meant tightening of access to First Specialist Assessment. All GPs have been informed of the need for this.

4.4.1 ESPIs

Overall ESPIs for June are green. At an individual speciality level we have the following issues:

ENT

ESPI 2 - Patients waiting longer than 6 months for their FSA.

ESPI 2 is currently sitting at 7.4% with 102 patients waiting > 6 months for FSA. Additional clinics have been undertaken in July and August. In addition the extra clinics, theatre sessions have been swapped for FSA Outpatient clinics to reduce backlog.

GP Advice Sheets and current access criteria are available on the Nelson Marlborough District Health Board website.

OPHTHALMOLOGY

ESPI 2 - Patients waiting longer than 6 months for their FSA.

This ESPI is sitting at 2.9% with 42 patients waiting greater than 6 months for First Specialist Assessment. A locum surgeon has undertaken overdue FSAs in July and this ESPI should revert to green in July. Preliminary ESPI reports from Ministry indicate July to have Green ESPI status.

ESPI 5 - Patients given a commitment to treat but not treated within 6 months.

This ESPI currently has 48 patients waiting greater than 6 months for Surgical Treatment. Additional surgery has been undertaken in July and August to help reduce this backlog. Preliminary ESPI reports from Ministry indicate July to have Green ESPI status.

ESPI 7 - Patients who have not been managed according to their assigned status and who should have received treatment.

This ESPI also has 48 patients and these patients are a subset of ESPI5. By treating ESPI5 patients ESPI 7 patients will also be treated.

ORTHOPAEDICS

ESPI 5 - Patients given a commitment to treat but not treated within 6 months.

ESPI 5 is currently sitting at 5.9% for June with 51 patients waiting longer than 6 months for treatment. Overdue patients have requested to be operated on in July / August. This is the second month of orange ESPIs for Orthopaedics. If this ESPI is orange in July then this will result in loss of funding to the DHB. Preliminary ESPI reports from Ministry indicate July to have Green ESPI status.

UROLOGY

ESPI 2 - Patients waiting longer than 6 months for their FSA.

Currently sitting at 2.7% with 22 patients waiting greater than 6 months. Additional clinics currently being undertaken in order to reduce backlog.

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2008			2009			2008			2009			2009			2010			2010			2010			2010			2010			Target						
	Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr				May			Jun		
	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	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	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	276	1.9%	0	342	1.8%	0	390	1.9%	0	279	1.9%	0	235	1.3%	0	334	1.9%	0	357	1.9%	0	344	1.8%	0	355	1.9%	0	336	1.8%	0	379	2.0%	0	373	2.0%	0	< 2%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	108	1.8%	0	125	2.1%	0	139	2.3%	0	157	2.7%	0	168	2.8%	0	170	2.9%	0	184	3.1%	0	96	1.7%	0	117	2.1%	0	97	1.7%	0	98	1.7%	0	81	1.4%	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.	128	2.0%	0	141	2.2%	0	178	2.9%	0	188	3.0%	0	199	3.1%	0	213	3.4%	0	211	3.4%	0	244	4.0%	0	254	4.2%	0	208	3.5%	0	200	3.5%	0	178	3.0%	0	< 5%
6. Patients in active review who have not received a clinical assessment within the last six months.	45	9.2%	0	44	8.0%	0	71	13.8%	0	95	19.2%	0	63	11.6%	0	28	5.2%	0	39	7.0%	0	55	9.2%	0	19	3.1%	0	58	8.9%	0	47	7.8%	0	28	4.8%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	107	1.8%	0	120	2.0%	0	161	2.7%	0	153	2.8%	0	167	2.8%	0	188	3.2%	0	191	3.3%	0	197	3.4%	0	190	3.5%	0	164	2.9%	0	172	3.1%	0	148	2.6%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	440	97%	0%	450	98%	0%	522	99%	0%	506	99%	0%	532	99%	0%	450	100%	0%	322	100%	0%	365	100%	0%	400	100%	0%	493	100%	0%	470	100%	0%	400	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 procedures. ESPIs 3, 7 and 8 assess surgical specialities where patients are prioritised using nationally recognised tools - including General Surgery from 01 January 08 and Vascular and Urology from 01 July 08. So, Medical specialities are currently excluded from the ESPI results. Please contact the Ministry of Health's Electives Team if you have any queries on the ESPI definitions (details on elective website). NZHIS's Analytical Services Team can assist with providing variations of this information e.g data for a particular DHB or period (details on the NZHIS website - <http://www.nzhis.govt.nz/>).

Data Warehouse Refresh Date: 31/Jul/2010

Report Run Date: 02/Aug/2010

4.5 PROPERTY MANAGEMENT

Status

This report contains:

- For decision
- Update
- Regular report
- For information

4.5.1 Mental Health – Braemar Redevelopment

SLT approval has been given to commence redevelopment of Montrose Villa for mental health MCT services. Document confirmation meetings are to commence with user and designer.

4.5.2 Emergency Power Supply System (EPSS) Nelson

Good progress is now being made with this project. A new control panel for the synchronization equipment has now been installed and this together with the No.1 generator has been tested and commissioned. Final checks have been made and full load testing of both generators and the synchronization functions has commenced. Once these checks are finished the project will be close to being finally signed off and commissioned.

4.5.3 Surgical Wards 9 and 10 - Upgrade of Bathrooms

Ward 10 bathrooms completed with no unforeseen issues. Ward 9 started 19 July, taking two weeks per bathroom with one week break between – final completion 20 August.

4.5.4 Motueka Community Health Building

FOMHT have proposed the DHB give the existing Community Health Building to the Trust for further accommodation on the Motueka site. Their proposal is to relocate the building and refurbish it for health providers, including a possible proposal for NMDHB Mental Health Services.

NMDHB has proposed that it relocates the building onto its land, currently leased to Trust, take out a sub-lease form the Trust, and refurbish the building for its own services.

Status
This report contains:
 For decision
 Update
 Regular report
 For information

4.6 MENTAL HEALTH KPIS/VARIANCE REPORT

Performance Areas & KPI'S	Jul 09	Jul 10	YTD	Trend	Forecast EOY	Target	Comment
Access							
Outpatients/Inpatients Seen Within 2 Weeks After Discharge	100%	100%*	100%*	-		100%	
AOD New Referrals Seen Within 30 Days	70%	81%	81%*	▲		80%	
CAMHS New Referrals Seen Within 30 Days	83%	80%	80%*	▲		100%	CAMS down 3FTEs due to P&F Requirements
KSC New Referrals Seen Within 30 Days	77%	76%	76%*	▲		75%	
Witherlea New Referrals Seen Within 30 Days	97%	97%	97%*	▲		100%	
Crisis Response - (Witherlea, MCT, CAMHS)	100%	100%*	100%*	-		100%	
Staff							
% Contracted FTEs Employed	91.5%	96%	96%	-		100%	
Turnover	0.85%	1.23%	1.23%	▼		4%	
Sick Leave	4.0%	4.1%	4.1%	▲		4%	
Service Provision							
Crisis Attendance No's - (Witherlea, MCT, CAMHS)	139	93	93**	▼		Monthly No's	
Community Caseload No's - (all Community Teams)	3150	3197	3197*	▲		Monthly No's	
Methadone No's	277	268	268**	▲		Monthly No's	
AOD Court Assessments	33	31	31**	▲		As required	
Average (Acute) Inpatient Length of Stay	12.1	12	12*	▼		14 days	
Finance (Variance from Budget) \$000s							
Total Income	(68)	11	11	▼		Nil Variance	
Total Expenditure	196	205	205	▲		Nil Variance	
Breakdown Expenditure – Personnel	163	150	150	▲		Nil Variance	
Breakdown Expenditure – Other	33	55	55	▲		Nil Variance	
Contribution to Overheads	128	216	216	▲		Cover Overhead Costs	
Quality							
Percentage Discharge Plans	100%	100%	100%*	-		100%	Discharge planning begins at admission
Percentage Relapse Prevention Plans	95%	93.3%	93.3%*	▼		90% National Target	Development process with Client Pathways
Information Management							
PRIMHD Reporting in Timeframe	100%	100%	100%*	-		100%	
Reporting Requirements Met (MOH, MHC)	100%	100%	100%*	-		100%	
Notes: Trend – Indicates Change from Last Month. Trend for Financials Only – Positive variance is favourable, negative variance is unfavourable. Upwards arrow variance moving above budget, Downwards arrow variance moving below budget. NRM = New Reporting Measure. * monthly average YTD ** total YTD							

<p>Status This report contains:</p> <p><input type="checkbox"/> For decision <input type="checkbox"/> Update <input checked="" type="checkbox"/> Regular report <input type="checkbox"/> For information</p>

4.6.1 Mental Health KPI Variance Report

KPI Variance Report

FINANCE

	Jul-10			Year to Date			Full Year
	Budget	Actual	Variance	Budget	Actual	Variance	<u>Budget</u>
Govt & Crown Agency	16,429	25,074	8,645	16,429	25,074	8,645	197,143
Other Health Related	333	0	(333)	333	0	(333)	4,000
Non Health	5,250	8,184	2,934	5,250	8,184	2,934	63,000
Internal Income	7,138	7,086	(52)	7,138	7,086	(52)	85,655
Internal MoH Income	2,067,448	2,067,448	0	2,067,448	2,067,448	0	24,809,379
Total Revenue	2,096,598	2,107,792	11,194	2,096,598	2,107,792	11,194	25,159,177
Personnel	1,707,815	1,557,839	149,976	1,707,815	1,557,839	149,976	20,028,373
Outsourced	55,297	34,738	20,559	55,297	34,738	20,559	664,524
Clinical Supplies	13,313	5,400	7,913	13,313	5,400	7,913	159,758
Infrastructure	125,103	97,406	27,697	125,103	97,406	27,697	1,451,275
Internal Charges	42,223	43,416	(1,193)	42,223	43,416	(1,193)	505,542
Total Expenditure	1,943,751	1,738,799	204,952	1,943,751	1,738,799	204,952	22,809,472
	152,847	368,993	216,146	152,847	368,993	216,146	2,349,705

REVENUE

Total revenue is \$11k ahead of budget, the favourable variance is derived from court report income being higher than budget.

EXPENSES

Personnel

Mental Health personnel cost is \$150k and 9.68 FTE under budget for July 10.

Outsource

Outsource expenditure is \$21k under spent; the variance resides against home support, respite care, medical and nursing fees for service.

Clinical Supplies

Clinical supply cost is under budget by \$8K with the variance mainly against client related costs.

Infrastructure and Non Clinical Expenditure

Infrastructure & Non Clinical expenditure is under spent by \$28k. The favourable variances exist among a multitude of budget codes with staff travel and accommodation being the largest.

Contribution to Overheads

Mental Health's contribution to overheads for July is favourable, total actual revenue less total actual expenses (contribution margin before overheads) is \$216k better than budget.

4.7 HEALTH OF OLDER PERSON AND RURAL HOSPITALS SERVICE – July 2010

	July			
	Actual	Budget	Variance	% var
Govt & Crown Agency	184,444	157,044	27,400	17
Other Health Related	49,148	49,433	(286)	(1)
Non Health	2,826	1,800	1,026	57
Internal MoH Income	1,231,854	1,250,792	(18,938)	(2)
Total Revenue	1,468,272	1,459,070	9,202	1
Personnel	1,006,460	1,020,391	13,931	1
Outsourced	34,459	38,656	4,196	11
Clinical Supplies	30,646	44,906	14,259	32
Infrastructure	146,175	158,402	12,227	8
Internal Allocation	35,428	41,417	5,989	14
Total Expenditure	1,253,169	1,303,771	50,602	4
Contribution to Overheads	215,103	155,298	59,804	(39)
FTE	163.87	170.13	6.26	

Revenue: Overall \$9k additional income has been received to 31st July 2010

Government & Crown Agency \$27k additional income

- Additional ACC Non Acute Rehab cases

Non Health Related \$1k additional income

- Additional income Murchison

Internal MoH Income \$19k reduced income

- Reduced Psychogeriatric continuing care volumes

Personnel costs: Overall personnel costs are under spent \$14k & 6.26 FTE under Minor under spending in all categories

Expenses:

Outsourced Services \$4k under spent

- services not fully utilised at this time

Clinical Supplies \$14k under spent

- Under spending occurring in clinical equipment - vac hire and dressings

Infrastructure \$12k under spent

- Minor under spending across all areas

Internal charges \$6k under spent

- reduced pharmacy supplies

Status This report contains: <input type="checkbox"/> For decision <input checked="" type="checkbox"/> Update <input checked="" type="checkbox"/> Regular report <input checked="" type="checkbox"/> For information
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4.8 FINANCIAL REPORTS

4.8.1 FINANCIAL REPORT FOR YEAR ENDED 30 JUNE 2010

Note: Provisional figures, subject to audit

Statement of Financial Performance for the year ended 30th June 2010.

Hospital Services has a net deficit of -\$1,051K compared to a budgeted surplus of \$1,233K giving an adverse variance of \$2,284K.

Details are included on the table following.

	Budget Jun-10 Month	Actual Jun-10 Month	Var Month	Budget YTD	Actual YTD	Var YTD	Var % YTD
\$000's							
REVENUE							
Government and Crown Agency							
MoH - Personal Health	0	94	94	0	500	500	
MoH - Mental Health	0	0	0	0	0	0	
MoH - Public Health	31	26	-5	373	218	-155	-42%
MoH - Disability Support Services	107	106	-1	1,287	1,274	-13	-1%
Clinical Training Agency	103	165	62	1,306	1,407	101	8%
Inter Provider Revenue	103	18	-85	1,230	154	-1,076	-87%
Training Fees and Subsidies	0	2	2	4	15	11	310%
Accident Insurance	292	263	-30	3,471	3,265	-205	-6%
Other Government	33	15	-18	395	490	95	24%
Internal MOH Revenue	14,564	14,735	171	174,789	174,569	-220	0%
Total Gov't and Crown Agency	15,233	15,422	189	182,854	181,892	-963	-1%
Other Revenue							
Patient / Consumer sourced	353	508	155	4,238	3,991	-247	-6%
Other Income	133	299	166	1,571	1,848	277	18%
Total Other Revenue	486	807	321	5,808	5,838	30	1%
Internal revenue	487	560	73	5,838	5,924	86	1%
TOTAL REVENUE	16,205	16,789	584	194,501	193,654	-846	0%
EXPENSES							
Personnel costs							
Medical Personnel	3,201	2,991	210	34,939	35,261	-322	-1%
Nursing Personnel	3,851	3,943	-92	44,946	46,874	-1,928	-4%
Allied Health Personnel	1,485	1,553	-68	16,835	16,270	565	3%
Support Personnel	147	119	29	1,741	1,706	35	2%
Man/Admin Personnel	844	976	-132	9,712	9,429	282	3%
Personnel costs Total	9,529	9,581	-53	108,173	109,540	-1,368	-1%

Outsource Services							
Medical Personnel	118	151	-33	1,410	1,851	-441	-31%
Nursing Personnel	20	3	17	241	133	108	45%
Allied Health Personnel	3	4	-2	32	24	8	24%
Support Personnel	0	0	0	0	2	-2	
Man/Admin Personnel	7	0	7	81	22	59	73%
Outsource Clinical Services	571	691	-120	6,849	7,094	-245	-4%
Total Outsource Services	718	850	-132	8,612	9,127	-515	-6%
Clinical Supplies							
Treatment Disposables	851	758	93	10,191	9,622	569	6%
Diagnostic Supplies & Other Supplies	46	60	-14	547	705	-158	-29%
Instruments & Equipment	477	371	105	5,253	4,831	423	8%
Patient Appliances	102	213	-111	1,222	1,394	-172	-14%
Implants and Prostheses	359	555	-196	4,311	4,920	-609	-14%
Pharmaceuticals	504	552	-48	6,046	5,978	67	1%
Other Clinical & Client Costs	184	193	-9	2,205	2,191	14	1%
Total Clinical Supplies	2,522	2,703	-180	29,775	29,641	134	0%
Infrastructure & Non-Clinical Supplies							
Hotel Services, Laundry & Cleaning	233	232	1	2,797	2,760	37	1%
Facilities	53	66	-13	620	592	28	5%
Transport	50	35	16	609	497	111	18%
IT Systems & Telecommunications	52	68	-16	671	743	-73	-11%
Interest & Financing	0	0	0	0	0	0	
Professional Fees & Expenses	9	13	-4	117	93	24	21%
Other Operating Expenses	147	235	-88	1,680	1,574	106	6%
Total Infrastructure & Non-Clinical Supplies	545	650	-105	6,494	6,259	235	4%
Internal Charges	2,456	2,491	-35	29,505	29,422	83	0%
EXPENSES TOTAL	15,769	16,275	-505	182,559	183,989	-1,431	-1%
Contribution to Overheads	436	515	79	11,942	9,665	-2,277	-19%
Overheads	874	1,031	-157	10,709	10,716	-7	0%
NET SURPLUS/(DEFICIT)	-438	-516	-78	1,233	-1,051	-2,284	-185%

Financial Variances:

Commentary on variances is included where the variance is >+\$50,000 and >5% of budget (whether favourable or unfavourable)

REVENUE

Overall revenue is \$846K unfavourable.

Previously Explained Variances	Variance
MOH - Personal Health Favourable Pharmacy Departments received \$464K for provision of Herceptin \$41k was received for Community Oral Health project	\$500k
MOH - Public Health Unfavourable Screening revenue for Colposcopy is unfavourable by \$155k	-\$155k
Clinical Training Agency Favourable Medical funding was close to budget, however funding was received for additional Allied Health trainees	\$101k
Inter Provider Revenue Unfavourable Recoveries from Other DHBs are unfavourable by \$1,116K. Capital & Coast DHB now directly purchase Haemophilia blood products. This will be offset by lower costs in Clinical Supplies (Treatment Disposables)	-\$1,076k
ACC Unfavourable Clinical Support is \$325k unfavourable, mostly in Physiotherapy (\$123k); Radiology (\$179k); and Occupational Therapy (\$23k) Surgical Elective revenue is \$68k unfavourable Favourable Health of Older People is \$167k favourable with additional Non Acute Rehab revenue (\$211k) partly offset by reduced volumes in the Rural Hospitals (\$44k)	-\$205k
Other Government Favourable Additional funding was received under a revised contract with Ministry of Justice for Mortuary services	\$95k
Patient/Consumer Sourced Unfavourable Clinical Support is \$245k unfavourable in: <ul style="list-style-type: none"> • Audiology departments - \$115k lower than budgeted 	-\$247K

Previously Explained Variances	Variance
<p>although this is offset in lower Clinical Supplies costs</p> <ul style="list-style-type: none"> Pharmacy departments - \$56k less than budget. This is covered within additional MOH Personal Health revenue Radiology NN is \$43k unfavourable due mostly to the ending of the arrangement for Private CT use by Nelson Radiology Meals on Wheels is \$89k unfavourable due to the planned price increase not yet having been implemented. 	
Other Income	\$277K
Favourable	
Medical has received \$76K to cover additional costs incurred for locum cover for a Cardiologist working on MOH project	
Women Children and Oral Health has generated \$33k above budget in Child Development contracts.	
Donations have been received totalling \$178k	
<p>Internal MOH Revenue</p> <p>Favourable</p> <p>Health of Older People have received \$96k for Motueka prior to the new contract.</p> <p>Mental Health has received an additional \$191k for additional Forensic revenue, PRIMHD revenue and smoke free revenue.</p> <p>Women Children & Oral Health has received \$115k for Newborn Screening.</p> <p>Unfavourable</p> <p>Pharmacy HealthPAC receipts are \$675K unfavourable, mostly related to Pharmaceutical Cancer Treatments. This, however is partly offset by the revenue received for MOH-Personal Health (above)</p>	-\$220k

Personnel Costs are \$1,368K over budget.

FTE Table:

Personnel	YTD \$			YTD FTE		
	Budget \$'000	Actual \$'000	Variance \$'000	Budget FTE	Actual FTE	Variance
Medical Staff	34,939	35,261	-322	153	162	-10
Nursing Staff	44,946	46,874	-1,928	607	621	-15
Allied Health Staff	16,835	16,270	565	246	242	5
Support Staff	1,741	1,706	35	42	42	0
Management & Admin Staff	9,712	9,429	282	188	189	-1
Total	108,173	109,540	-1,368	1,235	1,256	-21

Medical costs were over budget largely due to Medical Services staffing which was 6 FTE over budget as new staff were hired sooner than budgeted.
Nursing staff were \$1.9M over budget, driven by increased FTE, particularly in Medical, Women Children & Oral Health and Clinical Support services.
Allied Health is under budget due mainly to vacancies in Mental Health and Surgical services. This was partly offset by an adverse variance in Clinical Support caused by unbudgeted staff related to Home-Based Support Services.
Management & Admin is \$282k favourable with Mental Health being \$345k and 2.4 FTE under budget. This includes \$162k favourable in Courses and Conference expenditure.

Outsourced services are \$515 favourable

• Previously Explained Variances	Variance
<i>Outsourced Medical Staff</i> \$441K unfavourable	-\$441k
<ul style="list-style-type: none"> • Unfavourable • Women Children and Oral Health are \$401k unfavourable principally in Obstetrics/Gynae departments (\$264k) and Paediatrics departments (\$137k) due to locum cover for long-term sick leave and other leave. 	•
<i>Outsourced Nursing Staff</i> are \$108k favourable	\$108k
<ul style="list-style-type: none"> • Favourable 	•
Health of Older People is \$76k favourable due to use of in-house staff instead of external contractors (see Nursing Staff above)	•
	•

Clinical Supplies are \$134K favourable

• Previously Explained Variances	Variance
<i>Treatment Disposables</i> \$569K favourable	\$569k
<ul style="list-style-type: none"> • Favourable • Blood Supplies, recoverable from Other DHBs are \$1,138K favourable. • • Unfavourable <p>Emergency departments were \$51k unfavourable driven by patient attendance volumes; ICU NN is \$40k unfavourable due to costs being driven by higher acuity patients;</p>	
Hospital-use Blood Products are \$319k unfavourable, and continue to be driven particularly by Intagram as there has exceptional need for this high-cost treatment.	
Theatre consumables are \$143K unfavourable, driven by higher activity	

• Previously Explained Variances	Variance
<i>Diagnostic Supplies</i> are \$158k unfavourable	-\$158k
Unfavourable	
Clinical Support is \$30k unfavourable in Radiology departments related to volume	
Medical Services are \$33k unfavourable in PCI department related to high activity	
Surgical Service is \$84k unfavourable mainly in Sterile Supplies, Theatres and Endoscopy	
<i>Instruments & Equipment</i>	\$423k
Favourable	
The main factor is depreciation, which is favourable \$389k due to timing of capital expenditure being later than budgeted.	
<i>Patient Appliances</i>	-\$172k
Unfavourable	
Clinical Support has unfavourable variances in Ostomy supplies (\$115k unfavourable) and Orthotics costs (\$83k unfavourable).	
Surgical Service is \$51k unfavourable with \$46k on Anti-Embolism Stockings and the balance on other Appliances	
Favourable	
Clinical Support has a favourable variance in Audiology Aids (\$105k)	
<i>Implants & Prostheses</i> are \$609K unfavourable	-\$609k
Surgical implants are \$600k unfavourable driven by orthopaedic implants.	
<i>Pharmaceuticals</i> are \$67K favourable	\$67k
Favourable	
Gastro-intestinal \$134k ; Antidotes \$32k; Anaesthetics \$36k; Central Nervous system \$27k	
Unfavourable	
Drug categories that are a direct cost to Provider Division showing significant adverse variances are: Infections (\$26K); Endocrine (\$29k); Obs/Gynae (\$15k); Immunosuppressive \$46k; Musculoskeletal (\$14k).	

Infrastructure costs are 235k favourable to budget.

New Variances	Variance
<i>Transport</i>	\$111k
Favourable	
Motor vehicle costs are \$69k favourable across a wide range of departments	

Staff Travel costs are also favourable by \$42k	
<i>IT & Telecomms</i>	-\$73k
Unfavourable	
Mobile Phone charges are \$66k unfavourable	
IT depreciation is \$18k unfavourable	
<i>Other Operating Expenses</i>	\$106k
Favourable	
Other Equipment minor purchases are \$148k favourable across a range of services reflecting deferral of discretionary expenditure	

4.8.2 FINANCIAL REPORT FOR MONTH ENDED JULY 2010

Statement of Financial Performance for the month ended 31st July 2010.

Hospital Services has a net deficit of \$292K compared to a budgeted deficit of \$371K giving a positive variance of \$79K.

Monthly details are included on the table following.

	Budget Jul-10 Month	Actual Jul-10 Month	Var Month	Var % Month
\$000's				
REVENUE				
Government and Crown Agency				
MoH - Personal Health	57	0	-57	-100%
MoH - Mental Health	0	1	1	
MoH - Public Health	33	17	-16	-48%
MoH - Disability Support Services	106	108	2	1%
Clinical Training Agency	110	113	3	3%
Inter Provider Revenue	1	10	9	674%
Training Fees and Subsidies	0	3	3	967%
Accident Insurance	265	277	12	5%
Other Government	36	32	-4	-12%
Internal MOH Revenue	14,956	14,941	-15	0%
Total Gov't and Crown Agency	15,565	15,502	-63	0%
Other Revenue				
Patient / Consumer sourced	325	326	1	0%
Other Income	139	134	-5	-3%
Total Other Revenue	464	460	-4	-1%
Internal revenue	526	479	-47	-9%
TOTAL REVENUE	16,555	16,441	-114	-1%
EXPENSES				
Personnel costs				
Medical Personnel	3,256	3,172	85	3%
Nursing Personnel	3,889	3,976	-86	-2%
Allied Health Personnel	1,509	1,441	68	4%
Support Personnel	147	136	11	7%
Man/Admin Personnel	848	875	-27	-3%
Personnel costs Total	9,650	9,600	50	1%
Outsource Services				
Medical Personnel	107	133	-26	-24%
Nursing Personnel	15	4	11	72%
Allied Health Personnel	5	0	5	100%
Support Personnel	0	0	0	
Man/Admin Personnel	3	0	3	100%
Outsource Clinical Services	600	567	34	6%
Total Outsource Services	732	704	27	4%
Clinical Supplies				
Treatment Disposables	820	819	1	0%
Diagnostic Supplies & Other Supplies	59	66	-7	-11%
Instruments & Equipment	437	408	29	7%
Patient Appliances	113	128	-16	-14%
Implants and Prostheses	417	415	2	0%
Pharmaceuticals	522	472	50	10%
Other Clinical & Client Costs	198	168	30	15%
Total Clinical Supplies	2,566	2,476	91	4%
Infrastructure & Non-Clinical Supplies				
Hotel Services, Laundry & Cleaning	484	483	1	0%
Facilities	65	59	6	9%
Transport	53	32	21	39%
IT Systems & Telecommunications	58	62	-4	-7%
Interest & Financing	0	0	0	
Professional Fees & Expenses	10	10	0	-1%
Other Operating Expenses	142	112	30	21%
Total Infrastructure & Non-Clinical Supplies	811	757	54	7%
Internal Charges	623	585	38	6%
EXPENSES TOTAL	14,383	14,123	260	2%
Contribution to Overheads	2,172	2,318	146	7%
Overheads	2,543	2,610	-67	-3%
NET SURPLUS/(DEFICIT)	-371	-292	79	-21%

Financial Variances:

Commentary on variances is included where the variance is >+\$50,000 and >5% of budget (whether favourable or unfavourable)

REVENUE

Overall revenue is \$114K unfavourable

New Variances	Variance
MOH - Personal Health	-\$57k
Unfavourable	
Pharmacy Departments claims for Herceptin are no longer made through this mechanism and are now part of Internal MOH funding	

Personnel Costs are \$50K favourable to budget.

Medical costs have been lower in Sick Leave and Training Leave, while Nursing costs are driven by FTE.

Personnel:	\$'000			FTE		
	Budget	Actual	Variance	Budget	Actual	Variance
Medical Personnel	3,256	3,172	85	152	162	-10
Nursing Personnel	3,889	3,976	-86	605	621	-16
Allied Health Personnel	1,509	1,441	68	246	241	5
Support Personnel	147	136	11	42	42	0
Man/Admin Personnel	848	875	-27	188	189	-1
Personnel costs Total	9,650	9,600	50	1,233	1,255	-22

Outsourced services are \$27K favourable to budget. There are no significant variances

Clinical Supplies are \$91K favourable to budget

New Variances	Variance
<i>Pharmaceuticals</i> are \$50K positive to budget	\$50k
Favourable	
Immunosuppressive/cytotoxic expenditure is down \$33K on budget. Infections are currently down \$14K, but cannot be guaranteed to continue at this level.	

Infrastructure Costs are \$54K favourable to budget as a result of lower travel and other operating expenses.

RECOMMENDATION

THAT THE HOSPITAL ADVISORY COMMITTEE RECEIVE THE CHIEF OPERATING OFFICER'S REPORT.

SECTION 5: MEMBERS ISSUES

Nil

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Status

This report contains:

- For decision
- Update
- Regular report
- For information

SECTION 6: 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
ARC	Aged Residential Care
ARF	Audit Risk and Finance
ARCC	Aged Residential Care Contract
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
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
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)
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
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
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
CVDRA	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
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
EOI	Expression of Interest
ENT	Ears, Nose and Throat
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
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
H&DC / HDC	Health and Disability Commissioner
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
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
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
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 Caesarian Section
LTC	Long Term Care

LTCCP	Long Term Council Community Plan
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
NGO	Non Government Organisation
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

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
Rangatiranga	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
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
YTD	Year to Date
YTS	Youth Transition Service

August 2010

SECTION 7: APPENDICES

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Appendix One

Provider Division Data Dictionary

Appendix Two

Capital Programme 2010/11

APPENDIX 1**PROVIDER DATA DICTIONARY**

Performance Area and KPI
Name

ACCESS

Waiting times : no > 6 mths
FSA

Patients waiting greater than 6 months after referral for an FSA - Med, Surg & W,C & OH

Waiting times : no > 6 mths
active review

Patients waiting greater than 6 months after being placed on Active Review - Med, Surg & W, C & OH

Waiting times : no > 6 mths
Pts Given Certainty

Patients waiting greater than 6 months after being given Certainty - Med, Surg & W,C & OH

DNA's as % of OP
presentations

As per MoH HBI definition: Specialist-only clinic DNAs (Did Not Attends) as a % of total New & Follow Up appointments exc. Pre-admits

Elective as % of Total
Discharges

% of Elective cases to total Med, Surg, W C & OH DHB-funded cases (excludes Boarders)

Day Case Throughput

Total cases discharged from Med, Surg, W C & OH and HOP with a LoS = 0

Triage 1 (Immediate)

% of total Triage 1 ED presentations seen within national triage guidelines

Triage 2 (< 10 mins)

% of total Triage 2 ED presentations seen within national triage guidelines

Triage 3 (< 30 mins)

% of total Triage 3 ED presentations seen within national triage guidelines

STAFF

Performance Appraisals

Numbers recorded on HR system

Staff Turnover(excl casuals)

Number of employee's leaving divided by the number of employees at the beginning of the month for all Provider Divn.

Sick Leave rate

Hosp Mgmt, Medical, Surgical, W,C & OH only - Total sick live hours divided by total Contracted Hours

Paid (\$000) - OT

Total Paid Overtime (JDE Subsidiary code 140) for Provider Divn divided by 1000

Staff with Ann Leave

Total number of staff in Provider Divn with greater than 2 years AL entitlement outstanding

balance > 2 yrs entitlement

SERVICE PROVIDED

CWD's

Total caseweights of patients discharged in the period, where they are included in MoH caseweight funding rules (NB cases not yet coded and so without a cwd receive an average cwd for that specialty)

FSA's

Total FSA's attending in the period, where they are included in MoH FSA funding rules (Specialist only)

FU's

Total Follow Up visits attending in the period, where they are included in MoH Follow up funding rules (Specialist only)

Procedures

Total IP & OP procedures on patients discharged or visiting in the period, where they are included in MoH funding rules

Contract performance YTD

% variance

Provider Divn., % of variance from YTD volume-based contracts - \$ valuation - adjusted for impact of planned or actual additional electives

FINANCIAL

Revenue

Sum of highlighted financial codes shown below - for month

Personnel Expenditure (Exc Personnel)	Sum of highlighted financial codes shown below - for month
Contribution to Overheads FTE variance	Sum of highlighted financial codes shown below - for month
VALUE FOR MONEY	Sum of Revenue and Expenditure (inc Personnel) lines below Excluded from Provider KPI's. Variance of accrued FTE's in Leader for the month for Service KPI's
Discharges/FTEs	Total discharges all sites for month/total Provider FTEs for SLT Mgr = Keith ie total discharges per FTE. Target = 06/07 act dx's / 07/08 budgeted FTEs
Direct Nurse Cost per CWD	Nelson & Wairau, Med, Surg, W C & OH only - total nursing cost divided by total cwds in month (exc Mty) (targets are bud \$ vs bud cwds)
Direct Dr Cost per CWD	Nelson & Wairau, Med, Surg, W C & OH only - total doctor cost divided by total cwds in month (exc Mty) (targets are bud \$ vs bud cwds)
CWD per Dr FTE	Nelson & Wairau, Med, Surg, W C & OH only - total cwds in month (exc Mty) divided by Dr FTEs (targets are bud FTEs vs bud cwds)
ALOS – Medical	Average LoS for Nelson & Wairau medical discharges in month (DC's excluded, as per national LoS definition)
ALOS – Surgical	Average LoS for Nelson & Wairau surgical discharges in month (DC's excluded, as per national LoS definition)
QUALITY	
Patient Satisfaction Survey	Results from MoH HBI return for previous quarter
Closure of complaints	80% of complaints closed within 20 working days
Coding > 21 days	Discharges uncoded or unfinalised by the 21st of the month following discharge

L3	L4
1000REVENUE	1001GOVERNMENT & CROWN AGENCY
	1701OTHER HEALTH RELATED
	1801NON HEALTH
	1880INTERNAL INCOME
	1901INTERNAL MoH REVENUE
1000REVENUE Total	
2000EXPENDITURE	2001PERSONNEL
	3000OUTSOURCED SERVICES
	4000CLINICAL SUPPLIES
	5000INFRASTRUCTURE & NON CLINICAL
	8000INTERNAL CHARGES

APPENDIX 2: CAPITAL PROGRAMME 2010/11

Appendix 2	Capital Programme 2010-11	Itemised List			
Category	Service	Cost Centre Description	Description of Project	Reason for purchase	Total
Buildings	Property Management	Property Management	Wairau Redevelopment		12,908,000
Buildings	Property Management	Property Management	Nelson Site Development		200,000
Buildings	Property Management	Property Management	Dalton / Public Health		1,700,000
Buildings	Property Management	Property Management	School Dental Redesign		2,663,000
Buildings	Property Management	Property Management	Mental Health IPC		100,000
Buildings	Property Management	Property Management	After Hours Building		350,000
Buildings	Property Management	Property Management	Murchison Houses		300,000
Buildings	Property Management	Property Management	Wairau Houses		300,000
Buildings Total					18,521,000
Site Works/Other Buildings	Property Management	Property Management	Relocation of Hospital Dental Clinic		200,000
Site Works/Other Buildings	Property Management	Property Management	IT IS Server Rooms		60,000
Site Works/Other Buildings	Property Management	Property Management	Heat Exchangers		100,000
Site Works/Other Buildings	Property Management	Property Management	Boiler Room Controls NN		150,000
Site Works/Other Buildings	Property Management	Property Management	Relocation Chiller Unit from Wairau		75,000
Site Works/Other Buildings Total					585,000
Clinical Equipment	Clinical Support	Occupational Therapy NN	Hoist and 3 slings 127 kg	(blank)	7,201
Clinical Equipment	Clinical Support	Occupational Therapy NN	Hoist and 3 slings 205 kg	To assist with bariatric patients	10,000
Clinical Equipment	Clinical Support	Physiotherapy NN	Bio Impediment machine	(blank)	5,400
Clinical Equipment	Clinical Support	Physiotherapy NN	Treadmill	(blank)	4,000
Clinical Equipment	Clinical Support	Radiology NN	Image Intensifier	Replace older one in OT due to reducing image quality	200,000
Clinical Equipment	Clinical Support	Radiology NN	Ultrasound machines (x1)	Nearing end of lease/life	250,000
Clinical Equipment	Clinical Support	Radiology NN	Washer / Sanitiser (Interventional/Angio)	regularly breaking down	11,000
Clinical Equipment	Clinical Support	Occupational Therapy WR	Hoist	(blank)	3,603
Clinical Equipment	Clinical Support	Occupational Therapy WR	Roho bed segments (set of 4)	(blank)	6,030
Clinical Equipment	Clinical Support	Radiology - WR	Cobalt bath	Q/A requirement	7,000
Clinical Equipment	Clinical Support	Radiology - WR	Film Processor	m.c at end of useful life	20,000
Clinical Equipment	Clinical Support	Radiology - WR	Mammography m/c	m/c at end of lease	200,000
Clinical Equipment	Health of Older People & Rurals	Ward 5 WR	Sanitisers x 2	(blank)	30,000
Clinical Equipment	Health of Older People & Rurals	Ward 5 WR	pressure mattress		10,000
Clinical Equipment	Health of Older People & Rurals	Ward 5 WR	Vital signs equipment	(blank)	5,000
Clinical Equipment	Health of Older People & Rurals	Med/ Surg Inpatient Unit	ECG	(blank)	15,000
Clinical Equipment	Health of Older People & Rurals	Assessment & Rehabilitation NN	pressure mattress	Increased rental costs for hiring and ongoing increased use	10,000

Appendix 2		Capital Programme 2010-11		Itemised List	
Category	Service	Cost Centre Description	Description of Project	Reason for purchase	Total
Clinical Equipment	Health of Older People & Rurals	Alexandra Hospital	Blood pressure monitor	Updating old equipment	3,000
Clinical Equipment	Health of Older People & Rurals	Alexandra Hospital	Hoist Slings x 5	Infection control	4,500
Clinical Equipment	Health of Older People & Rurals	Alexandra Hospital	Psychologist Screening Tool	Tools for assessment for function & disability	5,700
Clinical Equipment	Health of Older People & Rurals	Alexandra Hospital	Shower Chair (Tilt in Space)	Health & Safety	3,500
Clinical Equipment	Hospital Management		Contingency		250,224
Clinical Equipment	Medical Services	District Mgr Medical Services	Resus Programme (2 defibs, ThT)	District wide standardisation	50,000
Clinical Equipment	Medical Services	Diabetes Education NN	Glucose Monitors	(blank)	2,500
Clinical Equipment	Medical Services	Diabetes Education NN	Insulin pumps	(blank)	6,000
Clinical Equipment	Medical Services	Emergency Department NN	Blanket/Fluid Warmer	Existing warmer considered unsafe	15,000
Clinical Equipment	Medical Services	Out Patients WR	cold light source	Replacement	10,000
Clinical Equipment	Medical Services	Out Patients WR	Digital Camera and Printer (ENT)	No camera available	3,000
Clinical Equipment	Medical Services	Out Patients WR	ENT Rigid Endoscope	Assessment/ outcomes	5,000
Clinical Equipment	Medical Services	Out Patients WR	Sigmoidoscope	effective Treatment	3,000
Clinical Equipment	Medical Services	Health Education WR	Glucose Monitors	(blank)	2,500
Clinical Equipment	Medical Services	Health Education WR	Insulin pumps	(blank)	6,000
Clinical Equipment	Medical Services	Medical Outpatients WR	ECG machine	core operating equipment	18,000
Clinical Equipment	Medical Services	Medical Outpatients WR	electric plinths x 5 (M7)	existing items past useful life	18,500
Clinical Equipment	Mental Health	Acute Mental Health Unit	NIBP & Emergency Equipment	Clinical Safety & Monitoring	4,023
Clinical Equipment	Mental Health	Child & Adole Mental H -WR	Psychology Testing and Training Manuals	(blank)	5,000
Clinical Equipment	Purchasing	Inventory Management - NN	Annual Bed Replacement Programme	(blank)	100,000
Clinical Equipment	Purchasing	Inventory Management - NN	Annual IV Pump Replacement Program	(blank)	65,000
Clinical Equipment	School Dental Project	School Dental Project	Equipment		532,000
Clinical Equipment	Surgical Services	Daystay Unit NN	Non invasive BP monitors X 3	Require more monitors	12,069
Clinical Equipment	Surgical Services	Ward 9 NN	Shower commode chairs x 2	(blank)	4,000
Clinical Equipment	Surgical Services	Outpatients Surgical NN	Bx Gun for TRUS	Extra gun clinic efficiency (3 consultasnts)	3,000
Clinical Equipment	Surgical Services	Outpatients Surgical NN	High low plinth x 5	Safety for staff & patients	15,000
Clinical Equipment	Surgical Services	Med - Ophthalmology NN	Photogoagulator microscope	Micoscope attached to photocoagulator	15,000
Clinical Equipment	Surgical Services	Theatres NN	ENT Drill Otology	(blank)	25,000
Clinical Equipment	Surgical Services	Theatres NN	Handpiece - ENT Drill Otology	Replacement	15,000
Clinical Equipment	Surgical Services	Theatres NN	Patient Trolleys for Cateract Surgery	Patient is kept on same bed intra and post operation - saves using theatre bed	12,000
Clinical Equipment	Surgical Services	Theatres NN	Anaesthetic machine	(blank)	140,000

Appendix 2		Capital Programme 2010-11		Itemised List	
Category	Service	Cost Centre Description	Description of Project	Reason for purchase	Total
Clinical Equipment	Surgical Services	Theatres NN	Lap towers	Replace aging towers	120,000
Clinical Equipment	Surgical Services	Theatres NN	Ortho Power tools	(blank)	50,000
Clinical Equipment	Surgical Services	Theatres NN	Cordless Head light	(blank)	7,500
Clinical Equipment	Surgical Services	Theatres NN	Intubating Bronchoscope	(blank)	20,000
Clinical Equipment	Surgical Services	Theatres NN	Operating table	replacement of aging equipment	70,000
Clinical Equipment	Surgical Services	Endoscopy - NN	Video Processor and Light Source	Video Processor and Light Source	45,000
Clinical Equipment	Surgical Services	Endoscopy - NN	Gastroscope	Gastroscope	34,000
Clinical Equipment	Surgical Services	Med - Ophthalmology WR	Slit Lamp	Increased cases	26,250
Clinical Equipment	Surgical Services	Theatres WR	Cystoscope	Current machine nearing end of expected life	14,500
Clinical Equipment	Surgical Services	Theatres WR	Drill and Saw	Current Space constraints	65,000
Clinical Equipment	Surgical Services	Theatres WR	Gastroscope	Replacement of old wooden plinth's	37,500
Clinical Equipment	Surgical Services	Theatres WR	large image video colonoscope CQF 180	Current chairs breaking at welds - age	43,000
Clinical Equipment	Surgical Services	Theatres WR	resectoscope	patient flow	5,000
Clinical Equipment	Surgical Services	Theatres WR	Anaesthetic machine	Existing machine is 18 years old	100,000
Clinical Equipment	Surgical Services	Theatres WR	Lap towers	Replace aging towers	120,000
Clinical Equipment	Women Children & Oral Health	Paediatric Inpatients NN	pulse oximeter Hand held	core operating equipment	5,000
Clinical Equipment	Women Children & Oral Health	Paediatric Inpatients NN	Non Invasive BP/SaO2/Temp Machine x1	New Technology Pt safety	15,000
Clinical Equipment	Women Children & Oral Health	KYOM (Know Your Own Midwife)	Foteal Dopplers x 3	(blank)	4,500
Clinical Equipment	Women Children & Oral Health	Dental & Oral Health NN	Dental Unit		30,000
Clinical Equipment	Women Children & Oral Health	Dental & Oral Health NN	washer		10,000
Clinical Equipment	Women Children & Oral Health	Special Care Baby Unit	Biliblanket	Neonatal Phototherapy treatmentTo continue treatment while baby breast feeding/KMC	8,000
Clinical Equipment	Women Children & Oral Health	Special Care Baby Unit	Philips Intellivue vital signs monitor	Old - need to replace	20,000
Clinical Equipment	Women Children & Oral Health	Special Care Baby Unit	Incubator	(blank)	35,000
Clinical Equipment	Women Children & Oral Health	Child Development Services	Bayleys Assessment Tool	Assessment tool for under 3 - evedanbce based	3,000
Clinical Equipment	Women Children & Oral Health	Maternity Unit Wairau	Crib Warmer - Cosytherm	Enable babies to be warmed without need for incubator	5,500
Clinical Equipment	Women Children & Oral Health	Gynaecology Clinic WR	Examination couch	Currently using recycled delivery bed	7,000
Clinical Equipment Total					3,048,500
Other Equipment	Disability Support Services	DSS Team 2 - Exeter St	Vinyl in bedrooms	Soiled carpets - infection control	4,000
Other Equipment	Disability Support Services	Management DSS	ID Home set	new service	10,000
Other Equipment	Disability Support Services	Management DSS	PD Home set up Marlborough	New Service in Marlborough	20,000
Other Equipment	Disability Support Services	Management DSS	Shade Sails	Shade sails for clients home	2,500
Other Equipment	Health of Older People & Rurals	Alexandra Hospital	Key Pad locks	For closing west wing	3,500

Appendix 2	Capital Programme 2010-11	Itemised List			
Category	Service	Cost Centre Description	Description of Project	Reason for purchase	Total
Other Equipment	Hotel Services	Orderlies NN	Surveillance/card access & Duress/ID Upgrade & Printing	clinical requirement	150,000
Other Equipment	Mental Health	Nikau House	Clothes Dryer Industrial	efficient patient management/OPJ initiative	2,500
Other Equipment	Mental Health	Tipahi Street - Mental Health	Ongoing Maintenance of Flats Chattels		20,000
Other Equipment	Mental Health	Child & Adole Mental Health	Fridge	(blank)	2,000
Other Equipment	Mental Health	Child & Adole Mental Health	Play Room Technology	(blank)	7,000
Other Equipment	Mental Health	Acute Mental Health Unit	Furniture & Equipment	Replacements Required due to age	7,000
Other Equipment	Mental Health	Manager Mental Health	PT Alarms for staff	Ensure safety of staff	25,000
Other Equipment	Wairau Furniture, Fittings & Equipment	Wairau Redevelopment FF & E	Equipment		500,000
Other Equipment	Women Children & Oral Health	Paediatrics Wairau	Dishwasher	Needed to meet toy cleaning requirements	2,000
Other Equipment	Women Children & Oral Health	Paediatrics Wairau	video conferencing equip	Needs to be in by Oct 10	12,000
Other Equipment Total					767,500
Vehicles	Disability Support Services	IDSS	TOYOTA HIACE MINI BUSFleet No460	Replacement vehicle	60,000
Vehicles	Disability Support Services	IDSS	TOYOTA HIACE MINI BUSFleet No459	Replacement vehicle	60,000
Vehicles	Disability Support Services	I.D.S.S	TOYOTA HI-TOP VANFleet No158	Replacement vehicle	45,000
Vehicles	Health of Older People & Rurals	ALEXANDRA HOSPITAL	TOYOTA HI-TOP VANFleet No157	Replacement vehicle	45,000
Vehicles	Mental Health	WITHERLEA HOUSE	HOLDEN COMMODOREFleet No104	Replacement vehicle	31,000
Vehicles	Mental Health	WITHERLEA HOUSE	TOYOTA HIACE MINI BUSFleet No462	Replacement vehicle	60,000
Vehicles	School Dental Project	School Dental Project	Trailers		239,000
Vehicles Total					540,000
Information Technology	Information Technology	IT/IS	- Clinical Intranet		500,000
Information Technology	Information Technology	IT/IS	- Patient Management System		500,000
Information Technology	Information Technology	IT/IS	- Reporting Capability		250,000
Information Technology	Information Technology	IT/IS	- Costing		150,000
Information Technology	Information Technology	IT/IS	- Electronic Document Records Management		100,000
Information Technology	Information Technology	IT/IS	- Network Digital Dictation		50,000
Information Technology	Information Technology	IT/IS	- ED system		700,000
Information Technology	Information Technology	Infrastructure	- Desktop Refresh		343,000
Information Technology	Information Technology	Infrastructure	- New Desktops/Laptops		75,000
Information Technology	Information Technology	Infrastructure	- Network		65,000
Information Technology	Information Technology	Infrastructure	- Server Hardware/Software		115,000
Information Technology	Information Technology	Infrastructure	- Other Infrastructure		40,000
Information Technology	Information Technology	Infrastructure	- Disaster Recovery		20,000
Information Technology	Information Technology	Infrastructure	- Internet Management		5,000
Information Technology	Information Technology	Infrastructure	- MS Office Upgrades		20,000
Information Technology	Information Technology	Infrastructure	- Wireless		50,000
Information Technology	Information Technology	Infrastructure	- Security		10,000
Information Technology	Information Technology	Infrastructure	- Telephony		10,000
Information Technology	Information Technology	Infrastructure	- Storage Area Network & Backup		125,000
Information Technology Total					3,128,000
Grand Total					26,590,000