



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 16 FEBRUARY AT 1.00PM IN THE BOARD MEETING ROOM, ADMINISTRATION BUILDING, WAIRAU HOSPITAL, BLENHEIM

Meeting Dates for Hospital Advisory Committee 2010

16 February	Support Services Meeting Room 1, Top Floor, Arthur Wicks Building	Wairau Hospital
20 April	DHB Seminar Centre Room 1, Braemar Campus	Nelson Hospital
15 June	DHB Seminar Centre Room 1, Braemar Campus	Nelson Hospital
24 August	Support Services Meeting Room 1, Top Floor, Arthur Wicks Building	Wairau Hospital
19 October	DHB Seminar Centre Room 1, Braemar Campus	Nelson Hospital



**Nelson Marlborough
District Health Board**

HOSPITAL ADVISORY COMMITTEE AGENDA

Nelson Marlborough District Health Board
Board Meeting Room, Administration Building
Wairau Hospital, Blenheim
Tuesday, 16 February 2010 commencing 1.00pm

		Indicative Time
OPEN SECTION:		
Public Forum		1.00pm
SECTION 1	Welcome and Apologies	1.15pm
SECTION 2	Registration of Interest	1.18pm
SECTION 3	Confirmation of Minutes: Previous meeting	1.35pm
	Matters arising	
SECTION 4	Reports Chief Operating Officer's Report	1.45pm
SECTION 5	Member Issues	2.15pm
SECTION 6	Glossary of Commonly Used Acronyms and Abbreviations	

SECTION 7 Appendices

Resolution to Exclude Public 3.00 pm

PUBLIC EXCLUDED MEETING 3.01 pm

RECOMMENDATION

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

Minutes of a meeting of Hospital Advisory Committee held on 24 November 2009 (Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000).

SECTION 1: WELCOME AND APOLOGIES

John Peters has forwarded his apologies for this meeting.

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 Deputy Chair 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"> Trustee of Donald Beasley Institute. 	<ul style="list-style-type: none"> Provision of consultancy services to health and disability organisations for DHBs or Ministry of Health. 	<ul style="list-style-type: none"> Partner is Chair of West Coast PHO Partner is an independent director of Access Home Health Contracted to MOH to coordinate the implementation of the Cardiac Network Member on PHO Alliance Executive Partner appointed Chair of the Board of Access Home Health Ltd.
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	<ul style="list-style-type: none"> Iwi Health Board Member 	<ul style="list-style-type: none"> Committee member, Whakatu Marae 	<ul style="list-style-type: none"> Contracts Held 	

As at 3 February 2010

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

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Andre Nel	<ul style="list-style-type: none"> ▪ Member RACMA NZ ▪ Member of National Service & Technology Review Sub-committee (NSTR) ▪ Wife works for DHB. 		<ul style="list-style-type: none"> ▪ Certification/accreditation, appointment of medical administrator candidates. 	
Denise Hutchins	<ul style="list-style-type: none"> ▪ Member DHB NZ Workforce Group ▪ Surveyor/Team Leader Quality Health NZ. 		<ul style="list-style-type: none"> ▪ Certification/Accreditation. 	
John Peters	<ul style="list-style-type: none"> ▪ Director of SSSAL ▪ 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	Nil			<ul style="list-style-type: none"> ▪ Sister works for IDSS.
Mike Cummins	Nil			
Nick Lanigan	Nil			
Nigel Trainor				<ul style="list-style-type: none"> ▪ Wife works for NMDHB Oral Health Services.
Peter Burton	Nil	<ul style="list-style-type: none"> ▪ NMDHB Representative on Tasman Council's Regional Land Transport Committee. 		
Sharon Kletchko	<ul style="list-style-type: none"> ▪ Member Exceptional Circumstances Panel – PHARMAC ▪ Member – DHBRF Governance Group with the Health Research Council ▪ Member St John Trust Board Northern Region (SI). 	<ul style="list-style-type: none"> ▪ Deputy Chair of Standards New Zealand Council. 		

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Brenda Bruning (Acting DON)	<ul style="list-style-type: none">▪ Member NZNO College of Practice Nurses▪ Secretary National Committee▪ Co-Editor “LOGIC” Official Journal of NZNO College of Practice Nurses▪ Member College of Nurses Aotearoa▪ Trainee Assessor for Quality Health New Zealand.			
Harold Wereta	<ul style="list-style-type: none">▪ Ngati Toarangatira Connections		<ul style="list-style-type: none">▪ Tribal Interest	

As at 27 January 2010

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 SEMINAR CENTRE, BRAEMAR CAMPUS, WAIMEA ROAD, NELSON ON TUESDAY 24 NOVEMBER 2009

Present:

Lynette Jones (Chairman) Ian MacLennan, Janet Kelly, Suzanne Win, Joe Puketapu, Lovey Gieger, Joanne Mickleson

In Attendance:

Keith Rusholme, Nigel Trainor, Sharon Kletchko, John Peters, Liz Richards

Glenda Crichton (Minutes)

SECTION 1: APOLOGIES

Nil

SECTION 2: REGISTRATION OF INTEREST

Joanne Mickleson is now Deputy Chair of Pharmacy Council of NZ.

Suzanne Win is no longer on Career Force Board.

Lovey Gieger is an Iwi Health Board Member

Under Sharon Kletchko the apostrophe in St Johns needs to be removed.

Moved: Janet Kelly
Seconded: Suzanne Win

THAT THE REGISTRATION OF INTEREST BE NOTED WITH THE CHANGES LISTED.

AGREED

SECTION 3: MINUTES

Moved: Ian McLennan
Seconded: Janet Kelly

THAT THE MINUTES OF 13 OCTOBER 2009 ARE ADOPTED AS A TRUE AND CORRECT RECORD

AGREED

SECTION 3.1: MATTERS ARISING

Nil

SECTION 4: REPORTS

4.1 Chief Operating Officer's Report

The COO spoke to the Report.

4.1.1 Activity

Over servicing of the NMDHB contract and the access to elective services was discussed. There is an expectation from the Minister that if a DHB performs well this year, it is expected to do even better the following year. Currently we are 450 cwds ahead of contract.

The GM Planning and Funding advised that our access to elective services target is set at a very high level in comparison to other DHBs (significantly higher than Auckland or Canterbury) and our end of year target has already been met.

The COO reported that average occupancy is quite low in both hospitals. Average occupancy for the Nelson Medical Unit was 78% and Wairau Inpatients was similar.

4.1.2 ACC Changes

The changes to ACC funding could impact the demand on our services, particularly in Physiotherapy and diagnostic procedures in Radiology. We are waiting on additional information from the Ministry of Health for a consistent approach for all DHBs to follow. We will be ensuring that our thresholds are managed and that our staff are not overloaded.

Discussion followed on the estimated \$35,000 a year extra expense with ACC costs. An EFTPOS machine at each hospital reception has been suggested as a way of collecting the ACC charges. Robust systems are in place in Radiology to avoid queue jumping which could result from these new charges.

4.1.3 National Hospital Provider Benchmarking

There are a number of projects/initiatives being carried out with the National Chief Operating Officers Group (COOs). A national approach to the purchasing and provision of orthopaedic prosthesis has commenced which NMDHB has been asked to support. Outcomes of this initiative will be indicative for future projects such as reducing the cost of clinical supplies.

Another positive initiative is a benchmarking tool for COOs to utilise and to compare key productivity indicator measures. COOs are looking at standardising existing measures throughout the 21 DHBs. The current Health Round Table benchmarking tool has more of a clinical focus.

4.1.4 ED Advertising Campaign to Save EDs for Emergencies

The ED advertising campaign was discussed. Senior Medical staff are engaging with Management and the Public Health Organisations (PHOs) in finding ways to reduce demand on ED and the hospital as a whole. The costs of the campaign were being shared with the PHOs.

The COO will, at a future date, provide a presentation from the ED Department to HAC regarding a survey being carried out of people presenting at ED. He reported that already results of the survey are producing interesting information.

4.1.5 Wairau Site Development Steering Group Report

Taken as read.

4.2 Treatment Lists

Taken as read.

The upward trend for Cardiology was discussed. This will be reported more fully in the next HAC agenda.

A work stream is continuing in establishing new models of care across the district for the Pain Service. Funding for the service is problematical.

The Urology trend will be heading down in future months now that the maternity leave has been covered.

4.3 KPIS/Variance Report

HAC noted the pleasing downward trend for the Did Not Attend (DNA) rate. Although the resource for the DNA Project had stepped down, the Optimising Patient Journey team (OPJ) were now focussing on DNA initiatives in two different areas of the hospitals.

Overspend for the month had dropped down to \$34,000. The COO was congratulated on gaining accreditation and certification.

Members questioned staff accumulating annual leave balance greater than two years. The COO would investigate whether the target should be reduced.

4.4 Elective Service Report

Noted.

4.5 Property Management

The GM Finance and Commercial spoke to the report.

One of the generators will be moved to Wairau Hospital when it has been decommissioned from Nelson.

The Montrose Villa tender has been delayed until further information was available on other site developments and before a commitment is made.

4.6 Mental Health KPIs/Variance Report

Noted.

4.7 Health of Older Person and Rural Hospitals

HAC discussed the report and whether it was adding value. A draft recommendation will be brought to the next HAC meeting.

4.8 Financial Report

The General Manager Finance and Commercial spoke to the report.

We were very close to budget this month however focus on outsourced costs and FTE employed will continue.

The Forecast is conservative and shows revenue slightly under budget. Overheads are up because of a revaluation of assets and the impact this has placed on equity.

The Provider is working hard to get back to contract. The Medical staff forecast and other revenue are being challenged. The COO is pulling back on Surgical Service electives over the Christmas period and will be closing Ward Nine (Nelson Hospital) to get essential maintenance completed and to decrease spending.

Members discussed the disconnect between Activity and Financial. CWDs and FSAs are forecast to decrease by six percent yet the forecast includes more staff.

Thresholds were discussed as well as staff costs. Nurses are entitled to a minimum of three days training a year for which the DHB has to provide cover. An adjustment to the budgets has not been made for this expense.

We will be getting a retrospective reimbursement for our Kiwisaver contribution of around \$180,000 a quarter. This is due to our percentage being accelerated and because uptake from employees was greater than expected.

The GM Finance and Commercial clarified that Other Income related to Kiwisaver for this financial year and that by year end we will have five quarters

The new costing system Request for Proposal document was not approved by the steering group. Financial forecasts are being done on systems that are not designed to cater for this function.

RECOMMENDATION

Moved: Joe Mickleson
Seconded: Janet Kelly

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

AGREED

SECTION 5: MEMBERS ISSUES

5.1 Frequency of Meetings

A memo from the Board Secretary to HAC Committee members was tabled at the meeting. A resolution from the 3 November Board Meeting was to come back to three Advisory Committees for committee membership consideration.

HAC discussed the paper and agreed the two monthly meetings would be a more sensible use of time for staff in general, however the meetings would need to be meaningful and timely so that reporting would be up to date. The dates suggested in option three were not conducive to current monthly reporting.

Moved: Ian McLennan
Seconded: Joe Puketapu

THAT HAC SUPPORTS OPTION THREE BUT MANAGEMENT NEED TO RELOOK AT THE DATES TO PROVIDE TIMELIER REPORTING.

AGREED

PUBLIC EXCLUDED

Moved: Suzanne Win
Seconded: Joe Puketapu

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 13 October 2009 (Section 32(a) Schedule 3 of New Zealand Public Health and Disability Act 2000).

AGREED

MEMBERS OF THE PUBLIC

Naomi Arnold of the Nelson Mail was present.

The meeting closed at 3.00pm.

ACTION ITEMS

Item from Minutes	Action - Who/When
<p>ED Department Survey of People Presenting The COO will, at a future date, provide a presentation from the ED Department to HAC regarding a survey being carried out of people presenting at ED. Already results of the survey are producing interesting information.</p>	COO
<p>Treatment Lists The upward trend for Cardiology was discussed. This will be reported more fully in the next HAC agenda.</p>	DM Medical Service
<p>KPI Variance Members questioned staff with annual leave balance greater than two years entitlements. The COO would investigate whether the target should be reduced.</p>	COO
<p>Health of the Older Person and Rural Hospital Service HAC discussed the report and whether it was adding value. A draft recommendation will be brought to the next HAC meeting.</p>	COO
<p>Advice to the Board "THAT HAC SUPPORTS OPTION THREE BUT MANAGEMENT NEED TO RELOOK AT THE DATES TO PROVIDE TIMELIER REPORTING".</p>	Chairman

SECTION 3.1: MATTERS ARISING

3.1.1 ED Department Survey of People Presenting

Results of the survey are still being collated. A presentation is planned for a future meeting when a report will be provided.

3.1.2 Cardiology

The upward trend for Cardiology in the October results was caused by the Cardiologist being on sabbatical leave and issues relating to cover at Wairau Hospital which created a backlog of FSAs. However it should be noted Cardiology FSA results began to plateau in following months and by the end of January were ahead of target.

3.1.4 Staff with Annual Leave Balances > Two Years Entitlements

KPI Variance

It is recommended that the target for annual leave should be made a stretch target of <30. Due to the fact that staff can request permission to accrue greater than two years leave for specific purposes, it was felt that this target is appropriate.

3.1.5 Health of Older Person Rural Hospital Services and Mental Health Services Financial Reporting to HAC

RECOMMENDATION

THAT THE HOSPITAL ADVISORY COMMITTEE AGREE THAT THE FINANCIAL REPORTS CURRENTLY PROVIDED IN THE AGENDA FOR HEALTH OF OLDER PEOPLE AND MENTAL HEALTH SERVICES BE DISCONTINUED.

Note: It is proposed that the Mental Health Services KPI Variance reporting to HAC continues.

Status

This report contains:

- For decision
- Update
- Regular report
- For information

SECTION 4: REPORTS

4.1 CHIEF OPERATING OFFICER'S REPORT - PROVIDER DIVISION – DECEMBER 2009

4.1.1 ACTIVITY

Although there were some peak demands throughout December for services at both Nelson and Wairau hospitals, December's average occupancy was within expected levels.

Demand for Emergency Department services at Nelson was down compared to December 2008 and Wairau was up. Nelson's admission rate from ED was 22% and Wairau's 18%.

We continue to be providing surgical elective services above plan although with the reduction of elective services over the Christmas break and the closure of Ward Nine, we expect to see this situation begin to reverse.

4.1.2 GENERAL

It has been a busy time for the Hospital Provider teams as we developed recovery plans to bring budget overspend under control.

Planning for the 10/11 financial year District Annual Plan has also kept us busy.

Ward Nine was closed over the Christmas period for essential maintenance and installation of air conditioning. Over this time we were able to cope with the reduction of beds with only one occasion when we had to overflow acute patients into Day Stay for two nights.

4.1.3 WAIRAU SITE DEVELOPMENT STEERING GROUP REPORT – 17 DECEMBER 2009 (updated 9 February 2010)

Tracking - Milestones

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

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

Notes

Major delays to the original target dates result from delays by the Ministry of Health for the approval of the Preliminary Design.

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 – Target construction period is October 2009 to April 2010.

Stage 2: ED/HDU/AAU, Imaging, Laboratory, Clerical and Admin. Note: Imaging migration may exceed 20 days due to the transfer of existing CT and X-Ray equipment.

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.

Dental Clinic is funded separately and is outside the budget scope of the redevelopment project.

Facilities Progress

During the last reporting period the key activities have been:

- Good progress continues to be made on Stage Two construction works.
- Laboratory and Clinical Records are complete and operational.
- Construction of the ground floor Arthur Wicks (ED/AAU/HDU) has been completed; the offices for Surgical Secretaries, Surgeons and Coders offices are complete, and the remaining spaces to first floor Arthur Wicks will be complete mid February; first fix services to Radiology are installed, finishes and decoration have commenced and will be completed by the end of February 2010.
- The majority of furniture, fittings and equipment for Stage Two have now been installed.
- The schedule for Stage Two departments is noted below:

Handover Date	Operational Date	Department
22 January 2010	3 February 2010	Clinical Records
29 January 2010	8 February 2010	Laboratory
5 February 2010	11 February 2010	Administration (partial)
19 February 2010	23 February 2010	Administration (total)
8 February 2010	17 February 2010	ED/AAU/HDU
26 February 2010	8 March 2010	Radiology

- Detailed Design for Stage Three is complete and has been submitted for building consent approval.
- The demolition trade works has been agreed and demolition will commence late February 2010.
- The existing main entrance will be closed from 17 February 2010 and two temporary entrances from the public car park to the campus have been provided to enable demolition and construction work for Stage Three commence.
- A design and build proposal for the new dental clinic has been submitted to the Project Manager for consideration.
- The Quality Health Surveyor inspected Stage Two facilities on 21 January 2010. A number of items were not complete on the day of the visit, these together with repairs to some Kitchen floor and wall finishes were noted on the corrective action plan, and will all be rectified within one month as specified.
- A risk management workshop was held with key consultants and contractors on 4 February 2010, and the approach to risk management was confirmed for the remainder of the project.

Change Management Progress

- Tenancy agreements have been developed between the stage two areas with shared facilities.
- The project team attended an SMO meeting 27 January 2010 and provided a project update. There has also been good attendance from the SMO's at this and at the Stage Two orientation sessions. A dedicated guided tour has been provided for the anaesthetists to ED/HDU, with favourable comments and feedback received. Individual contact has also been made via letter with all surgeons migrating to new offices in Stage Two.
- A series of staff orientation and training sessions have been completed in the new Stage Two facilities prior to occupation.
- Optimising the Patient Journey project activities are continuing in Radiology and OPD. A patient focused booking trial is to commence for the Diabetic OPD clinic in February 2010. A regular link has been established between OPJ and Learning and Development facilitators to synchronise plans with a particular focus on Clerical Services. A similar link is being established with the NMSDT in relation to nursing learning plans.
- The implementation of a new nursing model based on the principles of a collaborative team approach has commenced with a trial in the inpatient unit. A structured plan has been drafted and the site redevelopment change team is supporting the implementation of the plan. The team is awaiting the commencement of the new DON to develop the link between the project with the district wide strategy for the nursing model of care.
- Individual clerical hub development plans have been completed for ED, Radiology, Clinical Records and Support services.
- The link with the shifting services project and the site redevelopment project has now been established.
- Development work is continuing to look at 'the bigger picture' related to scheduling and the interdependencies between schedules, eg outpatients clinics and theatre lists. Data and information is still being analysed. OPJ, Trendcare and RUS involved. The establishment of a working party is the next step, once the issues are clear and the information is readily available.

Budget

- The latest capital cost estimate for the whole project is within budget.
- The initial trade package tenders for Stage Three are reported to be within budget.

Activity Planned for Next Reporting Period

- All Construction activities for Stage Two are expected to be complete by the end of February 2010.
- The final occupation of Stage Two will be 4 March 2010 when Radiology migrate to the new facilities.

- Stage Three demolition expected to commence 18 February 2010.
- Building consent for Stage Three expected to be issued by the end of February 2010.
- Progress the preparation of the Out Patients Department and Maternity transition plans.
- An emergency Operation Centre will be operative 16 February 2010 when ED migrate from the old facilities to the new facilities.
- User review of the Stage Three consent drawings.

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 38 of the project newsletter 'Ex-Site' was issued on 29 January 2010.
- The Blessing of Stage Two of the redevelopment project took place on 3 February 2010 at 6.00am, attended by approximately 40 staff and invited guests.
- A public preview of the new ED/AAU/HDU facilities will take place on 10 February 2010.
- The decommissioning ceremony for the northern end of the Clinical Services block will take place on 15 February, 2010 at 2.00pm, prior to demolition commencing.
- All staff have been advised of open times for viewing the completed Stage Two facilities prior to occupation.
- The Community Liaison Group has a number of projects underway:
 - Concept sketches for sand-blasted glass panels of the local landscape to adorn the new Main Entrance have been commissioned from a local artist.
 - A request for assistance with re-framing of existing hospital artworks has had a positive response from the Marlborough community. An former art loan company in Auckland and a local gallery owner have indicated they are able to provide artworks that may be suitable for display.
 - The group is working in conjunction with a Marlborough District Council initiative to progress an art competition in secondary schools, intended to provide the hospital with updated artworks.
 - Representatives of the group continue to work with the Paediatric user group to progress the Paediatric courtyard.
 - Gifts have been purchased for staff relocating to new facilities in Stage Two.
 - Donation of furnishings for the Relatives room has been coordinated with Blenheim Round Table.
 - A sculpture is being considered for display in one of the private internal courtyards to be built in Stage Three.
 - The proposed Memorial Garden area is being assessed by an external contractor to establish the costs of clearing the trees and the acidic top soil layer.

- Representatives of the group will be present at the ED/AAU/HDU preview to discuss their plans for 2010 with the community.
- Weekly construction site visits continue to take place for Radiology staff. Site visits to the construction zones for Stage Three will commence once construction has progressed.
- Weekly construction impact meetings with staff continue through 2010.

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.
- 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 are therefore being kept under review.
- MEDIUM RISK – Capital costs may have been underestimated. The design and cost estimates 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 peer review of the fire design for Stage Three resulted in a recommendation for referral to the Fire Service Design Review Unit (DRU), which will be undertaken when Stage Three Design is submitted for Building Consent approval. This may result in delays to commencing Stage Three and associated additional costs for the project.

Key Issues

- The delays to the initial Stage Two works have placed pressure on the overall project completion date. A programme review is being undertaken to identify potential re-sequencing mitigation measures.
- Progress on the provision of the new hospital campus Dental clinic has been delayed. This delay could result in a requirement for a further temporary Dental facility to be provided, or no Dental service provision from May 2010 when the existing temporary Dental facility will be demolished.

4.2 TREATMENT LISTS

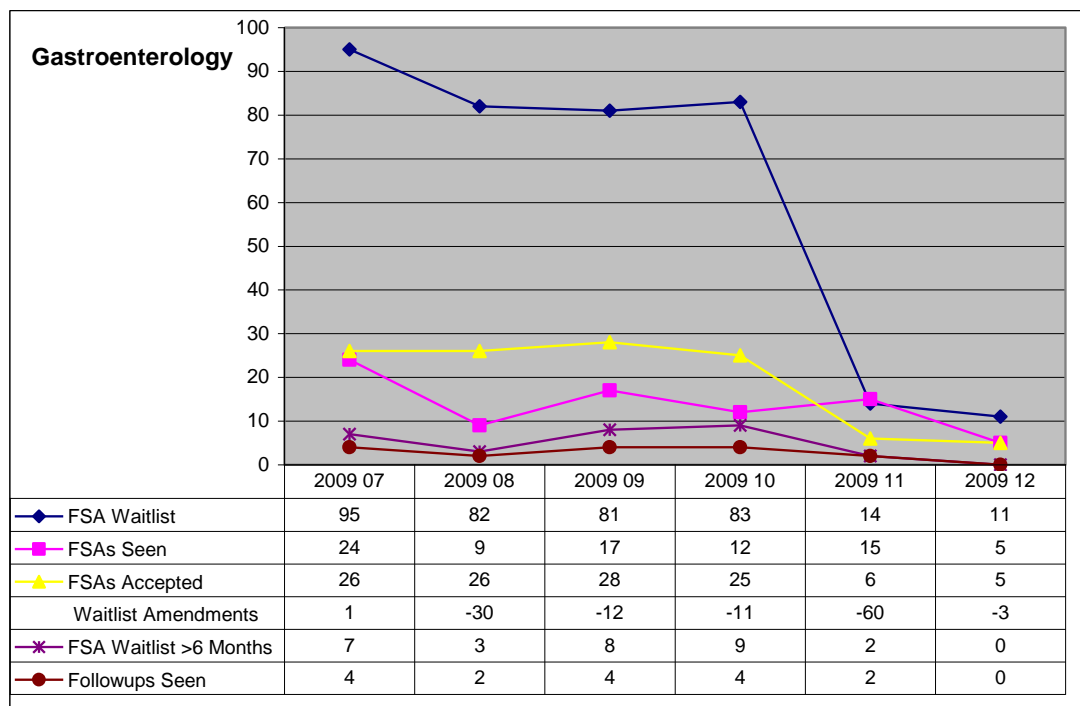
Wait List Inpatient Report - December 2009

Treatment List

Hospital Name	Department	Status					Total
		Booked	Given Certainty	Active Review	Planned/Staged	Waitlisted	
Nelson	CARDIOLOGY	28	75				103
	DENTAL	16	46	2			64
	ENT	31	253	66	11		361
	GENERAL SURGERY	33	157	151	3		344
	GYNAECOLOGY	51	66				117
	OPHTHALMOLOGY	67	145	57	72		341
	ORTHOAEDIC & FRACTURE	30	217	112	71	1	431
	UROLOGY	24	68	18	27		137
Nelson Total		280	1027	406	184	1	1898
Wairau	DENTAL	6	11	1			18
	GENERAL SURGERY	16	125	64	5		210
	GYNAECOLOGY	2	108				110
	OPHTHALMOLOGY	14	6	83			103
	ORTHOAEDIC & FRACTURE	23	116	18	10		167
	UROLOGY	4	22	13	6		45
Wairau Total		65	388	179	21		653
Total		345	1415	585	205	1	2551

Status	Hospital Name	Department	Time as per Status			Total
			<5 Months	5-6 Months	>6 Months	
Active Review	Nelson	DENTAL		1	1	2
		ENT	58	5	3	66
		GENERAL SURG	132	14	5	151
		OPHTHALMOLO	39	7	11	57
		ORTHOAEDIC	78	29	5	112
		UROLOGY	17		1	18
		Nelson Total		324	56	26
	Wairau	DENTAL	1			1
		GENERAL SURG	57	2	5	64
		OPHTHALMOLO	54	14	15	83
ORTHOAEDIC		17		1	18	
Wairau Total		140	18	21	179	
Active Review Total		464	74	47	585	
Given Certainty	Nelson	CARDIOLOGY	74		1	75
		DENTAL	45		1	46
		ENT	211	10	32	253
		GENERAL SURG	132	8	17	157
		GYNAECOLOGY	58	4	4	66
		OPHTHALMOLO	95	5	45	145
		ORTHOAEDIC	159	19	39	217
	UROLOGY	57	2	9	68	
	Nelson Total		831	48	148	1027
	Wairau	DENTAL	10	1		11
GENERAL SURG		107	6	12	125	
GYNAECOLOGY		89	1	18	108	
OPHTHALMOLO		5		1	6	
ORTHOAEDIC		108	3	5	116	
UROLOGY	19		3	22		
Wairau Total		338	11	39	388	
Given Certainty Total		1169	59	187	1415	
Waitlisted	Nelson	ORTHOPAEDIC & FRACTURE			1	1
	Nelson Total				1	1
Waitlisted Total					1	1

OUTPATIENT REPORTS



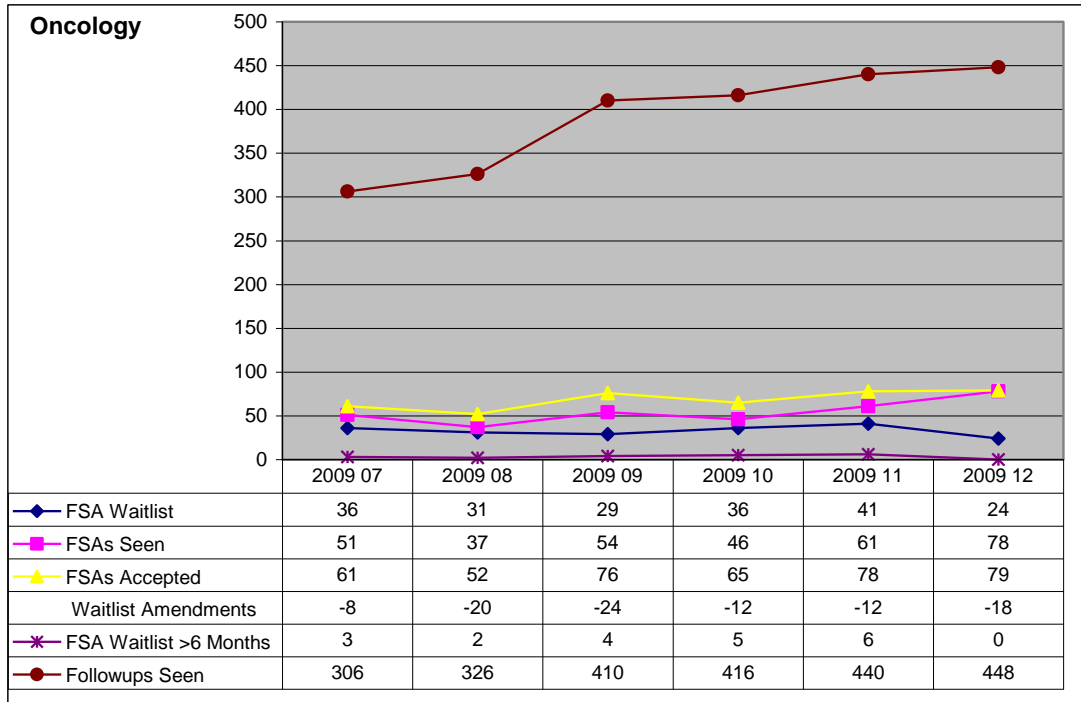
Gastroenterology Annual Contracted Volumes are 660 FSAs and 1200 Followups.
YTD FSAs Contract: 336 Actual: 476. YTD Followups Contract: 611 Actual: 488

Gastroenterology

The Gastroenterology service has accepted four referrals in December and undertaken five FSA's. With two waitlist amendments there is a waiting list of 11 patients as at the end of December. Of these, there are no patients currently waiting greater than the Government recommended six month time frame.

The graph above shows a large drop in the wait list in November. This was due to a clean-up in the data. A new process and training of the clerical staff has been put into place which will eliminate the erroneous data occurring in the future.

FSAs are over contract by 140 and under contract 123 for follow-ups.

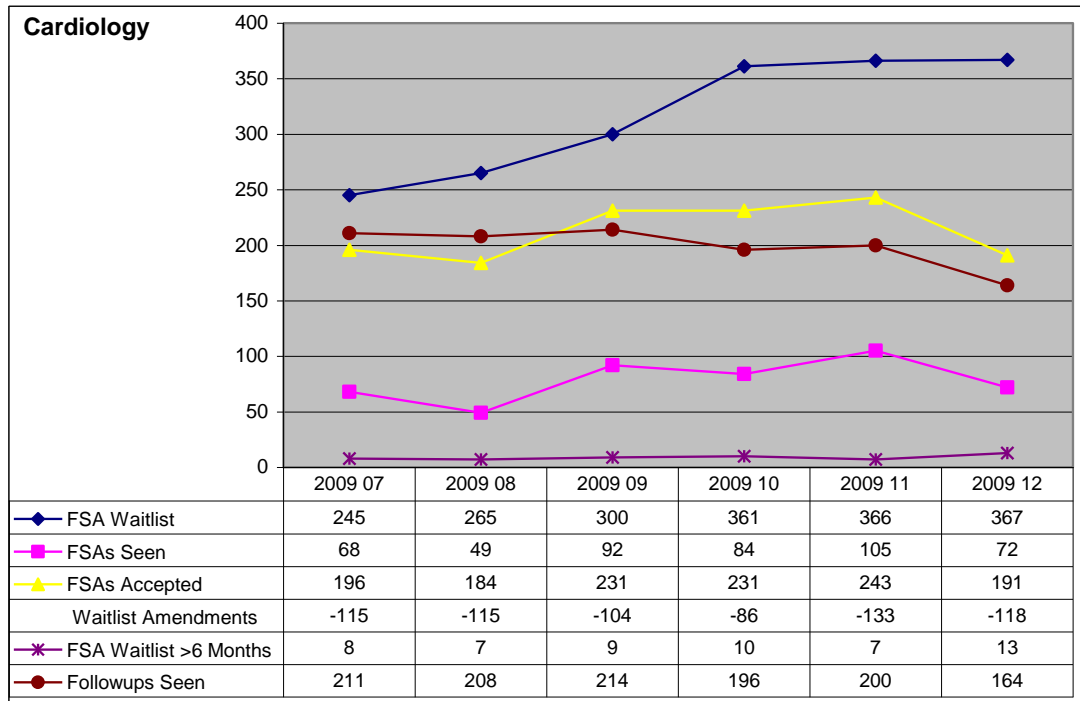


Oncology Annual Contracted Volumes are 500 FSAs and 2502 Followups.
YTD FSAs Contract: 254 Actual: 287. YTD Followups Contract: 1273 Actual: 1919

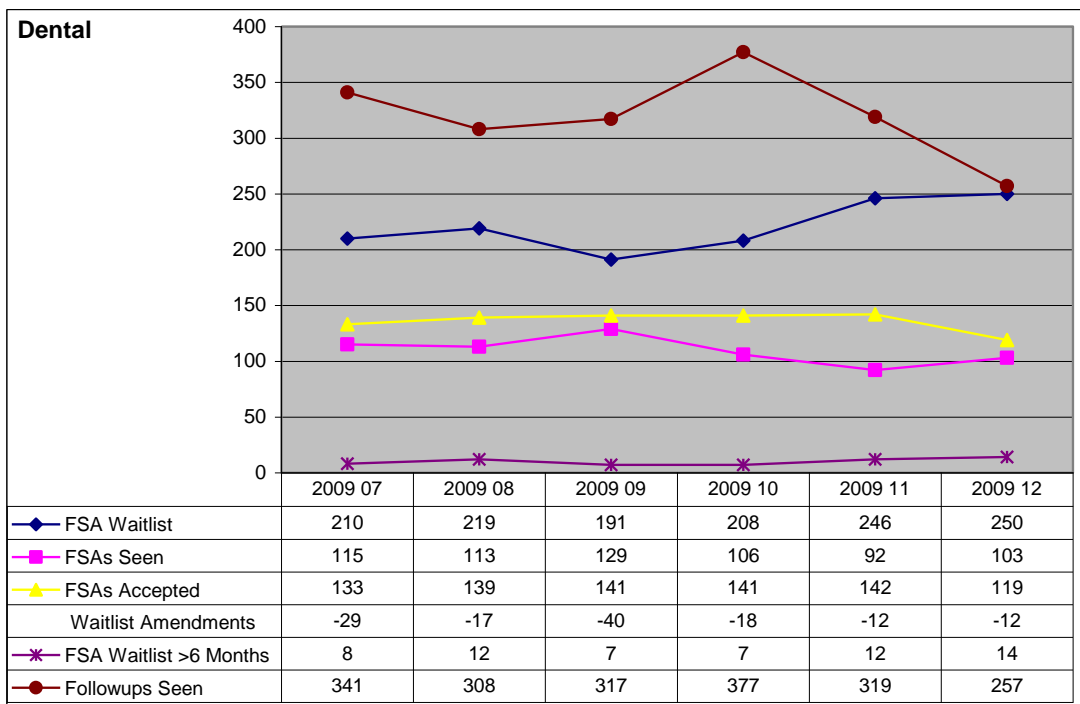
Oncology

There were 79 referrals accepted for Oncology in December with 78 patients being seen for First Specialist Assessment. With wait list amendments of 17 patients there are 25 patients currently waiting for First Specialist Assessment. Of these, no patients have waited greater than six months.

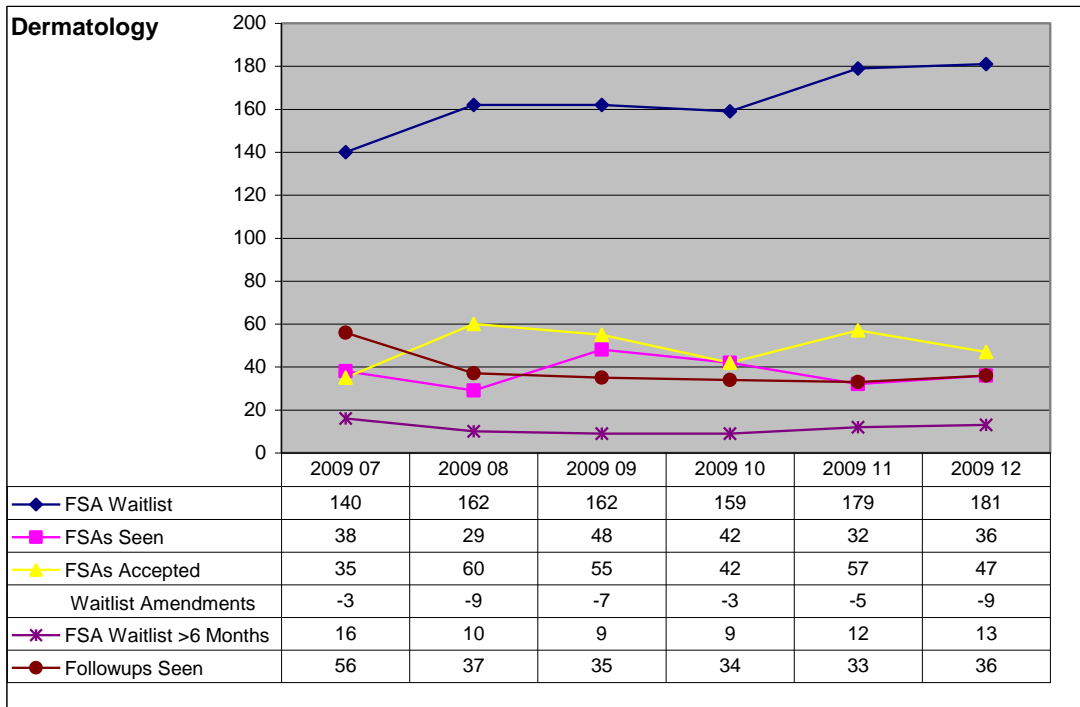
FSAs are over contract by 33 and over contract 646 for follow-ups.



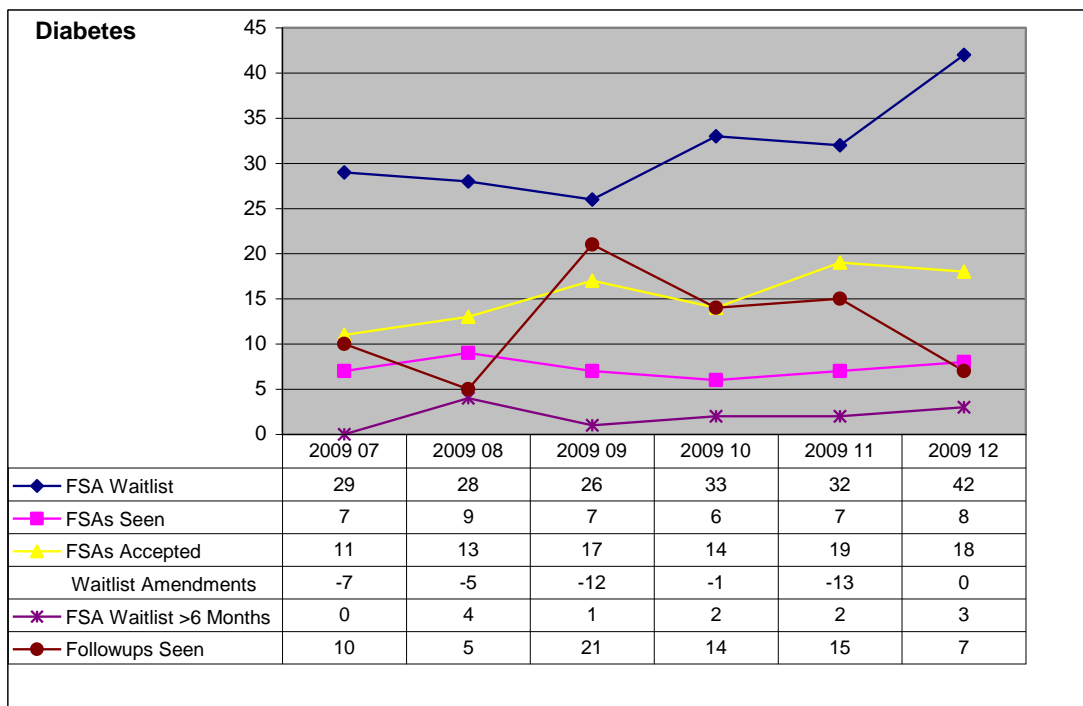
Cardiology Annual Contracted Volumes are 1094 FSAs and 2294 Followups.
YTD FSAs Contract: 557 Actual: 779. YTD Followups Contract: 1167 Actual: 1252



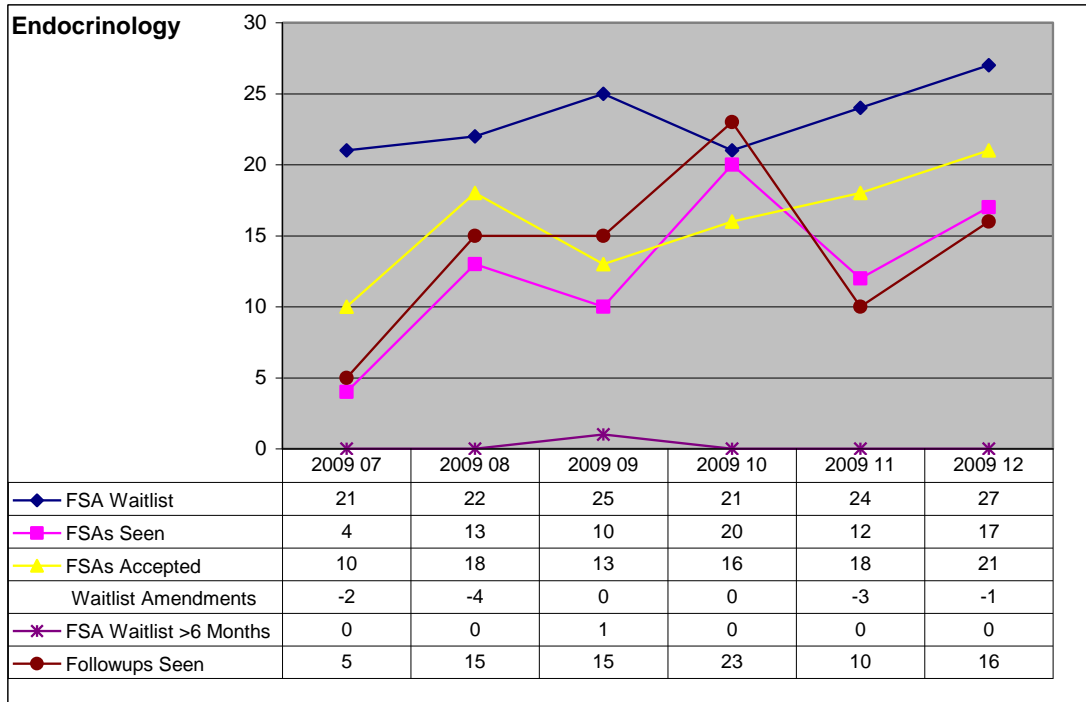
Dental Annual Contracted Volumes are 4900 Outpatient Treatments
Year To Date Contract: 2493 Year To Date Actual: 2723



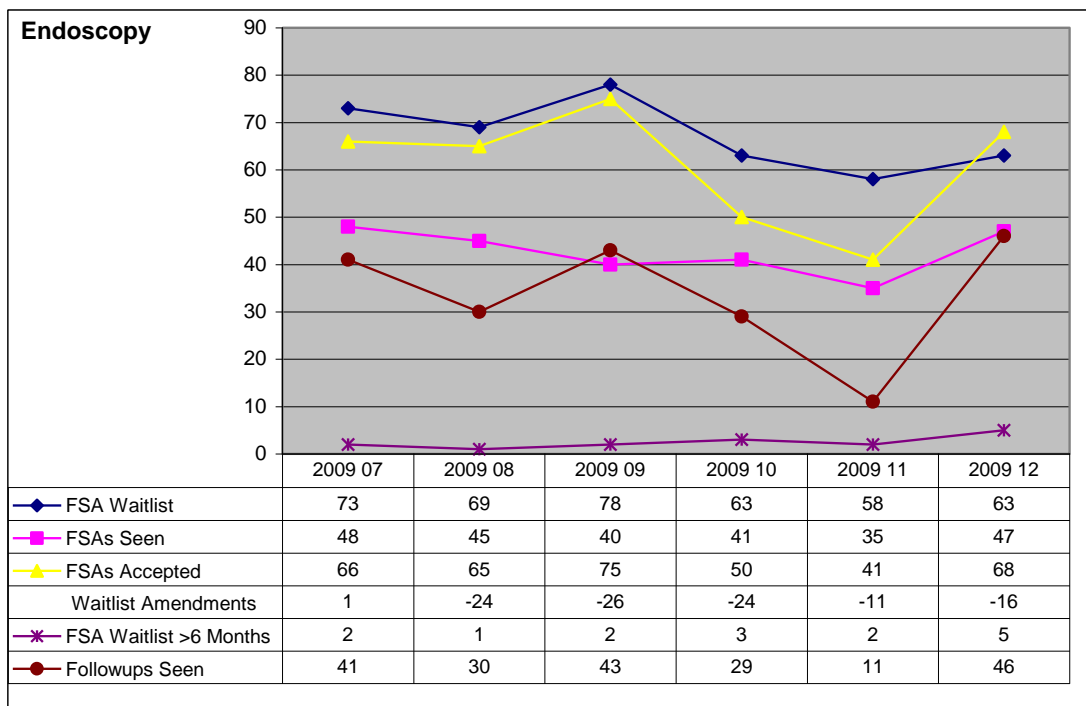
Dermatology Annual Contracted Volumes are 500 FSAs and 420 Followups.
YTD FSAs Contract: 254 Actual: 204. YTD Followups Contract: 214 Actual: 224



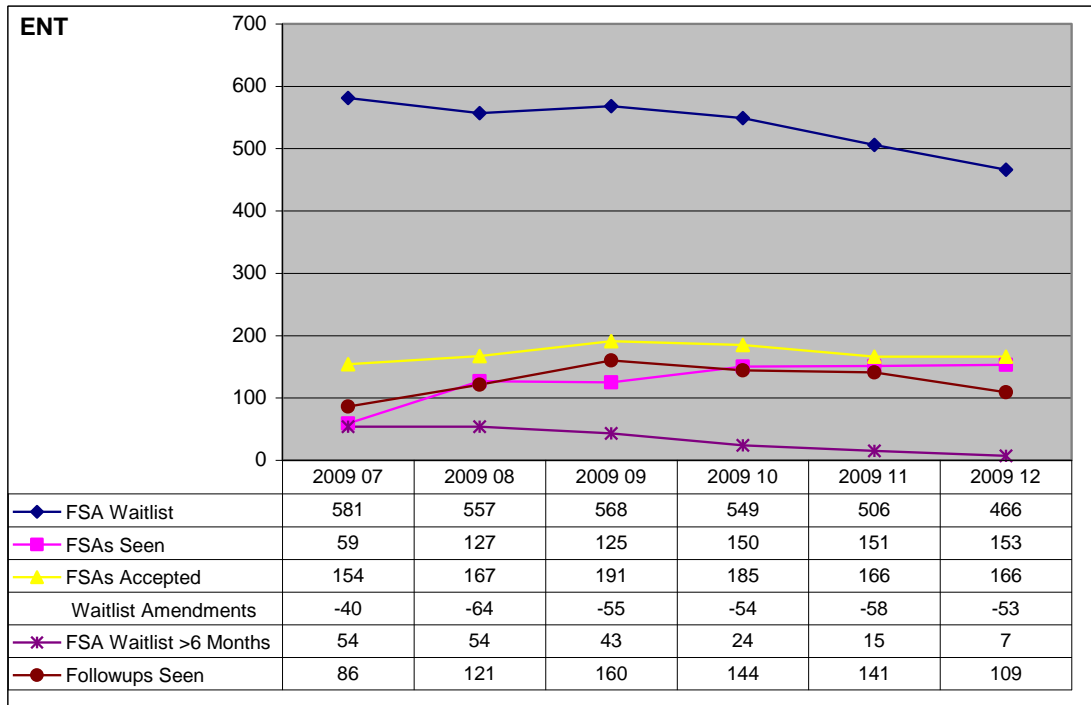
Diabetes Annual Contracted Volumes are 230 FSAs and 585 Followups.
YTD FSAs Contract: 117 Actual: 146. YTD Followups Contract: 298 Actual: 272



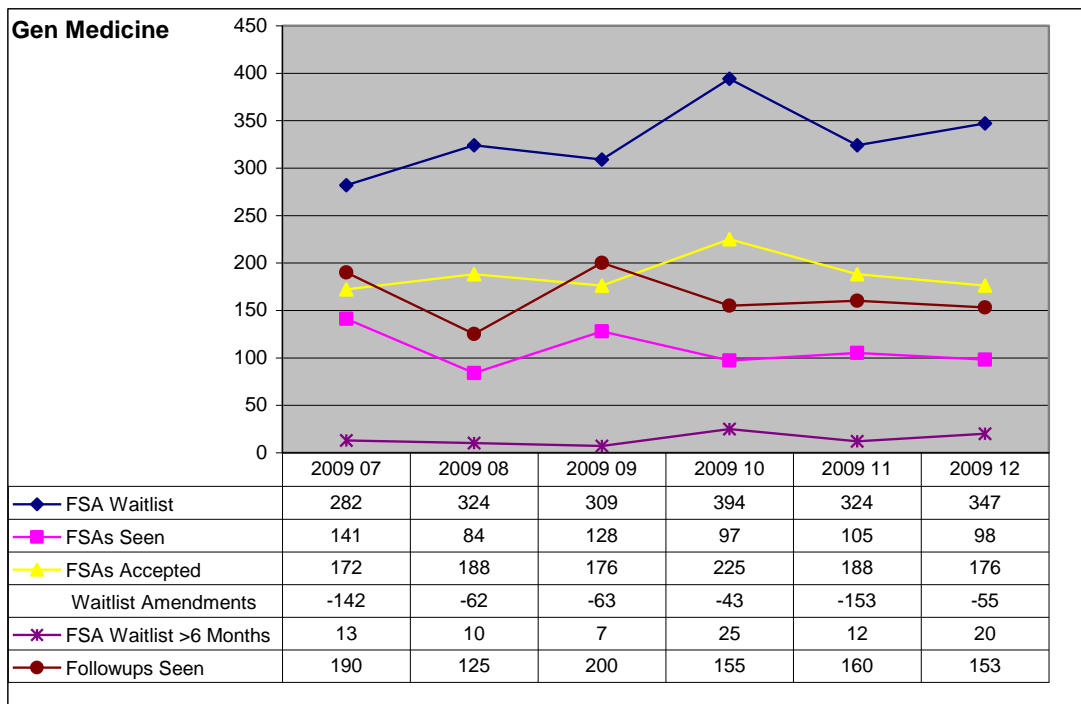
Annual contracted volumes are included in General Medicine.



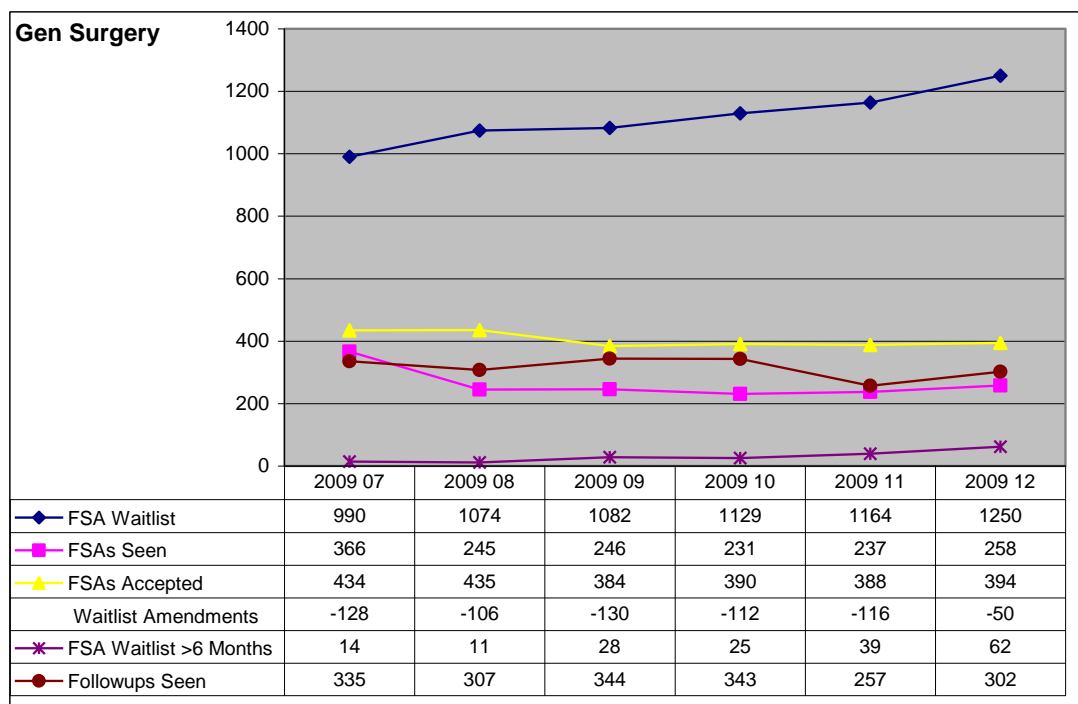
Endoscopy Annual contracted volumes are 2006 procedures.
Year To Date Contract: 1021 Year To Date Actual: 1213



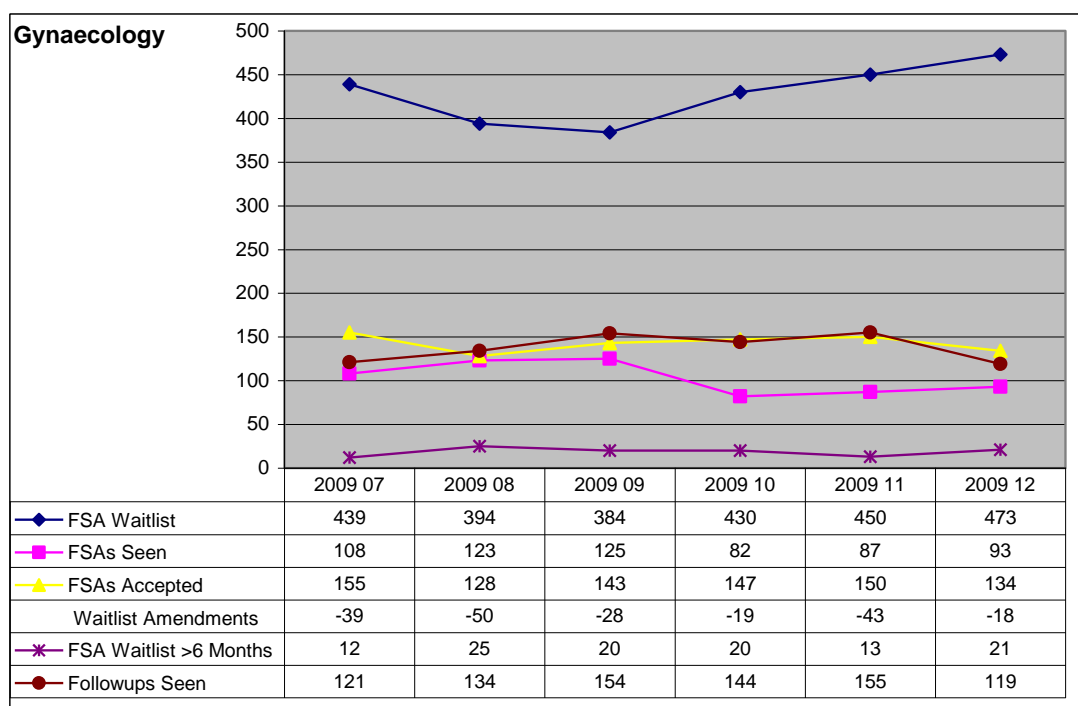
Ear, Nose & Throat Annual Contracted Volumes are 1519 FSAs and 1819 Followups.
YTD FSAs Contract: 773 Actual: 806. YTD Followups Contract: 926 Actual: 1026



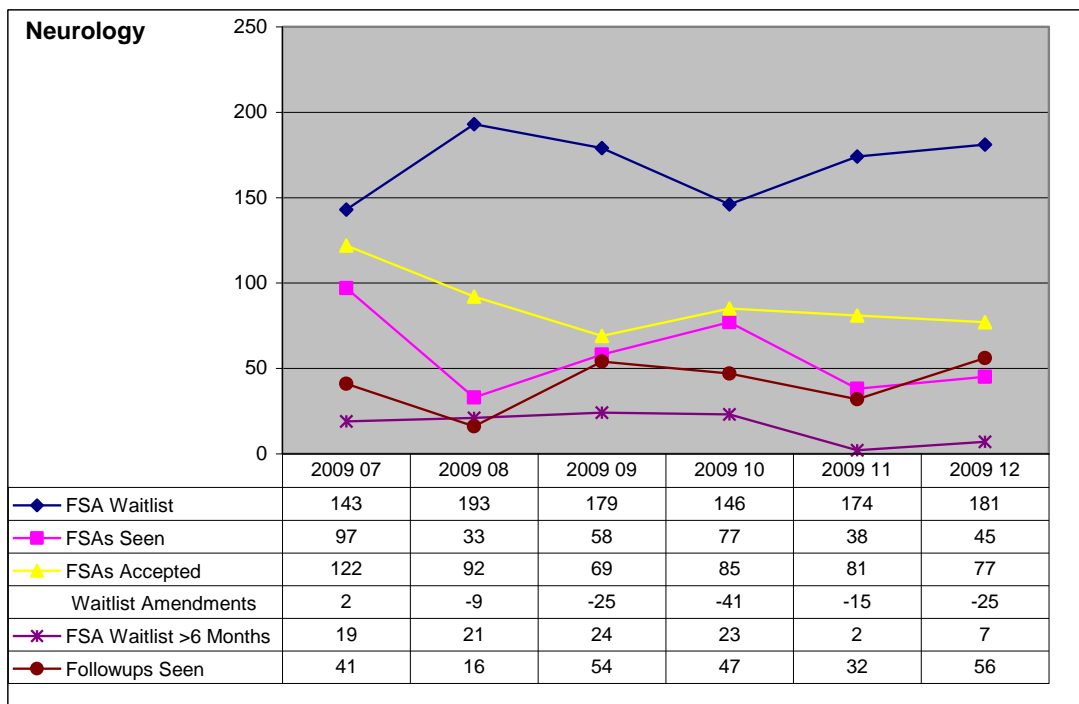
Gen Medicine Annual Contracted Volumes are 1130 FSAs and 2500 Followups.
YTD FSAs Contract: 575 Actual: 798. YTD Followups Contract: 1272 Actual: 1347



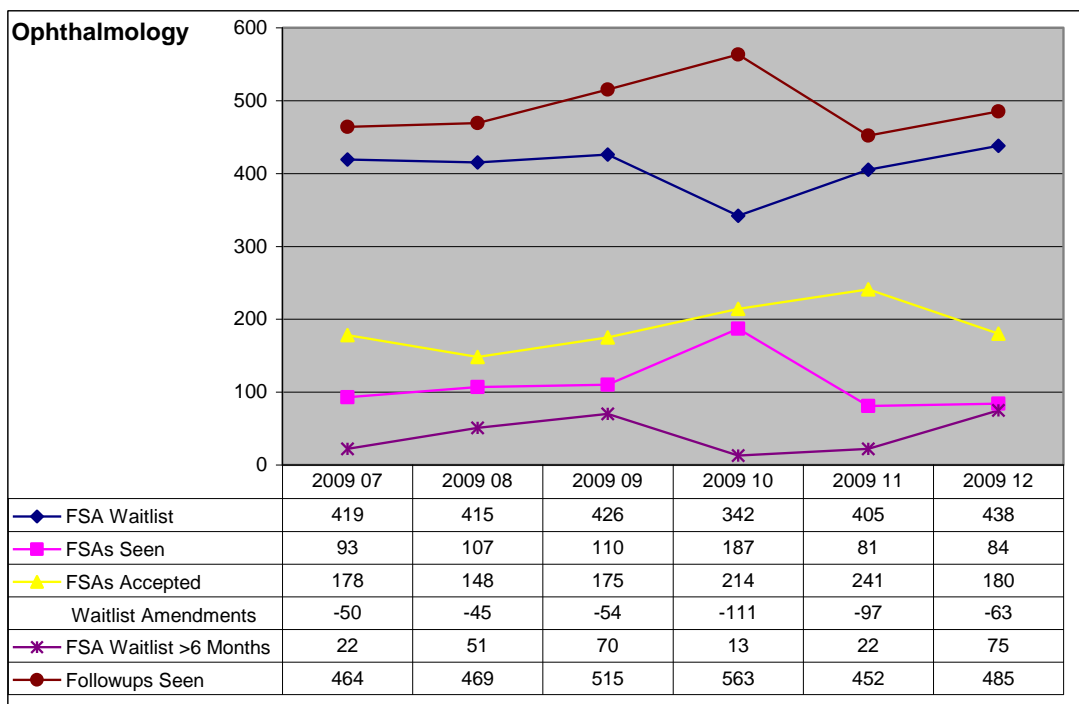
Gen Surgery Annual Contracted Volumes are 3445 FSAs and 4608 Followups.
YTD FSAs Contract: 1753 Actual: 1543. YTD Followups Contract: 2345 Actual: 2309



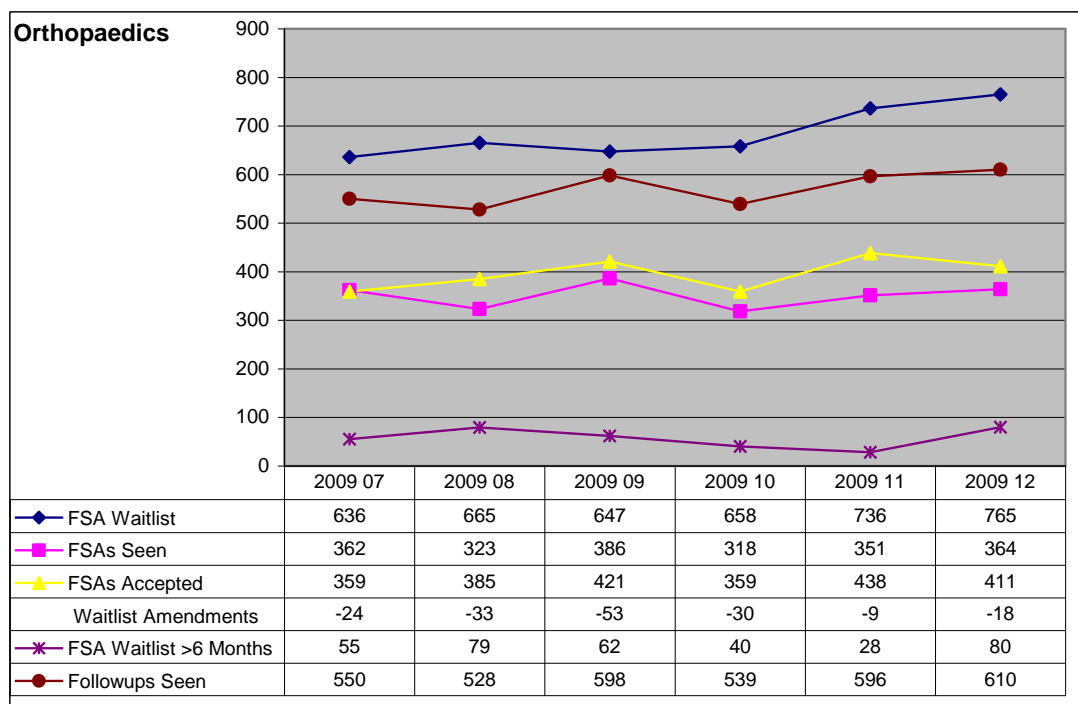
Gynaecology Annual Contracted Volumes are 1200 FSAs and 1050 Followups.
YTD FSAs Contract: 611 Actual: 620. YTD Followups Contract: 534 Actual: 691



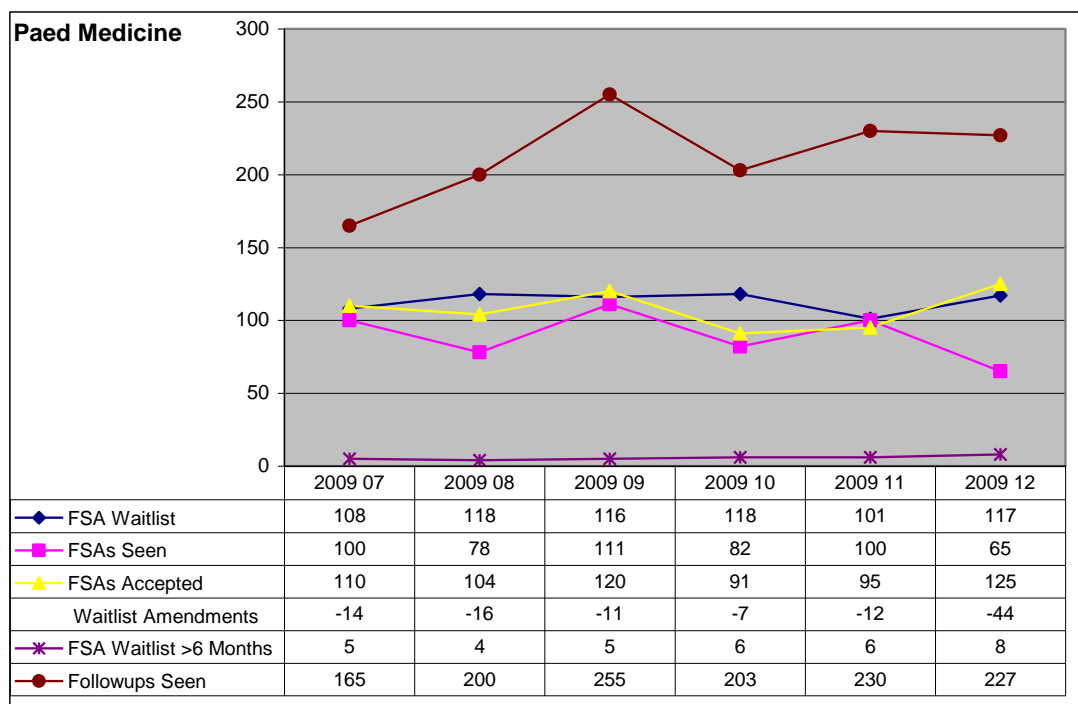
Neurology Annual Contracted Volumes are 714 FSAs and 700 Followups.
YTD FSAs Contract: 363 Actual: 307. YTD Followups Contract: 356 Actual: 238



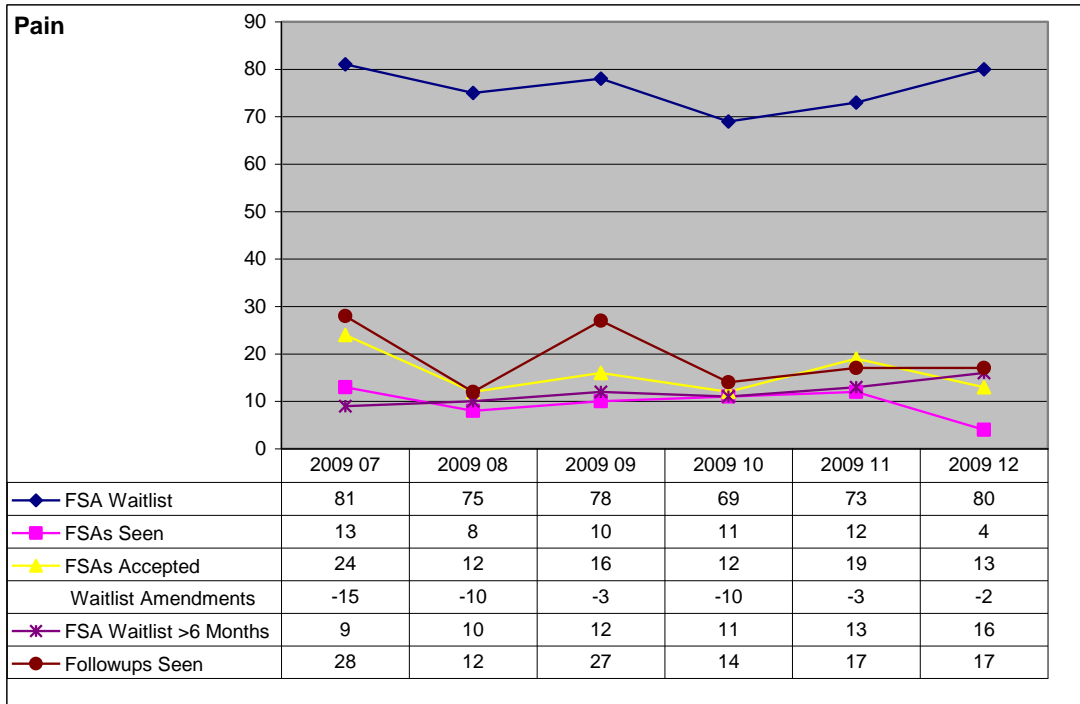
Ophthalmology Annual Contracted Volumes are 1445 FSAs and 5645 Followups.
YTD FSAs Contract: 735 Actual: 639. YTD Followups Contract: 2873 Actual: 3158



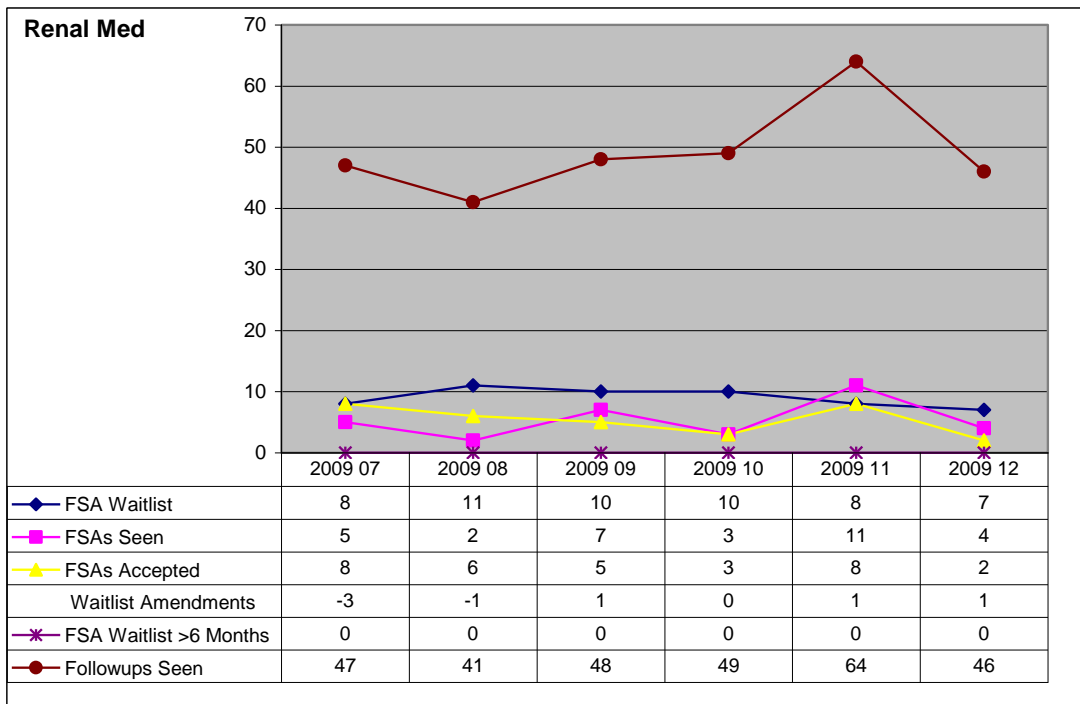
Orthopaedics Annual Contracted Volumes are 3489 FSAs and 6874 Followups.
YTD FSAs Contract: 1775 Actual: 1960. YTD Followups Contract: 3498 Actual: 3331



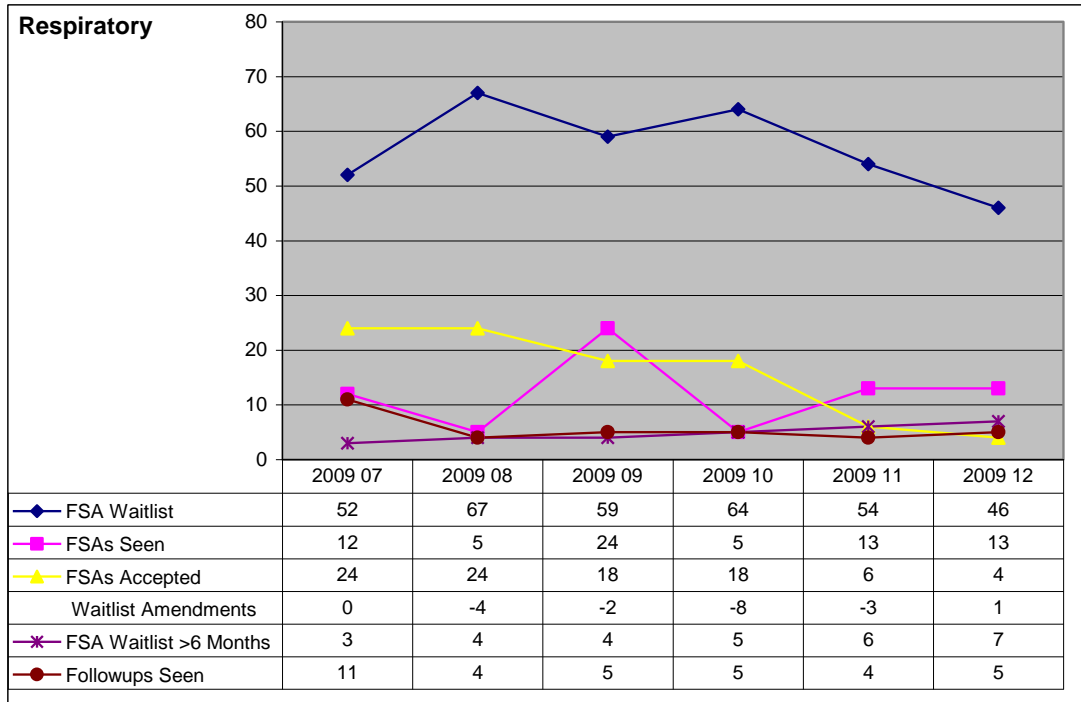
Paed Medicine Annual Contracted Volumes are 950 FSAs and 2499 Followups.
YTD FSAs Contract: 483 Actual: 481. YTD Followups Contract: 1272 Actual: 1301



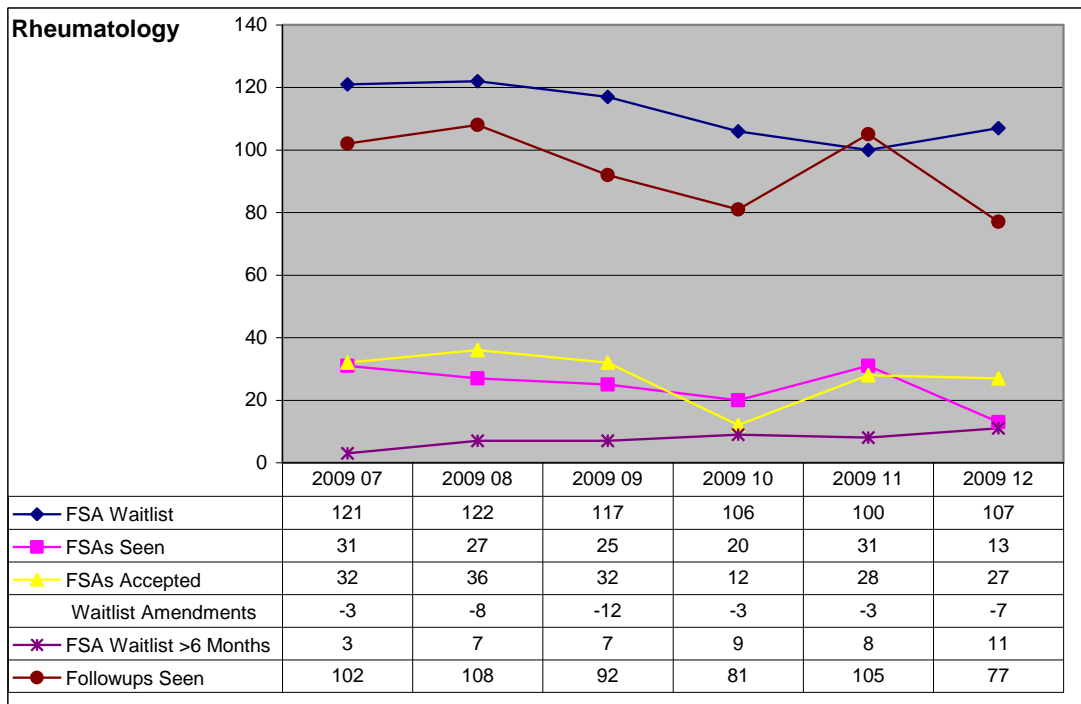
Pain Annual Contracted Volumes are 110 FSAs and 200 Followups.
YTD FSAs Contract: 56 Actual: 51. YTD Followups Contract: 102 Actual: 109



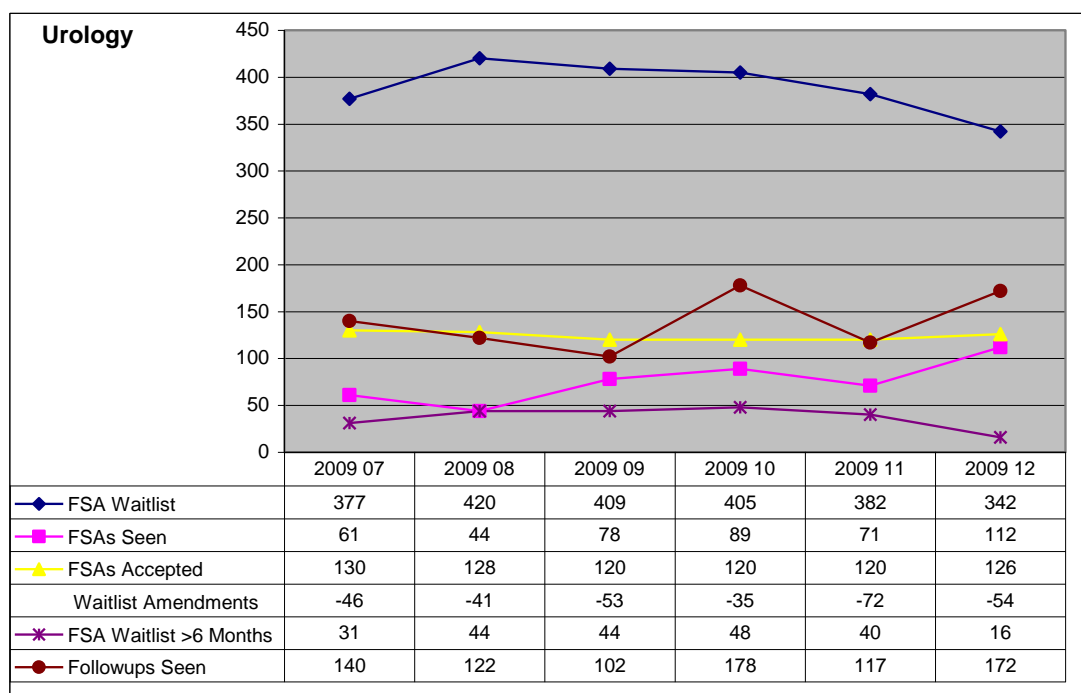
Renal Med Annual Contracted Volumes are 65 FSAs and 508 Followups.
YTD FSAs Contract: 33 Actual: 28. YTD Followups Contract: 259 Actual: 297



Respiratory Annual Contracted Volumes are 75 FSAs and 80 Followups.
YTD FSAs Contract: 38 Actual: 65. YTD Followups Contract: 41 Actual: 33



Rheumatology Annual Contracted Volumes are 400 FSAs and 1110 Followups.
YTD FSAs Contract: 204 Actual: 139. YTD Followups Contract: 565 Actual: 605



Urology Annual Contracted Volumes are 1010 FSAs and 1791 Followups.
 YTD FSAs Contract: 514 Actual: 580. YTD Followups Contract: 911 Actual: 1220

4.3 KPIS/VARIANCE REPORT (NELSON/WAIRAU HOSPITALS)

Provider Division – One Page Monthly Report								
Performance Areas and KPI's	Dec-08	08/09 YTD	Dec-09	Current YTD	Trend	Forecast EOY	Target	Notes
Access								
ESPI's - overall green light status maintained	Y	Y	Y	Y	▼	Maintain green overall		
DNA's as % of OP presentations	8.1%	8.1%	6.1%	6.5%	▼		< 6%	1
Elective as % of Total Discharges,	31.5%	34.2%	35.0%	35.8%	▼		33.8%	
Day Case Throughput	917	5,854	886	5,570	▼	11,140	9,672	
Triage 1 (Immediate)	100%	100%	100%	100%	—		100%	
Triage 2 (< 10 mins)	79%	78%	78%	80%	▼		80%	
Triage 3 (< 30 mins)	68%	71%	70%	72%	—		75%	
% discharged from ED within 6 hours		97%	98%	97%	▲		95%	
Staff								
Sick Leave rate	2.1%	3.1%	3.0%	3.3%	▲		< 4%	
Staff Turnover(excl casuals)	1.2%	1.0%	1.4%	1.3%	—		< 2.5%	
Paid Overtime (\$000)	131	670	100.9	627.5	▲	1,255	\$1.2 mill	
Staff with Ann Leave balance > 2 yrs entitlement	123	123	44	44	▼		< 100	
Trendcare actualisation			96.6%	96.6%	▼		100%	
Contract Performance								
Service Level Provided;								
- CWDS	1,868	9,284	1,712	10,355	▼	21,205	18,845	
- FSA's	1,635	9,805	1,592	10,310	▼	21,564	19,548	
- FU's	3,177	18,906	3,227	20,167	▼	41,534	37,113	
- Procedures	955	6,481	1,261	7,812	▲	15,738	13,767	
Contract gross variance	0.8%	0.8%	6.2%	6.3%	▼		+/-2%	2
Total Elective Discharges		3,357	613	3,996	▼	7,992	6,169	
Financial Viability & Value for money								
Contribution to Overheads	(1,267)	(2,964)	(400)	(2,214)	▼	(1,476)	Budget	
Revenue	217	991	(32)	(326)	▼	(742)	Budget	
Expenditure (Exc Personnel)	(937)	(3,448)	(253)	(626)	▲	506	Budget	
Personnel	(547)	(507)	(115)	(1,263)	▼	(1,065)	Budget	
Discharges/FTEs	1.84	1.86	1.78	1.77	▲		1.87	
ALOS – Medical	3.31	3.71	3.10	3.32	▼		3.73	3
– Surgical	3.94	3.63	4.06	3.78	▲		3.76	3
CWD per Dr FTE	13.6	13.6	15.9	13.4	▲		13.6	
Readmission rate	1%	0.90%	0.42%	0.51%	▼			
Quality								
Patient Satisfaction Survey	1	1	2	2	—	Remain in top quartile		
Coding > 21 days	10	10	245	245	▼		< 20	4
Achieve accreditation/certification								
Patient flow								
Management of incidents								
Smoking cessation % (admitted patients)	4.7%	16.7%	29.5%	18.5%	▲		80%	
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 Variance Report of KPIs for Nelson and Wairau Hospital Services -

ACCESS

ESPIs

We have orange ESPIs for General Surgery, Ophthalmology and Orthopaedics. This is being closely monitored and has been the result of leave being taken by specialists and data issues. A detailed explanation and recovery measures are highlighted in the following Section 4.4 Elective Service Report of this agenda.

STAFF

Annual Leave Balance

In the previous Section 3.1 Matters Arising of this agenda a recommendation to reduce the Annual Leave Balance target was made. This target will be adjusted in line with the decision.

CONTRACT PERFORMANCE

Elective Contract Volumes are currently being scrutinised with the Departments to bring over delivery back to contract volumes by the end of this financial year. This is being done in a considered way to ensure that clinical decisions are not compromised as well maintaining ESPI compliance and reaching Initiative Targets. Discussions have already held had with Gynaecology and Orthopaedics Departments and plans are being developed to ensure the four factors are attainable. The specialists felt that if they had the information and tools to attain these factors then they could manage the process internally to get the required results by the end of the year. The Elective Services Manager is providing the requirements around the four factors to the Departments and will liaise on a monthly basis with progress updates.

Discussions will also be held with General Surgery, Urology and Ophthalmology to contain volumes in these areas. Access criteria will also be discussed with the GPLs to curb the number of referrals across all of Elective Services.

FINANCIAL VIABILITY

Recovery Plans have been developed and signed off. The plans will be constantly monitored to ensure that we achieve target.

Discharges/FTEs being below target is as a result of being over on staff.

QUALITY

Coding

The December results reflect a number of Clinical Coding staff being on leave for long periods over the Christmas period. This is being closely monitored and is expected to improve in the coming month.

Smoking Cessation

The Ministry of Health definition for Smoking Cessation is for those offered cessation advice divided by the total identified smokers. The YTD totals show of the 1497 identified smokers, 277 were offered cessation advice. The Quit Smoking Facilitators have completed the pilot and are now taking it out to the rest of the hospital provider staff. The target is 80% by 30 June 2010.

4.4 ELECTIVE SERVICE REPORT (December Data)

Overall ESPIs for December are green.

At an individual level we have orange ESPIs for:

General Surgery - ESPI 3 Orange for 1 month. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).

A list of patients with the higher scores will be reviewed by the specialists and moved into certainty.

Ophthalmology - ESPI 2 Orange for one month. Patients waiting longer than six months for their First Specialist Assessment

This is due to leave taken over the last two months by all three specialists. The locum brought in covered clinics but was less effective at maintaining the throughput than the specialist being covered. Currently there is a vacancy for an additional specialist to be based in Nelson. Until the appointment is filled a locum has been employed to do two days of clinics late in February to clear the backlog of patients awaiting an FSA > six months.

- ESPI 5 Orange for one month. Patients waiting longer than six months for their treatment.

This is a data issue which is currently being fixed. Fixes have been made in January but we are waiting on a subsequent report from the Ministry to confirm changes.

Orthopaedics - ESPI 5 & 7 Orange for one month. Patients waiting longer than six months for their treatment.

This is a data issue which is currently being fixed. Fixes have been made in January but we are waiting on a subsequent report from the Ministry to confirm changes.

The threshold has been increased from September to further lessen the number of patients being given certainty. With 481 CWDs being removed from the volumes this financial year a further increase in the threshold is currently being considered to ensure volumes wait listed match contracted volumes. By decreasing the waiting list this will bring the waiting times down and alleviate the pressures placed on activity in maintaining ESPI compliance.

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2009			2009			2009			2009			2009			2009			2009			2009			2009			Target									
	Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep				Oct			Nov			Dec		
	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	> 90%			
2. Patients waiting longer than six months for their first specialist assessment (FSA).	316	1.8%	0	348	1.9%	0	431	2.4%	-68	310	1.7%	0	258	1.4%	0	277	1.5%	0	276	1.5%	0	342	1.8%	0	380	1.9%	0	279	1.5%	0	235	1.3%	0	364	1.9%	0	< 2%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	89	1.5%	0	91	1.5%	0	73	1.2%	0	92	1.5%	0	57	1.0%	0	101	1.7%	0	98	1.6%	0	117	2.0%	0	130	2.2%	0	149	2.5%	0	160	2.7%	0	170	2.9%	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.	153	2.4%	0	130	2.0%	0	124	1.9%	0	162	2.5%	0	161	2.5%	0	140	2.2%	0	133	2.1%	0	149	2.4%	0	188	3.0%	0	197	3.1%	0	213	3.4%	0	249	4.0%	0	< 5%
6. Patients in active review who have not received a clinical assessment within the last six months.	44	8.1%	0	25	4.6%	0	31	5.6%	0	40	7.4%	0	45	8.5%	0	58	11.5%	0	42	9.1%	0	41	8.7%	0	69	13.9%	0	51	9.9%	0	60	11.8%	0	27	5.2%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	120	2.0%	0	103	1.7%	0	99	1.6%	0	130	2.2%	0	123	2.1%	0	109	1.8%	0	110	1.8%	0	124	2.1%	0	167	2.8%	0	158	2.7%	0	177	3.0%	0	218	3.7%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	397	97%	0%	492	97%	0%	547	97%	0%	472	97%	0%	508	98%	0%	505	99%	0%	440	97%	0%	450	98%	0%	522	99%	0%	508	99%	0%	525	99%	0%	382	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 specialties 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 specialties 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 electives 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/>).

4.5 PROPERTY MANAGEMENT

Status

This report contains:

- For decision
- Update
- Regular report
- For information

4.5.1 Mental Health

Braemar Redevelopment

Iona Villa (Admin & Management) redevelopment was completed in December and the service anticipate relocating in mid March.

The Montrose Villa tender has been delayed until the 2010/11 District Annual Plan has been completed and the capital plan confirmed.

4.5.2 Emergency Power Supply System (EPSS) Nelson

EPSS installation (due to delays in equipment arrival from overseas over the Christmas break) has been delayed, however is near completion on the Nelson site. Testing and commissioning is to take place over the March period.

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

4.6 MENTAL HEALTH KPIS/VARIANCE REPORT

Provider Division – One Page Monthly Report								
Performance Areas and KPI's	Dec-08	08/09 YTD	Dec-09	Current YTD	Trend	Forecast EOY	Target	Notes
Access								
ESPI's - overall green light status maintained	Y	Y	Y	Y	▼	Maintain green overall		
DNA's as % of OP presentations	8.1%	8.1%	6.1%	6.5%	▼		< 6%	1
Elective as % of Total Discharges,	31.5%	34.2%	35.0%	35.8%	▼		33.8%	
Day Case Throughput	917	5,854	886	5,570	▼	11,140	9,672	
Triage 1 (Immediate)	100%	100%	100%	100%	—		100%	
Triage 2 (< 10 mins)	79%	78%	78%	80%	▼		80%	
Triage 3 (< 30 mins)	68%	71%	70%	72%	—		75%	
% discharged from ED within 6 hours		97%	98%	97%	▲		95%	
Staff								
Sick Leave rate	2.1%	3.1%	3.0%	3.3%	▲		< 4%	
Staff Turnover(excl casuals)	1.2%	1.0%	1.4%	1.3%	—		< 2.5%	
Paid Overtime (\$000)	131	670	100.9	627.5	▲	1,255	\$1.2 mill	
Staff with Ann Leave balance > 2 yrs entitlement	123	123	44	44	▼		< 100	
Trendcare actualisation			96.6%	96.6%	▼		100%	
Contract Performance								
Service Level Provided;								
- CWDS	1,868	9,284	1,712	10,355	▼	21,205	18,845	
- FSA's	1,635	9,805	1,592	10,310	▼	21,564	19,548	
- FU's	3,177	18,906	3,227	20,167	▼	41,534	37,113	
- Procedures	955	6,481	1,261	7,812	▲	15,738	13,767	
Contract gross variance	0.8%	0.8%	6.2%	6.3%	▼		+/-2%	2
Total Elective Discharges		3,357	613	3,996	▼	7,992	6,169	
Financial Viability & Value for money								
Contribution to Overheads	(1,267)	(2,964)	(400)	(2,214)	▼	(1,476)	Budget	
Revenue	217	991	(32)	(326)	▼	(742)	Budget	
Expenditure (Exc Personnel)	(937)	(3,448)	(253)	(626)	▲	506	Budget	
Personnel	(547)	(507)	(115)	(1,263)	▼	(1,065)	Budget	
Discharges/FTEs	1.84	1.86	1.78	1.77	▲		1.87	
ALOS – Medical	3.31	3.71	3.10	3.32	▼		3.73	3
– Surgical	3.94	3.63	4.06	3.78	▲		3.76	3
CWD per Dr FTE	13.6	13.6	15.9	13.4	▲		13.6	
Readmission rate	1%	0.90%	0.42%	0.51%	▼			
Quality								
Patient Satisfaction Survey	1	1	2	2	—	Remain in top quartile		
Coding > 21 days	10	10	245	245	▼		< 20	4
Achieve accreditation/certification								
Patient flow								
Management of incidents								
Smoking cessation % (admitted patients)	4.7%	16.7%	29.5%	18.5%	▲		80%	

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

<p>Status This report contains:</p> <p><input type="checkbox"/> For decision</p> <p><input type="checkbox"/> Update</p> <p><input checked="" type="checkbox"/> Regular report</p> <p><input type="checkbox"/> For information</p>
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4.6.1 Mental Health KPI Variance Report

FINANCE

	Dec-09			Year to Date			Full Year	
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast
Govt & Crown Agency	17,220	6,526	(10,694)	103,319	46,230	(57,089)	206,654	176,626
Other Health Related	332	28	(304)	1,992	28	(1,964)	4,000	28
Non Health	4,956	4,092	(864)	29,736	28,778	(958)	59,500	63,982
Internal Income	7,143	7,143	0	42,858	42,858	0	85,724	85,724
Internal MoH Income	2,040,816	2,055,649	14,833	12,244,896	12,339,229	94,333	24,489,792	24,687,124
Total Revenue	2,070,467	2,073,438	2,971	12,422,801	12,457,123	34,322	24,845,670	25,013,484
Personnel	1,664,108	1,540,879	123,229	9,674,607	9,412,857	261,750	19,477,119	19,099,769
Outsourced	55,872	40,675	15,197	335,236	248,353	86,883	670,523	591,210
Clinical Supplies	11,906	14,642	(2,736)	71,714	57,714	14,000	143,443	117,931
Infrastructure	101,551	86,524	15,027	616,821	556,592	60,229	1,226,621	1,147,294
Internal Charges	273,055	272,633	422	1,630,835	1,636,739	(5,904)	3,265,320	3,271,224
Total Expenditure	2,106,492	1,955,353	151,139	12,329,213	11,912,255	416,958	24,783,026	24,227,428
	(36,025)	118,085	154,110	93,588	544,868	451,280	62,644	786,056

REVENUE

Total revenue is \$34k ahead of budget, additional non budgeted MOH revenue has been received for the Forensic service and PRIMHD. The favourable revenue variance will increase during the year.

EXPENSES

Personnel

Mental Health personnel cost is \$262k and 4.5 FTE under budget for YTD December 09. Administration are 1.70 FTE under budget due to the non replacement of staff; this variance will continue for the remainder of the year (cost saving). Its forecast that Personnel costs are forecast to be under spent by year end.

Outsource

Outsource expenditure is \$87k under spent; with variances in home support, respite care and medical fees for service. Demand prior to and over the Christmas period for Home and Respite care was unseasonably low. Outsource expenditure is forecast to increase over the next months.

Clinical Supplies

Clinical supply cost is under budget by \$14K mainly against client related costs and patient transport.

Infrastructure and Non Clinical Expenditure

Infrastructure & Non Clinical expenditure is under spent by \$60k for YTD December 09.

Contribution to Overheads

Mental Health's contribution to overheads for December 09 is favourable, total actual revenue less total actual expenses (contribution margin before overheads) is better than budget. There is \$545k that can be used towards covering a notable portion of Corporate / Support overheads for YTD December 09 that are apportioned to the service. Note, after overheads are allocated, the service will be making a loss, although the size is significantly less than budgeted.

4.7 HEALTH OF OLDER PERSON AND RURAL HOSPITALS SERVICE

	December				YTD			
	Actual	Budget	Variance	% var	Actual	Budget	Variance	% var
Govt & Crown Agency	137,918	155,651	(17,733)	(11)	1,003,411	972,031	31,380	3
Other Health Related	47,112	50,253	(3,141)	(6)	283,916	298,422	(14,506)	(5)
Non Health	4,828	1,842	2,986	162	17,799	10,800	6,999	65
Internal Income							0	
Internal MoH Income	1,253,303	1,258,041	(4,738)	(0)	7,544,684	7,539,464	5,221	0
Total Revenue	1,443,161	1,465,787	(22,626)	- 2	8,849,810	8,820,717	29,094	0
Personnel	848,779	852,760	3,982	0	4,770,609	4,956,388	185,779	4
Outsourced	36,186	46,591	10,406	22	229,889	279,964	50,075	18
Clinical Supplies	22,321	24,995	2,674	11	122,936	146,874	23,938	16
Infrastructure	58,922	75,383	16,461	22	392,862	448,276	55,414	12
Internal Allocation	221,511	222,265	754	0	1,326,547	1,330,764	4,216	0
Total Expenditure	1,187,719	1,221,994	34,276	3	6,842,843	7,162,265	319,423	4
Contribution to Overheads	255,443	243,793	11,650	- 5	2,006,967	1,658,451	348,516	- 21
FTE	134.79	142.02	7.23		137.03	141.32	4.29	

** The above figures exclude
Motueka Community Hospital and Medical/Surgical Inpatient Unit Wairau

REVENUE:

Overall \$29k additional income has been received to 31st December 2009

Government & Crown Agency \$31k additional income

- Reduced ACC cases at the rural hospitals
- Additional ACC Non Acute Rehab cases

Other Health Related \$14k less income

- Reduced continuing care private payers at the rural hospitals

Non Health Related \$7k additional income - Donations received

Internal MoH Income \$5k additional income

- Additional Continuing care income

PERSONNEL COSTS:

Overall personnel costs are under spent \$186k & 4.29 FTE under

- Medical \$152k under spent - Vacant Psycho geriatrician position and relief covered with outsourced staffing in expenses
- Minor under and over expenditure within all categories

EXPENSES:

\$134k under spent

- Outsourced Services \$50k under spent – Services not utilised at this time and using DHB nursing staff rather than outsourced nursing agencies
- Clinical Supplies \$24k under spent - Minor under spending in all areas
- Infrastructure \$55k under spent – reduced facility and transport costs
- Internal Allocations \$4k under spent.

Status

This report contains:

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

4.8 FINANCIAL REPORT

Statement of Financial Performance for the month ended 31st December 2009.

Hospital Services has a net deficit of \$583K compared to a budgeted surplus of \$2,000K giving an adverse variance of \$2,583K.

Monthly details are included on the table following.

\$000's	Budget	Actual	Var	Budget	Actual	Var	Budget	Forecast	Var
	Dec-09	Dec-09					2009-10		
	Month	Month	Month	YTD	YTD	YTD	Annual	Annual	Annual
REVENUE									
Government and Crown Agency									
MoH - Personal Health	0	24	24	0	211	211	0	430	430
MoH - Mental Health	0	0	0	0	0	0	0	0	0
MoH - Public Health	31	20	-11	187	150	-37	373	360	-13
MoH - Disability Support Services	107	106	-1	643	637	-6	1,287	1,281	-5
Clinical Training Agency	103	115	12	617	672	55	1,306	1,417	111
Inter Provider Revenue	103	14	-89	615	60	-555	1,230	101	-1,129
Training Fees and Subsidies	0	2	2	2	6	4	4	5	1
Accident Insurance	278	247	-32	1,708	1,601	-107	3,471	3,338	-132
Other Government	33	27	-6	197	241	44	395	407	12
Internal MOH Revenue	14,568	14,530	-38	87,401	87,413	11	174,789	174,773	-16
Total Gov't and Crown Agency	15,223	15,086	-138	91,370	90,990	-380	182,855	182,113	-742
Other Revenue									
Patient / Consumer sourced	354	320	-34	2,121	1,927	-194	4,238	3,845	-393
Other Income	117	203	86	787	943	157	1,571	1,698	127
Total Other Revenue	471	523	52	2,908	2,871	-37	5,808	5,543	-266
Internal revenue	487	540	54	2,919	3,010	91	5,838	5,929	91
TOTAL REVENUE	16,181	16,149	-32	97,197	96,871	-326	194,501	193,585	-916
EXPENSES									
Personnel costs									
Medical Personnel	3,004	2,952	52	16,880	17,176	-296	34,939	34,932	7
Nursing Personnel	3,793	4,088	-296	21,991	23,286	-1,295	44,946	46,388	-1,442
Allied Health Personnel	1,452	1,294	158	8,386	8,109	276	16,835	16,727	108
Support Personnel	147	139	8	852	881	-29	1,741	1,746	-5
Man/Admin Personnel	802	839	-38	4,804	4,722	81	9,712	9,445	267
Personnel costs Total	9,197	9,312	-115	52,912	54,175	-1,263	108,173	109,238	-1,065

	Budget Dec-09 Month	Actual Dec-09 Month	Var Month	Budget YTD	Actual YTD	Var YTD	Budget Annual 2009-10	Forecast Annual 2009-10	Var Annual
\$000's									
Outsource Services									
Medical Personnel	118	145	-27	705	908	-203	1,410	1,636	-226
Nursing Personnel	20	2	18	120	112	8	241	224	17
Allied Health Personnel	3	7	-4	16	9	7	32	19	12
Support Personnel	0	0	0	0	2	-2		3	-3
Man/Admin Personnel	7	0	7	40	16	25	81	40	41
Outsource Clinical Services	582	637	-55	3,413	3,479	-66	6,849	6,937	-88
Total Outsource Services	729	791	-62	4,294	4,525	-231	8,612	8,859	-247
Clinical Supplies									
Treatment Disposables	851	857	-6	5,105	4,931	174	10,191	9,532	659
Diagnostic Supplies & Other Supplies	46	62	-16	274	358	-84	547	652	-105
Instruments & Equipment	408	409	-1	2,491	2,387	103	5,253	4,890	363
Patient Appliances	102	133	-31	611	679	-69	1,222	1,224	-3
Implants and Prostheses	359	486	-127	2,156	2,431	-276	4,311	4,598	-286
Pharmaceuticals	504	532	-29	3,023	3,132	-109	6,046	6,019	27
Other Clinical & Client Costs	184	178	5	1,103	1,261	-158	2,205	2,324	-119
Total Clinical Supplies	2,453	2,657	-203	14,761	15,180	-418	29,775	29,239	535
Infrastructure & Non-Clinical Supplies									
Hotel Services, Laundry & Cleaning	233	224	9	1,399	1,410	-11	2,797	2,812	-14
Facilities	50	43	7	316	297	19	620	588	33
Transport	50	57	-7	308	290	18	609	546	63
IT Systems & Telecommunications	54	58	-4	338	370	-33	671	671	0
Interest & Financing	0	0	0	0	0	0	0	0	0
Professional Fees & Expenses	9	6	3	63	54	10	117	86	31
Other Operating Expenses	142	127	15	840	765	75	1,680	1,521	159
Total Infrastructure & Non-Clinical Supplies	538	514	23	3,264	3,187	78	6,494	6,223	271
Internal Charges	2,464	2,475	-10	14,761	14,815	-54	29,505	29,559	-54
EXPENSES TOTAL	15,381	15,749	-367	89,993	91,881	-1,888	182,559	183,118	-559
Contribution to Overheads	800	400	-400	7,204	4,990	-2,214	11,942	10,895	-1,476
Overheads	881	972	-91	5,204	5,573	-369	10,709	11,213	-504
NET SURPLUS/(DEFICIT)	-81	-572	-491	2,000	-583	-2,583	1,233	-318	-1,551

Financial Variances:

REVENUE

Overall revenue is \$326K unfavourable.

New Variances	Variance
<p>Patient/Consumer Sourced Unfavourable Clinical Support is \$164k unfavourable in:</p> <ul style="list-style-type: none"> • Audiology departments - \$72k lower than budgeted although this is offset in lower Clinical Supplies costs • Pharmacy departments - \$37k less than budget. This is covered within additional MOH Personal Health revenue • Radiology NN is \$18k unfavourable due to the ending of the arrangement for Private CT use by Nelson Radiology • Meals On Wheels is \$39k unfavourable due to the planned price increase not yet having been approved. <p>Medical Service is \$59k unfavourable mostly in Non-Residents income, with fewer high cost patients having been treated.</p>	-\$194K

Previously Explained Variances	Variance
<p>MOH - Personal Health Favourable Pharmacy Departments received \$211K for provision of Herceptin</p>	\$211k
<p>ACC Unfavourable Clinical Support is \$92k unfavourable, mostly in Physiotherapy (\$43k); Radiology (\$33k); and Community Nursing (\$17k) Surgical Elective revenue is \$65k unfavourable Favourable Health of Older People is \$41k favourable with additional Non Acute Rehab revenue (\$69k) partly offset by reduced volumes in the Rural Hospitals (\$24k)</p>	-\$107k
<p>Inter Provider Revenue Unfavourable Recoveries from Other DHBs are unfavourable by \$568K. Capital & Coast DHB now directly purchase Haemophilia blood products. This will be offset by lower costs in Clinical Supplies (Treatment Disposables)</p>	-\$555k
Other Income	\$157K

Previously Explained Variances	Variance
Favourable	
Clinical Support has received \$10k more than budgeted in Screening revenue	
Medical has received \$40K unbudgeted reimbursements from MOH to cover for a Physician working on a National Project and \$17K from a Medical Trust to cover research work.	
Women Children and Oral Health has generated \$19k above budget in Child Development contracts.	
Donations have been received totalling \$23k	

Personnel Costs are \$1,263K over budget.

New Variances	
Medical Staff is \$296K over budget (15 FTE over)	-\$296k
Unfavourable	
<p>Medical Service is \$656k adverse, having been over in FTE for the first six months. Additional budget is phased in the second half of the year, therefore the variance is expected to be contained. The costs largely relate to staffing in Emergency Departments, although there has been some additional cover in Physicians WR (\$95k)</p> <p>Mental Health is \$93k unfavourable, mostly because of higher Allowance payments.</p>	
Favourable	
<p>Women Children and Oral Health are \$427k favourable in Obstetricians departments due to implementation of a new allowances regime.</p>	

Previously Explained Variances	
Nursing staff is \$1,295K unfavourable (20 FTE over).	-\$1,295k
Unfavourable	
<ul style="list-style-type: none"> • Health of Older People & Rurals is \$260K unfavourable of which Motueka Hospital incurred \$56k prior to the transfer of services. This is covered by Internal MOH revenue. The bulk of the remainder occurs in AT&R units - WR (\$69K), NN (\$51k); Wairau Inpatients Unit (\$157K). These are partially offset by Rural Hospitals and Alexandra Hospital where costs are \$71k favourable. • Medical Services are \$482K unfavourable mostly in Emergency Departments (6 FTE over) and Medical Unit NN (3 FTE over) 	

Previously Explained Variances

- Women, Children & Oral Health are \$304K unfavourable, 5 FTE mostly in Midwives.
- Clinical Support is \$147k unfavourable, mostly in District Nursing departments.
- Mental Health is \$86k unfavourable across a range of departments

Allied Health staff is \$276K favourable

\$276k

Favourable

- Mental Health is favourable largely in Child And Adolescent Mental Health Case Managers and Psychologists
- Surgical Services are favourable in Theatre Technicians and Sterile Services

Management & Admin Staff is \$81K favourable

\$81k

Favourable

- Mental Health is favourable mostly in Course and Conference fees (\$74k)

FTE Table:

Personnel (FTE)	December Month			YTD		
	Budget FTE	Actual FTE	Variance	Budget FTE	Actual FTE	Variance
Medical Staff	142	162	-20	145	160	-15
Nursing Staff	600	597	3	597	617	-20
Allied Health Staff	240	224	16	246	243	3
Support Staff	41	40	1	41	43	-2
Management & Admin Staff	178	184	-6	186	190	-4
Total FTE	1,201	1,207	-6	1,215	1,253	-38

Outsourced services are \$231K unfavourable

Previously Explained Variances	Variance
<i>Outsourced Medical Staff</i> \$203K unfavourable	-\$203k
Unfavourable	
<ul style="list-style-type: none"> • Medical Service is \$116k unfavourable. There has been extra cover used for House Surgeons WR and locum cover for Physicians in Nelson. 	
<ul style="list-style-type: none"> • Women Children and Oral Health are \$101K unfavourable principally in Obstetrics WR 	

Previously Explained Variances	Variance
<i>Outsourced Clinical Services are \$66K unfavourable</i>	-\$66k
Favourable	
<ul style="list-style-type: none"> NASC Mental Health is \$58K favourable in Home Support costs and other Mental Health services are \$15K favourable. 	
<ul style="list-style-type: none"> The balance of the variance comprises a number of smaller variances across a range of services 	
Unfavourable	
<ul style="list-style-type: none"> Clinical Support costs for outsourced Radiology services are \$129k unfavourable. This is driven by the volume of referrals coming through Emergency departments and Surgical. 	

Clinical Supplies are \$418K unfavourable

New Variances	Variance
Diagnostic Supplies are \$84k unfavourable	-\$84k
Unfavourable	
Clinical Support is \$22k unfavourable in Radiology departments related to volume	
Medical Services are \$18k unfavourable in PCI department related to high activity	
Surgical Service is \$41k unfavourable mainly in:	
<ul style="list-style-type: none"> Sterile Supplies - \$20k unfavourable due to higher chemical and sterilising consumable costs 	
<ul style="list-style-type: none"> Endoscopy - \$22k unfavourable mostly in Chemicals driven by higher activity 	
Instruments & Equipment	\$103k
Favourable	
The main factor is depreciation, which is favourable \$147k due to timing of capital expenditure being later than budgeted.	
Unfavourable	
Health of Older People is \$26k unfavourable in hire costs for specialised mattresses and Vac machine hires in the new Wairau combined Ward	
Surgical Service is \$35k unfavourable in clinical equipment repairs, including \$20k unfavourable on scope repairs.	
Patient Appliances	-\$68k
Unfavourable	
Clinical Support has unfavourable variances in Ostomy supplies (\$72k unfavourable) and Orthotics costs (\$37k unfavourable).	
Surgical Service is \$22k unfavourable mostly in Theatre Departments due to a change in practice with greater use of Anti-embolism stockings to reduce the risk of clinical complications	

Favourable	
Clinical Support has a favourable variance in Audiology Aids (\$76k)	

Previously Explained Variances	Variance
<i>Treatment Disposables</i> \$174K favourable	\$174k
Favourable	
Blood Supplies, recoverable from Other DHBs are \$575K favourable. This is net of a one-off cost offset i.e. receipt of \$61k from New Zealand Blood Service for Hospital-use products.	
Unfavourable	
Medical Services is \$68k unfavourable with: Emergency departments being \$32k unfavourable driven by patient attendance volumes; ICU NN is \$18k unfavourable due to costs being driven by higher acuity patients; costs in Physicians Department are \$12k unfavourable due to a greater number of interventional procedures	
Hospital-use Blood Products are \$119k unfavourable, driven particularly by Intagram usage as there has been an exceptional number of patients requiring this high-cost treatment.	
Surgical Service is \$154k unfavourable mostly in Theatre costs, driven by increased activity.	
<i>Implants & Prostheses</i> are \$276K unfavourable	-\$276k
Medical Service is \$22k unfavourable in Cardiology costs	
Surgical Service is \$243k unfavourable driven by orthopaedic implants. Action is being taken to reduce product costs.	
<i>Pharmaceuticals</i> are \$109K unfavourable	-\$109k
Favourable	
Gastro-intestinal are \$77k favourable	
Unfavourable	
Drug categories that are a direct cost to Provider Division showing significant adverse variances are: Infections (\$36K); Cardiovascular (\$9k); Central Nervous system (\$7K); Endocrine (\$27k); Immunosuppressive (\$66k); Nutrition (\$12k); Obs/Gynae (\$14k).	
<i>Other Clinical and Client Costs</i> are \$158k unfavourable	-\$158K
Administration is \$168K unfavourable in Patient Travel with Air Ambulance costs driving the adverse variance. This includes a reassessment of outstanding invoices, which will feed through to the forecast position at year end.	

Infrastructure costs are 78k favourable to budget.

New Variances	Variance
Favourable	\$78k
Other Equipment minor purchases are \$65k favourable across a range of services	
Sundry Expenses are \$52k favourable, again across a wide range of departments	
Unfavourable	
Stationery is \$49k unfavourable across a wide range of departments, partly driven by clinical activity	

Overheads are \$369k over budget.

Previously explained Variances	Variance
Unfavourable	-\$930k
The unfavourable variance is related to NMDHB overhead departments. Hospital Services share of these overhead departments is as follows: Corporate Office and Chief Financial Officer are \$814k and \$116k unfavourable respectively.	
Favourable	\$522k
Offsetting these are favourable variances in Human Resources & Organisational Development \$238k, Director of Nursing \$141k and Chief Information Office \$143K.	

FORECAST

Based on Year to date 31st December figures, the annual forecast for Hospital Services is a year end deficit of -\$318k against a budget surplus of \$1,233k. The assumptions included in the forecast are in the following tables:

Revenue

Additions

- **MOH - Personal Health** claims for Herceptin \$430k
- **CTA** unbudgeted Allied Health trainees and revised estimate of Medical trainees \$42k
- **ACC** Non Acute Rehab contract \$30k
- **Other Government** revised Ministry of Justice contract for Mortuary Including backdated element \$104k
- **Patient/Consumer sourced** Dental co-payments \$35k
- **Other Income**
 - Reimbursements for Physician cover re MOH project \$78k
 - Child Development contracts \$19k
 - Donations \$23k

Reductions

- **Inter-Provider revenue** - Capital & Coast DHB now purchase Haemophilia products directly, so no reimbursement is received. Offset occurs in Clinical Supplies (Treatment Disposables) \$1,145k
- **ACC revenue** -
 - Clinical Support contracts expected to generate less Income in Radiology, District Nursing and Physiotherapy \$120k
 - Surgical Elective contract \$50k
- **Other Government:**
 - Fewer Social Work HCN contracts - offset by Outsourced costs \$60k
 - Pharmacy rebates \$20k
- **Patient/Consumer sourced**
 - Audiology co-payments (offset by lower costs) \$134k
 - Pharmacy co-payments (offset by MOH- Personal Health) \$73k
 - Radiology private patients \$26k
 - Meals on Wheels co-payments \$41k
 - Non-Residents \$178k

Personnel Costs

Additions

- **Medical Staff:**
 - Medical staff to cover the ED's higher volumes at both sites And cover related to change from WAM model \$490k
 - Mental Health - offset by lower Management & Administration Costs \$280k
 - Surgical - over in FTE \$220k

- Women Children & Oral Health - costs budgeted in Management & Administration \$80k
- Nursing Staff:
 - Emergency Departments - volume driven \$430k
 - Medical Unit \$150k
 - District Nursing - over in FTE \$220k
 - Motueka - pre-transfer costs \$56k
 - WR inpatient Unit - over in FTE \$230k
 - AT & R units - over in FTE \$240k
 - Paeds and maternity additional nursing FTE's \$245k
- Allied Health:
 - Therapist positions including HBSS \$170k
- Management & Administration
 - Administration clerical over in FTE \$150k

Reductions

- Medical Staff
 - Obstetricians - new Allowance Scheme \$650k
 - Alexandra Hospital - vacancy \$220k
- Nursing Staff:
 - Rural Hospital under in FTE (reduced volumes) \$110k
 - Mental Health under in FTE \$35k
- Allied Health Staff
 - Mental Health vacancies \$280k
- Management & Administration
 - Mental Health staff vacancies \$150k
 - Mental Health medical costs included \$160k
 - Women Children & Oral Health - medical costs included \$120k

Outsourced Costs

Additions

- Medical:
 - Locum cover additional Obstetric/Gynae Wairau \$190k
 - Locum cover Physicians NN \$90k
- Clinical
 - Radiologist costs - exam reading driven by volume \$70k
 - Outsourced Radiology contract at Wairau - driven by volume \$90k
 - Outsourced MRI and other Radiology procedures \$75k

Reductions

- Medical – reduced reliance on outsourced cover for Emergency WR \$40k
- Clinical
 - Fewer Child Youth and Family HCN contracts \$60k

- NASC Mental Health \$22k
- Other Mental Health services \$22k
- Outsourced Paediatricians \$15k
- Visiting Specialists – Oncology CDHB \$22k

Clinical Supplies

Additions

- Treatment Disposables
 - Hospital-use Blood Products \$176k
 - Radiology catheters and other consumables \$85k
 - Emergency Departments consumables \$38k
 - Theatre consumables \$137k
- Diagnostic Supplies
 - Surgical sterilising chemicals (Theatres/ Endoscopy) \$50k
 - Medical – PCI Diagnostics \$30k
 - Radiology supplies \$15k
- Instruments & Equipment
 - Special equipment hire costs \$40k
 - Radiology leases extended \$25k
 - Service contract costs \$40k
- Implants
 - Surgical Prostheses \$240k
 - Cardiology items including pacemakers \$35k
- Pharmaceuticals (partly offset by additional revenue) \$26k
- Other Clinical and client costs
 - Air Ambulance costs \$177k

Reductions

- Treatment disposables - Haemophilia Blood Products no longer purchased for Capital and Coast DHB (offsets Inter Provider revenue) \$1,165k
- Instruments and Equipment - lower depreciation costs due to later than planned capital expenditure \$475k
- Other clinical and client costs - Patient Transport \$50k

Infrastructure

Additions

- Facility costs
 - Mental Health utilities costs unfavourable \$20k
- IT systems & Telecommunications
 - Mobile phone costs - unfavourable in a wide range of areas \$40k

Reductions

- Facility costs
 - Rural Hospital utilities \$45k

- Transport – savings due to fleet review \$60k
- Other Operating Costs – savings due to cost control measures \$160k

**Overheads
Additions**

- Capital Charge forecast unfavourable for the year (increase largely due to asset revaluation - impact on equity) \$748k
- Interest receivable forecast unfavourable - unexpected fall in NZ investment rates from 9% down to 4-5% due to the Global crisis. \$1,005k
- Consultancy costs relating to the Rutherford project - forecast to be unfavourable. \$408k

Reductions

- HR & OD forecast favourable in nursing staff and outsource budgets allocated for Wairau Redevelopment training. \$370k
- Other Income relating to Kiwisaver tax credit forecast favourable \$1,060k
- Dir. Of Nursing personnel costs included in other Services \$363k

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 AND ABBREVIATIONS

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
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
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
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
EOI	Expression of Interest
ENT	Ears, Nose and Throat
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
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

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
IPA	Independent Practitioners Association
IPC	Intensive Patient Care
IPC Units	Intensive Psychiatric Care Units
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
KPI	Key Performance Indicator
KHW	Kimi Hauora Wairau (Marlborough PHO)
LA	Local Authority
LCN	Local Cancer Network
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
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
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
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
PN	Practice Nurse
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
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
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

As at January 2010

SECTION 7: APPENDICES

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Appendix One

Provider Division Data Dictionary

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
DNA's as % of OP

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

presentations
Elective as % of Total
Discharges

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

% 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

balance > 2 yrs entitlement

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

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

Sum of highlighted financial codes shown below - for month

Expenditure (Exc Personnel)	Sum of highlighted financial codes shown below - for month
Contribution to Overheads	Sum of Revenue and Expenditure (inc Personnel) lines below
FTE variance	Excluded from Provider KPI's. Variance of accrued FTE's in Leader for the month for Service KPI's
VALUE FOR MONEY	
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