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 22 JUNE, 2010 AT 10.00AM IN THE DHB OFFICE MEETING ROOM, BRAEMAR CAMPUS, NELSON HOSPITAL, NELSON

Meeting Dates for Hospital Advisory Committee 2010

22 June	DHB Office Meeting Room, 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
DHB Office Meeting Room
Braemar Campus
Nelson Hospital
NELSON
Tuesday, 22 June 2010 commencing 10.00am

		Indicative Time
OPEN SECTION:		
Public Forum		10.00am
SECTION 1	Welcome and Apologies	10.15am
SECTION 2	Registration of Interest	10.18am

PRESENTATION
The Paediatric and Neonatal Service
Dr Peter McIlroy and Dr Fiona McGill Paediatricians
Mr Pat Davidsen, District Manager Women Child and Oral Health

SECTION 3	Confirmation of Minutes: Previous meeting Matters arising	 10.50am
SECTION 4	Reports Chief Operating Officer's Report	10.55am

SECTION 5 Member Issues 11.15am

SECTION 6 Glossary of Commonly Used Acronyms and Abbreviations

SECTION 7 Appendices

Resolution to Exclude Public 11.30am

PUBLIC EXCLUDED MEETING 11.31am

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 20 April 2010 (Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000).

SECTION 1: WELCOME AND APOLOGIES

SECTION 2: REGISTRATIONS OF INTEREST

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Lynette Jones	▪ Convenor of "Friends of Marlborough Hospice" Patron of Marlborough Red Cross.			
Joe Puketapu	▪ 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.	▪ Trustee Te Atiawa Manawhenua Trust ▪ Former Director Tainui Taranaki Ki Te Tau Ihu.	▪ Health Services	
Ian MacLennan	▪ Treasurer of Nelson Centre of the Cancer Society of NZ.			▪ Accommodation for the Cancer Society.
Suzanne Win	▪ 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.	▪ Trustee of Donald Beasley Institute Career Force Board Member (Currently on leave).	▪ Provision of consultancy services to health and disability organisations for DHBs or Ministry of Health.	Partner is ▪ 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	▪ Proprietor of community pharmacy ▪ Deputy Chair of Pharmacy Council of New Zealand ▪ Chair of the Pharmacy Advisory Group.		▪ 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	

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

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Andre Nel	▪ Member RACMA NZ ▪ Member of National Service & Technology Review Sub-committee (NSTR) ▪ Wife works for DHB.		▪ Certification/accreditation, appointment of medical administrator candidates.	
Denise Hutchins	▪ Member DHBNZ Workforce Group ▪ Surveyor/Team Leader Quality Health NZ.		▪ Certification/Accreditation.	
John Peters	▪ Director of SISSAL ▪ Trustee of Nelson Marlborough Hospitals' Charitable Trust ▪ Trustee Churchill Trust.	▪ Director of Management and Industrial Services Ltd.	▪ 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	▪ Wife provides first aid training and confidential help services.		▪ Provision of services to DHB staff or contracted providers.	▪ Sister works for IDSS.
Mike Cummins	Nil			
Nick Lanigan	Nil			
Nigel Trainor				▪ Wife works for NMDHB Oral Health Services.
Peter Burton	Nil	▪ NMDHB Representative on Tasman Council's Regional Land Transport Committee.		

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Sharon Kletchko	▪ Member Exceptional Circumstances Panel – PHARMAC ▪ 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.	▪ Deputy Chair of the New Zealand Standards Council.		
Robyn Henderson	Nil			
Harold Wereta	▪ Ngati Toarangatira Connections		▪ Tribal Interest	

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 ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL, NELSON ON TUESDAY 20 APRIL 2010

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

In Attendance:
Andre Nel, Mark Garisch, Nigel Trainor, Dr Tom Morton, Lindsey Bates
Glenda Crichton (Minutes)

SECTION 1: APOLOGIES

Nil received

SECTION 2: REGISTRATION OF INTEREST

Moved: Joanne Mickleson
Seconded: Janet Kelly

RECOMMENDATION:
THAT THE REGISTRATIONS OF INTEREST BE NOTED.

AGREED

PRESENTATION:
Dr Tom Morton, the Clinical Director of Emergency Medicine Services, presented data regarding people presenting to our Emergency Departments.

Evidence highlighted a significant increase of patients presenting to our Emergency Departments up until 2009, but since that time there has been a

plateau in numbers attending which compares favourably to what other DHBs are experiencing. In Nelson however there has been a 20% increase in night presentations.

A small study was performed in Nelson of patients presenting to EDs and the reasons they presented to ED rather than to their GP or after hours service. The Nelson study showed concordance with international studies.

The main drivers were for people attending were: patients self assessment that their condition was an emergency; the desire for immediate attention; no cost; accessible twenty four hours a day; immediate access to diagnostic radiology and results; Government contracts with providers that stipulate drop off at ED.

The NMDHB ED Service is introducing initiatives to help prevent potential primary care patients presenting:

- Introduced care pathways (DVT, Cellulites, Eye follow up)
- GP redirects are occurring every day (four to five daily in Nelson)
- More timely appointments with the Nelson Region After Hours Duty Doctor (NRAHDD) or with their own GP's
- A separate telephone hot line between ED and NRAHDD to avoid wrong numbers, poor communication and timelier responses
- Regular meetings with nursing home representatives
- Encouraging reduced cost at NRAHDD
- Potential PHO subsidy for people on low income for one free visit to NRAHDD
- Letters to encourage referrals to GPs rather than ED for ongoing care (culture change required).

Further suggestions for improvement were discussed. Some of these included: a name change was recommended for NRAHDD, eg "duty doctor" to reflect that the service is not just after hours; a review of duty doctor fees; improved access for duty doctor appointments; and care pathways for cellulites/minor injuries/DVT). Consideration should be given to the feasibility of having an Accident and Medical style clinic.

Up-skilling the GPs to interpret x-rays and the provision of rapid access or pathways to diagnostics/results in the community was discussed and whether access has to be via ED for these services. For patients sent to hospital for an x-ray, it would be preferable if their initial follow up could be in primary care.

We need to improve referral pathways for nursing home patients and consider having GP gatekeepers for every nursing home available twenty four hours of the day, seven days a week. Consideration should be given on patients being discharged from wards having a GP appointment made for them.

Further it was suggested that we should review the funding model for the provision of overnight care.

The NMDHB website should be updated with specific information about when you should attend the ED and when you should attend your GP. There should be an improved advertising campaign with cinemas, radio, press, billboards being used.

Dr Morton mentioned the advertising campaign over Christmas and the new signage at both entranceways had proven to be effective in informing the public and discouraging inappropriate attendance at both EDs. There is effective new signage advertising the After Hours Duty Doctor placed along Waimea Road.

On a positive note we have a brand new facility in Wairau; our ED length of stay record is number two in the country and our average monthly numbers are dropping. The EDs are providing a high quality of care to the people of Nelson and Marlborough.

SECTION 3: MINUTES

Moved: Joanne Mickleson
Seconded: Janet Kelly

RECOMMENDATION:
THAT THE MINUTES OF 16 FEBRUARY 2010 ARE ADOPTED AS A TRUE AND CORRECT RECORD

AGREED

SECTION 3.1: MATTERS ARISING

3.1.1 Service Stream Reporting

It has been agreed that this will take place from 24 August 2010.

SECTION 4: REPORTS

4.1 Chief Operating Officer's Report

The COO spoke to the Report.

We had been preparing for three weeks for Medical Radiologists strike action, but after one night only, the action was lifted by the union. During the night there were two life preserving instances in Nelson and one in Wairau. No further strike action is expected as the union is exploring a national settlement.

On 5 March 2010 a meeting was held with clinical staff leaders within the Provider Division to consider ways of living within our means, the financial challenges and clinical leadership.

For clinical leadership a smaller group of clinical representatives have been selected to work with a project manager to formulate a leadership structure reflecting the principles that came out of the 5 March meeting.

Another issue raised in the meeting was the lack of information to Senior Medical Staff around data collection and reporting. The Chief Information Officer is developing a package of information which will be updated regularly and circulated to key clinical staff.

The GM Finance and Commercial advised that the Costing System RFP had been completed and is about to be sent out. This process is walking alongside the Rutherford Project also.

4.1.1 Wairau Site Development Steering Group Report – As At 9 April 2010

Taken as read.

A key issue has been identified concerning estimates for Stage Three. Communication is ongoing with the quantity surveyors regarding this.

4.2 Treatment Lists

Taken as read.

HAC raised the question of General Surgeons in Wairau accepting referrals for sebaceous cysts.

The COO had met with the General Surgeons on 20 April to discuss the problem and had a clear agreement from them about changing the way they receive electives services and working within the MoH best practices. He would be meeting with all specialty groups to make sure they understand and agree to changing their past practices and was also providing them with the New Zealand Medical Council statement on safe practice in an environment of resource limitation.

4.3 KPIS/Variance Report

The coding issue is being worked through currently.

There was discussion on the Smoking Cessation Programme. We are capturing data through coders by having a specific sticker on the patient's file to record whether they have been asked about smoking. Patients are connected with community groups outside of the hospital once they leave.

The COO is to provide clarification on the smoking cessation figures provided in the KPI Variance Report and whether this figure reflects the number of patients asked or the number of patients taking up the offer to quit.

4.4 Elective Service Report

Noted.

4.5 Property Management

HAC requested a post implementation review of the emergency power supply system installation in Nelson.

4.6 Mental Health KPIs/Variance Report

HAC noted that the CAMHS New Referrals Seen Within 30 Days results had been down a number of months. The COO will investigate this matter.

4.7 Health of Older Person and Rural Hospitals

Noted.

4.8 Financial Report

The General Manager Finance and Commercial spoke to the report.

For the month of March the Provider's contribution to overheads was $15k better than budget.

A major variance was revenues from other DHBs and non resident patient revenues not being received. Personnel costs are over budget by $1.3, the majority relating to Medical staff.

Outsourced services are $252k over budget. Clinical Supplies are over budget, mainly in the increased demand on blood products.

The forecast is based on the Recovery Plan which was developed in January 2010. This will be reviewed again in April to determine what changes are required. The 09/10 DAP will also be reviewed.

There is a risk in maintaining the positive variances, and we are dependent on the IDFs coming in lower. There are good positives in Aged Care, HBSS, Management and Administration and Allied Health. Pressure is increasing on the infrastructure lines and property management.

We are on track for a $5.4m deficit with all services being scrutinised vigorously. Every request for filling FTE vacancies is challenged, however HAC was assured there are still a lot of vacancies being filled on the frontline.

The Chairman acknowledged the work being done and said it was encouraging to see the effort being rewarded in the recovery plan and pull back process.

The COO agreed that it had been a good month by coming in $15,000 positive, considering that there had been some real challenges to our revenue.

Discussion followed on the recovery plan and the need for Rutherford to identify further cost reductions for following years.

Further reference was made to the Presentation by Dr Morton on the Emergency Department earlier in the meeting. If ED had information presented to them in a better way, would they achieve a better understanding of what it costs to run and ED? Further discussion with Dr Morton and the GM Finance and Commercial was recommended by HAC.

Moved: Janet Kelly
Seconded: Ian MacLennan

RECOMMENDATION:

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

AGREED

5. MEMBERS ISSUES

Nil.

PUBLIC EXCLUDED

Moved: Suzanne Win
Seconded: Janet Kelly

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 16 February 2010 (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
Smoking Cessation The COO is to provide clarification on the smoking cessation figures provided in the KPI Variance Report and whether this figure reflects the number of patients asked or the number of patients taking up the offer to quit.	COO
Emergency Power Supply System HAC requested a post implementation review of the emergency power supply system installation in Nelson.	GM Finance and Commercial
4.6 Mental Health KPIs/Variance Report HAC noted that the CAMHS New Referrals Seen Within 30 Days results had been down a number of months. The COO will investigate this matter.	COO
Further reference was made to the Presentation by Dr Morton on the Emergency Department earlier in the meeting. If ED had information presented to them in a better way, would they achieve a better understanding of what it costs to run an ED? Further discussion with Dr Morton and the GM Finance and Commercial was recommended by HAC.	GM Finance and Commercial

SECTION 3.1: MATTERS ARISING

3.1.1 Smoking Cessation Figures

There are three MoH measures for smoking:

1. is the number of smokers admitted
2. is the % of smoking prevalence
3. is the % of smokers admitted who are offered advice to quit

The KPI measure is number 3 (% offered smoking cessation advice)

These three measures are shown below;

<table>
<tr><td>1</td><td>Hospitalised smokers</td><td colspan="2">Number of patients coded with ICD Code F17.1 or F17.2 or Z72.0</td><td></td></tr>
<tr><td rowspan="2">2</td><td rowspan="2">Smoking prevalence</td><td>Numerator</td><td>Number of patients coded with F17.1 or F17.2 or Z72.0</td><td rowspan="2">Smoking prevalence should be within 2% of smoking prevalence of DHB (see appendix 2). Narrative will include discussion about any observed deviance from district smoking prevalence. This may include analysis of demographics such as age and ethnicity of admissions.</td></tr>
<tr><td>Denominator</td><td>Number of admissions of patients</td></tr>
<tr><td rowspan="2">3</td><td rowspan="2">% of smokers offered advice and support to quit</td><td>Numerator</td><td>Number of patients coded with Z71.6</td><td rowspan="2">Narrative should discuss progress towards meeting the % target and outline activities under way to support clinical staff to achieve the target.</td></tr>
<tr><td>Denominator</td><td>Number of patients coded with F17.1 or F17.2 or Z72.0</td></tr>
</table>

3.1.2 Emergency Power Supply Installation

This will be updated by the GM Finance and Commercial at the meeting.

3.1.3 Mental Health KPIs/Variance Report CAMS New Referrals Seen

The reason for the variance in the number of new referrals seen being down for the past few months is that the Service is two FTEs down in CAMHS due funding changes.

3.1.4 Emergency Department Information Systems

The Clinical Director of Emergency Medicine Services advises that discussions between ED and the Chief Information Officer had taken place on the matter, but both agreed it was more relevant to discuss with the GM Finance. This had not taken place at time of print.

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

SECTION 4: REPORTS

4.1 CHIEF OPERATING OFFICER'S REPORT - PROVIDER DIVISION –

4.1.1 ACTIVITY

Overall the acute medical demand at both Wairau and Nelson Hospitals has been within expected levels for both April and May. However acute demand for Surgical Services has been above expectation at both hospitals.

Demand for ED services at Wairau for April and May was within expected levels with 23% of patients being admitted. The Acute Admission Unit at Wairau is having a good impact on inpatient beds by keeping occupancy down.

Admissions to Acute Admission Unit (Wairau Only) 7 April to 16 May, 2010

Number of Admissions	Discharged within 24 Hours from AAU	Transfers to IPU **Within** 24 Hours	Transfers to IPU **Greater** than 24 Hours	Transfers to HDU/Other	Total Number of Transfers/ Discharges within 24 Hours (KPI 80%)	Non Criteria Admissions
66	56	4	0	6	66	0
	85%	6%	0%	9%	100%	

Nelson ED demand in terms of numbers was within expected levels but there was a higher level of triage 1, 2, and 3 than normal which was reflected in a 26.6% admission rate.

4.1.2 Smoking Cessation

Close to nine hundred people have been referred to the Nelson and Marlborough Hospital Quit Coaches for cessation support in the twelve month period from 1 June 2009 to 1 June 2010. The referrals have come through the Hospital Quit Coaches, Quit Line, General Practitioner Services, Mental Health and Aukati Kaipaipa (Aukati Kaipaipa is the Marae based smokefree cessation support service).

Without NMDHB staff input (identifying those that smoke, offering advice and cessation support) the majority of these people would still be smoking today.

It is planned to start the process of reviewing how many of these people are still smoke free in July this year but will be dependent on resources being made available.

World Smokefree Day was recently celebrated acknowledging those who have successfully taken the challenge to "Quit" smoking over the last twelve months. To encourage those people to continue their challenge the NMDHB ethos will be to continually promote the **ABC** approach:

A - **A**sk
B- provide **B**rief advice to quit
C - offer **C**essation support

The full NMDHB roll out of the ABC (yellow sticker) commenced at the beginning of this month. This means that 100% of hospital admissions must be asked their smoke free status and that 100% of those who have smoked a cigarette in the last thirty days must be offered advice to quit and an opportunity for cessation support.

4.1.3 The Product Evaluation Committee Results

The Product Evaluation Committee (PEC) is responsible for the evaluation process of new or replacement Clinical products for possible introduction into NMDHB. PEC has been operating since 2004 as a district wide committee and meets monthly to review existing lines with a view to standardisation as well approve trials of equipment/supplies and over see the evaluation process.

The Committee is operating under the rule that any new or replacement product must be supported in a business case that identifies cost saving, or identifies funding source such as reducing IDFs or other related costs.

Recent cost savings achieved have included: replacement supplier of sodium chloride 0.9% 100ml bags, annual projected savings $32,500; change in fracture clinic casting products, annual projected savings $3,000; and change in various wound care products annual projected savings $11,500. There are also theatre related products that have reduced surgery time and the need to send patients to Christchurch.

4.1.4 WAIRAU SITE DEVELOPMENT STEERING GROUP REPORT – AS AT 3 JUNE, 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 Aug 08
Commence Construction	Nov 2007	July 2008	Sept 2008	Sept 2008
Complete Construction				
Stage 1	N/A	March 2009	May 2009	May 2009
Stage 2	N/A	November 2009	March 2010	March 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 – 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 the redevelopment project.

Facilities Progress

During the last reporting period the key activities have been:

- The main corridor between Inpatients and Theatre has been completed and became operational on 24 May 2010.
- The construction of the new theatre was completed on 31 May 2010. Final commissioning is in progress, and the blessing ceremony has been held.
- Framing to Outpatients is almost complete, and Maternity outpatients roofing has been installed. Cladding to the Day Stay Unit extension has been completed, and first fix services for the internal refurbishment to the existing Day Stay Unit is also progressing.
- Demolition of the super structure extension to old nurses home is complete.
- Demolition of the old Emergency Department and old Radiology facilities commenced 24 May 2010.
- Pressure on the project programme critical path, including mechanical services installation for Stage Three, has been partially mitigated following the implementation of an accelerated redesign and procurement programme of the major components.
- Further pressure has been placed on the construction programme due to inclement weather experienced in Marlborough during May 2010.
- Progress on the Stage Three construction works is overall five working days behind programme, resulting from previously reported delays due to the discovery of additional asbestos material. The building contractor has not yet been able to identify any mitigation measures to recover the delay due to an already compressed building programme, but is continuing to seek potential mitigation opportunities.
- A proposed location and reconfiguration for the new dental clinic has been agreed. The design and construction of the new facilities on the existing concrete pad opposite the Day Stay Unit, using a shared reception with Day Stay Unit, will be included with Stage Three construction works.
- The furniture, fittings and equipment schedule for Stage Three has been rationalised and forwarded to the purchasing department for finalising and pricing.
- A contingency plan has been implemented to ensure minimal disruption to access for patients being transferred by helicopter during demolition and construction works adjacent to the Southern entrance to the campus.
- A concept design for a 250 m 2 kitchen has been prepared for consideration.
- 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.

- The existing dental surgery has been transferred to a new temporary location in old Ward 5.
- A short term heating solution for the existing administration building (ex Nurses Home) has been provided, including upgrading the ground floor west wing sub main for electrical heating.

Change Management Progress

- Staff training on the integrated theatre components and orientation to the facility is underway. The first operation is planned for 9 June 2010.
- A Stage One and Two migration 'de-brief' meeting has been held, and 'lessons learned' will be used to inform migration planning for Stage Three.
- Optimising the Patient Journey project activities have been focusing on setting up processes in the Outpatients department (OPD), particularly with patient focused booking which has had great success in the two specialty areas that have been trialled.
- Clerical hub development for Stage Two areas has been handed over to business as usual.
- Stage Three clerical hub development planning is progressing. The OPD hub is ready to commence engagement with the clerical team. The Gynae/Maternity/Paeds group is still clarifying the future expectations and will require more planning prior to engaging the clerical team. The workforce benchmarking has provided a comparison for reference. Further activity is occurring around quantifying the secretarial time to output.
- The Inpatient nursing model working party is focusing on the clarity around the roles and responsibilities of the team members and their required communication map and processes. A timeline with key milestones is being developed with the working party.
- A meeting was held on 2 June 2010 with the SMO group. Discussion took place regarding supporting the change management processes, with a focus on reviewing theatre and clinic schedules in relation to the implementation of the new models of care.
- A Co-Leaders workshop was held on 25 May 2010. The theme was based on setting expectations in the new environment, avoiding the need for 'difficult conversations', and how to use change management tools and processes for assessing what staff may require to understand the expectations.

Budget

- The latest capital cost estimate for the whole project is within budget. The remaining contingency fund is relatively low and will continue to be very closely managed.
- A meeting has been held with the CHFA Quantity Surveyor representative who has submitted a quarterly due diligence report including the anticipated draw down of funding from CHFA.

- The five working day delay reported on Stage Three demolition may result in a claim for additional costs as the building contractor has not been able to identify any mitigation measures to recover this delay.

Activity Planned for Next Reporting Period

- Continue with construction activities for Stage Three and progress the demolition of the former Emergency Department and Radiology facilities.
- Commissioning of the theatre and commencement as an operational theatre.
- Progress the finalisation of the remaining trade works package procurement for Stages Three and Four.
- Finalise the list of furniture, fittings and equipment requirements for Stages Three and Four and obtain pricing from the Purchasing Department.
- Commission the preparation of the design and consent documents for the new dental clinic.
- Confirm the peak service demands for the kitchen to inform the configuration of the new build and enable the design brief for the building 'shell' to be finalised.
- Investigate mitigation strategies to negate potential flow on delays to the construction programme resulting from delays to Stage Three key trade contracts.
- Undertake the '90 Day Review' of the Stage Two facilities.
- Day Stay Unit/Operating Theatre/Dental will commence hub meetings with staff during the week of 14 June 2010.
- A series of workshops for the staff is being planned by the Inpatient nursing working party on 'understanding how we work'. Learning and Development are to facilitate this series.
- Meetings will be scheduled with SMOs to ensure broader clinical engagement with the development of future clinic and theatre schedules.
- Complete the planning and commence hub meetings with Stage Three clerical staff.
- Complete the staff training for the new Austco Nurse Call pager system in Inpatients, including details of revised messaging configuration.

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 42 of the project newsletter 'Ex-Site' was issued on 28 May 2010.
- The Community Liaison Group has a number of projects underway:
  - Waiting room magazines are being refreshed and recycled on a monthly basis.

- The donation of a stained glass window for the Chapel is being coordinated in conjunction with the Chaplain.
- Due to conflicting stories received regarding the origin of the McIntyre painting, a request for information was published in the latest edition of Ex-Site at the request of the group.
- A 'Friends of Hospital Gardens' group is being investigated to support the upkeep of the new landscaping and courtyard gardens.
- The fundraising group for the Paediatric courtyard, 'Kids at Play' has been launched.
- Requests for enhancing items for Stage Three and Four departments are currently being considered.

- Weekly construction impact meetings with staff continue through 2010.
- A blessing ceremony for the new main corridor combined with a decommissioning ceremony for the former Emergency Department and Radiology facilities was held on 24 May 2010.
- All staff were given an opportunity to view the new theatre on 3 June 2010.
- A blessing ceremony for the new theatre took place.

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 the senior management need 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, together with a requirement for an adaptable/ flexible building envelope has resulted in an eight week delay to the proposed kitchen redevelopment programme. Mitigation measures including alternative design, procurement and construction methodologies are being investigated.

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.

4.2 TREATMENT LISTS

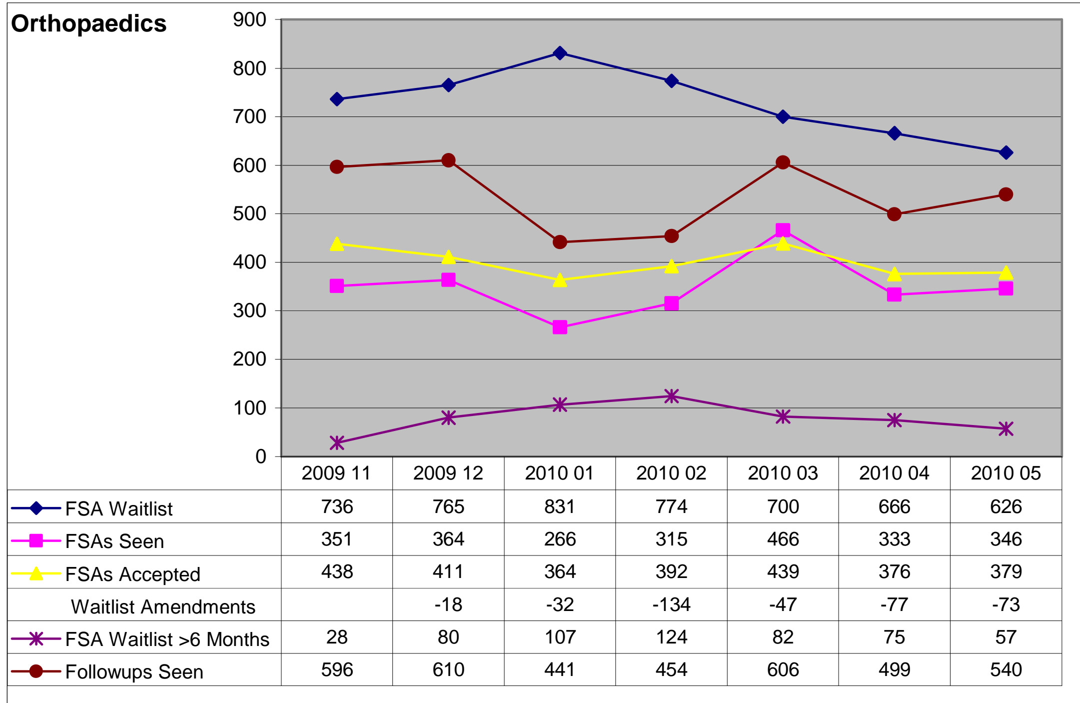
Wait List Inpatient Report May 2010

Treatment List

Hospital Name	Department	Booked	Given Certainty	Active Review	Planned/Staged	Total
		Status				
Nelson	CARDIOLOGY	29	53			82
	DENTAL	12	19			31
	ENT	64	117	65	20	266
	GENERAL SURGERY	48	170	182	5	405
	GYNAECOLOGY	50	82			132
	OPHTHALMOLOGY	64	87	43	18	212
	ORTHOPAEDIC & FRACTURE	32	217	121	64	434
	UROLOGY	47	33	40	16	136
Nelson Total		**346**	**778**	**451**	**123**	**1698**
Wairau	DENTAL	10	10			20
	GENERAL SURGERY	44	89	62	2	197
	GYNAECOLOGY	12	117			129
	OPHTHALMOLOGY	10	21	63		94
	ORTHOPAEDIC & FRACTURE	27	146	28	16	217
	UROLOGY	3	17	13	1	34
Wairau Total		**106**	**400**	**166**	**19**	**691**
Total		**452**	**1178**	**617**	**142**	**2389**

Status	Hospital Name	Department	<5 Months	5-6 Months	>6 Months	Total
			Time as per Status			
Active Review	Nelson	ENT	48	5	12	65
		GENERAL SURG	144	18	20	182
		OPHTHALMOLO	33	7	3	43
		ORTHOPAEDIC	91	17	13	121
		UROLOGY	33	4	3	40
	Nelson Total		349	51	51	451
	Wairau	GENERAL SURG	45	12	5	62
		OPHTHALMOLO	56	5	2	63
		ORTHOPAEDIC	23	2	3	28
		UROLOGY	9	4		13
	Wairau Total		133	23	10	166
Active Review Total			**482**	**74**	**61**	**617**
Given Certainty	Nelson	CARDIOLOGY	51	1	1	53
		DENTAL	18		1	19
		ENT	100	3	14	117
		GENERAL SURG	140	13	17	170
		GYNAECOLOGY	75	1	6	82
		OPHTHALMOLO	54	8	25	87
		ORTHOPAEDIC	165	29	23	217
		UROLOGY	26	2	5	33
	Nelson Total		629	57	92	778
	Wairau	DENTAL	8		2	10
		GENERAL SURG	83	1	5	89
		GYNAECOLOGY	98	8	11	117
		OPHTHALMOLO	21			21
		ORTHOPAEDIC	121	9	16	146
		UROLOGY	14	1	2	17
	Wairau Total		345	19	36	400
Given Certainty Total			**974**	**76**	**128**	**1178**

OUTPATIENT REPORTS



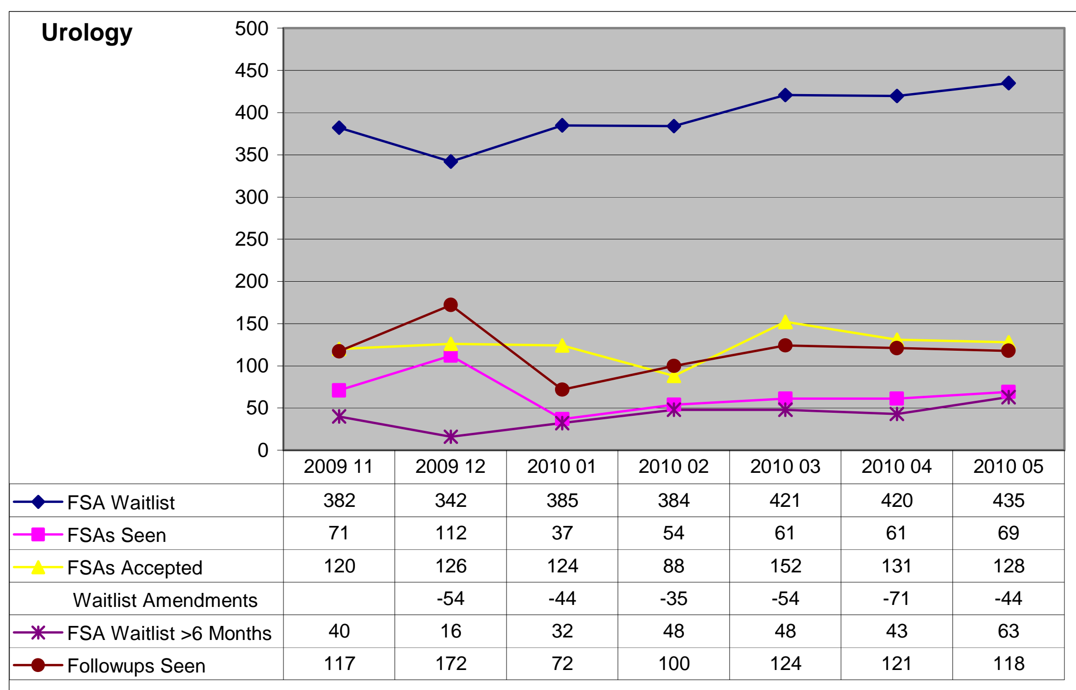
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	736	765	831	774	700	666	626
FSAs Seen	351	364	266	315	466	333	346
FSAs Accepted	438	411	364	392	439	376	379
Waitlist Amendments		-18	-32	-134	-47	-77	-73
FSA Waitlist >6 Months	28	80	107	124	82	75	57
Followups Seen	596	610	441	454	606	499	540

Orthopaedics Annual Contracted Volumes are 3489 FSAs and 6874 Followups.
YTD FSAs Contract: 3182 Actual: 3575. YTD Followups Contract: 6270 Actual: 5924

The Orthopaedic service has accepted 369 referrals in May and undertaken 345 FSAs. The number of patients waiting greater than six months for FSA has dropped to 57.

The Orthopaedic Service has reviewed the referral acceptance threshold to ensure those patients with the highest clinical need are receiving timely treatment. This may result in lower priority patients being cared for in Primary Care.

FSAs are over contract year-to-date by 435 and follow-ups are under contract by 155.



	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	382	342	385	384	421	420	435
FSAs Seen	71	112	37	54	61	61	69
FSAs Accepted	120	126	124	88	152	131	128
Waitlist Amendments		-54	-44	-35	-54	-71	-44
FSA Waitlist >6 Months	40	16	32	48	48	43	63
Followups Seen	117	172	72	100	124	121	118

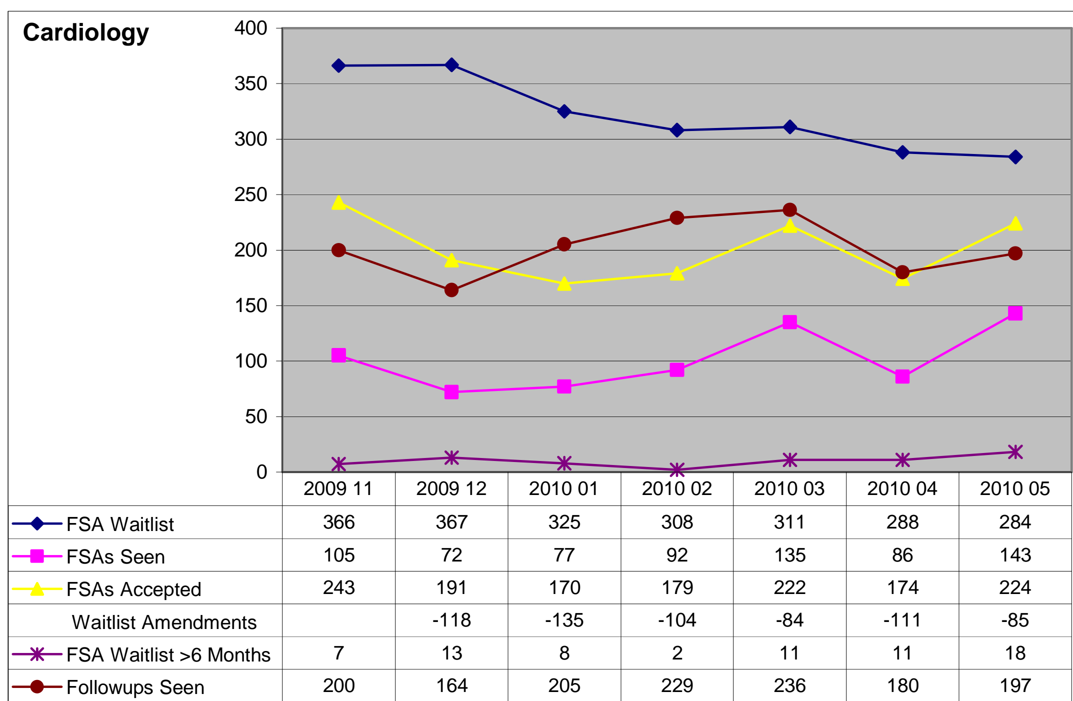
Urology Annual Contracted Volumes are 1010 FSAs and 1791 Followups.
YTD FSAs Contract: 921 Actual: 946. YTD Followups Contract: 1634 Actual: 2070

The Urology Service has accepted 130 referrals during the month of May 2010 and seen 69 patients for First Specialist Assessment. There are now 62 patients waiting greater than six months for FSA.

The number of referrals being accepted continues to increase and surpasses the capacity of the Urologists. Following discussions with the Urologists the access criteria has been reviewed and GPs notified accordingly.

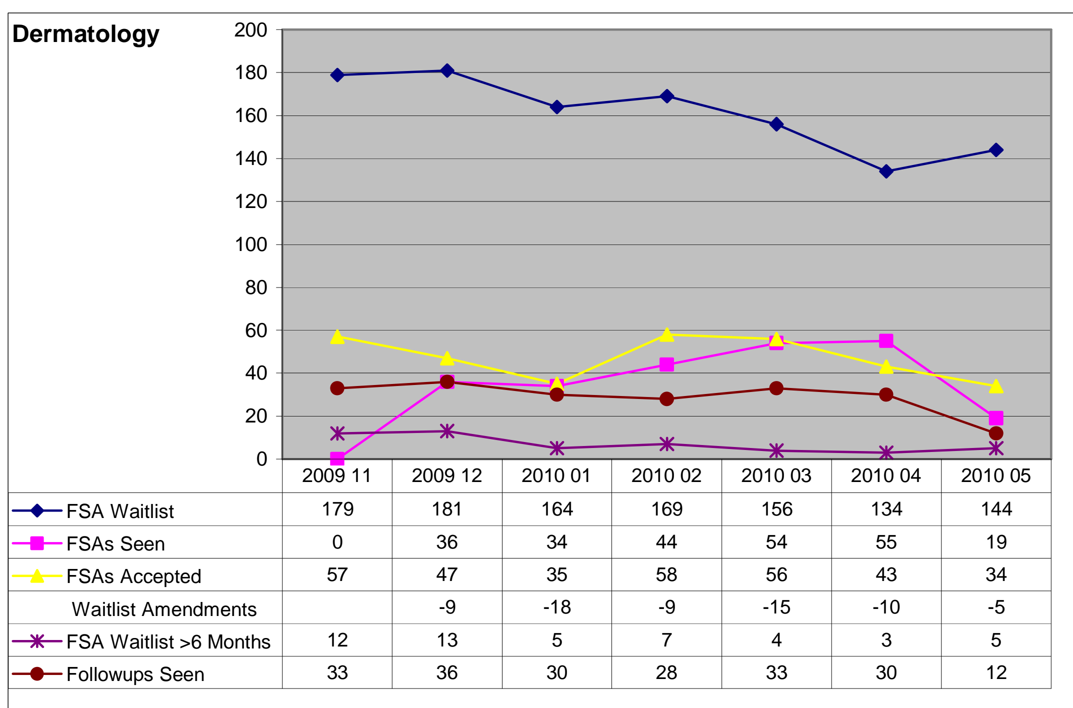
In order to reduce the backlog additional FSA clinics are being undertaken and theatre sessions are being swapped for outpatient sessions.

FSAs are over contract year-to-date by 24 and follow-ups are over contract 405.



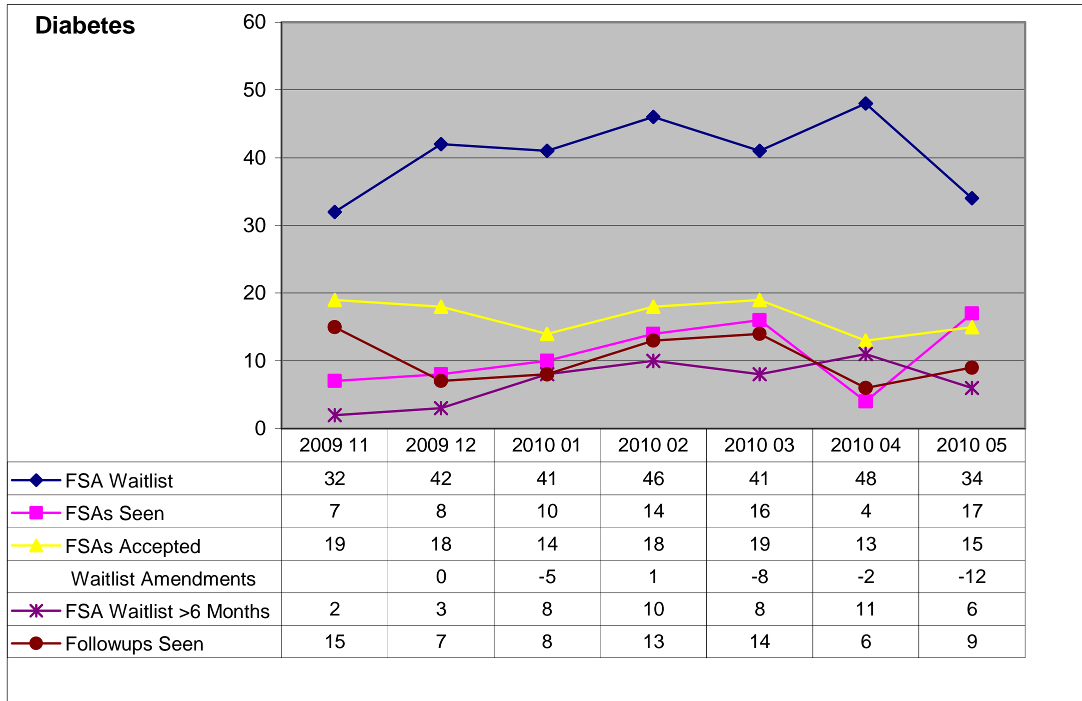
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	366	367	325	308	311	288	284
FSAs Seen	105	72	77	92	135	86	143
FSAs Accepted	243	191	170	179	222	174	224
Waitlist Amendments		-118	-135	-104	-84	-111	-85
FSA Waitlist >6 Months	7	13	8	2	11	11	18
Followups Seen	200	164	205	229	236	180	197

Cardiology Annual Contracted Volumes are 1094 FSAs and 2294 Followups.
YTD FSAs Contract: 998 Actual: 1658. YTD Followups Contract: 2092 Actual: 2485



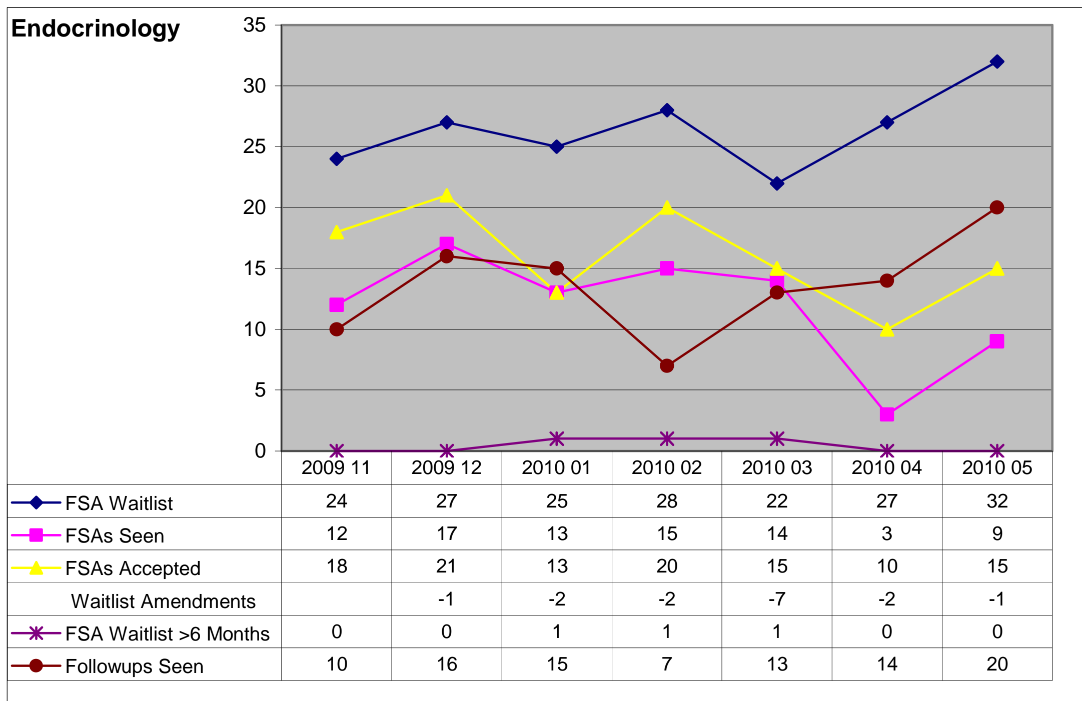
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	179	181	164	169	156	134	144
FSAs Seen	0	36	34	44	54	55	19
FSAs Accepted	57	47	35	58	56	43	34
Waitlist Amendments		-9	-18	-9	-15	-10	-5
FSA Waitlist >6 Months	12	13	5	7	4	3	5
Followups Seen	33	36	30	28	33	30	12

Dermatology Annual Contracted Volumes are 500 FSAs and 420 Followups.
YTD FSAs Contract: 456 Actual: 415. YTD Followups Contract: 383 Actual: 351



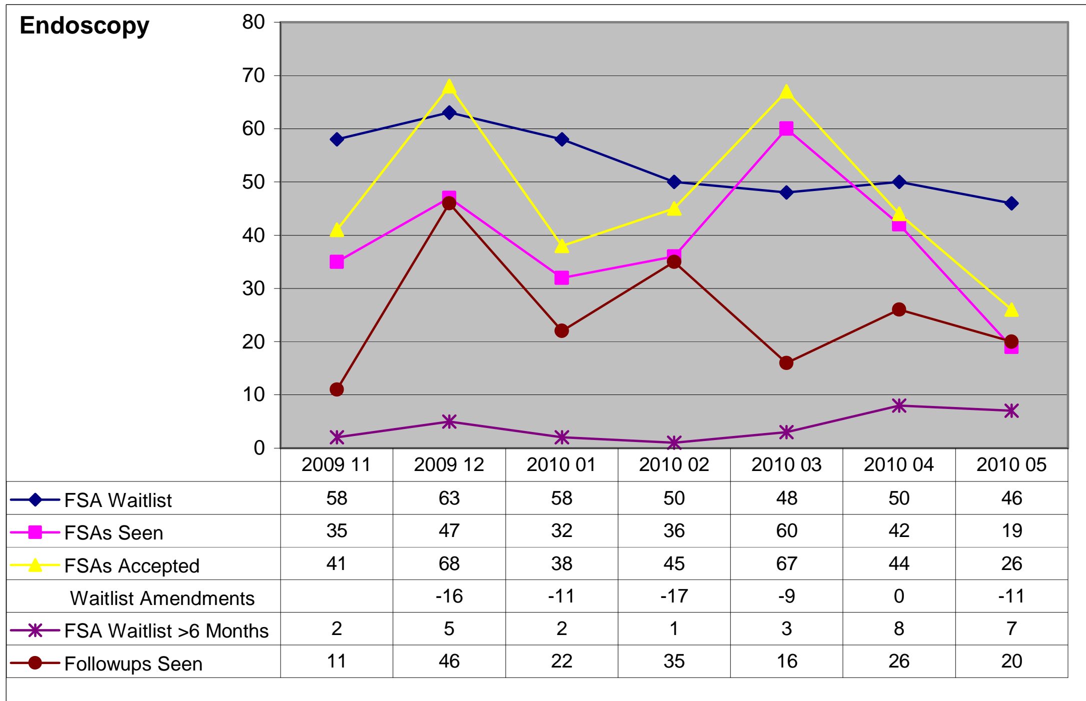
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	32	42	41	46	41	48	34
FSAs Seen	7	8	10	14	16	4	17
FSAs Accepted	19	18	14	18	19	13	15
Waitlist Amendments		0	-5	1	-8	-2	-12
FSA Waitlist >6 Months	2	3	8	10	8	11	6
Followups Seen	15	7	8	13	14	6	9

Diabetes Annual Contracted Volumes are 230 FSAs and 585 Followups.
YTD FSAs Contract: 210 Actual: 290. YTD Followups Contract: 534 Actual: 473



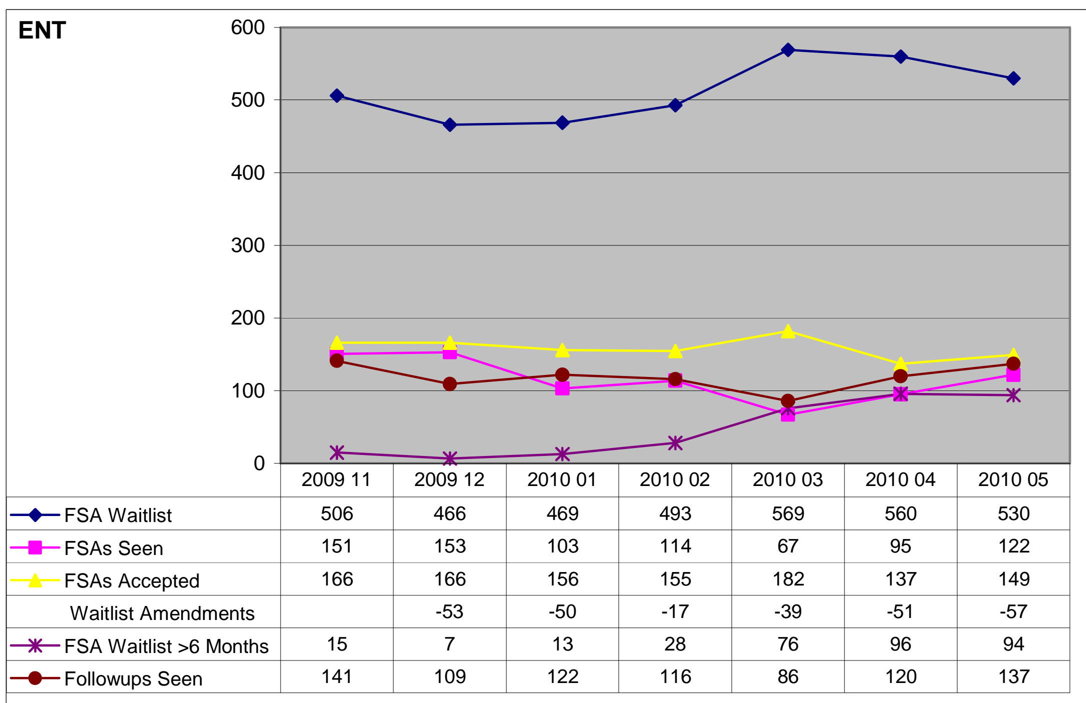
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	24	27	25	28	22	27	32
FSAs Seen	12	17	13	15	14	3	9
FSAs Accepted	18	21	13	20	15	10	15
Waitlist Amendments		-1	-2	-2	-7	-2	-1
FSA Waitlist >6 Months	0	0	1	1	1	0	0
Followups Seen	10	16	15	7	13	14	20

Annual contracted volumes are included in General Medicine.



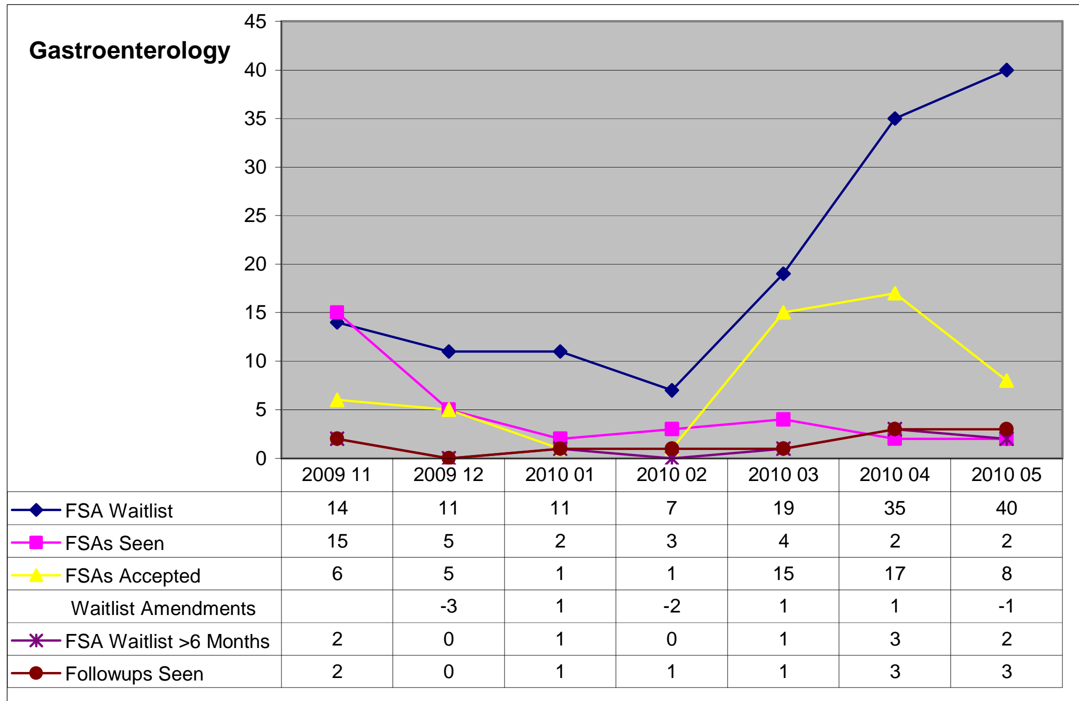
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	58	63	58	50	48	50	46
FSAs Seen	35	47	32	36	60	42	19
FSAs Accepted	41	68	38	45	67	44	26
Waitlist Amendments		-16	-11	-17	-9	0	-11
FSA Waitlist >6 Months	2	5	2	1	3	8	7
Followups Seen	11	46	22	35	16	26	20

Endoscopy Annual contracted volumes are 2006 procedures.
Year To Date Contract: 1830 Year To Date Actual: 2166



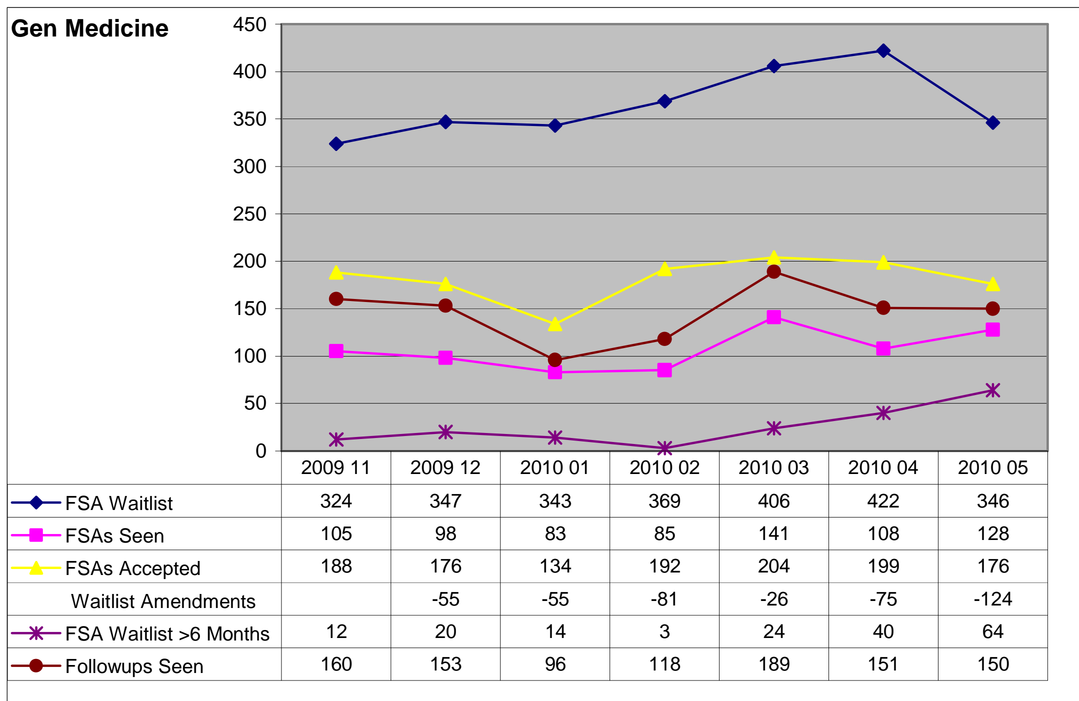
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	506	466	469	493	569	560	530
FSAs Seen	151	153	103	114	67	95	122
FSAs Accepted	166	166	156	155	182	137	149
Waitlist Amendments		-53	-50	-17	-39	-51	-57
FSA Waitlist >6 Months	15	7	13	28	76	96	94
Followups Seen	141	109	122	116	86	120	137

Ear, Nose & Throat Annual Contracted Volumes are 1519 FSAs and 1819 Followups.
YTD FSAs Contract: 1385 Actual: 1350. YTD Followups Contract: 1659 Actual: 1819



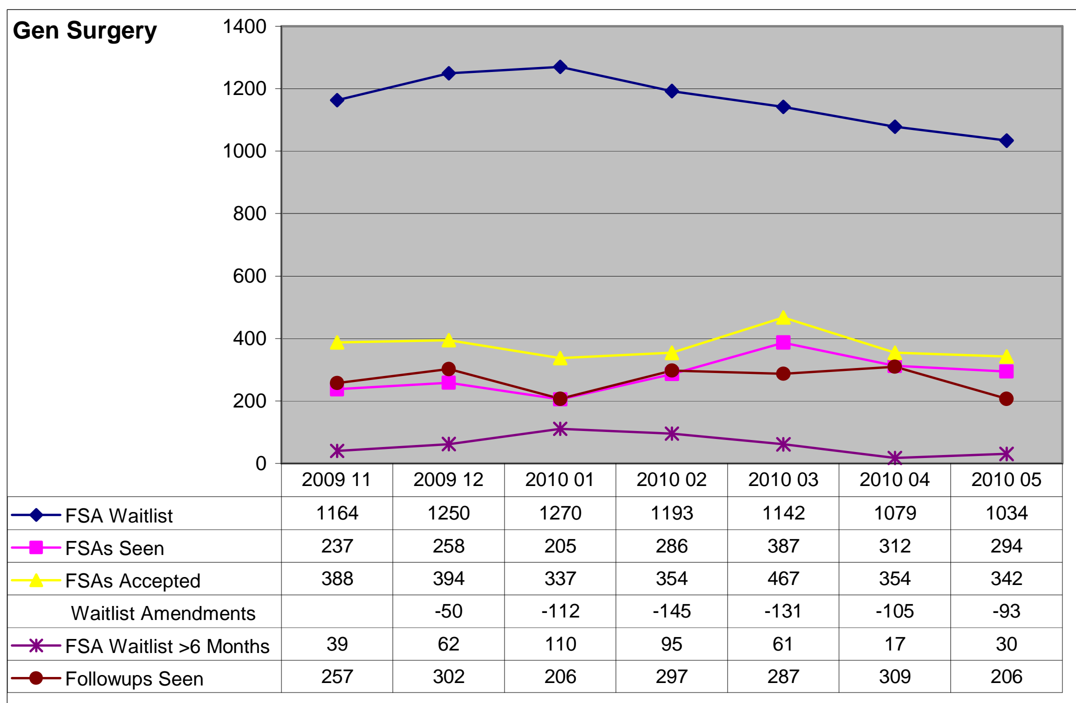
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	14	11	11	7	19	35	40
FSAs Seen	15	5	2	3	4	2	2
FSAs Accepted	6	5	1	1	15	17	8
Waitlist Amendments		-3	1	-2	1	1	-1
FSA Waitlist >6 Months	2	0	1	0	1	3	2
Followups Seen	2	0	1	1	1	3	3

Gastroenterology Annual Contracted Volumes are 660 FSAs and 1200 Followups.
YTD FSAs Contract: 602 Actual: 959. YTD Followups Contract: 1094 Actual: 755



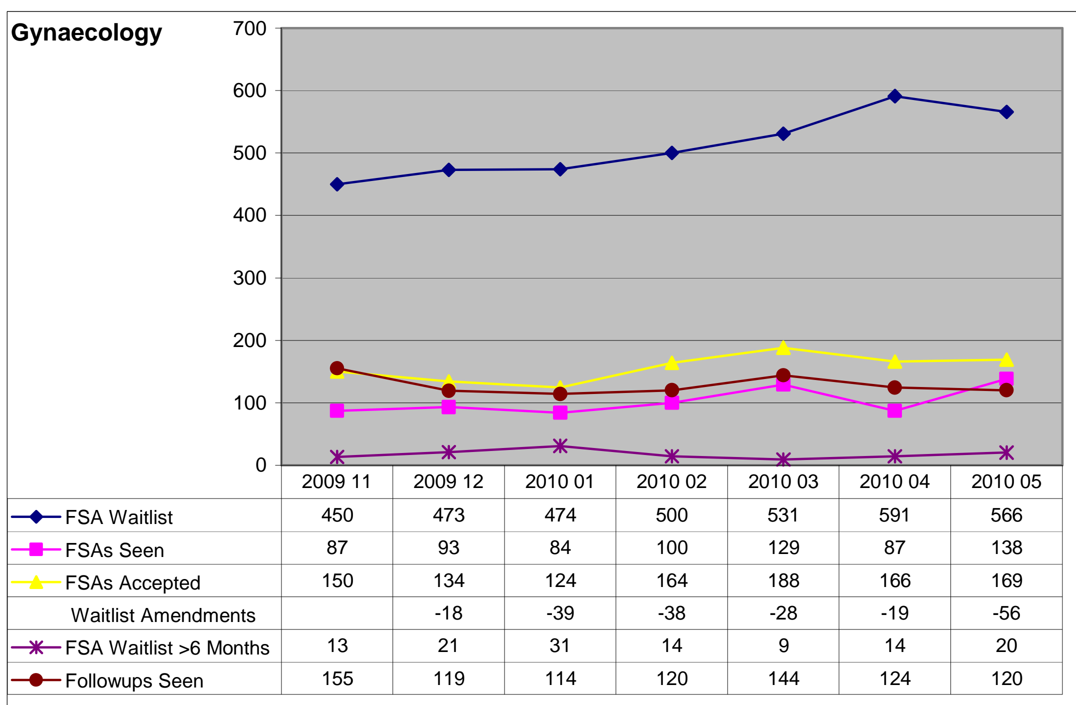
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	324	347	343	369	406	422	346
FSAs Seen	105	98	83	85	141	108	128
FSAs Accepted	188	176	134	192	204	199	176
Waitlist Amendments		-55	-55	-81	-26	-75	-124
FSA Waitlist >6 Months	12	20	14	3	24	40	64
Followups Seen	160	153	96	118	189	151	150

Gen Medicine Annual Contracted Volumes are 1130 FSAs and 2500 Followups.
YTD FSAs Contract: 1031 Actual: 1385. YTD Followups Contract: 2280 Actual: 2252



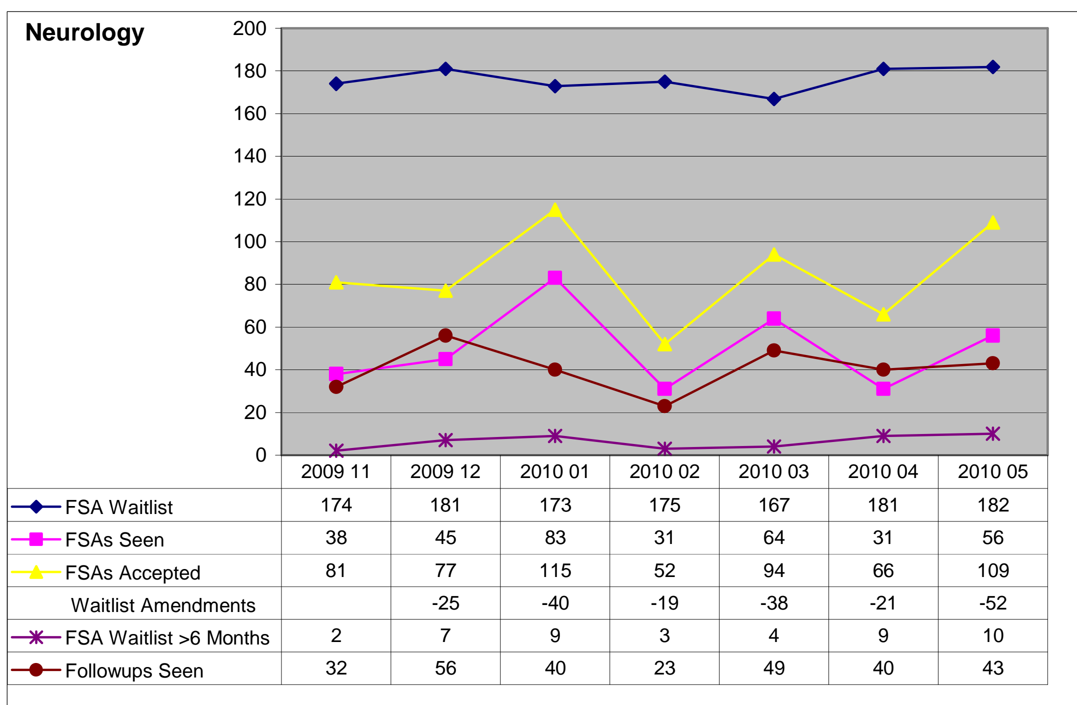
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	1164	1250	1270	1193	1142	1079	1034
FSAs Seen	237	258	205	286	387	312	294
FSAs Accepted	388	394	337	354	467	354	342
Waitlist Amendments		-50	-112	-145	-131	-105	-93
FSA Waitlist >6 Months	39	62	110	95	61	17	30
Followups Seen	257	302	206	297	287	309	206

Gen Surgery Annual Contracted Volumes are 3445 FSAs and 4608 Followups.
YTD FSAs Contract: 3142 Actual: 2980. YTD Followups Contract: 4203 Actual: 3949



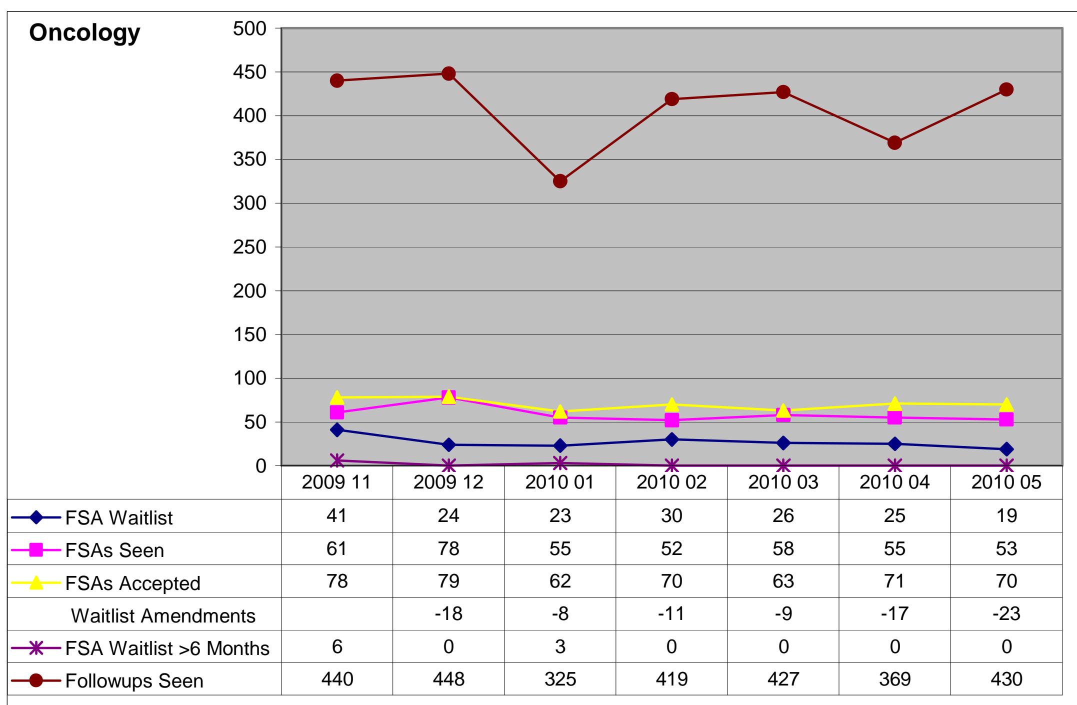
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	450	473	474	500	531	591	566
FSAs Seen	87	93	84	100	129	87	138
FSAs Accepted	150	134	124	164	188	166	169
Waitlist Amendments		-18	-39	-38	-28	-19	-56
FSA Waitlist >6 Months	13	21	31	14	9	14	20
Followups Seen	155	119	114	120	144	124	120

Gynaecology Annual Contracted Volumes are 1200 FSAs and 1050 Followups.
YTD FSAs Contract: 1094 Actual: 1212. YTD Followups Contract: 958 Actual: 1180



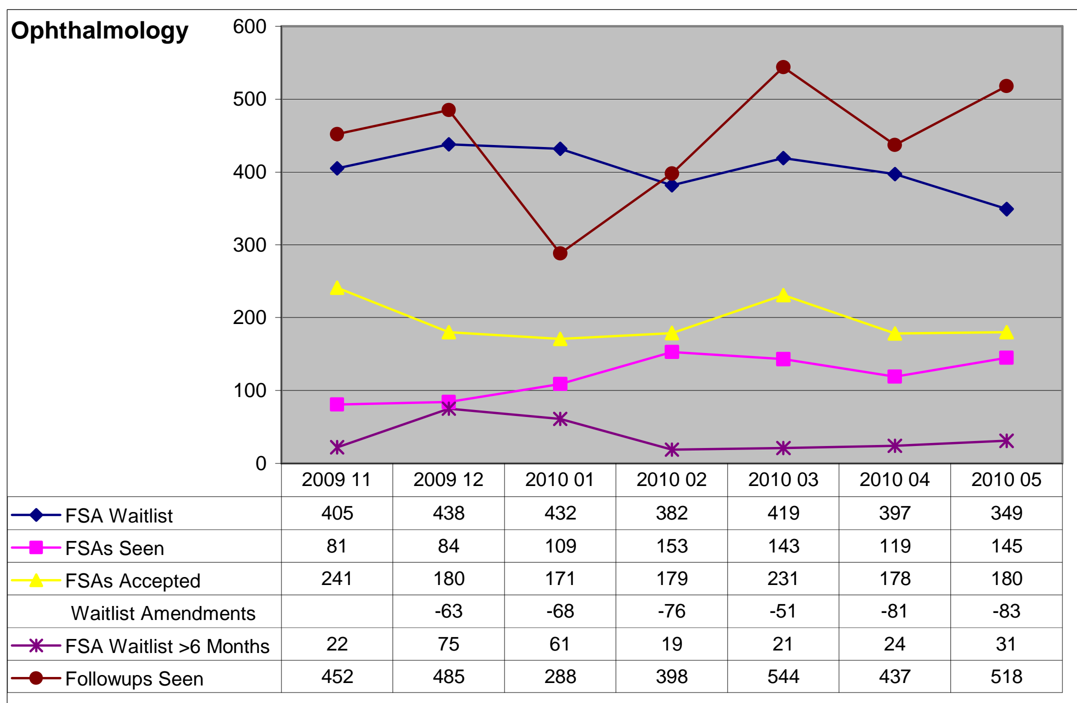
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	174	181	173	175	167	181	182
FSAs Seen	38	45	83	31	64	31	56
FSAs Accepted	81	77	115	52	94	66	109
Waitlist Amendments		-25	-40	-19	-38	-21	-52
FSA Waitlist >6 Months	2	7	9	3	4	9	10
Followups Seen	32	56	40	23	49	40	43

Neurology Annual Contracted Volumes are 714 FSAs and 700 Followups.
YTD FSAs Contract: 651 Actual: 539. YTD Followups Contract: 638 Actual: 427



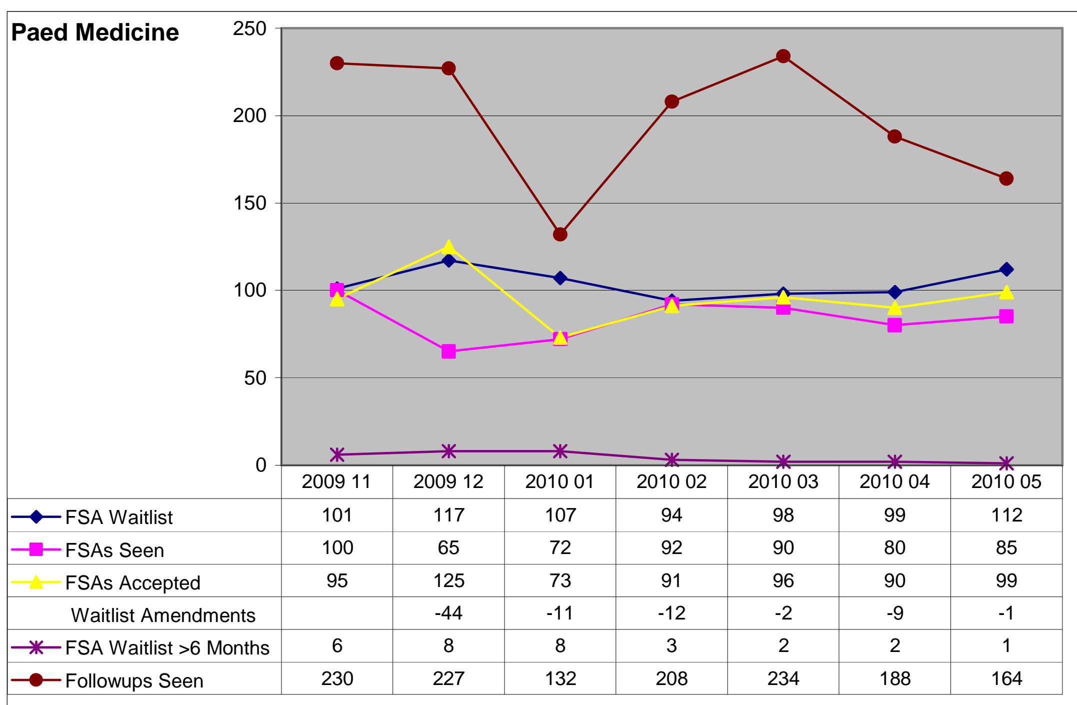
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	41	24	23	30	26	25	19
FSAs Seen	61	78	55	52	58	55	53
FSAs Accepted	78	79	62	70	63	71	70
Waitlist Amendments		-18	-8	-11	-9	-17	-23
FSA Waitlist >6 Months	6	0	3	0	0	0	0
Followups Seen	440	448	325	419	427	369	430

Oncology Annual Contracted Volumes are 500 FSAs and 2502 Followups.
YTD FSAs Contract: 456 Actual: 608. YTD Followups Contract: 2282 Actual: 3529



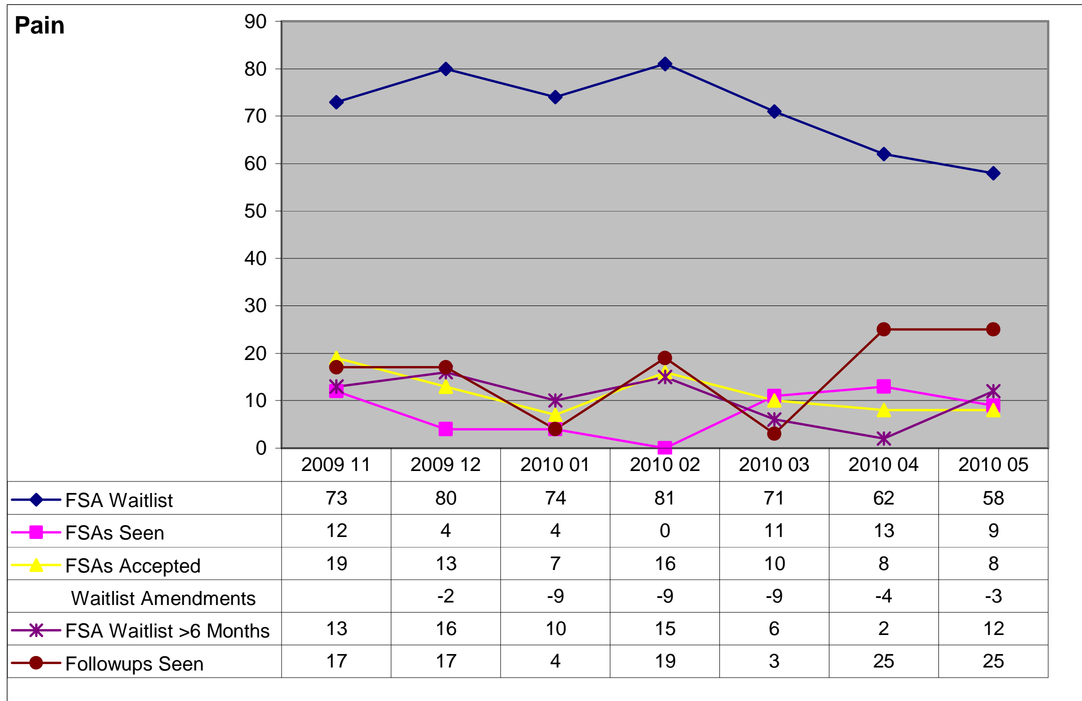
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	405	438	432	382	419	397	349
FSAs Seen	81	84	109	153	143	119	145
FSAs Accepted	241	180	171	179	231	178	180
Waitlist Amendments		-63	-68	-76	-51	-81	-83
FSA Waitlist >6 Months	22	75	61	19	21	24	31
Followups Seen	452	485	288	398	544	437	518

Ophthalmology Annual Contracted Volumes are 1445 FSAs and 5645 Followups.
YTD FSAs Contract: 1318 Actual: 1238. YTD Followups Contract: 5149 Actual: 5527



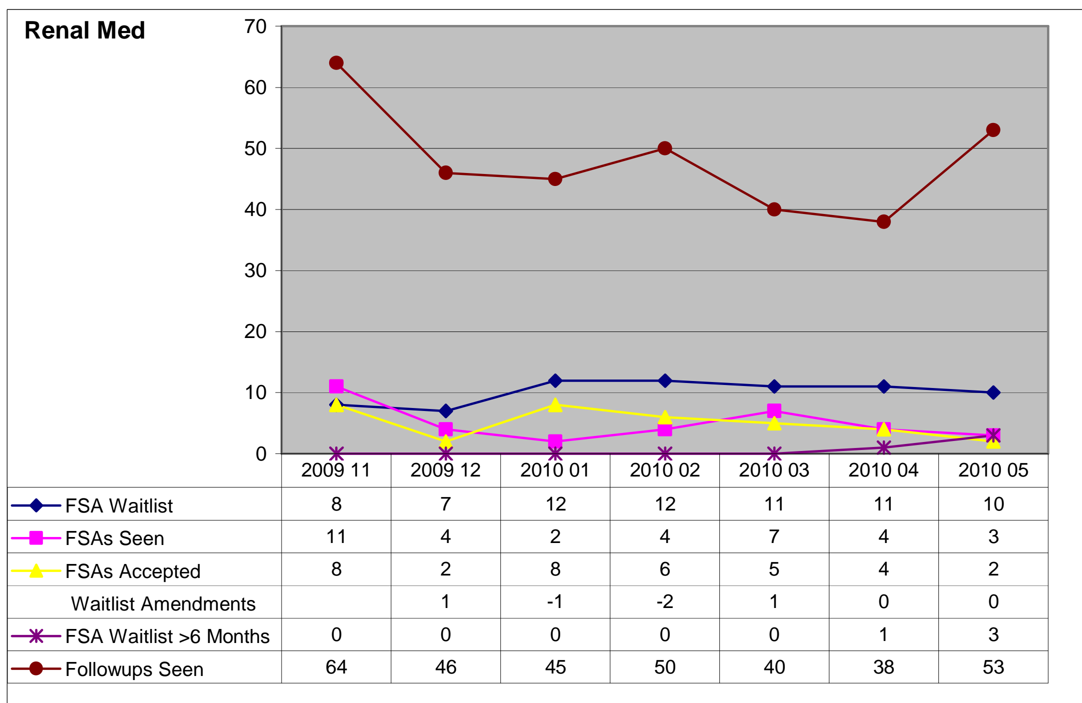
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	101	117	107	94	98	99	112
FSAs Seen	100	65	72	92	90	80	85
FSAs Accepted	95	125	73	91	96	90	99
Waitlist Amendments		-44	-11	-12	-2	-9	-1
FSA Waitlist >6 Months	6	8	8	3	2	2	1
Followups Seen	230	227	132	208	234	188	164

Paed Medicine Annual Contracted Volumes are 950 FSAs and 2499 Followups.
YTD FSAs Contract: 866 Actual: 812. YTD Followups Contract: 2279 Actual: 2241



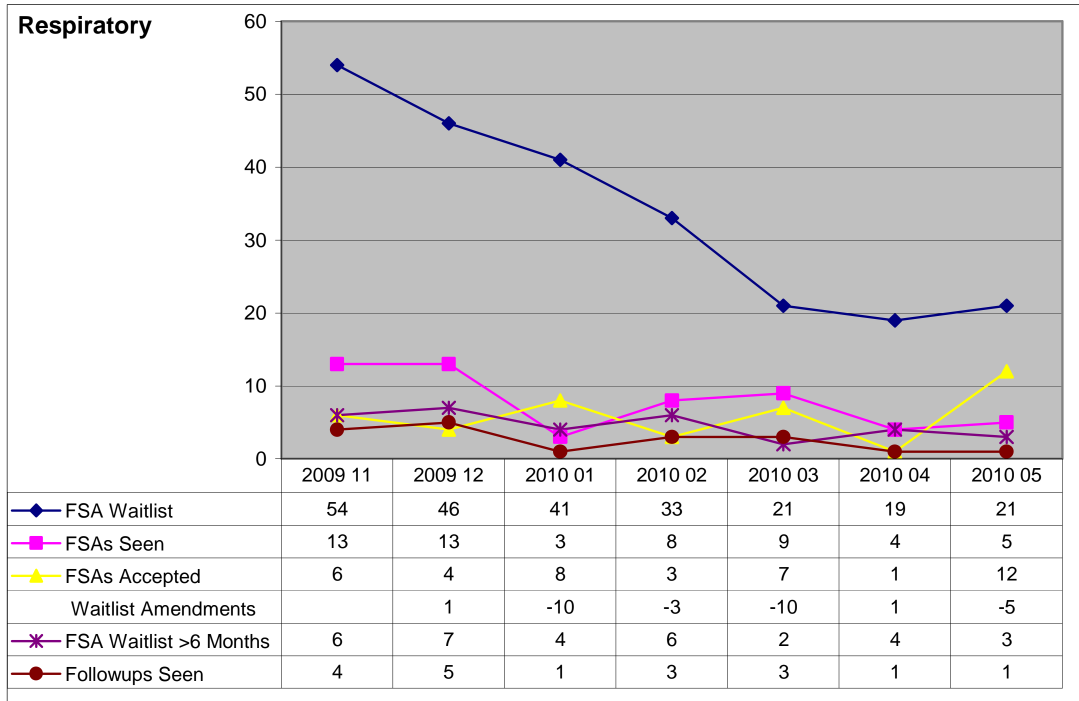
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	73	80	74	81	71	62	58
FSAs Seen	12	4	4	0	11	13	9
FSAs Accepted	19	13	7	16	10	8	8
Waitlist Amendments		-2	-9	-9	-9	-4	-3
FSA Waitlist >6 Months	13	16	10	15	6	2	12
Followups Seen	17	17	4	19	3	25	25

Pain Annual Contracted Volumes are 110 FSAs and 200 Followups.
YTD FSAs Contract: 100 Actual: 84. YTD Followups Contract: 182 Actual: 169



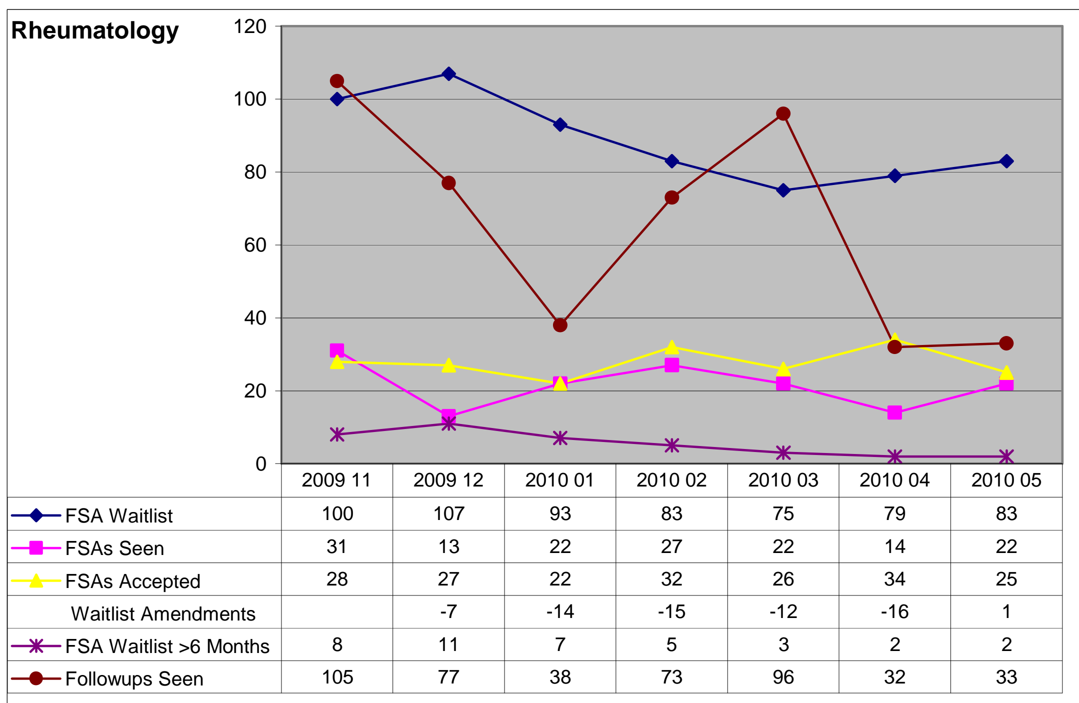
	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	8	7	12	12	11	11	10
FSAs Seen	11	4	2	4	7	4	3
FSAs Accepted	8	2	8	6	5	4	2
Waitlist Amendments		1	-1	-2	1	0	0
FSA Waitlist >6 Months	0	0	0	0	0	1	3
Followups Seen	64	46	45	50	40	38	53

Renal Med Annual Contracted Volumes are 65 FSAs and 508 Followups.
YTD FSAs Contract: 59 Actual: 51. YTD Followups Contract: 463 Actual: 531



	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	54	46	41	33	21	19	21
FSAs Seen	13	13	3	8	9	4	5
FSAs Accepted	6	4	8	3	7	1	12
Waitlist Amendments		1	-10	-3	-10	1	-5
FSA Waitlist >6 Months	6	7	4	6	2	4	3
Followups Seen	4	5	1	3	3	1	1

Respiratory Annual Contracted Volumes are 75 FSAs and 80 Followups.
YTD FSAs Contract: 68 Actual: 93. YTD Followups Contract: 73 Actual: 43



	2009 11	2009 12	2010 01	2010 02	2010 03	2010 04	2010 05
FSA Waitlist	100	107	93	83	75	79	83
FSAs Seen	31	13	22	27	22	14	22
FSAs Accepted	28	27	22	32	26	34	25
Waitlist Amendments		-7	-14	-15	-12	-16	1
FSA Waitlist >6 Months	8	11	7	5	3	2	2
Followups Seen	105	77	38	73	96	32	33

Rheumatology Annual Contracted Volumes are 400 FSAs and 1110 Followups.
YTD FSAs Contract: 365 Actual: 261. YTD Followups Contract: 1012 Actual: 990

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	**May-09**	**08/09 YTD**	**May-10**	**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	7.5%	7.8%	5.8%	6.4%	▼		< 6%	1
Elective as % of Total Discharges,	34.8%	34.0%	33.8%	34.7%	▼		33.8%	
Day Case Throughput	966	10,530	839	9,698	▼	10,580	9,672	
Triage 1 (Immediate)	100%	100%	100%	100%	—		100%	
Triage 2 (< 10 mins)	74%	79%	79%	80%	▼		80%	
Triage 3 (< 30 mins)	70%	68%	75%	73%	▼		75%	
% discharged from ED within 6 hours	96%	97%	98%	98%	▼		95%	
Staff								
Sick Leave rate	3.4%	2.9%	3.1%	3.0%	▲		< 4%	
Staff Turnover(excl casuals)	0.7%	0.8%	0.8%	1.1%	▼		< 2.5%	
Paid Overtime ($000)	120	1233	92.2	1049.3	▲	1,145	$1.2 mill	
Staff with Ann Leave balance > 2 yrs entitlement	39	39	45	45	▲		< 30	
Trendcare actualisation			97.0%	97.0%	▲		100%	
Contract Performance								
Service Level Provided;								
- CWDS	1,440	16,769	1,627	18,031	▲	19,688	18,845	
- FSA's	1,767	18,039	1,781	19,226	▼	20,945	19,548	
- FU's	3,296	34,364	2,963	35,328	▼	38,591	37,113	
- Procedures	1,164	11,976	1,327	13,659	▲	14,869	13,767	
Contract gross variance	3.8%	3.8%	3.2%	3.2%	▼		+/-2%	2
Total Elective Discharges		5,864	615	6,852	▼	7,475	6,169	
Financial Viability & Value for money								*Budget*
Contribution to Overheads	(523)	(5,996)	(168)	(2,356)	▼		0	*11,942*
Revenue	158	2,020	(110)	(1,430)	▼		0	*194,501*
Expenditure (Exc Personnel)	(368)	(5,936)	(150)	389	▲		0	*74,386*
Personnel	(313)	(2,050)	92	(1,315)	▲		0	*108,173*
Discharges/FTEs	1.65	1.79	1.78	1.71	▲		1.87	
ALOS – Medical	3.68	3.63	3.17	3.26	▲		3.73	3
– Surgical	3.61	3.68	3.67	3.73	▲		3.76	3
CWD per Dr FTE	17.8	15.2	16.2	15.2	▲		13.6	
Readmission rate	1%	0.89%	0.22%	0.57%	▼			
Quality								
Patient Satisfaction Survey	1	1	2	2	—	Remain in top quartile		
Coding > 21 days	4	4	435	435	▼		< 20	4
Achieve accreditation/certification								
Patient flow								
Management of incidents								
Smoking cessation % (admitted patients)	7.6%	11.7%	23.2%	19.6%	▲			
Government Health targets								
09/10 FY Qtr 3 Results				*Score*			*DHB Placing*	
Shorter Stays in ED				98%			3	
Improved access to Elective Access				106%			8	
Shorter waits for cancer treatment radiotherapy				91%			20	
Increased immunisation				86%			12	
Better help for smokers to quit				47%			6	
Better Diabetes & Cardiovascular services				66%			18	

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

Did Not Attends (DNAs)

It is very pleasing to note that for both April and May the target of <6% was achieved. It should also be noted that we are now moving to a full texting reminder system for all appointments.

Day Case

The downward trend is driven by a reduction of day cases being completed at Wairau Hospital. The reason for this is being investigated.

4.4 ELECTIVE SERVICE REPORT (APRIL DATA)

4.4.1 ESPIs

Overall ESPIs for April 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 6.9% with 109 patients waiting > 6 months for FSA. Additional clinics have been undertaken in May to reduce backlog. The Elective Services Manager is in discussion with SMOs regarding swapping theatre for clinics and the possibility of undertaking virtual FSAs.

The issue is mainly in Wairau where there are 65 patients waiting > 6 months. One specialist is spending two days in May and two days in July to reduce backlog.

(NB: Definition of a Virtual FSA: Following a request from a General Practitioner (GP) or community based Nurse Practitioner (NP), a review is undertaken by a Registered Medical Practitioner of Registrar level or above, or a Registered Nurse Practitioner of patient records and any diagnostic results. A written plan of care is developed for the patient and provision of that plan and other necessary advice is made to the referring GP or NP.

The virtual FSA does not include the triage of referral letters and the patient should not be present during the assessment.)

Ophthalmology ESPI 3. Patients waiting without a commitment to treat whose priorities are higher than the actual treatment threshold.

This ESPI is sitting at 5.1% with 42 patients above the actual treatment threshold. The threshold has been set relatively high due to capacity of the Ophthalmologists.

The actual treatment threshold is based on the last 12 months of treated patient's priority scores. The actual treatment threshold and commitment threshold have been set at different levels and this is now being reflected with 42 patients in active review above the actual treatment threshold. The Elective Services Manager is monitoring.

We are also reviewing the resourcing of this Department as even with high thresholds the follow-ups in relation to Avastatin administration is putting the Department under pressure.

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

ESPI 5 is currently sitting at 5.1% for April with 43 patients waiting longer than 6 months for treatment. These patients have been requested to be operated on in May and June in order to return to green ESPI status and prevent a loss of funding. This will result in over delivery in Orthopaedics in order to retain ESPI compliance.

Preliminary results for May have shown green ESPI results for April.

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

Currently we are sitting at 5.5% with 43 patients waiting greater than 6 months, the majority of patients are in Blenheim.

As previously advised, the threshold has been increased and additional clinics are being undertaken in place of theatre sessions to reduce backlog.

4.4.2 General Surgery and Urology Services

The General Surgery and Urology Services have reviewed access criteria as there are a significant amount of referrals being accepted that surpass the capacity of the consultants. Letters have been sent to the GPs of Nelson and Marlborough in regard to the increasing thresholds for these two specialities.

The following conditions are those that will not now be accepted:

General Surgery

- Sebaceous cysts
- Nonsymptomatic lipomata
- Varicose veins that are uncomplicated by severe dermatoliposclerosis or ulceration
- Bilateral mastalgia
- Consideration of breast reduction
- Consideration of surgery for obesity
- Nonsymptomatic and reducible hernias
- Anal skin tags
- Toenail surgery

Urology

- Benign scrotal pathology > 18 years of age. GP needs to get scrotal ultrasound undertaken before referring those patients < 18 years of age.
- Stress Urinary incontinence (unless conservative options have been undertaken first (ie referral to Physiotherapist). Physiotherapy outcome should be included in referral letter to Urology.
- Non obstructive renal stones < 1 cm.

- Lower urinary tract symptoms in men unless they have experienced haematuria, bladder stones, urinary infections or urinary retention > 300 mls
- Social circumcision
- Vasectomy
- Premature ejaculation
- Sexual dysfunction
- Infertility
- Peyronie's Disease
- Recurrent UTI's < 40 years old with normal ultrasound (both genders)

Management of electives at NMDHB is underpinned by the following Ministry of Health elective principles:

Clarity: Where patients know whether or not they will receive publicly funded services

Timeliness: where services can be delivered within the available capacity, patients receive them in a timely manner; and

Fairness – ensuring that the resources available are directed to those most in need
The above strategies are being instituted to ensure patients with the greatest clinical need and ability to benefit are treated in a timely manner. These include:

- All referrals are triaged and those with the highest clinical need and ability to benefit are treated first.
- A review of current service delivery is being undertaken to ensure inflows and outflows match. This is required as a result of an increase in the number of referrals from primary care for First Specialist Assessments (FSAs)
- Capacity will be monitored and adjusted as necessary.
- The numbers of referrals being accepted could not be met by the resources available to the DHB. Therefore the most appropriate course of action is to:
- ensure prioritisation enables those with the greatest need and ability to benefit are given certainty of treatment,
- that strategies are implemented to ensure effective and efficient use of OPD capacity.
- Some virtual FSAs have been undertaken in Wairau where specialists recommend a course of action for GPs to administer in General Practice.

GP Liaisons will be working with the GPs of affected patients.

It is very unfortunate this has to be undertaken but the DHB needs to ensure that those patients with the highest clinical priority are being treated within the appropriate timeframes.

ENT have also started to return some lower priority conditions as have Orthopaedics Wairau.

Active Review patients in ENT, Eyes and General Surgery Nelson and Orthopaedics Wairau are being returned to GP care after three reviews and patient not reaching

threshold for certainty. Those patients that are also well below the threshold for surgery will now not be placed on the active review waiting list. Discussion is occurring with other specialists regarding implementation of this same practice.

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2009 May			2009 Jun			2009 Jul			2009 Aug			2009 Sep			2009 Oct		
	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
2. Patients waiting longer than six months for their first specialist assessment (FSA).	258	1.4%	0	277	1.5%	0	276	1.5%	0	342	1.8%	0	360	1.9%	0	279	1.5%	0
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	57	1.0%	0	108	1.8%	0	106	1.8%	0	125	2.1%	0	139	2.3%	0	157	2.7%	0
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
5.Patients given a commitment to treatment but not treated within six months.	154	2.4%	0	134	2.1%	0	127	2.0%	0	142	2.2%	0	179	2.8%	0	189	3.0%	0
6. Patients in active review who have not received a clinical assessment within the last six months.	48	9.0%	0	59	11.6%	0	44	9.3%	0	43	9.0%	0	70	13.9%	0	54	10.2%	0
7. Patients who have not been managed according to their assigned status and who should have received treatment.	120	2.0%	0	107	1.8%	0	108	1.8%	0	121	2.1%	0	162	2.7%	0	154	2.6%	0
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	506	98%	0%	505	99%	0%	440	97%	0%	450	98%	0%	522	99%	0%	506	99%	0%

	2009 Nov			2009 Dec			2010 Jan			2010 Feb			2010 Mar			2010 Apr			
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Target
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	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	235	1.3%	0	364	1.9%	0	357	1.9%	0	344	1.8%	0	366	1.9%	0	365	1.9%	0	< 2%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	170	2.9%	0	173	2.9%	0	188	3.2%	0	101	1.8%	0	129	2.3%	0	108	1.9%	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	< 5%
5.Patients given a commitment to treatment but not treated within six months.	200	3.2%	0	214	3.4%	0	212	3.4%	0	244	4.0%	0	257	4.3%	0	212	3.5%	0	< 5%
6. Patients in active review who have not received a clinical assessment within the last six months.	62	11.6%	0	27	5.0%	0	37	6.6%	0	53	8.9%	0	17	2.7%	0	55	8.7%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	168	2.8%	0	189	3.2%	0	192	3.3%	0	197	3.4%	0	201	3.6%	0	169	3.0%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	532	99%	0%	449	100%	0%	322	100%	0%	395	100%	0%	487	100%	0%	478	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/).

Data Warehouse Refresh Date: 05/Jun/2010
Report Run Date: 07/Jun/2010

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

4.5 PROPERTY MANAGEMENT

4.5.1 Mental Health

Braemar Redevelopment
The GM Finance and Property will be providing an update at the meeting.

4.5.2 Emergency Power Supply System (EPSS) Nelson

EPSS installation programme has been further delayed due to contractor installations not being completed and subsequent risks identified by Project Implementation Team. The testing and commissioning programme commenced and identified faults in the new equipment (transformer). This has been returned to the manufacturer for repair and has been reinstalled. Commissioning is now expected in June.

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

4.6 MENTAL HEALTH KPIS/VARIANCE REPORT

Performance Areas & KPI'S	May 09	May 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	86%	74%	74%*	▲		80%	
CAMHS New Referrals Seen Within 30 Days	85%	80%	78%*	▼		100%	CAMS down 3FTEs (last 6/12) due to P&F requirements
KSC New Referrals Seen Within 30 Days	59 %	77%	73%*	▲		75%	
Witherlea New Referrals Seen Within 30 Days	88%	96%	97%*	▲		100%	Full staffing at Witherlea now.
Crisis Response - (Witherlea, MCT, CAMHS)	100%	100%	100%*	–		100%	
Staff							
% Contracted FTEs Employed	106.8%	97.5%	98%	▼		100%	
Turnover	0.41%	0.83%	0.78%	▼		2%	
Sick Leave	4.0%	4.3%	3.2%	▲		4%	
Service Provision							
Crisis Attendance No's - (Witherlea, MCT, CAMHS)	166	121	1614**	▲		Monthly No's	
Community Caseload No's - (all Community Teams)	3224	3184	3155*	▲		Monthly No's	
Methadone No's	279	263	302**	–		Monthly No's	
AOD Court Assessments	32	42	308**	▲		As required	
Average (Acute) Inpatient Length of Stay	11.16	10.25	10.3*	▼		14 days	
Finance (Variance from Budget) $000s							
Total Income	140	36	186	▼		Nil Variance	
Total Expenditure	69	114	832	▼		Nil Variance	
Breakdown Expenditure – Personnel	46	74	459	▼		Nil Variance	
Breakdown Expenditure – Other	23	40	373	▼		Nil Variance	
Contribution to Overheads	210	150	1019	▲		Cover Overhead Costs	
Quality							
Percentage Discharge Plans	100%	100%	100%*	–		100%	Discharge planning begins at admission
Percentage Relapse Prevention Plans	95.1%	95.1%	96%*	▼		90% - National Target	
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

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

4.6.1 Mental Health KPI Variance Report

FINANCE

	May-10			Year to Date			Full Year	
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast
Govt & Crown Agency	17,220	25,636	8,416	189,418	174,612	(14,806)	206,654	190,486
Other Health Related	332	762	430	3,652	789	(2,863)	4,000	861
Non Health	4,957	14,928	9,971	54,519	67,681	13,162	59,500	73,995
Internal Income	7,143	7,143	0	78,573	78,673	100	85,724	85,724
Internal MoH Income	2,040,818	2,057,983	17,165	22,448,976	22,639,809	190,833	24,489,792	24,697,973
Total Revenue	2,070,470	2,106,452	35,982	22,775,138	22,961,564	186,426	24,845,670	25,049,039
Personnel	1,630,205	1,556,134	74,071	17,790,288	17,331,072	459,216	19,477,119	18,906,624
Outsourced	55,872	42,822	13,050	614,599	444,646	169,953	670,523	521,697
Clinical Supplies	11,901	6,946	4,955	131,203	96,938	34,265	143,443	110,846
Infrastructure	101,535	81,705	19,830	1,124,502	951,347	173,155	1,226,621	1,037,833
Internal Charges	273,055	270,806	2,249	2,993,034	2,997,534	(4,500)	3,265,320	3,270,037
Total Expenditure	2,072,568	1,958,413	114,155	22,653,626	21,821,537	832,089	24,783,026	23,847,037
	(2,098)	148,039	150,137	121,512	1,140,027	1,018,515	62,644	1,202,002

REVENUE

Total revenue is $186k ahead of budget, additional non budgeted MOH revenue has been received for the forensic service, smoke free and PRIMHD.

EXPENSES

Personnel

Mental Health personnel cost is $459k and 4.42 FTE under budget for YTD May. Management & Administration are 2.41 FTE under budget partly due to the non replacement of staff (administration role and unit manager on maternity leave); this cost saving will continue for remainder of the year. Course fee expenditure is notably under budget.

Outsource

Outsource expenditure is $170k under spent; the variance resides against home support, respite care and medical fees for service. Demand prior and just over the Christmas period for Home and Respite care was unseasonably low.

Clinical Supplies

Clinical supply cost is under budget by $34K with the variance mainly against client related costs.

Infrastructure and Non Clinical Expenditure

Infrastructure & Non Clinical expenditure is under spent by $173k. This favourable variances exists among a multitude of budget codes.

Contribution to Overheads
Mental Health's contribution to overheads for YTD May is favourable, total actual revenue less total actual expenses (contribution margin before overheads) is better than budget. There is $1,140k of money that can be used towards covering corporate / support overheads that are apportioned to the service. Note, after overheads are allocated, the service will be close to breakeven, a slight loss will exist.

4.7 HEALTH OF OLDER PERSON AND RURAL HOSPITALS SERVICE

	May				YTD			
	Actual	Budget	Variance	% var	Actual	Budget	Variance	% var
Govt & Crown Agency	199,870	179,525	20,345	11	1,961,578	1,828,785	132,793	7
Other Health Related	58,977	50,253	8,724	17	547,631	543,495	4,136	1
Non Health	6,043	1,792	4,251	237	38,896	19,758	19,138	97
Internal Income			0				0	
Internal MoH Income	1,273,973	1,258,041	15,932	1	13,802,801	13,812,102	(9,301)	(0)
Total Revenue	**1,538,862**	**1,489,611**	**49,251**	**3**	**16,350,907**	**16,204,140**	**146,767**	**1**
Personnel	764,257	841,912	77,654	9	8,884,415	9,290,691	406,276	4
Outsourced	24,355	46,591	22,236	48	417,709	512,645	94,935	19
Clinical Supplies	28,169	24,240	(3,929)	(16)	233,466	268,735	35,269	13
Infrastructure	68,770	72,802	4,033	6	699,957	808,139	108,182	13
Internal Allocation	222,401	222,265	(136)	(0)	2,428,216	2,436,439	8,223	0
Total Expenditure	**1,107,952**	**1,207,810**	**99,858**	**8**	**12,663,763**	**13,316,649**	**652,886**	**5**
Contribution to Overheads	**430,910**	**281,801**	**149,109**	**(53)**	**3,687,144**	**2,887,491**	**799,653**	**(28)**
FTE	134.27	142.33	8.06		137.87	144.05	6.18	

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

Revenue

Overall $147k additional income has been received to 31 May 2010

Government & Crown Agency $133k additional income

- Reduced ACC cases at the rural hospitals $48k and Ministry disability funding increase less than expected $5k
- Additional ACC Non Acute Rehab cases $186k

Other Health Related $4k additional income

- Reduced continuing care private payers income $17k
- Additional income received from meals on wheels $7k, non NZ residents $10k and additional sales $4k

Non Health Related $19k additional income

- Donations received $15k
- Minor miscellaneous income received $4k

Internal MoH Income $9k less income

- Reduced psychogeriatric continuing care income

Personnel Costs

Overall personnel costs are under spent $406k and 6.18 FTE under

- Medical $185k under spent - Vacant Psychogeriatrician position for 7 months and relief not utilised (some offset with outsourced staffing in expenses)
- Under spending occurring within all other categories
  - Nursing $106k under spent

- Allied Health $38k under spent
- Hotel Services $27k under spent
- Management/Admin $50k under spent

Expenses

Overall $247k under spent

- Outsourced Services $95k under spent – Services not utilised at this time and using DHB employed nursing staff rather than outsourced nursing agencies
- Clinical Supplies $35k under spent – reduced patient consumables costs – dressings, bandages, continence products
- Infrastructure $108k under spent – reduced minor capital expenditure, facility and transport costs
- Internal Allocations $8k under spent – reduced food costs

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

4.8 FINANCIAL REPORT

FINANCIAL REPORT

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

Hospital Services has a net deficit of -$184K compared to a budgeted surplus of $1,671K giving an adverse variance of $1,855K.

Monthly details are included on the table following.

$000's	Budget May-10 Month	Actual May-10 Month	Var Month	Budget YTD	Actual YTD	Var YTD	Budget 2009-10 Annual	Forecast 2009-10 Annual	Var 2009-10 Annual
REVENUE									
Government and Crown Agency									
MoH - Personal Health	0	32	32	0	406	406	0	442	442
MoH - Mental Health	0	0	0	0	0	0	0		0
MoH - Public Health	31	16	-15	342	192	-150	373	260	-113
MoH - Disability Support Services	107	106	-1	1,179	1,168	-12	1,287	1,276	-11
Clinical Training Agency	103	107	4	1,204	1,242	39	1,306	1,392	86
Inter Provider Revenue	103	18	-84	1,127	136	-991	1,230	140	-1,090
Training Fees and Subsidies	0	7	6	3	13	9	4	13	9
Accident Insurance	302	268	-35	3,178	3,003	-176	3,471	3,313	-158
Other Government	33	70	37	362	475	113	395	495	100
Internal MOH Revenue	14,568	14,501	-67	160,225	159,834	-391	174,789	174,520	-269
Total Gov't and Crown Agency	***15,247***	***15,125***	***-122***	***167,621***	***166,469***	***-1,152***	**182,855**	**181,850**	**-1,004**
Other Revenue									
Patient / Consumer sourced	354	340	-14	3,885	3,483	-402	4,238	3,808	-429
Other Income	133	148	15	1,437	1,548	111	1,571	1,682	111
Total Other Revenue	***487***	***488***	***1***	***5,322***	***5,031***	***-291***	**5,808**	**5,490**	**-318**
Internal revenue	***487***	***498***	**12**	***5,352***	***5,365***	**13**	**5,838**	**5,851**	**13**
TOTAL REVENUE	**16,221**	**16,111**	**-110**	**178,295**	**176,865**	**-1,430**	**194,501**	**193,192**	**-1,309**
EXPENSES									
Personnel costs									
Medical Personnel	2,874	2,893	-20	31,738	32,270	-532	34,939	35,373	-433
Nursing Personnel	3,776	3,810	-34	41,095	42,932	-1,836	44,946	46,882	-1,936
Allied Health Personnel	1,383	1,306	76	15,350	14,717	633	16,835	16,102	733
Support Personnel	145	139	6	1,594	1,587	6	1,741	1,729	11
Man/Admin Personnel	825	761	64	8,867	8,453	414	9,712	9,239	473
Personnel costs Total	**9,002**	**8,910**	**92**	**98,644**	**99,959**	**-1,315**	**108,173**	**109,325**	**-1,153**

	Budget	Actual	Var	Budget	Actual	Var	Budget	Forecast	Var
	May-10	May-10						2009-10	
$000's	**Month**	**Month**	**Month**	**YTD**	**YTD**	**YTD**	**Annual**	**Annual**	**Annual**
Outsource Services									
Medical Personnel	118	156	-39	1,292	1,700	-408	1,410	1,797	-387
Nursing Personnel	20	1	19	220	130	91	241	136	104
Allied Health Personnel	3	6	-3	29	20	9	32	22	10
Support Personnel	0	0	0	0	2	-2		3	-3
Man/Admin Personnel	7	0	7	74	22	52	81	28	53
Outsource Clinical Services	582	648	-66	6,278	6,403	-125	6,849	6,990	-141
Total Outsource Services	**729**	**811**	**-82**	**7,894**	**8,277**	**-383**	**8,612**	**8,975**	**-363**
Clinical Supplies									
Treatment Disposables	851	868	-17	9,339	8,864	475	10,191	9,633	558
Diagnostic Supplies & Other Supplies	46	64	-18	501	645	-143	547	694	-147
Instruments & Equipment	475	454	20	4,776	4,459	317	5,253	4,916	337
Patient Appliances	102	91	11	1,120	1,181	-61	1,222	1,263	-41
Implants and Prostheses	359	494	-135	3,952	4,365	-413	4,311	4,799	-488
Pharmaceuticals	504	490	14	5,542	5,426	116	6,046	5,907	139
Other Clinical & Client Costs	184	130	54	2,021	1,998	23	2,205	2,196	9
Total Clinical Supplies	**2,520**	**2,591**	**-72**	**27,252**	**26,938**	**314**	**29,775**	**29,407**	**368**
Infrastructure & Non-Clinical Supplies									
Hotel Services, Laundry & Cleaning	233	240	-7	2,564	2,528	37	2,797	2,757	40
Facilities	53	52	1	567	526	42	620	585	35
Transport	50	40	9	558	463	96	609	502	107
IT Systems & Telecommunications	52	66	-14	619	676	-57	671	731	-61
Interest & Financing	0	0	0	0	0	0	0	0	0
Professional Fees & Expenses	9	6	3	108	79	29	117	88	29
Other Operating Expenses	140	125	15	1,533	1,338	194	1,680	1,456	224
Total Infrastructure & Non-Clinical Supplies	**536**	**528**	**8**	**5,949**	**5,609**	**340**	**6,494**	**6,120**	**374**
Internal Charges	2,464	2,469	-5	27,049	26,931	118	29,505	29,399	106
EXPENSES TOTAL	**15,251**	**15,309**	**-58**	**166,789**	**167,715**	**-926**	**182,559**	**183,227**	**-668**
Contribution to Overheads	**970**	**802**	**-168**	**11,506**	**9,150**	**-2,356**	**11,942**	**9,965**	**-1,977**
Overheads	952	1,031	-79	9,835	9,334	501	10,709	10,136	573
NET SURPLUS/(DEFICIT)	**18**	**-229**	**-247**	**1,671**	**-184**	**-1,855**	**1,233**	**-171**	**-1,404**

Financial Variances:

Revenue

Overall revenue is $1,430K unfavourable.

Previously Explained Variances	**Variance**
MOH - Personal Health Favourable Pharmacy Departments received $406K for provision of Herceptin	**$406k**
MOH - Public Health Unfavourable Screening revenue for Colposcopy is unfavourable by $150k	**-$150k**
Inter Provider Revenue Unfavourable Recoveries from Other DHBs are unfavourable by $1,030K. Capital & Coast DHB now directly purchase Haemophilia blood products. This will be offset by lower costs in Clinical Supplies (Treatment Disposables)	**-$991k**
ACC Unfavourable Clinical Support is $282k unfavourable, mostly in Physiotherapy ($114k); Radiology ($142k); and Occupational Therapy ($17k) Surgical Elective revenue is $94k unfavourable Favourable Health of Older People is $144k favourable with additional Non Acute Rehab revenue ($185k) partly offset by reduced volumes in the Rural Hospitals ($41k)	**-$176k**
Patient/Consumer Sourced Unfavourable Clinical Support is $245k unfavourable in: • Audiology departments - $109k lower than budgeted although this is offset in lower Clinical Supplies costs • Pharmacy departments - $46k less than budget. This is covered within additional MOH Personal Health revenue • Radiology NN is $28k unfavourable due mostly to the ending of the arrangement for Private CT use by Nelson Radiology • Meals On Wheels is $70k unfavourable due to the planned price increase not yet having been implemented. Medical Service is $20k unfavourable mostly in Non-Residents income Surgical Service is $37k unfavourable in Private Surgery contract and $37k in Non Residents Women Children and Oral Health is $44k unfavourable in Non Residents	**-$402K**

Previously Explained Variances	**Variance**
Other Income	**$84K**
Favourable	
Mental Health Alcohol & Drug have generated $25k on Medical Reports	
Medical has received $17K from a Medical Trust to cover research work.	
Women Children and Oral Health has generated $16k above budget in Child Development contracts.	
Donations have been received totalling $24k	
Internal MOH Revenue Favourable Health of Older People have received $96k for Motueka prior to the new contract. Mental Health has received an additional $191k for additional Forensic revenue, PRIMHD revenue and smoke free revenue. Women Children & Oral Health has received $115k for Newborn Screening. Unfavourable Pharmacy HealthPAC receipts are $625K unfavourable, mostly related to Pharmaceutical Cancer Treatments. This, however is partly offset by the revenue received for MOH-Personal Health (below) Health of Older People is $10k unfavourable on Continuing Care volumes	**-$391k**

Personnel Costs are $1,315K over budget.

Previously Explained Variances	
Medical Staff is $532K over budget (10 FTE over) Unfavourable • Medical Service is $858k unfavourable, 6.9 FTE unfavourable. The additional FTE and budget phased in over the second half of the year, has reduced the variance in recent months. The costs largely relate to staffing in Emergency Departments ($757k), although there has been some additional cover in Physicians WR ($108k). • Mental Health is $143k unfavourable, mostly because of higher Allowance payments ($120k) and Recruitment and Relocation costs ($37k). • Surgical Service is $160k unfavourable due to locum payments for Anaesthetists WR ($55k) and a back payment for Allowances $72k and relocation costs $62k unfavourable Favourable • Women Children and Oral Health are $615k favourable in Obstetricians departments due to implementation of a new allowances regime.	**-$532k**

Previously Explained Variances

- Health of Older People is $166K favourable with vacancies in Alexandra Hospital ($131k) being the major driver. Geriatricians NN are $21k favourable caused by leave utilisation and Motueka is $17k favourable due to cessation of GP payments.

Nursing staff is $1,836K unfavourable (16 FTE over). **-$1,836k**

Unfavourable

- Health of Older People & Rurals is $183K unfavourable of which Motueka Hospital incurred $55k prior to the transfer of services. This is covered by Internal MOH revenue. The bulk of the remainder occurs in AT&R units - WR ($56K), NN ($90k); Wairau Inpatients Unit ($234K). These are partially offset by Rural Hospitals and Alexandra Hospital where costs are $252k favourable.
- Medical Services are $692K unfavourable mostly in Emergency Departments (5.8 FTE over), Medical Unit NN (1.5 FTE over) and ICU Departments (1.2 FTE over)
- Women, Children & Oral Health are $352K unfavourable. Major factors are: Paediatric Inpatients NN ($101k, 1.3 FTE unfavourable); Maternity Unit NN ($116k, 1.2FTE unfavourable), Special Care Baby Unit ($110k, 1.1 FTE unfavourable), Maternity Unit WR ($104K, 1.5 FTE unfavourable)
- Clinical Support is $260k unfavourable, mostly in District Nursing departments.
- Mental Health is $355k unfavourable across a range of departments, although this is offset by a favourable variance in Allied Health

Allied Health staff is $633K favourable (5 FTE under) **$633k**

Favourable

- Mental Health is $571k favourable (7.7 FTE), although $345K of this is offset by Nursing costs. The balance is largely in Child And Adolescent Mental Health Case Managers and Psychologists
- Surgical Services are $162k favourable (2.4 FTE) in Theatre Technicians and Sterile Services

Unfavourable

- Clinical Support is $167K unfavourable (4.5 FTE unfavourable) and includes 3.65 FTE for HBSS services and 1.2 FTE Pharmacy positions.

Management & Admin Staff is $414K favourable **$414k**

Favourable

Previously Explained Variances

- Mental Health is $338k favourable with positive variances due mainly to being 2.4 FTE favourable and to Course and conference fees ($147k favourable)
- Women Children and Oral Health is favourable by $101K due mainly to the vacant management post in Oral Health

Unfavourable

- Admin Services are $47k unfavourable driven by Wairau departments being 4 FTE unfavourable
- Clinical Support is $29k unfavourable having incurred costs in Management to support the Professional Leader Admin Service.

FTE Table:

	May Month			YTD		
Personnel (FTE)	Budget FTE	Actual FTE	Variance	Budget FTE	Actual FTE	Variance
Medical Staff	165	160	5	152	162	-10
Nursing Staff	604	621	-17	605	621	-16
Allied Health Staff	252	241	10	246	241	5
Support Staff	42	42	0	42	42	0
Management & Admin Staff	194	192	3	188	189	-1
Total FTE	1,257	1,256	1	1,233	1,255	-22

Outsourced services are $383K unfavourable

New Variances	**Variance**
Outsourced Management & Admin $52k favourable	**$52k**
Favourable	
• Maori Health Worker costs over-budgeted $54k	

Previously Explained Variances	**Variance**
Outsourced Medical Staff $408K unfavourable	**-$408k**
Unfavourable	
• Medical Service Locum cover for Physicians in Nelson has cost $94k, however this should not continue. There has been extra cover used for House Surgeons NN and WR ($74k).	
• Women Children and Oral Health are $352K unfavourable principally in Obstetrics WR ($204k) and Paediatrics NN ($53k)and WR ($70k) due to locum cover for leave.	
• Surgical Service is $123k unfavourable in General Surgery locum cover, principally in Wairau, and Orthopaedics ($40k)	

Previously Explained Variances	Variance
Favourable	
• Medical Service cover for Emergency Departments is favourable by $123k, although this is offset by increased costs noted in Personnel above	
• Surgical Service is $94k favourable across a number of departments, with the major item being ENT ($43k favourable)	
Outsourced Nursing Staff $91K favourable	**$91k**
Favourable	
• Health of Older People is $69k favourable due to use of in-house staff instead of external contractors (see Nursing Staff above)	
• Mental Health Acute Unit is $10k favourable	
• Surgical Services is $10k favourable in Nelson	
Outsourced Clinical Services are $125K unfavourable	**-$125k**
Favourable	
• NASC Mental Health is $102K favourable in Respite Care and Home Support costs and other Mental Health services are $27K favourable.	
• Health of Older People is $30K favourable in Rural Hospitals and $3k favourable in Alexandra Hospital	
• Women Children & Oral Health is $31k favourable in Dental Visiting Specialists and Orthodontics	
Unfavourable	
• Clinical Support costs for outsourced Radiology services are $241k unfavourable. This is driven by the volume of referrals coming through Emergency departments and Surgical.	
• Medical Service is $63k unfavourable in outsourced MRI scans and other Radiology procedures including PET scans	

Clinical Supplies are $314K favourable

Previously Explained Variances	Variance
Treatment Disposables $475K favourable	**$475k**
Favourable Blood Supplies, recoverable from Other DHBs are $1,047K favourable. Unfavourable Medical Services is $51k unfavourable with: Emergency departments being $50k unfavourable driven by patient attendance volumes; ICU NN is $36k unfavourable due to costs being driven by higher acuity patients	

Previously Explained Variances	**Variance**
Hospital-use Blood Products are $367k unfavourable, and continue to be driven particularly by Intagram as there has exceptional need for this high-cost treatment.	
Theatre consumables are $146K unfavourable, driven by higher activity	
Diagnostic Supplies are $143k unfavourable	**-$143k**
Unfavourable	
Clinical Support is $23k unfavourable in Radiology departments related to volume	
Medical Services are $33k unfavourable in PCI department related to high activity	
Surgical Service is $70k unfavourable mainly in:	
• Sterile Supplies and Theatres - $43k unfavourable due to higher chemical and sterilising consumable costs	
• Endoscopy - $37k unfavourable mostly in Chemicals driven by higher activity	
Instruments & Equipment	**$317k**
Favourable	
The main factor is depreciation, which is favourable $329k due to timing of capital expenditure being later than budgeted.	
Minor equipment purchases are $88k favourable due to restrictions imposed to meet Recovery Plans	
Unfavourable	
Hire costs for specialised mattresses and Vac machines are unfavourable by $78K	
Equipment leases are $23k unfavourable, of which $16k relates to extended leases for CT machines	
Service contracts are $50k unfavourable: $30K in Radiology departments and $12k in Sterile Services	
Patient Appliances	**-$61k**
Unfavourable	
Clinical Support has unfavourable variances in Ostomy supplies ($95k unfavourable) and Orthotics costs ($77k unfavourable).	
Surgical Service is $53k unfavourable with $39k on Anti-Embolism Stockings and the balance on other Appliances	
Favourable	
Clinical Support has a favourable variance in Audiology Aids ($172k)	
Implants & Prostheses are $413K unfavourable	**-$413k**
Surgical implants are $407k unfavourable driven by orthopaedic implants.	

Previously Explained Variances	Variance
Pharmaceuticals are $116K favourable	**$116k**
Favourable	
Gastro-intestinal $155k ; Antidotes $28k; Anaesthetics $25k; Central Nervous system $22k	
Unfavourable	
Drug categories that are a direct cost to Provider Division showing significant adverse variances are: Infections ($35K); Cardiovascular ($13k); Endocrine ($26k); Obs/Gynae ($17k); Muscoloskeletal ($12k).	

Infrastructure costs are 340k favourable to budget.

New Variances	Variance
Hotel Laundry and Cleaning	**$37k**
Favourable	
Laundry costs are $56k favourable across a wide range of departments	
Unfavourable	
Food and Groceries are $22k unfavourable across a wide range of departments	
Facilities	**$35k**
Favourable	
Utilities costs are $50k favourable in Health of Older People	
Transport	**$96k**
Favourable	
Motor vehicle costs are $66k favourable across a wide range of departments	
Staff Travel costs are also favourable by $29k	
IT & Telecomms	**-$57k**
Unfavourable	
Telecommunication costs are $29k unfavourable, with the main influence being Mobile Phone charges	
Software maintenance charges and lease costs are $11k unfavourable	
IT depreciation is $5k unfavourable	
Other Operating Expenses	**$194k**
Favourable	
Other Equipment minor purchases are $128k favourable across a range of services	

Sundry and Other Office Expenses are $116k favourable, again across a wide range of departments	
Unfavourable	
Stationery and Printing costs are $47k unfavourable across a wide range of departments, partly driven by clinical activity	

Overheads are $501k under budget.

Previously explained Variances	**Variance**
Unfavourable	**-$1,361k**
The unfavourable variance is related to NMDHB overhead departments. Hospital Services share of these overhead departments is as follows: Corporate Office $1,361k unfavourable.	
Favourable	**$1,862k**
Offsetting these are favourable variances in Human Resources & Organisational Development $627k, Director of Nursing $375k, Chief Information Officer $405K and CFO $455k.	

FORECAST

The forecast is based on Year To Date May 2010

The key changes from budget and/or risks are set out below:

Revenue

Additions

- **MOH - Personal Health** claims for Herceptin $442k
- **CTA -** one-off receipt for 2008-09 $86k
- **Other Government -** revised Mortuary contract with Ministry of Justice $130k
- **ACC -** Health of Older People - Non Acute Rehab $200k
- **Patient/Consumer Sourced -** Dental co-payments $62k

Reductions

- **Inter-Provider revenue** - Capital & Coast DHB now purchase Haemophilia products directly, so no reimbursement is received. Offset occurs in Clinical Supplies (Treatment Disposables) $1,129k
- **ACC revenue** -
  - Clinical Support contracts expected to generate less Income in Radiology, District Nursing and Physiotherapy $300k
  - Rural Hospitals - fewer ACC clients $60k

- **Patient/Consumer sourced**
  - Audiology co-payments (offset by lower costs) $163k

- Pharmacy co-payments (offset by MOH- Personal Health) $68k
- Radiology private patients $28k
- Meals on Wheels co-payments $73k
- Non-Residents $139k

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 $775k
  - Mental Health - offset by lower Management & Administration Costs $390k
  - Women Children & Oral Health - costs budgeted in Management & Administration $80k

Reductions

- Medical Staff
  - Obstetricians - new Allowance Scheme $640k
  - Alexandra Hospital vacancy and Geriatrician savings $170k

Additions

- Nursing Staff:
  - Emergency Departments - volume driven $460k
  - Medical Unit $70k
  - District Nursing - over in FTE $220k
  - Motueka - pre-transfer costs $56k
  - WR inpatient Unit - over in FTE $240k
  - AT & R units - over in FTE $170k
  - Mental Health - offset by lower Allied Health costs $410k
  - Paeds and maternity additional nursing FTE's $410k
  -

Reductions

- Nursing Staff:
  - Rural Hospitals under in FTE (reduced volumes) $110k

Outsourced Services
Additions

- Obstetrics and Paediatrics -locum cover $380k

Clinical Supplies
Additions

- Implants - driven by increased Surgery $480k
- Treatment Disposables -
  - Intagram usage $380k
  - Theatre consumables $155k
- Diagnostic Supplies - Surgical sterile supplies and Endoscopy $75k
- Instruments & Equipment
  - Equipment hires, leases and Service contracts $145k
- Patient Appliances:

- Ostomy Supplies and Orthotics costs $190k
- Surgical Appliances $60k

Reductions

- Treatment Disposables - Haemophilia Supplies $1,150k
- Instruments & Equipment - lower depreciation charges $420k
- Pharmaceuticals - driven predominantly by Gastro-intestinal $139k
- Patient Appliances - Audiology Aids $155k

Infrastructure

Reductions
Other Equipment, and Sundry Expenses $230k
Staff Travel $30k
Vehicle costs $70k

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

SECTION 5: MEMBERS ISSUES

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

Nil

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

SECTION 6: GLOSSARY OF COMMONLY USED ACRONYMS AND ABBREVIATIONS

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
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 or 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
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
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
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
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
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 Tahi
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

May 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	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 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 F
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