



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 26 OCTOBER 2010 AT 10.00AM IN THE SUPPORT SERVICES MEETING ROOM 1, ARTHUR WICKS BUILDING, WAIRAU HOSPITAL, BLENHEIM



**Nelson Marlborough
District Health Board**

HOSPITAL ADVISORY COMMITTEE AGENDA

Nelson Marlborough District Health Board
DHB Seminar Centre Room 1
Braemar Campus
Nelson Hospital
NELSON
Tuesday, 26 October 2010 commencing at 10.00pm

		Indicative Time
OPEN SECTION:		
Public Forum		10.00am
SECTION 1	Welcome and Apologies	10.10pm
SECTION 2	Registration of Interest	10.12am
SECTION 3	Confirmation of Minutes: Previous meeting	10.15am
	Matters arising	
SECTION 4	Reports Chief Operating Officer's Report	10.20am
SECTION 5	Member Issues	10.40am

SECTION 1: WELCOME AND APOLOGIES

SECTION 2: REGISTRATIONS OF INTEREST

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

Rawenata (Lovey) Gieger	▪ Iwi Health Board Member	▪ Member CYPS Care & Protection Panel ▪ Member Ngati Koata Kaumatua Council ▪ Member Parikaranga ki Rangitoto Trust.	▪ Contracts Held	
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As at 18 October 2010

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

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Denise Hutchins	Nil		<ul style="list-style-type: none"> ▪ Certification/Accreditation. 	
Heather McPherson (Acting CMA)	Nil		<ul style="list-style-type: none"> ▪ 	
Harold Wereta	<ul style="list-style-type: none"> ▪ Ngati Toarangatira Connections 		<ul style="list-style-type: none"> ▪ Tribal Interest 	
John Peters	<ul style="list-style-type: none"> ▪ Director of SISSAL ▪ Trustee of Nelson Marlborough Hospitals' Charitable Trust ▪ Trustee Churchill Trust. 	<ul style="list-style-type: none"> ▪ Director of Management and Industrial Services Ltd. 	<ul style="list-style-type: none"> ▪ Shared services provision, administration of trust funds for health purposes & provision of private health services at Wairau Hospital ▪ MIS Ltd previously provided consultant services to other DHBs. 	
Keith Rusholme	<ul style="list-style-type: none"> ▪ Wife provides first aid training and complimentary help services. 		<ul style="list-style-type: none"> ▪ Provision of services to DHB staff or contracted providers. 	<ul style="list-style-type: none"> ▪ Sister works for IDSS.
Mike Cummins	Nil			
Peter Burton	Nil	<ul style="list-style-type: none"> ▪ NMDHB Representative on Tasman Council's Regional Land Transport Committee. 		
Robyn Henderson	Nil	<ul style="list-style-type: none"> ▪ 		

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Sharon Kletchko	<ul style="list-style-type: none"> ▪ Member Exceptional Circumstances Panel – PHARMAC ▪ Treasurer, International Society for Health Care Priorities ▪ Member St John South Island Region Trust Board ▪ Member RACP NZ Policy and Advocacy Committee. ▪ South Island Representative on RACP NZ Joint Executive. ▪ Member of the Medicine’s Review Committee (Medicine’s Act) MEDSAFE ▪ Member DHBRF Governance. 	<ul style="list-style-type: none"> ▪ Deputy Chair of the New Zealand Standards Council. 		

As at 16 September 2010

SECTION 3: CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

MINUTES OF THE PUBLIC MEETING OF THE HOSPITAL ADVISORY COMMITTEE OF THE NELSON MARLBOROUGH DISTRICT HEALTH BOARD HELD IN THE SUPPORT SERVICES MEETING ROOM 1, WAIRAU HOSPITAL, BLENHEIM AT 1.00PM ON TUESDAY 24 AUGUST 2010

Present:

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

In Attendance:

Keith Rusholme, Steve White, Penny Wardle, John Brett, Mark Garisch, Sharon Kletchko, Jenny Black

Glenda Crichton (Minutes)

SECTION 1: APOLOGIES

Nil received.

SECTION 2: REGISTRATION OF INTEREST

Member Lovey Gieger is no longer a committee member of the Whakatu Marae. This information will be relayed to the Board Secretary by the Member.

Moved: Jo Mickleson

Seconded: Janet Kelly

RECOMMENDATION:

THAT THE REGISTRATIONS OF INTEREST BE NOTED.

AGREED

PRESENTATION:

The Chair welcomed Mr Steve White, Echocardiographer from the NMDHB Physiology Department. The Cardiac Society of Australia and New Zealand had recently awarded Mr White the Affiliates First Prize for his abstract titled 'Technician Led Valve Follow-up Clinics '. These clinics are the first and only such clinics in New Zealand with other DHBs and the Ministry of Health already showing an interest in the model.

Mr White spent 2004/2005 working in an NHS hospital in the United Kingdom dealing with huge waiting lists and where he realised an opportunity to run his own clinics. In New Zealand this work had traditionally been carried out by Cardiologists but he believed his initiative would relieve pressure on cardiologist outpatient clinics.

The clinics at NMDHB provide Tech Led Exercise Stress Echoes; Tech Led TOE service; Tech Led GP Access to echo; and Tech Led Valve Follow-up Clinics. The patients do not see the Cardiologist. These clinics have resulted in shorter waitlists for patients, efficient utilisation of cardiology clinic times; more appropriate follow-up times for valve clinics; more timely access to Echo sessions; more appropriate access to funding; and a community referral system which allows GPs to access the Echo service without patients having to go through unnecessary and timely First Specialist Assessments.

Mr White acknowledged the support of the Cardiologists in the success of the clinics. The rapport with the doctors is key to this service and has meant that the Cardiologist's outpatient clinics have been freed up so they are able to treat the more complex cases.

In the Valve Followup Clinic, the types of patients that take the clinic option would have a history of leaking valves, or tight valves, or replacement tissue valves. These patients have traditionally had regular reviews with Cardiologists along with an echocardiogram. In the Technician-led Valve Followup Clinics the patients do not see the Cardiologist, a full echocardiogram (cardiac ultrasound scans) is performed along with a short quality of life questionnaire, blood pressure and ECG. The echo and consultation findings are reviewed by the Cardiologist following which the patient will remain with reviews in the Valve Clinic or if necessary return for consultant review and intervention where necessary.

The Nelson Marlborough Echocardiograph team performs around four thousand echocardiograms per year. The service is district wide, but patients requiring more advanced testing and treatments are required to attend the Nelson clinics. To date, in the Valve Clinic Six hundred patients have been removed from the cardiology outpatients clinic time and greater than eighty percent remain in active valve clinics.

HAC acknowledged the excellent service that Mr White was providing to the people of Nelson and Marlborough and congratulated him on his award.

SECTION 3: MINUTES

Moved: Ian MacLennan
Seconded: Suzanne Win

RECOMMENDATION:

THAT THE MINUTES OF 22 JUNE 2010 ARE ADOPTED AS A TRUE AND CORRECT RECORD

AGREED

SECTION 3.1: MATTERS ARISING

3.1.1 Special Care Baby Unit

Noted

3.1.2 Tobacco Outlet Store

This matter is under action. The Member has spoken to the Chief Executive who will refer the matter to Public Health and possibly to CPHAC.

3.1.3 National Benchmarking on Outpatient: Follow up to First

The COO advised that we are going to be developing a national benchmark. He drew attention to the statistics from the previous year with a 17% growth in FSAs and only 7% growth in follow ups. There is ongoing debate as to how relevant this is, particularly in ophthalmology.

3.1.4 KPI Reports

Due to the new NMDHB Executive Leadership Team structure not being finally determined until the end of October this matter will have to wait until the new General Manager Corporate Services is in place.

SECTION 4: REPORTS

4.1 Chief Operating Officer's Report

The COO spoke to the Report.

4.2 Activity

We are coming very close to planned cwnds for the month of July being 25 cwnd behind. Systems which have been developed over the past year will provide greater control over our elective volumes.

Acute Medical cwnds are down compared to the same period last year however it is growing in surgery.

Discussion followed on the higher than normal acute presentations on a Monday and Tuesday for both sites. We have anecdotal evidence from throughout the country that the trend may be related to people delaying visiting their doctor over the weekend and waiting until the following Monday. The flow on effect impacts scheduled complex orthopaedic surgery at the beginning of the week to enable discharge before the end of that week. This trend is being closely monitored.

There are a number of activities in the community which have helped curtail the growing demand, ie greater accessibility to GPs. NMDHB has put more skilled staff at the front door of the Emergency Departments.

4.3 End of Year Statistics Nelson and Wairau Hospitals 09/10

Acute demand for medicine is down slightly. The Average Length of Stay is continuing to track down and readmission rates remain very low.

Of particular note was that we met and exceeded all our surgical elective requirements. NMDHB has the second highest intervention rate in the country however this has had a flow effect in demand for clinical supplies.

There is a lot of activity within the organisation to reduce follow-ups so more attention is being focussed on the First Specialist Assessments.

HAC noted on Page 21 that the line 'Acute CWD – Women, Child & Oral Health variance 07/08 to 09/10' shows a star. The COO explained that the purchase unit changed in 09/10 and this is now measured as a cwd.

ED presentations are down for both Nelson and Wairau hospitals compared to 08/09, the major contributor being the reduction in triage five presentations. Changed models of care; ongoing work with the community sector; and improving skill base are all factors which could have contributed to this reduction.

4.4 Capex List

HAC discussed the Capital Programme Summary 2010-11 and the recommendation.

The COO explained the robust system involved in reaching this point in the Capital Programme. The list was established as part of the overall DAP budgeting process whereby all departments put forward their requests. They are collated then reviewed by the District Manager team who take items through a prioritisation process. Once prioritised and the budgeted amount is agreed the list then goes to the Clinical Advisory Council for final sign off. It is then collated for Board presentation as part of the DAP. Before final purchase, a business case is completed for each item over the value of \$2K.

It was felt that this informative commentary should accompany the recommendation to the Board around the process which led to the final list.

Moved: Jo Mickleson
Seconded: Janet Kelly

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

AGREED

4.6 Wairau Site Development Steering Group Report As at 29 July 2010

Noted.

The Chairman advised HAC that following on from the site tour for HAC members prior to today's meeting, she wished to record the commendable effort of the staff and contractors in achieving an extremely low accident rate during the ongoing project at Wairau.

Further she wished to acknowledge and express HAC's gratitude and appreciation at the tremendous capacity of the Community Liaison Group to raise funds for the site. Of note was the initiative for the children's play area and the Marlborough Hospital Equipment Trust for the AT&R Mobility Courtyard.

The Chairman agreed to write to Mr John Ealand and his wife who were very involved in the fund raising initiative for the children's play area and the Marlborough Hospital Equipment Trust for the AT&R Mobility Courtyard.

4.7 Better Help for Smokers to Quit – July 2010

The COO has been advised that with the number of referrals to the Quit Smoking Coaches there is a discrepancy in the actual recording of people being referred. We are working through this with staff as this has now become an accountability issue.

Discussion followed on the impact this initiative has had on the Mental Health Service. There has been a high success rate in the continuing care area, but the Admission Unit has had variable success. This is being reviewed at the moment.

The vacant position in Wairau for the Quit Coach has been held up in the Recovery Plan. There is ongoing debate around this and the option of utilising Quit Line.

A HAC member requested a report be provided to the next HAC meeting on the progress of the Pukenga Hauora Service.

4.8 Treatment Lists

Noted.

There is still concern around some specialities accepting more referrals than planned. These reports are now being sent out to all SMOs so that they are getting better information around the issue. One of the physicians in Wairau has recently

spent a weekend doing virtual FSAs, which will result in a significant drop in the number of patients waiting for an FSA over six months.

4.9 KPIS/Variance Reports

Of note was that all of the coding for the last year was completed on time.

Deliberate effort has helped reduce the number of Did Not Attends with the introduction of texting and the implementation of allowing patients to pick their own appointment times.

4.10 Elective Service Report

The COO advised that the criteria for elective surgery has been tightened. We are getting greater cooperation from clinical teams to manage this but it is still a difficult environment with heavy financial penalties if we get it wrong.

Greater priority is required for a scheduling tool and the Elective Service Team have been looking at a Capacity Planning Tool used by Canterbury DHB. We will be recommending we make this investment so that we improve our patient flow.

4.11 Property Management

Noted.

The COO updated HAC on a recent visit to Murchison. The Rutherford Review had made a number of recommendations regarding the Murchison Hospital and Health Centre which were communicated to community. These included the continuation of six community care beds and to dispense with the special area rating for Murchison.

NMDHB announced that it would be charging patients who attended the GP service at the Health Centre and identified that it was exploring the utilisation of nurse practitioners to compliment the GP service and was reviewing the provision of a Mental Health service.

NMDHB emphasised the importance of maintaining an emergency response team considering the vicinity of the main highway going from Nelson and Blenheim and the regularity of major trauma crashes.

The Murchison community responded well to the proposed changes. The Ministry of Health would be notified of the proposed changes relating to the charging of patients visiting the GP service.

4.12 Financial Report

HAC noted that these were provisional figures and subject to audit.

The COO reminded HAC that prior to the Recovery Plan we were on target for a significant deficit, however as evident in these results the teams had done very well to halt the overspend.

The COO spoke to the report.

The model of care for the Wairau Emergency Department was being changed to include junior doctors as opposed to relying on GPs. Five RMOs would commence work in the department at the end of August which is expected to provide a more stable environment. The new model will produce a saving of \$95,000 and the extra five FTEs will balance out as the model is implemented. It is understood that this will be a popular run for RMOs with experience and greater exposure in a smaller hospital being a major contributor.

Moved: Ian MacLennan
Seconded: Janet Kelly

RECOMMENDATION:

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

AGREED

5. MEMBERS ISSUES

It was agreed to change the next HAC Meeting. This will better suit the financial information time frame. The new date and time for the meeting will be Tuesday 26 October at 10.00am.

Public Excluded

Moved: Suzanne Win
Seconded: Jo Mickleson

RECOMMENDATION:

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

- Minutes of the Meeting of 22 June 2010 (Section 32(a) Schedule 3 of New Zealand Public Health and Disability Act 2000).

AGREED

MEMBERS OF THE PUBLIC

Mr John Brett, member of public and Ms Penny Wardle of the Marlborough Express were present at the meeting

The meeting closed at 3.10pm

ACTION ITEMS

Item from Minutes	Action - Who/When
<p>The Chairman advised HAC that following on from the site tour for HAC members prior to today's meeting, she wished to record the commendable effort of the staff and contractors in achieving an extremely low accident rate during the ongoing project at Wairau.</p> <p>Further she wished to acknowledge and express HAC's gratitude and appreciation at the tremendous capacity of the Community Liaison Group to raise funds for the site. Of note was the initiative for the children's play area and the AT&R Mobility Courtyard.</p> <p>The Chairman agreed to write to Mr John Ealand and his wife and the Marlborough Hospital Equipment Trust.</p>	<p>EA to COO</p> <p>Chairman</p>
<p>A HAC member requested a report be provided to the next HAC meeting on the progress of the Pukenga Hauora Service.</p>	<p>EA to COO</p>

SECTION 3.1: MATTERS ARISING

3.1.1 Progress of the Pukenga Hauora Service.

Please see this report in Section 4 of the agenda

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 we are 56 cwd behind target, Acute 136 cwd behind expectations and elective 80 cwd ahead of plan.

Elective services are being managed tightly in line with ESPI requirements, however some previous commitments outside of our capacity to complete the procedures within six months are still being worked through.

Nelson

The acute demand year to date inpatients is down 4.8% compared to the same period last year.

Overall occupancy for September was 77.3% compared to 86% for the same period last year.

Wairau

The acute demand year to date for inpatients is down 4.4% in comparison with the same period last year. Overall occupancy for September for inpatients is 72%.

MRT Strike

The MRT strike is having considerable impact on the provision of both acute and elective services.

We have now received 28 notices of industrial actions taken by our MRT staff ranging from withdrawal of services through to working to rule on minimum exam times and withdrawal of labour to theatre.

Our thresholds for life preserving services are under pressure and are having to be reviewed because of the length of strike (which is now in its eleventh week) and its impact on elective services.

This industrial action is having an unacceptable impact on the health of our patients and is causing our front line clinical staff to make sub optimal decisions on patient care. This is very stressful for our staff who are working in good faith with the life preserving services agreement made with the union.

4.1.2 Upgrade of Emergency Power Supply System (EPSS)

The installation, testing and commissioning of the two new emergency power generators has been completed and the generators are on line and in service. We now have a back-up power supply system which has the capacity to supply Nelson Hospital with one hundred percent site power, which was not possible with the old system.

There are a number of associated components of the contract that are incomplete, such as the relocation of the Mental Health Adult Unit generator to the Braemar site, upgrade of switchboards and the disposal of the old generators. It is anticipated that this work will be completed within the next two months, with possible minor disruption to some departments.

There are several changes to the operation of the new EPSS that should be noted:

- **Routine Testing of the Generators** Testing of the old generators was carried out on a monthly basis, usually for a two hour period. The test period for the new generators will now be for thirty minutes at notified times. During testing the 'cut in' and 'cut out' will be seamless, unlike the previous testing where a twenty second break in the power supply was noticeable where no UPS backup was installed.
- **Power Failure (City Supply Lines)** In the event of a power failure to the Nelson Hospital site, there will be a twenty second break in power until the generators pick up the load. The return of normal power supplies will be seamless and the generators will automatically return to standby mode.
- **Annual Test** - An actual power outage test will be made annually by the local power supply authority (Nelson Electricity Ltd). This will test the effectiveness of the complete EPSS.

We now have a very good emergency power supply system in place which will meet the current and future requirements of the site.

4.1.3 Pukenga Hauora Service

In August 2004 a Maori cultural support service was introduced into the hospital setting at both Nelson and Wairau hospitals. This service, commonly referred to as "Pukenga Hauora," gave affect to the NMDHB Maori Health Foundation Strategy 2003-2005 and illustrated the Boards commitment to improving health outcomes for Maori.

Key aspects of the Pukenga Hauora Service are:

1. Advocacy and information to address inpatient understanding and expectation within the hospital system
2. Provision of culturally appropriate assessment, treatment plan, care and support involving patient and whanau
3. Enhanced patient and whanau participation in the development of discharge plans
4. Facilitation of appropriate referral to primary health provider services on discharge
5. Provision of Maori health advice across Provider services that supports staff and team development.

The service provider has the designated title of "He Pukenga Hauora" which loosely translates as "a *skilled health practitioner*".

These unique services are delivered by 1.0 FTE in Wairau and 1.0 FTE in Nelson and are able to be accessed between the hours of 8am and 4.30pm Monday through to Friday.

Weekend and after hours service cover was explored during a twelve month period in 2007 but was found to be unwarranted based on the number of call backs.

“By implementing distinctive cultural identity practices into the workplace, a strong emotional and spiritual factor is introduced to the clinical setting, this in turn gains support and commitment of Maori to the service or the interventions offered.”¹

Service Recommendations and Findings

In 2006 a complete Service Review was initiated to determine the following:

- To ensure the planned model of care was being utilised
- To inform the Provider Division Management Team of the developmental aspects of the service required
- To make recommendations to improve and further develop the service.

Initial findings highlighted the need for an internal leadership structure to provide general oversight and management of the day to day activity of the service.

Further collaboration resulted in the subsequent establishment of a dedicated position tasked to support and improve the cultural, systemic and technical responsiveness within the service.

The following provides an overview of the recommendation outcomes and progression to date.

Recommendation	Progress	Outcome
Policy regarding Cultural Delivery parameters is identified, developed and implemented	NMDHB Maori Cultural Service Policy articulating delivery parameters and Models of Care has been developed and implemented	Completed
Clarification of Pukenga Hauora roles and responsibilities	No significant change in roles Enhancing NMDHB effectiveness and responsiveness to Maori via role modelling and improved awareness of cultural norms for staff through regular in service education across hospital in patient areas	Completed. Continuing in-service education Nelson target - 18 Wairau target - 9 per quarter
Development of a Service Brochure	Service Information sheets are available in all inpatient areas and with Primary Providers	Completed

¹ Nepe: Tuki. Ministry of Education 1998

To improve external communication	Agreed processes/referral lines in place	Completed
Case management	To determine if role fits criteria	Completed
Develop a Service Plan	Operational Plans developed annually	Completed
Update Job descriptions if required	Job Descriptions are updated to reflect recommendations	Delayed pending ELT changes
Training and career development of staff	Career plans identified and professional development opportunities are supported	Completed
Investigate need for leave and after hours cover	Need not evidenced over 12 month period. Volunteer support persons identified for emergency cover	Completed

The Pukenga Hauora Service Today

The greater part of the original Service Review recommendations have been achieved. Critical success factors include the incorporation of specific service needs for Maori consumers, the development of systems and processes that inform planning and policy development and improved responsiveness to Maori through collegial and in service education of the majority non Maori workforce.

Resources have been realigned and systems have been developed to capture quality data identifying service uptake levels and consumer satisfaction feedback. The Service is positively placed to assist NMDHB services transition into the Whanau Ora framework as proposed by the Minister for Whanau ora. The ongoing support from the Hospital Advisory Committee to continue improving health delivery achievements for Maori within hospital services is appreciated.

4.1.4 WAIRAU SITE DEVELOPMENT STEERING GROUP REPORT FOR SEPTEMBER 2010– As at 16 October 2010

Tracking - Milestones

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

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

Notes

Major delays, to the original target completion dates contained in the approved business case, are a result of delays by the Ministry of Health for the approval of the initial Preliminary Design proposal.

Revised target dates for completion were set when the revised Preliminary Design (Option 4a) was submitted for approval by the Ministry of Health.

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

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

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

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

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

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

Stage 4: AOD/Adult Mental Health, Kitchen.

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

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

Facilities Progress

During the last reporting period the key activities have been:

- The pedestrian paved areas outside the Café and Main Entrance have been undertaken and preparation for the vehicle drop off and car parking is underway. Outpatients/Oncology floor finishings have commenced and joinery fittings and decorating are progressing well. Phase One of the Day Stay facilities has been handed over and alterations to the remaining Day Stay are progressing well.
- A temporary entrance to Theatre and Day Stay off the main corridor has been provided to enable refurbishment works to progress.
- Paediatric Inpatients wall linings are complete and floor and ceiling finishings have commenced.
- Maternity roofing and cladding is almost complete and first fix services has commenced.
- The potential delays to the supply of heating radiators are being monitored and a fast track installation and commissioning programme is being implemented by the Main Contractor to mitigate the late supply of equipment.
- The construction programme for Stage Three is still nine days behind schedule. It has not been possible to recover any time during the reporting period due to an already compressed programme. 'Extension of Time' claims have been submitted by the Main Contractor for the additional asbestos removal and the inclement weather delays previously reported. The delays continue to be kept under review and the Main Contractor is implementing measures which may recover up to four days of the current reported delays.
- A structural concept has been developed to enable flexible functionality for the Kitchen, to enable the facility to be readily adapted to an alternative catering strategy which may be required in the future. The design of the kitchen 'shell' is being developed further to enable the construction to be completed within the agreed project timeframes.
- The framing and roofing to the new dental clinic has been completed.
- Further discussions have been held regarding the design of a space near the main entrance to accommodate a small shop to be manned by volunteers. As a suitable space for a shop could not be identified the volunteers will only be engaged to provide way finding assistance to visitors.
- The procurement of the furniture, fittings and equipment for Stage Three is progressing well.
- A report has been issued on the items raised in the '90 Day Review' of the completed Stage Two facilities and further feedback is awaited from the operational management team.
- The certification audit visit for Stage Three Inpatient facilities has been arranged for 18 October 2010.
- 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. A paper is being prepared by Property Management for the proposed lease of land and infrastructure servicing for the Churchill Trust facilities.

Change Management Progress

- Optimising the Patient Journey project activities are progressing with the bulk of the activity focused on clerical staff training in the Outpatients department related to rolling out the Patient Focused Booking system.
- The Theatre and Outpatients clinic scheduling subgroup has had their final meeting following a successful workshop where all the scheduling issues were discussed and solutions worked through. The success of the changes will require good regular communication between the relevant heads of departments and ongoing interaction with the SMOs. Appropriate plans will be put in place to implement the key outcomes and regular monitoring will occur to ensure changes are sustained.
- The reported issues with the Nurse Call pager functionality have been investigated. Changes to the Wairau Hospital Local Area Network have been piloted to help resolve the issues, and further work is required to identify a sustainable solution.
- An improved phone system is being proposed for the clerical hubs which will allow filtration of incoming calls through a menu type directory system. This will improve the response time for both callers and clerical staff.
- Data collection and analysis continues around the clerical activities. More analysis of the phone traffic into and out of the Outpatient areas has been undertaken. The current phone traffic identifies a need for more than one point for incoming calls in OPD. Ongoing collection of information and review is occurring with input from the call centre manager regarding a menu navigation process for incoming calls.
- Stage Three clerical hub development meetings are well established and progressing through their schedule of meetings. All clerical hubs in Stage Three are progressing through the transition and now with site visits they are seeing how the systems and processes will support their new way of working.
- The Inpatient nursing model working party is meeting four weekly. Team development and communication workshops are now scheduled into the roster. Following the scheduling sub group workshop, trials of increased allied support at weekends and nurse led discharges is being progressed.
- Following a workshop to review the ED/HDU/AAU staffing model and how it is tracking to the benefits plan, additional data is being collected and reviewed. The Model of Care has been updated and circulated to key stakeholders. Discussion with Nelson ICU is to be initiated regarding the flow of IPPV patients.
- A Co-Leaders workshop was held on 14 September 2010 which focused on achieving sustainability and links between primary and secondary service delivery to support patients. Feedback from the Canterbury Initiative was discussed and the CEO of the Marlborough PHO provided input to discuss opportunities for improved collaboration.

Activity Planned for Next Reporting Period

- The new Day Stay and Dental facilities are scheduled for completion on 5 November 2010 and will occupy their new facilities on 16 November 2010.
- Continue with remaining construction activities for Stage Three.
- Commence delivery and installation of Stage Three furniture, fittings and equipment.

- Review potential mitigation strategies to negate potential flow-on delays to the construction programme, including a review of Stage Four Construction Programme.
- Continue Stage Three migration planning meetings with user representatives.
- Complete arrangements for the certification audit visit for Stage Three Inpatient facilities scheduled for 18 October 2010.
- Continue with clerical hub development meetings with Stage Three clerical staff and monitor progress closely.
- Monitor the implementation of the development plan for Inpatient nursing.
- Continue with the update of the ED/HDU/AAU Model of Care and development of the entry criteria for HDU.
- Follow up on the actions from the scheduling sub group and put plans in place where necessary to support the implementation of the revised schedules.
- Stage Four FF&E schedules to be completed and submitted to the procurement team for processing.

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 46 of the project newsletter 'Ex-Site' was issued on 30 September 2010.
- A blessing of the Stage Three new facilities will take place on Tuesday, 26 October 2010.
- It is planned that Maternity and Paediatrics will relocate to their new facilities on 5 November 2010, and Outpatients and Oncology will commence working in their new facilities on 16 November 2010.
- A community preview of the new Stage Three facilities will be held on Tuesday, 2 November 2010 between 4.00-6.00pm. Departments open for viewing will be Outpatients/Oncology, Paediatrics and Maternity.
- An opening ceremony for the children's playground in the new Paediatrics facility will be held just prior to the public preview commencing.
- The Community Liaison Group continues to progress various projects:
 - An opening ceremony for the therapeutic mobility courtyard for AT&R was held on Tuesday, 5 October 2010.
 - Artworks continue to be received by the group from local artists.
 - Contacts in the community are being approached to assist with soft landscaping in the courtyards. A meeting with a local Rotary club has been arranged to discuss the completion of the courtyard behind the main entrance.
 - A children's table and chairs set has been purchased for the child zone in the Outpatients waiting area.
- Weekly construction impact meetings with staff continue through 2010.
- Weekly site visits to the new facilities are taking place for the staff in Stage Three departments.

Key Risks

- HIGH 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 – 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
- 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 – The implementation of new clinic and theatre schedules, together with the introduction of new models of care for the services included in Stage Three of the redevelopment, will have a significant impact on the current SMO work practices and rosters. If there is not sufficient management and clinical leadership support for these changes there is a risk that the proposed efficiency benefits may not be achieved. In order to help minimise these risks, senior management needs to continue to champion the change processes and support the SMO group to implement the required changes.
- MEDIUM RISK – The delays to the confirmation of the catering strategy and the peak services demand has resulted in a delay to the proposed kitchen redevelopment programme. Mitigation measures including alternative design, procurement and construction methodologies are being investigated.
- MEDIUM RISK – Disestablishment of some Senior Leadership Team and Provider Team management roles may result in distraction and disengagement of some personnel for achieving project objectives. Mitigation measures including regular communications and a transitional period of incumbent personnel with personnel in newly established roles will help mitigate this risk.

Key Issues

- The opportunity to make cost savings is now limited to scope reduction/scope omission as the project construction is 90% complete. The combination of under reported trade contract values and the low amount of remaining project contingency funds, together with limited opportunities to make cost savings is likely to result in a budget overspend for the project.

4.2 TREATMENT LISTS

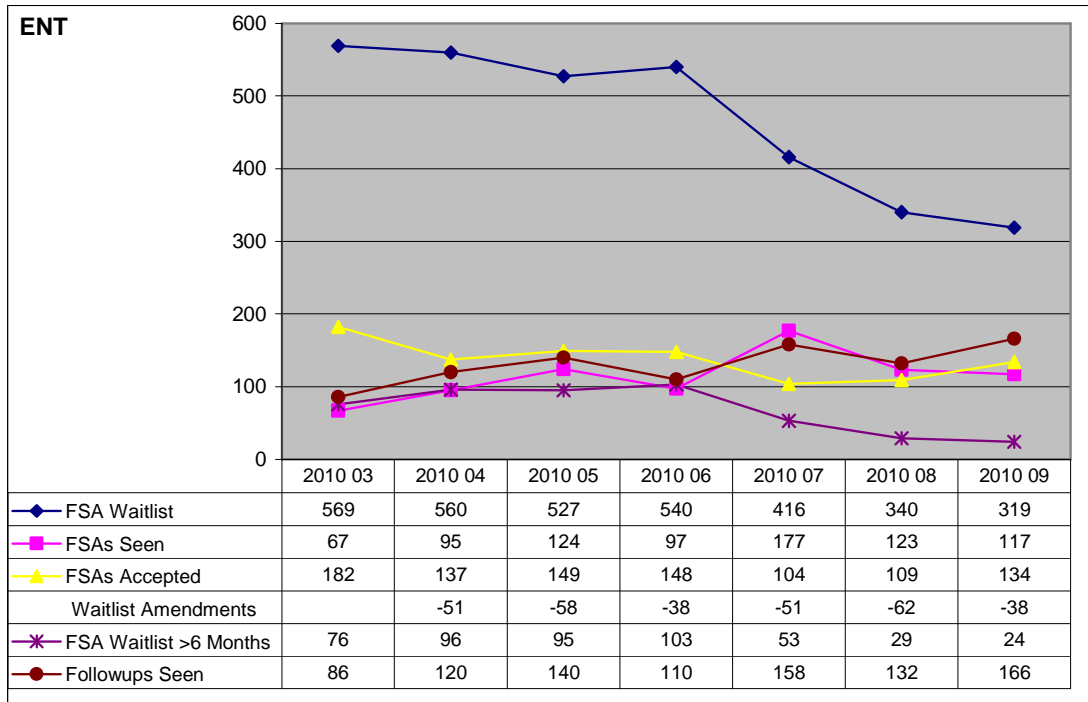
Wait List Inpatient Report Sept 2010

Treatment List

		Status					
Hospital Name	Department	Booked	Given Certainty	Active Review	Planned/Staged	Surveillance	Total
Nelson	CARDIOLOGY	12	65				77
	DENTAL	14	19				33
	ENT	62	157	42	23		284
	GENERAL SURGERY	36	191	159	3		389
	GYNAECOLOGY	44	113				157
	OPHTHALMOLOGY	58	68	38	20		184
	ORTHOPAEDIC & FRACTURE	28	200	111	77		416
	UROLOGY	58	17	35	14	1	125
	VASCULAR SURGERY		4	3			7
Nelson Total		312	834	388	137	1	1672
Wairau	DENTAL	3	15				18
	GENERAL SURGERY	25	68	53	1		147
	GYNAECOLOGY	39	63	19	1		122
	OPHTHALMOLOGY	14	15	72			101
	ORTHOPAEDIC & FRACTURE	35	135	24	12		206
UROLOGY	6	9	15	5		35	
Wairau Total		122	305	183	19		629
Total		434	1139	571	156	1	2301

		Time as per Status				
Status	Hospital Name	Department	<5 Months	5-6 Months	>6 Months	Total
Active Review	Nelson	ENT	35	4	3	42
		GENERAL SURGERY	116	17	26	159
		OPHTHALMOLOGY	31	3	4	38
		ORTHOPAEDIC & FRACTURE	92	8	11	111
		UROLOGY	32	2	1	35
		VASCULAR SURGERY	3			3
	Nelson Total		309	34	45	388
	Wairau	GENERAL SURGERY	44		9	53
		GYNAECOLOGY	19			19
		OPHTHALMOLOGY	64	1	7	72
ORTHOPAEDIC & FRACTURE		23		1	24	
UROLOGY	15			15		
Wairau Total		165	1	17	183	
Active Review Total		474	35	62	571	
Given Certainty	Nelson	CARDIOLOGY	61	1	3	65
		DENTAL	19			19
		ENT	151	4	2	157
		GENERAL SURGERY	170	12	9	191
		GYNAECOLOGY	91	11	11	113
		OPHTHALMOLOGY	56	3	9	68
		ORTHOPAEDIC & FRACTURE	171	22	7	200
		UROLOGY	15	1	1	17
		VASCULAR SURGERY	4			4
	Nelson Total		738	54	42	834
	Wairau	DENTAL	14		1	15
		GENERAL SURGERY	63	2	3	68
		GYNAECOLOGY	55	5	3	63
		OPHTHALMOLOGY	15			15
ORTHOPAEDIC & FRACTURE		125	6	4	135	
UROLOGY	9			9		
Wairau Total		281	13	11	305	
Given Certainty Total		1019	67	53	1139	
Surveillance	Nelson	UROLOGY	1			1
	Nelson Total		1			1
Surveillance Total		1			1	

4.3 OUTPATIENT REPORTS

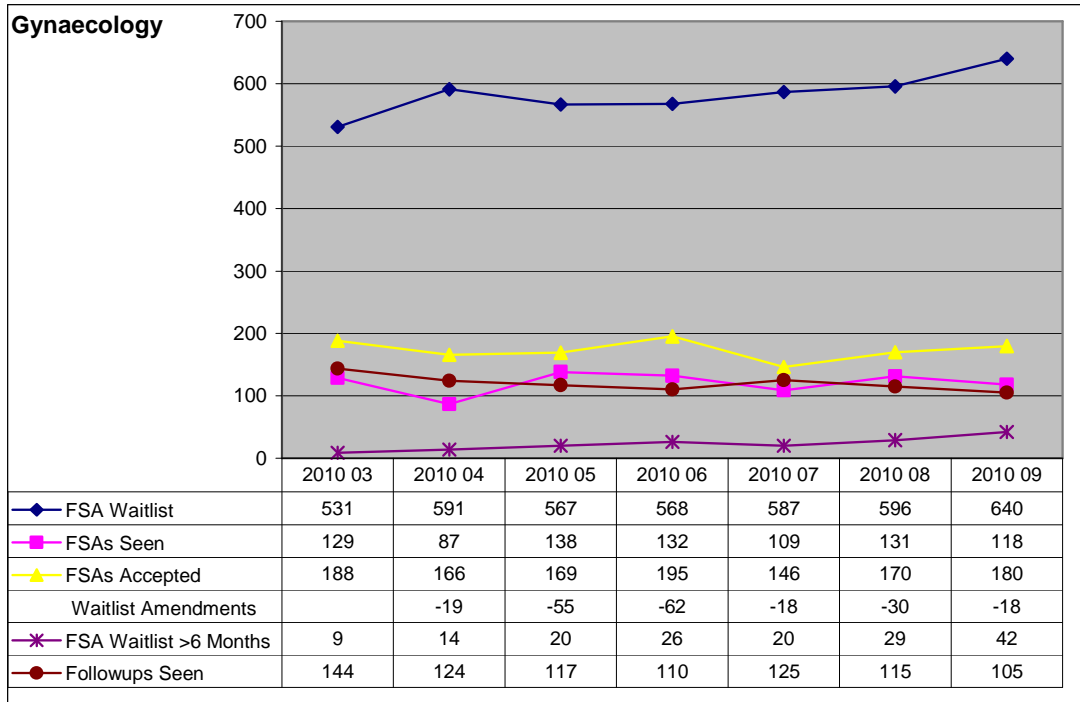


Ear Nose and Throat - Annual Planned Volumes are 1500 FSAs and 1800 Followups.
YTD FSAs Contract: 397 Actual: 412. YTD Followups Contract: 477 Actual: 570

The ENT service has accepted 134 referrals in September and undertaken 117 FSAs. The number of patients waiting greater than 6 months for FSA has dropped to 24.

Triaging of referrals is now being undertaken by one SMO for the whole DHB out of the Nelson Hospital site.

FSAs are over contract year-to-date by 15 and follow-ups are over contract by 93. It is expected ENT will continue to over deliver in FSAs in order to return to green ESPI compliance.

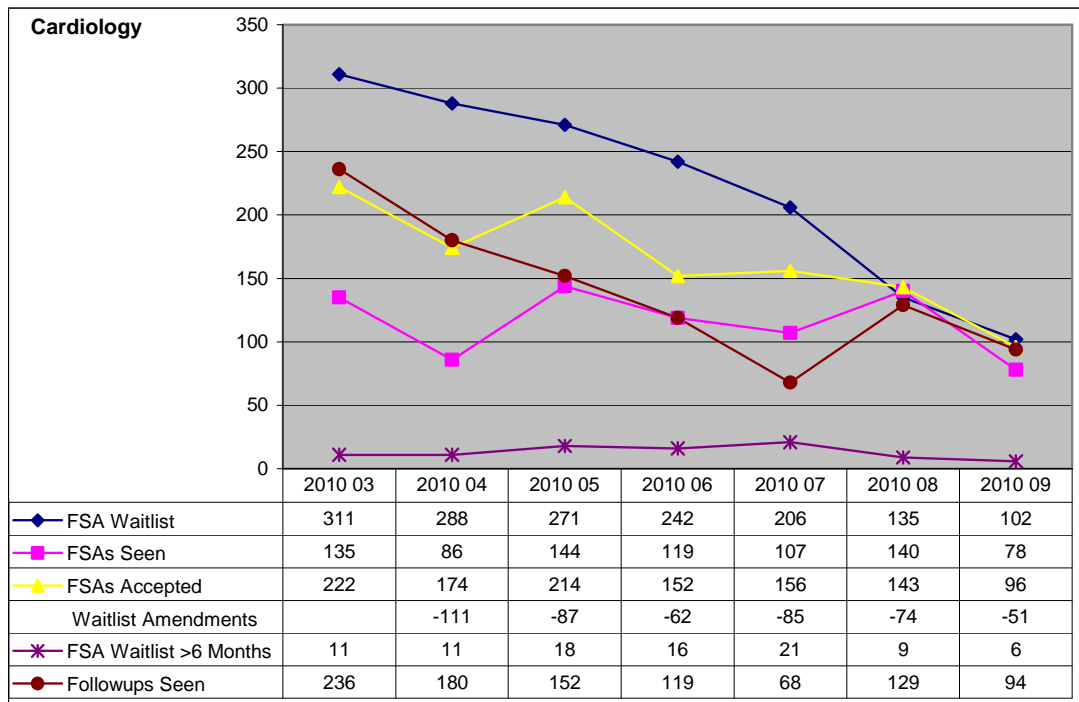


Gynaecology Annual Planned Volumes are 1200 FSAs and 1250 Followups.
YTD FSAs Contract: 318 Actual: 319. YTD Followups Contract: 331 Actual: 310

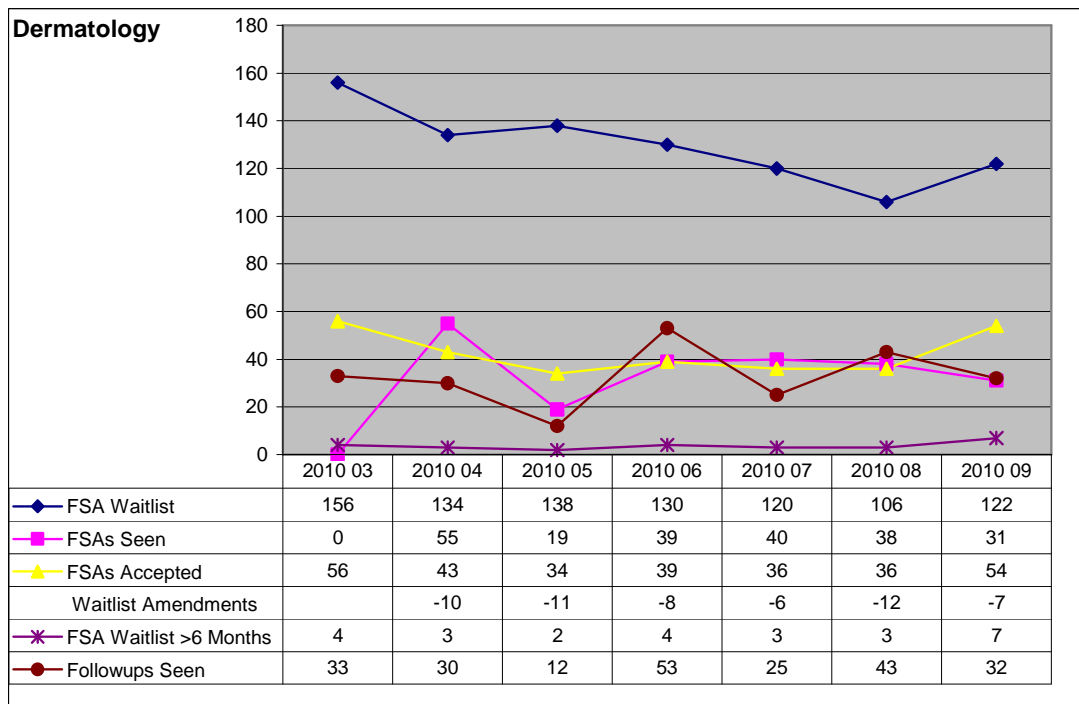
The Gynaecology Service has accepted 180 referrals during the month of September 2010 and seen 118 patients for First Specialist Assessment. There are now 42 patients waiting greater than 6 months for FSA.

The waiting list has grown with the resignation of one gynaecologist and one gynaecologist being on sick leave. A locum was bought in at end September / beginning of October in order to reduce the number of patients waiting greater than 6 months.

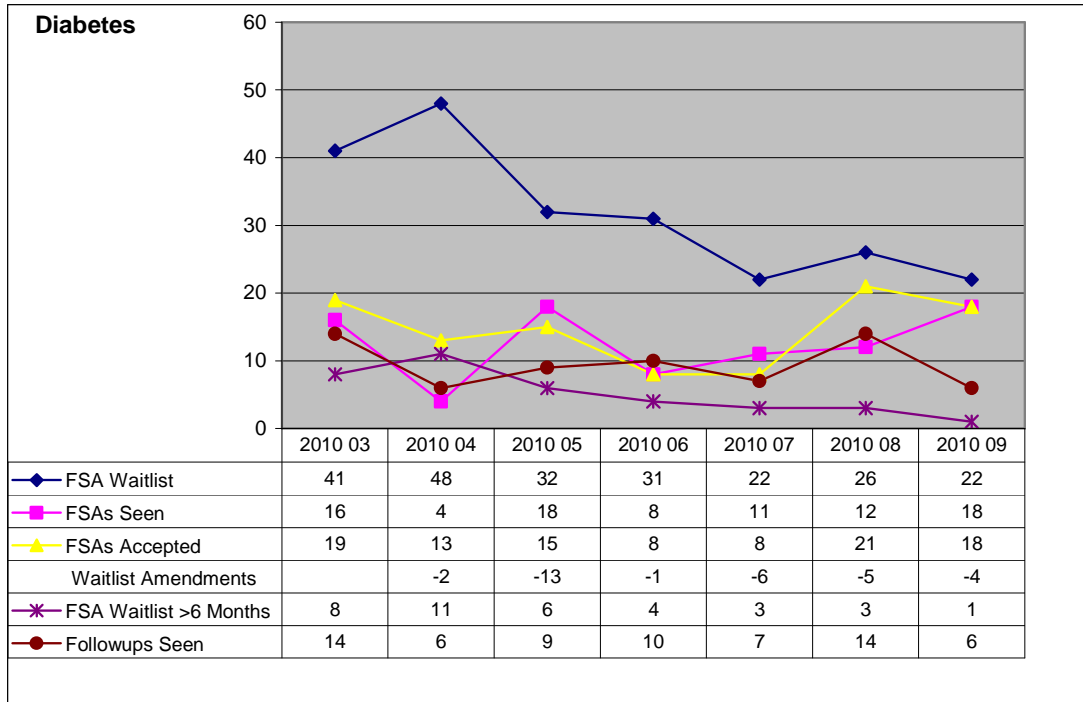
FSAs are over contract year-to-date by 1 and follow-ups are under contract by 21.



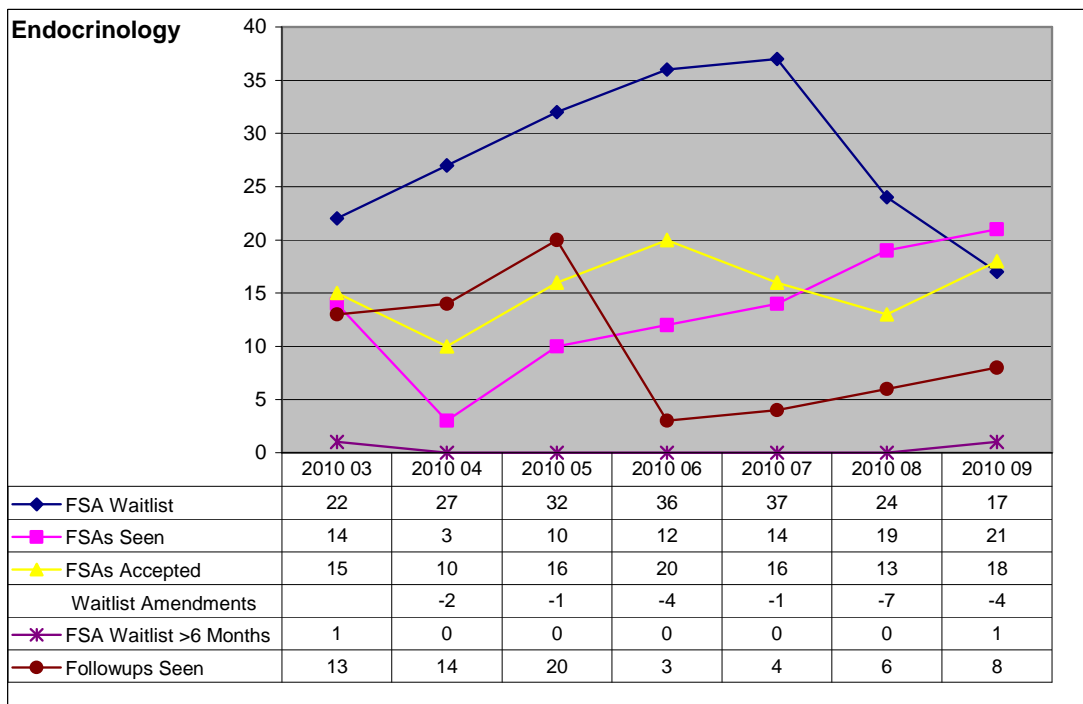
Cardiology - 1st attend Annual Planned Volumes are 1500 FSAs and 2394 Followups.
YTD FSAs Contract: 397 Actual: 528. YTD Followups Contract: 634 Actual: 620



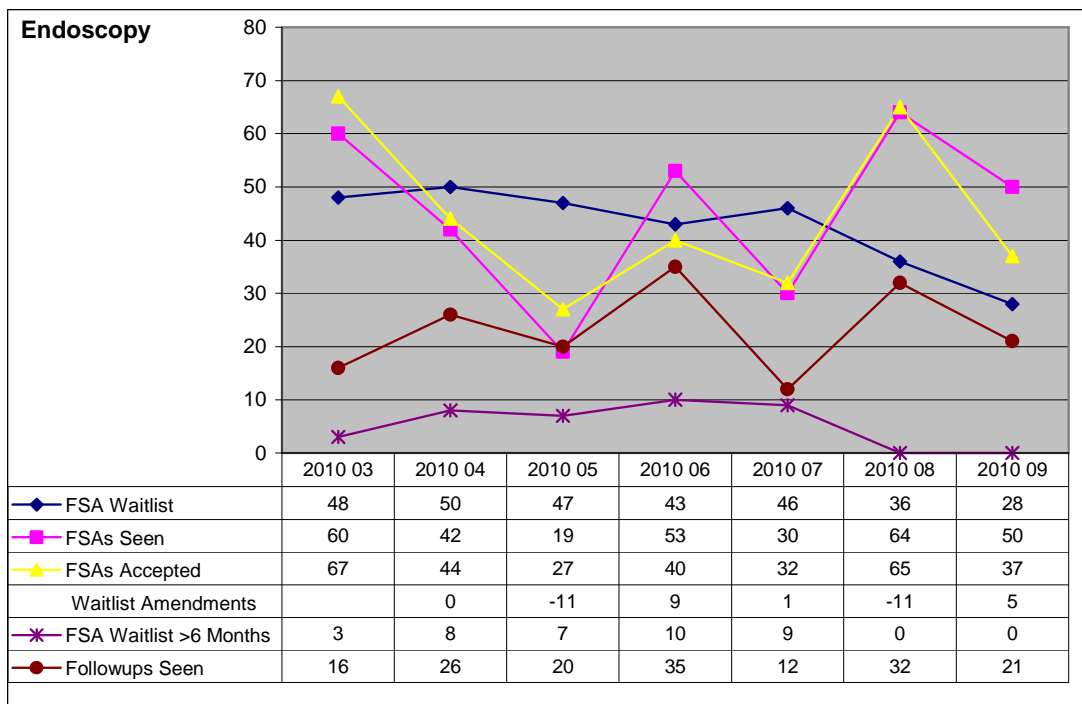
Dermatology - 1st attend Annual Planned Volumes are 400 FSAs and 420 Followups.
YTD FSAs Contract: 106 Actual: 107. YTD Followups Contract: 111 Actual: 99



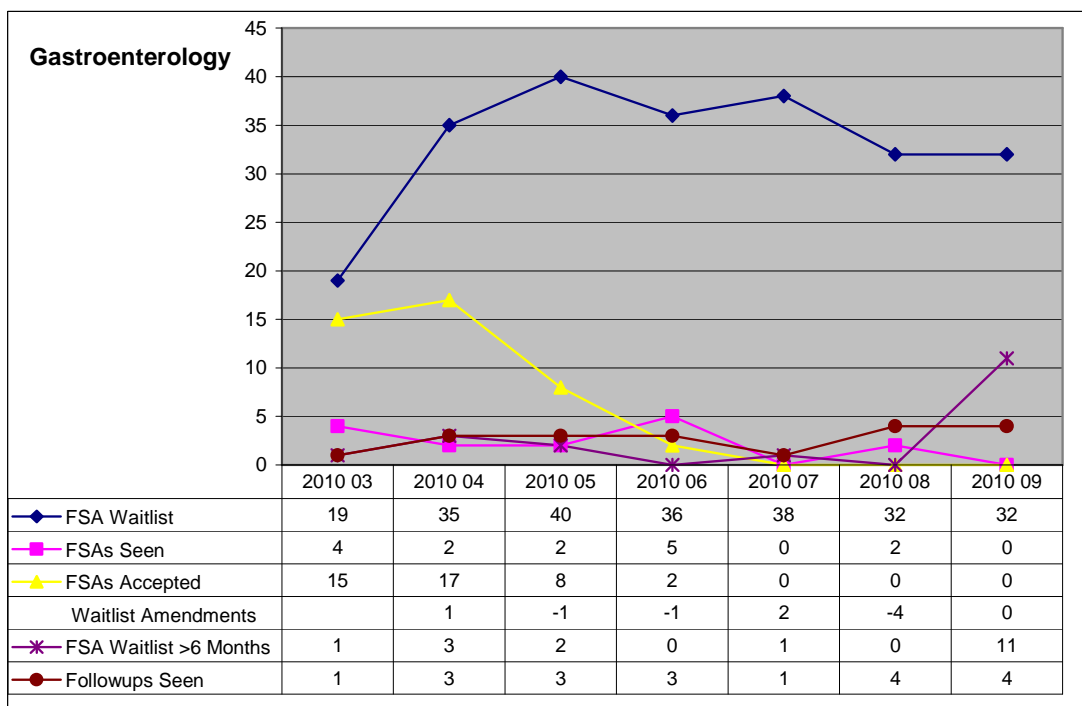
Diabetes - 1st attenda Annual Planned Volumes are 280 FSAs and 550 Followups.
YTD FSAs Contract: 74 Actual: 108. YTD Followups Contract: 146 Actual: 151



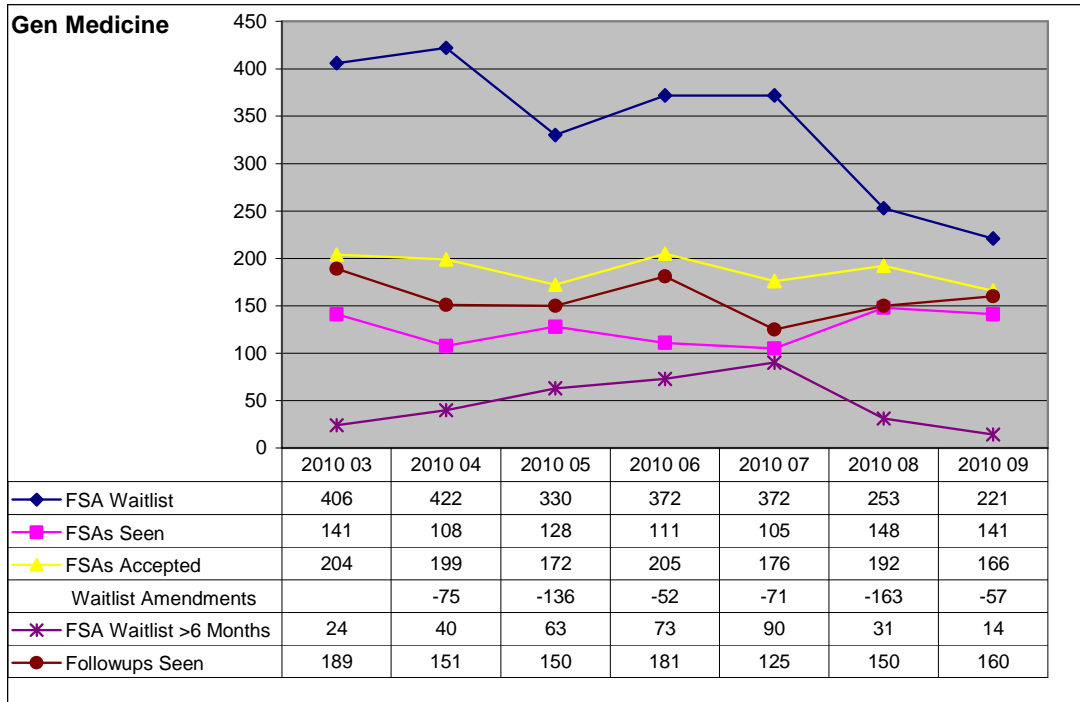
Annual Planned volumes are included in General Medicine.



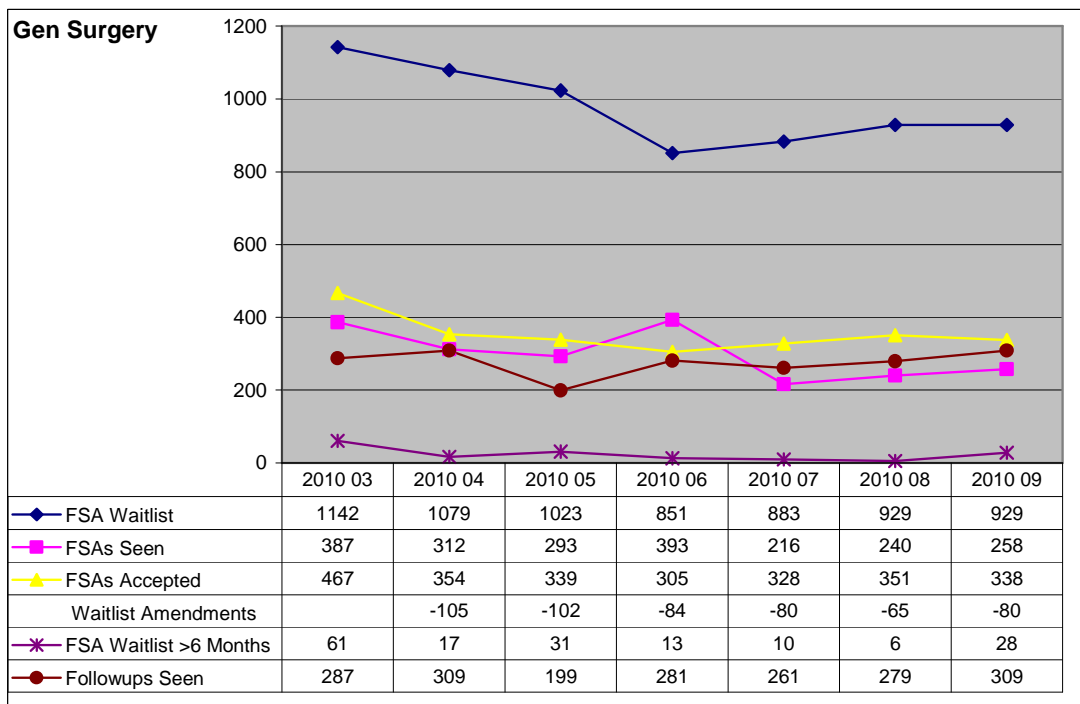
Endoscopy Annual Planned volumes are 2306 procedures.
Year To Date Contract: 611 Year To Date Actual: 529



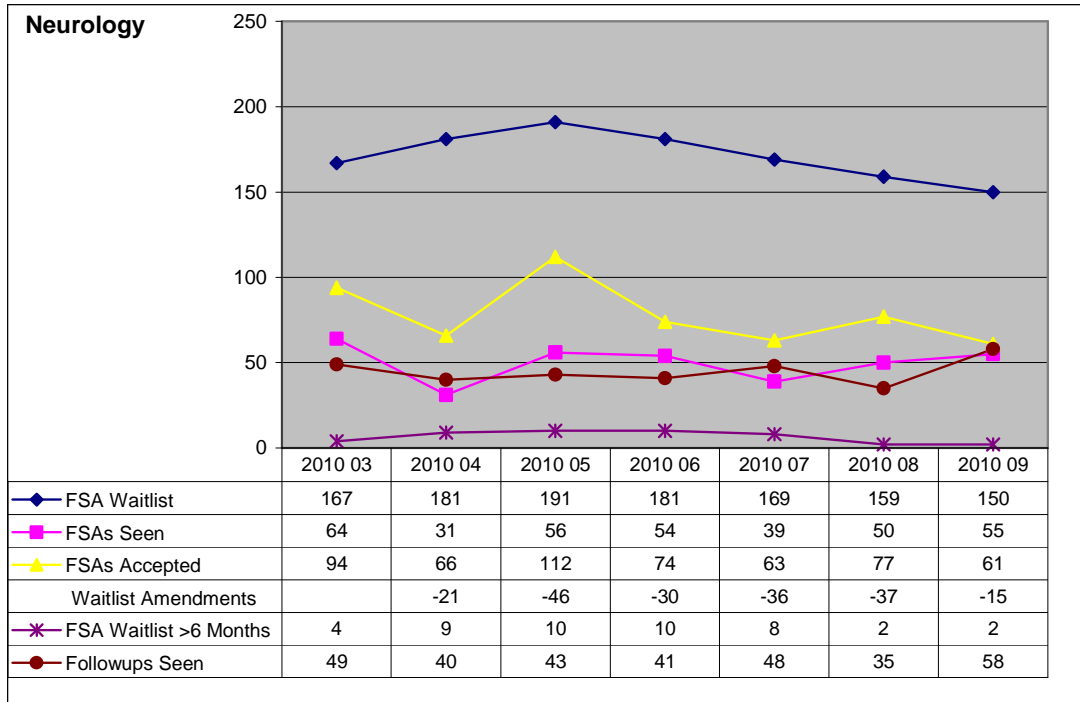
Gastroenterology - 1st Annual Planned Volumes are 920 FSAs and 991 Followups.
YTD FSAs Contract: 244 Actual: 340. YTD Followups Contract: 262 Actual: 149



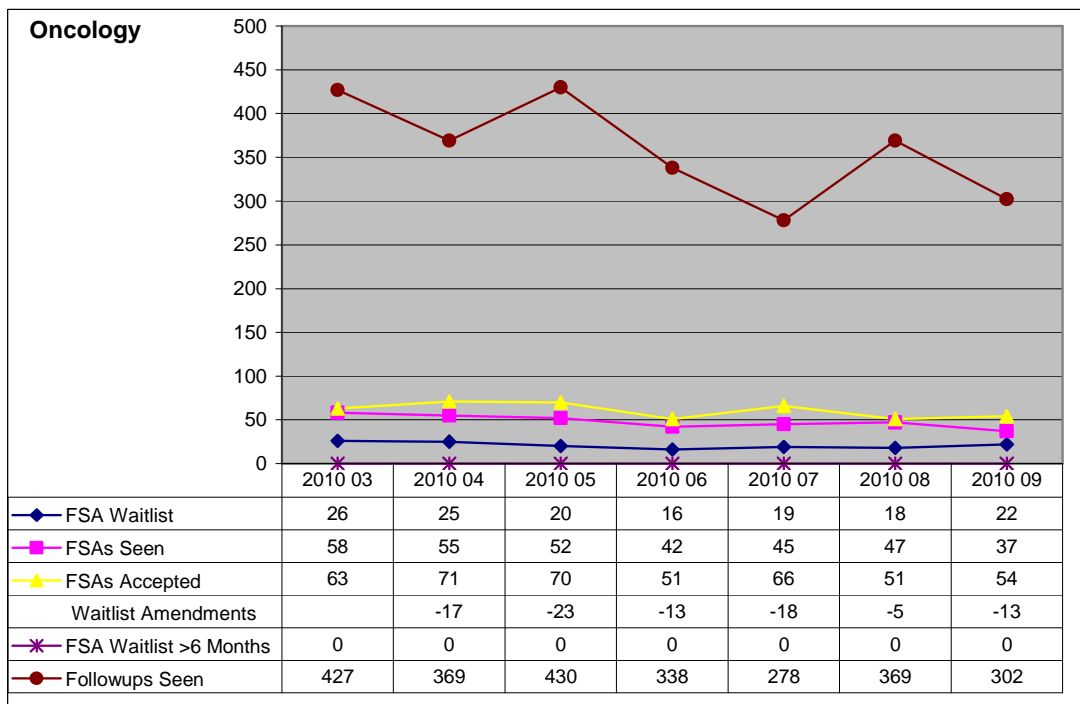
General Medicine - 1st Annual Planned Volumes are 1450 FSAs and 2500 Followups.
YTD FSAs Contract: 384 Actual: 446. YTD Followups Contract: 662 Actual: 552



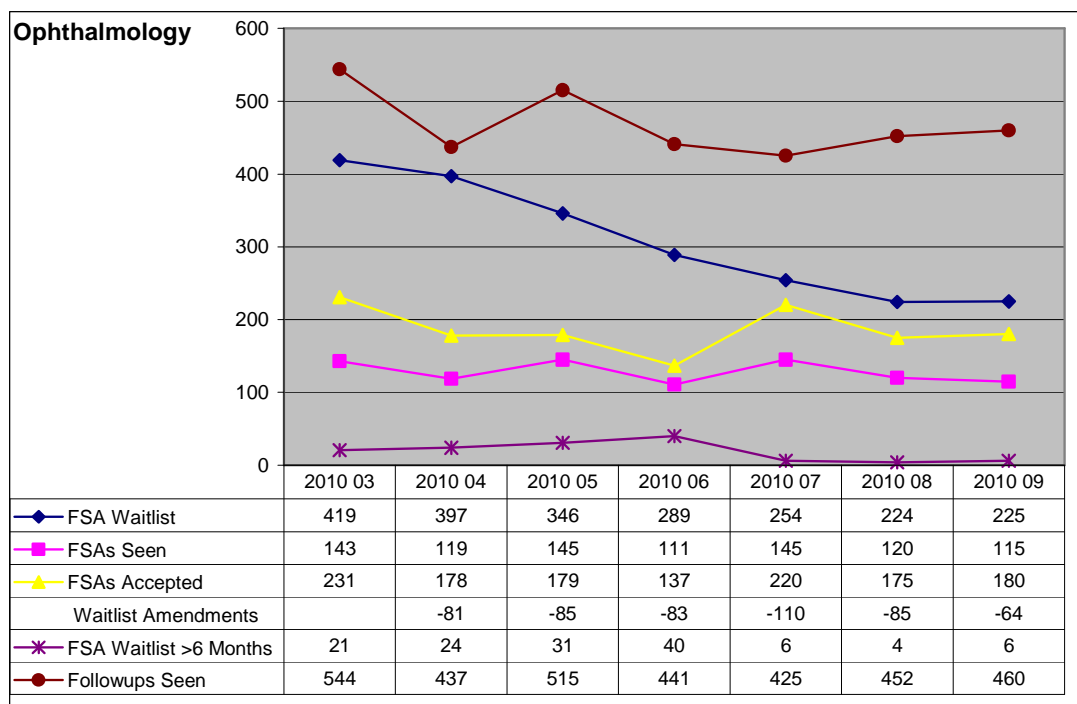
General Surgery - 1st Annual Planned Volumes are 3454 FSAs and 4617 Followups.
YTD FSAs Contract: 915 Actual: 705. YTD Followups Contract: 1223 Actual: 1062



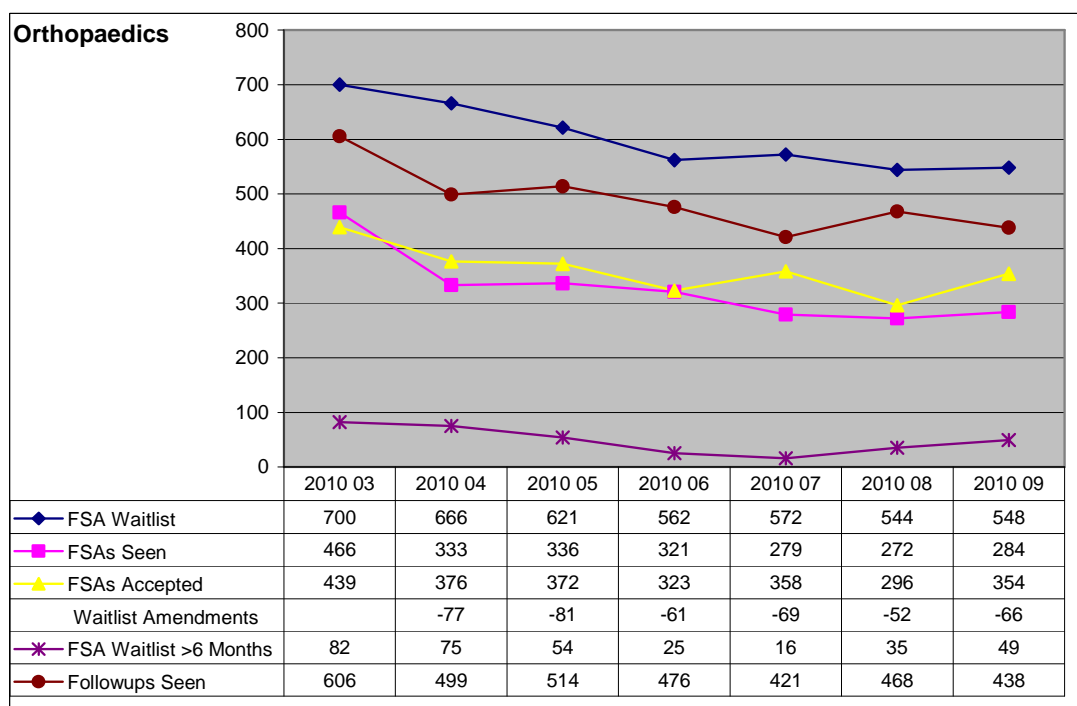
Neurology - 1st attend: Annual Planned Volumes are 632 FSAs and 476 Followups.
YTD FSAs Contract: 167 Actual: 151. YTD Followups Contract: 126 Actual: 148



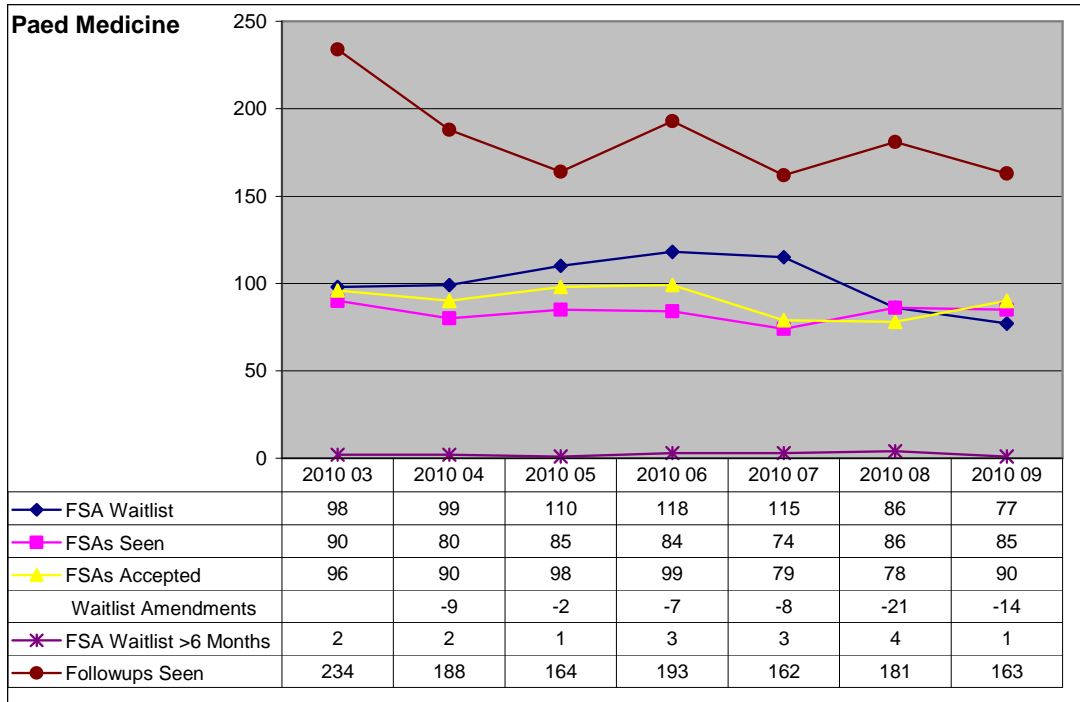
Oncology - 1st attenda Annual Planned Volumes are 574 FSAs and 3800 Followups.
YTD FSAs Contract: 152 Actual: 127. YTD Followups Contract: 1006 Actual: 895



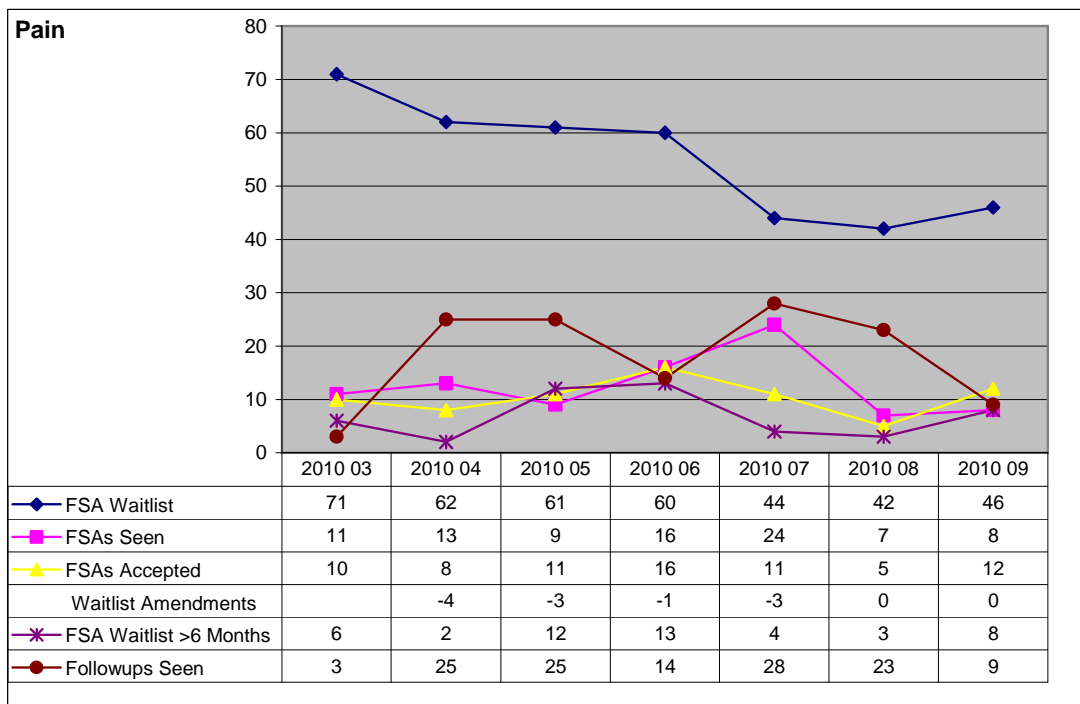
Ophthalmology - 1st at Annual Planned Volumes are 1445 FSAs and 6000 Followups.
YTD FSAs Contract: 383 Actual: 379. YTD Followups Contract: 1589 Actual: 1516



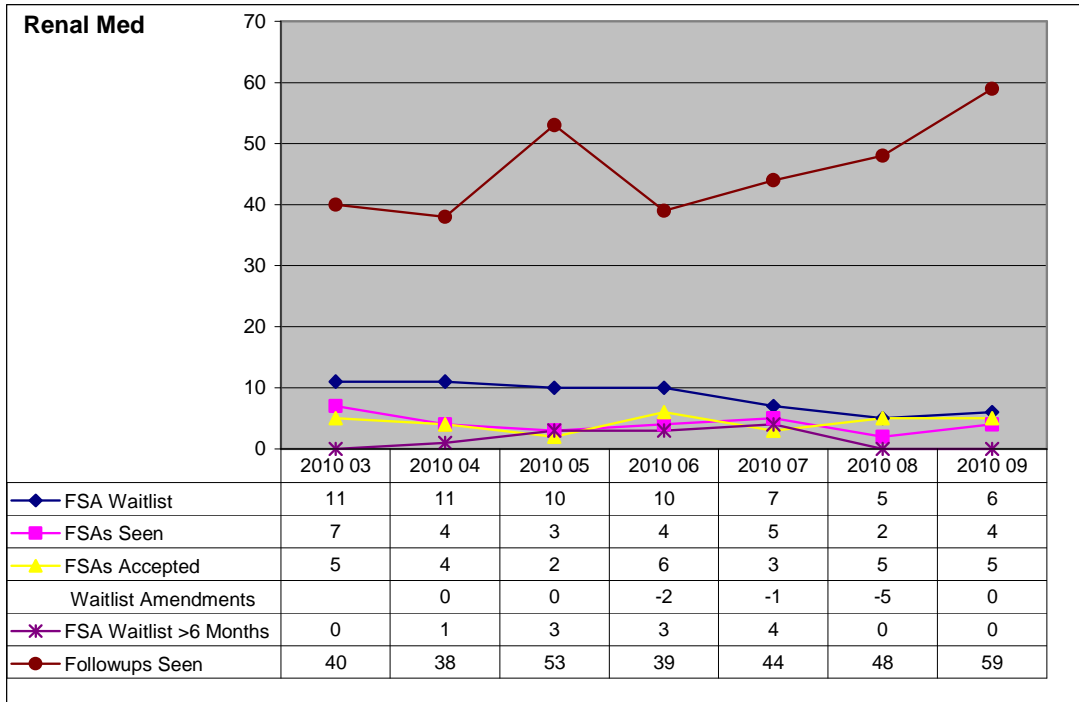
Orthopaedics - 1st at Annual Planned Volumes are 3800 FSAs and 6600 Followups.
YTD FSAs Contract: 1006 Actual: 807. YTD Followups Contract: 1748 Actual: 1404



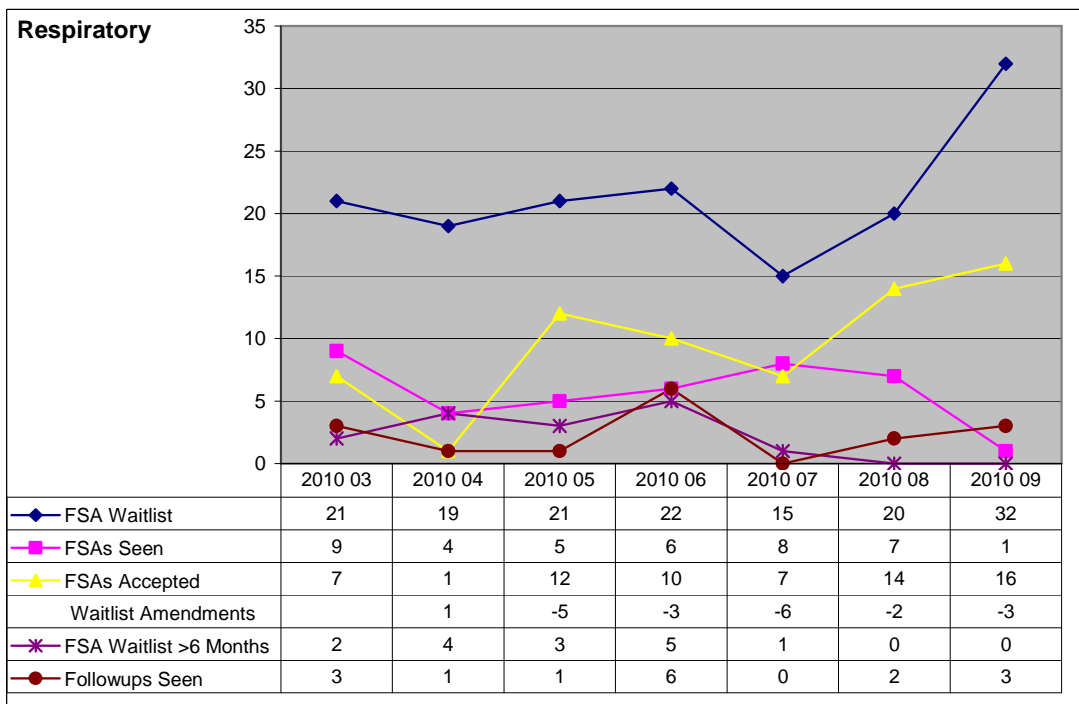
Paed Medicine Annual Planned Volumes are 1045 FSAs and 2600 Followups.
YTD FSAs Contract: 277 Actual: 299. YTD Followups Contract: 689 Actual: 674



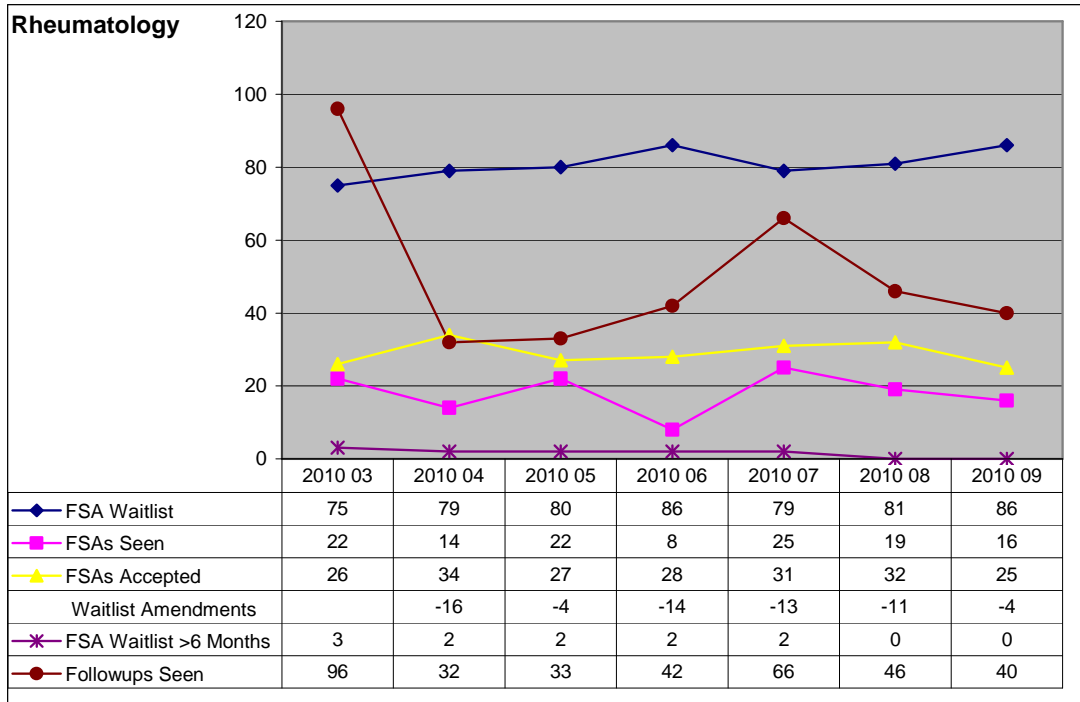
Pain Clinic - 1st attend Annual Planned Volumes are 110 FSAs and 200 Followups.
YTD FSAs Contract: 29 Actual: 21. YTD Followups Contract: 53 Actual: 46



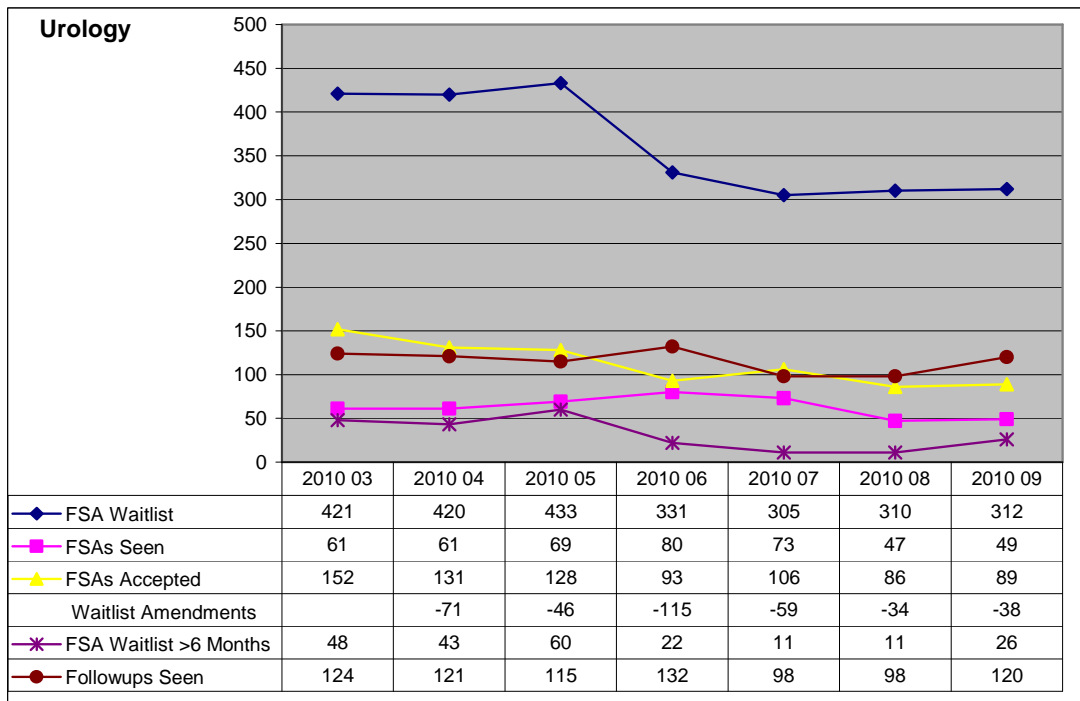
Renal Medicine - 1st Annual Planned Volumes are 60 FSAs and 550 Followups.
YTD FSAs Contract: 16 Actual: 11. YTD Followups Contract: 146 Actual: 154



Respiratory - 1st Annual Planned Volumes are 100 FSAs and 70 Followups.
YTD FSAs Contract: 26 Actual: 18. YTD Followups Contract: 19 Actual: 5



Rheumatology (incl im Annual Planned Volumes are 290 FSAs and 1110 Followups.
YTD FSAs Contract: 77 Actual: 85. YTD Followups Contract: 294 Actual: 257



Urology - 1st attend Annual Planned Volumes are 1100 FSAs and 2000 Followups.
YTD FSAs Contract: 291 Actual: 229. YTD Followups Contract: 530 Actual: 519

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	Sep-09	09/10 YTD	Sep-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	8.2%	7.4%	6.3%	6.0%	▲		< 6%	1
Elective as % of Total Discharges,	34.5%	35.8%	34.0%	34.2%	▲		34.0%	
Day Case Throughput	891	2,772	866	2,644	▼	10,576	10,000	
Triage 1 (Immediate)	100%	100%	100%	100%	—		100%	
Triage 2 (< 10 mins)	79%	81%	85%	83%	▲		80%	
Triage 3 (< 30 mins)	75%	74%	78%	76%	▲		75%	
% discharged from ED within 6 hours	97%	97%	98%	98%	▲		95%	
Staff								
Sick Leave rate	3.6%	3.8%		3.2%			< 4%	
Staff Turnover(excl casuals)	0.8%	1.4%		1.0%			< 2.5%	
Paid Overtime (\$000)	95.9	331.5	96.2	267.7	▲	686	\$1.2 mill	
Staff with Ann Leave balance > 2 yrs entitlement	39	39	47	47	▼		< 30	
Trendcare actualisation	98.3%	98.3%	96.5%	96.5%	▼		100%	
Contract Performance								
Service Level Provided;								
- CWDS	1,789	5,229	1,619	5,057	▼	19,356	19,412	
- FSA's	1,660	5,070	1,797	5,287	▼	20,527	20,690	
- FU's	3,349	9,840	3,271	9,264	▲	37,738	38,656	
- Procedures	1,183	4,137	1,336	4,437	▲	15,174	14,576	
Contract gross variance	4.7%	4.7%	-3.3%	-3.3%	▲		+/-2%	2
Total Elective Discharges	557	1,789	613	1,887	▼	7,548	7,475	
Financial Viability & Value for money								
Contribution to Overheads	9	(1,018)	(404)	712	▲		0	Budget 29,618
Revenue	150	(145)	45	(41)	▲		0	199,235
Expenditure (Exc Personnel)	142	(179)	(52)	64	▼		0	55,084
Personnel	(283)	(694)	(397)	689	▲		0	114,533
Discharges/FTEs	1.73	1.78	1.77	1.80	▼		1.75	
ALOS – Medical	3.29	3.41	3.17	3.44	▼		3.70	3
– Surgical	4.06	3.76	3.61	3.59	▼		3.76	3
CWD per Dr FTE	12.8	12.6	12.2	13.5	▼		12.4	
Readmission rate	0.32%	0.42%	0.59%	0.60%	▼		< 0.6%	
Quality								
Patient Satisfaction Survey	1	1	2	2	—	Remain in top quartile		
Coding > 21 days	249	249	392	392	▲		< 20	4
Achieve accreditation/certification								
Patient flow								
Management of incidents								
Smoking cessation % (admitted patients)	18.7%	16.0%	29.3%	34.0%	▼		80.0%	
<i>DHB Placing</i>								
<i>Government Health targets</i>								
<i>09/10 FY Final Results</i>								
<i>Target</i>								
Shorter Stays in ED		2		95%				
Improved access to Elective Surgery		10		100%				
Shorter waits for cancer treatment radiotherapy		19		< 6 weeks				
Increased immunisation		10		85% of 2 yr olds				
Better help for smokers to quit		16		80% hospitalised smokers				
Better Diabetes & Cardiovascular services		17		increased % risk assess & control				
Notes - Specific to aligned key performance indicator:								
1. Includes Medical and Surgical Specialist clinics only								
2. A negative variance indicates a result BELOW budget, a positive figure indicates ABOVE budget								
3. Day Cases excluded from calculation, as per national definition								
4. Uncoded discharges as at 21st of the month for all cases discharged to the end of the previous month								
Trend - Indicates change from the previous month								

4.4 ELECTIVE SERVICE REPORT (August Data)

Overall ESPIs for August 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 1.9% with 29 patients waiting > 6 months for FSA.

Additional clinics and swapping of theatre sessions have continued in September to reduce backlog. The ENT waitlist is dropping each month although it has not reached green ESPI status to date. Stricter triaging of referrals is also allowing us to return to a more sustainable level however this has been at a slower than anticipated pace due to the sheer volume of referrals that were accepted earlier in the year.

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

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

ESPI 2 is currently sitting at 2.2% with 29 patients waiting > 6 months for FSA.

ESPI 5 is currently sitting at 5.7% with 46 patients waiting > 6 months for surgery.

This has come about due the staff resignation and sick leave. Locums have now been hired to treat those patients waiting > 6 months for FSA and those patients waiting > 6 months for surgery.

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

ESPI 3 is currently sitting at 5.2% with 35 patients above the actual treatment threshold sitting in Active Review.

This ESPI is currently showing orange as we have set a higher commitment threshold than the actual treatment threshold due to a high number of patients that weren't receiving their surgery within the 6 month timeframe. Elective Services Manager will discuss the commitment threshold with the Ophthalmologists and address accordingly.

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2009			2009			2009			2009			2010			2010			2010			2010			2010			2010			Target						
	Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun				Jul			Aug		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.		Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	> 90%			
2. Patients waiting longer than six months for their first specialist assessment (FSA).	360	1.9%	0	279	1.5%	0	235	1.3%	0	364	1.9%	0	357	1.9%	0	344	1.8%	0	366	1.9%	0	336	1.8%	0	379	2.0%	0	373	2.0%	0	265	1.4%	0	169	0.9%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	139	2.3%	0	160	2.7%	0	168	2.8%	0	170	2.9%	0	184	3.1%	0	98	1.7%	0	117	2.1%	0	95	1.7%	0	93	1.7%	0	74	1.3%	0	79	1.4%	0	86	1.5%	0	< 5%
4. Clarity of treatment status.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%
5. Patients given a commitment to treatment but not treated within six months.	179	2.8%	0	188	3.0%	0	199	3.1%	0	213	3.4%	0	212	3.4%	0	244	4.0%	0	254	4.2%	0	209	3.5%	0	210	3.5%	0	171	2.9%	0	140	2.4%	0	155	2.6%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	71	13.7%	0	56	10.4%	0	64	11.7%	0	30	5.5%	0	43	7.7%	0	59	9.8%	0	21	3.4%	0	57	9.1%	0	49	8.0%	0	28	4.9%	0	20	3.7%	0	16	3.0%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	162	2.7%	0	153	2.6%	0	167	2.8%	0	188	3.2%	0	192	3.3%	0	198	3.5%	0	200	3.5%	0	165	2.9%	0	172	3.1%	0	137	2.4%	0	107	1.9%	0	114	2.0%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	522	99%	0%	507	99%	0%	531	99%	0%	451	100%	0%	322	100%	0%	394	100%	0%	490	100%	0%	493	100%	0%	470	100%	0%	505	100%	0%	476	100%	0%	463	100%	0%	> 90%

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

Data Warehouse Refresh Date: 02/Oct/2010

Report Run Date: 04/Oct/2010

4.5 PROPERTY MANAGEMENT

Status

This report contains:

- For decision
- Update
- Regular report
- For information

4.6.1 Mental Health – Braemar Redevelopment

Approval has been given to commence redevelopment of Montrose Villa for Mental Health Mobile Community Team services. Document confirmation meetings are to commence in November with user group and designer.

4.6.2 Emergency Power Supply System (EPSS) Nelson

The Nelson Hospital Generators and EPSS have been tested and commissioned and are now operational. Project work that is still outstanding is the commissioning of relocated generator for Braemar site, reconfiguration of main switchboards and removal of redundant services including old generators. Once these minor works are finished and all documentation is received the project will be closed.

4.6.3 Motueka Community Health Building

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

NMDHB has accepted the proposal.

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

4.6 MENTAL HEALTH KPIS/VARIANCE REPORT

KPIs/VARIANCE REPORT: MENTAL HEALTH							
Performance Areas & KPI'S	Sep 09	Sep 10	YTD	Trend	Forecast EOY	Target	Comment
Access							
Outpatients/Inpatients Seen Within 2 Weeks After Discharge	100%	100%	100%	-		100%	Staff Vacancies and 1 Staff Sick Leave
AOD New Referrals Seen Within 30 Days	76%	63%	71%	▼		80%	
CAMHS New Referrals Seen Within 30 Days	91%	77%	80%	▼		100%	
KSC New Referrals Seen Within 30 Days	76%	92%	85%	▲		75%	
Witherlea New Referrals Seen Within 30 Days	98%	86%	92%	▼		100%	
Crisis Response - (Witherlea, MCT, CAMHS)	100%	100%	100%	-		100%	
Staff							
% Contracted FTEs Employed							
Turnover							
Sick Leave							
Service Provision							
Crisis Attendance No's - (Witherlea, MCT, CAMHS)	174	138	442**	▲		Monthly No's	Temporary Contract to address
Community Caseload No's - (all Community Teams)	3367	3180	3184*	▼		Monthly No's	
Methodone No's	275	269	275**	▲		217	
AOD Court Assessments	30	37	123**	▲		As required	
Average (Acute) Inpatient Length of Stay	8.9	8.4	10.3*	▼		14 days	
Finance (Variance from Budget) \$000s							
Total Income						Nil Variance	
Total Expenditure						Nil Variance	
Breakdown Expenditure – Personnel						Nil Variance	
Breakdown Expenditure – Other						Nil Variance	
Contribution to Overheads						Cover Overhead Costs	
Quality							
Percentage Discharge Plans	100%	100%	100%	-		100%	Discharge planning begins at admission
Percentage Relapse Prevention Plans	95%	93.3	93.3%	-		90% - National Target	Development process with Client Pathways
Information Management							
PRIMHD Reporting in Timeframe	100%	100%	100%	-		100%	
Reporting Requirements Met (MOH, MHC)	100%	100%	100%	-		100%	
<p>Notes: Trend – Indicates Change from Last Month. Trend for Financials Only - (Downwards arrow – variance moving below budget, Upwards arrow variance moving above budget). NRM = New Reporting Measure * monthly average YTD ** total YTD</p>							

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

4.6.1 Mental Health KPI Variance Report

FINANCE

	Sep-10			Year to Date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Govt & Crown Agency	16,429	8,527	(7,902)	49,286	60,474	11,188	197,143	208,331	11,188
Other Health Related	333	0	(333)	1,000		(1,000)	4,000	3,000	(1,000)
Non Health	5,250	8,123	2,873	15,750	24,876	9,126	63,000	72,126	9,126
Internal Income	7,138	7,086	(52)	21,414	21,259	(155)	85,655	85,500	(155)
Internal MoH Income	2,067,448	2,067,448	0	6,202,345	6,202,345	0	24,809,379	24,841,379	32,000
Total Revenue	2,096,598	2,091,184	(5,414)	6,289,795	6,308,954	19,159	25,159,177	25,210,336	51,159
Personnel	1,655,024	1,620,682	34,342	4,974,134	4,722,836	251,298	20,028,373	19,777,076	251,297
Outsourced	55,297	51,725	3,572	165,891	127,387	38,504	664,524	626,020	38,504
Clinical Supplies	13,313	6,739	6,574	39,940	20,020	19,920	159,758	139,838	19,920
Infrastructure	119,477	93,696	25,781	364,703	302,162	62,541	1,451,275	1,388,734	62,541
Internal Charges	43,372	43,743	(371)	127,100	130,239	(3,139)	505,542	508,681	(3,139)
Total Expenditure	1,886,483	1,816,585	69,898	5,671,768	5,302,644	369,124	22,809,472	22,440,349	369,123
	210,115	274,599	64,484	618,027	1,006,310	388,283	2,349,705	2,769,987	420,282

REVENUE

Total revenue for the Mental Health service is \$19k ahead of budget; the favourable variance is derived from court report income being higher than budget.

EXPENSES

Personnel

Mental Health personnel cost is \$251k and 11.21 FTE under budget for YTD September 10. The FTE variance for the month of September was 4.65 FTE below budget.

Outsource

Outsource expenditure is \$39k under spent; the variance resides against home support, planned and crisis respite care, medical and nursing fees for service.

Clinical Supplies

Clinical supply cost is under budget by \$20k with the variance mainly against client related costs and psychology testing equipment.

Infrastructure and Non Clinical Expenditure

Infrastructure & Non Clinical expenditure is under spent by \$63k. The favourable variance exists among a multitude of budget codes with staff travel, accommodation and minor general equipment purchases being the largest.

Contribution to Overheads

Mental Health's contribution to overheads for YTD September 10 is favourable, total actual revenue less total actual expenses (contribution margin before overheads) is \$388k better than budget. The result is notably due to the under budget variance against personnel.

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

	September				YTD				Forecast	Annual		
	Actual	Budget	Variance	% var	Actual	Budget	Variance	% var	Actual	Budget	Variance	% var
Govt & Crown Agency	140,329	157,045	(16,716)	(11)	492,560	476,128	16,432	3	2,029,562	2,008,498	21,064	1
Other Health Related	42,898	48,958	(6,061)	(12)	143,774	147,825	(4,051)	(3)	592,205	589,500	2,705	0
Non Health	6,209	1,800	4,409	245	10,191	5,400	4,791	89	26,391	21,600	4,791	22
Internal MoH Income	1,218,048	1,245,969	(27,921)	(2)	3,675,630	3,747,554	(71,923)	(2)	14,869,673	14,975,747	(106,074)	(1)
Total Revenue	1,407,484	1,453,772	(46,288)	(3)	4,322,156	4,376,907	(54,751)	(1)	17,517,831	17,595,345	(77,514)	(0)
Personnel	977,656	986,859	9,202	1	2,858,904	3,027,456	168,552	6	12,273,920	12,556,487	282,567	2
Outsourced	56,110	45,240	(10,871)	(24)	123,235	123,051	(184)	(0)	501,767	491,583	(10,184)	(2)
Clinical Supplies	39,488	44,572	5,084	11	109,291	134,383	25,092	19	527,538	534,285	6,747	1
Infrastructure	140,077	155,465	15,388	10	426,973	473,370	46,397	10	1,809,614	1,826,412	16,798	1
Internal Allocation	37,931	42,473	4,542	11	110,225	122,243	12,017	10	474,773	478,222	3,449	1
Total Expenditure	1,251,263	1,274,608	23,345	2	3,628,628	3,880,502	251,874	6	15,587,612	15,886,988	299,376	2
Contribution to Overheads	156,221	179,164	(22,943)	13	693,528	496,404	197,123	(40)	1,930,219	1,708,358	221,861	(13)
FTE	163.19	169.24	6.05		160.81	169.84	9.03					

** Please note the above figures include Medical/Surgical Inpatient Unit - Wairau as the Wairau AT&R Unit is now fully combined within this one ward/department.

REVENUE:

Overall \$55k less income has been received year to date to 30th September 2010

Government & Crown Agency \$16k additional income

- Additional ACC Non Acute Rehab cases

Other Health Related \$4k reduced income

- Reduced income received from Continuing care private payers

Non Health Related \$5k additional income

- Charitable Trust donation

Internal Moh Income \$72k reduced income

- Reduced Psychogeriatric continuing care volumes \$66k
- Reduced Continuing care volumes \$6k

Personnel costs:

Overall personnel costs are under spent \$169k & 9.03 FTE under

- Medical \$26k (0.29 FTE)
- Nursing \$109k (6.31 FTE)
- Allied Health \$13k (0.48 FTE)
- Hotel Services \$10k (1.21 FTE)
- Management/Administration (.73 FTE)

EXPENSES:

Outsourced Services < \$500 over spent

Clinical Supplies \$25k under spent

- Under spending occurring in clinical equipment - vac hire and dressings and minor under spending across all areas

Infrastructure \$46k under spent

- Electricity rebates received and minor under spending across all areas

Internal charges \$12k under spent

- reduced pharmacy supplies

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

4.8 FINANCIAL REPORT FOR MONTH ENDED 30 SEPTEMBER 2010

Statement of Financial Performance for the three months to 30th September 2010.

Hospital Services has a net surplus of \$856K compared to a budgeted deficit of -\$201K giving a positive variance of \$1,057K.

Monthly details are included on the table following.

\$000's	Budget	Actual	Var	Budget	Actual	Var	Budget	Forecast	Var
	Sep-10	Sep-10	Month	YTD	YTD	YTD	Annual	Annual	Annual
REVENUE									
Government and Crown Agency									
MoH - Personal Health	57	2	-55	170	16	-154	681	107	-574
MoH - Mental Health	0	1	1	0	0	0	0		0
MoH - Public Health	33	31	-2	98	65	-34	394	260	-134
MoH - Disability Support Services	106	108	2	318	323	5	1,273	1,286	13
Clinical Training Agency	109	106	-4	328	335	7	1,331	1,301	-29
Inter Provider Revenue	1	8	6	4	-3	-7	15	9	-7
Training Fees and Subsidies	0	3	2	1	8	7	4	11	7
Accident Insurance	265	251	-14	801	789	-11	3,306	3,094	-213
Other Government	36	219	183	109	332	223	436	619	182
Internal MOH Revenue	15,073	15,059	-14	44,981	44,897	-84	180,244	180,148	-96
Total Gov't and Crown Agency	15,681	15,786	106	46,810	46,763	-47	187,684	186,834	-850
Other Revenue									
Patient / Consumer sourced	324	300	-24	964	941	-23	3,922	3,897	-26
Other Income	140	180	40	420	580	161	1,657	1,806	149
Total Other Revenue	464	480	16	1,383	1,521	138	5,580	5,703	123
Internal revenue	545	468	-76	1,545	1,412	-132	5,993	5,861	-132
TOTAL REVENUE	16,689	16,734	45	49,738	49,697	-41	199,256	198,398	-859
EXPENSES									
Personnel costs									
Medical Personnel	3,150	3,118	32	9,453	8,935	518	37,960	37,178	782
Nursing Personnel	3,746	4,036	-291	11,448	11,476	-28	47,248	46,876	372
Allied Health Personnel	1,469	1,576	-106	4,429	4,270	159	17,721	17,249	472
Support Personnel	145	158	-13	440	440	0	1,842	1,837	5
Man/Admin Personnel	814	832	-17	2,455	2,415	40	9,763	9,981	-218
Personnel costs Total	9,323	9,720	-396	28,225	27,536	689	114,533	113,121	1,412
Outsourced Services									
Medical Personnel	113	175	-62	340	597	-257	1,364	1,948	-584
Nursing Personnel	16	8	8	47	14	33	188	159	29
Allied Health Personnel	5	3	2	16	3	13	63	51	13
Support Personnel	0	0	0	0	1	-1	0	1	-1
Man/Admin Personnel	1	0	1	5	0	5	20	15	5
Outsource Clinical Services	589	593	-4	1,790	1,732	58	7,152	7,149	3
Total Outsourced Services	724	779	-55	2,198	2,347	-149	8,788	9,322	-535

\$000's	Budget	Actual	Var	Budget	Actual	Var	Budget	Forecast	Var
	Sep-10	Sep-10							
	Month	Month	Month	YTD	YTD	YTD	Annual	Annual	Annual
Clinical Supplies									
Treatment Disposables	818	848	-30	2,459	2,500	-41	9,400	9,505	-105
Diagnostic Supplies & Other Supplies	58	65	-7	176	208	-32	680	711	-31
Instruments & Equipment	430	441	-10	1,303	1,306	-3	5,228	5,254	-26
Patient Appliances	113	190	-78	338	433	-95	1,350	1,479	-129
Implants and Prostheses	417	524	-107	1,251	1,348	-97	4,755	5,119	-364
Pharmaceuticals	541	462	79	1,532	1,392	140	5,943	5,383	560
Other Clinical & Client Costs	198	147	51	595	473	122	2,219	2,097	122
Total Clinical Supplies	2,575	2,677	-101	7,654	7,660	-6	29,575	29,548	27
Infrastructure & Non-Clinical Supplies									
Hotel Services, Laundry & Cleaning	475	468	7	1,444	1,418	26	5,747	5,725	22
Facilities	64	51	13	195	171	23	721	714	7
Transport	47	45	3	145	116	29	574	555	19
IT Systems & Telecommunications	58	63	-5	174	176	-2	696	746	-49
Interest & Financing	0	0	0	0	0	0	0	0	0
Professional Fees & Expenses	10	8	2	29	27	2	116	121	-5
Other Operating Expenses	142	121	21	426	379	47	1,708	1,662	46
Total Infrastructure & Non-Clinical Supplies	796	755	41	2,412	2,288	124	9,563	9,523	39
Internal Charges	642	579	63	1,835	1,741	94	7,159	7,007	151
EXPENSES TOTAL	14,061	14,510	-449	42,325	41,572	753	169,617	168,521	1,096
Contribution to Overheads	2,629	2,224	-404	7,413	8,125	712	29,639	29,876	237
Overheads	2,554	2,387	167	7,614	7,269	345	24,256	24,761	-505
NET SURPLUS/(DEFICIT)	75	-163	-237	-201	856	1,057	5,383	5,115	-268

Financial Variances:

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

Revenue

Overall revenue is \$41K unfavourable

New Variances	Variance
Other Government Favourable Pharmac rebate of \$143K received in September Audiology revenue is \$90K favourable, although this is offset by lower Patient-related income and by increased costs in Clinical Supplies	\$223k
Other Income Favourable Donation received from Nelson Marlborough Hospitals Charitable Trust for Sentinel Biopsy machine \$72k Supplier discounts received for Surgical supplies \$45k	\$161k
Internal Income Unfavourable Pharmacy Internal charges to departments are lower than budgeted by \$125k. This is offset by favourable Internal Charges and Pharmaceuticals variances	-\$132k

Previously Explained Variances	Variance
MOH - Personal Health Unfavourable Pharmacy Departments claims for Herceptin are no longer made through this mechanism and are now part of Internal MOH funding	-\$154k

Personnel Costs are \$690K favourable to budget.

Personnel:	\$'000			FTE		
	Budget	Actual	Variance	Budget	Actual	Variance
Medical Personnel	9,453	8,935	518	161	157	4
Nursing Personnel	11,448	11,476	-28	601	598	3
Allied Health Personnel	4,429	4,270	159	253	248	5
Support Personnel	440	440	0	43	42	1
Man/Admin Personnel	2,455	2,414	40	191	191	0
Personnel costs Total	28,225	27,535	690	1,249	1,236	13

Figures are adjusted to reflect planned Rutherford savings. These are being captured at the earliest opportunity so as to maintain maximum benefit.

Outsourced services are \$149K unfavourable to budget

There are no significant variances

New Variances	Variance
<i>Outsourced Medical</i> is \$257K unfavourable to budget	-\$257k
Unfavourable	
Surgical is \$62k unfavourable	
Women Children & Oral Health is \$177k unfavourable	

Clinical Supplies are close to budget overall but there are some significant variances within this figure as follows:

New Variances	Variance
<i>Patient Appliances</i> are \$95k unfavourable to budget	-\$95k
Unfavourable	
Audiology Aids are \$36k unfavourable, but offset by revenue as noted above	
Orthotics costs are \$33k unfavourable	
Surgical appliances are \$12k unfavourable	
<i>Implants</i> are \$97k unfavourable	-\$97k
Pacemakers and other Cardiology implants are \$16k unfavourable due to higher activity	
Surgical implants are \$82K unfavourable	
<i>Other Clinical Supplies</i> are \$122k favourable to budget	\$122k
Favourable	
Air Ambulance and Patient Transport are \$106k favourable to budget	
Mental Health is \$16k favourable in Client Related costs	

Previously Explained Variances	Variance
<i>Pharmaceuticals</i> are \$140K positive to budget	\$140k
Favourable	
Immunosuppressive/cytotoxic expenditure is down \$94k on budget. Central Nervous system are currently down \$29k	

Infrastructure Costs are \$124K favourable to budget as a result of lower Laundry, Facilities, Travel and Other Operating expenses.

Overhead Costs are \$345k under budget for YTD September 10.

The favourable variance is related to the following overhead services being under spent: Chief Finance Officer \$426k, Chief Information Officer Group \$288k, Human Resources & Organisational Development \$214k and Director of Nursing \$95k.

Offsetting these variances is an over spend against Corporate services of \$678k.

Forecast

Based on Year to date 30th September figures, the annual forecast for Hospital Services is a year end surplus of \$5,115k against a budget surplus of \$5,268k. Key figures in the forecast are as follows:

Revenue

Government & Crown Revenue is forecast to be \$850K unfavourable due to the change in claiming for Herceptin (\$574k); lower Public Health Screening revenue (\$134k); and lower ACC receipts (\$213), particularly in Radiology and other Clinical Support. The favourable variance in Other Government from Pharmac rebates (\$143k) is expected to be retained.

Personnel:

The position is forecast to continue to be favourable, although it will not grow at the Year To Date rate due to expected filling of vacancies.

Outsourced Services

Medical costs will continue to be incurred in Surgical (Orthopaedics) and Women Children and Oral Health (Obstetrics and Gynaecology) in place of FTE. Clinical Services will grow primarily with continued additional requirement for Radiology services.

Clinical Supplies

Clinical Supplies are forecast to remain close to budget overall, with unfavourable variances in Patient Appliances and Implants & Prostheses offset by favourable variances in Pharmaceuticals and Other Client-related costs.

Infrastructure

Infrastructure is expected to remain favourable overall with only IT depreciation and Software lease being unfavourable to budget.

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

SECTION 5: MEMBERS ISSUES

Nil

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Status

This report contains:

 For decision Update Regular report For information

SECTION 6: GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

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

CNM	Charge Nurse Manager
COO	Chief Operating Officer
COPMI	Children of Parents with Mental Illness
CPHAC	Community and Public Health Advisory Committee
CPIP	Community Pharmacy Intervention Project
CPNE	Continuing Practice Nurse Education
CPU	Critical Purchase Units
CSR	Contract Status Report
CSSD	Central Sterile Supply Department
CTA	Clinical Training Agency
CTC	Contributions to Cost
CTANAG	Clinical Training Agency Nursing Advisory Group
CTU	Combined Trade Unions
CVD	Cardiovascular Disease
CVDRA	Cardiovascular/Diabetes Risk Assessment
CWD	Case Weighted Discharge
CYAERG	Child Youth Advisory & Expert Reference Group.
CYF	Child, Youth and Family
CYFS	Child, Youth and Family Service
DAP	District Annual Plan
DAR	Diabetes Annual Review
DHB	District Health Board
DHBNZ	District Health Boards New Zealand
DHBRF	District Health Boards Research Fund
DiSAC	Disability Support Advisory Committee
DGH	Director General of Health
DMH	Director of Maori Health
DNA	Did Not Attend
DRG	Diagnostic Related Group
DSP	District Strategic Plan
DSS	Disability Support Services
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EFI	Energy For Industry
ELT	Executive Leadership Team
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
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
H&DC / HDC	Health and Disability Commissioner
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
HEA	Health Education Assessments
He Kawenata	Covenant, agreement, treaty, testament (PM Ryan Maori Dictionary pg 104)
HEeADSSS	Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety
HEHA	Healthy Eating Healthy Action
HEP	Hospital Emergency Plan
HESDJ	Ministries of Health, Education, Social Development, Justice
HFA	Health Funding Authority
HHS	Hospital and Health Services
HIA	Health Impact Assessment
HM	Household Management
HMS	Health Management System
HODs	Heads of Department
HOP	Health of Older People
HPI	Health Practitioner Index
HPV	Human Papilloma Virus
HR	Human Resources
HR & OD	Human Resources and Organisational Development
IANZ	International Accreditation New Zealand
IBA	Information Builders of Australia
IDF	Inter District Flow
IDSS	Intellectual Disability Support Services
IFRS	International Financial Reporting Standards
IHB	Iwi Health Board
IM	Information Management
InterRAI	Inter Residential Assessment Instrument
IPAC	Independent Practitioner Association Council
IPC	Intensive Patient Care
IPC Units	Intensive Psychiatric Care Units
IPG	Immunisation Partnership Group
IPU	In-Patient Unit
IS	Information Systems
ISSP	Information Services Strategic Plan
IT	Information Technology
JAMHWSAP	Joint Action Maori Health & Wellness Strategic Action Plan
KIM	Knowledge and Information Management
Kotahitanga	Unity, accord, coalition, solidarity (PM Ryan Maori Dictionary pg 127)
KPI	Key Performance Indicator
KHW	Kimi Hauora Wairau (Marlborough PHO)
LA	Local Authority
LCN	Local Cancer Network
LIS	Laboratory Information Systems
LOS	Length of Stay
LSCS	Lower Segment Caesarian Section

LTC	Long Term Care
LTCCP	Long Term Council Community Plan
LTSFSG	Long Term Service Framework Steering Group
Manaakitanga	Goodwill, show respect, or kindness to ((PM Ryan Maori Dictionary pg 172)
Manawhenua	Power, prestige, authority over land (HW Williams Maori Dictionary pg 172)
Manawhenua O Te	Tau Ihu O Te Waka A Maui – Referring to the eight iwi who hold tribal authority over the top of the South Island (no reference)
MHDSF	Maori Health and Disability Strategy Framework
MHFS	Maori Health Foundation Strategy
MPDS	Maori Provider Development Scheme
MA	Medical Advisor
MCT	Mobile Community Team
MDC	Marlborough District Council
MDO	Maori Development Organisation
MDS	Maori Development Service
MDT	Multi Disciplinary Team
MECA	Multi Employer Collective Agreement
MHAU	Mental Health Admission Unit
MHC	Mental Health Commissioner
MHD	Maori Health Directorate
MHINC	Mental Health Information Network Collection
MHWSF	Maori Health and Wellness Strategic Framework
MOH	Ministry of Health
MOH	Medical Officer of Health
MOA	Memorandum of Agreement
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MOW	Meals on Wheels
MRI	Magnetic Resonance Imaging
MRT	Medical Radiation Technologist (or Technician)
MSD	Ministry of Social Development
NPA	Nutrition and Physical Activity
NRAHDD	Nelson Region After Hours & Duty Doctor Limited
NRT	Nicotine Replacement Therapy
MRSA	Methicillin Resistant Staphylococcus Aureus
NHBIT	National Health Board IT
NASC	Needs Assessment Service Coordination
NBPH	Nelson Bays Primary Health
NCC	National Capital Committee
NCC	Nelson City Council
NCSP	National Cervical Screening Programme
NGO	Non Government Organisation
NHCC	National Health Coordination Centre
NHI	National Health Index
NIR	National Immunisation Register
NMDHB	Nelson Marlborough District Health Board
NMDS	National Minimum Dataset
NMIT	Nelson Marlborough Institute of Technology
NPA	Nutrition and Physical Activity (Programme)
NPV	Net Present Value
NRAHDD	Nelson Regional After Hours and Duty Doctor Ltd
NSU	National Screening Unit
NTOS	National Terms of Settlement
NZHIS	NZ Health Information Services
NZMA	New Zealand Medical Association

NZNO	NZ Nurses Organisation
NZPH&D Act	NZ Public Health and Disability Act 2000
OAG	Office of the Auditor General
OIA	Official Information Act
OIS	Outreach Immunisation Services
OPD	Outpatient Department
OPF	Operational Policy Framework
OPJ	Optimising the Patient Journey
OSH	Occupational Health and Safety
OT	Occupational Therapy
PACS	Picture Archiving Computer System
P&F	Planning and Funding
PANT	Physical Activity and Nutrition Team
PBF(F)	Population Based Funding (Formula)
PC	Personal Cares
P&C	Primary & Community
PCI	Percutaneous Coronary Intervention
PCO	Primary Care Organisation
PCT	Pharmaceutical Cancer Treatments
PDR	Performance Development Review
PDRP	Professional Development and Recognition Programme
PDSA	Plan, Do, Study, Act
PFG	Performance Framework Group (formerly known as Services Framework Group)
PHS	Public Health Service
PHCS	Primary Health Care Strategy
PHI	Public Health Intelligence
PHO	Primary Health Organisation
PHOA	PHO Alliance
PHONZ	PHO New Zealand
PHS	Public Health Service
PHU	Public Health Unit
PIA	Performance Improvement Actions
PN	Practice Nurse
PPP	PHO Performance Programme
PSAAP	PHO Service Agreement Amendment Protocol
PT	Patient
PTAC	Pharmacology and Therapeutics Committee
PRIMHD	Project for the Integration of Mental Health Data
PVS	Price Volume Schedule
QA	Quality Assurance
QHNZ	Quality Health NZ
QIC	Quality Improvement Council
Rangatiratanga	Autonomy, evidence of greatness (HW Williams Maori Dictionary pg 323)
RDA	Resident Doctors Association
RDA	Riding for Disabled
RIF	Rural Innovation Fund
RFI	Request for Information
RFP	Request for Proposal
RICF	Reducing Inequalities Contingency Funding
RM	Registered Midwife
RMO	Resident Medical Officer
RN	Registered Nurse
ROI	Registration of Interest
RSE	Recognised Seasonal Employer
RSL	Research and Sabbatical Leave
SAN	Storage Area Network

SCBU	Special Care Baby Unit
SCN	Southern Cancer Network
SDB	Special Dental Benefit Services
SHSOP	Specialist Health Services for Older People
SICF	South Island Chairs Forum
SICSP	South Island Clinical Services Plan
SI HSP	South Island Health Services Plan
SIRCC	South Island Regional Capital Committee
SISSAL	South Island Shared Service Agency
SLH	SouthLink Health
SLT	Strategic Leadership Team
SMO	Senior Medical Officer
SNA	Special Needs Assessment
SOI	Statement of Intent
SOPD	Surgical Outpatients Department
SOPH	School of Population Health
TDC	Tasman District Council
TLA	Territorial Local Authority
TOW	Treaty of Waitangi
TOR	Terms of Reference
TRTT	Te Roopu Tupu Tahī
UG	User Group
VLCA	Very Low Cost Access
VRA	Vascular Risk Assessment
WAM	Wairau Accident & Medical Trust
WAVE (Project)	Working to Add Value through E-Information
WEII	Whanau Engagement, Innovation and Integration
YTD	Year to Date
YTS	Youth Transition Service

September 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

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

balance > 2 yrs entitlement

SERVICE PROVIDED

CWD's

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

FSA's

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

FU's

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

Procedures

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

Contract performance YTD

% variance

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

FINANCIAL

Revenue

Sum of highlighted financial codes shown below - for month

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

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