



Hospital Advisory Committee

Notice of Meeting

Open Meeting

**Tuesday 16th December 2008
at 1.00pm in the Board Meeting Room,
DHB Offices, Blair St, Masterton.**



Hospital Advisory Committee Agenda

Wairarapa District Health Board

DHB Offices, Board Meeting Room, Blair St, Masterton.

Tuesday 16th December 2008, commencing 1.00pm.

Members:

Ms Pamela Jefferies (Chair), Dr Liz Falkner, Ms Yvette Grace, Mr Bob Francis, Mrs Janine Vollebregt, Mrs Helen Kjestrup, Mrs Vivien Napier.

Public Forum

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Resolution to exclude Public

PUBLIC EXCLUDED

Will commence immediately after the Open Meeting.



SECTION 1: Welcome and Apologies



SECTION 2: Registration of Interest

Member	Disclosure Date	Nature of Interest	Other Comments
Pamela Jefferies (Board Member)	23 Apr 2008	<ul style="list-style-type: none"> ▪ Trustee and Treasurer - We the People Foundation ▪ Trustee Toi Wairarapa ▪ Chairman of Biomedical Services NZ Ltd (subsidiary 100% owned by the Wairarapa DHB) ▪ Member of Care Plus Scheme, provided through the Wairarapa Community Primary Health Organisation ▪ Trustee - Greytown District Trust Lands Trust ▪ Trustee Aratoi Foundation 	
Liz Falkner (Board Member)	18 Dec 2007	<ul style="list-style-type: none"> ▪ Salaried General Practitioner with The Doctors ▪ Practice, Chapel Street, Masterton. ▪ General Medical Practice in which Doctor Falkner works is a member of the Wairarapa Community PHO. ▪ Board Member of New Pacific Studios. ▪ Medical Advisor – Post Polio Support Society NZ Inc 	
Yvette Grace (Board Member)	28 Feb 2008	<ul style="list-style-type: none"> ▪ Coordinator of King Street Artworks ▪ Mother works for FOCUS as the Assessment Facilitator Service Coordinator ▪ Chair of Rangitane o Wairarapa ▪ Husband works for WDHB as Clinical Family Violence Co-ordinator 	
Bob Francis (Board Chairman) Appointed Chairman November 2006	14 Feb 2008	<ul style="list-style-type: none"> ▪ Chairman, Pukaha Mount Bruce ▪ Board Member, New Zealand Fire Commission ▪ Council Member, UCOL ▪ Chairman, Wairarapa Sports Education Trust ▪ As at April 2008 – Chairman of Wairarapa Healthy Homes 	



Member	Disclosure Date	Nature of Interest	Other Comments
Janine Vollebregt (Board Member and Board Deputy Chair)	14 Feb 2008	<ul style="list-style-type: none"> ▪ Self employed Registered Nurse who is providing occasional relief for the Wairarapa Community PHO Contracted Nursing Outreach Clinics. ▪ DHB Nurse Educator for the UCOL Undergraduate Maori Students. This 0.4 FTE position will take effect from the 30th April 2008. 	
Helen Kjestrup (Board Member)	18 Apr 2008	<ul style="list-style-type: none"> ▪ Nurse Manager at Masterton Medical Practice ▪ Director, Property Investment Company – Kjestrup Properties ▪ Assessor for Royal College of GPs for Cornerstones Programme ▪ Member, Long term Conditions Steering Group ▪ Member, Mana Wahine Group ▪ Member, Wairarapa Nurses Advisory Group 	
Vivien Napier (Board Member)	21 Oct 2008	<ul style="list-style-type: none"> ▪ Member, RNZ Plunket Society ▪ Deputy Mayor, South Wairarapa District Council ▪ Director, Katson Developments (importing of farm machinery) 	



SECTION 3: Terms of Reference.

INTRODUCTION / BACKGROUND:

The Hospital Advisory Committee of the Wairarapa District Health Board, and its functions, are established under the New Zealand Health and Disability Act 2000.

PURPOSE / SCOPE:

The Hospital Advisory Committee will advise the Wairarapa District Health Board on matters relating to Wairarapa Hospital, Community, Public and Mental Health, and on strategic issues affecting these services.

FUNCTIONS:

The functions of the Hospital Advisory Committee of the Wairarapa District Health Board are to:

- Monitor the financial and operational performance of Wairarapa Hospital (and related services) of the Wairarapa District Health Board.
- Monitor the financial and operational performance of Wairarapa Community, Public and Mental Health of the Wairarapa District Health Board.
- Assess strategic issues relating to the provision of the hospital services by or through the Wairarapa District Health Board.
- Assess strategic issues relating to the provision of Community, Public and Mental health services by or through the Wairarapa District Health Board.
- Give the Wairarapa District Health Board advice and recommendations on that monitoring and that assessment.

MANAGEMENT SPONSOR:

Anne McLean - General Manager Hospital Services

COMPOSITION:

Members

Members of the Wairarapa District Health Board appointed to the Committee, and co-opted members appointed by the Board

Membership

- Ms P Jefferies
- Dr L Falkner
- Ms Y Grace
- Mr B Francis
- Mrs J Vollebregt
- Mrs H Kjestrup
- Mrs V Napier

In Attendance

- Other Board Members
- Chief Executive
- General Manager Hospital Services
- General Manager Community Services
- General Manager Human Resources
- Committee Secretary
- Chief Financial Officer
- Director Maori Health

Quorum

The quorum of members of the Health Advisory Committee is:

- If the total number of members of the committee is an even number, half that number but;
- If the total number of members of the committee is an odd number, a majority of the members.

ACCOUNTABILITY:

The Hospital Advisory Committee is accountable to the Wairarapa District Health Board.

FREQUENCY OF MEETING:



Monthly, held on Tuesday, one week prior to the District Health Board Meetings, at a time to be publicly notified, at the Wairarapa District Health Board Offices, Blair Street, Masterton.

RELATIONSHIPS (External / Internal):

- The Wairarapa District Health Board
- Other Committees of the Wairarapa District Health Board
- Wairarapa Maori Health Committee
- Hospital Services Management and Clinical Staff
- District Health Board Management
- General Public

REPORTING:

- The Committee will report to the Wairarapa District Health Board at each Board meeting.
- Hospital Advisory Committee Meetings will be open to the public.
- Meetings will be minuted for confirmation at the subsequent Committee meeting,
- A report will be submitted to the Board following each Committee meeting.

REVIEW:

These Terms of Reference will be modified as and when required.



SECTION 4: Confirmation of Minutes of Previous Meeting.

4.1 Previous Minutes

Hospital Advisory Committee Meeting of the
Wairarapa District Health Board
Held on Tuesday 18 November 2008 at 1 pm,
Board Meeting Room, Wairarapa District Health Board Office
Blair Street, Masterton

Present:

Dr Liz Falkner, Ms Yvette Grace, Ms Helen Kjestrup and Mrs Vivien Napier and Mrs Janine Vollebregt (Acting Chair)

In Attendance:

Mrs Diane Chesmar (Minute Taker), Ms Joy Cooper (Director Service Planning & Funding), Ms Anne McLean (General Manager Hospital Services), Mr David Meates (Chief Executive), Ms Maggie Morgan (General Manager Community Public & Mental Health) and Mr John Kirkup (Financial Analyst), Mr Eric Sinclair (Chief Financial Officer) and Ms Stephanie Turner (Director Maori Health)

1. Apologies

Mr Bob Francis, Ms Pamela Jefferies and Mr Bruce McGregor

2. Registration of Interest

Vivien Napier – remove *St John Strategy Group Wairarapa member*

3. Terms of Reference

There were no comments regarding the Terms of Reference.

4. Confirmation of Minutes of the Meeting held 21 October 2008

THE MINUTES OF THE MEETING HELD ON 21 OCTOBER 2008 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

4.2 Matters Arising

- 7.3 of the previous minutes should read *In the Regional Clinical Services Plan, acute re-admissions would still occur.*
- A tender for elective surgery was submitted to Hawkes Bay DHB. Currently awaiting feedback.
- The General Manager Hospital Services is to investigate if an Elder Abuse representative could be on the Family Violence Steering Group.

5. HAC Workplan

- The Hospital Advisory Committee will visit ED in February 2009 to view what is happening terms of acute services.

6. Routine Reports

6.1 Chairperson's Report

The Chairperson had no matters to report

6.2 Provider Arm Executive Summary

- The Provider Arm has a deficit of (\$99k) for the month, which is (\$37k) adverse to plan. This brings the YTD result to a deficit of (\$635k) which is (\$384k) adverse to the planned result.
- Costs in a number of areas are tracking above budget. Hospital management is identifying cost control measures in clinical supplies, nursing FTE and outsourced costs. The plan to bring these costs more in line with budget will be brought to the December Hospital Advisory Committee meeting.

6.3 General Manager Hospital Services Report

Points raised:

- The Provider contract performance is \$181k YTD ahead of budget.



- Caseweights are 76 ahead of plan.
- A financial recovery plan is currently being developed to explore all options for cost containment going forward.
- The 2008/09 Christmas Arrangements plan was tabled.
- Rehab will merge with the Medical / Surgical ward for two weeks over Christmas. This allows staff to take annual leave during this time.
- Theatre activity will commence earlier with one theatre list commencing 5 January 2009 to maximise elective activity.
- Advertising for Health Care Assistants drew 46 responses.
- There have been 2 applications for the Admission/Discharge Nurse position.
- The Model of Care pilot for the Medical / Surgical ward will commence on 26 January 2009.
- Outsourced costs should settle in the New Year when short and long term senior medical staff commence.
- The SMO & RMO Co-ordinator role has been combined for a six month trial.
- Maternity services are under pressure with vacant FTEs in midwifery. Alternative options are currently being explored.
- Escorts for transfers to tertiary centres for admission or appointments continue to tax staffing availability.
- A Maori Mental Health ED presentations project is underway.
- Links are put in place for people presenting at ED with mental health problems.
- The number of babies in the Special Care Baby Unit (SCBU) is demand driven and has increased each month since July. This has a significant impact on staffing as the ward is double-staffed to care for SCBU patients.

6.4 General Manager Community, Public & Mental Health Reports

The General Manager Community, Public & Mental Health spoke to the report

- Community nursing volumes are 1,317 ahead YTD.
- Personnel costs are increasing in ambulance, community nursing and mental health.
- Initial statistics from the Human Papillomavirus (HPV) campaign show that Wairarapa is well ahead of all other DHBs in the vaccination of 17 and 18 year old girls with Dose 1 of the 3 dose vaccines. Uptake for Maori is particularly higher than anywhere else in New Zealand by some 100%.
- Healthy Homes Nursing Assessments – the Public Health nurse is working with WINZ to assist their clients with nursing assessments pre and post insulation.
- Ambulance Services have a new manager and the service is very busy.
- Ambulance ACC income is underreported by \$40k.
- A new dental therapist started with the Community Oral Health Service this month. This now leaves one FTE vacancy.
- Focus outsourced expenditure is higher than budgeted.
- The Focus non-urgent waiting list has increased.
- The Palliative Care single point of entry process is being simplified.
- Palliative Care – a casual working in the CNS role is considering applying for a role.
- No applications were received for the role of Palliative Care Volunteer Co-ordinator.
- Mental Health personnel costs are over budget due to a locum psychiatrist appointment. There were additional costs associated with extra staffing resource required for one high needs client in Crisis Respite on a seven day a week basis.

The General Manager Community, Public & Mental Health tabled the Community and Mental Health Services Plan 2008/09.

6.5 Support Services

6.5.5 Maori Health

- Janeen Cross has been appointed to the role of Maori Health Co-ordinator.
- The Director Maori Health will liaise with the Maori Health Committee regarding Maori attendance rates at the Wairarapa Hospital ante natal classes. .

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE ROUTINE REPORTS FOR THE PERIOD ENDING 31 OCTOBER 2008

7. Ad Hoc Reports



7.1 Wairarapa District Health Board Quality & Risk Report October 2008

- Applications for Quality & Risk Manager role are being worked through.
- Tertiary level requirements for ACC Workplace Safety Management Practices was achieved for the period 1 November 2008 to 31 October 2009.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:
RECEIVE THE WDHB QUALITY & RISK REPORT FOR OCTOBER 2008

8. General Business

- There was no general business.

10. Appendices

There was no discussion on the appendices.

11. The AT&R Ward Presentation

Anna Reed (Clinical Nurse Specialist - Care of Older Person), Ainsley O'Reilly (Clinical Nurse Manager AT& R) and Fred Wheeler (Clinical Support Services Unit Manager) joined the meeting to give a review of progress regarding AT&R.

- AT&R has functional relationships with Maori Health, Kaumatua, Advisory groups, WDHB Management, Planning & Funding, General Practitioners, residential facilities, Mental Health, Focus, Home support services, ACC, Ministry of Health, NGOs, Allied Health, District Nursing, Palliative Care, Medical ward and tertiary education providers.
- The AT&R unit has a defined process and criteria for admission and discharge. Work is underway to ensure admitting personnel have an clear understanding so the process is clear and structured.
- Community patients are followed up on a regular basis to stem the flow of patients through the Emergency Department. Some patients may require admission and others can be assisted to manage with more supports, review of medications or a GP follow up.
- The AT&R Unit is utilising the AROC (Australian Rehabilitation Outcomes Centre) framework for functional assessments and care planning. The AT&R Unit will be benchmarked against other Australasian AT&R units.
- Stroke and TIA pathways are based on Ministry of Health and NZ Stroke Foundation guidelines.
- Relationships between Mental Health and Rehab are being strengthened with the collaborative work around the pending appointment of a Clinical Nurse Specialist in Psychiatric Services for the Elderly.
- Liaising with Focus to ensure PSE assessments are accurate and timely.
- Links have been made with Alzheimer's NZ.
- The needs of Maori are being identified in order to provide effective appropriate service delivery.

The meeting was declared closed at 3.11 pm

_____ Chairman

_____ Date



4.2 Matters Arising

This table identifies the matters arising from previous meetings and provides an update on them.

Item #	HAC Meeting Date / Ref	Action Item	Responsibility of	Due for Next Meeting Day	Comments/ Exception
1.	19/02/08 20/05/08 19/08/08 16/09/08 21/10/08	Provide an ad hoc report on the ED/MHS project for dealing with people who present at ED after a suicide attempt / overdose including numbers presenting and numbers being referred.	Maggie Morgan	18/11/08	
2.	15/04/08 15/07/08 19/08/08	Submit a quarterly report regarding progress on: <ul style="list-style-type: none"> Improving Immunisation Coverage Healthy Home Nursing Assessment 	Maggie Morgan	18/11/08	
3.	15/04/08 20/05/08	Maori Hospitalisation Analysis Report – investigate and report back how data regarding the number of Maori patients with cancer can be collected	Anne McLean	18/11/08	
4.	17/06/08 15/07/08 19/08/08 16/09/08 21/10/08	Investigate the reason for the high percentage of DNA for Maori	Stephanie Turner	18/11/08	
5.	16/09/08 21/10/08	Provide hospital shutdown plan for Christmas / New Year	Anne McLean	18/11/08	
6.	15/04/08	Submit quarterly report regarding <i>Patient Journey</i> October report to full board. Next quarterly report to HAC January	Anne McLean	Jan 2009	
7.	16/09/08	Family Violence Prevention Co-ordinator report to be provided to Hospital Advisory Committee on a quarterly basis.	Anne McLean	February 2009	
8.	21/10/08	Smokefree Screening Feedback report provided to be provided to Hospital Advisory Committee on a quarterly basis.	Anne McLean	February 2009	



SECTION 5: HAC Workplan

Service Plans:	Responsibility	Meeting:
Hospital	Anne McLean	Aug 2009
Community	Maggie Morgan	Aug 2009
Service Presentations:		
District Nursing	Maggie Morgan	Aug 2009
Allied Health	Fred Wheeler	Nov 2009
Annual Ambulance Report	Maggie Morgan	Mar 2009
Patient Journey	Carol MacDonald	Feb 2009
Emergency Department	Robyn Brady	Mar 2009



SECTION 6: Routine Reports

6.1 Chairperson's Report

A verbal report will be given.



6.2 Provider Arm Executive Summary

	Nov-2008			YTD				FY
	Act	Bud	Var	Act	Bud	Var	Var %	Bud
Financial (000's)								
Revenue	\$4,312	\$4,360	(\$48)	\$22,692	\$21,748	\$944	4.3%	\$52,265
Expenditure								
Personnel Costs	(\$2,681)	(\$2,729)	\$48	(\$13,407)	(\$13,580)	\$173	1.3%	(\$32,323)
Outsourced Costs	(\$334)	(\$199)	(\$135)	(\$2,084)	(\$1,039)	(\$1,045)	-100.6%	(\$2,432)
Clinical Supplies	(\$589)	(\$527)	(\$63)	(\$3,267)	(\$2,680)	(\$588)	-21.9%	(\$6,366)
Infrastructure & Non-clinical	(\$719)	(\$598)	(\$121)	(\$3,490)	(\$3,111)	(\$380)	-12.2%	(\$7,299)
Total Expenditure	(\$4,324)	(\$4,053)	(\$271)	(\$22,249)	(\$20,409)	(\$1,840)	-9.0%	(\$48,421)
Operating Result	(\$12)	\$307	(\$319)	\$443	\$1,338	(\$895)	-66.9%	\$3,844
Depreciation	(\$154)	(\$206)	\$52	(\$774)	(\$1,029)	\$255	24.8%	(\$2,469)
Financial Charges	(\$134)	(\$115)	(\$20)	(\$606)	(\$573)	(\$33)	-5.7%	(\$1,375)
Net Surplus/(Deficit)	(\$300)	(\$13)	(\$286)	(\$936)	(\$264)	(\$673)	-255.2%	(\$0)
FTE's								
Allied Health Staff	89.8	99.6	9.8	70.2	78.6	8.4	10.7%	105.4
Management/Administration Staff	98.9	105.6	6.7	79.9	85.3	5.4	6.3%	106.7
Medical Staff	35.8	41.1	5.2	25.9	32.9	6.9	21.1%	41.1
Nursing Staff	183.4	170.2	(13.1)	144.7	137.6	(7.1)	-5.2%	174.3
Support Staff	11.5	12.4	0.9	9.3	10.0	0.7	6.7%	12.4
Total FTE	419.4	428.8	9.5	330.1	344.4	14.3	4.2%	440.0

Key Points:

The Provider Arm has a deficit of (\$300k) for the month which is (\$286k) adverse to plan. This brings the YTD result to a deficit of (\$936k) which is (\$673k) adverse to the planned result.

Costs continue to track above budget in the area's of outsourced costs, clinical supplies and infrastructure. The cost control measures that have been put in place have already started to make an impact and will need to be actively managed and monitored. The risk to the year end breakeven position has been identified to the Board.



6.3 GM Hospital Services Report

6.3.1 Summary

The Provider contract performance is \$398k YTD ahead of budget [Refer Appendix D]. Total case weights are 105 ahead of plan YTD. Theatre utilisation was 88.5% for the month which is 3.5% above the target.

The final Christmas “shutdown” plan has been finalised. Rehab will merge with Med/Surg for two weeks over Christmas, this allows staff to take annual leave during this time. Theatre activity will commence earlier this year with one theatre list commencing in 5th January to maximise elective activity. The Model Of Care for the Med/surg ward pilot is to commence on 26th January.

The Provider has responded to a RFP for elective surgery for Waikato and Hawkes Bay DHB's. Hawkes Bay has already indicated that the proposal was unsuccessful. The Capital Coast paediatric oncology team has visited the DHB to discuss holding outpatient clinics.

Interviews for the Quality and Risk Manager have commenced. Recruitment for Midwifery positions is ongoing. With five vacancies leading to a revised roster, ensuring the service can continue. A contract with two Canadian doctors to work in ED for 3 months (Dec- March) has ensured good coverage over the holiday period whilst reducing locum costs.

	Act	Nov-2008 Bud	Var	Act	YTD Bud	Var	Var %	+/- 5%	FY Bud
Contract Volumes									
ED Attendances (not incl ED Admissions)	1,110	960	150	5,610	4,600	1,010	22.0%	✓	11,182
Acute CWD	290	292	(3)	1,651	1,530	121	7.9%	✓	3,549
Elective CWD	156	142	14	688	704	(16)	-2.3%		1,627
Total CWD	446	435	11	2,339	2,234	105	4.7%		5,177
OP FSA's	580	599	(19)	2,783	2,932	(149)	-5.1%	*	6,727
OP Follow's	1,020	823	197	4,723	3,974	749	18.8%	✓	8,978
Total OP	1,600	1,422	179	7,506	6,906	601	8.7%	✓	15,705
KPI's									
Readmissions <i>refer to page 31 for detail</i>	9.5%	10.0%	0.5%	11.5%	10.0%	-1.5%	-14.8%	*	10.0%
OP DNA's <i>refer to page 25 for detail</i>	4.2%	7.5%	3.3%	7.2%	7.5%	0.3%	3.5%		7.5%
Theatre Utilisation <i>refer to page 25 for detail</i>	88.5%	85.0%	3.5%	80.7%	85.0%	-4.3%	-5.1%	*	85.0%
Daycase Electives <i>refer to page 26 for detail</i>	70.4%	75.0%	-4.6%	72.7%	75.0%	-2.3%	-3.1%		75.0%
Financial (000's)									
Revenue	\$3,207	\$3,215	(\$8)	\$16,031	\$16,032	(\$1)	0.0%		\$38,536
Personnel Costs	(\$1,753)	(\$1,622)	(\$131)	(\$8,881)	(\$8,625)	(\$256)	-3.0%		(\$20,923)
Outsourced Costs	(\$242)	(\$122)	(\$120)	(\$1,660)	(\$643)	(\$1,017)	-158.0%	*	(\$1,498)
Other Costs	(\$616)	(\$511)	(\$104)	(\$3,286)	(\$2,626)	(\$660)	-25.1%	*	(\$6,206)
Net Performance	\$596	\$959	(\$363)	\$2,204	\$4,138	(\$1,934)	-46.7%	*	\$9,909
FTE's									
Allied Health Staff	30.2	30.3	0.0	28.5	29.7	1.2	4.0%		30.0
Management/Administration Staff	50.7	48.4	(2.4)	49.5	48.9	(0.6)	-1.2%		49.1
Medical Staff	32.2	37.6	5.4	29.9	37.6	7.7	20.5%	✓	37.6
Nursing Staff	133.4	130.6	(2.8)	136.1	129.5	(6.6)	-5.1%	*	131.2
Support Staff	3.7	3.9	0.2	3.7	3.9	0.2	4.6%		3.9
Total FTE	250.3	250.7	0.4	247.8	249.6	1.9	0.8%		251.7

* Refer to the Glossary for definitions of these measures.



6.3.2 Key Risks and Opportunities

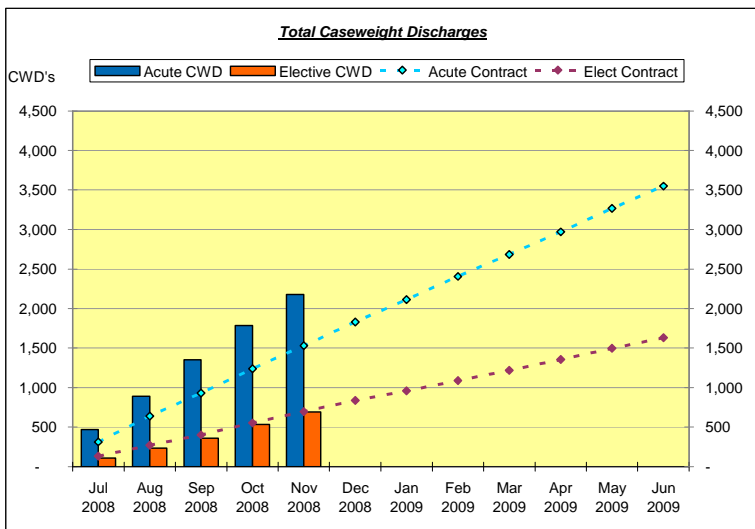
1. Vacancies in Midwifery placing some strain on services.
2. Locum costs nationally are increasing due to limited medical staff availability.
3. ED attendances have reduced in the last few months but continue to track well above the planned level YTD.
4. Supervision arrangement for new Senior Doctors are increasing complexity of recruitment.
5. Sustainability of Maternity services (GPO's reducing the number of birth's and midwifery shortages).

6.3.3 Mitigation Strategies

1. New roster developed, active recruitment ongoing.
2. Employment of "FACEM" to establish protocols of ED and improve liaison with primary care.
3. Discussion at national meetings to manage locum costs.
4. Liaise with other DHB on SMO supervision arrangements.
5. Recruitment of Midwives and O&G' is ongoing.

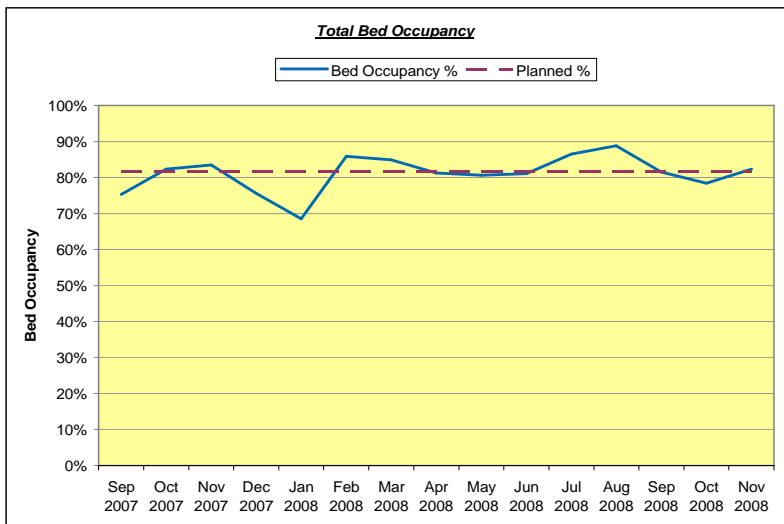
6.3.4 Service Initiatives

1. Review of outpatient department has commenced.
2. Combined role of RMO/SMO coordinator.
3. Med/Surg model of care implementation plan developed.



This is a cumulative trend graph of the acute and elective caseweighted discharges at the Wairarapa hospital. The contracted targets have been set in the Provider Service Level Agreement.

Acute caseweights ahead due to winter demand. Elective case weights slight behind target plans in place to increase productivity.

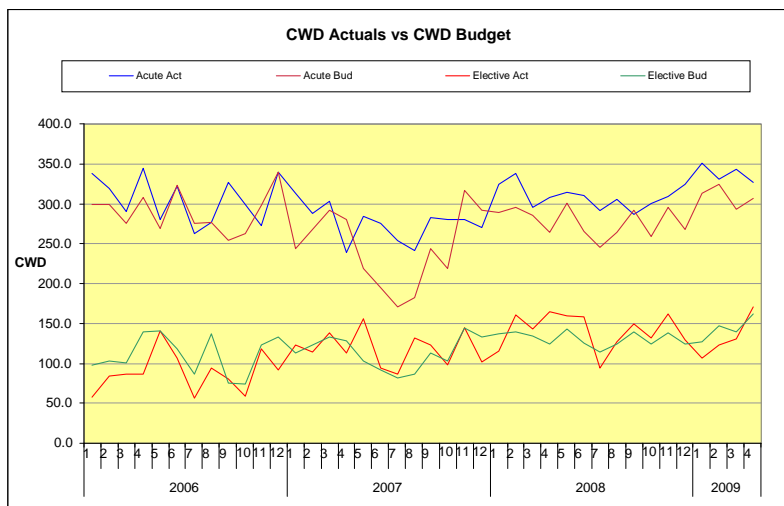


Occupancy Rate (Occupied bed days divided by Resourced bed days).

The wards included are MSW (38 beds), Paediatrics (7), AT&R (13), HDU (6) and Maternity (6). This is a total of 70 beds resourced.

AAU beds are excluded because occupancy is calculated in hours rather than days. Also excluded are Borders, Newborns, and MH patients.

Occupancy on target.



This is a graph showing the **actual** acute and elective case weighted discharges vs. the **budgeted** case weighted discharges.

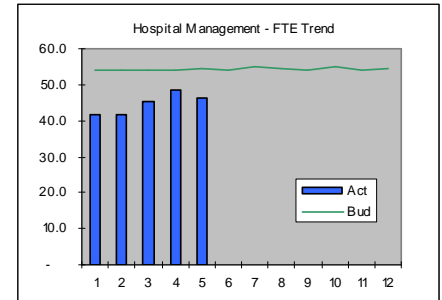
Elective activity will increase due to blitz's planned during January.



6.3.5 Hospital Services Management

FTE Analysis

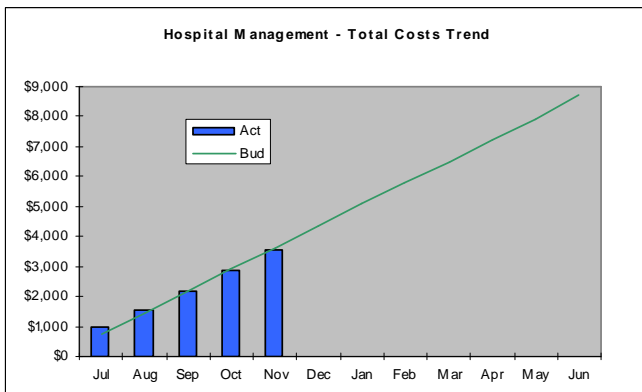
Hospital Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	11.1	11.7	0.6
Medical Staff	29.5	37.6	8.2
Nursing Staff	5.8	5.1	(0.7)
Support Staff	-	-	-
Total FTE's	46.4	54.4	8.0



Cost Analysis (000's)

Hospital Management	Nov-2008		
	Act	Bud	Var
Financial (000's)			
Revenue			
Revenue	\$165.9	\$139.3	\$26.6
Expenditure			
Personnel	(\$622.8)	(\$664.4)	\$41.7
Outsourced	(\$55.3)	(\$4.5)	(\$50.7)
Clinical Supplies	(\$5.7)	\$3.0	(\$8.6)
Infrastructure & Non-clinical	(\$27.3)	(\$2.3)	(\$25.0)
Deprn & Financing	(\$1.0)	(\$1.1)	\$0.0
Total Expenditure	(\$712.1)	(\$669.3)	(\$42.7)
Net Surplus/(Deficit)	(\$546.2)	(\$530.0)	(\$16.2)

Hospital Management	YTD			YTD % of Bud	FY Bud
	Act	Bud	Var		
Revenue	\$792.0	\$696.6	\$95.4	-13.70%	\$1,671.8
Personnel	(\$3,213.1)	(\$3,585.6)	\$372.5	10.39%	(\$8,664.3)
Outsourced	(\$160.6)	(\$24.2)	(\$136.4)	-563.99%	(\$55.7)
Clinical Supplies	(\$90.9)	\$14.2	(\$105.1)	739.37%	\$34.9
Infrastructure & Non-clinical	(\$111.6)	(\$13.3)	(\$98.3)	-738.45%	(\$29.6)
Deprn & Financing	(\$5.3)	(\$5.3)	(\$0.0)	-0.88%	(\$12.6)
Total Expenditure	(\$3,581.5)	(\$3,614.2)	\$32.6	0.90%	(\$8,727.3)
Net Surplus/(Deficit)	(\$2,789.5)	(\$2,917.6)	\$128.1	-4.39%	(\$7,055.5)



Summary

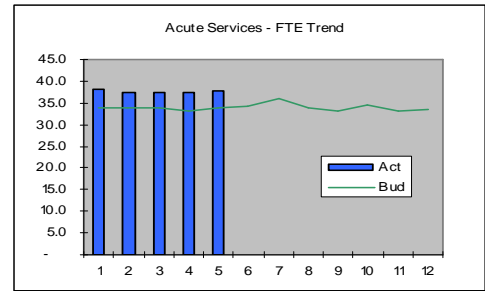
- Medical staff FTE favourable this is offset by locum costs. Locum costs causing significant pressure on costs, recruitment of permanent staff ongoing.
- Nursing FTE will be closely monitored.
- Clinical Supply costs are higher than planned across the hospital. Analysis of the ordering and usage will be undertaken in order to reduce costs.



6.3.6 Acute Services

FTE Analysis

Acute Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	3.4	2.6	(0.8)
Medical Staff	0.5	-	(0.5)
Nursing Staff	33.8	31.1	(2.7)
Support Staff	-	-	-
Total FTE's	37.8	33.7	(4.0)



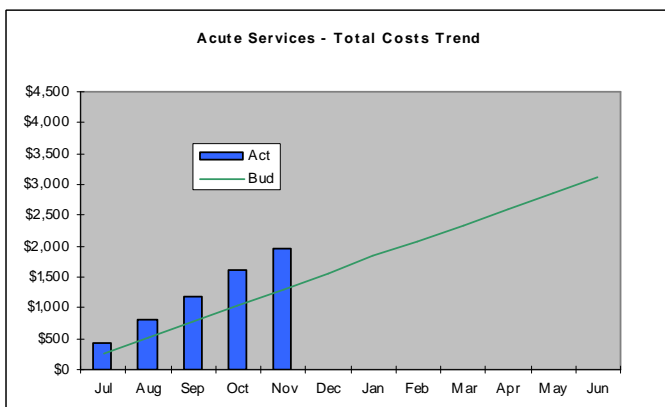
Cost Analysis (000's)

Acute Services	Nov-2008		
	Act	Bud	Var

Acute Services	YTD			YTD % of Bud	FY Bud
	Act	Bud	Var		

Financial (000's)			
Revenue			
Revenue	\$474.8	\$475.4	(\$0.6)
Expenditure			
Personnel	(\$246.3)	(\$190.5)	(\$55.8)
Outsourced	(\$23.3)	\$0.0	(\$23.3)
Clinical Supplies	(\$75.4)	(\$45.5)	(\$30.0)
Infrastructure & Non-clinical	(\$7.7)	(\$6.2)	(\$1.5)
Deprn & Financing	(\$8.3)	(\$7.9)	(\$0.4)
Total Expenditure	(\$360.9)	(\$250.1)	(\$110.8)
Net Surplus/(Deficit)	\$113.9	\$225.3	(\$111.4)

	\$2,368.3	\$2,375.2	(\$6.9)	0.29%	\$5,702.8
	(\$1,145.4)	(\$983.8)	(\$161.6)	-16.43%	(\$2,390.9)
	(\$334.2)	\$0.0	(\$334.2)	0.00%	\$0.0
	(\$405.5)	(\$243.0)	(\$162.6)	-66.91%	(\$561.3)
	(\$46.2)	(\$34.6)	(\$11.6)	-33.55%	(\$78.0)
	(\$41.7)	(\$39.5)	(\$2.2)	-5.60%	(\$94.9)
	(\$1,973.2)	(\$1,300.9)	(\$672.3)	-51.68%	(\$3,125.0)
	\$395.2	\$1,074.3	(\$679.1)	-63.22%	\$2,577.7

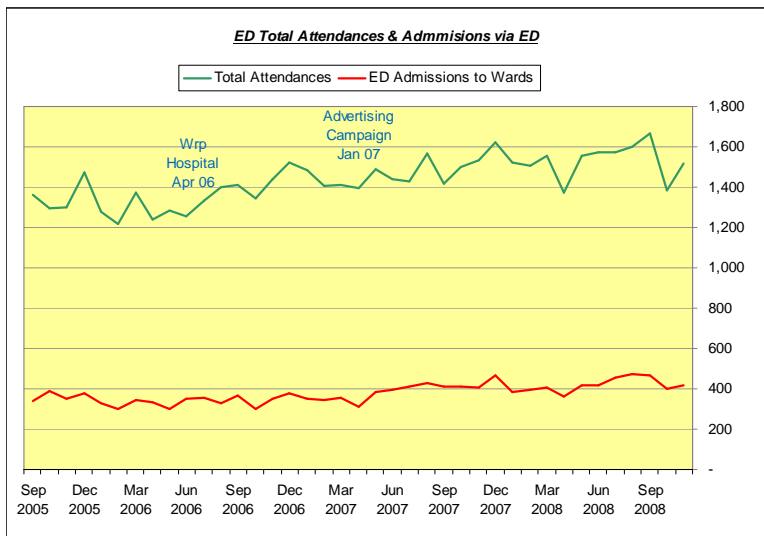


Summary:

- 2 ED locums approved by NZMC, start date January. Supervision confirmed with Wellington.
- "Releasing Time to Care": Change to electronic authorisation of laboratory forms, instead of hard copy signoff, produced a reduction in volume of clerical filing. ED is working with Imaging to review electronic authorisation of imaging requests.
- Triage nurse as part of patient flow management for ED/AAU is working well - No complaints received for Acute Services for the month.
- Utilisation of AAU remains above the average for the year.
- 0.9 FTE vacancy in acute services, and 1.0 FTE Relief Team (Parental leave) are advertised
- Increase in Triage 3 volumes and decreases in Triage 4 & 5. Indicative of higher acuity patients and/or patients presenting later for medical treatment.
- Overspend in clinical supplies is Air Transfers as opposed to treatment consumables which has reduced from previous month.

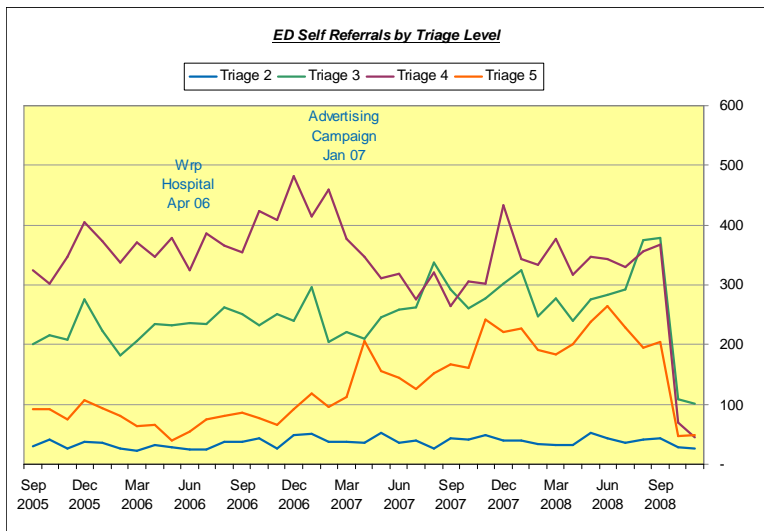


- National Ambulance Service Organisation meeting held for strategic planning purposes, with view to linkages between ED and Ambulance Services. Finding for Wairarapa Region is 17% of interregional transfers for: tertiary hospitals, diagnostic investigations such as MRI scans, ERCPs, tertiary specialist appointments.
- Maori Mental Health ED presentations self directed learning project commenced.
- There has been a decrease in use of casuals for the past month.
- FTE remain over budget due to escorts, staffing AAU and double staffing SCBU.



ED Attendance is the total number of ED presentations. Admissions via ED show the number of patients admitted under the 3 hour rule from ED into the wards.
The target for ED Attendances is set in the SLA volumes. Admissions via ED are targeted to be decrease to illustrate better management of the ED cases.

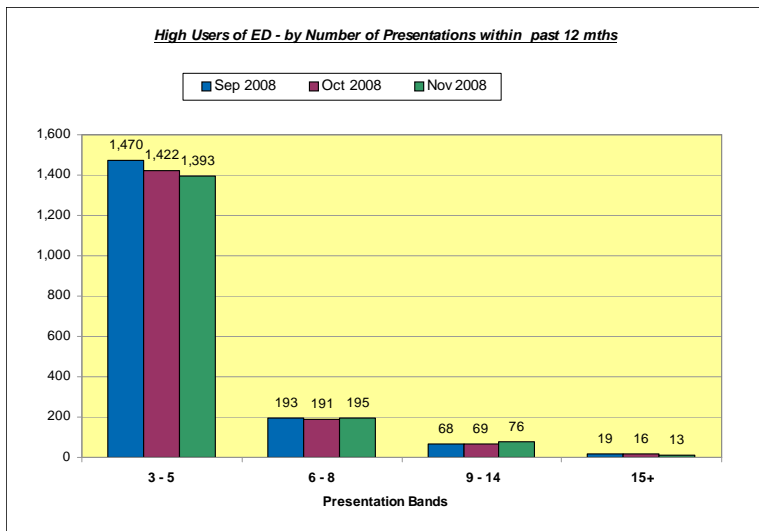
Attendances slightly higher than previous month.



The Referral Source looks at where patients attending ED are coming from. Self Referrals make up the largest percentage and it is these referrals, with a low triage level of 4 to 5, which the DHB is aiming to reduce through communication channels.

Data not complete for previous month.

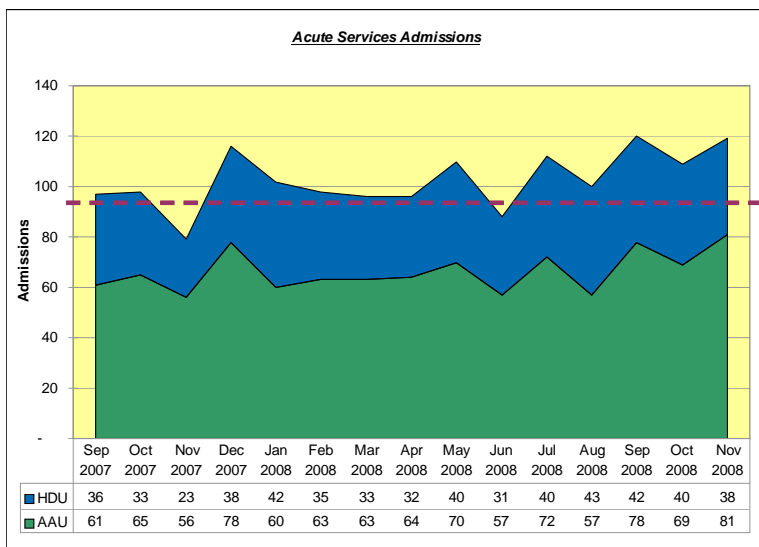
ED new project in "Releasing Time to Care" is real time data entry for patients at discharge.



This graph shows how many people presented to ED 3-5 times, 6-8 times, 9-14 times or over 15 times within the past 12 months. The target is to reduce the high users, and to provide more effective forms of treatment.

Initial findings show majority of reviews are orthopaedic and next group are wound reviews.

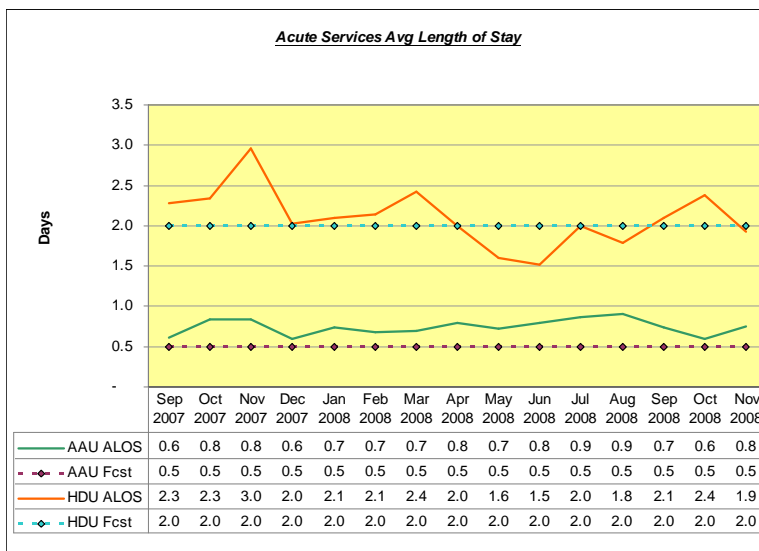
Patients presenting >10 times are complex patients that require secondary level care. Joint work with Community Health and ED to isolate presenting problem, as solutions will vary - Ongoing



Acute Services Admissions is the number of admissions to the High Dependency Unit (HDU) & Acute Assessment Unit (AAU). Based on historical data and staffing levels the combined forecasted number of admissions is 80.

Total number of admissions is 119.

Consistently above forecast number of 80. Relief or casual staffing required for AAU at peak times.

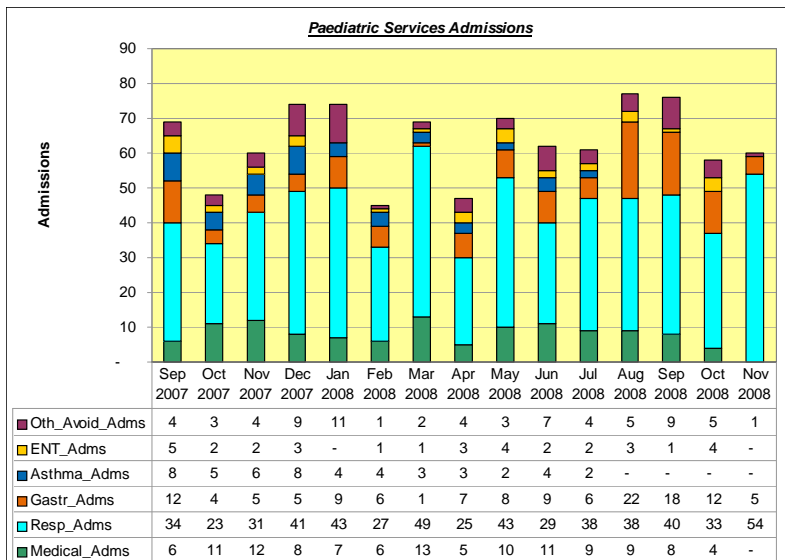


The Average Length of Stay (ALOS) in HDU & AAU is an indicator of the effectiveness of the service in the units and the type of patients they are admitting. The forecasted ALOS is based on expected patient numbers and acuity.

LOS is tracking slightly higher for AAU and is within acceptable limits for HDU.

Reasons are:

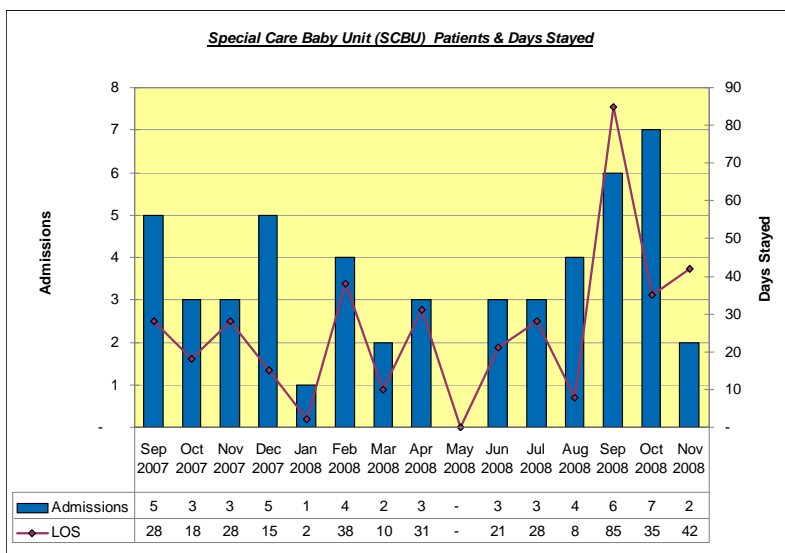
- AAU working effectively in terms of bed management.



This graph shows the admissions to the Paediatric ward. Avoidable admission categories are provided, medical admissions indicate that admissions categorised as unavoidable. Lower Avoidable Admissions is one of the Key Provider targets for 2007/08.

Total number of avoidable admission is down this month.

4 months with no asthma admissions. Respiratory admissions predominantly: bronchiolitis and pneumonia in under 5's



The number of babies who were admitted to SCBU in the month is shown by the bars, and the days stayed is shown by the line based on the right hand axis, depicting utilisation of the unit.

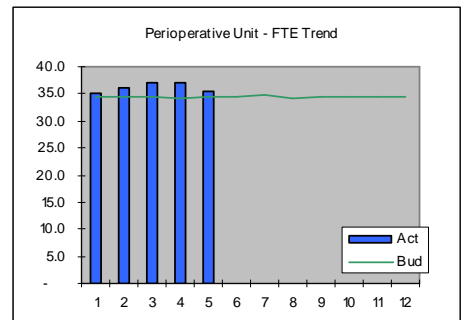
SCUB admissions has dropped significantly in comparison to the last 3 months. However the acuity of the 2 babies was high resulting in 42 days stayed, again impacting the staff numbers required.



6.3.7 Perioperative Services (OPD, Theatre, Day Procedures)

FTE Analysis

Perioperative Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	0.9	0.9	0.0
Management/Administration Staff	5.4	6.0	0.6
Medical Staff	0.2	-	(0.2)
Nursing Staff	25.2	23.5	(1.7)
Support Staff	3.7	3.9	0.2
Total FTE's	35.4	34.3	(1.1)

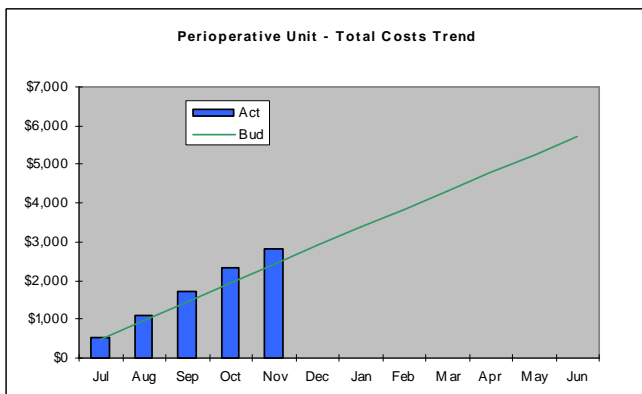


Cost Analysis (000's)

Perioperative Unit	Nov-2008		
	Act	Bud	Var

Financial (000's)			
Revenue			
Revenue	\$388.1	\$411.2	(\$23.0)
Expenditure			
Personnel	(\$170.3)	(\$147.0)	(\$23.3)
Outsourced	(\$29.6)	(\$39.3)	\$9.7
Clinical Supplies	(\$271.1)	(\$252.2)	(\$18.9)
Infrastructure & Non-clinical	(\$6.8)	(\$6.0)	(\$0.7)
Deprn & Financing	(\$18.6)	(\$16.9)	(\$1.8)
Total Expenditure	(\$496.4)	(\$461.4)	(\$35.0)
Net Surplus/(Deficit)	(\$108.2)	(\$50.3)	(\$58.0)

YTD				FY Bud
Act	Bud	Var	YTD % of Bud	
\$1,954.0	\$2,054.5	(\$100.5)	4.89%	\$4,932.6
(\$900.8)	(\$798.2)	(\$102.5)	-12.85%	(\$1,928.4)
(\$283.8)	(\$226.6)	(\$57.2)	-25.25%	(\$501.8)
(\$1,504.0)	(\$1,271.2)	(\$232.8)	-18.32%	(\$3,036.8)
(\$35.0)	(\$32.1)	(\$2.9)	-9.16%	(\$74.3)
(\$98.0)	(\$84.3)	(\$13.7)	-16.30%	(\$202.3)
(\$2,821.5)	(\$2,412.3)	(\$409.2)	-16.96%	(\$5,743.6)
(\$867.5)	(\$357.8)	(\$509.7)	142.47%	(\$811.0)



Summary

- The Perioperative Service is currently seeking to purchase new scope processor to enhance surgical turnaround times for equipment, so that additional lists can be planned to reduce Wait Lists.
- Since August 2008 there have been a number of data inaccuracies resulting in theatre utilisation being reflected as less than the actual i.e start times and acute cases in hours not being included in the data. This has now been rectified resulting in increased activity within the service.
- Review of Day Procedure operational hours is in progress where by commencing January 2009 the DPU is to remain open until 2000hrs Monday to Friday.
- Recruitment for Surgical Booking Clerk and Senior CSSD Technician were undertaken. Negotiations are in place at present.

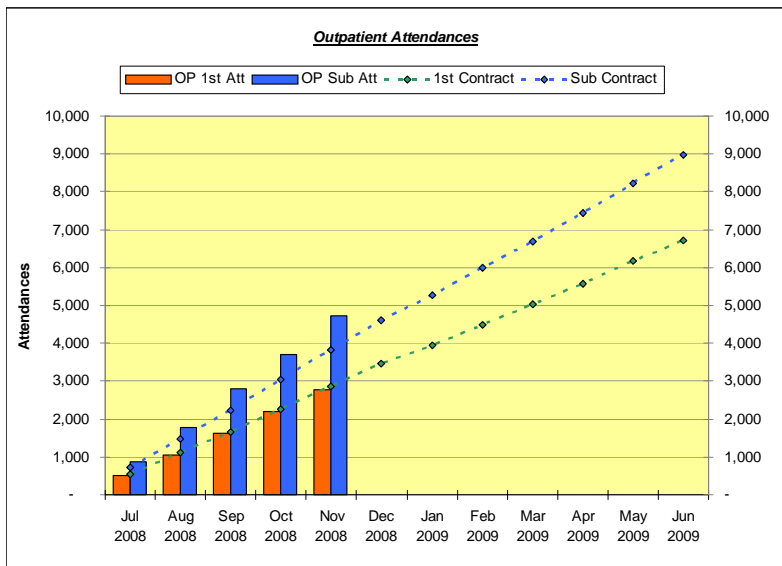
Financials

- While the actual nursing FTE itself has reduced the additional FTE expenditure can be attributed to booked operating lists running over time and acutes within hours being completed by the call team. Inpatient bed shortages



had resulted in DPU staff performing overtime to manage late cases. Continue monitor weekly scheduled activity to roster, deploy staff where not needed or off annual leave.

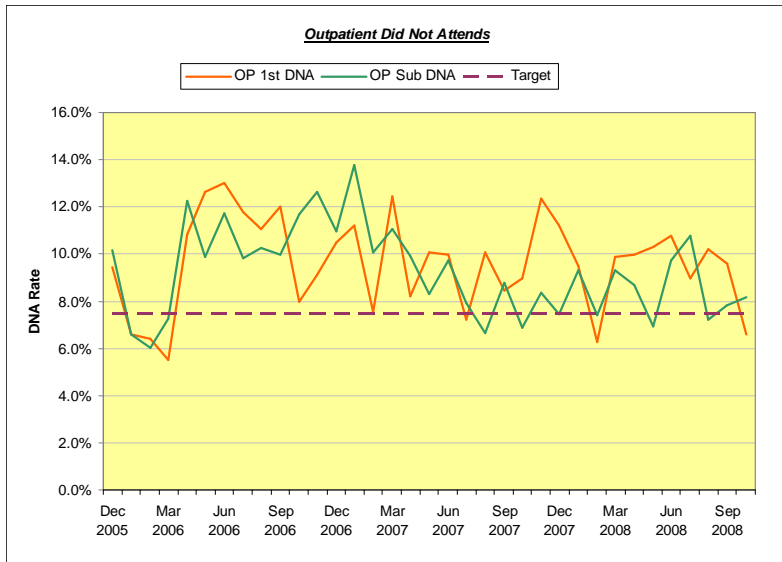
- Sick leave of a staff member for four months has required a position to be backfilled.
- Strategies in place to reduce clinical supplies across the service. Unused stock has been removed, clinicians will be provided with costing of respective items for their knowledge and buy-in to reduce expenditure. Dressings packs are being rationalised to standardise purchase.
- Expenditure on Implants and prosthesis has decreased for the month but YTD remains high.



An accumulating total of OP 1st and subsequent attendances and a comparison to the SLA contracted volumes. This includes all specialties that the Provider is contracted for, and excludes OP attendances done by other DHB's for our population.

First OPD Attendance on target.

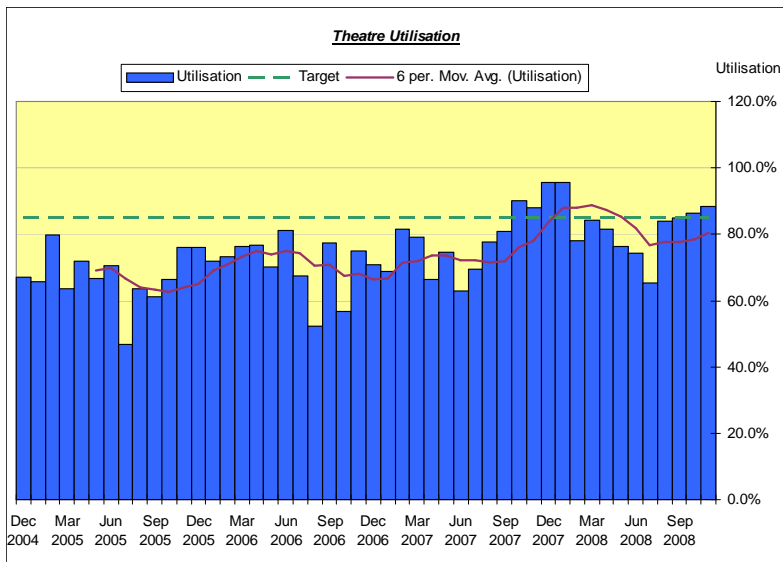
The high number of subsequent attendances are being proactively managed. Many of these are Fracture clinic attendances. Investigations into whether these should be claimed from ACC are being undertaken.



The Outpatient DNA rate is calculated by taking the number patients who did not attend a booked clinic and dividing this by the total OP clinic's booked. Decreasing OP DNA's below a target rate of 7.5% is a key Provider priority for 2007/08.

While 1st OPD DNA appears to have significantly decreased, OPD subsequent DNA's are increasing.

Specialist nurses continue to contact patients to remind of appointments.

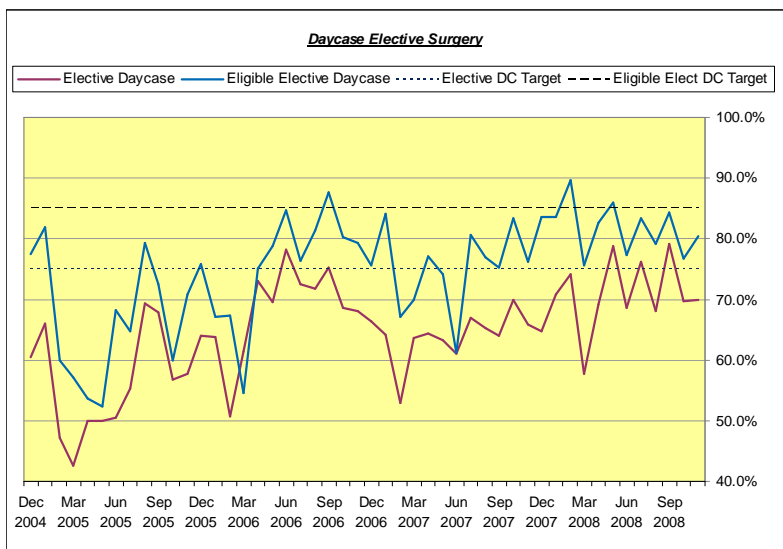


Theatre Utilisation is based on theatre's 1 & 2 as they are both fully resourced. The rate is based on the total procedure minutes (including 10 mins per session for turnaround), divided by the total resourced mins between 8:30am – 5:00pm weekdays. The utilisation rate of 85% is a national benchmark, and was set in the Hospital Development Business Case.(HDBC)

Theatre Utilisation continues to be above target.

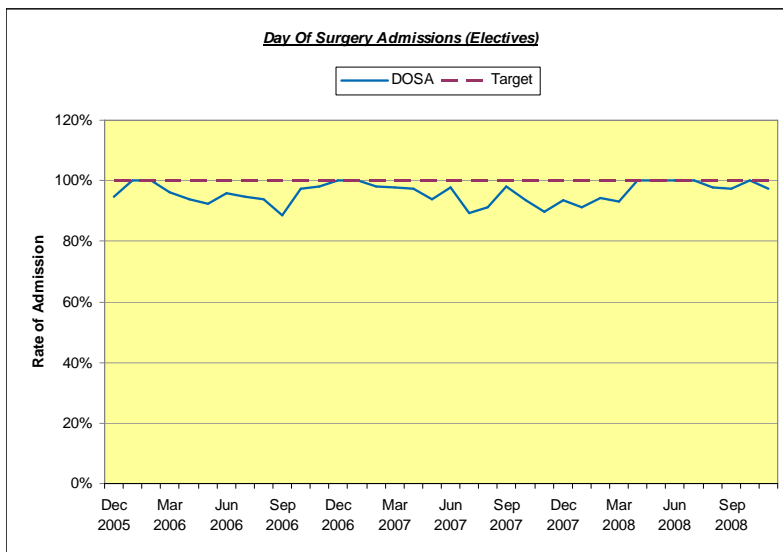
In the last three months there has been a very pleasing positive increase in theatre utilisation.

Late starts are being proactively managed.



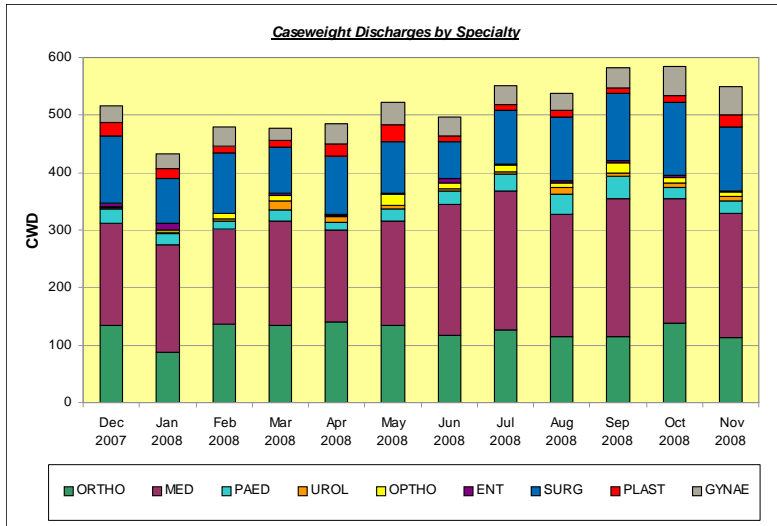
The Daycase Elective Surgery rate is the % of elective patients who did not stay overnight when admitted for their elective procedure. Eligible Elective Daycase focuses on those procedures that should be done only on a daycase basis, therefore the target is higher. These targets are national benchmarks and were set in the HDBC.

There have been a number of day cases in the month which have become more complex than first assessed, needing further postoperative inpatient care in MSW.



Day of Surgery Admissions (DOSA) are patients who are admitted on the day that they actually had their surgery performed. This is shown as a proportion of total daycase elective patients. The DOSA rate of 100% was set in the HDBC.

Remains on target. Continue to monitor.



This graph shows the total caseweight discharges for the month broken down by the health specialty. The average Provider contract total for the month is 440 CWD.

Medical case-weights continue to remain high during November.

Plastics CDW remains high due to extra clinics and surgery being held during November.



6.3.8 Elective Services

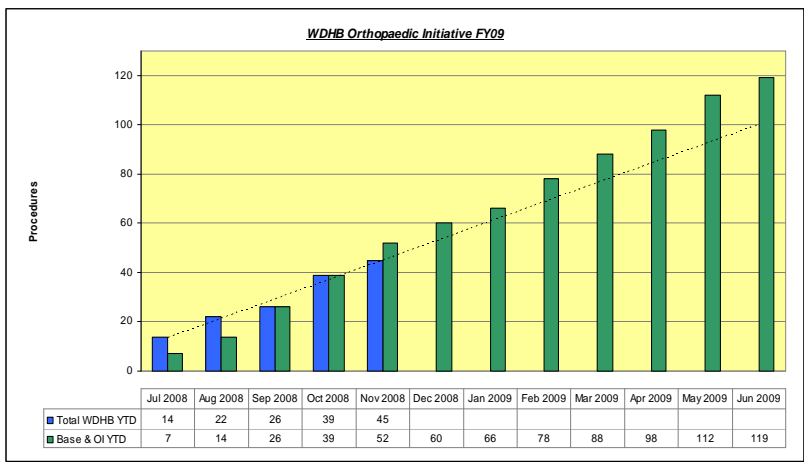
Key Points

Refer Section 10;

- Appendix A ESPI's were green at overall hospital level for October 08. Urology and ENT are orange in ESPI 2. Visiting Urologists will focus on FSA's in January. ENT specialist here for 4 day blitz February 09.

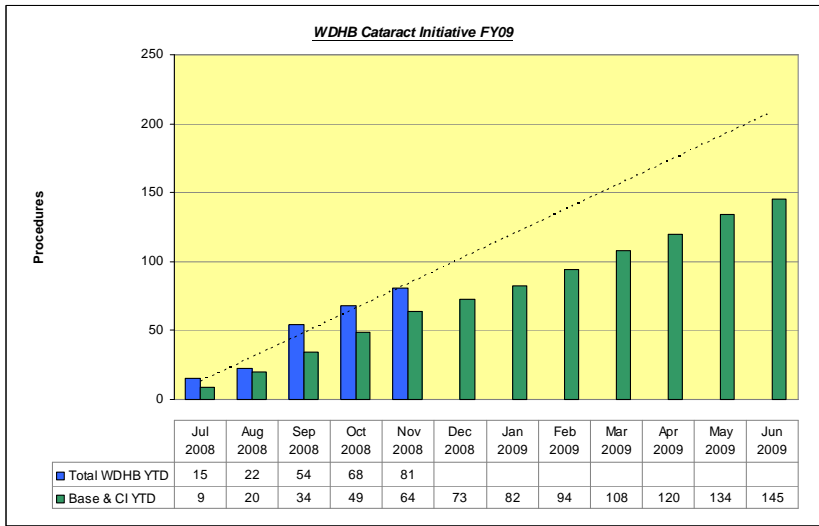
Progress report, Hospital Services Plan:

- Maximising revenue: Tenders for General surgery, Waikato and Hawkes Bay DHB's. In discussions with CCDHB for small general surgery and ENT.
- Access to diagnostics project is nearing completion, 6 protocols circulated to GP's, draft Optometry protocols developed for discussion with Ophthalmologists
- Minimise risk of ESPI non compliance, Blitz in ENT and Ophthalmology in January/February. Extra joint surgery in January.
- CCDHB has agreed to provide a local Renal service. It is still to be agreed where the costs associated with the running of the clinic lie.



The Orthopaedic Initiative is additional funding for achieving targeted orthopaedic joint procedures. The blue bar is the actual number YTD including IDF's. The green bar is the base amount plus the additional MOH target. The dotted line is the trend of actual production. Achievement of the base & additional target makes additional funding available.

Planned extra joint surgery in Early January

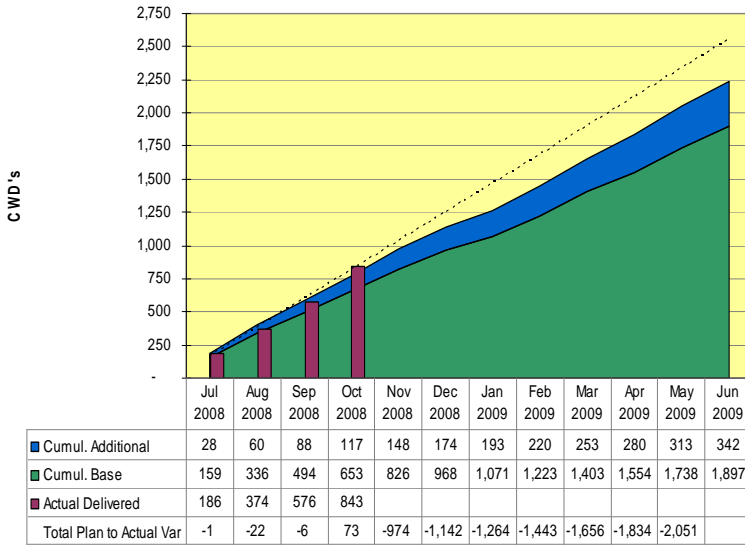


The Cataract Initiative is additional funding for achieving targeted cataract procedures. The blue bar is the actual number YTD including IDF's. The green bar is the base amount plus the additional MOH target. The dotted line is the trend of actual production. Achievement of the base & additional target makes additional funding available.

Ministry of Health results show targets exceeded



WDHB Additional Electives FY09



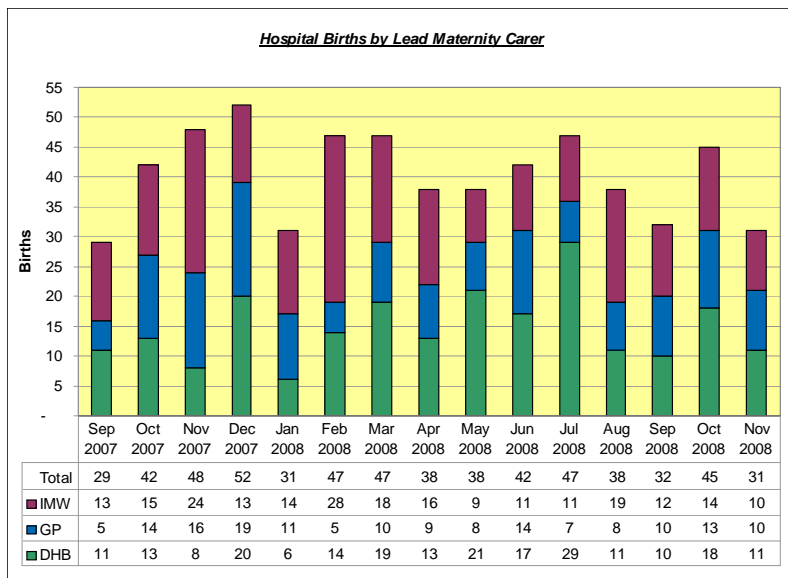
There is Additional Elective funding available to the DHB for achieving a targeted number of elective caseweights discharges (CWD). The blue bar is the actual number of elective CWD YTD including IDF's. The green bar is the base amount plus the additional MOH target. The dotted line is the trend of actual production. Achievement of the base & additional target makes additional funding available.

Tracking ahead of target.



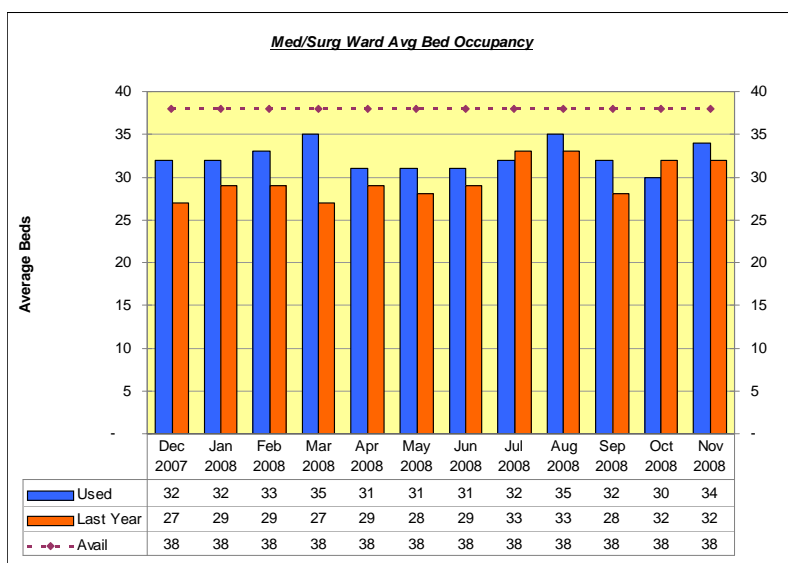
Summary

- Earlier identification of stroke patients for transfer to Rehab from ED and MSW is occurring.
- Outsourced services overspend is primarily for psychogeriatrician visits. The volume of patients requiring psychogeriatric input is increasing as the elderly population continues to increase.
- Overall activity ensures steady revenue from ACC and MOH for Rehab Service.
- 4.8 FTE midwifery vacancies. Contract offer for 2.0 FTE has been made. Further 2 seconded RN's for 6 month post to work in the ward. Independent midwife to work 2 duties per fortnight. UTILISING casual pool to assist for unplanned leave.
- BFHI accreditation visit. Awaiting report form NZBA.
- HCA's were required to "special" 3 confused patient during the month.
- Model of Care for MSW agreed to commence 26th January 2009. Training for MSW nursing staff continues weekly with positive feedback.
- Treatment disposables - IV fluids are over budget due to increased patient workload
- A number of pharmaceuticals ie. Cardiovascular, Central nervous system, Infections and Nutrition are over budget. Most of these medications the patients are prescribed prior to their admission, except for the nutrition which is related to patients on enteral feeding.
- Patient meals are over budget, the CFO is investigating as the contract is managed centrally. No wastage is evident on the ward and a close check is kept on the inward and outward patient flow with the kitchen



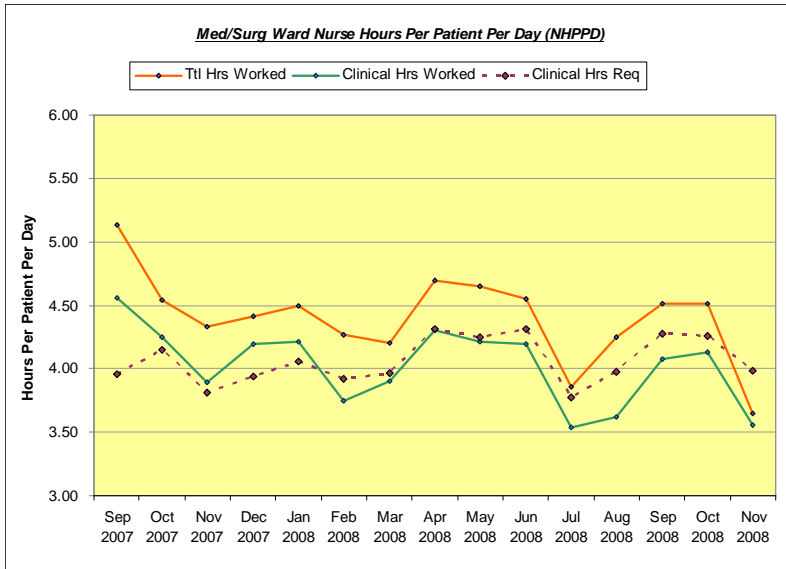
Births by Lead Maternity Carer (LMC) shows who admitted the baby to the ward, and therefore has been taken as a proxy to the primary lead in the birth. This has then been grouped into either an Independent Mid-Wife (IMW), a General Practitioner (GP), or a DHB provided mid-wife or obstetrician. The total of the stacked bars shows the accumulated births in the month. The FY2008 budgeted number in the SLA is 42.

- 32 admitted deliveries
- 7 Caesareans – 3 elective & 4 emergency
- 25 Normal deliveries
- 1 Instrumental delivery
- 1 Intra-uterine death at 21 weeks



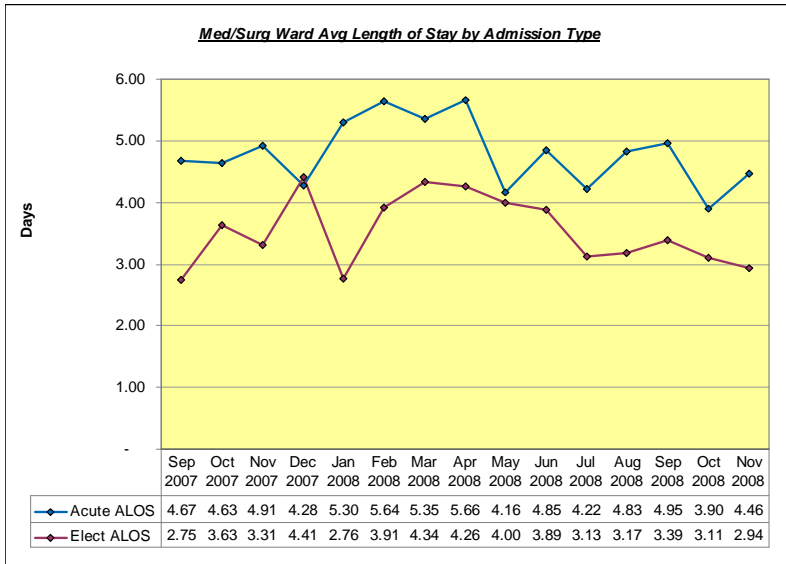
This graph shows the average occupancy per month in the Med/Surg ward, taken at 12pm each day. There is no target for this, only a capacity of 38, and a comparison of the average occupancy for the same month last year.

Average bed occupancy remains high.



Total Nurse Hours per Patient Day (NHPPD) is a measure from the nursing workload acuity system Trendcare. It is calculated by taking the total number nurse hours worked in a shift clinical and non clinical and dividing this by the number of patients in that ward.

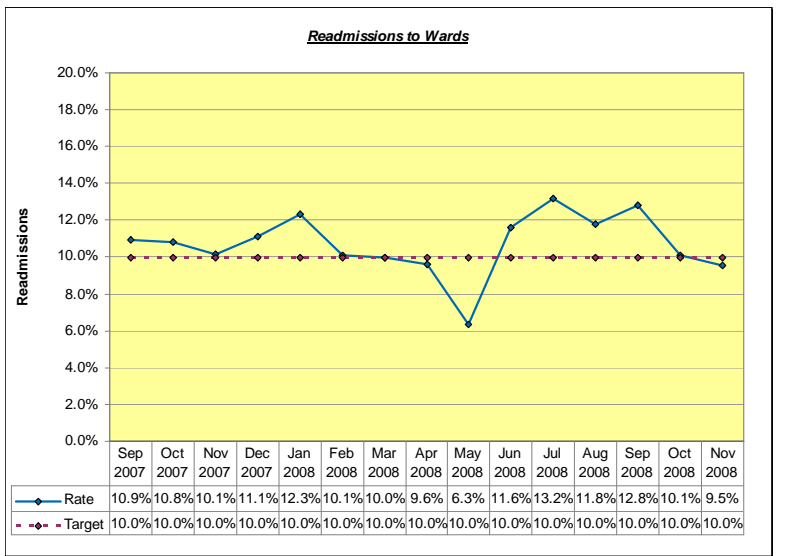
Trend-care data significantly reduced identifying issues with staff not completing the respective data daily or staff ratio to hours not aligned.



The average length of stay (ALOS) of inpatients to the MedSurg ward, broken down by acute and elective admissions.

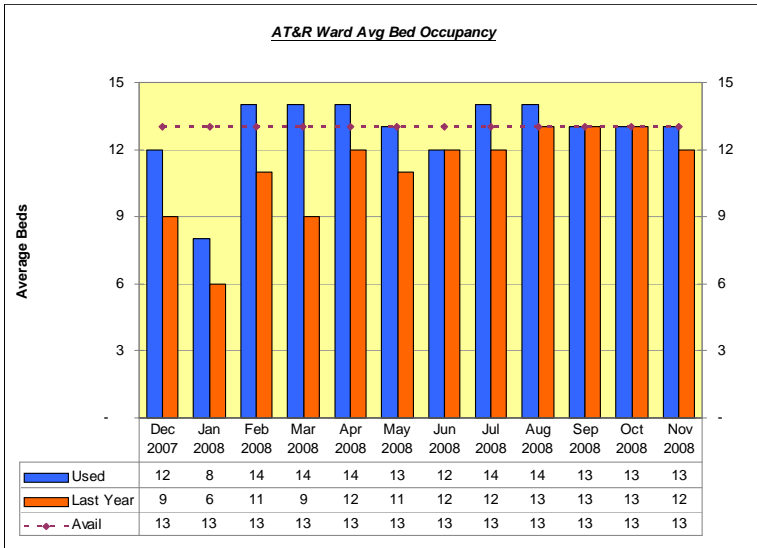
Elective ALOS remains consistent given discharge planning practices being engaged.

ALOS acute reflecting activity with the Service
Continue to Monitor



This graph shows the proportion of inpatients admitted that had previously been admitted in the past 30 days, and were readmitted acutely to the same specialty. The target is to keep these readmissions to 10% through effective discharge plans and community care.

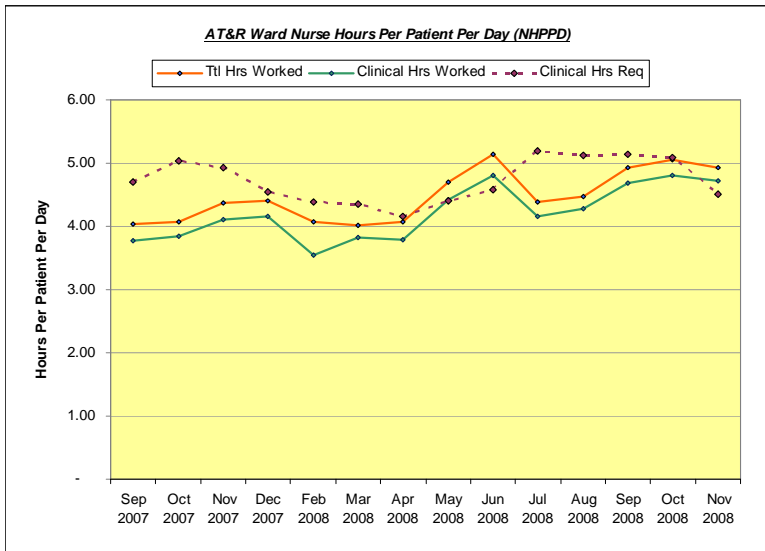
Target met for November, this may be related to seasonal change. Will continue to monitor all readmissions and raise awareness to the relevant teams to ensure appropriate discharge processes in place.



This graph shows the average occupancy per month in the AT&R ward, taken at 12pm each day. There is no target for this, only a capacity of 13, and a comparison of the average occupancy for the same month last year. However the used number can be above capacity because of the AT&R flat beds.

Activity has remained steady due to demand. Daily meetings are held to plan upcoming transfers from MSW following discharges from AT&R.

Working very well as shown by maintaining high occupancy.



Nurse Hours per Patient Day (NHPD) is a measure from the nursing system Trendcare. It is calculated by taking the total number of nurse hours in a shift and dividing this by the number of patients in that ward. The required hours are calculated by the system based on the acuity of the patients in the ward. Total NHPD includes any team leader and educational/training hours.

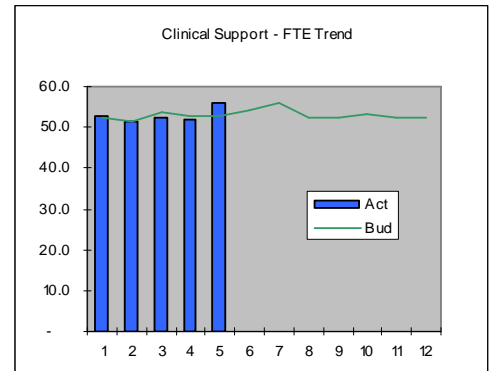
Reasonable match between workforce and acuity.



6.3.10 Clinical Support, Therapies & Allied Health

FTE Analysis

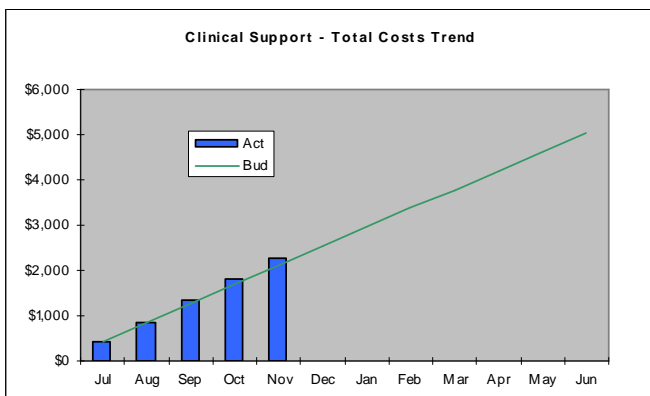
Clinical Support	FTE Actual	FTE Budget	Variance
Allied Health Staff	29.3	29.3	0.0
Management/Administration Staff	25.9	23.4	(2.6)
Outsourced Personnel	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	55.2	52.7	(2.6)



Cost Analysis (000's)

Clinical Support	Nov-2008		
	Act	Bud	Var
Financial (000's)			
Revenue			
Revenue	\$53.5	\$69.7	(\$16.2)
Expenditure			
Personnel	(\$248.4)	(\$215.6)	(\$32.8)
Outsourced	(\$96.3)	(\$72.8)	(\$23.5)
Clinical Supplies	(\$76.6)	(\$94.2)	\$17.6
Infrastructure & Non-clinical	(\$7.2)	(\$8.0)	\$0.8
Deprn & Financing	(\$9.8)	(\$10.0)	\$0.1
Total Expenditure	(\$438.4)	(\$400.7)	(\$37.7)
Net Surplus/(Deficit)	(\$384.8)	(\$331.0)	(\$53.9)

Clinical Support	YTD			YTD % of Bud	FY Bud
	Act	Bud	Var		
+/-					
5%					
Revenue	\$370.5	\$332.9	\$37.6	-11.29%	\$821.1
Personnel	(\$1,191.4)	(\$1,157.7)	(\$33.7)	-2.91%	(\$2,792.0)
Outsourced	(\$531.5)	(\$364.9)	(\$166.5)	-45.63%	(\$874.8)
Clinical Supplies	(\$447.5)	(\$480.0)	\$32.5	6.78%	(\$1,139.7)
Infrastructure & Non-clinical	(\$34.4)	(\$50.8)	\$16.4	32.36%	(\$106.8)
Deprn & Financing	(\$50.8)	(\$49.9)	(\$0.9)	-1.70%	(\$119.9)
Total Expenditure	(\$2,255.5)	(\$2,103.4)	(\$152.1)	-7.23%	(\$5,033.1)
Net Surplus/(Deficit)	(\$1,885.0)	(\$1,770.5)	(\$114.5)	6.47%	(\$4,212.1)



Summary

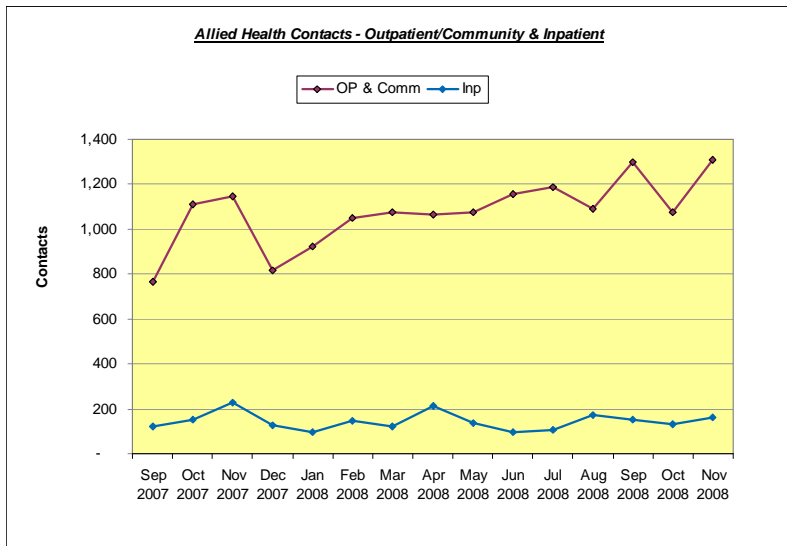
- VNT position filled.
- Overspending on supplies has resulted from a need to replace some equipment and the need to hire some items prior to enable funding coming through in order to facilitate earlier discharge of patients.
- Sickness in allied Clerical means that we have again fallen 2/52 behind with data entry hence an underperformance is shown for the month despite this activity is tracking well.
- SLT proposal to enhance and extend the service has now commenced in October.
- Health records Sickness has improved significantly and new staff appointed to commence in November



- 2 Part time positions were appointed to the Family Violence service. t. White Ribbon Day was very successful. Training has been approved for February 2009.

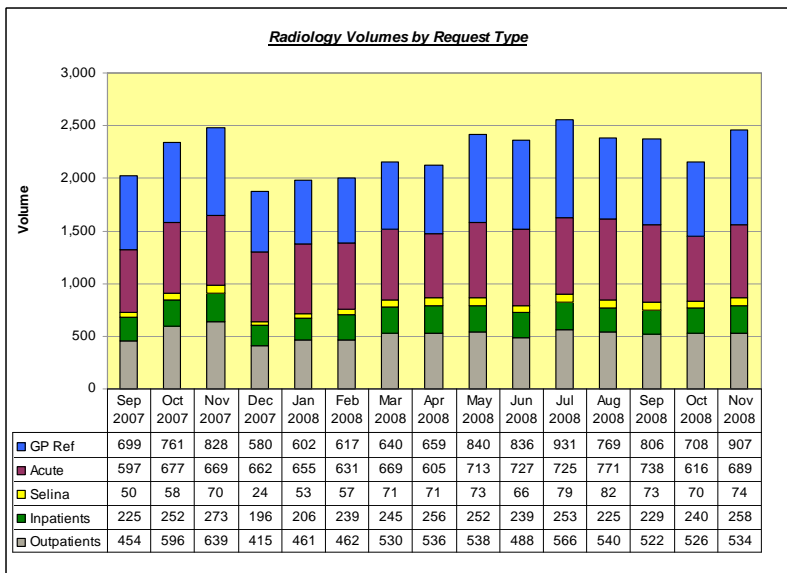
Imaging services

- A vacancy still exists for a Sonographer. Ongoing attempts to recruit to this position continue. There is a national shortage.
- Service contract budgets require resolution between Facilities and Clinical services to ensure unbudgeted costs are not charged to imaging.
- The significant overspend in imaging is in part attributable to the inability to fund this department appropriately and also the high volumes of work undertaken. Requests are prioritised and comparative data is being sought from other similar sized units.



All Allied Health contacts in the month shown as either community or inpatient contacts. The community contacts are funded via separate contracts with the Funder, whereas the inpatient contacts are an input into the overall case weight.

Activity is now 2 weeks behind with regard to data entry but overall is achieving a good overall level consistent with target volumes.



This graph shows the total number of radiology tests done, and then breaks this down by the referral type for those tests. GP referred are those requested by GP's, Acute are requests by the acute wards in the hospital, Selina are Selina Sutherland requests, Inpatients are from all inpatient wards and Outpatients are requests from the outpatient clinics.

Increase of 199 imaging requests by GPs from previous month. Increase in acute volumes partially reflected in increase in ED presentations.



6.4 GM Community, Public, and Mental Health Report

6.4.1 Summary

Community Nursing volumes were down this month, but ahead YTD by 723.

Personnel costs are increasing in ambulance, community nursing and mental health. Other Costs have been driven up due to financing and depreciation, set up costs for palliative care, clinical supplies for community nursing, fuel and maintenance costs for the ambulance service. All managers in these services are developing a plan to manage areas where savings can be made and to forecast a likely end of year result.

Outsourced costs have been driven up by the increase in purchased services for CMI and health recovery patients.

	Act	Nov-2008 Bud	Var	Act	YTD Bud	Var	Var %		FY Bud
Contract Volumes									
FOCUS Needs Assessments	3	10	(7)	48	50	(2)	-4.0%	+/-	120
District Nurse Contacts	1,136	2,543	(1,407)	12,857	12,134	723	6.0%	✓	29,217
Healthy Homes Nurse Assmnts	6	9	(3)	55	42	13	31.0%	✓	100
Student Assessments	33	17	16	159	85	74	87.1%	✓	200
Mental Health New Referrals	32	50	(18)	197	250	(53)	-21.2%	*	600
Financial (000's)									
Revenue	\$976	\$1,090	(\$114)	\$5,504	\$5,447	\$56	1.0%		\$13,076
Personnel Costs	(\$760)	(\$650)	(\$110)	(\$3,852)	(\$3,450)	(\$402)	-11.7%	*	(\$8,309)
Outsourced Costs	(\$85)	(\$73)	(\$12)	(\$402)	(\$374)	(\$28)	-7.5%	*	(\$886)
Other Costs	(\$131)	(\$109)	(\$22)	(\$671)	(\$581)	(\$91)	-15.6%	*	(\$1,342)
Net Performance	(\$0)	\$258	(\$258)	\$578	\$1,043	(\$464)	-44.5%	*	\$2,539
FTE's									
Allied Health Staff	62.6	70.2	7.6	60.3	70.0	9.8	13.9%	✓	75.4
Management/Administration Staff	22.3	22.4	0.1	22.5	22.6	0.1	0.5%		22.6
Medical Staff	3.1	3.5	0.4	3.1	3.5	0.4	11.2%	✓	3.5
Nursing Staff	47.6	42.1	(5.5)	43.9	41.7	(2.2)	-5.2%	*	42.1
Support Staff	-	-	-	-	-	-	0.0%		0.0
Total FTE	135.6	138.3	2.7	129.8	137.9	8.1	5.9%	✓	143.7

* Refer to the Glossary for definitions of these measures.



6.4.2 Key Risks and Opportunities

1. Oral health strategy implementation behind schedule due to slippage in procurement process.
2. Sustainability of current roster pattern for Ambulance Service

6.4.3 Mitigation Strategies

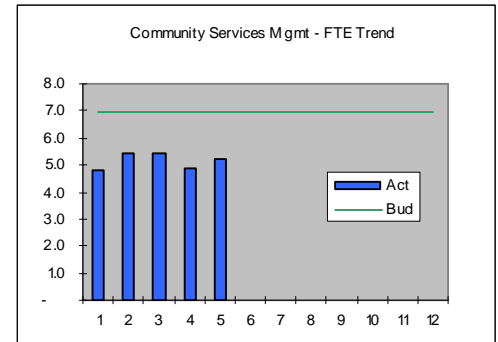
1. Oral health service staff actively involved in technical advice for mobile design. Communication strategy in place for school communities.
2. The National Ambulance Sector Office (NASO) are also holding requests for funding after the recent Minister's announcement of extra funds for air and road ambulance services. This DHB has approached NASO for funding to employ extra FTE.



6.4.5 Community & Public Health Management

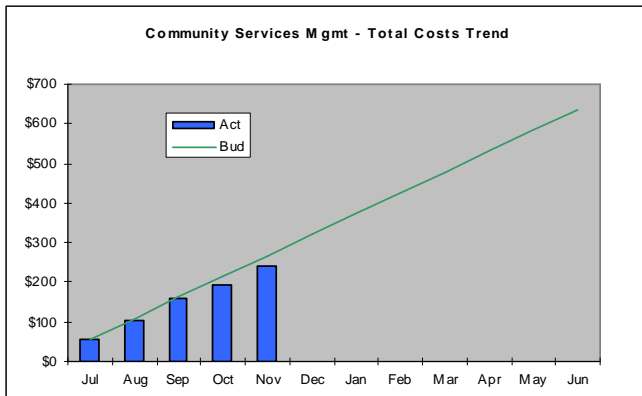
FTE Analysis:

Community Services Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	5.2	7.0	1.7
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	5.2	7.0	1.7



Cost Analysis (000's):

Community Services Management	Nov-2008			YTD Bud	YTD % of Bud	FY Bud
	Act	Bud	Var			
Financial (000's)						
Revenue						
Revenue	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
Expenditure						
Personnel	(\$45.5)	(\$45.0)	(\$0.5)	(\$213.5)	11.15%	(\$575.2)
Outsourced	\$0.0	\$0.0	\$0.0	\$2.3	0.00%	\$0.0
Clinical Supplies	(\$0.1)	\$0.0	(\$0.1)	(\$6.1)	0.00%	\$0.0
Infrastructure & Non-clinical	(\$5.3)	(\$4.1)	(\$1.2)	(\$24.9)	-13.13%	(\$50.9)
Deprn & Financing	(\$0.1)	(\$0.9)	\$0.8	(\$0.3)	93.15%	(\$10.5)
Total Expenditure	(\$51.0)	(\$50.0)	(\$1.0)	(\$242.4)	9.09%	(\$636.6)
Net Surplus/(Deficit)	(\$51.0)	(\$50.0)	(\$1.0)	(\$242.4)	-9.09%	(\$636.6)



Summary

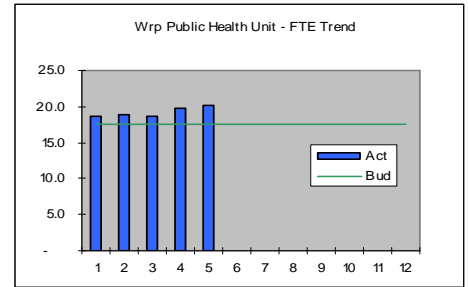
- Infrastructure and non-clinical costs for the Choice Health campus have been coded against this responsibility centre and should more correctly be coded against Public Health



6.4.6 Wairarapa Public Health Unit

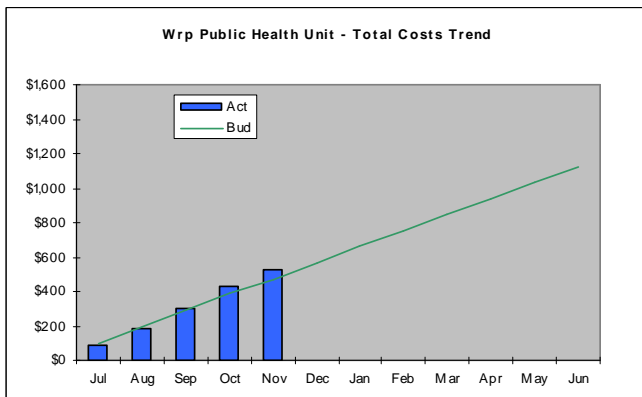
FTE Analysis:

Public Health Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	10.8	10.0	(0.8)
Management/Administration Staff	3.4	2.5	(0.9)
Medical Staff	-	-	-
Nursing Staff	6.1	5.0	(1.1)
Support Staff	-	-	-
Total FTE's	20.2	17.5	(2.7)



Cost Analysis (000's):

Public Health Unit	Nov-2008			YTD Bud	YTD % of Bud	FY Bud		
	Act	Bud	Var					
Financial (000's)								
Revenue								
Revenue	\$114.0	\$109.1	\$5.0	\$616.6	\$544.4	\$72.2	-13.26%	* \$1,307.9
Expenditure								
Personnel	(\$91.8)	(\$71.7)	(\$20.1)	(\$472.7)	(\$390.7)	(\$81.9)	-20.97%	* (\$935.2)
Outsourced	(\$7.8)	(\$3.5)	(\$4.3)	(\$18.9)	(\$19.1)	\$0.2	1.23%	(\$43.6)
Clinical Supplies	(\$0.8)	(\$4.2)	\$3.4	(\$4.2)	(\$22.2)	\$18.0	81.06%	✓ (\$51.5)
Infrastructure & Non-clinical	(\$4.9)	(\$7.6)	\$2.7	(\$34.8)	(\$40.3)	\$5.4	13.43%	✓ (\$93.3)
Deprn & Financing	(\$0.1)	(\$0.1)	(\$0.0)	(\$0.4)	(\$0.3)	(\$0.0)	-15.32%	* (\$0.7)
Total Expenditure	(\$105.4)	(\$87.0)	(\$18.4)	(\$531.0)	(\$472.7)	(\$58.3)	-12.34%	* (\$1,124.3)
Net Surplus/(Deficit)	\$8.7	\$22.1	(\$13.4)	\$85.6	\$71.7	\$13.9	19.33%	✓ \$183.6





Summary

- FTE reflects staff employed on contracts that were placed after budgeting completed
- Revenue higher than expected shown as a variance. This is due to the extra contracts awarded after budgeting completed.
- Higher than budgeted personnel costs reflect the increase in nursing salaries as per the ratified MECA as well as the salaried position paid through extra HPV programme revenue. High personnel costs are also due to increased staff required to deliver extra contracts.
- Depreciation and Financing costs are outside the control of the budget holder therefore any discrepancy cannot be commented upon

Key Activities

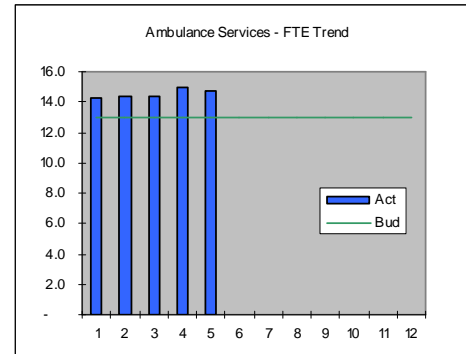
- Provisional data reflecting uptake of the HPV vaccine amongst the eligible cohort of 17 and 18 year old shows Wairarapa significantly ahead of national figures. Maori uptake for Dose 1 shows 25% of Wairarapa Rangatahi have been vaccinated with Dose 1 compared to 9.6% nationally. Overall, the total uptake of Dose 1 in Wairarapa is 37.3% compared to 13.4% nationally. These statistics are collected from the NIR and reflect vaccinations from 1 September 2008 to 15 November 2008.
- A recent meeting with the Commissioner of Makoura College has resulted in a delay to the commencement of the Health Impact Assessment (HIA). The HIA will be a part of the review process of the school's charter, operational plan, and vision and values.
- The Masterton East project is on hold while Rangitaane complete their consultation with residents living on the East side of Masterton, in the Cameron area. However, Public Health actively supported the planning for the Top Street Sports Day event and Kapa Haka competition which will occur on 6th December. One health promoter will be MC for the day and all health promoters will attend to support and promote health messages.



6.4.7 Ambulance Services

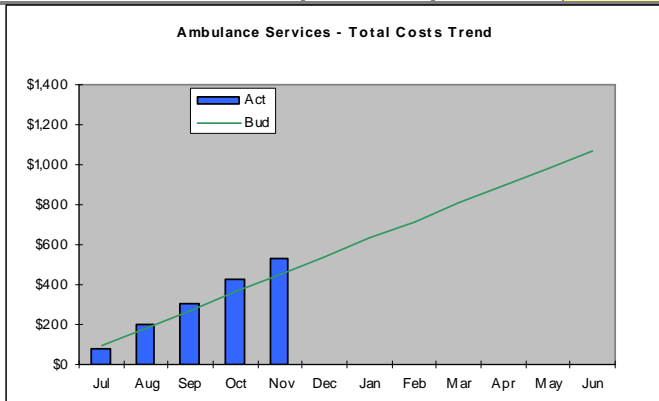
FTE Analysis:

Ambulance Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	14.7	12.9	(1.8)
Management/Administration Staff	0.1	0.1	-
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	14.8	13.0	(1.8)



Cost Analysis (000's):

Ambulance Services	Nov-2008			YTD Act	YTD Bud	YTD Var	YTD % of Bud	FY Bud
	Act	Bud	Var					
Revenue								
Revenue	\$72.3	\$105.4	(\$33.2)	\$570.2	\$526.4	\$43.9	-8.33%	\$1,264.5
Expenditure								
Personnel	(\$72.1)	(\$63.2)	(\$8.9)	(\$372.7)	(\$325.5)	(\$47.2)	-14.50%	(\$778.0)
Outsourced	(\$6.2)	(\$7.7)	\$1.4	(\$26.3)	(\$38.3)	\$12.0	31.31%	(\$92.0)
Clinical Supplies	(\$4.9)	(\$2.1)	(\$2.8)	(\$17.6)	(\$10.7)	(\$6.9)	-64.27%	(\$25.7)
Infrastructure & Non-clinical	(\$15.9)	(\$11.3)	(\$4.6)	(\$85.9)	(\$61.5)	(\$24.5)	-39.81%	(\$140.5)
Deprn & Financing	(\$8.7)	(\$2.9)	(\$5.8)	(\$29.5)	(\$14.5)	(\$15.0)	-103.27%	(\$34.9)
Total Expenditure	(\$107.9)	(\$87.2)	(\$20.7)	(\$532.1)	(\$450.6)	(\$81.6)	-18.10%	(\$1,071.1)
Net Surplus/(Deficit)	(\$35.6)	\$18.2	(\$53.8)	\$38.1	\$75.8	(\$37.7)	-49.74%	\$193.4

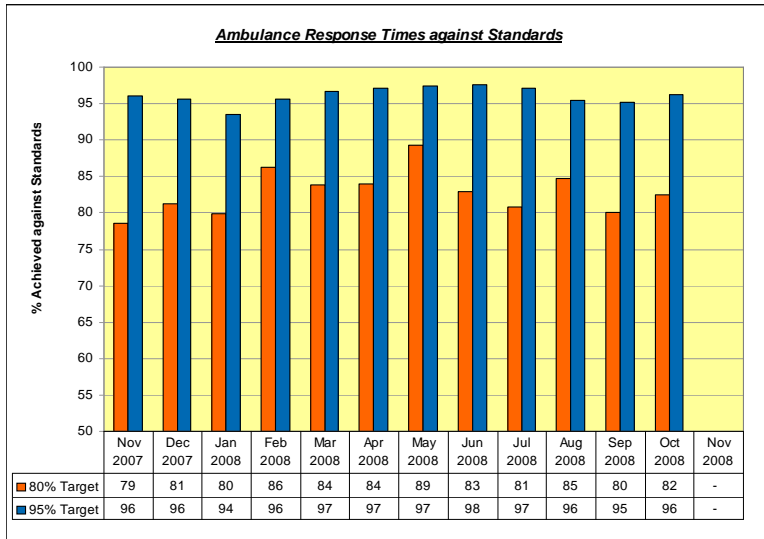


Summary

- Personnel costs are over budget due to overtime costs to cover rostered leave for paid staff, vacancies, and to cover unfilled volunteer shifts with paid staff. This also applies to the personnel FTE which reflects the increased use of casuals to cover shifts left vacant by leave, training, or illness.
- Revenue for ACC claims is lower than expected for the month and this will be investigated.
- Infrastructure costs are seriously affected by the cost of maintenance costs for the remaining older vehicles in the fleet, with some relief from falling fuel prices. The new ambulances have had a number of issues requiring removal to other centres for repair which directly affects costs.
- An investigation of clinical supply costs shows that the adverse exchange rate is affecting the purchase price of supplies sourced from overseas. While every attempt will be made to control expenditure, it is likely that this budget will continue to be over target for the remainder of this financial year.



- Depreciation and Financing costs are outside the control of the budget holder therefore any discrepancy cannot be commented upon.
- The National Ambulance Sector Office (NASO) is a joint venture between the Ministry of Health and ACC, based at the Ministry of Health. NASO has facilitated road shows throughout New Zealand asking emergency service stakeholders to input into the draft National Ambulance Strategy. The Wairarapa Roadshow was held on the 21st of November. This road show was very successful and highlighted regional differences, noticeably with the costs associated to Inter Hospital Transfers and higher clinical skill levels for treating patients in remote locations.
- NASO are also holding requests for funding after the recent Minister's announcement of extra funds for air and road ambulance services. This DHB has approached NASO for funding to employ extra FTE with an answer expected in December.
- ACC income is under reported by \$38K it is showing \$0.5K income and should read \$38.5K
- Emergency Calls;
 - Medical = 238
 - Accident = 110
 - Non Emergency Patient Transports (NEPT) = 64
- Kilometres Travelled 18,831kms



This graph shows the response time performance for the Wairarapa ambulance service against national standards. The service has exceeded the target in both categories

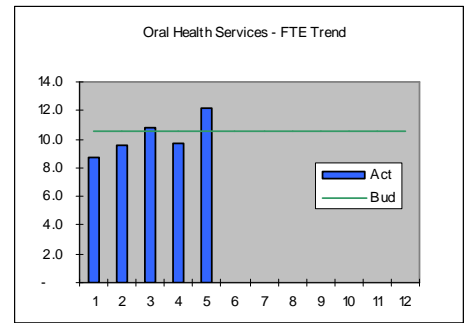
There is an issue with the data for Nov-08
The IT Data warehouse are investigating however current data is not available for this report



6.4.8 Oral Health Services

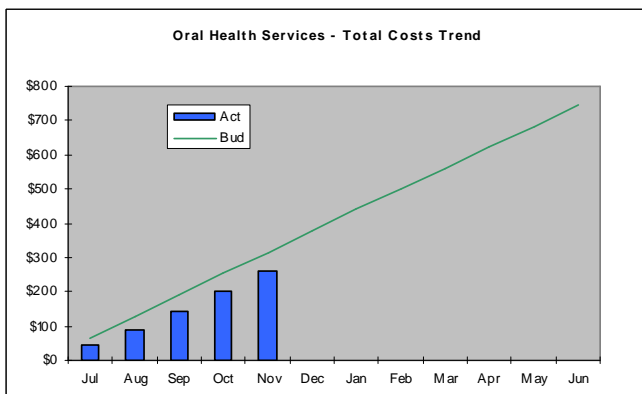
FTE Analysis:

Oral Health Service	FTE Actual	FTE Budget	Variance
Allied Health Staff	10.3	9.4	(0.9)
Management/Administration Staff	1.9	1.2	(0.7)
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	12.2	10.6	(1.6)



Cost Analysis (000's):

Oral Health Services	Nov-2008			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$43.4	\$142.6	(\$99.2)	\$615.9	\$713.0	(\$97.1)	13.62%	\$1,711.2
Expenditure								
Personnel	(\$51.5)	(\$41.3)	(\$10.2)	(\$226.1)	(\$224.0)	(\$2.1)	-0.92%	(\$536.2)
Outsourced	\$0.0	(\$9.3)	\$9.3	\$0.0	(\$46.6)	\$46.6	100.00%	(\$111.8)
Clinical Supplies	(\$2.1)	(\$3.8)	\$1.6	(\$13.2)	(\$18.8)	\$5.6	29.96%	(\$45.2)
Infrastructure & Non-clinical	(\$3.3)	(\$2.2)	(\$1.1)	(\$10.3)	(\$14.7)	\$4.4	29.78%	(\$29.7)
Deprn & Financing	(\$2.0)	(\$1.9)	(\$0.0)	(\$10.7)	(\$9.6)	(\$1.1)	-11.35%	(\$23.0)
Total Expenditure	(\$58.8)	(\$58.4)	(\$0.4)	(\$260.2)	(\$313.7)	\$53.4	17.03%	(\$745.9)
Net Surplus/(Deficit)	(\$15.4)	\$84.2	(\$99.6)	\$355.7	\$399.3	(\$43.7)	-10.94%	\$965.3



Summary

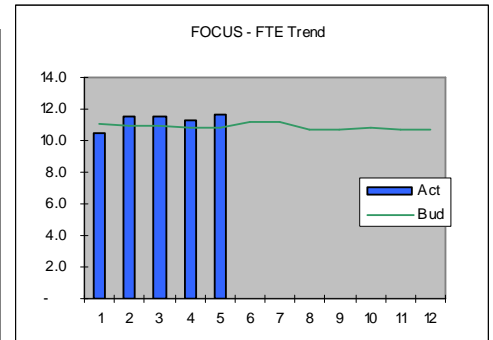
- Depreciation and Financing costs are outside the control of the budget holder therefore any discrepancy cannot be commented upon
- The National Procurement Group and the Ministry have now agreed a size for the mobile dental clinics and 2 units have been ordered for the Wairarapa. It is our understanding that delivery is 5 months from payment of the deposit, holiday season notwithstanding.
- Planning for the fixed facility has commenced with tenders sought from builders and final plans in development. It is anticipated that the fixed facility will be built and ready for operation in July 2009. .



6.4.9 FOCUS

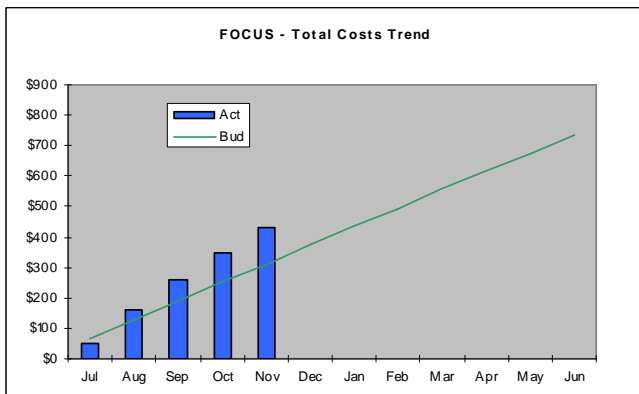
FTE Analysis:

FOCUS/NASC	FTE Actual	FTE Budget	Variance
Allied Health Staff	6.8	6.6	(0.2)
Management/Administration Staff	4.4	4.2	(0.2)
Medical Staff	-	-	-
Nursing Staff	0.4	-	(0.4)
Support Staff	-	-	-
Total FTE's	11.6	10.8	(0.8)



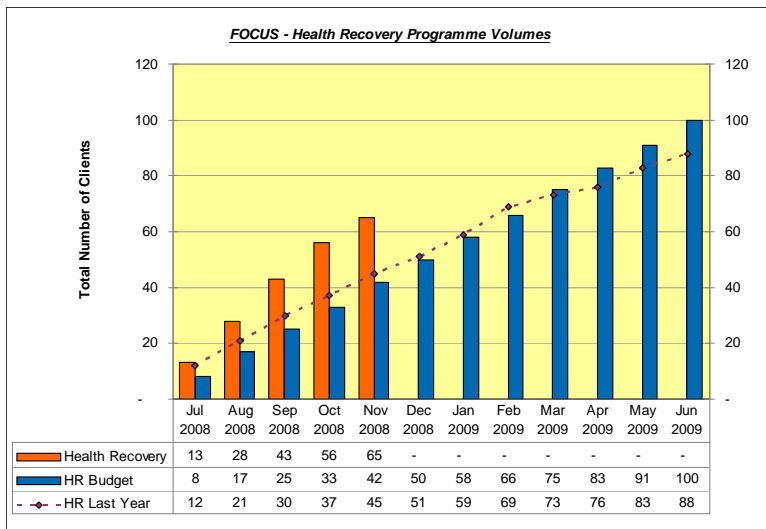
Cost Analysis (000's):

FOCUS NASC	Nov-2008			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$113.9	\$106.5	\$7.3	\$572.8	\$532.7	\$40.1	-7.53%	\$1,278.5
Expenditure								
Personnel	(\$48.3)	(\$43.9)	(\$4.5)	(\$229.9)	(\$238.9)	\$9.0	3.76%	(\$571.0)
Outsourced	(\$33.6)	(\$12.0)	(\$21.6)	(\$185.7)	(\$61.3)	(\$124.4)	-202.94%	(\$145.2)
Clinical Supplies	(\$0.0)	(\$0.0)	(\$0.0)	\$0.0	(\$0.0)	\$0.1	126.15%	(\$0.1)
Infrastructure & Non-clinical	(\$2.6)	(\$1.6)	(\$1.0)	(\$15.7)	(\$8.7)	(\$7.1)	-81.63%	(\$19.8)
Deprn & Financing	(\$0.0)	(\$0.0)	\$0.0	(\$0.1)	(\$0.1)	(\$0.0)	-0.99%	(\$0.2)
Total Expenditure	(\$84.5)	(\$57.5)	(\$27.1)	(\$431.3)	(\$308.9)	(\$122.4)	-39.62%	(\$736.3)
Net Surplus/(Deficit)	\$29.3	\$49.1	(\$19.8)	\$141.5	\$223.8	(\$82.3)	-36.77%	\$542.2

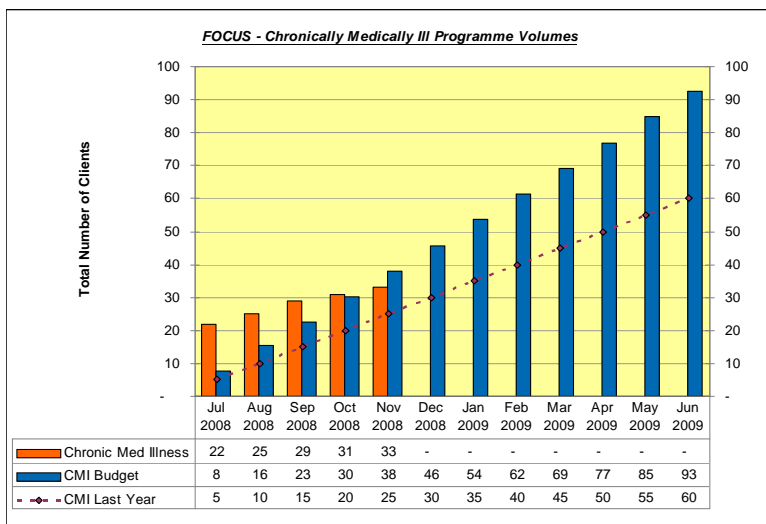


Summary

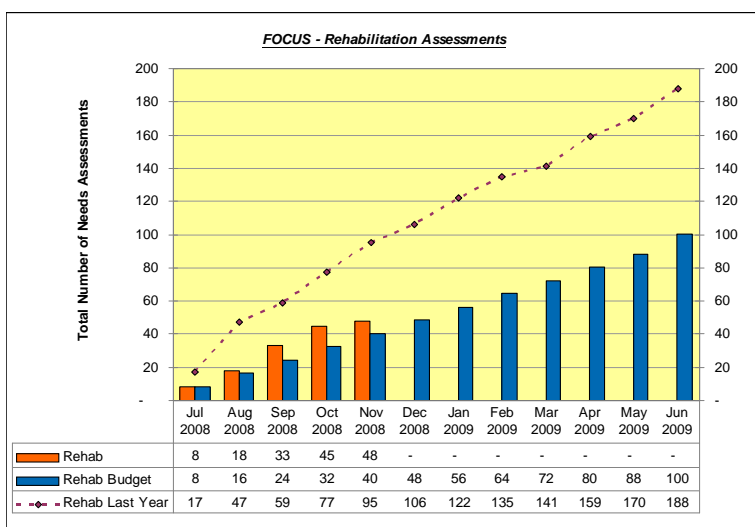
- Outsourced, infrastructure and non-clinical expenditure higher than budgeted, this reflects the support services purchased contributed to by an over performance in Health Recovery and Chronically Medically Ill volumes and the costs of FOCUS funded beds that are capacity funded and not always full. Additional casual admin support is contributing to the higher outsourced costs, this should be able to be offset against the personal expenditure with the increase in funding via the SLA for FOCUS to manage the Single Point of Entry.
- FOCUS has a waiting list of up to 6 weeks for non urgent referrals
- Revenue for the 5 capacity FOCUS funded beds appears to be underfunded



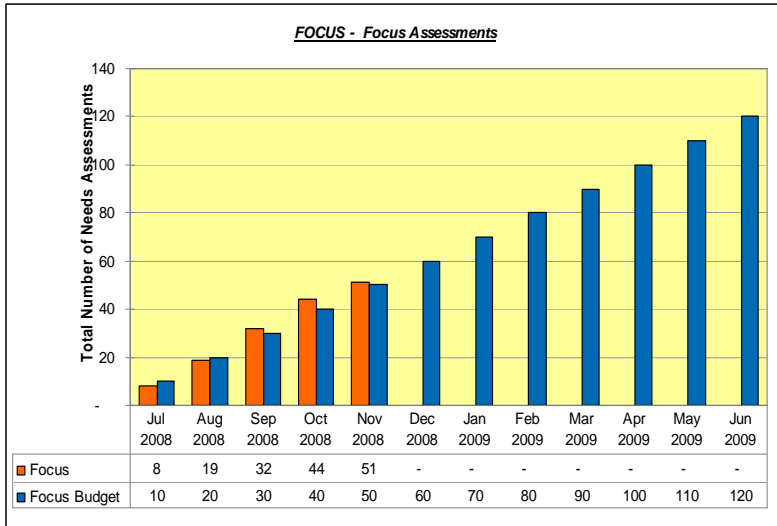
The Health Recovery Programme is tracking above the target volume. Increased volumes have continued with a dedicated person giving a face to this service and programme. An increase in volumes may be required to support this trend. There is a direct correlation between the demand on inpatient hospital beds and Health Recovery referrals. Currently the hospital is very full with many patients staying for very short periods.



Priority is given to clients of higher need that are anticipated to have less than 6 months to live. Some clients receiving "CMI" fall between traditional streams and are not palliative. This funding requires a name change to better describe its use, "Gap Funding" rather than a service that can be referred to. The reason for using Gap funding is internally separated at FOCUS, it currently includes the purchase of some palliative services.



This graph shows the volume of assessments completed from Rehab including Dr Mathews and Dr Duncan's assessments where a person's assessed "level of care" is reviewed. In the past these volumes have been combined with the volumes of assessments completed in rehab by FOCUS. In the 08-09 SLA these volumes have been split – see the next graph for FOCUS volumes



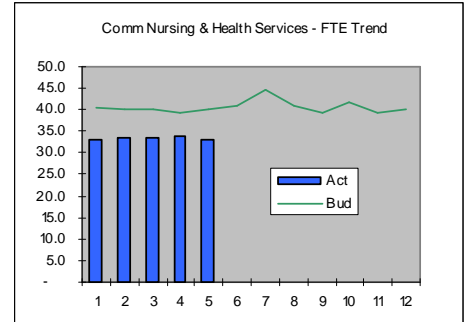
This graph shows the volume of assessments completed in Rehab by FOCUS
The rehab volumes were increased in the 08/09 financial year, reflecting the needs of the service.



6.4.10 Community Nursing & Health Services

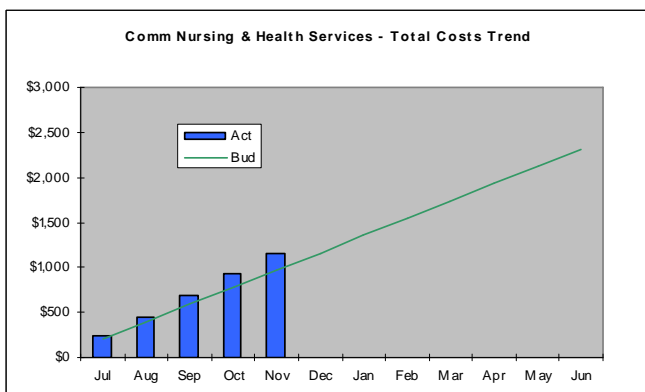
FTE Analysis:

Community Services Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	5.2	7.0	1.7
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	5.2	7.0	1.7



Cost Analysis (000's):

Community Nursing & Health Services	Nov-2008			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$212.1	\$205.7	\$6.4	\$1,026.9	\$1,028.4	(\$1.4)	0.14%	\$2,468.1
Expenditure								
Personnel	(\$168.2)	(\$129.6)	(\$38.6)	(\$828.7)	(\$681.5)	(\$147.1)	-21.59%	(\$1,652.4)
Outsourced	(\$0.7)	(\$1.6)	\$0.9	(\$3.1)	(\$8.5)	\$5.5	64.27%	(\$20.0)
Clinical Supplies	(\$58.4)	(\$47.3)	(\$11.1)	(\$306.1)	(\$243.1)	(\$63.0)	-25.92%	(\$574.1)
Infrastructure & Non-clinical	(\$2.9)	(\$4.6)	\$1.6	(\$14.2)	(\$30.1)	\$15.9	52.92%	(\$62.0)
Deprn & Financing	(\$1.4)	(\$0.6)	(\$0.8)	(\$7.2)	(\$3.0)	(\$4.2)	-137.30%	(\$7.3)
Total Expenditure	(\$231.7)	(\$183.7)	(\$48.0)	(\$1,159.2)	(\$966.3)	(\$192.9)	-19.96%	(\$2,315.8)
Net Surplus/(Deficit)	(\$19.6)	\$22.0	(\$41.6)	(\$132.3)	\$62.1	(\$194.3)	-313.14%	\$152.2

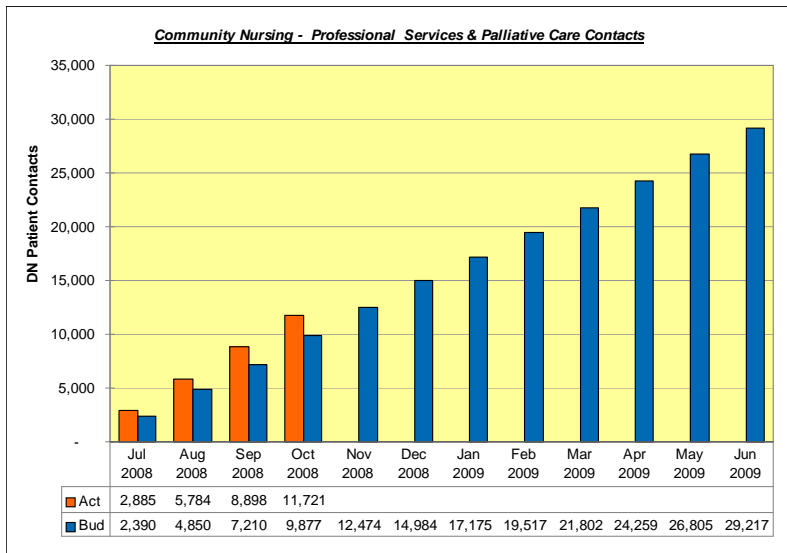


Summary

- Personnel costs are over budget due to overtime costs to meet demand and support for a training programme within the service.
- Clinical supplies - Costs are high due to extra disposables required for MRSA patient, trachyostomy patient, special oxygen bottles for a transplant patient and the continuing high costs of ostomy and continence products.
- The Clinical Nurse Manager is actively following up patients that have presented to ED for treatment that could have been delivered by the Community Nursing Service (e.g. IV, wound management and medication support)
- The manager has been working on the identification and establishment of a new prescription chart and documentation for those that attend ED frequently which should reduce ASH

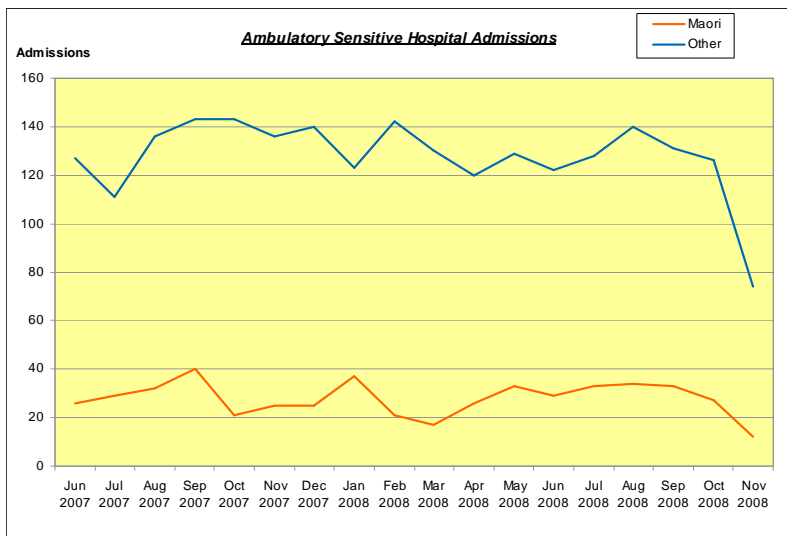


- The Project Manager from Career Force who is involved with the Literacy and Numeracy programme funded by the MOH audited the work of the Support workers and Trainer. High. A high standard was met for the community support workers and the standard of teaching and verification was commended. The support workers will attain NZQA Level 2 in a 'health and disability' setting at the end of the 18 week period.



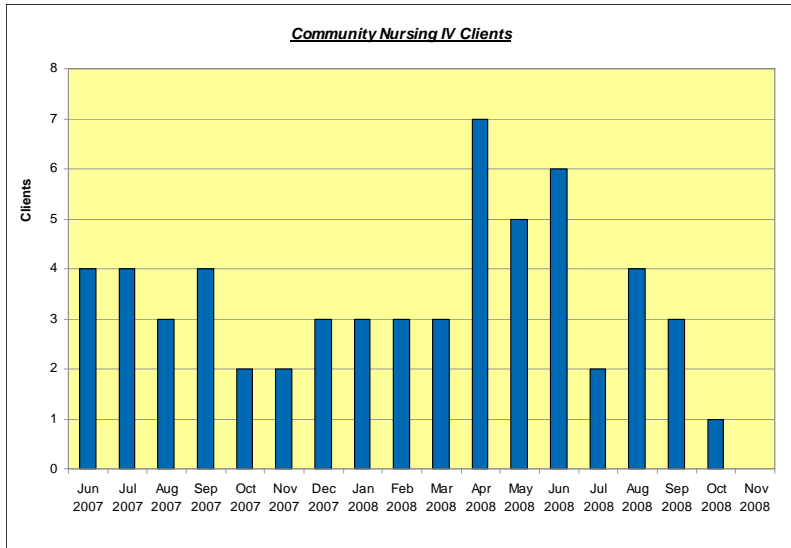
Community Nurse contacts include both DHB and ACC funded visits to patients. Client services such as continence, stomal and oxygen are not included.

A continued trend of increasing numbers of contacts reflects the proactive approach of the in-reach team and the improved liaison between hospital services and community nursing.



Ambulatory Sensitive Hospital (ASH) Admissions are those which effective delivery of services in a community setting may have prevented. Their reduction is an indicator in the MOH's Health Targets for 2007/08. One of the main influences on ASH admissions is ethnicity, therefore this is included here. ASH admissions include a number of diagnoses such as asthma, immunisation preventable, cancer, and stroke.

Community, public and primary health services are undertaking initiatives to prevent ambulatory sensitive admissions. We have started to identify and commence planning for the frequent attendees within above group



. *Community Nurse IV clients*

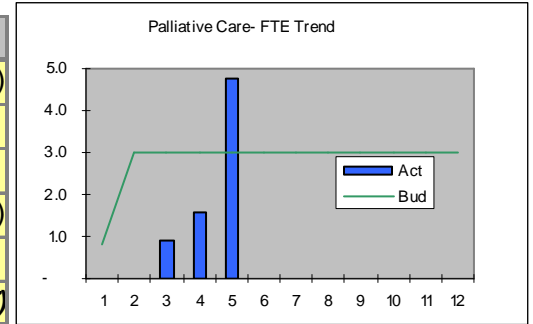
Community nursing is working with ED on a referral form and prescription to make it simpler and provide further access to the IV in home service. There has been a drop in numbers but this will be resolved with more concise paper work for prescription chart for doctors to use. The service has increased the wound management workload which would normally return to ED.



6.4.11 Palliative Care

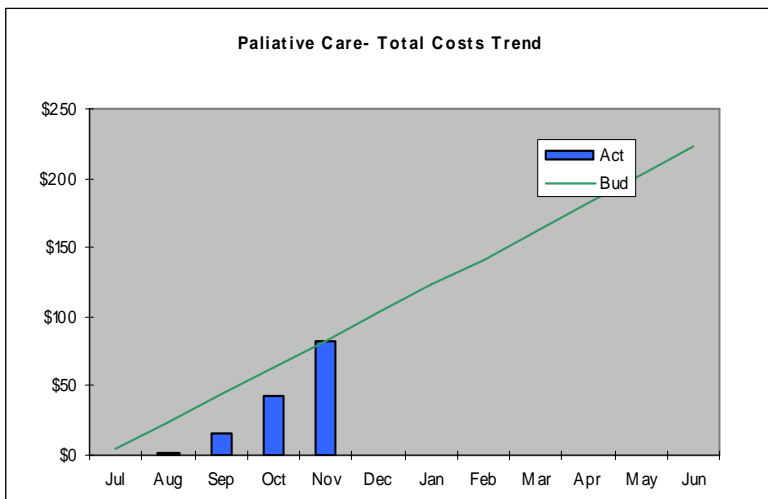
FTE Analysis:

Palliative Care	FTE Actual	FTE Budget	Variance
Allied Health Staff	0.6	0.6	(0.0)
Management/Administration Staff	-	0.2	0.2
Medical Staff	-	-	-
Nursing Staff	4.1	2.2	(1.9)
Support Staff	-	-	-
Total FTE's	4.7	3.0	(1.7)



Cost Analysis(000's):

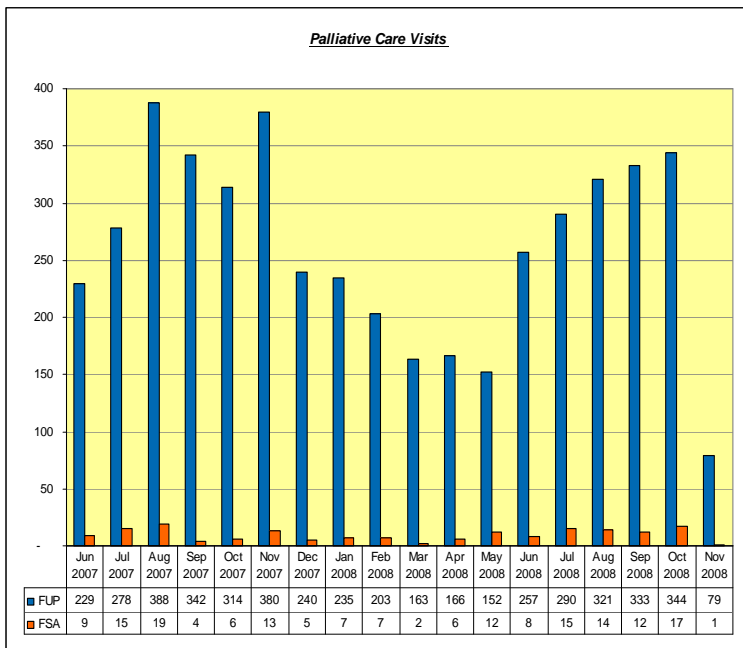
Palliative Care	Nov-2008			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$44.6	\$44.6	(\$0.0)	\$223.0	\$223.0	(\$0.0)	0.00%	\$535.3
Expenditure								
Personnel	(\$35.4)	(\$18.9)	(\$16.4)	(\$65.5)	(\$82.9)	\$17.5	21.05%	(\$222.6)
Outsourced	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
Clinical Supplies	(\$0.0)	\$0.0	(\$0.0)	(\$4.0)	\$0.0	(\$4.0)	0.00%	\$0.0
Infrastructure & Non-clinical	(\$4.5)	\$0.0	(\$4.5)	(\$12.2)	\$0.0	(\$12.2)	0.00%	\$0.0
Deprn & Financing	(\$0.0)	\$0.0	(\$0.0)	(\$0.2)	\$0.0	(\$0.2)	0.00%	\$0.0
Total Expenditure	(\$40.0)	(\$18.9)	(\$21.1)	(\$81.9)	(\$82.9)	\$1.0	1.22%	(\$222.6)
Net Surplus/(Deficit)	\$4.6	\$25.7	(\$21.1)	\$141.1	\$140.1	\$1.0	0.72%	\$312.7



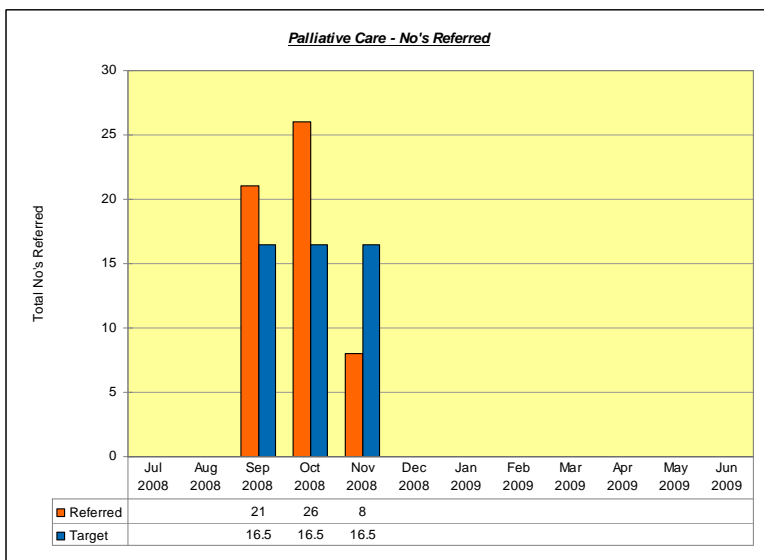


Summary

- Both FTE actual staff and FTE costs for the service are incorrect as senior nurses from other services have been coded against the service
- Actual costs for infrastructure reflect service set up costs
- Referral process through the single point of entry have settled down and as the service has been running for three months the referral process will be reviewed in early December
- There were 8 referrals accepted into the service in November – 3 NZ European, 2 not stated, 1 Maori
- There were 5 deaths in November
- 16 GPs and 34 community/practice nurses in addition to occupational therapists and social workers attended 3 evening workshops addressing the needs of palliative care patients. The joint training (Arohanui and Kahukura) focused on issues such as ethics, pain and symptom control management and psychosocial issues. Those attending found the sessions to be very valuable.
- Education and training continue for the hospital and Rest Home/ Hospital level facilities
- Chronic Disease as well as Oncology patients being cared for within the community nursing service or in facilities have better access into the service. The service has received increased referrals for management of symptom control during early stage of Palliative care as well as end of life.



This graph shows, in blue, the Palliative Care "Follow UP" activity each month and, in orange, the "First Specialist Assessments" each month.



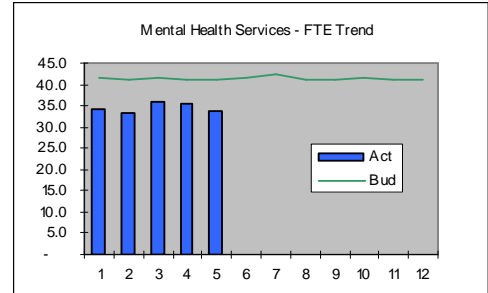
This graph compares actual referred numbers to the Palliative Care Centre each month against expected referrals. There has been an increased number of referrals from the inpatient Wairarapa hospital. Demand has been high for long term hospital level beds in Masterton for persons identified as palliative



6.4.12 Mental Health

FTE Analysis

Mental Health	FTE Actual	FTE Budget	Variance
Allied Health Staff	11.0	16.2	5.2
Management/Administration Staff	4.1	5.0	1.0
Medical Staff	3.1	3.5	0.4
Nursing Staff	15.6	16.4	0.8
Support Staff	-	-	-
Total FTE's	33.8	41.1	7.3



Cost Analysis (000's)

Mental Health	Nov-2008		
	Act	Bud	Var

Act	YTD Bud	Var	YTD % of Bud	FY Bud

Financial (000's)			
Revenue			
Revenue	\$375.7	\$375.9	(\$0.3)
Expenditure			
Personnel	(\$247.4)	(\$236.5)	(\$10.9)
Outsourced	(\$36.0)	(\$39.1)	\$3.1
Clinical Supplies	(\$0.7)	(\$1.3)	\$0.6
Infrastructure & Non-clinical	(\$12.1)	(\$12.2)	\$0.0
Deprn & Financing	(\$0.2)	(\$0.2)	\$0.0
Total Expenditure	(\$296.4)	(\$289.3)	(\$7.1)
Net Surplus/(Deficit)	\$79.3	\$86.6	(\$7.4)

Act	YTD Bud	Var	YTD % of Bud	FY Bud
\$1,878.3	\$1,879.5	(\$1.2)	0.07%	\$4,510.8
(\$1,443.0)	(\$1,266.1)	(\$177.0)	-13.98%	(\$3,038.8)
(\$169.9)	(\$200.3)	\$30.4	15.19%	(\$473.7)
(\$6.3)	(\$6.7)	\$0.4	6.03%	(\$16.0)
(\$66.1)	(\$68.7)	\$2.6	3.82%	(\$153.8)
(\$1.1)	(\$1.1)	(\$0.0)	-1.06%	(\$2.7)
(\$1,686.5)	(\$1,543.0)	(\$143.5)	-9.30%	(\$3,685.0)
\$191.8	\$336.5	(\$144.8)	-43.01%	\$825.9

+/-
5%

*

✓

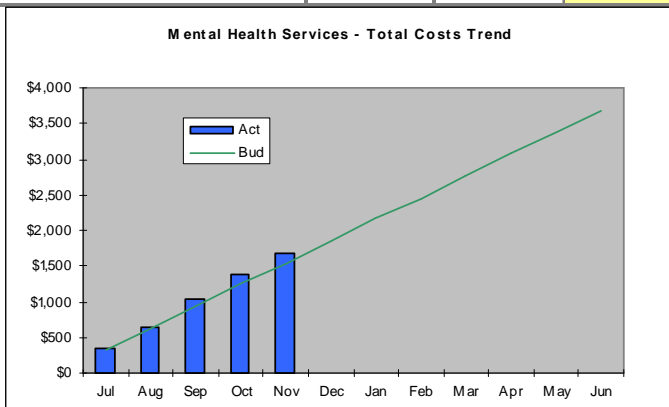
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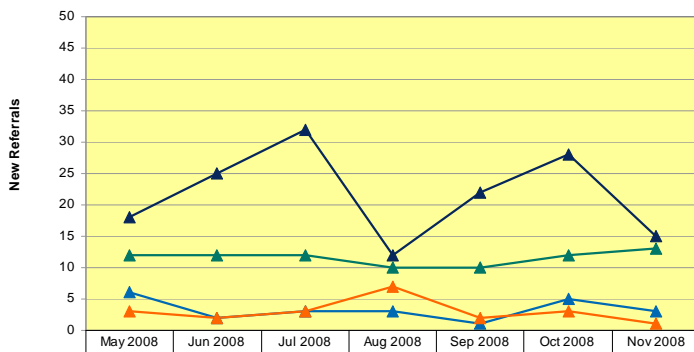


Summary

- Current vacancies: Adult Mental Health: 2 Maori Mental Health Professional positions, 1 Occupational Therapist, 1 Psychiatrist (currently filled by locum psychiatrist); CAMHS: 2 Maori Mental Health Professionals
- Personnel costs are over budget due to locum psychiatrist appointment. It is expected that the over expenditure will continue to the end of the financial year but there are a number of cost containment strategies in place to reduce the cost of the contractor.
- All other costs are tracking as expected and remaining within budget levels.



Mental Health New Referrals by Ethnicity



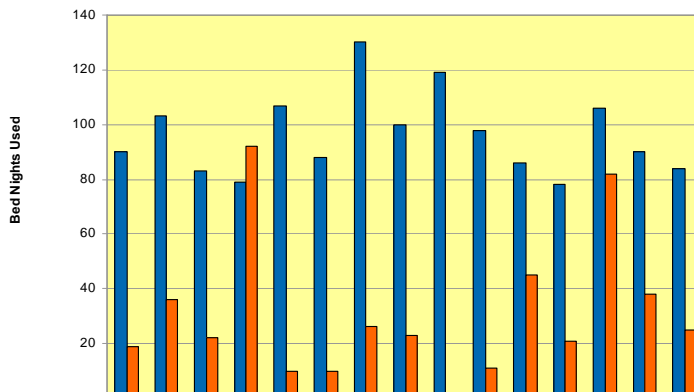
	May 2008	Jun 2008	Jul 2008	Aug 2008	Sep 2008	Oct 2008	Nov 2008
Other Adult	18	25	32	12	22	28	15
Other CAMHS	12	12	12	10	10	12	13
Maori Adult	6	2	3	3	1	5	3
Maori CAMHS	3	2	3	7	2	3	1
Total	39	41	50	32	35	48	32

This graph shows the new referrals to the Mental Health services in the month. Those referrals from Maori patients are shown separately as this is an area of particular focus for the service.

There has been a decrease in total referrals to MHS for November for both Adult MHS and CAMHS for both Maori and all other referrals.

A joint recruitment strategy to attract Maori MH professionals to both the Adult MH and CAMHS teams is being developed. Discussions with Maori Health Directorate are continuing with strong support being offered to find solutions.

Mental Health Bed Night Usage



	Sep 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008	Jul 2008	Aug 2008	Sep 2008	Oct 2008	Nov 2008
Crisis Respite	90	103	83	79	107	88	130	100	119	98	86	78	106	90	84
Out of Area Inpatients	19	36	22	92	10	10	26	23	2	11	45	21	82	38	25

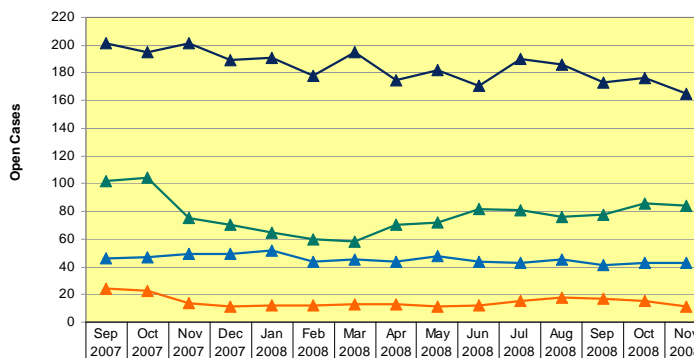
The bed night usage shows how bed nights were used in the Mental Health Service own Crisis Respite beds, and in the Inpatient beds the service contracts from other DHBs.

Bed nights for out of region Inpatient beds and local CRRC decreased once again in November which is a positive trend downward.

CAMHS continues to have one client in the Rangatahi Unit

Four Regional Rehab beds in Capital Coast remain occupied by Wairarapa DHB clients.

Mental Health Open Cases by Ethnicity



	Sep 2007	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008	Jul 2008	Aug 2008	Sep 2008	Oct 2008	Nov 2008
Other Adult	201	195	201	189	191	178	195	175	182	171	190	186	173	176	165
Other CAMHS	102	104	75	70	65	60	58	70	72	82	81	76	78	86	84
Maori Adult	46	47	49	49	52	44	45	44	48	44	43	45	41	43	43
Maori CAMHS	24	23	14	11	12	12	13	13	11	12	15	18	17	15	11
Total	373	369	339	319	320	294	311	302	313	309	329	325	309	320	303

Open cases in both the Adult MH and Children & Adolescent MH (CAMHS) are shown in this graph. Again a particular focus is given to the number of Maori cases open in the services

Total MHS open cases has decreased to 306 in November compared to 320 in October

Adult MHS and CAMHS open cases for Maori remain fairly stable.



6.4 Support Services

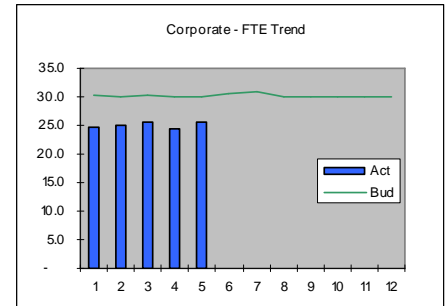
	Nov-2008			YTD				FY Bud	
	Act	Bud	Var	Act	Bud	Var	Var %		
Financial (000's)									
Revenue	\$129	\$55	\$74	\$1,157	\$268	\$889	331.3%	✓	\$653
Personnel Costs	(\$168)	(\$457)	\$289	(\$674)	(\$1,505)	\$831	55.2%	✓	(\$3,091)
Outsourced Costs	(\$7)	(\$4)	(\$3)	(\$22)	(\$21)	(\$1)	-3.2%		(\$48)
Other Costs	(\$850)	(\$825)	(\$24)	(\$4,180)	(\$4,186)	\$6	0.1%		(\$9,962)
Net Performance	(\$895)	(\$1,230)	\$335	(\$3,719)	(\$5,444)	\$1,725	31.7%	✓	(\$12,447)
FTE's									
Allied Health Staff	-	-	-	-	-	-	0.0%		-
Management/Administration Staff	27.9	34.9	7.0	28.1	34.9	6.8	-19.5%	✘	34.9
Medical Staff	-	-	-	-	-	-	0.0%		-
Nursing Staff	1.1	1.1	(0.0)	1.1	1.1	0.0	-0.9%		1.1
Support Staff	7.9	8.5	0.6	7.9	8.6	0.6	-7.5%	✘	8.6
Total FTE	36.9	44.5	7.6	37.1	44.6	7.5	16.7%	✓	44.6



6.5.1 Corporate

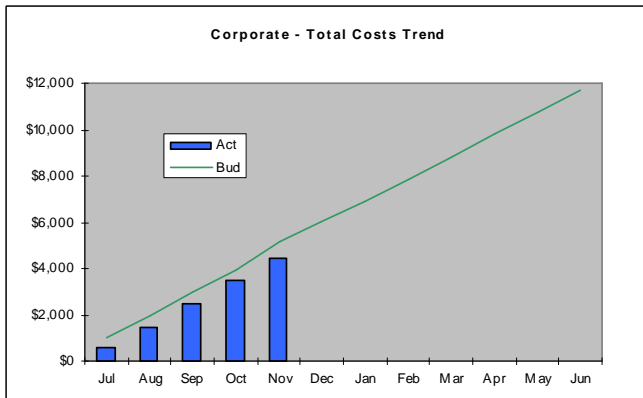
FTE Analysis:

Corporate Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	17.5	21.6	4.0
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	7.9	8.5	0.6
Total FTE's	25.5	30.1	4.6



Cost Analysis (000's):

Corporate Services	Nov-2008			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$124.1	\$53.3	\$70.9	\$1,131.9	\$259.6	\$872.3	-336.01%	\$632.4
Expenditure								
Personnel	(\$107.8)	(\$388.6)	\$280.9	(\$340.0)	(\$1,139.0)	\$799.1	70.15%	(\$2,215.4)
Outsourced	(\$5.9)	(\$2.0)	(\$3.9)	(\$16.3)	(\$11.6)	(\$4.8)	-40.96%	(\$25.5)
Clinical Supplies	(\$42.4)	(\$37.3)	(\$5.1)	(\$223.2)	(\$186.6)	(\$36.7)	-19.66%	(\$447.8)
Infrastructure & Non-clinical	(\$542.1)	(\$479.4)	(\$62.7)	(\$2,749.5)	(\$2,450.8)	(\$298.7)	-12.19%	(\$5,806.3)
Deprn & Financing	(\$229.6)	(\$269.7)	\$40.2	(\$1,091.5)	(\$1,348.7)	\$257.2	19.07%	(\$3,236.9)
Total Expenditure	(\$927.8)	(\$1,177.0)	\$249.3	(\$4,420.5)	(\$5,136.7)	\$716.2	13.94%	(\$11,731.9)
Net Surplus/(Deficit)	(\$803.6)	(\$1,123.8)	\$320.1	(\$3,288.6)	(\$4,877.1)	\$1,588.5	-32.57%	(\$11,099.5)



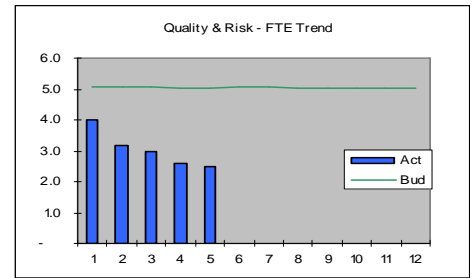
Summary



6.5.2 Quality & Risk

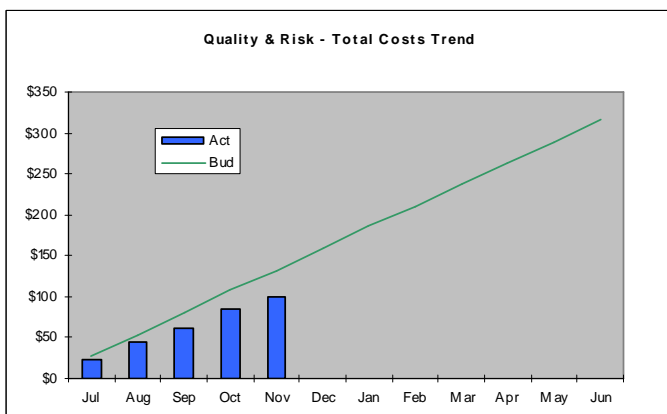
FTE Analysis:

Quality & Risk	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	1.4	3.9	2.6
Medical Staff	-	-	-
Nursing Staff	1.1	1.1	(0.0)
Support Staff	-	-	-
Total FTE's	2.5	5.0	2.6



Cost Analysis (000's):

Quality & Risk	Nov-2008			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$4.9	\$1.7	\$3.3	\$24.6	\$8.3	\$16.3	-195.64%	\$20.0
Expenditure								
Personnel	(\$11.4)	(\$21.5)	\$10.1	(\$80.1)	(\$117.1)	\$37.1	31.65%	(\$281.0)
Outsourced	(\$1.3)	(\$0.6)	(\$0.7)	(\$5.8)	(\$3.7)	(\$2.1)	-56.23%	(\$7.9)
Clinical Supplies	(\$0.1)	(\$0.0)	(\$0.1)	(\$0.2)	(\$0.1)	(\$0.1)	-87.05%	(\$0.3)
Infrastructure & Non-clinical	(\$1.6)	(\$1.0)	(\$0.6)	(\$8.9)	(\$6.0)	(\$2.9)	-48.03%	(\$13.1)
Deprn & Financing	(\$1.1)	(\$1.1)	\$0.0	(\$5.4)	(\$5.4)	(\$0.1)	-1.39%	(\$12.9)
Total Expenditure	(\$15.5)	(\$24.2)	\$8.7	(\$100.4)	(\$132.3)	\$31.9	24.12%	(\$315.1)
Net Surplus/(Deficit)	(\$10.6)	(\$22.5)	\$11.9	(\$75.8)	(\$124.0)	\$48.2	-38.89%	(\$295.1)



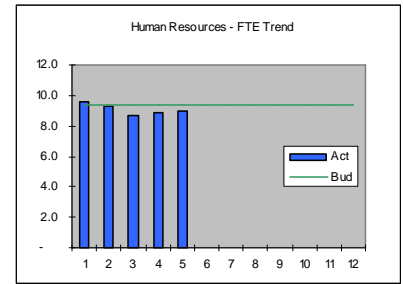
Summary



6.5.3 Human Resources

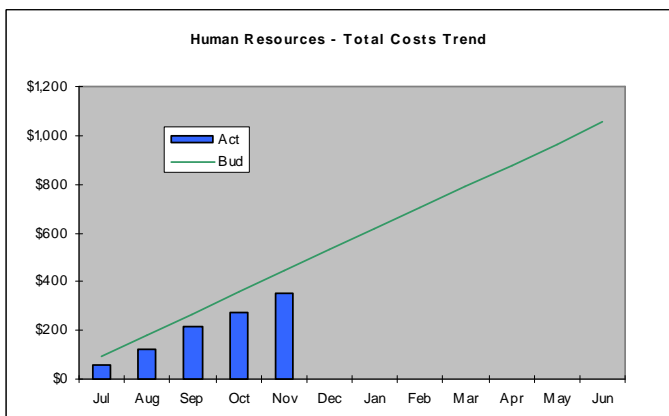
FTE Analysis:

Human Resources	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	9.0	9.4	0.4
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	9.0	9.4	0.4



Cost Analysis (000's):

Human Resources	Nov-2008			YTD Bud	YTD % of Bud	FY Bud
	Act	Bud	Var			
Financial (000's)						
Revenue						
Revenue	\$0.0	\$0.1	(\$0.1)	\$0.5	\$0.3	\$0.8
Expenditure						
Personnel	(\$48.4)	(\$46.5)	(\$1.9)	(\$253.7)	(\$248.6)	(\$594.4)
Outsourced	\$0.0	(\$1.2)	\$1.2	\$0.0	(\$6.2)	(\$14.8)
Clinical Supplies	\$0.0	(\$0.0)	\$0.0	(\$0.1)	(\$0.2)	(\$0.5)
Infrastructure & Non-clinical	(\$32.3)	(\$36.2)	\$3.9	(\$98.8)	(\$186.3)	(\$439.4)
Deprn & Financing	(\$0.4)	(\$0.4)	(\$0.1)	(\$2.2)	(\$1.9)	(\$4.5)
Total Expenditure	(\$81.2)	(\$84.3)	\$3.1	(\$354.8)	(\$443.1)	(\$1,053.5)
Net Surplus/(Deficit)	(\$81.2)	(\$84.2)	\$3.1	(\$354.3)	(\$442.7)	(\$1,052.7)





Summary

- Human Resources Information System Enhancement - Running of parallel pay runs (both electronic and manual) during November has started to test the rules. The remaining DHB building employees have been loaded to the rostering and electronic payroll software with parallel runs occurring for this group early December. The aim is still to have all these groups on electronic payroll before Christmas. Still focusing on ensuring the current data is accurate and putting training plans in place ready for the implementation of electronic timesheets and rostering (Time and Attendance) over the next 3 - 6 months.
- The IEA Remuneration process has all but been completed during November. Outstanding for December are a few GM meetings with their staff to discuss the outcome.
- The RMO MECA has now been fully implemented. Work began in November re the planning of the PSA Allied MECA implementation, and also a roadshow for Wairarapa DHB Managers/team Leaders to outline the changes to the document. The PSA Clerical MECA has also been ratified and we are awaiting a copy of the document so that implementation planning can begin.



Employment Group	Progress
Obstetrician & Gynaecologists	Interviewing another candidate currently working in the UK, awaiting referees. O&G Consultants nationwide continue to provide additional support as required.
Anaesthetist	Continuing to advertise for permanent candidates. Dr Petr Tobias has accepted a permanent role with us with a start date that has been delayed to March 09, due to immigration issues.
Emergency	Dr's Bruce McLeod and Dr Lois Bowden have been offered roles for 3 months during Christmas. They are due to join us on 1 January 09. Currently working on MCNZ issues.
Paediatrician	Have made an offer to Dr Isaiah and are currently working through MCNZ to gain registration. All going well he will join us around April 09.
Medical Officer	Continue to seek candidates to cover anticipated RMO vacancies for future rotations
Community & Public Health	<ul style="list-style-type: none"> • Dental Therapist – applicant appointed • Community Nurse – two appointments made • CNS Palliative Care – currently looking at strategies to fill remaining part time role • Volunteer Co-ordinator Palliative Care – Advertising at present • FOCUS Facilitator/Service Personal – advertising • Ambulance Officer (permanent) - Offer made • Ambulance Officer (fixed term) – currently on hold while strategies reviewed
Mental Health	<ul style="list-style-type: none"> • Mental Health Graduate Position – advertised • Child, Adolescent and Family Services Team Leader (Clinical Nurse Manager) – offer made • Administrator – shortlisting of applicants occurring
Maori Health Directorate	<ul style="list-style-type: none"> • Whanau Ora Facilitator – applicant appointed • Co-ordinator Te Arawhata Totika – applicants appointed
Hospital Services	<ul style="list-style-type: none"> • RN vacancies – 2.4 FTE across hospital services (excluding below). A total of 0.5 FTE is covered by temporary agreements. • Midwifery – total vacancy of 5.0 FTE, 2.0 FTE offered and accepted, employee due to start over next few months. There are temporary agreements in place covering 1.7FTE, and another 1.6 FTE of fixed term cover due to start December / January • Booking Administrator – interviewed and position offered • Senior CSSD Technician – interviews set for early December • RN – Infection Control – interviews set for early December • Sonographer – advertising continues • MSW Model of Care roles of Healthcare Assistant and RN – Admission/Discharge – appointed to all roles
Other Vacancies	<ul style="list-style-type: none"> • Quality and Risk Manager – interviews held late November and early December



6.5.4 Nursing Directorate

November 2008

It has been a busy month clinically. Unit Managers and Clinical Nurse Managers have been working hard to keep within established FTEs and make fiscal savings wherever possible. This has caused some concerns regarding staffing levels with the New Zealand Nurses' Organisation, however, the situation has been monitored closely by all. The Rehab Unit patients and staff move to MSW on the 19th December.

The Model of care project team continues to move forward in readiness for implementation in January. Interviews were held for the Health Care Assistant roles and the Admission Discharge Nurse roles and offers have been made to all candidates. Orientation for the roles is almost finalized. They commence in January with orientation prior to the model changing fully on the 26th.

Orientation for the new graduates occurs at the same time as they also begin in their ward areas on the 26th January. The 2008 graduates have their end of year ceremony early in December.

TAS visited earlier in the month and assisted the GM Planning and Funding, the GM Hospital and the Director of Nursing in presenting the Regional Clinical Services Plan (RCSP) to clinicians and other interested staff. Two sessions were held with reasonably positive feedback received.

The IV Competency Programme has been reviewed and will be changed in 2009. It will become a self directed learning module for the first level with sessions held for second level IV management.

This brings WDHB in line with other DHB's IV training. The falls project is progressing well. Mental health staff have been working on their portfolios with good attendance at a training session on PDRP last month.

Twenty Five applications have been received from nurses wishing to undertake post graduate education in 2009. The Director of Nursing has submitted numbers and associated costs to the Clinical Training Agency and will be informed early in December whether WDHB's bid is accepted.

An information session was held with those nurses interested or continuing with their study with very good response. The numbers reflect the increase in interest and the acknowledgement of the importance of post graduate education especially for those wishing to extend their roles.

The Director of Nursing attended the National Nurse Executives' meeting and the regional DON/CMO meeting of which she is chair.



6.5.5 Maori Health

Wairarapa District Health Board - Hospital Advisory Committee Maori Health Nov 2008

Overview

- November shows, lengthy hospital stays by older Maori.
- Maori Health Coordinator, Janeen Cross, now in office
- Whanau Ora Facilitator appointed
- Wairarapa hospital accommodation custodian.

HOSPITAL SERVICES

Patient visits were inconsistent this month due to the resignation of the Kaiawhina Meikura Arahanga in October.

A full time position of a Whanau Ora Facilitator has now replaced the Kaiawhina role. Tina Te Tau currently the Smokefree Cessation Kaiawhina has been appointed and will commence in this role before the Christmas break. The Whanau Ora facilitator will greatly improve the health pathway for Maori and Pacific patients, while in hospital and through to their safe discharge back to the community. Monitoring DNAs across all sections of the out patient services will also be a priority.

The in coming Maori Health Coordinator Janeen Cross also commenced this month, both are being orientated into their new roles by the soon to retire current Coordinator.

There are a number of older Maori in hospital perhaps due to the warmer weather that plays havoc with those suffering with respiratory conditions.

DHB SERVICES

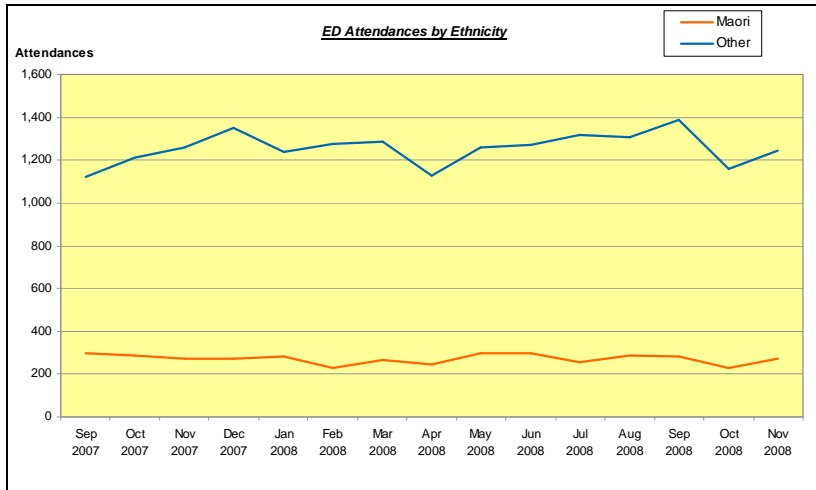
It was with regret that we received the news of the resignation of the CEO David Meates but unselfishly we wish him well in his new role.

Taku Wahi – My Place

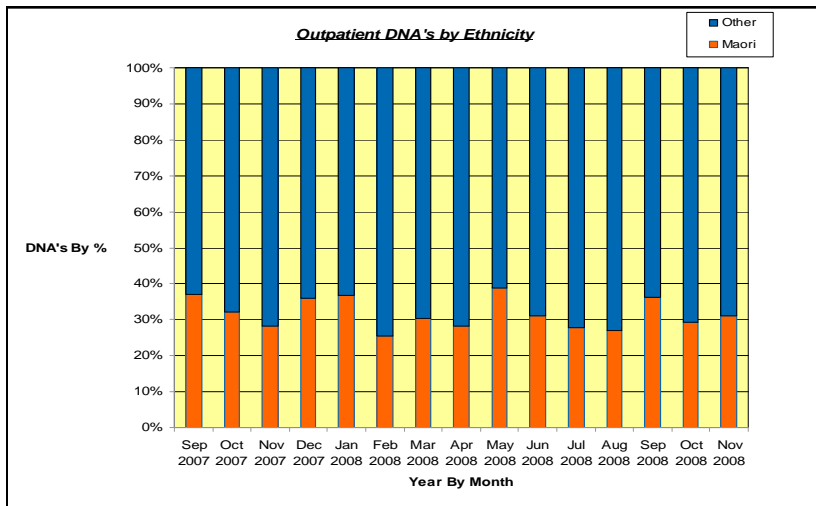
The hospital accommodation is facing some minor problems, such as booking administration, missing keys, missing bed covers and other various problems. The Board and CEO have agreed to a live in custodian in exchange for free board. HR is currently working through this process and the position will only be advertised internally. It is hoped that someone will be in this position by Christmas.

In conclusion, the Māori Health Unit wish you all a happy and safe Christmas break and a prosperous New Year.

Noho ora mai
Na Mihi Keita Namana



This graph shows the trend of all Emergency Department attendances over 15 months broken down by ethnicity.



This graph shows the proportional representation of Outpatient Did Not Attends between Maori and Non-Maori. Total DNA rates are in the vicinity of 10%.



		epFiscalYear Data		ethBroadGr			
		2009				2009 Sum of P	2009 Sum of Patie
		Sum of Patients		% of Patients			
Patic	Analysis	Maori	Other	Maori	Other		
ED Attendance							
	1	2	7	22.2%	77.8%	9	100.0%
	2	91	407	18.3%	81.7%	498	100.0%
	3	434	2,149	16.8%	83.2%	2,583	100.0%
	4	322	1,520	17.5%	82.5%	1,842	100.0%
	5	192	1,015	15.9%	84.1%	1,207	100.0%
	Uncoded	374	1,683	18.2%	81.8%	2,057	100.0%
ED Attendance Total		1,415	6,781	17.3%	82.7%	8,196	100.0%
Inpatients							
	ACUTE	176	926	16.0%	84.0%	1,102	100.0%
	ATR	4	133	2.9%	97.1%	137	100.0%
	DAY	83	666	11.1%	88.9%	749	100.0%
	MAT/NEO	129	336	27.7%	72.3%	465	100.0%
	MSW	161	1,195	11.9%	88.1%	1,356	100.0%
	PAED	108	239	31.1%	68.9%	347	100.0%
Inpatients Total		661	3,495	15.9%	84.1%	4,156	100.0%
Outpatients							
	FIRST - ATT	410	3,012	12.0%	88.0%	3,422	100.0%
	FIRST - DNA	67	190	26.1%	73.9%	257	100.0%
	FOLLOWUP - ATT	590	5,025	10.5%	89.5%	5,615	100.0%
	FOLLOWUP - DNA	121	271	30.9%	69.1%	392	100.0%
Outpatients Total		1,188	8,498	12.3%	87.7%	9,686	100.0%
Births							
		epFiscalYear Data		ethBroadGr			
		2009				2009 Sum of B	2009 % of Births
		Sum of Births		% of Births			
		Maori	Other	Maori	Other		
Total		58	148	28.2%	71.8%	206	100.0%
Initiative Procedures							
		epFiscalYear Data		ethBroadGr			
		2009				2009 Sum of P	2009 % of Patient
		Sum of Patients		% of Patients			
Initiative		Maori	Other	Maori	Other		
	Cateract	4	78	4.9%	95.1%	82	100.0%
	Orthopaedic	5	41	10.9%	89.1%	46	100.0%



SECTION 7: Ad Hoc Reports

Wairarapa District Health Board

Quality and Risk

November 2008

1. General Overview

- Continue to receive, monitor and provide advice regarding complaints and events.
- Interviews for Quality & Risk Manager position commenced.

2. Quality

Health & Safety:

Induction session new staff

Occupational Health:

- Pre-emp screening x 8
- Hx of BCG and result of 14 mm still negative and needs second test.
- Rehabilitation meeting with ACC Occupational Therapist and ACC Case Manager OT staff member.
- House Surgeon Orientation
- Meeting with HR Advisors to progress Pre employment screening Policy

Infection Control:

- Audits x 3
- Audit of Yellow bag placement – Recommendations to OCS and Wards,.
- Meningococcal Disease exposure follow up with staff – liaised with Dr. Chan, Dr Nesdale and Dr Mills & Dr. Schual-Berke .6 staff ? at risk.
- Information on new Disinfection Guidelines to Op. Theatre & P . Clayton. To assist with deliberations on purchasing of new Endoscope processors.
- Preparation for Job interviews for new IC Nurse.

Emergency Preparedness:

The District Health Board was invited to attend the Wairarapa Emergency Management Group meeting held on 4th November 2008 at Masterton Fire Station.

The group comprises of people with an interest or involved in Emergency Management i.e. Police, Fire, CD, Ambulance, Health etc. The group is chaired by Senior Sergeant Murray Johnson (Police). Topics covered during this meeting Included the following:

- *Web based emergency management systems.*
- *An update from the Health Sector regarding Avian Influenza and WebEOC.*
- *Hazardous substance spillages within the Community.*
- *The upcoming Civil Defence exercise, Exercise Pheonix.*

The Emergency Preparedness Coordinator attended a Ministry of Health WebEOC Reference Group meeting in Wellington. The group discussed the following:



- *The launch of the new WebEOC Training and Development Server.*
<http://moheoctraining.moh.govt.nz/eoc7>
- *An update on Emergio/GIS. These provide a substantial mapping capability for the health sector, it also uses the same symbology as MCDEM and NZ Fire Service.*

Complaints:

November 2008: Three inpatient complaints for this period were received. They related to treatment provided. Three compliments were received for this period.

Reportable Events:

November 2008: For this period a total of 28 events were received, of these 16 related to patients and 8 related to staff.

Mortality: There were 5 deaths in hospital for the November 2008 period.

Please note that stillbirths do not have National Health Indicators allocated so are not recorded in their own right. The stillbirth is recorded as an outcome against the mother's National Health Indicator. Therefore they are not reported in the monthly hospital mortality figures.



SECTION 8: General Business



SECTION 9: Glossary of Terms

ED Attendances - The number of patients presenting to the Emergency Department. This includes those who are then admitted to a ward.

Acute CWD - Caseweighted discharges who were admitted for acute reasons.

Elective CWD- Caseweighted discharges who were admitted through the waiting list system.

OP FSA's - Outpatient clinic's that were first specialist attendances.

OP Follow's - Outpatient clinic's that are subsequent attendances to the FSA.

Readmissions - Patients who have been admitted to a ward and had previously been admitted in the past 30 days. The new admission must be acutely and to the same specialty. The rate shows the number of readmissions as a proportion of all admissions.

OP DNA's - Outpatient clinic did not attends are when a patient doesn't attend a clinic that was booked for them.

Theatre Utilisation - The amount of theatre time utilised during normal working hours 8.30 - 5.00 Mon - Fri.

Daycase Electives - The proportion of all elective procedures in which the patient does not have an overnight stay, referred to as daycase.

FOCUS Needs Assessments - Assessments done by the FOCUS team on the needs of patients discharged from hospital or referred to them.

District Nurse Contacts - All contacts for services provided in the patients residence by the District nurses. Includes palliative care services.

Healthy Homes Assessments - Assessments done of clients homes to make the home more conducive to a healthy life style eg insulation, ventilation.

Student Assessments - Assessments of students to increase their health benefits.

AT&R - Assessment, Treatment and Rehabilitation ward.

MSW - Medical Surgical Ward

HDU - High Dependency Unit

AAU - Acute Assessment Unit

SCUBU - Special Care Birth Unit

CAMHS - Children & Adolescent Mental Health Services

CRRC - Crisis Respite Recovery Centre

FTE - Full Time Equivalent eg someone working 4 days a week is an 0.8 of an FTE.

SMO - Senior Medical Officer

RMO - Registered Medical Officer

CNS - Clinical Nurse Specialist



LMC - Lead Maternity Carer

IMW - Independent Midwife

PHN - Public Health Nurses

RN - Registered Nurse

DAO - Duty Authorisation Officer

ALOS - Average Length of Stay is the number of days stayed, divided by the number of discharges for a given inpatient sample.

ASH - Ambulatory Sensitive Hospitalisation are admissions which effective delivery of services in a community setting may have prevented that admission.

ENT - Ear, Nose & Throat

OPD - Outpatient Department

STOP - Termination of Pregnancy

INR - Elevated bleeding time by blood test

SLA - Service Level Agreement between the hospital and the Funder

HDBC - Hospital development Business Case

MOH - Ministry Of Health

NZNO - New Zealand Nurses Organisation

NGO - Non Government Organisation

SMT - Senior Management Team

MECA - Multi Employee Contract Agreement

IDF's - Inter District Flows, work done by DHB's for patients that are domiciled in another DHB's district.

NHPPD - Nurse Hours Per Patient Day, total number of nurse hours in a shift divided by the number of patients in that ward.



SECTION 10: Appendices

Appendix A: Elective Services ESPI Compliance Report.

MoH Elective Services Online

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

DHB Name: Wairarapa

	2007			2007			2008			2008			2008			2008			2008			2008			2008			2008			Target						
	Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug				Sep			Oct		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	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.	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	> 90%			
2. Patients waiting longer than six months for their first specialist assessment (PSA).	37	0.8%	0	40	0.8%	0	22	0.4%	0	34	0.7%	0	17	0.3%	0	87	1.3%	0	65	1.3%	0	40	0.7%	0	35	0.7%	0	50	0.9%	0	30	0.5%	0	55	1.0%	0	< 2%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	1	0.0%	0	2	0.0%	0	3	0.0%	0	3	0.0%	0	4	0.0%	0	3	0.0%	0	3	0.0%	0	5	0.0%	0	4	0.0%	0	5	0.0%	0	5	0.0%	0	5	0.0%	0	< 5%
4. Clarify 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.	12	0.8%	0	16	1.1%	0	10	0.7%	0	8	0.0%	0	10	0.7%	0	14	0.9%	0	13	0.9%	0	10	0.7%	0	17	1.1%	0	16	1.1%	0	29	1.3%	0	38	2.4%	0	< 5%
6. Patients in active review who have not received a clinical assessment within the last six months.	2	0.0%	0	3	0.0%	0	2	0.0%	0	1	0.0%	0	1	0.0%	0	3	0.0%	0	3	0.0%	0	4	0.0%	0	2	0.0%	0	2	0.0%	0	4	0.0%	0	6	0.0%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	9	0.0%	0	16	1.0%	0	9	0.0%	0	6	0.0%	0	7	0.0%	0	14	1.0%	0	13	0.9%	0	12	0.8%	0	18	1.2%	0	18	1.2%	0	25	1.7%	0	33	2.2%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	116	100.0%	0%	103	100.0%	0%	101	100.0%	0%	110	100.0%	0%	87	100.0%	0%	114	100.0%	0%	139	97.9%	0%	103	100.0%	0%	117	100.0%	0%	122	100.0%	0%	153	100.0%	0%	165	100.0%	0%	> 90%

This report displays overall ESPI results for a DHB over a 12 month period. The ESPI results do not include non-electives or elective patients awaiting planned / staged procedures. ESPIs 3, 7 and 8 assess surgical specialities where patients are prioritised using nationally recognised tools - including General Surgery from 01 January 08 and Vascular and Urology from 01 July 08. So, Medical specialities are currently excluded from the ESPI results. Please contact the Ministry of Health's Electives Team if you have any queries on the ESPI definitions (details on electives website). NZHS's Analytical Services Team can assist with providing variations of this information e.g data for a particular DHB or period (details on the NZHS website - <http://www.nzhs.govt.nz/>).

Data Warehouse Refresh Date: 30/Nov/2008

Report Run Date: 01/Dec/2008



Appendix B: WDHB Additional Electives Report

200809 Electives Initiative CWD Monitoring Report -Wairarapa.rep

2008/09 Electives Initiative
Year to Date Summary

Figures expressed by DHB of Domicile
Publicly funded events only
Surgical and cardiology purchase units only
Elective admissions only

093 Wairarapa DHB

	Year to Date CWD Delivery	Total 2008/09 CWD Delivery
Base Planned CWD Volume	653.10	1,897.00
Additional Planned CWD Volume	114.39	335.50
Total Planned CWD Volume	767.49	2,232.50
Actual CWD Delivery	842.81	
Base Plan to Actual Variance	189.81	
Total Plan to Actual Variance	75.42	
Has the DHB Delivered its Base Volumes?	Yes	
Payment will be made for...	All Eligible Services as Listed Below	

Services Receiving Additional Funding	YTD Base Planned CWD Volume	YTD Additional Planned CWD Volume	YTD Total Planned CWD Volume	Actual CWD Delivery	Base Plan to Actual Variance	Maximum CWDs Available for Payment	Amount (\$) Paid to Date	CWDs Paid to Date	CWDs Available for Payment	Outpatient Inclusive CWD Price	Amount (\$) Available for Payment
S25.01 ENT	32.01	6.20	38.21	35.34	3.33	3.33	\$18,087.00	4.01	-0.68	\$4,509.28	-\$3,066.30
D01.01 Inpatient Dental	2.41	3.11	5.52	11.61	9.20	3.11	\$9,386.00	2.35	0.76	\$3,985.32	\$3,028.84
S40.01 Ophthalmology	37.53	5.42	42.95	58.78	21.25	5.42	\$11,962.00	2.77	2.65	\$4,311.58	\$11,425.69
S45.01 Orthopaedics	228.88	55.33	282.21	268.04	41.18	41.18	\$88,623.00	16.28	24.90	\$4,220.81	\$105,098.17
S60.01 Plastics	25.13	34.69	59.82	62.73	37.60	34.69	\$113,141.00	25.28	9.41	\$4,475.18	\$42,111.44
S70.01 Urology	30.98	9.64	40.62	40.57	9.59	9.59	\$21,151.00	4.89	4.70	\$4,328.89	\$20,345.78
							\$242,330.00	55.56			\$178,943.63

Report to: October

Date Last Refreshed: 1/12/2008



Appendix C: Collective Employment Negotiations

The following table provides information about the current status of the national collective employment agreements that affect the WDHB:

Parties to bargaining	Current situation
Senior medical officers	Expires 30 April 2010. The National Joint Consultative Committee met for the first time on Thursday 7 August. The group is made up of six representatives from each side, the DHB team consisting of two CEs, two COOs and two GMSHR. The group is to meet quarterly. During the meeting the parties adjourned for the official signing of the Time for Quality document. There is some agreement to disseminate through Boards information about the Time for Quality document and its implications.
Resident medical officers (junior doctors)	Implementation has occurred. Expires 2010.
Allied, Public and Technical workers	Document to be signed off by CEO's early December. Implementation planning is now underway with a view to implementing the changes during December/January if possible
Community, Mental and Public Health Nurses	This has now been implemented into the pay system. Expires 31 October 2010.
PSA Clerical	Ratification process occurred during late November, with the document being agreed to by the members. Sign off of document by CEO's will occur over December. Implementation planning will begin in December.
Ambulance - NDU	Local Negotiations continue. The key issues discussed relate to parity. The negotiation team is looking at options to achieve (as funding permits) parity in the key area of salaries. More days are scheduled for early/mid December

Collective Name	Status
SMO (N)	Expires April 2010
Nurse/Midwives (N)	Expires 31 March 2010
Midwifery Employee (N)	Expires March 2010
PSA Allied/technical (N)	Expired Jun 07 –ratified in October, implementation planning underway
PSA Nursing (N)	Expires 31 October 2010
Jnr Doc (N)	Expires 2010 – ratified, implementation now complete
Med Rad Techs (N)	Expires 30 September 2009
Maint Services (L) (NZAEP& M)	Expires Sept 2010
Clerical PSA (L)	Expired Jun 08 – Lower Nth Island MECA ratified, work underway on implementation plan
Ambulance Officers CEA (CAWUNZ)	Expires 30 June 2010.
Home Links (SFWU) (L)	Expires June 09
Ambulance (N) Nat Distribution Union	New MECA initiated – 2 days of local negotiations have occurred, further days planned for early/mid December



Appendix D: Provider Arm Contract Performance Report

Provider Arm Contract Performance Report
For the period ended 30th November 2008



Purc	PUC2	PUC	puDescription	puMeasurement	Contract Price	YTD Actual Vol	YTD Contract Vol	YTD Vol. Var	YTD Vol. Var %	YTD Actual Revenue	YTD Contract Revenue	YTD Revenue Var	YTD Revenue Var %	LY YTD Actual Vol	LY YTD Actual Revenue	FY Contract Vol	FY Contract Revenue
DHB Funded																	
			Acute/Ambulance Services Total			5,967.80	4,871.80	1,096.00	22.5%	\$1,934,208	\$1,601,503	\$332,706	20.8%	5,622.60	\$1,428,537	11,851.00	\$3,908,646
			CasellWeight Acutes Total			1,651.01	1,530.00	121.01	7.9%	\$6,579,788	\$6,097,539	\$482,249	7.9%	1,568.61	\$5,867,213	3,549.40	\$14,145,493
			CasellWeight Electives Total			688.41	704.30	-15.89	-2.3%	\$2,743,552	\$2,806,858	-\$63,306	-2.3%	738.38	\$2,758,769	1,631.30	\$6,501,246
			OP 1st Attendances Total			2,783.00	2,931.50	-148.50	-5.1%	\$769,486	\$781,630	-\$12,204	-1.6%	2,438.00	\$632,277	6,727.00	\$1,788,486
			OP Subsequent Attendances Total			4,723.00	3,974.00	749.00	18.8%	\$1,012,743	\$860,205	\$152,538	17.7%	4,386.00	\$839,011	8,978.00	\$1,933,046
			Procedures Total			399.00	442.00	-43.00	-9.7%	\$391,102	\$424,847	-\$33,745	-7.9%	446.00	\$428,524	972.00	\$936,476
			Other Patient Services Total			1,095.80	957.80	138.00	14.4%	\$248,959	\$230,743	\$18,215	7.9%	1,177.83	\$244,139	2,212.00	\$545,060
			Allied Health Total			5,528.00	4,739.00	789.00	16.6%	\$487,828	\$460,572	\$27,255	5.9%	4,915.00	\$425,508	10,910.00	\$1,029,854
			ATR Total			1,432.00	1,910.50	-478.50	-25.0%	\$730,275	\$840,616	-\$110,341	-13.1%	1,397.00	\$578,524	4,198.00	\$1,919,757
			Focus Total			152.80	130.82	21.98	16.8%	\$546,852	\$492,016	\$54,836	11.1%	83.08	\$376,696	320.10	\$1,228,594
			Choice Health Total			32,142.30	32,132.30	10.00	0.0%	\$504,056	\$501,926	\$2,130	0.4%	32,134.92	\$375,787	77,160.00	\$1,215,799
			Clinical Support Total			17,005.90	14,067.40	2,938.50	20.9%	\$383,104	\$386,449	-\$3,344	-0.9%	23,346.85	\$352,730	33,201.00	\$884,028
			Programmes Total			6.70	4,893.70	-4,887.00	-99.9%	\$729,868	\$749,767	-\$19,899	-2.7%	4,978.67	\$571,126	11,476.00	\$1,866,108
			Community Services Total			15,743.40	16,009.40	-266.00	-1.7%	\$1,144,662	\$1,083,418	\$61,245	5.7%	15,747.42	\$1,119,102	38,093.00	\$2,515,892
			Maternity Total			602.83	640.75	-37.92	-5.9%	\$785,629	\$856,412	-\$70,783	-8.3%	676.42	\$1,278,918	1,527.00	\$2,035,610
			Mental Health Total			265.25	350.32	-85.07	-24.3%	\$1,655,947	\$1,892,100	-\$236,153	-12.5%	253.99	\$1,647,812	1,194.60	\$4,537,614
			Adjusters Total			2.00	2.00	0.00	0.0%	-\$479,728	-\$479,728	\$0	0.0%	0.42	-\$657,549	5.00	-\$1,199,321
			DHB Funded Total			90,189.20	90,287.58	-98.38	-0.1%	\$20,168,331	\$19,586,931	\$581,400	3.0%	99,912.18	\$18,267,123	214,005.40	\$45,792,388
			MOH Direct Funded														
			Procedures Total			87.00	84.00	3.00	3.6%	\$24,066	\$24,510	-\$444	-1.8%	99.00	\$27,577	198.00	\$57,688
			ATR Total			168.00	507.00	-339.00	-66.9%	\$54,765	\$136,514	-\$81,748	-59.9%	283.00	\$36,588	1,187.40	\$320,065
			Focus Total			0.80	0.80	0.00	0.0%	\$58,260	\$58,260	\$0	0.0%	0.83	\$58,727	2.00	\$145,650
			Programmes Total			0.80	1.20	-0.40	-33.3%	\$222,770	\$247,600	-\$24,830	-10.0%	0.83	\$208,605	3.00	\$619,000
			MOH Direct Funded Total			256.60	593.00	-336.40	-56.7%	\$359,861	\$466,883	-\$107,023	-22.9%	383.67	\$391,497	1,390.40	\$1,142,403
			ACC Funded														
			Acute/Ambulance Services Total			0.40	20.40	-20.00	-98.0%	\$184,000	\$189,598	-\$5,598	-3.0%	163.42	\$193,180	51.00	\$473,994
			CasellWeight Electives Total			4.41	17.00	-12.59	-74.1%	\$17,577	\$67,750	-\$50,173	-74.1%	2.65	\$9,899	39.40	\$157,022
			OP Subsequent Attendances Total			83.00	315.00	-232.00	-73.7%	\$16,798	\$63,750	-\$46,952	-73.7%	77.00	\$7,304	738.00	\$149,356
			Other Patient Services Total			0.40	0.40	0.00	0.0%	\$4,132	\$4,132	\$0	0.0%	0.42	\$4,165	1.00	\$10,331
			Allied Health Total			281.00	226.00	55.00	24.3%	\$16,418	\$13,180	\$3,237	24.6%	156.00	\$7,670	530.00	\$30,769
			ATR Total			650.00	501.00	149.00	29.7%	\$387,069	\$298,340	\$88,728	29.7%	705.00	\$303,855	1,170.00	\$696,723
			Clinical Support Total			12.50	1,473.00	-1,460.50	-99.2%	\$619	\$72,954	-\$72,334	-99.2%	745.00	\$34,569	3,533.00	\$174,980
			Community Services Total			1,117.40	1,017.40	100.00	9.8%	\$93,532	\$87,082	\$6,450	7.4%	997.42	\$70,999	2,501.00	\$214,965
			Other Total			0.80	0.80	0.00	0.0%	\$4,000	\$4,000	\$0	0.0%	0.83	\$4,165	2.00	\$10,000
			ACC Funded Total			2,149.91	3,571.00	-1,421.09	-39.8%	\$724,145	\$800,787	-\$76,642	-9.6%	2,847.73	\$635,807	8,565.40	\$1,918,140
			Grand Total			92,595.71	94,451.58	-1,855.87	-2.0%	\$21,252,336	\$20,854,601	\$397,735	1.9%	103,143.58	\$19,294,426	223,361.20	\$48,852,931