



## Hospital Advisory Committee

### Notice of Meeting

### Open Meeting

Thursday 16<sup>th</sup> April, 2009  
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.  
Thursday 16th April 2009, 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**

#### **OPEN SECTION**

SECTION 1:	<b>Welcome and Apologies</b>	4
SECTION 2:	<b>Registration of Interest</b>	5
SECTION 3:	<b>Terms of Reference</b>	7
SECTION 4:	<b>Confirmation of Minutes of Previous Meeting</b>	9
SECTION 5:	<b>HAC Workplan</b>	14
SECTION 6:	<b>Routine Reports</b>	15
	6.1 Chairperson's Report	15
	6.2 Provider Arm Executive Summary	16
	6.3 GM Hospital Services Report	17
	6.4 GM Community, Public, and Mental Health Report	37
	6.5 Support Services	57



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SECTION 7:	<b>Ad Hoc Reports</b>	67
	1. Wairarapa District Health Board Quality and Risk Report March 09	67
SECTION 8:	<b>General Business</b>	69
SECTION 9:	<b>Glossary of Terms</b>	70
SECTION 10:	<b>Appendices</b>	72
	Appendix A: Elective Services ESPI Compliance Report	72
	Appendix B: WDHB Additional Electives Report	74
	Appendix C: Collective Employment Negotiations	75
	Appendix D: Provider Arm Contract Performance Report	76

**Resolution to exclude Public**

**PUBLIC EXCLUDED**

Will commence immediately after the Open Meeting.



## **SECTION 1: Welcome and Apologies**

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## 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"> <li>▪ Trustee and Treasurer - We the People Foundation</li> <li>▪ Trustee Toi Wairarapa</li> <li>▪ Chairman of Biomedical Services NZ Ltd (subsidiary 100% owned by the Wairarapa DHB)</li> <li>▪ Member of Care Plus Scheme, provided through the Wairarapa Community Primary Health Organisation</li> <li>▪ Trustee - Greytown District Trust Lands Trust</li> <li>▪ Trustee Aratoi Foundation</li> <li>▪ Wairarapa Organisation for Older Persons (WOOPS) Board Member</li> </ul>	
Liz Falkner (Board Member)	18 Dec 2007	<ul style="list-style-type: none"> <li>▪ Salaried General Practitioner with The Doctors</li> <li>▪ Practice, Chapel Street, Masterton</li> <li>▪ General Medical Practice in which Doctor Falkner works is a member of the Wairarapa Community PHO</li> <li>▪ Board Member of New Pacific Studios</li> <li>▪ Medical Advisor – Post Polio Support Society NZ Inc</li> </ul>	
Yvette Grace (Board Member)	28 Feb 2008	<ul style="list-style-type: none"> <li>▪ Coordinator of King Street Artworks</li> <li>▪ Mother works for FOCUS as the Assessment Facilitator Service Coordinator</li> <li>▪ Chair of Rangitane o Wairarapa</li> <li>▪ Husband works for WDHB as Clinical Family Violence Co-ordinator</li> </ul>	



Member	Disclosure Date	Nature of Interest	Other Comments
<p>Bob Francis (Board Chairman) Appointed Chairman November 2006</p>	<p>14 Feb 2008</p>	<ul style="list-style-type: none"> <li>▪ Chairman, Pukaha Mount Bruce</li> <li>▪ Board Member, New Zealand Fire Commission</li> <li>▪ Council Member, UCOL</li> <li>▪ Chairman, Wairarapa Sports Education Trust</li> <li>▪ As at April 2008 – Chairman of Wairarapa Healthy Homes</li> </ul>	
<p>Janine Vollebregt (Board Member and Board Deputy Chair)</p>	<p>14 Feb 2008</p>	<ul style="list-style-type: none"> <li>▪ Self employed Registered Nurse who is providing occasional relief for the Wairarapa Community PHO Contracted Nursing Outreach Clinics</li> <li>▪ DHB Nurse Educator for the UCOL Undergraduate Maori Students. This 0.4 FTE position will take effect from the 30th April 2008</li> </ul>	
<p>Helen Kjestrup (Board Member)</p>	<p>18 Apr 2008</p>	<ul style="list-style-type: none"> <li>▪ Nurse Manager at Masterton Medical Practice</li> <li>▪ Director, Property Investment Company – Kjestrup Properties</li> <li>▪ Assessor for Royal College of GPs for Cornerstones Programme</li> <li>▪ Member, Long term Conditions Steering Group</li> <li>▪ Member, Mana Wahine Group</li> <li>▪ Member, Wairarapa Nurses Advisory Group</li> </ul>	
<p>Vivien Napier (Board Member)</p>	<p>21 Oct 2008</p>	<ul style="list-style-type: none"> <li>▪ Member, RNZ Plunket Society</li> <li>▪ Deputy Mayor, South Wairarapa District Council</li> <li>▪ Director, Katson Developments (importing of farm machinery)</li> <li>▪ Vice President, Wairarapa Branch of Plunket</li> </ul>	



## SECTION 3: Terms of Reference

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### 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, Public and Mental Health
- Director of Nursing
- Chief Financial Officer
- Manager Performance and Analysis
- Maori Health Coordinator

#### 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:



*WAIRARAPA DISTRICT HEALTH BOARD  
HOSPITAL ADVISORY COMMITTEE*

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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.



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## 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 17 March 2009 at 1pm,  
Board Meeting Room, Wairarapa District Health Board Office  
Blair Street, Masterton

#### Present:

Mr Bob Francis, Ms Yvette Grace, Ms Pamela Jefferies (Chair), Ms Helen Kjestrup and Mrs Vivien Napier

#### In Attendance:

Mrs Diane Chesmar (Minute Taker), Ms Joy Cooper (Acting Chief Executive), Ms Janeen Cross (Maori Health Co-ordinator), Ms Leanne Dale (Performance Analyst), Mr Bruce McGregor (General Manager Human Resources), Ms Anne McLean (General Manager Hospital Services), Ms Helen Pocknall (Director of Nursing) and Mr Eric Sinclair (Chief Financial Officer)

#### 1. Apologies

Dr Liz Falkner, Ms Maggie Morgan and Mrs Janine Vollebregt

#### 2. Registration of Interest

There were no changes to Registration of Interest Registrar.

#### 3. Terms of Reference

The Chairman reiterated that one of the functions of the Hospital Advisory Committee noted in the Terms of Reference is to monitor the financial and operational performance of Wairarapa Hospital and the Wairarapa Community, Public and Mental Health of the WDHB.

#### 4. Confirmation of Minutes of the Meeting held 17 February 2009

An apology for Helen Kjestrup to be noted in the previous minutes.

NOTING THIS ADDITION TO THE MINUTES, THE MINUTES OF THE MEETING HELD ON 17 FEBRUARY 2009 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

### 4.2 Matters Arising

- Data on Maori patients and cancer is partially addressed in the WDHB Cancer Statistics and Reporting paper to be discussed under *Ad Hoc Reports*.
- Trendcare, if used appropriately, does provide useful data. Trendcare will be further discussed by SMT and feedback provided in conjunction with the Model of Care report to the Hospital Advisory Committee.
- The pay award for MRTs (Apex Union) will be budgeted for in the next budget round.
- The Ministry directive has advised WDHB to focus on family and child abuse within the WDHB Family Violence Programme. However Wairarapa Organisation for Older Persons is represented at meetings.
- A Maori Health Committee plan is being worked on. DNAs are being looked at along with antenatal education and cancer identification which will also be included in the plan.
- A letter has gone to the Clinical Board seeking information on whether the Wairarapa DHB currently meets the standards recognised by the Ministry of Health in 2004 for respiratory and sleep services at DHBs with less than a population of 50,000 and if it did not, where it fell short and what steps will be taken to meet the standard.

#### 6. Routine Reports

##### 6.1 Chairperson's Report

The Chairperson advised that:

- The Finance Working Group has met several times focussing at the last meeting on non hospital provider arm services.

##### 6.2 Provider Arm Executive Summary

- The Provider Arm has a deficit of (\$44k) for the month which is (\$85k) adverse to plan. This brings the YTD result to a deficit of (\$1,981k) which is (\$1,786k) adverse to the planned result.
- Costs continue to track above budget in the areas of outsourced costs, clinical supplies and infrastructure.
- A further \$400k has been put in the revenue line. This is from the additional electives.



- New graduate nursing staff have commenced and are supernumerary until early March. Their numbers are reflected in the February budget.

### 6.3 General Manager Hospital Services Report

#### Points raised:

- The Provider contract performance is \$1,063k YTD ahead of budget.
- Total caseweights are 191 ahead of plan YTD.
- Elective caseweights are 50 ahead of plan. ESPI figures remain green.
- February has been a quiet month with acute demand lower than expected for medicine, general surgery and orthopaedics.
- Sustainability – the DHB needs to go back to MOH re vulnerable services.
- An analysis is currently underway to determine if any IDFs could have been done at Wairarapa DHB.
- Currently ED discharge summaries are faxed through to General Practitioners the day the patient is discharged.
- Ways of measuring the Ministry “6 hour rule” in ED is being investigated. Patients are triaged but currently the total waiting time is not measured.
- The demand for psycho geriatrician services is growing due to the increasing aging population.
- There was discussion regarding ensuring a high uptake of flu vaccination by staff.

#### Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

1. **RECOMMEND** TO THE BOARD THAT WDNB MAKE ELECTIVE WAITING TIMES BETTER KNOWN TO THE COMMUNITY.
2. **RECOMMEND** THAT THE BOARD INVESTIGATE WHETHER OR NOT IT IS REALISTIC TO UNDERTAKE BOTH AN ACCREDITATION AND RECERTIFICATION SURVEY IN JULY.

### 6.4 General Manager Community, Public & Mental Health Reports

The Acting Chief Executive Officer spoke to the report

- Community nursing and health service contract performance is \$234,540 YTD ahead of budget.
- Referrals through the Single Point of Entry at FOCUS have placed extra pressure on the service.
- A reflective Health Impact Assessment will be conducted to look at the impact of South Wairarapa not fluoridating the water in and its affect on Maori.
- 17 schools have achieved a 100% return rate of the HPV consent forms to date.
- Ambulance is over budget and a restructure has been put in place which will reduce the overspend.
- Cost effective alternatives have been sought for clinical supplies in Ambulance.
- ACC declined Ambulance claims equivalent to \$10,000. These are being followed up.
- Outsourced FOCUS expenditure is higher than budgeted. This reflects the support services purchased.
- Community Nursing and Health Services personnel costs are over budget due to the supernumerary new graduate nurse position, cost of higher duties allowance for staff acting up to cover long term leave and overtime costs to meet demand.
- Discussions are underway for productivity measures to be captured in the Public Health area. It was noted that productivity gains could be demonstrated in both FOCUS and Community Nursing.
- Ambulatory Sensitive Hospital [ASH] Admissions are decreasing.
- There is a substantial increase in Community Nursing IV clients.
- The contract for a locum psychiatrist has been renegotiated and brought back to budget.

The Hospital Advisory Committee requested an age breakdown of persons requiring palliative long term hospital level beds.

#### 6.5.1 Corporate

- The cost analysis should start to show some nil variances as credits are identified and moved to the relevant departments.
- The Minister has put a cap in place with respect to management and administration staff although it is unclear whether there will be sanctions for exceeding the cap.

#### 6.5.3 Human Resources

- The past 18 months has been intensive in ratifying and implementing various Mecas. Work on back-dating leave entitlements and other aspects of the Mecas are now being implemented.

#### 6.5.4 Nursing Directorate

- Progress to date regarding the new Model of Care has been extremely positive.
- The effect of the admission discharge nurse role is becoming evident.



#### 6.5.5 Maori Health

- Work is being done on DNAs to determine the reason for this.
- The low number of maternity admissions for Maori will be investigated to determine that the statistics are accurate.
- The Maori Health Plan will go to Iwi Kaianga and then to the Board for approval.

**Resolved:**

THAT THE HOSPITAL ADVISORY COMMITTEE:

**RECEIVE** THE ROUTINE REPORTS FOR THE PERIOD ENDING 28 FEBRUARY 2009

#### 7. Ad Hoc Reports

##### 7.1 Wairarapa District Health Board Quality & Risk Report February 2009

- The national release of the serious and sentinel events occurred on 23 February 2009. Wairarapa DHB released the two events which occurred here. The local release is currently being reviewed.

**Resolved:**

THAT THE HOSPITAL ADVISORY COMMITTEE:

**RECEIVE** THE WDHB QUALITY & RISK REPORT FOR FEBRUARY 2009

##### 7.2 WDHB Cancer Statistics & Reporting

- The DHB is required to report quarterly to the Ministry on the length of times that cancer patients wait for oncology treatment.
- Cancer Registry data is very slow to be issued.
- A survey of local GP practices could be made to determine cancer diagnosis by ethnicity statistics.

**Resolved:**

THAT THE HOSPITAL ADVISORY COMMITTEE:

1. **NOTE** THAT MANAGEMENT SUBMITS A QUARTERLY REPORT TO THE MINISTRY ON WAITING TIMES FOR CANCER TREATMENT AND THAT THE MOST RECENT OF THESE REPORTS IS APPENDIXED TO THIS PAPER.
2. **NOTE** THAT WHILE THE CENTRAL CANCER NETWORK (CCN) DOES NOT HAVE A ROLE TO PLAY IN CAPTURING OR COLLATING DATA ABOUT REGIONAL CANCER SERVICE UTILISATION, IT IS UNDERTAKING SEVERAL WORK STREAMS IN THE NEXT 12 MONTHS OR SO THAT WILL PROVIDE MORE INFORMATION:
  - A. A WORKING PARTY TO DEVELOP A SET OF KEY INDICATORS FOR THE PERFORMANCE OF REGIONAL CANCER SERVICES WILL BE ESTABLISHED IN THE NEXT FEW MONTHS.
  - B. A CCN PROJECT TO EXPLORE THE DISPARITIES IN ACCESS TO TREATMENT WILL BE UNDERTAKEN IN THE WAIRARAPA THIS YEAR. IT IS EXPECTED TO PRODUCE INFORMATION THAT WILL ASSIST IN IMPROVING EARLY DETECTION OF CANCERS AND INCREASED AND EARLIER UPTAKE OF SERVICES.
3. **REQUEST** THAT FURTHER WORK IS UNDERTAKEN TO ENSURE THAT STATISTICS ON CANCER IDENTIFICATION IN THE COMMUNITY, PARTICULARLY AMONGST THE MAORI COMMUNITY ARE CAPTURED.

##### 7.3 Wairarapa Ambulance Service Progress Report July 2008 – February 2009

- The WDHB Ambulance Service is committed to providing a sustainable service for the population of the Wairarapa.
- The Wairarapa Ambulance Service is one of only two DHB managed Ambulance Services.
- The service provides ambulance services 24 hours per day / 365 days per year with three different clinical skill levels: Basic Life Support, Intermediate Life Support and Advanced Life Support Ambulance Officers.

**Resolved:**

THAT THE HOSPITAL ADVISORY COMMITTEE:

**NOTE** THE WAIRARAPA AMBULANCE SERVICE PROGRESS REPORT JULY 2008 – FEBRUARY 2009

#### 8. General Business



- The General Manager Hospital Services tabled the perinatal-related mortality statistics for the period 1 July to 31 December 2006.

The meeting was declared closed at 2.50 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.	17/02/09	Liaise with the Director of Nursing regarding the value of Trendcare	Anne McLean	19/05/09	Trendcare will be discussed at SMT and feedback provided in conjunction with the Model of Care report in May 2009
2.	17/02/09	Identification of current status on Smokefree screening to be reported to HAC.	Anne McLean	16/04/09	Investigating alternatives to utilise Whanau Ora Coordinator, and WDHB Smokefree Coordinator in conjunction with Hospital Staff.
3.	17/02/09	The three priorities to be referred to the Maori health committee are DNA's, Ante/natal education and cancer identification.	Janeen Cross	16/04/09	
4.	17/02/09	Report back whether the Wairarapa DHB currently meets the standards recognised by the MOH in 2004 for DHB's with less than a population of 50,000. If it did not, where it fell short. What steps will be taken to meet the standard.	Clinical Board	16/04/09	
5.	17/03/09	Provide a breakdown of persons requiring palliative long term hospital level beds	Maggie Morgan	16/04/09	Breakdown graphs included in section 6.4.11 Palliative Care



## SECTION 5: HAC Workplan

<b>Service Plans:</b>	<b>Responsibility</b>	<b>Meeting:</b>
Hospital	Anne McLean	Aug 2009
Community	Maggie Morgan	Aug 2009
<b>Service Presentations:</b>		
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**

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### **6.1 Chairperson's Report**

A verbal report will be given.



**6.2 Provider Arm Executive Summary**

	Mar-2009			YTD					FY
	Act	Bud	Var	Act	Bud	Var	Var %	+/-	Bud
<b>Financial (000's)</b>									
<b>Revenue</b>	\$4,758	\$4,402	\$356	\$41,353	\$39,569	\$1,784	4.5%		\$52,265
<b>Expenditure</b>									
Personnel Costs	(\$2,822)	(\$2,682)	(\$140)	(\$24,636)	(\$24,341)	(\$295)	-1.2%		(\$32,323)
Outsourced Costs	(\$340)	(\$199)	(\$141)	(\$3,872)	(\$1,835)	(\$2,036)	-111.0%	*	(\$2,432)
Clinical Supplies	(\$746)	(\$527)	(\$219)	(\$5,975)	(\$4,786)	(\$1,189)	-24.8%	*	(\$6,366)
Infrastructure & Non-clinical	(\$581)	(\$524)	(\$56)	(\$5,434)	(\$4,837)	(\$597)	-12.3%	*	(\$7,299)
<b>Total Expenditure</b>	<b>(\$4,489)</b>	<b>(\$3,932)</b>	<b>(\$556)</b>	<b>(\$39,916)</b>	<b>(\$35,799)</b>	<b>(\$4,117)</b>	<b>-11.5%</b>	*	<b>(\$48,421)</b>
<b>Operating Result</b>	<b>\$269</b>	<b>\$469</b>	<b>(\$200)</b>	<b>\$1,437</b>	<b>\$3,770</b>	<b>(\$2,333)</b>	<b>-61.9%</b>	*	<b>\$3,844</b>
Depreciation	(\$163)	(\$206)	\$42	(\$1,414)	(\$1,852)	\$438	23.6%	✓	(\$2,469)
Financial Charges	(\$259)	(\$232)	(\$27)	(\$2,160)	(\$2,081)	(\$79)	-3.8%		(\$1,375)
<b>Net Surplus/(Deficit)</b>	<b>(\$153)</b>	<b>\$32</b>	<b>(\$185)</b>	<b>(\$2,138)</b>	<b>(\$163)</b>	<b>(\$1,974)</b>	<b>-1207.5%</b>	*	<b>(\$0)</b>
<b>FTE's</b>									
Allied Health Staff	91.2	99.5	8.3	89.8	100.4	10.6	10.6%	✓	105.4
Management/Administration Staff	102.7	105.4	2.7	100.5	106.9	6.4	6.0%	✓	106.7
Medical Staff	35.1	41.1	5.9	33.8	41.1	7.3	17.7%	✓	41.1
Nursing Staff	189.6	170.1	(19.5)	182.4	174.4	(8.1)	-4.6%		174.3
Support Staff	11.3	12.3	1.1	11.2	12.5	1.2	9.9%	✓	12.4
<b>Total FTE</b>	<b>429.8</b>	<b>428.4</b>	<b>(1.4)</b>	<b>417.8</b>	<b>435.3</b>	<b>17.5</b>	<b>4.0%</b>		<b>440.0</b>

Key Points:

The Provider Arm has a deficit of (\$153k) for the month which is (\$185k) adverse to plan. This brings the YTD result to a deficit of (\$2,138k) which is (\$1,974k) adverse to the planned result.

Costs continue to track above budget in the areas 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 \$1,397k YTD ahead of budget [Refer Appendix D]. Total case weights are 277 ahead of plan YTD. Elective case weights are 88 ahead of plan. ESPI figures remain green. The Ministry has indicated that the additional funding applied for will be granted due to good performance in electives, there may be an opportunity to access additional funding if other DHB don't achieve targets. March has been a quieter month and acute demand has been managed well ensuring bed availability. The new Model of care for MSW may be having a positive impact. This will become apparent during the evaluation. Plans developed for reduced activity during the Easter and school holiday breaks. The MOH Family violence training has commenced and formal Launch of the programme is planned for April. A cost recovery plan is in place and FTE is being monitored daily. Discussions are ongoing with Midcentral Health and Hutt Valley DHB's for elective surgery. A vocational registered Obstetrician and gynaecologist has accepted a permanent position. Advertising is in place for a permanent Paediatrician. A midwife from the United Kingdom is to commence in May. GPO's have indicated that they will continue to enrol women.

	Mar-2009			YTD				FY
	Act	Bud	Var	Act	Bud	Var	Var %	Bud
<b>Contract Volumes</b>								
ED Attendances (not incl ED Admissions)	1,243	979	264	10,751	8,472	2,279	26.9%	11,182
Acute CWD	331	278	52	2,874	2,685	189	7.0%	3,549
Elective CWD	155	126	29	1,306	1,218	88	7.2%	1,627
<b>Total CWD</b>	<b>486</b>	<b>404</b>	<b>81</b>	<b>4,180</b>	<b>3,903</b>	<b>277</b>	<b>7.1%</b>	<b>5,177</b>
OP FSA's	595	501	95	4,957	4,987	(30)	-0.6%	6,727
OP Follow's	1,013	699	314	8,424	6,806	1,618	23.8%	8,978
<b>Total OP</b>	<b>1,608</b>	<b>1,200</b>	<b>409</b>	<b>13,381</b>	<b>11,793</b>	<b>1,589</b>	<b>13.5%</b>	<b>15,705</b>
<b>KPI's</b>								
Readmissions	9.6%	10.0%	0.4%	11.1%	10.0%	-1.1%	-11.3%	10.0%
OP DNA's	7.8%	7.5%	-0.3%	7.9%	7.5%	-0.4%	-4.9%	7.5%
Theatre Utilisation	86.2%	85.0%	1.2%	83.9%	85.0%	-1.1%	-1.3%	85.0%
Daycase Electives	68.9%	75.0%	-6.1%	71.6%	75.0%	-3.4%	-4.5%	75.0%
<b>Financial (000's)</b>								
Revenue	\$4,084	\$3,257	\$827	\$30,920	\$29,274	\$1,646	5.6%	\$38,536
Personnel Costs	(\$1,303)	(\$1,725)	\$422	(\$15,822)	(\$15,794)	(\$29)	-0.2%	(\$20,923)
Outsourced Costs	(\$234)	(\$122)	(\$111)	(\$3,006)	(\$1,132)	(\$1,874)	-165.6%	(\$1,498)
Other Costs	(\$767)	(\$554)	(\$212)	(\$6,310)	(\$5,055)	(\$1,255)	-24.8%	(\$6,206)
<b>Net Performance</b>	<b>\$1,781</b>	<b>\$855</b>	<b>\$926</b>	<b>\$5,782</b>	<b>\$7,294</b>	<b>(\$1,513)</b>	<b>-20.7%</b>	<b>\$9,909</b>
<b>FTE's</b>								
Allied Health Staff	29.3	30.3	0.9	28.9	29.9	1.0	3.5%	30.0
Management/Administration Staff	51.6	48.2	(3.4)	50.4	49.3	(1.1)	-2.3%	49.1
Medical Staff	31.9	37.6	5.7	30.7	37.6	6.9	18.4%	37.6
Nursing Staff	140.0	127.0	(13.0)	136.2	131.2	(5.0)	-3.8%	131.2
Support Staff	3.7	3.9	0.2	3.6	3.9	0.3	7.6%	3.9
<b>Total FTE</b>	<b>256.6</b>	<b>247.0</b>	<b>(9.6)</b>	<b>249.7</b>	<b>251.9</b>	<b>2.1</b>	<b>0.9%</b>	<b>251.7</b>

\* Refer to the Glossary for definitions of these measures.



### 6.3.2 Key Risks and Opportunities

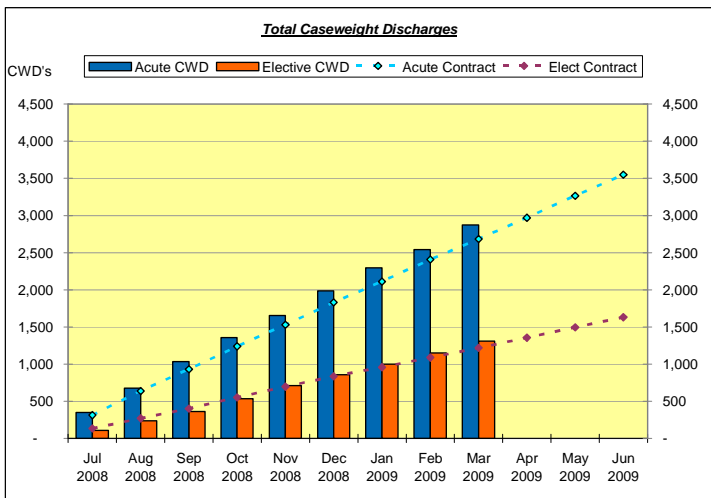
1. Vacancies in Midwifery placing some strain on services.
2. Locum costs nationally are increasing due to limited medical staff availability.
3. Supervision arrangement for new Senior Doctors is increasing complexity of recruitment.
4. Sustainability of Maternity services (GPO's reducing the number of birth's and midwifery shortages).
5. Vacancy in Paediatrics

### 6.3.3 Mitigation Strategies

1. New roster developed and active recruitment ongoing.
2. Locum employed for essential services only.
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. Use of Locums and ongoing recruitment for Paediatrics

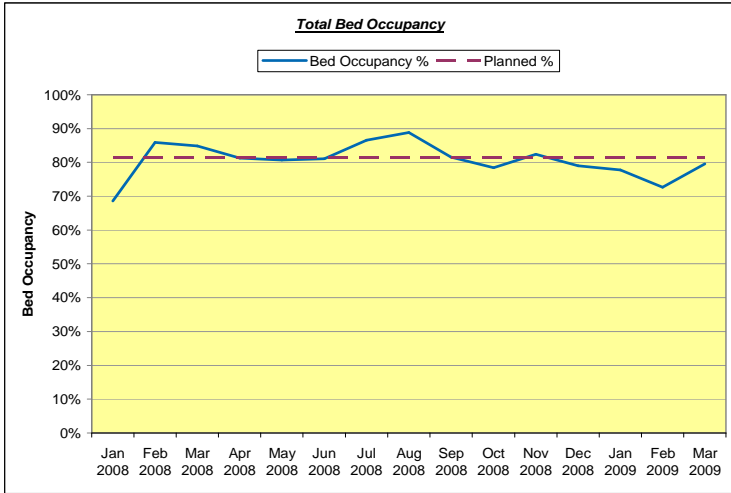
### 6.3.4 Service Initiatives

1. Review of radiology contract.
2. Outpatients review.
3. Med/Surg model of care



*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.*

Electives on target.

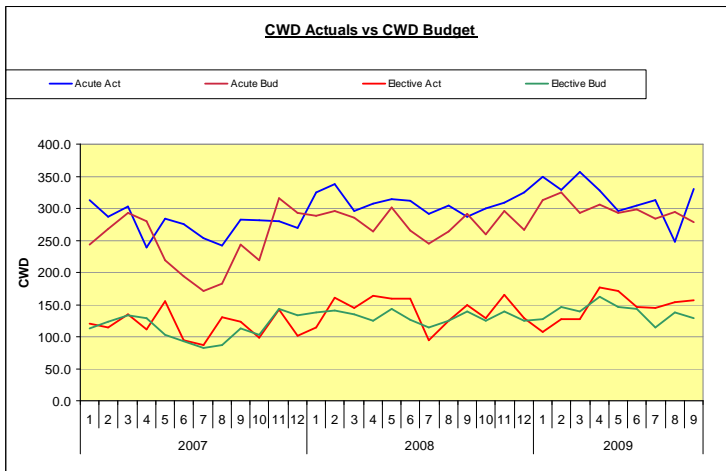


Occupancy Rate (Occupied bed days divided by Resourced bed days).

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.

Consistent patient flow has reduced occupancy.



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

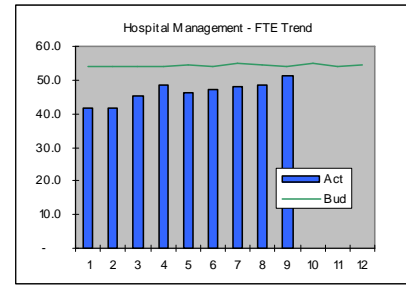
Elective activity ahead of target this will be offset against additional funding.



### 6.3.5 Hospital Services Management

#### FTE Analysis

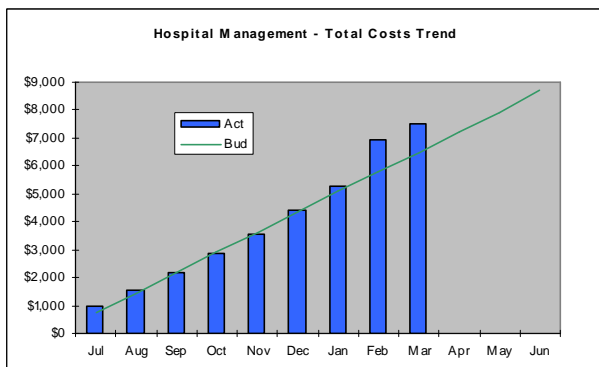
Hospital Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	13.9	11.7	(2.1)
Medical Staff	31.6	37.6	6.0
Nursing Staff	6.0	4.9	(1.1)
Support Staff	-	-	-
<b>Total FTE's</b>	<b>51.4</b>	<b>54.2</b>	<b>2.8</b>



#### Cost Analysis (000's)

Hospital Management	Mar-2009		
	Act	Bud	Var
<b>Financial (000's)</b>			
<b>Revenue</b>			
Revenue	\$734.7	\$139.3	\$595.4
<b>Expenditure</b>			
Personnel	(\$382.9)	(\$724.0)	\$341.0
Outsourced	(\$153.8)	(\$4.5)	(\$149.3)
Clinical Supplies	(\$4.9)	\$3.0	(\$7.8)
Infrastructure & Non-clinical	(\$21.9)	(\$2.3)	(\$19.6)
Deprn & Financing	(\$1.1)	(\$1.1)	(\$0.0)
<b>Total Expenditure</b>	<b>(\$564.6)</b>	<b>(\$728.9)</b>	<b>\$164.2</b>
<b>Net Surplus/(Deficit)</b>	<b>\$170.1</b>	<b>(\$589.6)</b>	<b>\$759.7</b>

Hospital Management	Act	YTD Bud	Var	YTD % of Bud	+/- 5%	FY Bud
						FY Bud
Revenue	\$1,958.2	\$1,253.9	\$704.4	-56.18%	*	\$1,671.8
Personnel	(\$5,887.8)	(\$6,449.0)	\$561.1	8.70%	✓	(\$8,664.3)
Outsourced	(\$1,272.7)	(\$42.2)	(\$1,230.5)	-2914.95%	*	(\$55.7)
Clinical Supplies	(\$159.8)	\$26.1	(\$185.8)	713.04%	✓	\$34.9
Infrastructure & Non-clinical	(\$182.9)	(\$22.6)	(\$160.3)	-709.21%	*	(\$29.6)
Deprn & Financing	(\$9.5)	(\$9.5)	(\$0.0)	-0.16%		(\$12.6)
<b>Total Expenditure</b>	<b>(\$7,512.6)</b>	<b>(\$6,497.2)</b>	<b>(\$1,015.4)</b>	<b>-15.63%</b>	*	<b>(\$8,727.3)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$5,554.4)</b>	<b>(\$5,243.3)</b>	<b>(\$311.1)</b>	<b>5.93%</b>	✓	<b>(\$7,055.5)</b>



#### Summary

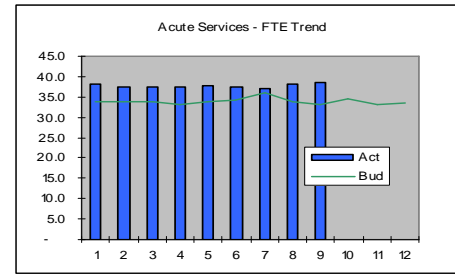
- Medical staff FTE favourable this is offset by locum costs. Locum costs causing significant pressure on costs, recruitment of permanent staff ongoing.
- Nursing FTE increase for Selina Sutherland, this is now on actual charged
- Clinical Supply costs are higher than planned across the hospital. Analysis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



### 6.3.6 Acute Services

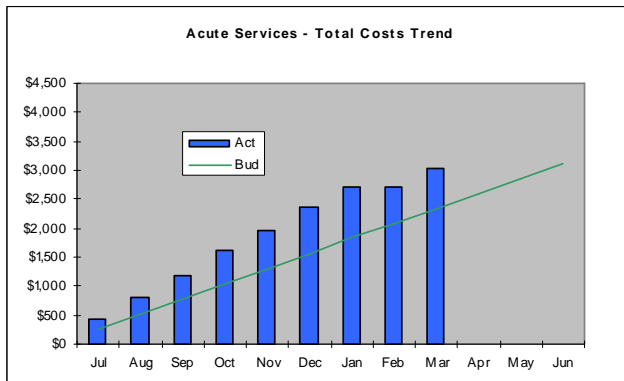
#### FTE Analysis

Acute Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	2.7	2.6	(0.1)
Medical Staff	0.3	-	(0.3)
Nursing Staff	35.4	30.5	(4.9)
Support Staff	-	-	-
<b>Total FTE's</b>	<b>38.4</b>	<b>33.1</b>	<b>(5.3)</b>



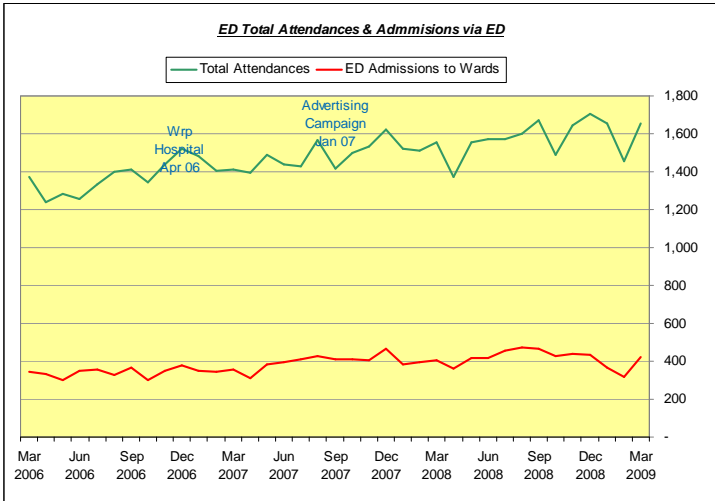
#### Cost Analysis (000's)

Acute Services	Mar-2009			YTD % of Bud	FY Bud
	Act	Bud	Var		
<b>Financial (000's)</b>					
<b>Revenue</b>					
Revenue	\$473.8	\$475.4	(\$1.6)	0.34%	\$5,702.8
<b>Expenditure</b>					
Personnel	(\$196.6)	(\$196.0)	(\$0.6)	-17.28%	(\$2,390.9)
Outsourced	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
Clinical Supplies	(\$87.4)	(\$45.5)	(\$42.0)	-68.27%	(\$561.3)
Infrastructure & Non-clinical	(\$4.6)	(\$6.2)	\$1.6	-27.84%	(\$78.0)
Deprn & Financing	(\$8.5)	(\$7.9)	(\$0.6)	-5.91%	(\$94.9)
<b>Total Expenditure</b>	<b>(\$297.2)</b>	<b>(\$255.6)</b>	<b>(\$41.6)</b>	<b>-29.14%</b>	<b>(\$3,125.0)</b>
<b>Net Surplus/(Deficit)</b>	<b>\$176.6</b>	<b>\$219.8</b>	<b>(\$43.2)</b>	<b>-35.83%</b>	<b>\$2,577.7</b>



#### Summary:

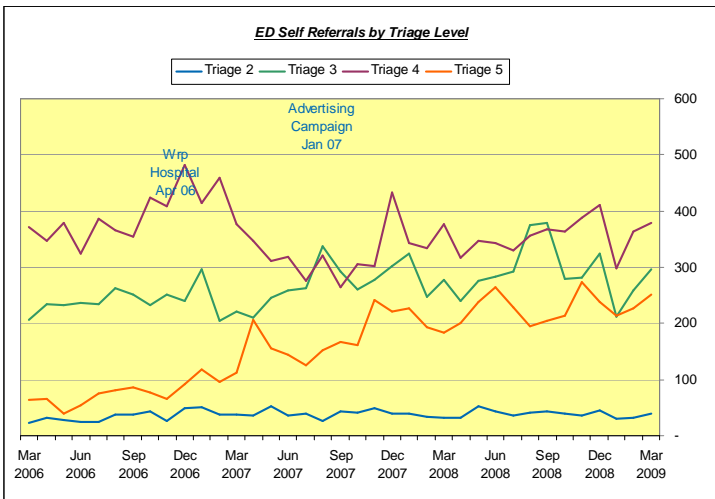
- 0.5 FTE vacancy in acute services advertised. 1.2 FTE vacancy in Relief covering parental leave.
- Personnel costs over budget predominantly in medical with paediatric locum costs. Nursing is long service and annual leave. SCBU double staffed.
- Costs for air transfers and retrieval team usage for out of region transfers are \$29,405 over budget.
- Interhospital transfers: March 36 road and 12 air ambulance transfers; Neurosurgical, CCU, ICU and NNU. 5 road transfers were return trips remaining 31 either pickup or drop off only. 6 angiography/pacemaker, 2 imaging (MRI), 1 gastroenterology procedures at Hutt remainder oncology, urology appointments and remainder admissions for tertiary services. 8 road transfers to Palmerston North remainder Hutt or Wellington.
- Clinical supplies for month are \$42K adverse. Increase in volume in acute services. Antithrombotic therapy for stroke and cardiac patients totalling \$8K. Increase in anaesthesia drugs for post-operative surgical patients in HDU.



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.

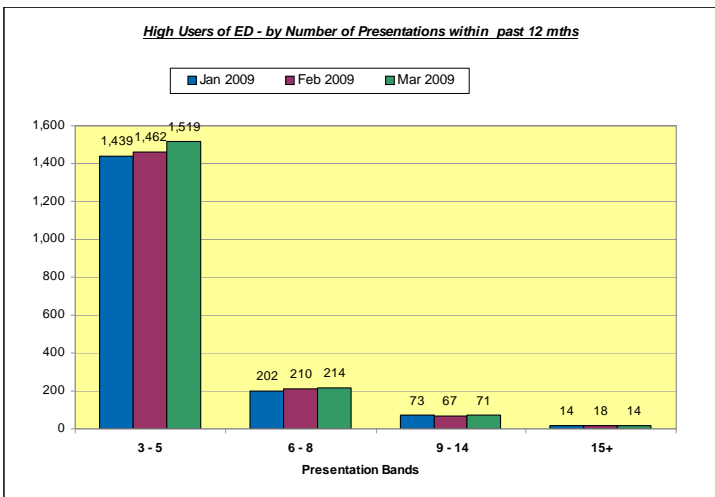
Attendances are slightly higher than corresponding period of March 08.

Admissions proportionate to number of ED attendances.



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.

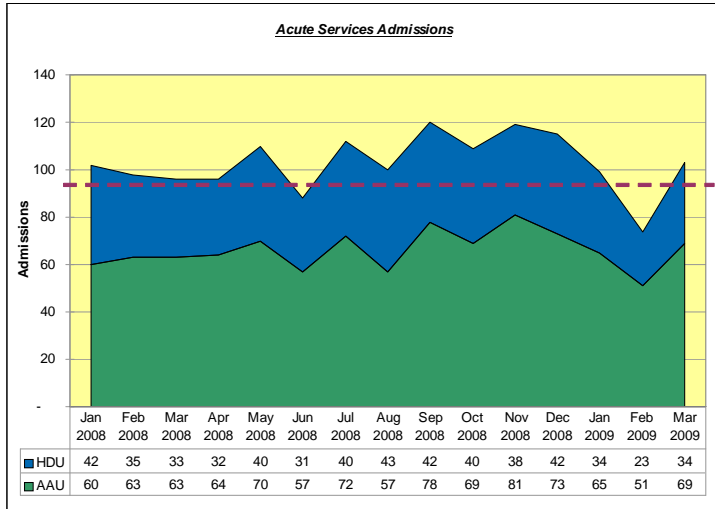
Continue to enter data in real time. Backlog for January is near completion.



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.

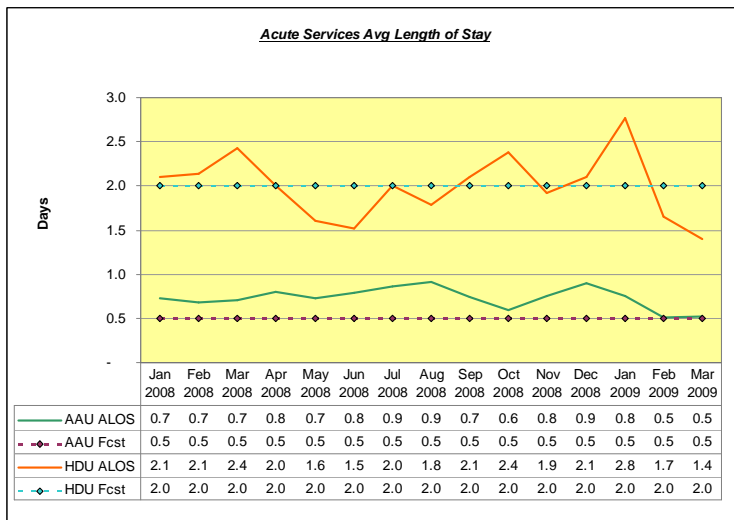
Majority of reviews are orthopaedic and the next group are wound reviews.

Long Term Conditions Collaborative has commenced. Some of the high users are reflected in this data, although the percentage is low for this group.



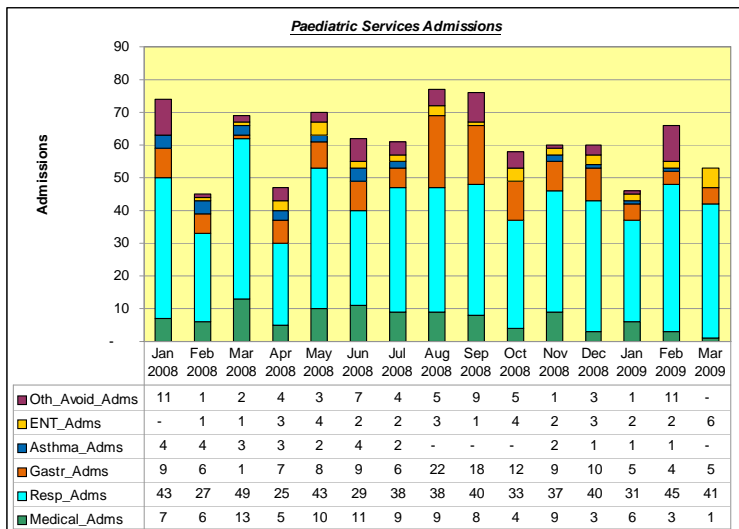
Acute Services Admissions is the number of admissions to the High Dependency Unit (HDU) & Acute Assessment Unit (AAU). Based on historical data and staffing levels the combined forecasted number of admissions is 80.

Total number of admissions is 103 indicating good use of AAU.



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.

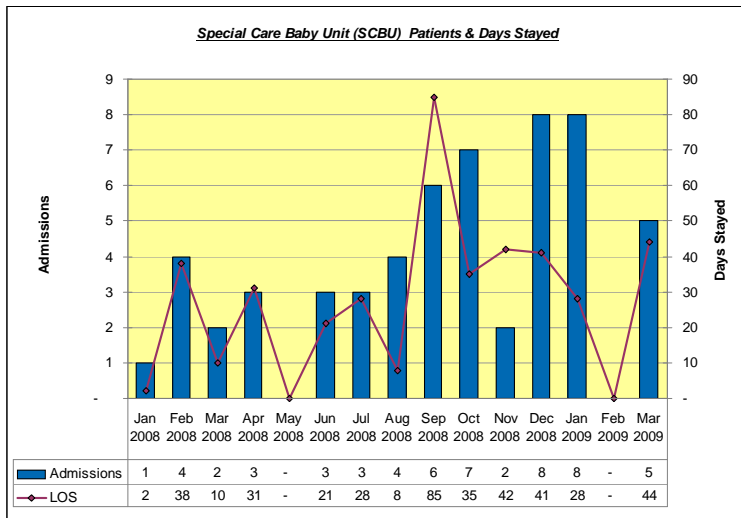
LOS is on target in AAU and under for HDU



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.

Respiratory admissions are predominantly bronchiolitis and pneumonia in under 5's.

Planned ENT surgery. As reported no DPU for paed reflected in the avoidable admissions data.



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.

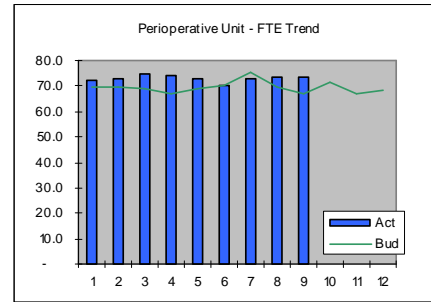
The number of babies in SCBU is demand driven. Impact on staffing is significant as ward is double-staffed to care for SCBU patients.



**6.3.7 Perioperative Services (OPD, Theatre, Day Procedures)**

FTE Analysis

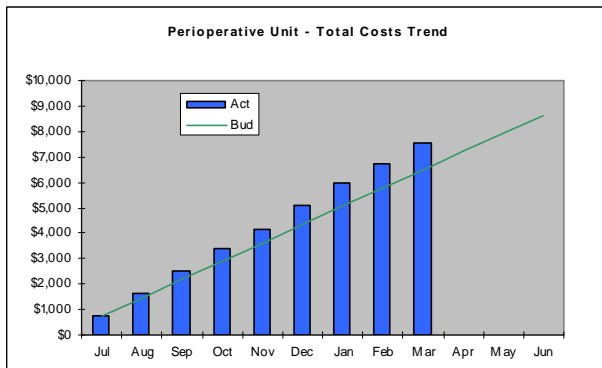
Perioperative Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	0.9	0.9	(0.0)
Management/Administration Staff	7.9	8.1	0.2
Medical Staff	0.0	-	(0.0)
Nursing Staff	61.2	54.2	(7.0)
Support Staff	3.7	3.9	0.2
<b>Total FTE's</b>	<b>73.8</b>	<b>67.2</b>	<b>(6.7)</b>



Cost Analysis (000's)

Perioperative Unit	Mar-2009		
	Act	Bud	Var
<b>Financial (000's)</b>			
<b>Revenue</b>			
Revenue	\$2,388.1	\$2,065.5	\$322.7
<b>Expenditure</b>			
Personnel	(\$388.6)	(\$348.0)	(\$40.6)
Outsourced	(\$32.0)	(\$39.3)	\$7.4
Clinical Supplies	(\$419.6)	(\$283.3)	(\$136.3)
Infrastructure & Non-clinical	(\$12.8)	(\$13.5)	\$0.6
Deprn & Financing	(\$23.7)	(\$20.8)	(\$2.9)
<b>Total Expenditure</b>	<b>(\$876.8)</b>	<b>(\$704.9)</b>	<b>(\$171.9)</b>
<b>Net Surplus/(Deficit)</b>	<b>\$1,511.3</b>	<b>\$1,360.5</b>	<b>\$150.8</b>

Perioperative Unit	Act	YTD Bud	Var	YTD % of Bud	FY Bud
<b>Financial (000's)</b>					
<b>Revenue</b>					
Revenue	\$19,596.6	\$18,571.2	\$1,025.4	-5.52%	\$24,767.6
<b>Expenditure</b>					
Personnel	(\$3,529.5)	(\$3,213.4)	(\$316.2)	-9.84%	(\$4,311.6)
Outsourced	(\$609.1)	(\$383.8)	(\$225.2)	-58.67%	(\$501.8)
Clinical Supplies	(\$3,070.6)	(\$2,561.8)	(\$508.7)	-19.86%	(\$3,411.8)
Infrastructure & Non-clinical	(\$156.6)	(\$126.4)	(\$30.2)	-23.86%	(\$166.9)
Deprn & Financing	(\$210.3)	(\$187.3)	(\$23.0)	-12.30%	(\$249.7)
<b>Total Expenditure</b>	<b>(\$7,576.1)</b>	<b>(\$6,472.8)</b>	<b>(\$1,103.3)</b>	<b>-17.05%</b>	<b>(\$8,641.8)</b>
<b>Net Surplus/(Deficit)</b>	<b>\$12,020.5</b>	<b>\$12,098.4</b>	<b>(\$77.9)</b>	<b>-0.64%</b>	<b>\$16,125.8</b>



Summary

Perioperative Service

- Personnel variance due to significant after hours overtime, nine hour callouts and surgical overruns.
- Expenditure on clinical consumables still remains high particularly in relation to hip prosthesis.
- YTD Actual Outsourced Personnel Perioperative Service relates to additional SMO costs for ENT activity performed during March on weekend periods.
- 137k variance in clinical supplies noted for March. Attributed to after hours complex surgery and monthly ordering patterns i.e. each quarter the supplies peak.

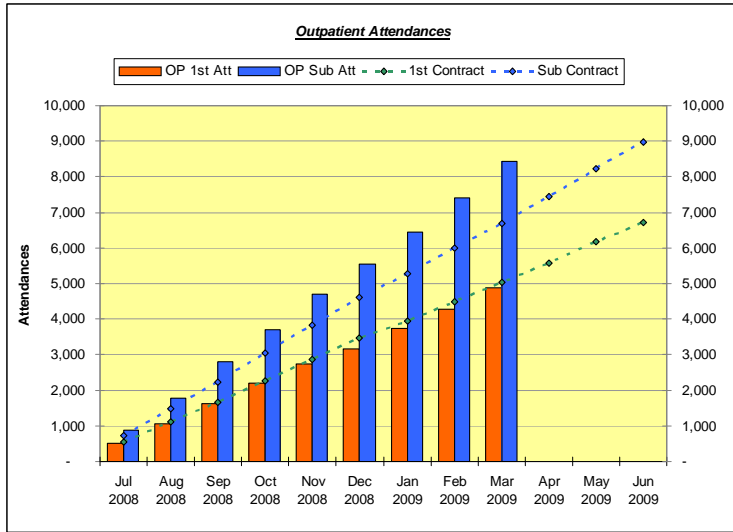
OPD

- OPD Review completed and submitted for SMT discussion.
- Use of 1.5FTE nursing personnel in OPD to back fill unplanned sick leave and additional clinics i.e. ENT.
- Outpatient assistant role integrating well into the Service in terms of providing "housekeeping support" telephone contact of patients.



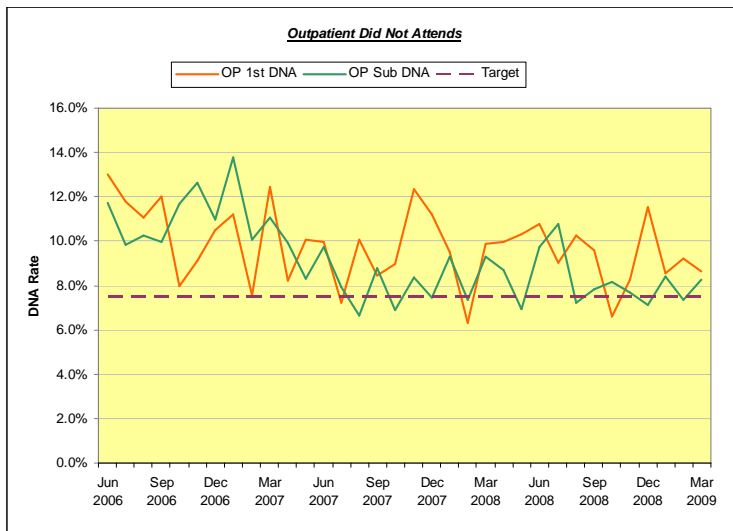
**MSW**

- Model of Care for MSW continues with very positive feedback from all staff. Project Team now meeting fortnightly to discuss issues. Resignation received from HCA effective 24/4/09.
- Efforts to develop an 1100hrs discharge time from the Unit to enhance occupancy.
- Nursing students continue placement this month.
- A high number of patients required specialling for the month.
- Decrease in clinical supplies across MSW, OPD due to activity and control systems.



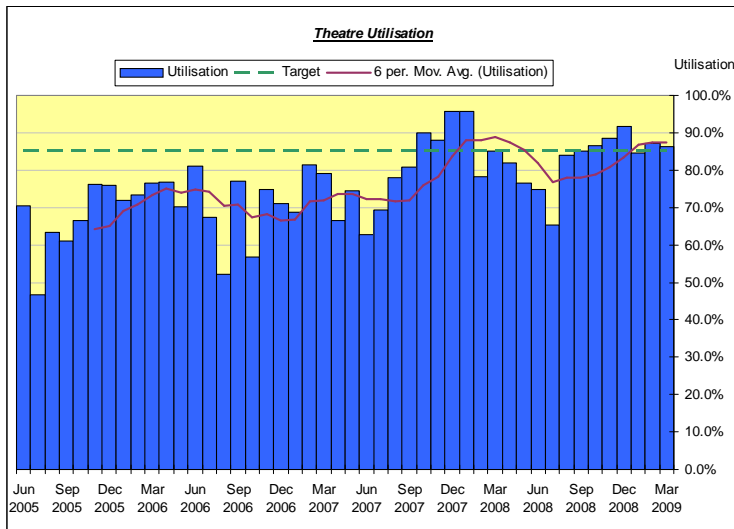
An accumulating total of OP 1<sup>st</sup> and subsequent attendances and a comparison to the SLA contracted volumes. This includes all specialties that the Provider is contracted for, and excludes OP attendances done by other DHB's for our population.

First OPD attendance on target.  
OPD subsequent follow-ups ahead of target



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.

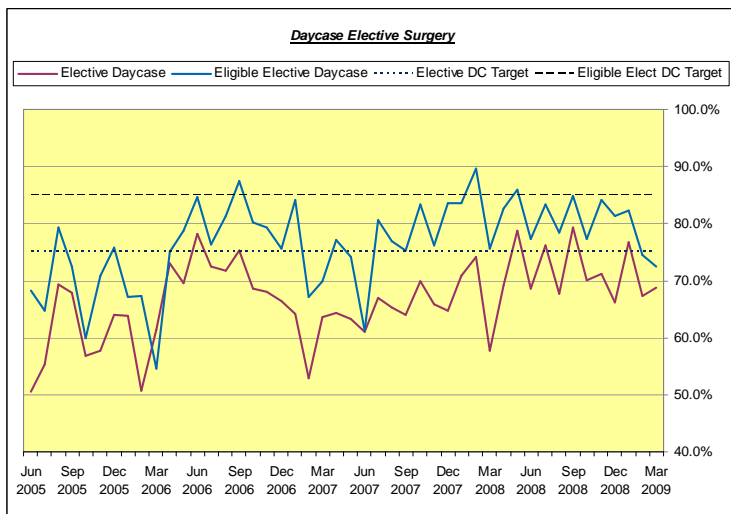
Both FSA and F/U above target, Work ongoing in this area.



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)

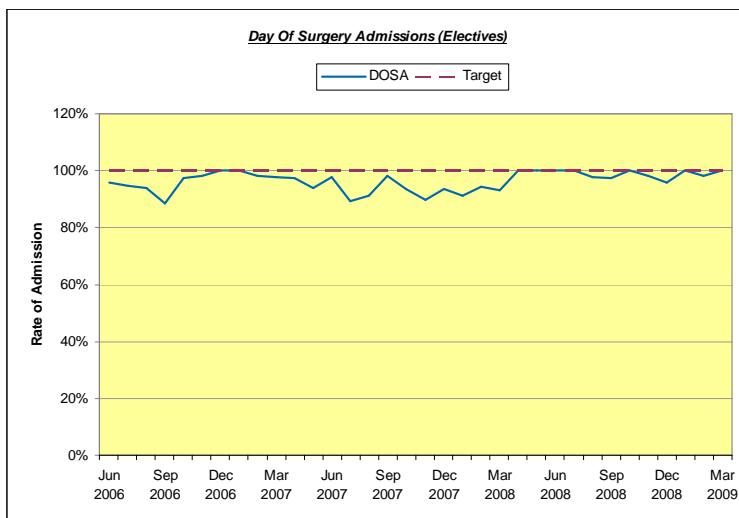
On target, given leave absences of SMO' across disciplines and theatre sessions not filled due to "light" waiting lists for GS and gynaecology.

Acute volumes remain high.



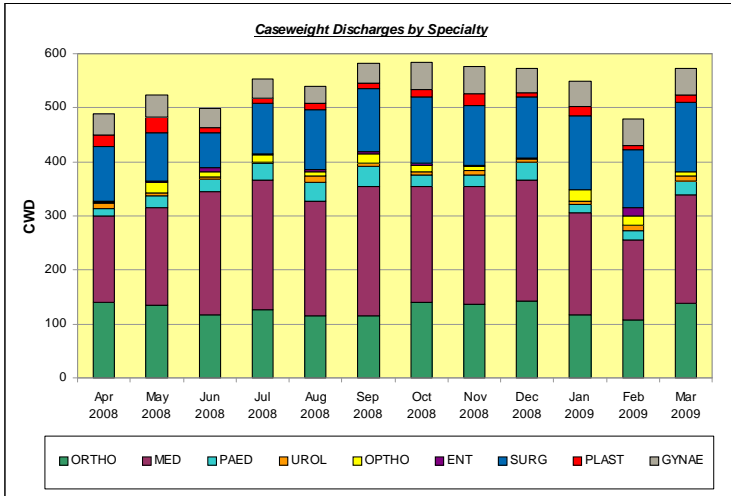
The Daycase Elective Surgery rate is the % of elective patients who did not stay overnight when admitted for their elective procedure. Eligible Elective Daycase focuses on those procedures that should be done only on a daycase basis, therefore the target is higher. These targets are national benchmarks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

Daycase target reduced ongoing monitoring.



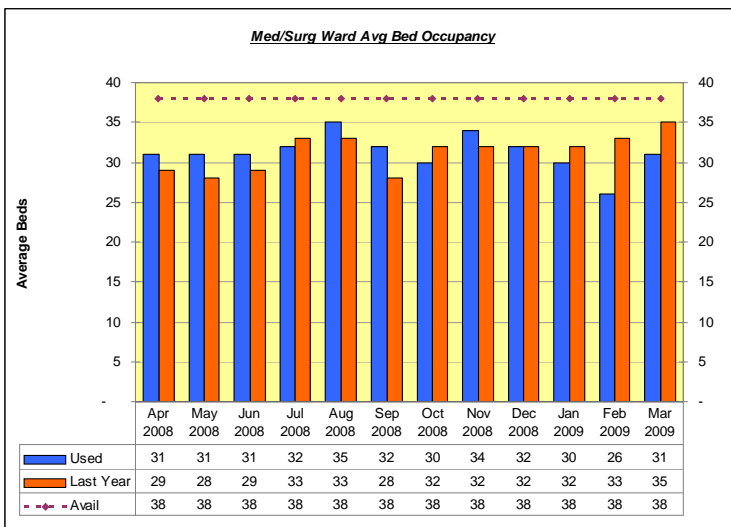
Day of Surgery Admissions (DOSA) are patients who are admitted on the day that they actually had their surgery performed. This is shown as a proportion of total non-daycase elective patients. The DOSA rate of 100% was set in the HDBC.

On target.



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.

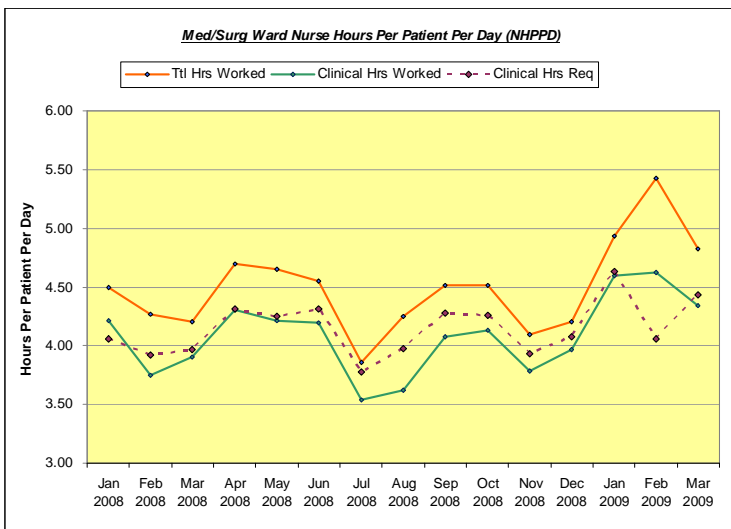
Medical case-weights continue to remain high. Caseweight speciality mix remains consistent.



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.

Bed occupancy lower than previous year.

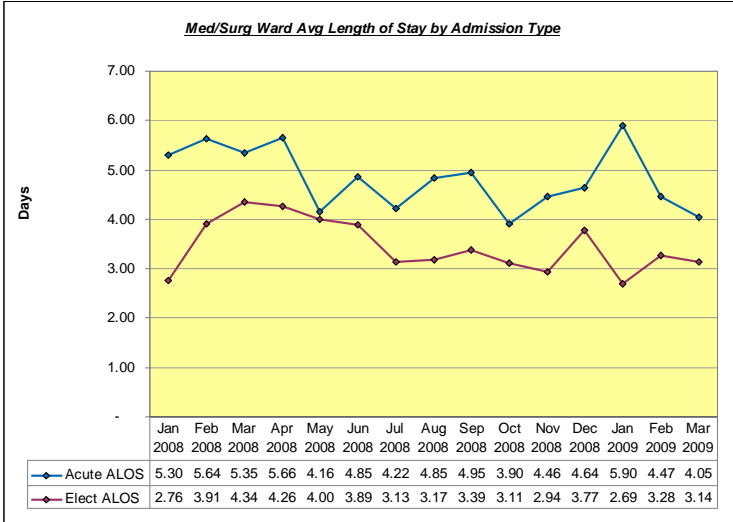
Utilisation 75 % on resourced beds



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 reflects the lower patient volumes.

Actual HPPD required are within benchmark for the ward.



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

Lower elective and acute ALOS may be related to Admission discharge RN role introduced as part of the MOC (Model of Care).

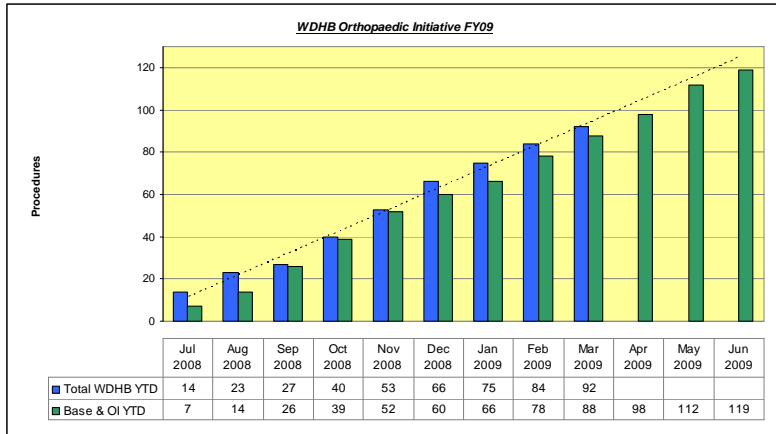
Decrease in ALOS since January and introduction of MOC.



### 6.3.8 Elective Services

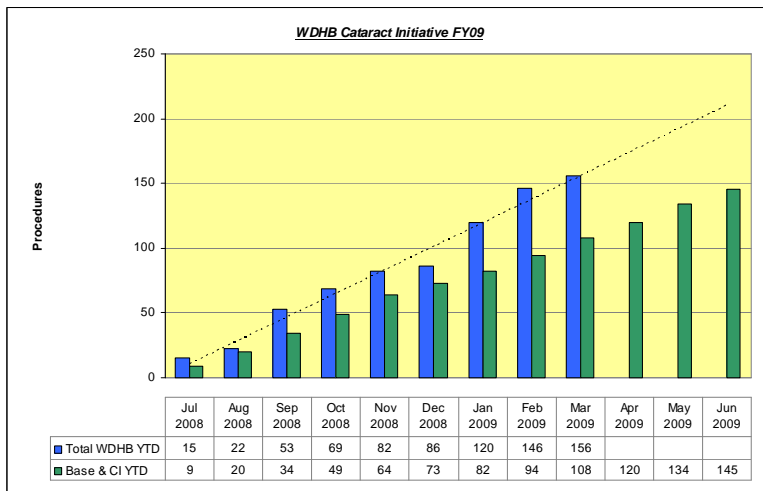
#### Key Points

- Refer Section 10; Appendix A ESPI's were green at overall hospital and individual specialism level for February 09.
- Extra activity performed in ENT in February. Demand is high for FSA's in ENT
- Planning for 09/10 submitted. Regional planning underway.
- High activity in Ophthalmology planned over next 2 months then reduction in service due to one Consultant leaving.



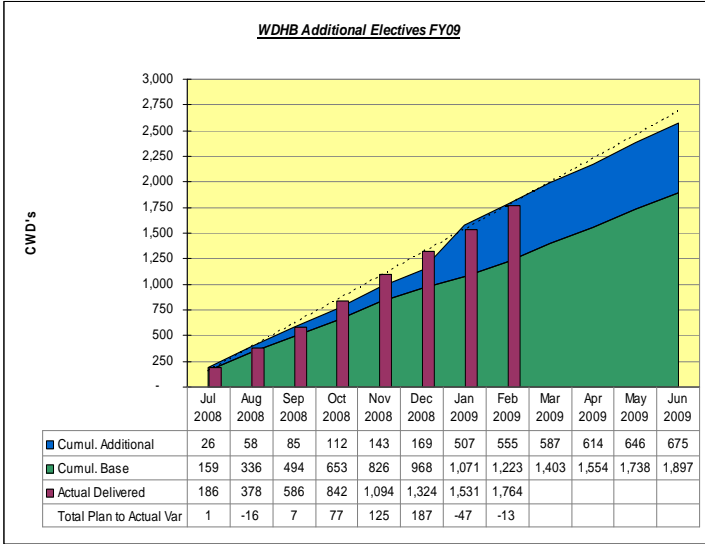
The Orthopaedic Initiative is additional funding for achieving targeted orthopaedic joint procedures. The blue bar is the actual number YTD including IDF's. The green bar is the base amount plus the additional MOH target. The dotted line is the trend of actual production. Achievement of the base & additional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

OI tracking ahead of plan



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.

CI Tracking ahead of target and demand remains high.



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.

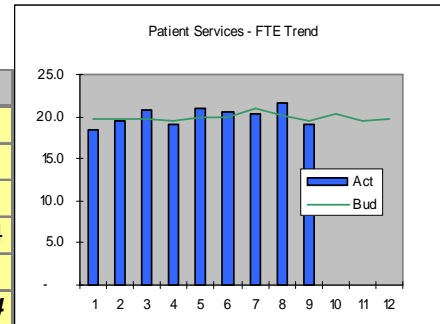
Additional target has increased significantly due to extra funding being granted.



**6.3.9 Patient Services (Maternity, Nursing Relief Team)**

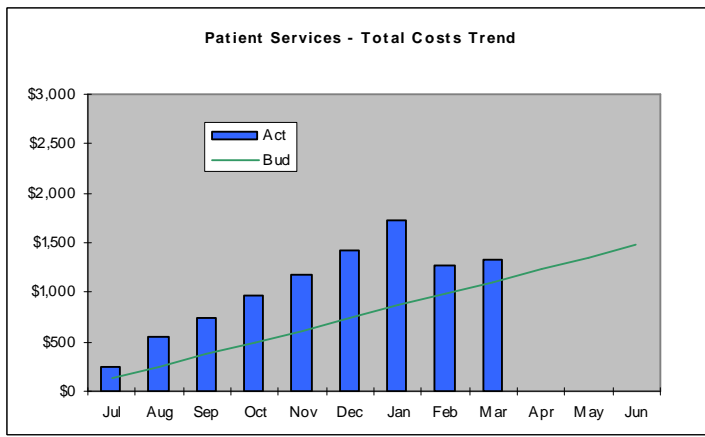
FTE Analysis

Patient Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	-	-	-
Medical Staff	-	-	-
Nursing Staff	19.1	19.5	0.4
Support Staff	-	-	-
<b>Total FTE's</b>	<b>19.1</b>	<b>19.5</b>	<b>0.4</b>



Cost Analysis (000's)

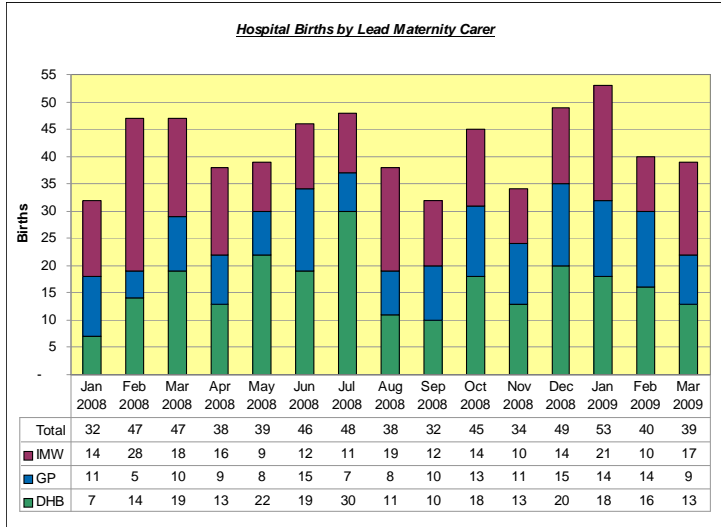
Patient Services	Mar-2009			YTD Bud	YTD % of Bud	FY Bud	
	Act	Bud	Var				
<b>Financial (000's)</b>							
<b>Revenue</b>							
Revenue	\$189.1	\$194.4	(\$5.3)	\$1,706.0	\$1,746.2	(\$40.2) 2.30%	\$2,329.4
<b>Expenditure</b>							
Personnel	(\$30.8)	(\$109.0)	\$78.2	(\$1,128.8)	(\$983.9)	(\$144.9) -14.72%	(\$1,323.6)
Outsourced	(\$9.0)	(\$2.4)	(\$6.6)	(\$59.8)	(\$22.7)	(\$37.2) -163.96%	(\$30.0)
Clinical Supplies	(\$8.5)	(\$5.4)	(\$3.1)	(\$62.6)	(\$48.9)	(\$13.8) -28.19%	(\$65.2)
Infrastructure & Non-clinical	(\$10.0)	(\$3.2)	(\$6.8)	(\$57.3)	(\$33.3)	(\$24.0) -72.07%	(\$42.9)
Depm & Financing	(\$1.8)	(\$1.7)	(\$0.1)	(\$16.2)	(\$15.7)	(\$0.5) -3.02%	(\$21.0)
<b>Total Expenditure</b>	<b>(\$60.1)</b>	<b>(\$121.8)</b>	<b>\$61.7</b>	<b>(\$1,324.8)</b>	<b>(\$1,104.5)</b>	<b>(\$220.3) -19.94%</b>	<b>(\$1,482.6)</b>
<b>Net Surplus/(Deficit)</b>	<b>\$129.0</b>	<b>\$72.6</b>	<b>\$56.4</b>	<b>\$381.2</b>	<b>\$641.7</b>	<b>(\$260.5) -40.59%</b>	<b>\$846.8</b>



- Midwifery workforce is more stable than in past 6 months with positive outlook.
- UK Midwives scheduled to arrive May. Remains on track.
- CTA contract for complex care in Midwifery is being pursued. Start date April 2009. 2 nominees.
- \$3k in midwives/nursing favourable. Remain \$114k adverse YTD.
- Interviews held for 3rd O&G consultant. Contract has been offered.
- 1 neonatal death following transfer to Wellington.
- 2 sets twins
- Clinical supplies for maternity \$3k over budget reflected in high volume and caesarean sections.
- Clinical supplies under budget.

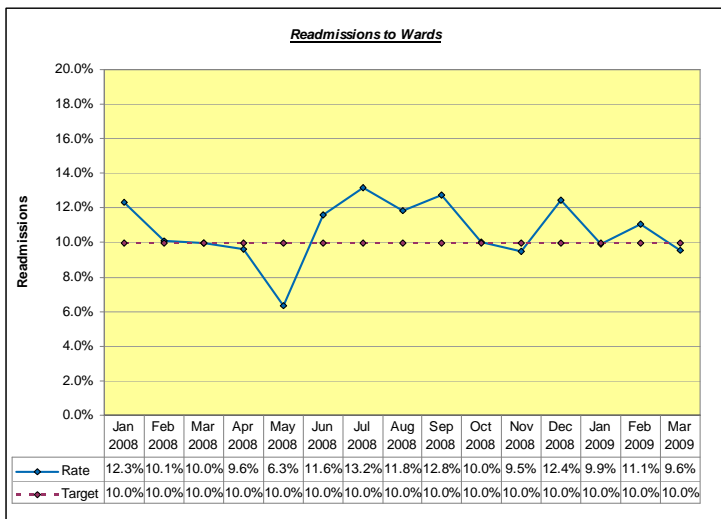


- Demand driven overruns in clinical supplies.
- Model of Care for MSW agreed to commence 26th January 2009. Training for MSW nursing staff continues weekly with positive feedback.



*Births by Lead Maternity Carer (LMC) shows who admitted the baby to the ward, and therefore has been taken as a proxy for 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.*

- 44 admitted deliveries
- 21 Caesareans – 7 elective & 14 emergency
- 20 Normal deliveries
- 2 Instrumental delivery
- 7 Epidurals
- 1 set twins
- 1 neonatal death (3 days post delivery)



*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.*

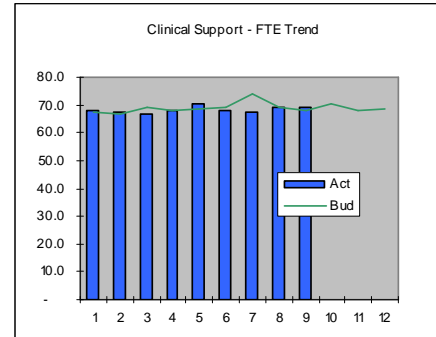
Target met for March.



**6.3.10 Clinical Support, Therapies & Allied Health**

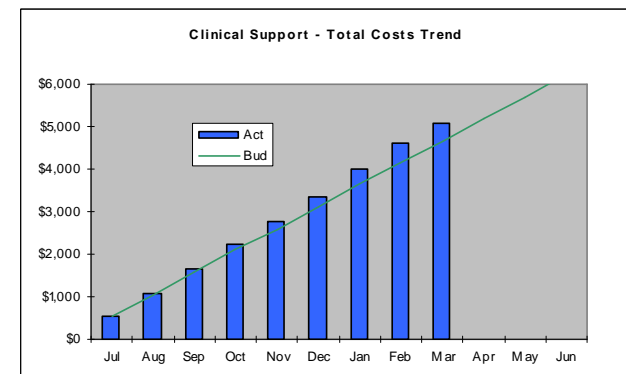
FTE Analysis

Clinical Support	FTE Actual	FTE Budget	Variance
Allied Health Staff	28.4	29.3	0.9
Management/Administration Staff	25.4	24.0	(1.3)
Outsourced Personnel	-	-	-
Nursing Staff	15.7	14.6	(1.1)
Support Staff	-	-	-
<b>Total FTE's</b>	<b>69.5</b>	<b>67.9</b>	<b>(1.5)</b>



Cost Analysis (000's)

Clinical Support	Mar-2009			YTD Act	YTD Bud	YTD Var	YTD % of Bud	FY Bud	
	Act	Bud	Var						
<b>Financial (000's)</b>									
<b>Revenue</b>									
Revenue	\$237.9	\$315.5	(\$77.6)	\$2,947.7	\$2,820.5	\$127.2	-4.51%	\$3,766.9	
<b>Expenditure</b>									
Personnel	(\$283.0)	(\$317.2)	\$34.2	(\$2,926.5)	(\$2,888.2)	(\$38.4)	-1.33%	(\$3,859.9)	
Outsourced	(\$38.7)	(\$72.8)	\$34.1	(\$1,001.8)	(\$656.3)	(\$345.5)	-52.64%	(\$874.8)	
Clinical Supplies	(\$111.7)	(\$99.2)	(\$12.5)	(\$946.8)	(\$903.6)	(\$43.2)	-4.78%	(\$1,201.2)	
Infrastructure & Non-clinical	\$0.2	(\$11.6)	\$11.8	(\$91.6)	(\$119.3)	\$27.7	23.24%	(\$154.1)	
Deprn & Financing	(\$11.2)	(\$11.0)	(\$0.2)	(\$99.7)	(\$99.3)	(\$0.5)	-0.48%	(\$132.4)	
<b>Total Expenditure</b>	<b>(\$444.5)</b>	<b>(\$511.9)</b>	<b>\$67.4</b>	<b>(\$5,066.4)</b>	<b>(\$4,666.6)</b>	<b>(\$399.8)</b>	<b>-8.57%</b>	<b>(\$6,222.4)</b>	
<b>Net Surplus/(Deficit)</b>	<b>(\$206.6)</b>	<b>(\$196.4)</b>	<b>(\$10.2)</b>	<b>(\$2,118.8)</b>	<b>(\$1,846.1)</b>	<b>(\$272.6)</b>	<b>14.77%</b>	<b>(\$2,455.5)</b>	

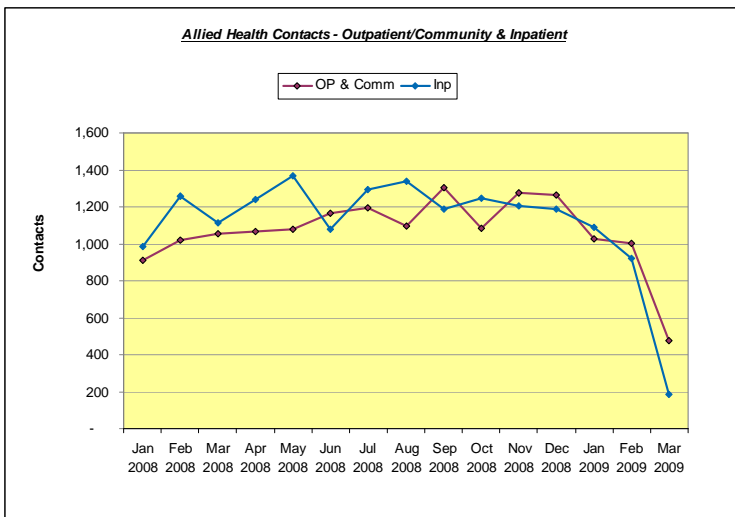


Summary

- Health records sickness has caused some FTE variance.
- Impact of back pay and improved PSA collective is seen in this month's financials.
- Family Violence Training for trainers staff has commenced on a fortnightly basis and the programme will be launched in April
- Clerical staff sickness and the need to capture ED data entry has impacted on data entry for all allied health activity, therefore activity understated.
- A vacancy still exists for a Sonographer. Ongoing attempts to recruit to this position continue. There is a national shortage. Locum cover was not sourced for March but will be for April
- Significant cost pressures associated with higher than expected Mecca for MRT staff FYE approx 90k

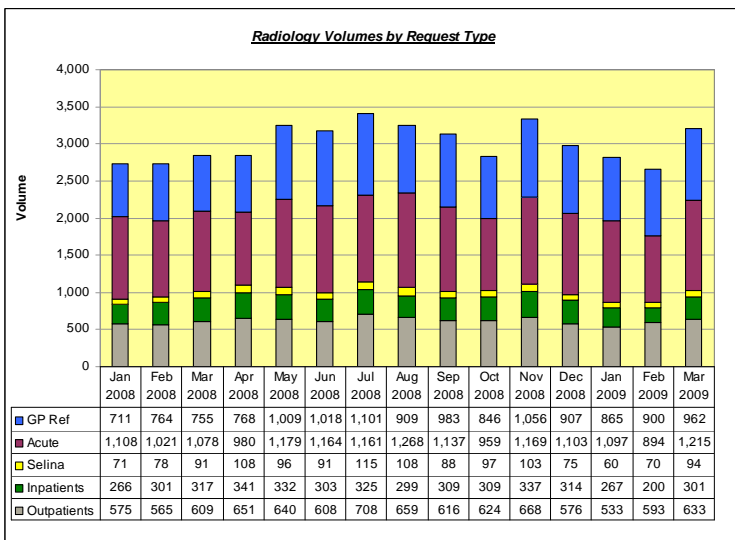


- The significant overspend in imaging for outsourced services has reduced this month as a result of the demand measures put in place in an attempt to balance clinical need & cost.
- Medicines Advisory committee Service has been re-established cost containment/reduction measures in place.
- AT&R occupancy remains high. Extra staffing has been required to special the high number of dementia and confused patients on the ward this has increased nursing costs for the month.
- Earlier identification of stroke patients for transfer to Rehab from ED and MSW is occurring.
- Outsourced services overspend is primarily for psycho geriatrician visits. The volume of patients requiring psycho geriatric input is increasing as the elderly population continues to increase.
- Overall activity ensures steady revenue from ACC
- Rehab Support Workers appointed commenced training in Mid March AT&R has funded the full cost of training including casuals which has impacted on nursing costs for the month.

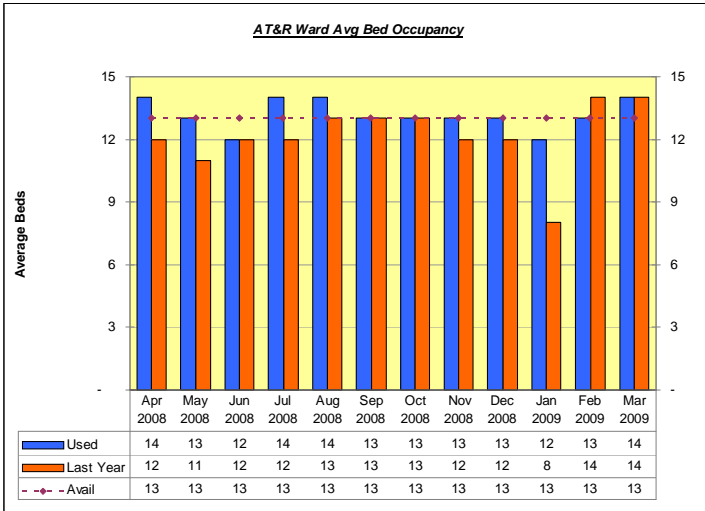


All Allied Health contacts in the month shown as either community or inpatient contacts. The community contacts are funded via separate contracts with the Funder, whereas the inpatient contacts are an input into the overall case weight.

Data not available.

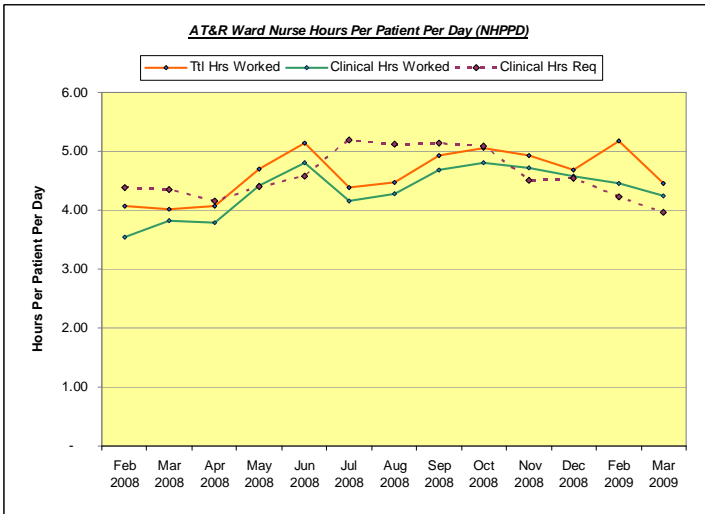


This graph shows the total number of radiology tests done, and then breaks this down by the referral type for those tests. GP referred are those requested by GP's, Acute are requests by the acute wards in the hospital, Selina are Selina Sutherland requests, Inpatients are from all inpatient wards and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



*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.



*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.



## 6.4 GM Community, Public, and Mental Health Report

### 6.4.1 Summary

Community nursing and health service contract performance is \$272,642 YTD ahead of budget [Refer Appendix D]. Volumes are up in community health as the in-reach service is working well and the service is receiving referrals earlier from the hospital. This means that payments increase leading to the larger surplus. FTE remains at current levels and staff are managing the increased workload although overtime payments are increasing commensurately.

Healthy Homes Assessments are on track to reach the target by year end, despite the Public Health Nurse delivering Year 7 and HPV vaccinations in schools during March. Student assessments have reached target amidst vaccination campaigns. The focus on the remainder of the year will be HEADSS assessments with 81 completed year to date.

Mental Health referrals to the Adult service have started to increase significantly. CAMHS have commenced a project to enhance collegial/professional relationships between the service and Paediatrics with a focus on complex assessments for young clients. Admissions to inpatient beds out of the region have reduced due to the ability of the highly experienced Adult team to manage high acuity and complexity of client presentations locally.

	Mar-2009			YTD					FY
	Act	Bud	Var	Act	Bud	Var	Var %	+/-	Bud
<b>Contract Volumes</b>									
FOCUS Needs Assessments	12	10	2	98	90	8	8.9%	✓	120
District Nurse Contacts	3,008	2,437	571	25,827	21,730	4,097	18.9%	✓	29,217
Healthy Homes Nurse Assmnts	2	8	(6)	61	74	(13)	-17.6%	✗	100
Student Assessments	13	17	(4)	210	153	57	37.3%	✓	200
Mental Health New Referrals	53	50	3	326	450	(124)	-27.6%	✗	600
<b>Financial (000's)</b>									
Revenue	\$1,165	\$1,090	\$75	\$9,562	\$9,807	(\$245)	-2.5%		\$13,076
Personnel Costs	(\$773)	(\$697)	(\$76)	(\$6,957)	(\$6,225)	(\$732)	-11.8%	✗	(\$8,309)
Outsourced Costs	(\$101)	(\$73)	(\$28)	(\$817)	(\$667)	(\$150)	-22.6%	✗	(\$886)
Other Costs	(\$250)	(\$109)	(\$141)	(\$1,289)	(\$1,016)	(\$273)	-26.9%	✗	(\$1,342)
<b>Net Performance</b>	<b>\$41</b>	<b>\$211</b>	<b>(\$170)</b>	<b>\$498</b>	<b>\$1,899</b>	<b>(\$1,401)</b>	<b>-73.8%</b>	✗	<b>\$2,539</b>
<b>FTE's</b>									
Allied Health Staff	61.8	69.2	7.4	60.9	70.5	9.6	13.6%	✓	75.4
Management/Administration Staff	21.5	22.4	0.8	21.8	22.7	0.9	3.9%		22.6
Medical Staff	3.2	3.5	0.3	3.1	3.5	0.4	10.3%	✓	3.5
Nursing Staff	48.5	42.0	(6.5)	45.2	42.1	(3.2)	-7.6%	✗	42.1
Support Staff	-	-	-	-	-	-	0.0%		0.0
<b>Total FTE</b>	<b>135.1</b>	<b>137.1</b>	<b>2.0</b>	<b>131.1</b>	<b>138.8</b>	<b>7.7</b>	<b>5.5%</b>	✓	<b>143.7</b>

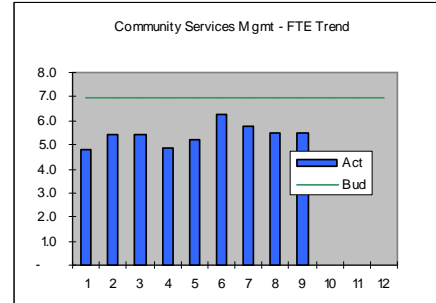
\* Refer to the Glossary for definitions of these measures.



**6.4.5 Community & Public Health Management**

FTE Analysis:

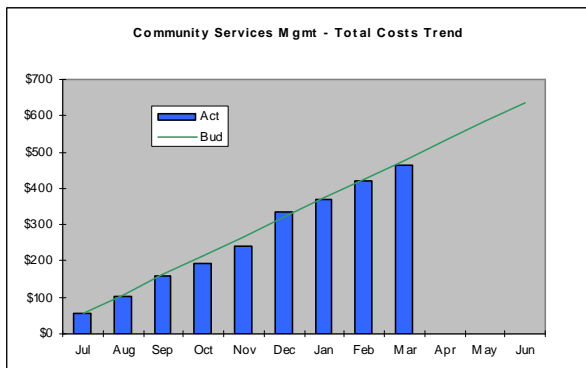
Community Services Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	5.5	7.0	1.4
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
<b>Total FTE's</b>	<b>5.5</b>	<b>7.0</b>	<b>1.4</b>



Cost Analysis (000's):

Community Services Management	Mar-2009			YTD Bud	YTD % of Bud	FY Bud
	Act	Bud	Var			
<b>Financial (000's)</b>						
<b>Revenue</b>						
Revenue	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
<b>Expenditure</b>						
Personnel	(\$41.3)	(\$48.6)	\$7.2	(\$423.5)	1.85%	(\$575.2)
Outsourced	\$0.0	\$0.0	\$0.0	\$2.3	0.00%	\$0.0
Clinical Supplies	(\$0.0)	\$0.0	(\$0.0)	(\$6.1)	0.00%	\$0.0
Infrastructure & Non-clinical	(\$3.8)	(\$4.1)	\$0.3	(\$37.9)	1.50%	(\$50.9)
Deprn & Financing	(\$0.1)	(\$0.9)	\$0.8	(\$0.5)	93.39%	(\$10.5)
<b>Total Expenditure</b>	<b>(\$45.3)</b>	<b>(\$53.6)</b>	<b>\$8.3</b>	<b>(\$465.7)</b>	<b>2.54%</b>	<b>(\$636.6)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$45.3)</b>	<b>(\$53.6)</b>	<b>\$8.3</b>	<b>(\$465.7)</b>	<b>-2.54%</b>	<b>(\$636.6)</b>

+/- 5%



Summary

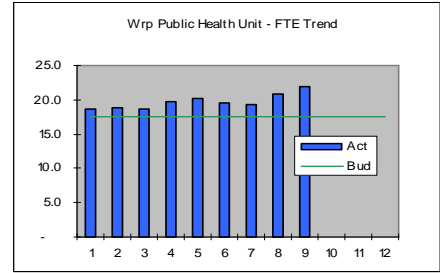
- Infrastructure and non-clinical costs for the Choice Health campus have been coded against this responsibility centre and should more correctly be coded against Public Health, this will not occur until the new budget year 09/10
- Ambulance Service Manager position was not replaced which explains the actual FTE against budget



**6.4.6 Wairarapa Public Health Unit**

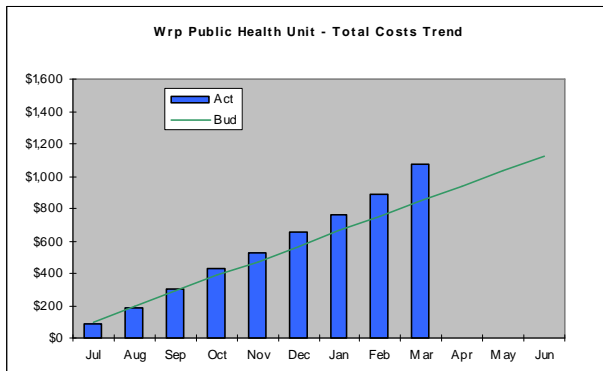
FTE Analysis:

Public Health Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	9.9	10.0	0.1
Management/Administration Staff	3.3	2.5	(0.7)
Medical Staff	-	-	-
Nursing Staff	8.8	5.0	(3.8)
Support Staff	-	-	-
<b>Total FTE's</b>	<b>21.9</b>	<b>17.5</b>	<b>(4.4)</b>



Cost Analysis (000's):

Public Health Unit	Mar-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$254.1	\$109.1	\$145.0	\$1,156.1	\$980.7	\$175.4	-17.89%	\$1,307.9
<b>Expenditure</b>								
Personnel	(\$108.3)	(\$78.9)	(\$29.4)	(\$888.7)	(\$702.5)	(\$186.2)	-26.51%	(\$935.2)
Outsourced	(\$7.9)	(\$3.5)	(\$4.4)	(\$47.6)	(\$33.1)	(\$14.4)	-43.60%	(\$43.6)
Clinical Supplies	(\$0.8)	(\$4.2)	\$3.4	(\$9.0)	(\$39.0)	\$29.9	76.82%	(\$51.5)
Infrastructure & Non-clinical	(\$67.3)	(\$7.6)	(\$59.7)	(\$128.8)	(\$70.6)	(\$58.2)	-82.47%	(\$93.3)
Depn & Financing	(\$0.1)	(\$0.1)	(\$0.0)	(\$0.7)	(\$0.5)	(\$0.2)	-34.37%	(\$0.7)
<b>Total Expenditure</b>	<b>(\$184.3)</b>	<b>(\$94.2)</b>	<b>(\$90.1)</b>	<b>(\$1,074.9)</b>	<b>(\$845.7)</b>	<b>(\$229.1)</b>	<b>-27.09%</b>	<b>(\$1,124.3)</b>
<b>Net Surplus/(Deficit)</b>	<b>\$69.8</b>	<b>\$14.9</b>	<b>\$54.9</b>	<b>\$81.3</b>	<b>\$135.0</b>	<b>(\$53.7)</b>	<b>-39.79%</b>	<b>\$183.6</b>



Summary

- Revenue for extra Human Papillomavirus Campaign staff has now been received. FTE costing will continue to show adverse result compared to budget as budget prepared before funding confirmed and campaign commenced. Recent resignations in health promotion FTE will not be replaced in the short term until confirmation of contract funding from Regional Public Health received. This is expected in April 2009.
- Adverse results for outsourced services reflect the work required as part of the Learning by Doing Contract. Funding for this contract will reflect in the April financials.



- The adverse result for infrastructure partly stems from the repayment of funding for the National Immunisation Register programme. The Ministry notified the DHB that this funding was a shortfall from 0607 financial year and asked for an invoice, which was provided. Subsequent correspondence from the Ministry advised that this was an error and a refund of \$42,240 was made in March.

#### Key Activities

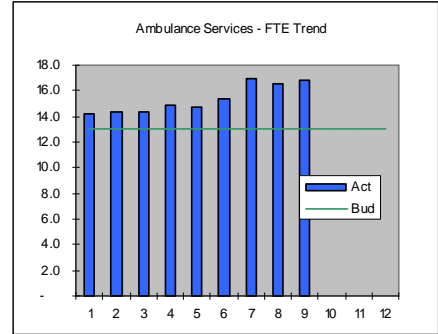
- HPV reports for the period September 15<sup>th</sup> 2008 to February 15<sup>th</sup> 2009 show Wairarapa District Health Board significantly ahead of all other DHBs and the overall national total.
  - Dose 1 for 17 and 18 year old girls – uptake Wairarapa 49% total, 36% Maori (compared to national uptake 25% total, 19% Maori)
  - Dose 2 for 17 and 18 year old girls – uptake Wairarapa 40% total, 28% Maori (compared to national uptake 18% total, 11% Maori)
  - Dose 3 for 17 and 18 year old girls – uptake Wairarapa 7% total, 2% Maori (compared to national uptake 2% total, 1% Maori)
- The HPV team have collected 100% of all consent forms for the school campaign which affects Years 8, 12 and 13 only. There are problems with the School Based reporting system currently, so we are unable to confirm the levels of consent and declination.
- The Health Protection Officer spoke to Masterton District Council on behalf of the Wairarapa Smokefree Network to present a submission regarding Smokefree Parks and sports grounds. A number of recommendations were made and these are being considered by Council. The network hopes that changes to the Smokefree status of selected parks and sports grounds will take effect on World Smokefree Day, May 31<sup>st</sup>.



**6.4.7 Ambulance Services**

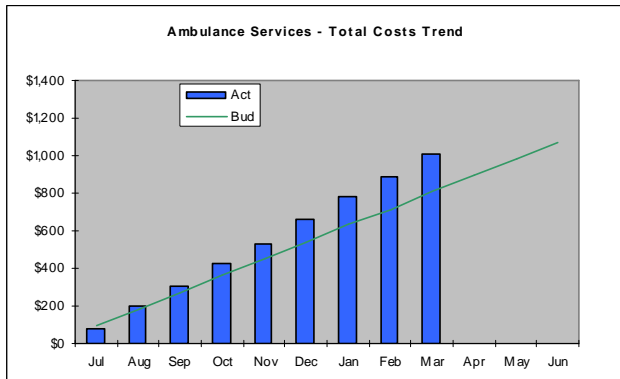
FTE Analysis:

Ambulance Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	16.8	12.9	(3.9)
Management/Administration Staff	-	0.1	0.1
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
<b>Total FTE's</b>	<b>16.8</b>	<b>13.0</b>	<b>(3.8)</b>



Cost Analysis (000's):

Ambulance Services	Mar-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$117.0	\$105.4	\$11.6	\$974.5	\$948.1	\$26.4	-2.78%	\$1,264.5
<b>Expenditure</b>								
Personnel	(\$77.5)	(\$65.9)	(\$11.5)	(\$710.0)	(\$583.3)	(\$126.7)	-21.73%	(\$778.0)
Outsourced	(\$12.3)	(\$7.7)	(\$4.6)	(\$60.3)	(\$69.0)	\$8.7	12.61%	(\$92.0)
Clinical Supplies	(\$11.4)	(\$2.1)	(\$9.3)	(\$43.5)	(\$19.3)	(\$24.2)	-125.42%	(\$25.7)
Infrastructure & Non-clinical	(\$12.7)	(\$11.3)	(\$1.4)	(\$133.6)	(\$106.6)	(\$27.0)	-25.33%	(\$140.5)
Deprn & Financing	(\$7.2)	(\$2.9)	(\$4.3)	(\$57.3)	(\$26.2)	(\$31.1)	-118.94%	(\$34.9)
<b>Total Expenditure</b>	<b>(\$121.1)</b>	<b>(\$89.9)</b>	<b>(\$31.1)</b>	<b>(\$1,004.7)</b>	<b>(\$804.4)</b>	<b>(\$200.4)</b>	<b>-24.91%</b>	<b>(\$1,071.1)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$4.0)</b>	<b>\$15.5</b>	<b>(\$19.5)</b>	<b>(\$30.2)</b>	<b>\$143.8</b>	<b>(\$174.0)</b>	<b>-121.00%</b>	<b>\$193.4</b>



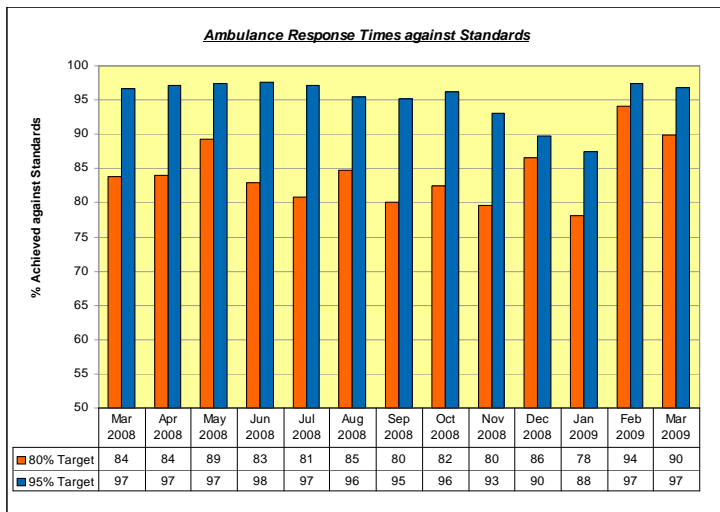
Summary

Key Activity

- Emergency Calls in March 2009
  - Medical = 201
  - Accident = 115
  - Non Emergency Patient Transports (NEPT) = 63
  - Kilometres Travelled 20,506



- Overtime ruling within the collective means that all empty shifts must be offered to paid staff first. Auxiliary staff are resigning within this Service and St John. Some auxiliary staff within this service are also unable to work due to illness or injury. While 5 new auxiliary staff have commenced induction training, they will be unable to operate as fully functioning ambulance officers for another 9 months. With only 4 Advanced Life Support paramedics on staff, we have had to fill empty shifts (caused through annual leave) with outsourced Advanced Paramedics from Wellington Free Ambulance and St John. FTE creep is caused through overtime hours and the need for Patient Transfer Officers to work up to 40 hours per week, although only budgeted for 16 hours per week.
- Clinical supplies have been reviewed and an agreement with the cannula supplier to provide “fit for purpose” goods has been reached. The biggest cost to the service is in the batteries for the defibrillators. These batteries need to be replaced frequently at high cost; therefore CAPEX requests have included replacement lithium batteries which last longer and will reduce costs further.
- Budget adverse variance for infrastructure costs will remain, although costs are reducing monthly.
- The sale of the decommissioned ambulance is expected to occur before the end of the financial year.
- A project to review Patient Transfers in the most cost efficient manner for both the Ambulance Service and the Hospital is expected to commence prior to the new financial year.
- \$1000 has been received by the service as donations in remembrance of 3 recent passings. These funds have been put toward the purchase of replacement equipment. Families have been invited to present the equipment to the service and the first of these donations appeared in the local paper in April 2009.



*This graph shows the response time performance for the Wairarapa ambulance service against national standards.*

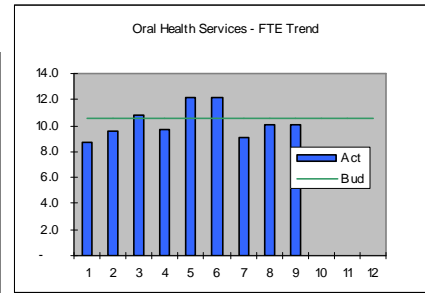
The service has exceeded the target in both categories.



### 6.4.8 Oral Health Services

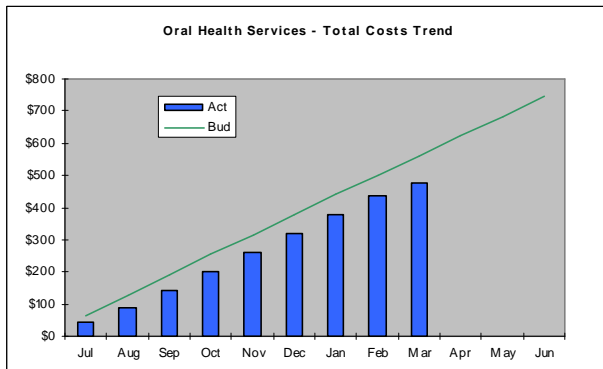
FTE Analysis:

Oral Health Service	FTE Actual	FTE Budget	Variance
Allied Health Staff	9.2	9.4	0.2
Management/Administration Staff	0.9	1.2	0.3
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
<b>Total FTE's</b>	<b>10.1</b>	<b>10.6</b>	<b>0.5</b>



Cost Analysis (000's):

Oral Health Services	Mar-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$43.4	\$142.6	(\$99.2)	\$745.7	\$1,283.4	(\$537.7)	41.90%	\$1,711.2
<b>Expenditure</b>								
Personnel	(\$37.5)	(\$45.2)	\$7.7	(\$419.9)	(\$402.7)	(\$17.2)	-4.26%	(\$536.2)
Outsourced	(\$0.7)	(\$9.3)	\$8.6	(\$0.8)	(\$83.8)	\$83.0	99.00%	(\$111.8)
Clinical Supplies	(\$4.6)	(\$3.8)	(\$0.9)	(\$22.8)	(\$33.9)	\$11.1	32.79%	(\$45.2)
Infrastructure & Non-clinical	\$1.1	(\$2.2)	\$3.2	(\$16.3)	(\$23.3)	\$7.0	29.88%	(\$29.7)
Deprn & Financing	(\$2.0)	(\$1.9)	(\$0.1)	(\$18.6)	(\$17.3)	(\$1.3)	-7.40%	(\$23.0)
<b>Total Expenditure</b>	<b>(\$43.8)</b>	<b>(\$62.4)</b>	<b>\$18.6</b>	<b>(\$478.4)</b>	<b>(\$561.0)</b>	<b>\$82.6</b>	<b>14.72%</b>	<b>(\$745.9)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$0.4)</b>	<b>\$80.2</b>	<b>(\$80.7)</b>	<b>\$267.3</b>	<b>\$722.4</b>	<b>(\$455.1)</b>	<b>-63.00%</b>	<b>\$965.3</b>



Summary

- Bottom line finances reflect the inclusion of the Oral Health project implementation which is separate to the operational function of the Community Oral Health Service. The Ministry of Health's project budget was an indication of maximum funding available; however, the Ministry pays on actual expenses incurred. This means that the budget accruals set against expectation are higher than actual revenue received which reflects as a deficit in the bottom line.
- Personnel expenses show an adverse result due to the ratification of the Allied Health PSA MECA.
- The Oral Health Implementation is making rapid progress with the confirmation that the mobile dental clinics will arrive between mid- July 2009 and mid-August 2009.
- The current DHB systems for patient management and outpatient scheduling have been discounted as suitable for the oral health service after discussions with the DHB IT department. The suggested course of action is to visit



Whanganui and Hawke's Bay DHBs as they run the oral health IT system, Titanium, on the same Citrix network as this DHB. Should this system contain all the components we require, we will then investigate the option of "piggy backing" onto one of their systems with separate licenses for Wairarapa District Health Board staff. This means that expending funding to purchase a system is unnecessary. Costs considered for the new system include license fees, possible new server, and the training of oral health staff.

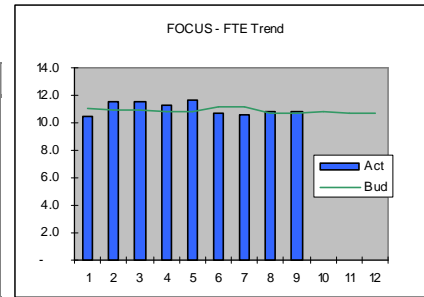
- Each mobile requires 3 phase power to operate. School visits have highlighted the need for connection to this power system and the operating budget within the project has an allowance for site works. As such an electrical engineer has been contracted to scope each proposed site. It is expected that the cost of installing 3 phase power is between \$10-15,000 per site.. The scoping is due to be completed by the end of April 2009 so that final decisions about placement will be made May 2009.
- As a way of seeking alternatives to school placement, Featherston Medical Centre, which has 3 phase power in place for the Mobile Surgical Bus, has offered to host the oral health mobile for 2 weeks per annum. This will allow children from St Teresa's School to walk to their appointments rather than place the mobile on the school site. The Medical Centre and the oral health service will use the placement time of mobile to source opportunistic vaccinations for pre-schoolers.



**6.4.9 FOCUS**

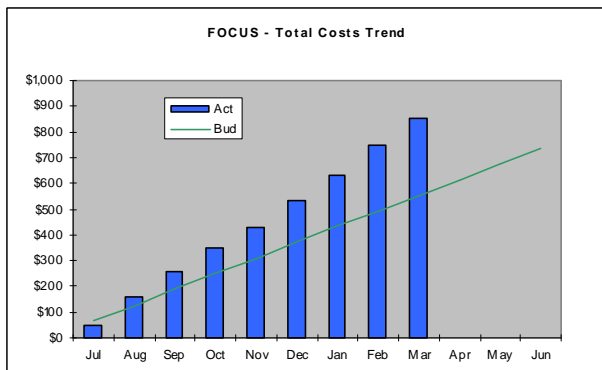
FTE Analysis:

FOCUS	FTE Actual	FTE Budget	Variance
Allied Health Staff	6.0	6.6	0.5
Management/Administration Staff	4.6	4.2	(0.4)
Medical Staff	-	-	-
Nursing Staff	0.2	-	(0.2)
Support Staff	-	-	-
<b>Total FTE's</b>	<b>10.8</b>	<b>10.7</b>	<b>(0.1)</b>



Cost Analysis (000's):

FOCUS NASC	Mar-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$115.1	\$106.5	\$8.5	\$1,033.2	\$958.9	\$74.3	-7.75%	\$1,278.5
<b>Expenditure</b>								
Personnel	(\$53.1)	(\$47.5)	(\$5.6)	(\$460.9)	(\$430.4)	(\$30.5)	-7.08%	(\$571.0)
Outsourced	(\$39.5)	(\$12.0)	(\$27.5)	(\$350.8)	(\$109.3)	(\$241.6)	-221.12%	(\$145.2)
Clinical Supplies	\$0.0	(\$0.0)	\$0.0	(\$0.0)	(\$0.1)	\$0.1	62.77%	(\$0.1)
Infrastructure & Non-clinical	(\$8.7)	(\$1.6)	(\$7.1)	(\$39.1)	(\$15.1)	(\$24.0)	-159.64%	(\$19.8)
Deprn & Financing	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.1)	(\$0.1)	(\$0.0)	-0.18%	(\$0.2)
<b>Total Expenditure</b>	<b>(\$101.3)</b>	<b>(\$61.1)</b>	<b>(\$40.2)</b>	<b>(\$850.9)</b>	<b>(\$554.9)</b>	<b>(\$296.0)</b>	<b>-53.35%</b>	<b>(\$736.3)</b>
<b>Net Surplus/(Deficit)</b>	<b>\$13.8</b>	<b>\$45.4</b>	<b>(\$31.7)</b>	<b>\$182.2</b>	<b>\$404.0</b>	<b>(\$221.7)</b>	<b>-54.89%</b>	<b>\$542.2</b>

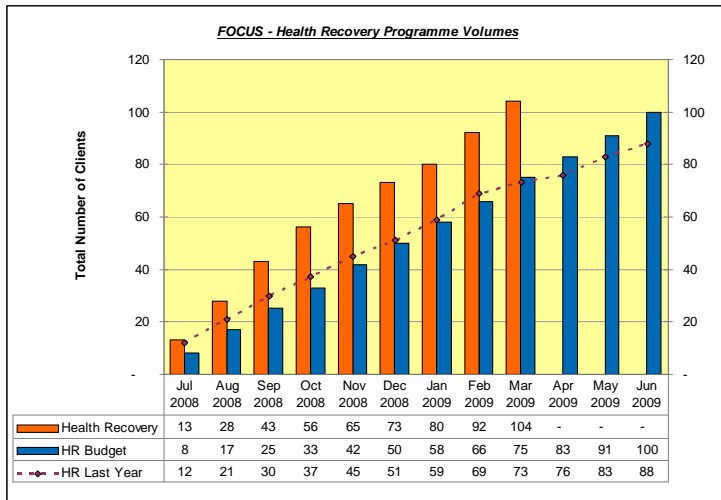


Summary

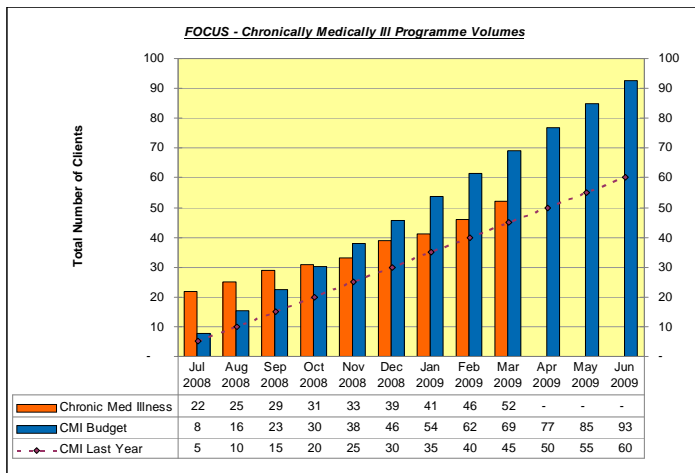
- Personnel Expenditure continues to be higher than budgeted as the additional funding for Single Point of Entry was missed off the 08/9 budget. Increased cost in delivering the on call service is a result of the Allied Health MECA settlement. The FOCUS on call service is being streamlined and more closing aligned to community nursing to assist with access to residential facilities out of hours for palliative clients.
- Outsourced, expenditure continues to be 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.
- Infrastructure and non-clinical expenditure has continued to track over budget related to additional costs around the single point of entry and additional work taken on in this financial year.



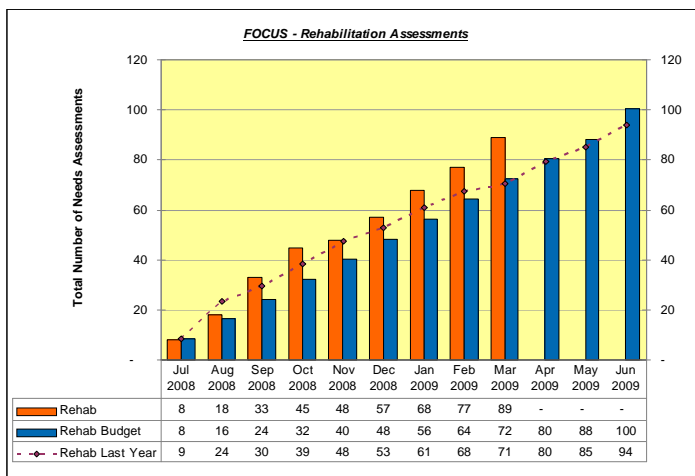
- FOCUS has a waiting list of up to 6 weeks for non urgent referrals. All referrals are contacted within 2 working days.



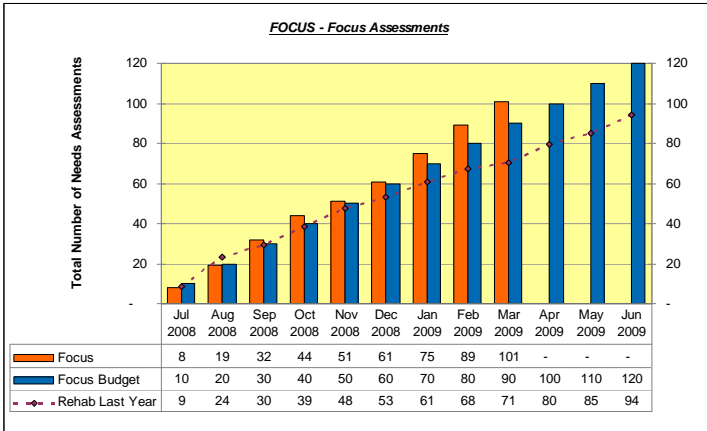
The Health Recovery Programme is tracking above the target volume. Increased volumes have continued with a dedicated person giving a face to this service and programme. An increase in volumes is planned for 09/10 budget. There is a direct correlation between the demand on inpatient hospital beds and Health Recovery referrals. There can be a shortage of hospital level beds in Masterton that are able to deliver the Health Recovery programme and Palliative Care



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 is now called "Gap Funding". Gap funding is internally separated at FOCUS. It currently includes the purchase of some palliative services as well as other supports purchased for people that do not meet current disability criteria. Nationally there is a work group mapping disability criteria gaps to a proposed funder, either the Ministry of Health or District Health Board



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.



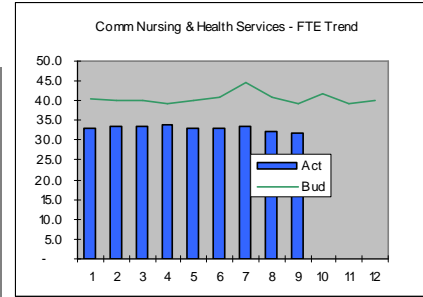
This graph shows the volume of assessments completed in Rehab by FOCUS  
The rehab volumes were increased in the 08/09 financial year, reflecting the needs of the service.



**6.4.10 Community Nursing & Health Services**

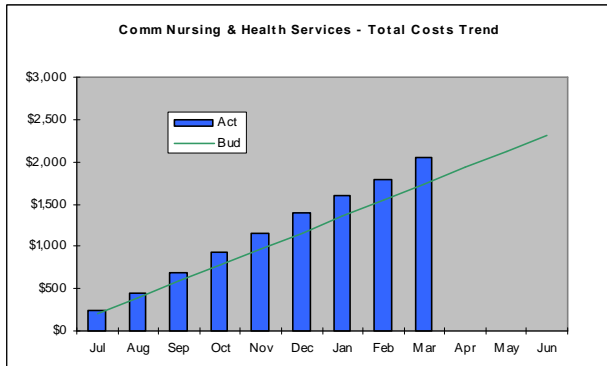
FTE Analysis:

Community Nursing & Health Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	8.4	18.5	10.1
Management/Administration Staff	2.9	2.3	(0.6)
Medical Staff	-	-	-
Nursing Staff	20.4	18.4	(2.0)
Support Staff	-	-	-
<b>Total FTE's</b>	<b>31.8</b>	<b>39.2</b>	<b>7.4</b>



Cost Analysis (000's):

Community Nursing & Health Services	Mar-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$215.2	\$205.7	\$9.6	\$1,869.3	\$1,851.0	\$18.3	-0.99%	\$2,468.1
<b>Expenditure</b>								
Personnel	(\$157.3)	(\$135.8)	(\$21.5)	(\$1,431.8)	(\$1,236.7)	(\$195.1)	-15.78%	(\$1,652.4)
Outsourced	(\$2.6)	(\$1.6)	(\$1.0)	(\$9.5)	(\$15.1)	\$5.6	37.13%	(\$20.0)
Clinical Supplies	(\$68.8)	(\$47.3)	(\$21.6)	(\$546.1)	(\$432.2)	(\$113.8)	-26.34%	(\$574.1)
Infrastructure & Non-clinical	(\$27.5)	(\$4.6)	(\$22.9)	(\$49.0)	(\$48.4)	(\$0.6)	-1.29%	(\$62.0)
Deprn & Financing	(\$1.5)	(\$0.6)	(\$0.9)	(\$12.9)	(\$5.5)	(\$7.4)	-136.10%	(\$7.3)
<b>Total Expenditure</b>	<b>(\$257.8)</b>	<b>(\$189.9)</b>	<b>(\$67.9)</b>	<b>(\$2,049.2)</b>	<b>(\$1,737.8)</b>	<b>(\$311.4)</b>	<b>-17.92%</b>	<b>(\$2,315.8)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$42.5)</b>	<b>\$15.8</b>	<b>(\$58.3)</b>	<b>(\$179.8)</b>	<b>\$113.3</b>	<b>(\$293.1)</b>	<b>-258.79%</b>	<b>\$152.2</b>

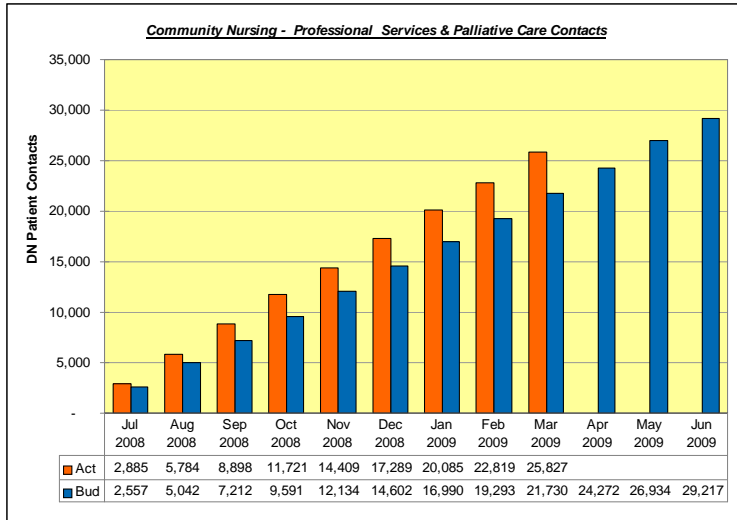


Summary

- Personnel costs are over budget due to the cost of higher duties allowance for staff acting up to cover long term leave and overtime costs to meet the increase in volume and demand on the community services. A process is in place to manage the rise in overtime.
- Costs have risen for clerical staff since we have lost one member of staff and waiting to employ.
- Detailed work is being undertaken by the manager around matching FTE actual costs to budget
- Clinical supplies, in particular incontinence products remain high and ostomy supplies which are on a 3 month billing system. High volume of users since elderly population greater for the area and the early screening for bowel cancer.
- The Clinical Nurse manager is working with ED Staff with the new form for referral of Patients with IV medication.

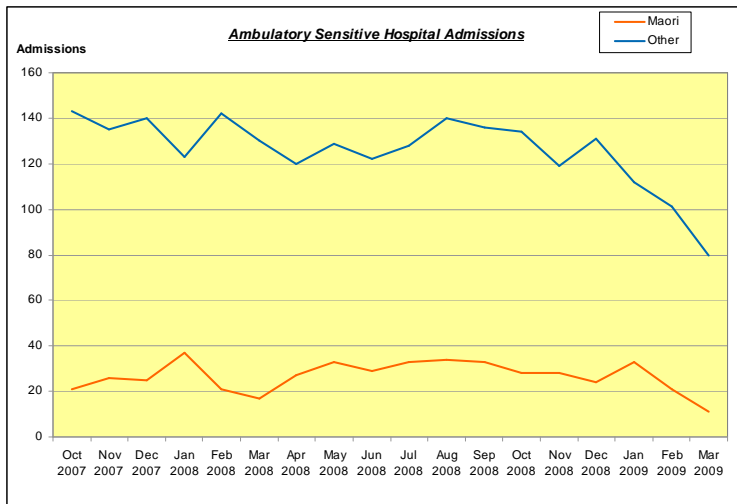


- The IV Numbers are down with sickness leave and limited service into ED
- Short term support workers have finished their training module. The tutor and support registered nurse have passed the Assessor/Verifier award 4098 and marking is under way before moderation takes place in Christchurch.
- The Manager and two CNS Palliative Care Nurses attended the Conference on Liverpool Care Pathway for end of life care. This will be implemented once we have the gold Standard CAT tool audited and running in all areas concerned.



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

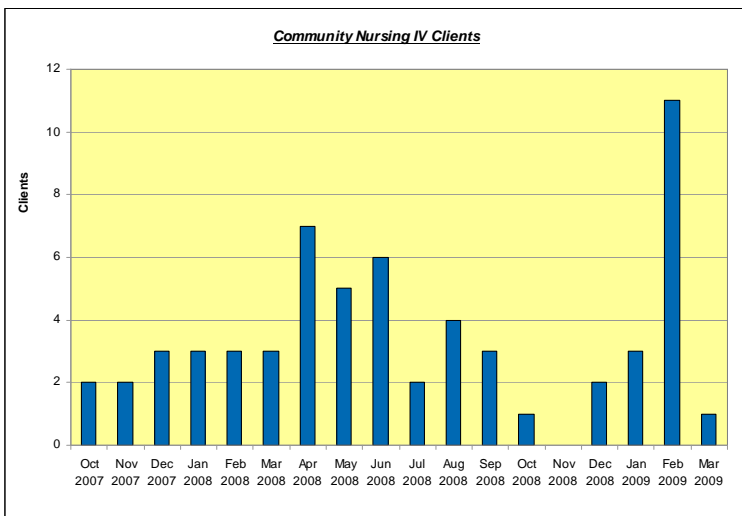
A continued trend of increasing numbers of contacts reflects the proactive approach of the in-reach team and the improved liaison between hospital services and community nursing.



*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.

January to March 09 has seen a seasonal reduction in the overall number of ASH admissions.



**Community Nurse IV clients**

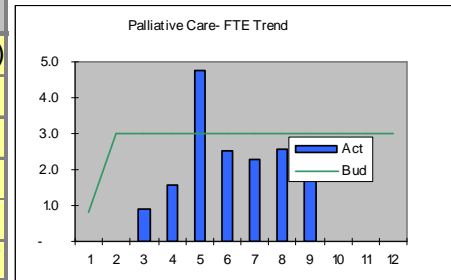
Community nursing has completed a one page referral form and prescription chart. The Clinical Nurse Manager is working with ED staff on the education of new form.



**6.4.11 Palliative Care**

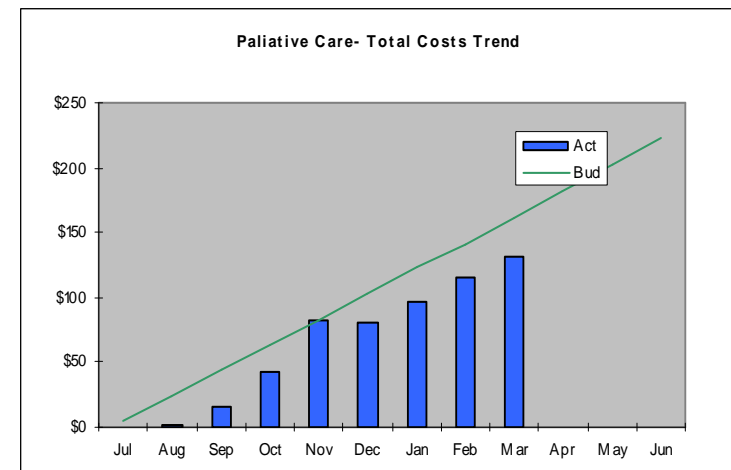
FTE Analysis:

Palliative Care	FTE Actual	FTE Budget	Variance
Allied Health Staff	0.7	0.6	(0.1)
Management/Administration Staff	-	0.2	0.2
Medical Staff	-	-	-
Nursing Staff	1.9	2.2	0.3
Support Staff	-	-	-
<b>Total FTE's</b>	<b>2.6</b>	<b>3.0</b>	<b>0.4</b>



Cost Analysis (000's)

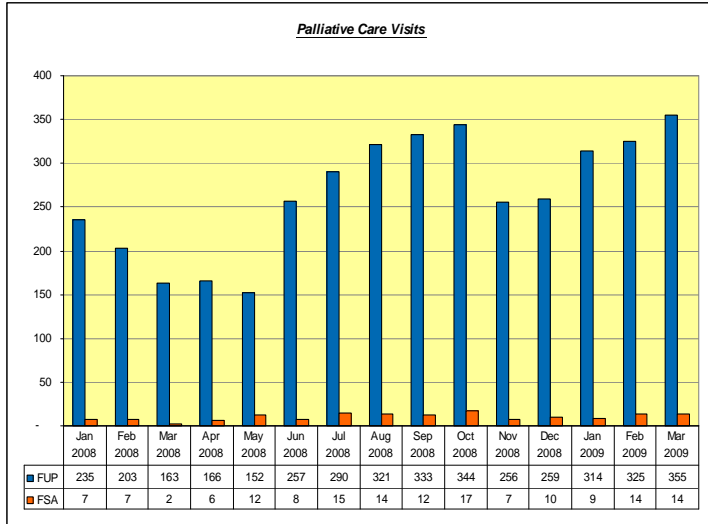
Palliative Care	Mar-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$44.6	\$44.6	(\$0.0)	\$401.6	\$401.5	\$0.2	-0.05%	\$535.3
<b>Expenditure</b>								
Personnel	(\$13.3)	(\$20.0)	\$6.7	(\$103.9)	(\$161.3)	\$57.4	35.61%	(\$222.6)
Outsourced	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
Clinical Supplies	(\$0.1)	\$0.0	(\$0.1)	(\$5.6)	\$0.0	(\$5.6)	0.00%	\$0.0
Infrastructure & Non-clinical	(\$1.4)	\$0.0	(\$1.4)	(\$19.4)	\$0.0	(\$19.4)	0.00%	\$0.0
Deprn & Financing	(\$0.1)	\$0.0	(\$0.1)	(\$1.3)	\$0.0	(\$1.3)	0.00%	\$0.0
<b>Total Expenditure</b>	<b>(\$14.9)</b>	<b>(\$20.0)</b>	<b>\$5.1</b>	<b>(\$130.1)</b>	<b>(\$161.3)</b>	<b>\$31.1</b>	<b>19.31%</b>	<b>(\$222.6)</b>
<b>Net Surplus/(Deficit)</b>	<b>\$29.7</b>	<b>\$24.6</b>	<b>\$5.1</b>	<b>\$271.5</b>	<b>\$240.2</b>	<b>\$31.3</b>	<b>13.04%</b>	<b>\$312.7</b>





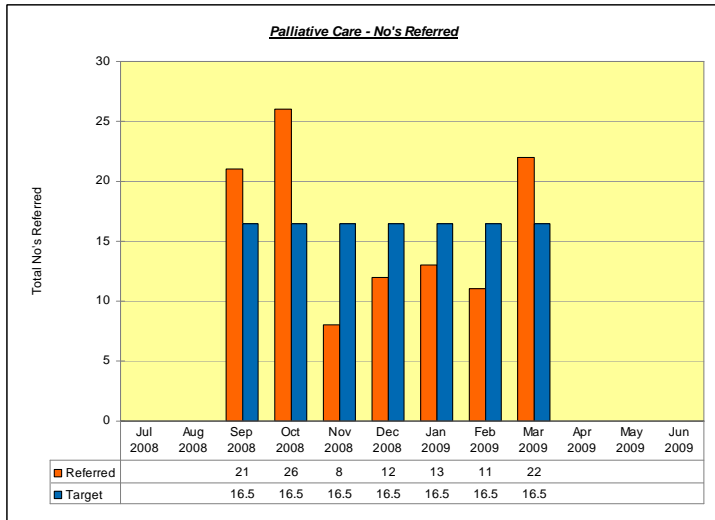
Summary

- Recruitment for the .6 FTE clinical nurse specialist is complete
- Actual costs for infrastructure reflect service set up costs



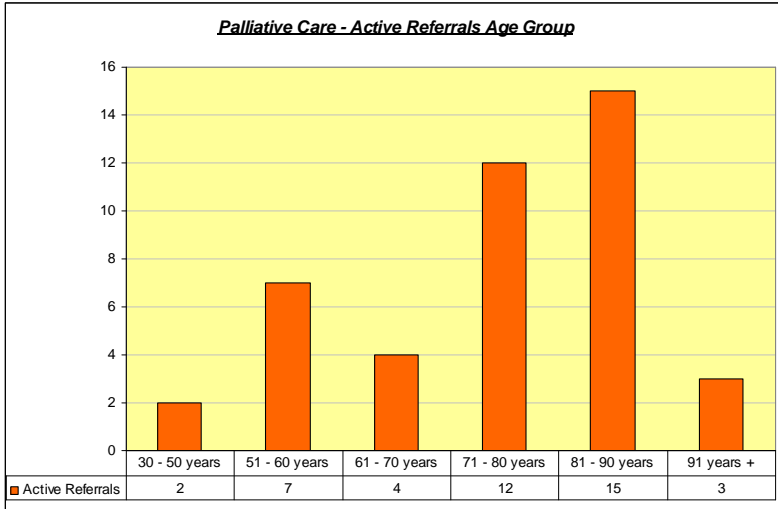
*This graph shows, in blue, the Palliative Care "Follow UP" activity each month and, in orange, the "First Specialist Assessments" each month.*

This is work carried out by the generalist community nursing service – not assessments by the specialist nurses

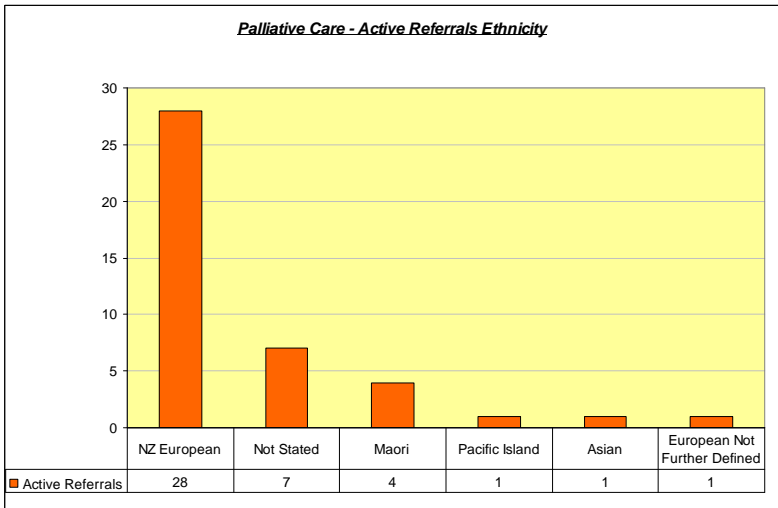


*This graph compares actual referred numbers to the Palliative Care Centre each month against expected referrals.*

There have been an increased number of referrals from inpatients in Wairarapa hospital. Demand has been high for long term hospital level beds in Masterton for persons identified as palliative



This graph shows the active referrals to the Palliative Care Centre by age group as at Feb 09.



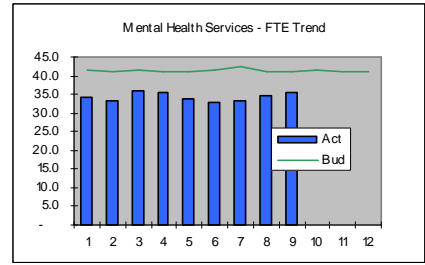
This graph shows the active referrals to the Palliative Care Centre by ethnicity as at Feb 09.



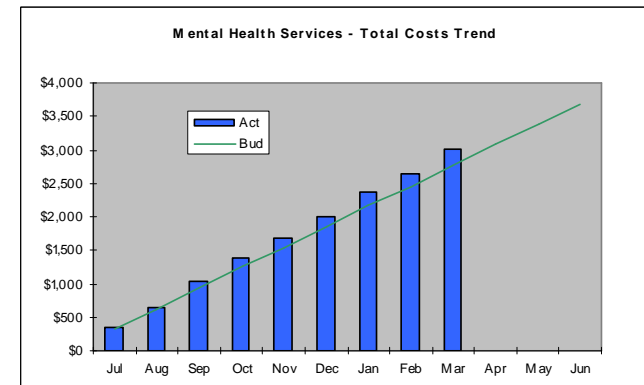
**6.4.12 Mental Health**

FTE Analysis

Mental Health	FTE Actual	FTE Budget	Variance
Allied Health Staff	10.7	16.2	5.5
Management/Administration Staff	4.4	5.0	0.6
Medical Staff	3.2	3.5	0.3
Nursing Staff	17.2	16.4	(0.8)
Support Staff	-	-	-
<b>Total FTE's</b>	<b>35.5</b>	<b>41.1</b>	<b>5.6</b>



Mental Health	Mar-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$375.7	\$375.9	(\$0.3)	\$3,381.0	\$3,383.1	(\$2.1)	0.06%	\$4,510.8
<b>Expenditure</b>								
Personnel	(\$285.1)	(\$255.3)	(\$29.7)	(\$2,518.7)	(\$2,276.5)	(\$242.2)	-10.64%	(\$3,038.8)
Outsourced	(\$38.5)	(\$39.1)	\$0.6	(\$349.7)	(\$356.5)	\$6.9	1.92%	(\$473.7)
Clinical Supplies	(\$1.7)	(\$1.3)	(\$0.4)	(\$10.7)	(\$12.0)	\$1.3	10.95%	(\$16.0)
Infrastructure & Non-clinical	(\$30.4)	(\$12.2)	(\$18.2)	(\$126.3)	(\$117.3)	(\$9.0)	-7.65%	(\$153.8)
Deprn & Financing	(\$0.4)	(\$0.2)	(\$0.2)	(\$3.1)	(\$2.0)	(\$1.1)	-52.55%	(\$2.7)
<b>Total Expenditure</b>	<b>(\$356.0)</b>	<b>(\$308.1)</b>	<b>(\$47.9)</b>	<b>(\$3,008.5)</b>	<b>(\$2,764.5)</b>	<b>(\$244.0)</b>	<b>-8.83%</b>	<b>(\$3,685.0)</b>
<b>Net Surplus/(Deficit)</b>	<b>\$19.6</b>	<b>\$67.8</b>	<b>(\$48.2)</b>	<b>\$372.5</b>	<b>\$618.6</b>	<b>(\$246.2)</b>	<b>-39.79%</b>	<b>\$825.9</b>



Summary

**Current vacancies:**

Maori Mental Health Professionals: Adult MHS 1.7 fte. CAMHS 2.0 fte.

CAMHS: 0.1 fte vacancy in Allied Health.

An additional 1.0 fte Maori CSW position implemented in Crisis Respite. 0.3 fte Maori Mental Health Professional position filled in the Adult service

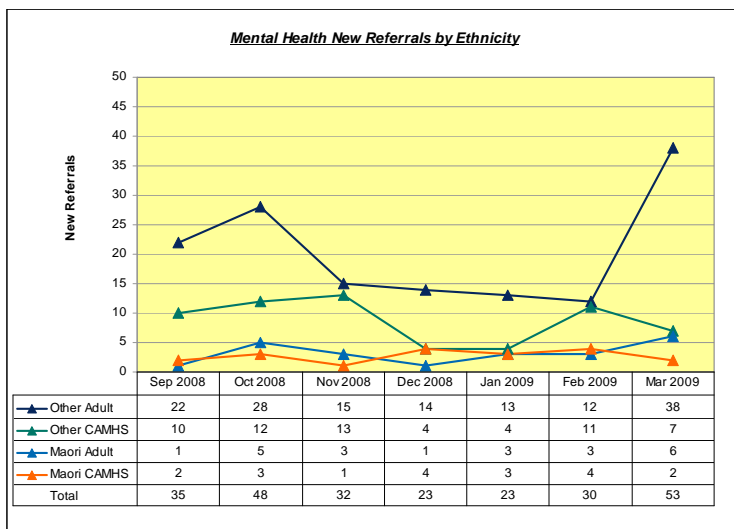
Adult: Occupational Therapist: 1.0 fte (appointment made, commencing duties mid April); Psychiatrist 1.0 fte (currently filled by 0.6 fte locum – renegotiated down to 0.4 fte starting 1 April). 1.0 fte Nursing vacancy to be filled by 0.5 fte GP Liaison nurse and 0.5 fte Nurse Educator positions in July.

Management/admin staff: No vacancies



Cost Analysis

- Over expenditure in Personnel due to high locum psychiatrist costs and associated on call allowances for 1:3 and during leave 1:2 medical staffing roster. Locum contract has been renegotiated down from 0.6 fte to 0.4 fte from 1 April, which reduces costs by approx. \$10,000 per month, (dependent on potential unforeseen crisis call outs which will reduce anticipated savings).
- Over expenditure in nursing budget offset by under expenditure in allied health due to vacancies. However high cost of staffing due to omission of allowances to cover 24/7 duties in 08/09 budget. Current vacancies in Maori mental health professional and 1 Adult MH professional positions to be maintained until new financial year. The vacancy in Adult will be filled by 0.5 fte GP Liaison Nurse and 0.5 fte Nurse Educator position to be re-coded from CAMHS to Adult in July 09.
- Infrastructure over expenditure mainly due to 9 months recharges for vehicles both for Adult MHS and CAMHS (9 vehicles in total)
- Over expenditure in Depreciation & Financing: control over this budget sits with corporate services.

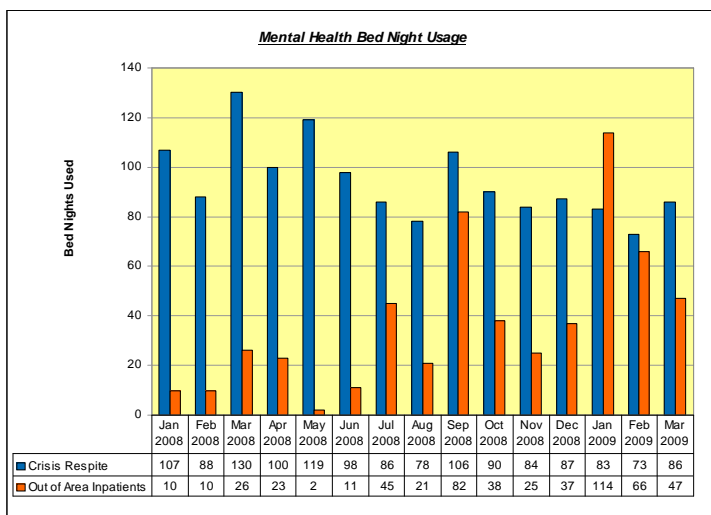


*This graph shows the new referrals to the Mental Health services in the month. Those referrals from Maori patients are shown separately as this is an area of particular focus for the service.*

Adult MH team Maori referrals increased by 50% compared to Jan & Feb. There has been a marked increase in non-Maori referrals during March compared to previous 4 months, which have been processed without delays

CAMHS referrals both for Maori and non Maori have dropped compared to Feb. A project is planned to increase referrals and access.

Recruitment for vacant Maori MHS positions in both teams will commence at the start of the new financial year.



*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.*

Crisis Respite bed usage for adults continues to be constant, averaging 70% occupancy over the past 9 months.

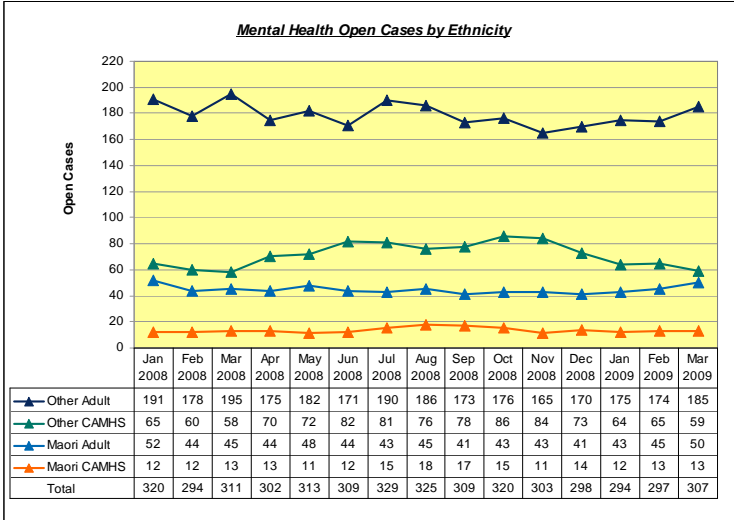
CAMHS admitted 1 young person to CRRC for 3 nights only.

Acute inpatient bed utilisation dropped from 114 (Jan) and 66 (Feb) bed nights to 47 in March, consisting of 4 patients compared to 7 in Feb.

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

One 11 yr old was admitted to the Paediatric Unit at Hutt Valley DHB for joint management between Wairarapa & Hutt Valley Paeds, Wairarapa CAMHS and CREDS (Eating Disorder Service).

No bed nights were used at Rangatahi Unit



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

Adult: Total open cases has increased by 16, and Maori has seen an increase of 5.

CAMHS: A small drop in total of open cases from 78 in Feb to 71 in March. Team leader is currently networking intensively and involved in inter-agency/services projects to address access to CAMHS.



## 6.5 Support Services

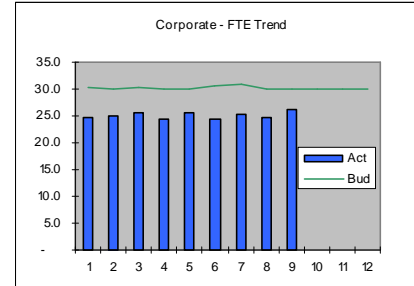
	Act	Mar-2009 Bud	Var	Act	YTD Bud	Var	Var %		FY Bud
<b>Financial (000's)</b>									
Revenue	(\$491)	\$55	(\$546)	\$871	\$488	\$383	78.5%	✓	\$653
Personnel Costs	(\$745)	(\$260)	(\$486)	(\$1,856)	(\$2,322)	\$466	20.1%	✓	(\$3,091)
Outsourced Costs	(\$5)	(\$4)	(\$2)	(\$49)	(\$37)	(\$12)	-32.9%	✗	(\$48)
Other Costs	(\$733)	(\$825)	\$93	(\$7,384)	(\$7,486)	\$102	1.4%		(\$9,962)
<b>Net Performance</b>	<b>(\$1,974)</b>	<b>(\$1,033)</b>	<b>(\$941)</b>	<b>(\$8,417)</b>	<b>(\$9,357)</b>	<b>\$940</b>	<b>10.0%</b>	✓	<b>(\$12,447)</b>
<b>FTE's</b>									
Allied Health Staff	-	-	-	-	-	-	0.0%		-
Management/Administration Staff	29.5	34.7	5.2	28.3	35.0	6.6	-19.0%	✗	34.9
Medical Staff	-	-	-	-	-	-	0.0%		-
Nursing Staff	1.1	1.1	-	1.0	1.1	0.1	-7.9%	✗	1.1
Support Staff	7.5	8.5	0.9	7.6	8.6	0.9	-11.0%	✗	8.6
<b>Total FTE</b>	<b>38.2</b>	<b>44.3</b>	<b>6.1</b>	<b>37.0</b>	<b>44.7</b>	<b>7.7</b>	<b>17.2%</b>	✓	<b>44.6</b>



**6.5.1 Corporate**

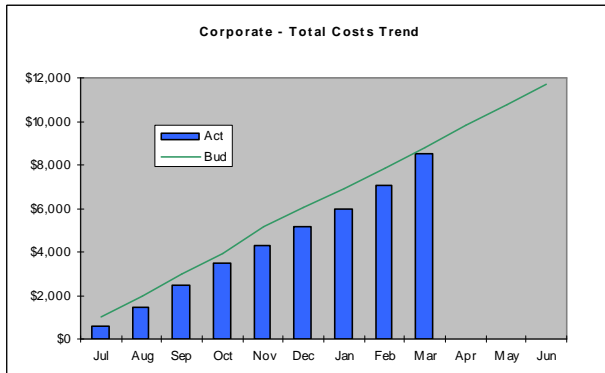
FTE Analysis:

Corporate Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	18.6	21.4	2.8
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	7.5	8.5	0.9
<b>Total FTE's</b>	<b>26.1</b>	<b>29.9</b>	<b>3.8</b>



Cost Analysis (000's):

Corporate Services	Mar-2009			YTD Act	YTD Bud	YTD Var	YTD % of Bud	FY Bud
	Act	Bud	Var					
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	(\$496.6)	\$53.3	(\$549.9)	\$826.2	\$472.6	\$353.6	-74.81%	\$632.4
<b>Expenditure</b>								
Personnel	(\$678.5)	(\$185.8)	(\$492.7)	(\$1,266.7)	(\$1,665.3)	\$398.6	23.93%	(\$2,215.4)
Outsourced	(\$5.4)	(\$2.0)	(\$3.4)	(\$39.5)	(\$19.5)	(\$20.0)	-102.37%	(\$25.5)
Clinical Supplies	(\$25.9)	(\$37.3)	\$11.4	(\$375.0)	(\$335.8)	(\$39.2)	-11.67%	(\$447.8)
Infrastructure & Non-clinical	(\$421.9)	(\$479.4)	\$57.4	(\$4,730.0)	(\$4,368.2)	(\$361.8)	-8.28%	(\$5,806.3)
Deprn & Financing	(\$252.3)	(\$269.7)	\$17.4	(\$2,062.2)	(\$2,427.7)	\$365.5	15.06%	(\$3,236.9)
<b>Total Expenditure</b>	<b>(\$1,383.9)</b>	<b>(\$974.2)</b>	<b>(\$409.7)</b>	<b>(\$8,473.4)</b>	<b>(\$8,816.6)</b>	<b>\$343.2</b>	<b>3.89%</b>	<b>(\$11,731.9)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$1,880.6)</b>	<b>(\$920.9)</b>	<b>(\$959.6)</b>	<b>(\$7,647.2)</b>	<b>(\$8,344.0)</b>	<b>\$696.8</b>	<b>-8.35%</b>	<b>(\$11,099.5)</b>



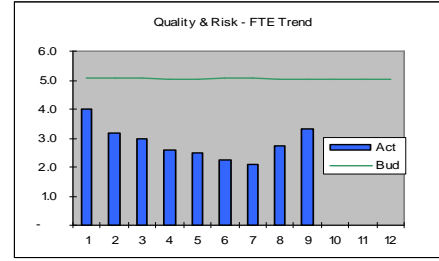
Summary



**6.5.2 Quality & Risk**

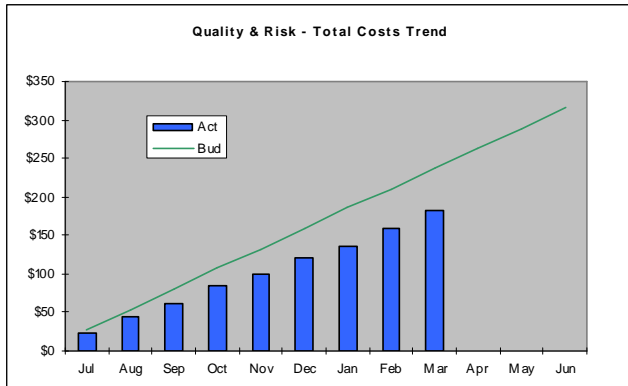
FTE Analysis:

Quality & Risk	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	2.2	3.9	1.7
Medical Staff	-	-	-
Nursing Staff	1.1	1.1	-
Support Staff	-	-	-
<b>Total FTE's</b>	<b>3.3</b>	<b>5.0</b>	<b>1.7</b>



Cost Analysis (000's):

Quality & Risk	Mar-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$4.9	\$1.7	\$3.3	\$44.3	\$15.0	\$29.3	-195.64%	\$20.0
<b>Expenditure</b>								
Personnel	(\$21.3)	(\$23.6)	\$2.3	(\$147.0)	(\$210.7)	\$63.7	30.24%	(\$281.0)
Outsourced	\$0.0	(\$0.6)	\$0.6	(\$9.3)	(\$6.1)	(\$3.2)	-51.72%	(\$7.9)
Clinical Supplies	(\$0.3)	(\$0.0)	(\$0.2)	(\$1.1)	(\$0.2)	(\$0.8)	-366.10%	(\$0.3)
Infrastructure & Non-clinical	(\$1.9)	(\$1.0)	(\$0.9)	(\$16.1)	(\$10.0)	(\$6.1)	-61.05%	(\$13.1)
Deprn & Financing	(\$1.1)	(\$1.1)	(\$0.0)	(\$9.7)	(\$9.6)	(\$0.1)	-0.88%	(\$12.9)
<b>Total Expenditure</b>	<b>(\$24.5)</b>	<b>(\$26.3)</b>	<b>\$1.7</b>	<b>(\$183.2)</b>	<b>(\$236.7)</b>	<b>\$53.5</b>	<b>22.61%</b>	<b>(\$315.1)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$19.6)</b>	<b>(\$24.6)</b>	<b>\$5.0</b>	<b>(\$138.8)</b>	<b>(\$221.7)</b>	<b>\$82.9</b>	<b>-37.37%</b>	<b>(\$295.1)</b>



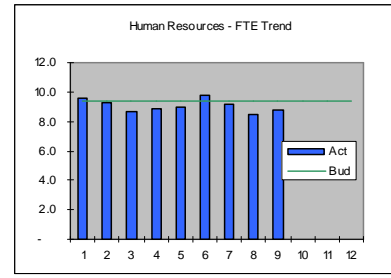
Summary



### 6.5.3 Human Resources

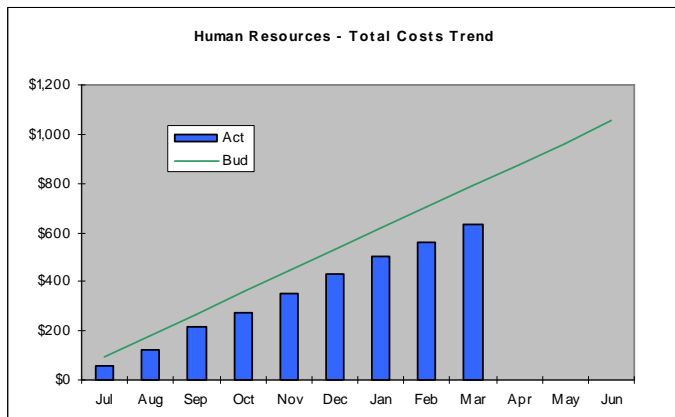
FTE Analysis:

Human Resources	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	8.8	9.4	0.6
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
<b>Total FTE's</b>	<b>8.8</b>	<b>9.4</b>	<b>0.6</b>



Cost Analysis (000's):

Human Resources	Mar-2009			YTD	YTD % of Bud	FY Bud	
	Act	Bud	Var				Act
<b>Financial (000's)</b>							
<b>Revenue</b>							
Revenue	\$0.4	\$0.1	\$0.3	\$0.9	\$0.6	\$0.3 -51.93%	\$0.8
<b>Expenditure</b>							
Personnel	(\$45.5)	(\$50.2)	\$4.7	(\$442.4)	(\$446.4)	\$4.0 0.90%	(\$594.4)
Outsourced	\$0.0	(\$1.2)	\$1.2	\$0.0	(\$11.1)	\$11.1 100.00%	(\$14.8)
Clinical Supplies	(\$0.0)	(\$0.0)	\$0.0	(\$0.1)	(\$0.4)	\$0.2 65.69%	(\$0.5)
Infrastructure & Non-clinical	(\$28.8)	(\$36.2)	\$7.3	(\$186.3)	(\$330.9)	\$144.6 43.71%	(\$439.4)
Depm & Financing	(\$0.3)	(\$0.4)	\$0.1	(\$3.5)	(\$3.4)	(\$0.2) -5.42%	(\$4.5)
<b>Total Expenditure</b>	<b>(\$74.7)</b>	<b>(\$88.0)</b>	<b>\$13.3</b>	<b>(\$632.3)</b>	<b>(\$792.1)</b>	<b>\$159.8 20.17%</b>	<b>(\$1,053.5)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$74.3)</b>	<b>(\$88.0)</b>	<b>\$13.7</b>	<b>(\$631.4)</b>	<b>(\$791.6)</b>	<b>\$160.1 -20.23%</b>	<b>(\$1,052.7)</b>



Summary

- The DHB/NDU Ambulance Service CEA has been ratified by the union and we will begin working on the implementation.
- A trial has been conducted utilising a Medical Officer to assist Consultants in the Medical Unit. This has proven to be successful and will be considered as a future option.
- Staff of AMS Ltd Auckland (AMS is the provider of the HRIS software) spent 3 days at the DHB supporting the implementation of new software and provided training to a number of employees from HR, Finance and IT.
- The March Professional Managers Leadership Development workshop was held on 4 March, which covered the DAP and managers obligations under the document. The session was attended by 22 managers, team leaders and others. The April workshop will look at Project Management.



<b>Employment Group</b>	<b>Progress as at 7 April 2009</b>
Obstetrician & Gynaecologists	Dr Maha Jaber appointed; commences Aug 09.
Anaesthetist	Awaiting confirmation of start date for Consultant
Emergency	We continue the search for MOSS and Consultants in ED.
Paediatrician	Clinician has been appointed. Start date to be advised on receipt of Medical Council approval
Medical Officer	Continue to seek candidates to cover anticipated RMO vacancies for future rotations. RMO's are in high demand nationwide.
Community & Public Health	<ul style="list-style-type: none"> <li>• CNS Palliative - appointment made Dental Therapist – candidates interviewed and offer made to preferred candidate</li> <li>• HPV Administrator - appointment made</li> <li>• Vision and Hearing technician – appointment made</li> <li>• Public Health Nurse – Offer made</li> <li>• Ambulance: 4 x Watch Officer roles; Appointed</li> <li>• NIR Administrator – Advertised</li> <li>• Health Promoter - Advertised</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>• Psychiatrist Appointed</li> </ul>
Maori Health Directorate	Nil
Hospital Services	<ul style="list-style-type: none"> <li>• RN vacancies – 1.7 FTE across hospital services (excluding below).</li> <li>• Midwifery –2 FTE commencing March/April; Fixed term and casual agreements in place in meantime as cover. Current vacancy is .6FTE permanent</li> <li>• Ward Clerk, Patient Services – advertising</li> <li>• Rehab Support Worker – Commenced and orientation completed</li> <li>• Clinical Typist – Advertising</li> <li>• Sonographer – advertising continues, locums filling for short period</li> <li>• Selina Sutherland – appointed</li> <li>• RN, Ophthalmology – interviews being held in April</li> </ul>
Other Vacancies	<ul style="list-style-type: none"> <li>• HR Admin (fixed term) – Appointed</li> <li>• HEHA Education Coordinator – Offer made</li> <li>• Admin Assistant, RMO's – advertising fixed term role</li> <li>• Team Leader Facilities –Offer made</li> </ul>



## 6.5.4 Nursing Directorate

### March 2009

Programmes commenced earlier in the year are now well embedded. The Nursing Entry to Practice programme with the provider arm graduates all fully functioning in their specific area of practice. Ongoing support will continue from a distance through their preceptors, the programme's study days and Coordinator. The model of care in medical surgical continues to progress favourably. The ward has been busier which has created some challenges at times but this has been well managed by the Clinical Nurse Manager, Unit Managers and the teams. The project team is now meeting fortnightly. Releasing Time to Care in ED has had some set backs with the CNM now working more shifts on the floor and less time available to dedicate to project work. No significant gains will occur with this project in medical surgical as the resource required is currently not available. It is more important to concentrate on the model of care for now and getting that right first. A push on care planning will take place in April.

The Nursing and Midwifery training and education programme for the year is well underway, however, attendance continues to be low from provider arm nurses, mainly due to financial constraints. Other methods of delivery are occurring, however, these are used in association with the study days provided. Monitoring of training will be essential going forward as a review of the number of hours that nurses are receiving annually has shown that a significant percentage are not receiving the twenty hours annually that is required to maintain competence under the HPCA Act. Journal Club recommenced for the year with a total of thirteen nurses attending which is the highest number to date. This is a pleasing result.

Student placements are still hard to find, however, there is little the DHB and other providers can do given their limited registered nurse numbers. All students must be supervised by a registered nurse who has been trained in preceptorship. The Director of Nursing attended the March UCOL Advisory meeting and explained that the programme was established based on the premise that students would go out of the district for placements in their second year. The current Head of School was unaware of that fact. Notwithstanding that, providers are trying their best to place the students when and if they can. The dedicated Education Unit concept is progressing, albeit it slowly. The Director of Nursing, and two nurses, will along with UCOL representatives, visit Canterbury DHB and CPIT in the next three months to see the model in action.

Figures regarding our local Maori workforce have emerged in the last month. A total of twenty Maori nurses have graduated here in the Wairarapa in the last three years. Of that number four have left the district, but the remaining sixteen are in the local workforce, with a spread across all sectors.

Further training of a cohort of ten Health Care Assistants, predominantly for the Rehab area, occurred in March. The trainees had a breadth of experience ranging from none at all through to years worked as a carer in aged and residential care. The majority of their competencies are now signed off, however, the large number made the management of the practical aspects of training more difficult this time.

An audit on Falls Risk assessment was undertaken with results showing need for improvement. A number of nurses were recognised by the Quality and risk Department for their high standards of documentation. A falls prevention training plan has been completed. The Nurse Educators are working with the Quality department to implement training.

The Director of Nursing attended the Primary Health Care Nursing Expert Advisory Group meeting this month. The Clinical Leadership Task group report, "In Good Hands" was released to DHBs by the Minister of Health. The organisation is engaging in how we progress clinical leadership in this DHB. The Nursing Directorate is preparing of two audits in May, NetP Expansion programme audit and the PDRP Audit.



## 6.5.5 Maori Health

### WAIRARAPA DISTRICT HEALTH BOARD – HOSPITAL ADVISORY COMMITTEE MĀORI HEALTH REPORT APRIL 2009

#### Te Arawhata Tōtika – Cultural Competency Co-ordinator

- Working with WDHB communications on a media strategy for In Site regarding the role out of Te Arawhata Tōtika and lifting Māori cultural awareness for staff
- Meeting and relationship building with wider networks
- Reviewing the use of language in regards to language that can feel threatening to staff and language that can invite staff to participate eg. Cultural Competence vs. Cultural Confidence
- Supporting and participating in VIP and Tikanga Best Practice training

#### Kaitātaki Whānau Ora Facilitator

- Regular attendance at MSW, AT&R and Paediatric MDTs
- Daily visits to wards
- Smokefree support
- DNA follow-ups and home visits
- Supported and mediated a complaints process between whānau and maternity, extremely positive outcome achieved
- Attended Cervical Cancer focus group looking at inequalities of cervical cancer treatment and survival between Māori and non-Māori

#### Kaumātua Specialist Cultural Advisor

- Supporting orientation and powhiri process for new WDHB staff
- Training in Tikanga Best Practice
- Liaison with kaumātua

#### Kaiwhakarite Waiora – Māori Health Co-ordinator

- Policy reviews and updates
- Supporting and partaking in on-line ED & MHS training
- Attendance at UCOL Graduation in representation of WDHB
- Updating of Māori Health Unit information
- Establishing closer links with Whaiora and WDHB to support continuum of care upon discharge for service users of hospital services
- Working alongside Barry Taylor Suicide Prevention Co-ordinator to establish a hui with the Māori Community thereby enabling a localised Suicide Prevention plan to be developed
- Supporting re-establishment of Te Hauora o te Karu o te Ika (Māori Provider collaborative)
- A hui was convened with Manager Elective Services, Colposcopy Nurse, Perioperative and Inpatient Unit Manager, Outpatients Booking Clerk, Whaiora CNL and Māori Health to discuss the issue of DNAs. Several pieces of work have been identified that need to be undertaken at a wider hospital level.

#### Māori DNA Intervention

To address the immediate issue of Māori DNA's it was decided that Māori Health with the support of Whaiora would implement an early intervention model. This is due to start beginning of May, the process will be as follows:

- A fortnightly rotation of expected appointments will be forwarded to Māori Health in advance of appointment
- Whaiora will follow up their clients
- Kaitātaki Whānau Ora Facilitator will make contact with those due for appointments
- Any issues that may arise are hoped to be identified and addressed in advance

The expected outcome is:

- There will be a drop in DNA's
- Issues / problems will be identified early and measures to address these will happen prior to the appointment



- Outpatients booking administrator will advise of any changes to clinics so service user can be notified
- Those that do still DNA will continue to be followed up by Kaitātaki Whānau Ora / Whaiora
- A data base will be created for why people can not attend appointments
- Whaiora will track their clients and possibly pick up those that are still not attending appointments

The kaitātaki Whānau Ora has been following up on present DNA's, some of the findings to date for non-attendance of appointments include:

- Whānau did attend appointment but noted as DNA
- Did present at clinic had too long a wait with no one keeping them informed walked out
- Did present but got irritated at noticing others who arrived after them being seen first so walked out
- Difficulty understanding what the appointment was for
- Accents are a barrier to understanding what is being said and people are not feeling empowered enough to ask questions
- Moved out of the area
- Felt better and wanted to cancel

The possibility developing a new outpatient brochure is being looked at that will be sent out with all appointments. The brochure will provide information on:

- The number of outpatient clinics happening at any one time
- An understanding of why waiting areas are full - this being due to a range of outpatient specialist appointments being co-ordinated from the same waiting area
- What to do if you have been waiting for more than half an hour
- What to do if unsure that you need to attend your appointment

#### **Taku Wahi – My Place Hospital Accommodation update**

A meeting was held 31<sup>st</sup> March 2009 to discuss the way forward with Taku Wahi – My Place, especially in regards to 'Policy and Procedures'. A review of current documentation and costings was undertaken by Facilities & Logistics and a set of draft guidelines and protocols are currently circulating for comment. It has been proposed that the following responsibilities for Taku Wāhi – My Place whānau accommodation will be as follows:

##### Facilities & Logistic:

- Maintenance, building and utilities
- Inventory control
- Maintenance of protocols, keys, bond management systems

##### Hospital Services:

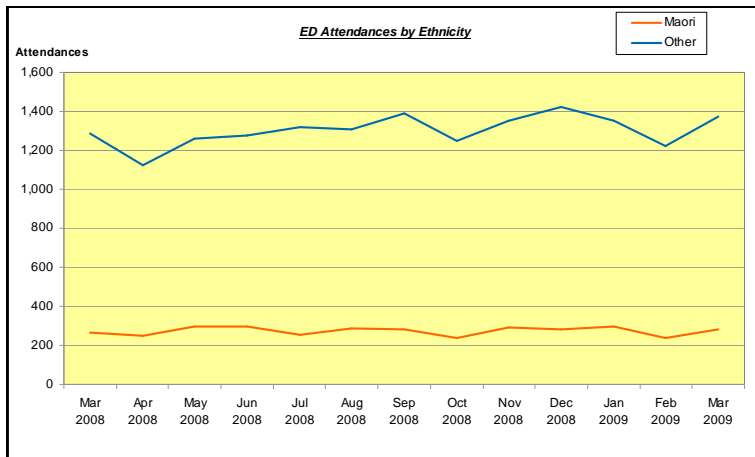
- Provide key management services
- Provide 24 hr arrival / departure and some key / bond management

##### Māori Health

- Support as required within business hours



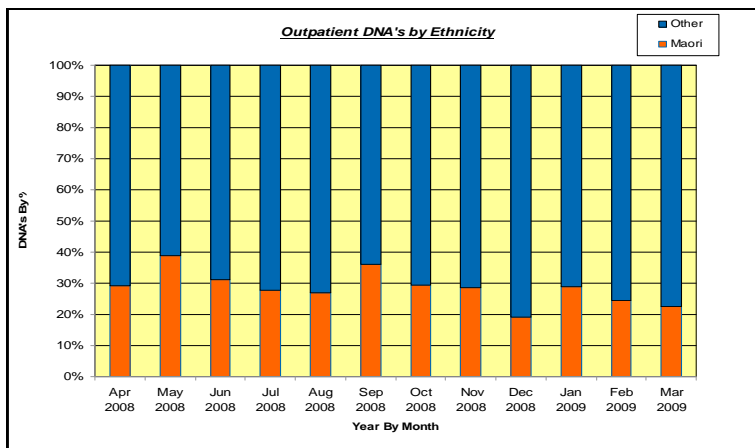
March 2009 Maori Admissions to Wairarapa Hospital		
	Number	Maori % of total
ED Attendances	281	17.0%
<b>Admissions</b>		
Acute (ED, AAU, HDU)	23	11.1%
ATR	1	3.4%
Daycase	18	12.3%
MATY (SCBU, MAT, MNB)	18	24.0%
MSW	28	9.8%
PAEDS	17	33.3%
<b>OPD First Attendances</b>		
OPD First Attendances DNA's	17	29.8%
OPD Follow Ups	129	11.5%
OPD Follow Ups DNA's	20	21.7%
Births	11	28.2%



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

Relationships continue to be built with ED & Māori Health.

Māori Health partaking in online training delivered via Te Rau Matatini. Training is centred on ED & MHS interface and working with Māori.



*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%.*

- 46 x DNA follow ups and contacts made
- 1 x support with transport to attend appointment
- 3 x home visits contact made
- 3 x referrals to Whaiora



	epFiscalYear: Data		ethBroadGr		2009 Sum of Patients	2009 Sum of Patients
	2009					
	Sum of Patients		% of Patients			
Patient Analysis	Maori	Other	Maori	Other		
<b>ED Attendance</b>						
1	5	19	20.8%	79.2%	24	100.0%
2	158	750	17.4%	82.6%	908	100.0%
3	883	4,249	17.2%	82.8%	5,132	100.0%
4	859	4,004	17.7%	82.3%	4,863	100.0%
5	498	2,651	15.8%	84.2%	3,149	100.0%
Uncoded	102	528	16.2%	83.8%	630	100.0%
<b>ED Attendance Total</b>	<b>2,505</b>	<b>12,201</b>	<b>17.0%</b>	<b>83.0%</b>	<b>14,706</b>	<b>100.0%</b>
<b>Inpatients</b>						
ACUTE	277	1,596	14.8%	85.2%	1,873	100.0%
ATR	9	213	4.1%	95.9%	222	100.0%
DAY	152	1,145	11.7%	88.3%	1,297	100.0%
MAT/NEO	250	584	30.0%	70.0%	834	100.0%
MSW	274	2,011	12.0%	88.0%	2,285	100.0%
PAED	183	383	32.3%	67.7%	566	100.0%
<b>Inpatients Total</b>	<b>1,145</b>	<b>5,932</b>	<b>16.2%</b>	<b>83.8%</b>	<b>7,077</b>	<b>100.0%</b>
<b>Outpatients</b>						
FIRST - ATT	688	5,191	11.7%	88.3%	5,879	100.0%
FIRST - DNA	129	368	26.0%	74.0%	497	100.0%
FOLLOWUP - ATT	991	8,607	10.3%	89.7%	9,598	100.0%
FOLLOWUP - DNA	216	532	28.9%	71.1%	748	100.0%
<b>Outpatients Total</b>	<b>2,024</b>	<b>14,698</b>	<b>12.1%</b>	<b>87.9%</b>	<b>16,722</b>	<b>100.0%</b>
<b>Births</b>						
	epFiscalYear: Data		ethBroadGr		2009 Sum of Births	2009 % of Births
	2009					
	Sum of Births		% of Births			
	Maori	Other	Maori	Other		
Total	118	265	30.8%	69.2%	383	100.0%
<b>Initiative Procedures</b>						
	epFiscalYear: Data		ethBroadGr		2009 Sum of Patients	2009 % of Patients
	2009					
	Sum of Patients		% of Patients			
Initiative	Maori	Other	Maori	Other		
Cataract	8	148	5.1%	94.9%	156	100.0%
Orthopaedic	8	81	9.0%	91.0%	89	100.0%



## SECTION 7: Ad Hoc Reports

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### Wairarapa District Health Board

#### Quality and Risk

March 2009

#### 1. General Overview

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- Working with theatre staff to review the options for improving surgical safety based on the WHO and lessons learnt post SSE release.
- Continuing to work on the review of reportable events to ensure improvements occur as a result of the investigations.
- Trends show an increase in the number of falls, inpatient audit completed and Q&R Manager working with the falls management group to identify possible improvements.
- Revisiting the development and review process of Policies/Protocols/Procedures. Draft document to be released for consultation next month.
- Starting the process of developing service quality plans in each area to reflect the service level developments.

#### 2. Quality

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##### Health & Safety:

- Follow up Use of Liquid Nitrogen in OPD following a report from the National Q&R Managers group re: explosion of Liquid Nitrogen in one of the DHBs.

##### Occupational Health

- Meeting with HEHA re: Occupational Health Wellness Clinic as part of the program format and requirements etc to be determined by results of Questionnaire
- Vaccinator training completed for Lizzie Daniels in preparation for the Fluvax.
- Good response so far for the expressions of interest (EOI) in the fluvax, currently based on the EOI on line for a 46% uptake.
- Emphasis on planning for the fluvax, incentives /promotion/locations around the DHB.
- 3 staff injuries processed.

##### Infection Control

- Memo to Clinical Board/ Orthopaedic Surgeons regarding audit of SSI Clean Orthopaedic wounds Feb/March April 08/09
- 3 PHO visits for education and review of process
- Visit to Paediatrics with the Dietitian regarding inappropriate use of ward milk room and making of infant formula. Dietitian to obtain information on processes used in other DHB's.

##### Emergency Preparedness:

- Following a demonstration on the 3<sup>rd</sup> March 2009 at the request of the Masterton Fire Service of the District Health Board's new 'Intelligent Training System' (Fire Extinguisher Training System) Fire Training was given to staff members on the 'Out-Day'. This was the first time the system had been used for staff training. Feedback was positive.
- Two 'Trial Evacuation' were conducted on 10<sup>th</sup> & 27<sup>th</sup> March 2009 in 2 of the office/corporate areas of the DHB with very good compliance, all staff were aware of their roles and responsibilities, and evacuation took place in a timely manner.
- On 12<sup>th</sup> March a small fire in the kitchen area occurred (microwave). It highlighted a need for further training of contracted staff. As a result all staff employed by Spotless have undergone the necessary training to make them competent in the use of Fire Extinguishers' and an understanding of Evacuation Drills.



**Complaints:**

**March 2009:** Two inpatient and six outpatient complaints for this period were received. They related to treatment provided.

**Compliments:**

Nine compliments were received for this period

**Reportable Events:**

**March 2009:** For this period a total of 41 events were received, of these 23 related to patients and 11 related to staff.

**Top 5 Reportable Event Categories**

Falls - 12

Equipment Failure/Lack of equipment - 8

Medication Errors - 5

Policy non compliance - 4

Security - 5

**Mortality:** There were 6 deaths in hospital for the March 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**

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## SECTION 9: Glossary of Terms

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

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

Elective CWD- Casewighted 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 e.g. 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 08.8 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.

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

DHB Name: Wairarapa

	200€			200€			200€			200€			2008			200€			2008			200€			2008			200€			2008			200€			2008			Target
	Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb						
	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	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	+ 90%			
2. Patients waiting longer than six months for their first specialist assessment (FSA).	17	0.3%	0	67	1.3%	0	68	1.3%	0	40	0.7%	0	36	0.7%	0	50	0.9%	0	30	0.5%	0	55	1.0%	0	108	2.0%	0	46	0.8%	0	60	1.1%	0	54	0.9%	0	< 2%			
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	4	0.0%	0	3	0.0%	0	3	0.0%	0	4	0.0%	0	4	0.0%	0	4	0.0%	0	4	0.0%	0	5	0.0%	0	6	0.0%	0	4	0.0%	0	4	0.0%	0	4	0.0%	0	< 5%			
4. Clarity of treatment status.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%			
5. Patients given a commitment to treatment but not treated within six months.	6	0.0%	0	9	0.0%	0	7	0.0%	0	4	0.0%	0	11	0.7%	0	9	0.0%	0	20	1.3%	0	17	1.1%	0	15	1.0%	0	29	1.8%	0	13	0.8%	0	17	1.0%	0	< 5%			
6. Patients in active review who have not received a clinical assessment within the last six months.	1	0.0%	0	3	0.0%	0	3	0.0%	0	3	0.0%	0	1	0.0%	0	1	0.0%	0	3	0.0%	0	5	0.0%	0	7	0.0%	0	11	14.0%	-8	3	0.0%	0	4	0.0%	0	< 15%			
7. Patients who have not been managed according to their assigned status and who should have received treatment.	3	0.0%	0	9	0.0%	0	7	0.0%	0	5	0.0%	0	11	0.7%	0	10	0.7%	0	16	1.1%	0	15	1.0%	0	14	0.9%	0	24	1.5%	0	13	0.8%	0	18	1.1%	0	< 5%			
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	87	100%	0%	114	100%	0%	139	98%	0%	103	100%	0%	117	100%	0%	122	100%	0%	153	100%	0%	170	100%	0%	178	100%	0%	130	100%	0%	166	100%	0%	156	100%	0%	+ 90%			



## MoH Elective Services Online

### Comparison of surgical services for February 2009

DHB Name: Wairarapa

Service Name	1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.			2. Patients waiting longer than six months for their first specialist assessment (FSA).			3. Patients waiting without a commitment to treatment, whose priorities are higher than the actual treatment threshold (aTT).			4. Clarity of treatment status.			5. Patients given a commitment to treatment but not treated within six months.			6. Patients in active review who have not received a clinical assessment within the last six months.			7. Patients who have not been managed according to their assigned status and who should have received treatment.			8. The proportion of patients treated who were prioritized using nationally recognised processes or tools.		
	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.
Dental	1 of 1	100.0 %	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	X	X	X
Ear, Nose & Throat	1 of 1	100.0 %	0	5	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	25	100.0 %	0 %
General Surgery	1 of 1	100.0 %	0	11	1.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	2	0.0 %	0	0	0.0 %	0	27	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	5	0.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	26	100.0 %	0 %
Ophthalmology	1 of 1	100.0 %	0	5	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	26	100.0 %	0 %
Orthopaedics	1 of 1	100.0 %	0	0	0.0 %	0	3	0.0 %	0	0	0.0 %	0	15	4.1 %	0	2	0.0 %	0	15	4.4 %	0	20	100.0 %	0 %
Paediatric Surgery	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	X	X	X
Plastics	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	24	100.0 %	0 %
Urology	1 of 1	100.0 %	0	2	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	8	100.0 %	0 %
<b>Total</b>				<b>30</b>			<b>4</b>			<b>0</b>			<b>17</b>			<b>4</b>			<b>18</b>			<b>158</b>		

This report displays ESPI results for individual surgical services. The ESPI results do not include non-elective patients or elective patients awaiting planned and staged procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritized using nationally recognised tools - including General Surgery from 01 January 08 and Vascular and Urology from 01 July 08. So, Medical specialties are currently excluded from the ESPI results. Please contact the Ministry of Health's Electives Team if you have any queries on the ESPI definitions (details on electives website). 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/>).



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	1,223.18	1,897.00
Additional Planned CWD Volume	554.60	686.60
<b>Total Planned CWD Volume</b>	<b>1,777.78</b>	<b>2,583.60</b>
Actual CWD Delivery	1,764.37	
Base Plan to Actual Variance	541.19	
Total Plan to Actual Variance	-13.41	
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
M10.01 Cardiology	32.24	31.00	63.24	60.21	27.97	27.97	\$0.00	0.00	27.97	\$3,985.32	\$111,469.40
S25.01 ENT	59.96	9.00	68.96	70.71	10.75	9.00	\$18,087.00	3.59	5.41	\$5,033.21	\$27,229.67
S00.01 General Surgery	257.28	101.00	358.28	353.53	96.25	96.25	\$14,342.00	3.54	92.72	\$4,055.41	\$376,017.62
S30.01 Gynaecology	119.94	37.00	156.94	165.86	45.92	37.00	\$0.00	0.00	37.00	\$3,985.32	\$147,456.84
D01.01 Inpatient Dental	4.51	21.60	26.11	28.88	24.37	21.60	\$35,868.38	9.00	12.60	\$3,985.32	\$50,215.03
S40.01 Ophthalmology	70.28	35.00	105.28	123.24	52.96	35.00	\$79,524.46	19.10	15.90	\$4,163.37	\$66,197.58
S45.01 Orthopaedics	424.92	118.00	542.92	549.37	124.45	118.00	\$323,855.38	77.10	40.90	\$4,200.34	\$171,793.91
S55.01 Paed Surgical	10.96	10.00	20.96	19.35	8.39	8.39	\$0.00	0.00	8.39	\$3,985.32	\$33,436.83
S60.01 Plastics	47.07	119.00	166.07	163.07	116.00	116.00	\$395,703.87	92.80	23.20	\$4,264.01	\$98,925.03
S70.01 Urology	58.02	17.00	75.02	76.27	18.25	17.00	\$46,431.72	10.40	6.60	\$4,466.32	\$29,477.71
S75.01 Vascular	23.87	56.00	79.87	72.77	48.90	48.90	\$0.00	0.00	48.90	\$3,985.32	\$194,882.15
				<b>1,683.27</b>		<b>535.11</b>	<b>\$913,812.81</b>	<b>215.53</b>	<b>319.58</b>		<b>\$1,307,101.77</b>



Appendix C: Collective Employment Negotiations

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

<b>Parties to bargaining</b>	<b>Current situation</b>
<b>Senior medical officers</b>	Expires 30 April 2010.
<b>Resident medical officers (junior doctors)</b>	Implementation has occurred. Expires 2010.
<b>Allied, Public and Technical workers</b>	Expires Oct 2010. Implementation of new provisions nearing completion
<b>Community, Mental and Public Health Nurses</b>	Expires 31 October 2010.
<b>PSA Clerical</b>	Recently ratified. Expires Dec 2011. Implementation of new provisions commended
<b>Ambulance - NDU</b>	CEA agreed and ratified by Union. Implementation to commence
<b>Service and Food Workers</b>	Expires 30 June 2009. Consultation with DHB's completed.

<b>Collective Name</b>	<b>Status</b>
SMO (N)	Expires April 2010
Nurse/Midwives (N)	Expires 31 March 2010
Midwifery Employee (N)	Expires March 2010
PSA Allied/technical (N)	Expires Oct 2010
PSA Nursing (N)	Expires 31 October 2010
Jnr Doc (N)	Expires 2010
Med Rad Techs (N)	Expires 30 September 2009
Maint Services (L) (NZAEP& M)	Expires Sept 2010
Clerical PSA (L)	Expires Dec 2011
Ambulance Officers CEA (CAWUNZ)	Expires 30 June 2010.
Home Links (SFWU) (L)	Expires June 09
Ambulance (N) Nat Distribution Union	Expires June 2011



Appendix D: Provider Arm Contract Performance Report

Provider Arm Contract Performance Report														
For the period ended 31st March 2009														
Fisd 2009														
PUC2	PUC	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
<b>DHB Funded</b>														
Acute/Ambulance Services Total			11,367.44	8,962.44	2,405.00	26.8%	\$3,648,285	\$2,937,140	\$711,145	24.2%	10,352.33	\$2,606,453	11,851.00	\$3,908,646
CaseWeight Acutes Total			2,873.64	2,684.60	189.04	7.0%	\$11,452,382	\$10,698,989	\$753,393	7.0%	2,751.74	\$10,292,551	3,549.40	\$14,145,493
CaseWeight Electives Total			1,307.14	1,218.40	88.74	7.3%	\$5,209,368	\$4,855,709	\$353,659	7.3%	1,263.14	\$4,705,659	1,631.30	\$6,501,246
OP 1st Attendances Total			4,958.00	4,986.50	-28.50	-0.6%	\$1,354,991	\$1,322,807	\$32,184	2.4%	4,272.00	\$1,102,015	6,727.00	\$1,788,486
OP Subsequent Attendances Total			8,424.00	6,806.00	1,618.00	23.8%	\$1,800,769	\$1,468,783	\$331,986	22.6%	7,603.00	\$1,457,445	8,978.00	\$1,933,046
Procedures Total			750.00	741.00	9.00	1.2%	\$731,853	\$713,962	\$17,891	2.5%	759.00	\$693,183	972.00	\$936,476
Other Patient Services Total			1,560.44	1,660.44	-100.00	-6.0%	\$368,424	\$404,401	-\$35,977	-8.9%	1,776.50	\$379,827	2,212.00	\$545,060
Allied Health Total			9,083.00	8,093.00	990.00	12.2%	\$794,292	\$773,492	\$20,800	2.7%	8,477.00	\$720,141	10,910.00	\$1,029,854
ATR Total			2,681.00	3,193.50	-512.50	-16.0%	\$1,366,837	\$1,444,013	-\$77,176	-5.3%	2,657.00	\$1,134,677	4,198.00	\$1,919,757
Focus Total			263.04	235.07	27.97	11.9%	\$915,403	\$886,652	\$28,751	3.2%	129.75	\$613,468	320.10	\$1,228,594
Choice Health Total			57,816.94	57,832.94	-16.00	0.0%	\$899,718	\$903,126	-\$3,408	-0.4%	57,839.25	\$676,417	77,160.00	\$1,215,799
Clinical Support Total			21,754.83	24,718.72	-2,963.89	-12.0%	\$511,010	\$648,458	-\$137,448	-21.2%	39,976.12	\$598,845	33,201.00	\$884,028
Programmes Total			10.86	8,550.86	-8,540.00	-99.9%	\$1,313,762	\$1,348,536	-\$34,774	-2.6%	9.00	\$994,157	11,476.00	\$1,866,108
Community Services Total			31,229.72	28,408.72	2,821.00	9.9%	\$2,092,026	\$1,882,090	\$209,936	11.2%	27,707.75	\$1,890,088	38,093.00	\$2,515,892
Maternity Total			1,144.65	1,129.75	14.90	1.3%	\$1,530,112	\$1,511,871	\$18,241	1.2%	1,233.75	\$2,278,389	1,527.00	\$2,035,610
Mental Health Total			437.49	583.93	-146.43	-25.1%	\$2,895,094	\$3,396,388	-\$501,294	-14.8%	431.36	\$2,970,891	1,194.60	\$4,537,614
Adjusters Total			3.60	3.60	0.00	0.0%	-\$863,511	-\$863,511	\$0	0.0%	0.75	-\$1,183,589	5.00	-\$1,199,321
<b>DHB Funded Total</b>			<b>155,665.79</b>	<b>159,809.47</b>	<b>-4,143.67</b>	<b>-2.6%</b>	<b>\$36,020,815</b>	<b>\$34,332,906</b>	<b>\$1,687,910</b>	<b>4.9%</b>	<b>167,239.43</b>	<b>\$31,930,615</b>	<b>214,005.40</b>	<b>\$45,792,388</b>
<b>MOH Direct Funded</b>														
Procedures Total			161.00	148.00	13.00	8.8%	\$44,415	\$43,320	\$1,095	2.5%	171.00	\$46,794	198.00	\$57,688
ATR Total			0.00	886.00	-886.00	-100.0%	\$0	\$238,639	-\$238,639	-100.0%	0.00	\$0	1,187.40	\$320,065
Focus Total			0.00	1.44	-1.44	-100.0%	\$0	\$104,868	-\$104,868	-100.0%	0.00	\$0	2.00	\$145,650
Programmes Total			2.16	2.16	0.00	0.0%	\$445,680	\$445,680	\$0	0.0%	1.50	\$375,489	3.00	\$619,000
<b>MOH Direct Funded Total</b>			<b>163.16</b>	<b>1,037.60</b>	<b>-874.44</b>	<b>-84.3%</b>	<b>\$490,095</b>	<b>\$832,508</b>	<b>-\$342,413</b>	<b>-41.1%</b>	<b>172.50</b>	<b>\$422,283</b>	<b>1,390.40</b>	<b>\$1,142,403</b>
<b>ACC Funded</b>														
Acute/Ambulance Services Total			0.72	36.72	-36.00	-98.0%	\$331,200	\$341,276	-\$10,076	-3.0%	253.75	\$346,298	51.00	\$473,994
CaseWeight Electives Total			9.92	29.00	-19.08	-65.8%	\$39,538	\$115,574	-\$76,037	-65.8%	4.80	\$17,943	39.40	\$157,022
OP Subsequent Attendances Total			132.00	550.00	-418.00	-76.0%	\$26,714	\$111,309	-\$84,595	-76.0%	163.00	\$15,461	738.00	\$149,356
Other Patient Services Total			0.72	0.72	0.00	0.0%	\$7,438	\$7,438	\$0	0.0%	0.75	\$7,498	1.00	\$10,331
Allied Health Total			383.00	398.00	-15.00	-3.8%	\$22,550	\$23,129	-\$579	-2.5%	331.00	\$16,469	530.00	\$30,769
ATR Total			1,250.00	876.00	374.00	42.7%	\$744,363	\$521,649	\$222,713	42.7%	1,002.00	\$431,862	1,170.00	\$696,723
Clinical Support Total			1,822.50	2,650.00	-827.50	-31.2%	\$90,263	\$131,247	-\$40,984	-31.2%	1,341.00	\$62,224	3,533.00	\$174,980
Community Services Total			2,459.72	1,817.72	642.00	35.3%	\$197,280	\$155,871	\$41,409	26.6%	1,760.75	\$126,086	2,501.00	\$214,965
Other Total			1.44	1.44	0.00	0.0%	\$7,200	\$7,200	\$0	0.0%	1.50	\$7,497	2.00	\$10,000
<b>ACC Funded Total</b>			<b>6,060.02</b>	<b>6,359.60</b>	<b>-299.58</b>	<b>-4.7%</b>	<b>\$1,466,546</b>	<b>\$1,414,694</b>	<b>\$51,852</b>	<b>3.7%</b>	<b>4,858.55</b>	<b>\$1,031,338</b>	<b>8,565.40</b>	<b>\$1,918,140</b>
<b>Grand Total</b>			<b>161,888.97</b>	<b>167,206.67</b>	<b>-5,317.69</b>	<b>-3.2%</b>	<b>\$37,977,456</b>	<b>\$36,580,107</b>	<b>\$1,397,348</b>	<b>3.8%</b>	<b>172,270.47</b>	<b>\$33,384,235</b>	<b>223,961.20</b>	<b>\$48,852,931</b>