



Hospital Advisory Committee

Notice of Meeting

Open Meeting

Tuesday 17th March, 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.
Tuesday 17th March 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:	Welcome and Apologies	4
SECTION 2:	Registration of Interest	5
SECTION 3:	Terms of Reference	7
SECTION 4:	Confirmation of Minutes of Previous Meeting	9
SECTION 5:	HAC Workplan	14
SECTION 6:	Routine Reports	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	56



SECTION 7:	Ad Hoc Reports	65
	1. Wairarapa District Health Board Quality and Risk Report February 09	65
	2. Wairarapa District Health Board Cancer Statistics and Reporting including Q2 Report to the Ministry of Health prepared by Marie McKay, Portfolio Manager for Cancer	67
	3. Wairarapa Ambulance Service Progress Report July 2008 – February 2009	72
SECTION 8:	General Business	76
SECTION 9:	Glossary of Terms	77
SECTION 10:	Appendices	79
	Appendix A: Elective Services ESPI Compliance Report	79
	Appendix B: WDHB Additional Electives Report	81
	Appendix C: Collective Employment Negotiations	82
	Appendix D: Provider Arm Contract Performance Report	83

Resolution to exclude Public

PUBLIC EXCLUDED

Will commence immediately after the Open Meeting.



SECTION 1: Welcome and Apologies



SECTION 2: Registration of Interest

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



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



SECTION 3: Terms of Reference

INTRODUCTION / BACKGROUND:

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

PURPOSE / SCOPE:

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

FUNCTIONS:

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

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

MANAGEMENT SPONSOR:

Anne McLean - General Manager Hospital Services

COMPOSITION:

Members

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

Membership

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

In Attendance

- Other Board Members
- Chief Executive
- General Manager Hospital Services
- General Manager Community, 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*

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

RELATIONSHIPS (External / Internal):

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

REPORTING:

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

REVIEW:

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



SECTION 4: Confirmation of Minutes of Previous Meeting

4.1 Previous Minutes

Hospital Advisory Committee Meeting of the
Wairarapa District Health Board
Held on Tuesday 17 February 2009 at 1pm,
Board Meeting Room, Wairarapa District Health Board Office
Blair Street, Masterton

Present:

Mr Perry Cameron, Ms Yvette Grace, Ms Pamela Jefferies (Chair), Mrs Vivien Napier and Mrs Janine Vollebregt

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, Ms Anne McLean (General Manager Hospital Services), Mr John Kirkup (Financial Analyst), Ms Maggie Morgan (General Manager Community Public & Mental Health) and Eric Sinclair (Chief Financial Officer)

1. Apologies

Dr Liz Falkner and Mr Bob Francis

2. Registration of Interest

Changes to Registration of Interest Registrar:

Pamela Jefferies – Nature of Interest : Wairarapa Organisation for Older Persons (WOOPS) Board Member
Vivien Napier – Nature of Interest : Vice President, Wairarapa Branch of Plunket

3. Terms of Reference

There were no comments regarding the Terms of Reference.

4. Confirmation of Minutes of the Meeting held 16 December 2008

THE MINUTES OF THE MEETING HELD ON 16 DECEMBER 2008 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

4.2 Matters Arising

There were no matters arising.

5. HAC Workplan

- Carol MacDonald is scheduled to attend the meeting at 2pm to facilitate the Patient Journey Presentation.

6. Routine Reports

6.1 Chairperson's Report

The Chairperson advised that:

- She had read the recent report of the Central Cancer Network Health Needs Assessment dated January 2009. Committee members can ask to read the report and some relevant grants will be printed and distributed to them.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

- AGREED** THAT PLANNING AND FUNDING WRITE TO THE CANCER CONTROL NETWORK OUTLINING OUR NEED FOR UP TO DATE STATISTICS, PARTICULARLY AROUND THE DIFFERENT MIX OF CANCERS AND RESULTS BASED ON ETHNICITY.
 - AGREED** TO REMINDER THE CANCER CONTROL NETWORK OF THE NEED FOR FREQUENT UP TO DATE INFORMATION ON WAITING TIMES AND PATIENTS BEING SENT OUT OF THE AREA, INCLUDING TO AUSTRALIA.
- She had been involved in the two meetings of the Wairarapa DHB Financial Working Group.
 - Management of Eagle Air had advised their new direct flight service from Masterton to Auckland and return could be useful for locums coming to Masterton and staff attending meetings in Auckland. Management at Copthorne Solway Park had advised they were prepared to offer a rate for locums similar to that for aircrew.
 - The New Zealand Branch of the Thoracic Society of Australia and New Zealand (New Zealand branch) has written an article in the NZ Medical Journal, "Standards for Adult Respiratory and Sleep Services in New



Zealand". This article was discussed. Only a small number of DHBs reached the minimum standards set by the Thoracic Society.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

REQUEST THE CLINICAL BOARD TO REPORT BACK TO THE HOSPITAL ADVISORY COMMITTEE MEETING ON 21 APRIL 2009 ON:

1. WHETHER THE WAIRARAPA DHB CURRENTLY MEETS THE STANDARDS RECOGNISED BY THE MOH IN 2004 FOR DHB'S WITH LESS THAN 50,000 POPULATION.
2. IF IT DID NOT, WHERE IT FELL SHORT.
3. WHAT STEPS WILL BE TAKEN TO MEET THE STANDARD.

6.2 Provider Arm Executive Summary

- The Provider Arm has a deficit of (\$468k) for the month which is (\$480k) adverse to plan. This brings the YTD result to a deficit of (\$1,937k) which is (\$1,699k) adverse to the planned result.
- The Provider Arm encompasses Hospital Services, Community Services and Corporate Services. The lack of sophistication in the DHB systems is being looked at to enable the Corporate credits to be reflected in Hospital and Community Services.
- Costs continue to track above budget in the areas of outsourced costs, clinical supplies and infrastructure. Cost control measures put in place have already started to make an impact and will be actively managed and monitored.

6.3 General Manager Hospital Services Report

Points raised:

- The Provider contract performance is \$765k YTD ahead of budget.
- Total caseweights are 197 ahead of plan YTD.
- Elective caseweights are 18 ahead of plan. Additional input from ENT, ophthalmology and urology occurred over the Christmas period. This activity will see the ESPI figures return to green.
- January has been a quieter month and occupancy was lower than anticipated.
- Discussions are underway with other DHBs regarding elective surgery.
- Options are being explored to cover vacancies in the RMO roster for the next quarter.
- The Med/Surg Model of Care commenced last month and good feedback has been received.
- Recruitment for midwives and another O&G consultant is ongoing.
- A review of Outpatients is underway. Outpatient assistant being trialled.
- Access to Diagnostics Project has allowed the patient to circumvent the need for a Virtual FSA.

The General Manager Hospital Services will liaise with the Director of Nursing regarding the value of Trendcare and report back at the March 2009 meeting.

- The BFHI accreditation resulted in several minor recommendations to be actioned.
- Clinical support, Therapies and Allied Health. The General Manager Hospital Services will investigate and report back at the March 2009 meeting on significant cost pressure associated with unbudgeted pay award for MRT staff and issues relating to reductions in funded budgets.

7. Ad Hoc Reports

7.4 WDHB Family Violence Programme Report – January 2009

Membership of the VIP Steering Group is from WDHB staff representing most services together with external membership from external agencies.

A website on the Intranet under Family Violence is well developed so all documents, policies and relevant information will be easily accessible in the one place.

Networking with Interagency Groups is working well.

The General Manager Hospital Services will liaise with WDHB Family Violence Co-ordinator regarding whether or not the Wairarapa Organisation for Older Persons is involved in this programme. Discussion took place regarding the value of posters within the hospital versus other types of medium. Currently there is high turnover of the brochures located on the back of toilet doors. Health TV is to be located in public waiting areas of the hospital and messages screened will include those regarding family violence.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE WDHB FAMILY VIOLENCE PROGRAMME REPORT - JANUARY 2009



7.5 Smokefree Screening Feedback Report – January 2009

- Available data for January includes Smokefree Exposure Intervention Plans completed for 395 patients. These plans have been completed across five clinical areas of the hospital.
- Screening rates for inpatients are down in January 2009.
- Hospital statistics peaked in October 2008 with 43% of all inpatients being screened.
- New patient forms require screening as part of the admissions process. This should improve the screening percentage. The Ministry of Health target is 100%.

The Hospital Advisory Committee requested identification of current status on screening to be reported back at the March Hospital Advisory Committee meeting.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE SMOKEFREE SCREENING FEEDBACK REPORT - JANUARY 2009

7.3 Patient Journey Quarterly Update

Carol MacDonald, Organisational Development Strategist, Optimising the Patient Journey, joined the meeting at 2pm. The Optimising the Patient Journey quarterly report was tabled.

Major activity in the last quarter included:

Admission to Discharge Plan

- New Adult Admission to Discharge Plan is now being used. Document pulls everything together. First step towards improving discharge planning.
- A Paediatric version will be developed next.

MSW Nursing Model of Care

- Outcome measures are being collected.

Emergency Department / Acute Services

- Quality improvement initiative continues.

Long Term Conditions Collaborative

- The Wairarapa is one of four DHBs which the Ministry has funded to adopt and demonstrate the Breakthrough Series Collaboration Model of quality improvement in the context of implementing elements of the Chronic Care Model in the primary care setting.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PATIENT JOURNEY QUARTERLY UPDATE

6.4 General Manager Community, Public & Mental Health Reports

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

- Infrastructure and non-clinical costs for the Choice Health campus have been coded against responsibility centre and should more correctly be coded against Public Health. This will not occur until the new budget year 2009/10.
- Community nursing volumes are slightly down. Data entry issues still exist.
- Personnel costs in Ambulance Services are considerably higher for the month due to cover for annual leave and sick leave.
- Interviews for second Clinical Nurse Specialist position in palliative care have taken place.
- Mental Health personnel costs are over budget due to the locum psychiatrist appointment, but processes are in place to manage the cost down.

6.5 Support Services

6.5.3 Human Resources

- A good number of quality applicants have applied across a number of vacancies.
- There was discussion regarding the two Maori Health Professional vacancies currently in Mental Health.

6.5.5 Maori Health



- In looking at the Cancer Control Network information, the Wairarapa has the second highest rate for Maori across all cancers and the lowest rate for lung cancer.
- The majority of Maori DNAs appear in the 20-30 age group. Looking at what work can be done with other groups to reduce the DNA stats.
- Looking at re-establishing the Te Roopu tautoka a Whanau group.
- Ongoing development of the ethnicity data collection continues.
- It was agreed that the three priorities to be referred to the Maori health committee were DNA's, Ante/natal education and cancer identification.
- The importance of collecting ethnicity data on all our forms and activities so that measurement of outcomes can be achieved was emphasised.
- Well Child nurses at Whaiora could be assisted and trained to deliver antenatal classes.
- WDHB has outsourced the money from antenatal to Parent Centre who said they will provide the ante natal courses locally. Need competent ante natal education for all ethnicities throughout the Wairarapa.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE ROUTINE REPORTS FOR THE PERIOD ENDING 31 JANUARY 2009

7. Ad Hoc Reports [continued]

7.1 Wairarapa District Health Board Quality & Risk Report December 2008 and January 2009

- The new Quality & Risk Manager commenced on 16 February 2009.
- Certification Accreditation Audit dates confirmed as 1, 2 & 3 July 2009.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE WDHB QUALITY & RISK REPORT FOR DECEMBER 2008 AND JANUARY 2009

7.2 Medicines Reconciliation Process Report

Medicines reconciliation ensures that patients receive all intended medications and no unintended medications following a move from one care to another. The key to success for medicine reconciliation is to engage the junior house surgeons and to ensure forms are reconciled. Errors identified must be rectified to avoid potential harm. Options need to be explored on how medicine reconciliation can be expanded at Wairarapa Hospital.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

- RECEIVE** THE MEDICINES RECONCILIATION PROCESS REPORT
- RECOMMEND** THAT MEDICINE RECONCILIATION CONTINUES AT WAIRARAPA HOSPITAL

8. General Business

- There was no general business.

9. Report Back from Public Excluded Meeting

The following resolutions were taken in the public excluded section of the meeting:

- RECEIVE** THE REPORT ON THE REVIEW OF HEALTH PROTECTION SERVICES IN THE WAIRARAPA.
- ENDORSES** MANAGEMENT'S RECOMMENDATION TO SEEK OPTION THREE - AN IMPROVED STATUS QUO.
- REQUESTS** THAT IF FINANCIAL IMPLICATIONS ARISE, THEY ARE REFERRED TO THE FINANCIAL WORKING GROUP.

The meeting was declared closed at 3.55 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.	15/04/08 20/05/08	Maori Hospitalisation Analysis Report – investigate and report back how data regarding the number of Maori patients with cancer can be collected	Anne McLean	17/03/09	
2.	17/02/09	Liaise with the Director of Nursing regarding the value of Trendcare	Anne McLean	17/03/09	
3.	17/02/09	Investigate and report back on the significant cost pressure associated with unbudgeted pay award for MRT staff and issues relating to reductions in funded budgets.	Anne McLean	17/03/09	
4.	17/02/09	Liaise with WDHB Family Violence Co-ordinator regarding whether or not the Wairarapa Organisation for Older Persons is involved in the WDHB Family Violence Programme.	Anne McLean	17/03/09	MoH directive advises to focus on family violence and child abuse at this time, elder abuse to be rolled out later.
5.	17/02/09	Identification of current status on Smokefree screening to be reported to HAC.	Anne McLean	17/03/09	Investigating alternatives to utilise Whanau Ora Coordinator, and WDHB Smokefree Coordinator in conjunction with Hospital Staff.
6.	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	17/03/09	
7.	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	21/04/09	



SECTION 5: HAC Workplan

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



SECTION 6: Routine Reports

6.1 Chairperson's Report

A verbal report will be given.



6.2 Provider Arm Executive Summary

	Feb-2009			YTD				FY
	Act	Bud	Var	Act	Bud	Var	Var %	Bud
Financial (000's)								
Revenue	\$4,730	\$4,402	\$329	\$36,595	\$35,167	\$1,428	4.1%	\$52,265
Expenditure								
Personnel Costs	(\$2,736)	(\$2,673)	(\$62)	(\$21,814)	(\$21,659)	(\$155)	-0.7%	(\$32,323)
Outsourced Costs	(\$482)	(\$199)	(\$282)	(\$3,531)	(\$1,636)	(\$1,895)	-115.8%	(\$2,432)
Clinical Supplies	(\$579)	(\$527)	(\$53)	(\$5,229)	(\$4,259)	(\$969)	-22.8%	(\$6,366)
Infrastructure & Non-clinical	(\$581)	(\$524)	(\$57)	(\$4,849)	(\$4,312)	(\$537)	-12.5%	(\$7,299)
Total Expenditure	(\$4,377)	(\$3,923)	(\$454)	(\$35,424)	(\$31,866)	(\$3,557)	-11.2%	(\$48,421)
Operating Result	\$353	\$478	(\$125)	\$1,171	\$3,300	(\$2,129)	-64.5%	\$3,844
Depreciation	(\$146)	(\$206)	\$60	(\$1,251)	(\$1,646)	\$396	24.0%	(\$2,469)
Financial Charges	(\$251)	(\$232)	(\$20)	(\$1,902)	(\$1,850)	(\$52)	-2.8%	(\$1,375)
Net Surplus/(Deficit)	(\$44)	\$41	(\$85)	(\$1,981)	(\$196)	(\$1,786)	-913.2%	(\$0)
FTE's								
Allied Health Staff	90.2	100.9	10.7	89.6	100.6	10.9	10.9%	105.4
Management/Administration Staff	100.8	105.4	4.6	100.3	107.1	6.9	6.4%	106.7
Medical Staff	34.6	41.1	6.5	33.6	41.1	7.4	18.1%	41.1
Nursing Staff	188.8	175.8	(13.0)	181.5	174.9	(6.7)	-3.8%	174.3
Support Staff	10.2	12.4	2.1	11.2	12.5	1.3	10.1%	12.4
Total FTE	424.6	435.5	10.9	416.3	436.2	19.8	4.5%	440.0

Key Points:

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. 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 \$1,063k YTD ahead of budget [Refer Appendix D]. Total case weights are 191 ahead of plan YTD. Elective case weights are 50 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. February has been a quiet month with acute demand lower than expected for medicine, general surgery and orthopaedics. The timing of reduced activity has proven beneficial as the model of care is being implemented.

The Quality and Risk Manager started in February, the first task will be to determine if it is realistic to undertake both an accreditation and recertification survey in July. MOH Family violence training has commenced and was attended by both staff and representative from the Board. A cost recovery plan is in place and FTE are being monitored daily. Discussions are ongoing with Midcentral Health and Hutt Valley DHB's for elective surgery. A contract has been offered to a vocational registered Obstetrician and gynaecologist. Midwife from the United Kingdom to commence in May.

	Feb-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	Var %	
Contract Volumes								+/-
ED Attendances (not incl ED Admissions)	1,126	948	178	9,403	7,493	1,910	25.5%	5% ✓ 11,182
Acute CWD	246	294	(49)	2,547	2,406	141	5.9%	✓ 3,549
Elective CWD	149	135	14	1,143	1,092	50	4.6%	1,627
Total CWD	394	429	(35)	3,690	3,499	191	5.5%	✓ 5,177
OP FSA's	557	516	42	4,347	4,486	(139)	-3.1%	6,727
OP Follow's	977	713	264	7,411	6,107	1,304	21.4%	✓ 8,978
Total OP	1,534	1,229	306	11,758	10,593	1,165	11.0%	✓ 15,705
KPI's								
Readmissions	10.6%	10.0%	-0.6%	11.3%	10.0%	-1.3%	-12.7%	* 10.0%
OP DNA's	7.5%	7.5%	0.0%	7.9%	7.5%	-0.4%	-5.0%	7.5%
Theatre Utilisation	87.1%	85.0%	2.1%	83.0%	85.0%	-2.0%	-2.3%	85.0%
Daycase Electives	69.8%	75.0%	-5.2%	72.4%	75.0%	-2.6%	-3.5%	75.0%
Financial (000's)								
Revenue	\$3,696	\$3,257	\$440	\$26,836	\$26,016	\$819	3.1%	\$38,536
Personnel Costs	(\$1,655)	(\$1,798)	\$143	(\$14,519)	(\$14,068)	(\$451)	-3.2%	(\$20,923)
Outsourced Costs	(\$358)	(\$122)	(\$236)	(\$2,772)	(\$1,009)	(\$1,763)	-174.6%	* (\$1,498)
Other Costs	(\$583)	(\$554)	(\$28)	(\$5,540)	(\$4,499)	(\$1,041)	-23.1%	* (\$6,206)
Net Performance	\$1,100	\$782	\$318	\$4,004	\$6,439	(\$2,435)	-37.8%	* \$9,909
FTE's								
Allied Health Staff	29.1	30.2	1.1	28.8	29.9	1.1	3.6%	30.0
Management/Administration Staff	52.2	48.3	(3.9)	50.2	49.4	(0.9)	-1.7%	49.1
Medical Staff	31.5	37.6	6.1	30.5	37.6	7.1	18.8%	✓ 37.6
Nursing Staff	139.5	132.6	(7.0)	135.7	131.7	(4.0)	-3.0%	131.2
Support Staff	3.2	3.9	0.6	3.6	3.9	0.3	8.0%	✓ 3.9
Total FTE	255.5	252.5	(3.0)	248.9	252.5	3.6	1.4%	251.7

* Refer to the Glossary for definitions of these measures.



6.3.2 Key Risks and Opportunities

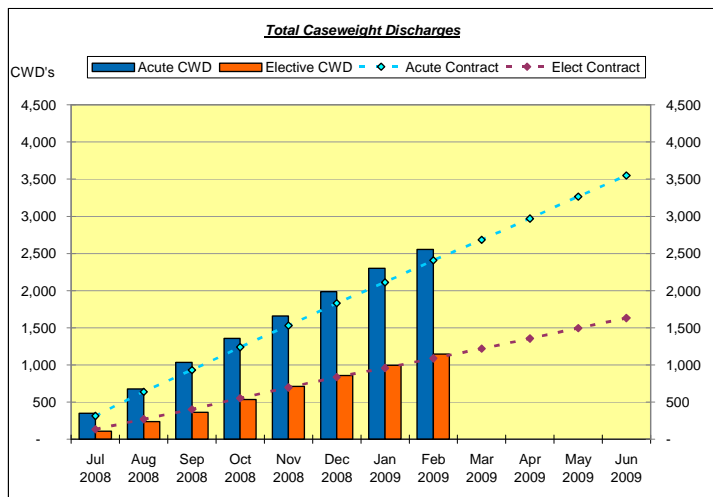
1. Vacancies in Midwifery placing some strain on services.
2. Locum costs nationally are increasing due to limited medical staff availability.
3. Supervision arrangement for new Senior Doctors is increasing complexity of recruitment.
4. Sustainability of Maternity services (GPO's reducing the number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

6.3.3 Mitigation Strategies

1. New roster developed 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.

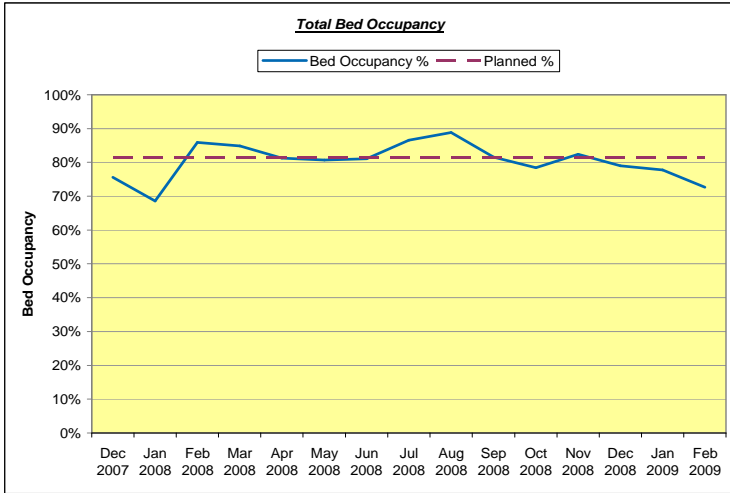
6.3.4 Service Initiatives

1. Review of radiology contract.
2. Nursing staff assist to cover RMO vacancies.
3. Med/Surg model of care commenced.



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

Electives on target.

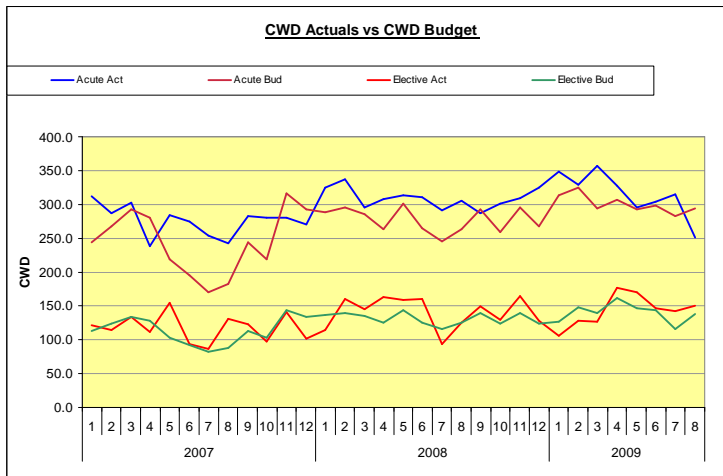


Occupancy Rate (Occupied bed days divided by Resourced bed days).

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.

Occupancy low due to reduced acute demand for the month.



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

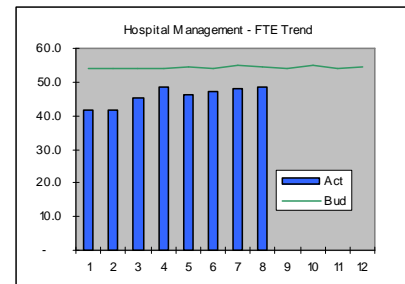
Acute activity low for the month, elective activity ahead of budget this will be offset against additional funding.



6.3.5 Hospital Services Management

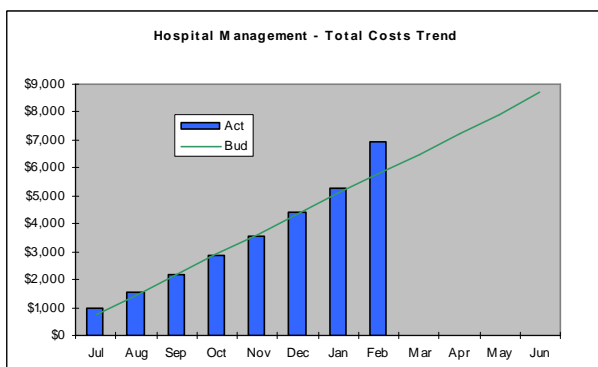
FTE Analysis

Hospital Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	12.9	11.7	(1.2)
Medical Staff	29.5	37.6	8.1
Nursing Staff	6.2	5.3	(0.9)
Support Staff	-	-	-
Total FTE's	48.6	54.6	6.0



Cost Analysis (000's)

Hospital Management	Feb-2009			YTD % of Bud	FY Bud
	Act	Bud	Var		
Financial (000's)					
Revenue					
Revenue	\$152.4	\$139.3	\$13.1		\$1,671.8
Expenditure					
Personnel	(\$939.2)	(\$659.4)	(\$279.8)	3.84%	(\$8,664.3)
Outsourced	(\$693.7)	(\$4.5)	(\$689.2)	-2867.19%	(\$55.7)
Clinical Supplies	(\$1.6)	\$3.0	(\$4.5)	770.55%	\$34.9
Infrastructure & Non-clinical	(\$13.0)	(\$2.3)	(\$10.7)	-693.64%	(\$29.6)
Deprn & Financing	(\$1.0)	(\$1.1)	\$0.1	0.04%	(\$12.6)
Total Expenditure	(\$1,648.4)	(\$664.3)	(\$984.1)	-20.45%	(\$8,727.3)
Net Surplus/(Deficit)	(\$1,496.0)	(\$525.0)	(\$971.0)	23.01%	(\$7,055.5)



Summary

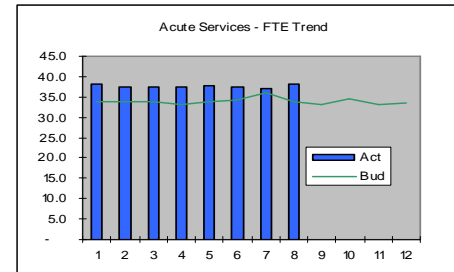
- Medical staff FTE favourable this is offset by locum costs. Locum costs causing significant pressure on costs, recruitment of permanent staff ongoing.
- Nursing FTE will be closely monitored.
- Clinical Supply costs are higher than planned across the hospital. Analysis of the ordering and usage will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



6.3.6 Acute Services

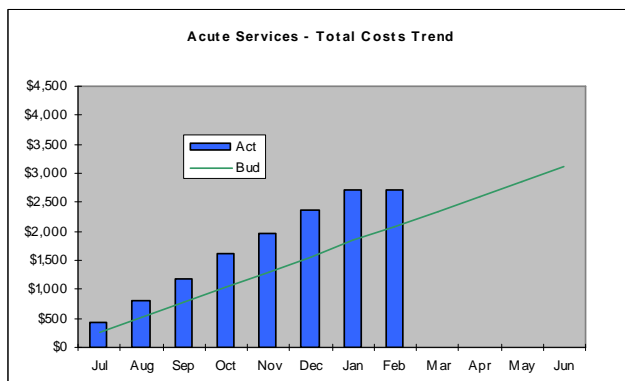
FTE Analysis

Acute Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	3.2	2.6	(0.6)
Medical Staff	0.0	-	(0.0)
Nursing Staff	35.0	31.4	(3.6)
Support Staff	-	-	-
Total FTE's	38.2	34.0	(4.2)



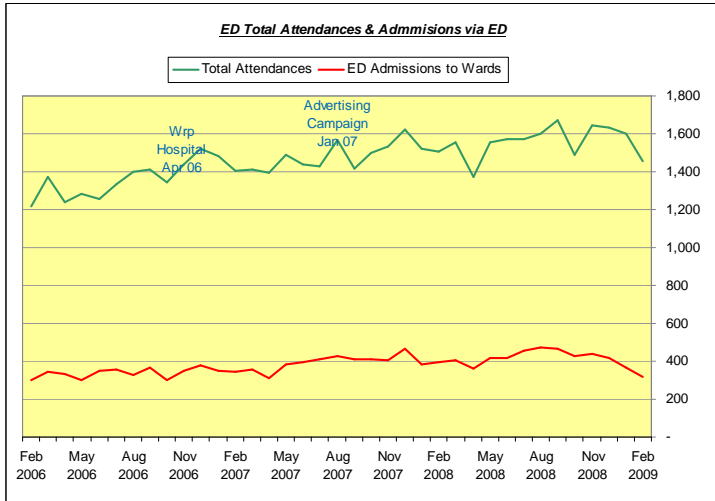
Cost Analysis (000's)

Acute Services	Feb-2009			YTD % of Bud	FY Bud
	Act	Bud	Var		
Financial (000's)					
Revenue					
Revenue	\$475.2	\$475.4	(\$0.2)		\$5,702.8
Expenditure					
Personnel	(\$199.6)	(\$182.7)	(\$16.9)	-19.38%	(\$2,390.9)
Outsourced	\$259.5	\$0.0	\$259.5	0.00%	\$0.0
Clinical Supplies	(\$45.9)	(\$45.5)	(\$0.4)	-65.39%	(\$561.3)
Infrastructure & Non-clinical	(\$4.0)	(\$6.2)	\$2.2	-34.04%	(\$78.0)
Deprn & Financing	(\$7.7)	(\$7.9)	\$0.2	-5.65%	(\$94.9)
Total Expenditure	\$2.4	(\$242.3)	\$244.6	-30.71%	(\$3,125.0)
Net Surplus/(Deficit)	\$477.6	\$233.1	\$244.5	-37.90%	\$2,577.7



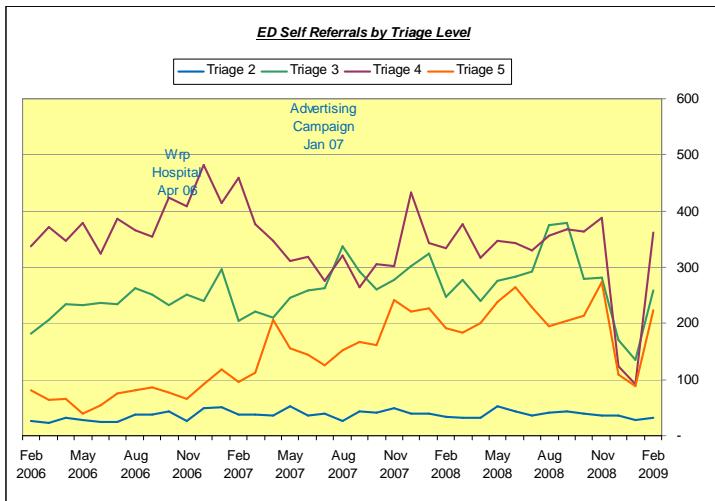
Summary:

- Contract for 2 ED locums terminates early March.
- Optimising Patient Journey workshop attendance. Discussion on 6 hour rule as ED health target.
- 1.0 FTE vacancy – resignation RN going overseas.
- Personnel costs over budget predominantly in nursing. SCBU double staffed from 23rd February. Reflected in FTEs but not activity, time lag between activity, and coding at discharge.
- Interhospital transfers. February: 30 road and 2 air ambulance transfers. 2 road transfers were ICU level transfers as air retrieval not possible. 7 angiography/pacemaker, 6 imaging (MRI), 3 maternity, 1 to ICU, 4 gastroenterology procedures at Hutt, remainder oncology, urology appointments and remainder admissions for tertiary services.
- Clerical overspend due to urgency for minimising data backlog. Process going forward is complete ED discharge summary same day. Provides timely information to GPs, & patients.
- Clinical supplies for month are 4K adverse, significant improvement on previous months. YTD -65% variance.



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.

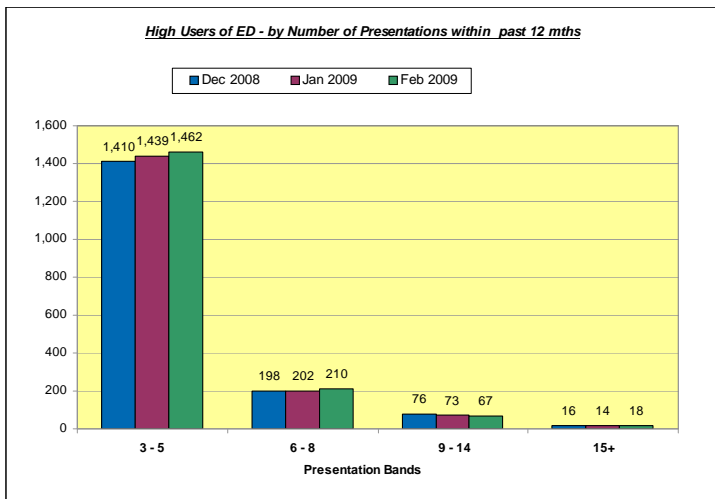
Attendances lower than previous month. ED admissions are down.



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

Data not complete for previous month. Completing data same day. Working on backlog hence low volumes Dec and Jan.

Triage5, 4 steadily increased over past 3 years. Triage2 remains constant.

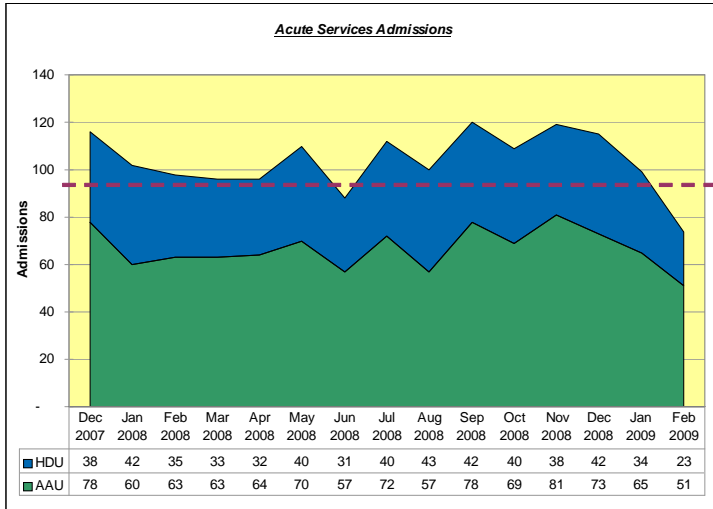


This graph shows how many people presented to ED 3-5 times, 6-8 times, 9-14 times or over 15 times within the past 12 months. The target is to reduce the high users, and to provide more effective forms of treatment.

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

Returning patients over holiday season reflected in number of patients outside domicile.

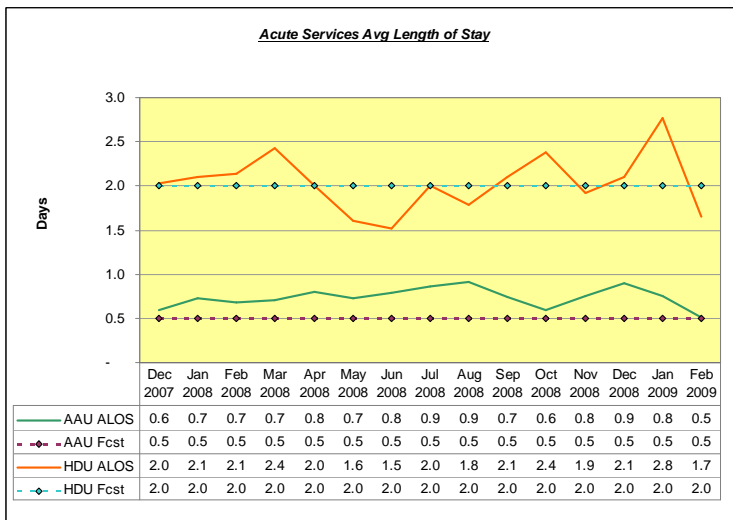
Long Term Conditions Collaborative has commenced. Some of high users are reflected in this data.



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 74.

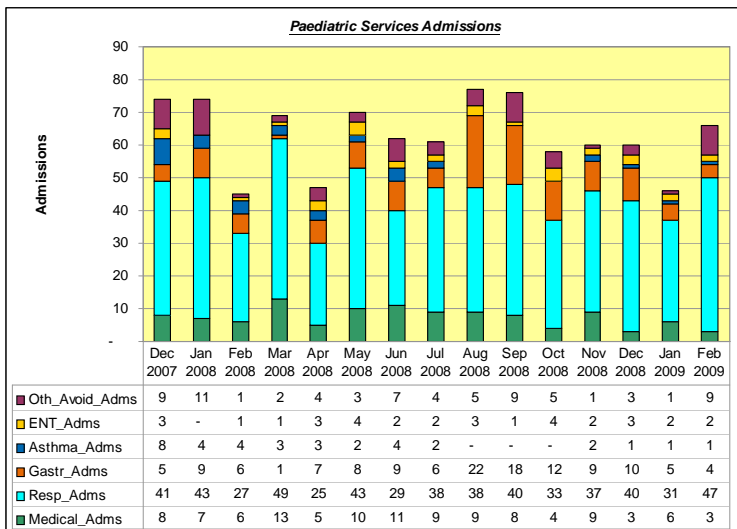
Quieter period for month February



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 AAU and under for HDU
Reasons are:

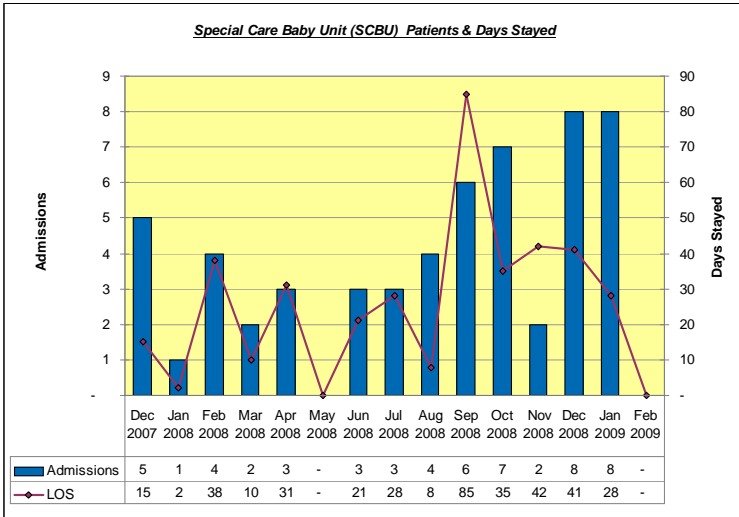
- Bed availability and patient flow maintained across the hospital without access block to inpatient beds.



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

Total number of avoidable admission is up this month.

Respiratory admissions are predominantly bronchiolitis and pneumonia in under 5's. Effect of sudden cooler and wet period in late February.



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.

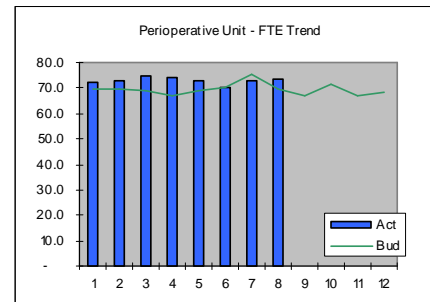
Time lag between activity and coding on discharge. SCBU occupied over last week in Feb and into March.



6.3.7 Perioperative Services (OPD, Theatre, Day Procedures)

FTE Analysis

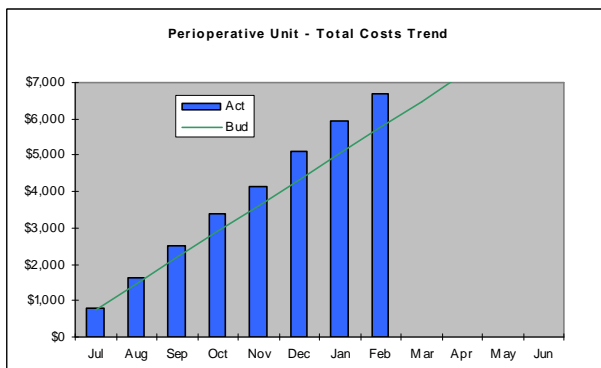
Perioperative Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	0.9	0.9	0.0
Management/Administration Staff	8.0	8.1	0.1
Medical Staff	-	-	-
Nursing Staff	61.6	56.7	(4.9)
Support Staff	3.2	3.9	0.6
Total FTE's	73.7	69.6	(4.1)



Cost Analysis (000's)

Perioperative Unit	Feb-2009		
	Act	Bud	Var
Financial (000's)			
Revenue			
Revenue	\$2,459.1	\$2,065.5	\$393.7
Expenditure			
Personnel	(\$343.2)	(\$328.4)	(\$14.8)
Outsourced	(\$86.6)	(\$39.3)	(\$47.3)
Clinical Supplies	(\$276.6)	(\$283.3)	\$6.8
Infrastructure & Non-clinical	(\$8.4)	(\$13.5)	\$5.1
Deprn & Financing	(\$21.5)	(\$20.8)	(\$0.7)
Total Expenditure	(\$736.3)	(\$685.3)	(\$51.0)
Net Surplus/(Deficit)	\$1,722.9	\$1,380.1	\$342.7

Perioperative Unit	Act	YTD Bud	Var	YTD % of Bud	FY Bud
Financial (000's)					
Revenue					
	\$17,208.5	\$16,505.8	\$702.8	-4.26%	\$24,767.6
Expenditure					
Personnel	(\$3,140.9)	(\$2,865.4)	(\$275.5)	-9.62%	(\$4,311.6)
Outsourced	(\$577.1)	(\$344.5)	(\$232.6)	-67.51%	(\$501.8)
Clinical Supplies	(\$2,650.9)	(\$2,278.5)	(\$372.4)	-16.35%	(\$3,411.8)
Infrastructure & Non-clinical	(\$143.8)	(\$113.0)	(\$30.8)	-27.26%	(\$166.9)
Deprn & Financing	(\$186.6)	(\$166.5)	(\$20.1)	-12.07%	(\$249.7)
Total Expenditure	(\$6,699.3)	(\$5,767.9)	(\$931.4)	-16.15%	(\$8,641.8)
Net Surplus/(Deficit)	\$10,509.2	\$10,737.9	(\$228.7)	-2.13%	\$16,125.8



Summary

Perioperative Service

- 1.5 FTE across Perioperative causing 11K variance. This may be attributed to overtime, nine hour callouts and overtime for 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 ophthalmology and Urology activity performed during February.

OPD

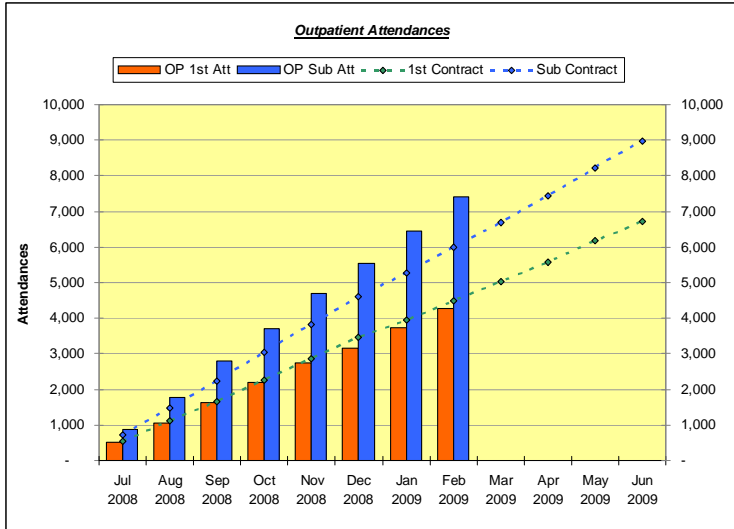
- Review of OPD staffing underway.
- Rheumatology clinics will no longer be staffed by WDHB; this will reduce use of casual nurses in OPD.

MSW

- Model of Care for MSW launched on 26th January 2009 continues with very positive feedback from all staff.

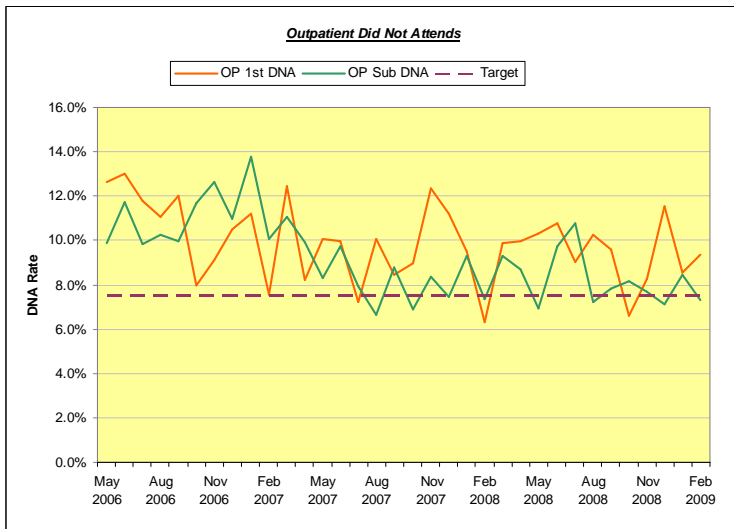


- Decrease in patient volumes in February has greatly assisted the introduction of the Model of Care. The model is progressing favourably. Expenditure with consumables has decreased accordingly.
- Nursing students commenced placement this month.
- Decrease in clinical supplies across MSW, OPD due to volumes and activity.



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

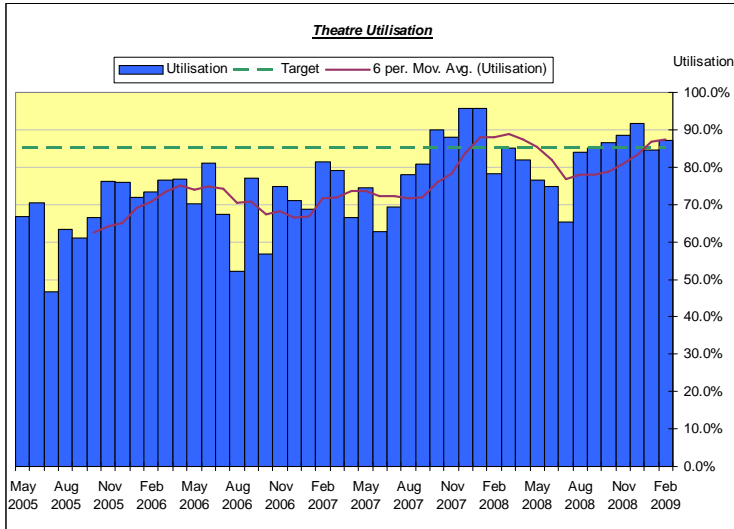
First OPD attendance on target.
OPD subsequent follow-ups are way above target and being proactively managed.



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

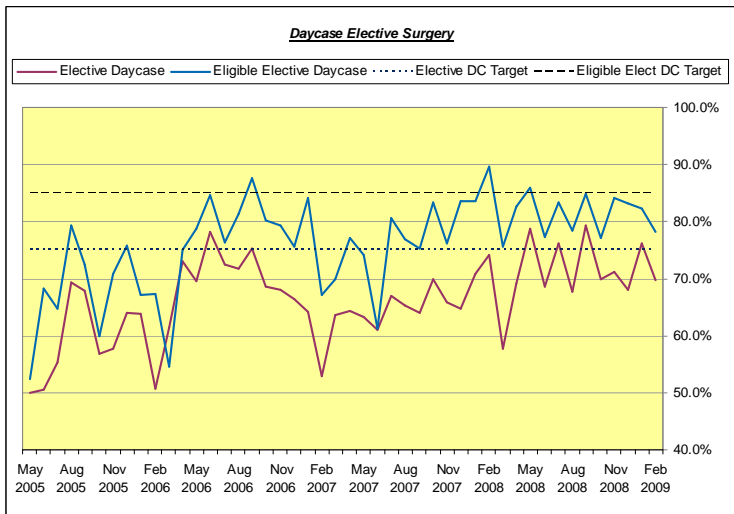
While 1st OPD DNA appears to have significantly decreased, follow up DNA appears to be trending up.

Strategies continue to be in place to reduce this trend.



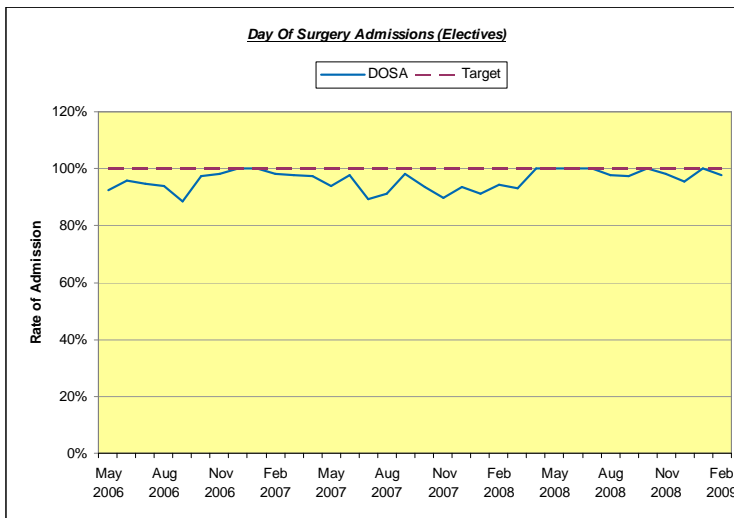
Theatre Utilisation is based on theatre's 1 & 2 as they are both fully resourced. The rate is based on the total procedure minutes (including 10 mins per session for turnaround), divided by the total resourced mins between 8:30am – 5:00pm weekdays. The utilisation rate of 85% is a national benchmark,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

On target.



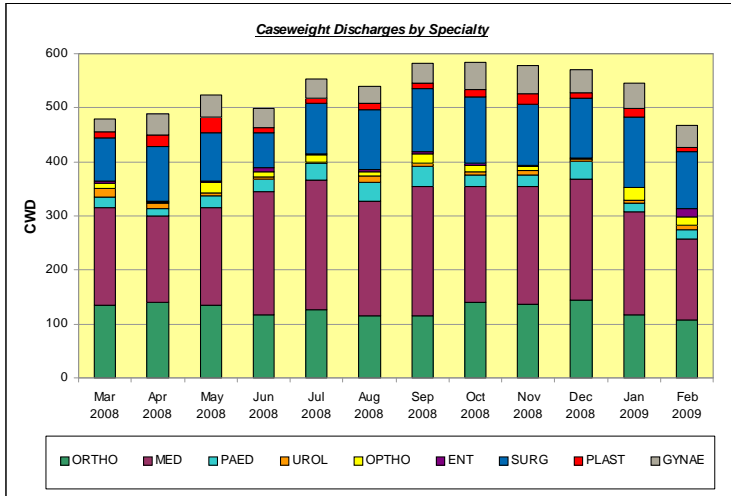
The Daycase Elective Surgery rate is the % of elective patients who did not stay overnight when admitted for their elective procedure. Eligible Elective Daycase focuses on those procedures that should be done only on a daycase basis, therefore the target is higher. These targets are national benchmarks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

On average trending well with some decrease in both groups. Reasonable correlation between trend for the same period last year.



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

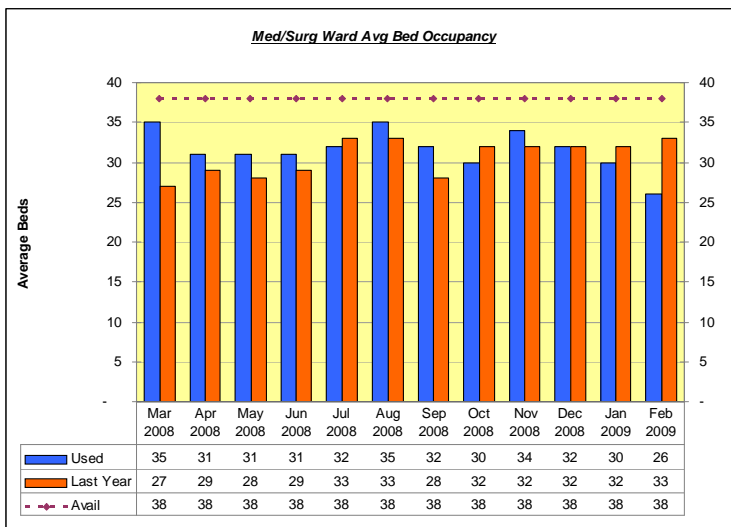
DOSA remains below target consistent with the number of day cases performed.



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.

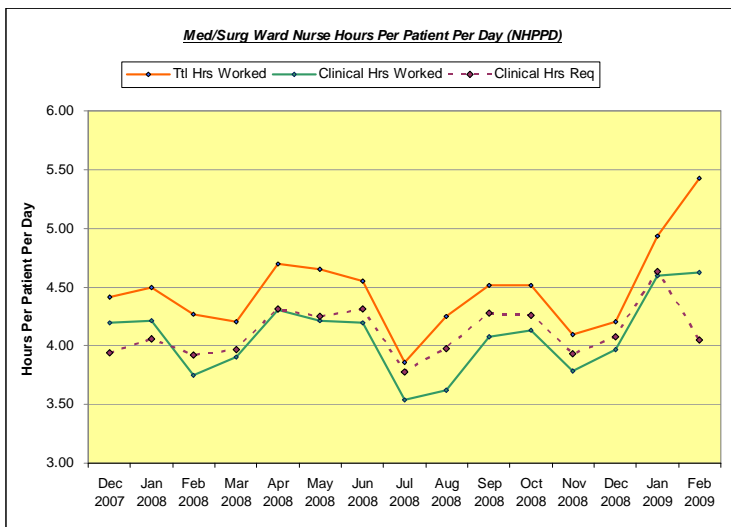
General surgery tracking well given wait list numbers.



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 is lower than previous year.

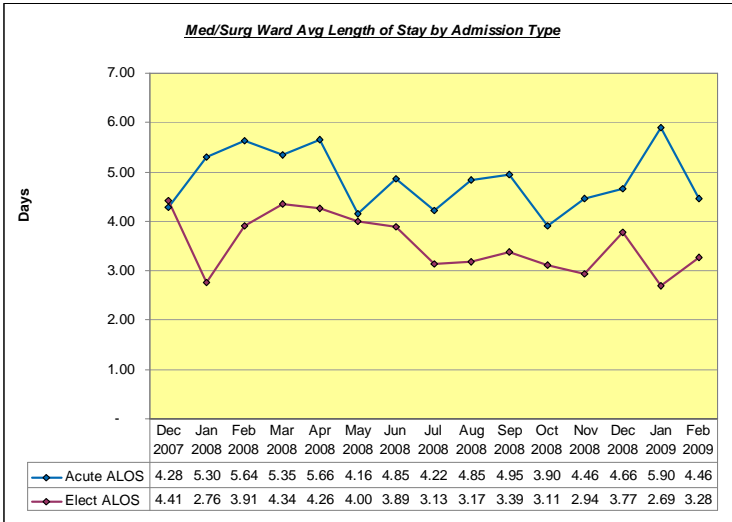
Volumes for February represent the lowest number of total admissions and discharges since April 08, Medical acute admissions noticeably lower than usual



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.

Higher total hours worked relates to orientation of staff on NETP programme



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

Elective ALOS remains consistent given percentage of procedures being performed as daycase and casemix of patients.

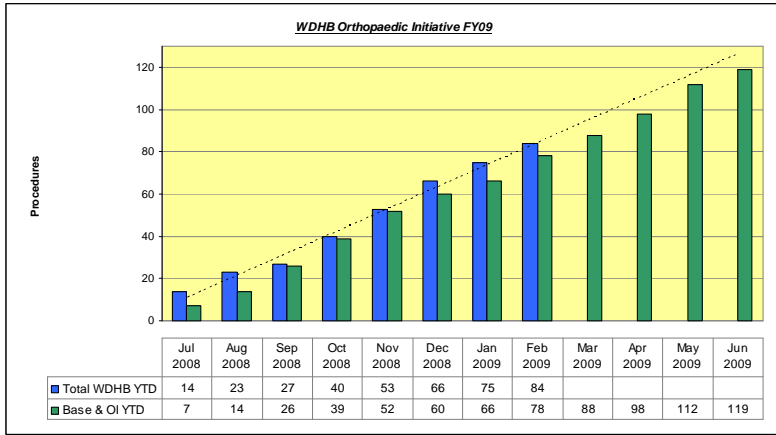
Acute ALOS related to lower caseweight / acuity of patients admitted.



6.3.8 Elective Services

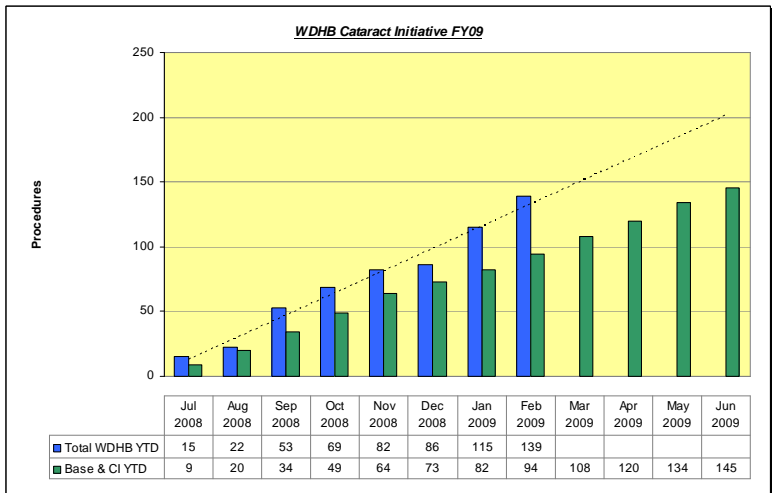
Key Points

- Refer Section 10; Appendix A ESPI's were green at overall hospital and individual specialism level for January 09.
- Extra activity performed in Ophthalmology in January and ENT in February.
- Additional funds for Elective surgery granted by the MOH \$1.3m. Production plans submitted.



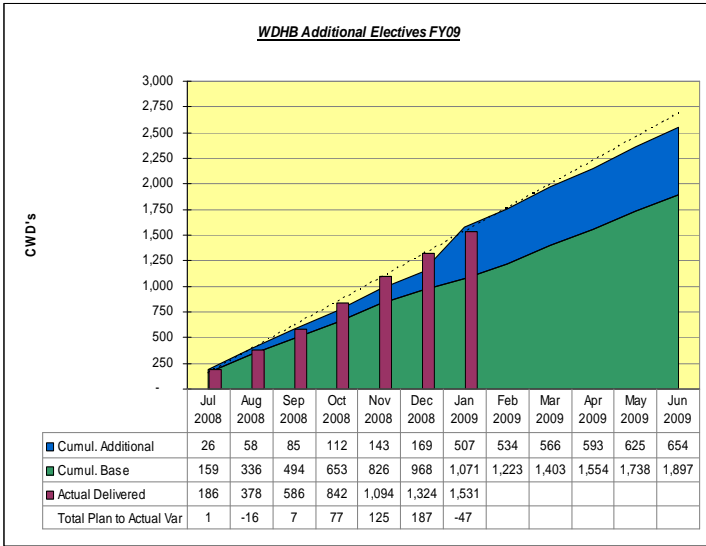
The Orthopaedic Initiative is additional funding for achieving targeted orthopaedic joint procedures.
The blue bar is the actual number YTD including IDF's. The green bar is the base amount plus the additional MOH target. The dotted line is the trend of actual production. Achievement of the base & additional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

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.

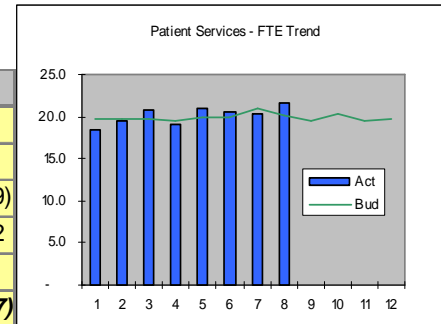
Targets exceeded, application for additional funding granted



6.3.9 Patient Services (Maternity, Nursing Relief Team)

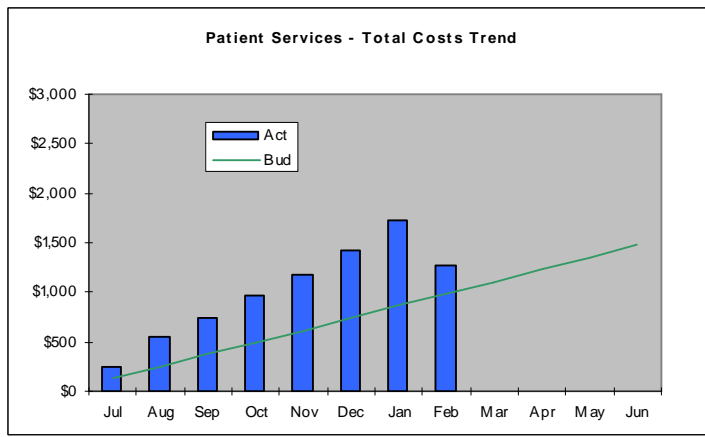
FTE Analysis

Patient Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	-	-	-
Medical Staff	1.9	-	(1.9)
Nursing Staff	19.8	20.0	0.2
Support Staff	-	-	-
Total FTE's	21.7	20.0	(1.7)

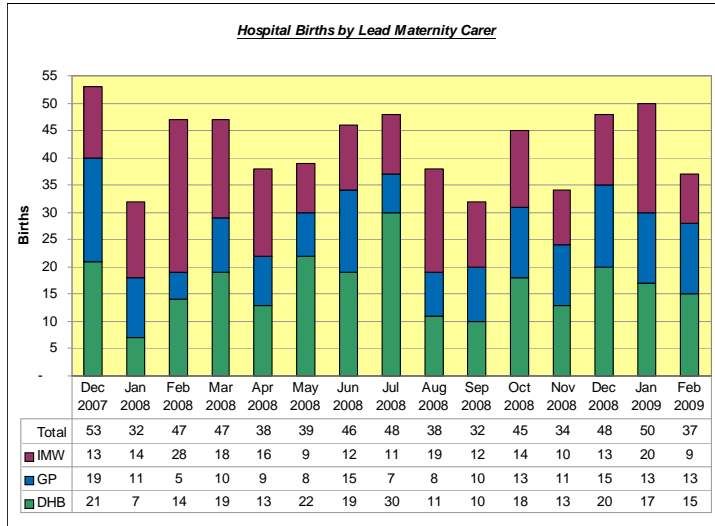


Cost Analysis (000's)

Patient Services	Feb-2009			YTD Bud	YTD % of Bud	FY Bud
	Act	Bud	Var			
Financial (000's)						
Revenue						
Revenue	\$200.1	\$194.4	\$5.7	\$1,516.9	\$1,551.8	\$2,329.4
Expenditure						
Personnel	\$180.3	(\$101.1)	\$281.4	(\$1,098.0)	(\$875.0)	(\$1,323.6)
Outsourced	\$286.2	(\$2.4)	\$288.6	(\$50.8)	(\$20.2)	(\$30.0)
Clinical Supplies	(\$3.7)	(\$5.4)	\$1.7	(\$54.2)	(\$43.4)	(\$65.2)
Infrastructure & Non-clinical	(\$3.4)	(\$3.2)	(\$0.2)	(\$47.4)	(\$30.1)	(\$42.9)
Deprn & Financing	(\$1.6)	(\$1.7)	\$0.1	(\$14.4)	(\$14.0)	(\$21.0)
Total Expenditure	\$457.8	(\$113.9)	\$571.7	(\$1,264.7)	(\$982.7)	(\$1,482.6)
Net Surplus/(Deficit)	\$657.9	\$80.5	\$577.4	\$252.2	\$569.1	\$846.8

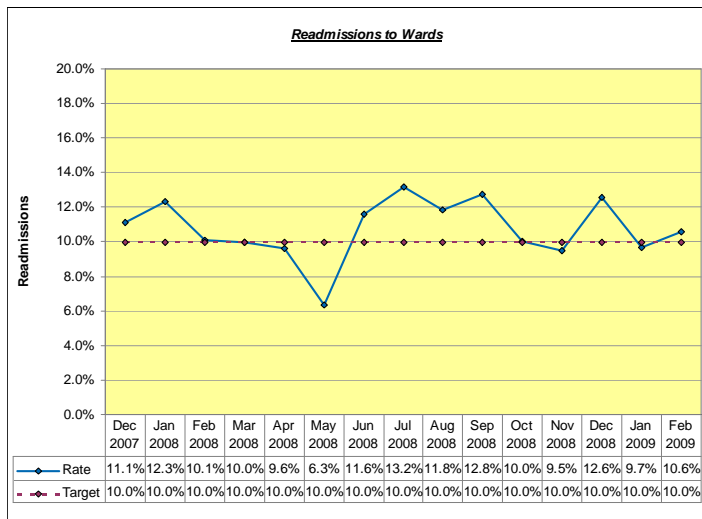


- UK Midwives scheduled to arrive May.
- Interviews held for 3rd O&G consultant.
- CTA contract for complex care in Midwifery is being pursued. Start date April 2009.
- Parenting education commenced with Parents Centre. Classes held in Masterton and Greytown.
- \$13K in midwives/nursing adverse. Significant improvement from \$104K previous month.
- Clinical supplies under budget.
- Demand driven overruns in clinical supplies.



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

- 37 admitted deliveries
- 11 Caesareans – 7 elective & 4 emergency
- 19 Normal deliveries
- 7 Instrumental delivery
- 1 set twins



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.

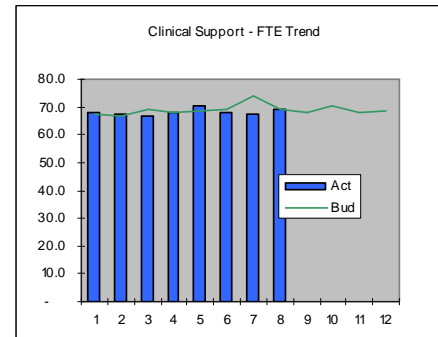
Target met for January.



6.3.10 Clinical Support, Therapies & Allied Health

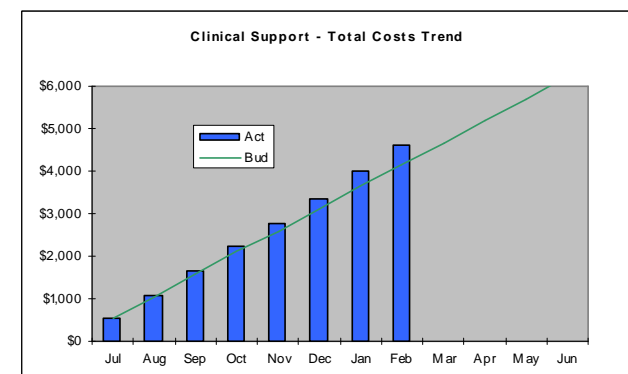
FTE Analysis

Clinical Support	FTE Actual	FTE Budget	Variance
Allied Health Staff	28.2	29.3	1.1
Management/Administration Staff	26.2	24.0	(2.2)
Outsourced Personnel	-	-	-
Nursing Staff	14.4	15.8	1.4
Support Staff	-	-	-
Total FTE's	68.9	69.2	0.3



Cost Analysis (000's)

Clinical Support	Feb-2009			YTD Act	YTD Bud	YTD Var	YTD % of Bud	FY Bud
	Act	Bud	Var					
Financial (000's)								
Revenue								
Revenue	\$363.7	\$315.5	\$48.3	\$2,709.8	\$2,505.0	\$204.8	-8.18%	\$3,766.9
Expenditure								
Personnel	(\$324.8)	(\$298.3)	(\$26.5)	(\$2,643.5)	(\$2,571.0)	(\$72.5)	-2.82%	(\$3,859.9)
Outsourced	(\$123.6)	(\$72.8)	(\$50.8)	(\$963.0)	(\$583.4)	(\$379.6)	-65.06%	(\$874.8)
Clinical Supplies	(\$150.6)	(\$99.2)	(\$51.4)	(\$835.1)	(\$804.4)	(\$30.7)	-3.82%	(\$1,201.2)
Infrastructure & Non-clinical	(\$4.5)	(\$11.6)	\$7.1	(\$91.8)	(\$107.7)	\$15.9	14.76%	(\$154.1)
Deprn & Financing	(\$10.1)	(\$11.0)	\$0.9	(\$88.6)	(\$88.2)	(\$0.3)	-0.36%	(\$132.4)
Total Expenditure	(\$613.7)	(\$493.0)	(\$120.7)	(\$4,622.0)	(\$4,154.8)	(\$467.2)	-11.25%	(\$6,222.4)
Net Surplus/(Deficit)	(\$249.9)	(\$177.5)	(\$72.4)	(\$1,912.2)	(\$1,649.8)	(\$262.4)	15.91%	(\$2,455.5)

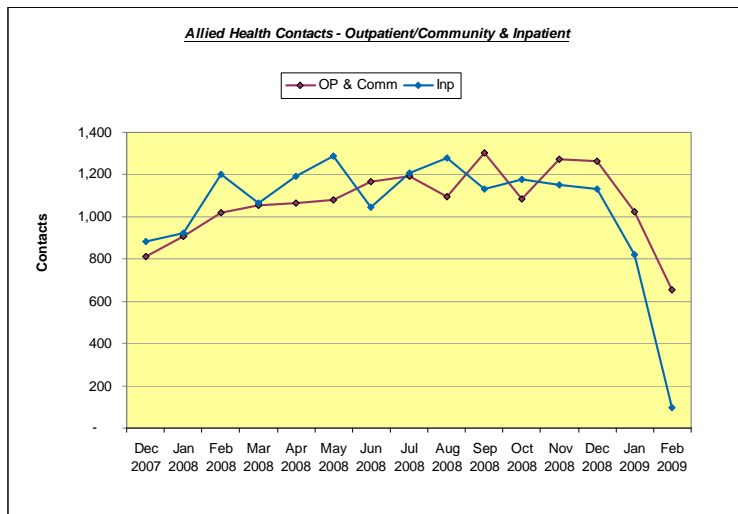


Summary

- Health records sickness has continued to be a problem with sickness equating to approximately 1 FTE per week.
- Impact of back pay and improved PSA collective is seen in this month's financials.
- Family Violence Training for trainers completed in February with 2 subsequent workshops held for staff
- Clerical staff sickness 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. No locum cover was available in February.
- Significant cost pressures associated with higher than expected MECA for MRT staff FYE approx 90k
- The significant overspend in imaging is also part due to high volumes of work undertaken further demand measures regarding MRI have also been put in place in an attempt to balance clinical need & cost.

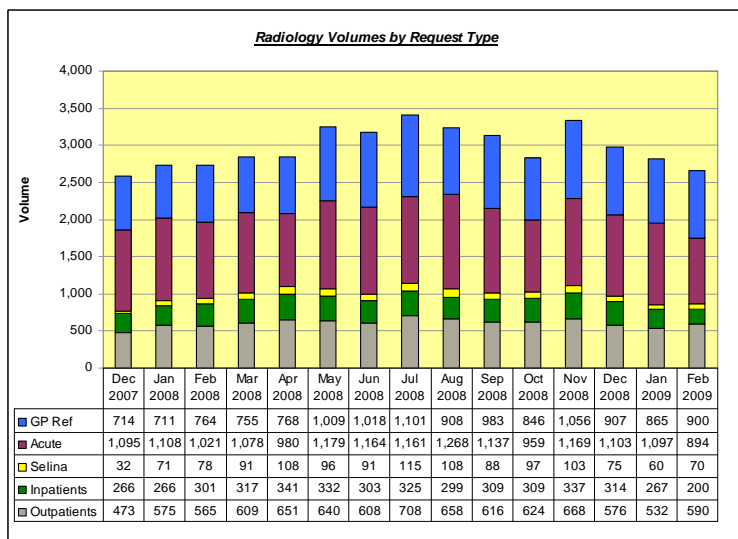


- PRL have reduced the cost increase from the proposed 5.1% to the 2.6% threshold that the DHD receives.
- PRL contract still under negotiation improved terms have been agreed it is hoped to reach agreement by the end of April.
- Discussions with PRL to provide some education sessions for GP's have resulted in programme planned for March.
- Clinical supplies overspend is higher due to movement of contracts from Corporate to imaging.
- Medicines Advisory committee Service has been re-established cost containment/reduction measures in place.
- AT&R occupancy remains high, with active transfer of patients sought from MSW when beds become available.
- 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
- Additional costs have been incurred for outsourcing of patients over the Christmas period with late invoicing occurring.
- Still some issues around data capture further discussions planned with Planning & funding & the rehab team re these issues.
- Interviews held for Rehab Support Workers and staff appointed to commence training in Mid March.



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.

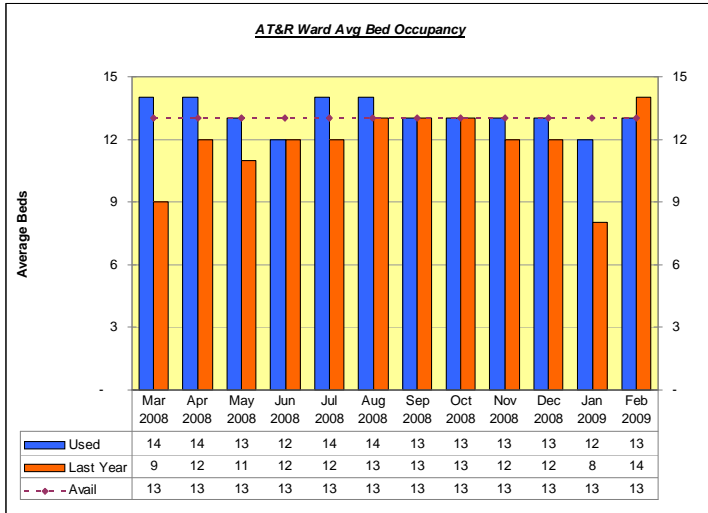
Data not available.



This graph shows the total number of radiology tests done, and then breaks this down by the referral type for those tests.

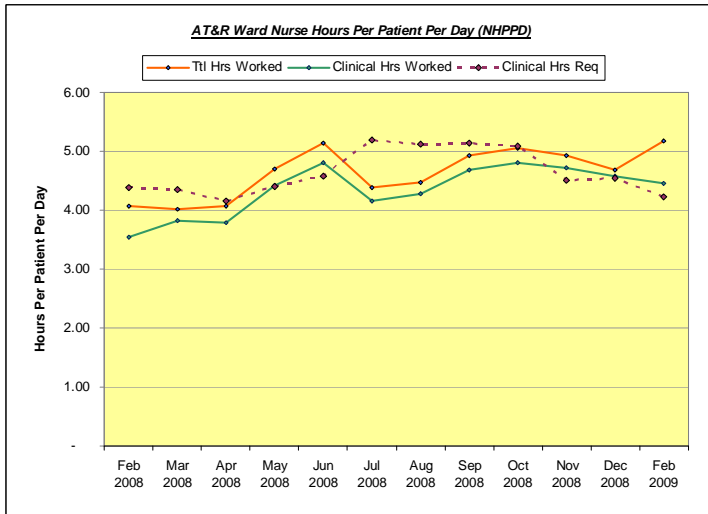
GP referred are those requested by GP's, Acute are requests by the acute wards in the hospital, Selina are Selina Sutherland requests, Inpatients are from all inpatient wards and Outpatients are requests from the outpatient clinics.

Demand has been steady throughout February despite the quieter period in MSW.



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 \$234,540 YTD ahead of budget [Refer Appendix D].

Healthy Homes Assessments are down this month as nursing staff are concentrating on education in schools for the upcoming HPV vaccination campaign. Assessments are on track to reach volume by year end.

Mental Health Referrals are lower than expected year to date although new referrals to CAMHS are increasing slowly.

Referrals through the Single Point of Entry at FOCUS has placed extra pressure on the service. While referrals for needs assessments remain constant referrals for all services have been as high as 400 in one week.

All managers are working to a cost recovery plan for the current financial year and developing a cost recovery plan for the 09/10 year.

	Feb-2009			YTD					FY
	Act	Bud	Var	Act	Bud	Var	Var %	Bud	
Contract Volumes									
FOCUS Needs Assessments	14	10	4	86	80	6	7.5%	120	
District Nurse Contacts	2,700	2,303	397	22,785	19,293	3,492	18.1%	29,217	
Healthy Homes Nurse Assmnts	1	8	(7)	59	66	(7)	-10.6%	100	
Student Assessments	17	17	-	197	136	61	44.9%	200	
Mental Health New Referrals	30	50	(20)	273	400	(127)	-31.8%	600	
Financial (000's)									
Revenue	\$997	\$1,090	(\$93)	\$8,396	\$8,717	(\$320)	-3.7%	\$13,076	
Personnel Costs	(\$710)	(\$636)	(\$75)	(\$6,184)	(\$5,528)	(\$656)	-11.9%	(\$8,309)	
Outsourced Costs	(\$118)	(\$73)	(\$45)	(\$716)	(\$594)	(\$122)	-20.6%	(\$886)	
Other Costs	(\$279)	(\$109)	(\$170)	(\$1,205)	(\$907)	(\$298)	-32.9%	(\$1,342)	
Net Performance	(\$110)	\$272	(\$382)	\$292	\$1,689	(\$1,397)	-82.7%	\$2,539	
FTE's									
Allied Health Staff	61.1	70.6	9.5	60.8	70.7	9.9	14.0%	75.4	
Management/Administration Staff	20.7	22.4	1.7	21.8	22.7	0.9	3.9%	22.6	
Medical Staff	3.1	3.5	0.4	3.1	3.5	0.4	10.6%	3.5	
Nursing Staff	48.1	42.2	(5.9)	44.8	42.1	(2.8)	-6.6%	42.1	
Support Staff	-	-	-	-	-	-	0.0%	0.0	
Total FTE	133.0	138.7	5.7	130.6	139.0	8.4	6.0%	143.7	

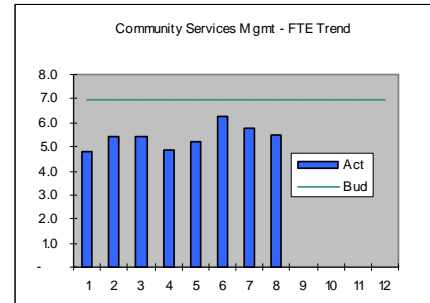
* Refer to the Glossary for definitions of these measures.



6.4.5 Community & Public Health Management

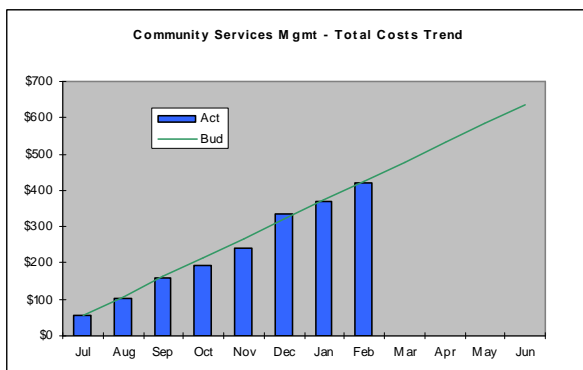
FTE Analysis:

Community Services Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	5.5	7.0	1.5
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	5.5	7.0	1.5



Cost Analysis (000's):

Community Services Management	Feb-2009			YTD Bud	YTD % of Bud	FY Bud
	Act	Bud	Var			
Financial (000's)						
Revenue						
Revenue	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
Expenditure						
Personnel	(\$44.1)	(\$44.1)	\$0.0	(\$382.2)	0.20%	(\$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	(\$5.4)	(\$4.1)	(\$1.3)	(\$34.1)	0.86%	(\$50.9)
Deprn & Financing	(\$0.1)	(\$0.9)	\$0.8	(\$0.5)	93.31%	(\$10.5)
Total Expenditure	(\$49.5)	(\$49.1)	(\$0.5)	(\$420.5)	0.90%	(\$636.6)
Net Surplus/(Deficit)	(\$49.5)	(\$49.1)	(\$0.5)	(\$420.5)	-0.90%	(\$636.6)



Summary

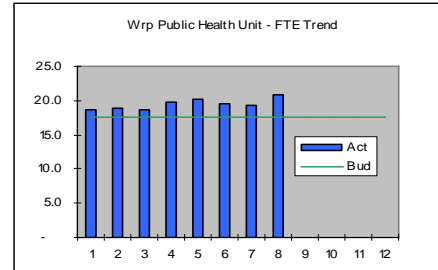
- Infrastructure and non-clinical costs for the Choice Health campus have been coded against this responsibility centre and should more correctly be coded against Public Health, this will not occur until the new budget year 09/10
- Ambulance Service Manager position was not replaced which explains the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



6.4.6 Wairarapa Public Health Unit

FTE Analysis:

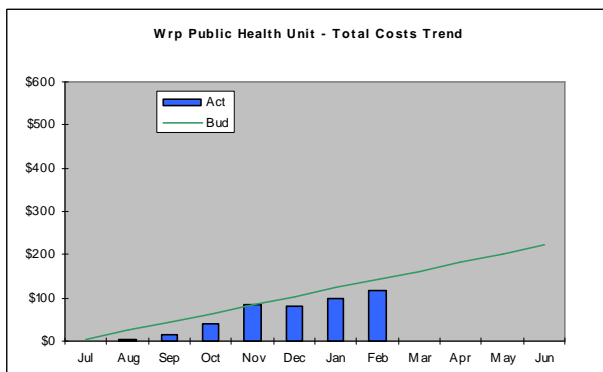
Public Health Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	9.9	10.0	0.1
Management/Administration Staff	3.0	2.5	(0.5)
Medical Staff	-	-	-
Nursing Staff	7.9	5.0	(2.9)
Support Staff	-	-	-
Total FTE's	20.9	17.5	(3.4)



Cost Analysis (000's):

Public Health Unit	Feb-2009			YTD Bud	YTD % of Bud	FY Bud
	Act	Bud	Var			
Financial (000's)						
Revenue						
Revenue	\$91.6	\$109.1	(\$17.4)	\$902.0	\$871.6	\$1,307.9
Expenditure						
Personnel	(\$104.8)	(\$71.7)	(\$33.1)	(\$780.5)	(\$623.6)	(\$935.2)
Outsourced	(\$9.2)	(\$3.5)	(\$5.7)	(\$39.7)	(\$29.6)	(\$43.6)
Clinical Supplies	(\$1.2)	(\$4.2)	\$3.0	(\$8.2)	(\$34.8)	(\$51.5)
Infrastructure & Non-clinical	(\$10.8)	(\$7.6)	(\$3.3)	(\$61.5)	(\$63.0)	(\$93.3)
Depn & Financing	(\$0.1)	(\$0.1)	(\$0.0)	(\$0.6)	(\$0.5)	(\$0.7)
Total Expenditure	(\$126.0)	(\$87.0)	(\$39.0)	(\$890.5)	(\$751.5)	(\$1,124.3)
Net Surplus/(Deficit)	(\$34.4)	\$22.0	(\$56.5)	\$11.5	(\$108.6)	\$183.6

+/-
5%



Summary

- FTE reflects staff employed on contracts that were placed after budgeting completed
- The adverse result reflects revenue expended but not yet received. This includes funding for the HPV project which has FTE and infrastructure costs and costs for the Public Health Dietician, who has been incurring cost without the associated revenue. An additional \$140,500 revenue will show in the March accounts. MECA settlement back pay also affects this month's result.



Key Activities

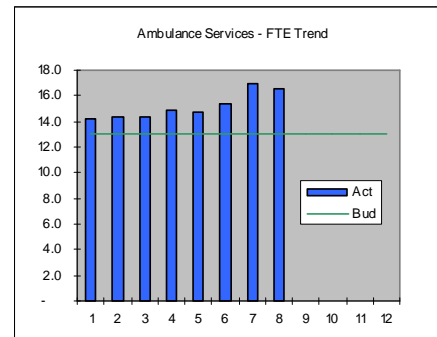
- A reflective Health Impact Assessment (HIA) will be conducted to look at the impact of South Wairarapa not fluoridating the water in and its affect on Maori.
- The Makoura College HIA will review the impact of a proposed policy to be introduced at the College such as Health and Wellbeing or Health and Safety or Models of Behaviour.
- 17 schools have achieved a 100% return rate of the HPV consent forms to date.
- 150 DHB staff have returned the Workplace Wellness surveys and these are in the process of being collated.



6.4.7 Ambulance Services

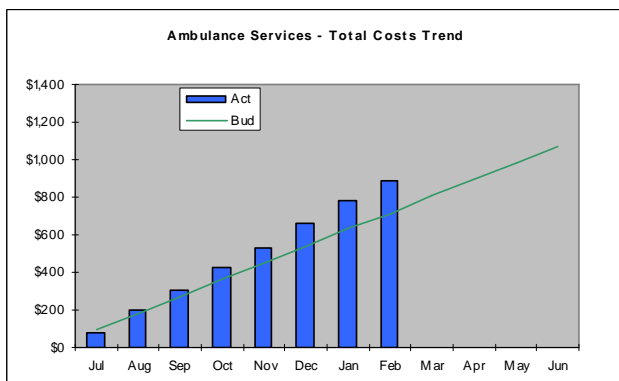
FTE Analysis:

Ambulance Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	16.5	12.9	(3.6)
Management/Administration Staff	-	0.1	0.1
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	16.5	13.0	(3.5)



Cost Analysis (000's):

Ambulance Services	Feb-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$94.4	\$105.4	(\$11.0)	\$857.5	\$842.7	\$14.8	-1.75%	\$1,264.5
Expenditure								
Personnel	(\$68.8)	(\$59.6)	(\$9.2)	(\$632.5)	(\$517.4)	(\$115.2)	-22.26%	(\$778.0)
Outsourced	(\$6.2)	(\$7.7)	\$1.4	(\$48.0)	(\$61.3)	\$13.3	21.74%	(\$92.0)
Clinical Supplies	(\$9.6)	(\$2.1)	(\$7.4)	(\$32.1)	(\$17.1)	(\$14.9)	-87.00%	(\$25.7)
Infrastructure & Non-clinical	(\$10.3)	(\$11.3)	\$1.0	(\$120.9)	(\$95.3)	(\$25.6)	-26.86%	(\$140.5)
Deprn & Financing	(\$6.4)	(\$2.9)	(\$3.5)	(\$50.1)	(\$23.3)	(\$26.8)	-115.45%	(\$34.9)
Total Expenditure	(\$101.3)	(\$83.6)	(\$17.6)	(\$883.6)	(\$714.4)	(\$169.2)	-23.69%	(\$1,071.1)
Net Surplus/(Deficit)	(\$6.9)	\$21.8	(\$28.7)	(\$26.2)	\$128.3	(\$154.4)	-120.39%	\$193.4



Summary

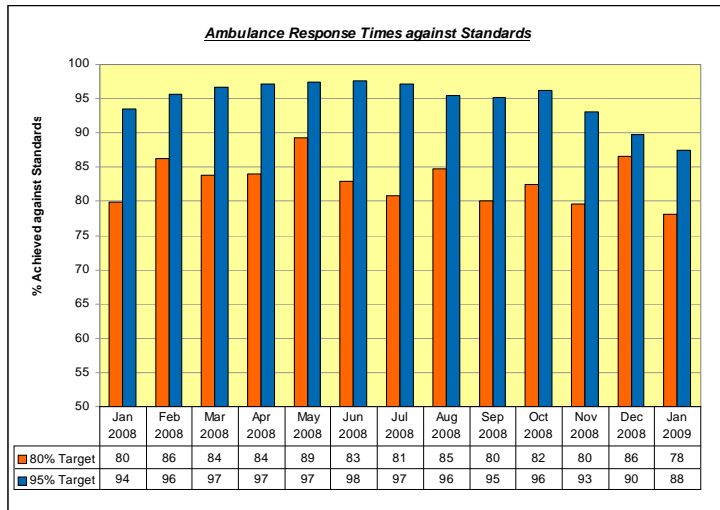
- FTE figures show a variance of 3.5 FTE due to the use of casual staff in the month of February to cover annual leave and sick leave. This is slowly reducing from previous months. There is also an additional FTE approved after budgets were set, which has been filled, as well as the Manager FTE which has been converted into a clinical role. Therefore the use of casual staff equates to 1.4 FTE.
- ACC declined claims equivalent to \$10,000 are being followed up
- Mitigation strategies have been implemented to further reduce costs:
 - The 8th old ambulance has been decommissioned which reduces costs of maintenance, and depreciation
 - Clinical supplies have been identified as expensive and not fit for purpose. A more cost effective alternative is being sought.



- o An overall stock take to identify over supply of items is underway.
- o Overall monthly costs are reducing.

Key Activity

- Emergency Calls in January 2009:
 - o Medical = 188
 - o Accident = 109
 - o Non Emergency Patient Transports (NEPT) = 47
 - o Kilometres Travelled 19,654
- Emergency Calls in February 2009
 - o Medical = 147
 - o Accident = 100
 - o Non Emergency Patient Transports (NEPT) = 38
 - o Kilometres Travelled 11,433
- Telarc have advised that the ISO 9001 audit will commence in April. The DHB Quality Manager will assist the Ambulance Service Manager with this process.
- Performance Reviews for staff have commenced.



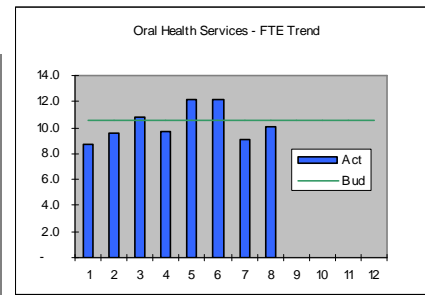
This graph shows the response time performance for the Wairarapa ambulance service against national standards. There has been some slippage in January due to the large number of holidaymakers on the coasts of the district. Response times for these remote rural communities are therefore reflected in the 2%slippage. Data for February was not available at the time of reporting.



6.4.8 Oral Health Services

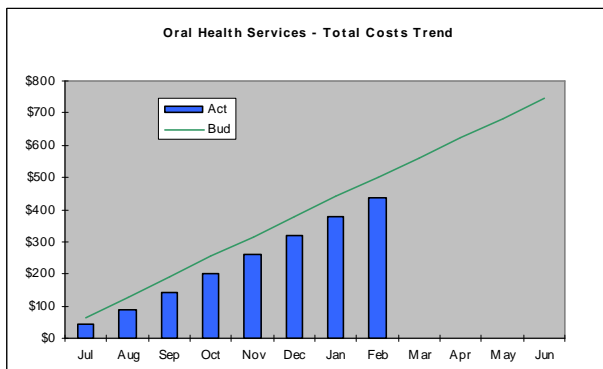
FTE Analysis:

Oral Health Service	FTE Actual	FTE Budget	Variance
Allied Health Staff	8.9	9.4	0.5
Management/Administration Staff	1.1	1.2	0.1
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	10.0	10.6	0.6



Cost Analysis (000's):

Oral Health Services	Feb-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$47.6	\$142.6	(\$95.0)	\$702.3	\$1,140.8	(\$438.5)	38.44%	\$1,711.2
Expenditure								
Personnel	(\$52.4)	(\$41.1)	(\$11.3)	(\$382.4)	(\$357.5)	(\$24.9)	-6.96%	(\$536.2)
Outsourced	\$0.0	(\$9.3)	\$9.3	(\$0.1)	(\$74.5)	\$74.4	99.84%	(\$111.8)
Clinical Supplies	(\$1.1)	(\$3.8)	\$2.6	(\$18.1)	(\$30.1)	\$12.0	39.81%	(\$45.2)
Infrastructure & Non-clinical	(\$3.8)	(\$2.2)	(\$1.6)	(\$17.4)	(\$21.1)	\$3.7	17.70%	(\$29.7)
Deprn & Financing	(\$1.8)	(\$1.9)	\$0.1	(\$16.6)	(\$15.4)	(\$1.2)	-7.80%	(\$23.0)
Total Expenditure	(\$59.0)	(\$58.3)	(\$0.8)	(\$434.6)	(\$498.6)	\$64.0	12.85%	(\$745.9)
Net Surplus/(Deficit)	(\$11.5)	\$84.3	(\$95.8)	\$267.8	\$642.2	(\$374.4)	-58.31%	\$965.3



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.
- 15 schools were selected to receive the mobile and each has been visited to assess placement on site, access, and availability of utilities. It is apparent that each school will require 3 phase power, and this additional cost is



covered by Ministry funding. Should major works be required at a school site and those costs exceed the budget, there will be consultation with the school. Schools have commenced the signing of the Deed of Lease Agreements.

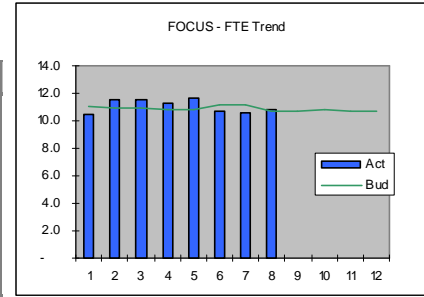
- The Ministry of Health has accepted the Annual Workforce Development Plan for the Oral Health Service. Both AUT and Otago University are looking for a 1st or 2nd year Maori Dental Therapy student who will work in the Wairarapa once training is completed. This student will receive a scholarship to complete their training.



6.4.9 FOCUS

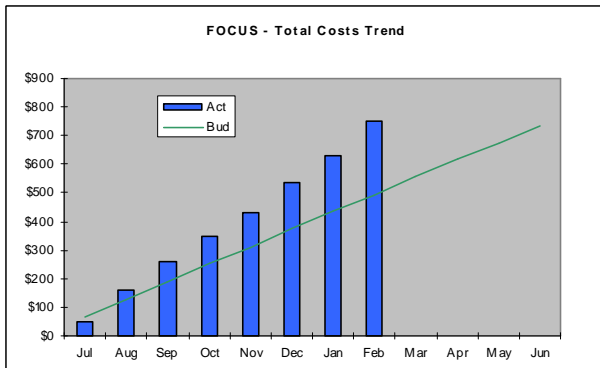
FTE Analysis:

FOCUS/NASC	FTE Actual	FTE Budget	Variance
Allied Health Staff	6.3	6.6	0.3
Management/Administration Staff	4.1	4.2	0.0
Medical Staff	-	-	-
Nursing Staff	0.4	-	(0.4)
Support Staff	-	-	-
Total FTE's	10.8	10.8	(0.1)



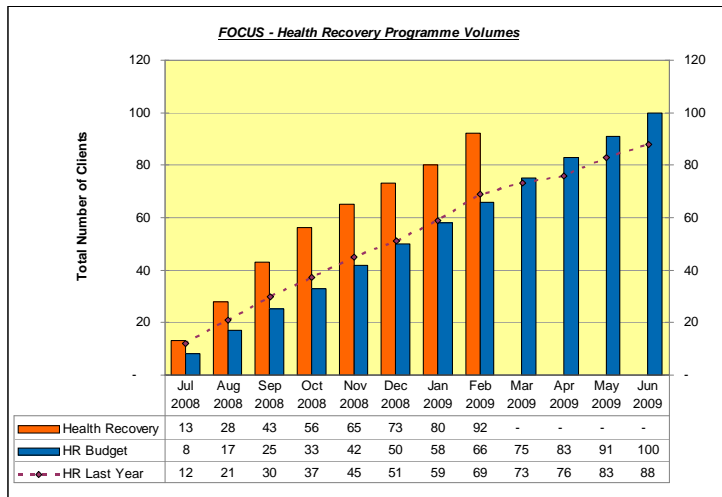
Cost Analysis (000's):

FOCUS NASC	Feb-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$113.6	\$106.5	\$7.0	\$918.1	\$852.3	\$65.8	-7.72%	\$1,278.5
Expenditure								
Personnel	(\$67.4)	(\$43.3)	(\$24.1)	(\$407.7)	(\$382.9)	(\$24.9)	-6.49%	(\$571.0)
Outsourced	(\$51.6)	(\$12.0)	(\$39.6)	(\$311.4)	(\$97.3)	(\$214.1)	-220.14%	(\$145.2)
Clinical Supplies	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.1)	\$0.0	58.12%	(\$0.1)
Infrastructure & Non-clinical	(\$1.0)	(\$1.6)	\$0.6	(\$30.4)	(\$13.5)	(\$16.9)	-125.97%	(\$19.8)
Deprn & Financing	(\$0.0)	(\$0.0)	\$0.0	(\$0.1)	(\$0.1)	\$0.0	0.00%	(\$0.2)
Total Expenditure	(\$120.0)	(\$56.9)	(\$63.1)	(\$749.7)	(\$493.8)	(\$255.9)	-51.82%	(\$736.3)
Net Surplus/(Deficit)	(\$6.4)	\$49.6	(\$56.1)	\$168.5	\$358.6	(\$190.1)	-53.01%	\$542.2

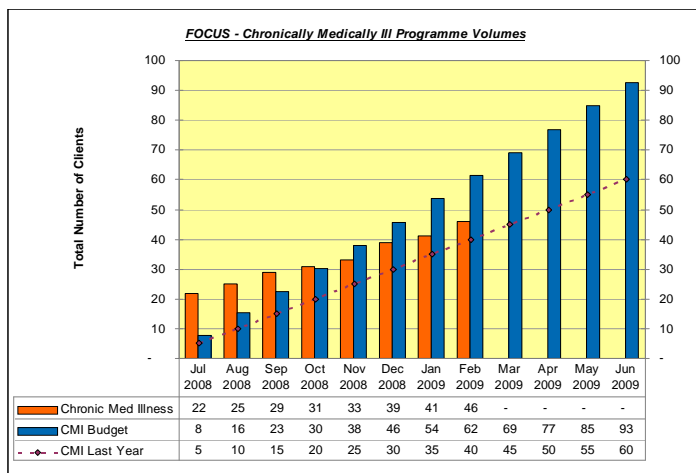


Summary

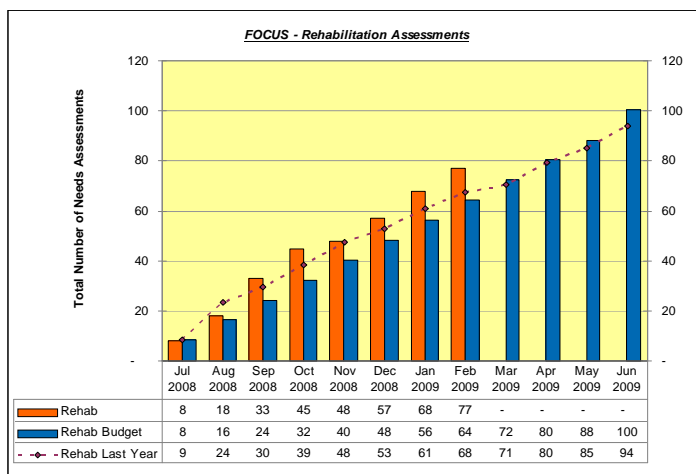
- Personnel Expenditure is higher than budgeted as the additional funding for Single Point of Entry was missed off the 08/9 budget. Increased cost in delivering the on call service is a result of the Allied Health MECA settlement.
- Outsourced, expenditure higher than budgeted, this reflects the support services purchased contributed to by an over performance in Health Recovery and Chronically Medically Ill volumes and the costs of FOCUS funded beds that are capacity funded and not always full.
- 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. Urgent referrals are seen within 24 hours.



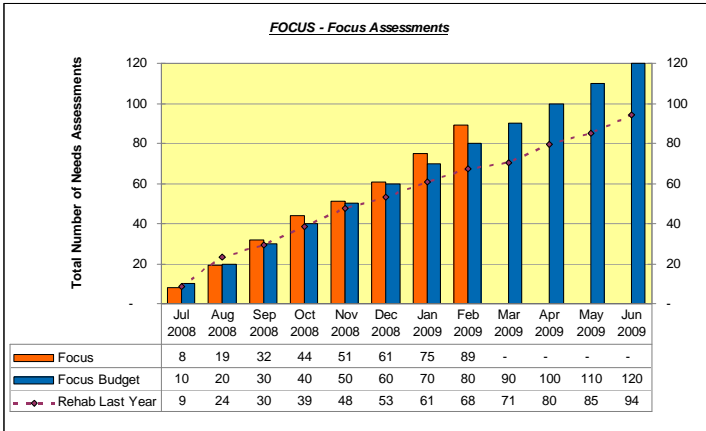
The Health Recovery Programme is tracking above the target volume. Increased volumes have continued with a dedicated person giving a face to this service and programme. An increase in volumes is planned for 09/10 budget. There is a direct correlation between the demand on inpatient hospital beds and 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 funding 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.



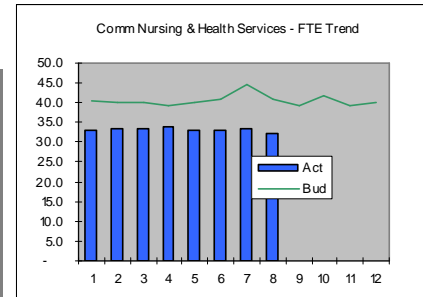
This graph shows the volume of assessments completed in Rehab by FOCUS
The rehab volumes were increased in the 08/09 financial year, reflecting the needs of the service.
The volumes for this service may reduce over the Easter period when the Rehab ward closes.



6.4.10 Community Nursing & Health Services

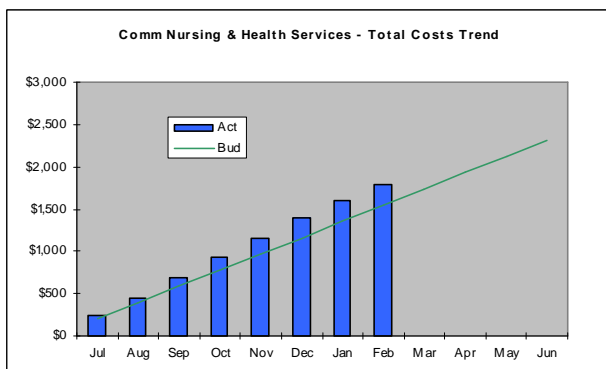
FTE Analysis:

Community Nursing & Health Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	8.1	19.9	11.8
Management/Administration Staff	3.0	2.3	(0.7)
Medical Staff	-	-	-
Nursing Staff	21.0	18.6	(2.5)
Support Staff	-	-	-
Total FTE's	32.1	40.8	8.7



Cost Analysis (000's):

Community Nursing & Health Services	Feb-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$229.2	\$205.7	\$23.6	\$1,654.1	\$1,645.4	\$8.7	-0.53%	\$2,468.1
Expenditure								
Personnel	(\$141.2)	(\$126.2)	(\$15.1)	(\$1,274.5)	(\$1,100.8)	(\$173.6)	-15.77%	(\$1,652.4)
Outsourced	\$0.0	(\$1.6)	\$1.6	(\$6.9)	(\$13.5)	\$6.6	49.11%	(\$20.0)
Clinical Supplies	(\$43.0)	(\$47.3)	\$4.2	(\$477.2)	(\$384.9)	(\$92.3)	-23.97%	(\$574.1)
Infrastructure & Non-clinical	(\$2.6)	(\$4.6)	\$1.9	(\$21.5)	(\$43.8)	\$22.3	50.92%	(\$62.0)
Deprn & Financing	(\$1.3)	(\$0.6)	(\$0.7)	(\$11.4)	(\$4.8)	(\$6.6)	-135.56%	(\$7.3)
Total Expenditure	(\$188.2)	(\$180.3)	(\$7.9)	(\$1,791.4)	(\$1,547.9)	(\$243.5)	-15.73%	(\$2,315.8)
Net Surplus/(Deficit)	\$41.0	\$25.4	\$15.6	(\$137.3)	\$97.5	(\$234.8)	-240.86%	\$152.2

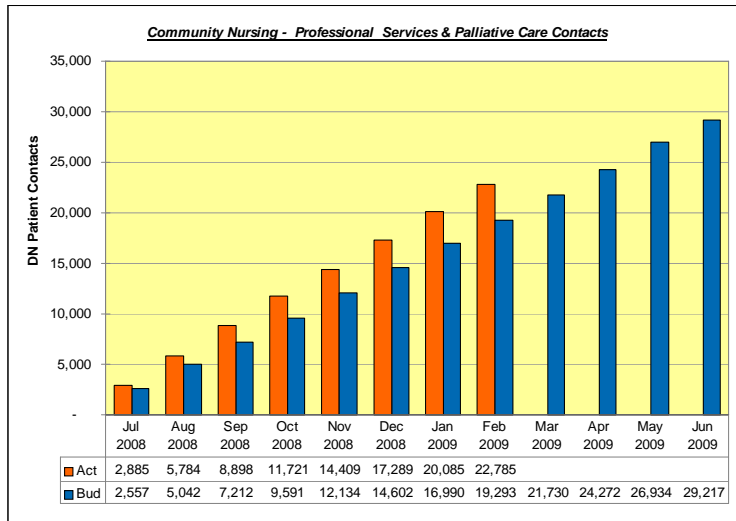


Summary

- Personnel costs are over budget due to supernumary new graduate nurse position, cost of higher duties allowance for staff acting up to cover long term leave and overtime costs to meet demand. A process is in place to manage the rise in overtime.
- Costs have risen for clerical staff following the settlement of the PSA MECA.
- Detailed work is being undertaken by the manager around matching FTE actual costs to budget.
- Infrastructure reflects the costs for the lease cars for the last 8 months.
- Clinical supplies - Continance products remain a high cost for the service. Other clinical supplies have remained within budget for the month but YTD costs remain high.

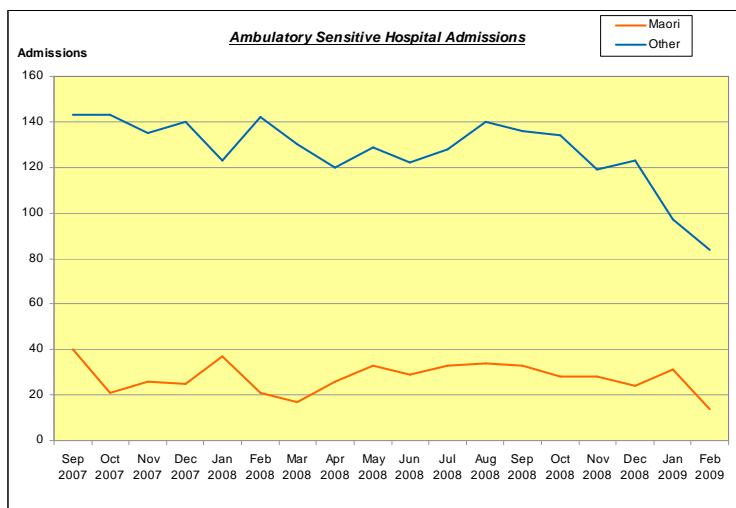


- The Clinical Nurse Manager is actively following up patients that have presented to ED for treatment that could have been delivered by the Community Nursing Service (e.g. IV, wound management and medication support). This reflects the increase in patient volume and the number of IV in the home patients
- Short term support workers have finished their last training module and the tutor needs to assess and mark the work before moderation takes place in Christchurch.



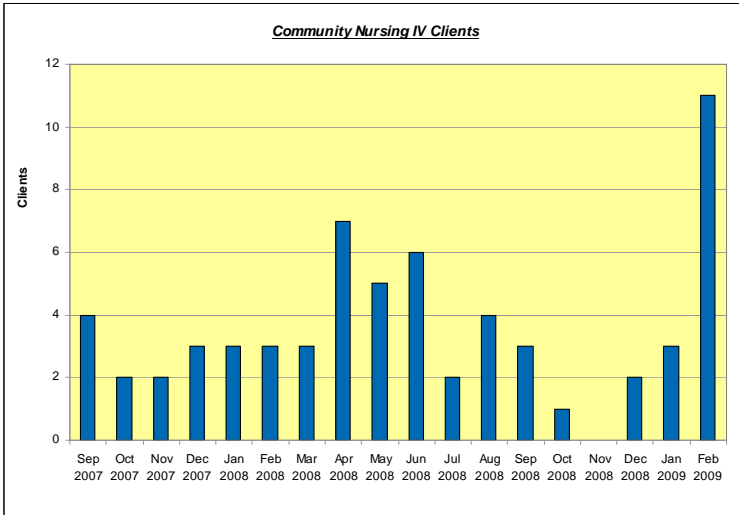
Community Nurse contacts include both DHB and ACC funded visits to patients. Client services such as continence, stomal and oxygen are not included.

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



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

Community, public and primary health services are undertaking initiatives to prevent ambulatory sensitive admissions. We have started to identify and commence planning for the frequent attendees within above group. The project team have written their first report for the long term conditions project



. Community Nurse IV clients

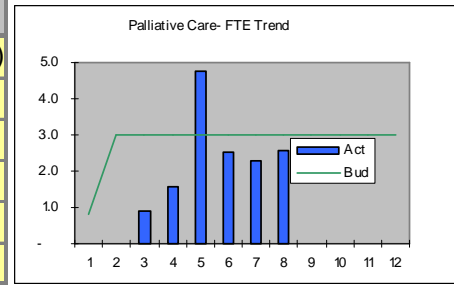
Community nursing has completed a one page referral form and prescription chart. Demographics, prescription and patient requirements on one page has made it easier for medical staff to fill in.



6.4.11 Palliative Care

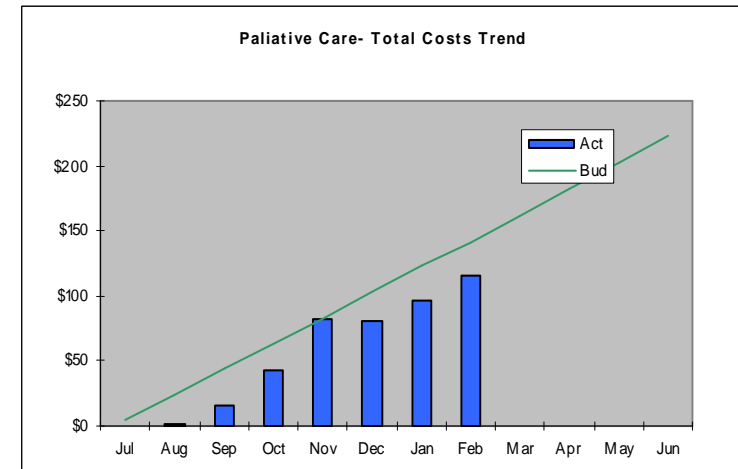
FTE Analysis:

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	0.4
Support Staff	-	-	-
Total FTE's	2.6	3.0	0.4



Cost Analysis (000's)

Palliative Care	Feb-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$44.6	\$44.6	(\$0.0)	\$357.0	\$356.8	\$0.2	-0.05%	\$535.3
Expenditure								
Personnel	(\$15.8)	(\$18.1)	\$2.3	(\$90.6)	(\$141.3)	\$50.7	35.89%	(\$222.6)
Outsourced	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
Clinical Supplies	(\$0.2)	\$0.0	(\$0.2)	(\$5.5)	\$0.0	(\$5.5)	0.00%	\$0.0
Infrastructure & Non-clinical	(\$2.1)	\$0.0	(\$2.1)	(\$18.1)	\$0.0	(\$18.1)	0.00%	\$0.0
Depn & Financing	(\$0.8)	\$0.0	(\$0.8)	(\$1.1)	\$0.0	(\$1.1)	0.00%	\$0.0
Total Expenditure	(\$19.0)	(\$18.1)	(\$0.9)	(\$115.3)	(\$141.3)	\$26.0	18.41%	(\$222.6)
Net Surplus/(Deficit)	\$25.7	\$26.5	(\$0.9)	\$241.7	\$215.5	\$26.2	12.16%	\$312.7



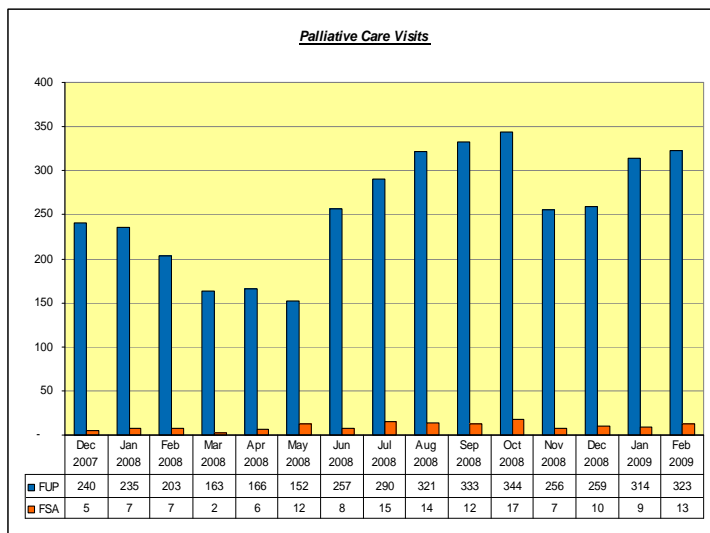


Summary

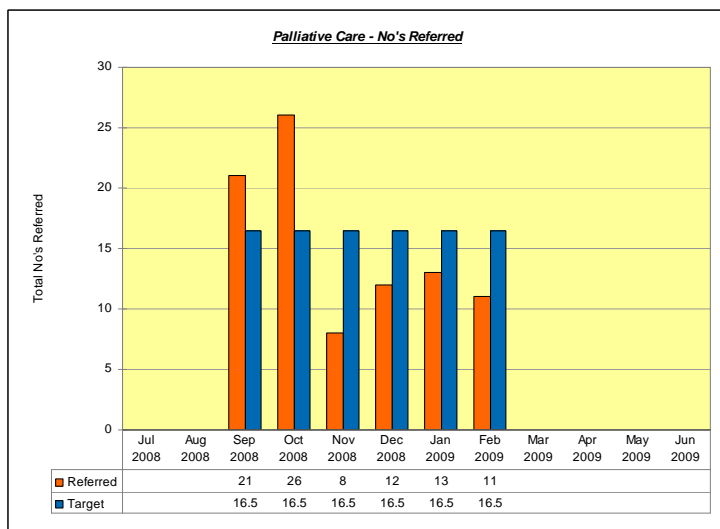
- Recruitment for the 0.6 FTE clinical nurse specialist is complete and the position will be filled from the 9th March.
- Actual costs for infrastructure reflect service set up costs
- Some clinical supplies have been charged to community nursing this month

Service Volumes 1 February 2009 to 25 February 2009

Referrals	8 European 2 Not Stated 0 Maori 1 Samoan	11
Deaths	4 European 1 Not Stated 0 Maori	5
Active patients	28 European 6 Not Stated 6 Maori 1 Pacific Island 1 Asian	42



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



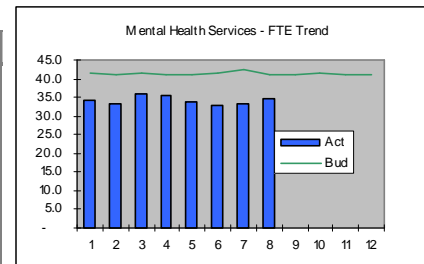
This graph compares actual referred numbers to the Palliative Care Centre each month against expected referrals. There has been an increased number of referrals from inpatients in Wairarapa hospital. Demand has been high for long term hospital level beds in Masterton for persons identified as palliative



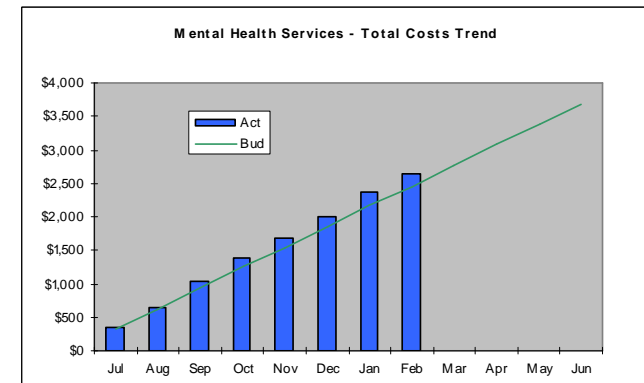
6.4.12 Mental Health

FTE Analysis

Mental Health	FTE Actual	FTE Budget	Variance
Allied Health Staff	10.6	16.2	5.6
Management/Administration Staff	4.0	5.0	1.1
Medical Staff	3.1	3.5	0.4
Nursing Staff	16.9	16.4	(0.5)
Support Staff	-	-	-
Total FTE's	34.6	41.1	6.5



Mental Health	Feb-2009			YTD Bud	YTD % of Bud	FY Bud	
	Act	Bud	Var				
Financial (000's)							
Revenue							
Revenue	\$375.7	\$375.9	(\$0.3)	\$3,005.4	\$3,007.2	(\$1.9) 0.06%	\$4,510.8
Expenditure							
Personnel	(\$216.1)	(\$231.8)	\$15.8	(\$2,233.7)	(\$2,021.2)	(\$212.4) -10.51%	(\$3,038.8)
Outsourced	(\$50.9)	(\$39.1)	(\$11.8)	(\$311.2)	(\$317.5)	\$6.3 1.98%	(\$473.7)
Clinical Supplies	(\$0.7)	(\$1.3)	\$0.7	(\$9.0)	(\$10.7)	\$1.7 16.24%	(\$16.0)
Infrastructure & Non-clinical	(\$10.2)	(\$12.2)	\$2.0	(\$95.9)	(\$105.2)	\$9.2 8.79%	(\$153.8)
Deprn & Financing	(\$0.4)	(\$0.2)	(\$0.1)	(\$2.7)	(\$1.8)	(\$0.9) -50.26%	(\$2.7)
Total Expenditure	(\$278.1)	(\$284.6)	\$6.4	(\$2,652.5)	(\$2,456.4)	(\$196.1) -7.98%	(\$3,685.0)
Net Surplus/(Deficit)	\$97.5	\$91.3	\$6.2	\$352.9	\$550.8	(\$198.0) -35.94%	\$825.9



Summary

Current vacancies:

Maori Mental Health Professionals: Adult MHS 1.7 fte. CAMHS 2.0 fte. 1.0 fte Maori CSW position implemented in Crisis Respite. 0.3 fte Maori Mental Health Professional position filled in the adult service

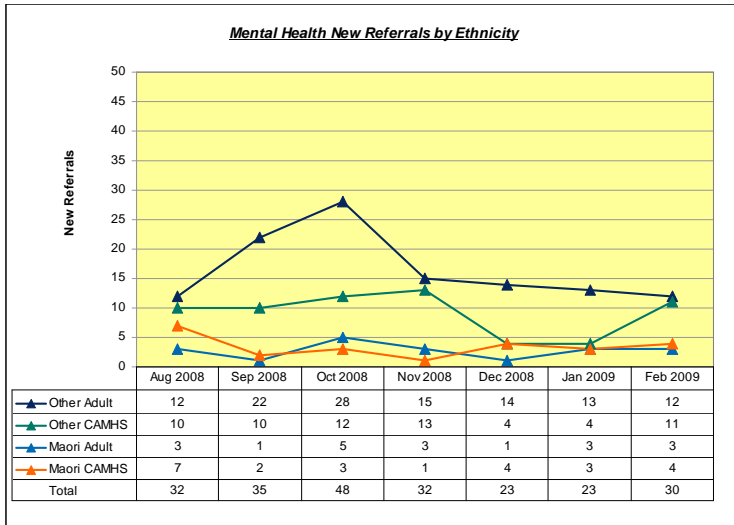
Adult: Occupational Therapist: 1.0 fte (appointment made, commencing duties mid April); Psychiatrist 1.0 fte (currently filled by 0.6 fte locum).

Management/admin staff: no vacancies

- Nursing staff (0.5 fte) variance due to RN1 position.
- Overall the budget for February is starting to show savings being made in Personnel compared to January.
- Settlement of the PSA Allied MECA has increased costs in allowances/penal & overtime rates in the Adult team, which covers 24/7 hrs crisis response



- Contract psychiatrist costs have been reduced and savings will increase from 1 April following renegotiation of contract.
- Outsourced over expenditure mainly due to use of inpatient beds out of region which is based on clinical need and cannot accurately be forecast.

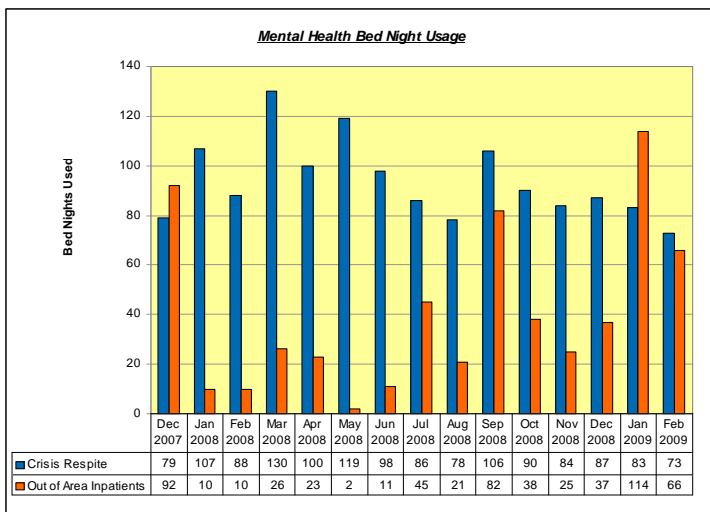


This graph shows the new referrals to the Mental Health services in the month. Those referrals from Maori patients are shown separately as this is an area of particular focus for the service.

Adult MH team Maori referrals have been consistent since July 08.

CAMHS referrals for Maori remain low; a project is planned to increase access for isolated Maori families who currently may not know about CAMHS.

Recruitment for vacant Maori MHS positions in both teams will recommence in March.

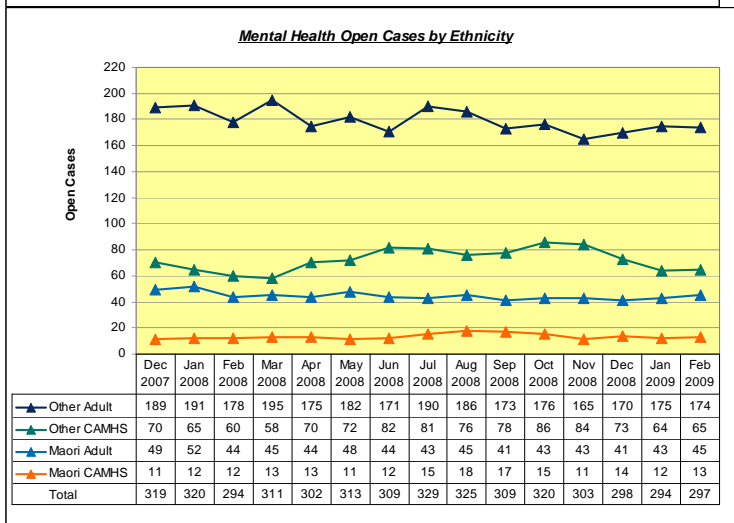


The bed night usage shows how bed nights were used in the Mental Health Service own Crisis Respite beds, and in the Inpatient beds the service contracts from other DHBs.

Bed nights for out of region Inpatient beds reduced in February compared to January. Use of inpatient beds in Hutt Valley DHB due to unavailability of beds in MidCentral. CRRC beds occupancy has a consistent rate of utilisation of approx. 80% over the past 8 months

CAMHS had 1 admission to the Rangatahi Unit in February. Crisis respite for Youth bed was used for 1 night only.

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



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 remains reasonably constant which indicates that the Adult team is maintaining a throughput of clients.

CAMHS: Maori children were 17% of total clients for the month. Referrals of all children are starting to increase.



6.5 Support Services

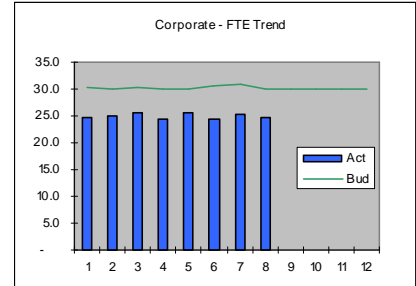
	Act	Feb-2009 Bud	Var	Act	YTD Bud	Var	Var %		FY Bud
Financial (000's)									
Revenue	\$37	\$55	(\$18)	\$1,363	\$433	\$930	214.6%	✓	\$653
Personnel Costs	(\$370)	(\$239)	(\$131)	(\$1,111)	(\$2,063)	\$952	46.2%	✓	(\$3,091)
Outsourced Costs	(\$5)	(\$4)	(\$2)	(\$43)	(\$33)	(\$11)	-32.0%	✗	(\$48)
Other Costs	(\$862)	(\$825)	(\$37)	(\$6,651)	(\$6,661)	\$10	0.1%		(\$9,962)
Net Performance	(\$1,200)	(\$1,013)	(\$187)	(\$6,443)	(\$8,324)	\$1,881	22.6%	✓	(\$12,447)
FTE's									
Allied Health Staff	-	-	-	-	-	-	0.0%		-
Management/Administration Staff	27.9	34.7	6.8	28.2	35.0	6.8	-19.5%	✗	34.9
Medical Staff	-	-	-	-	-	-	0.0%		-
Nursing Staff	1.2	1.1	(0.0)	1.0	1.1	0.1	-8.9%	✗	1.1
Support Staff	7.0	8.5	1.5	7.7	8.6	0.9	-11.0%	✗	8.6
Total FTE	36.1	44.3	8.3	36.8	44.7	7.9	17.6%	✓	44.6



6.5.1 Corporate

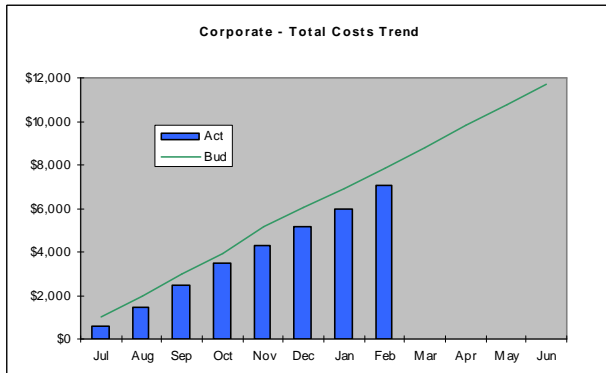
FTE Analysis:

Corporate Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	17.8	21.4	3.6
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	7.0	8.5	1.5
Total FTE's	24.8	29.9	5.1



Cost Analysis (000's):

Corporate Services	Feb-2009			YTD Bud	YTD % of Bud	FY Bud			
	Act	Bud	Var						
Financial (000's)									
Revenue									
Revenue	\$32.4	\$53.3	(\$20.8)	\$1,322.9	\$419.4	\$903.5	-215.43%	+	\$632.4
Expenditure									
Personnel	(\$302.5)	(\$172.2)	(\$130.2)	(\$588.3)	(\$1,479.6)	\$891.3	60.24%	✓	(\$2,215.4)
Outsourced	(\$5.4)	(\$2.0)	(\$3.4)	(\$34.2)	(\$17.6)	(\$16.6)	-94.78%	✗	(\$25.5)
Clinical Supplies	(\$44.9)	(\$37.3)	(\$7.5)	(\$349.1)	(\$298.5)	(\$50.6)	-16.96%	✗	(\$447.8)
Infrastructure & Non-clinical	(\$570.0)	(\$479.4)	(\$90.7)	(\$4,308.0)	(\$3,888.8)	(\$419.2)	-10.78%	✗	(\$5,806.3)
Deprn & Financing	(\$235.2)	(\$269.7)	\$34.5	(\$1,809.9)	(\$2,157.9)	\$348.1	16.13%	✓	(\$3,236.9)
Total Expenditure	(\$1,157.9)	(\$960.6)	(\$197.3)	(\$7,089.5)	(\$7,842.4)	\$752.9	9.60%	✓	(\$11,731.9)
Net Surplus/(Deficit)	(\$1,125.5)	(\$907.4)	(\$218.1)	(\$5,766.6)	(\$7,423.1)	\$1,656.4	-22.31%	✗	(\$11,099.5)



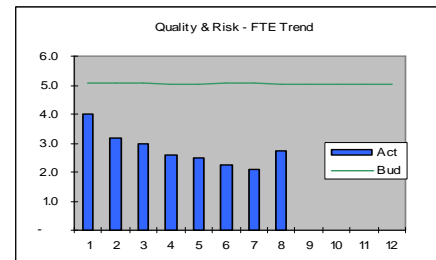
Summary



6.5.2 Quality & Risk

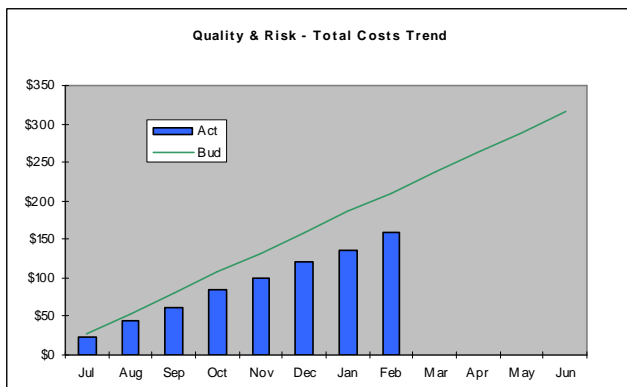
FTE Analysis:

Quality & Risk	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	1.6	3.9	2.3
Medical Staff	-	-	-
Nursing Staff	1.2	1.1	(0.0)
Support Staff	-	-	-
Total FTE's	2.7	5.0	2.3



Cost Analysis (000's):

Quality & Risk	Feb-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$4.9	\$1.7	\$3.3	\$39.4	\$13.3	\$26.1	-195.64%	\$20.0
Expenditure								
Personnel	(\$20.2)	(\$21.4)	\$1.3	(\$125.7)	(\$187.1)	\$61.4	32.83%	(\$281.0)
Outsourced	(\$0.1)	(\$0.6)	\$0.5	(\$9.3)	(\$5.5)	(\$3.8)	-68.13%	(\$7.9)
Clinical Supplies	(\$0.4)	(\$0.0)	(\$0.4)	(\$0.8)	(\$0.2)	(\$0.6)	-298.78%	(\$0.3)
Infrastructure & Non-clinical	(\$2.0)	(\$1.0)	(\$1.0)	(\$14.2)	(\$9.0)	(\$5.2)	-57.94%	(\$13.1)
Deprn & Financing	(\$1.0)	(\$1.1)	\$0.1	(\$8.6)	(\$8.6)	(\$0.1)	-0.65%	(\$12.9)
Total Expenditure	(\$23.7)	(\$24.1)	\$0.4	(\$158.7)	(\$210.4)	\$51.8	24.60%	(\$315.1)
Net Surplus/(Deficit)	(\$18.8)	(\$22.5)	\$3.7	(\$119.2)	(\$197.1)	\$77.9	-39.50%	(\$295.1)



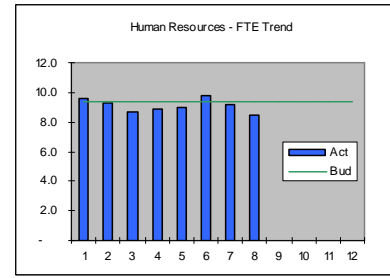
Summary



6.5.3 Human Resources

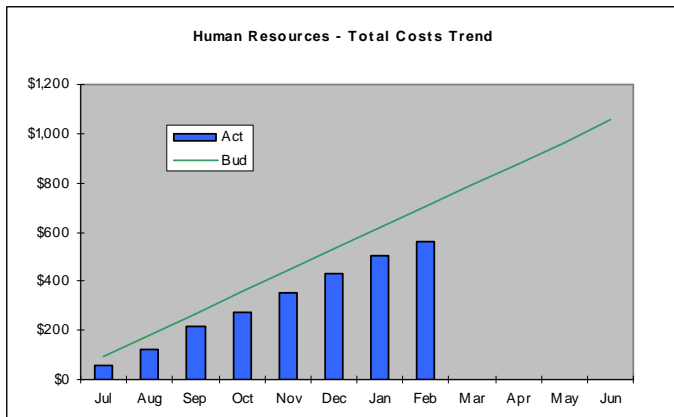
FTE Analysis:

Human Resources	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	8.5	9.4	0.9
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	8.5	9.4	0.9



Cost Analysis (000's):

Human Resources	Feb-2009			YTD	YTD %	FY Bud		
	Act	Bud	Var				Act	Bud
Financial (000's)								
Revenue								
Revenue	\$0.0	\$0.1	(\$0.1)	\$0.5	\$0.5	(\$0.0)	3.73%	\$0.8
Expenditure								
Personnel	(\$47.1)	(\$45.6)	(\$1.5)	(\$396.9)	(\$396.2)	(\$0.7)	-0.17%	(\$594.4)
Outsourced	\$0.0	(\$1.2)	\$1.2	\$0.0	(\$9.9)	\$9.9	100.00%	(\$14.8)
Clinical Supplies	(\$0.0)	(\$0.0)	\$0.0	(\$0.1)	(\$0.3)	\$0.2	71.17%	(\$0.5)
Infrastructure & Non-clinical	(\$8.2)	(\$36.2)	\$28.0	(\$157.5)	(\$294.8)	\$137.3	46.58%	(\$439.4)
Deprn & Financing	(\$0.3)	(\$0.4)	\$0.1	(\$3.2)	(\$3.0)	(\$0.2)	-7.88%	(\$4.5)
Total Expenditure	(\$55.6)	(\$83.4)	\$27.8	(\$557.6)	(\$704.1)	\$146.5	20.80%	(\$1,053.5)
Net Surplus/(Deficit)	(\$55.6)	(\$83.3)	\$27.7	(\$557.1)	(\$703.6)	\$146.5	-20.82%	(\$1,052.7)



Summary

- Quarter 2 rotation of RMO's has started, albeit 2.5 RMO's down. We have a RN helping where the need has been identified within the different runs. We are also trialling a Medical Officer helping 2 Consultants in the Medical Unit in lieu of an RMO. The trial will be reviewed in April to ascertain the effectiveness.
- Most financial items for implementation from the recently agreed Allied, Public Health and Technical CEA and PSA Administration/Clerical CEA have now been implemented. Work on backdating of leave entitlements is in progress.
- The HR team is working with Managers to identify actual FTE count as part of cost saving identification work.



Employment Group	Progress as at 10 March 2009
Obstetrician & Gynaecologists	<p>We did not progress the candidate from the UK because references did not meet our standards. We have interviewed a New Zealand registered consultant currently working in Australia. An offer will be given to her this week.</p> <p>O&G Consultants nationwide continue to provide additional support as required.</p>
Anaesthetist	<p>Dr Petr Tobias has accepted a permanent role with us, however his start date has been delayed until June 09. He has been approved through NZMC and is now waiting Immigration approval. Dr Tobias has been given Immigration approval however his wife has a medical condition which requires Board approval through Immigration. We are waiting the results of their decision.</p> <p>We have Dr Jowitt joining us for 3 months starting 19 March as an interim measure until Dr Tobias can start with us.</p>
Emergency	<p>We continue the search for MOSS and Consultants in ED. Drs Bowden and McLeod leave us on 15 March.</p>
Paediatrician	<p>Have made an offer to Dr Isaiah and are currently working through MCNZ to gain registration. This is taking longer than expected, therefore his start date has been delayed until May/June 09.</p>
Medical Officer	<p>Continue to seek candidates to cover anticipated RMO vacancies for future rotations. RMO's are in high demand nationwide.</p>
Community & Public Health	<ul style="list-style-type: none"> • CNS Palliative - appointment made Dental Therapist – candidates interviewed and offer made to preferred candidate • HPV Administrator - appointment made • Vision and Hearing technician – appointment made • Public Health Nurse – Advertised • Ambulance: 4 x Watch Officer roles advertised and interviews concluded
Mental Health	<ul style="list-style-type: none"> • No data available for report
Maori Health Directorate	<p>Nil</p>
Hospital Services	<ul style="list-style-type: none"> • RN vacancies – 1.0 FTE across hospital services (excluding below). A total of 1.5 FTE is covered by temporary agreements. • Midwifery –2 FTE commencing March/April; Fixed term and casual agreements in place in meantime as cover. Current vacancy is 1.6FTECSSD Technician – Commenced • Perioperative Assistant – Commenced • Rehab Support Worker – Appointment made • Clinical Typist – Advertising Sonographer – advertising continues • Selina Sutherland – currently shortlisting
Other Vacancies	<ul style="list-style-type: none"> • HR Admin (fixed term) – Shortlisting HEHA Education Coordinator – Offer made • Systems Administrator – HRIS – Appointed • Team Leader Facilities –Offer made



6.5.4 Nursing Directorate

February 2009

The feedback received on the new model of care in the medical surgical ward is very good on the whole with staff and management very pleased with progress to date. It has been in place for five weeks now with close monitoring and support occurring from the project team. Overall the differences that occurred relate to: staff communicating better with one another, assistance is nearby when required, staff are getting off work on time on all shifts; the new graduates and newer staff are receiving the support they need; the Clinical Nurse Manager has been freed up to deal with issues promptly and ensure that patients are receiving the care they require; the churn in the ward has settled and above all the patients are feeling as if they are being well cared for. The effects of the admission discharge nurse role are becoming more evident and the HCAs are working out really well with all their competencies signed off by the Educators. There have been some issues that have been dealt with as much as possible when they occur, and a few others that have required project team back up. It is acknowledged that activity has been generally lower but this has been viewed as a good thing as it has enabled the bedding down of the model. Already there has been a significant shift in the culture of the ward.

The new graduates have all settled down really well in their respective areas. They finish their six weeks of supernumerary time early March. The next two months are often the hardest time for them, however the coordinator is well aware of this and ensures that they continue to receive good support as required. The preceptors supporting them have also received support from the educator team. The 2009 BN Programme class started well with 34 students in the cohort, five of which identify as Maori, and one Pacific. The Educator for the programme connected with these students immediately as the year started and has already developed a relationship with them.

The education calendar commenced in February, but due to workload pressures there were very few Provider Arm staff who attended training. Most attendees were external nursing staff. NZNO and The DHB organised a very well attended evening session (approx. 65 nurses attended) when one of the NZNO Professional Nurse Advisors presented on documentation issues and the medico-legal importance of it.

The Nursing Directorate has been working through the clinical placements for student nurses with UCOL for this year. A new contract is being negotiated currently, but it is evident that UCOL is having some problems finding enough placements. The second year students have always left the district for some placements in past years but UCOL has decided not to do that for the 2009 year. The Provider Arm receives a nominal amount for having students but no other provider is paid, therefore this is a barrier to uptake. The Provider Arm will have students every week except for one for the remainder of the year through until November. This will be problematic at times and will need good management going forward. The DHB and UCOL will partner together in exploring and piloting the Dedicated Education Unit (DeU) project for the Provider Arm.

Further training for health care assistants commences in March with some going into the Rehabilitation Unit and some being trained for the casual pool. Having a pool again will assist with any down times for permanent staff and also reduce the need to use Wairarapa Care Network for patient watches. A total of 10 – 11 will participate in the March training.

The Director of Nursing attended a national Nursing and Midwifery Strategy group meeting this month and the central region DON/CMO forum alongside the first new RCSP steering group meeting (on which Wairarapa has three representatives). The Clinical Leadership Taskgroup report has been submitted to the Minister of Health for release shortly.



6.5.5 Maori Health

WAIRARAPA DISTRICT HEALTH BOARD – HOSPITAL ADVISORY COMMITTEE MĀORI HEALTH REPORT MARCH 2009

Te Arawhata Tōtika – Cultural Competency Co-ordinator

- Te Arawhata Tōtika implementation plan near completion
- Co-ordinator is support presenter with the Domestic Violence screening training program and preventing suicide workshops for men
- Co-ordinator will be presenting on cultural competencies in the upcoming Mental Health training day

Kaitātaki Whānau Ora Facilitator

- Regular attendance at MSW, AT&R and Paediatric MDTs
- Daily visits to wards
- Smokefree support
- DNA follow-ups
- Building collaborative relationships with hospital services and consumers

Kaumātua Specialist Cultural Advisor

- Training in blessings of rooms
- Attended Capital Coast new hospital dawn ceremony
- Partook in interview panel for PHO appointment
- Follow-up with Dr Allan Shirley re: skeletal remains and disposal of these

Kaiwhakarite Waiora – Māori Health Co-ordinator

- Policy reviews and updates
- Attendance at Central Regional Māori Managers hui
- Supporting and partaking in on-line ED & MHS training
- Attendance at Māori Health Committee, Iwi Kainga, Hospital Executive meetings
- Updating of Māori Health Unit information

The Māori Health Unit and Directorate have continued to work on both the development of the Māori Health Plan 2009 – 2012 and the Māori Health Committee work plan. The Unit and Directorate held a planning hui to ascertain what our key priority areas are for the next 12 months ahead. Whilst there were a number of things that were discussed and will be highlighted in the Māori Health Plan some of the immediate issues that were noted are as follows:

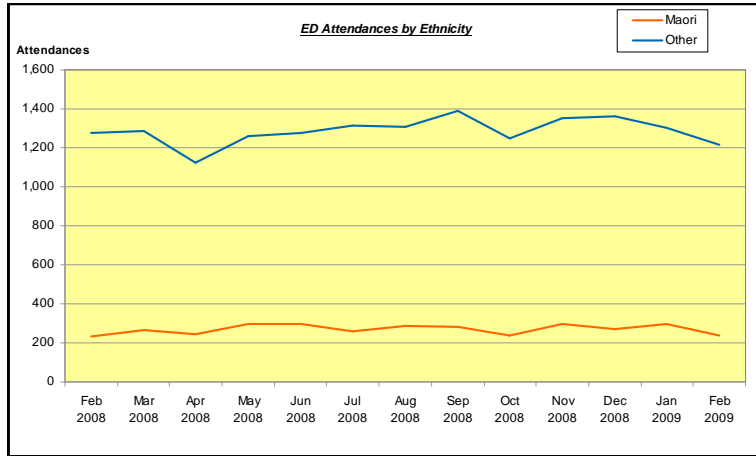
- Addressing concerns regarding Māori DNAs
- Māori ethnicity collection data, how is it done, what is the purpose and how can this be captured better
- The pathway forward for Te Arawhata Tōtika
- Building collaborative working relationships

Engagement with the Patient Journey Co-ordinator has been very fruitful and some joint work is currently being established.

February 2009 Māori Admissions to Wairarapa Hospital	
Paediatrics	12
Maternity	4
HDU / AAU	3
MSW - AT & R	14
Home Visits (follow-up)	3
Transfer out of area	1
Total	37

The Māori Health Unit has been successful with CTA funding for five Wairarapa recipients:

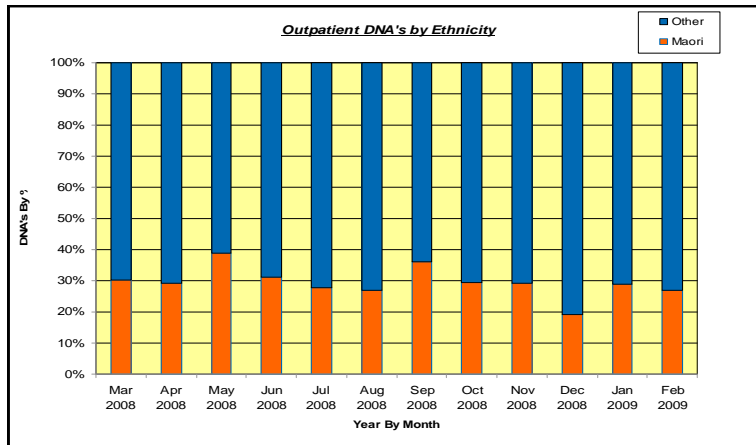
- 1 x Wairarapa DHB staff – Certificate in Hauora Māori Level 4 with Mauri Ora Associates
- 3 x Whaiora staff - Certificate in Hauora Maori Level 4 with Mauri Ora Associates
- 1 x Whaiora staff - Certificate in Health Science with Massey University



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

The Māori Health Unit has been called to support patients in ED on several occasions through the month of February.

- Anxious in their wait
- Not understanding the process
- Come in unsupported
- Managing difficult behaviours



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%.

A meeting was held with Fay Selby-Law from Mid-Central DHB regarding research she had undertaken in Māori DNA's.

All DNA's followed up.



	epFiscalYe: Data		ethBroadGr		2009 Sum of Patie	2009 Sum of Patients
	2009					
	Sum of Patients		% of Patients			
Patit Analysis	Maori	Other	Maori	Other		
ED Attendance						
1	5	15	25.0%	75.0%	20	100.0%
2	136	636	17.6%	82.4%	772	100.0%
3	721	3,436	17.3%	82.7%	4,157	100.0%
4	623	2,960	17.4%	82.6%	3,583	100.0%
5	368	2,048	15.2%	84.8%	2,416	100.0%
Uncoded	341	1,535	18.2%	81.8%	1,876	100.0%
ED Attendance Total	2,194	10,630	17.1%	82.9%	12,824	100.0%
Inpatients						
ACUTE	250	1,393	15.2%	84.8%	1,643	100.0%
ATR	8	180	4.3%	95.7%	188	100.0%
DAY	133	1,026	11.5%	88.5%	1,159	100.0%
MAT/NEO	231	512	31.1%	68.9%	743	100.0%
MSW	249	1,736	12.5%	87.5%	1,985	100.0%
PAED	163	345	32.1%	67.9%	508	100.0%
Inpatients Total	1,034	5,192	16.6%	83.4%	6,226	100.0%
Outpatients						
FIRST - ATT	599	4,433	11.9%	88.1%	5,032	100.0%
FIRST - DNA	107	319	25.1%	74.9%	426	100.0%
FOLLOWUP - ATT	856	7,511	10.2%	89.8%	8,367	100.0%
FOLLOWUP - DNA	194	444	30.4%	69.6%	638	100.0%
Outpatients Total	1,756	12,707	12.1%	87.9%	14,463	100.0%
Births						
	epFiscalYe: Data		ethBroadGr		2009 Sum of Birth	2009 % of Births
	2009					
	Sum of Births		% of Births			
	Maori	Other	Maori	Other		
Total	106	231	31.5%	68.5%	337	100.0%
Initiative Procedures						
	epFiscalYe: Data		ethBroadGr		2009 Sum of Patie	2009 % of Patients
	2009					
	Sum of Patients		% of Patients			
Initiative	Maori	Other	Maori	Other		
Cataract	8	128	5.9%	94.1%	136	100.0%
Orthopaedic	8	70	10.3%	89.7%	78	100.0%



SECTION 7: Ad Hoc Reports

Wairarapa District Health Board

Quality and Risk

February 2009

1. General Overview

- The national release of the serious and sentinel events (S&SE) occurred on the 23rd February 2009. Wairarapa DHB released the two events which occurred here, currently reviewing the local release and lessons learnt.
- Continue to receive, monitor and provide advice regarding complaints and events.
- Cate Tyrer, Quality & Risk Manager, commenced on 16th February.
- Currently reviewing the Complaints management process to improve timeliness and responsiveness to complaints
- New Reportable events data management system being trialled for a month to target and improve on data collection and analysis.
- Certification and accreditation are on the agenda for the SMT with GM
- Several quality initiatives being commenced as part of the lessons learnt from the National S&SE release, e.g. safe site surgery process review.

2. Quality

Health & Safety:

Met with Peter Clayton- New Products, Recalls, Waste / recycling and Outstanding Capex items.

Spoke with Helen Mulholland regarding Generic and Rep training new H / S Committee members, CTU unable to provide any Generic Training.

Occupational Health:

Pre-employment screening X 20

Occupational Health Medical Advisor meetings X 4

Infection Control:

QIC project. Lizzie attended the 2 day gold auditor hand hygiene training to enable WDHB to commence the baseline analysis in preparation for the start of the project

Met with Margie Lawton, Manager OCS – regarding recycling and management of rubbish. Margie to submit Recycling proposal to WDHB.

Operating Theatre – Standard Precautions and Management ESBL patients

Emergency Preparedness:

The Fire Service recently visited 'Child Adolescent Mental Health Services (31 Renall Street) for risk profiling purposes. The Fire Service were made aware that the building accommodates more than 10 employees and, as such, would require an Evacuation Scheme. To that end the following was undertaken:

- An inspection of the premises to understand what is required to bring the premises in line with the necessary Acts and Regulations.
- A letter has been sent to the owners of the premises to authorise the DHB to undertake the compilation of a Fire Evacuation Plan.
- Provided a report to the Facilities Manager as to what is required to make the premises legal regarding 'Warning Systems, signage etc.
- The Fire Evacuation Plans have been completed and are awaiting submission to the Fire Service once the DHB is in receipt of a signed and dated form from the legal owner.



The new 'Intelligent Training System' (Fire Training system) arrived in Country from Australia.

On 27th February 2009 the Facilities Team underwent orientation training with how to erect, deflate and pack away the Inflatable Shelter and also on how to use the 'Intelligent Training System'.

Complaints & Compliments:

February 2009: Five inpatient complaints for this period were received. They related to treatment provided. Ten compliments were received for this period.

Reportable Events:

February 2009: For this period a total of 31 events were received, of these 13 related to patients and 4 related to staff.

Top 5 Reportable Event Categories

Falls 5
Injuries received in Hospital (excl result of falls) 4
Policy non compliance 4
Security 4
Equipment Failure/Lack of equipment 3

Mortality: There were 7 deaths in hospital for the February 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.



Status

This is a report to Hospital Advisory Committee for information purposes

CANCER STATISTICS AND REPORTING

1.0 Purpose

The purpose of this report is to inform the Committee of the nature of reporting for Cancer statistics to the Ministry of Health and for local DHB planning and service monitoring purposes.

2.0 Recommendation

That the committee:

- **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 appended to this paper.
- **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 working party to develop a set of key indicators for the performance of regional cancer services will be established in the next few months
 - 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.

3.0 Introduction

In its meeting in February the Hospital Advisory Committee reviewed the Regions Health Needs Assessment for Cancer that was produced by TAS on behalf of the Central Cancer Network.

The purpose of the HNA is to provide information that supports the CCN to develop its strategic plan that is required to be submitted to the Ministry of Health by the end of June 2009.

4.0 Key Issues

Cancer Waiting Times

The DHB is required to report quarterly to the Ministry on the length of times that cancer patients wait for oncology treatment.

Wellington Blood and Cancer Treatment Service and the Palmerston North Cancer Treatment Centre provide the DHBs that they service with reports on waiting times for radiation treatment and also more recently, on information about the numbers of people receiving their treatment in Australia.

They are supposed to provide information about the waiting times for chemotherapy but do not currently have the appropriate systems to provide this. Both Capital and Coast and Mid Central are working on developing these systems but report that this is a piece of work that requires considerable capital investment into IT systems for each of them. They report the same situation applies nationally.

The information that is available is received by Wairarapa District Health Board and management collates this in to a quarterly report which is attached as appendix 1.

Central Cancer Network

While the CCN is responsible for the production of the Health Needs Assessment, it does not have a role to play in capturing the data nor collating this into a report to either DHBs or the Ministry of Health. However, the topic of Health Targets and reporting was discussed at the CCN meeting in December and a working group formed to look at establishing more robust measures of regional service performance and ensuring that Ministry reporting requirements are being met.

Local Data

The local community cancer care service provides support to patients who have been treated for cancer. The numbers and ethnicity of these patients is available through the usual DHB provider channels and is as follows:



WAIRARAPA DHB ONCOLOGY PATIENT ETHNICITY

(includes all current patients as at 09/03/2009)

NZ European Pakeha	56
NZ Maori	7
Other	1
Other European	3
Chinese	1
European not further defined	1
Not stated	5
Total	74

The bigger picture

Discussions within the Central Cancer Network have focussed on the fact that when looking at cancer treatment, the issue doesn't lie in who does access services, but more importantly, who doesn't.

A CCN project that is working slowly around each of the 9 DHBs in the CCN to understand the disparities in levels of access at all stages of the continuum of care from early diagnosis to treatment and will be exploring these issues in the Wairarapa later this year. Understanding the length of time between a patient visiting their GP with a suspected sign of cancer and treatment for the cancer is key to improving the outcomes for cancer patients.

The Committee will be provided with any information gathered through these work streams over the year ahead.

Types of Cancer

The Ministry of Health produces a document *Cancer – new registrations and deaths 2005*. This document was released in September 2008 but does not provide information at an individual DHB level. As there are only one or two copies of this within the DHB, if any Committee member is interested in this report, please contact the Cancer Portfolio Manager and a loan of it can be arranged.

Further information is provided in the DHB's Health Needs Assessment, completed in 2028. Copies on CD are freely available.

10. Appendices

1. DHB report to the Ministry of Health, Quarter 2, January 2009



Total Wairarapa

	Category A < 24 hours	Category B < 2 weeks	Category C (Palliative) < 2 weeks	Category C (Radical) < 4 weeks	Total Q2
Total treatments in priority category started within guideline	1	0	8	2	11
Percentage of priority category started within guideline	33%	0%	57%	40%	41%
Total Patients	3	5	14	5	27

**Q2 08/09 Report. Capital and Coast DHB Rating: Partially Achieved.
Ministry Expectations**

All patients receive radiation oncology treatment within 6 weeks of their first specialist assessment (excl. category D).

October	Total treatments
Total treatments started within guideline	41
Percentage started within guideline	57%
November	Total treatments
Total treatments started within guideline	30
Percentage started within guideline	43%
December	Total treatments
Total treatments started within guideline	51
Percentage started within guideline	61%

Wait list

The waitlist fluctuated over the 2nd quarter but did demonstrate an improvement over the previous quarter. The maximum wait experienced by any patient reduced from 10 weeks in September to 6.5 weeks in December except for 1 patient that was delayed due to a referral to a surgical service in November. Overall compliance was 61% in December and a decreasing number of category C patients are waiting 6 weeks or longer (2 in October, 1 in December).

- The inability to treat the urgent cases (category B) within a timely manner is still a major concern.
- This fluctuation is a product of a 2 linear accelerator department operating at capacity and being vulnerable to small fluctuations in demand, complexity or fluctuation in resources.
- The number of patients on the waitlist is increasing slightly. **Any potential delay for the quarter ahead should improve due to the increased treatment capacity provided by the 3rd linac commencing operations mid January.**
- Shared 3rd linac & HDR BT facilities will limit full operational capacity of the 3rd linac until the HDR BT moves into a dedicated facility.
- Shortages exist in staffing of the medical physics team, recruitment to vacant positions is in progress. The vacancy rate for 2008 was 1.5 FTE.
- The baseline waitlist is a result the capacity of a 2 linac department being reached – capacity constraints are occurring across the service i.e. access to medical staff, CT & management of high volume of HDR Brachytherapy referrals.



IT systems

IT Systems and data management is a major focus for 2008. Minister of Health indicated concern over CCDHB's ability to comply with waitlist monitoring. Systems to improve patient care & data management via integrating systems dominate the capex proposals.

3rd Linear Accelerator

The Business case for CCDHBs third Linear accelerator was supported and signed off by the Minister in January 2008. The purchase order & legal contract has been signed and the delivery date of 22 September was achieved. The commissioning plan was completed to schedule and clinical operations commenced 12 January 2009. The service has a stated priority of commissioning the 3rd Linac to provide a level of functionality required to increase capacity, and thereby reduce the delay experienced by patients for radiation treatment, and then to move to the commissioning of the additional functionality which provides improved quality of service in the months ahead.



Status

This is a report to the Hospital Advisory Committee for information purposes

Wairarapa Ambulance Service Progress Report July 2008 – February 2009

5.0 Purpose

The purpose of this report is to provide information on the Wairarapa Ambulance Service, including performance data, for the period July 2008 to 28th February 2009.

6.0 Recommendation(s)

That the Committee note the report.

7.0 Introduction/Summary

The DHB Ambulance Service is committed to providing a sustainable service for the population of the Wairarapa. The vision is to be able to treat our patients with maximum efficiency within the Pre-Hospital Emergency environment and to provide timely transport to hospital.

The Wairarapa Ambulance Service is one of only two DHB managed Ambulance Services. It covers a large geographical area of some 590,000 square kilometres, from Mt Bruce in the north to Ocean Beach in the south, the Tararua Ranges in the west and out to the east coast .

The Ambulance Service has 14.4FTE staff and 8 Auxiliary (volunteer) Ambulance Officers located at two bases in Masterton and Greytown. The Service has a sub-contract arrangement with St John for Voluntary Ambulance cover from Carterton, Martinborough and Featherston towns for part of each month during night time only.

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

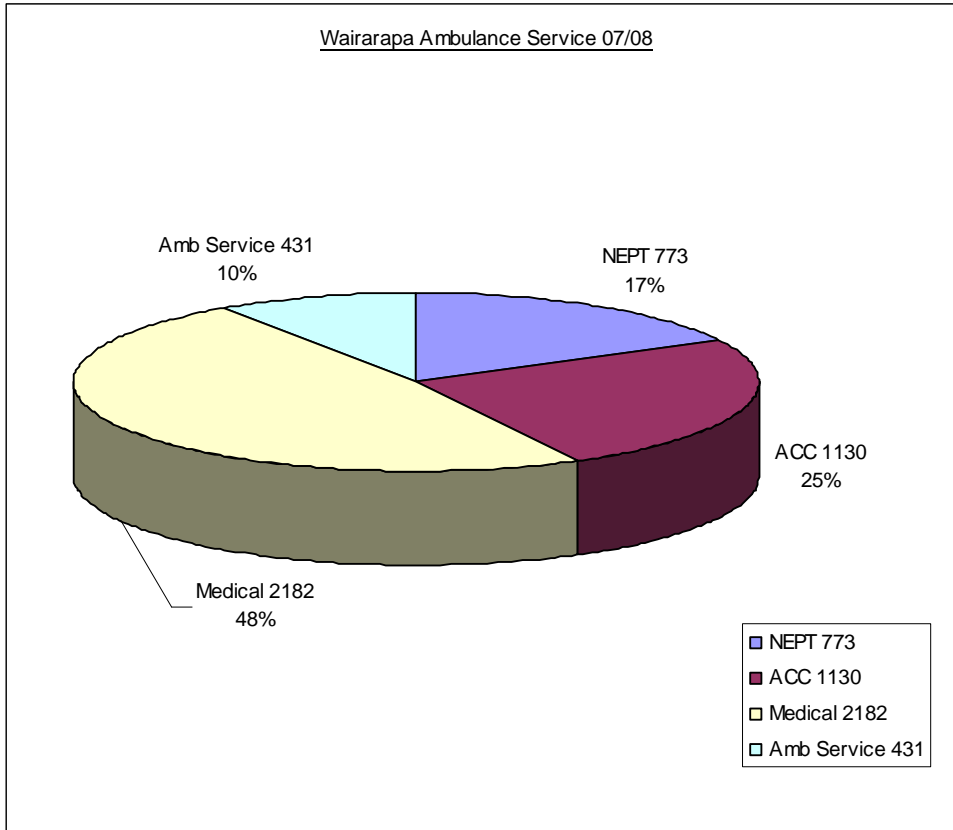
Figure 1 depicts the activity of the Wairarapa Ambulance Service for the 0708 year. Funding for accident cases are through fee for service arrangement with ACC and the funding for the Non Emergency Patient Transfers (NEPT) and Medical Cases is via the DHB Planning and Funding Directorate.

It is also interesting to note that:

- The average incident ties up ambulance resources for 1 hour 40 minutes
- The most frequent type of incident is Medical transfers, Medical Emergencies, Home Accidents, Cardiac Chest pain and Vehicle Accidents.
- There are 5 ambulance Stations in the Wairarapa, 2 DHB and 3 St John volunteer
- There are 2-3 emergency vehicles available for each 24 hour period with 100 % paid staff during the day and 17 % paid staff during the night



Figure 1 Wairarapa Ambulance call breakdown



NEPT = Non emergency patient transport, ACC = emergency accident calls, Medical = emergency medical calls, Amb Service = Assistance calls to other crews or other emergency services etc.

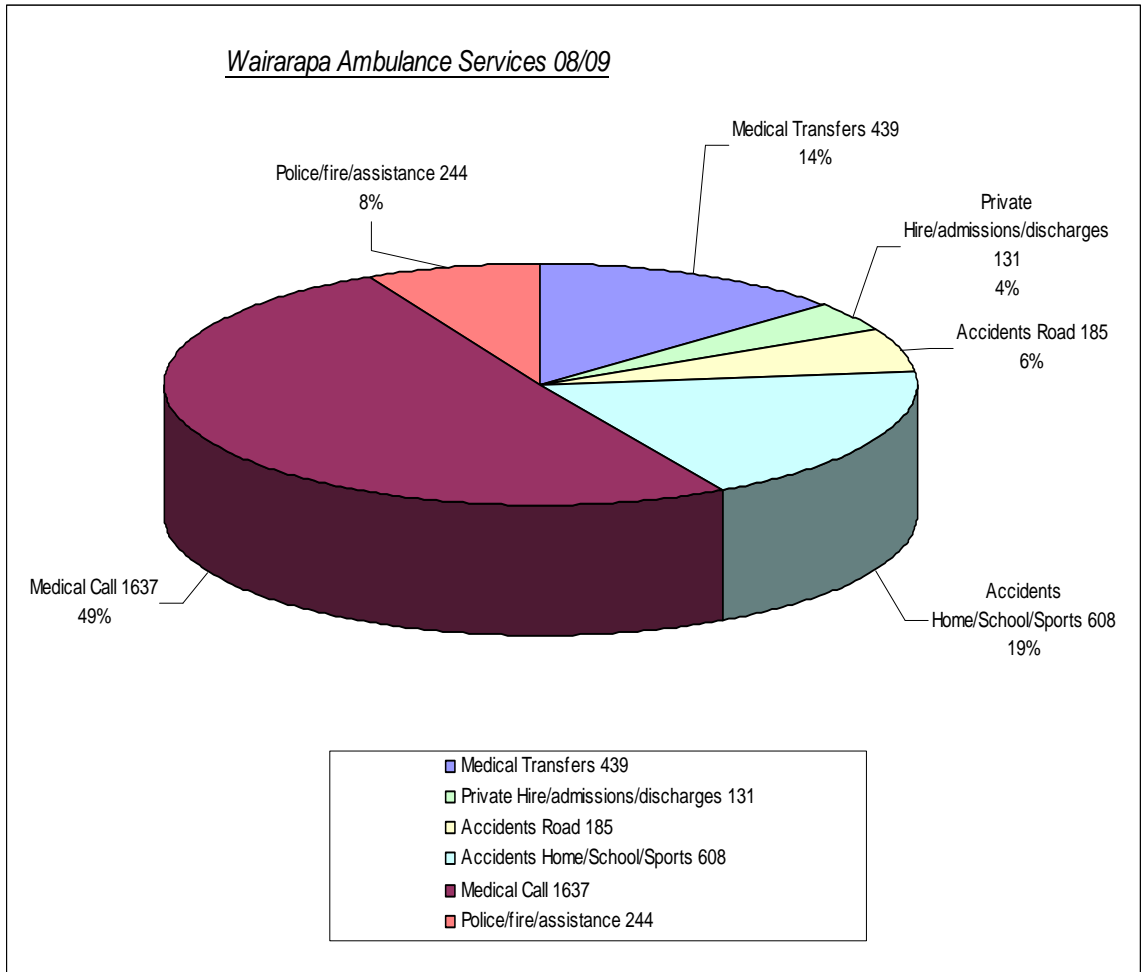
Response Times Key Performance Indicators (KPI's)

Dispatch category	Type of area		
	Urban service area	Rural service area	Remote rural service area
Category A (Presumptively life threatening)	50% of calls located within 8 minutes 95% within 20 minutes	50% of calls located within 12 minutes 95 % within 30 minutes	50 % of calls located within 25 minutes 95 % within 60 minutes
Category B (urgent but not life threatening)	80% within 20 minutes	80 % within 30 minutes	80% within 60 minutes

The Wairarapa Ambulance meets the overall KPI for urgent calls in urban areas but does not meet the KPI in rural and remote areas due to travel distance. e.g. An emergency call to Castlepoint or Ngawi would take more than 60 minutes on average. The Service also achieves 93.3% for Urban urgent calls within 20 minutes which is just outside the target of 95%



8.0 Activity Year to Date



Activity by percentage is exactly as seen in the 0708 year. Nationally ACC report a 20% decrease in the number of accidents, which they attribute to successful injury prevention health promotion campaigns. This has had a significant adverse effect on the revenue to all ambulance service providers, and budgeting needs to be adjusted accordingly.

Contract with St John

The partnership with St John has developed well over the past eight months, and St John has offered the Wairarapa Ambulance Service the purchasing power of its organisation, which means significant savings. For example, a pair of safety boots purchased through DHB suppliers has cost \$220 per pair. By using St John ordering processes through the same supplier, the price reduces to \$150 per pair. St John have also offered St John benefits when purchasing large capital items such as defibrillators, and this is currently being investigated.

St John have had significant issues with the staffing of the Featherston Ambulance station, leaving Wairarapa night staff to cover the south on the nights Featherston are unable to crew. St John management are working closely with the volunteer coordinator, and Wairarapa Ambulance staff are considering how best to operate Greytown Station 24/7 within existing resources.

Auxiliaries

Five auxiliary staff have almost completed the National Diploma in Ambulance and as such will be the highest qualified auxiliary staff in the district. A further 8 applications have been received this reporting period, and a new, more robust training programme has been developed based on the St John volunteer training scheme.



NASO Consultation

The National Ambulance Sector Office is the combined ACC/ Ministry of Health unit within the Ministry of Health. A national consultation on the Draft Ambulance Strategy was undertaken in November 2008; shortly after the Labour government announced a \$7 million top up for the sector, within the 0809 year. The consultation highlighted the need for consistent practice throughout the ambulance sector as well as an immediate injection of funding. The Minister of Health has been unable to commit the \$7million this financial year without more information on the needs of road and air ambulances, and a paper has been presented to the Minister asking for a further 100FTE for the sector immediately – 3 of whom are promised to the Wairarapa. The Minister's decision is expected in April 2009.

Report prepared by:

Name: Debi Lodge-Schnellenberg

Title: Manager Wairarapa Ambulance Service

Date: 9th March 2008



SECTION 8: General Business



SECTION 9: Glossary of Terms

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

Acute CWD - 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

	200E			200E			200E			200E			2008			200E			200E			2008			200E			200E			2008			200E			2008			Target
	Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan						
	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 (F&A).	34	0.7%	0	17	0.3%	0	57	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	109	2.0%	0	46	0.8%	0	60	1.1%	0	< 2%			
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	2	0.0%	0	3	0.0%	0	2	0.0%	0	2	0.0%	0	3	0.0%	0	3	0.0%	0	4	0.0%	0	4	0.0%	0	5	0.0%	0	5	0.0%	0	3	0.0%	0	2	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	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	1.9%	0	13	0.9%	0	< 5%			
6. Patients in active review who have not received a clinical assessment within the last six months.	1	0.0%	0	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	10	50.0%	0	3	0.0%	0	< 15%			
7. Patients who have not been managed according to their assigned status and who should have received treatment.	4	0.0%	0	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	0.9%	0	< 5%			
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	110	100%	0%	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%	> 90%			



MoH Elective Services Online

Comparison of surgical services for January 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	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	X	X	X
General Surgery	1 of 1	100.0 %	0	10	1.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	0	0.0 %	0	31	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	3	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	20	100.0 %	0 %
Ophthalmology	1 of 1	100.0 %	0	6	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	0	0.0 %	0	39	100.0 %	0 %
Orthopaedics	1 of 1	100.0 %	0	7	0.0 %	0	2	0.0 %	0	0	0.0 %	0	10	2.7 %	0	1	0.0 %	0	10	2.7 %	0	19	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	51	100.0 %	0 %
Urology	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	6	100.0 %	0 %
Total				31			2		0				13			3			13			188		

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 prioritised using nationally recognised tools - including General Surgery from 01 January 08 and Vascular and Urology from 01 July 08. So, Medical specialties are currently excluded from the ESPI results. Please contact the Ministry of Health's Electives Team if you have any queries on the ESPI definitions (details on electives website). NZHIS's Analytical Services Team can assist with providing variations of this information e.g data for a particular DHB or period (details on the NZHIS website - <http://www.nzhis.govt.nz/>).



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	1,071.46	1,897.00
Additional Planned CWD Volume	506.60	686.60
Total Planned CWD Volume	1,578.06	2,583.60
Actual CWD Delivery	1,530.77	
Base Plan to Actual Variance	459.31	
Total Plan to Actual Variance	-47.29	
Has the DHB Delivered its Base Volumes?	Yes	
Payment will be made for...	Some Eligible Services up to 459.31 CWDs	

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	28.24	31.00	59.24	59.53	31.29	31.00	\$0.00	0.00	31.00	\$3,985.32	\$123,544.92
S25.01 ENT	52.52	9.00	61.52	55.02	2.50	2.50	\$18,087.00	3.59	-1.09	\$5,033.21	-\$5,486.20
S00.01 General Surgery	225.37	94.00	319.37	319.14	93.77	93.77	\$14,342.00	3.54	90.24	\$4,055.41	\$365,960.20
S30.01 Gynaecology	105.07	37.00	142.07	141.86	36.79	36.79	\$0.00	0.00	36.79	\$3,985.32	\$146,619.92
D01.01 Inpatient Dental	3.95	19.60	23.55	24.05	20.10	19.60	\$35,868.38	9.00	10.60	\$3,985.32	\$42,244.39
S40.01 Ophthalmology	61.56	35.00	96.56	97.26	35.70	35.00	\$79,524.46	19.10	15.90	\$4,163.37	\$66,197.58
S45.01 Orthopaedics	372.22	105.00	477.22	478.60	106.38	105.00	\$323,855.38	77.10	27.90	\$4,200.34	\$117,189.49
S55.01 Paed Surgical	9.60	10.00	19.60	19.07	9.47	9.47	\$0.00	0.00	9.47	\$3,985.32	\$37,740.98
S60.01 Plastics	41.23	105.00	146.23	146.18	104.95	104.95	\$395,703.87	92.80	12.15	\$4,264.01	\$51,807.72
S70.01 Urology	50.82	15.00	65.82	65.60	14.78	14.78	\$46,431.72	10.40	4.38	\$4,466.32	\$19,562.48
S75.01 Vascular	20.91	46.00	66.91	66.52	45.61	45.61	\$0.00	0.00	45.61	\$3,985.32	\$181,770.45
				1,472.83		498.48	\$913,812.81	215.53	282.95		\$1,147,151.93



Appendix C: Collective Employment Negotiations

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

Parties to bargaining	Current situation
Senior medical officers	Expires 30 April 2010.
Resident medical officers (junior doctors)	Implementation has occurred. Expires 2010.
Allied, Public and Technical workers	Expires Oct 2010. Implementation of new provisions nearing completion
Community, Mental and Public Health Nurses	Expires 31 October 2010.
PSA Clerical	Recently ratified. Expires Dec 2011. Implementation of new provisions commended
Ambulance - NDU	Local Negotiations continue. The key issues discussed relate to parity. The negotiation team is looking at options to achieve (as funding permits) parity in the key area of salaries. Next negotiations set down for 18/19 March
Service and Food Workers	Expires 30 June. Consultation with DHB's completed.

Collective Name	Status
SMO (N)	Expires April 2010
Nurse/Midwives (N)	Expires 31 March 2010
Midwifery Employee (N)	Expires March 2010
PSA Allied/technical (N)	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	Local Negotiations continuing



Appendix D: Provider Arm Contract Performance Report

Provider Arm Contract Performance Report														
For the period ended 28th February 2009														
Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa														
Fis 2009														
PUC2	PUC	Contract	YTD Actual Vol	YTD Contract Vol	YTD Vol. Var	YTD Vol. Var %	YTD Actual Revenue	YTD Contract Revenue	YTD Revenue Var	YTD Revenue Var %	LY YTD Actual Vol	LY YTD Actual Revenue	FY Contract Vol	FY Contract Revenue
DHB Funded														
			9,950.28	7,928.28	2,022.00	25.5%	\$3,199,586	\$2,599,861	\$599,724	23.1%	9,155.74	\$2,308,607	11,851.00	\$3,908,646
			2,551.43	2,406.20	145.23	6.0%	\$10,168,276	\$9,589,476	\$578,800	6.0%	2,465.72	\$9,222,729	3,549.40	\$14,145,493
			1,144.62	1,092.40	52.22	4.8%	\$4,561,664	\$4,353,559	\$208,104	4.8%	1,115.47	\$4,156,226	1,631.30	\$6,501,246
			4,347.00	4,486.00	-139.00	-3.1%	\$1,184,154	\$1,191,197	-\$7,044	-0.6%	3,723.00	\$965,651	6,727.00	\$1,788,486
			7,411.00	6,107.00	1,304.00	21.4%	\$1,584,278	\$1,318,668	\$265,610	20.1%	6,699.00	\$1,285,857	8,978.00	\$1,933,046
			640.00	672.00	-32.00	-4.8%	\$623,159	\$646,782	-\$23,623	-3.7%	671.00	\$627,525	972.00	\$936,476
			1,482.28	1,474.28	8.00	0.5%	\$346,647	\$359,985	-\$13,338	-3.7%	1,609.33	\$343,889	2,212.00	\$545,060
			8,295.00	7,166.00	1,129.00	15.8%	\$722,193	\$690,176	\$32,017	4.6%	7,471.00	\$640,192	10,910.00	\$1,029,854
			2,214.00	2,886.00	-672.00	-23.3%	\$1,131,587	\$1,297,363	-\$165,776	-12.8%	2,388.00	\$1,020,311	4,198.00	\$1,919,757
			232.48	206.51	25.97	12.6%	\$812,946	\$777,904	\$35,042	4.5%	119.33	\$554,371	320.10	\$1,228,594
			51,397.78	51,407.78	-10.00	0.0%	\$800,696	\$802,826	-\$2,130	-0.3%	51,413.17	\$601,260	77,160.00	\$1,215,799
			21,236.70	22,017.64	-780.94	-3.5%	\$482,847	\$580,336	-\$97,489	-16.8%	36,038.69	\$535,092	33,201.00	\$884,028
			9.82	7,654.82	-7,645.00	-99.9%	\$1,167,789	\$1,198,918	-\$31,129	-2.6%	8.16	\$883,695	11,476.00	\$1,866,108
			27,537.64	25,303.64	2,234.00	8.8%	\$1,879,905	\$1,679,228	\$200,677	12.0%	24,735.67	\$1,696,746	38,093.00	\$2,515,892
			1,006.00	1,009.00	-3.00	-0.3%	\$1,352,578	\$1,349,958	\$2,619	0.2%	1,090.67	\$2,024,831	1,527.00	\$2,035,610
			393.00	525.52	-132.52	-25.2%	\$2,558,255	\$3,020,316	-\$462,061	-15.3%	388.27	\$2,640,715	1,194.60	\$4,537,614
			3.20	3.20	0.00	0.0%	-\$767,565	-\$767,565	\$0	0.0%	0.67	-\$1,052,079	5.00	-\$1,199,321
			139,852.23	142,346.27	-2,494.04	-1.8%	\$31,808,992	\$30,688,988	\$1,120,004	3.6%	149,092.88	\$28,455,618	214,005.40	\$45,792,388
MOH Direct Funded														
			145.00	132.00	13.00	9.8%	\$40,427	\$38,618	\$1,810	4.7%	146.00	\$40,762	198.00	\$57,688
			377.00	792.00	-415.00	-52.4%	\$117,346	\$213,426	-\$96,080	-45.0%	370.00	\$122,134	1,187.40	\$320,065
			1.28	1.28	0.00	0.0%	\$93,216	\$93,216	\$0	0.0%	1.33	\$93,962	2.00	\$145,650
			1.92	1.92	0.00	0.0%	\$396,160	\$396,160	\$0	0.0%	1.33	\$333,768	3.00	\$619,000
			525.20	927.20	-402.00	-43.4%	\$647,150	\$741,420	-\$94,270	-12.7%	518.67	\$590,627	1,390.40	\$1,142,403
ACC Funded														
			0.64	32.64	-32.00	-98.0%	\$294,400	\$303,356	-\$8,956	-3.0%	253.67	\$308,813	51.00	\$473,994
			8.45	26.00	-17.55	-67.5%	\$33,662	\$103,618	-\$69,956	-67.5%	3.94	\$14,750	39.40	\$157,022
			127.00	492.00	-365.00	-74.2%	\$25,702	\$99,571	-\$73,869	-74.2%	138.00	\$13,090	738.00	\$149,356
			0.64	0.64	0.00	0.0%	\$6,612	\$6,612	\$0	0.0%	0.67	\$6,665	1.00	\$10,331
			364.00	350.00	14.00	4.0%	\$21,351	\$20,328	\$1,022	5.0%	282.00	\$13,987	530.00	\$30,769
			1,106.00	784.00	322.00	41.1%	\$658,612	\$466,864	\$191,748	41.1%	906.00	\$390,486	1,170.00	\$696,723
			1,620.00	2,356.00	-736.00	-31.2%	\$80,234	\$116,686	-\$36,452	-31.2%	1,192.00	\$55,310	3,533.00	\$174,980
			2,123.64	1,598.64	525.00	32.8%	\$171,311	\$137,449	\$33,863	24.6%	1,549.67	\$111,312	2,501.00	\$214,965
			1.28	1.28	0.00	0.0%	\$6,400	\$6,400	\$0	0.0%	1.33	\$6,664	2.00	\$10,000
			5,351.65	5,641.20	-289.55	-5.1%	\$1,298,284	\$1,260,885	\$37,399	3.0%	4,327.28	\$921,077	8,565.40	\$1,918,140
			145,729.08	148,914.67	-3,185.59	-2.1%	\$33,754,426	\$32,691,293	\$1,063,133	3.3%	153,938.82	\$29,967,321	223,961.20	\$48,852,931