WAIRARAPA DISTRICT HEALTH BOARD

PUBLIC MEETING

CSSB Building, Lecture Room, Masterton
Tuesday, 3 September 2013 at 9:00 am

	Item	Action	Presenter	Min	Time	Pg
PROCEDURAL				10	9:00 am	
1.1	Karakia					
1.2	Apologies	RECORD	Bob Francis			
1.3	Conflicts of Interest	RECORD	Bob Francis			
1.4	Confirmation of Minutes	APPROVE	Bob Francis			
1.5	Matters Arising	NOTE	Graham Dyer			
PRESENTATION						
2	Allied Health Awards	VERBAL	Russell Simpson	10	9:10 am	
DECISION PAPERS						
3.	Delegate ARC sign-off of Annual Report	DELEGATE	Leanne Spice	5	9.20 am	
DISCUSSION PAPERS						
4.	Chair Report	NOTE	Bob Francis	5	9:25 am	
5.	Chief Executive Report	NOTE	Graham Dyer	15	9:30 am	
INFORMATION PAPERS						
6.	July Financials	NOTE	Leanne Spice	10	9:45 am	
7	**COMMITTEE REPORT BACKS**					
7.1	CPHAC	NOTE	Ashley Bloomfield	5	9:50 am	
7.2	HAC	NOTE	Pete Chandler	5	9:55 am	
OTHER						
8.	General Business			5	10:00 am	
9.	Resolution to Exclude the Public	APPROVE	Bob Francis			
Close				10:05 am		

Wairarapa District Health Board

REGISTER OF BOARD MEMBERSHIP INTERESTS
New Zealand Public Health and Disability Act 2000

Board Member	Disclosure Date	Value and /or Nature of Transaction or Interest	Statutory Committee
Bob Francis (Board Chairman)	14/04/08	• Chairman - Pukaha Mount Bruce • Chairman - Wairarapa Healthy Homes • Trustee – Wairarapa Community Transport Trust • Chairman – Aratoi Foundation • Board Member Capital and Coast DHB	Audit and Risk Committee Hospital Advisory Committee Community & Public Health Advisory Committee (Chair) Disability Support Advisory Committee (Chair)
Leanne Southey (Deputy Chair)	06/12/10 27/09/11 12/06/12	• Director, Southey Sayer Limited • Chartered Accountant to Health Professionals including Selina Sutherland Hospital and Selina Sutherland Trust • Trustee, Wairararpa Community Health Trust • Sister-in-Law is employed by WDHB • Member of Trustlands Trust • Director and part owner of Mangan Graphics Ltd	Audit and Risk Committee (Chair) Community & Public Health Advisory Committee Disability Support Advisory Committee
Liz Falkner	14/04/10 18/12/07	• Salaried General Practitioner with Masterton Medical Limited • General Medical Practice in which Doctor Falkner works is a member of the Wairarapa Community PHO. • Medical Advisor – Post Polio Support Society NZ Inc	
Rob Irwin	06/12/10	• Trustee Wairarapa Community Health Trust	Hospital Advisory Committee Audit and Risk Committee
Charles Grant	07/05/12	• Nil	Te Iwi Kainga

Last printed 27/08/2013 11:23:00 PM

Board Member	Disclosure Date	Value and /or Nature of Transaction or Interest	Statutory Committee Membership
Helen Kjestrup	18/12/07 30/08/11	• Clinical Services Manager Masterton Medical Ltd • Shareholder, Property Investment Company – Kjestrup Properties • Assessor for Royal College of GPs for Cornerstones Programme • Member of Compass Quality Board	Hospital Advisory Committee
Rick Long	06/12/10 03/10/11 05/03/13	• Chairman of Wairarapa Community Transport Services Inc • Chairman of Tolley Educational Trust • Trustee for Sport and Vintage Aviation Society • Biomedical Services New Zealand Limited	Audit and Risk Committee Community & Public Health Advisory Committee Disability Support Advisory Committee Clinical Board
Vivien Napier	18/12/07 24/02/09	• RNZ Plunket Society Member • South Wairarapa District Council Deputy Mayor • Director Katson Developments (importing of farm machinery) • Vice President of the Wairarapa Branch Plunket Society	Hospital Advisory Committee (Chair) Audit and Risk Committee
Fiona Samuel	01/10/12	• Nurse Manager at Metlifecare	Hospital Advisory Committee
Janine Vollebregt	14/04/08	• DHB Nurse Educator for the UCOL Undergraduate Maori Students. This 0.4 FTE position is effective from 30 April 2008 to 30 June 2010.	Community & Public Health Advisory Committee Disability Support Advisory Committee (Chair)
Yvette Grace		• Te Oranga o Te Iwi Kainga Maori Relationship Board	
Ron Karaitiana		• ACC Manager in Claims Management • Wife Kylie Smith is currently the DHB liaison from Child Youth & Family • Maori relationships with staff vary from a number of cousins working at DHB • Occasionally plays in a band (potential no risk to the board) • Trust Chairman Akura Lands Trust	Rangitane o Wairarapa Board Director Te Iwi Kainga

WAIRARAPA & HUTT VALLEY DHB EXECUTIVE LEADERSHIP TEAM

Interest Register

MAY 2013

Name	Interest
Graham Dyer *Chief Executive*	• Trustee, Bossley Dyer Family Trust • Wife is a Director of i-Management which does consulting and audit work in the Health Sector • Trustee, Hutt Hospital Foundation Trust • Member, Health Workforce New Zealand
Ashley Bloomfield *Director Service Integration and Development*	• Trustee, AR and EL Bloomfield Trusts • Fellow, NZ College of Public Health Medicine • Sister is a nurse at Hutt DHB • Wife was employed at Hutt Family Planning Association clinic during 2009-10
Pete Chandler *Chief Operating Officer*	• No interests declared.
Carolyn Cooper	• Sister in-law is an independent member of the Community Labs Group
Tania Harris *(Acting) General Manager Corporate*	• No interests declared.
Helen Pocknall *Executive Director Nursing and Midwifery*	• Board Member, Health Workforce New Zealand
Kuini Puketapu *Maori Health Advisor*	• Chair of Board of Trustees, Pukeatua Te Kohanga Reo • Board Member, Te Runanganui o Taranaki Whanui ki te Upoko o te Ika a Maui who has contracts with Hutt Valley DHB to provide health services in the Hutt Valley area and is an approved Whanau Ora provider • Member, Wainuiomata Community Governance Group • Chair, Waiwhetu Medical Group which is a limited liability company affiliated to Te Awakairangi Health PHO • Member, Whanau Ora Regional Leadership Group Whanganui a Tara
Richard Schmidt *Strategic Development Manager*	• No interests declared.
Russell Simpson *Executive Director Allied Health, Scientific and Technical*	• Director, Allied Health Wairarapa DHB • Chair, Central Region Directors of Allied Health • Member, Regional Leadership Committee
Iwona Stolarek *Chief Medical Officer*	• Member, ASMS JCC • Husband Andrew Simpson: - Executive Director for Medicine Cancer & Community CCDHB - Executive Member of the Cancer Society Wellington Division - National Clinical Director Cancer Programme – Ministry of Health
Cate Tryer *General Manager Quality and Risk*	• Shareholder and Director of Framework For Compliance Ltd (FFC) • Husband is an employee of Hutt Valley DHB
Stephanie Turner *Director Maori Health*	• Represent Rangitane Iwi on the Wairarapa Cultural Trust (Aratoi) • Establishing member of Pasifika Wairarapa Trust • Director Waingawa Ltd • Director Aroha Ki Te Whanau Trust • Member Cameron Community House Governance Group

Jill Stringer *Communications Manager*	• No interests declared
Nadine Mackintosh *Board Secretary*	• No interests declared.

DRAFT **PUBLIC**

WAIRARAPA DISTRICT HEALTH BOARD

PUBLIC MEETING

DRAFT Board Minutes of 8 August 2013, Waiata House
Lincoln Road, Masterton

PRESENT

Bob Francis	Chair
Leanne Southey	Member
Fiona Samuel	Member
Janine Vollebregt	Member
Rick Long	Member
Rob Irwin	Member
Ron Karaitiana	Member
Liz Falconer	Member

IN ATTENDANCE

Graham Dyer	Chief Executive Officer
Pete Chandler	Chief Operating Officer
Iwona Stolarek	Chief Medical Officer
Ashley Bloomfield	Director SIDU
Tania Harris	Acting General Manager Corporate Services
Stephanie Turner	Director Maori Health
Russell Simpson	Executive Director Allied Scientific Health
Nadine Mackintosh	Board Secretary

APOLOGIES

Viv Napier	Member
Helen Kjestup	Member
Charles Grant	Member
Yvette Grace	Member

GUEST

Jane Smallwood	Member

1. **PROCEDURAL**
The meeting was opened with a Karakia.

1.1 APOLOGIES
Apologies were noted as received as above.

1.2 CONFLICTS OF INTEREST
Nil

CONFIRMED: The Committee confirmed that it was not aware of any matters (including matters reported to and decisions made, by the Board at this meeting) which would require disclosure.

DRAFT **PUBLIC**

1.3 MINUTES

A correction was recorded for the surname of Ron Karaitiana.

The minutes of the meeting held on 9 July 2013 were confirmed as a true and accurate record of the meeting subject to the amendment above.

MOVED Bob Francis **SECONDED** Leanne Southey **CARRIED**

1.4 MATTERS ARISING

The following matters arising were discussed with the Board noting the action that have been completed.

A circular on water fluoridation from the New Zealand Dental Association was tabled with the Board discussing the support the DHB will provide to the councils on water fluoridation, particularly as we commence the next Annual Planning submissions. It was noted that the National Fluoridation project is held by the Hutt Valley DHB on behalf of all DHBs. The Minister is involved in a programme supporting and increasing his visibility for support on national fluoridation.

AP. The Chair and Chief Executive will seek a time slot for discussion on this topic at the next Council meeting with the Director of SIDU to request an NFIS specialist commentary be provided.

AP. The Director of SIDU to request population health to provide details on promotion of fluoridation in the Annual Plan(s) in January 2014.

The GM Corporate Services led discussion on Cashflow noting the Ministry approval for a cash injection of $1.7mil.

AP. The Board requested an updated Cashflow chart be provided to the Board as part of the Financial reporting and the Chair of Audit and Risk to be kept informed of any issues.

2. PRESENTATION BY CARE NZ, PATHWAYS AND TE HAUOA RUNANGA O WAIRARAPA

The Board were welcomed to the new facilities and thanked for providing the opportunity to update the Board on the vision for the services being provided to the local community.

The presentation covered:

- A reflection of challenges over the 18 month period
- The successes of the integrated Mental Health and Addiction Service. Noting the integration of Pathways and Care NZ required planning to address the differing cultures along with a commitment to appoint to roles from within the existing providers.
- Service promotion to address service perceptions by previous providers to ensure a substainable future with community confidence in the capabilities moving forward.

An MoU is in the process of being formulised.

A patient success story was providing to highlight the benefits of the integrated approach noting the links with Child, Youth and Family.

The Chair recognised the progress that has been achieved and provided support on the workplan which was supported by Simon Phillips noting the development reflects on national and regional plans.

The Board addressed the following areas:

Referral Pathways from primary care remain a struggle, noting success with Carterton Medical which has been led by their service and will be used as a model with others. The Board see this referral pathway is a priority for a quick and easy pathway with the possibility of one point of entry.

Consumer issues falling out of the mental health review engagement and the process for providing feedback to the consumers and families that provided input into the review.

Family advocacy and government intervention pathways and requirements. At some stage there will need to be a different level of investment for young people to access adult services. Requesting some consideration for the possibility of a one stop Youth Shop.

AP. Circulate Mental Health Leadership Group Reports

AP. Provide analysis on numbers from Detox House

Presenters departed at 9:50am

3. CHIEF EXECUTIVE REPORT

The Chief Executive reported on the health targets, noting the May smoking target was being reviewed.

Allied Health Technical Awards will be held in August noting it provides an opportunity of recognition for this services.

The Chief Executive provided comfort with the result for the month of June 2013 reporting ($233k).

It was reported that the CT is progressing well, with resource moving across the three sites. Management reported on the progress acknowledging further improvements with cross functionality is yet to be achieved.

Wairarapa Times Reporter joined at 10am

There was a brief discussion led by both the Chair and Chief Executive on the Regional Governance Group discussion held on 5 August 2013.

Tihei Wairarapa has appointed Tracey Adamson as Chair.

There was a brief reporting on the earthquake and although no damage to the existing site it was reported some minor damage to the boilers at the old site have impacted on heating for some staff. The Chief Executive also reported on impacts to the Hutt Valley and Capital & Coast sites.

The surveillance audit has been completed and the initial feedback has been positive. The Board acknowledged the closure of the previous 14 items from the last audit.

The Chair led discussion on the Balanced Scorecard noting the spike on complaints have settled, as have the ASH rates.

Efficiencies on travel requirements for the combined meeting sessions need to be monitored and reported should the need arise.

A staff survey is being developed acknowledging the national work that is being undertaken with a view to align this nationally.

The Board resolved to **RECEIVED** the report

MOVED: Rob Irwin **SECONDED**: Liz Faulkner **CARRIED**

4. FINANCIAL REPORT

The financials provided were the un-audited results. Biomed results reflect a ($62k) result for the year pushing our position to ($233k) Personnel and outsource costs have a negative impact on the results for the month.

The Board noted the nursing costs requesting that management provide a plan on how this is being managed with management reporting that there is a review being undertaken on how we can safely address this issue.

AP. The July results to be provided to the Board by the end of the month.

The Board resolved to **RECEIVE** the report.

MOVED: Leanne Southey **SECONDED**: Liz Faulkner **CARRIED**

5. QUALITY ACCOUNTS

Quality Accounts are mandatory for the DHBs.

This paper provides a view on where we are currently and providing approaches on communication with the Community via the internet and local papers and using existing resource and promotional material.

The Board support the initiative and request the innovative approach continues to be developed.

6. MATERNITY CLINICAL INDICATORS

The paper was taken as read with the CMO providing advice on incidents that can impact on the indicators.

The Board resolved to **NOTE** the contents of the paper.

7. WHANAU ORA

The paper was taken as read with reporting that appointments have not been made. This development will require a transition period.

The Board resolved to **NOTE** the contents of the paper.

DRAFT **PUBLIC**

8. COMMITTEE REPORT BACKS

8.1 CPHAC

The paper was taken as read with discussion on some key themes being better data needed, using disability criteria in the census, to allow comparison with other data sets. Each Board website should include some information for people with disabilities eg. Access issues, groups for people with disabilities

The Director of SIDU requested that the Board ENDORSE the recommendations provided to CPHAC for the Sub-regional Disability Forum.

a. That a formal sub-regional advisory group is established to provide on-going independent advisory mechanism to CPHAC/DSAC and local Boards.

b. That a draft five year sub-regional New Zealand Disability Strategy implementation plan is developed with oversight from the sub-regional advisory group for consideration by CPHAC/DSAC in December 2013.

c. That a plan for high priority initiatives as proposed in table one is agreed by September 2013 to be implemented across all three DHBs by June 2014.

d. That a succinct reporting framework is developed to report on current initiatives and to ensure prioritisation at locality and sub-regional levels.

The development of Equity Indicators were noted and supported.

MOVED: Liz Faulkner **SECONDED**: Janine Vollebregt **CARRIED**

8.2 HAC

The paper was taken as read.

9.0 PRESENTATION

Anthony Hill was welcomed to the meeting noting his previous experiences with the Ministry and more importantly his role and our reporting on a monthly basis.

The themes reported were 'co-ordinated by design', culture, communication, complaints systems (as per the new resource HDC has developed. Key thing is that the organisation is able to learn from complaints are advocates receive about 10,000 calls a year, converts to 3-4,000 formal complaints to HDC Issues raised in discussion:

- time taken to resolve complaints: additional funding will assist with reducing length of time. Target is 80% resolved within 6 months, more complex cases just take longer esp if other agencies involved eg Coroner.
- induction of new staff is very important.
- when do the Regulatory bodies get involved: HDC is required to notify them when they commence and conclude an investigation. Use competency reviews a lot (invited Reg body to do this)
- culture, hierarchies often get in the way of junior staff raising issues: hierarchy is important to organisational functioning, but leaders also need to be responsive

DRAFT **PUBLIC**

The Commissioner reported that the two categories for the DHB to review in order reduce HDC complaints are empowering use of tools ie. Check lists and protocols on wards. The other dimension is empowering people to fix complaints early.

An advocate can be reached using the 0800 number, acknowledging that this people are not HDC numbers. Some hospitals have their own advocates.

AP. The Quality and Safety Manager to provide an update to the Board on outstanding Health and Disability Commission cases, providing and explanation to the appendix provided in the August Chief Executive paper.

10. RESOLUTION TO EXCLUDE THE PUBLIC

RESOLVED: The Board resolved to agree that as provided by Clause 32(a), of Schedule 3 of the New Zealand Public Health and Disability Act 2000, the public are excluded from the meeting for the following reasons:

Agenda Item	NZ Public Health & Disability Act
Chairman's Report	Section 9 (2)(j) to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, negotiations
3DHB Optimal Facilities	
Sub-Regional Concept Paper	
Chief Executive Report	9(2)(a), 9(2)(i) Protect the privacy of natural persons and to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities
Recovery Plan	
IEA Salaries	

MOVED: Bob Francis **SECONDED**: Janine Vollebregt **CARRIED**

11. GENERAL BUSINESS

Martin Crowe will be speaking to his new book RAW and which has been sponsored by Hedleys, the Cancer Society and Wairarapa DHB with proceeds going to the Wairarapa Sports Education Trust.

MEETING CLOSED AT 11:39am

DRAFT **PUBLIC**

DATE OF THE NEXT MEETING
The next meeting will be 3 September 2013

CONFIRMED that these minutes constitute a true and correct record of the proceedings of the meeting.

DATED this day of 2013

BOB FRANCIS
WAIRARAPA DHB CHAIR

SCHEDULE OF ACTION POINTS FOR WAIRARAPRA PUBLIC MEETINGS

Meeting date	Ref	Topic	Action	Responsible	How Dealt with	Delivery date	Date Completed
6 August 2013	**AP65**	Water Fluoridation	Graham and Bob will seek a time slot at a Council. The Director of SIDU to request NFIS to join for specialist commentary.	Director of SIDU	Council meeting	October Board	
	AP64		The Director of SIDU to request Population health to provide details on promotion of fluoridation in the Annual Plan(s) in January 2014.	Director of SIDU	2014/15 Annual Plan Development	December	
	AP63	Financial Report	The July results to be provided to the Board by the end of the month.	GM Corporate Support	Paper	August	Completed
	AP62	Health and Disability Commission Cases.	The Quality and Safety Manager to provide an update to the Board on outstanding Health and Disability Commission cases, providing and explanation to the appendix provided in the August Chief Executive paper.	GM Quality & Safety	CE report	October Board	

PUBLIC

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**PUBLIC SECTION** **Date**: September 2013

Author	Leanne Spice, Acting Director Corporate Support
Endorsed	Graham Dyer, Chief Executive
Subject	**DRAFT Annual Report 2013**

RECOMMENDATION

That the Board **AGREE** to delegate sign-off of the 2013 Annual Report to the Audit and Risk Committee.

The Annual Report for the 2012/13 financial year is subject to Audit NZ sign-off following completion of their audit of the non-financial performance reporting.

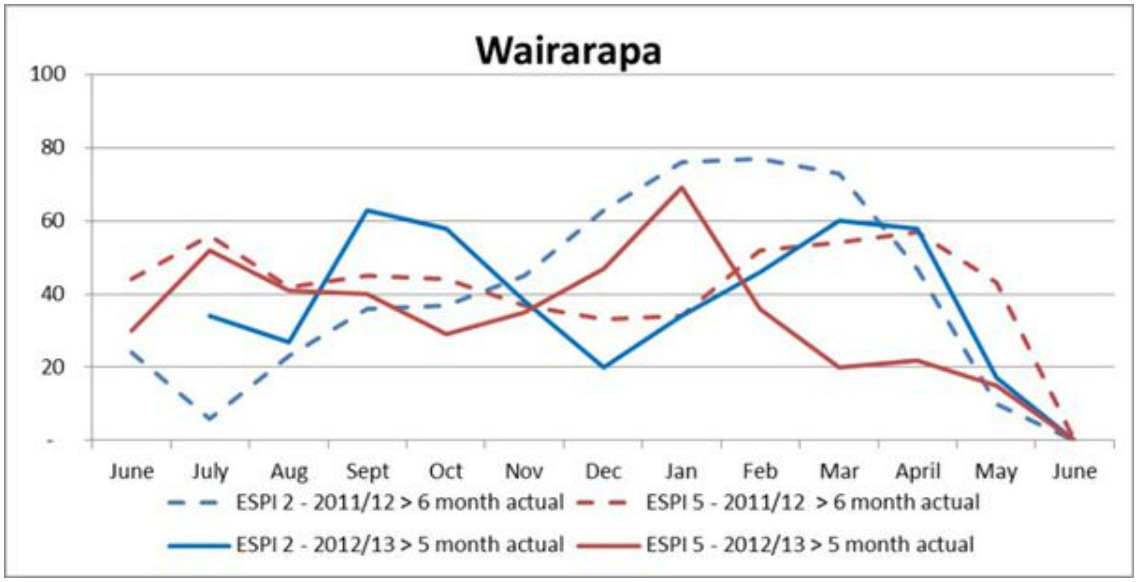
Due to the timeframes for providing final Annual reports to the Ministry of Health and timing of the Board meeting it is requested that the Board delegate final sign-off of the Annual Report to the Audit and Risk Committee.

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**INFORMATION PAPER** **Date:** 22 August 2013
Author	Graham Dyer, Chief Executive
Subject	**Chief Executive's Report**
RECOMMENDATION It is recommended that the Board **note** the contents of this report.	

1 GOVERNMENT PRIORITIES AND HEALTH TARGETS

1.1 Reduced Waiting Times for Elective Services

The DHB has achieved the target of having no patients waiting longer than five months for a first specialist assessment (FSA) or treatment by the end of June 2013, this achievement has triggered additional funding of $108,786 from the Ministry of Health (MOH) for reaching the goal as an individual DHB and as a region. A letter of congratulations was received from the MOH and is attached as Appendix One along with National and Regional comparisons.



1.2 Balanced Scorecard

The updated measures of the Balanced Scorecard (BSC) are reported in Appendix Two.

2 IMPROVING PROCESSES AND CULTURE

2.1 All Allied Health groups have now adopted the e-referral process from Primary Care. Each service (Physiotherapy, Occupational Therapy, Social Work, Speech-Language Therapy and Dietetics) is now being reviewed with regards to:

- Outpatient referral criteria

- Outpatient activity recording
- Waiting list management; and
- Core services versus value added.

3 FINANCIAL SUSTAINABILITY

3.1 Financial Result July 2013

The DHB has posted a deficit of ($450k) for the month ended 31 July 2013 which is $14k favourable to the planned result. More details are contained in the Finance Report.

4 WORKING WITH OUR NEIGHBOURS

4.1 2DHB and 3DHB Structure Update

Director of Pacific Health

I am very happy to announce the appointment of Tofa Suafole Gush as Director of Pacific Health.

Tofa joins the Wairarapa and Hutt Valley joint Executive Leadership Team with a wealth of experience in senior positions within the Public and State sectors.

Tofa has worked for the Hutt DHB previously as Pacific Advisor on the then, Executive Management Team.

Population Health/Regional Public Health Proposal

Following consultation in March 2012 the 2DHB leadership and management decision document confirmed the establishment of the Population Health Group consisting of Regional Public Health (RPH), Community Dental Services and Regional Screening Services lead by a General Manager, Population Health.

This Group brings together key population health programmes for the three DHBS of the Lower North Island, and the three services have common functions in several areas. Enhancing the linkages between functions such as Health Promotion and Community Engagement and has the potential for a more co-ordinated approach, helping to deliver better services for our population.

Subsequently, I did not make an appointment to the General Manager, Population Health role and Dr Ashley Bloomfield, Director of Service Integration and Development, agreed to act in this role and to "manage and develop the RPH structure in Population Health further to ensure cost-effective integration of services where there are synergies and benefits for clients" – as flagged in the Decision Document. At the same time, the opportunities afforded by a closer relationship with the 3DHB Service Integration and Development Unit (SIDU) could be explored.

After discussion with the Capital and Coast DHB CEO, Mary Bonner, I have decided to combine the General Manager, Population Health role with the Director SIDU role on a permanent basis. This position is a member of the Executive Teams of both Wairarapa/Hutt DHBs and CCDHB and will provide strategic advice to the Boards on population health issues. I am pleased that Ashley has agreed to continue in the combined role as Director SIDU and Population Health.

Population health has much to offer in addressing the key challenges facing health and health care in our sub-region. A proposal that aims to integrate the existing Wairarapa DHB population health team into Regional Public Health with a view to enhancing public health service delivery for the people of Wairarapa while establishing a sub-regional public health approach and unit has been made available

for staff to provide feedback. The consultation process closes on 3 September when all feedback will be collated.

Primary Clinical Lead Role

The CEO of Compass Health, Martin Hefford, and I are delighted to announce the appointment of Tony Becker as clinical leader for primary care in the Wairarapa. This is a joint role working across Compass Health and Wairarapa DHB to lead clinical governance in primary care, to improve clinical integration between primary and secondary healthcare services, and to support delivery of the Tihei Wairarapa Programme. It encompasses the previous GP liaison role, but also includes responsibility for primary healthcare clinical service development as a member of the Compass Health team.

4.2 3DHB Facilities Management

A proposal has been presented to the facilities teams at all three DHBs to create a single sub-regional facilities team. Consultation on this proposal concludes on 26 August and a final decision is expected to be made in early September.

4.3 Inaugural Allied Health, Scientific & Technical Awards

Approximately 200 staff from Wairarapa, Hutt Valley and Capital and Coast DHBs attended the Inaugural Allied Health, Scientific & Technical Awards night which was held at the Horne Lecture Theatre at Wellington Hospital on Thursday, 15 August 2013.

The idea for these Awards came from a regular 3DHB Allied Health, Scientific & Technical monthly meeting almost a year ago.

The organisers were thrilled to have received more than100 nominations over the eight categories. The panel of judges were made up of eight Directors from Wairarapa, Hutt and Capital Coast DHBs.

Most of our distinguished Award presenters came from an Allied Health background, and included Katy Austin, Board Member, HVDHB; Mary Bonner, CEO, CCDHB; and Pete Chandler, Chief Operating Officer, Wairarapa and HVDHB.

We are proud that Wairarapa and Hutt Valley DHBs scooped three out of the eight awards on offer.

Our Award winners were:

- "Innovation Award" – won by the Healthy Environments Team at Regional Public Health
- "Leadership Award" – won by Natalie Richardson, 2DHB Director, Allied Health; and
- "Across DHB Collaboration Award" – won by the Hand Therapy Team at Wairarapa and Hutt Valley DHBs.

Further Award categories included:

- "Assistant Award"
- "Supervisor of the Year"
- "Outstanding Contribution by a New Graduate"
- "Team of the Year"
- "Excellence in Clinical Practice"

We would like to thank our sponsors of the event namely; Wellington Hospitals & Health Foundation, Medical and Cardiac Trust Hutt Valley DHB, and Active Healthcare.

4.4 3DHB ICT Function Establishment

The establishment of the 3DHB ICT function across Wairarapa, Hutt and Capital & Coast is progressing well. As advised to the Board in May, the ICT leadership roles have now been put in place with arrangements for the next 12 months to cover the anticipated convergence and change activity that will create the efficiencies that are sought for the subregion.

There are five main areas of focus for the 3DHB ICT leadership team, namely:

- Driving convergence in the 3DHB's operational ICT. This work is underway and is focussing on reviewing the top 20 ICT contracts across the sub-region and on removing duplication of activity within the newly formed sub-regional team. A convergence plan presentation to the 3DHB ICT Steering Group was made in late July and an ICT leadership team meeting took place in mid August to determine how to progress this work.
- Establishing a sub-regional project portfolio and common method of prioritising projects. This work has commenced with the collation of the projects from the three DHBs, and discussions have progressed in both grouping projects within a number of sensible work streams and on how project resourcing is optimised in the sub-region.
- Strengthening the sub- region's relationship to the CRISP programme.
- Bringing together the 3DHB ICT teams to create a unified sub-regional ICT team. In the short term, the wider 3DHB leadership team has commenced meeting regularly. The teams are now working together more actively as we are underway with joint projects and convergence opportunities across the sub-region.
- Delivering a common operating environment for the sub region.

4.5 Common IS Operating Environment

The 2DHB changes to appoint a single CEO and single Executive Team, following on from the single funder arm implementation have highlighted the need for the sub-region to have integrated IT solutions including e-mail, calendar, video conferencing and electronic document management.

The three DHBs all have common operating environment projects of some form underway, not least of which is the upgrade that all three DHBs are doing to the Microsoft suite of products. Building on the appointment of a joint Common Operating Environment (COE) steering group last month, the project teams have initiated changes to the project approach to consolidate the use of technical resources across all the three DHBs. This approach will maximise technical resource utilisation and reduce the requirement for procurement of external technical resource by individual DHBs. It is expected that the new approach will be enacted next month with the formation of three technical teams located together.

4.6 3DHB Health Services Development Programme Report

Attached as Appendix Three is an update on work undertaken under the 3DHB Health Services Development (HSD) Programme in the month of July 2013, outlining programme highlights and progress on workstreams.

5. INTEGRATING HEALTH SERVICES INTO A MORE UNIFIED SYSTEM

5.1 HDU

The Sub-Regional Clinical Leadership Group is starting a work stream looking at the provision of critical care in the sub-region. An assessment of HDU function is underway at Wairarapa Hospital, specifically looking at access and discharge criteria from our unit. We are taking advantage of the opportunities offered through the 3DHB programme to make better use of our neighbours expertise, with new protocols already in place about escalation of care and access to expert advice within six hours of admission to our unit.

6. OTHER MATTERS OF INTEREST TO THE BOARD

6.1 Minister of Health's Visit to Wairarapa

Wairarapa DHB hosted a visit from Minister of Health, Hon Tony Ryall, on 13 August 2013, who was given a tour of Wairarapa Hospital before meeting with a number of local health care providers.

During the tour the Minister chatted with DHB Hospital staff and in the Emergency Department (ED), congratulated them for regularly exceeding the national health target for shorter stays in ED.

Mr Ryall also visited Masterton Medical and Whaiora Medical Centre to meet staff and hear more about local health services and initiatives. I was proud to showcase the way local healthcare services are working collaboratively together to reduce wait times at both medical practices out in the community and in the hospital environment.

6.2 Navigation Support Programme for Maori Diagnosed with Cancer

In June 2013 a paper went to Wairarapa DHB Board titled 'Inequalities in cancer control - how well are we doing and how can we improve?' The paper recommended that a project be set up to establish a pilot navigation programme to support Maori patients with cancer in the Wairarapa. The Board approved the recommendation and subsequently the project group developed terms of reference for the project which were approved by ELT this month.

The goal of the project is to develop and implement a patient navigation programme that provides support, information, education, care coordination, empowerment and advocacy for Maori diagnosed with cancer in the Wairarapa. Navigation service referral and assessment processes will be developed and integrated into daily routines. The project will be delivered within current staff resources.

The service approach is one of 'whakawhanaungatanga' (building relationship) of walking alongside the person and facilitating access to cancer support services. The project includes the development of agreed protocols across Out Patents Department, Social Work and the Maori Directorate. A psychosocial Assessment tool and a Maori worldview service evaluation tool will be agreed and developed in time for service implementation, 1 November 2013. An evaluation report of the Wairarapa service and opportunities for implementation in the Hutt Valley DHB will be provided to the Board for their consideration early 2014.

6.3 Communications Update

I have included as Appendix Four the projects and initiatives the DHB's Communications Team have been working on since the last Board meeting. It's particularly pleasing to see the progress in some project areas, for example, shared workspaces/intranet, growing use of the Hutt Valley intranet, Quality Accounts, engagement strategies.

Areas of increased focus in the coming month include updating the Communications Business Continuity Plans to include a sub-regional and regional approach, strategies for communicating sustainability plans, profiling 3DHB activity, updating organisation profiles and organisation charts and drawing together the Annual Report.

6.4 Official Information Act Requests

Attached as Appendix Five are details of requests for information the DHB has received under the Official Information Act since the last Board meeting and our responses.

MINISTRY OF HEALTH
MANATŪ HAUORA

No.1 The Terrace
PO Box 5013
Wellington 6145
New Zealand
T+64 4 496 2000

20 August 2013

Mr Graham Dyer
Chief Executive
Wairarapa DHB
PO Box 96
MASTERTON 5840

Dear Graham

Reducing waiting times for elective services

Congratulations to you and your team for meeting the goal of having no patients waiting longer than five months for elective first specialist assessment (FSA) or treatment. Results for June show that 18 District Health Boards (DHBs) have achieved the goal of five months – an excellent result. Canterbury DHB will be meeting this goal in December 2013.

I am aware of the significant amount of work that has gone into this achievement. Our team here at the National Health Board has been liaising closely with your staff, and it is pleasing to hear of the improvements that are being made to processes and systems. Given the next challenging milestone that no patients wait longer than four months by the end of 2014, it is important to continue to focus on reducing waiting times.

Your positive June result means that you are able to access your individual DHB portion of the 2012/13 incentive funding announced in February 2013. In addition, you will also receive your regional component of the funding. This means that, through your quarter four wash up you will be paid incentive funding of $108,785 comprising:

- $54,393 (your share of the individual DHB incentive funding)
- $54,393 (your share of the region's incentive funding)

Well done once again – please pass on our recognition to your teams. We look forward working with you and your regional colleagues to achieve further reductions throughout 2013/14 and beyond.

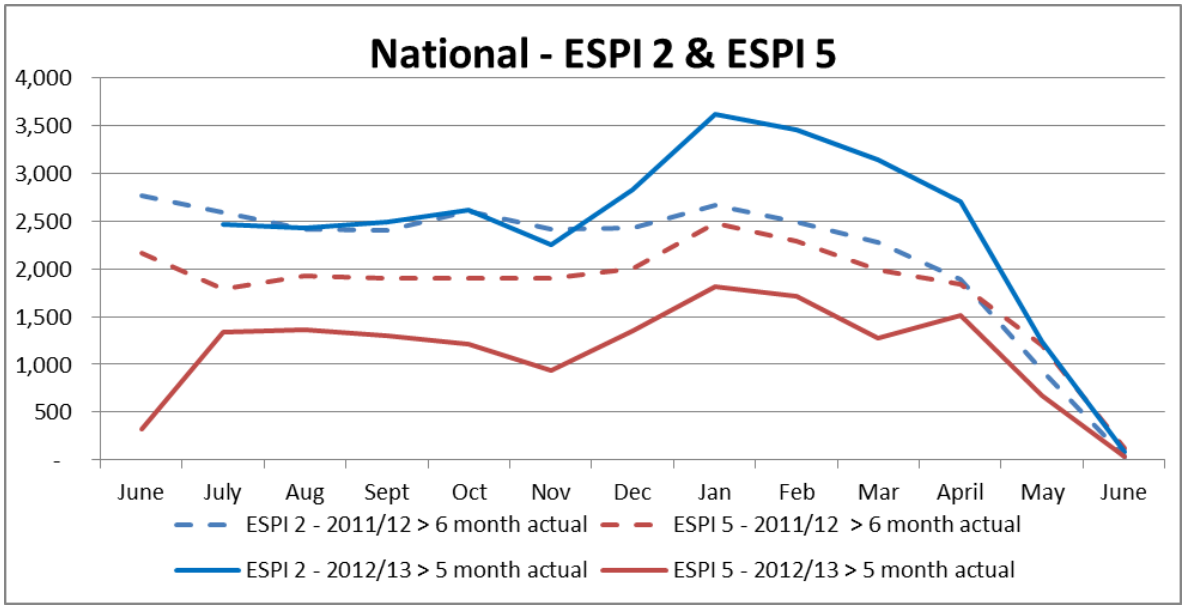
Yours sincerely

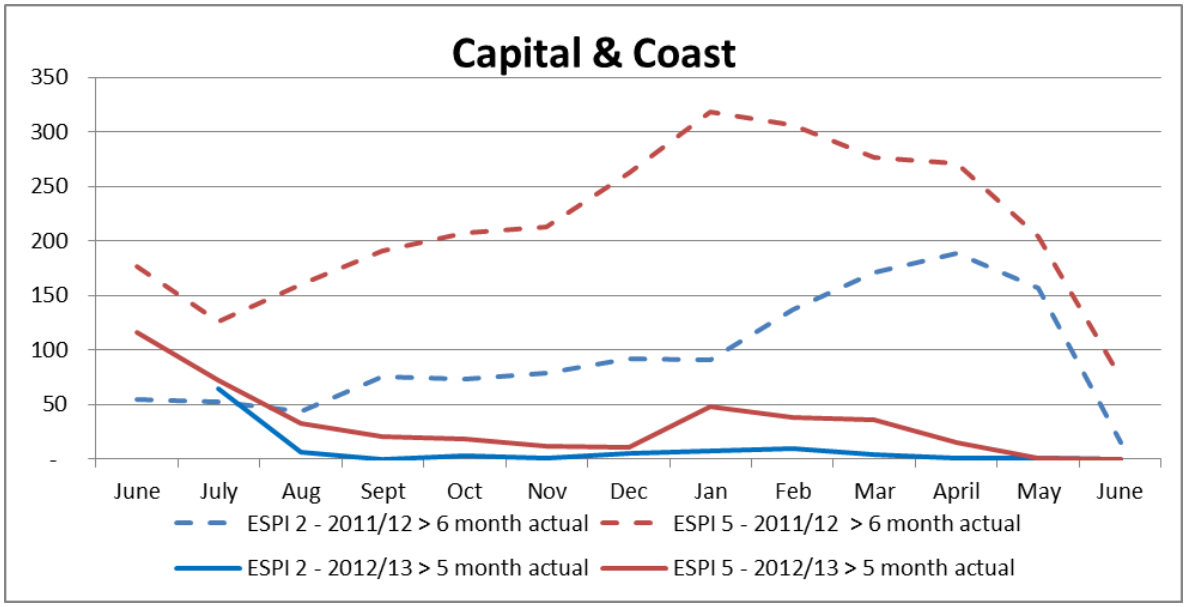
Michael Hundleby
Director - DHB performance
National Health Board Business Unit

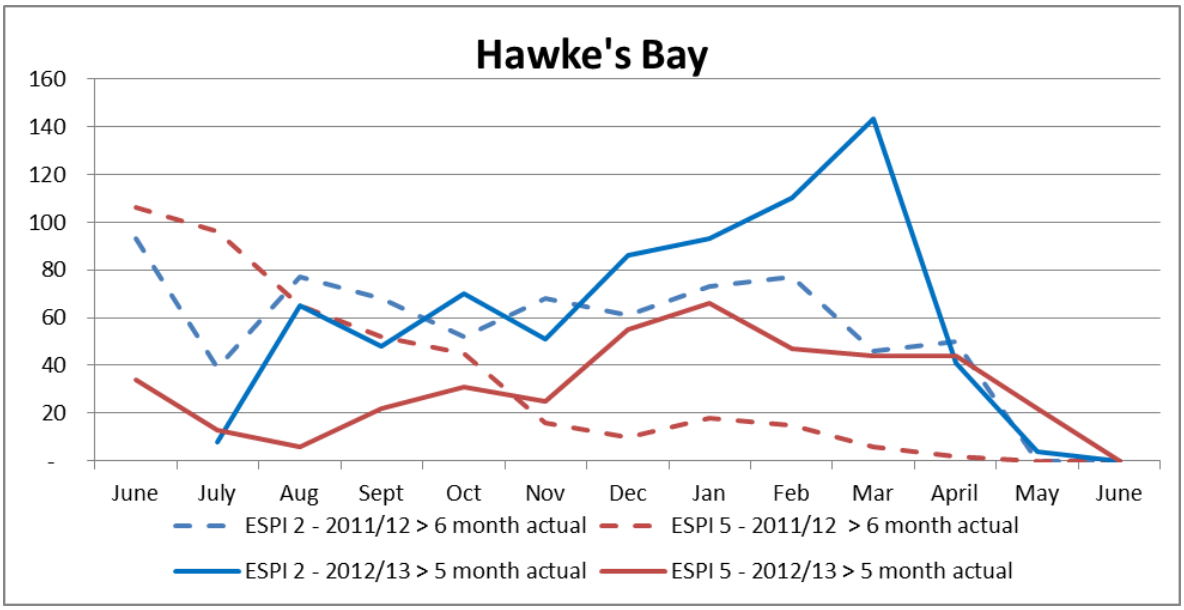
Attachment: June 2013 results

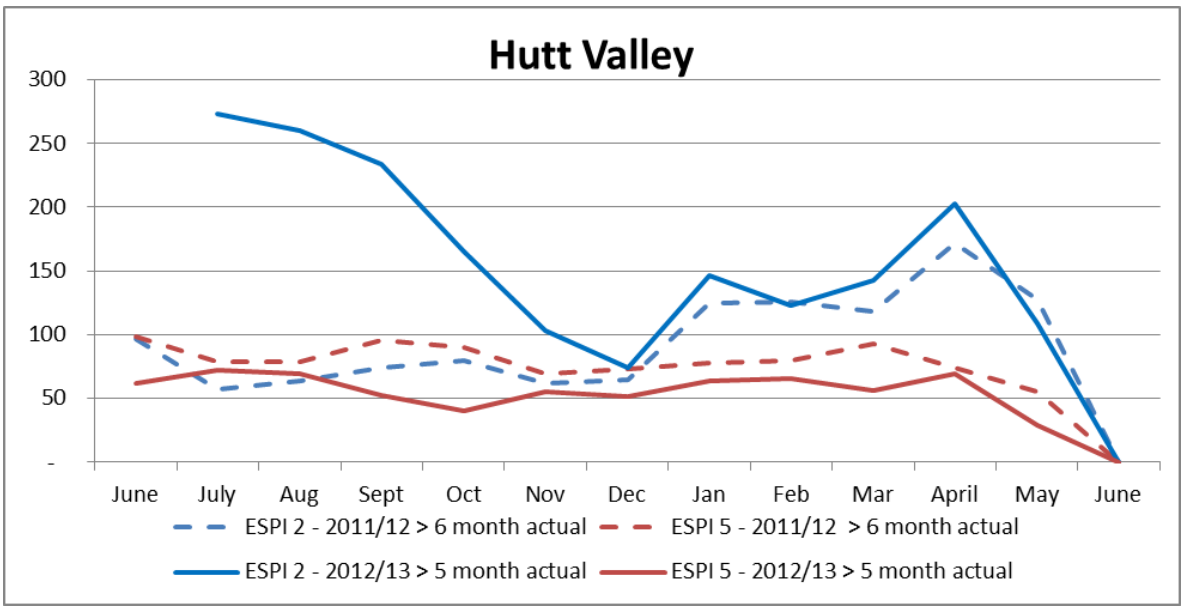
NATIONAL HEALTH BOARD

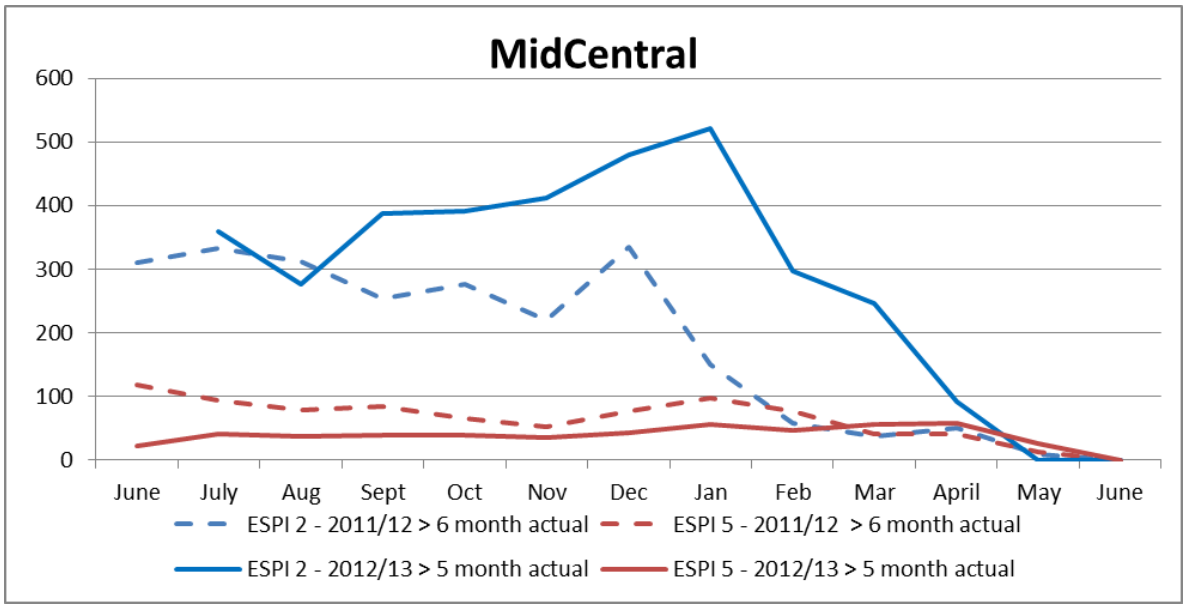
Central Region

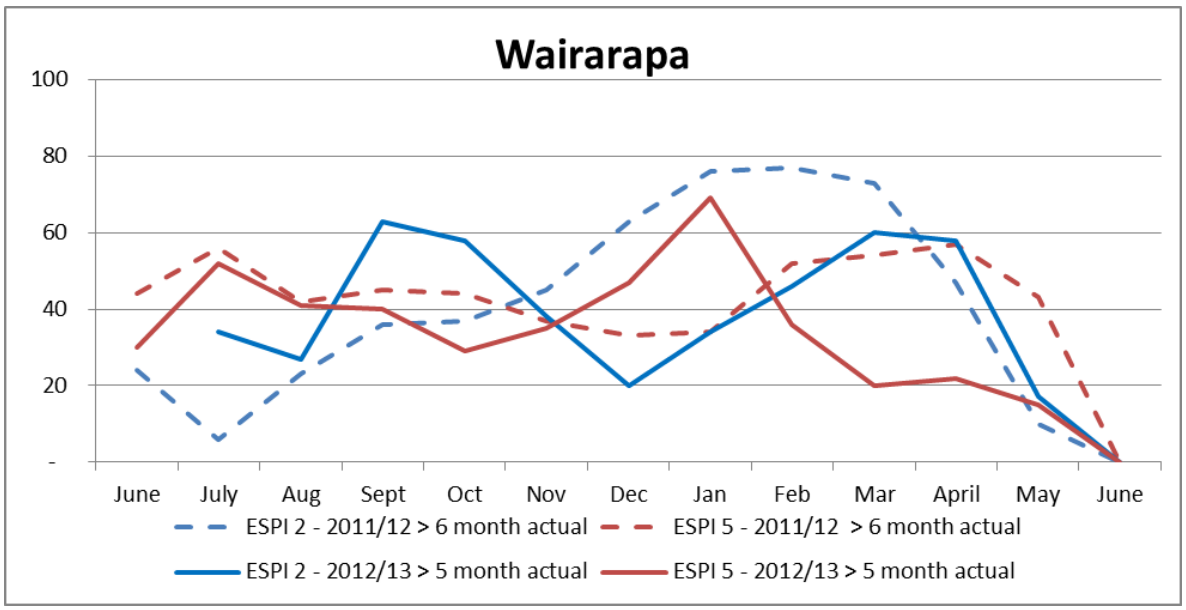


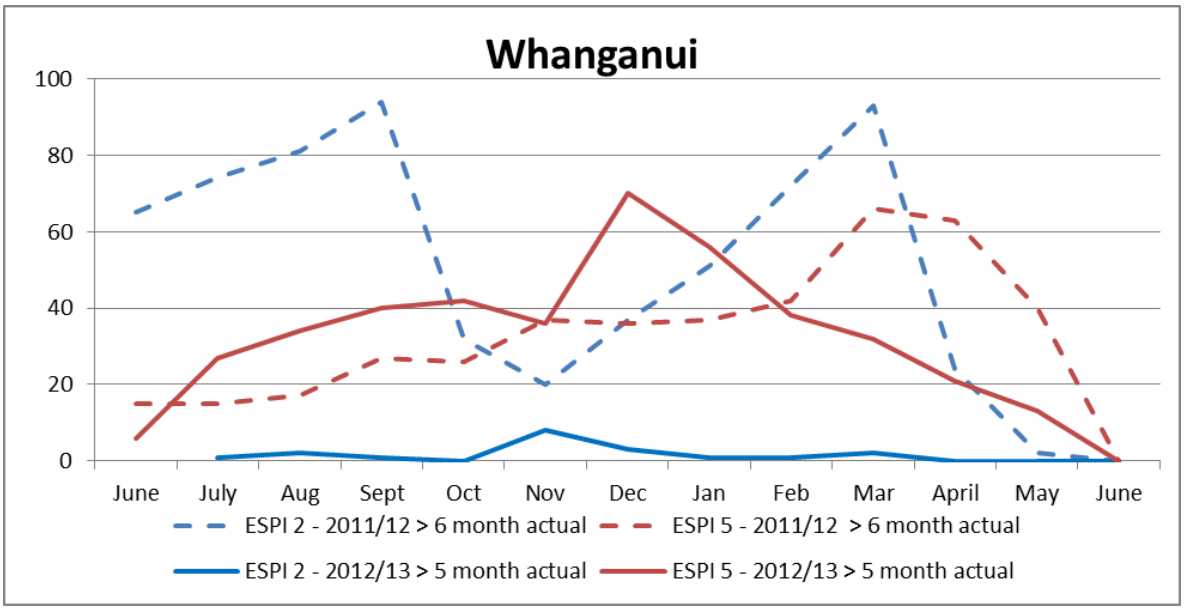



Hawke's Bay
160
140
120
100
80
60
40
20
-
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
April
May
June
ESPI 2 - 2011/12 > 6 month actual
ESPI 5 - 2011/12 > 6 month actual
ESPI 2 - 2012/13 > 5 month actual
ESPI 5 - 2012/13 > 5 month actual


Hutt Valley
300
250
200
150
100
50
-
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
April
May
June
ESPI 2 - 2011/12 > 6 month actual
ESPI 5 - 2011/12 > 6 month actual
ESPI 2 - 2012/13 > 5 month actual
ESPI 5 - 2012/13 > 5 month actual


MidCentral
600
500
400
300
200
100
0
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
April
May
June
ESPI 2 - 2011/12 > 6 month actual
ESPI 5 - 2011/12 > 6 month actual
ESPI 2 - 2012/13 > 5 month actual
ESPI 5 - 2012/13 > 5 month actual


Wairarapa
100
80
60
40
20
-
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
April
May
June
ESPI 2 - 2011/12 > 6 month actual
ESPI 5 - 2011/12 > 6 month actual
ESPI 2 - 2012/13 > 5 month actual
ESPI 5 - 2012/13 > 5 month actual


Whanganui
100
80
60
40
20
0
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
April
May
June
ESPI 2 - 2011/12 > 6 month actual
ESPI 5 - 2011/12 > 6 month actual
ESPI 2 - 2012/13 > 5 month actual
ESPI 5 - 2012/13 > 5 month actual

MoH Elective Services Online

National comparison of DHBs for June 2013 - 5 Months

	1. DHB services that appropriately acknowledge and process patient referrals within ten working days.			2. Patients waiting longer than five 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).			5.Patients given a commitment to treatment but not treated within five months.			6. Patients in active review who have not received a clinical assessment within the last six months.			8. The proportion of patients treated who were prioritised 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.
Auckland	33 of 33	100.0%	0	0	0.00 %	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1583	*96.9%*	50
Bay of Plenty	22 of 22	100.0%	0	0	0.00 %	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	746	100.0%	0
Canterbury	27 of 27	100.0%	0	297	3.23 %	-297	55	*0.3%*	-55	88	2.0%	-88	3	*1.7%*	-3	1579	100.0%	0
Capital and Coast	23 of 23	100.0%	0	0	0.00 %	0	13	*0.1%*	-13	0	0.0%	0	0	0.0%	0	916	100.0%	0
Counties Manukau	20 of 20	100.0%	0	0	0.00 %	0	15	*0.1%*	-15	0	0.0%	0	9	*2.6%*	-9	1276	100.0%	0
Hawkes Bay	17 of 17	100.0%	0	0	0.00 %	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	368	100.0%	0
Hutt Valley	15 of 15	100.0%	0	0	0.00 %	0	5	*0.1%*	-5	0	0.0%	0	23	*11.3%*	-23	347	100.0%	0
Lakes	16 of 16	100.0%	0	0	0.00 %	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	377	100.0%	0
MidCentral	23 of 23	100.0%	0	0	0.00 %	0	38	*0.6%*	-38	0	0.0%	0	0	0.0%	0	538	100.0%	0
Nelson Marlborough	21 of 21	100.0%	0	0	0.00 %	0	30	*0.5%*	-30	0	0.0%	0	5	*3.7%*	-5	493	100.0%	0
Northland	15 of 15	100.0%	0	0	0.00 %	0	2	*0.0%*	-2	0	0.0%	0	0	0.0%	0	542	100.0%	0
South Canterbury	14 of 14	100.0%	0	0	0.00 %	0	1	*0.0%*	-1	0	0.0%	0	0	0.0%	0	224	100.0%	0
Southern	28 of 28	100.0%	0	0	0.00 %	0	124	*1.3%*	-124	0	0.0%	0	88	18.9%	-88	669	100.0%	0
Tairawhiti	17 of 17	100.0%	0	0	0.00 %	0	1	*0.1%*	-1	0	0.0%	0	0	0.0%	0	179	100.0%	0
Taranaki	21 of 21	100.0%	0	0	0.00 %	0	1	*0.0%*	-1	0	0.0%	0	0	0.0%	0	345	100.0%	0
Waikato	25 of 25	100.0%	0	81	0.77 %	-81	9	*0.1%*	-9	34	*0.7%*	-34	0	0.0%	0	1333	*99.9%*	2
Wairarapa	14 of 14	100.0%	0	0	0.00 %	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	87	100.0%	0
Waitemata	19 of 20	*95.0%*	1	0	0.00 %	0	10	*0.1%*	-10	0	0.0%	0	0	0.0%	0	873	100.0%	0
West Coast	17 of 18	*94.4%*	1	0	0.00 %	0	1	*0.1%*	-1	0	0.0%	0	0	0.0%	0	148	100.0%	0
Whanganui	10 of 10	100.0%	0	0	0.00 %	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	222	100.0%	0
Total:				**378**			**305**			**122**			**128**			**12845**		

Notes:
1. ESPIs that apply from 1 July 2012.
2. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
3. ESPIs 3 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools.
4. Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
5. ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
6. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.39%, and Red if 0.4% or higher.
7. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
8. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
9. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than 14.99%, and Red if 15% or higher.

Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

Data Warehouse Refresh Date: 07/Aug/2013

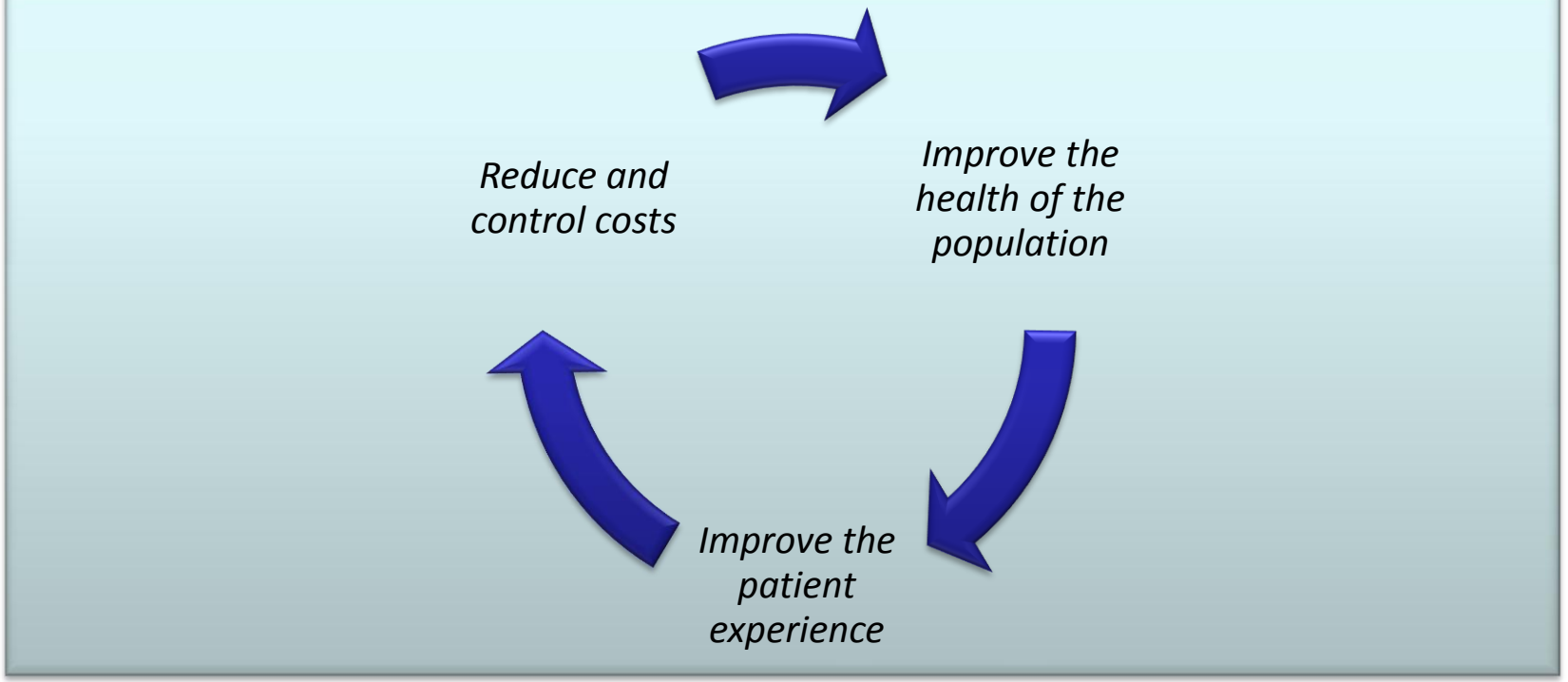
Report Run Date: 07/Aug/2013

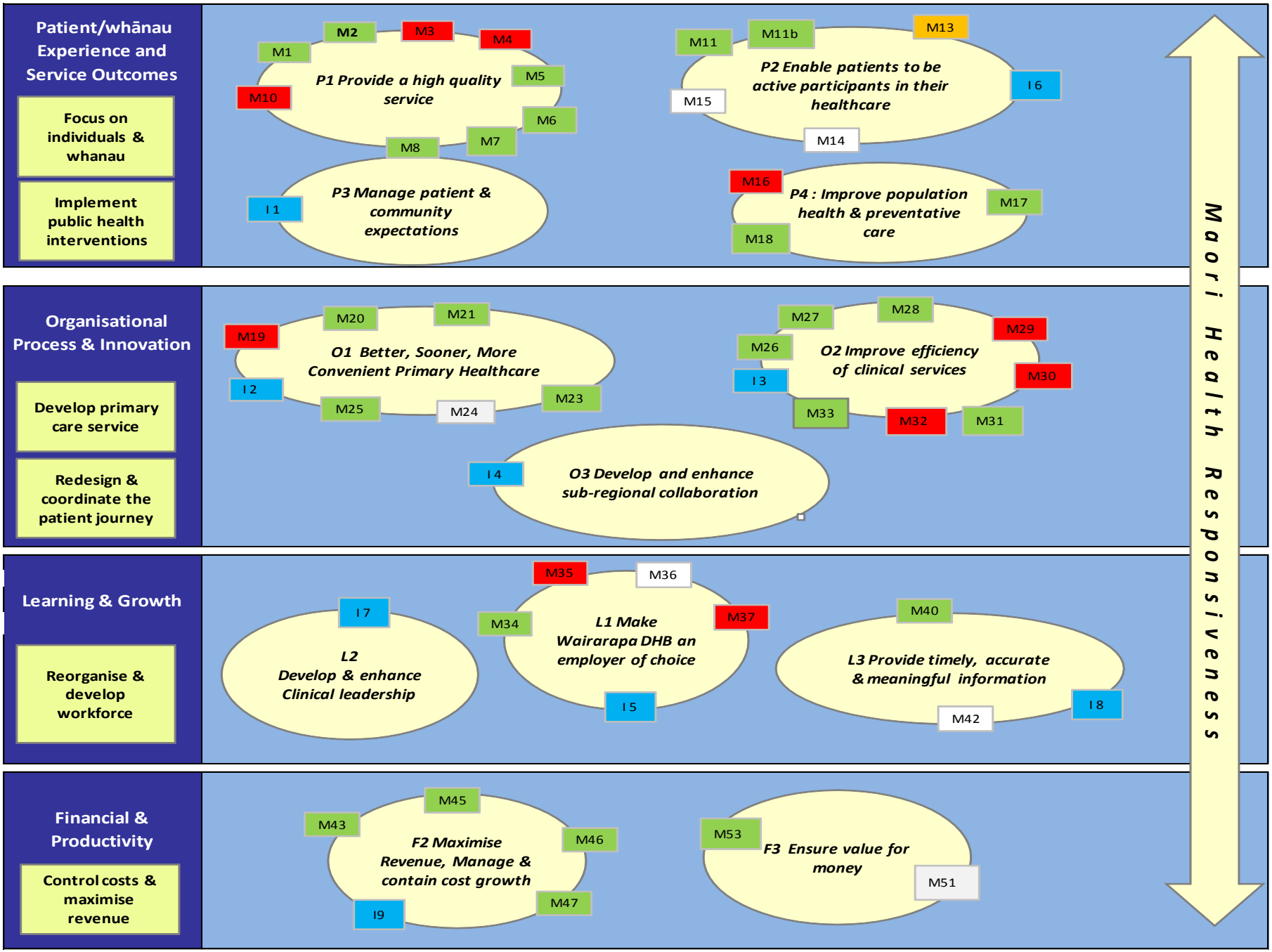
Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

Balanced Scorecard July 2013
Board Report

Vision: "Well Wairarapa, Better health for all“

Mission: "To improve, promote and protect the health status of the people of the Wairarapa, and the independent living of those with disabilities, by supporting and encouraging healthy choices"




Patient/whānau Experience and Service Outcomes
Focus on individuals & whanau
Implement public health interventions
M1
M2
M3
M4
M5
M6
M7
M8
M10
P1 Provide a high quality service
I 1
P3 Manage patient & community expectations
M11
M11b
M13
P2 Enable patients to be active participants in their healthcare
I 6
M15
M14
M16
P4 : Improve population health & preventative care
M17
M18
Organisational Process & Innovation
Develop primary care service
Redesign & coordinate the patient journey
M19
M20
M21
O1 Better, Sooner, More Convenient Primary Healthcare
I 2
M25
M24
M23
M27
M28
M29
M26
O2 Improve efficiency of clinical services
I 3
M30
M33
M32
M31
I 4
O3 Develop and enhance sub-regional collaboration
Learning & Growth
Reorganise & develop workforce
I 7
L2 Develop & enhance Clinical leadership
M35
M36
M34
L1 Make Wairarapa DHB an employer of choice
M37
I 5
M40
L3 Provide timely, accurate & meaningful information
M42
I 8
Financial & Productivity
Control costs & maximise revenue
M45
M43
F2 Maximise Revenue, Manage & contain cost growth
M46
I9
M47
M53
F3 Ensure value for money
M51
Maori Health Responsiveness

Monthly Snapshot (July 2013)

Cause for concern, trending down or borderline

Performing below expectations

Measures that are performing below expectations or trending down or borderline i.e. red or orange in the current month.

Measure Number	Measure Description	Calculation Formula	Measure Leader	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
M3	Resolution of complaints	Number of complaints compliant with HDC requirements , and number of complaints received.	Cate Tyrer	✓	✘	✓	✘	✘	✓	✓	✓	✓	✓	✘	
M4	Blood Stream Infections (BSI)	Hospital Acquired BSI's < 3.5 per quarter per 1,000 bed days (approx. 14 per annum)	Lizzie Daniell	✓	✓	✓	✓	✓	✘	✘	✓	✓	✓	✘	
M25	Reduce Outpatient volumes	Reduce OPD volumes, for medical and paediatric clinics, to 2006 levels over the next 3 years.	Hospital Manager	✘	✘	✘	✘	✓	✘	✘	✘	✘	✘	✘	✘
M35	Staff turnover	Staff Turnover reported against Employee Group and Length of Service. Target 10 %	Gretchen Dean	✓	✘	✘	✘	✘	✓	✓	✘	✘	✘	✘	✘

Snapshot & Trends (1 of 2)

✓ Performing to expectations

Cause for concern, trending down or borderline

✖ Performing below expectations

Measure Number	Measure Description	Calculation Formula	Measure Leader	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
M1	National patient satisfaction survey	Placeholder, MoH measure currently being developed	Cate Tyrer			✓	✓	✓							
M2	Increased Immunisation	From the 1st July 2012 the Health Target has changed to 85% of eight months olds will have their primary course of immunisation on time by July 2013, 90% by July 2014 and 95 percent by December 2014.	Lyn Taylor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
M3	Resolution of complaints	Number of complaints compliant with HDC requirements , and number of complaints received.	Cate Tyrer	✓	✖	✓	✖	✖	✓	✓	✓	✓	✓	✖	
M4	Blood Stream Infections (BSI)	Hospital Acquired BSI's < 3.5 per quarter per 1,000 bed days (approx. 14 per annum)	Lizzie Daniell	✓	✓	✓	✓	✓	✖	✖	✓	✓	✓	✖	
M5	Reportable events	Reportable events -inpatient falls < 115 and medication errors <50 (DAP measures)	Cate Tyrer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
M6	Improving the health status of people with severe mental illness through improved access	The average number of people domiciled in the WDHB region, seen per year rolling every 3 months being reported. Targets Child & Youth (0-19) Maori, Other and Total 2.8. Adults (20-64) Maori 4.2, Other 3, Total 3. Older People (65+) Maori, Other and Total 0.59.	Simon Phillips	Measure on hold											
M8	Shorter waits for cancer treatment	Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010	Glenda Foster	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
M11	Better help for smokers to quit	90 % of hospitalised smokers will be provided with advice and help to quit by July 2011 and 95% by July 2012 .	Linda Spence	✓	✓	✓	✓	✓	✖	✓	✓	✓	✓	✓	✓
M11b	Better help for smokers to quit	90% of enrolled patients who smoke and are seen in General Practice, will be provided with advice and help to quit by July 2012.	Maurice Priestley	✖	✖	✖	✖	✖	✖	✖	✖	✓	✓	✓	
M15	Reducing the frailty of over 85 population through Primary Care.	Number of FOCUS clients over 85 years that are living well in the community as a proportion of the total over 85 population. Tihei target to increase to 81% over 3 years.	Joanne Edwards	Measure on hold											
M17	Life expectancy at birth	Life expectancy is the average length of life of a group of people from a given age, in this case from birth, ethnicity split	Andrea Rutene												
M19	More Heart & Diabetes Checks	The target is that by July 2012, 60% of eligible population will have had their cardiovascular risk assessed in the last 5 years. Target will increase in stages to 90% by July 2014	Glenda Foster	✖	✖	✖	✖	✖	✖	✖	✖				
M21	Ambulatory sensitive (avoidable) admissions	Reduce the number of ASH admissions by 15% over 09/10 levels over 3 years targeting cellulitis, asthma, gastroenteritis, and angina and chest pain and pneumonia	Hospital Manager	✖	✖	✖	✖	✖	✓	✓	✖	✓	✓	✓	✓
M23	Triage 4 & 5 ED Non-Admissions	Reduce triage 4 & 5 ED non-admitted self-presentations over 2009/10 levels, by 30% , over the next 3 years	Michele Halford / Jo Wailing	✖	✖	✖	✖	✖	✖	✖	✖	✖	✖	✖	✓
M25	Reduce Outpatient volumes	Reduce OPD volumes, for medical and paediatric clinics, to 2006 levels over the next 3 years.	Hospital Manager	✖	✖	✖	✖	✓	✖	✖	✖	✖	✖	✖	✖

Snapshot & Trends (2 of 2)

✓ Performing to expectations

⚑ Cause for concern, trending down or borderline

✖ Performing below expectations

Measure Number	Measure Description	Calculation Formula	Measure Leader	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
M26	Shorter stays in ED	95% of patients will be admitted, discharged or transferred from ED within 6 hours	Michele Halford / Jo Wailing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
M33	Improved Access to Elective Services	Discharges for elective services at agreed level. A total of 1841 elective surgical discharges	Sarah Boyes/ Carolyn Braddock	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
M34	Employee headcount by ethnicity	Number of employees who have identified their ethnic origin split into Total, Maori and other.	Gretchen Dean	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
M35	Staff turnover	Staff Turnover reported against Employee Group and Length of Service. Target 10 %	Gretchen Dean	✓	✖	✖	✖	✖	✓	✓	✖	✖	✖	✖	✖
M43	Budget performance - revenue & expenditure (bottom line)	Actual vs Budget net financial result (bottom line), financial results including ACC, Selena	Nick McGruddy	✖	✖	✓	✖	✖	✓	✖	✖	✖	✖	✖	✓
M45	Reduce Pharmacy Spend	Reduce the community pharmacy spend by $750,000 in total over 3 years, through implementation of a structured pharmacy programme	Nigel Broom	✖	✖	✖	✖	✖	✓	✓	✓	✓	✓	✓	✓
M46	Inter-District Flows	Total spend on IDF's / CWDs / avg CWD	Nigel Broom	✓	✓	✓	✓	✓	✖	✖	✖	✖	✖	✖	✓
M47	FTEs Actual vs. Planned	Positive or nil variance against both: - Actual vs. Planned FTE numbers - Performance against management/admin cap	Nick McGruddy	⚑	⚑	⚑	⚑	✓	⚑	⚑	✓	⚑	⚑	⚑	✓
M51	Capital Expenditure to Plan	Capital Expenditure should be delivered in line with plan	Nick McGruddy	Measure Under Review											
I1	Manage patient & community expectations	Report on engagement of community via CEO's Report	Tracey Adamson												
I4	Sub regional developments	3 DHB Health Service Programme	Programme Lead												
I4	Sub regional developments	Other Sub Regional Initiatives - Joint appointments, service collaboration.	Robyn Brady												
I5	Te Arawhata Totika	Progress report on the milestones on Te Arawhata Totika, implementation plan	Stephanie Turner												
I7	Clinical leadership	Annual report on self assessment of the work undertaken to improve clinical leadership	Helen Pocknall												
I8	Delivery against CRISP	Progress report on Central Region Information Systems Plan (CRISP)	Gary Ireland												
I9	Performance Initiative Actions	Light green and dark green dollar savings	Robyn Brady												

Measure & Definitions (1 of 2)

Objective Number	Objective	Measure Number	Measure Description	Active	Calculation Formula	SLT Sponsor	Measure Leader	MoH Code
P1	Provide a high quality service	M1	National patient satisfaction survey	Y	Placeholder, MoH measure currently being developed	Cate Tyrer	Cate Tyrer	OS-12
P1	Provide a high quality service	M2	Increased Immunisation	Y	From the 1st July 2012 the Health Target has changed to 85% of eight months olds will have their primary course of immunisation on time by July 2013, 90% by July 2014 and 95 percent by December 2014.	Simon Everitt	Lyn Taylor	HT4
P1	Provide a high quality service	M3	Resolution of complaints	Y	Number of complaints compliant with HDC requirements , and number of complaints received.	Cate Tyrer	Cate Tyrer	WRDHB
P1	Provide a high quality service	M4	Blood Stream Infections (BSI)	Y	Hospital Acquired BSI's < 3.5 per quarter per 1,000 bed days (approx. 14 per annum)	Cate Tyrer	Lizzie Daniell	WRDHB
P1	Provide a high quality service	M5	Reportable events	Y	Reportable events -inpatient falls < 115 and medication errors <50 (DAP measures)	Cate Tyrer	Cate Tyrer	WRDHB
P1	Provide a high quality service	M6	Improving the health status of people with severe mental illness through improved access	Y	The average number of people domiciled in the WDHB region, seen per year rolling every 3 months being reported. Targets Child & Youth (0-19) Maori, Other and Total 2.8. Adults (20-64) Maori 4.2, Other 3, Total 3. Older People (65+) Maori, Other and Total 0.59.	Alliance Leadership Team	Simon Phillips	Tihei
P1	Provide a high quality service	M8	Shorter waits for cancer treatment	Y	Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010	Simon Everitt	Glenda Foster	HT3
P2	Enable patients to be active participants in their healthcare	M11	Better help for smokers to quit	Y	90 % of hospitalised smokers will be provided with advice and help to quit by July 2011; and 95% by July 2012.	Joanne Reid	Linda Spence	HT5
P2	Enable patients to be active participants in their healthcare	M11b	Better help for smokers to quit	Y	90% of enrolled patients who smoke and are seen in General Practice, will be provided with advice and help to quit by July 2012.	Simon Everitt	Maurice Priestley	HT5
P2	Enable patients to be active participants in their healthcare	M15	Reducing the frailty of over 85 population through Primary Care.	N	Number of FOCUS clients over 85 years that are living well in the community as a proportion of the total over 85 population. The measure is the inverse of the percent of people over 85 years who have been assessed as having high/very high support needs. Tihei target to increase to 81% over 3 years.	Alliance Leadership Team / Robyn Brady	Joanne Edwards	Tihei
P4	Improve Population health & preventative care	M17	Life expectancy at birth	Y	Life expectancy is the average length of life of a group of people from a given age, in this case from birth, ethnicity split	Simon Everitt	U/D	WRDHB
O1	Better, Sooner, More Convenient Primary Healthcare	M19	More Heart and Diabetes Checks	Y	The target is that by July 2012, 60% of eligible population will have had their cardiovascular risk assessed in the last 5 years. Target will increase in stages to 90% by July 2014	Simon Everitt	Glenda Foster	HT6
O1	Better, Sooner, More Convenient Primary Healthcare	M21	Ambulatory sensitive (avoidable) admissions	Y	Reduce the number of ASH admissions by 15% over 09/10 levels over 3 years targeting cellulitis, asthma, gastroenteritis, and angina and chest pain and pneumonia	Alliance Leadership Team	Hospital Manager	Tihei
O1	Better, Sooner, More Convenient Primary Healthcare	M23	Triage 4 & 5 ED Non-Admissions	Y	Reduce triage 4 & 5 ED non-admitted self-presentations over 2009/10 levels, by 30% , over the next 3 years	Alliance Leadership Team	Michele Halford / Jo Wailing	Tihei
O1	Better, Sooner, More Convenient Primary Healthcare	M25	Reduce Outpatient volumes	Y	Reduce OPD volumes, for medical and paediatric clinics, to 2006 level (2,910 patients), over the next 3 years	Alliance Leadership Team	Hospital Manager	Tihei

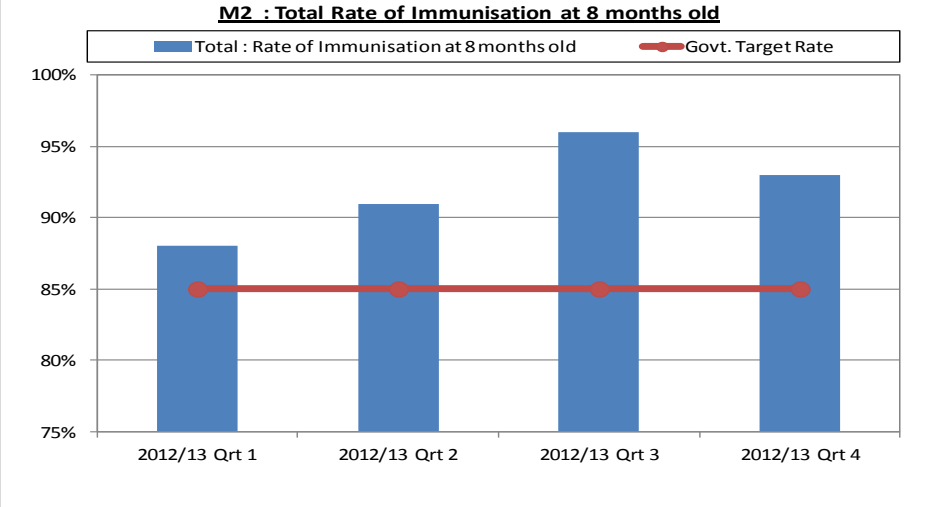
Measure & Definitions (2 of 2)

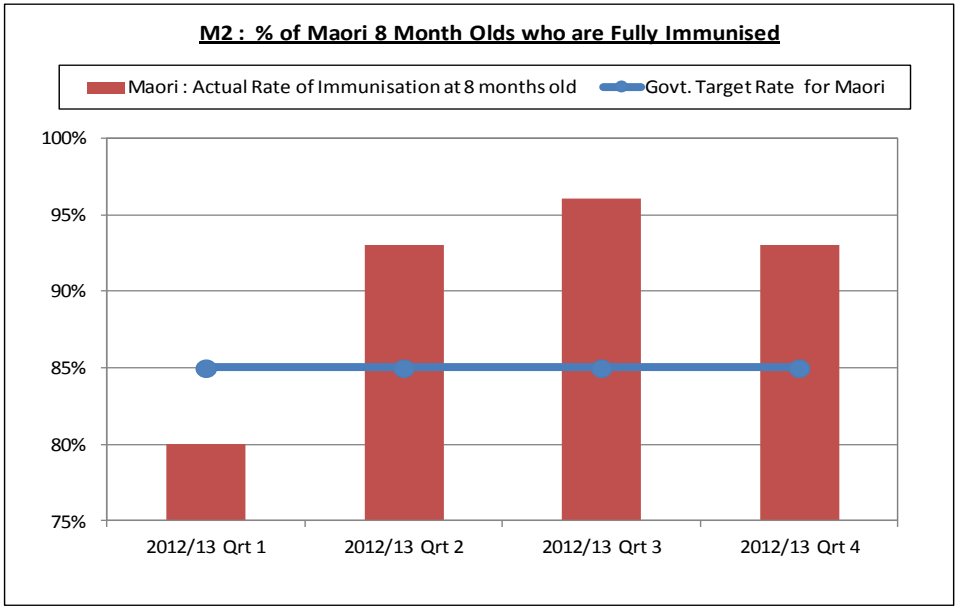
Objective Number	Objective	Measure Number	Measure Description	Active	Calculation Formula	SLT Sponsor	Measure Leader	MoH Code
O2	Improve efficiency of clinical services	M26	Shorter stays in ED	Y	95% of patients will be admitted, discharged or transferred from ED within 6 hours	Pete Chandler	Michele Halford / Jo Wailing	HT1
O2	Improve efficiency of clinical services	M33	Improved Access to Elective Services	Y	Discharges for elective services at agreed level. The target is a total of 1841 elective surgical discharges per annum.	Pete Chandler	Sarah Boyes / Carolyn Braddock	HT2
L1	Make Wairarapa DHB an employer of choice	M34	Employee headcount by ethnicity	Y	Number of employees (headcount) who have identified their ethnic as Maori as a proportion of total employees (headcount).	Gretchen Dean	Gretchen Dean	WRDHB
L1	Make Wairarapa DHB an employer of choice	M35	Staff turnover	Y	Staff Turnover reported against Employee Group (target 10 %)	Gretchen Dean	Gretchen Dean	OS-01
F1	Maximise Revenue, Manage & contain cost growth	M43	Budget performance - revenue & expenditure (bottom line)	Y	Actual vs Budget net financial result (bottom line), financial results including ACC, Selena	Tania Harris	Nick McGruddy	WRDHB
F2	Maximise Revenue, Manage & contain cost growth	M45	Reduce Pharmacy Spend	Y	Reduce the community pharmacy spend by $750,000 in total over 3 years, through implementation of a structured pharmacy programme	Simon Everitt	Nigel Broom	Tihei
F2	Maximise Revenue, Manage & contain cost growth	M46	Inter-District Flows	Y	Total spend on IDF's / CWDs / avg CWD	Simon Everitt	Nigel Broom	WRDHB
F2	Maximise Revenue, Manage & contain cost growth	M47	FTEs Actual vs. Planned	Y	Positive or nil variance against both - Actual vs. Planned FTE numbers - Performance against management/admin cap	Tania Harris	Nick McGruddy	WRDHB
F3	Ensure value for money	M51	Capital Expenditure to Plan	N	Capital Expenditure should be delivered in line with plan	Tania Harris	Nick McGruddy	OS-2
P3	Manage patient & community expectations	I 1	Manage patient & community expectations		Report on engagement of community via CEO's Report	Tracey Adamson	Tracey Adamson	SI-4
O3	Develop & enhance Sub-Regional collaboration	I 4	Sub regional developments		3 DHB Health Service Programme	Tracey Adamson	Programme Lead	WRDHB
O3	Develop & enhance Sub-Regional collaboration	I 4	Sub regional developments		Other Sub Regional Initiatives - Joint appointments, service collaboration.	Robyn Brady	Robyn Brady	WRDHB
L1	Make Wairarapa DHB an employer of choice	I 5	Te Arawhata Totika		Progress report on the milestones on Te Arawhata Totika, implementation plan	Stephanie Turner	Stephanie Turner	Maori HP
L2	Develop & enhance Clinical Leadership	I7	Clinical leadership		Annual report on self assessment of the work undertaken to improve clinical leadership	Alan Shirley	Helen Pocknall	PP-1
L3	Provide timely, accurate & meaningful information	I8	Delivery against CRISP		Progress report on Central Region Information Systems Plan (CRISP)	Eric Sinclair	Gary Ireland	WRDHB
F2	Manage and contain cost growth	I9	Performance Initiative Actions		Light green and dark green dollar savings	Eric Sinclair	Robyn Brady	WRDHB

M2 Increased immunisation

8 month olds < 85% red, >=85% green

BSC Objective: P1 Provide a high quality service
Objective Owner: Simon Everitt
Measure Leader: Lyn Taylor





Description:

From the 1st July 2012 the National Health Target has changed to 85% of eight months olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time by July 2013, 90% by July 2014 and 95 percent by December 2014.

We will also continue to measure the rate of two year olds who are fully immunised at 2 years of age against a target of 95%.

Issues:

The measure is of children turning eight months within the quarter. Relatively small numbers (around 130 per quarter) can result in some fluctuation in results, but the result in quarter 3 was very pleasing.

Implications :

On-going efforts to coordinate public health, primary care and outreach immunisation services has been effective in producing excellent results in the last twelve months and these need to be maintained.

Comment / Actions:

For the three months ending 30 June:

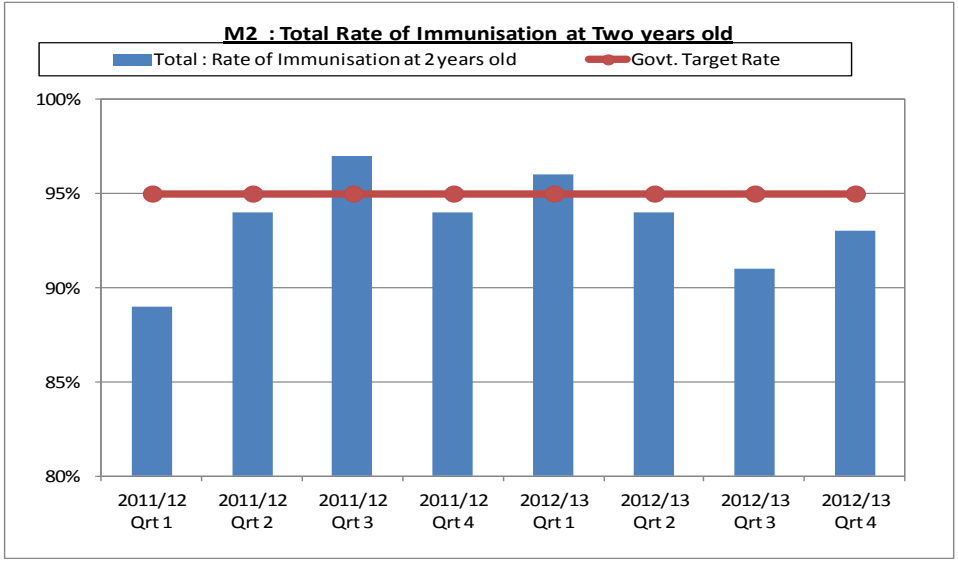
116 babies eligible , 108 (93%) fully immunised. Health Target of 85% Achieved. 31 0f 48 Maori 8 month babies were fully immunised (93%). 3 of the remaining 8 babies were not immunised as their parents declined all or part of their vaccination. 2 babies were opted off the NIR

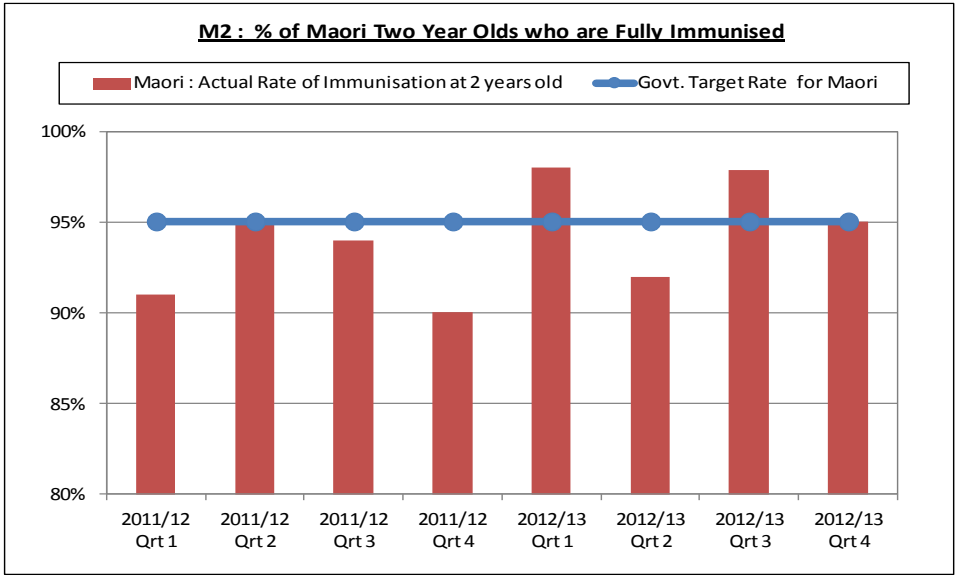
Continued over page.

M2 Increased immunisation

8 month olds < 85% red, >=85% green

BSC Objective: P1 Provide a high quality service
Objective Owner: Simon Everitt
Measure Leader: Lyn Taylor





The NIR coordinator runs an overdue report for each practice on a fortnightly basis to ensure that all children are being followed up. These reports are also monitored and children whom have not commenced their immunisations by 12 weeks, and who have not completed their immunisations by 6 and 20 months, are referred directly to outreach for immediate follow-up.

The NIR coordinator also runs reports from each practice of all immunisations given in a certain time frame, and then checks each one off on the NIR to ensure that they have messaged through accurately, so that we have the most up to date information.

The majority of babies not fully immunised at 8 months have declined the pneumococcal vaccination. Education sessions are being planned to ensure that vaccinators are able to provide parents with appropriate advice. The process for referral to outreach has also been reviewed to ensure that all babies receive their first vaccinations in a timely manner.

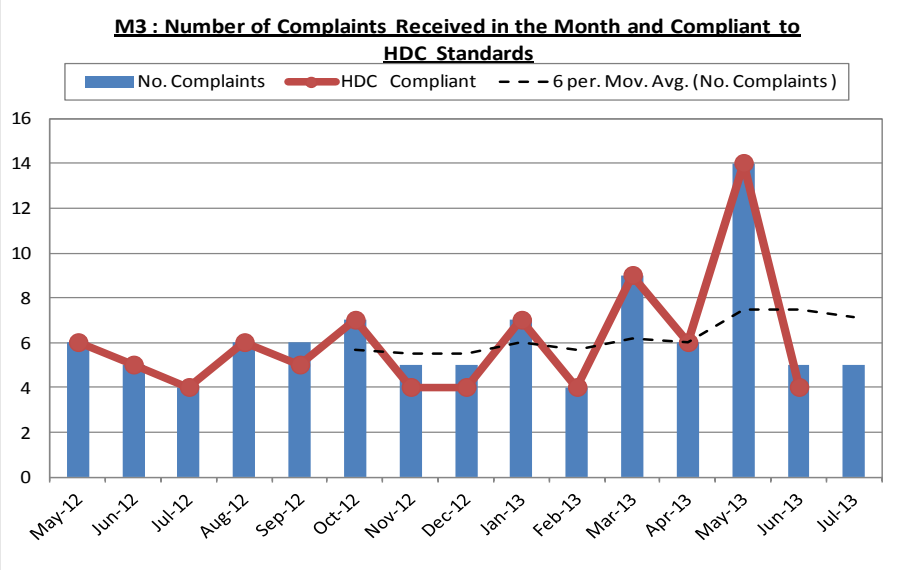
These two graphs measure the rate of two year olds who are fully immunised at 2 years of age against a target of 95%.

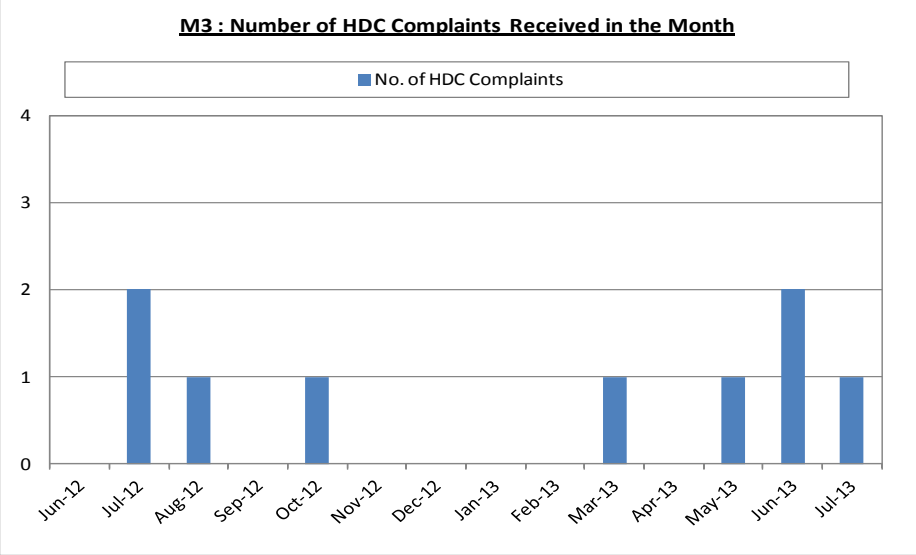
125 of 134 eligible 2 year olds were fully vaccinated. 6 of the remaining children had parents who declined one or more vaccines and 2 opted off the NIR.

M3 Resolution of complaints

100% HDC Compliance green, < 100% red

BSC Objective: P1 Provide a high quality service
Objective Owner: Cate Tyrer
Measure Leader: Cate Tyrer





Description:

Number of complaints which have been received in the month, along with how many are compliant with HDC timeframe requirements.

6 complaints were received by the Quality Department in July.

- 3 related process issues.
- 2 related to staff attitude

1 request was received from the HDC. This was a complaint regarding another provider and was a request for information from WDHB.

Issues :

There are no current issues with complaint resolution.

Implications :

The HDC recommends that all complaints are either responded to or kept informed of delays within 20 days of receipt.

Comment / Actions:

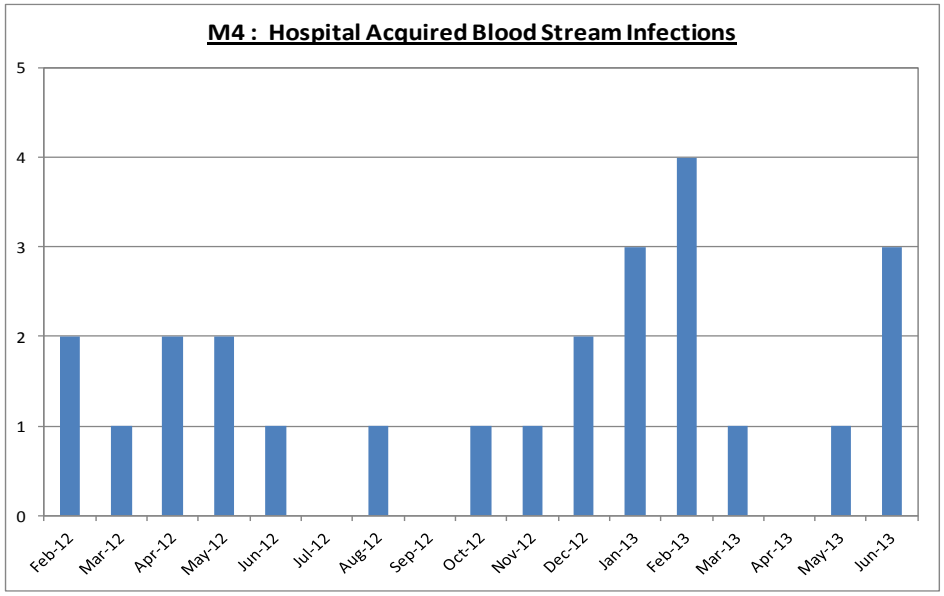
Compliance data will be one month behind reporting month , as an additional month is required to determine if compliance has been met.

6 of the 7 complaints received in June were compliant with the HDC timeframe requirements.

M4 Blood stream infections (BSI)

<=1 per month green, >1 red

BSC Objective: P1 Provide a high quality service
Objective Owner: Cate Tyrer
Measure Leader: Lizzie Daniell



Description:

Hospital acquired blood stream infections. The target is for this to be less than 14 per annum.

Plan:

Roll out regular education to staff in clinical setting regarding transmission based precautions, infection prevention and control and hand hygiene training/ audits. Carry out regular infection control audits of environment and practice, etc.

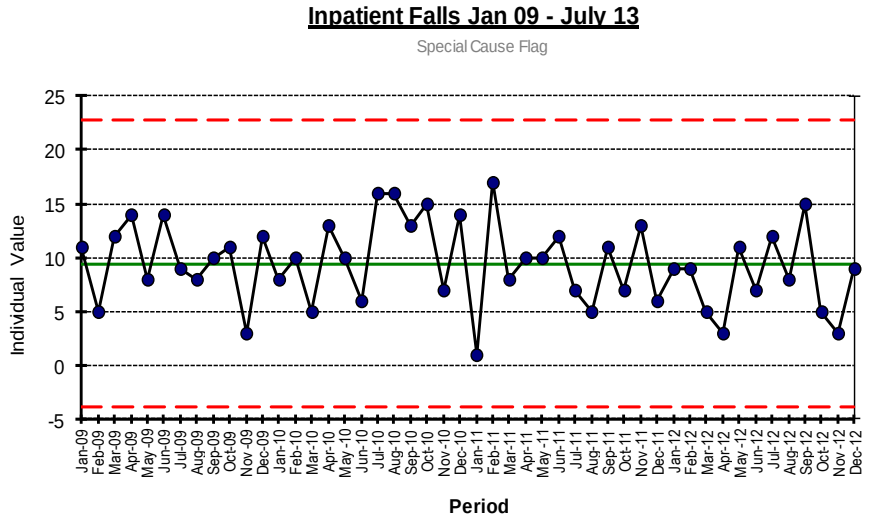
Comment / Actions:

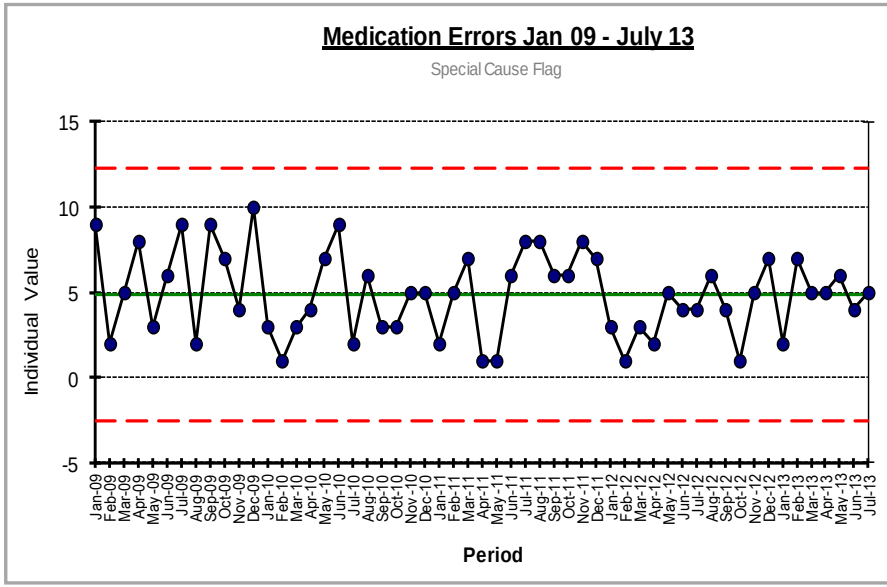
YTD to June 2013 = 17 (annual target 14). Continue to manage within accepted parameters and review episodes of higher than expected BSIs to reduce a potential trend in increase.

M5 Reportable events

> Median per 1,000 bed days red, <= median per 1,000 bed days green

BSC Objective: P1 Provide a high quality service
Objective Owner: Cate Tyrer
Measure Leader: Cate Tyrer





Description:

Inpatient falls to be < 115 per year (10 per month).

Medication errors to be < 50 per year (4 per month).

Now measured per 1,000 bed days to more accurately reflect the trends by taking into account acuity.

Comment / Actions:

YTD Total Falls = 14

YTD SAC 1,2 & 3 Falls = 6

YTD Total Med Errors = 5

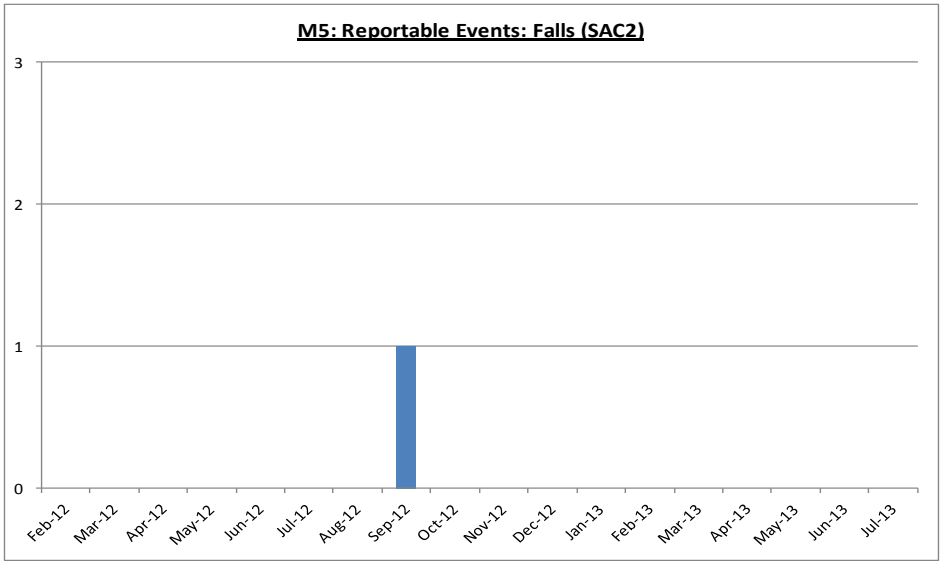
Medication.

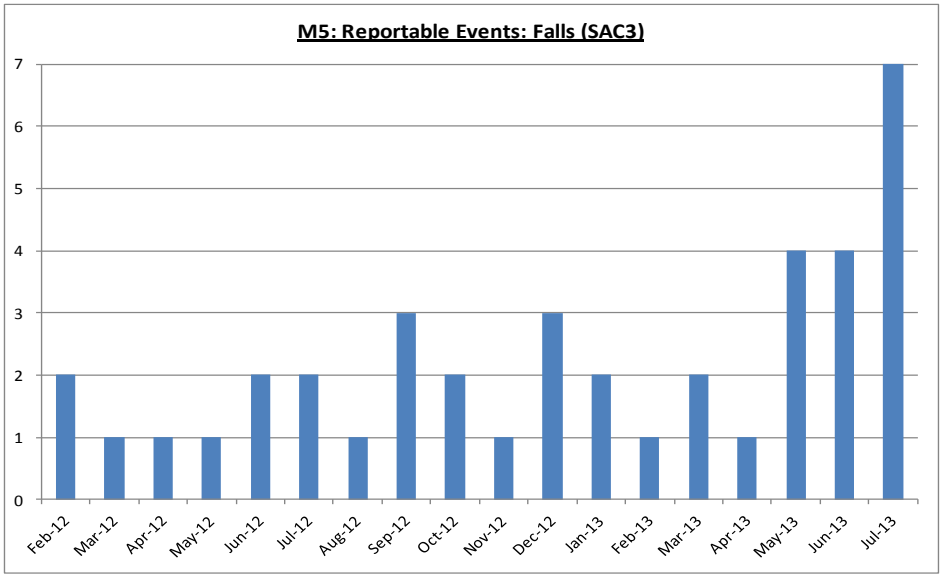
The medication errors were SAC 4 which means they were either near misses or no harm resulted for the patient.

M5 Reportable events

> Median per 1,000 bed days red, <= median per 1,000 bed days green

BSC Objective:	**P1 Provide a high quality service**
Objective Owner:	**Cate Tyrer**
Measure Leader:	**Cate Tyrer**





SAC 2 Description:

A SAC 2 clinical event is one which is where serious harm occurs and requires either transfer to a higher level of care or extra interventions e.g. surgery and was not the intended outcome of the patients journey.

SAC 3 Description

A SAC 3 event is where injury occurred but did not impact on the stay in hospital and did not require any invasive treatment e.g. skin tears, haematomas.

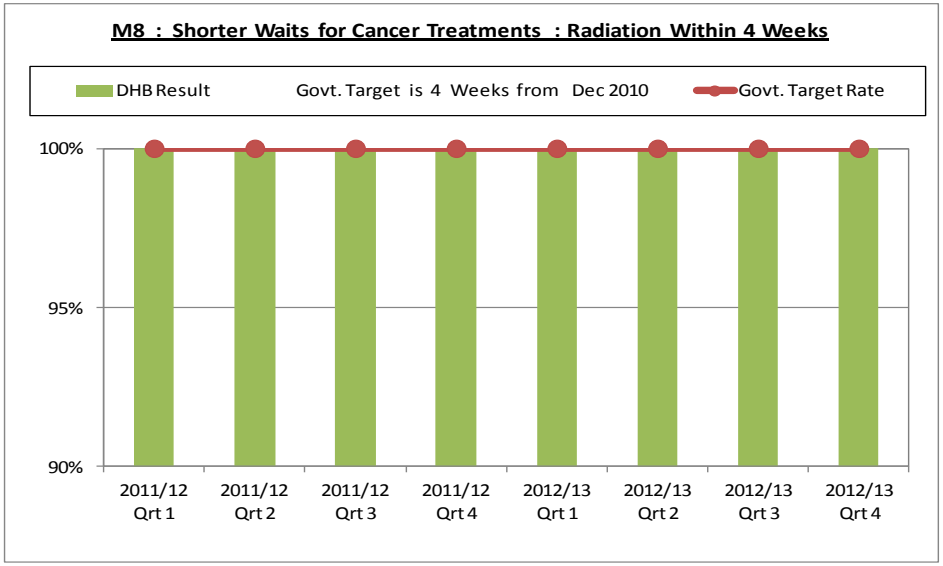
Comment / Actions:

The SAC 3 injuries were minor skin tears, 3 out of the 6 were the same gentleman who has been on a special watch.

M8 Shorter waits for cancer treatment

< 100% red, >=100% green

BSC Objective: P1 Provide a high quality service
Objective Owner: Simon Everitt
Measure Leader: Glenda Foster



Description:

Specialist cancer treatment and symptom control is essential to reducing the impact of cancer. This measure was previously the health target Shorter waits for cancer treatment – radiotherapy. it now includes chemotherapy. This is a MoH Health Target and is set at "All patients, ready-for-treatment, (for radiotherapy or chemotherapy) will wait less than four weeks."

Issues:

We have reviewed the monthly wait time templates produced by Mid Central and Capital & Coast Cancer Centres for the quarter and for radiotherapy, this target was met, with no patients waiting longer than 4 weeks because of capacity constraints for either their FSA or time from decision to treat to start of radiation treatment. This is the result reported on by the Ministry of Health.

For chemotherapy, two people waited longer than 4 weeks (4 - 6 weeks) for their first specialist appointment (FSA) because of capacity constraints, both at Capital & Coast.

Implications:

Comment Actions:

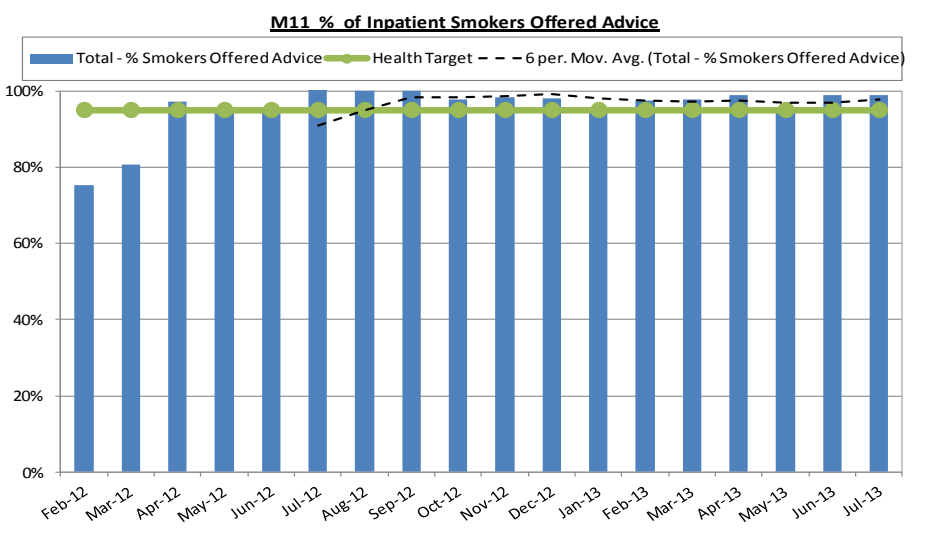
•Monitor waiting times for radiotherapy in both Mid-Central and Capital & Coast Treatment Centres through current quarterly reporting processes.

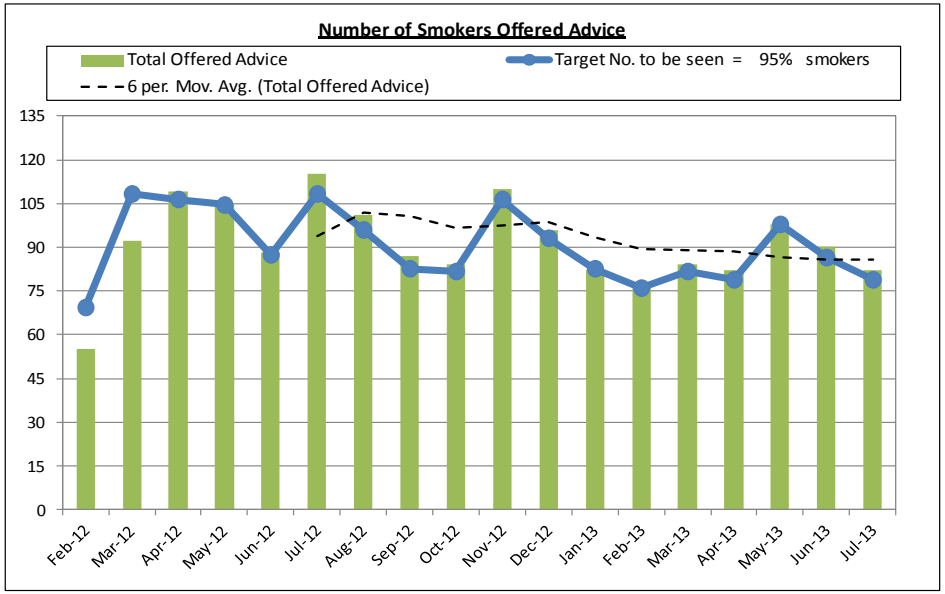
•Participate in CRRN project for implementing the Faster Cancer Treatment indicators.

M11 Better help for smokers to quit

< 95% red, >=95% green

BSC Objective: P2 Patients as active participants
Objective Owner: Joanne Reid
Measure Leader: Linda Spence





July 2013

Description:

Better help for smokers to Quit – 90 percent of hospitalised smokers will be provided with advice and help to quit by July 2011 and 95 percent by July 2012. This is a MoH Health Target (HT5) and is based on 15+ year olds admitted with specific ICD10 codes.

This target is designed to prompt providers to routinely ask about smoking status as a clinical 'vital sign' and then to provide brief advice and offer quit support to current smokers.

Potentially not all smokers admitted to the hospital are screened. The screened number of patients may not be reflective of smoking prevalence in the region.

Comment Actions:

Reports completed – 6 monthly report and quarterly reports due July 20July 9th SFC facilitated a meeting at Makoura College with their Health Team and their Health Team leader.

The main areas of work identified :

•Review and implement their smokefree policy with the college Principal and staff

•Establish a quit group for those students who wish to quit smoking

•Promote smokefree champions both students and staff

•Educate the smokers who are on smoking detention on the harms of tobacco.

•Re-establish the College grounds and all events held at the college as smokefree starting with the Wearable Arts in August.

•July 18th attended a Management Training workshop

•July 26th supported Whaiora at the Wairarapa Matariki Festival

•July 30th SFC and Kath Tomlinson from Compass Health presented at the 3 DHBs workshop in Porirua on the enablers and barriers to achieving the 3 MOH targets – Primary, Secondary and Maternity

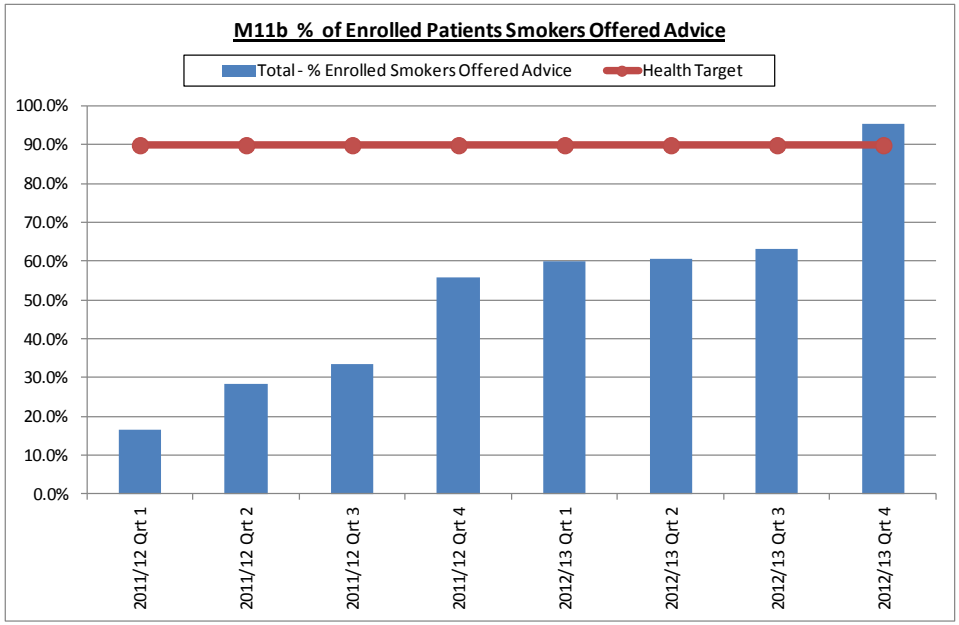
M11b Better help for smokers to quit – Primary Care

BSC Objective: P2 Patients as active participants

Objective Owner: Simon Everitt

Measure Leader: Maurice Priestley

< 90% red, >=90% green



Description:

Better help for smokers to Quit – 90 percent of enrolled patients who smoke and are seen in General Practice, will be provided with advice and help to quit by July 2013.

Issues:

As Wairarapa has a relatively high proportion of the population smoking (26%), this represents a significant number of people receiving advice and support to quit.

Maintaining the smokefree target data for practices is an ongoing issue.

Four out of seven practices have installed the Dashboard. We will be encouraging and supporting staff and all practices to use the dashboard. Time will be required to sort out problems and to gain consistent use.

Implications:

Requires Compass Health assistance to practices to ensure that all activity is correctly coded at the time of consult. Training is on-going and a variety of support options are being trialed by Compass Health to assist with determining the smoking status of patients and offering brief advice.

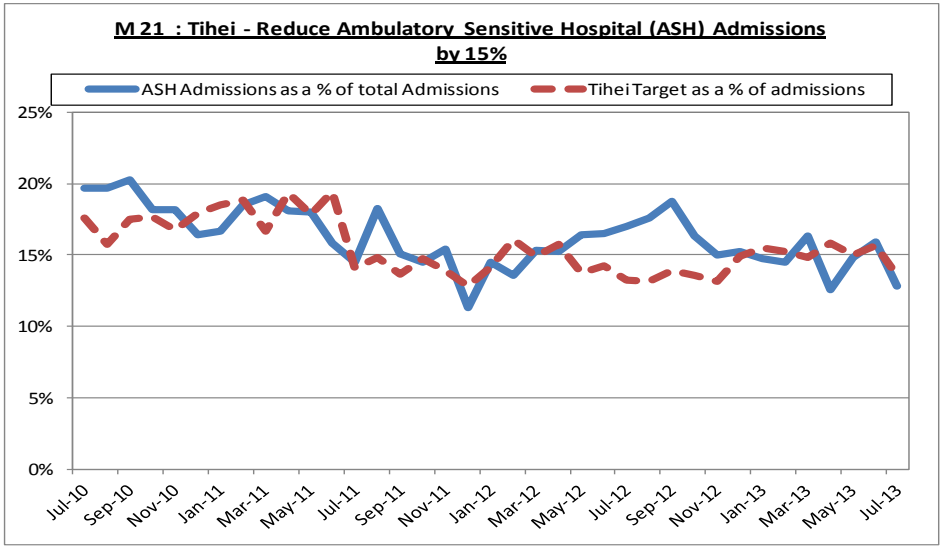
Comment Actions:

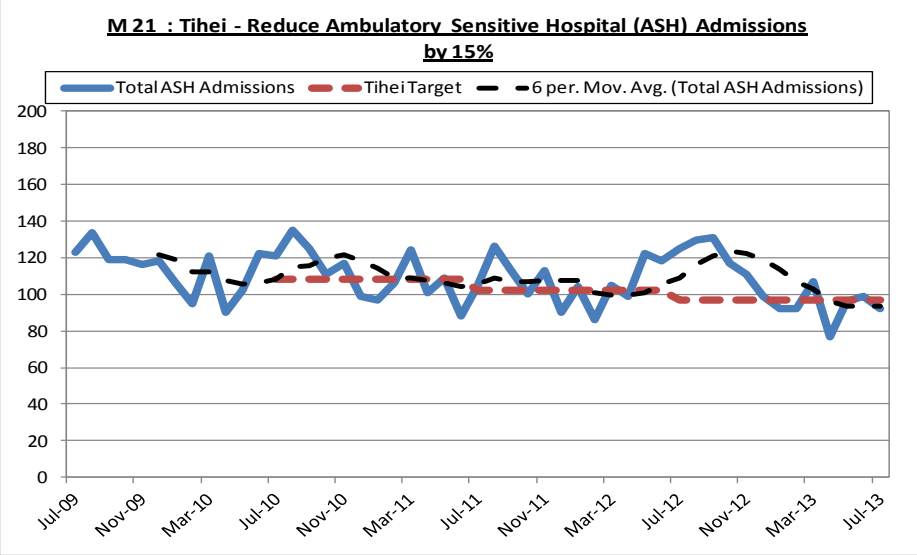
Wairarapa preliminary Q4 result is 95.5 per cent, compared with 62.9% in the last quarter. This represents a 32.6 per cent improvement on last quarter's result. The Wairarapa Q4 result is above the national Q4 result.

M21 Ambulatory sensitive (avoidable) admissions

< =10% of target green,, > 10% of target red

BSC Objective:	**O1**	**Better, sooner, more convenient PHC**
Objective Owner:		**Alliance Leadership Team**
Measure Leader:		**Hospital Manager**





Description:

Ambulatory sensitive hospital admissions are usually unplanned admissions that are potentially preventable by appropriate health services , delivered in community settings , including through primary health care. They provide an indication of access to , and the effectiveness of , primary health care, as well as the management of the interface between the primary and secondary health sectors. They may also be indicative of the high number of elderly patients with complex chronic health needs currently residing in the community. 3 hour ED patients are being admitted again from 2011/12 which will inflate the numbers recorded as previously these patients had not been classified as admissions . For the purpose of comparisons across the years these have been removed.

Comment Actions:

Discussion underway about how reducing ASH admissions may be better managed as year 3 deliverables under Tihei. No further progress at this point in year.

Continued work programmes in place to address ASH admissions are EDHUG (ED High User Group), introduction of the guided care model, the cellulitis project and increased focus for CNS group where applicable.

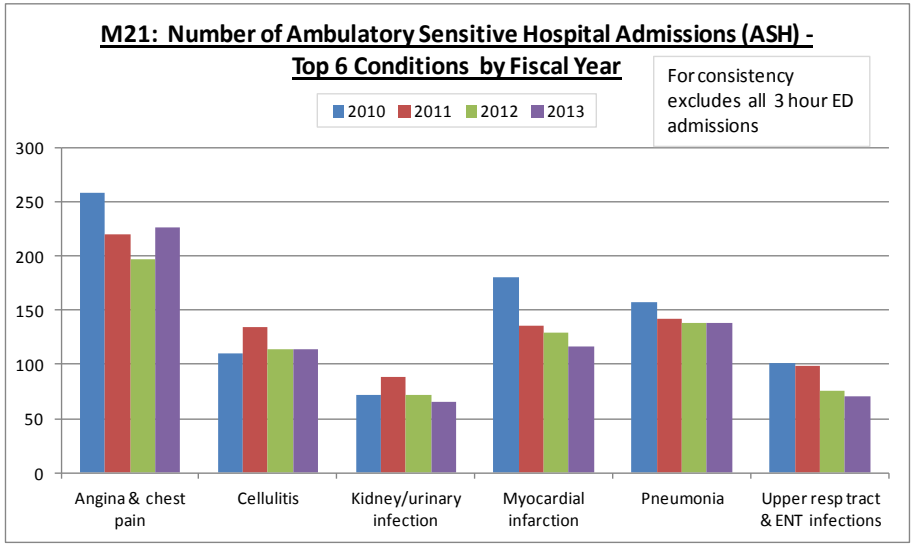
Continues to be a decreasing trend across all measures and all age ranges.

M21 **Ambulatory sensitive (avoidable) admissions**

< = target green, > target but within 10% orange, > 10% of target red

BSC Objective: O1 Better, sooner, more convenient PHC
Objective Owner: Alliance Leadership Team
Measure Leader: Hospital Manager

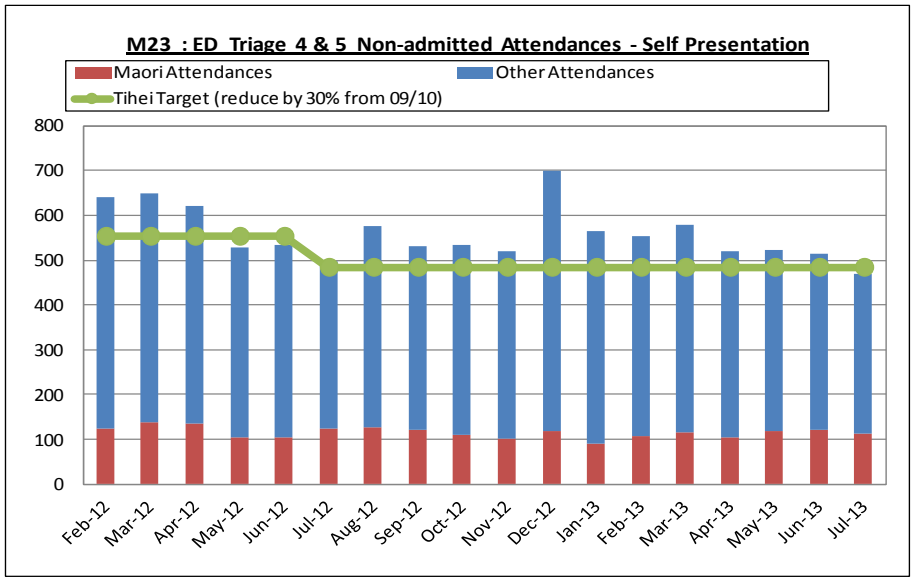
Fiscal Year	ASH Admissions	Annual Reduction
09/10	1365	
10/11	1333	2.3%
11/12	1281	3.9%
12/13	1276	0.4%
Since 09/10		6.5%

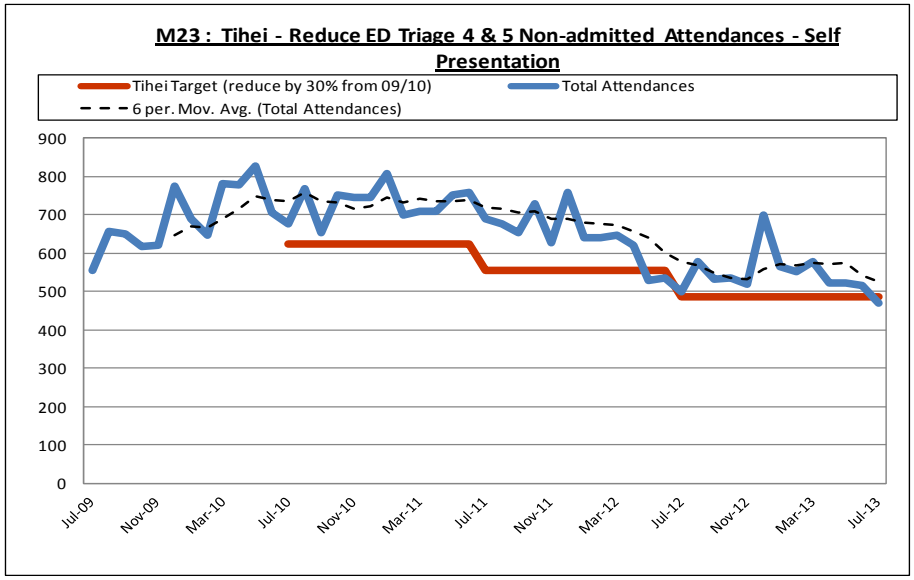


M23 Triage 4 & 5 non-admissions

BSC Objective:	**O1**	**Better, sooner, more convenient PHC**
Objective Owner:		**Alliance Leadership Team**
Measure Leader:		**Michele Halford / Joanna Wailing**

< = Tihei target green, >Tihei target red





July 2013

Description:

The number of non-admitted, triage 4 & 5 ,ED self presentation is growing. The target is to reduce these , from the total of 8,304 FY2009/10 by 30% , over the next 3 years. The Tihei targets are:

- FY2010/11 – 7,474 – actual result 8,775
- FY2011/12 – 6,644 – actual result 7,741
- FY2012/13 – 5,814- actual result 6,612

Issues:

Ease of access, efficient turn around in the Emergency Department and free public service are disincentives in encouraging patients with minor or less urgent health needs to access their GP. Information leaflets/ posters within the Department and in local newspapers provide a constant reminder for people accessing health services to utilise the most appropriate resource. At this time of year, as the seasons are changing, we expect to see an increase in triage 4 & 5 presentations. Cold/Flu-like-illness presentations are slowly increasing as are the respiratory illnesses.

Comment Actions:

Through the implementation of clinical guidelines which include the disposition of patients to the most appropriate follow up has seen increased number of referrals to GPs for ongoing care.

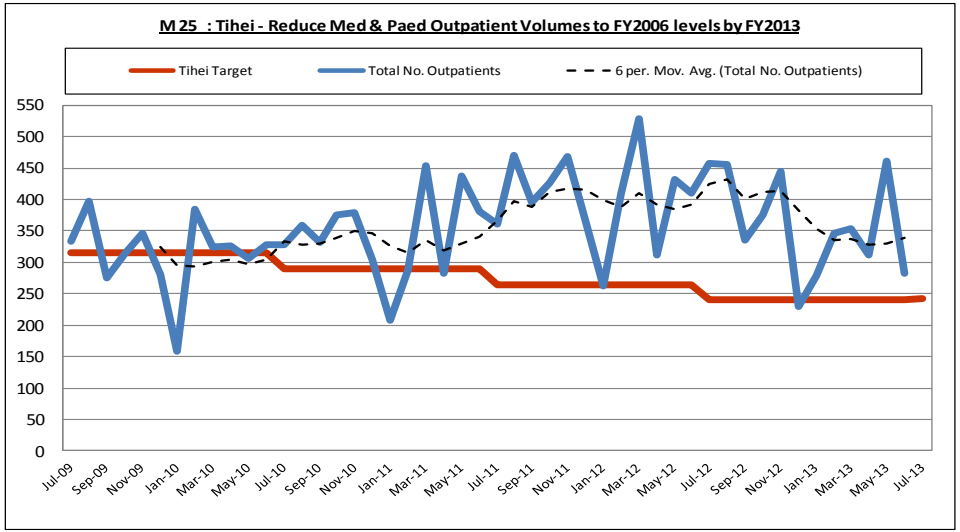
This includes: Orthopaedic treatment guidelines, DVT treatment guidelines and IV antibiotic therapy for cellulitis (identified and resourced through Tihei). A multi-organisational group was also set up to look at action plans for people who present to ED frequently.

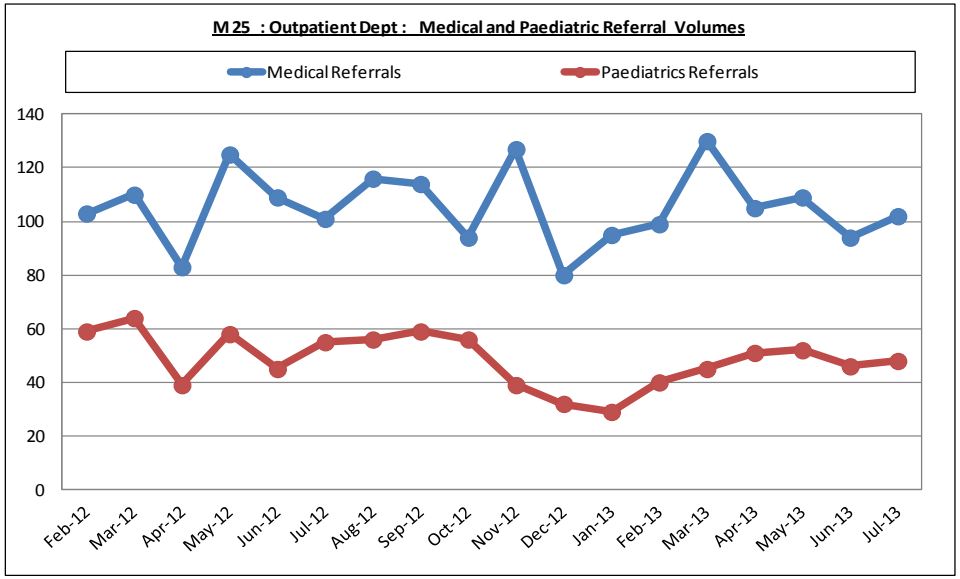
This has resulted in 1,129 less of these T4&5 non admit self presenters this year, i.e. 7,741 in 2011/12 compared to 6,612 in 2012/13 a 17% reduction.

M25 Reduce medical and paediatric outpatient volumes

< = Tihei target green, >Tihei target red

BSC Objective:	**O1**	**Better, sooner, more convenient PHC**
Objective Owner:		**Alliance Leadership Team**
Measure Leader:		**Hospital Manager**





Description:

Reduce Outpatient Department volumes, for medical and paediatric clinics to 2006 level over the next 3 years.

This will mean a reduction from 3,953 patients in 2009 back down to 2,913 by 2013.

The top graph includes first and follow-up appointments however the bottom graph only includes referrals in for a first appointment.

Comment Actions:

Referral data is being analysed by Long Term Conditions workgroup in Tihei .

There are no specific initiatives currently in place to address paediatric outpatient volumes.

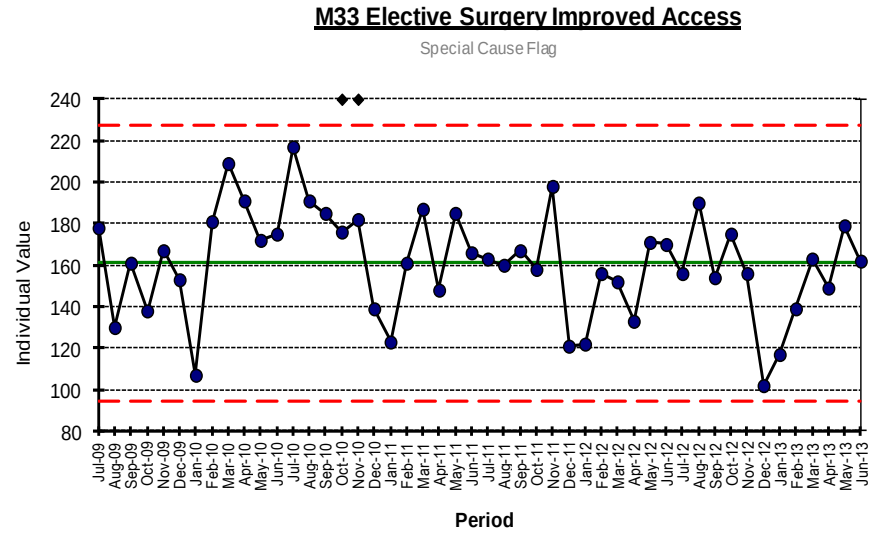
Apart from the introduction of the guided care model there are no current initiatives in place to address medical outpatient volumes.

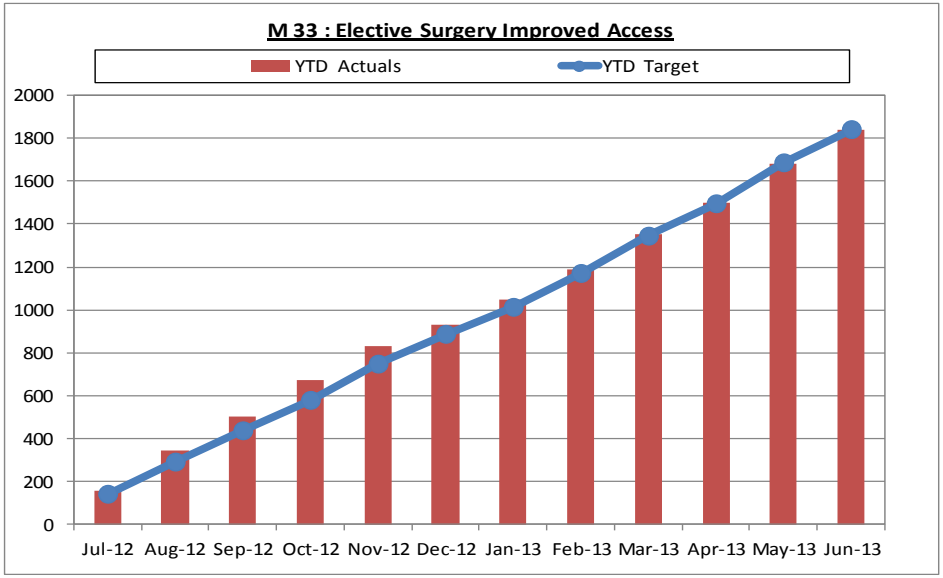
M33 **Improved access to elective services**

BSC Objective: O2	**Improve efficiency of clinical services**
Objective Owner:	**Pete Chandler**
Measure Leader:	**Sarah Boyes / Carolyn Braddock**

> = YTD target green, < YTD target red

E. 2 of 3 Beyond 2 Sigma





Description:

Over the last 7 years the number of publicly funded elective surgical discharges rose by an average of 1,432 discharges per annum. This growth did not keep up with the population growth over the period.

The MoH has an expectation that the annual increase in elective surgical discharges will improve and the WRDHB's target is 1,841 discharges. This is a MoH Health Target (HT6).

Issues :

The MoH data is not refreshed until approximately 6 weeks after the end of the month.

Comment Actions:

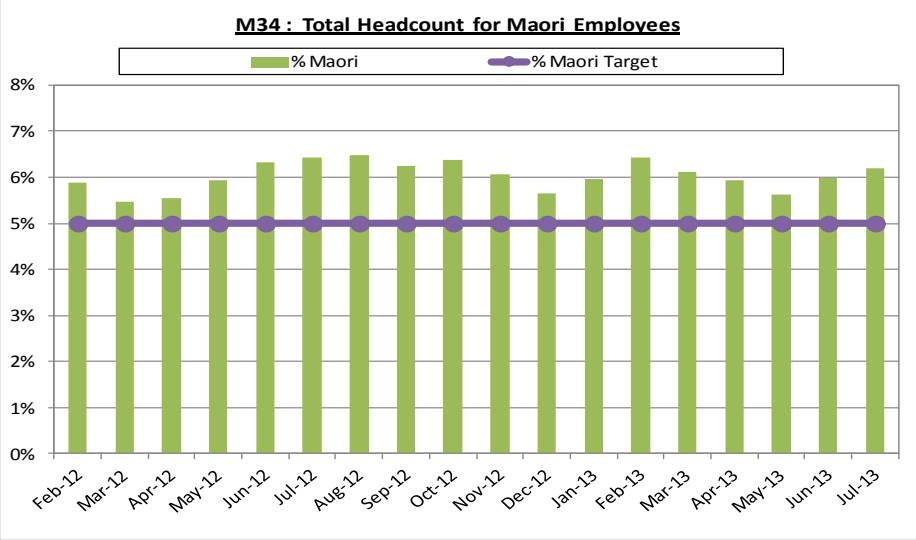
Health Target unchanged for 2013/14 at 1,841 discharges.

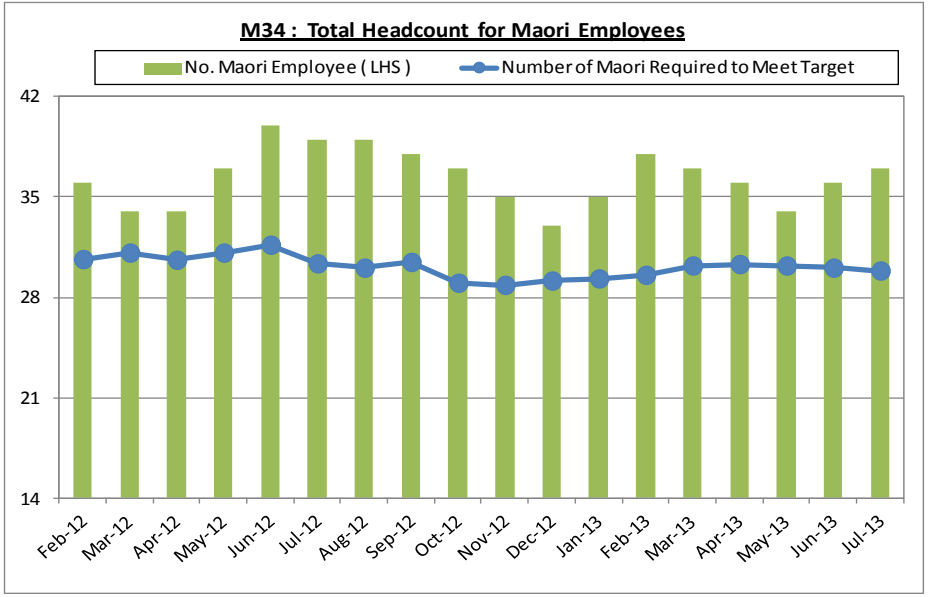
The full year 2012/13 Health Target has been achieved reaching 1,842 discharges against a plan of 1,841, 1 discharge ahead of plan.

M34 Employee headcount by ethnicity

> = target 5% green, < target red

BSC Objective: L I WDHB an employer of choice
Objective Owner: Gretchen Dean
Measure Leader: Gretchen Dean





Description:

The Maori Health Plan aims to increase the headcount for Maori to ensure Maori employed by the DHB meets or exceeds 5% during 2013.

Issues:

The % of Maori by headcount is currently exceeding the 5% target set in the Maori Health Plan. It is noted that a increase of 1 or 2 FTE does have a significant impact on the %.

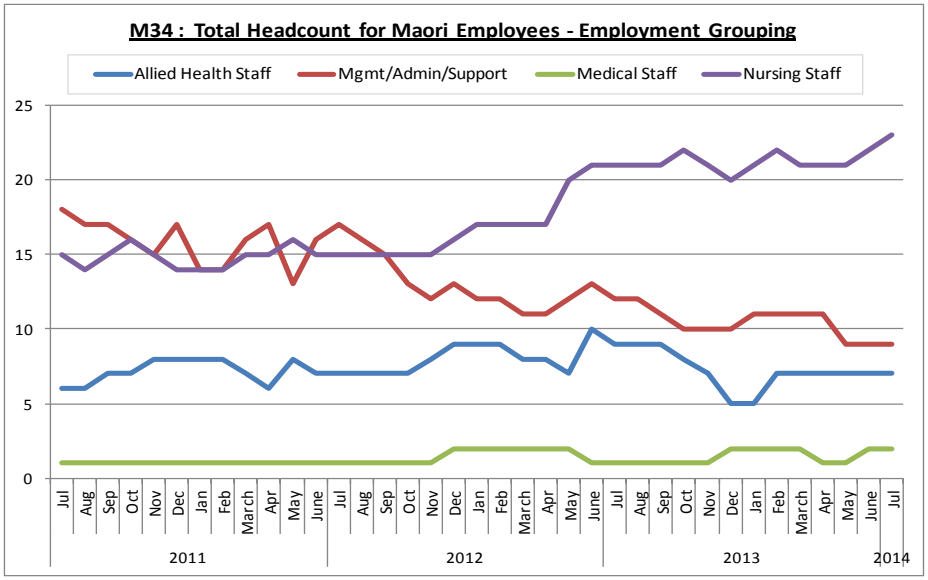
Implications:

Ensuring we have a workforce representative of our community enables us to provide more culturally appropriate health care.

M34 **Employee headcount by ethnicity**

> = target 5% green, < target red

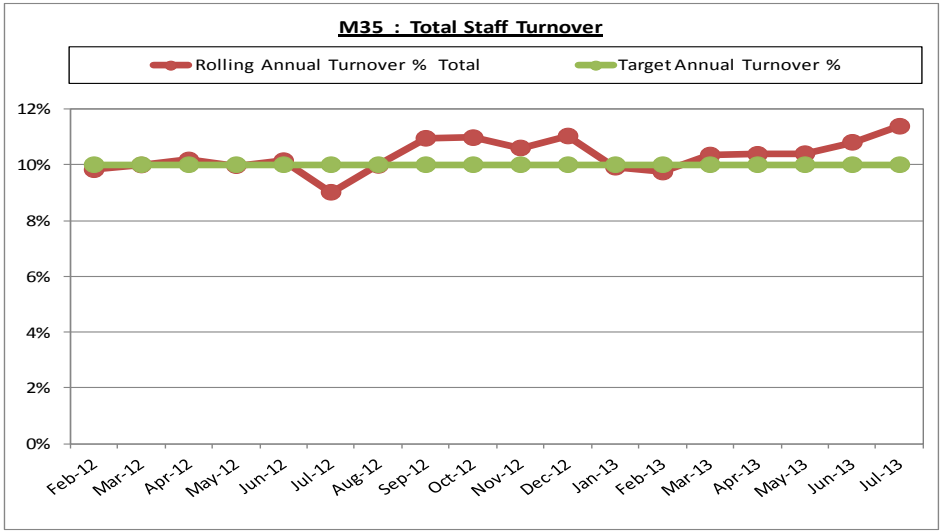
BSC Objective: L I WDHB an employer of choice
Objective Owner: Gretchen Dean
Measure Leader: Gretchen Dean

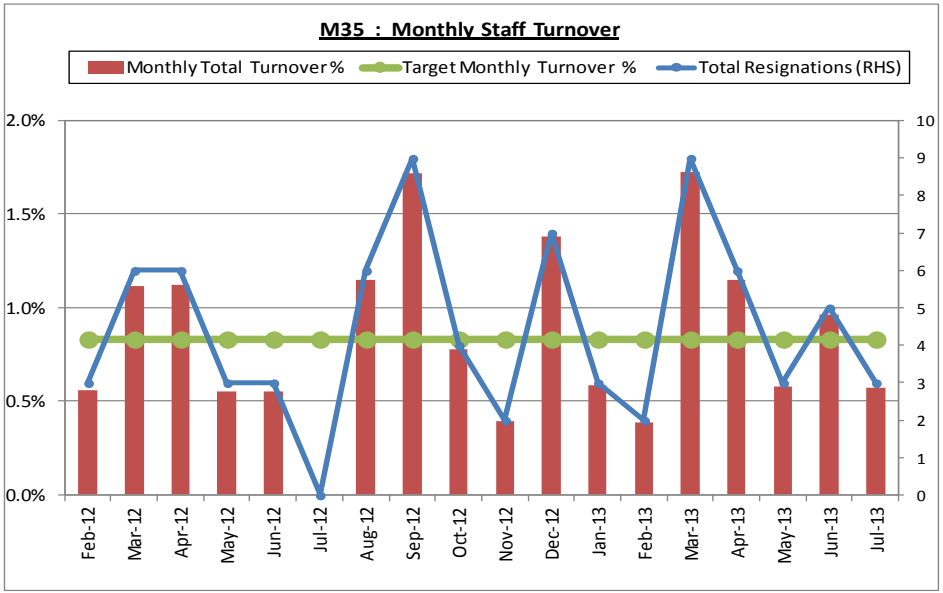


M35 Staff turnover

> = target 10% red, < target green

BSC Objective: L1 WDHB an employer of choice
Objective Owner: Gretchen Dean
Measure Leader: Gretchen Dean





Description:

Based on a rolling annual turnover for 12 months for voluntary resignations.

Addressing clinical workforce shortages, and developing clinical leadership, have been identified by the government as two key actions that will assist the sector to deliver improved health care delivery. This is a MoH ownership dimension measure (OS-01) and is reported quarterly.

Comment Actions:

It is noted that the trend line is above the target level and trending upward. We are looking into specific reasons for turnover and will report more specifically next month. Given the period of change we are in, turnover over above the 10% threshold would not be considered abnormal.

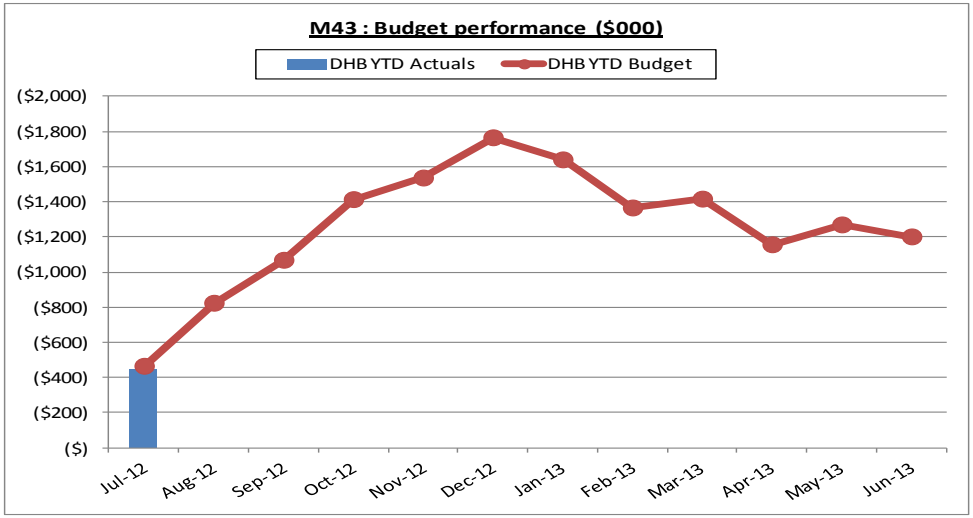
M43 Budget performance

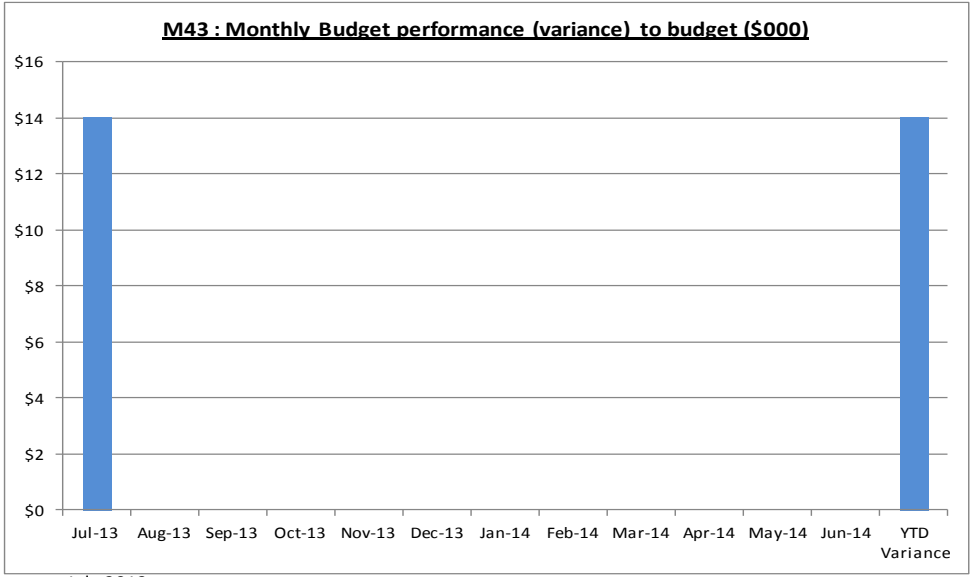
YTD Actuals < = budget green, > budget red

BSC Objective: F2 Maximise Revenue, Manage & contain cost growth

Objective Owner: Tania Harris

Measure Leader: Nick McGruddy





Description:

The DHB financial result YTD.

Comment Actions:

For the month of July Total DHB revenue is $37k favourable to budget, bringing the total YTD revenue to $37k favourable to budget. Total DHB expenditure is $23k adverse to budget, bringing the total YTD expenditure to $23k adverse to budget.

Full Year net result is $14k favourable to budget.

Pease refer to the Board Financial Report for more detail.

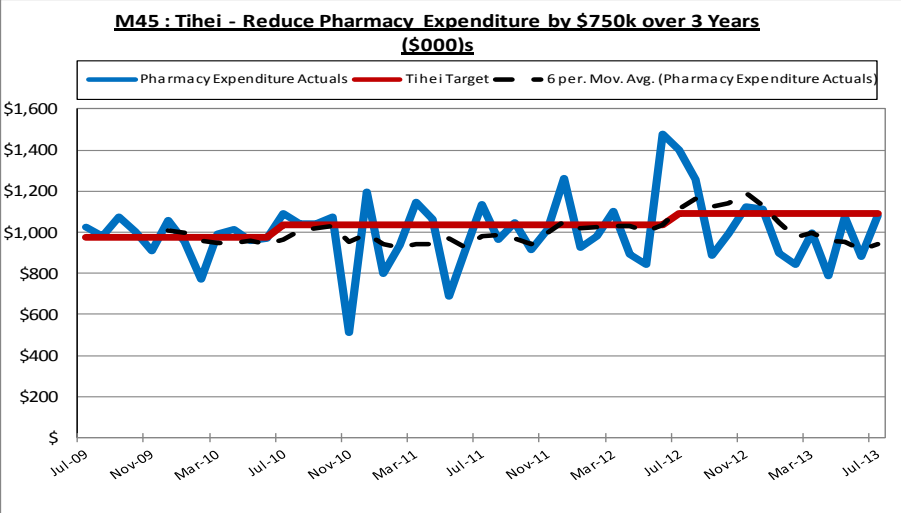
M45 Reduce Pharmacy spend

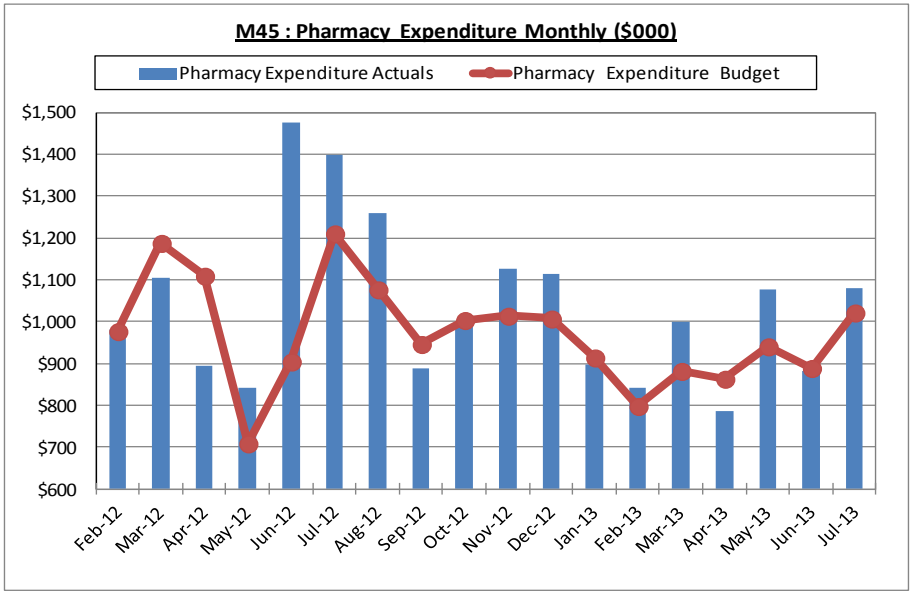
6 month mov. average < = Tihei target green, > Tihei target red

BSC Objective: F2 Maximise Revenue, Manage & contain cost growth

Objective Owner: Simon Everitt

Measure Leader: Nigel Broom





Description:

Contain current levels of growth in pharmacy expenditure.

Issues:

Pharmacy growth has been running at between 6% and 10% pa for the past 4 years.

Implications:

Pharmacy cost growth has been at a level that is significantly higher than annual revenue increases and was unsustainable into the future.

The new national pharmacy agreement has taken effect from 1 July 2012. It not only provides a more patient focused service model but also limits cost growth as it is funded within a fixed national funding envelope.

Monthly Comment :

The pharmacy spend was unfavourable to budget by $61k in July.

The rolling 6 month average remains below the Tihei target and is thus rated green indicating that the rate of expenditure growth in pharmaceuticals has declined compared to recent years.

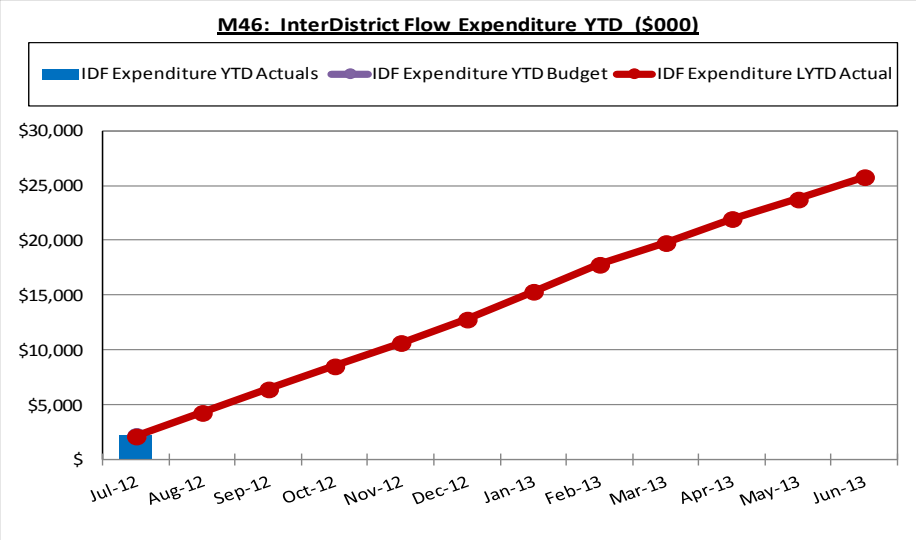
M46 Inter-district flows

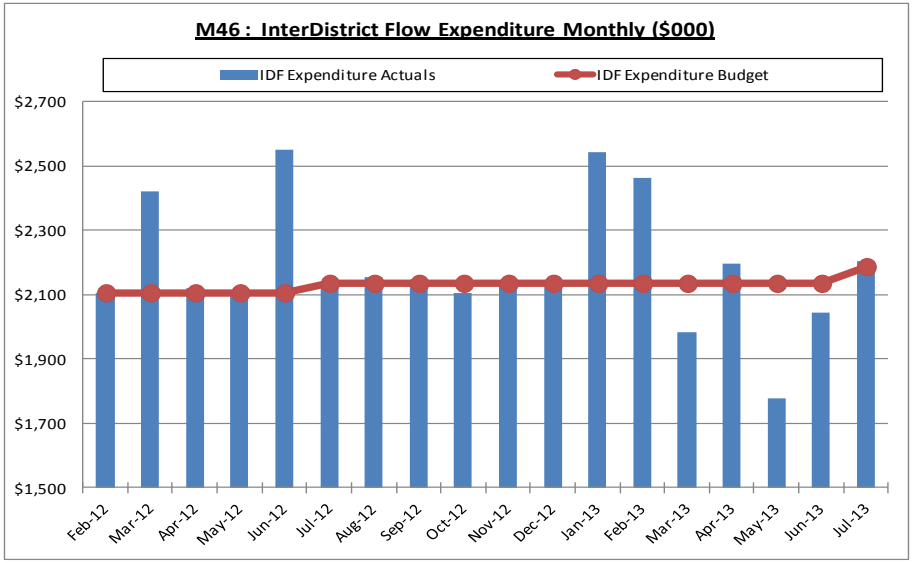
YTD Actuals < = budget green, > budget red

BSC Objective: F2 Maximise Revenue, Manage & contain cost growth

Objective Owner: Simon Everitt

Measure Leader: Nigel Broom





Description:

Contain IDF expenditure to within budgeted levels in 12/13.

Issues:

In recent years, IDF costs have been well in excess of budget (09/10 washup was $2.6m over budget)

Implications:

IDFs have posed a major financial risk to the DHB.

Actions:

We are actively engaging in regional and sub-regional service planning in an effort to deliver services in the most efficient way possible.

We have also undertaken General Surgery elective cases from Hutt DHB with patients travelling to Masterton for their procedures, thus increasing IDF inflows.

Comment :

IDFs are on budget for July and so the indicator is green. Provisions for washups are generally not recognised in the first quarter due to the lag in data provision form national systems.

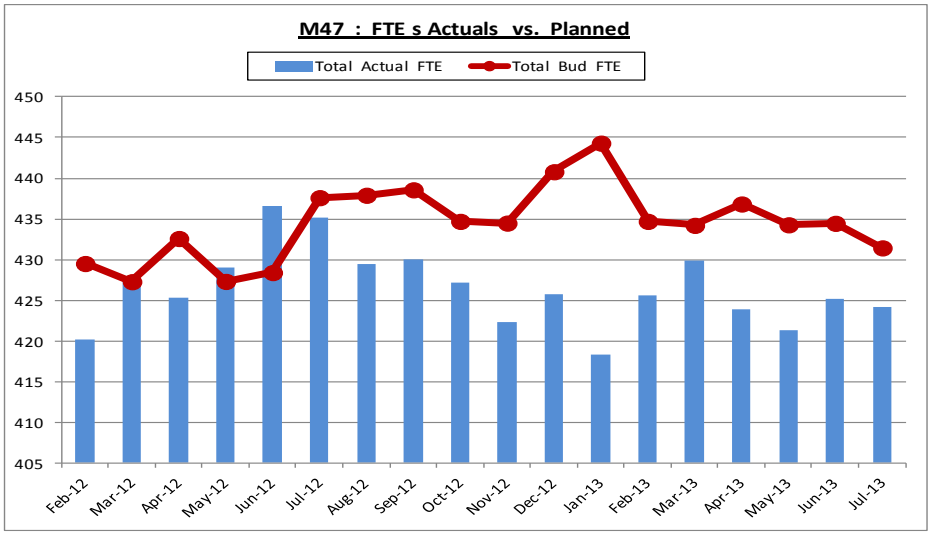
M47 FTEs Actual vs. planned

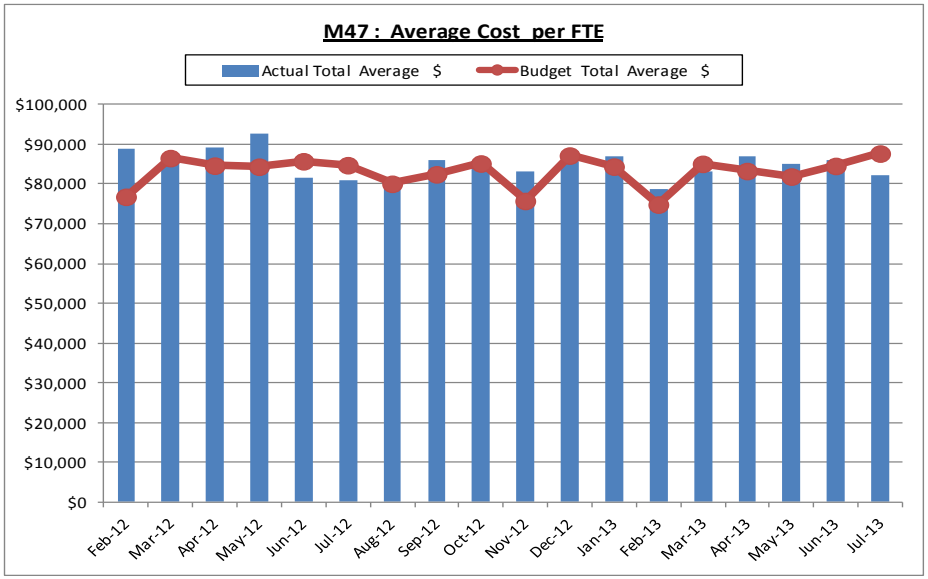
FTE & Average < budget green, either > budget orange, both > budget red

BSC Objective: F2 Maximise Revenue, Manage & contain cost growth

Objective Owner: Tania Harris

Measure Leader: Nick McGruddy





Description:

The actual number of fulltime equivalent employees against the budgeted numbers.

Comment Actions:

The budgeted FTE is 431.5 however the result for the month shows an actual of 424.1 a variance of 7.4FTE favourable.

The monthly actual cost per FTE at $82,038 is less than the budgeted $87,750.

3DHB Health Service Development Programme Report July 2013

Programme Highlights

- Sub-regional clinical policy development is progressing well. HR are leading an alignment of HR policies and Quality is leading a sub-regional and where appropriate regional approach to clinical policy alignment
- Optimal Facilities modelling has progressed. The clinical leadership of this project is being progressed by Swee Tan and John Tait, who are aiming to meet with the sub-regional clinical heads of department to discuss the mandate and objectives of the project. A Board paper outlining the concept has been provided to all three Boards in August.
- Communications - monthly newsletters to all staff have resumed, outlining progress of the Clinical work streams. In addition to the work progressed and reported through the 3D HSD programme register, we have collated and are promoting the amount of sub regional activity progressed by local teams
- ICT – the 3D programme team meeting regularly with the ICT programme team to align the requirements from the clinical work streams with the proposed delivery of CRISP. Work is ongoing to identify what are core ICT deliverables required that will not be met by CRISP or not be provided within the implementation time required. The opportunity to look at a single platform and process for e-referrals across the sub-region is part of this discussion.

Clinical Work streams

- ENT - Are progressing a sub-regional business case for a sustainable Head and Neck workforce. A working group has been established to develop a single approach to planning and co-ordinating booking of ENT services following FSA's.
- Gastroenterology – The Gastroenterology Steering Group have agreed on a proposed design for a sub-regional colonoscopy service.
- Child Health - following discussions with medical, nursing and allied health workforce there is a commitment to move to a single sub-regional general paediatric service for acute and ambulatory care. This builds on the sub regional child health report and is seen as a key enabler to progress. A workshop will be held on the 30th August to inform design principles and next steps
- Orthopaedics - Brett Krause has held initial meetings with the three Orthopaedic Clinical Heads of Department across the sub-region. There is positive feedback to reviewing service design and delivery
- Radiology - TAS are project managing the development of a concept paper for radiology services across the sub-region. The project team are completing an options paper currently due to the Boards in October 2013
- Mental Health and Addictions – have appointed a project manager and initiated first discussions between clinical leaders.

Benefits Tracking

- CLG reviewed a comprehensive list of reporting that is available that could be utilised with the Benefit Realisation Driver Diagram. This is being fine tuned with first draft of a score card due to the October meeting.
- The 3D HSD Programme Team and SIDU analyst team are reviewing the Health Round Table information for the sub-region to support information used in the score card reporting.

Planned Activities/Emerging Priorities

- *ENT*
  - Implement 10 pathways across sub-region
  - Develop single booking form and implementation plan
- *Gastro*
  - Develop project plan and milestones required to progress to single sub-regional colonoscopy service model
  - *Project plan to implement single waitlist to be agreed and workgroups established*
  - *Data analysis underway forecasting demand and capacity*
- *Child Health*
  - Workshop on 30th August to inform design process for a single sub-regional general paediatric service, acute and ambulatory care
- *Orthopaedics*
  - Progress data modelling in alignment with Optimal Facilities project. Clinical Leader of project (Brett Krause) meeting with Clinical Heads of Department across three DHBs. Final report on recommendations due in December
- Optimal Facilities
  - Swee Tan and John Tait as Clinical Leaders of this project to meet with sub-regional Clinical Heads of Department to discuss project mandate
- Non melanoma Skin Lesions
  - Steering Group to be established in September, strong socialisation of project mandate and scope to be led with all stakeholders
- *Labs*
  - Consultation progressing with staff on the single hospital Laboratory Service model for CC/HVDHB
- Radiology
  - Progress agreement from Steering Group for proposed model of care and implementation
- Mental Health
  - Establish a sector expert group to oversee the development of a 3D Mental Health and Addictions Strategic Framework.

Emerging Priorities - Ophthalmology, Dermatology, ICU/HDU all emerging priorities requiring project.

New Risks/Concerns
o There are no new risks reported in this month
Mitigation N/A
Communication • 3D staff newsletter released. Progress of wider communication plan underway • 3D programme team meeting with 3 integration work programmes and primary care colleagues to share work programme commonalities align work closer. • 3D update provided to PHOAG, Clinical Heads of Department meetings, HAC, CPHAC, 3 Alliance Leadership Teams

Appendix Four – Communications Update August 2013

1 External Communications/Media

Health Highlights

Monthly column in Wairarapa News: August focussed on the public/private arrangements in the Wairarapa, specifically explaining the symbiotic relationship with Selina Sutherland Hospital. Also community uptake of flu vaccination.

Access Radio

Monthly radio programme, Health Network – breastfeeding and the Big Latch On.

Media releases/responses

- Next instalment of the fortnightly mental health series promoting a recovery focus in Wairarapa News
- The Big Latch On
- ED triage waiting times
- Pharmaceutical waste
- Minister of Health visit
- Shared Care records in South Wairarapa
- Fonterra and infant formula
- Earthquake related enquiries
- Minister's visit.

2 Tihei Wairarapa

Weekly advertising of after-hours arrangements continues to support ED wait time target. Media release about the rollout of the shared care record to community pharmacists.

3 Working with our neighbours

Sub-Regional

- Staff update newsletter issue 2 on 3DHB work prepared
- Hand Therapy team wins award at 3DHB Allied Health Awards
- HDU services at Wairarapa Hospital, as part of the Critical Care workstream for the sub-region.

2DHB

- Shared workspaces/intranet project: evaluation of strengths and weakness of intranets on both sites completed.

- Days 1 and 2 of the Tom Schneider workshop series, focussed on development of the management/labour partnership as a way of transforming staff engagement/shared problem solving in our 2 DHBs.

Regional

- Coordinated approach to 'Open for Quality' campaign means we are the first region in NZ to all be signed up. There was a stand in Wairarapa Hospital foyer on 31 July promoting the falls campaign and the 'Open for better Care' messages. HSQC representatives were there with giveaways, a quiz, and information about safety and risk.
- Regional workshop – Use of social media in emergency management – one day workshop for Communications and Emergency Planning staff facilitated by Caroline Milligan. Introduction to facebook, twitter, printerest, storify and hootsuite. Follow-up actions include developing facebook and twitter accounts for the DHB, (primarily to support communication with staff, and between staff and their families); review of business continuity plans. All six Comms teams in agreement we needed a regional plan to support Communications function in an emergency, as it is likely that we will be required to support each other remotely as we are a very small resource.

4 Internal Communications

Intranet stories 16 July – 18 August 2013

Earthquake updates / self preparedness	Lots of interest in Open for Better Care stand
How to make a submission on a Bill	Update: Laboratory Services projects
3DHB Executive Director of Finance	Miss Canada
Health Minister Hon. Tony Ryall visits Masterton	Big Latch On 2013
Wairarapa doctors sharing info for better care	New site to support youth with diabetes
Health Minister congratulates Wairarapa ED	Resignation of Capital and Coast District Health Board CEO
Consultation document on facilities management across 3 DHBs	Win a $100 restaurant voucher at 'Open for better care' stand
New Charge Nurse Manager Acute Services	Changes afoot
World Hepatitis Day	

All staff memos

Lab services project update
Earthquake updates
Looking for a good idea? (HQSC e-zine link)
Acting Charge Midwife appointment
Flood warning

Displays in Hospital foyer:
Open for Better Care

6 Newsletters

- Public Health and Oral Health newsletter being prepared.

7 Communications projects

- Shared intranet/workspaces project underway. Communications to promote the concept prepared
- Exploring new ways of communicating with staff groups. SMOs email developed for Senior Medical Staff, created a 'blog space' for staff on the intranet front page, to facilitate sharing ideas on topical issues, including working within our means
- Profiles and org chart for Wairarapa Hospital services, as part of 2DHB structure
- Working with Wairarapa palliative care services to consolidate branding and patient information about local services
- Wairarapa Maternity website, cloned from the Hutt Maternity site on hold while new project coordinator identified
- Step 2 of the Falls Prevention campaign for Better Care campaign published
- Beginning work on the Quality Account to be published December. Template prepared
- Reviewing communications strategy re: sustainability programme
- A series of stories on mental illness and recovery prepared for fortnightly publication in the Wairarapa News. Focus on personal stories from people who have experienced mental illness and support available in the community. The last one in the series will be published this week – a farmer's experience of depression
- Review of Business Continuity Plans for the sub-region in the first instance
- Ensuring availability of public Board papers
- Board elections information
- Annual Report.

Appendix Five – Official Information Act Requests

<table>
<tr><th>OIA</th><th>Requestor</th><th>Date</th><th>Request/Response</th><th>Status</th></tr>
<tr><td>OIA 656</td><td>Annette King
MP</td><td>03/07/13</td><td>How many patients have been refused a first-specialist assessment in the DHBs outpatient services after referral from a referring doctor in 2012/13, and what were the figures for 2010/11 and 2011/12?
Response:
GP Referrals with below access criteria
<table><tr><th>Year</th><th>Number</th></tr><tr><td>2011</td><td>189</td></tr><tr><td>2012</td><td>234</td></tr><tr><td>2013</td><td>78</td></tr></table></td><td>Completed 31/07/2013</td></tr>
<tr><td>OIA 661</td><td>Annette King
MP</td><td>30/07/13</td><td>1. How many GPs are involved in antenatal and post-natal care? Please provide figures from 2009-2013.
<table><tr><th></th><th>2009</th><th>2010</th><th>2011</th><th>2012</th><th>2013</th></tr><tr><td>GP numbers</td><td>2</td><td>2</td><td>2</td><td>2</td><td>0</td></tr></table>2. What changes has the DHB made to increase women’s choice of birthing facilities, as close to home as appropriate, since 2009?
Wairarapa Hospital provides the only birthing facilities in the Wairarapa, however most Lead Maternity Carers (LMC) do provide the choice of homebirth for low risk women.
3. Has the choice for pregnant women of LMC increased or decreased since 2009, if so in what way?
Choice of LMC’s has fluctuated over the years and now sits at only LMC midwives. There are six LMC midwives. There are no longer any GP’s practising as LMC.
4. How will DHBs identify vulnerable women who will qualify for antenatal parenting education, as recently announced by the Minister of Health and the Minister of Social Development?
In the past, identifying vulnerable women and families for antenatal education was done through the LMC or Whaiora. The hospital Pregnancy and Parenting Educator Coordinator had a close working relationship with these two groups and had an open door policy for their queries and referrals. This post</td><td>Completed 20/08/2013</td></tr>
</table>

Appendix Five – Official Information Act Requests

			is currently vacant and so at this point in time, Parents Centre is the only option of antenatal education for all women in the Wairarapa.	
OIA 662	Scott Miller Christchurch	02/08/13	1. The total amount of people receiving treatment for renal failure in the service area of the health board from 2008 to 2013? 2. An age break down of people receiving treatment for renal failure treatment in brackets from 12-18 and upwards? 3. 3An average breakdown of costs of treatment per patient from 2008 – 2013? 4. The amount of people receiving Hemodialysis renal failure via visiting a hospital for receive treatment? 5. An age and date line breakdown of people receiving Hemodialysis renal failure treatment via visiting a hospital for there treatment and the amounts of people in each age range receiving Hemodialysis treatment via hospital. 6. The average amount of time patients between 18-24 spend on receiving Hemodialysis renal failure treatment per treatment session between 2008 and 2013. 7. The average amount of time spent by Social Workers employed by your local health board on patients with renal failure between 2008 and 2013. 8. The amount of people who have transferred between receiving Hemodialysis renal failure treatment at a hospital and conducting treatment in their own home between 2008 and 2013. 9. An average breakdown of people between 2008 and 2013 who have transferred from receiving Hemodialysis renal failure treatment at a hospital to conducting treatment in their own home? 10. The amount of staff hired to deal with reanl health failure including doctors, nurses and other services between 2008 and 2013? 11. Advise produced by your health board to the Minister of Health and staff at the Ministry of Health renal health services between 2008 and 2013? 12. The total amount of money spent of renal health services between 2008 and 2013 with percentages of increases and or decreases for every years worth of spending? This request was transferred to Capital and Coast DHB for response.	Transferred 07/08/2013

Appendix Five – Official Information Act Requests

<table>
<tr>
<td>OIA 663</td>
<td>Vomle Springford
Wai Times Age</td>
<td>30/07/13</td>
<td>The number of gall bladder operations from 2005 to 2012?
The age and gender of the patients getting those operations?
<table>
<tr><th>Year</th><th>Female</th><th>Male</th><th>Total Operations</th></tr>
<tr><td>2005</td><td>46</td><td>16</td><td>62</td></tr>
<tr><td>2006</td><td>47</td><td>13</td><td>60</td></tr>
<tr><td>2007</td><td>37</td><td>17</td><td>54</td></tr>
<tr><td>2008</td><td>39</td><td>14</td><td>53</td></tr>
<tr><td>2009</td><td>51</td><td>14</td><td>65</td></tr>
<tr><td>2010</td><td>49</td><td>17</td><td>66</td></tr>
<tr><td>2011</td><td>63</td><td>13</td><td>76</td></tr>
<tr><td>2012</td><td>44</td><td>22</td><td>66</td></tr>
<tr><td>2013</td><td>56</td><td>19</td><td>75</td></tr>
<tr><td>Total</td><td>432</td><td>145</td><td>577</td></tr>
</table>
<table>
<tr><th>Age Group</th><th>2005</th><th>2006</th><th>2007</th><th>2008</th><th>2009</th><th>2010</th><th>2011</th><th>2012</th><th>2013</th><th>Total</th></tr>
<tr><td>11-20</td><td>3</td><td>3</td><td>2</td><td>4</td><td>4</td><td>1</td><td>1</td><td>2</td><td>1</td><td>21</td></tr>
<tr><td>21-30</td><td>2</td><td>10</td><td>6</td><td>2</td><td>7</td><td>5</td><td>9</td><td>11</td><td>5</td><td>57</td></tr>
<tr><td>31-40</td><td>8</td><td>7</td><td>6</td><td>10</td><td>6</td><td>15</td><td>5</td><td>7</td><td>13</td><td>77</td></tr>
<tr><td>41-50</td><td>12</td><td>9</td><td>10</td><td>7</td><td>16</td><td>16</td><td>14</td><td>9</td><td>12</td><td>105</td></tr>
</table>
</td>
<td>Completed 12/08/2013</td>
</tr>
</table>

Appendix Five – Official Information Act Requests

<table>
<tr><td></td><td></td><td></td><td>
<table>
<tr><td>51-60</td><td>13</td><td>10</td><td>10</td><td>13</td><td>13</td><td>12</td><td>20</td><td>12</td><td>10</td><td>113</td></tr>
<tr><td>61-70</td><td>7</td><td>10</td><td>12</td><td>7</td><td>9</td><td>10</td><td>13</td><td>15</td><td>20</td><td>103</td></tr>
<tr><td>71-80</td><td>15</td><td>11</td><td>7</td><td>8</td><td>8</td><td>7</td><td>12</td><td>7</td><td>11</td><td>86</td></tr>
<tr><td>81-90</td><td>2</td><td>-</td><td>-</td><td>2</td><td>2</td><td>-</td><td>2</td><td>3</td><td>3</td><td>14</td></tr>
<tr><td>90+</td><td>-</td><td>-</td><td>1</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>1</td></tr>
<tr><td>Total</td><td>62</td><td>60</td><td>54</td><td>53</td><td>65</td><td>66</td><td>76</td><td>66</td><td>75</td><td>577</td></tr>
</table>
</td><td></td></tr>
<tr><td>OIA 664</td><td>Annette King
MP</td><td>06/05/13</td><td>What time frame does the DHB measure readmission rates of patients who have recently been discharges from the Emergency Department (eg 24 hours, 48 hours, 1 week etc)?
Both Wairarapa and Hutt Valley DHBs routinely monitor returns to Emergency Department within 48 hours.
Please provide information on readmission rates of patients who have recently been discharged from the Emergency Department for the following year: 2010-11, 2011-12, 2012-13.
<table>
<tr><td></td><td>2010-2011</td><td>2011-2012</td><td>2012-2013</td></tr>
<tr><td>Wairarapa DHB</td><td>12.62%</td><td>12.17%</td><td>8.45%</td></tr>
<tr><td>Hutt Valley DHB</td><td>4.77%</td><td>4.26%</td><td>4.09%</td></tr>
</table>
</td><td>Completed 12/08/2013</td></tr>
<tr><td>OIA 665</td><td>Annette King
MP</td><td>06/08/13</td><td>How many patients have died while waiting for a procedure in a DHB hospital, please provide data for 2009-10, 2010-2011, 2011-2012, 2012-2013.</td><td>In progress</td></tr>
<tr><td>PQ 666</td><td>Stasha Mason
MoH</td><td>06/08/13</td><td>• How many foreign nationals ineligible for publicly funded health care, if any, sought medical treatment in hospitals during May 2013, broken down by District Health Board?
• How many foreign nationals ineligible for publicly funded health care, if any, sought medical treatment in hospitals during June 2013, broken down by District Health Board?
• What was the total cost in May 2013 of treating foreign nationals ineligible for public funded health care, in hospitals, broken down by District Health Board?
• What was the total cost in June 2013 of treating foreign nationals ineligible for public funded health care,</td><td></td></tr>
</table>

Appendix Five – Official Information Act Requests

			in hospitals, broken down by District Health Board? • What is the total balance of outstanding hospital fees owed by foreign nationals ineligible for publicly funded health care at the end of May 2013? • What is the total balance of outstanding hospital fees owed by foreign nationals ineligible for publicly funded health care at the end of June 2013?	
OIA 667	Annette King MP	22/08/13	How many diabetes incidents have been reported in Emergency Department and through ambulance call out for the period of September 2012 to September 2013 and how does this data compare for the period September 2011 to September 2012? What reports, if any, have DHBs received of hypo-glycaemic incidents arising from false readings from the CareSens blood glucose meters?	In progress
OIA 668	Michelle Duff Dominion	22/08/13	This is an Official Information Act request for information on bequest and donations received by the district health board in the past three calendar years (2010, 2011, 2012) and up until July 31, 2013. Please provide a breakdown of each bequest or donation made to the DHB, including the amount received, when it was received and where the money was spent? For each bequest or donation please include whether the money came from a charity, company former patient or if it was anonymous. Has the DHB refused to accept any bequests or donations? When and from who?	In progress

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

Wairarapa District Health Board

FINANCIAL REPORT

JULY 2013

Report Number D0000

1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item providing an update on the latest financial result and other relevant financial matters to the Board of Wairarapa District Health Board (WDHB).

2. RECOMMENDATIONS

That the Board:

1. **RECEIVES** the Wairarapa DHB financial report for the month ended 31 July 2013.

3. COMMENTARY

3.1 Overview

The summary statement of financial performance is shown on page 5. This shows that the DHB has posted a deficit of ($450k) for the month ended 31 July 2013 which is $14k favourable to the planned result.

3.2 Financial Commentary

3.2.1 Revenue

Revenue was favourable to plan by $37k for the month ended 31 July 2013 which can mostly be attributed to ACC revenue being ahead of plan.

3.2.2 Workforce expenses

Workforce expenses were $55k favourable to plan for the month.

3.2.3 Outsourced services

Outsourced services were ($73k) adverse to plan for the month. This was primarily due to the higher than planned Mental Health bed night expenses for patient stays at neighbouring DHB's.

3.2.4 Clinical supplies

Clinical supplies were ($32k) adverse to plan for the month.This was mainly due to Air Ambulance expenses being higher than planned in July.

3.2.5 Non-clinical supplies

Non-clinical supply costs were favourable to plan by $66k for the month with this variance spread across a number of cost lines with no significant variances at the individual cost line level.

3.2.6 Funder payments

In July, the adverse variance in payments to external providers was ($15k). Pharmaceuticals were ($61k) adverse for the month but this was mostly offset by favourable DSS costs.

IDF expenses were ($1k) adverse to plan for the month.

The following graph shows the trend for total community pharmaceutical spend over the last 13 months and it clearly shows the high level of expenditure in July 2012 and August 2012 to account for the transition payment associated with the new national contract and the initial increase in drugs dispensed as patients were moved off close control.

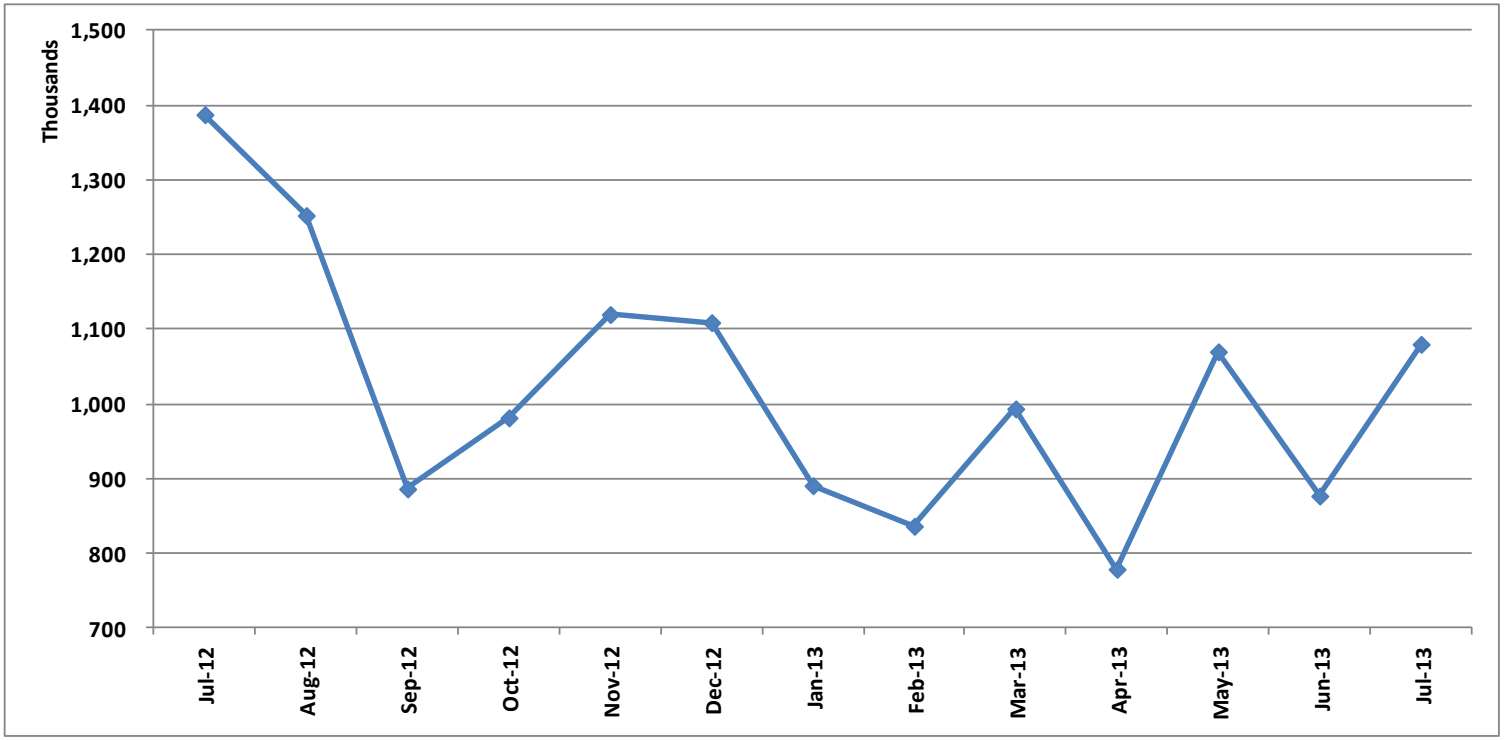


Figure1: Total Community Pharmaceutical Expenditure July 2012 to July 2013

3.3 Ministerial Cap on Management & Administration Staff

WDHB remains within the cap set by the Minister for management and administration staff. A further reduction in the number will occur with the transfer of 1.0FTE to the CRISP programme. As reported in April 2013, the payroll transfer to CCDHB of the Strategic Development team (now part of SIDU) took effect 1 April and this is reflected in the reduced Actual and Budget (from 1 July) FTE numbers reported below.

It is noted that the definition applied to an FTE with the cap differs to that applied to normal FTE reporting and also includes any subsidiaries of a DHB. The definition applied is that one employed FTE is based on one person who works a 40 hour week, a person working more than 40 hours a week is counted as one FTE.

The following table shows the current levels:

Management/Administration Cap

Full Time Equivalent (FTE) Staff Numbers

for the period ended July 2013

	Year to Date		
	Actual	**Budget**	**Variance**
Employed FTE	101.3	117.0	15.7
Vacant FTE	6.0	0.0	(6.0)
Contractor FTE	4.0	3.0	(1.0)
Subsidiary FTE	4.0	4.0	0.0
Total FTEs	**115.3**	**124.0**	**8.7**

4. FINANCIAL STATEMENTS

The detailed financial statements are included on the following pages.

Wairarapa District Health Board

Statement of Financial Performance

For the Period to July 2013

	Month			Year To Date			Annual
	Actual $000	Budget $000	Budget Var $000	Actual $000	Budget $000	Budget Var $000	Budget $000
Revenue	**11,216**	**11,179**	**37**	**11,216**	**11,179**	**37**	**135,063**
Expenditure							
Medical	967	962	(6)	967	962	(6)	10,672
Nursing	1,432	1,444	13	1,432	1,444	13	16,226
Allied Health	481	522	42	481	522	42	5,489
Support	64	68	4	64	68	4	743
Management/Admin	625	627	3	625	627	3	6,682
Workforce Expenses	**3,568**	**3,623**	**55**	**3,568**	**3,623**	**55**	**39,812**
Outsourced Services	453	380	(73)	453	380	(73)	4,605
Clinical Supplies	742	710	(32)	742	710	(32)	8,251
Non-Clinical Supplies	643	709	66	643	709	66	8,471
Efficiency Line	0	(22)	(22)	0	(22)	(22)	(342)
Funder Provider Payments	3,790	3,775	(15)	3,790	3,775	(15)	45,843
IDF Expenses	2,187	2,185	(1)	2,187	2,185	(1)	26,226
Total Expenditure	**11,383**	**11,361**	**(22)**	**11,383**	**11,361**	**(22)**	**132,865**
EBIDCC	**(166)**	**(182)**	**15**	**(166)**	**(182)**	**15**	**2,198**
Interest, Depreciation & Capital Charge	283	282	(1)	283	282	(1)	3,398
Net Surplus / (Deficit)	**(450)**	**(464)**	**14**	**(450)**	**(464)**	**14**	**(1,200)**

Wairarapa District Health Board

Statement of Financial Performance by Arm

For the Period to July 2013

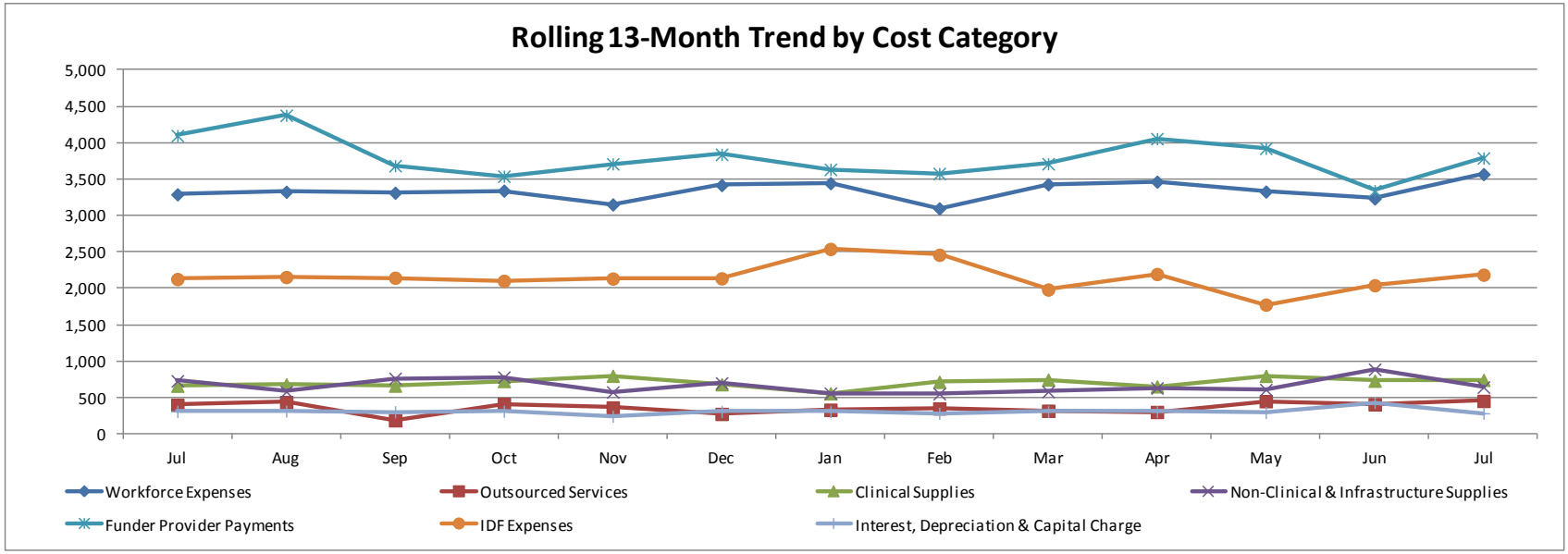
	Month			Year To Date			Annual
	Actual $000	Budget $000	Budget Var $000	Actual $000	Budget $000	Budget Var $000	Budget $000
Funder							
Revenue	10,621	10,619	3	10,621	10,619	3	127,970
Expenditure	10,608	10,600	(8)	10,608	10,600	(8)	127,749
Net Contribution	**13**	**18**	**(5)**	**13**	**18**	**(5)**	**221**
Provider							
Revenue	5,023	4,978	45	5,023	4,978	45	60,176
Expenditure	5,455	5,456	2	5,455	5,456	2	61,598
Net Contribution	**(432)**	**(478)**	**46**	**(432)**	**(478)**	**46**	**(1,422)**
Governance							
Revenue	212	222	(10)	212	222	(10)	2,597
Expenditure	244	227	(17)	244	227	(17)	2,597
Net Contribution	**(32)**	**(5)**	**(28)**	**(32)**	**(5)**	**(28)**	**()**
Net Surplus / (Deficit)	**(450)**	**(464)**	**14**	**(450)**	**(464)**	**14**	**(1,200)**

Wairarapa District Health Board

Revenue Analysis

For the Period to July 2013

	Month			Year To Date		
	Actual $000	Budget $000	Budget Var $000	Actual $000	Budget $000	Budget Var $000
Vote Health & PBF	9,882	9,882	0	9,882	9,882	0
Other MOH	520	515	5	520	515	5
Health Workforce New Zealand	73	30	43	73	30	43
Inter District Flows	291	291	()	291	291	()
Other DHBs	48	54	(6)	48	54	(6)
ACC	222	166	55	222	166	55
Patient/Consumer	7	10	(3)	7	10	(3)
Training Fees & Subsidies	0	0	0	0	0	0
Other	174	231	(57)	174	231	(57)
Internal Revenue	()	()	0	()	()	0
Total Revenue	**11,216**	**11,179**	**37**	**11,216**	**11,179**	**37**

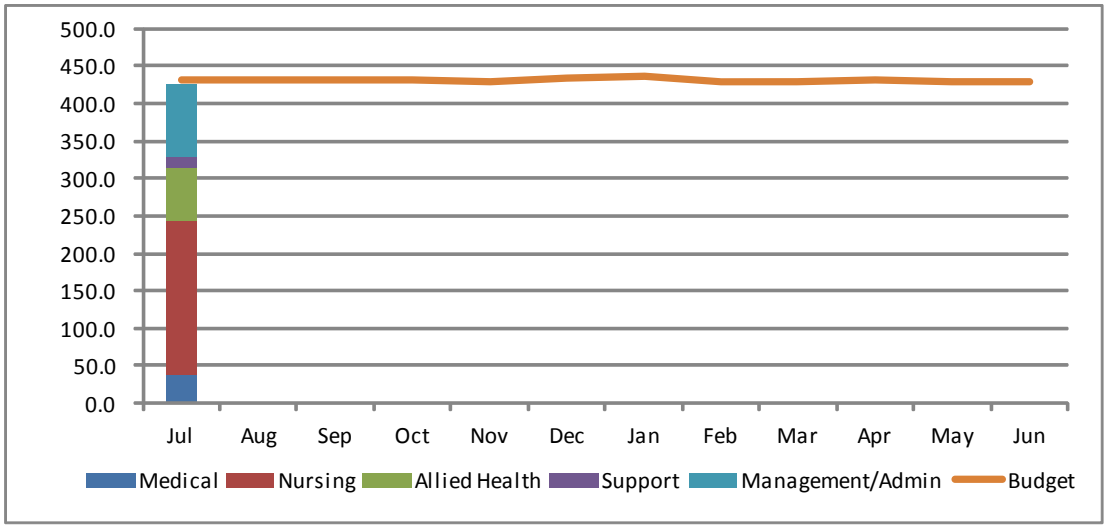

Rolling 13-Month Trend by Cost Category
5,000
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Workforce Expenses
Outsourced Services
Clinical Supplies
Non-Clinical & Infrastructure Supplies
Funder Provider Payments
IDF Expenses
Interest, Depreciation & Capital Charge

Wairarapa District Health Board

Full Time Equivalent (FTE) Staff Numbers

for the period ended July 2013

	Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
Medical	36.9	42.5	5.6	36.9	42.5	5.6	43.4
Nursing	207.0	201.3	(5.7)	207.0	201.3	(5.7)	201.2
Allied Health	70.8	78.8	8.1	70.8	78.8	8.1	78.2
Support	14.3	13.3	(1.0)	14.3	13.3	(1.0)	13.1
Management/Admin	95.1	95.5	0.4	95.1	95.5	0.4	95.1
Total FTEs	**424.1**	**431.5**	**7.4**	**424.1**	**431.5**	**7.4**	**431.0**



Wairarapa District Health Board

Statement of Financial Position

for the period ended July 2013

	Actual $000	Budget $000	Variance $000
Property, Plant & Equipment	44,646	42,706	1,940
Investments	2,768	339	2,429
Trust funds	259	200	59
Non-Current Assets	**47,673**	**43,245**	**4,428**
Cash & HBL sweep	0	0	0
Debtors & prepayments	4,046	4,360	-314
Inventories	737	725	12
Properties intended for sale	0	0	0
Curent Assets	**4,783**	**5,085**	**-302**
TOTAL ASSETS	**52,456**	**48,330**	**4,126**

	Actual $000	Budget $000	Variance $000
Crown equity	39,043	34,204	4,839
Revaluation reserve	5,558	2,155	3,403
Retained earnings	-34,195	-28,136	-6,059
Crown Equity	**10,406**	**8,223**	**2,183**
Interest-bearing loans	21,753	14,969	-6,784
Employee entitlements	551	620	69
Trust funds	259	210	-49
Non-Current Liabilities	**22,563**	**15,799**	**6,764**
Cash & HBL sweep overdraft	379	-263	-642
Creditors & accruals	8,851	7,763	-1,088
Employee entitlements	5,697	6,071	374
Interest-bearing loans	4,560	10,737	6,177
Current Liabilities	**19,487**	**24,308**	**-4,821**
TOTAL EQUITY & LIABILITIES	**52,456**	**48,330**	**4,126**

5. CASHFLOW FORECAST

The cash flow forecast on the following page highlights the cash forecast through to 30 June 2014. It is based on cash flow expectations as at 19 August 2013. The forecast shows the DHB continues to operate with a tight cash position.

Wairarapa District Health Board
Forecast Statement of Cash Flows
For period August 13 - June 14

	Aug-13 Forecast $000	Sep-13 Forecast $000	Oct-13 Forecast $000	Nov-13 Forecast $000	Dec-13 Forecast $000	Jan-14 Forecast $000	Feb-14 Forecast $000	Mar-14 Forecast $000	Apr-14 Forecast $000	May-14 Forecast $000	Jun-14 Forecast $000
Operating Cash Flows											
Operating receipts	12,542	12,471	12,585	13,061	12,510	12,605	13,055	12,630	12,530	13,030	12,580
Operating payments	-13,078	-12,710	-13,205	-12,932	-11,691	-13,510	-12,966	-12,526	-13,008	-13,310	-12,493
Capital charge paid	0	0	0	0	-729	0	272	0	0	0	-100
Total operating cash flows	**-536**	**-238**	**-619**	**129**	**90**	**-905**	**361**	**104**	**-478**	**-280**	**-13**
Investing Cash Flows											
Interest Receipts	8	8	8	8	8	8	8	8	8	8	8
Sale of assets	0	0	0	0	0	0	0	0	0	0	0
Purchase of Fixed Assets	-50	-50	-50	-146	-146	-146	-146	-50	-50	-50	-47
Increase in Investments & Restricted & Trust Fund Assets	0	0	0	0	0	0	0	0	0	0	0
CRISP investment	0	-116	0	0	-116	0	0	-116	0	0	-116
FPSC investment	0	0	0	0	-55	0	-55	0	-55	0	-54
Total investing cash flows	**-42**	**-158**	**-42**	**-138**	**-309**	**-138**	**-193**	**-158**	**-97**	**-42**	**-209**
Financing Cash Flows											
Capital Injections	0	0	0	0	0	0	0	0	0	0	0
Equity repaid	0	0	0	0	0	0	0	0	0	0	-3
Loans drawn	0	0	0	125	125	125	126	0	0	0	0
Debt repaid	-4	-4	-4	-4	-4	-4	-4	-8	-8	-8	-8
Net interest expense (Loans)	0	0	-500	0	-120	0	0	0	-550	0	-116
Total financing cash flows	**-4**	**-4**	**-504**	**121**	**1**	**121**	**122**	**-8**	**-558**	**-8**	**-127**
Net Cash Flows	**-582**	**-401**	**-1,165**	**112**	**-218**	**-922**	**290**	**-62**	**-1,133**	**-330**	**-349**
Opening cash balance	-347	-929	-1,329	-2,495	-2,383	-2,601	-3,523	-3,233	-3,295	-4,427	-4,757
Closing cash balance	**-929**	**-1,329**	**-2,495**	**-2,383**	**-2,601**	**-3,523**	**-3,233**	**-3,295**	**-4,427**	**-4,757**	**-5,107**

6. TREASURY MANAGEMENT

6.1 Key Financial Ratios

The following table shows the four key financial ratios used to assess the financial performance by the Crown Health Financing Agency.

Wairarapa District Health Board

Key Financial Ratios

for the period ended July 2013

	Year to Date		
	Actual	Budget	Variance
Net Surplus ($000)	-450	-464	14
Working Capital Ratio	0.25	0.31	-0.06
Interest Coverage	-2.11	-2.29	0.18
Gearing	72%	83%	11%

6.2 Borrowing Schedule

The following table shows the borrowing facilities currently available to the DHB and the amounts drawn against each facility.

Borrowing Schedule

for the period ended July 2013

	Facility Limit $000	Maturity Date	Amount $000	Interest Rate
Working Capital				
HBL Sweep arrangement	5,000		379	3.97% Floating
Selina Sutherland	700	08-Dec-20	**568**	7.00% Fixed margin plus OCR
Term Borrowing (Crown Health Financing Agency)				
Core	25,750			
		15-Dec-18	3,000	3.08% Fixed
		15-Dec-19	3,000	3.20% Fixed
		15-Apr-14	4,500	2.59% Fixed
		15-Apr-15	4,500	6.67% Fixed
		15-Apr-16	5,000	5.18% Fixed
		15-Apr-17	1,250	2.93% Fixed
		15-Dec-17	4,500	4.85% Fixed
			25,750	
Total Borrowing	**32,050**		**26,697**	

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**NOTING PAPER**
	Date: 25 August 2013
Author	**Dr Ashley Bloomfield, Director Service Integration & Development**
Subject	**Report back on August 2013 meeting of combined 3DHB Community Public Health Advisory Committees (CPHAC) & Disability Services Advisory Committees (DSAC)**

RECOMMENDATION

It is recommended that the Board

1. **Note** the contents of this report.

1. Purpose

The purpose of this paper is to highlight the key points from the combined CPHACs & DSACs meeting held on 19 August 2013 at Pilmur House at the Hutt Valley District Health Board.

2. SIDU Director's report

- An update was provided on the Porirua Social Sector Trial, which is being facilitated by Compass PHO. An action plan is currently being developed and the Committees requested a presentation on the Action Plan by Compass at the CPHAC-DSAC meeting in September.
- Oral submissions have been made on by SIDU, clinical and RPH staff at the Hutt Valley City Council and Wellington City Council Local Alcohol Policy (LAP) hearings. These were well received and staff will continue to work with the Councils to provide input into the LAPs.

3. Child and youth health

The Committees received a background paper on child and youth health and health services in the 3DHB sub-region (available on Board Books). Two nurse practitioners – one from the CCDHB paediatric service and one from the HVDHB VIBE Youth Health Service – presented on key issues. The latter noted that there has been an increase in mental health presentations to VIBE.

Headline results of the National Youth Health Survey, Youth 2012, were also discussed. The Youth 2012 survey is the third in a series of national surveys of secondary school students; the previous ones were conducted in 2001 and 2007. Topics covered are ethnic identity and culture, family relationships, school, injuries and violence, health and healthcare, emotional health, food and eating, leisure activities, sexual health, alcohol, smoking and other drugs, and community involvement. Around 8,500 students took part.

There is a wealth of information that can help inform our service planning and delivery, noting that the results are for the national population and not specific regions. Students report significant improvements since 2001 in a number of health compromising behaviours including reductions in:

- Substance use and misuse (cigarette use, marijuana use and binge drinking);
- Risky driving behaviours (going without a seat belt, drink driving and being driven dangerously);
- Violence (being hit or harmed by someone on purpose);
- Sexual coercion/abuse.

There have been small improvements in aspects of school life, with more students reporting:

- Their teachers are fair;
- They like school;
- They feel adults at school care about them.

There are still areas of health and wellbeing where students report little or no change, but have concerning issues. These include:

- Inconsistent condom and contraception use;
- Being bullied;
- Being overweight or obese;
- Not feeling they spend enough time with at least one parent;
- Significant depressive symptoms.

There are also areas that have significantly worsened over time including:

- Parents worrying about having enough money for food;
- Participation in paid part-time employment.

The percentage of students who accessed a family doctor decreased from 84% in 2007 to 74% in 2012 and rates of access to school health clinics dropped slightly over the same period (21% in 2007 and 18% in 2012).

4. Disability issues

The Committees received an update on sub-regional disability planning. As agreed by the Board at its last meeting, a sub-regional advisory group on disability is being established. An Expression of Interest has been circulated and selection of proposed members will be made in September 2013 with the first meeting to be held in October 2013.

The Committees also heard about plans to implement key actions over coming months, namely:

- The launch/re-launch of the health passport across all 3 District Health Boards mid-October 2013
- The Disability icon/ alert will be made available by November 2013 at both Hutt Valley and Capital and Coast DHBs.

- A proposal to establish a disability advisory group in Hutt Valley and Wairarapa DHBs, similar to that at CCDHB with a view to improving the quality of care for people with disabilities, particularly in the provider arm.

A second paper reported on progress with implanting the NZ Disability Strategy. Both HVDHB and CCDHB had previously committed to work to address the needs of children in transition from child health and development services into adult services. Linking children with primary care is fundamental to improving this transition, and CCDHB has been working with Compass PHO to pilot an agreed pathway in primary care. Learning from this work will inform and support a wider roll-out across the sub-region in due course.

5. 3D monthly report

The report was noted, and a summary of recent activity is provided in the Board's papers.

6. SIDU Value for Money (VFM) review

The Committees received an overview of progress with identifying savings options for 2013/14. It was noted that there is still a gap between the VFM targets for Wairarapa and Hutt Valley DHBs, and a specific paper was requested for each of those Boards for their September meetings – this paper is on the agenda separately.

7. Community Laboratory Services update

The Committees were updated on progress with development of a Strategic Framework for Laboratory Services. This work has culminated in a paper to Boards in September, which is on the agenda separately. The Board will also be updated on the current state of discussions with the existing providers regarding their contracts.

8. SIDU reporting

The Committees requested an update at their next meeting, and regularly, on the status of key pieces of SIDU work and key areas of expenditure. The Director's reports will include this information for future meetings.

PUBLIC

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa / HUTT VALLEY DHB	**BOARD INFORMATION PAPER**
	Date: August 2013
Author	Pete Chandler
Subject	Hospital Advisory Committee Report Back

RECOMMENDATION

It is recommended that the Board **NOTES** the contents of the report.

1 PURPOSE

The purpose of this paper is to highlight the key points from the HAC meeting held on 23 August 2013.

2 SUMMARY OF PAPERS

2.1 Wairarapa and Hutt Valley DHB Operational Services (Provider Arm) Monthly Report

Improvements to the balanced scorecard were reported, acknowledging the significant overlap of priority focus areas for both DHBs, and the addition of a purple indicator highlighting areas of planned improvement for the year ahead.

The Committee discussed:
- Pressure on the five month target
- Success on the ED target
- The two DHB Finance Teams currently working together to improve data consistency
- New reporting for Mental Health and Addiction Services. Focus areas for the future will include relapse prevention plans and seclusion trends
- Strategy to address the length of stay rates in TWA
- 3DHB RMO/SMO combined unit discussions
- 3DHB Paediatrics discussions

ACTIONS:

a. The COO to ensure that next quarterly report for Mental Health and Addictions report on the barriers to improving relapse prevention plans and includes trends analysis of seclusion rates.
b. The CMO to provide a report on the progress for a solution on the RMO/SMO 3DHB combined unit.
c. The COO to develop a 3DHB Production Plan view with Capital and Coast and provide to the September HAC.
d. The Director of SIDU to progress data collection and report on drug and alcohol presentations with existing DHB systems until a 3DHB solution is established.
e. The working draft objective list for the provider arm was discussed and Committee members were requested to provide feedback or request for additional items to the COO.

PUBLIC

2.2 Quality Report

The report was taken as read. The Committee discussed the compliments noting members have been receiving verbal compliments which would improve the reporting position further. There was a request for management to consider including details of negative feedback reports in the future.

ACTIONS:
CLAB to be reported by exception only, to the Committee from now on.

2.3 Emergency Management Report

The report was taken as read with discussion on resource requirements. It was also noted that water supply is an issue at the Wairarapa hospital site with a solution being provided.

There was a discussion on the development of a systematic approach for communications to Board and key internal and external stakeholders for events.

ACTIONS:
A policy on Emergency communication Protocols to be provided to the Committee to endorse Board approval when finalised.

2.4 3D Health Service Development Report

The report was taken as read

ACTIONS:
a. The Director of SIDU to address the medical general paediatric workforce risk
b. The Director of SIDU to report on the extent that PHARMAC will have on palliative care
c. The COO to report on successes and barriers in the use of UBook

2.5 General

There was a discussion on the Hutt Valley chronic pain clinic service and its availability to for the locally community, noting that management are exploring options for better access to the service for the local community.

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**DECISION PAPER**
	Date: September 2013
Author	Bob Francis
Subject	**Resolution to Exclude the Public**

RECOMMENDATION

It is recommended that the Public be excluded from the following parts of the of the Meeting of the Board in accordance with the NZ Public Health and Disability Act 2000 ("the Act") where the Board is considering subject matter in the following table.

The grounds for the resolution is the Committee, relying on Clause 32(a) of Schedule 3 of the Act believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists under the Official Information Act 1982 (OIA), in particular:

Agenda Item	NZ Public Health & Disability Act
Chairman's Report	Section 9 (2)(j) to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, negotiations
DRAFT Maori Leadership Structure	
Theatre Update	
Chief Executive Report	9(2)(a), 9(2)(i) Protect the privacy of natural persons and to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities
Facilities Update	
Funder Commitment List	Section 9(2)(i) to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities
Seismic Update	
HBL	
Community Lab Paper	
CRISP	