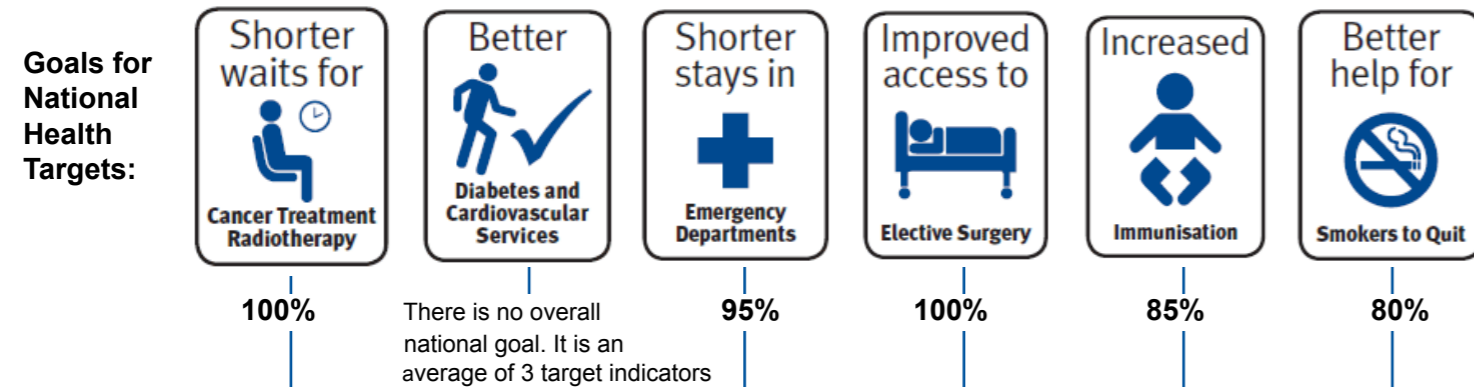


NATIONAL HEALTH TARGETS

We have consistently outperformed some of the larger DHBs and have done superbly over all four quarters.



How did we do?

	Cancer	Diabetes	Emergency	Electives	Immunisation	Smoking
Quarter 1	96% 1st=	77% 2nd	98.3% 2nd	104% 5th	89% 4th	86% 1st
Quarter 2	100% 1st=	97% 1st	97% 3rd	95% 17th	87% 7th	80% 1st
Quarter 3	100% 1st=	76% 1st	98% 2nd	103% 11th	92% 3rd	87% 1st
Quarter 4	100% 1st=	75% 1st	97% 3rd	108% 4th	94% 2nd	87% 1st

MORE LOCAL ACHIEVEMENTS

Improving the patient experience and the health of the population

- We have standardised access rates to both primary and secondary services are well above the NZ average
- Wairarapa residents' access to elective services is above the national average
- We have reduced the gap between Maori and others accessing annual diabetes checks and also those with satisfactory control of their diabetes
- We have continued to support family carers by guaranteeing access to respite care
- Nursing staff from aged residential care providers have enrolled in the DHB Professional Development Recognition Programme (PDRP)
- The number of older people supported to live in the community has increased.



We have done superbly and made huge progress over the last 18 months. There are many more challenges ahead but that's what makes it all so interesting. I have really enjoyed my first 18 months at Wairarapa DHB - meeting you all and working alongside you to achieve our goals. I believe there is now a strong and capable team in place - able to take on the challenges of the next 12 - 24 months.

Tracey Adamson
Chief Executive officer
Wairarapa DHB

The year in review

The last year has been exciting and challenging with a huge range of issues and developments to get on top of. I have been overwhelmed by staff and community support of the DHB in so many ways. This community is very lucky to have such dedicated staff. You have shown a willingness to make changes, to be involved and to provide excellent health care for our population. I have been so impressed that you are willing to come to meetings outside of regular work hours, to participate in decision-making and reshaping service delivery. I know it has not always been easy but it has been exciting, interesting and satisfying to see such good results from our endeavours.

On a personal note you have made me very welcome over the last 18 months and I thank you for that. I love the Wairarapa and it's a great place for my family.

Looking back at what we have achieved

We can look back with pride over the last year because we have achieved so much.

We had three main aims:

- reduce and control costs;
- improve the patient experience
- improve the health of the whole population.

Substantial changes

There have been substantial changes to help us achieve these aims. Under the umbrella of the *Good to Great* programme we have made many efficiencies, taken huge steps forward with primary care, punched above our weight with health targets and forged relationships with neighbouring DHBs.

It was quickly becoming obvious that if we continued to operate as we had always done we would no longer be financially or clinically sustainable. We had to do things differently.

So how did we do?

REDUCING AND CONTROLLING COSTS

Our budgeted deficit was close to a million dollars but the end of the year result was actually \$4.7 million. \$3.1 million of that deficit was the result of adverse IDFs (87% of the deficit). There were other cost pressures as well, such as annual leave adjustments.

We launched the *Good to Great* programme of initiatives and efficiencies. We needed a \$4.6million efficiency programme to achieve the \$1million deficit and we achieved \$4million. Realising these savings involved a line-by-line analysis of all of the DHB's Provider and Funder Services and various initiatives to control costs. The \$4million we achieved was the largest in percentage terms in the country. We made savings of 3.3% of total revenue.

We made gains in many areas.

- Under the *Good to Great* umbrella we had a target of \$4.6 million and \$4million (87%) was achieved.
- We reduced the costs of outsourced services as well as clinical and non-clinical supplies.
- FTEs were budgeted at 461.7 but the actual result was 436.7 - favourable against budget by 24.9 FTE staff.

FROM GOOD TO GREAT

These cost savings cannot be sustained without 'transformational organisational change' and The *Good to Great* programme was designed to foster a critical analysis of our present clinical and business practice and make positive change that would support us into the future.

The *Good to Great* programme of initiatives and efficiencies is now embedded into the organisation's culture and the need for further direct cost reductions and revenue improvement strategies is widely recognised.

A range of service and workforce initiatives, under the *Good to Great* programme were completed and they achieved not only an improvement in the financial position, but also an improvement in clinical sustainability as well as the patient and staff experience.

Service Reviews

These areas were reviewed and in some cases changes were made; for others it was business as usual:

- Perioperative service
- Pharmacy costs
- Transport review
- Ambulance service

Workforce reviews and other staff initiatives

The reviews listed on the next page created substantial improvements and efficiencies.

Service and workforce initiatives contd..

Nursing workforce review	Partially implemented
Corporate services review	Findings incorporated into other reviews e.g. HR and P&F
Senior Leadership Team	Implemented
Hospital management team / Tier 3	Implemented
Clinical administration support	Spilt into two phases – phase 1 complete
FOCUS	Implemented
Community Nursing	Implemented
Maori Health Unit	Completed – no changes recommended
Outpatients / ambulatory care	Partially implemented
Human Resource Review	Completed. HR Manager appointed
PA / Corporate administration review	Partially implemented – pending appointments

Helping staff do their jobs

Enabling strategies to help staff do their jobs well were introduced as part of the *Good to Great* Programme.

- Revised performance development framework and policy has been implemented. This is being used to guide training investment and performance-based remuneration reviews
- An organizational training calendar has been established, as part of a review of in-house training and development activities. This review has resulted in a revised orientation programme being implemented and also finance training for 47 managers.
- Capacity planning
- Releasing time to care
- Project training
- IT prioritisation and implementation project
- Facility developments

Information Technology Improvements

- Strategic Information Group established, 50/50 clinicians and managers
- Prioritised list of Information Technology projects
- Implementation of e-referrals from primary to secondary care
- Advancement of ED discharge summary and Oral Health planning / design
- Active participation in development of Central Regional Information Strategic Plan (CRISP)
- Significant number of staff attended in-house IT training run in partnership with UCOL
- Planning and development of new intranet

Thanking our staff

Long service awards were given to staff with continuous service for 30+ years and for 25+ years. A special morning tea was held to celebrate their contribution and to thank each staff member personally. We also held morning teas to thank the Flower Ladies and the Volunteers for the marvellous work they do supporting staff and patients.

Leadership

Management roles

The Senior Leadership Team was restructured as part of the *Good to Great* programme to align accountabilities with integrated care service development.

A new Senior Leadership Team and Tier Three structure has been implemented and all positions are now confirmed with people in their posts.

Clinical leadership

A range of clinical leadership initiatives have been initiated over the last 15 months in response to the document 'In Good Hands'.

- Senior Medical Staff now have allotted time for their monthly meeting. This provides a forum for management discussion and initiatives fundamental to improve patient care
- Joint Consultative meetings have been established with ASMS
- There was enthusiastic clinical participation in the development of the Wairarapa Clinical Services Plan
- Numerous clinicians were involved in the EOI for Better, Sooner, More Convenient Primary Health Care, and the development of the business case Tihei Wairarapa
- Clinical staff are actively encouraged to be involved in sub-regional and regional discussions
- A new organizational structure incorporates 'clinical director' positions, an Associate Director of Nursing and a joint appointment with Hutt Valley DHB of a Director Allied Health

MAORI HEALTH

Our efforts to control and reduce costs must happen in a way that protects and promotes the health of those people in our community with poorer health status. These efforts must give special consideration to the needs of Maori given that health outcomes for Maori are typically poorer than other population groups within our district. We need to avoid increasing inequalities within our community. Instead, we must direct our spending more towards those with the greatest needs, including the frail elderly, those with long term conditions, and population groups with poorer health outcomes.

Achievements

- We have had particular success in exceeding targets for immunisation of Maori under two years.
- There has also been a range of cultural competency initiatives undertaken in Mental Health, Maternity and Allied Health – this was on the back of the launch of Te Arawhata Totika.
- The Maori Health Plan has been developed in partnership with Te Iwi Kainga and it sets guidelines for action from 2010 – 2015. The final draft is being considered at the September Board meeting.

QUALITY OF SERVICE DELIVERY

The audit against the Health and Disability Sector Standards for certification found no significant areas of concern, with 12 areas for improvement. All 12 have been acted upon. Achievement against the Quality Improvement Plan key objectives includes:

Quality leaders in 12 clinical departments	Achieved
Medicine reconciliation process implemented	Achieved
Frontline staff trained in adverse event management and open disclosure	Achieved
Optimising the patient journey	'Put it Back Jack' and 'Sort it Out Jack'
Implement DHB infection prevention and control plan	Revised and implemented
Report mortality reviews to Clinical Board	Range of quality indicators now being reported
Review and revise policy and procedures – 575 controlled documents – 257 policies to review (will be significantly culled)	In progress

WORKING WITH OUR NEIGHBOURS

Working in partnership with our neighbouring DHBs and other health providers in the Wairarapa to ensure clinically sustainable services is essential.

Central Region

We are working closely with other DHBs in the Central Region to determine the most efficient and effective way to fund and deliver services that are both clinically and financially sustainable on behalf of our population. This may require changes to the way services are currently organised in the Central region. Specific projects we are discussing at a regional level include:

- implementing the Regional Elective Surgery Plan
- progressing clinical pathway development for key procedures across the region
- undertaking the Strengthening Hospital Services Projects in Radiology, Women's Services and Older Adults.

Our work with other DHBs will also involve exploring opportunities for joint procurement and sharing support and administrative services. It will also ensure standardised prioritisation tools and processes are used to inform access to regional services and review access to elective services to ensure equity with other DHBs. This may result in changes in some procedures that are performed regionally (and locally) given that Wairarapa is providing higher intervention levels for its population than the national average.

Sub-regional collaboration

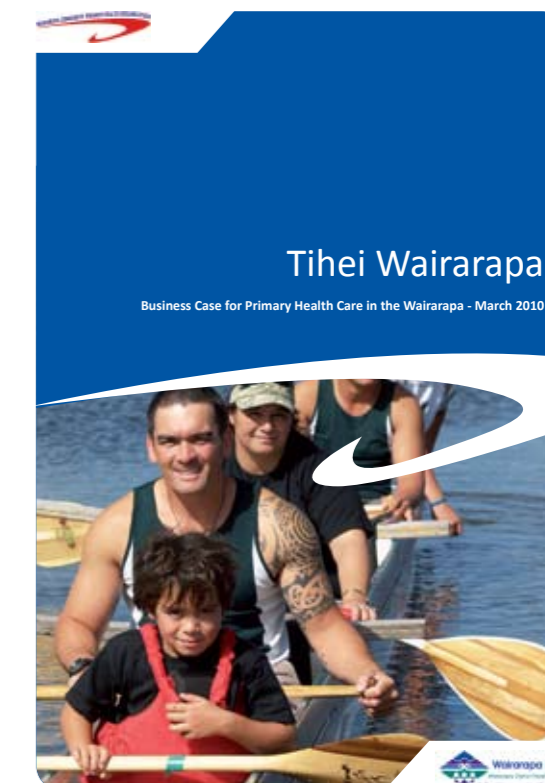
Significant progress has been made to advance cooperative, clinically led discussions with Hutt Valley and Capital Coast DHBs. A Memorandum of Understanding has been agreed between the three Chairs and a Clinical Leadership Forum established. The clinical leadership forum is focusing on four specialties and discussing regional approaches in these areas:

- Paediatrics
- Mental Health
- ENT
- Health of Older Persons

We will seek further benefits through collaborative clinical and corporate arrangements. Other non-clinical initiatives that is underway or have been completed includes:

- The review of Planning and Funding services

TIHEI WAIRARAPA



A significant development during 2009/10 was the successful expression of interest, and subsequent business case, around Better, Sooner More Convenient Primary Health Care. The business case, Tihei Wairarapa sets the foundation for a co-operative working arrangement with primary care providers to implement whanau ora/patient-centric services. The signing of the alliance leadership charter and Schedule X of the PHO agreement is the culmination of these efforts to date.

Tihei Wairarapa, is the master plan for integrating the patient journey across primary and secondary care. It grew out of the Wairarapa Clinical Services Action Plan (CSAP) which was the product of much discussion and planning by clinicians in the community and within the DHB. It identifies how we must change the way we deliver services so that we can provide safe, sustainable, value for money healthcare services well into the future. Tihei Wairarapa includes plans to develop an Integrated Family Health Network in the Wairarapa.

It will also involve working more closely with other DHBs in the Central region as we determine the most efficient and effective way to fund and deliver services on behalf of our population.