

Summary of recommendations

Section	Recommendation
Facilities and services provided	Whanganui District Health Board (WDHB) work with neighbouring, and other, DHBs in development of service configurations. The Regional Taskforce for Children and Women's Health Services is a good start in moving in this direction (see further information on this taskforce later in this report).
Board and committees	<p>The WDHB Board:</p> <ul style="list-style-type: none"> • review the structure, content and process for developing Board agendas • develops a robust framework for holding management to account • places a greater emphasis on monitoring the financial situation of WDHB; specifically in monitoring progress against achievement of savings • makes progress against planned savings a standard item on the Finance and Risk Committee agenda, with a summary published in the full Board agenda finance papers, and that this forms the basis of monthly scrutiny by the Board of the WDHB financial situation • considers whether it requires a change in format of reporting, and clearly communicates this with the Chief Executive and Management • actively pursue measures to ensure it is acting with coherence and unity • develops and maintains key strategies and performance indicators, which drive reporting to it, and within WDHB management. <p>The Board Chair raise issues of confidentiality with Board members, and seeks assurances that confidentiality will be maintained.</p>
Management structure	<ul style="list-style-type: none"> • medical and nursing input to the management of WDHB is enhanced by adding the Chief Medical Officer

	<p>and Director of Nursing to the Executive Management Team</p> <ul style="list-style-type: none"> • consideration is given to adding the Risk, Quality and Commercial Services Manager to the Executive Management Team • the Chief Medical Officer's role and accountabilities are clarified, and made clear to all staff • the WDHB Chief Executive develop a plan to identify managers who may benefit from mentoring, and facilitate the implementation of this plan.
Links with primary health care	<ul style="list-style-type: none"> • the primary/secondary interface is reviewed for every service delivered by WDHB, as part of the annual schedule of service reviews • that the job description for the primary/secondary Director of Nursing position being established contains requirements that ensure the appointee has appropriate skills, knowledge and understanding to facilitate integration between these two sectors • Job descriptions of all clinical roles include a requirement to facilitate integration with the primary care sector
Paediatric and obstetric services	<ul style="list-style-type: none"> • that WDHB pursue the development of models of care for paediatric and obstetric services that are based around innovative use of workforce, technology, and collaboration with other DHBs. This should take place via the 'Regional Taskforce for Women's and Children's Health Services' • a plan to establish locally based training programmes for Junior Doctors (particularly registrars and Medical Officers of Special Scale) working in the Whanganui setting should be developed. These will include the protocols for regional services and the use of telemedicine¹ back-up.
Alternative delivery of services	<ul style="list-style-type: none"> • that a project is established to fully investigate potential areas for increasing the use of telemedicine by WDHB. It may be necessary to employ a senior clinician to 'champion' this work, and a contracted provider of telemedicine services to provide leadership • potential for regional development of services other than paediatrics and obstetrics is investigated as part

¹ In this context, telemedicine refers to the use of technology including, but not restricted to, telephones.

	of the annual schedule of service reviews recommended elsewhere in this report.
Mental health services	<ul style="list-style-type: none"> Whanganui DHB increases the number of treatment and relapse prevention plans to 90% of long term mental health clients, in line with national health targets Whanganui DHB examines clients who use mental health services for more than two years as to bed day usage, through the “Knowing People Planning Project,” and encourage development of community services Whanganui DHB gets an independent analysis of its clinical diagnosis and referral process compared to Northland, Lakes, Tairāwhiti, South Canterbury and Southland to identify whether there is an unusually high need for mental health services within the Whanganui population WDHB review the application and implications of how the mental health ring fence is applied to its population, noting that it is proposed to review the application of the ring fence as part of the Ministry’s review of the Population Based Formula for funding DHBs after the analysis is completed, the appropriate structure to deliver the services should be investigated.
Average Length of Stay/Daycase ratios	<ul style="list-style-type: none"> that WDHB review its medical clinical processes, practices and pathways, as part of the annual schedule of service reviews recommended elsewhere in this report. This should include reviewing the criteria it currently uses for determining whether cases should be undertaken as a daycase.
Subsequent Specialist Assessments: First Specialist Assessment ratios	<ul style="list-style-type: none"> WDHB work with Wairarapa DHB, and more closely with Primary Health Organisations, to investigate ways to reduce the Subsequent Specialist Assessments: First Specialist Assessment ratios service by service.
Theatre analysis	<ul style="list-style-type: none"> planning processes need to be designed or enhanced to ensure that the following aspects are incorporated into the processes: enhanced patient flow through hospital event, increased theatre productivity, better case management including pre operation assessment, and reduction in the number of cancelled cases review of theatre utilisation including sessions is required, an increased focus on utilisation of session allocated, hospital wide practices, better theatre list management, processes put in place to ensure

	<p>reduction in cancelled cases, and session start times</p> <ul style="list-style-type: none"> • staff/resources: develop staff productivity measures such as FTE per operating hour, to establish a baseline for rostering. Staff levels need to be better assessed in relation to workload. Flexible staff start times would enhance productivity • improved processes and management of medical staff leave. This process should be the responsibility of the Theatre Manager or at least the Theatre Manager should be informed of any leave as soon as it is approved • medical staff peer review session must be scheduled to minimised disruption to peak operating and patient flow times • robust monitoring process are developed which will assist in planning processes. These need to be at both a speciality level and department level • work should be undertaken by the DHB to improve the planning process, to enable planning of allocated sessions, worked sessions and expected average output rates. This needs to be done by speciality as well as by department.
Turnover and sick leave	<ul style="list-style-type: none"> • WDHB incorporate ways to reduce turnover and sick leave into its Human Resources Management Strategic Plan.
Radiology	<ul style="list-style-type: none"> • WDHB pursue opportunities for further moves towards off-site reading of results, combined with a limited and more cost effective local presence.
Laboratories	<ul style="list-style-type: none"> • WDHB pursue opportunities for reducing the cost of laboratory services.
Human Resources and recruitment	<p>The Human Resources (HR) Management Strategic Plan should be redeveloped to provide a greater focus on helping manage to address the following issues:</p> <ul style="list-style-type: none"> • learning and staff development strategies • how Human Resources capacity and capability issues well be developed to implement a large training programme while maintaining the day to day issues • ways to recruit and retain key staff with a focus on nursing and medical staff • regional collaboration including sharing services and how this would impact on Human Resources strategy

	<ul style="list-style-type: none"> • robust succession planning to ensure key roles have backup successor • work force planning that is robust and in line with national and regional initiatives. <p>An 'action plan' that links with the Human Resources Strategic Plan should be developed. This plan would form the basis for the HR department's annual work, and for assessment of performance against the HRSP. It should include Key Performance Indicators, timeframes and resourcing.</p> <p>The General Manager is located with Human Resources Department staff, to improve leadership and communication in the team.</p>
Information Technology	<p>The revised Information Services Strategic Plan (ISSP) should better reflect the future information technology (IT) needs of WDHB by taking into account the review conducted by HealthMAP, particularly noting:</p> <ul style="list-style-type: none"> • concern about the number of major projects planned by WDHB, and the impact of this on the WDHB Information Technology department • risks of the cost of these projects being underestimated. <p>An "Action Plan" is prepared annually, that clearly reflects the growth strategy contained in the revised ISSP. This should include, together with other matters; operational budget, project roll out, timeframes for delivery, and performance measurements for outcomes.</p> <p>WDHB consider leasing information technology hardware rather than outright purchase.</p> <p>A phased reduction in outsourcing IT services is introduced, to save WDHB an estimated \$165,000 in 2007/08 and \$180,0000 in 2008/09.</p>
Quality improvement	<ul style="list-style-type: none"> • WDHB introduce an annual schedule of service reviews for all services, which inputs to the development of its budget and District Annual Plan • an internal audit function is established, focused on efficiency gains and reporting to the Risk and Audit Committee.
Expenditure	<ul style="list-style-type: none"> • WDHB pursue cost reduction strategies to identify potential savings of at least \$300,000 in Senior Medical Officer expenditure, and \$170,000 in expenditure on treatment disposables

	<ul style="list-style-type: none"> • a plan be devised to provide more generalist Senior Medical Officer services. This plan should involve other larger DHBs for advice and practice-level purposes, diploma and certificate courses and specific telemedicine training and opportunities • WDHB review the number of Psychiatrists as part of its investigation of the appropriate structure to deliver mental health services • WDHB fully investigate potential for achieving savings in expenditure on nursing, other clinical and client costs, hotel services and professional fees and expertise.
Buildings	<p>WDHB:</p> <ul style="list-style-type: none"> • commission the 'campus masterplan', to create potential savings through consolidation and disposal of surplus buildings and land • review the works contract, due for renewal 2008, in association with the campus masterplan development • aim to dispose of responsibility for surplus buildings and reduce the costs of care and maintenance.

Summary of financial impacts

Potential Saving	Lower Range	Higher Range
Turnover	77,000	550,000
Sick Leave	302,000	312,000
Theatre	137,000	137,000
Paediatrics	382,000	382,000
IT	165,000	180,000
Labs	100,000	200,000
Radiology	200,000	200,000
Treatment Disposables	170,000	170,000
SMOs	300,000	300,000
Buildings	136,000	136,000
Total	1,969,000	2,567,000

Difference in expenditure per capita to comparable DHBs	Lower Range	Higher Range
Mental Health	3,500,000	5,200,000